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** **WOMAN'S QUESTIONNAIRE**	FORMATTING DATE: 10 July 2017 ENGLISH LANGUAGE: 8 August 2017 PSA APPROVAL NO: PSA-1713 EXPIRES ON 31 APRIL 2018

IDENTIFICATION   BOOKLET ___ OF ___ BOOKLETS

REGION _____

PROVINCE _____

CITY/MUNICIPALITY _____

BARANGAY _____

EA . . . .

HOUSING UNIT SERIAL NUMBER . . . .

HOUSEHOLD SERIAL NUMBER . . . .

NDHS HOUSEHOLD NUMBER . . . .

NUMBER OF HOUSEHOLDS IN THE HOUSING UNIT . . . .

NAME OF HOUSEHOLD HEAD _____

NAME AND LINE NUMBER OF WOMAN _____

RESPONDENT SELECTED FOR THE WOMEN'S SAFETY MODULE (YES = 1; NO = 2)

ADDRESS _____

INTERVIEWER VISITS

	1	2	3	FINAL VISIT	
DATE	_____	_____	_____	DAY	
				MONTH	
				YEAR	2 0 1 7
INTERVIEWER'S NAME	_____	_____	_____	INT. NO.	
RESULT*	_____	_____	_____	RESULT*	
NEXT VISIT: DATE	_____	_____		TOTAL NUMBER OF VISITS	
TIME	_____	_____			

*RESULT CODES:	1 COMPLETED	4 REFUSED	7 OCW/OFW
	2 NOT AT HOME	5 PARTLY COMPLETED	8 OTHER _____
	3 POSTPONED	6 INCAPACITATED	SPECIFY

LANGUAGE OF QUESTIONNAIRE**	**0 1**	LANGUAGE OF INTERVIEW**		LOCAL LANGUAGE OF RESPONDENT**		TRANSLATOR USED (YES = 1, NO = 2)	

LANGUAGE OF QUESTIONNAIRE** **ENGLISH** _____

LANGUAGE CODES:	03 ILOCANO	06 HILIGAYNON
01 ENGLISH	04 BIKOL	07 CEBUANO
02 TAGALOG	05 WARAY	

TEAM SUPERVISOR (TS) _____ | | | |
_____   _____
NAME   TS NUMBER

Hello. My name is _____. I am working with the Philippine Statistics Authority. We are conducting a survey about health and other topics all over the Philippines. The information we collect will help the government to plan health services. Your household was selected for the survey. The questions usually take about 30 to 60 minutes. All of the answers you give will be confidential and will not be shared with anyone other than members of our survey team. You don't have to be in the survey, but we hope you will agree to answer the questions since your views are important. If I ask you any question you don't want to answer, just let me know and I will go on to the next question or you can stop the interview at any time.

In case you need more information about the survey, you may contact the Philippine Statistics Authority Provincial Statistical Officer in your province.

Do you have any questions?
May I begin the interview now?

SIGNATURE OF INTERVIEWER _____   DATE _____

RESPONDENT AGREES
TO BE INTERVIEWED . . 1

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

SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE TIME.	HOURS . . . . MINUTES	
102	How long have you been living continuously in (NAME OF CURRENT CITY, TOWN OR VILLAGE OF RESIDENCE)? IF 2-49 YEARS, ENTER NUMBER OF YEARS.	LESS THAN 1 YEAR . . . . 00 12-23 MONTHS . . . . 01 2-49 YEARS . . . . ALWAYS/SINCE BIRTH . . . . 95 VISITOR 96	⟶ 103 ⟶ 104A
102A	How many months have you been living continuously in (NAME OF CURRENT CITY, TOWN OR VILLAGE OF RESIDENCE)?	MONTHS	
103	Before you moved here, did you live in a city, in a town proper/poblacion, or in a barrio or rural area, or abroad?	CITY . . . . 1 TOWN PROPER/POBLACION . . . . 2 BARRIO/RURAL AREA . . . . 3 ABROAD 4	⟶ 104A
104	Before you moved here, which province did you live in?	REGION . . . . PROVINCE	

CODES FOR Q. 104   (PROVINCE)

01 ILOCOS
28 ILOCOS NORTE
29 ILOCOS SUR
33 LA UNION
55 PANGASINAN

02 CAGAYAN VALLEY
09 BATANES
15 CAGAYAN
31 ISABELA
50 NUEVA VIZCAYA
57 QUIRINO

03 CENTRAL LUZON
08 BATAAN
14 BULACAN
49 NUEVA ECIJA
54 PAMPANGA
69 TARLAC
71 ZAMBALES
77 AURORA

04 CALABARZON
10 BATANGAS
21 CAVITE
34 LAGUNA
56 QUEZON
58 RIZAL

17 MIMAROPA
40 MARINDUQUE
51 OCCID. MINDORO
52 ORIENT. MINDORO
53 PALAWAN
59 ROMBLON

05 BICOL
05 ALBAY
16 CAMARINES NORTE
17 CAMARINES SUR
20 CATANDUANES
41 MASBATE
62 SORSOGON

06 WESTERN VISAYAS
04 AKLAN
06 ANTIQUE
19 CAPIZ
30 ILOILO
79 GUIMARAS

07 CENTRAL VISAYAS
12 BOHOL
22 CEBU
61 SIQUIJOR

08 EASTERN VISAYAS
26 EASTERN SAMAR
48 NORTHERN SAMAR
60 SAMAR (WESTERN SAMAR)
64 SOUTHERN LEYTE
78 BILIRAN
37 LEYTE

09 ZAMBOANGA PENINSULA
72 ZAMBOANGA DEL NORTE
73 ZAMBOANGA DEL SUR
83 ZAMBOANGA SIBUGAY
97 ISABELA CITY

10 NORTHERN MINDANAO
13 BUKIDNON
18 CAMIGUIN
35 LANAO DEL NORTE
42 MISAMIS OCCIDENTAL
43 MISAMIS ORIENTAL

11 DAVAO
23 DAVAO (DAVAO DEL NORTE)
82 COMPOSTELA VALLEY
86 DAVAO OCCIDENTAL
24 DAVAO DEL SUR
25 DAVAO ORIENTAL

12 SOCCSKSARGEN
47 COTABATO (NORTH COTABATO)
65 SULTAN KUDARAT
63 SOUTH COTABATO
80 SARANGANI
98 COTABATO CITY

13 NATIONAL CAPITAL
39 NCR - MANILA, FIRST DISTRICT
74 MANDALUYONG/MARIKINA/
   PASIG/SAN JUAN/QUEZON
75 CALOOCAN/MALABON/
   NAVOTAS/ VALENZUELA
76 LAS PINAS/MAKATI/MUNTINLUPA
   PARANAQUE/PASAY/TAGUIG/
   PATEROS

14 CORDILLERA
01 ABRA
11 BENGUET
27 IFUGAO
44 MOUNTAIN PROVINCE
32 KALINGA
81 APAYAO

**15 AUTONOMOUS REGION IN
   MUSLIM MINDANAO**
38 MAGUINDANAO
07 BASILAN
36 LANAO DEL SUR
66 SULU
70 TAWI-TAWI

18 NEGROS ISLAND REGION
45 NEGROS OCCIDENTAL
46 NEGROS ORIENTAL

16 CARAGA
02 AGUSAN DEL NORTE
03 AGUSAN DEL SUR
67 SURIGAO DEL NORTE
68 SURIGAO DEL SUR
85 DINAGAT ISLANDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
104A	Since 2012, have you lived for more than 3 months in another city, town proper/poblacion, barrio or rural area, or abroad?	YES . . . . 1 NO 2	→ 104C
104B	Since 2012, where have you lived for more than 3 months? RECORD ALL MENTIONED	CITY . . . . A TOWN PROPER/POBLACION . . . . B BARRIO/RURAL AREA . . . . C ABROAD . . . . D DON'T KNOW . . . . Z	
104C	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 8	
105	In what month and year were you born?	MONTH . . . . ☐☐ DON'T KNOW MONTH . . . . 98 YEAR . . . . ☐☐☐☐ DON'T KNOW YEAR 9998	
106	How old were you at your last birthday? COMPARE AND CORRECT 105 AND/OR 106 IF INCONSISTENT.	AGE IN COMPLETED YEARS . . . . ☐☐	
107	Have you ever attended school?	YES . . . . 1 NO 2	→ 111
109	What is the highest grade or year you completed?	GRADE/YEAR . . . . ☐☐ IF CODE 33 OR 67, SPECIFY COURSE: _____	

CODES FOR Q. 109   (HIGHEST GRADE/YEAR COMPLETED)

00 = NO GRADE COMPLETED	**K TO 12 PROGRAM**
01 = NURSERY	41 = GRADE 1
02 = KINDERGARTEN	42 = GRADE 2
10 = PRESCHOOL	43 = GRADE 3
	44 = GRADE 4
11 = ELEMENTARY GRADE 1	45 = GRADE 5
12 = ELEMENTARY GRADE 2	46 = GRADE 6
13 = ELEMENTARY GRADE 3	47 = GRADE 7
14 = ELEMENTARY GRADE 4	48 = GRADE 8
15 = ELEMENTARY GRADE 5	49 = GRADE 9
16 = ELEMENTARY GRADE 6	50 = GRADE 10
17= ELEMENTARY GRADUATE	51 = GRADE 11
	52 = GRADE 12
21 = HIGH SCHOOL YEAR 1	
22 = HIGH SCHOOL YEAR 2	61 = COLLEGE YEAR 1
23 = HIGH SCHOOL YEAR 3	62 = COLLEGE YEAR 2
24 = HIGH SCHOOL GRADUATE	63 = COLLEGE YEAR 3
	64 = COLLEGE YEAR 4
31 = POST SECONDARY YEAR 1	65 = COLLEGE YEAR 5
32 = POST SECONDARY YEAR 2 OR MORE	66 = COLLEGE YEAR 6 OR MORE
33 = IF GRADUATE, SPECIFY COURSE	67 = IF COLLEGE GRADUATE, SPECIFY COURSE
	71 = SPED UNDERGRADUATE
	72 = SPED GRADUATE
	81 = MASTER'S DEG. UNDERGRAD
	82 = MASTER'S DEG. GRADUATE
	83 = DOCTORATE DEG. UNDERGRAD
	84 = DOCTORATE DEG. GRADUATE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
113	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	
114	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	
115	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	
116	Do you own a mobile telephone?	YES . . . . 1 NO 2	→ 118
117	Do you use your mobile phone for any financial transactions?	YES . . . . 1 NO 2	
118	Do you have an account in a bank or other financial institution that you yourself use?	YES . . . . 1 NO 2	
119	Have you ever used the internet?	YES . . . . 1 NO 2	→ 122
120	In the last 12 months, have you used the internet? IF NECESSARY, PROBE FOR USE FROM ANY LOCATION, WITH ANY DEVICE.	YES . . . . 1 NO 2	→ 122
121	During the last one month, how often did you use the internet: almost every day, at least once a week, less than once a week, or not at all?	ALMOST EVERY DAY . . . . 1 AT LEAST ONCE A WEEK . . . . 2 LESS THAN ONCE A WEEK . . . . 3 NOT AT ALL 4	
122	What is your religion?	ROMAN CATHOLIC . . . . 11 PROTESTANT . . . . 12 IGLESIA NI CRISTO . . . . 13 AGLIPAY . . . . 14 ISLAM . . . . 15 OTHER _____ 96 (SPECIFY) NONE 97	
123	What is your ethnicity by blood? Are you Tagalog, Aeta, Badjao, Waray or what?	TAGALOG . . . . 01 CEBUANO . . . . 02 ILOKANO . . . . 03 ILONGO . . . . 04 BIKOLANO . . . . 05 KAPAMPANGAN . . . . 06 MARANAO . . . . 07 TAUSOG . . . . 08 OTHER _____ 96 (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
201A	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.		
201	Have you ever given birth?	YES . . . . 1 NO 2	→ 206
202	Do you have any sons or daughters to whom you have given birth who are now living with you?	YES . . . . 1 NO 2	→ 204
203	a) How many sons live with you? b) And how many daughters live with you? IF NONE, RECORD '00'.	a) SONS AT HOME . . . . ☐☐ b) DAUGHTERS AT HOME . . . . ☐☐	
204	Do you have any sons or daughters to whom you have given birth who are alive but do not live with you?	YES . . . . 1 NO 2	→ 206
205	a) How many sons are alive but do not live with you? b) And how many daughters are alive but do not live with you? IF NONE, RECORD '00'.	a) SONS ELSEWHERE . . . . ☐☐ b) 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, who made any movement, sound, or effort to breathe, or who showed any other signs of life even if for a very short time?	YES . . . . 1 NO 2	→ 208A
207	a) How many boys have died? b) And how many girls have died? IF NONE, RECORD '00'.	a) BOYS DEAD . . . . ☐☐ b) GIRLS DEAD . . . . ☐☐	
208A	Women sometimes have pregnancies that do not result in a live born child. That is, a pregnancy can end early, in a miscarriage, someone can do something to end the pregnancy, or the child can be born dead. Have you ever had a pregnancy that did not end in a live birth?	YES . . . . 1 NO 2	→ 208
208B	In all, how many pregnancies have you had that did not end in live birth?	PREGNANCY LOSSES (MISCARRIAGES, ABORTIONS/STILLBIRTHS) . . . . . ☐☐	
208	SUM ANSWERS TO 203, 205, 207, AND 208B, AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL PREGNANCIES AND BIRTHS . . . . ☐☐	
209	CHECK 208: Just to make sure that I have this right: you have had in TOTAL _____ pregnancies or births during your life. That includes: TOTAL _____ children who are still living (CHECK 203 AND 205) TOTAL _____ children who have died (CHECK 207) and TOTAL _____ pregnancies that did not result in a live birth (CHECK 208B). Is that correct? YES ☐　　　　　　　　NO ☐ 　　↓　　　　　　　　PROBE AND 　　　　　　　　　　　CORRECT 201-208 　　　　　　　　　　　AS NECESSARY.		
210	CHECK 208: 　　ONE OR MORE ☐　　　NO PREGNANCIES ☐ 　PREGNANCIES OR BIRTHS ↓　　OR BIRTHS		→ 226

	211	Now I would like to record all your pregnancies and births, whether born alive, born dead, or lost before full term. Let's start with the first one you had.
		RECORD ALL PREGNANCIES. RECORD TWINS AND TRIPLETS ON SEPARATE LINES. IF THERE ARE MORE THAN 6 PREGNANCIES, USE AN ADDITIONAL QUESTIONNAIRE, STARTING WITH THE SECOND ROW.

211A	211B	211C	211D	211E	211F	211G	212	213	215	216
P R E G N A N C Y H I S T O R Y	L I N E N U M B E R								BORN ALIVE	
	Think back to the time of your (first/ next) pregnancy. Was that a single or multiple pregnancy?	Was the baby born alive, born dead, or lost before full term?	Did the baby cry, move, or breathe when it was born?	How many months did the pregnancy last? RECORD IN COMPLETED MONTHS.	CHECK 211C: IF CODE '1', GO TO 212 IF CODE '2', GO TO 211G IF CODE '3', GO TO 220A	CHECK 211D: IF CODE '1', GO TO 212 IF CODE '2', GO TO 220A	What name was given to that baby? RECORD NAME.	Is (NAME) a boy or a girl?	On what day, month, and year was (NAME) born?	Is (NAME) still alive?
01	SING 1 MULT 2	BORN ALIVE 1 (GO TO 211E)↵ BORN DEAD 2 LOST BEFORE FULL TERM 3 (GO TO 211E)↵	YES 1 NO 2	MONTHS ☐☐	1 → 212 2 → 211G 3 → 220A	1 → 212 2 → 220A	____ NAME	BOY 1 GIRL 2	MONTH ☐☐ DAY ☐☐ ☐☐☐☐ YEAR	YES 1 NO 2 ↓ (GO TO 220)
02	SING 1 MULT 2	BORN ALIVE 1 (GO TO 211E)↵ BORN DEAD 2 LOST BEFORE FULL TERM 3 (GO TO 211E)↵	YES 1 NO 2	MONTHS ☐☐	1 → 212 2 → 211G 3 → 220A	1 → 212 2 → 220A	____ NAME	BOY 1 GIRL 2	MONTH ☐☐ DAY ☐☐ ☐☐☐☐ YEAR	YES 1 NO 2 ↓ (GO TO 220)
03	SING 1 MULT 2	BORN ALIVE 1 (GO TO 211E)↵ BORN DEAD 2 LOST BEFORE FULL TERM 3 (GO TO 211E)↵	YES 1 NO 2	MONTHS ☐☐	1 → 212 2 → 211G 3 → 220A	1 → 212 2 → 220A	____ NAME	BOY 1 GIRL 2	MONTH ☐☐ DAY ☐☐ ☐☐☐☐ YEAR	YES 1 NO 2 ↓ (GO TO 220)
04	SING 1 MULT 2	BORN ALIVE 1 (GO TO 211E)↵ BORN DEAD 2 LOST BEFORE FULL TERM 3 (GO TO 211E)↵	YES 1 NO 2	MONTHS ☐☐	1 → 212 2 → 211G 3 → 220A	1 → 212 2 → 220A	____ NAME	BOY 1 GIRL 2	MONTH ☐☐ DAY ☐☐ ☐☐☐☐ YEAR	YES 1 NO 2 ↓ (GO TO 220)
05	SING 1 MULT 2	BORN ALIVE 1 (GO TO 211E)↵ BORN DEAD 2 LOST BEFORE FULL TERM 3 (GO TO 211E)↵	YES 1 NO 2	MONTHS ☐☐	1 → 212 2 → 211G 3 → 220A	1 → 212 2 → 220A	____ NAME	BOY 1 GIRL 2	MONTH ☐☐ DAY ☐☐ ☐☐☐☐ YEAR	YES 1 NO 2 ↓ (GO TO 220)
06	SING 1 MULT 2	BORN ALIVE 1 (GO TO 211E)↵ BORN DEAD 2 LOST BEFORE FULL TERM 3 (GO TO 211E)↵	YES 1 NO 2	MONTHS ☐☐	1 → 212 2 → 211G 3 → 220A	1 → 212 2 → 220A	____ NAME	BOY 1 GIRL 2	MONTH ☐☐ DAY ☐☐ ☐☐☐☐ YEAR	YES 1 NO 2 ↓ (GO TO 220)

211A	217	218	219	220	220A	220B	221
P R E G N A N C Y H I S T O R Y / L I N E N U M B E R	**BORN ALIVE AND STILL ALIVE** How old was (NAME) at (NAME)'s last birthday? RECORD AGE IN COMPLETED YEARS	Is (NAME) living with you?	RECORD HOUSEHOLD LINE NUMBER OF CHILD. RECORD '00' IF CHILD NOT LISTED IN HOUSEHOLD.	**BORN ALIVE, NOW DEAD** How old was (NAME) when (he/she) died? IF '12 MONTHS' OR '1 YR', ASK: Did (NAME) have (his/her) first birthday? THEN ASK: Exactly how many months old was (NAME) when (he/she) died? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS.	**BORN DEAD / LOST BEFORE BIRTH** On what day, month, and year did this pregnancy end?	Did you or someone else do something to end this pregnancy?	Were there any other pregnancies between the previous pregnancy and this pregnancy?
01	AGE IN YEARS ☐☐	YES 1 NO 2	HOUSEHOLD LINE NUMBER ☐☐ NEXT PREGNANCY	DAYS 1 ☐☐ MONTHS 2 ☐☐ YEARS 3 ☐☐ (NEXT PREGNANCY)	MONTH ☐☐ DAY ☐☐ ☐☐☐☐ YEAR	YES 1 NO 2	
02	AGE IN YEARS ☐☐	YES 1 NO 2	HOUSEHOLD LINE NUMBER ☐☐ (GO TO 221)	DAYS 1 ☐☐ MONTHS 2 ☐☐ YEARS 3 ☐☐ (GO TO 221)	MONTH ☐☐ DAY ☐☐ ☐☐☐☐ YEAR	YES 1 NO 2	YES 1 ↵ (ADD PREGNANCY) NO 2 (NEXT ↵ PREGNANCY)
03	AGE IN YEARS ☐☐	YES 1 NO 2	HOUSEHOLD LINE NUMBER ☐☐ (GO TO 221)	DAYS 1 ☐☐ MONTHS 2 ☐☐ YEARS 3 ☐☐ (GO TO 221)	MONTH ☐☐ DAY ☐☐ ☐☐☐☐ YEAR	YES 1 NO 2	YES 1 ↵ (ADD PREGNANCY) NO 2 (NEXT ↵ PREGNANCY)
04	AGE IN YEARS ☐☐	YES 1 NO 2	HOUSEHOLD LINE NUMBER ☐☐ (GO TO 221)	DAYS 1 ☐☐ MONTHS 2 ☐☐ YEARS 3 ☐☐ (GO TO 221)	MONTH ☐☐ DAY ☐☐ ☐☐☐☐ YEAR	YES 1 NO 2	YES 1 ↵ (ADD PREGNANCY) NO 2 (NEXT ↵ PREGNANCY)
05	AGE IN YEARS ☐☐	YES 1 NO 2	HOUSEHOLD LINE NUMBER ☐☐ (GO TO 221)	DAYS 1 ☐☐ MONTHS 2 ☐☐ YEARS 3 ☐☐ (GO TO 221)	MONTH ☐☐ DAY ☐☐ ☐☐☐☐ YEAR	YES 1 NO 2	YES 1 ↵ (ADD PREGNANCY) NO 2 (NEXT ↵ PREGNANCY)
06	AGE IN YEARS ☐☐	YES 1 NO 2	HOUSEHOLD LINE NUMBER ☐☐ (GO TO 221)	DAYS 1 ☐☐ MONTHS 2 ☐☐ YEARS 3 ☐☐ (GO TO 221)	MONTH ☐☐ DAY ☐☐ ☐☐☐☐ YEAR	YES 1 NO 2	YES 1 ↵ (ADD PREGNANCY) NO 2 (NEXT ↵ PREGNANCY)

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
222A	Have you had any pregnancy since the last pregnancy mentioned? EXCLUDE ANY CURRENT PREGNANCY	YES .... 1 (RECORD PREGNANCY(S) IN TABLE) ◄ NO 2	
223A	COMPARE 208 WITH NUMBER OF PREGNANCIES IN PREGNANCY HISTORY NUMBERS ARE SAME NUMBERS ARE DIFFERENT (PROBE AND RECONCILE) ◄ CHECK: FOR EACH PREGNANCY, YEAR IS RECORDED IN 215 OR 220A FOR EACH LIVING CHILD, CURRENT AGE IS RECORDED IN 217 FOR EACH DEAD CHILD, AGE AT DEATH IS RECORDED IN 220 FOR AGE AT DEATH '12 MONTHS' OR '1 YEAR,' PROBE FOR EXACT NUMBER OF MONTHS		
224	CHECK 215: ENTER THE NUMBER OF LIVE BIRTHS IN 2012-2017	NUMBER OF BIRTHS .... NONE 0	
226	Are you pregnant now?	YES .... 1 NO .... 2 UNSURE 8	→ 239
227	How many months pregnant are you? RECORD NUMBER OF COMPLETED MONTHS.	MONTHS	
228	When you got pregnant, did you want to get pregnant at that time?	YES .... 1 NO 2	→ 239
229	CHECK 215: TOTAL NUMBER OF LIVE BIRTHS ONE OR MORE ☐ NONE ☐ a) Did you want to have a baby later on or did you not want any more children? b) Did you want to have a baby later on or did you not want any children?	LATER .... 1 NO MORE/NONE 2	
239	When did your last menstrual period start? _____ (DATE, IF GIVEN)	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	→ 240
239A	How old were you when you had your first menstrual period?	AGE	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
240	From one menstrual period to the next, are there certain days when a woman is more likely to become pregnant?	YES .... 1 NO .... 2 DON'T KNOW 8	→ 242
241	Is this time just before her period begins, during her period, right after her period has ended, or halfway 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	
242	After the birth of a child, can a woman become pregnant before her menstrual period has returned?	YES .... 1 NO .... 2 DON'T KNOW 8	

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	Intrauterine device (IUD). PROBE: Women can have a loop or coil placed inside them by a doctor or a nurse which can prevent pregnancy for one or more years.	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	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
11	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 uses a condom or does not have sexual intercourse.	YES	1
		NO	2
12	Mucus/Billings/Ovulation. PROBE: Women can monitor their cervical mucus to determine the days of the month they are most likely to get pregnant.	YES	1
		NO	2
13	Basal Body Temperature. PROBE: Women can monitor their body temperature to determine the days of the month they are most likely to get pregnant.	YES	1
		NO	2

14	Symptothermal. PROBE: Women can monitor their cervical mucus and their body temperature to determine the days of the month they are most likely to get pregnant.	YES .... 1 NO 2
15	Lactational Amenorrhea Method (LAM). PROBE: Up to six months after childbirth, before the menstrual period has returned, women use a method requiring frequent breastfeeding day and night.	YES .... 1 NO 2
16	Calendar or Rhythm Method 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
17	Withdrawal. PROBE: Men can be careful and pull out before climax.	YES .... 1 NO 2
18	Have you heard of any other ways or methods that women or men can use to avoid pregnancy?	YES, MODERN METHOD _____ A (SPECIFY) YES, TRADITIONAL METHOD _____ B (SPECIFY) NO .... Y

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
302	CHECK 226: NOT PREGNANT ☐ OR UNSURE ↓	PREGNANT ☐	→ 314
303	Are you or your partner currently doing something or using any method to delay or avoid getting pregnant?	YES . . . . 1 NO 2	→ 314
304	Which method are you using? RECORD ALL MENTIONED. IF MORE THAN ONE METHOD MENTIONED, FOLLOW SKIP INSTRUCTION FOR HIGHEST METHOD IN LIST.	FEMALE STERILIZATION . . . . A MALE STERILIZATION . . . . B IUD . . . . C INJECTABLES . . . . D IMPLANTS . . . . E PATCH . . . . F PILL . . . . G CONDOM . . . . H FEMALE CONDOM . . . . I EMERGENCY CONTRACEPTION . . . . J STANDARD DAYS METHOD . . . . K MUCUS/BILLINGS/OVULATION . . . . L BASAL BODY TEMPERATURE . . . . M SYMPTOTHERMAL . . . . N LACTATIONAL AMENORRHEA METHOD . . . . O CALENDAR/RHYTHM METHOD . . . . P WITHDRAWAL . . . . Q OTHER MODERN METHOD . . . . X OTHER TRADITIONAL METHOD . . . . Y	→ 307 → 308C → 306A → 308C → 309 → 308C
305A	How many pill cycles did you get the last time? IF 95 OR MORE, RECORD '95'.	NUMBER OF PILL CYCLES . . . . ☐☐ DON'T KNOW 98	→ 308C
306A	How many condoms did you (your husband/partner) get the last time? IF 95 OR MORE, RECORD '95'.	NUMBER OF CONDOMS . . . . ☐☐ DON'T KNOW 98	→ 308C

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
307	In what facility did the sterilization take place? 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** GOVERNMENT HOSPITAL . . . . 11 RURAL HEALTH CENTER (RHC)/ URBAN HEALTH CENTER . . . . 12 OTHER PUBLIC SECTOR _____ 16 (SPECIFY) **PRIVATE MEDICAL SECTOR** PRIVATE HOSPITAL/CLINIC . . . . 21 PRIVATE DOCTOR'S OFFICE . . . . 22 NGO . . . . 23 INDUSTRY BASED CLINIC . . . . 24 OTHER PRIVATE MEDICAL SECTOR _____ 26 (SPECIFY) OTHER _____ 96 (SPECIFY) DON'T KNOW 98	
308	In what month and year was the sterilization performed?	MONTH . . . . ☐☐ YEAR . . . . ☐☐☐☐	
308A	How much did you (your husband/partner) pay in total for the sterilization, including any consultation you (he) may have had? IF MORE THAN 99994 PHP, RECORD 99994.	COST (PHP) . . . . . ☐☐☐☐☐ FREE . . . . 00000 DONE WITH CAESAREAN SECTION . . . . 99995 DON'T KNOW 99998	
308B	CHECK 304: CODE 'A' ☐ CODE 'B' ☐ CIRCLED ↓ CIRCLED ↓ a) Before your sterilization operation, were you told that you would not be able to have any (more) children because of the operation? b) 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	→ 315
308C	The last time you obtained (HIGHEST METHOD IN 304), how much did you pay in total, including the cost of the method and any consultation you may have had? IF MORE THAN 995 PHP, RECORD 995.	COST (PHP) . . . . ☐☐☐ FREE . . . . 000 DON'T KNOW 998	
309	Since what month and year have you been using (CURRENT METHOD) without stopping? PROBE: For how long have you been using (CURRENT METHOD) now without stopping?	MONTH . . . . ☐☐ YEAR . . . . ☐☐☐☐	→ 315

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
314	Have you ever used anything or tried in any way to delay or avoid getting pregnant?	YES . . . . 1 NO 2	→ 326
315	CHECK 304: CIRCLE METHOD CODE: IF MORE THAN ONE METHOD CODE CIRCLED IN 304, CIRCLE CODE FOR HIGHEST METHOD IN LIST.	NO CODE CIRCLED . . . . 00 FEMALE STERILIZATION . . . . 01 MALE STERILIZATION . . . . 02 IUD . . . . 03 INJECTABLES . . . . 04 IMPLANTS . . . . 05 PATCH . . . . 06 PILL . . . . 07 CONDOM . . . . 08 FEMALE CONDOM . . . . 09 EMERGENCY CONTRACEPTION . . . . 10 STANDARD DAYS METHOD . . . . 11 MUCUS/BILLINGS/OVULATION . . . . 12 BASAL BODY TEMPERATURE . . . . 13 SYMPTOTHERMAL . . . . 14 LACTATIONAL AMENORRHEA METHOD . . . . 15 CALENDAR/RHYTHM METHOD . . . . 16 WITHDRAWAL . . . . 17 OTHER MODERN METHOD . . . . 95 OTHER TRADITIONAL METHOD 96	→ 326 → 319 → 327 → 323

316	You first started using (CURRENT METHOD) in (DATE FROM 309). Where did you get it at that time?
	
	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
		   GOVERNMENT HOSPITAL 11
		   RURAL HEALTH CENTER (RHC)/
		     URBAN HEALTH CENTER 12
		   BARANGAY HEALTH STATION 13
		   BARANGAY SUPPLY/SERVICE
		     POINT OFFICER/BHW 14
		   OTHER PUBLIC SECTOR
		
		   _____ 16
		        (SPECIFY)
		
		PRIVATE MEDICAL SECTOR
		   PRIVATE HOSPITAL/CLINIC 21
		   PHARMACY 22
		   PRIVATE DOCTOR 23
		   PRIVATE NURSE/MIDWIFE 24
		   NGO 25
		   INDUSTRY BASED CLINIC 26
		   OTHER PRIVATE MEDICAL SECTOR
		
		   _____ 27
		        (SPECIFY)
		
		OTHER SOURCE
		   PUERICULTURE CENTER 31
		   SHOP/STORE 32
		   CHURCH 33
		   FRIEND/RELATIVE 34
		
		   OTHER _____ 96
		        (SPECIFY)	

317	CHECK 304: CIRCLE METHOD CODE: IF MORE THAN ONE METHOD CODE CIRCLED IN 304, CIRCLE CODE FOR HIGHEST METHOD IN LIST.	IUD . . . . 03 INJECTABLES . . . . 04 IMPLANTS . . . . 05 PATCH . . . . 06 PILL . . . . 07 CONDOM . . . . 08 FEMALE CONDOM . . . . 09 EMERGENCY CONTRACEPTION . . . . 10 STANDARD DAYS METHOD . . . . 11 OTHER MODERN METHOD . . . . 95 OTHER TRADITIONAL METHOD 96	 → 323 → 322 → 323

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
318	At that time, were you told about side effects or problems you might have with the method?	YES . . . . 1 NO 2	→ 321 → 320
319	When you got sterilized, were you told about side effects or problems you might have with the method?	YES . . . . 1 NO 2	→ 321
320	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	→ 322
321	Were you told what to do if you experienced side effects or problems?	YES . . . . 1 NO 2	
322	CHECK 318 AND 319: ANY ☐ OTHER ☐ 'YES' a) At that time, were you told about other methods of family planning that you could use? b) When you obtained (CURRENT METHOD FROM 315) from (SOURCE OF METHOD FROM 307 OR 316), were you told about other methods of family planning that you could use?	YES . . . . 1 NO 2	→ 324
323	Were you ever told by a health care worker or family planning worker about other methods of family planning that you could use?	YES . . . . 1 NO 2	
324	CHECK 304: CIRCLE METHOD CODE: IF MORE THAN ONE METHOD CODE CIRCLED IN 304, CIRCLE CODE FOR HIGHEST METHOD IN LIST.	FEMALE STERILIZATION . . . . 01 MALE STERILIZATION . . . . 02 IUD . . . . 03 INJECTABLES . . . . 04 IMPLANTS . . . . 05 PATCH . . . . 06 PILL . . . . 07 CONDOM . . . . 08 FEMALE CONDOM . . . . 09 EMERGENCY CONTRACEPTION . . . . 10 STANDARD DAYS METHOD . . . . 11 MUCUS/BILLINGS/OVULATION . . . . 12 BASAL BODY TEMPERATURE . . . . 13 SYMPTOTHERMAL . . . . 14 LACTATIONAL AMENORRHEA METHOD . . . . . 15 CALENDAR/RHYTHM METHOD . . . . 16 WITHDRAWAL . . . . 17 OTHER MODERN METHOD . . . . 95 OTHER TRADITIONAL METHOD 96	→ 327 → 327 → 327

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP

325	Where did you obtain (CURRENT METHOD) the last time?
	
	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
		GOVERNMENT HOSPITAL 11
		RURAL HEALTH CENTER (RHC)/
		    URBAN HEALTH CENTER 12
		BARANGAY HEALTH STATION 13
		BARANGAY SUPPLY/SERVICE
		    POINT OFFICER/BHW 14
		OTHER PUBLIC SECTOR
		
		_____ 16
		(SPECIFY)
		
		PRIVATE MEDICAL SECTOR
		PRIVATE HOSPITAL/CLINIC 21
		PHARMACY 22
		PRIVATE DOCTOR 23
		PRIVATE NURSE/MIDWIFE 24
		NGO 25
		INDUSTRY BASED CLINIC 26
		OTHER PRIVATE MEDICAL SECTOR
		
		_____ 27
		(SPECIFY)
		
		OTHER SOURCE
		PUERICULTURE CENTER 31
		SHOP/STORE 32
		CHURCH 33
		FRIEND/RELATIVE 34
		
		OTHER _____ 96
		(SPECIFY)
			→327

326	Do you know of a place where you can obtain a method of family planning?	YES . . . . 1 NO 2	
327	In the last 12 months, were you visited by a health care provider/worker?	YES . . . . 1 NO 2	→329
328	Did the health care provider/worker talk to you about family planning?	YES . . . . 1 NO 2	
329	CHECK 202: LIVING CHILDREN YES ☐ NO/NOT ASKED ☐ a) In the last 12 months, have you visited a health facility for care for yourself or your children? b) In the last 12 months, have you visited a health facility for care for yourself?	YES . . . . 1 NO 2	→401
330	Did any staff member at the health facility speak to you about family planning methods?	YES . . . . 1 NO 2	

401	CHECK 224:		
	ONE OR MORE LIVE ☐ BIRTHS IN 2012-2017 ↓	NO LIVE BIRTHS IN ☐ 2012-2017 ──────────→ 701	

402	CHECK 215. RECORD THE PREGNANCY HISTORY NUMBER IN 403 AND THE NAME AND SURVIVAL STATUS IN 404 FOR EACH LIVE BIRTH IN 2012-2017. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. IF THERE ARE MORE THAN 2 BIRTHS, USE LAST COLUMN OF ADDITIONAL QUESTIONNAIRE(S). Now I would like to ask some questions about your children born in the last five years. (We will talk about each separately.)

		LAST BIRTH	NEXT-TO-LAST BIRTH
403	PREGNANCY HISTORY NUMBER FROM 211A IN PREGNANCY HISTORY.	PREGNANCY HISTORY NUMBER . . . . ☐☐	PREGNANCY HISTORY NUMBER . . . . ☐☐
404	FROM 212 AND 216:	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 408) ←┘ NO 2	YES . . . . 1 ┐ (SKIP TO 427) ←┘ NO 2
406	CHECK 208: ONLY ☐ MORE ☐ ONE THAN ONE BIRTH ↓ BIRTH ↓ a) Did you want to have a baby later on, or did you not want any children? ┊ b) Did you want to have a baby later on, or did you not want any more children?	LATER . . . . 1 NO MORE/NONE . . . . 2 ┐ (SKIP TO 407A) ←┘	LATER . . . . 1 NO MORE/NONE . . . . 2 ┐ (SKIP TO 427) ←┘
407	How much longer did you want to wait?	MONTHS . . . . 1 ☐☐ YEARS . . . . 2 ☐☐ DON'T KNOW 998	MONTHS . . . . 1 ☐☐ YEARS . . . . 2 ☐☐ DON'T KNOW 998
407A	Did you become pregnant with (NAME) while you were using a method to delay or avoid getting pregnant?	YES . . . . 1 NO 2	
408	Did you see anyone for prenatal care for this pregnancy?	YES . . . . 1 NO . . . . 2 ┐ (SKIP TO 413C) ←┘	
409	Whom did you see? Anyone else? PROBE TO IDENTIFY EACH TYPE OF PERSON AND RECORD ALL MENTIONED.	**HEALTH PERSONNEL** DOCTOR . . . . A NURSE . . . . B MIDWIFE . . . . C **OTHER PERSON** TRADITIONAL BIRTH ATTENDANT/HILOT . . . . . D BARANGAY HEALTH WORKER . . . . E RELATIVE/FRIEND . . . . F OTHER _____ X (SPECIFY)	

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____

410	Where did you receive prenatal care for this pregnancy?
	
	Anywhere else?
	
	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)
		HOME
		    HER HOME . . . . A
		    OTHER HOME . . . . B
		
		PUBLIC SECTOR
		    GOVERNMENT HOSPITAL . . C
		    RURAL/URBAN HEALTH
		        CENTER . . . . D
		    BARANGAY HEALTH
		        STATION . . . . E
		    BARANGAY SUPPLY
		        SERVICE POINT
		        OFFICER/BHW . . . . F
		    OTHER PUBLIC SECTOR
		
		    _____ G
		        (SPECIFY)
		
		PRIVATE MEDICAL SECTOR
		    PRIVATE HOSPITAL/
		        CLINIC . . . . H
		    NGO I
		    INDUSTRY-BASED
		        CLINIC . . . . J
		    OTHER PRIVATE
		        MEDICAL SECTOR
		
		    _____ K
		        (SPECIFY)
		
		OTHER _____ X
		        (SPECIFY)	

411	How many months pregnant were you when you first received prenatal care for this pregnancy?	MONTHS . . . . ☐☐ DON'T KNOW 98	
412	How many times did you receive prenatal care during this pregnancy?	NUMBER OF TIMES . . . . . ☐☐ DON'T KNOW 98	
412A	CHECK 412: NUMBER OF TIMES RECEIVED PRENATAL CARE	ONCE ☐ MORE THAN ONCE OR DK ☐ (SKIP TO 413) ←	
412B	How many months pregnant were you the last time you received prenatal care for this pregnancy?	MONTHS . . . . ☐☐ DON'T KNOW 98	
413	As part of your prenatal care during this pregnancy, were any of the following done at least once: a) Was your blood pressure measured? b) Did you give a urine sample? c) Did you give a blood sample? d) Was your weight measured? e) Was your height measured?	YES NO a) BP . . . . 1 2 b) URINE . . . . 1 2 c) BLOOD . . . . 1 2 d) WEIGHT . . . . 1 2 e) HEIGHT 1 2	

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
413A	During (any of) your prenatal visit(s), were you told about things to look out for that might suggest problems with the pregnancy?	YES . . . . 1 NO . . . . 2 ⌐ (SKIP TO 413C) ← DON'T KNOW . . . . 8 ⌐	
413B	Were you told where to go if you had any of these complications?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
413C	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	
413D	During your pregnancy, did you set aside any money in case of an emergency?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
414	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 417) ← DON'T KNOW . . . . 8 ⌐	
415	During this pregnancy, how many times did you get a tetanus injection?	TIMES . . . . [ ] DON'T KNOW 8	
416	CHECK 415:	2 OR MORE [ ] OTHER [ ] TIMES (SKIP TO 420) ←	
417	At any time before this pregnancy, did you receive any tetanus injections?	YES . . . . 1 NO . . . . 2 ⌐ (SKIP TO 420) ← DON'T KNOW . . . . 8 ⌐	
418	Before this pregnancy, how many times did you receive a tetanus injection? IF 7 OR MORE TIMES, RECORD '7'.	TIMES . . . . [ ] DON'T KNOW 8	
419	CHECK 418: ONLY [ ] MORE [ ] ONE ↓ THAN ONE ↓ a) How many years b) How many years ago did you ago did you receive that receive the last tetanus tetanus injection injection? prior to this pregnancy?	YEARS AGO . . . . . [ ][ ]	

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
420	During this pregnancy, were you given or did you buy any iron tablets? SHOW TABLETS.	YES .... 1 NO .... 2 ┐ (SKIP TO 422) ← DON'T KNOW .... 8 ┘	
420A	Did the iron tablets also include folic acid?	YES .... 1 NO .... 2 DON'T KNOW 8	
421	During the whole pregnancy, for how many days did you take the tablets? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER OF DAYS.	DAYS ..... ☐☐☐ DON'T KNOW 998	
422	During this pregnancy, did you take any drug for intestinal worms?	YES .... 1 NO .... 2 DON'T KNOW 8	
422A	Around the time of the birth of (NAME), did you have any of the following problems? a) Long labor, that is, your regular contractions lasted more than 12 hours? b) Excessive bleeding, so much that you thought you might die? c) A high fever with a bad-smelling vaginal discharge (sepsis)? d) Loss of consciousness?	YES NO a) LONG LABOR .. 1 2 b) BLEEDING ..... 1 2 c) SEPSIS .... 1 2 d) LOSS OF CONSCIOUSNESS 1 2	
427	Was (NAME) weighed at birth?	YES .... 1 NO .... 2 ┐ (SKIP TO 429) ← DON'T KNOW .... 8 ┘	YES .... 1 NO .... 2 ┐ (SKIP TO 429) ← DON'T KNOW .... 8 ┘
428	How much did (NAME) weigh? RECORD WEIGHT IN KILOGRAMS FROM HEALTH CARD, IF AVAILABLE.	KG FROM CARD 1 ☐.☐☐☐ KG FROM RECALL 2 ☐.☐☐☐ DON'T KNOW 99998	KG FROM CARD 1 ☐.☐☐☐ KG FROM RECALL 2 ☐.☐☐☐ DON'T KNOW 99998

429	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
		   TRADITIONAL BIRTH
		     ATTENDANT/HILOT ..... D
		   BARANGAY HEALTH
		     WORKER .... E
		   RELATIVE/FRIEND .... F
		   OTHER
		   _____ X
		     (SPECIFY)
		NO ONE ASSISTED .... Y
			HEALTH PERSONNEL
			   DOCTOR .... A
			   NURSE .... B
			   MIDWIFE C
			OTHER PERSON
			   TRADITIONAL BIRTH
			     ATTENDANT/HILOT ..... D
			   BARANGAY HEALTH
			     WORKER .... E
			   RELATIVE/FRIEND .... F
			   OTHER
			   _____ X
			     (SPECIFY)
			NO ONE ASSISTED .... Y

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
429A	How much did you pay in total for the delivery of (NAME)? INCLUDE COST OF DOCTORS, NURSES, HOSPITAL, ETC.	COST IN PHP 1 . . . . ☐☐☐☐☐ DONATIONS IN PHP 2 . . . . ☐☐☐☐☐ FREE/NO COST . . . . 000000 IN KIND . . . . 999996 DON'T KNOW 999998	

430	Where did you give birth to (NAME)?
	
	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)
		HOME
		  HER HOME . . . . 11⌐
		    (SKIP TO 434) ◄┘
		  OTHER HOME . . . . 12⌐
		
		PUBLIC SECTOR
		  GOVERNMENT HOSPITAL . . 21
		  RURAL/URBAN HEALTH
		    CENTER 22
		  BARANGAY HEALTH
		    STATION 23
		  BARANGAY SUPPLY
		    SERVICE POINT 24
		  OTHER PUBLIC SECTOR
		
		    _____ 26
		      (SPECIFY)
		
		PRIVATE MEDICAL SECTOR
		  PRIVATE HOSPITAL/
		    CLINIC 31
		  NGO 32
		  INDUSTRY-BASED
		    CLINIC 33
		  OTHER PRIVATE
		    MEDICAL SECTOR
		
		    _____ 36
		      (SPECIFY)
		
		  OTHER _____ 96⌐
		        (SPECIFY)
		        (SKIP TO 434) ◄┘
			HOME
			  HER HOME . . . . 11⌐
			    (SKIP TO 434) ◄┘
			  OTHER HOME . . . . 12⌐
			
			PUBLIC SECTOR
			  GOVERNMENT HOSPITAL . . 21
			  RURAL/URBAN HEALTH
			    CENTER 22
			  BARANGAY HEALTH
			    STATION 23
			  BARANGAY SUPPLY
			    SERVICE POINT 24
			  OTHER PUBLIC SECTOR
			
			    _____ 26
			      (SPECIFY)
			
			PRIVATE MEDICAL SECTOR
			  PRIVATE HOSPITAL/
			    CLINIC 31
			  NGO 32
			  INDUSTRY-BASED
			    CLINIC 33
			  OTHER PRIVATE
			    MEDICAL SECTOR
			
			    _____ 36
			      (SPECIFY)
			
			  OTHER _____ 96⌐
			        (SPECIFY)
			        (SKIP TO 434) ◄┘

431	How long after (NAME) was delivered did you stay there? IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS . . . . 1 ☐☐ DAYS . . . . 2 ☐☐ WEEKS . . . . 3 ☐☐ DON'T KNOW 998	

432	Was (NAME) delivered by caesarean, that is, did they cut your belly open to take the baby out?	YES 1
		NO . . . . 2⌐
		  (SKIP TO 434) ◄┘
			YES 1
			NO . . . . 2⌐
			  (SKIP TO 434) ◄┘

433	When was the decision made to have the caesarean section? Was it before or after your labor pains started?	BEFORE . . . . 1 AFTER 2	BEFORE . . . . 1 AFTER 2

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
434	Immediately after the birth, was (NAME) put on your chest?	YES .... 1 NO .... 2 (SKIP TO 434B) ◄―┘ DON'T KNOW 8	YES .... 1 NO .... 2 (SKIP TO 459) ◄―┘ DON'T KNOW 8
434A	Was (NAME)'s bare skin touching your bare skin?	YES .... 1 NO .... 2 DON'T KNOW 8	YES .... 1 NO .... 2 DON'T KNOW 8
434B	CHECK 430: PLACE OF DELIVERY	CODE 11, 12, OR 96 ☐　　OTHER CIRCLED　　　　　☐ (SKIP TO 448B) ◄――――↓	
435	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 NO .... 2 (SKIP TO 438) ◄―┘	
436	How long after delivery did the first check take place? IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS .... 1 ☐☐ DAYS .... 2 ☐☐ WEEKS .... 3 ☐☐ DON'T KNOW 998	
437	Who checked on your health at that time? PROBE FOR MOST QUALIFIED PERSON.	**HEALTH PERSONNEL** 　DOCTOR .... 11 　NURSE ...... 12 　MIDWIFE .... 13 **OTHER PERSON** 　TRADITIONAL BIRTH 　　ATTENDANT/ 　　HILOT .... 21 　BARANGAY 　　HEALTH WORKER ..... 22 OTHER _____ 96 　　(SPECIFY)	
437A	Did you receive the following services at that time: a) Abdominal examination? b) Breast examination? c) Internal examination or IE? d) Family planning advice? e) Breastfeeding advice? f) Vitamin A capsule? g) Baby care advice? h) Iron supplement? i) Complete physical check-up including blood pressure?	YES　NO　DK a) ABDOM. EXAM　1　2　8 b) BREAST EXAM　1　2　8 c) IE .... 1　2　8 d) FP ADVICE .. 1　2　8 e) BF ADVICE .. 1　2　8 f) VIT A ..... 1　2　8 g) BABY CARE . 1　2　8 h) IRON ..... 1　2　8 i) CHECK-UP .. 1　2　8	

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
438	Now I would like to talk to you about checks on (NAME)'s health after delivery – for example, someone examining (NAME), checking the cord, or seeing if (NAME) is OK. Did anyone check on (NAME)'s health while you were still in the facility?	YES . . . . 1 NO . . . . 2⌐ (SKIP TO 441) ◄—┤ DON'T KNOW . . . . 8⌐	
439	How long after delivery was (NAME)'s health first checked? IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS . . . . 1 ☐☐ DAYS . . . . 2 ☐☐ WEEKS . . . . 3 ☐☐ DON'T KNOW 998	

440	Who checked on (NAME)'s health at that time?
	
	PROBE FOR MOST QUALIFIED PERSON.
		HEALTH PERSONNEL
		   DOCTOR 11
		   NURSE 12
		   MIDWIFE 13
		OTHER PERSON
		   TRADITIONAL BIRTH
		      ATTENDANT/
		      HILOT 21
		   BARANGAY
		      HEALTH WORKER 22
		
		OTHER _____ 96
		       (SPECIFY)	

441	Now I want to talk to you about what happened after you left the facility. Did anyone check on your health after you left the facility?	YES . . . . 1 NO . . . . 2⌐ (SKIP TO 445) ◄—┘	
442	How long after delivery did that check take place? IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS . . . . 1 ☐☐ DAYS . . . . 2 ☐☐ WEEKS . . . . 3 ☐☐ DON'T KNOW 998	

443	Who checked on your health at that time?
	
	PROBE FOR MOST QUALIFIED PERSON.
		HEALTH PERSONNEL
		   DOCTOR 11
		   NURSE 12
		   MIDWIFE 13
		OTHER PERSON
		   TRADITIONAL BIRTH
		      ATTENDANT/
		      HILOT 21
		   BARANGAY
		      HEALTH WORKER 22
		
		OTHER _____ 96
		       (SPECIFY)	

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____

444	Where did the check take place?
	
	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)
		HOME
		    HER HOME 11
		    OTHER HOME 12
		
		PUBLIC SECTOR
		    GOVERNMENT HOSPITAL . . 21
		    RURAL/URBAN HEALTH
		        CENTER 22
		    BARANGAY HEALTH
		        STATION 23
		    BARANGAY SUPPLY
		        SERVICE POINT
		        OFFICER/BHW 24
		    OTHER PUBLIC SECTOR
		
		    _____ 26
		        (SPECIFY)
		
		PRIVATE MEDICAL SECTOR
		    PRIVATE HOSPITAL/
		        CLINIC 31
		    NGO 32
		    INDUSTRY-BASED
		        CLINIC 33
		    OTHER PRIVATE
		        MEDICAL SECTOR
		
		    _____ 36
		        (SPECIFY)
		    OTHER _____ 96
		            (SPECIFY)	

445	I would like to talk to you about checks on (NAME)'s health after you left (FACILITY IN 430). Did any health care provider or a traditional birth attendant check on (NAME)'s health in the two months after you left (FACILITY IN 430)?	YES . . . . 1 NO . . . . 2 ⌐ (SKIP TO 457) ← DON'T KNOW . . . . 8 ⌐	
446	How many hours, days or weeks after the birth of (NAME) did that check take place? IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS . . . . 1 ☐☐ DAYS . . . . 2 ☐☐ WEEKS . . . . 3 ☐☐ DON'T KNOW 998	

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
		    TRADITIONAL BIRTH
		        ATTENDANT/
		        HILOT 21
		    BARANGAY
		        HEALTH WORKER 22
		
		    OTHER _____ 96
		            (SPECIFY)	

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____

448	Where did this check of (NAME) take place?
	
	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)
		HOME
		HER HOME . . . . 11 ⌐
		OTHER HOME . . . . 12 ⌐
		
		PUBLIC SECTOR
		GOVERNMENT HOSPITAL . . 21 ⌐
		RURAL/URBAN HEALTH
		    CENTER . . . . 22 ⌐
		BARANGAY HEALTH
		    STATION . . . . 23 ⌐
		BARANGAY SUPPLY
		    SERVICE POINT
		    OFFICER/BHW . . . . 24 ⌐
		OTHER PUBLIC SECTOR
		
		_____ 26 ⌐
		(SPECIFY)
		
		PRIVATE MEDICAL SECTOR
		PRIVATE HOSPITAL/
		    CLINIC . . . . 31 ⌐
		NGO . . . . 32 ⌐
		INDUSTRY-BASED
		    CLINIC . . . . 33 ⌐
		OTHER PRIVATE
		    MEDICAL SECTOR
		
		_____ 36 ⌐
		(SPECIFY)
		
		OTHER _____ 96 ⌐
		(SPECIFY)
		
		(SKIP TO 457)◄	

448B	Why didn't you deliver in the health facility?
	
	Any other reason?
	
	RECORD ALL MENTIONED
		COST TOO MUCH . . . . A
		FACILITY NOT OPEN . . . . B
		TOO FAR/NO TRANSPORT . . C
		DON'T TRUST FACILITY/
		    POOR QUALITY SERVICE . . D
		NO FEMALE PROVIDER
		    AT FACILITY . . . . E
		HUSBAND/FAMILY DID NOT
		    ALLOW . . . . F
		NOT NECESSARY . . . . G
		NOT CUSTOMARY . . . . H
		OTHER
		    _____ X
		(SPECIFY)	

449	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 453) ◄	
450	How long after delivery did the first check take place? 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 _____

451	Who checked on your health at that time?
	
	PROBE FOR MOST QUALIFIED PERSON.
		HEALTH PERSONNEL
		DOCTOR 11
		NURSE 12
		MIDWIFE 13
		OTHER PERSON
		TRADITIONAL BIRTH
		   ATTENDANT/
		   HILOT 21
		BARANGAY
		   HEALTH WORKER 22
		
		OTHER _____ 96
		             (SPECIFY)	

452	Where did this first check take place?
	
	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)
		HOME
		HER HOME 11
		OTHER HOME 12
		
		PUBLIC SECTOR
		GOVERNMENT HOSPITAL . . 21
		RURAL/URBAN HEALTH
		   CENTER 22
		BARANGAY HEALTH
		   STATION 23
		BARANGAY SUPPLY
		   SERVICE POINT
		   OFFICER/BHW 24
		OTHER PUBLIC SECTOR
		
		_____ 26
		      (SPECIFY)
		
		PRIVATE MEDICAL SECTOR
		PRIVATE HOSPITAL/
		   CLINIC 31
		NGO 32
		INDUSTRY-BASED
		   CLINIC 33
		OTHER PRIVATE
		   MEDICAL SECTOR
		
		_____ 36
		      (SPECIFY)
		
		OTHER _____ 96
		        (SPECIFY)	

452A	Did you receive the following services at that time: a) Abdominal examination? b) Breast examination? c) Internal examination or IE? d) Family planning advice? e) Breastfeeding advice? f) Vitamin A capsule? g) Baby care advice? h) Iron supplement? i) Complete physical check-up including blood pressure?	YES NO DK a) ABDOM. EXAM 1 2 8 b) BREAST EXAM 1 2 8 c) IE . . . . 1 2 8 d) FP ADVICE . . 1 2 8 e) BF ADVICE . . 1 2 8 f) VIT A . . . . . 1 2 8 g) BABY CARE 1 2 8 h) IRON . . . . . 1 2 8 i) CHECK-UP . . 1 2 8	

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
453	I would like to talk to you about checks on (NAME)'s health after delivery – for example, someone examining (NAME), checking the cord, or seeing if (NAME) is OK. In the two months after (NAME) was born, did any health care provider or a traditional birth attendant check on (NAME)'s health?	YES . . . . 1 NO . . . . 2 (SKIP TO 457) ← DON'T KNOW 8	

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

455	Who checked on (NAME)'s health at that time?
	
	PROBE FOR MOST QUALIFIED PERSON.
		HEALTH PERSONNEL
		    DOCTOR 11
		    NURSE 12
		    MIDWIFE 13
		OTHER PERSON
		    TRADITIONAL BIRTH
		        ATTENDANT/
		        HILOT 21
		    BARANGAY
		        HEALTH WORKER 22
		
		OTHER _____ 96
		            (SPECIFY)	

456	Where did this first check of (NAME) take place?
	
	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)
		HOME
		    HER HOME 11
		    OTHER HOME 12
		
		PUBLIC SECTOR
		    GOVERNMENT HOSPITAL . . 21
		    RURAL/URBAN HEALTH
		        CENTER 22
		    BARANGAY HEALTH
		        STATION 23
		    BARANGAY SUPPLY
		        SERVICE POINT
		        OFFICER/BHW 24
		    OTHER PUBLIC SECTOR
		
		        _____ 26
		            (SPECIFY)
		
		PRIVATE MEDICAL SECTOR
		    PRIVATE HOSPITAL/
		        CLINIC 31
		    NGO 32
		    INDUSTRY-BASED
		        CLINIC 33
		    OTHER PRIVATE
		        MEDICAL SECTOR
		
		        _____ 36
		            (SPECIFY)
		
		OTHER _____ 96
		            (SPECIFY)	

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
457	During the first two days after (NAME)'s birth, did any health care provider do the following: a) Examine the cord? b) Measure (NAME)'s temperature? c) Counsel you on danger signs for newborns? d) Counsel you on breastfeeding? e) Observe (NAME) breastfeeding?	YES NO DK a) CORD . . . . 1 2 8 b) TEMP. . . . . . 1 2 8 c) SIGNS . . . . . 1 2 8 d) COUNSEL BREAST-FEED 1 2 8 e) OBSERVE BREAST-FEED 1 2 8	
458	Has your menstrual period returned since the birth of (NAME)?	YES . . . . 1 (SKIP TO 460) ← NO . . . . 2 (SKIP TO 461) ←	
459	Did your period return between the birth of (NAME) and your next pregnancy?		YES . . . . 1 NO . . . . 2 (SKIP TO 463) ←
460	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
461	CHECK 226: IS RESPONDENT PREGNANT?	NOT PREGNANT PREGNANT OR UNSURE (SKIP TO 463) ←	
462	Have you had sexual intercourse since the birth of (NAME)?	YES . . . . 1 NO . . . . 2 (SKIP TO 464) ←	
463	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
464	Did you ever breastfeed (NAME)?	YES . . . . 1 (SKIP TO 466) ← NO 2	YES . . . . 1 NO 2
465	CHECK 404: IS CHILD LIVING?	LIVING DEAD (SKIP TO 470) ← (SKIP TO 471) ←	
466	How long after birth did you first put (NAME) to the breast? IF LESS THAN 1 HOUR, RECORD '00' HOURS; IF LESS THAN 24 HOURS, RECORD HOURS; OTHERWISE, RECORD DAYS.	IMMEDIATELY . . . . 000 HOURS . . . . 1 DAYS 2	
467	In the first three days after delivery, was (NAME) given anything to drink other than breast milk?	YES . . . . 1 NO . . . . 2 (SKIP TO 467B) ←	

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____

467A	What was (NAME) given to drink?
	
	Anything else?
	
	RECORD ALL MENTIONED
		MILK (OTHER THAN
		   BREASTMILK) . . . . A ⌐
		PLAIN WATER . . . . B ⊣
		SUGAR OR GLUCOSE
		   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 468) ◄—┘	

467B	Was (NAME) ever given water or anything else to drink or eat other than breastmilk?	YES . . . . 1 NO . . . . 2 ⌐ (SKIP TO 468) ◄—┘	
467C	How many months old was (NAME) when you first started giving (NAME) any food or liquid other than breastmilk?	MONTHS . . . . ☐☐	
468	CHECK 404: IS CHILD LIVING?	LIVING DEAD ☐ ⌐ (SKIP TO 471) ◄— ↓	LIVING DEAD ☐ ⌐ (SKIP TO 471) ◄— ↓
469	Are you still breastfeeding (NAME)?	YES . . . . 1 NO 2	
470	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
471		GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 501A.	GO BACK TO 405 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 501A.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
501A	CHECK 215 IN THE PREGNANCY HISTORY: ANY LIVE BIRTHS IN 2014-2017? ONE OR MORE BIRTHS IN 2014-2017 ☐ NO BIRTHS IN 2014-2017 ☐		→ 601
502A	RECORD THE NAME AND PREGNANCY HISTORY NUMBER FROM 211A OF THE LAST CHILD BORN IN 2014-2017. NAME OF LAST BIRTH _____ PREGNANCY HISTORY NUMBER . . . . ☐☐		
503A	CHECK 216 FOR CHILD: LIVING ☐ DEAD ☐		→ 501B
504A	Do you have a card or other document where (NAME)'s vaccinations are written down?	YES, HAS ONLY A CARD . . . . 1 YES, HAS ONLY AN OTHER DOCUMENT . . . . . 2 YES, HAS CARD AND OTHER DOCUMENT . . 3 NO, NO CARD AND NO OTHER DOCUMENT . . 4	→ 507A → 507A
505A	Did you ever have a vaccination card for (NAME)?	YES . . . . 1 NO 2	
506A	CHECK 504A: CODE '2' CIRCLED ☐ CODE '4' CIRCLED ☐		→ 511A
507A	May I see the card or other document where (NAME)'s vaccinations are written down?	YES, ONLY CARD SEEN . . . . 1 YES, ONLY OTHER DOCUMENT SEEN . . . . . 2 YES, CARD AND OTHER DOCUMENT SEEN . . 3 NO CARD AND NO OTHER DOCUMENT SEEN 4	→ 511A
507AB	CHECK CARD OR OTHER DOCUMENT	CARD FROM DOH/PUBLIC SOURCE . . . . 1 CARD FROM PRIVATE SOURCE . . . . 2 CARDS FROM PUBLIC AND PRIVATE SOURCES 3	
507AC	The last time (NAME) received a vaccination, was it from a public facility or a private facility?	PUBLIC FACILITY . . . . 1 PRIVATE FACILITY . . . . 2 DON'T KNOW 8	

507AD	CHECK CARD OR OTHER DOCUMENT: IS PENTAVALENT OR DPT-HEB-HIB PRINTED OR WRITTEN ON CARD?	YES, PENTAVALENT OR DPT-HEPB-HIB
		   PRINTED OR WRITTEN ON CARD 1
		NO, NEITHER PENTAVALENT NOR DPT-HEPB-HIB
		   PRINTED OR WRITTEN ON CARD 2
			→ 510AA

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	NAME OF LAST BIRTH _____	PREGNANCY HISTORY NUMBER . . ☐☐	

508A COPY DATES FROM THE CARD.
WRITE '44' IN 'MONTH' COLUMN IF CARD SHOWS THAT A DOSE WAS GIVEN, BUT NO DATE IS RECORDED.

	MONTH	DAY	YEAR
BCG	☐☐	☐☐	☐☐☐☐
HEPATITIS B AT BIRTH	☐☐	☐☐	☐☐☐☐
PENTAVALENT 1/DPT-HEPB-HIB 1	☐☐	☐☐	☐☐☐☐
PENTAVALENT 2/DPT-HEPB-HIB 2	☐☐	☐☐	☐☐☐☐
PENTAVALENT 3/DPT-HEPB-HIB 3	☐☐	☐☐	☐☐☐☐
ORAL POLIO VACCINE (OPV) 1	☐☐	☐☐	☐☐☐☐
ORAL POLIO VACCINE (OPV) 2	☐☐	☐☐	☐☐☐☐
ORAL POLIO VACCINE (OPV) 3	☐☐	☐☐	☐☐☐☐
INACTIVATED POLIO VACCINE (IPV)	☐☐	☐☐	☐☐☐☐
PNEUMOCOCCAL CONJUGATE VACCINE (PCV) 1	☐☐	☐☐	☐☐☐☐
PNEUMOCOCCAL CONJUGATE VACCINE (PCV) 2	☐☐	☐☐	☐☐☐☐
PNEUMOCOCCAL CONJUGATE VACCINE (PCV) 3	☐☐	☐☐	☐☐☐☐
MEASLES (OR MEASLES, MUMPS, RUBELLA) 1	☐☐	☐☐	☐☐☐☐
MEASLES, MUMPS, RUBELLA (MMR) 2	☐☐	☐☐	☐☐☐☐
VITAMIN A (MOST RECENT)	☐☐	☐☐	☐☐☐☐

509A CHECK 508A: 'BCG' TO 'MEASLES, MUMPS, RUBELLA 2' ALL RECORDED?

NO ☐   YES ☐ → 526A

510A In addition to what is recorded on (this document /these documents), did (NAME) receive any other vaccinations, including vaccinations received in campaigns or immunization days or child health days like: The National Campaign Against Measles, the "Bakuna Para Sa Kabataan Proteksyon Sa Kinabukasan", NGO, Charity, Medical Mission?

RECORD 'YES' ONLY IF THE RESPONDENT MENTIONS AT LEAST ONE OF THE VACCINATIONS IN 508A THAT ARE NOT RECORDED AS HAVING BEEN GIVEN.

YES 1
  (PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING MONTH COLUMN IN 508A THEN WRITE '00' IN THE CORRESPONDING MONTH COLUMN FOR ALL VACCINATIONS NOT GIVEN)
       (THEN SKIP TO 526A)

NO 2
DON'T KNOW 8
  (WRITE '00' IN THE CORRESPONDING MONTH COLUMN FOR ALL VACCINATIONS NOT GIVEN)
       (THEN SKIP TO 526A)

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	NAME OF LAST BIRTH _____	PREGNANCY HISTORY NUMBER . . ☐☐	

510AA — COPY DATES FROM THE CARD.
WRITE '44' IN 'MONTH' COLUMN IF CARD SHOWS THAT A DOSE WAS GIVEN, BUT NO DATE IS RECORDED.

	MONTH		DAY		YEAR		
BCG							
HEPATITIS B AT BIRTH							
DPT 1							
DPT 2							
DPT 3							
HEPATITIS B (HEPB) 1							
HEPATITIS B (HEPB) 2							
HEPATITIS B (HEPB) 3							
HAEMOPHILUS INFLUENZAE B (HIB) 1							
HAEMOPHILUS INFLUENZAE B (HIB) 2							
HAEMOPHILUS INFLUENZAE B (HIB) 3							
INACTIVATED POLIO VACCINE (IPV) 1							
INACTIVATED POLIO VACCINE (IPV) 2							
INACTIVATED POLIO VACCINE (IPV) 3							
ORAL POLIO VACCINE (OPV) 1							
ORAL POLIO VACCINE (OPV) 2							
ORAL POLIO VACCINE (OPV) 3							
PNEUMOCOCCAL CONJUGATE VACCINE (PCV) 1							
PNEUMOCOCCAL CONJUGATE VACCINE (PCV) 2							
PNEUMOCOCCAL CONJUGATE VACCINE (PCV) 3							
MEASLES (OR MEASLES, MUMPS, RUBELLA) 1							
MEASLES, MUMPS, RUBELLA (MMR) 2							
VITAMIN A (MOST RECENT)							

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
510AD	CHECK 510AA: 'BCG' TO "MEASLES, MUMPS, RUBELLA 2' ALL RECORDED? NO ☐ YES ☐		→ 526A

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	NAME OF LAST BIRTH _____	PREGNANCY HISTORY NUMBER . . ☐☐	
510AE	In addition to what is recorded on (this document /these documents), did (NAME) receive any other vaccinations, including vaccinations received in campaigns or immunization days or child health days like: The National Campaign Against Measles, the "Bakuna Para Sa Kabataan Proteksyon Sa Kinabukasan", NGO, Charity, Medical Mission? RECORD 'YES' ONLY IF THE RESPONDENT MENTIONS AT LEAST ONE OF THE VACCINATIONS IN 510AA THAT ARE NOT RECORDED AS HAVING BEEN GIVEN.	YES . . . . 1 (PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING MONTH COLUMN IN 510AA THEN WRITE '00' IN THE CORRESPONDING MONTH COLUMN FOR ALL VACCINATIONS NOT GIVEN) (THEN SKIP TO 526A) NO . . . . 2 DON'T KNOW . . . . 8 (WRITE '00' IN THE CORRESPONDING MONTH COLUMN FOR ALL VACCINATIONS NOT GIVEN) (THEN SKIP TO 526A)	
511A	Did (NAME) ever receive any vaccinations to prevent (NAME) from getting diseases, including vaccinations received in campaigns or immunization days or child health days, like: Todo Ligtas, NGO, Charity, Medical Mission?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	→ 526A
511AB	The last time (NAME) received a vaccination, was it from a public facility or a private facility?	PUBLIC FACILITY . . . . 1 PRIVATE FACILITY . . . . 2 DON'T KNOW 8	
512A	Has (NAME) ever received a BCG vaccination against tuberculosis, that is, an injection in the arm or shoulder that usually causes a scar?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
513A	Within 24 hours after birth, did (NAME) receive a Hepatitis B vaccination, that is, an injection in the thigh to prevent Hepatitis B?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
514A	Has (NAME) ever received oral polio vaccine, that is, about two drops in the mouth to prevent polio?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	→ 516AA
516A	How many times did (NAME) receive the oral polio vaccine?	NUMBER OF TIMES . . . . ☐	
516AA	Did (NAME) receive the inactivated polio vaccine, an injection given to prevent polio?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	→ 516AC
516AB	How many times did (NAME) receive the inactivated polio vaccine?	NUMBER OF TIMES . . . . ☐	
516AC	Has (NAME) ever received a Pentavalent vaccination, pentavalent vaccine, that is, an injection that includes DPT and Hib and sometimes HepB or IPV?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	→ 517AD
516AD	How many times did (NAME) receive the Pentavalent vaccine?	NUMBER OF TIMES . . . . ☐	
516AE	Did (NAME) receive the last dose of Pentavalent vaccine from a public or private facility?	PUBLIC FACILITY . . . . 1 PRIVATE FACILITY . . . . 2 DON'T KNOW 8	

SECTION 5A. CHILD IMMUNIZATION (LAST BIRTH)

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	NAME OF LAST BIRTH _____	PREGNANCY HISTORY NUMBER . . ☐☐	
517AD	Excluding any vaccinations given to (NAME) at birth, has (NAME) ever received a HEP B vaccination, that is, an injection given in the arm or thigh sometimes at the same time as polio drops?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	⊢→ 519A
517AE	Excluding any vaccinations given to (NAME) at birth, how many times did (NAME) receive the HEP B vaccine?	NUMBER OF TIMES . . . . ☐	
519A	Has (NAME) ever received a pneumococcal vaccination, that is, an injection in the thigh to prevent pneumonia?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	⊢→ 523A
520A	How many times did (NAME) receive the pneumococcal vaccine?	NUMBER OF TIMES . . . . ☐	
523A	Has (NAME) ever received a measles or MMR vaccination, that is, an injection in the upper arm to prevent measles, or measles, mumps, and rubella?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	⊢→ 526A
524A	How many times did (NAME) receive the measles or MMR vaccine?	NUMBER OF TIMES . . . . ☐	
526A	CONTINUE WITH 501B.		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
501B	CHECK 215 IN THE PREGNANCY HISTORY: ANY MORE LIVE BIRTHS IN 2014-2017? MORE BIRTHS IN 2014-2017 ☐ NO MORE BIRTHS IN 2014-2017 ☐		→ 601
502B	RECORD THE NAME AND PREGNANCY HISTORY NUMBER FROM 211A OF THE NEXT-TO-LAST CHILD BORN IN 2014-2017. NAME OF NEXT-TO-LAST BIRTH _____ PREGNANCY HISTORY NUMBER . . . . ☐☐		
503B	CHECK 216 FOR CHILD: LIVING ☐ DEAD ☐		→ 526B
504B	Do you have a card or other document where (NAME)'s vaccinations are written down?	YES, HAS ONLY A CARD . . . . 1 YES, HAS ONLY AN OTHER DOCUMENT . . . . . 2 YES, HAS CARD AND OTHER DOCUMENT . . . . . 3 NO, NO CARD AND NO OTHER DOCUMENT . . 4	→ 507B → 507B
505B	Did you ever have a vaccination card for (NAME)?	YES . . . . 1 NO 2	
506B	CHECK 504B: CODE '2' CIRCLED ☐ CODE '4' CIRCLED ☐		→ 511B
507B	May I see the card or other document where (NAME)'s vaccinations are written down?	YES, ONLY CARD SEEN . . . . 1 YES, ONLY OTHER DOCUMENT SEEN . . . . 2 YES, CARD AND OTHER DOCUMENT SEEN . . 3 NO CARD AND NO OTHER DOCUMENT SEEN . . 4	→ 511B
507BB	CHECK CARD OR OTHER DOCUMENT	CARD FROM DOH/PUBLIC SOURCE . . . . 1 CARD FROM PRIVATE SOURCE . . . . 2 CARDS FROM PUBLIC AND PRIVATE SOURCES 3	
507BC	The last time (NAME) received a vaccination, was it from a public facility or a private facility?	PUBLIC FACILITY . . . . 1 PRIVATE FACILITY . . . . 2 DON'T KNOW 8	

507BD	CHECK CARD OR OTHER DOCUMENT: IS PENTAVALENT OR DPT-HEB-HIB PRINTED OR WRITTEN ON CARD?	YES, PENTAVALENT OR DPT-HEPB-HIB
		  PRINTED OR WRITTEN ON CARD 1
		NO, NEITHER PENTAVALENT NOR DPT-HEPB-HIB
		  PRINTED OR WRITTEN ON CARD 2
			→ 510BA

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	NAME OF NEXT-TO-LAST BIRTH _____	PREGNANCY HISTORY NUMBER . . . . . ▢▢	

508B — COPY DATES FROM THE CARD.
WRITE '44' IN 'MONTH' COLUMN IF CARD SHOWS THAT A DOSE WAS GIVEN, BUT NO DATE IS RECORDED.

	MONTH	DAY	YEAR
BCG	▢▢	▢▢	▢▢▢▢
HEPATITIS B AT BIRTH	▢▢	▢▢	▢▢▢▢
PENTAVALENT 1/DPT-HEPB-HIB 1	▢▢	▢▢	▢▢▢▢
PENTAVALENT 2/DPT-HEPB-HIB 2	▢▢	▢▢	▢▢▢▢
PENTAVALENT 3/DPT-HEPB-HIB 3	▢▢	▢▢	▢▢▢▢
ORAL POLIO VACCINE (OPV) 1	▢▢	▢▢	▢▢▢▢
ORAL POLIO VACCINE (OPV) 2	▢▢	▢▢	▢▢▢▢
ORAL POLIO VACCINE (OPV) 3	▢▢	▢▢	▢▢▢▢
INACTIVATED POLIO VACCINE (IPV)	▢▢	▢▢	▢▢▢▢
PNEUMOCOCCAL CONJUGATE VACCINE (PCV) 1	▢▢	▢▢	▢▢▢▢
PNEUMOCOCCAL CONJUGATE VACCINE (PCV) 2	▢▢	▢▢	▢▢▢▢
PNEUMOCOCCAL CONJUGATE VACCINE (PCV) 3	▢▢	▢▢	▢▢▢▢
MEASLES (OR MEASLES, MUMPS, RUBELLA) 1	▢▢	▢▢	▢▢▢▢
MEASLES, MUMPS, RUBELLA (MMR) 2	▢▢	▢▢	▢▢▢▢
VITAMIN A (MOST RECENT)	▢▢	▢▢	▢▢▢▢

| 509B | CHECK 508B: 'BCG' TO ''MEASLES, MUMPS, RUBELLA 2' ALL RECORDED?

NO ▢   YES ▢ ──────────────→ | | 526B |

| 510B | In addition to what is recorded on (this document /these documents), did (NAME) receive any other vaccinations, including vaccinations received in campaigns or immunization days or child health days like: The National Campaign Against Measles, the "Bakuna Para Sa Kabataan Proteksyon Sa Kinabukasan", NGO, Charity, Medical Mission?

RECORD 'YES' ONLY IF THE RESPONDENT MENTIONS AT LEAST ONE OF THE VACCINATIONS IN 508B THAT ARE NOT RECORDED AS HAVING BEEN GIVEN. | YES 1
(PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING MONTH COLUMN IN 508B THEN WRITE '00' IN THE CORRESPONDING MONTH COLUMN FOR ALL VACCINATIONS NOT GIVEN)
(THEN SKIP TO 526B)

NO 2
DON'T KNOW 8
(WRITE '00' IN THE CORRESPONDING MONTH COLUMN FOR ALL VACCINATIONS NOT GIVEN)
(THEN SKIP TO 526B) | |

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	NAME OF NEXT-TO-LAST BIRTH _____	PREGNANCY HISTORY NUMBER . . . . . [ ][ ]	

510BA	COPY DATES FROM THE CARD.				
	WRITE '44' IN 'MONTH' COLUMN IF CARD SHOWS THAT A DOSE WAS GIVEN, BUT NO DATE IS RECORDED.				

	MONTH	DAY	YEAR
BCG			
HEPATITIS B AT BIRTH			
DPT 1			
DPT 2			
DPT 3			
HEPATITIS B (HEPB) 1			
HEPATITIS B (HEPB) 2			
HEPATITIS B (HEPB) 3			
HAEMOPHILUS INFLUENZAE B (HIB) 1			
HAEMOPHILUS INFLUENZAE B (HIB) 2			
HAEMOPHILUS INFLUENZAE B (HIB) 3			
INACTIVATED POLIO VACCINE (IPV) 1			
INACTIVATED POLIO VACCINE (IPV) 2			
INACTIVATED POLIO VACCINE (IPV) 3			
ORAL POLIO VACCINE (OPV) 1			
ORAL POLIO VACCINE (OPV) 2			
ORAL POLIO VACCINE (OPV) 3			
PNEUMOCOCCAL CONJUGATE VACCINE (PCV) 1			
PNEUMOCOCCAL CONJUGATE VACCINE (PCV) 2			
PNEUMOCOCCAL CONJUGATE VACCINE (PCV) 3			
MEASLES (OR MEASLES, MUMPS, RUBELLA) 1			
MEASLES, MUMPS, RUBELLA 2			
VITAMIN A (MOST RECENT)			

510AD	CHECK 510BA: 'BCG' TO 'MEASLES, MUMPS, RUBELLA 2' ALL RECORDED?	
	NO [ ] YES [ ]	→ 526B

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	NAME OF NEXT-TO-LAST BIRTH _____	PREGNANCY HISTORY NUMBER . . . . . [ ][ ]	
510BE	In addition to what is recorded on (this document /these documents), did (NAME) receive any other vaccinations, including vaccinations received in campaigns or immunization days or child health days like: The National Campaign Against Measles, the "Bakuna Para Sa Kabataan Proteksyon Sa Kinabukasan", NGO, Charity, Medical Mission? RECORD 'YES' ONLY IF THE RESPONDENT MENTIONS AT LEAST ONE OF THE VACCINATIONS IN 510BA THAT ARE NOT RECORDED AS HAVING BEEN GIVEN.	YES . . . . 1 (PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING MONTH COLUMN IN 510BA THEN WRITE '00' IN THE CORRESPONDING MONTH COLUMN FOR ALL VACCINATIONS NOT GIVEN) (THEN SKIP TO 526B) NO . . . . 2 DON'T KNOW . . . . 8 (WRITE '00' IN THE CORRESPONDING MONTH COLUMN FOR ALL VACCINATIONS NOT GIVEN) (THEN SKIP TO 526B)	
511B	Did (NAME) ever receive any vaccinations to prevent (NAME) from getting diseases, including vaccinations received in campaigns or immunization days or child health days, like: Todo Ligtas, NGO, Charity, Medical Mission?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	→ 526B
511BB	The last time (NAME) received a vaccination, was it from a public facility or a private facility?	PUBLIC FACILITY . . . . 1 PRIVATE FACILITY . . . . 2 DON'T KNOW 8	
512B	Has (NAME) ever received a BCG vaccination against tuberculosis, that is, an injection in the arm or shoulder that usually causes a scar?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
513B	Within 24 hours after birth, did (NAME) receive a Hepatitis B vaccination, that is, an injection in the thigh to prevent Hepatitis B?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
514B	Has (NAME) ever received oral polio vaccine, that is, about two drops in the mouth to prevent polio?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	→ 516BA
516B	How many times did (NAME) receive the oral polio vaccine?	NUMBER OF TIMES . . . . [ ]	
516BA	Did (NAME) receive the inactivated polio vaccine, an injection given to prevent polio?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	→ 516BC
516BB	How many times did (NAME) receive the inactivated polio vaccine?	NUMBER OF TIMES . . . . [ ]	
516BC	Has (NAME) ever received a Pentavalent vaccination, pentavalent vaccine, that is, an injection that includes DPT and Hib and sometimes HepB or IPV?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	→ 517BD
516BD	How many times did (NAME) receive the Pentavalent vaccine?	NUMBER OF TIMES . . . . [ ]	
516BE	Did (NAME) receive the last dose of Pentavalent vaccine from a public or private facility?	PUBLIC FACILITY . . . . 1 PRIVATE FACILITY . . . . 2 DON'T KNOW 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	NAME OF NEXT-TO-LAST BIRTH _____	PREGNANCY HISTORY NUMBER . . . . . ☐☐	
517BD	Excluding any vaccinations given to (NAME) at birth, has (NAME) ever received a HEP B vaccination, that is, an injection given in the arm or thigh sometimes at the same time as polio drops?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	→519B
517BE	Excluding any vaccinations given to (NAME) at birth, how many times did (NAME) receive the HEP B vaccine?	NUMBER OF TIMES . . . . ☐	
519B	Has (NAME) ever received a pneumococcal vaccination, that is, an injection in the thigh to prevent pneumonia?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	→523B
520B	How many times did (NAME) receive the pneumococcal vaccine?	NUMBER OF TIMES . . . . ☐	
523B	Has (NAME) ever received a measles or MMR vaccination, that is, an injection in the upper arm to prevent measles, or measles, mumps, and rubella?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	→526B
524B	How many times did (NAME) receive the measles or MMR vaccine?	NUMBER OF TIMES . . . . ☐	
526B	CHECK 215 IN PREGNANCY HISTORY: ANY MORE BIRTHS IN 2014-2017? MORE BIRTHS IN 2014-2017 ☐ NO MORE BIRTHS IN 2014-2017 ☐ (GO TO 502B IN AN ADDITIONAL QUESTIONNAIRE)		→601

601	CHECK 224:
	ONE OR MORE LIVE BIRTHS IN 2012-2017 ☐ NO LIVE BIRTHS IN 2012-2017 ☐ ──────→ 701

602	CHECK 215: RECORD THE BIRTH HISTORY NUMBER IN 603 AND THE NAME AND SURVIVAL STATUS IN 604 FOR EACH LIVE BIRTH IN 2012-2017. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. IF THERE ARE MORE THAN 2 BIRTHS, USE LAST COLUMN OF ADDITIONAL QUESTIONNAIRE(S). Now I would like to ask some questions about your children born in the last five years. (We will talk about each separately.)

		LAST BIRTH	NEXT-TO-LAST BIRTH
603	PREGNANCY HISTORY NUMBER FROM 211A IN PREGNANCY HISTORY.	BIRTH HISTORY NUMBER . . . . ☐☐	BIRTH HISTORY NUMBER . . . . ☐☐
604	FROM 212 AND 216:	NAME _____ LIVING DEAD ☐ (SKIP TO 646) ←	NAME _____ LIVING DEAD ☐ (SKIP TO 646) ←
605	In the last six months, was (NAME) given a vitamin A dose like [this/any of these]? SHOW COMMON TYPES OF AMPULES/CAPSULES.	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	YES . . . . 1 NO . . . . 2 DON'T KNOW 8
606	In the last seven days, was (NAME) given iron pills, sprinkles with iron, or iron syrup like [this/any of these]? SHOW COMMON TYPES OF PILLS/SPRINKLES/SYRUPS.	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	YES . . . . 1 NO . . . . 2 DON'T KNOW 8
607	Was (NAME) given any drug for intestinal worms in the last six months?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	YES . . . . 1 NO . . . . 2 DON'T KNOW 8
608	Has (NAME) had diarrhea in the last 2 weeks?	YES . . . . 1 NO . . . . 2 (SKIP TO 618) ← DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (SKIP TO 618) ← DON'T KNOW 8
608A	Was there any blood in the stools?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	YES . . . . 1 NO . . . . 2 DON'T KNOW 8

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
609	CHECK 469: CURRENTLY BREASTFEEDING? YES ☐ NO/ NOT ASKED ☐ a) Now I would like to know how much (NAME) was given to drink during the diarrhea including breastmilk. Was (NAME) given less than usual to drink, about the same amount, or more than usual to drink? IF LESS, PROBE: Was (NAME) given much less than usual to drink or somewhat less? b) Now I would like to know how much (NAME) was given to drink during the diarrhea. Was (NAME) given less than usual to drink, about the same amount, or more than usual to drink? IF LESS, PROBE: Was (NAME) 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
610	When (NAME) had diarrhea, was (NAME) given less than usual to eat, about the same amount, more than usual, or nothing to eat? IF LESS, PROBE: Was (NAME) 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
611	Did you seek advice or treatment for the diarrhea from any source?	YES . . . . 1 NO . . . . 2 (SKIP TO 615) ←	YES . . . . 1 NO . . . . 2 (SKIP TO 615) ←

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____

612	Where did you seek advice or treatment?
	
	Anywhere else?
	
	PROBE TO IDENTIFY THE TYPE OF SOURCE.
	
	IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE(S).
	
	_____
	(NAME OF PLACE(S))
		PUBLIC SECTOR
		 GOVERNMENT 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 SECTOR
		
		  _____ E
		  (SPECIFY)
		
		PRIVATE MEDICAL SECTOR
		 PRIVATE HOSPITAL/
		  CLINIC . . . . F
		 PHARMACY . . . . G
		 PRIVATE DOCTOR . . . . H
		 PRIVATE NURSE/
		  MIDWIFE I
		 NGO . . . . J
		 INDUSTRY-BASED
		  CLINIC . . . . K
		 OTHER PRIVATE
		  MEDICAL SECTOR
		
		  _____ L
		  (SPECIFY)
		
		OTHER SOURCE
		 PUERICULTURE CENTER . M
		 SHOP/STORE . . . . N
		 TRADITIONAL
		  PRACTITIONER . . . . O
		 CHURCH . . . . P
		 FRIENDS/RELATIVES . . . . . Q
		
		 OTHER _____ X
		  (SPECIFY)
			PUBLIC SECTOR
			 GOVERNMENT 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 SECTOR
			
			  _____ E
			  (SPECIFY)
			
			PRIVATE MEDICAL SECTOR
			 PRIVATE HOSPITAL/
			  CLINIC . . . . F
			 PHARMACY . . . . G
			 PRIVATE DOCTOR . . . . H
			 PRIVATE NURSE/
			  MIDWIFE I
			 NGO . . . . J
			 INDUSTRY-BASED
			  CLINIC . . . . K
			 OTHER PRIVATE
			  MEDICAL SECTOR
			
			  _____ L
			  (SPECIFY)
			
			OTHER SOURCE
			 PUERICULTURE CENTER . M
			 SHOP/STORE . . . . N
			 TRADITIONAL
			  PRACTITIONER . . . . O
			 CHURCH . . . . P
			 FRIENDS/RELATIVES . . . . . Q
			
			 OTHER _____ X
			  (SPECIFY)

613	CHECK 612:	TWO OR ONLY MORE ONE ☐ CODES CODE CIRCLED CIRCLED ☐ ↓ (SKIP TO 614A) ←	TWO OR ONLY MORE ONE ☐ CODES CODE CIRCLED CIRCLED ☐ ↓ (SKIP TO 614A) ←
614	Where did you first seek advice or treatment? USE LETTER CODE FROM 612.	FIRST PLACE . . . . ☐	FIRST PLACE . . . . ☐
614A	How many days after the diarrhea began did you first seek advice or treatment for (NAME)?	DAYS . . . . ☐☐	DAYS . . . . ☐☐

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____

615	Was (NAME) given any of the following at any time since (NAME) started having the diarrhea:
	
	a) A fluid made from a special packet called Oresol or from a Hydrite tablet or a solution called Pedialyte?
	
	b) A government-recommended homemade fluid?
	c) Zinc drops or syrup?
		YES NO DK
		a) FLUID FROM
		     ORS
		     PACKET .. 1 2 8
		
		b) HOMEMADE
		     FLUID 1 2 8
		c) ZINC 1 2 8
			YES NO DK
			a) FLUID FROM
			     ORS
			     PACKET .. 1 2 8
			
			b) HOMEMADE
			     FLUID 1 2 8
			c) ZINC 1 2 8

616	CHECK 615:
	
	ANY 'YES' ☐ | ALL 'NO' ☐
	              | OR 'DK' ▼
	a) Was anything | b) Was anything
	   else given to | given to treat the
	   treat the | diarrhea?
	   diarrhea?
		YES 1
		NO 2
		           (SKIP TO 618) ◄
		DON'T KNOW 8
			YES 1
			NO 2
			           (SKIP TO 618) ◄
			DON'T KNOW 8

617	CHECK 615:
	
	ANY 'YES' ☐ ALL 'NO' ☐
	   ▼ OR 'DK' ▼
	a) What else was | b) What was given
	   given to treat the | to treat the
	   diarrhea? | diarrhea?
	
	   Anything else? | Anything else?
	
	  RECORD ALL TREATMENTS GIVEN.
		PILL OR SYRUP
		   ANTIBIOTIC . . . . A
		   ANTIMOTILITY . . . . B
		   OTHER (NOT ANTIBIOTIC,
		      ANTIMOTILITY, OR ZINC) C
		   UNKNOWN PILL
		      OR SYRUP . . . . D
		
		INJECTION
		   ANTIBIOTIC . . . . E
		   NON-ANTIBIOTIC . . . . F
		   UNKNOWN
		      INJECTION . . . . G
		
		(IV) INTRAVENOUS . . . . H
		
		HOME REMEDY/
		   HERBAL MEDICINE I
		
		OTHER _____ X
		           (SPECIFY)
			PILL OR SYRUP
			   ANTIBIOTIC . . . . A
			   ANTIMOTILITY . . . . B
			   OTHER (NOT ANTIBIOTIC,
			      ANTIMOTILITY, OR ZINC) C
			   UNKNOWN PILL
			      OR SYRUP . . . . D
			
			INJECTION
			   ANTIBIOTIC . . . . E
			   NON-ANTIBIOTIC . . . . F
			   UNKNOWN
			      INJECTION . . . . G
			
			(IV) INTRAVENOUS . . . . H
			
			HOME REMEDY/
			   HERBAL MEDICINE I
			
			OTHER _____ X
			           (SPECIFY)

618A	CHECK 615c:	ZINC
		ZINC NOT
		GIVEN GIVEN ☐
		(615c=1) (615c=2 or 3)
		  ▼
		        (SKIP TO 618) ◄
			ZINC
			ZINC NOT
			GIVEN GIVEN ☐
			(615c=1) (615c=2 or 3)
			  ▼
			        (SKIP TO 618) ◄

618B	How many days was (NAME) given zinc drops/syrup?	DAYS . . . . ☐☐	DAYS . . . . ☐☐
618	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
620	Has (NAME) had an illness with a cough at any time in the last 2 weeks?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	YES . . . . 1 NO . . . . 2 DON'T KNOW 8

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
621	Has (NAME) had fast, short, rapid breaths or difficulty breathing at any time in the last 2 weeks?	YES . . . . 1 NO . . . . 2┐ (SKIP TO 623) ◄ DON'T KNOW . . . . 8┘	YES . . . . 1 NO . . . . 2┐ (SKIP TO 623) ◄ DON'T KNOW . . . . 8┘
622	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 623A) ◄	CHEST ONLY . . . . 1┐ NOSE ONLY . . . . 2┤ BOTH . . . . 3┤ OTHER _____ 6┤ (SPECIFY) DON'T KNOW . . . . 8┘ (SKIP TO 623A) ◄
623	CHECK 618: HAD FEVER?	YES ☐ NO OR DK ☐ ↓ (SKIP TO 646) ◄	YES ☐ NO OR DK ☐ ↓ (SKIP TO 646) ◄
623A	Now I would like to know how much (NAME) was given to drink (including breastmilk) during the illness with a (fever/cough). Was (NAME) given less than usual to drink, about the same amount, more than usual or nothing to drink? IF LESS, PROBE: Was (NAME) 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
623B	When (NAME) had a (fever/cough), was (NAME) given less than usual to eat, about the same amount, more than usual or nothing to eat? IF LESS, PROBE: Was (NAME) 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
624	Did you seek advice or treatment for the illness from any source?	YES . . . . 1 NO . . . . 2┐ (SKIP TO 629) ◄	YES . . . . 1 NO . . . . 2┐ (SKIP TO 629) ◄

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____

625	Where did you seek advice or treatment?
	
	Anywhere else?
	
	PROBE TO IDENTIFY THE TYPE OF SOURCE.
	
	IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE(S).
	
	_____
	(NAME OF PLACE(S))
		PUBLIC SECTOR
		 GOVERNMENT 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 SECTOR
		
		 _____ E
		 (SPECIFY)
		
		PRIVATE MEDICAL SECTOR
		 PRIVATE HOSPITAL/
		  CLINIC . . . . F
		 PHARMACY . . . . G
		 PRIVATE DOCTOR . . . . H
		 PRIVATE NURSE/
		  MIDWIFE I
		 NGO . . . . J
		 INDUSTRY-BASED
		  CLINIC . . . . K
		 OTHER PRIVATE
		  MEDICAL SECTOR
		
		 _____ L
		 (SPECIFY)
		
		OTHER SOURCE
		 PUERICULTURE CENTER . M
		 SHOP/STORE . . . . N
		 TRADITIONAL
		  PRACTITIONER/HILOT . . O
		 CHURCH . . . . P
		 FRIENDS/RELATIVES . . . . . Q
		
		 OTHER _____ X
		 (SPECIFY)
			PUBLIC SECTOR
			 GOVERNMENT 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 SECTOR
			
			 _____ E
			 (SPECIFY)
			
			PRIVATE MEDICAL SECTOR
			 PRIVATE HOSPITAL/
			  CLINIC . . . . F
			 PHARMACY . . . . G
			 PRIVATE DOCTOR . . . . H
			 PRIVATE NURSE/
			  MIDWIFE I
			 NGO . . . . J
			 INDUSTRY-BASED
			  CLINIC . . . . K
			 OTHER PRIVATE
			  MEDICAL SECTOR
			
			 _____ L
			 (SPECIFY)
			
			OTHER SOURCE
			 PUERICULTURE CENTER . M
			 SHOP/STORE . . . . N
			 TRADITIONAL
			  PRACTITIONER/HILOT . . O
			 CHURCH . . . . P
			 FRIENDS/RELATIVES . . . . . Q
			
			 OTHER _____ X
			 (SPECIFY)

626	CHECK 625:	TWO OR ONLY
		 MORE ONE ☐
		 CODES CODE
		 CIRCLED CIRCLED
		 ☐
		  ↓ (SKIP TO 628) ←
			TWO OR ONLY
			 MORE ONE ☐
			 CODES CODE
			 CIRCLED CIRCLED
			 ☐
			  ↓ (SKIP TO 628) ←

627	Where did you first seek advice or treatment? USE LETTER CODE FROM 625.	FIRST PLACE . . . . ☐	FIRST PLACE . . . . ☐
628	How many days after the illness began did you first seek advice or treatment for (NAME)? IF THE SAME DAY RECORD '00'.	DAYS . . . . ☐☐	DAYS . . . . ☐☐

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
629	At any time during the illness, did (NAME) take any drugs for the illness?	YES . . . . 1 NO . . . . 2 ⌐ (SKIP TO 646) ◄ ┘ DON'T KNOW 8	YES . . . . 1 NO . . . . 2 ⌐ (SKIP TO 646) ◄ ┘ DON'T KNOW 8

630	What drugs did (NAME) take?
	
	Any other drugs?
	
	RECORD ALL MENTIONED.
		ANTIMALARIAL DRUGS
		  ARTEMISININ
		    COMBINATION
		    THERAPY (ACT) . . . . . A
		  SP/FANSIDAR . . . . B
		  CHLOROQUINE C
		  AMODIAQUINE . . . . D
		  QUININE
		    PILLS . . . . E
		    INJECTION/IV . . . . . . F
		  ARTESUNATE
		    RECTAL . . . . G
		    INJECTION/IV . . . . . . H
		
		  OTHER ANTIMALARIAL
		
		    _____ I
		         (SPECIFY)
		
		ANTIBIOTIC DRUGS
		  DROPS/PILL/SYRUP . . . . . J
		  INJECTION/IV . . . . K
		
		OTHER DRUGS
		  ASPIRIN L
		  PARACETAMOL/
		    ACETAMINOPHEN . . . . . M
		  IBUPROFEN . . . . N
		  DECONGESTANT . . . . O
		  EXPECTORANT . . . . P
		  NEBULES . . . . Q
		
		OTHER _____ X
		         (SPECIFY)
		DON'T KNOW . . . . Z
			ANTIMALARIAL DRUGS
			  ARTEMISININ
			    COMBINATION
			    THERAPY (ACT) . . . . . A
			  SP/FANSIDAR . . . . B
			  CHLOROQUINE C
			  AMODIAQUINE . . . . D
			  QUININE
			    PILLS . . . . E
			    INJECTION/IV . . . . . . F
			  ARTESUNATE
			    RECTAL . . . . G
			    INJECTION/IV . . . . . . H
			
			  OTHER ANTIMALARIAL
			
			    _____ I
			         (SPECIFY)
			
			ANTIBIOTIC DRUGS
			  DROPS/PILL/SYRUP J
			  INJECTION/IV . . . . K
			
			OTHER DRUGS
			  ASPIRIN L
			  PARACETAMOL/
			    ACETAMINOPHEN . . . . . M
			  IBUPROFEN . . . . N
			  DECONGESTANT . . . . O
			  EXPECTORANT . . . . P
			  NEBULES . . . . Q
			
			OTHER _____ X
			         (SPECIFY)
			DON'T KNOW . . . . Z

646		GO BACK TO 604 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 649.	GO TO 604 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 649.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
649	CHECK 215 AND 218, ALL ROWS: NUMBER OF CHILDREN BORN IN 2015-2017 LIVING WITH THE RESPONDENT ONE OR MORE ☐　　　　　　　　　NONE ☐ ↓ (NAME OF YOUNGEST CHILD LIVING WITH HER) ↓		→ 701
652	Did (NAME FROM 649) eat any solid, semi-solid, or soft foods yesterday during the day or at night?	YES . . . . 1 NO 2	→ 654
653	How many times did (NAME FROM 649) eat solid, semi-solid, or soft foods yesterday during the day or at night? IF 7 OR MORE TIMES, RECORD '7'.	NUMBER OF TIMES . . . . ☐ DON'T KNOW 8	
654	The last time (NAME FROM 649) passed stools, what was done to dispose of the stools?	CHILD USED TOILET OR LATRINE . . . . 01 PUT/RINSED 　　INTO TOILET OR LATRINE . . . . 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)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
701	Are you currently married or living together with a man as if married?	YES, CURRENTLY MARRIED .... 1 YES, LIVING WITH A MAN .... 2 NO, NOT IN UNION 3	→ 704
702	Have you ever been married or lived together with a man as if married?	YES, FORMERLY MARRIED .... 1 YES, LIVED WITH A MAN .... 2 NO 3	→ 712
703	What is your marital status now: are you widowed, divorced, or separated?	WIDOWED .... 1 DIVORCED/ANNULLED .... 2 SEPARATED 3	→ 709
704	Is your (husband/partner) living with you now or is he staying elsewhere?	LIVING WITH HER .... 1 STAYING ELSEWHERE 2	
705	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. .... ☐☐	
705A	CHECK 704: HUSBAND/PARTNER ☐ LIVING WITH HER ↓ HUSBAND/PARTNER ☐ STAYING ELSEWHERE		→ 705C
705B	During your (marriage/partnership) with your (husband/partner), did you ever live separately?	YES .... 1 NO 2	→ 709
705C	In the last 24 months, how many months in total did you and your (husband/partner) live separately? IF SEPARATION OCCURRED MORE THAN 2 YEARS AGO, RECORD 95.	LESS THAN ONE MONTH .... 00 NUMBER OF MONTHS .... ☐☐ NO SEPARATION IN THE LAST 2 YEARS (24 MONTHS) 95	→ 709 → 709
705D	In the last 24 months, were you and your husband/partner ever living separately because one of you lived overseas?	YES .... 1 NO 2	
709	Have you been married or lived with a man only once or more than once?	ONLY ONCE .... 1 MORE THAN ONCE 2	
710	CHECK 709: MARRIED/ LIVED WITH A MAN ☐ ONLY ONCE ↓ MARRIED/ LIVED WITH A MAN MORE ☐ THAN ONCE ↓ a) In what month and year did you start living with your (husband/partner)? b) Now I would like to ask about your first (husband/partner). In what month and year did you start living with him?	MONTH .... ☐☐ DON'T KNOW MONTH .... 98 YEAR .... ☐☐☐☐ DON'T KNOW YEAR 9998	→ 711A
711	How old were you when you first started living with him?	AGE .... ☐☐	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
711A	CHECK 701 AND 702: 701 = 1 OR 702 = 1 ☐ 701 =2 OR 702 = 2 ☐		→ 712

711B	CHECK 709:
	
	MARRIED ☐ MARRIED ☐
	ONLY ONCE MORE
	                THAN ONCE
	
	a) In what month and year b) In what month and year
	did you marry your did you marry your first
	husband? husband?
		MONTH . . . . ☐☐
		
		DON'T KNOW MONTH 98
		
		YEAR . . . . ☐☐☐☐
		
		DON'T KNOW YEAR 9998
		
		SAME MONTH AND YEAR AS STARTED
		       LIVING WITH HIM 9995
		
		DIDN'T MARRY FIRST PARTNER 9996	

712	**CHECK FOR PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.**		
713	Now I would like to ask some questions about sexual activity in order to gain a better understanding of some important life issues. Let me assure you again that your answers are completely confidential and will not be told to anyone. If we should come to any question that you don't want to answer, just let me know and we will go to the next question. How old were you when you had sexual intercourse for the very first time?	NEVER HAD SEXUAL INTERCOURSE . . . . 00 AGE IN YEARS . . . . ☐☐	→ 731
714	I would like to ask you about your recent sexual activity. 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 ☐☐	→ 727

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
716	The last time you had sexual intercourse with this person, was a condom used?	YES . . . . 1 NO 2	→ 718
717	Was a condom used every time you had sexual intercourse with this person in the last 12 months?	YES . . . . 1 NO 2	
718	What was your relationship to this person with whom you had sexual intercourse? IF BOYFRIEND: Were you living together as if married? IF YES, RECORD '2'. IF NO, RECORD '3'.	HUSBAND . . . . 1 LIVE-IN PARTNER . . . . 2 BOYFRIEND NOT LIVING WITH RESPONDENT 3 CASUAL ACQUAINTANCE . . . . 4 CLIENT/SEX WORKER . . . . 5 OTHER _____ 6 (SPECIFY)	
719	How long ago did you first have sexual intercourse with this person?	DAYS AGO . . . . 1 WEEKS AGO . . . . 2 MONTHS AGO . . . . 3 YEARS AGO 4	
720	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 NUMBER OF TIMES IS 95 OR MORE, RECORD '95'.	NUMBER OF TIMES	
721	How old is this person?	AGE OF PARTNER . . . . DON'T KNOW 98	
722	Apart from this person, have you had sexual intercourse with any other person in the last 12 months?	YES . . . . 1 NO 2	→ 724
723	In total, with how many different people have you had sexual intercourse in the last 12 months? IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF NUMBER OF PARTNERS IS 95 OR MORE, RECORD '95'.	NUMBER OF PARTNERS LAST 12 MONTHS . . . . DON'T KNOW 98	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
724	CHECK 106: AGE 15-24 ☐ AGE 25-49 ☐		→ 727
725	CHECK 701: NOT ☐ IN A UNION CURRENTLY MARRIED/ ☐ LIVING WITH A MAN		→ 727
726	In the past 12 months have you had sex or been sexually involved with anyone because he gave you or told you he would give you gifts, cash, or anything else?	YES . . . . 1 NO 2	
727	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 NUMBER OF PARTNERS IS 95 OR MORE, RECORD '95'.	NUMBER OF PARTNERS IN LIFETIME . . . . ☐☐ DON'T KNOW 98	
728	CHECK 716: YES, ☐ CONDOM USED NO, ☐ CONDOM NOT USED NOT ☐ ASKED		→ 731 → 731

730	You told me that a condom was used the last time you had sex. From where did you or your partner obtain the condom the last time?
	
	PROBE TO IDENTIFY TYPE OF SOURCE.
	
	IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.
	
	_____
	(NAME OF PLACE)
		PUBLIC SECTOR
		  GOVERNMENT HOSPITAL 11
		  RURAL/URBAN HEALTH CENTER 12
		  BARANGAY HEALTH STATION 13
		  BARANGAY SUPPLY SERVICE POINT
		    OFFICER/BHW 14
		  OTHER PUBLIC SECTOR
		  _____ 16
		              (SPECIFY)
		
		PRIVATE MEDICAL SECTOR
		  PRIVATE HOSPITAL/CLINIC 21
		  PHARMACY 22
		  PRIVATE DOCTOR 23
		  PRIVATE NURSE/MIDWIFE 24
		  NGO 25
		  INDUSTRY-BASED CLINIC 26
		
		  OTHER PRIVATE MEDICAL SECTOR
		  _____ 27
		              (SPECIFY)
		
		OTHER SOURCE
		  PUERICULTURE CENTER 31
		  SHOP/STORE 32
		  CHURCH 33
		  FRIEND/RELATIVE 34
		
		OTHER _____ 96
		              (SPECIFY)
		DON'T KNOW 98	

731	PRESENCE OF OTHERS DURING THIS SECTION.	YES NO CHILDREN <10 . . . . 1 2 MALE ADULTS . . . . 1 2 FEMALE ADULTS 1 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
801	CHECK 304: NEITHER ☐ HE OR SHE ☐ STERILIZED ↓ STERILIZED		→ 813
802	CHECK 226: PREGNANT ☐ NOT PREGNANT ☐ ↓ OR UNSURE		→ 804
803	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	→ 805 ┐→ 812 ┘
804	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	 → 807 → 813 → 811

805	CHECK 226:
	
	NOT PREGNANT ☐ PREGNANT ☐
	OR UNSURE ↓ ↓
	
	a) How long would you like b) After the birth of the
	   to wait from now before child you are expecting
	   the birth of (a/another) now, how long would
	   child? you like to wait before
	   the birth of another
	   child?
		MONTHS . . . . 1 ☐☐
		
		YEARS . . . . 2 ☐☐
		
		SOON/NOW 993
		SAYS SHE CAN'T GET PREGNANT 994
		AFTER MARRIAGE 995
		
		OTHER _____ 996
		                 (SPECIFY)
		DON'T KNOW 998
			
			→ 811
			→ 813
			┐
			│
			→ 811
			│
			┘

806	CHECK 226: NOT PREGNANT ☐ PREGNANT ☐ OR UNSURE ↓		→ 812
807	CHECK 303: USING A CONTRACEPTIVE METHOD? NOT ☐ CURRENTLY ☐ CURRENTLY USING USING ↓		→ 813
808	CHECK 805: '24' OR MORE MONTHS ☐ NOT ☐ '00-23' MONTHS ☐ OR '02' OR MORE YEARS ↓ ASKED ↓ OR '00-01' YEAR		→ 812

809	CHECK 714:
	
	                 YEARS ☐
	                 AGO
	DAYS, WEEKS OR ☐
	MONTHS AGO ↓ NOT ☐
	                 ASKED
			→ 811
			
			→ 811

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP

810	CHECK 804:
	
	WANTS TO HAVE ☐ WANTS NO MORE/ ☐
	A/ANOTHER CHILD NONE
	
	a) 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?
	
	Any other reason?
	
	b) 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?
	
	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	

811	CHECK 303: USING A CONTRACEPTIVE METHOD? NOT ☐ NO, NOT ☐ YES, ☐ ASKED CURRENTLY USING CURRENTLY USING		→ 813
812	Do you think you will use a contraceptive method to delay or avoid pregnancy at any time in the future?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	→ 812B
812A	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 EMERGENCY CONTRACEPTION . . . . 10 MUCUS/BILLINGS/OVULATION . . . . 11 BASAL BODY TEMPERATURE . . . . 12 SYMPTOTHERMAL . . . . 13 STANDARD DAYS METHOD . . . . 14 LACTATIONAL AMENORRHEA METHOD . . . . 15 CALENDAR/RHYTHM METHOD . . . . 16 WITHDRAWAL . . . . 17 OTHER MODERN METHOD . . . . 95 OTHER TRADITIONAL METHOD 96	→ 813

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP

812B	What is the main reason you think you will not use a contraceptive method at any time in the future?	NOT MARRIED 11
		
		FERTILITY-RELATED REASONS
		    NOT HAVING SEX 21
		    INFREQUENT SEX 21
		    MENOPAUSAL/HYSTERECTOMY 23
		    CAN'T GET PREGNANT 24
		    NOT MENSTRUATED SINCE
		        LAST BIRTH 25
		    BREASTFEEDING 26
		    UP TO GOD/FATALISTIC 27
		    WANTS AS MANY CHILDREN AS
		        POSSIBLE/ WANTS TO HAVE
		        CHILDREN 28
		
		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
			⟶ 813

812C	Would you ever use a contraceptive method if you were married?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
813	CHECK 216: HAS LIVING ☐ NO LIVING ☐ CHILDREN CHILDREN a) If you could go back to the time you did not have any children and could choose exactly the number of children to have in your whole life, how many would that be? b) If you could choose exactly the 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)	⟶ 815 ⟶ 815
814	How many of these children would you like to be boys, how many would you like to be girls and for how many would it not matter if it's a boy or a girl?	BOYS GIRLS EITHER NUMBER . . ☐☐ ☐☐ ☐☐ OTHER _____ 96 (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
815	In the last few months have you: a) Heard about family planning on the radio? b) Seen anything about family planning on the television? c) Read about family planning in a newspaper or magazine? d) Received a voice or text message about family planning on a mobile phone? e) Read about family planning in online or from the internet?	YES NO a) RADIO .... 1 2 b) TELEVISION .... 1 2 c) NEWSPAPER OR MAGAZINE .... 1 2 d) MOBILE PHONE .... 1 2 e) INTERNET 1 2	
817	CHECK 701: YES, YES, NO, □ CURRENTLY □ LIVING □ NOT IN A UNION MARRIED ↓ WITH A MAN ↓		→ 901

818	CHECK 303: USING A CONTRACEPTIVE METHOD?
	
	                   NOT
	CURRENTLY □ CURRENTLY □
	USING ↓ USING
	
	            NOT □
	          ASKED
			→ 820
			
			→ 822

819	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)	→ 821
820	Would you say that not 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)	
821	CHECK 304: NEITHER ARE □ HE OR SHE ARE □ STERILIZED ↓ STERILIZED		→ 901
822	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	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
901	CHECK 701: CURRENTLY MARRIED/ ☐ LIVING WITH A MAN ↓	NOT IN ☐ UNION	→ 909
902	How old was your (husband/partner) on his last birthday?	AGE IN COMPLETED YEARS .... ☐☐	
903	Did your (husband/partner) ever attend school?	YES .... 1 NO 2	→ 906
904	What is the highest grade or year he completed?	GRADE/YEAR .... ☐☐ IF CODE 33 OR 67, SPECIFY COURSE: _____	

CODES FOR Q. 904   **(HIGHEST GRADE/YEAR COMPLETED)**

00 = NO GRADE COMPLETED	**K TO 12 PROGRAM**
01 = NURSERY	41 = GRADE 1
02 = KINDERGARTEN	42 = GRADE 2
10 = PRESCHOOL	43 = GRADE 3
	44 = GRADE 4
11 = ELEMENTARY GRADE 1	45 = GRADE 5
12 = ELEMENTARY GRADE 2	46 = GRADE 6
13 = ELEMENTARY GRADE 3	47 = GRADE 7
14 = ELEMENTARY GRADE 4	48 = GRADE 8
15 = ELEMENTARY GRADE 5	49 = GRADE 9
16 = ELEMENTARY GRADE 6	50 = GRADE 10
17 = ELEMENTARY GRADUATE	51 = GRADE 11
	52 = GRADE 12
21 = HIGH SCHOOL YEAR 1	
22 = HIGH SCHOOL YEAR 2	61 = COLLEGE YEAR 1
23 = HIGH SCHOOL YEAR 3	62 = COLLEGE YEAR 2
24 = HIGH SCHOOL GRADUATE	63 = COLLEGE YEAR 3
	64 = COLLEGE YEAR 4
31 = POST SECONDARY YEAR 1	65 = COLLEGE YEAR 5
32 = POST SECONDARY YEAR 2 OR MORE	66 = COLLEGE YEAR 6 OR MORE
33 = IF GRADUATE, SPECIFY COURSE	67 = IF COLLEGE GRADUATE, SPECIFY COURSE
	71 = SPED UNDERGRADUATE
	72 = SPED GRADUATE
	81 = MASTER'S DEG. UNDERGRAD
	82 = MASTER'S DEG. GRADUATE
	83 = DOCTORATE DEG. UNDERGRAD
	84 = DOCTORATE DEG. GRADUATE
	98 = DON'T KNOW

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
906	Has your (husband/partner) done any work in the last 7 days?	YES .... 1 NO .... 2 DON'T KNOW 8	→ 908
907	Has your (husband/partner) done any work in the last 12 months?	YES .... 1 NO .... 2 DON'T KNOW 8	→ 909
908	What is your (husband's/partner's) occupation? That is, what kind of work does he mainly do?	_____ _____ ☐☐☐☐ _____	
909	Aside from your own housework, have you done any work in the last seven days?	YES .... 1 NO 2	→ 913

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
910	As you know, some women take up jobs for which they are paid in cash or kind. Others sell things, have a small business or work on the family farm or in the family business. In the last seven days, have you done any of these things or any other work?	YES . . . . 1 NO 2	→ 913
911	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	→ 913
912	Have you done any work in the last 12 months?	YES . . . . 1 NO 2	→ 917
913	What is your occupation? That is, what kind of work do you mainly do?	_____ _____ _____ ⌐ ¦ ¦ ¦ ¬	
914	Do you do this work for a member of your family, for someone else, or are you self-employed?	FOR FAMILY MEMBER . . . . 1 FOR SOMEONE ELSE . . . . 2 SELF-EMPLOYED 3	
915	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	
916	Are you paid 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	
917	CHECK 701: CURRENTLY ⌐ MARRIED/LIVING ⌐¬ WITH A MAN ↓ NOT IN UNION ⌐¬		→ 925
918	CHECK 916: CODE '1' OR '2' ⌐¬ CIRCLED ↓ OTHER ⌐¬		→ 921

919	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)	

920	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 HAS NO EARNINGS . . . . . 4 DON'T KNOW 8	→ 922

921	Who usually decides how your (husband's/partner's) earnings 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
		HUSBAND/PARTNER HAS NO EARNINGS 4
		
		OTHER _____ 6
		              (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
922	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 OTHER 6	
923	Who usually makes decisions about making major household purchases?	RESPONDENT . . . . 1 HUSBAND/PARTNER . . . . 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY . . . . 3 SOMEONE ELSE . . . . 4 OTHER 6	
924	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 OTHER 6	
925	Do you own this or any other house either alone or jointly with someone else?	ALONE ONLY . . . . 1 JOINTLY ONLY . . . . 2 BOTH ALONE AND JOINTLY . . . . 3 DOES NOT OWN 4	
928	Do you own any agricultural or non-agricultural land either alone or jointly with someone else?	ALONE ONLY . . . . 1 JOINTLY ONLY . . . . 2 BOTH ALONE AND JOINTLY . . . . 3 DOES NOT OWN 4	
931	PRESENCE OF OTHERS AT THIS POINT (PRESENT AND LISTENING, PRESENT BUT NOT LISTENING, OR NOT PRESENT)		

	PRES./ LISTEN.	PRES./ NOT LISTEN.	NOT PRES.
CHILDREN < 10	1	2	3
HUSBAND	1	2	3
OTHER MALES	1	2	3
OTHER FEMALES	1	2	3

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
932	In your opinion, is a husband justified in hitting or beating his wife in the following situations: a) If she goes out without telling him? b) If she neglects the children? c) If she argues with him? d) If she refuses to have sex with him? e) If she burns the food?		

	YES	NO	DK
a) GOES OUT	1	2	8
b) NEGLECTS CHILDREN . .	1	2	8
c) ARGUES	1	2	8
d) REFUSES SEX	1	2	8
e) BURNS FOOD	1	2	8

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
933	In your opinion, if a minor (those ages 15 to 17) wants to use a contraceptive method, should she or he first seek written permission from their parents?	YES . . . . 1 NO 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1001	Now I would like to talk about something else. Have you ever heard of HIV or AIDS?	YES . . . . 1 NO 2	→ 1051
1002	HIV is the virus that can lead to AIDS. Can people reduce their chance of getting HIV by having just one uninfected sex partner who has no other sex partners?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
1003	Can people get HIV from mosquito bites?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
1004	Can people reduce their chance of getting HIV by using a condom every time they have sex?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
1005	Can people get HIV by sharing food with a person who has HIV?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
1006	Can people get HIV by hugging or shaking hands with a person who is infected?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
1007	Is it possible for a healthy-looking person to have HIV?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
1008	Can HIV be transmitted from a mother to her baby: a) During pregnancy? b) During delivery? c) By breastfeeding?	YES NO DK a) DURING PREGNANCY . . 1 2 8 b) DURING DELIVERY . . . . . 1 2 8 c) BREASTFEEDING 1 2 8	

1009	CHECK 1008:
	
	              AT LEAST ☐ OTHER ☐
	              ONE 'YES' ↓
			→ 1027

1010	Are there any special drugs that a doctor or a nurse can give to a woman infected with HIV to reduce the risk of transmission to the baby?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
1027	I don't want to know the results, but have you ever been tested for HIV?	YES . . . . 1 NO 2	→ 1031
1028	How many months ago was your most recent HIV test?	MONTHS AGO . . . . ☐☐ TWO OR MORE YEARS 95	
1029	I don't want to know the results, but did you get the results of the test?	YES . . . . 1 NO 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1030	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 PLACE. _____ (NAME OF PLACE)	**PUBLIC SECTOR** GOVERNMENT HOSPITAL . . . . 11 GOVERNMENT HEALTH CENTER . . . . 12 STAND-ALONE HTC CENTER . . . . 13 FAMILY PLANNING CLINIC . . . . 14 MOBILE HTC SERVICES . . . . 15 OTHER PUBLIC SECTOR _____ 16 (SPECIFY) **PRIVATE MEDICAL SECTOR** PRIVATE HOSPITAL/CLINIC/ PRIVATE DOCTOR . . . . 21 STAND-ALONE HTC CENTER . . . . 22 PHARMACY . . . . 23 MOBILE HTC SERVICES . . . . 24 OTHER PRIVATE MEDICAL SECTOR _____ 26 (SPECIFY) **OTHER SOURCE** HOME . . . . 31 WORKPLACE . . . . 32 CORRECTIONAL FACILITY . . . . 33 OTHER _____ 96 (SPECIFY)	→ 1035
1031	Do you know of a place where people can go to get an HIV test?	YES . . . . 1 NO 2	→ 1035
1032	Where is that? Any other place? 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** GOVERNMENT HOSPITAL . . . . A GOVERNMENT HEALTH CENTER . . . . B STAND-ALONE HTC CENTER . . . . C FAMILY PLANNING CLINIC . . . . D MOBILE HTC SERVICES . . . . E OTHER PUBLIC SECTOR _____ F (SPECIFY) **PRIVATE MEDICAL SECTOR** PRIVATE HOSPITAL/CLINIC/ PRIVATE DOCTOR . . . . G STAND-ALONE HTC CENTER . . . . H PHARMACY . . . . I MOBILE HTC SERVICES . . . . J OTHER PRIVATE MEDICAL SECTOR _____ K (SPECIFY) OTHER _____ X (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES		SKIP
1035	Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had HIV?	YES . . . . NO . . . . DON'T KNOW/NOT SURE/DEPENDS	1 2 8	
1036	Do you think children living with HIV should be allowed to attend school with children who do not have HIV?	YES . . . . NO . . . . DON'T KNOW/NOT SURE/DEPENDS	1 2 8	
1037	Do you think people hesitate to take an HIV test because they are afraid of how other people will react if the test result is positive for HIV?	YES . . . . NO . . . . DON'T KNOW/NOT SURE/DEPENDS	1 2 8	
1038	Do people talk badly about people living with HIV, or who are thought to be living with HIV?	YES . . . . NO . . . . DON'T KNOW/NOT SURE/DEPENDS	1 2 8	
1039	Do people living with HIV, or thought to be living with HIV, lose the respect of other people?	YES . . . . NO . . . . DON'T KNOW/NOT SURE/DEPENDS	1 2 8	
1040	Do you agree or disagree with the following statement: I would be ashamed if someone in my family had HIV.	AGREE . . . . DISAGREE . . . . DON'T KNOW/NOT SURE/DEPENDS	1 2 8	
1041	Do you fear that you could get HIV if you come into contact with the saliva of a person living with HIV?	YES . . . . NO . . . . SAYS SHE HAS HIV . . . . DON'T KNOW/NOT SURE/DEPENDS	1 2 3 8	
1051	If a wife knows her husband has a disease that she can get during sexual intercourse, is she justified in asking that they use a condom when they have sex?	YES . . . . NO . . . . DON'T KNOW	1 2 8	
1052	Is a wife justified in refusing to have sex with her husband when she knows he has sex with other women?	YES . . . . NO . . . . DON'T KNOW	1 2 8	
1053	CHECK 701: CURRENTLY MARRIED/ ☐ LIVING WITH A MAN ↓	NOT IN UNION ☐		→ 1104
1054	Can you say no to your (husband/partner) if you do not want to have sexual intercourse?	YES . . . . NO . . . . DEPENDS/NOT SURE	1 2 8	
1055	Could you ask your (husband/partner) to use a condom if you wanted him to?	YES . . . . NO . . . . DEPENDS/NOT SURE	1 2 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1104	Do you currently smoke cigarettes every day, some days, or not at all?	EVERY DAY . . . . 1 SOME DAYS . . . . 2 NOT AT ALL 3	→ 1106
1105	On average, how many cigarettes do you currently smoke each day?	NUMBER OF CIGARETTES . . . . ☐☐	
1106	Do you currently smoke or use any other type of tobacco every day, some days, or not at all?	EVERY DAY . . . . 1 SOME DAYS . . . . 2 NOT AT ALL 3	→ 1107A
1107	What other type of tobacco do you currently smoke or use? RECORD ALL MENTIONED.	KRETEKS . . . . A PIPES FULL OF TOBACCO . . . . B CIGARS, CHEROOTS, OR CIGARILLOS . . . . C WATER PIPE/SHISHA/HOOKAH . . . . D SNUFF BY MOUTH . . . . E SNUFF BY NOSE . . . . F CHEWING TOBACCO . . . . G BETEL QUID WITH TOBACCO . . . . H OTHER _____ X (SPECIFY)	
1107A	Do you currently drink alcohol every day, some days, or not at all?	EVERY DAY . . . . 1 SOME DAYS . . . . 2 NOT AT ALL 3	→ 1108
1107B	On average how many alcoholic drinks do you currently have each day?	NUMBER OF DRINKS . . . . ☐☐	
1108	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: a) Getting permission to go to the doctor? b) Getting money needed for advice or treatment? c) The distance to the health facility? d) Not wanting to go alone?	<table><tr><td></td><td>BIG PROBLEM</td><td>NOT A BIG PROBLEM</td></tr><tr><td>a) PERMISSION TO GO . . . . .</td><td>1</td><td>2</td></tr><tr><td>b) GETTING MONEY . . . .</td><td>1</td><td>2</td></tr><tr><td>c) DISTANCE . . . .</td><td>1</td><td>2</td></tr><tr><td>d) GO ALONE . . . .</td><td>1</td><td>2</td></tr></table>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1200	CHECK COVER PAGE: WOMAN SELECTED FOR WOMEN'S SAFETY MODULE? WOMAN SELECTED ☐ FOR THIS SECTION ↓	WOMAN ☐ NOT SELECTED	→ 1233
1201	CHECK FOR PRESENCE OF OTHERS: DO NOT CONTINUE UNTIL PRIVACY IS ENSURED. PRIVACY OBTAINED . . . . 1 ↓	PRIVACY NOT POSSIBLE 2	→ 1232
1201A	READ TO THE RESPONDENT: Now I would like to ask you questions about some other important aspects of a woman's life. You may find some of these questions very personal. However, your answers are crucial for helping to understand the condition of women in the Philippines. Let me assure you that your answers are completely confidential and will not be told to anyone and no one else in your household will know that you were asked these questions. If I ask you any question you don't want to answer, just let me know and I will go on to the next question.		
1202	CHECK 701 AND 702: CURRENTLY MARRIED/ LIVING WITH A MAN ☐ ↓ FORMERLY MARRIED/ LIVED WITH A MAN (READ IN PAST TENSE AND USE 'LAST' WITH 'HUSBAND/PARTNER') ☐ ↓ NEVER MARRIED/ NEVER LIVED WITH A MAN ☐		→ 1216

1203	First, I am going to ask you about some situations which happen to some women. Please tell me if these apply to your relationship with your (last) (husband/partner)?		YES	NO	DK	
	a) He (is/was) jealous or angry if you (talk/talked) to other men?	JEALOUS	1	2	8	
	b) He frequently (accuses/accused) you of being unfaithful?	ACCUSES	1	2	8	
	c) He (does/did) not permit you to meet your female friends?	NOT MEET FRIENDS . .	1	2	8	
	d) He (tries/tried) to limit your contact with your family?	NO FAMILY	1	2	8	
	e) He (insists/insisted) on knowing where you (are/were) at all times?	WHERE YOU ARE	1	2	8	

1204	Now I need to ask some more questions about your relationship with your (last) (husband/partner). A. Did your (last) (husband/partner) ever:		B. How often did this happen during the last 12 months: often, only sometimes, or not at all in the last 12 months?			

		EVER		OFTEN	SOME-TIMES	NOT IN LAST 12 MONTHS
	a) say or do something to humiliate you in front of others?	YES NO	1 → 2 ↓	1	2	3
	b) threaten to hurt or harm you or someone you care about?	YES NO	1 → 2 ↓	1	2	3
	c) insult you or make you feel bad about yourself?	YES NO	1 → 2 ↓	1	2	3
	d) not allow you to engage in any legitimate work nor practice your profession?	YES NO	1 → 2 ↓	1	2	3
	e) control your own money or properties or force you to work?	YES NO	1 → 2 ↓	1	2	3
	f) destroy your personal properties, pets or belongings, or threaten or actually harm your pets?	YES NO	1 → 2 ↓	1	2	3
	g) have other intimate relationships?	YES NO	1 → 2 ↓	1	2	3

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES			SKIP
1205	A. Did your (last) (husband/partner) ever do any of the following things to you:	B. How often did this happen during the last 12 months: often, only sometimes, or not at all in the last 12 months?			

		EVER	OFTEN	SOME-TIMES	NOT IN LAST 12 MONTHS
	a) push you, shake you, or throw something at you?	YES 1 NO 2	1	2	3
	b) slap you?	YES 1 NO 2	1	2	3
	c) twist your arm or pull your hair?	YES 1 NO 2	1	2	3
	d) punch you with his fist or with something that could hurt you?	YES 1 NO 2	1	2	3
	e) kick you, drag you, or beat you up?	YES 1 NO 2	1	2	3
	f) try to choke you or burn you on purpose?	YES 1 NO 2	1	2	3
	g) threaten or attack you with a knife, gun, or other weapon?	YES 1 NO 2	1	2	3
	h) physically force you to have sexual intercourse with him when you did not want to?	YES 1 NO 2	1	2	3
	i) physically force you to perform any other sexual acts you did not want to?	YES 1 NO 2	1	2	3
	j) force you with threats or in any other way to perform sexual acts you did not want to?	YES 1 NO 2	1	2	3

1206	CHECK 1205A (a-j): AT LEAST ONE ☐ 'YES' ↓ NOT A SINGLE ☐ 'YES' ——→				1209

1207	How long after you first (got married/started living together) with your (last) (husband/partner) did (this/any of these things) first happen? IF LESS THAN ONE YEAR, RECORD '00'.	NUMBER OF YEARS ..... ☐☐ BEFORE MARRIAGE/BEFORE LIVING TOGETHER 95			

1208	Did the following ever happen as a result of what your (last) (husband/partner) did to you:				
	a) You had cuts, bruises, or aches?	YES . . . . 1 NO 2			
	b) You had eye injuries, sprains, dislocations, or burns?	YES . . . . 1 NO 2			
	c) You had deep wounds, broken bones, broken teeth, or any other serious injury?	YES . . . . 1 NO 2			
	d) You lost your job/source of income?	YES . . . . 1 NO 2			
	e) You had depression, anxiety, anger, sleeplessness, irritable, confused, feelings of isolation?	YES . . . . 1 NO 2			
	f) You attempted to commit suicide?	YES . . . . 1 NO 2			

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1209	Have you ever hit, slapped, kicked, or done anything else to physically hurt your (last) (husband/partner) at times when he was not already beating or physically hurting you?	YES .... 1 NO 2	→ 1211
1210	In the last 12 months, how often have you done this to your (last) (husband/partner): often, only sometimes, or not at all?	OFTEN .... 1 SOMETIMES .... 2 NOT AT ALL 3	
1211	Does (did) your (last) (husband/partner) drink alcohol?	YES .... 1 NO 2	→ 1213
1212	How often does (did) he get drunk: often, only sometimes, or never?	OFTEN .... 1 SOMETIMES .... 2 NEVER 3	
1213	Are (Were) you afraid of your (last) (husband/partner): most of the time, sometimes, or never?	MOST OF THE TIME AFRAID .... 1 SOMETIMES AFRAID .... 2 NEVER AFRAID 3	
1214	CHECK 709: MARRIED/LIVED WITH A MAN ☐ MARRIED/LIVED WITH A MAN ☐ MORE THAN ONCE ↓ ONLY ONCE		→ 1216

1215

A. So far we have been talking about the behavior of your (current/last) (husband/partner). Now I want to ask you about the behavior of any previous (husband/partner).

B. How long ago did this last happen?

	EVER	0 - 11 MONTHS AGO	12+ MONTHS AGO	DON'T REMEMBER
a) Did any previous (husband/partner) ever hit, slap, kick, or do anything else to hurt you physically?	YES 1 → NO 2 ↓	1	2	3
b) Did any previous (husband/partner) physically force you to have intercourse or perform any other sexual acts against your will?	YES 1 → NO 2 ↓	1	2	3
c) Did any previous (husband/partner) humiliate you in front of others, threaten to hurt you or someone you care about, or insult you or make you feel bad about yourself?	YES 1 → NO 2 ↓	1	2	3

1216

CHECK 701 AND 702:

EVER MARRIED/EVER ☐   NEVER MARRIED/NEVER ☐
LIVED WITH A MAN ↓   LIVED WITH A MAN ↓

a) From the time you were 15 years old has anyone other than (your/any) (husband/partner) hit you, slapped you, kicked you, or done anything else to hurt you physically?

b) From the time you were 15 years old has anyone hit you, slapped you, kicked you, or done anything else to hurt you physically?

YES 1
 NO 2
 REFUSED TO ANSWER/
   NO ANSWER .... 3 → 1219

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1217	Who has hurt you in this way? Anyone else? RECORD ALL MENTIONED.	MOTHER/STEP-MOTHER .... A FATHER/STEP-FATHER .... B SISTER/BROTHER .... C DAUGHTER/SON .... D OTHER RELATIVE .... E CURRENT BOYFRIEND .... F FORMER BOYFRIEND .... G MOTHER-IN-LAW .... H FATHER-IN-LAW .... I OTHER IN-LAW .... J TEACHER .... K EMPLOYER/SOMEONE AT WORK .. L POLICE/SOLDIER .... M OTHER _____ X 　　　　　(SPECIFY)	
1218	In the last 12 months, how often has (this person/have these persons) physically hurt you: often, only sometimes, or not at all?	OFTEN .... 1 SOMETIMES .... 2 NOT AT ALL 3	
1219	CHECK 201, 208A AND 226: 　　　　EVER BEEN　☐ 　　　　PREGNANT 　　　　('YES' ON 201 　　　　OR 208A OR 226) ↓	NEVER BEEN ☐ 　PREGNANT	→ 1222
1220	Has any one ever hit, slapped, kicked, or done anything else to hurt you physically while you were pregnant?	YES .... 1 NO 2	→ 1222
1221	Who has done any of these things to physically hurt you while you were pregnant? Anyone else? RECORD ALL MENTIONED.	CURRENT HUSBAND/PARTNER ..... A MOTHER/STEP-MOTHER .... B FATHER/STEP-FATHER .... C SISTER/BROTHER .... D DAUGHTER/SON .... E OTHER RELATIVE .... F FORMER HUSBAND/PARTNER ..... G CURRENT BOYFRIEND .... H FORMER BOYFRIEND .... I MOTHER-IN-LAW .... J FATHER-IN-LAW .... K OTHER IN-LAW .... L TEACHER .... M EMPLOYER/SOMEONE AT WORK ..... N POLICE/SOLDIER .... O OTHER _____ X 　　　　　(SPECIFY)	
1222	CHECK 701 AND 702: 　　EVER MARRIED/EVER ☐ 　　LIVED WITH A MAN ↓	NEVER MARRIED/NEVER ☐ 　LIVED WITH A MAN	→ 1222B
1222A	Now I want to ask you about things that may have been done to you by someone other than (your/any) (husband/partner). At any time in your life, as a child or as an adult, has anyone ever forced you in any way to have sexual intercourse or perform any other sexual acts when you did not want to?	YES .... 1 NO .... 2 REFUSED TO ANSWER/ 　NO ANSWER 3	→ 1223 → 1224A
1222B	At any time in your life, as a child or as an adult, has anyone ever forced you in any way to have sexual intercourse or perform any other sexual acts when you did not want to?	YES .... 1 NO .... 2 REFUSED TO ANSWER/ 　NO ANSWER 3	→ 1226

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1223	Who was the person who was forcing you the very first time this happened?	CURRENT HUSBAND/PARTNER ..... 01 FORMER HUSBAND/PARTNER ..... 02 CURRENT/FORMER BOYFRIEND .. 03 FATHER/STEP-FATHER .... 04 BROTHER/STEP-BROTHER .... 05 OTHER RELATIVE .... 06 IN-LAW .... 07 OWN FRIEND/ACQUAINTANCE ..... 08 FAMILY FRIEND .... 09 TEACHER .... 10 EMPLOYER/SOMEONE AT WORK .. 11 POLICE/SOLDIER .... 12 PRIEST/RELIGIOUS LEADER .... 13 STRANGER .... 14 OTHER _____ 96 (SPECIFY)	
1224	CHECK 701 AND 702: EVER MARRIED/EVER ☐ NEVER MARRIED/NEVER ☐ LIVED WITH A MAN ↓ LIVED WITH A MAN ↓ a) In the last 12 months, has anyone other than (your/any) (husband/partner) physically forced you to have sexual intercourse when you did not want to? b) In the last 12 months has anyone physically forced you to have sexual intercourse when you did not want to?	YES .... 1 NO 2	→ 1225
1224A	CHECK 1205A (h-j) and 1215A(b) AT LEAST ONE ☐ NOT A ☐ 'YES' ↓ SINGLE 'YES'		→ 1226
1225	CHECK 701 AND 702: EVER MARRIED/EVER ☐ NEVER MARRIED/NEVER ☐ LIVED WITH A MAN ↓ LIVED WITH A MAN ↓ a) How old were you the first time you were forced to have sexual intercourse or perform any other sexual acts by anyone, including (your/any) husband/partner? b) How old were you the first time you were forced to have sexual intercourse or perform any other sexual acts?	AGE IN COMPLETED YEARS .... ☐☐ DON'T KNOW 98	
1226	CHECK 1205A (a-j), 1215A (a,b), 1216, 1220, 1222A, AND 1222B: AT LEAST ONE ☐ NOT A SINGLE ☐ 'YES' ↓ 'YES'		→ 1229A
1227	Thinking about what you yourself have experienced among the different things we have been talking about, have you ever tried to seek help?	YES .... 1 NO 2	→ 1229
1228	From whom have you sought help? Anyone else? RECORD ALL MENTIONED.	OWN FAMILY .... A HUSBAND'S/PARTNER'S FAMILY .. B CURRENT/FORMER HUSBAND/PARTNER .... C CURRENT/FORMER BOYFRIEND .. D FRIEND .... E NEIGHBOR .... F RELIGIOUS LEADER G DOCTOR/MEDICAL PERSONNEL ..... H POLICE .... I LAWYER .... J SOCIAL SERVICE ORGANIZATIO ..... K OTHER _____ X (SPECIFY)	→1229A

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1229	Have you ever told any one about this?	YES .... 1 NO 2	
1229A	Are you aware of the following protection orders issued under RA 9262 Anti Violence Against Women and their Children Act of 2004? a) Barangay Protection Order? BPO refers to the protection order issued by the Punong Barangay, or in his absence the Barangay Kagawad, ordering the perpetrator to desist from committing acts of violence against the family or household members particularly women and their children under Sections 5a and 5b of R.A. No. 9262. b) Temporary Protection Order? TPO refers to the protection order issued by the court on the filing of the application and after ex parte determination of its need. It may also be issued in the course of a hearing, motu proprio or upon motion. c) Permanent Protection Order? PPO refers to the protection order issued by the court after notice and hearing.	 YES .... 1 NO .... 2 YES .... 1 NO .... 2 YES .... 1 NO 2	
1229B	Are you aware of the following places where you could seek help in case you need it? a) Barangay Violence Against Women (VAW) Desk? b) PNP Women and Children's Protection Desk? c) DSWD Regional Center for Women/Girls (e.g. Crisis Intervention Unit)? d) Women and Children's Protection Unit in DOH-retained hospitals or other government health facilities? e) Public Attorney's Office of the Department of Justice or any public legal assistance office? f) Civil Society Organizations, non-government organizations (NGOs), people's organization that provides help/services to victims of violence against women? g) Temporary Protection Desk or Permanent Protection Desk under RA 9262?	 YES .... 1 NO .... 2 YES .... 1 NO .... 2 YES .... 1 NO .... 2 YES .... 1 NO .... 2 YES .... 1 NO .... 2 YES .... 1 NO .... 2 YES .... 1 NO 2	
1230	As far as you know, did your father ever beat your mother?	YES .... 1 NO .... 2 DON'T KNOW 8	

	THANK THE RESPONDENT FOR HER COOPERATION AND REASSURE HER ABOUT THE CONFIDENTIALITY OF HER ANSWERS. FILL OUT THE QUESTIONS BELOW WITH REFERENCE TO THE WOMEN'S SAFETY MODULE ONLY.		
1231	DID YOU HAVE TO INTERRUPT THE INTERVIEW BECAUSE SOME ADULT WAS TRYING TO LISTEN, OR CAME INTO THE ROOM, OR INTERFERED IN ANY OTHER WAY?	YES, YES, MORE ONCE THAN ONCE NO HUSBAND .... 1 2 3 OTHER MALE ADULT .. 1 2 3 FEMALE ADULT 1 2 3	
1232	INTERVIEWER'S COMMENTS/EXPLANATION FOR NOT COMPLETING THE DOMESTIC VIOLENCE MODULE.		
1233	RECORD THE TIME.	HOURS .... ▢▢ MINUTES .... ▢▢	

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT INTERVIEW:

_____

_____

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_____

_____

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COMMENTS ON SPECIFIC QUESTIONS:

_____

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ANY OTHER COMMENTS:

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SUPERVISOR'S OBSERVATIONS

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SOME CONTRACEPTIVE METHODS
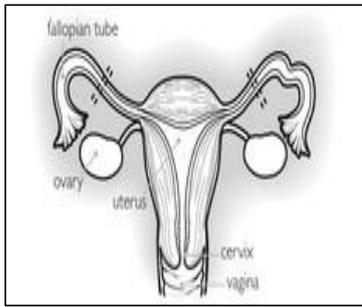
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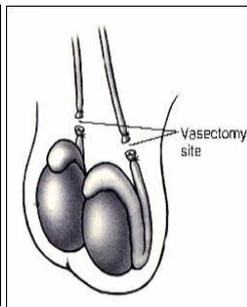
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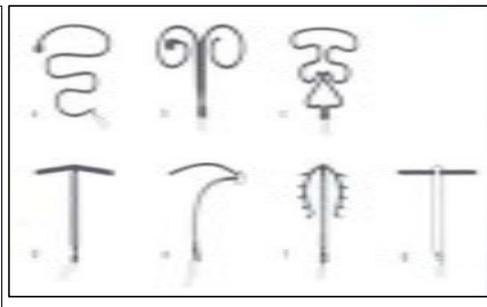
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04 INJECTABLES
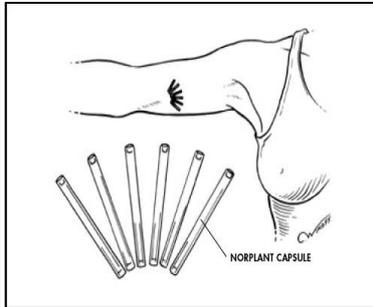
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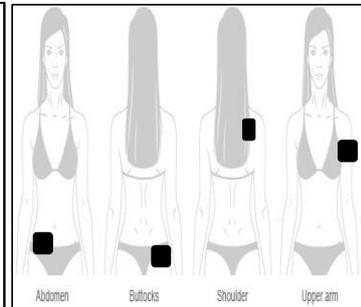

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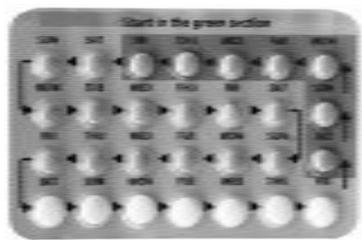
07 PILL

08 MALE CONDOM

09 FEMALE CONDOM
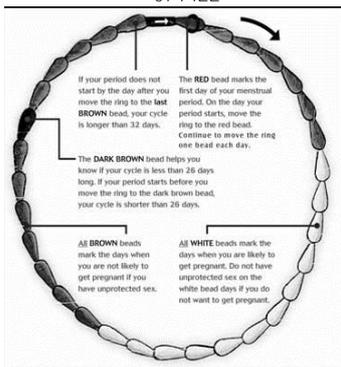
11 STANDARD DAYS METHOD
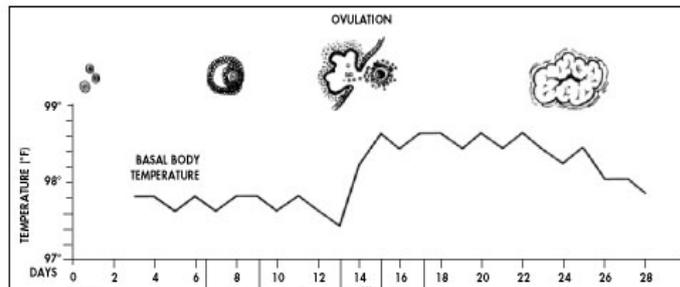
13 BASAL BODY TEMPERATURE
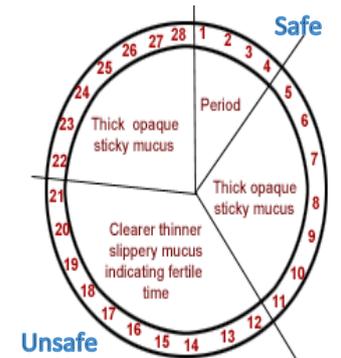
12 MUCUS/BILLINGS/OVULATION
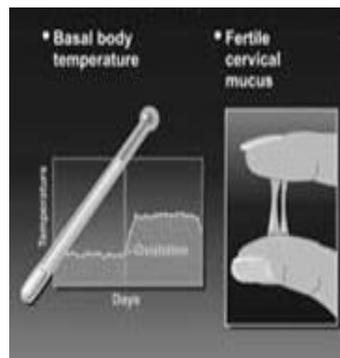
14 SYMPTOTHERMAL
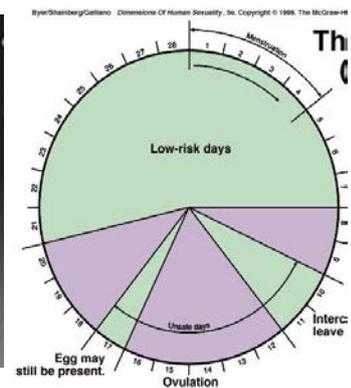
16 CALENDAR/RHYTHM/PERIODIC
ABSTINENCE