

CEBU LONGITUDINAL HEALTH AND NUTRITION STUDY

1991 Follow-up Survey

ID1 Type of Survey:

ID2 Current Barangay:

(SEE BARANGAY CODE LIST)

ID3 Current Stratum: 1 - Urban 2 - Rural

ID4 Baseline ID Number     
BRGY HHLD WMAN

ID5 Last Current ID Number     
BRGY HHLD WMAN

ID6 1991 ID Number (Office assigned)     
BRGY HHLD WMAN

ID7 1991 Status (Office assigned)

- 1 Mother and Child in Household
- 2 Mother in Household, Child elsewhere
- 3 Mother in Household, Child dead
- 4 Mother in Household, Child not located
- 5 Child in Household, Mother elsewhere
- 6 Child in Household, Mother dead
- 7 Child in Household, Mother not located
- 8 Mother and Child not located
- 9 Mother and Child dead
- 10 Other (SPECIFY): \_\_\_\_\_

ID8 Exact Address of Respondent at Last Interview:  
 \_\_\_\_\_  
 \_\_\_\_\_

ID9 Name of Interviewer:

ID10 Date of Interview Completion:     
MONTH DAY YEAR

CALL RECORD

CALL NO.	DATE	TIME		RESULTS (Use codes below)	APPOINTMENT MADE	
		Started	Finished		Date	Time

- RESULT 1 - Interview completed  
 CODES 2 - Interview partly completed, new appointment made  
 3 - Appointment made for interview later  
 4 - Refusal, no interview obtained  
 5 - No respondent at home  
 6 - Other (SPECIFY): \_\_\_\_\_

ID11 Number of Sessions Required to Complete Interview

BLOCK X. SCREENING

X1 Is \_\_\_\_\_ (NAME OF MOTHER) still living in this household  
(the same household she had at last interview)?

1 Yes GO TO X6  
0 No CONTINUE  
-8 NR/DK GO TO X6

---

X2 Why is \_\_\_\_\_ (NAME OF MOTHER) no longer living in this  
household?

1 Dead since last survey CONTINUE  
2 Moved elsewhere GO TO X5  
-8 DK GO TO X6

---

X3 When did \_\_\_\_\_ (NAME OF MOTHER) die?

CODE RESPONSE IN MONTH AND YEAR

-8 DK  
-9 NA

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
MONTH		YEAR	

---

X4 What was the cause of death?

DESCRIBE:

\_\_\_\_\_  
\_\_\_\_\_

-8 DK  
-9 NA

GO TO X6

---

X5 Where is mother currently living?

EXACT ADDRESS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

GO TO X6

IF RESPONDENT DOES NOT KNOW,  
ASK FOR OTHER PERSON WHO MAY  
KNOW CURRENT ADDRESS OF MOTHER  
REPORT TO OFFICE FOR NEW  
ASSIGNMENT OF MOTHER INTERVIEW

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X6 Is \_\_\_\_\_ (NAME OF INDEX CHILD) still living in this  
household?

1 Yes GO TO B1  
0 No CONTINUE

X7 Why is \_\_\_\_\_ (NAME OF INDEX CHILD) no longer living in this household?

1 Died during last survey IF MOTHER IS ALSO DEAD, TERMINATE INTERVIEW

IF MOTHER STILL LIVES IN HOUSEHOLD, GO TO HOUSEHOLD COMPOSITION SECTION (B1)

IF MOTHER LIVES ELSEWHERE (CF X5), REPORT TO OFFICE FOR NEW ASSIGNMENT OF MOTHER INTERVIEW

2 Died after last survey CONTINUE

3 Child moved elsewhere GO TO X10

X8 When did \_\_\_\_\_ (NAME OF CHILD) die?  
CODE RESPONSE IN MONTH AND YEAR

-8 DK  
-9 NA

MONTH		YEAR	

X9 What was the cause of death?  
DESCRIBE:

\_\_\_\_\_

\_\_\_\_\_

-8 DK  
-9 NA

IF MOTHER IS DEAD (cf X3), TERMINATE INTERVIEW

IF MOTHER STILL LIVES IN HOUSEHOLD, GO TO HOUSEHOLD COMPOSITION SECTION (B1)

IF MOTHER LIVES ELSEWHERE (cf X5), TERMINATE INTERVIEW, THEN REPORT TO OFFICE FOR NEW ASSIGNMENT OF MOTHER INTERVIEW

X10 Where is child currently living?  
EXACT ADDRESS:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

IF RESPONDENT DOES NOT KNOW, ASK FOR OTHER PERSON WHO MAY KNOW CURRENT ADDRESS OF INDEX CHILD

IF MOTHER IS DEAD (cf X3), TERMINATE INTERVIEW, REPORT TO OFFICE FOR NEW ASSIGNMENT OF INDEX CHILD INTERVIEW

IF MOTHER STILL LIVES IN THIS HOUSEHOLD (cf X1), GO TO HOUSEHOLD COMPOSITION SECTION (B1). REPORT TO OFFICE FOR NEW ASSIGNMENT OF INDEX CHILD INTERVIEW.

IF MOTHER LIVES ELSEWHERE (cf X5), CONTINUE

X11 Does index child live with mother (elsewhere)?

- 1 Yes TERMINATE INTERVIEW, REPORT TO OFFICE  
FOR NEW ASSIGNMENT OF MOTHER-CHILD  
INTERVIEW
- 0 No TERMINATE INTERVIEW, REPORT TO OFFICE  
FOR NEW ASSIGNMENT OF (1) MOTHER  
INTERVIEW AND (2) CHILD INTERVIEW
- 8 DK

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X12 Is the person who is taking care of index child his/her mother?  
or a caretaker?

- 1 mother GO TO B1  
2 caretaker CONTINUE

---

X13 How is caretaker related to index child?

- |    |                 |    |                |
|----|-----------------|----|----------------|
| 01 | adoptive father | 07 | sister         |
| 02 | adoptive mother | 08 | brother        |
| 03 | grandmother     | 09 | cousin         |
| 04 | grandfather     | 10 | other relative |
| 05 | aunt            | 11 | non-relative   |
| 06 | uncle           | -8 | NR/DK          |
|    |                 | -9 | NA             |

BLOCK B. HOUSEHOLD COMPOSITION

QUESTIONS ARE TO BE ANSWERED PREFERABLY BY THE MOTHER OR CARETAKER OF THE INDEX CHILD, NEVER BY A CHILD, SERVANT, BOARDER OR VISITOR.

B1 How many persons live in this household with you at present?

NO. OF PERSONS

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B2 How many of the people living here with you in this household are temporarily absent? IF NONE, CODE 00.

NO. OF PERSONS

--	--

FOR ALL PERSONS LIVING IN THE HOUSEHOLD, INCLUDING THOSE TEMPORARILY ABSENT, ASK QUESTIONS B3 THROUGH B9. RECORD RESPONSES IN TABLE B-1. BEGIN WITH THE HEAD OF THE HOUSEHOLD, HIS/HER SPOUSE, HIS/HER UNMARRIED CHILDREN, MARRIED CHILDREN, HELPERS, ETC.

B3 What is his/her full name? ENTER NAME IN COL. B3 OF TABLE B-1.

B4 How is he/she related to the index child?  
ENTER CODE IN COL. B4 OF TABLE B-1.

01	spouse	11	aunt	22	aunt-in-law
02	father	12	cousin	23	cousin-in-law
03	mother	13	nephew	24	nephew-in-law
04	son	14	niece	25	niece-in-law
05	daughter	15	father-in-law	26	other relative
06	brother	16	mother-in-law	27	yaya
07	sister	17	son-in-law	28	other servant
08	grandson	18	daughter-in-law	29	other non-relative
09	granddaughter	19	brother-in-law	30	mother/caretaker
10	uncle	20	sister-in-law	-8	NR
		21	uncle-in-law		

B5 How is he/she related to the mother/caretaker of index child?

ENTER CODE (SAME AS B4) IN COLUMN B5 OF TABLE B-1  
IF CODE IS 06 OR LARGER, CONTINUE, OTHERWISE CODE -9 AND GO TO B6

B6 Is he/she paid in cash or in kind (e.g., sent to school) to do household chores?

1 Yes  
0 No

ENTER CODE IN COLUMN B6 OF TABLE B-1

B7 IF NOT OBVIOUS TO INTERVIEWER, ASK

Is this person male or female?

1 Male  
2 Female

ENTER CODE IN COLUMN B7 OF TABLE B-1

B8 When was he/she born?

In what month? CODE JANUARY AS 01, FEBRUARY AS 02, ETC.  
In what year? CODE LAST TWO DIGITS OF YEAR

ENTER CODES IN COLUMN B8 OF TABLE B-1

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B9 Can you tell me how old he/she was on his/her last birthday?

ENTER ANSWER IN COLUMN B9 OF TABLE B-1

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B11 What is the highest grade mother or caretaker has completed?

- |                               |   |
|-------------------------------|---|
| 00 no grade completed         | 12 one year of college                              |
| 01 one year elementary        | 13 two years of college                             |
| 02 two years elementary       | 14 three years of college                           |
| 03 three years elementary     | 15 four years of college                            |
| 04 four years elementary      | 16 five years of college                            |
| 05 five years elementary      | 17 some post-graduate training                      |
| 06 six years elementary       | 18 MA degree  |
| 07 seven years elementary     | 19 more than MA degree (units towards Ph.D., Ph.D.) |
| 08 one year of high school    | -8 NR   |
| 09 two years of high school   | -9 NA (below 6 years of age)                        |
| 10 three years of high school |   |
| 11 four years of high school  |   |

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B12 What is the highest grade spouse of mother or caretaker has completed?

SAME CODES AS B11

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B13 OFFICE EDITOR: CODE HOUSEHOLD TYPE AFTER INTERVIEW

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B14 OFFICE EDITOR: CODE LINE NUMBER OF INDEX CHILD

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B15 OFFICE EDITOR: CODE LINE NUMBER OF INDEX CHILD'S MOTHER OR CARETAKER

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INTERVIEWER: GO TO MIGRATION HISTORY, QUESTION B16, PAGE 9

**MIGRATION HISTORY**

ASK B16 THROUGH B24 ONLY OF INDEX CHILD, MOTHER/CARETAKER AND SPOUSE. BEFORE ASKING QUESTIONS, COPY NAMES AND LINE NUMBERS OF INDEX CHILD, MOTHER/CARETAKER AND/OR HER SPOUSE FROM TABLE B-1 INTO TABLE B-2

B16 Was index child (mother/caretaker or spouse) born in this barangay?

- 1 Yes
- 0 No
- 8 NR

ENTER CODE IN COLUMN B16 OF TABLE B-2

---

B17 Has index child, mother/caretaker, and spouse lived in this barangay since birth?

EXCLUDE TEMPORARY DISLOCATION DUE TO TYPHOON OR SIMILAR EVENTS

- 1 Yes CODE -9 FROM B18 - B25, THEN GO TO NEXT PERSON OR C1
- 0 No CONTINUE
- 8 NR CONTINUE

ENTER CODE IN COLUMN B17 OF TABLE B-2

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B18 How many years has she (he) lived in this barangay?

EXCLUDE TEMPORARY DISLOCATION DUE TO TYPHOON OR SIMILAR EVENTS  
USE TWO-DIGIT CODE. IF DK, CODE -8. ENTER CODE IN COLUMN B18 OF TABLE B-2.

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B19 How many other places of residence has (index child, mother/caretaker, spouse) had before coming to this barangay?

- 8 - DK
- 9 - NA

ENTER NUMBER IN COLUMN B19 OF TABLE B-2

---

B20 What was her (his) place of residence immediately before coming to this barangay?

- |                                       |                                     |
|---------------------------------------|-------------------------------------|
| 01 Other barangay in urban Metro Cebu | 06 Metro Manila                     |
| 02 Other barangay in rural Metro Cebu | 07 City in other province           |
| 03 City in Cebu Province              | 08 Poblacion in other province      |
| 04 Poblacion in Cebu Province         | 09 Rural barangay in other province |
| 05 Rural barangay in Cebu Prov.       | -8 NR/DK                            |
|                                       | -9 NA                               |

ENTER CODE IN COLUMN B20 OF TABLE B-2.

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B21 Approximately what year did he/she start to reside in \_\_\_\_\_ (NAME PLACE CITED IN B17)?

ENTER YEAR. USE TWO-DIGIT CODES. IF DK, CODE -8. ENTER CODE IN COLUMN B21 OF TABLE B-2.

---

B22 What was her (his) last place of residence before coming to \_\_\_\_\_ (NAME PLACE CITED IN B17)?

USE SAME CODES AS B20. ENTER CODE IN COLUMN B22 OF TABLE B-2.

---

B23 Approximately what year did he/she start to reside in \_\_\_\_\_ (NAME PLACE CITED IN B22)?

ENTER YEAR. USE TWO-DIGIT CODES. IF DK, CODE -8. ENTER CODE IN COLUMN B23 OF TABLE B-2.

---

B24 What was her (his) last place of residence before coming to \_\_\_\_\_ (NAME PLACE CITED IN B22)?

USE SAME CODES AS B20. ENTER CODE IN COLUMN B24 OF TABLE B-2.

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B25 Approximately what year did he/she start to reside in \_\_\_\_\_  
 (NAME PLACE CITED IN B24)?

ENTER YEAR. USE TWO-DIGIT CODES. IF DK, CODE -8. ENTER CODE  
 IN COLUMN B25 OF TABLE B-2.

TABLE B-2. MIGRATION HISTORY

REFERENT ENTER NAME	LINE NO.	BORN IN THIS BRGY?	IN BRGY SINCE BIRTH	YRS. IN THIS BRGY	NUMB. OF RESID. BEFORE	BRGY PRE CURR ENT	YEAR CAME TO B20	BRGY PRE B20	YEAR CAME TO B22	BRGY PRE B22	YEAR CAME TO B24
		B16	B17	B18	B19	B20	B21	B22	B23	B24	B25
INDEX CHILD											
MOTHER/CARETAKER											
SPOUSE											

ENVIRONMENTAL INFORMATION

C1 What is your usual (most often used) source of drinking water?

- 1 MCWD piped supply
- 2 Other municipal piped supply
- 3 Tubewell, borehole
- 4 Dug well fitted with pump
- 5 Dug well without pump (bucket used to remove water)
- 6 Spring
- 7 River
- 8 Rainwater
- 9 Other (SPECIFY): \_\_\_\_\_

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C2 Where is this water source located?

- 1 Inside respondent's house
- 2 In respondent's yard
- 3 Not in house or yard, water is brought to house by vendor (somebody who is paid to haul water to house)
- 4 Not in house or yard, respondent or household member hauls water to house
- 8 NR/DK

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C3 What kind of toilet facilities do you have?

- 1 Flush toilet CONTINUE
- 2 Water-sealed toilet CONTINUE
- 3 Latrine, antipolo CONTINUE
- 4 Open pit GO TO C4
- 5 None, use field, canal, seashore CODE -9 IN C4  
GO TO C5
- 6 Other (SPECIFY): \_\_\_\_\_  
GO TO C5
- 8 NR/DK

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C4 Where is this located?

- 1 Respondent's house
- 2 Neighbor's house
- 3 Outside, private
- 4 Outside, public
- 5 Other (SPECIFY): \_\_\_\_\_
- 8 NR/DK

---

C5 What is your main method of garbage disposal?

- 1 Disposed far away from house (dumping in specified place far from house, collected by a garbage collector)
- 2 Disposed around or near house but through methods that contain contamination (burning, composting)
- 3 Dumped around or near house
- 4 Other (SPECIFY): \_\_\_\_\_
- 8 NR/DK

C6 What kind of lighting do you use most of the time?

- 1 Electric
- 2 Kerosene
- 3 Oil
- 4 LPG (e.g., GASUL)
- 5 Candle
- 6 Other (SPECIFY): \_\_\_\_\_
- 8 NR/DK

C7 What fuel do you usually use for cooking?

- 1 Electricity
- 2 Kerosene
- 3 LPG (e.g., GASUL)
- 4 Wood/Charcoal
- 5 Other (SPECIFY): \_\_\_\_\_
- 8 NR/DK

C8 Where do you usually buy most of your food?

- 1 Carbon/Taboan Market
- 2 Other major market in Cebu
- 3 Supermarket
- 4 Sari-sari store
- 8 NR/DK

C9 How long (IN WALKING MINUTES) does it take you to get to this store?

- CODE NUMBER OF MINUTES                      CODE -9 IN C10,    GO TO C11
- 8      NR/DK                                      CODE -8 IN C10,    GO TO C11
  - 9      Too far to walk                          CONTINUE

NUMBER OF MINUTES

C10 If too far to walk, how long (IN MINUTES) does it take to ride to the store?

- CODE NUMBER OF MINUTES
- 8      NR/DK

NUMBER OF MINUTES

C11 How much (IN PESOS) does it cost to ride to the store?

- CODE IN PESOS
- 8      NR/DK

PESOS

C12 Did Typhoon Rufing do any major damage to your house?

- 1      Yes
- 0      No

C13 What was the estimated cost of repairs?

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C14 Did you receive typhoon aid from government or other institution?

- 1 Yes  
0 No

ENVIRONMENTAL ASSESSMENT

ALL QUESTIONS ARE TO BE ANSWERED BY INTERVIEWER BASED ON THE INTERVIEWER'S OBSERVATIONS OF THE RESPONDENT'S HOUSE OR THE AREA AROUND IT (TEN HOUSES CLOSEST TO THE RESPONDENT'S HOUSE).

C15 INTERVIEWER: OBSERVE, DO NOT ASK. Based on your judgment, what is the general condition of the area immediately around the house with respect to excreta removal? Is the house smelling?

- 1 Heavy defecation in area  
2 Some defecation in area  
3 Very little excreta visible  
4 No excreta visible  
-8 NR/DK

C16 What is the general condition of the neighborhood with respect to excreta removal?

- 1 Heavy defecation in area  
2 Some defecation in area  
3 Very little excreta visible  
4 No excreta visible  
-8 NR/DK

C17 What is the general condition of the neighborhood with respect to garbage disposal?

- 1 Lots of uncollected garbage  
2 Some uncollected garbage  
3 Very little garbage  
4 No garbage visible  
-8 NR/DK

C18 Is the area in the house where the food is kept

- 1 Very clean  
2 Not so clean  
3 Filthy  
-8 NR/DK

C19 In what type of settlement does the respondent live?

- 1 Urban squatter area  
2 Urban, near City center, congested and dirty  
e.g., T.Padilla, Bo.Luz)  
3 Urban, near City center, less congested and dirty  
e.g., Mabolo, around USC Main  
4 Urban, outside of City center, e.g., Camputhaw,  
Guadaloupe, Lahug

- 5 Urban, not in Cebu City, e.g., around San Miguel  
Brewery, Tabunok,
- 6 Rural town (poblacion)
- 7 Rural barangay outside of poblacion
- 5 Rural-remote (isolated sitio or single house)
- 8 NR/DK



C20 What is the area immediately around the respondent's house used for?

- 1 Mostly residential houses
- 2 Mostly commercial buildings
- 3 Mostly open space, used for farming and/or livestock
- 4 Mostly open space, not used
- 8 NR/DK

---

C21 What is the general area around the respondent's house (within fifty meters) used for?

SAME CODES AS C20

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C22 How many houses are very close (within fifty meters) to the respondent's house?

- 1 one
- 2 two
- :
- 20 twenty and greater

---

C23 How many minutes does it take to walk to the house closest to the respondent's house?

ENTER RESPONSE IN MINUTES  
0 less than one minute

---

C24 How long does it take to walk from the respondent's house to the nearest road?

ENTER RESPONSE IN MINUTES GO TO C26  
-7 respondent lives on an island CONTINUE

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C25 How long does it take for respondent to travel in boat from island (e.g. Caohagan, Cao-oy) to the nearest road in next island (e.g., Mactan, Cebu)?

ENTER RESPONSE IN MINUTES, GO TO C28  
-9 NA

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C26 Is this road paved?

- 1 Yes
- 0 No

C27 What type of vehicles ordinarily pass along this road?

- 1 Yes
- 0 No
- 8 NR/DK
- 9 No road on island

Tartanillas	<input type="checkbox"/>
Trucks	<input type="checkbox"/>
Buses/minibuses	<input type="checkbox"/>
Jeepneys	<input type="checkbox"/>
Passenger cars, e.g. taxis, PUs	<input type="checkbox"/>
Motorized tricycles	<input type="checkbox"/>
Pedal-operated tricycles	<input type="checkbox"/>
Private cars	<input type="checkbox"/>
Other (SPECIFY) _____	<input type="checkbox"/>

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C28 How long does it take to walk to the nearest public transport (e.g., jeepney, bus, tricycle, boat)?

ENTER RESPONSE IN MINUTES

--	--	--

---

C29 How far is this house from downtown Cebu City or Mandaue City or Lapu-lapu City (whichever is closer)?

ASK DRIVER FOR AN ESTIMATE IN KILOMETERS. ENTER 0 IF HOUSE IS IN DOWNTOWN AREA OF CEBU OR MANDAUE OR LAPU-LAPU CITY.

KM

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C30 Is the respondent's house connected to the electrical system (VECO in Cebu City, Mandawe, Lapu Lapu City; some other public system) regardless as to whether it is used or not?

- 1 - Yes
- 0 - No

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C31 Do any of the houses around the respondent's house have electrical service?

- 1 Yes
- 0 No

---

C32 Of what kind of material is the house constructed?

- 1 - Light - refers to house made of nipa or similar material
- 2 - Mixed - refers to house made of cement and/or wood, but with nipa or similar materials either for wall or roof
- 3 - Strong - refers to house made exclusively of cement and/or wood with galvanized iron roofing

---

C33 Overall, how would you rate the construction of the houses around the respondent's house?

- 1 Mostly light (bamboo, nipa, cheap wood)
- 2 Mostly mixed (wood with hollow blocks, cement)
- 3 Mostly strong (hollow blocks, concrete or good wood)

D. HOUSEHOLD ASSETS

I WILL NOW NAME A NUMBER OF HOUSEHOLD ASSETS. AS I MENTION EACH ITEM, WILL YOU BE SO KIND AS TO TELL ME WHETHER YOUR HOUSEHOLD OWNS THAT ITEM OR NOT. IN CASE YOUR HOUSEHOLD DOES OWN IT, PLEASE GIVE ME AN ESTIMATE OF ITS CURRENT VALUE.

D1 Do you or your household own this house in which you are living?

- 1 Yes
- DO NOT ASK D4 BUT ASK D2 AND D3
- 0 No
- CONTINUE
- 8 NR
- CONTINUE

D2 Do you or your household own any other residential houses?

- 1 Yes
- 0 No
- 8 NR

IF ANSWER TO BOTH D1 AND D2 IS "NO" (CODE 0), ENTER -9 IN D3 AND CONTINUE WITH D4. IF ANSWER TO EITHER D1 OR D2 IS "DK" (CODE -8), ENTER -8 IN D3 AND CONTINUE WITH D4

D3 What is the estimated current total value (in pesos) of all the houses that you and/or your household own?

ALTERNATE QUESTION: If you were to sell your house(s), how much (in pesos) would you get from the sale?

- 8 DK
- 9 NA (owns no house)

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D4 Does your household rent this house or does it stay in it for free?

- 1 Rents
- CONTINUE
- 2 Stay for free
- CODE -9 IN D5 AND GO TO D6
- 8 DK
- 9 NA

D5 How much (in pesos) per month do you pay for renting this house?

- 8 DK
- 9 NA
- CODE -9 IN D6, GO TO D7

--	--	--	--	--

D6 If you were to rent this house, how much (in pesos) do you think you would have to pay for this house every month?

- 8 DK
- 9 NA

--	--	--	--	--



D7 Excluding the bathroom and toilet, how many rooms does your household occupy in this house?

CODE NUMBER OF ROOMS

--	--

D8 Do you or your household own any of the following vehicles?

1

Yes

Carabao cart

Pushcart

Bicycle

Tricycle

Jeepney

Truck/Bus

Car

Other (SPECIFY):

---



0  
-8

No  
DK

IF ALL ANSWERS ARE "NO"  
(CODE "0"), CODE -9  
IN D9 AND CONTINUE  
WITH D10

D9 What is the estimated current total value (in pesos) of all your vehicles?

ALTERNATE QUESTION: If you were to sell your vehicle(s), how much (in pesos) would you get for it(them)?

-8  
-9

DK  
NA (owns no vehicles)

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D10 Do you or your household own any of the following livestock?

1 Yes

Poultry

Pigs

Goats

Cows

Carabaos

Other (SPECIFY):

---

0 No

-8 DK

IF ALL ANSWERS ARE "NO"  
(CODE "0"), CODE -9  
IN D11 AND CONTINUE  
WITH D12

D11 What is the estimated current total value (in pesos) of all your livestock?

ALTERNATE QUESTION: If you were to sell all your livestock, how much (in pesos) would you get for them?

-8 DK

-9 NA (owns no livestock)

--	--	--	--	--	--	--	--

D12 What is the estimated current total value (in pesos) of all your agricultural (e.g., plow) and/or fishing (e.g., nets, boats) and/or business/profession-related (e.g., sewing machine, grinder, typewriter) equipment?

ALTERNATE QUESTION: If you were to sell all your equipment, how much (in pesos) would you get for it(them)?

-8 DK

-9 NA (owns no equipment)

--	--	--	--	--	--	--	--

D13 Do you or your household own any of the following pieces of furniture?

1 Yes

Bench/Chairs

Sala set

Table

Dining set

Aparador(s)

Beds

Other (SPECIFY):

---

0 No  
-8 DK

IF ALL ANSWERS ARE "NO"  
(CODE "0"), CODE -9  
IN D14 AND CONTINUE  
WITH D15

D14 What is the estimated current total value (in pesos) of all your pieces of furniture?

ALTERNATE QUESTION: If you were to sell all your furniture, how much (in pesos) would you get for it(them)?

-8 DK  
-9 NA (owns no furniture)

--	--	--	--	--	--	--	--

D15 Do you or your household own any of the following household appliances?

1 Yes

Electric iron	<input type="checkbox"/>
Stereo/Tape recorder	<input type="checkbox"/>
TV	<input type="checkbox"/>
Refrigerator	<input type="checkbox"/>
Air conditioner	<input type="checkbox"/>
Electric fan	<input type="checkbox"/>
Other (SPECIFY):	<input type="checkbox"/>
_____	<input type="checkbox"/>

0 No  
-8 DK

IF ALL ANSWERS ARE "NO"  
(CODE "0"), CODE -9  
IN D16 AND CONTINUE  
WITH D17

D16 What is the estimated current total value (in pesos) of all your household appliances?

ALTERNATE QUESTION: If you were to sell all your appliances, how much (in pesos) would you get for it(them)?

-8 DK  
-9 NA (owns no appliances)

--	--	--	--	--	--	--	--

D17 What is the estimated current total value (in pesos) of all your kitchen equipment (e.g., stove, pots and pans, plates)?

ALTERNATE QUESTION: If you were to sell all your kitchen equipment, how much (in pesos) would you get for it(them)?

-8 DK  
-9 NA (owns no kitchen utensils)

--	--	--	--	--	--	--	--

D18 Did your household make any major purchases in the last five years?

1 Yes CONTINUE  
0 No CODE -9 IN D19 AND D20  
-8 NR/DK CODE -9 IN D19 AND D20

D19 What did you purchase?

Land	<input type="checkbox"/>
House	<input type="checkbox"/>
Automobile (any kind of motorized vehicle?)	<input type="checkbox"/>
TV	<input type="checkbox"/>
Stereo	<input type="checkbox"/>
Refrigerator	<input type="checkbox"/>
Other (SPECIFY): _____	<input type="checkbox"/>

- 1 Yes
- 0 No
- 8 DK

---

D20 What is the estimated current total value (in pesos) of all the major purchases you mentioned?

ALTERNATE QUESTION: If you were to sell all the major purchases you mentioned, how much (in pesos) would you get for it(them)?

- 8 DK
- 9 NA (made no major purchases)

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E1. MARKET ACTIVITIES OF RESIDENT HOUSEHOLD MEMBERS

BEFORE STARTING WITH BLOCK E, COPY FROM THE HOUSEHOLD ROSTER ALL LINE NUMBERS AND NAMES OF RESIDENT HOUSEHOLD MEMBERS AGED 6 OR OLDER WHO ARE NOT PAID HOUSEHOLD SERVANTS INTO THE COLUMNS PROVIDED FOR THIS PURPOSE IN THE AS PAGE 20 INSERTED TABLE E-1. ASK E1 AND E2 OF ALL PERSONS LISTED IN TABLE E-1. EXCEPT FOR COLUMNS E3 AND E9, ENTER ONLY CODES IN TABLE E-1.

IMMEDIATELY UPON COMPLETION OF TABLE E-1, STAPLE IT TOBETWEEN PAGES 26 AND 27 OF THIS QUESTIONNAIRE!!!

E1 Does he(she) (LISTED IN E-1) currently do any work for pay?

WORK IS DEFINED AS ANY GAINFUL EMPLOYMENT WHICH INCLUDES ANY ACITIVITY FOR WHICH ONE RECEIVES REMUNERATION EITHER IN CASH OR IN KIND.

1	Yes	GO TO E3
0	No	CONTINUE
-8	NR	CONTINUE

E2 Did he(she) work at any time during the past four months?

1	Yes	CONTINUE
0	No	ASK NEXT ELIGIBLE PERSON, BEGIN WITH E1
-8	NR	ASK NEXT ELIGIBLE PERSON, BEGIN WITH E1

E3 What is(was) his(her) main job?

MAIN JOB IS THAT JOB ON WHICH A PERSON SPENDS THE MOST TIME.

WRITE DESCRIPTION OF JOB IN E3 BEFORE ENTERING ANY OF CODES SHOWN. BE PRECISE IN JOB DESCRIPTIONS. E.G., IS A SALE'S JOB IN A DEPARTMENT STORE, A PUBLIC MARKET, A SARI SARI STORE, OR AS STREET VENDOR? PLEASE INDICATE! PLACE E3 CODES IN COLUMN PROVIDED.

1	Farming	CONTINUE
2	Fishing	CODE -9 IN COLUMN E4, THEN GO TO E5
3	Other	CODE -9 IN COLUMN E4, THEN GO TO E5

ATTENTION INTERVIEWER: When entering the codes for question E4 or E5 into Table E-1, enter into the unnumbered column to the right of column E6 in Table E1 the **F number** indicated on the following page to the right of the E4 and E5 codes. This will help you in completing the F Block.

E4 In what capacity does(did) he(she) work?

1	Farm owner		CONTINUE THROUGH E13,
2	Farm tenant	<	THEN ASK F9 THROUGH F20,
3	Both owner and tenant		USING <u>TABLE F-3A</u>
4	Paid farm laborer	<	CONTINUE THROUGH E13,
			THEN ASK F1 ff., USING
			<u>TABLE F-1 OR TABLE F-2</u>
5	Unpaid family worker on family-owned farm (HAS NO INCOME!)	<	CONTINUE THROUGH E13,
			THEN ASK F9 ff., USING,
			<u>TABLE F-3A</u>
-8	NR/DK		
-9	NA		

IF THE FARM IS OWNED BY THE FAMILY/HOUSEHOLD, ONLY ONE MEMBER, USUALLY THE HOUSEHOLD HEAD, CAN WORK AS FARM OWNER. ALL OTHER HOUSEHOLD MEMBERS WORKING ON THE FAMILY FARM ARE EITHER PAID FARM LABORERS OR UNPAID FAMILY WORKERS. IF THE FAMILY/HOUSEHOLD OPERATES THE FARM AS TENANT, THEN ALL FAMILY HOUSEHOLD MEMBERS WORKING ON THAT FARM ARE TENANTS.

ENTER CODE IN COLUMN E4. CODE -9 IN COLUMN E5. GO TO E6.

---

E5 In what capacity does(did) he(she) work?

1	Self-employed	<	CONTINUE THROUGH E13, IF E3 IS "2" (FISHING), GO TO F27, USE <u>TABLE F-4</u>
			IF E3 IS "3" (OTHER), GO TO F30, USE <u>TABLE F-5</u>
2	Wage/salary worker	<	CONTINUE THROUGH E13, THEN GO TO F1 ff., USING
			<u>TABLE F-1 OR TABLE F-2</u>
3	Unpaid family worker in family-owned busi- ness (store, sewing) (HAS NO INCOME!)	<	CONTINUE THROUGH E13. IF E3 IS "2" (FISHING), GO TO F27, USE <u>TABLE F-4</u>
			IF E3 IS "3" (OTHER), GO TO F30, USING
			<u>TABLE F-5</u>
-8	NR/DK		
-9	NA		

ENTER CODE IN COLUMN E5. CODE -9 IN COLUMN E4. GO TO E6.

---

E6 During the work week preceding this interview, how many hours did he(she) spend on this primary job?

ENTER NUMBER OF HOURS DURING WEEK IN COLUMN E6.

- 8 NR
- 9 NA (did not work last week)

FOR MOTHER OR CARETAKER ONLY, ASK QUESTION E7:

E7 How are you doing this main job of yours most of the time?

- 1 - Sitting down most of the time
- 2 - Standing up most of the time
- 3 - Squatting on the ground most of the time  
(e.g., doing laundry near a pump or on a river)
- 4 - Standing and bending over most of the time  
(e.g., planting rice)
- 5 - Moving around most of the time
- 6 - Combinations of \_\_\_\_ + \_\_\_\_ + \_\_\_\_



E8 Does he/she currently perform a secondary job for additional pay in either cash or kind?

A SECONDARY JOB IS A JOB ON WHICH A PERSON SPENDS TIME EITHER (a) AFTER ATTENDING TO HIS(HER) MAIN JOB, OR (b) FOR A SHORTER DURATION, OR A COMBINATION OF BOTH.

- 1 Yes CONTINUE
- 0 No ASK NEXT ELIGIBLE PERSON, BEGIN WITH E1
- 8 NR ASK NEXT ELIGIBLE PERSON, BEGIN WITH E1

ENTER CODE IN COLUMN E8 OF TABLE E-1

E9 What is his/her secondary job?

WRITE DESCRIPTION OF JOB IN E8 BEFORE ENTERING ANY OF CODES SHOWN. BE PRECISE IN JOB DESCRIPTION (SEE INSTRUCTIONS FOR E3 ABOVE!) PLACE E9 CODES IN COLUMN PROVIDED.

- 1 Farming CONTINUE
- 2 Fishing CODE -9 IN COLUMN E9, THEN GO TO E10
- 3 Other CODE -9 IN COLUMN E9, THEN GO TO E10

ATTENTION INTERVIEWER: When entering the codes for question E10 or E11 into Table E-1, enter into the unnumbered column to the right of column E12 in Table E1 the **F number** indicated on the following page to the right of the E10 and E11 codes. This will help you in completing the F Block.

E10 In what capacity does(did) he/she work on the secondary job?

- 1 Farm owner | CONTINUE THROUGH E13,
- 2 Farm tenant < THEN ASK F9 THROUGH F20,
- 3 Both owner and tenant | USING TABLE F-3A
- 4 Paid farm laborer | CONTINUE THROUGH E13,
- < THEN ASK F1 ff., USING

			<u>TABLE F-1 OR TABLE F-2</u>
5	Unpaid family worker on family-operated farm (HAS NO INCOME!)	<	CONTINUE THROUGH E13, THEN ASK F9 ff., USING, <u>TABLE F-3A</u>
-8	NR/DK		
-9	NA		

ENTER CODE IN COLUMN E10. CODE -9 IN COLUMN E11. GO TO E12.

E11 In what capacity does(did) he(she) work on this secondary job?

1	Self-employed	<	CONTINUE THROUGH E13, IF E9 IS "2" (FISHING), GO TO F27, USE <u>TABLE F-4</u>
			IF E9 IS "3" (OTHER), GO TO F30, USE <u>TABLE F-5</u>
2	Wage/salary worker	<	CONTINUE THROUGH E13, THEN GO TO F1 ff., USING <u>TABLE F-1 OR TABLE F-2</u>
3	Unpaid family worker in family-owned busi- ness (store, sewing) (HAS NO INCOME!)	<	CONTINUE THROUGH E13. IF E9 IS "2" (FISHING), GO TO F27, USE <u>TABLE F-4</u>
			IF E9 IS "3" (OTHER), GO TO F30, USING <u>TABLE F-5</u>
-8	NR/DK		
-9	NA		

ENTER CODE IN COLUMN E11. CODE -9 IN COLUMN E10. GO TO E12.

E12 During the work week preceding this interview, how many hours did he(she) spend on this secondary job?

ENTER NUMBER OF HOURS DURING WEEK IN COLUMN E12.

-8 - NR;  
-9 - NA (DID NOT HAVE SECONDARY JOB LAST WEEK)

FOR MOTHER OR CARETAKER ONLY, ASK QUESTION E13:

E13 How are you doing this secondary job of yours most of the time?

- 1 - Sitting down most of the time
- 2 - Standing up most of the time
- 3 - Squatting on the ground most of the time
- 4 - Standing and bending over most of the time
- 5 - Moving around most of the time
- 6 - Combinations of \_\_\_\_ + \_\_\_\_ + \_\_\_\_



F. INCOME

DETERMINE FROM TABLE E-1 WHETHER A PERSON HOLDING TWO JOBS HAS JOBS OF THE SAME OR OF DIFFERENT TYPES.

For this purpose, compare the job status in column E4 (or E5) with that in column E9 (or E10). In case of SELF-EMPLOYMENT AND UNPAID FAMILY WORK, take into account also the codes in columns E3 and E8.

- (a) If the two jobs are of the same type, add up the time spent on, and the income earned from, both jobs and enter the cumulative answers in that income table which is indicated.
- (b) If the two jobs are of different types, treat each job separately. Determine first the income table into which information for the first (main) job has to be entered, and then the income table for the secondary job.

I. INCOME DERIVED FROM WAGE LABOR

FROM TABLE E-1 (GAINFUL ACTIVITIES), COPY LINE NUMBERS AND NAMES OF ALL RESIDENT HOUSEHOLD MEMBERS WHO ARE OR WERE ENGAGED, OVER THE PAST FOUR MONTHS, IN MARKET ACTIVITIES FOR WHICH THEY RECEIVED A WAGE OR SALARY IN EITHER CASH OR KIND. **WAGE LABORERS** ARE ALL THOSE WITH A CODE OF "4" IN COLUMN E4 AND/OR E10 OR A CODE OF "2" IN COLUMN E5 AND/OR COLUMN E11 IN TABLE E-1. FARM LABORERS AND FISHERMEN HIRED BY OTHERS AND WORKING FOR PAY ARE WAGE LABORERS! IF A PERSON HAS TWO WAGE/SALARY JOBS, ENTER HOURS WORKED AND WAGES RECEIVED FOR BOTH JOBS COMBINED, PROVIDED BOTH JOBS ARE EITHER WAGE-FOR-TIME OR WAGE-FOR-PIECE JOBS. IF TYPES OF JOBS ARE DIFFERENT, ENTER INFORMATION FOR EACH JOB IN APPROPRIATE TABLE. BEFORE ENTERING THE NAMES IN EITHER TABLE F-1 OR TABLE F-2, ASK F1.

F1 Is (was) he (she) paid on a TIME basis or PER PIECE basis?

IF TIME BASIS, ENTER LINE NUMBER AND NAME IN TABLE F-1 AND ASK F2 TO F4. IF ON PER PIECE BASIS, ENTER LINE NUMBER AND NAME IN TABLE F-2 AND ASK F5 TO F8.

---

F2 On the average, how many hours does (did) he (she) work during a usual work day?

ENTER RESPONSE IN COLUMN F2 OF TABLE F-1.

---

F3 How many days does (did) he (she) work in a usual week?

ENTER RESPONSE IN COLUMN F3 OF TABLE F-1.

---

F4 How much (IN PESOS) does (did) he (she) normally receive for a usual day's work, including allowances?

IF PERSON HAS A SECONDARY JOB WHICH IS DIFFERENT FROM THE MAIN JOB, GO TO APPROPRIATE QUESTIONS. IF PERSON HAS ONLY ONE JOB, GO TO NEXT PERSON OR, AFTER LAST PERSON, GO TO F21.

ENTER RESPONSE IN COLUMN F4 OF TABLE F-1



Table F-1. Income Derived from Wage Labor on a Time Basis

LINE NO.	NAME	AVERAGE NO. OF HOURS WORKED PER DAY	AVERAGE NO. DAYS PER WEEK OF WORK	PESOS RECEIVED PER DAY'S WORK
		F2	F3	F4

F5 How many pieces of (CLOTHES, SHELL NECKLACE, BRACELETS, LAUNDRY, ETC.) does he (she) finish during a usual day?

ENTER RESPONSE IN COLUMN F5 OF TABLE F-2.

F6 How much (IN PESOS) is (was) he (she) paid per finished item?

ENTER RESPONSE IN COLUMN F6 OF TABLE F-2.

F7 On the average, how many hours per day does (did) he (she) engage in piece labor?

ENTER RESPONSE IN COLUMN F7 OF TABLE F-2

F8 On the average, how many days per week does (did) he (she) engage in piece labor?

ENTER RESPONSE IN COLUMN F8 OF TABLE F-2. IF PERSON HAS A SECONDARY JOB WHICH IS DIFFERENT FROM THE MAIN JOB, GO TO APPROPRIATE QUESTIONS.

IF PERSON HAS ONLY ONE JOB, GO TO NEXT PERSON, OR, AFTER LAST PERSON, TO F21.

Table F-2. Income Derived from Labor Paid Per Piece

LINE NO.	NAME	AVERAGE NO. OF ITEMS FINISHED PER DAY	PESOS RECEIVED PER ITEM	AVERAGE NO. OF HOURS PER DAY	AVERAGE NO. OF DAYS WORKED PER WEEK
		F5	F6	F7	F8

II. INCOME DERIVED FROM FARMING ACTIVITIES (EXCLUDING INCOME FROM LIVESTOCK)

FROM TABLE E-1, COPY INTO TABLE F-3A THE LINE NUMBERS AND NAMES OF ALL HOUSEHOLD MEMBERS WHO HAVE OR HAD FARM JOBS. THESE ARE ALL THOSE PERSONS WITH A CODE OF "1" IN COLUMN E3 AND/OR E9 AND WITH CODES "1", "2", "3" OR "5" IN COLUMN E4 AND/OR E10. FOR ALL OF THESE PERSONS, ASK QUESTIONS F9 AND F10.



F9 On an average working day, how many hours a day does he/she usually work on the farm?

ENTER NUMBER OF HOURS PER DAY IN COLUMN F9 OF TABLE F-3A

-8 NR/DK -9 NA

F10 In an average week, how many days does he/she usually work on the farm?

ENTER NUMBER OF DAYS PER WEEK IN COLUMN F10 OF TABLE F-3A

IF THE FAMILY OPERATES THE FARM AS A FAMILY FARM, OR AS TENANTS, ASK QUESTIONS F14 THROUGH F20 ONLY OF THE HEAD OR THE ELDEST MEMBER OF THAT FAMILY. IF A FAMILY OR HOUSEHOLD MEMBER CULTIVATES ANOTHER FARM INDEPENDENTLY OF THE FAMILY, ASK ALL QUESTIONS OF THIS MEMBER.

F14 What were the major crops that he/she planted in 1990?

USE ONE LINE FOR EACH MAJOR CROP -8 DK

ENTER RESPONSE IN COLUMN F14 OF TABLE F-3A

F16 On the average, how much did he/she spend during the past year for seedlings, fertilizer, tools, hired labor, insecticides, etc.?

ENTER RESPONSE, IN PESOS, IN COLUMN F16 OF TABLE F-3A

F19 On the average, how much did he/she receive for that portion of the produce that was sold?

ENTER RESPONSE, IN PESOS, IN COLUMN F19 OF TABLE F-3A

F20 How much would he/she have received for that portion of the produce that was kept for home consumption if he/she had sold it?

ENTER RESPONSE, IN PESOS, IN COLUMN F20 OF TABLE F-3A

Table F-3A. Income Derived from Farming, Excluding Livestock

LINE NO.	NAME	WORKING TIME		MAJOR CROPS	EXPENSES (PESOS)	MONEY VALUE OF CROP	
		HRS. PER DAY	DAYS/WEEK			SOLD	HOME USE
		F9	F10			F14	F16

III. INCOME DERIVED FROM LIVESTOCK RAISING

QUESTION F21 AND, IF APPLICABLE, ALL OTHER QUESTIONS RELATED TO LIVESTOCK RAISING, ARE TO BE ASKED OF ALL HOUSEHOLDS REGARDLESS OF WHETHER THEY OPERATE A FARM OR NOT.

F21 Is any member of your household presently engaged in the raising of livestock (cattle, pigs, goats, ducks, chicken, others)?

ASK FOR NAME OF HOUSEHOLD MEMBER AND ENTER IT IN TABLE F-3B TOGETHER WITH HIS/HER LINE NUMBER SHOWN IN TABLE B-1.

0 No GO TO F27  
 -8 DK GO TO F27  
 -9 NA GO TO F27



ASK QUESTIONS F22 AND F23 OF ALL PERSONS LISTED IN TABLE F-3B

F22 On an average working day, how many hours a day does he/she usually work with the livestock?

ENTER NUMBER OF HOURS PER DAY IN COLUMN F22 OF TABLE F-3B.

-8 NR/DK -9 NA

F23 In an average working week, how many days does he/she usually work with the livestock?

ENTER NUMBER OF DAYS PER WEEK IN COLUMN F23 OF TABLE F-3B.

-8 NR/DK -9 NA

IF THE LIVESTOCK RAISING IS A FAMILY OPERATION, ASK QUESTIONS F24 THROUGH F26 ONLY OF THE HEAD OR THE ELDEST MEMBER OF THE FAMILY. IF ANY FAMILY OR HOUSEHOLD MEMBER RAISES LIVESTOCK ELSEWHERE INDEPENDENTLY OF THE FAMILY OR HOUSEHOLD, ASK ALL QUESTIONS OF THIS HOUSEHOLD MEMBER.

F24 What was the approximate expense (for purchase, feeding, veterinarian, e.g.) which he/she had for raising livestock in the last 12 months?

ENTER RESPONSE IN PESOS IN COLUMN F24 OF TABLE F-3B.

-8 NR/DK  
 -9 NA (is raising livestock for less than 12 months)

F25 What was his/her total income from the sale of any livestock or livestock product in the last 12 months?

ENTER RESPONSE, IN PESOS, IN COLUMN F25 OF TABLE F-3B.

-8 NR/DK  
 -9 NA (is raising livestock for less than 12 months)

F26 How much do you think would he/she have earned in the last 12 months from that part of the livestock or the livestock products that was used for home consumption if he/she had sold it?

ENTER RESPONSE, IN PESOS, IN COLUMN F26 OF TABLE F-3B.

-9 NA (started with livestock less than 12 mths ago)

Table F-3B. Income Derived from Raising of Livestock

LINE NO.	NAME	WORKING TIME		EXPENSES (PESOS)	MONEY VALUE OF LIVESTOCK	
		HRS. PER DAY	DAYS/WEEK		SOLD	HOME USE
		F22	F23	F24	F25	F26


IV. INCOME DERIVED FROM FISHING ACTIVITIES

FROM TABLE E-1, COPY LINE NUMBERS AND NAMES OF ALL RESIDENT HOUSEHOLD MEMBERS WHO EITHER ARE OR WERE ENGAGED IN FISHING OVER THE PAST FOUR MONTHS. THESE ARE ALL THOSE PERSONS WITH A CODE OF "2" IN COLUMN E3 AND/OR COLUMN E9 AND A CODE OF "1" OR "3" IN COLUMN E5 AND/OR COLUMN E11. FISHERS HIRED BY OTHERS AND WORKING FOR PAY ARE WAGE WORKERS. IF FISHING IS A FAMILY/HOUSEHOLD ACTIVITY, ASK F27 AND F28 OF ALL MEMBERS LISTED IN TABLE F-4, BUT ASK QUESTION F29 OF ONLY ONE MEMBER, THE ONE IN CHARGE OF THE FAMILY/HOUSEHOLD FISHING OPERATIONS.

F27 On an average working day, how many hours a day does he/she usually go fishing?

ENTER NUMBER OF HOURS PER DAY IN COLUMN F27 OF TABLE F-4.

-8 NR/DK  
-9 NA

F28 How many days per week does (did) he (she) usually go fishing?

ENTER RESPONSE IN COLUMN F28 OF TABLE F-4.

-8 NR/DK  
-9 NA

F29 How much is (was) his (her) usual net income out of a day's catch, including that portion of the catch which the household itself consumed (EXCLUDING EXPENSES)?

ENTER RESPONSE IN COLUMN F29 OF TABLE F-4.

-8 NR/DK  
-9 NA

Table F-4. Income Derived from Fishing Activities

LINE NO.	NAME	WORKING TIME		USUAL DAILY NET INCOME (IN PESOS)
		HRS. PER DAY	DAYS/WEEK	
		F27	F28	F29

V. INCOME DERIVED FROM SELF-EMPLOYMENT

FROM TABLE E-1, COPY LINE NUMBERS AND NAMES OF ALL HOUSEHOLD MEMBERS WHO ARE OR WERE SELF-EMPLOYED OR WORKING AS UNPAID FAMILY WORKERS IN A FAMILY-OWNED BUSINESS DURING THE PAST FOUR MONTHS. THESE ARE ALL PERSONS WITH A CODE OF "2" OR "3" IN COLUMN E3 AND/OR COLUMN E9 AND A CODE OF "1" OR "3" IN COLUMN E5 AND/OR COLUMN E11. E.G., IF A FAMILY/HOUSEHOLD OPERATES A STORE IN WHICH SOME MEMBERS WORK AS UNPAID FAMILY WORKERS, ASK F33 AND F34 OF ALL MEMBERS WORKING IN THE STORE, BUT F35 ONLY OF THE MEMBER IN CHARGE OF THE STORE.



F30 Does he/she work in a family-owned business (e.g. sari-sari store, sewing business)?

1 Yes CONTINUE  
0 NO GO TO F33

F31 What kind of business is it? (Sari Sari, sewing, barber, etc.)

SPECIFY (DO NOT CODE):

\_\_\_\_\_

F32 Is the enterprise located at home?

1 Yes  
0 No

F33 How many hours does (did) he (she) work in a usual day?

ENTER RESPONSE IN COLUMN F33 OF TABLE F-5

-8 NR/DK -9 NA

F34 How many days in a week does (did) he (she) usually work?

ENTER RESPONSE IN COLUMN F34 OF TABLE F-5

-8 NR/DK -9 NA

F35 How much on the average is (was) his (her) daily net income (EXCLUDE EXPENSES)?

ENTER RESPONSE IN COLUMN F35 OF TABLE F-5

-8 NR/DK -9 NA

GO TO NEXT PERSON LISTED OR, IF LIST IS COMPLETED, TO F36.

Table F-5. Income Derived from Self-Employment

LINE NO.	NAME	AVERAGE NO. HOURS WORKED PER DAY	AVERAGE NO. DAYS WORKED PER WEEK	AVERAGE DAILY NET INCOME (IN PESOS)
		F33	F34	F35

VI. HOUSEHOLD INCOME DERIVED FROM OTHER SOURCES

F36 Does (did) the household or any of its members have other sources of income?

- 1 Yes CONTINUE
- 0 No CODE -9 IN F37 AND F38, GO TO F39
- 8 NR/DK CODE -8 IN F37 AND F38, GO TO F39

F37 What are these sources of income? (CODE ALL THAT APPLIES)

Rent from agricultural/commercial land

Income from boarders/lodgers

Pensions, dividends, bonuses, savings' interest

Cash remittances from children, parents, other relatives, friends or anyone else

Cash remittances from spouse abroad/sustento

Other (SPECIFY):

\_\_\_\_\_

- 1 Yes
- 0 No
- 8 NR/DK
- 9 NA

F38 How much additional income from all of these sources together did the household receive in the last 12 months? (PESOS)

- 8 NR/DK
- 9 NA

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F39 Did you or your household receive any income in kind (food or clothing) in the last 12 months from children, parents, other relatives, friends or anybody else?

- 1 Yes CONTINUE
- 0 No CODE -9 IN F40, GO TO F41
- 8 NR/DK CODE -8 IN F40, GO TO F41

F40 What was the approximate value (IN PESOS) of this income in kind in the last 12 months?

-8 NR/DK  
-9 NA

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VII. INCOME DERIVED FROM HOME GARDENING

F41 Does your household engage in home gardening?

1 Yes CONTINUE  
0 No GO TO NEXT PERSON OR BLOCK G  
-8 NR/DK GO TO NEXT PERSON OR BLOCK G

--

F42 Please tell me the names of all of your household members that usually help with home gardening.

LIST IN TABLE F-6 BELOW THE NAMES OF ALL PERSONS MENTIONED. LIST THE NAMES, TOGETHER WITH THEIR LINE NUMBERS, IN THE ORDER IN WHICH THEY APPEAR IN TABLE B-1 (HOUSEHOLD ROSTER).

FOR EACH PERSON LISTED, ASK:

F43 In a usual week, how many hours does he/she usually help with home gardening?

ENTER RESPONSE (IN HOURS) IN COLUMN F43 OF TABLE F-6.

-8 NR/DK

Table F-6. Household Members Engaged in Home Gardening

LINE NO.	NAME	HOURS OF HOME GARDENING PER WEEK
		F43

F44 How much, on the average, does (did) the household get per month from the sale of fruits, vegetables, or plants which were grown in the home garden?

0 no income  
-8 DK Estimated Pesos Received per Month  
-9 NA from Home Gardening (PESOS)

--	--	--

F45 How much, on the average, does (did) the household save per month by growing its own fruits, vegetables, or plants which otherwise you would have to buy from the market?

0 no savings  
-8 NR/DK Estimated Savings per Month  
-9 NA from Home Gardening (PESOS)

--	--	--

ASK OF WOMAN/CARETAKER

F46 What was your approximate cash income from home gardening last week?

0 no income  
-8 NR/DK  
-9 NA Cash income past week

--	--	--	--

F47 What was the household's approximate cash income from home gardening last week?

- 0 no income
  - 8 NR/DK
  - 9 NA
- Cash income past week

--	--	--	--

**G. REPRODUCTIVE HISTORY**

THE REPRODUCTIVE HISTORY CONTAINS FOUR PARTS: (1) PREGNANCY HISTORY, (2) BREASTFEEDING HISTORY, (3) MARITAL HISTORY, AND (4) WORK HISTORY. MOST (NOT ALL!) OF THE INFORMATION OF PARTS 1 TO 4 IS TO BE ENTERED ON THE REPRODUCTIVE HISTORY INSERT.

THE PREGNANCY HISTORY IS A COMPLETE RECORD OF ALL PREGNANCIES THE WOMAN HAS HAD, INCLUDING (1) ALL LIVE BIRTHS, REGARDLESS WHETHER THEY HAVE DIED SINCE OR ARE LIVING IN THE SAME HOUSEHOLD AS THE MOTHER OR ELSEWHERE, (2) ALL STILLBIRHS, AND (3) ALL OTHER PREGNANCY TERMINATIONS, i.e., THOSE NOT ENDING IN EITHER A LIVE BIRTH OR A STILLBIRTH.

PREGNANCIES ARE TO BE ASKED IN THE FOLLOWING ORDER:

- (1) LIVE BIRTHS CURRENTLY ALIVE.

BEGIN WITH THE OLDEST LIVE BIRTH (FIRST-BORN). IT DOES NOT MATTER WHETHER THE CHILD IS LIVING IN THE SAME HOUSEHOLD AS HIS/HER MOTHER. IN THE PREGNANCY ROSTER (TABLE G-1), THE LIVING CHILDREN ARE TO BE LISTED ON THE LINES MARKED WITH "X". THE SPACES IN BETWEEN ARE RESERVED FOR CHILDREN WHO DIED, STILLBIRTHS, AND PREMATURE PREGNANCY TERMINATIONS.

AFTER COMPLETING THE LISTING OF THE STILL LIVING CHILDREN ASK, FOR EVERY PREGNANCY INTERVAL (i.e., BEFORE THE BIRTH OF THE FIRST LIVING CHILD, BETWEEN THE BIRTHS OF THE FIRST AND SECOND LIVING CHILD, . . . , AFTER THE LAST LIVING CHILD), ABOUT:

- (2) CHILDREN BORN ALIVE WHO HAVE DIED.
- (3) STILLBIRTHS
- (4) PREMATURE PREGNANCY TERMINATIONS.

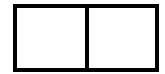
ENTER ALL PREGNANCIES THAT HAVE ENDED IN NON-LIVE BIRTHS IN CHRONOLOGICAL ORDER ON THE BLANK LINES BETWEEN THE APPROPRIATE LIVE BIRTHS. FOR THAT PURPOSE, WHEN ASKING ABOUT THE CHILDREN WHO DIED, LEAVE ONE BLANK LINE BETWEEN THE PREVIOUS LIVE BIRTH (STILL LIVING) AND THE ENTRY OF THE LIVE BIRTH WHO DIED SO THAT EVENTUAL STILLBIRTHS AND PREMATURE PREGNANCY TERMINATIONS CAN BE PLACED IN BETWEEN. FILL IN THE FIRST COLUMN OF TABLE G-1 ("PREGNANCY ORDER") ONLY AFTER THE PREGNANCY ROSTER IS COMPLETED.

**I. PREGNANCY HISTORY**

Now I would like to get a complete list of all pregnancies that you have had in your life. Let us begin with all your children who are living today.

G1 How many of all your children you have given birth to are still alive today?

IF R HAS AT LEAST ONE LIVING CHILD, CODE NUMBER, THEN GO TO INSERT AND ASK QUESTIONS G2 THROUGH G7



IF R HAS NO LIVING CHILD, CODE '0' AND GO TO G9

---

GO TO REPRODUCTIVE HISTORY INSERT, PREGNANCY HISTORY, QUESTION G2G8  
Now, you have given me the information about all your  
living children who either live here or elsewhere. I see  
there are \_\_\_\_\_ of them. Is that correct? Have we not  
left out any who are living here or elsewhere?

IF NUMBER OF LIVING CHILDREN LISTED IN PREGNANCY  
ROSTER IS NOT CORRECT, CHECK LIST WITH R AND ADD  
OMITTED CHILDREN, USING QUESTIONS G2 THROUGH G7

---

G9

Have you had any other children who were born alive but who are now dead? If yes, how many were there?

IF R HAD AT LEAST ONE LIVE-BORN CHILD WHO DIED, CODE NUMBER, THEN GO TO REPRODUCT. HISTORY INSERT, ASK G2 AND THEN PROCEED WITH G10 THROUGH G13

IF R HAD NO LIVE-BORN CHILD WHO DIED, CODE '0' AND GO TO G15

G14 You have told me about \_\_\_\_\_ children of yours who died, is that correct?

IF NUMBER OF CHILDREN WHO DIED LISTED IN PREGNANCY ROSTER IS NOT CORRECT, CHECK LIST WITH R AND ADD OMITTED DEAD CHILDREN, USING QUESTIONS G2 AND G10 - G13

G15 Some pregnancies end as stillbirth or before full term. Please tell me, have you had any pregnancies that did not result in a live birth? If yes, how many?

IF R HAS HAD AT LEAST ONE STILLBIRTH OR ONE PREMATURE PREGNANCY LOSS, CODE NUMBER, THEN GO TO REPRODUCTIVE HISTORY INSERT, PLACE "-7" IN COL. G2 AND THEN ASK QUESTIONS G16 - G19.

IF R HAD NO PREGNANCY THAT DID NOT END IN LIVE BIRTH, CODE '0' AND CONTINUE

G20 Let me make sure I have everything right. In all, you have had \_\_\_\_\_ children who are still living \_\_\_\_\_ children who have died \_\_\_\_\_ pregnancies that resulted in a birth but the child was dead \_\_\_\_\_ pregnancies that were lost before full term That makes \_\_\_\_\_ pregnancies in all. Is that correct?

G21 Have you ever had any multiple birth (twins, triplets)?  
1 - Yes Continue      0 - No GO TO G23

G22 How many times?  
0 - Never      If yes, code actual number

IF R HAD MULTIPLE BIRTHS, CHECK PREGNANCY ROSTER AND MAKE EVENTUALLY NECESSARY CORRECTIONS

G23 Are you pregnant now?  
1 - Yes CONTINUE

0 - No GO TO INSERT, G25 (Breastfeeding)

G24 In which month of pregnancy are you now?  
-8 - DK      -9 - NA



II. BREASTFEEDING HISTORY

G31 Are you currently breastfeeding?

1 - No Go to G38

2 - Yes Continue

---

G32 Are you using INFANT FORMULA to supplement breast milk?

1 - Yes 0 - No -9 - NA

---

G33 Are you using POWDERED MILK to supplement breast milk?

1 - Yes 0 - No -9 - NA

---

G34 Are you using EVAPORATED MILK to supplement breast milk?

1 - Yes 0 - No -9 - NA

---

G35 Are you using CONDENSED MILK to supplement breast milk?

1 - Yes 0 - No -9 - NA

---

G36 Are you using SEMI-SOLIDS to supplement breast milk?

1 - Yes 0 - No -9 - NA

---

G37 Are you using SOLIDS to supplement breast milk?

1 - Yes 0 - No -9 - NA

---

III. MARITAL HISTORY

G38 In what year did you first get married  
(live with your husband)?

ENTER RESPONSE AS CALENDAR YEAR CONTINUE  
-9 - Never married. GO TO G46

---

G39 Is this your only marriage?

1 - Yes CHECK HOUSEHOLD ROSTER FOR SPOUSE. IF  
PRESENT, GO TO G46, IF NOT, CONTINUE

0 - No CHECK HOUSEHOLD ROSTER FOR SPOUSE. IF  
PRESENT, GO TO G41, IF NOT, CONTINUE



G40 When you enumerated the members of your household, you did not mention your husband. Did he die or is he temporarily absent?

- 1 - Died
- 2 - Temporarily absent
- 3 - Permanently absent
- 9 - NA

---

G41 How many times have you been married?

- 2 - Twice
- 3 - Thrice
- 9 - NA

ASK AS MANY OF THE FOLLOWING QUESTIONS AS NEEDED!

---

G42 When (in what year) did the first marriage end?

ENTER YEAR FIRST MARRIAGE ENDED

---

G43 When (year) did you get married for the second time?

ENTER YEAR SECOND MARRIAGE STARTED

---

G44 When (year) did the second marriage end?

ENTER YEAR SECOND MARRIAGE ENDED

---

G45 When (year) did you get married for the third time?

ENTER YEAR THIRD MARRIAGE STARTED

---

G46 IF MOTHER HAS HAD MORE THAN ONE HUSBAND, GO BACK TO REPRODUCTIVE HISTORY INSERT AND ASK WHO FATHER OF EACH LIVING CHILD IS (COLUMN G46 IN INSERT).

---

G47 Did you have sexual relations with your husband during the past week?

- 1 - Yes CONTINUE
- 0 - No GO TO G49
- 8 - DK GO TO G49

---

G48 On how many days last week did you have sexual relations with your husband?

- 1 - One day
- :
- 8 - DK
- 9 - NA

G49 Did you use any contraceptive pill in the last two months?

- 1 - Yes CONTINUE
- 0 - No GO TO G51
- 8 - DK GO TO G51
- 9 - NA GO TO G51

G50 What brand of pill did you use? DO NOT CODE!

BRAND: \_\_\_\_\_

G51 Are you using any other family planning method now?

- 1 - Yes CONTINUE
- 2 - No GO TO G53
- 8 - DK GO TO G53
- 9 - NA GO TO G53

G52 What family planning method are you currently using?

IF R MENTIONS MORE THAN ONE, ASK FOR (AND CODE!) MOST FREQUENTLY USED METHOD

- 1 - IUD
- 2 - Condom
- 3 - Ligation
- 4 - Vasectomy
- 5 - Foam tablets or Aerosol
- 6 - Injections (Depro Provera)
- 7 - Withdrawal
- 8 - Abstinence
- 9 - Rhythm (temperature, symptoms, ovulation)
- 10 - Rhythm (calendar)
- 11 - Others (SPECIFY: ) \_\_\_\_\_
- 8 - DK
- 9 - NA

## H. MOTHER'S WORK HISTORY

IF MOTHER IS SHOWN AS NOT CURRENTLY WORKING IN TABLE E-1 (p. 21):  
 "GAINFUL ACTIVITIES", BEGIN WITH H1. IF MOTHER IS CURRENTLY WORKING,  
 BEGIN WITH H2.

H1 Did you ever work for pay or as unpaid family worker (e.g., on house-  
 hold farm, in family-owned sari sari store) since you were 15 years old?

- 1 - Yes CONTINUE  
 2 - No GO TO I1



---

H2 How old were you when you started working?

ENTER AGE IN YEARS


---

H3 What kind of work were you doing when you started working?

DESCRIBE (DO NOT CODE): BE SPECIFIC. IF MOTHER WAS  
 SELLING, ASK WHETHER THIS WAS IN A DEPARTMENT STORE,  
 A SARI SARI STORE, A PUBLIC MARKET, OR AS A STREET  
 VENDOR.


---

H4 How were you doing your job most of the time?

- 1 - Sitting down most of the time  
 2 - Standing up most of the time  
 3 - Squatting on the ground (e.g., laundry near  
 a pump or river)  
 4 - Standing and bending over  
 (e.g. planting rice)  
 5 - Moving around most of the time

- 6 - Combinations of above: \_\_\_\_ + \_\_\_\_ + \_\_\_\_ + \_\_\_\_

---

GO TO REPRODUCTIVE HISTORY INSERT AND ASK MOTHER ABOUT HER  
 WORK EXPERIENCES CENTERING AROUND EACH OF HER PREGNANCIES,  
 QUESTIONS H5 THROUGH H12.

## I. MOTHER'S DIET

I1 How many meals, excluding snacks, do you usually consume each day?

CODE NUMBER OF DAILY MEALS

-8 - DK

--	--

---

I2 How many snacks do you usually consume each day?

CODE NUMBER OF DAILY SNACKS

-8 - DK

--	--

---

I3 How many meals per week, excluding snacks, are prepared at home?

CODE NUMBER OF WEEKLY MEALS PREPARED AT HOME

-8 - DK

--	--

---

I4 How many meals per week, excluding snacks, are prepared at home and eaten at home?

CODE NUMBER OF WEEKLY MEALS

-8 - DK

--	--

---

I5 How many meals per week, excluding snacks, are prepared at home and eaten outside?

CODE NUMBER OF WEEKLY MEALS

-8 - DK

--	--

---

I6 How many meals per week, excluding snacks, are purchased as cooked food?

CODE NUMBER OF WEEKLY MEALS PURCHASED OUTSIDE

-8 - DK

--	--

IF ONLY COOKED VIANDS ARE BOUGHT OUTSIDE BUT NOT OTHER ITEMS OF THE MEAL, CONSIDER THE ENTIRE MEAL AS BOUGHT OUTSIDE!

---

I7 How many meals per week, excluding snacks, are purchased as cooked food and eaten at home?

CODE NUMBER OF WEEKLY MEALS PURCHASED OUTSIDE

-8 - DK

--	--

---

I8 How many meals per week, excluding snacks, are purchased as cooked food and eaten outside?

CODE NUMBER OF WEEKLY MEALS PURCHASED OUTSIDE

-8 - DK



I9 What kinds of ready-cooked foods do you usually buy and eat?

-8 - DK

- 1 - meats (barbecue, dinuguan, paklay, hotdog, etc.)
- 2 - fish and crustaceans (cooked, dried, salted etc.)
- 3 - cereal products (bread, rolls, cakes, native cakes)
- 4 - rice, corn, puso, pospas
- 5 - noodles (mike, canton, bihon, spaghetti, etc.)
- 6 - vegetables including seaweeds
- 7 - dried beans & nuts (peanuts, mungo, etc.)
- 8 - Other (SPECIFY): \_\_\_\_\_
- 9 - Combination: \_\_\_\_\_



---

I10 What do you usually eat and drink for breakfast? List general categories of food: e.g., dried fish, rice, pork, etc.

DO NOT CODE!

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_


---

I11 What do you usually eat and drink for the noon meal? List general categories of food: e.g., dried fish, rice, pork, etc.

DO NOT CODE!

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

---

---

I12 What do you usually eat and drink for the evening meal? List general categories of food: e.g., dried fish, rice, pork

DO NOT CODE!

--	--	--

\_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_

I13 What do you usually eat and drink for a snack? List general categories of food: e.g., dried fish, rice, corn, pork, etc.

DO NOT CODE!

--	--

\_\_\_\_\_ , \_\_\_\_\_

I14 Do you regularly take a vitamin or mineral supplement?

- 1 - YES                    CONTINUE  
 0 - NO                    GO TO I16  
 -8 - DK                   GO TO I16

--

I15 What kind?

SPECIFY: \_\_\_\_\_

-8 - DK

--

I16 What kind of oil do you usually use for cooking?

- 1 - Coconut  
 2 - Lard  
 3 - Other  
     (SPECIFY): \_\_\_\_\_

4 - COMBINATION: \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_

--

I17 How much of that oil (ml) do you usually use in a week?

SPECIFY QUANTITY: \_\_\_\_\_

--	--	--	--

INTERVIEWER, DO NOT CODE.

OFFICE: CONVERT QUANTITY INTO MILLILITERS

**FOOD FREQUENCY OF MOTHER**

INTERVIEWER: TO COMPLETE THE FOOD FREQUENCY, YOU WILL READ A LIST OF FOODS TO EACH MOTHER OF AN INDEX CHILD. FIRST ASK WHETHER SHE CONSUMES THE FOOD ITEM YOU NAME. IF SHE DOES, MAKE A





FOOD ITEM	DOES NOT CONSUME	NUMBER OF TIMES PER			ALMOST NEVER	REMARK	USUAL PORTION	GRAM EQUIVALENT
		DAY	WEEK	MONTH				
	I18	I19	I20	I21	I22		I23	I24
LAKATAN, GLORIA, MURADO, TINDOK							P	
COOKING BANANA							P	
GREEN MANGGA							P	
RIPE MANGGA							P	
PAPAYA							P	
OTHER 1 _____							P	
OTHER 2 _____							P	

LEGEND:

MB - Matchbox  
TS - Tablespoon  
P - Piece

l - large  
m - medium  
s - small

FOOD ITEM	DOES NOT CONSUME	NUMBER OF TIMES PER			ALMOST NEVER	REMARK	USUAL PORTION	GRAM EQUIVALENT
		DAY	WEEK	MONTH				
	I18	I19	I20	I21	I22		I23	I24
<b>BAKED/NATIVE PRODUCTS</b>								
PAN DE SAL							P	
AMERICAN BREAD							slices	
OTHER BREAD							P	
COOKIES/CRACKERS (ogoy-ogoy, galyetas, etc.)							P	
HOPYA BABOY							P	
HOPYA MUNGGO							P	
CAKES (mamon, etc.)							P	
RICE CAKES, OTHER NATIVE PRODUCTS							P	
<b>NOODLES</b>								
PANCIT (Mike, Canton, Bihon)							cups	
SOTANGHON, MISWA							cups	
OTHER _____							cups	
<b>STARCHY ROOTS AND TUBERS</b>								

FOOD ITEM	DOES NOT CONSUME	NUMBER OF TIMES PER				ALMOST NEVER	REMARK	USUAL PORTION	GRAM EQUIVALENT
		DAY	WEEK	MONTH					
	I18	I19	I20	I21	I22	I23	I24	I25	
WHITE TUBERS (gabi, kamoteng kahoy, white kamote)							P		
YELLOW TUBERS (kamoteng kahoy)							P		
VIOLET TUBERS (ubi, kamote)							P		
PATATAS							P		
<b>JUICES</b>									
KALAMANSI							cups		
BUKO							cups		
OTHER 1 _____							cups		
OTHER 2 _____							cups		
<b>MILK</b>									
FRESH MILK							cups		
CONDENSED MILK							TS		
EVAPORATED							TS		
POWDERED							TS		
<b>MISCELLANEOUS FOODS</b>									
COFFEE/TEA							cups		
MILO/SUSTERGEN OVALTINES							cups		
NATIVE CHOCOLADE							cups		
SOFT DRINKS							cups		
OTHER 1 _____							specify:		
OTHER 2 _____							specify:		
OTHER 3 _____							specify:		

J1 Were you hospitalized at any time in the past six years (since the index child's second birthday)? EXCLUDE HOSPITALIZATION FOR BIRTHS!

1 - Yes CONTINUE  
0 - No GO TO J6

J2 How many times were you hospitalized?

1 - Once 2 - Twice  
3 - Three times -9 - NA GO TO J6

ASK FOR EACH HOSPITALIZATION. ENTER CODES IN TABLE J-1.

J3 What was the cause of your hospitalization? ENTER IN COL. J3

J4 When (year) were you hospitalized? ENTER IN COL. J4

J5 How many days were you hospitalized? ENTER IN COL. J5

TABLE J-1. MOTHER'S HOSPITALIZATION RECORD

HOSPITALIZATION NO.	CAUSE	WHEN (YEAR)	LENGTH (IN DAYS)
	J3	J4	J5

J6 Does mother have now or did mother have, during the past six years, any of the illnesses listed in Table J-2? (READ LIST!)

ENTER RESPONSES IN COLUMN J6 OF TABLE J-2

1 Yes 0 No

J7 When was the onset of this illness?

ENTER YEAR OF ONSET OF ILLNESS IN COLUMN J7 OF TABLE J-2

J8 Do (Did) you have any other illness that prevent (or prevented) you from working or taking care of your children?

ENTER RESPONSE(S) (AS MANY AS NEEDED) IN COLUMN J6 OF TABLE J-2

1 Yes 0 No

J9 When was the onset of this illness?

ENTER YEAR OF ONSET OF ILLNESS IN COLUMN J7 OF TABLE J-2

TABLE J-2. MOTHER'S ILLNESS RECORD

ILLNESS	1 - YES	0 - NO	YEAR OF ONSET
	J6		J7
DIABETES			
HEART DISEASE			
CANCER			
TUBERCULOSIS			
DENGUE FEVER			

OTHER		
-------	--	--

## K. MOTHER'S ANTHROPOMETRY

K1 WEIGHT of mother (IN KILOGRAMS)  
e.g., 58.7

--	--	--	--

KILOS

K2 HEIGHT of mother (IN CENTIMETERS)  
e.g., 159.8

--	--	--	--	--

CENTIMETERS

K3 ARM CIRCUMFERENCE of mother (IN CENTIMETERS)  
e.g., 39.3

--	--	--	--

CENTIMETERS

K4 TRICEPS SKINFOLD THICKNESS

INTERVIEWER: TAKE THREE MEASUREMENTS

Measurement #1

--	--	--	--

Measurement #2

--	--	--	--

Measurement #3

--	--	--	--

INTERVIEWER, OBSERVE!

K5 Does the mother have a visible GOITER?

1 - YES  
0 - NO  
-8 - DK

--

## L. CHILD'S SCHOOLING

QUESTIONS L1 - L4 REFER TO THE INDEX CHILD ONLY

L1 How old was index child when he/she first entered school?

ENTER RESPONSE IN YEARS

- 0 - Has not entered school GO TO M1
- 8 - NR/DK
- 9 - NA



---

L2 What kind of school did he/she first go to?

INTERVIEWER: WRITE NAME OF SCHOOL IN SPACE PROVIDED.  
CODE WILL BE DETERMINED IN OFFICE.

SCHOOL: \_\_\_\_\_

- 1 - private, not coed, Catholic (e.g., STC, SHS)
- 2 - private, not coed, not Catholic (e.g., Buddhist)
- 3 - private, coed, Catholic (e.g., USC)
- 4 - private, not coed, not Catholic
- 5 - private, coed, not Catholic (lay) (e.g., UV)
- 6 - public school
- 8 - DK
- 9 - Has not entered school yet



---

L3 What grade is he/she currently in?

- 1 - first grade
- 2 - second grade
- 8 - NR/DK
- 9 - Has not entered school yet



---

L4 What school is he/she going to now?

INTERVIEWER: WRITE NAME OF SCHOOL IN SPACE PROVIDED.  
CODE WILL BE DETERMINED IN OFFICE.

SCHOOL: \_\_\_\_\_

- SAME CODES AS L2
- 8 -
- 9 - Has not entered school yet



---

## M. CHILD MORBIDITY

QUESTIONS M1 - M14 REFER TO THE **INDEX** CHILD ONLY!

M1 Since the child's second birthday, has he/she been hospitalized?

- 1 - Yes CONTINUE  
 0 - No |  
 -8 - NR/DK < GO TO M6  
 -9 - NA

M2 How many times has he/she been hospitalized?

- 1 - Once  
 2 - Twice  
 -8 - NR/DK  
 -9 - Never been hospitalized

ASK FOR EACH HOSPITALIZATION OF THE INDEX CHILD  
 AND ENTER RESPONSES IN TABLE M-1

M3 What was the cause of his/her hospitalization?

ENTER RESPONSE IN COLUMN M3 OF TABLE M-1.

M4 When (year) was he/she hospitalized?

ENTER RESPONSE (YEAR OF HOSPITALIZATION) IN COLUMN M4

M5 How many days was he/she hospitalized?

ENTER RESPONSE IN COLUMN M5 OF TABLE M-1.

TABLE M-1. CHILD'S HOSPITALIZATION RECORD

HOSPITALIZATION NO.	CAUSE	WHEN (YEAR)	LENGTH (IN DAYS)
	M3	M4	M5

ENTER RESPONSES FOR QUESTIONS M6 - M8 IN TABLE M-2

M6 Does child have now or did child have, during the past six years, any of the illnesses listed in Table M-2?

- 1 - Yes CONTINUE  
 0 - No |  
 -8 - NR/DK < GO TO M8  
 -9 - NA |

ENTER RESPONSE IN COLUMN L6 OF TABLE M-2

M7 When was the onset of this illness?

ENTER YEAR OF ONSET OF ILLNESS IN COLUMN M7 OF TABLE M-2

- 8 - NR/DK  
 -9 - NA

M8 Does (Did) child have any other illness or disability that limited the child's ability to eat, play, or move about?

ENTER RESPONSES (AS MANY AS CITED) IN COL. M6/M8 OF TABLE M-2 UNDER 'Other1', 'Other2', etc.

1 - Yes CONTINUE  
 0 - No |  
 -8 - NR/DK < GO TO M10  
 -9 - NA |

M9 When was the onset of this illness or disability?

ENTER YEAR OF ONSET OF ILLNESS IN COLUMN M7/M9 OF TABLE M-2

-8 - NR/DK  
 -9 - NA

TABLE M-2. CHILD'S ILLNESS RECORD

ILLNESS/DISABILITY	1 - YES	0 - NO	YEAR OF ONSET
	M6/M8		M7/M9
MEASLES			
WHOOPING COUGH			
POLIO			
PRIMARY COMPLEX (TB)			
PNEUMONIA			
DENGUE FEVER			
OTHER 1			
OTHER 2			
OTHER 3			
OTHER 4			
OTHER 5			

ASK MOTHER FIRST TO RECALL WHETHER OR NOT THE INDEX CHILD HAS BEEN IMMUNIZED. ASK FOR ALL IMMUNIZATIONS LISTED IN TABLE M-3 AND THEN FOR OTHERS. RECORD RESPONSES IN COLUMNS M10 AND M11 OF TABLE M-3. THEN ASK MOTHER WHETHER SHE HAS THE OFFICIAL IMMUNIZATION RECORD OF THE INDEX CHILD. IF YES, ASK FOR RECORD AND COPY, FOR EVERY IMMUNIZATION RECEIVED, DOSES AND DATES IN COLS. M13 AND M14. IF MOTHER DOES NOT HAVE THE RECORD, ENTER "0" IN COL. M12 AND THEN ASK NAME AND LOCATION OF FACILITY WHERE CHILD WAS IMMUNIZED AND RECORD THE NAME IN THE SPACE PROVIDED FOR M13 AND M14. OFFICE WILL CHECK WITH FACILITY.

M10 Since the child's second birthday, has he/she been given any of the following immunizations?

1 - Yes CONTINUE  
 0 - No GO TO M15  
 -8 - NR/DK GO TO M15

ENTER RESPONSE(S) IN COLUMN L10 OF TABLE M-3

M11 How many times was each immunization given (Number of doses)?

ENTER RESPONSE(S) IN COLUMN M11 OF TABLE M-3

-8 - NR/DK

-9 - NA

TABLE M-3. CHILD'S IMMUNIZATION RECORD

IMMUNIZATION	MOTHER'S RECALL		OFFICIAL RECORD		
	1 - YES 2 - NO	NUMBER OF DOSES	1 - YES 2 - NO	NUMBER OF DOSES	DATE
	M10	M11	M12	M13	M14
DTP					
POLIO					
MEASLES					
OTHER 1					
OTHER 2					

M12 Do you have your child's official Immunization Record?

IF YES, ASK FOR IT AND COPY INFORMATION INTO COLUMNS  
M12 - M14 OF ABOVE TABLE M-3. IF NO, CODE "0" IN COL.  
M12, ASK FOR FACILITY NAME WHERE IMMUNIZATION(S) WAS  
OBTAINED AND RECORD NAME IN SPACE OF COLUMNS M13 AND M14.

M15 Is the child currently taking/or was the child taking any medication  
for worms?

1 - Yes  
0 - No  
-8 - NR/DK  
-9 - NA

M16 How often does \_\_\_\_\_ (NAME OF INDEX CHILD) usually bathe  
in one week?

CODE NUMBER OF TIMES

-8 - NR/DK

NUMBER OF TIMES/WEEK

M17 Does index child use soap when bathing?

1 - Always  
2 - Sometimes  
3 - Rarely  
-8 - NR/DK

## N. INDEX CHILD'S DIET

N1 How many meals, excluding snacks, does the child usually consume each day?

CODE NUMBER OF DAILY MEALS

-8 - DK

--	--

---

N2 How many snacks does the child usually consume each day?

CODE NUMBER OF DAILY SNACKS

-8 - DK

--	--

---

N3 How many meals, excluding snacks, per week does the child usually eat at home?

CODE NUMBER OF WEEKLY MEALS

-8 - DK

--	--

---

N4 Where does the child usually eat lunch?

1 - In School                      CONTINUE  
2 - At home                        GO TO N6

--

---

N5 If lunch is eaten at school, is the food purchased in or around the school or brought from home?

1 - Bought in or around school  
2 - Brought from home

--

---

N6 What foods does the child usually purchase in or around school?

1 - Chocolades, Candies, etc.

--	--

2 - Bananacue, Camotecue

--	--

3 - Ice Cream, Ice Candy, etc.

--	--

4 - Fruit Juice

--	--

5 - Bakery / Native Products

6 - Cheese Curls, other crunchy products

--	--

7 - Fruits

--	--

8 - Peanuts, Green Peas

--	--

9 - Corn on the Cob

--	--

10 - Popcorn, Cornik

--	--

11 - Pospas

--	--

12 - Other (SPECIFY): \_\_\_\_\_

--	--

13 - Combination: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

--	--

--	--

N7 What food is usually given to the child in school (school feeding program)? List items such as milk, bread, etc.

--	--

N8 What does the child usually eat and drink for breakfast? List general categories of food, e.g., dried fish, rice, pork, etc.

DO NOT CODE!

--	--	--

\_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_

N9 What does the child usually eat and drink for the noon meal? List general categories of food, e.g., dried fish, rice, corn, pork, etc.

DO NOT CODE!

--	--	--

\_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_

N10 What does the child usually eat and drink for the evening meal?  
List general categories of food.

DO NOT CODE!

--	--	--

\_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_

N11 What does the child usually eat and drink for a snack?  
Do not include snacks bought in school! List general categories of food

DO NOT CODE!

--	--	--

\_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_

N12 Does the child regularly take a vitamin or mineral supplement?

1 - YES CONTINUE  
0 - NO GO TO FOOD FREQUENCY (N14)  
-8 - DK GO TO FOOD FREQUENCY (N14)

--

N13 What kind?

SPECIFY:  
-8 - DK

--

#### FOOD FREQUENCY OF INDEX CHILD

INTERVIEWER: TO COMPLETE THE FOOD FREQUENCY, YOU WILL READ A LIST OF FOODS TO EACH MOTHER OF AN INDEX CHILD. FIRST ASK WHETHER THE INDEX CHILD CONSUMES THE FOOD ITEM YOU NAME. IF HE/SHE DOES, MAKE A CHECKMARK IN COLUMN N14: IF SHE DOES NOT, CODE "0" IN COLUMN N14 OF THE FOOD FREQUENCY TABLE. IF SHE SAYS THAT THE CHILD DOES CONSUME THE ITEM, YOU WILL NEED TO ASK HOW OFTEN THE CHILD CONSUMES THAT ITEM PER DAY, PER WEEK, OR MONTH, WHICHEVER IS APPROPRIATE, AND RECORD THE NUMBER OF TIMES IN THE APPROPRIATE COLUMN OF THE TABLE (COLUMNS N15-N18).

FOR SEASONAL FRUITS, ADD A LETTER "S" TO THE NUMBER OF TIMES IN THE APPROPRIATE COLUMN (N15-N18) AND INDICATE UNDER "REMARKS" (COL. N19) THE LENGTH OF THE TIME THE FRUIT WAS EATEN.

THEN ASK FOR THE SIZE OF THE USUAL PORTION OF THIS ITEM THAT THE CHILD CONSUMES. UNITS FOR PORTION SIZES ARE INDICATED IN COLUMN N20 OF THE TABLE. USE FOOD MODELS WHERE NEEDED TO DETERMINE PORTION SIZES, ESPECIALLY OF "PIECES" (FOR ITEMS SUCH AS FRUITS OR ROLLS). GRAM EQUIVALENTS (COLUMN N21) WILL BE CODED IN THE OFFICE. BEGIN BY READING THE FOLLOWING INSTRUCTIONS TO THE MOTHER OF THE INDEX CHILD:

N14- I will read to you a list of foods. I would like you to think about the usual eating habits of your child over the last year and first tell me whether (name of index child) ever eats the food item I name, then how often he/she usually eats this food (please tell me the number of times he/she eats this food per day, week or month, or whether he/she rarely



FOOD ITEM	DOES NOT CONSUME	NUMBER OF TIMES PER				ALMOST NEVER	REMARK	USUAL PORTION	GRAM EQUIVALENT
		DAY	WEEK	MONTH					
	N14	N15	N16	N17	N18	N19	N20	N21	
BEAN PRODUCTS (tokwa, tahure)								TS	
OTHER _____								TS	
<b>VEGETABLES</b>									
GREEN LEAFY kamunggay, alugbati, etc.								TS	
KALABASANG PULA								TS	
CARROTS								TS	
AMPALAYA								TS	
EGGPLANT								TS	
OKRA								TS	
TOGUE								TS	
OTHER _____								TS	
<b>FRUITS</b>									
LATUNDAN, BUNGAW, CAVENDISH								P	
LAKATAN, GLORIA, MURADO, TINDOK								P	
COOKING BANANA								P	
GREEN MANGGA								P	
RIPE MANGGA								P	
PAPAYA								P	
OTHER 1 _____								P	
OTHER 2 _____								P	

LEGEND:

MB - Matchbox  
 TS - Tablespoon  
 P - Piece

l - large  
 m - medium  
 s - small



FOOD ITEM	DOES NOT CONSUME	NUMBER OF TIMES PER				ALMOST NEVER	REMARK	USUAL PORTION	GRAM EQUIVALENT
		DAY MONTH	WEEK						
	N14	N15	N16	N17	N18	N19	N20	N21	
<b>MILK</b>									
FRESH MILK							cups		
CONDENSED MILK							TS		
EVAPORATED							TS		
POWDERED							TS		
<b>MISCELLANEOUS FOODS</b>									
COFFEE/TEA							cups		
MILO/SUSTERGEN OVALTINES							cups		
NATIVE CHOCOLADE							cups		
SOFT DRINKS							cups		
OTHER 1 _____							specify:		
OTHER 2 _____							specify:		
OTHER 3 _____							specify:		

## O. ANTHROPOMETRY OF INDEX CHILD

O1 NAME OF INDEX CHILD: \_\_\_\_\_ LINE NUMBER 

--	--

---

O2 WEIGHT of child (IN KILOGRAMS) 

--	--	--	--

  
e.g. 58.7 KILOS

---

O3 HEIGHT of child (IN CENTIMETERS) 

--	--	--	--	--

  
e.g. 110.8 CENTIMETERS

---

O4 ARM CIRCUMFERENCE of child (IN CENTIMETERS) 

--	--	--	--

  
CENTIMETERS

---

O5 TRICEPS SKINFOLD THICKNESS

INTERVIEWER: TAKE THREE MEASUREMENTS

Measurement #1 

--	--	--	--

Measurement #2 

--	--	--	--

Measurement #3 

--	--	--	--

---

O6 SUBSCAPULAR SKINFOLD THICKNESS

INTERVIEWER: TAKE THREE MEASUREMENTS

Measurement #1 

--	--	--	--

Measurement #2 

--	--	--	--

Measurement #3 

--	--	--	--

---



## P. ANTHROPOMETRY OF FIRST YOUNGER SIBLING

P1 NAME OF FIRST  
YOUNGER SIBLING: \_\_\_\_\_

LINE NUMBER

--	--

P2 WEIGHT of child (IN KILOGRAMS)

e.g. 58.7

--	--	--	--

KILOS

P3 HEIGHT of child (IN CENTIMETERS)

e.g. 110.8

--	--	--	--	--

CENTIMETERS

P4 ARM CIRCUMFERENCE of child (IN CENTIMETERS)

--	--	--	--

CENTIMETERS

P5 TRICEPS SKINFOLD THICKNESS (TO BE TAKEN ONLY OF CHILDREN OVER 2 YEARS!)

INTERVIEWER: TAKE THREE MEASUREMENTS

Measurement #1

--	--	--	--

Measurement #2

--	--	--	--

Measurement #3

--	--	--	--

P6 SUBSCAPULAR SKINFOLD THICKNESS (TO BE TAKEN ONLY OF CHILDREN OVER 2 YEARS!)

INTERVIEWER: TAKE THREE MEASUREMENTS

Measurement #1

--	--	--	--

Measurement #2

--	--	--	--

Measurement #3

--	--	--	--



## Q. ANTHROPOMETRY OF SECOND YOUNGER SIBLING

Q1 NAME OF SECOND  
YOUNGER SIBLING: \_\_\_\_\_

LINE NUMBER

--	--

Q2 WEIGHT of child (IN KILOGRAMS)

e.g. 58.7

--	--	--	--

KILOS

Q3 HEIGHT of child (IN CENTIMETERS)

e.g. 110.8

--	--	--	--	--

CENTIMETERS

Q4 ARM CIRCUMFERENCE of child (IN CENTIMETERS)

--	--	--	--

CENTIMETERS

Q5 TRICEPS SKINFOLD THICKNESS (TO BE TAKEN ONLY OF CHILDREN OVER 2 YEARS!)

INTERVIEWER: TAKE THREE MEASUREMENTS

Measurement #1

--	--	--	--

Measurement #2

--	--	--	--

Measurement #3

--	--	--	--

Q6 SUBSCAPULAR SKINFOLD THICKNESS (TO BE TAKEN ONLY OF CHILDREN OVER 2 YEARS!)

INTERVIEWER: TAKE THREE MEASUREMENTS

Measurement #1

--	--	--	--

Measurement #2

--	--	--	--

Measurement #3

--	--	--	--



## R. ANTHROPOMETRY OF THIRD YOUNGER SIBLING

R1 NAME OF THIRD  
YOUNGER SIBLING: \_\_\_\_\_

LINE NUMBER

--	--

R2 WEIGHT of child (IN KILOGRAMS)

e.g. 58.7

--	--	--	--

KILOS

R3 HEIGHT of child (IN CENTIMETERS)

e.g. 110.8

--	--	--	--	--

CENTIMETERS

R4 ARM CIRCUMFERENCE of child (IN CENTIMETERS)

--	--	--	--

CENTIMETERS

R5 TRICEPS SKINFOLD THICKNESS (TO BE TAKEN ONLY OF CHILDREN OVER 2 YEARS!)

INTERVIEWER: TAKE THREE MEASUREMENTS

Measurement #1

--	--	--	--

Measurement #2

--	--	--	--

Measurement #3

--	--	--	--

R6 SUBSCAPULAR SKINFOLD THICKNESS (TO BE TAKEN ONLY OF CHILDREN OVER 2 YEARS!)

INTERVIEWER: TAKE THREE MEASUREMENTS

Measurement #1

--	--	--	--

Measurement #2

--	--	--	--

Measurement #3

--	--	--	--

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**CEBU LONGITUDINAL HEALTH AND NUTRITION STUDY**

**1991 Follow-up Survey**

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**REPRODUCTIVE HISTORY INSERT**  
 -----

**INTERVIEWER:** THIS QUESTIONNAIRE INSERT IS TO BE USED IN CONNECTION WITH THE MAIN QUESTIONNAIRE, PAGES 34 THROUGH 38. BEFORE USING IT, COPY, FROM THE MAIN QUESTIONNAIRE INTO WHICH IT IS TO BE INSERTED, THE BASELINE ID NUMBER, AND THEN RECORD THE NAME OF THE MOTHER BEING INTERVIEWED. THE 1991 ID NUMBER WILL BE ADDED LATER BY THE EDITING STAFF IN THE OFFICE.

UPON COMPLETION OF THIS INSERT, STAPLE IT IMMEDIATELY TO THE FINAL PAGE OF THE MAIN QUESTIONNAIRE TO WHICH IT BELONGS. THIS WILL MINIMIZE THE DANGER OF INSERTING IT INTO A WRONG QUESTIONNAIRE. DO NOT FORGET TO RECORD ALSO YOUR OWN NAME ON THE FACE SHEET OF THIS INSERT.

Name of Respondent \_\_\_\_\_

ID4 Baseline ID Number

--	--	--

BRGY

--	--	--

HHL D

--	--	--	--

WMAN

ID6 1991 ID Number  
(Office assigned)

--	--	--

BRGY

--	--	--

HHL D

--	--	--	--

WMAN

ID9 Name of Interviewer:

--	--

---



XX										
XX										
XX										
XX										

GO TO MAIN  
QUESTIONNAIRE, G8

GO TO MAIN QUESTIOI  
G14










GO TO MAIN  
QUESTIONNAIRE, I1



WHEN COMPLETED, STAPLE BETWEEN PAGES 26 AND 27 IN QUESTIONNAIRE!!