



ID11 Date of Interview Completion:

MONTH	

DAY	

YEAR	

CALL RECORD

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

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

ID12 Number of Sessions Required to Complete Interview

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STATUS CODES

- |  |                                    |
|--|------------------------------------|
| 1 - MOM & IC togth. in prev HH           | 12 - MOM and IC dead               |
| 2 - MOM & IC togth. in new HH            | 13 - MOM & IC not found            |
| 3 - Mom in prev HH, IC in new HH         | 14 - MOM & IC outside Metro Cebu   |
| found 4 - MOM in prev HH, IC dead        | 15 - MOM found in new HH, IC not   |
| dead 5 - MOM in prev HH, IC misc/still-  | 16 - MOM found in new HH, IC       |
| outside Metro C. <sup>birth</sup>        | 17 - MOM found in new HH, IC       |
| found 6 - MOM in prev HH, IC not found   | 18 - IC found in new HH, MOM not   |
| dead 7 - MOM in prev HH, IC outside      | 19 - IC found in new HH, MOM       |
| outside Metro C. <sup>Metro Cebu</sup>   | 20 - IC found in new HH, MOM       |
| refused 8 - IC in prev HH, MOM in new HH | 21 - MOM & IC together, MOM        |
| MOM refused 9 - IC in prev HH, MOM dead  | 22 - MOM without Index Child,      |
| 10 - IC in prev HH, MOM not found        | 23 - IC found, Caretaker refused   |
| in new 11 - IC in prev HH, MOM outside   | 24 - MOM & IC living separately    |
| Cebu Metro Cebu                          | household in Metro                 |
| MOM's                                    | 25 - MOM and IC living together in |
| IC's                                     | previous household                 |
| previous                                 | 26 - MOM and IC live together in   |
| misc/stillbirth                          | previous household                 |
|  | 27 - MOM and IC in separate        |
|  | households                         |
|  | 28 - MOM found in new HH, IC       |

## BLOCK X. SCREENING

## MODULE A: MOTHER AND INDEX CHILD WERE IN THE SAME HOUSEHOLD IN 1991

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 - Died after 1991 survey CONTINUE  
2 - Moved elsewhere since 1991 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



Month

Year

X4 What was the cause of death?

DESCRIBE: \_\_\_\_\_

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

-8 - DK

-9 - NA

GO TO X6

X5 Where is \_\_\_\_\_ (NAME OF MOTHER) currently living?

EXACT ADDRESS: \_\_\_\_\_

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

- 1 - in Metro Cebu  
2 - outside of  
Metro Cebu  
-8 - DK

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

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 after 1991 survey CONTINUE  
2 - Moved elsewhere since 1991 GO TO X10

X8 When did \_\_\_\_\_ (NAME OF INDEX CHILD) die?

CODE RESPONSE IN MONTH AND YEAR

-8 - DK	<input type="text"/>	<input type="text"/>
-9 - NA	Month	Year

X9 What was the cause of death?

DESCRIBE: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

-8 - DK	-9 - NA	<input type="text"/>	<input type="text"/>
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IF MOTHER IS ALSO DEAD (see X2), TERMINATE INTERVIEW.  
 IF MOTHER STILL LIVES IN HOUSEHOLD, GO TO HOUSEHOLD ROSTER SECTION (B1).  
 IF MOTHER LIVES ELSEWHERE (see X5), REPORT TO OFFICE FOR NEW ASSIGNMENT OF MOTHER INTERVIEW.

X10 Where is \_\_\_\_\_ (NAME OF INDEX CHILD) currently living?

EXACT ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

1 - in Metro Cebu	<input type="text"/>
2 - outside of Metro Cebu	
-8 - DK	

IF MOTHER IS DEAD (see X2), TERMINATE INTERVIEW AND REPORT TO OFFICE FOR NEW ASSIGNMENT OF INDEX CHILD INTERVIEW.  
 IF MOTHER STILL LIVES IN THIS HOUSEHOLD (see X1), GO TO HOUSEHOLD ROSTER (BLOCK B).  
 IF MOTHER LIVES ELSEWHERE (see X5), CONTINUE WITH X11.

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

X11 Does index child live with mother (elsewhere)?

1 - Yes	TERMINATE INTERVIEW, REPORT TO OFFICE FOR NEW ASSIGNMENT OF MOTHER-CHILD INTERVIEW	
0 - No	CONTINUE	<input type="text"/>
-8 - DK		

X12 Who is the child living with?

1 - adoptive father	7 - sister	<input type="text"/>
2 - adoptive mother	8 - brother	
3 - grandmother	9 - cousin	
4 - grandfather	10 - other relative	
5 - aunt	11 - non-relative	
6 - uncle	-8 - NR/DK	
	-9 - NA	

TERMINATE INTERVIEW, REPORT TO OFFICE FOR NEW ASSIGNMENT OF (1) MOTHER INTERVIEW AND (2) CHILD INTERVIEW.

## MODULE B: IN 1991, MOTHER LIVED SEPARATED FROM INDEX CHILD

X1 Is \_\_\_\_\_ (NAME OF MOTHER) still living in this household?  
(the same household in which she had at last interview in 1991)?

- 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 - Died after 1991 survey CONTINUE  
2 - Moved elsewhere since 1991 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

Month

Year

X4 What was the cause of death?

DESCRIBE: \_\_\_\_\_

\_\_\_\_\_

-8 - DK

-9 - NA

GO TO X6

X5 Where is \_\_\_\_\_ (NAME OF MOTHER) currently living?

EXACT ADDRESS: \_\_\_\_\_

\_\_\_\_\_

- 1 - in Metro Cebu  
2 - outside of  
Metro Cebu  
-8 - DK

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

**ASK X6 ONLY IF INDEX CHILD WAS ALIVE IN 1991.**

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

- 1 - Yes GO TO B1  
0 - No IF MOTHER IS IN HOUSEHOLD, GO TO B1.  
IF MOTHER IS DEAD OR OUTSIDE OF  
METRO CEBU, TERMINATE INTERVIEW.

## MODULE C: IN 1991, INDEX CHILD LIVED SEPARATED FROM MOTHER

X1 Is \_\_\_\_\_ (NAME OF INDEX CHILD) still living in this household? (the same household he/she had at last interview in 1991)?

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

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

- 1 - Died after 1991 survey CONTINUE  
 2 - Moved elsewhere since 1991 GO TO X5  
 -8 - DK GO TO X6

X3 When did \_\_\_\_\_ (NAME OF INDEX CHILD) die?

CODE RESPONSE IN MONTH AND YEAR

- 8 - DK  
 -9 - NA

Month

Year

X4 What was the cause of death?

DESCRIBE: \_\_\_\_\_

\_\_\_\_\_

-8 - DK

-9 - NA

GO TO X6

X5 Where is \_\_\_\_\_ (NAME OF INDEX CHILD) currently living?

EXACT ADDRESS: \_\_\_\_\_

\_\_\_\_\_

- 1 - in Metro Cebu  
 2 - outside of  
 Metro Cebu  
 -8 - DK

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

**ASK X6 ONLY IF MOTHER WAS ALIVE IN 1991.**

X6 Is \_\_\_\_\_ (NAME OF MOTHER) living in this household now?

- 1 - Yes GO TO B1  
 0 - No IF CHILD IS IN HOUSEHOLD, GO TO B1.  
 IF CHILD IS DEAD OR OUTSIDE OF  
 METRO CEBU, TERMINATE INTERVIEW.

**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.

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B1 At present, how many persons are living with you in this household?

NO. OF PERSONS

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

NO. OF PERSONS

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B13 What is the religion of the mother/caretaker?

- 1 - Catholic  
 2 - Catholic (Charismatic) -8 - NR  
 3 - Protestant (Lutheran, Baptist, etc.) -9 - NA  
 4 - Protestant (Born again)  
 5 - Iglesia ni Cristo  
 6 - Moslem  
 7 - Buddhist  
 8 - Other (specify): \_\_\_\_\_

B14 How often does he/she go to church?

- 0 - never -8 - NR  
 1 - occasionally only -9 - NA  
 2 - about once in a month  
 3 - about once in a week  
 4 - more often than once a week

ASK QUESTIONS B15 AND B16 ONLY IF MOTHER/CARETAKER IS  
 CURRENTLY MARRIED (excl. SEPARATED!)

B15 What is the religion of the father/husband?

- SAME CODES AS IN B13 -8 - NR  
 -9 - NA  
 8 - Other (specify): \_\_\_\_\_

B16 How often does he go to church?

- SAME CODES AS IN B14  
 INTERVIEWER, GO TO B20

B17 OFFICE EDITOR: CODE HOUSEHOLD TYPE AFTER INTERVIEW

B18 OFFICE EDITOR: CODE LINE NUMBER OF INDEX CHILD

B19 OFFICE EDITOR: CODE LINE NUMBER OF MOTHER/CARETAKER

INTERVIEWER: CONTINUE WITH MIGRATION HISTORY, QUESTION B20.

## MIGRATION HISTORY

ASK QUESTIONS B20 THROUGH B22 OF MOTHER/CARETAKER AND INDEX CHILD. BEFORE ASKING, COPY THEIR NAMES AND LINE NUMBERS FROM TABLE B-1 INTO TABLE B-2. ENTER ALL ANSWERS IN THE SAME TABLE.

- B20 Has \_\_\_\_\_ (NAME OF MOTHER/CARETAKER/INDEX CHILD) resided in this barangay since January 1991?
- 1 - Yes                      CODE -9 IN COLS. B21 AND B22, GO TO NEXT PERSON OR BLOCK
- 0 - No                        CONTINUE
- 8 - NR                      CODE -8 IN COLS. B21 AND B22

- B21 How many barangays has he/she resided in since January 1991?
- CODE NUMBER in COL. B21 OF TABLE B-2.

- B22 In which barangay has he/she resided for the longest period since January 1991?
- CODE NUMBER IN COL. B22 OF TABLE B-2.

- |                                       |                                     |
|---------------------------------------|-------------------------------------|
| 1 - other brgy in urban<br>Metro Cebu | 6 - Metro Manila                    |
| 2 - other brgy in rural<br>Metro Cebu | 7 - City in other province          |
| 3 - City in Cebu Province             | 8 - Poblacion in other province     |
| 4 - Poblacion in Cebu Province        | 9 - Rural brgy in other<br>province |
| 5 - Rural brgy in Cebu Province       | 10 - Outside of Philippines         |
|                                       | -8 - NR/DK                          |
|                                       | -9 - NA                             |

TABLE B-2. MIGRATION HISTORY

INTERVIEWER: ENTER NAME!	LINE NO.	LIVED IN THIS BARANGAY SINCE JANUARY 1991 1 Yes; 0 NO	NUMBER OF OTHER BARANGAYS LIVED IN SINCE JANUARY 1991	BRGY LIVED IN MOST OF THE TIME SINCE JANUARY 1991
		B20	B21	B22
MOTHER/CARETAKER -----				
INDEX CHILD -----				

END OF BLOCK B

## BLOCK C: ENVIRONMENTAL INFORMATION

- C1 What is your usual source of drinking water?
- 1 - MCWD piped supply
  - 2 - Other municipal piped supply
  - 3 - Tubewell, borehole, motorized pump with pipes
  - 4 - Dug well fitted with pump
  - 5 - Dug well without pump (bucket used to extract water)
  - 6 - Spring
  - 7 - River
  - 8 - Rainwater
  - 9 - Other (SPECIFY): \_\_\_\_\_
- 
- 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
- 
- C3 What type of toilet facility do you have?
- 1 Flush toilet CONTINUE
  - 2 Water-sealed toilet CONTINUE
  - 3 Latrine, antipolo CONTINUE
  - 4 Open pit CONTINUE
  - 5 None, use field, canal, seashore CODE -9 IN C4  
GO TO C5
  - 6 Other (SPECIFY): \_\_\_\_\_ GO TO C5
  - 8 NR/DK
- 
- C4 Where is this located?
- 1 Inside Respondent's house
  - 2 Neighbor's house
  - 3 Outside, private
  - 4 Outside, public
  - 5 Other (SPECIFY): \_\_\_\_\_
  - 8 NR/DK
- 
- C5 What is your usual method of garbage disposal?
- 1 Disposed far away from house (dumping in specified place outside of house, collected by a garbage collector)
  - 2 Disposed around or near house but through methods that contaminate air and surroundings (burning, composting)
  - 3 Dumped around or near house
  - 4 Other (SPECIFY): \_\_\_\_\_
  - 8 NR/DK
- 
- C6 What type of lighting do you usually use?
- 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 market in Metro Cebu
- 3 Supermarket
- 4 Sari-sari store
- 8 NR/DK

C9 How long does it take you to walk to this place/store? (IN MINUTES)

- |      |                   |                               |
|------|-------------------|-------------------------------|
| CODE | NUMBER OF MINUTES | CODE -9 IN C10-C11, GO TO C12 |
| -8   | NR/DK             | CODE -8 IN C10-C11, GO TO C12 |
| -9   | Too far to walk   | CONTINUE                      |

NUMBER OF MINUTES

C10 If it's too far to walk, how long (IN MINUTES) does it take you to travel to the place/store?

- |      |                   |
|------|-------------------|
| CODE | NUMBER OF MINUTES |
| -8   | NR/DK             |

NUMBER OF MINUTES

C11 How much do you spend to travel to this place/store?

- |      |                     |
|------|---------------------|
| CODE | IN PESOS            |
| 0    | Own vehicle, no pay |
| -8   | NR/DK               |

PESOS

#### 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).

C12 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

C13 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

C14 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

C15 Is the area in the house where the food is kept

- 1 Very clean
- 2 Not so clean
- 3 Filthy

C16 In what type of settlement does the respondent live?

- 1 Urban squatter area
- 2 Urban, congested and dirty
- 3 Urban, less congested and dirty
- 4 Urban, outskirts of City center

e.g. Camputhaw, Lahug, Guadalupe, Banilad.

INTERVIEWER: WHEN IN DOUBT, SPECIFY SITIO AND DO NOT  
CODE: \_\_\_\_\_

- 5 Rural town (poblacion)
- 6 Rural barangay outside of poblacion
- 7 Rural-remote (isolated sitio or single house)

C17 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

C18 What is the general area around the respondent's house (within fifty meters) used for?

USE SAME CODES AS IN C17

C19 How many houses are very close (within fifty meters) to the respondent's house?

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

C20 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

C21 How long does it take to walk from the respondent's house to the nearest road?

ENTER RESPONSE IN MINUTES GO TO C23

- 7 respondent lives on an island CONTINUE

C22 How long does it take for respondent to travel by 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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C23 How long does it take to walk to the nearest public transport (e.g., jeepney, bus, tricycle, boat)?

ENTER RESPONSE IN MINUTES

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C24 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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C25 Is the respondent's house connected to the electrical system (VECO in Cebu City, Mandaue, Lapu-Lapu City; some other public system) regardless as to whether it is used or not?

- 1 - Yes  
0 - No

--

C26 Do any of the houses around the respondent's house have electrical service?

- 1 - Yes  
0 - No

--

C27 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

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C28 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)

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C29 Overall, is the inside of the house

- 1 - Neat and tidy  
2 - Not so neat and tidy  
3 - Poorly kept, dirty, messy

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END OF BLOCK C

## BLOCK D: HOUSEHOLD ASSETS

INTERVIEWER: READ TO RESPONDENT: I WILL READ A LIST OF PROPERTIES.  
PLEASE TELL ME WHETHER YOU HAVE THIS OR NOT.

D1 Do you/does your household own this house you are living in?

1 Yes DO NOT ASK D4 THROUGH D6 BUT ASK D2 AND D3  
0 No CONTINUE  
-8 NR CONTINUE

D2 Do you/does your household own this land on which this house you're living in is built?

1 Yes  
0 No  
-8 NR

IF ANSWER TO BOTH D1 AND D2 IS "NO" (CODE 0), ASK D3 OF OTHER HOUSES/  
LANDS OWNED AND CONTINUE WITH D4. IF ANSWER TO EITHER D1 OR D2 IS  
"NR" (CODE -8), ENTER -8 IN D3 AND CONTINUE WITH D4.

D3 At present, how much do you think is the value (in pesos) of all the houses and land that you own?

ALTERNATIVE QUESTION: If you were to sell your houses and/or land, how much do you think their value would be (in pesos)?

-8 DK  
-9 NA (owns no house/land)

IF ANSWER IN D1 IS "YES", GO TO D7

D4 Are you renting this house or are you staying here 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) do you pay for rent for this house every month?

-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 the toilet, how many rooms does your household occupy in this house?

CODE NUMBER OF ROOMS

D8 Is there a bathroom inside your house? (PROBE FOR CONSTRUCTION MATERIALS OF BATHROOM)

0 - No  
1 - Yes, with cement floor and/or walls  
2 - Yes, with tiled floor and/or walls  
3 - Yes, floor and/or walls not cemented/tiled

D9 Do you or does your household own the following vehicles?

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

Bicycle	<input type="checkbox"/>
Motorbike	<input type="checkbox"/>
Motorized Tricycle	<input type="checkbox"/>
Jeepney	<input type="checkbox"/>
Truck/Bus	<input type="checkbox"/>
Car	<input type="checkbox"/>
Boat	<input type="checkbox"/>
	<input type="checkbox"/>

Other (specify): \_\_\_\_\_

D10 Do you or does your household own the following livestock?

- 1 - Yes
  - 0 - No
  - 8 - DK/NR
- IF YES, ASK HOW MANY  
AND ENTER NUMBER OF  
ANIMALS IN BOX

Poultry	<input type="checkbox"/>	<input type="checkbox"/>
Pigs	<input type="checkbox"/>	<input type="checkbox"/>
Goats	<input type="checkbox"/>	<input type="checkbox"/>
Cows	<input type="checkbox"/>	<input type="checkbox"/>
Carabaos	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

Other (specify): \_\_\_\_\_

D11 Do you or does your household own the following furnitures?

- 1 - Yes
  - 0 - No
  - 8 - DK/NR
- OTHERS include: dining set and  
other kinds of furniture

China cabinet	<input type="checkbox"/>
Sala set	<input type="checkbox"/>
Aparador	<input type="checkbox"/>
Bed(s) with mattress	<input type="checkbox"/>
Bed(s) w/o mattress	<input type="checkbox"/>
	<input type="checkbox"/>

Others (specify): \_\_\_\_\_

D12 Do you or does your household own the following appliances?

- 1 - Yes
  - 0 - No
  - 8 - DK/NR
- OTHERS include: sewing machine,  
washing machine, stereo,  
karaoke, gas range, etc.

Electric iron	<input type="checkbox"/>
VCR	<input type="checkbox"/>
B/W TV	<input type="checkbox"/>
Color TV	<input type="checkbox"/>
Refrigerator	<input type="checkbox"/>
Air conditioner	<input type="checkbox"/>
Electric fan	<input type="checkbox"/>
	<input type="checkbox"/>

Others (specify): \_\_\_\_\_

D13 Has your household made major purchases since our last visit?

- 1 Yes CONTINUE  
 0 No GO TO D15  
 -8 NR/DK GO TO D15

D14 What have you purchased?

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

Land  
 House  
 Automobile (any kind  
 of motorized vehicle)  
 TV  
 Stereo  
 Refrigerator








Other (SPECIFY): \_\_\_\_\_

D15 Does your household own a business?

- 1 - Yes CONTINUE  
 0 - No GO TO D18

D16 What type of business?

INTERVIEWER, INQUIRE FROM RESPONDENT AND THEN DESCRIBE

BUSINESS MAY BE A STORE, A SHOP, A STALL IN A MARKET,  
 SIDEWALK VENDING (e.g. cigarettes), ANYTHING INVOLVING  
 AN EXCHANGE OF GOODS OR SERVICES FOR MONEY ON A REGULAR  
 BASIS (NOT JUST ONCE).

DESCRIBE: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

CODE WILL BE SUPPLIED BY OFFICE EDITORS

- 8 - DK;  
 -9 - No business

D17 How many employees are working in this business?

IF BUSINESS HAS EMPLOYEES, i.e. PERSONS WHOM THE HOUSEHOLD  
 PAYS A WAGE OR SALARY FOR THE WORK, ENTER NUMBER OF EMPLOYEES  
 IN BOX.

- 0 - No employees, unpaid  
 family member(s) only  
 -8 - DK/NR  
 -9 - No business

D18 Does your household have a telephone or have you applied for a  
 telephone connection?

- 0 - No  
 1 - Yes, currently has phone  
 2 - Yes, applied for a connection

END OF BLOCK D

## BLOCK E. 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 (see col. B6 of Household Roster) INTO THE COLUMNS PROVIDED FOR THIS PURPOSE IN PAGE 13, WHICH IS INSERTED AS TABLE E-1. ASK E1 AND E2 OF ALL PERSONS LISTED IN TABLE E-1. EXCEPT FOR COLUMNS E3 AND E11, ENTER ONLY CODES IN TABLE E-1.

IMMEDIATELY UPON COMPLETION OF TABLE E-1, STAPLE IT TO THE BLANK PAGE 13 OF THIS QUESTIONNAIRE!!!

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

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

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

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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 SALES 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: After having entered the codes for question E4 or E5 into Table E-1, enter into the unnumbered 'GO TO' column to the right of column E6 the **F number** indicated on the following page under Questions E4 and E5. This will help you in completing the F Block.

E4 What is/was the nature of his/her job?

1	Farm owner		CONTINUE THROUGH E13,
2	Farm tenant	<	THEN ASK F11 HROUGH F17,
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 F11 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 What is/was the nature of his employment?

1	Self-employed	<	CONTINUE THROUGH E13, IF E3 IS "2" (FISHING), GO TO F25, USE <u>TABLE F-4</u>
			IF E3 IS "3" (OTHER), GO TO F29, 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 F25, USE <u>TABLE F-4</u>
			IF E3 IS "3" (OTHER), GO TO F29, USING <u>TABLE F-5</u>
-8	NR/DK		
-9	NA		

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

---

E6 During the work week before this interview, how many hours did he/she spend on this job?

ENTER NUMBER OF HOURS DURING WEEK IN COLUMN E6.

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

FOR MOTHER ONLY, ASK QUESTIONS E7-E9:

E7 How are you paid in this job of yours?

- 0 - wage, non contractual, permanent
- 1 - wage, on a contractual basis, with benefits
- 2 - wage, on a contractual basis with no benefits
- 3 - in probation period
- 4 - by the piece;
- 5 - on commission
- 6 - in kind;
- 7 - for own profit
- 8 - unpaid family worker
- 9 - wage, irregular
- 8 - DK
- 9 - NA currently not working

E8a Do you supervise other people/employees in your job?

- 1 - Yes CONTINUE
- 0 - No GO TO E9

E8b How many?

- 8 - DK
- 9 - NA

--	--	--

E9 How many minutes do you spend travelling to your place of work?

CODE NUMBER OF MINUTES (WALKING AND/OR RIDING)

- 0 - Work at home
- 8 - NR/DK
- 9 - NA

--	--	--

E10 Does he/she currently hold a secondary job for which he/she is paid in cash or in kind to supplement his/her income?

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 E10 OF TABLE E-1

E11 What is his/her secondary job?

WRITE DESCRIPTION OF JOB IN E11 BEFORE ENTERING ANY OF CODES SHOWN. BE PRECISE IN JOB DESCRIPTION (SEE INSTRUCTIONS FOR E3 ABOVE!) PLACE E11 CODE IN COLUMN PROVIDED.

- 1 Farming CONTINUE
- 2 Fishing CODE -9 IN COLUMN E12, THEN GO TO E13
- 3 Other CODE -9 IN COLUMN E12, THEN GO TO E13

ATTENTION INTERVIEWER: After having entered the codes for question E12 or E13 into Table E-1, enter into the unnumbered 'GO TO' column to the right of column E14 the **F number** indicated on the following page under Questions E12 and E13. This will help you in completing the F Block.

E12 What is the nature of his/her secondary job?

- |    |   |   |  |
|----|---|---|--|
| 1  | Farm owner  |   | CONTINUE THROUGH E13,  |
| 2  | Farm tenant   | < | THEN ASK F11 THROUGH F17,  |
| 3  | Both owner and tenant   |   | USING <u>TABLE F-3A</u>  |
| 4  | Paid farm laborer   | < | CONTINUE THROUGH E13,<br>THEN ASK F1 ff., USING<br><u>TABLE F-1 OR TABLE F-2</u> |
| 5  | Unpaid family worker<br>on family-operated farm<br>(HAS NO INCOME!) | < | CONTINUE THROUGH E13,<br>THEN ASK F11 ff., USING,<br><u>TABLE F-3A</u>           |
| -8 | NR/DK   |   |  |
| -9 | NA  |   |  |

ENTER CODE IN COLUMN E12. CODE -9 IN COLUMN E13. GO TO E14

E13 What is the nature of his/her employment?

- |    |   |   |   |
|----|---|---|---|
| 1  | Self-employed   | < | CONTINUE THROUGH E13,<br>IF E9 IS "2" (FISHING),<br>GO TO F25, USE <u>TABLE F-4</u> |
|    |   |   | IF E9 is "3" (OTHER),<br>GO TO F29, USE <u>TABLE F-5</u>                            |
| 2  | Wage/salary worker  | < | CONTINUE THROUGH E13,<br>THEN GO TO F1 ff., USING<br><u>TABLE F-1 OR TABLE F-2</u>  |
| 3  | Unpaid family worker<br>in family-owned busi-<br>ness (store, sewing)<br>(HAS NO INCOME!) | < | CONTINUE THROUGH E13.<br>IF E9 IS "2" (FISHING),<br>GO TO F25, USE <u>TABLE F-4</u> |
|    |   |   | IF E9 IS "3" (OTHER),<br>GO TO F29, USING<br><u>TABLE F-5</u>                       |
| -8 | NR/DK   |   |   |
| -9 | NA  |   |   |

ENTER CODE IN COLUMN E13. CODE IN E12 MUST BE -9. GO TO E14

E14 During the work week before this interview, how many hours did he(she) spend on this secondary job?

ENTER NUMBER OF HOURS DURING WEEK IN COLUMN E14.

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

INTERVIEWER:

IF PERSON ON WHICH INFORMATION IS GIVEN IS MOTHER,  
GO TO NEXT PAGE

FOR MOTHER ONLY, ASK QUESTIONS E15-E17:

E15 How are you paid in this secondary job of yours?

- 0 - wage, non contractual, permanent  
 1 - wage, on a contractual basis, with benefits  
 2 - wage, on a contractual basis with no benefits  
 3 - on probation  
 4 - by the piece  
 5 - on commission  
 6 - in kind  
 7 - for own profit  
 8 - unpaid family worker  
 9 - wage, irregular  
 -8 - NR/DK  
 -9 - NA

E16 Do you supervise other people/employees in your secondary job?

- 1 - Yes CONTINUE  
 0 - No GO TO NEXT ELIGIBLE PERSON (E1) OR BLOCK F

E17 How many?

- 8 - DK                      -9 - Na

GO TO NEXT ELIGIBLE PERSON (E1) OR BLOCK F

BLOCK F. **INCOME AND EXPENDITURES**

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 E12 (or E13). In case of SELF-EMPLOYMENT AND UNPAID FAMILY WORK, take into account also the codes in columns E3 and E11.

- (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 E12 OR A CODE OF "2" IN COLUMN E5 AND/OR COLUMN E13 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 on a PER PIECE basis?

IF TIME BASIS, ENTER LINE NUMBER AND NAME IN TABLE F-1 AND ASK F2 TO F5. IF ON PER PIECE BASIS, ENTER LINE NUMBER AND NAME IN TABLE F-2 AND ASK F6 TO F10.

---

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 On the average, how many days does/did he/she work in each 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?

ENTER RESPONSE IN COLUMN F4 OF TABLE F-1

---

F5 On the average, how many weeks does/did he/she work each year?

ENTER RESPONSE IN COLUMN F5 OF TABLE F-1

---

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

L I N E NO.	NAME	AVERAGE NO. HOURS WORKED PER DAY	AVERAGE NO. DAYS PER WEEK OF WORK	PESOS RECEIVED PER DAY' WORK	AVERAGE NO. OF WEEKS WORKED PER YEAR
	F1	F2	F3	F4	F5

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 F18.

F6 Usually, how many pieces of (CLOTHES, NECKLACES, BRACELETS, LAUNDRY, ETC.) does/did he/she finish in a day?

ENTER RESPONSE IN COLUMN F6 OF TABLE F-2.

F7 How much (IN PESOS) is/was he/she paid per finished item?

ENTER RESPONSE IN COLUMN F7 OF TABLE F-2.

F8 On the average, how many hours per day does/did he/she engage in piece labor?

ENTER RESPONSE IN COLUMN F8 OF TABLE F-2.

F9 On the average, how many days per week does/did he/she engage in piece labor?

ENTER RESPONSE IN COLUMN F9 OF TABLE F-2.

F10 On the average, how many weeks per year does/did he/she engage in piece labor?

ENTER RESPONSE IN COLUMN F10 OF TABLE F-2

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

L I N E NO.	NAME	AVERAGE NUM- BER OF ITEMS FINISHED PER DAY	PESOS RECEIVED PER ITEM	AVERAGE NO. OF HOURS PER DAY	AVE. NO. OF DAYS WORKED PER WEEK	AVE. NO. OF WEEKS WORKED PER YEAR
		F6	F7	F8	F9	F10

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 F18.



III. INCOME DERIVED FROM LIVESTOCK RAISING

QUESTION F18 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.

F18 Is there a member of your household who has been engaged in raising livestock (carabao, cow, goat, duck, chicken, others) in the past 12 months?

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

- 1 Yes CONTINUE
- 0 No GO TO F25
- 8 DK GO TO F25
- 9 NA GO TO F25

ASK QUESTIONS F19 - F21 OF ALL PERSONS LISTED IN TABLE F-3B

F19 On an average working day, how many hours does/did he/she work with the livestock?

ENTER NUMBER OF HOURS PER DAY IN COLUMN F19 OF TABLE F-3B.

- 8 NR/DK
- 9 NA

F20 On an average work week, how many days does/did he/she work with the livestock?

ENTER NUMBER OF DAYS PER WEEK IN COLUMN F20 OF TABLE F-3B.

- 8 NR/DK
- 9 NA

F21 On the average, how many weeks each year does/did he/she work with the livestock?

ENTER NUMBER OF WEEKS PER YEAR IN COLUMN F21 OF TABLE F-3B.

- 8 NR/DK
- 9 NA

IF THE LIVESTOCK RAISING IS A FAMILY OPERATION, ASK QUESTIONS F22 THROUGH F24 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.

F22 How much do you think did he/she spend in raising livestock for the past 12 months (for purchasing, feeding, treating, etc.)?

ENTER RESPONSE IN PESOS IN COLUMN F22 OF TABLE F-3B.

- 8 NR/DK
- 9 NA

F23 What was his/her total income from the sale of any livestock or livestock products in the past 12 months?

ENTER RESPONSE, IN PESOS, IN COLUMN F23 OF TABLE F-3B.

- 8 NR/DK
- 9 NA

F24 If he/she sold the livestock or livestock products which he/she set aside for consumption in the past 12 months, how much do you think he/she would have received?

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

- 8 NR/DK
- 9 NA

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

LINE NO.	NAME	WORKING TIME			EXPENSES (Pesos)	MONEY VALUE OF LIVESTOCK	
		HRS/DAY	DAYS/WEEK	WEEKS/YEAR		SOLD	HOME USE
		F19	F20	F21	F22	F23	F24

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 E11 AND A CODE OF "1" OR "3" IN COLUMN E5 AND/OR COLUMN E13. FISHERS HIRED BY OTHERS AND WORKING FOR PAY ARE WAGE WORKERS. IF FISHING IS A FAMILY/HOUSEHOLD ACTIVITY, ASK F25 THROUGH F27 OF ALL MEMBERS LISTED IN TABLE F-4, BUT ASK QUESTION F28 OF ONLY ONE MEMBER, THE ONE IN CHARGE OF THE FAMILY/HOUSEHOLD FISHING OPERATIONS.

F25 On an average working day, how many hours a day does/did he/she go fishing?

ENTER NUMBER OF HOURS PER DAY IN COLUMN F25 OF TABLE F-4.

-8 NR/DK  
-9 NA

F26 On the average, how many days per week does/did he/she usually go fishing?

ENTER RESPONSE IN COLUMN F26 OF TABLE F-4.

-8 NR/DK  
-9 NA

F27 On the average, how many weeks in a year does/did he/she usually go fishing?

ENTER RESPONSE IN COLUMN F27 OF TABLE F-4.

-8 NR/DK  
-9 NA

F28 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 F28 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	WEEKS/YEAR	
		F25	F26	F27	
					F28



VI. HOUSEHOLD INCOME DERIVED FROM OTHER SOURCES

F36 Does/did your 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)

- 1 Yes Rent from agricultural/commercial land  
 0 No  
 -8 NR/DK Income from boarders/lodgers,  
 -9 NA house rental  
 Pensions, dividends, bonuses,  
 savings' interest  
 Cash remittances from children,  
 parents, other relatives, friends  
 or anyone else  
 Cash remittances from spouse  
 abroad/sustento  
 Other (SPECIFY):

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

- 8 NR/DK  
 -9 NA

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

- 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 past 12 months?

- 8 NR/DK  
 -9 NA

VII. INCOME DERIVED FROM HOME GARDENING

F41 Does your household engage in home gardening?

- 1 Yes CONTINUE
- 0 No GO TO NEXT PERSON OR F46
- 8 NR/DK GO TO NEXT PERSON OR F46

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 On the average, how many hours in a week does he/she 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 On the average, how much money (IN PESOS) do you save each month by growing your own vegetables or fruits 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)

VIII. HOUSEHOLD EXPENDITURES

=====

INTERVIEWER: HOUSEHOLD EXPENDITURES ARE DIVIDED INTO WEEKLY (FOOD), MONTHLY (HOUSING, TRANSPORTATION, etc.), AND ANNUAL, i.e. LESS THAN MONTHLY OCCURRING EXPENSES (SCHOOLING, CLOTHING, TAXES, DURABLE GOODS, etc.). ROUND AMOUNTS PAID TO THE CLOSEST FULL PESO.

IN CASE ITEMS LISTED UNDER WEEKLY OR MONTHLY OR ANNUAL ARE PAID MORE OR LESS REGULARLY IN OTHER TIME INTERVALS, MAKE A NOTE IN THE QUESTIONNAIRE AFTER THE ITEM, e.g. "quarterly".

=====

1. WEEKLY EXPENSES:

Usually, how much is spent by your household each week for:

	ITEM	PESOS
F46	<b>Rice</b> , corn, flour, etc.	
F47	<b>Root crops</b> (cassava, sweet potato, potato, yam, etc.)	
F48	<b>Fish</b> (fresh fish, dried/smoked/canned/salted fish, shrimps and other shellfish)	
F49	<b>Meat</b> (beef, pork, chicken, goat, intestines, liver/gizzard, frozen/canned meat, etc.)	
F50	<b>Egg</b> (chicken egg, duck egg, quail egg)	
F51	<b>Milk</b> and other milk products (fresh/evaporated/condensed/powdered milk, cheese, butter, etc.)	
F52	<b>Vegetables</b> (swamp cabbage and other leafy vegetables, green beans, onions, tomatoes, carrots, cucumber, etc.)	
F53	<b>Nuts and beans</b> (peanuts, mung beans, soy beans, green peas, etc.)	
F54	<b>Fruits</b> (mango, banana, papaya, guava, pineapple, apple, pomelo, etc.)	
F55	Oil and margarine	
F56	Beverages (tea, coffee, cocoa/native chocolate, juices, softdrinks, etc.)	
F57	Condiments (salt, pepper, ketchup, fish sauce, vinegar, sugar, etc.)	
F58	<b>Bread</b> , crackers, noodles, pasta, etc.	
F59	Ready-cooked foods (gruel, meatballs, salad, mung beans, noodles, etc.)	
F60	Alcoholic beverages (beer, palm wine, rum, gin, etc.)	
F61	Tobacco, cigarettes, abano, etc.	
F62	Allowance for children	



2. MONTHLY EXPENSES:

Each month, how much does your household spend for:

	ITEM	PESOS
F63	Household expenses, firewood, light and water (rent, electricity, gas, water, wood, etc.)	
F64	Laundry detergent/bath soap, toothpaste, toilet paper, cosmetics, etc.	
F65	Household help	
F66	<b>Transportation/fare</b> (public transport, gasoline or vehicle maintenance)	
F67	<b>Reading materials</b> (newspapers, magazine, etc.)	
F68	<b>Recreation</b> (movies, etc.)	

3. EXPENSES FOR THE PAST YEAR (PAST TWELVE MONTHS) :

	ITEM	PESOS
F69	House materials/land purchase	
F70	School expenses (enrollment, matriculation/ tuition fee, PTA/BOY/GIRL Scouts, vocational course, school materials/books, uniforms, etc.)	
F71	<b>Medical expenses</b> (hospital, health center, doctor, traditional midwife, traditional healer, etc.)	
F72	<b>Clothing</b> , shoes and accessories (cloth, clothes, shoes, socks, hats, etc.)	
F73	<b>Durable Goods</b> (vehicles, household furnitures, kitchen equipment, jewelries, sports equipment, camera, watch, umbrella, etc.)	
F74	<b>Taxes and insurance</b> (income tax, property/ realty tax, vehicle tax, accident insurance, life insurance, educational plan, pension plan, memorial plan, etc.)	
F75	Loan(s)	
F76	Parties and other gatherings (feasts, weddings, birthdays, baptisms, funerals, Christmas, etc.)	

F77 Are there other customary weekly, monthly or yearly household expenses?

1 - Yes

0 - No GO TO NEXT BLOCK

F78 If yes, what are these? INDICATE ALSO MODE OF PAYMENT: weekly, monthly, etc.

ITEM # 1: \_\_\_\_\_

ITEM # 2: \_\_\_\_\_

PESOS



F79 How much? (ENTER PESOS IN BOX(ES) TO THE RIGHT)

INTERVIEWER: IF CARETAKER, SKIP TO BLOCK L

## BLOCK G. UPDATE OF REPRODUCTIVE HISTORY

THE REPRODUCTIVE HISTORY CONTAINS FOUR PARTS:

- (1) PREGNANCY HISTORY,
- (2) BREASTFEEDING HISTORY,
- (3) MARITAL HISTORY, AND
- (4) WORK HISTORY.

SINCE THE REPRODUCTIVE HISTORY OF 1994 IS AN UPDATE OF THE REPRODUCTIVE HISTORY OF 1991 SURVEY, MOST (NOT ALL!) OF THE INFORMATION OF THE REPRODUCTIVE HISTORY IS TO BE ENTERED ON THE REPRODUCTIVE HISTORY INSERT OF THE 1991 SURVEY. IN CASE NOT SUFFICIENT SPACE IS LEFT ON THE 1991 INSERT, CONTINUE RECORDING ON A NEW INSERT. MAKE SURE TO ENTER THE BASELINE ID AND YOUR NAME ON THE ADDITIONAL INSERT.

I. PREGNANCY HISTORY

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 A LIVE BIRTH OR A STILLBIRTH.

PREGNANCIES ARE TO BE ASKED IN THE FOLLOWING ORDER:

- (1) LIVE BIRTHS, CHILDREN ARE STILL ALIVE.
- (2) CHILDREN BORN ALIVE WHO HAVE DIED.
- (3) STILLBIRTHS
- (4) PREMATURE PREGNANCY TERMINATIONS.

GG1 On our last visit, you said you have had \_\_\_\_\_ livebirths and \_\_\_\_\_ of them were then alive. Is this correct? Now, please tell me how many livebirths you have had after \_\_\_\_\_ (READ NAME OF LAST LIVING CHILD RECORDED IN 1991) who are presently alive. What are their names?

THE NAMES OF THE ADDITIONAL LIVE BIRTHS ARE TO BE LISTED IN COL. G2 ON THE LINES MARKED WITH "XX". THE SPACES IN BETWEEN ARE RESERVED FOR CHILDREN WHO DIED, STILLBIRTHS, AND MISCARRIAGES.

IT DOES NOT MATTER WHETHER THE CHILD IS CURRENTLY LIVING IN THE SAME HOUSEHOLD AS HIS/HER MOTHER.

GO TO GG2 REGARDLESS WHETHER OR NOT MOTHER DID HAVE ONE OR MORE LIVE BIRTHS SINCE THE 1991 SURVEY WHO ARE STILL ALIVE.

AFTER COMPLETING THE LISTING OF THE STILL LIVING CHILDREN BORN SINCE THE 1991 SURVEY, ASK, FOR EVERY PREGNANCY INTERVAL (i.e., THE INTERVAL BETWEEN THE BIRTH OF THE LAST LIVING CHILD RECORDED IN 1991 AND THE FIRST CHILD BORN SINCE THE 1991 SURVEY WHO IS STILL LIVING, THE INTERVAL BETWEEN THE FIRST AND THE SECOND STILL LIVING CHILD BORN SINCE THE 1991 SURVEY, etc.)

GG2 Since our last visit, did you have a liveborn child who died?

IF YES, ASK "HOW MANY" AND ENTER THEIR NAMES IN COL. G2 IN THE CORRECT BIRTH INTERVAL. 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 MISCARRIAGES CAN BE PLACED IN BETWEEN. GO TO GG3 REGARDLESS WHETHER OR NOT CHILDREN BORN SINCE THE 1991 SURVEY HAVE DIED.

GG3 Do you have a child who was alive on our last visit who is now dead?

- 1 - Yes
- 0 - No

IF YES, ASK "HOW MANY" AND THEN ASK FOR THEIR NAMES AND COMPLETE COLS. G10 - G13 IN THE 1991 REPRODUCTIVE HISTORY INSERT.

GG4 Have you had a miscarriage or stillbirth since our last visit?

ENTER ALL PREGNANCIES THAT, SINCE 1991, HAVE ENDED IN A STILLBIRTH OR MISCARRIAGE IN EXACT CHRONOLOGICAL ORDER ON THE BLANK LINES BETWEEN THE APPROPRIATE LIVE BIRTHS. IN THE NAME COLUMN (G2), WRITE "Stillbirth" or "Miscarriage".

EDITOR: ASSIGN PREGNANCY ORDER NUMBERS IN COL. 1 OF THE REPRODUCTIVE HISTORY INSERT, BEGINNING WITH THE FIRST PREGNANCY (REGARDLESS OF TERMINATION!) AND ENDING WITH THE LAST ONE RECORDED. TWINS/TRIPLETS ARE ASSIGNED IDENTICAL PREGNANCY ORDER NUMBERS.

G0 How old were you when you had your first menstrual period?

RECORD AGE IN COMPLETED YEARS

-8 - DK/NR

G1 How old were you when you first gave birth?

IT DOES NOT MATTER HOW THE PREGNANCY ENDED!

RECORD AGE IN COMPLETED YEARS

-9 - No pregnancy yet

GO TO REPRODUCTIVE HISTORY INSERT, PREGNANCY HISTORY, AND COMPLETE, FOR ALL PREGNANCY TERMINATIONS THAT OCCURRED SINCE THE 1991 SURVEY:

- FOR CHILDREN STILL ALIVE Questions G3 - G7
- FOR CHILDREN BORN ALIVE WHO DIED Questions G3 - G5, G10 - G13
- FOR PREMATURE PREGNANCY TERMINATIONS Questions G16 - G19

G8 Now, you have provided information about all your living children residing here or elsewhere. There are \_\_\_\_\_ of them. Is that correct? Have we not omitted anyone residing 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 Do you have children who were born alive but are now dead? If you have, 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 mentioned having \_\_\_\_\_ child/children 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 before term or as stillbirths. Did you have a pregnancy which did not result in a livebirth? If you have, how many?

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

 

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

G20 Let me make sure I have everything right. Overall, you have had \_\_\_\_\_ children who are still alive  
\_\_\_\_\_ children who have died  
\_\_\_\_\_ stillbirths  
\_\_\_\_\_ pregnancies lost before full term

That makes \_\_\_\_\_ pregnancies in all. Is that correct?

G21 Have you ever had a multiple birth (twins, triplets)?

1 - Yes Continue 0 - No GO TO G23

G22 How many times?

-9 - 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

GO TO REPRODUCTIVE HISTORY INSERT, BREASTFEEDING, QUESTION G25

II. BREASTFEEDING HISTORY

G31 Are you currently breastfeeding?   
 1 - Yes CONTINUE  
 0 - No GO TO G33

G32 How old is the child you are currently breastfeeding?   
 ENTER AGE IN MONTHS -9 - NA

G33 Are you giving other food or drink to the child?   
 1 - Yes  
 0 - No  
 -9 - No child less than 3 years old

III. MARITAL HISTORY

G34 On our last visit, were you living together with your husband?   
 0 - Never married  
 1 - Yes, living with husband  
 2 - No, husband permanently absent  
 3 - Widowed

G35 Were there any changes in your marriage since our last visit?   
 0 - Still never married GO TO G42  
 1 - No, still living with husband GO TO G39  
 2 - No, still not living with husband GO TO G39  
 3 - Yes, widowed CONTINUE  
 4 - Yes, separated CONTINUE  
 5 - Yes, remarried CONTINUE

G36 When (what year) did your last marriage end?   
 ENTER LAST TWO DIGITS OF YEAR  
 IF WIDOWED OR SEPARATED, GO TO G39  
 IF REMARRIED, CONTINUE

G37 What year did you remarry?   
 ENTER LAST TWO DIGITS OF YEAR

G38 Are you currently living together with your husband?   
 1 - Yes  
 0 - No

=====  
 G39 GO TO COLUMN G39 IN THE REPRODUCTIVE HISTORY INSERT (FORMERLY G46 !!).  
 IF RESPONDENT HAS BEEN MARRIED MORE THAN ONCE ASK, FOR CHILDREN  
 BORN AFTER THE LAST VISIT IN 1991/92, THE QUESTION ABOUT THE  
 FATHER OF THE CHILDREN. IF RESPONDENT HAS BEEN MARRIED ONLY ONCE,  
 GO TO G40. FOR SINGLE, WIDOWED AND SEPARATED RESPONDENTS, GO TO G42.  
 =====

G40 Did you have sexual relations with your husband during the  
 past week?   
 1 - Yes CONTINUE  
 0 - No GO TO G42  
 -8 - NR GO TO G42

G41 How many days last week did you have sexual relations with  
 your husband?   
 1 - One day  
 : :  
 -8 - NR/DK -9 - None during last week

G42 Can you still bear children?  
 1 - Yes GO TO G48  
 0 - No CONTINUE -8 - DK/NR

G43 Why not?  
 1 - Post-menopausal  
 2 - Infertile because of health problems  
 3 - Ligated -8 - DK/NR

G44 When did this start?  
 ENTER MONTH AND YEAR OF ONSET  
 FOR POST-MENOPAUSAL AND INFERTILE,  
 GO TO G48,  
 FOR LIGATION, CONTINUE      
 Month YEAR

G45 Where were you ligated?  
 1 - Hospital or clinic immediately after birth  
 2 - Hospital or clinic but not at time of birth  
 3 - Mobile team visiting barangay  
 4 - Other, Specify: \_\_\_\_\_  
 -9 - NA \_\_\_\_\_

G46 Why did you choose to be ligated?  
 RECORD RESPONSE VERBATIM: \_\_\_\_\_    
 \_\_\_\_\_  
 \_\_\_\_\_

G47 Did you receive a gift or cash for the ligation?  
 1 - Yes  
 0 - No -9 - NA GO TO G56

G48 Would you like to have more children?  
 1 - Yes CONTINUE  
 0 - No GO TO G52  
 -8 - DK -9 - NA GO TO G52

G49 How many more would you like to have?  
 RECORD NUMBER AND CONTINUE WITH G50    
 -7 - Not up to me GO TO G52  
 -8 - DK; -9 - NA GO TO G52

G50 How many more sons would you like to have?  
 RECORD NUMBER    
 -8 - DK; -9 - NA

G51 How many more daughters would you like to have?  
 RECORD NUMBER    
 -8 - DK; -9 - NA  
 FOR SINGLE, WIDOWED, AND SEPARATED RESPONDENTS, GO TO G56

G52 Does your husband want more children?  
 1 - Yes CONTINUE  
 0 - No GO TO G56  
 -8 - DK -9 - NA GO TO G56

G53 How many more would he like to have?  
 RECORD NUMBER AND CONTINUE WITH G54    
 -7 - Not up to him GO TO G56  
 -8 - DK; -9 - NA GO TO G56

G54 How many more sons would he like to have?

RECORD NUMBER  
-8 - DK; -9 - NA

--	--

G55 How many more daughters would he like to have?

RECORD NUMBER  
-8 - DK; -9 - NA

--	--

G56 Nowadays, there are many FP methods. What methods have you heard of?

LET RESPONDENT ENUMERATE ALL METHODS SHE KNOWS WITHOUT PROMPTING HER. CHECK "1" FOR EACH METHOD MENTIONED SPONTANEOUSLY; THEN PROCEED DOWN THE COLUMN, READ THE NAME OF EACH METHOD NOT MENTIONED SPONTANEOUSLY, AND CHECK "2" IF RESPONDENT HAS HEARD OF METHOD, AND "0" IF SHE HAS NOT.

THEN, FOR EACH METHOD WITH A CODE OF "1" OR "2" IN THE "HEARD OF" COLUMN, ASK IF WOMAN (OR COUPLE) HAS EVER USED THE METHOD. IF YES, CHECK "1" IN THE "EVER USED" COLUMN, IF NO, CHECK "0".

M E T H O D		HEARD OF			EVER USED	
		0	1	2	0	1
1	Pill					
2	IUD					
3	Injection (DEPO PROVERA)					
4	Implant (NORPLANT)					
5	Diaphragm					
6	Foam, Jelly (SAMPOON)					
7	Condom					
8	Ligation					
9	Vasectomy					
10	Rhythm, Calendar Method					
11	Rhythm, Temperature, Symptoms					
12	Withdrawal					
13	Breastfeeding					
14	Abstinence					
15	Other (specify) _____					

INTERVIEWER: IF RESPONSES IN THE ABOVE TABLE INDICATE THAT A RESPONDENT HAS NEVER USED ANY FP METHOD, ASK

G57 Why have you never used FP?

RECORD VERBATIM: \_\_\_\_\_

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

--	--

INTERVIEWER: ASK QUESTIONS 58 THROUGH 67 ONLY OF RESPONDENTS WHO

- (1) are still able to bear children Q. G42
- (2) are not currently pregnant Q. G23
- (3) have used at least one FP method Q. G56

**COPY!**

CODE IN G42  G23  G56  at least one "1" in EVER USED column of Table G56  
 must be 1 must be 0  
 IF CONDITIONS ARE **NOT** MET, GO TO G68  
 Mark "0" if no 1 is shown  
 Mark "1" if at least one "1" is shown

G58 Are you using an FP method now?

- 1 - Yes GO TO G60
- 0 - No CONTINUE
- 9 - NA GO TO G68

G59 Why are you not using FP now?

RECORD VERBATIM: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

 

GO TO G68

G60 What method are you using now?

WRITE "F" (FIRST) IN CODE COLUMN AFTER METHOD CURRENTLY USED EITHER EXCLUSIVELY OR MAINLY; WRITE "S" (SECOND) AFTER METHOD ALTERNATIVELY ALSO USED. IF TWO METHODS ARE USED IN COMBINATION, e.g., RHYTHM **AND** CONDOM, WRITE "C" (COMBINED) AFTER METHODS CONCERNED

#	METHOD	#	METHOD
1	Pill	7	Condom
2	IUD	8	Ligation
3	Injection (DEPO P)	9	Vasectomy
4	Implant (NORPLANT)	10	Rhythm - calendar
5	Diaphragm	11	Rhythm - temp, sym
6	Foam Tabl, Aerosol	12	Withdrawal

EDITOR:  
 CODE IS  
 EQUAL TO #

13 Other (specify): \_\_\_\_\_

G61 Do you shift from one method to another (NOT COMBINATION) in a month?

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

G62 How long have you been using this method since your last pregnancy termination?

CODE IN MONTHS

--	--

- 8 - NR
- 9 - NA

G63 Why did you choose to use this method?

RECORD VERBATIM: \_\_\_\_\_

\_\_\_\_\_

--	--

- 8 - NR
- 9 - NA

G64 Where did you obtain your information or supplies?

RECORD VERBATIM:

--	--

Method 1: \_\_\_\_\_ Info: \_\_\_\_\_ Supplies: \_\_\_\_\_

--	--

Method 2: \_\_\_\_\_ Info: \_\_\_\_\_ Supplies: \_\_\_\_\_

--	--

- 8 - NR
- 9 - NA

--	--

G65 Usually, how much do you spend for FP in a month?

RECORD IN FULL PESOS

- 0 - No regular cost
- 8 - NR
- 9 - NA

--	--	--

G66 Are you satisfied with the method you are using now?

- 0 - Not satisfied at all
- 1 - Somewhat satisfied
- 2 - Very satisfied
- 8 - DK
- 9 - NA

--

G67 Who did you consult on your decision to use this method?

RECORD VERBATIM: \_\_\_\_\_

\_\_\_\_\_

--	--

- 8 - NR
- 9 - NA

INTERVIEWER: THE FOLLOWING QUESTIONS ARE TO BE ASKED OF **ALL MOTHERS**

G68 Who do you usually consult on whether you should use FP or not?

RECORD VERBATIM: \_\_\_\_\_

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

--	--

G69 What is/was your husband's opinion on FP?

RECORD VERBATIM: \_\_\_\_\_

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

--	--

-9 - Respondent is single

G70 What is the opinion of your priest (or church/religion) on FP?

RECORD VERBATIM: \_\_\_\_\_

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

--	--

-8 - DK/NR GO TO G72

G71 Does the priest's (or church's) stand on the use of FP affect you?

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

--

G72 In the past six months, have you heard or seen messages on FP?

#	LOCATION		#	LOCATION
1	Church		3	Newspaper, Magaz.
2	Radio/TV		4	Billboard, Poster
5	Other (specify)			

INTERVIEWER:

IF "YES", WRITE "1" IN CODE COLUMN AFTER LOCATION, IF "NO", WRITE "0"

G73 In your opinion, who should decide about FP?

RECORD VERBATIM: \_\_\_\_\_

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

--	--

=====

INTERVIEWER: GO TO REPRODUCTIVE HISTORY INSERT AND ASK RESPONDENT ABOUT HER FP PRACTICE BEFORE AND AFTER EACH OF HER PREGNANCY(IES). FOR EACH PREGNANCY, ASK G74 - G75.

IV. MOTHER'S WORK HISTORY

INTERVIEWER: IF MOTHER IS SHOWN AS NOT CURRENTLY WORKING IN TABLE E-1 (OR CODE FOR QUEST. E7 IS -9), START WITH HH1; IF MOTHER IS CURRENTLY WORKING, START WITH HH2.

HH1 Have you ever worked for pay, in cash or in kind (including as unpaid family worker on a family-owned farm or in family-owned sari-sari store)?

- 1 - Yes CONTINUE
- 0 - No GO TO BLOCK T
- 9 - NA

HH2 Did you work before you were married (for the first time)?

- 1 - Yes CONTINUE
- 0 - No GO TO HH7
- 9 - Never married GO TO H5

HH3 What was your last job before you were married?

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.

--	--	--

HH4 How were you paid in your last job before you were married?

- 0 - wage, non contractual, permanent
- 1 - wage, on a contractual basis, with benefits
- 2 - wage, on a contractual basis with no benefits
- 3 - on probation period
- 4 - by the piece;
- 5 - on commission
- 6 - in kind
- 7 - for own profit
- 8 - unpaid family worker
- 9 - wage, irregular
- 8 - DK/NR
- 9 - NA

HH5 Did you supervise other people/employees in your last job before you were married?

- 1 - Yes CONTINUE
- 0 - No GO TO HH7
- 9 - NA

HH6 How many?

ENTER NUMBER

- 9 - NA

--	--	--

HH7 Did you work after your (first) marriage and before you got pregnant?

- 1 - Yes CONTINUE  
 0 - No GO TO H5 (REPR. HIST. INSERT)  
 -9 - NA GO TO T1

HH8 What was your job at that time?

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.

HH9 How were you paid in your job at that time?

- 0 - wage, non contractual, permanent  
 1 - wage, on a contractual basis, with benefits  
 2 - wage, on a contractual basis with no benefits  
 3 - on probation  
 4 - by the piece;  
 5 - on commission  
 6 - in kind;  
 7 - for own profit  
 8 - unpaid family worker  
 9 - wage, irregular  
 -8 - DK/NR  
 -9 - NA

HH10 Did you supervise other people/employees in your job at that time?

- 1 - Yes CONTINUE  
 0 - No GO TO H5 (REPR. HIST. INSERT)  
 -9 - NA

HH11 How many?

ENTER NUMBER

-9 - NA

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

CHECK WITH OLD (1991) QUESTIONNAIRE AS TO WHETHER RESPONDENT HAD TWO JOBS BETWEEN PREGNANCIES. IN CASE SHE HAD, ASK QUESTIONS H6 THROUGH H11c FOR BOTH JOBS AND RECORD IN THE SAME SPACES. LIST JOB 1 FIRST, AND JOB 2 BELOW THE ANSWERS FOR JOB 1.



BLOCK T: HOUSEHOLD DECISION MAKING

ASK OF ALL MOTHERS!

I would like to know how decisions are made in your household. I will name some decisions that you have to make and please tell me if:

- (a) There is someone you consult with when you decide on this matter?  
If yes, who do you consult? USE CODES BELOW!  
(b) Whose will prevails on this matter?  
(c) What do you do when you are against such a decision? (VERBATIM)

USE THE CODES BELOW TO ANSWER (a) AND (b) FOR THE SITUATIONS DESCRIBED IN THE TABLE BELOW

- |                      |   |
|----------------------|---|
| 0 - no one           | 7 - mother-in-law   |
| 1 - woman herself    | 8 - father-in-law   |
| 2 - spouse           | 9 - other adult female  |
| 3 - woman and spouse | 10 - other adult male   |
| 4 - son or daughter  | -8 - NR   |
| 5 - mother           | -9 - NA e.g. cannot afford<br>item or no children<br>in household |
| 6 - father           |   |

Situation	Who do you consult? (a)	Who's will prevails? (b)	What do you do if you are against the decision? (c)
Buying your shoes?	T1	T2	T3
Buying clothes for the children?	T4	T5	T6
Bringing the child to the doctor?	T7	T8	T9
Buying major appliances, e.g. TV?	T10	T11	T12
Buying or selling land?	T13	T14	T15
Where to send the children for schooling?	T16	T17	T18
If you were to work outside the home?	T19	T20	T21
If you were to travel outside Cebu?	T22	T23	T24
What gift to give to relatives?	T25	T26	T27

Situation	Who do you consult? (a)	Who's will prevail? (b)	What do you do if you are against the decision? (c)
Hiring of household help?	T28	T29	T30
Whether to use family planning or not?	T31	T32	T33
What FP method to use?	T34	T35	T36

T37 When your husband gets/got angry, does/did he physically hurt you?

- 1 - Yes CONTINUE -9 < Respondent is single
- 0 - No GO TO T40 GO TO T42
- 8 - NR GO TO T40

T38 What is/was he usually angry at whenever he hurt you?

VERBATIM: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

-9 - NA

T39 How many times does/did this happen in a year?

- 1 - rarely (once a year)
- 2 - occasionally (2 to 4 times a year)
- 3 - often (more than 4 times a year)
- 8 - NR; -9 - NA

T40 Usually, is/was your husband's income enough for the household expenses?

- 1 - Yes GO TO T42
- 0 - No CONTINUE
- 8 - DK CONTINUE (Does not know about hhld budget)
- 9 - NA GO TO T42 (Husband never worked)

T41 What do/did you do if your husband's income is/was not enough for the household expenses?

VERBATIM: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

-9 - NA

T42 Is there anyone among your neighbors/friends whom you can run to for help in your times of need?

- 1 - Yes
- 0 - No

T43 Are there neighbors/friends who run to you for help in their times of need?

- 1 - Yes
- 0 - No

INTERVIEWER: ASSESS THE APPEARANCE OF THE HOUSE, THE CHILDREN,  
AND THE RESPONDENT (not too obviously!!)

	WELL KEPT	NOT WELL KEPT
T44	House/Environs	
T45	Children	
T46	Mother	

T47 Who is recognized as the head of your household?

CODE IN RELATIONSHIP TO MOTHER/CARETAKER

- 1 - respondent herself
- 2 - spouse
- 3 - mother or mother-in-law
- 4 - father or father-in-law
- 5 - other adult female
- 6 - other adult male
- 7 - son or daughter
- 8 - other (specify) \_\_\_\_\_
- 8 - DK

T48 If you are earning an income, what do you usually do with your money?

VERBATIM: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

-9 - NA (Never worked) GO TO T51

T49 If you set aside a portion of your earnings for yourself, what will you spend this on?

VERBATIM: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

-9 - NA

T50 Who decides on how your earnings should be spent?

- 1 - respondent herself
- 2 - spouse
- 3 - other household member
- 4 - responsibility shared equally with spouse
- 8 - NR

T51 If your husband is working, does he give you the money he earns?

- 1 - Yes, all of it
- 2 - Yes, part of it
- 0 - No, nothing
- 8 - NR
- 9 - NA Respondent is single or Husband never worked

T52 What is the least number of children that a woman should have?

CODE NUMBER OF CHILDREN

--	--

T53 Why should'nt it be less than \_\_\_\_\_ (ANSWER IN T52)?

VERBATIM: \_\_\_\_\_  
 \_\_\_\_\_

--	--

T54 Do you have household help?

- 1 - Yes            CONTINUE
- 0 - No            GO TO T56

--

T55 How many?

CODE NUMBER

--	--

T56 Who performs these various household tasks?

MARK ALL HOUSEHOLD MEMBERS DOING THESE CHORES WITH X.  
 THE INDICATED HOUSEHOLD-MEMBER CODES IN THE TABLE MEAN:

- 0 - task not done in household
- 6 - other male relatives
- 1 - respondent herself
- 7 - son or daughter
- 2 - spouse
- 8 - hired household helper
- 3 - mother or mother-in-law
- 9 - other
- 4 - father or father-in-law
- 8 - NR/DK
- 5 - other female relatives

HOUSEHOLD MEMBER CODES	0	1	2	3	4	5	6	7	8	9
Goes to market to buy food										
Prepares food										
Cleans up after meals										
Cleans the house										
Buys clothes										
Washes clothes										
Takes care of the children										
Fetches water										
Gathers firewood										
Tends the animals										
Tends the plants										
Does repairs at home										

FOR TASKS DONE BY MORE THAN ONE HOUSEHOLD MEMBER, ASK:

T57 Who is mainly responsible to do this task?

FOR EACH TASK, ENCIRCLE X OF PERSON IN ABOVE TABLE.

Now I would like to ask about your usual activities in a day (excluding Saturday and Sunday!). Let's please break down a day from the time you wake up in the morning to the time you sleep at night.

ENTER ANSWERS TO THE FOLLOWING 8 QUESTIONS IN TABLE T-1 ON THE FOLLOWING PAGE

- T58 What time do you usually wake up in the morning?
- T59 What time do you usually eat breakfast?
- T60 What time do you usually eat lunch?
- T61 What time do you usually eat supper?
- T62 What time do you usually go to bed at night?
- T63 From the time you wake up until your breakfast, what are your usual activities (such as washing clothes, going to market)?
- T64 From breakfasttime to lunchtime, what are your usual activities?
- T65 From lunchtime to suppertime, what are your usual activities (such as ironing, cooking)?
- T66 From suppertime until the time you sleep at night, what are your usual activities (such as sewing, dishwashing)?
- T67 Please tell me how long each activity you've mentioned would take?

INTERVIEWERS: BE SURE TO HAVE THE RESPONDENT INCLUDE RESTING, TALKING WITH FRIENDS OR NEIGHBORS, TRAVEL TIME TO MARKETS AS WELL AS USUAL HOUSEHOLD TASKS AND USUAL WORK OUTSIDE OF THE HOME. NOTE ACTIVITIES THAT ARE DONE SIMULTANEOUSLY, SUCH AS IRONING AND WATCHING THE CHILDREN. AFTER THE ACTIVITY ITSELF, ASK ABOUT THE APPROXIMATE TIME (TO BE RECORDED IN MINUTES) THAT RESPONDENT SPENDS ON A GIVEN TASK. IF THIS IS MORE THAN THE MORNING OR AFTERNOON OR EVENING, PROBE. THE REPORTING OF RESTING AND SLEEPING AS ACTIVITIES IS O.K.! WE DO NOT WANT WOMEN TO REPORT LOTS OF ACTIVITIES IN ORDER NOT TO APPEAR LAZY. WHENEVER YOU FEEL THAT A WOMAN HAS REPORTED TOO MANY ACTIVITIES BUT NO PERIODS OF REST, PROBE.

Table T-1. DAILY ACTIVITIES

PART OF DAY	ACTIVITY	TIME SPENT
T58 Waking-up Time: _____	1	
	2	
	3	
	4	
	5	
	6	
T59 Breakfast Time: _____	1	
	2	
	3	
	4	
	5	
	6	
T60 Lunch Time: _____	1	
	2	
	3	
	4	
	5	
	6	
	7	
	8	
	9	
	10	
T61 Supper Time: _____  T62 Bed Time: _____	1	
	2	
	3	
	4	
	5	
	6	
	7	
	8	
	9	
	10	

## BLOCK I. MOTHER'S DIET

=====

INTERVIEWER: (a) **"usual"** means 'at least 3 to four times weekly.  
 (b) Food preparation or eating **"at home"** includes any home setting or an extension of home, e.g., relative's home.  
 (c) **Food provided at place of work** is considered **bought**.  
 (d) For women who sell food and eat what they sell, the food is **bought**.

=====

I1 How many meals, excluding painit/snacks, do you usually eat in a day?

CODE NUMBER OF DAILY MEALS

 

-8 - DK

I2 How many times do you usually eat painit/snacks in a day?

CODE NUMBER OF DAILY SNACKS

 

-8 - DK

I3 How many times do you or your household prepare food at home, excluding painit/snacks in a week?

CODE NUMBER OF WEEKLY MEALS PREPARED AT HOME

 

8 - DK

I4 Excluding painit/snacks, how many times do you buy ready-cooked food in a week?

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!

I5 What kind of ready-cooked foods do you usually buy and eat?

0 - NO

1 - YES

CODE ALL CATEGORIES

1 - meats (barbecue, dinuguan, paklay, etc.)

2 - fish and crustaceans (cooked, dried, salted etc.)

3 - rice, corn, puso, pospas, glutinous native products

4 - noodles (mike, canton, bihon, spaghetti, etc.)

5 - vegetables including seaweeds

6 - dried beans & nuts (peanuts, mongo, etc.)

7 - plantain and starchy tubers (camote cue, banana cue)

8 - cold snacks (ice candy, juice from vendors)

9 - hot beverages (sikwate, kape, etc.)

10 - OTHERS (Specify:) \_\_\_\_\_

I6 In a month, how many times do you eat outside: RECORD NUMBER OF TIMES

1 - in a formal/expensive restaurant	<input type="text"/>	<input type="text"/>
2 - in a fastfood place (food courts, Jollibee, etc.)	<input type="text"/>	<input type="text"/>
3 - in a cafeteria/canteen (incl. workplace canteens)	<input type="text"/>	<input type="text"/>
4 - in a carenderia/turo-turo (cheaper eating place)	<input type="text"/>	<input type="text"/>

INTERVIEWER: DO NOT **CODE** QUESTIONS I7 THROUGH I10

I7 What do you usually eat and drink for breakfast?

LIST GENERAL CATEGORIES OF FOOD  
 AS dried fish, pork, rice,       
 noodles, camote, banana, etc.

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

I8 What do you usually eat and drink for lunch?

LIST GENERAL CATEGORIES OF FOOD  
 AS dried fish, pork, rice,       
 noodles, camote, banana, etc.

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

I9 What do you usually eat and drink for supper?

LIST GENERAL CATEGORIES OF FOOD  
 AS dried fish, pork, rice,       
 noodles, camote, banana, etc.

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

I10 What do you usually eat and drink for painit/snacks?

LIST GENERAL TYPES OF SNACKS SUCH AS     
 bread, puto, biko, bodbod, etc.

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

I11 Do you regularly take vitamin or mineral supplements?

1 - YES	CONTINUE	<u>EXCLUDE</u> PRE- AND	<input type="checkbox"/>
0 - NO	GO TO I13	POSTNATAL VITAMINS	
-8 - DK	GO TO I13	AND MINERALS!!	

I12 What kind?

-8 - DK SPECIFY: \_\_\_\_\_

I13 What kind of oil do you usually use for cooking?

0 - No cooking oil used in household	<input type="checkbox"/>
1 - Coconut oil ('edible', 'tinakus')	
2 - Lard	4 - Combination of 1 to 3
3 - Others (corn oil, etc.)	5 - All meals bought

I14 How much oil do you use in a week?

SPECIFY QUANTITY: \_\_\_\_\_   
 IN TERMS OF lapad, tumbok, longneck, gallon

-8 for households preparing food for business and consumption

INTERVIEWER, DO NOT CODE! **OFFICE:** CONVERT INTO MILLILITER

I27 Do all members of the family usually eat together?

- 1 - Yes GO TO I29
- 0 - No CONTINUE

I28 If not, why?

\_\_\_\_\_

\_\_\_\_\_

 

I29 In the family, who is fed the most and who is fed the least?  
Why is this so?

CHECK APPROPRIATE BOXES FOR "MOST" AND "LEAST".  
IF NONE, CHECK "NONE".

			MOST	LEAST
MOST, WHY? _____ <input type="checkbox"/> <input type="checkbox"/> _____ _____	1 Husband 2 Wife 3 Sons		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
LEAST, WHY? _____ <input type="checkbox"/> <input type="checkbox"/> _____ _____	4 Daughters 5 Male Relatives 6 Female Relatives 7 None		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

I30 Who among the family members is fed the choicest portion of viands?

ENTER CODE OF PERSON GETTING  
THE CHOICEST PORTION IN BOX

 

- |                       |                               |            |
|-----------------------|-------------------------------|------------|
| 1 - Husband           | 8 - Any daughter              |            |
| 2 - Wife              | 9 - Youngest son and daughter |            |
| 3 - Oldest son        | 10 - All children             |            |
| 4 - Youngest son      | 11 - Male relative _____      |            |
| 5 - Any son           | 12 - Female relative _____    |            |
| 6 - Oldest daughter   | 13 - None                     | GO TO      |
| 7 - Youngest daughter | -8 - DK/NR                    | NEXT BLOCK |

I31 Why is this so? (DO NOT CODE. WRITE DOWN REASON FOR PREFERENCE.)

EDITOR: CODE -9 IF I30 IS CODED 11 OR -8

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**BLOCK J: MATERNAL MORBIDITY**

J1 Are you currently ill or were you ill before, within the past 3 years (since 1991), of the following illnesses? (READ LIST IN TABLE J-1!)

ENTER RESPONSES IN COLUMN J1 OF TABLE J-1

1 - Yes CONTINUE  
0 - No GO TO J3

J2 When was the onset of this illness?

ENTER YEAR OF ONSET OF ILLNESS IN COLUMN J2 OF TABLE J-1

J3 Do you have any other illness not mentioned?

1 - Yes CONTINUE  
0 - No GO TO J6

J4 What is this illness?

ENTER NAME OF ILLNESS(ES) IN TABLE J-1 UNDER "ILLNESS" AS "OTHER 1" OR "OTHER 2" AND CODE "1" in COL. J1 OF TABLE J-1

J5 When was the onset of this illness?

ENTER YEAR OF ONSET OF ILLNESS IN COLUMN J2 OF TABLE J-1

TABLE J-1. MOTHER'S ILLNESS RECORD

ILLNESS	1 - YES; 0 - NO	YEAR OF ONSET
	J1	J2
Diabetes		
Heart disease		
Cancer		
Tuberculosis		
Dengue fever		
Goiter		
Anemia		
Hepatitis		
Other 1: _____		
Other 2: _____		

J6 If cancer, in what part of the body? (e.g., colon, stomach, lungs)

Specify:

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

INTERVIEWER: IF GOITER IS NOT MENTIONED BUT IN EVIDENCE, PROBE BY ASKING RESPONDENT ABOUT GOITER PROBLEMS

J7 In general, can you say that your health is:

1 - good                      3 - not good  
2 - normal                    -8 - DK/NR

J8 I will read out a list of activities. Please tell me if you can still perform these.

READ ACTIVITIES LISTED IN TABLE J-2. IF RESPONDENT ANSWERS "YES", WRITE, DEPENDING ON DIFFICULTY, "1", "2" OR "3" IN COL. J8, USING THE EXPLANATIONS BELOW. IF RESPONDENT SAYS "NO", CODE "4" IN COL. J8 AND GO TO NEXT ACTIVITY OR, AFTER LAST ACTIVITY LISTED IN TABLE J-2, TO J10.

- 1 - YES, I have no limitations; can do task easily
- 2 - YES, but with a little difficulty; have to do it slowly
- 3 - YES, but only with severe difficulties
- 4 - NO, health does not permit to do it at all.

J9 What health problem limits you?

RECORD HEALTH PROBLEM VERBATIM IN COL. J9 OF TABLE J-2

TABLE J-2. LIMITATIONS TO PHYSICAL ACTIVITIES

PHYSICAL ACTIVITY	DIFFICULTY J8	REASON UNDERLYING DIFFICULTY J9
Performing household tasks like: cooking or washing of clothes		
Taking care of the children		
Standing up for two hours		
Walking a distance of one hundred meters		
Walking a distance of one kilometer		
Climbing a hill, climbing up the stairs		
Carrying a weight of five kilos (like rice or fruits)		

J10 Do you have bodily aches/discomfort which usually limits you at work? (includes work for pay, farming & gardening, but NOT household work)

- 1 - Yes
  - 0 - No
  - 9 - Does not work
- CONTINUE
- GO TO NEXT BLOCK

J11 What health condition limits you?

VERBATIM (DO NOT CODE): \_\_\_\_\_  
 \_\_\_\_\_

--	--

## BLOCK 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

---

K5 Waist circumference (cm)

---

K6 Hip circumference (cm)

---

IF THERE IS NO INDEX CHILD, TERMINATE INTERVIEW

BLOCK L: SCHOOLING OF INDEX CHILD AND SIBLING

=====

INTERVIEWER: The point of reference for school years will change. The 1994-95 school year runs from June 1994 to March 1995. School is not in session from the latter part of March to the beginning of June. The 1995-96 school year begins in June 1995. Thus, household interviews will take place during two different school years. Questions need to be modified through time to reflect the different points of reference. We would like to obtain school records with reference to the 1994-95 school year for all children. This allows for greater consistency in the meaning of the school records, but also means that the month for which the mother is asked to recall child's attendance, will not in all cases be covered by our review of school attendance records.

In this section, questions are asked about two children: the INDEX CHILD and his/her younger sibling, provided the younger sibling is attending grade school (NOT PRESCHOOL!) and living with the index child. The questions are to be asked first about the INDEX CHILD (1 - 41), then about the YOUNGER SIBLING! The section for the sibling (42 -84) follows the section for the index child.

=====

Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Line number: (1991) \_\_\_\_\_ (1994) \_\_\_\_\_

L1 Has Index Child ever attended school?

- 1 - Yes GO TO L3
- 0 - No CONTINUE

L2 Why has child never attended school?

VERBATIM (DO NOT CODE): \_\_\_\_\_

 

GO TO L42

L3 Is/was child enrolled in school during SY 1994/95?

- 1 - Yes GO TO L7
- 0 - No CONTINUE

L4 Why is child not enrolled in school?

REASON: \_\_\_\_\_

 

L5 What was the last grade the child attended before dropping out of school?

- 1 - First Grade
- 2 - Second Grade
- :
- etc.

L6 How many months did the child attend in that grade before dropping out?

IF ENTIRE GRADE COMPLETED, ENTER 10 MONTHS.

--	--

GO TO L8

L7 In what grade is child currently enrolled (SY 1994/95)?

- 1 - First Grade
- 2 - Second Grade
- :
- etc.

--

IF INTERVIEWED DURING SUMMER VACATION IN 1995,  
ASK ABOUT SCHOOL YEAR 1994/95!

L8 IF CHILD IS CURRENTLY IN SCHOOL, ASK:

In what school is child enrolled in SY 1994/95?

IF CHILD HAS DROPPED OUT OF SCHOOL, ASK:

In what school was child enrolled before dropping out?

RECORD NAME OF SCHOOL AND LOCATION

NAME: \_\_\_\_\_

--	--	--

LOCATION: \_\_\_\_\_

L9 Did child attend any other school (EXCLUDING PRESCHOOL & KINDERGARTEN!) prior to attending this school?  
(FOR DROP-OUTS, ASK ABOUT SCHOOL PRIOR TO LAST SCHOOL HE/SHE ATTENDED)

- 1 - Yes            CONTINUE
- 0 - No            GO TO L11

--

L10a List name and location of school prior to school he/she is attending now. (FOR DROPOUTS, PRIOR TO LAST SCHOOL HE/SHE ATTENDED)

NAME: \_\_\_\_\_

--	--	--

LOCATION: \_\_\_\_\_

L10b For how many years did child attend school listed in L10a?

--

L10c Why did child change school? VERBATIM: \_\_\_\_\_

--	--

L10d Has child attended any other school which has not been mentioned yet? (EXCLUDE PRESCHOOL AND KINDERGARTEN!)

NAME: \_\_\_\_\_

--	--	--

LOCATION: \_\_\_\_\_

IF CHILD DID NOT ATTEND OTHER SCHOOL, GO TO L11

L10e For how many years did child attend school listed in L10d?

L10f Why did child change school? VERBATIM: \_\_\_\_\_  
 \_\_\_\_\_

L11 When did child first enroll in Grade 1?  
 ENTER LAST TWO DIGITS OF YEAR

L12 Has child ever repeated a grade?  
 1 - Yes CONTINUE   
 0 - No GO TO L15

L13 What grade did he/she repeat? 1st 2nd  
 ENTER GRADE LEVEL IN BOX

L14 What was the reason for repeating the grade?  
 REASON: \_\_\_\_\_    
 \_\_\_\_\_

L15 Did child ever skip grade?  
 1 - Yes CONTINUE   
 0 - No GO TO L17

L16 What grade did he/she skip?  
 ENTER GRADE LEVEL IN BOX

L17 Since first enrolling in school (Grade 1), were there years that  
 child did not enroll?  
 1 - Yes CONTINUE   
 0 - No GO TO L20

L18 Which year(s)? First Second  
 ENTER LAST TWO DIGITS OF YEAR(S)  
 FOR INDEX CHILD

L19 Why did he/she not attend school that year?  
 VERBATIM: \_\_\_\_\_    
 \_\_\_\_\_

L20 Before entering Grade 1, did child attend PRESCHOOL or KINDERGARTEN?

- 1 - Yes CONTINUE
- 0 - No GO TO L22

L21 How many years did child attend PRESCHOOL and/or KINDERGARTEN?

ENTER NUMBER OF YEARS IN BOX

L22 Does anyone in the household read to the child?

- 1 - Yes CONTINUE
- 0 - No GO TO L24

L23 How often does anyone in the household read to the child?

- 1 - occasionally only
- 2 - regularly (weekly or more often)
- 8 - NR/DK
- 9 - NA

L24 I will read a number of different types of reading materials. Please tell me whether or not child reads them, what language they are in, and whether you have these in your home.  
(CHECK FOR "YES" OR "NO", SPELL OUT LANGUAGE)

READING MATERIAL	CHILD READS		LANGUAGE ----- specify:	HAVE MATERIAL	
	yes	no		yes	no
Children's books					
Adult books					
Magazines					
Comic books					
Newspapers					

L25 What level of education do you want your child to complete?  
(FOR DROP-OUTS: What level of education would you have wanted your child to complete?)

- 0 - some elementary
- 1 - elementary graduate
- 2 - high school graduate
- 3 - college graduate
- 4 - more than college
- 5 - do not know yet
- 8 - NR

L26 What language is usually spoken with child in the household?

- 1 - Cebuano
- 2 - Tagalog
- 3 - English
- 4 - Chinese
- 5 - Other (specify): \_\_\_\_\_

L27 What other languages are usually spoken in the household?

- 1 - None
- 2 - Cebuano
- 3 - Tagalog
- 4 - English
- 5 - Chinese
- 6 - Other (specify): \_\_\_\_\_

L28 On a regular schoolday, how many hours does child spend:  
(FOR DROP-OUTS, CODE -9 IN TRAVEL TIME TO SCHOOL AND DOING HOMEWORK)

ACTIVITY	NUMBER OF HOURS
Travelling to school	
Working for pay or on farm or family business	
Helping with household chores	
Care of younger siblings	
Playing	
Doing homework	
Sleeping	
Watching TV	
Doing other activities	

IF CHILD HAS DROPPED OUT OF SCHOOL (SEE L3), GO TO L42  
ASK L29 THROUGH L41 ONLY OF INDEX CHILDREN CURRENTLY IN SCHOOL

L29 How important is it to you that the child attend school everyday?

- |                      |                    |                          |
|----------------------|--------------------|--------------------------|
| 1 - very important   | 4 - not important/ | <input type="checkbox"/> |
| 2 - important        | does not matter    |                          |
| 3 - not so important | -8 - NR            |                          |

L30 In the past month, how many days has this child's school closed for  
unscheduled reasons (such as bad weather, jeepney strike, etc.)?

ENTER NUMBER OF DAYS IN BOX

L31 In the past month, how many days has child missed school when it was  
in session?

ENTER NUMBER OF DAYS IN BOX

IF 0, GO TO L33

L32 Why did child miss school?

VERBATIM: \_\_\_\_\_    
 \_\_\_\_\_

L33 How much does it cost per day for the child's: ENTER FULL PESOS

EXPENSE	PESOS
Transportation to and from school	
Meals purchased in school or around school	

L34 How much does it cost for the child's: (PERIOD OF REFER. IS SY 1994/95)

EXPENSE		PESOS
Tuition and Miscellaneous fees		
Uniform		
Books		
Other school supplies (notebooks, paper, etc.)		
Contributions to PTA or other school organizations		
Tutor		
Other costs: (specify)	1 _____	
	2 _____	

L35 Regarding textbooks that may be used by the child, were they:  
(MULTIPLE ANSWERS ALLOWED)

- |                           |  |                          |
|---------------------------|--|--------------------------|
| 0 - no textbooks used     | 5 - lent out from school                                     | <input type="checkbox"/> |
| 1 - purchased from school | 6 - handed down/borrowed from older sibling, another student | <input type="checkbox"/> |
| 2 - purchased elsewhere   |  |                          |
| 3 - rented from school    |  |                          |
| 4 - rented elsewhere      |  |                          |

L36 Does child have homework?

- |         |           |                          |
|---------|-----------|--------------------------|
| 1 - Yes | CONTINUE  | <input type="checkbox"/> |
| 0 - No  | GO TO L38 |                          |

L37 Who usually helps child with homework?  
(MULTIPLE ANSWERS ALLOWED)

- |                   |                      |                          |
|-------------------|----------------------|--------------------------|
| 0 - no one        | 6 - cousin           | <input type="checkbox"/> |
| 1 - mother        | 7 - other relative   |                          |
| 2 - father        | 8 - tutor            |                          |
| 3 - older sibling | 9 - other (specify): | <input type="checkbox"/> |
| 4 - grandparent   | _____                |                          |
| 5 - aunt/uncle    |                      |                          |

L38 How many hours per day does child attend school?

ENTER NUMBER OF HOURS IN BOX

L39 Do you know whether or not child was weighed in school? If weighed, were you informed about the result?

- |   |                          |
|---|--------------------------|
| 1 - informed that child is okay             | <input type="checkbox"/> |
| 2 - informed that child is underweight      |                          |
| 3 - informed that child is overweight       |                          |
| 4 - child weighed but not informed about it |                          |
| 5 - child not weighed                       |                          |
| -8 - don't know if child was weighed        |                          |

L40 Did child participate in any feeding program in school?

- 1 - Yes CONTINUE
- 0 - No GO TO L42
- 8 - DK GO TO L42

L41 What kind of feeding program was this?  
DESCRIBE TYPE OF FOOD AND WHEN GIVEN (e.g. breakfast, lunch or snack)

VERBATIM: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

L42 Does INDEX CHILD have a younger sibling who is currently attending school in the first grade or higher?

- 1 - Yes GO TO L44
- 0 - No CONTINUE
- 9 - NA --< No younger sibling  
GO TO INSTRUCTIONS AT THE END OF THIS BLOCK

L43 Why has younger sibling never attended school?

VERBATIM (DO NOT CODE): \_\_\_\_\_  
\_\_\_\_\_

GO TO INSTRUCTIONS AT THE END OF THIS BLOCK

L44 What is the sex of the younger sibling? CODE ONLY GENDER

- 1 - Male NAME: \_\_\_\_\_
- 2 - Female LINE NO.: (1991) \_\_\_\_\_ (1994) \_\_\_\_\_

L45 What is his/her date of birth?

ENTER MONTH AND LAST  
TWO DIGITS OF YEAR

Month

Year

L46 Is/was child enrolled in school during SY 1994/95?

- 1 - Yes GO TO L50
- 0 - No CONTINUE

L47 Why is child not enrolled in school?

REASON: \_\_\_\_\_  
\_\_\_\_\_

L48 What was the last grade the child attended before dropping out of school?

- 1 - First Grade
- 2 - Second Grade
- :
- etc.

L49 How many months did the child attend in that grade before dropping out?

IF ENTIRE GRADE COMPLETED, ENTER 10 MONTHS.

--	--

GO TO L51

L50 In what grade is child currently enrolled (SY 1994/95)?

- 1 - First Grade
- 2 - Second Grade
- :
- etc.

--

IF INTERVIEWED DURING SUMMER VACATION IN 1995,  
ASK ABOUT SCHOOL YEAR 1994/95!

L51 IF CHILD IS CURRENTLY IN SCHOOL, ASK:

In what school is child enrolled in SY 1994/95?

IF CHILD HAS DROPPED OUT OF SCHOOL, ASK:

In what school was child enrolled before dropping out?

RECORD NAME OF SCHOOL AND LOCATION

NAME: \_\_\_\_\_

--	--	--

LOCATION: \_\_\_\_\_

L52 Did child attend any other school (EXCLUDING PRESCHOOL & KINDERGARTEN!) prior to attending this school?  
(FOR DROP-OUTS, ASK ABOUT SCHOOL PRIOR TO LAST SCHOOL HE/SHE ATTENDED)

- 1 - Yes            CONTINUE
- 0 - No            GO TO L54

--

L53a List name and location of school prior to school he/she is attending now. (FOR DROP-OUTS, PRIOR TO LAST SCHOOL HE/SHE ATTENDED)

NAME: \_\_\_\_\_

--	--	--

LOCATION: \_\_\_\_\_

L53b For how many years did child attend school listed in L53a?

--

L53c Why did child change school? VERBATIM: \_\_\_\_\_

--	--

\_\_\_\_\_

L53d Has child attended any other school which has not been mentioned yet? (EXCLUDE PRESCHOOL AND KINDERGARTEN!)

NAME: \_\_\_\_\_

--	--	--

LOCATION: \_\_\_\_\_

IF CHILD DID NOT ATTEND OTHER SCHOOL, GO TO L54

L53e For how many years did child attend school listed in L53d?

L53f Why did child change school? VERBATIM: \_\_\_\_\_  
\_\_\_\_\_

L54 When did child first enroll in Grade 1?  
ENTER LAST TWO DIGITS OF YEAR

L55 Has child ever repeated a grade?  
1 - Yes CONTINUE   
0 - No GO TO L58

L56 What grade did he/she repeat? 1st 2nd  
ENTER GRADE LEVEL IN BOX

L57 What was the reason for repeating the grade?  
REASON: \_\_\_\_\_   
\_\_\_\_\_

L58 Did child ever skip a grade?  
1 - Yes CONTINUE   
0 - No GO TO L60

L59 What grade did he/she skip?  
ENTER GRADE LEVEL IN BOX

L60 Since first enrolling in school (Grade 1), were there any years that  
child did not enroll?  
1 - Yes CONTINUE   
0 - No GO TO L63

L61 Which year(s)? First Second  
ENTER LAST TWO DIGITS OF YEAR(S)  
FOR YOUNGER SIBLING

L62 Why did he/she not attend school that year?  
VERBATIM: \_\_\_\_\_   
\_\_\_\_\_

L63 Before entering Grade 1, did child attend PRESCHOOL or KINDERGARTEN?

- 1 - Yes CONTINUE
- 0 - No GO TO L65

L64 How many years did child attend PRESCHOOL and/or KINDERGARTEN?

ENTER NUMBER OF YEARS IN BOX

L65 Does anyone in the household read to the child?

- 1 - Yes CONTINUE
- 0 - No GO TO L67

L66 How often does anyone in the household read to the child?

- 1 - occasionally only
- 2 - regularly (weekly or more often)
- 8 - NR/DK
- 9 - NA

L67 I will read a number of different types of reading materials. Please tell me whether or not child reads them and what language they are in.  
(CHECK FOR "YES" OR "NO", SPELL OUT LANGUAGE)

READING MATERIAL	CHILD READS		LANGUAGE ----- specify:
	yes	no	
Children's books			
Adult books			
Magazines			
Comic books			
Newspapers			

L68 What level of education do you want your child to complete?  
(FOR DROP-OUTS: What level of education would you have wanted your child to complete?)

- 0 - some elementary
- 1 - elementary graduate
- 2 - high school graduate
- 3 - college graduate
- 4 - more than college
- 5 - do not know yet
- 8 - NR

L69 What language is usually spoken with child in the household?

- 1 - Cebuano
- 2 - Tagalog
- 3 - English
- 4 - Chinese
- 5 - Other (specify): \_\_\_\_\_

L70 What other languages are usually spoken in the household?

- 1 - None
- 2 - Cebuano
- 3 - Tagalog
- 4 - English
- 5 - Chinese
- 6 - Other (specify): \_\_\_\_\_

L71 On a regular schoolday, how many hours does child spend:  
(FOR DROPOUTS, CODE -9 IN TRAVEL TIME TO SCHOOL AND DOING HOMEWORK)

ACTIVITY	NUMBER OF HOURS
Travelling to school	
Working for pay or on farm or family business	
Helping with household chores	
Care of younger siblings	
Playing	
Doing homework	
Sleeping	
Watching TV	
Doing other activities	

IF CHILD HAS DROPPED OUT OF SCHOOL (SEE L46), GO TO INSTRUCTIONS AT THE END OF THIS BLOCK  
ASK L72 THROUGH L84 ONLY OF YOUNGER SIBLING CURRENTLY IN SCHOOL

L72 How important is it to you that the child attend school everyday?

- |                      |                    |                          |
|----------------------|--------------------|--------------------------|
| 1 - very important   | 4 - not important/ | <input type="checkbox"/> |
| 2 - important        | does not matter    |                          |
| 3 - not so important | -8 - NR            |                          |

L73 In the past month, how many days has this child's school closed for unscheduled reasons (such as bad weather, jeepney strike, etc.)?

ENTER NUMBER OF DAYS IN BOX

L74 In the past month, how many days has this child missed school when it was in session?

ENTER NUMBER OF DAYS IN BOX

IF 0, GO TO L76

L75 Why did child miss school?

VERBATIM: \_\_\_\_\_    
 \_\_\_\_\_

L76 How much does it cost per day for the child's: ENTER FULL PESOS

EXPENSE	PESOS
Transportation to and from school	
Meals purchased in school or around school	

L77 How much does it cost for the child's: (PERIOD OF REFER. IS SY 1994/95)

EXPENSE		PESOS
Tuition and Miscellaneous fees		
Uniform		
Books		
Other school supplies (notebooks, paper, etc.)		
Contributions to PTA or other school organizations		
Tutor		
Other costs: (specify)	1 _____	
	2 _____	

L78 Regarding textbooks that may be used by the child, were they:  
(MULTIPLE ANSWERS ALLOWED)

- |                           |  |                          |
|---------------------------|--|--------------------------|
| 0 - no textbooks used     | 5 - lent out from school                                     | <input type="checkbox"/> |
| 1 - purchased from school | 6 - handed down/borrowed from older sibling, another student | <input type="checkbox"/> |
| 2 - purchased elsewhere   |  |                          |
| 3 - rented from school    |  |                          |
| 4 - rented elsewhere      |  |                          |

L79 Does child have homework?

- |         |           |                          |
|---------|-----------|--------------------------|
| 1 - Yes | CONTINUE  | <input type="checkbox"/> |
| 0 - No  | GO TO L81 |                          |

L80 Who usually helps child with homework?  
(MULTIPLE ANSWERS ALLOWED)

- |                   |                      |                          |
|-------------------|----------------------|--------------------------|
| 0 - no one        | 6 - cousin           | <input type="checkbox"/> |
| 1 - mother        | 7 - other relative   |                          |
| 2 - father        | 8 - tutor            |                          |
| 3 - older sibling | 9 - other (specify): | <input type="checkbox"/> |
| 4 - grandparent   | _____                |                          |
| 5 - aunt/uncle    |                      |                          |

L81 How many hours per day does child attend school?

ENTER NUMBER OF HOURS IN BOX

L82 Do you know whether or not child was weighed in school? If weighed, were you informed about this?

- |   |                          |
|---|--------------------------|
| 1 - informed that child is okay             | <input type="checkbox"/> |
| 2 - informed that child is underweight      |                          |
| 3 - informed that child is overweight       |                          |
| 4 - child weighed but not informed about it |                          |
| 5 - child not weighed                       |                          |
| -8 - don't know if child was weighed        |                          |

L83 Did child participate in any feeding program in school?

- 1 - Yes CONTINUE
- 0 - No GO TO INSTRUCTIONS AT THE END OF THIS BLOCK
- 8 - DK GO TO INSTRUCTIONS AT THE END OF THIS BLOCK

---

L84 What kind of feeding program was this?  
DESCRIBE TYPE OF FOOD AND WHEN GIVEN (e.g. breakfast, lunch or snack)

VERBATIM: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

---

INTERVIEWER: At the end of this section, obtain consent from parent or guardian for examination of school records, administration of achievement, IQ, hearing and vision tests, child anthropometry, and child dietary intake questionnaire. Then ask parent or guardian to sign consent letter/form.

M. MORBIDITY OF INDEX CHILD AND SIBLING

=====

INTERVIEWER: AS IN THE CASE OF SCHOOLING (BLOCK L), THE QUESTIONS IN BLOCK M (M1 - M15) REFER FIRST TO THE INDEX CHILD. IN CASE THE NEXT YOUNGER SIBLING OF THE INDEX CHILD IS ATTENDING ELEMENTARY SCHOOL AND LIVING WITH THE INDEX CHILD, REPEAT THE SAME QUESTIONS (M16 - M30).

=====

M1 Has the child been hospitalized since our last visit in 1991?

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

M2 How many times was he/she 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 reason for his/her hospitalization?

ENTER RESPONSE IN COLUMN M3 OF TABLE M-1.

M4 What 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. INDEX CHILD'S HOSPITALIZATION RECORD

HOSPITALI- ZATION NO.	CAUSE OF HOSPITALIZATION	WHEN (YEAR)	LENGTH (IN DAYS)
	M3	M4	M5
1			
2			
3			
4			
5			

M6 Does the child have a chronic illness/disability?   
 1 - Yes CONTINUE  
 0 - No GO TO M9

M7 What is his/her illness/disability?  
 VERBATIM: \_\_\_\_\_   
 \_\_\_\_\_

M8 Does this illness/disability limit the child's ability to attend school?   
 1 - Yes  
 0 - No

M9 Since the year 1991, has the child received immunization?   
 1 - Yes CONTINUE  
 0 - No GO TO M11

M10 What type of immunization was it?   
 LIST VACCINATIONS, DO NOT CODE  
 1 \_\_\_\_\_   
 2 \_\_\_\_\_

M11 Has the child taken medications for worms in the past six months?   
 0 - No 1 - Yes -8 - DK  
 -8 - DK 0 - No

M12 How many times does the INDEX CHILD usually bathe in a week?   
 CODE NUMBER OF TIMES   
 -8 - NR

M13 Does the child use soap when bathing?   
 0 - No 3 - Always  
 1 - Rarely -8 - NR  
 2 - Sometimes

IF INDEX CHILD IS A GIRL, ASK M14 AND M15  
 IF INDEX CHILD IS A BOY, GO TO M15a

M14 Has the child started menstruating?   
 1 - Yes CONTINUE  
 0 - No GO TO M15a  
 -8 - DK

M15 On what month and year did she have her first menstruation?  
 ENTER MONTH AND LAST TWO DIGITS OF YEAR    
Month Year

M15a =====  
 INTERVIEWER: CHECK WITH QUESTION L42 (page 64). IF INDEX CHILD  
 HAS A YOUNGER SIBLING WHO HAS EVER ATTENDED ELEMENTARY SCHOOL,  
 ASK MOTHER QUESTIONS M16 THROUGH M30. OTHERWISE, END INTERVIEW.  
 =====

M16 Has the child been hospitalized since our last visit in 1991?

- 1 - Yes CONTINUE
- 0 - No |
- 8 - NR/DK < GO TO M21
- 9 - NA |

M17 How many times was he/she hospitalized?

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

ASK FOR EACH HOSPITALIZATION OF SIBLING  
 AND ENTER RESPONSES IN TABLE M-2

M18 What was the reason for his/her hospitalization?

ENTER RESPONSE IN COLUMN M18 OF TABLE M-2.

M19 What year was he/she hospitalized?

ENTER RESPONSE (YEAR OF HOSPITALIZATION) IN COLUMN M19

M20 How many days was he/she hospitalized?

ENTER RESPONSE IN COLUMN M20 OF TABLE M-2.

TABLE M-2. SIBLING'S HOSPITALIZATION RECORD

HOSPITALI- ZATION NO.	CAUSE OF HOSPITALIZATION	WHEN (YEAR)	LENGTH (IN DAYS)
	M18	M19	M20
1			
2			
3			
4			
5			

M21 Does the child have a chronic illness/disability?

- 1 - Yes CONTINUE
- 0 - No GO TO M24

M22 What is his/her illness/disability?

VERBATIM: \_\_\_\_\_  
 \_\_\_\_\_

 

M23 Does this illness/disability limit the child's ability to attend school?

- 1 - Yes
- 0 - No

M24 Since the year 1991, has the child received immunization?

- 1 - Yes CONTINUE
- 0 - No GO TO M26

M25 What type of immunization was it?

LIST VACCINATIONS, DO NOT CODE

- 1 \_\_\_\_\_
- 2 \_\_\_\_\_



M26 Has the child taken medications for worms in the past six months?

- 1 - Yes -8 - NR
- 0 - No

M27 How many times does SIBLING usually bathe in a week?

CODE NUMBER OF TIMES

- 8 - NR

 

M28 Does the child use soap when bathing?

- 0 - No
- 1 - Rarely
- 2 - Sometimes
- 3 - Always
- 8 - NR

IF SIBLING IS A GIRL, ASK M29 AND M30  
 IF SIBLING IS A BOY, END INTERVIEW

M29 Has the child started menstruating?

- 1 - Yes CONTINUE
- 0 - No
- 8 - DK

M30 On what month and year did she have her first menstruation?

ENTER MONTH AND LAST  
 TWO DIGITS OF YEAR

 

Month

 

Year