

CEBU LONGITUDINAL HEALTH AND NUTRITION STUDY  
1998 Follow-up Survey

Index Boys Questionnaire

ID1

Type of Survey

ID2

Current Barangay:

(See BARANGAY CODE LIST)

ID3

Current Stratum:

1 - Urban

2 - Rural

ID4

Baseline ID Number:

(Copy from 1994 Quest.)

BRGY

HHLD

WMAN

ID5

1994 ID Number: MOTHER

INDEX CH.

BRGY

HHLD

WMAN

ID6

Exact Address of Respondent(s) in 1994 and 1999. (ENTER 1994 ADDRESSES OF BOTH MOTHER (MOM) AND INDEX CHILD (IC) IF THEY LIVED IN DIFFERENT HOUSEHOLDS IN 1994 BUT ARE UNITED AGAIN IN THE SAME HOUSEHOLD IN 1999.

1994 (MOM):

1994 (IC):

1999 (IC):

ID7

1998 ID Number:

(Office assigned)

BRGY

HHLD

WMAN

ID8

1998 Child ID Number:

(Computer Assigned)

ID9

Whose household is interviewed in 1999?

1 - MOM and INDEX CHILD

3 - INDEX CHILD and Caretaker

ID10

Name of Child

ID11

Name of Interviewer:

ID12

Date of Interview Completion:

MONTH

DAY

YEAR

CALL RECORD  
SESSION. 1

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

SESSION. 2

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

RESULT CODES

1 - Interview completed

2 - Interview partly completed, new appointment made

3 - Appointment made for interview later

4 - Refusal, no interview obtained

5 - No respondent at home

6 - Other (SPECIFY)

ID13

Total Number of Sessions Required to Complete Interview

ID14

Were both interviews completed within two days?

1 -

Yes

0 -

No

BLOCK A. SCHOOLING OF INDEX CHILD

=====

INTERVIEWER: THE POINT OF REFERENCE FOR SCHOOL YEAR IS 1999-2000.

=====

Sex: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Line number: (94 survey) \_\_\_\_\_ (98 survey) \_\_\_\_\_

A1

Are you currently in school?

1 - Yes

0 - No

-8 - NR/DK (Not sure)

GO TO A6

CONTINUE

A2

Why are you not enrolled?

REASON \_\_\_\_\_

-8 - NR/DK

-9 - NA

A3

What was the last grade you were enrolled in?

1 - First Grade

2 - Second Grade

3 - Third Grade

4 - Fourth Grade

5 - Fifth Grade

6 - Sixth Grade

7 - Seventh Grade

8 - First Year High School

9 - Second Year High School

10 - Third Year High School

11 - Fourth Year High School

-8 - NR/DK

-9 - NA

A4

How many months did you attend school in that grade before dropping out?

IF ENTIRE GRADE COMPLETED, ENTER 10 MONTHS

-8 - NR/DK

-9 - NA

A5

In what school were you enrolled before dropping out?

RECORD NAME OF SCHOOL: \_\_\_\_\_

1 - private, not coed, Catholic (e.g., STC, SHS, USC)

2 - private, not coed, not Catholic (e.g., Buddhist)

3 - private, coed, Catholic

4 - private, coed, not Catholic (lay) (e.g., UV)

5 - public school

-8 - NR/DK

-9 - NA

GO TO A8

A6

In what grade are you currently enrolled?

1 -

First Grade

2 -

Second Grade

3 -

Third Grade

4 -

Fourth Grade

5 -

Fifth Grade

6 -

Sixth Grade

7 -

Seventh Grade

8 -

First Year High School

9 -

Second Year High School

10 -

Third Year High School

11 -

Fourth Year High School

-8 -

NR/DK

-9 -

NA

A7

In what school are you currently enrolled?

RECORD NAME OF SCHOOL:

1 -

private, not coed, Catholic (e.g., STC, SHS, USC)

2 -

private, not coed, not Catholic (e.g., Buddhist)

3 -

private, coed, Catholic

4 -

private, coed, not Catholic (lay) (e.g., UV)

5 -

public school

-8 -

NR/DK

-9 -

NA

A8

Have you ever repeated a grade since June 1994?

1 -

Yes

CONTINUE

0 -

No

GO TO A11

-8 -

NR/DK

A9

What grade did you repeat?

ENTER REPEATED GRADE IN BOX

-8 -

NR/DK

-9 -

NA

A10

What was the reason for repeating the grade?

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

-8 -

NR/DK

-9 -

NA

A11

Did you ever skip a grade since June 1994?

1 -

Yes

CONTINUE

0 -

No

GO TO A13

-8 -

NR/DK

A12

What grade did you skip?

ENTER SKIPPED GRADE IN BOX

-8 -

NR/DK

-9 -

NA

A13 Since June 1994 survey, are there school years during which you did not enroll in school?

- 1 - Yes CONTINUE
- 0 - No GO TO A16
- 8 - NR/DK

A14 Which school year(s)?

FirstSecondThird

ENTER LAST TWO DIGITS OF YEAR(S)

- 8 - NR/DK
- 9 - NA

A15 Why did you not attend school during that (those) year(s)?

VERBATIM:

- 8 - NR/DK
- 9 - NA

A16 I will mention a number of different reading materials. Please tell me whether or not you read them, what language they are in, and whether you own any of these.  
(CHECK FOR "YES" OR "NO", SPELL OUT LANGUAGE)

READING MATERIAL	CHILD READS		LANGUAGE specify:	OWN MATERIAL	
	yes	no		yes	no
Books					
Magazines					
Comic Books					
Newspapers					

A17 What level of education do you wish to complete?  
(FOR DROPOUTS: What level of education would you have wanted to reach?)

- 1 - some elementary5 - some college
- 2 - elementary graduate6 - college graduate
- 3 - some high school7 - more than college
- 4 - high school graduate-8 - NR/DK

A18 Do you think you can achieve this aspiration?

- 1 - Yes GO TO A20
- 0 - No CONTINUE
- 8 - NR/DK CONTINUE

A19 Why?

REASON:

- 8 - NR/DK
- 9 - NA

IF CHILD IS NOT CURRENTLY IN SCHOOL (SY 1999-2000), GO TO NEXT BLOCK

A20

Do you think you ought to attend school everyday?

1 - Yes

0 - No

-8 - NR/DK

-9 - NA

A21

In the past month, how many days have you missed school when school was in session?

ENTER NUMBER OF DAYS IN BOX

-8 - NR/DK

-9 - NA

IF 0, GO TO A23

A22

Why did you miss school?

VERBATIM:

-8 - NR/DK

-9 - NA

A23

How much do you pay every school day for:

ENTER FULL PESOS

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

-8 - NR/DK

-9 - NA

A24

Do you usually do your homework?

1 - Yes

0 - No

-8 - NR/DK

-9 - NA

CONTINUE  
GO TO NEXT BLOCK

A25

Who usually helps you with your homework? (MULTIPLE ANSWERS ALLOWED)

0 - no one

1 - mother

2 - father

3 - sibling

4 - grandparent

5 - aunt/uncle

6 - cousin

7 - other relative

8 - tutor

9 - non-relative caretaker

10 - other (specify):

-8 - NR/DK

-9 - NA

END OF BLOCK A

BLOCK B: EMPLOYMENT

B1

Have you ever worked? I do not mean household chores but work for which you are paid in cash or in kind, or if your family operates a farm or owns a family business, have you ever been asked to work in them?

1 - Yes

0 - No

-8 - NR/DK

CONTINUE

GO TO B21

B2

On what days did you or do you usually work?

1 - Weekdays: \_\_\_\_\_

2 - Weekends: \_\_\_\_\_

3 - No regular work day: \_\_\_\_\_

4 - Others, specify: \_\_\_\_\_

-8 - NR/DK

-9 - NA

B3

Did you or do you do the work while going to school or did you quit school to do the work?

1 - Studying while working at the same time

2 - Quit studying in order to work

3 - Working only during school breaks (sem., summer, Christmas)

4 - Working, but no longer in school

-8 - NR/DK

-9 - NA

B4

At what age did you start working?

ENTER AGE IN YEARS

-8 - NR/DK

-9 - NA

B5

Whose idea was it that you started working?

1 - own idea

2 - father

3 - mother

4 - both parents

5 - other relatives, specify \_\_\_\_\_

6 - other persons, specify \_\_\_\_\_

-8 - NR/DK

-9 - NA

GO TO B8

> CONTINUE

B6

Do you like the idea of working?

1 - Yes

0 - No

-8 - NR/DK

-9 - NA

B7

Why?

REASON:

-8 -

NR/DK

-9 -

NA

B8

What kind of work did you or do you do?

DESCRIBE, BE SPECIFIC

-8 -

NR/DK

-9 -

NA

B9

Are you currently working for pay, in cash or in kind, or in a family farm or business?

1 -

Yes

CONTINUE

0 -

No

GO TO B19

-8 -

NR/DK

B10

Describe the type of job you currently do:

DESCRIBE, BE SPECIFIC.

-8 -

NR/DK

-9 -

NA

B11

Is your job done sitting or standing in one place? Does it involve lifting and moving objects or other forms of heavy physical labor?

DETERMINE LEVEL OF ACTIVITY IN JOB

VERBATIM:

-9 -

NA

B12

On what days do you usually work?

1 -

Weekdays:

2 -

Weekends:

3 -

No regular work day:

4 -

Others, specify:

-8 -

NR/DK

-9 -

NA



B13

How many hours do you usually work during a week?

CODE NUMBER OF HOURS

-8 - NR/DK

-9 - NA

B14

Do you usually work the same number of hours each week?

1 - Yes

0 - No

-8 - NR/DK

-9 - NA

B15

How are you paid in your current job?

1 - In cash CONTINUE

2 - In kind GO TO B19

3 - In cash and in kind CONTINUE

4 - Unpaid family worker GO TO B19

-8 - NR/DK

-9 - NA

B16

How much do you usually earn per day?  
IF PAID PER WEEK OR DAY, CALCULATE DAILY AVERAGE

CODE AMOUNT IN PESOS

-8 - NR/DK

-9 - NA

B17

What do you do with your earnings?

1 - Keep all CONTINUE

2 - Keep part CONTINUE

3 - Turn all over to mother and/or father GO TO B19

4 - Turn all over to other relatives . Specify other relative GO TO B19

-8 - NR/DK

-9 - NA

B18

If you keep all or part of your earnings, what do you usually spend this money on?

VERBATIM:

-8 - NR/DK

-9 - NA

B19

What do you think are the advantages of your working?

VERBATIM:

-8 - NR/DK

-9 - NA

B20

What do you think are the disadvantages of your working?

VERBATIM:

-8 - NR/DK

-9 - NA

B21

What kind of job would you like to do when you grow up?

VERBATIM:

-8 - NR/DK

B22

Do you think it is possible for you to achieve this aspiration?

1 - Yes

GO TO B24

0 - No

CONTINUE

-8 - NR/DK

GO TO NEXT BLOCK

-9 - NA

B23

Why it is not possible for you to achieve this aspiration?

VERBATIM:

-8 - NR/DK  
-9 - NA

GO TO NEXT BLOCK

B24

What would you need to do to achieve this aspiration?

PROBE FOR SOMETHING CONCRETE

VERBATIM:

-8 - NR/DK  
-9 - NA

END OF BLOCK B



BLOCK C: DIET OF CHILD - DAY ONE

INTERVIEWER: (a) "kasagaran" means at least 3 to four times weekly.  
(b) Eating "at home" includes any home setting or an extension of home, e.g., relative's home.

C1 Usually, how many times do you eat in a day, excluding snacks?

CODE NUMBER OF USUAL DAILY MEALS

-8 - NR/DK

C2 Usually, how many times do you eat snacks in a day?

CODE NUMBER OF USUAL DAILY SNACKS

-8 - NR/DK

C3 Usually, how many times do you eat at home, excluding snacks, in a week?

CODE NUMBER OF WEEKLY MEALS PREPARED AND EATEN AT HOME

- 8 - NR/DK

C4 Where do you usually eat snacks and lunch?

1 - In school CONTINUE

2 - At home GO TO C6

3 - Elsewhere GO TO C6

Specify: \_\_\_\_\_

-8 - NR/DK

Painit/Snacks

Lunch

C5 If you eat in school, where is the food prepared?

1 - Bought in or around school

2 - Brought from home

3 - Provided through a feeding program

-8 - NR/DK

-9 - NA

Painit/Snacks

Lunch

INTERVIEWER: DO NOT CODE QUESTIONS C6 THROUGH C9

C6 Usually, what do you eat and drink for breakfast?

FOOD/DRINK

1

2

3

4

5

LIST GENERAL CATEGORIES OF FOOD SUCH AS

dried fish, pork, rice, noodles, camote, banana, etc.

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

C7 Usually, what do you eat and drink for lunch?

FOOD/DRINK

1

2

3

4

5

LIST GENERAL CATEGORIES OF FOOD SUCH AS

dried fish, pork, rice, noodles, camote, banana, etc.

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

C8

Usually, what do you eat and drink for supper ?

FOOD/DRINK

1

2

3

4

5

LIST GENERAL CATEGORIES OF FOOD SUCH AS

dried fish, pork, rice, noodles, camote, banana, etc.

C9

Usually, what do you eat and drink for snacks?

FOOD/DRINK

1

2

3

4

5

LIST GENERAL TYPES OF SNACKS SUCH AS

bread, puto, biko, bodbod, etc.

C10

Do you regularly take vitamin or mineral supplements?

1 - Yes CONTINUE

0 - No GO TO C12

-8 - NR/DK GO TO C12

C11

What kind? SPECIFY:

-8 - NR/DK

-9 - NA

CHILD’S 24-HR FOOD RECALL BEFORE CALTRAC IS WORN

C12

Food Recall:

1 - Day 1

2 - Day 2

C13

Day of the week recalled:

1 - Monday

2 - Tuesday

3 - Wednesday

4 - Thursday

5 - Friday

6 - Saturday

7 - Sunday

CHILD’S 24-HOUR FOOD RECALL

C14 I would like you to tell me all about what you ate yesterday that is, from the time you woke up until you went to bed, including snacks.

- START WITH FIRST MEAL OR SNACK OF THE DAY
- 0 - Before-breakfast snack

4 - Afternoon snack

1 - Breakfast

5 - Supper

2 - Morning snack

6 - Evening snack

3 - Lunch

ENTER CODE IN COL. C14 OF TABLE C-1

C15 What dishes did you have for breakfast (lunch, supper, snacks)?

WRITE NAME OF DISH IN COL. C15 OF TABLE C-1

C16 How was the dish prepared? ENTER CODE IN COL. C16 OF TABLE C-1

- 1 - Boiled

6 - Steamed

2 - Fried

7 - Baked

3 - Sauteed

8 - Processed

4 - Broiled/roasted

9 - Raw

5 - Scrambled

-8 - NR/DK

C17 Where was the dish prepared?

- 1 - Home (includes any home setting or home extension like a relative’s home)

2 - Restaurant (carenderia, cafeteria)

3 - Feeding program

4 - Ambulant food vendor, street foods

5 - Store (sari-sari, grocery, bakery, etc.)

-8 - NR/DK

-9 - NA

ENTER CODE IN COL. C17 OF TABLE C-1

C18 What were the ingredients (food items) composing the dish that you have eaten?

ENTER ALL FOOD ITEMS EATEN IN COL. C18. USE A SEPARATE LINE FOR EACH INDIVIDUAL FOOD ITEM EATEN. IF THE SAME DISH WAS EATEN AT DIFFERENT MEALS, DO NOT WRITE [SAME] BUT SPELL OUT ITEM EACH TIME!

C19 Dish Number

DISHES FORMING PART OF A MEAL ARE NUMBERED CONSECUTIVELY, STARTING WITH # 1. IF A DISH CONSISTS OF MORE THAN ONE ITEM, EACH ITEM BELONGING TO THE DISH MUST HAVE THE SAME DISH NUMBER

C20 What were the specifics of these food items?

DESCRIBE FOOD ITEM EATEN CLEARLY AS TO FORM, KIND, COLOR, SIZE, e.g., WHAT KIND OF MEAT, FISH, CEREAL, FRUIT, OR PART OF IT.

ENTER ANSWER IN COL. C20 OF TABLE C-1

C21 Food Code (TO BE ACCOMPLISHED BY DIETARY EDITORS)

C22 Amount consumed

ENTER AMOUNT IN COL. C22 OF TABLE C-1

- Unit of Measurement
- 1 - cup

4 - matchbox (mbx)

2 - tsp

5 - piece

3 - tbsp

6 - pack, bottle

SPELL OUT IN COL. C23 OF TABLE C-1

C24 Was the food you ate yesterday your usual food intake?

- 0 - No

CONTINUE

1 - Yes

GO TO NEXT BLOCK

C25 If not, why?  
VERBATIM \_\_\_\_\_

\_\_\_\_\_

- 8 - NR/DK

-9 - NA

SPECIFY REASON ONLY, DO NOT CODE






BLOCK D: CHILD'S ANTHROPOMETRY

INTERVIEWER: TAKE THREE MEASUREMENTS

D1      BLOOD PRESSURE (mm Hg)

Measurement #1

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Systolic			Diastolic		

Measurement #2

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Systolic			Diastolic		

Measurement #3

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Systolic			Diastolic		

D2      WEIGHT of child (IN KILOGRAMS)

e.g., 30.7

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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D3      HEIGHT of child (IN CENTIMETERS)

e.g., 130.8

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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D4      ARM CIRCUMFERENCE of child (IN CENTIMETERS)

e.g., 20.3

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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D5      TRICEPS SKIN-FOLD THICKNESS

Measurement #1

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------

Measurement #2

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------

Measurement #3

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------

D6      SUBSCAPULAR SKIN-FOLD THICKNESS

Measurement #1

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Measurement #2

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------

Measurement #3

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------

D7      WAIST CIRCUMFERENCE (cm)

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

D8      HIP CIRCUMFERENCE (cm)

<input type="text"/>	<input type="text"/>	<input type="text"/>
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END OF BLOCK D

BLOCK E. CHILD’S PHYSICAL ACTIVITY

INTERVIEWER: IF CHILD IS NOT IN SCHOOL, GO TO E8, OTHERWISE ASK QUESTIONS E1-E7

E1      What are your school hours?

1 -      Time school starts \_\_\_\_\_

2 -      Time school is dismissed \_\_\_\_\_

-9 -      NA

E2      How do you travel to school (bus, jeepney, walk, private car, etc)?

1 -      Walk

2 -      Ride bicycle

3 -      Ride motorized vehicle (car, jeepney, bus, tricycle, etc.)

4 -      Combination of 1 and 3

5 -      Others, specify \_\_\_\_\_

-9 -      NA

E3      How long does it take you to travel to school?

ENTER NUMBER OF MINUTES

-8 -      NR/DK

-9 -      NA

E4      During school days, do you have any physical activities like sports, games, gardening, etc.?

1 -      Yes                      CONTINUE

0 -      No                        GO TO E8

-9 -      NA

E5      What kind of school activities do you participate in during the last month?

VERBATIM:

1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

4 \_\_\_\_\_

5 \_\_\_\_\_

-9 -      NA

E6      How many times per week do you participate in these activities?

ASK FOR EACH ACTIVITY MENTIONED

1 -	Daily	_____	ACTIVITY 1	<input type="text"/>
2 -	Oncea week	_____	ACTIVITY 2	<input type="text"/>
3 -	Two times a week	_____	ACTIVITY 3	<input type="text"/>
4 -	Three times a week	_____	ACTIVITY 4	<input type="text"/>
5 -	Four times a week	_____	ACTIVITY 5	<input type="text"/>
-8 -	NR/DK			<input type="text"/>
-9 -	NA			

E7      How long do these activities usually last?

ASK FOR EACH ACTIVITY MENTIONED AND ENTER RESPONSE IN MINUTES

_____	ACTIVITY 1	<input type="text"/>	<input type="text"/>	<input type="text"/>
_____	ACTIVITY 2	<input type="text"/>	<input type="text"/>	<input type="text"/>
_____	ACTIVITY 3	<input type="text"/>	<input type="text"/>	<input type="text"/>
_____	ACTIVITY 4	<input type="text"/>	<input type="text"/>	<input type="text"/>
_____	ACTIVITY 5	<input type="text"/>	<input type="text"/>	<input type="text"/>
-8 -	NR/DK			
-9 -	NA			

E8      Do you usually participate in any physical activity after school (or during the week if not in school ) or on weekends: like basketball, volleyball, fetching water, doing laundry, etc.

FOR NOT IN SCHOOL ASK:  
Do you have any physical activity like basketball, volleyball, fetching water, doing laundry, etc.?

1 -	Yes	CONTINUE	<input type="text"/>
0 -	No	GO TO E12	

E9      What kind of activities do you participate in?

VERBATIM:

1	_____	<input type="text"/>
2	_____	<input type="text"/>
3	_____	<input type="text"/>
4	_____	<input type="text"/>
5	_____	<input type="text"/>
6	_____	<input type="text"/>
7	_____	<input type="text"/>
-9 -	NA	





E15      How many times per week do you participate in these activities?

ASK FOR EACH ACTIVITY MENTIONED

1 -Daily	_____	ACTIVITY 1	<input type="text"/>
2 -Once a week	_____	ACTIVITY 2	<input type="text"/>
3 -Two times a week	_____	ACTIVITY 3	<input type="text"/>
4 -Three times a week	_____	ACTIVITY 4	<input type="text"/>
5 -Four times a week			
-8 -	NR/DK		
-9 -	NA		

E16      For how long do you usually do these activities?

ASK FOR EACH ACTIVITY MENTIONED AND ENTER RESPONSE IN MINUTES

_____	ACTIVITY 1	<input type="text"/>	<input type="text"/>	<input type="text"/>
_____	ACTIVITY 2	<input type="text"/>	<input type="text"/>	<input type="text"/>
_____	ACTIVITY 3	<input type="text"/>	<input type="text"/>	<input type="text"/>
_____	ACTIVITY 4	<input type="text"/>	<input type="text"/>	<input type="text"/>
-8 -	NR/DK			
-9 -	NA			

INTERVIEWER: INSTRUCT CHILD WHO WILL USE THIS CALTRAC TO TAKE NOTE OF HER ACTIVITIES AND THEIR DURATION WHILE WEARING THE CALTRAC

CALTRAC DATA RECORDING FORM

E17    Visit Number:

1 -        One

2 -        Two

E18    Caltrac Number: \_\_\_\_\_

Subject Data

INTERVIEWER: COPY WEIGHT AND HEIGHT TAKEN IN BLOCK D FOR E19 AND E20

E19    Weight in kilograms: \_\_\_\_\_

E20    Height in centimeters \_\_\_\_\_

E21    Age in years \_\_\_\_\_

E22    Sex:

1 -        Male

2 -        Female

Caltrac Data

Starting Information:

E23    Date Caltrac programmed: \_\_\_\_\_

E24    Time Caltrac programmed: \_\_\_\_\_

1 -        A.M

2 -        P.M.

Ending Information:

E25    Date Caltrac read: \_\_\_\_\_

E26    Time Caltrac read: \_\_\_\_\_

1 -A.M

2 -P.M.

E27    NET CALS on the Caltrac Display: \_\_\_\_\_

CALS USED [□ACTM□ appears above the number on the CALTRAC display] \_\_\_\_\_

Parent and/or Child Information

E28    Datechildwenttosleep: \_\_\_\_\_







E34

Was yesterday a typical day for you?

1 -

Yes

GO TO NEXT BLOCK

0 -

No

CONTINUE

☐

E35

Were you more active or less active yesterday than you usually are?

1 -

More active

GO TO E38

2 -

Less active

CONTINUE

☐

E36

Were you sick or injured when you were wearing the CALTRAC and less able to move?

1 -

Yes

CONTINUE

0 -

No

GO TO E38

☐

E37

How did the injury/disease change your activities or movements?

VERBATIM:

☐

-8 -

NR/DK

-9 -

NA

GO TO NEXT BLOCK

E38

Did you undergo any special physical activity, such as a sport event or special class or training program that may have increased or decreased your normal activity?

1 -

Yes

CONTINUE

0 -

No

GO TO NEXT BLOCK

E39

What was this special activity?

VERBATIM:

☐

-8 -

NR/DK

-9 -

NA

END OF BLOCK E

**BLOCK F: CHILD'S 24-HR FOOD RECALL AFTER CALTRAC HAD BEEN WORN**  
**(DAY TWO)**

F1	Food Recall:	<div></div>
	1 - Day 1	
	2 - Day 2	
F2	Day of the week recalled:	<div></div>
	1 - Monday	
	2 - Tuesday	
	3 - Wednesday	
	4 - Thursday	
	5 - Friday	
	6 - Saturday	
	7 - Sunday	

CHILD'S 24-HOUR FOOD RECALL

F3

I would like you to tell me all about what you ate yesterday that is, from the time you woke up until you went to bed, including snacks.

START WITH FIRST MEAL OR SNACK OF THE DAY

0 - Before-breakfast snack

4 - Afternoon snack

1 - Breakfast

5 - Supper

2 - Morning snack

6 - Evening snack

3 - Lunch

ENTER CODE IN COL. F3 OF TABLE F-1

F4

What dishes did you have for breakfast (lunch, supper, snacks)?

WRITE NAME OF DISH IN COL. F4 OF TABLE F-1

F5

How was the dish prepared?

ENTER CODE IN COL. F5 OF TABLE F-1

1 - Boiled

6 - Steamed

2 - Fried

7 - Baked

3 - Sauteed

8 - Processed

4 - Broiled/roasted

9 - Raw

5 - Scrambled

-8 - NR/DK

F6

Where was the dish prepared?

1 - Home (includes any home setting or home extension like a relative's home)

2 - Restaurant (carenderia, cafeteria)

3 - Feeding program

4 - Ambulant food vendor, street foods

5 - Store (sari-sari, grocery, bakery, etc.)

-8 - NR/DK

-9 - NA

ENTER CODE IN COL. F6 OF TABLE F-1

F7

What were the ingredients (food items) composing the dish that you have eaten?

ENTER ALL FOOD ITEMS EATEN IN COL. F7. USE A SEPARATE LINE FOR EACH INDIVIDUAL FOOD ITEM EATEN. IF THE SAME DISH WAS EATEN AT DIFFERENT MEALS, DO NOT WRITE "SAME" BUT SPELL OUT ITEM EACH TIME!

F8

Dish Number

DISHES FORMING PART OF A MEAL ARE NUMBERED CONSECUTIVELY, STARTING WITH # 1. IF A DISH CONSISTS OF MORE THAN ONE ITEM, EACH ITEM BELONGING TO THE DISH MUST HAVE THE SAME DISH NUMBER

F9

What were the specifics of these food items?

DESCRIBE FOOD ITEM EATEN CLEARLY AS TO FORM, KIND, COLOR, SIZE, e.g., WHAT KIND OF MEAT, FISH, CEREAL, FRUIT, OR PART OF IT.

ENTER ANSWER IN COL. F9 OF TABLE F-1

F10

Food Code (TO BE ACCOMPLISHED BY DIETARY EDITORS)

F11

Amount consumed

ENTER AMOUNT IN COL. F11 OF TABLE F-1

F12

Unit of Measurement

1 - cup

4 - matchbox (mbx)

2 - tsp

5 - piece

3 - tbsp

6 - pack, bottle

SPELL OUT IN COL. F12 OF TABLE F-1

F13

Was the food you ate yesterday your usual food intake?

0 - No

CONTINUE

1 - Yes

GO TO NEXT BLOCK

F14

If not, why?

VERBATIM

-8 - NR/DK

-9 - NA

SPECIFY REASON ONLY, DO NOT CODE

☐☐






BLOCK G: MORBIDITY OF CHILD

G1

Have you ever been sick since our last visit in 1994?

1 -Yes

0 -No

-8 -NR/DK

CONTINUE

GO TO G4

GOTOG4

☐

G2

What were you sick of?

1

2

3

4

5

6

-8 -NR/DK

-9 -NA

☐  
☐  
☐  
☐  
☐  
☐  
☐

G3

Were you hospitalized because of this illness/any of these illnesses?

1 -

0 -

-8 -

-9 -

Yes

No

NR/DK

NA

Specify which illness(es)

☐

G4

Do you have a chronic illness/disability?

1 -

0 -

-8 -

Yes

No

NR/DK

CONTINUE

GO TO G7

☐

G5

What is your chronic illness/disability?

VERBATIM

-8 -

-9 -

NR/DK

NA

☐

G6

Does this illness/disability limit your ability to attend school?

1 -

0 -

-8 -

-9 -

Yes

No

NR/DK

NA

☐

G7

Since 1994, have you received any immunization?

1 -

0 -

-8 -

Yes

No

NR/DK

CONTINUE

GO TO G9

☐

G8

What type of immunization was it?

LIST VACCINATIONS, DO NOT CODE

1

2

-8 -NR/DK

-9 -NA

☐  
☐



PLACE ANSWERS TO G9 THROUGH G17 IN TABLE G-1

G9

I will mention a list of symptoms and illnesses. Please tell me if you have experienced any of these in the last 12 months.

1 -

Yes

0 -

No

ENTER CODE IN COL. G9 OF TABLE G-1

IF RESPONDENT HAS NOT EXPERIENCED ANY SYMPTOMS/ILLNESSES, GO TO G18, OTHERWISE ASK G10

G10

Did you consult anyone for any of these symptoms/illnesses?

1 -

Yes

GO TO G12

0 -

No

CONTINUE

-9 -

NA

ENTER CODE IN COL. G10 OF TABLE G-1

G11

Why not?

VERBATIM:

-8 -

NR/DK

-9 -

NA

ENTER ANSWER IN COL. G11 OF TABLE G-1 AND GO TO G22

G12

Who did you consult?

GET THE NAME OF PRACTITIONER AND ADDRESS OF CLINIC. RECORD ANSWERS IN COL. G12 OF TABLE G-1

IF RESPONDENT DOESN'T KNOW NAME AND/OR ADDRESS AND HER RESPONSE TO G14 IS 0, **DO NOT GET ADDRESS FROM MOTHER.** VERIFY INFORMATION AT OPS OR FROM SUPERVISOR.

EDITOR: ASSIGN A UNIQUE CLINIC CODE FOR EACH CLINIC MENTIONED

0 -

No clinic, practices at home

1 -

No clinic, does home visits

:

8 -

Holy Family Clinic (example)

9 -

Camputhaw Health Center (example)

-8 -

NR/DK

-9 -

NA

G13

Is this person a:

1 -

private doctor

2 -

private nurse

3 -

private midwife

4 -

government doctor

5 -

government nurse

6 -

government midwife

7 -

school doctor

8 -

school nurse

9 -

mananambal

10 -

mother

11 -

father

12 -

caretaker

13 -

others, specify

-8 -

NR/DK

-9 -

NA

ENTER CODE IN COL. G13 OF TABLE G-1

G14

Were your parents/caretaker aware of this consultation?

1 -

Yes

0 -

No

-9 -

NA

ENTER CODE IN COL. G14 OF TABLE G-1

G15

How many times have you visited this person in the past 12 months?

-8 -

NR/DK

-9 -

NA

ENTER NUMBER OF TIMES IN COL. G15 OF TABLE G-1

G16

Would you consult this person again should you have similar problems in the future?

1 -

Yes

0 -

No

-8 -

NR/DK

-9 -

NA

ENTER CODE IN COL. G16 OF TABLE G-1

G17

How much do you usually pay this person per visit?

-8 -

NR/DK

-9 -

NA

ENTER AMOUNT (IN PESOS) IN COL. G17 OF TABLE G-1

AFTER LAST PRACTITIONER, GO TO G22

TABLE G-1. GENERAL HEALTH PROBLEMS

Symptoms/Illnesses	Expe- rienced?	Consult someone	Reason for not consulting	Who did you consult?	Is this person a:	Parents know?	No. of visits	Will consult again?	Cost per visit
	G9	G10	G11	G12	G13	G14	G15	G16	G17
1. Extreme loss of weight									
2. Severe headache									
3. Severe nausea/vomiting or dizziness									
4. Allergy									
5. Constant fatigue									
6. Persistent cough, asthma, other severe respiratory problems									
7. Severe diarrhea									
8. Other severe stomach or intestinal problems									
9. Other severe symptoms/ illnesses not mentioned which you have experienced the past 12 months (Specify)_____									

G18     Imagine you were having any of the illnesses I just mentioned, would you consult someone?

1 -     Yes                    GO TO G20  
0 -     No                     CONTINUE

-8 -      NR/DK      GO TO G22



BLOCK H: ADOLESCENT SEXUALITY

PHYSICAL CHARACTERISTICS:

H1

How old are you now? (AGE AT LAST BIRTHDAY)

ENTER AGE IN YEARS

H2

How do you describe your body in terms of your weight?

1 - Slender

2 - Average

3 - Chubby

-8 - NR/DK

H3

With your present weight, do you want to:

1 - Be thinner

2 - Be heavier

3 - Maintain present weight

4 - Doesn't care

-8 - NR/DK

H4

What are you doing to achieve the weight you wish to have?

VERBATIM:

-8 - NR/DK

H5

INTERVIEWER ONLY! How do you assess the boy's physical development?

1 - Younger than most boys his age

2 - The same as boys his age

3 - Older than most boys his age

-8 - NR/DK

H6

TO INTERVIEWER: Observe how much hair is around the boy's mouth:

0 - None at all

1 - Very little

2 - A lot of hair

H7

INSTRUCTIONS ON THE SELF-ADMINISTERED QUESTIONNAIRE:

INTERVIEWER:

NOTE: THE BASELINE ID SHOULD BE WRITTEN ON BOTH THE ENVELOPE AND THE QUESTIONNAIRE

I would like you to answer the questions on this page (referring to the one-page sexual maturity assessment questionnaire. As a teenager, your body is in the process of changing. These questions will tell us how much your body has changed. Please check or mark the boxes which matches your answers. After answering, please fold the page, place it inside the envelope and seal it.

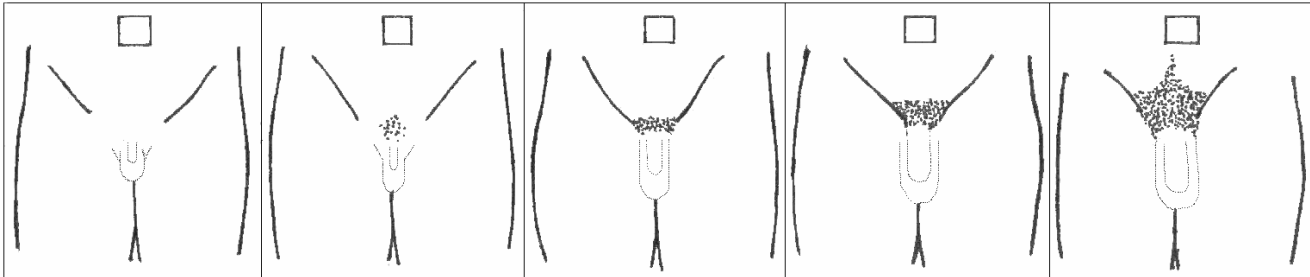
Baseline ID # \_\_\_\_\_

H8	Has your voice changed in the past few years ?	<input type="checkbox"/>
	1 - No	
	2 - Yes	
H9	If your voice has changed, how different is your voice now than when you were 10 years old?	<input type="checkbox"/>
	1 - Has changed a bit	
	2 - Has changed a lot	
H10	How do you compare your body with that of other boys your age?	<input type="checkbox"/>
	1 - Younger	
	2 - The same as other boys	
	3 - More mature	
H11	Have you started shaving the hair on your face?	<input type="checkbox"/>
	1 - Not yet	
	2 - Yes	
H12.	How thick is the hair under your arms?	<input type="checkbox"/>
	1 - there is no hair	
	2- just a little	
	3 - very thick	

H13    pubic hair development drawings

The drawings found below show the different stages of male pubic hair development. As a boy grows older, the hair around the penis thickens.

Please look at the drawings and read what is written underneath each box. Choose which drawing matches the thickness of your hair and mark the corresponding box with an X. Remember to focus on the pubic hair and not the penis.



There is no hair yet	There are a few which are fine, long and not so dark. Most of the hair is around the base of the penis and is either curly or straight.	The hair is darker and curlier. It has spread out and thinly covers a bigger area.	The hair is really dark as that of an older man but still not a lot. The hair has not spread out to the legs.	The hair has spread out to the legs. There is more hair as that of an older man.
----------------------	---	--	---	--

**FAMILY INFLUENCE:**

H14

Do you confide in any one in your household when you have problems?

1 - Yes

0 - No

-8 - NR/DK

CONTINUE

GO TO H16

☐

H15

Who do you usually confide in?

1 - Mother

2 - Father

3 - Brother

4 - Sister

5 - Other relatives, specify \_\_\_\_\_

6 - Non-household members, specify \_\_\_\_\_

7 - Spouse

8 - Caretaker

-8 - NR/DK

-9 - NA

☐

H16

Do you ever quarrel with other household members?

1 - Yes

0 - No

-8 - NR/DK

CONTINUE

GO TO H18

GO TO H18

☐

H17

How often have you quarreled with other household members in the past 12 months?

1 - Once a month or less

2 - More than once a month

3 - Almost every day

-8 - NR/DK

-9 - NA

☐

H18

Do your parents ever quarrel?

1 - Yes

0 - No

-8 - NR/DK

-9 - NA (For single, widowed, separated parents or if index child living with caretaker)

CONTINUE

GO TO H20

GO TO H20

☐

H19

How often have your parents quarreled with each other in the past 12 months?

1 - Once a month or less

2 - More than once a month

3 - Almost every day

-7 - Both parents not in household the past 12 months

-8 - NR/DK

-9 - NA (if living with caretaker)

☐

H20

Who makes the following decisions for you in your family?

NOTE: For index children living with caretakers, replace parents with caretaker, whatever applies

**CHECK APPROPRIATE RESPONSE**

ACTIVITY	Decision not made in household	Can decide on my own	Must ask permission from parents	Parents alone
Choosing clothes you wear				
Friends to hang out with				
Time you go to bed				
When you need a haircut				
Where you can go with your friends				
Helping with household chores				
Seeking health care				



H21

Are you allowed to go to discos or dances?

1 - Yes

0 - No

-8 - NR/DK

H22

What time are you expected to be home in the evenings?

On schooldays:

On weekends:

-8 -NR/DK

H23

Do you think your mother is strict? (Refers to biological mother)

1 - Yes

0 - No

-8 - NR/DK

-9 - NA (if living with caretaker)

H24

Do you think your father is strict? (Refers to biological father)

1 - Yes

0 - No

-8 - NR/DK

-9 - NA

H25 I will read to you a list of activities.

H26 Is this activity done in your household?  
  
IF NOT GO TO NEXT ACTIVITY. IF THEY ARE, TELL ME IF:

H27 You are allowed to do this activity on your own

H28 You are allowed to do this activity with friends

H29 This activity must be done only with the family

ACTIVITY (H25)	NOT DONE IN HHOLD (H26)	ALLOWED TO DO ALONE (H27)	ALLOWED TO DO WITH FRIENDS (H28)	MUST BE DONE WITH FAMILY (H29)
Go to church				
Go to the movies				
Go to the mall (e.g., Ayala, SM, etc.)				
Go to picnic				
Visit relatives				
Other activities, specify_____				

H30

How close do you think you are to your mother (biological mother)?

1 - Close

2 - Not close

-8 - NR/DK

-9 - NA

H31

How close do you think you are to your father (biological father)?

1 - Close

2 - Not close

-8 - NR/DK

-9 - NA

H32

Who do you consider as the person responsible for your upbringing?

1 -

Mother

2 -

Father

3 -

Both parents

4 -

Others, specify \_\_\_\_\_

-8 -

NR/DK

H33

Do you discuss the following with your mother/caretaker?

1 -

Yes, referring to biological mother

2 -

Yes, referring to caretaker

3 -

No, referring to caretaker

0 -

No, referring to biological mother

-8 -

NR/DK

-9 -

NA

READ TOPICS LISTED IN TABLE H-1. WRITE 1 IF YES, OR 0 IF NO DEPENDING ON THE RESPONSE. IF NO TOPIC IS EVER DISCUSSED, GO TO H36.

FOR EACH TOPIC DISCUSSED, ASK QUESTIONS H34 AND H35 AND ENTER RESPONSE IN THE APPROPRIATE COLUMNS IN THE TABLE BELOW.

H34

Who usually initiates the discussion about this topic?

1 -

Yourself

2 -

Mother

3 -

Can't remember

4 -

Caretaker initiates discussion (coded 2 in H33)

5 -

Father (if father not caretaker)

6 -

Others, specify \_\_\_\_\_

-8 -

NR/DK

-9 -

NA

H35

How is this topic discussed?

1 -

Serious one-on-one talk

2 -

Casual conversation

3 -

Indirectly (in jest, through a third person)

4 -

Others, specify

-8 -

NR/DK

-9 -

NA

H36

Whose opinion do you value most on this topic?

1 -

Your own

2 -

Mother

3 -

Father

4 -

Both Parents

5 -

Caretaker

6 -

Others relatives

7 -

Friends

8 -

Medical Practitioner

9 -

School/Teacher

10 -

Others, specify \_\_\_\_\_

-8 -

NR/DK

-9 -

NA

TABLE H-1

Topic No.	TOPIC	Is the topic discussed?	Who initiates the discussion?	How is the topic discussed?	Whose opinion do you value most?
		H33	H34	H35	H36
a.	Your friends				
b.	Having crushes				
c.	Having relationships				
d.	Going out on dates				
e.	Marriage				
f.	Sexual relations				

g.	Family planning				
----	-----------------	--	--	--	--

**PEER INFLUENCE:**

H37    How many close girl friends do you have?

ENTER NUMBER IN BOXES

- 0 -        No                    GO TO H39
- :
- 10 -       Ten                   CONTINUE

H38    Are they:

1 -        Younger than you

2 -        Your age

3 -        Older than you

-8 -       NR/DK

-9 -       NA

H39    How many close boy friends do you have?

ENTER NUMBER IN BOXES

- 0 -        No                    IF H37 IS ALSO 0, GO TO H45, OTHERWISE, GO TO H41
- :
- 10 -       Ten                   CONTINUE

H40    Are they:

1 -        Younger than you

2 -        Your age

3 -        Older than you

-8 -       NR/DK

-9 -       NA

H41    How often do you usually see your close friends in a week?

VERBATIM

-8 -       NR/DK

-9 -       NA

H42    Do any of your close friends (both sexes) have boyfriends/girlfriends?

1 -        Yes

0 -        No

-8 -       NR/DK

-9 -       NA

H43	Do any of your close friends				<input type="checkbox"/>
	smoke?	1 – Yes	0 – No	-8 -NR/DK	<input type="checkbox"/>
	drink alcoholic beverages?	1 – Yes	0-No	-8 -NR/DK	<input type="checkbox"/>
	take drugs?	1 – Yes	0-No	-8 -NR/DK	<input type="checkbox"/>
	-9 - NA				
H44	Do you think they have done the following?				<input type="checkbox"/>
	1 - Dating	1 – Yes	0 – No	-8 - NR/DK	<input type="checkbox"/>
	2 - Holding hands	1 – Yes	0 – No	-8 - NR/DK	<input type="checkbox"/>
	3. - Kissing	1 – Yes	0 – No	-8 - NR/DK	<input type="checkbox"/>
	4 - More than kissing,	1 – Yes	0 – No	-8 - NR/DK	<input type="checkbox"/>
	Specify: _____				
	-9 - NA				

ENTER RESPONSES TO THE FOLLOWING QUESTIONS IN THE TABLE BELOW

H45     Have you ever...

- smoked? (IF NO, SKIP TO ALCOHOLIC BEVERAGES)

- drank alcoholic beverages? (IF NO, SKIP TO DRUGS)

- taken drugs?

H46     How old were you when you first tried...

- smoking?

- drinking alcoholic beverages?

- taking drugs?

H47     Who initiated you into...

- smoking?

- drinking alcoholic beverages?

- taking drugs?

VERBATIM:

H48     Do you still...

- smoke?

- drink alcoholic beverages?

- take drugs?

H49     How often do you...

- smoke?

- drink alcoholic beverages?

- take drugs?

TABLE H-2

ACTIVITY	EVER TRIED (H45)			AGE WHEN 1st TRIED	PERSON WHO INITIATED	STILL DOING NOW HOW OFTEN?
	1 - Yes	0 - No	-8 - NR	H46	H47	H48/H49
Smoking				<div><div></div><div></div></div>		1    Yes, often 2    Yes, seldom 3    Did before, but not anymore -8   NR/DK -9   NA
Drinking alcoholic beverages				<div><div></div><div></div></div>		1    Yes, often 2    Yes, seldom 3    Did before, but not anymore -8   NR/DK -9   NA
Taking drugs (If yes, specify) _____ _____				<div><div></div><div></div></div>		1    Yes, often 2    Yes, seldom 3    Did before, but not anymore -8   NR/DK -9   NA

H50     Do you belong to any club or organization?

1 -     Yes                    CONTINUE

0 -     No                      GO TO H52

H51

Of what club or organization are you a member?

WRITE NAME OF CLUB OR ORGANIZATION:

-8 -NR/DK

-9 -NA

EDITORS: CODE WHETHER RELIGIOUS, ACADEMIC, SPORTS-ORIENTED, ETC.

RELIGIOUS AND MEDIA INFLUENCE:

H52

What is your religion?

1 -Catholic

2 -Protestant (Lutheran, Baptist, etc.)

3 -Protestant (Born again)

4 -Iglesia Ni Cristo

5 -Moslem

6 -Buddhist

7 -Other, specify

-8 -NR/DK

H53

How often do you go to church?

0 -Never

1 -Occasionally only

2 -About once in a month

3 -About once a week

4 -More often than once a week

-8 -NR/DK

H54

Do you consider yourself a religious person?

1 -Yes

0 -No

-8 -NR/DK

H55

Do you watch TV every week?

1 -Yes

0 -No

CONTINUE

GO TO H57

H56

What are your favorite TV shows?

WRITE NAME OF SHOWS:

-8 -NR/DK

-9 -NA

H57

Do you listen to radio every week?

1 - Yes

0 - No

CONTINUE

GO TO H59

H58

What kind of radio programs do you usually listen to?

WRITE NAME OF PROGRAMS:

-8 - NR/DK

-9 - NA

H59

Do you read magazines/pocketbooks/comics/newspapers?

1 - Yes

2 - Never

3 - Very seldom

CONTINUE

GO TO H61

GO TO H61

H60

What magazine/pocketbook/comics/newspaper do you usually read?

WRITE NAME OF READING MATERIALS:

-8 - NR/DK

-9 - NA

**SEXUAL BEHAVIOR:**

H61

Have you ever had a crush on a girl?

1 - Yes

0 - No

-8 - NR

GO TO H63

GO TO H63

H62

How old were you when you had your first crush?

ENTER AGE IN YEARS

-8 - NR/DK

-9 - NA

H63

At what age is it acceptable for a boy to have a crush?

ENTER AGE IN YEARS

-8 - NR/DK

-9 - NA



H64

Has any girl ever had a crush on you?

1 - Yes

0 - No

-8 - NR/DK

CONTINUE

GO TO H66

GO TO H66

H65

How old were you when girls started having crushes on you?

ENTER AGE IN YEARS

-8 - NR/DK

-9 - NA

H66

Have you ever courted a girl?

1 - Yes

0 - No

-8 - NR/DK

CONTINUE

GO TO H68

GO TO H68

H67

How old were you when you first courted a girl?

ENTER AGE IN YEARS

-8 - NR/DK

-9 - NA

H68

At what age is it acceptable for a boy to court?

ENTER AGE IN YEARS

-8 - NR/DK

H69

Are there times when you are left alone at home with a female friend?

1 - Yes

0 - No, never

-8 - NR/DK

H70

What do you understand by dating?

VERBATIM:

-8 - NR/DK

-9 - NA

H71

Have you ever gone on a date?

1 - Yes

0 - No

-8 - NR/DK

CONTINUE

GO TO H76

H72

How old were you when you first went on a date?

ENTER AGE IN YEARS

-8 - NR/DK

-9 - NA

H73

When you go on a date, is it usually:

1 - As a group

2 - You and your date with a chaperone

3 - Just you and your date without a chaperone

-8 - NR/DK

-9 - NA

H74 Are your parents (biological or caretakers) usually aware of these dates?

☐

- 1 - Yes CONTINUE
- 0 - No GO TO H76
- 8 - NR/DK
- 9 - NA

H75 Do your parents approve of these dates?

☐

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

H76 At what age is it acceptable for a boy to go on a date?

☐☐

ENTER AGE IN YEARS

- 8 - NR/DK

H77 Have you ever gone steady with a girl?

☐

- 1 - Yes CONTINUE
- 0 - No GO TO H82
- 8 - NR/DK

H78 How old were you when you first went steady?

☐☐

ENTER AGE IN YEARS

- 8 - NR/DK
- 9 - NA

H79 Do your parents (biological or caretakers) know about your having a relationship?

☐

- 1 - Yes CONTINUE
- 0 - No GO TO H81
- 8 - NR/DK
- 9 - NA

H80 Do you think that your parents approve of your having a relationship?

☐

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

H81 How many girlfriends have you had in all?

☐☐

ENTER NUMBER IN BOXES

- 8 - NR/DK
- 9 - NA

H82 At what age is it acceptable for a boy to go steady with girls?

☐☐

ENTER AGE IN YEARS

- 8 - NR/DK

H82A Have you ever had a crush on a boy?

1 - Yes

0 - No

-8 - NR

GO TO H82C

GO TO H82C

H82B How old were you when you had your first crush on a boy?

ENTER AGE IN YEARS

-8 - NR/DK

-9 - NA

H82C Have you ever gone steady with another boy?

1 - Yes

0 - No

-8 - NR/DK

CONTINUE

GO TO H83

H82D How old were you when you first went steady with another boy?

ENTER AGE IN YEARS

-8 - NR/DK

-9 - NA

H82E Do your parents (biological or caretakers) know about your relationship with boys?

1 - Yes

0 - No

-8 - NR/DK

-9 - NA

CONTINUE

GO TO H82G

H82F Do you think that your parents (biological or caretakers) approve of your relationship with boys?

1 - Yes

0 - No

-8 - NR/DK

-9 - NA

H82G How many male partners have you had in all?

ENTER NUMBER IN BOXES

-8 - NR/DK

-9 - NA

H83 Have you ever done the following :

CHECK APPROPRIATE RESPONSE			
ACTIVITY	1- Yes	0 - No	-8 - NR
Holding hands			
Kissing			
More than kissing			

IF RESPONDENT HAS GONE BEYOND KISSING, ASK H84, OTHERWISE, GO TO H85

H84 Have you ever done the following:

CHECK APPROPRIATE RESPONSE			

ACTIVITY	1- Yes	0 - No	-8 - NR
Petting			
Gone all the way			

H85

When do you think is the right time for a boy to have sex for the first time?

VERBATIM:

8 - NR/DK

H86

When do you think is the right time for a girl to have sex for the first time?

VERBATIM:

8 - NR/DK

H87

When do you think is the right time for a boy to get married?

VERBATIM:

-8 - NR/DK

H88

When do you think is the right time for a girl to get married?

VERBATIM:

-8 - NR/DK

H89

When do you think is the right time for a girl to get pregnant?

VERBATIM:

-8 - NR/DK

**FAMILY PLANNING KNOWLEDGE:**

H90

Have you ever heard about family planning?

1 - Yes

0 - No

CONTINUE

GO TO H101

H91

What is family planning for?

LET THE CHILD EXPLAIN ABOUT FP. IF UNABLE TO EXPLAIN GO TO H101

-8 - NR/DK

-9 - NA

H92

From where did you get your information on family planning?

VERBATIM:


-8 - NR/DK  
-9 - NA

H93      Nowadays, there are many family planning methods. What method have you heard of?

LET THE CHILD ENUMERATE ALL METHODS HE KNOWS WITHOUT PROMPTING HIM. WRITE "1" IN THE FIRST COLUMN FOR EACH METHOD MENTIONED SPONTANEOUSLY; THEN PROCEED DOWN THE COLUMN, READ THE NAME OF EACH METHOD NOT MENTIONED SPONTANEOUSLY, AND WRITE "2" UNDER SECOND COLUMN IF CHILD HAS HEARD OF METHOD, AND "0" IF HE HAS NOT.

METHOD		HEARD OF	
		SPONTANEOUS	PROMPTED ANSWER
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)		

-9 -      NA

H94      Do you know where to get family planning supplies/services?

- 1 -      Yes                      CONTINUE
- 0 -      No                              GO TO H96
- 8 -      NR/DK
- 9 -      NA

H95      Where can you get family planning supplies/services?

WRITE SOURCE OF SUPPLIES OR SERVICES:

- 8 -      NR/DK
- 9 -      NA



H101 Please tell me if you agree with the following statements:

READ STATEMENTS LISTED IN TABLE BELOW AND CHECK APPROPRIATE COLUMN

STATEMENT	1 - Yes	0 - No	-8 - Don't Know
Only adults 20 and above, even if not married, should have sex			
Only married couples should have sex			
Only women 20 and above, even if not married, should use family planning methods			
Only married women should use family planning methods			
Boys your age or aged 14-16, should not have sex yet			
Girls your age or aged 14-16, should not have sex yet			
Boys your age or aged 14-16, should not marry yet			
Girls your age or aged 14-16, should not marry yet			

H102 What does your mother/caretaker think about the following statements. Do you think she agrees that:

READ STATEMENTS LISTED IN TABLE BELOW AND CHECK APPROPRIATE COLUMN

STATEMENT	1 - Yes (biol. mother) 2 - Yes (caretaker)	0 - No (biol. mother) 3 - No (caretaker)	-8 - DK biol. Mother's opinion -7 - DK Caretaker's opinion
Only adults 20 and above, even if not married, should have sex			
Only married couples should have sex			
Only women 20 and above, even if not married, should use family planning methods			
Only married women should use family planning methods			
Boys your age or aged 14-16, should not have sex yet			
Girls your age or aged 14-16, should not have sex yet			
Boys your age or aged 14-16, should not marry yet			
Girls your age or aged 14-16, should not marry yet			

END OF BLOCK H



BLOCK I. ADOLESCENT REPRODUCTIVE HEALTH

I1 I will mention a list of problems men may experience. Please tell me if you have ever experienced any of these.

1 - Yes

0 - No

ENTER ANSWER IN COL. I1 OF TABLE I-1

Table I-1. Reproductive Health Problems

PROBLEM	Experienced? I1
1. Painful urination	
2. Itchiness in genital area	
3. Genital discharges	
4. Other related problems, specify _____	

IF RESPONDENT HAS NOT EXPERIENCED ANY PROBLEM, GO TO I11, OTHERWISE ASK I2

I2 Did you consult someone for any of these problems?

1 - Yes GO TO I4

0 - No CONTINUE

-9 - NA

I3 Why not?

VERBATIM:

\_\_\_\_\_

\_\_\_\_\_

-8 - NR/DK

-9 - NA

IF ADOLESCENT IS SEXUALLY ACTIVE , ASK I14, OTHERWISE, GO TO I27

FILL OUT TABLE I-2 FOR DETAILS REGARDING EACH PRACTITIONER MENTIONED

I4 Who did you consult? (GET NAME OF PRACTITIONER AND ADDRESS OF CLINIC)  
RECORD ANSWER IN COL. I4 OF TABLE I-2

IF RESPONDENT DOESN'T KNOW NAME AND/OR ADDRESS AND HER RESPONSE TO I7 IS 0, **DO NOT GET ADDRESS FROM MOTHER**, VERIFY AT OPS OR FROM SUPERVISOR.

EDITORS: ASSIGN A UNIQUE CLINIC CODE FOR EACH CLINIC MENTIONED

- 0 - no clinic, practices at home

-8 - NR/DK
- 1 - no clinic, does home visit

-9 - NA
- :
- 8 - Holy Family Clinic (example)
- 9 - Camputhaw Health Center (example)

- I5 Is this person a:

1 - private doctor

2 - private nurse

3 - private midwife

4 - government doctor

5 - government nurse

6 - government midwife

7 - school doctor

8 - school nurse

9 - mananambal

10 - mother

11 - father

12 - caretaker

13 - Others, specify \_\_\_\_\_

-8 - NR/DK

-9 - NA

ENTER ANSWER IN COL. I5 OF TABLE I-2

I6 What was the diagnosis?  
VERBATIM- ENTER KEY PHRASES IN COL. I6 OF TABLE I-2

- I7 Were your parents informed of this consultation?

1 - Yes

0 - No

-8 - NR/DK

-9 - NA

ENTER CODE IN COL. I7 OF TABLE I-2

- I8 How many times have you visited this person?

1 - Once

:

9 - Nine

-8 - NR/DK

-9 - NA

ENTER ANSWER IN COL. I8 OF TABLE I-2

- I9 Would you consult this person again should you have similar problems in the future?

1 - Yes

0 - No

-8 - NR/DK

-9 - NA

- I10 How much do you usually pay this person per visit? (IN PESOS)

-8 - NR/DK

-9 - NA

ENTER ANSWER IN COL. I10 OF TABLE I-2

AFTER LAST PRACTITIONER, GO TO I14

Table I-2. Practitioners Consulted For Reproductive Health Problems

Name of Practitioner/Clinic Address (I4)	Clinic Code	Type (I5)	Diagnosis (I6)	Parents informed (I7)	Number of visits made (I8)	Will consult again? (I9)	Cost per visit (I10)



I11Imagine you were having any of the problems I just mentioned, would you cosult someone?

1 -YesGO TO I13

0 -NoCONTINUE

-8 -NR/DKGO TO I14

-9 -NA

I12Why not?

VERBATIM:

-8 -NR/DK

-9 -NA

IF ADOLESCENT IS SEXUALLY ACTIVE, GO TO I14, OTHERWISE, GO TO I27

I13Who would you consult? Do you have a specific person or clinic in mind?

VERBATIM:

RECORD NAME, ADDRESS AND TYPE OF PRACTITIONER FOR EACH PERSON MENTIONED

-8 -NR/DK

-9 -NA

IF RESPONDENT CANNOT NAME A SPECIFIC PERSON, ASK TYPE OF PRACTITIONER OR CLINIC (e.g., private doctor, government midwife, etc.)

EDITORS: ASSIGN TWO CODES FOR EACH PERSON MENTIONED

1) CLINIC CODE - To link clinic with index children-patients

0 -no clinic, practices at home

1 -no clinic, does home visits

:

8 -Holy Family Clinic (example)

9 -Camputhaw Health Center (example)

-8 -NR/DK

-9 -NA

2) TYPE OF PRACTITIONER

1 -private doctor

2 -private nurse

3 -private midwife

4 -government doctor

5 -government nurse

6 -government midwife

7 -school doctor

8 -school nurse

9 -mananambal

10 -mother

11 -father

12 -caretaker

13 -others, specify

-8 -NR/DK

-9 -NA

AFTER LAST PRACTITIONER, GO TO I14

IF ADOLESCENT IS SEXUALLY ACTIVE, ASK I14, OTHERWISE, GO TO I27

I will read to you a list of problems men who are having sex may experience.

INTERVIEWER: GO THROUGH EACH SYMPTOM IN TABLE I-3. FOR EACH SYMPTOM, ASK I14 THROUGH I23.

I14 Have you ever experienced  
1 - Yes  
0 - No (IF NO OR NR/DK, MOVE TO NEXT SYMPTOM. IF RESPONSE IS 0 AND/OR -8 TO ALL SYMPTOMS, GO TO I24  
-8 - NR/DK  
ENTER ANSWER IN COL. I14 OF TABLE I-3

I15 Did you consult someone about this problem?  
1 - Yes GO TO I17  
0 - No CONTINUE

I16 Why not?  
VERBATIM- ENTER KEY PHRASES IN COL. I16 OF TABLE I-3  
  
-8 - NR/DK  
-9 - NA  
GO TO I27

I17 Who did you consult? (GET NAME OF PRACTITIONER AND ADDRESS OF CLINIC)  
ENTER ANSWERS IN COL. I17 OF TABLE I-3  
-8 - NR/DK  
-9 - NA

IF RESPONDENT DOESN'T KNOW NAME AND ADDRESS AND HER RESPONSE TO I20 IS 0, **DO NOT GET SUCH INFORMATION FROM MOTHER.** VERIFY AT OPS OR FROM SUPERVISOR.  
EDITORS: ASSIGN CLINIC CODE FOR EACH CLINIC MENTIONED

- 0 - no clinic, practices at home
- 1 - no clinic, does home visit
- :
- 8 - Holy Family Clinic (example)
- 9 - Camputhaw Health Center (example)
- 8 - NR/DK
- 9 - NA

I18 Is this person a:  
1 - private doctor  
2 - private nurse  
3 - private midwife  
4 - government doctor  
5 - government nurse  
6 - government midwife  
7 - school doctor  
8 - school nurse  
9 - mananambal  
10 - mother  
11 - father  
12 - caretaker  
13 - others, specify\_\_\_\_\_  
-8 - NR/DK  
-9 - NA

ENTER CODE IN COL. I18 OF TABLE I-3

I19 What was the diagnosis?  
VERBATIM- ENTER KEY PHRASES IN COL. I19 OF TABLE I-3  
-8 - NR/DK  
-9 - NA

I20 Were your parents informed of this consultation?  
1 - Yes  
0 - No  
-8 - NR/DK  
-9 - NA  
ENTER ANSWER IN COL. I20 OF TABLE I-3

I21 How many times have you visited this person?  
ENTER NUMBER IN COL. I21 OF TABLE I-3  
  
-8 - NR/DK  
-9 - NA

I22 Would you consult this person again should you have similar problems in the future?  
1 - Yes  
0 - No  
-8 - NR/DK  
-9 - NA  
ENTER ANSWER IN COL. I22 OF TABLE I-3

I23 How much do you usually pay this person per visit? (IN PESOS)  
ENTER ANSWER IN COL. I23 OF TABLE I-3  
-8 - NR/DK  
-9 - NA

AFTER LAST PRACTITIONER, GO TO I27

Table I-3. Practitioners Consulted by Sexually -Active Adolescents

SYMPTOM	Expe- rienced (I14)	Consult someone (I15)	Reason for not consulting (I16)	Name of Practitioner/Address (I17)	Type (I18)	Diagnosis (I19)	Parents know (I20)	Number of visits made (I21)	Will consult again (I22)	Cost per visit (I23)
Penile discharges/irritation										
Painful urination										
Pain during intercourse										
Genital warts/ulcers										
Other related problems, specify _____ _____										

AFTER LAST PRACTITIONER, GO TO I27

I24      Imagine you were having any of these problems, would you consult someone?

- 1 -      Yes                      GO TO I26
- 0 -      No                          CONTINUE
- 8 -      NR/DK                      GO TO I27
- 9 -      NA

I25      Why not?

VERBATIM:

- 8 -      NR/DK
- 9 -      NA

GO TO I27

I26      Who would you consult? Do you have specific person or clinic in mind?

RECORD NAME, ADDRESS AND TYPE OF PRACTITIONER FOR EACH PERSON MENTIONED

VERBATIM:

-8 - NR/DK

-9 - NA

IF RESPONDENT CANNOT NAME A SPECIFIC PERSON, ASK TYPE OF PRACTITIONER OR CLINIC (e.g., private doctor, government midwife, etc.)

EDITORS: ASSIGN TWO CODES FOR EACH PERSON MENTIONED

1) CLINIC CODE - To link clinic with index children-patients

- 0 - no clinic, practices at home

1 - no clinic, does home visit

:

8 - Holy Family Clinic (example)

9 - Camputhaw Health Center (example)

-8 - NR/DK

-9 - NA

2 ) TYPE OF PRACTITIONER

- 1 - private doctor

2 - private nurse

3 - private midwife

4 - government doctor

5 - government nurse

6 - government midwife

7 - school doctor

8 - school nurse

9 - mananambal

10 - mother

11 - father

12 - caretaker

13 - others, specify

-8 - NR/DK

-9 - NA

I27      Do you know that there are diseases one can get by having sex?

- 1 - Yes

0 - No

-8 - NR/DK
- CONTINUE

TERMINATE INTERVIEW

TERMINATE INTERVIEW

I28      From where did you learn about this?

VERBATIM:

-8 - NR/DK

-9 - NA

I29

How are such diseases called?

VERBATIM:

-8 - NR/DK

-9 - NA

I30

What are the symptoms?

VERBATIM:

-8 - NR/DK

-9 - NA

I31

What should one do if he or she has these symptoms?

VERBATIM:

-8 - NR/DK

-9 - NA

I32

What should one do to avoid getting such disease?

VERBATIM:

-8 - NR/DK

-9 - NA

END OF INTERVIEW