

CEBU LONGITUDINAL HEALTH AND NUTRITION STUDY  
2009 Male Index Tracking Survey

BLOCK X: ID AND SCREENING

ID1

Type of Survey:

2

0

0

9

4

ID2

Current Barangay:

(See BARANGAY CODE LIST)

ID3

Current Stratum:

1 - Urban

2 - Rural

ID4

Baseline ID Number:

BRGY

HHLID

WMAN

ID5

Index Child's ID Number:

ID6

Mother's ID Number:

ID7

Sex of Index Child:

1 - Male

1

ID8

Last Interview of Index Child:

1- 2007

2- 2005

ID9

Name of Index Child:

Address at last visit:

2009 address (Current address):

Contact Number:

ID10

INTERVIEWER: Is the 2009 address same as the address at last visit?

0 - No

1 - Yes

ID11

Name of Interviewer:

ID12

Date of Interview Completion/Household Visit:

MONTH

DAY

YEAR

ID13

2009 INTERVIEW STATUS:  
Is Index Child available for this interview?

0 - No (CONTINUE)

1 - Yes (GO TO CALL RECORD AND PROCEED WITH MAIN INTERVIEW)

ID14

Reason why not interviewed:

1 - Index Child deceased

X1

DATE OF DEATH:

Month

Year

-8 - NR/DK

-9 - NA

X2 CAUSE OF DEATH

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

- 8 - NR/DK
- 9 - NA

END INTERVIEW

2 - Index Child moved out of last known address to another area in Metro Cebu; and unlocated

Address: \_\_\_\_\_ Contact No. \_\_\_\_\_

3 - Index Child moved out of last known address outside Metro Cebu

X3 WHEREABOUTS OF IC BASED ON HOUSEHOLD INFORMANT:

- 1 - Outside Metro Cebu, in Cebu province
- 2 - Outside Cebu province (but not abroad), specify: \_\_\_\_\_
- 3- Abroad, specify \_\_\_\_\_
- 7- DK/No available information
- 8 - NR
- 9 - NA

- 4 - Index Child refused
- 5 - Index child institutionalized, specify institution \_\_\_\_\_
- 6 - Index child incapacitated, specify condition \_\_\_\_\_
- 9 - NA

FOR INDEX CHILDREN WHO COULD NOT BE INTERVIEWED:

OBTAIN THE FF. INFORMATION FROM A RELIABLE INFORMANT (COULD BE A HOUSEHOLD MEMBER OR ANY OTHER PERSON WHO MAY HAVE THESE INFORMATION ON THE INDEX CHILD

X4 Would you know if \_\_\_\_\_ (NAME OF INDEX CHILD) is currently working and/or in school?

- 0 - Neither working nor in school
- 1 - In school
- 2 - Working
- 3 - Working and in school
- 4 - Other, specify \_\_\_\_\_
- 8 - NR/DK

IF IC IS NOT CURRENTLY WORKING, ASK X5; OTHERWISE GO TO X6

X5 Has \_\_\_\_\_ (NAME OF INDEX CHILD) ever worked?

- 0 - No GO TO X8
- 1 - Yes
- 8 - NR/DK

X6 Has \_\_\_\_\_ (NAME OF INDEX CHILD) worked abroad since 2007/last visit (for example, as an “Overseas Filipino Worker” or OFW)?

- 0- No GO TO X8
- 1- Yes CONTINUE

X7 Where did he work abroad? What kind of jobs did he hold? When did he work abroad?  
FILL OUT TABLE X-1 WITH INFORMATION ON JOBS HELD ABROAD. ENTER JOBS IN  
CHRONOLOGICAL ORDER (STARTING WITH FIRST JOB HELD ABROAD). DATES MAY BE  
ESTIMATED.

Table X-1. Overseas work experience

Place of job	Type of job	Date started	Date ended (enter -99 if job currently held)
1.			
2.			
3.			
4.			

X8 Marital status of index child

- 1 - Never married

2 - Legally married

3- Not legally married/cohabiting
- 4 - Widowed

5 - Separated

-8 - NR/DK

CALL RECORD

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

RESULT CODES: 1 - Interview completed

4 - Refusal, no interview

obtained

2 - Interview partly completed, new appointment made

5 - No respondent at home

3 - Appointment made for interview later

6 - Other (SPECIFY)

ID15 Total Number of Sessions Required to Complete Interview:

END OF BLOCK X

BLOCK A: HOUSEHOLD COMPOSITION

A0

Who is the head of this household?

1 - Index child

2 - Spouse of Index child

3 - Other household member

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

IF IC IS NOT KNOWLEDGEABLE ENOUGH ABOUT THE HOUSEHOLD, ASK FOR OTHER HOUSEHOLD MEMBERS WHO CAN RESPOND TO SPECIFIC SECTIONS IN THIS BLOCK.

A1

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

NO. OF PERSONS

A2

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

NO. OF PERSONS

FOR ALL PERSONS IN THE HOUSEHOLD, INCLUDING THOSE TEMPORARILY ABSENT, ASK A3 THROUGH A8. RECORD RESPONSES IN TABLE A-1. BEGIN WITH HEAD OF HOUSEHOLD, WHO SHOULD HAVE LINE NUMBER 1, THEN CONTINUE WITH HIS/HER SPOUSE, UNMARRIED CHILDREN, MARRIED CHILDREN, HELPERS, ETC.

A3

What is his/her full name?

ENTER NAME IN COL. A3

A4

How is he/she related to the household head?

ENTER RESPONSE IN COL. A4  
(CODES TO BE ASSIGNED BY EDITORS)

A5

How is he/she related to (INDEX CHILD)?

ENTER RESPONSE IN COL. A5  
(CODES TO BE ASSIGNED BY EDITORS)

A6

IF NOT OBVIOUS TO INTERVIEWER, ASK: Is this person male or female?

1 - Male

2 - Female

ENTER CODE IN COL. A6

A7

When was he/she born?

What month?

ENTER MONTH IN FIRST COLUMN OF A7 AND

What year?

FOUR DIGITS OF YEAR IN 2nd COLUMN OF A7

A8

How old was he/she on his/her last birthday?

ENTER AGE IN COLUMN A8

ASK A9 AND A10 OF IC ONLY

A9

What is the highest grade that he completed?

ENTER RESPONSE IN COL. A9

A10

Is he currently studying in school?

ENTER CODE IN COL. A10

0 - No

1 - Yes

IF YES: What degree/program are you currently enrolled in?

\_\_\_\_\_

A11

FOR OFFICE EDITOR:  
CODE HOUSEHOLD TYPE

TABLE A-1. HOUSEHOLD ROSTER

[illegible]

A12

Marital status of index child?

1 - Never married

2 - Legally married

3 - Not legally married/cohabiting

4 - Widowed

5 - Separated

-8 - NR/DK

☐

A13

Were there any changes in your marriage since 2007/last visit?

0 - Still never married

1 - Still living with same spouse in last visit

2 - Living with new spouse (legally married)

3 - Living with new spouse (not legally married)

4 - Widowed

5 - Separated

6 - Reunited with previous spouse

7 - Still widowed

8 - Still separated

9 - Others (Specify) \_\_\_\_\_

☐

A14

What is your religion?

0 - No 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

GO TO A16

☐

A15

How often do you go to church?

0 - Never

1 - Occasionally only

2 - About once a month

3 - About once a week

4 - More often than once a week

-8 - NR/DK

☐

A16

Do you consider yourself a religious person?

0 - No

1 - Yes

-8 - NR/DK

☐

END OF BLOCK A

BLOCK B: ENVIRONMENTAL INFORMATION

B1

What is your usual source of drinking water?

1 - MCWD piped supply (Metro Cebu Water District)

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

6 - Spring

7 - River

8 - Rainwater

9 - Mineral water/bottled water

10 - Other (specify) \_\_\_\_\_

B2

Where is this water source located?

1 - Inside respondent's house

2 - In respondent's yard

3 - Not in house or yard, water delivered by vendor (someone paid to bring water to house)

4 - Not in house or yard, respondent or family member hauls water to house

-8 - NR/DK

-9 - NA (Mineral water)

B3

What type of toilet facility do you have?

1 - Flush toilet

2 - Water-sealed toilet

3 - Latrine, antipolo

4 - Open pit

5 - None (use field, canal, seashore)

6 - Other (specify) \_\_\_\_\_

-8 - NR/DK

CONTINUE

CODE -9 IN B4, GO TO B5

GO TO B5

B4

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

B5

What is your usual method of garbage disposal?

1 - Collected by a garbage collector

2 - Burning

3 - Composting

4 - Dumped away from house

5 - Dumped around or near house

6 - Dumped in river/stream

7 - Other (specify) \_\_\_\_\_

-8 - NR/DK

B6

What type of lighting do you usually use?

1 - Electricity

2 - Kerosene

3 - Oil

4 - LPG (e.g., Gasul, Shellane)

5 - Candle

6 - Other (specify) \_\_\_\_\_

-8 - NR/DK

B7

What fuel do you usually use for cooking?

1 - Electricity

2 - Kerosene

3 - LPG (e.g., Gasul, Shellane)

4 - Wood/charcoal

5 - Other (specify) \_\_\_\_\_

-8 - NR/DK

B8Where do you usually buy most of your food?

1 - Carbon/Taboan Market (main open markets)

2 - Other market in Metro Cebu, specify \_\_\_\_\_

3 - Supermarket (Name of supermarket: \_\_\_\_\_ )

4 - Sari-sari store (neighborhood grocery stores)

5- Other, specify: \_\_\_\_\_

-8 - NR/DK

B9How would you describe the air quality in the neighborhood (street dust, fumes from cars/trucks, burning garbage, fumes from factories, etc.)?

1 - Good (fine, fresh, cool)

2 - Bad smell from human/animal waste

3 - Bad smell from canal/garbage

4 - Presence of street dust/fumes from trucks & other vehicles

5 - Fumes from factories

-8 - NR/DK

ENVIRONMENTAL ASSESSMENT

ALL QUESTIONS FROM B10 TO B24 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).

B10INTERVIEWER: OBSERVE, DO NOT ASK. Based on your judgment, how would you describe the air quality in the neighborhood (street dust, fumes from cars/trucks, burning garbage, fumes from factories, etc.)?

1 - Good (fine, fresh, cool)

2 - Bad smell from human/animal waste

3 - Bad smell from canal/garbage

4 - Presence of street dust/fumes from trucks & other vehicles

5 - Fumes from factories

-8 - NR/DK

B11What 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

B12What 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

B13What 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

B14Is the area in the house where the food is kept:

1 - Very clean

2 - Not so clean

3 - Filthy

B15In what type of settlement does the respondent live?

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

1 - Urban squatter area

2 - Urban, congested

3 - Urban, less congested

4 - Urban, outskirts of city center (e.g., Camputhaw, Lahug, Guadalupe, Banilad)

5 - Rural town (poblacion)

6 - Rural barangay outside of poblacion

7 - Rural - remote (isolated sitio or single house)



B16

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

5 - Mostly factories/manufacturing/industrial buildings

B17

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

USE SAME CODES AS IN B16

B18

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

1 - One

2 - Two

:

20 - Twenty or more

B19

Is the respondent's house connected to the electrical system (Visayan Electric Co. in Cebu City, Mandaue, Mactan Electric Co. in Lapu-lapu City; some other public system) regardless as to whether it is used or not?

0 - No

1 - Yes

B20

Of what kind of material is the respondent's house constructed?

1 - Light - refers to house made of nipa or similar wood

2 - Mixed - refers to house made of cement and/or wood, but with nipa or similar materials for wall or roof

3 - Strong - refers to house made exclusively of cement and/or wood with galvanized iron roofing

B21

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)

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

USE TABLE BELOW AND ENTER RESPONSE CODES IN APPROPRIATE COLUMN

- 1 - Neat and tidy

2 - Not so neat and tidy

3 - Poorly kept, dirty, messy

-9 - NA (No children) For B23 only

B22	House/environs	
B23	Children	
B24	Index Child	

END OF BLOCK B

BLOCK C: HOUSEHOLD ASSETS

INTERVIEWER: IF INDEX CHILD IS LIVING WITH EMPLOYER, QUESTIONS IN THIS BLOCK PERTAIN ONLY TO INDEX CHILD’S AND HER FAMILY’S ASSETS.

C1     Do you/does your household own this house you are living in?

0 -     No

1 -     Yes

-8 -    NR/DK

☐

C2     Do you/does your household own this land on which this house you’re living in is built?

0 -     No

1 -     Yes

-8 -    NR/DK

☐

C3     Do you/does your household own any of the following vehicles and appliances?

0 -     No

1 -     Yes

Table C-1. Household Assets

Bicycle		Rice cooker	
Bicycle with side car		Microwave oven	
Motorcycle/motorbike		Pressure cooker/turbo boiler/blender/other expensive specialized cooking gadgets	
Motorcycle with side car		TV, without cable connection	
Car		TV, with cable connection	
Jeep/jeepney/multicab		VCR (Betamax, VHS, VCD/DVD)	
Truck/bus		Cassette recorder	
Motorized boat		CD player	
Banca/raft		Stereo/Karaoke/Videoke	
Other vehicle, specify _____		Computer, without internet access	
Electric iron		Computer, with internet access	
Electric fan		Washing machine	
Air conditioner		Vacuum cleaner/floor polisher	
Sewing machine		Kerosene stove	
Refrigerator		Digital camera/Video camera	
Gas (LPG)/electric stove		Video games (playstation, X-box, etc.)	
Gas(LPG)/electric range/oven		Other appliances, specify _____	

C4     How would you compare your current economic condition to your economic condition in 2007/last visit?

1 -     Better off         Why so? \_\_\_\_\_

2 -     Worse off         Why so? \_\_\_\_\_

3 -     The same better condition

4 -     The same worse condition

-8 -    NR/DK

☐

☐

C5     Does your household have a telephone (landline)?

0 -     None

1 -     Yes, currently has a phone (PLS MAKE SURE PHONE NUMBER IS RECORDED ON COVER PAGE (ID9)).

2 -     No, but has applied for phone connection

3 -     No, lives in an area without phone lines/connection

-7 -    Yes, but currently disconnected

☐

C6     Does any member in your household have a cell phone? If yes, how many members have cell phones (referring to functioning cell phones)?

IF NONE, CODE 0.

☐

☐

**IC'S CELL PHONE USE**

C7 Do you have a cell phone?

- 0 - No GO TO BLOCK Z
- 1 - Yes CONTINUE

C7a IF YES, how many cell phones do you have? \_\_\_\_\_

FOR EACH CELL PHONE OWNED BY IC, ASK C8 THRU C16 AND ENTER RESPONSES IN CORRESPONDING COLUMNS IN TABLE C-2.

C8 Do you, alone, own the cell phone?

- 0 - No GO TO C10
- 1 - No, co-own with someone else CONTINUE
- 2- Yes CONTINUE
- 9 - NA

C9 How long have you owned this cell phone?

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

- 9 - NA

C10 Do you have another SIM card that you use for this phone?

- 0 - No
- 1 - Yes (How many? \_\_\_\_\_ )
- 9 - NA

C11 Does anyone else use this cell phone on a daily basis?

- 0 - No
- 1 - Yes (How many people? \_\_\_\_\_ )
- 9 - NA

C12 How often is your cell phone 'on'?

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

- 9 - NA

C13 What type of "load" are you using?

- 1 - Monthly plan
- 2 - Prepaid card
- 3 - Pasa load
- 4 - E-load/Autoload
- 5 - Combination codes, specify \_\_\_\_\_
- 9 - NA

C14 Usually, how many days in a week does your cell phone have a load?

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

- 9 - NA

C15 Approximately how many hours in the day is the cell phone with you? (for example, if you go to work, market, etc. do you bring the cell phone with you? ) \_\_\_\_\_ hrs. per day

- 9 - NA

C16 Do you turn it off every night?

- 0 - No
- 1 - Yes
- 9 - NA
- 7 Phone not turned on all the time

Table C-2

	Cell phone # 1	Cell phone # 2	Cell phone # 3
C8 Do you, alone, own the cell phone?			
C9 How long have you owned this cell phone?			
C10 Do you have another SIM card that you use for this phone?			
C10a How many SIM cards?			
C11 Does anyone else use this cell phone on a daily basis?			
C11a How many people?			
C12 How often is your cell phone ‘on’?			
C13 What type of “load” are you using?			
C14 Usually, how many days in a week does your cell phone have a load?			
C15 Approximately how many hours in the day is the cell phone with you? (for example, if you go to work, market, etc. do you bring the cell phone with you? ) _____ hrs. per day			
C16 Do you turn it off every night?			

C17

How long has it been since you’ve started using a cell phone?

0 - Less than 1 year

1 - One year

:

-9 - NA

C18

Since you’ve started using a cell phone how many SIM cards have you used?

\_\_\_\_\_ no. of SIMs

-9 - NA

C19

If we had a study that requires the use of a cell phone (with us paying for your load), where we will be calling you on your cell to ask questions, or send you text messages for you to respond to - will you participate?

0 - No, why not?\_\_\_\_\_

1 - Yes, why?\_\_\_\_\_

-9 - NA

END OF BLOCK C

BLOCK Z. MODIFIED HOUSEHOLD INCOME SECTION

INTERVIEWER: IF INDEX CHILD IS LIVING WITH EMPLOYER, QUESTIONS IN THIS BLOCK PERTAIN ONLY TO INDEX CHILD’S AND HIS FAMILY’S SOURCES OF INCOME.

Z1 Did you/your household receive income (in cash or in kind) from each source in the past 12 months?

- 0 - No
- 1 - Yes

Income from wage work	<input type="checkbox"/>
Income from work paid on a per piece basis	<input type="checkbox"/>
Income from farming	<input type="checkbox"/>
Income from raising livestock	<input type="checkbox"/>
Income from fishing	<input type="checkbox"/>
Income from self-employment	<input type="checkbox"/>
Rent from agricultural/commercial land	<input type="checkbox"/>
Income from boarders/lodgers, house rental	<input type="checkbox"/>
Pensions, dividends, bonuses, savings interest	<input type="checkbox"/>
Loans	<input type="checkbox"/>
Winnings (masiao, lotto, sabong)	<input type="checkbox"/>
Income from home gardening	<input type="checkbox"/>
Others, specify _____	<input type="checkbox"/>

Z2 Did you/your household receive cash remittances from the following (NON-HOUSEHOLD MEMBERS): Within the Philippines or outside Philippines/abroad (in the past 12 months)?

- 0 - No
- 1 - Yes

	Within the Philippines	Outside Philippines
Cash remittance from spouse	<input type="checkbox"/>	<input type="checkbox"/>
Cash remittance from sibling	<input type="checkbox"/>	<input type="checkbox"/>
Cash remittance from parents	<input type="checkbox"/>	<input type="checkbox"/>
Cash remittance from other relatives, friends	<input type="checkbox"/>	<input type="checkbox"/>

BLOCK D. MARKET ACTIVITIES (ASK OF IC ONLY)

D1

What is your main job?  
MAIN JOB IS THAT JOB ON WHICH THE INDEX CHILD SPENDS THE MOST TIME.

0 -

Not working

GO TO D13

1 -

Farming

2 -

Fishing

3 -

Self-employed, describe job:

4 -

Wage/salary worker, describe job:

5 -

Unpaid family worker in family-owned business (store, sewing)

D2

Place of work

0 -

Ambulant vendor

1 -

At home

2 -

Immediate neighborhood

3 -

Same barangay

4 -

Different barangay, same municipality/city, specify:

5 -

Different municipality/city, same province

NAME OF MUNICIPALITY

6 -

Other, specify

D3

During the workweek before this interview, how many hours did you spend on this job?  
ENTER NUMBER OF HOURS

-9 -

NA (did not work last week)

D4

How do you usually perform your main job?

1 -

Sitting most of the time

2 -

Standing most of the time

3 -

Squatting on the ground most of the time (e.g. doing laundry near a pump or on a river, weeding the farm)

4 -

Standing and bending over most of the time (e.g. planting rice)

5 -

Moving around most of the time

6 -

Combination of any codes above (specify codes)

-9 -

NA

D5

How did you find this job?      VERBATIM

-9 -

NA

D6

How long did it take you to find this job?      VERBATIM

-9 -

NA

D7

Are you currently holding a secondary job for which you are paid for in cash or in kind to supplement your income?

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

0 -

No

GO TO D12

1 -

Yes

CONTINUE

-9 -

NA

(Not currently working)

D8

What is your secondary job?

1 -

Farming

2 -

Fishing

3 -

Self-employed

4 -

Wage/salary worker

5 -

Unpaid family worker in family-owned business (store, sewing)

-9 -

NA

D9

Place of work

0 - Ambulant vendor

1 - At home

2 - Immediate neighborhood

3 - Same barangay

4 - Different barangay, same municipality/city, specify: \_\_\_\_\_

5 - Different municipality/city, same province

NAME OF MUNICIPALITY \_\_\_\_\_

6 - Other, specify \_\_\_\_\_

D10

During the workweek before this interview, how many hours did you spend on this secondary job?  
ENTER NUMBER OF HOURS

-9 - NA (did not work last week)

D11

How do you usually perform your secondary job?

1 - Sitting most of the time

2 - Standing most of the time

3 - Squatting on the ground most of the time (e.g. doing laundry near a pump or on a river, weeding the farm)

4 - Standing and bending over most of the time (e.g. planting rice)

5 - Moving around most of the time

6 - Combination of any codes above (specify codes) \_\_\_\_\_

-9 - NA

D12

Are you receiving any employment benefits like SSS/GSIS, Philhealth (Medicare), PAG-IBIG in your job?

0 - No

1 - Yes

-8 - NR/DK

CONTINUE

GO TO D14

D13

Do you have or are you paying (voluntary) your SSS/GSIS, Philhealth, PAG-IBIG or other health insurance?

0 - No

1 - Yes

-8 - NR/DK

D14

Have you ever worked abroad (for example, as an “Overseas Filipino Worker” or OFW) since 2007/last visit?

0 - No

1 - Yes

-8 - NR/DK

GO TO BLOCK F

CONTINUE

D15

Where did you work abroad? What kind of jobs did you hold? When did you work?

FILL OUT TABLE D-1 WITH INFORMATION ON JOBS HELD ABROAD. ENTER JOBS IN CHRONOLOGICAL ORDER (STARTING WITH FIRST JOB HELD ABROAD). DATES MAY BE ESTIMATED.

Table D-1. Overseas work experience

Place of job	Type of job	Date started	Date ended (enter -99 if job currently held)
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			

END OF BLOCK D

BLOCK F. REPRODUCTION

Now we would like to ask you questions about sex and your experiences with sex. It is possible that these questions might make you feel uncomfortable. Your participation in this part of the interview is voluntary, and if you choose to participate you can skip any question that you do not wish to answer.

NOTE TO INTERVIEWER: IF IC IS MARRIED, PROCEED TO F2.

F1

Have you ever had sexual intercourse?

0 - No

GO TO F36

1 - Yes

CONTINUE

-8 - NR

GO TO F36

F2

At what age did you first have sexual intercourse?

AGE:

-9 - NA

F3

With whom did you have your first sexual intercourse?

VERBATIM:

-8 - NR

-9 - NA

F4

Have you had sex with a boy (same sex)?

0 - No

1 - Yes

-8 - NR

-9 - NA

F5

In the last 12 months, how many people have you had sexual intercourse with?

0 None

GO TO F16

1 One

2 2 to 3

3 4 to 7

4 8 or more

F6

In the last 12 months, have you had a steady, spouse or live-in partner?

0 No

GO TO F11

1 Yes

F7

In the last 12 months, how often have you had sexual intercourse with your steady/ spouse/partner?

1 Less often than once a month

2 Once or twice a month

3 More than twice a month but not weekly

4 Once or twice a week

5 Three to four times a week

6 Everyday or 5-7 times a week

F8

The last time you were with your steady/ spouse/partner to have sex, did you use a condom?

0 No

GO TO F11

1 Yes

F9

Why did you decide to use a condom?

1 to prevent pregnancy

2 to prevent the spread of STIs/HIV

3 to prevent pregnancy AND the spread of STIs/HIV

4 Others, specify:

F10

Were you using a condom each time you had sexual intercourse?

0 No

1 Yes

F11

In the last 12 months, have you had sexual intercourse with someone who is not your steady/ spouse/partner?

0 No

GO TO F16

1 Yes



F12

In the last 12 months, how often have you had sexual intercourse with someone who is not your steady/ spouse/partner ?

1

Less often than once a month

2

Once or twice a month

3

More than twice a month but not weekly

4

Once or twice a week

5

Three to four times a week

6

Everyday or 5-7 times a week

F13

The last time you were with someone who is not your steady/ spouse/partner to have sex, did you use a condom?

0

No

GO TO F16

1

Yes

F14

Why did you decide to use a condom?

1

to prevent pregnancy

2

to prevent the spread of STIs/HIV

3

to prevent pregnancy AND the spread of STIs/HIV

4

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

F15

Were you using a condom each time you had sexual intercourse?

0

No

1

Yes

F16

Now I would like to ask you questions about family planning, pregnancy, and marriage.

Have you or your spouse/partner ever used any family planning method?

0 -

No

CONTINUE

1 -

Yes

GO TO F18

-8 -

NR

GO TO F19

-9 -

NA

F17

Why did you not use family planning or why are you not using family planning?

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

\_\_\_\_\_

GO TO F19

F18

What family planning method/methods have you or your spouse/partner ever used? What family planning method are you/your spouse/partner currently using?

Table F-1. ENUMERATE ALL METHODS IN TABLE F1. PUT A CHECK MARK (✓) FOR EACH METHOD EVER USED AND/OR CURRENTLY USING.

METHOD		IC'S FP USE	
		EVER USE	CURRENT USE
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		

MARRIAGE/COHABITATION

F19 How many times have you been married/cohabited/lived-in?

- 0 - Never
- 1 - Once
- :
- 8 - NR/DK
- 9 - NA
- GO TO F27

FOR EACH MARRIAGE/COHABITATION, ASK QUESTIONS F20 TO F26. ENTER RESPONSES IN APPROPRIATE COLUMNS IN TABLE F-2

F20 When did this marriage/cohabitation happen?  
ENTER RESPONSE IN MONTH AND YEAR

- 8 - NR/DK
- 9- NA

F21 Were you married in church, by a judge (civil wedding) or did you just agree to cohabit (consensual union)?

- 1 - Church
- 2 - Civil
- 3 - Consensual union
- 4 - Civil first then church
- 5 - Consensual union first then church
- 6 - Consensual union first then civil
- 7 - Consensual union first, then civil, and later church
- 9 - NA

F22 Did you elope before you got married/cohabited?

- 0 - No
- 1 - Yes
- 9 - NA

F23 How long was the marriage/cohabitation? ENTER RESPONSE IN NUMBER OF MONTHS

- 8 - NR/DK
- 9- NA

F24 What was the reason for the termination of marriage/cohabitation?

- 0 - Still living together
- 1 - Death of partner
- 2 - Separation
- 3 - Desertion by respondent
- 4 - Desertion by partner
- 8- NR/DK
- 9 - NA

F25 How many pregnancies did you have during this marriage/cohabitation (including current pregnancy)?

- 8 - NR/DK
- 9- NA

F26 What family planning method(s) did you use during this marriage/cohabitation?

Table F-2. Marital History

Marriage/ Cohabitation	F20. Date	F21. Type	F22. Eloped?	F23. Duration	F24. Reason for termination	F25. Total no. of pregnancies	F26. FP method (s) used
First							
Second							
Third							
Fourth							
Fifth							
Sixth							
Seventh							

IF IC REPORTED A PREGNANCY (OR PREGNANCIES) IN TABLE F-2 (QUESTION F25), CODE 1 IN F27 THEN SKIP TO F29

F27

Have you ever gotten a woman pregnant?

0 - NoCONTINUE

1 - YesGO TO F29

2 - Not sureCONTINUE

F28

Do you have any health condition that makes you incapable of getting a woman pregnant?

0 - NoGO TO F34

1 - Yes

IF YES: F28a. What kind of condition? \_\_\_\_\_GO TO F34

-8 NRGO TO F34

F29

How many times have you gotten a woman pregnant? (VERIFY RESPONSE AGAINST F25)

NO. OF PREGNANCIES: \_\_\_\_\_

-9 - NAO

FOR EACH PREGNANCY ASK QUESTIONS F30 TO F33 AND ENTER RESPONSES IN APPROPRIATE COLUMNS IN TABLE F-3

F30

At the time your spouse/partner was pregnant, did you want her to become pregnant then, did you want to wait until later, or did you want no (no more) children at all?

1 - Then

2 - Later

3 - No/No more

F31

How did you react to the pregnancy?

PROBE FOR INTENTION TO ABORT

(VERBATIM)

F32

How did your spouse/partner react to the pregnancy?

PROBE FOR INTENTION TO ABORT

(VERBATIM)

F33

Did you/your spouse/ partner do something to end the pregnancy?

0 - No

1 - YesIF YES: F33a. What did you do? (VERBATIM)

Table F-3. Reaction toward each pregnancy

Pregnancy Order	F30. 1- Then 2 - Later 3 - No	F31. Own reaction to the pregnancy (VERBATIM)	F32. Spouse’s/partner’s reaction to the pregnancy (VERBATIM)	F33. Did something to the pregnancy? 0 - No 1 - Yes	F33a. IF YES: What did you do? (VERBATIM)
1 <sup>st</sup>					
2 <sup>nd</sup>					
3 <sup>rd</sup>					
4 <sup>th</sup>					
5 <sup>th</sup>					
6 <sup>th</sup>					

IF NEVER MARRIED OR COHABITED (CHECK RESPONSE IN F19) CODE 0 IN F34 AND GO TO F36

F34

INTERVIEWER: IF NOT OBVIOUS, ASK IC IF HE HAS A WIFE/PARTNER LIVING WITH HIM IN THIS HOUSEHOLD

0 - No

1 - Yes

GO TO F36

IF YES AND RESPONSE IN F27 IS NO (NEVER GOTTEN A WOMAN PREGNANT) SKIP TO F36, IF YES AND RESPONSE IN F27 IS YES: CONTINUE

F35

Has she ever been pregnant with your child? (RESPONSE IN F27 SHOULD BE YES)

0 - No

1 - Yes

ADMINISTER SPOUSE QUESTIONNAIRE AFTER COMPLETING THE MALE IC INTERVIEW

F36

Do you have any children (REFERRING TO BIOLOGICAL, STEP, OR ADOPTED CHILDREN)?

0 - No

1 - Yes

F37

How many (more) children would you like to have in the future?

0 - None

1 - One more child

:

-8 - DK

-9 - NA

GO TO INSTRUCTIONS AT END OF BLOCK F

F38

Would you want a(another) boy or girl? IF YES: How many?

1 - Yes, to boy: how many \_\_\_\_\_

2 - Yes, to girl: how many \_\_\_\_\_

3 - Either one, doesn't matter

4 - Yes, to have boy/s and girl/s, how many boy/s\_\_\_\_\_ how many girl/s\_\_\_\_\_

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

-9 - NA

F38

F38a (boys)

F38b (girls)

F39

When would you like to have a(nother) child?

1 - <2 years

2 - >2 years

-9 - NA

END OF BLOCK F

IF IC HAS NO CHILDREN (CHECK RESPONSE IN F36) – GO TO BLOCK K

OTHERWISE CONTINUE TO BLOCK G

BLOCK G: FATHERHOOD

G1        Now I would like to ask you about all your children (REFERRING TO BIOLOGICAL, STEP, OR ADOPTED CHILDREN)

FOR EACH CHILD ASK NAME, WHETHER BIOLOGICAL CHILD OR NOT, SEX, AGE AS OF SURVEY DATE, AND WITH WHOM EACH CHILD IS STAYING. ENTER RESPONSES IN APPROPRIATE COLUMNS IN TABLE G-1. RECORD CHILDREN IN THIS ORDER: BIOLOGICAL (FROM OLDEST TO YOUNGEST), STEP (FROM OLDEST TO YOUNGEST), ADOPTED (FROM OLDEST TO YOUNGEST), OTHERS (FROM OLDEST TO YOUNGEST).

Table G-1. IC’s children

CHILD NO.	G1a. Name of offspring	G1b. Biological child? 1 – Yes 2 – Step child 3 – Adopted 4 - Others (specify)	G1c. Sex of child 1-Male 2-Female	G1d. Age of child in years and months as of interview date		G1e. Living with whom? 1- living with IC 2- other arrangements (specify) (IF WITH IC VERIFY WITH HH ROSTER)
				Years	Months	
1						
2						
3						
4						
5						
6						

Caregiving Identity

G2        The following questions ask about your thoughts and feelings on fatherhood. Please tell me your thoughts and feelings for each point that I will ask about.

INTERVIEWER: ENCIRCLE RESPONSES

G2a        I should not be very involved in the day-to-day matters of physically caring for my child. (R)

54321

Strongly disagreeDisagreeNeutralAgreeStrongly agree

G2b        I should be committed to actively meeting my child’s physical needs.

12345

Strongly disagreeDisagreeNeutralAgreeStrongly agree

G2c        How important is it to you to be a good caregiver to your child?

12345

Not at all importantSomewhat importantPretty importantVery importantExtremely important

G3

Do you have children under the age of 2 who are living with you?

0 - No

1 - Yes

GO TO G6

G4

Usually, how many days in a week do you spend providing physical care to your child/ren?

0- Never or less than a day

1- One day

:

7- Seven days a week

G5

How much time do you usually spend providing physical care to these children on a daily basis?

1 0 minutes per day

2 Less than 30 minutes per day

3 30 minutes to less than an hour per day

4 1-3 hours per day

5 >3 hours per day.

G6

THIS QUESTION REFERS TO ALL YOUR CHILDREN REGARDLESS OF AGE. How much time do you usually spend providing physical care to your child(ren) on a daily basis?

1 0 minutes per day

2 Less than 30 minutes per day

3 30 minutes to less than an hour per day

4 1-3 hours per day

5 >3 hours per day.

IF IC IS NOT MARRIED OR COHABITING WITH A PARTNER, CONTINUE TO ASK G7-G14 AS HYPOTHETICAL QUESTIONS

G7

If my spouse/partner wanted to do all the caregiving by herself, that would be ok with me. (R)  
INTERVIEWER: ENCIRCLE RESPONSES

5

4

3

2

1

Strongly disagree

Disagree

Neutral

Agree

Strongly agree

G8

Between you and your spouse/partner, how should caregiving of the child be divided? (R)

5 I should be the sole caregiver.

4 I should provide more care than her.

3 We should both provide equal amounts of time for caregiving.

2 She should provide more care than me.

1 She should be the sole caregiver.

G9

When I do caregiving, the main reason is to help out my spouse/partner. R

5

4

3

2

1

Strongly disagree

Disagree

Neutral

Agree

Strongly agree

G10

My spouse/partner thinks I should not be very involved in the day-to-day matters of physically caring for our child. (R)

5

4

3

2

1

Strongly disagree

Disagree

Neutral

Agree

Strongly agree

G11

My spouse/partner thinks I should be committed to actively meeting our child’s physical needs.

1

2

3

4

5

Strongly disagree

Disagree

Neutral

Agree

Strongly agree

G12 How important does your spouse/partner think it is for you to be a good caregiver to your child?

1	2	3	4	5
Not at all important	Somewhat important	Pretty important	Very important	Extremely important

G13 My spouse/partner thinks that when I do caregiving, the main reason is to help her out. **R**

5	4	3	2	1
Strongly disagree	Disagree	Neutral	Agree	Strongly agree

G14. What does your spouse/partner think about how caregiving should be divided between the two of you ? **R**

- 5 I should be the sole caregiver.
- 4 I should provide more care than my spouse.
- 3 We should both provide equal amounts of time for caregiving.
- 2 My spouse should provide more care than me.
- 1 My spouse should be the sole caregiver.

G15 I will read out a list of tasks. Tell me who performs these tasks most of the time in your household.

THE “CHILDREN” REFERRED TO IN TABLE G-2 ARE ALL THE MALE IC’S CHILDREN (WHETHER BIOLOGICAL OR NOT).

ENTER THE PERSON’S RELATIONSHIP (HOW PERSON IS RELATED TO CHILDREN) IN COL G15a AND LINE NUMBER FROM TABLE A-1 IN COL G15b. IF NOT A HOUSEHOLD MEMBER CODE -7 IN G15b.

IF THE TASK IS MOSTLY DONE BY MORE THAN ONE PERSON, ENTER DATA FOR THE TWO PERSONS WHO MOSTLY DO THE TASK.

0 -	No one assigned to task in particular	CODE 0 IN G15b
1 -	Mother	
2 -	Male IC himself	
3 -	Maternal grandmother	
4 -	Paternal Grandmother	
5 -	Maternal Grandfather	
6 -	Paternal Grandfather	
7 -	Maternal Aunt	
8 -	Paternal Aunt	
9 -	Maternal Uncle	
10-	Paternal Uncle	
11-	Yaya/household help	
12 -	Other, specify _____	
-5-	Task not done in household	CODE -5 IN G15b
-6-	All of the children can do the task themselves	CODE -6 IN G15b

G16      Now I would like to ask you how many hours did you spend on each of the tasks I mentioned earlier in the past 7 days.

- 0      0 minutes
- 0.5      less than 1 hour
- 1.0      about 1 hour
- 1.5      about 1.5 hours

Table G-2. People mainly performing these tasks

ACTIVITIES	PERSON #1		PERSON #2		No. of hours spent on activity by MALE IC 0-0 minutes .5 – less than 1 hr 1- one hour  G16
	RELA- TIONSHIP	LINE NO.	RELA- TIONSHIP	LINE NO.	
	G15a	G15b	G15a	G15b	
Prepares the children’s meals					
Feeds the children					
Watches over/takes care of children					
Plays with the children					
Sings and/or dances with the children					
Reads stories to children					
Exchanges /tells stories with children					
Watches TV with children					
Listens to radio programs with children					
Takes the children for strolls or outings					
Bathes the children					
Toilet trains/attends to toilet needs of children					
Grooms and/or dresses children					
Takes the children to school and fetches them from school					
Helps the children with their home work					
Washes children’s clothes					
Puts the children to sleep					
Others 1, specify_____					
Others 2, specify_____					
Others 3, specify_____					

G17      How often do you or your spouse show affection, hug or kiss your child/children?

- 0 -      Never
- 1 -      Occasionally
- 2 -      Most of the time

G18      How do you discipline a child if he/she misbehaves?  
ENCIRCLE CODES THAT APPLY

- 0 -      Do nothing/ignore
- 1 -      Use physical punishment (spanking, pinching, hitting)
- 2 -      Shout at the child
- 3 -      Threaten the child
- 4 -      Talk to the child
- 5 -      Deprive child of something (food, not allowed to play, etc.)
- 6 -      Send child to a quiet area to be alone (time out)
- 7-      Others, specify: \_\_\_\_\_
- 5 -      R doesn’t believe in disciplining children

-6-      Someone else does the disciplining

-7-      R thinks child too young to be disciplined

-8-      Never presented with a reason to discipline child



G19      How do you treat a child who did something good or behaved well?

- 0 -      Do nothing/ignore
- 1 -      Reward the child
- 2 -      Praise the child
- 3 -      Hug, kiss or show affection
- 4-      Others, specify: \_\_\_\_\_
  
- 8 -      Never presented with such situation

☐

☐

☐

G20      What level of education do you wish the child/children to complete?

- |                               |                            |
|-------------------------------|----------------------------|
| 0-      None (no aspiration)  | 5 -      Some college      |
| 1 -      Some elementary      | 6 -      College graduate  |
| 2 -      Elementary graduate  | 7 -      More than college |
| 3 -      Some high school     | -8 -      NR/DK            |
| 4 -      High school graduate |                            |

☐

END OF BLOCK G

BLOCK K: MORBIDITY AND REPRODUCTIVE HEALTH OF IC

MORBIDITY

K1

Have you ever been sick since our last visit?

0 - No

GO TO K4

1 - Yes

CONTINUE

K2

What were you sick of?

1

2

3

4

5

6

-8 - NR/DK

-9 - NA

IF ANY OF THE ILLNESSES IN TABLE K-1 IS MENTIONED, ASK K2A AND K2B FOR EACH ILLNESS AND ENTER RESPONSES IN TABLE K-1

K2A

When did you start having (NAME OF ILLNESS)?

ENTER YEAR OF ONSET OF ILLNESS IN COLUMN K2A OF TABLE K-1

-8 - NR/DK

-9 - NA

K2B

Are you currently taking medication for this illness?

0 - No

1 - Yes

(SPECIFY MEDICATION)

TABLE K-1. ILLNESS RECORD		
ILLNESS	YEAR OF ONSET	MEDICATION (What kind?)
	K2A	K2B
Diabetes		
Heart disease		
Hypertension		

K3

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

0 - No

1 - Yes

Specify which illness(es) : \_\_\_\_\_

-9 - NA

REPRODUCTIVE HEALTH

K4 I will mention a list of problems men may experience. Please tell me if you have experienced any of these since 2007/last visit.

0 - No  
1 - Yes

ENTER ANSWER IN COL. K4 OF TABLE K-1

Table K-1. Reproductive Health Problems

PROBLEM	Experienced? K4
1. Painful urination	
2. Itchiness in genital area	
3. Penile discharges/irritation	
IF IC IS SEXUALLY ACTIVE, CONTINUE, OTHERWISE, GO TO K5	
4. Pain during intercourse	
5. Genital warts/ulcers	
6. Other related problems, specify _____	

K5 Do you know that there are diseases one can get by having sex?

0 - No GO TO K11  
1 - Yes CONTINUE  
-8 - NR/DK GO TO K11

K6 From where did you learn about this?

VERBATIM:

-8 - NR/DK  
-9 - NA

K7 How are such diseases called?

VERBATIM:

-8 - NR/DK  
-9 - NA

K8 What are the symptoms?

VERBATIM:

-8 - NR/DK  
-9 - NA

K9 What should one do if he or she has these symptoms?

VERBATIM:

-8 - NR/DK  
-9 - NA

K10 What should one do to avoid getting such disease?

VERBATIM:

-8 - NR/DK  
-9 - NA

RECORD RESPONSES TO QUESTIONS K11 TO K14 IN THE APPROPRIATE COLUMNS IN TABLE K-2

K11 Have you ever...

- drank alcoholic beverages?
- taken drugs?

K12     How old were you when you first tried...  
- drinking alcoholic beverages?  
- taking drugs?

K13     Who initiated you into...  
- drinking alcoholic beverages?  
- taking drugs?  
      VERBATIM:

K14     How often do you...  
- drink alcoholic beverages?  
- take drugs?

Table K-2. Risk-taking behaviors

ACTIVITY	EVER TRIED	AGE WHEN 1st TRIED	PERSON WHO INITIATED	STILL DOING NOW, HOW OFTEN?
	K11	K12	K13	K14
Drinking alcoholic beverages	0 - No GO TO DRUGS 1 - Yes	<div><div></div><div></div></div>		1 - Only occasionally 2 - Every week 3 - Every day -7 - Stopped drinking -9 - NA
Taking drugs	0 - No GO TO K15 1 - Yes (If yes, specify drug(s) tried) _____ _____ _____	<div><div></div><div></div></div>		1 - Only occasionally 2 - Every week 3 - Every day -7 - Stopped taking drugs -9 - NA  Specify drug _____ _____

K15     Have you ever tried cigarette smoking, even just 1 or 2 puffs?

- 0 -     No                    GO TO K25  
1 -     Yes

K16     How old were you then?

- 10 -     Ten years old  
:  
-9 -     NA

K17     How old were you when you smoked a whole cigarette for the first time?

- 0 -     Never smoked a whole cigarette     GO TO K20  
:  
10 -     Ten years old  
-9 -     NA

K18     Have you ever smoked cigarettes regularly, that is, at least 1 cigarette every day?

- 0 -     No                    GO TO K20  
1 -     Yes  
-9 -     NA

K19     How old were you when you first started smoking cigarettes regularly (at least 1 cigarette every day)?

- 10 -     Ten years old  
:  
-9 -     NA

K20     During the past 30 days, on how many days did you smoke cigarettes?

- 0 -     None                    GO TO K22  
1 -     One day  
:  
30 -     Thirty  
-9 -     NA

K21

During the past 30 days, on the days you smoked, how many cigarettes did you smoke each day?  
\_\_\_\_\_ cigarettes/day

0 - Less than a whole cigarette

:

30 - Thirty

-9 - NA

GO TO K24

K22

Have you completely stopped smoking cigarettes?

0 - No

1 - Yes

-9 - NA

GO TO K24

K23

How old were you when you quit smoking cigarettes?

10 - Ten years old

:

-9 - NA

K24

How many years have you been smoking (OR HAVE SMOKED - FOR THOSE WHO HAVE QUIT) cigarettes regularly (at least 1 cigarette every day)?

0 - Less than a year

1 - One year

:

-5 - Not smoking cigarettes regularly as defined

-9 - NA

K25

Do other members of your household smoke?

0 - No

1 - Yes

GO TO K 27

K26

How many members of your household usually smoke inside the house?

1 - One

:

-9 - NA

K27      PERCEIVED STRESS SCALE

The questions in this scale ask you about your feelings and thoughts during the last four weeks. In each case, you will be asked to indicate how often you felt or thought a certain way. Although some of the questions are similar, there are differences between them and you should treat each one as a separate question. The best approach is to answer each question fairly quickly. That is, don't try to count up the number of times you felt a particular way, but rather indicate the alternative that seems like a reasonable estimate.

For each question, choose from the following alternatives:

- 0 -      Never
- 1 -      Almost never
- 2 -      Sometimes
- 3 -      Fairly often
- 4 -      Very often

	0 - Never	1 - Almost never	2 - Sometimes	3 - Fairly often	4 - Very often
1. In the last 4 weeks, how often have you been upset because of something that happened unexpectedly?					
2. In the last 4 weeks, how often have you felt that you were unable to control the important things in your life?					
3. In the last 4 weeks, how often have you felt nervous and stressed?					
4. In the last 4 weeks, how often have you dealt successfully with irritating life hassles?					
5. In the last 4 weeks, how often have you felt that you were effectively coping with important changes that were occurring in your life?					
6. In the last 4 weeks, how often have you felt confident about your ability to handle your personal problems?					
7. In the last 4 weeks, how often have you felt that things were going your way?					
8. In the last 4 weeks, how often have you found that you could not cope with all the things that you had to do?					
9. In the last 4 weeks, how often have you been able to control irritations in your life?					
10. In the last 4 weeks, how often have you felt that you were on top of things?					

K28      Usually, about how many days per week do you wake up feeling rested?  
ENCIRCLE NUMBER

- 1
- 2
- 3
- 4
- 5
- 6
- 7

END OF BLOCK K

BLOCK L: PHYSICAL ACTIVITY

L1 Do you engage in competitive sports activities or games involving other players? I will mention certain activities, please tell me if you engage in any of these on a regular basis (by regular I mean at least once a month )?

INTERVIEWER: READ EACH ACTIVITY LISTED IN TABLE L-1 AND ASK QUESTIONS L2 THRU L8

L2 How many times per month do you play?

- 1 - Once a month
- 2 - Two times a month
- 3 - Three times a month
- 4 - Four times a month
- 5 - Five times a month
- :
- 8 - NR/DK
- 9 - NA

L3 How many games do you usually engage in each time you play?

L4 For each game, how many minutes do you usually spend playing? RECORD RESPONSE IN MINUTES

L5 When you engage in this activity competitively (with scoring), how important is it for you to win the game?

- 1 Not at all important
- 2 Somewhat important
- 3 Important
- 4 Very important
- 5 Extremely important

L6 How good are you in \_\_\_\_\_ (NAME ACTIVITY)

- 1 Not at all good
- 2 Somewhat good
- 3 Good
- 4 Very good
- 5 Extremely good

L7 How good are the people who you usually play WITH (teammates) in \_\_\_\_\_ (NAME ACTIVITY)

- 1 Not at all good
- 2 Somewhat good
- 3 Good
- 4 Very good
- 5 Extremely good

L8 How good are the people who you usually play AGAINST in \_\_\_\_\_ (NAME ACTIVITY)

- 1 Not at all good
- 2 Somewhat good
- 3 Good
- 4 Very good
- 5 Extremely good

TABLE L-1. List of competitive sports/games.

	L1 Engages in this activity? 0- No 1-Yes	L2. How many times a month?	L3. No. of games per session	L4. How many minutes per game	L5. Important to win?	L6. How good are you?	L7. How good are people you play WITH	L8. How good are people you play AGAINST
Basketball								
Tennis								
Table Tennis/Pingpong								
Badminton								
Billiard/pool								
Computer games (with other players)								
Other competitive activities 1, specify_____								
Other competitive activities 2, specify_____								

L9

Do you work out regularly (meaning at least once a month) whether in the gym or at home?

0- No GO TO L14

1 - Yes CONTINUE

L10

Do you lift weights when you work out?

0- No GO TO L14

1 - Yes CONTINUE

L11

How many times each month do you lift weights?

1 - Once a month

2 - Two times a month

3 - Three times a month

4 - Four times a month

5 - Five times a month

:

-8 - NR/DK

-9 - NA

L12

How much time do you usually spend lifting weights per session? RECORD RESPONSE IN MINUTES

L13

How long have you been lifting weights on a regular basis (at least once a month) RECORD RESPONSE IN MONTHS

L14

Do you lift heavy objects (such as 10 kg of rice or heavier) either at home or at work?

0- No GO TO BLOCK M

1 - Yes CONTINUE

L15

How many times each month do you usually lift heavy objects?

1 - Once a month

2 - Two times a month

3 - Three times a month

4 - Four times a month

5 - Five times a month

:

-8 - NR/DK

-9 - NA

L16

How much time do you usually spend lifting heavy objects each week? RECORD RESPONSE MINUTES

L17

How long have you been lifting heavy weights regularly (at least once a month) RECORD RESPONSE IN MONTHS

END OF BLOCK L



BLOCK M: IC'S ANTHROPOMETRY AND OTHER ASSESSMENTS

Date of measurement:  
MONTH/DAY/YEAR \_\_\_\_\_

<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>
MONTH		DAY		YEAR			

M1      WEIGHT (IN KILOGRAMS)      UNIT NO.: \_\_\_\_\_  
INTERVIEWER: TAKE THREE MEASUREMENTS

e.g., 30.7

MEAS #1

<div></div>	<div></div>	<div></div>	<div></div>	<div></div>
-------------	-------------	-------------	-------------	-------------

MEAS #2

<div></div>	<div></div>	<div></div>	<div></div>	<div></div>
-------------	-------------	-------------	-------------	-------------

MEAS #3

<div></div>	<div></div>	<div></div>	<div></div>	<div></div>
-------------	-------------	-------------	-------------	-------------

M2      WAIST CIRCUMFERENCE (cm)  
INTERVIEWER: TAKE THREE MEASUREMENTS

MEAS #1

<div></div>	<div></div>	<div></div>	<div></div>	<div></div>
-------------	-------------	-------------	-------------	-------------

MEAS #2

<div></div>	<div></div>	<div></div>	<div></div>	<div></div>
-------------	-------------	-------------	-------------	-------------

MEAS #3

<div></div>	<div></div>	<div></div>	<div></div>	<div></div>
-------------	-------------	-------------	-------------	-------------

M3      BLOOD PRESSURE (mm Hg)      UNIT NO.: \_\_\_\_\_  
INTERVIEWER: TAKE THREE MEASUREMENTS

Measurement #1

<div></div>	<div></div>	<div></div>	/	<div></div>	<div></div>	<div></div>
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Systolic

Diastolic

Measurement #2

<div></div>	<div></div>	<div></div>	/	<div></div>	<div></div>	<div></div>
-------------	-------------	-------------	---	-------------	-------------	-------------

Systolic

Diastolic

Measurement #3

<div></div>	<div></div>	<div></div>	/	<div></div>	<div></div>	<div></div>
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Systolic

Diastolic

M4      Are you right handed or left handed?      1 -      Right handed      2 -      Left handed

M5      TRICEPS SKIN-FOLD THICKNESS (mm)  
UNIT NO.: \_\_\_\_\_

INTERVIEWER: TAKE THREE MEASUREMENTS

MEAS #1

<div></div>	<div></div>	<div></div>	<div></div>
-------------	-------------	-------------	-------------

MEAS #2

<div></div>	<div></div>	<div></div>	<div></div>
-------------	-------------	-------------	-------------

MEAS #3

<div></div>	<div></div>	<div></div>	<div></div>
-------------	-------------	-------------	-------------

M6      LEFT HAND: FINGER LENGTH (2<sup>ND</sup> DIGIT) (mm)  
UNIT NO.: \_\_\_\_\_

INTERVIEWER: TAKE THREE MEASUREMENTS

MEAS #1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
MEAS #2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
MEAS #3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

M7      LEFT HAND: FINGER LENGTH (4TH DIGIT) (mm)  
UNIT NO.: \_\_\_\_\_

INTERVIEWER: TAKE THREE MEASUREMENTS

MEAS #1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
MEAS #2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
MEAS #3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

M6      RIGHT HAND: FINGER LENGTH (2<sup>ND</sup> DIGIT) (mm)  
UNIT NO.: \_\_\_\_\_

INTERVIEWER: TAKE THREE MEASUREMENTS

MEAS #1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
MEAS #2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
MEAS #3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

M7      RIGHT HAND: FINGER LENGTH (4TH DIGIT) (mm)  
UNIT NO.: \_\_\_\_\_

INTERVIEWER: TAKE THREE MEASUREMENTS

MEAS #1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
MEAS #2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
MEAS #3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

M8      Record grip strength results (IN LBS) UNIT NO.: \_\_\_\_\_

(INTERVIEWERS: ALTERNATE BETWEEN RIGHT AND LEFT HAND  
WHEN TAKING THE MEASUREMENT, AND RECORD THE RESULT TO THE NEAREST POUND).

Left hand 1:	<input type="text"/>	<input type="text"/>	<input type="text"/>	Right hand 1:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Left hand 2:	<input type="text"/>	<input type="text"/>	<input type="text"/>	Right hand 2:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Left hand 3:	<input type="text"/>	<input type="text"/>	<input type="text"/>	Right hand 3:	<input type="text"/>	<input type="text"/>	<input type="text"/>

END OF BLOCK M

END OF INTERVIEW

NEXT: SPOUSE/PARTNER INTERVIEW

INTERVIEW THE IC’S SPOUSE/PARTNER IF:

- 1.      IC HAS GIVEN PERMISSION FOR YOU TO INTERVIEW SPOUSE/PARTNER (CHECK CONSENT FORM)
- 2.      SPOUSE/PARTNER IS CURRENTLY LIVING WITH IC IN SAME HOUSEHOLD (CHECK HOUSEHOLD ROSTER)
- 3.      SPOUSE/PARTNER HAS EVER BEEN PREGNANT WITH IC’S CHILD (RESPONSE IN F35=YES)