

INFANT MORTALITY
FOLLOW-UP SURVEY

NCP - CPC - OPS
INFANT FEEDING PROJECT
IDENTIFICATION

ID1 Type of Survey

ID2 Barangay: (SEE BARANGAY CODE LIST)

ID3 Stratum: 1 - Urban
2 - Rural

ID4 Number of Household in Barangay
with Pregnant/Nursing Mother:

ID5 Number of Pregnant Mothers in Household:

ID6 Exact Address of Mother:

ID7 Number of Visit to Household:

ID8 Name of Interviewer:

ID9 Date of Interview Completion: MONTH DAY YEAR

CALL RECORD

CALL NO.	DATE	TIME		RESULTS (Use codes below)	APPOINTMENT MADE	
		Started	Finished		Date	Time
1						
2						
3						
4						
5						

CODES FOR RESULTS: 1 - Interview completed
2 - Interview partly completed, appointment
made for continuation
3 - Appointment made for interview later
4 - Refusal, no interview obtained
5 - No respondent at home
6 - Others (SPECIFY)

ID10 Number of Sessions Required to Complete Interview:

INTERVIEWER: BEFORE MAKING THIS VISIT, CHECK (IN THE OFFICE)
QUESTIONNAIRE FROM THE LAST VISIT WHEN INFORMATION
ABOUT THE INFANT'S DEATH WAS OBTAINED AND CODE
#3, #7, #10, #13.

MORTALITY INFORMATION

21 When did the infant die?

a) MONTH

1 - January	8 - August
2 - February	9 - September
3 - March	10 - October
4 - April	11 - November
5 - May	12 - December
6 - June	-8 - NR/DK
7 - July	

b) DAY

CODE CALENDAR DATE
-8 - NR/DK

c) YEAR

CODE LAST TWO DIGITS OF YEAR
-8 - NR/DK

d) TIME OF DAY: HOUR

CODE 12-HOUR CLOCK
-8 - NR/DK

MINUTES

CODE FROM 1 TO 60
-8 - NR/DK

e) AM/PM

1 - AM
2 - PM
-8 - NR/DK

22 Where did the infant die?

1 - Home
2 - Hospital (SPECIFY)

3 - Others (SPECIFY)

-8 - NR/DK

23 FEEDING

Was the infant still breastfed at time of the last visit?
(TO BE CHECKED IN THE OFFICE)

1 - Yes CONTINUE
0 - No ENTER -9 IN Z5 AND Z6
-8 - NR/DK CONTINUE

Z4 Was the infant breastfed in the 24 hours preceding his/her death?

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

☐

Z5 How many days prior to the infant's death did you stop breastfeeding the infant?

ENTER ANSWER IN DAYS (ONE WEEK = 7 DAYS; ONE MONTH = 30 DAYS)

- 8 - NR/DK
- 9 - NA

☐☐

Z6 Why did you stop breastfeeding the infant?

- 1 - Quality of breast milk was no longer good
(milk was salty, sour, dirty in color)
- 2 - Mother did not have enough milk anymore to satisfy infant
- 3 - Infant had diarrhea
- 4 - Infant had other illness(es). SPECIFY

- 5 - Mother is pregnant again
- 6 - Mother is working or studying
- 7 - Husband wanted wife to stop
- 8 - Mother had to leave child for some time
- 9 - Mother had emotional problems
- 10 - Mother was sick (SPECIFY ILLNESS(ES)).

11 - Other reasons (SPECIFY)

- 8 - NR/DK
- 9 - NA

☐☐

Z7 Was the infant receiving milk other than breast milk at time of last visit? (TO BE CHECKED IN THE OFFICE)

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

ENTER -9 IN Z9

CONTINUE

☐

Z8 Was the infant given milk other than breast milk in the 24 hours preceding his/her death?

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

☐

Z9 How many days prior to the infant's death did you start giving milk other than breast milk to the infant?

ENTER ANSWER IN DAYS (ONE WEEK = 7 DAYS; ONE MONTH = 30 DAYS)

- 8 - NR/DK
- 9 - NA

☐☐

Z10 Was the infant fed semi-solids at time of last visit?
(TO BE CHECKED IN THE OFFICE)

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

ENTER -9 IN Z12

CONTINUE

☐

211 Was the infant given semi-solid food in the 24 hours preceding his/her death?

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

☐

212 How many days prior to the infant's death did you start giving semi-solid food to the infant?

ENTER ANSWER IN DAYS (ONE WEEK = 7 DAYS; ONE MONTH = 30 DAYS)

- 8 - NR/DK
- 9 - NA

☐☐

213 Was the infant fed solid foods at time of last visit?
(TO BE CHECKED IN THE OFFICE)

- 1 - Yes
 - 0 - No
 - 8 - NR/DK
- ENTER -9 IN 215
CONTINUE

☐

214 Was the infant given solid food in the 24 hours preceding his/her death?

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

☐

215 How many days prior to the infant's death did you start giving solid food to the infant?

ENTER ANSWER IN DAYS (ONE WEEK = 7 DAYS; ONE MONTH = 30 DAYS)

- 8 - NR/DK
- 9 - NA

☐☐

MEDICAL CARE FOR THE INFANT

216 In the time since our last interview before your infant died, did you consult anyone concerning the child's health either because the infant was sick or you just wanted to make sure that nothing was wrong with the baby?

- 1 - Yes
 - 0 - No
 - 8 - NR/DK
- CONTINUE
GO TO 243
CONTINUE

☐

217 What was the reason for the consultation?

CODE AS MANY ANSWERS AS THE MOTHER GIVES. CODE "1" IN BOX AFTER EVERY REASON MENTIONED.

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

- Child was sick
- Child was not sick, wanted a check-up only
- Immunization
- Others (SPECIFY)

☐
☐
☐
☐

IF IMMUNIZATION, ASK:

218 What kind of immunization? (SPECIFY, DO NOT CODE!)

- 8 - NR/DK
- 9 - NA

☐

219 Whom did you consult?

CODE AS MANY ANSWERS AS THE MOTHER GIVES. CODE "1" IN BOX AFTER EVERY AGENT MENTIONED, AND ASK NAME.

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

- NAME: _____ Public health facility doctor
- NAME: _____ Public health facility nurse
- NAME: _____ RHU/CHO
- NAME: _____ Puericulture Center
- NAME: _____ Other Public Health Agent
- NAME: _____ Private Physician
- NAME: _____ Private nurse/midwife
- NAME: _____ Other Private Agent (SPECIFY)
- NAME: _____ Mananabang, Mananambal, Other Traditional Health Practitioners
- NAME: _____ Others (SPECIFY)

☐
☐
☐
☐
☐
☐
☐
☐
☐

IF MOTHER MENTIONS MORE THAN ONE AGENT, CONTINUE; IF ONLY ONE, GO TO H64.

220 Which agent did you consult first?

- 1 - Public health facility doctor
- 2 - Public health facility nurse
- 3 - Public health facility RHU/CHO
- 4 - Public health facility-puericulture
- 5 - Private Physician
- 6 - Private nurse/midwife
- 7 - Mananabang/Mananambal
- 8 - Others (SPECIFY)
- 8 - NR/DK
- 9 - NA

☐

Z21 How many days after the start of the infant's last illness did you consult the first agent?

ENTER ANSWER IN DAYS.

-8 - NR/DK
-9 - NA

--	--

Z22 Which agent did you consult second?

ENTER AGENT CODE SHOWN IN Z62 ONLY. IF ONLY ONE AGENT WAS CONSULTED, CODE -9.

-8 - NR/DK
-9 - NA (only one agent was consulted)

--	--

Z23 How many days after the start of the baby's illness did you consult the second agent?

ENTER ANSWER IN DAYS.

-8 - NR/DK
-9 - NA

--	--

Z24 What did the first (or only) agent whom you consulted say about your child?

DESCRIBE, DO NOT CODE, e.g., CHILD IS OK; CHILD SUFFERS FROM...

-8 - NR/DK
-9 - NA

--	--

IF ONLY ONE AGENT WAS CONSULTED, GO TO Z66.

Z25 What did the second agent whom you consulted say about your child?

DESCRIBE, DO NOT CODE, e.g., CHILD IS OK; CHILD SUFFERS FROM...

-8 - NR/DK
-9 - NA

--	--

Z26 Where did the consultation of the first (or only) agent take place?

- 1 - Public health office or clinic
 - 2 - Public health hospital
 - 3 - RHU/CHO
 - 4 - Puericulture center
 - 5 - Barangay health station
 - 6 - Home
 - 7 - Private office or clinic
 - 8 - Private hospital
 - 9 - Other public health facility (SPECIFY): _____
 - 10 - Other private health facility (SPECIFY): _____
- 8 - NR/DK
-9 - NA

--	--

IF ONLY ONE AGENT WAS CONSULTED, GO TO Z68.

727 Where did the consultation for the second agent take place?

ENTER "PLACE OF CONSULTATION" CODE ONLY (Z26)

-8 - NR/DK
-9 - NA

--	--

728 How many times did you visit the first (or only) agent consulted?

CODE NUMBER OF TIMES

1 - Once
2 - Two times
-8 - NR/DK
-9 - NA

--	--

IF ONLY ONE AGENT WAS CONSULTED, GO TO 230.

729 How many times did you visit the second agent consulted?

CODE NUMBER OF TIMES ONLY, (SEE 228)

-8 - NR/DK
-9 - NA

--	--

730 What was the average waiting time (in minutes) before the actual consultation with the first (or only) health agent?

CODE NUMBER OF MINUTES (1 HOUR = 60 MINUTES)

-8 - NR/DK
-9 - NA

--	--	--

IF ONLY ONE AGENT WAS CONSULTED, GO TO 232.

731 What was the average waiting time (in minutes) before the actual consultation with the second health agent?

CODE NUMBER OF MINUTES (1 HOUR = 60 MINUTES)

-8 - NR/DK
-9 - NA (only one agent was consulted)

--	--	--

732 Was the child confined as a result of this (these) consultation(s)?

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

CONTINUE
GO TO 240

--

733 For how many days was the child confined?

CODE NUMBER OF DAYS OF CONFINEMENT.

-8 - NR/DK
-9 - NA

--	--

734 What was the total cost for confinement and consultations?

CODE PESOS ONLY, OMIT CENTAVOS!

0 - No cost
-8 - NR/DK
-9 - NA

--	--	--	--

235 How much was paid by any insurance?

CODE PESOS ONLY, OMIT CENTAVOS!

- 0 - No payment from insurance, family has no insurance
-8 - NR/DK
-9 - NA

--	--	--	--

236 Was medicine provided by the facility in which the child was confined?

DO NOT INCLUDE MEDICINE WHICH THE MOTHER BOUGHT ELSEWHERE AND GAVE TO THE INFANT ON HER OWN.

- 1 - Yes CONTINUE
0 - No
-8 - NR/DK } GO TO 238
-9 - NA }

--

237 How much did you have to pay for this medicine?

CODE PESOS ONLY, OMIT CENTAVOS!

- 0 - No payment
-8 - NR/DK (Do not know yet)
-9 - NA

--	--	--

238 Was any food/milk provided by the facility in which the child was confined?

- 1 - Yes CONTINUE
0 - No
-8 - NR/DK } GO TO 240
-9 - NA }

--

239 What kind of food/milk was provided?

SPECIFY ALL TYPES OF FOOD/MILK GIVEN. DO NOT CODE!

1. _____
2. _____
3. _____
4. _____
5. _____

240 Did anyone of the health agents whom you consulted for the child recommend any infant feeding practice?

- 1 - Yes CONTINUE
0 - No
-8 - NR/DK } GO TO 243
-9 - NA }

--

241 What did the first (or only agent) consulted recommend?

ASK NAME OF AGENT AND RECOMMENDATION (DO NOT CODE)

- 8 - NR/DK NAME: _____
-9 - NA RECOMM.: _____

--

IF ONLY ONE AGENT WAS CONSULTED, GO TO 243

242 What did the second agent consulted recommend?

ASK NAME OF AGENT AND RECOMMENDATION (DO NOT CODE!)

-8 - NR/DK

NAME: _____

-9 - NA

RECOMM.: _____

☐

243 Did you purchase any medicine for the infant in the period between our last visit and the day the infant died?

1 - Yes

CONTINUE

0 - No

-8 - NR/DK } GO TO NEXT BLOCK

☐

244 What was the total cost of this medicine?

ENTER COST OF MEDICINE IN PESOS, OMIT CENTAVOS.

-8 - NR/DK

-9 - NA

INFANT MORBIDITY

245 In the 24 hours before your infant died, did he/she have a cough?

1 - Yes

CONTINUE

0 - No

-8 - NR/DK } GO TO 254

☐

246 When did this cough start?

CODE NUMBER OF DAYS.

0 - the day he died

1 - one day before he died

:

-8 - NR/DK

-9 - NA

☐

247 Does your infant have now, or did he/she have in the 24 hours preceding his/her death?

Fever

☐

Nasal Discharge

☐

Ear Discharge

☐

Sore Throat

☐

Other (SPECIFY)

☐

248 Did you withhold any food that you normally would give to the infant because of his/her cough?

1 - Yes

CONTINUE

0 - No

-8 - NR/DK } GO TO 250

-9 - NA

☐

249 What food(s) did you withhold? (SPECIFY, DO NOT CODE!)

1. _____
2. _____
3. _____
4. _____
5. _____

☐
☐
☐
☐
☐

-8 - NR/DK
-9 - NA

250 Did you give any special food to the infant because of his/her cough?

- 1 - Yes CONTINUE
0 - No }
-8 - NR/DK } GO TO 252
-9 - NA

☐

251 What special food did you give? (SPECIFY, DO NOT CODE!)

1. _____
2. _____
3. _____
4. _____
5. _____

☐
☐
☐
☐
☐

-8 - NR/DK
-9 - NA

252 Did you do anything on your own (excluding changes in the diet) to treat your infant for his/her cough?

- 1 - Yes CONTINUE
0 - No }
-8 - NR/DK } GO TO 254
-9 - NA

☐

253 What did you do? (SPECIFY, DO NOT CODE!)

-8 - NR/DK
-9 - NA

☐
☐

254 Did your infant have diarrhea (kalibang) within the 24 hours preceding his/her death?

- 1 - Yes CONTINUE
0 - No }
-8 - NR/DK } GO TO 270
-9 - NA

☐

255 How many days prior to his/her death did this episode of watery stool (kalibang) begin?

CODE NUMBER OF DAYS

- 0 - the day he died
- 1 - the day before he died
- 2 - two days before he died
- 3
- 8 - NR/DK
- 9 - NA

☐☐

256 How often did your infant eliminate in the 24 hours preceding his/her death?

- 1 - Once
- 2 - Two times
- 3
- 8 - NR/DK
- 9 - NA

☐☐

257 Did you notice any mucus (whitish in color) in the stool of your infant in the 24 hours preceding his/her death?

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

☐

258 Did you notice any blood in the stool of your infant in the 24 hours preceding his/her death?

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

CONTINUE

GO TO 260

☐

259 Do you think the blood was in the stool because the infant had constipation (irritation) or because of a virus which caused diarrhea?

- 1 - Because of a virus or micro-organisms (microbes)
- 2 - Because of constipation and/or irritation
- 3 - Other (SPECIFY): _____
- 8 - NR/DK
- 9 - NA

☐

260 Did he/she have since the beginning of this episode of diarrhea (kalibang) any of the following?

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

Fever

☐

Vomiting

☐

Abdominal cramps

☐

Tenesmus

☐

Other (SPECIFY) _____

☐

261 What did you feed the infant the day before this episode of diarrhea (kalibang) started?

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

Breast milk
Other milk/milk formula
Sugared Water/juice
Semi-solid food
Solid food

☐
☐
☐
☐
☐

262 Did you withhold any food that you normally would give to the infant because of the diarrhea (kalibang)?

- 1 - Yes
0 - No
-8 - NR/DK
-9 - NA
- CONTINUE
GO TO 264

☐

263 What food did you withhold? (SPECIFY, DO NOT CODE!)

1. _____
2. _____
3. _____
4. _____
5. _____

☐
☐
☐
☐
☐

- 8 - NR/DK
-9 - NA

264 Did you give any special food to the child because of the diarrhea (kalibang)?

- 1 - Yes, home food
2 - Did not feed at all
0 - No, feed regular food
-8 - NR/DK
-9 - NA

CONTINUE
GO TO 266

☐

265 What special food did you give? (SPECIFY, DO NOT CODE!)

1. _____
2. _____
3. _____
4. _____
5. _____

☐
☐
☐
☐
☐

- 8 - NR/DK
-9 - NA

266 Did you give any additional liquids or water to your infant because of the diarrhea (kalibung) that normally you would give?

1 - Yes CONTINUE
0 - No
-8 - NR/DK } GO TO Z68
-9 - NA

☐

267 What additional liquids did you give?

SPECIFY, DO NOT CODE: 1. _____
2. _____

☐☐

268 Did you do anything on your own (excluding changes in the diet) to treat your infant for his/her watery stool?

1 - Yes CONTINUE
0 - No
-8 - NR/DK } GO TO Z70
-9 - NA

☐

269 What did you do? (DESCRIBE, DO NOT CODE)

-8 - NR/DK
-9 - NA

☐☐

270 Did the infant have measles (tipdas) in the 24 hours preceding his/her death?

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

☐

271 Did the infant suffer from any other illnesses in the 24 hours preceding his/her death?

1 - Yes CONTINUE
0 - No
-8 - NR/DK } GO TO Z73

☐

272 Would you please tell me what these other illnesses were?

DESCRIBE, DO NOT CODE

1. _____
2. _____
3. _____

☐☐☐☐☐☐

-8 - NR/DK
-9 - NA

273 Did you think the infant had fever?

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

☐

INFANT MORBIDITY: DISEASES DURING PAST SEVEN DAYS PRECEDING DEATH

INTERVIEWER: DO NOT ASK QUESTION Z74, IF INFANT WAS SUFFERING FROM A COUGH WHICH STARTED 7 OR MORE DAYS BEFORE DEATH, I.E., IF CODE IN Z46 IS 7 OR LARGER. IN THIS CASE, PROCEED TO Z79.

Z74 Did the infant have a cough at any other time during the seven days preceding his death?

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

☐

Z75 Did the infant have fever at any time during the seven days preceding his death?

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

☐

Z76 Did the infant have nasal congestion and/or nasal discharges at any time during the seven days preceding his death?

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

☐

Z77 Did the infant have ear discharge at any time during the seven days preceding his/her death?

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

☐

Z78 Did the infant have a sore throat at any time during the seven days preceding his/her death?

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

☐

Z79 Did the infant have diarrhea (kalibang) at any time during the seven days preceding his/her death?

- 1 - Yes CONTINUE
- 0 - No GO TO Z81
- 8 - NR/DK CONTINUE
- 9 - NA

☐

Z80 For how many days preceding his/her death did the infant have diarrhea? COUNT ALL DAYS REGARDLESS WHETHER THEY WERE CONSECUTIVE DAYS OR NOT.

- 1 - one day
- 2 - two days
- 3 - three days
- 8 - NR/DK
- 9 - NA

☐

281 Was the child teething preceding his/her death?

- 1 - Yes CONTINUE
0 - No
-8 - NR/DK } GO TO 289
-9 - NA

☐

282 Did you do anything to the infant's gums when he/she was teething?

- 1 - Yes CONTINUE
0 - No
-8 - NR/DK } GO TO 284
-9 - NA

☐

283 What did you do? (DESCRIBE, DO NOT CODE!)

- 8 - NR/DK
-9 - NA

☐

284 Did the infant have any other illnesses that I did not mention at any time during the seven days preceding his/her death?

- 1 - Yes CONTINUE
0 - No
-8 - NR/DK } GO TO 286
-9 - NA

☐

285 Would you tell me what other illnesses were?

(SPECIFY, DO NOT CODE!) INCLUDE MEASLES IF MOTHER MENTIONS THEM.

1. _____
2. _____
3. _____

☐
☐
☐

- 8 - NR/DK
-9 - NA

ASK QUESTION 286 ONLY IF ANSWER TO 285 DOES NOT INCLUDE MEASLES.

286 Did the infant have measles (tipdas) at any time between our previous interview and his/her death?

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

☐

287 How would you describe your infant's appetite during the seven days preceding his/her death? Do you think it was:

- 1 - Good at all times
2 - Good on some days, not so good on others
3 - Poor during the entire week
4 - Did not eat at all during the entire week
5 - Other (SPECIFY): _____
-8 - NR/DK
-9 - NA

☐

Z88 Do you have a death certificate for the child who died?

1 - Yes CONTINUE
0 - No }
-8 - NR/DK } GO TO Z90

☐

Z89 What does the death certificate say about the cause of the infant's death?
INDICATE CAUSE OF DEATH, DO NOT CODE.

☐

-8 - NR/DK
-9 - NA

Z90 What do you think caused the infant's death?

INDICATE CAUSE OF DEATH, DO NOT CODE.

☐

-8 - NR/DK

TERMINATE INTERVIEW

BARANGAY NO.: _____ HOUSEHOLD NO.: _____ INTERVIEWER'S NAME: _____

NAME OF NURSING MOTHER: _____

NO. OF DIFFERENT SOURCES USED (1, 2, 3, etc.): _____ SOURCE DESCRIBED IS SOURCE NO. _____ OF HOUSEHOLD

A. PIPED WATER (Faucet connected to a piped distribution system)

1. IN HOUSE (PRIVATE)

☐ GO TO A3

2. STANDPIPE (Used by more than one household in community)

☐ GO TO A3

3. SOURCE OF PIPED WATER:

a) MOUND

☐

b) SPRING

☐ GO TO E7

c) MOTORIZED PUMP (Private or Public)

☐ GO TO E7

B. PUMP (Motorized or manual, from which household fetches water)

4. IN HOUSE

☐

5. OUTSIDE HOUSE (MAKE OCULAR INSPECTION!)

☐ GO TO E6, E7, H8

C. OPEN DUG WELL (MAKE OCULAR INSPECTION!)

☐ GO TO E6, E7, H8

D. RAIN WATER (MAKE OCULAR INSPECTION!)

☐ GO TO E6, E7

E. SPRING

☐ GO TO E7

F. RIVER

☐ GO TO E7

G. VENDOR

☐

H. OWNER/NO./LOCATION OF SOURCE

6. NAME OF OWNER

(IF GOVERNMENT, WRITE "PUBLIC")

7. LOCATION

(GIVE EXACT DESCRIPTION; IF RIVER, INDICATE ALSO NAME OF RIVER)

8. NUMBER OR ANY OTHER IDENTIFICATION DESCRIBED ON WELL

SCHEME FOR LOCATION OF BOREHOLE

FORMER OWNER - LEONCIO ESPINOSA

1	PRESENT OWNER'S NAME & ADDRESS		RICHE GORDON CEBU, CEBU CITY, LABANGON		3	NAT. REF. NO.	362-390-2	
2	FORMER OWNER		131 KATIPUNAN ST		4	KKLI. NO.	552	
					5	MAP NO.	205	
DATA			TRANSFERRED FROM WELL LOG		ON-SITE GATHERED DATA			
6	DRILLING COMPLETED DATE / BY		a		b	18		POSSIBILITIES FOR MEASURING WATER LEVEL
						19		GROUND ELEVATION
						20		MEASURING POINT (MP)
7	CASING DIAMETER		a		b	21		MP ELEV.
8	DRILLING DEPTH		a	B.G.R.	b	22		WATER LEVEL DEPTH
9	WATER LEVEL DEPTH		a	B.G.R.	b	23		WATER LEVEL ELEV.
10	DISCHARGE		a		b	24		WATER LEVEL
11	DRAWDOWN		a		b	25		SKETCH OF WELL WITH MP.
12	TYPE OF SCREEN AND PERFORATION		a		b			
13	INFORMATION WRITTEN BY		JUN ANGUS		14	TYPE / HP OF PUMP		
26	REMARKS				15	WATER ANALYSES		
- 1 FAMILY USING					16	USE		
					17	INFORMATION GIVEN BY		
					EDMUNDO ESPINOSA			
27	SKETCH OF WELL SITE							
<p>MAP NO. 205 SCALE 1:2000</p> <p>DISTANCES FROM THE EDGES OF THE MAP IN MILLIMETERS</p> <p>W 118 S 27 E</p> <p>N</p> <p>SALVADOR ST</p> <p>KATIPUNAN ST</p> <p>GROUP OF HOUSES</p> <p>B. ZUBIRI ST</p> <p>GROUP OF HOUSES</p> <p>WELL SITE</p> <p>OWNERS' HSE</p> <p>JABCOR INDUSTRIES</p> <p>TU CITY</p>								
28	LOCATED	DATE	15061984					
BY	JUN ANGUS							

PREGNANCY FOLLOW-UP
OF SAMPLE WOMEN

Barangay _____

Baseline I.D. No. _____ BRGY: _____ HH: _____ WOMAN: _____

Name of Mother _____

Name of Sample Child _____

Date of Birth of Sample Child _____

Exact Address of Mother _____

Date of Interview Completion _____

Name of Interviewer _____

BEFORE CONDUCTING THE INTERVIEW, FIND OUT FROM OFFICE RECORDS THE
NAME AND DATE OF BIRTH OF THE SAMPLE CHILD.

P1 After the birth of (NAME OF SAMPLE CHILD _____) on (DATE OF
BIRTH _____), did you become pregnant again?

1 - Yes CONTINUE
0 - No GO TO P6

P2 When was your last menstrual period?

Day _____ Month _____ Year _____

FOR THOSE WOMEN WHOSE PREGNANCY ALREADY TERMINATED, CONTINUE.
FOR WOMEN WHO ARE CURRENTLY PREGNANT, GO TO P5.

P3 How did that pregnancy terminate?

1 - Single live birth
2 - Single stillbirth
3 - Miscarriage/Abortion
4 - Twin birth, regardless whether alive or dead
5 - Others (SPECIFY) (e.g. "nalayagan")

-8 - NR/DK
-9 - NA

P4 When did that pregnancy terminate?

Day _____ Month _____ Year _____

P5 When do you expect to give birth?

Week _____ Month _____ Year _____

END OF INTERVIEW. THANK YOU!

P6 Your youngest child is (NAME OF SAMPLE CHILD), is that correct?
(SEE NAME OF SAMPLE CHILD AT THE TOP OF THIS QUESTIONNAIRE)

1 - Yes END OF INTERVIEW
0 - No GO BACK TO P1

THANK YOU FOR YOUR COOPERATION!!