

CEBU LONGITUDINAL HEALTH AND NUTRITION STUDY
2007 Tracking Survey

IC's Questionnaire

ID1

Type of Survey:

1

6

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:
(CPC/Computer assigned)

ID6

Mother's ID Number:
(CPC/Computer assigned)

ID7

Name and Exact Address of Index Child in Last Visit (2005 or 2002):

Name of Index Child:

Last visit address (2005 or 2002):

2007 address:

Contact Number:

ID8

Last Interview of Index Child:

2005

2002

ID9

Whose household is interviewed in 2007?

1 - Mom and Index Child

GO TO ID11

3 - Index Child living separately from mom (Mom deceased/OM/Unlocated)

CONTINUE

4 - Index Child deceased

5 - Index Child moved out of Metro Cebu

6 - Index Child refused/not located

11 - Index child mentally incapacitated

12 - Index child institutionalized

13 - Mother and Index child (but mom refused)

14 - Index child not contacted but did not refuse

15 - Index child seriously ill (mute; severe polio)

GO TO ID13

ID10

Who is Index Child living with?

0 - Living alone

1 - Living with spouse/partner as one nuclear family

2 - Father

3 - Parent(s)-in-law

4 - Other relatives of IC

5 - Non-relatives

6 - Employer

ID11

Is Index Child living with partner/spouse?

0 - No

1 - Yes

ID12

Is Index Child (or spouse of Index Child) the head of household?

0 - No

1 - Index child

2 - Spouse of Index child

ID13

Sex of Index Child:

1 - Male

2 - Female

ID14

Age of Index Child: _____

ID15

Name of Interviewer: _____

ID16

Date of Interview Completion:

MONTH

DAY

YEAR

CALL RECORD

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

RESULT CODES: 1 - Interview completed4 - Refusal, no interview obtained

2 - Interview partly completed, new appointment made5 - No respondent at home

3 - Appointment made for interview later6 - Other (SPECIFY)

ID17

Total Number of Sessions Required to Complete Interview:

BLOCK X: SCREENING

LAST VISIT (2005 or 2002), INDEX CHILD LIVED:

1 - WITH MOTHER
2 - SEPARATED FROM MOTHER

X1 Is _____ (NAME OF INDEX CHILD) still living in this household?
(the same household he/she had at last interview in 2005 or 2002)

0 -	No	CONTINUE
1 -	Yes	GO TO X12

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

1 -	Died after last interview	CONTINUE
2 -	Moved elsewhere since 2005 (or 2002)	GO TO X5
-9 -	NA	

X3 When did _____ (NAME OF INDEX CHILD) die?

CODE RESPONSE IN MONTH AND YEAR

-8 - NR/DK
-9 - NA

Month

Year

X4 What was the cause of death?

DESCRIBE: _____

-8 - NR/DK
-9 - NA

--	--

GO TO X11

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

EXACT ADDRESS: _____

1 - In Metro Cebu
2 - Outside Metro Cebu, in Cebu province
3 - Outside Cebu province, not Manila/abroad
4 - Outside Cebu province, Manila
5 - Outside Cebu province, outside the country, specify, _____
-8 - NR/DK
-9 - NA

X6 Can _____ (NAME OF INDEX CHILD) be contacted by phone?

0 - No
1 - Yes, what is the phone number? _____
-9 - NA

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

X7 What is (NAME OF INDEX CHILD) currently doing?

0 - Not working or schooling
1 - Schooling
2 - Working
3 - Working and schooling
4 - Other, specify _____
-8 - NR/DK

□

X8 Has _____ (NAME OF INDEX CHILD) ever worked abroad (for example, as an “Overseas Filipino Worker” or OFW)?

0-	No	GO TO X10
1-	Yes	CONTINUE

X9 Where did he/she work abroad, what kind of jobs did he/she hold and when did he/she work?

FILL OUT TABLE X-1 WITH DETAILS REGARDING PLACE AND TIME ABROAD, AND TYPE OF JOBS HELD. ENTER THE FIRST PLACE OF OVERSEAS ASSIGNMENT. 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.			
5.			
6.			
7.			
8.			

X10 Marital status of index child

- 1 - Never married

2 - Legally married

3- Not legally married/cohabiting
- 4 - Widowed

5 - Separated

-8 - NR/DK
- ☐

X11 TERMINATE INTERVIEW IF:

- 1 - Index Child dead

2 - Index Child moved out of Metro Cebu

3 - Index Child cannot be located in Metro Cebu

4 - Index Child refused

5 - No available information about Index Child (incl. IC: institutionalized, not contacted, incapacitated)
- ☐

X12 OTHERWISE, DETERMINE IF:

MOM AND INDEX CHILD ARE LIVING TOGETHER, THEN GO TO BLOCK D;

INDEX CHILD IS LIVING SEPARATE FROM MOM, CONTINUE;

INDEX CHILD IS LIVING WITH EMPLOYER, CONTINUE AND ASK QUESTIONS A1 TO A14 PERTAINING ONLY TO INDEX CHILD AND TO ALL OF HIS/HER FAMILY MEMBERS LIVING WITH HIM/HER.

IN CASES WHERE IC IS NOT KNOWLEDGEABLE ENOUGH ABOUT HIS/HER NEW HOUSEHOLD, ASK FOR OTHER HOUSEHOLD MEMBERS WHO CAN RESPOND TO SPECIFIC SECTIONS IN THIS QUESTIONNAIRE.

BLOCK A: HOUSEHOLD COMPOSITION

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 the 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/she completed?

ENTER RESPONSE IN COL. A9

A10

Is he/she currently studying in school (SY 2007-2008)?

ENTER CODE IN COL. A10

0 - No
1 - Yes

A11

FOR OFFICE EDITOR:
CODE HOUSEHOLD TYPE

TABLE A-1. HOUSEHOLD ROSTER (In case more than 19 persons are found in a household, staple additional HH Form to this one)

Line No.	Name	Relationship to Household Head	Relationship to Index Child	Sex	Date of Birth		Age	ASK OF IC ONLY: Last Grade of School Completed	ASK OF IC ONLY: In School Now?
		Description	Description		Mo.	Yr.			
	A3	A4	A5	A6	A7		A8	A9	A10

END OF BLOCK A

BLOCK C: HOUSEHOLD ASSETS

INTERVIEWER: ASK OF INDEX CHILD’S HOUSEHOLD. FOR INDEX CHILD WHO IS LIVING WITH EMPLOYER, ASK QUESTIONS C1 TO CC6 PERTAINING TO INDEX CHILD’S AND HIS/HER FAMILY’S ASSETS IN THIS HOUSEHOLD.

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

Does your household own any of the following vehicles and appliances?

0 - No

1 - Yes

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

Does your household have a telephone (landline)?

0 - None

1 - Yes, currently has a phone (Pls. Ask for number) _____

2 - No, but has applied for phone connection

-7 - Yes, but currently disconnected

☐

C5 Does any member in your household have a cell phone?

IF NONE, CODE 0. IF YES, ASK RESPONDENT WHO HAS CELL PHONE AND ENTER NAME, LINE NUMBER AND CELL PHONE NUMBER OF HOUSEHOLD MEMBER.

<u>Name</u>	<u>Line No.</u>	<u>Cell phone #</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

C6 How would you compare your current economic condition to your economic condition in 2005 or 2002 visit?

1 -	Better off	Why so? _____
2 -	Worse off	Why so? _____
3 -	The same better condition	
4 -	The same worse condition	
-8 -	NR/DK	

END OF BLOCK C

BLOCK Z. MODIFIED HOUSEHOLD INCOME SECTION

INTERVIEWER: ASK OF INDEX CHILD’S HOUSEHOLD. FOR INDEX CHILD WHO IS LIVING WITH EMPLOYER, ASK QUESTION Z1 AND Z2 PERTAINING TO INDEX CHILD’S AND HIS/HER FAMILY’S SOURCES OF INCOME IN THIS HOUSEHOLD.

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: 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 (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 D11
- 1 - Farming
- 2 - Fishing
- 3 - Self-employed
- 4 - Wage/salary worker
- 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 _____

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

- 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 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/HER MAIN JOB, OR (b) FOR A SHORTER DURATION, OR A COMBINATION OF BOTH.

- 0 - No GO TO D10
- 1 - Yes CONTINUE
- 9 - NA (Not currently working)

D6 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

D7 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 _____

D8During 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)

D9How are you doing this secondary job of yours most of the time?

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

D10Are you receiving any employment benefits like SSS/GSIS, Philhealth (Medicare), PAG-IBIG in your job?

0 - NoCONTINUE

1 - YesGO TO D12

-8 - NR/DK

D11Do you have or are you paying (voluntary) your SSS/GSIS, Philhealth, PAG-IBIG or other health insurance?

0 - No

1 - Yes

-8 - NR/DK

D12Have you ever worked abroad (for example, as an “Overseas Filipino Worker” or OFW)?

0 - NoGO TO BLOCK Y

1 - YesCONTINUE

-8 - NR/DK

D13Where did you work abroad, what kind of jobs did you hold and when did you work?

FILL OUT TABLE D-1 WITH DETAILS REGARDING PLACE AND TIME ABROAD, AND TYPE OF JOBS HELD. ENTER THE FIRST PLACE OF OVERSEAS ASSIGNMENT. 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 Y
IC'S ANCESTRY

Y1

Marital status of index child?

1 - Never married

2 - Legally married

3 - Not legally married/cohabiting

4 - Widowed

5 - Separated

-8 - NR/DK

Y2

Were there any changes in your marriage since 2005 survey (or last visit)?

0 - Still never married

1 - Still living with same spouse in 2005/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)_____

Y3

Was your biological mother born in the Philippines?

0 - No If no: which country? _____

1 - Yes If yes: which province? _____

-7 - Doesn't know

-8 - Refuses to answer

Y4

Was your biological father born in the Philippines?

0 - No If no: which country? _____

1 - Yes If yes: which province? _____

-7 - Doesn't know

-8 - Refuses to answer

Y5

Was your biological mother's father born in the Philippines?

0 - No If no: which country? _____

1 - Yes If yes: which province? _____

-7 - Doesn't know

-8 - Refuses to answer

Y6

Was your biological mother's mother born in the Philippines?

0 - No If no: which country? _____

1 - Yes If yes: which province? _____

-7 - Doesn't know

-8 - Refuses to answer

Y7

Was your biological father's father born in the Philippines?

0 - No If no: which country? _____

1 - Yes If yes: which province? _____

-7 - Doesn't know

-8 - Refuses to answer

Y8 Was your biological father’s mother born in the Philippines?

- 0 - No If no: which country? _____
- 1 - Yes If yes: which province? _____
- 7 - Doesn’t know
- 8 - Refuses to answer

Y9 Does your family come from Chinese, Spanish or other ancestry?

- 0 - No GO TO BLOCK F
- 1 - Yes CONTINUE
- 7 - Doesn’t know
- 8 - Refuses to answer

Y10 Which ancestry and whose side?

SIDE	Ancestry 1 (specify)	Ancestry 2 (specify)	Ancestry 3 (specify)
Paternal			
Maternal			

END OF BLOCK Y

BLOCK F. REPRODUCTION

PREGNANCY

ASK F1 TO F6 IF IC IS MALE, ELSE GO TO F7:

F1

Have you ever gotten a woman pregnant?

0 - No

GO TO F14

1 - Yes

CONTINUE

2 - Unsure about pregnancy

GO TO F3

F2

How many times have you gotten a woman pregnant?

NO. OF PREGNANCIES:

FOR EACH PREGNANCY ASK QUESTIONS F3 TO F6 AND ENTER RESPONSES IN APPROPRIATE COLUMNS IN TABLE F-1

F3

At the time you 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

F4

How did you react to the pregnancy?

PROBE FOR INTENTION TO ABORT

(VERBATIM)

F5

How did your spouse/partner react to the pregnancy?

PROBE FOR INTENTION TO ABORT

(VERBATIM)

F6

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

0 - No

1 - Yes, what

Table F-1. Reaction toward each pregnancy

Pregnancy Order/ Name	F3. 1- Then 2 - Later 3 - No/ No more	F4. Own reaction to the pregnancy (VERBATIM)	F5. Spouse's/partner's reaction to the pregnancy (VERBATIM)	F6. Did something to the pregnancy? 0 - No 1 - Yes, what
1 st				
2 nd				
3 rd				
4 th				
5 th				
6 th				

GO TO F14

ASK F7 TO F9 IF IC IS FEMALE:

F7

Have you ever been pregnant?

0 - No

GO TO F14

1 - Yes

CONTINUE

2 - Unsure about pregnancy

GO TO INSTRUCTION BEFORE F10

F8

Are you currently pregnant?

0 - No

1 - Yes; no. of months pregnant

-9 - NA

F9

How many pregnancies have you had since 2005?

NO. OF PREGNANCIES:

FOR EACH PREGNANCY ASK QUESTIONS F10 TO F13 AND ENTER RESPONSES IN APPROPRIATE COLUMNS IN TABLE F-2

- F10

At the time you were pregnant, did you want 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
- F11

How did you react to the pregnancy?

PROBE FOR INTENTION TO ABORT
- (VERBATIM)
- F12

How did your spouse/partner react to the pregnancy?

PROBE FOR INTENTION TO ABORT
- (VERBATIM)
- F13

Did you/your spouse/your partner do something to end the pregnancy?
- 0 -

No
- 1 -

Yes, what

Table F-2. Reaction toward each pregnancy

Pregnancy Order/ Name	F10. 1- Then 2 - Later 3 - No/ No more	F11. Own reaction to the pregnancy (VERBATIM)	F12. Spouse’s/partner’s reaction to the pregnancy (VERBATIM)	F13. Did something to the pregnancy? 0 - No 1 - Yes, what _____
1 st				
2 nd				
3 rd				
4 th				
5 th				
6 th				

MARRIAGE/COHABITATION

- F14

How many times have you been married/cohabited/lived-in?
- 0 -

Never

GO TO INSTRUCTION AFTER MARITAL HISTORY TABLE
- 1 -

Once
- :
- 8 -

NR/DK
- 9 -

NA
-

FOR EACH MARRIAGE/COHABITATION, ASK QUESTIONS F15 TO F20. ENTER RESPONSES IN APPROPRIATE COLUMNS IN TABLE F-3

- F15

When did this marriage/cohabitation happen?

ENTER RESPONSE IN MONTH AND YEAR
- 8 -

NR/DK
- 9-

NA
- F16

Was the marriage done in church, by a judge or consensual union? Or, were you married in church, civil or agreed to cohabit?
- 1 -

Church

5 -

Consensual union, church
- 2 -

Civil

6 -

Consensual union, civil
- 3 -

Consensual union

7 -

Consensual union, civil, church
- 4 -

Civil first then church

-9 -

NA
- F17

Did you elope before you got married/cohabited?
- 0 -

No
- 1 -

Yes
- 9 -

NA

F18 How long was the marriage/cohabitation? ENTER RESPONSE IN NUMBER OF MONTHS

- 8 - NR/DK
- 9- NA

F19 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

F20 How many pregnancies did you have during this marriage/cohabitation (including current pregnancy)?

- 8 - NR/DK
- 9- NA

Table F-3. Marital History

Marriage/ Cohabitation	F15. Date	F16. Type	F17. Eloped?	F18. Duration	F19. Reason for termination	F20. Total number of pregnancies
First						
Second						
Third						
Fourth						
Fifth						
Sixth						
Seventh						

GO TO BLOCK K IF IC WAS NEVER BEEN PREGNANT, OR IF IC IS MALE, ELSE CONTINUE

PREGNANCY HISTORY

THE PREGNANCY HISTORY IS A COMPLETE RECORD OF ALL THE PREGNANCIES IC HAS HAD, INCLUDING HER CURRENT PREGNANCY. THIS INCLUDES:

A. ALL LIVE BIRTHS, REGARDLESS OF WHETHER THEY HAVE DIED SINCE OR ARE LIVING IN THE SAME HOUSEHOLD AS IC OR ELSEWHERE,

B. ALL STILLBIRTHS

C. ALL OTHER PREGNANCY TERMINATIONS NOT ENDING IN LIVE BIRTH OR STILLBIRTH (e.g. MISCARRIAGE)

RECORD ALL PERTINENT INFORMATION /ANSWERS IN TABLE F-4.

Now I would like to ask you about each of your pregnancy since 2005, beginning from the first to the last.

LIST ALL PREGNANCIES IC EVER HAD OR HAD SINCE 2005 IN TABLE F-4. FOR CHILDREN OF IC WITH NAMES, LIST NAMES IN ROW (2).

FOR EACH PREGNANCY, ASK:

F21

What was the result of this pregnancy?

1 - Single live birth still living

2 - Single live birth now dead

3 - Stillbirth

4 - Miscarriage

5 - Multiple (indicate twins, triplets, etc., and if all alive or some died)

6 - Currently pregnant

-7 - Not sure if currently pregnant

F22

What is the date of birth or pregnancy termination? (Month, Day, Year)

-7 - Not sure if currently pregnant

-9 - Currently pregnant

F23

How many months or weeks were you pregnant?

IF CURRENTLY PREGNANT, GIVE NUMBER OF MONTHS OR WEEKS PREGNANT.

IF NOT SURE IF PREGNANT, GIVE NUMBER OF WEEKS OR DAYS SINCE LAST MENTRUATION (START FROM THE FIRST DAY OF LAST CYCLE) THEN GO TO NEXT BLOCK.

F24

Did you get prenatal care during this pregnancy?

0 - No

1 - Yes

GO TO INSTRUCTION BEFORE F30

CONTINUE

F25

When (in what month of your pregnancy) did you first get prenatal care? (Month, Day, Year or in what month of pregnancy)

-9 - NA

F26

Where did you first get prenatal care for this pregnancy?

1 - Traditional birth attendant

2 - Government personnel/facility

3 - Private personnel/facility

-9 - NA

F27

How many times during this pregnancy did you get prenatal care from _____(CATEGORIES IN F26)?

0 - None (for this category)

1 - Once

:

-9 - NA (Did not get any prenatal care)

F28

Were you given any supplements/vitamins during this pregnancy? If yes, what kind?

MULTIPLE ANSWERS ALLOWED

0 - No

1 - Yes, (specify)

F29

Were you given an injection during this pregnancy? If yes, what kind?

MULTIPLE ANSWERS ALLOWED

0 - No injection

1 - 1st injection (specify)

2 - 2nd injection (specify)

-9 - NA

GO TO INSTRUCTION BEFORE F30

F30

Is the child male or female?

1 - Male

2 - Female

-9 - NA

F31

Where was the child born?

1 - At home

2 - Public hospital/health center (specify)

3 - Private hospital/private clinic (specify)

4 - Others (specify)

-9 - NA

ASK QUESTIONS F30 TO F35 OF LIVE BIRTHS AND STILLBIRTHS ONLY. IF PREGNANCY RESULTED IN MISCARRIAGE, GO TO F53. FOR CURRENT PREGNANCY, GO TO F56

Table F-4. Pregnancy History of IC

QUEST. NO.	PREG. ORDER	FIRST PREGNANCY	SECOND PREGNANCY	THIRD PREGNANCY	FOURTH PREGNANCY	FIFTH PREGNANCY	SIXTH PREGNANCY
	NAME						
F21 Type of pregnancy termination							
F22 Date of pregnancy termination							
F23 Pregnancy duration							
F24 With prenatal care? IF NO, GO TO INSTRUCTION BEFORE F30							
F25 Date of first prenatal care							
F26 Source of first prenatal care							
F27 Frequency of prenatal care from: 1. TBA 2. Govt. 3. Pvt.							
F28 Supplements or vitamins taken and type							
F29 Injections received and type							
ASK QUESTIONS F30 TO F35 OF LIVE BIRTHS AND STILLBIRTHS ONLY. IF PREGNANCY RESULTED IN MISCARRIAGE, GO TO F53. IF CURRENTLY PREGNANT, GO TO F56							
F30 Sex of child							
F31 Place of delivery							

F32	Who assisted you in delivering the child?	F39	What was the child's weight at birth?
	1 - Doctor		RECORD WEIGHT IN WHATEVER UNIT THE IC REPORTS IN APPROPRIATE ROW, I.E., FROM MOM'S RECALL OR FROM RECORD).
	2 - Midwife		
	3 - Traditional birth attendant		-9 - NA
	4 - Others (specify)	F40	When was the child's weight taken?
	5 - Combination (specify)		RECORD MONTH, DAY AND YEAR
	-9 - NA		-9 - NA
F33	What type of delivery?		GO TO INSTRUCTION BEFORE F43
	1 - Normal	F41	IF CHILD WAS NOT WEIGHED AT BIRTH: What do you think was the child's weight at birth?
	2 - "Caesarian"		-9 - NA
	-9 - NA	F42	Do you think the child was born early, late or on time?
F34	Were there any complications during labor or delivery?		1 - Early
	0 - None		2 - On time
	1 - Yes (describe)		3 - Late
	-9 - NA		-8 - NR/DK
F35	Were you given anesthesia during delivery?		-9 - NA
	0 - No		IF CHILD DIED, CONTINUE; IF STILL ALIVE GO TO F45
	1 - Yes	F43	When did child die?
	-9 - NA		RECORD MONTH, DAY AND YEAR
	IF STILLBIRTH, GO TO F56		-9 - NA
F36	Was child weighed at birth?	F44	What was the cause of death?
	0 - No GO TO F41		ASK OF ALL LIVE BORN CHILDREN ONLY
	1 - Yes	F45	Did you ever breastfeed the child? If not, why?
	-9 - NA		0 - No (give reason) GO TO F51
F37	Where was child weighed?		1 - Yes CONTINUE
	1 - At home		-9 - NA
	2 - Public hospital/health center (specify)		
	3 - Private hospital/private clinic (specify)		
	4 - Others (specify)		
	-9 - NA		
F38	Who weighed the child?		
	1 - Doctor		
	2 - Nurse		
	3 - Midwife		
	4 - Traditional birth attendant		
	5 - Others (specify)		
	-9 - NA		

Table F-4. Pregnancy History of IC

QUEST. NO.	PREG. ORDER	FIRST PREGNANCY	SECOND PREGNANCY	THIRD PREGNANCY	FOURTH PREGNANCY	FIFTH PREGNANCY	SIXTH PREGNANCY
	NAME						
F32 Type of personnel who assisted delivery							
F33 Type of delivery							
F34 Any complications during labor or delivery?							
F35 Received anesthesia?							
IF STILLBIRTH, GO TO F56							
F36 Was child weighed at birth?							
IF NO, GO TO F41							
F37 Place where child was weighed							
F38 Type of personnel who weighed the child							
F39 Weight of child at birth							
(MOM’S RECALL)							
(FROM RECORD)							
F40 Date weight of child was taken							
F41 IC’s perception of child’s weight							
F42 Child born early, on time or late?							
IF CHILD DIED, CONTINUE. IF STILL ALIVE, GO TO F45							
F43 Date child died							
F44 Cause of child’s death							
F45 Was child ever breastfed?							
IF NO, GO TO F51							

F46	When did you first breastfeed the child? RECORD IN NUMBER OF HOURS AFTER BIRTH -9 - NA	F53	Did you or anyone do something to end this pregnancy? 0 - No GO TO F56 1 - Yes -9 - NA
F47	Are you still breastfeeding the child? If not, why? 0 - No (give reason) CONTINUE 1 - Yes GO TO F49 -9 - NA	F54	Who did something to end this pregnancy? 1 - IC herself 2 - Doctor 3 - Nurse 4 - Midwife 5 - Traditional birth attendant/ mananabang 6 - Others (specify) -9 - NA
F48	How long was the child breastfed? RECORD RESPONSE OF IC -9 - NA	F55	What did you/he/she do? VERBATIM:
F49	Is/Was child given any breast milk supplement (including infant formula)? If yes, what kind(s)? 0 - No GO TO F51 1 - Yes (GIVE TYPE/NAME OF SUPPLEMENT(S): _____ -9 - NA	F56	Were you cohabiting with or married to the father at the time of this pregnancy? 0 - No 1 - Yes, cohabiting 2 - Yes, legally married -9 - NA
F50	How old was child when first given breast milk supplement on a regular basis? RECORD RESPONSE OF IC -9 - NA	F57	Before this pregnancy (or between this pregnancy and the previous one), what FP method were you using for the longest duration? 0 - None -9 - NA
F51	Is/Was child given semi-solid and solid foods? 0 - No GO TO F56 1 - Yes -9 - NA	F58	Did you work during this pregnancy? If yes, what kind of work? 0 - No 1 - Yes (specify kind of work/occupation) -9 - NA
F52	How old was child when first given semi-solid/solid foods on a regular basis? RECORD RESPONSE OF IC -9 - NA GO TO F56 AND ASK F53 TO F55 ONLY FOR MISCARRIAGE.	F59	Did you work after this pregnancy? If yes, what kind of work? 0 - No 1 - Yes (specify kind of work/occupation) -7 - Still pregnant -9 - NA

Table F-4. Pregnancy History of IC (continued)

QUEST. NO.	PREG. ORDER	FIRST PREGNANCY	SECOND PREGNANCY	THIRD PREGNANCY	FOURTH PREGNANCY	FIFTH PREGNANCY	SIXTH PREGNANCY
	NAME						
F46 Hrs. after birth child was first breastfed							
F47 Breastfeeding until now? IF NOT, GIVE REASON. IF YES, GO TO F49							
F48 Duration of breastfeeding							
F49 Type of breast milk supplement given? IF NO, GO TO F51							
F50 Age of child when given first breast milk supplement							
F51 Were semi-solid and solid foods given? IF NO, GO TO F56							
F52 Age of child when semi-solid food and solid food first given							
ASK F53 TO F55 ONLY FOR MISCARRIAGE F53 Did something to end pregnancy? IF NO GO TO F56							
F54 Who performed?							
F55 What was done to end pregnancy?							
F56 Cohabiting at the time of pregnancy?							
F57 FP method used for longest duration before or between the pregnancy							
F58 Work during this pregnancy?							
F59 Work after this pregnancy?							

INDEX CHILD’S CHILD (ICC’S) ANTHROPOMETRY:

- F60

ICC’S ID NUMBER (Office assigned)
-9 - NA
- F61

Date of birth of ICC
ENTER IN MONTH DAY AND YEAR
-9 - NA
- F62

Weight of ICC
TAKE THREE MEASUREMENTS IN KILOGRAMS
-9 - NA
- F63

Length of ICC
TAKE THREE MEASUREMENTS IN CENTIMETERS
-9 - NA
- F64

Date of measurement
RECORD IN MONTH/DAY/YEAR
-9 - NA

Table F-5. ICC’S Anthropometry

QUEST. NO.	PREG. ORDER	FIRST PREGNANCY	SECOND PREGNANCY	THIRD PREGNANCY	FOURTH PREGNANCY	FIFTH PREGNANCY	SIXTH PREGNANCY
	NAME						
F60 ICC’S ID NUMBER							
F61 Date of birth of ICC (MO/DAY/YR)							
F62 Weight of ICC (IN KGS.)	1)						
	2)						
	3)						
F63 Length of ICC (IN CMS.)	1)						
	2)						
	3)						
F64 Date of measurement (MO/DAY/YR)							

F65

Do you have a child who was alive on our last visit who is now dead? If you have, how many were there? _____

END OF BLOCK F

BLOCK K: MORBIDITY AND REPRODUCTIVE HEALTH OF IC

K1

Have you ever been sick since our last visit in 2005 (or 2002)?

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

K3

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

0 - No

1 - Yes

Specify which illness(es) :

-9 - NA

RECORD RESPONSES TO QUESTIONS K4 TO K7 IN THE APPROPRIATE COLUMNS IN TABLE K1

K4

Have you ever...

- drank alcoholic beverages?

- taken drugs?

K5

How old were you when you first tried...

- drinking alcoholic beverages?

- taking drugs?

K6

Who initiated you into...

- drinking alcoholic beverages?

- taking drugs?

VERBATIM:

K7

How often do you...

- drink alcoholic beverages?

- take drugs?

Table K-1. Risk-taking behaviors

ACTIVITY	EVER TRIED	AGE WHEN 1st TRIED	PERSON WHO INITIATED	STILL DOING NOW, HOW OFTEN?
	K4	K5	K6	K7
Drinking alcoholic beverages	0 - No GO TO DRUGS 1 - Yes	<div></div> <div></div>		1 - Only occasionally 2 - Every week 3 - Every day -7 - Stopped drinking -9 - NA
Taking drugs	0 - No GO TO K8 1 - Yes (If yes, specify drug(s) tried) <div></div> <div></div> <div></div>	<div></div> <div></div>		1 - Only occasionally 2 - Every week 3 - Every day -7 - Stopped taking drugs -9 - NA Specify drug <div></div> <div></div>

K8

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

0 - No

GO TO K18

1 - Yes

K9

How old were you then?

10 - Ten years old
:
-9 - NA

K10

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

0 - Never smoked a whole cigarette GO TO K13
:
10 - Ten years old
-9 - NA

K11

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

0 - No GO TO K13
1 - Yes
-9 - NA

K12

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

10 - Ten years old
:
-9 - NA

K13

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

0 - None GO TO K15
1 - One day
:
30 - Thirty
-9 - NA

K14

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
:
-9 - NA

GO TO K17

K15

Have you completely stopped smoking cigarettes?

0 - No GO TO K17
1 - Yes
-9 - NA

K16

How old were you when you quit smoking cigarettes?

10 - Ten years old
:
-9 - NA

K17

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

K18

Do other members of your household smoke?

0 - No GO TO K20
1 - Yes

K19

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

1 - One
:
-9 - NA

ASK K20 IF IC NEVER EXPERIENCED SEXUAL INTERCOURSE DURING LAST VISIT,
ELSE, GO TO K22

K20

Have you ever had sexual intercourse?

0 - NoGO TO K23

1 - YesCONTINUE

-8 - NRGO TO K23

K21

At what age did you first have sexual intercourse?

AGE: _____

-9 - NA

K22

With whom did you have the first sexual intercourse?

VERBATIM: _____

-9 - NA

K23

Have you ever used any family planning method?

0 - NoGO TO K26

1 - YesCONTINUE

-8 - NRGO TO K26

-9 - NA

K24

What family planning method/methods have you used?

LIST ALL FP METHODS MENTIONED BY IC

-8 - NR/DK

-9 - NA

K25

What family planning method are you currently using?

LIST FP METHOD MENTIONED BY IC

0 - Not currently using any FP method

-8 - NR/DK

-9 - NA

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

Table K-2. Perceived stress scale

Stress scale	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?					

BLOCK M: IC'S ANTHROPOMETRY

Date of measurement: MONTH/DAY/YEAR _____

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

Number of months pregnant: _____
-9 - Not currently pregnant

M1 WEIGHT (IN KILOGRAMS)
INTERVIEWER: TAKE THREE MEASUREMENTS

e.g., 30.7

<div></div>	<div></div>	<div></div>	<div></div>
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M2 WAIST CIRCUMFERENCE (cm)
INTERVIEWER: TAKE THREE MEASUREMENTS
-9- Currently pregnant

<div></div>	<div></div>	<div></div>
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M3 BLOOD PRESSURE (mm Hg)
INTERVIEWER: TAKE THREE MEASUREMENTS

Measurement #1

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

Consent forms if: (Please check)
IC is pregnant: _____
IC is lactating/breastfeeding: _____
IC has had pregnancies which ended in livebirth: _____

GPS COORDINATES

Date: _____
Time: _____
Barangay: _____
GPS UNIT #: _____
1. X coordinate (longitude) _____
2. Y coordinate (latitude) _____
3. Waypoint description _____

END OF INTERVIEW