

CEBU LONGITUDINAL HEALTH AND NUTRITION STUDY  
2005 Follow-up Survey

IC's Questionnaire

ID1

Type of Survey:

ID2

Current Barangay:

(See BARANGAY CODE LIST)

ID3

Current Stratum:

1 - Urban

2 - Rural

ID4

Baseline ID Number:  
(Copy from 2002 Quest.)

BRGY

HHL D

WMAN

ID5

2005 ID Number:  
(Office assigned)

BRGY

HHL D

WMAN

ID6

Index Child's ID Number:  
(CPC/Computer assigned)

ID7

Name and Exact Address of Index Child in 2002 (or last visit) and 2005:

Name of Index Child:

2002 (or last visit) address:

2005 address:

ID8

Last Interview of Index Child:

20021998

ID9

Whose household is interviewed in 2005?

1 - Mom and Index Child

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

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 cannot talk (mute; severe polio)

GO TO ID11

CONTINUE

>GO TO ID13

ID10

Who is Index Child living with?

1 - Living alone (or with spouse as one nuclear family)

2 - Father

3 - Parent(s)-in-law

4 - Other relatives of IC

5 - Non-relatives

6 - Employer

-9 - IC deceased

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:

9

9

11

5

MONTH

DAY

YEAR

## CALL RECORD

## SESSION. 1

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

## SESSION. 2

| CALL NO. | DATE | TIME    |          | RESULTS<br>(Use codes below)<br>WRITE BLOCKS<br>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)

ID17 Total Number of Sessions Required to Complete Interview:

### Other respondents during IC's interview

[illegible]

BLOCK X: SCREENING

IN 2002 (or last visit), 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 2002 or last visit) ☐

0 - No CONTINUE

1 - Yes GO TO X9

-8 - NR/DK GO TO X5

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

1 - Died after last interview CONTINUE

2 - Moved elsewhere since 2002 (or last visit) GO TO X5

-8 - NR/DK GO TO X5

-9 - NA

X3 When did \_\_\_\_\_ (NAME OF INDEX CHILD) die?  
CODE RESPONSE IN MONTH AND YEAR

Month Year

-8 - NR/DK

-9 - NA

X4 What was the cause of death?  
DESCRIBE: \_\_\_\_\_

-8 - NR/DK

-9 - NA

GO TO X8

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

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

X6 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

X7 Marital status of index child

1 - Never married

2 - Legally married

3 - Not legally married

4 - Widowed

5 - Separated

-8 - NR/DK

X8 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 cannot be located outside Metro Cebu (but in Cebu province)

5 - Index Child refused

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

X9 OTHERWISE, DETERMINE IF:

MOM AND INDEX CHILD ARE LIVING TOGETHER, THEN GO TO A17;

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 A14. 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 PERSON IS NOT A PART OF THE INDEX CHILD’S NUCLEAR FAMILY, CONTINUE, ELSE CODE -9 IN A6 AND GO TO A7.

Is he/she paid in cash or in kind e.g., sent to school to do the household chores/family business?

0 - No

1 - Yes

-9 - NA

ENTER CODE IN COL. A6

A7

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

1 - Male

2 - Female

ENTER CODE IN COL. A7

A8

When was he/she born?

What month?

What year?

ENTER MONTH IN FIRST COLUMN OF A8 AND  
FOUR DIGITS OF YEAR IN 2nd COLUMN OF A8

A9

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

ENTER AGE IN COLUMN A9

A10

Has he/she resided in this household for the last six (6) months?

A RESIDENT IS DEFINED AS A PERSON WHO HAS LIVED IN THE HOUSEHOLD FOR

THE LAST SIX MONTHS OR WHO HAS LIVED IN THE HOUSEHOLD FOR LESS THAN SIX MONTHS, BUT HAS NO OTHER PLACE OF RESIDENCE. INFANTS BORN INTO, OR PERSONS MARRIED INTO, THE HOUSEHOLD, ARE RESIDENTS REGARDLESS OF DATE THEY JOINED THE HOUSEHOLD.

IF RESPONSE IS YES, ENTER CODE 1 IN COL. A10 AND GO TO A11

IF RESPONSE IS NO OR NR/DK, ASK: Does he/she have a residence any place else?  
IF NONE, ENTER CODE 3 (recent resident) IN COL A10  
IF YES, ENTER CODE 2 (non- resident) IN COL. A10  
-8 - NR/DK ENTER CODE -8 IN COL. A10

A11

What is the highest grade that he/she completed? ENTER RESPONSE IN COL. A11

-9 NA (For children under 6 years old)

A12

Is he/she currently studying in school (SY 2004-2005)? ENTER CODE IN COL. A12

0 - No

1 - Yes

-8 - NR/DK

-9 - NA (For children under 6)

A13

Is he/she currently working for pay (in cash or kind)? ENTER CODE IN COL. A13

0 - No

1 - Yes (GO TO BLOCK B IF THIS PERSON IS NOT THE IC,  
ELSE, GO TO A17)

-8 - NR/DK (GO TO BLOCK B IF THIS PERSON IS NOT THE IC,  
ELSE, GO TO A17)

-9 - NA (For HH members under 6)

A14

Did he/she work for pay in the last four months? ENTER CODE IN COL. A14

0 - No

1 - Yes

-8 - NR/DK

-9 - NA (For HH members under 6)

GO TO BLOCK B IF THIS PERSON IS NOT THE IC, ELSE, GO TO A17

FOR OFFICE EDITOR:  
CODE HOUSEHOLD TYPE

A15

A16

CODE LINE NUMBER OF INDEX CHILD

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



ASK A17 - A24 OF IC ONLY:

A17What 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

☐

A18How 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

☐

A19Do you consider yourself a religious person?

0 - No

1 - Yes

-8 - NR/DK

☐

A20Marital status of index child?

1 - Never married

2 - Legally married

3 - Not legally married

4 - Widowed

5 - Separated

-8 - NR/DK

☐

A20aWere there any changes in your marriage since 2002 survey (or last visit)?

0 - Still never married

1 - Still living with same spouse in 2002/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)\_\_\_\_\_

☐

A21Are you a registered voter?

0 - No

1 - Yes

GO TO INSTRUCTION BEFORE A23

CONTINUE

☐

A22Did you vote in the last election (2004)?

0 - No

1 - Yes

-8 - NR/DK

-9 - NA

ASK: Why not? \_\_\_\_\_

☐

☐

ASK QUESTIONS A23 AND A24 ONLY IF INDEX CHILD IS CURRENTLY MARRIED OR COHABITING. GO TO NEXT BLOCK IF INDEX CHILD IS NOT LIVING IN THE SAME HOUSEHOLD AS MOTHER, ELSE GO TO BLOCK F.

A23What is the religion of your husband/partner?  
SAME CODES AS IN A17

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

-8 - NR/DK

-9 - NA

☐

A24How often does he/she go to church?  
SAME CODES AS IN A18

-9 - NA

☐

IF INDEX CHILD IS LIVING IN THE SAME HOUSEHOLD AS MOTHER, GO TO BLOCK F

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

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



B8

Where 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)

-8 - NR/DK

B9

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

CODE NUMBER OF MINUTES

-8 - NR/DK

-9 - NA

CODE -9 IN B10-B11, GO TO B12

CODE -8 IN B10-B11, GO TO B12

CONTINUE

NUMBER OF MINUTES

B10

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

CODE NUMBER OF MINUTES

-8 - NR/DK

NUMBER OF MINUTES

B11

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

CODE IN PESOS

0 - Own vehicle, no pay

-8 - NR/DK

PESOS

B12

Is house located along a busy road (where traffic is moderate to heavy)?

0 - No

1 - Yes

B13

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

1 - Fine, good

2 - Fresh

3 - Cool

4 - Polluted

5 - Smells bad/stinks

6 - No bad smell but dusty

7 - Warm

8 - Other description: \_\_\_\_\_

ENVIRONMENTAL ASSESSMENT

ALL QUESTIONS ARE TO BE ANSWERED BY INTERVIEWER BASED ON THE INTERVIEWER'S OBSERVATIONS OF THE RESPONDENT'S HOUSE OR THE AREA AROUND IT (TEN HOUSES CLOSEST TO THE RESPONDENT'S HOUSE).

B14

INTERVIEWER: 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.)?

B15

What is the general condition of the area immediately around the house with respect to excreta removal? Is the house smelling?

1 - Heavy defecation in area

2 - Some defecation in area

3 - Very little excreta visible

4 - No excreta visible

B16

What is the general condition of the neighborhood with respect to excreta removal?

1 - Heavy defecation in area

2 - Some defecation in area

3 - Very little excreta visible

4 - No excreta visible

B17

What is the general condition of the neighborhood with respect to garbage disposal?

1 - Lots of uncollected garbage

2 - Some uncollected garbage

3 - Very little garbage

4 - No garbage visible

B18

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

1 - Very clean

2 - Not so clean

3 - Filthy

B19

In 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 and dirty

3 - Urban, less congested and dirty

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)

B20

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

B21

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

USE SAME CODES AS IN B20

B22

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

1 - One

2 - Two

:

20 - Twenty or more

B23

How many minutes does it take to walk to the house closest to the respondent's house?

ENTER RESPONSE IN MINUTES

0 - Less than one minute

B24

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

ENTER RESPONSE IN MINUTES

-7 - Respondent lives on an island with no road

GO TO B26

B25

What kind of road?

1 - National road

2 - Barangay road

3 - Feeder road

GO TO B27

B26

How long does it take for respondent to travel by boat from island (e.g. Caohagan) to the nearest road in next island (e.g. Mactan, Cebu)?

ENTER RESPONSE IN MINUTES

GO TO B28

B27

How long does it take to walk to the nearest public transport (e.g. jeepney, bus, tricycle, boat)?

ENTER RESPONSE IN MINUTES

B28

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

0 - No

1 - Yes

B29

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

0 - No

1 - Yes

B30

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

B31

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 B33 only

|     |                |  |
|-----|----------------|--|
| B32 | House/environs |  |
| B33 | Children       |  |
| B34 | Index Child    |  |

END OF BLOCK B

BLOCK C: HOUSEHOLD ASSETS

INTERVIEWER: ASK OF INDEX CHILD’S HOUSEHOLD. FOR INDEX CHILD WHO IS LIVING WITH EMPLOYER, ASK QUESTIONS C3, C11 THROUGH C23 PERTAINING TO INDEX CHILD’S AND HIS/HER FAMILY’S ASSETS IN THIS HOUSEHOLD.

READ TO RESPONDENT: I will read a list of properties. Please tell me whether you have this or not.

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

☐

IF ANSWER TO BOTH C1 AND C2 IS "NO" (CODE 0), ASK C3 OF OTHER HOUSES/LANDS OWNED AND CONTINUE WITH C4. IF ANSWER TO EITHER C1 OR C2 IS "NR/DK" (CODE -8), ENTER -8 IN C3 AND CONTINUE WITH C4.

C3

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

ALTERNATIVE QUESTION:

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

-8 - NR/DK

-9 - NA (owns no house or land)

☐☐☐☐☐☐☐

IF ANSWER IN C1 IS "YES", GO TO C7

C4

Are you renting this house or are you staying here for free?

1 - Rent

2 - Stay for free

-8 - NR/DK

-9 - NA

CONTINUE

CODE -9 IN C5 AND GO TO C6

☐

C5

How much (in pesos) do you pay for rent for this house every month?

-8 - NR/DK

-9 - NA

CODE -9 IN C6 AND GO TO C7

☐☐☐☐☐

C6

If you were to rent this house, how much (in pesos) do you think you would have to pay for this house every month?

-8 - NR/DK

-9 - NA

☐☐☐☐☐

C7

Is this the same house and location as in 2002 survey (or last visit)?

0 - No

1 - Yes

-8 - NR/DK

-9 - NA

GO TO C9

CONTINUE

☐

C8

Have any additions or renovations been made since 2002 survey (or last visit)?

0 - No

1 - Yes

-8 - NR/DK

-9 - NA

☐

C9

Excluding the bathroom or the toilet, how many rooms does your household occupy in this house?

CODE NUMBER OF ROOMS

☐☐

C10     Is there a bathroom for your private use?

0 -     No

1 -     Yes, inside with tiled floor and/or walls

2 -     Yes, inside with cement floor and/or walls

3 -     Yes, inside, floor and/or walls not cemented/tiled

4 -     Yes, outside with cement floor and/or walls

5 -     Yes, outside with tiled floor and/or walls

6 -     Yes, outside, floor and/or walls not cemented/tiled

C11     Does your household own any of the following vehicles? IF YES: How many?  
ENTER NUMBER OF VEHICLES IN TABLE. CODE 0 IF NOT OWNED.

|                          |  |                         |  |
|--------------------------|--|-------------------------|--|
| Bicycle                  |  | Truck/bus               |  |
| Bicycle with sidecar     |  | Motorized boat          |  |
| Motorcycle/motorbike     |  | Banca/raft              |  |
| Motorcycle with side car |  | Horse-drawn carriage    |  |
| Car                      |  | Farm vehicles (tractor) |  |
| Jeep/jeepney/multicab    |  | Other, specify _____    |  |

C12     Does your household own any of the following animals? IF YES: How many?  
ENTER NUMBER OF ANIMALS IN TABLE. CODE 0 IF NOT OWNED.

|                     |  |                      |  |
|---------------------|--|----------------------|--|
| Chicken, ducks,etc. |  | Carabaos             |  |
| Goats               |  | Horses               |  |
| Pigs                |  | Other, specify _____ |  |
| Cows                |  |                      |  |

C13     Does your household own any of the following furniture? IF YES: How many?  
ENTER NUMBER OF FURNITURES IN TABLE. CODE 0 IF NOT OWNED.

|                   |  |                      |  |
|-------------------|--|----------------------|--|
| Living room set   |  | Bed with mattress    |  |
| Dining room set   |  | Bed without mattress |  |
| Cabinet/bookshelf |  | Other, specify _____ |  |

C14     Does your household own any of the following appliances? IF YES: How many?  
ENTER NUMBER OF APPLIANCES IN TABLE. CODE 0 IF NOT OWNED.

|  |  |  |  |
|--|--|--|--|
| Electric iron  |  | VCR (Betamax, VHS, VCD/DVD)            |  |
| Electric fan   |  | Cassette recorder                      |  |
| Air conditioner  |  | CD player                              |  |
| Sewing machine   |  | Stereo/Karaoke/Videoke                 |  |
| Refrigerator   |  | Computer, without internet access      |  |
| Gas (LPG)/electric stove   |  | Computer, with internet access         |  |
| Gas (LPG)/electric range/oven  |  | Washing machine                        |  |
| Rice cooker  |  | Vacuum cleaner/floor polisher          |  |
| Microwave oven   |  | Kerosene stove                         |  |
| Pressure cooker/turbo boiler/blender/other expensive specialized cooking gadgets |  | Digital camera/Video camera            |  |
| TV, without cable connection   |  | Video games (playstation, X-box, etc.) |  |
| TV, with cable connection  |  | Other, specify _____                   |  |

C15 Does your household own equipments used in farming (e.g. threshers), fishing (e.g. fish nets) or for family business (e.g. photocopier)?

IF NONE, CODE 0. IF YES, ASK RESPONDENT TO IDENTIFY EQUIPMENT(S) AND ASK HOW MANY THEY OWN.

| <u>Type of equipment</u> | <u>Number</u> |
|--------------------------|---------------|
| _____                    | _____         |
| _____                    | _____         |
| _____                    | _____         |
| _____                    | _____         |
| _____                    | _____         |

C16 Did your household make any major purchase since 2002 survey (or last visit) (e.g. land, motorized vehicle, stereo, house, TV, refrigerator, cell phone, etc.)?

- 0 - No GO TO C18
- 1 - Yes CONTINUE
- 8 - NR/DK GO TO C18

☐

C17 What did you purchase? (e.g. land, motorized vehicle, stereo, house, TV, refrigerator, cell phone, etc.)

- 1) \_\_\_\_\_ 4) \_\_\_\_\_
- 2) \_\_\_\_\_ 5) \_\_\_\_\_
- 3) \_\_\_\_\_ 6) \_\_\_\_\_

☐☐

C18 Does your household own a business?

- 0 - No GO TO C21
- 1 - Yes CONTINUE

☐

C19 What type of business?

INTERVIEWER: INQUIRE FROM RESPONDENT AND THEN DESCRIBE

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

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

CODE WILL BE SUPPLIED BY OFFICE EDITORS

- 8 - NR/DK
- 9 - NA (No business)

☐☐

C20 How many employees are working in this business?

IF BUSINESS HAS EMPLOYEES (i.e. PERSONS WHOM THE HOUSEHOLD PAYS A WAGE OR SALARY IN EXCHANGE FOR LABOR) ENTER NUMBER OF EMPLOYEES IN BOX.

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

☐☐

C21 Does your household have a telephone (landline)?

- 0 - None
- 1 - Yes, currently has a phone
- 2 - No, but has applied for phone connection
- 7 - Yes, but currently disconnected

☐

C22 Does any member in your household have a cell phone?

IF NONE, CODE 0 AND GO TO C23. IF YES, ASK RESPONDENT WHO HAS CELL PHONE AND ENTER NAME AND LINE NUMBER OF HOUSEHOLD MEMBER.

| <u>Name</u> | <u>Line No.</u> |             |
|-------------|-----------------|-------------|
| _____       | _____           | <div></div> |
| _____       | _____           |             |
| _____       | _____           |             |
| _____       | _____           |             |
| _____       | _____           |             |

C23 How would you compare your current economic condition to your economic condition in 2002 survey (or last visit)?

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

END OF BLOCK C

Table D-1. Record of Gainful Activities: Main and Secondary Jobs

[illegible]



BLOCK D. MARKET ACTIVITIES OF RESIDENT HOUSEHOLD MEMBERS

SCREEN FOR INDEX CHILD WHO IS LIVING WITH EMPLOYER. IF SO, ASK BLOCKS D AND E PERTAINING TO IC AND HIS/HER FAMILY MEMBERS LIVING IN THE SAME HOUSEHOLD WITH HIM/HER.

FROM THE HOUSEHOLD ROSTER (TABLE A-1) COPY THE LINE NUMBERS AND NAMES OF RESIDENT HOUSEHOLD MEMBERS WHO ARE EITHER CURRENTLY WORKING (CODED 1 IN A13) OR WORKED IN THE PAST 4 MONTHS (CODED 1 IN A14) INTO TABLE D-1.

UNDER WORK STATUS COLUMN (COL. D2), WRITE “C” FOR THOSE CURRENTLY WORKING AND “P” FOR THOSE NOT CURRENTLY WORKING BUT WORKED IN THE PAST 4 MONTHS. FOR EACH NAME LISTED IN TABLE D-1, ASK D3 THROUGH D16. EXCEPT FOR COLUMNS D3 AND D11, ENTER ONLY CODES IN TABLE D-1.

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

D3      What is/was his/her main job?

MAIN JOB IS THAT JOB ON WHICH A PERSON SPENDS THE MOST TIME.  
WRITE DESCRIPTION OF JOB IN D3 BEFORE ENTERING ANY OF CODES SHOWN BELOW.  
PLACE D3 CODES IN COLUMN PROVIDED.

- 1 -      Farming

2 -      Fishing

3 -      Other

-8 -      NR/DK

-9 -      NA
- CONTINUE

CODE -9 IN COLUMN D4, THEN GO TO D5

CODE -9 IN COLUMN D4, THEN GO TO D5

INTERVIEWER: After having entered the codes for question D3 into Table D-1, enter into Col. D9 the **E number** indicated under Questions D4 and D5. This will help you in completing the E Block.

D4      What is/was the nature of his/her job?

- 1 -      Farm owner

2 -      Farm tenant

3 -      Both owner and tenant
- GO TO D6 THROUGH D9

> THEN ASK E11 THROUGH E17

USING TABLE E-3A
- 4 -      Paid farm laborer
- GO TO D6 THROUGH D9

> THEN ASK E1 ff., USING

TABLE E-1 OR TABLE E-2
- 5 -      Unpaid family worker

on family-owned farm

(HAS NO INCOME!)
- GO TO D6 THROUGH D9

> THEN ASK E11 ff., USING

TABLE E-3A
- 8 -      NR/DK

-9 -      NA

IF THE FARM IS OWNED BY THE FAMILY/HOUSEHOLD, ONLY ONE MEMBER, USUALLY THE HOUSEHOLD HEAD, CAN WORK AS FARM OWNER. ALL OTHER HOUSEHOLD MEMBERS WORKING ON THE FAMILY FARM ARE EITHER PAID FARM LABORERS OR UNPAID FAMILY WORKERS. IF THE FAMILY/HOUSEHOLD OPERATES THE FARM AS TENANT, THEN ALL FAMILY HOUSEHOLD MEMBERS WORKING ON THAT FARM ARE TENANTS.

ENTER CODE IN COLUMN D4. CODE -9 IN COLUMN D5. GO TO D6.

D5      What is the nature of his/her employment?

- 1 -      Self-employed

CONTINUE THROUGH D9  
IF D3 IS "2" (FISHING),  
GO TO E25, USE TABLE E-4

IF D3 IS "3" (OTHER),  
GO TO E29, USE TABLE E-5
- 2 -      Wage/salary worker

CONTINUE THROUGH D9  
> THEN GO TO E1 ff., USING  
TABLE E-1 OR TABLE E-2
- 3 -      Unpaid family worker  
          in family-owned business  
          (store, sewing)  
          (HAS NO INCOME)

CONTINUE THROUGH D9  
IF D3 IS "2" (FISHING),  
GO TO E25, USE TABLE E-4

IF D3 IS "3" (OTHER),  
GO TO E29 USING TABLE E-5
- 8 -      NR/DK

-9 -      NA

ENTER CODE IN COLUMN D5. CODE IN D4 MUST BE -9. GO TO D6.

D6      During the workweek before this interview, how many hours did he/she spend on this job?

ENTER NUMBER OF HOURS DURING WEEK IN COLUMN D6.

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

D7      Do/Did you/he/she receive any employment benefits like SSS/GSIS, Philhealth (Medicare),  
          PAG-IBIG in this job?

ENTER CODE IN COLUMN D7

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

D8      Do/Did you/he/she pay income or business tax for this job?

ENTER CODE IN COLUMN D8

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

D10     Does he/she currently hold a secondary job for which he/she is paid in cash or in kind to supplement  
          his/her income?

A SECONDARY JOB IS A JOB ON WHICH A PERSON SPENDS TIME EITHER  
(a) AFTER ATTENDING TO HIS/HER MAIN JOB, OR (b) FOR A SHORTER DURATION THAN  
HIS/HER MAIN JOB, OR A COMBINATION OF BOTH.

- 0 -      No      ASK NEXT ELIGIBLE PERSON, BEGIN WITH D3
- 1 -      Yes      CONTINUE
- 8 -      NR/DK    ASK NEXT ELIGIBLE PERSON, BEGIN WITH D3
- 9 -      NA      (Not currently working but worked during the last four (4) months)

ENTER CODE IN COLUMN D10 OF TABLE D-1.

D11      What is his/her secondary job?

WRITE DESCRIPTION OF JOB IN D11 BEFORE ENTERING ANY OF CODES SHOWN.  
BE PRECISE IN JOB DESCRIPTION.  
PLACE D11 CODE IN COLUMN PROVIDED.

- 1 -      Farming                      CONTINUE
- 2 -      Fishing                      CODE -9 IN COLUMN D12, THEN GO TO D13
- 3 -      Other                          CODE -9 IN COLUMN D12, THEN GO TO D13
- 8 -      NR/DK
- 9 -      NA

INTERVIEWER: After having entered the codes for question D11 into Table D-1,  
enter into column D17 the **E number** indicated under Questions D12  
and D13. This will help you in completing the E Block.

D12      What is the nature of his/her secondary job?

- 1 -      Farm owner
  - 2 -      Farm tenant
  - 3 -      Both owner and tenant
  - 4 -      Paid farm laborer
  - 5 -      Unpaid family worker  
on family-owned farm  
(HAS NO INCOME!)
  - 8 -      NR/DK
  - 9 -      NA
- ] >

GO TO D14 THROUGH D17  
THEN ASK E11 THROUGH E17  
USING TABLE E3a
- ] >

GO TO D14 THROUGH D17  
THEN ASK E1 ff., USING  
TABLE E-1 OR TABLE E-2
- ] >

GO TO D14 THROUGH D17  
THEN ASK E11 ff., USING  
TABLE E3a

ENTER CODE IN COLUMN D12. CODE -9 IN COLUMN D13. GO TO D14

D13      What is the nature of his/her employment?

- 1 -      Self-employed
  - 2 -      Wage/salary worker
  - 3 -      Unpaid family worker  
in family-owned business  
(store, sewing)  
(HAS NO INCOME)
  - 8 -      NR/DK
  - 9 -      NA
- ] >

CONTINUE THROUGH D17,  
IF D11 IS "2" (FISHING),  
GO TO E25, USE TABLE E-4
- ] >

IF D11 IS "3" (OTHER),  
GO TO E29, USE TABLE E-5
- ] >

CONTINUE THROUGH D17  
THEN GO TO E1 ff., USING  
TABLE E-1 OR TABLE E-2
- ] >

CONTINUE THROUGH D17  
IF D11 IS "2" (FISHING),  
GO TO E25, USE TABLE E-4
- ] >

IF D11 IS "3" (OTHER),  
GO TO E29 USING  
TABLE E-5

ENTER CODE IN COLUMN D13.

D14      During the workweek before this interview, how many hours did he/she spend on this secondary job?

ENTER NUMBER OF HOURS DURING WEEK IN COLUMN D14.

- 8 -      NR/DK
- 9 -      NA (Did not work on secondary job last week)

D15 Do/Did you/he/she receive any employment benefits like SSS/GSIS, Philhealth (Medicare), PAG-IBIG in this job?

ENTER CODE IN COLUMN D15

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

D16 Do/Did you/he/she pay income/business tax for this job?

ENTER CODE IN COLUMN D16

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

GO TO NEXT ELIGIBLE PERSON (D1) OR BLOCK E

END OF BLOCK D

**BLOCK E. INCOME AND EXPENDITURES**

DETERMINE FROM TABLE D-1 WHETHER A PERSON HOLDING TWO JOBS HAS JOBS OF THE SAME OR OF DIFFERENT TYPES.

For this purpose, compare the job status in column D4 (or D5) with that in column D12 (or D13). In case of SELF-EMPLOYMENT AND UNPAID FAMILY WORK, take into account also the codes in columns D3 and D11.

- (a) If the two jobs are of the same type, add up the time spent on, and the income earned from, both jobs and enter the cumulative answers in that income table which is indicated.
- (b) If the two jobs are of different types, treat each job separately. Determine first the income table into which information for the first (main) job has to be entered, and then the income table for the secondary job.

**I. INCOME DERIVED FROM WAGE LABOR**

FROM TABLE D-1 (GAINFUL ACTIVITIES), COPY LINE NUMBERS AND NAMES OF ALL RESIDENT HOUSEHOLD MEMBERS WHO ARE OR WERE ENGAGED, OVER THE LAST FOUR MONTHS, IN MARKET ACTIVITIES FOR WHICH THEY RECEIVED A WAGE OR SALARY IN EITHER CASH OR KIND. **WAGE LABORERS** ARE ALL THOSE WITH A CODE OF "4" IN COLUMN D4 AND/OR D12 OR A CODE OF "2" IN COLUMN D5 AND/OR COLUMN D13 IN TABLE D-1. FARM LABORERS AND FISHERMEN HIRED BY OTHERS AND WORKING FOR PAY ARE WAGE LABORERS! IF A PERSON HAS TWO WAGE/SALARY JOBS, ENTER HOURS WORKED AND WAGES RECEIVED FOR BOTH JOBS COMBINED, PROVIDED BOTH JOBS ARE EITHER WAGE-FOR-TIME OR WAGE-FOR-PIECE JOBS. IF TYPES OF JOBS ARE DIFFERENT, ENTER INFORMATION FOR EACH JOB IN APPROPRIATE TABLE. BEFORE ENTERING THE NAMES IN EITHER TABLE E-1 OR TABLE E-2, ASK E1.

E1 Is/Was he/she paid on a TIME basis or on a PER PIECE basis?

IF TIME BASIS, ENTER LINE NUMBER AND NAME IN TABLE E-1 AND ASK E2 TO E5a.  
IF ON A PER PIECE BASIS, ENTER LINE NUMBER AND NAME IN TABLE E-2 AND ASK E6 TO E10a.  
-8 - NR/DK  
-9 - NA

E2 On the average, how many hours does/did he/she work during a usual work day?

ENTER RESPONSE IN COLUMN E2 OF TABLE E-1  
-8 - NR/DK  
-9 - NA

E3 On the average, how many days does/did he/she work in each week?

ENTER RESPONSE IN COLUMN E3 OF TABLE E-1  
-8 - NR/DK  
-9 - NA

E4 How much (IN PESOS) does/did he/she normally receive for a usual day's work, including allowances?

ENTER RESPONSE IN COLUMN E4 OF TABLE E-1  
-8 - NR/DK  
-9 - NA

E5 On the average, how many weeks does/did he/she work each year?

ENTER RESPONSE IN COLUMN E5 OF TABLE E-1  
-8 - NR/DK  
-9 - NA

E5a Is/Was the job in Table E-1 regular?

ENTER RESPONSE IN COLUMN E5a OF TABLE E-1  
1 - Yes  
2 - No, seasonal  
3 - No, recently employed (last 3 months)  
4 - No, not currently working but worked in past 4 months  
-8 - NR/DK  
-9 - NA

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

| L<br>I<br>N<br>E<br>NO. | NAME | AVE.<br>NO. HRS.<br>WORKED<br>PER DAY | AVE.<br>NO. DAYS<br>PER WK.<br>OF WORK | PESOS<br>RECEIVED<br>PER DAY'S<br>WORK | AVE. NO.<br>OF WKS.<br>WORKED<br>PER YEAR | STATUS<br>OF JOB |
|-------------------------|------|---------------------------------------|--|--|---|------------------|
|                         | E1   | E2                                    | E3                                     | E4                                     | E5  | E5a              |
|                         |      |                                       |  |  |   |                  |
|                         |      |                                       |  |  |   |                  |
|                         |      |                                       |  |  |   |                  |
|                         |      |                                       |  |  |   |                  |
|                         |      |                                       |  |  |   |                  |

IF PERSON HAS A SECONDARY JOB WHICH IS DIFFERENT FROM THE MAIN JOB, GO TO APPROPRIATE QUESTIONS. IF PERSON HAS ONLY ONE JOB, GO TO NEXT PERSON OR, AFTER LAST PERSON, GO TO E18.

E6 Usually, how many pieces of (CLOTHES, NECKLACES, BRACELETS, LAUNDRY, ETC.) does/did he/she finish in a day?

ENTER RESPONSE IN COLUMN E6 OF TABLE E-2  
-8 - NR/DK -9 - NA

E7 How much (IN PESOS) is/was he/she paid per finished item?  
ENTER RESPONSE IN COLUMN E7 OF TABLE E-2

-8 - NR/DK -9 - NA

E8 On the average, how many hours per day does/did he/she engage in piece labor?

ENTER RESPONSE IN COLUMN E8 OF TABLE E-2  
-8 - NR/DK -9 - NA

E9 On the average, how many days per week does/did he/she engage in piece labor?

ENTER RESPONSE IN COLUMN E9 OF TABLE E-2  
-8 - NR/DK -9 - NA

E10 On the average, how many weeks per year does/did he/she engage in piece labor?  
ENTER RESPONSE IN COLUMN E10 OF TABLE E-2

-8 - NR/DK -9 - NA

E10a Is/Was the job in Table E-2 regular?  
ENTER RESPONSE IN COLUMN E10a OF TABLE E-2  
1 - Yes 4 - No, not currently working but worked in past 4 months  
2 - No, seasonal -8 - NR/DK  
3 - No, recently employed (last 3 months) -9 - NA

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

| L<br>I<br>N<br>E<br>NO. | NAME | AVE. NO. OF<br>ITEMS<br>FINISHED<br>PER DAY | PESOS<br>RECEIVED<br>PER ITEM | AVE.<br>NO. OF<br>HRS.<br>PER<br>DAY | AVE. NO.<br>OF DAYS<br>WORKED<br>PER WK. | AVE. NO. OF<br>WKS<br>WORKED<br>PER YR. | STATUS<br>OF JOB |
|-------------------------|------|---|-------------------------------|--------------------------------------|--|---|------------------|
|                         |      | E6  | E7                            | E8                                   | E9                                       | E10                                     | E10a             |
|                         |      |   |                               |                                      |  |   |                  |
|                         |      |   |                               |                                      |  |   |                  |
|                         |      |   |                               |                                      |  |   |                  |
|                         |      |   |                               |                                      |  |   |                  |
|                         |      |   |                               |                                      |  |   |                  |

IF PERSON HAS A SECONDARY JOB WHICH IS DIFFERENT FROM THE MAIN JOB, GO TO APPROPRIATE QUESTIONS. IF PERSON HAS ONLY ONE JOB, GO TO NEXT PERSON, OR, AFTER LAST PERSON, TO E18.

## II. INCOME DERIVED FROM FARMING ACTIVITIES (EXCLUDING INCOME FROM LIVESTOCK)

FROM TABLE D-1, COPY INTO TABLE E-3A THE LINE NUMBERS AND NAMES OF ALL HOUSEHOLD MEMBERS WHO HAVE HAD FARM JOBS. THESE ARE ALL THOSE PERSONS WITH A CODE OF "1" IN COLUMN D3 AND/OR D11 AND WITH CODES "1", "2", "3", OR "5" IN COLUMN D4 AND/OR D12. FOR ALL OF THESE PERSONS, ASK QUESTIONS E11 - E13a.

E11 On the average, how many hours per day does/did he/she work on the farm?  
ENTER NUMBER OF HOURS PER DAY IN COLUMN E11 OF TABLE E-3A  
-8 - NR/DK -9 - NA

E12 On the average, how many days per week does/did he/she work on the farm?  
ENTER NUMBER OF DAYS PER WEEK IN COLUMN E12 OF TABLE E-3A  
-8 - NR/DK -9 - NA

E13 On the average, how many weeks per year does/did he/she work on the farm?  
ENTER NUMBER OF WEEKS PER YEAR IN COLUMN E13 OF TABLE E-3A

E13a Is/Was the job in Table E-3A regular?  
ENTER RESPONSE IN COLUMN E13a OF TABLE E-3A

|     |   |      |   |
|-----|---|------|---|
| 1 - | Yes                                     | 4 -  | No, not currently farming but worked in past 4 months |
| 2 - | No, seasonal                            | -8 - | NR/DK   |
| 3 - | No, recently farming<br>(last 3 months) | -9 - | NA  |

IF THE FAMILY OPERATES THE FARM AS A FAMILY FARM, OR AS TENANTS, ASK QUESTIONS E14 THROUGH E17 ONLY OF THE HEAD OR THE ELDEST MEMBER OF THAT FAMILY. IF A FAMILY OR HOUSEHOLD MEMBER CULTIVATES ANOTHER FARM INDEPENDENTLY OF THE FAMILY, ASK ALL QUESTIONS OF THIS MEMBER.

E14 What were the major crops that he/she planted in the past 12 months?  
USE ONE LINE FOR EACH MAJOR CROP  
-8 - NR/DK -9 - NA

ENTER RESPONSE IN COLUMN E14 OF TABLE E-3A

E15 On the average, how much did he/she spend in the past 12 months for seedlings, fertilizer, tools, hired labor, insecticides, etc.?  
ENTER RESPONSE, IN PESOS, IN COLUMN E15 OF TABLE E-3A  
-8 - NR/DK -9 - NA

E16 How much did he/she receive for the portion of the produce that was sold?  
ENTER RESPONSE, IN PESOS, IN COLUMN E16 OF TABLE E-3A  
-8 - NR/DK -9 - NA

E17 If he/she sold that portion of the harvest that he/she set aside for home consumption, how much would he/she have received?  
ENTER RESPONSE, IN PESOS, IN COLUMN E17 OF TABLE E-3A

-8 - NR/DK                      -9 - NA

Table E-3A. Income Derived from Farming, Excluding Livestock

[illegible]

III. INCOME DERIVED FROM LIVESTOCK RAISING

QUESTION E18 AND, IF APPLICABLE, ALL OTHER QUESTIONS RELATED TO LIVESTOCK RAISING, ARE TO BE ASKED OF ALL HOUSEHOLDS REGARDLESS OF WHETHER THEY OPERATE A FARM OR NOT.

E18 Is there a member of your household who has been engaged in raising livestock (carabao, cow, goat, duck, chicken, and others) in the past 12 months?

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

0 - NoGO TO E25-8 - NR/DKGO TO E25

1 - YesCONTINUE-9 - NAGO TO E25

ASK QUESTIONS E19-E21 OF ALL PERSONS LISTED IN TABLE E-3B

E19 On an average working day, how many hours does/did he/she work with the livestock?

ENTER NUMBER OF HOURS PER DAY IN COLUMN E19 OF TABLE E-3B

-8 - NR/DK-9 - NA

E20 On an average work week, how many days does/did he/she work with the livestock?

ENTER NUMBER OF DAYS PER WEEK IN COLUMN E20 OF TABLE E-3B

-8 - NR/DK-9 - NA

E21 On the average, how many weeks in the past 12 months does/did he/she work with the livestock?

ENTER NUMBER OF WEEKS PER YEAR IN COLUMN E21 OF TABLE E-3B

-8 - NR/DK-9 - NA

E21a Is/Was the livestock raising regular?

ENTER RESPONSE IN COLUMN E21a OF TABLE E-3B

1 - Yes4 - No, not currently raising but worked in past 4 months

2 - No, seasonal-8 - NR/DK

3 - No, recently raising (last 3 months)-9 - NA (Livestock raised by non-hhold member/hired)

IF THE LIVESTOCK RAISING IS A FAMILY OPERATION, ASK QUESTIONS E22 THROUGH E24 ONLY OF THE HEAD OR THE ELDEST MEMBER OF THE FAMILY. IF ANY FAMILY OR HOUSEHOLD MEMBER RAISES LIVESTOCK ELSEWHERE INDEPENDENTLY OF THE FAMILY OR HOUSEHOLD, ASK ALL QUESTIONS OF THIS HOUSEHOLD MEMBER.

E22 How much do you think did he/she spend in raising livestock for the past 12 months (for purchasing, feeding, treating, etc.)?

ENTER RESPONSE IN PESOS IN COLUMN E22 OF TABLE E-3B

-8 - NR/DK-9 - NA

E23 What was his/her total income from the sale of any livestock or livestock products in the past 12 months?

ENTER RESPONSE, IN PESOS, IN COLUMN E23 OF TABLE E-3B

-8 - NR/DK-9 - NA

E24 If he/she sold the livestock or livestock products which he/she set aside for consumption in the past 12 months, how much do you think he/she would have received?

ENTER RESPONSE, IN PESOS, IN COLUMN E24 OF TABLE E-3B

-8 - NR/DK-9 - NA

Table E-3B. Income Derived from Raising Livestock

| LINE NO. | NAME | WORKING TIME |               |               |               | EXPENSES (PESOS) | MONEY VALUE OF LIVESTOCK |          |
|----------|------|--------------|---------------|---------------|---------------|------------------|--------------------------|----------|
|          |      | HRS. PER DAY | DAYS PER WEEK | WKS. PER YEAR | STATUS OF JOB |                  | SOLD                     | HOME USE |
|          |      | E19          | E20           | E21           | E21a          | E22              | E23                      | E24      |
|          |      |              |               |               |               |                  |                          |          |
|          |      |              |               |               |               |                  |                          |          |
|          |      |              |               |               |               |                  |                          |          |
|          |      |              |               |               |               |                  |                          |          |
|          |      |              |               |               |               |                  |                          |          |



#### IV. INCOME DERIVED FROM FISHING ACTIVITIES

FROM TABLE D-1, COPY LINE NUMBERS AND NAMES OF ALL RESIDENT HOUSEHOLD MEMBERS WHO EITHER ARE OR WERE ENGAGED IN FISHING OVER THE PAST FOUR MONTHS. THESE ARE ALL THOSE PERSONS WITH A CODE OF "2" IN COLUMN D3 AND/OR COLUMN D11 AND A CODE OF "1" OR "3" IN COLUMN D5 AND/OR COLUMN D13. FISHERS HIRED BY OTHERS AND WORKING FOR PAY ARE WAGE WORKERS. IF FISHING IS A FAMILY/HOUSEHOLD ACTIVITY, ASK E25 THROUGH E27a OF ALL MEMBERS LISTED IN TABLE E-4, BUT ASK QUESTION E28 OF ONLY ONE MEMBER, THE ONE IN CHARGE OF THE FAMILY/HOUSEHOLD FISHING OPERATIONS.

E25 On an average working day, how many hours a day does/did he/she go fishing?

ENTER NUMBER OF HOURS PER DAY IN COLUMN E25 OF TABLE E-4

-8 - NR/DK

-9 - NA

E26 On the average, how many days per week does/did he/she usually go fishing?

ENTER RESPONSE IN COLUMN E26 OF TABLE E-4

-8 - NR/DK

-9 - NA

E27 On the average, how many weeks in a year does/did he/she usually go fishing?

ENTER RESPONSE IN COLUMN E27 OF TABLE E-4

-8 - NR/DK

-9 - NA

E27a Is/Was the job in Table E-4 regular?

ENTER RESPONSE IN COLUMN E27a OF TABLE E-4

1 - Yes

2 - No, seasonal

3 - No, recently fishing (last 3 months)

4 - No, not currently fishing but worked in past 4 months

-8 - NR/DK

-9 - NA

E28 How much is/was his/her usual net income out of a day's catch, including that portion of the catch which the household itself consumed? (EXCLUDING EXPENSES)

ENTER RESPONSE IN COLUMN E28 OF TABLE E-4

-7 - unpaid work

-8 - NR/DK

-9 - NA

Table E-4. Income Derived from Fishing Activities

[illegible]

## V. INCOME DERIVED FROM SELF-EMPLOYMENT

FROM TABLE D-1, COPY LINE NUMBERS AND NAMES OF ALL HOUSEHOLD MEMBERS WHO ARE OR WERE SELF-EMPLOYED OR WORKING AS UNPAID FAMILY WORKERS IN A FAMILY-OWNED BUSINESS DURING THE PAST FOUR MONTHS. THESE ARE ALL PERSONS WITH A CODE OF "1" OR "3" IN D5 AND/OR COLUMN D13. E.G., IF A FAMILY/HOUSEHOLD OPERATES A STORE IN WHICH SOME MEMBERS WORK AS UNPAID FAMILY WORKERS, ASK E29 THROUGH E34a OF ALL MEMBERS WORKING IN THE STORE, BUT E35 ONLY OF THE MEMBER IN CHARGE OF THE STORE.

E29 Does he/she work in a family-owned business (e.g., sari-sari store, sewing business)?  
ENTER RESPONSE IN COLUMN E29 OF TABLE E-5

|     |     |           |      |       |
|-----|-----|-----------|------|-------|
| 0 - | No  | GO TO E32 | -8 - | NR/DK |
| 1 - | Yes | CONTINUE  | -9 - | NA    |

E30 What is this business? (sari-sari store, sewing, barber, etc.)  
SPECIFY (DO NOT CODE). ENTER RESPONSE IN COL. E30 OF TABLE E-5

|      |       |      |    |
|------|-------|------|----|
| -8 - | NR/DK | -9 - | NA |
|------|-------|------|----|

E31 Is the enterprise located at home?  
ENTER RESPONSE IN COLUMN E31 OF TABLE E-5

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

E32 How many hours does/did he/she work in a usual day?  
ENTER RESPONSE IN COLUMN E32 OF TABLE E-5  
-8 - NR/DK -9 - NA

E33 How many days in a week does/did he/she usually work?  
ENTER RESPONSE IN COLUMN E33 OF TABLE E-5  
-8 - NR/DK -9 - NA

E34 How many weeks in a year does/did he/she usually work?  
ENTER RESPONSE IN COLUMN E34 OF TABLE E-5

E34a Is/was the business regular?  
ENTER RESPONSE IN COLUMN E34a OF TABLE E-5

|     |  |      |   |
|-----|--|------|---|
| 1 - | Yes                                      | 4 -  | No, not currently working but worked in past 4 months |
| 2 - | No, seasonal                             | -8 - | NR/DK   |
| 3 - | No, recently employed<br>(last 3 months) | -9 - | NA  |

E35 How much on the average is/was his/her daily net income? (EXCLUDE EXPENSES)  
ENTER RESPONSE IN COLUMN E35 IN TABLE E-5

|      |             |      |    |
|------|-------------|------|----|
| -7 - | Unpaid work | -9 - | NA |
| -8 - | NR/DK       |      |    |

GO TO NEXT PERSON LISTED OR, IF LIST IS COMPLETED, TO E36

Table E-5. Income Derived from Self-Employment

[illegible]

VI. HOUSEHOLD INCOME DERIVED FROM OTHER SOURCES

E36 Does/did your household or any of its members have other sources of income?

0 - No

1 - Yes

-8 - NR/DK

CODE -9 IN E37 AND GO TO E38

CONTINUE

CODE -8 IN E37 AND GO TO E38

E37 What are these sources of income? How much was received from each source in the past12 months?  
IF NONE, CODE 00

Rent from agricultural/commercial land

Income from boarders/lodgers, house rental

Pensions, dividends, bonuses, savings interest

Cash remittances from children, parents, other  
relatives, friends or anyone else

Cash remittances from spouse abroad/sustento

Loans, donations

Winnings (masiao, lotto, sabong)

Income from home gardening

Others, specify

E38 Did you or your household receive any income in kind (food or clothing) from children, parents, relatives, friends or anyone in the past 12 months?

0 - No

1 - Yes

-8 - NR/DK

CODE -9 IN E39, GO TO E40

CONTINUE

CODE -8 IN E39, GO TO E40

E39 What was the approximate value (IN PESOS) of this income in kind in the past 12 months?

-8 - NR/DK

-9 - NA

PESOS

VII.     HOUSEHOLD EXPENDITURES

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

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

1. WEEKLY EXPENSES:

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

| NO. | ITEM   | PESOS |
|-----|--|-------|
| E40 | <b>Food</b> (cereal, root crops, fish, meat, egg, milk and dairy products, vegetables, nuts and beans, fruits, oil, beverages, condiments/spices, bread, ready-cooked foods) |       |
| E41 | <b>Alcoholic beverages</b> (beer, palm wine, rum, gin, etc.)   |       |
| E42 | <b>Tobacco</b> , cigarettes, ‘abano’, etc.   |       |
| E43 | <b>Allowance for children/husband/wife</b>   |       |

2. MONTHLY EXPENSES:

Each month, how much does your household spend for:

| NO. | ITEM   | PESOS |
|-----|--|-------|
| E44 | <b>Household expenses</b> (rent, electricity, gas, water, wood, telephone, etc.)                 |       |
| E45 | <b>Cellular phone cards and accessories</b>  |       |
| E46 | <b>TV cable access</b>   |       |
| E47 | <b>Internet fee</b>  |       |
| E48 | <b>Laundry detergent/bath soap</b> , toothpaste, toilet paper, cosmetics, etc.                   |       |
| E49 | <b>Household help</b>  |       |
| E50 | <b>Transportation/fare</b> (public transport, gasoline or vehicle maintenance)                   |       |
| E51 | <b>Reading materials</b> (newspapers, magazines, etc.)   |       |
| E52 | <b>Recreation</b> (movies, VHS/VCD/DVD or Betamax tapes rental/purchases, ‘masiao’, lotto, etc.) |       |
| E53 | <b>Loan(s)</b>   |       |

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

| NO. | ITEM  | PESOS |
|-----|---|-------|
| E54 | <b>House materials/land purchase</b>  |       |
| E55 | <b>School expenses</b> (enrollment, matriculation/tuition fees, PTA/BOY/GIRL Scouts, Vocational course, school materials/books, uniforms, etc.)                                       |       |
| E56 | <b>Medical expenses</b> (hospital, health center, doctor, traditional midwife, traditional healer, medicines, etc.)   |       |
| E57 | <b>Clothing</b> , shoes and accessories (cloth, clothes, shoes, socks, hats, etc.)  |       |
| E58 | <b>Durable goods</b> (vehicles, appliances, household furniture, kitchen equipment, jewelries, sports equipment, camera, watch, etc.)   |       |
| E59 | <b>Cellular phones</b>  |       |
| E60 | <b>Personal computer</b>  |       |
| E61 | <b>Taxes and insurances</b> (income tax, property/realty tax, vehicle tax, accident insurance, life insurance, educational plan, pension plan, memorial plan, health insurance, etc.) |       |
| E62 | <b>Parties and other gatherings</b> (feasts, weddings, birthdays, baptisms, funerals, Christmas, All Soul’s Day, etc.)  |       |

E63

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

0 - No

1 - Yes

GO TO NEXT BLOCK

☐

E64

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

ITEM # 1:

ITEM # 2:

-8 - NR/DK

-9 - NA

☐

☐

E65

How much? (ENTER PESOS IN BOXES TO THE RIGHT)

-8 - NR/DK

-9 - NA

ITEM # 1:

ITEM # 2:

☐☐☐☐☐

☐☐☐☐☐

END OF BLOCK E

**BLOCK F: LIFE HISTORY, EDUCATION, EMPLOYMENT, FERTILITY**

BLOCK F IS TO BE ASKED OF ALL INDEX CHILDREN REGARDLESS OF WHETHER THEY LIVE WITH THEIR MOTHERS OR NOT

**I. The Life History Matrix**

The Life History Matrix (LHM) is an instrument used for recording and sequencing various events in a person’s life. Instead of the usual questionnaire format, a matrix is used as the interview schedule (Table F-1). Across the top of this matrix are the events (or behavioral categories) of interest and the first column on the left of the matrix represents the Index Child’s single years of age from birth through current age. The interview is conducted by filling in the appropriate cells of the age-by-event matrix with information given by the Index Child.

We are recording 9 major aspects of the Index Child’s life: 1) education, 2) occupation, 3) residence, 4) romantic relationship, 5) sexual experience, 6) pregnancy, 7) family planning, 8) marriage, and 9) major illnesses. We want to know how changes in one behavioral category relate to changes in other categories. The information recorded on the LHM should allow the researchers to determine the ages at which events occurred, the typical sequencing of events in relation to other events in the same behavioral category, and the typical sequencing of events in relation to events within other behavioral categories.

**Administering the LHM**

Review chronologically with the Index Child the events that occurred to him/her in the past, from age “0” (birth) up to the current age. Only changes within each behavioral category need to be recorded. For this reason, some of the matrix cells for a given interview will remain empty.

If it is clear that there were no events for several years within a category, **a line may be drawn vertically down a column from one event to the next one.**

The general instruction for the interview is to take one area (column) of the LHM as a “focus”. Then, follow the sequence of events in this area and, for every change in it, relate those changes to changes in other areas. The area selected as a point of reference will vary according to the stage in the life cycle and also according to the IC’s particular history. For example, begin by following IC’s educational history; but at a later stage in the interview, occupation may be a better key to other events in the life history.

All events are linked to the age at which they occurred. In some instances it will be easier for IC to remember the year of an event than his/her age at the time. You should be able to reconcile these two temporal measures.

In some cases IC may have experienced more than one event during the same year or at a particular age, either in one column only or in different columns. In these situations, it will be necessary to **indicate the sequence of the events during the interview by writing and circling a number above the appropriate phrase.** If the sequence of events is unclear, proper ordering must be checked with IC.

By moving back and forth across the several substantive areas with the Index Child, events missed earlier in the interview as well as inconsistencies among earlier responses, can be discovered and corrected.

Specific procedure and ideal sequences of questions will vary from one Index Child to the next. The area of initial focus in the life history of a person, say, 18 years old who is in college, might be different from that of another person of the same age who had completed only six years of schooling but who had many changes of residence or jobs. Areas of focus will also differ for Index Child who best recall changes in terms of their family’s history, versus others who will prefer to anchor their recall in relation to their own work or schooling histories.

## **What to record**

### **A. Education**

Entrances and exits from schooling, regardless of what type of schooling (preschool, vocational, etc.) should be recorded. Also record the name of school, the level of schooling, e.g. grade four, second year high school, first year college, etc. Ask about the type of course taken by IC when in college. More importantly, for each type of schooling, inquire whether IC is/was enrolled full time or part time and whether the school is public, private, sectarian, coed or otherwise.

If IC dropped out of school, specify the number of months IC attended before dropping out. The reason for dropping out/stopping school should also be recorded. Also, one should probe explicitly as to why IC did not go on to the next grade. If IC had stopped for a few weeks or more but returned and continued the same grade/year in the same term, no stop should be recorded. But if IC returned after some duration to re-start the same grade/year again, a stop and a start must be recorded.

In asking about IC's education, you should not assume that one schooling excludes another. There may be cases where IC attended both academic school and vocational school at the same time.

### **B. Occupation**

Occupation or job refers to any activity for which IC receives remuneration either in cash or in kind. Distinguish between main job and secondary job. Main job is the job on which IC spends the most time compared with his/her other jobs. Secondary job is the job on which IC spends time after attending to his/her main job. IC may have one or more secondary jobs. All jobs should be described precisely.

IC's place of work should be asked, i.e. if it is at home, near home, away from home or ambulant. The name or type of firm or company and whether it is public or private should also be noted.

The beginning and stopping of jobs should also be recorded. If IC changed to a new job (a completely different activity) within the year, this should also be recorded. The reason for quitting a job should be recorded as well.

### **C. Residence**

A change of residence is to be recorded when it happened. Also record the number of months IC stayed in one barangay especially for the short moves. Residence should be distinguished whether it is in the city, poblacion or barrio (to get urban-rural distinction) or abroad. The reason for the change of residence should also be recorded. It should also be specified with whom the respondent lived (e.g., parents, spouse, employer) for every change of residence.

### **D. Romantic relationship**

Record all romantic relationships that IC had experienced and the age of his/her boyfriend or girlfriend. Ask for ages at first crush; first date and first courted someone/first courted by someone. The duration of the relationships should also be recorded. Don't fail to probe into relationships with the same sex and record this as such. Ask about main reason for a break-up.

### **E. Sexual experience**

Inquire about any sexual experiences that IC may have had in a relationship and probe for any sexual experiences outside a relationship. Link this with pregnancy and family planning experiences.

### **F. Pregnancy/Fertility**

Any pregnancy, including current pregnancy, is to be recorded (record as 1<sup>st</sup> pregnancy, 2<sup>nd</sup> pregnancy, etc.). Specify whether each pregnancy ended in a miscarriage (whether spontaneous or induced), stillbirth, or a live birth, and whether it is a single birth or a multiple birth (twins, triplets, etc.). The death of a child should also be noted.

### **G. Family planning**

Ask about any family planning method used by IC (or the couple) regardless of the duration of use. When FP method was first tried, type of FP method used, switching to other methods, and discontinuation of use should all be noted. The reasons for the use of FP, switching to other methods, or discontinuation should also be specified. Be sure to probe for FP use even outside marriage or cohabitation.

## **H. Marriage or cohabitation**

Marriage refers to any arrangement in which IC lived or is living with a man/woman as her husband/his wife. Thus, informal or consensual unions as well as legal marriages are included. This also includes cohabitation with same sex (specify if this is so). Also indicate whether it is IC's first marriage/cohabitation, the second, etc. Ask why they decided to get married or cohabit.

The marriage information to be recorded includes the point in time (age) at which entrance to marriage occurred and all periods of living apart from spouse/partner, whether short-term (less than six months) or long term (more than six months). Living apart refers to occasional absences of spouse due to work, travel, education, military service, etc.

Periods of separation, that is formal or informal due to, e.g., discord in the family where at least one spouse does not want to live with the other, and time spent between unions are also recorded. If separation, reunion to the same spouse, remarriage after a separation or widowhood occurred in IC's life, these should be recorded as well. Reasons for separation or termination of a marriage or union must be specified.

Probe and record if IC had experienced elopement and when this had happened.

## **I. Major illness**

Record all major illnesses and disabilities that IC may have experienced in his/her life. Include details related with the illness such as whether the illness is chronic, hereditary, or if IC was hospitalized, underwent surgery, etc. For chronic illness or disability, ask when was the onset and the duration of such illness or disability.

**One should never assume that he/she knows the order of events. The Index Child should be asked.**

**INTERVIEWER: IF IC WAS INTERVIEWED IN 2002, UPDATE THE NINE EVENTS (EDUCATION, OCCUPATION, RESIDENCE, ROMANTIC RELATIONSHIP, SEXUAL EXPERIENCE, PREGNANCY/FERTILITY, FAMILY PLANNING, MARRIAGE OR COHABITATION, AND MAJOR ILLNESS).**



II. SCHOOLING OF INDEX CHILD

AS A GENERAL RULE, INFORMATION ALREADY OBTAINED IN THE LHM NEED NOT BE ASKED AGAIN UNLESS IT IS INADEQUATE OR AMBIGUOUS. JUST COPY OR RECORD PERTINENT RESPONSES IN THE SPACES PROVIDED IN THE QUESTIONS BELOW. THESE QUESTIONS ARE MARKED WITH AN @ SIGN BEFORE THE QUESTION NUMBER. IF PREFERRED, YOU MAY VERIFY THE ANSWERS WITH IC. ALSO, THERE MAY BE QUESTIONS THAT HAVE ALREADY BEEN ANSWERED IN 2002 AND NEED NOT BE ASKED AGAIN. THESE QUESTIONS ARE MARKED WITH 3 ASTERISKS (\*\*\*) AND ARE PRE-CODED IF APPLICABLE.

F2.0 Highest grade completed: \_\_\_\_\_

@F2.1 Are you currently in school (the point of reference is school year 2004-2005)?

- 0 - No

CONTINUE
- 1 - Yes

GO TO F2.15
- 2 - No, enrolled but dropped out

CONTINUE
- 3 - No, graduated from college

GO TO F2.16
- 4 - No, but enrolled in first semester

CONTINUE
- 5 - Yes, but not enrolled in first semester

GO TO F2.15
- 8 - NR/DK (Not sure)

@F2.2 Why are you not currently in school/Why did you drop out of school?

FOR THIS INTERVIEW “DROPPING OUT” IS DIFFERENTIATED FROM “STOPPED SCHOOLING”. “DROPPING OUT” MEANS LEAVING SCHOOL BEFORE A GRADE/YEAR IS COMPLETED, “STOPPED SCHOOLING” MEANS NOT CONTINUING TO THE NEXT GRADE LEVEL AFTER FINISHING A GRADE LEVEL.

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

- 8 - NR/DK
- 9 - NA

@F2.3 What was the last grade/year you were enrolled in?

- 1 - Grade 1

10 - Third Year High School
- 2 - Grade 2

11 - Fourth Year High School
- 3 - Grade 3

12 - First Year College
- 4 - Grade 4

13 - Second Year College
- 5 - Grade 5

14 - Third Year College
- 6 - Grade 6

15 - Fourth Year College
- 7 - Grade 7

16 - Fifth Year College
- 8 - First Year High School

-8 - NR/DK
- 9 - Second Year High School

-9 - NA

@F2.4 Did you complete the last grade/year you were enrolled in?

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

@F2.5 In what school/college/university were you enrolled before?

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

- 1 - Private, not coed, Catholic (e.g., STC, SHS, USC-HS)
- 2 - Private, not coed, not Catholic (e.g., Buddhist)
- 3 - Private, coed, Catholic
- 4 - Private, coed, not Catholic (lay) (e.g., UV)
- 5 - Public school
- 8 - NR/DK
- 9 - NA

F2.6 Was there a conscious decision by you or your family for you to drop out or stop schooling?

- 0 - No

GO TO F2.9
- 1 - Yes

CONTINUE
- 8 - NR/DK
- 9 - NA

F2.7

Who were the people contributing to this decision?

MULTIPLE RESPONSES ALLOWED

1 -

IC himself/herself

2 -

Spouse/Partner of IC

3 -

Father

4 -

Mother

5 -

Father-in-law

6 -

Mother-in-law

7 -

Other male relative

8 -

Other female relative

9 -

Non-household member,  
specify relationship \_\_\_\_\_

-8 -

NR

-9 -

NA

GO TO F2.9 IF ONLY ONE (1) PERSON DECIDED

F2.8

(IF MORE THAN ONE PERSON IN F2.7): Whose decision prevailed?

0 -

Joint (specify) \_\_\_\_\_

IN ADDITION TO THE CODES IN F2.7

F2.9

Who paid for your tuition and other school-related expenses when you were last in school?

SAME CODES AS IN F2.7

MULTIPLE RESPONSES ALLOWED

GO TO F2.11 IF ONLY ONE (1) PERSON PAID

F2.10

(IF MULTIPLE RESPONSE GIVEN IN F2.9): Who paid the most?

SAME CODES AS IN F2.8

F2.11

Do you want to go back to school?

0 -

No

CONTINUE

1 -

Yes, when \_\_\_\_\_

GO TO F2.13

F2.12

Why do you not want to go back to school?

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

\_\_\_\_\_

-9 -

NA

GO TO F2.14

F2.13

Why do you want to go back to school?

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

\_\_\_\_\_

-9 -

NA

F2.14

Whose decision would matter the most if you were to return (or not return) to school?

SAME CODES AS IN F2.7

GO TO INSTRUCTIONS BEFORE F2.17

@F2.15

What grade/year are you currently enrolled in?

1 -

Grade 1

2 -

Grade 2

3 -

Grade 3

4 -

Grade 4

5 -

Grade 5

6 -

Grade 6

7 -

Grade 7

8 -

First Year High School

9 -

Second Year High School

10 -

Third Year High School

11 -

Fourth Year High School

12 -

First Year College

13 -

Second Year College

14 -

Third Year College

15 -

Fourth Year College

16 -

Fifth Year College

-8 -

NR/DK

-9 -

NA

@F2.16 What school/college/university are you currently enrolled in (did you graduate from)?

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

- 1 - Private, not coed, Catholic (e.g., STC, SHS, USC-HS)
- 2 - Private, not coed, not Catholic (e.g., Buddhist)
- 3 - Private, coed, Catholic
- 4 - Private, coed, not Catholic (lay) (e.g., UV)
- 5 - Public school
- 8 - NR/DK
- 9 - NA

IF IC IS IN COLLEGE, GRADUATED FROM COLLEGE OR WAS IN COLLEGE WHEN HE/SHE DROPPED OUT OF SCHOOL, CONTINUE

IF IC IS CURRENTLY IN HIGH SCHOOL, GRADUATED FROM HIGH SCHOOL, WAS IN HIGH SCHOOL, OR WAS IN ELEMENTARY WHEN HE/SHE DROPPED OUT OF SCHOOL, GO TO F2.30

F2.17 Was there a conscious decision by you or your family for you to proceed to college?

- 0 - No, it was assumed GO TO F2.21
- 1 - Yes
- 8 - NR/DK
- 9 - NA

F2.18 Who were the people contributing to this decision? MULTIPLE RESPONSES ALLOWED

- 1 - IC himself/herself
- 2 - Spouse/Partner of IC
- 3 - Father
- 4 - Mother
- 5 - Father-in-law
- 6 - Mother-in-law
- 7 - Other male relative
- 8 - Other female relative
- 9 - Non-household member, specify relationship \_\_\_\_\_
- 8 - NR
- 9 - NA

GO TO F2.20 IF ONLY ONE (1) PERSON DECIDED

F2.19 (IF MORE THAN ONE PERSON IN F2.18): Whose decision prevailed?

- 0 - Joint (specify \_\_\_\_\_)
- 1 - IC himself/herself
- 2 - Spouse/Partner of IC
- 3 - Father
- 4 - Mother
- 5 - Father-in-law
- 6 - Mother-in-law
- 7 - Other male relative
- 8 - Other female relative
- 9 - Non-household member, specify relationship \_\_\_\_\_
- 8 - NR
- 9 - NA

F2.20 What factors were considered behind the decision for you to go to college?

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

\_\_\_\_\_

- 9 - NA

F2.21. Who decided where (what school) you would study in college? MULTIPLE RESPONSES ALLOWED

- 0 - Joint (specify \_\_\_\_\_)
- 1 - IC himself/herself
- 2 - Spouse/Partner of IC
- 3 - Father
- 4 - Mother
- 5 - Father-in-law
- 6 - Mother-in-law
- 7 - Other male relative
- 8 - Other female relative
- 9 - Non-household member, specify relationship \_\_\_\_\_
- 8 - NR
- 9 - NA

@F2.22 What course are (were) you taking in college?

\_\_\_\_\_

- 9 - NA

F2.23 What is/was your major in college?

\_\_\_\_\_

- 9 - NA

F2.24

How many years is/was the course you are/were taking in college?  
ENTER NUMBER OF YEARS

-9 - NA

F2.25

Who decided what course you would take? MULTIPLE RESPONSES ALLOWED

SAME CODES AS IN F2.21

F2.26

Why did you/they choose this course?

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

F2.27

Who paid for your tuition and other school-related expenses when you were in college?

SAME CODES AS IN F2.21

MULTIPLE RESPONSES ALLOWED

F2.28

(IF MULTIPLE RESPONSE GIVEN IN F2.27): Who paid the most?

SAME CODES AS IN F2.21

F2.29

Any academic honors/awards received?

0 - None

1 - Dean's list

2 - Graduated with honors, specify \_\_\_\_\_

3 - Board examination topnotcher, specify rank \_\_\_\_\_

4 - Other award, specify \_\_\_\_\_

-8 - NR/DK

-9 - NA

F2.29a

Did you transfer school when you were in college?

0 - No

1 - Yes

F2.29b

Did you change course(s) when you were in college?

0 - No

1 - Yes

F2.29c

Did you shift major when you were in college?

0 - No

1 - Yes

@F2.30

Have you ever repeated a grade/year since June 2002 (or last visit)?

0 - No

1 - Yes

-8 - NR/DK

-9 - NA

GO TO F2.33

CONTINUE

GO TO F2.33

@F2.31

What grade/year did you repeat?

-8 - NR/DK

-9 - NA

@F2.32

What was the reason for repeating the grade/year?

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

-8 - NR/DK

-9 - NA

@F2.33 Did you ever skip a grade/year since June 2002 (or last visit)?

- 0 - NoGO TO F2.35
- 1 - YesCONTINUE
- 8 - NR/DKGO TO F2.35
- 9 - NA

@F2.34 What grade/year did you skip?

-8 - NR/DK

-9 - NA

@F2.35 Since June 2002 (or last visit), were there school years during which you did not enroll in school?

- 0 - NoGO TO F2.38
- 1 - YesCONTINUE
- 8 - NR/DKGO TO F2.38

@F2.36 Which school year(s)?

ENTER FOUR DIGITS FOR YEAR(S)

-8 - NR/DK

-9 - NA

FIRST

SECOND

THIRD

F2.37 Why did you not enroll/attend school during that (those) year(s)?

VERBATIM:

-8 - NR/DK

-9 - NA

F2.38 I will mention a number of different reading materials. Please tell me whether or not you usually read them, what language they are in, the title or general theme of material, and whether you own any of these.

RECORD RESPONSES IN TABLE F2-1

Table F2-1

| READING MATERIAL | IC READS |    | LANGUAGE<br>Specify: | TITLE/<br>THEME<br>Specify: | OWN MATERIAL |    |
|------------------|----------|----|----------------------|-----------------------------|--------------|----|
|                  | yes      | no |                      |                             | yes          | no |
| Books            |          |    |                      |                             |              |    |
| Magazines        |          |    |                      |                             |              |    |
| Comic Books      |          |    |                      |                             |              |    |
| Newspapers       |          |    |                      |                             |              |    |

F2.39 What level of education do you wish to complete?  
(FOR DROPOUTS OR THOSE WHO STOPPED SCHOOLING): What level of education would you have wanted to reach?

- 1 - Some elementary
- 2 - Elementary graduate
- 3 - Some high school
- 4 - High school graduate
- 5 - Some college
- 6 - College graduate
- 7 - More than college
- 8 - NR/DK

F2.40 Do you think you can achieve this aspiration/Have you achieved this aspiration?

- 0 - NoCONTINUE
- 1 - YesGO TO INSTRUCTIONS BEFORE F2.42
- 2 - Have achieved aspirationGO TO INSTRUCTIONS BEFORE F2.42
- 8 - NR/DKCONTINUE

F2.41 Why not?

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

- 8 - NR/DK
- 9 - NR

IF INDEX CHILD IS NOT CURRENTLY IN SCHOOL (SY 2004-2005), GO TO F2.49;

IF INDEX CHILD IS CURRENTLY IN SCHOOL OR HAS GRADUATED FROM COLLEGE  
IN 2005, CONTINUE

F2.42 In the past month (or past 30 days), how many days have you missed school when school was  
in session?

(IF DURING SUMMER OR IF GRADUATED IN 2005, REFER TO LAST 30 SCHOOL DAYS)  
ENTER NUMBER OF DAYS IN BOX

- 8 - NR/DK
- 9 - NA

IF 0, GO TO F2.44

F2.43 Why did you miss school?

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

- 8 - NR/DK
- 9 - NA

F2.44 I will mention a number of school-related expenses. Please tell me how much is paid for each and who  
pays for it:

ENTER FULL PESOS. RECORD RELATIONSHIP TO IC OF THE PERSON PAYING  
(TO BE CODED BY EDITORS).

Table F2-2. School Expenses

| EXPENSE  | PESOS | WHO PAYS |
|--|-------|----------|
| Transportation to and from school each day                       |       |          |
| Food purchased in or around school each day                      |       |          |
| Tuition/PTA/other school fees in past 12 months                  |       |          |
| Uniforms (school, PE, scouting, CAT, etc.) in past 12 months     |       |          |
| Textbooks in the past 12 months                                  |       |          |
| Notebooks/paper/pens/other school supplies in past 12 months     |       |          |
| Board and lodging in the past 12 months                          |       |          |
| Tutorial fees, extra-curricular activities in the past 12 months |       |          |
| Other school expenses, in the past 12 months, specify<br>_____   |       |          |

- 8 - NR/DK
- 9 - NA

F2.45 Does/Did somebody usually help you with schoolwork?

- 0 - NoGO TO F2.47
- 1 - YesCONTINUE
- 8 - NR/DKGO TO F2.47
- 9 - NA

F2.46 Who usually helps/helped you with schoolwork? (MULTIPLE ANSWERS ALLOWED)

- |     |                |      |                               |
|-----|----------------|------|-------------------------------|
| 1 - | Mother         | 8 -  | Tutor                         |
| 2 - | Father         | 9 -  | Friend                        |
| 3 - | Sibling        | 10 - | Spouse/Partner of IC          |
| 4 - | Grandparent    | 11 - | Other non-relative (specify): |
| 5 - | Aunt/uncle     |      |                               |
| 6 - | Cousin         | -8 - | NR/DK                         |
| 7 - | Other relative | -9 - | NA                            |

|  |  |
|--|--|
|  |  |
|  |  |

F2.47 Do/Did you study with friends/peers/classmates?

- |      |       |             |
|------|-------|-------------|
| 0 -  | No    | GO TO F2.49 |
| 1 -  | Yes   | CONTINUE    |
| -8 - | NR/DK | GO TO F2.49 |
| -9 - | NA    |             |

|  |
|--|
|  |
|--|

F2.48 Where do/did you usually study?

- |     |                           |
|-----|---------------------------|
| 1 - | In own home               |
| 2 - | At friend's home          |
| 3 - | In school                 |
| 4 - | Elsewhere, specify: _____ |

|  |
|--|
|  |
|--|

F2.49 I would now like to ask you about other types of schooling such as vocational, technical, or on-the-job training that you may have had in addition to or in combination with your formal schooling.

- a) Have you attended any vocational, technical or on-the-job training program since 2002/last visit?
- |      |       |            |
|------|-------|------------|
| 0 -  | No    | GO TO F3.1 |
| 1 -  | Yes   | CONTINUE   |
| -8 - | NR/DK |            |

|  |
|--|
|  |
|--|

- b) How many such training have you attended?  
ENTER NUMBER OF TRAINING
- |      |    |
|------|----|
| -9 - | NA |
|------|----|

|  |
|--|
|  |
|--|

c) What kind of training? ENTER TITLE/DESCRIPTION IN COLUMN F2.49c  
-9 - NA

d) Is/Was this a vocational, technical or on-the-job-training program?

1 - Vocational training  
2 - Technical training  
3 - On-the-job-training  
-9 - NA

e) Where did you receive this training?  
ENTER NAME OF TRAINING CENTER IN COLUMN F2.49e  
-9 - NA

f) When did you start this training? ENTER MONTH AND YEAR IN COL. F2.49f  
-9 - NA

g) How long did the training last?  
ENTER RESPONSE AS GIVEN. EDITOR WILL CODE AS NUMBER OF WEEKS  
-99 - Training still ongoing  
-9 - NA

h) Did you complete this training?  
0 - No GO TO F2.49k  
1 - Yes CONTINUE  
-99 - Training still ongoing  
-9 - NA

i) Did you get a certificate, license or diploma for this training?  
  
0 - No GO TO F2.49k  
1 - Yes CONTINUE  
-9 - NA

j) What kind of certificate/license/diploma did you get?  
ENTER TITLE/DESCRIPTION OF CERTIFICATE IN COLUMN F2.49j  
-9 - NA

k) What made you decide to undergo this training?  
ENTER VERBATIM RESPONSE IN COLUMN F2.49k  
-9 - NA

l) Who paid for this training?  
ENTER VERBATIM RESPONSE IN COLUMN F2.49l  
-9 - NA

[illegible]



III: EMPLOYMENT OF INDEX CHILD

AS IN “SCHOOLING OF INDEX CHILD”, SOME INFORMATION ON EMPLOYMENT CAN ALSO BE FOUND IN THE LHM. INFORMATION WILL BE COPIED INTO THIS SECTION IN THE QUESTIONS MARKED BY AN @ SIGN.

SKIP F3.1 TO F3.7 IF INFORMATION IS ALREADY OBTAINED IN 2002 LHM, OTHERWISE, CONTINUE

@F3.1 Have you ever worked? I do not mean household chores but work for which you are paid in cash or in kind, or if your family operates a farm or owns a family business, have you ever been asked to work in them?\*\*\*

- 0 - No
- 1 - Yes
- GO TO F3.4
- CONTINUE

☐

@F3.2 At what age did you start working?

ENTER AGE IN YEARS

- 8 - NR/DK
- 9 - NA

F3.3 Whose idea was it that you started working?

- 0 - Own idea
- 1 - Spouse/partner
- 2 - Father
- 3 - Mother
- 4 - Both parents
- 5 - Other relatives, specify \_\_\_\_\_
- 6 - Other persons, specify \_\_\_\_\_
- 8 - NR/DK
- 9 - NA

☐

F3.4 Do you like the idea of working?

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

☐

F3.5 Why?

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

\_\_\_\_\_

☐

- 8 - NR/DK
- 9 - NA

F3.6 What do you think are the advantages of your working?  
IF IC HAS NOT STARTED WORKING, ASK QUESTION HYPOTHETICALLY

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

\_\_\_\_\_

☐

- 8 - NR/DK
- 9 - NA

F3.7 What do you think are the disadvantages of your working?  
VERBATIM:

\_\_\_\_\_

\_\_\_\_\_

☐

- 8 - NR/DK
- 9 - NA

IF IC HAS NEVER WORKED (CODED “0” IN F3.1), GO TO F3.30

F3.7a Are you currently working?

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

@F3.8 What is/was/were your present and past occupation?

IF IC WAS INTERVIEWED IN 2002 AND EVER HAD A JOB, ASK FOR ALL JOBS HE/SHE HAS HAD AFTER 2002. BEGIN FROM THE FIRST JOB AFTER 2002 SURVEY TO THE LATEST/CURRENT JOB. RECORD MAIN JOBS AND SECONDARY JOBS ACCORDING TO THE HISTORICAL SEQUENCE THAT THEY ARE REPORTED. THAT IS, FIRST JOBS ARE RECORDED TO THE LEFT OF THE MORE RECENT JOBS. THE CURRENT JOB SHOULD APPEAR IN THE RIGHT-MOST COLUMN.

HOWEVER, IF IC WAS NOT INTERVIEWED IN 2002, FROM THE LHM, COPY INTO THE FIRST ROW OF TABLE F3-1 ALL OCCUPATIONS THAT IC HAS HAD. BEGIN FROM THE EARLIEST TO THE LATEST/ CURRENT JOB. RECORD MAIN JOBS AND SECONDARY JOBS ACCORDING TO THE HISTORICAL SEQUENCE THAT THEY ARE REPORTED IN THE LHM, THAT IS, EARLIER JOBS ARE RECORDED TO THE LEFT OF THE MORE RECENT JOBS. THE CURRENT JOB SHOULD APPEAR IN THE RIGHT-MOST COLUMN.

FOR EACH JOB, ASK F3.9 TO F3.29 AND RECORD RESPONSES IN THE SPACES PROVIDED IN TABLE F3-1.

F3.9 Who is/was your employer in this job?

(Are/Were you employed by government, a private company, private individual/family, non-profit organization, your own family, or self-employed?)

- 1 - Self employed (operated by IC himself/herself
- 2 - Own family (operated by another member of IC’s family)
- 3 - Private individual/family
- 4 - Private company
- 5 - Non-profit organization
- 6 - Government
- 7 - Others (specify)
- 9 - NA

**F3.10** What type of business or industry are you is/was your employer engaged in?

- |      |   |
|------|---|
| 1 -  | Agriculture, fishery and forestry                       |
| 2 -  | Mining, quarrying                                       |
| 3 -  | Manufacturing   |
| 4 -  | Electricity, gas and water                              |
| 5 -  | Construction  |
| 6 -  | Wholesale trade   |
| 7 -  | Retail trade  |
| 8 -  | Transportation and communication                        |
| 9 -  | Financing, insurance, real estate and business services |
| 10 - | Community and social services                           |
| 11 - | Personal services                                       |
| 12 - | Others, not adequately defined                          |
| -9 - | NA  |

**F3.11** What are/were your usual activities at this job? (e.g., typing, accounting, selling, etc.) ENTER DESCRIPTION

- 9 - NA

**F3.12** In what physical position do/did you usually carry out this 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 , 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

**F3.13** Does/Did your job require physical exertion (e.g., lifting, pushing objects, etc.)? IF YES, what kind?

- 0 - No  
1 - Yes (specify)  
-9 - NA

**F3.14** Does your job require the use of equipment? IF YES, what kind? (e.g., calculator, computer, etc.)

- 0 - No  
1 - Yes (specify)  
-9 - NA

**F3.15** What is/was the minimum educational level required (by your employer) for this job?

- 0 - None  
1 - Some elementary education  
2 - Elementary graduate  
3 - Some high school education  
4 - High school graduate  
5 - Some college education  
6 - College graduate  
7 - More than college  
8 - Vocational/technical training  
9 - Others (specify)  
-9 - NA

**F3.16** Does/Did this job require prior work experience, apprenticeship or on-the-job training?

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

**F3.17 Do/Did you supervise people in this job? IF YES, how many?**

- 0 - No  
1 - Yes, 1 or 2 people  
2 - Yes, 3 to 5 people  
3 - Yes, 6 to 10 people  
4 - Yes, more than 10 people  
-9 - NA

**F3.18** How many days in a week do/did you usually work?

WRITE NUMBER OF DAYS

- 8 - NR/DK  
-9 - NA

**F3.19** How many hours do/did you usually work during a week?

WRITE NUMBER OF HOURS

- 8 - NR/DK -9 - NA

**F3.20** Do/Did you usually work the same number of hours each week?

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

**F3.21** How are/were you paid in this job?

- |      |                                  |             |
|------|----------------------------------|-------------|
| 1 -  | In kind                          |             |
| 2 -  | In cash, time basis              |             |
| 3 -  | In cash, piece basis             |             |
| 4 -  | In cash, commission/profit basis |             |
| 5 -  | In cash and in kind              |             |
| 6 -  | Unpaid family worker             | GO TO F3.26 |
| -9 - | NA                               |             |

**F3.22** Are/Were you paid on an hourly, daily, weekly or monthly basis?

- |     |          |      |                 |
|-----|----------|------|-----------------|
| 1 - | Per hour | 4 -  | Per month       |
| 2 - | Per day  | 5 -  | Other (specify) |
| 3 - | Per week | -9 - | NA              |

**F3.23** How much do/did you usually earn per day?

How much would you usually earn per day?  
CODE AMOUNT IN PESOS  
IF PAID PER WEEK OR MONTH, CALCULATE DAILY  
AVERAGE

- 8 - NR/DK -9 - NA

**@F3.24 Do/Did you receive any employment benefits at this job?**  
(e.g., SSS, PhilHealth, PAG-IBIG)

- 0 - No                      1 - Yes

**F3.25** Do/Did you receive overtime pay for this job? If so, how much per month on average?

- |     |              |      |       |
|-----|--------------|------|-------|
| 0 - | No           | -8 - | NR/DK |
| 1 - | Yes (AMOUNT) | -9 - | NA    |

**F3.26 Who decided that you take this job?**  
MULTIPLE RESPONSES ALLOWED

- 0 - Own idea
- 1 - Spouse/Partner
- 2 - Father
- 3 - Mother
- 4 - Both parents
- 5 - Other relatives, specify
- 6 - Other persons, specify
- 8 - NR/DK
- 9 - NA

**F3.27** Why did you/he/she/they choose this job?  
VERBATIM

- 9 - NA

**F3.28**    **How did you get this job?**  
VERBATIM

- 9 - NA

**F3.29** How do/did you feel about this job?

- 1 - Like it very much  
2 - Like it fairly well  
3 - Indifferent  
4 - Dislike it somewhat  
5 - Dislike it very much  
-9 - NA

Table F3-1. Employment History of IC

|   | First job |               | Second job |               | Third job |               | Fourth job |               |
|---|-----------|---------------|------------|---------------|-----------|---------------|------------|---------------|
|   | Main job  | Secondary job | Main job   | Secondary job | Main job  | Secondary job | Main job   | Secondary job |
| F3.8<br>Occupation                        |           |               |            |               |           |               |            |               |
| F3.9<br>Employer                          |           |               |            |               |           |               |            |               |
| F3.10<br>Business/<br>Industry            |           |               |            |               |           |               |            |               |
| F3.11<br>Usual<br>activity                |           |               |            |               |           |               |            |               |
| F3.12<br>Physical<br>position             |           |               |            |               |           |               |            |               |
| F3.13<br>Physical<br>exertion?<br>What?   |           |               |            |               |           |               |            |               |
| F3.14<br>Equipment?<br>What?              |           |               |            |               |           |               |            |               |
| F3.15<br>Educ. level                      |           |               |            |               |           |               |            |               |
| F3.16<br>Prior<br>experience              |           |               |            |               |           |               |            |               |
| F3.17<br>Supervise<br>people              |           |               |            |               |           |               |            |               |
| F3.18<br>Usual days-<br>work/wk.          |           |               |            |               |           |               |            |               |
| F3.19<br>Usual<br>hrs./wk.                |           |               |            |               |           |               |            |               |
| F3.20<br>Same<br>hrs./wk.                 |           |               |            |               |           |               |            |               |
| F3.21<br>How paid                         |           |               |            |               |           |               |            |               |
| F3.22<br>Paid by hr./<br>day/week         |           |               |            |               |           |               |            |               |
| F3.23<br>Earning/day                      |           |               |            |               |           |               |            |               |
| F3.24<br>With<br>benefits                 |           |               |            |               |           |               |            |               |
| F3.25<br>With<br>overtime pay             |           |               |            |               |           |               |            |               |
| F3.26<br>Who decided<br>for job           |           |               |            |               |           |               |            |               |
| F3.27<br>Why this job<br>chosen           |           |               |            |               |           |               |            |               |
| F3.28<br>How you got<br>the job           |           |               |            |               |           |               |            |               |
| F3.29<br>How you<br>feel about<br>the job |           |               |            |               |           |               |            |               |

AFTER ASKING ABOUT LAST/CURRENT JOB:

F3.30 What kind of job would you like to have in the future, say, 10 years from now?  
VERBATIM:

-8 - NR/DK

F3.31 Do you think it is possible for you to achieve this aspiration?

- 0 - No CONTINUE
- 1 - Yes GO TO F3.33
- 8 - NR/DK GO TO F3.34
- 9 - NA

F3.32 Why is it not possible for you to achieve this aspiration?  
VERBATIM:

- 8 - NR/DK
- 9 - NA

GO TO F3.34

F3.33 What would you need to do to achieve this aspiration?  
PROBE FOR SOMETHING CONCRETE

VERBATIM:

- 8 - NR/DK
- 9 - NA

F3.34 Aside from your regular job (or: If you do not have a regular job), do you earn some money by other means?

EXAMPLES SUCH AS RUNNING ERRANDS, SELLING THINGS, OR OTHERS THAT ARE NOT  
CONSIDERED AS REGULAR JOBS

If yes, by what means? (VERBATIM)

- 0 - No GO TO F3.36
- 9 - NA

IF YES IN F3.34, CONTINUE; OTHERWISE, GO TO F3.36

F3.35 In the past 12 months, how much did you earn by this means?

AMOUNT IN PESOS:

- 9 - NA

IF IC IS CURRENTLY WORKING, ASK:

F3.36 Who decides how your earnings are spent?

IF IC IS NOT CURRENTLY WORKING, ASK:  
Who do you think will decide how your earnings will be spent?

- 0 - IC alone
- 1 - Spouse/Partner
- 2 - Father
- 3 - Mother
- 4 - Both parents
- 5 - Other relatives, specify
- 6 - Other persons, specify
- 8 - NR/DK
- 9 - NA

F3.37 What do/will you do with your earnings?

- 1 - Keep all

2 - Keep part

3 - Turn all over to spouse/partner

4 - Turn all over to mother/father

5 - Turn all over to other relatives.

Specify relative \_\_\_\_\_

-8 - NR/DK

-9 - NA
- CONTINUE

CONTINUE

>GO TO F4.1

☐

F3.38 If you keep all or part of your earnings, what do/will you usually spend/be spending this money on?

VERBATIM:

☐

\_\_\_\_\_

\_\_\_\_\_

- 8 - NR/DK
- 9 - NA

IF IC KEEPS/WILL KEEP ALL OF HIS/HER EARNINGS, GO TO F4.1

IF IC KEEPS/WILL KEEP PART OF HIS/HER EARNINGS, CONTINUE

F3.39 How much in proportion to your total earnings do/will you keep?

\_\_\_\_\_ %

☐

☐

F3.40 Who do/will you share your earnings with and how large a proportion do/will you give to each of them?

NAME:

- \_\_\_\_\_

\_\_\_\_\_ %
- \_\_\_\_\_

\_\_\_\_\_ %
- \_\_\_\_\_

\_\_\_\_\_ %
- \_\_\_\_\_

\_\_\_\_\_ %

☐

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F3.41 Is/Will this manner of sharing done/be done regularly or not?

- 0 - Not regular
- 1 - Regular
- 8 - NR/DK
- 9 - NA

☐

IV. REPRODUCTION

PHYSICAL CHARACTERISTICS:

F4.1 How do you describe your body in terms of your weight?

- 1 - Slender
- 2 - Average
- 3 - Chubby
- 8 - NR/DK

☐

F4.2 With your present weight, do you want to:

- 1 - Be thinner
- 2 - Be heavier
- 3 - Maintain present weight
- 4 - Don't care
- 8 - NR/DK

☐

F4.3 What did you do/are you doing to achieve the weight you wish to have?

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

☐

GO TO F4.5 IF IC IS MALE

F4.4 BODY IMAGE (FOR FEMALE IC)

INTERVIEWER: SHUFFLE THE NINE (9) DRAWINGS OF A WOMAN'S BODY FIGURE SO THAT THEY ARE IN RANDOM ORDER. SHOW THEM TO IC AND ASK HER TO IDENTIFY WHICH DRAWING SHE THINKS SHE RESEMBLES THE MOST. WRITE IN THE BOX THE NUMBER OF THE DRAWING CHOSEN.

- a) I would like to show you some drawings. These drawings show the different body figures of a woman. In your opinion, which drawing closely resembles your body figure?

☐

SHUFFLE THE DRAWINGS AGAIN AND SHOW THEM TO IC. ASK HER TO IDENTIFY WHICH DRAWING SHE WOULD WANT TO LOOK LIKE. WRITE IN THE BOX THE NUMBER OF THE DRAWING SHE CHOOSES.

- b) I am going to show you the drawings again. Please tell me which drawing you would want to look like.

☐

- c) What are you doing to achieve your desired body figure?

VERBATIM \_\_\_\_\_  
\_\_\_\_\_

☐

- d) INTERVIEWER ONLY! How do you assess IC's body figure based on the nine drawings?

☐

INTERVIEWER: SHUFFLE THE NINE (9) DRAWINGS OF A MAN'S BODY FIGURE SO THAT THEY ARE IN RANDOM ORDER. SHOW THEM TO IC AND ASK HER TO IDENTIFY WHICH DRAWING SHE WOULD WANT A MAN TO LOOK LIKE. WRITE IN THE BOX THE NUMBER OF THE DRAWING CHOSEN.

- e) I am going to show you another set of drawings. These drawings show the different body figures of a man. Please tell me which drawing you would want a man to look like.

☐

GO TO F4.6

F4.5 BODY IMAGE (FOR MALE IC)

INTERVIEWER: SHUFFLE THE NINE (9) DRAWINGS OF A MAN’S BODY FIGURE SO THAT THEY ARE IN RANDOM ORDER. SHOW THEM TO IC AND ASK HIM TO IDENTIFY WHICH DRAWING HE THINKS HE RESEMBLES THE MOST. WRITE IN THE BOX THE NUMBER OF THE DRAWING CHOSEN.

- a) I would like to show you some drawings. These drawings show the different body figures of a man. In your opinion, which drawing closely resembles your body figure?

SHUFFLE THE DRAWINGS AGAIN AND SHOW THEM TO IC. ASK HIM TO IDENTIFY WHICH DRAWING HE WOULD WANT TO LOOK LIKE. WRITE IN THE BOX THE NUMBER OF THE DRAWING HE CHOOSES.

- b) I am going to show you the drawings again. Please tell me which drawing you would want to look like.

- c) What are you doing to achieve your desired body figure?

VERBATIM \_\_\_\_\_  
\_\_\_\_\_

- d) INTERVIEWER ONLY! How do you assess IC’s body figure based on the nine drawings?

INTERVIEWER: SHUFFLE THE NINE (9) DRAWINGS OF A WOMAN’S BODY FIGURE SO THAT THEY ARE IN RANDOM ORDER. SHOW THEM TO IC AND ASK HIM TO IDENTIFY WHICH DRAWING HE WOULD WANT A WOMAN TO LOOK LIKE. WRITE IN THE BOX THE NUMBER OF THE DRAWING CHOSEN.

- e) I am going to show you another set of drawings. These drawings show the different body figures of a woman. Please tell me which drawing you would want a woman to look like.

**FAMILY PLANNING**

IF THE LHM SHOWS THAT IC HAS USED FAMILY PLANNING, CODE “1” (YES) IN F4.6 BELOW, IF NOT, ASK F4.6

@F4.6 Have you heard of family planning or using certain means to prevent pregnancy?

- 0 - No GO TO F4.14  
1 - Yes CONTINUE  
-8- NR GO TO F4.14

F4.7 From where did you get your information on family planning?

VERBATIM:

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

- 8 - NR/DK  
-9 - NA



F4.8      Nowadays, there are many family planning methods. What method have you heard of?

LET IC ENUMERATE ALL METHODS HE/SHE KNOWS WITHOUT PROMPTING HIM/HER. WRITE “1” IN THE SPONTANEOUS COLUMN FOR EACH METHOD MENTIONED SPONTANEOUSLY; THEN PROCEED DOWN THE COLUMN, READ THE NAME OF EACH METHOD NOT MENTIONED SPONTANEOUSLY, AND WRITE “2” UNDER PROMPTED ANSWER COLUMN IF IC HAS HEARD OF METHOD, AND “0” IF HE/SHE HAS NOT.

| METHOD |                               | HEARD OF    |                 |
|--------|-------------------------------|-------------|-----------------|
|        |                               | SPONTANEOUS | PROMPTED ANSWER |
| 1      | Pill                          |             |                 |
| 2      | IUD                           |             |                 |
| 3      | Injection (DEPO PROVERA)      |             |                 |
| 4      | Implant (NORPLANT)            |             |                 |
| 5      | Diaphragm                     |             |                 |
| 6      | Foam, Jelly (SAMPOON)         |             |                 |
| 7      | Condom                        |             |                 |
| 8      | Ligation                      |             |                 |
| 9      | Vasectomy                     |             |                 |
| 10     | Rhythm, Calendar Method       |             |                 |
| 11     | Rhythm, Temperature, Symptoms |             |                 |
| 12     | Withdrawal                    |             |                 |
| 13     | Breastfeeding                 |             |                 |
| 14     | Abstinence                    |             |                 |
| 15     | Other (specify)               |             |                 |
| -9     | NA                            |             |                 |

F4.9      Do you know where to get family planning supplies/services?

- 0 -      No                      GO TO F4.11
- 1 -      Yes                        CONTINUE
- 8 -     NR/DK                      GO TO F4.11
- 9 -     NA

F4.10      Where can you get family planning supplies/services?  
VERBATIM:

- 8 -      NR/DK
- 9 -      NA

F4.11      In your opinion, do you need to know about family planning at your age?

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

F4.12      In your opinion, what is the right age for a person to know about family planning?

IF EXACT AGE IS GIVEN: \_\_\_\_\_

IF ANSWER IS CONDITIONAL: VERBATIM: \_\_\_\_\_

- 9 -      NA

F4.13 From whom should a person first learn about family planning?

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

-9 - NA

☐

**SEXUAL RELATIONS**

INTERVIEWER: IF NO PRECODED RESPONSE, ASK:

F4.14 Have you ever had a crush on a girl/boy (opposite sex of IC)?\*\*\*

0 - No

1 - Yes

-8 - NR/DK

☐

F4.15 Have you ever had a crush on a boy/girl (same sex as IC)?\*\*\*

0 - No

1 - Yes

-8 - NR/DK

☐

IF ANSWER IN F4.14 OR F4.15 IS “1” (YES), ASK:

@F4.16 How old were you when you had your first crush?\*\*\*

AGE: \_\_\_\_\_

-9 - Did not have a crush

☐☐

F4.17 Have you ever gone on a date?\*\*\*

0 - No

1 - Yes

3 - Unsure

☐

IF ANSWER IN F4.17 IS “1” (YES), ASK:

@F4.18 At what age did you have your first date?\*\*\*

AGE: \_\_\_\_\_

-9 - NA (Never gone on a date) GO TO F4.21

☐☐

F4.19 Was your first date:

1- As a group

2- You and your date with a chaperone

3 - You and your date without a chaperone

-8 - NR

-9 - NA (Never gone on a date)

☐

F4.20 What did you do on your first date?

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

\_\_\_\_\_

-8 - NR

-9 - NA (Never gone on a date)

☐

F4.21 Have you ever courted a girl/boy (opposite sex as IC)?\*\*\*

0 - No

1 - Yes

-8 - NR/DK

☐

F4.22 Have you ever courted a boy/girl (same sex as IC)?\*\*\*

0 - No

1 - Yes

-8 - NR/DK

☐

IF ANSWER IN F4.21 OR F4.22 IS “1” (YES), ASK:

@F4.23 At what age did your first court someone?

AGE: \_\_\_\_\_

-9 - NA (Did not court someone)

F4.24 Have you ever been courted by a girl/boy (opposite sex as IC)?\*\*\*

0 - No

1 - Yes

-8 - NR/DK

F4.25 Have you ever been courted by a boy/girl (same sex as IC)?\*\*\*

0 - No

1 - Yes

-8 - NR/DK

IF ANSWER IN F4.24 OR F4.25 IS “1” (YES), ASK:

@F4.26 At what age were you first courted by someone?

AGE: \_\_\_\_\_

-9 - NA (Not courted by anyone)

IF IC IS CURRENTLY MARRIED OR COHABITING, DO NOT ASK QUESTIONS F4.27, F4.30 AND F4.31; JUST RECORD A “YES” RESPONSE TO THESE QUESTIONS

@F4.27 Have you ever been in a romantic relationship (opposite sex as IC)?\*\*\*

0 - No

1 - Yes

3 - Unsure

GO TO F4.29

CONTINUE

GO TO F4.29

@F4.28 At what age did you have your first romantic relationship?

AGE: \_\_\_\_\_

-9 - NA

F4.29 Have you had a romantic relationship with someone of the same sex?\*\*\*

0 - No

1 - Yes

-8 - NR/DK

F4.29a Are you in a romantic relationship at present?

0 - No

1 - Yes

-8 - NR/DK

F4.29b What do you understand by romantic relationship?

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

\_\_\_\_\_

F4.30 Please allow me to ask you questions about sexual experiences. Regardless of whether you have had a romantic relationship or not; with the opposite sex or with the same sex. Tell me if you have ever done the following:

a) Holding hands

0 -

No

1 -

Yes

-8 -

NR

b) Kissing

0 -

No

1 -

Yes

-8 -

NR

c) Petting

0 -

No

1 -

Yes

-8 -

NR

@F4.31 Have you ever had sexual intercourse?

0 - No

1 - Yes

-8 - NR

GO TO F4.39a

CONTINUE

GO TO F4.39a

@F4.32 At what age did you first have sexual intercourse?

AGE: \_\_\_\_\_

-9 - NA

F4.33 Where did the first sexual intercourse take place?

WRITE PLACE MENTIONED BY IC: \_\_\_\_\_

-9 - NA

F4.33a Was the first intercourse. . .

- 1 - Something you wanted to happen

2 - Something you did not want to happen but you went along with

3 - Something you did not plan to happen but happened anyway

4 - Something that happened against your will

-9 - NA

F4.33b People engage in sexual activities for a variety of reasons. What were your reasons for having sex the first time?

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

-8 - NR  
-9 - NA

F4.33c How many people have you had sex with since you began having sex?

-8 - NR  
-9 - NA

F4.33d Have you ever paid anyone to have sex with him/her?

- 0 - No

1 - Yes

-9 - NA

F4.33e Have you ever been paid to have sex with someone else?

- 0 - No

1 - Yes

-9 - NA

F4.33f Have you had any sexual contact with someone of the same sex?

- 0 - No

1 - Yes

-9 - NA

F4.33g How often in the past month have you had sex?

- 0 - Never GO TO F4.33i

1 - Once or twice

2 - Once a week

3 - 2 or more times a week

-9 - NA

F4.33h Did you or your partner use any contraceptive method in the past month?

- 0 - No ASK: Why not? \_\_\_\_\_

1 - Yes

-9 - NA

F4.33i Have you ever had sex against your will?

- 0 - No

1 - Yes

-9 - NA

F4.33j Have you ever forced somebody to have sex?

- 0 - No

1 - Yes

-9 - NA

F4.33k Have you ever experienced group sex?

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

☐

F4.33l Have you ever experienced sex with any member of your family?

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

☐

@F4.34 Have you ever used family planning?

- 0 - No CONTINUE
- 1 - Yes GO TO F4.36
- 8 - NR
- 9 - NA

☐

F4.35 Why have you not used family planning?

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

☐

- 9 - NA

GO TO F4.39a

@F4.36 What family planning methods have you used?

NAME ALL METHODS EVER USED: \_\_\_\_\_  
\_\_\_\_\_

☐☐

- 9 - NA

F4.37 Where do/did you get your supply or services for family planning?

SOURCES: \_\_\_\_\_  
\_\_\_\_\_

☐☐

- 9 - NA

F4.38 What method are you currently using?

- 0 - None GO TO F4.39

METHOD(S): \_\_\_\_\_  
\_\_\_\_\_

☐

- 9 - NA

GO TO F4.39a

F4.39 Why did you stop using family planning?

- 0 - Currently pregnant

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

☐

- 9 - NA

F4.39a In your opinion, should a government health center provide family planning as one of its services?

- 0 - No
- 1 - Yes

☐

F4.39b In your opinion, should a school provide family planning in high school as one of its services?

- 0 - No
- 1 - Yes

☐

F4.39c Is your religion for or against family planning?

- 1 - In favor
- 2 - Against
- 3 - Neutral
- 4 - Don't know

☐

F4.39d Had your mother/father ever talked to you about family planning?

- 0 - No
- 1 - Yes ASK: What about family planning did you discuss?

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

☐☐

F4.39e Do you think you will use family planning in the future?

- 0 - No
- 1 - Yes

☐

F4.39f What do you think will influence your future use of family planning?

- 1 - Self
- 2 - Family/relative
- 3 - Other people
- 4 - Religion GO TO F4.39h
- 5 - Media (specify type of media \_\_\_\_\_)
- 6 - Other, specify \_\_\_\_\_

☐

F4.39g Do you think your future use of family planning will be affected by your religion's stand on family planning?

- 0 - No
- 1 - Yes

☐

F4.39h Do you think your future use of family planning will be affected by the government's stand on family planning?

- 0 - No
- 1 - Yes

☐

IF IC IS NOT SEXUALLY ACTIVE, GO TO BLOCK G, OTHERWISE CONTINUE

**PREGNANCY**

@ F4.40

IF IC IS FEMALE: Have you ever been pregnant?\*\*\*  
IF IC IS MALE: Have you ever gotten a woman pregnant?\*\*\*

0 - No GO TO F4.45 IF ANSWER IN F4.31 IS YES, OTHERWISE , GO TO F4.47

1 - Yes CONTINUE

2 - Woman unsure about current first pregnancy (female IC only) GO TO F4.42

3 - Man unsure about pregnancy (male IC only) GO TO F4.42

-8 - NR/DK

GO TO F4.41 IF IC IS MALE

F4.40a

Are you currently pregnant?

0 - No

1 - Yes; no. of months: \_\_\_\_\_

-9 - NA

@ F4.41

IF FEMALE: How many pregnancies have you had?  
IF MALE: How many times have you gotten a woman pregnant?

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

-9 - NA

F4.42

Was this pregnancy/Were all of these pregnancies intended or planned?

0 - No CONTINUE

1 - Yes GO TO F4.44 IF IC IS FEMALE, OTHERWISE, GO TO F4.45

-9 - NA

F4.43

How did you react to the unintended/unplanned pregnancy?  
PROBE FOR INTENTION TO ABORT

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

\_\_\_\_\_

-9 - NA

IF IC IS MALE, GO TO F4.45. IF IC IS FEMALE AND HAS HAD A PREGNANCY (INCLUDING CURRENT PREGNANCY), CONTINUE

F4.44 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 F4-1.

(1) Now I would like to ask you about each of your pregnancies beginning from the first to the last.

LIST ALL PREGNANCIES IC EVER HAD OR HAD SINCE 2002 IN TABLE F4-1. FOR CHILDREN OF IC WITH NAMES, LIST NAMES IN ROW (2).

FOR EACH PREGNANCY, ASK:

@(2) 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

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

- 7 - Not sure if currently pregnant
- 9 - Currently pregnant

(4) 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 F4.45.

(5) Did you get prenatal care during this pregnancy?

- 0 - No GO TO INSTRUCTION BEFORE (12)
- 1 - Yes CONTINUE

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

- 9 - NA

(7) Where did you first get prenatal care for this pregnancy?

- 1 - Traditional birth attendant
- 2 - Government personnel/facility
- 3 - Private personnel/facility
- 9 - NA

(8) How many times during this pregnancy did you get prenatal care from \_\_\_\_\_(CATEGORIES IN (7)?

- 0 - None (for this category)
- 1 - Once
- :
- 9 - NA (Did not get any prenatal care)

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

MULTIPLE ANSWERS ALLOWED

- 0 - No
- 1 - Yes, (specify)

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

MULTIPLE ANSWERS ALLOWED

- 0 - No injection GO TO INSTRUCTION BEFORE (12)
- 1 - 1<sup>st</sup> injection (specify)
- 2 - 2<sup>nd</sup> injection (specify)
- 9 - NA

(11) Who gave you this injection?

- 1<sup>st</sup> injection \_\_\_\_\_
- 2<sup>nd</sup> injection \_\_\_\_\_
- 9 - NA

ASK QUESTIONS (12) TO (17) OF LIVE BIRTHS AND STILLBIRTHS ONLY. IF PREGNANCY RESULTED IN MISCARRIAGE, GO TO (35). IF CURRENTLY PREGNANT, GO TO (38)

@(12) Is the child male or female?

- 1 - Male
- 2 - Female
- 9 - NA

(13) 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



- (14) Who assisted you in delivering the child?

1 - Doctor

2 - Midwife

3 - Traditional birth attendant

4 - Others (specify)

5 - Combination (specify)

-9 - NA
- (15) What type of delivery?

1 - Normal

2 - “Caesarian”

-9 - NA
- (16) Were there any complications during labor or delivery?

0 - None

1 - Yes (describe)

-9 - NA
- (17) Were you given anesthesia during delivery?

0 - No

1 - Yes

-9 - NA

IF STILLBIRTH, GO TO (38)
- (18) Was child weighed at birth?

0 - No GO TO (23)

1 - Yes

-9 - NA
- (19) Where was child weighed?

1 - At home

2 - Public hospital/health center (specify)

3 - Private hospital/private clinic (specify)

4 - Others (specify)

-9 - NA
- (20) Who weighed the child?

1 - Doctor

2 - Nurse

3 - Midwife

4 - Traditional birth attendant

5 - Others (specify)

-9 - NA
- (21) What was the child’s weight at birth?

RECORD WEIGHT IN WHATEVER UNIT THE IC REPORTS IN APPROPRIATE ROW, I.E., FROM MOM’S RECALL OR FROM RECORD).

-9 - NA
- (22) When was the child’s weight taken?

RECORD MONTH, DAY AND YEAR

-9 - NA
- (23) IF CHILD WAS NOT WEIGHED AT BIRTH: What do you think was the child’s weight at birth?

-9 - NA
- (24) Do you think the child was born early, late or on time?

1 - Early

2 - On time

3 - Late

-8 - NR/DK

-9 - NA

IF CHILD DIED, CONTINUE; IF STILL ALIVE GO TO (27)
- (25) When did child die?

RECORD MONTH, DAY AND YEAR

-9 - NA
- @(26) What was the cause of death?

ASK OF ALL LIVE BORN CHILDREN ONLY
- (27) Did you ever breastfeed the child? If not, why?

0 - No (give reason) GO TO (33)

1 - Yes CONTINUE

-9 - NA

Table F4-1. Pregnancy History of IC

| QUEST. NO.                                      | PREG. ORDER | FIRST PREGNANCY | SECOND PREGNANCY | THIRD PREGNANCY | FOURTH PREGNANCY |
|---|-------------|-----------------|------------------|-----------------|------------------|
|   | NAME        |                 |                  |                 |                  |
| 2) Type of pregnancy termination                |             |                 |                  |                 |                  |
| 3) Date of pregnancy termination                |             |                 |                  |                 |                  |
| 4) Pregnancy duration                           |             |                 |                  |                 |                  |
| 5) With prenatal care?                          |             |                 |                  |                 |                  |
| 6) Date of first prenatal care                  |             |                 |                  |                 |                  |
| 7) Source of first prenatal care                |             |                 |                  |                 |                  |
| 8) Frequency of prenatal care                   |             |                 |                  |                 |                  |
| 9) Supplements or vitamins taken and type       |             |                 |                  |                 |                  |
| 10) Injections received and type                |             |                 |                  |                 |                  |
| 11) Source of injection                         |             |                 |                  |                 |                  |
| 12) Sex of child                                |             |                 |                  |                 |                  |
| 13) Place of delivery                           |             |                 |                  |                 |                  |
| 14) Type of personnel who assisted delivery     |             |                 |                  |                 |                  |
| 15) Type of delivery                            |             |                 |                  |                 |                  |
| 16) Any complications during labor or delivery? |             |                 |                  |                 |                  |
| 17) Received anesthesia?                        |             |                 |                  |                 |                  |
| 18) Was child weighed at birth?                 |             |                 |                  |                 |                  |
| 19) Place where child was weighed               |             |                 |                  |                 |                  |
| 20) Type of personnel who weighed the child     |             |                 |                  |                 |                  |
| 21) Weight of child at birth (Mom's recall)     |             |                 |                  |                 |                  |
| (From record)                                   |             |                 |                  |                 |                  |
| 22) Date weight of child was taken              |             |                 |                  |                 |                  |
| 23) IC's perception of child's weight           |             |                 |                  |                 |                  |
| 24) Child born early, on time or late           |             |                 |                  |                 |                  |
| 25) Date child died                             |             |                 |                  |                 |                  |
| 26) Cause of child's death                      |             |                 |                  |                 |                  |
| 27) Was child ever breastfed?                   |             |                 |                  |                 |                  |

(28) When did you first breastfeed the child?

RECORD IN NUMBER OF HOURS AFTER BIRTH

-9 - NA

(29) Are you still breastfeeding the child? If not, why?

0 - No (give reason) CONTINUE

1 - Yes GO TO (31)

-9 - NA

(30) How long was the child breastfed?

RECORD RESPONSE OF IC

-9 - NA

(31) Is/Was child given any breast milk supplement (including infant formula)? If yes, what kind(s)?

0 - No GO TO (33)

1 - Yes (GIVE TYPE/NAME OF SUPPLEMENT(S): \_\_\_\_\_)

-9 - NA

(32) How old was child when first given breast milk supplement on a regular basis?

RECORD RESPONSE OF IC

-9 - NA

(33) Is/Was child given semi-solid and solid foods?

0 - No GO TO (38)

1 - Yes

-9 - NA

(34) How old was child when first given semi-solid/solid foods on a regular basis?

RECORD RESPONSE OF IC

-9 - NA

GO TO (38)

ASK (35) TO (37) ONLY FOR MISCARRIAGE.

(35) Did you or anyone do something to end this pregnancy?

0 - No GO TO (38)

1 - Yes

-9 - NA

(36) 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

(37) What did you/he/she do?

VERBATIM:

(38) Who is the father of this child/pregnancy?

WRITE NUMBER OF FATHER (FATHER #1, FATHER #2, etc.)

-9 - NA

(39) 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

(40) 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

@(41) Did you work during this pregnancy? If yes, what kind of work?

0 - No

1 - Yes (specify kind of work/occupation)

-9 - NA

@(42) 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

(43) Who performed household chores:

a) During this pregnancy

1 - IC herself

2 - Mother/Mother-in-law of IC

3 - Paid help

4 - Other (specify)

-9 - NA

b) One month after delivery

1 - IC herself

2 - Mother/Mother-in-law of IC

3 - Paid help

4 - Other (specify)

-7 - Still pregnant

-9 - NA

Table F4-1 Continued

| QUEST.<br>NO.   | PREG.<br>ORDER | FIRST<br>PREGNANCY | SECOND<br>PREGNANCY | THIRD<br>PREGNANCY | FOURTH<br>PREGNANCY |
|---|----------------|--------------------|---------------------|--------------------|---------------------|
|   | NAME           |                    |                     |                    |                     |
| 28) No. of hours after birth when child was first breastfed                           |                |                    |                     |                    |                     |
| 29) Breastfeeding until now? Reason for stopping breastfeeding                        |                |                    |                     |                    |                     |
| 30) Duration of breastfeeding   |                |                    |                     |                    |                     |
| 31) Was breast milk supplement given? Type of supplement                              |                |                    |                     |                    |                     |
| 32) Age of child when given first breast milk supplement                              |                |                    |                     |                    |                     |
| 33) Were semi-solid and solid foods given?  |                |                    |                     |                    |                     |
| 34) Age of child when semi-solid food and solid food first given                      |                |                    |                     |                    |                     |
| 35) Did something to end pregnancy?   |                |                    |                     |                    |                     |
| 36) Who performed?  |                |                    |                     |                    |                     |
| 37) What was done to end pregnancy?   |                |                    |                     |                    |                     |
| 38) Who is the father of this pregnancy?  |                |                    |                     |                    |                     |
| 39) Cohabiting at the time of pregnancy?  |                |                    |                     |                    |                     |
| 40) FP method used for longest duration before or between the pregnancy               |                |                    |                     |                    |                     |
| 41) Work during this pregnancy?   |                |                    |                     |                    |                     |
| 42) Work after this pregnancy?  |                |                    |                     |                    |                     |
| 43) Performed household chores:<br>a) During pregnancy<br>b) One month after delivery |                |                    |                     |                    |                     |

Index Child’s Child (ICC’S) ANTHROPOMETRY:

- (44)

Line Number of ICC

-9 - NA
- (45)

Date of birth of ICC

ENTER IN MONTH DAY AND YEAR

-9 - NA
- (46)

Weight of ICC

TAKE THREE MEASUREMENTS IN KILOGRAMS

-9 - NA
- (47)

Height of ICC

TAKE THREE MEASUREMENTS IN CENTIMETERS

-9 - NA
- (48)

Date of measurement

RECORD IN MONTH/DAY/YEAR

-9 - NA

Table F4-1 Continued

| QUEST. NO.                              | PREG. ORDER | FIRST PREGNANCY | SECOND PREGNANCY | THIRD PREGNANCY | FOURTH PREGNANCY |
|---|-------------|-----------------|------------------|-----------------|------------------|
|   | NAME        |                 |                  |                 |                  |
| 44) Line no. of ICC                     |             |                 |                  |                 |                  |
| 45) Date of birth of ICC<br>(MO/DAY/YR) |             |                 |                  |                 |                  |
| 46) Weight of ICC<br>(IN KGS.)          | 1)          |                 |                  |                 |                  |
|   | 2)          |                 |                  |                 |                  |
|   | 3)          |                 |                  |                 |                  |
|   |             |                 |                  |                 |                  |
| 47) Height of ICC<br>(IN CMS.)          | 1)          |                 |                  |                 |                  |
|   | 2)          |                 |                  |                 |                  |
|   | 3)          |                 |                  |                 |                  |
|   |             |                 |                  |                 |                  |
| 48) Date of measurement<br>(MO/DAY/YR)  |             |                 |                  |                 |                  |

AFTER LAST PREGNANCY, ASK:

F4.45 Did you have sexual relations in the past week?

- 0 -

No

GO TO F4.47
- 1 -

Yes

CONTINUE
- 8 -

NR/DK

GO TO F4.47
- 9 -

NA

F4.46 How many days last week did you have sexual relations?

- 1 -

One day
- :
- 8 -

NR/DK
- 9 -

NA (None during last week)

MARRIAGE/COHABITATION

@F4.47 How many times have you been married (including live-in or cohabitation)?

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

FOR EACH MARRIAGE/COHABITATION, ASK QUESTIONS F4.48 TO F4.53. ENTER RESPONSES IN THE TABLE BELOW

F4.48 When was this marriage/cohabitation happened? ENTER RESPONSE IN MONTH AND YEAR

- 8 - NR/DK
- 9- NA

F4.49 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
- 2 - Civil
- 3 - Consensual union
- 9 - NA

F4.50 Did you elope before you get married/cohabited?

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

F4.51 How long was the marriage/cohabitation? ENTER RESPONSE IN NUMBER OF MONTHS

- 8 - NR/DK
- 9- NA

F4.52 What was the reason for the termination of marriage/cohabitation?

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

F4.53 How many pregnancies did you have during this marriage/cohabitation (including current pregnancy)?

- 8 - NR/DK
- 9- NA

| Marriage/Cohabitation | F4.48. Date of marriage | F4.49. Type of marriage | F4.50. Eloped? | F4.51. Duration of marriage | F4.52. Reason for termination of marriage | F4.53. Total number of pregnancies |
|-----------------------|-------------------------|-------------------------|----------------|-----------------------------|---|------------------------------------|
| First marriage        |                         |                         |                |                             |   |                                    |
| Second marriage       |                         |                         |                |                             |   |                                    |
| Third marriage        |                         |                         |                |                             |   |                                    |
| Fourth marriage       |                         |                         |                |                             |   |                                    |
| Fifth marriage        |                         |                         |                |                             |   |                                    |

END OF BLOCK F

**BLOCK G: DECISION MAKING, FINANCIAL MANAGEMENT AND PARENTAL STATUS**

**I. DECISION MAKING**

DETERMINE IF INDEX CHILD IS MARRIED/COHABITING OR NOT. IF IC HAS A PARTNER OR SPOUSE, ASK QUESTIONS G1a TO G1f; IF NOT, USE THE ALTERNATE SET OF QUESTIONS, G1g TO G1j. ALL RESPONSES ARE TO BE RECORDED IN THE APPROPRIATE COLUMNS OF TABLE G-1.

FOR INDEX CHILDREN IN A COHABITING RELATIONSHIP:

G1 I would like to know how some decisions in your current household are made. I will name some of these decisions. If you have never made this type of decision in your household, think about what would happen should this decision come up. For each decision listed, please tell me:  
RECORD ALL RESPONSES IN TABLE G-1.

- a) Have you/your household ever made this decision?
- 0 - No DO NOT USE THIS FOR SKIP PATTERN. INSTEAD ASK REMAINING  
QUESTIONS OF ALL RESPONDENTS AS HYPOTHETICAL.
- 1 - Yes
- b) Who contributes (would contribute) to this decision?
- |     |                    |      |                            |
|-----|--------------------|------|----------------------------|
| 1 - | IC himself/herself | 7 -  | Other male relative        |
| 2 - | Partner/Spouse     | 8 -  | Other female relative      |
| 3 - | Father             | 9 -  | Non-household member,      |
| 4 - | Mother             |      | specify relationship _____ |
| 5 - | Father-in-law      | -8 - | NR                         |
| 6 - | Mother-in-law      |      |                            |
- c) If a decision required a total of, say, 6 votes, how many votes would each person contributing to the decision have? (e.g. husband and wife with a completely joint decision would have 3 votes each; or husband, wife and mother-in-law would have 2 votes each).
- d) Whose decision prevails/prevailed on this decision?
- 0 - Joint (specify) IN ADDITION TO THE CODES IN G1b
- e) IF ICS DECISION DID NOT PREVAIL, ASK: Are you usually satisfied with the decision being made?
- 0 - No
- 1 - Yes
- 9 - IC's decision prevailed
- f) On a scale of 1 to 3, with 1 not important, 2 important and 3 very important, how important is this decision to you?

FOR INDEX CHILDREN WHO ARE NOT IN A COHABITING RELATIONSHIP:  
(CROSS OUT COLUMNS G1a AND G1e IN TABLE G-1)

G1 I would like to know how you think decisions will be made in your household once you are in a cohabiting relationship. I realize that this is hypothetical, but I want you to imagine what it will be like. I will name some decisions that you may have to make. Think about what would happen should this decision come up in the next 6 months. For each decision, please tell me:

RECORD ALL RESPONSES IN TABLE G-1.

- g) Who will contribute to this decision?  
SAME CODES AS IN G1b
- h) If a decision required a total of, say, 6 votes, how many votes would each person contributing to the decision have? (e.g. husband and wife with a completely joint decision would have 3 votes each; or husband, wife and mother-in-law would have 2 votes each).
- i) Whose decision will prevail on this decision?  
SAME CODES AS IN G1d

j) On a scale of 1 to 3, with 1 not important, 2 important and 3 very important, how important is this decision to you?

Table G-1. Decision-making in Household

| Situation   | Ever made this decision?<br>(G1a) | Who contributes/will contribute to this decision?<br>(G1b or G1g) | How many votes would this person get?<br>(G1c or G1h) | Whose decision prevails?<br>(G1d or G1i) | Usually satisfied with the decision?<br>(G1e) | How important is decision to you?<br>(G1f or G1j) |
|---|-----------------------------------|---|---|--|---|---|
| Buying your shoes?  |                                   |   |   |  |   |   |
| Buying clothes for your children?                                   |                                   |   |   |  |   |   |
| Bringing your child to the doctor?                                  |                                   |   |   |  |   |   |
| Buying major appliances e.g. TV?                                    |                                   |   |   |  |   |   |
| Buying or selling land?   |                                   |   |   |  |   |   |
| Where to send your children for schooling?                          |                                   |   |   |  |   |   |
| Where you can go with your friends?                                 |                                   |   |   |  |   |   |
| When you should seek health care?                                   |                                   |   |   |  |   |   |
| If you were to study?   |                                   |   |   |  |   |   |
| If you were to work outside the home?                               |                                   |   |   |  |   |   |
| If you were to visit your parents, relatives, friends outside Cebu? |                                   |   |   |  |   |   |
| What gift to give your own relatives?                               |                                   |   |   |  |   |   |
| Hiring of household help?   |                                   |   |   |  |   |   |
| If you were to transfer residence?                                  |                                   |   |   |  |   |   |
| Whether to use family planning or not?                              |                                   |   |   |  |   |   |
| What FP method to use?  |                                   |   |   |  |   |   |

FOR ALL INDEX CHILDREN WHETHER COHABITING OR NOT:

G2 Who is recognized as the head of your household?

CODE IN RELATIONSHIP TO RESPONDENT

- 1 - IC

2 - Spouse/Partner

3 - Mother/Stepmother

4 - Father/Stepfather

5 - Mother-in-law
- 6 - Father-in-law

10 - Other adult male, specify \_\_\_\_\_

11 - Other adult female, specify \_\_\_\_\_

12 - Other (specify) \_\_\_\_\_

II FINANCIAL MANAGEMENT

G3 Is it important to you to have some money that you earned on your own?

- 0 - No
- 1 - Yes
- 2 - Unsure
- 9 - NA

G4 If you had a real worry about money, who would you primarily talk it over with?

- 0 - No one

1 - Spouse/Partner

2 - Parents

3 - Parents-in-law

4 - Other relative
- 5 - Friend

6 - Lending individual/institution

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

-9 - NA



G5

Do you usually find that you can cope with major household bills and expenses?

1 - Can usually cope

2 - Sometimes difficult to cope

3 - Always difficult to cope

-7- IC/Couple not responsible for major household bills/expenses

-9 - NA

☐

G6

In the last 12 months, have you skipped a meal due to lack of money or to save money?

0 - No

1 - Yes

GO TO G8

☐

G7

How often did you skip meals due to lack of money or to save money in the last 12 months?

1 - Once a month or less

2 - More than once a month

3 - Almost everyday

-8 - NR

-9 - NA

☐

ASK G8-G20 ONLY OF COHABITING IC. IF IC IS NOT COHABITING, GO TO INSTRUCTIONS BEFORE G28.  
FOR IC EARNING AN INCOME, ASK G8-G9; OTHERWISE SKIP TO G10

G8

How do you feel about your income; is it yours alone or do you regard it as your spouse's/partner's as well?

1 - Own

2 - Both

3 - Unsure

-9 - NA

☐

G9

Would your household have enough to live on without your income?

0 - No

1 - Yes

2 - Unsure

-9 - NA

☐

G10

If your spouse/partner earns enough to pay for household expenses, would you want to do or go on doing paid work?

0 - No

1 - Yes

2 - Unsure

-9 - NA

☐

G11

If your spouse/partner is working, does he give you the money he earns?

0 - No, nothing

1 - Yes, all

2 - Yes, part   How large a part? \_\_\_\_\_ (in %)

3 - Spouse/Partner has not worked since 2002 survey

-9 - NA

☐

G12

How do you feel about what your spouse/partner earns; do you feel it is your spouse's/partner's income or do you regard it as yours as well?

1 - Spouse's/Partner's

2 - Both

3 - Spouse has not worked since 2002 survey

-9 - NA

☐

G13

Who in your household keeps track of your and your spouse's/partner's (the couple's) money and how it is spent?

1 - IC

2 - Spouse/Partner

3 - Both

4 - No one

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

-9 - NA

☐

G14

Who would you say really controls the money that you as a couple have?

1 - IC

2 - Spouse/Partner

3 - Both

4 - No one

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

-9 - NA

☐

G15

Does your spouse/partner have an idea of how much it costs to run the household?

0 - No

1 - Yes, very well

2 - Yes, somewhat

-9 - NA

☐

G16

How often do you and your spouse/partner argue about money?

0 - Never

1 - Rarely (a few times a year)

2 - Sometimes (once a month)

3 - Frequently (more than once a month)

-9 - NA

☐

G17

Does your spouse/partner know how much money you spend on yourself?

0 - No

1 - Yes

-9 - NA

☐

G18

Do you feel you need to justify to your spouse/partner spending money on some of the things you buy?

0 - No

1 - Yes

-9 - NA

☐

G19

Are there things you would like to buy and feel you can afford but don't buy because you feel your spouse/partner may not approve?

0 - No

1 - Yes

-9 - NA

☐

G20

Would you say that in general you and your spouse/partner have separate areas of responsibility when it comes to buying things or paying bills?

1 - Separate areas

2 - Shared responsibility (does not matter)

3 - DK

4 - Other, specify \_\_\_\_\_

-9 - NA

☐

ASK G21 - G27 OF IC THEN OF THE SPOUSE/PARTNER AND ENTER CODED RESPONSES IN TABLE G-2

G21

For extras, things like a drink out with friends, a present for your spouse/partner, getting your hair cut or done, do you (does your spouse/partner):

1 - Take it out of your own (his own) earnings?

2 - Take it out of housekeeping allowance?

3 - Have separate money set aside for this?

4 - Take it out of a common pool?

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

-9 - NA

G22

Do you (your spouse/partner) have any money that is put aside for personal spending?

0 - No

1 - Yes

-9 - NA

GO TO G27

- G23

Is this money separate from the housekeeping money?

0 -

No

1 -

Yes

-9 -

NA
- G24

Do you (your spouse/partner) have a set amount for personal spending?

0 -

No

GO TO G27

1 -

Yes

-9 -

NA
- G25

How much on average do you (does your spouse/partner) have a week?

-9 -

NA
- G26

Does your spouse/partner (Do you) know how this money is spent?

0 -

No

1 -

Yes

-9 -

NA
- G27

If you (your spouse/partner) made a special effort to earn extra money, do you feel the money is somehow more yours (your spouse's/partner's) to spend as you like (your spouse/partner likes)?

0 -

No

1 -

Yes

2 -

DK

-9 -

NA

Table G-2. Couple’s Personal Expenses

|   | IC | SPOUSE/PARTNER |
|---|----|----------------|
| G21 Source for extras?                                |    |                |
| G22 Have money for personal spending?                 |    |                |
| G23 Separate from housekeeping money?                 |    |                |
| G24 Have set amount?                                  |    |                |
| G25 How much a week? (in Pesos)                       |    |                |
| G26 Know how this is spent?                           |    |                |
| G27 Feel extra money is yours (your spouse) to spend? |    |                |

III. PARENTAL STATUS

FOR NEVER MARRIED RESPONDENTS, GO TO G31

ASK G28-G30 IF IC WAS NOT INTERVIEWED IN 2002 OR IF CURRENT OR MOST RECENT RELATIONSHIP IS DIFFERENT FROM 2002. OTHERWISE, GO TO G32.

- G28

Referring back to your current or most recent relationship, at the time that you were married or entered into your last cohabiting relationship was:
- Your father alive?

0 -

No

1 -

Yes

-8 -

DK

-9 -

Never married

☐

Your spouse’s/partner’s father alive?

0 -

No

1 -

Yes

-8 -

DK

-9 -

Never married

☐

Your mother alive?

0 -

No

1 -

Yes

-8 -

DK

-9 -

Never married

☐

Your spouse’s/partner’s mother alive?

0 -

No

1 -

Yes

-8 -

DK

-9 -

Never married

☐

G29 Referring back to your current or most recent relationship, at the time that you were married or entered into your last cohabiting relationship was your mother’s educational level:

- 1 - Higher than your spouse’s/partner’s mother’s educational level
- 2 - Lower than your spouse’s/partner’s mother’s educational level
- 3 - The same as your spouse’s/partner’s mother’s educational level
- 8 - NR/DK
- 9 - Never married

☐

G30 Referring back to your current or most recent relationship, at the time that you were married or entered into your last cohabiting relationship was your mother’s economic situation:

- 1 - Higher than your spouse’s/partner’s mother’s economic situation
- 2 - Lower than your spouse’s/partner’s mother’s economic situation
- 3 - The same as your spouse’s/partner’s mother’s economic situation
- 8 - NR/DK
- 9 - Never married

☐

G31 IF IC WAS NOT INTERVIEWED IN 2002, ASK QUESTIONS G31a - G31c OF IC’S FATHER, MOTHER, MATERNAL AND PATERNAL GRANDFATHER ANDGRANDMOTHER. RECORD ALL RESPONSES IN TABLE G-3, OTHERWISE, GO TO G32

- a) What is his/her highest grade completed?
- 8 - DK
- b) What is his/her main occupation for most of his/her adult life?  
BE PRECISE IN JOB DESCRIPTION.
- 8 - DK
- c) Is your father/mother taller than you are?
- 0 - No
- 1 - Yes
- 2 - Same height
- 8 - DK

Is your mother’s father/mother taller than she is?

- 0 - No
- 1 - Yes
- 2 - Same height
- 8 - DK

Is your father’s father/mother taller than he is?

- 0 - No
- 1 - Yes
- 2 - Same height
- 8 - DK

Table G-3

|                       | Highest Grade | Main Occupation For | Relative Height |
|-----------------------|---------------|---------------------|-----------------|
|                       | G31a          | Most Adult Life     | G31c            |
|                       | G31b          |                     |                 |
| IC’s father           |               |                     |                 |
| IC’s mother           |               |                     |                 |
| Father of IC’s mother |               |                     |                 |
| Mother of IC’s mother |               |                     |                 |
| Father of IC’s father |               |                     |                 |
| Mother of IC’s father |               |                     |                 |

G32

How many siblings do you have (including those who are now dead)?

G33

What is your birth order?

G34

For each of your living siblings, starting from the oldest to the youngest, tell me their:

a)

Name

b)

Sex

c)

Age as of last birthday

d)

Highest grade completed

e)

Current job (main)

ENTER RESPONSES IN TABLE G-4 BELOW

Table G-4. IC’s Siblings

| NAME OF SIBLING | SEX  | AGE  | HIGHEST GRADE COMPLETED | CURRENT MAIN JOB |
|-----------------|------|------|-------------------------|------------------|
| G34a            | G34b | G34c | G34d                    | G34e             |
|                 |      |      |                         |                  |
|                 |      |      |                         |                  |
|                 |      |      |                         |                  |
|                 |      |      |                         |                  |
|                 |      |      |                         |                  |
|                 |      |      |                         |                  |
|                 |      |      |                         |                  |
|                 |      |      |                         |                  |
|                 |      |      |                         |                  |
|                 |      |      |                         |                  |
|                 |      |      |                         |                  |

END OF BLOCK G

**BLOCK H: AGGRESSION/INTIMATE PARTNER VIOLENCE MODULE**

H1 No matter how well people gets along, there are times when they disagree on major decisions, get annoyed about something the person does, or just have spats or fights. I am going to read a list of things or behavior that you might have done or experienced when you had a dispute. I would like you to tell me if this ever happened with a close friend or family member, ever happened with a partner, happened in the past year or happened during the last pregnancy, and how frequent it was:

ENTER RESPONSES IN THE APPROPRIATE COLUMNS IN TABLE H-1.

- a) Ever done by respondent to:  
ENCIRCLE CODE
- 0 - No one
  - 1 - Current partner
  - 2 - Family member
  - 3 - Close friend
  - 4 - Other person, specify \_\_\_\_\_

- b) Ever done to respondent by:  
ENCIRCLE CODE
- 0 - No one
  - 1 - Current partner
  - 2 - Family member
  - 3 - Close friend
  - 4 - Other person, specify \_\_\_\_\_

- c) Done by respondent in the past year to?  
ENCIRCLE CODE
- 0 - No one
  - 1 - Current partner
  - 2 - Family member
  - 3 - Close friend
  - 4 - Other person, specify \_\_\_\_\_
  - 9 - NA

FOR CODES 1 - 4, ASK: How often?

- 1 - Rarely (a few times a year)
- 2 - Sometimes (once a month)
- 3 - Frequently (more than once a month)
- 9 - NA

ENTER CODED RESPONSE

- d) Done to respondent in the past year by?  
ENCIRCLE CODE
- 0 - No one
  - 1 - Current partner
  - 2 - Family member
  - 3 - Close friend
  - 4 - Other person, specify \_\_\_\_\_
  - 9 - NA

FOR CODES 1 - 4, ASK: How often?

- 1 - Rarely (a few times a year)
- 2 - Sometimes (once a month)
- 3 - Frequently (more than once a month)
- 9 - NA

ENTER CODED RESPONSE

GO TO INSTRUCTION BEFORE H2 IF IC IS MALE, OTHERWISE, CONTINUE

- e) Done by respondent during last pregnancy to?  
USE SAME CODES AS IN H1c
- f) Done to respondent during last pregnancy by?  
USE SAME CODE AS IN H1d

Table H-1

|   | a) Ever done by<br>respondent to: | b) Ever done to<br>respondent by: | c) Done by<br>respondent in past<br>year to:<br><br>FOR CODES 1 -<br>4, ASK: How<br>often? | d) Done to<br>respondent in past<br>year by:<br><br>FOR CODES 1 -<br>4, ASK: How<br>often? | e) Done by<br>respondent during<br>last pregnancy to:<br><br>FOR CODES 1 -<br>4, ASK: How<br>often? | f) Done to<br>respondent during<br>last pregnancy by:<br><br>FOR CODES 1 -<br>4, ASK: How<br>often? |
|---|-----------------------------------|-----------------------------------|--|--|---|---|
| Discussed the issue<br>calmly   | 0 1 2 3 4                         | 0 1 2 3 4                         | 0 - _____<br>1 - _____<br>2 - _____<br>3 - _____<br>4 - _____                              | 0 - _____<br>1 - _____<br>2 - _____<br>3 - _____<br>4 - _____                              | 0 - _____<br>1 - _____<br>2 - _____<br>3 - _____<br>4 - _____                                       | 0 - _____<br>1 - _____<br>2 - _____<br>3 - _____<br>4 - _____                                       |
| Got information to<br>back up side of the<br>argument                       | 0 1 2 3 4                         | 0 1 2 3 4                         | 0 - _____<br>1 - _____<br>2 - _____<br>3 - _____<br>4 - _____                              | 0 - _____<br>1 - _____<br>2 - _____<br>3 - _____<br>4 - _____                              | 0 - _____<br>1 - _____<br>2 - _____<br>3 - _____<br>4 - _____                                       | 0 - _____<br>1 - _____<br>2 - _____<br>3 - _____<br>4 - _____                                       |
| Brought in or tried<br>to bring in someone<br>to help settle things         | 0 1 2 3 4                         | 0 1 2 3 4                         | 0 - _____<br>1 - _____<br>2 - _____<br>3 - _____<br>4 - _____                              | 0 - _____<br>1 - _____<br>2 - _____<br>3 - _____<br>4 - _____                              | 0 - _____<br>1 - _____<br>2 - _____<br>3 - _____<br>4 - _____                                       | 0 - _____<br>1 - _____<br>2 - _____<br>3 - _____<br>4 - _____                                       |
| Excessively nagged  | 0 1 2 3 4                         | 0 1 2 3 4                         | 0 - _____<br>1 - _____<br>2 - _____<br>3 - _____<br>4 - _____                              | 0 - _____<br>1 - _____<br>2 - _____<br>3 - _____<br>4 - _____                              | 0 - _____<br>1 - _____<br>2 - _____<br>3 - _____<br>4 - _____                                       | 0 - _____<br>1 - _____<br>2 - _____<br>3 - _____<br>4 - _____                                       |
| Yelled or insulted<br>one   | 0 1 2 3 4                         | 0 1 2 3 4                         | 0 - _____<br>1 - _____<br>2 - _____<br>3 - _____<br>4 - _____                              | 0 - _____<br>1 - _____<br>2 - _____<br>3 - _____<br>4 - _____                              | 0 - _____<br>1 - _____<br>2 - _____<br>3 - _____<br>4 - _____                                       | 0 - _____<br>1 - _____<br>2 - _____<br>3 - _____<br>4 - _____                                       |
| Swore at the other<br>one   | 0 1 2 3 4                         | 0 1 2 3 4                         | 0 - _____<br>1 - _____<br>2 - _____<br>3 - _____<br>4 - _____                              | 0 - _____<br>1 - _____<br>2 - _____<br>3 - _____<br>4 - _____                              | 0 - _____<br>1 - _____<br>2 - _____<br>3 - _____<br>4 - _____                                       | 0 - _____<br>1 - _____<br>2 - _____<br>3 - _____<br>4 - _____                                       |
| Sulked or refused to<br>talk about argument                                 | 0 1 2 3 4                         | 0 1 2 3 4                         | 0 - _____<br>1 - _____<br>2 - _____<br>3 - _____<br>4 - _____                              | 0 - _____<br>1 - _____<br>2 - _____<br>3 - _____<br>4 - _____                              | 0 - _____<br>1 - _____<br>2 - _____<br>3 - _____<br>4 - _____                                       | 0 - _____<br>1 - _____<br>2 - _____<br>3 - _____<br>4 - _____                                       |
| Stomped out of the<br>room  | 0 1 2 3 4                         | 0 1 2 3 4                         | 0 - _____<br>1 - _____<br>2 - _____<br>3 - _____<br>4 - _____                              | 0 - _____<br>1 - _____<br>2 - _____<br>3 - _____<br>4 - _____                              | 0 - _____<br>1 - _____<br>2 - _____<br>3 - _____<br>4 - _____                                       | 0 - _____<br>1 - _____<br>2 - _____<br>3 - _____<br>4 - _____                                       |
| Threw or smashed<br>at something (but<br>not at anyone)                     | 0 1 2 3 4                         | 0 1 2 3 4                         | 0 - _____<br>1 - _____<br>2 - _____<br>3 - _____<br>4 - _____                              | 0 - _____<br>1 - _____<br>2 - _____<br>3 - _____<br>4 - _____                              | 0 - _____<br>1 - _____<br>2 - _____<br>3 - _____<br>4 - _____                                       | 0 - _____<br>1 - _____<br>2 - _____<br>3 - _____<br>4 - _____                                       |
| Had something in<br>your hand to throw<br>at anyone, but<br>didn't throw it | 0 1 2 3 4                         | 0 1 2 3 4                         | 0 - _____<br>1 - _____<br>2 - _____<br>3 - _____<br>4 - _____                              | 0 - _____<br>1 - _____<br>2 - _____<br>3 - _____<br>4 - _____                              | 0 - _____<br>1 - _____<br>2 - _____<br>3 - _____<br>4 - _____                                       | 0 - _____<br>1 - _____<br>2 - _____<br>3 - _____<br>4 - _____                                       |
| Threw something at<br>anyone  | 0 1 2 3 4                         | 0 1 2 3 4                         | 0 - _____<br>1 - _____<br>2 - _____<br>3 - _____<br>4 - _____                              | 0 - _____<br>1 - _____<br>2 - _____<br>3 - _____<br>4 - _____                              | 0 - _____<br>1 - _____<br>2 - _____<br>3 - _____<br>4 - _____                                       | 0 - _____<br>1 - _____<br>2 - _____<br>3 - _____<br>4 - _____                                       |
| Pushed, grabbed, or<br>shoved one   | 0 1 2 3 4                         | 0 1 2 3 4                         | 0 - _____<br>1 - _____<br>2 - _____<br>3 - _____<br>4 - _____                              | 0 - _____<br>1 - _____<br>2 - _____<br>3 - _____<br>4 - _____                              | 0 - _____<br>1 - _____<br>2 - _____<br>3 - _____<br>4 - _____                                       | 0 - _____<br>1 - _____<br>2 - _____<br>3 - _____<br>4 - _____                                       |
| Hit one (not with<br>anything)  | 0 1 2 3 4                         | 0 1 2 3 4                         | 0 - _____<br>1 - _____<br>2 - _____<br>3 - _____<br>4 - _____                              | 0 - _____<br>1 - _____<br>2 - _____<br>3 - _____<br>4 - _____                              | 0 - _____<br>1 - _____<br>2 - _____<br>3 - _____<br>4 - _____                                       | 0 - _____<br>1 - _____<br>2 - _____<br>3 - _____<br>4 - _____                                       |
| Hit one with<br>something hard  | 0 1 2 3 4                         | 0 1 2 3 4                         | 0 - _____<br>1 - _____<br>2 - _____<br>3 - _____<br>4 - _____                              | 0 - _____<br>1 - _____<br>2 - _____<br>3 - _____<br>4 - _____                              | 0 - _____<br>1 - _____<br>2 - _____<br>3 - _____<br>4 - _____                                       | 0 - _____<br>1 - _____<br>2 - _____<br>3 - _____<br>4 - _____                                       |
| Harmed one enough<br>to need medical<br>attention                           | 0 1 2 3 4                         | 0 1 2 3 4                         | 0 - _____<br>1 - _____<br>2 - _____<br>3 - _____<br>4 - _____                              | 0 - _____<br>1 - _____<br>2 - _____<br>3 - _____<br>4 - _____                              | 0 - _____<br>1 - _____<br>2 - _____<br>3 - _____<br>4 - _____                                       | 0 - _____<br>1 - _____<br>2 - _____<br>3 - _____<br>4 - _____                                       |

IF IC IS CURRENTLY MARRIED/COHABITING OR CURRENTLY IN A ROMANTIC RELATIONSHIP (WITH BOYFRIEND/GIRLFRIEND, CONTINUE; OTHERWISE GO TO INSTRUCTION BEFORE H10.

H2 I am going to ask you some questions about your relationship with your husband/wife/ partner/ boyfriend/ girlfriend. Please tell me if you agree or disagree.  
(SOME QUESTIONS MAY BE HYPOTHETICAL)

Table H-2.

|  |                              |
|--|------------------------------|
|  | 0 - No<br>1 - Yes<br>-8 - NR |
| Your husband/wife/partner/boyfriend/girlfriend always wants to know where you are.   |                              |
| Your husband/wife/partner/boyfriend/girlfriend tells you who you can spend time with.  |                              |
| You feel trapped or stuck in your relationship.  |                              |
| Your husband/wife/partner/boyfriend/girlfriend does what he/she wants, even if you don't want him/her to.  |                              |
| When you and your husband/wife/partner/boyfriend/girlfriend disagree, he/she gets his/her way most of the time.  |                              |
| Your husband/wife/partner/boyfriend/girlfriend won't let you wear certain things.  |                              |
| Because your husband/wife/partner/boyfriend/girlfriend buys you things, you want to please him/her.  |                              |
| <b>For girls:</b> If you ask your husband/partner/boyfriend to use a condom, he would get angry.<br><b>For boys:</b> Your wife/partner/girlfriend would get angry if you use condom. |                              |
| Your husband/wife/partner/boyfriend/girlfriend is having sex or has had sex with someone else (within marriage).   |                              |

H3 What often causes your husband/wife/partner/boyfriend/girlfriend to hurt you?

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

☐

-9 - NA (No one hurts the other)

H4 What often causes you to hurt your husband/wife/partner/boyfriend/girlfriend?

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

☐

-9 - NA (No one hurts the other)

H5 Has your husband/wife/partner/boyfriend/girlfriend ever threatened to use or actually used a gun, knife or other weapon against you?

0 - No  
1 - Yes  
-9 - NA (Does not experience any quarrel)

☐

H6 The last time you and your husband/wife/partner/boyfriend/girlfriend had a fight, who started it?

1 - Myself  
2 - Partner  
-9 - NA (Does not experience any quarrel)

☐

H7 The last time a fight between you and your husband/wife/partner/boyfriend/girlfriend turned violent, who started it?

1 - Myself  
2 - Partner  
-9 - NA (No one hurts the other)

☐

H8 Have you ever had sex with your husband/wife/partner/boyfriend/girlfriend when you did not want to because you were afraid of what he/she might do?

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

☐



H9

Usually, when you and your husband/wife/partner/boyfriend/girlfriend disagree, how do you resolve the disagreement?

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

\_\_\_\_\_

-8 - NR/DK

GO TO H13 IF IC WAS IN TERVIEWED IN 2002; OTHERWISE CONTINUE.

H10

Do you remember if either of your parents/caretakers ever hit, slapped, kicked, or used other means like pushing or shoving to try to hurt the other physically when you were growing up?

0 - No GO TO H12

1 - Yes

-8 - NR/DK

H11

Who hurt the other physically?

1 - Mother

2 - Father

3 - Both

4 - Other, specify \_\_\_\_\_

-9 - NA

H12

Do you ever recall one of your parents/caretakers needing medical attention as a result of being physically hurt by the other parent/caretaker?

0 - No

1 - Yes

-8 - NR/DK

H13 I would like to ask you some questions that will tell us how you might assess certain situations.

INTERVIEWER: READ THE SITUATIONS AND RECORD RESPONSES IN TABLE H-3.

Table H-3

| SITUATION   | RESPONSE |         |                 |
|---|----------|---------|-----------------|
| What happens to you is usually your own doing.  | 0 - No   | 1 - Yes | -8 - Don't know |
| Do you often feel that you don't have enough control over the direction your life is taking?  | 0 - No   | 1 - Yes | -8 - Don't know |
| When you plan to do something in your life, is it usually up to you for such a plan to work out?  | 0 - No   | 1 - Yes | -8 - Don't know |
| It is not always wise to plan too far ahead, because many things turn out to be a matter of good or bad fortune anyhow.   | 0 - No   | 1 - Yes | -8 - Don't know |
| Usually, does getting what you want have nothing to do with luck?   | 0 - No   | 1 - Yes | -8 - Don't know |
| Do you often feel that your choices could be made just as well by flipping a coin?  | 0 - No   | 1 - Yes | -8 - Don't know |
| Do you often find that you have little influence over the things that happen to you?  | 0 - No   | 1 - Yes | -8 - Don't know |
| Chance and luck do not play an important part in your life.   | 0 - No   | 1 - Yes | -8 - Don't know |
| When a poor person becomes rich, do you think it is <u>above all</u> due to his/her destiny?  | 0 - No   | 1 - Yes | -8 - Don't know |
| Do you usually have the courage to let someone of the opposite sex know that you fancy him/her?   | 0 - No   | 1 - Yes | -8 - Don't know |
| If it is possible, would you like to change something about your body (e.g., height, skin color, nose, hair, etc.)?   | 0 - No   | 1 - Yes | -8 - Don't know |
| Your sister, who is not married, gets pregnant. Do you think that this is God's will?   | 0 - No   | 1 - Yes | -8 - Don't know |
| You get up one day and no one in your family speaks to you. Do you feel that you have done something wrong?   | 0 - No   | 1 - Yes | -8 - Don't know |
| Do you think that your health sometimes depends upon your behavior?   | 0 - No   | 1 - Yes | -8 - Don't know |
| Do you think that you have to have sex with someone for them to be able to love you?  | 0 - No   | 1 - Yes | -8 - Don't know |
| <b>For girls:</b> You ask your partner to wear a condom when you are just about to have sex but he refuses. Would you call off the sexual encounter?<br><b>For boys:</b> You want to wear a condom when having sex but your partner refuses. Would you call off the sexual encounter? | 0 - No   | 1 - Yes | -8 - Don't know |

H14 Sometimes a husband is annoyed or angered by things that his wife does. In your opinion, is a husband justified in hitting or beating his wife in the following situations:

| SITUATION                                 | RESPONSE |         |                 |
|---|----------|---------|-----------------|
| If she goes out without telling him?      | 0 - No   | 1 - Yes | -8 - Don't know |
| If she neglects the children?             | 0 - No   | 1 - Yes | -8 - Don't know |
| If she argues with him?                   | 0 - No   | 1 - Yes | -8 - Don't know |
| If she refuses to have sex with him?      | 0 - No   | 1 - Yes | -8 - Don't know |
| If she burns the food?                    | 0 - No   | 1 - Yes | -8 - Don't know |
| If she hits or throws at him first?       | 0 - No   | 1 - Yes | -8 - Don't know |
| If she is suspected for being unfaithful? | 0 - No   | 1 - Yes | -8 - Don't know |

H15

Husbands and wives do not always agree on everything. Please tell me if you think a wife is justified in refusing to have sex with her husband if...

| SITUATION   | RESPONSE |         |                 |
|---|----------|---------|-----------------|
| She is tired and not in the mood?                         | 0 - No   | 1 - Yes | -8 - Don't know |
| She has recently given birth?                             | 0 - No   | 1 - Yes | -8 - Don't know |
| She knows her husband has sex with other women?           | 0 - No   | 1 - Yes | -8 - Don't know |
| She knows her husband has a sexually transmitted disease? | 0 - No   | 1 - Yes | -8 - Don't know |

H16

Do you think that if a woman refuses to have sex with her husband when he wants her to, he has the right to...

| SITUATION  | RESPONSE |         |                 |
|--|----------|---------|-----------------|
| Get angry and reprimand her?                                   | 0 - No   | 1 - Yes | -8 - Don't know |
| Refuse to give her money or other means of financial support?  | 0 - No   | 1 - Yes | -8 - Don't know |
| Use force and have sex with her even if she doesn't want to?   | 0 - No   | 1 - Yes | -8 - Don't know |
| Hit or beat and have sex with her even if she doesn't want to? | 0 - No   | 1 - Yes | -8 - Don't know |
| Go and have sex with other woman?                              | 0 - No   | 1 - Yes | -8 - Don't know |

END OF BLOCK H

**BLOCK I. INDEX CHILD’S PHYSICAL ACTIVITY**

IF IC IS WORKING AND NOT IN SCHOOL, GO TO I7;

IF IC IS NOT WORKING AND NOT IN SCHOOL, GO TO I11 IF IC IS NOT LIVING WITH MOTHER OR EMPLOYER OR I16 IF IC IS LIVING WITH MOTHER

IF IC IS IN SCHOOL, CONTINUE

I1 CHECK F2.15 IF IC IS IN ELEMENTARY, HIGH SCHOOL, OR IN COLLEGE

- 1 - Elementary

2 - High school

3 - College
- 

I2 How many days in a week do you attend classes?

- ENTER NUMBER OF DAYS
- 9 - NA

I3 How many hours do you usually attend classes in a week?

- ENTER NUMBER OF HOURS
- 9 - NA

I4 How do you travel to school (bus, jeepney, walk, private car, etc)?

- 1 - Walk

2 - Ride bicycle/'trisikad'

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

4 - Combination of 1 and 3

5 - Others, specify \_\_\_\_\_

-9 - NA
- 

I5 How long does it take you to travel to school?

- ENTER NUMBER OF MINUTES
- 8 - NR/DK

-9 - NA

I6 During school days, do you have any physical activities like sports, games, gardening, etc.?

- 0 - No

1 - Yes

-9 - NA
- 

GO TO INSTRUCTION BEFORE I11 IF IC IS NOT WORKING

I7 How many days in a week do you work?

- ENTER NUMBER OF DAYS
- 9 - NA

I8 How many hours do you usually work in a week?

- ENTER NUMBER OF HOURS
- 9 - NA

I9 How do you travel to your work place (bus, jeepney, walk, private car, etc)?

- 1 - Walk

2 - Ride bicycle/'trisikad'

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

4 - Combination of 1 and 3

5 - Others, specify \_\_\_\_\_

-9 - NA
-

I10How long does it take you to travel to your work place?  
ENTER NUMBER OF MINUTES

-8 - NR/DK

-9 - NA

I11Do you have household help?

0 - No

1 - Yes

GO TO I13  
CONTINUE

I12How many?CODE NUMBER

-9 - NA

I13Who performs these various household tasks?

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

0 - Task not done in household

1 - Respondent herself

2 - Spouse

3 - Mother or mother-in-law

4 - Father or father-in-law

5 - Other female relatives

6 - Other male relatives

7 - Hired household helper

8 - Others, specify \_\_\_\_\_

-8 - NR/DK

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

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

I14Who is mainly responsible for this task?

FOR EACH TASK, ENCIRCLE X OF PERSON IN ABOVE TABLE

IF IC IS NOT WORKING OR STUDYING, GO TO I16

DAILY ACTIVITIES ON A WORKING/SCHOOL DAY

I15      Now I would like to ask about your usual activities on a working day or school day. Let's please break down a day from the time you wake to the time you sleep.

ENTER ANSWERS TO THE FOLLOWING 10 QUESTIONS IN TABLE I-1 ON THE OPPOSITE PAGE

- a) What time do you usually wake up?
- b) What time do you usually eat breakfast (Or, first eating time after waking up)?
- c) What time do you usually eat lunch (Or, second eating time after waking up)?
- d) What time do you usually eat supper (Or, third eating time after waking up)?
- e) What time do you usually go to bed?
- f) From the time you wake up until your breakfast/1<sup>st</sup> eating time, what are your usual activities?
- g) From breakfast/1<sup>st</sup> eating time to lunchtime/2<sup>nd</sup> eating time, what are your usual activities?
- h) From lunchtime/2<sup>nd</sup> eating time to suppertime/3<sup>rd</sup> eating time, what are your usual activities?
- i) From suppertime/3<sup>rd</sup> eating time until the time you sleep, what are your usual activities?
- j) Please tell me how long each activity you've mentioned would take (in minutes)?

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

Table I-1. Daily Activities on a Working/School Day

| PART OF DAY   | ACTIVITY<br>(I15f, g, h, i) | TIME SPENT<br>I15j) |
|---|-----------------------------|---------------------|
| I15a)<br><br>Waking-up<br>Time:<br><br>-----                                  | 1                           |                     |
|   | 2                           |                     |
|   | 3                           |                     |
|   | 4                           |                     |
|   | 5                           |                     |
|   | 6                           |                     |
| I15b)<br><br>Breakfast<br>Time: (1 <sup>st</sup> eating<br>time)<br><br>----- | 1                           |                     |
|   | 2                           |                     |
|   | 3                           |                     |
|   | 4                           |                     |
|   | 5                           |                     |
|   | 6                           |                     |
| I15c)<br><br>Lunch Time:<br>(2 <sup>nd</sup> eating time)<br><br>-----        | 1                           |                     |
|   | 2                           |                     |
|   | 3                           |                     |
|   | 4                           |                     |
|   | 5                           |                     |
|   | 6                           |                     |
|   | 7                           |                     |
|   | 8                           |                     |
|   | 9                           |                     |
|   | 10                          |                     |
| I15d)<br><br>Supper Time:<br>(3 <sup>rd</sup> eating time)<br><br>-----       | 1                           |                     |
|   | 2                           |                     |
|   | 3                           |                     |
|   | 4                           |                     |
|   | 5                           |                     |
|   | 6                           |                     |
|   | 7                           |                     |
|   | 8                           |                     |
|   | 9                           |                     |
|   | 10                          |                     |
| I15e)<br>Bed Time:<br><br>-----   |                             |                     |

I16      Now I would like to ask about your usual activities on a non-working/non-school day (e.g., weekend for those who are working/studying). Let’s please break down the day from the time you wake up to the time you sleep.

ASK SAME QUESTIONS AS I15a) to I15j) AND ENTER ANSWERS IN TABLE I-2 BELOW

Table I-2. Daily Activities on a Non-working/Non-school Day

| PART OF DAY   | ACTIVITY<br>(I16f, g, h, i) | TIME SPENT<br>I16j) |
|---|-----------------------------|---------------------|
| I16a)<br><br>Waking-up<br>Time:<br>-----                                  | 1                           |                     |
|   | 2                           |                     |
|   | 3                           |                     |
|   | 4                           |                     |
|   | 5                           |                     |
|   | 6                           |                     |
| I16b)<br><br>Breakfast<br>Time: (1 <sup>st</sup> eating<br>time)<br>----- | 1                           |                     |
|   | 2                           |                     |
|   | 3                           |                     |
|   | 4                           |                     |
|   | 5                           |                     |
|   | 6                           |                     |
| I16c)<br><br>Lunch Time:<br>(2 <sup>nd</sup> eating time)<br>-----        | 1                           |                     |
|   | 2                           |                     |
|   | 3                           |                     |
|   | 4                           |                     |
|   | 5                           |                     |
|   | 6                           |                     |
|   | 7                           |                     |
|   | 8                           |                     |
|   | 9                           |                     |
|   | 10                          |                     |
| I16d)<br><br>Supper Time:<br>(3 <sup>rd</sup> eating time)<br>-----       | 1                           |                     |
|   | 2                           |                     |
|   | 3                           |                     |
|   | 4                           |                     |
|   | 5                           |                     |
|   | 6                           |                     |
|   | 7                           |                     |
|   | 8                           |                     |
|   | 9                           |                     |
|   | 10                          |                     |
| I16e)<br>Bed Time:<br>-----   |                             |                     |



I17Are there other physical activities that you regularly participate in at least once a month that have not been mentioned above (e.g., basketball, tennis, gardening, etc.)?

0- No

1 - Yes

GO TO I21

CONTINUE

I18What kind of activities do you participate in?

VERBATIM:

1

2

3

4

5

6

-9 - NA

I19How many times per month do you participate in these activities?

ASK FOR EACH ACTIVITY MENTIONED

1 - Once a month

2 - Two times a month

3 - Three times a month

4 - Four times a month

5 - More than four times a month

-8 - NR/DK

-9 - NA

ACTIVITY 1

ACTIVITY 2

ACTIVITY 3

ACTIVITY 4

ACTIVITY 5

ACTIVITY 6

I20How much time do you usually spend on each activity?

ASK FOR EACH ACTIVITY MENTIONED AND ENTER RESPONSE IN MINUTES

ACTIVITY 1

ACTIVITY 2

ACTIVITY 3

ACTIVITY 4

ACTIVITY 5

ACTIVITY 6

-8 - NR/DK

-9 - NA

I21Do you work out regularly?

0- No

1 - Yes, at home

2 - Yes, at the gym

GO TO I25

CONTINUE

CONTINUE

I22      What kind of activities do you do when you work out?

VERBATIM:

1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

4 \_\_\_\_\_

5 \_\_\_\_\_

6 \_\_\_\_\_

-9 - NA

|  |
|--|
|  |
|  |
|  |
|  |
|  |
|  |

I23 How many times per month do you participate in these activities when you work out?

ASK FOR EACH ACTIVITY MENTIONED

|      |                              |            |
|------|------------------------------|------------|
| 1 -  | Once a month                 | ACTIVITY 1 |
| 2 -  | Two times a month            | ACTIVITY 2 |
| 3 -  | Three times a month          | ACTIVITY 3 |
| 4 -  | Four times a month           | ACTIVITY 4 |
| 5 -  | More than four times a month | ACTIVITY 5 |
| -8 - | NR/DK                        | ACTIVITY 6 |
| -9 - | NA                           |            |

|  |
|--|
|  |
|  |
|  |
|  |
|  |
|  |

I24 How much time do you usually spend on each activity when you work out?

ASK FOR EACH ACTIVITY MENTIONED AND ENTER RESPONSE IN MINUTES

|      |       |  |            |
|------|-------|--|------------|
|      |       |  | ACTIVITY 1 |
|      |       |  | ACTIVITY 2 |
|      |       |  | ACTIVITY 3 |
|      |       |  | ACTIVITY 4 |
|      |       |  | ACTIVITY 5 |
|      |       |  | ACTIVITY 6 |
| -8 - | NR/DK |  |            |
| -9 - | NA    |  |            |

[illegible]

I25

Do you do other sedentary activities such as watching video tapes, playing video or computer games, chess, etc. at least once a month? (probe for activities not yet mentioned above)

0 - No

GO TO I29

1 - Yes

CONTINUE

I26

What kind of activities do you participate in?

VERBATIM:

1

2

3

4

5

6

-9 - NA

I27

How many times per month do you participate in these activities?

ASK FOR EACH ACTIVITY MENTIONED

1 - Once a month

ACTIVITY 1

2 - Two times a month

ACTIVITY 2

3 - Three times a month

ACTIVITY 3

4 - Four times a month

ACTIVITY 4

5 - More than four times a month

ACTIVITY 5

-8 - NR/DK

ACTIVITY 6

-9 - NA

I28

How much time do you usually spend on each activity?

ASK FOR EACH ACTIVITY MENTIONED AND ENTER RESPONSE IN MINUTES

ACTIVITY 1

ACTIVITY 2

ACTIVITY 3

ACTIVITY 4

ACTIVITY 5

ACTIVITY 6

-8 - NR/DK

-9 - NA

GO TO I30 IF IC IS NOT WORKING (PAID OR UNPAID)

I29 In your day-to-day life, you face different demands. Would you say your work (paid, unpaid) is less demanding, average, or more demanding in the following domains:

ENCIRCLE APPROPRIATE CODES IN TABLE I-3 BELOW

Table I-3. Demands of Work

| DEMANDS                           | CODES   |   |
|-----------------------------------|---|---|
| a) Physical strength              | 1 - Less demanding<br>2 - Average<br>3 - More demanding | -7 - No physical strength involved<br>-9 - NA         |
| b) Dexterity/coordination         | 1 - Less demanding<br>2 - Average<br>3 - More demanding | -7 - No dexterity needed<br>-9 - NA                   |
| c) Doing multiple tasks at once   | 1 - Less demanding<br>2 - Average<br>3 - More demanding | -7 - No multiple tasks done at once<br>-9 - NA        |
| d) Mathematical skills            | 1 - Less demanding<br>2 - Average<br>3 - More demanding | -7 - No mathematical skills required<br>-9 - NA       |
| e) Reading skills                 | 1 - Less demanding<br>2 - Average<br>3 - More demanding | -7 - No reading skills required<br>-9 - NA            |
| f) Getting along well with others | 1 - Less demanding<br>2 - Average<br>3 - More demanding | -7 - No need to get along well with others<br>-9 - NA |
| g) Stress                         | 1 - Less stressful<br>2 - Average<br>3 - More stressful | -7 - No stress involved<br>-9 - NA                    |

I30 How about in your home life? How demanding are your household activities in terms of:

ENCIRCLE APPROPRIATE CODES IN TABLE I-4 BELOW

Table I-4. Demands of Household Activities

| DEMANDS                           | CODES   |   |
|-----------------------------------|---|---|
| a) Physical strength              | 1 - Less demanding<br>2 - Average<br>3 - More demanding | -7 - No physical strength involved<br>-9 - NA         |
| b) Dexterity/coordination         | 1 - Less demanding<br>2 - Average<br>3 - More demanding | -7 - No dexterity needed<br>-9 - NA                   |
| c) Doing multiple tasks at once   | 1 - Less demanding<br>2 - Average<br>3 - More demanding | -7 - No multiple tasks done at once<br>-9 - NA        |
| d) Mathematical skills            | 1 - Less demanding<br>2 - Average<br>3 - More demanding | -7 - No mathematical skills required<br>-9 - NA       |
| e) Reading skills                 | 1 - Less demanding<br>2 - Average<br>3 - More demanding | -7 - No reading skills required<br>-9 - NA            |
| f) Getting along well with others | 1 - Less demanding<br>2 - Average<br>3 - More demanding | -7 - No need to get along well with others<br>-9 - NA |
| g) Stress                         | 1 - Less stressful<br>2 - Average<br>3 - More stressful | -7 - No stress involved<br>-9 - NA                    |

I31      During the past four (4) weeks, how often have you encountered any of the following problems with your work or other regular daily activities as a result of your physical health?

ASK THE FOLLOWING AND ENTER CODED RESPONSE IN APPROPRIATE COLUMN IN  
TABLE I-5

Table I-5. Problems Due to Physical Health

| SITUATION  | 1 - None of the time<br>2 - Occasionally or some of the time<br>3 - Most or all of the time |
|--|---|
| a) Was absent/ late or requested for under-time, or, was not able to do regular daily activities |   |
| b) Did not complete the required task  |   |
| c) Had difficulty performing the work or other activities (e.g. it took extra effort)            |   |

I32      During the past four (4) weeks, how often have you encountered any of the following problems with your work, or other regular daily activities as a result of your emotional health (e.g. happiness, frustration, loneliness, boredom and others)?

ASK THE FOLLOWING AND ENTER CODED RESPONSE IN APPROPRIATE COLUMN IN  
TABLE I-6

Table I-6. Problems Due To Emotional Health

| SITUATION  | 1 - None of the time<br>2 - Occasionally or some of the time<br>3 - Most or all of the time |
|--|---|
| a) Was absent/ late or requested for under-time, or, was not able to do regular daily activities |   |
| b) Did not complete the required task  |   |
| c) Had difficulty performing the work or other activities (e.g. it took extra effort)            |   |

END OF BLOCK I

BLOCK J: IC'S DIET - DAY ONE

INTERVIEWER: (a) "Usual" means at least 3 to 4 times weekly.  
(b) Food preparation or eating "at home" includes any home setting or an extension of home, e.g., relative's home.  
(c) Food provided at place of work is considered bought.  
(d) For IC who sells food and eats what they sell, the food is bought.

J1

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

CODE NUMBER OF USUAL DAILY MEALS

J2

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

CODE NUMBER OF USUAL DAILY SNACKS

J3

How many times do you eat at home, excluding ‘painit’/snacks in a week?

CODE NUMBER OF WEEKLY MEALS PREPARED AT HOME AND EATEN AT HOME

J4

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

CODE NUMBER OF WEEKLY MEALS PURCHASED OUTSIDE AND EATEN BY IC

IF ONLY COOKED VIANDS ARE BOUGHT OUTSIDE BUT NOT OTHER ITEMS OF THE MEAL, CONSIDER THE ENTIRE MEAL AS BOUGHT OUTSIDE!

J5

How many times do you or your household buy ‘painit’/snacks in a week?

CODE NUMBER OF TIMES

J6

Where do you usually eat snacks and lunch?

1 - In school

2 - At workplace

3 - At home

4 - Elsewhere

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

-8 - NR/DK

CONTINUE

CONTINUE

GO TO J8

GO TO J8

‘Painit’/snacks

Lunch

J7

If you eat in school or at workplace, where is the food prepared?

1 - Bought in or around school/at workplace

2 - Brought from home

3 - Provided free by school/workplace

-8 - NR/DK

-9 - NA

‘Painit’/Snacks

Lunch

J8

In a month, how many times do you eat outside the home:

RECORD NUMBER OF TIMES

1 - In a formal/expensive restaurant

2 - In a fastfood place (food courts, Jollibee, etc.)

IF RESPONSE IS NOT EQUAL TO “0”, ASK:  
What is/are the name(s) of the fastfood place(s) where you usually go to eat?

3 - In a cafeteria/canteen (incl. workplace canteens)

4 - In a carenderia/turo-turo (cheaper eating place)

INTERVIEWER: DO NOT CODE QUESTIONS J9 THROUGH J12

J9

What do you usually eat and drink for breakfast?

FOOD/DRINK

1

2

3

4

5

LIST GENERAL CATEGORIES OF FOOD SUCH AS

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

J10

What do you usually eat and drink for lunch?

FOOD/DRINK

1

2

3

4

5

LIST GENERAL CATEGORIES OF FOOD SUCH AS

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

J11

What do you usually eat and drink for supper?

FOOD/DRINK

1

2

3

4

5

LIST GENERAL CATEGORIES OF FOOD SUCH AS

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

J12

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

FOOD/DRINK

1

2

3

4

5

LIST GENERAL TYPES OF SNACKS SUCH AS

bread, puto, biko, bodbod, etc.

J13

Do you regularly take vitamin or mineral supplements?

0 - No

1 - Yes

-8 - NR/DK

GO TO J15

CONTINUE

GO TO J15

EXCLUDE PRE- AND

POSTNATAL VITAMINS

AND MINERALS!!

J14

What kind?

SPECIFY:

-8 - NR/DK

-9 - NA

J15

What kind of oil do you usually use for cooking?

0 - No cooking oil used in household

1 - Coconut oil ('edible', 'tinakus')

2 - Lard

3 - Others (corn oil, etc.)

4 - Combination of 1 to 3

5 - All meals bought

-8 - NR/DK

J16

How much oil do you usually use in a week?

SPECIFY QUANTITY

IN TERMS OF: lapad, tumbok, longneck, gallon, etc.

-8 - NR/DK (For households preparing food for business and consumption)

-9 - NA (No cooking oil used)

INTERVIEWER: DO NOT CODE!

OFFICE: CONVERT INTO MILLILITER

J16a-e We are interested in things you might add to foods to make them salty. I am going to mention some of these items (J16a), and would like you to tell me if you use them (J16b), and if so, how often you use them (J16c), how much you would usually use (J16d), and how do you consume these food items (J16e).

| J16a) Food Item   | J16b)<br>Consume?<br>0 - No<br>1 - Yes | J16c) How often?<br>1 - at every meal<br>2 - daily<br>3 - 5-6 days per wk<br>4 - 2-4 days per wk<br>5 - 1 day per wk<br>6 - seldom (less than<br>once a week)<br>-9 - NA | J16d) Usual<br>amount<br>(in tsp. or<br>record in any<br>appropriate<br>amount)<br><br>-9 - NA | J16e) How consumed?<br>1 - as ingredient in cooking/<br>added when cooked<br>2 - added when consumed<br>/dish accompaniment<br>3 - dipping sauce<br>4 - other (specify)<br>-9 - NA<br>MULTIPLE RESPONSES<br>ALLOWED |
|---|--|--|--|---|
| 1 - Table salt/'asin'                                     |  |  |  |   |
| 2 - Soy sauce/'toyo'                                      |  |  |  |   |
| 3 - Shrimp paste/'hipon'                                  |  |  |  |   |
| 4 - Salted fish/'ginamos'/<br>'amahong'/'sisi'/'tihitihi' |  |  |  |   |
| 5 - Dried fish/'bulad'                                    |  |  |  |   |
| 6 - Patis (e.g. Rufina)                                   |  |  |  |   |
| 7 - 'Vetsin'  |  |  |  |   |
| 8 - Others, specify:<br>a) _____<br>b) _____<br>c) _____  |  |  |  |   |

IC’S 24-HR FOOD RECALL

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

J17 Food Recall:

- 1 - Day 1
- 2 - Day 2

J18 Day of the week recalled:

- 1 - Monday
- 2 - Tuesday
- 3 - Wednesday
- 4 - Thursday
- 5 - Friday
- 6 - Saturday
- 7 - Sunday



IC’S 24-HOUR FOOD RECALL (DAY ONE)

J19 I would like you to tell me all about what you ate yesterday that is, from the time you woke up until you went to bed, including snacks.

START WITH FIRST MEAL OR SNACK OF THE DAY  
0 - Before-breakfast snack                      4 - Afternoon snack  
1 - Breakfast    5 - Supper  
2 - Morning snack                                      6 - Evening snack  
3 - Lunch  
ENTER CODE IN COL. J19 OF TABLE J-1

J20 What dishes did you have for breakfast (lunch, supper, snacks)?  
WRITE NAME OF DISH IN COL. J20 OF TABLE J-1

J21 How was the dish prepared?

|                     |               |
|---------------------|---------------|
| 1 - Boiled          | 6 - Steamed   |
| 2 - Fried           | 7 - Baked     |
| 3 - Sauteed         | 8 - Processed |
| 4 - Broiled/roasted | 9 - Raw       |
| 5 - Scrambled       | -8 - NR/DK    |

ENTER CODE IN COL. J21 OF TABLE J-1

J22 Where was the dish prepared?

|   |
|---|
| 1 - Home (includes any home setting or home extension like a relative’s home, office) |
| 2 - Restaurant (carenderia, cafeteria)  |
| 3 - Feeding program   |
| 4 - Ambulant food vendor, street foods  |
| 5 - Store (sari-sari, grocery, bakery, etc.)  |
| -8 - NR/DK  |
| -9 - NA   |

ENTER CODE IN COL. J22 OF TABLE J-1

J23 Where was the dish eaten?

|                    |            |
|--------------------|------------|
| 1 - At home        | -8 - NR/DK |
| 2 - Away from home | -9 - NA    |

ENTER CODE IN COL. J23 OF TABLE J-1

J24 What were the ingredients (food items) composing the dish that you have eaten?

ENTER ALL FOOD ITEMS EATEN IN COL. J24 OF TABLE J-1. USE A SEPARATE LINE FOR EACH INDIVIDUAL FOOD ITEM. IF THE SAME DISH WAS EATEN AT DIFFERENT MEALS, DO NOT WRITE “SAME” BUT SPELL OUT ITEM EACH TIME!

J25 Dish Number  
DISHES FORMING PART OF A MEAL ARE NUMBERED CONSECUTIVELY, STARTING WITH # 1. IF A DISH CONSISTS OF MORE THAN ONE ITEM, EACH ITEM BELONGING TO THE DISH MUST HAVE THE SAME DISH NUMBER

J26 What were the specifics of these food items?  
DESCRIBE FOOD ITEM CLEARLY AS TO FORM, KIND, COLOR, SIZE, e.g., WHAT KIND OF MEAT, FISH, CEREAL, FRUIT, OR PART OF IT.

ENTER ANSWER IN COL. J26 OF TABLE J-1

J27 Food Code  
TO BE ACCOMPLISHED BY DIETARY EDITORS

J28 Amount consumed  
ENTER AMOUNT IN COL. J28 OF TABLE J-1

J29 Unit of Measurement

|                    |                  |
|--------------------|------------------|
| 1 - Cup            | 4 - Piece        |
| 2 - Tbsp           | 5 - Pack, bottle |
| 3 - Matchbox (mbx) | 6 - Tsp          |

SPELL OUT IN COL. J29 OF TABLE J-1

J30 Was the food you ate yesterday your usual food intake?

|         |                  |
|---------|------------------|
| 0 - No  | CONTINUE         |
| 1 - Yes | GO TO NEXT BLOCK |

☐

J31 If not, why?

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

☐

|            |         |
|------------|---------|
| -8 - NR/DK | -9 - NA |
|------------|---------|

Table J-1. IC's Food Recall (Day One)

| MEAL<br>CODE | NAME OF DISH | COOKING<br>METHOD | WHERE<br>PREPARED | WHERE<br>EATEN | FOOD ITEMS DISH CONTAINS | DISH<br>NUM | FOOD ITEM<br>DESCRIPTION | FOOD<br>CODE | AMOUNT<br>CONSUMED | UNIT OF<br>MEASURE |  |
|--------------|--------------|-------------------|-------------------|----------------|--------------------------|-------------|--------------------------|--------------|--------------------|--------------------|--|
| J19          | J20          | J21               | J22               | J23            | J24                      | J25         | J26                      | J27          | J28                | J29                |  |
|              |              |                   |                   |                |                          |             |                          |              |                    |                    |  |
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|              |              |                   |                   |                |                          |             |                          |              |                    |                    |  |
|              |              |                   |                   |                |                          |             |                          |              |                    |                    |  |
|              |              |                   |                   |                |                          |             |                          |              |                    |                    |  |
|              |              |                   |                   |                |                          |             |                          |              |                    |                    |  |
|              |              |                   |                   |                |                          |             |                          |              |                    |                    |  |
|              |              |                   |                   |                |                          |             |                          |              |                    |                    |  |



IC’S 24-HR FOOD RECALL

Date of interview: MONTH/DAY/YEAR

|     |                           |                          |
|-----|---------------------------|--------------------------|
| J32 | Food Recall:              | <input type="checkbox"/> |
|     | 1 - Day 1                 |                          |
|     | 2 - Day 2                 |                          |
| J33 | Day of the week recalled: | <input type="checkbox"/> |
|     | 1 - Monday                |                          |
|     | 2 - Tuesday               |                          |
|     | 3 - Wednesday             |                          |
|     | 4 - Thursday              |                          |
|     | 5 - Friday                |                          |
|     | 6 - Saturday              |                          |
|     | 7 - Sunday                |                          |

IC’S 24-HOUR FOOD RECALL (DAY TWO)

J34 I would like you to tell me all about what you ate yesterday that is, from the time you woke up until you went to bed, including snacks.

START WITH FIRST MEAL OR SNACK OF THE DAY  
0 - Before-breakfast snack                      4 - Afternoon snack  
1 - Breakfast    5 - Supper  
2 - Morning snack                                      6 - Evening snack  
3 - Lunch  
ENTER CODE IN COL. J34 OF TABLE J-2

J35 What dishes did you have for breakfast (lunch, supper, snacks)?

WRITE NAME OF DISH IN COL. J35 OF TABLE J-2

J36 How was the dish prepared?

1 - Boiled    6 - Steamed  
2 - Fried    7 - Baked  
3 - Sauteed    8 - Processed  
4 - Broiled/roasted                                  9 - Raw  
5 - Scrambled                                        -8 - NR/DK  
ENTER CODE IN COL. J36 OF TABLE J-2

J37 Where was the dish prepared?

1 - Home (includes any home setting or home extension like a relative’s home, office)  
2 - Restaurant (carenderia, cafeteria)  
3 - Feeding program  
4 - Ambulant food vendor, street foods  
5 - Store (sari-sari, grocery, bakery, etc.)  
-8 - NR/DK  
-9 - NA  
ENTER CODE IN COL. J37 OF TABLE J-2

J38 Where was the dish eaten?

1 - At home    -8 - NR/DK  
2 - Away from home                                  -9 - NA  
ENTER CODE IN COL. J38 OF TABLE J-2

J39 What were the ingredients (food items) composing the dish that you have eaten?

ENTER ALL FOOD ITEMS EATEN IN COL. J39 OF TABLE J-2. USE A SEPARATE LINE FOR EACH INDIVIDUAL FOOD ITEM. IF THE SAME DISH WAS EATEN AT DIFFERENT MEALS, DO NOT WRITE “SAME” BUT SPELL OUT ITEM EACH TIME!

J40 Dish Number  
DISHES FORMING PART OF A MEAL ARE NUMBERED CONSECUTIVELY, STARTING WITH # 1. IF A DISH CONSISTS OF MORE THAN ONE ITEM, EACH ITEM BELONGING TO THE DISH MUST HAVE THE SAME DISH NUMBER

J41 What were the specifics of these food items?  
  
DESCRIBE FOOD ITEM CLEARLY AS TO FORM, KIND, COLOR, SIZE, e.g., WHAT KIND OF MEAT, FISH, CEREAL, FRUIT, OR PART OF IT.

ENTER ANSWER IN COL. J41 OF TABLE J-2

J42 Food Code  
  
TO BE ACCOMPLISHED BY DIETARY EDITORS

J43 Amount consumed  
  
ENTER AMOUNT IN COL. J43 OF TABLE J-2

J44 Unit of Measurement  
  
1 - Cup    4 - Piece  
2 - Tbsp    5 - Pack, bottle  
3 - Matchbox (mbx)                                  6 - Tsp

SPELL OUT IN COL. J44 OF TABLE J-2

J45 Was the food you ate yesterday your usual food intake?

0 - No    CONTINUE  
1 - Yes    GO TO NEXT BLOCK

J46 If not, why?

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

-8 - NR/DK    -9 - NA

Table J-2. IC’s Food Recall (Day Two)

| MEAL<br>CODE | NAME OF DISH | COOKING<br>METHOD | WHERE<br>PREPARED | WHERE<br>EATEN | FOOD ITEMS DISH<br>CONTAINS | DISH<br>NUM | FOOD ITEM DESCRIPTION | FOOD<br>CODE | AMOUNT<br>CONSUMED | UNIT OF<br>MEASURE |  |
|--------------|--------------|-------------------|-------------------|----------------|-----------------------------|-------------|-----------------------|--------------|--------------------|--------------------|--|
| J34          | J35          | J36               | J37               | J38            | J39                         | J40         | J41                   | J42          | J43                | J44                |  |
|              |              |                   |                   |                |                             |             |                       |              |                    |                    |  |
|              |              |                   |                   |                |                             |             |                       |              |                    |                    |  |
|              |              |                   |                   |                |                             |             |                       |              |                    |                    |  |
|              |              |                   |                   |                |                             |             |                       |              |                    |                    |  |
|              |              |                   |                   |                |                             |             |                       |              |                    |                    |  |
|              |              |                   |                   |                |                             |             |                       |              |                    |                    |  |
|              |              |                   |                   |                |                             |             |                       |              |                    |                    |  |
|              |              |                   |                   |                |                             |             |                       |              |                    |                    |  |
|              |              |                   |                   |                |                             |             |                       |              |                    |                    |  |
|              |              |                   |                   |                |                             |             |                       |              |                    |                    |  |
|              |              |                   |                   |                |                             |             |                       |              |                    |                    |  |
|              |              |                   |                   |                |                             |             |                       |              |                    |                    |  |
|              |              |                   |                   |                |                             |             |                       |              |                    |                    |  |
|              |              |                   |                   |                |                             |             |                       |              |                    |                    |  |
|              |              |                   |                   |                |                             |             |                       |              |                    |                    |  |
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|              |              |                   |                   |                |                             |             |                       |              |                    |                    |  |
|              |              |                   |                   |                |                             |             |                       |              |                    |                    |  |
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|              |              |                   |                   |                |                             |             |                       |              |                    |                    |  |
|              |              |                   |                   |                |                             |             |                       |              |                    |                    |  |
|              |              |                   |                   |                |                             |             |                       |              |                    |                    |  |

**BLOCK K: MORBIDITY AND REPRODUCTIVE HEALTH OF IC**

SOME INFORMATION IN THIS SECTION MAY BE AVAILABLE IN THE LHM. COPY PERTINENT INFORMATION IN THE APPROPRIATE SPACES.

**I. MORBIDITY**

K1

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

0 - No

1 - Yes

GO TO K4

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

-9 - NA

Specify which illness(es) :

@K4

Do you have a chronic illness/disability?\*\*\*

0 - No

1 - Yes

-8 - NR/DK

GO TO K8

CONTINUE

@K5

What is your chronic illness/disability?

VERBATIM:

-8 - NR/DK

-9 - NA

@K6

When was the onset of this chronic illness/disability?

RECORD IC'S RESPONSE:

-8 - NR/DK

-9 - NA

K7

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

0 - No

1 - Yes

-7 - IC not studying nor working

-8 - NR/DK

-9 - NA

K8

Since 2002 (or last visit), have you received any immunization?

0 - No

1 - Yes

-8 - NR/DK

GO TO K10

CONTINUE

K9      What type of immunization was it?  
LIST VACCINATIONS, DO NOT CODE

1 \_\_\_\_\_

2 \_\_\_\_\_

- 8 -      NR/DK  
-9 -      NA

ENTER RESPONSES TO QUESTIONS K10 – K13 IN TABLE K-1

K10      Have you ever...  
- smoked?  
- drank alcoholic beverages?  
- taken drugs?

K11      How old were you when you first tried...  
- smoking?  
- drinking alcoholic beverages?  
- taking drugs?

K12      Who initiated you into...  
- smoking?  
- drinking alcoholic beverages?  
- taking drugs?  
VERBATIM:

K13      How often do you...  
- smoke?  
- drink alcoholic beverages?  
- take drugs?

Table K-1

| ACTIVITY                     | EVER TRIED   | AGE WHEN 1st TRIED                        | PERSON WHO INITIATED | STILL DOING NOW, HOW OFTEN?  |
|------------------------------|--|---|----------------------|--|
|                              | K10  | K11                                       | K12                  | K13  |
| Smoking                      | 0 - No GO TO DRINKING<br>1 - Yes   | <input type="text"/> <input type="text"/> |                      | 1 - One stick/day<br>2 - Two sticks/day<br>3 - Three sticks/day<br>:<br>-6 - Smokes but not daily<br>-7 - Stopped smoking<br>-9 - NA |
| Drinking alcoholic beverages | 0 - No GO TO DRUGS<br>1 - Yes  | <input type="text"/> <input type="text"/> |                      | 1 - Only occasionally<br>2 - Every week<br>3 - Every day<br>-7 - Stopped drinking<br>-9 - NA   |
| Taking drugs                 | 0 - No GO TO K14a<br>1 - Yes<br>(If yes, specify drug(s) tried)<br>_____<br>_____<br>_____ | <input type="text"/> <input type="text"/> |                      | 1 - Only occasionally<br>2 - Every week<br>3 - Every day<br>-7 - Stopped taking drugs<br>-9 - NA<br><br>Specify drug _____<br>_____  |

K14a      Do other members of your household smoke?  
  
0 -      No                      GO TO INSTRUCTION BEFORE K15  
1 -      Yes

K14b      How many members of your household usually smoke inside the house?  
  
1 -      One  
:



IF IC DRINKS (CODE 1, 2 OR 3 IN K13) CONTINUE; OTHERWISE GO TO K17

K15 What alcoholic drink do you usually consume?

- 1 - Tuba
- 2 - Beer
- 3 - Gin
- 4 - Other, specify \_\_\_\_\_
- :
- 9 - NA

K16 How much do you usually consume?

SPECIFY QUANTITY IN TERMS OF BOTTLE OR GLASS \_\_\_\_\_

INTERVIEWER: CONVERT INTO CUPS \_\_\_\_\_

- 9 - NA

K17 We would like to know how your health has been in general over the past four weeks. Please answer how frequently in the past four weeks did you experience these common feelings or problems.

ENTER CODES IN TABLE K-2

- 1 - None of the time
- 2 - Occasionally
- 3 - Most of the time

TABLE K-2. Feelings/Problems in the Past 4 Weeks

| FEELINGS/PROBLEMS                           | CODES |
|---|-------|
| You were happy                              |       |
| You had headaches                           |       |
| You had poor digestion                      |       |
| You had difficulty falling asleep           |       |
| You felt lonely                             |       |
| You were hopeful about the future           |       |
| People were unfriendly                      |       |
| You were worried                            |       |
| You felt you couldn’t overcome difficulties |       |
| You were able to face problems              |       |
| You felt people disliked you                |       |
| You enjoyed normal daily activities         |       |
| You thought of yourself as worthless        |       |
| You felt life isn’t worth living            |       |
| You wished you were dead                    |       |
| You had the idea of taking your own life    |       |

K18 How would you rate your general health?

- 1 - Poor
- 2 - Good
- 3 - Excellent

K19 Are you wearing eyeglasses now?

- 0 - No
- 1 - Yes
- GO TO K20b

K20a

Do you think you need one?

0 - No

1 - Yes

-9 - NA

GO TO K21

K20b

How old were you when you started wearing eyeglasses?

-8 - NR/DK

-9 - NA

K20c

Are you wearing higher grade of lens (eyeglasses) than the last survey/last visit?  
*Nitaas ba ang grado sa imong anteyohos sukad sa katapusan namong pagbisita?*

0 - No

1 - Yes

-9 - NA/Started wearing eyeglass since last survey

K21

Do you/did you have any cavities or decayed teeth?

0 - No

1 - Yes

K22a

Are your teeth still complete?

0 - No

1 - Yes

GO TO K23a

K22b

How many teeth are lost or missing?

1 - One

:

-9 - NA

K23a

Have you had your teeth filled?

0 - No

1 - Yes

GO TO K24

K23b

How many teeth have been filled?

1 - One

:

-9 - NA

K24

How many times do you usually take a bath in one week?

CODE NUMBER OF TIMES

-8 - NR

II. REPRODUCTIVE HEALTH

K25 I will mention a list of problems women/men may experience. Please tell me if you have experienced any of these since 2002/last visit.

- 0 - No
- 1 - Yes

ENTER ANSWER IN COL. K25 OF TABLE K-3

Table K-3. Reproductive Health Problems

| PROBLEM   | Experienced?<br>K25 |
|---|---------------------|
| 1. Painful urination                                    |                     |
| 2. Itchiness in vaginal area/genital area               |                     |
| 3. Vaginal discharges/genital discharges                |                     |
| 4. Other related problems, specify _____                |                     |
| ASK 5, 6, 7 AND 8 OF INDEX GIRLS, CODE -9 OF INDEX BOYS |                     |
| 5. Painful menstruation (dysmenorrhea)                  |                     |
| 6. Irregular menstruation                               |                     |
| 7. Unusually excessive/too little flow                  |                     |
| 8. Other related problems, specify _____                |                     |

IF IC HAS NOT EXPERIENCED ANY PROBLEM, GO TO K35, OTHERWISE ASK K26

K26 Did you consult someone for any of these problems?

- 0 - No
- 1 - Yes
- 9 - NA
- CONTINUE
- GO TO K28

K27 Why not?

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

\_\_\_\_\_

- 8 - NR/DK
- 9 - NA

GO TO INSTRUCTION BEFORE K38



FILL OUT TABLE K-4 FOR DETAILS REGARDING EACH PRACTITIONER MENTIONED

K28 Who did you consult? (GET NAME OF PRACTITIONER AND ADDRESS OF CLINIC)  
RECORD ANSWER IN COL. K28 OF TABLE K-4

IF IC DOESN'T KNOW NAME AND/OR ADDRESS AND HIS/HER RESPONSE TO K31 IS 0, **DO NOT GET ADDRESS FROM MOTHER/SPOUSE**, VERIFY AT OPS OR FROM SUPERVISOR.

EDITORS: ASSIGN A UNIQUE CLINIC CODE FOR EACH CLINIC MENTIONED

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

K29 Is this person a:

- 1 - Private doctor
- 2 - Private nurse
- 3 - Private midwife
- 4 - Government doctor
- 5 - Government nurse
- 6 - Government midwife
- 7 - School doctor
- 8 - School nurse
- 9 - Traditional practitioner
- 10 - Mother
- 11 - Father
- 12 - Caretaker
- 13 - Others, specify \_\_\_\_\_
- 8 - NR/DK
- 9 - NA

ENTER ANSWER IN COL. K29 OF TABLE K-4

K30 What was the diagnosis?  
VERBATIM- ENTER KEY PHRASES IN COL. K30 OF TABLE K-4

K31 Were your parents/Was your spouse informed of this consultation?

- 0 - No
- 1 - Yes, specify which one
- 8 - NR/DK
- 9 - NA

ENTER CODE IN COL. K31 OF TABLE K-4

K32 How many times have you visited this person?

- 1 - Once
- :
- 9 - Nine
- 8 - NR/DK
- 9 - NA

ENTER ANSWER IN COL. K32 OF TABLE K-4

K33 Would you consult this person again should you have similar problems in the future?

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

ENTER CODE IN COL. K33 OF TABLE K-4

K34 How much do you usually pay this person per visit? (IN PESOS)

- 8 - NR/DK
- 9 - NA

ENTER ANSWER IN COLK34 OF TABLE K-4  
AFTER LAST PRACTITIONER, GO TO INSTRUCTION BEFORE K38



K35

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

0 - No

1 - Yes

-8 - NR/DK

-9 - NA

CONTINUE

GO TO K37

GO TO INSTRUCTION BEFORE K38

K36

Why not?

VERBATIM:

-8 - NR/DK

-9 - NA

GO TO INSTRUCTION BEFORE K38

K37

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

VERBATIM:

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

-8 - NR/DK

-9 - NA

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

EDITORS: ASSIGN TWO CODES FOR EACH PERSON MENTIONED

- 1) CLINIC CODE - To link clinic with index children-patients
- 0 - No clinic, practices at home

1 - No clinic, does home visits

2 - Any private clinic

3 - Any government clinic

:

-8 - NR/DK

-9 - NA
- 2) TYPE OF PRACTITIONER
- 1 - Private doctor

2 - Private nurse

3 - Private midwife

4 - Government doctor

5 - Government nurse

6 - Government midwife

7 - School doctor

8 - School nurse

9 - Traditional practitioner

10 - Mother

11 - Father

12 - Caretaker

13 - Others, specify

-8 - NR/DK

-9 - NA

IF IC IS SEXUALLY ACTIVE (CHECK LHM OR F4.31), CONTINUE,  
OTHERWISE, GO TO K51

I will read to you a list of problems women/men who are having sex may experience.  
INTERVIEWER: GO THROUGH EACH SYMPTOM IN TABLE K-5. FOR EACH SYMPTOM, ASK K38.

- K38

Have you experienced since 2002/last visit

0 - No (IF NO OR NR/DK, MOVE TO NEXT SYMPTOM. IF RESPONSE IS 0 AND/OR -8 TO ALL SYMPTOMS, GO TO K48)

1 - Yes

-8 - NR/DK

ENTER CODE IN COL. K38 OF TABLE K-5
- K39

Did you consult someone about this problem?

0 - No CONTINUE

1 - Yes GO TO K41

ENTER CODE IN COL. K39 OF TABLE K-5
- K40

Why not?

VERBATIM- ENTER KEY PHRASES IN COL. K40 OF TABLE K-5

-8 - NR/DK

-9 - NA

GO TO K51
- K41

Who did you consult? (GET NAME OF PRACTITIONER AND ADDRESS OF CLINIC)

-8 - NR/DK

-9 - NA

IF IC DOESN'T KNOW NAME AND ADDRESS AND HIS/HER RESPONSE TO K44 IS 0, **DO NOT GET SUCH INFORMATION FROM MOTHER/SPOUSE.** VERIFY AT OPS OR FROM SUPERVISOR.

- EDITORS: ASSIGN CLINIC CODE FOR EACH CLINIC MENTIONED
- 0 - No clinic, practices at home

1 - No clinic, does home visit

:

8 - Holy Family Clinic (example)

9 - Camputhaw Health Center (example)

- K42

Is this person a:

1 - Private doctor

2 - Private nurse

3 - Private midwife

4 - Government doctor

5 - Government nurse

6 - Government midwife

7 - School doctor

8 - School nurse

9 - Traditional practitioner

10 - Mother

11 - Father

12 - Caretaker

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

-8 - NR/DK

-9 - NA

ENTER CODE IN COL. K42 OF TABLE K-5
- K43

What was the diagnosis?

VERBATIM- ENTER KEY PHRASES IN COL. K43 OF TABLE K-5

-8 - NR/DK

-9 - NA
- K44

Were your parents/Was your spouse informed of this consultation?

0 - No

1 - Yes, specify which one

-8 - NR/DK

-9 - NA

ENTER ANSWER IN COL. K44 OF TABLE K-5
- K45

How many times have you visited this person?

ENTER NUMBER IN COL. K45 OF TABLE K-5

-8 - NR/DK

-9 - NA
- K46

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

0 - No

1 - Yes

-8 - NR/DK

-9 - NA

ENTER CODE IN COL. 46 OF TABLE K-5
- K47

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

ENTER ANSWER IN COL. K47 OF TABLE K-5

-8 - NR/DK

-9 - NA

AFTER LAST PRACTITIONER, GO TO K63





K48

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

0 - No

1 - Yes

-8 - NR/DK

-9 - NA

CONTINUE

GO TO K50

GO TO K51

K49

Why not?  
VERBATIM:

-8 - NR/DK

-9 - NA

GO TO K51

K50

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

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

-8 - NR/DK

-9 - NA

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

EDITORS: ASSIGN TWO CODES FOR EACH PERSON MENTIONED

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

0 - No clinic, practices at home

1 - No clinic, does home visit

:

8 - Holy Family Clinic (example)

9 - Camputhaw Health Center (example)

-8 - NR/DK

-9 - NA

2 ) TYPE OF PRACTITIONER

1 - Private doctor

2 - Private nurse

3 - Private midwife

4 - Government doctor

5 - Government nurse

6 - Government midwife

7 - School doctor

8 - School nurse

9 - Traditional practitioner

10 - Mother

11 - Father

12 - Caretaker

13 - Others, specify

-8 - NR/DK

-9 - NA

K51

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

0 - No

1 - Yes

-8 - NR/DK

GO TO K57

CONTINUE

GO TO K57

K52

From where did you learn about this?

VERBATIM:

-8 - NR/DK

-9 - NA

K53

How are such diseases called?

VERBATIM:

-8 - NR/DK

-9 - NA

K54

What are the symptoms?

VERBATIM:

-8 - NR/DK

-9 - NA

K55

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

VERBATIM:

-8 - NR/DK

-9 - NA

K56

What should one do to avoid getting such disease?

VERBATIM:

-8 - NR/DK

-9 - NA

K57      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?  |           |                  |               |                  |                |

K58      Usually, about how many days per week do you awake feeling rested?

ENCIRCLE NUMBER

- 1            2            3            4            5            6            7

END OF BLOCK K

BLOCK L. FAMILY, PEER AND MEDIA INFLUENCE

FAMILY INFLUENCE

L1

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

0 - No

GO TO L3

1 - Yes

CONTINUE

-8 - NR/DK

L2

Whom do you usually confide in?

1 - Spouse/Partner

2 - Mother

3 - Father

4 - Brother

5 - Sister

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

-8 - NR/DK

-9 - NA

IF IC IS MARRIED OR COHABITING, ASK L3-L4, OTHERWISE GO TO L5

L3

Do you ever quarrel with your spouse/partner?

0 - No

GO TO L5

1 - Yes

CONTINUE

-8 - NR/DK

GO TO L5

L4

How often have you quarreled with your spouse/partner in the past 12 months?

0 - No quarrel in the past 12 months

1 - Once a month or less

2 - More than once a month

3 - Almost every day

-8 - NR/DK

-9 - NA

L5

Do you ever quarrel with other household members?

0 - No

GO TO L7

1 - Yes

CONTINUE

-8 - NR/DK

GO TO L7

L6

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

0 - No quarrel in the past 12 months

1 - Once a month or less

2 - More than once a month

3 - Almost every day

-8 - NR/DK

-9 - NA

L7

Do your parents ever quarrel?

0 - No

GO TO L9

1 - Yes

CONTINUE

-8 - NR/DK

GO TO L9

-9 - NA (For single, widowed, separated parent or if IC is living separately from parents)

GO TO L9

L8

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

0 - No quarrel in the past 12 months

1 - Once a month or less

2 - More than once a month

3 - Almost every day

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

-8 - NR/DK

-9 - NA

L9Are you allowed to go to discos or dances, entertainment centers (bar, videoke, internet café)?

0 - No

1 - Yes

-8 - NR/DK

☐

L10What time are you expected to be home in the evening?

On schooldays: \_\_\_\_\_

On workdays: \_\_\_\_\_

On school and workdays: \_\_\_\_\_

On weekends: \_\_\_\_\_

☐☐☐☐

☐☐☐☐

FOR THOSE WHO ARE NOT WORKING OR STUDYING, ASK:

On non-work days/non-school days: \_\_\_\_\_

-8 - NR/DK

IF IC IS MARRIED/COHABITING, ASK L11, OTHERWISE GO TO L12

L11Do you think your spouse/partner is strict?

0 - No

1 - Yes

-8 - NR/DK

-9 - NA (no spouse/partner)

☐

L12Do you think your mother is strict? (Refer to biological mother)

0 - No

1 - Yes

-8 - NR/DK

-9 - NA

☐

L13Do you think your father is strict? (Refer to biological father)

0 - No

1 - Yes

-8 - NR/DK

-9 - NA

☐

L14I will read to you a list of activities. Please tell me if this activity is done in your household?

READ EACH ACTIVITY AND CHECK APPROPRIATE RESPONSE IN TABLE L-1

Table L-1.

| ACTIVITY                               | 0- Not done in household | 1-Yes, allowed to do alone | 2 - Yes, allowed to do with friends | 3 - Yes, must be done with spouse/ family |
|--|--------------------------|----------------------------|-------------------------------------|---|
| Go to church                           |                          |                            |                                     |   |
| Go to the movies                       |                          |                            |                                     |   |
| Go to the mall (e.g., Ayala, SM, etc.) |                          |                            |                                     |   |
| Go to picnic                           |                          |                            |                                     |   |
| Visit relatives                        |                          |                            |                                     |   |
| Other activities, specify_____         |                          |                            |                                     |   |

L15How close do you think you are to your mother? (Refer to biological mother)

1 - Close

2 - Not close

-8 - NR/DK

-9 - NA

☐

L16    How close do you think you are to your father? (Refer to biological father)

1 -      Close

2 -      Not close

-8 -      NR/DK

-9 -      NA

L17    Who do you consider as the person responsible for your upbringing?

1 -      Mother

2 -      Father

3 -      Both parents

4 -      Others, specify \_\_\_\_\_

-8 -      NR/DK

L18    Do you discuss the following with your mother/father (preferably the person responsible for upbringing)?

0 -      No, referring to biological mother/father

1 -      No, referring to stepmother/stepfather/caretaker (or foster parent)

2 -      Yes, referring to biological mother/father

3 -      Yes, referring to stepmother/stepfather/caretaker (or foster parent)

-8 -      NR/DK

-9 -      NA

READ TOPICS LISTED IN TABLE L-2. RECORD RESPONSES IN COLUMN L18 OF TABLE L-2.  
IF NO TOPIC IS EVER DISCUSSED, GO TO L21

FOR EACH TOPIC DISCUSSED, ASK QUESTIONS L19 TO L21 AND ENTER RESPONSE IN  
THE APPROPRIATE COLUMNS IN THE TABLE BELOW

L19    Who usually initiates the discussion about this topic?

0 -      IC

1 -      Mother

2 -      Father

3 -      Can't remember

4 -      Step or foster parent/Caretaker initiates discussion (Coded 3 in L18)

-8 -      NR/DK

-9 -      NA

L20    How is this topic discussed?

1 -      Serious one-on-one talk

2 -      Casual conversation

3 -      Indirectly (in jest, through a third person)

4 -      Others, specify \_\_\_\_\_

-8 -      NR/DK

-9 -      NA

L21    Whose opinion do you value most on these topics?

1 -      Your own

2 -      Mother

3 -      Father

4 -      Both parents

5 -      Caretaker

6 -      Others, relatives \_\_\_\_\_

7 -      Friends

8 -      Medical practitioner

9 -      School/Teacher

10 -    Others, specify \_\_\_\_\_

-8 -      NR/DK

-9 -      NA

Table L-2. Communication with IC

| Topic No. | TOPIC                                 | Is the topic discussed? | Who initiates the discussion? | How is the topic discussed? | Whose opinion you value most? |
|-----------|---------------------------------------|-------------------------|-------------------------------|-----------------------------|-------------------------------|
|           |                                       | L18                     | L19                           | L20                         | L21                           |
| a.        | Your friends                          |                         |                               |                             |                               |
| b.        | Having crushes                        |                         |                               |                             |                               |
| c.        | Having boyfriends/girlfriends         |                         |                               |                             |                               |
| d.        | Going out on dates                    |                         |                               |                             |                               |
| e.        | Breaking up with boyfriend/girlfriend |                         |                               |                             |                               |
| f.        | Marriage                              |                         |                               |                             |                               |
| g.        | Sexuality                             |                         |                               |                             |                               |
| h.        | Sexual relations                      |                         |                               |                             |                               |
| i.        | Family planning                       |                         |                               |                             |                               |

L21aIF FAMILY PLANNING IS DISCUSSED, ASK: What particular topic in family planning do you discuss?

-9 -NA

PEER INFLUENCE:

L22How many close girl friends do you have?

ENTER NUMBER IN BOXES

0 -NoneGO TO L24

:

10 -TenCONTINUE

L23Are they:

1 -Younger than you

2 -Your age

3 -Older than you

-8 -NR/DK

-9 -NA

L24How many close boy friends do you have?

ENTER NUMBER IN BOXES

0 -NoneIF L22 IS ALSO 0, GO TO L30; IF NOT, GO TO L26

:

10 -TenCONTINUE

L25Are they:

1 -Younger than you

2 -Your age

3 -Older than you

-8 -NR/DK

-9 -NA

L26How often do you usually see your close friends in a week?

VERBATIM:

-8 -NR/DK

-9 -NA

L27Do any of your close friends (both sexes) have boyfriends/girlfriends/spouses?

0 -No

1 -Yes

-8 -NR/DK

-9 -NA

L28Do any of your close friends

smoke?

0 - No

1 -Yes

-8 -NR/DK

drink alcoholic beverages?

0 - No

1- Yes

-8 -NR/DK

take drugs?

0 - No

1- Yes

-8 -NR/DK

-9 -NA

L29Do you think they have done the following?

1 -Dating0 - No1 - Yes-8 - NR/DK

2 -Holding hands0 - No1 - Yes-8 - NR/DK

3 -Kissing0 - No1 - Yes-8 - NR/DK

4 -Have sex0 - No1 - Yes-8 - NR/DK

-9 -NA



IF IC IS MARRIED OR COHABITING ASK L30, OTHERWISE GO TO L31.

L30

Does your spouse/partner

smoke?

0 - No

1 - Yes

-8 -NR/DK

drink alcoholic beverages?

0 - No

1 - Yes

-8 -NR/DK

take drugs?

0 - No

1 - Yes

-8 -NR/DK

-9 -

NA

L31

Do you belong to any club or organization?

0 -

No

GO TO L33

1 -

Yes

CONTINUE

L32

Of what club or organization are you a member?

WRITE NAME OF CLUB OR ORGANIZATION

-8 -

NR/DK

-9 -

NA

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

**MEDIA/INFORMATION TECHNOLOGY INFLUENCE:**

L33

Do you watch TV every week?

0 -

No

GO TO L37

1 -

Yes

CONTINUE

L34

How many hours of TV do you usually watch on a weekday?

ENTER RESPONSE IN NUMBER OF HOURS

-9 -

NA

L35

How many hours of TV do you usually watch on a weekend?

ENTER RESPONSE IN NUMBER OF HOURS

-9 -

NA

L36

What are your favorite TV shows?

WRITE NAME OF SHOW, SCHEDULE AND TV CHANNEL

-8 -

NR/DK

-9 -

NA

L37

Do you listen to radio every week?

0 -

No

GO TO L39

1 -

Yes

CONTINUE

L38

What kind of radio programs do you usually listen to?

WRITE NAME OF PROGRAM, SCHEDULE AND RADIO STATION

-8 -

NR/DK

-9 -

NA

L39

Do you read magazines/pocketbooks/comics/newspapers?

0 - NeverGO TO L41

1 - YesCONTINUE

2 - Very seldomGO TO L41

L40

What magazine/pocketbook/comics/newspaper do you usually read?  
WRITE NAME OF READING MATERIALS

-8 - NR/DK

-9 - NA

L41

Do you surf the web?

0 - NeverGO TO L43

1 - YesCONTINUE

2 - Very seldomGO TO L43

L42

What web sites do you usually visit?  
WRITE NAME OF WEB SITES

-9 - NA

L43

Do you send/receive text messages or emails?

0 - No

1 - Yes

-8 - NR/DK

L44

Do you read/watch/listen to pornographic shows/reading materials?

0 - No

1 - Yes

-8 - NR/DK

END OF BLOCK L

BLOCK M: IC'S ANTHROPOMETRY

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

Number of months pregnant: \_\_\_\_\_

-9 - Not currently pregnant

M1

WEIGHT (IN KILOGRAMS)  
  
e.g., 30.7

M2

HEIGHT (IN CENTIMETERS)  
  
e.g., 130.8

M3

ARM CIRCUMFERENCE (IN CENTIMETERS)  
  
e.g., 20.3

M4

TRICEPS SKIN-FOLD THICKNESS  
INTERVIEWER: TAKE THREE MEASUREMENTS

Measurement #1

Measurement #2

Measurement #3

M5

SUBSCAPULAR SKIN-FOLD THICKNESS  
INTERVIEWER: TAKE THREE MEASUREMENTS

Measurement #1

Measurement #2

Measurement #3

M6

SUPRA-ILIAC THICKNESS  
INTERVIEWER: TAKE THREE MEASUREMENTS

Measurement #1

Measurement #2

Measurement #3

M7

WAIST CIRCUMFERENCE (cm)  
-9- Currently pregnant

M8

HIP CIRCUMFERENCE (cm)  
-9 - Currently pregnant

M9

BLOOD PRESSURE (mm Hg)  
INTERVIEWER: TAKE THREE MEASUREMENTS

Measurement #1

/

Systolic

Diastolic

Measurement #2

/

Systolic

Diastolic

Measurement #3

/

Systolic

Diastolic

END OF INTERVIEW