

BASELINE SURVEY

**NCP - CPC - OPS
INFANT FEEDING PROJECT**

IDENTIFICATION

ID1 Type of Survey

2

ID2 Barangay: _____
(SEE BARANGAY CODE LIST)

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

ID3 Stratum:
1 - Urban
2 - Rural

<input type="checkbox"/>

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

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

ID5 Number of Pregnant Mothers in Household:

<input type="checkbox"/>

ID6 Exact Address of Mother: _____

ID7 Number of Visit to Household:

<input type="checkbox"/>	<input type="checkbox"/>	1
--------------------------	--------------------------	---

ID8 Name of Interviewer: _____

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

ID9 Date of Interview Completion:

MONTH

DAY

YEAR

CALL RECORD

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

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

ID10 Number of Sessions Required to Complete Interview:

<input type="checkbox"/>

B. HOUSEHOLD QUESTIONNAIRE

QUESTIONS ARE TO BE ANSWERED PREFERABLY BY THE WIFE OF THE HOUSEHOLD HEAD, NEVER BY A CHILD, SERVANT, BOARDER OR VISITOR.

B1 How many persons live in this household with you at present?

--	--

NUMBER OF PERSONS

B2 How many of the people usually living here with you in this household are temporarily absent? IF NONE, CODE 00.

--	--

NUMBER OF PERSONS ABSENT

FOR ALL PERSONS LIVING IN THE HOUSEHOLD, INCLUDING THOSE TEMPORARILY ABSENT, ASK QUESTIONS B3 THRU B9. RECORD RESPONSES IN TABLE 1. BEGIN WITH THE HEAD OF THE HOUSEHOLD, HIS SPOUSE, HIS/HER UNMARRIED CHILDREN, MARRIED CHILDREN, HELPERS, ETC.

B3 What is his/her) full name? ENTER NAME IN TABLE 1, COL. B3.

B4 How is he/she) related to the head of the household?

THE RELATIONSHIP MUST ALWAYS BE STATED FROM THE POINT OF VIEW OF THE HOUSEHOLD HEAD.

00 - household head	11 - aunt	22 - aunt-in-law
01 - spouse	12 - cousin	23 - cousin-in-law
02 - father	13 - nephew	24 - nephew-in-law
03 - mother	14 - niece	25 - niece-in-law
04 - son	15 - father-in-law	26 - other relative
05 - daughter	16 - mother-in-law	27 - yaya
06 - brother	17 - son-in-law	28 - other servant
07 - sister	18 - daughter-in-law	29 - other non-relative
08 - grandson	19 - brother-in-law	30 - pregnant woman
09 - granddaughter	20 - sister-in-law	herself
10 - uncle	21 - uncle-in-law	-8 - NR

B5 How is he/she) related to the pregnant woman in the household?

IN CASE OF TWO PREGNANT WOMEN IN THE HOUSEHOLD, RELATE PERSON TO EACH PREGNANT WOMAN. IDENTIFY EACH PREGNANT WOMAN BY HER LINE NUMBER, e.g., BROTHER OF 3, COUSIN OF 7. USE SAME CODES AS IN B4.

B6 IF NOT OBVIOUS TO INTERVIEWER, ASK

Is this person male or female?

1 - Male

2 - Female

B7 When was he/she) born?

In what month? CODE JANUARY AS 01, FEBRUARY AS 02, ETC.

In what year? CODE LAST TWO DIGITS OF YEAR

B8 Can you tell me how old he/she) was on his/her last birthday

B9 Has he/she) resided in this household for the last six (6) months?

INFANTS BORN INTO, AND PERSONS WHO MARRIED INTO, THE HOUSEHOLD ARE RESIDENTS (REGARDLESS OF DATE THEY JOINED HOUSEHOLD).

Yes ENTER CODE 1 IN COL. B9. GO TO B10.

No } CONTINUE

NR }

Does he/she) have a residence any place else?

Yes ENTER CODE 2 IN COL. B9.

No ENTER CODE 1 IN COL. B9.

NR ENTER CODE -8 IN COL. B9.

A RESIDENT IS DEFINED AS A PERSON WHO HAS LIVED IN THE HOUSEHOLD FOR THE LAST SIX MONTHS OR ONE WHO HAS LIVED IN THE HOUSEHOLD FOR LESS THAN SIX MONTHS BUT HAS NO OTHER PLACE OF USUAL RESIDENCE.

FOR ALL PERSONS LIVING IN THE HOUSEHOLD AGED SIX YEARS OLD OR OVER, ASK QUESTION B10. FOR PERSONS UNDER 6, CODE -9.

B10 What is the highest grade he/she) has completed?

00 - no grade completed	12 - one year of college
01 - one year elementary	13 - two years of college
02 - two years elementary	14 - three years of college
03 - three years elementary	15 - four years of college
04 - four years elementary	16 - five years of college
05 - five years elementary	17 - some post graduate training
06 - six years elementary	18 - MA degree
07 - seven years elementary	19 - more than MA degree (un: towards Ph.D., Ph.D.,
08 - one year of high school	10 - three years of high school -8 - NR
09 - two years of high school	11 - four years of high school -9 - MA (below 6 years of a

B11 INTERVIEWER: CODE HOUSEHOLD TYPE AFTER INTERVIEW

B6 IF NOT OBVIOUS TO INTERVIEWER, ASK: Babaye ba kini siya o lalaki?

1 - Male

2 - Female

Table 1. Household Roster

L E NO.	NAME (B3)	RELATION TO HOUSEHOLD HEAD		RELATION TO PREGNANT WOMAN WOMAN 1 WOMAN 2				SEX (B6)	DATE OF BIRTH		AGE (B8)	RESI- DENT (B9)	HIGHEST (DE COMPLE) (B10)
		Description (B4)	Code	Description (B5)	Code	Description (B6)	Month (B7)	Year					

B11 - Household Type:

ASK QUESTIONS B12 THRU B17 ONLY OF THE PREGNANT/NURSING MOTHER AND HER SPOUSE. ENTER CODES OF REPLIES IN APPROPRIATE COLUMNS OF TABLE 2.

BEFORE ASKING QUESTIONS, COPY LINE NO., NAME AND HIGHEST GRADE COMPLETED (CODES ONLY) OF THE PREGNANT/NURSING MOTHER AND HER SPOUSE FROM TABLE 1 INTO TABLE 2.

IF HIGHEST GRADE COMPLETED IS AT LEAST ONE YEAR OF HIGH SCHOOL (CODE 08), ASK B12; OTHERWISE GO TO B13.

B12 Did the schooling include any vocational course?

1 - Yes
0 - No
-8 - NR

B13. Did he(she) have any vocational training outside of formal schooling? (E.G., SPECIAL SEMINARS, APPRENTICESHIPS, GOVERNMENT TRAINING PROGRAMS, PRIVATE VOCATIONAL COURSES, LIKE SEWING, COSMETOLOGY, ETC.)

1 - Yes 0 - No -8 - NR

IF ANSWER TO EITHER B12 OR B13 IS "YES", GO TO B14.

IF ANSWER TO BOTH B12 AND B13 IS "NO", CODE -9 IN B14.

IF ANSWER TO B10 AND B11
IF ANSWER TO B12 AND B13
"NR", CODE -8 IN B14.

B14 How many months (or years) of total vocational training did he(she) have?

IF PERSON TOOK MORE THAN ONE VOCATIONAL COURSE, SUM ALL DURATIONS IN MONTHS. E.G., ONE HALF MONTH IS CODED AS .5

B15 Was he(she) born in this barangay?

1 - Yes CODE -9 IN B16 AND B17, THEN GO TO NEXT BLOCK
0 - No } CONTINUE
-8 - NR

B16 How many years has he(she) lived in this barangay?

USE TWO-DIGIT CODE. IF NR. CODE -8.

B17 What was his(her) last place of residence immediately before he(she) came to this barangay?

01 - Other barangay in urban Metro Cebu

02 - Other barangay in rural Metro Cebu

03 - City in Cebu Province (e.g., Toledo, Danao)

0⁴ = Poblacion in Cebu Province

05 - Rural barangay in Cebu Province

05 - Mural barang

02 = Other city in other province

07 = Other city in other provinces
08 = Population in other provinces

08 - Population in other province

09 - Кира
8 - ИР/Д

-8 - HE
-9 - MA

Table 2. Vocational and Migration Information

C. ENVIRONMENTAL INFORMATION

C1 (OBSERVE!) Of what kind of material is the house constructed?

- 1 - Light - refers to house made of nipa or similar material
- 2 - Mixed - refers to house made of cement and/or wood, but with nipa or similar material either for walls or roofing
- 3 - Strong - refers to house made exclusively of cement and/or wood with galvanized iron roofing

C2 What is your usual main source of drinking water?

IF HH HAS MORE THAN ONE, ASK FOR MOST OFTEN USED SOURCE

- 1 - Piped, in house
- 2 - Pump, in house
- 3 - Pump, in yard
- 4 - Rainwater
- 5 - Pump or piped, not in house or yard, for free
- 6 - Open well
- 7 - Spring, river, lake
- 8 - Purchased (regardless of source)
- 9 - Other (SPECIFY): _____
- 8 - NR/DK

CODE -9 IN
AND C4, GO TO C5

CONTINUE

CODE -8 IN C3 & C4

C3 Where is this water source located?

GIVE EXACT LOCATION AND/OR WELL NUMBER, IF ANY. DO NOT CODE!

C4 How long does it take (in walking minutes) to get to this water source from your house?

- 9 - NA (water source is located in house or yard)

C5 What kind of drinking-water container do you use for storing your drinking water?

- 1 - Container kept in refrigerator
- 2 - Water tank (closed)
- 3 - Earthen Jar, with faucet
- 4 - Earthen Jar, without faucet
- 5 - Drum/Banyera (open)
- 6 - Can (tin)
- 7 - Plastic container with faucet
- 8 - Plastic container without faucet
- 9 - Bottle
- 10 - Other (SPECIFY): _____
- 11 - Combination (SPECIFY CODES): _____
- 8 - NR
- 9 - NA (does not store drinking water)

C6 Is the drinking-water container with cover or without cover?
(OBSERVE IF POSSIBLE)

- 1 - with cover
- 2 - without cover
- 3 - some with, some without cover

C7 What kind of container do you usually use for fetching or buying drinking water?

- 1 - taro (kerosene can)
- 2 - gallonan (plastic container), either round or square
- 3 - metal pail
- 4 - plastic pail
- 5 - drum
- 6 - other (SPECIFY, including approximate capacity): _____

-8 - NR

-9 - NA (does not fetch or buy water) GO TO C11

C8 How many of these containers do you fetch or buy per day (DRINKING WATER ONLY!)?

C9 What kind of container do you usually use for fetching or buying other (non-drinking) water?

USE SAME CODES AS IN C7

C10 How many of these containers do you fetch or buy per day (NON-DRINKING WATER ONLY!)?

C11 What kind of toilet facilities do you have?

- 1 - Flush, inside house
- 2 - Flush, outside house
- 3 - Water sealed, inside house
- 4 - Water sealed, outside house, private
- 5 - Water sealed, outside house, public
- 6 - Antipolo
- 7 - Open pit
- 8 - None, go to open field, river, etc.)
- 9 - Other (SPECIFY): _____
- 8 - NR

C12 (OBSERVE!) What is the general condition of the area 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
- 8 - NR

C13 What is your main method of garbage disposal?

- 1 - Collected by a garbage collector
- 2 - Burning
- 3 - Composting (decaying fertilizer)
- 4 - Dumping around or near house
- 5 - Dumping in specified place far from house
- 6 - Other (SPECIFY): _____
- 7 - Combination (SPECIFY) CODES): _____
- 8 - NR/DK

C14 (OBSERVE!) Is the area in the house where the food is kept

- 1 - Very clean
- 2 - Not so clean
- 3 - Filthy
- 8 - NR

C15 What type of lighting do you use most of the time?

- 1 - Electric
- 2 - Kerosene
- 3 - Oil
- 4 - LPG (Gasul)
- 5 - Candle
- 6 - Other (SPECIFY): _____
- 8 - NR

C16 What fuel do you usually use for cooking?

- 1 - Electricity
- 2 - Kerosene
- 3 - LPG (Gasul)
- 4 - Wood
- 5 - Charcoal
- 6 - Other (SPECIFY): _____
- 7 - Combination (LIST CODES) _____
- 8 - NR

C17 What brand (kind) of soap do most members of your household usually use for bathing?

- | | |
|------------------------|--|
| 01 - Perla, blue | 13 - Argo bar |
| 02 - Perla, white | 14 - Powdered soap (e.g.,
Tide, Breeze, Drive) |
| 03 - Superwheel, white | 15 - Home-made soap |
| 04 - Superwheel, blue | 16 - Toilet soap (e.g.
Lux, Camay, Palmolive, etc.) |
| 05 - Wheel, blue | 17 - Medicinal soap |
| 06 - Wheel, white | 18 - Liquid bathing soap |
| 07 - Mr. Clean, blue | 19 - Tops |
| 08 - Mr. Clean, white | 20 - Champion |
| 09 - Ajax, blue | 21 - Other (SPECIFY) _____ |
| 10 - Ajax, white | -8 - NR |
| 11 - Tide (bar), blue | |
| 12 - Tide (bar), white | |

C18 How much (IN PESOS) does your household usually spend for bathing soap in one week?

USE THREE-DIGIT CODE. CODE CENTAVOS, e.g.,
150 FOR P 1.50

CODE NR = -8

C19 Is this soap also used for washing of clothes?

- 1 - Yes
- 0 - No
- 8 - NR

C20 Do you keep reading materials in your house, either bought or borrowed?

- 1 - Yes
0 - No
-8 - NR } GO TO C22

C21 Who in your household reads these materials?

CODE ALL PERSONS/GROUPS MENTIONED

- 1 - Yes
0 - No
-8 - DK
-9 - NA (No reading materials in household)

Pregnant woman

Spouse of pregnant woman

Children

Relatives/Grandparents

Other (SPECIFY) _____

C22 What language is usually spoken in your house?

C23 What language was usually spoken in the house of your parents when you grew up?

C24 What language was usually spoken in the house of your husband when he grew up?

CODES FOR C22, C23, C24

- 1 - Cebuano
2 - Tagalog/Pilipino
3 - Ilongo
4 - Waray
5 - English
6 - Chinese
7 - Spanish
8 - Other (SPECIFY): _____
-8 - NR
-9 - NA (No husband present)

ASK OF PREGNANT/NURSING MOTHER ONLY!!

C25 What is your religion?

C26 What is your husband's religion?

CODES FOR C25, C26

- 1 - Catholic
2 - Iglesia ni Cristo
3 - Seventh Day Adventist
4 - Mormon
5 - Other Protestant
6 - Muslim
7 - Buddhist
8 - Other Non-christian (SPECIFY): _____
-8 - NR/DK
-9 - NA (No husband present)

ENTER ANSWERS TO QUESTIONS C32 THRU C37 IN TABLE 2B BELOW.
IF ANSWER IS "DON'T KNOW", CODE -8.

C32 How far (in walking minutes) is it from your house to the nearest store that sells infant formula like Enfamil, Similac or others?
ENTER RESPONSE IN MINUTES IN COL. C32 OF TABLE 2B.
-9 - NA (too far for walking)

C33 How much does it cost when you take transportation to go to that store?

USE THREE-DIGIT CODE. CODE CENTAVOS, e.g., 150 FOR P 1.50.
ENTER CODE IN COL. C33 OF TABLE 2B.

-9 - NA (too close for transportation)

C34 How far (in walking minutes) is it from your house to the nearest store that sells canned or powdered milk?

ENTER RESPONSE IN COL. C34 OF TABLE 2B.

C35 How much does it cost when you take transportation to go to that store?

USE THREE-DIGIT CODE. CODE CENTAVOS, e.g., 150 FOR P 1.50.
ENTER CODE IN COL. C35 OF TABLE 2B.

-9 - NA (too close for transportation)

C36 How far (in walking minutes) is it from your house to the nearest store that sells infant food like Cerelac, Oatmeal or others?

ENTER RESPONSE IN COL. C36 OF TABLE 2B.

C37 How much does it cost when you take transportation to go to that store?

USE THREE-DIGIT CODE. CODE CENTAVOS, e.g., 150 FOR P 1.50.
ENTER CODE IN COL. C37 OF TABLE 2B.

-9 - NA (too close for transportation)

Table 2B. Store Selling Infant Food

TYPE OF FOOD	WALKING MINUTES TO STORE SELLING	TRANSPORTATION COSTS TO NEAREST STORE SELLING
	(C32/34/36)	(C33/35/37)
Infant Formula		
Milk (canned or powdered)		
Other Infant Food		

C38 Where do you usually shop for food?

LIST STORE OR MARKET:

C39 Does this store sell?

1 - Yes

0 - No

-8 - NR/DK

Infant formula

Milk (canned or powdered)

Other infant food

D. HOUSEHOLD ASSETS

I WILL NAME NOW A NUMBER OF HOUSEHOLD ASSETS. WOULD YOU BE SO KIND AND TELL ME WHETHER YOUR HOUSEHOLD OWNS THEM OR NOT. IN CASE YOUR HOUSEHOLD DOES OWN THEM, BE SO GOOD AND GIVE ME AN ESTIMATE OF THEIR CURRENT VALUE.

D1 Do you or your household own this house in which you are living?

- 1 - Yes
0 - No
-8 - NR

D2 Do you or your household own any other residential houses?

- 1 - Yes
0 - No
-8 - NR

IF ANSWER TO BOTH D1 AND D2 IS "NO" (CODE 0), ENTER -9 IN D3 AND CONTINUE WITH D4. IF ANSWER TO EITHER D1 OR D2 IS "DK" (CODE -8), ENTER -8 IN D3 AND CONTINUE WITH D4.

D3 What is the estimated current total value (in Pesos) of all the houses that you and/or your household own?

ALTERNATE QUESTION: If you were to sell your houses, how much (in Pesos) would you get from them?

- 8 - DK
-9 - NA (Owns no house)

IF ANSWER TO D1 IS "YES" (CODE 1), ENTER -9 IN D4, D5 AND D6 AND CONTINUE WITH D7.

D4 Does your household rent this house or stay in it for free?

- 1 - Rents CONTINUE
2 - Stay for free CODE -9 IN D5, CONTINUE WITH D6
-8 - DK
-9 - NA

D5 How much (in Pesos) per month do you pay for renting this house?

- 8 - DK
-9 - NA

CODE -9 IN D6, CONTINUE WITH D7

D6 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 - DK
-9 - NA

D7 Excluding the bathroom and toilet, how many rooms do you have in this house?

CODE NUMBER OF ROOMS

--	--

D8 Do you or your household own any land, including the lot on which your house is built?

1 - Yes CONTINUE

0 - No CODE -9 IN D9, CONTINUE WITH D10

-8 - NR CODE -8 IN D9, CONTINUE WITH D10

--

D9 What is the estimated current total value (in Pesos) of all your landholdings?

ALTERNATE QUESTION: If you were to sell all your landholdings, how much (in Pesos) would you get for them?

-8 - DK

-9 - NA (owns no landholding)

--	--	--	--	--	--	--

D10 Do you or your household own any of the following vehicles?

1 - Yes

Carabao cart

--

0 - No

Push cart

--

-8 - DK

Bicycle

--

IF ALL ANSWERS ARE "NO" (CODE "0"),
CODE -9 IN D11 AND CONTINUE WITH D12

Tricycle

--

Jeepney

--

Truck/Bus

--

Car

--

Other (SPECIFY)

--

D11 What is the estimated current total value (in Pesos) of all your vehicles?

ALTERNATE QUESTION: If you were to sell all your vehicle(s), how much (in Pesos) would you get for them?

-8 - DK

-9 - NA (owns no vehicle)

--	--	--	--	--	--

D12 Do you or your household own any of the following livestock?

- 1 - Yes
0 - No
-8 - DK

IF ALL ANSWERS ARE "NO" (CODE "0"),
CODE -9 IN D13 AND CONTINUE WITH D14

Poultry

Pigs

Goats

Cows

Carabaos

Other (SPECIFY)

D13 What is the estimated total value (in Pesos) of all your livestock?

ALTERNATE QUESTION: If you were to sell all your livestock,
how much (in Pesos) would you get for it?

- 8 - DK
-9 - NA (owns no livestock)

D14 Do you or your household own any of the following kinds of equipment?

- 1 - Yes
0 - No
-8 - DK

1. Agricultural Equipment

Plow

Grain Drier

Thresher

Rice/Corn Mill

Other (SPECIFY)

- 1 - Yes
0 - No
-8 - DK

2. Fishing Equipment

Nets

Banca/Boat

Marine engine

Pressure lamp

Other (SPECIFY)

- 1 - Yes
0 - No
-8 - DK

3. Business/Profession-related Equipment

Sewing machine

Beauticians kit

Grinder

Welding tools

Clerical equipment

Other (SPECIFY)

D15 What is the estimated current total value (in Pesos) of all your agricultural and/or fishing and/or business/profession-related equipment?

ALTERNATE QUESTION: If you were to sell all your agricultural and/or fishing and/or business/profession-related equipment, how much (in Pesos) would you get for it?

-8 - DK

-9 - NA (owns no equipment)

--	--	--	--	--	--

D16 Do you or your household own any of the following pieces of furniture?

1 - Yes

0 - No

-8 - DK

IF ALL ANSWERS ARE "NO" (CODE "0"),
CODE -9 IN D17 AND CONTINUE WITH D18

Bench/Chairs

Sala Set

Table

Dining Set

Aparador(s)

Bed(s)

Other (SPECIFY)

D17 What is the estimated current total value (in Pesos) of all your pieces of furniture?

ALTERNATE QUESTION: If you were to sell all your pieces of furniture, how much (in Pesos) would you get for them?

-8 - DK

-9 - NA (owns no furniture)

--	--	--	--	--	--

D18 Do you or your household own any of the following household appliances?

1 - Yes

0 - No

-8 - DK

IF ALL ANSWERS ARE "NO" (CODE "0"),
CODE -9 IN D19 AND CONTINUE WITH D20

Radio

Electric iron

Flat iron

Stereo/tape recorder

TV

Vacuum cleaner

Refrigerator

Air conditioner

Electric Fan

Other (SPECIFY)

D19 What is the estimated current total value (in Pesos) of all your household appliances?

ALTERNATE QUESTION: If you were to sell your household appliances, how much (in Pesos) would you get for them?

-8 - DK

-9 - NA (owns no appliances)

--	--	--	--	--

D20 Do you or your household own any of the following kitchen equipment?

1 - Yes

0 - No

-8 - DK

IF ALL ANSWERS ARE "NO" (CODE "0"),
CODE -9 IN D21 AND CONTINUE WITH D27

Clay pots and pans

--

Metal pots and pans

--

Clay stove

--

Kerosene stove

--

Electric/gas stove or range

--

Silverware (e.g. spoons, fork, etc.)

--

Other (SPECIFY)

--

D21 What is the estimated current total value (in Pesos) of all your kitchen equipment?

ALTERNATE QUESTION: If you were to sell all your kitchen equipment, how much (in Pesos) would you get for it?

-8 - DK

-9 - NA (owns no kitchen equipment)

--	--	--	--	--	--

D22 Do you or your household own any of the following utensils which are related to baby food preparation and storage?

1 - Yes

0 - No

-8 - DK

IF ALL ANSWERS ARE "NO" (CODE "0"), CODE
-9 IN D23 AND CONTINUE WITH NEXT BLOCK

Thermos bottle

--

Feeding bottles

--

Bottle brush

--

Measuring spoon/cup

--

Sterilizer

--

Grinder/Blender

--

Other (SPECIFY)

--

D23 What is the estimated current total value (in Pesos) of all your utensils related to baby food preparation and storage?

ALTERNATE QUESTION: If you were to sell all your utensils related to baby food preparation and storage, how much (in Pesos) would you get for them?

-8 - DK

-9 - NA (owns no such utensils)

--	--	--	--

E1. MARKET ACTIVITIES OF RESIDENT HOUSEHOLD MEMBERS

BEFORE STARTING WITH BLOCK E, COPY ALL LINE NUMBERS AND NAMES OF RESIDENT HOUSEHOLD MEMBERS AGED 6 OR OLDER FROM TABLE 1 ENTER THESE IN THE COLUMNS PROVIDED FOR THIS PURPOSE IN TABLE 3A. ASK E1 AND E2 OF ALL PERSONS LISTED IN TABLE 3A. ENTER CODES ONLY IN TABLE 3A.

E1 Does he(she) currently do any work for pay?

WORK IS DEFINED AS ANY GAINFUL EMPLOYMENT WHICH INCLUDES ANY ACTIVITY FOR WHICH ONE RECEIVES REMUNERATION IN EITHER CASH OR KIND.

- 1 - Yes GO TO E3
0 - No }
-8 - NR } CONTINUE

E2 Did he(she) work at any time during the past four months?

- 1 - Yes CONTINUE
0 - No }
-8 - DK } ASK NEXT ELIGIBLE PERSON. BEGIN WITH E1.

E3 What is(was) his(her) main job?

MAIN JOB IS THAT JOB ON WHICH A PERSON SPENDS THE MOST TIME.

- 1 - Farming CONTINUE
2 - Fishing CODE -9 IN COL. E4, THEN GO TO E5
3 - Other CODE -9 IN COL. E4, THEN GO TO E5

E4 In what capacity does(did) he(she) work?

- | | |
|-------------------------|--------------------------|
| 1 - Farm owner | 5 - Unpaid family worker |
| 2 - Farm tenant | 6 - Other |
| 3 - Both owner & tenant | -8 - DK/NR |
| 4 - Paid farm laborer | -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 COL. E4. CODE -9 IN COL. E5. GO TO E6.

E6 During the work week preceding this interview, how many hours did he(she) spend on this primary job?

ENTER NUMBER OF HOURS DURING WEEK IN COL. E6.

- 8 - NR
-9 - NA (Did not work last week)

E7 Does he(she) currently perform a secondary job for additional pay in either cash or kind?

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, OR A COMBINATION OF BOTH.

- 1 - Yes CONTINUE
0 - No }
-8 - NR } ASK NEXT ELIGIBLE PERSON. BEGIN WITH E1.

E8 What is his(her) secondary job?

ENTER CODE IN COL. E8.

- | | |
|-------------|------------------------------------|
| 1 - Farming | CONTINUE |
| 2 - Fishing | CODE -9 IN COL. E9, THEN GO TO E10 |
| 3 - Other | CODE -9 IN COL. E9, THEN GO TO E10 |

E9 In what capacity does(did) he(she) work on the secondary job?

- | | |
|-------------------------|--------------------------|
| 1 - Farm owner | 5 - Unpaid family worker |
| 2 - Farm tenant | 6 - Other |
| 3 - Both owner & tenant | -8 - DK/NR |
| 4 - Paid farm laborer | -9 - NA |

ENTER CODE IN COL. E9. CODE -9 IN COL. E10, THEN ASK NEXT ELIGIBLE PERSON.

FOR THOSE PERSONS ENGAGED IN ACTIVITIES OTHER THAN FARMING

E5 What is(was) his(her) employment status?

ENTER CODE IN COL. E5, THEN CONTINUE

- | | |
|--|-----------------------------|
| 1 - Self-employed | 4 - Unpaid worker in family |
| 2 - Wage/salary worker | owned enterprise |
| 3 - Paid worker in family-
owned enterprise | 5 - Other |
| | -8 - DK/NR |
| | -9 - NA |

IF THE FAMILY OWNS A PRIVATE BUSINESS OR DOES FISHING, ONLY ONE FAMILY MEMBER, USUALLY THE HEAD, CAN BE CLASSIFIED AS SELF-EMPLOYED. OTHER FAMILY MEMBERS WORKING IN THE FAMILY BUSINESS ARE EITHER PAID FAMILY WORKERS IF THEY RECEIVE WAGES, OR UNPAID FAMILY WORKERS. INDEPENDENTLY WORKING PROFESSIONALS (DOCTORS, LAWYERS, ENGINEERS) ARE SELF-EMPLOYED.

E10 What is his(her) employment status on the secondary
ENTER CODE IN COL. E10

- | | |
|--|--|
| 1 - Self-employed | 4 - Unpaid worker in
owned enterprise |
| 2 - Wage/salary worker | |
| 3 - Paid worker in family-
owned enterprise | 5 - Other |
| | -8 - NR/DK |
| | -9 - NA |

E11 During the work week preceding this interview, how many hours did he(she) spend on this secondary job?

ENTER NUMBER OF HOURS DURING WEEK IN COL. E11. DK = -8
-9 - NA (~~Did not work last week~~)

Table 3A. Record of Gainful Activities: Main and Secondary Jobs

E2. OTHER ACTIVITIES OF ALL PERSONS CURRENTLY LIVING IN THE HOUSEHOLD

FOR ALL PERSONS LIVING IN THE HOUSEHOLD AGED 6 OR OLDER, INCLUDING NON-RESIDENTS, COPY NAMES AND LINE NUMBER FROM TABLE 1 INTO TABLE 3B. THEN ASK QUESTIONS E12-E31 FOR ALL OF THESE PERSONS AND ENTER RESPONSES IN TABLE 3B. CODE TIME IN MINUTES, USING THREE-DIGIT CODES, e.g., 090 FOR ONE HOUR AND A HALF.

E12 Who did the marketing for food in the household during the last week? MAKE CHECKMARK IN COL. E12 AFTER ALL PERSONS MENTIONED.

E13 How many minutes last week were spent on marketing for food by (ASK FOR ALL PERSONS MENTIONED, i.e., WITH CHECKMARK IN COL. E12)? RECORD MINUTES IN COL. E13.

E14 Who did the washing of dishes and/or other utensils in the household during the last week? CHECK PERSONS IN COL. E14.

E15 How many minutes last week were spent on washing dishes and/or other utensils by (PERSONS WITH CHECKMARK IN COL. E14)? RECORD MINUTES IN COL. E15.

E16 Who cleaned the house/backyard during the last week? CHECK PERSONS IN COL. E16.

E17 How many minutes last week were spent on cleaning the house/backyard by (PERSONS WITH CHECKMARK IN COL. E16)? RECORD MINUTES IN COL. E17.

E18 Who prepared and cooked food in the household during the last week? CHECK PERSONS IN COL. E18.

E19 How many minutes last week were spent on preparing and cooking food by (PERSONS WITH CHECKMARK IN COL. E18)? RECORD MINUTES IN COL. E19.

E20 Who washed and ironed clothes in the household during the last week? CHECK PERSONS IN COL. E20.

E21 How many minutes last week were spent on washing and ironing clothes by (PERSONS WITH CHECKMARK IN COL. E20)? RECORD MINUTES IN COL. E21.

E22 Who fetched water and gathered/chopped firewood in the household during the last week? CHECK PERSONS IN COL. E22.

E23 How many minutes last week were spent on fetching water and gathering/chopping firewood by (PERSONS WITH CHECKMARK IN COL. E22)? RECORD MINUTES IN COL. E23.

E24 Who mended, sewed or repaired clothes in the household during the last week? CHECK PERSONS IN COL. E24.

E25 How many minutes last week were spent on mending, sewing and repairing clothes by (PERSONS WITH CHECKMARK IN COL. E24)? RECORD MINUTES IN COL. E25.

E26 Who cared for the children, aged 0-5 years old in the household during the last week? CHECK PERSONS IN COL. E26.

E27 How many minutes last week were spent by (PERSONS WITH CHECKMARK IN COL. E26) in caring for the children aged 0-5 years, i.e., by doing any or all of the following: Feeding, Bathing and Dressing, Cuddling/Watching.

E28 Who was involved on handicraft/home repair during the last week? CHECK PERSONS IN COL. E28.

E29 How many minutes last week were spent in handicraft/home repa by (PERSONS WITH CHECKMARK IN COL. E28)? RECORD MINUTES IN COL. E29.

E30 Who was involved in other activities not mentioned? ASK WHAT ACTIVITIES THESE WERE AND CHECK PERSONS IN COL. E30.

E31 How many minutes last week were spent on this particular activity by (PERSONS WITH CHECKMARK IN COL. E31)? RECORD MINUTES IN COL. E33.

Table 3B. Time Allocation for Other Activities of Household Members During Work Week Immediately Preceding Interview

L I N E NO.	NAME	MARKETING (FOOD)	WASHING DISHES/ UTENSILS	CLEANING HOUSE & BACKYARD	COOKING & PREPARING FOOD	WASHING IRONING CLOTHES	GETTING WATER & FIREWOOD	MENDING SEWING CLOTHES	CARE OF CHILDREN UNDER 	HANDICRAFT AT HOME	OTHER ACTIVITIES MENTIONED
		TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME
		(E12)(E13)	(E14)(E15)	(E16)(E17)	(E18)(E19)	(E20)(E21)	(E22)(E23)	(E24)(E25)	(E26)(E27)	(E28)(E29)	(E30)(E31)

ASK OF EXPECTANT MOTHER ONLY

E32 Do you ever buy ready-cooked dishes?

1 - Yes CONTINUE

0 - No CODE -9 IN E33 AND E34, THEN GO TO SECTION F

-8 - NR/DK CODE -8 IN E33 AND E34, THEN GO TO SECTION F

E33 Where do you buy ready-cooked dishes?

Place (NAME OF STORE/MARKET):

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

E34 How often do you buy ready-cooked dishes?

1 - Once a day

2 - Once a week

3 - Twice a week

4 - Thrice or more per week

5 - Seldom, only on special occasions

6 - Other

-8 - DK/NR

-9 - NA

F. INCOME

INTERVIEWER: USE THE FOLLOWING GUIDELINES TO DETERMINE:

- (A) WHETHER A PERSON HOLDING TWO JOBS HAS JOBS OF THE SAME OR OF DIFFERENT TYPES, AND
- (B) THE INCOME TABLE INTO WHICH THE WORKING TIME AND THE INCOME HAVE TO BE ENTERED.

1. Copy into the scratch table on the following page the pertinent information from Table 3A.

2. For each person listed in the scratch table, determine whether he/she is holding one (main) or two (main and secondary) jobs.

3. FOR PERSONS HOLDING ONE (MAIN) JOB ONLY:

- (a) From the scratch table, obtain his/her job status, which is listed in col. E4 or E5. Then locate this same status in the table below. The last column of the row, in which the job status is found, indicates the income table that is to be used.
- (b) In case a person is SELF-EMPLOYED or an UNPAID FAMILY WORKER, check the code in col. E3 of the scratch table to determine the correct row in the table below.

4. FOR PERSONS HOLDING TWO (MAIN AND SECONDARY) JOBS:

- (a) Determine first whether both jobs are of the same or of different types. For this purpose, compare the job status in col. E4 (or E5) with that in col. E9 (or E10). In case of SELF-EMPLOYMENT and UNPAID FAMILY WORK, take into account also the codes in cols. E3 and E8. If the two jobs are found in the same row of the table below, then they are of the same type; if they are listed in two different rows, they are of different types.
- (b) 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 in the table below in the last column of the row in which the two jobs are listed.
- (c) If the two jobs are of different types, treat each job separately. Determine, in the manner described under 3, 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.

ROW NO.	CODES IN COLUMN OF TABLE 3A			ENTER IN TABLE
	E3/E8	E4/E9	E5/E10	
1 DOES NOT MATTER	4 - Paid Farm Laborer 6 - Other Farm Worker		2 - Wage/Salary Worker 3 - Paid Worker in Family-owned Enterprise 5 - Other Type of Worker	4 or 5
2 1 - Farming	1 - Farm Owner 2 - Farm Tenant 3 - Both Owner & Tenant 5 - Unpaid Family Worker			6A
3 2 - Fishing			1 - Self-employed 4 - Unpaid Worker in Family-owned Enterprise	7
4 3 - Other			1 - Self-employed 4 - Unpaid Worker in Family-owned Enterprise	8

COPY INTO THE SCRATCH TABLE BELOW ALL INFORMATION CONTAINED IN COLUMNS E3, E4, E5, E6, E9 AND E10 OF TABLE 3A. USE TABLE BELOW AS GUIDE FOR ALL OF YOUR INCOME QUESTIONS.

L I N E NO.	NAME	MAIN JOB				SECONDARY JOB			
		Job Description	Farming Status	Status of Non-Farm Job	Job Type	Job Description	Farming Status	Status of Non-Farm Job	Job Type
		(E3)	(E4)	(E5)		(E6)	(E9)	(E10)	

I. INCOME DERIVED FROM WAGE LABOR

FROM THE TABLES ON THE PREVIOUS PAGE(SCRATCH TABLE), THE RECORD OF MARKET ACTIVITIES, COPY LINE NUMBERS AND NAMES OF ALL RESIDENT
HOUSEHOLD MEMBERS WHO ARE OR WERE ENGAGED, OVER THE PAST FOUR MONTHS, IN MARKET ACTIVITIES FOR WHICH THEY RECEIVED A WAGE OR
SALARY IN EITHER CASH OR KIND. PAID FARM LABORERS AND FISHERMEN HIRED BY OTHERS AND WORKING FOR PAY ARE WAGE LABORERS! WAGE
LABORERS ARE ALL THOSE WITH A CODE OF "4" OR "6" IN COL. E4 AND/OR E9 OR CODES OF "2", "3" AND "5" IN COL. E5 AND/OR COL. E10 IN
THE SCRATCH TABLE. 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 4 OR TABLE 5, ASK QUESTION F1.

- F1 Is(was he(she) paid on a TIME basis or PER PIECE basis?
IF TIME BASIS, ENTER LINE NUMBER AND NAME IN TABLE 4
AND ASK F2 TO F4.
IF ON PER PIECE BASIS, ENTER LINE NUMBER AND NAME IN
TABLE 5 AND ASK F5 TO F8.

F2 On the average, how many hours does(did) he(she) work
during a usual work day?
(ENTER RESPONSE IN COL. F2 OF TABLE 4)

F3 How many days does(did) he(she) work in a usual week?
(ENTER RESPONSE IN COL. F3 OF TABLE 4)

F4 How much (IN PESOS) does(did) he(she) normally receive for
a usual day's work, including allowances?
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 F21.

Table 4. Income Derived from Wage Labor on a Time Basis

- F5 How many pieces of (CLOTHES, SHELL NECKLACE, BRACELETS, LAUNDRY, ETC.) does he(she) finish during a usual day?
(ENTER RESPONSE IN COL. F5 OF TABLE 5)

F6 How much (IN PESOS) is(was) he(she) paid per finished item?
(ENTER RESPONSE IN F6 OF TABLE 5)

F7 On the average, how many hours per day does(did) he(she) engage in piece labor? (ENTER RESPONSE IN COL. F7 OF TABLE 5)

F8 On the average, how many days per week does(did) he(she) engage in piece labor? (ENTER RESPONSE IN COL. F8 OF TABLE 5)

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 F21.

Table 5. Income Derived from Labor Paid per Piece

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

FROM THE SCRATCH TABLE, THE RECORD OF MARKET ACTIVITIES, COPY INTO TABLE 6A THE LINE NUMBERS AND NAMES OF ALL HOUSEHOLD WHO HAVE OR HAD FARM JOBS. THESE ARE ONLY THOSE PERSONS WITH A CODE OF "1" IN COL. E3 AND/OR E8 AND WITH CODES "1", "2", "3" OR "5" IN COL. E4 AND/OR E9. FOR ALL OF THESE PERSONS, ASK QUESTIONS F9 AND F10.

F9 On an average working day, how many hours a day does he/she usually work on the farm?
(ENTER NUMBER OF HOURS PER DAY IN COL. F9 OF TABLE 6A)

-8 - NR/DK

-9 - NA

F10 In an average week, how many days does he/she usually work on the farm?
(ENTER NUMBER OF DAYS PER WEEK IN COL. F10 OF TABLE 6A)

IF THE FAMILY OPERATES THE FARM AS A FAMILY FARM OR AS TENANTS, ASK QUESTIONS F11 THRU F20 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.

F11 How many parcels of land did he/she cultivate in 1982?
(ENTER RESPONSE IN COL. F11 OF TABLE 6A)

-8 - DK

F12 How large are all parcels taken together?

IF R ANSWERS IN TERMS OF SQUARE METERS, CONVERT TO HECTARES (1 HECTARE = 10,000 SQ. METERS), RECORD RESPONSE IN COL. F12 OF TABLE 6A. THEN GO TO F14. IF R DOES NOT KNOW THE ANSWER IN SQUARE METERS OR HECTARES, ASK F13.

F13 If he/she were to plant corn, how many chupas or gantas of seedlings would he/she need for planting each parcel?

Parcel No. 1	_____	Parcel No. 4	_____
Parcel No. 2	_____	-8 - NR/DK	
Parcel No. 3	_____	-9 - NA	

ADD UP TOTAL NUMBER OF CHUPAS OR GANTAS OF CORN SEEDLINGS USED. 1 GANTA IS EQUAL TO 6 CHUPAS. A HECTARE OF FLAT LAND CAN BE PLANTED WITH 4 GANTAS OF CORN SEEDLINGS, A HECTARE OF SLOPING LAND CAN BE PLANTED WITH 5 GANTAS OF CORN SEEDLINGS. USING THESE MEASURES AS GUIDE, CONVERT R'S RESPONSE INTO SQUARE METERS OR HECTARES AND ENTER RESULT IN TERMS OF SQUARE METERS '1 HA = 10,000 SQ. METERS' IN COL. F12/F13

F14 What were the major crops that he/she planted in 1982?
(ENTER RESPONSE IN COL. F14 OF TABLE 6A)

-8 - D (USE ONE LINE FOR EACH MAJOR CROP)

F15 How many times did he/she plant (NAME CROP) in 1982?
(ENTER RESPONSE IN COL. F15 OF TABLE 6A)

-8 - DK

F16 On the average, how much did he/she spend each planting season for seedlings, fertilizer, tools, hired labor, insecticides, etc.? (IN PESOS. ENTER RESPONSE IN COL. F16 OF TABLE 6A)

-8 - DK

F17 How many times did he/she harvest (NAME CROPS) in 1982?

1 - Once a year	6 - Four times a year
2 - Twice a year	-8 - NR/DK
3 - Thrice a year	-9 - NA

ENTER RESPONSE IN COL. F17 OF TABLE 6A.

F18 What did he/she do with his/her share of the total produce per harvest in 1982?

1 - Sold all produce	GO TO F19
2 - Sold one portion, kept some	GO TO F19 & F20
3 - Shared the produce with owner	GO TO F20 + F19
4 - Sharing and giving away for free	GO TO F20
5 - All used for home consumption	GO TO F20
-8 - NR/DK	CODE -8 IN COLS. F19-F20
-9 - NA	

F19 On the average, how much did he/she receive for that portion of the produce that was sold? (ENTER RESPONSE IN COL. F19 OF TABLE 6A)

-8 - DK

F20 How much would he/she have received for that portion of the produce that was kept for home consumption if he/she had sold it? (ENTER RESPONSE IN PESOS IN COL. F20 OF TABLE 6A)

-8 - DK

III. INCOME DERIVED FROM LIVESTOCK RAISING

QUESTION F21 AND, IF APPLICABLE, THE QUESTIONS RELATED TO LIVESTOCK RAISING, ARE TO BE ASKED OF ALL HOUSEHOLDS REGARDLESS WHETHER THEY OPERATE A FARM OR NOT!

F21 Is any member of your household presently engaged in the raising of livestock (cattle, pigs, goats, ducks, chicken, others)?

1 - Yes ASK FOR NAME OF HOUSEHOLD MEMBER AND ENTER IT IN TABLE 6B TOGETHER WITH HIS/HER LINE NUMBER SHOWN IN TABLE 1

0 - No
-8 - NR/DK
-9 - NA } GO TO F26

ASK QUESTIONS F22 AND F23 OF ALL PERSONS LISTED IN TABLE 6B.

F22 On an average working day, how many hours ~~- day~~ does he/she usually work with the livestock?
(ENTER NUMBER OF HOURS PER DAY IN COL. F22 OF TABLE 6B)

-8 - NR/DK -9 - NA

² F23 In an average working week, how many days does he/she usually work with the livestock?
(ENTER NUMBER OF DAYS PER WEEK IN COL. F23 OF TABLE 6B)

-8 - NR/DK -9 - NA

IF THE LIVESTOCK RAISING IS A FAMILY OPERATION, ASK QUESTIONS F24 THRU F29 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.

F24 What kind of livestock does he/she presently raise?
(ENTER NAME AND CORRESPONDING CODE OF EACH TYPE OF LIVESTOCK; EACH ONE ON A SEPARATE LINE! IN COL. F24 OF TABLE 6B)

1 - Chicken	6 - Carabaos
2 - Ducks	7 - Cattle
3 - Turkeys	8 - Other (SPECIFY) _____
4 - Pigs	-8 - NR/DK
5 - Goats	-9 - NA

ASK QUESTIONS F25 THRU F29 FOR EACH TYPE OF LIVESTOCK CURRENTLY OWNED BY RESPONDENT.

F25 How many pieces of (NAME EACH KIND OF LIVESTOCK MENTIONED IN COL. F24) does he/she presently have?
(ENTER RESPONSE IN COL. F25 OF TABLE 6B)
-8 - NR/DK
-9 - NA (started with livestock in 1983)

F26^a Did he/she sell any livestock or livestock products (eggs, milk) in 1982? (ENTER RESPONSE IN COL. F26 OF TABLE 6B)
1 - Yes, all
2 - Yes, some } CONTINUE
0 - No
-8 - NR/DK
-9 - NA (started with livestock in 1983)

F27 What was the approximate expense which he/she had for this particular type of livestock in 1982 (purchase, feeding, veterinarian, etc.)?
(ENTER ANSWER IN PESOS IN COL. F27 OF TABLE 6B)

F28 What was his/her total income in 1982 for the sale of this type of livestock or livestock products?
(ENTER RESPONSE (IN PESOS) IN COL. F28 OF TABLE 6B)
-8 - NR/DK
-9 - NA (started with livestock in 1983)

F29 How much do you think would he/she have earned in 1982 from that part of the livestock or the livestock products that was used for home consumption in case he/she had sold it?
(ENTER RESPONSE (IN PESOS) IN COL. F29 OF TABLE 6B)

-8 - NR/DK
-9 - NA (started with livestock in 1983)

IV. INCOME DERIVED FROM FISHING ACTIVITIES

FROM THE SCRATCH TABLE, THE RECORD OF MARKET ACTIVITIES, 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 ONLY THOSE PERSONS WITH A CODE "2" IN COL. E3 AND/OR E8 AND A CODE OF "1" OR "4" IN COL. E5 AND/OR E10. FISHERS HIRED BY OTHERS AND WORKING FOR PAY ARE WAGE WORKERS. IF FISHING IS A FAMILY/HOUSEHOLD ACTIVITY, ASK F30 OF ALL MEMBERS LISTED IN TABLE 7, BUT ASK QUESTION F31 OF ONLY ONE MEMBER, THE ONE IN CHARGE OF THE FAMILY/HOUSEHOLD FISHING OPERATION.

F30 How many days per week does(did) he(she) usually go fishing?

-8 - NR/DK

-9-

F31 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?

-8 - MR/DK

-9- MA

V. INCOME DERIVED FROM SELF-EMPLOYMENT

FROM THE SCRATCH TABLE, THE RECORD OF MARKET ACTIVITIES, COPY LINE NUMBERS AND NAMES OF ALL HOUSEHOLD MEMBERS WHO ARE OR WERE SELF-EMPLOYED DURING THE PAST FOUR MONTHS. THESE ARE ONLY PERSON WITH A CODE OF "2" OR "3" IN COL. E3 AND/OR E8 AND A CODE OF "1" OR "4" IN COL. E5 AND/OR E10. IF A FAMILY/HOUSEHOLD OPERATES A STORE IN WHICH SOME MEMBERS WORK AS UNPAID FAMILY WORKERS, ASK F32 AND F33 OF ALL MEMBERS WORKING IN THE STORE, BUT F34 ONLY OF THE MEMBER IN CHARGE OF THE STORE.

F32 How many hours does(did) he(she) work in a usual day?

-8 - MR/DR

-9-

F33 How many days in a week does(did) he(she) usually work?

-8- REC/DK

- 9 -

P34 How much on the average is(was) his(her) daily net income?

-8- NK/DW

- 9 -

GO TO NEXT PERSON LISTED OR, IF LIST IS COMPLETE, TO F35.

Table 7. Income Derived from Fishing Activities

Table 8. Income Derived from Self-Employment

VI. HOUSEHOLD INCOME DERIVED FROM OTHER SOURCES

F35 Does(did) the household or any of its members have other sources of income?

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

CONTINUE
CODE -9 IN ALL BOXES OF F36 AND IN F37
CODE -8 IN ALL BOXES OF F36 AND IN F37

F36 What are these source(s) of income? (CODE ALL!)

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

Rent from agricultural/commercial land

Income from boarders/lodgers

Pensions, dividends, bonuses, savings' interest

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

Remittances from spouse abroad/sustento

Other (SPECIFY)

F37 How much additional income from all of these sources together did the household receive in 1982? (PESOS)

-8 - NR/DK
-9 - NA

--	--	--	--	--

F38 Did you or your household receive any income in kind (food or clothing) in 1982 from children, parents, other relatives, friends or anybody else?

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

CONTINUE
CODE -9 IN F39, GO TO F40
CODE -8 IN F39, GO TO F40

F39 What was the approximate value (IN PESOS) of this income in kind in 1982?

-8 - NR/DK
-9 - NA

.			
---	--	--	--

VII. INCOME DERIVED FROM HOME GARDENING

F40 Does your household engage in home gardening?

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

CONTINUE
} GO TO G1

F41 Please tell me the names of all of your household members that usually help with home gardening.

LIST IN TABLE 9 BELOW THE NAMES OF ALL PERSONS MENTIONED. LIST THE NAMES, TOGETHER WITH THEIR LINE NUMBERS, IN THE ORDER IN WHICH THEY APPEAR IN COL. F41 OF TABLE 1 (HOUSEHOLD ROSTER). CHECK NAMES AGAINST TABLE 3B, COL. E30.

FOR EACH PERSON LISTED IN TABLE 9 ASK:

F42 In a usual week, how many hours does he/she usually help with home gardening?

ENTER RESPONSE (IN HOURS) IN COL. F42 OF TABLE 9.

-8 - NR/DK

Table 9. Household Members Engaged in Home Gardening

LINE NO.	NAME (F41)	HOURS OF HOME GARDENING PER WEEK (F42)

F43 What does your household normally plant in your home garden?
(CODE ALL!)

1 - Yes

Fruits

0 - No

Vegetables

-8 - NR/DK

Ornamental Plants

-9 - NA

Corn

Other (SPECIFY)

F44 What does the household usually do with the produce from the garden?

1 - Sell all

GO TO F45

2 - Keep all for home use

GO TO F46

3 - Sell some, keep some
for home use

GO TO F45 AND F46

-8 - NR/DK

CODE -8 IN F45 AND F46

-9 - NA

F45 How much, on the average, does (did) the household get per month from the sale of fruits, vegetables or plants which were grown in the home garden?

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

Total Pesos Received per Month
from Sale of Produce

--	--	--

F46 How much money (IN PESOS) do you save each month by growing your own vegetables or fruits which otherwise you would have to buy from the market?

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

Estimated Savings per Month
through Home Gardening

--	--	--

G. MATERNAL WORK AND PREGNANCY HISTORY

ALL QUESTIONS IN BLOCK G AND ALL THE FOLLOWING BLOCKS ARE TO BE ANSWERED BY THE PREGNANT WOMAN.

IF THE WOMAN IS CURRENTLY NOT ENGAGED IN ANY TYPE OF INCOME-GENERATING ACTIVITY (SEE QUESTION E1, TABLE 3A), START WITH G1, OTHERWISE, CODE "1" IN G1 AND START WITH G2.

G1 Have you ever worked in a job earning any income for yourself directly or for your family?

CONSIDER ONLY JOBS FOR WHICH THE WOMAN RECEIVED INCOME IN CASH OR KIND. UNPAID FAMILY WORK ON FAMILY FARM OR IN FAMILY BUSINESS IS EXCLUDED.

- 1 - Yes CONTINUE
0 - No GO TO G15
-8 - NR/DK CONTINUE

G2 Before you were married, how many years did you work?

- 0 - did not work before marriage
1 - 1 year
:
-8 - NR/DK
-9 - NA (woman is not married)

CONTINUE

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

YEARS

G3 Since you were married, how many years have you worked?

- 00 - did not work since marriage GO TO G15
01 - 1 year
02 - 2 years
:
-8 - NR/DK
-9 - NA (woman is not married) GO TO G4

GO TO G5

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

YEARS

G4 What is the total number of years you have worked? (unmarried women only)

- 8 - NR/DK

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

G5 Did you do anything for pay last week?

PAY CAN BE EITHER IN CASH OR KIND

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

}

GO TO G15

G6 Where was this work of yours carried out?

- 1 - At home
2 - Immediate neighborhood
3 - Same barangay
4 - Different barangay, same municipality/city
NAME OF BARANGAY _____
5 - Different municipality/city, same province
NAME OF MUNICIPALITY _____
6 - Different province
NAME OF PROVINCE _____
-8 - NR/DK
-9 - NA

GO TO G10

CONTINUE

GO TO G10

G7 How long (in minutes) does it usually take you to travel to your place of work?

USE THREE-DIGIT CODE, E.G., 030 FOR 30 MINUTES

-8 - NR/DK

-9 - NA (does not travel to work each day)

--	--	--

G8 How do you usually get to your place of work?

- 1 - walk
- 2 - private car
- 3 - taxi, PU
- 4 - jeepney, bus, minibus
- 5 - truck
- 6 - motorcycle
- 7 - tricycle
- 8 - bicycle
- 9 - tartanilla
- 10 - other (SPECIFY): _____
- 11 - combination (SPECIFY CODES): _____

-8 - NR/DK

-9 - NA

GO TO G10

CONTINUE

--

G9 What is the usual daily travel cost (in pesos) to and from your place of work including cost for travel at lunch time?

USE FOUR DIGIT CODE, E.G., 0150 FOR P 1.50.

-8 - NR/DK

-9 - NA

--	--	--	--

G10 Do you have any children of pre-school age (under 6) who are living with you in this household?

1 - Yes

CHECK QUESTION G6. IF ANSWER IS 1 OR -8, CONTINUE;
IF ANSWER IS 2, 3, 4, 5 OR 6, GO TO G13.

0 - No

-8 - NR/DK

-9 - NA

} GO TO G15

--

G11 Can you take care of your children of pre-school age while you work?

1 - Yes

} GO TO G15

0 - No

-8 - NR/DK

-9 - NA

} CONTINUE

--

G12 Can you feed your children of pre-school age while you work?

1 - Yes

} GO TO G15

0 - No

-8 - NR/DK

-9 - NA

} CONTINUE

--

G13 Can you take your children of pre-school age with you to work?

- | | | |
|-------------------------------|---|-----------|
| 0 - No, not allowed | } | CONTINUE |
| 1 - Yes allowed, but I do not | | |
| 2 - Usually take some of them | | |
| 3 - Usually take all of them | | GO TO G15 |
| -8 - NR/DK | | |
| -9 - NA | | |

G14 Can you come home during working time to feed your children of pre-school age?

- | |
|-----------------------|
| 1 - Yes, always |
| 2 - Yes, on some days |
| 0 - No |
| -8 - NR/DK |
| -9 - NA |

G15 At what age did you start menstruating (e.g., 10, 11, 12, etc.)?

CODE AGE OF FIRST MENSTRUATION.

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

G16 Is this current pregnancy your first one?

- | | | |
|------------|---|-----------|
| 1 - Yes | } | GO TO G26 |
| 0 - No | | CONTINUE |
| -8 - NR/DK | | |

G17 When did you have your last live birth? (MONTH, YEAR)

- | | |
|------------|------------------------------------|
| -8 - NR/DK | |
| -9 - NA - | (woman had no previous live birth) |

<input type="checkbox"/>	<input type="checkbox"/>
MONTH	YEAR

G18 Since your last live birth, did you have any stillbirth, miscarriage or abortion?

- 1 - No; last live birth was last pregnancy termination

CODE -9 IN G19 AND GO TO G20.

- | | | |
|---|---|----------|
| 2 - Yes, had one stillbirth since | } | CONTINUE |
| 3 - Yes, had one abortion since | | |
| 4 - Yes, had one miscarriage since | | |
| 5 - Yes, had more than one termination (SPECIFY CODES): | | |

-8 - NR/DK

-9 - NA

G19 When did you have your last pregnancy termination, i.e., stillbirth, miscarriage, abortion? (MONTH, YEAR)

-8 - NR/DK

-9 - NA

<input type="checkbox"/>	<input type="checkbox"/>
MONTH	YEAR

G20 How many times have you been pregnant in the past, excluding this current pregnancy?

CODE ACTUAL NUMBER, INCLUDING PREGNANCIES THAT TERMINATED IN STILLBIRTHS, MISCARRIAGES, OR ABORTIONS.

-8 - NR/DK

-9 - NA

(current pregnancy is the first one)

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

G21 How many of your pregnancies have resulted in live births?
(INCLUDE CHILDREN WHO HAVE DIED AFTER BIRTH)

- 8 - NR/DK
-9 - NA (current pregnancy is the first one)

--	--

G22 Out of the total number of live births that you have had,
how many of the children are still alive today?

- 8 - NR/DK
-9 - NA (woman had no previous live birth)

--	--

G23 How many of all your previous pregnancies have resulted
in a stillbirth?

- 8 - NR/DK
-9 - NA

--

G24 How many of all your previous pregnancies have resulted in
a miscarriage and/or abortion?

- 8 - NR/DK
-9 - NA

--

G25 Did you menstruate between this pregnancy and the termination
of the previous one?

- 1 - Yes CONTINUE
0 - No
-8 - NR/DK } GO TO G29
-9 - NA

--

G26 When did you last menstruate? (Tell me the last day of
your LAST REGULAR MENSTRUAL PERIOD)

Which calendar year?

--	--

Which month?

--	--

which week within this month
(first, second, third, fourth)?

--

CODE -8 IF ANSWER TO EITHER YEAR, MONTH OR WEEK IS NR/DK

G27 How long (in days) was this menstruation?

- 1 - one day
2 - two days
3 - three days
4 - four days
5 - five days
6 - six days
7 - seven days
-8 - NR/DK
-9 - NA

--

G28 How would you describe the intensity of flow of this menstruation compared to your usual menstruation?

- 1 - same as usual menstruation
- 2 - more intense than usual menstruation
- 3 - less intense than usual menstruation
- 8 - NR/DK
- 9 - NA

G29 When did you first feel a quickening or movement of the fetus?

Which calendar year?

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

Which month?

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

Which week within this month
(first, second, third, fourth)?

CODE -8 IF ANSWER TO EITHER YEAR, MONTH, OR WEEK IS NR/DK.

G30 When do you expect to deliver your baby? (GIVE EXACT MONTH/DAY/YEAR IF POSSIBLE. CODE -8 IF NOT KNOWN)

Which calendar year?

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

Which month?

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

Which week within this month
(first, second, third, fourth)?

H. HEALTH SERVICES AND PRENATAL CARE

I. Health Service Information

REPLIES TO QUESTIONS H1 THRU H3 ARE TO BE ENTERED IN TABLE 10

WE WOULD LIKE TO ASK YOU NOW A FEW QUESTIONS ABOUT HEALTH SERVICES OF WHICH YOUR FAMILY CAN AVAIL AND ABOUT PRE-NATAL CARE.

- H1 How many minutes would it take you to travel to (1) mananabang (2) mananambal (3) private midwife (4) private doctor (5) RHU/CHO (6) Pharmacy/Botica in barangay?

USE THREE-DIGIT CODE, e.g., 030 for 30 minutes.

- H2 If you were to go to: mananabang, mananambal, private midwife, private doctor, RHU/CHO, pharmacy/botica sa barangay, would you walk?

1 - Yes, walk -8 - NR/DK

2 - Yes, walk and take transportation -9 - NA (Practitioner

0 - No, would not walk visits household)

- H3 How much would the travel cost (in pesos) be for transportation if you would go to: mananabang, mananambal, private midwife, private doctor, RHU/CHO, pharmacy/botica sa barangay?

USE FOUR-DIGIT CODE, e.g., 0150 for P 1.50.

-8 - NR/DK

-9 - NA

Table 10. Health Usage

HEALTH PERSON/ FACILITY	TRAVEL TIME (Minutes)	WALK?	TRAVEL COST (Pesos)
	(H1)	(H2)	(H3)
Mananabang			
Mananambal			
Private Doctor			
Private Midwife			
RHU/CHO			
Pharmacy/Botica sa Barangay			

II. Health Insurance Coverage

- H4 Are you or any other member of your family a member of the SSS or GSIS?

1 - Yes CONTINUE

0 - No

-8 - NR/DK } CODE -9 IN H5 TO H8, CONTINUE WITH H9

- H5 Does the health insurance provided by SSS/GSIS cover part or all of your pregnancy-related health-care expenses?

1 - All

2 - Part only

3 - No Coverage

-8 - NR/DK

-9 - NA

H6 Does this insurance cover your husband also?

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

IF MOTHER HAS LIVING CHILDREN, ASK H7. IF SHE HAS NO LIVING CHILDREN, ASK H8.

H7 Does this insurance cover your school-aged (ages 5-14) children?

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

H8 After your baby is born, will you include him/her also in this insurance?

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

H9 Are you a holder of any other health insurance policy, i.e.,
not SSS or GSIS?

- 1 - Yes CONTINUE
- 0 - No
- 8 - NR/DK GO TO H14
- 9 - NA

H10 Does this policy cover part or all of your pregnancy-related
health-care expenses?

- 1 - All
- 2 - Part
- 3 - No Coverage
- 8 - NR/DK
- 9 - NA

H11 Does it cover health care for your husband?

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

IF WOMAN HAS LIVING CHILDREN, ASK H12 & H13. IF SHE HAS NO
LIVING CHILDREN, CODE -9 IN H12 AND H13 AND CONTINUE WITH H14.

H12 Does it cover health care for your school-aged (5-14) children?

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

H13 Will you include your new baby in this policy?

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

III. Health of Woman:

WE WOULD LIKE TO ASK A FEW QUESTIONS ABOUT YOUR HEALTH.

H14 Are you sick now or have you been sick in the last seven days from any illness?

- 1 - Yes CONTINUE
0 - No
-8 - NR/DK } GO TO H19

H15 What illness(es) do you have now or did you have in the last seven days?

CHECK AS MANY ANSWERS AS THE MOTHER MENTIONS

- 1 - Yes Blood in sputum (tuberculosis)
0 - No Watery stools
-8 - NR/DK Colds, nasal congestion, nasal discharge

 Coughs
 Fever
 Other (SPECIFY)

IF MOTHER HAS MENTIONED "blood in sputum" (tuberculosis), GO TO H19
IF MOTHER DID NOT MENTION tuberculosis, ASK

H16 During the last seven days, has there been anything wrong with your lungs?

- 1 - Yes GO TO H19
0 - No
-8 - NR/DK } CONTINUE
-9 - NA GO TO H19

H17 During the last seven days, did you notice any blood in your sputum?

- 1 - Yes GO TO H19
0 - No
-8 - NR/DK } CONTINUE
-9 - NA GO TO H19

H18 During the last seven days, did you take any medicine like
- ODINAH, TRISOVIT, or INH?

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

H19 Did you have any bleeding episode at any time during this pregnancy?

- 1 - Yes CONTINUE
0 - No
-8 - NR/DK } GO TO H21

H20 When did the bleeding occur?

ENTER CODE FOR ALL 3 PREGNANCY TRIMESTERS

- 1 - Yes First 3 months of pregnancy
0 - No Month 4 to 6 of pregnancy
-8 - NR/DK
-9 - NA After 6th month of pregnancy

IV. Pre-Natal Care

H28 Have you consulted any health practitioner for pre-natal care during this pregnancy?

- 1 - Yes CONTINUE
0 - No
-8 - NR/DK } GO TO H40

H33 What was the total cost (PESOS) of all visits to this practitioner?

- 7 - Package deal, payable after delivery
-8 - NR/DK
-9 - NA

USE THREE-DIGIT CODE, e.g., 020 FOR P 20.00

H34 Did this practitioner suggest that you take supplementary vitamins or minerals?

- 1 - Yes CONTINUE
0 - No
-8 - NR/DK } GO TO H37
-9 - NA

H35 Were you given vitamins or minerals for free or did you buy any?

- 0 - No, were neither given nor bought any GO TO H37
1 - Yes, was given for free
2 - Yes, bought them myself
3 - Yes, some were given for free,
 others were bought } CONTINUE
-8 - NR/DK
-9 - NA GO TO H37

H36 Did you take them?

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

H37 Did you get, from this practitioner, an anti-tetanus injection?

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

H38 Did this health practitioner suggest how you should nurse your baby?

- 1 - Yes CONTINUE
0 - No
-8 - NR/DK } GO TO H40
-9 - NA

H29 Who have you visited?

Doctor in government facility

Nurse in government facility

Midwife in government facility

Other personnel in RHU/CHO/PC

Private or private hospital doctor

Private or private hospital nurse

Private or private hospital midwife

Mananabang

Mananambal

MAKE A CHECKMARK IN COL. H29 OF TABLE 11 AFTER EACH KIND OF PRACTITIONER MENTIONED. THEN ASK H30 TO H39 FOR EACH PRACTITIONER MENTIONED.

H30 During what month of pregnancy did you make your first consultation?

- 0 - As soon as suspected being pregnant
1 - 1st month of pregnancy
:
9 - 9th month of pregnancy
-8 - NR/DK
-9 - NA (did not visit any)

H31 How many consultations in all for prenatal care to this practitioner did you make during this pregnancy?

$\beta = \text{WB}/\text{DK}$

-9 - NA (did not visit any)

H32 Where did most of these consultations take place?

- | | |
|---|---|
| 1 - At home
2 - RHU/CHO/PC/Clinic
3 - Barangay Health Station
4 - Hospital, government/private | 5 - Resident of practitioner
6 - Private clinic
-8 - NR/DK
-9 - NA |
|---|---|

H39 What did he suggest?

- 1 - Breastfeeding
 2 - Formula feeding
 3 - Mixed feeding
 4 - Others (SPECIFY IN COL. H39
 OF TABLE 11)

-8 - NR/DK
-9 - NA

GO TO H30 FOR NEXT HEALTH PRACTITIONER MENTIONED OR,
AFTER ANSWERS FOR ALL PRACTITIONERS MENTIONED HAVE BEEN
COMPLETED, GO TO H40.

Table 11. Pre-Natal Care Chart

V. Infant Feeding Influences

H40 Have any other persons recommended or suggested to you how you should feed your baby?

- 1 - Yes CONTINUE
 0 - No
 -8 - NR/DK } GO TO H43

H41 Who were these persons?

ENTER REPLIES IN COL. H41 OF TABLE 12.

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

H42 What did they recommend?

ENTER REPLIES IN COL. H42 OF TABLE 12. MATCH REPLY WITH TYPE OF PERSON WHO MADE THE SUGGESTION!

- 1 - Breastfeeding
 2 - Formula feeding
 3 - Mixed feeding
 4 - Feed other foods
 8 - Other (SPECIFY IN COL. H42 OF TABLE 12)
 -8 - NR/DK
 -9 - NA

Table 12. Infant Feeding Suggestions

RECOMMENDING PERSON (H41)	RECOMMENDATION		
	Code	Code	Other (SPECIFY)
Infant food company representative			(H42)
Woman's mother			
Husband			
Other relative			
Neighbor/friend			
Other 1 (SPECIFY) _____			
Other 2 (SPECIFY) _____			

H43 Have you seen or heard any advertisement or read any pamphlets, newspapers and magazines, or heard radio/TV concerning foods to feed your baby?

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

H44 What was the source of that recommendation?

CODE AS MANY INFLUENCES AS MOTHER MENTIONS IN COL. H44.

H44

H45

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

H45 What was recommended?

CODE THE RECOMMENDED KIND OF FEEDING IN COL. H45 BEHIND SOURCE OF RECOMMENDATION.

- 1 - Breastfeeding
- 2 - Formula feeding
- 3 - Mixed feeding
- 4 - Other (SPECIFY): _____
- 5 - Combination (SPECIFY CODES): _____
- 8 - NR/DK
- 9 - NA

Billboards

Newspapers

Magazines

Pamphlets

Radio

TV

Books

Nutribus

Others

**I. INFANT NUTRITION KNOWLEDGE, ATTITUDE AND
DECISION MAKING**

INTERVIEWER: DO NOT READ PRECODED ANSWERS TO RESPONDENT OR PROMPT RESPONDENT IN ANY WAY TO GIVE ANY OF THE PRECODED ANSWERS. INSTEAD, CLASSIFY THE ANSWERS GIVEN BY THE RESPONDENTS IN TERMS OF THE PRECODED ANSWERS.

FOR ALL QUESTIONS IN THIS BLOCK CALLING FOR RELATIONSHIP OF PERSONS TO PREGNANT MOTHER, CHECK COL. B5 OF TABLE 1 FOR RELATIONSHIP OF PERSON BEING CONSULTED/MAKING FINAL DECISION. IF THE NAME OF THE PERSON BEING CONSULTED/MAKING FINAL DECISION DOES NOT APPEAR IN TABLE 1, ASK THE QUESTION: 'HOW IS THIS PERSON RELATED TO YOU?' IF THE NAME OF THE PERSONS MENTIONED APPEARS IN COL. B5 OF TABLE 1, ENTER CODE ONLY UNDER "DESIGNATION". YOU MAY ENTER UP TO TWO PERSONS THAT WILL BE CONSULTED.

I1 How do you intend to feed your baby in the first week after delivery? (CODE APPROPRIATE CATEGORY)

- | | |
|----------------------------|------------|
| 1 - Breastfeeding only | CONTINUE |
| 2 - Formula feeding only | GO TO I4 |
| 3 - Mixed feeding | CONTINUE |
| 4 - Other (SPECIFY): _____ | } GO TO I4 |
| -8 - NR/DK | |

I2 What should be done with the first flow (colostrum) from your breast?

- | | |
|---|----------|
| 1 - Should be given to the newborn | GO TO I4 |
| 2 - Should not be given to the newborn
but should be discarded | CONTINUE |
| -8 - NR/DK | GO TO I4 |
| -9 - NA | |

I3 Why should the first flow (colostrum) not be given to the newborn?

CODE AS MANY ANSWERS AS MOTHER GIVES.

- | | | |
|------------|--------------------------|--------------------------|
| 1 - Yes | Too thin | <input type="checkbox"/> |
| 0 - No | Not clean | <input type="checkbox"/> |
| -8 - NR/DK | Toxic | <input type="checkbox"/> |
| -9 - NA | Not good for baby | <input type="checkbox"/> |
| | Other (SPECIFY): _____ | <input type="checkbox"/> |
| | Do not know exact reason | <input type="checkbox"/> |

<input type="checkbox"/>

I4 Did you consult anyone or will you consult someone regarding how to feed your infant for the first few months, or do you make the decision all by yourself?

- | | |
|-------------------------------|------------|
| 0 - Make decision myself | GO TO I6 |
| 1 - Will consult with someone | } CONTINUE |
| -8 - NR/DK | |

- 15 Who is or will this person be who you did or will consult about how to feed your baby for the first few months? How is this person related to you?

<u>PERSON WHO WAS/WILL BE CONSULTED</u>	<u>RELATIONSHIP TO PREGNANT MOTHER (Designation)</u>
---	--

1. _____
2. _____

- 16 At what age should the infant be given semi-solid food supplements for the first time?

(SEMI-SOLIDS INCLUDES LUGAW, CERELAC, CHAMPOORAO, ETC.)

- | | |
|------------------|---------------------|
| 1 - One month | 9 - Nine months |
| 2 - Two months | 10 - Ten months |
| 3 - Three months | 11 - Eleven months |
| 4 - Four months | 12 - Twelve months |
| 5 - Five months | 13 - Over 12 months |
| 6 - Six months | -8 - NR/DK |
| 7 - Seven months | -9 - NA |
| 8 - Eight months | |

- 17 Do you think you will consult anyone when to give supplementary food to your infant, or will you make that decision all by yourself?

- 0 - Make decision myself GO TO I9
1 - Will consult with someone] CONTINUE
-8 - NR/DK

- 18 Whom do you think you will consult regarding the giving of the first supplementary food to your infant? How is this person related to you?

<u>PERSON WHO MAY BE CONSULTED</u>	<u>RELATIONSHIP TO PREGNANT MOTHER</u>
--	--

1. _____
2. _____

- 19 Do you think there are differences in growth between a breastfed infant and a bottle-fed one?

- 1 - Yes CONTINUE
0 - No CODE -9 IN I10, GO TO I11
-8 - NR/DK CODE -8 IN I10, GO TO I11

I10 What are these differences?

CODE AS MANY ANSWERS AS THE MOTHER GIVES

1 - Yes

Breastfed infants are taller

0 - No

-8 - NR/DK

Breastfed infants are heavier/fuller

-9 - NA

Breastfed infants are healthier

Bottlefed infants are taller

Bottlefed infants are heavier/fuller

Bottlefed infants are healthier

Others (SPECIFY)

I11 Do you think that breastfeeding will affect the onset of the mother's next pregnancy?

1 - Yes

CONTINUE

0 - No

CODE -9 IN I12, GO TO I13

-8 - NR/DK

CODE -8 IN I12, GO TO I13

I12 What are the effects of breastfeeding on the onset of the mother's next pregnancy?

CODE AS MANY ANSWERS AS THE MOTHER GIVES

1 - Yes

Delays onset of pregnancy

0 - No

-8 - NR/DK

Protects against pregnancy

-9 - NA

Other (SPECIFY)

I13 Do you think that breastfeeding will affect the sexual relationships between a nursing mother and her husband?

1 - Yes

CONTINUE

0 - No

CODE -9 IN I14, GO TO I15

-8 - NR/DK

CODE -8 IN I14, GO TO I15

I14 What are the effects of breastfeeding on the sexual relationships between the nursing mother and her husband?

1 - Yes

Decreases frequency of contact

0 - No

-8 - NR/DK

Increases frequency of contact

-9 - NA

Other (SPECIFY)

I15 Do you think that breastfeeding will affect the health of the mother?

1 - Yes

CONTINUE

0 - No

CODE -9 IN I16, GO TO I17

-8 - NR/DK

CODE -8 IN I16, GO TO I17

I16 What are the effects of breastfeeding on the health of the mother?

CODE AS MANY ANSWERS AS THE MOTHER GIVES

1 - Yes

Mother will become thin

0 - No

Mother will tire easily

-8 - NR/DK

Mother will have poor health

-9 - NA

Other (SPECIFY)

I17 Do you think that breastfeeding over a long period of time will affect the quality of the mother's breast milk?

1 - Yes

CONTINUE

0 - No

CODE -9 IN I18, GO TO I19

-8 - NR/DK

CODE -8 IN I18, GO TO I19

I18 What are the effects of breastfeeding over a long period of time on the quality of the mother's breast milk?

CODE AS MANY ANSWERS AS THE MOTHER GIVES

1 - Yes

Milk becomes less nutritious

0 - No

Milk becomes watery

-8 - NR/DK

Milk is no longer good for the baby

-9 - NA

Others (SPECIFY)

I19 Will breastfeeding affect the shape of the mother's breasts?

1 - Yes

CONTINUE

0 - No

CODE -9 IN I20, GO TO I21

-8 - NR/DK

CODE -9 IN I20, GO TO I21

I20 What are the effects of breastfeeding on the shape of the mother's breasts?

CODE AS MANY ANSWERS AS THE MOTHER GIVES

1 - Yes

Breasts will become big

0 - No

Breasts will sag

-8 - NR/DK

Breasts will shrink

-9 - NA

Others (SPECIFY)

I21 Should sungil be given to the infant before he or she is given supplementary food?

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

I22 In your opinion, what is the effect of adding oil to the usual diet/lugaw of an infant of less than one year of age?

- 1 - No effect
- 2 - More nutritious
- 3 - Changes flavor of food
- 4 - Causes diarrhea
- 5 - Causes constipation
- 6 - Other (SPECIFY): _____
- 8 - NR/DK

I23 In your opinion, should a mother who is exposed to the sun breastfeed her baby?

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

I24 Do you think you will consult anyone concerning when to wean your infant, or will you make that decision all by yourself?

- 0 - Make decision myself GO TO I26
- 1 - Will consult with someone → CONTINUE
- 8 - NR/DK

I25 Whom do you think you will consult regarding the weaning of your infant? How is this person related to you?

PERSON WHO MAY
BE CONSULTED

RELATIONSHIP TO
PREGNANT MOTHER
(Designation)

- 1. _____
- 2. _____

I26 If you wish to start or continue working for pay outside of your home, will you make that decision all by yourself or will you first consult with someone?

- 0 - Make decision myself GO TO I28
- 1 - Will consult with someone → CONTINUE
- 8 - NR/DK

I27 Whom do you think you will consult regarding work outside of your home? How is this person related to you?

PERSON WHO MAY
BE CONSULTED

RELATIONSHIP TO
PREGNANT MOTHER
(Designation)

1. _____
2. _____

I28 If you wish to start or continue using contraceptives after this pregnancy, will you make that decision all by yourself or will you first consult with someone?

- 0 - Make decision myself
1 - Will consult with someone
-8 - NR/DK

GO TO NEXT BLOCK

} CONTINUE

I29 Whom do you think you will consult regarding contraceptive practice? How is this person related to you?

PERSON WHO MAY
BE CONSULTED

RELATIONSHIP TO
PREGNANT MOTHER
(Designation)

1. _____
2. _____

J. FOOD INTAKE RECALL: MOTHER

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.

J1 START WITH FIRST MEAL (OR SNACK) OF THE DAY.

CODE TYPE OF MEAL IN COL. J1 OF TABLE 13. IF RESPONDENT DOES NOT TAKE THREE REGULAR MEALS A DAY, ASK FOR THE TIME WHEN THE MEAL WAS TAKEN. ANY MEAL TAKEN BEFORE 10:00 A.M. IS BREAKFAST. LUNCH IS THE MEAL TAKEN BETWEEN 11:00 A.M. AND 2:00 P.M. SUPPER IS AFTER 4:00 P.M.

0 - before breakfast snack	4 - afternoon snack
1 - breakfast	5 - supper
2 - morning snack	6 - evening snack
3 - lunch	-8 - NR/DK

J2 What dishes did you have for (breakfast, lunch, supper, snacks)? FILL UP COL. J2 OF TABLE 13. FOR EVERY DISH, USE A SEPARATE LINE(BOX).

FOR EVERY DISH EATEN ASK QUESTIONS J3 THRU J6

J3 What amount of the dish was eaten by you?

ENTER ANSWER IN COL. J3. USE THE FOLLOWING MEASURES: TABLESPOON (TBSP), TEASPOON (TSP), CUP (C), PIECES (PCS), MATCHBOX (MBX).

J4 CHECK WHETHER DISH IS INCLUDED IN THE FOOD TABLE.

IF YES, ENTER FCT CODE IN COL. J4 AND ASK J5 AND J6. IN CASES WHERE FOOD MAY BE WELL OR LOOSELY PACKED (RICE, CORN) OR WHERE FOOD MAY BE COMPOSED OF MUCH LIQUID AND LITTLE SOLID FOOD (OR VICE VERSA) LIKE UTAN BISAYA, ASK ALSO J8. THEN GO TO NEXT DISH.

IF NO, ENTER "0" IN COL. J4 AND THEN ASK J5 TO J9.

J5 How was the dish prepared?

1 - boiled	6 - steamed
2 - fried	7 - baked
3 - sauteed	8 - processed
4 - broiled/roasted	-8 - NR/DK
5 - scrambled	-9 - NA (raw)

ENTER CODE IN COL. J5 OF TABLE 13.

J6 Where was the dish prepared?

1 - home	
2 - food store (carenaderia, restaurant, bakery)	
3 - feeding program	
4 - ambulant food vendor	
5 - other (SPECIFY)	_____
-8 - NR/DK	
-9 - NA	

ENTER CODE IN COL. J6 OF TABLE 13. FOR HOME-COOKED DISHES, ASK J7 TO J9. FOR CARENDERIA OR FEEDING PROGRAM OR AMBULANT FOOD VENDOR DISHES, GO TO CARENDERIA OR FEEDING PROGRAM OR AMBULANT FOOD VENDOR AFTER INTERVIEW AND ASK QUESTIONS J7 TO J9.

IF COL. J4 CONTAINS FOOD CODE, GO TO NEXT DISH OR, IF NECESSARY, ASK J8. IF CODE IN J4 IS "0", CONTINUE.

J7 What were the ingredients (food items) composing the dish?

ENTER ALL ITEMS IN COL. J7 OF TABLE 13. USE A SEPARATE LINE FOR EACH INDIVIDUAL FOOD ITEM.

IF THE SAME DISH WAS EATEN AT DIFFERENT MEALS, DO NOT WRITE "SAME" IN COLUMN J7 BUT SPELL OUT FOOD ITEMS EACH TIME THE DISH WAS EATEN.

J8 What were the specifics of these food items?

DESCRIBE THE FOOD ITEMS AS ACCURATELY AND CLEARLY AS TO FORM, KIND, COLOR, SIZE, CHARACTERISTICS THAT WILL IDENTIFY THE FOOD ITEM, i.e., WHAT KIND OF CEREAL? FRUIT? IF FISH, WHAT KIND? SIZE? PART? ETC. IF NECESSARY, USE FOOD PICTURES TO SPECIFY FOOD ITEM. ENTER ANSWER IN COL. J8 OF TABLE 13.

J9 What was the amount of the food item used when the dish was prepared? (IN TBSP, TSP, C, PCS, MBX)

ENTER ANSWER IN COL. J9 OF TABLE 13.

COLS. J10 AND J11 OF TABLE 13 WILL BE COMPLETED BY EDITORS.

Table 13. 24-Hour Food Intake Recall: Mother

MEAL CODE	NAME OF DISH	QUANTITY OF DISH EATEN	CODE OF DISH IN FCT	COOKING METHOD CODE	WHERE PREPARED	FOOD ITEMS DISH CONTAINS	FOOD ITEM DESCRIPTION	QUANTITY AMOUNT SIZE MEASURE	FOOD ITEM CODE	FFOOD ITEM WEIGHT (GRAMS)
(J1)	(J2)	(J3)	(J4)	(J5)	(J6)	(J7)	(J8)	(J9)	(J10)	(J11)

Table 13. 24-Hour Food Intake Recall: Mother (cont'd.)

N. MOTHER'S ANTHROPOMETRY

N1 WEIGHT of mother (IN KILOGRAMS AND GRAMS):

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

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

KILOS

GRAMS

N2 HEIGHT of mother (IN CENTIMETERS):

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

N3 ARM CIRCUMFERENCE of mother (IN CENTIMETERS):

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

N4 SKINFOLD of mother:

INTERVIEWER: TAKE THREE MEASUREMENTS!

Measurement # 1

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

Measurement # 2

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

Measurement # 3

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

END OF INTERVIEW!

INTERVIEWER: THANK MOTHER FOR HER COOPERATION AND INFORM HER
ABOUT THE APPROXIMATE TIME OF THE FOLLOWING
INTERVIEW.