

CITYCEN 2018

ENUMERATOR'S MANUAL

HOUSEHOLD PROFILE RIDER QUESTIONNAIRE

PROCEDURES IN FILLING-UP THE HOUSEHOLD PROFILE RIDER
QUESTIONS (CITYCEN 2018)

A. INFORMATION OF THE FIELD INTERVIEWER AND FIELD SUPERVISOR

Fill up the required information being asked in the rider application.

- A1. **Name of the Barangay:** Select from the List of Barangays of your assigned area.
- A2. **Field Interviewer Identification:** Type in the dialogue box the corresponding name of Field Interviewer.
- A3. **Name of Field Supervisor:** When name of Field interviewer is displayed, it automatically shows the name of assigned Field Supervisor. Then click **NEXT** button to proceed.

B. IDENTIFICATION PAGE

Fill up the required information being asked in the log-in page.

- B1. **Household Control Number (HCN):** The household Control Number (HCN) is a number uniquely assigned to each household. (Copy HCN from CBMS assigned HCN)
- B2. **Name of the respondent:** Ask for the complete name (Firstname and Surname) of the respondent. Type the name on the space provided.
- B3. **Name of household members:** Click **ADD ROW** button to add household members. Ask the respondent for complete names (Lastname, Firstname and Middle name) of the household members in the space provided. (Same order of names listed in CBMS). Click **ADD ROW** button to add household members.

C. DEMOGRAPHY

I. SEX

In the CityCen 2018 sex will be used and not gender. Sex refers to the generic and physical or biological identity of a person which indicates whether one is male or female. Then, select the sex of each person on the choices provided (i.e Male, Female).

A screenshot of a mobile application interface for the CityCen 2018 survey. The form is titled "FOR ALL PERSONS IN T" and includes fields for "Firstname", "Middlename", "Sex", and "C1. Is General Sar (Enter C)". The "Sex" field is currently selected, showing a dropdown menu with "Male" and "Female" options. The "Firstname" field contains "Jeressa" and the "Middlename" field contains "Pallanan".

II. PLACE OF BIRTH

Question C1: *“Is _____ born in General Santos City?”*¹

- ☐ Yes ☐ No

Determine the place of birth of each household member. If “No”, proceed to **Question C1.a**. Select from the selection below the Regional birthplace, if “Yes” skip to **Question C2**.

Question C1.a: *“If No, please specify:”*

- ☐ National Capital Region (NCR)
- ☐ Cordillera Administrative Region (CAR)
- ☐ Region I (Ilocos Region)
- ☐ Region II (Cagayan Valley)
- ☐ Region III (Central Luzon)
- ☐ Region IV-A (CALABARZON)
- ☐ Region IV-B (MIMAROPA)
- ☐ Region V (Bicol)
- ☐ Region VI (Western Visayas)
- ☐ Region VII (Central Visayas)
- ☐ Region VIII (Eastern Visayas)
- ☐ Region IX (Zamboanga Peninsula)
- ☐ Region X (Northern Mindanao)
- ☐ Region XI (Davao Region)
- ☐ Region XII (SOCCSKSARGEN)
- ☐ Region XIII (CARAGA)
- ☐ ARMM
- ☐ Outside Philippines

A screenshot of a mobile application interface for the CityCen 2018 survey. The form is titled "PLACE OF BIRTH" and includes a dropdown menu for "C1.a If No, please specify:". The dropdown menu is open, showing a list of regions and provinces: "Ilocos Region", "Cagayan Valley", "Central Luzon", "Southern Tagalog (CALABARZON)", "Bicol Region", "Western Visayas", "Central Visayas", "Eastern Visayas", "Zamboanga Peninsula Region", "Northern Mindanao", "Davao Region", "SOCCSKSARGEN", "CARAGA", "National Capital Region", "Cordillera Administration Region", "ARMM", "MIMAROPA Region", and "Outside Philippines".

III. PLACE OF BIRTH REGISTRATION

Question C2: *“Is _____’s birth registered with the civil registry?”*²

- ☐ Yes, in General Santos City ☐ Yes, outside General Santos City ☐ No

Determine whether the birth was registered in civil registry of General Santos City. If **“Yes, in General Santos City,”** skip to **Question C3**. If **“Yes, outside General Santos City,”** proceed to **Question C2.a**. Then, select from the selection below the Regional birth registration location. If **“No,”** skip to **Question C2.b**.

A screenshot of a mobile application interface for the CityCen 2018 survey. The form is titled "BIRTH REGISTRY" and includes a dropdown menu for "If No". The dropdown menu is open, showing a list of regions and provinces: "Ilocos Region", "Cagayan Valley", "Central Luzon", "Southern Tagalog (CALABARZON)", "Bicol Region", "Western Visayas", "Central Visayas", "Eastern Visayas", "Zamboanga Peninsula Region", "Northern Mindanao", "Davao Region", "SOCCSKSARGEN", "CARAGA", "National Capital Region", and "Cordillera Administration Region".

¹Concepts from City Population Management Office and Local Civil Registrar.
Source:<http://nap.psa.gov.ph/activestats/psgc/listreg.asp>
²Concepts from Local Civil Registrar (LCR).

Question C2.a: “If ____’s birth was registered outside General Santos City, please specify:”

- ☐ National Capital Region (NCR)
- ☐ Cordillera Administrative Region (CAR)
- ☐ Region I (Ilocos Region)
- ☐ Region II (Cagayan Valley)
- ☐ Region III (Central Luzon)
- ☐ Region IV-A (CALABARZON)
- ☐ Region IV-B (MIMAROPA)
- ☐ Region V (Bicol)
- ☐ Region VI (Western Visayas)
- ☐ Region VII (Central Visayas)
- ☐ Region VIII (Eastern Visayas)
- ☐ Region IX (Zamboanga Peninsula)
- ☐ Region X (Northern Mindanao)
- ☐ Region XI (Davao Region)
- ☐ Region XII (SOCCSKSARGEN)
- ☐ Region XIII (CARAGA)
- ☐ ARMM
- ☐ Outside Philippines

Question C2.b: “What was the reason why ____’s birth was not registered with the civil registry?”

- ☐ Negligence of Parents
- ☐ Lack of supporting documents (proof of birth)
- ☐ Absence of father to acknowledge the Child
- ☐ Remote area
- ☐ Fee (depends on the approved Ordinance of an area)
- ☐ Others, specify:_____

Question C3: “How old is ____ as of his/her last birthday ?”³

Type the age of each household member. For household members who are below one (1) year old, or those who are 0 to 11 months old, type 0 (zero).

V. TYPE OF MARRIAGE

Question C4: “If married, what is the type of marriage of ____.”⁴ (for household member 10 years old

and above)

- ☐ Church
- ☐ Civil
- ☐ Tribal
- ☐ Islam
- ☐ Don’t know
- ☐ Others, specify: _____

If the marital status of the household member is either a) married with spouse present in household or b) married with spouse migrant, ask immediately the type of marriage. If not married **select Not Applicable**.

³Concepts and definition was adopted from the CityCen 2011 Manual of Operations, Section C, C5, p.54.
⁴Concepts and definition was adopted from the CityCen 2011 Manual of Operations, Section C, C8-B, p.58.

VI. MIGRATION

Question C5: “If 3 years ago _____ resides outside General Santos City, what is/are your reason/s of migrating to General Santos City and as a place of destination? (Select one (1) reason)”⁵

- ☐ Economic (moving to find work or follow a particular career path)
- ☐ Social (moving somewhere for a better quality of life or to be closer to family or friends or education)
- ☐ Political (moving to escape political persecution or war)
- ☐ Environmental (causes of migration include natural disasters such as flooding)
- ☐ Not Applicable
- ☐ Don't Know

For household members previously residing outside General Santos City at most three (3) years.

D. EDUCATION AND LITERACY

I. NAME OF SCHOOL

Question D6: “What is the name of school where _____ is currently enrolled?”⁶ (for ages 3 to 24)

For list of schools, refer to attached School Code List. For schools outside the city, Select **Others**.

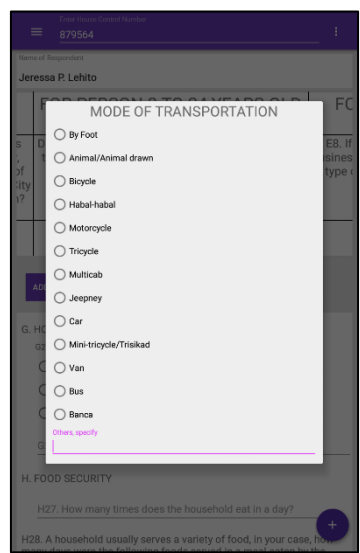
For household members 3-24 years old and are currently enrolled, continue to D7. This question is to capture the number and type of vehicle/transportation used from point of origin (residence) to point of destination (school) and to record school population.

⁵Concepts was adopted from City Population Management Office (CPMO)
⁶Concepts and definition was adopted from the CityCen 2011 Manual of Operations, Section C, C11-B, p.60.

II. MODE OF TRANSPORT USED IN GOING TO SCHOOL

Question D7: “What is the mode of transport used by _____ in going to school?”⁷(private and public)

- ☐ Walking
- ☐ Animal/animal drawn
- ☐ Bicycle
- ☐ Habal-habal
- ☐ Motorcycle
- ☐ Tricycle
- ☐ Multicab
- ☐ Jeepney
- ☐ Car
- ☐ Mini-tricycle/trisikad
- ☐ Van
- ☐ Bus
- ☐ Banca
- ☐ Not Applicable
- ☐ Others, specify:_____



If there are two or more means of transport in going to school, select **only one** (1) major mode of transport from the list above.

- Definition of Terms
 1. **Mini-tricycle (trisikad)** – smaller version of a tricycle that usually operates within the barangay.
 2. **Multi-cab** – a four-wheeled vehicle similar but smaller version of a regular sized Public Utility Jeepney.
- Major Mode of transport means that mode taken on the longest portion of the trip. A trip may mean taking several transport method from point of origin to point of destination.

E. ECONOMIC ACTIVITY

I. TYPE OF FISHING

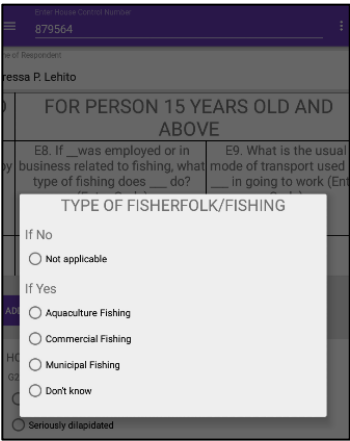
For those who are employed or in businesses related to fishing ages 15 years old and above.

Question E8: “If _____ was employed or in business related to fishing, what type of fishing does _____ do?”⁸

- ☐ Aquaculture Fishing
- ☐ Commercial Fishing
- ☐ Not Applicable
- ☐ Municipal Fishing
- ☐ Don’t know

Municipal Fishing – fishing within municipal waters using fishing vessels of 3 gross tons or less of fishing not requiring the use of fishing vessel.

Commercial Fishing – catching of fish with the use of fishing boats with a capacity of more than 3 gross tons for trade business or profit beyond subsistence or sports fishing.



Aquaculture Fishing – also known as **aquafarming**, is the farming of fish, crustaceans, molluscs, aquatic plants, algae, and other organism under controlled conditions.

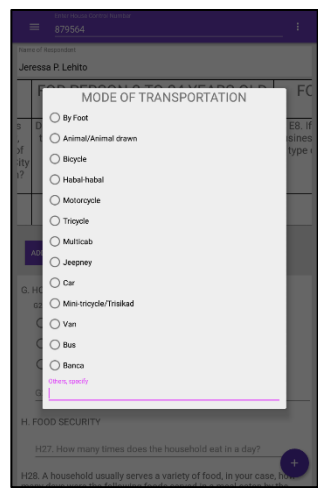
⁷Concepts and definition was adopted from the CityCen 2011 Manual of Operations, Section C, C11-D, p.60.
⁸ Concepts and definition was adopted from the CityCen 2011 Manual of Operations, Section C, C33-B1, p.74.

II. MODE OF TRANSPORT USED IN GOING TO WORK

For those who are employed.

Question E9: “What is the mode of transport used by _____ in going to work?”⁹

- ☐ Walking
- ☐ Animal/animal drawn
- ☐ Bicycle
- ☐ Habal-habal
- ☐ Motorcycle
- ☐ Tricycle
- ☐ Multicab
- ☐ Jeepney
- ☐ Car
- ☐ Mini-tricycle/trisikad
- ☐ Van
- ☐ Bus
- ☐ Banca
- ☐ Not Applicable
- ☐ Others, specify: _____



For household members who are working, ask the follow-up question on the means of transport used in going to work place. If there are two or more means of transport in going to work, select **only one** (1) major mode of transport from the list above.

- Major Mode of transport means that mode taken on the longest portion of the trip. A trip may mean taking several transport method from point of origin to point of destination.

III. MEMBERSHIP IN COOPERATIVE¹⁰ (for Household Members 18 years old and above)

Question E10: “Is _____ a member of a cooperative?”

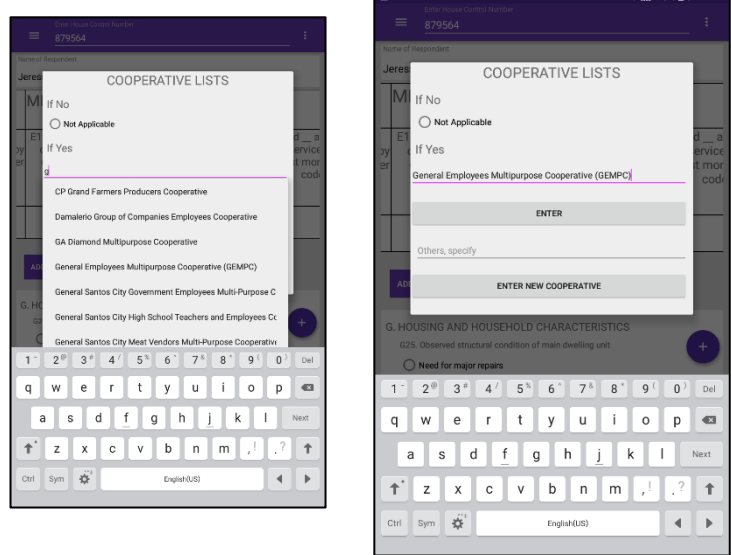
- ☐ Yes
- ☐ No

If “No”, proceed to Question E10.A, if “Yes”, select Name of Cooperative.

Question 10.a: “If NO, is _____ interested to be a member of a Cooperative?”

- ☐ Yes
- ☐ No

If “Yes” proceed to Question E10.B, if “No” skip to Question E11.



⁹ Concepts and definition was adopted from the CityCen 2011 Manual of Operations, Section C, C33-E, p.75.

¹⁰Concepts was adopted from the City Economic Management & Cooperative Development Office (CEMCDO)

Question E10.b: “Which type of cooperative does ____ wants to join?”¹¹

- ☐ Credit Cooperative
- ☐ Marketing Cooperative
- ☐ Others, specify:_____
- ☐ Consumer Cooperative
- ☐ Service Cooperative
- ☐ Don’t know
- ☐ Producer Cooperative
- ☐ Multi-purpose Cooperative

If household, member answered “Yes” in Question E10.A select one from above list of cooperatives. For others type what kind of cooperative.

- Definition of Terms
 1. **Credit Cooperative** – one that promotes and undertakes savings and lending services among its members. It generates a common pool of funds in order to provide financial assistance and other related financial services to its members for productive and provident purposes.
 2. **Consumer Cooperative** – one primary purpose of which is to procure and distribute commodities to members and non-members.
 3. **Marketing Cooperative** – one which engages in the supply of production inputs to members and markets their products.
 4. **Service Cooperative** – one which engages in medical and dental care, hospitalization, transportation, insurance, housing, labor, electric light and power, communication, professional and other services.
 5. **Multi-Purpose Cooperative** – combines two (2) or more of the business activities of these different types of cooperative.

IV. ACCESS TO CREDIT FACILITY¹² (for household member 15 years old and above)

Ask the household members 15 years old and over who availed of a credit service/facility (financial only) in the past month. If the household member availed of credit service facility in the past month, asked the follow-up question on what type of credit facility availed by the household member for the **most recent**.

Question 11: “Did ____ avail of any credit service/facility in the past month?”

- ☐ Yes
- ☐ No

Select “Yes” or “No”. If “Yes”, proceed to Question E11.A, if “No” skip to Question E12.

¹¹⁻¹²Concepts was adopted from the CityCen 2011 Manual of Operations, Section C, C36-37-B, p77-78.

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Question E11.a: “What credit facility/service did _____ avail of? (most recent)?”

- ☐ Relative/Friend
- ☐ Cooperative
- ☐ NGOs
- ☐ Employer/Landlord
- ☐ Government Bank
- ☐ Others, specify: _____
- ☐ Private money lender
- ☐ GSIS
- ☐ Don't know
- ☐ Rural Bank
- ☐ SSS
-
- ☐ Private Bank
- ☐ Pawnshop

For others, select the credit facility/service availed.

V. LIVELIHOOD TRAININGS AVAILABLE¹³ (for Household Members 15 years old and above)

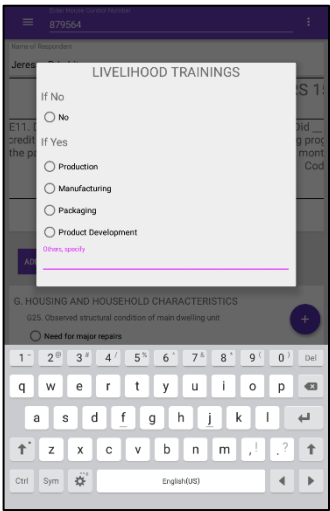
Question E12: “Do you want to avail livelihood trainings?”

- ☐ Yes
- ☐ No

Ask the follow-up question if the household member answered “Yes” in Question E12 ask Question E12.a, if “No” skip to Question E13.

Question E12.a: “What livelihood training does _____ want?”

- ☐ Production
- ☐ Packaging
-
- ☐ Manufacturing
- ☐ Product Development
- ☐ Others, specify: _____



VI. FINANCING PROGRAM AVAILABLE¹⁴

Question E13: “Did _____ avail any financing programs in the past 6 months?”

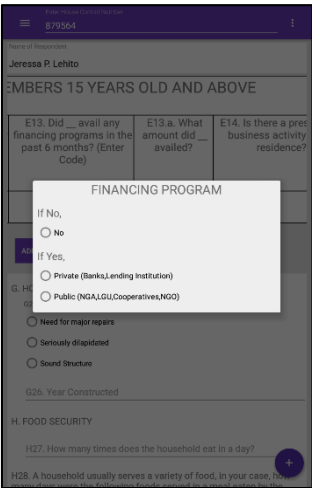
- ☐ Yes
- ☐ No

Select “Yes” or “No”. If “Yes”, proceed to Question E13.a, if “No” skip to Question E14.

Question E13.a: “If yes, what type of Financing Program did _____ availed in the past 6 months?”

- ☐ Private (Banks, Lending Institution)
- ☐ Public (NGA, LGU, Cooperatives, NGO)

Ask another follow-up question if the household member answered “YES” in Question and select one Type of Financing program.



^{13 - 14}Concepts were adopted from City Economic Management & Cooperative Development Office (CEMCDO)

- Definition of Terms
 1. NGA – National Government Agency
 2. LGU – Local Government Unit
 3. NGO – Non-Government Organization

Question E13.b: “What amount did _____ availed?”

- ☐ ₱ 5,000 below
 ☐ ₱ 51,000 - ₱ 100,000
- ☐ ₱ 6,000 - ₱ 50,000
 ☐ ₱ 101,000 - ₱ 500,000
 ☐ ₱ 501,000 and above

AMOUNT

☐ ₱5,000 below
 ☐ ₱6,000 - ₱50,000
 ☐ ₱51,000 - ₱100,000
 ☐ ₱101,000 - ₱500,000
 ☐ ₱501,000 and above
 ☐ Need for major repairs

VII. BUSINESS ACTIVITY PRESENT¹⁵

Question E14: “Is there a presence of business activity in the residence?”(sari-sari store)

- ☐ Yes
 ☐ No

Question E14.a: “If YES, how much is the capitalization?_____”

Ask the follow-up question if the household member answered “Yes” in Question E14 and type the amount of capitalization. If “No”, skip to Question F15.

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Jeressa P. Lehito

OLD AND ABOVE

BUSINESS ACTIVITY PRESENT

☐ If No
 ☐ If Yes

Enter Capitalization

250000

ADD ROW

DELETE ROW

G. HOUSING AND HOUSEHOLD CHARACTERISTICS

G25. Observed structural condition of main dwelling unit:

☐ Need for major repairs

1

2

3

4

5

6

7

8

9

0

F. HEALTH AND NUTRITION

I. TB, HEALTH CARE TREATMENT¹⁶

Question F15: “Is _____coughing for two weeks or more prior to this interview?”

- ☐ Yes
 ☐ No
 ☐ Don’t know

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Jeressa P. Lehito

FOR ALL PERSONS IN THE HOUSEH

F15. Is ____ coughing for two weeks or more prior to this interview?

F15.a. Has ____ been diagnosed of TB? (Enter Code)

F16. If ____ vi facility, what transport of tr in going to th

ADD ROW

DELETE ROW

Ask to all household members. For those household members who are coughing for two weeks or more prior to interview, ask the follow-up question on Question F15.A. Note that the diagnosis referred here is that of a physician or doctor and not of the respondent or the household members.

Question F15.a: “Has _____ been diagnosed of TB?”

☐ Not yet diagnosed; not undergoing treatment
 ☐ Diagnosed to have TB; not undergoing any treatment
 ☐ Diagnosed to have TB; treatment is on-going
 ☐ Don’t know

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Jeressa P. Lehito

FOR ALL PERSONS IN THE HOUSEH

F15. Is ____ coughing for two weeks or more prior to this interview?

F15.a. Has ____ been diagnosed of TB? (Enter Code)

F16. If ____ vi facility, what transport of tr in going to th

ADD ROW

DELETE ROW

879564

Jeressa P. Lehito

FOR ALL PERSONS IN THE HOUSEH

F15. Is ____ coughing for two weeks or more prior to this interview?

F15.a. Has ____ been diagnosed of TB? (Enter Code)

F16. If ____ vi facility, what transport of tr in going to th

TB DIAGNOSIS AND TREATMENT

☐ Not yet diagnosed; not undergoing treatment
 ☐ Diagnosed to have TB; not undergoing any treatment
 ☐ Diagnosed to have TB; treatment is on-going
 ☐ Don't know

G. HOUSING AND HOUSEHOLD CHARACTERISTICS

G25. Observed structural condition of main dwelling unit:

☐ Need for major repairs
 ☐ Seriously dilapidated
 ☐ Sound Structure

G26. Year Constructed

H. FOOD SECURITY

H27. How many times does the household eat in a day?

H28. A household usually serves a variety of food, in your case, how

¹⁵Concepts were adopted from City Treasurers Office (CTO).
¹⁶Concepts and definition was adopted from the CityCen 2011 Manual of Operations, Section C, C13-B, p.63.

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For household member who, after undergoing a treatment for his/her TB, still coughing for two weeks or more prior to interview, but were **not** diagnosed by a physician or doctor to have TB, the answer in **Question 15.a** should be: **Not yet diagnosed and not undergoing any treatment.**

II. MODE OF TRANSPORT USED IN GOING TO HEALTH FACILITY¹⁷

Question F16: “If _____ visited any health facility, what is the mode of transport used by _____ in going to the health facility?”⁷

- ☐ Walking
- ☐ Animal/animal drawn
- ☐ Bicycle
- ☐ Habal-habal
- ☐ Motorcycle
- ☐ Tricycle
- ☐ Multicab
- ☐ Jeepney
- ☐ Car
- ☐ Mini-tricycle/trisikad
- ☐ Van
- ☐ Bus
- ☐ Banca
- ☐ Not Applicable
- ☐ Others, specify:_____

If household member did not visit any health facility, skip to **Question F17**. For household members who visited a health facility in the past 12 months, ask the follow-up question on the means of transport used in going to the indicated health facility. If there are two or more means of transport in going to health facility, select **only one** (1) major mode of transport from the list above.

- Major Mode of transport means that mode taken on the longest portion of the trip. A trip may mean taking several transport method from point of origin to point of destination.

III. NEWBORN HEALTH (for household members’ 0-11 months old)¹⁸

It is recommended that respondents should be mother with infants 0-11 months, mothers with infants 6-11 months, etc.

Question F17: “Did the mother have prenatal care before _____ was delivered?”

- ☐ Yes
- ☐ No
- ☐ Don’t know

Question F17.a: “Where was _____ delivered?”

- Home

☐ Your Home

☐ Other Home
- Private Sector

☐ Private Hospital

☐ Private Clinic (e.g. Midwife Clinic)

☐ Others, specify:_____
- Public Sector

☐ Government Hospital

☐ Government RHU or Health Center

Question F17.b: “Who attended in the delivery of _____?”

- Public Sector

☐ Doctor

☐ Nurse

☐ Midwife
- Private Sector

☐ Doctor

☐ Nurse

☐ Midwife
- Others

☐ Hilot/Traditional Birth Attendant

☐ Relative/Friend

☐ Others, specify:_____

☐ Don’t know

¹⁷Concepts and definition was adopted from the CityCen 2011 Manual of Operations, Section C, C15-A, p.64.
¹⁸Concepts and definition was adopted from the CityCen 2011 Manual of Operations, Section C, C18-22-A, p.67-68.

Question F17.c: “Did ____ undergo newborn screening?”

☐ Yes ☐ No ☐ Don’t know

Question 17.d: “Do you have a card where ____’s vaccinations are written down?”

☐ Yes, seen ☐ Yes, not seen ☐ No Card

In the immunization of children, inquire the respondent whether the child has an immunization card. In the first category (Yes, seen) in **Question 18.d**, validate if there are other vaccinations provided that are not recorded in the child. For second category (Yes, not seen) and third category (No Card), ask the next questions on type of immunization.

Question F17.e: “Please tell me if ____ received the following vaccinations:”

- F17.e.1. BCG

☐ Yes ☐ No
- F17.e.2. HepaB1

☐ Yes ☐ No
- F17.e.3. Penta 1

☐ Yes ☐ No
- F17.e.4. Penta 2

☐ Yes ☐ No
- F17.e.5. Penta 3

☐ Yes ☐ No
- F17.e.6. OPV1

☐ Yes ☐ No
- F17.e.7. OPV2

☐ Yes ☐ No
- F17.e.8. OPV3

☐ Yes ☐ No
- F17.e.9. Measles

☐ Yes ☐ No

If infant has a vaccination card check vaccinations to answer **Question F18.e**. If no card, ask the respondent each vaccine. However, if the respondent enumerates the vaccines, accurately record **Yes** for each vaccine mentioned by the respondent. There are four major vaccines for infants defined below.

- Definition of Terms

1) **Bacillus Calmet Guerin (BCG)** – an injection given at left/right deltoid after birth.

2) **PENTA** – diphtheria, tetanus, whooping cough (pertussis), and Hib disease (Haemophilus influenza type b) Hepa b. An injection given six (6) weeks after birth.

3) **Oral Polis Vaccine (OPV)** – a liquid vaccine given orally in an interval of six (6) weeks.

4) **Hepa B** – an injection given at thigh area at birth.

5) **Measles** – an injection given at the left Deltoid between nine (9) to eleven (11) moths.
- The age bracket of the children who will be asked whether they received **Measles vaccine** is expanded from **0-11 months** to **less than 8 years old**. Make sure that children in this age range are properly recorded.
- 12

Question F17.f: “Was _____ *exclusively breastfeed?*”

☐ Yes ☐ No ☐ Don’t know

Exclusive breastfeeding as defined by Department of Health (2009 as **only breast milk** is given to the infant/s; no water and/or food. Define accurately and qualify the meaning breastfeeding to the respondent (or mothers) before selecting the answer of the respondent.

IV. CHILD HEALTH ¹⁹

Question F18: “Is _____ *currently sick with measles?*”(for household members 6months – 6 years old)

☐ Yes ☐ No ☐ Don’t know

Question F19: “Was _____ *given Vitamin A supplementation 6 months prior to interview?*”

☐ Yes ☐ No ☐ Don’t know

Question F20: “Did _____ *have dental check-up in the past 6 months?*”(for household members 1– 7 years old)

☐ Yes ☐ No ☐ Don’t know

A screenshot of a mobile application interface. At the top, there's a header bar with a hamburger menu icon, the text "Enter the HHID", and the number "123456". Below this is a table with two columns. The first column has a label "Health code of ... ed by ... cility?". The second column has a label "a. Where ... as ... ivered? ... er Code)". A white dialog box is overlaid on the table, containing three radio button options: "Yes", "No", and "Don't know". At the bottom of the table, there's a row with the number "0".

V. FAMILY PLANNING ²⁰

Question F21: “Is _____ *currently using a method to delay or avoid pregnancy?*”

☐ Yes ☐ No ☐ Don’t know

This question is applicable to both husband and wife. However, women are the reference person for this question since they are those at risk of getting pregnant and have limit in terms of reproductive age (Female ages 15 – 49 years old).

Select “Yes” or “No”. If “Yes”, proceed to Question F21.a, if “No” skip to Question F22.

Question F21.a: “What method is currently being used by _____ to delay or avoid pregnancy?”

- 1 None
- 2 Mucus/Billings/Ovulation
- 3 Lactose Amenorrhea (LAM)
- 4 Calendar/Rhythm/Periodic Abstinence
- 5 Withdrawal
- 6 Injectables
- 7 Condom
- 8 Implant
- 9 Female sterilization (Ligation)
- 10 Male sterilization (Vasectomy)
- 11 Pills
- 12 IUD
- 13 Others, specify: _____
- 14 Don’t know

Two screenshots of a mobile application interface. The left screenshot shows a survey question "F21. Is _____ currently using a method to delay or avoid pregnancy?" with a table of options. The table has two columns: "F21. Is _____ currently using a method to delay or avoid pregnancy?" and "F21.a. Where did _____ recently obtain the service or commodity? (Enter Code)". The table has a row with the number "98". Below the table are buttons "ADD ROW" and "DELETE ROW". The right screenshot shows a list of methods to avoid or delay pregnancy. The list includes: "None", "Mucus/Billings/Ovulation", "Lactose Amenorrhea (LAM)", "Calendar/Rhythm/Periodic Abstinence", "Withdrawal", "Female sterilization (Ligation)", "Male sterilization (Vasectomy)", "Pills", "IUD", "Injectables", "Condom", "Implants", "Don't know", and "Others, specify".

¹⁹Concepts and definition was adopted from the CityCen 2011 Manual of Operations, Section C, C24-27, p.69.

²⁰Concepts and definition was adopted from the CityCen 2011 Manual of Operations, Section C, C28A-28C, p.70-71.

If the household member answered “Yes” in Question F21, ask what method is currently being used. By current, we mean the last method used prior to interview. For other answers, type the exact answer of the respondent making sure that it does not fall in any of the categories. If household member answers 6 – 12 in Question F21.A ask **Question F21.B**, if 1 – 5 skip to **F22**.

- Definition of Terms
 1. **Female Sterilization (Bilateral Tubal Ligation/BTL)** – a safe and simple surgical procedure, which provides permanent contraception for women who want no more children, involves cutting of the two fallopian tubes, also known as BTL or Ligation/*Ligate*.
 2. **No-Scalpel Vasectomy (NSV)** – a permanent method for men, wherein the vas deferens are cut through a small opening on the scrotal skin.
 3. **Pills (Oral Contraceptives)** –pill preparations that contain hormones similar to woman’s natural hormones. Taken daily to prevent pregnancy.
 4. **Intra-Uterine Device (IUD)** – Usually a small plastic or metal device inserted into the woman’s uterus to prevent pregnancy.
 5. **Male Condom** – a thin sheath of latex rubber made to fit on a man’s erect penis to prevent the passage of sperm cells and sexually transmitted disease organisms into the vagina.
 6. **Billing Ovulation Method (BOM)** – based on the daily observation of what a woman sees and feels at the vaginal area throughout the day.
 7. **Lactose Amenorrhea Method (LAM)** –method that relies on the condition of infertility that results from specific breastfeeding patterns. Use of breastfeeding as temporary family planning method.
 8. **Implant** – The birth control implant (AKA Implanon) is a tiny, thin rod about the size of a matchstick. The implant releases hormones into your body that prevent you from getting pregnant.

Question F21.b: “Where did _____ recently obtain the service or commodity?”

- ☐ Barangay Health Station (BHS)
- ☐ Rural Health Unit (RHU)
- ☐ Urban Health Center
- ☐ Lying-in Center
- ☐ Municipal Hospital
- ☐ Provincial Hospital
- ☐ District Hospital
- ☐ Regional Hospital/Public Medical Center
- ☐ Private Clinic
- ☐ Private Hospital
- ☐ Pharmacy
- ☐ Others, specify: _____
- ☐ Don’t know

PLACE WHERE METHOD WAS RECENTLY OBTAINED

- ☐ Barangay Health Station (BHS)
- ☐ Rural Health Unit (RHU)
- ☐ Urban Health Center
- ☐ Lying-in Center
- ☐ Municipal Hospital
- ☐ Private Clinic
- ☐ Private Hospital
- ☐ District Hospital
- ☐ Provincial Hospital
- ☐ Regional Hospital/Public Medical Center
- ☐ Pharmacy
- ☐ Don't know

Others, specify _____

If the household member answered “6 – 12” in **Question F21.a**, ask where the family planning method was obtained. For other answers, type the location where the service or commodity obtained.

VI. MATERNAL CARE (for currently pregnant women ages 10 to 49 years old)²¹

Question F22: “If ____ is currently pregnant, did ____ see anyone for prenatal care for this pregnancy?”

☐ Yes ☐ No ☐ Don’t know

Select “Yes” or “No”. If “Yes”, proceed to Question F22.A, if “No” skip to Question F23.

Question F22.a: “Who was consulted by ____ for prenatal care?”

- Public Sector**

☐ Doctor

☐ Nurse

☐ Midwife
- Private Sector**

☐ Doctor

☐ Nurse

☐ Midwife
- Others**

☐ Hilot/Traditional Birth Attendant

☐ Relative/Friend

☐ Others, specify: _____

☐ Don’t know

For others, type who was consulted for prenatal care.

Question F22.b: “During this pregnancy, was ____ given tetanus toxoid vaccine or tetanus diphtheria?”

☐ Yes ☐ No ☐ Don’t know

This question is for mothers who are currently pregnant at the time of the interview. Note that the question on Tetanus Toxoid vaccine refers **only** to the current pregnancy.

Question F22.c: “As of today, how many tetanus toxoid injections did ____ received? ____”

☐ None ☐ Don’t know

This question is for all women who are 10 to 49 years old. The question refers to **all** Tetanus Toxoid injection that the woman received as of the time of interview.

- The maximum Tetanus Toxoid vaccine a woman can have is five (5).
- Some women may find it hard to remember the number of Tetanus Toxoid vaccine/injection that they received as of the time of interview. For those who had their injections from the health center, there are two ways to probe. 1) By asking the woman if she had prenatal check-up during pregnancy of the first child (in health center, two shots is being given to women). For each additional child born, one shot of Tetanus Toxoid vaccine is given to the woman until she finishes all five vaccines; 2) By asking for a copy of their home-based maternal record.

²¹Concepts and definition was adopted from the CityCen 2011 Manual of Operations Section C, C29B1-C32, p.71-72.

Question F23: “How many living children does _____ have? _____”

All women who are 10 – 49 years old who are **not pregnant** will be asked of the number of living children that they have. For Pregnant woman, the current pregnancy will not be included in the number of living children.

Question F24: “Does _____ want additional children?” (for household members 10 to 49 years old)

- ☐ Yes
- ☐ Yes, later
- ☐ No
- ☐ Don't know

879564

Name of Respondent:
Jeressa P. Lehito

LD

How many Tetanus
aria injections did
ed?

F23. How many living
children does? _
have?

F24. Does _ want
additional children?

ADD ROW

DELETE ROW

Name of Respondent:
Jeressa P. Lehito

S OLD

ay, how many Tetanus
Diphtheria injections did
rec?

F23. How many living
children does?

F24. Does _
additional child

Enter number

2

0

0

ADD ROW

DELETE ROW

G. HOUSING AND HOUSEHOLD CHARACTERISTICS

G25. Observed structural condition of main dwelling unit

Need for major repairs

1

2

3

4

5

6

7

8

9

0

Done

Name of Respondent:
Jeressa P. Lehito

LD

How many Tetanus
aria injections did
ed?

F23. How many living
children does? _
have?

F24. Does _ want
additional children?

Yes

Yes, later

No

Don't know

G. HOUSING AND HOUSEHOLD CHARACTERISTICS

G25. Observed structural condition of main dwelling unit

Need for major repairs

Seriously dilapidated

Sound Structure

G26. Year Constructed

H. FOOD SECURITY

H27. How many times does the household eat in a day?

H28. A household usually serves a variety of food, in your case, many days were the following foods served in a meal eaten by the

G. HOUSING AND HOUSEHOLD CHARACTERISTICS

I. TYPE OF BUILDING WHERE HOUSEHOLD RESIDES

Question G25: “Observed structural condition of main dwelling unit.”²²

- ☐ Seriously dilapidated
- ☐ Need for major repairs
- ☐ Sound Structure

There is no need to ask the respondent this question. Just observe the building/house/dwelling unit of the household, and then click the appropriate answer. Refer to the following definitions:

1. **Seriously dilapidated (Guba kayo)** –worst state of disrepair; dwelling unit is broken down and shabby and about to disintegrate or crumble.
2. **Need for major repairs (Nagkinhanglan ug repair/ayuhonon)** – usually dwelling units made of light or semi-concrete materials that needs to be changed due to badly broken or heavily leaking roof or wooden posts destroyed by termites or both.
3. **Sound Structure (Lig-on)** – dwelling unit in good condition usually made of concrete materials or semi-concrete materials or newly constructed houses with light materials; no leaking roof or broken walls, doors and windows.

II. DATE OF HOUSING UNIT CONSTRUCTED

Question G26: “Year Constructed:_____.”²³(for owned housing units)

Ask the follow-up question and enter the year of the housing unit constructed.

G. HOUSING AND HOUSEHOLD CHARACTERISTICS

G25. Observed structural condition of main dwelling unit

Need for major repairs

Seriously dilapidated

Sound Structure

G26. Year Constructed

2001

²²Concepts and definition was adopted from the CityCen 2011 Manual of Operations, Section E, E7, p.82.

²³Concepts was adopted from City Housing and Land Management Office (CHLMO).

H. FOOD SECURITY

Food security explores the situation of the household in terms of frequency of meals, food prepared, rice supply and vegetable garden. This is to determine which households are deprived of food due to poverty. Full meals refer to breakfast, lunch and dinner.

I. MEALS EAT IN A DAY, MEALS SERVED AND RICE SUPPLY²⁴

Question H27: “How many times does the household eat in a day? _____time/s”

- Regular meal = rice, viand (not snacks)

Question H28: “A household usually serves a variety of food, in your case, how many days were the following foods served in a meal eaten by the household in the past 7 days?”

H28.a. Meat (e.g. Beef, pork, chicken):_____day/s

H28.b. Seafoods (e.g. crabs, shrimps, Malasugue, Tangigue, squid, Sari fish, Lapu-lapu, Tuna, Pompano):____day/s

H28.c. Processed Foods (e.g. ham, bacon, longganisa, tocino, corned beef, hotdog): _____ day/s

H28.d. Fruits:____day/s

H28.e. Vegetables:____day/s

Always mention the food group and the corresponding examples and probe for number of days and **not** frequency or number of times. For example, if the household ate *Pompano* three times a day, this is only counted as one (1) day. Thus, type 1 on the space provided. If the answer is none, type 0.

Question H29: “When you buy kilo rice, for how many day/s is it usually good for?”

- ☐ 0 day ☐ One day ☐ Two days ☐ Three days ☐ Others, Specify:_____

For others, type the number of day/s supply of rice last.

H. FOOD SECURITY

H27. How many times does the household eat in a day?

3

H28. A household usually serves a variety of food, in your case, how many days were the following foods served in a meal eaten by the household in the past 7 days

Meat?

3

Seafoods?

7

Processed Foods?

0

Fruits?

7

Vegetables?

7

H29. When you buy a kilo of rice, for how many day/s is it usually good for?

☒ Less than a day

☐ One day

I. BACKYARD GARDEN

I. VEGETABLE GARDEN²⁵

Question I30: “Does your household or any members of your household plant vegetables in the vicinity of the house?”

- ☐ Yes ☐ No

II. TREE GARDEN²⁶

Question I31: “Does your household or any members of your household plant trees in the vicinity of the house?”

- ☐ Yes ☐ No

I. BACKYARD GARDEN

I30. Does your household or any members of your household plant vegetables in the vicinity of the house?

☒ Yes

☐ No

I31. Does your household or any members of your household plant tree in the vicinity of the house?

☒ Yes

☐ No

²⁴Concepts was adopted from the CityCen 2011 Manual of Operations, Section F, F4, p.85.

²⁵Concepts was adopted from City Disaster Risk Reduction Management Office (CDRRMO

²⁶Concepts was adopted from CityCen 2011 Manual of Operations, Section D3, D5, p.79-80.

J. OWNERSHIP OF HOUSEHOLD ASSETS²⁶

I. OWNERSHIP OF FISHPOND

Question J32: “Does your household or any member of your household own fishpond?”

☐ Yes ☐ No

Ask the respondent if the **household** owns a fishpond. Select “Yes” or “No”. If “Yes”, proceed to Question J32.a, if “No” skip to Question K33.

Question 32.A: “If yes, how many?” _____

- ☐ Prawn
- ☐ Hito
- ☐ Pangasius
- ☐ Tilapia
- ☐ Others, specify

J. OWNERSHIP OF HOUSEHOLD ASSETS

J32. Does your household or any members of your household own fishpond?

☒ Yes

☐ No

If Yes, how many?

Prawn

Hito

Pangasius

Bangus

Tilapia

Others, Specify

Type the number of fishpond owned and specify what type of cultured aquatic species for others that does not fall in any of the categories.

K. OWNERSHIP AND IMMUNIZATION OF DOGS/CATS²⁷

Question K33: “Does your household or any members of your household own dogs/cats?”

☐ Yes ☐ No

Select “Yes” or “No”. If “Yes”, proceed to Question K33.A, if “No” skip to Question L34.

Question K33.a: “If yes, how many?” _____

- A. Dogs _____
- B. Cats _____

Question K33.b: “How does the household took care of dogs?”

☐ By cage ☐ By tying ☐ Free

Question K33.c: “Are your dogs being immunized against rabies on an annual basis starting three (3) months old?”

☐ Yes ☐ Yes, but not all ☐ No

K. OWNERSHIP AND IMMUNIZATION OF DOGS AND CATS

K33. Does your household or any members of your household own dogs/cats

☒ Yes

☐ No

If yes,

Dogs

Cats

K33-B. How does the household took care of dogs/cats

☐ By Cage

☐ By tying

☐ Free

K33-C. Are your dogs immunized against rabies starting three (3) months old and yearly?

☐ Yes

☐ Yes, but not all

☐ No

K. OWNERSHIP AND IMMUNIZATION OF DOGS AND CATS

K33. Does your household or any members of your household own dogs/cats

☐ Yes

☒ No

If yes,

Dogs

Cats

K33-B. How does the household took care of dogs/cats

☐ By Cage

☐ By tying

☐ Free

K33-C. Are your dogs immunized against rabies starting three (3) months old and yearly?

☐ Yes

☐ Yes, but not all

☐ No

²⁶Concepts and definition was adopted from the CityCen 2011 Manual of Operations, Section G, G2A-B, p.87.

²⁷Concepts was adopted from City Veterinarians Office and the CityCen 2011 Manual of Operations, Section F, F5A-F5C, p.85-86.

L. CLIMATE CHANGE AND DISASTER RISK MANAGEMENT²⁸

I. DISASTER PREPAREDNESS

Question L34: *“Is there a member in the household knowledgeable on disaster preparedness?”*

- ☐ Yes ☐ No

Select “Yes” or “No”. If “Yes”, proceed to Question L34.A, if “No” skip to Question L35.

Question L34.a: *“If yes, where was the knowledge acquired?” (Check as many)*

- ☐ School
☐ Government Agencies (BDRRMC,CDRRMO,OCD,DILG,CSWD, etc.)
☐ Non-Government Organization (PRC, Rotary Club, Lions Club, Kiwanis Club, RD Foundation, etc.)
☐ Others, specify_____

For others, specify where the knowledge was acquired that does not fall in any of the categories.

• Definition of Terms

- 1. BDRRMC – Barangay Disaster Risk Reduction Management Committee
- 2. CDRRMO – City Disaster Risk Reduction Management Office
- 3. OCD – Office of the Civil Defense
- 4. DILG – Department of Interior and Local Government
- 5. CSWD – City Social Welfare and Development

Question L34.b: *“What type of training/s did member/s of the household undergo regarding disaster preparedness?” (Check as many)*

- | | |
|--|--|
| <input type="checkbox"/> CBDRRM o RCRP | <input type="checkbox"/> Search and Rescue |
| <input type="checkbox"/> First Aid | <input type="checkbox"/> Fire Fighting |
| <input type="checkbox"/> BLS/CPR | <input type="checkbox"/> Others, specify _____ |

For others, specify what type of training undergone that does not fall in any of the categories.

• Definition of Terms

- 1. CBDRRM – Community Based Disaster Risk Reduction and Management
- 2. RCRP – Rapid Community Response Project
- 3. BLS – Basic Life Support
- 4. CPR – Cardio Pulmonary Resuscitation

Question L35: *“Is there a disaster alert system currently practiced in your community or Barangay?”*

- ☐ Yes ☐ No

Select “Yes” or “No”. If “Yes”, proceed to Question L35.A, if “No” skip to Question M36.

Question L35.a: *“If yes, how is information disseminated?” (Check as many)*

- ☐ Radio
☐ Television
☐ Publication
☐ Internet
☐ SMS
☐ Siren
☐Others, specify _____

For others, specify how the information disseminated that does not fall in any of the categories.

L. CLIMATE CHANGE AND DISASTER RISK MANAGEMENT

L34. Is there a member in the household knowledgeable on disaster preparedness?

☒ Yes

☐ No

L34-A. If yes?

☐ School

☐ Government Agencies

☐ Non-Government Organization

Other, specify

L34.B What type of training was _____ undergone regarding disaster preparedness?

☐ CBDRRM or RCRP

☐ First Aid

☐ BLS/CPR

☐ Fire Fighting

☐ Search and Rescue

Other, specify

L35. Is there a disaster alert system currently practised in your community or Barangay?

☐ Yes

☐ No

L35-A. If yes, how is information disseminated?(Check as many)

☐ Radio

☐ Television

²⁸Concepts and definition was adopted from City Disaster Risk Reduction Management Office (CDRRMO).

M. GOVERNMENT FACILITIES²⁹

I. GOVERNMENT FACILITIES USED

Question M36: “What government infrastructures have you used?” (Check as many)

- ☐ Roads
- ☐ Drainage
- ☐ School Buildings
- ☐ Day Care Centers
- ☐ Covered Court
- ☐ Basketball Court
- ☐ Street Lights
- ☐ Flood Control Infrastructure
- ☐ Bridges
- ☐ Health Facilities
- ☐ Water System Facilities
- ☐ Solar Drier
- ☐ Government Warehouse
- ☐ Multi-purpose Building
- ☐ Others, specify_____

M. GOVERNMENT FACILITIES

M36. What government infrastructure have you used?(Check as many)

☐ Roads

☐ Drainage

☐ School Buildings

☐ Health Facilities

☐ Day Care Centers

☐ Water System Facilities

☐ Multi-purpose Building

☐ Flood Control Infrastructure

☐ Government Warehouse

☐ Bridges

☐ Street Lights

☐ Solar Drier

☐ Covered Court

☐ Basketball Court

Other, specify

For others, specify what government infrastructure used that does not fall in any of the categories.

Question M37: “What government infrastructure facilities do you want in your barangay in the next three (3) years?” (Select at most 3)

- ☐ Roads
- ☐ Drainage
- ☐ School Buildings
- ☐ Day Care Centers
- ☐ Covered Court
- ☐ Basketball Court
- ☐ Street Lights
- ☐ Flood Control Infrastructure
- ☐ Bridges
- ☐ Health Facilities
- ☐ Water System Facilities
- ☐ Solar Drier
- ☐ Government Warehouse
- ☐ Multi-purpose Building
- ☐ Others, specify_____

M37. What government infrastructure facilities do you want in your barangay in the next years?

☒ Roads

☒ Drainage

☐ School Buildings

☐ Health Facilities

☒ Day Care Centers

☐ Water System Facilities

☐ Multi-purpose Building

☐ Flood Control Infrastructure

☐ Government Warehouse

☐ Bridges

☐ Street Lights

☐ Solar Drier

☐ Covered Court

☐ Basketball Court

Other, specify

N. HUMAN RESOURCE MANAGEMENT IN THE LOCAL GOVERNMENT UNIT

N38. Have you experienced having transaction/s with our government unit?

☐ Yes

☐ No

For others, specify what government infrastructure wanted in the barangay that does not fall in any of the categories.

N. HUMAN RESOURCE MANAGEMENT IN THE LOCAL GOVERNMENT UNIT³⁰

I. HUMAN RESOURCE MANAGEMENT TRANSACTIONS

Question N38: “Have you experienced having transaction/s with our government unit?”

- ☐ Yes
- ☐ No

Select “Yes” or “No”. If “Yes”, proceed to Question N42.A, if “No” skip to Question O43

Question N38.a: If YES, how often? _____

- ☐ Daily
- ☐ Weekly
- ☐ Monthly
- ☐ Quarterly
- ☐ Annually

²⁹Concepts was adopted from City Engineers Office (CEO).
³⁰Concepts was adopted from Human Resource Management and Development Office (HRMDO).

Question N38.b: *“Are you satisfied with the services of our employees?”*

- ☐ Yes
- ☐ No

Question N38.c: *“Were you served within time expected? Or did it take so long for you to be served?”*

- ☐ Earlier
- ☐ As expected
- ☐ Beyond

Question N38.d: *“Do you think that LGU employees are competent enough to do their jobs?”*

- ☐ All
- ☐ Majority
- ☐ Only a few
- ☐ None at all

Question N38.e: *“In what aspect are you not satisfied or where the employees need more improvement?”*

- ☐ Customer Service
- ☐ Behavioral
- ☐ Time Management
- ☐ Others:_____
- ☐ Mastery of Job

Question N38.f: *“In your opinion, does the government have enough personnel to attend to the needs of the public?”*

- ☐ Yes
- ☐ No

N38.E. In what aspect are you not satisfied or where the employees need more improve

☐ Customer Service

☒ Behavioral

☐ Time

☐ Mastery of Job

Other, specify

N38.F. In your opinion,does the government have enough personnel to attend to the needs of the public?

☒ Yes

☐ No

N. HUMAN RESOURCE MANAGEMENT IN THE LOCAL GOVERNMENT UNIT

N38. Have you experienced having transaction/s with our government unit?

☒ Yes

☐ No

N38.A. If YES,how often?

☒ Daily

☐ Weekly

☐ Monthly

☐ Quarterly

☐ Annually

N38.B. Are you satisfied with the services of our employees?

☒ Yes

☐ No

N38.C. Were you served within time expected? Or did it take so long for you to be serve

☐ Earlier

☒ As expected

☐ Late

N38.D. Do you think that LGU employees are competent enough to do their jobs?

☐ All

☐ Majority

☒ Only a few

☐ None at all

O. PRIORITY CONCERNS³¹

Question O39: *“Prioritize the concerns listed below.”*

- ☐ Education
- ☐ Peace and Order
- ☐ Health Services
- ☐ Labor and Employment
- ☐ Economic Services/Development
- ☐ Housing and Community Development
- ☐ Social Welfare Services
- ☐ Infrastructure
- ☐ Environment
- ☐ Transportation

O. PRIORITY CONCERNS

O39. Prioritize the concerns listed below. Put numbers 1 to 10 before each concern according to your priority. (1 as top priority,10 as the least)

Education

1

Peace and Order

2

Health Services

3

Labor and Employment

8

Economic Services/Development

10

Transportation

9

Housing and Community Development

4

Social Welfare Services

5

Infrastructure


6

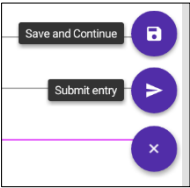
Environment

7

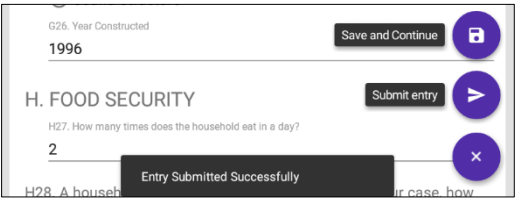
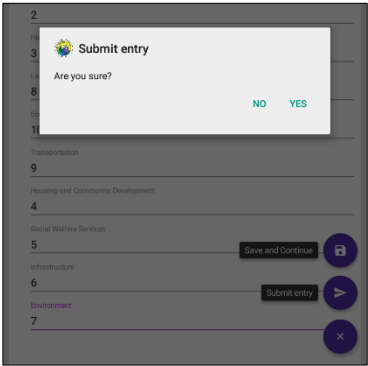
Put numbers 1 to 10 before each concern according to your priority. 1 as your top priority and 10 as the least.


³¹Concepts was adopted from City Development Plan Executive Legislative Agenda (CDP ELA).

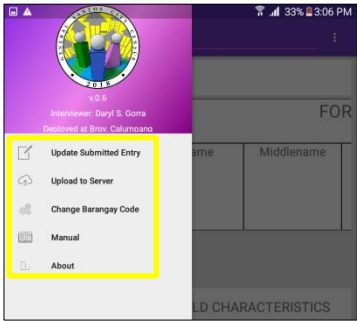
Select the **Floating Action Button (FAB)**  to show the following actions:



Press **Save and Continue** button constantly to save the entry. Select “**Yes**” if you want to send and save the entry to the server and “**Entry Submitted Successfully**” message will be shown. Select “**No**” if not yet ready to submit the entry.

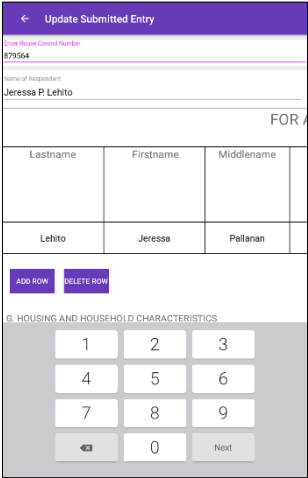
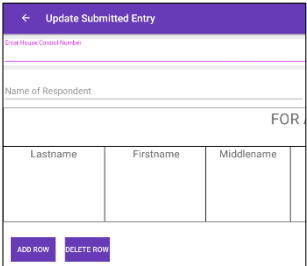



Click **Navigation drawer**  found at the upper left corner of the screen beside the Household control number to display following Menu:



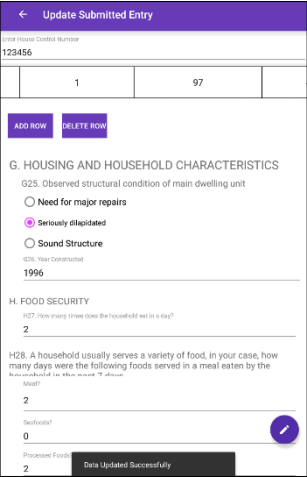
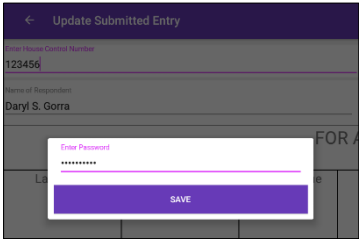
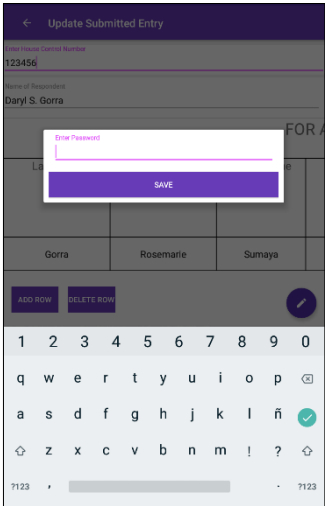
• **UPDATE SUBMITTED ENTRY (For Field Supervisor editing only)**

- 1. When editing submitted entry, please enter the Household Control Number (HCN) to be edited.



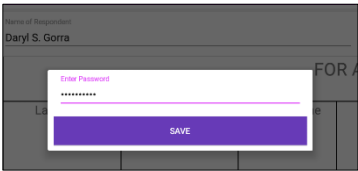
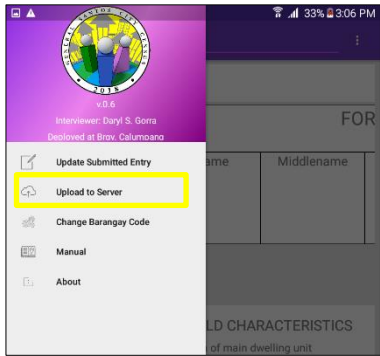
- 2. Then click the **EDIT Floating Action Button (FAB)**  to save the edited entry.
- 3. Enter FS designated password assigned by the City Technical Team.

After the password has been entered, a message “**Data Updated Successfully**” will be shown. Once **Submit Entry** button was clicked, the temporary data will be replaced.



• **UPLOAD TO SERVER** (Field Supervisor)

1. After the thorough analysis, the entries will be uploaded to the server by the Field Supervisor (FS)

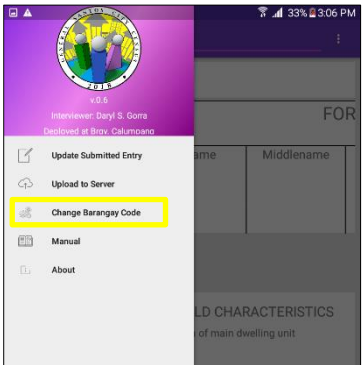


2. Enter FS designated password assigned by the City Technical Team.
3. After the password has been entered, a message “**Upload to Drive**” will be shown. Then click the “**Save**” button to upload the entry to citycen2018 user account (google drive).

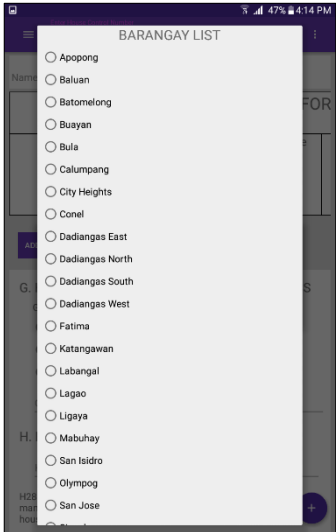
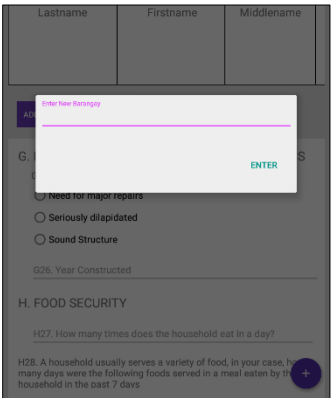


• **CHANGE BARANGAY CODE** (For Field Interviewer and Field Supervisor)

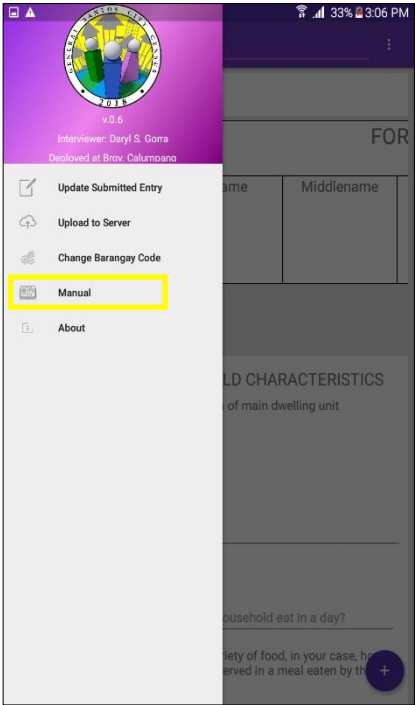
1. For Field Interviewers and Field Supervisors which will be assigned to different Barangays of their respective Team.



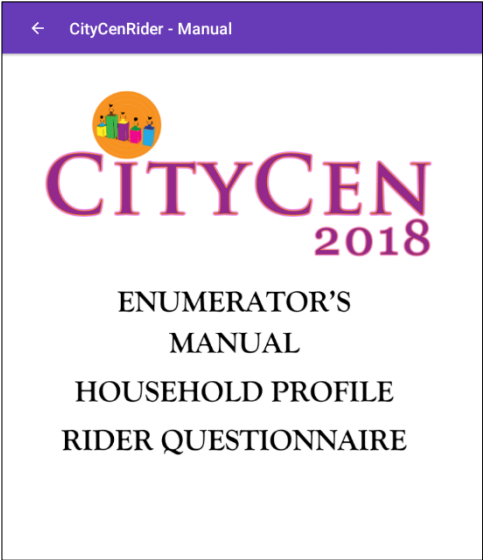
2. Select from the List of Barangays of their assigned areas.



• MANUAL



For other concerns, browse for the Manual and Code list installed in this app.



• CODELIST

