



2022 NATIONAL DEMOGRAPHIC AND HEALTH SURVEY
WOMAN'S QUESTIONNAIRE (FORM 2)

PSA APPROVAL NO: PSA-2207-02
EXPIRES ON: 28 February 2023

CONFIDENTIALITY:

Article 55 of RA 10625, states that "The information collected shall not be used for purposes of taxation, investigation or regulation."

Section 26 of RA 10625, stipulates that individual data furnished by a respondent to statistical inquiries, surveys, and censuses of the PSA shall be considered privileged information and such shall be inadmissible as evidence in any proceeding.

Section 27 of RA No. 10625 states that a person, including parties within the PSA Board and the PSA, who breach the confidentiality of information, whether by carelessness, improper behavior, behavior with malicious intent, and use of confidential information for profit shall be liable to a fine of five thousand pesos (PhP 5,000.00) to not more than ten thousand pesos (PhP 10,000.00) and or imprisonment of three months but not to exceed one year, subject to the degree of breach of information.

IDENTIFICATION

BOOKLET ___ OF ___ BOOKLETS

REGION

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PROVINCE

--	--

CITY/MUNICIPALITY

--	--

BARANGAY

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EA

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HOUSING UNIT SERIAL NUMBER (HUSN)

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HOUSEHOLD SERIAL NUMBER (HSN)

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NDHS HOUSEHOLD NUMBER

--	--	--	--	--

NUMBER OF HOUSEHOLDS IN THE HOUSING UNIT

--	--

NAME OF HOUSEHOLD HEAD _____

NAME AND LINE NUMBER OF WOMAN _____

RESPONDENT SELECTED FOR THE WOMEN'S SAFETY MODULE (YES = 1; NO = 2)

ADDRESS _____

INTERVIEWER VISITS

	1	2	3	FINAL VISIT								
DATE	_____	_____	_____	MONTH <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table> DAY <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table> YEAR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>2</td><td>0</td><td>2</td><td>2</td></tr></table>					2	0	2	2
2	0	2	2									
INTERVIEWER'S NAME	_____	_____	_____	INT. NO. <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td><td></td></tr></table>								
RESULT*	_____	_____	_____	RESULT* <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td></tr></table>								
NEXT VISIT: DATE	_____	_____	_____	TOTAL NUMBER OF VISITS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td></tr></table>								
TIME	_____	_____	_____									

*RESULT CODES: 1 COMPLETED 4 REFUSED 8 OCW/OFW
2 NOT AT HOME 5 PARTLY COMPLETED 7 OTHER _____
3 POSTPONED 6 INCAPACITATED SPECIFY _____

LANGUAGE OF QUESTIONNAIRE**

0	1
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 LANGUAGE OF INTERVIEW**

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 NATIVE LANGUAGE OF RESPONDENT**

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 TRANSLATOR USED (YES = 1, NO = 2)

LANGUAGE OF QUESTIONNAIRE** **ENGLISH** **LANGUAGE CODES:
01 ENGLISH 04 BIKOLANO 07 CEBUANO
02 TAGALOG 05 WARAY 06 HILIGAYNON
03 ILOKANO

TEAM

--	--

NUMBER

TEAM SUPERVISOR

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NAME NUMBER

INTRODUCTION AND CONSENT

(1)

Hello. My name is _____. I am working with the Philippine Statistics Authority. We are conducting a survey about health and other topics all over the Philippines. The information we collect will help the government to plan health services. Your household was randomly selected for the survey. The questions usually take about 30 to 60 minutes. All personnel involved in this survey are required to keep in strict confidence any information obtained during the interview that pertains to any particular household or individual. Likewise, the data gathered will be released only in the form of statistical summaries in which no reference to any person shall appear. You don't have to be in the survey, but we hope you will agree to answer the questions since your views are important. If I ask you any question you don't want to answer, just let me know and I will go on to the next question or you can stop the interview at any time.

In case you need more information about the survey, you may contact the Philippine Statistics Authority Provincial Statistical Officer in your province.

Do you have any questions?
May I begin the interview now?

SIGNATURE OF INTERVIEWER _____ DATE _____

RESPONDENT AGREES TO BE INTERVIEWED . . . 1
RESPONDENT DOES NOT AGREE TO BE INTERVIEWED . . . 2 → END

SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																																																																																																																				
101	RECORD THE TIME.	HOURS MINUTES																																																																																																																																					
102	What province were you born in?	PROVINCE OUTSIDE OF THE PHILIPPINES 96	→ 103A																																																																																																																																				
<p>CODES FOR Q. 102 AND 107 (PROVINCE)</p> <table border="0"> <tr> <td>01 ILOCOS</td> <td>06 WESTERN VISAYAS</td> <td>11 DAVAO</td> <td>16 CARAGA</td> </tr> <tr> <td>28 ILOCOS NORTE</td> <td>04 AKLAN</td> <td>23 DAVAO DEL NORTE</td> <td>02 AGUSAN DEL NORTE</td> </tr> <tr> <td>29 ILOCOS SUR</td> <td>06 ANTIQUE</td> <td>82 DAVAO DE ORO</td> <td>03 AGUSAN DEL SUR</td> </tr> <tr> <td>33 LA UNION</td> <td>19 CAPIZ</td> <td>86 DAVAO OCCIDENTAL</td> <td>67 SURIGAO DEL NORTE</td> </tr> <tr> <td>55 PANGASINAN</td> <td>30 ILOILO</td> <td>24 DAVAO DEL SUR</td> <td>68 SURIGAO DEL SUR</td> </tr> <tr> <td></td> <td>79 GUIMARAS</td> <td>25 DAVAO ORIENTAL</td> <td>85 DINAGAT ISLANDS</td> </tr> <tr> <td>02 CAGAYAN VALLEY</td> <td>45 NEGROS OCCIDENTAL</td> <td>12 SOCCSKSARGEN</td> <td>17 MIMAROPA</td> </tr> <tr> <td>09 BATANES</td> <td></td> <td>47 COTABATO</td> <td>40 MARINDUQUE</td> </tr> <tr> <td>15 CAGAYAN</td> <td>07 CENTRAL VISAYAS</td> <td>65 SULTAN KUDARAT</td> <td>51 OCCID. MINDORO</td> </tr> <tr> <td>31 ISABELA</td> <td>12 BOHOL</td> <td>63 SOUTH COTABATO</td> <td>52 ORIENT. MINDORO</td> </tr> <tr> <td>50 NUEVA VIZCAYA</td> <td>22 CEBU</td> <td>80 SARANGANI</td> <td>53 PALAWAN</td> </tr> <tr> <td>57 QUIRINO</td> <td>46 NEGROS ORIENTAL</td> <td>98 COTABATO CITY</td> <td>59 ROMBLON</td> </tr> <tr> <td>03 CENTRAL LUZON</td> <td>61 SIQUIJOR</td> <td>13 NATIONAL CAPITAL</td> <td></td> </tr> <tr> <td>08 BATAAN</td> <td>08 EASTERN VISAYAS</td> <td>91 NCR - CITY OF MANILA, FIRST DISTRICT</td> <td></td> </tr> <tr> <td>14 BULACAN</td> <td>26 EASTERN SAMAR</td> <td>92 NCR, SECOND DISTRICT</td> <td></td> </tr> <tr> <td>49 NUEVA ECIJA</td> <td>48 NORTHERN SAMAR</td> <td>93 NCR, THIRD DISTRICT</td> <td></td> </tr> <tr> <td>54 PAMPANGA</td> <td>60 SAMAR (WESTERN SAMAR)</td> <td>94 NCR, FOURTH DISTRICT</td> <td></td> </tr> <tr> <td>69 TARLAC</td> <td>64 SOUTHERN LEYTE</td> <td>95 NCR, FIFTH DISTRICT</td> <td></td> </tr> <tr> <td>71 ZAMBALES</td> <td>78 BILIRAN</td> <td></td> <td></td> </tr> <tr> <td>77 AURORA</td> <td>37 LEYTE</td> <td>14 CORDILLERA</td> <td></td> </tr> <tr> <td>04 CALABARZON</td> <td>09 ZAMBOANGA PENINSULA</td> <td>01 ABRA</td> <td></td> </tr> <tr> <td>10 BATANGAS</td> <td>72 ZAMBOANGA DEL NORTE</td> <td>11 BENGUET</td> <td></td> </tr> <tr> <td>21 CAVITE</td> <td>73 ZAMBOANGA DEL SUR</td> <td>27 IFUGAO</td> <td></td> </tr> <tr> <td>34 LAGUNA</td> <td>83 ZAMBOANGA SIBUGAY</td> <td>44 MOUNTAIN PROVINCE</td> <td></td> </tr> <tr> <td>56 QUEZON</td> <td>97 ISABELA CITY</td> <td>32 KALINGA</td> <td></td> </tr> <tr> <td>58 RIZAL</td> <td></td> <td>81 APAYAO</td> <td></td> </tr> <tr> <td>05 BICOL</td> <td>10 NORTHERN MINDANAO</td> <td>15 BANGSAMORO AUTONOMOUS REGION</td> <td></td> </tr> <tr> <td>05 ALBAY</td> <td>13 BUKIDNON</td> <td>IN MUSLIM MINDANAO</td> <td></td> </tr> <tr> <td>16 CAMARINES NORTE</td> <td>18 CAMIGUIN</td> <td>38 MAGUINDANAO</td> <td></td> </tr> <tr> <td>17 CAMARINES SUR</td> <td>35 LANA O DEL NORTE</td> <td>07 BASILAN</td> <td></td> </tr> <tr> <td>20 CATANDUANES</td> <td>42 MISAMIS OCCIDENTAL</td> <td>36 LANA O DEL SUR</td> <td></td> </tr> <tr> <td>41 MASBATE</td> <td>43 MISAMIS ORIENTAL</td> <td>66 SULU</td> <td></td> </tr> <tr> <td>62 SORSOGON</td> <td></td> <td>70 TAWI-TAWI</td> <td></td> </tr> </table>				01 ILOCOS	06 WESTERN VISAYAS	11 DAVAO	16 CARAGA	28 ILOCOS NORTE	04 AKLAN	23 DAVAO DEL NORTE	02 AGUSAN DEL NORTE	29 ILOCOS SUR	06 ANTIQUE	82 DAVAO DE ORO	03 AGUSAN DEL SUR	33 LA UNION	19 CAPIZ	86 DAVAO OCCIDENTAL	67 SURIGAO DEL NORTE	55 PANGASINAN	30 ILOILO	24 DAVAO DEL SUR	68 SURIGAO DEL SUR		79 GUIMARAS	25 DAVAO ORIENTAL	85 DINAGAT ISLANDS	02 CAGAYAN VALLEY	45 NEGROS OCCIDENTAL	12 SOCCSKSARGEN	17 MIMAROPA	09 BATANES		47 COTABATO	40 MARINDUQUE	15 CAGAYAN	07 CENTRAL VISAYAS	65 SULTAN KUDARAT	51 OCCID. MINDORO	31 ISABELA	12 BOHOL	63 SOUTH COTABATO	52 ORIENT. MINDORO	50 NUEVA VIZCAYA	22 CEBU	80 SARANGANI	53 PALAWAN	57 QUIRINO	46 NEGROS ORIENTAL	98 COTABATO CITY	59 ROMBLON	03 CENTRAL LUZON	61 SIQUIJOR	13 NATIONAL CAPITAL		08 BATAAN	08 EASTERN VISAYAS	91 NCR - CITY OF MANILA, FIRST DISTRICT		14 BULACAN	26 EASTERN SAMAR	92 NCR, SECOND DISTRICT		49 NUEVA ECIJA	48 NORTHERN SAMAR	93 NCR, THIRD DISTRICT		54 PAMPANGA	60 SAMAR (WESTERN SAMAR)	94 NCR, FOURTH DISTRICT		69 TARLAC	64 SOUTHERN LEYTE	95 NCR, FIFTH DISTRICT		71 ZAMBALES	78 BILIRAN			77 AURORA	37 LEYTE	14 CORDILLERA		04 CALABARZON	09 ZAMBOANGA PENINSULA	01 ABRA		10 BATANGAS	72 ZAMBOANGA DEL NORTE	11 BENGUET		21 CAVITE	73 ZAMBOANGA DEL SUR	27 IFUGAO		34 LAGUNA	83 ZAMBOANGA SIBUGAY	44 MOUNTAIN PROVINCE		56 QUEZON	97 ISABELA CITY	32 KALINGA		58 RIZAL		81 APAYAO		05 BICOL	10 NORTHERN MINDANAO	15 BANGSAMORO AUTONOMOUS REGION		05 ALBAY	13 BUKIDNON	IN MUSLIM MINDANAO		16 CAMARINES NORTE	18 CAMIGUIN	38 MAGUINDANAO		17 CAMARINES SUR	35 LANA O DEL NORTE	07 BASILAN		20 CATANDUANES	42 MISAMIS OCCIDENTAL	36 LANA O DEL SUR		41 MASBATE	43 MISAMIS ORIENTAL	66 SULU		62 SORSOGON		70 TAWI-TAWI	
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SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
113	Have you ever attended school?	YES 1 NO 2	→ 117
115	What is the highest grade or year you completed? IF COMPLETED LESS THAN ONE YEAR AT THAT LEVEL, RECORD '00'.	GRADE/YEAR <input type="text"/> <input type="text"/> <input type="text"/> IF CODE 404, 504, 607, 702, OR 802 SPECIFY COURSE: _____	
<p>CODES FOR Qs. 115: EDUCATION</p> <p>LEVEL 0 - EARLY CHILDHOOD EDUCATION 000 = NO GRADE COMPLETED 001 = NURSERY 002 = KINDERGARTEN</p> <p>LEVEL 1 - PRIMARY EDUCATION (ELEMENTARY) 101 = GRADE 1 102 = GRADE 2 103 = GRADE 3 104 = GRADE 4 105 = GRADE 5 106 = GRADE 6</p> <p>108 = IPED 109 = MADRASAH 110 = SPED</p> <p>LEVEL 2 - LOWER SECONDARY EDUCATION (JUNIOR HIGH SCHOOL/ OLD CURRICULUM) 201 = GRADE 7/ 1ST YEAR 202 = GRADE 8/ 2ND YEAR 203 = GRADE 9/ 3RD YEAR 204 = GRADE 10/ FOURTH YEAR 205 = OLD CURRICULUM GRADE 10 GRADUATE</p> <p>208 = IPED 209 = MADRASAH 210 = SPED</p> <p>LEVEL 3 - UPPER SECONDARY EDUCATION (SENIOR HIGH SCHOOL)</p> <p><i>ACADEMIC TRACK (GAS, HUMSS, STEM, ABM)</i> 301 = GRADE 11 302 = GRADE 12</p> <p><i>ARTS AND DESIGN TRACK</i> 303 = GRADE 11 304 = GRADE 12</p> <p><i>SPORTS TRACK</i> 305 = GRADE 11 306 = GRADE 12</p> <p><i>TECHNOLOGY & LIVELIHOOD EDUCATION & TECH-VOC (AGRI-FISHERIES, HOME EC., INDUST. ARTS, ICT)</i> 307 = GRADE 11 308 = GRADE 12</p> <p>LEVEL 4 - POST SECONDARY EDUCATION 401 = 1ST YEAR 402 = 2ND YEAR 403 = 3RD YEAR OR MORE 404 = GRADUATE (SPECIFY COURSE)</p> <p>LEVEL 5 - SHORT-CYCLE TERTIARY EDUCATION 501 = 1ST YEAR 502 = 2ND YEAR 503 = 3RD YEAR OR MORE 504 = GRADUATE (SPECIFY COURSE)</p> <p>LEVEL 6 - BACHELOR LEVEL EDUCATION OR EQUIVALENT 601 = 1ST YEAR 602 = 2ND YEAR 603 = 3RD YEAR 604 = 4TH YEAR 605 = 5TH YEAR 606 = 6TH YEAR OR MORE 607 = GRADUATE (SPECIFY COURSE)</p> <p>LEVEL 7 - MASTER LEVEL EDUCATION OR EQUIVALENT 701 = UNDERGRADUATE (ANY YEAR OTHER THAN GRADUATE) 702 = GRADUATE (SPECIFY COURSE)</p> <p>LEVEL 8 - DOCTORAL LEVEL EDUCATION OR EQUIVALENT 801 = UNDERGRADUATE (ANY YEAR OTHER THAN GRADUATE) 802 = GRADUATE (SPECIFY COURSE)</p> <p>998 = DON'T KNOW</p>			
116	CHECK 115: LESS THAN <input type="checkbox"/> CODE 301 ↓	CODE 301 OR <input type="checkbox"/> HIGHER →	→ 119
117 (4)	Now I would like you to read this sentence to me. SHOW CARD TO RESPONDENT. IF RESPONDENT CANNOT READ WHOLE SENTENCE, PROBE: Can you read any part of the sentence to me?	CANNOT READ AT ALL 1 ABLE TO READ ONLY PART OF THE SENTENCE 2 ABLE TO READ WHOLE SENTENCE 3 NO CARD WITH REQUIRED LANGUAGE 4 (SPECIFY LANGUAGE) BLIND/VISUALLY IMPAIRED 5	
118	CHECK 117: CODE '2', '3' OR '4' <input type="checkbox"/> CIRCLED ↓	CODE '1' OR '5' <input type="checkbox"/> CIRCLED →	→ 120
119	Do you read a newspaper or magazine at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEK 1 LESS THAN ONCE A WEEK 2 NOT AT ALL 3	

SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
120	Do you listen to the radio at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEK 1 LESS THAN ONCE A WEEK 2 NOT AT ALL 3	
121	Do you watch television at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEK 1 LESS THAN ONCE A WEEK 2 NOT AT ALL 3	
122	Do you own a mobile phone?	YES 1 NO 2	→ 124
123	Is your mobile phone a smart phone?	YES 1 NO 2	
124	In the last 12 months, have you used a mobile phone to make financial transactions such as sending or receiving money, paying bills, purchasing goods or services, or receiving wages?	YES 1 NO 2	
125	Do you have an account in a bank or other financial institution that you yourself use?	YES 1 NO 2	→ 127
126	Did you yourself put money in or take money out of this account in the last 12 months?	YES 1 NO 2	
127	Have you ever used the Internet from any location on any device?	YES 1 NO 2	→ 130
128	In the last 12 months, have you used the Internet? IF NECESSARY, PROBE FOR USE FROM ANY LOCATION, WITH ANY DEVICE.	YES 1 NO 2	→ 130
129	During the last one month, how often did you use the Internet: almost every day, at least once a week, less than once a week, or not at all?	ALMOST EVERY DAY 1 AT LEAST ONCE A WEEK 2 LESS THAN ONCE A WEEK 3 NOT AT ALL 4	
130	What is your religion?	ROMAN CATHOLIC 01 PROTESTANT 02 IGLESIA NI CRISTO 03 AGLIPAY 04 ISLAM 05 NO RELIGION 95 OTHER _____ 96 (SPECIFY)	
131	What is your ethnicity by descent/blood/relation/consanguinity? IF RESPONDENT DOES NOT UNDERSTAND QUESTION USE PROBING GUIDE DOUND IN YOUR DISPLAY BOOK AND PROBE ACCORDING TO PROVINCE	TAGALOG 01 CEBUANO 02 ILOKANO 03 HILIGAYNON/ILONGGO 04 BIKOLANO 05 KAPAMPANGAN 06 MARANAO 07 TAUSOG 08 WARAY 09 AETA 10 BADJAO 11 OTHER _____ 96 (SPECIFY)	

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
201A	Now I would like to ask about all the pregnancies you have had during your life. By this I mean all the children born to you, whether they were born alive or dead, whether they are still living or not, whether they live with you or somewhere else, and pregnancies which you have had that did not result in a live birth. I understand that it is not easy to talk about all the children who have died or pregnancies that ended before full term, but it is important that you tell us about all of them, so that we can develop programs to improve children's health.										
201	First I would like to ask about all the births you have had during your life. Have you ever given birth?	YES 1 NO 2	→ 206								
202	Do you have any sons or daughters to whom you have given birth who are now living with you?	YES 1 NO 2	→ 204								
203	a) How many sons live with you? b) And how many daughters live with you? IF NONE, RECORD '00'.	a) SONS AT HOME <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> b) DAUGHTERS AT HOME <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									
204	Do you have any sons or daughters to whom you have given birth who are alive but do not live with you?	YES 1 NO 2	→ 206								
205	a) How many sons are alive but do not live with you? b) And how many daughters are alive but do not live with you? IF NONE, RECORD '00'.	a) SONS ELSEWHERE <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> b) DAUGHTERS ELSEWHERE <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									
206	Have you ever given birth to a boy or girl who was born alive but later died? IF NO, PROBE: Any baby who cried, who made any movement, sound, or effort to breathe, or who showed any other signs of life even if for a very short time?	YES 1 NO 2	→ 208								
207	a) How many boys have died? b) And how many girls have died? IF NONE, RECORD '00'.	a) BOYS DEAD <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> b) GIRLS DEAD <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									
208	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL LIVE BIRTHS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>									
209	CHECK 208: Just to make sure that I have this right: you have had in TOTAL ____ births during your life. Is that correct? YES <input type="checkbox"/> NO <input type="checkbox"/> PROBE AND CORRECT 201-208 AS NECESSARY.										
210	Women sometimes have a pregnancy that does not result in a live birth. For example, a pregnancy can end early in a miscarriage, someone can do something to end the pregnancy, or the child can be born dead. Have you ever had a pregnancy that did not end in a live birth?	YES 1 NO 2	→ 212								
211	In all, how many pregnancies have you had that did not end in live births?	PREGNANCY LOSSES <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>									
212	SUM ANSWERS TO 208 AND 211 AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL PREGNANCY OUTCOMES .. <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>									
213	CHECK 212: ONE OR MORE PAST PREGNANCIES <input type="checkbox"/> NO PAST PREGNANCIES <input type="checkbox"/>		→ 232								

SECTION 2. REPRODUCTION

214 Now I would like to record all your pregnancies including live births, stillbirths, and those lost before full term, starting with your first pregnancy.							
RECORD ALL PREGNANCIES IN 215-228. RECORD TWINS AND TRIPLETS ON SEPARATE LINES. IF THERE ARE MORE THAN 3 PREGNANCIES, USE AN ADDITIONAL QUESTIONNAIRE.							
215	216	217	218	219	220	221	222
Think back to your (first/next) pregnancy. Was that a single pregnancy, twins, or triplets? IF MULTIPLE PREGNANCY: COPY VALUE FOR 215 IN NEXT ROW(S). PREGNANCY HISTORY LINE NUMBER	IF 215=1, ASK: Was the baby born alive, born dead, or lost before full term? IF 215 > 1, ASK: Was the (first/next) baby in this pregnancy born alive or born dead or lost before full term?	Did the baby cry, move, or breathe?	What name was given to the baby? RECORD NAME.	Is (NAME) a boy or a girl?	CHECK 216 AND 217: TYPE OF PREGNANCY OUTCOME. NOTE: IF 217=1, THEN PREGNANCY OUTCOME= BORN ALIVE. IF BORN ALIVE, ASK: On what month, day, and year was (NAME) born? IF BORN DEAD, OR LOST BEFORE FULL TERM, ASK: On what month, day, and year did this pregnancy end?	How long did this pregnancy last in weeks or months? RECORD IN COMPLETED WEEKS OR MONTHS.	FOR ROW 01, ASK: Were there any other pregnancies before this pregnancy? AFTER ROW 01: IF 215=1 OR THIS IS THE FIRST BIRTH OF A MULTIPLE PREGNANCY, ASK: Were there any other pregnancies between the previous pregnancy and this pregnancy? IF 215 > 1 AND THIS IS NOT THE FIRST BIRTH OF THE PREGNANCY, SKIP TO 216 IN NEXT ROW.
01 SING 1 TWINS 2 TRIP 3 NO. OF OUT-COMES <input type="text"/>	BORN ALIVE 1 (SKIP TO 218) ↙ BORN DEAD 2 LOST BEFORE FULL TERM 3 (SKIP TO 220) ↙	YES 1 NO 2 ↓ (SKIP TO 220)	_____ NAME	BOY 1 GIRL 2	MONTH <input type="text"/> <input type="text"/> DAY <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	WEEKS 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/>	YES <input type="checkbox"/> 1 (ADD PREGNANCY) ↙ NO <input type="checkbox"/> 2 (NEXT PREGNANCY) ↙
02 SING 1 TWINS 2 TRIP 3 NO. OF OUT-COMES <input type="text"/>	BORN ALIVE 1 (SKIP TO 218) ↙ BORN DEAD 2 LOST BEFORE FULL TERM 3 (SKIP TO 220) ↙	YES 1 NO 2 ↓ (SKIP TO 220)	_____ NAME	BOY 1 GIRL 2	MONTH <input type="text"/> <input type="text"/> DAY <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	WEEKS 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/>	YES <input type="checkbox"/> 1 (ADD PREGNANCY) ↙ NO <input type="checkbox"/> 2 (NEXT PREGNANCY) ↙
03 SING 1 TWINS 2 TRIP 3 NO. OF OUT-COMES <input type="text"/>	BORN ALIVE 1 (SKIP TO 218) ↙ BORN DEAD 2 LOST BEFORE FULL TERM 3 (SKIP TO 220) ↙	YES 1 NO 2 ↓ (SKIP TO 220)	_____ NAME	BOY 1 GIRL 2	MONTH <input type="text"/> <input type="text"/> DAY <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	WEEKS 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/>	YES <input type="checkbox"/> 1 (ADD PREGNANCY) ↙ NO <input type="checkbox"/> 2 (NEXT PREGNANCY) ↙
222A	Have you had any pregnancies that ended since the last pregnancy mentioned?		YES <input type="checkbox"/>	ADD TO TABLE			
			NO <input type="checkbox"/>	GO TO 223, ROW 1			

SECTION 2. REPRODUCTION

SECTION 2. REPRODUCTION								
	223	224	225		226	227	228	228A
			IF BORN ALIVE AND STILL LIVING:				IF BORN ALIVE AND NOW DEAD:	IF LOST BEFORE FULL TERM
	CHECK 216, 217 AND 221: IF 216=1 OR 217=1, THEN PREGNANCY OUTCOME = BORN ALIVE. IF 216=2 OR 3, THEN CHECK 221. IF 221 ≥ 7 MONTHS OR 28 WEEKS, THEN PREGNANCY OUTCOME = BORN DEAD. IF 221 < 7 MONTHS OR 28 WEEKS, FINAL PREGNANCY OUTCOME = LOST BEFORE FULL TERM	Is (NAME) still alive?	How old was (NAME) at (his/her) last birthday?	is (NAME) living with you?	RECORD HOUSEHOLD LINE NUMBER OF CHILD. RECORD '00' IF CHILD NOT LISTED IN HOUSEHOLD.	How old was (NAME) when (he/she) died? IF '12 MONTHS' OR '1 YR', ASK: Did (NAME) have (his/her) first birthday? THEN ASK: Exactly how many months old was (NAME) when (he/she) died? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS.	Did you or someone else do something to end this pregnancy?	
01	BORN ALIVE 1 BORN DEAD 2 (SKIP TO 223 IN THE NEXT ROW) ← LOST BEFORE FULL TERM 3 (SKIP TO 228A) ←	YES 1 NO 2 (SKIP TO 228) ↓	AGE IN YEARS [][]	YES 1 NO 2	HOUSEHOLD LINE NUMBER [][] ↓ (SKIP TO 223 IN NEXT ROW)	DAYS 1 [][] MONTHS 2 [][] YEARS 3 [][] (SKIP TO 223 IN NEXT ROW)	YES 1 NO 2	
02	BORN ALIVE 1 BORN DEAD 2 (SKIP TO 223 IN THE NEXT ROW) ← LOST BEFORE FULL TERM 3 (SKIP TO 228A) ←	YES 1 NO 2 (SKIP TO 228) ↓	AGE IN YEARS [][]	YES 1 NO 2	HOUSEHOLD LINE NUMBER [][] ↓ (SKIP TO 223 IN NEXT ROW)	DAYS 1 [][] MONTHS 2 [][] YEARS 3 [][] (SKIP TO 223 IN NEXT ROW)	YES 1 NO 2	
03	BORN ALIVE 1 BORN DEAD 2 (SKIP TO 223 IN THE NEXT ROW) ← LOST BEFORE FULL TERM 3 (SKIP TO 228A) ←	YES 1 NO 2 (SKIP TO 228) ↓	AGE IN YEARS [][]	YES 1 NO 2	HOUSEHOLD LINE NUMBER [][] ↓ (SKIP TO 223 IN NEXT ROW)	DAYS 1 [][] MONTHS 2 [][] YEARS 3 [][] (SKIP TO 223 IN NEXT ROW)	YES 1 NO 2	

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
230	<p>COMPARE 212 WITH NUMBER OF PREGNANCY OUTCOMES IN PREGNANCY HISTORY</p> <p>NUMBER IN PREGNANCY HISTORY IS GREATER THAN OR EQUAL TO 212 <input type="checkbox"/></p>	<p>NUMBER IN PREGNANCY HISTORY IS LESS THAN 212 <input type="checkbox"/></p> <p>(PROBE AND RECONCILE) ←</p>	
231	<p>C FOR EACH LIVE BIRTH IN 2017-2022, ENTER 'B' IN THE MONTH OF BIRTH IN THE CALENDAR. WRITE THE NAME OF THE CHILD TO THE LEFT OF THE 'B' CODE. FOR EACH LIVE BIRTH, RECORD 'P' IN EACH OF THE PRECEDING MONTHS ACCORDING TO THE DURATION OF PREGNANCY. (NOTE: THE NUMBER OF 'P's MUST BE ONE LESS THAN THE NUMBER OF MONTHS THAT THE PREGNANCY LASTED.)</p> <p>FOR EACH PREGNANCY THAT DID NOT END IN A LIVE BIRTH IN 2017-2022, ENTER 'T' IN THE CALENDAR IN THE MONTH THAT THE PREGNANCY TERMINATED AND 'P' FOR THE REMAINING NUMBER OF COMPLETED MONTHS OF PREGNANCY.</p> <p>IF DURATION OF PREGNANCY WAS REPORTED IN WEEKS, MULTIPLY THE NUMBER OF WEEKS BY 0.23 TO CONVERT TO THE NUMBER OF MONTHS. ROUND DOWN TO THE NEAREST WHOLE NUMBER TO GET THE NUMBER OF COMPLETED MONTHS.</p>		
232	<p>Are you pregnant now?</p>	<p>YES 1</p> <p>NO 2</p> <p>UNSURE 8</p>	→ 236
233	<p>How many weeks or months pregnant are you?</p> <p>RECORD NUMBER OF COMPLETED WEEKS OR MONTHS.</p> <p>C ENTER 'P's IN THE CALENDAR, BEGINNING WITH THE MONTH OF INTERVIEW AND FOR THE TOTAL NUMBER OF COMPLETED MONTHS.</p> <p>IF DURATION OF PREGNANCY WAS REPORTED IN WEEKS, MULTIPLY THE NUMBER OF WEEKS BY 0.23 TO CONVERT TO THE NUMBER OF MONTHS. ROUND DOWN TO THE NEAREST WHOLE NUMBER TO GET THE NUMBER OF COMPLETED MONTHS.</p>	<p>WEEKS 1 <input type="text"/> <input type="text"/></p> <p>MONTHS 2 <input type="text"/> <input type="text"/></p>	
234	<p>When you got pregnant, did you want to get pregnant at that time?</p>	<p>YES 1</p> <p>NO 2</p>	→ 236
235	<p>CHECK 208: TOTAL NUMBER OF LIVE BIRTHS</p> <p>ONE OR MORE <input type="checkbox"/> NONE <input type="checkbox"/></p> <p>a) Did you want to have a baby later on or did you not want any more children? b) Did you want to have a baby later on or did you not want any children?</p>	<p>LATER 1</p> <p>NO MORE/NONE 2</p>	
236	<p>When did your last menstrual period start?</p> <p>_____</p> <p>(DATE, IF GIVEN)</p>	<p>DAYS AGO 1 <input type="text"/> <input type="text"/></p> <p>WEEKS AGO 2 <input type="text"/> <input type="text"/></p> <p>MONTHS AGO 3 <input type="text"/> <input type="text"/></p> <p>YEARS AGO 4 <input type="text"/> <input type="text"/></p> <p>IN MENOPAUSE/ HAS HAD HYSTERECTOMY 94</p> <p>BEFORE LAST PREGNANCY 95</p> <p>NEVER MENSTRUATED 96</p>	<p>→ 240</p> <p>→ 241</p>

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
237	CHECK 236: WAS THE LAST MENSTRUAL PERIOD WITHIN THE LAST YEAR? YES, WITHIN LAST YEAR <input type="checkbox"/>	NO, ONE YEAR OR MORE <input type="checkbox"/>	→ 240
238 (1)	During your last menstrual period, what did you use to collect or absorb your menstrual blood? Anything else?	REUSABLE SANITARY PADS A DISPOSABLE SANITARY PADS B TAMPONS C MENSTRUAL CUP D CLOTH E TOILET PAPER F COTTON WOOL G UNDERWEAR ONLY H OTHER _____ X (SPECIFY) NOTHING Y	
239	During your last menstrual period, were you able to wash and change in privacy while at home?	YES 1 NO 2 AWAY FROM HOME DURING LAST MENSTRUAL PERIOD 3	
240	How old were you when you had your first menstrual period?	AGE <input type="text"/> <input type="text"/> DON'T KNOW 98	
241	From one menstrual period to the next, are there certain days when a woman is more likely to become pregnant?	YES 1 NO 2 DON'T KNOW 8	→ 243
242	Is this time just before her period begins, during her period, right after her period has ended, or halfway between two periods?	JUST BEFORE HER PERIOD BEGINS 1 DURING HER PERIOD 2 RIGHT AFTER HER PERIOD HAS ENDED 3 HALFWAY BETWEEN TWO PERIODS 4 OTHER _____ 6 (SPECIFY) DON'T KNOW 8	
243	After the birth of a child, can a woman become pregnant before her menstrual period has returned?	YES 1 NO 2 DON'T KNOW 8	

SECTION 3. CONTRACEPTION

301	Now I would like to talk about family planning - the various ways or methods that a couple can use to delay or avoid a pregnancy. Have you ever heard of (METHOD)?		
01	Female Sterilization/ Ligation. PROBE: Women can have an operation to avoid having any more children.	YES 1 NO 2	
02	Male Sterilization/Vasectomy. PROBE: Men can have an operation to avoid having any more children.	YES 1 NO 2	
03	Intrauterine Device (IUD). PROBE: Women can have a loop or coil placed inside them by a doctor or a nurse which can prevent pregnancy for one or more years.	YES 1 NO 2	
04	Injectables. PROBE: Women can have an injection by a health provider that stops them from becoming pregnant for one or more months.	YES 1 NO 2	
05	Implants. PROBE: Women can have one or more small rods placed in their upper arm by a doctor or nurse which can prevent pregnancy for one or more years.	YES 1 NO 2	
06	Patch. PROBE: Women can put a hormonal patch on their upper outer arm, buttocks, abdomen, or thigh to avoid getting pregnant	YES 1 NO 2	
07	Pill. PROBE: Women can take a pill every day to avoid becoming pregnant.	YES 1 NO 2	
08	Condom. PROBE: Men can put a rubber sheath on their penis before sexual intercourse.	YES 1 NO 2	
09	Female Condom. PROBE: Women can place a sheath in their vagina before sexual intercourse.	YES 1 NO 2	
10 (1)	Emergency Contraception. PROBE: As an emergency measure, within 5 days after they have unprotected sexual intercourse, women can take special pills to prevent pregnancy.	YES 1 NO 2	
11 (2)	Standard Days Method. PROBE: A woman uses a string of colored beads to know the days she can get pregnant. On the days she can get pregnant, she uses a condom or does not have sexual intercourse.	YES 1 NO 2	
12	Mucus/Billings/Ovulation Method. PROBE: Women can monitor their cervical mucus to determine the days of the month they are most likely to get pregnant.	YES 1 NO 2	
13	Basal Body Temperature. PROBE: Women can monitor their body temperature to determine the days of the month they are most likely to get pregnant.	YES 1 NO 2	
14	Symptothermal. PROBE: Women can monitor their cervical mucus and their body temperature to determine the days of the month they are most likely to get pregnant.	YES 1 NO 2	
15 (3)	Lactational Amenorrhea Method (LAM). PROBE: Up to 6 months after childbirth, before the menstrual period has returned, women use a method requiring frequent breastfeeding day and night.	YES 1 NO 2	

SECTION 3. CONTRACEPTION

16	Calendar or Rhythm Method or Periodic Abstinence. PROBE: To avoid pregnancy, women do not have sexual intercourse on the days of the month they think they can get pregnant.	YES 1 NO 2
17	Withdrawal. PROBE: Men can be careful and pull out before climax.	YES 1 NO 2
18	Have you heard of any other ways or methods that women or men can use to avoid pregnancy?	YES, MODERN METHOD _____ A (SPECIFY) YES, TRADITIONAL METHOD _____ B (SPECIFY) NO Y

SECTION 3. CONTRACEPTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
302	CHECK 232: NOT PREGNANT <input type="checkbox"/> OR UNSURE ↓	PREGNANT <input type="checkbox"/>	→ 317
303	Are you or your partner currently doing something or using any method to delay or avoid getting pregnant?	YES 1 NO 2	→ 307
304 (4)	Are you or your partner sterilized? IF YES: Who is sterilized, you or your partner?	YES, RESPONDENT STERILIZED ONLY 1 YES, PARTNER STERILIZED ONLY 2 YES, BOTH STERILIZED 3 NO, NEITHER STERILIZED 4	→ 306
305 (4)	CHECK 304: RESPONDENT <input type="checkbox"/> STERILIZED ONLY ↓	PARTNER <input type="checkbox"/> STERILIZED ONLY ↓	BOTH <input type="checkbox"/> STERILIZED ↓
	PROCEED TO 307. CIRCLE CODE 'A' AND FOLLOW THE SKIP INSTRUCTION.	PROCEED TO 307. CIRCLE CODE 'B' AND FOLLOW THE SKIP INSTRUCTION.	PROCEED TO 307. CIRCLE CODE 'A' AND CODE 'B' AND FOLLOW THE SKIP INSTRUCTION.
306	Just to check, are you or your partner doing any of the following to avoid pregnancy: deliberately avoiding sex on certain days, using a condom, using withdrawal or using emergency contraception?	YES 1 NO 2	→ 317
307 (5)	Which method are you using? RECORD ALL MENTIONED. IF MORE THAN ONE METHOD MENTIONED, FOLLOW SKIP INSTRUCTION FOR HIGHEST METHOD IN LIST.	FEMALE STERILIZATION A MALE STERILIZATION B IUD C INJECTABLES D IMPLANTS E PATCH F PILL G CONDOM H FEMALE CONDOM I EMERGENCY CONTRACEPTION J STANDARD DAYS METHOD K MUCUS/BILLINGS/OVULATION L BASAL BODY TEMPERATURE M SYMPTOTHERMAL N LACTATIONAL AMENORRHEA METHOD O CALENDAR/RHYTHM METHOD Q WITHDRAWAL R OTHER MODERN METHOD X (SPECIFY) OTHER TRADITIONAL METHOD Y (SPECIFY)	→ 312 → 313C → 311 → 313C → 314
310	What is the brand name of the pills you are using? IF DON'T KNOW THE BRAND, ASK TO SEE THE PACKAGE.	EXLUTON 01 DIANE 35 02 TRUST 03 OTHER 96 (SPECIFY) DON'T KNOW 98	
310A	How many pill cycles did you get last time?	NUMBER OF PILL CYCLES <input type="text"/> <input type="text"/> DON'T KNOW 98	→ 313C
311	What is the brand name of the condoms you are using? IF DON'T KNOW THE BRAND, ASK TO SEE THE PACKAGE.	TRUST 01 DUREX 02 PREMIERE 03 OTHER 96 (SPECIFY) DON'T KNOW 98	

SECTION 3. CONTRACEPTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
311A	How many condoms did you (your husband/partner) get the last time?	NUMBER OF CONDOMS <input type="text"/> <input type="text"/> DON'T KNOW 98	} → 313C
312 (7)	In what facility did the sterilization take place? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD '96' AND WRITE THE NAME OF THE PLACE.	PUBLIC SECTOR GOVERNMENT HOSPITAL 11 RURAL HEALTH CENTER (RHC)/ URBAN HEALTH CENTER (UHC)/ LYING IN 12 BARANGAY HEALTH STATION 13 BARANGAY SUPPLY/SERVICE POINT OFFICER/BHW 14 OTHER PUBLIC SECTOR _____ 16 (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC/ LYING IN CLINIC 21 PHARMACY 22 PRIVATE DOCTOR 23 PRIVATE NURSE/MIDWIFE 24 INDUSTRY BASED CLINIC 25 OTHER PRIVATE MEDICAL SECTOR _____ 26 (SPECIFY) OTHER _____ 96 (SPECIFY) DON'T KNOW 98	
313	In what month and year was the sterilization performed?	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
313A	How much did you (your husband/partner) pay in total for the sterilization, including any consultation you (he) may have had?	COST (PHP) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FREE 00000 DONE WITH CAESAREAN SECTION 99995 DON'T KNOW 99998	
313B	CHECK 307: CODE 'A' <input type="checkbox"/> CIRCLED ↓ a) Before your sterilization operation, were you told that you would not be able to have any (more) children because of the operation? CODE 'B' <input type="checkbox"/> CIRCLED ↓ b) Before the sterilization operation, was your husband/partner told that he would not be able to have any (more) children because of the operation?	YES 1 NO 2 DON'T KNOW 8	} → 315

SECTION 3. CONTRACEPTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
313C	The last time you obtained (HIGHEST METHOD IN 304), how much did you pay in total, including the cost of the method and any consultation you may have had?	COST (PHP) <input type="text"/> <input type="text"/> <input type="text"/> FREE 000 DON'T KNOW 998	
314	Since what month and year have you been using (CURRENT METHOD) without stopping? PROBE: For how long have you been using (CURRENT METHOD) now without stopping?	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
315	CHECK 313 AND 314, AND 220: ANY LIVE BIRTH, STILLBIRTH, OR PREGNANCY LOST BEFORE FULL TERM AFTER MONTH AND YEAR OF START OF USE OF CONTRACEPTION IN 313 OR 314? NO <input type="checkbox"/> 	YES <input type="checkbox"/> GO BACK TO 313 OR 314, PROBE AND RECORD MONTH AND YEAR AT START OF CONTINUOUS USE OF CURRENT METHOD (MUST BE AFTER LAST BIRTH OR PREGNANCY TERMINATION). 	

SECTION 3. CONTRACEPTION (CAPI OPTION) (8)

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
316 (9)	<p>CHECK 313 AND 314:</p> <p style="text-align: center;">YEAR IS 2017-2022 <input type="checkbox"/></p> <p>C ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN THE CALENDAR AND IN EACH MONTH BACK TO THE DATE STARTED USING.</p> <p style="text-align: center;">THEN CONTINUE ↓</p>	<p style="text-align: center;">YEAR IS 2016 OR EARLIER <input type="checkbox"/></p> <p>C ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN THE CALENDAR AND EACH MONTH BACK TO JANUARY 2017 .</p> <p style="text-align: center;">THEN ↓ (SKIP TO 329) ←</p>	
317 (9)	<p>I would like to ask you some questions about the times you or your partner may have used a method to avoid getting pregnant during the last few years.</p> <p>C USE CALENDAR TO PROBE FOR EARLIER PERIODS OF USE AND NONUSE, STARTING WITH MOST RECENT USE, BACK TO JANUARY 2017. USE NAMES OF CHILDREN, DATES OF BIRTH, AND PERIODS OF PREGNANCY AS REFERENCE POINTS.</p>		
317A	MONTH AND YEAR OF START OF INTERVAL OF USE OR NON-USE.	<p>MONTH <input type="text"/> <input type="text"/></p> <p>YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	
317B	Between (EVENT) in (MONTH/YEAR) and (EVENT) in (MONTH/YEAR), did you or your partner use any method of contraception?	<p>YES 1</p> <p>NO 2</p>	→ 317I
317C	Which method was that?	METHOD CODE <input type="text"/>	
317D	<p>How many months after (EVENT) in (MONTH/YEAR) did you start to use (METHOD)?</p> <p>CIRCLE '95' IF RESPONDENT GIVES THE DATE OF STARTING TO USE THE METHOD.</p>	<p>IMMEDIATELY 00</p> <p>MONTHS <input type="text"/> <input type="text"/></p> <p>DATE GIVEN 95</p>	→ 317F
317E	RECORD MONTH AND YEAR RESPONDENT STARTED USING METHOD.	<p>MONTH <input type="text"/> <input type="text"/></p> <p>YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	
317F	<p>For how many months did you use (METHOD)?</p> <p>CIRCLE '95' IF RESPONDENT GIVES THE DATE OF TERMINATION OF USE.</p>	<p>MONTHS <input type="text"/> <input type="text"/></p> <p>DATE GIVEN 95</p>	→ 317H
317G	RECORD MONTH AND YEAR RESPONDENT STOPPED USING METHOD.	<p>MONTH <input type="text"/> <input type="text"/></p> <p>YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	
317H	Why did you stop using (METHOD)?	REASON STOPPED <input type="text"/>	
317I	GO BACK TO 317A FOR NEXT GAP; OR, IF NO MORE GAPS, GO TO 318.		

SECTION 3. CONTRACEPTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
318 (1)	Have you used emergency contraception in the last 12 months? That is, have you taken special pills within 5 days after having unprotected sexual intercourse to prevent pregnancy?	YES 1 NO 2	
319	<p align="center">CHECK THE CALENDAR FOR USE OF ANY CONTRACEPTIVE METHOD IN ANY MONTH</p> <p align="center">NO METHOD USED <input type="checkbox"/> ANY METHOD USED <input type="checkbox"/></p>		→ 321
320	Have you ever used anything or tried in any way to delay or avoid getting pregnant?	YES 1 NO 2	} → 331
321	<p>CHECK 307:</p> <p>CIRCLE METHOD CODE:</p> <p>IF MORE THAN ONE METHOD CODE CIRCLED IN 307, CIRCLE CODE FOR HIGHEST METHOD IN LIST.</p>	NO CODE CIRCLED 00 FEMALE STERILIZATION 01 MALE STERILIZATION 02 IUD 03 INJECTABLES 04 IMPLANTS 05 PATCH 06 PILL 07 CONDOM 08 FEMALE CONDOM 09 EMERGENCY CONTRACEPTION 10 STANDARD DAYS METHOD 11 MUCUS/BILLINGS/OVULATION 12 BASAL BODY TEMPERATURE 13 SYMPTOTHERMAL 14 LACTATIONAL AMENORRHEA METHOD 15 CALENDAR/RHYTHM METHOD 16 WITHDRAWAL 17 OTHER MODERN METHOD 95 OTHER TRADITIONAL METHOD 96	→ 331 → 324 → 332 → 332 → 332
322 (7)	<p>You first started using (CURRENT METHOD) in (DATE FROM 314). Where did you get it at that time?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD '96' AND WRITE THE NAME OF THE PLACE.</p>	<p>PUBLIC SECTOR</p> GOVERNMENT HOSPITAL 11 RURAL HEALTH CENTER (RHC)/ URBAN HEALTH CENTER (UHC)/ LYING IN 12 BARANGAY HEALTH STATION 13 BARANGAY SUPPLY/SERVICE POINT OFFICER/BHW 14 OTHER PUBLIC SECTOR _____ 16 (SPECIFY) <p>PRIVATE MEDICAL SECTOR</p> PRIVATE HOSPITAL/CLINIC/ LYING IN CLINIC 21 PHARMACY 22 PRIVATE DOCTOR 23 PRIVATE NURSE/MIDWIFE 24 INDUSTRY BASED CLINIC 25 OTHER PRIVATE MEDICAL SECTOR _____ 26 (SPECIFY) <p>OTHER SOURCE</p> PUERICULTURE CENTER 41 SHOP/STORE 42 CHURCH 43 FRIEND/RELATIVE 44 OTHER _____ 96 (SPECIFY)	
323	At that time, were you told about side effects or problems you might have with the method?	YES 1 NO 2	} → 325
324	When you got sterilized, were you told about side effects or problems you might have with the method?	YES 1 NO 2	
325	Were you told what to do if you experienced side effects or problems?	YES 1 NO 2	

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
NO.	NAME OR DATE _____	PREGNANCY HISTORY NUMBER .. <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>									
409	Did you want to have a baby later on, or not at all?	LATER 1 NOT AT ALL 2	→ 411								
410	How much longer did you want to wait?	MONTHS 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> YEARS 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> DON'T KNOW 998									
411	CHECK 405: PREGNANCY OUTCOME TYPE	MOST RECENT LIVE BIRTH 1 PRIOR LIVE BIRTH 2 MOST RECENT STILLBIRTH 3 PRIOR STILLBIRTH 4 PREGNANCY LOST BEFORE FULL TERM 5	→ 434 → 434 → 475								
412	Did you see anyone for prenatal care for this pregnancy?	YES 1 NO 2	→ 414								
413	CHECK 405: PREGNANCY OUTCOME TYPE MOST RECENT LIVE BIRTH <input type="checkbox"/> (SKIP TO 420) ←	MOST RECENT STILLBIRTH <input type="checkbox"/> →	→ 426								
414 (1)	Whom did you see? Anyone else? PROBE TO IDENTIFY EACH TYPE OF PERSON AND RECORD ALL MENTIONED.	HEALTH PERSONNEL DOCTOR A NURSE B MIDWIFE C OTHER PERSON TRADITIONAL BIRTH ATTENDANT/HILOT D BARANGAY HEALTH WORKER E RELATIVE/FRIEND F OTHER _____ X (SPECIFY)									
415 (1)	Where did you receive prenatal care for this pregnancy? Anywhere else? PROBE TO IDENTIFY THE TYPE OF SOURCE. RECORD ALL MENTIONED. IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD 'X' AND WRITE THE NAME OF THE PLACE(S).	HOME HER HOME A OTHER HOME B PUBLIC SECTOR GOVERNMENT HOSPITAL C RURAL HEALTH CENTER (RHC)/ URBAN HEALTH CENTER (UHC)/ LYING IN D BARANGAY SUPPLY SERVICE POINT OFFICER/BHW F OTHER PUBLIC SECTOR _____ G (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC/ LYING IN CLINIC H INDUSTRY-BASED CLINIC I OTHER PRIVATE MEDICAL SECTOR _____ J (SPECIFY) OTHER _____ X (SPECIFY)									
416	How many weeks or months pregnant were you when you first received prenatal care for this pregnancy?	WEEKS 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> MONTHS 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> DON'T KNOW 998									

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																																				
NO.	NAME OR DATE _____	PREGNANCY HISTORY NUMBER .. <input type="text"/> <input type="text"/>																																																					
417	How many times did you receive prenatal care during this pregnancy?	NUMBER OF TIMES <input type="text"/> <input type="text"/> DON'T KNOW 98																																																					
418	As part of your prenatal care during this pregnancy, did a healthcare provider do any of the following: a) Measure your blood pressure? b) Take a urine sample? c) Take a blood sample? d) Listen to the baby's heartbeat? e) Talk with you about which foods you should eat? f) Talk with you about breastfeeding? g) Ask you if you had vaginal bleeding? h) Measure your weight? i) Measure your height? j) Give you Calcium Carbonate? k) Give you iodine supplementation? l) Screen you for HIV?	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr><td>a) BP</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>b) URINE</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>c) BLOOD</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>d) HEARTBEAT</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>e) FOODS</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>f) BREASTFEED</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>g) BLEEDING</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>h) WEIGHT</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>i) HEIGHT</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>j) CALCIUM CARBONATE</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>k) IODINE SUPP.</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>l) HIV SCREENING</td><td>1</td><td>2</td><td>8</td></tr> </tbody> </table>		YES	NO	DK	a) BP	1	2	8	b) URINE	1	2	8	c) BLOOD	1	2	8	d) HEARTBEAT	1	2	8	e) FOODS	1	2	8	f) BREASTFEED	1	2	8	g) BLEEDING	1	2	8	h) WEIGHT	1	2	8	i) HEIGHT	1	2	8	j) CALCIUM CARBONATE	1	2	8	k) IODINE SUPP.	1	2	8	l) HIV SCREENING	1	2	8	
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418A	During (any of) your prenatal visit(s), were you told about things to look out for that might suggest problems with the pregnancy?	<table border="0"> <tbody> <tr><td>YES</td><td>1</td></tr> <tr><td>NO</td><td>2</td></tr> <tr><td>DON'T KNOW</td><td>8</td></tr> </tbody> </table>	YES	1	NO	2	DON'T KNOW	8	→ 418C																																														
YES	1																																																						
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418B	Were you told where to go if you had any of these complications?	<table border="0"> <tbody> <tr><td>YES</td><td>1</td></tr> <tr><td>NO</td><td>2</td></tr> <tr><td>DON'T KNOW</td><td>8</td></tr> </tbody> </table>	YES	1	NO	2	DON'T KNOW	8																																															
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418C	What symptoms or conditions did you experience during your pregnancy with (NAME), if any? Anything else?	<table border="0"> <tbody> <tr><td>VAGINAL BLEEDING</td><td>A</td></tr> <tr><td>HEADACHE</td><td>B</td></tr> <tr><td>DIZZINESS</td><td>C</td></tr> <tr><td>BLURRED VISION</td><td>D</td></tr> <tr><td>SWOLLEN FACE</td><td>E</td></tr> <tr><td>SWOLLEN HANDS/FEET</td><td>F</td></tr> <tr><td>PALE OR ANEMIC</td><td>G</td></tr> <tr><td>OTHER _____ (SPECIFY)</td><td>X</td></tr> <tr><td>NONE</td><td>Y</td></tr> </tbody> </table>	VAGINAL BLEEDING	A	HEADACHE	B	DIZZINESS	C	BLURRED VISION	D	SWOLLEN FACE	E	SWOLLEN HANDS/FEET	F	PALE OR ANEMIC	G	OTHER _____ (SPECIFY)	X	NONE	Y																																			
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OTHER _____ (SPECIFY)	X																																																						
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418D	During your pregnancy, did you set aside any money in case of an emergency?	<table border="0"> <tbody> <tr><td>YES</td><td>1</td></tr> <tr><td>NO</td><td>2</td></tr> <tr><td>DON'T KNOW</td><td>8</td></tr> </tbody> </table>	YES	1	NO	2	DON'T KNOW	8																																															
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419	CHECK 405: PREGNANCY OUTCOME TYPE MOST RECENT LIVE BIRTH <input type="checkbox"/>	MOST RECENT STILLBIRTH <input type="checkbox"/>	→ 426																																																				
420 (2)	During this pregnancy, were you given an injection in the arm to prevent the baby from getting tetanus, that is, convulsions after birth?	<table border="0"> <tbody> <tr><td>YES</td><td>1</td></tr> <tr><td>NO</td><td>2</td></tr> <tr><td>DON'T KNOW</td><td>8</td></tr> </tbody> </table>	YES	1	NO	2	DON'T KNOW	8	→ 423																																														
YES	1																																																						
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421	During this pregnancy, how many times did you get a tetanus injection?	<table border="0"> <tbody> <tr><td>TIMES</td><td><input type="text"/></td></tr> <tr><td>DON'T KNOW</td><td>8</td></tr> </tbody> </table>	TIMES	<input type="text"/>	DON'T KNOW	8																																																	
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422	CHECK 421: ONE TIME OR DK <input type="checkbox"/>	TWO OR MORE TIMES <input type="checkbox"/>	→ 426																																																				
423	At any time before this pregnancy, did you receive any tetanus injections?	<table border="0"> <tbody> <tr><td>YES</td><td>1</td></tr> <tr><td>NO</td><td>2</td></tr> <tr><td>DON'T KNOW</td><td>8</td></tr> </tbody> </table>	YES	1	NO	2	DON'T KNOW	8	→ 426																																														
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SECTION 4. PREGNANCY AND POSTNATAL CARE

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NO.	NAME OR DATE _____	PREGNANCY HISTORY NUMBER .. <input type="text"/> <input type="text"/>																
429A	<p>Around the time of the birth of (NAME), did you have any of the following problems?</p> <p>a) Long labor, that is, your regular contractions lasted more than 12 hours?</p> <p>b) Excessive bleeding, so much that you thought you might die?</p> <p>c) A high fever with a bad-smelling vaginal discharge (sepsis)?</p> <p>d) Loss of consciousness?</p>	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>a) LONG LABOR</td> <td>1</td> <td>2</td> </tr> <tr> <td>b) BLEEDING</td> <td>1</td> <td>2</td> </tr> <tr> <td>c) SEPSIS</td> <td>1</td> <td>2</td> </tr> <tr> <td>d) LOSS OF CONSCIOUSNESS</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	a) LONG LABOR	1	2	b) BLEEDING	1	2	c) SEPSIS	1	2	d) LOSS OF CONSCIOUSNESS	1	2	
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a) LONG LABOR	1	2																
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d) LOSS OF CONSCIOUSNESS	1	2																
434 (1)	<p>CHECK 405:</p> <p>PREGNANCY TYPE 1 OR 2 <input type="checkbox"/> PREGNANCY TYPE 3 OR 4 <input type="checkbox"/></p> <p>a) Who assisted with the delivery of (NAME)? Anyone else?</p> <p>b) Who assisted with the delivery of the stillbirth you had in (DATE FROM 406)?</p> <p>PROBE FOR THE TYPE(S) OF PERSON(S) AND RECORD ALL MENTIONED.</p> <p>IF RESPONDENT SAYS NO ONE ASSISTED, PROBE TO DETERMINE WHETHER ANY ADULTS WERE PRESENT AT THE DELIVERY.</p>	<p>HEALTH PERSONNEL</p> <p>DOCTOR A</p> <p>NURSE B</p> <p>MIDWIFE C</p> <p>OTHER PERSON</p> <p>TRADITIONAL BIRTH ATTENDANT/HILOT D</p> <p>BARANGAY HEALTH WORKER E</p> <p>RELATIVE/FRIEND F</p> <p>OTHER _____ (SPECIFY) X</p> <p>NO ONE ASSISTED Y</p>																
435 (1)	<p>CHECK 405:</p> <p>PREGNANCY TYPE 1 OR 2 <input type="checkbox"/> PREGNANCY TYPE 3 OR 4 <input type="checkbox"/></p> <p>a) Where did you give birth to (NAME)?</p> <p>b) Where did you deliver this stillbirth?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD '96' AND WRITE THE NAME OF THE PLACE.</p>	<p>HOME</p> <p>HER HOME 11</p> <p>OTHER HOME 12 → 437</p> <p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL 21</p> <p>RURAL HEALTH CENTER (RHC)/ URBAN HEALTH CENTER (UHC)/ LYING IN 22</p> <p>BARANGAY HEALTH STATION 23</p> <p>BARANGAY SUPPLY SERVICE POINT OFFICER/BHW 24</p> <p>OTHER PUBLIC SECTOR _____ (SPECIFY) 26</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC/ LYING IN CLINIC 31</p> <p>INDUSTRY-BASED CLINIC 32</p> <p>OTHER PRIVATE MEDICAL SECTOR _____ (SPECIFY) 36</p> <p>OTHER _____ (SPECIFY) 96 → 437</p>																
435A	<p>How much did you pay in total for the delivery of (NAME)?</p> <p>INCLUDE COST OF DOCTORS, NURSES, HOSPITAL, ETC</p>	<p>COST IN PHP <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>DONATIONS IN PHP <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>FREE/NO COST 000000</p> <p>IN KIND 999996</p> <p>DON'T KNOW 999998</p>																

SECTION 4. PREGNANCY AND POSTNATAL CARE

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436	CHECK 405: PREGNANCY TYPE <input type="checkbox"/> 1 OR 2 PREGNANCY TYPE <input type="checkbox"/> 3 OR 4 a) Was (NAME) delivered by caesarean, that is, did they cut your belly open to take the baby out? b) Was this stillbirth delivered by caesarean, that is, did they cut your belly open to take the baby out?	YES 1 NO 2	
437	CHECK 405: PREGNANCY OUTCOME TYPE	MOST RECENT LIVE BIRTH 1 PRIOR LIVE BIRTH 2 MOST RECENT STILLBIRTH 3 PRIOR STILLBIRTH 4	→ 441 → 445 → 486A
438	After the birth, was (NAME) put on your chest?	YES 1 NO 2 DON'T KNOW 8] → 441
439	Was (NAME)'s bare skin touching your bare skin?	YES 1 NO 2 DON'T KNOW 8] → 441
440	How long after birth was (NAME) put on the bare skin of your chest? IF LESS THAN 1 HOUR, RECORD '00' HOURS; IF LESS THAN 24 HOURS, RECORD HOURS; OTHERWISE, RECORD DAYS.	IMMEDIATELY 000 HOURS 1 <input type="text"/> <input type="text"/> DAYS 2 <input type="text"/> <input type="text"/>	
441	When (NAME) was born, was (NAME) very large, larger than average, average, smaller than average, or very small?	VERY LARGE 1 LARGER THAN AVERAGE 2 AVERAGE 3 SMALLER THAN AVERAGE 4 VERY SMALL 5 DON'T KNOW 8	
442	Was (NAME) weighed at birth?	YES 1 NO 2 DON'T KNOW 8] → 444
443	How much did (NAME) weigh? RECORD WEIGHT IN KILOGRAMS FROM HEALTH CARD, IF AVAILABLE.	KG FROM CARD 1 <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> KG FROM RECALL 2 <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 9.998	
444	CHECK 405: PREGNANCY OUTCOME TYPE	MOST RECENT LIVE BIRTH <input type="checkbox"/> PRIOR LIVE BIRTH <input type="checkbox"/>	→ 480
445	CHECK 435: PLACE OF DELIVERY	FACILITY BIRTH: ANY CODE <input type="checkbox"/> 21 THROUGH 46 CIRCLED CODE 11, 12, OR 96 <input type="checkbox"/> CIRCLED	→ 463B
446	Did the doctors, nurses, or other staff at the facility treat you with respect all of the time, some of the time, or not at all?	ALL OF THE TIME 1 SOME OF THE TIME 2 NOT AT ALL 3	

SECTION 4. PREGNANCY AND POSTNATAL CARE

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447	<p>CHECK 405:</p> <p>PREGNANCY TYPE <input type="checkbox"/> 1 ↓ PREGNANCY TYPE <input type="checkbox"/> 3 ↓</p> <p>a) How long after (NAME) was delivered did you stay in (FACILITY IN 435)?</p> <p>b) For the stillbirth you had in (DATE FROM 406), how long after the baby was born did you stay in (FACILITY IN 435)?</p> <p>IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS.</p>	<p>HOURS 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p> <p>DAYS 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p> <p>WEEKS 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p> <p>DON'T KNOW 998</p>							
448	<p>I would like to talk to you about checks on your health after delivery, for example, someone asking you questions about your health or examining you.</p> <p>Before you left the facility, did anyone check on your health?</p>	<p>YES 1</p> <p>NO 2</p>	→ 451						
449	<p>How long after delivery did the first check take place?</p> <p>IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS.</p>	<p>HOURS 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p> <p>DAYS 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p> <p>WEEKS 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p> <p>DON'T KNOW 998</p>							
450 (1)	<p>Who checked on your health at that time?</p> <p>PROBE FOR MOST QUALIFIED PERSON.</p>	<p>HEALTH PERSONNEL</p> <p>DOCTOR 11</p> <p>NURSE 12</p> <p>MIDWIFE 13</p> <p>OTHER PERSON</p> <p>TRADITIONAL BIRTH ATTENDANT/ HILOT 21</p> <p>BARANGAY HEALTH WORKER 22</p> <p>RELATIVE/FRIEND 23</p> <p>OTHER _____ (SPECIFY) 96</p>							
451	<p>CHECK 405: PREGNANCY OUTCOME TYPE</p> <p>MOST RECENT LIVE BIRTH <input type="checkbox"/> ↓</p>	<p>MOST RECENT STILLBIRTH <input type="checkbox"/> →</p>	→ 455						
452	<p>Now I would like to talk to you about checks on (NAME'S) health -- for example, someone examining (NAME), checking the cord, or talking to you about how to care for (NAME).</p> <p>Before (NAME) left the facility, did anyone check on (NAME'S) health?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	→ 455						
453	<p>How long after delivery was (NAME)'s health first checked?</p> <p>IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS.</p>	<p>HOURS 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p> <p>DAYS 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p> <p>WEEKS 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p> <p>DON'T KNOW 998</p>							

SECTION 4. PREGNANCY AND POSTNATAL CARE

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454 (1)	Who checked on (NAME)'s health at that time? PROBE FOR MOST QUALIFIED PERSON.	HEALTH PERSONNEL DOCTOR 11 NURSE 12 MIDWIFE 13 OTHER PERSON TRADITIONAL BIRTH ATTENDANT/ HILOT 21 BARANGAY HEALTH WORKER 22 RELATIVE/FRIEND 23 OTHER _____ 96 (SPECIFY)							
455	Now I would like to talk to you about what happened after you left the facility. Did anyone check on your health after you left the facility?	YES 1 NO 2	→ 459						
456	How long after delivery did that check take place? IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> DAYS 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> WEEKS 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> DON'T KNOW 998							
457 (1)	Who checked on your health at that time? PROBE FOR MOST QUALIFIED PERSON.	HEALTH PERSONNEL DOCTOR 11 NURSE 12 MIDWIFE 13 OTHER PERSON TRADITIONAL BIRTH ATTENDANT/ HILOT 21 BARANGAY HEALTH WORKER 22 RELATIVE/FRIEND 23 OTHER _____ 96 (SPECIFY)							
458 (1)	Where did the check take place? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD '96' AND WRITE THE NAME OF THE PLACE.	HOME HER HOME 11 OTHER HOME 12 PUBLIC SECTOR GOVERNMENT HOSPITAL 21 RURAL HEALTH CENTER (RHC)/ URBAN HEALTH CENTER (UHC)/ LYING IN 22 BARANGAY HEALTH STATION 23 BARANGAY SUPPLY SERVICE POINT OFFICER/BHW 24 OTHER PUBLIC SECTOR _____ 26 (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC LYING IN CLINIC 31 INDUSTRY-BASED CLINIC 32 OTHER PRIVATE MEDICAL SECTOR _____ 36 (SPECIFY) OTHER _____ 96 (SPECIFY)							
459	CHECK 405: PREGNANCY OUTCOME TYPE MOST RECENT <input type="checkbox"/> LIVE BIRTH ↓	MOST RECENT <input type="checkbox"/> STILLBIRTH →	→ 474						

SECTION 4. PREGNANCY AND POSTNATAL CARE

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460	After (NAME) left (FACILITY IN 435) did any health care provider or a traditional birth attendant check on (NAME)'s health?	YES 1 NO 2 DONT KNOW 8	→ 473						
461	How long after the birth of (NAME) did that check take place? IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> DAYS 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> WEEKS 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> DONT KNOW 998							
462 (1)	Who checked on (NAME)'s health at that time? PROBE FOR MOST QUALIFIED PERSON.	HEALTH PERSONNEL DOCTOR 11 NURSE 12 MIDWIFE 13 OTHER PERSON TRADITIONAL BIRTH ATTENDANT/ HILOT 21 BARANGAY HEALTH WORKER 22 RELATIVE/FRIEND 23 OTHER _____ 96 (SPECIFY)							
463 (1)	Where did this check of (NAME) take place? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD '96' AND WRITE THE NAME OF THE PLACE.	HOME HER HOME 11 OTHER HOME 12 PUBLIC SECTOR GOVERNMENT HOSPITAL 21 RURAL HEALTH CENTER (RHC)/ URBAN HEALTH CENTER (UHC)/ LYING IN 22 BARANGAY HEALTH STATION 23 BARANGAY SUPPLY SERVICE POINT OFFICER/BHW 24 OTHER PUBLIC SECTOR _____ 26 (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC LYING IN CLINIC 31 INDUSTRY-BASED CLINIC 32 OTHER PRIVATE MEDICAL SECTOR _____ 36 (SPECIFY) OTHER _____ 96 (SPECIFY)	→ 473						
463B	Why didn't you deliver in a health facility? Any other reason? RECORD ALL MENTIONED	COST TOO MUCH A FACILITY NOT OPEN B TOO FAR/NO TRANSPORT C DON'T TRUST FACILITY/ POOR QUALITY SERVICE D NO FEMALE PROVIDER AT FACILITY E HUSBAND/FAMILY DID NOT ALLOW F NOT NECESSARY G NOT CUSTOMARY H CROWDED HEALTH FACILITY I FEAR OF GOING OUTSIDE DUE TO COVID-19 PANDEMIC J OTHER _____ X (SPECIFY)							

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP						
NO.	NAME OR DATE _____	PREGNANCY HISTORY NUMBER .. <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>							
464	<p>CHECK 405:</p> <p>PREGNANCY TYPE <input type="checkbox"/> 1 ↓ PREGNANCY TYPE <input type="checkbox"/> 3 ↓</p> <p>a) I would like to talk to you about checks on your health after delivery, for example, someone asking you questions about your health or examining you. Did anyone check on your health after you gave birth to (NAME)?</p> <p>b) I would like to talk to you about checks on your health after delivery, for example, someone asking you questions about your health or examining you. Did anyone check on your health after you delivered the stillbirth you had in (DATE FROM 406)?</p>	<p>YES 1</p> <p>NO 2</p>	→ 468						
465	<p>How long after delivery did the first check take place?</p> <p>IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS.</p>	<p>HOURS 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p> <p>DAYS 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p> <p>WEEKS 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p> <p>DON'T KNOW 998</p>							
466 (1)	<p>Who checked on your health at that time?</p> <p>PROBE FOR MOST QUALIFIED PERSON.</p>	<p>HEALTH PERSONNEL</p> <p>DOCTOR 11</p> <p>NURSE 12</p> <p>MIDWIFE 13</p> <p>OTHER PERSON</p> <p>TRADITIONAL BIRTH ATTENDANT/ HILOT 21</p> <p>BARANGAY HEALTH WORKER 22</p> <p>RELATIVE/FRIEND 23</p> <p>OTHER _____ 96 (SPECIFY)</p>							
467 (1)	<p>Where did this first check take place?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD '96' AND WRITE THE NAME OF THE PLACE.</p>	<p>HOME</p> <p>HER HOME 11</p> <p>OTHER HOME 12</p> <p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL 21</p> <p>RURAL HEALTH CENTER (RHC)/ URBAN HEALTH CENTER (UHC)/ LYING IN 22</p> <p>BARANGAY HEALTH STATION 23</p> <p>BARANGAY SUPPLY SERVICE POINT OFFICER/BHW 24</p> <p>OTHER PUBLIC SECTOR _____ 26 (SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC LYING IN CLINIC 31</p> <p>INDUSTRY-BASED CLINIC 32</p> <p>OTHER PRIVATE MEDICAL SECTOR _____ 36 (SPECIFY)</p> <p>OTHER _____ 96 (SPECIFY)</p>							
468	<p>CHECK 405: PREGNANCY OUTCOME TYPE</p> <p>MOST RECENT LIVE BIRTH <input type="checkbox"/> ↓</p>	<p>MOST RECENT STILLBIRTH <input type="checkbox"/> →</p>	→ 474						

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP						
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469	I would like to talk to you about checks on (NAME's) health - - for example, someone examining (NAME), checking the cord, or talking to you about how to care for (NAME). After (NAME) was born, did any health care provider or a traditional birth attendant check on (NAME's) health?	YES 1 NO 2 DONT KNOW 8	→ 473						
470	How long after the birth of (NAME) did that check take place? IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> DAYS 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> WEEKS 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> DONT KNOW 998							
471 (1)	Who checked on (NAME)'s health at that time? PROBE FOR MOST QUALIFIED PERSON.	HEALTH PERSONNEL DOCTOR 11 NURSE 12 MIDWIFE 13 OTHER PERSON TRADITIONAL BIRTH ATTENDANT/ HILOT 21 BARANGAY HEALTH WORKER 22 RELATIVE/FRIEND 23 OTHER _____ 96 (SPECIFY)							
472 (1)	Where did this first check of (NAME) take place? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD '96' AND WRITE THE NAME OF THE PLACE.	HOME HER HOME 11 OTHER HOME 12 PUBLIC SECTOR GOVERNMENT HOSPITAL 21 RURAL HEALTH CENTER (RHC)/ URBAN HEALTH CENTER (UHC)/ LYING IN 22 BARANGAY HEALTH STATION 23 BARANGAY SUPPLY SERVICE POINT OFFICER/BHW 24 OTHER PUBLIC SECTOR 26 (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC LYING IN CLINIC 31 INDUSTRY-BASED CLINIC 32 OTHER PRIVATE MEDICAL SECTOR 36 (SPECIFY) OTHER _____ 96 (SPECIFY)							
473	During the first 2 days after (NAME)'s birth, did any health care provider do the following: a) Examine the cord? b) Measure (NAME)'s temperature? c) Tell you how to recognize if your baby needs immediate medical attention? d) Perform a breast examination e) Talk with you/ give advice about breastfeeding? f) Observe (NAME) breastfeeding? g) Counsel you on kangaroo care/ provide baby care advice?	YES NO DK a) CORD 1 2 8 b) TEMPERATURE 1 2 8 c) MEDICAL ATTENTION 1 2 8 d) BREAST EXAM 1 2 8 e) TALK ABOUT BREASTFEEDING 1 2 8 f) OBSERVE BREASTFEEDING .. 1 2 8 g) KANGAROO CARE 1 2 8							

SECTION 4. PREGNANCY AND POSTNATAL CARE

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474	During the first 2 days after the birth, did any healthcare provider do the following to you: a) Perform a full physical examination? b) Measure your blood pressure? c) Perform an abdominal examination? d) Perform an internal examination? e) Discuss your vaginal bleeding with you? f) Discuss family planning with you? g) Provide an iron supplement? h) Provide a Vitamin A capsule? i) Provide nutrition counseling?	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>a) FULL PHYSICAL</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>b) BLOOD PRESSURE</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>c) ABDOMINAL EXAM</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>d) INTERNAL EXAM</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>e) DISCUSS BLEEDING</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>f) FAMILY PLANNING</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>g) IRON SUPPLEMENT</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>h) VITAMIN A</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>i) NUTRITION COUNSELING</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		YES	NO	DK	a) FULL PHYSICAL	1	2	8	b) BLOOD PRESSURE	1	2	8	c) ABDOMINAL EXAM	1	2	8	d) INTERNAL EXAM	1	2	8	e) DISCUSS BLEEDING	1	2	8	f) FAMILY PLANNING	1	2	8	g) IRON SUPPLEMENT	1	2	8	h) VITAMIN A	1	2	8	i) NUTRITION COUNSELING	1	2	8	
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475	CHECK 215: IS THIS PREGNANCY THE WOMAN'S LAST PREGNANCY? YES <input type="checkbox"/> NO <input type="checkbox"/>		→ 479																																								
476	CHECK 405: <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">PREGNANCY TYPE 1 <input type="checkbox"/></td> <td style="width: 50%; text-align: center;">PREGNANCY TYPE 3 OR 5 <input type="checkbox"/></td> </tr> <tr> <td style="border-right: 1px dotted black; padding-right: 5px;">a) Has your menstrual period returned since the birth of (NAME)?</td> <td style="padding-left: 5px;">b) Has your menstrual period returned since the pregnancy that ended in (DATE FROM 406)?</td> </tr> </table>	PREGNANCY TYPE 1 <input type="checkbox"/>	PREGNANCY TYPE 3 OR 5 <input type="checkbox"/>	a) Has your menstrual period returned since the birth of (NAME)?	b) Has your menstrual period returned since the pregnancy that ended in (DATE FROM 406)?	<table style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td>YES</td> <td>1</td> </tr> <tr> <td>NO</td> <td>2</td> </tr> </tbody> </table>	YES	1	NO	2																																	
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477	CHECK 232: IS RESPONDENT PREGNANT? NOT PREGNANT <input type="checkbox"/> PREGNANT OR UNSURE <input type="checkbox"/>		→ 479																																								
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479	CHECK 405: PREGNANCY OUTCOME TYPE	<table style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td>MOST RECENT LIVE BIRTH</td> <td>1</td> </tr> <tr> <td>MOST RECENT STILLBIRTH</td> <td>3</td> </tr> <tr> <td>PREGNANCY LOST BEFORE FULL TERM</td> <td>5</td> </tr> </tbody> </table>	MOST RECENT LIVE BIRTH	1	MOST RECENT STILLBIRTH	3	PREGNANCY LOST BEFORE FULL TERM	5	→ 486A																																		
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480	Did you ever breastfeed (NAME)?	<table style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td>YES</td> <td>1</td> </tr> <tr> <td>NO</td> <td>2</td> </tr> </tbody> </table>	YES	1	NO	2	→ 482																																				
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NO	2																																										
481	CHECK 224 FOR CHILD:	<table style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td>LIVING <input type="checkbox"/></td> <td>→ 486</td> </tr> <tr> <td>DEAD <input type="checkbox"/></td> <td>→ 486A</td> </tr> </tbody> </table>	LIVING <input type="checkbox"/>	→ 486	DEAD <input type="checkbox"/>	→ 486A																																					
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482	How long after birth did you first put (NAME) to the breast? IF LESS THAN 1 HOUR, RECORD '00' HOURS; IF LESS THAN 24 HOURS, RECORD HOURS; OTHERWISE, RECORD DAYS.	<table style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td>IMMEDIATELY</td> <td>000</td> </tr> <tr> <td>HOURS</td> <td>1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></td> </tr> <tr> <td>DAYS</td> <td>2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></td> </tr> </tbody> </table>	IMMEDIATELY	000	HOURS	1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			DAYS	2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>																																	
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483	In the first 2 days after delivery, was [NAME] given anything other than breastmilk to eat or drink – anything at all like lowfat milk, nonfat milk, condensed milk, evaporated milk, or am?	<table style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td>YES</td> <td>1</td> </tr> <tr> <td>NO</td> <td>2</td> </tr> </tbody> </table>	YES	1	NO	2	→ 484																																				
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SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
NO.	NAME OR DATE _____	PREGNANCY HISTORY NUMBER .. <input type="text"/> <input type="text"/>	
483A	What was (NAME) given to drink? Anything else? RECORD ALL MENTIONED	LOW FAT MILK A NONFAT MILK B CONDENSED MILK C EVAPORATED MILK D AM E PLAIN WATER F SUGAR OR GLUCOSE WATER G GRIPE WATER H SUGAR-SALT-WATER SOLUTION I FRUIT JUICE J INFANT FORMULA K TEA/INFUSIONS L HONEY M OTHER _____ (SPECIFY) X	
484	CHECK 224 FOR CHILD: LIVING <input type="checkbox"/>	DEAD <input type="checkbox"/>	→ 486A
485	Are you still breastfeeding (NAME)?	YES 1 NO 2	
486	Did (NAME) drink anything from a bottle with a nipple yesterday during the day or at night?	YES 1 NO 2 DON'T KNOW 8	
486A	CHECK 232 OR CHECK 220 OR 228: RESPONDENT IS PREGNANT <input type="checkbox"/>	RESPONDENT PREGNANT AT ANY TIME IN THE LAST 12 MONTHS <input type="checkbox"/>	RESPONDENT NOT PREGNANT AT ANY TIME IN THE LAST 12 MONTHS <input type="checkbox"/> (SKIP TO 487) ←
486B	In the last 12 months, was it easier or harder than expected for you to get pregnancy related care (for example going for prenatal check up, delivering in a health facility, or going for postnatal check up?). Or was there no difference from what you expected?	EASIER OR NO CHANGE 1 HARDER 2 DON'T KNOW 8	→ 487 → 487
486C	What is your primary reason why its harder for you to go for prenatal check up, deliver in a health facility, go for postpartum check up?	FACILITY CLOSED 1 PROVIDER NOT AROUND 2 NO TRANSPORTATION 3 CROWDED HEALTH FACILITY 4 FEAR TO GO OUTSIDE DUE TO COVID-19 PANDEMIC 5 TESTING REQUIREMENTS 6 OTHER _____ (SPECIFY) 7	
487	CHECK 402: ANY MORE PREGNANCY OUTCOMES 0-35 MONTHS BEFORE THE SURVEY? MORE PREGNANCY OUTCOMES 0-35 MONTHS BEFORE THE SURVEY <input type="checkbox"/> (GO TO 404 FOR THE NEXT PREGNANCY OUTCOME) ←	NO MORE PREGNANCY OUTCOMES 0-35 MONTHS BEFORE THE SURVEY <input type="checkbox"/>	

SECTION 5. CHILD IMMUNIZATION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
501	CHECK 220, 224 AND 225 IN THE PREGNANCY HISTORY: ANY SURVIVING CHILDREN BORN 0-35 MONTHS BEFORE THE SURVEY? ONE OR MORE SURVIVING CHILDREN BORN 0-35 MONTHS BEFORE THE SURVEY <input type="checkbox"/>	NO SURVIVING CHILDREN BORN 0-35 MONTHS BEFORE THE SURVEY <input type="checkbox"/> → 601	
502	Now I would like to ask some questions about vaccinations received by your children born in the last 3 years. (We will talk about each separately, starting with the youngest.)		
503	RECORD THE NAME AND PREGNANCY HISTORY NUMBER FROM 215 AND 218 OF THE SURVIVING CHILDREN BORN 0-35 MONTHS BEFORE THE SURVEY, STARTING WITH THE LAST ONE. NAME OF CHILD _____ PREGNANCY HISTORY NUMBER .. <input type="text"/> <input type="text"/>		
504 (1)	Do you have a card or booklet for mother and child or other document where (NAME)'s vaccinations are written down?	YES, HAS ONLY A CARD/BOOKLET 1 YES, HAS ONLY ANOTHER DOCUMENT 2 YES, HAS CARD/BOOKLET AND OTHER DOC. ... 3 NO, NO CARD AND NO OTHER DOCUMENT ... 4	→ 507 → 507
505 (1)	Did you ever have a vaccination card or booklet for mother and child for (NAME)?	YES 1 NO 2	
506	CHECK 504: CODE '2' CIRCLED <input type="checkbox"/> CODE '4' CIRCLED <input type="checkbox"/> → 513		
507 (1)	May I see the card or other document where (NAME)'s vaccinations are written down?	YES, ONLY CARD/BOOKLET SEEN 1 YES, ONLY OTHER DOCUMENT SEEN 2 YES, CARD/BOOKLET AND OTHER DOC. SEEN ... 3 NO CARD/BOOKLET AND NO OTHER DOC. SEEN ... 4	→ 513
507A	CHECK CARD/MOTHER AND CHILD BOOKLET OR OTHER DOCUMENT	CARD/BOOKLET FROM DOH/PUBLIC SOURC..... 1 CARD/BOOKLET FROM PRIVATE SOURC 2 CARD/BOOKLETS FROM PUBLIC AND PRIVATE SOURCES..... 3	
508	RECORD (NAME'S) DATE OF BIRTH FROM THE VACCINATION CARD OR OTHER DOCUMENT.	MONTH <input type="text"/> <input type="text"/> DAY <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DATE OF BIRTH NOT ON CARD 95	
508A	CHECK CARD/MOTHER AND CHILD BOOKLET OR OTHER DOCUMENT: IS PENTAVALENT OR DPT-HEB-HIB PRINTED OR WRITTEN ON CARD?	YES, PENTAVALENT OR DPT-HEPB-HIB PRINTED OR WRITTEN ON CARD 1 NO, NEITHER PENTAVALENT NOR DPT-HEPB-HIB PRINTED OR WRITTEN ON CARD 2	→ 509B

SECTION 5A. CHILD IMMUNIZATION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																																																																																																
	NAME OF LIVE BIRTH _____ PREGNANCY HISTORY NUMBER <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/>																																																																																																																		
509A (1)	<p>COPY VACCINATION DATES FROM THE CARD/MOTHER AND CHILD BOOKLET FOR (NAME). RECORD '44' IN 'MONTH' COLUMN IF CARD SHOWS THAT A DOSE WAS GIVEN, BUT NO DATE IS RECORDED. RECORD '00' IN 'MONTH' COLUMN IF CARD IS BLANK FOR THE DOSE.</p> <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:50%;"></th> <th style="width:10%;">MONTH</th> <th style="width:10%;">DAY</th> <th style="width:10%;">YEAR</th> <th style="width:10%;"></th> <th style="width:10%;"></th> <th style="width:10%;"></th> </tr> </thead> <tbody> <tr><td style="text-align: right;">BCG</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td style="text-align: right;">HEPATITIS B AT BIRTH</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td style="text-align: right;">PENTAVALENT 1/ DPT - HEPB - HIB 1</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td style="text-align: right;">PENTAVALENT 2/DPT - HEPB - HIB 2</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td style="text-align: right;">PENTAVALENT 3/ DPT - HEPB- HIB 3</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td style="text-align: right;">ORAL POLIO VACCINE (OPV) 1</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td style="text-align: right;">ORAL POLIO VACCINE (OPV) 2</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td style="text-align: right;">ORAL POLIO VACCINE (OPV) 3</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td style="text-align: right;">INACTIVATED POLIO VACCINE (IPV) 1</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td style="text-align: right;">PNEUMOCOCCAL CONJUGATE VACCINE (PCV) 1</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td style="text-align: right;">PNEUMOCOCCAL CONJUGATE VACCINE (PCV) 2</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td style="text-align: right;">PNEUMOCOCCAL CONJUGATE VACCINE (PCV) 3</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td style="text-align: right;">MEASLES, MUMPS, RUBELLA (MMR)1</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td style="text-align: right;">MEASLES, MUMPS, RUBELLA (MMR) 2</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td style="text-align: right;">VITAMIN A (MOST RECENT)</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </tbody> </table>		MONTH	DAY	YEAR				BCG							HEPATITIS B AT BIRTH							PENTAVALENT 1/ DPT - HEPB - HIB 1							PENTAVALENT 2/DPT - HEPB - HIB 2							PENTAVALENT 3/ DPT - HEPB- HIB 3							ORAL POLIO VACCINE (OPV) 1							ORAL POLIO VACCINE (OPV) 2							ORAL POLIO VACCINE (OPV) 3							INACTIVATED POLIO VACCINE (IPV) 1							PNEUMOCOCCAL CONJUGATE VACCINE (PCV) 1							PNEUMOCOCCAL CONJUGATE VACCINE (PCV) 2							PNEUMOCOCCAL CONJUGATE VACCINE (PCV) 3							MEASLES, MUMPS, RUBELLA (MMR)1							MEASLES, MUMPS, RUBELLA (MMR) 2							VITAMIN A (MOST RECENT)								
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510A	<p>ASK THE RESPONDENT FOR PERMISSION TO PHOTOGRAPH VACCINATION CARD OR OTHER DOCUMENT WHERE VACCINATIONS ARE WRITTEN. IF PERMISSION IS GRANTED, PHOTOGRAPH CARD.</p>	<p>PHOTOGRAPH TAKEN 1 PHOTOGRAPH NOT TAKEN, PERMISSION NOT RECEIVED 2 PHOTOGRAPH NOT TAKEN, OTHER REASON _____ 6 (SPECIFY)</p>																																																																																																																	
511A	<p>CHECK 509: 'BCG' TO 'MEASLES, MUMPS, RUBELLA 2' ALL HAVE A DATE RECORDED OR '44' RECORDED IN THE 'MONTH' COLUMN?</p> <p style="text-align: center;">NO <input type="checkbox"/></p>	<p style="text-align: center;">YES <input type="checkbox"/> → 529</p>																																																																																																																	

SECTION 5A. CHILD IMMUNIZATION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	NAME OF LIVE BIRTH _____	PREGNANCY HISTORY NUMBER <input type="text"/> <input type="text"/>	
512A	<p>In addition to what is recorded on (this document/these documents), did (NAME) receive any other vaccinations, including vaccinations received in campaigns or immunization days or child health days like: The National Campaign Against Measles, the "Bakuna Para Sa Kabataan Proteksyon Sa Kinabukasan", NGO, Charity, Medical Mission?</p> <p>RECORD 'YES' ONLY IF THE RESPONDENT MENTIONS AT LEAST ONE OF THE VACCINATIONS IN 509 THAT ARE NOT RECORDED AS HAVING BEEN GIVEN.</p>	<p>YES 1 (USE THE LIST SHOWN IN CAPI TO SELECT THE OTHER VACCINATIONS GIVEN. NOTE THAT CAPI WILL CHANGE THE ANSWER IN 509A IN THE 'MONTH' COLUMN FROM '00' TO '66' FOR THE SELECTED VACCINATIONS.)</p> <p>(THEN SKIP TO 529)</p> <p>NO 2 DON'T KNOW 8</p>	
512AA	<p>CHECK 509: ANY VACCINATIONS RECORDED ON THE CARD?</p> <p>YES <input type="checkbox"/></p> <p>SKIP TO 529 ←</p>	<p>NO <input type="checkbox"/> →</p>	530

SECTION 5A. CHILD IMMUNIZATION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	NAME OF LIVE BIRTH _____ PREGNANCY HISTORY NUMBER <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/>		

5B. CHILD IMMUNIZATION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	NAME OF LIVE BIRTH _____ PREGNANCY HISTORY NUMBER <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/>		

509B

COPY VACCINATION DATES FROM THE CARD FOR (NAME).
 RECORD '44' IN 'MONTH' COLUMN IF CARD SHOWS THAT A DOSE WAS GIVEN, BUT NO DATE IS RECORDED.
 RECORD '00' IN 'MONTH' COLUMN IF CARD IS BLANK FOR THE DOSE.

	MONTH	DAY	YEAR			
BCG						
HEPATITIS B AT BIRTH						
DPT 1						
DPT 2						
DPT 3						
HEPATITIS B (HEPB) 1						
HEPATITIS B (HEPB) 2						
HEPATITIS B (HEPB) 3						
HAEMOPHILUS INFLUENZAE B (HIB) 1						
HAEMOPHILUS INFLUENZAE B (HIB) 2						
HAEMOPHILUS INFLUENZAE B (HIB) 3						
INACTIVATED POLIO VACCINE (IPV) 1						
INACTIVATED POLIO VACCINE (IPV) 2						
INACTIVATED POLIO VACCINE (IPV) 3						
ORAL POLIO VACCINE (OPV) 1						
ORAL POLIO VACCINE (OPV) 2						
ORAL POLIO VACCINE (OPV) 3						
PNEUMOCOCCAL CONJUGATE VACCINE (PCV) 1						
PNEUMOCOCCAL CONJUGATE VACCINE (PCV) 2						
PNEUMOCOCCAL CONJUGATE VACCINE (PCV) 3						
MEASLES, MUMPS, RUBELLA (MMR) 1						
MEASLES, MUMPS, RUBELLA (MMR) 2						
VITAMIN A (MOST RECENT)						

510B

ASK THE RESPONDENT FOR PERMISSION TO PHOTOGRAPH VACCINATION CARD OR OTHER DOCUMENT WHERE VACCINATIONS ARE WRITTEN. IF PERMISSION IS GRANTED, PHOTOGRAPH CARD.

PHOTOGRAPH TAKEN	1
PHOTOGRAPH NOT TAKEN, PERMISSION NOT RECEIVED	2
PHOTOGRAPH NOT TAKEN, OTHER REASON _____ (SPECIFY)	6

SECTION 5A. CHILD IMMUNIZATION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	NAME OF LIVE BIRTH _____	PREGNANCY HISTORY NUMBER <input type="text"/> <input type="text"/>	
511B	CHECK 509: 'BCG' TO 'MEASLES, MUMPS, RUBELLA 2' ALL HAVE A DATE RECORDED OR '44' RECORDED IN THE 'DAY' COLUMN? NO <input type="checkbox"/>	YES <input type="checkbox"/> → 529	529
512B	In addition to what is recorded on (this document/these documents), did (NAME) receive any other vaccinations, including vaccinations received in campaigns or immunization days or child health days like: The National Campaign Against Measles, the "Bakuna Para Sa Kabataan Proteksyon Sa Kinabukasan", NGO, Charity, Medical Mission? RECORD 'YES' ONLY IF THE RESPONDENT MENTIONS AT LEAST ONE OF THE VACCINATIONS IN 509B THAT ARE NOT RECORDED AS HAVING BEEN GIVEN.	YES 1 (USE THE LIST SHOWN IN CAPI TO SELECT THE OTHER VACCINATIONS GIVEN. NOTE THAT CAPI WILL CHANGE THE ANSWER IN 509 IN THE 'DAY' COLUMN FROM '00' TO '66' FOR THE SELECTED VACCINATIONS.) (THEN SKIP TO 529) NO 2 DON'T KNOW 8	
512BA	CHECK 509: ANY VACCINATIONS RECORDED ON THE CARD/ BOOKLET? YES <input type="checkbox"/> SKIP TO 529 ←	NO <input type="checkbox"/> → 530	530

SECTION 5A. CHILD IMMUNIZATION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	NAME OF LIVE BIRTH _____	PREGNANCY HISTORY NUMBER <input type="text"/> <input type="text"/>	
513	Did (NAME) ever receive any vaccinations to prevent (NAME) from getting diseases, including vaccinations received in campaigns or immunization days or child health days like: Todo Ligtas, NGO, Charity, Medical	YES 1 NO 2 DON'T KNOW 8	→ 530
514	Has (NAME) ever received a BCG vaccination against tuberculosis, that is, an injection in the arm or shoulder that usually causes a scar?	YES 1 NO 2 DON'T KNOW 8	
515	At or soon after birth, did (NAME) receive a Hepatitis B vaccination, that is, an injection in the thigh to prevent Hepatitis B?	YES 1 NO 2 DON'T KNOW 8	→ 517
516	Did (NAME) receive it within 24 hours of birth?	YES 1 NO 2 DON'T KNOW 8	
517	Has (NAME) ever received oral polio vaccine, that is, about two drops in the mouth to prevent polio?	YES 1 NO 2 DON'T KNOW 8	→ 521
519	How many times did (NAME) receive the oral polio vaccine?	NUMBER OF TIMES <input type="text"/>	
520 (4)	Did (NAME) receive the inactivated polio vaccine, an injection given to prevent polio?	YES 1 NO 2 DON'T KNOW 8	
520A	How many times did (NAME) receive the inactivated polio vaccine?	NUMBER OF TIMES <input type="text"/>	
521	Has (NAME) ever received a Pentavalent vaccination, that is, an injection in the thigh that includes DPT and Hib and sometimes HepB or IPV or a DPT vaccination alone?	YES 1 NO 2 DON'T KNOW 8	→ 522B
522	How many times did (NAME) receive the pentavalent/DPT vaccine?	NUMBER OF TIMES <input type="text"/>	
522A	Did (NAME) receive the last dose of Pentavalent/DPT vaccine from a public or private facility?	PUBLIC FACILITY 1 PRIVATE FACILITY 2 DON'T KNOW 8	
522B	Excluding any vaccinations given to (NAME) at birth, has (NAME) ever received a HEP B vaccination, that is, an injection given in the arm or thigh sometimes at the same time as polio drops?	YES 1 NO 2 DON'T KNOW 8	→ 523
522C	Excluding any vaccinations given to (NAME) at birth, how many times did (NAME) receive the HEP B vaccine?	NUMBER OF TIMES <input type="text"/>	

SECTION 5A. CHILD IMMUNIZATION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	NAME OF LIVE BIRTH _____	PREGNANCY HISTORY NUMBER <input type="text"/> <input type="text"/>	
523	Has (NAME) ever received a pneumococcal vaccination, that is, an injection in the thigh to prevent pneumonia?	YES 1 NO 2 DON'T KNOW 8	→ 527
524	How many times did (NAME) receive the pneumococcal vaccine?	NUMBER OF TIMES <input type="text"/>	
527	Has (NAME) ever received an MMR vaccination, that is, an injection in the arm to prevent measles, or measles, mumps, and rubella?	YES 1 NO 2 DON'T KNOW 8	→ 529
528	How many times did (NAME) receive the measles or MMR vaccine?	NUMBER OF TIMES <input type="text"/>	
529	Where did (NAME) receive most of his/her vaccinations? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD '96' AND WRITE THE NAME OF THE PLACE.	PUBLIC SECTOR GOVERNMENT HOSPITAL 11 RURAL HEALTH CENTER (RHC)/ URBAN HEALTH CENTER (UHC)/ LYING IN 12 BARANGAY HEALTH STATION 13 BARANGAY SUPPLY/SERVICE POINT OFFICER/BHW 14 OTHER PUBLIC SECTOR _____ 16 (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC LYING IN CLINIC 21 PHARMACY 22 PRIVATE DOCTOR 23 PRIVATE NURSE/MIDWIFE 24 INDUSTRY BASED CLINIC 25 OTHER PRIVATE MEDICAL SECTOR _____ 26 (SPECIFY) OTHER SOURCE VACCINATION CAMPAIGN 41 OTHER 96 (SPECIFY)	
530	CHECK 220 AND 224 IN PREGNANCY HISTORY: ANY MORE SURVIVING CHILDREN BORN 0-35 MONTHS BEFORE THE SURVEY? MORE SURVIVING CHILDREN BORN 0-35 MONTHS BEFORE THE SURVEY <input type="checkbox"/> (GO TO 503 FOR THE NEXT SURVIVING CHILD) ←	NO MORE SURVIVING CHILDREN BORN 0-35 MONTHS BEFORE THE SURVEY <input type="checkbox"/> →	→ 601

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																
601	CHECK 220, 224, AND 225 IN THE PREGNANCY HISTORY: ANY SURVIVING CHILDREN BORN 0-59 MONTHS BEFORE THE SURVEY? ONE OR MORE SURVIVING CHILDREN BORN 0-59 MONTHS BEFORE THE SURVEY <input type="checkbox"/>	NO SURVIVING CHILDREN BORN 0-59 MONTHS BEFORE THE SURVEY <input type="checkbox"/> → 643																	
602	Now I would like to ask some questions about the health of your children born in the last 5 years. (We will talk about each separately, starting with the youngest.)																		
603	RECORD THE NAME FROM 218 AND PREGNANCY HISTORY NUMBER FROM 215 OF THE SURVIVING CHILDREN BORN 0-59 MONTHS BEFORE THE SURVEY, STARTING WITH THE LAST ONE. NAME OF CHILD _____ PREGNANCY HISTORY NUMBER ... <input type="text"/> <input type="text"/>																		
604 (1)	In the last 12 months, was (NAME) given any of the following: a) Iron tablets or syrup? b) Nutri Foods or Vita Meena or other Micronutrient Powder? SHOW COMMON TYPES OF TABLETS/SYRUPS/ MULTIPLE MICRONUTRIENT POWDERS.	<table border="0"> <tr> <td></td> <td align="center">YES</td> <td align="center">NO</td> <td align="center">DK</td> </tr> <tr> <td>a) TABLETS/SYRUP</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> <tr> <td>b) NUTRI FOODS OR VITA MEENA OR OTHERS</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> </table>		YES	NO	DK	a) TABLETS/SYRUP	1	2	8	b) NUTRI FOODS OR VITA MEENA OR OTHERS	1	2	8					
	YES	NO	DK																
a) TABLETS/SYRUP	1	2	8																
b) NUTRI FOODS OR VITA MEENA OR OTHERS	1	2	8																
605	In the last 6 months, was (NAME) given a vitamin A dose like [this/any of these]? SHOW COMMON TYPES OF AMPULES/CAPSULES/SYRUPS.	<table border="0"> <tr> <td>YES</td> <td align="center">1</td> </tr> <tr> <td>NO</td> <td align="center">2</td> </tr> <tr> <td>DONT KNOW</td> <td align="center">8</td> </tr> </table>	YES	1	NO	2	DONT KNOW	8											
YES	1																		
NO	2																		
DONT KNOW	8																		
606 (2)	In the last 6 months, was (NAME) given any medicine for intestinal worms?	<table border="0"> <tr> <td>YES</td> <td align="center">1</td> </tr> <tr> <td>NO</td> <td align="center">2</td> </tr> <tr> <td>DONT KNOW</td> <td align="center">8</td> </tr> </table>	YES	1	NO	2	DONT KNOW	8											
YES	1																		
NO	2																		
DONT KNOW	8																		
607 (3)	In the last 3 months, has any healthcare provider or community health worker measured: a) (NAME)'s weight? b) (NAME)'s length or height? c) Around (NAME)'s upper arm?	<table border="0"> <tr> <td></td> <td align="center">YES</td> <td align="center">NO</td> <td align="center">DK</td> </tr> <tr> <td>a) WEIGHT</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> <tr> <td>b) LENGTH/HEIGHT</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> <tr> <td>c) UPPER ARM</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> </table>		YES	NO	DK	a) WEIGHT	1	2	8	b) LENGTH/HEIGHT	1	2	8	c) UPPER ARM	1	2	8	
	YES	NO	DK																
a) WEIGHT	1	2	8																
b) LENGTH/HEIGHT	1	2	8																
c) UPPER ARM	1	2	8																
608 (4)	Has (NAME) had diarrhea in the last 2 weeks?	<table border="0"> <tr> <td>YES</td> <td align="center">1</td> </tr> <tr> <td>NO</td> <td align="center">2</td> </tr> <tr> <td>DONT KNOW</td> <td align="center">8</td> </tr> </table>	YES	1	NO	2	DONT KNOW	8	<input type="checkbox"/> → 618										
YES	1																		
NO	2																		
DONT KNOW	8																		
608A	Was there any blood in the stools?	<table border="0"> <tr> <td>YES</td> <td align="center">1</td> </tr> <tr> <td>NO</td> <td align="center">2</td> </tr> <tr> <td>DONT KNOW</td> <td align="center">8</td> </tr> </table>	YES	1	NO	2	DONT KNOW	8											
YES	1																		
NO	2																		
DONT KNOW	8																		

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
NO.	NAME OF LIVE BIRTH _____	PREGNANCY HISTORY NUMBER <input type="text"/> <input type="text"/>	
609	<p>CHECK 485: CURRENTLY BREASTFEEDING?</p> <p>YES <input type="checkbox"/></p> <p>NO/ NOT ASKED <input type="checkbox"/></p> <p>a) Now I would like to know how much (NAME) was given to drink during the diarrhea, including breast milk. Was (NAME) given less than usual to drink, about the same amount, or more than usual to drink?</p> <p>IF LESS, PROBE: Was (NAME) given much less than usual to drink or somewhat less?</p> <p>b) Now I would like to know how much (NAME) was given to drink during the diarrhea. Was (NAME) given less than usual to drink, about the same amount, or more than usual to drink?</p> <p>IF LESS, PROBE: Was (NAME) given much less than usual to drink or somewhat less?</p>	<p>MUCH LESS 1</p> <p>SOMEWHAT LESS 2</p> <p>ABOUT THE SAME 3</p> <p>MORE 4</p> <p>NOTHING TO DRINK 5</p> <p>DONT KNOW 8</p>	
610	<p>When (NAME) had diarrhea, was (NAME) given less than usual to eat, about the same amount, more than usual, or nothing to eat?</p> <p>IF LESS, PROBE: Was (NAME) given much less than usual to eat or somewhat less?</p>	<p>MUCH LESS 1</p> <p>SOMEWHAT LESS 2</p> <p>ABOUT THE SAME 3</p> <p>MORE 4</p> <p>STOPPED FOOD 5</p> <p>NEVER GAVE FOOD 6</p> <p>DONT KNOW 8</p>	
611	<p>Did you seek advice or treatment for the diarrhea from any source?</p>	<p>YES 1</p> <p>NO 2</p>	→ 615
612 (5)	<p>Where did you seek advice or treatment?</p> <p>Anywhere else?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD 'X' AND WRITE THE NAME OF THE PLACE(S).</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL A</p> <p>RURAL HEALTH CENTER (RHC)/ URBAN HEALTH CENTER (UHC)/ LYING IN B</p> <p>BARANGAY HEALTH STATION C</p> <p>BARANGAY SUPPLY SERVICE POINT OFFICER/BHW D</p> <p>OTHER PUBLIC SECTOR _____ E (SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC LYING IN CLINIC F</p> <p>PHARMACY G</p> <p>PRIVATE DOCTOR H</p> <p>PRIVATE NURSE/ MIDWIFE I</p> <p>INDUSTRY BASED CLINIC J</p> <p>OTHER PRIVATE MEDICAL SECTOR _____ K (SPECIFY)</p> <p>OTHER SOURCE</p> <p>PUERICULTURE CENTER O</p> <p>SHOP/STORE P</p> <p>TRADITIONAL PRACTITIONER Q</p> <p>CHURCH R</p> <p>FRIEND/RELATIVE S</p> <p>OTHER _____ X (SPECIFY)</p>	
613	<p>CHECK 612:</p> <p>TWO OR MORE CODES CIRCLED <input type="checkbox"/></p>	<p>ONLY ONE CODE CIRCLED <input type="checkbox"/></p>	→ 614A

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																				
NO.	NAME OF LIVE BIRTH _____	PREGNANCY HISTORY NUMBER <input type="text"/> <input type="text"/>																					
614	Where did you first seek advice or treatment? USE LETTER CODE FROM 612.	FIRST PLACE <input type="text"/>																					
614A	How many days after the diarrhea began did you first seek advice or treatment for (NAME)?	DAYS <input type="text"/> <input type="text"/>																					
615	Was (NAME) given any of the following at any time since (NAME) started having the diarrhea: a) A fluid made from a special packet called Oresol or from a Hydrite tablet or a solution called Pedialyte? (6) b) A government-recommended homemade fluid? (7) c) Zinc syrup/drops or tablets ? d) Probiotic Sachets?	<table border="0"> <tr> <td></td> <td>YES</td> <td>NO</td> <td>DK</td> </tr> <tr> <td>a) FLUID FROM ORS PACKET ..</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>b) HOMEMADE FLUID</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>c) ZINC</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>d) PROBIOTIC</td> <td>1</td> <td>2</td> <td>8</td> </tr> </table>		YES	NO	DK	a) FLUID FROM ORS PACKET ..	1	2	8	b) HOMEMADE FLUID	1	2	8	c) ZINC	1	2	8	d) PROBIOTIC	1	2	8	
	YES	NO	DK																				
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c) ZINC	1	2	8																				
d) PROBIOTIC	1	2	8																				
616	CHECK 615: <table border="0"> <tr> <td>ANY 'YES' <input type="checkbox"/></td> <td>ALL 'NO' OR 'DK' <input type="checkbox"/></td> </tr> <tr> <td>a) Was anything else given to treat the diarrhea?</td> <td>b) Was anything given to treat the diarrhea?</td> </tr> </table>	ANY 'YES' <input type="checkbox"/>	ALL 'NO' OR 'DK' <input type="checkbox"/>	a) Was anything else given to treat the diarrhea?	b) Was anything given to treat the diarrhea?	<table border="0"> <tr> <td>YES</td> <td>1</td> </tr> <tr> <td>NO</td> <td>2</td> </tr> <tr> <td>DON'T KNOW</td> <td>8</td> </tr> </table>	YES	1	NO	2	DON'T KNOW	8	→ 618										
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617	CHECK 615: <table border="0"> <tr> <td>ANY 'YES' <input type="checkbox"/></td> <td>ALL 'NO' OR 'DK' <input type="checkbox"/></td> </tr> <tr> <td>a) What else was given to treat the diarrhea?</td> <td>b) What was given to treat the diarrhea?</td> </tr> </table> RECORD ALL TREATMENTS GIVEN.	ANY 'YES' <input type="checkbox"/>	ALL 'NO' OR 'DK' <input type="checkbox"/>	a) What else was given to treat the diarrhea?	b) What was given to treat the diarrhea?	PILL OR SYRUP ANTIBIOTIC A ANTIMOTILITY B OTHER (NOT ANTIBIOTIC OR ANTIMOTILITY) C UNKNOWN PILL OR SYRUP D INJECTION ANTIBIOTIC E NON-ANTIBIOTIC F UNKNOWN INJECTION G (IV) INTRAVENOUS H HOME REMEDY/HERBAL MEDICINE I OTHER _____ X (SPECIFY)																	
ANY 'YES' <input type="checkbox"/>	ALL 'NO' OR 'DK' <input type="checkbox"/>																						
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617A	CHECK 615c : <table border="0"> <tr> <td>ZINC GIVEN (615c = 1) <input type="checkbox"/></td> <td>ZINC NOT GIVEN (615c = 2 OR 3 CIRCLED) <input type="checkbox"/></td> </tr> <tr> <td></td> <td>(SKIP TO 618) ←</td> </tr> </table>	ZINC GIVEN (615c = 1) <input type="checkbox"/>	ZINC NOT GIVEN (615c = 2 OR 3 CIRCLED) <input type="checkbox"/>		(SKIP TO 618) ←																		
ZINC GIVEN (615c = 1) <input type="checkbox"/>	ZINC NOT GIVEN (615c = 2 OR 3 CIRCLED) <input type="checkbox"/>																						
	(SKIP TO 618) ←																						
617B	How many days was (NAME) given zinc drops/syrup or tablets?	DAYS <input type="text"/> <input type="text"/>																					
618	Has (NAME) been ill with a fever at any time in the last 2 weeks?	<table border="0"> <tr> <td>YES</td> <td>1</td> </tr> <tr> <td>NO</td> <td>2</td> </tr> <tr> <td>DON'T KNOW</td> <td>8</td> </tr> </table>	YES	1	NO	2	DON'T KNOW	8															
YES	1																						
NO	2																						
DON'T KNOW	8																						
621	Has (NAME) had an illness with a cough at any time in the last 2 weeks?	<table border="0"> <tr> <td>YES</td> <td>1</td> </tr> <tr> <td>NO</td> <td>2</td> </tr> <tr> <td>DON'T KNOW</td> <td>8</td> </tr> </table>	YES	1	NO	2	DON'T KNOW	8															
YES	1																						
NO	2																						
DON'T KNOW	8																						
622	Has (NAME) had fast, short, rapid breaths or difficulty breathing at any time in the last 2 weeks?	<table border="0"> <tr> <td>YES</td> <td>1</td> </tr> <tr> <td>NO</td> <td>2</td> </tr> <tr> <td>DON'T KNOW</td> <td>8</td> </tr> </table>	YES	1	NO	2	DON'T KNOW	8	→ 624														
YES	1																						
NO	2																						
DON'T KNOW	8																						
623	Was the fast or difficult breathing due to a problem in the chest or to a blocked or runny nose?	<table border="0"> <tr> <td>CHEST ONLY</td> <td>1</td> </tr> <tr> <td>NOSE ONLY</td> <td>2</td> </tr> <tr> <td>BOTH</td> <td>3</td> </tr> <tr> <td>OTHER _____ 6</td> <td></td> </tr> <tr> <td>(SPECIFY)</td> <td></td> </tr> <tr> <td>DON'T KNOW</td> <td>8</td> </tr> </table>	CHEST ONLY	1	NOSE ONLY	2	BOTH	3	OTHER _____ 6		(SPECIFY)		DON'T KNOW	8	→ 624A								
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SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
NO.	NAME OF LIVE BIRTH _____	PREGNANCY HISTORY NUMBER <input type="text"/> <input type="text"/>	
624	CHECK 618: HAD FEVER? YES <input type="checkbox"/> NO OR DON'T KNOW <input type="checkbox"/>		634
624A	CHECK 485: CURRENTLY BREASTFEEDING? YES <input type="checkbox"/> NO/ NOT ASKED <input type="checkbox"/> a) Now I would like to know how much (NAME) was given to drink during a (fever/cough), including breast milk. Was (NAME) given less than usual to drink, about the same amount, or more than usual to drink? IF LESS, PROBE: Was (NAME) given much less than usual to drink or somewhat less? b) Now I would like to know how much (NAME) was given to drink during the (fever/cough). Was (NAME) given less than usual to drink, about the same amount, or more than usual to drink? IF LESS, PROBE: Was (NAME) given much less than usual to drink or somewhat less?	MUCH LESS 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE 4 NOTHING TO DRINK 5 DON'T KNOW 8	
624B	When (NAME) had a (fever/cough), was (NAME) given less than usual to eat, about the same amount, more than usual, or nothing to eat? IF LESS, PROBE: Was (NAME) given much less than usual to eat or somewhat less?	MUCH LESS 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE 4 STOPPED FOOD 5 NEVER GAVE FOOD 6 DON'T KNOW 8	
625	Did you seek advice or treatment for the illness from any source?	YES 1 NO 2	630
626 (5)	Where did you seek advice or treatment? Anywhere else? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD 'X' AND WRITE THE NAME OF THE PLACE(S).	PUBLIC SECTOR GOVERNMENT HOSPITAL A RURAL HEALTH CENTER (RHC)/ URBAN HEALTH CENTER (UHC)/ LYING IN B BARANGAY HEALTH STATION C BARANGAY SUPPLY/SERVICE POINT OFFICER/BHW D OTHER PUBLIC SECTOR _____ E (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC LYING IN CLINIC F PHARMACY G PRIVATE DOCTOR H PRIVATE NURSE/MIDWIFE I INDUSTRY BASED CLINIC J OTHER PRIVATE MEDICAL SECTOR _____ K (SPECIFY) OTHER SOURCE PUERICULTURE CENTE O SHOP/STORE P CHURCH Q FRIEND/RELATIVE R OTHER X (SPECIFY)	

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
NO.	NAME OF LIVE BIRTH _____	PREGNANCY HISTORY NUMBER <input type="text"/> <input type="text"/>	
627	CHECK 626: TWO OR MORE CODES CIRCLED <input type="checkbox"/>	ONLY ONE CODE CIRCLED <input type="checkbox"/>	→ 629
628	Where did you first seek advice or treatment? USE LETTER CODE FROM 626.	FIRST PLACE <input type="text"/>	
629	How many days after the illness began did you first seek advice or treatment for (NAME)? IF THE SAME DAY RECORD '00'.	DAYS <input type="text"/> <input type="text"/>	
630	At any time during the illness, did (NAME) take any medicine for the illness?	YES 1 NO 2 DONT KNOW 8] → 634
631 (9)	What medicine did (NAME) take? Any other medicine? RECORD ALL MENTIONED. IF MEDICINE NOT KNOWN, ASK TO SEE THE PACKAGE OR PRESCRIPTION.	<p>ANTIMALARIAL MEDICINE</p> <p>ARTEMISININ COMBINATION THERAPY (ACT) A</p> <p>SP/FANSIDAR B</p> <p>CHLOROQUINE C</p> <p>AMODIAQUINE D</p> <p>QUININE</p> <p>PILLS E</p> <p>INJECTION/IV F</p> <p>ARTESUNATE</p> <p>RECTAL G</p> <p>INJECTION/IV H</p> <p>OTHER ANTIMALARIAL _____ I (SPECIFY)</p> <p>ANTIBIOTIC MEDICINE</p> <p>AMOXICILLIN J</p> <p>COTRIMOXAZOLE K</p> <p>OTHER PILL/SYRUP L</p> <p>OTHER INJECTION/IV M</p> <p>OTHER MEDICINE</p> <p>ASPIRIN N</p> <p>PARACETAMOL/PANADOL/ ACETAMINOPHEN O</p> <p>IBUPROFEN P</p> <p>DECONGESTANT Q</p> <p>EXPECTORANT R</p> <p>NEBULES S</p> <p>OTHER _____ X (SPECIFY)</p> <p>DONT KNOW Z</p>	
634	CHECK 220, 224, AND 225 IN PREGNANCY HISTORY: ANY MORE SURVIVING CHILDREN BORN 0-59 MONTHS BEFORE THE SURVEY? MORE SURVIVING CHILDREN BORN 0-59 MONTHS BEFORE THE SURVEY <input type="checkbox"/> (GO TO 603 FOR THE NEXT SURVIVING CHILD) ←	NO MORE SURVIVING CHILDREN BORN 0-59 MONTHS BEFORE THE SURVEY <input type="checkbox"/>	→ 635

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																																																												
635	<p>CHECK 220, 225 AND 226, ALL ROWS: NUMBER OF CHILDREN BORN 0-23 MONTHS BEFORE THE SURVEY LIVING WITH THE RESPONDENT</p> <p style="text-align: center;">ONE OR MORE <input type="checkbox"/></p> <p style="text-align: center;">↓</p> <p style="text-align: center;">_____ (NAME OF YOUNGEST CHILD LIVING WITH HER) ↓</p>	<p style="text-align: center;">NONE <input type="checkbox"/></p> <p style="text-align: right;">→ 643</p>																																																																													
636 (10)	<p>Now I would like to ask you about liquids that (NAME FROM 635) had yesterday during the day or at night. Please tell me about all drinks, whether (NAME) had them at home, or somewhere else.</p> <p>Yesterday during the day or at night, did (NAME) drink:</p> <p>a) Plain water?</p> <p>b) Infant formula such as S26, Nan, Promil?</p> <p style="padding-left: 20px;">IF YES: How many times did (NAME) drink infant formula? IF 7 OR MORE TIMES, RECORD '7'.</p> <p>c) Milk from animals like fresh milk, milk powders like Nido or Bear brand, or evaporated milk?</p> <p style="padding-left: 20px;">IF YES: How many times did (NAME) drink milk? IF 7 OR MORE TIMES, RECORD '7'.</p> <p style="padding-left: 20px;">IF YES: Was the milk a sweet or flavored type of milk?</p> <p>d) Yogurt drinks or probiotic drinks?</p> <p style="padding-left: 20px;">IF YES: How many times did (NAME) drink yogurt drinks or probiotic drinks? IF 7 OR MORE TIMES, RECORD '7'.</p> <p style="padding-left: 20px;">IF YES: Was the yogurt drink or probiotic drink a sweet or flavored type of yogurt drink or probiotic drink?</p> <p>f) Sweetened condensed milk, bubble tea, chocolate flavored drinks, or sago at gulaman?</p> <p>g) Fresh fruit juice, or fruit-flavored drinks such as Zesto or C2?</p> <p>h) Soft drinks such as Coke, Sprite, or Royal Tru, energy drinks such as Red Bull or Gatorade?</p> <p>i) Tea, coffee, or herbal drinks?</p> <p style="padding-left: 20px;">IF YES: Was the drink sweetened?</p> <p>j) Clear broth or clear soup?</p> <p>k) Any other liquids?</p> <p style="padding-left: 20px;">IF YES: What was the drink?</p> <p style="padding-left: 20px;">IF YES: Was the drink sweetened?</p>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 5%;"></th> <th style="width: 15%; text-align: center;">YES</th> <th style="width: 15%; text-align: center;">NO</th> <th style="width: 15%; text-align: center;">DK</th> </tr> </thead> <tbody> <tr> <td>a)</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>b)</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td style="padding-left: 20px;">NUMBER OF TIMES DRANK FORMULA <input style="width: 40px;" type="text"/></td> <td></td> <td></td> <td style="text-align: center;">8</td> </tr> <tr> <td>c)</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td style="padding-left: 20px;">NUMBER OF TIMES DRANK MILK <input style="width: 40px;" type="text"/></td> <td></td> <td></td> <td style="text-align: center;">8</td> </tr> <tr> <td style="padding-left: 20px;">SWEET/ FLAVORED</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>d)</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td style="padding-left: 20px;">NUMBER OF TIMES DRANK YOGURT <input style="width: 40px;" type="text"/></td> <td></td> <td></td> <td style="text-align: center;">8</td> </tr> <tr> <td style="padding-left: 20px;">SWEET/ FLAVORED</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>f)</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>g)</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>h)</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>i)</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td style="padding-left: 20px;">SWEETENED ...</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>j)</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>k)</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td style="padding-left: 20px;">OTHER DRINK(S) _____ (SPECIFY)</td> <td></td> <td></td> <td></td> </tr> <tr> <td style="padding-left: 20px;">SWEETENED ...</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> </tbody> </table>		YES	NO	DK	a)	1	2	8	b)	1	2	8	NUMBER OF TIMES DRANK FORMULA <input style="width: 40px;" type="text"/>			8	c)	1	2	8	NUMBER OF TIMES DRANK MILK <input style="width: 40px;" type="text"/>			8	SWEET/ FLAVORED	1	2	8	d)	1	2	8	NUMBER OF TIMES DRANK YOGURT <input style="width: 40px;" type="text"/>			8	SWEET/ FLAVORED	1	2	8	f)	1	2	8	g)	1	2	8	h)	1	2	8	i)	1	2	8	SWEETENED ...	1	2	8	j)	1	2	8	k)	1	2	8	OTHER DRINK(S) _____ (SPECIFY)				SWEETENED ...	1	2	8	
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SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES			SKIP										
637 (10)	<p>Now I would like to ask you about foods that (NAME) had yesterday during the day or at night. I am interested in foods your child ate whether at home or somewhere else. Please think about snacks and small meals as well as main meals.</p> <p>I will ask you about different foods, and I would like to know whether your child ate the food even if it was combined with other foods.</p> <p>Please do not answer 'yes' for any food or ingredient only used in a small amount to add flavor to a dish.</p> <p>Yesterday during the day or at night, did (NAME) eat:</p>	<table border="0"> <thead> <tr> <th></th> <th data-bbox="1027 555 1070 577">YES</th> <th data-bbox="1145 555 1189 577">NO</th> <th data-bbox="1264 555 1307 577">DK</th> </tr> </thead> <tbody> <tr> <td data-bbox="858 600 1023 622">a) Yogurt, other than probiotic drinks?</td> <td data-bbox="1027 600 1043 622">1</td> <td data-bbox="1145 600 1161 622">2</td> <td data-bbox="1264 600 1279 622">8</td> </tr> <tr> <td data-bbox="858 651 1023 696">IF YES: How many times did (NAME) eat yogurt? IF 7 OR MORE TIMES, RECORD '7'.</td> <td colspan="2" data-bbox="890 651 1114 696">NUMBER OF TIMES ATE YOGURT <input type="text"/></td> <td data-bbox="1264 651 1279 674">8</td> </tr> </tbody> </table>		YES	NO	DK	a) Yogurt, other than probiotic drinks?	1	2	8	IF YES: How many times did (NAME) eat yogurt? IF 7 OR MORE TIMES, RECORD '7'.	NUMBER OF TIMES ATE YOGURT <input type="text"/>		8	
	YES	NO	DK												
a) Yogurt, other than probiotic drinks?	1	2	8												
IF YES: How many times did (NAME) eat yogurt? IF 7 OR MORE TIMES, RECORD '7'.	NUMBER OF TIMES ATE YOGURT <input type="text"/>		8												
	b) Am, rice, bread, pancit, macaroni, spaghetti, misua, or corn grits?	b) 1	2	8											
	c) Carrots, squash, or orange camote?	c) 1	2	8											
	d) Potato, cassava, ube, yam, taro root, white camote, or plantain?	d) 1	2	8											
	e) Moringa leaves, Chinese cabbage, camote leaves, water spinach, sayote leaves, yam leaves, or bitter gourd leaves?	e) 1	2	8											
	f) Any other vegetables, such as tomatoes, bitter gourd, string beans, cabbage, eggplant or other vegetables?	f) 1	2	8											
	g) Ripe mango, ripe papaya, orange colored melon, or chiesá?	g) 1	2	8											
	h) Any other fruits, such as banana, watermelon, guava, aratiles, dalandan or other fruits?	h) 1	2	8											
	i) Dinuguan, liver, heart, kidney, or gizzard?	i) 1	2	8											
	j) Hot dogs, sausages, longganisa, chorizo, canned meats, tocino or tapa?	j) 1	2	8											
	k) Any other meat, such as beef, goat, pork, chicken, or duck?	k) 1	2	8											
	l) Chicken eggs, quail eggs, duck eggs, or salted duck eggs?	l) 1	2	8											
	m) Fish, sardines, daing or tuyo, dilis, smoked fish, or seafood?	m) 1	2	8											
	n) Tofu, taho, beans, mung beans, or cowpeas?	n) 1	2	8											

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES			SKIP
		YES	NO	DK	
	o) Peanuts, peanut butter, cashews, watermelon seeds, squash seeds, or jackfruit seeds?	o) 1	2	8	
	p) Keso or kesong puti?	p) 1	2	8	
	r) Any sweet foods such as cookies, sweet breads, ensaymada, kakanin or biko, candy, ice cream or sorbetes, or halo-halo?	r) 1	2	8	
	s) Potato chips, corn chips, cornick, chichacorn, French fries, fishball, kropek, or instant noodles?	s) 1	2	8	
	u) Any other solid, semi-solid, or soft food? IF YES: What was the food? MARK THE APPROPRIATE FOOD GROUP FOR EACH ADDITIONAL FOOD, IF THE GROUP IS NOT YET CODED 'YES'. IF UNABLE TO DETERMINE WHICH GROUP THE ADDITIONAL FOOD BELONGS TO, RECORD THE NAME OF THE FOOD.	u) 1	2	8	
		OTHER FOOD(S) _____ (SPECIFY)			
638	CHECK 637 (CATEGORIES 'a' THROUGH 'u'): NOT A SINGLE 'YES' <input type="checkbox"/>	AT LEAST ONE 'YES' <input type="checkbox"/>			→ 640
639	Did (NAME) eat any solid, semi-solid, or soft foods yesterday during the day or at night? IF 'YES' PROBE: What kind of solid, semi-solid or soft foods did (NAME) eat?	YES 1 (GO BACK TO 637 TO RECORD FOOD EATEN YESTERDAY) (THEN CONTINUE TO 640)			→ 641
640	How many times did (NAME) eat solid, semi-solid, or soft foods yesterday during the day or at night? IF 7 OR MORE TIMES, RECORD '7'.	NUMBER OF TIMES <input type="text"/>			
		DON'T KNOW 8			
641	In the last 6 months, did any healthcare provider or community health worker talk with you about how or what to feed (NAME)?	YES 1 NO 2 DON'T KNOW 8			
642	The last time (NAME) passed stools, what was done to dispose of the stools?	CHILD USED TOILET OR LATRINE 01 PUT/RINSED INTO TOILET OR LATRINE 02 PUT/RINSED INTO DRAIN OR DITCH 03 THROWN INTO GARBAGE 04 BURIED 05 LEFT IN THE OPEN 06 THROWN INTO RIVER/SEA 07 OTHER _____ 96 (SPECIFY)			

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES			SKIP																																														
643 (10)	<p data-bbox="331 241 794 331">Now I'd like to ask you about foods and drinks that you consumed yesterday during the day or night, whether you ate or drank it at home or somewhere else. Please think about snacks and small meals as well as main meals.</p> <p data-bbox="331 353 794 421">I will ask you about different foods and drinks, and I would like to know whether you ate the food even if it was combined with other foods.</p> <p data-bbox="331 443 794 488">Please do not answer 'yes' for any food or ingredient only used in a small amount to add flavor to a dish.</p> <p data-bbox="331 510 794 533">Yesterday during the day or at night, did you eat or drink:</p> <p data-bbox="331 566 794 611">a) Rice, bread, pancit, macaroni, spaghetti, misua, corn grits, or corn on the cob?</p> <p data-bbox="331 667 794 689">b) Carrots, squash, or orange camote?</p> <p data-bbox="331 745 794 790">c) Potato, cassava, ube, yam, taro root, white camote, or plantain?</p> <p data-bbox="331 824 794 891">d) Moringa leaves, Chinese cabbage, camote leaves, water spinach, sayote leaves, yam leaves, or bitter gourd leaves?</p> <p data-bbox="331 925 794 969">e) Any other vegetables, such as tomatoes, bitter gourd, string beans, cabbage, eggplant or other vegetables?</p> <p data-bbox="331 1003 794 1048">f) Ripe mango, ripe papaya, orange colored melon, or chiesá?</p> <p data-bbox="331 1104 794 1149">g) Any other fruits, such as banana, watermelon, guava, aratiles, dalandan or other fruits?</p> <p data-bbox="331 1182 794 1205">h) Dinuguan, liver, heart, kidney, or gizzard?</p> <p data-bbox="331 1261 794 1305">i) Hot dogs, sausages, longganisa, chorizo, canned meats, tocino or tapa?</p> <p data-bbox="331 1361 794 1406">j) Any other meat, such as beef, goat, pork, chicken, or duck?</p> <p data-bbox="331 1462 794 1507">k) Chicken eggs, quail eggs, duck eggs, or salted duck eggs?</p>	<table border="1"> <thead> <tr> <th></th> <th data-bbox="1026 533 1074 555">YES</th> <th data-bbox="1145 533 1193 555">NO</th> <th data-bbox="1265 533 1313 555">DK</th> </tr> </thead> <tbody> <tr> <td data-bbox="858 566 1018 589">a)</td> <td data-bbox="1034 566 1050 589">1</td> <td data-bbox="1153 566 1169 589">2</td> <td data-bbox="1273 566 1289 589">8</td> </tr> <tr> <td data-bbox="858 667 1018 689">b)</td> <td data-bbox="1034 667 1050 689">1</td> <td data-bbox="1153 667 1169 689">2</td> <td data-bbox="1273 667 1289 689">8</td> </tr> <tr> <td data-bbox="858 745 1018 768">c)</td> <td data-bbox="1034 745 1050 768">1</td> <td data-bbox="1153 745 1169 768">2</td> <td data-bbox="1273 745 1289 768">8</td> </tr> <tr> <td data-bbox="858 824 1018 846">d)</td> <td data-bbox="1034 824 1050 846">1</td> <td data-bbox="1153 824 1169 846">2</td> <td data-bbox="1273 824 1289 846">8</td> </tr> <tr> <td data-bbox="858 925 1018 947">e)</td> <td data-bbox="1034 925 1050 947">1</td> <td data-bbox="1153 925 1169 947">2</td> <td data-bbox="1273 925 1289 947">8</td> </tr> <tr> <td data-bbox="858 1003 1018 1025">f)</td> <td data-bbox="1034 1003 1050 1025">1</td> <td data-bbox="1153 1003 1169 1025">2</td> <td data-bbox="1273 1003 1289 1025">8</td> </tr> <tr> <td data-bbox="858 1104 1018 1126">g)</td> <td data-bbox="1034 1104 1050 1126">1</td> <td data-bbox="1153 1104 1169 1126">2</td> <td data-bbox="1273 1104 1289 1126">8</td> </tr> <tr> <td data-bbox="858 1182 1018 1205">h)</td> <td data-bbox="1034 1182 1050 1205">1</td> <td data-bbox="1153 1182 1169 1205">2</td> <td data-bbox="1273 1182 1289 1205">8</td> </tr> <tr> <td data-bbox="858 1261 1018 1283">i)</td> <td data-bbox="1034 1261 1050 1283">1</td> <td data-bbox="1153 1261 1169 1283">2</td> <td data-bbox="1273 1261 1289 1283">8</td> </tr> <tr> <td data-bbox="858 1361 1018 1384">j)</td> <td data-bbox="1034 1361 1050 1384">1</td> <td data-bbox="1153 1361 1169 1384">2</td> <td data-bbox="1273 1361 1289 1384">8</td> </tr> <tr> <td data-bbox="858 1462 1018 1485">k)</td> <td data-bbox="1034 1462 1050 1485">1</td> <td data-bbox="1153 1462 1169 1485">2</td> <td data-bbox="1273 1462 1289 1485">8</td> </tr> </tbody> </table>		YES	NO	DK	a)	1	2	8	b)	1	2	8	c)	1	2	8	d)	1	2	8	e)	1	2	8	f)	1	2	8	g)	1	2	8	h)	1	2	8	i)	1	2	8	j)	1	2	8	k)	1	2	8	
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SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES			SKIP
		YES	NO	DK	
	l) Fish, sardines, daing or tuyo, dilis, smoked fish, or seafood?	l) 1	2	8	
	m) Tofu, taho, beans, mung beans, or cowpeas?	m) 1	2	8	
	n) Peanuts, peanut butter, cashews, watermelon seeds, squash seeds, or jackfruit seeds?	n) 1	2	8	
	o) Milk from animals such as milk, milk powder such as Nido or Bear brand, yogurt, keso or kesong puti?	o) 1	2	8	
	q) Any sweet foods such as cookies, sweet breads, ensaymada, kakanin or biko, candy, ice cream or sorbetes, or halo-halo?	q) 1	2	8	
	r) Potato chips, corn chips, cornick, chichacorn, French fries, fishball, kropek, or instant noodles?	r) 1	2	8	
	s) Fresh fruit juice, or fruit-flavored drinks such as Zesto or C2?	s) 1	2	8	
	t) Soft drinks such as Coke, Sprite, or Royal Tru, energy drinks such as Red Bull, or Gatorade?	t) 1	2	8	
	u) Sweetened tea, bubble tea, sweetened coffee, 3-in-1, chocolate flavored drinks, or sago at gulaman?	u) 1	2	8	
	w) Any other liquids? IF YES: What was the drink? IF YES: Was the drink sweetened?	w) 1 OTHER DRINK(S) _____ (SPECIFY) SWEETENED . . . 1	2	8	
	x) Any other food? IF YES: What was the food? MARK THE APPROPRIATE FOOD GROUP FOR EACH ADDITIONAL FOOD, IF THE GROUP IS NOT YET CODED 'YES'. IF UNABLE TO DETERMINE WHICH GROUP THE ADDITIONALFOOD BELONGS TO, RECORD THE NAME OF THE FOOD.	x) 1 OTHER FOOD(S) _____ (SPECIFY)	2	8	

EARLY CHILDHOOD DEVELOPMENT INDEX MODULE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
ECD1	CHECK 225 AND 226: ANY CHILD 2-4 YEARS OLD LIVING WITH HIS/HER MOTHER? YES <input type="checkbox"/>	NO <input type="checkbox"/> →	701
ECD2	CHECK CAPI TO IDENTIFY ONE RANDOMLY SELECTED CHILD AGE 2-4 LIVING WITH HIS/HER MOTHER NAME OF THE SELECTED CHILD FROM CAPI _____	LINE NUMBER OF THE SELECTED CHILD FROM CAPI <input type="text"/> <input type="text"/>	
ECD3	I would like to ask you about certain things (NAME OF CHILD SELECTED IN ECD2) is currently able to do. Please keep in mind that children can develop and learn at a different pace. For example, some start talking earlier than others, or they might already say some words but not yet form sentences. So, it is fine if your child is not able to do all the things I am going to ask you about. You can let me know if you have any doubts about what answer to give.		
ECD4	Can (NAME) walk on an uneven surface, for example, a bumpy or steep road, without falling?	YES 1 NO 2 DON'T KNOW 8	
ECD5	Can (NAME) jump up with both feet leaving the ground?	YES 1 NO 2 DON'T KNOW 8	
ECD6 (1)	Can (NAME) dress (him/herself), that is, put on pants and a shirt, without help?	YES 1 NO 2 DON'T KNOW 8	
ECD7	Can (NAME) fasten and unfasten buttons without help?	YES 1 NO 2 DON'T KNOW 8	
ECD8	Can (NAME) say 10 or more words, like 'mama' or 'ball'?	YES 1 NO 2 DON'T KNOW 8	
ECD9	Can (NAME) speak using sentences of 3 or more words that go together, for example, "I want water" or "The house is big"?	YES 1 NO 2 DON'T KNOW 8	→ ECD 11
ECD10	Can (NAME) speak using sentences of 5 or more words that go together, for example, "The house is very big"?	YES 1 NO 2 DON'T KNOW 8	
ECD11	Can (NAME) correctly use any of the words 'I', 'you', 'she', or 'he', for example, "I want water" or "He eats rice"?	YES 1 NO 2 DON'T KNOW 8	
ECD12	If you show (NAME) an object (he/she) knows well, such as a cup or animal, can (he/she) consistently name it? By consistently, we mean that (he/she) uses the same word to refer to the same object, even if the word used is not fully correct.	YES 1 NO 2 DON'T KNOW 8	
ECD13 (1)	Can (NAME) recognize at least 5 letters of the alphabet?	YES 1 NO 2 DON'T KNOW 8	
ECD14	Can (NAME) write (his/her) name?	YES 1 NO 2 DON'T KNOW 8	
ECD15	Can (NAME) recognize all numbers from 1 to 5?	YES 1 NO 2 DON'T KNOW 8	

EARLY CHILDHOOD DEVELOPMENT INDEX MODULE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
ECD16 (1)	If you ask (NAME) to give you 3 objects, such as 3 stones or 3 beans, does (he/she) give you the correct amount?	YES 1 NO 2 DON'T KNOW 8	
ECD17	Can (NAME) count 10 objects, for example, 10 fingers or 10 blocks, without mistakes?	YES 1 NO 2 DON'T KNOW 8	
ECD18 (1)	Can (NAME) do an activity, such as coloring or playing with building blocks, without repeatedly asking for help or giving up too quickly?	YES 1 NO 2 DON'T KNOW 8	
ECD19 (1)	Does (NAME) ask about familiar people other than parents when they are not there, for example, "Where is Grandma?"?	YES 1 NO 2 DON'T KNOW 8	
ECD20	Does (NAME) offer to help someone who seems to need help?	YES 1 NO 2 DON'T KNOW 8	
ECD21	Does (NAME) get along well with other children?	YES 1 NO 2 DON'T KNOW 8	
ECD22	How often does (NAME) seem to be very sad or depressed? Would you say: daily, weekly, monthly, a few times a year, or never?	DAILY 1 WEEKLY 2 MONTHLY 3 A FEW TIMES A YEAR 4 NEVER 5 DON'T KNOW 8	
ECD23	Compared with other children of the same age, how much does (NAME) kick, bite, or hit other children or adults? Would you say: not at all, the same or less, more, or a lot more?	NOT AT ALL 1 THE SAME OR LESS 2 MORE 3 A LOT MORE 4 DON'T KNOW 8	

SECTION 7. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
701	Are you currently married or living together with a man as if married?	YES, CURRENTLY MARRIED 1 YES, LIVING WITH A MAN 2 NO, NOT IN UNION 3	→ 706 → 709
702	Have you ever been married or lived together with a man as if married?	YES, FORMERLY MARRIED 1 YES, LIVED WITH A MAN 2 NO 3	→ 721
703	What is your marital status now: are you widowed, divorced, or separated?	WIDOWED 1 DIVORCED/ ANNULLED 2 SEPARATED 3	
704	CHECK 702: YES, <input type="checkbox"/> FORMERLY MARRIED ↓	YES, <input type="checkbox"/> LIVED WITH A MAN →	→ 714
705	Did you have a marriage certificate for your last marriage?	YES 1 NO 2 DON'T KNOW 8	→ 714 → 707
706	Do you have a marriage certificate for this marriage?	YES 1 NO 2 DON'T KNOW 8	→ 709
707	Was this marriage ever registered with the civil registry office?	YES 1 NO 2 DON'T KNOW 8	
708	CHECK 701: YES, <input type="checkbox"/> CURRENTLY MARRIED ↓	NO, <input type="checkbox"/> NOT IN A UNION →	→ 714
709	Is your (husband/partner) living with you now or is he staying elsewhere?	LIVING WITH HER 1 STAYING ELSEWHERE 2	→ 710C
710	RECORD THE HUSBAND'S/PARTNER'S NAME AND LINE NUMBER FROM THE HOUSEHOLD QUESTIONNAIRE. IF HE IS NOT LISTED IN THE HOUSEHOLD, RECORD '00'.	NAME _____ LINE NO. <input type="text"/> <input type="text"/>	
710A	CHECK 709: HUSBAND/PARTNER <input type="checkbox"/> LIVING WITH HER ↓	HUSBAND/PARTNER <input type="checkbox"/> STAYING ELSEWHERE →	→ 710C
710B	During your (marriage/partnership) with your (husband/partner), did you ever live separately?	YES 1 NO 2	→ 714
710C	In the last 24 months, how many months in total did you and your (husband/partner) live separately? IF SEPARATION OCCURRED MORE THAN 2 YEARS AGO, RECORD 95. IF SEPARATED FOR FULL 24 MONTHS, RECORD 24	LESS THAN ONE MONTH 00 NUMBER OF MONTHS <input type="text"/> <input type="text"/> NO SEPARATION IN THE LAST 2 YEARS (24 MONTHS) 95	→ 714 → 714
710D	In the last 24 months, were you and your husband/partner ever living separately because one of you lived overseas?	YES 1 NO 2	
714	Have you been married or lived with a man only once or more than once?	ONLY ONCE 1 MORE THAN ONCE 2	

SECTION 7. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
715	<p>CHECK 714:</p> <p>MARRIED/ LIVED WITH A MAN ONLY ONCE <input type="checkbox"/></p> <p>a) In what month and year did you start living with your (husband/partner)?</p> <p>MARRIED/ LIVED WITH A MAN MORE THAN ONCE <input type="checkbox"/></p> <p>b) Now I would like to ask about your first (husband/partner). In what month and year did you start living with him?</p>	<p>MONTH <input type="text"/> <input type="text"/></p> <p>DON'T KNOW MONTH 98</p> <p>YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>DON'T KNOW YEAR 9998</p>	<p>→ 717</p>
716	<p>How old were you when you first started living with him?</p>	<p>AGE <input type="text"/> <input type="text"/></p>	
717	<p>CHECK 714:</p> <p>MARRIED/LIVED WITH A MAN MORE THAN ONCE <input type="checkbox"/></p>	<p>MARRIED/LIVED WITH A MAN ONLY ONCE <input type="checkbox"/></p>	<p>→ 721</p>
718	<p>CHECK 701:</p> <p>YES, <input type="checkbox"/> CURRENTLY MARRIED</p> <p>YES, <input type="checkbox"/> LIVING WITH A MAN</p>	<p>NO, <input type="checkbox"/> NOT IN A UNION</p>	<p>→ 721</p>
719	<p>Now I'd like to ask you about your current (husband/partner). In what month and year did you start living with him?</p>	<p>MONTH <input type="text"/> <input type="text"/></p> <p>DON'T KNOW MONTH 98</p> <p>YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>DON'T KNOW YEAR 9998</p>	<p>→ 721</p>
720	<p>How old were you when you first started living with your current (husband/partner)?</p>	<p>AGE <input type="text"/> <input type="text"/></p>	
721	<p>CHECK FOR PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.</p>		
722	<p>Now I would like to ask some questions about sexual activity in order to gain a better understanding of some important life issues. Let me assure you again that your answers are completely confidential and will not be told to anyone. If we should come to any question that you don't want to answer, just let me know and we will go to the next question. How old were you when you had sexual intercourse for the very first time?</p>	<p>NEVER HAD SEXUAL INTERCOURSE 00</p> <p>AGE IN YEARS <input type="text"/> <input type="text"/></p>	<p>→ 738</p>
723	<p>I would like to ask you about your recent sexual activity. When was the last time you had sexual intercourse?</p> <p>IF LESS THAN 12 MONTHS, ANSWER MUST BE RECORDED IN DAYS, WEEKS OR MONTHS. IF 12 MONTHS (ONE YEAR) OR MORE, ANSWER MUST BE RECORDED IN YEARS.</p>	<p>DAYS AGO 1 <input type="text"/> <input type="text"/></p> <p>WEEKS AGO 2 <input type="text"/> <input type="text"/></p> <p>MONTHS AGO 3 <input type="text"/> <input type="text"/></p> <p>YEARS AGO 4 <input type="text"/> <input type="text"/></p>	<p>→ 737</p>
724	<p>CHECK 232:</p> <p>NOT PREGNANT OR UNSURE <input type="checkbox"/></p>	<p>PREGNANT <input type="checkbox"/></p>	<p>→ 727</p>

SECTION 7. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
725	The last time you had sexual intercourse, did you or your partner do something or use any method to delay or avoid getting pregnant?	YES 1 NO 2	→ 727
726	Which method did you use? RECORD ALL MENTIONED. IF CODES 'G' OR 'H' ARE CIRCLED, SKIP TO 728 EVEN IF ANOTHER METHOD WAS ALSO USED.	FEMALE STERILIZATION A MALE STERILIZATION B IUD C INJECTABLES D IMPLANTS E PATCH F PILL G CONDOM H FEMALE CONDOM I EMERGENCY CONTRACEPTION J STANDARD DAYS METHOD K MUCUS/BILLINGS/OVULATION L BASAL BODY TEMPERATURE M SYMPTOTHERMAL N LACTATIONAL AMENORRHEA METHOD O CALENDAR/RHYTHM METHOD Q WITHDRAWAL R OTHER MODERN METHOD X OTHER TRADITIONAL METHOD Y] → 728
727 (2)	The last time you had sexual intercourse, was a condom used?	YES 1 NO 2	→ 730
728 (2)	What is the brand name of the condom used? IF BRAND NOT KNOWN, ASK TO SEE THE PACKAGE.	TRUST 01 DUREX 02 PREMIERE 03 OTHER _____ 96 (SPECIFY) DON'T KNOW 98	
729 (2) (3)	From where did you obtain the condom the last time? PROBE TO IDENTIFY TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD '96' AND WRITE THE NAME OF THE PLACE.	PUBLIC SECTOR GOVERNMENT HOSPITAL 11 RURAL HEALTH CENTER (RHC)/ URBAN HEALTH CENTER (UHC) LYING IN 12 BARANGAY HEALTH STATION 13 BARANGAY SUPPLY/SERVICE POINT OFFICER/BHW 14 OTHER PUBLIC SECTOR _____ 16 (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC LYING IN CLINIC 21 PHARMACY 22 PRIVATE DOCTOR 23 PRIVATE NURSE/MIDWIFE 24 INDUSTRY BASED CLINIC 25 OTHER PRIVATE MEDICAL SECTOR _____ 26 (SPECIFY) OTHER SOURCE PUERICULTURE CENTER 41 SHOP/STORE 42 CHURCH 43 FRIEND/RELATIVE 44 OTHER 96 (SPECIFY) DON'T KNOW 98	

SECTION 7. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP												
730	<p>What was your relationship to this person with whom you had sexual intercourse?</p> <p>IF BOYFRIEND: Were you living together as if married?</p> <p>IF YES, RECORD '2'. IF NO, RECORD '3'.</p>	<p>HUSBAND 1</p> <p>LIVE-IN PARTNER 2</p> <p>BOYFRIEND NOT LIVING WITH RESPONDENT 3</p> <p>CASUAL ACQUAINTANCE 4</p> <p>CLIENT/SEX WORKER 5</p> <p>OTHER _____ 6 (SPECIFY)</p>													
731	<p>Apart from this person, have you had sexual intercourse with any other person in the last 12 months?</p>	<p>YES 1</p> <p>NO 2</p>	→ 737												
732 (2)	<p>The last time you had sexual intercourse with this second person, was a condom used?</p>	<p>YES 1</p> <p>NO 2</p>													
733	<p>What was your relationship to this second person with whom you had sexual intercourse?</p> <p>IF BOYFRIEND: Were you living together as if married?</p> <p>IF YES, RECORD '2'. IF NO, RECORD '3'.</p>	<p>HUSBAND 1</p> <p>LIVE-IN PARTNER 2</p> <p>BOYFRIEND NOT LIVING WITH RESPONDENT 3</p> <p>CASUAL ACQUAINTANCE 4</p> <p>CLIENT/SEX WORKER 5</p> <p>OTHER _____ 6 (SPECIFY)</p>													
734	<p>Apart from these two people, have you had sexual intercourse with any other person in the last 12 months?</p>	<p>YES 1</p> <p>NO 2</p>	→ 737												
735 (2)	<p>The last time you had sexual intercourse with this third person, was a condom used?</p>	<p>YES 1</p> <p>NO 2</p>													
736	<p>What was your relationship to this third person with whom you had sexual intercourse?</p> <p>IF BOYFRIEND: Were you living together as if married?</p> <p>IF YES, RECORD '2'. IF NO, RECORD '3'.</p>	<p>HUSBAND 1</p> <p>LIVE-IN PARTNER 2</p> <p>BOYFRIEND NOT LIVING WITH RESPONDENT 3</p> <p>CASUAL ACQUAINTANCE 4</p> <p>CLIENT/SEX WORKER 5</p> <p>OTHER _____ 6 (SPECIFY)</p>													
737	<p>In total, with how many different people have you had sexual intercourse in your lifetime?</p> <p>IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF NUMBER OF PARTNERS IS 95 OR MORE, RECORD '95'.</p>	<p>NUMBER OF PARTNERS IN LIFETIME <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 98</p>													
738	<p>PRESENCE OF OTHERS DURING THIS SECTION.</p>	<table border="0"> <tr> <td></td> <td align="center">YES</td> <td align="center">NO</td> </tr> <tr> <td>CHILDREN <10</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>MALE ADULTS</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>FEMALE ADULTS</td> <td align="center">1</td> <td align="center">2</td> </tr> </table>		YES	NO	CHILDREN <10	1	2	MALE ADULTS	1	2	FEMALE ADULTS	1	2	
	YES	NO													
CHILDREN <10	1	2													
MALE ADULTS	1	2													
FEMALE ADULTS	1	2													

SECTION 8. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
801	CHECK 307: NOT ASKED <input type="checkbox"/> NEITHER ARE STERILIZED <input type="checkbox"/>	HE OR SHE STERILIZED <input type="checkbox"/>	→ 813								
802	CHECK 232: PREGNANT <input type="checkbox"/>	NOT PREGNANT OR UNSURE <input type="checkbox"/>	→ 804								
803	Now I have some questions about the future. After the child you are expecting now, would you like to have another child, or would you prefer not to have any more children?	HAVE ANOTHER CHILD 1 NO MORE 2 UNDECIDED/DON'T KNOW 8	→ 805 → 810B → 812								
804	Now I have some questions about the future. Would you like to have (a/another) child, or would you prefer not to have any (more) children?	HAVE (A/ANOTHER) CHILD 1 NO MORE/NONE 2 SAYS SHE CAN'T GET PREGNANT 3 UNDECIDED/DON'T KNOW 8	→ 807 → 813 → 811								
805	CHECK 232: NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/> a) How long would you like to wait from now before the birth of (a/another) child? b) After the birth of the child you are expecting now, how long would you like to wait before the birth of another child?	MONTHS 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> YEARS 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> SOON/NOW 993 SAYS SHE CAN'T GET PREGNANT 994 AFTER MARRIAGE 995 OTHER _____ (SPECIFY) 996 DON'T KNOW 998									→ 811 → 813 → 811
806	CHECK 232: NOT PREGNANT OR UNSURE <input type="checkbox"/>	PREGNANT <input type="checkbox"/>	→ 812								
807	CHECK 307: USING A CONTRACEPTIVE METHOD? NOT ASKED <input type="checkbox"/>	CURRENTLY USING <input type="checkbox"/>	→ 813								
808	CHECK 805: '24' OR MORE MONTHS OR '02' OR MORE YEARS <input type="checkbox"/> NOT ASKED <input type="checkbox"/>	'00-23' MONTHS OR '00-01' YEAR <input type="checkbox"/>	→ 812								
809	CHECK 723: DAYS, WEEKS OR MONTHS AGO <input type="checkbox"/>	YEARS AGO <input type="checkbox"/> NOT ASKED <input type="checkbox"/>	→ 811 → 811								

SECTION 8. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
810	<p>CHECK 804:</p> <p>WANTS TO HAVE A/ANOTHER CHILD <input type="checkbox"/></p> <p>↓</p> <p>a) You have said that you do not want (a/another) child soon. Can you tell me why you are not using a method to prevent pregnancy?</p> <p>Any other reason?</p> <p>WANTS NO MORE/ NONE <input type="checkbox"/></p> <p>↓</p> <p>b) You have said that you do not want any (more) children. Can you tell me why you are not using a method to prevent pregnancy?</p> <p>Any other reason?</p> <p>RECORD ALL REASONS MENTIONED.</p>	<p>NOT MARRIED A</p> <p>FERTILITY-RELATED REASONS</p> <p>NOT HAVING SEX B</p> <p>INFREQUENT SEX C</p> <p>MENOPAUSAL/HYSTERECTOMY D</p> <p>CAN'T GET PREGNANT E</p> <p>NOT MENSTRUATED SINCE LAST BIRTH F</p> <p>BREASTFEEDING G</p> <p>UP TO GOD/FATALISTIC H</p> <p>OPPOSITION TO USE</p> <p>RESPONDENT OPPOSED I</p> <p>HUSBAND/PARTNER OPPOSED J</p> <p>OTHERS OPPOSED K</p> <p>RELIGIOUS PROHIBITION L</p> <p>LACK OF KNOWLEDGE</p> <p>KNOWS NO METHOD M</p> <p>KNOWS NO SOURCE N</p> <p>METHOD-RELATED REASONS</p> <p>INCONVENIENT TO USE O</p> <p>CHANGES IN MENSTRUAL BLEEDING P</p> <p>METHODS COULD CAUSE INFERTILITY Q</p> <p>INTERFERES WITH BODY'S NORMAL PROCESSES R</p> <p>OTHER SIDE EFFECTS/ HEALTH CONCERNS S</p> <p>COST/ACCESS/AVAILABILITY</p> <p>LACK OF ACCESS/TOO FAR T</p> <p>COSTS TOO MUCH U</p> <p>PREFERRED METHOD NOT AVAILABLE V</p> <p>NO METHOD AVAILABLE W</p> <p>OTHER _____ (SPECIFY) X</p> <p>DON'T KNOW Z</p>	
810A	<p>CHECK 804:</p> <p>WANTS NO MORE/ NONE <input type="checkbox"/></p> <p>↓</p>	<p>WANTS TO HAVE A/ ANOTHER CHILD <input type="checkbox"/></p> <p>→ 813</p>	
810B	<p>You have said that you do not want any (more) children. Can you tell me the reason/s why you do not want to have any (more) children?</p> <p>Any other reason?</p>	<p>ECONOMIC/ FINANCIAL CONCERNS A</p> <p>PROFESSIONAL GROWTH/ CAREER B</p> <p>EDUCATION C</p> <p>HEALTH CONCERNS D</p> <p>ENVIRONMENTAL CONCERNS E</p> <p>COVID-19 RELATED CONCERNS F</p> <p>OTHER _____ (SPECIFY) X</p>	
811	<p>CHECK 307: USING A CONTRACEPTIVE METHOD?</p> <p>NOT ASKED <input type="checkbox"/></p> <p>↓</p>	<p>YES, CURRENTLY USING <input type="checkbox"/></p> <p>→ 813</p>	
812	<p>Do you think you will use a contraceptive method to delay or avoid pregnancy at any time in the future?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	<p>→ 812B</p>

SECTION 8. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
813	<p>CHECK 224:</p> <p>HAS LIVING CHILDREN <input type="checkbox"/></p> <p>NO LIVING CHILDREN <input type="checkbox"/></p> <p>a) If you could go back to the time you did not have any children and could choose exactly the number of children to have in your whole life, how many would that be?</p> <p>b) If you could choose exactly the number of children to have in your whole life, how many would that be?</p> <p>PROBE FOR A NUMERIC RESPONSE.</p>	<p>NONE 00</p> <p>NUMBER <input type="text"/> <input type="text"/></p> <p>OTHER _____ 96 (SPECIFY)</p>	<p>→ 815</p> <p>→ 815</p>
814	<p>How many of these children would you like to be boys, how many would you like to be girls and for how many would it not matter if it's a boy or a girl?</p>	<p>BOYS GIRLS EITHER</p> <p>NUMBER .. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>OTHER _____ 96 (SPECIFY)</p>	
815	<p>In the last 12 months have you:</p> <p>a) Heard about family planning on the radio?</p> <p>b) Seen anything about family planning on the television?</p> <p>c) Read about family planning in a newspaper or magazine?</p> <p>d) Received a voice or text message about family planning on a mobile phone?</p> <p>e) Seen anything about family planning on social media such as Facebook, Twitter, or Instagram?</p> <p>f) Seen anything about family planning on a poster, leaflet or brochure?</p> <p>g) Seen anything about family planning on an outdoor sign or billboard?</p> <p>h) Heard anything about family planning at community meetings or events?</p>	<p>YES NO</p> <p>a) RADIO 1 2</p> <p>b) TELEVISION 1 2</p> <p>c) NEWSPAPER OR MAGAZINE 1 2</p> <p>d) MOBILE PHONE 1 2</p> <p>e) FACEBOOK/TWITTER/ INSTAGRAM 1 2</p> <p>f) POSTER/LEAFLET/BROCHURE 1 2</p> <p>g) OUTDOOR SIGN/BILLBOARD 1 2</p> <p>h) COMMUNITY MEETINGS/EVENTS .. 1 2</p>	
817	<p>CHECK 701:</p> <p>YES, CURRENTLY MARRIED <input type="checkbox"/></p> <p>YES, LIVING WITH A MAN <input type="checkbox"/></p> <p>NO, NOT IN A UNION <input type="checkbox"/></p>		<p>→ 901</p>
818	<p>Who usually makes the decision on whether or not you should use contraception, you, your (husband/partner), you and your (husband/partner) jointly, or someone else?</p>	<p>RESPONDENT 1</p> <p>HUSBAND/PARTNER 2</p> <p>RESPONDENT AND HUSBAND/PARTNER JOINTLY 3</p> <p>SOMEONE ELSE 4</p> <p>OTHER _____ 6 (SPECIFY)</p>	<p>→ 820</p> <p>→ 820</p>
819	<p>When making this decision with your (husband/partner), would you say that your opinion is more important, equally important, or less important than your (husband's/partner's) opinion?</p>	<p>MORE IMPORTANT 1</p> <p>EQUALLY IMPORTANT 2</p> <p>LESS IMPORTANT 3</p>	
820	<p>Has your (husband/partner) or any other family member ever tried to pressure you to become pregnant when you did not want to become pregnant?</p>	<p>YES 1</p> <p>NO 2</p>	
821	<p>CHECK 307:</p> <p>NOT ASKED <input type="checkbox"/></p> <p>NEITHER ARE STERILIZED <input type="checkbox"/></p> <p>HE OR SHE ARE STERILIZED <input type="checkbox"/></p>		<p>→ 901</p>
822	<p>Does your (husband/partner) want the same number of children that you want, or does he want more or fewer than you want?</p>	<p>SAME NUMBER 1</p> <p>MORE CHILDREN 2</p> <p>FEWER CHILDREN 3</p> <p>DON'T KNOW 8</p>	

SECTION 9. HUSBAND'S BACKGROUND AND WOMAN'S WORK

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP		
901	CHECK 701: CURRENTLY MARRIED/ LIVING WITH A MAN <input type="checkbox"/>	NOT IN <input type="checkbox"/> UNION	→ 909		
902	How old was your (husband/partner) on his last birthday?	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/>			
903	Did your (husband/partner) ever attend school?	YES 1 NO 2	→ 906		
905 (1)	What was the highest grade or year he completed? IF COMPLETED LESS THAN ONE YEAR AT THAT LEVEL, RECORD '00'.	GRADE/YEAR <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 998 IF CODE 404, 504, 607, 702, OR 802 SPECIFY COURSE: _____			
<p style="text-align: center;"><u>CODES FOR Q. 905: EDUCATION</u></p> <table border="0" style="width: 100%;"> <tr> <td style="vertical-align: top; width: 50%;"> <p>LEVEL 0 - EARLY CHILDHOOD EDUCATION 000 = NO GRADE COMPLETED 001 = NURSERY 002 = KINDERGARTEN</p> <p>LEVEL 1 - PRIMARY EDUCATION (ELEMENTARY) 101 = GRADE 1 102 = GRADE 2 103 = GRADE 3 104 = GRADE 4 105 = GRADE 5 106 = GRADE 6</p> <p>108 = IPED 109 = MADRASAH 110 = SPED</p> <p>LEVEL 2 - LOWER SECONDARY EDUCATION (JUNIOR HIGH SCHOOL/ OLD CURRICULUM) 201 = GRADE 7/ 1ST YEAR 202 = GRADE 8/ 2ND YEAR 203 = GRADE 9/ 3RD YEAR 204 = GRADE 10/ FOURTH YEAR 205 = OLD CURRICULUM GRADE 10 GRADUATE</p> <p>208 = IPED 209 = MADRASAH 210 = SPED</p> <p>LEVEL 3 - UPPER SECONDARY EDUCATION (SENIOR HIGH SCHOOL)</p> <p><i>ACADEMIC TRACK (GAS, HUMSS, STEM, ABM)</i> 301 = GRADE 11 302 = GRADE 12</p> <p><i>ARTS AND DESIGN TRACK</i> 303 = GRADE 11 304 = GRADE 12</p> <p><i>SPORTS TRACK</i> 305 = GRADE 11 306 = GRADE 12</p> <p><i>TECHNOLOGY & LIVELIHOOD EDUCATION & TECH-VOC (AGRI-FISHERIES, HOME EC., INDUST. ARTS, ICT)</i> 307 = GRADE 11 308 = GRADE 12 <i>(AGRI-FISHERIES, HOME EC., INDUST. ARTS, ICT)</i> 307 = GRADE 11 308 = GRADE 12</p> </td> <td style="vertical-align: top; width: 50%;"> <p>LEVEL 4 - POST SECONDARY EDUCATION 401 = 1ST YEAR 402 = 2ND YEAR 403 = 3RD YEAR OR MORE 404 = GRADUATE (SPECIFY COURSE)</p> <p>LEVEL 5 - SHORT-CYCLE TERTIARY EDUCATION 501 = 1ST YEAR 502 = 2ND YEAR 503 = 3RD YEAR OR MORE 504 = GRADUATE (SPECIFY COURSE)</p> <p>LEVEL 6 - BACHELOR LEVEL EDUCATION OR EQUIVALENT 601 = 1ST YEAR 602 = 2ND YEAR 603 = 3RD YEAR 604 = 4TH YEAR 605 = 5TH YEAR 606 = 6TH YEAR OR MORE 607 = GRADUATE (SPECIFY COURSE)</p> <p>LEVEL 7 - MASTER LEVEL EDUCATION OR EQUIVALENT 701 = UNDERGRADUATE (ANY YEAR OTHER THAN GRADUATE) 702 = GRADUATE (SPECIFY COURSE)</p> <p>LEVEL 8 - DOCTORAL LEVEL EDUCATION OR EQUIVALENT 801 = UNDERGRADUATE (ANY YEAR OTHER THAN GRADUATE) 802 = GRADUATE (SPECIFY COURSE)</p> <p>998 = DON'T KNOW</p> </td> </tr> </table>				<p>LEVEL 0 - EARLY CHILDHOOD EDUCATION 000 = NO GRADE COMPLETED 001 = NURSERY 002 = KINDERGARTEN</p> <p>LEVEL 1 - PRIMARY EDUCATION (ELEMENTARY) 101 = GRADE 1 102 = GRADE 2 103 = GRADE 3 104 = GRADE 4 105 = GRADE 5 106 = GRADE 6</p> <p>108 = IPED 109 = MADRASAH 110 = SPED</p> <p>LEVEL 2 - LOWER SECONDARY EDUCATION (JUNIOR HIGH SCHOOL/ OLD CURRICULUM) 201 = GRADE 7/ 1ST YEAR 202 = GRADE 8/ 2ND YEAR 203 = GRADE 9/ 3RD YEAR 204 = GRADE 10/ FOURTH YEAR 205 = OLD CURRICULUM GRADE 10 GRADUATE</p> <p>208 = IPED 209 = MADRASAH 210 = SPED</p> <p>LEVEL 3 - UPPER SECONDARY EDUCATION (SENIOR HIGH SCHOOL)</p> <p><i>ACADEMIC TRACK (GAS, HUMSS, STEM, ABM)</i> 301 = GRADE 11 302 = GRADE 12</p> <p><i>ARTS AND DESIGN TRACK</i> 303 = GRADE 11 304 = GRADE 12</p> <p><i>SPORTS TRACK</i> 305 = GRADE 11 306 = GRADE 12</p> <p><i>TECHNOLOGY & LIVELIHOOD EDUCATION & TECH-VOC (AGRI-FISHERIES, HOME EC., INDUST. ARTS, ICT)</i> 307 = GRADE 11 308 = GRADE 12 <i>(AGRI-FISHERIES, HOME EC., INDUST. ARTS, ICT)</i> 307 = GRADE 11 308 = GRADE 12</p>	<p>LEVEL 4 - POST SECONDARY EDUCATION 401 = 1ST YEAR 402 = 2ND YEAR 403 = 3RD YEAR OR MORE 404 = GRADUATE (SPECIFY COURSE)</p> <p>LEVEL 5 - SHORT-CYCLE TERTIARY EDUCATION 501 = 1ST YEAR 502 = 2ND YEAR 503 = 3RD YEAR OR MORE 504 = GRADUATE (SPECIFY COURSE)</p> <p>LEVEL 6 - BACHELOR LEVEL EDUCATION OR EQUIVALENT 601 = 1ST YEAR 602 = 2ND YEAR 603 = 3RD YEAR 604 = 4TH YEAR 605 = 5TH YEAR 606 = 6TH YEAR OR MORE 607 = GRADUATE (SPECIFY COURSE)</p> <p>LEVEL 7 - MASTER LEVEL EDUCATION OR EQUIVALENT 701 = UNDERGRADUATE (ANY YEAR OTHER THAN GRADUATE) 702 = GRADUATE (SPECIFY COURSE)</p> <p>LEVEL 8 - DOCTORAL LEVEL EDUCATION OR EQUIVALENT 801 = UNDERGRADUATE (ANY YEAR OTHER THAN GRADUATE) 802 = GRADUATE (SPECIFY COURSE)</p> <p>998 = DON'T KNOW</p>
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906	Has your (husband/partner) done any work in the last 7 days?	YES 1 NO 2 DON'T KNOW 8	→ 908		
907	Has your (husband/partner) done any work in the last 12 months?	YES 1 NO 2 DON'T KNOW 8	→ 909		

SECTION 9. HUSBAND'S BACKGROUND AND WOMAN'S WORK

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
908	What is your (husband's/partner's) occupation? That is, what kind of work does he mainly do?	<p>_____</p> <p>_____</p> <p>_____</p> <div style="border: 1px dashed black; width: 80px; height: 20px; margin-left: 100px;"></div>	
909	Aside from your own housework, have you done any work in the last 7 days?	YES 1 NO 2	→ 913
910	As you know, some women take up jobs for which they are paid in cash or kind. Others sell things, have a small business or work on the family farm or in the family business. In the last 7 days, have you done any of these things or any other work?	YES 1 NO 2	→ 913
911	Although you did not work in the last 7 days, do you have any job or business from which you were absent for leave, illness, vacation, maternity leave, or any other such reason?	YES 1 NO 2	→ 913
912	Have you done any work in the last 12 months?	YES 1 NO 2	→ 917
913	What is your occupation? That is, what kind of work do you mainly do?	<p>_____</p> <p>_____</p> <p>_____</p> <div style="border: 1px dashed black; width: 80px; height: 20px; margin-left: 100px;"></div>	
914	Do you do this work for a member of your family, for someone else, or are you self-employed?	FOR FAMILY MEMBER 1 FOR SOMEONE ELSE 2 SELF-EMPLOYED 3	
915	Do you usually work throughout the year, or do you work seasonally, or only once in a while?	THROUGHOUT THE YEAR 1 SEASONALLY/PART OF THE YEAR 2 ONCE IN A WHILE 3	
916	Are you paid in cash or kind for this work or are you not paid at all?	CASH ONLY 1 CASH AND KIND 2 IN KIND ONLY 3 NOT PAID 4	
917	CHECK 701: CURRENTLY MARRIED/LIVING WITH A MAN <input type="checkbox"/>	NOT IN UNION <input type="checkbox"/>	→ 925
918	CHECK 916: CODE '1' OR '2' CIRCLED <input type="checkbox"/>	OTHER <input type="checkbox"/>	→ 921
919	Who usually decides how the money you earn will be used: you, your (husband/partner), or you and your (husband/partner) jointly?	RESPONDENT 1 HUSBAND/PARTNER 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY 3 OTHER _____ 6 (SPECIFY)	
920	Would you say that the money that you earn is more than what your (husband/partner) earns, less than what he earns, or about the same?	MORE THAN HIM 1 LESS THAN HIM 2 ABOUT THE SAME 3 HUSBAND/PARTNER HAS NO EARNINGS 4 DON'T KNOW 8	→ 922

SECTION 9. HUSBAND'S BACKGROUND AND WOMAN'S WORK

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
921	Who usually decides how your (husband's/partner's) earnings will be used: you, your (husband/partner), or you and your (husband/partner) jointly?	RESPONDENT 1 HUSBAND/PARTNER 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY 3 HUSBAND/PARTNER HAS NO EARNINGS 4 OTHER _____ 6 (SPECIFY)	
922	Who usually makes decisions about health care for yourself: you, your (husband/partner), you and your (husband/partner) jointly, or someone else?	RESPONDENT 1 HUSBAND/PARTNER 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY 3 SOMEONE ELSE 4 OTHER _____ 6 (SPECIFY)	
923	Who usually makes decisions about making major household purchases?	RESPONDENT 1 HUSBAND/PARTNER 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY 3 SOMEONE ELSE 4 OTHER _____ 6 (SPECIFY)	
924	Who usually makes decisions about visits to your family or relatives?	RESPONDENT 1 HUSBAND/PARTNER 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY 3 SOMEONE ELSE 4 OTHER _____ 6 (SPECIFY)	
925	Do you own this or any other house either alone or jointly with someone else?	ALONE ONLY 01 JOINTLY WITH HUSBAND/PARTNER ONLY 02 JOINTLY WITH SOMEONE ELSE ONLY 03 JOINTLY WITH HUSBAND/PARTNER AND SOMEONE ELSE 04 BOTH ALONE AND JOINTLY 05 DOES NOT OWN 06	→ 928
926	Do you have a title deed or other government recognized document for any house you own?	YES 1 NO 2 DON'T KNOW 8	→ 928
927	Is your name on this document?	YES 1 NO 2 DON'T KNOW 8	
928	Do you own any agricultural or non-agricultural land either alone or jointly with someone else?	ALONE ONLY 01 JOINTLY WITH HUSBAND/PARTNER ONLY 02 JOINTLY WITH SOMEONE ELSE ONLY 03 JOINTLY WITH HUSBAND/PARTNER AND SOMEONE ELSE 04 BOTH ALONE AND JOINTLY 05 DOES NOT OWN 06	→ 931

SECTION 9. HUSBAND'S BACKGROUND AND WOMAN'S WORK

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																								
929	Do you have a title deed or other government recognized document for any land you own?	YES 1 NO 2 DON'T KNOW 8	→ 931																								
930	Is your name on this document?	YES 1 NO 2 DON'T KNOW 8																									
931	PRESENCE OF OTHERS AT THIS POINT (PRESENT AND LISTENING, PRESENT BUT NOT LISTENING, OR NOT PRESENT)	<table border="0"> <thead> <tr> <th></th> <th align="center">PRES./ LISTEN.</th> <th align="center">PRES./ NOT LISTEN.</th> <th align="center">NOT PRES.</th> </tr> </thead> <tbody> <tr> <td>CHILDREN < 10</td> <td align="center">1</td> <td align="center">2</td> <td align="center">3</td> </tr> <tr> <td>HUSBAND</td> <td align="center">1</td> <td align="center">2</td> <td align="center">3</td> </tr> <tr> <td>OTHER MALES</td> <td align="center">1</td> <td align="center">2</td> <td align="center">3</td> </tr> <tr> <td>OTHER FEMALES</td> <td align="center">1</td> <td align="center">2</td> <td align="center">3</td> </tr> </tbody> </table>		PRES./ LISTEN.	PRES./ NOT LISTEN.	NOT PRES.	CHILDREN < 10	1	2	3	HUSBAND	1	2	3	OTHER MALES	1	2	3	OTHER FEMALES	1	2	3					
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932	In your opinion, is a husband justified in hitting or beating his wife in the following situations: a) If she goes out without telling him? b) If she neglects the children? c) If she argues with him? d) If she refuses to have sex with him? e) If she burns the food?	<table border="0"> <thead> <tr> <th></th> <th align="center">YES</th> <th align="center">NO</th> <th align="center">DK</th> </tr> </thead> <tbody> <tr> <td>a) GOES OUT</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> <tr> <td>b) NEGLECTS CHILDREN ..</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> <tr> <td>c) ARGUES</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> <tr> <td>d) REFUSES SEX</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> <tr> <td>e) BURNS FOOD</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> </tbody> </table>		YES	NO	DK	a) GOES OUT	1	2	8	b) NEGLECTS CHILDREN ..	1	2	8	c) ARGUES	1	2	8	d) REFUSES SEX	1	2	8	e) BURNS FOOD	1	2	8	
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SECTION 10. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1001 (1)	Now I would like to talk to you about something else. Have you ever heard of HIV or AIDS?	YES 1 NO 2	→ 1040
1002	CHECK 111: AGE 15-24 YEARS <input type="checkbox"/> ↓ 25 YEARS OR OLDER <input type="checkbox"/>		→ 1008
1003	HIV is the virus that can lead to AIDS. Can people reduce their chance of getting HIV by having just one uninfected sex partner who has no other sex partners?	YES 1 NO 2 DON'T KNOW 8	
1004	Can people get HIV from mosquito bites?	YES 1 NO 2 DON'T KNOW 8	
1005	Can people reduce their chance of getting HIV by using a condom every time they have sex?	YES 1 NO 2 DON'T KNOW 8	
1006	Can people get HIV by sharing food with a person who has HIV?	YES 1 NO 2 DON'T KNOW 8	
1007	Is it possible for a healthy-looking person to have HIV?	YES 1 NO 2 DON'T KNOW 8	
1008	Have you heard of ARVs, that is, antiretroviral medicines that treat HIV?	YES 1 NO 2	
1009	Are there any special medicines that a doctor or a nurse can give to a woman infected with HIV to reduce the risk of transmission to the baby?	YES 1 NO 2 DON'T KNOW 8	
1024	Have you ever been tested for HIV?	YES 1 NO 2	→ 1032
1025	In what month and year was your most recent HIV test?	MONTH <input type="text"/> <input type="text"/> DON'T KNOW MONTH 98 YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW YEAR 9998	

SECTION 10. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1026 (5)	<p>Where was the test done?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD '96' AND WRITE THE NAME OF THE PLACE.</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL 11</p> <p>RURAL HEALTH CENTER (RHC)/ URBAN HEALTH CENTER (UHC) LYING IN 12</p> <p>STANDALONE HIV TESTING (HTS) FACILITY .. 13</p> <p>SOCIAL HYGIENE CLINIC 14</p> <p>PRIMARY HIV CARE CLINIC 15</p> <p>MOBILE HTS SERVICES 16</p> <p>OTHER PUBLIC SECTOR</p> <p>_____ 17</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC</p> <p>LYING IN CLINIC 21</p> <p>INDUSTRY-BASED CLINIC 22</p> <p>PRIVATE DOCTOR 23</p> <p>STANDALONE HIV TESTING (HTS) FACILITY .. 24</p> <p>PRIMARY HIV CARE CLINIC 25</p> <p>MOBILE HTS SERVICES 26</p> <p>OTHER PRIVATE MEDICAL SECTOR</p> <p>_____ 27</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>HOME 41</p> <p>WORKPLACE 42</p> <p>CORRECTIONAL FACILITY 43</p> <p>COMMUNITY-BASED HIV SCREENING (CBS).. 44</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p>	
1027	Did you get the results of the test?	<p>YES 1</p> <p>NO 2</p>	→ 1031
1028	What was the result of the test?	<p>POSITIVE 1</p> <p>NEGATIVE 2</p> <p>INDETERMINATE 3</p> <p>DECLINED TO ANSWER 4</p>	} → 1031
1029	In what month and year did you receive your first HIV-positive test result?	<p>MONTH <input type="text"/> <input type="text"/></p> <p>DON'T KNOW MONTH 98</p> <p>YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>DON'T KNOW YEAR 9998</p> <p>SAME DATE AS LAST HIV TEST 95</p>	
1030	<p>Are you currently taking ARVs, that is antiretroviral medicines?</p> <p>By currently, I mean that you may have missed some doses but you are still taking ARVs.</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	
1031	<p>How many times have you been tested for HIV in your lifetime?</p> <p>IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE, IF NUMBER OF TESTS IS 95 OR MORE, RECORD '95'.</p>	<p>NUMBER OF HIV TESTS <input type="text"/> <input type="text"/></p>	
1032	Have you heard of test kits people can use to test themselves for HIV?	<p>YES 1</p> <p>NO 2</p>	→ 1034

SECTION 10. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1033	Have you ever tested yourself for HIV using a self-test kit?	YES 1 NO 2	
1034	Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had HIV?	YES 1 NO 2 DON'T KNOW/NOT SURE/DEPENDS 8	
1035	Do you think children living with HIV should be allowed to attend school with children who do not have HIV?	YES 1 NO 2 DON'T KNOW/NOT SURE/DEPENDS 8	
1036 (6)	CHECK 1028: CODE '1' <input type="checkbox"/> CIRCLED ↓	OTHER <input type="checkbox"/> →	1040
1037 (6)	Now I would like to ask you a few questions about your experiences living with HIV. Have you disclosed your HIV status to anyone other than me?	YES 1 NO 2	
1038 (6)	Do you agree or disagree with the following statement: I have felt ashamed because of my HIV status.	AGREE 1 DISAGREE 2	
1039 (6)	Please tell me if the following things have happened to you, or if you think they have happened to you, because of your HIV status in the last 12 months:	YES NO	
	a) People have talked badly about me because of my HIV status.	a) PEOPLE TALK BADLY 1 2	
	b) Someone else disclosed my HIV status without my permission.	b) DISCLOSED STATUS 1 2	
	c) I have been verbally insulted, harassed, or threatened because of my HIV status.	c) VERBALLY INSULTED 1 2	
	d) Healthcare workers talked badly about me because of my HIV status.	d) HEALTHCARE WORKERS TALKED BADLY 1 2	
	e) Healthcare workers yelled at me, scolded me, called me names, or verbally abused me in another way because of my HIV status.	e) HEALTHCARE WORKERS VERBALLY ABUSED 1 2	

SECTION 10. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1040 (1)	<p>CHECK 1001:</p> <p>HEARD ABOUT HIV OR AIDS <input type="checkbox"/></p> <p>a) Apart from HIV, have you heard about other infections that can be transmitted through sexual contact?</p> <p>NOT HEARD ABOUT HIV OR AIDS <input type="checkbox"/></p> <p>b) Have you heard about infections that can be transmitted through sexual contact?</p>	<p>YES 1</p> <p>NO 2</p>	
1041	<p>CHECK 722:</p> <p>HAS HAD SEXUAL INTERCOURSE <input type="checkbox"/></p>	<p>NEVER HAD SEXUAL INTERCOURSE <input type="checkbox"/></p>	→ 1046
1042	<p>CHECK 1040: HEARD ABOUT OTHER SEXUALLY TRANSMITTED INFECTIONS?</p> <p>YES <input type="checkbox"/></p>	<p>NO <input type="checkbox"/></p>	→ 1044
1043	<p>Now I would like to ask you some questions about your health in the last 12 months. During the last 12 months, have you had a disease which you got through sexual contact?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	
1044	<p>Sometimes women experience a bad-smelling abnormal genital discharge. During the last 12 months, have you had a bad-smelling abnormal genital discharge?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	
1045	<p>Sometimes women have a genital sore or ulcer. During the last 12 months, have you had a genital sore or ulcer?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	
1046	<p>If a wife knows her husband has a disease that she can get during sexual intercourse, is she justified in asking that they use a condom when they have sex?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	
1047	<p>Is a wife justified in refusing to have sex with her husband when she knows he has sex with other women?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	
1048	<p>CHECK 701:</p> <p>CURRENTLY MARRIED/ LIVING WITH A MAN <input type="checkbox"/></p>	<p>NOT IN UNION <input type="checkbox"/></p>	→ 1101
1049	<p>Can you say no to your (husband/partner) if you do not want to have sexual intercourse?</p>	<p>YES 1</p> <p>NO 2</p> <p>DEPENDS/NOT SURE 8</p>	
1050	<p>Could you ask your (husband/partner) to use a condom if you wanted him to?</p>	<p>YES 1</p> <p>NO 2</p> <p>DEPENDS/NOT SURE 8</p>	

SECTION 11. OTHER HEALTH ISSUES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1101 (1)	How long does it take in minutes to go from your home to the nearest healthcare facility, which could be a hospital, a health clinic, a medical doctor, or a health post?	MINUTES <input type="text"/> <input type="text"/> <input type="text"/>	
1102	How do you travel to this healthcare facility from your home? IF MORE THAN ONE WAY OF TRAVEL IS MENTIONED, CIRCLE THE ONE HIGHEST ON THE LIST.	MOTORIZED CAR/TRUCK/JEEP/VAN 01 PUBLIC BUS/ JEEP/ JEEPNEY 02 MOTORCYCLE/TRICYCLE 03 E TRIKE 04 BOAT WITH MOTOR/ BANCA 05 NOT MOTORIZED ANIMAL-DRAWN CART 06 BICYCLE 07 BOAT WITHOUT MOTOR 08 WALKING 09 OTHER _____ 96 (SPECIFY)	
1103	Has a doctor or other healthcare provider examined your breasts to check for breast cancer?	YES 1 NO 2 DON'T KNOW 8	
1104	Now I'm going to ask you about tests a healthcare worker can do to check for cervical cancer, which is cancer in the cervix. The cervix connects the womb to the vagina. To be checked for cervical cancer, a woman is asked to lie on her back with her legs apart. Then the healthcare worker will use a brush or swab to collect a sample from inside her. The sample is sent to a laboratory for testing. This test is called a Pap smear or HPV test. Another method is called a VIA or Visual Inspection with Acetic Acid. In this test, the healthcare worker puts vinegar on the cervix to see if there is a reaction.		
1105	Has a doctor or other healthcare worker ever tested you for cervical cancer?	YES 1 NO 2 DON'T KNOW 8	
1106	Now I would like to ask you some questions on smoking and tobacco use. Do you currently smoke cigarettes every day, some days, or not at all?	EVERY DAY 1 SOME DAYS 2 NOT AT ALL 3	→ 1108
1107	On average, how many cigarettes do you currently smoke each day?	NUMBER OF CIGARETTES <input type="text"/> <input type="text"/>	
1108	Do you currently smoke or use any other type of tobacco every day, some days, or not at all?	EVERY DAY 1 SOME DAYS 2 NOT AT ALL 3	→ 1110
1109 (2)	What other type of tobacco do you currently smoke or use? RECORD ALL MENTIONED.	KRETEKS A PIPES FULL OF TOBACCO B CIGARS, CHEROOTS, OR CIGARILLOS C WATER PIPE/SHISHA/HOOKAF D SNUFF BY MOUTH E SNUFF BY NOSE F CHEWING TOBACCO G BETEL QUID WITH TOBACCO H OTHER _____ X (SPECIFY)	
1110	Now I would like to ask you some questions about drinking alcohol. Have you ever consumed any alcohol, such as beer, wine, spirits, rum, gin, tuba, lambanog, or basi?	YES 1 NO 2	→ 1113

SECTION 11. OTHER HEALTH ISSUES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP															
1111	<p>We count one drink of alcohol as one can or bottle of beer, one glass of wine, one shot of spirits, or one cup of gin, tuba, lambanog, or basi. During the last one month, on how many days did you have at least one drink of alcohol?</p> <p>IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF RESPONDENT ANSWERS 'EVERY DAY' OR 'ALMOST EVERY DAY,' CODE '95'.</p>	<p>DID NOT HAVE EVEN ONE DRINK 00</p> <p>NUMBER OF DAYS <input type="text"/> <input type="text"/></p> <p>EVERY DAY/ALMOST EVERY DAY 95</p>	→ 1113															
1112	<p>In the last one month, on the days that you drank alcohol, how many drinks did you usually have per day?</p>	<p>NUMBER OF DRINKS <input type="text"/> <input type="text"/></p>																
1113	<p>Many different factors can prevent women from getting medical advice or treatment for themselves. When you are sick and want to get medical advice or treatment, is each of the following a big problem or not a big problem:</p> <p>a) Getting permission to go to the doctor?</p> <p>b) Getting money needed for advice or treatment?</p> <p>c) The distance to the health facility?</p> <p>d) Not wanting to go alone?</p>	<table border="0"> <thead> <tr> <th></th> <th align="center">BIG PROBLEM</th> <th align="center">NOT A BIG PROBLEM</th> </tr> </thead> <tbody> <tr> <td>a) PERMISSION TO GO</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>b) GETTING MONEY</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>c) DISTANCE</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>d) GO ALONE</td> <td align="center">1</td> <td align="center">2</td> </tr> </tbody> </table>		BIG PROBLEM	NOT A BIG PROBLEM	a) PERMISSION TO GO	1	2	b) GETTING MONEY	1	2	c) DISTANCE	1	2	d) GO ALONE	1	2	
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WOMEN'S SAFETY MODULE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1200	CHECK COVER PAGE: WOMAN SELECTED FOR 12 MODULE? WOMAN SELECTED <input type="checkbox"/> FOR THIS SECTION ↓	WOMAN <input type="checkbox"/> NOT SELECTED →	1237A
1201	CHECK FOR PRESENCE OF OTHERS: DO NOT CONTINUE UNTIL PRIVACY IS ENSURED. PRIVACY OBTAINED 1 ↓	PRIVACY NOT POSSIBLE 2 →	1237
1202	READ TO THE RESPONDENT: Now I would like to ask you questions about some other important aspects of a woman's life. You may find some of these questions very personal. However, your answers are crucial for helping to understand the condition of women in the Philippines. Let me assure you that your answers are completely confidential and will not be told to anyone and no one else in your household will know that you were asked these questions. If I ask you any question you don't want to answer, just let me know and I will go on to the next question.		
1203	CHECK 701 AND 702: NEVER MARRIED/ NEVER LIVED WITH A MAN <input type="checkbox"/> ↓	CURRENTLY MARRIED/ LIVING WITH A MAN <input type="checkbox"/> → FORMERLY MARRIED/ LIVED WITH A MAN (READ IN PAST TENSE AND USE 'LAST' WITH 'HUSBAND/ MALE PARTNER') <input type="checkbox"/> →	1206 1206
1204	You have said that you are not married and are not living with a man as if married. Are you currently in an intimate relationship with a man even though you are not living with him?	YES 1 NO 2	→ 1206
1205	Have you ever been in an intimate relationship with a man even though you did not ever live with him?	YES 1 NO 2	→ 1219
1206	Now, I am going to ask you about some situations that can happen between some women and their (husband/male partner). A. Please tell me if these descriptions apply to your relationship with your (last) (husband/male partner). a) He (is/was) jealous or angry if you (talk/talked) to other men? b) He wrongly (accuses/accused) you of being unfaithful? c) He (does/did) not permit you to meet your female friends? d) He (tries/tried) to limit your contact with your family? e) He (insists/insisted) on knowing where you (are/were) at all times?	B. How often did this happen during the last 12 months: often, only sometimes, or not at all? EVER OFTEN SOME-TIMES NOT IN LAST 12 MONTHS YES 1 → 1 2 3 NO 2 ↓ YES 1 → 1 2 3 NO 2 ↓ YES 1 → 1 2 3 NO 2 ↓ YES 1 → 1 2 3 NO 2 ↓	

WOMEN'S SAFETY MODULE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																																
1207	<p>Now I need to ask some more questions about your relationship with your (last) (husband/male partner).</p> <p>A. Did your (last) (husband/male partner) ever:</p> <p>a) say or do something to humiliate you in front of others?</p> <p>b) threaten to hurt or harm you or someone you care about?</p> <p>c) insult you or make you feel bad about yourself?</p> <p>d) not allow you to engage in any legitimate work or practice your profession?</p> <p>e) control your own money or properties or force you to work?</p> <p>f) destroy your personal properties, pets, or belongings, or threaten or actually harm your pets?</p> <p>g) have other intimate relationships?</p>	<p>B. How often did this happen during the last 12 months: often, only sometimes, or not at all?</p> <table border="1" data-bbox="730 405 1347 1048"> <thead> <tr> <th data-bbox="730 405 906 472">EVER</th> <th data-bbox="906 405 1070 472">OFTEN</th> <th data-bbox="1070 405 1198 472">SOME-TIMES</th> <th data-bbox="1198 405 1347 472">NOT IN LAST 12 MONTHS</th> </tr> </thead> <tbody> <tr> <td data-bbox="730 472 906 539">YES 1 NO 2</td> <td data-bbox="906 472 1070 539">→ 1</td> <td data-bbox="1070 472 1198 539">2</td> <td data-bbox="1198 472 1347 539">3</td> </tr> <tr> <td data-bbox="730 539 906 607">YES 1 NO 2</td> <td data-bbox="906 539 1070 607">→ 1</td> <td data-bbox="1070 539 1198 607">2</td> <td data-bbox="1198 539 1347 607">3</td> </tr> <tr> <td data-bbox="730 607 906 674">YES 1 NO 2</td> <td data-bbox="906 607 1070 674">→ 1</td> <td data-bbox="1070 607 1198 674">2</td> <td data-bbox="1198 607 1347 674">3</td> </tr> <tr> <td data-bbox="730 674 906 741">YES 1 NO 2</td> <td data-bbox="906 674 1070 741">→ 1</td> <td data-bbox="1070 674 1198 741">2</td> <td data-bbox="1198 674 1347 741">3</td> </tr> <tr> <td data-bbox="730 741 906 808">YES 1 NO 2</td> <td data-bbox="906 741 1070 808">→ 1</td> <td data-bbox="1070 741 1198 808">2</td> <td data-bbox="1198 741 1347 808">3</td> </tr> <tr> <td data-bbox="730 808 906 875">YES 1 NO 2</td> <td data-bbox="906 808 1070 875">→ 1</td> <td data-bbox="1070 808 1198 875">2</td> <td data-bbox="1198 808 1347 875">3</td> </tr> <tr> <td data-bbox="730 875 906 943">YES 1 NO 2</td> <td data-bbox="906 875 1070 943">→ 1</td> <td data-bbox="1070 875 1198 943">2</td> <td data-bbox="1198 875 1347 943">3</td> </tr> </tbody> </table>	EVER	OFTEN	SOME-TIMES	NOT IN LAST 12 MONTHS	YES 1 NO 2	→ 1	2	3	YES 1 NO 2	→ 1	2	3	YES 1 NO 2	→ 1	2	3	YES 1 NO 2	→ 1	2	3	YES 1 NO 2	→ 1	2	3	YES 1 NO 2	→ 1	2	3	YES 1 NO 2	→ 1	2	3																	
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1208	<p>A. Did your (last) (husband/male partner) ever do any of the following things to you:</p> <p>a) push you, shake you, or throw something at you?</p> <p>b) slap you?</p> <p>c) twist your arm or pull your hair?</p> <p>d) punch you with his fist or with something that could hurt you?</p> <p>e) kick you, drag you, or beat you up?</p> <p>f) try to choke you or burn you on purpose?</p> <p>g) attack you with a knife, gun, or other weapon?</p> <p>h) physically force you to have sexual intercourse with him when you did not want to?</p> <p>i) physically force you to perform any other sexual acts you did not want to?</p> <p>j) force you with threats or in any other way to perform sexual acts you did not want to?</p>	<p>B. How often did this happen during the last 12 months: often, only sometimes, or not at all?</p> <table border="1" data-bbox="730 1144 1347 2007"> <thead> <tr> <th data-bbox="730 1144 906 1211">EVER</th> <th data-bbox="906 1144 1070 1211">OFTEN</th> <th data-bbox="1070 1144 1198 1211">SOME-TIMES</th> <th data-bbox="1198 1144 1347 1211">NOT IN LAST 12 MONTHS</th> </tr> </thead> <tbody> <tr> <td data-bbox="730 1211 906 1279">YES 1 NO 2</td> <td data-bbox="906 1211 1070 1279">→ 1</td> <td data-bbox="1070 1211 1198 1279">2</td> <td data-bbox="1198 1211 1347 1279">3</td> </tr> <tr> <td data-bbox="730 1279 906 1346">YES 1 NO 2</td> <td data-bbox="906 1279 1070 1346">→ 1</td> <td data-bbox="1070 1279 1198 1346">2</td> <td data-bbox="1198 1279 1347 1346">3</td> </tr> <tr> <td data-bbox="730 1346 906 1413">YES 1 NO 2</td> <td data-bbox="906 1346 1070 1413">→ 1</td> <td data-bbox="1070 1346 1198 1413">2</td> <td data-bbox="1198 1346 1347 1413">3</td> </tr> <tr> <td data-bbox="730 1413 906 1480">YES 1 NO 2</td> <td data-bbox="906 1413 1070 1480">→ 1</td> <td data-bbox="1070 1413 1198 1480">2</td> <td data-bbox="1198 1413 1347 1480">3</td> </tr> <tr> <td data-bbox="730 1480 906 1547">YES 1 NO 2</td> <td data-bbox="906 1480 1070 1547">→ 1</td> <td data-bbox="1070 1480 1198 1547">2</td> <td data-bbox="1198 1480 1347 1547">3</td> </tr> <tr> <td data-bbox="730 1547 906 1615">YES 1 NO 2</td> <td data-bbox="906 1547 1070 1615">→ 1</td> <td data-bbox="1070 1547 1198 1615">2</td> <td data-bbox="1198 1547 1347 1615">3</td> </tr> <tr> <td data-bbox="730 1615 906 1682">YES 1 NO 2</td> <td data-bbox="906 1615 1070 1682">→ 1</td> <td data-bbox="1070 1615 1198 1682">2</td> <td data-bbox="1198 1615 1347 1682">3</td> </tr> <tr> <td data-bbox="730 1682 906 1749">YES 1 NO 2</td> <td data-bbox="906 1682 1070 1749">→ 1</td> <td data-bbox="1070 1682 1198 1749">2</td> <td data-bbox="1198 1682 1347 1749">3</td> </tr> <tr> <td data-bbox="730 1749 906 1816">YES 1 NO 2</td> <td data-bbox="906 1749 1070 1816">→ 1</td> <td data-bbox="1070 1749 1198 1816">2</td> <td data-bbox="1198 1749 1347 1816">3</td> </tr> <tr> <td data-bbox="730 1816 906 1883">YES 1 NO 2</td> <td data-bbox="906 1816 1070 1883">→ 1</td> <td data-bbox="1070 1816 1198 1883">2</td> <td data-bbox="1198 1816 1347 1883">3</td> </tr> <tr> <td data-bbox="730 1883 906 1951">YES 1 NO 2</td> <td data-bbox="906 1883 1070 1951">→ 1</td> <td data-bbox="1070 1883 1198 1951">2</td> <td data-bbox="1198 1883 1347 1951">3</td> </tr> </tbody> </table>	EVER	OFTEN	SOME-TIMES	NOT IN LAST 12 MONTHS	YES 1 NO 2	→ 1	2	3	YES 1 NO 2	→ 1	2	3	YES 1 NO 2	→ 1	2	3	YES 1 NO 2	→ 1	2	3	YES 1 NO 2	→ 1	2	3	YES 1 NO 2	→ 1	2	3	YES 1 NO 2	→ 1	2	3	YES 1 NO 2	→ 1	2	3	YES 1 NO 2	→ 1	2	3	YES 1 NO 2	→ 1	2	3	YES 1 NO 2	→ 1	2	3	
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WOMEN'S SAFETY MODULE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1209	CHECK 1208A (a-j): AT LEAST ONE <input type="checkbox"/> 'YES' ↓	NOT A SINGLE <input type="checkbox"/> 'YES' →	1211
1209A	How long after you first (got married/started living together/began this relationship) with your (last) (husband/partner) did (this/any of these things) first happen? IF LESS THAN ONE YEAR, RECORD '00'	NUMBER OF YEARS <input type="text"/> <input type="text"/> BEFORE MARRIAGE/BEFORE LIVING TOGETHER 95	
1210	Did the following ever happen as a result of what your (last) (husband/male partner) did to you: a) You had cuts, bruises, or aches? b) You had eye injuries, sprains, dislocations, or burns? c) You had deep wounds, broken bones, broken teeth, or any other serious injury?	YES 1 NO 2 YES 1 NO 2 YES 1 NO 2	
1211	Have you ever hit, slapped, kicked, or done anything else to physically hurt your (last) (husband/male partner) at times when he was not already beating or physically hurting you?	YES 1 NO 2	→ 1213
1212	In the last 12 months, how often have you done this to your (last) (husband/male partner): often, only sometimes, or not at all?	OFTEN 1 SOMETIMES 2 NOT AT ALL 3	
1213	Does (did) your (last) (husband/male partner) drink alcohol?	YES 1 NO 2	→ 1215
1214	How often does (did) he get drunk: often, only sometimes, or never?	OFTEN 1 SOMETIMES 2 NEVER 3	
1215	Are (Were) you afraid of your (last) (husband/male partner): most of the time, sometimes, or never?	MOST OF THE TIME AFRAID 1 SOMETIMES AFRAID 2 NEVER AFRAID 3	
1216	A. So far we have been talking about the behavior of your (current/last) (husband/male partner). Now I want to ask you about the behavior of any previous husband or any other current or previous male partner that you may have ever had. a) Did any previous husband or any other current or previous male partner ever hit, slap, kick, or do anything else to hurt you physically? b) Did any previous husband or any other current or previous male partner physically force you to have intercourse or perform any other sexual acts that you did not want to? c) Did any previous husband or any other current or previous male partner humiliate you in front of others, threaten to hurt you or someone you care about, or insult you or make you feel bad about yourself?	B. How long ago did this last happen? EVER 0 - 11 MONTHS AGO 12+ MONTHS AGO DON'T REMEMBER HAS NEVER HAD ANOTHER HUSBAND/ MALE PARTNER 6 YES 1 → 1 2 3 NO 2 ↓ YES 1 → 1 2 3 NO 2 ↓ YES 1 → 1 2 3 NO 2 ↓	→ 1217

WOMEN'S SAFETY MODULE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1217	CHECK 1208A (h-j) AND 1216A (b): AT LEAST ONE <input type="checkbox"/> 'YES' ↓	NOT A SINGLE <input type="checkbox"/> YES →	1219
1218	How old were you the first time you were forced to have sexual intercourse or perform any other sexual acts that you did not want to by any current or previous husband or male partner?	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/> DON'T KNOW 98	
1219	CHECK 212 AND 232: CURRENTLY PREGNANT <input type="checkbox"/> 232=1 OR HAD ONE OR MORE PAST PREGNANCIES <input type="checkbox"/> 212>0 ↓	NOT PREGNANT <input type="checkbox"/> 232=2 AND NO PAST PREGNANCIES <input type="checkbox"/> 212=0 →	1222
1220	Has any one ever hit, slapped, kicked, or done anything else to hurt you physically while you were pregnant?	YES 1 NO 2	→ 1222
1221	Who has done any of these things to physically hurt you while you were pregnant? Anyone else? RECORD ALL MENTIONED.	CURRENT HUSBAND/PARTNER A MOTHER/STEP-MOTHER B FATHER/STEP-FATHER C SISTER/BROTHER D DAUGHTER/SON E OTHER RELATIVE F FORMER HUSBAND/PARTNER G CURRENT BOYFRIEND H FORMER BOYFRIEND I MOTHER-IN-LAW J FATHER-IN-LAW K OTHER IN-LAW L TEACHER M SCHOOLMATE/CLASSMATE N EMPLOYER/SOMEONE AT WORK O POLICE/SOLDIER P OTHER _____ X (SPECIFY)	
1222	CHECK 701 AND 702 AND 1204 AND 1205: EVER MARRIED/EVER LIVED WITH A MAN/EVER HAD A MALE PARTNER <input type="checkbox"/> ↓ a) From the time you were 15 years old, has anyone other than a husband or male partner, hit you, slapped you, kicked you, or done anything else to hurt you physically? Remember, I do not want you to include any husband or any other male partner.	NEVER MARRIED/NEVER HAD A MALE PARTNER <input type="checkbox"/> ↓ b) From the time you were 15 years old has anyone hit you, slapped you, kicked you, or done anything else to hurt you physically? YES 1 NO 2 REFUSED TO ANSWER/ NO ANSWER 3	→ 1225

WOMEN'S SAFETY MODULE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1223	Who has hurt you in this way? Anyone else? RECORD ALL MENTIONED.	MOTHER/STEP-MOTHER A FATHER/STEP-FATHER B SISTER/BROTHER C DAUGHTER/SON D OTHER RELATIVE E CURRENT BOYFRIEND F FORMER BOYFRIEND G MOTHER-IN-LAW H FATHER-IN-LAW I OTHER IN-LAW J TEACHER K SCHOOLMATE/CLASSMATE L EMPLOYER/SOMEONE AT WORK .. M POLICE/SOLDIER N OTHER _____ X (SPECIFY)	
1224	In the last 12 months, how often (has this person/have these persons) physically hurt you: often, only sometimes, or not at all?	OFTEN 1 SOMETIMES 2 NOT AT ALL 3	
1225	CHECK 701 AND 702 AND 1204 AND 1205: EVER MARRIED/ EVER LIVED WITH A MAN/ EVER HAD A MALE PARTNER <input type="checkbox"/>	NEVER MARRIED/ NEVER HAD A MALE PARTNER <input type="checkbox"/>	→ 1227
1226	At any time in your life, as a child or as an adult, has anyone other than any previous husband or any other current or previous male partner ever forced you in any way to have sexual intercourse or perform any other sexual acts when you did not want to? Remember I do not want you to include any husband or male partner.	YES 1 NO 2 REFUSED TO ANSWER/ NO ANSWER 3	→ 1228 → 1231
1227	At any time in your life, as a child or as an adult, has anyone ever forced you in any way to have sexual intercourse or perform any other sexual acts when you did not want to?	YES 1 NO 2 REFUSED TO ANSWER/ NO ANSWER 3	→ 1231
1228	CHECK 701 AND 702 AND 1204 AND 1205: EVER MARRIED/EVER LIVED WITH A MAN/ EVER HAD A MALE PARTNER <input type="checkbox"/> a) How old were you the first time you were forced to have sexual intercourse or perform any other sexual acts that you did not want to by anyone, not including any husband or any other male partner?	NEVER MARRIED/ NEVER HAD A MALE PARTNER <input type="checkbox"/> b) How old were you the first time you were forced to have sexual intercourse or perform any other sexual acts that you did not want to? AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/> DON'T KNOW 98	

WOMEN'S SAFETY MODULE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP			
1229	<p>Who has forced you to have sexual intercourse or perform any other sexual acts that you did not want to?</p> <p>Anyone else?</p> <p>RECORD ALL MENTIONED.</p>	<p>FATHER/STEP-FATHER A</p> <p>BROTHER/STEP-BROTHER B</p> <p>OTHER RELATIVE C</p> <p>CURRENT BOYFRIEND D</p> <p>FORMER BOYFRIEND E</p> <p>IN-LAW F</p> <p>OWN FRIEND/ACQUAINTANCE G</p> <p>FAMILY FRIEND H</p> <p>TEACHER I</p> <p>SCHOOLMATE/CLASSMATE J</p> <p>EMPLOYER/SOMEONE AT WORK .. K</p> <p>POLICE/SOLDIER L</p> <p>PRIEST/RELIGIOUS LEADER M</p> <p>STRANGER N</p> <p>OTHER _____ X</p> <p align="center">(SPECIFY)</p>				
1230	<p>CHECK 701 AND 702 AND 1204 AND 1205:</p> <table border="0" style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <p>EVER MARRIED/EVER LIVED WITH A MAN/ EVER HAD A MALE PARTNER <input type="checkbox"/></p> <p>a) In the last 12 months, has anyone other than any previous husband or any other current or previous male partner forced you to have sexual intercourse or perform any other sexual acts that you did not want to?</p> </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <p>-----</p> </td> <td style="width: 45%; vertical-align: top;"> <p>NEVER MARRIED/ NEVER HAD A MALE PARTNER <input type="checkbox"/></p> <p>b) In the last 12 months, has anyone forced you to have sexual intercourse or perform any other sexual acts that you did not want to?</p> </td> </tr> </table>	<p>EVER MARRIED/EVER LIVED WITH A MAN/ EVER HAD A MALE PARTNER <input type="checkbox"/></p> <p>a) In the last 12 months, has anyone other than any previous husband or any other current or previous male partner forced you to have sexual intercourse or perform any other sexual acts that you did not want to?</p>	<p>-----</p>	<p>NEVER MARRIED/ NEVER HAD A MALE PARTNER <input type="checkbox"/></p> <p>b) In the last 12 months, has anyone forced you to have sexual intercourse or perform any other sexual acts that you did not want to?</p>	<p>YES 1</p> <p>NO 2</p>	
<p>EVER MARRIED/EVER LIVED WITH A MAN/ EVER HAD A MALE PARTNER <input type="checkbox"/></p> <p>a) In the last 12 months, has anyone other than any previous husband or any other current or previous male partner forced you to have sexual intercourse or perform any other sexual acts that you did not want to?</p>	<p>-----</p>	<p>NEVER MARRIED/ NEVER HAD A MALE PARTNER <input type="checkbox"/></p> <p>b) In the last 12 months, has anyone forced you to have sexual intercourse or perform any other sexual acts that you did not want to?</p>				
1231	<p>CHECK 1208A (a-j), 1216A (a,b), 1220, 1222, 1226, AND 1227:</p> <p align="center">AT LEAST ONE 'YES' <input type="checkbox"/></p>	<p>NOT A SINGLE 'YES' <input type="checkbox"/></p>	<p>→ 1234A</p>			
1232	<p>Thinking about what you yourself have experienced among the different things we have been talking about, have you ever tried to seek help?</p>	<p>YES 1</p> <p>NO 2</p>	<p>→ 1234</p>			
1233	<p>From whom have you sought help?</p> <p>Anyone else?</p> <p>RECORD ALL MENTIONED.</p>	<p>OWN FAMILY A</p> <p>HUSBAND'S/PARTNER'S FAMILY .. B</p> <p>CURRENT/FORMER HUSBAND/PARTNER C</p> <p>CURRENT/FORMER BOYFRIEND .. D</p> <p>FRIEND E</p> <p>NEIGHBOR F</p> <p>RELIGIOUS LEADER G</p> <p>DOCTOR/MEDICAL PERSONNEL H</p> <p>POLICE I</p> <p>LAWYER J</p> <p>SOCIAL SERVICE ORGANIZATION .. K</p> <p>OTHER _____ X</p> <p align="center">(SPECIFY)</p>	<p>→ 1234A</p>			
1234	<p>Have you ever told any one about this?</p>	<p>YES 1</p> <p>NO 2</p>				

WOMEN'S SAFETY MODULE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																
1234A	<p>Are you aware of the following protection orders issued under RA,9262 Anti Violence Against Women and their Children Act of 2004?</p> <p>a) Barangay Protection Order? BPO refers to the protection order issued by the Punong Barangay, or in his absence the Barangay Kagawad, ordering the perpetrator to desist from committing acts of violence against the family or household members particularly women and their children under Sections 5a and 5b of R.A. No. 9262.</p> <p>b) Temporary Protection Order? TPO refers to the protection order issued by the court on the filing of the application and after ex parte determination of its need. It may also be issued in the course of a hearing, motu proprio or upon motion.</p> <p>c) Permanent Protection Order? PPO refers to the protection order issued by the court after notice and hearing.</p>	<p>YES 1 NO 2</p> <p>YES 1 NO 2</p> <p>YES 1 NO 2</p>																	
1234B	<p>Are you aware of the following places where you could seek help in case you need it?</p> <p>a) Barangay Violence Against Women (VAW) Desk?</p> <p>b) PNP Women and Children's Protection Desk?</p> <p>c) DSWD Regional Center for Women/Girls (e.g. Crisis Intervention Unit)?</p> <p>d) Women and Children's Protection Unit in DOH-retained hospitals or other government health facilities?</p> <p>e) Public Attorney's Office of the Department of Justice or any public legal assistance office?</p> <p>f) Civil Society Organizations, non-government organizations (NGOs), people's organization that provides help/services to</p> <p>g) Temporary Protection Desk or Permanent Protection Desk under RA 9262?</p>	<p>YES 1 NO 2</p>																	
1235	As far as you know, did your father ever beat your mother?	<p>YES 1 NO 2 DON'T KNOW 8</p>																	
<p align="center">THANK THE RESPONDENT FOR HER COOPERATION AND REASSURE HER ABOUT THE CONFIDENTIALITY OF HER ANSWERS. FILL OUT THE QUESTIONS BELOW WITH REFERENCE TO THE DOMESTIC VIOLENCE MODULE ONLY.</p>																			
1236	DID YOU HAVE TO INTERRUPT THE INTERVIEW BECAUSE SOME ADULT WAS TRYING TO LISTEN, OR CAME INTO THE ROOM, OR INTERFERED IN ANY OTHER WAY?	<table border="0"> <tr> <td></td> <td align="center">YES, ONCE</td> <td align="center">YES, MORE THAN ONCE</td> <td align="center">NO</td> </tr> <tr> <td>HUSBAND</td> <td align="center">1</td> <td align="center">2</td> <td align="center">3</td> </tr> <tr> <td>OTHER MALE ADULT ..</td> <td align="center">1</td> <td align="center">2</td> <td align="center">3</td> </tr> <tr> <td>FEMALE ADULT</td> <td align="center">1</td> <td align="center">2</td> <td align="center">3</td> </tr> </table>		YES, ONCE	YES, MORE THAN ONCE	NO	HUSBAND	1	2	3	OTHER MALE ADULT ..	1	2	3	FEMALE ADULT	1	2	3	
	YES, ONCE	YES, MORE THAN ONCE	NO																
HUSBAND	1	2	3																
OTHER MALE ADULT ..	1	2	3																
FEMALE ADULT	1	2	3																
1237	<p>INTERVIEWER'S COMMENTS/EXPLANATION FOR NOT COMPLETING THE DOMESTIC VIOLENCE MODULE.</p> <p>_____</p> <p>_____</p>																		
1237A	RECORD THE TIME.	<p>HOURS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p> <p>MINUTES <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p>																	

INSTRUCTIONS:

ONLY ONE CODE SHOULD APPEAR IN ANY BOX.
 COLUMN 1 REQUIRES A CODE IN EVERY MONTH.

CODES FOR EACH COLUMN:

COLUMN 1: BIRTHS, PREGNANCIES, CONTRACEPTIVE USE (2)

- B BIRTHS
- P PREGNANCIES
- T TERMINATIONS

- 0 NO METHOD
- 1 FEMALE STERILIZATION
- 2 MALE STERILIZATION
- 3 IUD
- 4 INJECTABLES
- 5 IMPLANTS
- 6 PATCH
- 7 PILL
- 8 CONDOM
- 9 FEMALE CONDOM
- J EMERGENCY CONTRACEPTION
- K STANDARD DAYS METHOD
- L MUCUS/BILLINGS/OVULATION

- M BASAL BODY TEMPERATURE
- N SYMPTOTHERMAL
- O LACTATIONAL AMENORRHEA METHOD
- Q RHYTHM METHOD
- R WITHDRAWAL
- X OTHER MODERN METHOD
- Y OTHER TRADITIONAL METHOD

COLUMN 2: DISCONTINUATION OF CONTRACEPTIVE USE

- 0 INFREQUENT SEX/HUSBAND AWAY/ OLD AGE
- 1 BECAME PREGNANT WHILE USING
- 2 WANTED TO BECOME PREGNANT
- 3 HUSBAND/PARTNER DISAPPROVED
- 4 WANTED MORE EFFECTIVE METHOD
- 5 CHANGES IN MENSTRUAL BLEEDING
- 6 OTHER SIDE EFFECTS/HEALTH CONCERNS
- 7 LACK OF ACCESS/TOO FAR/ TRAVEL RESTRICTIONS
- 8 COSTS TOO MUCH

- N INCONVENIENT TO USE
- F UP TO GOD/FATALISTIC
- A DIFFICULT TO GET PREGNANT/MENOPAUSAL
- D MARITAL DISSOLUTION/SEPARATION

- X OTHER
- _____ (SPECIFY)

- Z DON'T KNOW

			COL. 1	COL. 2
	12	DEC	01	
	11	NOV	02	
	10	OCT	03	
	09	SEP	04	
2	08	AUG	05	2
0	07	JUL	06	0
2	06	JUN	07	2
2	05	MAY	08	2
	04	APR	09	
(1)	03	MAR	10	
	02	FEB	11	
	01	JAN	12	
<hr/>				
	12	DEC	13	
	11	NOV	14	
	10	OCT	15	
	09	SEP	16	
2	08	AUG	17	2
0	07	JUL	18	0
2	06	JUN	19	2
1	05	MAY	20	1
	04	APR	21	
	03	MAR	22	
	02	FEB	23	
	01	JAN	24	
<hr/>				
	12	DEC	25	
	11	NOV	26	
	10	OCT	27	
	09	SEP	28	
2	08	AUG	29	2
0	07	JUL	30	0
2	06	JUN	31	2
0	05	MAY	32	0
	04	APR	33	
	03	MAR	34	
	02	FEB	35	
	01	JAN	36	
<hr/>				
	12	DEC	37	
	11	NOV	38	
	10	OCT	39	
	09	SEP	40	
2	08	AUG	41	2
0	07	JUL	42	0
1	06	JUN	43	1
9	05	MAY	44	9
	04	APR	45	
	03	MAR	46	
	02	FEB	47	
	01	JAN	48	
<hr/>				
	12	DEC	49	
	11	NOV	50	
	10	OCT	51	
	09	SEP	52	
2	08	AUG	53	2
0	07	JUL	54	0
1	06	JUN	55	1
8	05	MAY	56	8
	04	APR	57	
	03	MAR	58	
	02	FEB	59	
	01	JAN	60	
<hr/>				
	12	DEC	61	
	11	NOV	62	
	10	OCT	63	
2	09	SEP	64	2
0	08	AUG	65	0
1	07	JUL	66	1
7	06	JUN	67	7
	05	MAY	68	
	04	APR	69	
	03	MAR	70	
	02	FEB	71	
01	JAN	72		

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT INTERVIEW:

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

SUPERVISOR'S OBSERVATIONS
