

CHAPTER 2: ROLES AND RESPONSIBILITIES OF INTERVIEWER

As NDPS Interviewer or Statistical Researcher (SR) of the PSA, you play an important role in the overall success of the 2016 NDPS/MFS. You are the link to the sample households and the respondents who will provide valuable information for this survey. You are the person who will develop rapport with the respondent of the sample households, assure them that their participation is vital, make them feel important, and obtain full cooperation to obtain necessary information for this survey. This chapter discusses your roles and responsibilities and other related information needed for the successful completion of the survey.

2.1 DESIGNATION OF STATISTICAL RESEARCHER (SR)

A service contract and identification card (ID) will be issued to you as evidence of your authority to conduct the survey. You should always wear your ID whenever you are in the field to prove that you are authorized personnel of the PSA and interviewer of the 2016 NDPS/MFS. This will help you to win the trust of the respondents and help facilitate the gathering of the much needed information in the course of your interview.

2.2 TRAINING

Being an SR, you are required to attend the six-day training. This training prepares you for the field interview, therefore, you must always be present and on time during the training. The training consists of lectures, written exercises, demonstration interview, mock interview or role-playing and field practice.

2.3 WORKING TIME

During the field operations, you are required to work from Monday to Saturday until the area assigned to you is fully covered. You may also work during Sundays and holidays, if necessary. Your working time would vary, depending on the availability of the respondents for interview at the sample households.

2.4 ROLE OF STATISTICAL RESEARCHER (SR)

As an SR, you are expected to be knowledgeable about the survey, including its purpose, how people are selected, and the interview process. You are also expected to be able to communicate effectively to respondents.

You must collect data with objectivity and treat all of the information you observed or gathered with complete confidentiality. Furthermore, you must follow all questionnaire administration procedures correctly. By doing so, you ensure that a respondent's confidentiality is preserved and that you have obtained high-quality data, that is, a respondent's truthful responses.

Your roles and responsibilities as SR are the following:

1. Attend the training and learn the concepts, definitions and procedures/instructions to be used in the enumeration;
2. Physically locate the sample households in your assigned area and interview responsible household member using the Household Questionnaire (NDPS/MFS Form 1);

3. Interview the eligible respondent for each sample household assigned to you using the Individual Questionnaire (NDPS/MFS Form 2)
4. Ask the questions in the survey, clarify any confusion and answer queries that respondents may have;
5. Accomplish the questionnaire completely and correctly according to the instructions stated in this manual;
6. Carefully review the accomplished questionnaires for completeness, consistency and correctness before leaving the sample household and submit the accomplished questionnaires to the Team Supervisor (TS) for further review and scrutiny;
7. Consult your TS on any problems that you may encounter in your work;
8. Make a callback or return at least twice on different days to households whose respondent had not been interviewed during the previous visit;
9. Return to the sample household and verify from the respondent any error in the accomplished questionnaire in order that these are rectified; and
10. Keep all information collected strictly confidential as stated in Republic Act 10625.

2.5 RELATIONSHIP WITH THE TEAM SUPERVISOR (TS)

While in the field, you will be directly supervised by your TS. To work harmoniously with your TS, it is essential that you should understand his/her functions and your working relationship with him/her. The TS will:

1. Observe some of your interviews to ensure that you are conducting yourself well, asking the questions in the right manner, and interpreting the answer correctly;
2. Re-interview using the NDPS/MFS Form 1 if necessary to check if the information you obtained are consistent with the information obtained by your TS;
3. Spotcheck some of the addresses selected for interview to be sure that you interviewed the correct sample households;
4. Meet with each member of the team regularly to discuss the solutions to problems encountered;
5. Help you solve any problem that you might have in finding the assigned households, understanding the concepts in the questionnaire or dealing with difficult respondents.

CHAPTER 3: CONDUCTING AN INTERVIEW

This chapter provides guidelines for interviewers in preparation for fieldwork to approach sample households and respondents and pointers in conducting an interviews.

3.1 PREPARING FOR FIELDWORK

Before conducting your interviews, you will need to prepare all the paper works and necessary supplies and materials that you will need during the survey. Below is the checklist of the materials and supplies you need for data collection:

| Materials and Supplies | |
|---|--|
| • ID for Interviewers | • 2016 NDPS/MFS Questionnaires (NDPS/MFS Form 1 and NDPS/MFS Form 2) |
| • List of Sample Households | • Interviewer's Manual |
| • Blue Ballpen | • Showcards |
| • Notification of survey visit (Information letter) | • Administrative Forms |

3.2 APPROACHING SAMPLE HOUSEHOLDS AND RESPONDENTS

For the 2016 MFS/NDPS, you will need to physically visit individual households to conduct the interview. Successful interviewing is an art and should not be treated as a mechanical process. Each interview is a new source of information, so make it interesting and pleasant. The art of interviewing is developed with practice but there are certain basic principles which should be followed to have a successful interview.

Building rapport with the respondent

Your first contact with a household is during the interview proper, hence you and the respondent are strangers to each other. One of your main tasks is to establish rapport. The respondent's first impression on you will influence his/her willingness to cooperate with the survey. Be sure that your appearance is neat and your manner is friendly as you introduce yourself. Make sure that you wear your ID card and it is clearly visible.

1. Make a good first impression

When approaching the respondent, do your best to make him feel at ease. With a few well-chosen words you can put the respondent in the right frame of mind for the interview. Open the interview with a smile and greetings such as "Good morning" and proceed with your introduction.

A good introduction may be like this:

"My name is _____ and I am working with the Philippine Statistics Authority. I am contacting you because we are conducting a survey on health in the Philippines and I would like to ask you a number of questions. Let me assure you that whatever information you tell us is completely confidential and will only be used for research purposes. The information

we collect will help the government plan health programs and services. As part of the survey, we would first like to ask some questions about your household.”

2. Always have a positive approach

Never adopt an apologetic manner, and do not use words such as “Are you too busy?” or “Would you mind answering some questions?” Such questions invite refusal to be interviewed. Rather, tell the respondent courteously, “I would appreciate very much your answering the questions in this undertaking.”

3. Stress confidentiality of responses when necessary

If the respondent is hesitant in responding to the interview or he is asking where the data will be used for, explain to him that the information that you will collect in this survey will remain confidential, that is, no individual names will be used for any purpose and that all information will be produced in computer-generated tables. In this case, to prove to him that you are true to your words, you should never mention other interviews to him or show any completed questionnaires to other interviewers or supervisors in front of him or in any other respondents.

4. Answer any questions from the respondent pleasantly and directly

Before agreeing to be interviewed, the respondent may ask you some questions about the survey or how he/she was selected to be interviewed. Be direct and pleasant when you answer. The respondent may also be concerned about the length of the interview. If he asks, tell him that the interview usually takes about 1 and ½ hour. Indicate your willingness to return at another day or time if the respondent requested to be interviewed later.

3.3 CONDUCTING AN INTERVIEW

The 2016 NDPS/MFS is about finding out and recording a list of facts and behaviours relating to selected eligible respondents. The respondent needs to feel comfortable about the survey and their participation is important on the success of this undertaking. Your interview should therefore be as natural as possible and conducted politely, like in a normal conversation. However, you may encounter some people that express hesitancy or reservation, or refuse to participate. With the right approach you should be able to persuade all potential respondents to participate.

Below are some pointers in conducting an interview:

1. Be neutral throughout the interview

Most people are polite and will tend to give answers that they think you want to hear. It is therefore very important that you remain absolutely neutral as you ask the questions. Never, either by the expression on your face or by the tone of your voice, allow the respondent to think that he has given the “right” or “wrong” answer to the question. Never appear to approve or disapprove of any respondent’s responses. The questions are carefully worded to be neutral. They do not suggest that one answer is more likely or preferable to another answer.

If the respondent gives an ambiguous answer, try to probe in neutral way by asking questions such as:

“Can you explain a little more?” Paki linaw nga po sagot ninyo, di ko po masyadong maintindihan ang ibig ninyong sabihin.

"I did not quite hear you; could you please tell me again?" Paki ulit nga po sagot ninyo, hindi ko po masyadong narinig.

2. Never suggest answers to the respondent

If a respondent's answer is not relevant to a question, do not prompt him by saying something like "I suppose you mean that __, is that right?" In many cases, he will agree with your interpretation of his answer, even if that is not what he meant. Rather, you should probe in such a manner that the respondent himself comes up with the relevant answer.

The wording of the questions and their sequence in the questionnaire must be maintained. Ask all questions as worded. If the respondent has misunderstood the question, you should repeat the question slowly and clearly. If he still does not understand, you may reword the question but be careful not to alter the meaning of the original question. Provide only the minimum information required to get an appropriate response.

3. Handle hesitant respondent tactfully

There will be situations where the respondent simply says, "I don't know" or gives an irrelevant answer or acts very bored or indifferent or contradicts something he has already said or refuses to answer the question. In cases like these, you must try to bring his interest back to the conversation. Spend a few moments talking about things unrelated to the interview (example, his home town or village, the weather, daily activities, etc.)

If the respondent is giving irrelevant answers, do not stop him abruptly or rudely, but to what he is saying. Then try to steer him gently back to the original question. A good atmosphere must be maintained throughout the interview. The best atmosphere for an interview is one in which the respondent sees the interviewer as a friendly, sympathetic and responsive person who does not intimidate him, and to whom he can say anything without feeling shy or embarrassed.

If the respondent is reluctant or unwilling to answer a question, try to overcome his reluctance by explaining once again that the same question is being asked for all respondents of sample family. If he still refuses, simply write REFUSED next to the question and proceed as if nothing had happened. If you have successfully completed the interview, you may try to obtain the missing information at the end but do not push too hard for an answer. Remember, the respondent cannot be forced to give an answer.

4. Make the respondent at ease and comfortable

You must not form expectations as to the ability and knowledge of the respondent. Remember that differences between you and the respondent can influence the interview. The respondent may be afraid in trusting you. You should always behave and speak in such a way that he is at ease and comfortable talking to you.

Ask the questions slowly to ensure that the respondent understand what is being asked. Do not make the respondent feel that you're in a hurry to finish the interview for he/she may formulate his/her own opinion and may respond with "I don't know" or give an inaccurate answer. On the other hand, if you feel the respondent is answering without thinking just to speed up the interview, politely say to the respondent that his/her response is very important

and that you need to be careful in asking each question. Take a moment to think about the answer so, don't be in a hurry.

5. Know the objectives of the survey and the purpose of each of the items in the questionnaire

Be knowledgeable to explain the objectives of the survey and be prepared to answer the if he/she asks you why you are asking certain questions which he/she thinks are not necessary. If you are authoritative or you can explain properly the purpose of the question, the respondent can give you readily his response.

6. Do not be in a hurry in conducting the interview

Ask the questions slowly to ensure that the respondent understand what is being asked. Do not make the respondent feel that you're in a hurry to finish the interview for he/she may formulate his/her own opinion and may respond with "I don't know" or give an inaccurate answer. On the other hand, if you feel the respondent is answering without thinking just to speed up the interview, politely say to the respondent that his/her response is very important and that you need to be careful in asking each question. Take a moment to think about the answer so, don't be in a hurry.

7. Interviewing older people

With increasing age, sensory deficits may occur including decreased vision and hearing. You should speak clearly and with sufficiently loud volume. Make sure that there is sufficient light when you use the SHOWCARDS for respondents to see the images clearly. Give them sufficient time to respond if needed. Account for age differences between you and respondent and issues around this.

8. Know the objectives of the survey and the purpose of each of the items in the questionnaire

Be knowledgeable to explain the objectives of the survey and be prepared to answer the respondent if he/she asks you why you are asking certain questions which he/she thinks are not necessary. If you are authoritative or you can explain properly the purpose of the question, the respondent can give you readily his response.

9. Gesture and Tone of Voice

In addition to listening to what the respondent is saying, it is useful to pay attention to the gestures and tone of voice because they can often give a better indication of what the respondent is trying to say if their verbal answer is confusing or not clear. For example, the respondent's anger or frustration may not come through verbally but may be communicated non-verbally.

3.4 QUESTIONNAIRE CONVENTIONS

Standard conventions have been used throughout the questionnaire. Each of these are explained on the pages below.

Recording Time

Record the time using the 24 hour format, as shown below

For example “09:22 AM” is recorded as “0922” and “1:30 PM” is recorded as “1330”. Time conversion is indicated below.

| | | | | | |
|---------|----------|---------|---------------------|---------|-------|
| 00 : 00 | Midnight | 08 : 00 | 8 AM | 16 : 00 | 4 PM |
| 01 : 00 | 1 AM | 09 : 00 | 9 AM | 17 : 00 | 5 PM |
| 02 : 00 | 2 AM | 10 : 00 | 10 AM | 18 : 00 | 6 PM |
| 03 : 00 | 3 AM | 11 : 00 | 11 AM | 19 : 00 | 7 PM |
| 04 : 00 | 4 AM | 12 : 00 | 12PM, noon, mid-day | 20 : 00 | 8 PM |
| 05 : 00 | 5 AM | 13 : 00 | 1 PM | 21 : 00 | 9 PM |
| 06 : 00 | 6 AM | 14 : 00 | 2 PM | 22 : 00 | 10 PM |
| 07 : 00 | 7 AM | 15 : 00 | 3 PM | 23 : 00 | 11 PM |

Recording Date

Dates are asked throughout the survey (for example, date of birth). You should use the format of **day, month, year**. For the first nine (9) days or months - use 01, 02, 03, ..., 09. The format for months is: January = 01; February=02; March=03; April=04; May=05; June=06; July=07; August =08; September=09; October=10; November=11; December=12.

Introductory Statements and Questions

Introductory statements, questions and anything written in standard print must be read to the respondent. In the example below, the entire question should be read to the respondent. The Tagalog translation for each question is written below the English version.

| | | | |
|------|---|---|--|
| 1002 | <p>What is your mother tongue? By mother tongue, I mean the language you learned first, the language that you can express yourself fully in, or voluntarily identify with.</p> <p><i>Ano pong salita/lenggwahe ang ginagamit ninyo? Ibig ko pong sabihin ay ang salitang inyong unang natutuhan upang ganap ninyong maipakilala ang inyong sarili, o boluntaryo/kusang loob na kilalanin.</i></p> | <p>TAGALOG..... 1</p> <p>CEBUANO 2</p> <p>ILOCANO 3</p> <p>HILIGAYNON 4</p> <p>BIKOL 5</p> <p>WARAY 6</p> <p>KAPAMPANGAN 7</p> <p>OTHER _____ 8 (SPECIFY)</p> | |
|------|---|---|--|

Response Categories

You should read out the response categories for questions with the same response categories the first time you ask the question. Depending on the respondent's reply, decide if it is necessary to continue to read out the response categories each time you ask the questions. You may need to use SHOWCARDS that list the response categories in order to assist the respondent in answering the questions.

| NO. | QUESTIONS AND FILTERS | VERY EASY | QUITE EASY | EASY | QUITE DIFFI-CULT | VERY DIFFI-CULT | NA |
|---|--|-----------|------------|------|------------------|-----------------|----|
| <p>Should you need help, how easy is it for you to get help from...</p> <p><i>Kung kinailangan ninyo ng tulong, gaano kadali o kahirap para sa inyo ang humingi ng tulong sa...</i></p> | | | | | | | |
| 3014 | <p>a close family member (including your partner)</p> <p><i>malapit na kamag-anak (kasama ang inyong asawa/kinakasama)</i></p> | 1 | 2 | 3 | 4 | 5 | 9 |
| 3015 | <p>friends or co-workers</p> <p><i>mga kaibigan o kasamahan sa trabaho</i></p> | 1 | 2 | 3 | 4 | 5 | 9 |
| 3016 | <p>neighbors</p> <p><i>mga kapitbahay</i></p> | 1 | 2 | 3 | 4 | 5 | 9 |

Interviewer Instructions

Anything written in CAPITAL LETTERS is an interviewer instruction and should NOT be read aloud. In the example below, the question should NOT be read to the respondent. It is an instruction to the interviewer only.

| | | | |
|------|---|--|--|
| 0103 | INDICATE WHO THE 'PROXY INDIVIDUAL RESPONDENT' IS. RECORD THE LINE NUMBER OF THE PROXY RESPONDENT FROM THE HH ROSTER. | | |
|------|---|--|--|

Skips (.....→) “go to” With Questions

Skip instructions are shown usually in the far right column. Skipped questions must be left blank. An arrow (.....→) should be understood as "go to".

In the example below, if the respondent answers “03” or “08”, or “97” then go directly to H1021 skipping the question H1020. If the respondent answers “01” or “02”, then proceed to the next question H1020.

| | | | |
|-------|---|---|----------------|
| H1019 | <p>Suppose you sold everything you have and used that money to pay off all debts you had, what would your financial situation be? Would you have money left over? Would you still owe money? Or your debts would just be equal with your assets?</p> <p><i>Ipagpalagay po natin na ipinagbili ninyo ang lahat ng bagay na mayroon kayo at ginamit ninyo ang pera upang bayaran ang lahat ng utang, ano po ang inyong magiging sitwasyon sa pananalapi? Mayroon pa kayong perang matitira? Mayroon pa kayong utang? O sapat lang para pambayad ng utang?</i></p> | <p>We would have money left over 01 We would still owe money 02 Our debts would just about equal assets 03 Don't know 08 Refusec 97</p> | <p>→ H1021</p> |
|-------|---|---|----------------|

Underlined Type

Words that are underlined within questions are key words or phrases that need to be emphasized when read to the respondent.

In the example below, the "Over the last 12 months" is underlined and should be emphasized to the respondent. The question is only interested whether the respondent had received any health care in any health care facility in the last 12 months.

| | | | |
|------|--|------------------------------------|---------------|
| 6010 | <p><u>Over the last 12 months</u>, did you receive any health care NOT including an overnight stay in hospital, rehabilitation facility or long-term care facility?</p> <p><i>Sa nakaraang 12 buwan, kayo po ba ay nakatanggap ng pangangalagang pangkalusugan sa ospital, rehab o pasilidad panakalusugan na hindi kinakailangan maconfine?</i></p> | <p>YES 1 NO 2</p> | <p>→ 6021</p> |
|------|--|------------------------------------|---------------|

Question Leader...

Questions with a leader "*How close is your relationship with*" are to decrease repetition. You do not need to read the leader for every question.

| NO. | QUESTIONS AND FILTERS | VERY CLOSE | QUITE CLOSE | CLOSE | NOT QUITE CLOSE | NOT AT ALL CLOSE | NA |
|------|---|------------|-------------|-------|-----------------|------------------|----|
| | <u>How close is your relationship with...</u> <i>Gaano kalapit ang iyong relasyon sa inyong...</i> | | | | | | |
| 3017 | spouse or partner <i>asawa o kinakasama</i> | 1 | 2 | 3 | 4 | 5 | 9 |
| 3018 | family members <i>mga kapamilya</i> | 1 | 2 | 3 | 4 | 5 | 9 |
| 3019 | friends or co-workers <i>mga kaibigan o kasamahan sa trabaho</i> | 1 | 2 | 3 | 4 | 5 | 9 |

“OTHER” Entries

If the respondent indicates a response that is not listed, then the interviewer should record verbatim what the respondent says next to "Other, specify " response option.

| | | |
|-------|--|---|
| 2010A | What is the main reason you would like to work at present? <i>Ano po ang pangunahing dahilan bakit gusto ninyong magkaroon ng trabaho sa kasalukuyan?</i> | NEED THE INCOME 1 WANT TO OR NEED TO BE ACTIVE 2 WANT TO FEEL USEFUL 3 HELP MY FAMILY 4 OTHER 5 (SPECIFY) |
|-------|--|---|

Use of Special Response Codes “8”, “88”, “888”, “9”, “97” and “997”

For responses that are “DON'T KNOW”, “NOT APPLICABLE” and “REFUSED”, the interviewer should use the appropriate special codes.

“DON'T KNOW” Response

With some questions the respondent may not know the answer. In general “DON'T KNOW” answers are NOT encouraged and should not be offered to the respondent. If the respondent is having difficulty answering, you should probe or clarify the question. However, if the respondent is still not able to answer then mark the “DON'T KNOW” option. “DON'T KNOW” should be coded as “8”, “88”, “888” depending on the width of the field.

| | | |
|------|--|--|
| 2008 | How many years ago did you stop working? <i>Ilang taon na po ang nakaraan ng kayo ay tumigil sa</i> | NUMBER OF YEARS <input type="text"/> DONT KNOW 88 |
|------|--|--|

“NOT APPLICABLE” Response

Some questions may not be applicable or relevant for the respondent. For example, if the respondent is not working or studying as seen in the illustration, the interviewer should encircle “9”.

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | | | | | |
|------|---|-------------------|------------|------|------------|-----------|----|
| | | VERY EASY | QUITE EASY | EASY | QUITE HARD | VERY HARD | NA |
| 3001 | Does your workplace or educational institution make it easy or hard for you to work or learn? <i>Ang inyo po bang pinagtatrabahuan o institusyong pang-edukasyon ay nagpapadali o nagpapahirap para sa inyo na maghansapuhay o mag-aral?</i> | 1 | 2 | 3 | 4 | 5 | 9 |

“REFUSED” Response

A respondent may refuse to answer certain questions. The interviewer should attempt to determine the reason for the refusal, and attempt to probe and get an answer. Where this is not possible, the interviewer should encircle '97', '997'... and write 'REFUSED' in the margin to the right of the question row.

Parentheses ()

Items in parentheses () contain examples to illustrate a point and are to be read to the respondent. Alternative examples that are culturally appropriate may be substituted.

In the example below, the words in the parentheses should be read to the respondent as an example of what the question is asking. You may need to use a SHOWCARD to assist the respondent with the response categories.

| | | |
|------|--|---|
| 3041 | Which ones do you use? <i>Alin po ang inyong gamit?</i> | ORTHOPEDIC FOOTWEAR A ARTIFICIAL LIMB (LEG/FOOT) B A CANE OR WALKING STICK C CRUTCHES D A WHEELCHAIR E A WALKER OR A SCOOTER F BRACES G AN ADAPTED MOTOR VEHICLE H EXTENDERS OR GRASPING TOOLS I ANOTHER AID J |
|------|--|---|

Brackets []

Items in brackets [] contain instructions to interviewers. As shown in the examples below, brackets indicate information on the type of health care provider, e.g. nurse, doctor, etc.

| | | |
|------|--|--------------------------------|
| 6015 | What was the sex of the [HEALTH CARE PROVIDER]? <i>Ano po ang kasarian ng [HEALTH CARE PROVIDER]?</i> | MALE 1 FEMALE 2 |
|------|--|--------------------------------|

Visual Aids

Visual aids help respondents remember important information while answering questions and rating different items. They include SHOWCARDS and list of response options.

3.5 TYPES OF QUESTIONS

Different types of questions, response categories and choice options are used throughout the questionnaire, including:

- close-ended questions (spontaneous and non-spontaneous)
- open-ended questions
- categorical response choices
- numerical response choices
- filters

Close-ended Questions

There are two ways of getting responses for close-ended questions. These are:

- non-spontaneous
- spontaneous

Non-spontaneous

With non-spontaneous close-ended questions, such as in the example below, you should read the question and each of the response categories the respondent should choose from.

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | | | | |
|------|--|-------------------|------|-----------------------------|------|-----------|
| | | VERY GOOD | GOOD | NEITHER POOR NOR GOOD | POOR | VERY POOR |
| 5001 | I will start with a question about your overall health including your physical and your mental health. In general, how would you rate your health today? <i>Sisimulan ko po ang tanong tungkol sa inyong pangkalahatang kalusugan kasama ang pampisikal at pangkaisipan kalusugan. Sa kabuuan, ano ang inyong pagtaya sa inyong</i> | 1 | 2 | 3 | 4 | 5 |

Spontaneous

Spontaneous closed-ended questions are provided by answer choices in CAPITAL letters. You do not read out these answer options.

Read the question and when the respondent gives their answer, encircle the most appropriate option from the list of response categories. Choose "11 Other" if the response does not match any of the pre-defined choices. If the respondent has difficulty choosing an option, probe for the best answer.

| | | | |
|------|---|---|------|
| 2006 | What is the main reason you are not currently working? <i>Ano po ang pangunahing dahilan bakit hindi kayo nagtatrabaho sa kasalukuyan?</i> | HEALTH CONDITION OR DISABILITY 01 STILL ENGAGED IN TRAINING 02 PERSONAL FAMILY RESPONSIBILITIES 03 COULD NOT FIND SUITABLE WORK 04 DO NOT KNOW HOW OR WHERE TO SEEK WORK 05 DO NOT HAVE THE ECONOMIC NEED 06 PARENTS OR SPOUSE DID NOT LET ME 07 RETIRED DUE TO AGE 08 SCHOOLING 09 NO REASON GIVEN 10 OTHER REASON 11 (SPECIFY) | 2022 |
|------|---|---|------|

Open-ended

For open-ended questions, as shown in the example below, ask the question, and then record the respondent's answer exactly as they are given.

| | | |
|------|--|---|
| 1014 | What is the highest level of education that you have completed? <i>Ano po ang pinakamataas na antas ng edukasyon ang natapos ninyo?</i> | <div style="border: 1px solid black; width: 60px; height: 20px; margin: 0 auto;"></div> |
|------|--|---|

Categorical Choices

Where there is a list of categories to choose from, as in the example below, you should select the response category that best fits respondents answer.

Note: Clarification and probing might be needed.

| | | | |
|------|---|--|-------|
| 2002 | What is the main reason you have never worked to earn an income? <i>Ano po ang pangunahing dahilan kung bakit hindi ka nagtatrabaho kailanman para kumita?</i> | HEALTH CONDITION OR DISABILITY 1 STILL ENGAGED IN TRAINING/STUDYING 2 PERSONAL FAMILY RESPONSIBILITIES 3 COULD NOT FIND SUITABLE WORK 4 DO NOT KNOW HOW OR WHERE TO SEEK WORK 5 NOT YET STARTED TO SEEK WORK 6 DO NOT HAVE THE ECONOMIC NEED 7 PARENTS OR SPOUSE DID NOT LET ME 8 | 2009A |
|------|---|--|-------|

Numerical Choices

Where there is a need for numerical response, as in the example below, you will write numbers (one digit per box), such as age or years. If after probing the respondent cannot answer because they do not know, encircle "88" for DON'T KNOW.

| | | |
|------|--|--|
| 1013 | How many years have you been separated, divorced or widowed? <i>Ilang taon na po kayong hiwalay, diborsyado o bala?</i> | NUMBER OF YEARS <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> |
| | IF LESS THAN 1 YEAR, ENTER "00" | DON'T KNOW 88 |

Filters

In order to ensure the proper flow of the questionnaire, you are directed to check a respondent's answer to an earlier question. Questions of this type are called "filters". They are used to prevent you from asking irrelevant questions to the respondent, especially embarrassing or upsetting questions. Do not rely on your memory. Check the respondent's response to the previous question indicated in the filter and follow the skip instructions indicated.

| | | |
|-------|--|--------|
| 2010B | CHECK 2001, 2005 AND 2008 | |
| | IF 2001 = 2 | → 3000 |
| | IF 2001 = 1 AND 2005 = 1 AND 2008 > 1 YEAR (12 MONTHS) | → 2023 |
| | IF 2005 NOT EQUAL 1 (WORKING) AND 2008 <= 1 YEAR (12 MONTHS) | → 2011 |

3.6 RECORDING INFORMATION

All results that are recorded on the NDPS/MFS questionnaire must be written as clearly as possible to avoid ambiguity and confusion when checking and entering the results.

Taking Notes

Find a comfortable place for writing. Sit in front of the respondent or in a place where what you write cannot easily be seen by the respondent. It is better not to show the informant or respondent what you are writing or recording and best to be as discrete as possible while documenting responses or taking notes. Attempt to record notes while the informant/respondent is talking, as appropriate. This will help reduce the interview time.

General Requirements

Some general requirements for recording response information are as follows:

- Write clearly and legibly (Interviewers must use blue colour ink).
- Write the response during the interview, while the respondent is talking.
- Record the response in the way it is said (verbatim).
- Do not erase any notes you make.
- If a question has been skipped by mistake, correct it.
- If an informant/respondent changes her/his response on one of the questions, use single line-out for old the response and record the new response.
- Record comments or explanations in brackets next to the corresponding question.
- Don't get too absorbed recording. Keep the respondent's interest by repeating the respondent's response aloud as you are writing.
- Reach a standard agreement on how to write numbers (mainly 1s and 7s).

How to record responses

In recording entries or corrections in the questionnaires, ballpen will be used. Interviewers and supervisors will use different-colors of pen as follows:

- Interviewer – blue ballpen
- Provincial/Team Supervisor – green ballpen
- Regional Supervisor – red ballpen
- Central Office Supervisor – black ballpen

The following should be observed in recording responses for each type of question:

1. Questions with Categorical Responses

For most of the questions, list of possible answers and their codes are provided in the questionnaire. To record a respondent's answer, encircle the code that corresponds to the

respondent's reply. Make sure that each circle surrounds only a single code. The answers for the questions are either number-coded or letter-coded. Below are the instructions and illustrations for each type of pre-coded answers.

a) Number-coded answers

Questions with number-coded responses imply that the questions require a single response. For this case, encircle the number code that corresponds to the respondent's reply.

| | | |
|------|--|---------------------------|
| 2023 | Do you receive a disability pension or other disability benefit? <i>Tumatanggap po ba kayo ng pensyon para sa may kapansanan o iba pang benepisyo para sa may kapansanan?</i> | YES ① NO 2 |
|------|--|---------------------------|

b) Letter-coded answers

Questions with letter-coded answer allow multiple responses. Do not read the possible responses; probe for more answers. Encircle all the letter codes that correspond to the responses given by the respondent.

| | | |
|------|---|---|
| 3069 | Which are the modifications at home you need? <i>Alin po sa mga sumusunod na pagbabago ang kailangan ninyo para sa inyong pagkilos o paggalaw sa loob ng</i> | RAMPS A STREET LEVEL ENTRANCES B AUTOMATIC DOORS C EASY TO OPEN DOORS (INCLUDES LEVER HANDLES) D WIDENED DOORWAYS OR HALLWAYS E ELEVATOR OR LIFT DEVICE VISUAL ALARMS OR AUDIO WARNING DEVICES F GRAB BARS (IN THE BATHROOM) G BATH LIFT (IN THE BATHROOM) H LOWERED COUNTERS IN THE KITCHEN I OTHER ACCESSIBILITY FEATURES J |
|------|---|---|

USE SHOWCARD 3010. MORE THAN ONE OPTION CAN BE SELECTED.

2. Questions requiring write-in entries

Some questions require write-in entries. Enter the responses for these questions by writing in the space/ boxes provided.

a) For questions with boxes preceded by codes, encircle the appropriate code and fill in the box(es) next to the code.

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | GO TO |
|------|---|--|--------------------------|
| 6001 | How long ago was the last time you needed health care? <i>Gaano katagal na noong huli kayong nangailangan ng pangangalakapang pangkalusugan?</i> | YEARS AGO ① 0 2 MONTHS AGO 2 NEVER 998 DON'T KNOW 888 | → 6002A → Module 7000 |

THIS CAN BE INPATIENT OR OUTPATIENT CARE, IF LESS THAN ONE MONTH AGO, ENTER "00" FOR MONTHS

b) For questions with boxes not preceded by codes

If boxes are not preceded by codes, all boxes should have entries.

| | | |
|------|--|--|
| 1013 | How many years have you been separated, divorced or widowed? <i>Ilang taon na po kayong hiwalay, diborsyado o balo?</i> | NUMBER OF YEARS 0 1 DON'T KNOW 88 |
|------|--|--|

IF LESS THAN 1 YEAR, ENTER "00"

- c) Other questions requiring write-in entries
For some questions requiring write-in entries as in the example write legibly in the space provided the respondent's answer exactly as it is given.

| | | |
|------|--|--|
| 2012 | <p><u>In the last 12 months</u>, what was your primary occupation for the current/most recent job?</p> <p>Noong <u>nakaraang labindalawang buwan</u>, ano po ang inyong pangunahing hanapbuhay?</p> <p>WRITE EXACTLY WHAT THE RESPONDENT SAYS. WRITE IN CAPITAL LETTERS. FOR THOSE WHO HAVE STOPPED WORKING, IT SHOULD BE THE OCCUPATION FOR THE <u>MOST RECENT JOB</u>.</p> | <p><u>COSMETICS SALES LADY</u></p> <p><input type="text"/></p> |
|------|--|--|

Recording Interview Assessments

When possible, record your assessments about the respondent and questions directly into Interviewer Assessment module as follows:

- Module 9000 of the Household Questionnaire
- Module 9000 of the Individual Questionnaire
- Module 9000 of the Individual Proxy Questionnaire

3.7 CORRECTING MISTAKES

It is very important that you record all answers neatly. In correcting mistakes for questions with pre-coded answers, line out the incorrect code once and encircle the correct response code for the question.

| | | | |
|------|---|---|-------------|
| 1016 | <p>Did you have to stop your education?</p> <p>May pagkakataon po ba noon na kinailangan ninyong huminto sa inyong pag-aaral?</p> | <p>YES 1</p> <p>NO 2</p> <p>NEVER ATTEND SCHOOL 3</p> | <p>1018</p> |
|------|---|---|-------------|

For **open-ended questions**, line out once the incorrect response and write the correct response near the lined-out entry.

| | | |
|------|--|--|
| 2012 | <p><u>In the last 12 months</u>, what was your primary occupation for the current/most recent job?</p> <p>Noong <u>nakaraang labindalawang buwan</u>, ano po ang inyong pangunahing hanapbuhay?</p> <p>WRITE EXACTLY WHAT THE RESPONDENT SAYS. WRITE IN CAPITAL LETTERS. FOR THOSE WHO HAVE STOPPED WORKING, IT SHOULD BE THE OCCUPATION FOR THE <u>MOST RECENT JOB</u>.</p> | <p>PALAY FARMER CORN FARMER</p> <p><input type="text"/></p> |
|------|--|--|

3.8 CHECKING COMPLETED QUESTIONNAIRE

It is the responsibility of the interviewer to check the questionnaire when the interview is finished. This check is done before you leave the household to ensure that every appropriate question was asked, all answers are clear and reasonable. Also check that you have followed the skip instructions correctly.

3.9 SUBMISSION OF COMPLETED QUESTIONNAIRES TO TS

At the end of fieldwork each day, check that you have filled out the cover sheet of the Household Questionnaire for each household assigned to you, whether or not you managed to complete an interview. Completed Household Questionnaires and accompanying Individual Questionnaires should be submitted to your team supervisor.

CHAPTER 4: COMPLETING THE HOUSEHOLD QUESTIONNAIRE

This guide provides background information and guidance for completing each question in the Household Questionnaire. This part covers the following modules from the Household Questionnaire.

4.1 GEOGRAPHIC IDENTIFICATION AND OTHER INFORMATION

A. Booklet Number

A number use to properly account for all booklets utilized to record all the necessary information about the sample household. NDPS Form 1 can accommodate 8 household members, if the sample household has more than 8 members, then 2 or more booklet will be used for this household. Record Booklet **1 of 1** booklet, if you use only one booklet for a sample household. If you use two booklets, the first booklet should be booklet of **1 of 2** booklets and the second booklet, Booklet of **2 of 2** booklets.

B. Region, Province, Municipality, Barangay/EA

Numbers that identify the household. The identification information can be obtained from the list of sample households. Write the name of the region, province, city/municipality and barangay in the lines provided and enter their corresponding codes in the boxes provided.

C. Housing Unit Serial Number (HUSN), Household Serial Number (HSN), NDPS Household Number and Number of Households in the Housing Unit

NDPS Household number is a unique sequential number within a Barangay/EA. Enter also in the code boxes the Barangay/EA. Housing Unit Serial Number, Household Serial Number, the NDPS Household Number and Number of households in the housing unit. Number of households in the housing unit should be the total number of households including those that were not sampled.

D. Name of Household Head, Address, Name of Respondent and Line Number

Copy and write the name (**SURNAME, FIRST NAME**) of the household respondent and household head in the line provided. Copy the line number of the respondent encircled in Column 1 of H1000. Write the address in the line provided. The address refers to the house number, the street name, purok or sitio, if any. If there is no house number, street name, purok or sitio, just write the name of barangay.

A Household Respondent of the Household Questionnaire is the head of the household or his/her spouse or any responsible adult member of the household who could provide information about the members of the household.



NDPS FORM 2
PSA Approval No.: PSA-1635-02
Expires: 31 August 2017

Republic of the Philippines
PHILIPPINE STATISTICS AUTHORITY
MODEL FUNCTIONING SURVEY

INDIVIDUAL QUESTIONNAIRE

CONFIDENTIALITY: This survey is authorized by Republic Act 10625. All data obtained cannot be used for taxation, investigation, or law enforcement purposes.

Booklet 1 of 1 Booklets

GEOGRAPHIC IDENTIFICATION AND OTHER INFORMATION

GEOGRAPHIC IDENTIFICATION CODES

| | | | | | | |
|--------------|-----------------|---|---|---|---|---|
| REGION | REGION 2 | 0 | 2 | NDPS HOUSEHOLD NUMBER | 0 | 1 |
| PROVINCE | CAGAYAN | 1 | 5 | NO. OF HOUSEHOLDS IN THE HOUSING UNIT | 0 | 1 |
| MUNICIPALITY | TUGUEGARAO CITY | 2 | 9 | NAME OF HOUSEHOLD HEAD: | | |
| BARANGAY | UGAC SUR | 1 | 3 | LUIS VALENTINO | | |
| EA | 0 0 1 0 0 0 | | | | | |
| HUSA | 0 0 0 1 | | | | | |
| HSN | 0 0 0 1 | | | | | |
| | | | | ADDRESS: | | |
| | | | | 135 LUNA EXT. | | |

E. Interview Record

This module is very important for the survey - for both successful and unsuccessful interviews - to calculate an accurate response rate and to identify reasons for non-response. This information is essential for detecting potential biases in our sampling that could arise from selected households that refuse to be interviewed. It is to be filled out for each contact with a selected household.

WHO recommends a **minimum of three (3) contact attempts**. You must keep track of all contacts with households, even if the final result is no interview.

Interview record has three columns: 1 (1st visit), 2 (2nd visit) and 3 (3rd visit), where information for each visit is to be recorded. Write the time the interview was started and ended using 24-hour format. That is, you add 12 hours for interviews that you conduct starting at 1 o'clock p.m. For example, 1:15 p.m. will be written as 13:15.

For each visit, you should record the date when you visited the sample household in the line provided. Write the numeric equivalent of the month, day, and year separated by slash. For example, December 11, 2016 will be written as 12/11/2016.

There are instances when it is not possible to get responses from the respondent. These instances may include cases when the respondent refuses to answer; the respondent is not around or is not available for any other reason. If the respondent is not around, revisit the household and check if an interview can be made. If the respondent is not available for interview, arrange an appointment with her/him when he/she may be available for an interview. You should try to make at least two (2) callbacks on different days or at least three (3) visits, including the first.

F. Result Codes

Use the interview record to record the result of each visit or attempt to interview the household. A visit can result to any of the following situations, depending on the availability and cooperation of the household.

| Codes | Description |
|-------|--|
| 01 | Completed Interview- Sample household was successfully interviewed |
| 02 | Refusal - Enter this code if the respondent refused to be interviewed after trying your best to convince him/her to cooperate. |
| 03 | No household member or no competent respondent at home at time of visit – This code should be used in cases where the housing unit is occupied, but no one is at home at the time of visit. For example, no other member of the household is at home at the time of your visit, except children or an adult member who is ill, deaf, or mentally incompetent. |
| 04 | Entire household absent for extended period of time – This code should be used only in cases where no one is at home and neighbours say that no one will return |
| 05 | Vacant housing unit- This code should only be assigned to a sample housing unit if it was listed as vacant in the list of samples and still not occupied at the time of visit. |
| 06 | Housing unit destroyed/demolished - This code should be assigned if the housing unit was destroyed due to fire, typhoon, or others, and no temporary shelter has been constructed in the same area. |
| 07 | Address not a housing unit- This code should be assigned if the housing unit is used entirely for purposes other than residential, or the housing unit was converted to commercial or industrial establishment. |
| 08 | Housing unit not found - Given the address/name of the household head, make a thorough search and inquire the location from people living within the enumeration area. Assign this code if the housing unit or household cannot be located after exerting effort. |
| 09 | Critical/flooded area - This interview status should be used to identify a household in the following areas: EAs affected by insurgency and therefore within military restricted areas at the time of visit and considered as “critical areas”; and EAs which are flooded and not accessible at the time of visit. These EAs may have been affected by natural disaster such as typhoon, lahar, and flash flood. |
| 10 | Others, Specify - This interview status should be assigned in the following cases: <ul style="list-style-type: none">• The household had permanently moved out of the housing unit;• The household had been merged with another household in the same housing unit• Listed household is not a permanent resident of the housing unit; and the• A one-man household who passed away. |

G. Final Result Code

At the end of the contact or interview process (either full or partial completion) you will be able to enter the "Final result code".

H. Total Number Of Visits

Enter in the box provided the number of visit/s made to the household to obtain an interview.

I. Certification Portion

Fill out this portion once you have successfully completed the interview and edited the questionnaire. When you sign this portion, you are certifying that you have personally conducted the interview and that they are complete to the best of your knowledge and ability.

Print your full name clearly on the space provided for the interviewer and affix your signature. Write also the date when you accomplished the questionnaire and enter your code assigned by your supervisor.

Your supervisor will also accomplish this certification after he/she reviewed your work. They will print their full name and affix their signature only if they have completed verifying the questionnaire.

| | | | |
|---|---|----------------------|------------------------------------|
| CERTIFICATION I hereby certify that the data gathered in this questionnaire were obtained/reviewed by me personally and in accordance with instructions stated in the Interviewer's Manual. | | | |
| FIELD INTERVIEWER JEANNE LIGAYA | <div style="border: 1px solid black; padding: 2px; display: inline-block;">01</div> | 11/21/2016 | SUPERVISOR CHARLES ASYA |
| _____ Name and Signature | | _____ Date | _____ Name and Signature |
| | | | 11/25/2016 Date |

4.2 1000 HOUSEHOLD ROSTER

The Household Roster must be completed for all households selected randomly into the survey sample. If the household refuses to participate, the interviewer should accomplished geographic identification portion of the questionnaire. The proper and complete listing and description of each person in the household is a critical component of the survey process.

The purpose of the Household Roster is to:

- Create a list of household occupants from which a respondent will be randomly selected;
- Better understand the impact of the household members on household dynamics and individual health;
- Collect basic information required for estimating the non-response bias in the survey; and,
- Provide key information to characterize the household -- number of members and the number of children, the gender, age and relationship to the head of the household for every member, and the highest grade completed of household members five (5) years and over, and work situation of 15 years old and over will be reported.
- Provide key information about the current number (prevalence) of persons in need for care and assistance because of health issues estimated for each household.

A. Process

As a rule, you should ask the questions in items H1006, H1007, H1008 and H1009, one after another for each household member until the last member is listed, strictly following the prescribed order of listing the household members. Once you have completely filled out items H1006, H1007, H1008 and H1009 for all the household members, you should ask item H1014 for 5 years old and over. For household members whose age is 15 years and over continue

asking items H1015, H1011, H1012, H1013 and H1010. In item H1016 encircle household members whose age is 15 years old and over.

B. Identifying the Household Respondent

Questions H1001 to H2021 are to be answered by a member of the household who qualifies as the household informant. The household respondent:

- Is usually the person who is most knowledgeable about the household's health status, employment, financial condition and expenditures.
- May be different from the person selected for completing the Individual Questionnaire.

NOTE: If more than one person provides information on the Household Questionnaire, the person providing most of the information should be coded as the household respondent.

H1001. What is the total number of people who usually live here?

- Record the number given by the respondent.
- A member of the household is someone who usually stays in the household and who sleeps there, shares meals, and has that address as primary place of residence usually stays there but is away for a short time (for instance, in an institution for a short time due to a health condition).

Persons Included as Members of the Household are:

- a. Those who are present at the time of visit and whose usual place of residence is the housing unit where the household lives;
- b. Family members who are overseas workers and who have been away at the time of the survey for not more than five (5) years from the date of departure and are expected to be back **within five (5) years from the date of last departure**. These include overseas workers who are on vacation in the Philippines and with existing work contract.

An **overseas worker** is a household member who is currently out of the country due to overseas employment. He/She may or may not have a specific work contract or may be presently at home on vacation but has an existing overseas employment to return to.

- c. Those whose usual place of residence is the place where the household lives but are **temporarily away** at the time of the survey for any of the following reasons:
 - on vacation, business/pleasure trip or studying/training somewhere in the Philippines and are expected to be back **six (6) months from the time of departure**. An example is the training with the Armed Forces of the Philippines for not more than six months;
 - on vacation, business/pleasure trip or studying/training abroad and are expected to be back within **a year from the time of departure**;
 - working or attending school in some other place but comes home **at least once a week**;
 - **confined in hospitals for a period of not more than six (6) months** at the time of the survey, except when they are confined as inmates of tuberculosis pavilions, mental hospitals, leprosaria or leper colonies, drug rehabilitation centers, etc;

- detained in national/provincial/city/municipality jails or in military camps **for a period of not more than six months** at the time of enumeration, except when their sentence or detention is expected to exceed six months;
 - on board coastal, inter-island or fishing vessels within Philippine territories; and
 - on board ocean-going vessels but are expected to be back **within five years from date of departure**.
- d. Boarders/lodgers of the household or employees of household-operated businesses **who do not usually go to their respective homes weekly**;
- e. Citizens of foreign countries, excluding members of diplomatic missions and non-Filipino members of international organizations, but including Filipino balikbayans who have resided or are expected to reside in the Philippines for at least a year from their arrival; and
- f. Persons temporarily staying with the household who have no usual place of residence or who are not certain to be enumerated elsewhere.

Special Cases to Take Note in Determining Household Membership:

- a. Boarders are members of a household if they fall under **rule (d)** above. However, if there are **10 or more** of such persons in the household, do not include as members of the household with whom they board. These are considered as institutional population.
- b. A person who lodges with a household but makes arrangements for his/her own meals or takes his/her meals outside (e.g. bed spacer) is not a member of that household. He/she constitutes a **one-member household** provided he/she does not usually go home to his/her family at least once a week.
- c. Two (2) or more families who share the same housing unit are considered one (1) household if they have common arrangements for the preparation and consumption of food. They comprise different households if they prepare their food separately.
- d. Two (2) or more unrelated individuals who share the same housing unit also constitute one (1) household if they have common arrangements for the preparation and consumption of food. If each of them takes care of his/her own meal, then each one (1) is considered a one-member household.
- e. Persons who take their meals with a household but sleep elsewhere are not considered members of that household.

A **household** is a social and economic unit consisting of a person living alone or a group of persons who:

1. Sleep in the same housing unit; and
2. have a common arrangement in the preparation and consumption of food.

In most cases, a household consists of persons who are related by kinship ties, like parents and their children. In some instances, several generations of familial ties are represented in one household while, still in others, even more distant relatives are members of the household.

Household helpers, boarders, and non-relatives are considered as members of the household provided they sleep in the same housing unit and have common arrangement for the preparation and consumption of food and do not usually go home to their family at least once a week.

A group of unrelated individuals, as in the case of a group of students or workers who decide to rent a place and make common arrangements for the preparation and consumption of their food, constitutes **one household**.

Usually, a household is the entire group of persons who customarily live in the same housing unit. However, there are cases when two or more distinct family groups or groups of unrelated persons maintain separate food arrangements even though they share one (1) housing unit. **Each of these distinct groups constitutes a household.**

A person who shares a housing unit with a household but separately cooks his/her meals or consumes his/her food elsewhere is not considered a member of the household he/she shares the housing unit with. **That person should be considered as a separate household.**

As a rule, if two groups of individuals prepare and consume their meals together but sleep in separate housing units, then the two groups constitute two (2) different households. An exception is that of children who are still economically dependent on their parents but live in separate but adjacent housing units for convenience. These children are considered members of their parents' household. However, if the children are economically independent, they should be considered as a separate household.

H1002. How many household members are 15 years old and over who usually live here?

- Record the number given by the respondent.

| | | | | | |
|-------|---|------------------|---|---|---|
| H1001 | What is the total number of person who usually live here? <i>Ilan po lahat ang palagiang nakatira dito sa inyong sambahayan?</i> | TOTAL HH MEMBERS | <table border="1"><tr><td>0</td><td>8</td></tr></table> | 0 | 8 |
| 0 | 8 | | | | |

H1005. Line Number of the Respondent.

- Encircle the line number of the household respondent.

H1006. Write the name (Surname, First name) for each member of the household in line number 01 to 08.

- Start with the head of the household.
- Write clearly in CAPITALS.

Write the surname, followed by a comma, then the first or given name. If the surname of a member is the same as the one immediately preceding him/her, simply draw a horizontal line "_____" to indicate the same surname, and then write the first name of the person. For a member of a tribe that does not carry surnames, write the name as given and place a remark that there is no surname.

After entering the names of all members, always check if the list is complete by reading them out to the respondent. Ask him/her also the question "Is there anybody else staying here?" If an additional name is given, determine if the person is a member of the household. If he/she is a

household member, add the name in the list. If all household members had already been listed, draw diagonal line in the row after the last member listed. If there are more than eight (8) household members, put an “x” mark in the box below, to indicate there is an additional questionnaire use.

If there are more than eight (8) household members, put an “x” mark in the box below, to indicate there is an additional questionnaire use.

List the names of the members of the family in the following order:

1. Head
2. Spouse/Partner
3. Unmarried children of present marriage from oldest to youngest, regardless of sex
4. Unmarried children of head by previous marriage from oldest to youngest, regardless of sex
5. Unmarried children of spouse by previous marriage from oldest to youngest, regardless of sex
6. Ever-married children and family
7. Parents, grandparents, brothers and sisters, in-laws and other relatives of the head or wife
8. Non-relatives (e.g. household helper, family driver etc.)

H1007. What is the relationship of [NAME] to the head of the household?

- Enter the code corresponding to the relationship of each household member to the household head (the list of categories is provided at the bottom of the household questionnaire).

A household head is an adult person, male or female, who is responsible for the organization and care of the household or who is regarded as such by the members of the household. An OFW/OCW can be considered as household head even if he/she is not on vacation during the time of visit for as long as he/she is regarded as the household head by the members of the household.

H1008. Is [NAME] male or female?

- Encircle the appropriate code for each member of the household: 1= Male; 2= Female

H1009. How old is [NAME] as of his/her last birthday?

Record each person's age in **completed years**, that is, the age at the time of the last birthday in the boxes provided, following these guidelines:

1. For persons aged 1 year to 9 years, prefix zero (0). For example, 3 years should be written as “03”, 4 years as “04”, and so on.
2. For children below one (1) year old, enter “00” in the boxes.
3. For ages 97 and above, enter “97”.
4. If unknown, estimate age based on time line of major historical events in the country.

If the respondent cannot recall his/her age or the age of a household member, probe by relating the person's age to the age of other household member, or asking the grade/year of the person if he/she is attending school. Citing some important events in the past may also help the respondent in recalling his/her age or the age of the household member.

If all possible means have been exhausted and the respondent is unable to recall the age, ask his/her **best estimate**.

H1014. What is the highest grade or year completed by [NAME]?

- Ask this question to all household members five (5) years old and over.
- Record the appropriate code which corresponds to the response given.

Highest Grade/Year Completed

Ask the respondent “*What is the highest grade/year completed by [NAME]?*” for all persons five years old and over. You should ask for the specific grade or year in elementary, high school or college that the member has completed. Write the grade/year level of schooling completed on the space provided and the appropriate codes in the boxes. The codes for highest grade/year completed can be found at the bottom of pages 2 and 3. For graduates of post secondary course or college degree, write on the space provided the specific course or degree obtained.

For children whose grade completed is nursery specify the specific grade and write the code “001”, for kindergarten “002”, and for preschool “010” in the boxes provided.

Determine if the person has taken his/her elementary or high school education under the old educational system or under the K to 12 Program. The old educational system covers six (6) or seven (7) years in elementary from Grade 1 to Grade 6 or Grade 7 and four years in high school from 1st year high school to 4th year high school.

In 2011, DepEd implemented the K-12 Program. Under this educational system, the education of a person starts in kindergarten, followed by an elementary education of six (6) years from Grade 1 to Grade 6, junior high school of four (4) years from Grade 7 to 10, and senior high school of two years from Grade 11 to 12.

For persons whose highest grade/year completed is under the K-12 Program, write on the space provided the specific grade/year and write after it “**K-12**”. Write in the boxes provided the corresponding code. A separate set of codes are shown at the bottom of page 2 for highest grade/year completed under the K-12 Program. These are codes “410” to “520”.

H1015. What is the current working situation of [NAME]?

- Ask this question to all household members 15 years old and over.
- Record the appropriate code which corresponds to the response given.

H1011. Does [NAME] need physical care or support, such as help with eating, dressing, bathing, moving around the house or assistance outside the house such as for using transportation?

- Ask this question to all household members 15 years old and over.
- People who need to be given care and assistance because of their health should be considered in this question.
- With physical care or support, such as help with eating, dressing, bathing, moving around the house or assistance outside the house such as for using transportation are meant, among others
- Encircle the appropriate response for each member of the household: 1=Yes; 2=No

H1012. Does [NAME] need emotional care or support, such as comfort, advice or counselling?

- Ask this question to all household members 15 years old and over.

- People who need to be given care and assistance because of their health should be considered in this question.
- With emotional care or support, such as comfort, advice or counselling are meant, among others
- Encircle the appropriate response for each member of the household: 1=Yes; 2=No

H1013. Does [NAME] need support for health care, such as administering medicines, changing bandages or arranging for health care providers?

- Ask this question to all household members 15 years old and over.
- People who need to be given care and assistance because of their health should be considered in this question.
- With support for health care things such as administering medicines, changing bandages or arranging for health care providers are meant
- Encircle the appropriate response for each member of the household: 1=Yes; 2=No

H1010. Does [NAME] need financial care or support, such as money to pay for bills, fees, food or medicines?

- Ask this question to all household members 15 years old and over.
- People who need to be given care and assistance because of their health should be considered in this question.
- With financial care or support, such as money to pay for bills, fees, food or medicines are meant, among others.
- Encircle the appropriate response for each member of the household: 1=Yes; 2=No

H1016. Eligibility

- This question is intended to identify the persons who are eligible respondents for the Individual Questionnaire.
- Encircle line number of household members 15 years old and over.

H1017. Taking into account all persons living here who work for a salary or wage: what is the total monthly income of the household?

- Record the amount reported by the informant.
- If the respondent has problems to answer, assure that their best estimate is fine.
- Monthly income of the household includes salaries, wages, profits from business/profession, etc.

H1019. Suppose you sold everything you have and used that money to pay off all debts you had. What would your financial situation be? Would you have money left over? Would you still owe money? Or your debts would just be equal with your assets?

- If the respondent has problems to answer, assure that their best estimate is fine.
- Encircle the appropriate code.

H1020. How much? Your best estimate is fine


- If the respondent has problems to answer, assure that their best estimate is fine.
- Encircle the appropriate code.

H1021. In the past 12 months, did your household have any financial problems paying bills, such as for electricity, water, or phone, etc?

- By financial problems paying bills, such as to pay for electricity, water or phone are meant, among others
- Encircle the appropriate response: 1=Yes; 2=No

H1022. Selection of respondent for individual questionnaire

- Use the Kish table
- This portion of the questionnaire will allow you to determine who among the eligible respondent identified in the **(H1016)** Eligibility Column is to be administered with the NDPS Form 2-Individual Questionnaire. If there is only one 15 years old and over in the household, he/she will be automatically the eligible respondent. There is no need to use the Kish table. Enter the line number and name of that eligible respondent in H1023.
- If more than one 15 years old and over was encircle in the Eligibility column, count the total eligible respondent and encircle corresponding number in the Kish table. Encircle the corresponding last digit of the NDPS household number in the table. Locate the intersection of the “last digit” row and “the total number of eligible respondent” question with encircle. The number in the intersection is the rank of the eligible respondent who is selected for the Individual Questionnaire. Encircle the rank to indicate the selected respondent for the Individual Questionnaire. The rank refers to the order of the eligible respondent in the eligibility column. For example, if the rank is 3, the line number of the selected respondent is the third encircled code from the top in eligibility column.


 Republic of the Philippines
PHILIPPINE STATISTICS AUTHORITY
MODEL FUNCTIONING SURVEY

HOUSEHOLD QUESTIONNAIRE

CONFIDENTIALITY: This survey is authorized by Republic Act 10625. All data obtained cannot be used for taxation, investigation, or law enforcement purposes.

Booklet ____ of 1 Booklets

GEOGRAPHIC IDENTIFICATION AND OTHER INFORMATION

GEOGRAPHIC IDENTIFICATION CODES

| | | | |
|--------------|-----------------|---|---|
| REGION | REGION 2 | 0 | 2 |
| PROVINCE | CAGAYAN | 1 | 5 |
| MUNICIPALITY | TUGUEGARAO CITY | 2 | 9 |
| BARANGAY | UGAC SUR | 1 | 3 |
| EA | | 0 | 0 |
| HUSN | | 0 | 0 |
| HSN | | 0 | 0 |

NDPS HOUSEHOLD NUMBER: **06**

NO. OF HOUSEHOLDS IN THE HOUSING UNIT: **0**

NAME OF HOUSEHOLD HEAD: LUIS, VALENTINO

ADDRESS: 135 LUNA EXT.

NAME AND LINE NO. OF RESPONDENT: **01**

LUIS, VALENTINO

| H1005 | (H1006) | (H1007) | (H1008) | (H1009) | (H1016) |
|-------|-----------------|---------|---------|---------|---------|
| 01 | LUIS, VALENTINO | 0 1 | 1 2 | 7 0 | 01 |
| 02 | , LEILA | 0 2 | 1 2 | 6 8 | 02 |
| 03 | , DIGS | 0 3 | 1 2 | 4 5 | 03✓ |
| 04 | , ANTONIO | 0 3 | 1 2 | 4 0 | 04 |
| 05 | , ALLAN | 0 3 | 1 2 | 3 8 | 05 |
| 06 | , DICK | 0 5 | 1 2 | 1 3 | 06 |
| 07 | | | 1 2 | | 07 |
| 08 | | | 1 2 | | 08 |

H1022 SELECTION OF RESPONDENT FOR INDIVIDUAL QUESTIONNAIRE

- USE THE TABLE BELOW TO SELECT RANDOM RESPONDENT
- COUNT THE TOTAL NO. OF ELIGIBLE RESPONDENT 15 YEARS OLD AND OVER IN **ELIGIBILITY COLUMN (H1016)**, ENCIRCLE THE CORRESPONDING NUMBER IN THE TABLE.
- CHECK COVER PAGE FOR THE **LAST DIGIT OF THE NDPS HOUSEHOLD NUMBER**, ENCIRCLE THE CORRESPONDING LAST DIGIT IN THE TABLE.
- ENCIRCLE THE NUMBER WHEREIN THE LAST DIGIT AND THE TOTAL NUMBER OF ELIGIBLE RESPONDENT MEET. THIS IS THE RANK OF THE RESPONDENT FOR THE INDIVIDUAL QUESTIONNAIRE.
- IF ONLY ONE ELIGIBLE RESPONDENT, GO TO H1023

| LAST DIGIT OF NDPS HOUSEHOLD NO. IS: | IF THE TOTAL NUMBER OF ELIGIBLE RESPONDENT IN THE HOUSEHOLD IS: | | | | | | |
|--------------------------------------|---|---|---|---|---|---|----|
| | 2 | 3 | 4 | 5 | 6 | 7 | 8+ |
| 0 | 2 | 1 | 4 | 3 | 6 | 3 | 1 |
| 1 | 1 | 2 | 1 | 4 | 4 | 2 | 5 |
| 2 | 2 | 2 | 3 | 1 | 2 | 5 | 7 |
| 3 | 1 | 3 | 2 | 2 | 2 | 6 | 8 |
| 4 | 1 | 2 | 1 | 5 | 5 | 3 | 6 |
| 5 | 2 | 1 | 3 | 5 | 3 | 1 | 3 |
| 6 | 1 | 2 | 4 | 3 | 2 | 5 | 2 |
| 7 | 1 | 1 | 2 | 2 | 6 | 3 | 5 |
| 8 | 2 | 3 | 1 | 4 | 5 | 1 | 4 |
| 9 | 1 | 2 | 4 | 1 | 3 | 5 | 7 |

Rank 3 in the eligibility column (H1016).

H1023 RECORD THE NAME AND LINE NUMBER OF THE RESPONDENT FOR THE INDIVIDUAL QUESTIONNAIRE

NAME: **LUIS, DIGS** LINE NUMBER: **0 3**

H1023. Name and Line Number of Individual Questionnaire

- Record the name and line of respondent for the individual questionnaire selected using the Kish table.

CHAPTER 5: COMPLETING THE INDIVIDUAL QUESTIONNAIRE

This chapter provides background information and guidance for completing each module in the Individual Questionnaire. This chapter covers the following modules from the Individual Questionnaire.

| |
|---|
| GEOGRAPHIC IDENTIFICATION AND OTHER INFORMATION |
| CONTACT RECORD - INDIVIDUAL RESPONDENT |
| 1000 SOCIO-DEMOGRAPHIC CHARACTERISTICS |
| 2000 WORK HISTORY AND BENEFITS |
| 3000 A ENVIRONMENTAL FACTORS |
| 4000 FUNCTIONING |
| 5000 HEALTH CONDITION |
| 3000B PERSONAL ASSISTANCE, ASSISTIVE DEVICES AND FACILITATORS |
| 6000 HEALTH CARE UTILIZATION |
| 7000 WELL-BEING |
| 8000 EMPOWERMENT |
| 9000 INTERVIEWER OBSERVATIONS |

5.1 GEOGRAPHIC IDENTIFICATION AND OTHER INFORMATION

All items in the identification portion of the NDPS Form 1 are in the identification portion of the NDPS Form 2.

Interview Record – Individual Respondent

This module includes general information about the survey and helps to determine whether a respondent is able to participate directly.

Contact Attempts

At least three visits including two callbacks are needed to obtain an individual interview. You must keep track of all visits with selected individuals.

Interview Record

These columns are completed for each visit within the person selected for the individual interview. Enter the following information for each visit:

- Date of visit;
- Result code;
- Time Began;
- Time Ended;
- Date of Appointment; and,
- Time of Appointment.

Final Result Code

At the end of the interview process (either full or partial completion) you will be able to enter the "Final Result code". This refers to the final result code for the Individual Questionnaire. Use the table below to select the appropriate code to document the final result of visit.

| Codes | Description |
|-------|--|
| 1 | Completed. The interview is successfully finished. |
| 2 | Not at home. The respondent is not at home at the time of visit. |
| 3 | Postponed. The respondent could not be interviewed at the time of visit but has set an appointment to be interviewed. You cannot use this code as final result code. |
| 4 | Refused. The respondent refused to be interviewed and could not be convinced to set an appointment for an interview in the future. |
| 5 | Partly Completed. The interview was started but was not completed. You cannot use this code as final result code. |
| 6 | Respondent Incapacitated. The respondent cannot be interviewed due to an illness or injury. |
| 7 | OCW/OFW. The respondent is an Overseas Contract Worker (OCW) or Overseas Filipino Worker (OFW) and not on vacation during the time of visit. |
| 8 | Other, specify. The respondent could not be interviewed for reasons other than those mentioned above. |

Note: Eligible respondents who are OCWs/OFWs should still be provided with Individual Questionnaire (NDPS Form 2). However, only the cover page of the questionnaire is filled up.

Total Number of Visits

- Enter the total number of visits made to obtain the final result.

Translation used

- Enter here the code of language used during the interview.

Eligibility 0101-0103

- Questions 0101 to 0103 provide information on the cognitive ability of the respondent in order to determine whether they are able to participate directly in the NDPS individual interview or whether a proxy respondent should be sought.

0101. DOES THE RESPONDENT HAVE OBVIOUS COGNITIVE LIMITATIONS THAT PREVENT HIM/HER FROM BEING INTERVIEWED?

- Interviewer decision point.
- Based on interviewer's impressions, decide whether to:
 1. continue with the selected respondent and arrange for the respondent to complete an individual questionnaire or
 2. Seek a proxy respondent and go to 0102. Seeking for a proxy is justified if a significant cognitive limitation, memory problem or health condition is present that would, in the interviewer's opinion, be overly stressful for the respondent or provide responses of questionable accuracy. ALL proxy interviews will be checked by supervisors.

0102. We would like to ask someone who knows the respondent and about the respondent's health.

WHO IS THE PROXY? Interviewer should seek a proxy and record this person. The proxy should know the respondent well enough to answer a series of detailed questions.

0103. INDICATE WHO THE 'PROXY INDIVIDUAL RESPONDENT' IS. RECORD THE LINE NUMBER OF THE PROXY INDIVIDUAL RESPONDENT FROM THE HOUSEHOLD ROSTER.

Certification Portion

Fill out this portion once you have successfully completed the interview and edited the questionnaire. When you sign this portion, you are certifying that you have personally conducted the interview and that they are complete to the best of your knowledge and ability.

Print your full name clearly on the space provided for the interviewer and affix your signature. Write also the date when you accomplished the questionnaire.

Your supervisor will also accomplish this certification after he/she reviewed your work. They will print their full name and affix their signature only if they have completed verifying the questionnaire.

| | | | |
|---|---|-----------------------------|---------------|
| CERTIFICATION I hereby certify that the data gathered in this questionnaire were obtained/reviewed by me personally and in accordance with instructions stated in the Interviewer's Manual. | | | |
| FIELD INTERVIEWER | | SUPERVISOR | |
| _____ Name and Signature | <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> _____ Date | _____ Name and Signature | _____ Date |

5.2 MODULE 1000 SOCIO-DEMOGRAPHIC CHARACTERISTICS

This module provides information on different background characteristics and gives an indication of income and socio-economic status.

Time Started

Record the time of the day you start the individual interview. If the hour or minutes are less than 10, prefix zero. You should record the time in hours and in minutes using the 24-hour system. If you start the interview at 1:00 pm or later, you should add 12 to the current hour. Example: if you start your interview at exactly 4:00PM, see the illustration below the correct way of recording time using the 24-hour system.

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | | GO TO |
|-----|--------------------------|-------------------|--|-------|
| | RECORD THE TIME STARTED. | HOUR | <div style="border: 1px solid black; display: inline-block; padding: 2px;"> <div style="border: 1px solid black; display: inline-block; padding: 2px;">1</div> <div style="border: 1px solid black; display: inline-block; padding: 2px;">6</div> </div> | |
| | | MINUTES | <div style="border: 1px solid black; display: inline-block; padding: 2px;"> <div style="border: 1px solid black; display: inline-block; padding: 2px;">0</div> <div style="border: 1px solid black; display: inline-block; padding: 2px;">0</div> </div> | |

Questions 1001-1018

The matrix below provides a guide to completing questions 1001 to 1018.

| Quest. No. | Question | Guide for completion |
|------------|---|--|
| 1001 | Name and Line Number of Selected Eligible Respondent | The interviewer should record the respondent's line number from Household Questionnaire H1023 |
| 1002 | What is your mother tongue? By mother tongue, I mean the language you learned first, the language that you can express yourself fully in, or voluntarily identify with. | <ul style="list-style-type: none"> Record the respondent's mother tongue. Mother tongue is the language the respondent: <ul style="list-style-type: none"> voluntarily identifies with can fully express themselves in learnt first If the respondent knows more than one "mother tongue" language, record the first language learned or used. |
| 1003 | RECORD SEX OF THE RESPONDENT | <ul style="list-style-type: none"> Do NOT read this question to the respondent but record the respondent's sex (male or female) based on observation. Clarify if needed. |
| 1004 | In what day, month and year were you born? | <ul style="list-style-type: none"> Record the date of birth. Accurate age reporting is very important for this survey. <ul style="list-style-type: none"> Ask the day the respondent was born and record the numeric equivalent of this day (01-31). Ask in which month the respondent was born and record the numeric equivalent of this month (01-12). Ask in which year the respondent was born and record the year according to the Gregorian calendar (that is 19xx or 20xx). Probe if necessary by asking if it was close to a national or religious holiday, or around a major event, or if they know around when a sibling or other family member of theirs was born and work from that. Use a historical time line if needed. If after probing the respondent does not seem to know, encircle 88. |
| 1005 | How old are you? | <ul style="list-style-type: none"> Record respondent's age in completed years. Verify by a birth certificate if available. Probe if necessary and try to calculate out loud the number of years between the present and when they indicated they were born, or ask if they know the age of family members or spouse and if he/she is younger or older and by how many years. If probing does not help in determining the respondent's age, you will have to estimate her age. Remember, this is a last resort to be used only when all your efforts at probing have failed. <p>Remember, you MUST fill in an answer to Q1005.</p> |

| | | |
|------|--|--|
| 1006 | Where were you born? | <ul style="list-style-type: none"> • Ask this question without reading the options to the respondent. • Encircle whether the respondent was born in the country of interview or another country • If the respondent was born in other country. Write the country in the line provided. • Encircle 997 if the respondent refused to give his/her birthplace; 888 if he/she did not know where he/she was born. • Coding will be done during manual processing. |
| 1007 | How old were you when you first came to the Philippines? | <ul style="list-style-type: none"> • Record respondent's age in years. • Probe if necessary by asking if it happened around the same time as a major event. • If less than one (1) year, round up to one (1) year (enter "01"). • If after probing the respondent is still unable to answer, encircle 97 if the respondent refused to give his/her answer; encircle 88 if he/she did not know when he/she first came to the Philippines. |
| 1008 | Are you a citizen of the Philippines? | <ul style="list-style-type: none"> • Encircle the appropriate response: 01=YES; 02=NO • If the response is 01=YES, skip to 1011 • Encircle 97 if the respondent refused to give his/her answer; 88 if he/she did not know his/her citizenship. |
| 1010 | Which country? | <ul style="list-style-type: none"> • Write the country in the line provided. Coding will be done during manual processing. |
| 1011 | What is your current marital status? | <ul style="list-style-type: none"> • Ask this question without reading the options to the respondent. Emphasize that current or present marital status is needed. • For example, if the respondent is currently single (but was married in the past), the option "separated/divorced" should be recorded. • Follow skipping pattern. |
| | Response options | |
| | 1 Never married | Single is a person who has never been married. |
| | 2 Married | A married or currently married person is one who has been united in matrimony with another person of opposite sex through religious or civil rites. To be considered married, the couple should still be living together, or if living apart from each other the separation must only be temporary. |
| | 3 Living Together | Living with a man/woman is one who lives together consensually with another as husband or wife. |
| | 4 Separated/Divorced/Annulled | Separated is a person whose partner has left permanently with or without legal sanctions. Annulled is one whose formal marriage was declared null and void; the annulled marriage is considered never to have existed. Divorced is a person whose formal |

| | | |
|------|--|---|
| | | marriage was legally ended, including all direct legal relationship with her spouse, except those specifically written out in the divorce decree, granting the person the right to remarry. Notice that only persons who were formerly married can have a current status of annulled or divorced. |
| | 5 Widowed | A widowed person is one who has been married formally or consensually but her partner has died and has not remarried at the time of visit. |
| 1012 | How many years have you been married or living together? | <ul style="list-style-type: none"> Record the number of years the respondent was or has been married. <ul style="list-style-type: none"> Probe if necessary by asking the age of the oldest child and how long before the birth of this child did he/she get married. If less than 1 year, enter "00". If after probing the respondent is still unable to answer, encircle 88. Where multiple marriages/partners are common, refer to the year of the first marriage. |
| 1013 | For how many years have you been separated, divorced or widowed? | <ul style="list-style-type: none"> Record the number of years since the respondent has been separated, divorced or widowed. Probe if necessary by asking if it happened around the same time as a major event. If less than one (1) year, enter "00". If after probing the respondent is still unable to answer, encircle 88. |
| 1014 | What is the highest level of education that you have completed? | <ul style="list-style-type: none"> Emphasize highest level of education <u>completed</u> (either at a formal school or at home). If the respondent attended 3 months of the second year of secondary school but did not complete the year, records "First year high school" in the line provided and enter the appropriate code in the box. Refer to the codes at the bottom part of questionnaire. |
| 1016 | Did you have to stop your education? | <ul style="list-style-type: none"> Encircle the appropriate response: 1=YES; 2=NO, 3=NEVER ATTEND SCHOOL If the response is No, skip to 1018. |
| 1017 | What was the main reason for never attending or stopping your education? | <ul style="list-style-type: none"> Ask this question without reading the options to the respondent. If none of the answers are appropriate indicate in "OTHER", specify the reason. |
| 1018 | Do you have ethnicity by blood? | <ul style="list-style-type: none"> Ask what ethnic or cultural group the respondent identifies with (was born into). If the respondent's answers YES, encircle 1 and specify his/her ethnicity in the line provided, otherwise encircle 2 and proceed to next question. |

Ethnicity is a primary sense of belonging to an ethnic group. Ethnic group is consanguine in nature, meaning, the ties are reckoned by blood and traced through the family tree. Thus, **ethnicity** refers to the household member's identity, by blood and not by choice nor by adoption/confirmation for any ethnic group, primarily the Indigenous Peoples (IPs).

Generally, **ethnic grouping** denotes genealogical and paternal lineage to any of the Philippines' group of native population. However, for the purpose of 2016 NDPS/MFS, ethnic grouping also includes maternal lineage. As such, anybody whose consanguinity with both parents or any of them, who is/are member/s of an IP group, is an Indigenous Person.

As defined in Section 3h, Chapter II, of Republic Act No. 8371, otherwise known as the **Indigenous Peoples Rights Act (IPRA)**, **IPs** refer to a group of people or homogenous societies identified by self-ascription and ascription by others, who have continuously lived as organized community on communally bounded and defined territory, and who have, under claims of ownership since time immemorial, occupied, possessed, and utilized such territories, sharing common bonds of language, customs, traditions, and other distinctive cultural traits, or who have, through resistance to political, social, and cultural inroads of colonization, non-indigenous religions and cultures, became historically differentiated from the majority of Filipinos. IPs likewise include peoples who are regarded as indigenous on account of their descent from the populations which inhabited the country, at the time of conquest or colonization, or at the time of inroads of non-indigenous and cultures, or the establishment of present state boundaries, who retain some or all of their own social, economic, cultural, and political institutions, but who may have been displaced from their traditional domains or who may have resettled outside their ancestral domains.

It is important that you make a follow-up question by mentioning the common ethnic groups in your area. For instance, if you are assigned in the municipality of Upi in the province of Maguindanao, which is predominantly inhabited by Maguindanaos, Iranons, and Tedurays, mention these ethnic groups by saying, **“Are you a Maguindanao, Iranon, or Teduray?”** If you are assigned in Surigao City in the province of Surigao del Norte, most of inhabitants are Mamanwa, Cebuano, or Bisaya. Mention these ethnic groups as examples when you ask the ethnicity of the respondent and the other household members.

As a strategy, ask for the ethnicity of the parents. Write the ethnicity on the space provided. Mentioning the common ethnic groups in the area can help the respondent identify the ethnicity of his/her parents.

The complete alphabetical listing of ethnicity, their corresponding codes, as well as the most common ethnic groups by province are provided in the codebook for your reference.

Cases of mixed ancestry, that is, parents belonging to different ethnic groups may be encountered. In these cases, refer to the foregoing explanations:

Case 1 - Mixed Non-IP parents

Father - Tagalog

Mother - Ilocano

In case 1, respondent will decide between Tagalog and Ilocano. If children (13 years old and over) are around, you should directly ask them. If not, ask the respondent on behalf of these children.

Case 2 - Mixed IP parents

Father - Kankanaey

Mother - Ibaloi

In case 2, children aged **13 years old and over** will decide between Kankanaey and Ibaloi. If children (13 years old and over) are around, you should directly ask them. If not, ask the respondent on behalf of these children.

In no case, however, shall an IP group not referring to any of the parents be accepted as ethnicity of the children.

Case 3 - Mixed IP and Non-IP parents

Father – Dumagat (IP)

Mother - Kapampangan (Non-IP)

In case 3, wherein only one of the parents is an IP, the ethnicity of the children should follow that of the **IP parent**.

In this case, all children, regardless of age, should automatically be considered as Dumagat.

Case 4 - Mixed IP and Muslim parents

Father – Maranao (Muslim)

Mother - Manobo (IP)

Muslim tribes are **paternalistic**, by nature.

In case 4, for the family with **Islam as their religion**, the ethnicity of the children should follow the **father's ethnicity**, that is, Maranao.

For a family that adopted **any religion other than Islam**, the ethnicity of the children, regardless of age, should be that of the **IP parent**. In this case, the child's ethnicity should be **Manobo**.

Case 5 - Mixed Muslim parents

Father - Samal

Mother - Badjao

In case 5, for the family with Islam as their religion, all children, regardless of age, should follow the ethnicity of their **father**, that is, Samal.

There are instances, however, when a person belonging to a Muslim tribe has a **religion, other than Islam**. In this case, children aged **13 years old and over** should decide between **Samal** and **Badjao**.

Case 6 - Mixed Muslim and Non-IP parents

Father – Tausug (Muslim)

Mother - Bicolano (Non-IP)

In this example, all children, regardless of age, should be considered as **Tausug**. However, if it happens that the father is Bicolano and the mother is Tausug (Muslim), their children should be considered as **Bicolanos**, strictly adhering to paternalistic concept.

Answers such as Igorot, Cordilleran, Lumad, Bangsa Moro, among others are not IP or ethnic groups. These are generic or general/collective terms coined by others or by religious groups to refer to groups, which, with constant use and span of time, the group have somewhat adopted to identify themselves. If you encounter answers such as these, you should further probe by mentioning some of the predominant/common subgroups listed on the next page to get their real ethnicity.

| Igorot | Cordilleran | Lumad | Bangsa Moro |
|---|--|--|--|
| Kankanaey Ibaloi Bontoc Applai others | Kankanaey Ibaloi Ifugao Kalinga Bontoc Tinguian/Itneg Isneg/Isnag/Apayao Ilocano Tagalog and other non-IPs living in the Cordillera Administrative Region | B'laan Banwaon Bagobo Dibabawon Mandaya Manguangan Manobo Mansaka Talaandig Teduray T'boli Tagakaolo Subanen Ubo Higaonon, others | Maranao Tausog Maguindanao Iranon others |

Write the ethnic group on the space provided in the questionnaire, coding will done during manual processing.

5.3 MODULE 2000 WORK HISTORY AND BENEFITS

This module is to assess whether the respondent has ever worked for pay, as well as the type of work, place of work and for how long the respondent has worked. It also asks the age at which the respondent started working, and if no longer working, the age at which the respondent stopped working and why.

The purpose of this module is to help answer other questions such as whether health status contributes to unemployment, or whether people in different types of occupations experience varying levels of health.

Q2001- Q2023

The matrix below provides a guide to completing questions 2001 to 2023.

| Quest No. | Question | Guide for completion |
|-----------|---|---|
| 2001 | As you know, some people take jobs for which they are paid in cash or in kind. Other people sell things, have a small business, or work on the family farm or family business. Have you ever in your life done any of these things or any type of work? | <ul style="list-style-type: none"> Assess if the respondent has ever worked for money or for goods. Work refers to formal and informal activities or employment in the formal and informal sectors. Goods refer to any item except currency (money) that is used as a payment for work or service (for example, food, clothing, housing, silver or gold, etc). Encircle the appropriate response. |

| | | |
|------|--|--|
| | | <ul style="list-style-type: none"> • Response options: If 1=YES; skip to Q2003, If 2=NO; continue asking the next question. |
| 2002 | What is the main reason you have never worked to earn an income? | <ul style="list-style-type: none"> • Only ask this question if the respondent has NEVER worked for pay or goods. • Do not read the answer choices. • Encircle the best category, and confirm it with the respondent (for example, if the answer is “because I have very bad back pain”, respond with “so you never worked because of ‘health problems’” and see if the respondent confirms. • If the respondent provides more than one answer, ask them to specify which one is the most important or most relevant reason for not working. • If the answer does not fit into any of the written categories, please ask the respondent to specify the reason for not working and record next to “Other”. • Response options to this question are specified as below: |
| | Response option | Defined as, or refers to individuals who... |
| | 1 Health condition or disability | Had/have any kind of health condition or problem preventing them from working. |
| | 2 Still engaged in training/studying | Have been studying in school and are not ready to work or have not had time to work for pay or goods. Can also apply to individuals in training for a vocation, but are not receiving pay or goods for their work. |
| | 3 Personal Family Responsibilities | Not working because of family priorities (e.g. housewife). |
| | 4 Could not find a suitable job | Wanted to work for pay, actively looked or are looking but have not been successful in finding work. |
| | 5 Do not know how or where to seek work | Wanted to work for pay, but do not know how or where to seek work. |
| | 6 Not yet started to seek work | Wants to work for pay but have not started to seek work. |
| | 7 Do not have the economic need | Do not need to work because they do not need to earn money (for example, because of inheritance, land/property ownership, or living with family members who support them). |

| | | |
|------|---|---|
| | <p>8 Parents/spouse did not let me</p> <p>9 Others, Specify</p> | Are married and whose spouse does not want them or allow them to work (mostly women). It can also apply to individuals living with their parents, and they did not want or allow them to work. |
| 2003 | At what age did you start working for pay? | <ul style="list-style-type: none"> Record the age of the respondent when he/she started working for pay in cash or in kind and skip to Q2005. If the respondent is unable to answer, encircle 88=DON'T KNOW. |
| 2004 | How many years ago did you start working? | <ul style="list-style-type: none"> Ask this question only if the respondent cannot answer 2003. Probe and calculate if necessary by asking how many years the respondent has been working, or around what major events the respondent started. |
| 2005 | What is your current working situation? | <ul style="list-style-type: none"> Ask this question without reading the options to the respondent. Encircle the appropriate response. Response options: If 1=NOT WORKING; continue asking the next question, If 2-9=WORKING; skip to Q2012. If the response does not match an option, then read the options and ask the respondent to choose the best one. |
| 2006 | What is the main reason you are not currently working? | <ul style="list-style-type: none"> Ask this question without reading the choices. Encircle the best category, and confirm it with the respondent (for example, if the answer is "because I am going to university", respond with "so you are not working now because of you are studying" and see if the respondent confirms. If the respondent provides more than one answer, ask them to specify which one is the most important or most relevant reason for not working. If the answer does not fit into any of the written categories, please ask the respondent to specify the reason for not working and record next to "Other reason". If the response is 09=Schooling; skip to Q2022. |
| 2007 | At what age did you stop working? | <ul style="list-style-type: none"> Record the age the respondent stopped working for pay in cash or in kind and skip to Q2009A. If the respondent is unable to answer, encircle 88=DON'T KNOW and continue asking Q2008. |

| | | |
|-------|--|---|
| 2008 | How many years ago did you stop working? | <ul style="list-style-type: none"> Record the number of years since the respondent stopped working for pay in cash or in kind. <ul style="list-style-type: none"> Probe and calculate if necessary by asking how many years ago the respondent stopped working, or around what major events the respondent stopped. If the respondent is unable to answer, encircle 88=DON'T KNOW. |
| 2009A | Are you currently looking for work? | <ul style="list-style-type: none"> Persons are classified as unemployed: <ul style="list-style-type: none"> If they do not have a job, If they do not have a job and have actively looked for work in the prior 4 weeks, and If they are currently available for work (except for temporary illness). Ask the respondent if he or she is currently looking for a job and are available for work. Actively looking for work may consist of any of the following activities: <ul style="list-style-type: none"> Contacting an employer directly or having a job interview; Contacting a public or private employment agency; Talking to friends or relatives about job opportunities; Contacting a school or university employment center; Sending out resumes or filling out applications; Placing or answering advertisements; Checking union or professional registers; Or some other means of active job search. |
| 2009B | Filter Question | Check: If Q2009A is 2=NO and Q2005 is 1=NOT WORKING , skip to 2011. If Q2009A is 2=NO and Q2001 is 2=NO , skip to 2023. |
| 2010A | What is the main reason you would like to work at present? Response option 1 Need the income 2 Want to or need to be active | <ul style="list-style-type: none"> Do not read the answer options. Allow respondent to answer spontaneously. Probe if necessary by reading some of the answer options described below. Refers to individuals who... Need to work for money in order to support themselves or their family Want to work because they prefer not to be idle |

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| | <p>3 Want to feel useful</p> <p>4 Help my family</p> <p>5 Other, specify</p> | <p>and without something to do. They may not necessarily need the money, but prefer to be active by working.</p> <p>Need to work in order to feel useful or to satisfy their identity or self-esteem.</p> <p>Are working in order to bring income to their family. It may refer to young adults living with their parents, or to women trying to supplement their husband's income.</p> <p>Do not fit into any of the categories</p> |
| 2010B | Filter Question | <p>Check:</p> <p>If Q2001 is 2=NO skip to 3000.</p> <p>If Q2001 is 1=YES and Q2005 is 1=NOT WORKING and Q2008 > 1 year (12 Months), skip to 2023.</p> <p>If Q2005 is not equal to 1 (Q2005≠1) and Q2008 ≤ 1 year, skip to 2011.</p> |
| 2011 | <p>Now I will ask you some questions about your current work or your most recent work. Who is/was your employer in your current/most recent MAIN job?</p> | <ul style="list-style-type: none"> • “Current” means any activity of <u>more than one (1) hour</u> that the person engaged in for pay during the <u>past twelve (12) months</u>. • If the person is engaged in more than one kind of “job” during the past twelve (12) month (for example, sold home-made food on the street part of the time and worked in a factory sewing shirts at other times), then “main” means the activity from which they derived the most income. • For those who have stopped working - ask about their employer for the most recent main job. • Probe if necessary by reading some of the answer options described below. • If the response is 3=SELF-EMPLOYED; skip to Q2022. |
| | Response option | Defined as, or referred to as an individual who... |
| | 1 Public sector (government employee) | Receive pay from the government or is hired by a government office or agency and paid a salary or wage. This includes employees of national, local governments units and their agencies, government owned and controlled corporations (GOCCs). |
| | 2 Private sector (for profit and not for profit) | Is hired to work and is paid a salary or wages by a private corporation, company, agency, organization, etc. This could be for profit business or not-for-profit and includes any employees not working for the government and not self-employed. |

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| | 3 Self-employed | <p>An individual who operates a business as a sole proprietor, partnership, independent contractor, or consultant in practice or of his/her profession. Earning one's livelihood directly from one's own trade or business rather than as an employee of another. The person may:</p> <ul style="list-style-type: none"> - Produce goods for sale or earns an income through provision of services to different people or firms. - Work alone or with intermittent assistance from others, but does not employ anyone for a paid wage or salary on a regular basis. |
| | 4 Informal employment | <p>Informal employment could mean employment in the informal economy. Informal economy refers to the general market income category (or sector) wherein certain types of income and the means of their generation are "unregulated by the institutions of society, in a legal and social environment in which similar activities are regulated." Jobs in the informal economy are characteristically without benefits such as health insurance, sick leave, paid vacations or pensions. Example under this category are household helper, family drivers, stevedores etc.</p> |
| 2012 | In the last 12 months, what was your main occupation for the current/most recent job? | <ul style="list-style-type: none"> • Write down the answer exactly as stated. This will be coded during manual processing so you need to write down clearly. • Ask for clarification if needed. Provide any additional information that will help the coder. • A specific list of job categories follows, but the idea is to clearly write (in all capitals) the name of the job the respondent provides. Use this list for your own reference, or if you are having trouble understanding what the respondent's main occupation is. • Main occupation means the occupation that the person spent the most <u>time</u> doing over the last 12 months. • For those who have stopped working, it should be the occupation for the <u>most recent main</u> job. |

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| Example of jobs or occupations that need special care in reporting: | | |
| | Farmer | Rice farmer, corn farmer, sugarcane farmer, coconut farmer, poultry farmer, swine producer and others |
| | Manager | Board of Director, special company manager such as: production and operations manager, finance and administration manager, personnel and industrial relations manager, sales and marketing manager, advertising and public relations manager, supply and distribution manager, computing services manager, research and development manager, small firm manager, and others |
| | Teacher | Elementary school teacher, high school teacher, professor, instructor, substitute teacher or teaching assistant (elementary, high school or college), private tutor, university instructor, vocational-technical skill instructor, specialized trainer such as sales trainer, management trainer, instructor-trainer, and others |
| 2013 | Do/did you usually work throughout the year, or do/did you work seasonally, or only once in a while for your main job? | <ul style="list-style-type: none"> • Indicate if this is consistent work throughout the entire year, or if it is seasonal/part of the year or occasional (only when work is available, only in the dry season, etc.). • If the response is 1=WORK THROUGHOUT THE YEAR, skip to 2015. |
| 2014 | On average, how many weeks in a year do/did you work in your main seasonal or occasional job? | <ul style="list-style-type: none"> • Record the number of weeks. • The number of weeks should not exceed 52. |
| 2015 | On average, how many days a week do/did you work in your <u>main</u> job? | <ul style="list-style-type: none"> • Record the number of days. • The number of days should not exceed 7. |
| 2016 | On average, how many hours a day do/did you work in your <u>main</u> job? | <ul style="list-style-type: none"> • Record the average number of hours per day the respondent works. • The number of hours should not exceed 24 and should be realistic (for example, if the respondent indicates 22 hours, probe to find out if he/she was truly working for pay for 22 hours in 1 day). |
| 2017A | Filter Question | Check Q2005 (current working situation): If Q2005 is 5=SELF-EMPLOYED, skip to 2022. |
| 2017 | In this <u>main</u> job, do/did you receive any retirement or pension benefits in addition to your payment in cash or in kind? | <ul style="list-style-type: none"> • This question refers to any money the employer puts aside for the respondent after he or she retires. |

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| | | <ul style="list-style-type: none"> • Encircle the appropriate response: 1=YES; 2=NO |
| 2018 | In this <u>main</u> job, do/did you receive any medical services or health care benefits in addition to your payment in cash or in kind? | <ul style="list-style-type: none"> • This question refers to any form of insurance coverage or actual health services provided by the employer. • Encircle the appropriate response: 1=YES; 2=NO |
| 2019 | In this <u>main</u> job, do/did you receive any food or provisions benefits in addition to your payment in cash or in kind? | <ul style="list-style-type: none"> • This question refers to vouchers for food, or direct receipt of food items. Can also include housing or transportation in form of a car or bus passes, etc. • Encircle the appropriate response: 1=YES; 2=NO |
| 2020 | In this <u>main</u> job, do/did you receive any cash bonuses benefits in addition to your payment in cash or in kind? | <ul style="list-style-type: none"> • This question refers to any payment in addition to the base salary, such as a Christmas bonus, or bonus at the end of the year, or for selling a certain amount of product, etc. • Encircle the appropriate response: 1=YES; 2=NO |
| 2021 | In this <u>main</u> job, do/did you receive any further benefits in addition to your payment in cash or in kind? | <ul style="list-style-type: none"> • This question refers to any other kind of benefit not mentioned above. • Encircle the appropriate response: 1=YES and specify the name of the benefit; 2=NO. |
| 2022 | Have you worked at more than one job over the last 12 months? | <ul style="list-style-type: none"> • This refers to any job or jobs that the respondent has in addition to their MAIN job described above. It could be regular or occasional/seasonal, full or part time. • Encircle the appropriate response: 1=YES; 2=NO |
| 2023 | Do you receive a disability pension or other disability benefit? | <ul style="list-style-type: none"> • This question refers to benefits usually paid to or received by persons with impairments or medical conditions preventing them from working. • Encircle the appropriate response: 1=YES; 2=NO |

5.4 MODULE 3000A ENVIRONMENTAL FACTORS

This module asks questions about factors in the environment, such as availability of medicine, the accessibility of the surroundings or the attitudes of friends towards persons with health conditions that may hinder or improve health-related daily problems. Specifically, the questions are regarding the assistance needs of persons with day to day activities at home or outside, closeness of relationships, aids and modifications used and needed, accessibility of workplace

or school, health facilities, places to socialize, shops, banks and post office, places of worship, transportation, dwelling, problems related to attitudes of others and accessibility to information.

The module about environmental factors is divided into two parts: Module 3000A and Module 3000B. Module 3000A is placed before the functioning module and targets questions about the broad environment. Module 3000B comes just after the functioning questions and includes specific questions about personal assistance, assistive devices and facilitators.

The purpose of this module is to identify factors in the environment that may influence health-related day to day life problems, so that specific interventions can be designed and developed. The module delivers information about the:

- Accessibility of the environment
- Social support
- Presence and level of negative attitudes of others
- Accessibility to information
- Presence of personal support
- Use of aids and modifications
- Use of medication

It is important to closely follow the skip patterns in this module, as they have been designed to make sure the different categories of problematical environmental factors are identified.

Q3001- Q3010 HINDERING OR FACILITATING ENVIRONMENT

The table below provides guidelines for completing questions 3001 to 3010 that relate to hindering or facilitating aspects of the environment.

| Quest No. | Question | Guide for completion |
|-------------------|---|---|
| To what extent... | | |
| 3001 | does your workplace or educational institution make it easy or hard for you to work or learn? | <ul style="list-style-type: none"> • The respondent should evaluate diverse aspects of the workplace or school such as the design and construction of the buildings, the entrances and exits, the amount of space and facilities available. • Read aloud all response options (SHOWCARD 3001) to the respondent • Encircle the response option selected by the respondent |
| 3002 | do health facilities you need regularly make it easy or hard for you to use them? | <ul style="list-style-type: none"> • The respondent should evaluate diverse aspects of health facilities they use regularly such as the design and construction of the buildings, the entrances and exits, the amount of space and facilities available. • Read aloud all response options (SHOWCARD 3001) to the respondent • Encircle the response option selected by the respondent |
| 3003 | do places where you socialize and engage in community activities make it easy or hard for you to do this? | <ul style="list-style-type: none"> • The respondent should evaluate diverse aspects of places he or she visits to socialize and engage in community activities such as the design and construction of the buildings, the entrances and exits, the amount of space and facilities available. |

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| | | <ul style="list-style-type: none"> • Read aloud all response options (SHOWCARD 3001) to the respondent • Encircle the response option selected by the respondent |
| 3004 | do the shops, banks and post office in your neighbourhood make it easy or hard for you to use them? | <ul style="list-style-type: none"> • The respondent should evaluate diverse aspects of shops, banks and post office in the neighbourhood such as the design and construction of the buildings, the entrances and exits, the amount of space and facilities available. • Read aloud all response options (SHOWCARD 3001) to the respondent • Encircle the response option selected by the respondent |
| 3005 | do your regular places of worship make it easy or hard for you to worship? | <ul style="list-style-type: none"> • The respondent should evaluate diverse aspects of their regular places of worship such as the design and construction of the buildings, the entrances and exits, the amount of space and facilities available. • Read aloud all response options (SHOWCARD 3001) to the respondent • Encircle the response option selected by the respondent |
| 3006 | does the transportation you need or want to use make it easy or hard for you to use it? | <ul style="list-style-type: none"> • The respondent should evaluate diverse aspects of the transportation they need to use such as their availability, accessibility, the amount of space available or how much 'barrier-free' they are. • Read aloud all response options (SHOWCARD 3001) to the respondent • Encircle the response option selected by the respondent |
| 3007 | does your dwelling make it easy or hard for you to live there? | <ul style="list-style-type: none"> • The respondent should evaluate diverse aspects of their own dwelling such as the amount of space available; cleanliness; opportunities for privacy; facilities available (such as electricity, toilet, running water); and the quality of the construction of the building (such as roof leaking and dampness). • Read aloud all response options (SHOWCARD 3001) to the respondent • Encircle the response option selected by the respondent |
| 3008 | does the toilet of your dwelling makes it easy or hard for you to use it? | <ul style="list-style-type: none"> • The respondent should evaluate diverse aspects of the toilets in the dwelling in term of accessibility (inside or outside the dwelling, easy or hard to use, etc.). • Read aloud all response options (SHOWCARD 3001) to the respondent • Encircle the response option selected by the respondent |
| 3009 | do temperature, terrain, and climate of the place you usually live make it | <ul style="list-style-type: none"> • The respondent should evaluate diverse aspects of natural environment of the place they usually live such as temperature, terrain, air pollution and climate. |

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| | easy or hard for you to live there? | <ul style="list-style-type: none"> • Read aloud all response options (SHOWCARD 3001) to the respondent • Encircle the response option selected by the respondent |
| 3010 | do the lighting, noise, and crowds in your surroundings make it easy or hard for you to live there? | <ul style="list-style-type: none"> • The respondent should evaluate diverse aspects of their surroundings such as lighting, noise, and crowds. • Read aloud all response options (SHOWCARD 3001) to the respondent • Encircle the response option selected by the respondent |

Q3011-Q3013 ASSISTANCE, AIDS AND DEVICES AND MODIFICATIONS

The table below provides guidelines for completing questions 3011 to 3013 that relate to assistance, aids and devices and modifications. These are entrance questions and follow up questions on them will be stated after the functioning module.

| Quest No. | Question | Guide for completion |
|------------------|---|--|
| 3011 | Do you have someone to assist you with your day-to-day activities at home or outside? | <ul style="list-style-type: none"> • This question pertains to the presence of people assisting the respondent with day to day activities at home or outside, such as cleaning, washing oneself, cooking, shopping or using transportation, including family and friends but also paid helpers. • Encircle the appropriate response: 1=YES; 2=NO |
| 3012 | Do you use any aids, such as eye-glasses, a cane or other assistive devices? | <ul style="list-style-type: none"> • This question pertains to the use of any aids. Include aids that the respondent may use such as glasses, a cane, hearing aids, crutch, wheelchair, prosthesis, orthopaedic device or grasping tools. • Encircle the appropriate response: 1=YES; 2=NO |
| 3013 | Do you take medicines on a regular basis? | <ul style="list-style-type: none"> • Respondents should mention if they take medicines on a regular basis. Any medication for the control of any symptom of diseases should be considered, such as for pain, high blood pressure, asthma, or sleep disturbances. • Encircle the response option selected by the respondent: 1=YES; 2=NO |

Q3014- Q3023 SUPPORT AND RELATIONSHIPS

The table below provides guidelines for completing questions 3014 to 3023 that relate to family and social support.

| Quest No. | Question | Guide for completion |
|------------------|--|---|
| 3014 | [Should you need help, how easy is it for you to get help from...] a close family member (including your partner)? | <ul style="list-style-type: none"> • Respondents should evaluate here how easy it is for them to get help from close family members such as parents, children or partners. • Read aloud all response options (SHOWCARD 3002) to the respondent • Encircle the response option selected by the respondent |

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| 3015 | [Should you need help, how easy is it for you to get help from...] friends and co-workers? | <ul style="list-style-type: none"> • Respondents should evaluate here how easy it is for them to get help from friends and co-workers. • Read aloud all response options (SHOWCARD 3002) to the respondent • Encircle the response option selected by the respondent |
| 3016 | [Should you need help, how easy is it for you to get help from...] neighbours? | <ul style="list-style-type: none"> • Respondents should evaluate here how easy it is for them to get help from neighbours. • Read aloud all response options (SHOWCARD 3002) to the respondent • Encircle the response option selected by the respondent |
| 3017 | [How close is your relationship with ...] spouse or partner | <ul style="list-style-type: none"> • Respondents should evaluate here the closeness of the relationship to the spouse or partner. • Relationships are considered close if one can for instance talk about personal affairs, get help, or enjoy spending leisure time. • Read aloud all response options (SHOWCARD 3003) to the respondent • Encircle the response option selected by the respondent |
| 3018 | [How close is your relationship with ...] family members? | <ul style="list-style-type: none"> • Respondents should evaluate here the closeness of further family members such as uncles, aunts, cousins, grandparents. • Relationships are considered close if one can talk for instance about personal affairs, get help, or enjoy spending leisure time. • Read aloud all response options (SHOWCARD 3003) to the respondent • Encircle the response option selected by the respondent |
| 3019 | [How close is your relationship with ...] friends and co-workers? | <ul style="list-style-type: none"> • Respondents should evaluate here the closeness of the relationship to friends and co-workers. • Relationships are considered close if one can talk for instance about personal affairs, get help, or enjoy spending leisure time. • Read aloud all response options (SHOWCARD 3003) to the respondent • Encircle the response option selected by the respondent |
| 3020 | [How close is your relationship with ...] neighbours? | <ul style="list-style-type: none"> • Respondents should evaluate here the closeness of the relationship to neighbours. • Relationships are considered close if one can talk for instance about personal affairs, get help, or enjoy spending leisure time. • Read aloud all response options (SHOWCARD 3003) to the respondent |

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| | | <ul style="list-style-type: none"> • Encircle the response option selected by the respondent |
| 3021 | [With how many people do you have a close relationship ...] in your family? | <ul style="list-style-type: none"> • Respondents should estimate with how many persons in the family they have a close relationship. • Probe if necessary and try to calculate out loud the number of persons with whom the persons has a close relationship. • Record the number given by the respondent |
| 3022 | [With how many people do you have a close relationship ...] among your friends and co-workers? | <ul style="list-style-type: none"> • Respondents should estimate with how many persons among friends and co-workers they have a close relationship. • Probe if necessary and try to calculate out loud the number of persons with whom the persons has a close relationship. • Record the number given by the respondent |
| 3023 | [With how many people do you have a close relationship ...] among your neighbours? | <ul style="list-style-type: none"> • Respondents should estimate with how many among your neighbours they have a close relationship • Probe if necessary and try to calculate out loud the number of persons with whom the persons has a close relationship. • Record the number given by the respondent |

These questions belong to the Oslo Social Support Scale.

Q3024- Q3035 ATTITUDES AND INFORMATION

The table below provides guidelines for completing questions 3024 to 3035 that relate to the attitudes of others to the respondent, and accessibility to information.

| Quest No. | Question | Guide for completion |
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| To what extent... | | |
| 3024 | Can you participate in family decisions? | <ul style="list-style-type: none"> • Respondents should evaluate to what extent they can participate in family decisions such as where to live or how to spend the family income. • Read aloud all response options (SHOWCARD 3004) to the respondent • Encircle the response option selected by the respondent |
| 3025 | Do you have problems getting involved in society because of the attitudes of people around you? Question based on the Attitudes to Disability Scale (ADS) | <ul style="list-style-type: none"> • Respondents should evaluate to what extent getting involved in society is difficult because of the attitudes of people around them such as disrespect or lack of patience. • Read aloud all response options (SHOWCARD 3004) to the respondent • Encircle the response option selected by the respondent |

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| 3026 | <p>Do you feel that some people treat you unfairly?</p> <p>Question based on the Disabilities Module of the WHOQOL-BREF</p> | <ul style="list-style-type: none"> • Respondents should evaluate to what extent they feel treated unfairly by people. • Read aloud all response options (SHOWCARD 3004) to the respondent • Encircle the response option selected by the respondent |
| 3027 | <p>Do you make your own choices about your day-to-day life? For example, where to go, what to do, what to eat.</p> <p>Question based on the Disabilities Module of the WHOQOL-BREF</p> | <ul style="list-style-type: none"> • Respondents should evaluate to what extent they can make own choices about day-to-day life. • Read aloud all response options (SHOWCARD 3004) to the respondent • Encircle the response option selected by the respondent |
| 3028 | <p>Do you get to make the big decisions in your life? For example, like deciding where to live, or who to live with, how to spend your money.</p> <p>Question based on the Disabilities Module of the WHOQOL-BREF</p> | <ul style="list-style-type: none"> • Respondents should evaluate to what extent they can make own choices about big decisions such as deciding where to live, or who to live with, how to spend the own money. • Read aloud all response options (SHOWCARD 3004) to the respondent • Encircle the response option selected by the respondent |
| 3029 | <p>Do you feel that other people accept you?</p> <p>Question based on the Disabilities Module of the WHOQOL-BREF</p> | <ul style="list-style-type: none"> • Respondents should evaluate to what extent they feel that other people accept them. • Read aloud all response options (SHOWCARD 3004) to the respondent • Encircle the response option selected by the respondent |
| 3030 | <p>Do you feel that other people respect you? For example, do you feel that others value you as a person and listen to what you have to say?</p> <p>Question based on the Disabilities Module of the WHOQOL-BREF</p> | <ul style="list-style-type: none"> • Respondents should evaluate to what extent they feel that other people respect them. • Read aloud all response options (SHOWCARD 3004) to the respondent • Encircle the response option selected by the respondent |
| 3031 | <p>Do you consider yourself a burden on society?</p> <p>Question based on the Attitudes to Disability Scale (ADS)</p> | <ul style="list-style-type: none"> • Respondents should evaluate to what extent they consider themselves as a burden on society. • Read aloud all response options (SHOWCARD 3004) to the respondent • Encircle the response option selected by the respondent |
| 3032 | <p>Do people around you tend to become impatient with you?</p> <p>Question based on the Attitudes to Disability Scale (ADS)</p> | <ul style="list-style-type: none"> • Respondents should evaluate to what extent people around them tend to become impatient with them. • Read aloud all response options (SHOWCARD 3004) to the respondent • Encircle the response option selected by the respondent |

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| 3033 | Do people around you not expect much from you? Question based on the Attitudes to Disability Scale (ADS) | <ul style="list-style-type: none"> • Respondents should evaluate to what extent people around them tend not to expect too much from them. • Read aloud all response options (SHOWCARD 3004) to the respondent • Encircle the response option selected by the respondent |
| 3034 | Is living with dignity a problem for you because of the attitudes and actions of others? Question based on the WHODAS | <ul style="list-style-type: none"> • Respondents should evaluate to what extent living with dignity pose a problem to them because of the attitudes and actions of others. • Read aloud all response options (SHOWCARD 3004) to the respondent • Encircle the response option selected by the respondent |
| 3035 | Do you have access to the information you need or want? | <ul style="list-style-type: none"> • Respondents should evaluate to what extent have access to information such as internet or newspapers in the same way as anyone else has. • Read aloud all response options (SHOWCARD 3004) to the respondent • Encircle the response option selected by the respondent |
| 3035A | Do you have mobile/cellular phone? | <ul style="list-style-type: none"> • This question pertains to the ownership of mobile/cellular phones. • Encircle the appropriate response: 1=YES; 2=NO |
| 3035B | Do you use internet? | <ul style="list-style-type: none"> • This question pertains to the accessibility of the internet. • Encircle the appropriate response: 1=YES; 2=NO |

5.5 MODULE 4000 FUNCTIONING

This module asks questions about respondents' overall problems in daily life. It covers problems with: mobility, hand and arm use, self-care, seeing, hearing, pain, sleep and energy, breathing, affect, interpersonal relationships, handling stress, communication, cognition, household tasks, community and citizenship participation, caring for others, work & schooling.

Q4001- Q4048

The table below provides guidelines for completing questions 4001 to 4048 which relate to problems in daily life. By problems it is meant not getting things done in the way the person wants to or not getting things done at all. These problems may arise because of the persons' health or because of the environment in which the person lives. They may also arise because of the attitudes or behaviours of people around the person.

In this module it is therefore essential to repeatedly prompt respondents to keep in mind people who help them, any assistive devices they use or any medication they take when answering each question.

Example: If a person has a hearing impairment but uses a hearing aid that makes hearing not a problem, then the expected answer to the corresponding question is 'not a problem'.

Respondents are requested to answer how much of a problem they experience on a scale from 1 to 5 where **1 means not a problem** and **5 means an extreme problem**.

For all questions you should:

- Read aloud all response options (SHOWCARD 4000) to the respondent and use the show card, if necessary
- Encircle only one response option

| Quest No. | Question | Guide for completion |
|---|--|--|
| Please take into account your health and people who help you, any assistive devices you use or any medication you take. | | |
| 4001 | How much of a problem is standing up from sitting down for you? | <p>Refers to getting into and out of a standing position or changing body position from standing to any other position, such as lying down or sitting down. Respondents should answer the question taking into account any medicines, personal assistance, aids or modifications that might make standing up from sitting down easier or harder for them.</p> <p>Example: An older woman with arthritis has no problems with standing up from sitting down because she lives with her family, who helps her standing up. → The respondent should describe how big the problem is taking into account the received help. In this case, the expected answer is no problem.</p> |
| 4002 | How much of a problem is standing for long periods such as 30 minutes for you? | <p>Involves standing for longer periods such as standing in a line. Respondents should answer the question taking into account any medicines, personal assistance, aids or modifications that might make standing for long periods easier or harder for them.</p> <p>Example: a person can only stand for long periods using crutches → The respondent should consider standing with the crutches to describe how big the problem is.</p> |
| 4003 | How much of a problem is getting out of your home for you? | <p>Involves getting out of your own house, problems could be mobility limitations or fear of leaving the house, for instance. Respondents should answer the question taking into account any medicines, personal assistance, aids or modifications that might make getting out of the home easier or harder for them.</p> <p>Example: A person cannot get out of the home because it has difficulties with walking and lives in the fourth floor of a house without lift. → The respondent should describe how big the problem is taking into account the health problems and the living situation.</p> |

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| 4004 | How much of a problem is walking a short distance such as 100m for you? | <p>Walking a short distance such as 100m usually corresponds to walking about the length of two (2) basketball courts. Respondents should answer the question taking into account any medicines, personal assistance, aids or modifications that might make walking a short distance easier or harder for them.</p> <p>Example: A person cannot walk a short distance because of problems with balance after a stroke and the pavement conditions of its neighbourhood.</p> <p>➔ The respondent should consider both the balance problems and the pavement when describing how big the problem is.</p> |
| 4005 | How much of a problem is walking a kilometer for you? | <p>Walking a kilometer usually corresponds to walking the length of twenty (20) basketball courts. Respondents should answer the question taking into account any medicines, personal assistance, aids or modifications that might make walking a kilometre easier or harder for them.</p> <p>Example: A person cannot walk a kilometer because he or she would need crutches and do not have them.</p> <p>➔ The respondent should describe how big the problem is taking into account that crutches are not available.</p> |
| 4006 | How much of a problem is engaging in vigorous activities for you, such as gathering of firewood, jogging, shovelling, washing clothes, chopping woods, etc.? | <p>Examples of vigorous activities are jogging, playing football, shovelling, carrying heavy loads, or bicycling fast. Respondents should answer the question taking into account any medicines, personal assistance, aids or modifications that might make engaging in vigorous activities easier or harder for them.</p> <p>Example: A farm worker with chronic low back pain can continue carrying heavy loads using a back pain belt.</p> <p>➔ The respondent should describe how big the problem is taking into account the back pain belt.</p> |
| 4007 | How much of a problem is getting where you want to go for you? | <p>Problems include moving around outside the house to get to different places, such as the workplace or places of worship. Problems could be mobility limitations or fear of leaving the house, for instance. Respondents should take into account medicines, personal assistance, aids or modifications that might make getting where the person wants to go easier or harder for them.</p> <p>Example: A person with severe epilepsy can only go out accompanied by somebody else but family and friends have very little time to do this.</p> <p>➔ The respondent should describe how big the problem is taking into account the need of having personal support and the lack of time of family and friends.</p> |

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| 4008 | How much of a problem is doing things that require the use of your hands and fingers, such as picking up small objects or opening a container? | <p>Difficulties in handling objects, picking up, manipulating and releasing them using one's hand, fingers and thumb, such as required to lift coins off a table or turn a dial or knob. It includes difficulties in picking up, grasping, manipulating and releasing, or more complex actions requiring coordination of these separation actions. Respondents should take into account medicines, personal assistance, aids or modifications that might make doing things that require the use of your hands and fingers easier or harder for them.</p> <p>Example: A person with rheumatoid arthritis has no problems opening a bottle using an assistive device → The respondent should describe how big the problem is using an assistive device. The expected answer in this case would be no problem.</p> |
| 4009 | How much of a problem is raising a 2 liter bottle of water from waist to eye level? | <p>Problems in using arms and hands for raising a bottle are meant. Respondents should take into account medicines, personal assistance, aids or modifications that might make raising a 2 liter bottle of water from waist to eye level easier or harder for them.</p> <p>Example: A person with a shoulder injury cannot do it, even using assistive devices. → The respondent should describe how big the problem taking into accounts that assistive devices offer no help.</p> |
| 4010 | How much of a problem is being clean and dressed? | <p>Respondents should consider activities such as gathering clothes from storage areas (i.e. closet, dressers), securing buttons, tying knots, combing hair, and brushing teeth. Respondents should take into account medicines, personal assistance, aids or modifications that might make being clean and dressed easier or harder for them.</p> <p>Example: A person with multiple sclerosis has no problems getting dressed and clean because of the help of a personal assistant. → The respondent should describe how big the problem taking into accounts the help of the personal assistant. In this case, the expected answer is no problem.</p> |
| 4011 | How much of a problem is eating? | <p>This question intends to capture the physical act of eating, including cutting or breaking food into pieces, and having meals. This question is not about diet or food preferences. To make this explicit, the interviewer should read “please remember to take into account your health and people who help you, any assistive devices you use or any medication you take” just after stating the question. Respondents should</p> |

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| | | <p>take into account medicines, personal assistance, aids or modifications that might make eating easier or harder for them.</p> <p>Example: A person with Parkinson's disease has important difficulties eating but can do it with the support of the wife. → The respondent should describe how big the problem taking into accounts the help of the wife.</p> |
| 4012 | How much of a problem is toileting? | <p>Toileting includes regulating urination, defecation and menstrual care, and cleaning oneself afterwards. Respondents should take into account medicines, personal assistance, aids or modifications that might make toileting easier or harder for them.</p> <p>Example: A person with rheumatoid arthritis uses assistive devices for toileting. → The respondent should describe how big the problem taking into accounts the assistive devices.</p> |
| 4013 | How much of a problem is cutting your toenails? | <p>Includes cleaning, cutting or polishing the nails of the toes. Cutting toenails using usual nail cutters. Respondents should take into account medicines, personal assistance, aids or modifications that might make cutting toenails easier or harder for them.</p> <p>Example: A person with low back pain needs the help of the spouse for cutting toenails. → The respondent should describe how big the problem taking into accounts the help of the spouse.</p> |
| 4014 | How much of a problem is looking after your health, eating well, exercising or taking your medicines? | <p>Looking after one's health includes eating well, exercising or taking prescribed medicines, for instance. Respondents should take into account medicines, personal assistance, aids or modifications that might make looking after their health easier or harder for them.</p> <p>Example: A person with substance abuse receiving community care can look after his or her health. → The respondent should describe how big the problem taking into account the community care.</p> |
| 4015 | How much of a problem do you have with seeing at a distance? | <p>An example of seeing things at a distance is seeing across the street. Respondents should take into account medicines, personal assistance, aids or modifications that might make seeing things at a distance easier or harder for them.</p> <p>Example: a person has problems seeing things at a distance and no glasses. → The respondent should describe how big the problem taking into accounts the absence of glasses.</p> |

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| 4016 | How much of a problem do you have with seeing at arm's length? | <p>Includes for instance seeing the letters in a newspaper. Respondents should take into account medicines, personal assistance, aids or modifications that might make seeing an object at arm's length easier or harder for them.</p> <p>Example: A person has no problems seeing an object at arm's length because he or she uses glasses. → The respondent should describe how big the problem taking into accounts the glasses.</p> |
| 4017 | How much of a problem do you have with hearing what is said in a conversation with another person in a quiet room? | <p>Item is related to sensing sounds and discriminating the location, pitch, loudness and quality of sounds in quite surroundings. Respondents should take into account medicines, personal assistance, aids or modifications that might make hearing what is said in a conversation with another person in a quiet room easier or harder for them.</p> <p>Example: A person has no problems because he or she uses a hearing aid. → The respondent should describe how big the problem taking into accounts the hearing aid.</p> |
| 4018 | How much of a problem do you have with hearing what is said in a conversation with another person in a noisy room? | <p>Item is related to sensing sounds and discriminating the location, pitch, loudness and quality of sounds in loud surroundings. Respondents should take into account medicines, personal assistance, aids or modifications that might make hearing what is said in a conversation with another person in a noisy room easier or harder for them.</p> <p>Example: a person has problems because his/her hearing aid is old and not working properly. → The respondent should describe how big the problem taking into accounts the condition of the hearing aid.</p> |
| 4019 | How much of a problem is having pain in your day-to-day life for you? | <p>Problems involve any form of physical, mental or emotional pain or discomfort. Respondents should take into account medicines, personal assistance, aids or modifications that might make pain easier or harder for them to handle.</p> <p>Example: A person has pain and uses very efficient painkillers. → The respondent should describe how big the problem taking into accounts the pain killers.</p> |
| 4020 | How much of a problem do you have with sleep? | <p>This question concern all aspects of sleeping, not merely falling asleep, but also falling asleep, waking up frequently during the night or waking up too early in the morning. Respondents should take into account medicines, personal assistance, aids or modifications that might make sleeping easier or harder for them.</p> |

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| | | <p>Example: A person has sleep problems, which are worsened by the loud neighbourhood.</p> <p>➔ The respondent should describe how big the problem taking into accounts the loud neighbourhood.</p> |
| 4021 | How much of a problem is feeling tired and not having enough energy? | <p>Problems include reduced level of energy and vitality that affects daily life. Respondents should take into account medicines, personal assistance, aids or modifications that might make feeling tired and not having enough energy better or worse.</p> <p>Example: after a stroke a person feels easily tired and the supervisor at work does not allow small breaks.</p> <p>➔ The respondent should describe how big the problem taking into accounts the situation at work.</p> |
| 4022 | How much of a problem do you have with shortness of breath? | <p>Includes getting out of breath after climbing stairs or exercising, for instance. Respondents should take into account medicines, personal assistance, aids or modifications that might make shortness of breath better or worse.</p> <p>Example: A person with asthma takes a medicine before exercising or doing vigorous activities to avoid shortness of breath.</p> <p>➔ The respondent should describe how big the problem taking into accounts the medicine.</p> |
| 4023 | How much of a problem do you have with coughing or wheezing? | <p>Includes coughing or wheezing after climbing stairs or exercising, for instance. Respondents should take into account medicines, personal assistance, aids or modifications that might make coughing or wheezing better or worse.</p> <p>Example: The problems of a person with asthma with coughing or wheezing got worse because of air pollution.</p> <p>➔ The respondent should describe how big the problem taking into accounts the air pollution.</p> |
| 4024 | How much of a problem do you have with feeling sad, low or depressed? | <p>Problems being 'sad, low and depressed' include the feeling of dejection, despondence, downheartedness, gloom, heavy-heartedness, melancholy, misery, mournfulness, unhappiness, or other cultural or linguistic variations on these notions. Respondents should take into account medicines, personal assistance, aids or modifications that might make feeling sad, low or depressed better or worse.</p> <p>Example: The problems of a person with depression with feeling sad, low or depressed are better after he or she initiated treatment.</p> <p>➔ The respondent should describe how big the problem taking into accounts the treatment.</p> |

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| 4025 | How much of a problem do you have with feeling worried, nervous or anxious? | <p>Feeling worried, nervous or anxious refers to feelings of uneasiness, being troubled, or apprehensive about the future that is associated with, or triggers, being stressed, on edge, tense or unable to relax. Respondents should take into account medicines, personal assistance, aids or modifications that might make feeling worried, nervous or anxious better or worse.</p> <p>Example: The problems a person with anxiety disorder experienced with being worried, nervous or anxious are better after he or she initiated treatment. → The respondent should describe how big the problem taking into accounts the treatment.</p> |
| 4026 | How much of a problem is getting along with people who are close to you, including your family and friends? | <p>Getting along with people who are close includes showing respect, warmth, appreciation, and tolerance in relationships; responding to criticism and social cues in relationships; and using appropriate physical contact. Respondents should take into account medicines, personal assistance, aids or modifications that might make getting along with people who are close to the person easier or harder for them.</p> <p>Example: The problems of a person with depression in getting along with people who are close got better after he or she initiated treatment. → The respondent should describe how big the problem taking into accounts the treatment.</p> |
| 4027 | How much of a problem is dealing with people you do not know? | <p>Dealing with strangers means engaging in temporary contacts for specific purposes, such as when asking for directions or making a purchase. Respondents should take into account medicines, personal assistance, aids or modifications that might make dealing with people the person do not know easier or harder for them.</p> <p>Example: The problems of a person with social phobia got better after he or she initiated treatment → The respondent should describe how big the problem taking into accounts the treatment.</p> |
| 4028 | How much of a problem is initiating and maintaining friendships? | <p>Beginning and maintaining friendships with others for a short or long period of time, in a contextually and socially appropriate manner. Respondents should take into account medicines, personal assistance, aids or modifications that might make initiating and maintaining friendships easier or harder for them.</p> <p>Example: A person with multiple sclerosis has severe problems with getting tired very fast and only meets friends if the spouse accompany him or her</p> |

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| | | <p>➔ The respondent should describe how big the problem taking into accounts the support of the spouse.</p> |
| 4029 | How much of a problem do you have with intimate relationships? | <p>Intimate relationships refer to having close or romantic relationships, such as husband and wife, lovers or sexual partners. Respondents should take into account medicines, personal assistance, aids or modifications that might make having intimate relationships easier or harder for them.</p> <p>Example: A person with alcohol abuse could find a partner and keep the relationship after joining the alcohol rehabilitation program</p> <p>➔ The respondent should describe how big the problem taking into accounts the continuous participation on the alcohol rehabilitation program.</p> |
| 4030 | How much of a problem is handling stress, such as controlling the important things in your life? | <p>Handling stress refers to managing and controlling the demands required to carry out tasks involving responsibilities and stress, distraction or crises. Respondents should take into account medicines, personal assistance, aids or modifications that might make handling stress easier or harder for them.</p> <p>Example: A person with alcohol abuse handles stress much better after having joined the alcohol rehabilitation program.</p> <p>➔ The respondent should describe how big the problem taking into accounts the continuous participation on the alcohol rehabilitation program.</p> |
| 4031 | How much of a problem is coping with all the things you have to do? | <p>Problems include not being able to keep up at work or education, being late for appointments, or not being able to get housework done, among others. Respondents should take into account medicines, personal assistance, aids or modifications that might make coping with all the things they have to do easier or harder for them.</p> <p>Example: A person with depression copes better with all the things he or she has to do after having initiated treatment.</p> <p>➔ The respondent should describe how big the problem taking into accounts the treatment.</p> |
| 4032 | How much of a problem do you have with being understood, using your usual language? | <p>Problems involve all aspects of being understood using all usual modes of communication: spoken, written, sign language, or gestural communication. Respondents should take into account medicines, personal assistance, aids or modifications that might make being understood, using usual language, easier or harder for them.</p> |

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| | | <p>Example: A person who stutters can communicate poorly at work because colleagues are impatient and make jokes about the problem.</p> <p>➔ The respondent should describe how big the problem taking into accounts the attitudes of colleagues.</p> |
| 4033 | How much of a problem do you have with understanding others, using your usual language? | <p>Problems involve all aspects of understanding verbal communication, including dealing with the speed of conversation, background noise, distractions and other features of the communication context. Respondents should take into account medicines, personal assistance, aids or modifications that might make understanding others, using usual language easier or harder for them.</p> <p>Example: A person has problems understanding the wife after a stroke because she has no patience and cannot speak slowly enough.</p> <p>➔ The respondent should describe how big the problem is taking into accounts the attitude of the spouse.</p> |
| 4034 | How much of a problem is forgetfulness for you? | <p>Problems involve forgetting keys, small objects, or minor responsibilities. Respondents should take into account medicines, personal assistance, aids or modifications that might make forgetfulness better or worse.</p> <p>Example: An older person addresses problems with forgetfulness by using a notebook as a memory aid.</p> <p>➔ The respondent should describe how big the problem is taking into accounts the notebook.</p> |
| 4035 | How much of a problem is remembering to do the important things in your day to day life? | <p>This refers to problems recalling things that are important to him or her, such as important appointments and deadlines. Respondents should take into account medicines, personal assistance, aids or modifications that might make remembering to do the important things better or worse.</p> <p>Example: A person with Parkinson's disease uses an alarm clock to remember medication intake time.</p> <p>➔ The respondent should describe how big the problem is taking into accounts the alarm clock.</p> |
| 4036 | How much of a problem is finding solutions to day-to-day problems that you might have? | <p>Finding solutions to questions or situations by identifying and analysing issues, developing options and solutions, evaluating potential effects of solutions, and executing a chosen solution, such as in resolving</p> |

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| | | <p>a dispute between two people. Respondents should take into account medicines, personal assistance, aids or modifications that might make finding solutions to day-to-day problems easier or harder for them.</p> <p>Example: A woman with rheumatoid arthritis counts on her daughter to finance her daily medications. → The respondent should describe how big the problem is taking into accounts the support of the daughter.</p> |
| 4037 | How much of a problem do you have with getting your household tasks done? | <p>Problems involve all aspects of maintaining the household and caring for family members or others, and needs to take into account all of the needs of the household or family, including physical, financial, and psychological needs. Examples of household tasks are cleaning the living area, washing and drying clothes, using household appliances, storing daily necessities and disposing of garbage. Respondents should take into account medicines, personal assistance, aids or modifications that might make getting household tasks done easier or harder for them.</p> <p>Example: A person with spinal cord injury has no problems getting housework done because a personal assistant takes care of it. → The respondent should describe how big the problem is taking into account the personal assistant. In this case, the expected answer is 'no problem'.</p> |
| 4038 | How much of a problem do you have with managing the money you have? | <p>Managing the money includes all aspects of having command over economic resources for present and future needs, using and saving money, evaluating the value of objects in relation to how much these are needed, and managing the use of bank services such as credit cards or internet banking. Respondents should take into account medicines, personal assistance, aids or modifications that might make managing the money easier or harder for them.</p> <p>Example: A person with dementia cannot manage his or her money alone, but with the help of the son the person has no problems. → The respondent should describe how big the problem is taking into account the help of the son. In this case, the expected answer is 'no problem'.</p> |
| 4039 | How much of a problem do you have with doing things for relaxation or pleasure? | <p>Doing things for relaxation or pleasure refers to engaging in recreational or leisure activity, and any form of play. Respondents should take into account medicines, personal assistance, aids or modifications</p> |

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| | | <p>that might make doing things for relaxation or pleasure easier or harder for them.</p> <p>Example: A person with dementia has no leisure activities because nothing is offered for persons with dementia in the neighbourhood.</p> <p>➔ The respondent should describe how big the problem is taking into account the neighbourhood.</p> |
| 4040 | How much of a problem do you have with joining community activities, such as festivities, religious or other activities? | <p>Includes being involved in town meetings, fairs, leisure or sporting activities in the town, neighbourhood or community. This calls for the respondent's assessment that the nature and extent to which other, average people participate in community activities is similar to that of the respondent. Respondents should take into account medicines, personal assistance, aids or modifications that might make joining community activities easier or harder for them.</p> <p>Example: A person in wheelchair has no problems joining festivities because of the support of the family.</p> <p>➔ The respondent should describe how big the problem is taking into account the support of the family.</p> |
| 4041 | How much of a problem do you have in engaging in local or national politics and in civil society organizations, such as Rotary Club or Red Cross? | <p>Refers to having the possibility of engaging in the social, political and governmental life of a citizen. Respondents should take into account medicines, personal assistance, aids or modifications that might make engaging in local or national politics and in civil society organisations easier or harder for them.</p> <p>Example: A blind person cannot engage in local politics because no documents are available for blind persons.</p> <p>➔ The respondent should describe how big the problem is taking into account the lack of adapted material.</p> |
| 4042 | How much of a problem did you have with voting in the last elections? | <p>Refers to the possibility of voting in the face of mobility or visual restrictions, for instance. Respondents should take into account medicines, personal assistance, aids or modifications that might make voting easier or harder for them.</p> <p>Example: A person in wheelchair cannot vote because the polling place is on the 4th floor.</p> <p>➔ The respondent should describe how big the problem is taking into account the polling place.</p> |
| 4043 | How much of a problem do you have providing care or support for others? | <p>Providing care or support for others refers to assisting household members and others with their learning, communicating, self-care, and movement within the house or outside. Respondents should take into account medicines, personal assistance, aids or</p> |

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| | | <p>modifications that might make providing care or support for others easier or harder for them.</p> <p>Example: A mother cannot help her small children after a stroke and gets not enough support from friends and neighbours.</p> <p>➔ The respondent should describe how big the problem is taking into account the lack of support from friends and neighbours.</p> |
| 4044 | How much of a problem do you have with applying for and getting a job? | <p>Includes locating and choosing a job, in a trade, profession or other form of employment, performing the required tasks to get hired, and getting the job. Respondents should take into account medicines, personal assistance, aids or modifications that might make applying for and getting a job easier or harder for them.</p> <p>Example: A blind person cannot apply for jobs because there are no jobs adapted for blind persons.</p> <p>➔ The respondent should describe how big the problem is taking into account the lack of opportunities for blind persons.</p> |
| 4045 | How much of a problem is getting things done as required at work? | <p>Includes performing the expected job-related tasks to keep an occupation, trade, profession or other form of employment. Respondents should take into account medicines, personal assistance, aids or modifications that might make getting things done as required at work easier or harder for them.</p> <p>Example: A person with anxiety cannot do things anymore as required and gets no support from his or her supervisor.</p> <p>➔ The respondent should describe how big the problem is taking into account the lack of support from her or his supervisor.</p> |
| 4046 | How much of a problem do you have getting a formal or informal education? | <p>Includes gaining admission to school, education and attending school regularly, and completing education. Respondents should take into account medicines, personal assistance, aids or modifications that might make getting a formal or informal education easier or harder for them.</p> <p>Example: A young person in a wheelchair cannot go to the university because the buildings are not barrier free.</p> <p>➔ The respondent should describe how big the problem is taking into account the fact that buildings are not barrier free.</p> |
| 4047 | How much of a problem is getting things done as required at school? | <p>Includes working cooperatively with other students, and completing assigned tasks and projects. Respondents should take into account medicines, personal assistance, aids or modifications that might make getting things done as required at school easier</p> |

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| | | <p>or harder for them.</p> <p>Example: A person with anxiety cannot do things anymore as required and gets no support from his or her teachers.</p> <p>➔ The respondent should describe how big the problem is taking into account the lack of support from his or her teachers.</p> |
| 4048 | How much of a problem is using public or private transportation? | <p>Includes using transportation to move around as a passenger, such as being driven in a car or on a bus, rickshaw, or private or public taxi, bus, train. Respondents should take into account medicines, personal assistance, aids or modifications that might make using public or private transportation easier or harder for them.</p> <p>Example: A person in wheelchair cannot use public transportation because it is not barrier free.</p> <p>➔ The respondent should describe how big the problem is taking into account that public transportation is not barrier free.</p> |

5.6 MODULE 5000 HEALTH CONDITIONS

This module asks questions about problems in day to day life exclusively because of health issues as well as the presence, diagnoses and treatment of health conditions or diseases as reported by the respondent. The questions refer to currently (last 30 days) health conditions or diseases.

The purpose of this module is to determine the number of individuals with problems in day to day life exclusively because of their health, number of individuals with health conditions and how many of these people actually receive treatment.

In this module respondents are first asked about problems in day to day life exclusively because of their health. Then the presence of health conditions is asked and questions about diagnosis and treatment are stated for the endorsed health conditions. It must be noted that the proposed list of health conditions focuses on the most burdensome ones worldwide and should be updated by countries in order to be tailored to national needs and to capture the most prevalent or serious health conditions in the national setting.

The entrance question requests the respondent to rate the own health and was selected as the first question to support respondents focusing on health.

Q5001. I will start with a question about your overall health, including your physical and your mental health: In general, how would you rate your health today?

- Respondents should evaluate his or her general health including physical and mental health.
- Read aloud all response options (SHOWCARD 5001) and encircle the response option selected by the respondent.

Q5002- Q5017

The table below provides guidelines for completing questions 5002 to 5017 which relate to difficulties the respondent may have doing certain activities because of her or his HEALTH. Respondents should answer these questions **WITHOUT TAKING INTO ACCOUNT** people who help them, any assistive devices they use or any medication they take.

For all questions you should:

- Read aloud all response options (SHOWCARD 5002) to the respondent
- Encircle only one response option

| Quest No. | Question | Guide for completion |
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| 5002 | How much difficulty do you have moving around because of your health? | <p>Respondents should evaluate the difficulties they have in moving around in general because of their health and NOT taking any medicines, personal assistance, aids or modifications into account.</p> <p>Example: An older person with arthritis has difficulties with moving around and uses crutches. → The respondent should describe how big the difficulties are without the crutches.</p> |
| 5003 | How much difficulty do you have learning a new task because of your health? | <p>Respondents should evaluate the difficulties they have in learning a new task, such as acquiring new information at home, school, work, or at leisure because of their health and NOT taking any medicines, personal assistance, aids or modifications into account.</p> <p>Example: An older person addresses difficulties with learning to use a microwave oven by asking help from a personal assistant. → The respondent should describe how big the difficulties are without a personal assistant.</p> |
| 5004 | Because of your health, how much difficulty do you have toileting? | <p>Respondents should evaluate the difficulties they have in toileting, i.e. opening clothes before, using a toilet or cleaning oneself afterwards, because of their health and NOT taking any medicines, personal assistance, aids or modifications into account.</p> <p>Example: A person with multiple sclerosis has difficulties with toileting and needs the help of a personal assistant. → The respondent should describe how big the difficulties are without considering help of the personal assistant.</p> |
| 5005 | Because of your health, how much difficulty do you have on starting, sustaining and ending a | <p>Respondents should evaluate the difficulties they have on starting, sustaining or ending a conversation because of their health and NOT</p> |

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| | conversation? | <p>taking any medicines, personal assistance, aids or modifications into account.</p> <p>Example: A person has difficulties understanding the wife after a stroke but can manage it because she speaks slowly. → The respondent should describe how big the difficulties are if the wife speaks as normally.</p> |
| 5006 | Because of your health, how much difficulty do you have doing things that require the use of your hands and fingers, such as picking up small objects or opening a container? | <p>Respondents should evaluate the difficulties they have in doing things that require the use of hands and fingers because of their health and NOT taking any medicines, personal assistance, aids or modifications into account.</p> <p>Example: A person with rheumatoid arthritis has difficulties using hands and fingers but no problems opening a bottle using an assistive device. → The respondent should describe how big the difficulties are without using assistive devices.</p> |
| 5007 | How much difficulty do you have sleeping because of your health? | <p>Respondents should evaluate the difficulties they have in sleeping, such as difficulties in falling asleep or waking up too early, because of their health and NOT taking any medicines, personal assistance, aids or modifications into account.</p> <p>Example: A person has difficulties to in falling asleep and takes sleep medication. → The respondent should describe how big the difficulties are without medication.</p> |
| 5008 | How much difficulty do you have with shortness of breath because of your health? | <p>Respondents should evaluate the difficulties they have with shortness of breath, for instance after climbing steps, because of their health and NOT taking any medicines, personal assistance, aids or modifications into account.</p> <p>Example: A person with asthma takes a medicine before exercising or doing vigorous activities to avoid shortness of breath. → The respondent should describe how big the difficulties are without the medicine.</p> |
| 5009 | How much difficulty do you have doing household tasks because of your health? | <p>Respondents should evaluate the difficulties they have in doing household tasks, such as doing laundry, cleaning or putting out the garbage, because of their health and NOT taking any medicines, personal assistance, aids or modifications into account.</p> |

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| | | <p>Example: A person with spinal cord injury has difficulties in getting housework done but has a personal assistant that takes care of it.</p> <p>➔ The respondent should describe how big the difficulties are without the help of the personal assistant.</p> |
| 5010 | How much difficulty do you have providing care or support for others because of your health? | <p>Respondents should evaluate the difficulties they have in providing care or support because of their health and NOT taking any medicines, personal assistance, aids or modifications into account.</p> <p>Example: A mother cannot help his/her small children after a stroke but gets enough support from friends and neighbours.</p> <p>➔ The respondent should describe how big the difficulties are without the support from friends and neighbours.</p> |
| 5011 | Because of your health, how much difficulty do you have with joining community activities, such as festivities, religious or other activities? | <p>Respondents should evaluate the difficulties they have in joining community activities because of their health and NOT taking any medicines, personal assistance, aids or modifications into account.</p> <p>Example: A person in wheelchair can join festivities because of the support of the family.</p> <p>➔ The respondent should describe how big the difficulties are without the support of the family.</p> |
| 5012 | How much difficulty do you have with your day to day work or school because of your health? | <p>THIS QUESTION SHOULD ONLY BE ASKED IF Q2002=2 OR IF Q2005 ≠1.</p> <p>Respondents should evaluate the difficulties they have in day-to-day work or school because of their health and NOT taking any medicines, personal assistance, aids or modifications into account.</p> <p>Example: A person with anxiety cannot done things as required anymore but gets support from his or her supervisor.</p> <p>➔ The respondent should describe how big the difficulties are without the support from his or her supervisor.</p> |
| 5013 | To what extent do you feel sad, low or depressed because of your health? | <p>Respondents should evaluate the difficulties they have in with feeling sad, low or depressed because of their health and NOT taking any medicines, personal assistance, aids or modifications into account.</p> |

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| | | <p>Example: A person with depression feels very often sad, low or depressed but it is now better since he or she initiated treatment.</p> <p>➔ The respondent should describe how big the difficulties are not taking into account the treatment.</p> |
| 5014 | To what extent do you feel worried, nervous or anxious because of your health? | <p>Respondents should evaluate the difficulties they have with feeling worried, nervous or anxious because of their health and NOT taking any medicines, personal assistance, aids or modifications into account.</p> <p>Example: A person with anxiety disorder feels less worried, nervous or anxious after he or she initiated treatment.</p> <p>➔ The respondent should describe how big the difficulties are without treatment.</p> |
| 5015 | Because of your health, how much difficulty do you have getting along with people who are close to you, including your family and friends? | <p>Respondents should evaluate the difficulties they have in getting along with people who are close to them because of their health and NOT taking any medicines, personal assistance, aids or modifications into account.</p> <p>Example: A person with depression gets along with people who are close to him/her and got better after he or she initiated treatment.</p> <p>➔ The respondent should describe how big the difficulties are without the treatment.</p> |
| 5016 | Because of your health, how much difficulty do you have coping with all the things you have to do? | <p>Respondents should evaluate the difficulties they have in coping with all the things they have to do because of their health and NOT taking any medicines, personal assistance, aids or modifications into account.</p> <p>Example: A person with depression copes better with all the things she or he has to do after having initiated treatment.</p> <p>➔ The respondent should describe how big difficulties are without the treatment.</p> |
| 5017 | How much bodily aches or pain do you have? | <p>Respondents should evaluate how much bodily aches or pain because of their health and NOT taking any medicines, personal assistance, aids or modifications into account.</p> <p>Example: A person has pain and uses very efficient pain killers.</p> |

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| | | ➔ The respondent should describe how much pain he or she has without the pain killers. |
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WG1- WG6

The table below provides guidelines for completing questions WG1-WG6. These questions are from the Washington Group Short-Set of Questions on Disability. These questions ask about difficulties the participant may have doing certain activities because of a HEALTH PROBLEM.

For all questions you should:

- Read aloud all response options (SHOWCARD 5003) to the respondent and
- Encircle only ONE response option

| Quest No. | Question | Guide for completion |
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| WG1 | Do you have difficulty seeing, even if wearing eyeglasses/contact lens? | <p>The purpose of this item is to identify persons who have vision difficulties or problems of any kind even when wearing eyeglasses. They can have a problem seeing things close up or far away. They may not be able to see out of one eye or they may be only able to see directly in front of them, but not to the sides. Any difficulty with vision that they consider a problem should be captured.</p> <p>Definitions: Seeing refers to an individual using his/her eyes and visual capacity in order to perceive or observe what is happening around them.</p> |
| WG2 | Do you have difficulty hearing, even if using a hearing aid? | <p>The purpose of this item is to identify persons who have some hearing limitation or problems of any kind with their hearing even when using a hearing aid. They can have a problem hearing only when they are in a noisy environment, or they may have problems distinguishing sounds from different sources. They may not be able to hear in one ear or both. Any difficulty with hearing that they consider a problem should be captured.</p> <p>Definitions: Hearing refers to an individual using his/her ears and auditory (or hearing) capacity in order to know what is being said to them or the sounds of activity, including danger that is happening around them.</p> |
| WG3 | Do you have difficulty walking or climbing steps? | <p>The purpose of this item is to identify persons who have some limitation or problems of any kind getting around on foot. It may or may not contribute to difficulty in doing their daily activities. They can have a problem walking more than a block, or short or long distances, or the problem can be that they can't walk up or down steps without difficulty. They may not be able to walk any distance without stopping to rest or they may not be able to walk without using some type of device such as a cane, a walker or crutches. In some instances they may be totally unable to stand for more than a minute or two and need a wheelchair to get from place to place. Difficulties walking can include those</p> |

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| | | <p>resulting from impairments in balance, endurance, or other non-musculoskeletal systems. Any difficulty with walking (whether it is on flat land or up or down steps) that they consider a problem should be captured.</p> <p>Definitions: Walking refers to an individual using his/her legs in such a way as to propel themselves over the ground to get from point A to point B. The capacity to walk should be without assistance of any device or human. If such assistance is needed, the person has difficulty walking.</p> |
| WG4 | Do you have difficulty remembering or concentrating? | <p>The purpose of this item is to identify persons who have some problems with remembering or thinking that contribute to difficulty in doing their daily activities. They can have a problem finding their way around, or the problem can be that they can't concentrate on what they are doing, or they may forget where they are or what month it is. They may not remember what someone just said to them or they may seem confused or frightened about most things. Any difficulty with remembering, concentrating or understanding what is going on around them that they or family members (if the family member is the respondent) consider a problem should be captured. We do not intend to capture difficulties remembering or concentrating because of common everyday situations such as high workload or stress, or as a result of substance abuse.</p> <p>Definitions: Remembering refers to an individual using his/her memory capacity in order to recall what has happened around them. It means the individual can bring to mind or think again about something that has taken place in the past (either the recent past or further back). In connection with younger people, remembering is often associated with storing facts learned in school and being able to retrieve them when needed.</p> |
| WG5 | Do you have difficulty (with self-care such as) washing all over or dressing? | <p>The purpose of this item is to identify persons who have some problems with taking care of themselves independently. Washing and dressing represent tasks that occur on a daily basis and are very basic activities.</p> <p>Definitions: Washing all over refers to the process of cleaning one's entire body (usually with soap and water) in the usual manner for the culture. The washing activity includes cleaning hair and feet, as well as gathering any necessary items for bathing such as soap or shampoo, a wash cloth, or water. Dressing refers to all aspects of putting clothing or garments on the upper and lower body including the feet if culturally appropriate. Gathering clothing from storage areas (i.e. closet, dressers), securing buttons, tying knots, zipping, etc., should be considered part of the dressing activity.</p> |
| WG6 | Using your usual (customary) language, do you have difficulty | <p>The purpose of this item is to identify persons who have some problems with talking, listening or understanding speech such that it contributes to difficulty in doing their</p> |

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| | communicating, for example understanding or being understood? | <p>daily activities. They can have a problem making themselves understood, or the problem may be that they can't understand people who talk to them or try to communicate with them in other ways.</p> <p>Definitions: Communicating refers to a person exchanging information or ideas with other people through the use of language. They may use their voices for their exchange or make signs or write the information they want to exchange. Communication can be interrupted at numerous places in the exchange process. It may involve mechanical problems such as hearing impairment or speech impairment, or it may be related to the ability of the mind to interpret the sounds that the auditory system is gathering and to recognize the words that are being used. The intention is not to include communication problems due to non-native or unfamiliar language.</p> |
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Q5018-Q5044 HEALTH CONDITIONS

The table below provides guidelines for completing questions 5018 to 5045 that relate to health conditions.

For each health condition four columns are presented. in column **A**, the answer to the question “do you have [disease name]?” is encircled. **questions B, C and D (next columns) are only asked for the health conditions if the response in question A is ‘YES’.**

- **Question B:** respondent should answer whether any doctor or any other health professional has ever told them that they have the health condition or problem.
- **Question C:** respondent should answer whether he or she has been given any medication for the health conditions or problems in the last 12 months. Medication is defined in the ICF as “*any natural or human-made object or substance gathered, processed or manufactured for medicinal purposes.*” In this question, medicines include natural (i.e. plants extracts) or human-made (e.g. synthetic drugs produced in laboratories) substances used in the treatment or cure of the disease or health problem, used for a limited duration for acute problems, or on a regular basis for chronic diseases.
- **Question D:** respondent should answer whether he or she has been given any other kind of treatment, beyond medicines, for the health conditions or problem in the last 12 months. This might include, for instance, physiotherapy, occupational therapy, hot and cold therapies, counselling, psychotherapy and etc.

| Quest No. | Question | Guide for completion |
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| The response options for the following questions are always 1=YES; 2=NO. Please Encircle the appropriate response for each question. | | |
| 5018 | Vision loss | Vision loss is the absence of vision where it existed before, which can happen either acutely (i.e. abruptly) or chronically (i.e. over a long period of time) for instance due to cataracts, a disease in which the lenses of the eyes become cloudy and opaque, causing partial or total blindness. |

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| | | If the respondent does not understand the term “vision loss”, describe it as problems with having reduced vision, even when using the best possible corrective lenses. |
| 5019 | Hearing loss | <p>Deafness, hearing impairment, or hearing loss is a partial or total inability to hear caused by many different factors, including but not limited to age, noise, illness, chemicals and physical trauma.</p> <p>If the respondent does not understand the term “hearing loss”, describe it as problems with having diminished sensitivity to the sounds that are normally heard.</p> |
| 5020 | High Blood Pressure (Hypertension) | Hypertension or high blood pressure is a persistent elevation of the pressure in the arteries that may impair heart, brain or kidneys function over time. |
| 5021 | Diabetes | <p>Diabetes is also called diabetes mellitus or “high blood sugar”.</p> <p>If the respondent does not understand the term “diabetes”, describe the condition as a chronic (or long-term) condition whereby a person has problems producing insulin. Insulin helps to turn what we eat into the energy we need to survive and to maintain the correct levels of sugar in our blood. People with diabetes eventually develop a high blood sugar level, which can lead to problems with blood vessels, eyes, kidneys, nerves and heart.</p> |
| 5022 | Arthritis | <p>Arthritis is a disease of joints (for example, fingers/wrists, knees, hips, lower back). Common symptoms are swelling, stiffness, redness, heat and/or pain.</p> <p>If the respondent does not understand the term “Arthritis”, describe the common symptoms: swelling, stiffness, redness, heat and/or pain in fingers/wrists, knees, hips, lower back.</p> |
| 5023 | Heart disease, coronary disease, heart attack | <p>Heart disease or angina (angina pectoris) is a symptom indicating chronic heart disease.</p> <p>If the respondent does not understand the terms, describe the condition as the presence of temporary pain in the chest that can radiate to other parts of the upper body, mainly to the left arm.</p> |
| 5024 | Chronic Bronchitis/emphysema | <p>Chronic bronchitis is part of a breathing disease called COPD (Chronic Obstructive Pulmonary Disease). Bronchitis means swelling in the air passages that connect the windpipe (trachea) and lungs. This inflammation means the walls of the bronchi are swollen and filled with extra sticky mucus. Airflow into and out of the lungs is partly blocked because of the swelling and extra mucus.</p> <p>Emphysema is also part the lung disease called COPD. The place in the lungs where oxygen is exchanged is damaged - and usually means the person has shortness of breath and a barrel-shaped chest.</p> |

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| | | If the respondent does not understand the term “chronic lung disease”, describe it as problems with breathing - usually including cough and sputum production. This does not include asthma. |
| 5025 | Asthma, allergic respiratory disease | <p>Asthma is a disease characterized by recurrent attacks of breathlessness and wheezing, which vary in severity and frequency from person to person. In an individual, they may occur from hour to hour and day to day. This condition is due to inflammation of the air passages in the lungs and affects the sensitivity of the nerve endings in the airways so they become easily irritated. In an attack, the lining of the passages swell causing the airways to narrow and reducing the flow of air in and out of the lungs.</p> <p>If the respondent does not understand the term “asthma”, describe it as recurrent attacks of breathlessness and wheezing.</p> |
| 5026 | Back pain/disc problems | <p>Back pain is pain felt in the back that may have a sudden onset or can be a chronic. It can be constant or intermittent, stay in one place or radiate to other areas. It may be a dull ache, or a sharp or piercing or burning sensation. The pain may radiate into the arms and hands as well as the legs or feet, and may include symptoms other than pain. These symptoms may include tingling, weakness or numbness.</p> |
| 5027 | Migraine (Recurrent Headaches) | <p>Migraine is a primary headache disorder that most often begins at puberty and most affects those aged between 35 and 45 years. It is caused by the activation of a mechanism deep in the brain that leads to release of pain-producing inflammatory substances around the nerves and blood vessels of the head. Migraine is recurrent, often life-long, and characterized by attacks. Attacks include features such as headache of moderate or severe intensity; nausea (the most characteristic); one-sided and/or pulsating quality; aggravated by routine physical activity; with duration of hours to 2-3 days; attack frequency is anywhere between once a year and once a week.</p> <p>If the respondent does not understand the term “migraine”, describe it as recurrent headaches of moderate or severe intensity, of long duration, and usually including nausea.</p> |
| 5028 | Stroke (Cerebral bleeding) | <p>Strokes are caused by disruption of the blood supply to the brain. This may result from either blockage (ischaemic stroke) or rupture of a blood vessel (haemorrhagic stroke).</p> <p>If the respondent does not understand "stroke" explain that it is an injury to the brain – usually a sudden and severe attack. It can cause permanent or temporary paralysis (inability to move, usually down one side of the body) and loss of speech.</p> |
| 5029 | Depression or Anxiety | <p>"Depression" can be characterized by a feeling or spell of dismally low spirits: blues, dejection, despondence, doldrums, downheartedness, dumps, funk, gloom, glumness, heavy-heartedness, melancholy, miserable, mournfulness, unhappiness over</p> |

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| | | <p>a period of time (weeks, months or years). Although depression is common, it often goes undetected because it may be attributed to a person's physical, social or economic difficulties.</p> <p>"Anxiety" is an unpleasant state of inner turmoil, often accompanied by nervous behavior, such as pacing back and forth, somatic complaints and rumination. Anxiety is a feeling of fear, worry, and uneasiness, usually generalized and unfocused as an overreaction to a situation that is only subjectively seen as menacing. It is often accompanied by restlessness, fatigue, problems in concentration, and muscular tension</p> |
| 5030 | Amputation | Amputation is the removal of a body extremity by trauma, or surgery. As a surgical measure, it is used to control pain or a disease process in the affected limb, such as malignancy or gangrene. A transplant or prosthesis are the only options for recovering the loss. |
| 5031 | Polio | Poliomyelitis (polio) is a highly infectious viral disease, which mainly affects young children. Initial symptoms of polio include fever, fatigue, headache, vomiting, stiffness in the neck, and pain in the limbs. In a small proportion of cases, the disease causes paralysis, which is often permanent. Polio can only be prevented by immunization. |
| 5032 | Gastritis or ulcer | Gastritis is an inflammation of the lining of the stomach, and has many possible causes. Main acute causes are excessive alcohol consumption or prolonged use of nonsteroidal anti-inflammatory drugs (NSAIDs) such as aspirin or ibuprofen. Chronic causes are infection with bacteria, primarily <i>Helicobacter pylori</i> , chronic bile reflux, and stress; certain autoimmune disorders can cause gastritis as well. Abdominal pain is the most common symptom; the pain may be dull, vague, burning, aching, gnawing, sore, or sharp. |
| 5033 | Tumour/cancer (including blood cancer) | Cancer is a generic term for a large group of diseases that can affect any part of the body. Other terms used are malignant tumours and neoplasms. One defining feature of cancer is the rapid creation of abnormal cells that grow beyond their usual boundaries, and which can then invade adjoining parts of the body and spread to other organs. This process is referred to as metastasis. |
| 5034 | Kidney diseases | Kidney diseases are disorders that affect the kidneys; the two organs that remove waste products, produce certain hormones, and regulate the level of chemicals in blood. There are at least six warning signs that may indicate kidney disease: burning or difficulty during urination; an increase in the frequency of urination; passage of blood in the urine; puffiness around the eyes, swelling of the hands and feet; pain in the small of the back just below the ribs; and high blood pressure. |
| 5035 | Skin diseases e.g. psoriasis | Skin diseases may have a serious impact on people's quality of life, causing lost productivity at work and school, and discrimination due to disfigurement. Skin changes may also indicate the presence of more serious diseases that need treatment. A common and chronic skin |

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| | | disease is for instance psoriasis. It is a build-up of excess skin tissue that looks red and thick and is covered with silvery scales. It first appears on the elbows and knees, but can spread to other parts of the limbs and even the trunk. Certain forms affect particular areas like the hands, scalp or the joints. |
| 5036 | Tuberculosis | Tuberculosis is an infectious disease caused by a bacterium and it usually affects the lungs, but all other body organs can also be involved (such as the central nervous system, bones and joints). Methods of detecting TB include examination of the sputum (that is, when a health care provider takes a sample of the substance spit out from a deep cough and sends it to a laboratory for analysis) or an X-ray picture of the chest. |
| 5037 | Mental (psychiatric) or behavioural disorders | Mental and behavioural disorders comprise a broad range of problems, with different symptoms. However, they are generally characterized by some combination of abnormal thoughts, emotions, behaviour and relationships with others. Examples are schizophrenia, depression, mental retardation and disorders due to drug abuse. Most of these disorders can be successfully treated. |
| 5038 | Sleep problems | Sleeping problems include problems falling asleep, waking up frequently during the night or waking up too early in the morning. |
| 5039 | Other (specify) | <ul style="list-style-type: none"> • Ask the respondent whether he or she has any other health condition or disease not mentioned in the list. • Write down the health condition or disease clearly and in CAPITALS. • Check spelling and use margins for additional space. |
| 5040 | Other (specify) | <ul style="list-style-type: none"> • Ask the respondent whether he or she has any other health condition or disease not mentioned in the list. • Write down the health condition or disease clearly and in CAPITALS. • Check spelling and use margins for additional space. |

5.7 MODULE 3000B PERSONAL ASSISTANCE, ASSISTIVE DEVICES AND FACILITATORS

This module asks detailed questions about assistance needs with day to day activities at home or outside, and aids and modifications used and needed.

The purpose of this module is to collect detailed information regarding the availability and need of personal assistance, aids and devices and facilitators.

Q3036- Q3039 PERSONAL ASSISTANCE

The table below provides guidelines for completing questions 3036 to 3039 that relate to personal assistance.

| Quest No. | Question | Guide for completion |
|-----------|------------------------|--|
| 3011 | Filter Question | Check Q3011 (with personal assistance): If "YES" in Q3011, go to Q3036; otherwise skip to Q3039. |
| 3036 | You told me that there | <ul style="list-style-type: none"> • This question determines how many people assisting the |

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| | are people assisting you. How many of these people are paid or belong to charity organizations? | <p>respondent are paid helpers, such as home nurses, social services workers or employees of charities.</p> <ul style="list-style-type: none"> Record the number of persons. |
| 3037 | How many of these people are not paid, such as family members, friends or volunteers? | <ul style="list-style-type: none"> This question determines how many people assisting the respondent are non-paid helpers, such as family members, friends, neighbours or volunteers. Record the number of persons. |
| 3038 | You told me that there are people assisting you. Do you think you need additional assistance with your day to day activities at home or outside? | <ul style="list-style-type: none"> This question determines the need of more people to assist the respondent with day to day activities at home or outside, such as cleaning, washing oneself, cooking, shopping or using transportation, including family and friends but also paid helpers. Encircle the appropriate response: 1=YES; 2=NO Any response, skip to 3039A |
| 3039 | You told me that there are no people assisting you. Do you think you need someone to assist you? | <ul style="list-style-type: none"> This question determines the need of people to assist the respondent with day to day activities at home or outside, such as cleaning, washing oneself, cooking, shopping or using transportation, including family and friends but also paid helpers. Encircle the appropriate response: 1=YES; 2=NO |

3039A FILTER

Check Q3012 (use any aids). If “YES” in Q3012, go to Q3040; otherwise skip to Q3043.

Q3040- Q3074 ASSISTIVE DEVICES

The table below provides guidelines for completing questions 3040 to 3074 that relate to assistive devices.

| Quest No. | Question | Guide for completion |
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| 3039A | Filter Question | <p>Check Q3012 (use any aids):</p> <p>If 1=YES in Q3012, go to Q3040; otherwise skip to Q3043.</p> |
| 3040 | You told me you use assistive devices. Do you use any to help you get around or for self-care? | <ul style="list-style-type: none"> This question determines the use of any aids/assistive devices such as cane, crutch, wheelchair, grasping bars hand, and arm brace to help the person get around or for self-care. Response options: If 1=YES go to the next question; If 2=NO skip to Q3043. |
| 3041 | Which ones do you use? | <ul style="list-style-type: none"> This question determines which aids/assistive devices such as cane, crutch, wheelchair, grasping bars hand, and arm brace, the person use/s to get around or for self-care. Read aloud all response options (SHOWCARD 3005) to the respondent Encircle all appropriate response options. More than one option can be selected. |

| Quest No. | Question | Guide for completion |
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| 3042 | In addition to these, do you think you need other aids to help you get around or for self-care? | <ul style="list-style-type: none"> • This question determines whether the person needs any additional aids/assistive devices to help get around or for self-care • Read aloud all response options (SHOWCARD 3005) to the respondent • Encircle all appropriate response options. More than one option can be selected. • Any response, skip to Filter Question 3044A |
| 3043 | You told me you do not use aids to help you get around and for self-care. Do you think you need any? | <ul style="list-style-type: none"> • This question determines whether the person needs any aids/assistive devices to help get around or for self-care. • Response options: If 1=YES go to the next question; If 2=NO skip to Filter Question 3044A. |
| 3044 | Which are the assistive devices you need to help you get around or for self-care? | <ul style="list-style-type: none"> • Read aloud all response options (SHOWCARD 3005) to the respondent • Encircle all appropriate response options. More than one option can be selected. |
| 3044A | Filter Question | Check 3012 (use any aids/assistive devices): If 1=YES in 3012, go to 3045; otherwise, skip to 3048. |
| 3045 | Do you use any assistive devices to help you manage any problem in your sense of seeing? | <ul style="list-style-type: none"> • This question determines the use of any aids/assistive devices such as glasses or contact lenses, Braille reading materials, or talking books to help the person manage any problem in his/her sense of seeing. • Response options: If 1=YES go to the next question; If 2=NO skip to Filter Question 3048. |
| 3046 | Which ones do you use? | <ul style="list-style-type: none"> • This question determines which aids/assistive devices such as glasses or contact lenses, Braille reading materials, or talking books to help the person manage any problem in his/her sense of seeing. • Read aloud all response options (SHOWCARD 3006) to the respondent • Encircle all appropriate response options. More than one option can be selected. |
| 3047 | In addition to these, do you think you need any other thing to help you see better? | <ul style="list-style-type: none"> • This question determines the need of any additional aids/assistive devices such as glasses or contact lenses, Braille reading materials, or talking books to help the person manage any problem in his/her sense of seeing. • Read aloud all response options (SHOWCARD 3006) to the respondent • Encircle all appropriate response options. More than one option can be selected. • Any response, skip to Filter Question 3049A |

| Quest No. | Question | Guide for completion |
|------------------|--|--|
| 3048 | You told me you do not use anything to help you see better. Do you think you need any assistive devices? | <ul style="list-style-type: none"> • This question determines whether the person needs any aids/assistive devices such as glasses or contact lenses, Braille reading materials, or talking books to see better. • Response options: If 1=YES go to the next question; If 2=NO skip to Filter Question 3049A. |
| 3049 | Which are the assistive devices for seeing that you need? | <ul style="list-style-type: none"> • This question determines the need of any additional aids/assistive devices such as glasses or contact lenses, Braille reading materials, or talking books to help the person manage any problem in his/her sense of seeing. • Read aloud all response options (SHOWCARD 3006) to the respondent • Encircle all appropriate response options. More than one option can be selected. |
| 3049A | Filter Question | Check 3012 (use any aids/assistive devices): If 1=YES in 3012, go to 3050; otherwise, skip to 3053. |
| 3050 | Do you use any to help you to hear or communicate better? | <ul style="list-style-type: none"> • This question determines the use of any aids/assistive devices such as hearing aids, phone related devices, amplifiers or a visual or vibrating alarm to help the person hear or communicate better. • Response options: If 1=YES go to the next question; If 2=NO skip to Q3053. |
| 3051 | Which ones do you use? | <ul style="list-style-type: none"> • This question determines the use of any aids/assistive devices such as hearing aids, phone related devices, amplifiers or a visual or vibrating alarm to help the person hear or communicate better. • Read aloud all response options (SHOWCARD 3007) to the respondent • Encircle all appropriate response options. More than one option can be selected. |
| 3052 | In addition to these, do you think you need other things to help you hear and communicate better? | <ul style="list-style-type: none"> • This question determines the use of any aids/assistive devices such as hearing aids, phone related devices, amplifiers or a visual or vibrating alarm to help the person hear or communicate better. • Read aloud all response options (SHOWCARD 3007) to the respondent • Encircle all appropriate response options. More than one option can be selected. • Any response, skip to Filter Question 3054A |
| 3053 | You told me you do not use assistive devices for hearing and communication. Do you think you need any assistive devices? | <ul style="list-style-type: none"> • This question determines the use of any aids/assistive devices such as hearing aids, phone related devices, amplifiers or a visual or vibrating alarm to help the person hear or communicate better. • Response options: If 1=YES go to the next question; If 2=NO skip to Filter Question 3054A. |

| Quest No. | Question | Guide for completion |
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| 3054 | Which are the assistive devices for hearing and communication you need? | <ul style="list-style-type: none"> • This question determines the use of any aids/assistive devices such as hearing aids, phone related devices, amplifiers or a visual or vibrating alarm to help the person hear or communicate better. • Read aloud all response options (SHOWCARD 3007) to the respondent • Encircle all appropriate response options. More than one option can be selected. |
| 3054A | Filter Question | Check Q2005 (current work situation): If Q2005=2-9, go to 3055; otherwise, skip to 3059A. |
| 3055 | Are there any aids or modifications such as computer with large print or voice recognition, adjustable height desks or modified working hours that make it easier for you to work? | <ul style="list-style-type: none"> • This question determines whether the person has aids/assistive devices or modifications such as computer with large print or voice recognition, adjustable height desks or modified working hours that make it easier for the person to work. • Response options: If 1=YES go to the next question; If 2=NO go to Q3058 and if 3=NOT AVAILABLE skip to Filter Question 3059A. |
| 3056 | Which ones do you use? | <ul style="list-style-type: none"> • This question determines whether the person has aids/assistive devices or modifications such as computer with large print or voice recognition, adjustable height desks or modified working hours that make it easier for the person to work. • Read aloud all response options (SHOWCARD 3008) to the respondent • Encircle all appropriate response options. More than one option can be selected. |
| 3057 | In addition to these, do you think there are any other things that would make it easier for you to work? | <ul style="list-style-type: none"> • This question determines whether the person has aids/assistive devices or modifications such as computer with large print or voice recognition, adjustable height desks or modified working hours that make it easier for the person to work. • Read aloud all response options (SHOWCARD 3008) to the respondent • Encircle all appropriate response options. More than one option can be selected. • Any response, skip to Filter Question 3059A |
| 3058 | You told me you are not using any aids or modifications that make it easier for you to work. Do you think you need any aid or modification? | <ul style="list-style-type: none"> • This question determines whether the person has aids/assistive devices or modifications such as computer with large print or voice recognition, adjustable height desks or modified working hours that make it easier for the person to work. • Response options: If 1=YES go to the next question; If 2=NO skip to Filter Question 3059A. |

| Quest No. | Question | Guide for completion |
|-----------|---|--|
| 3059 | Which are the aids or modifications you need that make it easier for you to work? | <ul style="list-style-type: none"> • This question determines whether the person has aids/assistive devices or modifications such as computer with large print or voice recognition, adjustable height desks or modified working hours that make it easier for the person to work. • Read aloud all response options (SHOWCARD 3008) to the respondent • Encircle all appropriate response options. More than one option can be selected. |
| 3059A | Filter Question | Check 2002 (main reason for not working): If Q2002=2, go to 3060; otherwise, skip to 3065. |
| 3060 | Are there any aids or modifications such as portable spell checkers, extra time for exams or accessible classrooms that make it easier for you to get an education? | <ul style="list-style-type: none"> • The question determines if there are any aids/assistive devices or modifications such as portable spell checkers, extra time for exams or accessible classrooms that make it easier to get an education. • Response options: If 1=YES go to the next question; If 2=NO go to Q3063 and if 3=NOT AVAILABLE skip to Q3065. |
| 3061 | Which ones do you use? | <ul style="list-style-type: none"> • The question determines if there are any aids/assistive devices or modifications such as portable spell checkers, extra time for exams or accessible classrooms that make it easier to get an education. • Read aloud all response options (SHOWCARD 3009) to the respondent • Encircle all appropriate response options. More than one option can be selected. |
| 3062 | In addition to these, do you think there are any other things that would make it easier for you to get an education? | <ul style="list-style-type: none"> • The question determines if there are any aids/assistive devices or modifications such as portable spell checkers, extra time for exams or accessible classrooms that make it easier to get an education. • Read aloud all response options (SHOWCARD 3009) to the respondent • Encircle all appropriate response options. More than one option can be selected. • Any response, skip to Q3065 |
| 3063 | You told me you are not using any aids or modifications that make it easier for you to get an education. Do you think you need any aids or modifications? | <ul style="list-style-type: none"> • The question determines if there are any aids/assistive devices or modifications such as portable spell checkers, extra time for exams or accessible classrooms that make it easier to get an education. • Response options: If 1=YES go to the next question; If 2=NO skip to Filter Question 3065^a |
| 3064 | Which are the aids or modifications you need? | <ul style="list-style-type: none"> • The question determines if there are any aids/assistive devices or modifications such as portable spell checkers, extra time for exams or accessible classrooms that make it easier to get an education. |

| Quest No. | Question | Guide for completion |
|-----------|--|---|
| | | <ul style="list-style-type: none"> • Read aloud all response options (SHOWCARD 3009) to the respondent • Encircle all appropriate response options. More than one option can be selected. |
| 3065 | Are there any modifications such as ramps, grab bars, or any other accessibility features that make it easier for you to be at home? | <ul style="list-style-type: none"> • The question determines if there are any modifications such as ramps, grab bars, or any other accessibility features that make it easier to be at home. • Response options: If 1=YES go to the next question; If 2=NO skip to Q3068 |
| 3066 | Which ones do you use? | <ul style="list-style-type: none"> • The question determines if there are any modifications such as ramps, grab bars, or any other accessibility features that make it easier to be at home. • Read aloud all response options (SHOWCARD 3010) to the respondent • Encircle all appropriate response options. More than one option can be selected. |
| 3067 | In addition to these, do you think there are any other things that would make it easier for you at home? | <ul style="list-style-type: none"> • The question determines if there are any modifications such as ramps, grab bars, or any other accessibility features that make it easier to be at home. • Read aloud all response options (SHOWCARD 3010) to the respondent • Encircle all appropriate response options. More than one option can be selected. • Any response, skip to Q3070 |
| 3068 | You told me you have no aids or modifications that make it easier for you to be at home. Do you think you need any modifications? | <ul style="list-style-type: none"> • The question determines if there are any modifications such as ramps, grab bars, or any other accessibility features that make it easier to be at home. • Response options: If 1=YES, continue asking the next question; If 2=NO, skip to Q3070. |
| 3069 | Which are the modifications at home you need? | <ul style="list-style-type: none"> • The question determines which aids/assistive devices or modifications that make it easier to be at home are needed, such as ramps, grab bars, or any other accessibility features • Read aloud all response options (SHOWCARD 3010) to the respondent • Encircle all appropriate response options. More than one option can be selected. |
| 3070 | Are there any modifications such as accessible public transportation or accessible public toilets that make it easier for | <ul style="list-style-type: none"> • The question determines if there are any aids/assistive devices or modifications such as accessible public transportation or accessible public toilets that make it easier to participate in community • Response options: If 1=YES, continue asking the next question; If 2=NO, skip to Q3073. |

| Quest No. | Question | Guide for completion |
|-----------|--|---|
| | you to participate in community? | |
| 3071 | Which ones do you use? | <ul style="list-style-type: none"> • The question determines which aids/assistive devices or modifications such as accessible public transportation or accessible public toilets that make it easier to participate in community. • Read aloud all response options (SHOWCARD 3011) to the respondent • Encircle all appropriate response options. More than one option can be selected. |
| 3072 | In addition to these, do you think there are any other things that would make it easier for you to participate in activities outside your home? | <ul style="list-style-type: none"> • The question determines which additional aids/assistive devices or modifications such as accessible public transportation or accessible public toilets that make it easier to participate in community are needed. • Read aloud all response options (SHOWCARD 3011) to the respondent • Encircle all appropriate response options. More than one option can be selected. • Any response skip to Module 6000 |
| 3073 | You told me you have no modifications that make it easier for you to participate in the community. Do you think you need any modifications to make it easier to participate in the community? | <ul style="list-style-type: none"> • The question determines if any aids/assistive devices or modifications such as accessible public transportation or accessible public toilets that make it easier to participate in community are needed. • Response options: If 1=YES, continue asking the next question; If 2=NO, skip to Module 6000. |
| 3074 | Which are the modifications you need? | <ul style="list-style-type: none"> • The question determines which aids/assistive devices or modifications such as accessible public transportation or accessible public toilets that make it easier to participate in community are needed. • Read aloud all response options (SHOWCARD 3011) to the respondent. • Encircle all appropriate response options. More than one option can be selected. |

5.8 MODULE 6000 HEALTH CARE UTILIZATION

This module assesses respondents and the household's experiences with the health system. In particular, questions are asked about:

- Needing health care;
- Inpatient hospital care;
- Outpatient care and care at home; and,
- Responsiveness of health care professionals and systems to the respondent's health care needs.

Q6001-Q6003

The table below provides guidelines for completing questions 6001 to 6003 that relate to needing health care.

| Quest No. | Question | Guide for completion |
|-----------|---|--|
| 6001 | How long ago was the last time that you needed health care? | <ul style="list-style-type: none">• “Needed” means the last time the respondent felt she or he had a health problem and required a health professional.• Record the years and/or months.• If less than 1 month ago, enter “00” for months ago• If the response is years/months ago; skip to 6002A• If the response is “NEVER”, encircle 998; skip to Module 7000.• If response is “DONT KNOW”, encircle 888; continue asking the next question. |
| 6002 | Was it more than 3 years ago? | <ul style="list-style-type: none">• Ask only if the response in Q6001 is “DONT KNOW”.• Response options: If 1=YES, proceed to Module 7000. If 2=NO, skip to Q6003. |
| 6002A | Filter Question | Check Q6001: If Q6001= is more than 3 years or 36 months, go to Module 7000; otherwise, skip to Q6003. |
| 6003 | Thinking about health care you needed in the <u>last 3 years</u> , where did you go most often when you felt sick or needed to consult someone about your health? | <ul style="list-style-type: none">• Record only one location in which the respondent most frequently received health care over the last 3 years.• Read the response categories to the respondent only if he/she is having difficulty in responding.• Encircle the appropriate response option, only one answer is allowed. |

Q6004- Q6009

The table below provides guidelines for completing questions 6004 to 6009 that relate to health care that required an overnight stay in a health care facility over the last 3 years and health care received over the last 12 months.

| Quest No. | Question | Guide for completion |
|-----------|--|--|
| 6004 | In the last 3 years, have you ever stayed overnight in a hospital, rehabilitation facility or long-term care facility? | <ul style="list-style-type: none">• “Overnight” stays could be one night or longer in a hospital, health centre, health clinic, hospice or long-term care facility (old persons home, nursing home or rehabilitation center).• Encircle the appropriate response option.• Response options: If 5=No, skip to Q6010. (e.g. if the respondent stayed overnight when visiting someone in hospital or because a child of him/hers was in hospital, skip to Q6010.) Otherwise, continue asking the next |

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| | | question. |
| 6005 | When was the last overnight stay in a hospital, rehabilitation facility or long-term care facility? | <ul style="list-style-type: none"> • Ask respondent to try to remember when she/he had her/his last overnight stay (anytime in the last 3 years). • Record years and/or months. • If less than 1 month ago, enter “00” for months ago • If years is greater than 3 or months is greater than 36, skip to Q6010. • If she/he only knows a date, calculate how long ago and repeat back for verification. For example, if you are interviewing in November 2016 and the respondent says, “I think it was around January 2015”, you could calculate that date to say, “So that it was about 23 months ago”? Then continue asking Q6006. • If the response is 888=DON’T KNOW, skip to Q6010. |
| 6006 | <u>Over the last 12 months</u> , how many different times were you a patient in a hospital, rehabilitation facility or long-term care facility for at least one night? | <ul style="list-style-type: none"> • Enter the total number of times the respondent has stayed overnight in a health care facility because of her/his own health care needs or situation. • Emphasize the time frame - the number of overnight stays in the last 12 months from the day of the interview. • The overnight stay could be one night or multiple nights. • Response options: Encircle 00=NO OVERNIGHT STAY, skip to Q6010. • Encircle 88=DON’T KNOW; continue asking the next question. |
| 6007 | In the last 12 months, has there been a time when you needed to stay overnight in a health care facility but did not get that care? | <ul style="list-style-type: none"> • Response options: If 1=Yes, proceed to the next question; If 2=No, skip to Q6010. |
| 6008 | What was the main reason you needed care, but did not get care? | <ul style="list-style-type: none"> • Record only one main reason, i.e. which health problem, for not having received the needed care. • Encircle the appropriate response option, only one answer is allowed • If the respondent answer is not listed in the response options, select ‘OTHER, SPECIFY’ and write down the reason why you needed care in CAPITAL LETTERS. Check spelling and use margins for additional space. |
| 6009 | Which reason(s) best explains why you did not get health care? | <ul style="list-style-type: none"> • Encircle all appropriate response options. More than one option can be selected. • If the respondent answer is not listed in the response options, select ‘OTHER, SPECIFY’ and write down the reason why you did not get health care in CAPITAL LETTERS. Check spelling and use margins for additional space. |

Q6010 – Q6020 OUTPATIENT CARE AND CARE AT HOME

The table below provides guidelines for completing questions 6010 to 6020 that relate to health care received at a hospital (not including an overnight stay), health centre, clinic, private office or at home from a health care worker.

| Quest No. | Question | Guide for completion |
|-----------|---|--|
| 6010 | <u>Over the last 12 months</u> , did you receive any health care NOT including an overnight stay in hospital, rehabilitation facility or long-term care facility? | <ul style="list-style-type: none"> • Determine if the respondent received any outpatient or home health care. This could be health care received in a clinic, hospital, dispensary, private office or at home, for example, but care which does not necessitate an overnight stay by the respondent outside of their home. • The types of health care professionals they might have seen include a Medical Doctor (including gynaecologist, psychiatrist and other specialists), Nurse, Midwife, Dentist, Physiotherapist or chiropractor, Traditional medicine practitioner (herbolario), Pharmacist, or Home health visitor, to mention some common types of health care providers. • Response options: If 1=Yes, proceed to the next question; If 2=No, skip to Q6021. |
| 6011 | In total, how many times did you receive health care or consultation in the last 12 months? | <ul style="list-style-type: none"> • Record the number of times the respondent received medical care or consultation (outpatient or home setting) over the last 12 months. |
| 6012 | Thinking about your last visit to a health care facility in the last 12 months: Which facility did you visit? | <ul style="list-style-type: none"> • Encircle the health facility visited in the last 12 months. • If more than one health facility have been visited in the last 12 months record only the recent health facility visited. • If the respondent answer is not listed in the response options, select “OTHER, SPECIFY” and write down the reason why you did not get health care in CAPITAL LETTERS. Check spelling and use margins for additional space. • Encircle the appropriate response option, only one answer is allowed. |
| 6013 | What was the name of this health care facility? | <ul style="list-style-type: none"> • Write down the name of the health care facility used clearly and in CAPITAL LETTERS. Check spelling and use margins for additional space. |
| 6014 | Thinking about your last visit to a health care provider in the last 12 months: Who was the health care provider you visited? | <ul style="list-style-type: none"> • The types of health care professionals they might have seen which includes; Medical Doctor (including gynaecologist, psychiatrist and other specialists), Nurse, Midwife, Dentist, Physiotherapist or chiropractor, Traditional medicine practitioner (herbolario), Pharmacist, or Home health visitor, to mention some common types of health care providers. |

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| | | <ul style="list-style-type: none"> • Read the response categories to the respondent only if h/she is having difficulty in responding. • Encircle the appropriate response option, only one answer is allowed. • After this question substitute the type of health care provider selected by the patient when you see [HEALTH CARE PROVIDER] in parentheses. |
| 6015 | What was the sex of the [HEALTH CARE PROVIDER]? | <ul style="list-style-type: none"> • Substitute [HEALTH CARE PROVIDER] by the response to 6014 • Encircle the appropriate response option, 1=Male, 2=Female |
| 6016 | Was this visit to [HEALTH CARE PROVIDER] for a chronic (ongoing) condition, new condition, both or routine check-up? | <ul style="list-style-type: none"> • Substitute [HEALTH CARE PROVIDER] by the response to 6014 • Encircle the appropriate response option |
| 6017 | Which reason best describes why you needed the visit? | <ul style="list-style-type: none"> • Record only one main reason, i.e. which health problem, for not having received the needed care. • Read the response categories to the respondent only if he/she is having troubles responding. • Encircle the appropriate response option, one answer allowed. • If the respondents answer is not listed in the response options, select 'OTHER, SPECIFY' and write down the service used clearly and in CAPITALS. Check spelling and use margins for additional space. |
| 6018 | In the last 12 months, was there a time when you needed health care that did not require overnight stay in a health care facility, but did not get care? | <ul style="list-style-type: none"> • Response options: If 1=YES, proceed to the next question; If 2=NO, skip to Q6021. |
| 6019 | What was the main reason you needed care, even if you did not get care? | <ul style="list-style-type: none"> • Record only one main reason, e.g. which health problem, for not having received the needed care. • Read the response categories to the respondent only if he/she is having difficulty in responding. • Encircle the appropriate response option, one answer allowed • If the respondent answer is not listed in the response options, select "OTHER, SPECIFY" and write down the service used clearly and in CAPITAL LETTERS. Check spelling and use margins for additional space. |

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| 6020 | Which reason(s) best explains why you did not get health care? | <ul style="list-style-type: none"> Record all reasons that the respondent indicates Read the response categories to the respondent only if he/she is having difficulty in responding. If the respondent answer is not listed in the response options, select "OTHER, SPECIFY" and write down the service used clearly and in CAPITAL LETTERS. Check spelling and use margins for additional space. |
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Q6021- Q6029 RESPONSIVENESS OF HEALTH CARE SYSTEM

Questions 6021 to 6029 target the respondent's opinion about and satisfaction with the health care in their country.

| Quest No. | Question | Guide for Completion |
|--|---|---|
| For your last visit to a health care provider, how would you rate the following: | | |
| 6021 | ... the amount of time you <u>waited</u> before being attended to? | <ul style="list-style-type: none"> Respondent should rate the amount of time waited before being attended in the last visit to a health care provider. Read the response categories (SHOWCARD 6001) to the respondent and encircle the appropriate response option. |
| 6022 | ...your experience of <u>being treated respectfully</u> ? | <ul style="list-style-type: none"> Respondent should rate how respectful they were treated in the last visit to a health care provider. Read the response categories (SHOWCARD 6001) to the respondent and encircle the appropriate response option. |
| 6023 | ...how <u>clearly</u> health care providers <u>explained</u> things to you? | <ul style="list-style-type: none"> Respondent should rate how clearly health care providers explained things to them in the last visit to a health care provider. Read the response categories (SHOWCARD 6001) to the respondent and encircle the appropriate response option. |
| 6024 | ...your experience of being <u>involved in making decisions</u> for your treatment? | <ul style="list-style-type: none"> Respondent should rate their experience of being involved in decisions about treatment in the last visit to a health care provider. Read the response categories (SHOWCARD 6001) to the respondent and encircle the appropriate response option. |
| 6025 | ...the way the health services ensured that you could <u>talk privately</u> to a health care providers? | <ul style="list-style-type: none"> Respondent should rate privacy and discretion ensured in last visit to a health care provider. Read the response categories (SHOWCARD 6001) to the respondent and encircle the appropriate response option. |
| 6026 | ...the ease with which you could see a health care provider you were happy with? | <ul style="list-style-type: none"> Respondent should rate how easy it was to see the health care provider whom they want in their last visit. Read the response categories (SHOWCARD 6001) to the respondent and encircle the appropriate response option. |

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| 6027 | ...the <u>cleanliness</u> in the health facility? | <ul style="list-style-type: none"> • Respondent should rate the cleanliness in the health facility during their last visit. • Read the response categories (SHOWCARD 6001) to the respondent and encircle the appropriate response option. |
| The final two (2) questions in this module ask about the respondent's satisfaction with the health system in our country. | | |
| 6028 | In general, how satisfied are you with how the health care services are run in our country (in your area) – are you very satisfied, satisfied, neither satisfied nor dissatisfied, fairly dissatisfied, or very dissatisfied? | <ul style="list-style-type: none"> • This question generates a report of the overall level of satisfaction with the state of health care in their country. • Encircle the appropriate response option (SHOWCARD 6002). |
| 6029 | How would you rate the way health care in our country involves you in deciding what services it provides and where it provides them? | <ul style="list-style-type: none"> • This question wants to find out how easy it is for a citizen to get involved in making decisions that would affect the structure of the health system. • Encircle the appropriate response option (SHOWCARD 6002). |

5.9 MODULE 7000 WELL-BEING

This module covers the respondent's thoughts about their life and well-being, including loneliness feelings. It includes the following three main assessments:

- Quality of life
- Loneliness
- Subjective well-being

Attention was paid to include a short but informative module about quality of life, and well-being. In summary, this module will take a maximum of 10 minutes of interview time.

QUALITY OF LIFE

WHO defines Quality of Life (QoL) as an individual's perception of her/his position in life in the context of the culture and value systems in which he/she lives and in relation to his/her goals, expectations, standards and concerns. It is a broad ranging concept affected in a complex way by the person's physical health, psychological state, personal beliefs, social relationships and her/his relationship to salient features of their environment.

The WHO Quality of Life (WHOQOL) instrument is used to measure QoL. The WHOQOL has been designed for multiple cultural settings while allowing the results from different populations and countries to be compared. The questions have many uses, including use in medical practice, research, audit, and in policy making. The eight included questions are suitable for calculating a quality of life score.

LONELINESS

Four items of the UCLA Loneliness Scale, designed to measure one's subjective feelings of loneliness as well as feelings of social isolation are included.

WELL-BEING

Subjective well-being is assessed with the day reconstruction method and a newly developed experienced well-being measure, the Hedonic Well-being (HWB12), by Jacqui Smith and Arthur Stone (2011), a measure of 12 overall experiences of hedonic well-being referring to the previous day.

Q7001 - Q7008

The table below provides guidelines for completing questions 7001 to 7008.

| Quest No. | Question | Guide for completion |
|-----------|---|--|
| 7001 | In the <u>past 30 days</u> , how would you <u>rate your quality of life</u> ? | <ul style="list-style-type: none">• Examine the way a respondent assesses his/her overall quality of life.• Read the response options (SHOWCARD 6001) to the respondent and ask the respondent to choose the best one. |
| 7002 | How <u>satisfied</u> are you <u>with your health</u> ? | <ul style="list-style-type: none">• Examine the way a respondent assesses his/her overall health.• Read the response options (SHOWCARD 6002) to the respondent and ask the respondent to choose the best one. |
| 7003 | How <u>satisfied</u> are you <u>with your ability to perform your daily living activities</u> ? | <ul style="list-style-type: none">• Explore the respondent's ability to perform usual daily living activities. Daily living activities include: self-care and caring appropriately for property.• Focus on the respondent's ability to carry out activities which he/she is likely to need to perform on a day-to-day basis.• The degree to which people are dependent on others to help them in their daily activities are also likely to affect their quality of life.• Read the response options (SHOWCARD 6002) to the respondent and ask the respondent to choose the best one. |
| 7004 | How <u>satisfied</u> are you <u>with yourself</u> ? | <ul style="list-style-type: none">• Determine how the respondent feels about himself/herself. Responses may range from feeling very positive (very satisfied) to feeling extremely negative (very dissatisfied) about himself/herself.• Respondents may interpret this question in a way that is meaningful and relevant to her/his position in life. For example, self-esteem may depend on how a respondent functions at work; at home or how he/she is perceived and treated by others.• Read the response options (SHOWCARD 6002) to the respondent and ask the respondent to choose the best one. |

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| 7005 | How <u>satisfied</u> are you with your <u>personal relationships</u> ? | <ul style="list-style-type: none"> • Determine the extent to which the respondent feels the companionship, love and support they desire from the intimate relationship(s) in their life. • Include all types of loving relationships, such as close friendships, marriages and both heterosexual and homosexual partnerships. • Determine the respondent's ability and opportunity to love, to be loved and to be intimate with others both emotionally and physically. Include: <ul style="list-style-type: none"> – The extent to which the respondent feels they can share moments of both happiness and distress with loved ones, and a sense of loving and being loved. – Physical aspects of intimacy such as hugging and touch. • Read the response options (SHOWCARD 6002) to the respondent and ask the respondent to choose the best one. |
| 7006 | How <u>satisfied</u> are you <u>with the conditions of your living place</u> ? | <ul style="list-style-type: none"> • Examine the principal place where a respondent lives (and at a minimum sleeps and keeps most of his/her possessions), and the way that this impacts on the person's life. • Assess the quality of the dwelling on the basis of being comfortable, as well as affording the person a safe place to reside. Factors to be considered: <ul style="list-style-type: none"> – Crowdedness; the amount of space available; cleanliness; opportunities for privacy; facilities available (such as electricity, toilet, running water); and the quality of the construction of the building (such as roof leaking and dampness). – Quality of the immediate neighbourhood around the home. • Phrase questions to include the usual word for 'home', where the person usually lives with his/her family. • Read the response options (SHOWCARD 6002) to the respondent and ask the respondent to choose the best one. |
| 7007 | Do you have <u>enough energy for everyday life</u> ? | <ul style="list-style-type: none"> • Determine the energy, enthusiasm and endurance the respondent has to perform daily living and other activities such as recreation. • Reports may range from disabling tiredness to adequate levels of energy, to feeling really alive. • Tiredness may result from a number of causes, for example: illness, problems with nerves, depression or over-exertion. • Read the response options (SHOWCARD 7001) to the respondent and ask the respondent to choose the best one. |
| 7008 | Do you have <u>enough money</u> to meet your needs? | <ul style="list-style-type: none"> • Ask this question regardless of the respondent's state of health or whether the person is employed or not. • Determine the respondent's view of how his/her |

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| | | <p>financial resources (and other exchangeable resources) and the extent to which these resources meet the needs for a healthy and comfortable life style.</p> <ul style="list-style-type: none"> • Focus on what the respondent can afford or cannot afford which might affect quality of life. • Individual interpretation of 'enough' and 'meeting my needs' may vary greatly. Ensure that questions are framed to allow this variation to be accommodated. • Read the response options (SHOWCARD 7001) to the respondent and ask the respondent to choose the best one. |
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WHOQOL item

Q7009 - Q7012

The table below provides guidelines for completing questions 7009 to 7012. Questions of this part belong to the UCLA Loneliness Scale and have been designed to measure one's subjective feelings of loneliness as well as feelings of social isolation.

| Quest No. | Question | Guide for completion |
|-----------|---|--|
| 7009 | How alone do you feel in your life? | <ul style="list-style-type: none"> • This question intends to measure one's subjective feelings of loneliness as well as feelings of social isolation. • Read aloud the response options (SHOWCARD 7002) to the respondent and encircle the appropriate response option. |
| 7010 | First, how often do you feel that you lack companionship? | <ul style="list-style-type: none"> • This question intends to capture lack of companionship. • Read aloud the response options (SHOWCARD 7002) to the respondent and encircle the appropriate response option. |
| 7011 | How often do you feel left out? | <ul style="list-style-type: none"> • This question captures feeling being left out by others. • Read aloud the response options (SHOWCARD 7002) to the respondent and encircle the appropriate response option. |
| 7012 | How often do you feel isolated from others? | <ul style="list-style-type: none"> • This question captures feeling isolated from others. • Read aloud the response options (SHOWCARD 7002) to the respondent and encircle the appropriate response option. |

Based on UCLA Loneliness Scale

Q7013 -Q7026

The table below provides guidelines for completing questions 7013 to 7026. Before the interview begins, it is important to ask the respondent to take a few quiet seconds to recall his or her activities and experiences yesterday. It is also important to repeat "YESTERDAY" and all response categories at least twice when asking questions 7014 to 7026.

| Quest No. | Question | Guide for completion |
|-----------|---|--|
| 7013 | To begin, please tell me what time you woke up <u>yesterday</u> ? | <ul style="list-style-type: none"> The respondent may not know exactly when he/she woke up, so ask him/her to give her/his best guess if she/he is reluctant to answer. |
| 7014 | And what time did you go to sleep <u>yesterday</u> ? | <ul style="list-style-type: none"> The respondent may not know exactly when he/she went to sleep for the night, so ask him/her to give his/her best guess if he/she is reluctant to answer. |
| 7015 | <u>Yesterday</u> , did you feel happy? Would you say not at all, a little, somewhat, quite a bit, or very [happy?] | <ul style="list-style-type: none"> Read aloud the question to the respondent and encircle the appropriate response option (SHOWCARD 7003). |
| 7016 | <u>Yesterday</u> , did you feel enthusiastic? | <ul style="list-style-type: none"> Read aloud the question to the respondent and encircle the appropriate response option (SHOWCARD 7003). |
| 7017 | <u>Yesterday</u> , did you feel content? | <ul style="list-style-type: none"> Read aloud the question to the respondent and encircle the appropriate response option (SHOWCARD 7003). |
| 7018 | <u>Yesterday</u> , did you feel angry? | <ul style="list-style-type: none"> Read aloud the question to the respondent and encircle the appropriate response option (SHOWCARD 7003). |
| 7019 | <u>Yesterday</u> , did you feel frustrated? | <ul style="list-style-type: none"> Read aloud the question to the respondent and encircle the appropriate response option (SHOWCARD 7003). |
| 7020 | <u>Yesterday</u> , did you feel tired? | <ul style="list-style-type: none"> Read aloud the question to the respondent and encircle the appropriate response option (SHOWCARD 7003). |
| 7021 | <u>Yesterday</u> , did you feel sad? | <ul style="list-style-type: none"> Read aloud the question to the respondent and encircle the appropriate response option (SHOWCARD 7003). |
| 7022 | <u>Yesterday</u> , did you feel stressed? | <ul style="list-style-type: none"> Read aloud the question to the respondent and encircle the appropriate response option (SHOWCARD 7003). |
| 7023 | <u>Yesterday</u> , did you feel lonely? | <ul style="list-style-type: none"> Read aloud the question to the respondent and encircle the appropriate response option (SHOWCARD 7003). |
| 7024 | <u>Yesterday</u> , did you feel worried? | <ul style="list-style-type: none"> Read aloud the question to the respondent and encircle the appropriate response option (SHOWCARD 7003). |
| 7025 | <u>Yesterday</u> , did you feel bored? | <ul style="list-style-type: none"> Read aloud the question to the respondent and encircle the appropriate response option (SHOWCARD 7003). |
| 7026 | <u>Yesterday</u> , did you feel pain? | <ul style="list-style-type: none"> Read aloud the question to the respondent and encircle the appropriate response option (SHOWCARD 7003). |

HWB12 item

5.10 MODULE 8000-EMPOWERMENT

This module covers aspects of empowerment and an assessment of personality traits.

SELF-PERCEPTION AND PERSONALITY

The questions about empowerment aspects and personality traits include:

- Two questions of General Self-Efficacy Scale (GSES), proven to deliver enough information on self-efficacy, i.e., the extent to which people believe in their ability to deal with barriers and adversities.
- Two items of the Attitudes to Disability Scale (ADS), subscale gains, which have an explicitly positive focus and reflect positive gains in relation to self.
- The complete short version of the Big Five Inventory (BFI) is used to measure personality traits.
- Additionally, the Disability Module of the WHOQOL-BREF is used to estimate the impact of the disability experience on quality of life. Six items of Disability Module of the WHOQOL-BREF, questions 8005 to 8010, are included in the present module and can be used together with five further items, questions 3026 to 3030 of Module 3000A, to estimate a score of the impact of the disability experience on quality of life. All questions of the Disability Module of the WHOQOL-BREF but two can be found in the NDPS: The very first question about “Does your disability have a negative (bad) effect on your day-to-day life?” and the item “Are you satisfied with your changes to be involved in local activities?” have not been included.

| Quest No. | Question | Guide for completion |
|--|---|---|
| To what extent would you agree with the following statements about you? | | |
| 8001 | To what extent would you agree with the statement that you are a reserved person? | <ul style="list-style-type: none">• This question measures personality aspects.• Read aloud the response options (SHOWCARD 8001) to the respondent and encircle the appropriate response option. |
| 8002 | To what extent would you agree with the statement that you are a generally trusting person? | <ul style="list-style-type: none">• This question measures personality aspects.• Read aloud the response options (SHOWCARD 8001) to the respondent and encircle the appropriate response option. |
| 8003 | To what extent would you agree with the statement that you tend to be a lazy person? | <ul style="list-style-type: none">• This question measures personality aspects.• Read aloud the response options (SHOWCARD 8001) to the respondent and encircle the appropriate response option. |
| 8004 | To what extent would you agree with the statement that you are a relaxed person, a person that handles stress well? | <ul style="list-style-type: none">• This question measures personality aspects.• Read aloud the response options (SHOWCARD 8001) to the respondent and encircle the appropriate response option. |
| 8005 | To what extent would you agree with the statement that you are a person who has few artistic interests? | <ul style="list-style-type: none">• This question measures personality aspects.• Read aloud the response options (SHOWCARD 8001) to the respondent and encircle the appropriate response option. |
| 8006 | To what extent would you agree with the statement that you are an outgoing, sociable person? | <ul style="list-style-type: none">• This question measures personality aspects.• Read aloud the response options (SHOWCARD 8001) to the respondent and encircle the appropriate response option. |

| | | |
|------|--|--|
| 8007 | To what extent would you agree with the statement that you are a person who tends to find fault with others? | <ul style="list-style-type: none"> This question measures personality aspects. Read aloud the response options (SHOWCARD 8001) to the respondent and encircle the appropriate response option. |
| 8008 | To what extent would you agree with the statement that you are a person who does a thorough job? | <ul style="list-style-type: none"> This question measures personality aspects. Read aloud the response options (SHOWCARD 8001) to the respondent and encircle the appropriate response option. |
| 8009 | To what extent would you agree with the statement that you are a person who gets nervous easily? | <ul style="list-style-type: none"> This question measures personality aspects. Read aloud the response options (SHOWCARD 8001) to the respondent and encircle the appropriate response option. |
| 8010 | To what extent would you agree with the statement that you are a person who has an active imagination? | <ul style="list-style-type: none"> This question measures personality aspects. Read aloud the response options (SHOWCARD 8001) to the respondent and encircle the appropriate response option. |

Big Five Inventory (BFI)

| Quest No. | Question | Guide for completion |
|--|---|--|
| Now I would like to ask some questions about how you see yourself. | | |
| 8011 | To what extent are you confident you can find the <u>means and ways to get what you want</u> if someone opposes you? <small>General Self-Efficacy Scale (GSES) item</small> | <ul style="list-style-type: none"> This question measures confidence in getting what the persons wants in the face of obstacles, such as the presence of a person opposing to oneself. Read aloud the response options (SHOWCARD 7001) to the respondent and encircle the appropriate response option. |
| 8012 | To what extent are you confident that you could <u>deal efficiently with unexpected events</u> ? <small>General Self-Efficacy Scale (GSES) item</small> | <ul style="list-style-type: none"> This question measures confidence in dealing with unexpected events. Read aloud the response options (SHOWCARD 7001) to the respondent and encircle the appropriate response option. |
| 8013 | Do you think that the problems you have told me about have made you a stronger person? <small>Based on an Attitudes to Disability Scale (ADS) item, Scale 3, gains</small> | <ul style="list-style-type: none"> This question intends to capture positive implications of living with disability like personal growth. Read aloud the response options (SHOWCARD 7001) to the respondent and encircle the appropriate response option. |
| 8014 | Do you think that the problems you have told me about have made you more determined to reach your goals? <small>Based on an Attitudes to Disability Scale (ADS) item, Scale 3, gains</small> | <ul style="list-style-type: none"> This question intends to capture positive implications of living with disability like personal growth. Read aloud the response options (SHOWCARD 7001) to the respondent and encircle the appropriate response option. |

| | | |
|------|---|---|
| 8015 | <p>Do you need someone to stand up for you when you have problems?</p> <p>Based on Disability Module of the WHOQOL-BREF</p> | <ul style="list-style-type: none"> • Read aloud the response options (SHOWCARD 7001) to the respondent and encircle the appropriate response option. |
| 8016 | <p>Do you worry about what might happen to you in the future? For example, thinking about not being able to look after yourself, or being a burden to others in the future.</p> <p>Based on Disability Module of the WHOQOL-BREF</p> | <ul style="list-style-type: none"> • Read aloud the response options (SHOWCARD 7001) to the respondent and encircle the appropriate response option. |
| 8017 | <p>Do you feel in control of your life? For example, do you feel in charge of your life?</p> <p>Based on Disability Module of the WHOQOL-BREF</p> | <ul style="list-style-type: none"> • Read aloud the response options (SHOWCARD 7001) to the respondent and encircle the appropriate response option. |
| 8018 | <p>Are you satisfied with your ability to communicate with other people? For example, how you say things or get your point across, the way you understand others, by words or signs.</p> <p>Based on Disability Module of the WHOQOL-BREF</p> | <ul style="list-style-type: none"> • Read aloud the response options (SHOWCARD 7001) to the respondent and encircle the appropriate response option. |
| 8019 | <p>Are you satisfied with the opportunities you get for social activities? For example, with the chances you get to meet friends, go out for a meal, go to a party etc.</p> <p>Based on Disability Module of the WHOQOL-BREF</p> | <ul style="list-style-type: none"> • Read aloud the response options (SHOWCARD 7001) to the respondent and encircle the appropriate response option. |
| 8020 | <p>Do you feel that you will be able to achieve your dreams, hopes, and wishes?</p> <p>Based on Disability Module of the WHOQOL-BREF</p> | <ul style="list-style-type: none"> • Read aloud the response options (SHOWCARD 7001) to the respondent and encircle the appropriate response option. |

5.11 MODULE 9000-INTERVIEWER OBSERVATIONS

This module provides the interviewer with space to identify any issues or problems related to the interview or other associated factors for the selected household.

This information is important for the editing, cleaning and interpreting processes and will be used by the Field Editors, Supervisors and Principal Investigators.

Q9001–Q9004

The table below provides guidelines for completing questions 9001 to 9004.

| Quest No. | Question | Guide for completion |
|-----------|---|--|
| 9001 | WAS SOMEONE ELSE PRESENT DURING THE INTERVIEW? | If at any point during the interview, another person was present during the interview, Encircle “Yes”. This could be a household member or other person. This person may or may not have contributed to the interview - either way, indicate if a person was physically present. |
| 9002 | WHAT IS YOUR EVALUATION OF THE ACCURACY OF THE INFORMANT'S ANSWERS? | This is the interviewer's perception about the accuracy of the household informant's responses. |
| 9003 | WHAT IS YOUR ASSESSMENT OF THE RESPONDENT'S COOPERATION? | This is the interviewer's perception about the cooperation level of the household informant. |
| 9004 | COMMENTS: | This space is provided for any additional information related to the interview or the interviewing process. |

TIME INTERVIEW ENDED

Record the time the interview ended. Use the 24-hour system to record the time in hour and minutes.

CHAPTER 6: ACCOMPLISHING INTERVIEWER'S ASSIGNMENT SHEET

Your supervisor will brief you on your day's work and explain how to locate the households assigned to you. You should write the identification information of the households assigned to you on the Interviewer's Assignment Sheet (NDPS/MFS Form 3).

Discussed below are the detailed instructions on how to fill in the Interviewer's Assignment Sheet.

INSTRUCTIONS IN ACCOMPLISHING NDPS/MFS FORM 3

Columns 1 to 5 should be filled in before you go out to the sample area.

Columns 6 to 7 should be filled in after the household interview is completed and Columns 8 to 9, after each individual interview is completed.

- **Geographic Identification**

Write the geographic identification (region, province, city/municipality, barangay, and EA), in the spaces provided at the upper portion of the form.

- **Interviewer's Name**

Write your name as interviewer in the space provided.

- **Sheet ___ of ___ Sheets**

Fill in "Sheet ___ of ___ Sheets" on the upper right portion of the form. If only one sheet is used for the EA, write "Sheet 1 of 1 Sheet"; if two sheets were used, write "Sheet 1 of 2 Sheets" on the first sheet and "Sheet 2 of 2 Sheets" on the second sheet.

- **Household Serial Number (HSN)
NDPS Household Number**

Write the HSN and NDPS Household number in Columns 1 to 2 of the sample household, respectively. Copy the information from the List of Sample Housing Units and Sample Households.

- **Name of Household Head and Address**

Write the name of the household head in Column 3 and the address of the housing unit in Column 4.

- **Date Assigned**

Enter in Column 5 the date the sample household was assigned to you by your TS.

- **Household Interview**

Write the code for the final result of visit in Column 6 for the household interview.

In Column 7, write the date when the household interview was completed.

- **Individual Interview**

Write the code for the final result of visit in Column 8 for the individual interview.

In Column 9, write the date when the individual interview was completed.

- **Date Submitted**

In Column 10, write the date when the accomplished questionnaires were submitted to your TS.


- **Remarks**

In Column 11, write any comments/observations about the sample households/individual interviewed.

Use separate sheets for each enumeration area, These will be submitted to your TS after all the sample households in an EA have been covered.

Appendices

Attachment A – NDPS/MFS Form 1

|  | | NDPS/MFS FORM 1 PSA Approval No.: PSA-1635-01 Expires: 31 August 2017 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|---|---|---|---------------|--|--|--|--------------|--|--|--|------------|--|--|--|------------|--|--|--|--------------------|--|--|--|--------------------|--|--|--|---|--|--|
| Republic of the Philippines PHILIPPINE STATISTICS AUTHORITY MODEL FUNCTIONING SURVEY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| HOUSEHOLD QUESTIONNAIRE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CONFIDENTIALITY: This survey is authorized by Republic Act 10625. All data obtained cannot be used for taxation, investigation, or law enforcement purposes. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Booklet ____ of ____ Booklets | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| GEOGRAPHIC IDENTIFICATION AND OTHER INFORMATION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| REGION _____ PROVINCE _____ MUN/CITY _____ BARANGAY _____ EA HUSN HSN | | NDPS HOUSEHOLD NUMBER NO. OF HOUSEHOLDS IN THE HOUSING UNIT NAME OF HOUSEHOLD HEAD: _____ ADDRESS: _____ NAME AND LINE NO. OF RESPONDENT: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| INTERVIEW RECORD | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>VISIT/S</th> <th>1</th> <th>2</th> <th>3</th> </tr> <tr> <td>DATE OF VISIT</td> <td></td> <td></td> <td></td> </tr> <tr> <td>RESULT CODE*</td> <td></td> <td></td> <td></td> </tr> <tr> <td>TIME BEGAN</td> <td></td> <td></td> <td></td> </tr> <tr> <td>TIME ENDED</td> <td></td> <td></td> <td></td> </tr> <tr> <td>DATE OF NEXT VISIT</td> <td></td> <td></td> <td></td> </tr> <tr> <td>TIME OF NEXT VISIT</td> <td></td> <td></td> <td></td> </tr> </table> | VISIT/S | 1 | 2 | 3 | DATE OF VISIT | | | | RESULT CODE* | | | | TIME BEGAN | | | | TIME ENDED | | | | DATE OF NEXT VISIT | | | | TIME OF NEXT VISIT | | | | *RESULT CODES: 01 COMPLETED INTERVIEW 06 HOUSING UNIT DESTROYED/DEMOLISHED 02 REFUSAL 07 ADDRESS NOT A HOUSING UNIT 03 NO HOUSEHOLD MEMBER OR NO COMPETENT RESPONDENT AT HOME 08 HOUSING UNIT NOT FOUND 04 ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD OF TIME 09 CRITICAL/FLOODED AREA 05 VACANT HOUSING UNIT 10 OTHER (SPECIFY) _____ FINAL RESULT CODE* TOTAL NUMBER OF VISITS | | |
| VISIT/S | 1 | 2 | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DATE OF VISIT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RESULT CODE* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TIME BEGAN | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TIME ENDED | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DATE OF NEXT VISIT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TIME OF NEXT VISIT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| My name is _____ and I am working with the Philippine Statistics Authority. I am contacting you because we are conducting a survey on health in the Philippines and I would like to ask you a number of questions. Let me assure you that whatever information you tell us is completely confidential and will only be used for research purposes. The information we collect will help the government plan health services. As part of the survey, we would first like to ask some questions about your household. <i>Ako si _____ at ako po ay nagtatrabaho sa Philippine Statistics Authority. Ako po ay nakikipag-ugnayan sa inyo dahil nagsasagawa kami ng surbey tungkol sa kalusugan ng mga tao sa Pilipinas at gusto ko po kayong tanungin sa mga ilang bagay-bagay sa kalusugan. Nais ko pong siguruhin sa inyo na anumang impormasyong ibibigay ninyo ay mananatiling lihim at ito ay gagamiting lang para sa pananaliksik. Ang impormasyong aming makukuha ay makakatulong sa pagpapalano ng gobyerno sa serbisyong pang-kalusugan. Bilang bahagi ng surbey na ito, nais naming magtanong tungkol sa inyong sambayanan.</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| H1001 | What is the total number of person who usually live here? <i>Ilan po lahat ang palagiang nakatira dito sa inyong sambayanan?</i> | TOTAL HH MEMBERS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| H1002 | How many household members are 15 years old and over who usually live here? <i>Ilan po ang miyembro ng sambayanan ang may edad labing lima pataas?</i> | TOTAL HH MEMBERS 15 YEARS OLD AND OVER | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CERTIFICATION I hereby certify that the data gathered in this questionnaire were obtained/reviewed by me personally and in accordance with instructions stated in the Interviewer's Manual. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FIELD INTERVIEWER _____ Name and Signature | | SUPERVISOR _____ Name and Signature | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| _____ Date | | _____ Date | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Attachment A – NDPS/MFS Form 1

| LINE NO. | HOUSEHOLD MEMBERSHIP | | | | |
|--|---|--|--|---|---|
| | ALL PERSONS | FOR 5 YEARS OLD AND OVER | | | |
| ENCIRCLE LINE NO. OF RESPONDENT | USUAL RESIDENTS | RELATIONSHIP TO HOUSEHOLD HEAD | SEX | AGE | HIGHEST GRADE COMPLETED |
| | <p>Please give me the names of the persons who usually sleep and eat in your household starting with the head of the household.</p> <p><i>Pakibigay po ang mga pangalan ng mga taong palagiang natutulog at kumakain sa inyong sambahayan simula sa puno ng sambahayan.</i></p> <p>WRITE THE NAMES OF ALL HOUSEHOLD MEMBERS ACCORDING TO THIS ORDER:</p> <ul style="list-style-type: none"> ● HEAD ● SPOUSE/PARTNER OF THE HEAD ● NEVER-MARRIED CHILDREN OF THE HEAD/ SPOUSE ● EVER-MARRIED CHILDREN OF THE HEAD/ SPOUSE ● OTHER RELATIVES ● NONRELATIVES | <p>What is the relationship of (NAME) to the head of the household?</p> <p><i>Ano ang kaugnayan o relasyon ni (NAME) sa puno ng sambahayan?</i></p> | <p>Is (NAME) male or female?</p> <p><i>Si (NAME) po ba ay lalaki o babae?</i></p> <p>MALE = 1 FEMALE = 2</p> | <p>How old is (NAME) as of his/her last birthday?</p> <p><i>Ilang taon na po si (NAME) noong huli niyang kaarawan?</i></p> <p>RECORD IN COMPLETED YEARS</p> | <p>What is the highest grade/year completed by (NAME)?</p> <p><i>Ano po ang pinakamataas na grado/taon ang natapos ni (NAME)?</i></p> |
| (H1005) | (H1006) | (H1007) | (H1008) | (H1009) | (H1014) |
| 01 | | 0 1 | 1 2 | [][] | [][][] |
| 02 | | [][] | 1 2 | [][] | [][][] |
| 03 | | [][] | 1 2 | [][] | [][][] |
| 04 | | [][] | 1 2 | [][] | [][][] |
| 05 | | [][] | 1 2 | [][] | [][][] |
| 06 | | [][] | 1 2 | [][] | [][][] |
| 07 | | [][] | 1 2 | [][] | [][][] |
| 08 | | [][] | 1 2 | [][] | [][][] |
| PUT AN "X" MARK IF CONTINUATION SHEET IS USED | | [] | | | |
| CODES FOR H1007 (RELATIONSHIP TO HEAD OF HOUSEHOLD) 01 = Head 02 = Spouse/Partner 03 = Son or Daughter 04 = Son-in-Law or Daughter-in-Law 05 = Grandchild 06 = Parent 07 = Parent-in-Law 08 = Brother or Sister 09 = Other Relative 10 = Adopted/Foster/Stepchild 11 = Not Related | | CODES FOR H1014 (HIGHEST GRADE/YEAR COMPLETED) 000 - No Grade Completed 001 - Nursery 002 - Kindergarten 010 - Preschool <u>Elementary</u> 110 - Grade 1 120 - Grade 2 130 - Grade 3 140 - Grade 4 150 - Grade 5 160 - Grade 6 170 - Grade 6 graduate 180 - Grade 7 graduate <u>High School</u> 210 - 1st Year 220 - 2nd Year 230 - 3rd Year 240 - 4th Year 250 - H. S. Graduate <u>Post Secondary</u> 310 - 1st Year 320 - 2nd Year IF GRADUATE, SPECIFY COURSE 191 - SPED undergraduate 192 - SPED graduate <u>K to 12 Program</u> 410 - Grade 1 420 - Grade 2 430 - Grade 3 440 - Grade 4 450 - Grade 5 460 - Grade 6 470 - Grade 7 480 - Grade 8 490 - Grade 9 500 - Grade 10 510 - Grade 11 520 - Grade 12 | | | |

Attachment A – NDPS/MFS Form 1

| FOR ALL MEMBERS 15 YEARS OLD AND OVER | | | | | |
|---|--|---|---|--|---|
| CURRENT WORKING SITUATION | <p>There are people who need to be given care and assistance because of their health. This care includes both daily personal care such as help with eating, dressing, bathing, moving around in the house as well as assistance with their affairs outside the house such as transportation to see doctors, going to buy medicine, or managing the ill person's financial situation, health care, or emotional well-being.</p> <p><i>May mga taong nangangailangan ng tulong at kalinga dahil sa kalagayang pangkalusugan. Kabilang po dito ay ang pang araw-araw na pangangalagang personal tulad ng pagtulong sa pagkain, sa pagbibihis, sa pagpapaligo, sa paglipat-lipat sa paligid sa loob ng bahay, pati narin ang tulong sa kanilang mga gawain sa labas ng bahay tulad ng pagpunta sa doktor, sa pagbili ng gamot, o sa pagtulong sa pamamahala ng pera ng taong may sakit, sa pangangalaga sa kalusugan, o sa emosyonal na pangangailangan.</i></p> | | | | ELIGIBILITY |
| <p>What is the current working situation of (NAME)?</p> <p><i>Ano ang kasalukuyang sitwasyon sa trabaho ni (NAME)?</i></p> | <p>Does (NAME) need physical care or support, such as help with eating, bathing, moving around the house or assistance outside the house such as for using transportation?</p> <p><i>Si (NAME) po ba ay nangangailangan ng pisikal na pangangalaga o suporta katulad ng tulong sa pagkain, pagliligo, paglipat-lipat sa loob ng bahay o tulong sa paglabas sa bahay tulad ng paggamit ng transportasyon?</i></p> | <p>Does (NAME) need emotional care or support such as comfort, advice or counselling?</p> <p><i>Si (NAME) po ba nangangailangan ng emosyonal na pangangalaga o suporta tulad ng mabubuting payo o pangaral?</i></p> | <p>Does (NAME) need support for health care, such as administering medicines, changing bandages or arranging for health care providers?</p> <p><i>Si (NAME) po ba ay nangangailangan ng suporta para sa pangangalagang pangkalusugan, tulad ng pagpapainom ng gamot, pagpapalit ng benda o pag-aayos sa pakikipagkita/pagkonsulta sa doktor (health care provider)?</i></p> | <p>Does (NAME) need financial care or support, such as money to pay for bills, fees, food or medicines?</p> <p><i>Si (NAME) po ba ay nangangailangan ng pinansyal na tulong o suporta katulad ng pambayad sa mga bayarin, pagkain o gamot?</i></p> | ENCIRCLE LINE NO. OF PERSONS 15 YEARS OLD AND OVER |
| YES = 1 NO = 2 | | | | | |
| (H1015) | (H1011) | (H1012) | (H1013) | (H1010) | (H1016) |
| <input type="checkbox"/> <input type="checkbox"/> | 1 2 | 1 2 | 1 2 | 1 2 | 01 |
| <input type="checkbox"/> <input type="checkbox"/> | 1 2 | 1 2 | 1 2 | 1 2 | 02 |
| <input type="checkbox"/> <input type="checkbox"/> | 1 2 | 1 2 | 1 2 | 1 2 | 03 |
| <input type="checkbox"/> <input type="checkbox"/> | 1 2 | 1 2 | 1 2 | 1 2 | 04 |
| <input type="checkbox"/> <input type="checkbox"/> | 1 2 | 1 2 | 1 2 | 1 2 | 05 |
| <input type="checkbox"/> <input type="checkbox"/> | 1 2 | 1 2 | 1 2 | 1 2 | 06 |
| <input type="checkbox"/> <input type="checkbox"/> | 1 2 | 1 2 | 1 2 | 1 2 | 07 |
| <input type="checkbox"/> <input type="checkbox"/> | 1 2 | 1 2 | 1 2 | 1 2 | 08 |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p><u>CODES FOR H1014</u> (HIGHEST GRADE/YEAR COMPLETED)</p> <p><u>College</u></p> <p>710 - 1st Year</p> <p>720 - 2nd Year</p> <p>730 - 3rd Year</p> <p>740 - 4th Year</p> <p>750 - 5th Year</p> <p>760 - 6th Year</p> <p>IF GRADUATE, SPECIFY COURSE</p> <p><u>Post Baccalaureate</u></p> <p>910 - Master's degree undergraduate</p> <p>920 - Master's degree graduate</p> <p>930 - Doctorate degree undergraduate</p> <p>940 - Doctorate degree graduate</p> </div> <div style="width: 45%;"> <p><u>CODES FOR H1015</u> (CURRENT WORKING SITUATION)</p> <p>01 - Worked for private household</p> <p>02 - Worked for private establishment</p> <p>03 - Worked for government/government corporation</p> <p>04 - Self-employed without an employee</p> <p>05 - Employer in own family-operated farm or business</p> <p>06 - Worked with pay in own family-operated farm or business</p> <p>07 - Worked without pay in own family-operated farm or business</p> <p>08 - Schooling</p> <p>09 - Is not working or seeking work because of a health problem/concern or disability</p> <p>10 - Is not working or seeking work for other reason</p> <p>11 - Is retired</p> </div> </div> | | | | | |


HH-3

Attachment A – NDPS/MFS Form 1

| Now, I would like to ask you some questions about the income of your household. <i>Ngayon, gusto ko pong magtanong ng tungkol sa kita ng inyong sambahayan.</i> | | SKIP | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|---|--------------------------------------|---|---|---|----|--|--|--|---|---|---|---|---|---|----|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| H1017 | Taking into account all persons living here who work for a salary or wages, what is the total monthly income of the household? <i>Kung isasaalang-alang ang lahat ng mga taong naninirahan dito na nagtatrabaho na may suweldo, sahod o kita; ano ang kabuuang buwanang kita ng sambahayan?</i> | NO INCOME 1 LESS THAN PHP 3,500 2 PHP 3,500 TO 5,000 3 PHP 5,001 TO 8,500 4 PHP 8,501 TO 21,000 5 PHP 21,001 TO 30,000 6 PHP 30,001 TO 40,000 7 PHP 40,001 TO 50,000 8 PHP 50,001 OR HIGHER 9 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| H1019 | Suppose you sold everything you have and used that money to pay off all debts you had, what would your financial situation be? Would you have money left over? Would you still owe money? Or your debts would just be equal with your assets? <i>Ipagpalagay po natin na ipinagbili ninyo ang lahat ng bagay na mayroon kayo at ginamit ninyo ang pera upang bayaran ang lahat ng utang, ano po ang inyong magiging sitwasyon sa pananalapi? Mayroon pa kayong perang matitira? Mayroon pa kayong utang? O sapat lang para pambayad sa utang?</i> | We would have money left over 01 We would still owe money 02 Our debts would just about equal assets 03 Don't know 08 Refused 97 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| H1020 | How much? Your best estimate is fine. <i>Magkano po sa tantiya ninyo?</i> | NONE 1 LESS THAN PHP 3,500 2 PHP 3,501 TO 5,000 3 PHP 5,001 TO 8,500 4 PHP 8,501 TO 21,000 5 PHP 21,001 TO 30,000 6 PHP 30,001 TO 40,000 7 PHP 40,001 TO 50,000 8 PHP 50,001 OR HIGHER 9 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| H1021 | In the past 12 months, did your household have any financial problems paying bills, such as for electricity, water or phone, etc.? <i>Sa nakaraang 12 buwan, ang inyo po bang sambahayan ay nagkaroon ng problemang pang pinansiyal sa pagbabayad ng bills, tulad ng kuryente, tubig o telepono, atbp.?</i> | YES 1 NO 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| H1022 | SELECTION OF RESPONDENT FOR THE INDIVIDUAL QUESTIONNAIRE 1. USE THE TABLE BELOW TO SELECT RANDOM RESPONDENT 2. COUNT THE TOTAL NO. OF ELIGIBLE RESPONDENT 15 YEARS OLD AND OVER IN ELIGIBILITY COLUMN (H1016) , ENCIRCLE THE CORRESPONDING NUMBER IN THE TABLE. 3. CHECK COVER PAGE FOR THE LAST DIGIT OF THE NDPS HOUSEHOLD NUMBER , ENCIRCLE THE CORRESPONDING LAST DIGIT IN THE TABLE. 4. ENCIRCLE THE NUMBER WHEREIN THE LAST DIGIT AND THE TOTAL NUMBER OF ELIGIBLE RESPONDENT MEET. THIS IS THE RANK OF THE RESPONDENT FOR THE INDIVIDUAL QUESTIONNAIRE. 5. IF ONLY ONE ELIGIBLE RESPONDENT, GO TO H1023 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <th rowspan="2" style="width: 15%;">LAST DIGIT OF NDPS HOUSEHOLD NO. IS:</th> <th colspan="7">IF THE TOTAL NUMBER OF ELIGIBLE RESPONDENT IN THE HOUSEHOLD IS:</th> </tr> <tr> <th>2</th> <th>3</th> <th>4</th> <th>5</th> <th>6</th> <th>7</th> <th>8+</th> </tr> <tr> <td>0</td> <td>2</td> <td>1</td> <td>4</td> <td>3</td> <td>6</td> <td>3</td> <td>1</td> </tr> <tr> <td>1</td> <td>1</td> <td>2</td> <td>1</td> <td>4</td> <td>4</td> <td>2</td> <td>5</td> </tr> <tr> <td>2</td> <td>2</td> <td>2</td> <td>3</td> <td>1</td> <td>2</td> <td>5</td> <td>7</td> </tr> <tr> <td>3</td> <td>1</td> <td>3</td> <td>2</td> <td>2</td> <td>1</td> <td>6</td> <td>8</td> </tr> <tr> <td>4</td> <td>1</td> <td>2</td> <td>1</td> <td>5</td> <td>5</td> <td>7</td> <td>6</td> </tr> <tr> <td>5</td> <td>2</td> <td>1</td> <td>3</td> <td>5</td> <td>3</td> <td>4</td> <td>3</td> </tr> <tr> <td>6</td> <td>1</td> <td>2</td> <td>4</td> <td>3</td> <td>4</td> <td>1</td> <td>2</td> </tr> <tr> <td>7</td> <td>1</td> <td>1</td> <td>2</td> <td>2</td> <td>6</td> <td>3</td> <td>5</td> </tr> <tr> <td>8</td> <td>2</td> <td>3</td> <td>1</td> <td>4</td> <td>5</td> <td>1</td> <td>4</td> </tr> <tr> <td>9</td> <td>1</td> <td>2</td> <td>4</td> <td>1</td> <td>3</td> <td>5</td> <td>7</td> </tr> </table> | | | LAST DIGIT OF NDPS HOUSEHOLD NO. IS: | IF THE TOTAL NUMBER OF ELIGIBLE RESPONDENT IN THE HOUSEHOLD IS: | | | | | | | 2 | 3 | 4 | 5 | 6 | 7 | 8+ | 0 | 2 | 1 | 4 | 3 | 6 | 3 | 1 | 1 | 1 | 2 | 1 | 4 | 4 | 2 | 5 | 2 | 2 | 2 | 3 | 1 | 2 | 5 | 7 | 3 | 1 | 3 | 2 | 2 | 1 | 6 | 8 | 4 | 1 | 2 | 1 | 5 | 5 | 7 | 6 | 5 | 2 | 1 | 3 | 5 | 3 | 4 | 3 | 6 | 1 | 2 | 4 | 3 | 4 | 1 | 2 | 7 | 1 | 1 | 2 | 2 | 6 | 3 | 5 | 8 | 2 | 3 | 1 | 4 | 5 | 1 | 4 | 9 | 1 | 2 | 4 | 1 | 3 | 5 | 7 |
| LAST DIGIT OF NDPS HOUSEHOLD NO. IS: | IF THE TOTAL NUMBER OF ELIGIBLE RESPONDENT IN THE HOUSEHOLD IS: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 2 | 3 | 4 | 5 | 6 | 7 | 8+ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0 | 2 | 1 | 4 | 3 | 6 | 3 | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | 1 | 2 | 1 | 4 | 4 | 2 | 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | 2 | 2 | 3 | 1 | 2 | 5 | 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 1 | 3 | 2 | 2 | 1 | 6 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | 1 | 2 | 1 | 5 | 5 | 7 | 6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | 2 | 1 | 3 | 5 | 3 | 4 | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | 1 | 2 | 4 | 3 | 4 | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | 1 | 1 | 2 | 2 | 6 | 3 | 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 2 | 3 | 1 | 4 | 5 | 1 | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | 1 | 2 | 4 | 1 | 3 | 5 | 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| H1023 | RECORD THE NAME AND LINE NUMBER OF THE RESPONDENT FOR THE INDIVIDUAL QUESTIONNAIRE NAME: _____ LINE NUMBER: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TIME ENDED: HOUR: MINUTE: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

HH-4

Attachment B – NDPS/MFS Form 2

|  | | NDPS/MFS FORM 2 PSA Approval No.: PSA-1635-02 Expires: 31 August 2017 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|-----------------------|---|---|----------------|--|--|--|---------------|--|--|--|-------------|--|--|--|-------------|--|--|--|---------------------|--|--|--|---------------------|--|--|--|---|--|
| Republic of the Philippines PHILIPPINE STATISTICS AUTHORITY MODEL FUNCTIONING SURVEY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| INDIVIDUAL QUESTIONNAIRE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CONFIDENTIALITY: This survey is authorized by Republic Act 10625. All data obtained cannot be used for taxation, investigation, or law enforcement purposes. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Booklet ____ of ____ Booklets | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| GEOGRAPHIC IDENTIFICATION AND OTHER INFORMATION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| REGION _____ PROVINCE _____ MUN/CITY _____ BARANGAY _____ EA HUSN HSN | | NDPS HOUSEHOLD NUMBER NO. OF HOUSEHOLDS IN THE HOUSING UNIT NAME OF HOUSEHOLD HEAD: _____ ADDRESS: _____ _____ _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| INTERVIEW RECORD | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 20%;">VISIT/S</th> <th style="width: 20%;">1</th> <th style="width: 20%;">2</th> <th style="width: 20%;">3</th> </tr> </thead> <tbody> <tr><td>DATE OF VISIT:</td><td></td><td></td><td></td></tr> <tr><td>RESULT CODE*:</td><td></td><td></td><td></td></tr> <tr><td>TIME BEGAN:</td><td></td><td></td><td></td></tr> <tr><td>TIME ENDED:</td><td></td><td></td><td></td></tr> <tr><td>DATE OF NEXT VISIT:</td><td></td><td></td><td></td></tr> <tr><td>TIME OF NEXT VISIT:</td><td></td><td></td><td></td></tr> </tbody> </table> | | VISIT/S | 1 | 2 | 3 | DATE OF VISIT: | | | | RESULT CODE*: | | | | TIME BEGAN: | | | | TIME ENDED: | | | | DATE OF NEXT VISIT: | | | | TIME OF NEXT VISIT: | | | | FINAL RESULT CODE*: TOTAL NUMBER OF VISITS: *RESULT CODES: 1 COMPLETED 5 PARTLY COMPLETED 2 NOT AT HOME 6 RESPONDENT INCAPACITATED 3 POSTPONED 7 OCW/OFW 4 REFUSED 8 OTHER _____ <div style="text-align: right;">(SPECIFY)</div> | |
| VISIT/S | 1 | 2 | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DATE OF VISIT: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RESULT CODE*: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TIME BEGAN: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TIME ENDED: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DATE OF NEXT VISIT: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TIME OF NEXT VISIT: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TRANSLATION USED:** <input type="checkbox"/> **LANGUAGE CODES 1 TAGALOG 3 ILOCANO 5 HILIGAYNON 7 ENGLISH 2 CEBUANO 4 BICOL 6 WARAY 8 OTHER _____ <div style="text-align: right;">(SPECIFY)</div> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ELIGIBILITY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0101 | DOES THE RESPONDENT HAVE OBVIOUS COGNITIVE LIMITATIONS THAT PREVENT HIM/HER FROM BEING INTERVIEWED? | YES 1 NO 2 | → Skip to Module 1000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0102 | We would like to ask someone who knows the respondent and about the respondent's health. <i>Sino po ba ang pwedeng makausap tungkol kay (NAME) at pati na rin sa kanyang kalusugan.</i> WHO IS THE PROXY? | SPOUSE 1 NON-SPOUSE 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0103 | INDICATE WHO THE 'PROXY INDIVIDUAL RESPONDENT' IS. RECORD THE LINE NUMBER OF THE PROXY RESPONDENT FROM THE HH ROSTER. | <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CERTIFICATION I hereby certify that the data gathered in this questionnaire were obtained/reviewed by me personally and in accordance with instructions stated in the Interviewer's Manual. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FIELD INTERVIEWER _____ Name and Signature | | SUPERVISOR _____ Name and Signature | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| _____ Date | | _____ Date | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Attachment B – NDPS/MFS Form 2

MODULE 1000. SOCIO-DEMOGRAPHIC CHARACTERISTICS

| I want to ask you some questions about you and the way you live your life . Let me assure you that any information you provide is strictly confidential. <i>Gusto ko po kayong tanungin tungkol sa inyong pamumuhay. Asahan po ninyo na anomang impormasyon na inyong ibibigay ay mananatiling lihim.</i> | | | |
|--|--|---|------------------|
| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | GO TO |
| | RECORD THE TIME STARTED. | HOUR <input type="text"/> <input type="text"/> MINUTES <input type="text"/> <input type="text"/> | |
| 1001 | NAME AND LINE NUMBER OF THE SELECTED ELIGIBLE RESPONDENT | _____ <input type="text"/> <input type="text"/> | |
| 1002 | What is your mother tongue? By mother tongue, I mean the language you learned first, the language that you can express yourself fully in, or voluntarily identify with. <i>Ano pong salita/lenggwahe ang ginagamit ninyo? Ibig ko pong sabihin ay ang salitang inyong unang natutuhan upang ganap ninyong maipakilala ang inyong sarili, o boluntaryo/kusang loob na kilalanin.</i> | TAGALOG 1 CEBUANO 2 ILOCANO 3 HILIGAYNON 4 BIKOL 5 WARAY 6 KAPAMPANGAN 7 OTHER _____ 8 (SPECIFY) | |
| 1003 | RECORD THE SEX OF THE RESPONDENT | MALE 1 FEMALE 2 | |
| 1004 | What day, month and year were you born? <i>Ano pong araw, buwan at taon kayo ipinanganak?</i> | 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"/> DON'T KNOW 88 | → 1006 |
| 1005 | How old are you? <i>Ilang taon na po kayo noong huli ninyong kaarawan?</i> THIS WOULD BE AGE AT LAST BIRTHDAY. IF "DON'T KNOW", PROBE | <input type="text"/> <input type="text"/> AGE IN COMPLETED YEARS | |
| 1006 | Where were you born? <i>Saang lugar o bansa kayo ipinanganak?</i> SEE LIST FOR COUNTRY CODE | PHILIPPINES 001 OTHER _____ 002 (Specify) <input type="text"/> <input type="text"/> <input type="text"/> COUNTRY CODE REFUSED 997 DON'T KNOW 888 | → 1008 |
| 1007 | How old were you when you first came to the Philippines? <i>Ilang taon na po kayo nang una kayong dumating sa Pilipinas?</i> | YEARS <input type="text"/> <input type="text"/> REFUSED 97 DON'T KNOW 88 | |
| 1008 | Are you a citizen of the Philippines? <i>Kayo po ba ay mamamayan ng Pilipinas?</i> | YES 01 NO 02 REFUSED 97 DON'T KNOW 88 | → 1011 |
| 1010 | Which country? <i>Ano pong bansa?</i> SEE LIST FOR COUNTRY CODE | COUNTRY CODE <input type="text"/> <input type="text"/> <input type="text"/> (Specify) REFUSED 997 DON'T KNOW 888 | |
| 1011 | What is your current marital status? <i>Ano po ang inyong kasalukuyang estado sibil (civil status)?</i> | NEVER MARRIED 1 MARRIED 2 LIVING TOGETHER 3 SEPARATED/DIVORCED/ ANNULLED 4 WIDOWED 5 | → 1014 → 1013 |

Attachment B – NDPS/MFS Form 2

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | GO TO |
|------|---|--|--------|
| 1012 | How many years have you been married or living together? <i>Ilang taon na po kayong kasal o nakikisama?</i> IF LESS THAN 1 YEAR, ENTER "00" | NUMBER OF YEARS DON'T KNOW 88 | → 1014 |
| 1013 | How many years have you been separated, divorced or widowed? <i>Ilang taon na po kayong hiwalay, diborsyado o balo?</i> IF LESS THAN 1 YEAR, ENTER "00" | NUMBER OF YEARS DON'T KNOW 88 | |
| 1014 | What is the highest level of education that you have completed? <i>Ano po ang pinakamataas na antas ng edukasyon ang inyong natapos?</i> | <div style="border: 1px solid black; width: 60px; height: 20px; margin: 0 auto;"></div> | |
| 1016 | Did you have to stop your education? <i>May pagkakataon po ba na kinailangan ninyong huminto sa pag-aaral?</i> | YES 1 NO 2 NEVER ATTEND SCHOOL 3 | → 1018 |
| 1017 | What was the <u>main reason</u> for never attending or stopping your education? <i>Ano po ang pangunahing dahilan kung bakit hindi kayo nag-aral o kinailangan ninyong huminto sa pag-aaral?</i> | ACCESSIBILITY OF SCHOOL 1 ILLNESS/DISABILITY 2 MARRIAGE/FAMILY MATTERS 3 HIGH COST OF EDUCATION/ FINANCIAL CONCERN 4 EMPLOYMENT/LOOKING FOR WORK 5 FINISHED SCHOOLING OR FINISHED POST SECONDARY OR COLLEGE 6 LACK OF PERSONAL INTEREST 7 PROBLEM WITH SCHOOL RECORD/ BIRTH CERTIFICATE 8 OTHER 9 (SPECIFY) | |
| 1018 | Do you have ethnicity by blood? <i>Kayo po ba ay miyembro ng anong etniko ayon sa inyong pinagmulan/ninuno? Kayo po ba ay isang Agta, Aeta/Ayta, Dumagat, Badjao, Tagalog o ano pa?</i> | YES 1 (SPECIFY) NO 2 | |

CODES FOR 1014

(HIGHEST GRADE/YEAR COMPLETED)

| | | | |
|--------------------------|-----------------------------|------------------------|--------------------------------------|
| 000 - No Grade Completed | <u>High School</u> | <u>K to 12 Program</u> | <u>College</u> |
| 001 - Nursery | 210 - 1st Year | 410 - Grade 1 | 710 - 1st Year |
| 002 - Kindergarten | 220 - 2nd Year | 420 - Grade 2 | 720 - 2nd Year |
| 010 - Preschool | 230 - 3rd Year | 430 - Grade 3 | 730 - 3rd Year |
| | 240 - 4th Year | 440 - Grade 4 | 740 - 4th Year |
| | 250 - H. S. Graduate | 450 - Grade 5 | 750 - 5th Year |
| <u>Elementary</u> | | 460 - Grade 6 | 760 - 6th Year |
| 110 - Grade 1 | | 470 - Grade 7 | IF GRADUATE, SPECIFY COURSE |
| 120 - Grade 2 | <u>Post Secondary</u> | 480 - Grade 8 | |
| 130 - Grade 3 | 310 - 1st Year | 490 - Grade 9 | <u>Post Baccalaureate</u> |
| 140 - Grade 4 | 320 - 2nd Year | 500 - Grade 10 | 910 - Master's degree undergraduate |
| 150 - Grade 5 | IF GRADUATE, SPECIFY COURSE | 510 - Grade 11 | 920 - Master's degree graduate |
| 160 - Grade 6 | | 520 - Grade 12 | 930 - Doctorate degree undergraduate |
| 170 - Grade 6 graduate | 191 - SPED undergraduate | | 940 - Doctorate degree graduate |
| 180 - Grade 7 graduate | 192 - SPED graduate | | |

Attachment B – NDPS/MFS Form 2

MODULE 2000. WORK HISTORY AND BENEFITS

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | GO TO |
|------|---|--|---------|
| 2001 | <p>As you know, some people take jobs for which they are paid in cash or in kind. Other people sell things, have a small business or work on the family farm or family business. Have you ever in your life done any of these things or any type of work?</p> <p><i>Gaya po ng alam ninyo, may mga tao na nagtatrabaho upang tumanggap ng sweldo na cash o ano mang bagay. Ang iba ay nagtitinda, may maliit na negosyo o nagtatrabaho sa lupain o negosyo ng pamilya. Nagawa na po ba ninyo sa inyong buhay ang alinman sa mga bagay na ito o alinmang uri ng trabaho?</i></p> | <p>YES 1</p> <p>NO 2</p> | → 2003 |
| 2002 | <p>What is the main reason you have never worked to earn an income?</p> <p><i>Ano po ang pangunahing dahilan kung bakit hindi kayo nakapagtrabaho kailanman para kumita?</i></p> | <p>HEALTH CONDITION OR DISABILITY 1</p> <p>STILL ENGAGED IN TRAINING/STUDYING 2</p> <p>PERSONAL FAMILY RESPONSIBILITIES 3</p> <p>COULD NOT FIND SUITABLE WORK 4</p> <p>DO NOT KNOW HOW OR WHERE TO SEEK WORK 5</p> <p>NOT YET STARTED TO SEEK WORK 6</p> <p>DO NOT HAVE THE ECONOMIC NEED 7</p> <p>PARENTS OR SPOUSE DID NOT LET ME 8</p> <p>OTHER _____ 9 (SPECIFY)</p> | → 2009A |
| 2003 | <p>At what age did you start working for pay?</p> <p><i>Ano pong edad kayo nagumpisang magtrabaho ng may bayad?</i></p> | <p>AGE IN YEARS <input style="width: 30px; border: 1px solid black;" type="text"/> <input style="width: 30px; border: 1px solid black;" type="text"/></p> <p>DON'T KNOW 88</p> | → 2005 |
| 2004 | <p>How many years ago did you start working?</p> <p><i>Ilang taon na po ang nakaraan ng kayo ay nagumpisang magtrabaho?</i></p> | <p>YEARS AGO <input style="width: 30px; border: 1px solid black;" type="text"/> <input style="width: 30px; border: 1px solid black;" type="text"/></p> | |
| 2005 | <p>What is your current working situation?</p> <p><i>Ano po ang kasalukuyang sitwasyon ninyo sa trabaho?</i></p> | <p>NOT WORKING 1</p> <p>WORKED FOR PRIVATE HOUSEHOLD 2</p> <p>WORKED FOR PRIVATE ESTABLISHMENT 3</p> <p>WORKED FOR GOVERNMENT/GOVERNMENT CORPORATION 4</p> <p>SELF-EMPLOYED WITHOUT AN EMPLOYEE 5</p> <p>EMPLOYER IN OWN FAMILY-OPERATED FARM/BUSINESS ... 6</p> <p>WORKED WITH PAY IN OWN FAMILY OPERATED FARM BUSINESS 7</p> <p>WORKED WITHOUT PAY IN OWN FAMILY OPERATED FARM BUSINESS 8</p> <p>OTHER _____ 9 (SPECIFY)</p> | → 2012 |

Attachment B – NDPS/MFS Form 2

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | GO TO |
|-------|---|--|----------------------------|
| 2006 | What is the main reason you are not currently working? <i>Ano po ang pangunahing dahilan bakit hindi kayo nagtatrabaho sa kasalukuyan?</i> | HEALTH CONDITION OR DISABILITY 01 STILL ENGAGED IN TRAINING 02 PERSONAL FAMILY RESPONSIBILITIES 03 COULD NOT FIND SUITABLE WORK 04 DO NOT KNOW HOW OR WHERE TO SEEK WORK 05 DO NOT HAVE THE ECONOMIC NEED 06 PARENTS OR SPOUSE DID NOT LET ME 07 RETIRED DUE TO AGE 08 SCHOOLING 09 NO REASON GIVEN 10 OTHER REASON _____ 11 (SPECIFY) | → 2022 |
| 2007 | At what age did you stop working? <i>Ano pong edad kayo tumigil sa pagtatrabaho?</i> | AGE IN YEARS <input type="text"/> <input type="text"/> DON'T KNOW 88 | → 2009A |
| 2008 | How many years ago did you stop working? <i>Ilang taon na po ang nakaraan ng kayo ay tumigil sa pagtatrabaho?</i> | NUMBER OF YEARS <input type="text"/> <input type="text"/> DON'T KNOW 88 | |
| 2009A | Are you currently looking for work? <i>Kayo po ba ay kasalukuyang naghahanap ng trabaho?</i> | YES 1 NO 2 | → 2010A |
| 2009B | CHECK 2001, 2005, 2009A IF 2009A = 2 (NO) AND 2005 = 1 (NOT WORKING) IF 2009A = 2 (NO) AND 2001 = 2 (NO) | | → 2011 → 2023 |
| 2010A | What is the main reason you would like to work at present? <i>Ano po ang pangunahing dahilan bakit gusto ninyong magkaroon ng trabaho sa kasalukuyan?</i> | NEED THE INCOME 1 WANT TO OR NEED TO BE ACTIVE 2 WANT TO FEEL USEFUL 3 HELP MY FAMILY 4 OTHER 5 (SPECIFY) | |
| 2010B | CHECK 2001, 2005 AND 2008 IF 2001 = 2 (NO) IF 2001 = 1 (YES) AND 2005 = 1 (NOT WORKING) AND 2008 > 1 YEAR (12 MONTHS) IF 2005 ≠ 1 (CURRENTLY HAS WORK) OR 2008 ≤ 1 YEAR (12 MONTHS) | | → 3000 → 2023 → 2011 |
| 2011 | Now I will ask you some questions about your current work or your most recent work. Who is/was your employer in your current/most recent MAIN job ? <i>Kayo po ba ay nagtatrabaho/nagtrabaho sa gobyerno/korporasyon ng gobyerno o sa pribadong kumpanya, o kaya ay may sariling pinagkakataon, o impormal na hanapbuhay?</i> | PUBLIC SECTOR (GOV'T) 1 PRIVATE SECTOR (FOR PROFIT AND NOT FOR PROFIT) 2 SELF-EMPLOYED 3 INFORMAL EMPLOYMENT 4 | → 2022 |
| 2012 | In the last 12 months, what was your primary occupation for the current/most recent job? <i>Noong nakaraang labindalawang buwan, ano po ang inyong pangunahing hanapbuhay?</i> WRITE EXACTLY WHAT THE RESPONDENT SAYS. WRITE IN CAPITAL LETTERS. FOR THOSE WHO HAVE STOPPED WORKING, IT SHOULD BE THE OCCUPATION FOR THE MOST RECENT JOB. <input type="text"/> | <input type="text"/> | |
| 2013 | Do/did you usually work throughout the year, or do/did work seasonally, or only once in a while for your main job? <i>Kayo po ba ay karaniwang nagtatrabaho/nagtrabaho sa buong taon, pana-panahon lang, o paminsan-minsan lang?</i> | WORK THROUGHOUT THE YEAR 1 SEASONALLY OR PART OF THE YEAR 2 ONCE IN A WHILE 3 | → 2015 |

Attachment B – NDPS/MFS Form 2

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | GO TO |
|-------|---|--|--------|
| 2014 | On average, how many weeks in a year do/did you work in your <u>main</u> seasonal or occasional job? <i>Sa pangkaraniwan, ilan pong linggo sa isang taon kayo naghahanapbuhay/naghanapbuhay sa inyong pangunahing minsanang trabaho?</i> | WEEKS <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> | |
| 2015 | On average, how many days a week do/did you work in your <u>main</u> job? <i>Sa pangkaraniwan, ilan pong araw sa isang linggo kayo naghahanapbuhay/naghanapbuhay sa inyong pangunahing trabaho?</i> | DAYS <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> | |
| 2016 | On average, how many hours a day do/did you work in your <u>main</u> job? <i>Sa pangkaraniwan, ilan pong oras sa isang araw kayo naghahanapbuhay/naghanapbuhay sa inyong pangunahing trabaho?</i> | HOURS <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> | |
| 2017A | CHECK 2005 IF 2005 = 5 (SELF-EMPLOYED) _____ | | → 2022 |
| 2017 | In this <u>main</u> job, do/did you receive any retirement or pension benefits in addition to your payment in cash or in kind? <i>Sa inyong pangunahing trabaho, tumatanggap/nakatanggap po ba kayo ng anumang mga benepisyo sa pagretiro o ng pensiyon bilang karagdagan sa inyong sahod ito man ay pera o ibang bagay?</i> | YES 1 NO 2 | |
| 2018 | In this <u>main</u> job, do/did you receive any medical services or health care benefits in addition to your payment in cash or in kind? <i>Sa inyong pangunahing trabaho, tumatanggap/nakatanggap po ba kayo ng anumang mga benepisyo sa alinmang serbisyong medikal o pangangalaga ng kalusugan bilang karagdagan sa inyong sahod ito man ay pera o ibang bagay?</i> | YES 1 NO 2 | |
| 2019 | In this <u>main</u> job, do/did you receive any food or provisions benefits in addition to your payment in cash or in kind? <i>Sa inyong pangunahing trabaho, tumatanggap/nakatanggap po ba kayo ng anumang mga benepisyonang pagkain o panggastos sa pagkain bilang karagdagan sa inyong sahod ito man ay pera o ibang bagay?</i> | YES 1 NO 2 | |
| 2020 | In this <u>main</u> job, do/did you receive any cash bonuses benefits in addition to your payment in cash or in kind? <i>Sa inyong pangunahing trabaho, tumatanggap/nakatanggap po ba kayo ng anumang mga benepisyo sa pamamagitan ng "bonus" bilang karagdagan sa inyong sahod ito man ay pera o ibang bagay?</i> | YES 1 NO 2 | |
| 2021 | In this <u>main</u> job, do/did you receive any further benefits in addition to your payment in cash or in kind? <i>Sa inyong pangunahing trabaho, tumatanggap/nakatanggap po ba kayo ng iba pang benepisyo bilang karagdagan sa inyong sahod ito man ay pera o ibang bagay?</i> | YES 1 (SPECIFY) NO 2 | |
| 2022 | Have you worked at more than one job <u>over the last 12 months?</u> <i>Nakapagtrabaho na po ba kayo ng higit sa isang trabaho sa nakalipas na 12 buwan?</i> | YES 1 NO 2 | |
| 2023 | Do you receive a disability pension or other disability benefit? <i>Tumatanggap po ba kayo ng pensyon para sa may kapansanan o iba pang benepisyo para sa may kapansanan?</i> | YES 1 NO 2 | |

Attachment B – NDPS/MFS Form 2

MODULE 3000A. ENVIRONMENTAL FACTORS

I am going to ask you some general questions about your environment. I would like to know if the environment makes it easy or hard for you to do things you need or want to do. I want you to answer the following questions on a scale from 1 to 5, where "1" means very easy and "5" means very hard, shown on **SHOWCARD 3001**.

*Magtatanong po ako tungkol sa inyong kapaligiran. Gusto kong malaman kung ang kapaligiran ay ginawang madali o mahirap para sa inyo ang gawin ang mga bagay na kailangan ninyo o nais ninyong gawin. Gusto ko pong sagutin ninyo ang mga sumusunod na katanungan sa antas na 1 hanggang 5, kung saan ang 1 ay pinakamadali at ang 5 ay pinakamahirap, base dito sa **SHOWCARD 3001**.*

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | | | | | |
|-----|-----------------------|-------------------|------------|------|------------|-----------|----|
| | | VERY EASY | QUITE EASY | EASY | QUITE HARD | VERY HARD | NA |

To what extent...
Gaano...

HINDERING OR FACILITATING ENVIRONMENT

| | | | | | | | |
|------|---|---|---|---|---|---|---|
| 3001 | ... does your workplace or educational institution make it easy or hard for you to work or learn? ... ang inyong pinagtatrabahuan o institusyong pang-edukasyon ay nagpapadali o nagpapahirap para sa inyo na maghanapbuhay o mag-aral? | 1 | 2 | 3 | 4 | 5 | 9 |
| 3002 | ... do health facilities you need regularly make it easy or hard for you to use them? ... ang pasilidad pang-kalusugan na madalas ninyong puntahan o gamitin ay nagpapadali o nagpapahirap para sa inyo? | 1 | 2 | 3 | 4 | 5 | 9 |
| 3003 | ... do places where you socialize and engage in community activities make it easy or hard for you to do this? ... ang mga lugar kung saan kayo ay nakikisalamuha at sumasali sa mga gawain/aktibidades ng komunidad o pang-pamayanan ay nagpapadali o nagpapahirap gawin para sa inyo? | 1 | 2 | 3 | 4 | 5 | 9 |
| 3004 | ... do the shops, banks and post office in your neighbourhood make it easy or hard for you to use them? ... ang mga tindahan, bangko at post office sa inyong lugar ay nagpapadali o nagpapahirap gamitin para sa inyo? | 1 | 2 | 3 | 4 | 5 | 9 |
| 3005 | ... do your regular places of worship make it easy or hard for you to worship? ... ang mga mosque, simbahan o lugar na sambahan ay nagpapadali o nagpapahirap para sa inyo na magsamba o magsimba? | 1 | 2 | 3 | 4 | 5 | 9 |
| 3006 | ... does the transportation you need or want to use make it easy or hard for you to use it? ... ang mga transportasyon na inyong kailangan o gustong sakyan ay nagpapadali o nagpapahirap gamitin para sa inyo? | 1 | 2 | 3 | 4 | 5 | 9 |
| 3007 | ... does your dwelling make it easy or hard for you to live there? ... ang manirahan sa inyo pong tahanan ay nagpapadali o nagpapahirap para sa inyo? | 1 | 2 | 3 | 4 | 5 | 9 |
| 3008 | ... does the toilet of your dwelling makes it easy or hard for you to use it? ... ang inyong palikuran sa inyong tahanan ay nagpapadali o nagpapahirap gamitin para sa inyo? | 1 | 2 | 3 | 4 | 5 | 9 |
| 3009 | ... do temperature, terrain, and climate of the place you usually live make it easy or hard for you to live there? ... ang temperatura, kapaligiran at klima kung saan kayo palagiing nakatira ay nagpapadali o nagpapahirap po ba para sa inyo na manirahan doon? | 1 | 2 | 3 | 4 | 5 | 9 |
| 3010 | ... do the lighting, noise, and crowds in your surroundings make it easy or hard for you to live there? ... ang ilaw, ingay at umpukan ba ng tao sa inyong kapaligiran ay nagpapadali o nagpapahirap para sa inyo na manirahan doon? | 1 | 2 | 3 | 4 | 5 | 9 |

ASSISTANCE, AIDS AND DEVICES AND MODIFICATIONS

| | | |
|------|---|---------------------------|
| 3011 | Do you have someone to assist you with your day to day activities at home or outside? Mayroon po ba kayong kasamang umaalalay o gumagabay sa inyong pang-araw-araw na gawain sa loob at labas ng inyong tahanan? | YES 1 NO 2 |
| 3012 | Do you use any aids, such as eye glasses, a cane or other assistive devices? Gumagamit po ba kayo ng kahit anumang bagay pantulong kagaya ng salamin sa mata o baston/tungkod o iba pa? | YES 1 NO 2 |
| 3013 | Do you take medicines on a regular basis? Mayroon po ba kayong gamot na iniinom palagian? | YES 1 NO 2 |

Attachment B – NDPS/MFS Form 2

SUPPORT AND RELATIONSHIPS

Now I would like to ask you some questions about your relationships. Please answer these on a scale from 1 to 5 where "1" means it is very easy for you to get help and "5" means it is very difficult for you, shown on **SHOWCARD 3002**.

*Ngayon gusto ko pong magtanong tungkol sa inyong mga ugnayan sa ibang tao. Pakisagot po ang mga sumusunod base sa antas 1 hanggang 5 kung saan ang antas "1" ay madali para sa inyo ang makakuha ng tulong at antas "5" ay pinakamahirap para sa inyo, ayon sa **SHOWCARD 3002**.*

| NO. | QUESTIONS AND FILTERS | VERY EASY | QUITE EASY | EASY | QUITE DIFFICULT | VERY DIFFICULT | NA |
|------|--|-----------|------------|------|-----------------|----------------|----|
| | Should you need help, how easy is it for you to get help from... <i>Kung kinailangan ninyo ng tulong, gaano kadali o kahirap para sa inyo ang humingi ng tulong sa...</i> | | | | | | |
| 3014 | a close family member (including your partner)? <i>malapit na kamag-anak (kabilang ang inyong asawa/kinakasama)?</i> | 1 | 2 | 3 | 4 | 5 | 9 |
| 3015 | friends or co-workers? <i>mga kaibigan o kasamahan sa trabaho?</i> | 1 | 2 | 3 | 4 | 5 | 9 |
| 3016 | neighbors? <i>mga kapitbahay?</i> | 1 | 2 | 3 | 4 | 5 | 9 |

Now I am going to ask you questions about close relationships. By a close relationship I mean one in which you are comfortable talking about your personal affairs, can get help from, or enjoy spending leisure time with. When answering these questions please tell me on a scale from 1 to 5 where "1" means very close and "5" is not at all close, as shown in **SHOWCARD 3003**.

*Ngayon gusto ko pong magtanong tungkol sa inyong malapit na relasyon. Ang ibig ko pong sabihin sa "malapit na relasyon" ay kung saan kayo ay palagay sa pakikipag-usap tungkol sa mga personal na bagay-bagay, nakakahingi ng tulong, o nasisiyahan sa oras ng paglilibang. Sa inyong pagsagot sa mga tanong, mangyaring pumili sa antas na 1 hanggang 5 kung saan ang "1" ay nangangahulugang napakalapit at ang "5" ay hindi malapit, ayon sa **SHOWCARD 3003**.*

| NO. | QUESTIONS AND FILTERS | VERY CLOSE | QUITE CLOSE | CLOSE | NOT QUITE CLOSE | NOT AT ALL CLOSE | NA |
|------|---|------------|-------------|-------|-----------------|------------------|----|
| | How close is your relationship with... <i>Gaano kalapit ang inyong relasyon sa inyong...</i> | | | | | | |
| 3017 | spouse or partner? <i>asawa o kinakasama?</i> | 1 | 2 | 3 | 4 | 5 | 9 |
| 3018 | family members? <i>mga kapamilya?</i> | 1 | 2 | 3 | 4 | 5 | 9 |
| 3019 | friends or co-workers? <i>mga kaibigan o kasamahan sa trabaho?</i> | 1 | 2 | 3 | 4 | 5 | 9 |
| 3020 | neighbors? <i>mga kapitbahay?</i> | 1 | 2 | 3 | 4 | 5 | 9 |

With how many people do you have a close relationship...
Sa ilang mga tao kayo may malapit na ugnayan...

| | | | | | |
|------|--|--------------|----------------------|----------------------|--|
| 3021 | in your family? <i>sa inyong pamilya?</i> | Number | <input type="text"/> | <input type="text"/> | |
| 3022 | among your friends and co-workers? <i>sa inyong mga kaibigan o katrabaho?</i> | Number | <input type="text"/> | <input type="text"/> | |
| 3023 | among your neighbors? <i>sa inyong mga kapitbahay?</i> | Number | <input type="text"/> | <input type="text"/> | |

Attachment B – NDPS/MFS Form 2

ATTITUDES OF OTHERS TO YOU

Now I want to ask you some questions about the attitudes of people around you. When answering these questions please tell me on a scale from 1 to 5 where "1" is not at all and "5" means completely.

Ngayon, gusto kong magtanong tungkol sa asal/ugali/gawi ng mga taong nakapaligid sa inyo. Pakisagot po ang mga sumusunod ayon sa antas 1 hanggang 5 kung saan ang antas "1" ay hindi o wala at antas "5" ay opo, lubos.

USE SHOWCARD 3004

| NO. | QUESTIONS AND FILTERS | NO, NOT AT ALL | NOT QUITE COMPLETELY | COM- PLETELY | QUITE COM- PLETELY | YES, COM- PLETELY | NA |
|-------------------------------|--|----------------|----------------------|--------------|--------------------|-------------------|----|
| To what extent... Gaano... | | | | | | | |
| 3024 | ... can you participate in family decisions? ... kayo nakakalahok sa mga pagdedesisyon ng inyong pamilya? | 1 | 2 | 3 | 4 | 5 | 9 |
| 3025 | ... do you have problems getting involved in society because of the attitudes of people around you? ... ang inyong suliranin sa pakikitungo/pakikisalamuha sa lipunan dahil sa mga saloobin/ugali ng mga tao sa inyong paligid? | 1 | 2 | 3 | 4 | 5 | 9 |
| 3026 | ... do you feel that some people treat you unfairly? ... ninyo nararamdaman sa ibang tao na tinatrato kayo ng hindi maganda o parehas? | 1 | 2 | 3 | 4 | 5 | 9 |
| 3027 | ... do you make your own choices about your day-to-day life? For example, where to go, what to do, what to eat. ... kayo nakakapagdedesisyon sa inyong mga pang araw-araw na pamumuhay, tulad ng pagpapasya kung saan pupunta, anong gagawin o ano ang kakainin? | 1 | 2 | 3 | 4 | 5 | 9 |
| 3028 | ... do you get to make the big decisions in your life? For example, like deciding where to live, or who to live with, how to spend your money. ... kayo nakagagawa ng mga malalaking desisyon sa inyong buhay, tulad ng pagpapasya kung saan kayo maninirahan, o kung sino ang gusto ninyong makasama, kung paano gagastusin ang inyong pera? | 1 | 2 | 3 | 4 | 5 | 9 |
| 3029 | ... do you feel that other people accept you? ... ninyo nararamdaman na tanggap kayo ng ibang tao? | 1 | 2 | 3 | 4 | 5 | 9 |
| 3030 | ... do you feel that other people respect you? For example, do you feel that others value you as a person and listen to what you have to say? ... ninyo nararamdaman na nirerespeto kayo ng ibang tao? Halimbawa, pinahalagahan kayo bilang tao at nakikinig sila sa anumang sinasabi ninyo? | 1 | 2 | 3 | 4 | 5 | 9 |
| 3031 | ... do you consider yourself a burden on society? ... ninyo ipinalagay na pabigat kayo sa lipunan? | 1 | 2 | 3 | 4 | 5 | 9 |
| 3032 | ... do people around you tend to become impatient with you? ... ang mga tao sa paligid ninyo nawawalan ng tiyaga/pasensya sa inyo? | 1 | 2 | 3 | 4 | 5 | 9 |
| 3033 | ... do people around you not expect much from you? ... ang mga tao sa paligid ninyo hindi masyadong umaasa sa inyo? | 1 | 2 | 3 | 4 | 5 | 9 |
| 3034 | ... is living with dignity a problem for you because of the attitudes and actions of others? ... problema sa inyo ang pamumuhay na may dangal/dignidad dahil sa ugali/gawi ng iba? | 1 | 2 | 3 | 4 | 5 | 9 |

ACCESSIBILITY OF INFORMATION

| | | | | | | | |
|-------|--|---------------------------|---|---|---|---|---|
| 3035 | ... do you have access to the information you need or want? ... kayo nakakakuha ng impormasyon na inyong kailangan o gusto? | 1 | 2 | 3 | 4 | 5 | 9 |
| 3035A | Do you have a mobile/cellular phone? Mayroon po ba kayong cellphone? | YES 1 NO 2 | | | | | |
| 3035B | Do you use internet? Gumagamit po ba kayo ng internet? | YES 1 NO 2 | | | | | |

Attachment B – NDPS/MFS Form 2

MODULE 4000. FUNCTIONING

In this module, I want to understand the kinds of problems you experience in your life. By problems I mean not getting things done in the way you want to or not getting them done at all. These problems may arise because of your health or because of the environment in which you live. They may also arise because of the attitudes or behaviours of people around you.

Please think about the **last 30 days**, taking both good and bad days into account. For each question, please tell me how much of a problem is it for you on a scale of 1 to 5, where "1" means not a problem and "5" means an extreme problem.

Sa Module na ito, gusto ko pong maunawaan ang mga uri ng mga problema na inyong naranasan sa inyong buhay. Ang ibig ko pong sabihin sa mga problema na ito, ay ang mga bagay na hindi ninyo magawa ayon sa inyong nais o hindi na ninyo magagawa. Ang pagkakaroon ng mga problemang ito ay maaaring dahil sa inyong kalusugan o dahil sa inyong kapaligiran sa inyong tinitirhan.

Sa **nakaraang 30 araw** na inyong mga naranasan, maganda man o hindi, pakisabi po kung gaano kalaking problema sa inyo sa antas na 1 hanggang 5 sa bawat katanungan. Ang "1" ay walang problema at ang "5" ay matinding problema.

USE SHOWCARD 4000

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | | | | | |
|-----|-----------------------|-------------------|-----------------|-----------|--------------------------|--------------------|------------|
| | | NOT A PROBLEM | QUITE A PROBLEM | A PROBLEM | QUITE AN EXTREME PROBLEM | AN EXTREME PROBLEM | DON'T KNOW |

Please take into account your health and people who help you, any assistive devices you use or any medication you take, in the **last 30 days**.

Isasaalang-alang po ninyo ang inyong kalusugan at ang mga taong tumutulong sa inyo, ang mga aparato na ginagamit ninyo o ang mga gamot na ininom ninyo, sa **nakaraang 30 araw**.

MOBILITY

| | | | | | | | |
|------|--|---|---|---|---|---|---|
| 4001 | How much of a problem is standing up from sitting down for you? <i>Gaano kalaking problema para sa inyo ang pagtayo mula sa pagkakaupo?</i> | 1 | 2 | 3 | 4 | 5 | 8 |
| 4002 | How much of a problem is standing for long periods such as 30 minutes for you? <i>Gaano kalaking problema para sa inyo ang tumayo ng mahabang oras tulad ng 30 minuto?</i> | 1 | 2 | 3 | 4 | 5 | 8 |
| 4003 | How much of a problem is getting out of your home for you? <i>Gaano kalaking problema para sa inyo ang paglabas sa inyong bahay?</i> | 1 | 2 | 3 | 4 | 5 | 8 |
| 4004 | How much of a problem is walking a short distance such as 100 meters for you? <i>Gaano kalaking problema para sa inyo ang maglakad ng maikling distansya tulad ng 100 metro?</i> | 1 | 2 | 3 | 4 | 5 | 8 |
| 4005 | How much of a problem is walking a kilometer for you? <i>Gaano kalaking problema para sa inyo ang maglakad ng isang kilometro?</i> | 1 | 2 | 3 | 4 | 5 | 8 |
| 4006 | How much of a problem is engaging in vigorous activities for you, such as gathering of firewoods, jogging, shoveling, washing clothes, chopping woods, etc. <i>Gaano kalaking problema para sa inyo ang gumawa ng mga mabibigat na gawain, tulad nang paglalaba, pagsisibak ng kahoy, pag jogging, pagbubuhat ng mabibigat na bagay, at iba pa?</i> | 1 | 2 | 3 | 4 | 5 | 8 |
| 4007 | How much of a problem is getting where you want to go for you? <i>Gaano kalaking problema para sa inyo ang pumunta sa gusto ninyong puntahan?</i> | 1 | 2 | 3 | 4 | 5 | 8 |

HAND AND ARM USE

| | | | | | | | |
|------|--|---|---|---|---|---|---|
| 4008 | How much of a problem is doing things that require the use of your hands and fingers, such as picking up small objects or opening a container? <i>Gaano kalaking problema para sa inyo ang paggamit ng mga daliri at kamay, tulad ng pagpulot ng maliliit na bagay o pagbukas ng debote o delata?</i> | 1 | 2 | 3 | 4 | 5 | 8 |
| 4009 | How much of a problem is raising a 2 liter bottle of water from waist to eye level? <i>Gaano kalaking problema para sa inyo ang pagbuhat ng dalawang litrong tubig mula baywang hanggang kasingtaas ng inyong mga mata?</i> | 1 | 2 | 3 | 4 | 5 | 8 |

Attachment B – NDPS/MFS Form 2

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | | | | | | |
|--|--|-------------------|-----------------|-----------|--------------------------|--------------------|------------|--|
| | | NOT A PROBLEM | QUITE A PROBLEM | A PROBLEM | QUITE AN EXTREME PROBLEM | AN EXTREME PROBLEM | DON'T KNOW | |
| <p>Please continue taking into account your health and people who help you, any assistive devices you use or any medication you take.</p> <p><i>Kung isasaalang-alang ang inyong kalusugan at ang mga taong tumutulong sa inyo, ang mga aparato na ginagamit ninyo o ang mga gamot na iniinom ninyo,</i></p> | | | | | | | | |
| SELF-CARE | | | | | | | | |
| 4010 | How much of a problem is being clean and dressed? <i>Gaano kalaking problema para sa inyo ang pagiging malinis at bihis?</i> | 1 | 2 | 3 | 4 | 5 | 8 | |
| 4011 | How much of a problem is eating? <i>Gaano kalaking problema para sa inyo ang pagkain?</i> | 1 | 2 | 3 | 4 | 5 | 8 | |
| 4012 | How much of a problem is toileting? <i>Gaano kalaking problema para sa inyo ang paggamit ng palikuran?</i> | 1 | 2 | 3 | 4 | 5 | 8 | |
| 4013 | How much of a problem is cutting your toenails? <i>Gaano kalaking problema para sa inyo ang paggupit ng inyong mga kuko sa paa?</i> | 1 | 2 | 3 | 4 | 5 | 8 | |
| 4014 | How much of a problem is looking after your health, eating well, exercising or taking your medicines? <i>Gaano kalaking problema para sa inyo ang pag-aalaga ng inyong kalusugan, pagkain ng tama, pag-ehehersisyo o pag-inom ng gamot?</i> | 1 | 2 | 3 | 4 | 5 | 8 | |
| SEEING | | | | | | | | |
| 4015 | How much of a problem do you have with seeing at a distance? <i>Gaano kalaking problema para sa inyo ang makakita ng malinaw sa malayuan?</i> | 1 | 2 | 3 | 4 | 5 | 8 | |
| 4016 | How much of a problem do you have with seeing at arm's length? <i>Gaano kalaking problema para sa inyo ang makakita ng malinaw sa malapitan (arm's length)?</i> | 1 | 2 | 3 | 4 | 5 | 8 | |
| HEARING | | | | | | | | |
| 4017 | How much of a problem do you have with hearing what is said in a conversation with another person in a quiet room? <i>Gaano kalaking problema para sa inyo ang pagdinig ng malinaw sa usapan sa isang matahimik na silid?</i> | 1 | 2 | 3 | 4 | 5 | 8 | |
| 4018 | How much of a problem do you have with hearing what is said in a conversation with another person in a noisy room? <i>Gaano kalaking problema para sa inyo ang pagdinig ng malinaw sa usapan sa isang maingay na silid?</i> | 1 | 2 | 3 | 4 | 5 | 8 | |
| PAIN | | | | | | | | |
| 4019 | How much of a problem is having pain in your day-to-day life for you? <i>Gaano kalaking problema para sa inyo ang makaramdam ng sakit o sa'kit sa inyong pang araw-araw na pamumuhay?</i> | 1 | 2 | 3 | 4 | 5 | 8 | |

Attachment B – NDPS/MFS Form 2

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | | | | | | |
|---|---|-------------------|-----------------|-----------|--------------------------|--------------------|------------|--|
| | | NOT A PROBLEM | QUITE A PROBLEM | A PROBLEM | QUITE AN EXTREME PROBLEM | AN EXTREME PROBLEM | DON'T KNOW | |
| Please continue taking into account your health and people who help you, any assistive devices you use or any medication you take. <i>Kung isasaalang-alang ang inyong kalusugan at ang mga taong tumutulong sa inyo, ang mga aparato na ginagamit ninyo o ang mga gamot na iniinom ninyo.</i> | | | | | | | | |
| ENERGY AND DRIVE | | | | | | | | |
| 4020 | How much of a problem do you have with sleep? <i>Gaano kalaking problema para sa inyo ang pagtulog?</i> | 1 | 2 | 3 | 4 | 5 | 8 | |
| 4021 | How much of a problem is feeling tired and not having enough energy? <i>Gaano kalaking problema para sa inyo ang makaramdam ng pagod at kawalan ng lakas?</i> | 1 | 2 | 3 | 4 | 5 | 8 | |
| BREATHING | | | | | | | | |
| 4022 | How much of a problem do you have with shortness of breath? <i>Gaano kalaking problema para sa inyo ang pangangapos ng paghinga?</i> | 1 | 2 | 3 | 4 | 5 | 8 | |
| 4023 | How much of a problem do you have with coughing or wheezing? <i>Gaano kalaking problema para sa inyo ang pag-ubo o sumingasing?</i> | 1 | 2 | 3 | 4 | 5 | 8 | |
| AFFECT (DEPRESSION AND ANXIETY) | | | | | | | | |
| 4024 | How much of a problem do you have with feeling sad, low or depressed? <i>Gaano kalaking problema para sa inyo ang makaramdam ng lungkot o depresyon?</i> | 1 | 2 | 3 | 4 | 5 | 8 | |
| 4025 | How much of a problem do you have with feeling worried, nervous or anxious? <i>Gaano kalaking problema para sa inyo ang makaramdam ng pag-aalala, nerbyos o pagkabahala/pagkabalisa?</i> | 1 | 2 | 3 | 4 | 5 | 8 | |
| INTERPERSONAL RELATIONSHIPS | | | | | | | | |
| 4026 | How much of a problem is getting along with people who are close to you, including your family and friends? <i>Gaano kalaking problema para sa inyo ang makisama sa mga taong malapit sa inyo, tulad ng kapamilya at mga kaibigan?</i> | 1 | 2 | 3 | 4 | 5 | 8 | |
| 4027 | How much of a problem is dealing with people you do not know? <i>Gaano kalaking problema para sa inyo ang makitungo sa mga taong hindi ninyo kakilala?</i> | 1 | 2 | 3 | 4 | 5 | 8 | |
| 4028 | How much of a problem is initiating and maintaining friendships? <i>Gaano kalaking problema para sa inyo ang makipagkaibigan at ang pagpapanatili nito?</i> | 1 | 2 | 3 | 4 | 5 | 8 | |
| 4029 | How much of a problem do you have with intimate relationships? <i>Gaano kalaking problema para sa inyo ang magkaroon ng maalab (intimate) na ugnayan?</i> | 1 | 2 | 3 | 4 | 5 | 8 | |

Attachment B – NDPS/MFS Form 2

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | | | | | | |
|---|---|-------------------|-----------------|-----------|--------------------------|--------------------|------------|--|
| | | NOT A PROBLEM | QUITE A PROBLEM | A PROBLEM | QUITE AN EXTREME PROBLEM | AN EXTREME PROBLEM | DON'T KNOW | |
| Please continue taking into account your health and people who help you, any assistive devices you use or any medication you take. <i>Kung isasaalang-alang ang inyong kalusugan at ang mga taong tumutulong sa inyo, ang mga aparato na ginagamit ninyo o ang mga gamot na iniinom ninyo,</i> | | | | | | | | |
| HANDLING STRESS | | | | | | | | |
| 4030 | How much of a problem is handling stress, such as controlling the important things in your life? <i>Gaano kalaking problema para sa inyo ang pagkontrol ng stress, tulad sa pagpapanatiling maayos ang mga mahahalagang bagay sa inyong buhay?</i> | 1 | 2 | 3 | 4 | 5 | 8 | |
| 4031 | How much of a problem is coping with all the things you have to do? <i>Gaano kalaking problema para sa inyo ang gampanan ang lahat ng mga bagay na dapat mong gawin?</i> | 1 | 2 | 3 | 4 | 5 | 8 | |
| COMMUNICATION | | | | | | | | |
| 4032 | How much of a problem do you have with being understood using your usual language? <i>Gaano kalaking problema para sa inyo ang maunawaan kayo ng iba sa inyong sinasabi gamit ang inyong nakagawiang wika/salita?</i> | 1 | 2 | 3 | 4 | 5 | 8 | |
| 4033 | How much of a problem do you have with understanding others, using your usual language? <i>Gaano kalaking problema para sa inyo ang umintindi sa sinasabi ng iba gamit ang nakagawian mong wika/salita?</i> | 1 | 2 | 3 | 4 | 5 | 8 | |
| COGNITION | | | | | | | | |
| 4034 | How much of a problem is forgetfulness for you? <i>Gaano kalaking problema para sa inyo ang pagiging malilimutin?</i> | 1 | 2 | 3 | 4 | 5 | 8 | |
| 4035 | How much of a problem is remembering to do the important things in your day-to-day life? <i>Gaano kalaking problema para sa inyo ang alalahaning gawin ang mga mahahalagang bagay/gawain sa inyong pang araw-araw na pamumuhay?</i> | 1 | 2 | 3 | 4 | 5 | 8 | |
| 4036 | How much of a problem is finding solutions to day-to-day problems that you might have? <i>Gaano kalaking problema para sa inyo ang gumawa ng solusyon para sa pang araw-araw na mga suliranin?</i> | 1 | 2 | 3 | 4 | 5 | 8 | |
| HOUSEHOLD TASKS | | | | | | | | |
| 4037 | How much of a problem do you have with getting your households tasks done? <i>Gaano kalaking problema para sa inyo ang tapusin ang mga gawaing bahay?</i> | 1 | 2 | 3 | 4 | 5 | 8 | |
| 4038 | How much of a problem do you have with managing the money you have? <i>Gaano kalaking problema para sa inyo ang pamamahala sa inyong pananalapi?</i> | 1 | 2 | 3 | 4 | 5 | 8 | |

Attachment B – NDPS/MFS Form 2

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | | | | | | | |
|---|--|-------------------|-----------------|-----------|--------------------------|-----------------|------------|----|--|
| | | NOT A PROBLEM | QUITE A PROBLEM | A PROBLEM | QUITE AN EXTREME PROBLEM | EXTREME PROBLEM | DON'T KNOW | NA | |
| Please continue taking into account your health and people who help you, any assistive devices you use or any medication you take. <i>Kung isasaalang-alang ang inyong kalusugan at ang mga taong tumutulong sa inyo, ang mga aparato na ginagamit ninyo o ang mga gamot na iniinom ninyo.</i> | | | | | | | | | |
| COMMUNITY AND CITIZENSHIP PARTICIPATION | | | | | | | | | |
| 4039 | How much of a problem do you have with doing things for relaxation or pleasure? <i>Gaano kalaking problema para sa inyo ang gumawa ng mga bagay para sa pagrereleks o paglilibang?</i> | 1 | 2 | 3 | 4 | 5 | 8 | 9 | |
| 4040 | How much of a problem do you have with joining community activities, such as festivities, religious or other activities? <i>Gaano kalaking problema para sa inyo ang lumahok sa mga gawaing pangkomunidad, tulad ng mga kapistahan, pangrelihiyon at iba pa?</i> | 1 | 2 | 3 | 4 | 5 | 8 | 9 | |
| 4041 | How much of a problem do you have in engaging in local or national politics and in civil society organizations, such as Rotary Club, Red Cross? <i>Gaano kalaking problema para sa inyo ang makibahagi sa politikang lokal o nasyonal at sa iba pang samahang sibikong panlipunan, halimbawa ay Rotary Club, Red Cross.</i> | 1 | 2 | 3 | 4 | 5 | 8 | 9 | |
| 4042 | How much of a problem did you have with voting in the last elections? <i>Gaano kalaking problema para sa inyo ang pagboto noong nakaraang eleksyon?</i> | 1 | 2 | 3 | 4 | 5 | 8 | 9 | |
| CARING FOR OTHERS | | | | | | | | | |
| 4043 | How much of a problem do you have providing care or support for others? <i>Gaano kalaking problema para sa inyo ang pagbibigay pangangalaga o pagsuporta para sa iba?</i> | 1 | 2 | 3 | 4 | 5 | 8 | 9 | |
| WORK & SCHOOLING | | | | | | | | | |
| 4044 | IF THE RESPONDENT IS CURRENTLY NOT WORKING, SELECT THE RESPONSE OPTION 9, NOT APPLICABLE How much of a problem do you have with applying for and getting a job? <i>Gaano kalaking problema para sa inyo ang paghahanap ng trabaho at pagkakaroon nito?</i> | 1 | 2 | 3 | 4 | 5 | 8 | 9 | |
| 4045 | IF THE RESPONDENT IS CURRENTLY NOT WORKING, SELECT THE RESPONSE OPTION 9, NOT APPLICABLE How much of a problem is getting things done as required at work? <i>Gaano kalaking problema para sa inyo ang magawa ang trabahong dapat mong gampanan?</i> | 1 | 2 | 3 | 4 | 5 | 8 | 9 | |
| 4046 | IF THE RESPONDENT IS CURRENTLY NOT RECEIVING EDUCATION, SELECT THE RESPONSE OPTION 9, NOT APPLICABLE How much of a problem do you have getting a formal or informal education? <i>Gaano kalaking problema para sa inyo ang makapag-aral?</i> | 1 | 2 | 3 | 4 | 5 | 8 | 9 | |
| 4047 | IF THE RESPONDENT IS CURRENTLY NOT RECEIVING EDUCATION, SELECT THE RESPONSE OPTION 9, NOT APPLICABLE How much of a problem is getting things done as required at school? <i>Gaano kalaking problema para sa inyo ang magawa ang mga kinakailangang gawin para sa paaralan?</i> | 1 | 2 | 3 | 4 | 5 | 8 | 9 | |
| 4048 | How much of a problem is using public or private transportation? <i>Gaano kalaking problema para sa inyo ang pagsakay sa mga pampubliko o pang pribadong transportasyon?</i> | 1 | 2 | 3 | 4 | 5 | 8 | 9 | |

Attachment B – NDPS/MFS Form 2

MODULE 5000. HEALTH CONDITION

| <p>The next questions ask about difficulties you may have doing certain activities only because of your HEALTH. Please think about the last 30 days taking both good and bad days into account. Now thinking only about your health I want you to answer these questions WITHOUT taking into account any help.</p> <p><i>Ang mga susunod na katanungan ay tungkol sa inyong kahirapan sa paggawa ng mga ilang gawain dahil sa inyong KALUSUGAN. Sa inyong mga naranasan sa nakaraang 30 araw, maganda man o hindi, nais naming sagutin ninyo ang mga sumusunod na katanungan tungkol sa inyong kundisyon sa kalusugan ng WALANG anumang mga gamit na pantulong (assistive device).</i></p> | | | | | | | |
|--|---|-------------------|-----------------|-----------------------|------------------|---------------------|----|
| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | | | | | |
| | | VERY GOOD | GOOD | NEITHER POOR NOR GOOD | POOR | VERY POOR | |
| 5001 | <p>I will start with a question about your overall health including your physical and your mental health. In general, how would you rate your health today?</p> <p><i>Sisimulan ko po ang tanong tungkol sa inyong pangkalahatang kalusugan kasama ang pampisikal at pangkaisipang kalusugan. Sa kabuuan, ano ang inyong pagtaya sa inyong kalusugan ngayong araw na ito?</i></p> <p>USE SHOWCARD 5001</p> | 1 | 2 | 3 | 4 | 5 | |
| <p>I want you to answer the following questions on a scale from 1 to 5 where "1" means no difficulty and "5" means extreme difficulty or you are unable to do the activity.</p> <p><i>Gusto ko pong sagutin ninyo ang mga sumusunod na katanungan sa antas na 1 hanggang 5, sa bawat katanungan. Ang "1" ay hindi nahihirapan at ang "5" ay sobrang nahihirapan o hindi kayang gawin ang aktibidad.</i></p> <p>USE SHOWCARD 5002</p> | | | | | | | |
| | | NO DIFFICULTY | A BIT DIFFICULT | QUITE DIFFICULT | REALLY DIFFICULT | EXTREMELY DIFFICULT | NA |
| 5002 | <p>How much difficulty do you have moving around because of your health?</p> <p><i>Gaano kahirap sa inyo ang kumilos sa paligid dahil sa inyong kalusugan?</i></p> | 1 | 2 | 3 | 4 | 5 | |
| 5003 | <p>How much difficulty do you have learning a new task because of your health?</p> <p><i>Gaano kahirap sa inyo ang matuto ng bagong gawain/tungkulin dahil sa inyong kalusugan?</i></p> | 1 | 2 | 3 | 4 | 5 | |
| 5004 | <p>Because of your health, how much difficulty do you have toileting?</p> <p><i>Dahil sa inyong kalusugan, gaano kahirap sa inyo ang pag-gamit ng palikuran?</i></p> | 1 | 2 | 3 | 4 | 5 | |
| 5005 | <p>Because of your health, how much difficulty do you have on starting, sustaining and ending a conversation?</p> <p><i>Dahil sa inyong kalusugan, gaano kahirap sa inyo ang mag-umpisa, magpatuloy at tapusin ang pakikipag-usap?</i></p> | 1 | 2 | 3 | 4 | 5 | |
| 5006 | <p>Because of your health, how much difficulty do you have doing things that require the use of your hands and fingers, such as picking up small objects or opening a container?</p> <p><i>Dahil sa inyong kalusugan, gaano kahirap sa inyo ang gumawa ng mga bagay na nangangailangang gumamit ng mga kamay at dalin, tulad ng pagpulot ng maliit na bagay o magbukas ng debote o delata?</i></p> | 1 | 2 | 3 | 4 | 5 | |
| 5007 | <p>How much difficulty do you have sleeping because of your health?</p> <p><i>Gaano kahirap para sa inyo ang pag-tulog dahil sa inyong kalusugan?</i></p> | 1 | 2 | 3 | 4 | 5 | |
| 5008 | <p>How much difficulty do you have with shortness of breath because of your health?</p> <p><i>Gaano kahirap para sa inyo ang kapusin/hirap sa paghinga dahil sa inyong kalusugan?</i></p> | 1 | 2 | 3 | 4 | 5 | |
| 5009 | <p>How much difficulty do you have doing household tasks because of your health?</p> <p><i>Gaano kahirap sa inyo ang gampanan ang mga gawaing bahay dahil sa inyong kalusugan?</i></p> | 1 | 2 | 3 | 4 | 5 | |
| 5010 | <p>How much difficulty do you have providing care or support for others because of your health?</p> <p><i>Gaano kahirap sa inyo ang magbigay ng pangangalaga o pagsuporta sa iba dahil sa inyong kalusugan?</i></p> | 1 | 2 | 3 | 4 | 5 | |

Attachment B – NDPS/MFS Form 2

| | | CODING CATEGORIES | | | | | |
|------|--|-------------------|-----------------|-----------------|------------------|---------------------|----|
| | | NO DIFFICULTY | A BIT DIFFICULT | QUITE DIFFICULT | REALLY DIFFICULT | EXTREMELY DIFFICULT | NA |
| 5011 | Because of your health, how much difficulty do you have with joining community activities, such as festivities, religious or other activities? <i>Dahil sa inyong kalusugan, gaano kahirap para sa inyo ang lumahok sa mga gawaing pangkomunidad, tulad ng mga kapistahan, pangrelihiyon at iba pa?</i> | 1 | 2 | 3 | 4 | 5 | |
| 5012 | IF THE RESPONDENT IS NOT WORKING OR RECEIVING EDUCATION, SELECT THE RESPONSE OPTION 9, NOT APPLICABLE How much difficulty do you have with your day to day work or school because of your health? <i>Gaano kahirap sa inyo ang pang araw-araw na trabaho o gawain sa paaralan dahil sa inyong kalusugan?</i> | 1 | 2 | 3 | 4 | 5 | 9 |
| 5013 | To what extent do you feel sad, low or depressed because of your health? <i>Gaano kahirap para sa inyo ang makaramdam ng lungkot o depresyon dahil sa inyong kalusugan?</i> | 1 | 2 | 3 | 4 | 5 | |
| 5014 | To what extent do you feel worried, nervous or anxious because of your health? <i>Gaano kahirap para sa inyo ang makaramdam ng pag-aalala, nerbyos o pagkabahala/pagkabalisa dahil sa inyong kalusugan?</i> | 1 | 2 | 3 | 4 | 5 | |
| 5015 | Because of your health, how much difficulty do you have getting along with people who are close to you, including your family and friends? <i>Dahil sa inyong kalusugan, gaano kahirap para sa inyo ang makisama sa mga taong malapit sa inyo, tulad ng kapamilya at mga kaibigan?</i> | 1 | 2 | 3 | 4 | 5 | |
| 5016 | Because of your health, how much difficulty do you have coping with all the things you have to do? <i>Dahil sa inyong kalusugan, gaano kahirap para sa inyo ang gampanan ang lahat ng mga bagay na dapat mong gawin?</i> | 1 | 2 | 3 | 4 | 5 | |
| 5017 | How many bodily aches or pain do you have? <i>Gaano karaming sakit sa katawan o mga sa'kit ang mayroon ka?</i> | 1 | 2 | 3 | 4 | 5 | |

The next questions ask about difficulties you may have doing certain activities because of a **HEALTH PROBLEM**. I want you to answer the following questions on a scale from 1 to 4 where "1" means no difficulty, and "4" means you cannot do the activity.

Ang mga sumusunod na katanungan ay tungkol po sa inyong kahirapan sa mga ilang gawain dahil sa inyong **PROBLEMA** sa **KALUSUGAN**. Pakisagot po ang mga sumusunod base sa antas 1 hanggang 4 kung saan ang antas "1" ay hindi nahihirapan at antas "4" ay hindi maaaring magawa.

USE SHOWCARD 5003

| | | CODING CATEGORIES | | | |
|-----|--|-------------------|----------------------|--------------------------|------------------|
| | | NO, NO DIFFICULTY | YES, SOME DIFFICULTY | YES, A LOT OF DIFFICULTY | CANNOT DO AT ALL |
| WG1 | Do you have difficulty seeing, even if wearing eyeglasses/contact lens? <i>May kahirapan po ba kayong makakita, kahit pa mayroon kayong salamin sa mata?</i> | 1 | 2 | 3 | 4 |
| WG2 | Do you have difficulty hearing, even if using a hearing aid? <i>May kahirapan po ba kayong makarinig, kahit pa gumagamit kayo ng "hearing aid"?</i> | 1 | 2 | 3 | 4 |
| WG3 | Do you have difficulty walking or climbing steps? <i>May kahirapan po ba kayo sa paglalakad o sa pag-akyat ng hagdan?</i> | 1 | 2 | 3 | 4 |
| WG4 | Do you have difficulty remembering or concentrating? <i>May kahirapan po ba kayong maka-alala o magtuon ng pag-iisip?</i> | 1 | 2 | 3 | 4 |
| WG5 | Do you have difficulty (with self-care such as) washing all over or dressing? <i>May kahirapan po ba kayo sa paglilinis sa sarili o pagbibihis?</i> | 1 | 2 | 3 | 4 |
| WG6 | Using your usual (customary) language, do you have difficulty communicating, for example understanding or being understood? <i>Gamit po ang inyong nakagawiang salita, may kahirapan po ba kayo sa pakikipag-usap, halimbawa ang umunawa o maunawaan?</i> | 1 | 2 | 3 | 4 |

Attachment B – NDPS/MFS Form 2

| | | | | | | | | | |
|--|--|---|----|--|----|---|----|-----|----|
| I want to ask you now about diseases or health conditions you currently have. <i>Ngayon, gusto ko pong malaman ang tungkol sa mga karamdaman o kalagayang pangkalusugan na meron kayo sa kasalukuyan.</i> | | b) Have you ever been told by a doctor (or another health professional) that you have [DISEASE NAME]? <i>b) Nasabihan na po ba kayo ng doktor (o iba pang health professional) na meron kayong [DISEASE NAME]?</i> | | c) In the last 12 months, have you been given any medications for [DISEASE NAME]? <i>c) Sa nakalipas na 12 buwan, nabigyan na po ba kayo ng gamot para sa [DISEASE NAME]?</i> | | d) In the last 12 months, have you been given any other treatment for [DISEASE NAME]? <i>d) Sa nakalipas na 12 buwan, nabigyan na po ba kayo ng iba pang lunas para sa [DISEASE NAME]?</i> | | | |
| a) Do you have [DISEASE NAME]? <i>a) Meron po ba kayong [DISEASE NAME]?</i> | | PROCEED WITH QUESTIONS B, C AND D FOR DISEASES ENDORSED IN QUESTION A. | | | | | | | |
| | | YES | NO | YES | NO | YES | NO | YES | NO |
| 5018 | Vision loss <i>Pagkawala o panlalabo ng paningin</i> | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 |
| 5019 | Hearing loss <i>Pagkawala ng pandinig</i> | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 |
| 5020 | High Blood Pressure (Hypertension) <i>Pagtaas ng presyon ng dugo, altapresyon</i> | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 |
| 5021 | Diabetes <i>Dyabetes</i> | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 |
| 5022 | Arthritis <i>Rayuma</i> | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 |
| 5023 | Heart disease, Coronary disease, Heart attack <i>Sakit sa puso, atake sa puso</i> | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 |
| 5024 | Chronic bronchitis or Emphysema | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 |
| 5025 | Asthma, allergic, respiratory disease <i>Hika, allergy</i> | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 |
| 5026 | Back pain or disc problem <i>Sakit sa likod o problema sa gulugod</i> | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 |
| 5027 | Migraine (recurrent headaches) <i>Palagiang pananakit ng ulo</i> | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 |
| 5028 | Stroke e.g. cerebral bleeding <i>Istrok tulad ng pagdurugo ng utak</i> | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 |
| 5029 | Depression or Anxiety <i>Pagkabalisa o depression</i> | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 |
| 5030 | Amputation <i>Naputulan ng bahagi ng kamay o paa</i> | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 |
| 5031 | Polio <i>Polyo</i> | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 |
| 5032 | Gastritis or Ulcer | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 |
| 5033 | Tumour or cancer (including blood cancer) <i>Tumor o kanser (kasama ang kanser sa dugo)</i> | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 |
| 5034 | Kidney diseases <i>Sakit sa bato</i> | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 |
| 5035 | Skin diseases e.g. Psoriasis <i>Sakit sa balat tulad ng psoriasis</i> | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 |
| 5036 | Tuberculosis <i>TB o tisis</i> | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 |
| 5037 | Mental (psychiatric) or behavioural disorders <i>Problema sa pag-iisip</i> | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 |
| 5038 | Sleep problems <i>Problema sa pagtulog</i> | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 |
| 5039 | Other (specify) _____ | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 |
| 5040 | Other (specify) _____ | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 |

Attachment B – NDPS/MFS Form 2

MODULE 3000B. PERSONAL ASSISTANCE, ASSISTIVE DEVICES AND FACILITATORS

| CHECK 3011 | | | |
|---------------------------------|--|--|---------|
| IF 3011 = 1 (YES) _____ | | | → 3036 |
| IF 3011 = 2 (NO) _____ | | | → 3039 |
| PERSONAL ASSISTANCE | | | |
| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | GO TO |
| 3036 | <p>You told me that there are people assisting you. How many of these people are paid or belong to charity organizations?</p> <p><i>Nabanggit po ninyo sa akin na may mga taong umaalalay/tumutulong sa inyo. Ilan po sa mga taong ito ang binabayaran o kasama sa mga organisasyon pang kawanggawa?</i></p> | <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> | |
| 3037 | <p>How many of these people are not paid, such as family members, friends or volunteers?</p> <p><i>Ilan po sa mga taong ito ang hindi binabayaran, tulad ng miyembro ng inyong pamilya, kaibigan o mga taong may kusang loob na tumutulong?</i></p> | <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> | |
| 3038 | <p>You told me that there are people assisting you. Do you think you need additional assistance with your day-to-day activities at home or outside?</p> <p><i>Nabanggit po ninyo sa akin na may mga taong umaalalay o tumutulong sa inyo. Sa palagay po ninyo, kailangan po ba ninyong magdagdag ng aalalay/tutulong para sa inyong pang araw-araw na gawain sa loob at labas ng inyong tahanan?</i></p> | <p>YES 1</p> <p>NO 2</p> | → 3039A |
| 3039 | <p>You told me that there are no people assisting you. Do you think you need someone to assist you?</p> <p><i>Nabanggit po ninyo na walang taong umaalalay o tumutulong sa inyo. Sa palagay po ba ninyo ay kailangan ninyo ng taong aalalay/tutulong sa inyo?</i></p> | <p>YES 1</p> <p>NO 2</p> | |
| CHECK 3012 | | | |
| IF 3012 = 1 (YES) _____ | | | → 3040 |
| IF 3012 = 2 (NO) _____ | | | → 3043 |
| ASSISTIVE DEVICES | | | |
| MOBILITY & SELF-CARE | | | |
| 3040 | <p>You told me that you use aids. Do you use any assistive devices to help you get around or for self-care?</p> <p><i>Nabanggit po ninyo na gumagamit po kayo ng kahit ano mang bagay na pantulong. Gumagamit po ba kayo ng kahit anumang bagay na pantulong para kayo'y makakilos o makagalaw sa inyong paligid o para sa pangsariling pangangalaga?</i></p> | <p>YES 1</p> <p>NO 2</p> | → 3043 |
| 3041 | <p>Which ones do you use?</p> <p><i>Alin po ang inyong gamit?</i></p> <p>USE SHOWCARD 3005. MORE THAN ONE OPTION CAN BE SELECTED.</p> | <p>ORTHOPEDIC FOOTWEAR A</p> <p>ARTIFICIAL LIMB (LEG/FOOT) B</p> <p>A CANE OR WALKING STICK C</p> <p>CRUTCHES D</p> <p>A WHEELCHAIR E</p> <p>A WALKER OR A SCOOTER F</p> <p>BRACES G</p> <p>AN ADAPTED MOTOR VEHICLE H</p> <p>EXTENDERS OR GRASPING TOOLS I</p> <p>ANOTHER AID J</p> | |
| 3042 | <p>In addition to these, do you think you need other aids to help you get around or for self-care?</p> <p><i>Bilang karagdagan dito, sa palagay po ba ninyo ay nangangailangan pa kayo ng iba pang pantulong para makakilos o makagalaw sa inyong paligid o para sa pangsariling pangangalaga?</i></p> <p>USE SHOWCARD 3005. MORE THAN ONE OPTION CAN BE SELECTED.</p> | <p>NONE A</p> <p>ORTHOPEDIC FOOTWEAR B</p> <p>ARTIFICIAL LIMB (LEG/FOOT) C</p> <p>A CANE OR WALKING STICK D</p> <p>CRUTCHES E</p> <p>A WHEELCHAIR F</p> <p>A WALKER OR A SCOOTER G</p> <p>BRACES H</p> <p>AN ADAPTED MOTOR VEHICLE I</p> <p>EXTENDERS OR GRASPING TOOLS J</p> <p>ANOTHER AID K</p> | → 3044A |

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| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | GO TO |
|---------------|--|---|---------|
| 3043 | <p>You told me you do not use aids to help you get around and for self-care. Do you think you need any?</p> <p><i>Nabanggit po ninyo na hindi kayo gumagamit ng kahit anong pantulong para makakilos o makagalaw sa inyong paligid o para sa pangsariling pangangalaga. Sa palagay po ba ninyo, nangangailangan pa kayo ng iba pang pantulong?</i></p> | <p>YES 1</p> <p>NO 2</p> | → 3044A |
| 3044 | <p>Which are the assistive devices you need to help you get around or for self-care?</p> <p><i>Alin po sa mga sumusunod na bagay na pantulong ang inyong kailangan para kayo ay makakilos o makagalaw sa inyong paligid o para sa pansariling pangangalaga?</i></p> <p>USE SHOWCARD 3005. MORE THAN ONE OPTION CAN BE SELECTED.</p> | <p>ORTHOPEDIC FOOTWEAR A</p> <p>ARTIFICIAL LIMB (LEG/FOOT) B</p> <p>A CANE OR WALKING STICK C</p> <p>CRUTCHES D</p> <p>A WHEELCHAIR E</p> <p>A WALKER OR A SCOOTER F</p> <p>BRACES G</p> <p>AN ADAPTED MOTOR VEHICLE H</p> <p>EXTENDERS OR GRASPING TOOLS I</p> <p>ANOTHER AID J</p> | |
| 3044A | <p>CHECK 3012</p> <p>IF 3012 = 1 (YES) → 3045</p> <p>IF 3012 = 2 (NO) → 3048</p> | | |
| SEEING | | | |
| 3045 | <p>Do you use any assistive devices to help you manage any problems in your sense of seeing?</p> <p><i>Gumagamit po ba kayo ng kahit anomang bagay na pantulong para mas mapabuti ang mga problema sa paningin?</i></p> | <p>YES 1</p> <p>NO 2</p> | → 3048 |
| 3046 | <p>Which one do you use?</p> <p><i>Alin po ang inyong gamit?</i></p> <p>USE SHOWCARD 3006. MORE THAN ONE OPTION CAN BE SELECTED.</p> | <p>GLASSES OR CONTACT LENSES A</p> <p>BRaille READING MATERIALS B</p> <p>LARGE PRINT READING MATERIALS C</p> <p>TALKING BOOKS D</p> <p>RECORDING EQUIPMENT OR PORTABLE NOTE-TAKERS E</p> <p>CLOSED CIRCUIT DEVICES (E.G. CCTV's) F</p> <p>A COMPUTER WITH BRaille LARGE PRINT OR SPEECH ACCESS G</p> <p>A WHITE CANE H</p> <p>A GUIDE DOG I</p> <p>ANOTHER ASSISTIVE DEVICE J</p> | |
| 3047 | <p>In addition to these, do you think you need any other thing to help you see better?</p> <p><i>Bilang karagdagan dito, sa palagay po ba ninyo ay nangangailangan pa kayo ng iba pang bagay pantulong para makakita ng mas mabuti/maayos?</i></p> <p>USE SHOWCARD 3006. MORE THAN ONE OPTION CAN BE SELECTED.</p> | <p>NONE A</p> <p>GLASSES OR CONTACT LENSES B</p> <p>BRaille READING MATERIALS C</p> <p>LARGE PRINT READING MATERIALS D</p> <p>TALKING BOOKS E</p> <p>RECORDING EQUIPMENT OR PORTABLE NOTE-TAKERS F</p> <p>CLOSED CIRCUIT DEVICES (E.G. CCTV's) G</p> <p>A COMPUTER WITH BRaille LARGE PRINT OR SPEECH ACCESS H</p> <p>A WHITE CANE I</p> <p>A GUIDE DOG J</p> <p>ANOTHER ASSISTIVE DEVICE K</p> | → 3049A |

Attachment B – NDPS/MFS Form 2

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | GO TO |
|------------------------------------|--|---|---------|
| 3048 | <p>You told me you do not use anything to help you see better. Do you think you need any assistive devices? <i>Nabanggit po ninyo sa akin na hindi kayo gumagamit ng kahit ano mang bagay na pantulong upang mas makakita kayo ng mas mabuti/maayos. Sa palagay po ba ninyo, nangangailangan pa kayo ng iba pang gamit pangtulong?</i></p> | <p>YES 1 NO 2</p> | → 3049A |
| 3049 | <p>Which are the assistive devices for seeing that you need? <i>Alin po ba sa mga sumusunod na pangtulong sa paningin ang inyong kailangan?</i></p> <p>USE SHOWCARD 3006. MORE THAN ONE OPTION CAN BE SELECTED.</p> | <p>GLASSES OR CONTACT LENSES A BRAILLE READING MATERIALS B LARGE PRINT READING MATERIALS C TALKING BOOKS D RECORDING EQUIPMENT OR PORTABLE NOTE-TAKERS E CLOSED CIRCUIT DEVICES CIRCUIT DEVICES (E.G. CCTV's) F A COMPUTER WITH BRAILLE LARGE PRINT OR SPEECH ACCESS G A WHITE CANE H A GUIDE DOG I ANOTHER ASSISTIVE DEVICE J</p> | |
| 3049A | <p>CHECK 3012</p> <p>IF 3012 = 1 (YES) → 3050</p> <p>IF 3012 = 2 (NO) → 3053</p> | | |
| HEARING & COMMUNICATION | | | |
| 3050 | <p>Do you use any assistive devices to help you hear or communicate better? <i>Gumagamit po ba kayo ng alin mang bagay pangtulong para makarinig o makipag-usap ng mas maayos/mabuti?</i></p> | <p>YES 1 NO 2</p> | → 3053 |
| 3051 | <p>Which ones do you use? <i>Alin po ang inyong gamit?</i></p> <p>USE SHOWCARD 3007. MORE THAN ONE OPTION CAN BE SELECTED.</p> | <p>HEARING AIDS A A COMPUTER TO COMMUNICATE (E.G. E-MAIL OR CHAT SERVICES) B PHONE RELATED DEVICES, E.G. PHONE COUPLER, FLASHERS, MINICOM, TTY C A MESSAGE RELAY SERVICE D A CLOSED CAPTION T.V. OR DECODER E AMPLIFIERS (E.G. FM, ACOUSTIC, INFRARED) F A VISUAL OR VIBRATING ALARM G A COCHLEAR IMPLANT H A VOICE AMPLIFIER I A COMPUTER OR KEYBOARD DEVICE J A COMMUNICATIONS BOARD SUCH AS BLISS K OTHER AIDS L</p> | |

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| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | GO TO | | | |
|---------------------------|--|--|------------------------------|--|--|--|
| 3052 | <p>In addition to these, do you think you need other things to help you hear and communicate better? <i>Bilang karagdagan dito, sa palagay po ba ninyo ay nangangailangan pa kayo ng iba pang bagay pantulong para makarinig at makipagusap ng mas maayos?</i></p> <p>USE SHOWCARD 3007. MORE THAN ONE OPTION CAN BE SELECTED.</p> | <p>NONE A</p> <p>HEARING AIDS B</p> <p>A COMPUTER TO COMMUNICATE (E.G. E-MAIL OR CHAT SERVICES) C</p> <p>PHONE RELATED DEVICES, E.G. PHONE COUPLER, FLASHERS, MINICOM, TTY D</p> <p>A MESSAGE RELAY SERVICE E</p> <p>A CLOSED CAPTION T.V. OR DECODER F</p> <p>AMPLIFIERS (E.G. FM, ACOUSTIC, INFRARED) G</p> <p>A VISUAL OR VIBRATING ALARM H</p> <p>A COCHLEAR IMPLANT I</p> <p>A VOICE AMPLIFIER J</p> <p>A COMPUTER OR KEYBOARD DEVICE K</p> <p>A COMMUNICATIONS BOARD SUCH AS BLISS L</p> <p>OTHER AIDS M</p> | <p>→ 3054A</p> | | | |
| 3053 | <p>You told me you do not use assistive devices for hearing and communication. Do you think you need any assistive devices? <i>Nabanggit po ninyo sa akin na hindi kayo gumagamit ng kahit iba pang tulong para makarinig at makipag-usap ng mas maayos. Sa palagay nyo po ba ay kailangan pa ba ninyo ng kahit ano mang bagay na pangtulong?</i></p> | <p>YES 1</p> <p>NO 2</p> | <p>→ 3054A</p> | | | |
| 3054 | <p>Which are the assistive devices for hearing and communication you need? <i>Alin po sa mga sumusunod na bagay na pangtulong ang inyong kailangan para kayo ay makakilos o makagalaw sa inyong paligid o para sa pansariling pangangalaga?</i></p> <p>USE SHOWCARD 3007. MORE THAN ONE OPTION CAN BE SELECTED.</p> | <p>HEARING AIDS A</p> <p>A COMPUTER TO COMMUNICATE (E.G. E-MAIL OR CHAT SERVICES) B</p> <p>PHONE RELATED DEVICES, E.G. PHONE COUPLER, FLASHERS, MINICOM, TTY C</p> <p>A MESSAGE RELAY SERVICE D</p> <p>A CLOSED CAPTION T.V. OR DECODER E</p> <p>AMPLIFIERS (E.G. FM, ACOUSTIC, INFRARED) F</p> <p>A VISUAL OR VIBRATING ALARM G</p> <p>A COCHLEAR IMPLANT H</p> <p>A VOICE AMPLIFIER I</p> <p>A COMPUTER OR KEYBOARD DEVICE J</p> <p>A COMMUNICATIONS BOARD SUCH AS BLISS K</p> <p>OTHER ASSISTIVE DEVICES L</p> | | | | |
| 3054A | <p>CHECK 2005</p> <p>IF 2005 = 2 - 9 (WITH WORK) → 3055</p> <p>IF 2005 = 1 (NOT WORKING) → 3059A</p> | | | | | |
| OTHER FACILITATORS | | | | | | |
| WORK | | | | | | |
| 3055 | <p>Are there any aids or modifications that make it easier for you to work, such as a computer with large print or voice recognition, adjustable height desks or modified working hours? <i>Mayroon bang mga bagay pantulong o pagbabago para mas mapadali ang inyong trabaho, tulad ng kompyuter na mayroong malalaking letra o "voice recognition", "adjustable height desks" o pagbabago ng oras sa trabaho?</i></p> | <p>YES 1</p> <p>NONE 2</p> <p>NOT AVAILABLE 9</p> | <p>→ 3058</p> <p>→ 3059A</p> | | | |

Attachment B – NDPS/MFS Form 2

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | GO TO |
|------|--|---|----------------|
| 3056 | <p>Which ones do you use? <i>Alin po ang inyong gamit?</i></p> <p>USE SHOWCARD 3008. MORE THAN ONE OPTION CAN BE SELECTED.</p> | <p>TECHNICAL AIDS, SUCH AS A VOICE SYNTHESIZER, A TTY OR TDD, AN INFRARED SYSTEM, OR PORTABLE NOTE-TAKERS A A COMPUTER WITH BRAILLE LARGE PRINT, VOICE RE- COGNITION, OR A SCANNER ... B COMMUNICATION AIDS, SUCH AS BRAILLE OR LARGE PRINT C READING MATERIAL OR RECORDING EQUIPMENT D A SPECIAL CHAIR OR BACK E JOB REDESIGN (MODIFIED OR DIFFERENT DUTIES) F MODIFIED HOURS OR DAYS OR REDUCED WORK HOURS G HUMAN SUPPORT, SUCH AS A READER, SIGN LANGUAGE INTERPRETER, JOB COACH OR PERSONAL ASSISTANT H A MODIFIED OR ERGONOMIC WORKSTATION I HANDRAILS, RAMPS J APPROPRIATE PARKING K A BARRIER FREE ELEVATOR L BARRIER FREE WASHROOMS ... M BARRIER FREE TRANSPORTATION N OTHER AID OR MODIFICATION..... O</p> | |
| 3057 | <p>In addition to these, do you think there are any other things that would make it easier for you to work? <i>Bilang karagdagan dito, sa palagay po ba ninyo ay may iba pang bagay o mga bagay para mas mapadali ang inyong trabaho?</i></p> <p>USE SHOWCARD 3008. MORE THAN ONE OPTION CAN BE SELECTED.</p> | <p>NONE A TECHNICAL AIDS, SUCH AS A VOICE SYNTHESIZER, A TTY OR TDD, AN INFRARED SYSTEM, OR PORTABLE NOTE-TAKERS B A COMPUTER WITH BRAILLE LARGE PRINT, VOICE RE- COGNITION, OR A SCANNER ... C COMMUNICATION AIDS, SUCH AS BRAILLE OR LARGE PRINT D READING MATERIAL OR RECORDING EQUIPMENT E A SPECIAL CHAIR OR BACK F JOB REDESIGN (MODIFIED OR DIFFERENT DUTIES) G MODIFIED HOURS OR DAYS OR REDUCED WORK HOURS H HUMAN SUPPORT, SUCH AS A READER, SIGN LANGUAGE INTERPRETER, JOB COACH OR PERSONAL ASSISTANT I A MODIFIED OR ERGONOMIC WORKSTATION J HANDRAILS, RAMPS K APPROPRIATE PARKING L A BARRIER FREE ELEVATOR M BARRIER FREE WASHROOMS ... N BARRIER FREE TRANSPORTATION O OTHER AID OR MODIFICATION P</p> | <p>→ 3059A</p> |

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| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | GO TO |
|------------------|--|---|-----------------------------|
| 3058 | <p>You told me you are not using any aids or modifications that make it easier for you to work. Do you think you need any aid or modification?</p> <p><i>Nabanggit po ninyo sa akin na hindi kayo gumagamit ng kahit ano mang bagay pangtulong o pagbabago para mas mapadali ang inyong pagtatrabaho. Sa palagay nyo po ba ay kailangan pa ba ninyo ng kahit anumang pangtulong o pagbabago?</i></p> | <p>YES 1</p> <p>NO 2</p> | <p>→ 3059A</p> |
| 3059 | <p>Which are the aids or modifications you need that make it easier for you to work?</p> <p><i>Alin pong bagay na pantulong o pagbabago ang kailangan ninyo para dumali ang magtatrabaho?</i></p> <p>USE SHOWCARD 3008. MORE THAN ONE OPTION CAN BE SELECTED.</p> | <p>TECHNICAL AIDS, SUCH AS</p> <p>A VOICE SYNTHESIZER, A TTY OR TDD, AN INFRARED SYSTEM, OR PORTABLE NOTE-TAKERS A</p> <p>A COMPUTER WITH BRAILLE LARGE PRINT, VOICE RECOGNITION, OR A SCANNER ... B</p> <p>COMMUNICATION AIDS, SUCH AS BRAILLE OR LARGE PRINT C</p> <p>READING MATERIAL OR RECORDING EQUIPMENT D</p> <p>A SPECIAL CHAIR OR BACK E</p> <p>JOB REDESIGN (MODIFIED OR DIFFERENT DUTIES) F</p> <p>MODIFIED HOURS OR DAYS OR REDUCED WORK HOURS G</p> <p>HUMAN SUPPORT, SUCH AS A READER, SIGN LANGUAGE INTERPRETER, JOB COACH OR PERSONAL ASSISTANT H</p> <p>A MODIFIED OR ERGONOMIC WORKSTATION I</p> <p>HANDRAILS, RAMPS J</p> <p>APPROPRIATE PARKING K</p> <p>A BARRIER FREE ELEVATOR L</p> <p>BARRIER FREE WASHROOMS ... M</p> <p>BARRIER FREE TRANSPORTATION N</p> <p>OTHER AID OR MODIFICATION O</p> | |
| 3059A | <p>CHECK 2002</p> <p>IF 2002 = 2 (ENGAGED IN TRAINING/SCHOOLING) → 3060</p> <p>IF 2002 <> 2 → 3065</p> | | |
| EDUCATION | | | |
| 3060 | <p>Are there any aids or modifications such as portable spell checkers, extra time for exams or accessible classrooms that make it easier for you to get an education?</p> <p><i>Mayroon bang mga bagay na pantulong o pagbabago tulad ng "portable spell checkers", dagdag oras para sa pagsusulit o madaling puntahan na mga silid-aralan para mas mapadali sa inyo ang kumuha ng edukasyon, .</i></p> | <p>YES 1</p> <p>NONE 2</p> <p>NOT AVAILABLE 9</p> | <p>→ 3063</p> <p>→ 3065</p> |

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| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | GO TO |
|------|--|--|--|
| 3061 | <p>Which ones do you use? <i>Alin po ang inyong gamit?</i></p> <p>USE SHOWCARD 3009. MORE THAN ONE OPTION CAN BE SELECTED.</p> | <p>PORTABLE SPELLING CHECKERS A</p> <p>RECORDING EQUIPMENT B</p> <p>TALKING BOOKS C</p> <p>A POCKET ORGANIZER D</p> <p>A HOME COMPUTER E</p> <p>A SCANNER OR PRINTER F</p> <p>SPELLING OR GRAMMAR CHECKING SOFTWARE G</p> <p>VOICE RECOGNITION SOFTWARE H</p> <p>SOFTWARE ORGANIZATIONAL TOOLS I</p> <p>A LAPTOP OR NOTEBOOK COMPUTER J</p> <p>BARRIER FREE CLASSROOMS, WASHROOMS AND RESIDENCES K</p> <p>BARRIER FREE BUILDINGS, EXCLUDING RESIDENCES L</p> <p>BARRIER FREE TRANSPORTATION M</p> <p>HUMAN SUPPORT, SUCH AS A READER, SIGN LANGUAGE INTERPRETER OR OTHER INTERPRETER, E.G. LIP-READER N</p> <p>ADJUSTMENTS TO THE CURRICULUM, EXTRA TIME FOR EXAMS OR RE-SCHEDULE EXAMS O</p> <p>EXTENDED DEADLINES FOR ASSIGNMENTS P</p> <p>OTHER AID OR MODIFICATION ... Q</p> | |
| 3062 | <p>In addition to these, do you think there are any other things that would make it easier for you to get an education? <i>Bilang karagdagan dito, sa palagay po ba ninyo ay nangangailangan pa kayo ng iba pang pangtulong para makakuha ng edukasyon?</i></p> <p>USE SHOWCARD 3009. MORE THAN ONE OPTION CAN BE SELECTED.</p> | <p>NONE A</p> <p>PORTABLE SPELLING CHECKERS B</p> <p>RECORDING EQUIPMENT C</p> <p>TALKING BOOKS D</p> <p>A POCKET ORGANIZER E</p> <p>A HOME COMPUTER F</p> <p>A SCANNER OR PRINTER G</p> <p>SPELLING OR GRAMMAR CHECKING SOFTWARE H</p> <p>VOICE RECOGNITION SOFTWARE I</p> <p>SOFTWARE ORGANIZATIONAL TOOLS J</p> <p>A LAPTOP OR NOTEBOOK COMPUTER K</p> <p>BARRIER FREE CLASSROOMS, WASHROOMS AND RESIDENCES L</p> <p>BARRIER FREE BUILDINGS, EXCLUDING RESIDENCES M</p> <p>BARRIER FREE TRANSPORTATION N</p> <p>HUMAN SUPPORT, SUCH AS A READER, SIGN LANGUAGE INTERPRETER OR OTHER INTERPRETER, E.G. LIP-READER O</p> <p>ADJUSTMENTS TO THE CURRICULUM, EXTRA TIME FOR EXAMS OR RE-SCHEDULE EXAMS P</p> <p>EXTENDED DEADLINES FOR ASSIGNMENTS Q</p> <p>OTHER AID OR MODIFICATION ... R</p> | <p style="text-align: right;">→ 3065</p> |
| 3063 | <p>You told me you are not using any aids or modifications that make it easier for you to get an education. Do you think you need any aids or modifications? <i>Nabanggit po ninyo sa akin na hindi kayo gumagamit ng kahit anumang bagay pantulong o pagbabago para mas mapadali ang inyong pag-aaral. Sa palagay ba ninyo ay kailangan nyo pa po ba ng iba pang pantulong o mga pagbabago?</i></p> | <p>YES 1</p> <p>NO 2</p> | <p style="text-align: right;">→ 3065</p> |

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| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | GO TO |
|----------------|--|---|--------|
| 3064 | <p>Which aids or modifications you need? <i>Alin po sa mga sumusunod na bagay na pangtulong o pagbabago ang kailangan ninyo para sa inyong pag-aaral?</i></p> <p>USE SHOWCARD 3009. MORE THAN ONE OPTION CAN BE SELECTED.</p> | PORTABLE SPELLING CHECKERS A RECORDING EQUIPMENT B TALKING BOOKS C A POCKET ORGANIZER D A HOME COMPUTER E A SCANNER OR PRINTER F SPELLING OR GRAMMAR CHECKING SOFTWARE G VOICE RECOGNITION SOFTWARE H SOFTWARE ORGANIZATIONAL TOOLS I A LAPTOP OR NOTEBOOK COMPUTER J BARRIER FREE CLASSROOMS, WASHROOMS AND RESIDENCES K BARRIER FREE BUILDINGS, EXCLUDING RESIDENCES L BARRIER FREE TRANSPORTATION M HUMAN SUPPORT, SUCH AS A READER, SIGN LANGUAGE INTERPRETER OR OTHER INTERPRETER, E.G. LIP-READER N ADJUSTMENTS TO THE CURRICULUM, EXTRA TIME FOR EXAMS OR RE-SCHEDULE EXAMS O EXTENDED DEADLINES FOR ASSIGNMENTS P OTHER AID OR MODIFICATION ... Q | |
| AT HOME | | | |
| 3065 | <p>Are there any modifications done in your home such as ramps, grab bars, or any other accessibility features that make it easier for you to be at home? <i>Meron po bang pagbabagong ginawa sa inyong tahanan tulad ng paglagay ng mga rampa, hawakan, o iba pang mga pangtulong para mapadali ang inyong pagkilos sa inyong tahanan?</i></p> | YES 1 NO 2 | → 3068 |
| 3066 | <p>Which ones do you use? <i>Alin po ang inyong gamit?</i></p> <p>USE SHOWCARD 3010. MORE THAN ONE OPTION CAN BE SELECTED.</p> | RAMPS A STREET LEVEL ENTRANCES B AUTOMATIC DOORS C EASY TO OPEN DOORS (INCLUDES LEVER HANDLES) D WIDENED DOORWAYS OR HALLWAYS E ELEVATOR OR LIFT DEVICE VISUAL ALARMS OR AUDIO WARNING DEVICES F GRAB BARS (IN THE BATHROOM) . G BATH LIFT (IN THE BATHROOM) . H LOWERED COUNTERS IN THE KITCHEN I OTHER ACCESSIBILITY FEATURES J | |

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| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | GO TO |
|-------------------------|---|--|--------|
| 3067 | <p>In addition to these, do you think there are any other things that would make it easier for you at home? <i>Bilang karagdagan dito, sa palagay po ba ninyo ay may iba pang bagay na makapagpapadali sa inyong pagkilos o paggalaw sa loob ng tahanan?</i></p> <p>USE SHOWCARD 3010. MORE THAN ONE OPTION CAN BE SELECTED.</p> | <p>NONE A</p> <p>RAMPS B</p> <p>STREET LEVEL ENTRANCES C</p> <p>AUTOMATIC DOORS D</p> <p>EASY TO OPEN DOORS (INCLUDES LEVER HANDLES) E</p> <p>WIDENED DOORWAYS OR HALLWAYS F</p> <p>ELEVATOR OR LIFT DEVICE G</p> <p>VISUAL ALARMS OR AUDIO WARNING DEVICES H</p> <p>GRAB BARS (IN THE BATHROOM) I</p> <p>BATH LIFT (IN THE BATHROOM) J</p> <p>LOWERED COUNTERS IN THE KITCHEN K</p> <p>OTHER ACCESSIBILITY FEATURES K</p> | → 3070 |
| 3068 | <p>You told me there were no aids or modifications done or set up in your home that make it easier for you to be at home. Do you think you need any modifications? <i>Nabanggit po ninyo sa akin na wala pang pagbabago sa inyong tahanan para mas mapadali ang inyong pagkilos o paggalaw sa loob ng tahanan. Sa palagay ba ninyo ay kailangan pa po ba ninyo ng iba pang mga pagbabago para mapadali ang inyong pagkilos sa loob ng tahanan?</i></p> | <p>YES 1</p> <p>NO 2</p> | → 3070 |
| 3069 | <p>Which are the modifications at home you need? <i>Alin po sa mga sumusunod na pagbabago ang kailangan ninyo para sa inyong pagkilos o paggalaw sa loob ng tahanan?</i></p> <p>USE SHOWCARD 3010. MORE THAN ONE OPTION CAN BE SELECTED.</p> | <p>RAMPS A</p> <p>STREET LEVEL ENTRANCES B</p> <p>AUTOMATIC DOORS C</p> <p>EASY TO OPEN DOORS (INCLUDES LEVER HANDLES) D</p> <p>WIDENED DOORWAYS OR HALLWAYS E</p> <p>ELEVATOR OR LIFT DEVICE F</p> <p>VISUAL ALARMS OR AUDIO WARNING DEVICES G</p> <p>GRAB BARS (IN THE BATHROOM) H</p> <p>BATH LIFT (IN THE BATHROOM) I</p> <p>LOWERED COUNTERS IN THE KITCHEN J</p> <p>OTHER ACCESSIBILITY FEATURES J</p> | |
| IN THE COMMUNITY | | | |
| 3070 | <p>Are there any modifications put up in your community that make it easier for you to participate in community such as accessible public transportation or accessible public toilets? <i>Meron po bang pagbabago isinagawa sa inyong komunidad para mapadali ang inyong pakikilahok sa mga gawaing pangkomunidad tulad ng madaling makakuha ng pampublikong sasakyan at mayroong pampublikong palikuran?</i></p> | <p>YES 1</p> <p>NO 2</p> | → 3073 |
| 3071 | <p>Which ones do you use? <i>Alin po ang inyong gamit?</i></p> <p>USE SHOWCARD 3011. MORE THAN ONE OPTION CAN BE SELECTED.</p> | <p>BARRIER FREE BUILDINGS OPEN TO PUBLIC, E.G. SHOPS CINEMAS OR WORKSHOP PLACE A</p> <p>BARRIER FREE PUBLIC BUILDINGS E.G. CITY HALL OR POST OFFICE B</p> <p>BARRIER FREE SIGNAGE AND WAY FINDING C</p> <p>BARRIER FREE PUBLIC TOILETS D</p> <p>BARRIER FREE PUBLIC TRANSPORTATION E</p> <p>BARRIER FREE ROADS, PATHS, TRAILS F</p> | |

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| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | GO TO |
|------|---|---|--------------------------|
| 3072 | <p>In addition to these, do you think there are any other things that would make it easier for you to participate in activities outside your home?</p> <p><i>Bilang karagdagan dito, sa palagay po ba ninyo ay may iba pang bagay na makapagpapadali para sa inyo upang makalahok sa mga gawain sa labas ng inyong tahanan?</i></p> <p>USE SHOWCARD 3011. MORE THAN ONE OPTION CAN BE SELECTED.</p> | <p>NONE A</p> <p>BARRIER FREE BUILDINGS OPEN TO PUBLIC, E.G. SHOPS CINEMAS OR WORKSHIP PLACE B</p> <p>BARRIER FREE PUBLIC BUILDINGS E.G. CITY HALL OR POST OFFICE C</p> <p>BARRIER FREE SIGNAGE AND WAY FINDING D</p> <p>BARRIER FREE PUBLIC TOILETS E</p> <p>BARRIER FREE PUBLIC TRANSPORTATION F</p> <p>BARRIER FREE ROADS, PATHS, TRAILS G</p> | <p>→ Module 6000</p> |
| 3073 | <p>You told me there are no modifications done or set up in your community that make it easier to participate in the community. Do you think you need any modifications to make it easier to participate in the community?</p> <p><i>Nabanggit po ninyo sa akin na wala pang pagbababago na isinasagawa sa inyong komunidad para mapadali ang inyong pakikilahok sa gawaing pangkomunidad. Sa palagay nyo po ba ay kailangan pa ba ninyo ng kahit anumang pagbabago para mapadali ang pakikilahok sa komunidad?</i></p> | <p>YES 1</p> <p>NO 2</p> | <p>→ Module 6000</p> |
| 3074 | <p>Which are the modifications you need?</p> <p><i>Alin po sa mga sumusunod na pagbabago ang kailangan ninyo para mapadali ang inyong pakikilahok sa mga gawaing pangkomunidad?</i></p> <p>USE SHOWCARD 3011. MORE THAN ONE OPTION CAN BE SELECTED.</p> | <p>BARRIER FREE BUILDINGS OPEN TO PUBLIC, E.G. SHOPS CINEMAS OR WORSHIP PLACE A</p> <p>BARRIER FREE PUBLIC BUILDINGS E.G. CITY HALL OR POST OFFICE B</p> <p>BARRIER FREE SIGNAGE AND WAY FINDING C</p> <p>BARRIER FREE PUBLIC TOILETS D</p> <p>BARRIER FREE PUBLIC TRANSPORTATION E</p> <p>BARRIER FREE ROADS, PATHS, TRAILS F</p> | |

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MODULE 6000. HEALTH CARE UTILIZATION

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | GO TO | | | | | | | | | |
|--|--|--|------------------------------------|--|---------------|---|--|--|---|--|--|---|
| 6001 | <p>How long ago was the last time you needed health care? <i>Gaano katagal na noong huli kayong nangailangan ng pangangalagang pangkalusugan?</i></p> <p>THIS CAN BE INPATIENT OR OUTPATIENT CARE, IF LESS THAN ONE MONTH AGO, ENTER "00" FOR MONTHS</p> | <p>YEARS AGO <table border="1"><tr><td>1</td><td></td><td></td></tr><tr><td>2</td><td></td><td></td></tr></table></p> <p>MONTHS AGO <table border="1"><tr><td>2</td><td></td><td></td></tr></table></p> <p>NEVER 998</p> <p>DON'T KNOW 888</p> | 1 | | | 2 | | | 2 | | | <p>→ 6002A</p> <p>→ Module 7000</p> |
| 1 | | | | | | | | | | | | |
| 2 | | | | | | | | | | | | |
| 2 | | | | | | | | | | | | |
| 6002 | <p>Was it more than <u>3 years ago</u>? <i>Ito ba ay higit pa sa <u>3 taon</u> na ang nakalipas?</i></p> | <p>YES 1</p> <p>NO 2</p> | <p>→ Module 7000</p> <p>→ 6003</p> | | | | | | | | | |
| 6002A | <p>CHECK 6001</p> <p>IF YEARS > 03 OR MONTHS > 36 → 7001</p> <p>IF YEARS < 03 OR MONTHS < 36 → 6003</p> | | | | | | | | | | | |
| 6003 | <p>Thinking about health care you needed in the <u>last 3 years</u>, where did you go most often when you felt sick or needed to consult someone about your health?</p> <p><i>Alalahanin ninyo po noong <u>nakaraang 3 taon</u>, na nangailangan kayo ng pangangalagang pangkalusugan, saan po kayo madalas magpatingin o magpakonsulta tungkol sa inyong kalusugan?</i></p> | <p>PRIVATE DOCTOR'S OFFICE 1</p> <p>PRIVATE CLINIC OR HEALTH CARE FACILITY 2</p> <p>PRIVATE HOSPITAL 3</p> <p>PRIVATE REHABILITATION FACILITY 4</p> <p>PUBLIC CLINIC OR HEALTH CARE FACILITY 5</p> <p>PUBLIC HOSPITAL 6</p> <p>PUBLIC REHABILITATION FACILITY 7</p> <p>CHARITY OR CHURCH RUN CLINIC 8</p> <p>CHARITY OR CHURCH RUN HOSPITAL 9</p> <p>TRADITIONAL HEALER/HILOT 9</p> <p>PHARMACY OR DISPENSARY 10</p> | | | | | | | | | | |
| <p>INPATIENT CARE</p> <p>The next two questions ask about <u>any</u> overnight stay in a hospital, rehabilitation facility or other health care facility you have had in the last 3 years.</p> <p><i>Ang susunod na dalawang tanong ay tungkol sa <u>inyong pag-lagi</u> sa ospital, o pasilidad na pang rehabilitasyon, o iba pang pasilidad pangkalusugan sa nakalipas na 3 taon.</i></p> | | | | | | | | | | | | |
| 6004 | <p>In the <u>last 3 years</u>, have you ever stayed overnight in a hospital, rehabilitation facility or long-term care facility? <i>Sa <u>nakaraang 3 taon</u>, kayo po ba ay na-confine sa ospital, sa rehab o sa pangmatagalang pasilidad pangkalusugan?</i></p> | <p>YES, A HOSPITAL 1</p> <p>YES, A REHABILITATION FACILITY 2</p> <p>YES, LONG TERM CARE FACILITY 3</p> <p>ALL 4</p> <p>NO 5</p> | <p>→ 6010</p> | | | | | | | | | |
| 6005 | <p>When was the last overnight stay in a hospital, rehabilitation facility or long-term care facility? <i>Kailan po kayo huling magdamagang na-confine sa ospital, sa rehab o sa pangmatagalang pasilidad pangkalusugan?</i></p> <p>IF LESS THAN ONE MONTH AGO, ENTER "00" FOR MONTHS.</p> | <p>YEARS AGO <table border="1"><tr><td>1</td><td></td><td></td></tr><tr><td>2</td><td></td><td></td></tr></table></p> <p>MONTHS AGO <table border="1"><tr><td>2</td><td></td><td></td></tr></table></p> <p>DON'T KNOW 888</p> | 1 | | | 2 | | | 2 | | | <p>→ 6010 IF > 3 YEARS</p> <p>→ 6010 IF > 36 MONTHS</p> <p>→ 6010</p> |
| 1 | | | | | | | | | | | | |
| 2 | | | | | | | | | | | | |
| 2 | | | | | | | | | | | | |
| <p>Now I would like to know about more recent times - if you've had any overnight stay in a hospital or other type of health care facility in the last 12 months.</p> <p><i>Nais ko pong malaman kung kamakailan lang ay na-confine kayo sa ospital, sa rehab o sa pangmatagalang pasilidad pangkalusugan sa nakaraang 12 buwan.</i></p> | | | | | | | | | | | | |
| 6006 | <p>Over the <u>last 12 months</u>, how many different times were you a patient in a hospital, rehabilitation facility or long-term care facility for at least one night? <i>Ilong <u>nakaraang 12 buwan</u> ilang beses kayong na-confine sa ospital, sa rehab o sa pangmatagalang pasilidad pangkalusugan na kahit isang gabi lang?</i></p> | <p>NO OF TIMES <table border="1"><tr><td></td><td></td></tr></table></p> <p>NO OVERNIGHT STAY ... 00</p> <p>DON'T KNOW 88</p> | | | <p>→ 6010</p> | | | | | | | |
| | | | | | | | | | | | | |

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| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | GO TO |
|------|---|---|--------|
| 6007 | <p><u>In the last 12 months</u>, has there been a time when you needed to stay overnight in a health care facility but did not get care?</p> <p><i>Sa nakaraang 12 buwan, meron po bang pangkakataon na kinailangan ninyong ma-confine pero hindi kayo nagpa-confine?</i></p> | <p>YES 1</p> <p>NO 2</p> | → 6010 |
| 6008 | <p>What was the main reason you needed care, but did not get care?</p> <p><i>Ano po ba ang pangunahing dahilan kung bakit kinakailangan ninyong magpa-confine pero hindi kayo nagpa-confine?</i></p> | <p>COMMUNICABLE DISEASE (INFECTIONS, MALARIA, TUBERCULOSIS, HIV) 01</p> <p>MATERNAL AND PRENATAL CONDITIONS (PREGNANCY) ... 02</p> <p>NUTRITIONAL DEFICIENCIES ... 03</p> <p>ACUTE CONDITIONS (DIARRHEA, FEVER, FLU, HEADACHE, COUGH, OTHER) . 04</p> <p>INJURY (NOT WORK RELATED) ... 05</p> <p>SURGERY 06</p> <p>SLEEP PROBLEMS 07</p> <p>OCCUPATIONAL RELATED CONDITION/INJURY 08</p> <p>CHRONIC PAIN IN YOUR JOINTS. ARTHRITIS (JOINTS, BACK, NECK) 09</p> <p>DIABETES OR RELATED COMPLICATIONS 10</p> <p>PROBLEMS WITH YOUR HEART INCLUDING UNEXPLAINED PAIN IN CHEST 11</p> <p>PROBLEMS WITH YOUR MOUTH, TEETH OR SWALLOWING 12</p> <p>PROBLEMS WITH YOUR BREATHING 13</p> <p>HIGH BLOOD PRESSURE/ HYPERTENSION 14</p> <p>STROKE/SUDDEN PARALYSIS OF ONE SIDE OF BODY 15</p> <p>GENERALIZED PAIN STOMACH, MUSCLES OR OTHER NONSPECIFIC PAIN 16</p> <p>DEPRESSION OR ANXIETY 17</p> <p>CANCER 18</p> <p>REHABILITATION 19</p> <p>OTHER, SPECIFY 87</p> | |
| 6009 | <p>Which reason(s) best explains why you did not get health care?</p> <p><i>Ano po ang mga dahilan kung bakit ayaw ninyong magpa-confine?</i></p> <p>CIRCLE ALL THE RESPONDENT INDICATES</p> | <p>COULD NOT AFFORD THE COST OF THE VISIT A</p> <p>NO TRANSPORT AVAILABLE B</p> <p>COULD NOT AFFORD THE COST OF TRANSPORT C</p> <p>YOU WERE PREVIOUSLY BADLY TREATED D</p> <p>COULD NOT TAKE TIME OFF WORK OR HAD OTHER COMMITMENTS E</p> <p>THE HEALTH CARE PROVIDER'S DRUGS OR EQUIPMENT WERE INADEQUATE F</p> <p>THE HEALTH CARE PROVIDER'S SKILLS WERE INADEQUATE ... G</p> <p>YOU DID NOT KNOW WHERE TO GO H</p> <p>YOU TRIED BUT WERE DENIED HEALTH CARE I</p> <p>YOU THOUGHT YOU WERE NOT SICK ENOUGH J</p> <p>OTHER, SPECIFY K</p> | |

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| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | GO TO |
|--|--|---|--------|
| OUTPATIENT CARE AND CARE AT HOME <p>Now I will shift away from questions about overnight stays to questions about health care you received that did <u>not</u> include an overnight hospital stay. The following questions are about care you received at a hospital, rehabilitation facility, health center, clinic, private office or at home from a health care worker, but where you did not stay overnight.</p> <p><i>Maiba naman tayo sa mga tanong tungkol sa pagka-confine, mga tanong naman tungkol sa pangangalagang pangkalusugan na hindi nangangailangan ng pagka-confine. Ang mga sumusunod na katanungan ay tungkol sa mga pangangalagang pangkalusugan na inyong natanggap sa ospital, rehab, sa health center, klinika, pribadong opisina o sa iyong tahanan, mula sa isang health worker, na hindi kinailangang magpa-confine.</i></p> | | | |
| 6010 | <p>Over the last 12 months, did you receive any health care NOT including an overnight stay in hospital, rehabilitation facility or long-term care facility?</p> <p><i>Sa nakaraang 12 buwan, kayo po ba ay nakatanggap ng pangangalagang pangkalusugan sa ospital, rehab o pasilidad pangkalusugan na hindi kinakailangang maconfine?</i></p> | <p>YES 1</p> <p>NO 2</p> | → 6021 |
| 6011 | <p>In total, how many times did you receive health care or consultation in the last 12 months?</p> <p><i>Sa kabuuan, ilang beses po kayo nakatanggap ng pangangalagang pangkalusugan o konsultasyon sa nakaraang 12 buwan?</i></p> | <p>NO OF TIMES </p> | |
| 6012 | <p>Thinking about your last visit to a health care facility in the last 12 months, which facility did you visit?</p> <p><i>Alalahanin po ninyo ang nakarang 12 buwan, ano pong pasilidad ang inyong pinuntahan?</i></p> <p>READ OUT RESPONSES, CIRCLE ONE OPTION ONLY.</p> | <p>PRIVATE DOCTOR'S CLINIC 01</p> <p>PRIVATE CLINIC OR HEALTH CARE FACILITY 02</p> <p>PRIVATE HOSPITAL 03</p> <p>PRIVATE REHABILITATION FACILITY 04</p> <p>PUBLIC CLINIC OR HEALTH CARE FACILITY 05</p> <p>PUBLIC HOSPITAL 06</p> <p>PUBLIC REHABILITATION FACILITY 07</p> <p>CHARITY OR CHURCH RUN HOSPITAL 08</p> <p>HOME VISIT 09</p> <p>OTHER, SPECIFY 87</p> | |
| 6013 | <p>What was the name of health care facility?</p> <p><i>Ano po ang pangalan ng pasilidad pangkalusugan na pinuntahan ninyo?</i></p> | <p>_____</p> | |
| 6014 | <p>Thinking about your last visit to a health care facility in the last 12 months, who was the health care provider you visited?</p> <p><i>Alalahanin po ninyo ang nakarang 12 buwan. Sino po ang tagapangalagang pangkalusugan ang inyong pinuntahan?</i></p> <p>AFTER THIS QUESTION, SUBSTITUTE THE TYPE OF HEALTH CARE PROVIDER SELECTED BY THE PATIENT WHEN YOU SEE [HEALTH CARE PROVIDER] IN PARENTHESES.</p> | <p>MEDICAL DOCTOR (INCLUDING SURGEON, GYNECOLOGIST, PSYCHIATRIST, OPHTHALMOLOGIST, ETC.) 01</p> <p>NURSE/MIDWIFE 02</p> <p>DENTIST 03</p> <p>PHYSIOTHERAPIST OR CHIROPRACTOR 04</p> <p>PSYCHOLOGIST 05</p> <p>TRADITIONAL MEDICINE PRACTITIONER (HILOT, HERBOLARIO) 06</p> <p>PHARMACIST, DRUGGIST 07</p> <p>HOME HEALTH CARE WORKER 08</p> <p>DON'T KNOW 88</p> | |
| 6015 | <p>What was the sex of the [HEALTH CARE PROVIDER]?</p> <p><i>Ano po ang kasarian ng [HEALTH CARE PROVIDER]?</i></p> | <p>MALE 1</p> <p>FEMALE 2</p> | |
| 6016 | <p>Was this visit to [HEALTH CARE PROVIDER] for a chronic (current) condition, new condition, both or routine check-up?</p> <p><i>Ang pagbisita po ninyo sa [HEALTH CARE PROVIDER] ay para sa malubhang karamdaman, bagong karamdaman, o bago at malubhang karamdaman o regular na pagpapa-check-up?</i></p> | <p>CHRONIC 1</p> <p>NEW 2</p> <p>BOTH 3</p> <p>ROUTINE CHECK-UP 4</p> | |

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| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | GO TO |
|------|---|--|--------|
| 6017 | <p>Which reason best describes why you needed the visit?</p> <p><i>Ano po ang pinakadahilan kung bakit kinailangan ninyong bumisita?</i></p> | <p>COMMUNICABLE DISEASE (INFECTIONS, MALARIA, TB, HIV) 01</p> <p>MATERNAL AND PRENATAL CONDITIONS (PREGNANCY) ... 02</p> <p>NUTRITIONAL DEFICIENCIES ... 03</p> <p>ACUTE CONDITIONS (DIARRHEA, FEVER, FLU, HEADACHE, COUGH) 04</p> <p>INJURY (NOT WORK RELATED, SEE 08 BELOW) 05</p> <p>SURGERY 06</p> <p>SLEEP PROBLEMS 07</p> <p>OCCUPATIONAL RELATED CONDITION/INJURY 08</p> <p>CHRONIC PAIN IN YOUR JOINTS, ARTHRITIS (JOINTS, BACK, NECK) 09</p> <p>DIABETES OR RELATED COMPLICATIONS 10</p> <p>PROBLEMS WITH YOUR HEART INC. UNEXPLAINED PAIN IN CHEST . 11</p> <p>PROBLEMS WITH YOUR MOUTH, TEETH OR SWALLOWING 12</p> <p>PROBLEMS WITH YOUR BREATHING 13</p> <p>HIGH BLOOD PRESSURE/ HYPERTENSION 14</p> <p>STROKE/SUDDEN PARALYSIS OF ONE SIDE OF BODY 15</p> <p>GENERALIZED PAIN STOMACH, MUSCLES OR OTHER NONSPECIFIC PAIN 16</p> <p>DEPRESSION OR ANXIETY 17</p> <p>CANCER 18</p> <p>OTHER, SPECIFY 87</p> | |
| 6018 | <p><u>In the last 12 months</u>, was there a time when you needed health care that did not require overnight stay in a health care facility, but did not get care?</p> <p><i>Sa nakalipas na 12 buwan, meron po bang pagkakataon na nangailangan kayo ng pangangalagang pangkalusugan na hindi kinailangan ma-confine sa pasilidad pangkalusugan, pero hindi nagpatingin?</i></p> | <p>YES 1</p> <p>NO 2</p> | → 6021 |
| 6019 | <p>What was the main reason you needed care, even if you did not get care?</p> <p><i>Ano po ba ang pangunahing dahilan kung bakit kinailangan ninyong magpatingin pero di kayo nagpatingin?</i></p> | <p>COMMUNICABLE DISEASE (INFECTIONS, MALARIA, TB, HIV) 01</p> <p>MATERNAL AND PRENATAL CONDITIONS (PREGNANCY) ... 02</p> <p>NUTRITIONAL DEFICIENCIES ... 03</p> <p>ACUTE CONDITIONS (DIARRHEA, FEVER, FLU, HEADACHE, COUGH) 04</p> <p>INJURY (NOT WORK RELATED, SEE 08 BELOW) 05</p> <p>SURGERY 06</p> <p>SLEEP PROBLEMS 07</p> <p>OCCUPATIONAL RELATED CONDITION/INJURY 08</p> <p>CHRONIC PAIN IN YOUR JOINTS, ARTHRITIS (JOINTS, BACK, NECK) 09</p> <p>DIABETES OR RELATED COMPLICATIONS 10</p> <p>PROBLEMS WITH YOUR HEART INC. UNEXPLAINED PAIN IN CHEST . 11</p> <p>PROBLEMS WITH YOUR MOUTH, TEETH OR SWALLOWING 12</p> <p>PROBLEMS WITH YOUR BREATHING 13</p> <p>HIGH BLOOD PRESSURE/ HYPERTENSION 14</p> <p>STROKE/SUDDEN PARALYSIS OF ONE SIDE OF BODY 15</p> <p>GENERALIZED PAIN STOMACH, MUSCLES OR OTHER NONSPECIFIC PAIN 16</p> <p>DEPRESSION OR ANXIETY 17</p> <p>CANCER 18</p> <p>OTHER, SPECIFY 87</p> | |

Attachment B – NDPS/MFS Form 2

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | GO TO |
|------|--|---|-------|
| 6020 | <p>Which reason(s) best explains why you did not get health care?</p> <p><i>Ano po ang pinakahuling kung bakit hindi kayo nakapagpatingin?</i></p> <p>CIRCLE ALL THAT THE RESPONDENT INDICATES</p> | <p>COULD NOT AFFORD THE COST OF THE VISIT A</p> <p>NO TRANSPORT AVAILABLE B</p> <p>COULD NOT AFFORD THE COST OF TRANSPORT C</p> <p>YOU WERE PREVIOUSLY BADLY TREATED D</p> <p>COULD NOT TAKE TIME OFF WORK OR HARD OTHER COMMITMENTS E</p> <p>THE HEALTH CARE PROVIDER'S DRUGS OR EQUIPMENT WERE INADEQUATE F</p> <p>THE HEALTH CARE PROVIDER'S SKILLS WERE INADEQUATE ... G</p> <p>YOU DID NOT KNOW WHERE TO GO H</p> <p>YOU TRIED BUT WERE DENIED HEALTH CARE I</p> <p>YOU THOUGHT YOU WERE NOT SICK ENOUGH J</p> <p>OTHER, SPECIFY K</p> | |

RESPONSIVENESS OF HEALTH CARE SYSTEM

Now I would like you to think about your most recent visit again. I want to know your impressions of your most recent visit for health care. I would like you to rate your experiences using the following questions.

Nais ko pong malaman ang inyong pinakahuling pagbisita/pagpunta sa pasilidad pangkalusugan. Ano po ang inyong masasabi tungkol sa huling pagbisita sa pangangalagang pangkalusugan. Nais ko pong malaman ang inyong pagtaya sa inyong karanasan sa mga sumusunod na katanungan.

USE **SHOWCARD 6001**

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | | | | |
|-----|-----------------------|-------------------|------|----------------------|-----|----------|
| | | VERY GOOD | GOOD | NEITHER GOOD NOR BAD | BAD | VERY BAD |

For your last visit to a health care provider, how would you rate the following:

Para sa huling pagbisita nyo sa pangangalagang pangkalusugan, gaano po ang inyong pagtaya/pagsukat sa mga sumusunod na katanungan:

| | | | | | | |
|------|---|---|---|---|---|---|
| 6021 | <p>... the amount of time you waited before being attended to?</p> <p><i>... sa oras ng inyong paghihintay bago kayo inasikaso?</i></p> | 1 | 2 | 3 | 4 | 5 |
| 6022 | <p>... your experience of being treated respectfully?</p> <p><i>...ang inyong karanasan kung paano ang naging pagtrato sa inyo?</i></p> | 1 | 2 | 3 | 4 | 5 |
| 6023 | <p>... how clearly health care providers explained things to you?</p> <p><i>...gaano kalinaw nagpaliwanag sa inyo ang health care provider?</i></p> | 1 | 2 | 3 | 4 | 5 |
| 6024 | <p>... your experience of being involved in making decisions for your treatment?</p> <p><i>...ang inyong naranasan sa pakikibahagi sa paggawa ng mga desisyon para sa inyong pagpagamot?</i></p> | 1 | 2 | 3 | 4 | 5 |
| 6025 | <p>... the way the health services ensured that you could talk privately to health care providers?</p> <p><i>...kung paano tiniyak sa inyo ng serbisyong pangkalusugan na maaari kayong makipag-usap ng sarilinan sa gumagamot sa inyo?</i></p> | 1 | 2 | 3 | 4 | 5 |
| 6026 | <p>... the ease with which you could see a health care provider you were happy with?</p> <p><i>...ang kadalang makipagkita sa gusto ninyong health care provider?</i></p> | 1 | 2 | 3 | 4 | 5 |
| 6027 | <p>... the cleanliness in the health facility?</p> <p><i>...ang kalinisan sa pasilidad pangkalusugan?</i></p> | 1 | 2 | 3 | 4 | 5 |

Attachment B – NDPS/MFS Form 2

We would like to finish this Module by asking you two questions about your satisfaction with the health system in your country.
Gusto ko pong magtapos sa Module na ito sa pamamagitan ng 2 katanungan tungkol sa inyong kasiyahan sa sistemang pangkalusugan sa ating bansa.

USE SHOWCARD 6002

| | | CODING CATEGORIES | | | | |
|------|--|-------------------|-----------|------------------------------------|---------------------|-------------------|
| | | VERY SATISFIED | SATISFIED | NEITHER SATISFIED NOR DISSATISFIED | FAIRLY DISSATISFIED | VERY DISSATISFIED |
| 6028 | <p>In general, how satisfied are you with how the health care services are run in our country (in your area) - are you very satisfied, satisfied, neither satisfied nor dissatisfied, fairly dissatisfied or very dissatisfied?</p> <p><i>Sa pangkalahatan, gaano kayo nasisiyahan kung paano pinatatakbo sa ating bansa ang serbisyong pangkalusugan? kayo po ba ay "lubos na nasisiyahan", "nasisiyahan lang", "wala lang", "medyo hindi nasisiyahan", o "hindi talaga nasisiyahan"?</i></p> | 1 | 2 | 3 | 4 | 5 |
| 6029 | <p>How would you rate the way health care in our country involves you in deciding what services it provides and where it provides them?</p> <p><i>Gaano po ang inyong pagtaya sa paraan ng pangangalagang pangkalusugan sa ating bansa, sa pagsaalang-alang sa inyo sa mga desisyon kung anong mga serbisyo pangkalusugan at kung saan ito ibibigay?</i></p> | 1 | 2 | 3 | 4 | 5 |

Attachment B – NDPS/MFS Form 2

MODULE 7000. WELL-BEING

| QUALITY OF LIFE I will now ask you questions how you rate your quality of life in general and in other areas of your life. Please think about your life in the <u>past 30 days</u> . Please keep in mind your standards, hopes, pleasures and concerns. <i>Ngayon po ay magtatatanong ako kung paano ang pagtaya ninyo sa pangkalahatang kalidad ng inyong buhay at sa iba pang aspeto ng inyong buhay. Isipin po ninyo ang inyong mga naging karanasan nitong <u>nakaraang 30 araw</u>. Mangyari pong tandaan ang inyong pamantayan, pag-asa, kasiyahan at ang inyong mga alalahanin sa buhay.</i> | | | | | | |
|--|---|--------------------------|---------------------------|--|-----------------------------|---------------------------|
| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | | | | |
| 7001 | <u>In the past 30 days</u> , how would you rate your <u>quality of life</u> ? <i>Sa <u>nakalipas na 30 araw</u>, paano ang inyong pagtaya sa <u>kalidad ng inyong pamumuhay</u>?</i> | VERY GOOD | GOOD | NEITHER GOOD NOR BAD | BAD | VERY BAD |
| | USE SHOWCARD 6001 | 1 | 2 | 3 | 4 | 5 |
| 7002 | How <u>satisfied</u> are you <u>with your health</u> ? <i>Gaano kayo <u>nasisiyahan o kuntento</u> sa <u>inyong kalusugan</u>?</i> | VERY SATISFIED | SATISFIED | NEITHER SATISFIED NOR DISSATISFIED | FAIRLY DISSATISFIED | VERY DISSATISFIED |
| | USE SHOWCARD 6002 | 1 | 2 | 3 | 4 | 5 |
| 7003 | How <u>satisfied</u> are you <u>with your ability to perform</u> your daily living activities? <i>Gaano kayo <u>nasisiyahan o kuntento</u> sa <u>inyong kakayahang gampanan</u> ang inyong pang araw-araw na gawain?</i> | 1 | 2 | 3 | 4 | 5 |
| 7004 | How <u>satisfied</u> are you <u>with yourself</u> ? <i>Gaano kayo <u>nasisiyahan o kuntento</u> sa <u>inyong sarili</u>?</i> | 1 | 2 | 3 | 4 | 5 |
| 7005 | How <u>satisfied</u> are you <u>with your personal relationships</u> ? <i>Gaano kayo <u>nasisiyahan o kuntento</u> sa <u>inyong personal na ugnayan</u>?</i> | 1 | 2 | 3 | 4 | 5 |
| 7006 | How <u>satisfied</u> are you <u>with the conditions of your living place</u> ? <i>Gaano kayo <u>nasisiyahan o kuntento</u> sa <u>kundisyon ng inyong tinitirhan</u>?</i> | 1 | 2 | 3 | 4 | 5 |
| 7007 | Do you have <u>enough energy for everyday life</u> ? <i>Kayo po ba mayroong <u>sapat na lakas para sa inyong pang araw-araw na pamumuhay</u>?</i> | NOT AT ALL | NOT ENOUGH | JUST ENOUGH | ENOUGH | COMPLETELY |
| | USE SHOWCARD 7001 | 1 | 2 | 3 | 4 | 5 |
| 7008 | Do you have <u>enough money</u> to meet your needs? <i>Kayo po ba mayroong <u>sapat na salapi</u> upang matugunan ang inyong mga pangangailangan?</i> | 1 | 2 | 3 | 4 | 5 |
| The next questions are about how you feel about different aspects of your life. For each one, tell me how often you feel that way. <i>Ang mga sumusunod pong katanungan ay base sa inyong pakiramdam sa iba't ibang aspeto ng inyong pamumuhay. Sa bawat isa, pakisabi po kung gaano kadalas kayo makaramdam ng ganito.</i> | | I NEVER FEEL THIS WAY | I RARELY FEEL THIS WAY | I SOMETIMES FEEL THIS WAY | I NORMALLY FEEL THIS WAY | I ALWAYS FEEL THIS WAY |
| USE SHOWCARD 7002 | | | | | | |
| 7009 | How alone do you feel in your life? <i>Gaano mo kadalas nararamdaman ang mapag-isa sa buhay?</i> | 1 | 2 | 3 | 4 | 5 |
| 7010 | First, how often do you feel that you lack companionships? <i>Gaano kadalas kayo makaramdam ng walang kasama sa buhay?</i> | 1 | 2 | 3 | 4 | 5 |
| 7011 | How often do you feel left out? <i>Gaano kadalas kayo makaramdam na napag-iwanan?</i> | 1 | 2 | 3 | 4 | 5 |
| 7012 | How often do you feel isolated from others? <i>Gaano kadalas kayo makaramdam na nakahiwalay sa iba/nakakarami?</i> | 1 | 2 | 3 | 4 | 5 |

Attachment B – NDPS/MFS Form 2

| | | | | | | |
|---|---|--|----------|----------|------|---------|
| Now, we would like you to think about yesterday. What did you do yesterday and how did you feel? Ngayon, alalahanin po ninyo ang kahapon. Ano po ang ginawa ninyo kahapon at ano po ang inyong pakiramdam? | | | | | | |
| 7013 | To begin, please tell me what time you woke up yesterday? <i>Pakisabi po ninyo sa akin kung anong oras kayo nagising kahapon?</i> ENTER THE TIME USING FOUR DIGITS, USING THE CONVENTION FROM 00 TO 24 | <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 15px; height: 15px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 15px; height: 15px; margin-right: 5px;"></div> </div> <div style="font-size: 20px; margin: 0 5px;">:</div> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 15px; height: 15px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 15px; height: 15px; margin-right: 5px;"></div> </div> | | | | |
| 7014 | And what time did you go to sleep yesterday? <i>Kahapon, anong oras naman po kayo natulog?</i> ENTER THE TIME USING FOUR DIGITS, USING THE CONVENTION FROM 00 TO 24 | <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 15px; height: 15px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 15px; height: 15px; margin-right: 5px;"></div> </div> <div style="font-size: 20px; margin: 0 5px;">:</div> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 15px; height: 15px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 15px; height: 15px; margin-right: 5px;"></div> </div> | | | | |
| Now, please take a few quiet seconds to recall your activities and experiences yesterday. Now I have questions about your experience yesterday. Ngayon, alalahanin po ninyo ang mga ginawa ninyo kahapon. | | | | | | |
| USE SHOWCARD 7003 | | NOT AT ALL | A LITTLE | SOMEWHAT | VERY | EXTREME |
| 7015 | Yesterday, did you feel happy? Would you say not at all, a little, somewhat, quite a bit, or very happy? <i>Kahapon, naramdaman po ba ninyo na kayo ay masaya? Gaano po ang inyong saya: hindi masaya, konting saya, medyo masaya, lubos ang saya, talagang napakasaya?</i> | 1 | 2 | 3 | 4 | 5 |
| 7016 | Yesterday, did you feel enthusiastic? Would you say not at all, a little, somewhat, quite a bit, or very enthusiastic? <i>Kahapon, naramdaman po ba ninyo na kayo ay masigla? Gaano po ang inyong sigla: walang sigla, konti lang, medyo masigla, lubos ang sigla, talagang napakasigla?</i> | 1 | 2 | 3 | 4 | 5 |
| 7017 | Yesterday, did you feel content? <i>Kahapon, nakaramdam ba kayo ng pagkakuntento?</i> | 1 | 2 | 3 | 4 | 5 |
| 7018 | Yesterday, did you feel angry? <i>Kahapon, nakaramdam ba kayo ng galit?</i> | 1 | 2 | 3 | 4 | 5 |
| 7019 | Yesterday, did you feel frustrated? <i>Kahapon, nakaramdam ba kayo ng pagkadismaya?</i> | 1 | 2 | 3 | 4 | 5 |
| 7020 | Yesterday, did you feel tired? <i>Kahapon, nakaramdam ba kayo ng pagkapagod?</i> | 1 | 2 | 3 | 4 | 5 |
| 7021 | Yesterday, did you feel sad? <i>Kahapon, nakaramdam ba kayo ng pagkalungkot?</i> | 1 | 2 | 3 | 4 | 5 |
| 7022 | Yesterday, did you feel stressed? <i>Kahapon, nakaramdam ba kayo ng pagkabalisa?</i> | 1 | 2 | 3 | 4 | 5 |
| 7023 | Yesterday, did you feel lonely? <i>Kahapon, nakaramdam ba kayo ng pagkalumbay?</i> | 1 | 2 | 3 | 4 | 5 |
| 7024 | Yesterday, did you feel worried? <i>Kahapon, nakaramdam ba kayo ng pag-aalala?</i> | 1 | 2 | 3 | 4 | 5 |
| 7025 | Yesterday, did you feel bored? <i>Kahapon, nakaramdam ba kayo ng pagkabagot?</i> | 1 | 2 | 3 | 4 | 5 |
| 7026 | Yesterday, did you feel pain? <i>Kahapon, nakaramdam ba kayo ng sakit?</i> | 1 | 2 | 3 | 4 | 5 |

Attachment B – NDPS/MFS Form 2

MODULE 8000. EMPOWERMENT

| To what extent would you agree with the following statement about you? <i>Hanggang saan po kayo sasang-ayon sa mga sumusunod na pahayag tungkol sa inyo?</i> USE SHOWCARDS 8001 | | | | | | |
|--|---|----------------------|-------------------|----------------------------------|-------------|-------------------|
| | | STRONGLY DISAGREE | QUITE DISAGREE | NEITHER AGREE NOR DISAGREE | QUITE AGREE | STRONGLY AGREE |
| 8001 | To what extent would you agree with the statement that you are a reserved person? <i>Hanggang saan po kayo sasang-ayon sa pahayag na kayo ay malihim na tao?</i> | 1 | 2 | 3 | 4 | 5 |
| 8002 | To what extent would you agree with the statement that you are a generally trusting person? <i>Hanggang saan po kayo sasang-ayon sa pahayag na kayo ay pangkaraniwang mapagkakatiwalaang tao?</i> | 1 | 2 | 3 | 4 | 5 |
| 8003 | To what extent would you agree with the statement that you tend to be a lazy person? <i>Hanggang saan po kayo sasang-ayon sa pahayag na kayo ay may pagkakataong nagiging tamad?</i> | 1 | 2 | 3 | 4 | 5 |
| 8004 | To what extent would you agree with the statement that you are a relaxed person, a person that handles stress well? <i>Hanggang saan po kayo sasang-ayon sa pahayag na kayo ay mahinahong tao, na magaling magdala ng pagkabalisa?</i> | 1 | 2 | 3 | 4 | 5 |
| 8005 | To what extent would you agree with the statement that you are a person who has a few artistic interests? <i>Hanggang saan po kayo sasang-ayon sa pahayag na kayo ay taong may konting talento sa sining?</i> | 1 | 2 | 3 | 4 | 5 |
| 8006 | To what extent would you agree with the statement that you are an outgoing, sociable person? <i>Hanggang saan po kayo sasang-ayon sa pahayag na kayo ay madaling pakisamahan at makasalamuha?</i> | 1 | 2 | 3 | 4 | 5 |
| 8007 | To what extent would you agree with the statement that you are a person who tends to find fault with others? <i>Hanggang saan po kayo sasang-ayon sa pahayag na kayo ay mapaghanap ng pagkakamali ng iba?</i> | 1 | 2 | 3 | 4 | 5 |
| 8008 | To what extent would you agree with the statement that you are a person who does a thorough job? <i>Hanggang saan po kayo sasang-ayon sa pahayag na kayo ay maayos magtrabaho?</i> | 1 | 2 | 3 | 4 | 5 |
| 8009 | To what extent would you agree with the statement that you are a person who gets nervous easily? <i>Hanggang saan po kayo sasang-ayon sa pahayag na kayo ay madaling mangamba?</i> | 1 | 2 | 3 | 4 | 5 |
| 8010 | To what extent would you agree with the statement that you are a person who has an active imagination? <i>Hanggang saan po kayo sasang-ayon sa pahayag na kayo ay may aktibong kaisipan?</i> | 1 | 2 | 3 | 4 | 5 |

Attachment B – NDPS/MFS Form 2

| Now, I would like to ask some questions about how you see yourself. Ngayon, gusto ko pong magtanong, kung paano ninyo tingnan ang inyong sarili. | | | | | | |
|---|--|------------|------------|-------------|--------|------------|
| USE SHOWCARD 7001 | | NOT AT ALL | NOT ENOUGH | JUST ENOUGH | ENOUGH | COMPLETELY |
| 8011 | To what extent are you confident you can find the means and ways to get what you want even if someone opposes you? <i>Hanggang saan po kayo katiwala na kayo ay makakahanap ng paraan kahit may ibang sumasalungat sa inyo?</i> | 1 | 2 | 3 | 4 | 5 |
| 8012 | To what extent are you confident that you <u>deal efficiently with unexpected events</u> ? <i>Hanggang saan po kayo katiwala na inyong matutugunan ng mahusay ang mga hindi inaasahang pangyayari?</i> | 1 | 2 | 3 | 4 | 5 |
| 8013 | Do you think that the problems you have told me about have made a stronger person? <i>Sa inyo po bang palagay ang mga problema ninyo ang naging daan para kayo ay maging matatag na tao?</i> | 1 | 2 | 3 | 4 | 5 |
| 8014 | Do you think that the problems you have told me about have made you a more determined to reach your goals? <i>Sa inyo po bang palagay, ang mga problema ninyo ang naging daan para kayo ay maging mas determinado upang makamit ninyo ang inyong mga hangarin?</i> | 1 | 2 | 3 | 4 | 5 |
| 8015 | Do you need someone to stand up for you when you have problems? <i>Kailangan po ba ninyo ang isang taong ipaglalaban ka sa panahong mayroon kayong problema?</i> | 1 | 2 | 3 | 4 | 5 |
| 8016 | Do you worry about what might happen to you in the future? For example, thinking about not being able to look after yourself, or being a burden to others in the future. <i>Nagaalala po ba kayo sa maaaring mangyari sa iyo sa inyong kinabukasan? Halimbawa, iniisip mo na hindi mo kakayananing alagaan ang inyong sarili, o magiging pagbigat ka sa iba sa hinaharap?</i> | 1 | 2 | 3 | 4 | 5 |
| 8017 | Do you feel in control of your life? For example, do you feel in charge of your life? <i>Sa pakiramdam po ba ninyo ay hawak o kaya ninyong dalhin ang inyong buhay? Halimbawa, sa pakiramdam po ba ninyo ay kayo ang nagpapatakbo ng inyong buhay?</i> | 1 | 2 | 3 | 4 | 5 |
| 8018 | Are you satisfied with your ability to communicate with other people? For example, how you say things or get your point across, the way you understand others, by words or signs. <i>Kayo po ba ay nasisiyahan sa inyong kakayahan na makipag-usap sa iba? Halimbawa, paano ninyo sasabihin ang isang bagay na maintindihan kayo ng tulad ng pagkakaintindi mo sa iba, sa pamamagitan ng salita o senyas?</i> | 1 | 2 | 3 | 4 | 5 |
| 8019 | Are you satisfied with the opportunities you get for social activities? For example, with the chances you get to meet friends, go out for a meal, go to a party, etc. <i>Kayo po ba ay nasisiyahan sa mga pagkakataon na nakukuha ninyo sa mga gawaing pang lipunan? Halimbawa, sa pagkakataong makipagkaibigan, kumain sa labas o makisama sa mga kasiyahan?</i> | 1 | 2 | 3 | 4 | 5 |
| 8020 | Do you feel that you will be able to achieve your dreams, hopes, and wishes? <i>Sa pakiramdam po ba ninyo ay maaabot ninyo ang inyong mga pangarap, mga pag-asa, at mga hiling?</i> | 1 | 2 | 3 | 4 | 5 |

Attachment B – NDPS/MFS Form 2
MODULE 9000. INTERVIEWER OBSERVATION

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | | | | | GO TO |
|--|--|---------------------------|------|---------|-----|----------|-------|
| 9001 | WAS SOMEONE ELSE PRESENT DURING THE INTERVIEW? | YES 1 NO 2 | | | | | |
| | | VERY HIGH | HIGH | AVERAGE | LOW | VERY LOW | |
| 9002 | WHAT IS YOUR EVALUATION OF THE ACCURACY OF THE OF THE RESPONDENT'S ANSWERS? | 1 | 2 | 3 | 4 | 5 | |
| 9003 | WHAT IS YOUR ASSESSMENT OF THE RESPONDENT'S COOPERATION? | 1 | 2 | 3 | 4 | 5 | |
| TIME ENDED: HOUR: <input type="text"/> <input type="text"/> MINUTE: <input type="text"/> <input type="text"/> | | | | | | | |
| 9004 | COMMENTS: <div style="border: 1px solid black; height: 400px; width: 100%; margin-top: 10px;"></div> | | | | | | |

Attachment B – NDPS/MFS Form 2

IN ACCOMPLISHING Q1018 - ETHNICITY

IN CASES OF MIXED ANCESTRY, THAT IS, PARENTS BELONGING TO DIFFERENT ETHNIC GROUPS, THE FOLLOWING CASES MAY BE REFERRED

| CASES | CONDITIONS |
|---|--|
| <u>CASE 1 - MIXED NON-INDIGENOUS PEOPLE (IP) PARENTS</u> e.g. <i>Father - Tagalog</i> <i>Mother - Ilokano</i> | They will decide between Tagalog and Ilokano. |
| <u>CASE 2 - MIXED IP PARENTS</u> e.g. <i>Father - Kankanaey</i> <i>Mother - Ibaloi</i> | They will decide between Kankanaey and Ibaloi. |
| <u>CASE 3 - MIXED IP AND NON-IP PARENTS</u> e.g. <i>Father - Dumagat (IP)</i> <i>Mother - Kapampangan (Non-IP)</i> | They should the ethnicity of the IP parent (in case of the example, Dumagat). |
| <u>CASE 4 - MIXED IP AND MUSLIM PARENTS</u> e.g. <i>Father - Maranao (Muslim)</i> <i>Mother - Manobo (IP)</i> | If the family has Islam as their religion , the ethnicity should follow the father's ethnicity (in case of example, Maranao). If the family adopted any other religion other than Islam , the ethnicity should be that of the IP parent (in case of the example, Manobo). |
| <u>CASE 5 - MIXED MUSLIM PARENTS</u> e.g. <i>Father - Samal</i> <i>Mother - Badjao</i> | If the family has Islam as their religion , the ethnicity should follow the father's ethnicity (in case of example, Samal). If the Muslim family has other religion other than Islam , they will decide between Samal and Badjao. |
| <u>CASE 6 - MIXED MUSLIM AND NON-IP PARENTS</u> e.g. <i>Father - Tausug (Muslim)</i> <i>Mother - Bikolano (Non-IP)</i> | They should automatically be the ethnicity of the Muslim parent (in case of the example, Tausug). However, if it happens that the father is Bikolano and the mother is Tausug (Muslim), they should be considered as Bikolanos , strictly adhering to the paternalistic concept . |

REMINDERS:

GENERIC OR GENERAL/COLLECTIVE TERMS SUCH AS IGOROT, CORDILLERAN, LUMAD BANGSA MORO, ETC. ARE NOT IP OR ETHNIC GROUPS. IF YOU ENCOUNTER ANSWERS SUCH AS THESE, YOU SHOULD FURTHER PROBE TO GET THEIR REAL ETHNICITY.

E.G. **IGOROT** - KANKANAHEY, IBALOI, BONTOC, APPLAI, ETC.
CORDILLERAN - IFUGAO, KANKANAHEY, KALINGA, BONTOC, ITNEG, ISNEG, TAGALOG, ETC.
LUMAD - B'LAAN, BANWAON, MANDAYA, MANOBO, MANSAKA, T'BOLI, SUBANEN, UBO, ETC.
BANGSA MORO - MARANAO, TAUSOG, MAGUINDANAO, IRANON, ETC.

2016 Model Functioning Survey

FIELD INTERVIEWER'S MANUAL



REPUBLIC OF THE PHILIPPINES

PHILIPPINE STATISTICS AUTHORITY

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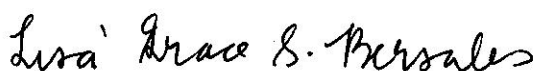
FOREWORD

The Philippine Statistics Authority (PSA) is conducting the 2016 National Disability Prevalence Survey (NDPS) which is also dubbed as Model Functioning Survey (MFS) in November to December 2016. The 2016 NDPS/MFS primarily aims to collect comprehensive and relevant disability information of individuals 15 years old and over that is comparable and to monitor the United Nations Convention on the Rights of Persons with Disabilities (CRPD). The 2016 NDPS/MFS provides detailed and nuanced information about how people with and without disabilities conduct their lives and the difficulties they encounter regardless of any underlying health condition or impairment. The study helps the country identify the barriers that contribute to problems that people encounter, which in turn, help guide policy and service development, as well as contribute in monitoring the Sustainable Development Goals (SDGs).

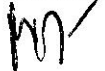
This manual was prepared primarily for the use of the interviewers and field supervisors of the 2016 MFS. It discusses concepts used in the survey and detailed procedures and instructions on how to fill out the NDPS/MFS questionnaires. The tasks and responsibilities of the interviewers are also contained in this manual. While this manual cannot present in detail all the answers to the problems that the interviewers may encounter in the field, learning the concepts, procedures, and instructions correctly will enable them to perform their work efficiently.

As interviewer, it is your responsibility to collect accurate and reliable information following the instructions laid out in this manual. Your participation in this operation is vital to the success of the 2016 MFS.

The study is conducted in collaboration with the Department of Health (DOH) for funding support, the National Council on Disability Affairs (NCDA) and the World Health Organization (WHO) for technical assistance.



LISA GRACE S. BERSALES, Ph.D.
National Statistician and Civil Registrar General



Manila, Philippines
September 2016

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CHAPTER 1: INTRODUCTION

The 2016 National Disability Prevalence Survey/Model Functioning Survey (2016 NDPS/MFS) is conducted by the Philippine Statistics Authority (PSA) in collaboration with the Department of Health (DOH) and National Council on Disability Affairs (NCDA). The 2016 NDPS/MFS aims to collect comprehensive, comparable and relevant disability information of individual aged 15 years old and over to monitor the United Nations Convention on the Rights of Persons with Disabilities (CRPD). The survey provides detailed and nuanced information about how people conduct their lives and the difficulties they encounter regardless of any underlying health condition or impairment. The study helps the country identify the barriers that contribute to the problems that people encounter, which, in turn, help guide policy and service development; as well as contribute in monitoring the Sustainable Development Goals (SDGs). Technical assistance for the 2016 NDPS/MFS is provided by the World Health Organization (WHO).

1.1 OBJECTIVES OF NDPS/MFS

The 2016 NDPS collects data about all the dimensions of disability – information about impairments, activity limitations, participation restrictions, and environmental factors that facilitate or hinder full participation and to examine the entirety of the disability experience in order to understand the impact of disability on people's lives and determine the appropriate response. Specifically, the survey aims to:

- provide key information to characterize the household;
- provide key information about the current number (prevalence) of persons in need of care and assistance because of health issues;
- provide information on different background characteristics of individual respondents and gives indication of and socio-economic status;
- assess whether health status contributes to unemployment, or whether people in different types of occupations experience varying levels of health;
- identify factors in the environment that may influence health-related day to day life problems such as accessibility of the environment, social support, presence and level of negative attitudes of others, accessibility to information, presence of personal support, use of aids and modifications, and use of medication;
- collect detailed information regarding the availability and need of personal assistance, aids and devices and facilitators;
- functional problems such as mobility, self-care, hand and arm use, seeing, hearing, pain, sleep and energy, breathing, interpersonal relationship, handling stress, communication, cognition, household tasks, community and citizenship participation, caring for others, work and schooling;
- determine the number of individuals with problems in day to day life exclusively because of their health, number of health conditions and how many of these people actually receive treatment;
- assess respondents and household's experiences with the health system such as needing health care, inpatient hospital care, outpatient care and care at home, and responsiveness of health care professionals and systems to the respondent's health care needs;
- respondent's thoughts about their life and well-being such as quality of life, loneliness and subjective well-being; and
- aspects of empowerment and assessment of personality traits.

1.2 USES OF NDPS/MFS DATA

A metric of disability will be developed to allow for the collection of comprehensive and relevant information that helps the country construct a complete picture of disability with particular relevance to disability policy, direct and reliable international comparisons of disability data, and national and global monitoring of the implementation of the CRPD.

1.3 AUTHORITY OF THE SURVEY

Section 6 of Republic Act 10625 also known as the Philippine Statistical Act of 2013, which was approved on 12 September 2013 states that the Philippine Statistics Authority (PSA) shall be primarily responsible for all national censuses and surveys, including sectoral statistics, consolidation of administrative recording system, and compilation of national accounts.

1.4 CONFIDENTIALITY OF INFORMATION

All personnel involved in this survey are required to keep in **strict confidence** any information obtained during the survey that pertains to any particular household or person.

Section 26 of RA 10625 stipulates that individual data furnished by the respondent to statistical inquiries, surveys, and censuses of PSA shall be considered privileged communication and such shall be inadmissible as evidence in any proceeding. The PSA may release data gathered from censuses only in the form of summaries or statistical tables, in which no reference to an individual, corporation, association, partnership, institution or business enterprise will appear.

Section 27 of RA 10625 states that any person, including parties within the PSA Board who breach the confidentiality of information, whether by carelessness, improper behaviour, behaviour with malicious intent, and use of confidential information for profit are considered guilty of an offense and shall be liable to fines as prescribed by the PSA Board which shall not be less than Five thousand pesos (Php5,000.00) nor more than Ten thousand pesos (Php10,000.00) and/or imprisonment of three (3) months but not to exceed one (1) year, subject to the degree of breach of information.

1.5 SAMPLING DESIGN

The 2016 NDPS/MFS will utilize the new 2013 Master Sample (2013 MS) for household-based surveys of the PSA. The 2013 MS is designed to produce reliable quarterly estimates of selected indicators at the national and regional levels.

In the 2013 MS, each sampling domain (i.e., province/HUC) is subdivided into numbers of exhaustive and non-overlapping area segments known as Primary Sampling Units (PSUs). Each PSU is formed to consist of about 100 to 400 households. A single PSU can be barangay/Enumeration Area (EA) or a portion of a large barangay or two (2) or more adjacent small barangay/EAs. For the whole country, about 81,000 PSUs are formed from more than 42,000 barangays.

From the ordered list of PSUs, all possible systematic samples of six (6) PSUs were drawn to form a replicate for the most of the province domain or 75 out of 81 provinces. On the other hand, for the majority of highly urbanized cities, all possible systematic samples of eight (8) PSUs were drawn to form a replicate.

1.6 SCOPE AND COVERAGE

The 2016 NDPS/MFS will cover one replicate (replicate 12) of the quarterly sample of the 2013 MS or about 11,000 sample households with around 800 enumeration areas.

1.7 ELIGIBLE RESPONDENTS

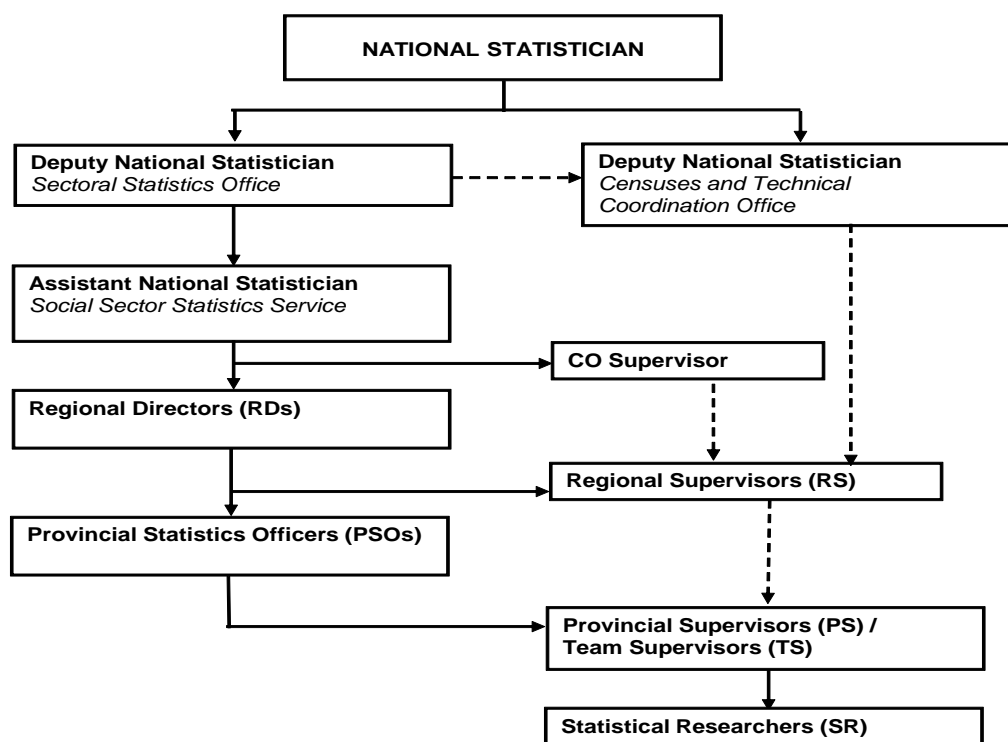
Household Questionnaires (NDPS/MFS Form 1) are to be administered to all sample households and Individual Questionnaires are to be administered to selected individuals aged 15 years and over for each sample household. .

Respondents of the survey need not be able to read and write. However, depending on their age, maturity, and cognition, as well as the place where they come from, some questions or concepts may be more difficult to understand than others. SHOWCARD (written prompts) will be provided and shown to respondents as a memory aid.

1.8 SURVEY FIELD ORGANIZATION

The PSA has the primary responsibility for implementing the survey. The Assistant National Statistician (ANS) of the Social Sector Statistics Service (SSSS), on behalf of the PSA National Statistician, provides overall direction on the conduct of the survey. The Regional Directors (RDs) are responsible for the smooth conduct of the field operations in their respective regions while the Provincial Statistics Officers (PSOs), in their respective provinces (Figure 1). They shall oversee the efficient allocation of workload among the interviewers and will ensure that the Statistical Researchers (SRs) strictly follow the enumeration procedures correctly. Provincial Supervisors/Team Supervisors will directly supervise the SRs during enumeration.

Figure 1. Field Organizational Set-up



1.9 DURATION OF INTERVIEWS

An interview is expected to last on **average one (1) hour and thirty (30) minutes** but may take longer depending on respondents' comprehension and literacy levels. Respondents with language difficulties, limited education, those who are very talkative or who suffer from poor health, may take longer to complete the interview.

1.10 PRIVACY

The preferred condition for interviewing respondents is in private, with no other member of the household present. In some situations this may be difficult. If total privacy is not possible, the respondent may have to be interviewed outside the house or where the respondent feels comfortable discussing matters which may be sensitive. If the respondent wishes to have someone with him/her during the interview, this request should be considered and noted in **Module 9000** of the 2016 NDPS/MFS questionnaire.

1.11 QUESTIONNAIRE

There are two (2) types of questionnaires in the 2016 NDPS/MFS, the Household Questionnaire and the Individual Questionnaire.

The Household Questionnaire (NDPS/MFS Form 1) is used to collect information on the following:

- Household membership,
- Background characteristics of household members,
- Financial, physical and emotional needs, and
- Household assets.

The Individual Questionnaire (NDPS/MFS Form 2) is administered to selected 15 years old and over, and is used to gather information on the following:

- Socio-demographic characteristics,
- Work history and benefits,
- Environmental factors,
- Functioning,
- Health condition,
- Personal assistance, Assistive devices and Facilitators,
- Health care utilization,
- Well-being, and
- Empowerment.

1.12 ENUMERATION PERIOD

The 2016 NDPS/MFS will be conducted for **20 days** starting **21 November to 13 December 2016** including Saturdays and holidays, if necessary.