

POPULATION INSTITUTE

University of the Philippines

Diliman, Quezon City

STATUS OF WOMEN AND FERTILITY SURVEY

Screening Form and Household Roster

(1993)

A1. Respondent's I.D. No.: _____
(Household No.) (SC2a. line No.)

A2. Name of Respondent : _____

A3. Address : _____
(Street) (Barangay) (City/Municipality)

A4. Province: _____

A5. Call Record

Call Record	Date	T I M E		Name of Interviewer	Result of Call	APPOINTMENT		
		Start	End			Date	Time	Place
First Call								
Second Call								
Third Call								

Result of Call:

- 1 - Completed (HH has an ER) 4 - Outright refusal
2 - Incomplete (HH has no ER) 5 - Others (SPECIFY) _____
3 - No adult in

Field Edited <input type="checkbox"/>	Reinterviewed <input type="checkbox"/> Spotchecked <input type="checkbox"/>	Office Edited <input type="checkbox"/>	Coded <input type="checkbox"/>
Name: _____	Name: _____	Name: _____	Name: _____
Date: _____	Date: _____	Date: _____	Date: _____

SC1. Time Started: Hour Minute

SCREENING/HOUSEHOLD ROSTER

INTERVIEWER: THE QUESTIONS IN COLUMNS a-g CAN BE ASKED OF ANY ADULT IN THE HOUSEHOLD. COLUMN h SHOULD BE ASKED ONLY OF THE ER.

SC2. I would like some information about the people who usually live in this household. Altogether, how many people live in this household?

WRITE NUMBER: _____

SC2a. Who is the head of the household? **WRITE HEAD'S NAME IN LINE 01, THEN CONTINUE WITH THE REMAINING QUESTIONS AND HOUSEHOLD MEMBERS.**

NO. (a)	NAMES OF USUAL RESIDENTS (b)	RELATIONSHIP TO HEAD (c)	SEX (d)	AGE AT LAST BIRTHDAY (e)	DATE OF BIRTH (f)	MARITAL STATUS (g)	RELATIONSHIP TO ER (h)
		What is (NAME's) relationship to the head?	Is (NAME) male or female? MALE FEM.	How old is s/he?	When was s/he born?	Is s/he currently married? YES NO	What is (NAME's) relationship to you?
01	Please give me the names of the persons who usually live in this household.		1. 2.	<input type="text"/> <input type="text"/>	Year: <input type="text"/> <input type="text"/> Mo: <input type="text"/> <input type="text"/>	1. 5.	
02			1. 2.	<input type="text"/> <input type="text"/>	Year: <input type="text"/> <input type="text"/> Mo: <input type="text"/> <input type="text"/>	1. 5.	
03			1. 2.	<input type="text"/> <input type="text"/>	Year: <input type="text"/> <input type="text"/> Mo: <input type="text"/> <input type="text"/>	1. 5.	
04			1. 2.	<input type="text"/> <input type="text"/>	Year: <input type="text"/> <input type="text"/> Mo: <input type="text"/> <input type="text"/>	1. 5.	
05			1. 2.	<input type="text"/> <input type="text"/>	Year: <input type="text"/> <input type="text"/> Mo: <input type="text"/> <input type="text"/>	1. 5.	
06			1. 2.	<input type="text"/> <input type="text"/>	Year: <input type="text"/> <input type="text"/> Mo: <input type="text"/> <input type="text"/>	1. 5.	
07			1. 2.	<input type="text"/> <input type="text"/>	Year: <input type="text"/> <input type="text"/> Mo: <input type="text"/> <input type="text"/>	1. 5.	
08			1. 2.	<input type="text"/> <input type="text"/>	Year: <input type="text"/> <input type="text"/> Mo: <input type="text"/> <input type="text"/>	1. 5.	
09			1. 2.	<input type="text"/> <input type="text"/>	Year: <input type="text"/> <input type="text"/> Mo: <input type="text"/> <input type="text"/>	1. 5.	
10			1. 2.	<input type="text"/> <input type="text"/>	Year: <input type="text"/> <input type="text"/> Mo: <input type="text"/> <input type="text"/>	1. 5.	
11			1. 2.	<input type="text"/> <input type="text"/>	Year: <input type="text"/> <input type="text"/> Mo: <input type="text"/> <input type="text"/>	1. 5.	
12			1. 2.	<input type="text"/> <input type="text"/>	Year: <input type="text"/> <input type="text"/> Mo: <input type="text"/> <input type="text"/>	1. 5.	

NO. (a)	NAMES OF USUAL RESIDENTS (b)	RELATIONSHIP TO HEAD (c)	SEX (d)	AGE AT LAST BIRTHDAY (e)	DATE OF BIRTH (f)	MARITAL STATUS (g)	RELATIONSHIP TO ER (h)
	Please give me the names of the persons who usually live in this household.	What is (NAME's) relationship to the head?	Is (NAME) male or female? MALE FEM.	How old is s/he?	When was s/he born?	Is s/he currently married? YES NO	What is (NAME's) relationship to you?
13			1. 2.		Year: Mo:	1. 5.	
14			1. 2.		Year: Mo:	1. 5.	
15			1. 2.		Year: Mo:	1. 5.	
16			1. 2.		Year: Mo:	1. 5.	
17			1. 2.		Year: Mo:	1. 5.	
18			1. 2.		Year: Mo:	1. 5.	
19			1. 2.		Year: Mo:	1. 5.	
20			1. 2.		Year: Mo:	1. 5.	
21			1. 2.		Year: Mo:	1. 5.	
22			1. 2.		Year: Mo:	1. 5.	

SC3. INTERVIEWER: WAS IT NECESSARY TO USE A CONTINUATION SHEET FOR HOUSEHOLD ROSTER?

1. YES

5. NO

INTERVIEWER: BE CERTAIN THAT SMALL CHILDREN, SERVANTS, LODGERS OR FRIENDS WHO USUALLY LIVE HERE AND PEOPLE WHO USUALLY LIVE IN THIS HOUSEHOLD BUT WHO ARE TEMPORARILY ABSENT ARE INCLUDED IN THE HOUSEHOLD ROSTER.

CIRCLE THE LINE NUMBER OF EVERY MARRIED WOMAN AGED 15-39.

SC4. INTERVIEWER CHECKPOINT (REFER TO HOUSEHOLD ROSTER, PAGES 2-3)

1. HOUSEHOLD HAS ONE OR MORE ELIGIBLE RESPONDENTS

2. HOUSEHOLD HAS NO ELIGIBLE RESPONDENT → **TERMINATE INTERVIEW**

SC4a. How many rooms are there in this house? NUMBER: _____

SC5. Most of the time, where is the cooking for this household done?

- ☐ 1. In a separate room inside the house
- ☐ 2. In the main living room of the house
- ☐ 3. In an attached but separate lean-to or space underneath or against the house
- ☐ 4. In a separate building or structure
- ☐ 5. Outdoors
- ☐ 6. Other (Specify: _____)

SC6. Most of the time, what kind of fuel is used for cooking (other than for rice)?

- ☐ 1. Electricity
- ☐ 2. Liquefied Petroleum Gas (LPG)
- ☐ 3. Kerosene/petrol
- ☐ 4. Home-produced gas/bio-gas
- ☐ 5. Wood/charcoal
- ☐ 6. Other (Specify: _____)

SC7. Where do you get most of your water for drinking?

- ☐ 1. From a pipe inside the house → GO TO SC8
- ☐ 2. From a tap or pipe outside the house
- ☐ 3. From an artesian well/pump
- ☐ 4. Rainwater
- ☐ 5. From a river, canal, pond, or lake
- ☐ 6. Other (Specify: _____)

SC7a. How far is this water source from your house?

DISTANCE: _____

CHECK IF ☐ 1. Meters ☐ 2. Kilometers

TRAVEL TIME (ROUND-TRIP): _____

MODE OF TRANSPORTATION:

- ☐ 1. Walking
- ☐ 2. Non-motored vehicle
- ☐ 3. Motored vehicle

SC8. Do you boil or filter your drinking water?

☐ 1. YES

☐ 5. NO

SC9. Does this household have any toilet facilities that are used only by members of the household?

☐ 1. YES

☐ 5. NO

→ GO TO SC10

SC9a. What kind of facilities are these?

- ☐ 1. Flush toilet
- ☐ 2. "Pour" toilet
- ☐ 3. Bucket
- ☐ 4. Pit toilet
- ☐ 5. Inside the house but straight to the sea
- ☐ 7. Other (Specify: _____)

SC10. Do you have electricity in the house?

☐ 1. YES

☐ 5. NO

→ GO TO SC11

SC10a. What is its source?

- ☐ 1. Power company, outside line
- ☐ 2. Own generator
- ☐ 3. Other source, Specify: _____
- ☐ 9. No answer, refusal

SC11. Of what material is the floor in your house made?

- ☐ 1. Dirt/earth
- ☐ 2. Concrete/cement
- ☐ 3. Wood
- ☐ 4. Bamboo
- ☐ 5. Other (What?_____)

SC12. Of what material is the roof of your house made?

- ☐ 1. Thatch
- ☐ 2. Tin, corrugated iron
- ☐ 3. Cement
- ☐ 4. Shingle
- ☐ 5. Wood
- ☐ 6. Other (What?_____)

SC13. Of what material are the walls of your house made?

- ☐ 1. Sawali
- ☐ 2. Wood
- ☐ 3. Hollow blocks
- ☐ 4. Poured concrete/cement
- ☐ 5. Other (What?_____)

SC14. INTERVIEWER: Record your observation of the overall condition of the house.

- ☐ 1. Very good: Construction is solid, no rotting or deterioration evident.
- ☐ 2. So-so: House seems solid, but evidence of rotting or deterioration.
- ☐ 3. Dilapidated: House is half falling down or rotting deterioration is extensive.
- ☐ 9. Could not see house

SC15. INTERVIEWER CHECKPOINT (REFER TO HOUSEHOLD ROSTER, PAGES 2-3)

1.	ONLY ONE ER IN THE HOUSEHOLD
2.	MORE THAN ONE ER —————> GO TO SC17,

SC16. I would like to talk to (NAME OF ER). Is she here?

IF NOT THERE, ASK: When will she return? RECORD RETURN INFORMATION HERE, THEN THANK INFORMANT AND TERMINATE SCREENING INTERVIEW.

DAY _____ MONTH _____ HOUR _____

SC17. LIST NAMES AND AGES OF ALL ER'S, STARTING WITH THE OLDEST AND WORKING DOWN TO THE YOUNGEST.

1. NAME _____ AGE _____

2. NAME _____ AGE _____

3. NAME _____ AGE _____

4. NAME _____ AGE _____

REFER TO LAST DIGIT OF HOUSEHOLD IDENTIFICATION NUMBER ON COVER SHEET, THEN ENTER KISH SELECTION CHART TO CHOOSE ER FOR INTERVIEW. CIRCLE THIS WOMAN'S LINE NUMBER ABOVE, THEN ASK:

SC18. I would like to talk to (NAME OF SELECTED ER). Is she here?

IF NOT THERE, ASK: When will she return? RECORD RETURN INFORMATION HERE, THEN THANK INFORMANT AND TERMINATE SCREENING INTERVIEW.

DAY _____ MONTH _____ HOUR _____

SC19. Time Ended:

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Hour

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Minute

SELECTION CHART

Number of ERs in the HH	Last Digit of Household ID Number									
	0	1	2	3	4	5	6	7	8	9
Two	1	1	2	2	1	2	1	1	2	2
Three	2	2	1	3	2	3	1	3	2	1
Four	3	3	1	4	2	1	3	2	1	4
Five	5	5	3	4	1	2	4	2	3	1
Six	6	2	3	1	6	4	5	2	1	4
Seven	7	4	7	2	3	1	6	5	3	5
Eight	1	7	2	1	6	5	3	8	6	4

1 = Oldest ER in HH, 8 = Youngest ER in HH.