PD-ABC-591
70852

EVALUATION PLAN

HEALTHCOM PHILIPPINES 1988-1989

AUGUST 1988

PREPARED BY: Susan Zimicki
Annenberg School of Communications
University of Pennsylvania

FOR: The Academy for Educational Development
1255 23rd Street, N.W.
Washington DC, 200037

NOTE: This evaluation plan supersedes the evaluation outline prepared in February 1988. It reflects the implementation activities planned by HEALTHCOM as of August 1988. Components of the evaluation may change in response to decisions about implementation.

TABLE OF CONTENTS

BACKGROUND AND DESCRIPTION 2
HEALTHCOM in the Philippines 2
Immunization 3
Diarrheal disease control 3

EVALUATION PLAN 5
Introduction 5
Immunization 5
Household survey 6
Health center study 7
Information from other sources 8
Control of diarrheal disease 9
Household survey 10
Health care providers' survey 10
Information from other sources 10
Institutional and process portrait 11

WORK SCHEDULE 12
Immunization 12
Phase 1: Metro Manila 12
Phase 2: National 13
Control of Diarrheal Disease 14
Phase 1: Test markets in Regions 6, 7 and 10 . . 14
Phase 2: National 14

APPENDIXES 15

BACKGROUND AND DESCRIPTION

Health Communication for Child Survival (HEALTHCOM) is a five-year communication project designed to assist developing countries promote the widespread use of effective child survival strategies. HEALTHCOM is sponsored by the Office of Health and the Office of Education within the Bureau for Science and Technology of the U.S. Agency for International Development. The project is administered by the Academy for Educational Development.

The project will work in up to 17 countries, using its research and development approach to promote changes in behavior with regard to child health. The approach draws heavily from the disciplines of social marketing, behavioral analysis, instructional design and anthropology. Specific activities focus on the control of diarrhea, breastfeeding, nutrition, immunization, growth monitoring, and other related areas such as hygiene and environmental sanitation.

The HEALTHCOM approach, while it varies from country to country, combines pre-program and continuing research with a multiple channel communication program to address public health problems on a national level. The approach has three stages: pre-program planning and development, the instuctional intervention, and ongoing monitoring and evaluation. The planning phase gathers information so that each project can be tailored to the specific needs of the target population. The instructional intervention combines some or all of television, radio, print, and face-to-face communication channels to educate an audience about a specific health theme. Ongoing monitoring and evaluation contribute feedback about the relative success of different aspects of the program, allowing for adjustments during the campaign. The final evaluation summarizes the experience as an example for subsequent programs using the public communication approach, in the same country or elsewhere.

HEALTHCOM in the Philippines

On September 8, 1987 the Department of Health (DOH) and the Academy for Educational Development (AED) signed a letter of understanding for the implementation of HEALTHCOM activities from 1987 through 1989. Under the HEALTHCOM contract, AED will provide a two-year program of technical assistance to the Government of the Republic of the Philippines designed to strengthen its health education system. The specific purpose of this assistance is to enable the DOH to apply a methodology for the use of mass media (broadcast and print) and face-to-face interventions to obtain the widespread adoption of practices conducive to decreasing child mortality. An important aspect of this program is the adoption and integ-

ration of long-term systematic communication planning and design procedures into the country's health education system.

HEALTHCOM operates within the structure and policy of the Department of Health: the AED Resident advisor works within the Public Information and Health Education Service (PIHES) of DOH. Other sections of DOH, particularly top management, the Maternal and Child Health division and the National Capital Region group, will work closely with the AED resident advisor, as will regional and local health personnel in the target areas.

The initial focus of the two year program will be diarrheal disease control and immunization; specifics of the implementation plans are summarized below.

Immunization. The objective of the immunization portion of the program is to raise the national level of fully immunized children to 50% by 1989. This goal will be achieved by a national urban communications campaign supported by ancillary communications materials and a strong service delivery system. The targetted action of the campaign is for mothers to bring their children to the health center for all eight immunizations during the first year of life. The strategy chosen has been to use mothers' concern about measles to get them to bring their children to the health centers, with the health center staff responsible for giving the children other immunizations they need immediately and for making appointments for additional immunizations later if necessary. In the Metro Manila campaign an important additional component is increasing awareness of time and place availablility of measles vaccine -- every Friday at the local health centers.

The campaign will be accomplished in two major phases: (1) a pretest of the strategy in Metro Manila, from February through April 1988; followed by a national rollout beginning in January 1989. It has not yet been decided whether the second phase will begin simultaneously in all regions, or whether it will be implemented region by region, or perhaps successively in different language areas. An additional decision that will affect the evaluation sample concerns whether the campaign will be limited to urban areas (as originally anticipated) or whether the inevitable media spillover to rural areas should be taken advantage of to mount a national urban-rural program. A third important decision to be made that will affect some of the content of the evaluation questionnaire concerns the frequency of immunization days; logistic considerations may preclude the weekly immunization day strategy used in Metro Manila.

Diarrheal disease control. The overall objective of the diarrhea control program is to increase use of rehydration

fluids, with slightly different specific objectives in each of the two test markets, that will run from May 1988 through May 1989. In Regions 6 (Western Visayas) and 7 (Central Visayas), where government service delivery networks are fairly strong, Oresol, the powder sachet to be mixed with one liter of water, will be promoted for treatment at home at the onset of diarrhea. Oresol can be obtained free from government clinics and hospitals; it is anticipated that it will also become available at commercial outlets during the test market. In Region 10 (Northern Mindanao), where the delivery system is weaker, the program will promote use of home-prepared fluids for treatment starting at the onset of diarrhea, and use of Oresol at health clinics/hospitals at the first sign of dehydration.

EVALUATION PLAN

Introduction

The Annenberg School of Communications (ASC) at the University of Pennsylvania has been contracted to carry out evaluations of HEALTHCOM activities in fifteen different sites. ASC has been responsible for formative research in a number of HEALTHCOM project sites and assisted with inital formative research in this site, but as the Philippines project has evolved this component has been undertaken by Porter Novelli (PN). Thus the primary role ASC will take is summative evaluation of this project.

ASC's basic evaluation strategy is pre-post comparison of knowledge, attitudes and practices concerning the intervention of interest. This implies mounting special surveys of the target audience -- mothers of young children. Since demand generation using mass media may fail because of non-support by health care providers, studies of providers are helpful in assessing program effectiveness, and are included in the overall evaluation strategy. Generated demand may also be unmet because of difficulties with supply or other logistic problems. It may be important to consider such exogenous factors in evaluating the effect of the communications intervention. Provider's surveys can yield some information about logistic factors, and where available, management records, service statistics and information from other sources will also be used.

DOH currently has a limited capacity to undertake the surveys and special studies required for summative evaluation, so these will be carried out by private consumer research firms. Because institutionalization is an important objective of the project, a special effort will be made to improve the capability of PIHES staff to contract for this kind of research and use results obtained from it. Additionally, because special KAP surveys may be expensive, use of other available data sources will be emphasized and results obtained from them compared with those from the special studies to evaluate the reliability of this data for cost-effective evaluation that will continue beyond the lifetime of this project.

Immunization

The evaluation will provide information about the effects of the media campaigns conducted by PIHES with assistance from HEALTHCOM. Effects of the communication campaign will be estimated mainly by comparison of the results of the before and after surveys of mothers of young children. Interpretation of the results will be tempered in light of the before and after

health center studies, service statistics, and information from other sources of data.

The following sources of data will be used in the evaluation process:

- household survey before and after the intervention
- health center studies before and after the intervention
- available information from other sources of data, including service statistics

Each of these components is discussed in the following sections. In terms of resources required and data provided, the household survey instrument is the main component, as it will cover a representative sample of the target population. The health center study provides information only about children brought to health centers, while most of the adjunct sources of information will yield data limited to particular regions.

Household survey. The target age group for the immunization program is young children, so the household survey instrument is administered to a target area sample of women with children less than two years old. Information collected includes mothers' knowledge about diseases and immunization, experiences in obtaining immunization, the immunization status of the two youngest children, and sociodemographic and media profiles.

ASC fielded a baseline household survey regarding immunization in October 1987. The sample consisted of 800 mothers (80 clusters of 10) from the poorest socioeconomic groups (designated D and E) in eight cities in Metro Manila and two cities each in Regions 6 (Western Visayas), 7 (Central Visayas) and 10 (Northern Mindanao). This was an exploratory as well as a baseline survey, and the sample was chosen to emphasize contrasts in terms of city density and distance from (randomly chosen) health centers in each city. The questionnaire used is attached as APPENDIX I.

In January 1988 PN fielded a pre-campaign tracking survey in Metro Manila. This survey had the same target group (class D and E mothers of children less than two) and a questionnaire (APPENDIX II) that obtained much of the same information as the October 1987 survey, as well as additional information concerning knowledge and awareness. The sample size was larger -- 600 mothers (100 clusters of 6) -- and clusters were selected using a sampling strategy that would yield a representative sample.

Because of the limited research budget, ASC and PN were asked in March to combine ASC's planned evaluation followup survey and PN's mid-campaign tracking survey. The survey fielded in April 1988 was thus a compromise, using the same sampling strategy as the January survey and a questionnaire that was a hybrid of the two previously used (APPENDIX III).

The questionnaire for the baseline and followup surveys for Phase 2 of the immunization program -- the national phase -- will be similar in structure and content to those used in Phase 1. The target group will be mothers of children less than two years old, but the sample will not be restricted to social classes D and E.

The sampling design for Phase 2 will be affected by implementation decisions concerning the roll-out schedule and whether the program will be limited to urban areas. Roll-out may be scheduled to take place on a regional or language-area basis, with activity in different areas beginning at different times. This kind of phasing in would imply that at the time of followup the program would have been active longer in some areas than others. The sampling design has to allow for a sufficiently large sample in individual areas to be able to determine with statistical confidence whether program objectives are met and to evaluate the effect of time since initiation on outcome. Thus these areas will be first-stage sampling units. Within areas, a PPS (probability proportionate to size) sample of cities (if the program is restricted to urban areas) or provinces (if it is urban and rural) will constitute the second stage. The third stage will be census population units, and the fourth a random start for the cluster.

Health center study. Most immunizations are obtained from government health centers. Knowedge and attitudes of health center personnel, the way they interact with mothers, and constraints (for example, of vaccine or needle supply) that they work under can thus have a large impact on program effectiveness. Additionally, part of the immunization strategy is to hold "sales meetings" of health center personnel, at which program objectives are discussed and DOH officials remind center staff of guidelines (concerning, e.g. immunization of sick children and ages of eligibility for immunization).

In Phase 1 of the immunization program, a health center study was carried out to obtain information about these factors. In October-November 1987 twenty health centers -- one in each city in Metro Manila selected for the household survey and two in each selected Regional city, chosen randomly from lists of health centers provided by DOH -- were visited on days that they were giving immunizations. A followup study of the

eight Metro Manila health centers was carried out in April-May 1988.

In each center, health personnel are interviewed to find out about the center's immunization schedule, what the target population is and how their level of accomplishment approaches the target, whether and how mothers are motivated to bring their children for immunizations, indications they use to decide to refuse immunization, and supply issues (APPENDIX IV). In interviews carried out in 1988 staff were also asked about the sales meetings, change to Friday as immunization day, and what they perceived as the effect of the program. Interactions of personnel with 10 women and their child(ren) are observed (APPENDIX V) and mothers are interviewed after they leave the health center (APPENDIX VI). The interviewers guided general observations are obtained during a debriefing session (APPENDIX VII), and a "portrait" of each health center is developed.

In Phase 2, a similar study will be part of the overall evaluation strategy. Health centers will be chosen in the different areas selected for the household survey.

Information from other sources. Within DOH, these additional sources include:

- routine service statistics collected by the Maternal and Child Health Division; these include the reported number of children immunized in the target age group

- the computerized health information system, which is expected to be implemented in at least some areas in 1989.

- the sentinel hospital system being developed by the Field Epidemiology Training Program (FETP). The first sentinel site was established at San Lazaro Hospital in Metro Manila in early March; in April a site at the Provincial Hospital in Bulacan was added, and up to 6 additional sites are planned. From each sentinel site weekly reports are generated about the number of cases and deaths by age, sex, and immunization status for measles, pertussis, diphtheria, polio, typhoid, cholera, hepatitis, dengue, food poisoning and ARI.

- FETP investigations of outbreaks of diarrhea and immunizable diseases

- cluster surveys of immunization coverage scheduled to be carried out by the MCH group with the assistance of Dr. Alasdair Wylie of the REACH project. These surveys provide information about immunization coverage among 12 to 23-month-old children. The

eventual objective is to have at least one survey yearly in each Region.

Other organizations are also involved in immunization, and have agreed to share information:

- UNICEF is promoting a national urban program, and in early 1988 carried out a mail survey of health center equipment and manpower supply at government urban health centers. There are making this information available for logistics planning.

- Johns Hopkins University is carrying out a multiround survey and linked case-control studies in Metro Cebu to evaluate the impact of the child survival program. Their more intensive survey can be compared with ASC's pre-post surveys; and the results of the case-control studies will provide a measure of program success in terms of reduction of mortality.

Control of diarrheal disease.

In early 1988 it became clear that the test markets for diarrhea would probably involve a strategy of at least two stages to accomodate introduction of commmercialization during the test market, would probably also involve some adjustments during the campaign, and would not be in phase with the seasonal fluctuations in diarrhea incidence. This kind of dynamic situation makes it difficult to carry out a summative evaluation without fairly costly repeated measures of consumer awareness and practice. As PN would be undertaking intensive formative research during this stage, and as the research budget is limited, the decision was made in March 1988 in collaboration with AED to regard the test markets as a developmental stage and carry out summative evaluation of the diarrhea control program during the post-test-market stage (second phase). Because the test markets are slated to last through the 1989 diarrhea season, the timing for the second phase "before" and "after" measurements has not yet been decided, and it is possible that only the "before" measures for the second phase of the diarrhea control program will be carried out as part of this HEALTHCOM project.

The evaluation strategy will follow the same pattern as that discussed for immunization, with three sources of data:

- household survey before and after the intervention
- health care providers studies before and after the intervention

- available information from other sources of data, including service statistics

These are outlined below.

Household survey. The pre-test-market survey fielded in October 1987 obtained information from 1200 class D and E households in urban and rural areas of Regions 6, 7 and 10. Mothers were eligible to be interviewed if they had at least one child less than six years old. The questionnaire contained sections concerning mothers' knowledge of diarrhea, treatment patterns (home treatment, providers contacted and treatment received), current practices of giving liquids and feeding during diarrhea episodes, current recognition and use of Oresol, and sociodemographic and media profiles.

The before and after surveys for Phase 2 of the program will follow the same pattern as the pre-test-market survey. If it is decided to have two basic strategies for implementation, the first involving commercialization of Oresol, and the second, for regions where the infrastructure is less developed, stressing home fluids, two variants of the questionnaire will be developed to reflect these differences.

Health care providers' survey. A significant proportion of treatment for diarrhea is obtained from private physicians and hospitals. Thus information about their knowledge and behavior will be needed. For the test market PN is surveying physicians, and it seems likely that a joint survey for Phase 2 would be possible.

An observational study in health centers, similar to that for immunization, is logistically difficult, as it is difficult to predict when patients with diarrhea will arrive. A qualitative interview study is possible, and could be carried out in conjunction with the household survey.

Information from other sources. Within DOH, most of these sources are the same as for immunization:

- service statistics
- the computerized health information system
- the sentinel hospital system
- FETP investigations of outbreaks

In addition, WHO has carried out two large cluster surveys of diarrhea prevalence and ORS and home fluid use, the first in Cebu in 1987, and the second in Cagayan de Oro in 1988. Results of these will be available to supplement or compare

with HEALTHCOM survey results. A review of the entire program for control of diarrheal disease, in which PRITECH will participate, will be carried out during 1989.

The Johns Hopkins University multi-round survey and linked case-control studies will have diarrheal disease as a major focus.

PN will be obtaining information about market supply of Oresol.

Institutional and process portrait.

Information about the project will be collected through a review of project documents, from the study of materials produced for diffusion, from discussions with PIHES staff and others at DOH and elsewhere associated with the project, and from observations made by the evaluation team. In this way a portrait will be drawn presenting the stage-by-stage development of materials to their diffusion and reception by the target audience. Particular attention will be paid to structural and procedural attributes that either facilitated or impeded the program in reaching its objectives.

WORK SCHEDULE

Immunization

Phase 1: Metro Manila February -- April 1988

September -- October 1987

1. Baseline survey of 800 class D and E mothers with at least one child less than two in Metro Manila, and selected cities in Regions 6, 7 and 10

2. Baseline health center study of 20 health centers in Metro Manila (12) and selected cities in Regions 6, 7 and 10

3. Assistance with review of identified studies that had been carried out previously

January -- February 1988

1. Pretracking survey of 800 class D and E mothers in Metro Manila (in collaboration with DPN)

April -- May 1988

1. Followup survey in Metro Manila to examine knowledge, attitudes and coverage rates and their association with contact with the media campaign (collaboration with DPN)

2. Followup health center study of 12 centers in Metro Manila to document changes in practice that might have affected coverage rates, particularly household listing of eligible children, outreach activities, supply issues and practice with regard to refusing immunization to sick children

3. Collection of available information about other program activity (eg, Rotary PolioPlus campaign) that might have affected coverage rates

November -- December 1988

1. Baseline survey for national evaluation will include Metro Manila

Immunization

Phase 2: National January 1989 -- August 1989

November -- December 1988

1. Baseline survey in augmented Region 6, 7 and 10 sample and in additional indicator areas (including Metro Manila)

2. Health center study in augmented Region 6, 7 and 10 sample and in additional indicator areas

3. Baseline studies as needed for other types of evaluation decided on after April-May visit

August -- September 1989

EPI National

1. Followup survey of mothers in indicator areas

2. Followup health center study in indicator areas

3. Collation of data from other types of evaluation

Control of Diarrheal Disease

Phase 1: Test markets in Regions 6, 7 and 10

No surveys or studies planned

Phase 2: National

1. Baseline survey of mothers in indicator areas (this should occur during the 1988 diarrhea season so implementation in 1989 can start right at the beginning of the diarrhea season)

2. Baseline survey of physicians in indicator areas

CDD National

1. Followup survey of mothers in indicator areas

2. Followup survey of physicians in indicator areas

3. Collation of data from passive data collection systems and other types of outcome evaluation,

APPENDIXES

I Immunization: Household questionnaire; Four regions, October 1987

II Immunization: Household questionnaire; Metro Manila, January 1988

III Immunization: Household questionnaire; Metro Manila, April 1988

V Health center study: Observation form

VI Health center study: Caretaker's questionnaire

IV Health center study: Guidelines for interview

VII Health center study: Guidelines for debriefing and writeup

VIII Diarrhea: Household questionnaire; Three regions: October 1987

APPENDIX I

IMMUNIZATION
HOUSEHOLD QUESTIONNAIRE
FOUR REGIONS, OCTOBER 1987

TRNI 87-196

PROJECT DOH

REFERENCE IDENTIFICATIONS

1. Region _____ 2. Province _____ 3. Village _____

4. ID No. of Household _____ 5. ID No. of Respondent _____

6. Name of Interviewer _____ 7. ID No. of Interviewer _____

8. Date of Interview _____

9. Name of Head of Household _____

10. Name of Respondent _____ Age _____

==========

Location/District _____ Spot/Precinct No. _____

Address _____ between _____ and _____

Call Record	Date/Time	Result of Call	Appt. Date/Time	Intwd. By
1st call:	_____	_____	_____	_____
2nd call:	_____	_____	_____	_____
3rd call:	_____	_____	_____	_____

Intwd by/Date _____ Obs/SCK by/Date _____ _____ Ed by _____

SOCIO-DEMOGRAPHIC DATA

Economic Class		Age Group of R		Home Ownership	
Class D	1	19 & below	1	Own house	1
		20 - 29	2	Renting (P_____/mo.)	2
E	2	30 - 39	3	Neither own nor rent	3
		40 +	4		

Facilities Found In The Home		Monthly Income of Household	
Running water	1	P1000 and below	1
Electricity	2	1001 - 2000	2
Radio	3	2001 - 3000	3
TV	4	3001 - 4000	4
Toilet in house	5	4001 - 5000	5
Refused	6	5001 - 6000	6
None of these	0	6001 - 7000	7
		7001 - 8000	8
		8001 and above	9
		Not know/Refused	10

COMMENTS: _____

_____

_____

17

TRNI 87-196

PROJECT DOH

Intv. No. _____

LOCATION : GMA 1 Gingoog 5
Cebu 2 Iloilo 6
Bais 3 San Carlos 7
Cag.de Oro 4

Time Start _____

Time End _____

==========

I. BASIC INFORMATION

INTRO: Good morning/afternoon/evening. I am _____ from TRENDS, INC., an independent market research agency, and we are studying illnesses of children. Could we ask you some questions about you and your children?

Magandang umaga/hapon/gabi. Ako ay si _____, taga-TRENDS, INC., isang independiyenteng kumpanya ng market research, at kami ay gumagawa ng isang pag-aaral tungkol sa mga sakit ng mga bata. Maaari ko pa ba kayong matanong ng ilang bagay tungkol sa inyong sarili at mga anak ninyo?

(IF YES, CONTINUE INTERVIEW. IF NO, TERMINATE)

1. Could you please tell me how many children you take care of who are less than 2 years old? — Have No._____ 1

Maaari po bang malaman kung ilang mga bata ang inaalagaan ninyo na nagkakaedad ng kulang sa dalawang taon? (TERMINATE)----None 0

2. What is the name of the youngest child? The name of the one before that?

Ano po ang pangalan ng pinakabata? Ano po ang pangalan ng sinundan niya?

FOR EACH CHILD:

a. How old is (name)?

Ilang taon na po si (name)?

b. IF NOT OBVIOUS: Is (name) a boy or a girl?

Lalaki po ba si (name) o babae?

c. Is (name) usually in good health?

Sa kadalasan po ba ay malusog si (name)?

d. Has (name) ever had measles?

Nagkaroon na po ba ng tigdas si (name) kahit na kailan?

Q2	Q2a		Q2b		Q2c		Q2d		
	AGE		SEX		GOOD HEALTH		HAD MEASLES		
NAME	YRS.	MOS.	M	F	YES	NO	YES	NO	DK
1._____	___	___	1	2	1	2	1	2	17
2._____	___	___	1	2	1	2	1	2	17
3._____	___	___	1	2	1	2	1	2	17

II. KNOWLEDGE OF MEASLES

Let's talk a little now about measles in general.

Pag-usapan po natin ang tungkol sa tigdas sa pangkalahatan.

3. Some children get measles and others do not. Why do you think some children get sick with measles?

   May mga batang nagkakaroon ng tigdas at mayroong hindi. Sa palagay ninyo, bakit may mga batang nagkakatigdas?

   - Get it from other children contagious disease 1
   - Not protected by vaccination 2
   - Change of seasons 3
   - Flies, bad water 4
   - Others _____ ( ) (specify)
   - Don't know 17

4. Is it common that children get measles more than once or not?

   Karaniwan po ba na ang mga bata ay nagkakatigdas na naraigit sa minsan o hindi?

   Yes 1
   No 2

5. Have you ever heard of a child who died from measles ?

   May naririnig na po ba kayong bata na namatay sa tigdas?

   Yes 1
   No 2

6. Is there anything one can do to protect a child from getting measles?

   Mayroon po bang magagawa para mapangalagaan ang bata sa tigdas?

   Yes 1
   (GO TO Q9) - No 2

7. What can one do to protect a child from getting measles?

   Ano po ang magagawa para mapangalagaan ang bata sa tigdas? (GO TO Q9)

   - Get the child vaccinated 1
   - See a traditional healer 2
   - Get medicine 3
   - Go to a clinic 4
   - Pray to God 5
   - Other _____ ( ) (specify)
   - Don't know 17

8. At what age should a child get a vaccination for measles?

   Sa anong edad dapat bigyan ng bakuna ang bata laban sa tigdas?

   _____

III. IMMUNIZATIONS

Now I have a few questions to ask about protecting young children from getting sick.

Ngayon ay mayroon akong ilang katanungan tungkol sa pangangalaga sa mga bata para hindi sila magkasakit.

9. When your child is sick, where do you take him/her for treatment?

   Kapag naysakit ang bata, saan ninyo siya dinadala para ipagamot?

   (IF NOT MENTION,) (GO TO Q10)

   - Barangay health center 1
   - Private clinic/physician 2
   - Government hospital 3
   - Private hospital 4
   - City/municipal/rural health center 5
   - Herbolario 6

10. Do you ever take your child to a city/municipal health center or not?

    Dinadala ba ninyo ang bata sa health center ng siyudad/munisipyo o hindi?

    Yes 1
    (GO TO Q12) ——— No 2

III. IMMUNIZATIONS (cont d)

11. When was the last time you brought a child to a city/municipal health center? _____

Kailan ang huling pagdala ninyo ng bata sa health center ng siyudad/munisipyo?

12. Can you tell me what the word "vaccination" means? _____ (GO TO Q14)

Maaari po bang sabihin ninyo sa akin kung ano ang ibig sabihin ng salitang "vaccination" o "bakuna"?

Protects against disease	1
Injections/drops	2
Injections/drops for treating disease	3
Other _____ (specify)	( )
Don't know	17

13. Have you ever heard of giving young children injections or other medicine to protect them from against disease? _____ (GO TO Q51)

Narinig na po ba ninyo ang pagbibigay ng iniksiyon o iba pang gamot sa mga bata para mapangalagaan sila sa sakit?

Yes	1
No	2

(IF RESPONDENT GAVE AN INCORRECT ANSWER FOR Q12, EXPLAIN THAT "VACCINATION" IS WHAT SOME PEOPLE CALL GETTING INJECTIONS OR OTHER MEDICINE TO PROTECT AGAINST DISEASE.)

14. Do you think a child should receive vaccinations _____ (GO TO Q16)

Sa palagay po ba ninyo ay dapat bigyan ng bakuna ang bata?

Yes	1
No	2
Don't know	17
Don't understand	19

15. At what age should a child begin getting vaccinations?

Sa anong edad dapat magsimulang bigyan ng bakuna ang bata?

Months _____	1
Don't know	17
No answer	18

16. WRITE NAME OF YOUNGEST CHILD _____

WRITE AGE (IN MONTHS) OF YOUNGEST CHILD _____

Let's talk about (name of youngest child)

Pag-usapan po natin si (name of youngest child)

17. Has (child) had any vaccinations? _____ (GO TO Q30)

Nabakunanan na po ba si (child)?

Yes	1
No	2

18. Do you have a vaccination card for (child)? _____ (GO TO Q21)

Mayroon po ba kayong vaccination card para kay (child)?

Yes	1
No	2
Don't know	17

19. May I see it? _____ (GO TO Q21)

Maaari ko po bang makita?

Yes	1
Refuses	2
Does not have	3

Date of last vaccination _____ (month/year)

Vaccinations given last time:

BCG	1	POL1	5
DPT1	2	POL2	6
DPT2	3	POL3	7
DPT3	4	MEASLES	8

20

III. IMMUNIZATIONS (cont'd)

20. The card says that the last time that (child) received a vaccination was in _____(month). Is that correct?

Ayon po rito sa kard, si (child) ay huling nabigyan ng bakuna noong _____ (month). Tama po ba ito?

_____ (GO TO Q22)

Yes	1
No	2
Don't know	17

21. When was the last time (child) received vaccination?

Kailan po huling nabakunahan si (child)?

Month _____

Don't know 17

22. Did you take the child or did someone else take the child to the health center? IF SOMEONE ELSE: What is his/her relationship to child?

Kayo po ba ang nagdala sa bata sa health center o may iba ang nagdala? IF SOMEBODY ELSE: Ano po ang relasyon niya sa bata?

Self	1
Someone else	2

_____ (Relationship)

23. Did you (or other person) go mainly to get vaccination for the child, or was there some other reason to go?

Kayo po ba (o ibang kasama) ay nagpunta para pabakunanan lamang ang bata o may iba pang dahilan sa inyong pagpunta?

_____ (GO TO Q25)

Went mainly for vaccinations	1
Something else	2

24. IF FOR OTHER REASON: Why did you go?

Bakit po kayo nagpunta?

Child sick _____ (specify)	1
Mother sick	2
Regular checkup	3
Other _____	4
Don't know	17

25. Do you remember what disease or diseases the vaccination was for (CHECK ALL MENTIONED) the last time child had vaccination?

Natatandaan po ba ninyo kung para sa anong sakit o mga sakit ang bakuna noong huling bakunahan ang bata?

Measles	1
Diptheria	2
Whooping cough	3
Polio	4
Tetanus	5
Tuberculosis	6
Other _____ (specify)	( )
Don't know	17

26. INTERVIEWER : DID THE MOTHER USE THE CARD TO ANSWER?

Yes	1
No	2

27. Did the child get sick the day or two right after the immunization or not?

Nagkasakit po ba ang bata sa araw ng iyon o ng sumunod na araw matapos ang bakuna o hindi?

_____ (GO TO Q29)

Yes, got sick	1
No, didn't get sick	2
Don't know	17

28. What were the signs of illness you saw in the child?

Anu-ano po ang sintomas ng sakit na nakita ninyo sa bata?

Fever	1
Rash	2
Soreness at point of injection	3
Convulsions	4
Loose stools	5
Vomiting	6
Other _____ (specify)	( )

21

III. IMMUNIZATIONS (cont'd)

29. Did the person giving the immunization say anything to you about the possibility that your child might get slightly ...?

Sinabihan po ba kayo nung nagbigay ng bakuna na maaaring magkaroon ng kaunting karamdaman ang bata?

Yes	1
No	2

30. Will (child) need any more vaccinations before his/her next birthday, or does he/she have all the vaccinations he/she needs?

Mangangailangan pa po ba ng karagdagang bakuna si (child) bago dumating ang kanyang susunod na kaarawan, o mayroon na siya ng lahat ng bakuna na kailangan?

Will need more	1
_____ (GO TO Q34) -.-Has all needed	2
-Don't know	17

31. How many more times will you have to bring (child) for more vaccinations?

Ilang beses pa po ninyo dadalhin si (child) para sa karagdagang bakuna?

Once	1
Two times	2
Three times	3
Four times	4
Five times	5
Other _____	( )
None	0
Don't know	17

32. What other vaccinations is (child) supposed to have before his/her next birthday? (CHECK AS MANY AS MENTIONED)

Anu-ano pa pong iba'ng bakuna ang dapat maibigay kay (child) bago dumating ang susunod niyang kaarawan?

BCG/Tuberculosis	1
DPT 1	2
DPT 2	3
DPT 3	4
POL 1	5
POL 2	6
POL 3	7
Measles	8
Whooping cough	9
Tetanus	10
Polio	11
Diptheria	12
Don't know	17

33. How soon do you need to bring the child back for another vaccination?

Gaano kaagad ninyo dapat dalhin ang bata para sa susunod na bakuna?

_____ days from now	
_____ weeks from now	
_____ months from now	
_____ Other	( )
Don't know	17

34. (IF CHILD HAS NEVER RECEIVED A VACCINATION, GO TO Q42)
Where did you get the vaccination the last time you took (child)?

Saan po ninyo huling dinala si (child) para bakunahan?

Health center	1
Other _____	( )

35. What kind of place/person is that?

Ano pong klaseng lugar/tao ito?

- Government health worker (not at health facility)	1
- Barangay health center	2
- Private clinic/physician	3
- Government hospital	4
- Private hospital	5
- Rural health center	6
- Herbolario	7
- Other _____	( )
Don't know	17

III. IMMUNIZATIONS (cont d)

36. How long did it take you to get there?

Gaano katagal bago kayo nakarating doon?

- Less than half an hour 1
- 1/2 - 1 hour 2
- 1 - 2 hours 3
- More than 2 hours 4
- Don't know 17

37. How (what transport) did you get there?

Paano (anong sasakyan) kayo nakarating doon?

- By foot 1
- By tricycle 2
- By bus, jeepney 3
- By private taxi 4
- By private transport (motorcycle, car) 5
- Other _____ ( )
- Don't know 17

38. What did it cost you to get there?

Magkano po ang nagastos ninyo para makarating doon?

- Nothing, free 1
- Pesos _____ 2
- Don't know 17

39. How much did you have to pay for your child to get vaccinated?

Magkano po ang ibinayad ninyo para sa bakuna ng inyong anak?

- Nothing, free 1
- Pesos _____ 2
- Don't know 17

40. When you took the child for vaccination, how long did you have to wait?

Noong dinala ninyo ang bata para bakunahan, gaano katagal kayong naghintay?

- Minutes _____ 1
- Hours _____ 2
- Not long 3
- A long time 4
- Varies 5
- Don't know 17

41. Is that where you would go if you needed to get another vaccination for your child?

Dito rin po ba kayo pupunta kapag nangailangan ng karagdagang bakuna ang inyong anak?

_____ (GO TO Q44) -- - No 1
- Yes 2
- Don't know 17

42a. Where would you go for another vaccination?

Saan po kayo pupunta para sa karagdagang bakuna?

b. IF NEVER RECEIVED VACCINATION: Where would you bring (child) if he/she would need vaccination?

Saan po ninyo dadalhin si (child) kapag nangailangan siya ng bakuna?

	Q42a	Q42b
- Health center	1	1
- Other: _____	( )	( )

43. What kind of place/person is that?

Ano pong klaseng lugar/tao ito?

- Government health worker (not at health facility) 1
- Barangay health center 2
- Private clinic/physician 3
- Government hospital 4
- Private hospital 5
- Rural health center 6
- Herbolario 7
- Other _____ ( )

44. Can one get immunizations there everyday, or are there special days for giving immunizations?

Nagbabakuna po ba doon araw-araw o mayroong espesyal na araw para sa pagbabakuna?

_____ (GO TO Q46) -- - Special days 1
- Everyday 2
- Don't know 17

23

III. IMMUNIZATIONS (cont'd)

45. When are these special days?

Kailan po ang mga espesyal na araw na ito?

(IF NEVER RECEIVED VACCINATION,)
(SKIP TO Q48.)

- Specific day or week_____ 1
- Once a week 2
- Specific day each month _____ 3
- Once a month 4
- Irregular schedule 5
- Don't know 17

46. The last time you took (child) for a vaccination, did the person giving the vaccination or anyone else ask you to return at another time for another vaccination for (child)?

Noong huling dinala ninyo si (child) para bakunahan, sinabi po ba ng nagbabakuna o ng kanit ng sino doon na bumalik kayo ulit para sa isa pang bakuna para kay (child)?

Yes 1
(GO TO Q48)---.-No 2
'-Don't know 17

47. When did he/she ask that you return for another vaccination for (child)?

Kailan niya sinabing bumalik kayo para sa isa pang bakuna para kay (child)?

- Less than 1 month after visit/ 1-3 weeks 1
- About 1 month after visit 2
- About 2 months after visit 3
- About 3 months after visit 4
- About 6 months after visit 5
- Other (specify)_____ ( )

Don't know 17

48. Have you ever taken this child for vaccination and not been able to get the vaccination?

Nadala na po ba ninyo ang bata kanit na kailan para pabakunahan subali't hindi siya nabakunahan?

Yes 1
(GO TO Q50)--- No 2

49. Why couldn't the child be vaccinated?

Bakit po hindi nabakunahan ang bata?

- No vaccine 1
- Vaccine not given that day 2
- No one to give vaccine 3
- Wait too long 4
- Child sick 5
- Other _____ ( )

Don't know 17

50. By what age should a child finish getting all of the vaccinations he/she needs?

Sa anong edad ng bata dapat ay tapos nang lahat ang kailangan niyang mga bakuna?

_____ Months 1
_____ Years 2

Don't know 17

51. VACCINATION HISTORY

(YOU SHOULD ALREADY HAVE THE VACCINATION CARD OF THE YOUNGEST CHILD. ASK TO)
(SEE THE VACCINATION CARD OF THE NEXT OLDEST CHILD AS WELL. FILL OUT THE TABLE))
(BELOW FROM THE INFORMATION ON THE CARDS. FOR EACH VACCINE YOU MUST GIVE AN)
(ANSWER, YES OR NO, AND A DATE. IF THE CARD SHOWS THAT A VACCINATION WAS GIVEN)
(BUT THERE IS NO DATE GIVEN, WRITE 9 IN THE SPACE FOR A DATE. IF THERE IS NO)
(VACCINATION CARD FOR A CHILD, ASK THE MOTHER ABOUT EACH OF THE VACCINATIONS)
(AND ANSWER YES OR NO FROM WHAT SHE SAYS. THEN WRITE 8 IN THE SPACE FOR THE)
(DATE.)

III. IMMUNIZATIONS (cont'd)

YOUNGEST CHILD				NEXT OLDER CHILD			
Has card?	Yes 1	No 2		Has card?	Yes 1	No 2	
Date of birth: _____				Date of birth: _____			
VACCINE	HAD VACCINE NO	HAD VACCINE YES	DATE (MMDDYY)	VACCINE	HAD VACCINE NO	HAD VACCINE YES	DATE (MMDDYY)
BCG	1	2	_____	BCG	1	2	_____
DPT 1	1	2	_____	DPT 1	1	2	_____
DPT 2	1	2	_____	DPT 2	1	2	_____
DPT 3	1	2	_____	DPT 3	1	2	_____
POL 1	1	2	_____	POL 1	1	2	_____
POL 2	1	2	_____	POL 2	1	2	_____
POL 3	1	2	_____	POL 3	1	2	_____
MEASLES	1	2	_____	MEASLES	1	2	_____

IV. MEDIA PROFILE

TV/RADIO (ASK QS.52 TO 56 OF TV FIRST, THEN OF RADIO)

			TV	RADIO
52a.	Do you own a TV set/radio or not? (CONSIDER ONLY WORKING SETS) Mayroon po ba kayong TV set/radyo o wala?	Own	1	1
		Not own	2	2
b.	Do you watch TV/listen to the radio or not? Nanonood po ba kayo ng TV/nakikinig po ba kayo sa radyo o hindi?	Watch/listen	1	1
		In past week	2	2
		Over a week ago	3	3
		Not watch/listen	4	4

(GO TO Q52a-RADIO/Q57a)

c. IF WATCH OR LISTEN: When was the last time you watched TV/listened to the radio?

Kailan kayo huling nanood ng TV/nakinig sa radyo?

53a.	IF WATCH TV: Which TV channel do you watch most often? Sa anong TV channel kayo pinakamadalas na nanonood?	Channel 2	1
		4	2
		7	3
		9	4
		13	5
b.	IF LISTEN TO RADIO: Which radio station do you listen to most often? Is it AM or FM? Sa anong estasyon ng radyo kayo pinakamadalas na nakikinig? Ito po ba ay AM o FM?	Station _____	
		AM	1
		FM	2

75

IV. MEDIA PROFILE (cont'd)

		TV	RADIO
54. Which days of the week do you watch TV/ listen to the radio most often? Sa ano pong araw kayo pinakamadalas manood ng TV/makinig sa radyo?	Monday	1	1
	Tuesday	2	2
	Wednesday	3	3
	Thursday	4	4
	Friday	5	5
	Saturday	6	6
	Sunday	7	7
	Everyday	8	8
	No particular day	9	9
55. What time of the day do you most often watch TV/listen to the radio? Anong parte ng araw kayo pinakamadalas manood ng TV/ makinig ng radyo?	Before 6:00 A.M.	01	01
	6:00 A.M. TO 7:00 A.M.	02	02
	7:00 A.M. TO 8:00 A.M.	03	03
	8:00 A.M. TO 9:00 A.M.	04	04
	9:00 A.M. TO 10:00 A.M.	05	05
	10:00 A.M. TO 11:00 A.M.	06	06
	11:00 A.M. TO 12:00 NOON	07	07
	12:00 NOON TO 1:00 P.M.	08	08
	1:00 P.M. TO 2:00 P.M.	09	09
	2:00 P.M. TO 3:00 P.M.	10	10
	3:00 P.M. TO 4:00 P.M.	11	11
	4:00 P.M. TO 5:00 P.M.	12	12
	5:00 P.M. TO 6:00 P.M.	13	13
	6:00 P.M. TO 7:00 P.M.	14	14
	7:00 P.M. TO 8:00 P.M.	15	15
	8:00 P.M. TO 9:00 P.M.	16	16
	9:00 P.M. TO 10:00 P.M.	17	17
	10:00 P.M. OR LATER	18	18
56. What types of programs did you watch/ listen to these past 7 days? Anu-ano pong klase ng programa ang pinanood/pinakinggan ninyo nitong nakaraang 7 araw?	Drama	1	1
	Musical	2	2
	Sports	3	3
	News	4	4
	Others: _____	( )	( )

(IF NOT KNOW TYPE, ASK PROGRAM NAME/CHANNEL/STATION)

NAME OF TV PROGRAM	NAME OF RADIO PROGRAM
_____	_____
_____	_____
_____	_____

NEWSPAPERS

57a. Do you read the newspapers? IF YES: How often do you do this? Nagbabasa po ba kayo ng diyaryo? Gaano kadalas po ninyo ginagawa ito?	Everyday/nearly everyday	1
	Once a week	2
	Twice a month	3
	Once a month	4
	Less often	5
	(TO TO Q58a) -- Not read newspapers	0
b. When was the last time you read a newspaper? Kailan po kayo huling nagbasa ng diyaryo?	Past 24 hours	1
	Past 7 days	2
	Over a week ago	3
	Over a month ago	4
	_____	( )

26

IV. MEDIA PROFILE (cont'd)

57c. Which newspaper do you read most often?

Anong diyaryo ang pinakamadalas ninyong binabasa?

Ang Pilipino Ngayon	01
Balita	02
Business World	03
Manila Standard	04
Malaya	05
Malaya (Midday Edition)	06
Manila Bulletin	07
Manila Chronicle	08
Manila Observer	09
Manila Times	10
Masa	11
Mr. & Ms.	12
News Herald	13
People's Journal	14
People's Tonight	15
Philippine Dispatch	16
Philippine Inquirer	17
Star	19
Sun Times	20
Taliba	21
Tempo	22
Others: _____	( )
_____	( )
_____	( )

COMICS

58a. Do you read comics? IF YES How often?

Nagbabasa po ba kayo ng komiks? IF YES: Gaano po kadalas?

Everyday/nearly everyday	1
Once a week	2
Twice a month	3
Once a month	4
Less often	5
(TO TO Q59a) — Not read comics	0

b. When was the last time that you read comics?

Kailan po kayo huling nagbasa ng komiks?

Past 24 hours	1
Past 7 days	2
Over a week ago	3
Over a month ago	4
_____	( )

c. What comics do you read most often?

Anong komiks ang pinakamadalas ninyong binabasa?

Aliwan	01
Darna	02
Espesyal	03
Funny	04
Hiwaga	05
Lovelife	06
Love Story	07
Pilipino	08
Pinoy Komiks	09
Superstar	10
Tagalog Komiks	11
Wakasan	12
Astro	13
Gem	14
Lagim	15
L'Amor	16
Pinoy Klasiks	17
Sweetheart	18
Tagalog Klasiks	19
Topstar	20
TSS Komiks	21
_____	( )
_____	( )
None	0

IV. MEDIA PROFILE (cont'd)

MAGAZINES

59a. Do you read magazines?
IF YES : How often?

Nagbabasa po ba kayo ng magasin?
IF YES: Gaano po kadalas?

Everyday/nearly everyday	1
Once a week	2
Twice a month	3
Once a month	4
Less often	5
(GO TO SOCIO-DEMO) —— Not read magazines	0

b. When was the last time that you read magazines?

Kailan po kayo huling nagbasa ng magasin?

Past 24 hours	1
Past 7 days	2
Over a week ago	3
Over a month ago	4
_____	( )

c. What magazine do you read most often?

Anong magasin ang pinakamadalas ninyong basahin?

Extra Hot	01
Glitter	02
Jingle Sensation	03
Kislap	04
Liwayway	05
Modern Romances	06
Orig	07
Sosyal	08
Mod Filipina	09
Mr. & Ms.	10
Woman's Home Companion	11
Women's Journal	12
Woman Today	13
Panorama	14
Sunday Inquirer	15
Sunday Malaya	16
Sunday Times Magazine	17
Asiaweek	18
Focus	19
Newsweek	20
Reader's Digest	21
Time	22

==========

V. SOCIO DEMOGRAPHIC DATA

50. How many people live in this household?

How many are females? What are their ages?

How many are males? What are their ages?

Ilan po kayong lahat na nakatira dito sa inyong pamamahay?

Ilan po ang mga babae? Anu-ano po ang kanilang mga edad?

Ilan po ang mga lalaki? Anu-ano po ang kanilang mga edad?

	MALE	FEMALE	TOTAL
0 - 2	___	___	___
3 - 5	___	___	___
6 - 10	___	___	___
11 - 15	___	___	___
16 - 20	___	___	___
21 - 25	___	___	___
26 - 30	___	___	___
31 - 35	___	___	___
36 - 40	___	___	___
41 - 45	___	___	___
46 - 50	___	___	___
51 - 55	___	___	___
56 & over	___	___	___
Total	___	___	___

28

V. SOCIO-DEMOGRAPHIC DATA (cont'd)

61. IF THERE ARE WOMEN 15 YEARS AND ABOVE:
Do they ever take care of the children?

Nag-aalaga po ba ng mga bata ang mga babaeng nagkakaedad ng 15 taon pataas?

Yes	1
No	2

62. Are you currently married (living with a male partner)?

Mayroon po ba kayong asawa sa kasalukuyan?

Yes	1
No	2

63a. What year were you born?

Sa anong taon po kayo ipinganak? _____

b. Where were you born? (Town/city & province)

Saan po kayo ipinanganak? _____

		Q64 Speak	Q65 Read
64. What dialects and languages can you speak?	English	1	1
Anu-ano pong wika ang alam ninyong salitain?	Tagalog	2	2
65. What dialects and languages can you read?	_____	( )	( )
Anu-ano pong wika ang alam niyong basahin?	_____	( )	( )

		Q66 R	Q67 HH
66. What is the last year of schooling that you completed?	- No schooling	1	1
Ano po ang huling taon ng pag-aaral ang natapos ninyo?	- Some elementary	2	2
	- Completed elementary	3	3
	- Some high school	4	4
67. What is the last year of schooling completed by your husband?	- Completed high school	5	5
	- Some college	6	6
	- Has a degree	7	7
Ano po ang huling taon ng pag-aaral ang natapos ng inyong asawa?	- Completed/some master's degree	8	8
	- Not know/refused	9	9

68. Does your husband have a job? IF YES:
Is this full-time or part-time?

May trabaho po ba ang inyong asawa?
Ito po ba ay full-time or part-time?

	HH	R
Have	1	1
Full-time	2	2
Part-time	3	3
	_____	_____
None	0	0

69. What kind of work does he do?

Ano po ang trabaho niya?

70. How about you, do you have a job? IF YES: Is this full-time or part-time?

Kayo naman po, may trabaho po ba kayo? Ito po ba ay full-time o part-time?

71. What kind of work do you do?

Ano po ang trabaho ninyo?

72. How long have you lived in this town/city?

Gaano katagal na kayong naniniranan sa bayan/siyudad na ito? _____

73. If less than one year; where did you use to live?

APPENDIX II

IMMUNIZATION
HOUSEHOLD QUESTIONNAIRE
METRO MANILA, JANUARY 1988

TRNI 88-04

PROJECT DON II-A

Intv. No. _____

Spot/Prec. No. _____ City/Municipality_____|_|_| Date of interview_____

Name of Respondent _____ |_|_|_|_| Age_____

Address _____ between _____ and _____

Name of Nearest Health center: _____

Intv. by_____|_|_| Obs/Sch by/Date _____ Ed by/Date _____

CALL RECORD	DATE/TIME	RESULT OF CALL	APPT. DATE/TIME	INTVD. BY
1st Call	_____	_____	_____	_____
2nd Call	_____	_____	_____	_____
3rd Call	_____	_____	_____	_____

SOCIO-DEMOGRAPHIC DATA

Size of Household	Male	Female
Children		
11 yrs. old & below	____	____
12 - 14 years old	____	____
15 - 17 years old	____	____
Adult (18 yrs old & up)	____	____
Total	____	____
No. of Household Help	____	____

Educational Attainment	R	HH
No schooling	1	1
Some elementary	2	2
Completed elementary	3	3
Some high school	4	4
Completed high school	5	5
Some college	6	6
Has a degree	7	7
Completed/some master's degree	8	8
Not know/refused	9	9

Occupation		
Professional, technical and kindred workers	1	1
Farmers and farm managers	2	2
Managers, officials and proprietors except farm	3	3
Clerical and kindred workers	4	4
Sales workers	5	5
Craftsmen, foreseen and kindred workers	6	6
Service workers except private household workers	7	7
Laborers	8	8
Not gainfully employed/ student/pensioner	9	9
Not know/refused	10	10

Other Sources of Income

_____

_____

Facilities Found in the House	YES	NO
Running water	1	2
Electricity	1	2
Radio	1	2
TV	1	2
Toilet in the house	1	2
Refused to answer	8	
Don't know	9	

House Ownership	
Own house	1
Renting (P_____/month)	2
Neither own nor rent	3

Monthly Income of Household (SHOWCARD M)	
P1000 and below	1
1001 - 2000	2
2001 - 3000	3
3001 - 4000	4
4001 - 5000	5
5001 - 6000	6
6001 - 7000	7
7001 and above	8
Not know/refused	9

Type of Respondent		Age of Resp.	
Active	1	16-19 yrs.	1
Passive	2	20-24 yrs.	2
Out of system	3	25-29 yrs.	3
		30-34 yrs.	4
Eco. Class		35-39 yrs.	5
		40 & over	6
Class D	1		
E	2		

Length of stay in city _____ years

If less than 1 year, previous residence _____

Rural 1

Urban 2

COMMENTS: _____

_____

[illegible] [illegible] Intv. No. _____

[illegible]

Time Start _____

[illegible]	1
[illegible]	2
Out of system	3

Time End _____

INTRO: Good morning/afternoon/evening. I am ____ from TRENDS, INC., an independent market research agency, and we are conducting a survey in your area today about childhood diseases. Could we ask you some questions about you and your children?

Maraandang umaga/hapon/gabi. Ako ay si _____, taga-TRENDS, INC., isang independiyentong kumpanya ng market research, at kami ay gumagawa ng isang pag-aaral tungkol sa sakit ng bata. Maaari ko po ba kayong matanong ng ilang bagay tungkol sa inyong sarili at mga anak ninyo?

(IF YES, CONTINUE INTERVIEW. IF NO, TERMINATE)

A. SCREENING FOR QUALIFICATION

1. Could you please tell me how many children you take care of who are less than 2 years old?

   Maaari ko po bang malaman kung ilang mga bata ang inaalagaan ninyo na nagkakaedad ng kulang sa dalawang taon?

One	1
Two	2
Three	3
More than 3	4
(TERMINATE)-None	5

(MAKE SURE RESPONDENT IS PRIMARY CARETAKER OF CHILDREN)

2a. May I have their names, beginning from the youngest child?

   Maaari ko po bang malaman ang pangalan nila, magsula sa pinakabata?

b. IF NOT OBVIOUS: Is (name) a boy or a girl?

   Lalaki po ba si (name) o babae?

c. When was (name) born? (OBTAIN MONTH, DAY, YEAR, IF MOTHER IS NOT SURE RECORD)
   (ANSWER VERBATIM. CHECK CONSISTENCY W/ VACCINATION CARD.)

   Kailan po ipinanganak si (name)?

	Q2a NAME	Q2b SEX M	Q2b SEX F	Q2c DATE OF BIRTH Month	Q2c DATE OF BIRTH Day	Q2c DATE OF BIRTH Year	A G E (For coders only) (in months)
1.	_____	1	2	_____			
2.	_____	1	2	_____			
3.	_____	1	2	_____			

I. AWARENESS OF DISEASES

Let us talk about childhood diseases.

Ing usapan po natin ang tungkol sa mga sakit ng bata.

			Q3a-b FM	Q3a-b O	Q1 Aided YES	Q1 Aided NO
3a.	When you think of childhood diseases, what is the first one that comes to your mind?					
	Kapag iniisip ninyo ang mga sakit ng kabataan, ano ang unang pumapasok sa isipan niinyo?	-Diarrhea (Pagtatae)	1	1	1	1
		-Diphtheria	2	2	2	2
		-Measles (Tigdas)	3	3	3	3
		-Pertussis (Tusperina)	4	4	4	4
b.	What others can you think of? What else? Anything else?	-Pneumonia (Pulmonya)	5	5	5	5
		-Polio	6	6	6	6
		-TB	7	7	7	7
	Ano pa ang naiisip ninyo? Ano pa po? Mayroon pa po?	-Tetanus (Tetano)	8	8	8	8
		Chickenpox (Dulutong tubig)	9	9		
4.	IF NOT MENTIONED: Have you heard of (disease) or not? (SHOWCARD A)	Cholera (Kolera)	10	10		
		Hepatitis	11	11		
		Mumps (Buke)	12	12		
	Narinig na po ba ninyo ang tungkol sa (disease) o hindi?	Smallpox (Dulutong)	13	13		
		Typhoid fever (Tipus)	14	14		
		_____	15	15		
		None	99	99		

5a Some people think that some diseases are more common than others, that is, children are more likely to get them. Thinking first of (disease), how likely would you say it would be for a child in this area to get (disease)? Would you say that it is very likely, somewhat likely, not very likely or not at all likely? (SHOWCARD) And for....?

(ASK FOR EACH DISEASE AWARE OF WITH ASTERISK. START WITH DISEASE TICKED OFF)

May ilang tao na nag-aakala na ang ibang mga sakit ay mas laganap kaysa sa iba, na ang mga bata ang mas malamang na magkaroon ng sakit na ito. Kung iisipin ninyo ang tungkol sa (disease), gaano po malamang na mangyari na ang isang bata sa lugar na ito ay magkaroon ng (disease)? Masasabi po ba ninyo na ito ay talagang malamang na mangyari, halos malamang na mangyari, halos malamang na hindi mangyari o talagang malamang na hindi mangyari? (SHOWCARD B) At para sa...?

Disease	Very Likely	Somewhat Likely	Not Very Likely	Not At All Likely	DK/ Can't Say	Not Aware
Diarrhea (Pagtatae)	1	2	3	4	8	9
Diphtheria	1	2	3	4	8	9
Measles (Tigdas)	1	2	3	4	8	9
Pertussis (Tuspirina)	1	2	3	4	8	9
Pneumonia (Pulmonya)	1	2	3	4	8	9
Polio	1	2	3	4	8	9
Tetanus (Tetano)	1	2	3	4	8	9
TB	1	2	3	4	8	9

Go to 5.V.iii

B. AWARENESS OF DISEASES (cont'd)

5b. If gave same answer (Very likely or Somewhat likely) for ALL diseases aware of, ask:

i) Which of these diseases would a child in your area MOST LIKELY get? (SHOWCARD C)

Alin sa mga sakit na ito ang pinakamalamang na mahuli ng bata sa lugar ninyo?

Diarrhea (Pagtatae)	1
Diphtheria	2
Measles (Tigdas)	3
Pertussis (Tuspirina)	4
Pneumonia (Pulmonya)	5
Polio	6
Tetanus	7
TB	8
DK/Can't say	9

ii) TO BE ASKED OF MEASLES/TB:

What do you think are the usual signs/symptoms of (disease)? What else?

Ano, sa pa-alam ninyo, ang karaniwang senyas/sintomas ng (disease)? Ano pa po?

MEASLES: _____

_____

_____

TB: _____

_____

_____

(GO TO Q6a)

c. If gave same answer (i.e. Not very likely/ Not at all likely) for ALL diseases aware of, ask:

Which of these diseases would a child in your area LEAST LIKELY get? (SHOWCARD C)

Alin sa mga sakit na ito ang pinakamalamang na hindi makuha ng bata sa lugar ninyo?

Diarrhea (Pagtatae)	1
Diphtheria	2
Measles (Tigdas)	3
Pertussis (Tuspirina)	4
Pneumonia (Pulmonya)	5
Polio	6
Tetanus (Tetano)	7
TB	8
DK/Can't say	9

6a. As far as you know, if your child were to get these diseases, is there any which is a more serious threat than the others or do these diseases just have the same level of seriousness?

Halimbawa pong magkaroon ang inyong anak ng lahat na sakit na ito, sa palagay ninyo, may-roon po bang isang sakit na mas mapanganib kaysa iba o pare-pareho lang silang mapanganib o peligroso?

Yes, there is one disease which is a more serious threat	1
(GO TO Q7a) No, diseases just have same level of seriousness	2

B. AWARENESS OF DISEASES/VACCINATIONS (cont'd)

(RECORD ANSWERS TO QS.6b-c BELOW Q6c)

6b. IF YES: Which one do you feel is the most serious? The second most serious?

Alin sa pakiramdam ninyo ang pinakamapanganib? Ang susunod na pinkamapanganib?

c. To be asked for most serious disease: Why do you say that (disease) is the most serious disease? What about (disease) makes it the most serious to a child's health? What else?

Bakit ninyo nasabi na ang (disease) ang pinakamapanganib na sakit? Ano ang tungkol sa (disease) at nasabi ninyong nagiging pinakamapanganib ito sa kalusugan ng bata? Ano pa po?

Disease	Q6b Most Serious	Q6b Second Most Serious	Not Aware (Refer to Q1-Q4-d)	Q6c Reasons Why Consider Most Serious
Diarrhea	1	1	1	
Diphtheria	2	2	2	
Measles	3	3	3	
Pertussis	4	4	4	
Pneumonia	5	5	5	
Polio	6	6	6	
Tetanus	7	7	7	
TB	8	8	8	

B. AWARENESS OF DISEASES (cont'd)

7a. As far as you know, can children die from any of these diseases or not?

Sa pagkakaalam ninyo, maaari po bang mamatay ang bata sa kahit na alin sa mga sakit na ito o hindi?

Yes		1
No	(GO TO Q8a)	2
Dont' know		3

b. IF YES: Which of these diseases can children die from? What others? (RECORD FIRST MENTION)

Alin po sa mga sakit na ito maaaring mamatay ang mga bata? Alin pa po?

c. If not mention, ask for each disease: As far as you know, can children die from (disease) or not? (SHOWCARD A)

Sa pagkakaalam ninyo, maaari po bang mamatay ang mga bata sa (disease) o hindi?

	Q7b UNAIDED FM	Q7b UNAIDED O	Q7c AIDED YES	Q7c AIDED NO	Q7c AIDED DK
Diarrhea	1	1	1	1	1
Diptheria	2	2	2	2	2
Measles	3	3	3	3	3
Pertussis	4	4	4	4	4
Pneumonia	5	5	5	5	5
Polio	6	6	6	6	6
Diarrhea	7	7	7	7	7
TB	8	8	8	8	8
_____	9	9			
_____	10	10			

C. AWARENESS OF VACCINATIONS

8a. Is there anything that can be done to protect a child from getting any of these diseases?

Mayroon po bang magagawa para mapangalagaan ang bata laban sa mga sakit na ito?

Yes		1
No	(GO TO Q9a)	2
Don't know		3

b. IF YES: What can be done to protect a child from getting any of these diseases? What else? (RECORD VERBATIM RESPONSE)

Ano po ang magagawa para mapangalagaan ang bata laban sa mga sakit na ito? Ano pa po?

(IF VOLUNTARY MENTION VACCINATION IN Q8b, ASK Q8.9c OTHERWISE, GO TO Q9a)

c. Against which of these diseases can a child be protected from by vaccination? (Aided)

Laban sa alin sa mga sakit na ito maaaring mapangalagaan ang bata ng bakuna?

Diarrhea	1
Diphtheria	2
Measles	3
Pertussis	4
Pneumonia	5
Polio	6
Tetanus	7
TB	8

(SKIP TO Q10)

[illegible]

C. AWARENESS OF VACCINATIONS (cont'd)

9a. IF NO /DON'T KNOW TO Q8a, ASK:
Have you ever heard of giving vaccination to children to protect them against any of these diseases or not?

Yes 1
(GO TO Q 14a) —No 2

Narinig na po ba ninyo ang pagbibigay ng bakuna sa mga bata para mapangalagaan sila laban sa mga sakit na ito?

b. IF YES: Against which of these diseases can a child be protected by vaccination? (SHOWCARD C)

Laban sa alin sa mga sakit na ito maaaring mapangalagaan ang bata ng bakuna?

Diarrhea	1
Diphtheria	2
Measles	3
Pertussis	4
Pneumonia	5
Polio	6
Tetanus	7
TB	8
Don't know	9

(ASKS QS 10-11 FOR EACH DISEASE MENTIONED IN Q8c/Q9b. RECORD ANSWER BELOW Q11)

10. How essential is it to have a child vaccinated for (disease)? Is it very much needed, somewhat needed, not really needed or not at all needed? (SHOWCARD D)

Gaano po kakailangan ang pagbabakuna ng bata laban sa (disease)? Ito po ba ay talagang kailangan, medyo kailangan, medyo hindi kailangan o talagang hindi kailangan?

11. If a child has received a vaccination against (disease), how likely would you say it is that they will not get (disease)? Would you say that they definitely will not get it, probably will not get it or might or might not get it? (SHOWCARD E)

Kung ang bata ay nabakunahan na para sa (disease), gaano po malamang na mangyari na hindi na siya magkakaroon ng (disease)? Masasabi ba ninyo na tiyak na hindi na magkakaroon, malamang hindi na magkakaroon o maaaring magkaroon, maaaring hindi magkakaroon?

	Q10				Q11		
	VHN	SN	NRN	NN	DN	PN	M/NN
Measles	1	2	3	4	3	2	1
Diphtheria	1	2	3	4	3	2	1
Pertussis	1	2	3	4	3	2	1
Tetanus	1	2	3	4	3	2	1
Polio	1	2	3	4	3	2	1
TB	1	2	3	4	3	2	1

C. AWARENESS OF VACCINATIONS (cont'd)

12. For each disease aware of (see Q8,Q9-11), ask:

a. Do you know the name of the vaccine for (disease) or not?

Alam po ba ninyo ang tawag sa bakuna laban sa (disease) o hindi?

b. If yes: What is the name of the vaccine for (disease)?

Ano ang tawag sa bakuna laban sa (disease)?

	Q12a KNOW NAME OF VACCINE YES	NO	Q12b NAME OF VACCINE
Diphtheria	1	2	_____
Measles	1	2	_____
Pertussis	1	2	_____
Polio	1	2	_____
Tetanus	1	2	_____
TB	1	2	_____

IF NOT KNOW NAME OF VACCINE, INFORM RESPONDENT ABOUT THE NAME OF EACH VACCINE: DIPHTHERIA/PERTUSSIS/TETANUS (DPT), MEASLES (MEASLES), POLIO (ORAL POLIO VACCINE OR OPV), TB (BACILLUS-CALMETTE GUERIN OR BCG)

		FM	O
13a. Where does one take a child for a vaccination against a disease? (RECORD FIRST MENTION)	Health center	1	1
	Private clinic	2	2
	Government hospital	3	3
Saan po dinadala ang bata para mapabakunahan laban sa sakit?	Private hospital	4	4
	No specific place, visited by non-government officer	5	5
	_____	6	6

b. IF NOT MENTION HEALTH CENTER ASK:
Are vaccinations available at the health center or not?

Mayroon po bang makukuhang bakuna sa health center o wala?

Yes 1
No 2 (GO TO Q15a)
Don't know 3

		Q14a Unaided	Q14b Aided Yes	No
14a. Which vaccinations are available at the health center?	BCG	1	1	2
	DPT	2	1	2
Anong mga bakuna ang makukuha sa health center?	Measles	3	1	2
	OPV/Polio	4	1	2
	MMR	5	1	2
b. If not mention: Is (name of vaccine) available at the health center or not?	TB	6	1	2
	Typhoid	7	1	2
Ang (name of vaccine) po ba ay makukuha sa health center o hindi?	Hepatitis-B	8	1	2
	_____	9		

C. AWARENESS OF VACCINATIONS (cont'd)

14c. For each vaccine mentioned in Q14a-b, ask:

1) How available is (name of vaccine) at the health center? Is it always available, usually available or just sometimes available? (SHOWCARD F)

Ang (name of vaccine) po ba ay paraating mayroon, karaniwang mayroon o paminsan-minsan lang mayroon sa health center?

2) In what form is (name of vaccine) given - as an injection or as drops?

Sa papaanong paraan ibinibigay ang (name of vaccine) - iniksiyon o drops?

Name of Vaccine	Q14c.1 Always	Usually	Sometimes	DK	Q14c.2 Injection	Drop	DK
BCG	1	2	3	4	1	2	3
DPT	1	2	3	4	1	2	3
Measles	1	2	3	4	1	2	3
OPV/Polio	1	2	3	4	1	2	3
TB	1	2	3	4	1	2	3
MMR	1	2	3	4	1	2	3
Typhoid	1	2	3	4	1	2	3
Hepatitis-B	1	2	3	4	1	2	3
_____	1	2	3	4	1	2	3

C. AWARENESS OF VACCINATIONS (cont'd)

(ASK Q3.15-17b FOR EACH DISEASE AWARE OF IN Q3a-1. START WITH DISEASE TICKED OFF)

15a. Thinking of (disease) vaccination, how many doses/injections are needed for a child to be protected against (disease)?

Kung iisipin ninyo ang (disease), ilang dosis/iniksiyon ang kinakailangan ng bakuna laban dito?

b. IF MENTION ONE DOSE/INJECTION:
How old should a child be when they get the dose/injection for (disease)?

Ilang [illegible] dapat ang bata bago bigyan ng dosis/iniksiyon para sa (disease)?

IF MENTION MORE THAN ONE DOSE/INJECTION, ASK FOR EACH DOSE:
How old should a child be when they get the (first/second/third) dose/injection for (disease)?

Ilang [illegible] dapat ang bata bago bigyan ng (una/pangalawa/pangatlo) [illegible] (disease)?

(IF NOT KNOW NUMBER OF DOSES/INJECTIONS, ASK Q15a-b FOR EACH, THEN GO TO Q17)

DISEASE	Q15a DOSES/INJECTIONS NEEDED					Q15b-c AGE WHEN GET EACH DOSE (in months)				
	1	2	3	3+	NK	1	2	3	3+	NK
Measles (Tigdas)	1	2	3	4	5	__	__	__	__	99
Diphtheria	1	2	3	4	5	__	__	__	__	99
Pertussis (Tusperina)	1	2	3	4	5	__	__	__	__	99
Tetanus (Tetano)	1	2	3	4	5	__	__	__	__	99
Polio	1	2	3	4	5	__	__	__	__	99
TB	1	2	3	4	5	__	__	__	__	99

C. AWARENESS OF VACCINATIONS (cont'd)

(TO BE ASKED IF NOT KNOW NO. OF INJECTIONS/DOSES)

16a. How would you know how many shots/injections are needed to for a child to be protected against (disease)?

Paano ninyo malalaman kung ilang iniksiyon/dosis ang kailangan para sa bakuna laban sa (disease)?

b. At what age would you take child to be vaccinated against (disease)?

Sa anong edad ninyo dadalhin ang bata para mapabakunahan laban sa (disease)?

DISEASE	Q16a HOW KNOW NO. OF INJECTIONS DOSES	Q16b AGE TAKE CHILD (in months)
Measles (Tigdas)		
Diphtheria		
Pertussis (Tuspirina)		
Tetanus (Tetano)		
Polio		
TB		

D. EXPERIENCE WITH VACCINATIONS

Let us now talk about some of your experiences regarding the vaccination of the children.

Pag-usapan po natin ngayon ang tungkol sa ilang mga karanasan ninyo tungkol sa pagbabakuna ng mga bata.

Let us talk about (name). (REFER TO Q2a)

Pag-usapan po natin si (name).

(ASK Q5,17-44c FOR EACH CHILD AGED LESS THAN 2 YEARS OLD)

			Child #1	Child #2
17. Has (name) received any vaccinations or not? (GO TO Q20a)	Yes	1	1
Napabakunahan na po ba siya (name) o hindi pa?	No	2	2
	Don't know	3	3

(IF NOT RECEIVED ANY VACCINATIONS, ASK Q5,18a-19 THEN GO TO Q33)

18a. How likely would you say it is that you will have (name) vaccinated against (disease) in the future? Would you say you definitely will vaccinate, very likely will vaccinate, probably will vaccinate, might or might not vaccinate, will not vaccinate? (SHOWCARD G)

Sa palagay po ninyo, malamang po bang mapabakunahan ninyo si (name) laban sa (disease) sa mga darating na araw? Masasabi ba ninyo na siya ay tiyak ninyong pababakunahan, talaga ninyong pababakunahan, malamang ninyong pababakunahan, maaaring oo/maaaring hindi ninyo pababakunahan o hindi ninyo pababakunahan?

b. Why do you say so?

Bakit po ninyo nasabi yoon?

19. If definitely/very likely/probably vaccinate: Where will you take (name) for vaccination?

Saan po ninyo dadalhin si (name) para pabakunahan?

D. EXPERIENCE WITH VACCINATIONS (cont'd)

NAME OF CHILD WITH NO VACCINATION: _____

DATE OF BIRTH _____

MO	DAY	YEAR

	Q18a Definitely	Very Likely	Probably	Might/ Might Not	Will Not	Q18b Reasons Why
Measles (Tigdas)	1	2	3	4	5	
Diphtheria	1	2	3	4	5	
Pertussis (Tuspirina)	1	2	3	4	5	
Tetanus (Tetano)	1	2	3	4	5	
Polio	1	2	3	4	5	
TB	1	2	3	4	5	

Q19. Where Taken for Vaccination:

Health center	1
Private clinic	2
Government hospital	3
Private hospital	4
_____	5
_____	6

D. EXPERIENCE WITH VACCINATIONS (cont'd)

NAME OF CHILD WITH NO VACCINATION: _____

DATE OF BIRTH _____

MO DAY YEAR

	Q18a Definitely	Very Likely	Probably	Might/Might Not	Will Not	Q18b Reasons Why
Measles (Tigdas)	1	2	3	4	5	
Diphtheria	1	2	3	4	5	
Pertussis (Tuspirina)	1	2	3	4	5	
Tetanus (Tetano)	1	2	3	4	5	
Polio	1	2	3	4	5	
TB	1	2	3	4	5	

Q19. Where face for Vaccination:

Health center	1
Private clinic	2
Government hospital	3
Private hospital	4
_____	5
_____	6

D. EXPERIENCE WITH VACCINATIONS (cont'd)

(IF EVER RECEIVED VACCINATION, ASK Q5.20a-21c)

20a. Which of these types of vaccines has (name) received? (SHOWCARD)

Alin sa mga bakunang ito ang naibigay na kay (name)?

b. FOR POLIO AND DPT, ASK: How many doses/injections has (name) received for (polio/DPT)?

Ilang dosis/iniksiyon ng (polio/DPT) ang naibigay na kay (name)?

NAME OF CHILD #1: _____

DATE OF BIRTH: _____

VACCINES	RECEIVED? YES	NO	NO. OF DOSES FOR POLIO/DPT 1	2	3
BCG	1	2			
DPT	1	2	1	2	3
POLIO	1	2	1	2	3
MEASLES	1	2			
MMR	1	2			
TYPHOID	1	2			
HEPATITIS-B	1	2			

NAME OF CHILD #2: _____

DATE OF BIRTH _____

VACCINES	RECEIVED? YES	NO	NO. OF DOSES FOR POLIO/DPT 1	2	3
BCG	1	2			
DPT	1	2	1	2	3
POLIO	1	2	1	2	3
MEASLES	1	2			
MMR	1	2			
TYPHOID	1	2			
HEPATITIS-B	1	2			

21a. Where did (name) receive his/her last vaccination? (IF HEALTH CENTER, PROBE FOR NAME)

Saan po huling binakunahan si (name)?

	Child #1	Child #2
Health center	1	1
Private clinic	2	2
Gov't hospital	3	3
Private hospital	4	4
_____	5	5
_____	6	6

b. Did you pay for this vaccine, donate any amount or was it given for free?

Nagbayad po ba kayo para sa bakunang ito, nagdonasyon ng kahit magkano o ibinigay ito ng libre?

c. If paid/donate: How much did you pay/donate for this vaccine?

Magkano po ang ibinayad/idinonasyon ninyo para sa bakunang ito?

	Child #1	Child #2
Paid P_____	1	1
Donated P_____	2	2
Free	3	3

45

D. EXPERIENCE WITH VACCINATIONS (cont'd)

21d. If mention health center in Q21a: You mentioned earlier that (name) received her last vaccination at (name of health center). Where did (name) receive his/her second to the last vaccination?

Nasabi ninyo kanina na huling binakunahan si (name) sa (name of health center). Saan naman po ninyo siya dinala bago dito sa huling bakuna?

	Child #1	Child #2
Health center	1	1
_____		
Private clinic	2	2
Gov't hospital	3	3
Private hospital	4	4
_____	5	5
_____	6	6

:NOTE TO FI: PLS. INDICATE IF SAME AS: :DIFFERENT FROM HEALTH CENTER MENTIONED: :IN Q21a _____:

(GO TO)-Same (Q22a)	1	1
Different	2	2

22a. If different: Why did you change the place where you have (name) vaccinated?

Bakit po nagpalit kayo ng pinagpapabakunahan para kay (name)?

REASONS: _____ _____ _____ _____

REASONS: _____ _____ _____ _____

22b. Will (name) need any more vaccinations before his/her next birthday or does he/she have all the vaccinations he/she needs?

Hangangailangan pa po ba ni (name) ng karagdagang bakuna bago dumating ang susunod niyang kaarawan o mayroon na siya ng lahat ng bakuna na kailangan?

	Child #1	Child #2
Need more ____times	1	1 ____times
Has all needed	2	2
Not know	3	3
(GO TO Q26)		

b. If need more: How many times will you have to bring (name) for more vaccinations?

Ilang beses pa po ninyo dadalhin si (name) para sa karagdagang bakuna?

23a If need more: What other vaccinations does (name) need? Any others?

Ano pang ibang bakuna ang kailangan ni (name)? Mayroon pa po?

	Child #1	Child #2
BCG	1	1
DPT 1	2	2
DPT 2	3	3
DPT 3	4	4
OPV 1	5	5
OPV 2	6	6
OPV 3	7	7
MEASLES	8	8
MMR	9	9
TYPHOID	10	10
HEPATITIS-B	11	11
_____	12	12
None	99	99

b. If not mention: Which of the following vaccinations does (name) need? (SHOWCARD I)

Alin sa mga sumusunod na bakuna ang kailangan pa ni (name)?

BCG	1	1
DPT 1	2	2
DPT 2	3	3
DPT 3	4	4
OPV 1	5	5
OPV 2	6	6
OPV 3	7	7
MEASLES	8	8
MMR	9	9
TYPHOID	10	10
HEPATITIS-B	11	11

46

D. EXPERIENCE WITH VACCINATIONS (cont'd)

		Child #1	Child #2
24.	When will you take (name) for his/her next vaccination? Kailan ninyo dadalhin si (name) para sa susunod niyang bakuna? (RECORD VERBATIM. PROBE FOR EXACT DATE) (IF POSSIBLE _____)	Mo ___ Day ___ Year ___	Mo ___ Day ___ Year ___
25.	How do you know when to take (name) for the vaccination? Paano ninyo nalalaman kung kailan dadalhin si (name) para pabakunahan?	HOW KNOW WHEN TAKE CHILD	HOW KNOW WHEN TAKE CHILD
26.	How did (name) get started on vaccination? What were the circumstances which led you to have (name) vaccinated during the first time? Paano po nau-pasahang pabakunahan si (name)? Ano po ang sga pangyayari na nag-engganyo sa inyo para pabakunahan ang anak ninyo noong unang beses?	HOW STARTED	HOW STARTED

			Child #1	Child #2
27a.	Did anyone/anything influence you to have (name) vaccinated? Mayroon po bang nag-impluwensiya sa inyo para pabakunahan si (name)?	Yes	1	1
		No (GO TO Q28)	2	2
b.	IF YES: Who/what was it? Who/what else? Sino/ano po ito? Sino/ano pa po?	Husband	1	1
		Private physician	2	2
		Mother	3	3
		Sister	4	4
		Mother-in-law	5	5
		Sister-in-law	6	6
		Friend/neighbor	7	7
		Other relatives	8	8
		Health center staff (i.e., physician, midwife)	9	9
		TV	10	10
		Radio	11	11
		Poster at health center	12	12
		Poster elsewhere	13	13
		Comics	14	14
		Brochures	15	15
		Newspapers	16	16
		_____	17	17

E. EXPERIENCE WITH MEASLES VACCINE

(MEASLES).

Let us talk about measles.

Pag-usapan po natin ang tungkol sa tigdas.

(IF CHILD RECEIVED MEASLES VACCINE (REFER TO Q20a), ASK QS.28-32.)
(OTHERWISE, GO TO Q33)

			Child #1	Child #2
28.	You mentioned earlier that (name) already had measles vaccine. Where did (name) receive the measles vaccine? Nabanggit ninyo kanina na nabigyan na si (name) ng bakuna laban sa tigdas. Saan si (name) binigyan ng bakuna laban sa tigdas?	Health center	1	1
		Private clinic	2	2
		Gov't hospital	3	3
		Private hospital	4	4
		_____	5	5
29a.	Did (name) receive measles vaccine on your first visit or not? Nabigyan po ba si (name) ng bakuna laban sa tigdas sa unang dalaw o bisita ninyo o hindi?	(GO TO)-Yes (Q30)	1	1
		No	2	2
b.	If no: Why couldn't (name) be vaccinated on your first visit? Bakit po hindi nabakunahan si (name) sa unang dalaw ninyo sa health center	REASONS WHY NOT VACCINATED ON FIRST VISIT	REASONS WHY NOT VACCINATED ON FIRST VISIT	
		_____	_____	
		_____	_____	
		_____	_____	
c.	How many more visits did you make before (name) received measles vaccination? Ilang beses pa po kayo bumalik bago nabigyan si (name) ng bakuna para sa tigdas?	One	1	1
		Two	2	2
		Three	3	3
		_____	4	4
30.	Who gave the measles vaccine? Sino po ang nagbigay ng bakuna para sa tigdas?	Health center staff (i.e. physician, nurse, midwife)	1	1
		Private physician	2	2
		_____	3	3
31.	Did the person giving the measles vaccine provide you with any information about its possible side-effects? Binigyan po ba kayo ng nagbibigay ng bakuna para sa tigdas ng impormasyon tungkol sa maaaring epekto ng bakuna sa bata?	Yes	1	1
		No	2	2

48

C. EXPERIENCE WITH MEASLES VACCINE (cont'd)

32. What other vaccines were given to (name) during the time you had him/her vaccinated for measles?

Anong ibang mga bakuna ang ibinigay kay (name) noong pinabakunahan ninyo siya para sa tigdas?

OTHER VACCINES GIVEN

OTHER VACCINES GIVEN

(IF RESPONDENT HAS CHILD MORE THAN 9 MONTHS OLD WHO HAVE NEVER RECEIVED MEASLES) (VACCINE, ASK QS.33-36b [REFER TO QS 2c AND Q20a]. OTHERWISE, GO TO Q37a)

33. Have you or anybody in your household ever taken (name of child aged 9+ months) to the health center for a measles vaccine but were unable to get it?

Nadala na po ba ninyo-o kahit na sino sa inyong bahay si (name of child aged 9+ months) sa health center para pabakunahan sa tigdas pero hindi siya nabakunahan?

(GO TO Q35)-Yes	1
No	2

34. IF NO TO Q33: Why haven't you taken (name of child aged 9+ months) to the health center to get a measles vaccine? (RECORD VERBATIM RESPONSE)

Bakit hindi pa po ninyo dinadala si (name of child aged 9+ months) sa health center para pabakunahan laban sa tigdas?

Child still eligible (9-12 mos. of age)	1
Child is sick	2
---	3
---	4
---	5
(GO TO Q37a)	

35. IF YES TO Q33: Why were you unable to get the measles vaccine?

Bakit po hindi nabakunahan para sa tigdas ang bata?

(RECORD VERBATIM RESPONSE)

No one to give vaccine	1
Vaccine not given that day	2
Supply of vaccine ran out	3
Child sick	4
Too many children being vaccinated	5
Others: ___	6
Not know	99

36a. On that visit, was the child taken to the health center for measles vaccination or for some other reason?

Noong dalaw na iyon, dinala po ba ang bata sa health center para pabakunahan sa tigdas o may iba pang dahilan kayo nang pagpunta?

(GO TO Q37a)-Went mainly for vaccination	1
Went for some other reason	2

b. IF FOR SOME OTHER REASON: What other reason?

Ano pong ibang dahilan?

E. EXPERIENCE WITH MEASLES VACCINE (cont'd)

(ASK OF ALL RESPONDENTS)

37a. In the past 3 months, did you visit the health center?

Bumisita po ba kayo sa health center nitong nakaraang tatlong buwan?

Yes	1
(GO TO SECTION F)—No	2

b. If yes: How many times did you visit the health center in the past 3 months?

Ilang beses kayo bumisita sa health center nitong nakaraang tatlong buwan?

Once	1
2 x	2
3 x	3
4 x	4
5 x	5
6 x	6
7 x	7
8 x	8
9 x	9
10 x	10
More than 10 x_____	11

Ask: When was your last visit?

c. In general, what were your reasons for visiting the health center in the past 3 months? What else? Any others? (RECORD VERBATIM RESPONSE)

Sa pangkalahatan, anu-ano ang sga dahilan sa pagbisita ninyo sa health center nitong nakaraang 3 buwan? Ano pa po? Mayroon pa po?

_____

_____

_____

(IF WENT TO HAVE CHILD VACCINATED, ASK Q37d-44c. OTHERWISE, GO TO SECTION F)

d. IF RESPONDENT HAS MORE THAN ONE CHILD AGED LESS THAN TWO:
Who among your children did you bring to the health center for vaccination in the past 3 months?
(INDICATE NAME AND AGE)

	Child #1	Child #2
Name	_____	_____
Age	_____	_____

• Sino po sa mga bata/anak ninyo ang dinala ninyo sa health center para pabakunahan nitong nakaraang tatlong buwan?

E. EXPERIENCE WITH MEASLES VACCINE (cont'd)

(ASK QS 38-44c FOR EACH CHILD AGED LESS THAN TWO YEARS BROUGHT TO HEALTH CENTER IN PAST 3 MONTHS)

			Child #1	Child #2
38.	Which vaccination did your child receive? Anong bakuna ang ibinigay sa bata?	BCG	1	1
		DPT 1	2	2
		DPT 2	3	3
		DPT 3	4	4
		OPV 1	5	5
		OPV 2	6	6
		OPV 3	7	7
		MEASLES	8	8
		HBR	9	9
		_____	10	10
39.	Did the child got sick a day or two after the vaccination or not? Nagkasakit po ba ang bata sa araw na iyon o ng sumunod na araw o hindi?	Yes	1	1
		No	2	2
40.	Did the person giving vaccination mention about the possibility that the child might get ill? Sinabihan po ba kayo nung nagbigay ng bakuna na mataring magkaroon ng karamdaman ang bata?	Yes	1	1
		No	2	2
41.	What day of the week did you go for the vaccination? Anong araw po kayo nagpunta para sa bakuna?	Monday	1	1
		Tuesday	2	2
		Wednesday	3	3
		Thursday	4	4
		Friday	5	5
		_____	6	6
		_____	7	7
42a.	How long did you wait for the vaccine? Gaano po kayo katagal naghintay para sa bakuna?	Hours	___	___
		Minutes	___	___
		--Not long	77	77
	(GO TO Q43a)	A long time	88	88
		--Don't know	99	99
b.	If answer in hours/minutes: Do you think that this waiting time is just right or is it too long? Sa palagay ninyo, ito bang paghihintay ninyo ay tama lang o masyadong matagal?	Just right		1
		Too long		2
43a.	Is that where you would go if you wanted or needed another vaccination for your child? Doon din po ba kayo pupunta kapag kailangan ng inyong anak ng karagdagang bakuna?	(GO TO) Q44a	Yes	1	1
		No	2	2
		Don't know	3	3
b.	IF NO/DON'T KNOW: Why do you say so? Why else? Bakit ninyo nasabi yon? Bakit pa po?	_____		
		_____		
		_____		
		_____		

E. EXPERIENCE WITH MEASLES VACCINE (cont'd)

		Child #1	Child #2
43c. IF NO/DON'T KNOW: Where would/might you go? (IF HEALTH CENTER, SPECIFY NAME) Saan po kayo pupunta/maaaring pumunta?	Another health center	1	1
	_____		
	Private clinic/ physician	2	2
	Gov't hospital	3	3
	Private hospital	4	4
	_____	5	5
	_____	6	6
44a. If yes: When you took the child for vaccination, did the person giving the vaccination or anyone else ask you to return at another time for another vaccination for the child? Noong dinala ninyo ang bata para pabakunahan, sinabihan po ba kayo ng aga tao doon na bumalik kayo ulit para sa iba pang bakuna para sa bata?	Yes	1	1
	(GO TO)--No (NEXT)	2	2

b. When did he/she ask you to return for another vaccination for the child?

_____

(RECORD DATE REQUESTED TO RETURN)

Kailan niya sinabing bumalik kayo para sa iba pang bakuna para sa bata?

	Child #1	Child #2
	_____	_____
	Month Day Year	Month Day Year
____ Less than a month from visit	1	1
About 1-2 months from visit	2	2
More than 2-3 months from visit	3	3
More than 3-4 months from visit	4	4
More than 4-5 months from visit	5	5
More than 5-6 months from visit	6	6
____ More than 6 months from visit	7	7
When child gets well	10	10
_____	11	_____ 11

		Child #1	Child #2
c. For which vaccination? Para sa anong bakuna?	BCG	1	1
	DPT 1	2	2
	DPT 2	3	3
	DPT 3	4	4
	OPV 1	5	5
	OPV 2	6	6
	OPV 3	7	7
	MEASLES	8	8
	MMR	9	9
	TYPHOID	10	10
	HEPATITIS-B	11	11
	_____	12	12

F. ADVERTISING AWARENESS

		Q45a FIRST	Q45b OTHERS
45a Where or from whom did you first hear about vaccination or immunizations against diseases? Saan o kanino po ninyo unang narinig ang tungkol sa pagbabakuna laban sa mga sakit?	Health center staff	1	1
	Mother	2	2
	Sister	3	3
	Friend/neighbor	4	4
	Private physician	5	5
b. Where from whom else did you hear about vaccinations or immunizations against diseases? Any others? Saan/kanino pa po ninyo narinig ang tungkol sa pagbabakuna laban sa mga sakit?	TV	6	6
	Radio	7	7
	Brochures/flyers	8	8
	Comics	9	9
	Poster of health center	10	10
	Poster elsewhere	11	11
	_____	12	12

46a. In the past 3 months, have you seen or heard any advertising for immunizations or not? Nitong nakaraang tatlong na buwan, may nakita po ba kayong nakita o narinig na patalastas/anunsiyo o advertisement para sa pagbabakuna o wala?

Yes	1
(GO TO Q19)-No	2

b. IF YES: For which disease or diseases? Para sa aling sakit o mga sakit?

Measles	1
Diphtheria	2
Pertussis	3
Tetanus	4
Polio	5
TB	6
_____	99

47. Where did you see or hear the advertisement for immunizations? Anywhere else? (RECORD FIRST MENTION)

Saan po ninyo nakita o narinig ang patalastas/anunsiyo o advertisement para sa pagbabakuna? Saan pa po?

	FM	O
TV	1	1
Radio	2	2
Billboard	3	3
Magazine	4	4
Newspaper	5	5
Comics	6	6
Flyers/brochures	7	7
Poster at health center	8	8
Poster elsewhere	9	9
Others_____	10	10

48a. What do you remember about the advertisement you saw or heard about immunizations? What else?

Ano po ang natatandaan ninyo tungkol sa patalastas/anunsiyo o advertisement na nakita o narinig ninyo tungkol sa pagbabakuna? Ano pa po?

_____

_____

_____

F. ADVERTISING AWARENESS (cont'd)

48b. What did the advertisement say? What else did it say?

Ano po ang sinabi ng patalastas/anunsiyo o advertisement? Ano pa po ang mga sinabi?

---

c. What did the advertisement show? What else did it show?

Ano po ang ipinakita ng patalastas/anunsiyo o advertisement? Ano pa po ang ipinakita nito?

---

d. What was the main message of the advertisement? What was it trying to tell about immunization? What else? Any others?

Ano po ang pangunahing mensahe ng patalastas/anunsiyo o advertisement? Ano po ang ibig ipahiwatig o ipaabot nito tungkol sa pagbabakuna? Ano pa po? Mayroon pa po bang iba?

G. PERCEPTIONS ON MEASLES/MEASLE VACCINES

Let us talk about measles specifically.

Pag-usapan po natin ang tungkol sa tigdas.

49a. According to what you know or may have heard, is there any special place where one can get measles immunizations?

Ayon sa pagkakaalam ninyo o narinig ninyo, mayroon po bang espesyal na lugar na maaaring makuhanan ng bakuna laban sa tigdas?

Yes	1
(GO TO Q51) No	2

b. What place is this?

Anong lugar ito?

Health center	1
_____	2

G. PERCEPTIONS ON MEASLES/MEASLE VACCINES

50a. Can we get measles vaccination there everyday or are there special days ot the week for giving measles vaccination?

Makakakuha po ba doon ng bakuna araw-araw o mayroong espesyal o tanging araw para sa pagbabakuna laban sa tigdas?

	Special days	1
(GO TO Q.19c)	Everyday (Mon-Fri)	2

b. Which day is this?

Anong araw po ito?

Monday	1
Tuesday	2
Wednesday	3
Thursday	4
Friday	5
Daily (Mon.-Fri.)	6
_____	7
_____	8

c. During what hours is the measles immunization available?

Anong oras po nakukuha ang bakuna para sa tigdas?

A.M. _____

P.M. _____

d. Does it cost anything? IF YES: How much?

May bayad po ba ito? IF YES: Magkano?

Paid P_____	1
Donation P_____	2
Free	3

51. Now, I would like to read some things that people say about measles. For each I read, please tell me how much you agree or disagree with that statement. Let us start with (statement). Would you say that you strongly agree, agree, disagree or strongly disagree with this? (SHOWCARDS K AND L).

(ASK FOR EACH STATEMENT, START WITH STATEMENT TICKED OFF)

Ngayon po, mayroon akong babasahing ilang mga bagay na sinasabi ng ibang tao tungkol sa tigdas. Sa bawat isang babasahin ko, pakisabi ninyo sa akin kung gaano po kayo sumasang-ayon o hindi sumasang-ayon sa pahayag. Uapisahan po natin sa (statement). Masasabi po ba ninyo na kayo ay talagang sumasang-ayon, sumasang-ayon, hindi sumasang-ayon o talagang hindi sumasang-ayon dito?

G. PERCEPTIONS ON MEASLES/MEASLES VACCINES (cont'd)

Statement	Strongly Agree	Agree	Disagree	Strongly Disagree
a. If a child is older than 12 months, it's too late for measles vaccinations. (Kung ang bata ay nagkakaedad ng higit sa 12 buwan, huli na para bakunahan sa tigdas)	1	2	3	4
b. Children in general do not get very sick with measles once immunized. (Sa pangkalahatan, hindi nagiging malubha ang tigdas ng bata kapag siya ay napabakunahan na laban sa tigdas)	1	2	3	4
c. You can get measles more than once. (Maaring magkaroon ka ng tigdas ng higit sa isang beses)	1	2	3	4
d. A child must be 9-12 months old to get measles vaccination. (Ang bata ay dapat naykakaedad ng 9-12 buwan para bakunahan sa tigdas)	1	2	3	4
e. Measles can lead to serious complications. (Ang tigdas ay puwedong magbigay-daan sa malubhang kumplikasyon)	1	2	3	4
f. Measles is just a common childhood disease. (Ang tigdas ay isa lamang pangkaraniwang sakit ng mga bata)	1	2	3	4
g. If a child is sick, he/she should not be given measles vaccination. (Kung ang bata ay may sakit, hindi dapat siyang bigyan ng bakuna laban sa tigdas)	1	2	3	4
h. Measles vaccination will not be effective if given before the child reaches 9 months old. (Ang bakuna laban sa tigdas ay hindi epektibo, kung ibibigay bago maging 9 na buwan ang bata)	1	2	3	4
i. Children given measles immunization can still contract measles. (Ang mga batang nabigyan na ng bakuna laban sa tigdas ay maaari pang maykakaroon ng tigdas)	1	2	3	4

H. VISITING HABITS

52a. Do you visit the health center or not? Yes 1

Bumibisita po ba kayo sa health center o hindi? (GO TO Q54a)--No 2

b. In general, how often do you visit the health center?

Sa pangkalahatan, gaano po kayo kadalas bumisita sa health center?

_____ Less often than once a year 1
1-3 times a year 2
4-6 times a year 3
7-9 times a year 4
9-12 times a year 5
_____ More often than once a month 6

53. Why do you visit the health center? Why else? Any others? (PROBE)

Bakit po kayo bumibisita sa health center? Bakit pa po? Mayroon pa po?

_____

_____

_____

54a. Where do you take your child/children when they are sick?

Saan po ninyo dinadala ang inyong anak/mga anak kapag may sakit sila?

(GO TO) (Q55a) ---
Health center 1
Government hospital 2
Private hospital 3
Private clinic/physician 4
_____ 5

b. IF NOT MENTION HEALTH CENTER:
Do you ever take your child/children to a health center when they are sick? Yes 1

Dinadala po ba ninyo ang inyong anak/mga anak sa health center kapag sila ay may sakit? No 2

I. OTHER INFORMATION

55a. Has any of your children died from any of these diseases? (SHOWCARD J)

Mayroon na po ba kayong anak na namatay sa kahit alin sa mga sakit na ito? Yes 1

(GO TO SEC. J)-No 2

b. If yes: Which disease did your child die from?

Ano po ang sakit ang ikinamatay ng inyong anak?

Diphtheria 1
Measles 2
Pertussis 3
Polio 4
TB 5
Tetanus 6

c. How old was he/she when he/she died?

Ilang buwan o taon po siya noong siya ay namatay?

_____ Months
[__|__]

_____ Year
[__|__]

J. DISEASE/IMMUNIZATION CHECKLIST

[ASK FOR YOUNGEST AND NEXT OLDEST CHILD AGED LESS THAN 5 YEARS OLD - REFER TO 03a-c]

56. Do you have a vaccination/immunization/growth card for (name)?

Mayroon po ba kayong vaccination/immunization/growth card para kay (name)?

		Youngest	Next Oldest
Yes		1	1
No	(GO TO 058)	2	2

57. WITH CARD

INSTRUCTIONS: ASK TO SEE VACCINATION CARD OF YOUNGEST AND/OR NEXT OLDEST CHILD. FILL OUT THE TABLE BELOW BASED ON INFORMATION ON THE CARDS. IF RESPONDENT HAS CARD, BUT INFORMATION IS INCOMPLETE, RECORD ANSWER UNDER "CLAIM" COLUMN. AS A GENERAL RULE, ANY INFORMATION WRITTEN (WHETHER ON A CARD OR A PIECE OF PAPER SIGNED BY THE HEALTH CENTER OFFICE IS THE "VERIFIED" ANSWER. ANY INFORMATION PROVIDED BY THE RESPONDENT VERBALLY OR WRITTEN SHOULD BE CONSIDERED AS "CLAIMED".

IF RESPONDENT SHOWS 2 CARDS/PIECES OF PAPER, OBTAIN INFORMATION FROM EACH CARD/PIECE OF PAPER.

WITH CARD

NAME OF YOUNGEST CHILD: _____

DATE OF BIRTH: ___ ___ ___ (MO DAY YEAR)

VACCINE	VERIFIED 1. HAD VACCINE? No	Yes	DATE Month	Day	Year	CLAIMED 2 HAD VACCINE? No	Yes	DATE Month	Day	Year
BCG	1	2				1	2			
DPT 1	1	2				1	2			
DPT 2	1	2				1	2			
DPT 3	1	2				1	2			
OPV 1	1	2				1	2			
OPV 2	1	2				1	2			
OPV 3	1	2				1	2			
MEASLES	1	2				1	2			
MMR	1	2				1	2			
TYPHOID	1	2				1	2			
HEPATITIS B	1	2				1	2			

58

J. DISEASE/IMMUNIZATION CHECKLIST (cont'd)

57. WITH CARD

NEXT OLDER CHILD: _____

DATE OF BIRTH: ___ ___ ___
MO DAY YEAR

VACCINE	VERIFIED 1 HAD VACCINE? No	Yes	DATE Month	Day	Year	CLAIMED 2 HAD VACCINE? No	Yes	DATE Month	Day	Year
BCG	1	2				1	2			
DPT 1	1	2				1	2			
DPT 2	1	2				1	2			
DPT 3	1	2				1	2			
OPV 1	1	2				1	2			
OPV 2	1	2				1	2			
OPV 3	1	2				1	2			
MEASLES	1	2				1	2			
MMR	1	2				1	2			
TYPHOID	1	2				1	2			
HEPATITIS B	1	2				1	2			

J. DISEASE/IMMUNIZATION CHECKLIST (cont'd)

58. WITHOUT CARD

(INSTRUCTION : FILL OUT INFORMATION BELOW BASED ON RESPONDENT'S RECALL.)

YOUNGEST CHILD: _____

DATE OF BIRTH: ___ ___ ___ (MO DAY YEAR)

NEXT OLDER CHILD: _____

DATE OF BIRTH: ___ ___ ___ (MO DAY YEAR)

VACCINE	HAD VACCINE? No	Yes	DATE Month	Day	Year	HAD VACCINE? No	Yes	DATE Month	Day	Year
BCG	1	2				1	2			
DPT 1	1	2				1	2			
DPT 2	1	2				1	2			
DPT 3	1	2				1	2			
OPV 1	1	2				1	2			
OPV 2	1	2				1	2			
OPV 3	1	2				1	2			
MEASLES	1	2				1	2			
MMR	1	2				1	2			
TYPHOID	1	2				1	2			
HEPATITIS B	1	2				1	2			

THANK YOU VERY MUCH FOR GRANTING US THIS INTERVIEW.

MARAMING SALAMAT PO SA PAGPAUNLAK NINYO SA AMING INTERVIEW.

APPENDIX III

IMMUNIZATION
HOUSEHOLD QUESTIONNAIRE
METRO MANILA, MAY 1988

TRNI 88-24 PROJECT DOH II-C Intv. No. _____

1. Spot/Prec. No. _____ 2. City/Municipality _____

3. Name of Respondent _____ 4. ID No. of Respondent

5. Address _____ between _____ and _____

6. Nearest Health Center _____

7. Interviewed by _____ 7. ID No. of Interviewer

8. Date of Interview _____

9. Observed/Spotchecked by _____ Date _____

10. Edited by _____ Date _____

CALL RECORD	DATE/TIME	RESULT OF CALL	APPT. DATE/TIME	INTWD. BY
1st Call				
2nd Call				
3rd Call				

SOCIO-DEMOGRAPHIC DATA

Size of Household	Male	Female
Children		
11 yrs. old & below	----	----
12 - 14 years old	----	----
15 - 17 years old	----	----
Adult (18 yrs old & up)	----	----
Total	----	----
No. of Household Help	----	----

Facilities Found in the House	YES	NO
Running water	1	2
Electricity	1	2
Radio	1	2
TV	1	2
Toilet in the house	1	2
Refused to answer	8	
Don't know	9	

Educational Attainment	I	II
No schooling	1	1
Some elementary	2	2
Completed elementary	3	3
Some high school	4	4
Completed high school	5	5
Some college	6	6
Has a degree	7	7
Completed/some master's degree	8	8
Not know/refused	9	9

Occupation		
Professional, technical and kindred workers	01	01
Farmers and farm managers	02	02
Managers, officials and proprietors except farm	03	03
Clerical and kindred workers	04	04
Sales workers	05	05
Craftsmen, foremen and kindred workers	06	06
Service workers except private household workers	07	07
Laborers	08	08
Not gainfully employed/ student/pensioner	09	09
Not know/refused	10	10

Home Ownership	
Own house	1
Renting (P_____/month)	2
Neither own nor rent	3

Monthly Income of Household (SHOWCARD M)	
Less than P500	01
501 - 1000	02
1001 - 1500	03
1501 - 2000	04
2001 - 2500	05
2501 - 3000	06
3001 - 3500	07
3501 - 4000	08
4001 - 4500	09
4501 - 5000	10
More than P5000	11

Type of Respondent		Age of R
Active	1	---------
Passive	2	
Out of system	3	

Eco. Class	
Class D	1
E	2

Other Sources of Income

_____

_____

_____

Length of stay in this residence ____ years

If less than 1 year, previous residence _____

Same city within GMA	1
Different city within GMA	2
City outside GMA	3
Rural	4

Time Start _____

Time End _____

INTRO: Good [illegible] ___ in TRENDS, [illegible] an independent market research agency. [illegible] the [illegible] survey in your area today about childhood diseases. [illegible] the [illegible] questions about you and your children?

Magandang umaga/hapon/gabi. Ako ay si _____ sa TRENDS, INC., isang independiyenteng kumpanya ng market research, at kami ay nagsagawa ng isang pag-aaral tungkol sa sakit ng bata. Maaari ko po ba kayong tatanong ng ilang bagay tungkol sa inyong sarili at sa ina anak ninyo?

(IF YES, CONTINUE INTERVIEW; IF NOT, TERMINATE)

A. SCREENING FOR QUALIFICATION

1. Could you please tell me how many children you take care of who are less than 5 years old.

   Maaari ko po bang malaman kung ilang bata ang inaalagaan ninyo na [illegible] ng kulang sa dalawang taon?

One	1
Two	2
Three	3
More than 3	4
(TERMINATE)-None	5

(MAKE SURE RESPONDENT IS PRIMARY CARETAKER OF CHILDREN)

2. May I have the name of the youngest child? The next youngest child?

   Maaari ko po bang malaman ang pangalan ng bunso ninyong anak? Yung sinundan ng bunso?

3. IF NOT OBVIOUS: Is (name) a boy or a girl?

   Lalaki po ba si (name) o babae?

4. When was (name) born? (RECORD ANSWER VERBATIM - COULD BE EXACT DATE OF BIRTH OR AGE IN MONTHS/YEARS. _____)

   Kailan po ipinanganak si (name)?

5. Where was (name) born? Was he/she born at home, in a maternity center/lying-in, in a hospital or somewhere else? _____
   (SHOWCARD A. IF SOMEWHERE ELSE, SPECIFY)

   Saan po ipinanganak si (name)? Ipinanganak po ba siya sa bahay, sa isang maternity center/lying-in, sa isang hospital o sa iba pang lugar?

Q2	Q3		Q4			Q5			
						WHERE BORN			
NAME	SEX		DATE OF BIRTH			AGE	Mat ctr	Hosp.	Otrs.
	M	F	Month	Day	Year	(in months)	Home		
1. _____	1	2	_____				1	2	3 _____
			___	___	___	___			
2. _____	1	2	_____				1	2	3 _____
			___	___	___	___			
3. _____	1	2	_____				1	2	3 _____
			___	___	___	___			

Best Available Document

A. SCREENING FOR QUALIFICATION (cont'd)

6. Besides these children, how many older children do you have?

Maliban sa mga ito, ilan pa pong anak mayroon kayo?

_____
(No. of Children)

B. AWARENESS OF DISEASES

Let us talk about childhood diseases.

Pag-usapan po natin ang tungkol sa mga sakit ng kabataan.

7. When you think of childhood diseases, what is the first one that comes to your mind?

Kapag iniisip ninyo ang mga sakit ng kabataan, ano ang unang pumapasok sa isipan niinyo?

8. What others can you think of? What else? Anything else?

Ano pa ang naiisip ninyo? Ano pa po? Mayroon pa po?

9. IF NOT MENTIONED: Have you heard of (disease) or not? (SHOWCARD B)

Narinig na po ba ninyo ang tungkol sa (disease) o hindi?

	Q7-8 Unaided FM	Q7-8 Unaided Q	Q9 Aided YES	Q9 Aided NO
-Diarrhea (Pagtatae)	01	01	1	2
-Diphtheria	02	02	1	2
-Measles (Tigdas)	03	03	1	2
-Pertussis/whooping cough (Tuspirina)	04	04	1	2
-Pneumonia (Pulmonya)	05	05	1	2
-Polio	06	06	1	2
-TB	07	07	1	2
-Tetanus (Tetano)	08	08	1	2
Chickenpox (Bulutong tubig)	09	09		
Cholera (Kolera)	10	10		
Hepatitis	11	11		
Mumps (Beke)	12	12		
Smallpox (Bulutong)	13	13		
Fever/H-fever (Lagnat)	14	14		
Cough (Ubo)	15	15		
Colds (Sipon)	16	16		
Asthma (Hika)	17	17		
Flu (Impluwensa)	18	18		
Bronchitis (Bronkitis)	19	19		
_____	20	20		
None	99	99		

10. Some people think that some diseases are more common than others, that is, children are more likely to get them. Thinking first of (disease), how likely would you say it would be for a child in this area to get (disease)? Would you say that it is very likely, somewhat likely, not very likely or not at all likely? (SHOWCARD C) And for ...?

(ASK FOR EACH DISEASE AWARE OF WITH ASTERISK. START WITH DISEASE TICKED OFF)

May ibang tao na nag-aakala na ang ibang mga sakit ay mas laganap kaysa sa iba, na ang mga bata ang mas malamang na magkaroon ng sakit na ito. Kung iisipin ninyo ang tungkol sa (disease), gaano po malamang na mangyari na ang isang bata sa lugar na ito ay magkaroon ng (disease)? Masasabi po ba ninyo na ito ay talagang malamang na mangyari, halos malamang na mangyari, halos malamang na hindi mangyari o talagang malamang na hindi mangyari? (SHOWCARD C) At para sa..?

Best Available Document

B. AWARENESS OF DISEASES (cont'd)

Disease	Very Likely	Somewhat Likely	Not Very Likely	Not At All Likely	DK/ Can't Say	Not Aware
Diarrhea (Pagtatae)	1	2	3	4	8	9
Diphtheria	1	2	3	4	8	9
Measles (Tigdas)	1	2	3	4	8	9
Pertussis/whooping cough (Tuspirina)	1	2	3	4	8	9
Pneumonia (Pulmonya)	1	2	3	4	8	9
Polio	1	2	3	4	8	9
Tetanus (Tetano)	1	2	3	4	8	9
TB	1	2	3	4	8	9

11. As far as you know, can children die from any of these diseases or not?

Sa pagkakaalam ninyo, maaari po bang mamatay ang bata sa kahit na alin sa mga sakit na ito o hindi?

Yes	1
No (SKIP TO Q14)	2
Don't know	3

12. IF YES: Which of these diseases can children die from? What others? (RECORD FIRST MENTION)

Alin po sa mga sakit na ito maaaring mamatay ang mga bata? Alin pa po?

13. If not mention, ask for each disease: As far as you know, can children die from (disease) or not?

Sa pagkakaalam ninyo, maaari po bang mamatay ang mga bata sa (disease) o hindi?

	Q12 UNAIDED FM	Q12 UNAIDED O	AIDED YES	AIDED NO	AIDED DK	AIDED NA
Diarrhea	1	1	1	2	3	9
Diphtheria	2	2	1	2	3	9
Measles	3	3	1	2	3	9
Pertussis	4	4	1	2	3	9
Pneumonia	5	5	1	2	3	9
Polio	6	6	1	2	3	9
Tetanus	7	7	1	2	3	9
TB	8	8	1	2	3	9
Fever/H-fever	9	9				
Bronchitis	10	10				
Hepatitis	11	11				
_____	12	12				
_____	13	13				
Don't know	99	99				

C. PROTECTION AGAINST DISEASES

14. Some children get sick with measles and others do not. Why do you think some children get sick with measles? (RECORD ANSWER VERBATIM)

May ibang mga bata na nagkakaroon ng tigdas at mayroon namang hindi. Sa palagay ninyo, bakit po ang ibang mga bata ay nagkakaroon ng tigdas?

VERBATIM: _____

Got it from other children/ infectious disease/endemic	1
Not protected by vaccination	2
Change of seasons/hot weather/ certain seasons	3
Flies/bad water/contamination	4
Inadequate nutrition	5
Wind/polluted air	6
From symptoms (cough, fever, etc.)	7
Natural part of growing up	8
_____	9
Don't know	99

15. Is there anything one can do to protect a child from getting measles?

Mayroon po bang magagawa para mapangalagaan ang bata laban sa tigdas?

Yes	1
No (GO TO Q17)	2
Don't know	3

16. IF YES: What can one do to protect a child from getting measles? What else?

[IF ANSWER IS AMBIGUOUS, FOR EXAMPLE, ["GIVE CHILD MEDICINE", PROBE: "WHAT KIND OF MEDICINE?" _____]

Ano po ang magagawa para mapangalagaan ang bata laban sa tigdas? Ano pa po?

Have child vaccinated	1
Visit doctor regularly/ have regular check-up	2
Keep child clean	3
Keep surrounding clean	4
Give child clean food	5
Give child proper nutrition	6
_____	7
_____	8

17. IF NOT MENTION VACCINATION VOLUNTARILY: Have you ever heard of giving young children vaccinations or what other people call getting injections/drops or medicine to protect them against diseases or not?

Narinig na po ba ninyo ang pagbibigay ng bakuna sa mga bata o yung tinatawag ng ibang tao ng iniksiyon/drops o gamot para mapangalagaan sila laban sa sakit?

Yes	1
No (GO TO Q23)	2

[EXPLAIN TO RESPONDENT THAT "VACCINATION" IS WHAT SOME PEOPLE CALL GETTING INJECTIONS/DROPS OR MEDICINE TO PROTECT THEM AGAINST DISEASES.]

61

C. PROTECTION AGAINST DISEASES (cont'd)

	Q18 Aided	Q19 Aided Yes	No	DK	NA
Tuberculosis	01	1	2	3	9
Diphtheria	02	1	2	3	9
Measles	03	1	2	3	9
Pertussis	04	1	2	3	9
Pneumonia	05	1	2	3	9
Polio	06	1	2	3	9
Tetanus	07	1	2	3	9
TB	08	1	2	3	9
_____	09				
_____	10				
_____	11				
Don't know	99				

18. IF YES: Against which diseases can a child be protected by vaccination?

Laban sa alin nga sakit maaaring mapangalagaan ang bata ng bakuna?

19. FOR EACH DISEASE NOT MENTIONED VOLUNTARILY: Can a child be protected from (disease) by vaccination or not? SHOWCARD E.

Maaari po bang mapangalagaan ang bata ng bakuna laban sa (disease) o hindi?

20. As far as you know, at what age should a child begin getting vaccinations?

Sa pagkakaalam ninyo, sa anong edad dapat umpisahang bigyan ng bakuna ang bata?

Months _____ [__|__]

Don't know 98

No answer 99

(ACCEPT RANGE ANSWERS. CODE LOWER LIMIT)

21. As far as you know, at what age should a child get vaccination for measles?

Sa pagkakaalam ninyo, sa anong edad dapat bigyan ang bata ng bakuna laban sa tigdas?

Months _____ [__|__]

Don't know 98

No answer 99

22. By what age do you think should a child finish getting all the vaccinations he/she needs?

Sa anong edad sa palagay ninyo dapat matapos bigyan ang bata ng lahat ng bakuna na kailangan niya?

Months _____ [__|__]

Don't know 98

No answer 99

Let's talk about your youngest child.

Pag-usapan po natin ang tungkol sa bunso ninyong anak.

23. Have you ever taken (name) to a city/municipal health center or barangay health station or not?

Nadala na po ba ninyo kanit minsan si (name) sa isang city/municipal health center o barangay health station o hindi?

Yes 1

(SKIP TO Q27) -- No 2

C. PROTECTION AGAINST DISEASES cont'd

		Date of Last Visit	
24a.	How long ago did you bring (name) the last time to a city/municipal health center or barangay health station? (PROBE MONTH/YEAR)	Month ___ Year ___	
	Gaano na po katagal noong huling dalhin ninyo si (name) sa isang city/municipal health center o barangay health station?	Less than a month ago	1
		About 1-2 months ago	2
		More than 2-3 months ago	3
o.	So, the last time you brought (name) to a city/municipal health center or barangay health station was on (answer in Q24a). Did I get it correctly?	More than 3-4 months ago	4
		More than 4-5 months ago	5
		More than 5-6 months ago	6
		More than 6 months ago	7
		_____	8
	Kung ganoon, ang huli ninyong pagdala kay (name) sa isang city/municipal health center o barangay health station ay noong (answer in Q24a). Tama po ba ito?		
25.	What did you bring the child for?	To consult about child's illness/child sick	1
	Bakit po ninyo dinala ang bata?	_____ (specify disease)	
		For vaccination	2
		_____	3
26.	IF WITHIN LAST 3 MONTHS: About how many times have you taken (name) to the city/municipal health center or barangay health station in the last 3 months?	_____ times	
	Mga ilang beses po ninyo dinala si (name) sa city/municipal health center o barangay health station nitong nakaraang tatlong buwan?		
27.	Has (name) had any vaccinations?	(GO TO Q35) — Yes	1
	Napabakunahan na po ba si (name)?	No	2

(IF NOT RECEIVED ANY VACCINATIONS, ASK QS.28-29)

28. How likely would you say it is that you will have (name) vaccinated against (disease) in the future? Would you say that you will definitely vaccinate, very likely will vaccinate, probably will vaccinate, might or might not vaccinate or will not faccinate? (SHOWCARD F)

Sa palagay ninyo, malamang po bang mapabakunahan ninyo si (name) laban sa (disease) sa darating na araw? Masasabi ba ninyo na siya ay tiyak ninyong Masasabi ba ninyo na siya ay tiyak ninyong pababakunahan, talaga ninyong pababakunahan, malamang ninyong pababakunahan, maaaring oo/maaaring hindi ninyo pababakunahan o hindi ninyo pababakunahan?

C. PROTECTION AGAINST DISEASES (cont'd)

Disease	Defi-nitely	Very Likely	Pro-bably	Might/ Might Not	Will Not	Don't Know
Measles (Tigdas)	1	2	3	4	5	9
Diphtheria	1	2	3	4	5	9
Pertussis/whooping cough (Tuspirina)	1	2	3	4	5	9
Tetanus (Tetano)	1	2	3	4	5	9
Polio	1	2	3	4	5	9
TB	1	2	3	4	5	9

[IF DEFINITELY/VERY LIKELY/PROBABLY/MIGHT OR MIGHT NOT VACCINATE FOR ANY DISEASE, GO TO Q30. IF RESPONDENT HAS NO OLDER CHILD <2 YEARS, GO TO Q53a.]

29. IF WILL NOT VACCINATE: Why do you say so? Why else? [IF NO OLDER CHILD <2 YEARS, GO TO Q67. OTHERWISE, CONTINUE.]

Bakit ninyo nasabi ito? Bakit pa po?

_____

_____

_____

Let's talk about (name of next oldest child aged < 2 years).

Pag-usapan naman po natin ngayon si (name of next oldest child aged < 2 years).

30. Have you ever taken (name) to a city/municipal health center or barangay health station or not? — Yes 1 / (SKIP TO Q34) — No 2

Nadala na po ba ninyo kahit minsan si (name) sa isang city/municipal health center o barangay health station o hindi?

31a. How long ago did you bring (name) the last time to a city/municipal health center or barangay health station? (PROBE FOR MONTH/YEAR)

Date of Last Visit: Month ___ Year ___

Gaano na po katagal noong huling dalhin ninyo si (name) sa isang city/municipal health center o barangay health station?

- Less than a month ago 1
- About 1-2 months ago 2
- More than 2-3 months ago 3
- More than 3-4 months ago 4
- More than 4-5 months ago 5
- More than 5-6 months ago 6
- More than 6 months ago 7
- _____ 8

b. So, the last time you brought (name) to a city/municipal health center or barangay health station was on (answer in Q30a). Did I get it correctly?

Kung ganoon, ang huli ninyong pagdala kay (name) sa isang city/municipal health center o barangay health station ay noong (answer in Q30a). Tama po ba ito?

32. What did you bring the child for?

Bakit po ninyo dinala ang bata?

- To consult about child's illness/child sick 1
  _____ (specify disease)
- For vaccination 2
- _____ 3

70

[REFERRAL CHILD'S HISTORY (cont'd)]

33. IF WITHIN LAST 3 MONTHS: About how many times have you taken (name) to the city/municipal health center or barangay health station in the last 3 months? _____ times

Mga ilang beses po ninyo dinala si (name) sa city/municipal health center o barangay health station nitong nakaraang tatlong buwan?

34. Has (name) had any vaccinations? Yes 1

Napabakunanan na po na si (name)? [GO TO Q35a IF WILL NOT VACCINATE YOUNGEST CHILD. GO TO Q67] --- No 2

[LAST VACCINATION]

[ASK QS.35-52b FOR CHILD AGED LESS THAN 2 YEARS WHO HAD ANY VACCINATIONS. IF THERE ARE TWO, ASK ABOUT THE YOUNGEST CHILD. RECORD NAME OF CHILD.]

35. Do you have a vaccination card/growth card for (name)? Yes 1

Mayroon po ba kayong vaccination card/growth card para kay (name)? (GO TO Q37) -- No 2

Yes 3

36. May I see it?

Maaari ko po bang makita ito?

[IF AVAILABLE, RECORD DATE OF LAST VACCINATION AND VACCINATIONS GIVEN]

NAME OF CHILD: _____

DATE OF LAST VACCINATION: _____

Month	Year
___ Less than a month ago	1
About 1-2 months ago	2
More than 3-4 months ago	3
More than 4-5 months ago	4
More than 5-6 months ago	5
___ More than 6 months ago	6
_____	7

VACCINATIONS GIVEN LAST TIME

	Yes	No
BCG	1	2
DPT	1	2
DPT 1	1	2
DPT 2	1	2
DPT 3	1	2
OPV	1	2
OPV 1	1	2
OPV 2	1	2
OPV 3	1	2
Measles	1	2
MMR	1	2
Typhoid	1	2
Hepatitis B	1	2

7. PROTECTION AGAINST DISEASES (cont'd)

37. When was the last time (name) received vaccination? (ANSWER BASED ON MOTHER'S RECALL)

DATE OF LAST VACCINATION: _____ ____ ____
Month Year

Kailan huling dinakunanan si (name)?

_____	Less than a month ago	1
	About 1-2 months ago	2
	More than 3-4 months ago	3
	More than 4-5 months ago	4
	More than 5-6 months ago	5
_____	More than 6 months ago	6
	_____	7

38a. The last time you took (name) where did he/she get the vaccination?

Noong huling dinala ninyo si (name), saan siya nakakuha ng bakuna?

Health center	1
Private clinic	2
Government hosp.	3
Private hospital	4
_____	5

b. What kind of place/person is that?

Anong klaseng lugar/tao ito?

39. Did you take the child or did someone else take the child to (place) for vaccination? IF SOMEONE ELSE: What is his/her relationship to (name)?

Kayo po ba mismo o iba ang nagdala sa bata sa (place) para pabakunanan? IF SOMEONE ELSE: Ano po ang relasyon niya sa bata?

Self	1
Someone else	2
_____ (Relationship)	

40. How many minutes/hours did it take to (place)? (PROBE FOR MINUTES/HOURS)

Ilang minuto/oras bago kayo nakarating sa (place)?

_____ minutes
|__|__|

_____ hours
|__|__|

_____	Less than 15 minutes	1
	More than 15-30 minutes	2
	More than 30 mins.-1 hour	3
	More than 1-2 hours	4
_____	More than 2 hours	5
	Don't know	6

41. Did you (or other person) go there mainly to get vaccination for the child or was there some other reason to go?

Kayo po ba o ang kasama ninyo ay nagpunta sa (place) para pabakunahan lang ang bata o may iba pang dahilan sa pagpunta ninyo?

Went mainly for vaccination	1
Other reason	2

C. PROTECTION AGAINST DISEASES (cont'd)

42. IF FOR OTHER REASON: Why did you go? _____

Bakit po kayo nagpunta? _____

_____

43a. Did anyone come to your home and tell you it was time to take your child for vaccination? — Yes 1 / No 2 (go to 44)

Mayroon po bang nagpunta sa banay ninyo para sabihin sa inyong kailangan nang pabakunanan si (name)

b. Who was this? _____

Sino po ito?

44. How did you get there? What transport did you use?

Paano kayo nakarating sa (place)? Anong sasakyan ang ginamit ninyo?

By foot	1
By tricycle	2
By bus, jeepney	3
By taxi	4
By private transport (motorcycle, car)	5
_____	6
_____	7
Don't know	9

The last time you had [name] vaccinated

45. Do you remember what disease/diseases the vaccination was for? What else? Anything else?

Naaalala po ba ninyo kung para sa anong sakit/mga sakit ang bakuna?

Tuberculosis	1
Diphtheria	2
Tetanus	3
Pertussis	4
Polio	5
Measles	6
_____	7
Don't know/ can't recall	9

46. FOR INTERVIEWER: Did the mother use card to answer? — Yes 1 / No 2

47. Did the child get sick a day or two after the vaccination or not? — Yes 1 / No 2 (go to 49)

Nagkasakit po ba ang bata sa araw na iyon o ng sumunod na araw pagkatapos ng bakuna o hindi?

48. IF YES: What were the signs of illness you saw in the child? After the child was vaccinated

Ano pong mga sintomas ng sakit ang nakita ninyo sa bata?

Fever	1
Rash	2
Loose stools	3
Vomitting	4
Convulsions	5
Soreness at point of injection	6
_____	7

C. PROTECTION AGAINST DISEASES (cont'd)

49. Did the person giving vaccination mention about the possibility that the child might get ill?

Sinabihan po ba kayo nung nagbigay ng bakuna na maaaring magkaroon ng karamdaman ang bata?

Yes 1
No 2

50. Did you pay for this vaccine, donate any amount or was it given for free?

Nagbayad po ba kayo para sa bakunang ito, nag-donasyon ng kahit magkano o ibinigay ito ng libre?

Paid P_____ 1
Donated P_____ 2
Free 3
Don't know 9

51. IF PAID/DONATE: How much did you pay/donate for this vaccine?

Magkano po ang ibinayad/donasyon ninyo para sa bakunang ito?

52a. When you took (name) for vaccination, how many minutes/hours did you have to wait for the vaccine to be given? (PROBE FOR MINUTES/HOURS:

Nang dinala ninyo si (name) para pabakunaan, ilang minuto/oras po kayo naghintay na maibigay ang bakuna?

_____ minutes
_____ hours

____ Less than 15 mins. 1
More than 15-30 mins. 2
More than 30 mins.-1 hour 3
More than 1-2 hours 4
____ More than 2 hours 5
Don't know 9

_____ -Not long 7
(GO TO Q53a) -A long time 8
-Don't know 9

b. IF ANSWER IN MINUTES/HOURS: Do you think that this waiting time is just right or is it too long?

Sa palagay ninyo, ito bang paghihintay ninyo ay tama lang o masyadong matagal?

Just right 1
Too long 2

[NEXT VACCINATION]

[ASK QS.53a-65 FOR YOUNGEST CHILD. IF LAST VACCINATION WAS ASKED OF NEXT OLDEST CHILD, INTRODUCE Q53a BY SAYING: LET US TALK ABOUT YOUR YOUNGEST CHILD AGAIN. [(PAG-USAPAN PO NATIN ULI ANG BUNSO NINYONG ANAK.)]

53a. Have you ever taken (name) for vaccination and not been able to get the vaccination?

Nadala na po ba ninyo si (name) para pabakunahan pero hindi siya nabakunahan?

Yes 1
No 2

b. How many times has this happened?

Ilang beses na ng nangyari ito?

_____ times

C. PROTECTION AGAINST DISEASES (cont'd)

54. The last time this happened, what was the reason (name) could not receive the vaccine?

Noong huli pong nangyari ito, ano po ang dahilan kung bakit hindi nabigyan ng bakuna si (name)?

Child sick	1
_____ (specify illness)	
Child not eligible	2
_____ (specify age)	
No schedule for vaccination	3
Doctor not around/available	4
No available vaccine	5
Too many patients at time of visit	6
_____	7
_____	8

55a. Will (name) need any more vaccinations before his/her next birthday or does he/she have all the vaccinations he/she needs?

Mangangailangan pa po ba si (name) ng karagdagang bakuna bago dumating ang susunod niyang kaarawan o mayroon na siya ng lahat ng bakuna na kailangan?

Need more _____times	1
Not know	2
(GO TO 06[illegible]) Has all needed	3

b. If need more: How many times will you have to bring (name) for more vaccinations?

Ilang beses pa po ninyo dadalhin si (name) para sa karagdagang bakuna?

56a. If need more: What other vaccinations does (name) need? Any others?

Ano pang ibang bakuna ang kailangan ni (name)? Mayroon pa po?

b. FOR EACH VACCINE NOT MENTIONED: Which of the following vaccinations does (name) need? (SHOWCARD G)

Alin sa mga sususunod na bakuna ang kailangan ni (name)?

	Unaided	Aided Yes	Aided No	Aided DK
BCG	1	1	2	3
DPT 1	2	1	2	3
DPT 2	3	1	2	3
DPT 3	4	1	2	3
OPV 1	5	1	2	3
OPV 2	6	1	2	3
OPV 3	7	1	2	3
MEASLES	8	1	2	3
MMR	9	1	2	3
TYPHOID	10	1	2	3
HEPATITIS-B	11	1	2	3
_____	12			
~~None~~	~~99~~	~~Alin sa mga~~		
DK	98			

C. PROTECTION AGAINST DISEASES (cont.)

DATE OF NEXT VACCINATION: _____

57. When will you take (name) for his/her next vaccination?

Kailan ninyo dadalhin si (name) para sa susunod niyang bakuna?

		Month	Year
_____	Less than a month from now		1
	About 1-2 months from now		2
	More than 2-3 months from now		3
	More than 3-4 months from now		4
	More than 4-5 months from now		5
_____	More than 5 months from now		6
	6+		7

58. For which vaccination or vaccinations will that be? What else?

Para sa anong bakuna o mga bakuna? Ano pa po?

next time sa [illegible]

BCG.	01
DPT	02
DPT 1	03
DPT 2	04
DPT 3	05
OPV	06
OPV 1	07
OPV 2	08
OPV 3	09
Measles	10
MMR	11
Hepatitis B	12

59. How do you know when to take (name) for vaccination?

Paano ninyo malalaman kung kailan dadalhin si (name) para pabakunahan?

Private physician provides schedule/ sets date	1
Health center/hospital staff gives schedule	2
When child is already strong/not sick	3
Vaccination card has schedule	4
_____	5
_____	6
_____	7

[illegible]

If receive skip to 62a

60. Will you go back to the same place as you took your child before?

Doon din po ba ninyo dadalhin ang bata sa dating lugar na pinagpabakunahan ninyo?

(GO TO 063a)—Yes	1
No	2
Don't know	3

61. IF NO/DON'T KNOW: Why do you say so? Why else?

Bakit ninyo masabi ito? Bakit pa po?

_____
_____
_____

62a. Where would you bring (name) for vaccination the next time?

Saan po ninyo dadalhin si (name) para sa susunod na bakuna?

Health center	1
Private clinic	2
Government hosp.	3
Private hosp.	4
_____	5

b. What kind of person/place is that?

Anong klaseng tao/lugar ito?

C. PROTECTION AGAINST DISEASES (cont'd)

for ch with all vacs. you took ch to hc x

63a. Can one get vaccinations there everyday or are there special days of the week for giving vaccination?

Mayroon po ba doong makukuhang bakuna araw-araw o may espesyal na araw o tanging araw para sa pagbigay ng bakuna?

Special days	1
Everyday (Monday-Friday)	2
DK	3

b. IF SPECIAL DAY: Which day is this?

Anong araw po ito?

	Yes	No	DK
Monday	1	2	3
Tuesday	1	2	3
Wednesday	1	2	3
Thursday	1	2	3
Friday	1	2	3
Saturday	1	2	3
Sunday	1	2	3

64. During what hours is the immunization available?

Anong oras po nakukuha ang bakuna para sa tigdas?

8-12 AM	1	2	3
1-5 PM	1	2	3
Past 5-8 PM	1	2	3

65. Does it cost anything? IF YES: How much?

May bayad po ba ito? IF YES: Magkano?

Paid P_____	1
Donation P_____	2
Free	3
Don't know	9

77

C. PROTECTION AGAINST DISEASES (cont'd)

66. INTERVIEWER: Obtain vaccination history for two youngest children aged less than 10 years old.

INSTRUCTIONS: ASK TO SEE VACCINATION CARD OF YOUNGEST AND NEXT OLDEST CHILD. FILL OUT THE TABLE BELOW BASED ON INFORMATION ON THE CARDS. IF RESPONDENT HAS CARD, BUT INFORMATION IS INCOMPLETE, RECORD ANSWER UNDER "CLAIMED" COLUMN. AS A GENERAL RULE, ANY INFORMATION WRITTEN (WHETHER ON A CARD OR A PIECE OF PAPER SIGNED BY THE HEALTH CENTER OFFICE IS THE "VERIFIED" ANSWER. ANY INFORMATION PROVIDED BY THE RESPONDENT VERBALLY OR WRITTEN SHOULD BE CONSIDERED AS "CLAIMED".)

IF RESPONDENT SHOWS MORE THAN 1 CARD/PIECE OF PAPER, OBTAIN INFORMATION FROM EACH CARD/PIECE OF PAPER.

A1. WITH CARD

1 With yellow card 2 With card but not yellow 3 With both yellow and another card

NAME OF YOUNGEST CHILD: _____

DATE OF BIRTH: ___ ___ ___ Month Day Year Verified 1 Claimed 2

	VERIFIED 1					CLAIMED 2				
	HAD VACCINE?		DATE			HAD VACCINE?		DATE		
VACCINE	No	Yes	Month	Day	Year	No	Yes	Month	Day	Year
BCG	1	2				1	2			
DPT 1	1	2				1	2			
DPT 2	1	2				1	2			
DPT 3	1	2				1	2			
OPV 1	1	2				1	2			
OPV 2	1	2				1	2			
OPV 3	1	2				1	2			
MEASLES	1	2				1	2			
MMR	1	2				1	2			
TYPHOID	1	2				1	2			
HEPATITIS B	1	2				1	2			

C. PROTECTION AGAINST DISEASES (cont'd)

A2. WITH CARD

1 With yellow card 2 With card but not yellow 3 With both yellow and another card

NEXT OLDER CHILD:_____

DATE OF BIRTH: ___ ___ ___ Month Day Year Verified 1 Claimed 2

VERIFIED 1 CLAIMED 2

VACCINE	HAD VACCINE? No	Yes	DATE Month	Day	Year	HAD VACCINE? No	Yes	DATE Month	Day	Year
BCG	1	2				1	2			
DPT 1	1	2				1	2			
DPT 2	1	2				1	2			
DPT 3	1	2				1	2			
OPV 1	1	2				1	2			
OPV 2	1	2				1	2			
OPV 3	1	2				1	2			
MEASLES	1	2				1	2			
MMR	1	2				1	2			
TYPHOID	1	2				1	2			
HEPATITIS B	1	2				1	2			

C. PROTECTION AGAINST DISEASES (cont'd)

66B. WITHOUT CARD

(INSTRUCTION : FILL OUT INFORMATION BELOW BASED ON RESPONDENT'S RECALL.)

YOUNGEST CHILD:_____ | NEXT OLDER CHILD:_____

DATE OF BIRTH: __ __ (Month) __ __ (Day) __ __ (Year) | DATE OF BIRTH: __ __ (Month) __ __ (Day) __ __ (Year)

VACCINE	HAD VACCINE? No	Yes	DATE Month	Day	Year	HAD VACCINE? No	Yes	DATE Month	Day	Year
BCG	1	2				1	2			
DPT 1	1	2				1	2			
DPT 2	1	2				1	2			
DPT 3	1	2				1	2			
OPV 1	1	2				1	2			
OPV 2	1	2				1	2			
OPV 3	1	2				1	2			
MEASLES	1	2				1	2			
MMR	1	2				1	2			
TYPHOID	1	2				1	2			
HEPATITIS B	1	2				1	2			

67. During your last pregnancy, did you receive any tetanus vaccines or not? — Yes 1

Noong huli kayong nagbuntis, nabigyan po ba kayo ng bakuna laban sa tetano o hindi? go to 70 — No 2

68. How many injections/shots did you receive? — One 1

Ilan pong iniksiyon ang tinanggap ninyo? — Two 2

69. Do you have a vaccination card? — Yes 1

IF YES: May I see it? — No 2

Mayroon po ba kayong vaccination card?

IF YES: Maaari ko po bang makita ito?

Date of 1st TVAC _____

Date of 2nd TVAC _____

[RECORD DATE OF VACCINATION AND NUMBER OF TETANUS VACCINE RECEIVED]

D. ATTITUDE TOWARDS VACCINATIONS

ASK QS. 70-71 FOR ONE VACCINE FIRST BEFORE GOING TO THE NEXT. START WITH VACCINE TICKED OFF FIRST. START Q70 BY EXPLAINING TO RESPONDENT ABOUT (VACCINE), THAT IS:

( ) BCG ..... VACCINATION AGAINST TUBERCULOSIS
( ) ANTI-POLIO OR OPV ... VACCINATION AGAINST POLIO
( ) DPT ..... VACCINATION AGAINST DIPHTHERIA, TETANUS AND PERTUSSIS OR WHOOPING COUGH
( ) ANTI-MEASLES OR MMR.. VACCINATION AGAINST MEASLES

70. In what form is (name of vaccine) given — as injection or as drops?

Sa papaanong paraan ibinibigay ang (name of vaccine) — iniksiyon o drops?

71a. As far as you know, how many doses/injections of (name of vaccine) are needed for a child to be protected against the disease?

Sa pagkakaalam ninyo, ilang dosis/iniksiyon ng (name of vaccine) ang kinakailangan para maproteksiyonan ang bata laban sa sakit?

b. IF MENTION ONE DOSE/INJECTION:
As far as you know, how old should a child be when he/she gets the dose/injection of (name of vaccine)?

Sa pagkakaalam ninyo, ilang buwan o taon po dapat ang bata bago bigyan ng dosis/iniksiyon ng (name of vaccine)?

c. IF MENTION MORE THAN ONE DOSE/INJECTION, ASK:
As far as you know, how old should a child be when he/she gets the first/last dose/injection of (name of vaccine)?

Sa pagkakaalam ninyo, ilang buwan o taon po dapat ang bata bago bigyan ng unang/huling dosis/iniksiyon ng (name of vaccine)?

d. IF NOT KNOW NUMBER OF DOSES/INJECTION: As far as you know, how old should a child be when he/she gets the dose/injection of (name of vaccine)?

Sa pagkakaalam ninyo, ilang buwan o taon po dapat ang bata bago bigyan ng dosis/iniksiyon ng (name of vaccine)?

	Q70 FORM OF VACCINE			Q71a DOSES/INJECTIONS NEEDED					Q71b-d WHEN GET FIRST/LAST DOSE		
Vaccine	Inj.	Drops	DK	1	2	3	3+	DK	First Only	Last	DK
BCG	1	2	3	1	2	3	4	5			
DPT	1	2	3	1	2	3	4	5			
OPV	1	2	3	1	2	3	4	5			
Measles	1	2	3	1	2	3	4	5			

range appears code book limit

D. ATTITUDE TOWARDS VACCINATION (cont'd)

(IF NOT KNOW NUMBER OF DOSE/INJECTION FOR ANY VACCINE, ASK Q72)

72. How would you find out how many shots/injections are needed to for a child to be protected against any disease?

Paano ninyo malalaman kung ilang iniksiyon/dosis ang kailangan para mapabakunahan ang bata laban sa kanit na anong sakit?

---

73. Now, I would like to read some things that people say about measles. For each I read, please tell me how much you agree or disagree with that statement. Let us start with (statement). Would you say that you strongly agree, agree, disagree or strongly disagree with this? (SHOWCARDS K AND L)

(ASK FOR EACH STATEMENT, START WITH STATEMENT TICKED OFF)

Ngayon po, mayroon akong babasahing ilang mga bagay na sinasabi ng ibang tao tungkol sa tigdas. Sa bawa't isang babasahin ko, pakisabi ninyo sa akin kung gaano po kayo sumasang-ayon o hindi sumasang-ayon sa pahayag. Umpisahan po natin sa (statement). Masasabi po ba ninyo na kayo ay talagang sumasang-ayon, sumasang-ayon, hindi sumasang-ayon o talagang hindi sumasang-ayon dito?

	Statement	Strongly Agree	Agree	Disagree	Strongly Disagree	DK
a.	If a child is older than 12 months, it's too late for measles vaccinations. (Kung ang bata ay nagkakaedad ng higit sa 12 buwan, huli na para bakunanan sa tigdas)	1	2	3	4	9
b.	Children in general do not get very sick with measles once immunized. (Sa pangkalahatan, hindi nagiging malubha ang tigdas ng bata kapag siya ay napa-bakunahan na laban sa tigdas)	1	2	3	4	
c.	You can get measles more than once. (Maaring magkaroon ka ng tigdas ng higit sa isang beses)	1	2	3	4	
d.	A child must be 9-12 months old to get measles vaccination. (Ang bata ay dapat nagkakaedad ng 9-12 buwan para bakunahan sa tigdas)	1	2	3	4	
e.	Measles can lead to serious complications. (Ang tigdas ay puwedeng magbigay-daan sa malubhang kumplikasyon)	1	2	3	4	
f.	Measles is just a common childhood disease. (Ang tigdas ay isa lamang pangkaraniwang sakit ng mga bata)	1	2	3	4	

D. ATTITUDE TOWARDS VACCINATION (cont'd)

	Statement	Strongly Agree	Agree	Disagree	Strongly Disagree
g.	If a child is sick, he/she should not be given measles vaccination. (Kung ang bata ay may sakit, hindi dapat siyang bigyan ng bakuna laban sa tigdas)	1	2	3	4
h.	Measles vaccination will not be effective if given before the child reaches 9 months old. (Ang bakuna laban sa tigdas ay hindi epektibo kung ibibigay bago maging 9 na buwan ang bata)	1	2	3	4
i.	Children given measles immunization can still contract measles. (Ang mga batang nabigyan na ng bakuna laban sa tigdas ay maari pang magkakaroon ng tigdas)	1	2	3	4

E. ADVERTISING AWARENESS

			Q74a Initial	Q74b Others
74a.	When or from whom did you first hear about vaccination or immunizations against diseases? Saan o kanino po ninyo unang narinig ang tungkol sa pagbabakuna laban sa mga sakit?	Health center staff	1	1
		Mother	2	2
		Sister	3	3
		Friend/neighbor	4	4
		Private physician	5	5
		TV	6	6
b.	Where from whom else did you hear about vaccinations or immunizations against diseases? Any others? Saan/kanino pa po ninyo narinig ang tungkol sa pagbabakuna laban sa mga sakit?	Radio	7	7
		Brochures/flyers	8	8
		Comics	9	9
		Poster of health center	10	10
		Poster elsewhere	11	11
		_____	12	12

75a.	In the past 3 months, have you seen or heard any advertising for immunizations or not? Nitong nakaraang tatlong buwan, mayroon po ba kayong nakita o narinig na pataalastas/anunsiyo o advertisement para sa pagbabakuna o wala?	Yes	1
		(GO TO Q77) -No	2

76.	IF YES: For which disease or diseases? Para sa aling sakit o mga sakit?	Measles	1
		Diphtheria	2
		Pertussis	3
		Tetanus	4
		Polio	5
		TB	6
		_____	99

E. ADVERTISING AWARENESS (cont'd)

77. If not mentioned measles voluntarily:
Did you see or hear any advertising for measles immunization in the past 3 months?

Nakakita o nakarinig po ba kayo ng kahit anong patalastas o anunsiyo ng bakuna laban sa tigdas nitong nakaraang 3 buwan?

Yes	1
(GO TO Q85) No	2

78. Where did you see or hear the advertisement for measles immunizations? Anywhere else? (RECORD FIRST MENTION)

Saan po ninyo nakita o narinig ang patalastas/anunsiyo o advertisement para sa bakuna laban sa tigdas? Saan pa po?

	FM	O
TV	01	01
Radio	02	02
Billboard	03	03
Magazine	04	04
Newspaper	05	05
Comics	06	06
Flyers/brochures	07	07
Poster at health center	08	08
Poster elsewhere	09	09
Others_____	10	10

79. What do you remember about the advertisement you saw or heard about immunizations? What else? TV music

Ano po ang natatandaan ninyo tungkol sa patalastas/anunsiyo o advertisement na nakita o narinig ninyo tungkol sa pagbabakuna? Ano pa po?

_____

_____

_____

80. What did the advertisement say? What else did it say?

Ano po ang sinabi ng patalastas/anunsiyo o advertisement? Ano pa po ang aga sinabi?

_____

_____

_____

81. What did the advertisement show? What else did it show?

Ano po ang ipinakita ng patalastas/anunsiyo o advertisement? Ano pa po ang ipinakita nito?

_____

_____

_____

E. ADVERTISING AWARENSS (cont'd)

82. What was the main message of the advertisement? What was it trying to tell about immunization? What else? Any others?

Ano po ang pangunahing mensahe ng patalastas/anunsiyo o advertisement? Ano po ang ibig ipaniwatig o ipaabot nito tungkol sa pagbabakuna? Ano pa po? Mayroon pa po bang iba?

_____

_____

_____

83a. Did you talk about he advertisement with anyone?

Kinuwento/Sinabi po ba ninyo ang tungkol sa anunsiyo/patalastas kahit na kanino?

	Yes	1
go to 7d	No	2

b. IF YES: With whom?

Kanino po?

Husband	1
Mother	2
Sister	3
Mother-in-law	4
Sister-in-law	5
Friend/neighbor	6
_____	7

84. Can you complete this rhyme? (SHOWCARD N)

Maaari po ba ninyong kumpletohin ang pangungusap na ito?

ILIGTAS SI BABY SA.....

1 Tigdas

2 Tigdas, pabakunahan siya

3 sakit _____

9 Don't know

F. MEDIA HABITS

RADIO

85.	Do you own a radio or not? Mayroon po ba kayong radyo o wala	Yes (GO TO Q87) —No	1 2
86.	IF YES: Is the radio working today? Gumagana po ba ang radyo ngayon?	Yes No	1 2
87.	Do you listen to the radio or not? Nakikinig po ba kayo sa radyo o hindi?	Yes (GO TO Q90) —No	1 2
88.	Which days of the week do you most often listen to the radio? Anong araw po kayo pinakamadalas makinig sa radyo?	Monday Tuesday Wednesday Thursday Friday Saturday Sunday Everyday No particular day DK	1 2 3 4 5 6 7 8 9 0
89.	What time of the day do you most often listen to the radio? Anong oras/parte ng araw kayo pinakamadalas makinig sa radyo?	Before 8 am 8-12 pm 12-3 pm 3-6 pm After 6 pm No particular time DK	1 2 3 4 5 6 7

TELEVISION

90.	Do you own a TV set or not? Mayroon po ba kayong TV o wala?	Yes (GO TO Q92) -No	1 2
91.	If yes: Is the TV working today? Gumagana po ba ang TV ngayon?	Yes No	1 2
92.	Do you watch TV or not? Manonood po ba kayo ng TV o hindi?	Yes (GO TO Q95a) - No	1 2
93.	Which days of the week do you most often watch TV? Anong araw po kayo pinakamadalas manood ng TV?	Monday Tuesday Wednesday Thursday Friday Saturday Sunday Everyday No particular day DK	1 2 3 4 5 6 7 8 9 0

F MEDIA HABITS (cont'd)

94. What time of the day do you most often watch TV?

Anong oras/parte ng araw kayo pinakamadalas manood ng TV?

Before 8 am	1
8-12 pm	2
12-3 pm	3
3-6 pm	4
After 6 pm	5
No particular time	9

NEWSPAPERS

95a. Do you read the newspapers?

Nagbabasa po ba kayo ng diyaryo?

Yes	1
(GO TO Q97a) — No	2

b. If yes: How often do you do this?

Gaano po kadalas ninyo gawin ito?

Everyday/nearly everyday	1
Once a week	2
Thrice a month	3
Twice a month	4
Once a month	5
Less often than once a month	6
No particular day	9

96. When was the last time you read a newspaper?

Kailan kayo huling nagbasa ng diyaryo?

Past 24 hours	1
Past 7 days	2
Over 1 week ago-4 weeks ago	3
Over a month ago	4

COMICS

97a. Do you read comics?

Nagbabasa po ba kayo ng comics?

Yes	1
(GO TO Q99a) — No	2

b. If yes: How often do you do this?

Gaano po kadalas ninyo gawin ito?

Everyday/nearly everyday	1
Once a week	2
Thrice a month	3
Twice a month	4
Once a month	5
Less often than once a month	6
No particular day	9

98. When was the last time you read a comics?

Kailan kayo huling nagbasa ng komiks?

Past 24 hours	1
Past 7 days	2
Over 1 week ago-4 weeks ago	3
Over a month ago	4

MAGAZINES

99a. Do you read magazines?

Nagbabasa po ba kayo ng magasin?

Yes	1
No	2

b. If yes: How often do you do this?

Gaano po kadalas ninyo gawin ito?

Everyday/nearly everyday	1
Once a week	2
Thrice a month	3
Twice a month	4
Once a month	5
Less often than once a month	6
No particular day	9

c. When was the last time you read a magazine?

Kailan kayo huling nagbasa ng magasin?

Past 24 hours	1
Past 7 days	2
Over 1 week ago-4 weeks ago	3
Over a month ago	4

APPENDIX IV

HEALTH CENTER STUDY:
GUIDELINES FOR HEAD OF CLINIC/MIDWIFE INTERVIEWS

GUIDELINES FOR HEAD OF CLINIC/MIDWIFE INTERVIEWS

1. Size of population served /what year determined

2. Clinic schedule of activity - when are vaccinations given, probe to see if for example, BCG is given once a month; do they only give vaccination during well-baby or under-6 clinics?

3. Staff involved in vaccination - who are the people who might talk with a mother about vaccination? (is it only the midwife, or whould we observe others as well)

4. Patient flow - who does a mother with a sick child see and in what order; who does a mother with a child for vaccination see and in what order. (is the flow the same or different)

5. Supply line - where do they get vaccine? Do they order it (who makes the order) or is it simply supplied? How is the amount determined?

6. Have they ever had to discard vaccine (because out of date or got warm)? Have they ever had to tell a child to come again or refuse vaccination because of lack of vaccine

7. What are other conditions under which they tell the child to come again or refuse vaccination - probe: what happens when child older than 12 mos but incomplete; what happens when child sick; what happens when child inmigrant and has no card; what happens if child from squatter area

8. What are the priority groups for vaccination?

9. What is the size of their eligible population; what is their target (who sets)

10. How many growth cards have they given out. When did they start? Have they ever run out and if so, what did they do

11. Last time they had vaccinations, how many children were vaccinated - was that normal, less or more and why (Note: if they give measles and BCG only once a month, remember to note which vaccine was being given. Ask about measles specifically)

12. In her experience, are mothers worried about side effects? What does the staff do to deal with this?

13. Do mothers ever have to be persuaded to have their children vaccinated? Why are they reluctant? Does the staff make home visits?

14. What can DOH do to facilitate this clinic's improving vaccination coverage?

15. Records - ask to see any concerning immunization . Are they complete? Is a master list kept. Look for young children for measles (<9 months) old children for anything (>18 months, especially >3 years for DPT) and incomplete immunization for children who last came more than 2 months ago.

<u>For second round, add:</u>

16. Notice -- are the banners in place? What about the immunization posters? Jeepney stickers? Are staff wearing the t-shirts?

17. Did the staff attend the sales conference? Did they find it useful? Ask if they recieved the NCR handout about immunization guidelines.

18. What effects have they seen of the campaign? Do more people come? Is it easier to persuade mothers to have their children immunized? Has the workload changed? Are there too many people on Fridays? Do many mothers come during the extended hours?

APPENDIX V

HEALTH CENTER STUDY:
OBSERVATION FORM

OBSERVATION

Center _____ Interviewer _____ Mother# _____

1. Is child given vaccinations?

   1 no 2 yes (list if identified) _____

2. Is what it is explained to the mother? 1 no 2 yes

3. Does the child fuss? 1 no 2 yes

4. Are side effects discussed?

   1 no 2 mother asks about 3 staff member mentions

   1 fever 2 sore arm 3 irritability 4 _____

5. Is mother advised what to do for side effects?

   1 no 2 yes _____

6. Is mother informed when to bring child back for vaccination?

   1 no 2 yes (how soon) _____

   1 written 2 spoken only

7. Is vaccination date recorded on growth card?

   1 no 2 yes

8. Does mother pay for vaccination?

   1 no 2 yes P_____

   1 donated 2 charged

9. Does the mother ask questions?

   1 no 2 yes

10. How long does the interaction take? _____ minutes

11. Other observations _____

_____

GIVE THE MOTHER A NUMBER AND ASK HER IF SHE WOULD NOT MIND TO TALK TO THE INTERVIEWER OUTSIDE

APPENDIX VI

HEALTH CENTER STUDY:
EXIT INTERVIEW FORM (TRANSLATED)

EXIT INTERVIEW

Center _____ Interviewer _____ Mother# _____

I would like to ask you a few questions about your visit to the health center today:

1. How did you come to the health center today?

   1 walk 2 jeepney, bus 3 tricycle 4 _____

2. How long did it take you to get here?

   _____ minutes _____ hours

3. How many children less than 5 do you have? _____

4. How often do you come to the health center?

   1 about once a month 2 less than once a month 3 more frequently

5. Why did you come to the health center today?

   1 sick child 2 to weigh child 3 vaccination 4 _____

6. About how long did you spend at the health center?

7. Did your child receive a vaccination today?

   1 yes 2 no (go to 12)

8. What disease or diseases was it for?

   0 don't know 1 tuberculosis 2 polio 3 whooping cough

   4 diphtheria 5 measles 6 BCG 7 DPT

   8 _____

9. In the next few days will you child have any effects of the vaccination?

   1 no (go to 11) 2 fever 3 _____

10. Is there anything you can do about this effect?

    1 no 2 aspirin 3 _____

11. How did you know it was time to bring your child for vaccination?

    _____

12. Has your child completed having vaccinations, or does s/he still need more?

1 completed (go to 15) 2 needs more

13. How many more injections? How many more times getting drops in the mouth?

0 don''t know ____ injections _____drops in the mouth

14. How soon will you bring the child again for vaccination?

1 next month 2 in ___ months 3 specific date _____

15. Can you tell me what diseases your child will be protected against when s/he has completed having vaccinations?

0 don't know 1 tuberculosis 2 polio 3 whooping cough

4 diphtheria 5 measles 6 _____

16. May I see the child's vaccination card please? (record dates)

BCG _____ DPT1 _____ DPT2 _____ DPT3 _____

POL1 _____ POL2 _____ POL3 _____

MEASLES _____

DATE OF BIRTH _____

END INTERVIEW IF:

(12) CHILD HAS ALL VACCINATIONS
(5) CHILD RECEIVED VACCINATION TODAY
(16) CHILD BORN SINCE 15/8/87
(16) LAST VACCINATION WAS LESS THAN A MONTH AGO
(16) MEASLES ONLY VACCINATION LEFT AND CHILD BORN AFTER JANUARY 1987

17. It seems that your child is eligible to get _____ vaccinations. Can you tell me why you did not get the vaccination today?

1 child sick 2 child too young 3 child too old 4 no vaccine

5 _____

18. Did you decide that the child was _____ to have a vaccination, or did someone from the clinic decide?

1 self 2 clinic

APPENDIX VII

HEALTH CENTER STUDY:
GUIDELINES FOR DEBRIEFING SESSION and WRITEUP

GUIDELINES FOR DEBRIEFING SESSION and WRITEUP

1. Where is the health center? What kind of area is it (social class, nearness to transport)? Is it in a community complex, near a school, church, market....

2. Describe the physical aspect of the HC. Size, type of building, age and condition of building. Has it been painted recently, is surrounding area clean? Inside: is it clean, are there enough places for mothers to sit, how many rooms do mothers pass through. What kind of posters are there on the walls - made by staff, provided by DOH or NGO's, provided by drug companies.

3. People. Do the staff seem to know the mothers? Are they friendly? What kind of women are coming to the health center? Are there other official outsiders (such as the lady from family planning) present? Did a drug rep come by?

4. Interview with head of clinic. Besides the substance of her replies, include an assessment of whether she was telling what really happens, or was giving normative responses. What came across as her most important worry? (not getting kids immunized, or not using too much vaccine, or not meeting targets or...) What do you observe to be her attitude toward mothers (from what she says, and from your observation of how she treats patients). How in touch is she with vaccination activity: does she know the details of vaccine supply, vaccination coverage, or does she refer you to the midwife or someone else.

5. Interview with midwife. Same assessments as for head of clinic. You will probably have more opportunity to observe her with patients.

6. Do the responses of the midwife/other staff members and the head of clinic agree? Does anyone explicitly point out the disagreement (as for example, the midwife who told us that she wanted to vaccinate kids with colds but that she couldn't because the doctor didn't order the vaccination). Does anyone point out how their policy differs from the EPI manual (for example, about age of vaccination for measles or vaccinating "sick" children). What reasons do they give (is it a local decision, or do they say someone higher up tells them to?).

7. Compare the observations of mothers inside the clinic to the responses they give outside the clinic.

8. Frequencies of all variables from observations and exit interviews.

9. Tabulations: Reason for coming vs getting vaccination. Number of vaccinations child still needs vs number needed from

card. Knowledge of side effects vs being told about. Knowledge of vaccination given vs told about inside. Time to come again vs what mother was told inside.

All these points should be discussed by everyone who was at the clinic. Try hard to document the observations that are the reasons why you come to certain conclusions (for example, what did you observe that makes you think that the staff does or does not know the mothers). You may have different opinions, because you may have obeserved different things. At this stage of the process, don't try to resolve all the inconsistencies; document both opinions and the observations on which they are based.

APPENDIX VII

HEALTH CENTER STUDY:
GUIDELINES FOR DEBRIEFING SESSION and WRITEUP

Revision II

Job No. 87-123 PROJECT HYDRO Interview No. ___

RESP NO. (1-4) ___
CARD NO. (5-6) ___

LOCALE

Urban (7)1
Rural 2

REGION VI -
Iloilo (08)1
Negros Occidental 2

REGION VII -
Cebu 3
Bohol 4

TYPE OF RESPONDENT

Oresol user
Rep (09)1
SQ 2

Non-user 3

Location/District _____ Spot/Precinct No. _____
Name of Respondent _____ Age _____
Address _____ between _____ and _____

Call	Record	Date/Time	Result of Call	Appt. Date/Time	Intvw'd by
1st call:					
2nd call:					
3rd call:					

Interviewed by _____ Date _____ Time started _____ Ended _____
Observed/Spotchecked by _____ Date _____ Edited by _____

==========

SOCIO-DEMOGRAPHIC DATA

Economic Class
D 1
E 2

Age Group
16-19 years (17)1
20-29 years 2
30-39 years 3
40+ 4

Housewife: Working 1
Not working 2

No. of Income Earners in Family _____

Size of Household
Children 0-17 years _____
Adults 18 yrs. & over _____
Total =====
Servants _____

Facilities Found in the Home
Running water 1
Electricity 2
Radio/Radio cassette 3
TV 4
Refused x
None of these y

Educational Attainment	HH	R
No schooling	1	1
Some elementary	2	2
Completed elementary	3	3
Some high school	4	4
Completed high school	5	5
Some college	6	6
Has a degree	7	7
Completed/Some master's degree	8	8
Not know/Refused	9	9

Home Ownership
Own house 1
Renting (P_____/mo.) 2
Neither own nor rent 3

Monthly Income SHOWCARD
P1000 and below 1
1001 - 2000 2
2001 - 3000 3
3001 - 4000 4
4001 - 5000 5
5001 - 6000 6
6001 - 7000 7
7001 - 8000 8
8001 and above 9
Not know/Refused 0

Occupation and Employer of HH
_____

Occupation and Employer of R
_____

Other Sources of Income
_____

==========

COMMENTS: _____

CEBUANO

/ehrb

106

Job No. 87-123 PROJECT HYDRO Interview No. _____

TALK TO CLASS DE MOTHER

Good morning/afternoon/evening. We're from Consumer Pulse, Inc., an independent research agency and we're currently doing a survey in your area on health practices.

Maayong buntag /hapon/gabii. Taga Consumer Pulse, Inc., mi usa k independiente nga research agency ug aduna mi'y gihimong survey dinhi s inyong lugar tungod sa pagbagay sa panglawas.

I. SCREENING PORTION

1. May I know how many children you have who are 5 years or younger?

   Mahimo ba mahibaw-an kung pila ang inyong anak nga nag-edad ug 5 ka tuig paubos?

One	1
Two	2
Three	3
Four	4
Five	5
More than five	6
TERMINATE — None	7

II. INTERVIEW PROPER

A. AWARENESS AND ATTITUDES

2. Let's talk about diarrhea.

   Atong hisgutan ang mahitungod sa pagkalibang.

   How can you tell if a child has diarrhea? How else?

   Unsaon nimo pasulti kung ang bata nagka-libang? Unsa pa?

   _____
   _____
   _____
   _____

3. How can you tell if a child's diarrhea is getting worse? How else?

   Unsaon nimo pagsulti kung ang pagkalibang sa bata naggrabe? Unsa pa?

   _____
   _____
   _____
   _____

CEBUANO

FOR CODER ONLY:	Q2	Q3
Stool characteristics		
More frequent bowel movement	1	1
Loose/watery stool	2	2
Stools mixed with mucus	3	3
Blood in stools	4	4
Smelly stools	5	5
Large quantity of stool	6	6
_____	( )	( )
Other physical signs/ symptoms (complaints)		
Nausea/vomitting	1	1
Fever	2	2
Chills	3	3
Headache	4	4
Stomach ache/cramps	5	5
_____	( )	( )
Behavioral changes		
Child becomes weak/limp	1	1
Excessive thirst	2	2
Restlessness/constant crying	3	3
Cries without tears	4	4
Loss of appetite	5	5
Infrequent urination	6	6
Less active	7	7
_____	( )	( )
Physical changes		
Sudden loss of weight	1	1
Loss of skin elasticity/ dry skin	2	2
Sunken fontanelle	3	3
Sunken eyes	4	4
_____	( )	( )
Others _____	( )	( )
Don't know	x	x

A. AWARENESS AND ATTITUDES (Cont'd)

4. How can you tell if a child's diarrhea is improving? How else?

Unsaon nimo pagsulti kung ang pagkalibang sa bata niarang-arang na? Unsa pa?

_____
_____
_____
_____

FOR CODERS ONLY:

Gains back appetite	1
Becomes more active/ playful	2
Lesser number of bowel movements	3
No more stomach pains	4
Gains color/no longer pale	5
Stools become firm	6
Others (Specify)	
_____	( )

5. What should you give a child who has diarrhea? What else?

Unsay ang imong kinahanglan ihatag sa bata nga nagkalibang? Unsa pa?

Just water	1	Sugar-salt solution (lukat)	1
Tea	2	Oresol	2
Rice water/am	3	Lomotil	3
Soup	4	Polymagma	4
Coconut water	5	Kaolin Pectin	5
Softdrinks	6	Kaopectate	6
Herbal medicine	7	Diatab	7
Porridge/lugao	8	Chlorostrep	8
Enema	9	Guanamycin	9
Mother's milk	0	_____	( )
		_____	( )
		_____	( )

6. Where or from whom did you learn about treatment of diarrhea? Where or from whom else?

Sa asa o kangkinsa nimo nahibawan ang bahin sa pagtambal kalibang? Sa asa o kay kinsa pa?

	FM	O
Health Center		
Doctor	1	1
Nurse	2	2
Volunteer Health worker	3	3
Friends	4	4
Relatives	5	5
Parents	6	6
Private Doctor	7	7
Private Nurse	8	8
Private Midwife	9	9
Radio	0	0
TV	x	x
Newspaper/magazines	y	y
Comics	1	1
Pamphlets/brochures	2	2

CEBUANO

B. MOTHER'S EXPERIENCE ON DIARRHEA MANAGEMENT AMONG 0-5 YEAR OLDS

7. I would like to know the names and ages of all the children in this household who are 0-5 years old.

Gusto nako mahibaw-an ang mga ngalan ug edad sa tanang bata dinhi sa inyong balay nga nag-edad 0-5 katuig?

What is the name of the youngest child? The name of the one after that? And the next? THEN ASK OF EACH CHILD:

Unsa'y ngalan sa kinamanghuran nga bata? Ngalan sa gisundan niya? Ang sunod?

a. How old is the child?

Pila ka tuig ang bata?

b. Is it a boy or a girl?

Kini ba babae o lalaki?

Name of Child	Child No.	Age: Year	Age: Months	Male	Female
_____	1	___	_____	1	2
_____	2	___	_____	1	2
_____	3	___	_____	1	2
_____	4	___	_____	1	2
_____	5	___	_____	1	2

8. Do any of these children have diarrhea today?

Aduna ba'y nagkalibang sa mga bata sa pagkakaron?

GO TO Q10 — Yes 1; No 2

9. Which child is it?

Kinsa kining bataa?

Name of Child _____ No. in Q7 _____

IF MORE THAN ONE CHILD IS MENTIONED, TAKE THE YOUNGER ONE, THEN GO TO Q12.

10. When was the most recent time any of these children had diarrhea?

Kanus-a ang pinakaulahi nga nagkalibang ang bisag kinsang bata?

- 1-2 weeks ago (1-15 days) 1
- 3-4 weeks ago (16-30 days) 2
- A month ago (1-2 months ago) 3
- Two months ago (2-3 months ago) 4
- More than 3 months ago 5
- Can't remember 6
- GO TO Q43 — No one had diarrhea 7

CEBUANO

B. MOTHER'S EXPERIENCE ON DIARRHEA MANAGEMENT AMONG 0-5 YEAR OLDS (Cont'd)

11. Which child had diarrhea?

Kinsang bata ang nagkalibang?

Name of Child	No. in Q7

1. IF ANSWER TO Q10 IS CODE 1 OR CODE 2, CONTINUE
2. IF ANSWER IS ANY OF CODES 3-6, GO TO Q15.

12. How long has (Q9 child) had diarrhea?/For how long did (child in Q11) have diarrhea?

Unsa na kadugay si (Q9 child) nag-kalibang? / Unsa na kadugay si (child in Q11) nagkalibang?

WRITE NO. OF DAYS/WKS/MOS

Days _____
Wks _____
Mos _____
Don't remember

13. What did you notice about (child) that told you (child) had diarrhea?

Unsa'y imong namatikdan kang (child) nga nakaingon ka nga si (child) nagkalibang?

_____
_____
_____
_____

14. If not mention "blood in stools"/"vomitting"/"fever", ask:

a. Was the stool mixed with blood or not?

Ang tai ba adunay sagul nga dugo?

b. Was (child) vomitting or not?

Nagsuka ba si (child) o wala?

c. Did (child) have fever or not?

Gihilantan ba si (child) o wala?

FOR CODERS ONLY:	Q13	Q14
Stool characteristics		
More frequent bowel movement	1	
Loose/watery stool	2	
Stools mixed with mucus	3	
Blood in stools	4	1
Smelly stools	5	
Large quantity of stool	6	
_____	( )	
Other physical signs/ symptoms (complaints)		
Nausea/vomitting	1	2
Fever	2	3
Chills	3	
Headache	4	
Stomach ache/cramps	5	
_____	( )	
Behavioral changes		
Child becomes weak/limp	1	
Excessive thirst	2	
Restlessness/constant crying	3	
Cries without tears	4	
Loss of appetite	5	
Infrequent urination	6	
Less active	7	
_____	( )	
Physical changes		
Sudden loss of weight	1	
Loss of skin elasticity/ dry skin	2	
Sunken fontanelle	3	
Sunken eyes	4	
_____	( )	
Others _____	( )	
Don't know	x	

CEBUANO

101

B. MOTHER'S EXPERIENCE ON DIARRHEA MANAGEMENT AMONG 0-5 YEAR OLDS (Cont'd)

15. In your opinion, how sick was the child? Was (child) [READ OUT CODES1/2/3]

Sa imong huna-huna, unsa ka grabe ang sakit sa bata?

Not sick at all	1
A little sick	2
Very sick	3
Don't remember	x

16. At the time (child) had diarrhea, was he/she playing normally, or was/she playing less?

Sa panahon nga nagkalibang si (child) siya ba nagdula-dula gihapon nga kasagaran niya gibuhat o niminos ang iyong pagdula?

Normally	1
Less	2
Did not play at all	3
Don't remember	x

17. What kind of diarrhea did (child) have? That is, what name do you call this kind of diarrhea?

Unsang klase ang kalibang ni (child). Ang buot nako ipasabot, unsay tawag nimo sa ingon ani nga klase sa paglibang?

Just diarrhea	1
_____	( )
Don't know	x

18. Did the diarrhea go away by itself or did you do something so (child) would get better?

Nawala ba ang pagkalibang sa iyang kaugalingon lang o aduna ka bay gihimo aron si (child) maayo?

Went away by itself	1
Did something [GO TO Q31]	2

19. When (child) had diarrhea, did you give something at home so the child would get better?

Sa dihang nagkalibang si (child), aduna ka bay gihatag dinhi sa balay aron ang bata maayo?

Gave something	1
Gave nothing [GO TO Q21a]	2

20. What did you give (child) at home he/she was sick with diarrhea so that he/she would get better?

Unsay imong gihatag kang (child) dinhisa balay kaniadtong nagsakit siya ug kalibang aron maayo siya?

Just water	1	Sugar-salt solution (lukat)	1
Tea	2	Oresol	2
Rice water/am	3	Lomotil	3
Soup	4	Polymagma	4
Coconut water	5	Kaolin Pectin	5
Softdrinks	6	Kaopectate	6
Herbal medicine	7	Diatab	7
Porridge/lugao	8	Chlorostrep	8
Enema	9	Guanamycin	9
Mother's milk	0	_____	( )
		_____	( )

CEBUANO

B. MOTHER'S EXPERIENCE ON DIARRHEA MANAGEMENT AMONG 0-5 YEAR OLDS (Cont

CODE ANSWERS TO QS.21a-23c ON GRID AFTER Q23c.

21a. Did you go somewhere for advice or treatment?

Niadto ba mo sa usa ka lugar para magpa tambag o pagpatambal?

IF NO, GO TO Q24

b. If yes: To whom did you go for treatment or advice?

CODE FIRST MENTION ONLY

c. What advice or treatment were you given by (answer in Q21b)?

Unsay tambag o tambal ang gihatag sa inyo sa (ans. in Q21b)

22a. Did you go anywhere else for treatment or advice?

Niadto ba mo sa bisan asa para sa pagpatambal o patambag?

IF NO, GO TO Q24

b. If yes: To whom did you go for advice or treatment?

Kay kinsa mo niadto para sa pagpatambal o tambag?

CODE FIRST MENTION ONLY

c. What advice or treatment were you given?

Unsay tambag o panambal ang gihatag sa inyo?

23a. Did you go anywhere else for treatment or advice?

IF NO, GO TO Q24

Niadto pa mo sa bisan asa para sa pagpatambal o tambag?

b. If yes: To whom did you go? CODE FIRST MENTION ONLY

Kang kinsa ka niadto?

c. What advice or treatment were you given?

Unsay panambal o tambag ang gihatag nila?

FOR EACH: 1. SINGLE ANSWER ONLY
2. CODE FIRST MENTION ONLY

	Q21a/b	Q22a/b	Q23a/b
Yes			
Friends/ relatives	1	1	1
Hilot (TBA)	2	2	2
Herbolario	3	3	3
Pharmacy	4	4	4
Barangay health worker	5	5	5
Health center/ RHU	6	6	6
Government hospital	7	7	7
Private hospital/ clinic	8	8	8
No	x	x	x

IF ANSWERED MEDICINES/ANTI-BIOTICS, PROBE FOR BRANDS.

Advice/treatment given	Q21c	Q22c	Q23c
None	1	1	1
Tea	2	2	2
Rice water/am	3	3	3
Soup	4	4	4
Coconut water	5	5	5
Softdrinks	6	6	6
Fruit juices	7	7	7
Mother's milk	8	8	8
Herbal medicine	9	9	9
Porridge/lugao	0	0	0
Enema	1	1	1
Sugar-salt solution	2	2	2
Oresol	3	3	3
Lomotil	4	4	4
Polymagma	5	5	5
Kaolin Pectin	6	6	6
Kaopectate	7	7	7
Diatab	8	8	8
Chlorostrep	9	9	9
Guanamycin	0	0	0
Injection	1	1	1
Dextrose	2	2	2
_____	( )	( )	( )
_____	( )	( )	( )
_____	( )	( )	( )

CEBUANO

B. MOTHER'S EXPERIENCE ON DIARRHEA MANAGEMENT AMONG 0-5 YEAR-OLDS (Cont'd)

Now, let's talk about other things you did for (child).

Karon, atong husgutan ang bahin sa ubang butang nga imong gibuhat alang kang (child)?

IF NOT MENTIONED IN QS.20/21c/22c/23c, ASK QS.24/25/26.

24. Did you or anyone else give (child) an enema or a purgative?

Ikaw ba o bisag kinsa naghatag kang (child) ug labatibà o purga?

Gave enema/purgative	1
Not give	2

25. Did you or anyone else give (child) water-sugar-salt solution (SSS)?

Ikaw ba o bisag kinsa naghatag kay (child) ug tubig-asukal-asin nga sinambog?

Gave SSS	1
Not give	2

IF NOT MENTIONED ORESOL IN QS.5,20,21c,22c,23c, ASK Q26:

26. Have you ever heard of Oresol?

Nakadungog ka na ba ug Oresol?

Yes	1
-No (GO TO Q31)	2

27. Did you or anyone else give (child) an Oresol packet/ solution at home for (child's) diarrhea?

Gitagan ba nimo o bisag kinsa si (child) ug Oresol packet/ solution dinhi sa balay alang sa kalibang ni (child)

Gave Oresol	1
--Not give (GO TO Q30)	2

Let's talk some more about Oresol.

Atong hisgutan ang tungod sa Oresol.

28. Did the child drink the Oresol solution?

Giinom ba sa bata ang Oresol solution?

29a. For how many days did you give (child) Oresol?

Pila kaadlaw nimo gihatagan si (child) ug Oresol?

Drink	Q28/29a
One day	1
2 days	2
3 days	3
More than 3 days	4
--Don't remember	x
--Not drink	y
(GO TO Q31)	

CEBUANO

B. MOTHER'S EXPERIENCE ON DIARRHEA MANAGEMENT AMONG 0-5 YEAR-OLDS (Cont'd)

29b. How much of the Oresol solution did (child) take the first day you gave him/her this?

Unsa ka daghanong Oresol solution ang giinom ni (child) sa unang adlaw nga paghatag ani?

Drinking vessel used: _____
Estimated contents : ____mL____
Total No. of DVs consumed : _____

___Less than 1 liter	1
1 liter	2
___More than 1 liter	3
Not know/not remember	x

INTERVIEWER: ASK R TO SHOW YOU THE DRINKING VESSEL USED OR ONE THAT IS SIMILAR IN SIZE. FILL WITH WATER UP TO LEVEL CLAIMED BY R. TRANSFER CONTENTS TO YOUR LITER MEASURING CONTAINER. ASK R TOTAL NO. OF DRINKS CONSUMED FROM VESSEL. RECORD DETAILS ABOVE.

SKIP TO Q31

30. Why did you not give (child) Oresol at home when he/she had diarrhea? Why else?

Nganong wala nimo hatagi si (child) dinhi ug Oresol dinhi sa balay kaniadtong nagkalibang siya? Ngano pa?

_____
_____
_____
_____

No supply available	1
No money to buy	2
Don't know how to prepare	3
Other (specify)_____	( )

Now, let's talk about what your (child) ate and **drank.**

Karon, atong hisgutan ang gikaon ug giinom ni (child)

31. Was (child) breastfeeding before he/she had diarrhea?

Gipatotoy ba si (child) sa wala pa siya nagkalibang?

Yes	1
No	2
GO TO Q33	

CEBUANO

B. MOTHER'S EXPERIENCE ON DIARRHEA MANAGEMENT AMONG 0-5 YEAR-OLDS (Cont'd)

32. Did you stop breastfeeding during the time that (child) had diarrhea?

Giundang ba nimo ang pagpatutoy samtang si (hild) nagkalibang?

Yes	1
No	2

33. (Apart from being breastfed), has (child) already been eating food before he/she had diarrhea?

(Gawas sa pagpatutoy), mokaon na ba si (child) sa wala pa siya nagkalibang?

Yes	1
No → GO TO Q40	2

34. While (child) had diarrhea, did he/she eat about the same amount of food, or lesser amount or not at all?

Samtang si (child) nagka-libang, pareho lang ba kadaghanon ang iyang ginakaon, mas gamay o wala gayud?

CONTINUE	
Did not eat at all	1
Same as usual	2
Less than usual	3
Don't remember	4
GO TO Q36	

35. Was that because you did not give (child) food, or because he/she refused to eat?

Tungod ba nga wala nimo hatagi si (child) ug pagkaon, o tungod ba nga dili gyud siya mokaon?

Did not give food	1
Child refused to eat	2
Don't remember	3

SKIP QS.36 AND 37, GO TO Q38

36. When (child) was sick, did you give him/her special foods or just the usual food he/she was eating everyday?

Sa pagsakit ni (child), hitagan ba nimo siya ug mga espesyal nga pagkaon o mao ra gihapon pagkaon nga iyang kasagarang gikaon inadlaw-adlaw?

Normal/usual food	1
Special food	2
GO TO Q38	

CEBUANO

B. MOTHER'S EXPERIENCE ON DIARRHEA MANAGEMENT AMONG 0-5 YEAR-OLDS (Cont'd)

37. What kind of special (solid) food did you give (child) while he/she was sick with diarrhea?

Unsay klaseng espesyal (solid) ngna pagkaon ang imong gihatag kang (child) samtang siya nagsakit ug kalibang?

FOR CODER'S ONLY:

Soft/mashed	1
Lugao	2
Fruit	3
Broiled fish	4
Soda crackers	5
Others (specify)	
_____	( )

38. Were there any food or drinks that you tried to avoid giving (child) when he/she had diarrhea?

Aduna bay pagkaon/ilimnon nga gisulayan nimo dili ihatag kang (child) kung siya magakalibanga?

Yes	
rice	1
meat	2
vegetables	3
fruits	4
milk	5
oily foods	6
_____	( )
_____	( )
_____	( )
No	x

39. If yes: What were these foods or drinks?

Unsa kining pagkaon o ilimnon?

40. Did (child) appear to be more thirsty, less thirsty, or about as thirsty as usual during the the time he/she had diarrhea?

Si (child) ba mas giuhaw, minos ang pagkauhaw, o mao ba siya'y gihapon pagkauhaw samtang siya nagkalibang?

More thirsty	1
Less thirsty	2
As thirsty as usual	3
Not know	x

41. Did you give (child) extra water or other drinks while he/she had diarrhea?

Ginatagan ba nimo si (child) ug dugang nga tubig o laing ilimnon samtang siya nagkalibang?

Yes	1
GO TO 043a ---No	2

CEBUANO

B. MOTHER'S EXPERIENCE ON DIARRHEA MANAGEMENTS AMONG 0-5 YEAR-OLDS (Cont'd)

42. What did you give (child) to drink?

Unsa ang imong gihatag kang (child) nga imnon?

Milk	1
Mother's milk	2
Water	3
Tea	4
Soup	5
Coconut water	6
Softdrinks	7
Sugar-salt solution	8
Fruit juice	9
_____	( )
_____	( )
_____	( )

C. KNOWLEDGE OF TREATMENT OPTIONS

Now, let's talk about the treatments for diarrhea you may have used in the past.

Karon, atong hisgutanang mahitungod sa mga panambal sa kalibanga nga mahimong imong gigamit kaniadto?

43a. Have you ever gone to a drug-store for help in treating diarrhea for a child?

Niadto ka ba sa botika aron tabangan ka sa pagtambal sa pagtambal sa bata?

Yes	1
No	2
GO TO Q44a	

b. What treatment do they usually give or recommend for diarrhea in young children?

Unsay mga panambal ang ilang kasagarang gihatag o girekomenda alang sa pagkalibang sa mga bata?

Just water	1	Sugar-salt solution (lukat)	1
Tea	2	Oresol	2
Rice water/am	3	Lomotil	3
Soup	4	Polymagma	4
Coconut water	5	Kaolin Pectin	5
Softdrinks	6	Kaopectate	6
Herbal medicine	7	Diatab	7
Porridge/lugao	8	Chlorostrep	8
Enema	9	Guanamycin	
Mother's milk	0	_____	( )

CEBUANO

C. KNOWLEDGE OF TREATMENT OPTIONS (Cont'd)

44a. Have you ever gone to a "hilot" (TBA) to treat diarrhea in a child?

Niadto ka na ba sa "hilot" o manghihilot aron tambalan ang kalibang sa bata?

Yes	1
No	2
Not sure	3
GO TO Q45a	

b. What treatment does the "hilot" usually give to children with diarrhea?

Unsay panambal ang kasagarang gihatag sa manghihilot sa mga bata nga gikalibang?

Just water	1	Sugar-salt solution (lukat)	1
Tea	2	Oresol	2
Rice water/am	3	Lomotil	3
Soup	4	Polymagma	4
Coconut water	5	Kaolin Pectin	5
Softdrinks	6	Kaopectate	6
Herbal medicine	7	Diatab	7
Porridge/lugao	8	Chlorostrep	8
Enema	9	Guanamycin	9
Mother's milk	0	_____	( )
		_____	( )

45a. Do you have any health workers in your community?

Aduna ba mo'y mga health workers sa inyong lugar?

	Q45a/b
Yes	
Go to health worker	1
Not go to health worker	2
None	x
GO TO Q46a	

b. Have you ever gone to a health worker in your community to treat a child with diarrha?

Niadto ka na ba sa usa ka health worker sa inyong lugar para ipatambal ang bata sa pagkalibang?

CEBUANO

C. KNOWLEDGE OF TREATMENT OPTIONS (Cont'd)

45c. What treatment do health workers in your community usually give for diarrhea in young children?

Unsay panambal ang kasagarang gihatag sa mga health workers sa inyong lugar alang sa pagkalibang sa mga bata?

Just water	1	Sugar-salt solution (lukat)	1
Tea	2	Oresol	2
Rice water/am	3	Lomotil	3
Soup	4	Polymagma	4
Coconut water	5	Kaolin Pectin	5
Softdrinks	6	Kaopectate	6
Herbal medicine	7	Diatab	7
Porridge/lugao	8	Chlorostrep	8
Enema	9	Guanamycin	9
Mother's milk	0	_____	( )
		_____	( )
		_____	( )

46a. Have you ever gone to a private clinic or hospital to have a child treated for diarrhea?

Niadto ka na ba sa usa kap-pribado nga klinika o hos-pital para patambal ang bata sa pagkalibang?

Yes	1
GO TO Q46c -No	2

b. What medicine do personnel at these private clinics/hospitals usually give for diarrhea in children?

Unsang tambal ang gihatag sa mga kawani sa pribado nga klinika hospital para sa pagkalibang nga bata

CODE FIRST MENTION ONLY

Just water	1	Sugar-salt solution (lukat)	1
Tea	2	Oresol	2
Rice water/am	3	Lomotil	3
Soup	4	Polymagma	4
Coconut water	5	Kaolin Pectin	5
Softdrinks	6	Kaopectate	6
Herbal medicine	7	Diatab	7
Porridge/lugao	8	Chlorostrep	8
Enema	9	Guanamycin	9
Mother's milk	0	_____	( )
		_____	( )
		_____	( )

CEBUANO

113

C. KNOWLEDGE OF TREATMENT OPTIONS (Cont'd)

46c. What are the signs that a case of diarrhea is very serious?

Unsay timailhan o ilhanan nga ang kalibanga grabe na kaayo?

Very frequent stools	1
Very watery stools	2
Tiredness	3
Weakness	4
Loss of appetite	5
Blood in stool	6
Sunken fontanelle	7
Diarrhea will not stop	8
Others	
_____	( )
_____	( )
_____	( )

d. What happens to a child's body when the child has diarrhea for a long time?

Unsay mahitabo sa lawas sa bata kon nagkalibanga na ug dugay?

Child gets weak	1
Child loses appetite	2
Child loses weight	3
Child loses fluids	4
Fontanelle sinks	5
Others	
_____	( )
_____	( )
_____	( )
Don't know	y

e. What do you do to make a child better when the child has

Unsay imong buhaton para maayo ang bata nga nag-kalibang o nagkalibanga

E-1 sunken eyes

manglalum ang mata

E-2 sunken fontanelle

manglalum ang hubon-hubon

E-3 dry skin

nag-uga ang panit

	E-1	E-2	E-3
Take child to clinic	1	1	1
Take child to a traditional healer	2	2	2
Cover fontanelle with something	3	3	3
Give fluids	4	4	4
Give oral rehydration solution	5	5	5
Give enema	6	6	6
Don't know	y	y	y

CEBUANO

D. ORESOL AWARENESS/USAGE/ON-HAND CHECK

SHOW MOTHER ORESOL PACKET, THEN ASK:

47. Have you ever seen a packet like this?

Nakakita ka na ba ug ingon ani nga pakete?

Yes	1
No (GO TO SECTION E)	2

IF ORESOL NOT IDENTIFIED BUT R CLAIMED USAGE IN Q26-29b, PROBE AND VERIFY.

48. What is this product good for?

Para sa unsa kining produkto?

FOR CODERS ONLY

For treating diarrhea	1
For preventing dehydration	2
For another disease, not diarrhea	3
_____	( )
_____	( )
Not know	x

SKIP Q49 IF MENTIONED IN Q20, 27

49. Have you ever used Oresol to treat a child with diarrhea?

Nakagamit ka na ba ug Oresol para sa tambal sa bata nga nagkalibang?

Yes	1
No (GO TO SECTION E)	2

50. Where or from whom did you get Oresol?

Sa asa o kay kinsa nimo nakuha ang Oresol?

Health center	
Doctor	1
Nurse	2
Midwife	3
Health worker	4
Friends/relatives	5
Hilot	6
Herbolario	7
Pharmacy/drugstore	8
Government hospital	9
Private hospital/clinic	0
_____	( )
_____	( )

51. Do you have an Oresol packet in the house today?

Aduna bamoy pakete sa Oresol dirisa inyong balay karon?

Yes	1
No (GO TO SECTION E)	2

52. Can I see it please?

Mahimo ba makita?

Refuses	1
Shows the right packet	2
Shows the wrong packet	3

CEBUANO

115

E. MEDIA PROFILE [ASK OF ALL]

TV/RADIO

[ASK QS.1 TO 5 OF TV FIRST, THEN OF RADIO]

1a. Do you own a TV/radio set?

Aduna ba moy kangalingong tv o radyo

[CONSIDER ONLY WORKING SETS]

	TV	Radio
Own	1	1
Not own	2	2

b. Do you watch TV/listen to the radio?

Motan-aw ka ba sa TV/naminaw ka ba sa radyo

	TV	Radio
Watch/listen		
In past week	1	1
Over a week ago	2	2
Not watch/listen	0	0

[GO TO Q1a-RADIO/Q6a]

c. If watch or listen: When was the last time you watched TV/listened to the radio?

Kanus-a ang ulahi nimong pag-tan-aw sa/pagpaminaw sa radyo?

2a. If watch TV: Which TV channel do you watch most often?

Unsang channel sa TV ang kasagaran nimong gitan-aw?

	TV
Channel 2	1
4	2
7	3
9	4
13	5

b. If listen to radio: Which radio station do you listen to most often? Is it AM or FM?

Unsang stasyon sa radyo ang kasagaran nimong paminawon? Kini baAM o FM?

Station	Radio
AM	1
FM	2

3. Which days of the week do you watch TV/listen to the radio most often?

Unsay adlaw sa semana ka kasagaran nagtan-aw ug TV/ nagtan-aw ug TV/naminaw ug radyo?

	TV	Radio
Monday	1	1
Tuesday	2	2
Wednesday	3	3
Thursday	4	4
Friday	5	5
Saturday	6	6
Sunday	7	7
Everyday	8	8
No particular day	9	9
Watch/listen daily	0	0

[CEBUANO]

116

E. MEDIA PROFILE (Cont'd)

4. What time of the day do you most often watch TV/ listen to the radio?

Unsang oras sa adlaw kasagaran nagta-aw ug TV/naminaw ug radyo?

	TV	Radio
Before 6:00 A.M.	1	1
6:00 A.M. TO 7:00 A.M.	2	2
7:00 A.M. TO 8:00 A.M.	3	3
8:00 A.M. TO 9:00 A.M.	4	4
9:00 A.M. TO 10:00 A.M.	5	5
10:00 A.M. TO 11:00 A.M.	6	6
11:00 A.M. TO 12:00 NOON	7	7
12:00 NOON TO 1:00 P.M.	8	8
1:00 P.M. TO 2:00 P.M.	9	9
2:00 P.M. TO 3:00 P.M.	0	0
3:00 P.M. TO 4:00 P.M.	1	1
4:00 P.M. TO 5:00 P.M.	2	2
5:00 P.M. TO 6:00 P.M.	3	3
6:00 P.M. TO 7:00 P.M.	4	4
7:00 P.M. TO 8:00 P.M.	5	5
8:00 P.M. TO 9:00 P.M.	6	6
9:00 P.M. TO 10:00 P.M.	7	7
10:00 P.M. OR LATER	8	8

5. What types of programs did you watch/listen to this past 7 days?

Unsay klaseng programa ang imong gitan-aw/gipaminaw kining niaging 7 kaadla

	TV	Radio
Drama	1	1
Musical	2	2
Sports	3	3
News	4	4
Others	x	x

IF NOT KNOW TYPE, ASK PROGRAM NAME/CHANNEL/STATION

NAME OF TV PROGRAM:

_____

_____

_____

NAME OF RADIO PROGRAM:

_____

_____

_____

NEWSPAPERS

6a. Do you read the newspapers? (If yes:) How often do you do this?

Nagbasa ka ba ug peryodiko? Makapila nimo kini gihimo?

Everyday/nearly everyday	1
Once a week	2
Twice a month	3
Once a month	4
Less often	5
Not read newspapers	-

GO TO Q7

b. When was the last time you read a newspaper?

Kanus-a ang imong ulahing pagbasa ug peryodiko?

Past 24 hours	1
Past 7 days	2
Over a week ago	3
_____	( )

CEBUANO

E. MEDIA PROFILE (Cont'd)

NEWSPAPERS (Cont'd)

6c. Which newspaper do you read most often?

Unsang peryodiko ang kasagaran nimong gibasa?

Ang Pilipino Ngayon	1
Balita	2
Business World	3
Manila Standard	4
Inquirer	5
Malaya	6
Malaya (Midday Edition)	7
Manila Bulletin	8
Manila Chronicle	9
Manila Times	0
Masa	x
Mr. & Ms.	-
News Herald	1
People's Journal	2
People's Tonight	3
Philippine Dispatch	4
Sun Times	5
Taliba	6
Tempo	7
We Forum	8
Star	9
Manila Observer	0
Others _____	( )
_____	( )
_____	( )

COMICS

7a. Do you read comics? (If yes:) How often?

Magbasa ka ba ug komiks? Unsa ka pirmi?

Everyday/nearly everyday	1
Once a week	2
Twice a month	3
Once a month	4
Less often	5
Not read comics	-
GO TO 08a	

b. When was the last time that you read comics?

Kanus-a ang ulahing pagbasa nimo ug komiks?

Past 24 hours	1
Past 7 days	2
Over a week ago	3
Over a month ago	4
_____	( )

E. MEDIA PROFILE (Cont'd)

COMICS (Cont'd)

7c. What comics do you read most often?

Unsang komiks ang kasagaran nimong gibasa?

Aliwan	1
Darna	2
Espesyal	3
Funny	4
Hiwaga	5
Lovelife	6
Love Story	7
Pilipino	8
Pinoy Komiks	9
Superstar	0
Tagalog Komiks	1
Wakasan	2
Astro	3
Gem	4
Lagim	5
L'Amor	6
Pinoy Klasiks	7
Sweetheart	8
Tagalog Klasiks	9
Topstar	0
TSS Komiks	x
_____	( )
None	-

CEBUANO

E. MEDIA PROFILE (Cont'd)

MAGAZINES

8a.	Do you read magazines? (If yes:) How often? Nagbasa ka ba ug magasin? Unsa ka pirmi?	Everyday/nearly everyday	1
		Once a week	2
		Twice a month	3
		Once a month	4
		Less often	5
		Not read magazines GO TO SOCIO-DEMO	-
b.	When was the last time that you read magazine? Kanus-a ang ulahing pagbasa nimo ug magasin?	Past 24 hours	1
		Past 7 days	2
		Over a week ago	3
		Over a month ago	4
		_____	( )
c.	What magazine do you read most often? Unsang magasin ang kanunay nimong gibasa?	Extra Hot	1
		Glitter	2
		Jingle Sensation	3
		Kislap	4
		Liwayway	5
		Modern Romances	6
		Orig	7
		Sosyal	8
		Mod Filipina	1
		Mr. & Ms.	2
		Woman's Home Companion	3
		Women's Journal	4
		Woman Today	5
		Panorama	6
		Sunday Inquirer	7
		Sunday Malaya	8
		Sunday Times Magazine	9
		Asiaweek	1
		Focus	2
		Newsweek	3
		Reader's Digest	4
		Time	5

GO TO SOCIO-DEMO

CEBUANO

/ehrb