

2002 FPS-FORM 1 - QUESTIONNAIRE

2002 FPS Form 1
NSCB APPROVAL No.: NSO-0010-01
EXPIRES: DECEMBER 31, 2002

CONFIDENTIALITY: This survey is authorized by Commonwealth Act No. 591. All information obtained about any individual respondent will be held strictly confidential.

**REPUBLIC OF THE PHILIPPINES
NATIONAL STATISTICS OFFICE
Manila**

2002 Family Planning Survey

The 2002 Family Planning Survey (FPS) is a national survey on family planning method. The following questions are asked of all female members of the households aged 15 to 49 years regardless of marital status. Please do not feel offended, embarrassed or uncomfortable in answering these questions. We need your honest answers so we could provide development planners with information to guide them on decision making.

PROV _____
 CITY/MUN _____
 BGY _____
 URBANITY
 EA
 HCN
 LN

Name of Eligible Woman: _____

Self-administered? (PLEASE ENTER CODE)

1 - SAQ 2 - Personal interview

Reason for Non-response: (PLEASE ENTER CODE)

1 - Refused
 2 - OCW/OPW
 3 - Respondent not around/not available
 4 - Other (specify) _____

Date of Interview MONTH DAY

No.	QUESTIONS	CODING CATEGORIES	Skip To																																																																													
01	How old were you on your last birthday?	Completed years <input type="checkbox"/> <input type="checkbox"/>																																																																														
02	In what month and year were you born?	Month <input type="checkbox"/> <input type="checkbox"/> Year <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> IF MONTH IS UNKNOWN, ENTER '98'																																																																														
03	What is your highest grade completed?	Please Specify: <input type="checkbox"/> <input type="checkbox"/>																																																																														
04	What was your main activity/usual occupation during the last 12 months? (PLEASE SPECIFY, E.G., PUBLIC ELEMENTARY TEACHER, PALAY FARMER, HOUSEKEEPER, STUDENT, ETC.)	Please specify Usual Occupation: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>																																																																														
05	How many children have you had during your life, including those who were born alive but died later, those who are living with you now and those who are living somewhere else?	Total No. of Children <input type="checkbox"/> <input type="checkbox"/> IF NONE, ENTER '00' IN THE BOX → 09																																																																														
06	Did you have any live birth anytime from April 1, 1997 to the present (DATE OF INTERVIEW)?	Yes 1 No 2 → 09																																																																														
07	How many are these live births? (SINCE APRIL 1, 1997)	No. of Live Births <input type="checkbox"/>																																																																														
08	In what month and year were these live births born? ENCIRCLE THE MONTH UNDER THE APPROPRIATE YEAR FOR EACH BIRTH ON THE CHART BELOW. IF THERE WERE MULTIPLE BIRTHS (TWINS, TRIPLETS, ETC.) IN ANY MONTH, RECORD THE NUMBER OF BIRTHS ABOVE THE MONTH. RECORD THE BIRTH OF THE CHILD FROM OLDEST UP TO THE YOUNGEST. b - NUMBER OF BIRTH(S) mm - MONTH OF BIRTH yyyy - YEAR OF BIRTH	<table style="margin: auto;"> <tr> <td style="padding: 0 5px;">b</td> <td style="padding: 0 5px;">m</td> <td style="padding: 0 5px;">m</td> <td style="padding: 0 5px;">y</td> <td style="padding: 0 5px;">y</td> <td style="padding: 0 5px;">y</td> <td style="padding: 0 5px;">y</td> </tr> <tr> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> </tr> </table>	b	m	m	y	y	y	y	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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No.	QUESTIONS	CODING CATEGORIES	SKIP To
09	Are you currently pregnant?	Yes 1 No or Unsure 2	→09C
09A	At the time you became pregnant were you doing something or using any method to delay or avoid getting pregnant?	Yes 1 No or Unsure 2	→20
09B	Which method were you using at the time you became pregnant? <ul style="list-style-type: none"> ➤ ENCIRCLE ONLY ONE CODE. ➤ IF LIGATION IS USED IN COMBINATION WITH ANY OTHER METHOD, ENCIRCLE 06 FOR LIGATION. ➤ IF USING ANY METHOD WHICH REQUIRES SUPPLY/SERVICE (01 - 07) AND ANY METHOD WHICH DOES NOT REQUIRE SUPPLY/SERVICE (08 - 13), ENCIRCLE THE METHOD WHICH REQUIRES SUPPLY/SERVICE (01 - 07). ➤ IF WOMAN IS LIGATED/USING IUD AND PARTNER HAD VASECTOMY—ENCIRCLE METHOD USED BY THE WOMAN. ➤ IF THE ABOVE CONDITIONS ARE NOT SATISFIED, ENCIRCLE THE METHOD USED MOST OFTEN. 	Pill 01 IUD 02 Injection 03 Diaphragm/Foam/Jelly/Cream 04 Condom 05 Ligation/Female Sterilization 06 Vasectomy/Male Sterilization 07 Calendar/Rhythm/Periodic Abstinence 08 Mucus/Billing/Ovulation 09 Thermometer/Temperature 10 Lactational Amenorrhea Method (LAM) 11 Standard Days Method (SDM) 12 Withdrawal 13 Other (specify) 14	→20 →20 →20 →20 →20 →20 →20 →20 →20 →20 →20 →20 →20 →20
09C	Sometimes a woman will do something or use a method to delay or avoid getting pregnant. During the past 5 years have you used a method of contraception at any time?	Yes 1 No 2	
10	Have you ever had a ligation or (if applicable) your partner a vasectomy?	Yes 1 No 2	→13
11	Are you currently doing something or using any method to delay or avoid getting pregnant?	Yes 1 No 2	→13
12	Why not? ENCIRCLE ONLY ONE CODE. IF MORE THAN ONE REASON, ENCIRCLE THE CODE OF THE MAJOR REASON.	Wants children 01 Side effects 02 Lack of knowledge 03 Health concerns 04 Inconvenient to use 05 Opposed to family planning 06 Prohibited by religion 07 Fatalistic (Bahala na) 08 Costs too much 09 Hard to get method 10 Menopausal/had hysterectomy 11 Old/difficult to get pregnant 12 Infrequent sex/husband away 13 Amenorrheic 14 Not married/Not sexually active 15 Other (specify) 16	→17 →17 →17 →17 →17 →17 →17 →17 →17 →17 →17 →17 →17 →17 →17 →17
13	Which method are you currently using? <ul style="list-style-type: none"> ➤ ENCIRCLE ONLY ONE CODE. ➤ IF LIGATION IS USED IN COMBINATION WITH ANY OTHER METHOD, ENCIRCLE 06 FOR LIGATION. ➤ IF USING ANY METHOD WHICH REQUIRES SUPPLY/SERVICE (01 - 07) AND ANY METHOD WHICH DOES NOT REQUIRE SUPPLY/SERVICE (08 - 13), ENCIRCLE THE METHOD WHICH REQUIRES SUPPLY/SERVICE (01 - 07). ➤ IF WOMAN IS LIGATED/USING IUD AND PARTNER HAD VASECTOMY—ENCIRCLE CURRENT METHOD BEING USED BY THE WOMAN. ➤ IF THE ABOVE CONDITIONS ARE NOT SATISFIED, ENCIRCLE THE METHOD USED MOST OFTEN. 	Pill 01 IUD 02 Injection 03 Diaphragm/Foam/Jelly/Cream 04 Condom 05 Ligation/Female Sterilization 06 Vasectomy/Male Sterilization 07 Calendar/Rhythm/Periodic Abstinence 08 Mucus/Billing/Ovulation 09 Thermometer/Temperature 10 Lactational Amenorrhea Method (LAM) 11 Standard Days Method (SDM) 12 Withdrawal 13 Other (specify) 14	

No.	QUESTIONS	CODING CATEGORIES	SKIP TO
14	IF MORE THAN ONE METHOD IS USED/MENTIONED IN QUESTION 13, ENTER CODE FOR THE SECOND METHOD CURRENTLY USED.	Second method currently used <input type="text"/> <input type="text"/>	
15	IF THE ANSWER IN QUESTION 13 IS EITHER IUD (02) OR LIGATION (06) OR VASECTOMY (07): In what month and year was the IUD inserted/sterilization operation performed?	Month <input type="text"/> <input type="text"/> Year..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> IF MONTH IS UNKNOWN, ENTER '98'	
16	IF THE ANSWER IN QUESTION 13 IS ANY OF THE CODES 01 TO 07: Where did you avail of the method you are currently using? ENTER THE NAME OF THE FACILITY AND ENCIRCLE APPROPRIATE CODE. _____ <i>Name of facility</i> _____	Public Sector Government Hospital 11 Rural Health Unit (RHU)/Urban Health Center 12 Barangay Health Station 13 Barangay Supply/Service Point Officer/BHW 14 Others (e.g. gov't offices) 15 Private Sector Private Hospital or Clinic 21 Private Doctor 22 Private Midwife 23 Pharmacy 24 Store 25 NGO (such as IMCH, IMCCSDI, FPOP) 26 Industry-based clinic 27 Others Puericulture Center 31 Church 32 Friend/Relative 33 Other (specify) 34 Don't know 98	
17	ENUMERATOR: CHECK QUESTION 08: RESPONDENT HAD ONE OR MORE BIRTHS SINCE JANUARY 2001?	Yes 1 No 2 → 18B	
18A	Was the start of your last menstrual period before or after your last birth?	Before 1 → 20 After 2 → 19	
18B	When did your last menstrual period start?	Less than 6 mos. Ago 1 6 mos. or more 2 → 21 In Menopause 3 → 21 Never Menstruated 4 → 21	
18C	Have you been married/living together continuously for the past 5 years (since April 1997)?	Yes 1 No 2 → 19	
18D	ENUMERATOR: CHECK QUESTION 09C: RESPONDENT USED A METHOD OF CONTRACEPTION IN THE PAST 5 YEARS?	Yes 1 → 19 No 2	
18E	ENUMERATOR: CHECK QUESTION 06: RESPONDENT HAD ONE OR MORE BIRTHS IN THE PAST 5 YEARS (SINCE APRIL 1997)?	Yes 1 No 2 → 21	
19	Now I have two questions about the future. Would you like to have (a/another) child, or would you prefer not to have any (more) child/children?	Have (a/another) child..... 1 None/No more children 2 → 21 Undecided/Don't Know 3 → 21	
19A	How long would you like to wait from now before you have (a/another) child?	Months 1 <input type="text"/> <input type="text"/> → 21 Years 2 <input type="text"/> <input type="text"/> → 21 Soon/Now 3 <input type="text"/> <input type="text"/> → 21 Says She Can't Get Pregnant 4 <input type="text"/> <input type="text"/> → 21 After Marriage 5 <input type="text"/> <input type="text"/> → 21 Other, (Specify) 6 <input type="text"/> <input type="text"/> → 21 Don't Know 9 <input type="text"/> <input type="text"/> → 21	

No.	QUESTIONS	CODING CATEGORIES	SKIP TO																		
20	At the time you became pregnant (with last child), did you want to become pregnant <u>then</u> , did you want to wait until <u>later</u> , or did you <u>not want</u> to become pregnant at all?	Then 1 Later 2 Not at all 3	→21 →21																		
20A	How much longer would you like to have waited?	Months 1 Years 2 Don't know 9	<table border="1"><tr><td></td><td></td></tr><tr><td>9</td><td>8</td></tr></table>			9	8														
9	8																				
21	Are you single, currently married, living together, separated, divorced or widowed?	Single/never married 1 Currently married 2 Living together 3 Separated/divorced 4 Widowed 5																			
22	Does your household have Electricity? A radio/radio cassette? A television? A telephone/cellular phone? A refrigerator/freezer?	<table border="1"><thead><tr><th></th><th>Yes</th><th>No</th></tr></thead><tbody><tr><td>Electricity</td><td>1</td><td>2</td></tr><tr><td>Radio/radio cassette</td><td>1</td><td>2</td></tr><tr><td>Television</td><td>1</td><td>2</td></tr><tr><td>Telephone/cellular phone</td><td>1</td><td>2</td></tr><tr><td>Refrigerator/freezer</td><td>1</td><td>2</td></tr></tbody></table>		Yes	No	Electricity	1	2	Radio/radio cassette	1	2	Television	1	2	Telephone/cellular phone	1	2	Refrigerator/freezer	1	2	
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23	Does any member of your household own A bicycle? A motorcycle? A car/jeep/van?	<table border="1"><thead><tr><th></th><th>Yes</th><th>No</th></tr></thead><tbody><tr><td>Bicycle</td><td>1</td><td>2</td></tr><tr><td>Motorcycle</td><td>1</td><td>2</td></tr><tr><td>Car/jeep/van</td><td>1</td><td>2</td></tr></tbody></table>		Yes	No	Bicycle	1	2	Motorcycle	1	2	Car/jeep/van	1	2							
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REMINDER TO THE ENUMERATOR: <i>PLEASE CHECK ENTRIES AND SKIPPING PATTERN, AND ENSURE THAT ALL APPLICABLE BOXES ARE PROPERLY FILLED-UP BEFORE ENDING THE INTERVIEW.</i>																					
END INTERVIEW !!!																					

REMARKS: _____

NAME OF ENUMERATOR: _____

NAME OF SUPERVISOR: _____

SIGNATURE OF ENUMERATOR: _____

SIGNATURE OF SUPERVISOR: _____

DATE INTERVIEWED: APRIL ____, 2002

DATE VERIFIED: _____, 2002