

B. HOUSEHOLD MEMBERSHIP (Transcribed from ISH Form 2 columns 2-7)

RT1

Who are the members of this household?

Line No. of HH Member In ISH Form 2	Household member as of date of visit (Last name, first name)	Relationship to Household Head ENTER CODE	Sex 1 Male 2 Female	Age	Highest Grade Completed ENTER CODE	For children 5 – 17 years old				
						For at least one hour, did _____ at any time during the past 12 months, 1 Work? 2 Look for work? 3 Study? 4 Do housekeeping? 5 Idle? ENCIRCLE CODE (Multiple response)				
(1)	(2)	(3)	(4)	(5)	(6)	(7)				
01						1	2	3	4	5
02						1	2	3	4	5
03						1	2	3	4	5
04						1	2	3	4	5
05						1	2	3	4	5
06						1	2	3	4	5
07						1	2	3	4	5
08						1	2	3	4	5
09						1	2	3	4	5
10						1	2	3	4	5
11						1	2	3	4	5
12						1	2	3	4	5

C. CHILDREN 5 – 17 YEARS OLD WHO ARE LIVING AWAY FROM HOME

RT2

Do you have any unmarried children 5-17 years old who are living away from home?

1 Yes 2 No, **SKIP TO D1**

If YES, ask all questions pertaining to household members for all unmarried children 5 – 17 years old who live away from home. If NO, proceed to Section D.

31						1	2	3	4	5
32						1	2	3	4	5
33						1	2	3	4	5
34						1	2	3	4	5

Codes for Column 3

- 01 Head
- 02 Wife/Spouse
- 03 Son/Daughter
- 04 Brothers/Sisters
- 05 Son-in-Law/Daughter-in-Law
- 06 Grandson/Granddaughter
- 07 Father/Mother
- 08 Other Relatives
- 09 Boarder
- 10 Domestic Help
- 11 Non-relative

Codes for Column 6

- 00 No grade completed
- 01 Elementary Undergraduate
- 02 Elementary Graduate
- 03 High School Undergraduate
- 04 High School Graduate
- 05 College Undergraduate

For College Graduate

Specify the bachelor's or higher degree completed and field of study

E. INFORMATION ON WORKING CHILDREN 5-17 YEARS OLD (Continuation)

		(1)	(2)	(3)	(4)
E1b	What problems do you perceive relative to your working child? <i>(Multiple Responses)</i>				
	1 Sickly/poor health	(1) <input type="checkbox"/>	(1) <input type="checkbox"/>	(1) <input type="checkbox"/>	(1) <input type="checkbox"/>
	2 Poor grades	(2) <input type="checkbox"/>	(2) <input type="checkbox"/>	(2) <input type="checkbox"/>	(2) <input type="checkbox"/>
	3 Hot tempered/emotional	(3) <input type="checkbox"/>	(3) <input type="checkbox"/>	(3) <input type="checkbox"/>	(3) <input type="checkbox"/>
4 Lack of interest in schooling	(4) <input type="checkbox"/>	(4) <input type="checkbox"/>	(4) <input type="checkbox"/>	(4) <input type="checkbox"/>	
5 Others, specify _____	(5) <input type="checkbox"/>	(5) <input type="checkbox"/>	(5) <input type="checkbox"/>	(5) <input type="checkbox"/>	
E1c	Why is your child working? <i>(Multiple responses)</i>				
	1 To gain experience/acquire training	(1) <input type="checkbox"/>	(1) <input type="checkbox"/>	(1) <input type="checkbox"/>	(1) <input type="checkbox"/>
	2 To appreciate value of work	(2) <input type="checkbox"/>	(2) <input type="checkbox"/>	(2) <input type="checkbox"/>	(2) <input type="checkbox"/>
	3 To supplement family income/ important to family well-being	(3) <input type="checkbox"/>	(3) <input type="checkbox"/>	(3) <input type="checkbox"/>	(3) <input type="checkbox"/>
	4 To help pay family debts	(4) <input type="checkbox"/>	(4) <input type="checkbox"/>	(4) <input type="checkbox"/>	(4) <input type="checkbox"/>
	5 To pay his/her own schooling	(5) <input type="checkbox"/>	(5) <input type="checkbox"/>	(5) <input type="checkbox"/>	(5) <input type="checkbox"/>
	6 To help in own household enterprise	(6) <input type="checkbox"/>	(6) <input type="checkbox"/>	(6) <input type="checkbox"/>	(6) <input type="checkbox"/>
	7 To earn money to start child's own business	(7) <input type="checkbox"/>	(7) <input type="checkbox"/>	(7) <input type="checkbox"/>	(7) <input type="checkbox"/>
8 Others, specify _____	(8) <input type="checkbox"/>	(8) <input type="checkbox"/>	(8) <input type="checkbox"/>	(8) <input type="checkbox"/>	
E1d	Did your child suffer from work related injuries/illness? 1 Yes, GO TO E1e 2 No, GO TO E2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E1e	If Yes, specify type of injuries/illnesses <i>(obtain code from SOC Form 2, B12a)</i>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
E2	Do you monitor if the child is attending school regularly? 1 Always 2 Sometimes 3 Never 4 Not applicable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	E2a Do you monitor if the child is studying regularly at home? 1 Always 2 Sometimes 3 Never 4 Not applicable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E3	Has your child ever stopped schooling or dropped out of school? 1 Yes 2 No, GO TO E5 3 Never attended school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E4	What was the main reason? 01 Teachers are not supportive 02 No suitable school/training institution available 03 Child not interested in school/training 04 High cost of schooling/training 05 School too far 06 To help in household enterprise 07 To help in housekeeping 08 To work for wages/salaries 09 To start own business 10 Disability/illness 11 Others, specify _____	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
E5	Does your child help in housekeeping activities? 1 Yes, always 2 Yes, sometimes 3 Never	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

F. FOR CHILDREN WORKING AWAY FROM HOME (Unmarried, 5-17 Years Old)

RT5

Questions F1-F9 are to be answered for all children 5-17 years old working away from home and with Code 1 in Column 7. **If there is no child working away from home, Skip to Section G.**

Write the Name and Line No. of all unmarried children who live away from home, starting from the eldest.		(1)	(2)	(3)	(4)
Line No in Part C:		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
F1	What activity is he/she engaged in ? <i>Describe the activity, e.g. domestic helper, restaurant dishwasher, high speed sewer, etc.</i>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
F2	What is the major type of business/ industry is he/she engaged in? 1 Agricultural 2 Industrial 3 Services 4 Not elsewhere classified	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F3	Where is he/she working? 91 Metro Manila 92 Cebu 93 Abroad ____ Others, specify	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
F4	What is the nature of his/her work? 1 Permanent job/business/ unpaid family work 2 Short-term or seasonal or casual job/business/unpaid family work 3 Worked for different employer on day to day or week to week basis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F5	What is the status of his/her employment? 1 Worked for private household 2 Worked for business firm 3 Own business/self-employed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F6	What is his/her approximate earnings per month? Don't know 88888	P _____ <input type="text"/>	P _____ <input type="text"/>	P _____ <input type="text"/>	P _____ <input type="text"/>
F7	How much is the average monthly remittance he/she sent? Don't know 88888	P _____ <input type="text"/>	P _____ <input type="text"/>	P _____ <input type="text"/>	P _____ <input type="text"/>
F8	When did he/she last left? Month _____ Year _____ Don't know 8888	<input type="text"/> Month/ year	<input type="text"/> Month/ year	<input type="text"/> Month/ year	<input type="text"/> Month/ year
F9	When did he/she last communicate with the family? Month _____ Year _____ Don't know 8888	<input type="text"/> Month/ year	<input type="text"/> Month/ year	<input type="text"/> Month/ year	<input type="text"/> Month/ year

G. AWARENESS OF CHILD RECRUITMENT		RT6
G1	<p>Are you aware of instances in your barangay where children 5 to 17 years old are being recruited to work?</p> <p>1 Yes 2 No, GO TO H1</p>	<input type="checkbox"/>
G2	<p>Who did the recruitment? <i>(Multiple Responses)</i></p> <p>1 Licensed Recruiter</p> <p>2 Relatives</p> <p>3 Friends</p> <p>4 Others, specify _____</p>	<p>(1) <input type="checkbox"/></p> <p>(2) <input type="checkbox"/></p> <p>(3) <input type="checkbox"/></p> <p>(4) <input type="checkbox"/></p>
G3	<p>Do you know what kind of work they will do?</p> <p>1 Yes 2 No</p>	<input type="checkbox"/>
G4	<p>Do you know where they are brought to work?</p> <p>1 Yes 2 No, GO TO H1</p>	<input type="checkbox"/>
G4a	<p>If Yes, where? <i>(Multiple Responses)</i></p> <p>1 Within the barangay</p> <p>2 Other barangay but within the municipality</p> <p>3 Other municipality but within the province</p> <p>4 Other provinces except Metro Manila</p> <p>5 Metro Manila (not applicable for NCR residents)</p> <p>6 Abroad</p>	<p>(1) <input type="checkbox"/></p> <p>(2) <input type="checkbox"/></p> <p>(3) <input type="checkbox"/></p> <p>(4) <input type="checkbox"/></p> <p>(5) <input type="checkbox"/></p> <p>(6) <input type="checkbox"/></p>
H. AWARENESS OF PROGRAMS CONCERNING CHILDREN		
H1	<p>Are you aware of any government programs/services for children?</p> <p>1 Yes 2 No, GO TO I1</p>	<input type="checkbox"/>
H1a	<p>If Yes, what are these programs?</p> <p>01 Education (assistance, tutorial)</p> <p>02 Health</p> <p>03 Livelihood (for parents, older sibling)</p> <p>04 Capital assistance</p> <p>05 Skills training</p> <p>06 Family welfare</p> <p>07 Community organization</p> <p>08 Children's congress (summer/art camps)</p> <p>09 Recreational facilities</p> <p>10 Values formation</p> <p>11 Rescue operation</p> <p>12 Rehabilitation</p> <p>13 Legal assistance</p>	<p>(01) <input type="checkbox"/></p> <p>(02) <input type="checkbox"/></p> <p>(03) <input type="checkbox"/></p> <p>(04) <input type="checkbox"/></p> <p>(05) <input type="checkbox"/></p> <p>(06) <input type="checkbox"/></p> <p>(07) <input type="checkbox"/></p> <p>(08) <input type="checkbox"/></p> <p>(09) <input type="checkbox"/></p> <p>(10) <input type="checkbox"/></p> <p>(11) <input type="checkbox"/></p> <p>(12) <input type="checkbox"/></p> <p>(13) <input type="checkbox"/></p>
I. FAMILY INCOME AND EXPENDITURES		
I1	<p>During the last 12 months, what was the average monthly gross family income?</p> <p>1 Less than P 2,000 4 P 5,000 – P 9,999</p> <p>2 P 2,000 – P 2,999 5 P 10,000 – P 14,999</p> <p>3 P 3,000 – P 4,999 6 P 15,000 and over</p>	<input type="checkbox"/>
I2	<p>Of this monthly average, what proportion does your child's/children's contribution represent?</p> <p>1 No contribution 4 21% to 50%</p> <p>2 Less than 10% 5 More than 50%</p> <p>3 10% to 20% 6 No working children</p>	<input type="checkbox"/>
I3	<p>During the last 12 months, what was the average monthly family expenditures?</p> <p>1 Less than P 2,000 4 P 5,000 – P 9,999</p> <p>2 P 2,000 – P 2,999 5 P 10,000 – P 14,999</p> <p>3 P 3,000 – P 4,999 6 P 15,000 and over</p>	<input type="checkbox"/>

J. HOUSING CHARACTERISTICS		RT7
J1	<p>What is the tenure status of your housing unit?</p> <p>1 Owner or owner-like possession of house and lot 2 Rent house/room including lot</p> <p>Specify amount of monthly rental payment P _____</p> <p>3 Own house, rent lot Specify amount of monthly rental payment P _____</p> <p>4 Own house, rent-free lot with consent of owner 5 Own house, rent-free lot without consent of owner 6 Rent-free house and lot with consent of owner 7 Rent-free house and lot without consent of owner</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
J2	<p>What type of toilet facilities does your household use?</p> <p>1 Water sealed 2 Close pit 3 Open pit</p> <p>4 Others, specify _____ 5 None</p>	<input type="checkbox"/>
J3	<p>What is the household's main source of drinking water?</p> <p>1 Own used, faucet, community water system 2 Shared, faucet, community water system 3 Own use, tubed/piped well 4 Shared, tubed/piped well</p> <p>5 Dug well 6 Spring, river, stream, etc. 7 Rain 8 Peddler 9 Others, specify _____</p>	<input type="checkbox"/>
J4	<p>What is the main source of lighting of your households?</p> <p>1 Electricity 2 Kerosene 3 Liquefied petroleum gas (LPG)</p> <p>4 Oil (vegetable, animal) 5 Others, specify _____</p>	<input type="checkbox"/>
J5	<p>Do you have the following conveniences in working condition? <i>(Multiple Responses)</i></p> <p>1 Radio/cassette 2 TV 3 Refrigerator/freezer 4 Telephone 5 Motor vehicle 6 Others, specify _____</p>	(1) <input type="checkbox"/> (2) <input type="checkbox"/> (3) <input type="checkbox"/> (4) <input type="checkbox"/> (5) <input type="checkbox"/> (6) <input type="checkbox"/>
J6	<p>Does your household own any of the following? <i>(Multiple Responses)</i></p> <p>1 Residential land, other than presently occupied 2 Agricultural land 3 Other land</p>	(1) <input type="checkbox"/> (2) <input type="checkbox"/> (3) <input type="checkbox"/>
J7	<p>TO THE INTERVIEWER: INDICATE TYPE OF HOUSING MATERIALS</p> <p>1 Strong materials (galvanized iron, aluminum, tile, concrete, brick stone, wood, plywood, asbestos) 2 Light materials (bamboo, sawali, cogon, nipa, anahaw) 3 Salvaged/makeshift materials 4 Mixed but predominantly strong materials 5 Mixed but predominantly light materials 6 Mixed but predominantly salvaged materials</p>	<input type="checkbox"/>
REMARKS		