

FORM 5- CONSOLIDATED CHILDREN'S PROFILE

Number of Children Surveyed _____

1. Age

	Number	Percentage
Below 1 year old	_____	_____
1 year old	_____	_____
2 years old	_____	_____
3 years	_____	_____
4 years old	_____	_____

2. Sex

	Number	Percentage
Male	_____	_____
Female	_____	_____
TOTAL	_____	_____

3. Birth Order _____

	Number	Percentage
First	_____	_____
Second	_____	_____
Third	_____	_____
Fourth	_____	_____
Fifth	_____	_____
Sixth	_____	_____
Seventh	_____	_____
Eight	_____	_____
Ninth	_____	_____
Tenth	_____	_____
Other _____	_____	_____
Total	_____	_____

4. Registered

	Number	Percentage
Yes	_____	_____
No	_____	_____
Total	_____	_____

5. Born at

	Number	Percentage
Hospital	_____	_____
Health Center	_____	_____
Home	_____	_____
Total	_____	_____

6. Mother Tongue	Number	Percentage
Tagalog	_____	_____
Visayan	_____	_____
Iloco	_____	_____
Bicolnon	_____	_____
Others _____	_____	_____
_____	_____	_____

7. Other dialects spoken at home.		
Tagalog	_____	_____
Visayan	_____	_____
Iloco	_____	_____
Others _____	_____	_____
_____	_____	_____

8. Height (cm)
Total No. of Children _____

	No. of Children	Sum of Height (cm)	Average (Sum of Height / No. of Children)
Below 1 yr. old	_____	_____	_____
1 year old	_____	_____	_____
2 years old	_____	_____	_____
3 years old	_____	_____	_____
4 years old	_____	_____	_____

9. Weight (kg)
Total No. of Children _____

	No. of Children	Sum of Weight (kg)	Average (Sum of Weight / No. of Children)
Below 1 yr. old	_____	_____	_____
1 year old	_____	_____	_____
2 years old	_____	_____	_____
3 years old	_____	_____	_____
4 years old	_____	_____	_____

10. Does the Child have:

	Number	Percentage
ECCD Card	_____	_____
Mother and Child Book	_____	_____
Others	_____	_____
Total	_____	_____

11. Vaccination and Other Health Data

	Total No.	Yes	Total No.	No	Total No.	Don't Know
BCG	_____	Yes	_____	No	_____	Don't Know
DPT	_____	Yes	_____	No	_____	Don't Know
Oral Polio	_____	Yes	_____	No	_____	Don't Know
Hepa B	_____	Yes	_____	No	_____	Don't Know
Measles	_____	Yes	_____	No	_____	Don't Know
Others	_____	Yes	_____	No	_____	Don't Know

12. Physical Attributes

12.1 Physical Deformity

	Total No.		Total No.
Hare Lip	_____	Deaf	_____
Disabled Leg	_____	Deformity in Fingers / Toes	_____
Cross-Eyed (Duling or Banlag)	_____	Blind	_____
Disabled Arm/Hand	_____		_____

12.2 Problems with:

	Total No.
Behavior	_____
Speaking	_____
Hearing	_____
Vision	_____

12.3 Left Handed

	Total No.
Yes	
No	

13. Siblings

Age				Education: In School or Out of School				
Below 1 y/o		Male		Female		In School		Out of School
1 y/o		Male		Female		In School		Out of School
2 y/o		Male		Female		In School		Out of School
3 y/o		Male		Female		In School		Out of School
4 y/o		Male		Female		In School		Out of School
5 y/o		Male		Female		In School		Out of School
6 y/o		Male		Female		In School		Out of School
6 y/o above		Male		Female		In School		Out of School

14. Prior Early Childhood Experience

14.1 Nursery

	Total No.		Total No.
Private Pre-School		Church-based	
Public Pre-School		Home-based	
Private Day Care		Others	
Public Day Care			

14.2 Kindergarten

	Total No.		Total No.
Private Pre-School		Church-based	
Public Pre-School		Home-based	
Private Day Care		Others	
Public Day Care			

14.3 Preparatory

	Total No.		Total No.
Private Pre-School		Church-based	
Public Pre-School		Home-based	
Private Day Care		Others	
Public Day Care			

15. Other Performance Related Inputs

15.1 Studies at Home with

	Total No.		Total No.
Nobody		House help/Maid	
Mother/Father/Both		Tutor	
Siblings		Others	
Relatives			

15.2 Play/Interacts with Older Siblings

	Total No.
Always	
Sometimes	
Rarely	
Never	

15.3 Play/Interacts with Younger Siblings

	Total No.
Always	
Sometimes	
Rarely	
Never	

15.4 Play/Interacts with Neighbors of Same Age

	Total No.
Always	
Sometimes	
Rarely	
Never	

16. Logistics

16.1 Has Meal Before Going To School

	Total No.
Always	
Most of the time	
Sometimes	
Rarely	
Never	

16.2 Food Normally Eaten by Child

	Total No.		Total No.
Vegetable		Soup	
Rice		Milk	
Cereals		Beef	
Pork		Bread	
Noodle		Fish	
Fruit Juice		Fruits	
Chicken			

16.3 Has Baon

	Total No.
Money	
Food	
Both	
None	
Don't Know	

16.4 Travel Time from Home to **DCC** (mins)- Average: _____

Total No. of Minutes/Total No. of Respondents

16.4.1 Mode

	Total No.
Walking	
Private Vehicle	
Private Transportation	

16.5 Travel Time from Home to **NCDC** (mins) - Average: _____

Total No. of Minutes/Total No. of Respondents

16.5.1 Mode

	Total No.
Walking	
Private Vehicle	
Private Transportation	

16.6 Public Transportation

	Total No.		Total No.
School Bus		Banca	
Tricycle		Habal-habal	
Jeep		Calesa	
Bus		Others	
Pedicab			

Fare _____

16.7 Goes to School with

	Total No.		Total No.
Mother		Siblings	
Father		Relatives	
Both Parents		Maid	
Grandparents			

Name and Signature of CDT _____