



Palestinian National Authority
Palestinian Central Bureau of Statistics
Health Survey 2000
Household Questionnaire

Data collected through this survey is for statistical purposes only and considered as confidential (Based on the General Statistics Law 1994)

IDH00- Questionnaire serial number in cell <input type="text"/> <input type="text"/> <input type="text"/>		IDH05- Building Address _____	
IDH01- Governorate _____		IDH06- Name of Household (HH) head _____	
IDH02- Locality _____ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		IDH07- Is HH exists in attached list: 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/>	
IDH03- EA code in locality <input type="text"/> <input type="text"/> <input type="text"/>		IDH08- (If answer in IDH07 is Yes) HH Number in list <input type="text"/> <input type="text"/> <input type="text"/>	
IDH04- Cell code in E.A <input type="text"/> <input type="text"/> <input type="text"/>			
Interview Record			
IR01- Visits Schedule	Day	Month	
	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	First visit
	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	Second Visit
	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	Third Visit
IR02- Total Number of Visits		<input type="text"/>	
IR03- Interview Result			
	1	Interview is completed	
	2	No HH member at home or no eligible respondent at home at time of visit	
	3	Entire HH absent for extended period of time	
	4	Refusal	
	5	Dwelling is vacant	
	6	Other (Specify) _____	
IR04- Line number of respondent of HH questions <input type="text"/> <input type="text"/>		IR05- Total members of HH <input type="text"/> <input type="text"/>	
IR06- Total of eligible women		IR07- Total number of interviewed eligible women	
IR08- Number of children under 5 years		IR09- Number of interviewed children under 5 years	
IR10- Number of children from 5 to 17 years			
IR11- Interview Schedule	Day	Month	Hour
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Start of first visit		
	End of first visit		
	Start of second visit		
	End of second visit		
Start of third visit			
End of third visit			
IR12- Interviewer's Name _____		IR13- Interviewer's code _____	
IR14- Supervisor's Name _____		IR15- Supervisor's code _____	
IR16- Editor's Name _____		IR17- Editor's code _____	
IR18- Data Entry Person's Name _____		IR19- Data Entry Person's code _____	

☐ To the interviewer: please put sign (X) inside the square if you have used an additional questionnaire

Section 1: Household Roaster

HR01	HR02	HR03	HR04	HR05	HR05A	HR06
Line no. Circle no. of respondent	Names of usual HH residents (Full names) Please give me the names of the persons who usually live in your HH including children and infants, starting with the head of HH.	What is the relationship of (name) to the head of HH? 01 Head of HH 02 Husband/ Wife 03 Son/ Daughter 04 Father/ Mother 05 Brother/ Sister 06 Grand Father/ Mother 07 Grand Child 08 Daughter/ Son in Law 09 Other Relatives 10 Non Relatives	Is (name) Male or Female? 1 Male 2 Female	What is the birthday of (name) in day/ month/year? <i>Interviewer: Birthday should be taken from official documents if possible.</i> Day Month Year	<i>Interviewer: Compute age from birthday in HR05 and record the answer in full years. In case that birthday is not known, ask for age and record it. Record (00) if age is less than one year.</i> 98 DK.	Is (name) registered refugee or unregistered refugee or not refugee? 1. Registered refugee 2. Unregistered refugee 3. Not refugee
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HR01	HR02	HR07	HR08	HR09	HR10	HR11
Line no. Circle no. of respondent	Names of usual HH residents (Full names) Please give me the names of the persons who usually live in your HH including children and infants, starting with the head of HH.	Is (name's) natural mother alive? 1 Yes 2 No ⇒ HR09 3 DK ⇒ HR09	<i>Interviewer: If (name's) natural mother alive, record her line no. from HR01</i> <i>Record (00) if natural mother does not live in HH.</i>	Is (name's) natural father alive? 1 Yes 2 No ⇒ HR11 3 DK ⇒ HR11	<i>Interviewer: If (name's) natural father alive, record his line no. from HR01</i> <i>Record (00) if natural father does not live in HH.</i>	Does (name) have health insurance? 1 Yes, Governmental health insurance 2 Yes, Military health insurance 3 Yes, UNRWA health insurance 4 Yes, Social welfare health insurance 5 Yes, Private insurance 6 Without insurance
01						
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16						
17						

			For persons age 5 years and over	For persons age 10 years and over		
HR01	HR02	HR12	HR13	HR14	HR15	HR16
Line no. Circle no. of respondent	Names of usual HH residents (Full names) Please give me the names of the persons who usually live in your HH including children and infants, starting with the head of HH.	Does (name) have the following diseases and receive treatment continuously? 1 Diabetes 2 High blood pressure 3 Cardiac diseases 4 Cancer 5 Ulcer 6 Asthma 7 Epilepsy 8 Healthy <i>Interviewer: Record all mentioned</i>	Is (name): 1 Currently attending school 2 Attended school at any time and left before completing level 3 Attended school and graduated 4 Never attended school	What is the educational status of (name)? 1 Illiterate 2 Can read and write 3 Elementary 4 Preparatory 5 Secondary 6 Associate diploma 7 Bachelor 8 High diploma 9 Master 10 Ph. D. 98 DK.	How many years did (name) successfully complete? <i>Interviewer: Record (00) if number of schooling years less than one year.</i> 98 DK.	<i>Interviewer: Ask this question if answer of HR14 is 1 or 2 or 3</i> Can he/she read a letter or newspaper? 1 easily 2 With difficulty 3 Not at all 4 DK.
01		1 2 3 4 5 6 7 8				
02		1 2 3 4 5 6 7 8				
03		1 2 3 4 5 6 7 8				
04		1 2 3 4 5 6 7 8				
05		1 2 3 4 5 6 7 8				
06		1 2 3 4 5 6 7 8				
07		1 2 3 4 5 6 7 8				
08		1 2 3 4 5 6 7 8				
09		1 2 3 4 5 6 7 8				
10		1 2 3 4 5 6 7 8				
11		1 2 3 4 5 6 7 8				
12		1 2 3 4 5 6 7 8				
13		1 2 3 4 5 6 7 8				
14		1 2 3 4 5 6 7 8				
15		1 2 3 4 5 6 7 8				
16		1 2 3 4 5 6 7 8				
17		1 2 3 4 5 6 7 8				

		For persons age 10 years and over		For persons age 12 years and over		
HR01	HR02	HR17	HR18		HR19	HR20
Line no. Circle no. of respondent	Names of usual HH residents (Full names) Please give me the names of the persons who usually live in your HH including children and infants, starting with the head of HH.	What did (name) work most of the time during the past week? 1 Employed from 1-14 hours 2 Employed for 15 hours or more 3 Unemployed, has ever worked 4 Unemployed, has never worked 5 Full time student 6 Housewife 7 Unable to work 8 Doesn't work and doesn't seek job. 9 Other <i>Interviewer: If answer from 4 to 9 ⇒ HR19</i>	What is the occupation of (name)? <i>Interviewer: Ask this question if the person is working or unemployed ever worked.</i> <div>Profession</div> <div>Code</div>		What is (name's) current marital status? 1 Never married 2 Legally married 3 Currently married 4 Divorced 5 Widowed	Does (name) smoke? 1 Yes, mostly cigarettes 2 Yes, mostly pipe 3 Yes, mostly narghile 4 Doesn't smoke
01		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
02		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
03		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
04		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
05		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
06		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
07		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
08		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
09		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
10		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
11		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
12		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
13		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
14		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
15		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
16		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
17		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<i>For persons less than 18 years</i>					
HR01	HR02	HR21	HR22	HR23	HR24
Line no. Circle no. of respondent	Names of usual HH residents (Full names) Please give me the names of the persons who usually live in your HH including children and infants, starting with the head of HH.	Who is the caretaker of (name)? <i>Interviewer: Record line no. of mother or caretaker of (name).</i>	<i>Interviewer: Circle line no. of currently or ever married woman whose age is less than 55 years (eligible woman for interview)</i>	<i>Interviewer: Circle line no. of eligible woman husband from HR01. In case that husband doesn't live with family, record (00).</i>	<i>Interviewer: Circle line no. of children under 5 years (eligible for interview)</i>
01			01		01
02			02		02
03			03		03
04			04		04
05			05		05
06			06		06
07			07		07
08			08		08
09			09		09
10			10		10
11			11		11
12			12		12
13			13		13
14			14		14
15			15		15
16			16		16
17			17		17

Interviewer: To confirm that you recorded all HH. Members, ask this question:

Is there any other HH Member who usually live in your household such as children or infants not recorded, or is there any member of HH. Usually live in your HH, but he/she currently absent or abroad for temporary period of time? 1. Yes 2. No ☐ If yes add their names to the list and ask about them.

Section II: Dwelling

HD01	Now I want to ask you few questions about dwelling you are living in. What is the main source of drinking water for members of your HH.	Piped into dwelling 1 ⇒ Piped into yard 2 Public tap 3 Rain water collection with connection in dwelling 4 ⇒ Rain water collection without connection in dwelling 5 Springs/ streams 6 Tanker truck 7 ⇒ Bottled water 8 ⇒ Other (specify) 9	HD03 HD03 HD03 HD03
HD02	How long does it take to go there, get water and come back?	Number of minutes <input type="text"/> <input type="text"/> <input type="text"/> DK 999	
HD02A	What is the mean usually used to reach the water source?	Private car 1 Public transportation 2 Walking 3 Using cart 4 Other (specify) 5	
HD03	What is type sewage in the household?	Public sewage system 1 Cesspit 2 Other 3 No sewage system 4 DK 5	
HD04	What kind of toilette facility most does your household use?	Flush toilette 1 Traditional toilette 2 Both 3 Other (specify) 4 No facility 5 ⇒	HD07
HD05	Is the facility located within your dwelling or yard?	In dwelling 1 Outside dwelling 2	
HD06	Do you share this facility with other household?	For HH only 1 Share with other HH 2	
HD07	What happens with the stools of young children (0-3 years) when they use the latrine or toilette facility?	Children always use toilette 1 Thrown into toilette 2 Thrown outside dwelling 3 Buried outside dwelling 4 Thrown into Garbage 5 Other (specify) 6 No children age 0-3 years at HH 7	
HD08	What kind of material is the floor made from?	Earth/ sand 1 Wood planks 2 Tiled 3 Ceramic 4 Cement 5 Other (specify) 6	
HD09	How many rooms are there in dwelling?	Number of rooms <input type="text"/> <input type="text"/> <input type="text"/>	
HD10	May I see the original box of the salt used to cook the main meal eaten by members of your HH last night? <i>Interviewer: Is there any indication on the box that the salt contains iodize?</i>	Yes, there is a text indicate that the salt is iodized. 1 Yes, there is no indication that the salt is iodized. 2 The box not seen. 3	
HD11	<i>We would like to check whether the salt used in your HH is iodized? Once you have examined the salt, circle number that corresponds to test outcome.</i>	Not iodized, 0 PPM (no color) 1 Less than 15 PPM (light color) 2 15 PPM or more (dark color) 3 No salt in home 4 Salt not tested 5	

Section III: Reproduction

Section III Reproduction					
RE01	Interviewer: Record If husband not resident with HH, record (00)	Woman Name: _____ Woman line no. from HR01 _ _ Husband line no. from HR23 _ _			
RE02	What is your marital status?	Married Divorced Widowed	1 2 3		
RE03	How old were you at first marriage?	Age	_ _		
RE03A	How long is your marriage life in completed years?	Number of years	_ _		
RE03B	What is the type of relation between you and your first husband?	Ibn Amm Ibn Amma Ibn Khal Ibn Khala Ibn Amm & Ibn Khala or Ibn Amma & Ibn Khal From Same Hamola No Relation	1 2 3 4 5 6 7		
RE04	Have you ever had pregnancy?	Yes No	1 2 ⇒		RE14
RE04A	How old were you at first pregnancy?	Age	_ _		
RE05	Have you ever given birth even if he/she lived only few moments?	Yes No	1 2 ⇒		RE12
RE06	When did you have your first birth? Day/ month/ year	_ _ / _ _ / _ _ _ _			
RE07	What was your age when you had your first birth?	Age	_ _		
RE08	Do you have sons or daughters from you who are now living with you?	Yes No	1 2 ⇒		RE10
RE09	Number of your sons living with you? Number of your daughters living with you? Interviewer: if non, record (00)	Sons Daughters	_ _ _ _		
RE10	Do you have sons or daughters from you who are alive but don't live with you?	Yes No	1 2 ⇒		RE12
RE11	Number of your sons who are alive but don't live with you? Number of your daughters who are alive but don't live with you? Interviewer: if non, record (00)	Sons Daughters	_ _ _ _		
RE12	Have you ever given birth to a boy or girl who showed signs of life (like breathing, crying or movement) but he/she died later even he/she lived few minutes or hours or days?	Yes No	1 2 ⇒		RE14
RE13	How many of your sons died? How many of your daughters died? Interviewer: if non, record (00)	Sons Daughters	_ _ _ _		
RE14	Interviewer: Sum answers of RE09, RE11 and RE13 and enter total. If non, record (00)	Total	_ _		
RE15	Interviewer: check RE14, Just to make sure that I have this right: you have had in total (Total from RE14) births during your life. Is that correct? Yes 2. No, probe and correct (RE09-RE14) as necessary ↓				
RE16	Interviewer: check RE14 1. One or more births _ ↓ 2. No births _ ⇒ RE32A				

Now I would like to record the names of all your births in your marriage life, whether still alive or not, whether live with you or not, starting with first one you had. Record names of all births in RE17. Record twins and triplets on separate lines.

RE17	RE18	RE19	RE20	RE21	RE22	RE23	RE24	RE25	RE26	RE27
						For alive births		For dead births		
Line no.	What name was given to your (first/second) baby?	Is (name) single or twin? 1- Single 2- Twin	Is (name) male or female? 1- Male 2- Female	In what month and year was (name) born? <i>Probe: what is his/her birthday?</i> <div>Month Year</div>	Is (name) still alive? 1- Yes 2- No ⇒ RE25	How old was (name) at his/her last birthday? <i>Record age in complete years. Record (00) if age less than one year?</i>	Is name living with you? 1- Yes 2- No ⇒ RE26 <div>RE26 If first birth ⇒ next birth</div>	How old was (name) when he/ she died? <i>Interviewer: If one year, probe: how many months old was (name)? Record days if less than one month; months if less than 2 years; or years.</i> <div>Day Month Year</div>	<i>Interviewer: subtract birth month and year of (name) from birth month and year of previous birth.</i> Is the difference 2 years or more? 1- Yes 2- No ⇒ next birth	Were there any other live births between (name of previous name) and (name)? 1- Yes 2- No
01		1 2	1 2	<div> / </div>	1 2	<div> </div>	1 2	<div> </div>		
02		1 2	1 2	<div> / </div>	1 2	<div> </div>	1 2	<div> </div>	1 2	1 2
03		1 2	1 2	<div> / </div>	1 2	<div> </div>	1 2	<div> </div>	1 2	1 2
04		1 2	1 2	<div> / </div>	1 2	<div> </div>	1 2	<div> </div>	1 2	1 2
05		1 2	1 2	<div> / </div>	1 2	<div> </div>	1 2	<div> </div>	1 2	1 2
06		1 2	1 2	<div> / </div>	1 2	<div> </div>	1 2	<div> </div>	1 2	1 2
07		1 2	1 2	<div> / </div>	1 2	<div> </div>	1 2	<div> </div>	1 2	1 2
08		1 2	1 2	<div> / </div>	1 2	<div> </div>	1 2	<div> </div>	1 2	1 2
09		1 2	1 2	<div> / </div>	1 2	<div> </div>	1 2	<div> </div>	1 2	1 2
10		1 2	1 2	<div> / </div>	1 2	<div> </div>	1 2	<div> </div>	1 2	1 2
11		1 2	1 2	<div> / </div>	1 2	<div> </div>	1 2	<div> </div>	1 2	1 2
12		1 2	1 2	<div> / </div>	1 2	<div> </div>	1 2	<div> </div>	1 2	1 2
13		1 2	1 2	<div> / </div>	1 2	<div> </div>	1 2	<div> </div>	1 2	1 2
14		1 2	1 2	<div> / </div>	1 2	<div> </div>	1 2	<div> </div>	1 2	1 2
15		1 2	1 2	<div> / </div>	1 2	<div> </div>	1 2	<div> </div>	1 2	1 2
16		1 2	1 2	<div> / </div>	1 2	<div> </div>	1 2	<div> </div>	1 2	1 2
17		1 2	1 2	<div> / </div>	1 2	<div> </div>	1 2	<div> </div>	1 2	1 2

RE17	RE18	RE19	RE20	RE21	RE22	RE23	RE24	RE25	RE26	RE27
						For alive births		For dead births		
Line no.	What name was given to your (first/second) baby?	Is (name) single or twin? 1. Single 2. Twin	Is (name) male or female? 1. Male 2. Female	In what month and year was (name) born? <i>Probe: what is his/her birthday?</i> <div> <div>Month</div> <div>Year</div> </div>	Is (name) still alive? 1. Yes 2. No ⇒ RE25	How old was (name) at his/her last birthday? <i>Record age in complete years. Record (00) if age less than one year?</i>	Is name living with you? 1. Yes 2. No <div> <div>RE26</div> <div>⇒ next birth</div> </div>	How old was (name) when he/ she died? <i>Interviewer: If one year, probe: how many months old was (name)? Record days if less than one month; months if less than 2 years; or years.</i> <div> <div>Day</div> <div>Month</div> <div>Year</div> </div>	<i>Interviewer: subtract birth month and year of (name) from birth month and year of previous birth.</i> Is the difference 2 years or more? 1. Yes 2. No ⇒ next birth	Were there any other live births between (name of previous name) and (name)? 1. Yes 2. No
18		1 2	1 2	<div><div></div><div></div></div>	1 2	<div><div></div><div></div></div>	1 2	<div><div></div><div></div><div></div></div>	1 2	1 2
19		1 2	1 2	<div><div></div><div></div></div>	1 2	<div><div></div><div></div></div>	1 2	<div><div></div><div></div><div></div></div>	1 2	1 2
20		1 2	1 2	<div><div></div><div></div></div>	1 2	<div><div></div><div></div></div>	1 2	<div><div></div><div></div><div></div></div>	1 2	1 2
21		1 2	1 2	<div><div></div><div></div></div>	1 2	<div><div></div><div></div></div>	1 2	<div><div></div><div></div><div></div></div>	1 2	1 2
22		1 2	1 2	<div><div></div><div></div></div>	1 2	<div><div></div><div></div></div>	1 2	<div><div></div><div></div><div></div></div>	1 2	1 2
23		1 2	1 2	<div><div></div><div></div></div>	1 2	<div><div></div><div></div></div>	1 2	<div><div></div><div></div><div></div></div>	1 2	1 2
24		1 2	1 2	<div><div></div><div></div></div>	1 2	<div><div></div><div></div></div>	1 2	<div><div></div><div></div><div></div></div>	1 2	1 2
25		1 2	1 2	<div><div></div><div></div></div>	1 2	<div><div></div><div></div></div>	1 2	<div><div></div><div></div><div></div></div>	1 2	1 2
26		1 2	1 2	<div><div></div><div></div></div>	1 2	<div><div></div><div></div></div>	1 2	<div><div></div><div></div><div></div></div>	1 2	1 2
27		1 2	1 2	<div><div></div><div></div></div>	1 2	<div><div></div><div></div></div>	1 2	<div><div></div><div></div><div></div></div>	1 2	1 2
28		1 2	1 2	<div><div></div><div></div></div>	1 2	<div><div></div><div></div></div>	1 2	<div><div></div><div></div><div></div></div>	1 2	1 2
29		1 2	1 2	<div><div></div><div></div></div>	1 2	<div><div></div><div></div></div>	1 2	<div><div></div><div></div><div></div></div>	1 2	1 2
30		1 2	1 2	<div><div></div><div></div></div>	1 2	<div><div></div><div></div></div>	1 2	<div><div></div><div></div><div></div></div>	1 2	1 2
31		1 2	1 2	<div><div></div><div></div></div>	1 2	<div><div></div><div></div></div>	1 2	<div><div></div><div></div><div></div></div>	1 2	1 2
32		1 2	1 2	<div><div></div><div></div></div>	1 2	<div><div></div><div></div></div>	1 2	<div><div></div><div></div><div></div></div>	1 2	1 2
33		1 2	1 2	<div><div></div><div></div></div>	1 2	<div><div></div><div></div></div>	1 2	<div><div></div><div></div><div></div></div>	1 2	1 2
34		1 2	1 2	<div><div></div><div></div></div>	1 2	<div><div></div><div></div></div>	1 2	<div><div></div><div></div><div></div></div>	1 2	1 2

RE28	What was the birthday of last birth you had? Day/ Month/ Year	____/____/____	
RE29	Interviewer: Subtract the month and year of last birth from the month and year of interview date? Is the difference two years or more?	Yes 1 No 2 ⇒	RE31
RE30	Have you had any live births since the birth of (name of last birth)?	Yes 1 No 2	
RE31	Interviewer: compare total in RE14 with number of births in history above and mark: 1. Numbers are same ____ 2. Numbers are different ____ ⇒ probe and reconcile Check: For each birth: year of birth is recorded ____ For each living child: current age is recorded ____ For each dead child: age at dead is recorded ____ For age at death was less than 12 months: probe to determine exact number of months ____		
RE32	Interviewer: check RE21 and record number of births since April/ 1995 ____		
RE32A	Interviewer: 1. woman age less than 50 years and currently married or divorced/ widowed since 100 days and less ____ 2. woman age 50 years and more and currently married or divorced/ widowed since more than 100 days ____ ⇒ RE37		
RE33	Are you pregnant now?	Yes 1 No 2 ⇒ Not sure 3 ⇒	RE37 RE37
RE34	How many months pregnant are you? Interviewer: record number of complete months	Number of months ____ DK 98	
RE35	When did your menstrual period start? (Date if given ____ / ____ / ____)	Months ago ____ Years ago ____ Never menstruated ____ 99	
RE36	At the time you became pregnant, Have you the desire to become pregnant, or you have the desire to become pregnant later or haven't the desire to be pregnant at all?	Desired now 1 Desire, Later 2 Not at all 3 Didn't deiced\DK 8	
RE37	Have you ever had any other pregnancies which didn't result in a live birth either by abortion or still birth?	Yes 1 No 2 ⇒	RE39
RE38	How many times did you have abortion or still births in your marital life?	Number of abortions ____ Number of still births ____	
RE38A	How many times did you have abortion or still births in the last three years?	Number of abortions ____ Number of still births ____	
RE39	Interviewer: Add answers in (RE14, RE38) and record total, if woman is currently pregnant as indicated from RE33, then add to the total (1). If there are no pregnancies, record (00).	Total ____	
RE40	Interviewer: check RE39 and ask: Just to make sure that I am right: You have had (total in RE39) pregnancies in your life including this pregnancy (if woman is pregnant). Is that correct? 1. Yes 2. No, probe and correct (RE14, RE33, RE38, RE39)		



IDH00- Questionnaire serial number in cell <input type="text"/>		IDH05- Building Address <input type="text"/>	
IDH01- Governorate <input type="text"/>		IDH06- Name of HH head <input type="text"/>	
IDH02- Locality <input type="text"/>		IDH07- Is HH exists in attached list: 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/>	
IDH03- EA code in locality <input type="text"/>		IDH08- (If answer in IDH07 is Yes) HH Number in list <input type="text"/>	
IDH04- Cell code in EA <input type="text"/>			
Interview Record			
IR01- Visits Schedule	Day	Month	
	<input type="text"/>	<input type="text"/>	First visit
	<input type="text"/>	<input type="text"/>	Second Visit
	<input type="text"/>	<input type="text"/>	Third Visit
IR02- Total Number of Visits		<input type="text"/>	
IR03- Interview Result			
	1	Interview is completed	
	2	No HH member at home or no eligible respondent at home at time of visit	
	3	Entire HH absent for extended period of time	
	4	Refusal	
	5	Dwelling is vacant	
	6	Other (Specify) <input type="text"/>	
IR4- Total number of eligible women		IR5- Total number of interviewed eligible women <input type="text"/>	
IR6- Line number of eligible woman from HH listing			

☐ To the interviewer: please put sign (X) inside the square if you have used an additional questionnaire

Section IV: Contraception

FP01	Interviewer: Record If husband not resident with HH, record (00)	Interviewed Name: _____ Woman line no. from HR01 Husband line no. from HR23			
Now I would like to talk about family planning – different methods that couples can use to delay or avoid pregnancy. Interviewer: Circle code (1) in FP02 for each method mentioned spontaneously. Then proceed down column FP03, reading the name and description of each method not mentioned spontaneously. Circle code (2) if method is recognized and circle code (3) if not recognized. Then for each method with code (1) in FP02 or code (2) in FP03, ask FP04.					
	FP02 Which ways or methods have you heard about?	FP03 Have you ever heard of (method name)? {for methods not mentioned spontaneously}			FP04 Have you ever used (method) at any time?
		1. Spontaneously	2. After probe	3. No	1. Yes 2. No
1	Pill Woman can take a pill every day.	1	2	3 ↓	1 2
2	IUD Woman can have a loop or coil fixed inside uterus by a doctor or nurse.	1	2	3 ↓	1 2
3	Injection Muscular injection used to prevent pregnancy for several months.	1	2	3 ↓	1 2
4	Foam/ Jelly/ Diaphragm methods used before sexual intercourse.	1	2	3 ↓	1 2
5	Condom A rubber sac preservative used by man before sexual intercourse.	1	2	3 ↓	1 2
6	Female sterilization Female surgical operation to block reproductive tubals for stop having any more children.	1	2	3 ↓	Did you had an sterilization operation to avoid having more children? 1 2
7	Male sterilization Male surgical operation to stop having any more children.	1	2	3 ↓	Did your husband had an sterilization operation to avoid having more children? 1 2
8	Rhythm or periodic abstinence Every month that a woman is sexually active can avoid pregnancy by not having sexual intercourse on certain days of month she is most likely to get pregnant.	1	2	3 ↓	1 2
9	Withdrawal Ejaculating outside vagina during intercourse before climax.	1	2	3 ↓	1 2
10	Breast feeding Breast feeding child continuously (day & night) to avoid pregnancy during breast feeding.	1	2	3 ↓	1 2
11	Have you heard any other ways or methods that women or man can use to avoid pregnancy.	1		3 ↓	1 2
FP05	From where did you hear about this method(s)? Interviewer: for women have ever heard of at least on method of contraception . Record all mentioned	Physician Pharmacists Nurse/ Midwife Daya Health worker Mass media Friends and relatives Other (specify)			1 2 3 4 5 6 7 8

FP06	Do you know a place you can obtain a method of family planning?	Yes 1 No 2 ⇒	FP08
FP07	Where is that place? <i>Interviewer: Record all mentioned Record place name _____</i>	Govt. center/ hospital 1 NGO's center/ hospital 2 UNRWA center/ hospital 3 Private clinic/H.center/ hospital 4 Pharmacy 5 Other (specify) _____ 6	
FP08	<i>Interviewer: check FP04</i> <i>Not a single "yes" (never used) <input type="checkbox"/> </i> <i>2. At least one "yes" (ever used) <input type="checkbox"/> ⇒ FP11</i> ↓		
FP09	Have you ever used or currently using any contraceptive method?	Yes, currently using 1 Yes, ever used but stopped now 2 No, never used 3 ⇒	FP14
FP10	What are the methods that you have used? <i>Interviewer: correct FP03, FP04 and FP08 if necessary.</i>	_____ _____ _____	
FP11	What was the first main method you have ever used to delay or avoid pregnancy?	Pill 01 IUD 02 Injections 03 Foam/ jelly 04 Condom 05 Female sterilization/tubal ligation 06 Male sterilization 07 Periodic abstinence 08 Withdrawal 09 Breast feeding 10 Other (specify) _____ 11	
FP12	How many living children, did you have at first use of family planning method? <i>Interviewer: record (00) if no child at first use</i>	Number of males <input type="text"/> <input type="text"/> children <input type="text"/> <input type="text"/> Number of females <input type="text"/> <input type="text"/> children <input type="text"/> <input type="text"/> Total	
FP13	<i>Interviewer: check RE02</i> <i>Currently married <input type="checkbox"/> </i> <i>2. Divorced or widowed <input type="checkbox"/> ⇒</i> FP23 ↓		
FP14	<i>Interviewer: check RE33</i> <i>1. Not pregnant or not sure <input type="checkbox"/> </i> <i>2. Pregnant or ammenheorea <input type="checkbox"/> ⇒</i> FP23 ↓		
FP15	<i>Interviewer: check FP04 (06)</i> <i>1. Women not sterilized <input type="checkbox"/> </i> <i>2. Woman sterilized <input type="checkbox"/> ⇒</i> FP17A ↓		
FP16	Are you currently or using any method to delay or avoid getting pregnant?	Yes 1 No 2 ⇒	FP22
FP17	What is the currently used family planing method?	Pill 01 IUD 02 Injections 03 Foam/ jelly 04 Condom 05 Female sterilization/tubal ligation 06 Male sterilization 07 Periodic abstinence 08 Withdrawal 09 Breast feeding 10 Other (specify) _____ 11	FP21
FP17A	<i>Interviewer: (Circle (6) for female sterilization).</i>	→	
FP18	From where did you obtain (method)? <i>Interviewer: Record place name _____</i>	Govt. center/ hospital 1 NGO's center/ hospital 2 UNRWA center/ hospital 3 Private clinic/ center/ hospital 4 Pharmacy 5 Other (specify) _____ 6	

FP19	How long does it take you to go there to get the method?	No. of minutes	_____	
FP19A	How did you go to the place mentioned?	1. Private car 2. Public transportation 3. Walking 4. Using cart 5. Other (specify)	1 2 3 4 5	
FP20	Is one of the following reasons encouraged you to go to the mentioned place? <i>Interviewer: Probe for other reasons</i>	Close to dwelling/ work Transportation availability Better Service Female service provider Cheap\low cost Other (specify)	Yes 1 1 1 1 1 1 No 2 2 2 2 2 2	
FP21	What is the main reason for using this method?	Physician advice Husband didn't oppose it Friends advice Convenient to use cheap Other (specify)	1 2 3 4 5 6	FP23
FP22	What is the main reason behind not current use any family planning method?	Desire to have children Oppose family planning Husband disapproval Relatives oppose Side effects Do not know about the availability of FP methods Difficulty to get the method High cost Method is inconvenient Menopause Husband is not currently living with HH Infertility Contradict with religious believes Other (specify) DK	01 02 03 04 05 06 07 08 09 10 11 12 13 14 98	
FP23	Did you hear about family planning during the last 6 months?	Yes No	1 2 ⇒	FP26
FP24	From where did you hear about family planning? <i>Interviewer: record all mentioned</i>	Radio TV Newspapers/ magazine Brochures/ posters Lectures Husband/ relatives/ friends Health center Other (specify)	1 2 3 4 5 6 7 8	
FP25	If you want to get more information about family planning; from where you get these information? <i>Interviewer: record all mentioned.</i>	Govt. center/ hospital NGO's center/ hospital UNRWA center/ hospital Private clinic/ center/ hospital Mass media Relatives/ friends Brochures / publications Other (specify)	1 2 3 4 5 6 7 8	
FP26	<i>Interviewer: Don't ask this question if woman is divorced or widowed.</i> In your household : who decide the use of family planning methods?	Husband Wife Both couples Mother in law Others	1 2 3 4 5	

Section V: Pregnancy and Breast Feeding

AN01	Interviewer: Record If husband is not resident with Household, record (00)	Interviewed Woman Name: _____ Interviewed Woman line no. from HR01 <input type="text"/> <input type="text"/> Husband line no. from HR23 <input type="text"/> <input type="text"/>		
AN02	Interviewer: Check RE22 Have you ever had one or more live births since April 1997	1. Yes 2. No ⇒ next section <input type="checkbox"/> ↓		
	Interviewer: In this section ask about the last two pregnancies resulted with live births during the last 3 years. Enter line number and name for each birth since April 1997 from history table, even the birth no more alive. Ask the questions about all these births beginning with last one. Now I would like to ask you some questions about the last two pregnancies ended with live births during the last 3 years preceding the survey, we will talk about each separately.			
		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%;">Last pregnancy</th><th style="width: 50%;">Pre-last pregnancy</th></tr> </table>	Last pregnancy	Pre-last pregnancy
Last pregnancy	Pre-last pregnancy			
AN03	Line number from RE17	<input type="text"/> <input type="text"/>		
AN04	Birthdate (day/ month/ year)	/ /		
	Birth's name from RE18	Names Name		
AN05	At time you become pregnant with (Name). Have you? 	Desire to become pregnant Desire to wait Don't have desire to become pregnant 	1 ⇒ AN06A 2 3 ⇒ AN06A 	1 ⇒ AN06A 2 3 ⇒ AN06A
AN06	How much longer would you like desire to wait till next pregnancy?	Number of months DK 	<input type="text"/> <input type="text"/> 98	<input type="text"/> <input type="text"/> 98
AN06A	Did you get antenatal care during your pregnancy with (name)?	Yes No 	1 2 ⇒ AN12 	1 2 ⇒ AN12
AN07	Who did you consult during your pregnancy with (name)? Interviewer: record all persons seen	Doctor Nurse/ midwife Daya No one Other (specify) _____ 	1 2 3 4 5 	1 2 3 4 5
AN08	Where did you receive antenatal care (the place you mostly visited)?	Govt. hospital Private hospital UNRWA centers Govt. health center MCH Private clinic NGO's clinic/ center Other (specify) _____ 	1 2 3 4 5 6 7 8 	1 2 3 4 5 6 7 8
AN09	Why did you choose this place for antenatal care? Interviewer: record all mentioned	Service is available Accessibility to service Quality of service Female service provider Availability of health insurance Low cost Other (specify) _____ 	1 2 3 4 5 6 7 	1 2 3 4 5 6 7
AN10	How many months were you been pregnant when you have received the first antenatal care?	Months Don't Know 	<input type="text"/> <input type="text"/> 98	<input type="text"/> <input type="text"/> 98
AN11	How many visits for antenatal care you did during pregnancy?	Number of visits DK 	<input type="text"/> <input type="text"/> 98 Record answer then skip to AN13	<input type="text"/> <input type="text"/> 98 Record answer then skip to AN13
AN12	What was the main reason for not receiving antenatal care?	Had no complaints Previous experience Service not available High costs Service is not satisfactory Other (specify) _____ 	1 2 3 4 5 6 	1 2 3 4 5 6

			Last pregnancy			Next-to-last pregnancy		
	Birth's name from RE18							
AN13	During your pregnancy with (name), did you suffer from the following?	Eclampsia Diabetes Prematurity High blood pressure E. Vaginal Hemorrhage F. U.T.I	<u>Yes</u> 1	<u>No</u> 2	<u>DK</u> 8	<u>Yes</u> 1	<u>No</u> 2	<u>DK</u> 8
AN14	<i>Interviewer: Ask this question if there is at least one "yes" in AN13.</i> What did you do?	I went to hospital I do consulted a private doctor I do consulted a nurse/ midwife I do consulted daya Other (specify)	1 2 3 4 5			1 2 3 4 5		
AN15	<i>Interviewer: Ask this question if there is at least one "yes" in AN13.</i> Have you been refer to ...?	High risk pregnancy clinic Hospital Private doctor clinic Referred but I didn't go Not referred		1 2 3 4 5			1 2 3 4 5	
AN16	During this pregnancy with (name), did you take iron tablets or folic acid tablets...?	Iron tablets Folic acid tablets	<u>Yes</u> 1	<u>No</u> 2	<u>DK</u> 8	<u>Yes</u> 1	<u>No</u> 2	<u>DK</u> 8
AN16A	<i>Interviewer: Ask this question if there is at least one "yes" in AN16.</i> From where did you get the iron or the folic acid tablet?	Govt. hospital/ center Private hospital/ center UNRWA hospital/ center NGO's hospital/ clinic Private clinic Pharmacy Other (specify)	1 2 3 4 5 6 7			1 2 3 4 5 6 7		
AN17	Where did you give birth to (name)?	Govt. hospital/ center Private hospital/ center UNRWA hospital/ center NGO's hospital/ clinic Private clinic At home Other (specify)	1 2 3 4 5 6 7			1 2 3 4 5 6 7		
AN18	How long did you stay at hospital?	Hours Days		<input type="text"/> <input type="text"/>			<input type="text"/> <input type="text"/>	
AN19	<i>Interviewer: For whom stayed at hospital less than 24 hours.</i> What is the main reason for leaving the hospital before 24 hours?	Family commitments High cost Service is inconvenient No need to stay more		1 2 3 4			1 2 3 4	
AN20	Did you receive health education in one of the following subjects before leaving the hospital?	Breast feeding Mother nutrition Family planning Vaccination Importance of medical follow up	<u>Yes</u> 1	<u>No</u> 2		<u>Yes</u> 1	<u>No</u> 2	
AN21	Who assisted with the delivery of (name)?	Doctor Nurse/ midwife Daya Relative/ friend Other (specify) No one	1 2 3 4 5 6			1 2 3 4 5 6		

			Last pregnancy	Next-to-last pregnancy
AN22	What is the main reason for choosing this place to deliver (name)?	Quality of service Difficult to access another place Sudden delivery Having health insurance/lower costs My private doctor is working there Existence of medical risks No other place available Other (specify) _____	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8
AN23	After delivery of (name) and within 6 weeks, did you suffer from one of the following:	Bad Smell excretions Severe hemorrhage Fever Convulsions Breast infection	<u>Yes</u> <u>No</u> 1 2 1 2 1 2 1 2 1 2	<u>Yes</u> <u>No</u> 1 2 1 2 1 2 1 2 1 2
AN24	<i>Interviewer: Ask this question if there is at least one "yes" in AN23.</i> Did you receive treatment?	Yes No	1 2 ⇒ AN26	1 2 ⇒ AN26
AN25	Where did you receive this treatment?	Govt. hospital Private hospital UNRWA hospital Govt. health center NGO's clinic/ center Private clinic Pharmacy Other (specify) _____	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8
AN26	Was (Name) delivered:	Normal Forceps Suction Episeotomy Caesarian	1 2 3 4 5	1 2 3 4 5
AN27	During the first 6 weeks of delivery (puerperium period), whom did you see for post natal care?	General practitioner Specialist Nurse/ midwife Daya No one Other (specify) _____	1 2 3 4 5 6	1 2 3 4 5 6
AN28	After (name) was born, did a health professional or a daya visited you during puerperium period (6 weeks after birth)?	Yes No	1 2 ⇒ AN30	1 2 ⇒ AN30
AN29	Did she talk to you about any of the following subjects?	Family planning Breast feeding Personal health Nutrition Resume sexual intercourse Other (specify) _____	<u>Yes</u> <u>No</u> 1 2 1 2 1 2 1 2 1 2 1 2	<u>Yes</u> <u>No</u> 1 2 1 2 1 2 1 2 1 2 1 2
AN30	When (name) was born, was he/ she : Extremely exceed normal size, Exceed normal size, normal, Less than normal size or very small?	Extremely exceed normal size Exceed normal size normal Less than normal size Very small DK	1 2 3 4 5 8	1 2 3 4 5 8
AN31	Was (name) weighed at birth?	Yes No	1 2 ⇒ AN33	1 2 ⇒ AN33
AN32	How much did (name) weigh at birth? <i>Interviewer: record weight from health card if available.</i>	Grams from card Grams from recall DK	[][][][]1 [][][][]2 9998	[][][][]1 [][][][]2 9998
			<i>Go back to AN03 in next column, if</i>	<i>Continue to next question</i>

			<i>no more births skip to AN33</i>	
--	--	--	--	--


			Last pregnancy	Next-to-last pregnancy
	Birth's name from RE18			
Interviewer: check RE21 Did woman had deliveries within the past 3 years? <div> 1. Yes ↓ 2. No ⇒ next section </div>				
			Last birth	Next to last birth
AN33	Birth line number from RE17		<input type="text"/>	<input type="text"/>
AN33a	Birth name from RE18			
AN34	Did you ever breast feed (Name)?	Yes No	1 2 ⇒ AN36	1 2 ⇒ AN36
AN35	How long after birth did you first put (name) to the breast? <i>Interviewer: If less than 1 hour or immediately, record (00) at (1)</i>	Immediately, After Delivery Hours Days	<input type="text"/> <input type="text"/> 1 <input type="text"/> <input type="text"/> 2 <input type="text"/> <input type="text"/> 3	<input type="text"/> <input type="text"/> 1 <input type="text"/> <input type="text"/> 2 <input type="text"/> <input type="text"/> 3
AN36	Are you still breast-feeding (name)?	Yes No Child died	1 ⇒ AN40 2 3	1 ⇒ AN40 2 3
AN37	How many months did you breast feed (name)?	Months Child still breast feeding	<input type="text"/> 98	<input type="text"/> 98
AN38	For now many months did you breast feed (name) exclusively?	Months DK	<input type="text"/> 98	<input type="text"/> 98
AN39	Why did you stop breast feeding (name)?	Sickness/ weakness of mother Sickness/ weakness of child Child died Problem in breast/ nipple Breast milk is not enough Mother works Child refused breast feeding Weaning age Became pregnant Start using contraceptive Other (specify) _____	01 02 03 04 05 06 07 08 09 10 11	01 02 03 04 05 06 07 08 09 10 11
AN40	Yesterday or last night, did he/she receive, any of the following?	Vitamins mineral water /Plain Sugar & water Fruit juice Tea/ herbal tea ORS Powdered milk Fresh milk Other liquids Solid food	Yes 1 1 1 1 1 1 1 1 1 1 1 No 2 2 2 2 2 2 2 2 2 2 DK 8 8 8 8 8 8 8 8 8 8	Yes 1 1 1 1 1 1 1 1 1 1 1 No 2 2 2 2 2 2 2 2 2 2 DK 8 8 8 8 8 8 8 8 8 8
AN41	Yesterday or last night, has (name) been given any liquids to drink from a bottle or by any other way?	Yes No DK	1 2 8	1 2 8
AN42	Did you feed (name) with any other milk except your breast?	Yes No DK	1 2 ⇒ AN45 8 ⇒ AN45	1 2 ⇒ AN45 8 ⇒ AN45
AN43	How old was (name) when you started giving him other milks except that from your breast?	Month DK	<input type="text"/> 98	<input type="text"/> 98

			Last pregnancy	Next-to-last pregnancy
	Birth's name from RE18			
AN44	Why did you gave (name) any other milk except that from your breast? (more than one reason can be chosen)	Sickness/ weakness of mother Sickness/ weakness of child Physician advice Nurse advice Problem in breast/ nipple Breast milk not enough Mother works Child refused mother breast feeding Weaning age Became pregnant Started using contraceptive Other (specify) _____	01 02 03 04 05 06 07 08 09 10 11 12 _____	01 02 03 04 05 06 07 08 09 10 11 12 _____
AN45	How old was (name) when you started giving him additional liquids?	Month Not given any liquids yet DK	__ __ 95 98	__ __ 95 98
AN46	How old was (name) when you started giving him food?	Month Not given any liquids yet DK	__ __ 95 98	__ __ 95 98
AN47	Has (name) received vitamin A+D drops even one time?	Yes No DK	1 2 ⇒ next birth 3 ⇒ next birth	1 2 ⇒ next birth 3 ⇒ next birth <i>if no next birth, skip to next section</i>
AN48	How old was (name) when he/ she received vitamin A+D drops last time?	Number of months DK	__ __ 98	__ __ 98
AN49	For how long of time did (name) continue receiving vitamin A+D drops?	Number of months Child still receiving vitamin A+D DK	__ __ 95 98	__ __ 95 98
AN50	Where did (name) get the last dose?	On routine visit to health center Sick child visit to health center Pharmacy Other (specify) _____ DK	1 2 3 4 _____ 8	1 2 3 4 _____ 8
			Go back to AN34 in next column, if no more births, go to next section	Go back to AN34 in next column, if no more births, go to next section

[illegible]

Section VII: Fertility Preference

PR01	Interviewer: If husband not resident with HH, record (00)	Woman name: _____ Woman line number from HR01 : <input type="text"/> <input type="text"/> Husband line number from HR23: <input type="text"/> <input type="text"/>																																			
PR02	Interviewer: check FP04 Check RE21: Is woman has a live birth in last year (since April 1999)? 1. Neither sterilized <input type="text"/> <input type="text"/> 2. He or she sterilized or woman age 50 years or over or woman divorced / widowed ⇒ PR11 <input type="text"/> <input type="text"/>																																				
PR03	Check RE33: Woman not pregnant or not sure <input type="text"/> <input type="text"/> 2. Woman pregnant <input type="text"/> <input type="text"/> ⇒ PR06																																				
PR04	Would you like to have more children or would you prefer not to have any more children?	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Have more children</td><td style="width: 10%; text-align: center;">1</td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td></tr> <tr> <td>No more children</td><td style="text-align: center;">2</td><td></td><td style="text-align: center;">⇒</td><td style="text-align: center;">PR10</td></tr> <tr> <td>Says she can't get pregnant</td><td style="text-align: center;">3</td><td></td><td style="text-align: center;">⇒</td><td style="text-align: center;">PR11</td></tr> <tr> <td>Not her decision</td><td style="text-align: center;">4</td><td></td><td></td><td></td></tr> <tr> <td>Undecided/ DK</td><td style="text-align: center;">8</td><td></td><td></td><td></td></tr> </table>	Have more children	1				No more children	2		⇒	PR10	Says she can't get pregnant	3		⇒	PR11	Not her decision	4				Undecided/ DK	8													
Have more children	1																																				
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Says she can't get pregnant	3		⇒	PR11																																	
Not her decision	4																																				
Undecided/ DK	8																																				
PR05	How long would you like to wait from now before the birth of next child?	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Months</td><td style="width: 10%; text-align: center;"><input type="text"/> <input type="text"/> <input type="text"/> 1</td><td rowspan="7" style="width: 10%; text-align: center; vertical-align: middle;">} → PR08</td><td style="width: 10%;"></td><td style="width: 10%;"></td></tr> <tr> <td>Years</td><td style="text-align: center;"><input type="text"/> <input type="text"/> <input type="text"/> 2</td><td></td><td></td></tr> <tr> <td>Soon</td><td style="text-align: center;">993</td><td></td><td></td></tr> <tr> <td>Says she can't be pregnant</td><td style="text-align: center;">994</td><td></td><td></td></tr> <tr> <td>Says this is God well</td><td style="text-align: center;">995</td><td></td><td></td></tr> <tr> <td>DK</td><td style="text-align: center;">996</td><td></td><td></td></tr> <tr> <td>Other (specify)</td><td style="text-align: center;">998</td><td></td><td></td></tr> </table>	Months	<input type="text"/> <input type="text"/> <input type="text"/> 1	} → PR08			Years	<input type="text"/> <input type="text"/> <input type="text"/> 2			Soon	993			Says she can't be pregnant	994			Says this is God well	995			DK	996			Other (specify)	998								
Months	<input type="text"/> <input type="text"/> <input type="text"/> 1	} → PR08																																			
Years	<input type="text"/> <input type="text"/> <input type="text"/> 2																																				
Soon	993																																				
Says she can't be pregnant	994																																				
Says this is God well	995																																				
DK	996																																				
Other (specify)	998																																				
PR06	After delivery of child you expecting now, would you like to have more children or would you prefer not to have any more children?	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Have more children</td><td style="width: 10%; text-align: center;">1</td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td></tr> <tr> <td>No more children</td><td style="text-align: center;">2</td><td></td><td style="text-align: center;">⇒</td><td style="text-align: center;">PR10</td></tr> <tr> <td>Not her decision</td><td style="text-align: center;">3</td><td></td><td></td><td></td></tr> <tr> <td>Not decided/ DK</td><td style="text-align: center;">4</td><td></td><td></td><td></td></tr> </table>	Have more children	1				No more children	2		⇒	PR10	Not her decision	3				Not decided/ DK	4																		
Have more children	1																																				
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Not her decision	3																																				
Not decided/ DK	4																																				
PR07	After the birth of the child you are expecting now, how long would you like to wait before the birth of another child?	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Months</td><td style="width: 10%; text-align: center;"><input type="text"/> <input type="text"/> <input type="text"/> 1</td><td rowspan="7" style="width: 10%; text-align: center; vertical-align: middle;">} → PR08</td><td style="width: 10%;"></td><td style="width: 10%;"></td></tr> <tr> <td>Years</td><td style="text-align: center;"><input type="text"/> <input type="text"/> <input type="text"/> 2</td><td></td><td></td></tr> <tr> <td>Soon</td><td style="text-align: center;">993</td><td></td><td></td></tr> <tr> <td>Says she can't be pregnant</td><td style="text-align: center;">994</td><td></td><td></td></tr> <tr> <td>Says this is God well</td><td style="text-align: center;">995</td><td></td><td></td></tr> <tr> <td>DK</td><td style="text-align: center;">996</td><td></td><td></td></tr> <tr> <td>Other (specify)</td><td style="text-align: center;">998</td><td></td><td></td></tr> </table>	Months	<input type="text"/> <input type="text"/> <input type="text"/> 1	} → PR08			Years	<input type="text"/> <input type="text"/> <input type="text"/> 2			Soon	993			Says she can't be pregnant	994			Says this is God well	995			DK	996			Other (specify)	998								
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PR08	How many boys you wish to have in the future in addition to the number you have now?	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Number of boys</td><td style="width: 10%; text-align: center;"><input type="text"/> <input type="text"/> <input type="text"/></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td></tr> <tr> <td>The most possible number</td><td style="text-align: center;">94</td><td></td><td></td><td></td></tr> <tr> <td>This is God well</td><td style="text-align: center;">95</td><td></td><td></td><td></td></tr> <tr> <td>DK</td><td style="text-align: center;">96</td><td></td><td></td><td></td></tr> <tr> <td>Other (specify)</td><td style="text-align: center;">98</td><td></td><td></td><td></td></tr> </table>	Number of boys	<input type="text"/> <input type="text"/> <input type="text"/>				The most possible number	94				This is God well	95				DK	96				Other (specify)	98													
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PR10	Who decide the number of children in your household?	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Husband</td><td style="width: 10%; text-align: center;">1</td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td></tr> <tr> <td>Wife</td><td style="text-align: center;">2</td><td></td><td></td><td></td></tr> <tr> <td>Both (husband and wife)</td><td style="text-align: center;">3</td><td></td><td></td><td></td></tr> <tr> <td>Mother in law</td><td style="text-align: center;">4</td><td></td><td></td><td></td></tr> <tr> <td>Others</td><td style="text-align: center;">5</td><td></td><td></td><td></td></tr> <tr> <td>Other than that (specify)</td><td style="text-align: center;">6</td><td></td><td></td><td></td></tr> <tr> <td>DK</td><td style="text-align: center;">8</td><td></td><td></td><td></td></tr> </table>	Husband	1				Wife	2				Both (husband and wife)	3				Mother in law	4				Others	5				Other than that (specify)	6				DK	8			
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PR11 <i>Interviewer: check RE22</i> 1. Woman has live children <input type="checkbox"/>  2. Woman don't have live children <input type="checkbox"/> \Rightarrow PR13					
PR12	If you could go back to the time where you do not have any children and could choose exactly the number of children to have in your whole life, how many would that be? <i>Interviewer: probe for a numeric response and skip to next section</i>	Number of males Number of females Total The most possible number This God well DK Other (specify)	<input type="text"/> <input type="text"/> <input type="text"/> 94 95 96 97		
PR13	If you could choose exactly the number of children to have in your whole life, how many would that be?	Number of males Number of females Total The most possible number This God well DK Other (specify)	<input type="text"/> <input type="text"/> <input type="text"/> 94 95 96 97		

Section VIII: Health Awareness and Public Health

PH00	Interviewer: If husband not resident with HH, record (00)	Woman name: _____ Woman line number from HR01 : Husband line number from HR23:																																																				
PH01	Now, I would like to ask you some questions about the medical care for yourself. There are many factors prevent women from seeking medical care or treatment for themselves . When you are sick and want to seek for medical care or treatment, is the following consider a big problem, a small problem or no problem for you? Where to go for treatment and consultation Getting permission to go for treatment and consultation No health facility nearby for treatment and consultation Travelling for treatment and consultation Going alone Health provider is a male Getting money needed for treatment	<table border="1"> <thead> <tr> <th>Big problem</th><th>Small problem</th><th>No Problem</th></tr> </thead> <tbody> <tr><td>1</td><td>2</td><td>3</td></tr> <tr><td>1</td><td>2</td><td>3</td></tr> <tr><td>1</td><td>2</td><td>3</td></tr> <tr><td>1</td><td>2</td><td>3</td></tr> <tr><td>1</td><td>2</td><td>3</td></tr> <tr><td>1</td><td>2</td><td>3</td></tr> <tr><td>1</td><td>2</td><td>3</td></tr> </tbody> </table>	Big problem	Small problem	No Problem	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3																												
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PH02	During the last year, did you have any signs of urinary tract infections/ genital tract infections:	<table border="1"> <thead> <tr> <th>Signs of urinary tract infections:</th><th>Yes</th><th>No</th><th>DK</th></tr> </thead> <tbody> <tr><td>Polyurea</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>Difficulties in Micturation</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>Flank/Abdomen pain</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>Burning in Micturation</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>Fever</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>Pain in the lower abdomen</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>Turbidity in urine</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>Heamaturia</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>Signs of Genital tract infections:</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>Vaginal discharges</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>Bad smell</td><td></td><td></td><td></td></tr> <tr><td>Itching</td><td></td><td></td><td></td></tr> </tbody> </table>	Signs of urinary tract infections:	Yes	No	DK	Polyurea	1	2	8	Difficulties in Micturation	1	2	8	Flank/Abdomen pain	1	2	8	Burning in Micturation	1	2	8	Fever	1	2	8	Pain in the lower abdomen	1	2	8	Turbidity in urine	1	2	8	Heamaturia	1	2	8	Signs of Genital tract infections:	1	2	8	Vaginal discharges	1	2	8	Bad smell				Itching			
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PH03	Did you hear of “ Reproductive Health Concept” ?	<table border="1"> <thead> <tr> <th>Yes</th><th>No</th><th>DK</th></tr> </thead> <tbody> <tr><td>1</td><td></td><td></td></tr> <tr><td>2</td><td>⇒</td><td>PH05</td></tr> <tr><td>8</td><td>⇒</td><td>PH05</td></tr> </tbody> </table>	Yes	No	DK	1			2	⇒	PH05	8	⇒	PH05																																								
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Interviewer: Circle code 1 in PH04 for each subject mentioned spontaneously, continue asking PH05 for all rest subjects not mentioned spontaneously. Circle code 2 for each subject chosen after probe and circle code 3 for the subject not heard about it.																																																						
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	What are the components of the reproductive health you heard about?	<table border="1"> <thead> <tr> <th>Yes, spontaneously</th><th>Did you hear about these items Yes, after probe</th><th>No</th></tr> </thead> <tbody> <tr><td>Adolescent health care</td><td>1</td><td>2</td><td>3</td></tr> <tr><td>Antenatal care</td><td>1</td><td>2</td><td>3</td></tr> <tr><td>Safe delivery</td><td>1</td><td>2</td><td>3</td></tr> <tr><td>Postnatal care</td><td>1</td><td>2</td><td>3</td></tr> <tr><td>Care in the menopause</td><td>1</td><td>2</td><td>3</td></tr> <tr><td>Family planning services</td><td>1</td><td>2</td><td>3</td></tr> <tr><td>Infertility</td><td>1</td><td>2</td><td>3</td></tr> <tr><td>Protection and treatment of sexual transmitted diseases</td><td>1</td><td>2</td><td>3</td></tr> <tr><td>Diagnosing and treatment of (cervix, breast) cancer</td><td>1</td><td>2</td><td>3</td></tr> </tbody> </table>	Yes, spontaneously	Did you hear about these items Yes, after probe	No	Adolescent health care	1	2	3	Antenatal care	1	2	3	Safe delivery	1	2	3	Postnatal care	1	2	3	Care in the menopause	1	2	3	Family planning services	1	2	3	Infertility	1	2	3	Protection and treatment of sexual transmitted diseases	1	2	3	Diagnosing and treatment of (cervix, breast) cancer	1	2	3													
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PH06	Interviewer: for whom heard about at least one of the Reproductive health items. Where did you get the information about reproductive health component (s)	Govt. center/ hospital 1 UNRWA center/ hospital 2 NGO's center/ Hospital 3 Private physician 4 Mass media 5 Health worker 6 Nurse/ midwife/ daya 7 Lectures/ seminars 8 Husband/ friends/ relatives 9 At work 10 Other (specify) 11																												
PH06A	Interviewer: check RE05 Woman has previous delivery <input type="checkbox"/> 2. Woman never had delivery <input type="checkbox"/> \Rightarrow PH12 <div style="text-align: center;">\Downarrow</div>																													
PH07	During pregnancy, did you receive any information or advice about these items?	<table border="0"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>Pregnancy complications</td> <td>1</td> <td>2</td> </tr> <tr> <td>Importance of iron tablets</td> <td>1</td> <td>2</td> </tr> <tr> <td>Symptoms of high risk pregnancy</td> <td>1</td> <td>2</td> </tr> <tr> <td>Family planning</td> <td>1</td> <td>2</td> </tr> <tr> <td>Breast feeding</td> <td>1</td> <td>2</td> </tr> <tr> <td>Tetanus toxoid</td> <td>1</td> <td>2</td> </tr> <tr> <td>Nutrition</td> <td>1</td> <td>2</td> </tr> <tr> <td>Public health</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		Yes	No	Pregnancy complications	1	2	Importance of iron tablets	1	2	Symptoms of high risk pregnancy	1	2	Family planning	1	2	Breast feeding	1	2	Tetanus toxoid	1	2	Nutrition	1	2	Public health	1	2	
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PH08	Do you know any thing about antenatal care such as: number of visits, timing of visit, and where to receive antenatal care?	<table border="0"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>Number of medical visits</td> <td>1</td> <td>2</td> </tr> <tr> <td>Timing of visits</td> <td>1</td> <td>2</td> </tr> <tr> <td>Where to receive antenatal care</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		Yes	No	Number of medical visits	1	2	Timing of visits	1	2	Where to receive antenatal care	1	2																
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PH09	Interviewer: for whom answered at least one "yes" in PH08. Where did you hear about that? Record all mentioned.	Govt. center/ hospital 1 UNRWA center/ hospital 2 Non-governmental center/ Hospital 3 Private physician 4 Mass media 5 Health worker 6 Nurse/ midwife/ daya 7 Lectures/ seminars 8 Husband/ friends/ relatives 9 At work 10 Other (specify) 11																												
PH10	Did you hear about exclusive breast feeding?	Yes 1 No 2 \Rightarrow	PH12																											
PH11	Where did you hear about that? Record all mentioned	Govt. center/ hospital 1 UNRWA center/ hospital 2 Non-governmental center/ Hospital 3 Private physician 4 Mass media 5 Health worker 6 Nurse/ midwife/ daya 7 Lectures/ seminars 8 Husband/ friends/ relatives 9 At work 10 Other (specify) 11																												

PH12	<i>Interviewer: Ask this question for mother or caretaker of the child.</i> What types of symptoms would cause you to take your child to a health facility right away?		Yes	No
		Child not able to eat or breast feeding or drink	1	2
		Child become lazy	1	2
		Child develops a fever	1	2
		Child has rapid breathing	1	2
		Child has difficulty in breathing	1	2
		Child has blood in stool	1	2
		Frequent vomiting	1	2
		Diarrhea	1	2
		Dehydration	1	2
		Convulsion	1	2
		Other (specify) _____		
PH13	In your opinion, what is the main reason for using family planning methods?	Medical necessity	1	
		Child spacing	2	
		Willing to have fewer children	3	
		Participation in work and public life	4	
		Other (specify) _____	5	
		Oppose to use it	6	

Section IX: Awareness of AIDS

A00	Interviewer: <i>If husband not resident with HH, record (00)</i>	Woman name: _____ Woman line number from HR01 : _ _ _ Husband line number from HR23: _ _ _					
A01	Have you ever heard of disease called AIDS?	Yes No	1 2			⇒	Next section
A02	How did you hear about AIDS?	Radio TV Newspapers/ magazines Brochures/ posters Health workers Lectures Religious places Schools/ teachers Public meetings Friends/ relatives At work Other (specify) _____	1 2 3 4 5 6 7 8 9 10 11 12				
A03	Is there any way that a person can do to avoid getting AIDS?	Yes No DK	1 2 8			⇒ ⇒	A05 A05
A04	Which one of the following items can people avoid themselves from getting infected with AIDS?	A. Using condom B. Having sex with husband only C. Avoid blood transfusion D. Avoid the infected injections E. Avoid kisses F. Not having sex at all G. Avoid shake hands with H. Avoid mosquito bites I. Seeking for care at tradition medicine J. Not talking with infected people K. Avoid tooting L. Avoid perforation of ear/ nose M. Avoid treatment at dentist N. Avoid circumcision O. Other (specify) _____	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Yes No DK	No 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	
A05	Is it possible for a healthy looking persons to have the AIDS virus?	Yes No DK	1 2 8				
A06	Do you think that infected persons with AIDS Don't die, sometimes die or always die because of this disease?	Not die because of this disease Sometimes die Always die DK	1 2 3 8				
A07	Do you think that the chances that you get AIDS are Minor, medium, high or there are no risks at all?	Minor Medium High No risks DK	1 2 3 4 8				
A08	Can AIDS disease be transmitted through a mother to child?	Yes No DK	1 2 3			⇒ ⇒	A10 A10

A09	Can AIDS virus be transmitted through a mother to a child:	A. Through pregnancy B. During delivery C. Through breast feeding D. Can not be transmitted E. Other (specify)	Yes 1 1 1 1 1	No 2 2 2 2 2	DK 8 8 8 8 8
A10	If a teacher has AIDS virus but is not sick, should he/ she be allowed to continue education?	Yes No DK	1 2 8		
A11	If you know that a shopkeeper food seller has AIDS or the virus that cause it, would you buy food from him/ her?	Yes No DK	1 2 8		
A12	At this time, do you know a place where you can go to get such test to see if you have the AIDS virus?	Yes No DK	1 2 8		



Palestinian National Authority
Palestinian Central Bureau of Statistics
Health Survey 2000
Child Questionnaire

Data collected through this survey is for statistical purposes only and considered as confidential (Based on the General Statistics Law 1994)

IDH00- Questionnaire serial number in cell <input type="text"/> <input type="text"/> <input type="text"/>		IDH05- Building Address <input type="text"/>	
IDH01- Governorate <input type="text"/>		IDH06- Name of HH head <input type="text"/>	
IDH02- Locality <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		IDH07- Is HH exists in attached list: 1.Yes <input type="checkbox"/> 2. No <input type="checkbox"/>	
IDH03- EA code in locality <input type="text"/> <input type="text"/> <input type="text"/>		IDH08- (If answer in IDH07 is Yes) HH Number in list <input type="text"/> <input type="text"/> <input type="text"/>	
IDH04- Cell code in EA <input type="text"/> <input type="text"/> <input type="text"/>			
Interview Record			
CIR01- Visits Schedule	Day	Month	
	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	First visit
	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	Second Visit
	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	Third Visit
CIR02- Total Number of Visits		<input type="text"/>	
CIR03- Interview Result			
	1	Interview is completed	
	2	No HH member at home or no eligible respondent at home at time of visit	
	3	Entire HH absent for extended period of time	
	4	Refusal	
	5	Dwelling is vacant	
	6	Other (Specify) <input type="text"/>	
CIR4 – Total number of children age under 5 years		CIR5- Total number of children age 5 to 17 years <input type="text"/> <input type="text"/>	
CIR6- Total number of children less than 5 years and interviewed		CIR7- Total number of children age from 5 to 17 years and interviewed	
CIR8- Line number of mother or caretaker from HH listing			

☐ To the interviewer: please put sign (X) inside the square if you have used an additional questionnaire

Section X: Birth Registration of Children Under Five Years

This questionnaire is to be administrated to all women/ mothers who care for a child under the age of 5 years (see HR05A of HH listing to know number of children under 5 years).

An additional separate questionnaire should be used if there are more than 3 children under 5 years in HH.

			Last child	Next to last child	Second child next to last
RG01	Child's line number		_ _ _	_ _ _	_ _ _
RG02	Child's name				
RG03	Mother/ caretaker line from HH listing		_ _ _	_ _ _	_ _ _
RG04	Birth date <i>Interviewer: if day is unknown, record 99 for day</i>	Day Month Year	_ _ _ _ _ _ _ _		
RG05	Child's age		_ _ _	_ _ _	_ _ _
RG06	Does (name) have a birth certificate; may I see it? <i>Interviewer: check birth date from certificate if seen, otherwise check that from other official documents (as health card)</i>	Yes, seen Yes, not seen No DK	1 2 3 8 ⇒ RG9A	1 2 3 8 ⇒ RG9A	1 2 3 8 ⇒ RG9A
RG07	If no birth certificate is shown, ask: Has (name's) birth been registered?	Yes No DK	1 ⇒ RG9A 2 8 ⇒ RG09	1 ⇒ RG9A 2 8 ⇒ RG09	1 ⇒ RG9A 2 8 ⇒ RG09
RG08	Why does (name's) birth was not registered?	Costs too much Must travel too far Didn't know that he should be registered Late, and didn't want to pay fine Does not know where to register Other (specify) DK	1 2 3 4 5 6 _____ 8	1 2 3 4 5 6 _____ 8	1 2 3 4 5 6 _____ 8
RG09	Did (name) has a birth announcement certificate?	Yes No DK	1 2 8	1 2 8	1 2 8
RG09A	Is (name) registered in any or both parent's ID card?	Yes, in father's ID card Yes, in mother's ID card Yes, in both parent's ID card Not registered DK	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8
RG10	Do you know how to register your child's birth?	Yes No DK	1 2 8	1 2 8	1 2 8
RG11	<i>Interviewer: check RG05</i> 1. Child's age is from 3 to 4 years _ ↓ 2. Child is less than 3 years old _ ⇒ next section				
RG11A	Does (name) attend any organized learning or early childhood education program?	Yes No DK	1 2 ⇒ next section 8 ⇒ next section	1 2 ⇒ next section 8 ⇒ next section	1 2 ⇒ next section 8 ⇒ next section
RG12	Within the last 7 days, about how many hours did (name) attend?	Number of hours	_ _	_ _	_ _

For children age 5 through 17 years[illegible]

Section XIII: Children Health and Immunization

Record line number, name and survival status of each birth since April/ 1995. Ask these questions starting from last one. Use additional questionnaire if there are more than three births.					
			Last birth	Next to last birth	Second birth next to last
IM00	Line number from HR01 <i>Interviewer: record (00) for dead birth</i>		_ _	_ _	_ _
IM01	Line number from RE17		_ _	_ _	_ _
IM02	(Birth name) from RE18 and survival status from RE22	Alive Dead	Name _____ 1 2 ⇒ next column ⇒ no births ⇒ next section	Name _____ 1 2 ⇒ next column ⇒ no births ⇒ next section	Name _____ 1 2 ⇒ next column ⇒ no births ⇒ next section
IM03	Do you have a card where (name's) vaccinations are written down? If yes: may I see it please?	Yes, seen Yes, not seen No card DK	1 ⇒ IM05 2 ⇒ IM07 3 8	1 ⇒ IM05 2 ⇒ IM07 3 8	1 ⇒ IM05 2 ⇒ IM07 3 8
IM04	Did you ever have vaccination card for (name)?	Yes No	1 ⇒ IM07 2 ⇒ IM07	1 ⇒ IM07 2 ⇒ IM07	1 ⇒ IM07 2 ⇒ IM07
IM05	Interviewer: Copy dates of all vaccinations from the card. Write '99' in day column if card shows that vaccination was given but not date recorded A. Dosage of BCG B. First dosage of OPV C. Second dosage of OPV D. Third dosage of OPV E. Fourth dosage of OPV F. First dosage of IPV G. Second dosage of IPV H. First dosage of DPT I. Second dosage of DPT J. Third dosage of DPT K. Fourth dosage of DPT L. Dosage of Measles M. First dosage of HB N. Second dosage of HB O. Third dosage of HB P. MMR dosage		day month year _ / _ / _ _ _ / _ / _ _ _ / _ / _ _ _ / _ / _ _ _ / _ / _ _ _ / _ / _ _ _ / _ / _ _ _ / _ / _ _ _ / _ / _ _ _ / _ / _ _ _ / _ / _ _ _ / _ / _ _ _ / _ / _ _ _ / _ / _ _ _ / _ / _ _ _ / _ / _ _ _ / _ / _ _ _ / _ / _ _	day month year _ / _ / _ _ _ / _ / _ _ _ / _ / _ _ _ / _ / _ _ _ / _ / _ _ _ / _ / _ _ _ / _ / _ _ _ / _ / _ _ _ / _ / _ _ _ / _ / _ _ _ / _ / _ _ _ / _ / _ _ _ / _ / _ _ _ / _ / _ _ _ / _ / _ _ _ / _ / _ _ _ / _ / _ _ _ / _ / _ _	day month year _ / _ / _ _ _ / _ / _ _ _ / _ / _ _ _ / _ / _ _ _ / _ / _ _ _ / _ / _ _ _ / _ / _ _ _ / _ / _ _ _ / _ / _ _ _ / _ / _ _ _ / _ / _ _ _ / _ / _ _ _ / _ / _ _ _ / _ / _ _ _ / _ / _ _ _ / _ / _ _ _ / _ / _ _ _ / _ / _ _

IM06	Has (name) received any vaccinations that are not recorded in this card, including vaccinations received in a national immunization campaign? <i>Interviewer: record 'yes' only if respondent mentioned (BCG), Polio (1-6), DPT (1-4), Measles or HB (1-3)</i>	Yes <i>(probe for vaccinations and write '66' in the corresponding day column)</i> NO DK	1 2 ⇒ IM17 8 ⇒ IM17	1 2 ⇒ IM17 8 ⇒ IM17	1 2 ⇒ IM17 8 ⇒ IM17
	Interviewer: questions from IM07-IM16 are asked for whom they have not cards or they have but not seen. Please tell me if (name) received any of the following vaccinations?				
IM07	BCG vaccination against tuberculosis, that is an injection in the arm or shoulder that usually causes a scar?	Yes No DK	1 2 8	1 2 8	1 2 8
IM08	OPV vaccine, that is, drops in mouth?	Yes No DK	1 2 ⇒ IM10 8 ⇒ IM10	1 2 ⇒ IM10 8 ⇒ IM10	1 2 ⇒ IM10 8 ⇒ IM10
IM09	How many times?		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
IM10	IPV, an injection given in the thigh or buttocks?	Yes No DK	1 2 ⇒ IM12 8 ⇒ IM12	1 2 ⇒ IM12 8 ⇒ IM12	1 2 ⇒ IM12 8 ⇒ IM12
IM11	How many times?		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
IM12	When was the first HB vaccine received, just after birth or later?	Just after birth Later DK	1 2 3	1 2 3	1 2 3
IM13	DPT vaccination, that is, an injection given in the thigh or buttocks, sometimes at the same time as Polio drops?	Yes No DK	1 2 ⇒ IM15 8 ⇒ IM15	1 2 ⇒ IM15 8 ⇒ IM15	1 2 ⇒ IM15 8 ⇒ IM15
IM14	How many times?		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
IM15	An injection to prevent Measles?	Yes No DK	1 2 8	1 2 8	1 2 8
IM16	An injection to prevent MMR?	Yes No DK	1 2 8	1 2 8	1 2 8
IM17	Did (name) received any other vaccination to protect him or her from diseases?	Yes No DK	1 2 ⇒ IM18 8 ⇒ IM18	1 2 ⇒ IM18 8 ⇒ IM18	1 2 ⇒ IM18 8 ⇒ IM18
IM17A	What are these vaccinations?	Influenza Meningitis Both Other (specify)	1 2 3 4	1 2 3 4	1 2 3 4
IM18	Has (name) been ill with a fever at any time in the last 2 weeks?	Yes No DK	1 2 8	1 2 8	1 2 8
IM19	Has (name) had Measles?	Yes No DK	1 2 ⇒ IM21 8 ⇒ IM21	1 2 ⇒ IM21 8 ⇒ IM21	1 2 ⇒ IM21 8 ⇒ IM21

IM20	How old was he/ she at time of infection with measles? <i>Interviewer: Record (00) if child's age was less than 1 year at time of infection.</i>	Age in complete years DK	<div><div></div><div></div><div></div></div> 98	<div><div></div><div></div><div></div></div> 98	<div><div></div><div></div><div></div></div> 98
IM21	Has (name) had an illness with a cough at any time in the last two weeks?	Yes No DK	1 2 ⇒ IM28 8 ⇒ IM28	1 2 ⇒ IM28 8 ⇒ IM28	1 2 ⇒ IM28 8 ⇒ IM28
IM22	Where did you seek advice or treatment? <i>Record all mentioned.</i>	Govt. hospital MCH Govt. center UNRWA centers Private clinic/ hospital NGO's centers Pharmacy Private physician Traditional treatment Health worker Friends/Neighbors/relatives Other (specify) _____	1 2 3 4 5 6 7 8 9 10 11 12 _____	1 2 3 4 5 6 7 8 9 10 11 12 _____	1 2 3 4 5 6 7 8 9 10 11 12 _____
IM23	When (name) had illness with cough, did he/ she breathe rapidly than usual and/or difficult breaths?	Yes No DK	1 2 ⇒ IM28 8 ⇒ IM28	1 2 ⇒ IM28 8 ⇒ IM28	1 2 ⇒ IM28 8 ⇒ IM28
IM24	Were the symptoms due to a problem in chest or blocked nose?	Blocked nose Problem in chest Both Other (specify) _____ DK	1 2 3 4 _____ 8 _____	1 2 3 4 _____ 8 _____	1 2 3 4 _____ 8 _____
IM25	Does (name) had a treatment or advice from anyone outside home about this illness with cough and this symptoms?	Yes No	1 2 ⇒ IM28	1 2 ⇒ IM28	1 2 ⇒ IM28
IM26	Where did you seek advice or treatment?	Govt. hospital MCH NGO's centers UNRWA centers Private clinic/ hospital Pharmacy Private physician Other (specify) _____	1 2 3 4 5 6 7 8 _____	1 2 3 4 5 6 7 8 _____	1 2 3 4 5 6 7 8 _____
IM27	What is the main reason for choosing this place you just mentioned for treatment?	Availability of service Services are easily accessible Trust in medical team Availability of health insurance Low cost Other (specify) _____	1 2 3 4 5 6 _____	1 2 3 4 5 6 _____	1 2 3 4 5 6 _____
IM28	Has (name) had diarrhea in the last 2 weeks?	Yes No DK	1 2 ⇒ IM40 8 ⇒ IM40	1 2 ⇒ IM40 8 ⇒ IM40	1 2 ⇒ IM40 8 ⇒ IM40
IM28A	During the last episode of diarrhea, did (name) drink any of the following?	Breast milk Gruel Other acceptable home fluids like yogurt ORS packet Other milk	<u>Yes</u> <u>No</u> 1 2 1 2 1 2 1 2 1 2	<u>Yes</u> <u>No</u> 1 2 1 2 1 2 1 2 1 2	<u>Yes</u> <u>No</u> 1 2 1 2 1 2 1 2 1 2

		Water with food	1 2	1 2	1 2
		Water only	1 2	1 2	1 2
		Unacceptable fluids like gaseous drinks	1 2	1 2	1 2
		Other (specify) _____	1 2	1 2	1 2
IM29	Was there blood in stool?	Yes	1	1	1
		No	2	2	2
		DK	8	8	8
IM30	In the worst day of having diarrhea, about how many times did (name) had fluid stools?	Number of times	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
		DK	98	98	98
IM31	When (name) had diarrhea, was he/ she offered the same amount to drink, less than usual or more than usual amount to drink?	Same amount	1	1	1
		More	2	2	2
		Less	3	3	3
		DK	8	8	8
IM32	<i>Interviewer: check AN36</i> Does birth still breast feeding?	Yes	1		
		No	2 ⇒ IM34		
IM33	When (name) had diarrhea, was he/ she offered the same, more or less amount of milk than usual?	More	1		
		Less	2		
		Stopped having milk	3		
		Same amount	4		
IM34	When (name) had diarrhea, was he/ she offered the same, more or less amount of food than usual?	Same	1	1	1
		More	2	2	2
		Less	3	3	3
		Never gave food	4	4	4
		DK	8	8	8
IM35	While (name) having diarrhea, did he/ she take any of the following liquids at home?		Yes NO DK	Yes NO DK	Yes NO DK
		Breast feeding	1 2 8	1 2 8	1 2 8
		ORS	1 2 8	1 2 8	1 2 8
		Water of boiled rise	1 2 8	1 2 8	1 2 8
		Soup	1 2 8	1 2 8	1 2 8
		Home made solution	1 2 8	1 2 8	1 2 8
		Powder or fresh milk	1 2 8	1 2 8	1 2 8
		Diary products (like yogurt)	1 2 8	1 2 8	1 2 8
		Water	1 2 8	1 2 8	1 2 8
		Herbal Teas	1 2 8	1 2 8	1 2 8
IM36	Did you seek advice or treatment for the diarrhea?	Yes	1	1	1
		No	2 ⇒ IM39	2 ⇒ IM39	2 ⇒ IM39
		DK	8 ⇒ IM39	8 ⇒ IM39	8 ⇒ IM39
IM37	Where did you get advice or treatment?	Govt. hospital	1	1	1
		MCH center	2	2	2
		Govt. health center	3	3	3
		UNRWA centers	4	4	4
		Private clinic/ hospital	5	5	5
		NGO's centers	6	6	6
		Pharmacy	7	7	7
		Private physician	8	8	8
		Traditional healer	9	9	9
		Health worker	10	10	10
		Other (specify) _____	11 _____	11 _____	11 _____

IM38	What was given to treat diarrhea?	Anti diarrhea medications Intramuscular injection (I.V) intravenous Other (specify)	<u>Yes</u> <u>No</u> 2 2 2 1 2 ⇒ IM40	<u>Yes</u> <u>No</u> 1 2 1 2 1 2 1 2 ⇒ IM40	<u>Yes</u> <u>No</u> 1 2 1 2 1 2 1 2 ⇒ IM40
IM39	Why you didn't seek advice?	Mild infection Treated at home and improved Mother was busy No qualified persons to consult Clinic not available Other (specify)	1 2 3 4 5 6	1 2 3 4 5 6	1 2 3 4 5 6
IM40	Did (name) infected and treated of one of the following disease during last month?	Ear infection Eye infection Respiratory infections Allergic diseases	<u>Yes</u> <u>No</u> 1 2 1 2 1 2 1 2	<u>Yes</u> <u>No</u> 1 2 1 2 1 2 1 2	<u>Yes</u> <u>No</u> 1 2 1 2 1 2 1 2
IM41	Did (name) had Polio vaccine in the latest National immunization campaign?	Yes No	1 2	1 2	1 2
			Back to IM02 in the next column, if there is not another births, go to the next section	Back to IM02 in the next column, if there is not another births, go to the next section	Back to IM02 in the next column, if there is not another births, go to the next section

Section XII: Child Labor

To be administrated to mothers/ caretakers of each child in the household age 5 through 17 years.

Copy line number of each eligible child from household listing.

NOW I WOULD LIKE TO ASK ABOUT ANY WORK CHILDREN DO IN THIS HOUSEHOLD.

C00	C01	C02	C03	C04	C05	C06	C07	C08	C09
Mother or caretaker line no.	Child line no.	Children names (from 5 through 17 yeas old)	During the last week, did (name) do any kind of work even for 1 hour for some one who is not a member of your HH? <i>Interviewer: probe if work was for pay or not</i> 1. Yes , paid (cash or in kind) 2. Yes, unpaid 3. Didn't work ⇒ C05	During the last week, about how many hours did he/ she do this work for some one who is not a member of this HH? (if more than one job, include all hours at all jobs)	At any time during the last year, did (name) do any kind of work for some one who is not a member of this household? 1. Yes for pay (cash or in kind) 2. Yes, unpaid 3. Didn't work	During the last week, did (name) help with housekeeping chores such as cooking, cleaning clothes, caring for children, ...? 1. yes 2. no ⇒ C08	About how many hours did he/ she spend doing these chores during last week?	During the last week, did (name) do any other family work (on the farm or in business for HH or for his own)? 1. yes 2. no ⇒ next child	During the last week, about how many hours did he/ she do this work?
			1 2 3	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 2 3	1 2	<input type="checkbox"/> <input type="checkbox"/>	1 2	<input type="checkbox"/> <input type="checkbox"/>
			1 2 3	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 2 3	1 2	<input type="checkbox"/> <input type="checkbox"/>	1 2	<input type="checkbox"/> <input type="checkbox"/>
			1 2 3	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 2 3	1 2	<input type="checkbox"/> <input type="checkbox"/>	1 2	<input type="checkbox"/> <input type="checkbox"/>
			1 2 3	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 2 3	1 2	<input type="checkbox"/> <input type="checkbox"/>	1 2	<input type="checkbox"/> <input type="checkbox"/>
			1 2 3	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 2 3	1 2	<input type="checkbox"/> <input type="checkbox"/>	1 2	<input type="checkbox"/> <input type="checkbox"/>
			1 2 3	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 2 3	1 2	<input type="checkbox"/> <input type="checkbox"/>	1 2	<input type="checkbox"/> <input type="checkbox"/>
			1 2 3	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 2 3	1 2	<input type="checkbox"/> <input type="checkbox"/>	1 2	<input type="checkbox"/> <input type="checkbox"/>
			1 2 3	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 2 3	1 2	<input type="checkbox"/> <input type="checkbox"/>	1 2	<input type="checkbox"/> <input type="checkbox"/>
			1 2 3	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 2 3	1 2	<input type="checkbox"/> <input type="checkbox"/>	1 2	<input type="checkbox"/> <input type="checkbox"/>
			1 2 3	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 2 3	1 2	<input type="checkbox"/> <input type="checkbox"/>	1 2	<input type="checkbox"/> <input type="checkbox"/>
			1 2 3	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 2 3	1 2	<input type="checkbox"/> <input type="checkbox"/>	1 2	<input type="checkbox"/> <input type="checkbox"/>
			1 2 3	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 2 3	1 2	<input type="checkbox"/> <input type="checkbox"/>	1 2	<input type="checkbox"/> <input type="checkbox"/>
			1 2 3	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 2 3	1 2	<input type="checkbox"/> <input type="checkbox"/>	1 2	<input type="checkbox"/> <input type="checkbox"/>
			1 2 3	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 2 3	1 2	<input type="checkbox"/> <input type="checkbox"/>	1 2	<input type="checkbox"/> <input type="checkbox"/>
			1 2 3	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 2 3	1 2	<input type="checkbox"/> <input type="checkbox"/>	1 2	<input type="checkbox"/> <input type="checkbox"/>
			1 2 3	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 2 3	1 2	<input type="checkbox"/> <input type="checkbox"/>	1 2	<input type="checkbox"/> <input type="checkbox"/>
			1 2 3	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 2 3	1 2	<input type="checkbox"/> <input type="checkbox"/>	1 2	<input type="checkbox"/> <input type="checkbox"/>
			1 2 3	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 2 3	1 2	<input type="checkbox"/> <input type="checkbox"/>	1 2	<input type="checkbox"/> <input type="checkbox"/>

Section XIV: Children Ophthalmic Health

This questionnaire is eligible for mothers/ caretakers of children of age under 5 years.

Check HR05A to know the number of children under 5 years old.

Use additional separate questionnaire if there are more than 3 children under 5 years in HH.

			Last birth	Next to last birth	Second birth next to last
EYE1	Child line number		<input type="text"/>	<input type="text"/>	<input type="text"/>
EYE2	Child name		<input type="text"/>	<input type="text"/>	<input type="text"/>
EYE3	Line number of mother/ caretaker (from HR21)		<input type="text"/>	<input type="text"/>	<input type="text"/>
EYE4	Did (name) visited an ophthalmologist since his/ her delivery until now for making eyes test?	Yes No	1 2 ⇒ EYE6	1 2 ⇒ EYE6	1 2 ⇒ EYE6
EYE5	What is the reason for eyes test for (name)?	Routine test Problem/ illness in eyes	1 2	1 2	1 2
EYE6	Is (name) using medical glasses?	Yes No	1 2	1 2	1 2
EYE7	Did (name) made surgical operation in eye?	Yes, cataract Yes, glaucoma Yes, squint No	1 2 3 4	1 2 3 4	1 2 3 4

Section XV: Anthropometry

M01	<p><i>Interviewer: check</i></p> <div style="display: flex; justify-content: space-between;"> 1. one birth or more since April/ 1995 <input type="checkbox"/> 2. No births since April 1995 <input type="checkbox"/> ⇒ end of interview </div> <p style="text-align: center;">⇓</p>
------------	---

Interviewer: Measurement of height and weight is taken for all children under 5 years old.
Use additional questionnaire if there were more than 3 children.

			Last birth	Next to last birth	Second birth next to last
M02	Child line number from HR01		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
M03	Child name from HR02		<input type="text"/>	<input type="text"/>	<input type="text"/>
M04	Child birthdate from HR05	Day Month Year	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
M05	Child's length or height (in centimeters)		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
M06	Is child height is measured lying down/ standing up?	Lying down Standing up	1 2	1 2	1 2
M07	Child's weight in kilograms		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
M08	Result: Weight and height is measured Weight is measured only Height is measured only Child not present Child refused Mother/ caretaker refused Other (specify) <input type="text"/>		1 2 3 4 5 6 8	1 2 3 4 5 6 8	1 2 3 4 5 6 8
M09	Name and ID number of person who measured the child		Name and ID number of the assistant		

Interviewer Notes

Notes on Respondents: -----

Notes on Certain Questions:-----

Any Other Notes: -----

Interviewer's Name: -----

Date: / /

Interviewer's Code: -----

Supervisor Notes

Supervisor 's Name: -----

Date: / /

Supervisor's Code: -----

Editor Notes

Editor 's Name: -----

Date: / /

Editor 's Code:-----