



**Palestinian Authority
Palestinian Central Bureau of Statistics
Health Demographic Survey, 2004
Household questionnaire**

All information in this questionnaire is for exclusive statistical purposes only. It is considered confidential in accordance with the General Statistics Law of 2000.

IDH00	Questionnaire's serial number in the sample □ □ □ □	IDH04	Questionnaire's number in the enumeration area: □ □
IDH01	Governorate: □ □	IDH05	Building's address: _____
IDH02	Locality: □ □ □ □ □ □	IDH06	Name of household head: _____
IDH03	Enumeration area's number in the Locality: □ □ □		

Interview record:

IR01	Visits' schedule	Day	Month	
		□ □	□ □	1 st visit
		□ □	□ □	2 nd visit
		□ □	□ □	3 rd visit
IR02	Total number of visits	□		
IR03	Final result of the interview □	1	Completed	
		2	Partially completed	
		3	Family traveling	
		4	Nobody at home	
		5	Refused to cooperate	
		6	Information not available	
		7	Other / specify	
IR04	Line No. of respondent to questions on household □ □	IR05	Total No. of household members (males, females) □ □	
IR06	Total No. of eligible women (ever married) □ □	IR07	Total No. of eligible women interviewed □ □	
IR08	Total No. of children under 5 years □ □	IR09	Total No. of children under 5 years interviewed □ □	
IR09 A	Total number of children 5-17 years □ □	IR09B	Total number of women 15-54 years □ □	
IR10	Interview's schedule	Day	Month	Hour
				Start – 1st visit
				End – 1st visit
				Start – 2 nd visit
				End – 2 nd visit
				Start – 3 rd visit
				End – 3 rd visit
IR11	Interviewer's name:	IR13	Supervisor's name:	IR15
IR12	Interviewer's number:	IR14	Supervisor's number:	IR16
IR19	Encoder's name:	IR20	Encoder's number:	IR17
				IR18
				IR19

☐ Interviewer: Please check the box with X if an additional questionnaire has been used.

Section 1: Household Members Data

HR01	HR02	HR03	HR04	HR05	HR06	HR07	HR08
Member's serial number	Names of usual household members (three names) Please, tell me the names of all persons who usually live in your household, including small children and infants, and starting with the household head	What is the relation of (name) to the household head? 1. Household head 2. Spouse 3. Son/daughter 4. Father/mother 5. Brother/sister 6. Grandparent 7. Grandson/granddaughter 8. Son-in-law/daughter-in-law 9. Other relative 10. Other	Is (name) male or female? 1. Male 2. Female	What is (name)'s date of birth in day, month and year? Interviewer: record this information from official documents whenever possible Day Month Year	Interviewer: calculate age from the date of birth in HR05 and record the result in complete years If date of birth is unknown, ask for the age and record it Record (00) if age less than 1 year 98 – Don't know	Is (name) a registered refugee, non-registered refugee or non-refugee? 1. Registered refugee 2. Non-registered refugee 3. Non-refugee?	Is (name) a returnee or non-returnee? 1. Returnee 2. Non-returnee
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HR01	HR02	HR09		HR10		HR11	HR12	
Member's serial number	Names of usual household members (three names) Please, tell me the names of all persons who usually live in your household, including small children and infants, and starting with the household head	Mother's place of residence when (name) was born:		(Name)s current usual place of residence:		Period of residence in the current usual place of residence (in complete years)	(Name)'s previous usual place of residence, if any: Record (-) if there was no previous place of residence and skip to HR14	
		Community/Governorate/Country	Code	Community/Governorate/Country	Code		Community/Governorate/Country	Code
1.			<input type="text"/>		<input type="text"/>	<input type="text"/>		<input type="text"/>
2.			<input type="text"/>		<input type="text"/>	<input type="text"/>		<input type="text"/>
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11.			<input type="text"/>		<input type="text"/>	<input type="text"/>		<input type="text"/>
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17.			<input type="text"/>		<input type="text"/>	<input type="text"/>		<input type="text"/>

HR01	HR02	HR18	HR19	HR20	HR20A	HR21	HR22
Member's serial number	Names of usual household members (three names) Please, tell me the names of all persons who usually live in your household, including small children and infants, and starting with the household head	Interviewer: if the mother lives in the household, record her line No. from HR01 Record (00) if the mother does not live in the household	Is (name)'s father alive? 1. Yes 2. No → HR20A	Interviewer: if the father lives in the household, record his line No. from HR01 Record (00) if the father does not live in the household	Does (name) have any of the following diseases according to a medical diagnosis? 1. Diabetes 2. Hypertension 3. Cardiac disease 4. Cancer 5. Ulcer 6. Asthma 7. Epilepsy 8. Hereditary disease (thalassemia, blood disease) 9. Joint diseases (rheumatism) 10. Anemia 11. Healthy	Does (name) have health insurance? 1. Yes, MOH health insurance 2. Yes, Military health insurance 3. Yes, UNRWA health insurance 4. Yes, Social Welfare health insurance / elderly 5. Yes, private health insurance 6. Yes, Israeli health insurance 7. Yes, health insurance from abroad 8. No, without insurance	Type of disability: 1. None → HR24 2. Seeing 3. Hearing 4. Speech 5. Hearing & speech 6. Physical 7. Gripping of fingers 8. Mental 9. Mental & physical 10. Multiple 11. Other
1.		<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>	1 2 3 4 5 6 7 8 9 10 11	1 2 3 4 5 6 7 8	<input type="text"/> <input type="text"/>
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				For persons aged 5 years or over	For persons aged 10 years or over				
HR01	HR02	HR23	HR23A	HR24	HR25	HR26	HR27	HR28	
Member's serial number	Names of usual household members (three names) Please, tell me the names of all persons who usually live in your household, including small children and infants, and starting with the household head	Cause of disability: 1. Disease 2. Congenital 3. Perinatal 4. War 5. Work-related injury 6. Road accident 7. Accident of another type 8. Other, specify:	How old was (name) when the disability first appeared? Record age in full years Record (00) if age less than 1 year	Is (name): 1. Currently attending school 2. attended school and dropped out 3. Attended school and graduated 4. Never attended school → HR27	How many years of schooling did (name) successfully complete? Record (00) if years of schooling are less than 1 year 98 – Don't know	What is (name)'s educational attainment? 01. Illiterate (go to R11) 02. Can read and write 03. Elementary 04. Preparatory 05. Secondary 06. Intermediate level diploma 07. Bachelors degree 08. Higher diploma 09. Masters degree 10. Ph. D. 98. Don't know	Type of relation to labor force during the last week: 1. Employed from 1-14 hours 2. Employed for 15 hours or over 3. Away from job, but will return 4. Unemployed, has ever worked 5. Unemployed, has never worked 6. Full time student 7. Full time involved in household chores 8. Unable to work 9. Does not work and does not seek job 10. Does not work and does not seek job because he/she is discover aged 11. Other (If answer 5-11, go to HR29)	Main occupation: What kind of work (name) is/was doing in detail? Occupation Code	
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14.		<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
15.		<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
16.		<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
17.		<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

		For persons aged 10 years or over				For persons aged 12 years or over				
HR01	HR02	HR29	HR29A	HR29B	HR29C	HR30	HR31	HR32	HR33	HR34
Member's serial number	Names of usual household members (three names) Please, tell me the names of all persons who usually live in your household, including small children and infants, and starting with the household head	Does (name) smoke? 1. Yes, mostly cigarettes → HR29B 2. Yes, mostly pipe → HR29C 3. Yes, mostly narghile → HR29C 4. Ex-smoker 5. Does not smoke and never smoked → HR30	Since when did (name) quit smoking? Record period in full months and then go to HR30	For persons smoking cigarettes: How many cigarettes does (name) smoke daily? 1. 10 or less 2. 11-20 3. 21-40 4. Over 40	For smoking persons: For how long has (name) been smoking? Record number of full years Record (00) if less than 1 year	What is (name)'s current marital status? Is he/she ... 1. Single 2. Engaged for the first time and not married yet 3. Married 4. Divorced 5. Widow/widower 6. Separated	Interviewer: Circle the line No. of the currently or ever married women whose age is less than 55 years (i.e. eligible women for interview)	Interviewer: Circle the line No. of the eligible woman's husband from HR01 In case husband does not live in the household, record (00)	Interviewer : Circle the line No. of children under 5 years, eligible for interview for this age group	Interviewer : Circle the line No. of females in the age group 15-54 years
1.		<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	01	<input type="checkbox"/> <input type="checkbox"/>	01	01
2.		<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	02	<input type="checkbox"/> <input type="checkbox"/>	02	02
3.		<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	03	<input type="checkbox"/> <input type="checkbox"/>	03	03
4.		<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	04	<input type="checkbox"/> <input type="checkbox"/>	04	04
5.		<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	05	<input type="checkbox"/> <input type="checkbox"/>	05	05
6.		<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	06	<input type="checkbox"/> <input type="checkbox"/>	06	06
7.		<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	07	<input type="checkbox"/> <input type="checkbox"/>	07	07
8.		<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	08	<input type="checkbox"/> <input type="checkbox"/>	08	08
9.		<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	09	<input type="checkbox"/> <input type="checkbox"/>	09	09
10.		<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	10	<input type="checkbox"/> <input type="checkbox"/>	10	10
11.		<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	11	<input type="checkbox"/> <input type="checkbox"/>	11	11
12.		<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	12	<input type="checkbox"/> <input type="checkbox"/>	12	12
13.		<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	13	<input type="checkbox"/> <input type="checkbox"/>	13	13
14.		<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	14	<input type="checkbox"/> <input type="checkbox"/>	14	14
15.		<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	15	<input type="checkbox"/> <input type="checkbox"/>	15	15
16.		<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	16	<input type="checkbox"/> <input type="checkbox"/>	16	16
17.		<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	17	<input type="checkbox"/> <input type="checkbox"/>	17	17

Section 2: Dwelling and Household Data

HD00	Number of person responding to this section	Person's name: _____	<input type="checkbox"/> <input type="checkbox"/>
HD01	Type of dwelling where the household live:	1. Villa 2. House 3. Apartment 4. Independent room 5. Tent 6. Barrack 7. Other / specify _____	<input type="checkbox"/>
HD02	House ownership	1. Rented without furniture 2. Rented with furniture 3. Owned 4. For free 5. For work 6. Other / specify _____	<input type="checkbox"/>
HD03	Now I want to ask you few questions about the dwelling where you usually live What is the main source of drinking water for your household?	1. Public water network 2. Purchase from water tankers 3. Domestic cistern 4. Spring or stream 5. Other / specify _____	<input type="checkbox"/>
HD04	How does the household dispose domestic waste water?	1. Public sanitation network 2. Cesspit 3. Other / specify _____	<input type="checkbox"/>
HD05	What type of toilet facility is used by the household?	1. Flush toilet 2. Traditional toilet 3. Both 4. Other / specify _____ 5. None(go to HD08)	<input type="checkbox"/>
HD06	Is the facility located within your dwelling or yard?	1. Inside the dwelling 2. In the yard	<input type="checkbox"/>
HD07	Is this facility for your household only or do you share it with other households?	1. For household only 2. Shared with other households	<input type="checkbox"/>
HD08	Where do you keep garbage inside the house before disposing it?	1. Covered container / in a cupboard 2. Uncovered container 3. Plastic bags 4. Other / specify _____	<input type="checkbox"/>
HD09	Where do you put the disposed garbage?	1. Inside the kitchen 2. Outside the kitchen, but within the housing unit 3. Outside the housing unit	<input type="checkbox"/>
HD10	How does the household dispose the garbage?	1. By garbage collector 2. Thrown in a special place 3. Burned 4. Thrown in the street 5. Other / specify _____	<input type="checkbox"/>
HD11	How often does the household dispose the garbage?	1. Daily 2. At least twice per week 3. Once per week 4. Other / specify _____	<input type="checkbox"/>
HD12	What kind of material is the floor made from?	1. . Tiled 2. Ceramic 3. Cement 4. Other / specify _____	<input type="checkbox"/>

HD13	How many rooms are there in the dwelling?	Number of rooms		<input type="text"/>	<input type="text"/>
HD14	Are the following commodities and services available to the household? 1. Yes 2. No	1. Private car <input type="checkbox"/> 2. Electric fridge <input type="checkbox"/> 3. Solar heater <input type="checkbox"/> 4. Washing machine <input type="checkbox"/> 5. Gas stove <input type="checkbox"/> 6. Dish washer <input type="checkbox"/>	7. Central heating <input type="checkbox"/> 8. Vacuum cleaner <input type="checkbox"/> 9. Home library <input type="checkbox"/> 10. TV set <input type="checkbox"/> 11. Video player <input type="checkbox"/> 12. Telephone line <input type="checkbox"/>	13. Jawwal <input type="checkbox"/> 14. Israeli mobile phone <input type="checkbox"/> 15. Computer <input type="checkbox"/> 16. Satellite dish <input type="checkbox"/> 17. Internet service <input type="checkbox"/> 18. Radio/cassette recorder <input type="checkbox"/>	
HD15	Interviewer: Take a sample of the salt and test it according to the training manual. What is the test result?	1. Not iodized (No color change) 2. Iodized less than 15 ppm (light color) 3. Iodized over 15 ppm (dark color) 4. No salt in the household 5. Salt not tested			<input type="text"/>



Palestinian Authority
Palestinian Central Bureau of Statistics
Health Demographic Survey, 2004
Women (15-54 years) questionnaire

All information in this questionnaire is for exclusive statistical purposes only. It is considered confidential in accordance with the General Statistics Law of 2000.

IDH00	Questionnaire's serial number in the sample	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	IDH04	Questionnaire's number in the enumeration area:	<input type="text"/> <input type="text"/>
IDH01	Governorate: _____	<input type="text"/> <input type="text"/>	IDH05	Building's address: _____	
IDH02	Locality: _____	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	IDH06	Name of household head: _____	
IDH03	Enumeration area's number in the Locality:	<input type="text"/> <input type="text"/> <input type="text"/>			

Interview record:

WIR01	Visits' schedule	Day	Month		
		<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	1 st visit	
		<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	2 nd visit	
		<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	3 rd visit	
WIR02	Total number of visits	<input type="text"/>			
WIR03	Final result of the interview	<div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> <input type="text"/> </div> <div style="width: 55%;"> <div style="display: flex; flex-direction: column;"> <div>1 Completed</div> <div>2 Partially completed</div> <div>3 Traveling</div> <div>4 Could not interview the woman</div> <div>5 Refused to cooperate</div> <div>6 No eligible woman</div> <div>7 Information not available</div> <div>8 Other / specify</div> </div> </div> </div>			
WIR04	Total No. of eligible women	<input type="text"/>	WIR05	Total No. of eligible women interviewed	<input type="text"/>
WIR05	Line No. of the eligible woman from household roster	<input type="text"/>			

☐ Interviewer: Please check the box with X if an additional questionnaire has been used.

Section 3: Women's Health

Interviewer: Ask the following questions to all women in the age group 15-54 years regardless of their marital status.

WH01			First woman	Second woman	Third woman
WH02	Name of eligible woman (15-54 years) from HR02		_____	_____	_____
WH03	Woman's line No. from HR34		<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
WH04	How do you evaluate your health status?	1. Excellent 2. Very good 3. Moderate 4. Acceptable 5. bad 6. Very bad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WH05	Do you think that your weight:	1. Matches with your height 2. Less than it should be, compared to your height 3. Much less than it should be, compared to your height 4. More than it should be, compared to your height 5. Much more than it should be	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WH06	Do you practice physical exercises:	1. More than 3 times a week 2. 3 times a week 3. Less than 3 times a week 4. Sometimes 5. Do not practice at all	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WH07	Did you have a health problem during the past two weeks?	1. Yes 2. No (skip to WH11)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WH08	What was the problem?	1. Acute illness 2. Psychological condition	<u>Yes</u> 1 <u>No</u> 2	<u>Yes</u> 1 <u>No</u> 2	<u>Yes</u> 1 <u>No</u> 2
WH09	When you had this problem, did you see any of the following? (Interviewer: for women responding by 1-4, skip to WH11)	1. Doctor's clinic 2. Hospital 3. Pharmacy 4. Traditional healer 5. Self treatment	<u>Yes</u> 1 <u>No</u> 2 <u>Yes</u> 1 <u>No</u> 2 <u>Yes</u> 1 <u>No</u> 2 <u>Yes</u> 1 <u>No</u> 2	<u>Yes</u> 1 <u>No</u> 2 <u>Yes</u> 1 <u>No</u> 2 <u>Yes</u> 1 <u>No</u> 2 <u>Yes</u> 1 <u>No</u> 2	<u>Yes</u> 1 <u>No</u> 2 <u>Yes</u> 1 <u>No</u> 2 <u>Yes</u> 1 <u>No</u> 2 <u>Yes</u> 1 <u>No</u> 2
WH10	For women who did not see anybody for their illness, why did not you see anybody?	1. Condition did not require 2. Financial reasons 3. Difficult access to the provided services 4. Social reasons hindering access	<u>Yes</u> 1 <u>No</u> 2 <u>Yes</u> 1 <u>No</u> 2 <u>Yes</u> 1 <u>No</u> 2	<u>Yes</u> 1 <u>No</u> 2 <u>Yes</u> 1 <u>No</u> 2 <u>Yes</u> 1 <u>No</u> 2	<u>Yes</u> 1 <u>No</u> 2 <u>Yes</u> 1 <u>No</u> 2 <u>Yes</u> 1 <u>No</u> 2
WH11	Do you suffer anemia?	1. Yes 2.. No (skip to WH14) 3.. Don't know (skip to WH14)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WH12	For women suffering anemia, how did you know that you suffer anemia?	1. Diagnosed by a doctor / clinic / hospital 2. Through symptoms 3. Other / specify _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WH13	What did you do when you knew that you have anemia?	1. Saw a doctor who prescribed treatment for me 2. Took a medicine from the pharmacy 3. Took care of my nutrition 4. Did nothing 5. Other / specify _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

WH14	Where do you go when you feel ill?	1. Governmental clinic/center 2. UNRWA clinic/center 3. NGO clinic/center 4. Private clinic 5. Hospital 6. Seek care from traditional healers 7. Other / specify _____ 8. Nowhere	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WH14A	Interviewer: Refer to HR06: 1. the interviewee's age is 20-54 years, proceed with the questions 2. No (skip to the next section)				<input type="checkbox"/>
WH15	Have you carried out a pap smear test at least once every 3 years?	1. Yes 2. No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WH16	Do you perform manual breast self-examination?	1. Once per month 2. Once every few months 3. Other 3. No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Palestinian Authority
Palestinian Central Bureau of Statistics
Health Demographic Survey, 2004
Ever married women's questionnaire

All information in this questionnaire is for exclusive statistical purposes only. It is considered confidential in accordance with the General Statistics Law of 2000.

IDH00	Questionnaire's serial number in the sample	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	IDH04	Questionnaire's number in the enumeration area:	<input type="text"/> <input type="text"/>
IDH01	Governorate: _____	<input type="text"/> <input type="text"/>	IDH05	Building's address: _____	
IDH02	Locality: _____	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	IDH06	Name of household head: _____	
IDH03	Enumeration area's number in the Locality:	<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"/>	1 st visit	
		<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	2 nd visit	
		<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	3 rd visit	
IR02	Total number of visits	<input type="text"/>			
IR03	Final result of the interview	<div style="display: flex; align-items: center;"> <input style="margin-right: 10px;" type="checkbox"/> <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> 1 Completed 2 Partially completed </div> <div style="display: flex; justify-content: space-between;"> 3 Traveling 4 Could not interview the woman </div> <div style="display: flex; justify-content: space-between;"> 5 Refused to cooperate 6 No eligible women </div> <div style="display: flex; justify-content: space-between;"> 7 Information not available 8 Other / specify </div> </div> </div>			
IR04	Total No. of eligible women	<input type="text"/>	IR06	Total No. of eligible women interviewed	<input type="text"/>
IR05	Line No. of the eligible woman from household roster	<input type="text"/>			

☐ Interviewer: Please check the box with X if an additional questionnaire has been used.

Section 4: Reproduction

RE01a	Interviewer: Record	Interviewee's name	
		Interviewee's line No. in the household roster	
RE01b	Record (00) If husband does not live in the household	Husband's line No. in the household roster	
RE02	What is your marital status?	Married 1 Divorced 2 → Widowed 3 → Separated 4 →	RE03A RE03A RE03A
RE03	Does your husband have another wife?	Yes 1 No 2	
RE03A	How old were you at (first) marriage?	Age	
RE03B	How long has you marital life been in full years?	Number of years	
RE03C	What is the type of kinship between you and your (first) husband?	Cousin (son of father's brother) 1 Cousin (son of father's sister) 2 Cousin (son of mother's brother) 3 Cousin (son of mother's sister) 4 Cousin (son of father's brother and mother's sister or son of father's sister and mother's brother) 5 From the same clan (hamola) 6 No kinship 7	
RE03D	Have you been married only once or more than once?	Once 1 More than once 2	
RE04	Have you ever been pregnant?	Yes 1 No 2 →	RE14
RE04A	How old were you at first pregnancy?	Age	
RE05	Have you ever given birth even if the newborn lived only for moments?	Yes 1 No 2 →	RE12
RE06	When did you have your first birth? <i>Day/Month/Year</i>	/ /	
RE07	What was your age when you had your first birth	Age	
RE08	Do you have sons or daughters who live now with you?	Yes 1 No 2 →	RE10
RE09	Number of sons living with you: Number of daughters living with you: Interviewer, if none, record (00)	A. Sons B. Daughters	
RE10	Do you have sons or daughters who are alive but do not live with you in the household?	Yes 1 No 2 →	RE12
RE11	Number of sons who do not live with you: Number of daughters who do not live with you: Interviewer: if none, record (00)	A. Sons B. Daughters	
RE12	Have you ever given birth to a baby who showed signs of life (like breathing, crying or movement) but he/she died later even if he/she lived few minutes or hours or days?	Yes 1 No 2 →	RE14
RE13	How many of your sons died? How many of your daughters died? Interviewer, if none, record (00)	A. Sons B. Daughters	
RE14	Interviewer: Sum answers to RE09, RE11 and RE13 and record total If none, record (00)	Total	
RE15	Interviewer: Check RE14 and ask: Just to make sure that I have this right: you have had in total (total from RE14) births during your life. Is this correct? 1. Yes ↓ 2. No Probe and correct answers to RE09-RE14 as necessary.		
RE16	Interviewer: Check RE14: 1. One or more births 2. No births → RE32A ↓		
	Now I would like to talk with you about all your births in your married life, whether still alive or not and whether they live with you or not, starting with the first one you had: Interviewer: Record names of all births in RE18 and record twins each on a separate line		

RE17	RE18	RE19	RE20	RE21	RE22	RE23	RE24	RE25	RE26	RE27
Birth's No.	Name all of your children, starting with the first birth, then the second, etc, until reaching the youngest one:	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? Probe: What is his/her birth date? Month year	Is (name) still alive? 1. Yes 2. No → RE25	How old was (name) at his/her last birthday? Record age in complete years Record (00) if age less than 1 year	Is (name) living with you in the household? 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/>  RE26, except for first birth  Second birth	How old was (name) when he/she died? 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 if 2 years or over. Days Months Years	Interviewer: Subtract birth month and year of (name) from birth month and year of previous birth. Is the difference 2 years or more: 1. Yes 2. No → next birth	Where there any other live births between (name) and previous birth? 1. Yes 2. No
01		1 2	1 2	<input type="text"/> / <input type="text"/>	1 2	<input type="text"/>	1 2	<input type="text"/> <input type="text"/> <input type="text"/>		
02		1 2	1 2	<input type="text"/> / <input type="text"/>	1 2	<input type="text"/>	1 2	<input type="text"/> <input type="text"/> <input type="text"/>	1 2	1 2
03		1 2	1 2	<input type="text"/> / <input type="text"/>	1 2	<input type="text"/>	1 2	<input type="text"/> <input type="text"/> <input type="text"/>	1 2	1 2
04		1 2	1 2	<input type="text"/> / <input type="text"/>	1 2	<input type="text"/>	1 2	<input type="text"/> <input type="text"/> <input type="text"/>	1 2	1 2
05		1 2	1 2	<input type="text"/> / <input type="text"/>	1 2	<input type="text"/>	1 2	<input type="text"/> <input type="text"/> <input type="text"/>	1 2	1 2
06		1 2	1 2	<input type="text"/> / <input type="text"/>	1 2	<input type="text"/>	1 2	<input type="text"/> <input type="text"/> <input type="text"/>	1 2	1 2
07		1 2	1 2	<input type="text"/> / <input type="text"/>	1 2	<input type="text"/>	1 2	<input type="text"/> <input type="text"/> <input type="text"/>	1 2	1 2
08		1 2	1 2	<input type="text"/> / <input type="text"/>	1 2	<input type="text"/>	1 2	<input type="text"/> <input type="text"/> <input type="text"/>	1 2	1 2
09		1 2	1 2	<input type="text"/> / <input type="text"/>	1 2	<input type="text"/>	1 2	<input type="text"/> <input type="text"/> <input type="text"/>	1 2	1 2
10		1 2	1 2	<input type="text"/> / <input type="text"/>	1 2	<input type="text"/>	1 2	<input type="text"/> <input type="text"/> <input type="text"/>	1 2	1 2
11		1 2	1 2	<input type="text"/> / <input type="text"/>	1 2	<input type="text"/>	1 2	<input type="text"/> <input type="text"/> <input type="text"/>	1 2	1 2
12		1 2	1 2	<input type="text"/> / <input type="text"/>	1 2	<input type="text"/>	1 2	<input type="text"/> <input type="text"/> <input type="text"/>	1 2	1 2
13		1 2	1 2	<input type="text"/> / <input type="text"/>	1 2	<input type="text"/>	1 2	<input type="text"/> <input type="text"/> <input type="text"/>	1 2	1 2
14		1 2	1 2	<input type="text"/> / <input type="text"/>	1 2	<input type="text"/>	1 2	<input type="text"/> <input type="text"/> <input type="text"/>	1 2	1 2
15		1 2	1 2	<input type="text"/> / <input type="text"/>	1 2	<input type="text"/>	1 2	<input type="text"/> <input type="text"/> <input type="text"/>	1 2	1 2
16		1 2	1 2	<input type="text"/> / <input type="text"/>	1 2	<input type="text"/>	1 2	<input type="text"/> <input type="text"/> <input type="text"/>	1 2	1 2

RE17	RE18	RE19	RE20	RE21	RE22	RE23	RE24	RE25	RE26	RE27
						For alive births		For dead births		
Birth's No.	Name all of your children, starting with the first birth, then the second, etc, until reaching the youngest one:	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? Probe: What is his/her birth date? Month year	Is (name) still alive? 1. Yes 2. No → RE25	How old was (name) at his/her last birthday? Record age in complete years Record (00) if age less than 1 year	Is (name) living with you in the household? 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/>  RE26, except for first birth  Second birth	How old was (name) when he/she died? 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 if 2 years or over. Days Months Years	Interviewer: Subtract birth month and year of (name) from birth month and year of previous birth. Is the difference 2 years or more: 1. Yes 2. No → next birth	Where there any other live births between (name) and previous birth? 1. Yes 2. No
17		1 2	1 2	____/____	1 2	____	1 2	____ ____ ____		
18		1 2	1 2	____/____	1 2	____	1 2	____ ____ ____	1 2	1 2
19		1 2	1 2	____/____	1 2	____	1 2	____ ____ ____	1 2	1 2
20		1 2	1 2	____/____	1 2	____	1 2	____ ____ ____	1 2	1 2
21		1 2	1 2	____/____	1 2	____	1 2	____ ____ ____	1 2	1 2
22		1 2	1 2	____/____	1 2	____	1 2	____ ____ ____	1 2	1 2
23		1 2	1 2	____/____	1 2	____	1 2	____ ____ ____	1 2	1 2
24		1 2	1 2	____/____	1 2	____	1 2	____ ____ ____	1 2	1 2
25		1 2	1 2	____/____	1 2	____	1 2	____ ____ ____	1 2	1 2
26		1 2	1 2	____/____	1 2	____	1 2	____ ____ ____	1 2	1 2
27		1 2	1 2	____/____	1 2	____	1 2	____ ____ ____	1 2	1 2
28		1 2	1 2	____/____	1 2	____	1 2	____ ____ ____	1 2	1 2
29		1 2	1 2	____/____	1 2	____	1 2	____ ____ ____	1 2	1 2
30		1 2	1 2	____/____	1 2	____	1 2	____ ____ ____	1 2	1 2
31		1 2	1 2	____/____	1 2	____	1 2	____ ____ ____	1 2	1 2
32		1 2	1 2	____/____	1 2	____	1 2	____ ____ ____	1 2	1 2

RE28	What was the birth day of the last birth you had Day/month/year	_ _ / _ _ / _ _ _ _	
RE29	Interviewer: Subtract the month and year of last birth from the month and year of the interview date. Is the difference 2 years or more?	Yes1 No2 →	RE31
RE30	Have you had any live birth since the birth of (name of last birth)?	Yes1 No2	
RE31	Interviewer: Compare total in RE14 with number of births from the woman's reproductive history. 1. Both numbers are same _ _ 2. Numbers are different _ → record the correct Check if: ↓ A. Year of birth is recorded for each birth _ B. Current age is recorded for each living child _ C. Age at death is recorded for each dead child _ D. Age at death is recorded for each child who dies at age less than 12 months _		
RE32	Interviewer: Check RE21 and record number of births since April 1999	_ _	
RE32A	Interviewer: 1. Woman's age less than 50 years and currently married or divorced/widowed/separated since 100 days or less 2. Woman's age 50 years or over and currently married or divorced/widowed since more than 100 days → RE37 ↓		
RE33	Are you pregnant now?	Yes1 No2 → Unsure3 →	RE37 RE37
RE34	How many months pregnant are you? Interviewer: Record number of complete months	Number of months _ _ Don't know98	
RE35	When did your last menstrual period start? (Date if given) ____/____/____	Months ago 1 _ _ Years ago2 _ _ Never menstruated3 99	
RE36	At the time when you became pregnant, did you have the desire to become pregnant at that time, had the desire to become pregnant later or did not have the desire to become pregnant at all?	Desire now 1 Desire later 2 Not at all 3 Don't know/didn't decide 8	
RE37	Have you ever had any other pregnancies which did not result in a live birth, either by abortion or still birth?	Yes1 No2 →	RE39
RE38	How many times did you have abortion or still birth during your life?	A. Number of abortions _ _ B. Number of still births _ _	
RE38A	How many times did you have abortion or still birth in the last 3 years preceding this survey?	A. Number of abortions _ _ B. Number of still births _ _	
RE39	Interviewer: Sum answers to RE14 and RE38 and record the total. If woman is currently pregnant as indicated from RE33, then add (1) to the total. No pregnancies, record (00)	Total _ _	
RE40	Interviewer: Check RE39 and ask: Just to make sure that I am right, You have had (total from RE39) pregnancies in your life, including this pregnancy (if woman is pregnant). Is that correct? 1. Yes 2. No. record the correct RE14, RE33, RE38 and RE39		

Section 5: Family Planning Methods

FP01	Interviewer: Record	Interviewee's name	
		Interviewee's line No. in the household roster __ __	
FP02	Record (00) If husband does not live in the household	Husband's line No. in the household roster __ __	
Now I would like to talk about family planning and the different methods that couples can use to delay or avoid pregnancy.			
FP03	Which ways or methods have you heard about?		FP04
		Yes, spontaneously Yes, after probe No	Have you ever used (method) at any time? 1. Yes 1. No
1.	(Contraceptive pills) Woman takes a pill a day continuously	1 2 3 ↓	1 2
2.	(IUD) Medical device inserted in the uterus by a doctor or a nurse	1 2 3 ↓	1 2
3.	(Injections) Intramuscular injection used to prevent pregnancy for several months	1 2 3 ↓	1 2
4.	(Suppository, foam, jelly, sponge, diaphragm) methods used in the vagina shortly before sexual intercourse	1 2 3 ↓	1 2
5.	(Condom) Single-use rubber sac preservative used by man during sexual intercourse	1 2 3 ↓	1 2
6.	(Female sterilization) Permanent method by tubular ligation in woman	1 2 3 ↓	Did you have a sterilization operation to prevent having more children? 1 2
7.	(Male sterilization) Permanent method by seminal ligation in men	1 2 3 ↓	Did your husband have a sterilization operation to prevent having more children? 1 2
8.	(Rhythm /Periodic abstinence) Based on identifying woman's fertility days and avoiding intercourse in this period	1 2 3 ↓	1 2
9.	(Withdrawal) Ejaculating outside the vagina at the end of the intercourse	1 2 3 ↓	1 2
10.	(Breastfeeding) Breastfeeding the child day and night to avoid pregnancy	1 2 3 ↓	1 2
11.	Have you heard of any other way or method that a woman or a man can use to avoid pregnancy?	1 3 ↓ Specify: _____	1 2

FP05	Have you ever used any family planning method?	Yes.....1 Yes, previously but stopped now2 No3 →	FP11																								
FP06	What methods have you used? (Interviewer: Correct FP03, FP04 if necessary)																									
FP07	What is the first main method you have used to delay or avoid pregnancy?	Pills 01 IUD 02 Injections.....03 Suppository/foam/jelly/diaphragm/sponge .04 Condom05 Female sterilization/tubular ligation06 Male sterilization07 Rhythm08 Withdrawal09 Breastfeeding10 Other (specify) 11																									
FP08	How old were you at the first use?	Age in complete years																									
FP09	How many living children did you have when you first used a family planning method? Record (00) if no child at first use	A. Total of male children B. Total of female children C. Total																									
FP09A	Interviewer: ask this question only to women who used IUD. When you used the IUD, did you suffer of the following?	<table border="1"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>1. Secretions</td> <td>1</td> <td>2</td> </tr> <tr> <td>2. Itching</td> <td>1</td> <td>2</td> </tr> <tr> <td>3. Burning micturation</td> <td>1</td> <td>2</td> </tr> <tr> <td>4. Abdominal pain</td> <td>1</td> <td>2</td> </tr> <tr> <td>5. Pain in the reproductive organs</td> <td>1</td> <td>2</td> </tr> <tr> <td>6. Intermittent bloody secretions</td> <td>1</td> <td>2</td> </tr> <tr> <td>7. Increase in the menstruation days</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		Yes	No	1. Secretions	1	2	2. Itching	1	2	3. Burning micturation	1	2	4. Abdominal pain	1	2	5. Pain in the reproductive organs	1	2	6. Intermittent bloody secretions	1	2	7. Increase in the menstruation days	1	2	
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6. Intermittent bloody secretions	1	2																									
7. Increase in the menstruation days	1	2																									
FP10	Interviewer: Check RE02 1. Currently married 2. Divorced, widowed or separated → ↓		FP18																								
FP11	Interviewer: Check RE33 1. Not pregnant or uncertain 2. Pregnant or postpartum → ↓		FP18																								
FP12	Interviewer: Check FP04 (item 6) 1. Woman not sterilized 2. Woman sterilized → ↓		FP14A																								
FP13	Are you currently using any method to delay or avoid pregnancy?	Yes1 No2 →	FP17																								
FP14	What is the main method you are currently using?	Pills 01 IUD 02 Injection03 Suppository/foam/jelly/diaphragm/sponge ..04 Condom05 Female sterilization/tubular ligation06 Male sterilization07 Periodic abstinence08 Withdrawal09 Breastfeeding10 Other (specify) 11	FP16																								
FP14A	Interviewer: (Circle item 6 if she is sterilized)																										

FP15	From where did you obtain (method)?	Governmental center/hospital1 NGO center/hospital2 UNRWA center/hospital3 Private hospital/center/clinic4 Pharmacy5 Other (specify) 6	
FP16	What is your main reason for using (method)?	Physician advice.....1 Husband didn't oppose it2 Friends advice3 Convenient4 Cheap5 Other (specify) 6	<div style="display: flex; align-items: center;"> <div style="border-left: 1px solid black; padding-left: 5px; margin-right: 5px;"> </div> <div style="font-size: 2em;">}</div> <div style="margin-left: 5px;"> FP18 </div> </div>
FP17	What is the main reason for not using any family planning method currently?	Desire to have children01 Oppose family planning02 Husband's disapproval03 Relative oppose04 Side effects 05 Don't know about availability of FP methods ..06 Difficult to get the method07 High cost08 Method is inconvenient09 Menopause10 Husband is not currently living in household ..11 Infertility12 Contradict with religious beliefs13 Other (specify) 14 Don't know 98	
FP18	If you want to get information about family planning, from where do you get this information? Interviewer: Record all mentioned	Governmental center/hospital1 NGO center/hospital2 UNRWA center/hospital3 Private hospital/center/clinic4 Media5 Relatives and friends6 Brochures and books7 Other (specify) 8	

Section 6: Pregnancy and Breastfeeding

AN01	Interviewer: Record	Interviewee's name																																																					
		Interviewee's line No. in the household roster __ __																																																					
	Record (00) If husband does not live in the household	Husband's line No. in the household roster __ __																																																					
AN02	Interviewer: Check RE22 Have the woman ever given birth to at least one live baby during the last 3 years (since April 2001)? 1. Yes ↓ 2. No → Next section __																																																						
	Interviewer: Ask about last two pregnancies resulted in live births in the last 3 years. Enter line number and name for each since April 2001 from reproductive history table, even if the birth is no more alive. Ask the questions about all these births starting with the last one. Now I would like to ask you some more questions about the last two pregnancies ended with live births during the last 3 years preceding the survey. We will talk about each birth separately. (Refer to the births roster)																																																						
AN03	Birth's line No. from RE17	Last pregnancy			Pre-last pregnancy																																																		
		__ __			__ __																																																		
AN04	Child's birth date in day, month and year	__/__/____			__/__/____																																																		
	Birth's name from RE18	Name: _____			Name: _____																																																		
AN05	At the time when you became pregnant with (name), did you have the desire to become pregnant, to wait, or did not have the desire to become pregnant?	Desire to become pregnant Desire to wait..... Didn't desire to become ever pregnant...	1 → AN06A 2 3 → AN06A	1 → AN06A 2 3 → AN06A																																																			
AN06	For how long did you want to wait?	Number of months Don't know	__ __ 98	__ __ 98																																																			
AN06A	Did you receive antenatal care during your pregnancy with (name)?	Yes No	1 2 → AN12	1 2 → AN12																																																			
AN07	Who did examine you during your pregnancy with (name)?	Doctor Nurse Midwife..... Daya No one Other (specify)	1 2 3 4 5 6 _____	1 2 3 4 5 6 _____																																																			
AN08	Where did you mainly obtain the antenatal care (place you mostly visited)?	Governmental hospital Private hospital UNRWA center Governmental health center Governmental MCH center Private doctor's clinic NGO clinic or health center Other (specify)	1 2 3 4 5 6 7 8 _____	1 2 3 4 5 6 7 8 _____																																																			
AN08A	During antenatal care for this pregnancy, did you have any of the following tests at least once?	A. Weighing B. Height measurement C. Blood pressure measurement D. Blood test E. Urine analysis F. Ultrasound G. Pelvic examination/uterus height H. Fetal Puls rate	<table style="width: 100%; border: none;"> <tr> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> <td style="text-align: center;">DK</td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> </table>	Yes	No	DK	1	2	8	1	2	8	1	2	8	1	2	8	1	2	8	1	2	8	1	2	8	<table style="width: 100%; border: none;"> <tr> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> <td style="text-align: center;">DK</td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> </table>	Yes	No	DK	1	2	8	1	2	8	1	2	8	1	2	8	1	2	8	1	2	8	1	2	8			
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AN08B	During antenatal care for this pregnancy, did you get any information about the following?	A. Diet B. High risk pregnancy danger signs.. C. Breastfeeding D. Family planning E. Post-natal care	<table style="width: 100%; border: none;"> <tr> <td style="text-align: center;">Yes, lecture</td> <td style="text-align: center;">Yes, printed material</td> <td style="text-align: center;">No</td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> </table>	Yes, lecture	Yes, printed material	No	1	2	8	1	2	8	1	2	8	1	2	8	1	2	8	<table style="width: 100%; border: none;"> <tr> <td style="text-align: center;">Yes, lecture</td> <td style="text-align: center;">Yes, printed material</td> <td style="text-align: center;">No</td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> </table>	Yes, lecture	Yes, printed material	No	1	2	8	1	2	8	1	2	8	1	2	8	1	2	8															
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			Last pregnancy	Pre-last pregnancy
	Child's name from RE18		Name: _____	Name: _____
AN09	Why did you choose this place to receive antenatal care? Interviewer: Record all mentioned	Accessibility to service 1 Better service quality 2 Female service provider 3 Availability of health insurance 4 Low cost 5 Inability to reach other places due to Israeli measures 6 Other (specify) 7 _____		
AN10	How months have you been pregnant when made the first antenatal visit for this pregnancy?	Month Don't know	____ 98	____ 98
AN11	How many antenatal care visits did you have during your pregnancy with (name)?	Number of visits Don't know	____ 98 Record answer and skip to AN13	____ 98 Record answer and skip to AN13
AN12	What was your main reason for not getting antenatal care?	Have no pregnancy problems 1 Have previous experience 2 Service is unavailable 3 High cost 4 Service is dissatisfactory 5 Israeli measures prevented me from receiving the service 6 Other (specify) 7 _____		
AN13	During your pregnancy with (name) did you have any of the following problems?		Yes No response code	Yes No response code
AN14	Interviewer: For those having problems, ask if the interviewee consulted anybody primarily about it and record the code for the applicable response: 1. Went to the hospital 2. Consulted a private doctor 3. Consulted a nurse 4. Consulted midwife 5. Consulted a daya 6. Other (specify) _____ 7. Did nothing	A. Eclampsia B. Gestational diabetes C. Signs of premature delivery D. Hypertension E. Vaginal bleeding F. Urinary tract infection G. Acute headache H. High fever I. Swelling in the body or face J. Convulsions K. Anemia L. Reproductive tract infections ...	1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2	1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2
AN15	Have you taken any of the following during your pregnancy with (name)?	A. Iron pills B. Folic acid pills C. Iron + folic acid pills.....	Yes No DK 1 2 8 1 2 8 1 2 8	Yes No DK 1 2 8 1 2 8 1 2 8
AN16	Interviewer: For those answering 'Yes' to at least one in AN15: From where did you obtain the iron or folic acid pills? Interviewer: Record all mentioned	Governmental hospital or center ... Private hospital or health center UNRWA hospital or health center .. NGO hospital or health center Private doctor's clinic Pharmacy Other (specify)	1 2 3 4 5 6 7 _____	1 2 3 4 5 6 7 _____

			Last pregnancy	Pre-last pregnancy
	Child's name from RE18		Name: _____	Name: _____
AN17	Where did you give birth to (name)?	Governmental hospital or center ... Private hospital or health center UNRWA hospital or health center .. NGO hospital or health center Israeli hospital Maternity home Private doctor's clinic At home Other (specify)	1 2 3 4 5 6 7 8 9 _____	1 2 3 4 5 6 7 8 9 _____
AN17A	Was this place your preferred choice?	Yes No	1. → AN19 2	1. → AN19 2
AN17B	If no, what is the reason for having delivery in this place? Interviewer: Record all mentioned	Difficulty reaching another place due to Israeli measures Sudden delivery Insurance available/lower cost My private doctor works there..... No other place available Other (specify)	1 2 3 4 5 6 _____	1 2 3 4 5 6 _____
AN18	What is your preferred place for delivery?	Governmental hospital or center ... Private hospital or health center UNRWA hospital or health center .. NGO hospital or health center Israeli hospital Maternity home Private doctor's clinic At home Other (specify)	1 2 3 4 5 6 7 8 9 _____	1 2 3 4 5 6 7 8 9 _____
AN19	Who assisted you during the delivery of (name)?	Doctor Nurse Midwife Daya Relative/friend Other (specify) No one	1 2 3 4 5 6 _____ 7	1 2 3 4 5 6 _____ 7
AN20	What is the main reason for choosing this place for delivery?	Better service Difficulty reaching another place due to Israeli measures Sudden delivery Insurance available/lower cost My private doctor works there..... No other place available Other (specify)	1 2 3 4 5 6 7 _____	1 2 3 4 5 6 7 _____
	Interviewer: ask questions AN21-AN23 to woman who answered question AN17 by 1-5 only:			
AN21	How long did you stay in the hospital?	A. Number of hours B. Number of days	____ ____	____ ____
AN22	For those who stayed less than 24 hours before discharging from hospital: What is the main reason to leave the hospital before completing 24 hours there?	Family situation High cost Service unsuitable No need to stay more Hospital asked me to leave Other (specify) _____	1 2 3 4 5 6	1 2 3 4 5 6

			Last pregnancy			Pre-last pregnancy				
	Child's name from RE18		Name: _____			Name: _____				
AN23	Did you receive health education on any of the following topics before leaving the hospital?	A. Breastfeeding B. Mother nutrition C. family planning D. Immunization E. Importance of medical follow up	Yes, lecture 1 1 1 1 1	Yes, print material 2 2 2 2 2	No 3 3 3 3 3	Yes, lecture 1 1 1 1 1	Yes, print material 2 2 2 2 2	No 3 3 3 3 3		
AN24	After giving birth to (name) and during the first 8 weeks after delivery (puerperium period), did you have any of the following problems?	A. Bad smell excretions B. Severe hemorrhage C. High fever D. Convulsions E. Mastitis F. Depression	AN24 Yes No 1 2 1 2 1 2 1 2 1 2 1 2		AN25 Yes No 1 2 1 2 1 2 1 2 1 2 1 2		AN24 Yes No 1 2 1 2 1 2 1 2 1 2 1 2		AN25 Yes No 1 2 1 2 1 2 1 2 1 2 1 2	
AN25	For those answering 'Yes' to any item in AN23: Did you receive treatment?	1. Yes 2.No								
AN26	Was (name) delivered by normal delivery, by episiotomy, by forceps, by suction or by cesarean?	Normal Episiotomy Forceps Suction Cesarean	1 2 3 4 5			1 2 3 4 5				
AN27	During the puerperium period (8 weeks after delivery) whom did you see for post-natal care?	General practitioner Specialist Nurse Midwife Daya No one Other (specify)	1 2 3 4 5 6 7 _____			1 2 3 4 5 6 7 _____				
AN28	During the puerperium period (8 weeks after delivery) did health educator/nurse/daya visit you?	Yes No	1 2 → AN30			1 2 → AN30				
AN29	Did she talk to you about any of the following topics?	A. Family planning B. Breastfeeding C. Personal hygiene D. Nutrition E. Resuming sexual activity F. Child care G. Importance of exercise H. Watching weight I. Other (specify)	Yes No 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2		Yes No 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2					
AN30	Was (name) weighed at birth?	Yes No	1 2 → AN32			1 2 → AN32				
AN31	How much did (name) weigh at birth? Record weight in grams from health card if available	From the card Without the card Don't know	1 2. 99998			1 2. 99998				

	Birth's line No from RE17		Last pregnancy	Pre-last pregnancy
			_____	_____
	Child's name from RE18		Name: _____	Name: _____
AN32	Did you breastfeed (name)?	Yes No	1 2 → AN37	1 2 → AN37
AN33	How long after (name)'s birth did you start breastfeeding him/her? Interviewer: Record (00) for No. 1 if answer was 'immediately after birth' or 'less than 1 hour'	Immediately after birth Hours Days	1 _____ 2 _____ 3 _____	1 _____ 2 _____ 3 _____
AN34	Are you still breastfeeding (name)?	Yes No Baby died	1 → AN38 2 3	1 → AN38 2 3
AN35	For how many months did you breastfeed (name)?	Number of months Still breastfeeding	_____ 98	_____ 98
AN36	For how many months did you breastfeed (name) exclusively?	Months Don't know	_____ 98	_____ 98
AN37	Why did you stop breastfeeding (name)? (Main reason)	Mother's illness/weakness Baby's illness/weakness Baby died Nipple/breast problem Breast milk is not enough Mother is working Baby refused the breast Weaning age Became pregnant Started using contraceptives Other (specify)	01 02 03 → next birth 04 05 06 07 08 09 10 11 _____	01 02 03 → next section 04 05 06 07 08 09 10 11 _____
AN38	Did you use any kind of milk other than breast milk to feed (name)?	Yes No Don't know	1 2 → AN41 8 → AN41	1 2 → AN41 8 → AN41
AN39	How old was (name) when you started giving him/her any kind of milk other than breast milk?	Months Don't know	_____ 98	_____ 98
AN40	Why did you start giving (name) any kind of milk other than breast milk? Interviewer: Record all mentioned	Mother's illness/weakness Baby's illness/weakness Doctor's advice Nurse's advice Nipple/breast problem Breast milk is not enough Mother is working Baby refused the breast Weaning age Became pregnant Started using contraceptives 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 _____
AN41	How old was (name) when you started giving him/her additional fluids, such as juices?	Months Not given any liquids yet Don't know	_____ 95 98	_____ 95 98
AN42	How old was (name) when you started giving him/her food other than fluids and milk?	Months Not given any foods yet Don't know	_____ 95 98	_____ 95 98
AN43	Has (name) received vitamin A+D drops even if one time only?	Yes No Don't know	1 2 → AN47 8 → AN47	1 2 → AN47 8 → AN47

			Last pregnancy	Pre-last pregnancy
	Child's name from RE18		Name: _____	Name: _____
AN44	How old was (name) when he/she received vitamin A+D drops last time?	Months Don't know	_ _ 98	_ _ 98
AN45	For how long did (name) continue receiving vitamin A+D drops?	Months Still receiving vitamin A+D Don't know	_ _ 95 98	_ _ 95 98
AN46	From where the drops/liquid were obtained last time?	On routine visit to health center On sick child visit to health center .. Bought from pharmacy Pharmacy/insurance Other (specify) Don't know Not receiving now	1 2 3 4 5 6 7	1 2 3 4 5 6 7
AN47	Has (name) received iron syrup? Interviewer: If the answer is 2 or 3, skip to the next birth	Yes No Don't know	1 2 → Next birth 8 → Next birth	1 2 → Next section 8 → Next section
AN48	For how long did (name) receive iron syrup? Record (00) if less than 1 month	Months Still receiving iron Don't know	_ _ 95 98	_ _ 95 98
			Go back to AN34 in the next column. If no more births skip to next section	Upon completing the data for the second birth, skip to next section

Section 7: Tetanus Toxoid

TT01A	Interviewer: Record	Interviewee's name
		Interviewee's line No in the household roster __ __
TT01B	Record (00) If husband does not live in the household	Husband's line No in the household roster __ __
TT02A	Interviewer: Ask this section to women who gave birth to a live child since April 2003. Check RE21 Have the woman given birth to a live baby during the past year (since April 2003)? 1. Yes ↓ 2. No → Next section __	
TT02	Do you have a card or any document recording your immunizations?	Yes, card seen 1 Yes, card not seen 2 No 3 Don't know 8
TT03	When you were pregnant with your last child, did you receive any injection to prevent him/her from getting convulsions after birth (an anti-tetanus doses taken during last pregnancy)?	Yes 1 No 2 → Don't know 8 →
TT04	How many doses did you receive during your last pregnancy?	Number of doses __ __ Don't know 98
TT05	Interviewer: Check TT04 Number of doses: 1. One doses or less __ 2. Two or more __ → next section <div style="text-align: center;">↓</div>	
TT06	Did you receive any additional tetanus toxoid doses / injections at any time before your last pregnancy, including during previous pregnancy or between pregnancies?	Yes 1 No 2 → Don't know 8 →
TT07	How many tetanus toxoid doses (injections) did you receive at any time before your last pregnancy?	Number of doses __ __ Don't know 98
TT08	When was the last dose (before your last pregnancy) received? Or: How many years ago did you receive the last dose? Interviewer: If the woman did not know the date in month and year, record 99 for month and 9999 for year.	A. Month / year __ __ / __ __ __ __ B. Years ago __ __
TT09	Interviewer: Sum responses of questions TT04 to TT07 to obtain total number of doses in life time.	Number of shots __ __ If no doses at all 00 Don't know 98

Section 8: Fertility Preference

PR01	Interviewer: Record	Interviewee's name
		Interviewee's line No in the household roster <input type="text"/> <input type="text"/>
	Record (00) If husband does not live in the household	Husband's line No in the household roster <input type="text"/> <input type="text"/>
PR02	Interviewer: Check FP04 <div style="display: flex; justify-content: space-between;"> <div> 1. Neither one of the couple is sterilized <input type="text"/> ↓ </div> <div> 2. Wife or husband is sterilized or woman age 50 years or over or divorced/widowed <input type="text"/> → PR11 </div> </div>	
PR03	Interviewer: Check RE33 <div style="display: flex; justify-content: space-between;"> <div> 1. Woman not pregnant or not sure <input type="text"/> ↓ </div> <div> 2. Woman pregnant <input type="text"/> → </div> </div>	PR06
PR04	Would you like to have more children or would you prefer not to have any more children?	Have more children..... 1 No more children2 → Cannot get pregnant3 → Not her decision4 Undecided/Don't know8
PR05	How long would you like to wait from now before the birth of next child?	Period Months <input type="text"/> <input type="text"/> 1 Years <input type="text"/> <input type="text"/> 2 Soon 993 Cannot get pregnant994 God's will995 Don't know.....998 Other (specify) 996
PR06	After delivery, would you like to have more children or would you prefer not to have more children?	Have more children..... 1 No more children2 → Not her decision3 Undecided/Don't know8
PR07	After the delivery, how long would you like to wait before the birth of another child?	Period Months <input type="text"/> <input type="text"/> 1 Years <input type="text"/> <input type="text"/> 2 Soon 993 Cannot get pregnant994 God's will995 Don't know.....998 Other (specify) 996
PR08	How many boys you wish to have in the future in addition to the number you have now?	Number of boys <input type="text"/> <input type="text"/> The most possible number94 God's will95 Don't know98 Other (specify) 96
PR09	How many girls you wish to have in the future in addition to the number you have now?	Number of girls <input type="text"/> <input type="text"/> The most possible number94 God's will95 Don't know98 Other (specify) 96
PR10	Who decides the number of children in your family?	Husband 1 Wife 2 Both husband and wife 3 Mother-in-law 4 Others 5 Other (specify) 6 Don't know 8
PR11	Interviewer: Check RE22 <div style="display: flex; justify-content: space-between;"> <div> 1. Woman has living children <input type="text"/> ↓ </div> <div> 2. Woman does not have living children <input type="text"/> → </div> </div>	PR13

PR12	<p>If you could go back to the time when you did not have any children and could choose the number of children you wish to have in your whole life, how many would that be?</p> <p>Interviewer: Probe for a numeric response and skip to the next section</p>	<p>Number of males __ __ </p> <p>Number of females __ __ </p> <p>Total __ __ </p> <p>The most possible number94</p> <p>God's will95</p> <p>Don't know98</p> <p>Other (specify) _____ 96</p>	
PR13	<p>If you could choose a certain number of children to have in your whole life, how many would that be?</p> <p>Interviewer: Probe for a numeric response</p>	<p>Number of males __ __ </p> <p>Number of females __ __ </p> <p>Total __ __ </p> <p>The most possible number94</p> <p>God's will95</p> <p>Don't know98</p> <p>Other (specify) _____ 96</p>	

Section 9: Knowledge about AIDS

A00	Interviewer: Record	Interviewee's name																																																								
		Interviewee's line No in the household roster __ __																																																								
	Record (00) If husband does not live in the household	Husband's line No in the household roster __ __																																																								
A01	Have you ever heard about a disease known as AIDS (Acquired Immune Deficiency)?	Yes 1 No 2																																																								
		→ Next section																																																								
A02	From which sources have you heard information about AIDS? Interviewer: Record all mentioned	Radio 1 TV 2 Newspapers/magazines 3 Brochures/posters 4 Health workers 5 Lectures 6 Religious places 7 Schools/teachers 8 Public gatherings 9 Friends/relatives 10 Workplace 11 Other (specify) 12																																																								
A03	Is there anything one can do to prevent getting infected with HIV/AIDS?	Yes 1 No 2 Don't know 8																																																								
		→ A05 → A05																																																								
A04	Which of the following things can help prevent AIDS?	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th><th style="text-align: center;">Yes</th><th style="text-align: center;">No</th><th style="text-align: center;">DK</th></tr> </thead> <tbody> <tr><td>A. Using a condom</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">8</td></tr> <tr><td>B. Having sex only with husband ...</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">8</td></tr> <tr><td>C. Avoiding blood transfusion</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">8</td></tr> <tr><td>D. Avoiding injections</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">8</td></tr> <tr><td>E. Avoiding kissing</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">8</td></tr> <tr><td>F. Abstinence from having sex</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">8</td></tr> <tr><td>G. Avoiding handshaking</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">8</td></tr> <tr><td>H. Avoiding mosquito bites</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">8</td></tr> <tr><td>I. Seeking protection from the disease at traditional healers</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">8</td></tr> <tr><td>J. Avoiding talking to infected people</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">8</td></tr> <tr><td>K. Avoiding tattoos</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">8</td></tr> <tr><td>L. Avoiding ear/nose piercing</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">8</td></tr> <tr><td>M. Avoiding going to the dentist</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">8</td></tr> </tbody> </table>		Yes	No	DK	A. Using a condom	1	2	8	B. Having sex only with husband ...	1	2	8	C. Avoiding blood transfusion	1	2	8	D. Avoiding injections	1	2	8	E. Avoiding kissing	1	2	8	F. Abstinence from having sex	1	2	8	G. Avoiding handshaking	1	2	8	H. Avoiding mosquito bites	1	2	8	I. Seeking protection from the disease at traditional healers	1	2	8	J. Avoiding talking to infected people	1	2	8	K. Avoiding tattoos	1	2	8	L. Avoiding ear/nose piercing	1	2	8	M. Avoiding going to the dentist	1	2	8
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M. Avoiding going to the dentist	1	2	8																																																							
A05	Is it possible that a person with apparently good health may have HIV?	Yes 1 No 2 Don't know 8																																																								
A06	Do you think AIDS patients do not die, sometimes die or always die because of this disease?	Do not die because of this disease ... 1 Sometimes die 2 Always die 3 Don't know 8																																																								
A07	Do you think your chance to get infected with AIDS is low, average, high or there is no risk at all?	Low 1 Average 2 High 3 No risk 4 Don't know 8																																																								
A08	Is it possible for AIDS to be transmitted from the mother to her baby?	Yes 1 No 2 → A10 Don't know 3 → A10																																																								
A09	How may AIDS transmission happen?	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th><th style="text-align: center;">Yes</th><th style="text-align: center;">No</th><th style="text-align: center;">DK</th></tr> </thead> <tbody> <tr><td>A. During pregnancy</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">8</td></tr> <tr><td>B. During delivery</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">8</td></tr> <tr><td>C. During breastfeeding</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">8</td></tr> <tr><td>D. Other (specify)</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">8</td></tr> </tbody> </table>		Yes	No	DK	A. During pregnancy	1	2	8	B. During delivery	1	2	8	C. During breastfeeding	1	2	8	D. Other (specify)	1	2	8																																				
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C. During breastfeeding	1	2	8																																																							
D. Other (specify)	1	2	8																																																							
A10	If a teacher is infected with HIV virus but does not show any symptoms, should he/she be allowed to continue teaching at school?	Yes 1 No 2 Don't know 8																																																								
A11	If you know a person selling food is infected with HIV/AIDS, would you buy food from him/her?	Yes 1 No 2 Don't know 8																																																								

A12	Currently, do you know a place where testing for AIDS is provided?	Yes	1
		No	2
		Don't know	8



Palestinian Authority
Palestinian Central Bureau of Statistics
Health Demographic Survey, 2004
Child questionnaire

All information in this questionnaire is for exclusive statistical purposes only. It is considered confidential in accordance with the General Statistics Law of 2000.

IDH00	Questionnaire's serial number in the sample	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	IDH04	Questionnaire's number in the enumeration area:	<input type="text"/> <input type="text"/>
IDH01	Governorate: _____	<input type="text"/> <input type="text"/>	IDH05	Building's address: _____	
IDH02	Locality: _____	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	IDH06	Name of household head: _____	
IDH03	Enumeration area's number in the Locality:	<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"/>	1 st visit
		<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	2 nd visit
		<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	3 rd visit
CIR02	Total number of visits	<input type="text"/>		
CIR03	Final result of the interview	<input type="checkbox"/>		
		1	Completed	
		2	Partially completed	
		3	Traveling	
		4	Could not interview the child	
		5	Refused to cooperate	
		6	No eligible children	
		7	Information not available	
		8	Other / specify	
CIR04	Total No. of children under 5 years of age	<input type="text"/> <input type="text"/>		
CIR05	Total No. of children less than 5 years of age whose data was completed	<input type="text"/> <input type="text"/>		
CIR06	Line No. of mother or caretaker from household roster	<input type="text"/> <input type="text"/>		
CIR07	Total No. of children 5-17 years old	<input type="text"/> <input type="text"/>		
CIR08	Total No. of children 5-17 years old whose data was completed	<input type="text"/> <input type="text"/>		

☐ Interviewer: Please check the box with X if an additional questionnaire has been used.

Section 10: Children education

E00	E01	This section is only for children 5-17 years old								
		E02	E03	E04	E05	E06		E07	E08	
Line number of child's mother or caretaker	Child's line number	Names of children between 5-17 years old	During the current school year, is (name) currently enrolled in school? 1. Yes → E05 2. No	During the current school year, was (name) enrolled in school at any part of the school year? 1. Yes 2. No → E07	Out of the last 7 days, how many days did (name) attend school? Interviewer: Record number of days Number of days	At which educational level and which grade is (name) enrolled? 1. Kindergarten 2. Basic 3. Secondary 4. intermediate diploma/BA 8. Don't know Level Grade (DK 98)		Was (name) enrolled in school during the past school year? 1. Yes 2. No → next child 8. Don't know → next child	At which educational level and which grade was (name) enrolled in the past year? 1. Kindergarten 2. Basic 3. Secondary 4. intermediate diploma/BA 8. Don't know Level Grade (DK 98)	
			1 2	1 2	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 8	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
			1 2	1 2	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 8	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
			1 2	1 2	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 8	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
			1 2	1 2	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 8	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
			1 2	1 2	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 8	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
			1 2	1 2	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 8	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
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			1 2	1 2	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 8	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
			1 2	1 2	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 8	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
			1 2	1 2	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 8	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>

Section 11: Children Health and Immunization

IM01	Enter the line number, name and survival status of each birth since April 1999 from the reproductive history roaster. Ask these questions about each birth starting from the last one. Use an additional questionnaire if there are more than 3 births.				
			Last birth	Next to last birth	Second next to last
	Line number from HR01 Interviewer: Record (00) for dead birth		<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>
IM02	Line number from RE17		<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>
IM03	Birth's 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
IM04	Do you have a card where (name)'s vaccinations are recorded? If yes: May I see it, please?	Yes, seen ... Yes, not seen No card Don't know	1 → IM06 2 → IM07 3 8	1 → IM06 2 → IM07 3 8	1 → IM06 2 → IM07 3 8
IM05	Did you ever have vaccination card for (name)?	Yes No	1 → IM07 2 → IM07	1 → IM07 2 → IM07	1 → IM07 2 → IM07
IM06	Interviewer: Record dates of all vaccinations from the card (record 99 in 'Day' column if card shows that vaccination was given but date is not recorded)		Day Month Year	Day Month Year	Day Month Year
	HB				
	1st dose		<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>
	2nd dose		<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>
	3rd dose		<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>
	BCG		<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>
	IPV (intramuscular injection)				
	1st dose		<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>
	2nd dose		<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>
	OPV (mouth drops)				
	1 st dose		<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>
	2 nd dose		<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>
	3 rd dose		<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>
	4 th dose		<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>
	DPT				
	1st dose		<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>
	2nd dose		<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>
	3rd dose		<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>
	4th dose		<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>
	Measles		<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>
	MMR		<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>

			Last birth	Next to last birth	Second next to last
	Birth's name from RE18		Name _____	Name _____	Name _____
	Interviewer: Questions IM07-IM16 are asked to those who do not have cards or they have but not seen. Did (name) receive 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 Don't know	1 2 8	1 2 8	1 2 8
IM08	OPV vaccine, that is drops in mouth against polio	Yes No Don't know	1 2 → IM10 8 → IM10	1 2 → IM10 8 → IM10	1 2 → IM10 8 → IM10
IM09	How many doses?	doses Don't know 98	<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, that is an intramuscular injection against polio	Yes No Don't know	1 2 → IM12 8 → IM12	1 2 → IM12 8 → IM12	1 2 → IM12 8 → IM12
IM11	How many doses?	doses Don't know 98	<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	Was the first HB vaccine (against hepatitis) received just after birth or later?	Just after birth .. Later	1 2	1 2	1 2
IM13	DPT vaccination, that is an intramuscular injection against diphtheria, whooping cough and tetanus, that is given at the same time with polio vaccine	Yes No Don't know	1 2 → IM15 8 → IM15	1 2 → IM15 8 → IM15	1 2 → IM15 8 → IM15
IM14	How many doses?	doses Don't know 98	<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 Don't know	1 2 8	1 2 8	1 2 8
IM16	MMR, that is an injection to prevent mumps, measles and rubella	Yes No Don't know	1 2 8	1 2 8	1 2 8
IM17	Did (name) receive any of the following vaccinations?	Influenza..... Meningitis Chickenpox Hepatitis A	Yes No DK 1 2 3 1 2 3 1 2 3 1 2 3	Yes No DK 1 2 3 1 2 3 1 2 3 1 2 3	Yes No DK 1 2 3 1 2 3 1 2 3 1 2 3
IM18	Has (name) had an illness with cough at any time in the last 2 weeks?	Yes No Don't know	1 2 → IM21 8 → IM21	1 2 → IM21 8 → IM21	1 2 → IM21 8 → IM21
IM19	When (name) had an illness with cough, did he/she breath rapidly than usual and/or had any difficulty breathing?	Yes No Don't know	1 2 → IM21 8 → IM21	1 2 → IM21 8 → IM21	1 2 → IM21 8 → IM21
IM20	Were these symptoms a result of a chest health problem or due to blocked nose or both?	Blocked nose Chest problem ... Both Other (specify) ... Don't know	1 2 3 4 _____ 8	1 2 3 4 _____ 8	1 2 3 4 _____ 8

Section 12: Anthropometry

M01	Interviewer: Check HR05 1. One birth or more since April 1999 <input type="text"/> 2. No birth since April 1999 <input type="text"/> → End of interview <div style="text-align: center;">↓</div>		
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Interviewer: Measurements of height and weight are taken for all children under 5 years old. Use an additional questionnaire if there were more than 3 children.

		1. Last birth	2. Next to last birth	3. Second next to last
M02	Child's line number from HR01	<input type="text"/>	<input type="text"/>	<input type="text"/>
M03	Child's name from HR02	<input type="text"/>	<input type="text"/>	<input type="text"/>
M04	<div style="display: flex;"> <div style="flex: 1;">Child's birth date from HR05</div> <div style="flex: 1; text-align: center;"> Day Month Year </div> </div>	<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"/>
M04a	Does (name) have a birth certificate? Can I see it?	Yes, seen 1 Yes, not seen 2 No3 1, 2 go to M05	Yes, seen 1 Yes, not seen 2 No3 1, 2 go to M05	Yes, seen 1 Yes, not seen 2 No3 1, 2 go to M05
M04b	Has (name) been registered at the official departments?	Yes 1 No 2	Yes 1 No 2	Yes 1 No 2
M05	Child's length or height (in cm)	<input type="text"/> . <input type="text"/>	<input type="text"/> . <input type="text"/>	<input type="text"/> . <input type="text"/>
M06	Is child's height measured lying down or standing up?	Lying down 1 Standing up2	Lying down 1 Standing up2	Lying down 1 Standing up2
M07	Child's weight (in kg)	<input type="text"/> . <input type="text"/>	<input type="text"/> . <input type="text"/>	<input type="text"/> . <input type="text"/>
M08	<div style="display: flex;"> <div style="flex: 1; text-align: center;">Result</div> <div style="flex: 2;"> Weight & height measured ... Weight measured only Height measured only Child not present Child refused Mother/caretaker refused Other (specify) </div> </div>	1 2 3 4 5 6 7 _____	1 2 3 4 5 6 7 _____	1 2 3 4 5 6 7 _____
M09	<div style="display: flex; justify-content: space-between;"> <div> Name and code of person taking the measurements: _____ <input type="text"/> </div> <div> Name and code of the assistant: _____ <input type="text"/> </div> </div>			

Interviewer's Notes

Notes on the respondent: _____

Notes on certain questions : _____

Any other notes: _____

Interviewer's name: _____ Date: / /

Interviewer's code: _____

Supervisors Notes

Supervisor's name: _____ Date: / /

Supervisor's code: _____

Verifier's Notes

Verifier's name: _____ Date: / /

Verifier's code: _____



Palestinian Authority
Palestinian Central Bureau of Statistics
Health Demographic Survey, 2004
Supervisor's questionnaire

All information in this questionnaire is for pure statistical purposes only. It is considered confidential in accordance with the Public Statistics Law of 2000.

IDH00	Questionnaire's serial number in the cluster	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	IDH04	Cluster's number in the counting area:	<input type="text"/> <input type="text"/>
IDH01	District: _____	<input type="text"/> <input type="text"/>	IDH05	Building's address: _____	
IDH02	Community: _____	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	IDH06	Name of household head: _____	
IDH03	Counting area's number in the community	<input type="text"/> <input type="text"/> <input type="text"/>			

IR02	Total number of visits	<input type="text"/>			
IR03	Final outcome of the interview	<input type="text"/>	1	Completed	
			2	Partially completed	
			3	Family traveling	
			4	Nobody at home	
			5	Refused to cooperate	
			6	Information not available	
			7	Other / specify _____	
IR04	Line No of member responding to questions on household	<input type="text"/> <input type="text"/>	IR05	Total No of household members (male, female)	<input type="text"/> <input type="text"/>
IR06	Total No of eligible women	<input type="text"/> <input type="text"/>	IR07	Total No of eligible women interviewed	<input type="text"/> <input type="text"/>
IR08	Total No of children under 5 years	<input type="text"/> <input type="text"/>	IR09	Total No of children under 5 years interviewed	<input type="text"/> <input type="text"/>

IR10	Interviewer's name:	IR12	Supervisor's name:
IR11	Interviewer's number:	IR13	Supervisor's number:

IR14	Verifier's name:	IR15	Verifier's number:
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☐ Interviewer: Please check the box with X if an additional questionnaire has been used.