



**Palestinian Authority
Palestinian Central Bureau of Statistics
Palestinian Family Survey, 2010
Household questionnaire**

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

HH1	Cluster number: <input type="text"/> <input type="text"/> <input type="text"/>	HH2	Household number: <input type="text"/> <input type="text"/>
PHH1	Questionnaire's serial number in sample <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	HH7	Governorate: <input type="text"/> <input type="text"/>
PHH3	Building's address: <input type="text"/> <input type="text"/>	HH8	Name of head of household: <input type="text"/>
PHH4	Locality: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	PHH13	Building No. <input type="text"/> <input type="text"/> <input type="text"/>

Interviewer: ask the member who will answer the questions : May I start now? 1. yes 2. no ☐

After all questionnaires for the household have been completed, fill in the following information:

HH9: Result of household interview: <input type="checkbox"/>	<table style="width: 100%;"> <tr><td style="width: 5%;">01</td><td>Completed</td></tr> <tr><td>02</td><td>Not at home</td></tr> <tr><td>03</td><td>Refused</td></tr> <tr><td>04</td><td>Household not found</td></tr> <tr><td>05</td><td>Partially completed</td></tr> <tr><td>07</td><td>Household travelled</td></tr> <tr><td>08</td><td>Household destroyed</td></tr> <tr><td>09</td><td>Information not available</td></tr> <tr><td>96</td><td>Other / specify</td></tr> </table>	01	Completed	02	Not at home	03	Refused	04	Household not found	05	Partially completed	07	Household travelled	08	Household destroyed	09	Information not available	96	Other / specify
01	Completed																		
02	Not at home																		
03	Refused																		
04	Household not found																		
05	Partially completed																		
07	Household travelled																		
08	Household destroyed																		
09	Information not available																		
96	Other / specify																		

HH10. Respondent to household questionnaire: Name: <input type="text"/> Line Number: <input type="text"/> <input type="text"/>	HH11. Total number of household members: <input type="text"/> <input type="text"/>
HH12. Number of eligible women: <input type="text"/> <input type="text"/>	HH13. Number of women's questionnaires completed: <input type="text"/> <input type="text"/>
HH14. Number of children under age 5: <input type="text"/> <input type="text"/>	HH15. Number of under-5 questionnaires completed: <input type="text"/> <input type="text"/>
PHH6. Number of persons 5-24 years: <input type="text"/> <input type="text"/>	PHH7. Number of children 5-14 years : <input type="text"/> <input type="text"/>
PHH8. Number of persons 60 years and older interviewed <input type="text"/> <input type="text"/>	PHH9. Number of youth 15-29 years: <input type="text"/> <input type="text"/>

HH5	Visits' schedule	Day	Month	Start hour	End hour
	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	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	:	:

PHH5	Total number of visits	<input type="text"/>
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HH3 - Interviewer's No: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	HH4 - Supervisor's No: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Interviewer's name: <input type="text"/>	Supervisor's name: <input type="text"/>
HH16- Editor's No: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	HH17 - Data entry clerk's No: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Editor's name: <input type="text"/>	Data entry clerk's name: <input type="text"/>
PHH11- Encoder's No: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	PHH12 - Date of data entry
Encoder's name: <input type="text"/>	

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

Section 1: Household Members Data

HL1	HL2	HL3	HL4	HL5	HL6	HL7	HL8	HL9
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? 01. Household head 02. Spouse 03. Son/daughter 04. Father/mother 05. Brother/sister 06. Grandparent 07. Grandson/granddaughter 08. Son-in-law/daughter-in-law 09. Other relative 96. 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 Don't know: Record 98 in days digit Record 98 in months digit Record 9998 in years digit Day Month Year	Interviewer: How old is the (name)? Calculate age from the date of birth in HL5 and record the result in complete years If date of birth is unknown, ask for age and record it Record (00) if age less than 1 year 95 and more record 95 98 – not applicable	Interviewer: Circle the line No of the current or ever-married women aged 15–54 years (i.e. eligible women for interview)	Interviewer: Record line number of mother/carer of child aged 5–14 years eligible for interview for this age group	Interviewer: Record line number of mother/carer of child under 5 years eligible for interview for this age group
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HL1	HL2	HL10	HL11	HL12	HL13	HL14	PHL15
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	DID (<i>name</i>) stay here last night? 1 Yes 2 No	Is (<i>name</i>)'s natural mother alive? 1. Yes 2. No → HL13 8. Don't know → HL13	Interviewer Does (<i>name</i>)'s natural mother live in this household? Record her line No from HL1 Record (00) if the mother does not live in the household	Is (<i>name</i>)'s natural father alive? 1. Yes 2. No → PHL15 8. Don't know → PHL15	Interviewer: Does (<i>name</i>)'s natural father live in this household? Record his line No from HL1 Record (00) if the father does not live in the household	Is (<i>name</i>) a registered refugee, non-registered refugee or non-refugee? 1. Registered refugee 2. Non-registered refugee 3. Non-refugee
01		<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
03		<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
05		<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
07		<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
09		<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11		<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13		<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"/>	<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"/>
16		<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"/>

For persons aged 10 years or over									
HL1	HL2	PHL19	PHL20			PHL21	PHL22	PHL23	
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	Relation to labor force during the past week: 1. Worked 1-14 hrs. 2. Worked 15 – 34 hrs 3. Worked 35 hrs and more (does not work but wants to work / worked before) 4. Looked for work last week 5. Did not seek work because given up hope (does not work but wants to work/ never worked before) 6. Looked for work last week 7. Did not seek work because given up hope (does not work and does not want to work because...) 8. Studying/ training 9. Housekeeping 10. Disability/ aging/ illness 11. Has another source of income/ pension 12. Other	Main occupation: Interviewer: ask this question to members who answer PHL19 question from 1-5 What kind of work is/was (name) doing in detail? Employment Status: 1. Employer 2. Self employed 3. Waged employee 4. Unpaid family member Employment Status Occupation Code			Does (name) smoke? 1. Yes, mostly cigarettes→ PHL23 2. Yes, mostly pipe→ PHL24 3. Yes, mostly narghile→ PHL24 4. Yes, cigarettes and narghile → PHL23 5. Smoked in the past and quit smoking→ PHL22 6. Does not smoke and never smoked→ PHL26	When did you quit smoking? Record the period in complete years then→ PHL25 Less than 1 year record 00 Don't know record 98	For members who smoke cigarettes: How many cigarettes do you smoke daily? 1. 10 and less 2. 11-20 3. 21-40 4. more than 40 8. don't know	
01		<input type="text"/>	<input type="text"/>	<input type="text"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

		For persons aged 10 years or over	For persons aged 12 years or over						
HL1	HL2	PHL24	PHL25	PHL26	PHL27	PHL28	PHL29	PHL30	
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	For members who smoke : for how long has (name) been smoking? Record in complete years Less than 1 year record 00 Don't know record 98	For members who are smoking and who smoked in the past: How old was (name) when he/she started smoking? Record the age in completed years Don't know record 98	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: Insert the line No of the eligible woman's husband from HL1 In case husband does not live in the household, record (00)	Interviewer: Circle the line No of children 2-14 years eligible for interview for this age group	Interviewer: Circle the line No of youth 15-29 years eligible for interview for this age group	Interviewer: Circle the line No of elderly members 60 years and over eligible for interview for this age group	
01		<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>	01	01	01	
02		<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>	02	02	02	
03		<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>	03	03	03	
04		<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>	04	04	04	
05		<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>	05	05	05	
06		<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>	06	06	06	
07		<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>	07	07	07	
08		<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>	08	08	08	
09		<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>	09	09	09	
10		<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>	10	10	10	
11		<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>	11	11	11	
12		<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>	12	12	12	
13		<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>	13	13	13	
14		<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>	14	14	14	
15		<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>	15	15	15	
16		<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>	16	16	16	
17		<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>	17	17	17	

Section2: Chronic diseases

HL1	HL2	PHL31															
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) have any disease according to a medical diagnosis and receives regular treatment?										09. Arthritis (rheumatism) 10. Osteoporosis 11. Thalassemia 13. Epilepsy 14. Asthma 15. Back pain 16. Gland diseases 98. Don't know 99. Healthy					
01		01	02	03	05	06	07	08	09	10	11	13	14	15	16	98	99
02		01	02	03	05	06	07	08	09	10	11	13	14	15	16	98	99
03		01	02	03	05	06	07	08	09	10	11	13	14	15	16	98	99
04		01	02	03	05	06	07	08	09	10	11	13	14	15	16	98	99
05		01	02	03	05	06	07	08	09	10	11	13	14	15	16	98	99
06		01	02	03	05	06	07	08	09	10	11	13	14	15	16	98	99
07		01	02	03	05	06	07	08	09	10	11	13	14	15	16	98	99
08		01	02	03	05	06	07	08	09	10	11	13	14	15	16	98	99
09		01	02	03	05	06	07	08	09	10	11	13	14	15	16	98	99
10		01	02	03	05	06	07	08	09	10	11	13	14	15	16	98	99
11		01	02	03	05	06	07	08	09	10	11	13	14	15	16	98	99
12		01	02	03	05	06	07	08	09	10	11	13	14	15	16	98	99
13		01	02	03	05	06	07	08	09	10	11	13	14	15	16	98	99
14		01	02	03	05	06	07	08	09	10	11	13	14	15	16	98	99
15		01	02	03	05	06	07	08	09	10	11	13	14	15	16	98	99
16		01	02	03	05	06	07	08	09	10	11	13	14	15	16	98	99
17		01	02	03	05	06	07	08	09	10	11	13	14	15	16	98	99

Section 3: Education of household members

		For persons aged 5 years or over			For persons aged 5-24 years					
HL1	HL2	ED3	ED4A	ED4	ED5	ED6		ED7	ED8	
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	Is (name): 0. Currently attending kindergarten 1. Currently attending school 2. Attended school and dropped out 3. Attended school and graduated 4. Never attended school → ED4 8. Don't know	How many years of schooling did (name) successfully complete? Record (00) if schooling years are less than 1 year 98 – Don't know	What is (name)'s educational status? 01. Illiterate 02. Semi-literate 03. Elementary 04. Preparatory 05. Secondary diploma 06. Associated diploma 07. Bachelors degree 08. Higher diploma 09. Masters degree 10. Ph. D. 98. Don't know	During the current school year, is (name) currently enrolled in school or kindergarten or university? 1. Yes 2. No → ED7	During the current school year at which educational level and which grade is (name) enrolled? Educational level: 0. Kindergarten 1. Basic 2. Secondary 3. Higher education 8. Don't know Grade level: (DK 98) 00 less than the first basic grade		During the past school year 2008-2009 was (name) enrolled in school or kindergarten or university in any time? 1. Yes 2. No → next member 8. Don't know → next member	At which educational level and which grade was (name) enrolled in the past year? Educational level: 0. Kindergarten 1. Basic 2. Secondary 3. Higher education 8. Don't know Grade level: (DK 98) 00 less than the first basic grade	
01		<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"/>
02		<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"/>
03		<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"/>
04		<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"/>
05		<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"/>
06		<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"/>
07		<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"/>
08		<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"/>
09		<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"/>
10		<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"/>
11		<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"/>
12		<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"/>
13		<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"/>
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"/>
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"/>
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"/>
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"/>

Section 4: Child labor

Now, I would like to ask about any type of work done by children in this household.

PCL1: Interviewer: Refer to question HL8: 1. There are children 5-14 years old, continue | 2. No children in that age group, go to PCD1(section 5)

[illegible]

Section 5: Child Discipline

PCD1	Interviewer: Fill this section for one child aged between 2-14 years. Refer to PHL28: 1. If there is at least one child aged 2-14 years, continue with this section. _ 2. If there are no children, go to section 6 - Housing Characteristics. List all children aged 2-14 years and use the attached table to select one child for the purpose of filling in this section.		
CD9	Child's line No from HL1 _ _	Child's name _____	
PCD2	Child's age in full years from HL6 _ _		
PCD3	Line No of child's mother or carer from HL1 _ _		
CD10	Parents use certain methods to teach their children proper behaviour in their daily lives. I will read for you some of the methods used and would like to ask you to specify whether you or a member of your household have used these methods with (child's name) during the past month. <div style="text-align: right;">1. Yes 2. No</div>		
CD11	Withholding privileges, forbid something (<i>NAME</i>) liked or did not allow him/her to leave house.	1	2
CD12	Explained why (<i>NAME</i>)'s behavior was wrong.	1	2
CD13	Shook him/her.	1	2
CD14	Shouted, yelled at or screamed at him/her.	1	2
CD15	Gave him/her something else to do.	1	2
CD16	Spanked, hit or slapped him/her on the bottom with bare hand.	1	2
CD17	Hit him/her on the bottom or elsewhere on the body with something like a belt, hairbrush, stick or other hard object.	1	2
CD18	Called him/her dumb, lazy, or another name like that.	1	2
CD19	Hit or slapped him/her on the face, head or ears.	1	2
CD20	Hit or slapped him/her on the hand, arm, or leg.	1	2
CD21	Hit him/her over and over as hard as possible.	1	2
CD22	Do you believe that in order to bring up, raise, or educate a child properly, the child needs to be physically punished?	Yes No Don't know/ No opinion	1 2 8 _

Section 6: Housing conditions

No	Questions	Coding categories	Go to																																								
PHC1	What kind of dwelling unit does the family live in?	01. Villa 02. House 03. Apartment 04. Separate Room 05. Tent 06. Marginal 96. Other / specify _____	<table border="1"><tr><td></td><td></td></tr></table>																																								
HC2	How many rooms are there in the dwelling unit for the household use?	Number of rooms	<table border="1"><tr><td></td><td></td></tr></table>																																								
HC3	What kind of material is the floor made from? Record main material from observation	Earth floor Wood Ceramic tiles / marble Cement Bricks / stone Other / specify _____	11 21 33 34 36 96																																								
HC6	What type of fuel does your household mainly use for cooking?	Electricity Gas Kerosene Firewood Other / specify _____	01 02 05 08 96																																								
HC8	Does your household have? 1. Yes 2. No	<table border="1"> <tr> <td>A. Electricity</td><td><input type="checkbox"/></td> <td>F. Dishwasher</td><td><input type="checkbox"/></td> <td>K. VCR/DVD</td><td><input type="checkbox"/></td> <td>P. Satellite dish</td><td><input type="checkbox"/></td> </tr> <tr> <td>B. Radio / recorder</td><td><input type="checkbox"/></td> <td>G. Central heating</td><td><input type="checkbox"/></td> <td>L. Palestinian mobile</td><td><input type="checkbox"/></td> <td>Q. Internet services</td><td><input type="checkbox"/></td> </tr> <tr> <td>C. Television</td><td><input type="checkbox"/></td> <td>H. Vacuum cleaner</td><td><input type="checkbox"/></td> <td>M. Washing machine</td><td><input type="checkbox"/></td> <td>R. Solar heater</td><td><input type="checkbox"/></td> </tr> <tr> <td>D. Telephone line</td><td><input type="checkbox"/></td> <td>I. Home library</td><td><input type="checkbox"/></td> <td>N. Cellular (Israeli)</td><td><input type="checkbox"/></td> <td>S. Private car</td><td><input type="checkbox"/></td> </tr> <tr> <td>E. Refrigerator</td><td><input type="checkbox"/></td> <td>J. Gas stove</td><td><input type="checkbox"/></td> <td>O. Computer</td><td><input type="checkbox"/></td> <td></td><td></td> </tr> </table>	A. Electricity	<input type="checkbox"/>	F. Dishwasher	<input type="checkbox"/>	K. VCR/DVD	<input type="checkbox"/>	P. Satellite dish	<input type="checkbox"/>	B. Radio / recorder	<input type="checkbox"/>	G. Central heating	<input type="checkbox"/>	L. Palestinian mobile	<input type="checkbox"/>	Q. Internet services	<input type="checkbox"/>	C. Television	<input type="checkbox"/>	H. Vacuum cleaner	<input type="checkbox"/>	M. Washing machine	<input type="checkbox"/>	R. Solar heater	<input type="checkbox"/>	D. Telephone line	<input type="checkbox"/>	I. Home library	<input type="checkbox"/>	N. Cellular (Israeli)	<input type="checkbox"/>	S. Private car	<input type="checkbox"/>	E. Refrigerator	<input type="checkbox"/>	J. Gas stove	<input type="checkbox"/>	O. Computer	<input type="checkbox"/>			
A. Electricity	<input type="checkbox"/>	F. Dishwasher	<input type="checkbox"/>	K. VCR/DVD	<input type="checkbox"/>	P. Satellite dish	<input type="checkbox"/>																																				
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E. Refrigerator	<input type="checkbox"/>	J. Gas stove	<input type="checkbox"/>	O. Computer	<input type="checkbox"/>																																						
HC10	Is your dwelling?	Owned Rented Not owned and not rented Other / specify:	01 02 06 96																																								

Water and Sanitation

WS1	What is the main source of drinking water for this household?	Public water network connected to the house Tube Well Protected spring Rain-fed cistern with internal pipes Tankers Bottled mineral water Purchased gallons Other / specify _____	11 21 41 51 61 91 98 96
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WS2	What is the main source of water that you use for cooking and hand washing?	Public water network connected to the house	11	
		Tube Well	21	
		Protected spring	41	
		Rain-fed cistern with internal pipes	51	
		Tankers	61	
		Bottled mineral water	91	
		Purchased gallons	98	
	Other / specify _____	96		
WS6	Do you do anything to the water to make it safer to drink?	Yes	1	
		No	2	WS8
		Don't know	8	WS8
WS7	How do you treat drinking water?	A. Boiling	A	
		B. Chlorination	B	
		C. Strain it through a cloth	C	
		D. Filtering	D	
		F. Let it stand and settle	F	
		X. Other / specify: _____	X	
WS8	What kind of toilet is used in this latrine? One response only	Flush toilet connected to a sewage network	11	
		Flush toilet connected to a septic tank	12	
		Flush to pit	13	
		Flush to unknown place	14	
		No facility	95	SI1
		Other / specify _____	96	
WS9	Does any other household share the use of this latrine with you?	Yes, the latrine is shared	1	
		No, the latrine is not shared	2	
SI1	We want to test if there is iodine in the salt you use in your house. Interviewer: Take a sample of the salt and test it according to the training manual. What is the test result?	Not ionized (no color change) 0 PPM	1	
		More than 0 PPM & less than 15 PPM (light color)	2	
		15 PPM or more (dark color)	3	
		No salt in the house	6	
		Salt not tested	7	
PSI1	How do you save and store the salt in the house?	Inside closed glass can	1	
		Inside open glass can	2	
		Inside plastic can	3	
		In the same pocket	4	
		Other/ determine	6	



Palestinian Authority
Palestinian Central Bureau of Statistics
Palestinian Family Health Survey, 2010
Women 15- 54 Years - Questionnaire

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

- This questionnaire is to be administered to all women aged 15 - 54 regardless of their marital status.
- Interviewer :Now I will talk to you about your health and all women aged 15-54 years regardless of their marital status. I would like to meet every one of them living in the same household .

WM1	Cluster number:	<input type="text"/>	WM2	Questionnaire's serial No. in sample	<input type="text"/>
PWM1	Governorate: _____	<input type="text"/>	PWM2	Locality: _____	<input type="text"/>
PWM3	Household number:	<input type="text"/>	PWM4	Building's address: _____	
PWM5	Name of head of household: _____				

Interview record:

WM6	Visits' schedule		Day	Month	Starting time	End time
		1 st visit	<input type="text"/>	<input type="text"/>		
		2 nd visit	<input type="text"/>	<input type="text"/>		
		3 rd visit	<input type="text"/>	<input type="text"/>		

PWM6	Total No of visits	<input type="text"/>
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WM7	Results of woman's interview		<div>01 Completed</div> <div>02 Not at home/ Unable to interview the woman</div> <div>03 Refused</div> <div>04 Partially completed</div> <div>05 No eligible woman</div> <div>07 Information not available</div> <div>96 Other / specify</div>
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PWM7	Total No of eligible women:	<input type="text"/>	PWM8	Total No of eligible women interviewed	<input type="text"/>
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WM8	Interviewer name and number: ----- <input type="text"/>	WM9	Supervisor name and number: ----- <input type="text"/>
WM10	Field edited by name and number: ----- <input type="text"/>	WM11	Data entry clerk name and number: ----- <input type="text"/>
PHH12	Date of entry / / 2010		

Section 1: Interviewee's background, resources and marriage

No	Questions	Coding categories	Go to				
PWB1	Woman's husband line number from HL1	Record 00 if the husband does not stay with the family					
WB1	In what month and year were you born?	Month DK month.....98 Year DK year.....9998					
WB2	How old are you? <i>Probe: HOW OLD WERE YOU AT YOUR LAST BIRTHDAY?</i> <i>COMPARE AND CORRECT WB1 AND/OR HL6 IF INCONSISTENT</i>	Age in complete years					
WB3	HAVE YOU EVER ATTENDED SCHOOL OR PRESCHOOL?	Yes No	1 2 PWB2				
WB4	WHAT IS THE HIGHEST LEVEL OF SCHOOL YOU ATTENDED?	Preschool Elementary Preparatory Secondary Higher	0 1 4 2 3 PWB2				
WB5	WHAT IS THE HIGHEST GRADE YOU COMPLETED AT THAT LEVEL?	Grade					
PWB2	<i>Interviewer: Refer to PHL26 Is the woman married, widow, divorced or separated?</i>	Married Widow Divorced Separated	1 2 3 4				
PWB3	Were you married once or more?	Once More than once	1 2				
PWB4	<i>Refer to PWB3: Was married</i> <table border="1"> <tr> <th>Once</th><th>More than once</th></tr> <tr> <td>In what month and year was your wedding?</td><td>I would like to talk about your first marriage. In what month and year was your wedding to your first husband?</td></tr> </table>	Once	More than once	In what month and year was your wedding?	I would like to talk about your first marriage. In what month and year was your wedding to your first husband?	Month Does not know the month 98 Year Does not know the year 9998	1 2 3 4
Once	More than once						
In what month and year was your wedding?	I would like to talk about your first marriage. In what month and year was your wedding to your first husband?						
PWB5	How old were you at your first wedding? Compare with PWB4 and correct if needed	Age at marriage in years					
PWB6	How old was your husband when you married?	Age at marriage in years Does not know 98					
PWB7	Is there a kinship relation between you and your current (last) husband?	Uncle's son from the father's side Aunt's son from the father's side Uncle's son from the mother's side Aunt's son from the mother's side Uncle and aunt's son From the same clan No kinship	1 2 3 4 5 6 7				
PWB8	Refer to PWB2:	Currently married (married/separated) Currently unmarried (widow/divorced)	1 2 PWB11				

No	Questions	Coding categories		Go to
PWB9	How old is your husband now?	Age in years	<input type="text"/> <input type="text"/>	
		Don't know 98		
PWB10	Is your husband currently married to another woman? If yes, ask: How many other wives does your husband currently have?	Number of other wives	<input type="text"/>	
		No	4	
		Don't know	8	
PWB11	Have you ever been pregnant?	Yes	1	
		No	2	Section 4 PMN60
PWB12	How old were you at your first pregnancy?	Age in years Don't know/Don't remember.....98	<input type="text"/> <input type="text"/>	

Section 2: Child birth and child mortality

CM1	Now I would like to ask about all the births you have had during your life. Have you ever given birth?	Yes	1	
		No	2	CM8
PCM1	How old were you at your first birth ?	Age	<input type="text"/> <input type="text"/>	
CM2	WHAT WAS THE DATE OF YOUR FIRST BIRTH? I MEAN THE VERY FIRST TIME YOU GAVE BIRTH, EVEN IF THE CHILD IS NO LONGER LIVING, OR WHOSE FATHER IS NOT YOUR CURRENT PARTNER. Skip to CM4 only if year of first birth is given. Otherwise, continue.	Day Don't know day..... 98	<input type="text"/> <input type="text"/>	
		Month Don't know month.....98	<input type="text"/> <input type="text"/>	
		Year Don't know year.....9998	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
CM3	How many years ago did you have your first birth?	Completed years since first birth	<input type="text"/> <input type="text"/>	
CM4	Do you have any sons or daughters to whom you have given birth who are now living with you?	Yes	1	
		No	2	CM6
CM5	How many sons live with you? How many daughters live with you? If none, record 00	Sons living with you	<input type="text"/> <input type="text"/>	
		Daughters living with you	<input type="text"/> <input type="text"/>	
CM6	Do you have any sons or daughters to whom you have given birth who are alive but do not live with you?	Yes	1	
		No	2	CM8
CM7	How many sons are alive but do not live with you? How many daughters are alive but do not live with you? If none, record 00	Sons elsewhere	<input type="text"/> <input type="text"/>	
		Daughters elsewhere	<input type="text"/> <input type="text"/>	

CM8	Have you ever given birth to a boy or girl who died even if he/she lived for short time only? If No, probe by asking: I mean, a child who showed any sign of life, such as crying – even if he or she lived only a few days or hours?	Yes No	1 2	 CM10
CM9	How many boys have died? How many girls have died? If none, record 00	Boys dead Girls dead	<div><div></div><div></div></div> <div><div></div><div></div></div>	
CM10	Sum answers to CM5, CM7, and CM9.	Total live births If none, record 00	<div><div></div><div></div></div>	If the answer 00 move to PW11
PCM2	Return to CM5, CM7, CM9 and CM10 and ask: Just to make sure that I got it right, you have given birth to: _____ sons and _____ daughters who are alive and live with you (CM5) _____ sons and _____ daughters who are alive and do not live with you (CM7) _____ sons and _____ daughters who died (CM9) In total, you have given birth to _____ live births (CM10)			
PCM3	Is this correct? 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> ↓ Check and correct CM1 to CM10			
CM12	OF THESE (<i>total number</i>) BIRTHS YOU HAVE HAD, WHEN DID YOU DELIVER THE LAST ONE (EVEN IF HE OR SHE HAS DIED)? Month and year must be recorded.	Day Don't know day..... 98 Month Year	<div><div></div><div></div></div> <div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div></div>	

Now I would like to record the names of each birth you had and whether they are still alive or died. I would like to start with your first birth.

Record names of all children in PW1. If a child has not been given a name yet, record "Baby". Record twins in separate lines.

PW1		PW2		PW3		PW4		PW5		PW6	PW7	PW8	PW9				
										For those who are still alive		For those who died					
What is the child's name (first / second / third)		Was it a twin pregnancy?		Is (name) a boy or a girl?		In what month and year was (name) born? Probe: What is his/her birth date?		Is (name) still alive?		How many years did (name) complete in his /her last birthday? Record age in years	Does (name) live with you now?	Record child's line No as in list of household members. If not living in the household, record 00	How old was (name) when he/she died? If one year, probe: How many months did he/she complete when he/she died? < month, record days < 2 years, record months Otherwise, record years				
01	—	Not twin	1	Boy	1	M	<input type="text"/>	Yes	1	<input type="text"/>	Yes	1	<input type="text"/> Go to next birth or PW10	Days	1	<input type="text"/>	
		Twin	2	Girl	2	Y	<input type="text"/>	No	2		Go to PW9	No		2	Months	2	<input type="text"/>
															Years	3	<input type="text"/>
02	—	Not twin	1	Boy	1	M	<input type="text"/>	Yes	1	<input type="text"/>	Yes	1	<input type="text"/> Go to next birth or PW10	Days	1	<input type="text"/>	
		Twin	2	Girl	2	Y	<input type="text"/>	No	2		Go to PW9	No		2	Months	2	<input type="text"/>
															Years	3	<input type="text"/>
03	—	Not twin	1	Boy	1	M	<input type="text"/>	Yes	1	<input type="text"/>	Yes	1	<input type="text"/> Go to next birth or PW10	Days	1	<input type="text"/>	
		Twin	2	Girl	2	Y	<input type="text"/>	No	2		Go to PW9	No		2	Months	2	<input type="text"/>
															Years	3	<input type="text"/>
04	—	Not twin	1	Boy	1	M	<input type="text"/>	Yes	1	<input type="text"/>	Yes	1	<input type="text"/> Go to next birth or PW10	Days	1	<input type="text"/>	
		Twin	2	Girl	2	Y	<input type="text"/>	No	2		Go to PW9	No		2	Months	2	<input type="text"/>
															Years	3	<input type="text"/>
05	—	Not twin	1	Boy	1	M	<input type="text"/>	Yes	1	<input type="text"/>	Yes	1	<input type="text"/> Go to next birth or PW10	Days	1	<input type="text"/>	
		Twin	2	Girl	2	Y	<input type="text"/>	No	2		Go to PW9	No		2	Months	2	<input type="text"/>
															Years	3	<input type="text"/>
06	—	Not twin	1	Boy	1	M	<input type="text"/>	Yes	1	<input type="text"/>	Yes	1	<input type="text"/> Go to next birth or PW10	Days	1	<input type="text"/>	
		Twin	2	Girl	2	Y	<input type="text"/>	No	2		Go to PW9	No		2	Months	2	<input type="text"/>
															Years	3	<input type="text"/>
07	—	Not twin	1	Boy	1	M	<input type="text"/>	Yes	1	<input type="text"/>	Yes	1	<input type="text"/> Go to next birth or PW10	Days	1	<input type="text"/>	
		Twin	2	Girl	2	Y	<input type="text"/>	No	2		Go to PW9	No		2	Months	2	<input type="text"/>
															Years	3	<input type="text"/>
08	—	Not twin	1	Boy	1	M	<input type="text"/>	Yes	1	<input type="text"/>	Yes	1	<input type="text"/> Go to next birth or PW10	Days	1	<input type="text"/>	
		Twin	2	Girl	2	Y	<input type="text"/>	No	2		Go to PW9	No		2	Months	2	<input type="text"/>
															Years	3	<input type="text"/>
09	—	Not twin	1	Boy	1	M	<input type="text"/>	Yes	1	<input type="text"/>	Yes	1	<input type="text"/> Go to next birth or PW10	Days	1	<input type="text"/>	
		Twin	2	Girl	2	Y	<input type="text"/>	No	2		Go to PW9	No		2	Months	2	<input type="text"/>
															Years	3	<input type="text"/>
10	—	Not twin	1	Boy	1	M	<input type="text"/>	Yes	1	<input type="text"/>	Yes	1	<input type="text"/> Go to next birth or PW10	Days	1	<input type="text"/>	
		Twin	2	Girl	2	Y	<input type="text"/>	No	2		Go to PW9	No		2	Months	2	<input type="text"/>
															Years	3	<input type="text"/>

PW1		PW2		PW3		PW4		PW5		PW6		PW7		PW8		PW9		
										For those who are still alive		For those who are still alive		For those who are still alive		For those who died		
What is the name of the second child?		Was it a twin pregnancy?		Is (name) a boy or a girl?		In what month and year was (name) born? Probe: What is his/her birth date?		Is (name) still alive?		How many years did (name) complete in his /her last birthday? Record age in years		Does (name) live with you now?		Record child's line No as in list of household members. If not living in the household, record 00		How old was (name) when he/she died? If one year, probe: How many months did he/she complete when he/she died? < month, record days < 2 years, record months Otherwise, record years		
11	---	Not twin	1	Boy	1	M	<input type="text"/>	Yes	1	Go to PW9	<input type="text"/>	Yes	1	<input type="text"/>	Go to next birth or PW10	Days	1	<input type="text"/>
		Twin	2	Girl	2	Y	<input type="text"/>	No	2			No	2			Months	2	<input type="text"/>
												Years	3			<input type="text"/>		
12	---	Not twin	1	Boy	1	M	<input type="text"/>	Yes	1	Go to PW9	<input type="text"/>	Yes	1	<input type="text"/>	Go to next birth or PW10	Days	1	<input type="text"/>
		Twin	2	Girl	2	Y	<input type="text"/>	No	2			No	2			Months	2	<input type="text"/>
												Years	3			<input type="text"/>		
13	---	Not twin	1	Boy	1	M	<input type="text"/>	Yes	1	Go to PW9	<input type="text"/>	Yes	1	<input type="text"/>	Go to next birth or PW10	Days	1	<input type="text"/>
		Twin	2	Girl	2	Y	<input type="text"/>	No	2			No	2			Months	2	<input type="text"/>
												Years	3			<input type="text"/>		
14	---	Not twin	1	Boy	1	M	<input type="text"/>	Yes	1	Go to PW9	<input type="text"/>	Yes	1	<input type="text"/>	Go to next birth or PW10	Days	1	<input type="text"/>
		Twin	2	Girl	2	Y	<input type="text"/>	No	2			No	2			Months	2	<input type="text"/>
												Years	3			<input type="text"/>		
15	---	Not twin	1	Boy	1	M	<input type="text"/>	Yes	1	Go to PW9	<input type="text"/>	Yes	1	<input type="text"/>	Go to next birth or PW10	Days	1	<input type="text"/>
		Twin	2	Girl	2	Y	<input type="text"/>	No	2			No	2			Months	2	<input type="text"/>
												Years	3			<input type="text"/>		
16	---	Not twin	1	Boy	1	M	<input type="text"/>	Yes	1	Go to PW9	<input type="text"/>	Yes	1	<input type="text"/>	Go to next birth or PW10	Days	1	<input type="text"/>
		Twin	2	Girl	2	Y	<input type="text"/>	No	2			No	2			Months	2	<input type="text"/>
												Years	3			<input type="text"/>		
17	---	Not twin	1	Boy	1	M	<input type="text"/>	Yes	1	Go to PW9	<input type="text"/>	Yes	1	<input type="text"/>	Go to next birth or PW10	Days	1	<input type="text"/>
		Twin	2	Girl	2	Y	<input type="text"/>	No	2			No	2			Months	2	<input type="text"/>
												Years	3			<input type="text"/>		
18	---	Not twin	1	Boy	1	M	<input type="text"/>	Yes	1	Go to PW9	<input type="text"/>	Yes	1	<input type="text"/>	Go to next birth or PW10	Days	1	<input type="text"/>
		Twin	2	Girl	2	Y	<input type="text"/>	No	2			No	2			Months	2	<input type="text"/>
												Years	3			<input type="text"/>		
19	---	Not twin	1	Boy	1	M	<input type="text"/>	Yes	1	Go to PW9	<input type="text"/>	Yes	1	<input type="text"/>	Go to next birth or PW10	Days	1	<input type="text"/>
		Twin	2	Girl	2	Y	<input type="text"/>	No	2			No	2			Months	2	<input type="text"/>
												Years	3			<input type="text"/>		
20	---	Not twin	1	Boy	1	M	<input type="text"/>	Yes	1	Go to PW9	<input type="text"/>	Yes	1	<input type="text"/>	Go to next birth or PW10	Days	1	<input type="text"/>
		Twin	2	Girl	2	Y	<input type="text"/>	No	2			No	2			Months	2	<input type="text"/>
												Years	3			<input type="text"/>		

PW10	Compare total in CM10 with the number of births in the above table and record: Numbers are the same <input type="checkbox"/> Numbers are not the same <input type="checkbox"/> → Check and correct			
	Verify the following For every live birth: year of birth is recorded For every child who is still alive: current age is recorded For every child who died: Age at death is recorded For every death age of 12 months or a year: you probed to know the age in months exactly	1. Yes 2. No <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
PW11	Some pregnancies may end prematurely, such as miscarriage or abortion, and some other pregnancies end by a stillbirth. Have you ever had a pregnancy that did not end by a live birth?	Yes	1	PW15
		No	2	
PW12	In total, how many pregnancies ended by miscarriage or abortion?	Number of miscarriages and abortions If none, record 00	<input type="text"/> <input type="text"/>	
PW12 A	Did you ever tried to end your pregnancy by yourself without seeing a doctor?	Yes	1	PW13
		No	2	
PW12 B	Why did you tried to end your pregnancy?	1. Didn't want to get pregnant 2. Economic circumstances. 3. Didn't want the sex of the fetus 4. Other (<i>specify</i>)_____	<input type="checkbox"/>	
PW13	In total, how many pregnancies ended by a still birth?	Number of still births If none, record 00	<input type="text"/> <input type="text"/>	
PW14	In what month and year did the last pregnancy resulting in miscarriage, abortion or stillbirth end?	Month	<input type="text"/> <input type="text"/>	
		Year	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
PW15	Are you currently pregnant?	Yes	1	CM13
		No	2	
		Not sure	8	
PW16	How many months of pregnancy?	Duration of current pregnancy in complete months Don't know = 98	<input type="text"/> <input type="text"/>	

Section 3: Maternal care for the last birth during the last 2 years preceding the survey

CM13	Check CM12:	<i>No live birth in last 2 years</i>	1	PMN60		
		<i>Yes, live birth in last 2 years</i>	2			
PDB1	Record the name and line number of the last birth as in PW1: births table	Name of last child: _____ Child's line number	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			
DB1	When you got pregnant with (NAME), did you want to get pregnant at that time?	Yes	1	PDB4		
		No	2			
DB2	Did you want to have a baby later on, or did you not want any (more) children?	Later	1	PDB4		
		No more	2			
DB3	How much longer did you want to wait?	Months	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			
		Years	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			
DK	98					
PDB4	Refer to DB1	If the answer 1 (continue)	1	MN1		
		If the answer 2(move to MN1)	2			
PDB5	If this pregnancy was planed :did you visit a doctor before pregnancy?	Yes	1	MN1		
		No	2			
PDB6	Did the doctor ask you to take folic acid?	Yes	1	MN1		
		No	2			
PDB7	Did you take the folic acid before this pregnancy?	Yes, less than month	1	MN1		
		Yes, for a month	2			
		Yes, for 2-3 months	3			
		Never did	4			
PDB8	Why didn't you take folic acid?	No one advised me of its importance, including the doctor	1			
		Caused me health problems	2			
		Forgot	3			
		Did not feel it was important	4			
		Other	6			
MN1	Did you see anyone for antenatal care during your pregnancy with (name)?	Yes	1	PMN14		
		No	2			
MN2	WHOM DID YOU SEE? <i>Probe:</i> ANYONE ELSE? Probe for the type of person seen and circle all answers given. 1. Yes 2. No	A1. GP	1 2			
		A2. Specialist	1 2			
		B. Staff nurse	1 2			
		C. Midwife	1 2			
		F. Daya	1 2			
		X. Other (specify) _____	1 2			
PMN1	At what month in your pregnancy did you have your first check?	Months	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			
Don't know 98						

PMN2	What was your reason to go for a checkup for the first time? Probe for most important reason	To check for the safety of the fetus	1							
		To make arrangement for delivery	2							
		To make sure I was pregnant	3							
		The family / someone else decided	4							
		Routine checkup	5							
		To ensure a healthy pregnancy	6							
		Had a problem	7							
		Other (specify) _____	8							
MN3	How many times did you receive antenatal care during this pregnancy?	Number of times Record 98 if the woman does not remember/ does not know	<table border="1"> <tr> <td></td> <td></td> </tr> </table>							
PMN3	How many checkups did you have during that pregnancy? Record 98 if the woman does not remember	A. Number of checkups during the 1 st 3 months B. Number of checkups during 4-6 months C. Number of checkups during 7-9 months	<table border="1"> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>							
PMN4	How many checkups did you have during that pregnancy according to the place? Record 98 if the woman does not remember		A. Number of checkups 00 if none	How many ultrasound checkups did you have during this pregnancy						
				B. Number of Examination						
		1. Governmental hospital	<table border="1"> <tr> <td></td> <td></td> </tr> </table>			<table border="1"> <tr> <td></td> <td></td> </tr> </table>				
		2. Governmental health center	<table border="1"> <tr> <td></td> <td></td> </tr> </table>			<table border="1"> <tr> <td></td> <td></td> </tr> </table>				
		3. Private hospital	<table border="1"> <tr> <td></td> <td></td> </tr> </table>			<table border="1"> <tr> <td></td> <td></td> </tr> </table>				
		4. Private health center	<table border="1"> <tr> <td></td> <td></td> </tr> </table>			<table border="1"> <tr> <td></td> <td></td> </tr> </table>				
5. Private doctor/doctor clinic	<table border="1"> <tr> <td></td> <td></td> </tr> </table>			<table border="1"> <tr> <td></td> <td></td> </tr> </table>						
6. NGO hospital	<table border="1"> <tr> <td></td> <td></td> </tr> </table>			<table border="1"> <tr> <td></td> <td></td> </tr> </table>						
7. NGO center	<table border="1"> <tr> <td></td> <td></td> </tr> </table>			<table border="1"> <tr> <td></td> <td></td> </tr> </table>						
8. UNRWA hospital / center	<table border="1"> <tr> <td></td> <td></td> </tr> </table>			<table border="1"> <tr> <td></td> <td></td> </tr> </table>						
9. At home	<table border="1"> <tr> <td></td> <td></td> </tr> </table>			<table border="1"> <tr> <td></td> <td></td> </tr> </table>						
10. Israeli hospital / center	<table border="1"> <tr> <td></td> <td></td> </tr> </table>			<table border="1"> <tr> <td></td> <td></td> </tr> </table>						
11. Other (specify) ____	<table border="1"> <tr> <td></td> <td></td> </tr> </table>			<table border="1"> <tr> <td></td> <td></td> </tr> </table>						

PMN5	Where did you have the last checkup for that pregnancy?	Governmental hospital	01	PMN10
		Governmental health center	02	
		Private hospital	03	
		Private health center	04	
		Private doctor/doctor clinic	05	
		NGO hospital	06	
		NGO center	07	
		UNRWA hospital / center	08	
		Israeli hospital / center	09	
		At home	10	
Other (specify) _____	96			
PMN6	How much time did it take you from your home to (place of last checkup)?	Time in minutes	<input type="text"/> <input type="text"/> <input type="text"/>	
		Don't know	998	
PMN7	Did you walk or did you use transportation?	Walking	1	
		Bus/taxi	2	
		Private car	3	
		Other (specify) _____	6	
PMN8	How long did you have to wait for checkup at (place of last checkup)?	Time in minutes	<input type="text"/> <input type="text"/> <input type="text"/>	
		Does not remember	998	
PMN9	How much time did it take to have the checkup by the health provider?	Time in minutes	<input type="text"/> <input type="text"/> <input type="text"/>	
		Does not remember	998	
PMN10	Refer to MN2: checked by (record the person with highest qualification)	Physician/nurse/ midwife	1	PMN30
		Else	2	
MN4	As part of your antenatal care during this pregnancy, were any of the following done at least once: Read them one by one and record the appropriate answer 1.YES 2.NO 3. Does not remember if no , don't answer PMN11		Answer	PMN11 Did you know the result
		A. Blood pressure	<input type="text"/>	<input type="text"/>
		B. Urine sample	<input type="text"/>	<input type="text"/>
		C. Blood sample	<input type="text"/>	<input type="text"/>
		D. Height measurement	<input type="text"/>	<input type="text"/>
		E. Ultrasound	<input type="text"/>	<input type="text"/>
		F. Breast Screening	<input type="text"/>	<input type="text"/>
		G. Fetal heart monitoring	<input type="text"/>	<input type="text"/>
		H. Full medical exam	<input type="text"/>	<input type="text"/>
PMN14	Did you take the folic acid pills in the 1st 3 months of pregnancy?	Yes	1	
		No	2	
		Does not remember	8	

PMN18	During your second semester of pregnancy and after visiting specialized center, did you have any of the following tests? 1.Yes 2.No 3. Does not remember		Answer	PMN19 Did you know the result
		A. Blood pressure measurement	<input type="checkbox"/>	<input type="checkbox"/>
		B. Protein, urine, and diabetes test	<input type="checkbox"/>	<input type="checkbox"/>
		C. Urinalysis	<input type="checkbox"/>	<input type="checkbox"/>
		D. Blood analysis test	<input type="checkbox"/>	<input type="checkbox"/>
		E. Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
		F. Sugar concentration measurement	<input type="checkbox"/>	<input type="checkbox"/>
		G. Fetal heart monitoring	<input type="checkbox"/>	<input type="checkbox"/>
		H. Weight	<input type="checkbox"/>	<input type="checkbox"/>
	E. Ultrasound	<input type="checkbox"/>	<input type="checkbox"/>	
PMN20	During your second semester of pregnancy and after visiting the health center, did you get any advice about when and how to take iron pills?	Yes	1	
		No	2	
		Does not remember	8	
PMN24	Did you take iron pills regularly during the second third of pregnancy?	Yes	1	PMN27
		No	2	
		Does not remember	8	PMN27
PMN26	Why did not take the specific dose	No one advised me about the importance of taking it including the doctor	1	
		Caused health problems	2	
		Forgot	3	
		Did not feel it was important.	4	
		Other	6	
PMN27	Did the health provider tells you not to drink tea, milk and derivatives after taking an iron pill?	Yes	1	
		No	2	
		Does not remember	8	

PMN28	During your last third of pregnancy and after visiting the health center, did you have any of the following tests? 1. Yes 2. No 3. Does not remember		Test	PMN29 Did you know the result
		A. Blood pressure	<input type="checkbox"/>	<input type="checkbox"/>
		B. Blood analysis test	<input type="checkbox"/>	<input type="checkbox"/>
		C. Urinalysis	<input type="checkbox"/>	<input type="checkbox"/>
		D. Ultrasound	<input type="checkbox"/>	<input type="checkbox"/>
		E. Urine albumin	<input type="checkbox"/>	<input type="checkbox"/>

PMN30	While receiving antenatal care during this pregnancy, did you receive information on any of the following? Read them one by one and record the appropriate answer		Yes	No	DK	
		A. Diet	1	2	8	
		B. High pregnancy risk	1	2	8	
		C. Breastfeeding	1	2	8	
		D. Family planning	1	2	8	
		E. Postnatal care	1	2	8	
		F. Information on AIDS	1	2	8	
		J. Folic acid and iron tablets	1	2	8	

PMN31	While receiving antenatal care during this pregnancy, and during the last month of pregnancy did you receive information on breastfeeding after giving birth from any of the following ?		Yes	No	
		A. Doctor	1	2	
		B. Nurse	1	2	
		C. Midwife	1	2	
		D. Friend	1	2	
		E. Mother	1	2	
		F. Media	1	2	
		X. Other	1	2	

PMN32	During the last antenatal visit, did you face any of the following difficulties resulting from Israeli measures? 1. Yes 2. No 8. Doesn't remember		Yes	No	DR	
		1. Delay at the military checkpoint	1	2	8	
		2. Closing the military checkpoint completely	1	2	8	
		3. Restricted mobility due to the Wall	1	2	8	
		4. Curfew and closure	1	2	8	
		5. Didn't go the health center because of bombing / explosion / shrapnel during the war on Gaza	1	2	8	
		6. Clinic /health center was destroyed during the war on Gaza	1	2	8	
		7. Other	1	2	8	

PMN33	Have you had any of the following complications at any time during this pregnancy? Read them one by one and record the appropriate answer		Yes	No	DK	
		A. Severe vaginal bleeding	1	2	8	
		B. Hypertension	1	2	8	
		C. Swelling in the face or body	1	2	8	
		D. Severe headache	1	2	8	
		E. Upper abdominal pain	1	2	8	
		F. High fever	1	2	8	
		G. Non-febrile convulsions	1	2	8	
		H. Painful micturition	1	2	8	
		I. Severe difficulty breathing	1	2	8	
		J. Anemia	1	2	8	
		K. Urinary tract infection or genital	1	2	8	
		L. Rheumatic conditions	1	2	8	

PMN34	Refer to PMN33:	Yes for any of the symptoms	1	MN6		
		No or don't know for all the symptoms	2			
PMN35	Did you get any advice or treatment for these symptoms?	Yes	1	PMN37		
		No	2			
PMN36	Who gave you this advice/treatment? Any other person 1. Yes 2. No	A. GP	1 2	MN6		
		B. Specialist	1 2			
		C. Staff nurse	1 2			
		D. Midwife	1 2			
		E. Pharmacist	1 2			
		F. Daya	1 2			
		G. Mother	1 2			
		H. Husband	1 2			
		I. Health worker	1 2			
		J. Other relatives	1 2			
	X. Other (specify) _____	1 2				
PMN37	Why did not you seek medical advice to treat these symptoms? Probe for most important reason	Was not a problem	01			
		Service not available	02			
		Service expensive	03			
		Was busy	04			
		Husband was busy	05			
		The daya was able to manage it	06			
		Used non-medical (traditional) remedy	07			
		Israeli measures were a barrier	08			
		Other (specify) _____	96			
MN6	When you were pregnant with (NAME), did you receive any injection in the arm or shoulder to prevent the baby from getting tetanus, that is convulsions after birth?	Yes	1	PMN38		
		No	2			
		DK	8			
MN7	How many times did you receive this tetanus injection during your pregnancy with (NAME)?	Number of times DK.....98	<input type="text"/>			
PMN38	Now I would like to ask you about the labor and delivery period. Did you have any of the following symptoms during labor or immediately after delivery? Read each symptom and record the appropriate answer		Yes	No	DK	
		A. Prolonged labor for more than 12 hours	1	2	8	
		B. High fever	1	2	8	
		C. Non-febrile convulsions	1	2	8	
		D. Severe vaginal bleeding	1	2	8	
PMN39A	Refer to PMN38:	Yes for any of the symptoms	1	MN17		
		No or don't know for all symptoms	2			

PMN39	Did you or any person who was assisting you at that time think that you had a problem in your labor or delivery?	Yes	1	MN17
		No	2	
		Don't know	8	
PMN40	Was anybody called for this problem?	Yes	1	MN17
		No	2	
PMN41	Who was called? If more than one person, record the one with the highest qualification	1. GP	1	
		2. Specialist	2	
		3. Staff nurse / midwife	3	
		4. Daya	4	
		5. Other (specify) _____	6	
MN17	WHO ASSISTED WITH THE DELIVERY OF (name)? <i>Probe:</i> ANYONE ELSE? <i>Probe for the type of person assisting and circle all answers given.</i> If respondent says no one assisted, probe to determine whether any adults were present at the delivery.	A GP	A	
		Z Specialist	Z	
		B Staff nurse / midwife	B	
		F Daya	F	
		H Relative / Friend	H	
		X Other (specify) _____	X	
		Y No one	Y	
MN18	Where did you give birth to (name)?	At home	11	
		Governmental hospital	21	
		Governmental health center	22	
		Private hospital	31	
		Private clinic	32	
		Maternity home	33	
		NGO hospital	43	
		UNRWA hospital / center	37	
		On the road while on my way to the hospital	40	
		At a military checkpoint	41	
		Israeli hospitals	42	
		Other (specify) _____	96	
PMN42	Was the place where you gave birth your favorite choice?	Yes	1	
		No	2	
PMN19	How did the delivery occur?	Caesarian section	1	
		Normal delivery	2	
		Suction / forceps	3	
		Incision	4	

PMN43	On your way for the delivery of (name), did you face any of the following difficulties resulting from Israeli measures?		Yes	No	DK	
		1. Delay at the military checkpoint	1	2	8	
		2. Closing the military checkpoint completely	1	2	8	
		3. Restricted mobility due to the Wall	1	2	8	
		4. Curfew and closure	1	2	8	
		5 Didn't go the health center because of bombing / explosion / shrapnel during the war on Gaza	1	2	8	
		6. Clinic /health center was destroyed during the war on Gaza	1	2	8	
	7. Other (specify) _____	1	2	8		
MN20	When (NAME) was born, was he/she very large, larger than average, average, smaller than average, or very small?	Very large	1			
		Larger than average	2			
		Average	3			
		Smaller than average	4			
		Very small	5			
		DK	8			
MN21	Was (NAME) weighed at birth?	Yes	1		MN23	
		No	2			
MN22	HOW MUCH DID (name) WEIGH? Record weight from health card, if available	1.From card 1 (kg) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>				
		2.From recall ... 2 (kg)) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>				
		DK 99998				
MN23	HAS YOUR MENSTRUAL PERIOD RETURNED SINCE THE BIRTH OF (name)?	Yes	1			
		No	2			
MN24	DID YOU EVER BREASTFEED (name)?	Yes	1		IS2	
		No	2			
MN25	HOW LONG AFTER BIRTH DID YOU FIRST PUT (name) TO THE BREAST? <i>If less than 1 hour, record '00' hours.</i> <i>If less than 24 hours, record hours.</i> OTHERWISE, RECORD DAYS.	Immediately	000			
		Hours.....1	1	<input type="text"/> <input type="text"/>		
		Days.....2	2	<input type="text"/> <input type="text"/>		
		Don't know / remember	998			
MN26	IN THE FIRST THREE DAYS AFTER DELIVERY, WAS (name) GIVEN ANYTHING TO DRINK OTHER THAN BREAST MILK?	Yes	1		IS2	
		No	2			

MN27	WHAT WAS (<i>name</i>) GIVEN TO DRINK? <i>Probe:</i> ANYTHING ELSE?	A Milk (other than breast milk)	A	
		B Plain water	B	
		C Sugar or glucose water	C	
		D Gripe water	D	
		E Sugar-salt-water solution	E	
		F Fruit juice	F	
		G Infant formula	G	
		H Tea / Infusions	H	
		I Honey	I	
		X Other (<i>specify</i>) _____	X	

Interviewer: ask about all children under 5 years

IS2	<p>Sometimes children have severe illnesses and should be taken immediately to a health facility.</p> <p>WHAT TYPES OF SYMPTOMS WOULD CAUSE YOU TO TAKE YOUR CHILD TO A HEALTH FACILITY RIGHT AWAY?</p> <p><i>Probe:</i> Any other symptoms?</p>	<p>Child not able to drink or breastfeed.....A</p> <p>Child becomes sicker.....B</p> <p>Child develops a feverC</p> <p>Child has fast breathingD</p> <p>Child has difficulty breathing.....E</p> <p>Child has blood in stoolF</p> <p>Child is drinking poorlyG</p> <p>Hypothermia.....H</p> <p>Severe diarrhea.....I</p> <p>Other (<i>specify</i>)X</p> <p>Other (<i>specify</i>)Y</p>																				
PMN44	Now I would like to ask you about the first six weeks after delivery, i.e., the postpartum period. Have you been told by the health provider that you should visit them after delivery?	<table border="1"> <tr> <td>Yes during the first 6 days</td><td>1</td></tr> <tr> <td>Yes during the first 42 days</td><td>2</td></tr> <tr> <td>No</td><td>3</td></tr> </table>	Yes during the first 6 days	1	Yes during the first 42 days	2	No	3														
Yes during the first 6 days	1																					
Yes during the first 42 days	2																					
No	3																					
PMN45	Did you see anybody for postnatal checkup?	<table border="1"> <tr> <td>Yes</td><td>1</td><td rowspan="2">PMN50</td></tr> <tr> <td>No</td><td>2</td></tr> </table>	Yes	1	PMN50	No	2															
Yes	1	PMN50																				
No	2																					
PMN46	<p>Whom did you see for checkup?</p> <p>Any other person</p> <p>1. Yes 2. No</p>	<table border="1"> <tr> <td>A. GP</td><td>1</td><td>2</td><td rowspan="2">PMN48</td></tr> <tr> <td>B. Specialist</td><td>1</td><td>2</td></tr> <tr> <td>C. Staff nurse</td><td>1</td><td>2</td><td rowspan="3">PMN51</td></tr> <tr> <td>D. Midwife</td><td>1</td><td>2</td></tr> <tr> <td>E. Daya</td><td>1</td><td>2</td></tr> <tr> <td>X. Other (<i>specify</i>) _____</td><td>1</td><td>2</td></tr> </table>	A. GP	1	2	PMN48	B. Specialist	1	2	C. Staff nurse	1	2	PMN51	D. Midwife	1	2	E. Daya	1	2	X. Other (<i>specify</i>) _____	1	2
A. GP	1	2	PMN48																			
B. Specialist	1	2																				
C. Staff nurse	1	2	PMN51																			
D. Midwife	1	2																				
E. Daya	1	2																				
X. Other (<i>specify</i>) _____	1	2																				
PMN47	What was the reason for going to a specialist or GP and not to a midwife?	<table border="1"> <tr> <td>Doctor is more qualified</td><td>1</td><td rowspan="3"></td></tr> <tr> <td>No midwife in region</td><td>2</td></tr> <tr> <td>Other (<i>specify</i>) _____</td><td>8</td></tr> </table>	Doctor is more qualified	1		No midwife in region	2	Other (<i>specify</i>) _____	8													
Doctor is more qualified	1																					
No midwife in region	2																					
Other (<i>specify</i>) _____	8																					
PMN48	Where did the checkup take place?	<table border="1"> <tr> <td>Governmental hospital</td><td>1</td><td rowspan="8"></td></tr> <tr> <td>Governmental health center</td><td>2</td></tr> <tr> <td>Private hospital</td><td>3</td></tr> <tr> <td>Private doctor</td><td>4</td></tr> <tr> <td>NGO hospital / center</td><td>5</td></tr> <tr> <td>NGO center</td><td>6</td></tr> <tr> <td>UNRWA hospital / center</td><td>7</td></tr> <tr> <td>Israeli hospital/center</td><td>8</td></tr> <tr> <td>Other (<i>specify</i>) _____</td><td>9</td></tr> </table>	Governmental hospital	1		Governmental health center	2	Private hospital	3	Private doctor	4	NGO hospital / center	5	NGO center	6	UNRWA hospital / center	7	Israeli hospital/center	8	Other (<i>specify</i>) _____	9	
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Other (<i>specify</i>) _____	9																					

PMN49	What services did you get while receiving this care?	<table border="1"> <thead> <tr> <th></th><th>YES</th><th>NO</th></tr> </thead> <tbody> <tr><td>A. Information about breastfeeding</td><td>1</td><td>2</td></tr> <tr><td>B. Breast examination</td><td>1</td><td>2</td></tr> <tr><td>C. Family planning</td><td>1</td><td>2</td></tr> <tr><td>D. Blood pressure measurement</td><td>1</td><td>2</td></tr> <tr><td>E. Weight measurement</td><td>1</td><td>2</td></tr> <tr><td>F. Blood test (Hb)</td><td>1</td><td>2</td></tr> <tr><td>G. Physical exam to rule out health problems resulting from delivery, such as back pain</td><td>1</td><td>2</td></tr> <tr><td>X. Other (specify) _____</td><td></td><td></td></tr> </tbody> </table>		YES	NO	A. Information about breastfeeding	1	2	B. Breast examination	1	2	C. Family planning	1	2	D. Blood pressure measurement	1	2	E. Weight measurement	1	2	F. Blood test (Hb)	1	2	G. Physical exam to rule out health problems resulting from delivery, such as back pain	1	2	X. Other (specify) _____			<table border="1"> <tr><td></td></tr> <tr><td></td></tr> <tr><td></td></tr> <tr><td></td></tr> <tr><td></td></tr> <tr><td></td></tr> <tr><td></td></tr> <tr><td></td></tr> <tr><td></td></tr> </table>										PMN51			
	YES	NO																																									
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G. Physical exam to rule out health problems resulting from delivery, such as back pain	1	2																																									
X. Other (specify) _____																																											
PMN50	What was the main reason for not going to have postnatal checkup?	<table border="1"> <tbody> <tr><td>There were no problems</td><td>1</td></tr> <tr><td>Has previous experience</td><td>2</td></tr> <tr><td>Not aware of the importance of checkup</td><td>3</td></tr> <tr><td>Service unavailable</td><td>4</td></tr> <tr><td>Service expensive</td><td>5</td></tr> <tr><td>Was busy</td><td>6</td></tr> <tr><td>Husband was busy</td><td>7</td></tr> <tr><td>Israeli measures were a barrier</td><td>8</td></tr> <tr><td>Other (specify) _____</td><td>9</td></tr> </tbody> </table>	There were no problems	1	Has previous experience	2	Not aware of the importance of checkup	3	Service unavailable	4	Service expensive	5	Was busy	6	Husband was busy	7	Israeli measures were a barrier	8	Other (specify) _____	9	<table border="1"> <tr><td></td></tr> <tr><td></td></tr> <tr><td></td></tr> <tr><td></td></tr> <tr><td></td></tr> <tr><td></td></tr> <tr><td></td></tr> <tr><td></td></tr> <tr><td></td></tr> </table>																						
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PMN51	Did you suffer from any of the following symptoms at any time during the first six weeks following the delivery? Read each symptom and record the appropriate answer	<table border="1"> <thead> <tr> <th></th><th>Yes</th><th>No</th><th>DK</th></tr> </thead> <tbody> <tr><td>A. Severe vaginal bleeding</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>B. Swelling and pain in the legs</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>C. Foul-smelling vaginal discharge with fever</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>D. Lower abdominal pain with fever</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>E. Severe lower back pain with fever</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>F. Painful micturation with fever</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>G. Breast swelling and pain with fever</td><td>1</td><td>2</td><td>8</td></tr> </tbody> </table>		Yes	No	DK	A. Severe vaginal bleeding	1	2	8	B. Swelling and pain in the legs	1	2	8	C. Foul-smelling vaginal discharge with fever	1	2	8	D. Lower abdominal pain with fever	1	2	8	E. Severe lower back pain with fever	1	2	8	F. Painful micturation with fever	1	2	8	G. Breast swelling and pain with fever	1	2	8	<table border="1"> <tr><td></td></tr> <tr><td></td></tr> <tr><td></td></tr> <tr><td></td></tr> <tr><td></td></tr> <tr><td></td></tr> <tr><td></td></tr> </table>								
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PMN52	Refer to PMN51:	<table border="1"> <tbody> <tr><td>Yes for any of the symptoms</td><td>1</td></tr> <tr><td>No or don't know for all the symptoms</td><td>2</td></tr> </tbody> </table>	Yes for any of the symptoms	1	No or don't know for all the symptoms	2	<table border="1"> <tr><td></td></tr> <tr><td></td></tr> </table>			PMN56																																	
Yes for any of the symptoms	1																																										
No or don't know for all the symptoms	2																																										
PMN53	Did you receive any advice or treatment for these symptoms?	<table border="1"> <tbody> <tr><td>Yes</td><td>1</td></tr> <tr><td>No</td><td>2</td></tr> </tbody> </table>	Yes	1	No	2	<table border="1"> <tr><td></td></tr> <tr><td></td></tr> </table>			PMN55																																	
Yes	1																																										
No	2																																										

PMN54	Who gave you this advice or treatment?	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr><td>A. GP</td><td>1</td><td>2</td></tr> <tr><td>B. Specialist</td><td>1</td><td>2</td></tr> <tr><td>C. Staff nurse / midwife</td><td>1</td><td>2</td></tr> <tr><td>D. Pharmacist</td><td>1</td><td>2</td></tr> <tr><td>E. Daya</td><td>1</td><td>2</td></tr> <tr><td>F. Mother</td><td>1</td><td>2</td></tr> <tr><td>G. Husband</td><td>1</td><td>2</td></tr> <tr><td>H. Other relatives</td><td>1</td><td>2</td></tr> <tr><td>I. Traditional healer</td><td>1</td><td>2</td></tr> <tr><td>J. Other (specify) _____</td><td>1</td><td>2</td></tr> </tbody> </table>		YES	NO	A. GP	1	2	B. Specialist	1	2	C. Staff nurse / midwife	1	2	D. Pharmacist	1	2	E. Daya	1	2	F. Mother	1	2	G. Husband	1	2	H. Other relatives	1	2	I. Traditional healer	1	2	J. Other (specify) _____	1	2		PMN56
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I. Traditional healer	1	2																																			
J. Other (specify) _____	1	2																																			
PMN55	Why did you not seek medical advice to treat these problem(s)? Probe for most important reason	<table border="1"> <tbody> <tr><td>Was not a problem</td><td>01</td></tr> <tr><td>Service not available</td><td>02</td></tr> <tr><td>Service expensive</td><td>03</td></tr> <tr><td>Was busy</td><td>04</td></tr> <tr><td>Husband was busy</td><td>05</td></tr> <tr><td>The daya was able to manage it</td><td>06</td></tr> <tr><td>Used non-medical (traditional) remedy</td><td>07</td></tr> <tr><td>Israeli measures were a barrier</td><td>08</td></tr> <tr><td>Other (specify) _____</td><td>96</td></tr> </tbody> </table>	Was not a problem	01	Service not available	02	Service expensive	03	Was busy	04	Husband was busy	05	The daya was able to manage it	06	Used non-medical (traditional) remedy	07	Israeli measures were a barrier	08	Other (specify) _____	96																	
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Other (specify) _____	96																																				
PMN56	After the delivery, did you take iron or vitamin pills or syrup?	<table border="1"> <tbody> <tr><td>Yes, folic acid</td><td>1</td></tr> <tr><td>Yes, iron</td><td>2</td></tr> <tr><td>Both</td><td>3</td></tr> <tr><td>None</td><td>4</td></tr> </tbody> </table>	Yes, folic acid	1	Yes, iron	2	Both	3	None	4																											
Yes, folic acid	1																																				
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PMN57	Did you receive a mother and child health handbook (last child)?	<table border="1"> <tbody> <tr><td>Yes , still have it</td><td>1</td></tr> <tr><td>Yes , but lost it</td><td>2</td></tr> <tr><td>No , never</td><td>3</td></tr> <tr><td>Don't know/don't remember</td><td>8</td></tr> </tbody> </table>	Yes , still have it	1	Yes , but lost it	2	No , never	3	Don't know/don't remember	8		PMN60																									
Yes , still have it	1																																				
Yes , but lost it	2																																				
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PMN57A	When did you receive this handbook?	<table border="1"> <tbody> <tr><td>During pregnancy</td><td>1</td></tr> <tr><td>After delivery</td><td>2</td></tr> <tr><td>During pregnancy and after delivery</td><td>3</td></tr> <tr><td>Don't know/don't remember</td><td>8</td></tr> </tbody> </table>	During pregnancy	1	After delivery	2	During pregnancy and after delivery	3	Don't know/don't remember	8																											
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After delivery	2																																				
During pregnancy and after delivery	3																																				
Don't know/don't remember	8																																				
PMN57B	Did you read the handbook?	<table border="1"> <tbody> <tr><td>Yes, part of it</td><td>1</td></tr> <tr><td>Yes, all of it</td><td>2</td></tr> <tr><td>No, never</td><td>3</td></tr> </tbody> </table>	Yes, part of it	1	Yes, all of it	2	No, never	3																													
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Yes, all of it	2																																				
No, never	3																																				

Section 4: Chronic diseases and ill health due to childbirth

No	Questions	Coding categories		Go to
PMN60	Woman's line number from HL1		<input type="text"/>	
PMN66	Did you ever suffer from the following type of cancer :breast cancer, lung cancer, colon cancer, cervical cancer	Yes	1	PMN70
		No	2	
PMN67	What type of cancer do you suffer /have suffered from ? 01. breast cancer 02. cervical cancer 03. lung cancer 04. colon cancer	Cancer type	<input type="text"/>	
		Don't know.....98		
PMN68	How old were you when you were told or found out that you suffer from cancer?	Age in years	<input type="text"/>	
		Don't know.....98		
PMN69	Do you take now or in the past any treatment for cancer?	Yes, currently	1	
		Yes, in the past	2	
		No	3	
PMN70	Interviewer: Return to PWB11	Has ever been pregnant	1	PMN81
		Never been pregnant	2	
PMN77	Another problem that women may suffer from is the inability to control urine. Do you have a problem controlling urine, especially when you cough, sneeze or carry heavy objects?	Yes	1	PMN81
		No	2	
PMN78	Did you consult anybody for advice or treatment regarding this problem?	Yes	1	PMN80
		No	2	
PMN79	Whom did you consult? Any other person? 1. Yes 2. No		YES NO	PMN81
		A. Physician	1 2	
		B. Staff nurse	1 2	
		C. Midwife	1 2	
		D. Pharmacist	1 2	
		E. Daya	1 2	
		F. Traditional healer	1 2	
		G. Relatives	1 2	
		X. Other (specify): _____	1 2	
PMN80	Why did not you consult anybody to help you with this problem? Probe: Any other reason? 1. Yes 2. No		YES NO	
		A. Did not believe it would help	1 2	
		B. Service expensive	1 2	
		C. Service unavailable	1 2	
		D. Was busy	1 2	
		E. Husband was busy	1 2	
		F. The problem did not require that	1 2	
		G. Was embarrassed	1 2	
		H. Was afraid	1 2	
		I. Other (specify): _____	1 2	

PMN81	During the past three months, did you suffer from: A. Painful or burning micturation?	Yes	1	
		No	2	
	B. Severe or abnormal vaginal discharge?	Yes	1	
		No	2	PMN83
PMN82	When you had this discharge, did you have any of the following: 1. Yes 2. No		YES NO	
		A. Itching or allergy in the genitalia	1 2	
		B. Foul-smelling excretions	1 2	
		C. Severe lower abdominal pain unrelated to the menses	1 2	
PMN83	Refer to PMN81:	Either A or B is YES	1	
		Both A and B is NO	2	PMN87
PMN84	Did you consult anybody for advice or treatment regarding this problem(s)?	Yes	1	
		No	2	PMN86
PMN85	Whom did you consult? Any other person? 1. Yes 2. No		YES NO	PMN87
		A. Physician	1 2	
		B. Staff nurse	1 2	
		C. Midwife	1 2	
		D. Pharmacist	1 2	
		E. Daya	1 2	
		F. Traditional healer	1 2	
		G. Self-medication	1 2	
		H. Relatives	1 2	
		X. Other (specify): _____	1 2	
PMN86	Why did not you consult anybody to help you with this problem(s)? Probe: Any other reason? 1. Yes 2. No		YES NO	
		A. Did not believe it would help	1 2	
		B. Service expensive	1 2	
		C. Service unavailable	1 2	
		D. Was busy	1 2	
		E. Husband was busy	1 2	
		F. The problem did not require that	1 2	
		G. Was embarrassed	1 2	
		H. Was afraid	1 2	
		I. Other (specify): _____	1 2	
PMN87	Refer to PW15 in the second section:	Not pregnant / Unsure	1	
		Currently pregnant	2	PMN103
PMN88	Refer to PWB2 in the first section:	Currently married (married/separated)	1	
		Currently unmarried (widow/divorced)	2	PMN103
PMN89	Do you still have the menses?	Yes	1	
		No :stopped	2	
		No : postpartum period	3	PMN103
		Never menstruated	4	
PMN90	Did you try to become pregnant but without success?	Yes	1	
		No	2	PMN103

PMN91	How many months have you attempted?	Months attempting	<input type="text"/> <input type="text"/> <input type="text"/>	
PMN92	In your opinion, what is the main reason for not being able to become pregnant?	Reached menopause	1	
		Problems in the reproductive system in wife	2	
		Problems in the reproductive system in husband	3	
		Problems in the reproductive system in both	4	
		Infertility	5	
		Other (specify): _____	6	
		Don't know	8	
PMN93	Did you consult or sought advice from anybody to help you become pregnant?	Yes	1	
		No	2	PMN95
PMN94	Whom did you consult? Any other person? 1. Yes 2. No	A. Physician	1 2	PMN96
		B. Staff nurse	1 2	
		C. Pharmacist	1 2	
		D. Daya	1 2	
		E. Traditional healer	1 2	
		F. Relatives	1 2	
		G. Other (specify): _____	1 2	
PMN95	Why did not you consult anybody to help you with this problem? Probe: Any other reason? 1. Yes 2. No	A. Did not believe it would help	1 2	
		B. Service expensive	1 2	
		C. Service unavailable	1 2	
		D. Was busy	1 2	
		E. Husband was busy	1 2	
		F. The problem did not require that	1 2	
		G. Was embarrassed	1 2	
		H. Was afraid	1 2	
		I. Other (specify): _____	1 2	
PMN96	Did your husband consult or sought advice from anybody about this problem?	Yes	1	PMN98
		No	2	
		Don't know	8	
PMN97	Whom did your husband consult? Probe: Any other person? 1. Yes 2. No	A. Physician	1 2	
		B. Staff nurse	1 2	
		C. Pharmacist	1 2	
		D. Traditional healer	1 2	
		E. Other (specify): _____	1 2	
		F. Don't know	1 2	
PMN98	During the past three months, did you suffer from any of the following problems related to the menstrual cycle? 1. Yes 2. No	A. Menstrual bleeding lasted more than 7 days	1 2	
		B. Unusually severe menstrual bleeding	1 2	
		C. Severe pain	1 2	
		D. Irregular periods	1 2	
PMN99	Refer to PMN98:	All answers = 2	1	PMN103
		One or more answers = 1	2	
PMN100	Did you consult anybody for advice or treatment regarding this problem(s)?	Yes	1	
		No	2	PMN102

PMN101	Whom did you consult? Any other person? 1. Yes 2. No	A. Physician	1	2	PMN103
		B. Staff nurse	1	2	
		C. Midwife	1	2	
		D. Pharmacist	1	2	
		E. Daya	1	2	
		F. Traditional healer	1	2	
		G. Relatives	1	2	
		X. Other (specify): _____	1	2	
PMN102	Why did not you consult anybody to help you with this problem(s)? Probe: Any other reason? 1. Yes 2. No	A. Did not believe it would help	1	2	
		B. Service expensive	1	2	
		C. Service unavailable	1	2	
		D. Was busy	1	2	
		E. Husband was busy	1	2	
		F. The problem did not require that	1	2	
		G. Was embarrassed	1	2	
		H. Was afraid	1	2	
		I. Menopause	1	2	
		J. It has always been like that	1	2	
		K. Other (specify): _____	1	2	
		PMN103	Now I would like to ask you some questions about receiving health care for yourself. When you have a health problem and need to receive health care, where do you usually go for this care?	Governmental hospital	
Governmental health center	02				
Private hospital	03				
Private doctor	04				
NGO hospital	05				
NGO center	06				
UNRWA center / hospital	07				
At home	08				
Israeli hospital	09				
Other (specify): _____	96				
Don't know / unsure	98				
PMN104	Many factors may prevent women from seeking medical care or treatment for themselves. When you are ill and need to get medical care or treatment, do any of the following factors act as a major barrier for you or not?		Major barrier	Not a major barrier	
		A. Knowing where to go	1	2	
		B. Getting permission to go	1	2	
		C. Getting money in order to go	1	2	
		D. Distance to the health center	1	2	
		E. Being compelled to use transportation	1	2	
		F. Not willing to go alone	1	2	
		G. Concern that there is no female provider	1	2	

Section 5: Family planning and attitudes towards reproduction

No	Questions	Coding categories		Go to
PCP1	Woman's line number from HL1		<input type="text"/> <input type="text"/>	
PCP5	Refer to PWB2:	Currently married (married/separated)	1	Section7 PFP8
		Currently unmarried (widow/divorced)	2	
CP1	Refer to PW15:	Currently pregnant	1	Section6 UN1
		Not pregnant	2	
		not sure	8	PCP11
CP2	COUPLES USE VARIOUS WAYS OR METHODS TO DELAY OR AVOID A PREGNANCY.	Yes	1	
		No	2	PCP10
PCP2	How old were you when you used a family planning method for the first time?	Age in full years	<input type="text"/> <input type="text"/>	
PCP3	How many living children did you have, if any, when used a family planning method for the first time? If none, record 00	Number of male children	<input type="text"/> <input type="text"/>	
		Number of female children	<input type="text"/> <input type="text"/>	
PCP4	When you used the family planning method for the first time, did you desire to have another child but after a while or did you want to stop having children at all?	Desired to have a child after a while	1	
		Desired to stop having children	2	
		Other (specify) _____	8	
CP3	What is the main method you or your husband are using now?			PC P7
		A. Female sterilization	A	
		B. Male sterilization	B	
		C. IUD	C	
		D. Injections	D	
		F. Pills	F	
		G. Male condom	G	
		H. Female condom	H	
		I. Female diaphragm	I	
		J. Local cream / jelly	J	
		K. Extending breastfeeding period	K	
		L. Periodic abstinence/Rhythm	L	
		M. Withdrawal	M	
		X. Other (specify) _____	X	

PCP6	Where did you get (current method's name) last time?	Governmental hospital	1		
		Governmental family planning / MCH center	2		
		Private center / hospital	3		
		NGO center / hospital	4		
		Pharmacy	5		
		Private doctor	6		
		UNRWA center / hospital	7		
		Other (specify) _____	8		
PCP7	Since how many months have you been using (current method's name) continuously?	Number of months	<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>		
		Don't know.....98			
PCP8	Have you faced any problems because of using (current method's name)?	Yes	1	PCP15	
		No	2		
PCP9	What problems did you face? Probe: Any other problems? 1. Yes 2. No	A. Health problems	1	2	PCP15
		B. Method not effective	1	2	
		C. Husband objected	1	2	
		D. Difficult to obtain	1	2	
		E. Expensive	1	2	
		F. Inconvenient to use	1	2	
		G. Other (specify) _____	1	2	
PCP10	What is your main reason for not using a family planning method currently?	Desire to have a child	01		
		I object to family planning	02		
		Husband does not accept	03		
		Fear of side effects	04		
		Difficulty obtaining the method	05		
		Expensive	06		
		Method is uncomfortable to use	07		
		Menopause	08		
		Husband is not living with the family currently	09		
		Conflict with religious beliefs	10		
		Other (specify) _____	96		
PCP11	Do you intend to use any family planning method at any time in the future?	Yes	1	PCP13	
		No	2		
		Don't know	8	PCP14	

PCP12	What is your main reason for not wishing to use a family planning method in the future?	Desire to have another child Conflict with religious beliefs Objection to family planning Husband does not accept Relatives object Fear of side effects Lack of knowledge Difficulty obtaining the method Expensive Difficult to use In God's will Menopause / infertility Available methods are inconvenient Other (specify) _____ Not sure / does not know	01 02 03 04 05 06 07 08 09 10 11 12 13 96 98	PCP15	
PCP13	When do you intend to use a family planning method?	Within 12 months Within one to two years Three years or more Did not decide yet / does not know	1 2 3 8		
PCP14	What method will you prefer to use?	Pills IUD Injections Male condom Female condom Female diaphragm Local cream / jelly Tubal ligation Male sterilization Extending breastfeeding period Rhythm Withdrawal Other (specify) _____ Unsure / don't know	01 02 03 05 06 07 08 09 10 11 12 13 96 98		
PCP15	In general, do you accept or do not accept that couples use family planning methods?	Accept Accept with conditions Does not accept Does not know / unsure	1 2 3 8		

PCP16	In your opinion, does your husband accept or do not accept that couples use family planning methods in general?	Accepts	1	
		Accepts with conditions	2	
		Does not accept	3	
		Does not know / unsure	8	
PCP17	Usually who has the last say in using or not using family planning: you or your husband?	Mostly the respondent	1	
		Mostly the husband	2	
		Joint decision	3	
		Mother/mother-in-law	4	
		Other (specify) _____	6	
		Does not know / unsure	8	
		Other (specify) _____	96	

Section 6: Unmet Need

No	Questions	Coding categories		Go to
UN1	Are you currently pregnant? Check CP1.	Yes	1	UN5
		No	2	
		Does not know / unsure	3	
UN2	Now I would like to talk to you about your current pregnancy. When you got pregnant, did you want to get pregnant at that time?	Yes	1	UN4
		No	2	
UN3	Did you want to have a baby later on or did you not want any (more) children?	Later	1	
		No more	2	
UN4	Now I would like to ask some questions about the future. After the child you are now expecting, would you like to have another child, or would you prefer not to have any more children?	Have another child	1	UN7
		No more / None	2	UN13
		Undecided / Don't know	8	UN13
UN5	Currently using "Female sterilization"? Refer to CP3	Yes	1	UN13
		No	2	
UN6	Now I would like to ask you some questions about the future. Would you like to have (a/another) child, or would you prefer not to have any (more) children?	Have (a/another) child	1	UN9
		No more / None	2	
		Cannot get pregnant	3	UN11
		Undecided / Don't know	8	UN9
UN7	How long would you like to wait before the birth of (a/another) child?	Months	1 <input type="text"/>	
		Years	2 <input type="text"/>	
		Soon / Now	993	
		Cannot get pregnant	994	UN11
		Other (specify) _____	996	
		Does not know	998	

No	Questions	Coding categories		Go to
UN8	Check CP1. Currently pregnant? <input type="checkbox"/> <i>Yes, currently pregnant</i> ⇒ <i>Go to UN13</i> <input type="checkbox"/> <i>No, unsure or DK</i> ⇒ <i>Continue with UN9</i>			
UN9	Check CP2. Currently using a method? <input type="checkbox"/> <i>Yes.</i> ⇒ <i>Go to UN13</i> <input type="checkbox"/> <i>No</i> ⇒ <i>Continue with UN10</i>			
UN10	Do you think you are physically able to get pregnant at this time?	Yes	1	UN13
		No	2	
		Does not know	8	UN13
UN11	Why do you think you are not physically able to get pregnant?	Infrequent sex / No sex	A	
		Menopausal	B	
		Never menstruated	C	
		Hysterectomy (surgical removal of uterus)	D	
		Has been trying to get pregnant for 2 years or more without result	E	
		Postpartum amenorrheic	F	
		Breastfeeding	G	
		Too old	H	
		Fatalistic	I	
		Other (<i>specify</i>)	X	
		Don't know	Z	
UN12	Check UN11. "Never menstruated" mentioned?	1. <i>Yes. Go to Next Module</i>	1	Section 7 PFP1
		2. <i>No</i>	2	
UN13	When did your last menstrual period start?	Days ago	1 <input type="text"/> <input type="text"/>	
		Weeks ago	2 <input type="text"/> <input type="text"/>	
		Months ago	3 <input type="text"/> <input type="text"/>	
		Years ago	4 <input type="text"/> <input type="text"/>	
		In menopause / Has had hysterectomy	994	
		Before last birth	995	

Section 7 :Attitudes towards reproduction

No	Questions	Coding categories	Go to				
PFP1	Woman's line number from HL1						
PFP2	Refer to CP3: Currently used method	Tubal ligation / male sterilization Any other method or not using	1 2 PFP6				
PFP3	Refer to PW15: <table border="1"> <tr> <td>Not pregnant / not sure</td><td>Currently pregnant</td></tr> <tr> <td>Now I have some questions about the future. Do you desire to have (another) child or prefer not to have (more) children?</td><td>Now I have some questions about the future. After you will deliver this baby, do you desire to have another child or prefer to stop having children?</td></tr> </table>	Not pregnant / not sure	Currently pregnant	Now I have some questions about the future. Do you desire to have (another) child or prefer not to have (more) children?	Now I have some questions about the future. After you will deliver this baby, do you desire to have another child or prefer to stop having children?	Have another child Stop having children Cannot get pregnant By God's will Does not know / unsure	1 2 3 4 8 PFP6
Not pregnant / not sure	Currently pregnant						
Now I have some questions about the future. Do you desire to have (another) child or prefer not to have (more) children?	Now I have some questions about the future. After you will deliver this baby, do you desire to have another child or prefer to stop having children?						
PFP4	Do you prefer that your next child is a boy, a girl or it does not matter which sex?	Boy Girl Does not matter which sex By God's will Other (specify) _____	1 2 3 4 6				
PFP5	Refer to PW15: <table border="1"> <tr> <td>Not pregnant / not sure</td><td>Currently pregnant</td></tr> <tr> <td>How long do you prefer to wait before delivering the next child that you desire to have?</td><td>How long after delivering your baby do you prefer to wait before delivering the next child that you desire to have?</td></tr> </table>	Not pregnant / not sure	Currently pregnant	How long do you prefer to wait before delivering the next child that you desire to have?	How long after delivering your baby do you prefer to wait before delivering the next child that you desire to have?	Months Years Soon / immediately Cannot get pregnant Other (specify) _____ Don't know	1 2 9 94 9 95 9 96 9 98
Not pregnant / not sure	Currently pregnant						
How long do you prefer to wait before delivering the next child that you desire to have?	How long after delivering your baby do you prefer to wait before delivering the next child that you desire to have?						
PFP6	Have you ever talked with your husband about the number of children that you desire to have in your life?	Yes No	1 2				
PFP7	Do you think your husband desires to have the same number of children as you, a greater number or a smaller number?	Same number More children Less children Don't know	1 2 3 8				

PFP8	Refer to PCM2: Does she have living children?				
	1. Yes	2. No	Number	<input type="text"/>	
	Imagine that you are back in time to the time when you did not have any children yet and you could chose the number of children that you desire to have, what would that number be?	If you could choose the exact number of children that you wish to have throughout your life, what would the number of those children be?	Other (specify) _____	96	PFP10
PFP9	Out of this number, how many males do you prefer to have, how many females and for how many do you think sex does not matter?		Number of males	1 <input type="text"/>	
			Number of females	2 <input type="text"/>	
			Does not matter which sex	9 <input type="text"/>	
PFP10	In your opinion, what is the optimal interval between the delivery of a child and the delivery of the next one?		Months	1 <input type="text"/>	
			Years	2 <input type="text"/>	
			Other (specify) _____	9 96	
PFP11	In your opinion, what is the optimal age of marriage for your daughter (for girls)?		Age	<input type="text"/>	
			Other (specify) _____	96	
PFP12	In your opinion, what is the number of children that you may wish your daughter (girls) will have in the future?		Number	<input type="text"/>	
			Other (specify) _____	96	

Interviewer's Observations

Field Editor's Observations

Supervisor's Observations

Section 1: Nutrition and health of last live birth during the 5 years preceding the survey

No	Questions	Coding categories		Go to
AG1	<p>Now I would like to ask you some questions about the health of (NAME).</p> <p>In what month and year was (NAME) born?</p> <p>If the mother/carer knows the exact birth date, also enter the day; otherwise, circle 98 for day</p> <p>Month and year must be recorded.</p> <p>CHECK HL5: Date of birth</p>	Day	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	
		98 DK day.....		
		Month	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	
		Year	<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>	
AG2	<p>How old is (NAME)?</p> <p>Record age in completed years.</p> <p>Compare with HL6</p> <p>Record '00' if less than 1 year.</p>	Age (in completed years)	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	
Breastfeeding				
BF1	Has (NAME) ever been breastfed?	Yes	1	BF3
		No	2	
		Don't know	8	
BF2	Are you still breastfeeding (name)?	Yes	1	
		No	2	
		Don't know	8	
	I would like to ask you about liquids that (NAME) may have had yesterday during the day or the night. I am interested in whether (NAME) had the item even if it was combined with other foods.			
BF3	Did (NAME) drink plain water yesterday, during the day or night?	Yes	1	
		No	2	
		Don't know	8	
BF4	Did (NAME) drink infant formula yesterday, during the day or night?	Yes	1	BF6
		No	2	
		Don't know	8	
BF5	How many times did (NAME) drink infant formula?	Number of times	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	
BF6	Did (NAME) drink milk, such as tinned, powdered or fresh animal milk yesterday, during the day or night?	Yes	01	BF8
		No	02	
		Don't know	08	
BF7	How many times did (NAME) drink tinned, powdered or fresh animal milk?	Number of times	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	

BF8	Did (<i>NAME</i>) drink juice or juice drinks yesterday, during the day or night??	Yes	1	
		No	2	
		Don't know	8	
BF9	Did (<i>NAME</i>) drink soup yesterday, during the day or night?	Yes	1	
		No	2	
		Don't know	8	
BF10	Did (<i>NAME</i>) drink or eat vitamin or mineral supplements or any medicines yesterday, during the day or night?	Yes	1	
		No	2	
		Don't know	8	
BF11	Did (<i>NAME</i>) drink ORS (oral rehydration solution) yesterday, during the day or night?	Yes	1	
		No	2	
		Don't know	8	
BF12	Did (<i>NAME</i>) drink any other liquids yesterday, during the day or night?	Yes	1	
		No	2	
		Don't know	8	
PF13	Did (<i>NAME</i>) drink or eat yogurt yesterday, during the day or night?	Yes	1	BF15
		No	2	
		Don't know	8	
PF14	How many times did (<i>NAME</i>) drink or eat yogurt yesterday, during the day or night?	Number of times	<input type="text"/> <input type="text"/>	
BF15	Did (name) eat thin porridge yesterday, during the day or night?	Yes	1	
		No	2	
		Don't know	8	
BF16	Did (<i>NAME</i>) eat solid or semi-solid (soft, mushy) food yesterday, during the day or night?	Yes	1	BF18
		No	2	
		Don't know	8	
BF17	How many times did (<i>NAME</i>) eat solid or semi-solid (soft, mushy) food yesterday, during the day or night?	Number of times	<input type="text"/> <input type="text"/>	
BF18	Yesterday, during the day or night, did (<i>NAME</i>) drink anything from a bottle with a nipple?	Yes	1	
		No	2	
		Don't know	8	
PBF3	Refer to BF1 and circle the appropriate answer	Has breastfed	1	PBF5
		Did not breastfeed	2	
PBF4	Why didn't you breastfeed (name)? Probe for the main reason	The child was sick	01	IM1
		Refused the breast	02	
		The mother was sick	03	
		Mother did not have enough milk	04	
		Nipple or breast problems	05	
		The mother had to return to work	06	
		Other / Specify _____	96	
PBF5	Refer to BF2 Are you still breastfeeding (name)?	No, Months of breastfeeding in total	1 <input type="text"/> <input type="text"/>	
		Yes	2	IM1

PBF6	Why did you stop breastfeeding (name) at this age? Probe for and record the main reason	Reached an appropriate age	01	
		Breast milk is not enough for child growth	02	
		The child was sick	03	
		Refused the breast	04	
		The mother was sick	05	
		Did not have enough milk	06	
		Became pregnant	07	
		Wants to have another child	08	
		Wants to use contraceptive pills	09	
		Wants to work/return to work	10	
		Bottle feeding is better	11	
		Other / Specify _____	96	

Section 2 : Immunization against childhood illnesses				
IM1	Now, I would like to ask you about the health of (name). Do you have an immunization card for (name) where all vaccines given to him/her are recorded? If yes, ask: Can I see the card?	Yes, seen	1	IM3
		Yes, not seen	2	IM6
		There is no card	3	
IM2	Did you have an immunization card for (name) before?	Yes	1	IM6
		No	2	
IM3	1. Copy dates for each vaccination from the card. 2. Write '44' in day column if card shows that vaccination was given but no date recorded			
	Vaccine	Day	Month	Year
	BCG			
	IPV1			
	IPV2			
	HBV1			
	HBV2			
	HBV3			
	OPV1			
	OPV2			
	OPV3			
	DPT1			
	DPT2			
	DPT3			
	Measles			
	MMR1			
	MMR2			
	Hib1			
	Hib2			
Hib3				
PIM1A	If answer in IM1.....1 (go to IM8) <input type="checkbox"/>			
	If answer in IM1.....2 or 3 (continue)			
IM6	For children who do not have a card or has a card but the card was not seen. Was (name) given any vaccine to immunize him/her against illnesses?	Yes	1	IM18
		No	2	
		Don't know	8	

Please tell me if (name) has received any of the following vaccinations:			
IM7	BCG vaccination against tuberculosis, that is an injection in the shoulder that usually causes a scar	Yes	1
		No	2
		Don't know	8
IM8	Has (NAME) ever received any "vaccination drops in the mouth" to protect him/her from getting diseases – that is, polio?	Yes	1
		No	2
		Don't know	8
IM9	Was the first polio vaccine received in the first month after birth or later?	First month	1
		Later	2
IM10	How many times was the polio vaccine received?	Number of times	<input type="checkbox"/>
IM11	Has (NAME) ever received a DPT vaccination – that is, an injection in the thigh or buttocks – to prevent him/her from getting tetanus, whooping cough, diphtheria?	Yes	1
		No	2
		Don't know	8
IM12	How many times was a DPT vaccine received?	Number of times	<input type="checkbox"/>
IM13	Has (NAME) ever been given a Hepatitis B vaccination – that is, an injection in the thigh or buttocks – to prevent him/her from getting Hepatitis? IS SOMETIMES GIVEN AT THE SAME TIME AS POLIO AND DPT VACCINES	Yes	1
		No	2
		Don't know	8
IM14	Was the first Hepatitis B vaccine received within 24 hours after birth, or later?	Within 24 hours	1
		Later	2
IM15	How many times was a hepatitis B vaccine received?	Number of times	<input type="checkbox"/>
IM16	Has (NAME) ever received a Measles injection?	Yes	1
		No	2
		Don't know	8
IM18	Has (NAME) received a Vitamin A\D SYRUP within one year after birth?	Yes	1
		No	2
		Don't know	8
PIM1	What is the reason for not receiving vitamin A\D?	Mother does not know where to get it	1
		No one told her of its importance	2
		Mother is busy	3
		Not important	4
		Other / Specify _____	6
		Don't know	8
PIM2	Has (name) received an iron syrup constantly after 6 months and for 1 year?	Yes	1
		No	2
		Don't know	8

PIM3	WHAT IS THE REASON FOR NOT RECEIVING IRON SYRUP CONSTANTLY? PROBE: IF THERE IS MORE THAN ONE CHOICE	Mother is busy	1	
		It does not taste good	2	
		Desired side effects	3	
		No need	4	
		Not available constantly in the clinic	5	
		Don't know about it	6	
		No one told me about it	7	
		Don't know	8	
		Other / Specify _____	9	

Section 3: Care of illnesses

CA1	In the last two weeks, has (<i>NAME</i>) had diarrhoea?	Yes No Don't know	1 2 8	PCA6
PCA1	For how many days did this diarrhoea last? If less than 1 day, record 00	Days Don't know.....98	<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>	
PCA2	Was there blood in the stool?	Yes No Don't know	1 2 8	
CA2	I would like to know how much fluids (<i>name</i>) was given during the diarrhea episode. Did he/she take less than usual, the same as usual or more than usual? If less than usual, probe: Did he/she take very much or a little less than usual?	Very much less than usual A little less than usual The usual quantity More than usual Did not take fluids at all Don't know	1 2 3 4 5 8	
CA3	During the time (<i>NAME</i>) had diarrhoea, was he/she given less than usual to eat, about the same amount, more than usual, or nothing to eat? If "less", probe: Was he/she given much less than usual to eat or somewhat less?	Very much less than usual A little less than usual The usual quantity More than usual Stopped feeding Never gave food Don't know	1 2 3 4 5 6 8	
CA4	During the episode of diarrhoea, was (<i>NAME</i>) given to drink any of the following:	<div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; padding-bottom: 2px;"> YES NO Don't know </div> A. ORS C. Home made salt and sugar solution	<div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; padding-bottom: 2px;"> 1 2 3 </div> <div style="display: flex; justify-content: space-between; padding-bottom: 2px;"> 1 2 3 </div>	
CA5	Was the child given anything to treat diarrhea?	Yes No Don't know	1 2 8	PCA5A
CA6	What (else) was given to treat the diarrhoea? PROBE: Anything else?	A. Antibiotic (Tablets /syrup) G. capsules or another syrup H. Unknown syrup or Tablets L. Antibiotic(Injection) N. Unknown injection O. Intravenous Q. Home remedy / Herbal medicine X. Other (<i>specify</i>)	A G H L N O Q X	

PCA5A	During diarrhoea ,From where did you seek advice or consultation? Probe: If there more than one choice	1. physician /nurse 2. Pharmacist 3. relatives/ friends 4. Traditional healer 5. Other (<i>specify</i>) 6. No one	1 2 3 4 5 6	PCA6
PCA5	Why did not you take the advice of or consult anybody regarding the diarrhea? 1. Yes 2. No	A. The case was mild B. Have previous experience C. Mother was busy D. Father was busy E. Nobody to take the child F. Service is not available / place is distant G. Couldn't pay costs / bad economic condition X. Other (specify): _____	1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2	
PCA6	Did (name) have fever at any time during the past two weeks?	Yes No Don't know	1 2 8	
CA7	At any time in the last two weeks, has (<i>NAME</i>) had an illness with a cough?	Yes No Don't know	1 2 8	PBR1 SECTION 4
CA8	When (<i>NAME</i>) had an illness with a cough, did he/she breathe faster than usual with short, rapid breaths or have difficulty breathing?	Yes No Don't know	1 2 8	PBR1
CA9	Was the fast or difficult breathing due to a problem in the chest or a blocked or runny nose?	Chest problem Nose congestion Both Other (specify) _____ Don't know	1 2 3 6 8	PBR1 PBR1
CA10	Did you seek the advice or consult anybody regarding the fever or cough?	Yes No Don't know	1 2 8	CA12 CA12
CA11	Where did you go to get the advice or consultation? Probe: Any other place or person?	A. Governmental hospital B. Private health services E. Governmental Mobile / Outreach clinic I. Private hospital / clinic J. Private physician K. Pharmacy P. Relative / Friend R. Traditional practitioner X. Other (specify) _____	A B E I J K P R X	
CA12	Was (<i>NAME</i>) given any medicine to treat fever or cough?	Yes No Don't know	1 2 8	PCA7 PBR1

CA13	What was (name) given to treat the fever/cough? Probe: Any other prescription or treatment?	A. Antibiotic (capsules/syrup)	A	PBR1
		B. Injection (Antibiotic)	B	
		P. Paracetamol / Panadol	P	
		Q. Aspirin	Q	
		R. Ibuprofen	R	
		S. Cough syrup	S	
		W. Home remedy or herbs	W	
		X. Other (specify) _____	X	
		Z. Don't know	Z	
PCA7	Why did not you take the advice or consult anybody regarding the fever or cough? 1. Yes 2. No	A. The case was mild	1 2	
		B. Have previous experience	1 2	
		C. Mother was busy	1 2	
		D. Father was busy	1 2	
		E. Nobody to take the child	1 2	
		F. Service is not available / place is distant	1 2	
		G. Couldn't pay costs / bad economic condition	1 2	
		X. Other (specify): _____	1 2	

Section 4: Birth Registration

No	Questions	Coding categories	Go to	
PBR1	Child's line number from HL1 <input type="text"/>			
PBR2	Name of child from HL2 : _____			
BR1	Does (<i>NAME</i>) have a birth certificate? <i>If YES, ASK:</i> May I see it?	Yes, seen	1	PEC1 SECTION 5
		Yes, not seen	2	
		No	3	
		Don't know	8	
BR2	Has (<i>NAME</i>)'s birth been registered with the civil authorities?	Yes	1	PEC1
		No	3	
		Don't know	8	
BR3	Do you know how to register your child's birth?	Yes	1	PEC1
		No	2	

Section 5: Early Childhood Development

No	Questions	Coding categories	Go to																				
PEC1	Child's line number from HL1 <input type="text"/> <input type="text"/>																						
PEC2	Name of child from HL2 : _____																						
EC1	How many children's books or picture books do you have for (NAME)?	None Number of children's books <input type="text"/> <input type="text"/> Ten or more books 10																					
EC2	I am interested in learning about the things that (NAME) plays with when he/she is at home. If the respondent says "YES" to the categories above, then probe to learn specifically what the child plays with to ascertain the response.	<table border="1"> <thead> <tr> <th></th><th>Yes</th><th>No</th><th>Don't Know</th></tr> </thead> <tbody> <tr> <td>A. Homemade toys such as dolls.</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>B. Toys from a shop</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>C. Household objects (such as bowls or pots) or objects found outside (such as sticks, rocks, animal shells or leaves)</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>D. Computer/ atari</td><td>1</td><td>2</td><td>8</td></tr> </tbody> </table>		Yes	No	Don't Know	A. Homemade toys such as dolls.	1	2	8	B. Toys from a shop	1	2	8	C. Household objects (such as bowls or pots) or objects found outside (such as sticks, rocks, animal shells or leaves)	1	2	8	D. Computer/ atari	1	2	8	
	Yes	No	Don't Know																				
A. Homemade toys such as dolls.	1	2	8																				
B. Toys from a shop	1	2	8																				
C. Household objects (such as bowls or pots) or objects found outside (such as sticks, rocks, animal shells or leaves)	1	2	8																				
D. Computer/ atari	1	2	8																				
EC3A	In the past week how many days was (name) left alone for more than an hour?	Number of days left alone for more than an hour Interviewer: If none enter 00 If don't know enter 98	<input type="text"/> <input type="text"/>																				
EC3B	How many days in the past week was (NAME) left in the care of another child (that is, someone less than 10 years old) for more than an hour?	Number of days left with another child for more than an hour Interviewer: If none enter 00 If don't know enter 98	<input type="text"/> <input type="text"/>																				
EC4	Interviewer: Check AG2: 1. Child age 3 or 4 Continue. 2. The child's age is other than that, go to Anthropometric measurements / height and weight ___ 																						
EC5	Does (NAME) attend any organized learning or early childhood education programme, such as a private or government facility, including kindergarten or community child care?	Yes No Don't know	1 2 3 EC7 EC7																				
EC6	Within the last seven days, about how many hours did (NAME) attend?	Number of hours enter 00 if less than hour	<input type="text"/> <input type="text"/>																				
PEC3	Are you satisfied with the care the child received in this organization ?	Yes No Don't know	1 2 3 EC7 EC7																				
PEC4	Why you are not satisfied ? 1. Yes 2. No	Not enough toys in the organization Carer is not qualified to offer the desired care for the child Don't think it is important for the child Not enough control Other (specify): _____	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>																				

EC7	In the past 3 days, did you or any household member engage in any of the following activities with (NAME): 1.Yes 2.No	1.Father	2.Mother	3.Other	4.No one	
	A. Reading a book					
	B. Reading a story					
	C. A song					
	D. Taking him/her out					
	E. Playing with him/her					
	F. Spending time with him/her / drawing					
EC8	Can (NAME) identify or name at least ten letters of the alphabet?	1.Yes 2.No 8.Don't Know			<input type="checkbox"/>	
EC9	Can (NAME) read at least four simple, common words?	1.Yes 2.No 8.Don't Know			<input type="checkbox"/>	
EC10	Does (NAME) know the name and recognize the symbol of all numbers from 1 to 10?	1.Yes 2.No 8.Don't Know			<input type="checkbox"/>	
EC11	Can (NAME) pick up a small object with two fingers, like a stick or a rock from the ground?	1.Yes 2.No 8.Don't Know			<input type="checkbox"/>	
EC12	Is (NAME) sometimes too sick to play?	1.Yes 2.No 8.Don't Know			<input type="checkbox"/>	
EC13	Does (NAME) follow simple directions on how to do something correctly?	1.Yes 2.No 8.Don't Know			<input type="checkbox"/>	
EC14	When given something to do, is (NAME) able to do it independently?	1.Yes 2.No 8.Don't Know			<input type="checkbox"/>	
EC15	Does (NAME) get along well with other children?	1.Yes 2.No 8.Don't Know			<input type="checkbox"/>	
EC16	Does (NAME) kick, bite, or hit other children or adults?	1.Yes 2.No 8.Don't Know			<input type="checkbox"/>	
EC17	Does (NAME) get distracted easily?	1.Yes 2.No 8.Don't Know			<input type="checkbox"/>	

Section 6: Anthropometric measurements / height and weight

No	Questions	
PAN1	Child's line number from HL1	__ __
PAN2	Child's name from HL2	_____
AN1	MEASURER'S NAME AND NUMBER:	__ __ __ __

PAN3	Assistant Name and NUMBER:			_ _ _ _ _ _ _
AN2	RESULT OF HEIGHT / LENGTH AND WEIGHT MEASUREMENT	Either or both measured	1	
		Child not present	2	
		Child or carer refused	3	
		Other (<i>specify</i>)	6	
AN3	CHILD'S WEIGHT in kg	Kilograms (kg) Interviewer :Weight not 99.9 measured record	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
AN4	Check age of child in AG2: Child under 2 years old. Measure length (lying down). Child age 2 or more years. Measure height (standing up).	A. Length Lying down	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
		B. Height Standing up	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
		C. Length / Height not measured record 9999.9	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

HB Percentage for children less than 5 years

Interviewer: Now I would like to measure the Hemoglobin percentage in the blood (HB) for (NAME) as part of the survey in order to measure anemia., Anemia is consider as one of the serious problems faced by a child as a result of poor nutrition., We will take some blood from the child's finger and will get the result within minutes. You can have the examination result as well and we treat it as confidential information.			
PCHB1	Result 1.HB is measured 2.Child not present. 3.Mother/ carer refused. 4. Child refused. 5. Child is sick. 6.Other (<i>specify</i>)	<input type="checkbox"/>	
PCHB2	Name and number of person taking the HB measurement	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
PCHB3	Mother's line number / carer from HL1	<input type="text"/> <input type="text"/>	<input type="text"/>
PCHB3	Child's line number from HL1	<input type="text"/> <input type="text"/>	<input type="text"/>
PCHB4	Child's name from HL2	<input type="text"/>	<input type="text"/>
PCHB5	Percentage of HB in the blood (G\DL)	<input type="text"/> <input type="text"/> <input type="text"/>	

Interviewer's Observations

Field Editor's Observations

Supervisor's Observations



Palestinian Authority
Palestinian Central Bureau of Statistics
Palestinian Family Health Survey, 2010
Ever married women questionnaire 15- 54 Years

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

- This questionnaire is to be administered to all women aged 15 - 54 regardless of their marital status.
- Interviewer :Now I will talk to you about your health and all women aged 15-54 years regardless of their marital status. I would like to meet every one of them living in the same household .

WM1	Cluster number:	<input type="text"/>	WM2	Questionnaire's serial No. in sample	<input type="text"/>
PWM1	Governorate: _____	<input type="text"/>	PWM2	Locality: _____	<input type="text"/>
PWM3	Household number:	<input type="text"/>	PWM4	Building's address: _____	
PWM5	Name of head of household: _____				

Interview record:

WM6	Visits' schedule		Day	Month	Starting time	End time
		1 st visit	<input type="text"/>	<input type="text"/>		
		2 nd visit	<input type="text"/>	<input type="text"/>		
		3 rd visit	<input type="text"/>	<input type="text"/>		

PWM6	Total No of visits	<input type="text"/>
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WM7	Results of woman's interview		
		01	Completed
		02	Not at home/ Unable to interview the woman
		03	Refused
		04	Partially completed
		05	No eligible woman
		07	Information not available
		96	Other / specify

PWM7	Total No of eligible women:	<input type="text"/>	PWM8	Total No of eligible women interviewed	<input type="text"/>
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WM8	Interviewer name and number: ----- <input type="text"/>	WM9	Supervisor name and number: ----- <input type="text"/>
WM10	Field edited by name and number: ----- <input type="text"/>	WM11	Data entry clerk name and number: ----- <input type="text"/>
PHH12	Date of entry / / 2010		

Section 7: Women's Health

Interviewer: Ask the following questions to all women aged 15-54 years regardless of their marital status.						
No	Questions	Coding categories	A. First Woman	B. Second Woman	C. Third Woman	
PWH1	Name of eligible woman (15-54 years) from HL2		-----	-----	-----	
PWH2	Woman's line No. from HL1		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	
PWH3	How do you evaluate your health?	1. Excellent 2. Good 3. Moderate 4. Acceptable 5. Bad 6. Very bad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
PWH4	Compared to the past year, do you consider that your health has improved, stayed the same or worsened?	Improved The same Worsened Other (specify): _____	1 2 3 96	1 2 3 96	1 2 3 96	
PWH5	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"/>	
PWH6	Do you practice physical exercises:	1. More than 3 times a week 2. 3 times a week or less 3. Sometimes 4. Do not practice at all	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
PWH7	Did you have a health problem during the past two weeks?	1. Yes 2. No (skip to PWH11)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
PWH7A	Did you see anyone about this health problem?	1. Yes 2. No (skip to PWH10)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
PWH9	When you had this problem, did you seek consultation at the following? Interviewer : after answer the question, skip to PWH11	A. Doctor's clinic B. Hospital C. Health Centre D. Pharmacy E. Traditional healer F. Self treatment	Yes No 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	Yes No 1 2 1 2 1 2 1 2 1 2 1 2	

No	Questions	Coding categories	A. First Woman	B. Second Woman	C. Third Woman
PWH10	For women who did not see anybody for their illness, why did not you see anybody?		Yes No	Yes No	Yes No
		A. Condition did not require	1 2	1 2	1 2
		B. Financial reasons	1 2	1 2	1 2
		C. Difficult to access the provided services	1 2	1 2	1 2
		D. Social reasons hindering access	1 2	1 2	1 2
		E. Busy/No time	1 2	1 2	1 2
PWH11	Do you suffer from anemia?	1. Yes 2. No (skip to PWH14) 3. Don't know (skip to PWH14)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PWH12	For women suffering from anemia, how did you know that you suffer from anemia?	1. Diagnosed by a doctor / clinic / hospital 2. Through symptoms 3. Other / specify _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PWH13	What did you do when you knew that you have anemia?	1. Saw a doctor who prescribed treatment for me 2. Bought medicine from the pharmacy 3. Improved nutrition 4. Nothing 5. Other / specify _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PWH14	In general 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"/>
PWH15	Interviewer: Refer to HL6: 1. the interviewee's age is 30-54 years, proceed with the questions 2. No (skip to section eight on Aids)				
PWH16	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"/>
PWH17	Do you perform manual breast self-examination?	1. Once per month 2. Once every few months 3. Other 4. No (skip to PWH20)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PWH18	Did you receive any instructions from anyone about manual breast self-examination?	1. Yes 2. No (skip to PWH20)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PWH19	From where did you receive the instructions about manual breast self-examination?	1. Private doctor 2. Hospital/Governmental health center 3. Hospital /NGO health center 4. Hospital/ UNRWA health center 5. Private hospital/ health center 6. Mass media 8. Other / specify _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

No	Questions	Coding categories	A. First Women	B. Second Women	C. Third Women
PWH20	Interviewer: women's age	1.Less than 35 years (skip to section eight: Aids disease) 2. 35 year and more (continue)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PWH21	Do you perform breast mammogram?	1 .Once every year 2. Once every two years 3 .Not at all	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

No	Questions	Coding categories	A.First woman	B.Second woman	C.Third woman
HA1	Now I would like to talk with you about something else. Have you ever heard of an illness called AIDS?	1.Yes 2.No (move to the next woman if present, or to questionnaire of evermarried women)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HA2	In your opinion, can people reduce their chance of getting the AIDS virus by having just one uninfected sex partner who has no other sex partners?	1.Yes 2.No 8. Don't know	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HA3	Can people get the AIDS virus as a result of witchcraft or other supernatural means?	1.Yes 2.No 8. Don't know	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HA4	Can people reduce their chance of getting the AIDS virus by using a condom every time they have sex?	1.Yes 2.No 8. Don't know	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HA5	Can people get the AIDS virus from mosquito bites?	1.Yes 2.No 8. Don't know	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HA6	Can people get the AIDS virus by sharing food with a person who has AIDS?	1.Yes 2.No 8. Don't know	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HA7	Is it possible for a healthy-looking person to have the AIDS virus?	1.Yes 2.No 8. Don't know	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HA8	A.Can the virus that causes AIDS be transmitted from a mother to her baby during pregnancy?	1.Yes 2.No 8. Don't know	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	B.Can the virus that causes AIDS be transmitted from a mother to her baby during delivery?	1.Yes 2.No 8. Don't know	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	C.Can the virus that causes AIDS be transmitted from a mother to her baby by breastfeeding?	1.Yes 2.No 8. Don't know	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HA9	In your opinion, if a female teacher has the AIDS virus but she is not sick, should she be allowed to continue teaching in school?	1.Yes 2.No 8. Don't know /not sure/ depends:	<input type="checkbox"/> _____ _____	<input type="checkbox"/> _____ _____	<input type="checkbox"/> _____ _____ _____
HA10	Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had the AIDS virus?	1.Yes 2.No 8. Don't know /not sure/ depends:	<input type="checkbox"/> _____ _____	<input type="checkbox"/> _____ _____	<input type="checkbox"/> _____ _____ _____

No	Questions	Coding categories	A.First woman	B.Second woman	C.Third woman
HA11	If a member of your family got infected with the AIDS virus, would you want it to remain a secret?	1.Yes 2.No 8. Don't know /not sure/ specify :	<input type="checkbox"/> _____ _____	<input type="checkbox"/> _____ _____	<input type="checkbox"/> _____ _____
HA12	If a member of your family became sick with AIDS, would you be willing to care for her or him in your own household?	1.Yes 2.No 8. Don't know /not sure/ specify:	<input type="checkbox"/> _____ _____	<input type="checkbox"/> _____ _____	<input type="checkbox"/> _____ _____
HA27	Do you know of a place where people can go to get tested for the AIDS virus?	1.Yes 2.No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

HB Percentage for Women (15-49 years)

Interviewer: Now I would like to measure your Hemoglobin percentage in the blood (HB). This is part of the survey in order to measure anemia., Anemia is considered as one of the serious problems faced by mothers usually resulting from poor nutrition., We will take some blood from your finger and, within moments, we will get the result., You can be given the examination result as well and we treat this information as confidential.			
PMHB1	Result 1. HB is measured 2. Woman not present. 3. Women refused. 4. Women is sick. 5. Other (specify)	<input type="checkbox"/>	
PMHB2	Name and number of person taking the HB measurement _____	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
PMHB3	Woman's line number from HL1	<input type="text"/> <input type="text"/>	<input type="text"/>
PMHB4	Woman's name from HL2	_____ _____	<input type="text"/>
PMHB5	Percentage of HB in the blood (G\DL)	<input type="text"/> <input type="text"/> <input type="text"/>	

Interviewer's Observations

Field Editor's Observations

Supervisor's Observations



**Palestinian National Authority
Palestinian Central Bureau of Statistics
Palestinian Family Survey, 2010
Youth Questionnaire (15-29 years)**

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

IDH00 - Questionnaire's serial No. in sample <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		IDH04 - Household number: <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 head of household: _____		
IDH03 - Cluster number <input type="text"/> <input type="text"/> <input type="text"/>				
YIR01: Visits record				
Visits	Day	Month	Interview Start Time	Interview End Time
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	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	__ : __	__ : __
YIR02: Total visits				<input type="text"/>
YIR03: Interview result:	Fully Completed		1	<input type="text"/>
	Partially completed		2	
	Refused		3	
	No eligible youth		4	
	Information not available		5	
	Other (specify):		6	
YIR04 - Respondent's line number <input type="text"/> <input type="text"/>			YIR05 - Name of respondent: _____	
YIR11 - Interviewer's name : _____		YIR12 - Interviewer's number : <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		Notes:
YIR13 - Supervisor's name : _____		YIR14 - Supervisor's number : <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
YIR15 - Editor's name : _____		YIR16 - Editor's number: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
YIR17 - Data entry clerk's name : _____		YIR18 - Data entry clerk's number : <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
YIR21	Date of data entry:			

Part One: Respondent's background

No	Questions	Coding categories		Skip To
Y101	Respondent's line number from HL1	Line Number:	<input type="text"/> <input type="text"/>	
Y102	Name of respondent from HL2	Name:		
Y103	Sex of respondent from HL4	Male	1	
		Female	2	
Y104	Marital Status from PHL26	Single	1	
		Engaged	2	
		Married	3	
		Divorced	4	
		Widowed	5	
		Separated	6	
Y105	Do you currently go to school or any educational institute?	Enrolled at school	1	
		Enrolled in college\ university	2	
		Previously was enrolled and dropped out	3	
		Was enrolled and graduated	4	
		Never enrolled	5	
Y110	Do you read newspaper or magazine daily, once a week, once a month, or not at all?	Daily	1	
		Once a week	2	
		Once a month	3	
		Not at all	4	
Y111	Do you watch TV daily, once a week, once a month, or not at all?	Daily	1	
		Once a week	2	
		Once a month	3	
		Not at all	4	
Y112	Do you listen to radio daily, once a week, once a month, or not at all?	Daily	1	
		Once a week	2	
		Once a month	3	
		Not at all	4	
Y112A	Do you use Internet daily, once a week, once a month, or not at all?	Daily	1	
		Once a week	2	
		Once a month	3	
		Not at all	4	
Y113	Look at Y105	Currently enrolled in school or university	1	Y119
		Was enrolled and dropped out	2	Y117
		Was enrolled and graduated	3	Y201A
		Never enrolled	4	

No	Questions	Coding categories		Skip To
Y114	You mentioned that you were never enrolled in school. Can you tell me the main reason?	Family was unable to pay school expenses	01	
		Health reasons	02	
		Help with housework	03	
		No close school was available	04	
		No transportation was available to school	05	
		Education of females was not important or necessary	06	
		Education of males was not important or necessary	07	
		Committed to work to help the family	08	
		The family needed me to help in the business or farming the land	09	
		I did not want to go to school	10	
		Other (specify):	96	
Y115	Have you ever been enrolled in literacy programs or other programs to help reading and writing? If yes, ask are you now enrolled in this program?	Yes, now enrolled	1	Y201A
		Yes, was enrolled in the past	2	
		No	3	
Y116	If you are given the chance to enroll in literacy programs or other programs to help reading and writing, would you enrol?	Yes	1	Y201
		No	2	
		Don't know/ not sure	8	
Y117	You mentioned to me that you are not currently enrolled in school or college or university, but you were in the past. Can you tell me what is the main reason that made you drop out	He/she believe they reached the desired educational level	01	
		The family believed he/she reached the desired educational level	02	
		The family was unable to pay school expenses	03	
		Health problems prevent him\ her from enrolling in school	04	
		Help with housework	05	
		Get ready for marriage	06	
		School is far away	07	
		The family against females continuing education	08	
		The family against continued education	09	
		The family against going to mixed schools	10	
		Committed to work to help the family	11	
		The family wanted him\ her to help in the business or farming the land	12	
		Did not want to continue education	13	
		He/she was not successful in education	14	
		He/she was kicked out of school	15	
		Education is difficult	16	
		Bad treatment from teachers	17	
		Other (specify):	96	

No	Questions	Coding categories		Skip To
Y118	If you are given a chance to go back to school, would you do it?	Yes	1	Y201A
		No	2	
		Don't know/Not sure	8	
Y119	Would you study in a mixed school?	Yes	1	Y121A
		No	2	
Y120	Have you noticed any difference in treatment of students (male and females) by teachers?	Yes, some of them	1	Y121A
		Yes, all of them	2	
		No	3	
		Don't know	8	
Y121	How is this difference in treatment apparent?	Preference of males	1	
		Preference of females	2	
		Other (specify):	6	
		Don't know	8	
Y121A	In general, how you see the treatment of teachers to students?	With respect to large extent	1	
		With respect to normal extent	2	
		With no respect to some extent	3	
		With no respect at all	4	
Y121B	Had you been beaten by a teacher in the past school year?	No	1	
		Yes, 1-3 times	2	
		Yes, more than 3 times	3	
Y122	How do you see the scoring of students in the last school year?	Good	1	
		Average	2	
		Below average	3	
		Don't know	8	
Y123	What do you think of the teaching method of teachers? Attractive, acceptable, boring?	Attractive	1	
		Acceptable	2	
		Boring	3	
		Don't know	8	
Y124	What do you think of the contents of books used for the theoretical curriculum? Are they sufficient or long?	Sufficient	1	
		Sufficient to certain extent	2	
		Not sufficient	3	
		Long	4	
		Don't know	8	
Y125	What do you think of the contents of books used for the practical curriculum? Are they sufficient or long?	Sufficient	1	
		Sufficient to certain extent	2	
		Not Sufficient	3	
		Long	4	
		Don't know	8	

No	Questions	Coding categories				Skip To
Y125A	Is the school curriculum suitable?	For your age	1			
		No to certain extent	2			
		Not at all	3			
Y126	In your opinion, can the following improve or change the method of teaching to become more beneficial to students and their future? Record all answers		1. Yes	2. No	8. Don't Know	
		A. Make students participate more in class	1	2	8	
		B. More emphasis on practical aspects	1	2	8	
		C. Rely on creativity and thinking over memorization	1	2	8	
		D. Improve contents of books	1	2	8	
		E. Improve educational tools	1	2	8	
		F. Provide up to date information	1	2	8	
		G. Increase the use of computers	1	2	8	
		H. More emphasis on foreign languages	1	2	8	
		I. Prohibit beating of students	1	2	8	
		J. Respect students	1	2	8	
		X. Other (specify):	1	2	8	
Y127	In your opinion, what is the value of being educated? 1. Yes 2. No 8. Don't Know Inspect: is there anything else? Record all answers	A. Gain more respect from others	1	2	8	
		B. More self confidence	1	2	8	
		C. Get better job	1	2	8	
		D. Get better income	1	2	8	
		E. More able to solve problems and better understand things around me	1	2	8	
		F. Education is an added value by itself	1	2	8	
		X. Other (specify):	1	2	8	
Y128	In your opinion, what are the things that discourage students from seeking education? 1. Yes 2. No 8. Don't Know Inspect: is there anything else? Record all answers	A. Cost of education	1	2	8	
		B. Poverty of families	1	2	8	
		C. Need for work	1	2	8	
		D. Distance of educational institutions	1	2	8	
		E. Bad treatment of teachers	1	2	8	
		F. Bad treatment of students	1	2	8	
		G. Low scores	1	2	8	
		H. Belief of families about low value of education	1	2	8	
		I. Weak capabilities of students	1	2	8	
Y129	What is the highest education level you desire to achieve?	Elementary/preparatory	01			
		Secondary	02			
		Associated diploma	03			
		University	04			
		Higher diploma/master	05			
		Phd	06			
		Achieve educational level that the family wants	07			
		Other (specify):	96			

No	Questions	Coding categories		Skip To
Y130	Look at Y105:	Currently enrolled in associated diploma or university	1	
		Other	2	Y132
Y131	What are the main problems at schools/ universities/ colleges?	Desire of family	1	
		Personal interest	2	
		My marks influenced type of specialization	3	
		Availability of job opportunities/ income	4	
		Other (specify):	6	
		Don't know	8	
Y132	Why have you chosen the subject in which you are currently enrolled? 1. Yes 2. No Inspect: is there anything else? Record all answers	A. Length of curriculum	1 2	
		B. Lengthy school hours	1 2	
		C. Too much homework	1 2	
		D. Weak contents of books and educational tools	1 2	
		E. Lack of practical exercises	1 2	
		F. Lack of computer use in education	1 2	
		G. Lack of using educational groups approach to improve skills of students	1 2	
		H. Lack of coordination among teachers	1 2	
		I. Difficulty in communicating with teachers	1 2	
		J. Hardship in reaching educational institutions because of Israeli measures	1 2	
		X. Other (Specify):	1 2	

Part Two: Respondent's work and resources

No	Question	Coding categories		Skip To
Y201A	Respondent's line number in HL1	Name: _____	<input type="checkbox"/> <input type="checkbox"/>	
Y201	Do you currently work?	Yes	1	
		No	2	Y216
Y210	Do you want to continue with this work?	Yes	1	
		No	2	
		Don't know	8	
Y211	Are you satisfied with this work?	Yes	1	Y213
		No	2	
		Don't know	8	Y213

No	Question	Coding categories		Skip To
Y212	What is the main reason why you are not satisfied with the work that you are doing now?	Bad treatment from supervisor	01	
		Long working hours	02	
		Low wage	03	
		Work requires much effort	04	
		Place of work is far away	05	
		I should to be in school not at work	06	
		Work has no incentives or benefits (health insurance, pension, etc)	07	
		Other (Specify):	96	
Y213	Do you work for wage in cash or in kind or both or without pay?	Cash wage only	1	
		Both cash and in kind wage	2	
		In kind wage only	3	
		Without pay	4	Y221
Y214	Who decides how to spend the cash wage you receive?	Respondent only	01	
		Parents only	02	
		Respondent and parents	03	
		Other relatives	04	
		Respondent and other relatives	05	
		Husband/wife	06	
		Other/Specify:	96	
Y215	How much of your cash income, on average, is spent to cover household expenses?	Almost nothing	1	Y218
		Less than half of it	2	
		About half of it	3	
		More than half of it	4	
		All expenses	5	
		Nothing at all. The cash wage is kept completely	6	
Y216	Look at Y105	Enrolled at school\ college\ university	1	Y218
		Other	2	

No	Question	Coding categories		Skip To
Y217	Why don't you work?	Looked for work but no success	01	
		Applied for work and awaiting answer	02	
		Available job opportunities not of desired type	03	
		Plan to work in the future	04	
		Plan to go back to school	05	
		Family objects	06	
		Don't want to work	07	
		Help with housework	08	
		Other (Specify):	96	
Y218	If you were offered a job with a wage as cash, would you accept it?	Yes	1	
		No	2	Y221
		Don't know/Not sure	8	
Y219	Do you need the approval of someone to accept the job or it is your own decision?	Must obtain approval	1	
		My own decision	2	Y221
Y220	Who is the principal person to give the approval?	Father	01	
		Mother	02	
		Father & mother	03	
		Older brothers	04	
		Older sisters	05	
		Other male relatives	06	
		Other female relatives	07	
		Husband/wife	08	
		Other/Specify:	96	
		Don't know	98	
Y221	Do you own material resources that you may dispose of as you wish without the interference of others?	Yes	1	
		No	2	

Part Three: Aspects of respondent's life and perceptions

No	Question	Coding categories				Skip To
Y301	If you need help or you have a problem or a question, is there a specific person you could turn to ?	Yes	1			Y303
		No	2			
		Don't know	8			
Y302	Who is the person who you could turn to for help? 1. Yes 2. No Inspect: is there anyone else?	A. Father	1	2		
		B. Mother	1	2		
		C. Grandfather	1	2		
		D. Grand mother	1	2		
		E. Older brothers	1	2		
		F. Older sisters	1	2		
		G. Uncle	1	2		
		H. Aunt	1	2		
		I. Husband /wife	1	2		
		J. Friends	1	2		
		K. Supervisor at work	1	2		
		L. Colleagues at work	1	2		
		X. Other/detail:	1	2		
Y303	Do you talk with any member of the household regarding any of these subjects?		Always	Sometimes	Never	
		A. Things that occurred at work or school	1	2	3	
		B. Things that occurred at home	1	2	3	
		C. Financial problems	1	2	3	
		D. Things that occurred in the society/community	1	2	3	
Y304	What is the source of your worries?	A. Political matters	1			
		B. Financial matters	2			
		C. Health issues	3			
		D. Family issues	4			
		E. Work	5			
		F. Security	6			
		G. Not worried	7			Y304D
		H. Don't know	8			Y304D
		X. Other (Specify):	9			

No	Question	Coding categories		Skip To
Y304A	If you need to talk to someone about your worries, who would that person be?	Household members	1	
		Friends	2	
		Specialists	3	
		I prefer not talking to any one	4	
		I don't think I need to talk to someone	5	
		Don't know	6	
		Other (Specify):	9	
Y304B	If you need to look for help about your worries, where would you prefer to obtain that help?	From the house	1	
		Social center / charity	2	
		Club	3	
		School	4	
		Internet	5	
		I don't think I need to	6	
		Don't know	8	
		Other (Specify):	9	
Y304C	Do you believe that any of the following can provide help for your worries? 1. Yes 2. No	1. Psychiatrist	1 2	
		2. Social worker	1 2	
		3. Lawyer	1 2	
		4. Religious person	1 2	
		5. Groups	1 2	
		6. Religious groups	1 2	
		7. Policemen	1 2	
		8. Other (Specify):	1 2	

No	Question	Coding categories		Skip To
Y304D	Are there activities that you desired to perform but did not for some reasons? 1. Yes 2. No	01 Sport	1 2	
		02 Social visits to family and friends	1 2	
		03 Go to coffee shop or restaurant	1 2	
		04 Shopping	1 2	
		05 School	1 2	
		06 Work	1 2	
		07 Community work	1 2	
		08 Agriculture	1 2	
		09 Spare time	1 2	
		10 No activities	1 2	
		96. Other (Specify):	1 2	
Y304E	What are your current interests? 1. Yes 2. No	Education	1 2	
		Work	1 2	
		Family	1 2	
		Financial matters	1 2	
		Security issues	1 2	
		Health	1 2	
		Innovation	1 2	
		Marriage	1 2	
		Immigration	1 2	
		Politics	1 2	
		Other (Specify):	1 2	
Y305	In your opinion, what is the highest education level a girl should obtain?	No education	1	
		Read and write only	2	
		Elementary	3	
		Secondary	4	
		University and above	5	
		Don't know/not sure	8	
Y306	In your opinion, what is the highest education level a person should obtain?	No education	1	
		Read and write only	2	
		Elementary	3	
		Secondary	4	
		University and above	5	
		Don't know/not sure	8	

No	Question	Coding categories		Skip To
Y307	In your opinion, what is the appropriate age for a girl to marry?	Age in years	— —	
		When a marriage opportunity arrives	93	
		When finishes education	94	
		When God permits	95	
		Other (Specify):	96	
Y308	In your opinion, what is the appropriate age for a boy to marry?	Age in years	— —	
		When finishes education	93	
		When ready financially	94	
		When God permits	95	
		Other (Specify):	96	
Y309	In your opinion, who should be older: the husband or the wife when getting married or they should be at the same age?	Husband	1	
		Wife	2	
		Same age	3	Y311
		Not important	4	
		Don't know/not sure	8	
Y310	In your opinion, what is the appropriate age difference between husband and wife?	Less than 3 years	1	
		3-5 years	2	
		5-7 years	3	
		7-10 years	4	
		10+ years	5	
		Other	6	
		Don't know/not sure	8	
Y311	Interviewer: ask according to marital status:	Yes	1	Y313
	Unmarried youth: Will you choose your future husband/wife?	No	2	
	Married youth: you chose your husband/wife?	Don't know	8	Y313
Y312	Interviewer: ask according to marital status:	Father	01	
	Unmarried youth: Who will choose your future wife/husband?	Mother	02	
		Father and mother	03	
	Married youth: Who chose your husband/wife?	Older brothers	04	
		Older sisters	05	
		Other relatives	06	
		Other (Specify):	96	
		Don't know / not sure	98	

No	Question	Coding categories					Skip To
Y313	Respondent:						
	Young male: What is the educational level that you want your future wife to have?	Young female: What is the educational level that you want your future husband to have?	No education	1			
			Read and write	2			
			Elementary	3			
			Preparatory	4			
			Secondary	5			
			University and above	6			
			Not important	7			
			Don't know / note sure	8			
Y314	When the person gets married, certain decisions must be made on a daily basis. In your opinion, who should take these decisions? Husband, wife, or both?	Husband	Wife	Both	Others from family	Don't know	
	A. Issue related to family income	1	2	3	4	8	
	B. Issue related to the work of the wife outside the house	1	2	3	4	8	
	C. Issue related to the number of children to have	1	2	3	4	8	
	D. The level of education the female should reach	1	2	3	4	8	
	E. The level of education the male should reach	1	2	3	4	8	
	F. Use of family planning methods	1	2	3	4	8	
	G. Children's health care	1	2	3	4	8	
Y315	I would like to know your opinion on certain aspects regarding family life. Do you agree/disagree/ with the following:			Agree	Disagree	Don't know	
	A. The wife must take the agreement of her husband in everything			1	2	8	
	B. Important decisions in the family must be taken by the husband only			1	2	8	
	C. The husband must help the wife with the housework, especially if the wife is working			1	2	8	
	D. If the wife wants to work outside the home, the husband must allow her			1	2	8	
	E. The wife must agree with the opinion of her husband even if her opinion is different			1	2	8	
	F. If the income of the family is large, then there is no need for family planning			1	2	8	
	G. If the husband wants another child, the wife must agree with him even if she doesn't want to			1	2	8	
	H. The wife who does not give birth to a male child must continue getting pregnant			1	2	8	
	I. Education of boys is more important than the education of girls			1	2	8	

Part Four: Health conditions for youth and knowledge about sexually transmitted diseases

No	Question	Coding categories		Skip To
Y401A	Respondent's line number		<input type="text"/> <input type="text"/>	
Y401	Now, I would like to ask you some questions about your health: Do practice regularly any sport activity (on average 20 minutes each time; 3-4 times a week)	Yes	1	Y405
		No	2	
Y403	Where do you practice this sport activity?	At home	1	
		Sport/cultural/social center	2	
		In the street	3	
		At school	4	
		Other (Specify):	6	
Y404	How many times did you practice last week?	Number of times (none record "00")	<input type="text"/> <input type="text"/>	
		Don't know/don't remember	98	
Y405	In general, do you consider your health good, average or bad in comparison with your friends of your age?	Good	1	
		Average	2	
		Bad	3	
		Other (Specify):	8	
Y406	In comparison with last year, your health now has improved, stayed the same, or worsened?	Improved	1	
		Stayed the same	2	
		Worsened	3	
		Other (Specify):	6	
Y407	When you feel sick, who do you tell?	Father	01	
		Mother	02	
		Father and mother	03	
		Husband/wife	04	
		Brother/sister	05	
		Other relatives	06	
		Friends	07	
		No one	08	
		Other (Specify):	96	
		Don't know	98	

No	Question	Coding categories		Skip To
Y408	When you feel sick, who do go to receive treatment/medications? 1. Yes 2. No Inspect: is there anything else?	A. School doctor	1 2	
		B. Private doctor	1 2	
		C. Government hospital	1 2	
		D. Government health center	1 2	
		E. Private hospital	1 2	
		F. Private health center	1 2	
		G. Hospital affiliated with NGO	1 2	
		H. Health center affiliated with NGO	1 2	
		I. UNRWA hospital	1 2	
		J. UNRWA health center	1 2	
		K. Pharmacist	1 2	
		L. Nurse	1 2	
		M. Traditional medicine	1 2	
		N. Other (Specify):	1 2	
		O. I don't go to receive treatment	1 2	
Y409	When you are sick, who do prefer to examine you? (male or female doctor)	Male	1	
		Female	2	
		Not important	3	
		Don't know	8	
Y410	Do you drink energy drinks?	At least once daily	1	
		At least once a week	2	
		At least once a month	3	
		None	4	
Y416	Now I would like to talk to you about different type of diseases. Have you heard of diseases that are transmitted sexually?	Yes	1	
		No	2	Y419
Y417	What are the diseases that you know about? 1. Yes 2. No	A. Syphilis	1 2	
		B. Gonorrhea	1 2	
		C. Fungal infections	1 2	
		D. AIDS	1 2	
		E. Genital warts	1 2	
Y418	Look at Y417	Aids mentioned	1	Y420
		Aids not mentioned	2	
Y419	Have you ever heard of a disease called AIDS?	Yes	1	

		No	2	Y501
--	--	----	---	------

No	Question	Coding categories		Skip To
Y420	What are the media sources from which you received the largest amount of information on AIDS? 1.Yes 2. No Inspect: is there anything else?	A. Radio	1 2	
		B. TV	1 2	
		C. Magazines/newspapers	1 2	
		D. Posters/booklets	1 2	
		E. Health counselors	1 2	
		F. Mosque/ Churches	1 2	
		G. School/churches	1 2	
		H. Meetings in the region	1 2	
		I. Friends / relatives	1 2	
		J. Place of work	1 2	
		K. Other (specify):	1 2	
Y421	How can a man get infected with AIDS? 1.Yes 2. No Inspect: Is there other method/mean?	A. Sexual intercourse	1 2	
		B. Not using condoms	1 2	
		C. Blood transfusion	1 2	
		D. Syringes	1 2	
		E. Mosquito bite	1 2	
		F. Other (specify):	1 2	
Y422	Can a man prevent AIDS?	Yes	1	
		No	2	Y501
		Don't know	8	
Y423	How can we avoid infection with AIDS ? Inspect: Is there another method/means? 1.Yes 2. No	A. Safe sex	1 2	
		B. Condoms	1 2	
		C. Avoid blood transfusion	1 2	
		D. Blood must be tested before being transferred	1 2	
		E. Avoid syringes	1 2	
		F. Do not use syringes that have been used before	1 2	
		G. Other (specify):	1 2	

Part Five: Knowledge of family planning methods and perceptions

No	Question	Coding categories	Skip To
Y501	Now, I would like to talk with you about another subject. Have you heard of family planning methods (used by couples to prevent or delay pregnancy)	Yes	1 2
		No	1 2 Y503
Y502	What are the methods or means that you have heard of? 1. Yes 2. No Inspect: Is there another method/means?	A. Bills	1 2
		B. Helix	1 2
		C. Injection	1 2
		D. Stitches	1 2
		E. Condom for men	1 2
		F. Condoms for women	1 2
		G. Diaphragm women	1 2
		H. Ointment or cream	1 2
		I. Uterine tubal ligation (female sterilization)	1 2
		J. Sterilization for men	1 2
		K. Prolong the duration of breastfeeding	1 2
		L. Grace (safe) period	1 2
		M. Isolation	1 2
		N. Other (specify):	1 2
		O. Do not know	1 2
		Y503	In general, do you agree that couples must use a method / means of family planning to prevent or delay pregnancy?
Agree with conditions	2		
Disagree	3		
Do not know/Not sure	8		
Y504	In your opinion, who is the decision maker to use or not a method for family planning?	The wife in principle	1
		The husband in principle	2
		Both husband and wife	3
		Other (specify):	6
		Do not know/Not sure	8
Y504A	Marital status: Look at Y104	Single/engaged	1
		Other	2 End interview
Y505	When you get married, what is the number of children that you plan to have?	Number:	□□
		Other (specify):	96
		Do not know/Not sure	98
Y506	From these children, how many males and how many females?	Male children	□□

		Female children	<input type="checkbox"/> <input type="checkbox"/>	
		Same	<input type="checkbox"/> <input type="checkbox"/>	

No	Question	Coding categories		Skip To
Y507	What is the appropriate children spacing?	Months	1 <input type="checkbox"/> <input type="checkbox"/>	
		Years	2 <input type="checkbox"/> <input type="checkbox"/>	
		Other /Specify	9 96	
		Do not know/Not sure	9 98	
Y508	Age of respondent	15-19 years	1	
		20-29 years	2	End interview
Y509	Sex of respondent	Male	1	Y601
		Female	2	Y701

Part Six: Preparing boys for the role of reproduction (unmarried males aged 15-19 years)

No	Question	Coding categories		Skip To
Y601	When boys grow up, they go through physical developments some of which are apparent while others are not. What do you know about these developments? 1. Yes 2. No Inspect: are there other developments?	A. Don't know any developments	1 2	Y605
		B. Developments in the voice	1 2	
		C. The descent of the liquid semen	1 2	
		D. Appearance of hair on the chin	1 2	
		E. Acne vulgaris	1 2	
		F. The appearance of armpit hair	1 2	
		G. The appearance of pubic hair	1 2	
		H. The appearance of hair on the body	1 2	
		I. Size of the reproductive parts	1 2	
		J. Increase in height and weight	1 2	
		K. Other/Specify:	1 2	
Y602	How did you know about these developments? Inspect: is there any other person? 1. Yes 2. No	A. By myself	1 2	
		B. Father	1 2	
		C. Mother	1 2	
		D. Older brother	1 2	
		E. Uncle/aunt/grandfather / grand mother	1 2	
		F. Other relatives	1 2	
		G. Friends	1 2	
		H. School books/teacher	1 2	
		I. Other books	1 2	
		J. TV	1 2	
		K. Other (Specify):	1 2	
Y603	Have you experienced any of these developments?	Yes	1	
		No	2	Y605
Y604	Have these developments caused a problem for you or they were normal?	Problem/afraid/worrisome	1	
		Normal	2	
		Don't know	8	
Y605	If you want to seek more information regarding these developments, who would you ask? Inspect: Any other person? 1. Yes 2. No	A No one	1 2	End Interview
		B Father	1 2	
		C Mother	1 2	
		D Older brother	1 2	
		E Uncle/aunt/grandfather/grandmother	1 2	
		F Other relatives	1 2	
		G Friends	1 2	

		H Teacher	1	2	
		I Read a book	1	2	
		J Other (Specify):	1	2	

Part Seven: Preparing girls for the role of reproduction (unmarried females in age 15-19 years)

No	Question	Coding categories				Skip To
Y701	When girls grow up, they go through physical developments some of which are apparent while others are not. What do you know about these developments? Inspect: are there other developments? 1. Yes 2. No	A. Don't know any developments	1	2		Y706
		B. Periodic monthly periods	1	2		
		C. Bigger breasts	1	2		
		D. The appearance of armpit hair	1	2		
		E. The appearance of pubic hair	1	2		
		F. Increase in height and weight	1	2		
		G. Acne vulgaris	1	2		
		H. Other (Specify):	1	2		
Y702	How did you know about these developments? Inspect: is there any other person? 1. Yes 2. No	A. By myself	1	2		
		B. Father	1	2		
		C. Mother	1	2		
		D. Older sister	1	2		
		E. Aunt/ / grandmother	1	2		
		F. Other relatives	1	2		
		G. Friends	1	2		
		H. School books/teacher	1	2		
		I. Other books	1	2		
		J. TV	1	2		
		K. Other (Specify):	1	2		
Y703	Have you experienced any of these developments?	Yes	1			
		No	2			Y706
Y704	When you experienced these developments, have you encountered any of these changes in your lifestyle?		Yes	No	Not applicable	Don't know
		A. Change in the way you dress	1	2	3	8
		B. Change in the housework	1	2	3	8
		C. Change in the visiting of friends	1	2	3	8
		D. Change in the visiting of relatives	1	2	3	8
		E. Change in outdoor activities	1	2	3	8
		F. Change in the treatment of male siblings	1	2	3	8
Y705	Have these developments caused a problem for you or they were normal?	Problem/afraid/worrisome	1			
		Normal	2			
		Don't know	8			
Y706	If you want to seek more information regarding these developments, who would you ask? Inspect: Any other person?	A. No one	1	2		
		B. Father	1	2		
		C. Mother	1	2		
		D. Older sister	1	2		
		E. Aunt// grandmother	1	2		

	1. Yes 2. No	F. Other relatives	1 2	
		G. Friends	1 2	
		H. Teacher	1 2	
		I. Read a book	1 2	
		J. Other/Specify:	1 2	

No	Question	Coding categories		Skip To
Y707	Have you experienced monthly periods?	Yes	1	End interview
		No	2	
		Don't know	8	
Y708	What was your age when you started monthly periods?	Age in years	<input type="text"/> <input type="text"/>	
		Don't know	98	
Y709	Did you have previous information about monthly periods?	Had an idea	1	Y711
		Had no idea	2	
Y710	What was the source of such information about monthly periods?	Mother	01	
		Older sister	02	
		Aunt/ grandmother	03	
		Other relatives	04	
		Friends	05	
		Social counselor	06	
		Doctor/nurse	07	
		School	08	
		School or university books	09	
		Other books / magazines	10	
		Other (Specify):	96	
Y711	What was your reaction when you first experienced a monthly period?	Shock/crying/afraid	1	
		Happiness	2	
		Embarrassment	3	
		Nothing/Normal	4	
		Other (Specify):	6	
Y712	Did anybody instruct you on how to clean yourself during a monthly period?	Self taught	1	End interview
		Someone instructed her	2	
Y713	Who taught you how to clean yourself during a monthly period? 1. Yes 2. No	01 Mother	1 2	
		02 Older sister	1 2	
		03 Aunt/ grandmother	1 2	
		04 Other relatives	1 2	
		05 Friends	1 2	

		06 School	1	2	
		07 Books	1	2	
		08 Other (Specify):	1	2	

Observations of the Interviewer (To be filled in after the interview)

Interviewer's Observations	
Date:	Name of Fieldworker:

Supervisor's Observations	
Date:	Name of Supervisor:

Editor's Observations	
Date:	Name of Editor:



Elderly Questionnaire (60 years and over)

<p>Information collected through this questionnaire is considered as confidential and shall be used for statistical purposes ONLY in accordance with the General Statistics Law-2000.</p> <p>This questionnaire targets persons aged 60 years or above and who are usual resident with the household.</p>									
IDH00 - Questionnaire's serial No. in sample <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>					IDH04 - Household number: <input type="text"/> <input type="text"/>				
IDH01 - Governorate <input type="text"/> <input type="text"/>					IIDH05 - 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 head of household:				
IDH03 - Cluster number: <input type="text"/> <input type="text"/> <input type="text"/>									
EIR01: Visits record:									
Visits		Day	Month		Interview Start Time		Interview End Time		
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		<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>		__ : __		__ : __		
EIR02: Total visits							<input type="text"/>		
EIR03: Interview result:		1 2 3 4 5	Fully Completed Partially completed Refused Information Not available Other (specify)_____			<input type="text"/>			
EIR04: Line number of person responding to the questionnaire			<input type="text"/> <input type="text"/>		Name of the person:				
EIR04A: Line number of eligible person			<input type="text"/> <input type="text"/>		Name of the person:				
EIR11	Interviewer's Name:	EIR12	Interviewer's number:		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		Notes:		
EIR13	Supervisor's Name:	EIR14	Supervisor's number:		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>				
EIR15	Editor's Name:	EIR16	Editor's number:		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>				
EIR17	Data entry clerk's Name:	EIR18	Data entry clerk's number :		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>				
EIR19	Encoder's Name	EIR20	Encoder's number:		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		EIR21: Date of data entry:		

No	Questions	Coding categories	Skip To
E101	Line number of respondent / eligible person	<input type="checkbox"/> <input type="checkbox"/>	
E102	Sex of respondent	Male 1	
		Female 2	
E103	For fieldworker: according to instructions, the respondent is...	Capable to answer and complete the interview 1	E108
		NOT Capable to answer and complete the interview 2	
E104	For fieldworker: Ask about the person who takes care of the elderly and complete the interview. In case he/she is Not present, complete the interview with the other eligible person and write down the line number of the respondent. (If Not resident with household, put 98	The carer completed the interview (write his/her line number in the household) 98: Not resident with the household 1. <input type="checkbox"/> <input type="checkbox"/>	
		Another person completed the interview (write his/her line number in the household) 98: Not resident with the household 2. <input type="checkbox"/> <input type="checkbox"/>	
E108	Do you have children alive?	Yes 1	
		No 2	E111
E109	How many male children are still alive? How many female children are still alive?	Male children still alive <input type="checkbox"/> <input type="checkbox"/> Female children still alive <input type="checkbox"/> <input type="checkbox"/>	
E110	How many married male children? How many married female children?	Married male children <input type="checkbox"/> <input type="checkbox"/> Married female children <input type="checkbox"/> <input type="checkbox"/>	
E111	Do you live alone or with other members of the household? (If with household member, ask in your house or his –the member's - house)	Alone 1 With other member in respondent's home 2 With other member in his/her home 3	E113
E112	Look at E111: Live with another member of the household:	A. Husband/wife 1 2	
		B. Son/daughter 1 2	
	In your house In his/her house	C. Son's wife/daughter's husband 1 2	
	Who lives with you? Inspect: Is there another person? (Write down all persons)	D. Grandson/granddaughter 1 2	
	With whom do you live? Inspect: Is there another person? 1.Yes 2. No	E. Husband of granddaughter/ wife of grand son 1 2	
		F. Brother / sister 1 2	
		G. Other relative 1 2	
		H. Other person - Not a relative 1 2	
		I. Move from one person to another 1 2	
		X. Other 1 2	
E113	Are the current housing conditions suitable and comfortable for you?	Suitable and comfortable 1 Not suitable and comfortable 2	E115

No	Questions	Coding categories		Skip To
E114	Why the housing conditions are not suitable or comfortable? Are there other reasons? 1. Yes 2. No	A. NOT enough space	1 2	
		B. Crowded	1 2	
		C. Loneliness	1 2	
		D. No caring	1 2	
		E. Bad treatment	1 2	
		F. No privacy	1 2	
		G. Noise because of children	1 2	
		H. Hardship/danger	1 2	
		I. Other/specify:	1 2	
E115	Are you able to move around the neighborhood easily and safely?	Yes	1	E201
		No	2	
E116	Why are you not able to move easily and safely? 1. Yes 2. No	A. Bad health	1 2	
		B. Afraid of Israeli conditions	1 2	
		C. Rowdiness	1 2	
		D. Family does not allow him/her to move alone	1 2	
		E. Other/specify:	1 2	

Part Two: Work and resources related to the respondent:

No	Questions	Coding categories		Skip To
E201	Do you work outside your home?	Waged worker or Self employed	1	E209
		Does not work	2	
E204	Have you ever worked?	Yes	1	
		No	2	E209
E207	What was your age when you left your last job or retired?	Age when you left last job	1 <input type="text"/> <input type="text"/>	
		Age when you retired	2 <input type="text"/> <input type="text"/>	
		Don't remember	98	
E208	What was your feeling when left your last job or retired?	Comfortable/delighted	1	
		Stress/anger	2	
		Normal	3	
		Other/specify:	6	
E208A	Going back to question E207 for those retired only: Do you have information on your legal rights or retirement law?	Yes, sufficient enough	1	
		Yes, little information	2	
		No, not at all	3	
E209A	Why you are not working now?	1. No work opportunities	1	
		2. No desire to work	2	
		3. I don't need to	3	
		4. Other/specify:	4	
E209	Do you see yourself capable of work?	Yes	1	
		No	2	
		Don't know	8	
E210	Do you help any member of the household in his/her work or do you perform any activities?	Yes	1	
		No	2	E212
E211	What is the type of work or activity? Inspect: Is there other work or activity? 1. Yes 2. No	A. Take care of children	1 2	
		B. Help in housework	1 2	
		C. Shopping for the house	1 2	
		D. Economic activities inside the house	1 2	
		E. Economic activities outside the house	1 2	
		F. Other	1 2	
E212	What is your role in supporting the household? Do you support yourself only or also support others? Are you dependent on others?	Support own self only	1	
		Support self and others	2	
		Dependent	3	

No	Questions	Coding categories		Skip To
E213	What is the source of your income? Inspect: In there other source? 1. Yes 2. No	A. Retirement pension	1 2	
		B. Government support	1 2	
		C. Social insurance	1 2	
		D. Support from non-government organization	1 2	
		E. Support from sons	1 2	
		F. Support from daughters	1 2	
		G. Current work	1 2	
		H. Income from private or household property	1 2	
		I. Other	1 2	
E214	Is your income sufficient or not?	Sufficient	1	E301
		Not sufficient	2	
E215	What do you do when the income is not enough?	Sell belongings	1	
		Borrow	2	
		Economize in spending	3	
		Perform other activities for a wage	4	
		Other	6	

Part Three: Health conditions

No	Questions	Coding categories			Skip To
E301	Now, I would like to talk with you about your health in general. How do you assess your health?	Excellent	1		
		Very good	2		
		Average	3		
		Less than good	4		
		Bad	5		
E302	In comparison with last year, do you see yourself improved, stayed the same, or worsened?	Improved	1		
		Stayed the same	2		
		Worsened	3		
		Other/specify:	6		
E303	Are you satisfied with your current health?	Very satisfied	1		
		Satisfied	2		
		Neither satisfied nor not satisfied	3		
		Not satisfied	4		
		Not very satisfied	5		
E305	Do you suffer from any problems that limit your daily activities	Yes	1		
		No	2		E307
E306	What are the problems? Inspect: Are there any problems Circle the choice 1 for each problem stated by the respondent. Put your opinion regarding problems stated by the respondent		Yes	No	
		A. Unable to move	1	2	
		B. Speech difficulties	1	2	
		C. Memory problems	1	2	
		D. Hearing weakness	1	2	
		E. Sight weakness	1	2	
		F. Other/specify:	1	2	
E307	Do you take any type of medications?	Yes	1		
		No	2		E310
E308	Do you take more than three types of medications a day?	Yes	1		
		No	2		
E309	Do you find difficulties in obtaining these medications?	Yes, financial difficulties	1		
		Yes, difficulty to reach the place to get the medications	2		
		No problem	3		

No	Questions	Coding categories			Skip To
E310	Are you capable of performing these activities on a daily basis alone or you need help totally or partially? Select the correct answer for each category		Same	Partial assistance	Total assistance
		A. Use wash room	1	2	3
		B. Bathroom	1	2	3
		C. Take clothes on/off	1	2	3
		D. Move in and out of bed	1	2	3
		E. Eating	1	2	3
		F. Tidiness and house cleaning	1	2	3
		G. Shopping	1	2	3
E311	Look at E310:	Do not need help (All answers)=1	1		E326
		Need help=2,3	2		
E312	Who provides you with the help needed while you perform your activities? 1. Yes 2. No	A. Husband/wife	1	2	
		B. Son	1	2	
		C. Daughter	1	2	
		D. Son's wife	1	2	
		E. Daughter's husband	1	2	
		F. Grandson/granddaughter	1	2	
		G. Husband of granddaughter/ wife of grandson	1	2	
		H. Brother / sister	1	2	
		I. Other relative	1	2	
		J. No specific person / whoever available in the house	1	2	
E326	How many meals you have daily?	Meals daily	<input type="checkbox"/>		
		Don't know	8		
E327	You usually have cooked meals?	Yes	1		
		No	2		
E328	Do you suffer from problems in your teeth or mouth that affects your eating?	Yes	1		
		No	2		
E329	How many days a week do you eat each of the following? 0- None 8- don't know	A. Vegetables	<input type="checkbox"/>		
		B. Fruits	<input type="checkbox"/>		
		C. Protein (meat, chicken, fish, legumes)	<input type="checkbox"/>		
		D. Carbohydrates (pasta, rice, bread,	<input type="checkbox"/>		
		E. Dairy products	<input type="checkbox"/>		
		F. Fat and oil	<input type="checkbox"/>		
		G. Sugar	<input type="checkbox"/>		

Part Four: Social relations, activities, and spending of free time:

No	Questions	Coding categories		Skip To
E401	Look at question E108 :	Has children still alive	1	E409
		Does not have children still alive	2	
E403	Do your children who are not living with you come to visit you?	Yes, daily	1	
		Yes, once a week	2	
		Yes, once a month	3	
		Yes, occasionally	4	
		Yes, when I am sick	5	
		I visit them	6	
		All live with me	7	
E404	Do your sons/daughters accompany you when going for recreation or visit?	Yes	1	
		No	2	
E405	Do your sons/daughters sit with you and ask for advice regarding raising of children?	Yes	1	
		No	2	
E406	Do they listen to your advice?	Yes	1	
		No	2	
E407	Do you receive financial support from your children?	Yes	1	
		No	2	
E408	Do you feel that your children take care of you in a good manner?	Yes	1	
		No	2	
E408A	Do your children treat you with respect?	Yes	1	
		No	2	
E409	Do you receive visitors: brothers, sisters, relatives, neighbors, and friends?	Yes	1	
		No	2	
E410	Do you visit brothers, sisters, relatives, neighbors, and friends?	Yes	1	
		No	2	
E411	Are there elderly houses, clubs that take care of elderly in your neighborhood?	Yes	1	
		No	2	E415
E412	Do you benefit from these elderly houses/clubs?	Yes	1	
		No	2	

No	Questions	Coding categories		Skip To
E415	How do you usually spend your time from morning till night? 1. Yes 2. No	A. Praying at home	1 2	
		B. Praying in mosque	1 2	
		C. Housework	1 2	
		D. Receive visitors	1 2	
		E. Practice hobbies at home	1 2	
		F. Practice hobbies outside	1 2	
		G. Watch TV	1 2	
		H. Listen to radio	1 2	
		I. Go to work	1 2	
		J. Visit family / friends	1 2	
		K. Shopping or perform certain activities	1 2	
		L. Visit club (elderly or others)	1 2	
		M. Go to coffee shop	1 2	
		N. Voluntary work	1 2	
		O. Other/specify:	1 2	
E416	Do you walk regularly?	Yes	1	
		No	2	E418
E417	How many hours do you spend walking in a week?	Weekly hours	<input type="text"/> <input type="text"/>	
		Don't know	98	
E418	Do you perform other activities regularly?	Yes	1	
		No	2	

Part Five: Aspirations and perceptions:

No	Questions	Coding categories				Skip To
E501	What are the services available for the elderly and do you receive them? 1. Yes 2. No Inspect: Other services? For each services, ask: Service provided by government or non-government organization?		Service A		Provider B	
			Avail	Not Avail	Governmental	Non Governmental
		A. Social care in house	1	2	1	2
		B. Medical insurance	1	2	1	2
		C. Other/specify:	1	2	1	2
E502	Are you satisfied with the services received from government organizations?	Yes	1			
		No	2			
		Service not available	3			
E503	Are you satisfied with the services received from non-government organizations?	Yes	1			
		No	2			
		Service Not available	3			
E504	In your opinion, what are the services that should be provided for the elderly? Inspect: other services		Yes	No		
		A. Elderly homes	1	2		
		B. Day time elderly care homes	1	2		
		C. Health insurance	1	2		
		D. Other/Specify:	1	2		
E504A	In cases where a home for the elderly is available, do you prefer to move there places or stay at home?	Yes	1			
		No	2			
		Don't know	3			

No	Questions	Coding categories				Skip To
E505	Do you agree or disagree or you don't have an opinion on each of the following?		Agree	Disagree	No Opinion	Don't know
		A. I am satisfied with what I achieved in my life	1	2	3	4
		B. I feel depressed most of the time	1	2	3	4
		C. My social status is less than before	1	2	3	4
		D. I am optimistic about the future	1	2	3	4
		E. I am often nervous and tense	1	2	3	4
		F. I am afraid of loneliness or to live by myself	1	2	3	4
		G. I feel loyalty has declined among people	1	2	3	4
		H. Sons and daughters at our time were better than today	1	2	3	4
		I. I am worried about my health	1	2	3	4
		J. I am worried about housing in the future	1	2	3	4
		K. Not sure I receive the required treatment/medications	1	2	3	4
		L. Afraid no one will take care of me in the future	1	2	3	4
E506A	Are there people who bother you in your family life?	Yes	1			
		No	2			E507A
E506	Who bothers you? 1. Yes 2. No	1. Husband/wife	1	2		
		2. Son/daughter	1	2		
		3. Husband/wife of daughter/son	1	2		
		4. Grandson/Granddaughters	1	2		
		5. Other / specify:	1	2		
E507A	Are there things or behaviors that bother you in your family?	Yes	1			
		No	2			E508A
E507	What bothers you? 1. Yes 2. No	A. Overcrowding	1	2		
		B. Ignorance	1	2		
		C. Bad treatment	1	2		
		D. Food	1	2		
		E. Other/specify:	1	2		
E508A	Are there people who bother you outside your family life?	Yes	1			
		No	2			E509A

No	Questions	Coding categories		Skip To
E508	Who bothers you? 1. Yes 2. No	A. Neighbors	1 2	
		B. Health workers	1 2	
		C. Employees in the government organizations that I deal with	1 2	
		D. Other/Specify	1 2	
E509A	Are there things or behaviors that bother you outside your family life?	Yes	1	
		No	2	E510
E509	What is bothering you? 1. Yes 2. No	A. Treatment /Medication	1 2	
		B. Transport/Movement	1 2	
		C. Overcrowding	1 2	
		D. Chaos	1 2	
		E. Ignorance	1 2	
		F. Bad treatment	1 2	
		G. Violence	1 2	
		H. Other/Specify:	1 2	
E510	Do you like to volunteer and work in charities or public service?	Yes	1	
		No	2	

Part Six: Relationship with the media:

No	Questions	Coding categories		Skip To
E601	Can you read and write?	Yes	1	
		No	2	E605
E602	Do you read a newspaper or magazine daily, once a week, once a month, or not at all?	Daily	1	
		Once a week	2	
		Once a month	3	
		Not at all	4	E605
E603	Do you believe that newspapers and magazine provide accurate picture of the situation of the elderly and their problems?	Yes	1	
		No	2	
E604	Do you think they cover appropriate topics?	Yes	1	
		No	2	
E605	Do you watch TV daily, once a week, once a month, or not at all?	Daily	1	
		Once a week	2	
		Once a month	3	
		Not at all	4	E608
E606	Do you believe that TV provides an accurate picture of the situation of the elderly and their problems?	Yes	1	
		No	2	

No	Questions	Coding categories		Skip To
E607	Do you think they cover appropriate topics?	Yes	1	
		No	2	
E608	Do you listen to radio daily, once a week, once a month, or not at all?	Daily	1	
		Once a week	2	
		Once a month	3	
		Not at all	4	End interview
E609	Do you believe that radio provides an accurate picture of the situation of the elderly and their problems?	Yes	1	
		No	2	
E610	Do you think the radio covers appropriate topics?	Yes	1	
		No	2	

Observations of the Interviewer (To be filled in after the interview)

Interviewer's Observations	
Date:	Name of Interviewer:

Supervisor's Observations	
Date:	Name of Supervisor:

Editor's Observations	
Date:	Name of Editor: