



**Palestinian Authority
Palestinian Central Bureau of Statistics
Palestinian Family Health Survey, 2006
Household questionnaire**

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

IDH00	Questionnaire's serial number in sample	<input type="text"/> <input type="text"/> <input type="text"/>	IDH04	Questionnaire's No. in numeration area:	<input type="text"/> <input type="text"/>
IDH01	Governorate:	<input type="text"/> <input type="text"/>	IDH05	Building's address:	
IDH02	Community:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	IDH06	Name of household head:	
IDH03	Numeration area's No. in the community		<input type="text"/> <input type="text"/> <input type="text"/>		

Interview record:

IR01	Visits' schedule	Day	Month		
		<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	1 st visit	
		<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	2 nd visit	
		<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	3 rd visit	
IR02	Total number of visits	<input type="text"/>			
IR03	Final outcome of the interview	<input type="text"/>			
		1	Completed		
		2	Partially completed		
		3	Family traveling		
		4	Nobody at home		
		5	Refused to cooperate		
		6	Information not available		
		7	Uninhabited unit		
		8	Other / specify		
IR04	Line No of member responding to questions on household	<input type="text"/> <input type="text"/>	IR05	Total No of household members (male, female)	<input type="text"/> <input type="text"/>
IR06	Total No of eligible women (ever married)	<input type="text"/> <input type="text"/>	IR07	Total No of eligible women interviewed	<input type="text"/> <input type="text"/>
IR08	Total No of children under 5 years	<input type="text"/> <input type="text"/>	IR09	No of children under 5 on whom data were collected	<input type="text"/> <input type="text"/>
IR09A	No of children 5-24 years on whom data were collected	<input type="text"/> <input type="text"/>	IR09B	No of youth 15-29 years interviewed	<input type="text"/> <input type="text"/>
IR09C	No of persons 60 years and older interviewed	<input type="text"/> <input type="text"/>			
IR10	Interview's schedule	Day	Month	Hour	
					Start – 1st visit
					End – 1st visit
					Start – 2 nd visit
					End – 2 nd visit
					Start – 3 rd visit
					End – 3 rd visit
IR11 Interviewer's name: IR13 Supervisor's name: IR15 Verifier's name: IR17 Data enterer's name:					
IR12 Interviewer's No: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> IR14 Supervisor's No: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> IR16 Verifier's No: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> IR18 Data enterer's No: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>					
IR19 Encoder's name: IR20 Encoder's No: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> IR21 Date of data entry					

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

Section 1: Household Members Data

HR01	HR02	HR03	HR04	HR05	HR06	HR07	HR08
Member's serial number	Names of usual household members (three names) Please, tell me the names of all persons who usually live in your household, including small children and infants, and starting with the household head	What is the relation of (name) to the household head? 1. Household head 2. Spouse 3. Son/daughter 4. Father/mother 5. Brother/sister 6. Grandparent 7. Grandson/granddaughter 8. Son-in-law/daughter-in-law 9. Other relative 10. Other	Is (name) male or female? 1. Male 2. Female	What is (name)'s date of birth in day, month and year? Interviewer: record this information from official documents whenever possible Day Month Year	Interviewer: calculate age from the date of birth in HR05 and record the result in complete years If date of birth is unknown, ask for age and record it Record (00) if age less than 1 year 99 – Don't know	Is (name) a registered refugee, non-registered refugee or non-refugee? 1. Registered refugee 2. Non-registered refugee 3. Non-refugee?	Is (name)'s mother alive? 1. Yes 2. No → HR10
1.		<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>
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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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>
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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>

					For persons aged 5 years or over	For persons aged 10 years or over			
HR01	HR02	HR09	HR10	HR11	HR12	HR13	HR14	HR15	
Member's serial number	Names of usual household members (three names) Please, tell me the names of all persons who usually live in your household, including small children and infants, and starting with the household head	Interviewer: if the mother lives in the household, record her line No from HR01 Record (00) if the mother does not live in the household	Is (name)'s father alive? 1. Yes 2. No → HR12	Interviewer: if the father lives in the household, record his line No from HR01 Record (00) if the father does not live in the household	Is (name): 1. Currently attending school 2. attended school and dropped out 3. Attended school and graduated 4. Never attended school → HR14	How many schooling years 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. Acquainted 03. Elementary 04. Preparatory 05. Secondary 06. Intermediate level diploma 07. Bachelors degree 08. Higher diploma 09. Masters degree 10. Ph. D. 98. Don't know	Relation to labor force during the past week: 1. Employed from 1-14 hours 2. Employed for 15 hours or over 3. Away from job, but will return 4. Unemployed, has ever worked 5. Unemployed, has never worked 6. Full time student 7. Full time involved in household chores 8. Unable to work 9. Does not work and does not seek job 10. Does not work and does not seek job because ha/she lost hope in finding a job 11. Other (If answer 5-11, go to HR17)	
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17.									

		For persons aged 10 years or over		For persons aged 12 years or over					
HR01	HR02	HR16	HR17	HR18	HR19	HR20	HR21	HR22	HR22A
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	Main occupation: What kind of work is/was (name) doing in detail? Occupation Code	Does (name) smoke? 1. Yes, mostly cigarettes 2. Yes, mostly pipe 3. Yes, mostly narghile 4. Ex-smoker 5. Does not smoke and never smoked	What is (name)'s current marital status? Is he/she ... 1. Single 2. Engaged for the first time and not married yet 3. Married 4. Divorced 5. Widow/widower 6. Separated	Interviewer: Circle the line No of the currently or ever married women whose age is less than 55 years (i.e. eligible women for interview)	Interviewer: Insert the line No of the eligible woman's husband from HR01 In case husband does not live in the household, record (00)	Interviewer: Circle the line No of children under 5 years, eligible for interview for this age group	Interviewer: Circle the line No of children 5-24 years, eligible for interview for this age group	Interviewer: Circle the line No of children 2-14 years, eligible for interview for this age group
1.					01		01	01	01
2.					02		02	02	02
3.					03		03	03	03
4.					04		04	04	04
5.					05		05	05	05
6.					06		06	06	06
7.					07		07	07	07
8.					08		08	08	08
9.					09		09	09	09
10.					10		10	10	10
11.					11		11	11	11
12.					12		12	12	12
13.					13		13	13	13
14.					14		14	14	14
15.					15		15	15	15
16.					16		16	16	16
17.					17		17	17	17

Section 2: Chronic diseases

HR01	HR02		HR24																							
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 receive treatment continuously? 1. Hypertension 2. Diabetes 3. Peptic ulcer 4. Anemia 5. Cardiac disease 6. Cancer							7. Renal disease 8. Hepatic disease 9. Arthritis (rheumatism) 10. Osteoporosis 11. Thalassemia 12. Stroke 13. Epilepsy 14. Asthma 15. High cholesterol							16. Depression 17. Hyperthyroidism (non-malignant) 18. Nervous illness 19. Glaucoma 20. Chronic back pain/spinal cord problems 98. Don't know 99. No disease									
1.			01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	96	99		
2.			01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	96	99		
3.			01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	96	99		
4.			01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	96	99		
5.			01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	96	99		
6.			01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	96	99		
7.			01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	96	99		
8.			01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	96	99		
9.			01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	96	99		
10.			01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	96	99		
11.			01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	96	99		
12.			01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	96	99		
13.			01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	96	99		
14.			01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	96	99		
15.			01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	96	99		
16.			01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	96	99		
17.			01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	96	99		

Section 3: Disability

HR01	HR02	HR29	HR30	HR31	HR32	HR33
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 physical or mental condition or any other health condition lasting or may last for 6 months or more, which restricts his/her ability to carry out daily life activities in a regular way as a normal person in the same age? If yes, ask: Does this condition restrict his/her ability to a severe or moderate level? 1. Yes, severe 2. Yes, moderate 3. No → H401 8. Don't know → H401	Is (name) restricted (has a problem) in any of the following functions? 1. Vision 2. Hearing 3. Understanding and communication 4. Movement 5. Self-care 6. Dealing with people	Among the following, what represents the best description of the cause of his/her condition? 1. Congenital 2. Perinatal 3. Disease 4. Physical and psychological abuse 5. Senility 6. Injury or accident 7. Intifada/war 96. Other 98. Don't know	How old was (name) when this condition started? Since birth = 96 Don't know = 98	During the last 12 months, did (name) receive medical or social care? 1. Yes, medical 2. Yes, social 3. No 4. Don't know
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17.						

Section 4: Housing characteristics

No	Questions	Coding categories	Go to																																								
H401	What kind of dwelling unit does the family live in?	1. Villa 2. House 3. Apartment 4. Independent room 5. Tent 6. Other / specify _____	<input type="checkbox"/>																																								
H402	Is your dwelling?	Rented unfurnished Rented furnished Owned For free For work Other / specify:	1 2 3 4 6 6																																								
H403	What kind of material is the floor made from? Record main material	Earth floor Tiling / marble Cement Bricks / stone Wood Other / specify _____	1 2 3 4 5 6																																								
H403A	Are the following commodities and services available to the household? 1. Yes 2. No	<table border="1"> <tr> <td>1. Private car</td><td><input type="checkbox"/></td> <td>6. Dishwasher</td><td><input type="checkbox"/></td> <td>11. VCR/DVD</td><td><input type="checkbox"/></td> <td>16. Satellite dish</td><td><input type="checkbox"/></td> </tr> <tr> <td>2. Electric fridge</td><td><input type="checkbox"/></td> <td>7. Central heating</td><td><input type="checkbox"/></td> <td>12. Telephone line</td><td><input type="checkbox"/></td> <td>17. Internet services</td><td><input type="checkbox"/></td> </tr> <tr> <td>3. Solar heater</td><td><input type="checkbox"/></td> <td>8. Vacuum cleaner</td><td><input type="checkbox"/></td> <td>13. Jawwal (Palestinian)</td><td><input type="checkbox"/></td> <td>18. Radio / recorder</td><td><input type="checkbox"/></td> </tr> <tr> <td>4. Washing machine</td><td><input type="checkbox"/></td> <td>9. Home library</td><td><input type="checkbox"/></td> <td>14. Cellular (Israeli)</td><td><input type="checkbox"/></td> <td></td><td></td> </tr> <tr> <td>5. Gas stove</td><td><input type="checkbox"/></td> <td>10. TV</td><td><input type="checkbox"/></td> <td>15. Computer</td><td><input type="checkbox"/></td> <td></td><td></td> </tr> </table>	1. Private car	<input type="checkbox"/>	6. Dishwasher	<input type="checkbox"/>	11. VCR/DVD	<input type="checkbox"/>	16. Satellite dish	<input type="checkbox"/>	2. Electric fridge	<input type="checkbox"/>	7. Central heating	<input type="checkbox"/>	12. Telephone line	<input type="checkbox"/>	17. Internet services	<input type="checkbox"/>	3. Solar heater	<input type="checkbox"/>	8. Vacuum cleaner	<input type="checkbox"/>	13. Jawwal (Palestinian)	<input type="checkbox"/>	18. Radio / recorder	<input type="checkbox"/>	4. Washing machine	<input type="checkbox"/>	9. Home library	<input type="checkbox"/>	14. Cellular (Israeli)	<input type="checkbox"/>			5. Gas stove	<input type="checkbox"/>	10. TV	<input type="checkbox"/>	15. Computer	<input type="checkbox"/>			
1. Private car	<input type="checkbox"/>	6. Dishwasher	<input type="checkbox"/>	11. VCR/DVD	<input type="checkbox"/>	16. Satellite dish	<input type="checkbox"/>																																				
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5. Gas stove	<input type="checkbox"/>	10. TV	<input type="checkbox"/>	15. Computer	<input type="checkbox"/>																																						
H404	How many rooms are there in the dwelling unit for the household use?	Number of rooms	<input type="text"/>																																								
H405	What is the main source of drinking water for this household?	Public water network connected to the house Rain-fed cistern with internal pipes Tankers Bottled mineral water Water purchased in large containers Other / specify _____	1 2 3 4 5 6 H411B																																								
H411A	Do you boil, filter or otherwise treat water before using it for drinking?	1. Yes 2. No (H411B)	<input type="checkbox"/>																																								
H411	How do you treat drinking water? 1. Yes 2. No	A. Boiling B. Chlorination C. Filtering D. Other / specify: _____	1 2 1 2 1 2 1 2																																								
H411B	What main source of water do you use for cooking and washing?	Public water network connected to the house Rain-fed cistern with internal pipes Tankers Water purchased in large containers Other / specify _____	1 2 3 4 6																																								
H412	Do you have a separate room or closed space used as a latrine either inside or outside the dwelling unit	Yes, inside the dwelling unit Yes, outside the dwelling unit No latrine in the dwelling unit	1 2 3 H416																																								
H414	Does any other household share the use of this latrine with you?	Yes, the latrine is shared No, the latrine is not shared	1 2																																								

H415	What kind of toilet is used in this latrine? One response only	Flush toilet connected to a sewage network	1	
		Flush toilet connected to a septic tank	2	
		Other / specify _____	6	
H416	What is the main source of lighting in this dwelling unit?	Electricity	1	
		Kerosene	2	
		Other / specify _____	6	
H418	What kind of main fuel is used by the household for cooking?	Firewood	1	
		Gas	2	
		Other / specify _____	6	
H420	Where do you keep garbage or refuse before disposing it?	Covered container / closet	1	
		Uncovered container	2	
		Plastic bags	3	
		Other / specify _____	6	
H421	Where do you keep (the container / bags)?	Inside the kitchen	1	
		Outside the kitchen, but within the dwelling unit	2	
		Outside the dwelling unit	3	
H422	How do you dispose of garbage?	Through the garbage collector	1	
		By keeping it in a specific place	2	
		Other / specify _____	6	
423H	How often do you dispose of garbage?	Daily	1	
		At least 2 times per week	2	
		Once per week	3	
		Other / specify _____	6	
H423A	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) Iodized less than 15 ppm (light color) Iodized over 15 ppm (dark color) No salt in the household Salt not tested	1 2 3 4 5	

Section 4: Education of members 5-24 years

This section is for members 5-24 years old only										
CHE0: Interviewer: Refer to question HR22: 1. There are children 5-17 years old, continue 2. No children in that age group, go to CH0 ___										
CHE00	CHE01	CHE02	CHE03	CHE05		CHE06		CHE07	CHE08	
Child's line number	Line number of child's mother or caretaker	Names of children between 5-24 years old	During the current school year, is (name) currently enrolled in school or kindergarten? 1. Yes 2. No → CHE07	Out of the last 7 days, how many days did (name) attend school? 1. Attends school completely or partially 2. Does not attend at all due to the strike Interviewer: If answer is 1, record number of days in column 1 below. If answer is 2, record 0 in column 2 below.		At which educational level and which grade is (name) enrolled? 1. Kindergarten 2. Basic 3. Secondary 4. Intermediate diploma/BA 8. Don't know		Was (name) enrolled in school during the past school year? 1. Yes 2. No → next child 8. Don't know → next child	At which educational level and which grade was (name) enrolled in the past year? 1. Kindergarten 2. Basic 3. Secondary 4. Intermediate diploma/BA 8. Don't know	
						Level	Grade (DK 98)		Level	Grade (DK 98)
			1 2	__	__	__	__ __	1 2 8	__	__ __
			1 2	__	__	__	__ __	1 2 8	__	__ __
			1 2	__	__	__	__ __	1 2 8	__	__ __
			1 2	__	__	__	__ __	1 2 8	__	__ __
			1 2	__	__	__	__ __	1 2 8	__	__ __
			1 2	__	__	__	__ __	1 2 8	__	__ __
			1 2	__	__	__	__ __	1 2 8	__	__ __
			1 2	__	__	__	__ __	1 2 8	__	__ __
			1 2	__	__	__	__ __	1 2 8	__	__ __
			1 2	__	__	__	__ __	1 2 8	__	__ __
			1 2	__	__	__	__ __	1 2 8	__	__ __
			1 2	__	__	__	__ __	1 2 8	__	__ __
			1 2	__	__	__	__ __	1 2 8	__	__ __
			1 2	__	__	__	__ __	1 2 8	__	__ __
			1 2	__	__	__	__ __	1 2 8	__	__ __
			1 2	__	__	__	__ __	1 2 8	__	__ __
			1 2	__	__	__	__ __	1 2 8	__	__ __
			1 2	__	__	__	__ __	1 2 8	__	__ __

Section 6: Child labor

Ask these questions to caretakers of children 5-17 years old living in the household. Insert the line number of each eligible child from the list of household members.

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

CH0: Interviewer: Refer to question HR22: 1. There are children 5-17 years old, continue 2. No children in that age group, go to CHD01 _____

[illegible]

Section 7: Child discipline and growth

CHD01	Interviewer: Fill this section for one child in the age of 2-14 years. Refer to HR22: 1. There is at least one child aged 2-14 years, continue administering this section. _ _ 2. There are no children, go to women's questionnaire. List all children aged 2-14 years and use the attached table to select one child for the purpose of administering this section..		
CHD02	Child's line No from HR01	_ _ _	
CHD03	Child's name from HR02	_____	
CHD03A	Child's age in full years	_ _ _	
CHD03B	Line No of child's mother or caretaker	_ _ _	
CHD04	Parents use certain methods to teach their children proper conduct in their daily lives. I will read for you some of the used methods and would like to ask you to specify whether you or a member of your household used these methods with (child's name) during the past month		
		Yes No Don't know	
	A. Gave him/her privileges or deprived him/her from something he/she likes or didn't allow him/her go out	1	2 3
	B. Explained to him/her why his/her conduct is wrong	1	2 3
	C. Screamed or shouted at him/her	1	2 3
	D. Hit him/her with your hand	1	2 3
	E. Hit him/her with a tool, like a club, belt or any other hard object	1	2 3
	F. Called him/her as stupid, slacker or any other similar characteristic	1	2 3
	G. Caused him/her trauma	1	2 3
	H. Gave him/her something else to do	1	2 3
CHD05	With what does (child's name) play while at home?	A. Kitchen utensils, such as dishes, spoons, etc. 1 2 3 B. Objects from outside the house, such as tree leaves, shells, rocks, etc. 1 2 3 C. Home-made toys, such as dolls 1 2 3 D. Toys from stores. 1 2 3 E. Computer/video games 1 2 3	
CHD05A	Does (child's name) play outside the house	1. Yes 2. No	_ _
CHD05B	With whom does (child's name) usually play whether inside the house or outside?	1. Siblings 2. Friends / neighbors' children 3. Relatives' children 4. All of them or part of them 5. Alone	1 2 3 4 5
CHD06	Interviewer: See CHD03A	Child's age is 2-9	1
		Child's age is 10-14	2 go to CHD08
CHD07	During the past week, how many times was (child's name) left home under the care of another child less than 10 years old?	Number of times _ _ _ Never = 00 Don't know = 98	
CHD08	During the past week, how many times was (child's name) left home alone?	Number of times _ _ _ Never = 00 Don't know = 98	
CHD09	How many books or stories do you have?	Number _ _ _ Record 00 for no children books or stories Record 10 if the number is 10 or more	
CHD10	How many schoolbooks do you have other than children books and stories?	Number _ _ _ Record 00 for no schoolbooks Record 10 if the number is 10 or more	



Palestinian Authority
Palestinian Central Bureau of Statistics
Palestinian Family Health Survey, 2006
Ever married women questionnaire

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

IDH00	Questionnaire's serial Num. in sample <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	IDH04	Questionnaire's Num. in Numeration area: <input type="text"/> <input type="text"/>
IDH01	Governorate: <input type="text"/> <input type="text"/>	IDH05	Building's address: <input type="text"/>
IDH02	Community: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	IDH06	Name of household head: <input type="text"/>
IDH03	Numeration area's number in the community <input type="text"/> <input type="text"/>		
WIR05	Line number of eligible woman from the list of household members <input type="text"/> <input type="text"/>		

Interview record:

WIR01	Visits' schedule	Day	Month	
		<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	1 st visit
		<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	2 nd visit
		<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	3 rd visit
WIR02	Total number of visits	<input type="text"/>		
WIR03	Final result of the interview <input type="text"/>	1	Completed	
		2	Partially completed	
		3	Traveling	
		4	Unable to interview the woman	
		5	Refused to cooperate	
		6	No eligible woman	
		7	Information not available	
		8	Other / specify	
WIR04	Total No of eligible women <input type="text"/> <input type="text"/>	WIR06	Total No of eligible women interviewed <input type="text"/> <input type="text"/>	

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

Section 1: Interviewee's background, resources and marriage

No	Questions	Coding categories		Go to
W109 A	Woman's line number from HR01		<input type="text"/>	
W109 B	Current husband's line number from HR01		<input type="text"/>	
W109 C	Ask the respondent about her age and compare with HR06. Correct if needed.	Age in full years	<input type="text"/>	
W109	Do you read a newspaper or a magazine almost daily, at least once a week, less than once a week, or not at all?	Almost daily	1	
		At least once a week	2	
		Less than once a week	3	
		Not at all	4	
W110	Do you watch TV almost daily, at least once a week, less than once a week, or not at all?	Almost daily	1	
		At least once a week	2	
		Less than once a week	3	
		Not at all	4	
W111	Do you listen to the radio almost daily, at least once a week, less than once a week, or not at all?	Almost daily	1	
		At least once a week	2	
		Less than once a week	3	
		Not at all	4	
W121	Refer to HR15	Currently working, HR15 = 1-3	1	W124
		Currently not working, HR = 4-11	2	
W122	If a good job opportunity for a wage is offered to you in the future, would you accept it?	Yes	1	
		No	2	
		Don't know / Unsure	8	
W124	Interviewer: Refer to HR18. Is the woman married, widow, divorced or separated?	Married	1	
		Widow	2	
		Divorced	3	
		Separated	4	
W125	Was you married once or more?	Once	1	
		More than once	2	
W126	Refer to W125: Was married		Month	<input type="text"/>
	Once	More than once	Does not know the month	98
	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?	Year	<input type="text"/>
			Does not know the year	9998
W127	How old were you at your first wedding?	Age at marriage in years		
	Compare W126 and W127 and correct if needed			
W128	Is there a kinship relation between you and your current (last) husband? If yes, ask: What is the relation?	Uncle's son from the father's side	1	
		Aunt's son from the father's side	2	
		Uncle's son from the mother's side	3	
		Aunt's son from the mother's side	4	
		Uncle and aunt's son	5	
		From the same clan	6	
		No kinship	7	
W140	Refer to W124:	Currently married (married/separated)	1	W201A
		Currently unmarried (widow/divorced)	2	
W141	How old is your husband now?	Age in years	<input type="text"/>	
		Don't know	98	

No	Questions	Coding categories		Go to
W142	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	
Section 2: Child birth and child mortality				
W201 A	Woman's line number from HR01		<input type="text"/>	
W201 B	Have you ever been pregnant?	Yes	1	
		No	2	W208
W201	I would like to ask you about all the births you have had during your life. Have you ever given birth to a child who was born alive?	Yes	1	
		No	2	W206
W202	Do you have any sons or daughters to whom you have given birth who are now living with you?	Yes	1	
		No	2	W204
W203	How many sons live with you? How many daughters live with you? If none, record 00	Sons living with you	<input type="text"/>	
		Daughters living with you	<input type="text"/>	
W204	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	W206
W205	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"/>	
		Daughters elsewhere	<input type="text"/>	
W206	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	1	
		No	2	W208
W207	How many boys have died? How many girls have died? If none, record 00	Boys dead	<input type="text"/>	
		Girls dead	<input type="text"/>	
W208	Add the answers to questions W203, W205 and W207 and record the total. If none, record 00	Total live births	<input type="text"/>	
W209	Return to 203, 205, 207 and 208 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 (W203) ____ sons and ____ daughters who are alive and do not live with you (W205) ____ sons and ____ daughters who died (W207) In total, you have given birth to ____ live births (W208) Is this correct? 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> ↓ Check and correct W201 to W208			
W210	Return to W208:	One birth or more	1	
		No births	2	W222

W211: 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 W212. If a child has not been given a name yet, record x. Record twins in separate lines.

W212		W213		W214		W215		W216		W217	W218	W219	W220				
										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 W221	Days	1	<input type="text"/>	
		Twin	2	Girl	2	Y	<input type="text"/>	No	2		Go to W220	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 W221	Days	1	<input type="text"/>	
		Twin	2	Girl	2	Y	<input type="text"/>	No	2		Go to W220	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 W221	Days	1	<input type="text"/>	
		Twin	2	Girl	2	Y	<input type="text"/>	No	2		Go to W220	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 W221	Days	1	<input type="text"/>	
		Twin	2	Girl	2	Y	<input type="text"/>	No	2		Go to W220	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 W221	Days	1	<input type="text"/>	
		Twin	2	Girl	2	Y	<input type="text"/>	No	2		Go to W220	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 W221	Days	1	<input type="text"/>	
		Twin	2	Girl	2	Y	<input type="text"/>	No	2		Go to W220	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 W221	Days	1	<input type="text"/>	
		Twin	2	Girl	2	Y	<input type="text"/>	No	2		Go to W220	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 W221	Days	1	<input type="text"/>	
		Twin	2	Girl	2	Y	<input type="text"/>	No	2		Go to W220	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 W221	Days	1	<input type="text"/>	
		Twin	2	Girl	2	Y	<input type="text"/>	No	2		Go to W220	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 W221	Days	1	<input type="text"/>	
		Twin	2	Girl	2	Y	<input type="text"/>	No	2		Go to W220	No		2	Months	2	<input type="text"/>
														Years	3	<input type="text"/>	

W212		W213		W214		W215		W216		W217	W218	W219	W220			
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	For those who died 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	<input type="text"/>	Yes	1	<input type="text"/> Go to next birth or W221	Days	1	<input type="text"/>
		Twin	2	Girl	2	Y	<input type="text"/>	No	2		Go to W220	No		2	Months	2
12	_____	Not twin	1	Boy	1	M	<input type="text"/>	Yes	1	<input type="text"/>	Yes	1	<input type="text"/> Go to next birth or W221	Days	1	<input type="text"/>
		Twin	2	Girl	2	Y	<input type="text"/>	No	2		Go to W220	No		2	Months	2
13	_____	Not twin	1	Boy	1	M	<input type="text"/>	Yes	1	<input type="text"/>	Yes	1	<input type="text"/> Go to next birth or W221	Days	1	<input type="text"/>
		Twin	2	Girl	2	Y	<input type="text"/>	No	2		Go to W220	No		2	Months	2
14	_____	Not twin	1	Boy	1	M	<input type="text"/>	Yes	1	<input type="text"/>	Yes	1	<input type="text"/> Go to next birth or W221	Days	1	<input type="text"/>
		Twin	2	Girl	2	Y	<input type="text"/>	No	2		Go to W220	No		2	Months	2
15	_____	Not twin	1	Boy	1	M	<input type="text"/>	Yes	1	<input type="text"/>	Yes	1	<input type="text"/> Go to next birth or W221	Days	1	<input type="text"/>
		Twin	2	Girl	2	Y	<input type="text"/>	No	2		Go to W220	No		2	Months	2
16	_____	Not twin	1	Boy	1	M	<input type="text"/>	Yes	1	<input type="text"/>	Yes	1	<input type="text"/> Go to next birth or W221	Days	1	<input type="text"/>
		Twin	2	Girl	2	Y	<input type="text"/>	No	2		Go to W220	No		2	Months	2
17	_____	Not twin	1	Boy	1	M	<input type="text"/>	Yes	1	<input type="text"/>	Yes	1	<input type="text"/> Go to next birth or W221	Days	1	<input type="text"/>
		Twin	2	Girl	2	Y	<input type="text"/>	No	2		Go to W220	No		2	Months	2
18	_____	Not twin	1	Boy	1	M	<input type="text"/>	Yes	1	<input type="text"/>	Yes	1	<input type="text"/> Go to next birth or W221	Days	1	<input type="text"/>
		Twin	2	Girl	2	Y	<input type="text"/>	No	2		Go to W220	No		2	Months	2
19	_____	Not twin	1	Boy	1	M	<input type="text"/>	Yes	1	<input type="text"/>	Yes	1	<input type="text"/> Go to next birth or W221	Days	1	<input type="text"/>
		Twin	2	Girl	2	Y	<input type="text"/>	No	2		Go to W220	No		2	Months	2
20	_____	Not twin	1	Boy	1	M	<input type="text"/>	Yes	1	<input type="text"/>	Yes	1	<input type="text"/> Go to next birth or W221	Days	1	<input type="text"/>
		Twin	2	Girl	2	Y	<input type="text"/>	No	2		Go to W220	No		2	Months	2

W221	<p>Compare total in W208 with the number of births in the above table and record:</p> <p>Numbers are the same Numbers are not the same 1. Yes 2. No</p> <p><input type="checkbox"/> <input type="checkbox"/> → Check and correct</p> <p>Verify the following</p> <p>For every live birth: year of birth is recorded <input type="checkbox"/></p> <p>For every child who is still alive: current age is recorded <input type="checkbox"/></p> <p>For every child who died: Age at death is recorded <input type="checkbox"/></p> <p>For every death age of 12 months or a year: you probed to know the age in months exactly <input type="checkbox"/></p>			
W222	Some pregnancies may end prematurely, such as miscarriage or abortion, and some other pregnancies end by a still birth. Have you ever had a pregnancy that did not end by a live birth?	Yes	1	W242
		No	2	
W223	In total, how many pregnancies ended by miscarriage or abortion?	Number of miscarriages and abortions	<input type="text"/>	
W224	In total, how many pregnancies ended by a still birth?	Number of still births	<input type="text"/>	
W225	In what month and year did the last pregnancy resulting in miscarriage, abortion or still birth end?	Month	<input type="text"/>	
		Year	<input type="text"/>	
W226	Refer to W225:	Pregnancy ended in November 2001 or later	1	W242
		Pregnancy ended before November 2001	2	
W227	Now I would like to ask you about that last pregnancy. In which month of pregnancy did that pregnancy end?	Month of pregnancy Don't know = 98	<input type="text"/>	
W228	When the last pregnancy ended, did you have to go to the hospital?	Yes	1	W230A
		No	2	
W229	How many nights did you have to stay in the hospital?	Number of nights	<input type="text"/>	
		Discharged the same day	95	
W230 A	During the last pregnancy, did you see anybody to check the pregnancy?	Yes	1	W235
		No	2	
W230	Where did you go for the checkup?	A. Physician	1 2	
	Any other person?	B. Staff nurse	1 2	
		C. Trained midwife	1 2	
		D. Daya	1 2	
	Record all persons where she checked 1. Yes 2. No	E. Other (specify) _____	1 2	
W231	At what month in your pregnancy did you check first time?	Months	<input type="text"/>	
		Don't know	98	
W232	What was your reason to go for checkup in the first time?	To check the safety of the fetus	01	
		To make arrangement for delivery	02	
		To make sure she is pregnant	03	
		The family / someone else decided	04	
		Routine checkup	05	
		To ensure a healthy pregnancy	06	
		Had a problem	07	
		Other (specify) _____	96	

W233	How many checkups did you have during that pregnancy?	Number of checkups	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>			
		Does not remember	98			
W234	Where did you have the last checkup for that pregnancy?	Governmental hospital	01			W236
		Governmental health center	02			
		Private hospital	03			
		Private clinic	04			
		NGO hospital / center	05			
		UNRWA hospital / center	06			
		At home	07			
		Other (specify) _____	96			
W235	Why did not you have ay checkup for that pregnancy? Probe for most important reason	There were no problems	01			
		Has previous experience	02			
		Service not available	03			
		Service expensive	04			
		Was busy	05			
		Husband was busy	06			
		Other (specify) _____	96			
W236	During that pregnancy, did you take any of the following?		Yes	No		
		A. Iron pills or syrup	1	2		
		B. Vitamins	1	2		
		C. Vitamins and iron together	1	2		
W237	During that pregnancy, did you have any injections to protect the fetus from tetanus? I mean any injection in the arm to protect the fetus from having convulsions after delivery? If yes, ask: How many injections were you given?	Yes, one dose	1			
		Yes, two doses	2			
		Yes, three doses	3			
		No	4			
		Don't know	8			
W238	Have you had any of the following complications at any time during that 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 micturation	1	2	8	
		I. Jaundice	1	2	8	
		J. Severe difficulty breathing	1	2	8	
W239	Refer to W238:	Yes for any of the symptoms	1			W242
		No or don't know for all the symptoms	2			
W239 A	Did you get any advice or treatment for these symptoms?	Yes	1			W241
		No	2			

W240	Who gave you this advice/treatment? Any other person 1. Yes 2. No	A. Physician (GP + specialist)	1 2	W242
		B. Staff nurse / midwife	1 2	
		C. Pharmacist	1 2	
		D. Daya	1 2	
		E. The mother	1 2	
		F. The husband	1 2	
		G. Other relatives	1 2	
		H. Traditional healer	1 2	
		I. Other (specify) _____	1 2	
W241	Why did not you seek to have a medical advice to treat these symptoms? Probe for most important reason	Was not a problem / the situation did not require	01	
		Service not available	02	
		Service expensive	03	
		Was busy	04	
		Husband was busy	05	
		Israeli measures were a barrier	06	
		Used non-medical (traditional) remedy	07	
		Other (specify) _____	96	
W242	Are you currently pregnant?	Yes	1	W245
		No	2	
		Not sure	8	
W243	How many months of pregnancy?	Duration of current pregnancy in complete months Don't know = 98	<input type="text"/> <input type="text"/>	
W244	When you became pregnant, did you want to become pregnant at that time, did you want to wait for a later time, or did not you want to become pregnant at all?	Wanted to become pregnant at that time	1	W247
		Wanted to wait	2	
		Did not want to become pregnant at all	3	
W245	Do you still have menses?	Yes	1	W247
		No, menopause	2	
		No, postpartum	3	
		Never had menses	4	
W246	When did your last menstrual period start? One answer only	Days	1 <input type="text"/> <input type="text"/> <input type="text"/>	
		Weeks	2 <input type="text"/> <input type="text"/>	
		Months	3 <input type="text"/> <input type="text"/>	
		Years	4 <input type="text"/> <input type="text"/>	
W247	How old were you when your menses started the first time?	Age in years	<input type="text"/> <input type="text"/>	
		Does know / does not remember / not sure	98	
Section 3: Maternal care for the last birth during the last 5 years preceding the survey				
W300	Refer to W215 to see the birth date of last child in the table:	Last birth was in November 2001 or later: continue in this section	1	W501 A
		Last birth was before November 2001 or has no births	2	
W301	Record the name and line number of the last birth as in W212: births table	Name of last child: _____ Child's line number	<input type="text"/> <input type="text"/>	
W301 A	Mother's line number in the list of household members		<input type="text"/> <input type="text"/>	

W302 A	During that pregnancy, did you see anybody to check the pregnancy?	Yes	1	W313
		No	2	
W302	Where did you go for the checkup? Any other person? Record all persons where she checked 1. Yes 2. No	A. GP	1 2	
		B. Specialist	1 2	
		C. Staff nurse / midwife	1 2	
		D. Daya	1 2	
		E. Other (specify) _____	1 2	
W303	At what month in your pregnancy did you check first time?	Months	<input type="text"/> <input type="text"/>	
		Don't know	98	
W304	What was your reason to go for checkup in the first time? Probe for most important reason	To check for the safety of the fetus	01	
		To make arrangement for delivery	02	
		To make sure she is pregnant	03	
		The family / someone else decided	04	
		Routine checkup	05	
		To ensure a healthy pregnancy	06	
		Had a problem	07	
		Other (specify) _____	96	
W305	How many checkups did you have during that pregnancy? Record 98 if the woman does not remember	Number of checkups during 1 st trimester	<input type="text"/> <input type="text"/>	
		Number of checkups during 1 st 4-6 months	<input type="text"/> <input type="text"/>	
		Number of checkups during 1 st 7-9 months	<input type="text"/> <input type="text"/>	
		Total number of visits	<input type="text"/> <input type="text"/>	
W306	Where did you have the last checkup for that pregnancy?	Governmental hospital	01	W310
		Governmental health center	02	
		Private hospital	03	
		Private clinic	04	
		NGO hospital / center	05	
		UNRWA hospital / center	06	
		At home	07	
		Other (specify) _____	96	
W307	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	
W308	Did you walk or did you use a transportation?	Walking	1	
		Bus/taxi	2	
		Private car	3	
		Other (specify) _____	6	
W309	How much 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	
W310	Refer to W302: checked by (record the person with highest qualification)	Physician/nurse	1	W314
		Daya / other	2	

W311	While receiving care for this pregnancy, did you have any of the following tests? Read them one by one and record the appropriate answer		Yes	No	DK	
		A. Weight measurement	1	2	8	
		B. Height measurement	1	2	8	
		C. Blood pressure measurement	1	2	8	
		D. Blood test	1	2	8	
		E. Urinalysis	1	2	8	
		H. Ultrasound	1	2	8	
		I. Pelvic exam / fundus height	1	2	8	
	J. Fetal heart monitoring	1	2	8		
W312	While receiving care for this pregnancy, did you receive information on any of the following? Read them one by one and record the appropriate answer		Yes	No	DK	W314
		A, Diet	1	2	8	
		B. Danger signs in pregnancy	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	
W312 A	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	DK	W314
		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. Other	1	2	8	
W313	Why did not you have ay checkup for this pregnancy? Main reason only	There were no problems	01			
		Has previous experience	02			
		Service not available	03			
		Service expensive	04			
		Was busy	05			
		Husband was busy	06			
		Israeli measures were a barrier	07			
		Other (specify) _____	96			
W314	During this pregnancy, did you take iron or vitamin pills or syrup?	Yes, iron	1			
		Yes, vitamins	2			
		Both	3			
		None	4			
W317	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 micturation	1	2	8	
		J. Severe difficulty breathing	1	2	8	
W318	Refer to W317:	Yes for any of the symptoms	1			W321
		No or don't know for all the symptoms	2			
W319 A	Did you get any advice or treatment for these symptoms?	Yes	1			W320
		No	2			

W319	Who gave you this advice/treatment? Any other person 1. Yes 2. No	A. GP	1	2	W321
		B. Specialist	1	2	
		C. Staff nurse / midwife	1	2	
		D. Pharmacist	1	2	
		E. Daya	1	2	
		F. The mother	1	2	
		G. The husband	1	2	
		H. Health worker	1	2	
		I. Other relatives	1	2	
		J. Other (specify) _____	1	2	
W320	Why did not you seek to have a 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		
		W321	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
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
W322	Refer to W321:	Yes for any of the symptoms	1		
		No or don't know for all symptoms	2		
W323	Did you or any person who was assisting you at that time think that you have a problem in your labor or delivery?	Yes	1		
		No	2		
		Don't know	8		
W324 A	Has any body been called for this problem?	Yes	1		
		No	2		
W324	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		

W325	Where did you give birth to (name)?	At home	01	W329A
		Governmental hospital	02	
		Governmental health center	03	
		Private hospital	04	
		Private clinic	05	
		NGO hospital	06	
		Maternity home	07	
		UNRWA hospital / center	08	
		On the road while in my way to the hospital	09	
		At a military checkpoint	10	
		Israeli hospitals	11	
		Other (specify) _____	96	
W326	Why did not you have the delivery of (name) in a hospital / health center	Home is better	1	
		Service not available	2	
		Service expensive	3	
		Preterm / unexpected delivery	4	
		Israeli measures were a barrier	5	
		Other (specify) _____	6	
W327	Who assisted you in the delivery of (name)? Probe: Any other person? 1. Yes 2. No	A. GP	1 2	
		B. Specialist	1 2	
		C. Staff nurse / midwife	1 2	
		D. Daya	1 2	
		E. Relatives / friends	1 2	
		F. Other (specify) _____	1 2	
W328	How was the umbilical cord cut?	Surgical instruments	1	
		Ordinary scissors	2	
		Razor / knife	3	
		Other (specify) _____	6	
		Don't know	8	
W329	How the umbilicus was treated and tied?	Sterile gauze and cotton	1	W330
		Other (specify) _____	6	
		Don't know	8	
W329 A	Who assisted you in the delivery of (name) in the health establishment where the delivery took place? Probe: Any other person? 1. Yes 2. No	A. GP	1 2	
		B. Specialist	1 2	
		C. Staff nurse / midwife	1 2	
		D. Daya	1 2	
		E. Relatives / friends	1 2	
		F. Other (specify) _____	1 2	
W330	How did the delivery occur?	Normal delivery	1	
		Suction / forceps	2	
		Incision	3	
		Caesarian section	4	

W330 A	In your way for the delivery of (name), did you face any of the following difficulties resulting from Israeli measures? 1. Yes 2. No 8. Doesn't remember		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	
		4. Other	1	2	8	
W331 A	Now I would like to ask you about the first six weeks after delivery, i.e., the postpartum period. Did you see any body for postnatal checkup?	Yes	1			W333
		No	2			
W331	Whom did you see for checkup? Any other person 1. Yes 2. No	A. GP	1	2		
		B. Specialist	1	2		
		C. Staff nurse / midwife	1	2		
		D. Daya	1	2		
		E. Other (specify) _____	1	2		
W332	Where did the checkup take place?	Governmental hospital	01			
		Governmental health center	02			
		Private hospital	03			
		Private doctor	04			
		NGO hospital / center	05			
		UNRWA hospital / center	06			
		Other (specify) _____	96			
W332 A	What services did you get while receiving this care? 1. Yes 2. No	Breastfeeding / breast examination	1	2	W334	
		Family planning	1	2		
		Blood pressure measurement	1	2		
		Weight measurement	1	2		
		Blood test (Hb)	1	2		
		Physical exam to rule out health problems resulting from delivery, such as back pain	1	2		
		Other (specify) _____	1	2		
W333	What was the main reason for not going to have postnatal checkup?	There were no problems	01			
		Has previous experience	02			
		Not aware of the importance of checkup	03			
		Service unavailable	04			
		Service expensive	05			
		Was busy	06			
		Husband was busy	07			
		Israeli measures were a barrier	08			
		Other (specify) _____	96			
W334	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		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. Severe upper back pain with fever	1	2	8	
		G. Painful micturation with fever	1	2	8	
		H. Breast swelling and pain with fever	1	2	8	

W335	Refer to W334:	Yes for any of the symptoms	1	W400
		No or don't know for all the symptoms	2	
W336 A	Did you receive any advice or treatment for these symptoms?	Yes	1	W337
		No	2	
W336	Who gave you this advice or treatment?	A. GP	1 2	W400
		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	
W337	Why did not you seek to have a medical advice to treat these problem(s)? 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	

Section 4: Tetanus vaccine

No	Questions	Coding categories	Go to
W400	Do you have a card or any document recording your immunizations?	Yes, card seen 1	
		Yes, card not seen 2	
		No 3	
		Don't know 8	
W401	When you were pregnant with your last child, did you receive any injection to prevent him/her from getting convulsions after birth (an anti-tetanus shot taken during last pregnancy)?	Yes 1	W404
		No 2	
		Don't know 8	
W402	How many shots did you receive during your last pregnancy?	Number of shots /_/_// Don't know 98	
W403	Interviewer: Check W402 Number of shots: 1. One shot or less __ 2. Two or more __ → next section <div style="text-align: center;">↓</div>		
W404	Did you receive any additional tetanus toxoid doses / injections at any time before your last pregnancy, including during previous pregnancy or between pregnancies?	Yes 1	W407
		No 2	
		Don't know 8	
W405	How many tetanus toxoid doses (injections) did you receive at any time before your last pregnancy?	Number of shots /_/_// Don't know 98	
W406	When was the last dose (before your last pregnancy) received? Or: How many years ago did you receive the last dose? Interviewer: If the woman did not know the date in month and year, record 99 for month and 9999 for year.	A. Month / year __ _ / __ _ _ _ _ B. Years ago __ _	
W407	Interviewer: Sum responses to 402 and 405 to obtain total number of doses in life time.	Number of shots /_/_// None 00 Don't know 98	

Section 5: Chronic diseases and ill health due to childbirth

No	Questions	Coding categories		Go to
W501 A	Woman's line number from HR01		<input type="text"/>	
W501	Now I would like to talk to you about your health in general and some health problems among women. In general, do you consider your health as good, average or bad?	Good Average Bad Other (specify): _____	1 2 3 6	
W502	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 6	
Interviewer: This table presents questions about chronic diseases. Ask 503 starting from the first disease. If yes, ask questions 504-506 before going to the next disease				
	W503	W504	W505	W506
	Do you suffer / have you suffered in the past from the following health problems? Go to	Did a doctor or nurse tell you that you have (disease name)?	How old were you when you were told or you found out that you have (disease name)?	Are you currently talking treatment for this disease on continuous basis?
01	Tuberculosis Yes 1 → No 2 Next disease	Yes 1 No 2	Age <input type="text"/> Don't know 98	Yes 1 No 2
02	Diabetes? Yes 1 → No 2 Next disease	Yes 1 No 2	Age <input type="text"/> Don't know 98	Yes 1 No 2
03	Hypertension? Yes 1 → No 2 Next disease	Yes 1 No 2	Age <input type="text"/> Don't know 98	Yes 1 No 2
04	Asthma? Yes 1 → No 2 Next disease	Yes 1 No 2	Age <input type="text"/> Don't know 98	Yes 1 No 2
05	Heart disease? Yes 1 → No 2 Next disease	Yes 1 No 2	Age <input type="text"/> Don't know 98	Yes 1 No 2
06	Joint diseases (including rheumatism)? Yes 1 → No 2 Next disease	Yes 1 No 2	Age <input type="text"/> Don't know 98	Yes 1 No 2
07	Liver diseases (including viral hepatitis, jaundice)? Yes 1 → No 2 Next disease	Yes 1 No 2	Age <input type="text"/> Don't know 98	Yes 1 No 2
08	Renal diseases? Yes 1 → No 2 Next disease	Yes 1 No 2	Age <input type="text"/> Don't know 98	Yes 1 No 2
09	Gastritis or peptic ulcer? Yes 1 → No 2 Next disease	Yes 1 No 2	Age <input type="text"/> Don't know 98	Yes 1 No 2
10	Anemia? Yes 1 → No 2 Next disease	Yes 1 No 2	Age <input type="text"/> Don't know 98	Yes 1 No 2
11	Goiter? Yes 1 → No 2 Next disease	Yes 1 No 2	Age <input type="text"/> Don't know 98	Yes 1 No 2
12	Any other disease Specify _____ Yes 1 → No 2	Yes 1 No 2	Age <input type="text"/> Don't know 98	Yes 1 No 2

No	Questions	Coding categories		Go to
W507	Do you suffer / have you suffered in the past from any type of cancer?	Yes	1	W510A
		No	2	
W508	What type of cancer do you suffer /have suffered from?	Cancer type	<input type="text"/>	
		Don't know	98	
W509	How old were you when you were told or you found out that you suffer from cancer?	Age in years	<input type="text"/>	
		Don't know	98	
W510	Do you take or did you take in the past any treatment for cancer?	Yes, currently	1	
		Yes, in the past	2	
		No	3	
W510 A	Interviewer: Return to W201B	Has ever been pregnant	1	W519
		Never been pregnant	2	
W511	As a result of pregnancy, some women feel pressure in the lower abdomen or feel as if their uterus is going down. Have you ever had such feeling?	Yes	1	W516
		No	2	
W512	When did you feel this problem first time?	Number of years	<input type="text"/>	
		Don't know	98	
W513	Did this feeling stay the same, improve or worsen when you cough, sneeze or carry heavy objects?	Stays the same	1	
		Improve	2	
		Worsen	3	
W514 A	Did you consult any body for advice or treatment regarding this problem?	Yes	1	W515
		No	2	
W514	Whom did you consult? Any other person? 1. Yes 2. No	A. Physician	1 2	W516
		B. Staff nurse / midwife	1 2	
		C. Pharmacist	1 2	
		D. Daya	1 2	
		E. Traditional healer	1 2	
		F. Self-medication	1 2	
		G. Relatives	1 2	
		H. Other (specify): _____	1 2	
W515	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 will 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	
W516	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	W519
		No	2	

No	Questions	Coding categories		Go to
W517 A	Did you consult any body for advice or treatment regarding this problem?	Yes	1	W518
		No	2	
W517	Whom did you consult? Probe: Any other person? 1. Yes 2. No	A. Physician	1 2	W519
		B. Staff nurse / midwife	1 2	
		C. Pharmacist	1 2	
		D. Daya	1 2	
		F. Self-medication	1 2	
		G. Relatives	1 2	
		G. Other (specify): _____	1 2	
W518	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 will 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	
		W519	During the past three months, did you suffer from: A. Painful or burning micturation?	Yes
No	2			
	B. Severe or abnormal vaginal discharge?	Yes	1	
		No	2	W521
W520	When you had this discharge, did you have any of the following: 1. Yes 2. 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	
W521	Refer to W519:	Either W519A or W519B = 1	1	
		Both W519A and W519B = 2	2	W524
W522 A	Did you consult any body for advice or treatment regarding this problem(s)?	Yes	1	
		No	2	W523
W522	Whom did you consult? Any other person? 1. Yes 2. No	A. Physician	1 2	W524
		B. Staff nurse / midwife	1 2	
		C. Pharmacist	1 2	
		D. Daya	1 2	
		E. Traditional healer	1 2	
		F. Self-medication	1 2	
		G. Relatives	1 2	
		H. Other (specify): _____	1 2	

No	Questions	Coding categories		Go to
W523	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 will 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	
		W524	Refer to W242:	
Currently pregnant	2			
W525	Refer to W245:	Still has menses	1	W538
		Stopped menstruating	2	
W526	Refer to W124:	Currently married (married/separated)	1	W534
		Currently unmarried (widow/divorced)	2	
W527	Did you try to become pregnant but without success?	Yes	1	W534
		No	2	
W528	How many months have you attempted?	Months attempting	<input type="text"/> <input type="text"/> <input type="text"/>	
W529	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	
W530 A	Did you consult or sought advice from anybody to help you become pregnant?	Yes	1	W531
		No	2	
W530	Whom did you consult? Any other person? 1. Yes 2. No	A. Physician	1 2	W532
		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	
		W531	Why did not you consult anybody to help you with this problem? Probe: Any other reason? 1. Yes 2. No	
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			
W532	Did your husband consult or sought advice from anybody about this problem?			Yes
		No	2	
		Don't know	8	

No	Questions	Coding categories		Go to	
W533	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		
		E. Traditional healer	1 2		
		E. Other (specify): _____	1 2		
		F. Don't know	1 2		
W534	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		
W535	Refer to W534:	All answers = 2	1	W538	
		One or more answers = 1	2		
W536	Did you consult any body for advice or treatment regarding this problem(s)?	Yes	1	W537	
		No	2		
W536 A	Whom did you consult? Any other person? 1. Yes 2. No	A. Physician	1 2	W538	
		B. Staff nurse / midwife	1 2		
		C. Pharmacist	1 2		
		D. Daya	1 2		
		E. Traditional healer	1 2		
		H. Relatives	1 2		
		I. Other (specify): _____	1 2		
W537	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 will 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		
W538	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	01		
		Governmental health center	02		
		Private hospital	03		
		Private doctor	04		
		NGO center / hospital	05		
		UNRWA center / hospital	06		
		At home	07		
		Other (specify): _____	96		
		Don't know / unsure	98		
W539	May factors may prevent women from seeking medical care or treatment for themselves. When you are ill and need to get medical care or treatment, does 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 a permission to go	1	2	
		C. Getting money in order to go	1	2	
		D. Large 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 6: AIDS and other STDs

No	Questions	Coding categories			Go to	
W601 A	Woman's line number from HR01		<div style="border: 1px solid black; width: 40px; height: 20px; display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 15px; height: 15px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 15px; height: 15px;"></div> </div>			
W601	Now I would like to talk about another type of diseases. Have you ever heard about diseases that can be transmitted by sexual contact?	Yes	1		W603	
		No	2			
W602	What diseases do you know? For each disease the interviewee states unprompted circle 1. For diseases, she does not state, ask: Do you also know (name of disease not that was stated)? If the interviewee knows the disease, circle 2. Other wise, circle 3.		Yes, unprompted	Yes, prompted	No	
		A. Syphilis	1	2	3	
		B. Gonorrhea	1	2	3	
		C. Candidiasis	1	2	3	
		D. AIDS	1	2	3	
		E. Genital warts	1	2	3	
W603	During the past 12 months, have you suffered from any of the following diseases? Read all the diseases to the interviewee		Yes	No	DK	
		A. Syphilis	1	2	8	
		B. Gonorrhea	1	2	8	
		C. Candidiasis	1	2	8	
		D. Genital warts	1	2	8	
W604	Refer to W124 and W603:	Had one or more diseases	1			
		Did not have any disease and currently married (married/separated)	2			W609
		Did not have any disease and currently unmarried (widow/divorced)	3			W612
W605 A	Did you consult any body for advice or treatment regarding this disease(s)?	Yes	1			
		No	2			W606
W605	Whom did you consult? Any other person? 1. Yes 2. No	A. Physician	1	2		W607
		B. Staff nurse / midwife	1	2		
		C. Pharmacist	1	2		
		D. Daya	1	2		
		E. Traditional healer	1	2		
		F. Self-medication	1	2		
		G. Relatives	1	2		
		H. Other (specify): _____	1	2		
W606	Why did not you consult anybody in regard to this disease(s)? Probe: Any other reason? 1. Yes 2. No	A. Did not believe it will 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		
W607	Refer to W124:	Currently married (married/separated)	1			
		Currently unmarried (widow/divorced)	2			W612
W608	When you were infected with (name of disease from W603), did your husband go for consultation or treatment for the same disease?	Yes	1			
		No	2			
		Husband did not know	3			
		Don't know	8			

No	Questions	Coding categories		Go to
W609	During the past 12 months, have your husband suffered from any STD?	Yes	1	W612
		No	2	
		Don't know	8	
W610	Did he go for consultation or treatment?	Yes	1	
		No	2	
		Don't know	8	
W611	When your husband was infected with this disease, did you receive any advice or treatment for the same disease?	Yes	1	
		No	2	
W612	Refer to W602:	Knows about AIDS	1	W701A
		Does not know about AIDS	2	
W613	From which media sources have you gotten the largest amount of information about AIDS? 1. Yes 2. No Probe: Any other sources?	A. Radio	1 2	
		B. TV	1 2	
		C. Newspapers / magazines	1 2	
		D. Brochures / posters	1 2	
		E. Internet	1 2	
		F. Health educators	1 2	
		G. Mosques / churches	1 2	
		H. Schools / teachers / universities	1 2	
		I. Meetings in the area	1 2	
		J. Friends / relatives	1 2	
		K. Workplace	1 2	
		L. Other (specify) _____	1 2	
W615	Can one do anything to prevent AIDS?	Yes	1	W617
		No	2	
		Don't know	8	
W616	Among the things that I will list to you, which ones can help prevent AIDS? 1. Yes 2. No 3. Don't know	A. Use male condom	1 2 8	
		B. Have sex with husband only	1 2 8	
		C. Avoid blood transfusions	1 2 8	
		D. Avoid injections	1 2 8	
		E. Avoid kissing	1 2 8	
		F. Abstinence from sex altogether	1 2 8	
		G. Avoid handshaking	1 2 8	
		H. Avoid mosquito bites	1 2 8	
		I. Seek prevention in traditional medicine	1 2 8	
		J. Avoid talking with patients	1 2 8	
		K. Avoid tattooing	1 2 8	
		L. Avoid ear / nose piercing	1 2 8	
		M. Avoid visiting the dentist	1 2 8	
		N. Avoid circumcision	1 2 8	
		O. Other (specify) _____	1 2 8	
W617	Is it possible for a person seemingly in good health to be a carrier of AIDS virus?	Yes	1	
		No	2	
		Don't know	8	
W618	Do you think that persons infected by AIDS do not die because of it, sometimes die or always die because of this disease?	Do not die because of it	1	
		Sometimes die	2	
		Always die	3	
		Don't know	8	
W618 A	Do you think that your chance to get AIDS is small, medium, large or there is no risk at all?	Small	1	
		Medium	2	
		Large	3	
		No risk	4	
		Don't know	8	

No	Questions	Coding categories			Go to	
W619	Is it possible for AIDS to be transmitted from a mother to her baby?	Yes	1			W621
		No	2			
		Don't know	8			
W620	How can the disease be transmitted? 1. Yes 2. No 3. Don't know	A. During pregnancy	1	2	8	
		B. During delivery	1	2	8	
		C. During breastfeeding	1	2	8	
		E. Other (specify) _____	1	2	8	
W621	If a teacher is infected with the AIDS virus but does not have any symptoms, should he/she be allowed to teach in the school?	Yes	1			
		No	2			
		Don't know	8			
W622	If you find out that a shopkeeper or food seller is infected with AIDS or with the virus, would you buy food from him/her?	Yes	1			
		No	2			
		Don't know	8			
W623	Currently, do you know about a place where one can be tested for AIDS?	Yes	1			
		No	2			
		Don't know	8			

Section 7: Family planning and attitudes towards reproduction

No	Questions	Coding categories			Go to	
W701 A	Woman's line number from HR01		<input type="text"/>			
W701	Now I would like to talk with you about family planning, that is the different methods and means that can be used to delay or prevent pregnancy. Have you ever used anything or tried by any means to delay or prevent yourself from getting pregnant?	Yes	1			
		No	2		W705	
W702	What methods you have used in the past? Probe: any other method? For each method stated unprompted, circle 1 . For any method that was not stated, ask: Have you ever used (name of method that was not stated)?		Yes	No	DK method	
		A. Pills	1	2	8	
		B. IUD	1	2	8	
		C. Injections	1	2	8	
		D. Implants	1	2	8	
		E. Male condom	1	2	8	
		F. Female condom	1	2	8	
		G. Female diaphragm	1	2	8	
		H. Local cream / jelly	1	2	8	
		I. Tubal ligation	1	2	8	
		J. Male sterilization	1	2	8	
		K. Extending breastfeeding period	1	2	8	
		L. Rhythm	1	2	8	
		M. Withdrawal	1	2	8	
		N. Other (specify) _____	1	2	8	
W703	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 living children at first use		<input type="text"/>		
W704	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) _____	6			
W705	Refer to W124:	Currently married (married/separated)	1			
		Currently unmarried (widow/divorced)	2		W719	
W706	Refer to W424:	Not pregnant / not sure	1			
		Currently pregnant	2		W715	
W707	Do you or your husband currently use any family planning method in order to avoid pregnancy?	Yes	1			
		No	2		W713	
W708	What is the main method you or your husband are using now?	Pills	01			
		IUD	02			
		Injections	03			
		Implants	04			
		Male condom	05			
		Female condom	06			
		Female diaphragm	07			
Local cream / jelly	08					

No	Questions	Coding categories		Go to
		Tubal ligation	09	W710
		Male sterilization	10	
		Breastfeeding	11	
		Rhythm	12	
		Withdrawal	13	
		Other (specify) _____	96	
W709	Where did you get (current method's name) last time?	Governmental hospital	01	
		Governmental family planning / MCH center	02	
		Private center / hospital	03	
		NGO center / hospital	04	
		Pharmacy	05	
		Private doctor	06	
		UNRWA center / hospital	07	
		Other (specify) _____	96	
W710	Since how many months have you been using (current method's name) continuously?	Number of months	<input type="text"/> <input type="text"/>	
	Probe for approximate period	Don't know 98	<input type="text"/> <input type="text"/>	
W711	Have you faced any problems because of using (current method's name)?	Yes	1	
		No	2	W719
W712	What problems did you face?	A. Health problems	1 2	W719
	Probe: Any other problems?	B. Method not effective	1 2	
	1. Yes 2. No	C. Husband objected	1 2	
		D. Difficult to obtain	1 2	
		E. Expensive	1 2	
		F. Inconvenient for use	1 2	
		G. Other (specify) _____	1 2	
W713	What is your main reason for not using a family planning method?	Desire to have a child	01	
		I object family planning	02	
		Husband does not accept	03	
		Fear of side effects	04	
		Difficulty obtaining the method	05	
		Expensive	06	
		Method is uncomfortable for use	07	
		Menopause	08	
		Husband is not living with the family currently	09	
		Conflict with religious beliefs	10	
		Other (specify) _____	96	
W715	Do you intend to use any family planning method at any time in the future?	Yes	1	W717
		No	2	
		Don't know	8	W719
W716	What is your main reason for not willing to use a family planning method in the future?	Desire to have another child	01	W719
		Conflict with religious beliefs	02	
		Objecting family planning	03	
		Husband does not accept	04	
		Relatives object	05	

No	Questions	Coding categories		Go to
		Fear of side effects	06	
		Lack of knowledge	07	
		Difficulty obtaining the method	08	
		Expensive	09	
		Difficult to use	10	
		In God's will	11	
		Menopause / infertility	12	
		Available methods are inconvenient	13	
		Other (specify) _____	96	
		Not sure / does not know	98	
W717	When do you intend to use a family planning method?	Within 12 months	1	
		Within one to two years	2	
		Three years or more	3	
		Did not decide yet / does not know	8	
W718	What method will you prefer to use?	Pills	01	
		IUD	02	
		Injections	03	
		Implants	04	
		Male condom	05	
		Female condom	06	
		Female diaphragm	07	
		Local cream / jelly	08	
		Tubal ligation	09	
		Male sterilization	10	
		Extending breastfeeding period	11	
		Rhythm	12	
		Withdrawal	13	
		Other (specify) _____	96	
		Unsure / don't know	98	
W719	In general, do you accept or do not accept that couples use family planning methods?	Accepts	1	
		Accepts with conditions	2	
		Does not accept	3	
		Does not know / unsure	8	
W720	Refer to W124:	Currently married (married/separated)	1	
		Currently unmarried (widow/divorced)	2	W730
W721	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	

No	Questions	Coding categories		Go to	
W723	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		
		Other (specify) _____	6		
		Does not know / unsure	8		
Attitudes towards reproduction:					
W724 A	Woman's line number from HR01		<input type="text"/> <input type="text"/>		
W724	Refer to W708: Currently used method	Tubal ligation / male sterilization	1	W728	
		Any other method or not using	2		
W725	Refer to W242:				
	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	1	W728
			Stop having children	2	
			Cannot get pregnant	3	
			By God's will	4	
Does not know / unsure	8				
W726	Do you prefer that your next child is a boy, a girl or it does not matter which sex?	Boy	1		
		Girl	2		
		Does not matter which sex	3		
		By God's will	4		
		Other (specify) _____	6		
W727	Refer to W242:				
	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	1 <input type="text"/> <input type="text"/>	
			Years	2 <input type="text"/> <input type="text"/>	
			Soon / immediately	9 94	
			Cannot get pregnant	9 95	
Other (specify) _____			9 96		
Don't know	9 98				
W728	Have you ever talked with your husband about the number of children that you desire to have in your life?	Yes	1		
		No	2		
W729	Do you think your husband desires to have the same number of children as you, a greater number or a smaller number?	Same number	1		
		More children	2		
		Less children	3		
		Don't know	8		
W730	Refer to W208: Does she have living children?				
	Yes	No			
	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 can chose the exact number of children that you wish to have throughout your life, what would the number of those children be?	Number	<input type="text"/> <input type="text"/>	
		Other (specify) _____	96	W732	

No	Questions	Coding categories			Go to	
W731	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	<input type="text"/>			
		Number of females	<input type="text"/>			
		Does not matter which sex	<input type="text"/>			
W732	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		
W733	In your opinion, what is the optimal age of marriage for your daughter (for girls)?	Age	<input type="text"/>			
		Other (specify) _____	96			
W734	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			
W735	Now I would like to talk to you about domestic violence. Sometimes the husband feels annoyed or angry for things that his wife does. In your opinion, is it justified for the husband to beat or hit his wife in the following situations? 1. Yes 2. No 8. Don't know	A. If she goes out without his permission	1	2	8	
		B. If she neglects caring for the children	1	2	8	
		C. If she argues with him	1	2	8	
		D. If she refused to have sex with him	1	2	8	
		E. If she burns the food	1	2	8	



**Palestinian Authority
Palestinian Central Bureau of Statistics
Palestinian Family Health Survey, 2006
Child questionnaire**

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

IDH00	Questionnaire's serial number in sample	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	IDH04	Questionnaire's Num. in Numeration area:	<input type="text"/>	<input type="text"/>
IDH01	Governorate: _____	<input type="text"/>	<input type="text"/>	IDH05	Building's address: _____				
IDH02	Community: _____	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	IDH06	Name of household head: _____	
IDH03	Numeration area's number in the community	<input type="text"/>	<input type="text"/>						
CHIR04	Line number of child's mother or caretaker in the list of household members								<input type="text"/> <input type="text"/>
CHIR05	Child's line number								<input type="text"/> <input type="text"/>

Interview record:

CHIR01	Visits' schedule	Day	Month	
		<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	1 st visit
		<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	2 nd visit
		<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	3 rd visit
CHIR02	Total number of visits	<input type="text"/>		
CHIR03	Final result of the interview	<input type="text"/>	1	Completed
			2	Partially completed
			3	Traveling
			4	Unable to interview the child
			5	Refused to cooperate
			6	No eligible child
			7	Information not available
			96	Other / specify

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

No	Questions	Coding categories		Go to
CH401	Line number of child's mother or caretaker from HR01		<input type="text"/>	
CH401 A	We talked about your pregnancy with your last child. Now I would like to ask you some questions about this child's feeding and health. Record the name and line number of last birth as indicated in W212. Record 95 if mother is not present.	Name of last child: _____ Child's line number:	<input type="text"/>	
Breastfeeding				
CH402 A	Was (child's name) weighed at birth?	Yes No	1 2	CH402
CH402 B	How much was (child's name) weight at birth? Record weight in grams	<input type="text"/> Don't know 9998		
CH402	Did you breastfeed (name)?	Yes No	1 2	CH406
CH403	When did you start breastfeeding (name), I mean after how much time from birth you did you start to breastfeed (name) for the first time? If less than 1 hour, record 00. if less than 24 hours, record the number in hours, other wise record the number in days.	Immediately after birth Hours Days	0 00 1 <input type="text"/> 2 <input type="text"/>	
CH404	In the first day after delivery, and before your breast milk was established, was (name) given any fluids other than breast milk?	Yes No	1 2	CH407
CH405	What fluids were given to (name) before your breast milk became established? Probe: Anything else? 1. Yes 2. No	A. Milk (other than breast milk) B. Water C. Water with sugar or glucose D. Gripe water E. Salt and sugar solution F. Fruit juice G. Powdered baby formula H. Tea or herbal tea I. Honey J. Other / Specify _____	1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2	CH407
CH406	Why didn't you breastfeed (name)? Probe for the main reason	The child was sick Refused the breast The mother was sick Did not have enough milk Nipple or breast problems The mother had to return to work Other / Specify _____	01 02 03 04 05 06 96	
CH407	Have your menses resumed after the delivery of (name)?	Yes No	1 2	CH409
CH408	For how many months after the delivery of (name) your menses stopped?	Number of months Don't know	<input type="text"/> 98	

No	Questions	Coding categories		Go to
CH409	Refer to CH402 and circle the appropriate answer	Has breastfed	1	CH417
		Did not breastfeed	2	
CH410	Are you still breastfeeding (name)?	Yes	1	CH414
		No	2	
CH411	How many times did you breastfeed (name) yesterday during day hours?	Number of breastfeeding times	<input type="text"/>	
		Whenever the child demanded	96	
CH412	How many times did you breastfeed him/her last night from sunset and up to the dawn today?	Number of breastfeeding times	<input type="text"/>	CH417
		Whenever the child demanded	96	
CH413	For how many months have you breastfed (name) in total?	Months of breastfeeding	<input type="text"/>	CH420
		Don't know	98	
CH414	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	
CH415	Did you wean (name) from the breast abruptly or gradually?	Abruptly	1	
		Gradually	2	
CH417	Did (name) take anything by a bottle with a nipple yesterday day time or night time?	Yes	1	
		No	2	
		Don't know	8	
CH418	How many times did (name) have the following items yesterday? If the answer is yes for any choice, ask how many times and adhere to the following instructions: Record 0 if none. Record 7 if 7 time or more Record 8 if doesn't know		Number of times	
		A. Drinking water	<input type="text"/>	
		B. Natural whole milk	<input type="text"/>	
		C. Canned pasteurized milk	<input type="text"/>	
		D. Powdered baby formula	<input type="text"/>	
		E. Fruit juice	<input type="text"/>	
		F. Water and sugar	<input type="text"/>	
		G. Rice water	<input type="text"/>	
		H. Natural herbal tea (Caraway, fenugreek, etc)	<input type="text"/>	
		I. Yoghurt	<input type="text"/>	
		J. Homemade food prepared for the child specifically	<input type="text"/>	
		K. Preserved baby foods	<input type="text"/>	
		L. Food made for the family	<input type="text"/>	
		M. Other / Specify _____	<input type="text"/>	

No	Questions	Coding categories		Go to	
CH419	Was sugar added to any food or drink taken by (name) yesterday)?	Yes	1		
		No	2		
Immunization against childhood illnesses					
CH420	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	CH422	
		Yes, not seen	2	CH424	
		There is no card	3		
CH421	Did you have an immunization card for (name) before?	Yes	1	CH424	
		No	2		
CH422	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
	1. BCG				
	2. IPV1				
	3. IPV2				
	4. HBV1				
	5. HBV2				
	6. HBV3				
	7. OPV1				
	8. OPV2				
	9. OPV3				
	10. DPT1				
	11. DPT2				
	12. DPT3				
	13. Measles				
14. MMR					
CH424	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	CH426	
		No	2		
		Don't know	8		
CH425	Please, tell me if (name) has received any of the following vaccinations:				
CH425 A	BCG vaccination against tuberculosis, that is an injection in the shoulder that usually causes a scar	Yes	1		
		No	2		
		Don't know	8		
CH425 B	DPT vaccine against diphtheria, whooping cough and tetanus given in an injection? If yes: How many times did he/she receive this injection?	Yes, times	<input type="text"/>		
		No	7		
		Don't know	8		
CH425 C	OPV vaccine, that is drops in the mouth against polio? If yes: How many times did he/she receive these drops?	Yes, times	<input type="text"/>		
		No	7		
		Don't know	8		
CH425 D	An injection to prevent measles?	Yes	1		
		No	2		
		Don't know	8		
CH426	Did (name) receive a dose of vitamin A liquid during the past 6 months to protect him/her from night blindness?	Yes	1	CH427	
		No	2		
		Don't know	8		
CH426 A	How old was the child when he/she received the last doze?	Age (in months)	<input type="text"/>		
		Don't know	98		

No	Questions	Coding categories		Go to
CH426 B	Where did you get the vitamin last time?	During a routine visit to the health center	1	
		While visiting the center to get treatment for the child	2	
		A national campaign	3	
		Other	6	
		Don't know	8	
CH427	Return to CH422 and CH425: Did the child receive all the BCG, 3 doses of DPT, 3 doses of OPV and measles?	Yes, received all these vaccines	1	CH429
		No, did not receive all / any of these vaccines	2	
CH428	Why were not (name) vaccinations completed? 1. Yes 2. No	A. The child is still young	1 2	
		B. Not aware of the importance of vaccination	1 2	
		C. Not aware of the importance of returning back for other doses	1 2	
		D. Place or time of vaccination is unknown	1 2	
		E. Afraid of side effects	1 2	
		F. Is intending to go	1 2	
		G. The child is sick	1 2	
		H. Vaccines are unavailable	1 2	
		I. Place of vaccination is distant	1 2	
		J. Service is not available	1 2	
		K. Israeli measures were a barrier	1 2	
		L. Other (specify): _____	1 2	
		Childhood illnesses in the past two weeks preceding the survey		
CH429	Did (name) have fever at any time during the past two weeks?	Yes	1	
		No	2	
		Don't know	8	
CH430	Did (name) have any cough condition at any time during the past two weeks?	Yes	1	CH434
		No	2	
		Don't know	8	
CH432	For many days did this cough condition last? If less than 1 day, record 00	Days	<table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table>	
		Don't know	98	
CH433	While (name) had the cough, was he/she breathing faster than usual with short and fast breaths?	Yes	1	
		No	2	
		Don't know	8	
CH433 A	Were these symptoms due to	1. Chest problem	1	
		2. Nose congestion	2	
		3. Both	3	
		4. Other	6	
		5. Don't know	8	
CH434	Refer to CH429 and CH430: fever and cough	Yes for either CH429 or CH430	1	CH440
		Both = 2 or 8	2	
CH435	Did you seek the advice or consult anybody regarding the fever or cough?	Yes	1	CH437
		No	2	

No	Questions	Coding categories		Go to
CH436	Were did you go to get the advice or consultation? Probe: Any other place or person? 1. Yes 2. No	A. Governmental health services	<input type="checkbox"/>	CH438
		B. Private health services	<input type="checkbox"/>	
		C. Private doctor	<input type="checkbox"/>	
		D. Pharmacist	<input type="checkbox"/>	
		E. NGO health center	<input type="checkbox"/>	
		F. UNRWA center	<input type="checkbox"/>	
		G. Traditional healer	<input type="checkbox"/>	
		H. Other person (specify) _____	<input type="checkbox"/>	
		I. Other (specify) _____	<input type="checkbox"/>	
CH437	Why did not you take the advice of 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. Other (specify): _____	1 2	
CH438	Was the child given anything to treat the fever/cough	Yes	1	CH440
		No	2	
		Don't know	8	
CH439	What was (name) given to treat the fever/cough? Probe: Any other prescription or treatment? 1. Yes 2. No	A. Injection	<input type="checkbox"/>	
		B. Antibiotic (capsules/syrup)	<input type="checkbox"/>	
		C. Cough syrup	<input type="checkbox"/>	
		D. Other pills or syrup	<input type="checkbox"/>	
		E. Other not known pills or syrup	<input type="checkbox"/>	
		F. Home remedy or herbs	<input type="checkbox"/>	
		G. Other (specify) _____	<input type="checkbox"/>	
CH440	Did (name) have diarrhea at any time during the past two weeks?	Yes	1	CH453
		No	2	
		Don't know	8	
CH442	For many days did this diarrhea condition last? If less than 1 day, record 00	Days	<input type="text"/>	
		Don't know	98	
CH433	Was there blood in the stool?	Yes	1	
		No	2	
		Don't know	8	
CH444	I would like to know how much fluids (name) 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	1	CH446
		A little less than usual	2	
		The usual quantity	3	
		More than usual	4	
		Did not take fluids at all	5	
		Breastfeeds only	6	
		Don't know	8	

No	Questions	Coding categories		Go to
CH445	Refer to CH410	The child is still breastfeeding	1	CH447
		The child does not breastfeed or no answer in CH410	2	
CH446	How did you do in regard to (name) breastfeeding when he/she had diarrhea? Did you continue breastfeeding in the same quantity with no change, increase the amount, reduce the amount or stop breastfeeding altogether?	Continued with no change	1	
		Increased the quantity	2	
		Reduced the quantity	3	
		Stopped breastfeeding altogether	4	
CH447	How much food was (name) given during the diarrhea episode. Did he/she take less than usual, the same as usual, more than usual or did not eat at all? If less than usual, probe: Did he/she take very much or a little less than usual?	Very much less than usual	1	
		A little less than usual	2	
		The usual quantity	3	
		More than usual	4	
		Stopped feeding	5	
		Did not start talking solids yet	6	
		Don't know	8	
CH448	Did you seek the advice or consult anybody regarding the diarrhea?	Yes	1	
		No	2	CH450
CH449	Were did you go to get the advice or consultation? Probe: Any other place or person? 1. Yes 2. No	A. Governmental health services	<input type="checkbox"/>	CH438
		B. Private health services	<input type="checkbox"/>	
		C. Private doctor	<input type="checkbox"/>	
		D. Pharmacist	<input type="checkbox"/>	
		E. NGO health center	<input type="checkbox"/>	
		F. UNRWA center	<input type="checkbox"/>	
		G. Traditional healer	<input type="checkbox"/>	
		H. Other person (specify) _____	<input type="checkbox"/>	
		I. Other (specify) _____	<input type="checkbox"/>	
CH450	Why did not you take the advice of or consult anybody regarding the diarrhea? 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. Other (specify): _____	1 2	
CH451	Was the child given anything to treat diarrhea?	Yes	1	
		No	2	CH453
		Don't know	8	
CH452	What was he/she given to treat diarrhea? Probe: Any other prescription or treatment? 1. Yes 2. No	A. ORS	1 2	
		B. Home made salt and sugar solution	1 2	
		C. Antibiotic (capsules/syrup)	1 2	
		D. Other pills or syrup	1 2	
		E. Injection	1 2	
		F. IV injection	1 2	
		G. Home remedy and herbs	1 2	
		H. Other (specify): _____	1 2	

No	Questions	Coding categories		Go to
CH453	Often children may suffer of acute illness that requires their transfer to a health center. Do the following symptoms require transferring the child to a health institution for medical consultation? 1. Yes 2. No	A. The child is unable to eat, breastfeed or drink	1 2	
		B. Lethargy	1 2	
		C. Fever	1 2	
		D. Fast breathing	1 2	
		E. Difficulty breathing	1 2	
		F. Blood in the stool	1 2	
		G. Frequent vomiting	1 2	
		H. Diarrhea	1 2	
		I. Dehydration	1 2	
		J, Fits	1 2	
		K, Other (specify): _____	1 2	
CH454	How is the stool of 0-3 years old children usually disposed of when they use or do not use diapers?	Children always use the toilet or bathroom	1	
		Stool is disposed in the toilet or bathroom	2	
		Stool is disposed outside the house	3	
		Stool is buried outside the house	4	
		Stool is disposed in the trash can	5	
		Other (specify): _____	6	
		No children aged 0-3 years in the household	7	

Section 2: Anthropometric measurements / height and weight

CHM01	Interviewer: Refer to HR05 1. One or more births since November 2001/___/ 2. No births since November 2005 /___/ → End the interview <div style="text-align: center;">↓</div>
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Interviewer: Measure height and weight for all children under 5. Use an additional form if there is more than 3 children.

		1. Last birth	2. Next to last birth	3. Second next to last
CHM02	Child's line number from HR01	_ _	_ _	_ _
CHM03	Child's name from HR02	_____	_____	_____
CHM04	<div style="display: flex;"> <div style="flex: 1;">Child's birth date from HR05</div> <div style="flex: 1;"> Day Month Year </div> </div>	_ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _
CHM041	Child's age in years from HR06	_ _	_ _	_ _
CHM042	Mother's line number	_ _	_ _	_ _
CHM04 A	Does (name) have a birth certificate? Can I see it?	Yes, seen 1 Yes, not seen 2 No3 1, 2 go to CHM05	Yes, seen 1 Yes, not seen 2 No3 1, 2 go to CHM05	Yes, seen 1 Yes, not seen 2 No3 1, 2 go to CHM05
CHM04 B	Has (name) been registered at the official departments?	Yes 1 No 2	Yes 1 No 2	Yes 1 No 2
CHM05	During the past 3 days, did you or a family member shared any of the following activities with your child: 1. Yes 2. No 1. Reading a book 2. Reading a story 3. A song 4. Taking him/her out 5. Playing with him/her 6. Spending time with him/her / drawing	Father Mother Others	Father Mother Others	Father Mother Others
CHM051	Interviewer: Refer to CHM041: 1. The child's age is 3 or 4 years, continue 2. The child's age is other than that, go to CH05A _ _ 			
CHM052	Does (child's name) go to any kindergarten or nursery?	Yes1 No2 Don't know3 2 or 3, go to CHM05A	Yes1 No2 Don't know3 2 or 3, go to CHM05A	Yes1 No2 Don't know3 2 or 3, go to CHM05A
CHM053	During the past 7 days, how many hours did (child's name) attend the kindergarten or nursery?	_ _	_ _	_ _
CHM05A	Length in cm	_ _ _ _ . _	_ _ _ _ . _	_ _ _ _ . _
CHM06	Was the child's height measured lying down or standing up?	Lying down 1 Standing up2	Lying down 1 Standing up2	Lying down 1 Standing up2
CHM07	Weight in kg	_ _ . _	_ _ . _	_ _ . _

CHM08	Result	Weight & height measured ...	01	01	01
		Weight measured only	02	02	02
		Height measured only	03	03	03
		Child not present	04	04	04
		Child refused	05	05	05
		Mother/caretaker refused	06	06	06
		Other (specify)	96	96	96
CHM09	Name and code of person taking the measurements:		Name and code of the assistant:		
	<div> <div> <div></div> <div></div> <div></div> <div></div> </div> <div></div> </div>		<div> <div> <div></div> <div></div> <div></div> <div></div> </div> <div></div> </div>		



**Palestinian National Authority
Palestinian Central Bureau of Statistics
Palestinian Family Health Survey, 2006
Youngsters Questionnaire (15-29 years)**

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.				
IDH00 - Questionnaire serial No. in sample <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 address: _____	
IDH02- Locality: _____ <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	
		Household travelled	3	
		Not at home	4	
		Refused	5	
		Information not available	6	
		Other (specify):	96	
YIR04 - Respondent's line number <input type="text"/> <input type="text"/>				
YIR06- Number of Unmarried male 15-29 year <input type="text"/> <input type="text"/>			YIR07- Number of Unmarried female 15-29 year <input type="text"/> <input type="text"/>	
YIR10- The corresponding program	Day	Month	O'clock	
				Start- First Visit
				End- First Visit
				Start- Second Visit
				End- Second Visit
				Start- Third Visit
				End- Third Visit

YIR11 – Interviewer’s name : _____		YIR12 - Interviewer’s number : <input type="checkbox"/> □□□□	YIR19 - Data code clerk’s name : _____
YIR13 - Supervisor’s name : _____		YIR14 - Supervisor’s number : <input type="checkbox"/> □□□□	
YIR15 – Editor’s name : _____		YIR16 - Editor’s number: <input type="checkbox"/> □□□□	
YIR17 - Data entry clerk’s name : _____		YIR18 - Data entry clerk’s number : <input type="checkbox"/> □□□□	
	YIR18 - Data code clerk’s number : □□□□□		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"/>	
Y101A	Name of respondent	Name:		
Y102	Sex of respondent	Male	1	
		Female	2	
Y105	Do you currently go to school or any educational institute?	Currently Attended	1	
		Was enrolled	2	
		No	3	Y110
Y106	What is educational status?	Elementary and less	1	
		Preparatory	2	
		Secondary	3	
		Associated diploma	4	
		University	5	
Y107	How many years of schooling had (name) successfully completed?	Number of Years	<input type="text"/> <input type="text"/>	
Y110	Do you read newspaper or magazine daily, once a week, Less than once a week, or not at all?	Daily	1	
		Once a week	2	
		Less than a week	3	
		Not at all	4	
Y111	Do you watch TV daily, once a week, Less than once a week, or not at all?	Daily	1	
		Once a week	2	
		Less than a week	3	
		Not at all	4	
Y112	Do you listen to radio daily, once a week, Less than once a week, or not at all?	Daily	1	
		Once a week	2	
		Less than a week	3	
		Not at all	4	
Y113	Look at Y105 and Y106	Never enrolled in the school	1	
		Was enrolled and dropped out	2	Y117
		Currently enrolled	3	Y119
		End University	4	Y201A

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	Y201A
		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 behind dropping 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 academic performance and attaining of students in the last school year?	Good	1	
		Average	2	
		Below average	3	
		Don't know	8	
Y123	What do you think of teaching method of teachers? Attractive, acceptable, boring?	Attractive	1	
		Acceptable	2	
		Boring	3	
		Don't know	8	
Y124	What do you think of contents of textbooks 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 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 Examine 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 Examine: 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 Examine: 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	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 of being unsatisfied 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 against in cash wage or in kind or both or without pay?	Cash wage only	1	
		Both cash and in kind wage	2	
		In kind wage only	3	Y221
		Without pay	4	
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, or Less than half of it, or About half of it, or More than half of it, or All expenses?	Almost nothing	1	Y221
		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 against a cash wage ,, would you accept it?	Yes	1	Y221
		No	2	
		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	In your opinion, do you and your parents / relatives in the family of girls and boys are treated the same way or there is a difference in treatment?	Girls and boys are treated the same way				
		Girls and boys are treated different for males				
		Girls and boys are treated different in favor of females				
		There are only boys in the family				
		There are only girls in the family				
		Don't know/ not sure				

No	Question	Coding categories		Skip To
Y305	In your opinion, what is the highest education level should a girl attain?	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 should a boy attain?	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 a marriage opportunity arrives	93	
		When finishes education	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	Will you choose your future husband/wife?	Yes	1	Y313
		No	2	
		Don't know	8	Y313
Y312	Who will choose your future wife/husband?	Father	01	
		Mother	02	
		Father and mother	03	
		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	
		No	2	Y405
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 /had your friends / friends smoke / smoked cigarettes or any other type of tobacco?	Yes	1	
		No	2	
		Don't know	8	
Y411	Had /have you ever smoked cigarettes or any other type of tobacco?	Yes	1	
		No	2	
Y412	Have you ever tried to smoke / cigarettes or any other type of tobacco at any time?	Yes	1	
		No	2	Y416
		Once	3	Y414
Y413	On the past week, how many cigarettes you had smoked?	Never Smoke	1	
		Less than 10 Cigarettes	2	
		10-20 Cigarettes	3	
		21-40 Cigarettes	4	
		More than 40 Cigarettes	5	
		Don't know/Don't remember	8	
Y414	How old were you when you smoked at the first time?	Age in Years	<input type="text"/> <input type="text"/> <input type="text"/>	
		Don't know/Don't remember	98	

Y415	Why did you start smoking at that time?	Tradition of friends or companions	1	
		Pressure from friends or companions	2	
		Experience	3	
		Psychological problems or family	4	
		Other, Determine:	96	
		Don't know/Don't remember	98	
Y416	Now I would like to talk to you about different types 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 most of information on AIDS? 1. Yes 2. No Examine: 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 Examine: 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 ? Examine: 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 Examine: 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	1
		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
Y505	When you get married, what is the number of children that you plan to have?	Number:	<input type="text"/> <input type="text"/>
		Other (specify):	96
		Do not know/Not sure	98
Y506	From these children, how many males and how many females?	Male children	<input type="text"/> <input type="text"/>
		Female children	<input type="text"/> <input type="text"/>
		Same	<input type="text"/> <input type="text"/>

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	

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

No	Question	Coding categories		Skip To
Y601A		Male	1	Y601
		Female	2	Y701
Y601	<p>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?</p> <p>1. Yes 2. No</p> <p>Examine: are there other developments?</p>	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	<p>How did you know about these developments?</p> <p>Examine: is there any other person?</p> <p>1. Yes 2. No</p>	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? Examine: 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? Examine: 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		
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	Problem/afraid/worrisome	1			
		Normal	2			

	normal?	Don't know	8	
Y706	If you want to seek more information regarding these developments, who would you ask? Examine: Any other person? 1. Yes 2. No	A. No one	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. 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	
		Had no idea	2	Y711
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 had ever experienced your first monthly menstrual cycle ?	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 the monthly menstrual cycle period?	Self taught	1	Y714
		Someone instructed her	2	

Y713	Who taught you how to clean yourself during a monthly period?	Mother	01	
		Older sister	02	
		Aunt/ grandmother	03	
		Other relatives	04	
		Friends	05	
		School	06	
		Books	07	
		Other (Specify):	08	
Y714	What do you use during the menstrual cycle?	Health Towel	1	
		Special Towel	2	
		Pieces of cloth	3	
		Other	6	
Y715	During the menstrual cycle , do you have the same capacity or less to do Activities daily?	Same capacity	1	
		Less capacity	2	
		Don't know	8	
Y716	Does the menstrual cycle happen to you on a regular basis or is it irregular?	Regular	1	
		Irregular	2	
		menstrual cycle comes only once	3	End the interview
Y717	How long your menstrual cycle almost last s every month?	No of Days	<input type="text"/> <input type="text"/>	
		Irregular menstrual cycle	95	

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:



**Palestinian Authority
Palestinian Central Bureau of Statistics
Palestinian Family Health Survey, 2006**

The Elderly (Seniors) Questionnaire (60 years and over)

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.				
IDH00 - Questionnaire 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 address:	
IDH02 - Locality <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:	Day	Month	h	
	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	First Visit	
	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	Second visit	
	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	Third Visit	
EIR02: Total visits				<input type="text"/>
EIR03: Interview result:	1	Fully Completed		<input type="text"/>
	2	Partially completed		
	3	Household travelled		
	4	Not at home		
	5	Refused		
	6	Information not available		
	96	Other (specify):		
EIR04: Line number of person responding to the questionnaire		<input type="text"/> <input type="text"/>		Name of the person:
EIR04A: Line number of eligible persons		<input type="text"/> <input type="text"/>		Name of the person:
EIR06	Number of Male Elderly Persons of 60 years and over	<input type="text"/>	EIR07	Number of Female Elderly Persons of 60 years and over
		<input type="text"/>	<input type="text"/>	
YIR10- The corresponding program		Day	Month	O'clock
				Start- First Visit
				End- First Visit
				Start- Second Visit
				End- Second Visit
				Start- Third Visit
				End- Third Visit

EIR11	Interviewer's Name:	EIR12	Interviewer's number:	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	EIR18A: Date of data entry:
EIR13	Supervisor's Name:	EIR14	Supervisor's number:	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
EIR15	Editor's Name:	EIR16	Editor's number:	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
EIR17	Data entry clerk's Name:	EIR18	Data entry clerk's number :	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
EIR19	Encoder's Name	EIR20	Encoder's number:	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

No	Questions	Coding categories		Skip To
E101	Line number of respondent / eligible person	<input type="text"/> <input type="text"/>		
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 for 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 care provider completed the interview (write his/her line number in the household) 98: Not resident with the household	1. <input type="text"/> <input type="text"/>	
		Another person completed the interview (write his/her line number in the household) 98: Not resident with the household	2. <input type="text"/> <input type="text"/>	
E108	Do you have children alive?	Yes	1	
		No	2	E111
E109	How many male children are still alive?	Male children still alive	<input type="text"/> <input type="text"/>	
	How many female children are still alive?	Female children still alive	<input type="text"/> <input type="text"/>	
E110	How many married male children?	Married male children	<input type="text"/> <input type="text"/>	
	How many married female children?	Married female children	<input type="text"/> <input type="text"/>	
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	E113
		With other member in respondent's home	2	
		With other member in his/her home	3	
E112	See E111: Live with another member of the household:	Husband/wife	1 2	
		Son/daughter	1 2	
	In your house In his/her house	Son's wife/daughter's husband	1 2	
	Who lives with you?	Grandson/granddaughter	1 2	
	Examine:	Husband of granddaughter/ wife of grand son	1 2	
	Is there another person?	Brother / sister	1 2	
	(Write down all individuals)	Other relative	1 2	
		Other person - Not a relative	1 2	
		Move from one person to another	1 2	
		Other	1 2	
E113	Are the current housing conditions	Suitable and comfortable	1	E115

	suitable and comfortable for you?	Not suitable and comfortable	2	
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 not you 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 now for a wage outside your home?	yes	1	E209
		no	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/ retired	<input type="text"/> <input type="text"/> <input type="text"/>	
		Don't remember	98	
E208	What was your feeling when you retired?	Comfortable/delighted	1	
		Stress/anger	2	
		Normal	3	
		Other/specify:	6	
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? Examine: 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? Examine: Is 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 income is not enough?	Sell belongings	1	
		Borrow	2	
		Economize in spending	3	
		Perform other activities against 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? Examine: 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	Interviewer notice
					Right Not right
		A. Unable to move	1	2	1 2
		B. Speech difficulties	1	2	1 2
		C. Memory problems	1	2	1 2
		D. Hearing weakness	1	2	1 2
		E. Sight weakness	1	2	1 2
		F. Other/specify:	1	2	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. Tidying 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 do you have daily?	Meals daily	<input type="checkbox"/>
Don't know	8				
E327	Do 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"/>	

E330	Do you smoke currently?	Yes	1	E332
		No	2	
E331	Did you smoke in the past?	Yes	1	
		No	2	E401
E332	How many years did you smoke?	Number of smoking years	<input type="text"/> <input type="text"/>	
		Don't remember	98	

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	
		Does not have children still alive	2	E409
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 sons/daughters take care of you in a good manner?	Yes	1	
		No	2	

E408A	Do your sons/daughters 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 day care houses/clubs of elderly?	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	<div style="border: 1px solid black; width: 40px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div>	
		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 Examine: Other services? For each services, ask: Service provided by government or civil society?		Service		Provider	
			Avail	Not Avail	Governmental	other
		A. Social care in house	1	2	1	2
		B. Gym	1	2	1	2
		C. Medical insurance	1	2	1	2
		D. 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? Examine: other services		Yes	No		
		A. Day time elderly care homes	1	2		
		B. Gym	1	2		
		C. Health insurance				
		D. Free transportation and transfers	1	2		
		E. Other/Specify:	1	2		

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 do bother 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: