QUESTIONNAIRES

Appendix D

9 June 2007

Department of Statistics
Household Survey Directorate

The Hashemite Kingdom of Jordan
JORDAN POPULATION AND
FAMILY HEALTH SURVEY 2007

HOUSEHOLD QUESTIONNAIRE

Survey Contents Confidential by Statistical Law

IDENTIFICATION

		QUESTIONNAIRE No.:	☐☐☐☐☐
GOVERNORATE: ____________	☐☐	BLOCK No.:	☐☐☐
DISTRICT: ____________	☐☐	BUILDING No.: ____________	
SUB-DISTRICT: ____________	☐	HOUSING UNIT No.: ____________	
LOCALITY: ____________	☐☐☐	CLUSTER No.:	☐☐☐
AREA: ____________	☐☐	HOUSEHOLD No.:	☐☐
SUB-AREA: ____________	☐☐		
STRATUM: ____________	☐	TELEPHONE/ MOBILE No. (if available)	☐☐☐☐☐☐☐☐☐
URBAN/RURAL (Urban=1; Rural=2)	☐		

HOUSEHOLD SELECTED FOR ANTHROPOMETRY AND ANEMIA TESTING (YES = 1; NO = 2) ☐

HOUSEHOLD SELECTED FOR DOMESTIC VIOLENCE MODULE (YES = 1; NO = 2) . . . . ☐

INTERVIEWER VISITS

	1	2	3	FINAL VISIT	
DATE	____________	____________	____________	DAY	☐☐
				MONTH	☐☐
				YEAR	2 0 0 7
INTERVIEWER'S NAME	____________	____________	____________	INT. NUMBER	☐☐☐
RESULT*	____________	____________	____________	RESULT	☐
NEXT VISIT: DATE	____________	____________		TOTAL NUMBER OF VISITS	☐
TIME	____________	____________			

*RESULT CODES:
1 COMPLETED
2 NO HOUSEHOLD MEMBER AT HOME OR NO COMPETENT RESPONDENT AT HOME AT TIME OF VISIT
3 ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD OF TIME
4 POSTPONED
5 REFUSED
6 HOUSING UNIT VACANT OR ADDRESS NO MORE A DWELLING
7 HOUSING UNIT DESTROYED
8 HOUSING UNIT NOT FOUND
9 OTHER ________________________________
(SPECIFY)

TOTAL PERSONS IN HOUSEHOLD ☐☐

TOTAL ELIGIBLE WOMEN ☐☐

LINE NO. OF RESPONDENT HOUSEHOLD QUESTIONNAIRE ☐☐

SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED BY
NAME ____________ DATE ____________ ☐☐	NAME ____________ DATE ____________ ☐☐	☐☐	☐☐

Introduction and Consent

Hello. My name is _______________________________________ and I am working with the Department of Statistics. We are conducting a national survey about various health issues. We would very much appreciate your participation in this survey. The interview usually takes between 10 and 15 minutes to complete.

As part of the survey we would first like to ask some questions about your household. All of the answers you give will be confidential. Participation in the survey is completely voluntary. If we should come to any question you don't want to answer, just let me know and I will go on to the next question; or you can stop the interview at any time. However, we hope you will participate in the survey since your views are important.

At this time, do you want to ask me anything about the survey?
May I begin the interview now?

Signature of interviewer: ____________________ Date: ____________________

RESPONDENT AGREES TO BE INTERVIEWED . . . 1 RESPONDENT DOES NOT AGREE TO BE INTERVIEWED . . . 2 → END

HOUSEHOLD SCHEDULE

									IF AGE 15 OR OLDER			
LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		DATE OF BIRTH	AGE	NATIONALITY	MARITAL STATUS	ELIGIBILITY		
										INDIVIDUAL INTERVIEW	CHECK COVER PAGE IF THIS HOUSEHOLD IS SELECTED FOR AND ANEMIA ANTHROPOMETRY AND ANEMIA MEASUREMENTS	
	Please give me the names of the persons who usually live in your household and guests of the household who stayed here last night, starting with the head of the household. AFTER LISTING THE NAMES AND RECORDING THE RELATIONSHIP AND SEX FOR EACH PERSON, ASK QUESTIONS 2A-2C TO BE SURE THAT THE LISTING IS COMPLETE. THEN ASK APPROPRIATE QUESTIONS IN COLUMNS 5-32 FOR EACH PERSON.	What is the relationship of (NAME) to the head of the household? SEE CODES BELOW.	Is (NAME) male or female?	Does (NAME) usually live here?	Did (NAME) stay here last night?	In what month and year was (NAME) born? IF DON'T KNOW MONTH, RECORD 98' FOR MONTH. IF DON'T KNOW YEAR, RECORD 9998' FOR YEAR.	How old is (NAME)? IF AGE =95+, RECORD 95. COMPARE AND CORRECT 6A AND/OR 7 IF INCONSISTENT.	What is (NAME'S) nationality? 1 = JORDANIAN 2 = EGYPTIAN 3 = SYRIAN 4= IRAQI 5 = OTHER ARAB 6 = NOT ARAB 8= DON'T KNOW	What is (NAME'S) current marital status? 1 = NEVER-MARRIED 2 = MARRIED 3 = DIVORCED 4 = WIDOWED 5 = SEPARATED	CIRCLE LINE NUMBER OF WOMEN ELIGIBLE FOR INDIVIDUAL SURVEY (EVER-MARRIED WOMEN AGE 15-49).	CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49.	CIRCLE LINE NUMBER OF ALL CHILDREN BORN IN 2002 OR LATER, OR CHILDREN AGE 0-5 YEARS (IF DATE OF BIRTH NOT KNOWN). NOT KNOWN).
(1)	(2)	(3)	(4)	(5)	(5A)	(6)	(6A)	(7)	(8)	(9)	(10)	(11)
			M F	Y N	Y N	MONTH YEAR	IN YEARS					
01		☐☐	1 2	1 2	1 2	☐☐ ☐☐☐☐	☐☐	☐	☐	01	01	01
02		☐☐	1 2	1 2	1 2	☐☐ ☐☐☐☐	☐☐	☐	☐	02	02	02
03		☐☐	1 2	1 2	1 2	☐☐ ☐☐☐☐	☐☐	☐	☐	03	03	03
04		☐☐	1 2	1 2	1 2	☐☐ ☐☐☐☐	☐☐	☐	☐	04	04	04
05		☐☐	1 2	1 2	1 2	☐☐ ☐☐☐☐	☐☐	☐	☐	05	05	05
06		☐☐	1 2	1 2	1 2	☐☐ ☐☐☐☐	☐☐	☐	☐	06	06	06
07		☐☐	1 2	1 2	1 2	☐☐ ☐☐☐☐	☐☐	☐	☐	07	07	07

CODES FOR Q. 3: RELATIONSHIP TO HEAD OF HOUSEHOLD

01 = HEAD
02 = WIFE OR HUSBAND
03 = SON OR DAUGHTER
04 = STEPSON OR STEPDAUGHTER
05 = GRANDCHILD
06 = PARENT
07 = PARENT-IN-LAW
08 = BROTHER OR SISTER
09 = GRAND FATHER/MOTHER
10 = OTHER RELATIVE
11 = ADOPTED/ FOSTERED CHILD
12 = NOT RELATED
98 = DON'T KNOW

									IF AGE 15 OR OLDER			
LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		DATE OF BIRTH	AGE	NATIONALITY	MARITAL STATUS	ELIGIBILITY		
										INDIVIDUAL INTERVIEW	**CHECK COVER PAGE IF THIS HOUSEHOLD IS SELECTED FOR AND ANEMIA**	
											ANTHROPOMETRY AND ANEMIA MEASUREMENTS	
	Please give me the names of the persons who usually live in your household and guests of the household who stayed here last night, starting with the head of the household. AFTER LISTING THE NAMES AND RECORDING THE RELATIONSHIP AND SEX FOR EACH PERSON, ASK QUESTIONS 2A-2C TO BE SURE THAT THE LISTING IS COMPLETE. THEN ASK APPROPRIATE QUESTIONS IN COLUMNS 5-32 FOR EACH PERSON.	What is the relationship of (NAME) to the head of the household? SEE CODES BELOW.	Is (NAME) male or female?	Does (NAME) usually live here?	Did (NAME) stay here last night?	In what month and year was (NAME) born? IF DON'T KNOW MONTH, RECORD 98' FOR MONTH. IF DON'T KNOW YEAR, RECORD 9998' FOR YEAR.	How old is (NAME)? IF AGE =95+, RECORD 95. COMPARE AND CORRECT 6A AND/OR 7 IF INCONSISTENT.	What is (NAME'S) nationality? 1 = JORDANIAN 2 = EGYPTIAN 3 = SYRIAN 4= IRAQI 5 = OTHER ARAB 6 = NOT ARAB 8= DON'T KNOW	What is (NAME'S) current marital status? 1 = NEVER-MARRIED 2 = MARRIED 3 = DIVORCED 4 = WIDOWED 5 = SEPARATED	CIRCLE LINE NUMBER OF WOMEN ELIGIBLE FOR INDIVIDUAL SURVEY (EVER-MARRIED WOMEN AGE 15-49).	CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49.	CIRCLE LINE NUMBER OF ALL CHILDREN BORN IN 2002 OR LATER, OR CHILDREN AGE 0-5 YEARS (IF DATE OF BIRTH NOT KNOWN). NOT KNOWN).
(1)	(2)	(3)	(4)	(5)	(5A)	(6)	(6A)	(7)	(8)	(9)	(10)	(11)
			M F	Y N	Y N	MONTH YEAR	IN YEARS					
08		☐☐	1 2	1 2	1 2	☐☐ ☐☐☐☐	☐☐	☐	☐	08	08	08
09		☐☐	1 2	1 2	1 2	☐☐ ☐☐☐☐	☐☐	☐	☐	09	09	9
10		☐☐	1 2	1 2	1 2	☐☐ ☐☐☐☐	☐☐	☐	☐	10	10	10
11		☐☐	1 2	1 2	1 2	☐☐ ☐☐☐☐	☐☐	☐	☐	11	11	11
12		☐☐	1 2	1 2	1 2	☐☐ ☐☐☐☐	☐☐	☐	☐	12	12	12
13		☐☐	1 2	1 2	1 2	☐☐ ☐☐☐☐	☐☐	☐	☐	13	13	13
14		☐☐	1 2	1 2	1 2	☐☐ ☐☐☐☐	☐☐	☐	☐	14	14	14

TICK HERE IF CONTINUATION SHEET USED ☐

2A) Just to make sure that I have a complete listing. Are there any other persons such as small children or infants that we have not listed? YES ☐ → ADD TO TABLE NO ☐

2B) Are there any other people who may not be members of your family, such as domestic servants, lodgers, or friends who usually live here? YES ☐ → ADD TO TABLE NO ☐

2C) Are there any guests or temporary visitors staying here, or anyone else who stayed here last night, who have not been listed? YES ☐ → ADD TO TABLE NO ☐

CODES FOR Q. 3: RELATIONSHIP TO HEAD OF HOUSEHOLD

01 = HEAD
02 = WIFE OR HUSBAND
03 = SON OR DAUGHTER
04 = STEPSON OR STEPDAUGHTER
05 = GRANDCHILD
06 = PARENT
07 = PARENT-IN-LAW
08 = BROTHER OR SISTER
09 = GRAND FATHER/MOTHER
10 = OTHER RELATIVE
11 = ADOPTED/ FOSTERED CHILD
12 = NOT RELATED
98 = DON'T KNOW

	IF AGE 0-17 YEARS				**IF AGE 5 YEARS OR OLDER**				**IF AGE 5-24 YEARS**
LINE NO.	SURVIVORSHIP AND RESIDENCE OF BIOLOGICAL PARENTS				EVER ATTENDED SCHOOL				
	Is (NAME)'s natural mother alive?	Does (NAME)'s natural mother usually live in this household or was she a guest last night? IF YES: What is her name? RECORD MOTHER'S LINE NUMBER. IF NO, RECORD '00'.	Is (NAME)'s natural father alive?	Does (NAME)'s natural father usually live in this household or was he a guest last night? IF YES: What is his name? RECORD FATHER'S LINE NUMBER. IF NO, RECORD '00'.	Has (NAME) ever attended school?	Can (NAME) read and write?	What is the highest level of school (NAME) has attended? SEE CODES.	What is the highest grade (NAME) completed at that level? SEE CODES.	Did (NAME) attend school at any time during the (2006 - 2007) school year?
	(12)	(13)	(14)	(15)	(16)	(16A)	(17)	(17A)	(18)
	Y N DK		Y N DK		Y N	Y N	LEVEL	GRADE	Y N
01	1 2 8 GO TO 14		1 2 8 GO TO 16		1 2 GO TO 17	1 2 NEXT LINE			1 2
02	1 2 8 GO TO 14		1 2 8 GO TO 16		1 2 GO TO 17	1 2 NEXT LINE			1 2
03	1 2 8 GO TO 14		1 2 8 GO TO 16		1 2 GO TO 17	1 2 NEXT LINE			1 2
04	1 2 8 GO TO 14		1 2 8 GO TO 16		1 2 GO TO 17	1 2 NEXT LINE			1 2
05	1 2 8 GO TO 14		1 2 8 GO TO 16		1 2 GO TO 17	1 2 NEXT LINE			1 2
06	1 2 8 GO TO 14		1 2 8 GO TO 16		1 2 GO TO 17	1 2 NEXT LINE			1 2
07	1 2 8 GO TO 14		1 2 8 GO TO 16		1 2 GO TO 17	1 2 NEXT LINE			1 2

CODES FOR EDUCATION LEVEL (Q.17)

OLD SYSTEM

01 = OLD ELEMENTARY
02 = OLD PREPARATORY
03 = OLD SECONDARY

NEW SYSTEM

04 = NEW BASIC
05 = NEW SECONDARY
06 = INTERMEDIATE DIPLOMA
07 = BACHELOR
08 = HIGHER EDUCATION
98 = DON'T KNOW

CODES FOR GRADE (Q.17A)

00 = LESS THAN ONE YEAR COMPLETEC
98 = DON'T KNOW

	IF AGE 0-17 YEARS				**IF AGE 5 YEARS OR OLDER**				**IF AGE 5-24 YEARS**
LINE NO.	SURVIVORSHIP AND RESIDENCE OF BIOLOGICAL PARENTS				EVER ATTENDED SCHOOL				
	Is (NAME)'s natural mother alive?	Does (NAME)'s natural mother usually live in this household or was she a guest last night? IF YES: What is her name? RECORD MOTHER'S LINE NUMBER. IF NO, RECORD '00'.	Is (NAME)'s natural father alive?	Does (NAME)'s natural father usually live in this household or was he a guest last night? IF YES: What is his name? RECORD FATHER'S LINE NUMBER. IF NO, RECORD '00'.	Has (NAME) ever attended school?	Can (NAME) read and write?	What is the highest level of school (NAME) has attended? SEE CODES.	What is the highest grade (NAME) completed at that level? SEE CODES.	Did (NAME) attend school at any time during the (2006 - 2007) school year?
	(12)	(13)	(14)	(15)	(16)	(16A)	(17)	(17A)	(18)
	Y N DK		Y N DK		Y N	Y N	LEVEL	GRADE	Y N
08	1 2 8 GO TO 14	☐☐	1 2 8 GO TO 16	☐☐	1 2 GO TO 17	1 2 NEXT LINE	☐☐	☐☐	1 2
09	1 2 8 GO TO 14	☐☐	1 2 8 GO TO 16	☐☐	1 2 GO TO 17	1 2 NEXT LINE	☐☐	☐☐	1 2
10	1 2 8 GO TO 14	☐☐	1 2 8 GO TO 16	☐☐	1 2 GO TO 17	1 2 NEXT LINE	☐☐	☐☐	1 2
11	1 2 8 GO TO 14	☐☐	1 2 8 GO TO 16	☐☐	1 2 GO TO 17	1 2 NEXT LINE	☐☐	☐☐	1 2
12	1 2 8 GO TO 14	☐☐	1 2 8 GO TO 16	☐☐	1 2 GO TO 17	1 2 NEXT LINE	☐☐	☐☐	1 2
13	1 2 8 GO TO 14	☐☐	1 2 8 GO TO 16	☐☐	1 2 GO TO 17	1 2 NEXT LINE	☐☐	☐☐	1 2
14	1 2 8 GO TO 14	☐☐	1 2 8 GO TO 16	☐☐	1 2 GO TO 17	1 2 NEXT LINE	☐☐	☐☐	1 2

CODES FOR EDUCATION LEVEL (Qs.17)

OLD SYSTEM
01 = OLD ELEMENTARY
02 = OLD PREPARATORY
03 = OLD SECONDARY

NEW SYSTEM
04 = NEW BASIC
05 = NEW SECONDARY
06 = INTERMEDIATE DIPLOMA
07 = BACHELOR
08 = HIGHER EDUCATION
98 = DON'T KNOW

CODES FOR GRADE (Qs.17A)
00 = LESS THAN ONE YEAR COMPLETED
98 = DON'T KNOW

HOUSING UNIT AND HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
100	TYPE OF HOUSING UNIT. RECORD OBSERVATION.	APARTMENT .... 1 DAR .... 2 VILLA .... 3 HUT/BARRACK .... 4 OTHER ________________________ 6 (SPECIFY)	
101	What is the main source of drinking water for members of your household?	PIPED WATER PIPED INTO HOUSING UNIT .... 11 PIPED TO YARD .... 12 SPRING .... 21 RAINWATER .... 31 TANKER TRUCK .... 41 BOTTLED WATER .... 51 OTHER ________________________ 96 (SPECIFY)	
101A	Is water normally available all day from this source?	YES .... 1 NO 2	
101B	In the last two weeks, was water unavailable for an entire day or longer?	YES .... 1 NO 2	
106	Do you do anything to the water to make it safer to drink?	YES .... 1 NO .... 2 DON'T KNOW 8	 → 108 → 108
107	What do you usually do to make the water safer to drink? Anything else? RECORD ALL MENTIONED.	BOIL .... A ADD BLEACH/CHLORINE .... B USE WATER FILTER ... . C OTHER ________________________ X (SPECIFY) DON'T KNOW .... Z	
108	What kind of toilet facility do members of your household usually use? IF FLUSH TOILET: Is your toilet connected to a public sewer system, a septic tank, a pit latrine or somewhare else?	FLUSH OR POUR FLUSH TOILET FLUSH TO PIPED SEWER SYSTEM .... 11 FLUSH TO PIT LATRINE .... 12 FLUSH TO SOMEWHERE ELSE ... 13 PIT LATRINE VENTILATED IMPROVED PIT LATRINE .... 21 PIT LATRINE WITH SLAB .... 22 PIT LATRINE WITHOUT SLAB/ OPEN PIT .... 23 NO FACILITY/BUSH/FIELD .... 61 OTHER ________________________ 96 (SPECIFY)	 → 110A
109	Do you share this toilet facility with other households?	YES .... 1 NO 2	
110A	Is your house connected with electricity?	YES .... 1 NO 2	
110B	Does your household have a bed or sofa bed? IF YES: How many beds or sofa beds does your household have? IF NONE, RECORD '0'. IF 7 OR MORE, RECORD 7.	NUMBER OF BEDS .... ☐	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
111	Does your household have:	YES NO	
	A radio/tape recorder?	RADIO/TAPE RECORDER . 1 2	
	A television?	TELEVISION 1 2	
	Satellite?	SATELLITE 1 2	
	A land telephone?	LAND TELEPHONE 1 2	
	A refrigerator?	REFRIGERATOR 1 2	
	A washing machine?	WASHING MACHINE 1 2	
	Solar heater?	SOLAR HEATER 1 2	
	Air conditioner?	AIR CONDITIONNER 1 2	
	Fan?	FAN 1 2	
	Water cooler?	WATER COOLER 1 2	
	Microwave?	MICROWAVE 1 2	
	Digital camera?	DIGITAL CAMERA 1 2	
111A	Does you household have a computer? IF YES: How many? IF NONE, RECORD '0'. IF 7 OR MORE, RECORD 7.	NUMBER OF COMPUTERS . . . . ☐	
111B	Does you household have a mobile? IF YES: How many? IF NONE, RECORD '0'. IF 7 OR MORE, RECORD 7.	NUMBER OF MOBILES . . . . ☐	
111C	CHECK 111A and 111B: 111A OR 111B = 1 OR MORE ☐ 111A AND 111B = 0 ☐		112
111D	Do you have internet access at home?	YES . . . . 1 NO 2	
112	What type of fuel does your household mainly use for cooking?	ELECTRICITY . . . . 1 NATURAL GAS . . . . 2 KEROSENE . . . . 3 COAL/WOOD . . . . 4 OTHER ____________ 6 (SPECIFY)	
116	Do you have a separate room which is used as a kitchen?	YES . . . . 1 NO 2	
116A	Do you have an independent bathroom?	YES . . . . 1 NO 2	
117	MAIN MATERIAL OF THE FLOOR.	NATURAL FLOOR EARTH . . . . 11 FINISHED FLOOR PARQUET OR POLISHED WOOD . . . . 31 TILE . . . . 32 MARBLE/CERAMIC TILES . . . . 33 CEMENT . . . . 34 OTHER ____________ 96 (SPECIFY)	
119	MAIN MATERIAL OF THE EXTERIOR WALLS. RECORD OBSERVATION.	RUDIMENTARY MUD BRICKS . . . . 21 MUD BRICKS WITH STONES . . . . . 22 ASBESTOS/WOOD/ZINC . . . . 23 FINISHED CEMENT BRICKS . . . . 31 CUT STONE . . . . 32 CUT STONE AND CONCRETE . . . . . 33 CONCRETE . . . . 34 HAIR/WOOL/CLOTH . . . . 41 OTHER ____________ 96 (SPECIFY)	
119A	How many rooms do you have in your house?	NUMBER OF ROOMS . . . . ☐☐	
120	How many rooms in this household are used for sleeping?	ROOMS FOR SLEEPING . . . ☐☐	
120A	Does your household own a private car or pickup? IF YES: How many? IF NONE, RECORD '0'. IF 7 OR MORE, RECORD 7.	NUMBER OF CARS/PICKUPS . . . . ☐	
126A	Does any member of this household have a credit card?	YES . . . . 1 NO 2	

USE THIS TABLE WHEN:

1) The household is selected for the domestic violence module

AND

2) There is more than one eligible women in the household

RANDOM NUMBER TABLE FOR

SELECTION OF WOMAN AS RESPONDENT TO DOMESTIC VIOLENCE MODULE

CHECK THE HOUSEHOLD NUMBER ON THE COVER PAGE OF THE HOUSEHOLD QUESTIONNAIRE.

THIS IS THE NUMBER OF THE ROW TO SELECT.

CHECK THE TOTAL NUMBER OF ELIGIBLE WOMEN IN COLUMN 9 OF THE HOUSEHOLD SCHEDULE.

THIS IS THE NUMBER OF THE COLUMN TO SELECT.

FIND THE BOX WHERE THE ROW AND THE COLUMN MEET AND CIRCLE THAT NUMBER.

THIS IS THE POSITION NUMBER OF THE WOMAN WHO WILL BE ASKED THE DOMESTIC VIOLENCE MODULE.

IN COLUMN 9 OF THE HOUSEHOLD SCHEDULE, DRAW A BOX AROUND THE LINE NUMBER OF THE ELIGIBLE WOMAN IN THAT POSITION.

EXAMPLE:
IF THE LAST DIGIT OF THE HOUSEHOLD NUMBER IS 6, AND THERE ARE 3 ELIGIBLE WOMEN, THE NUMBER IN THE BOX WHERE ROW 6 AND COLUMN 3 MEET IS 2, THAT MEANS THAT THE 2ND ELIGIBLE WOMAN WILL BE SELECTED FOR THE MODULE.

NOW SUPPOSE THE THREE ELIGIBLE WOMEN'S LINE NUMBERS ARE '02', '03', AND '07', THEN THE 2ND ELIGIBLE WOMAN (LINE NUMBER '03') IS SELECTED FOR THE MODULE.

HOUSEHOLD NUMBER	Total number of eligible women in the household					
	1	2	3	4	5	6
0	1	2	2	3	5	5
1	1	1	3	4	1	6
2	1	2	1	1	2	1
3	1	1	2	2	3	2
4	1	2	3	3	4	3
5	1	1	1	4	5	4
6	1	2	2	1	1	5
7	1	1	3	2	2	6
8	1	2	1	3	3	1
9	1	1	2	4	4	2
10	1	2	3	1	5	3
11	1	1	1	2	1	4
12	1	2	2	3	2	5
13	1	1	3	4	3	6
14	1	2	1	1	4	1
15	1	1	2	2	5	2

WEIGHT, HEIGHT AND HEMOGLOBIN MEASUREMENT FOR CHILDREN AGE 0-5

201	CHECK COLUMN 11. RECORD THE LINE NUMBER AND AGE FOR ALL ELIGIBLE CHILDREN 0-5 YEARS IN QUESTION 202. IF MORE THAN SIX CHILDREN, USE ADDITIONAL QUESTIONNAIRE(S). A FINAL OUTCOME MUST BE RECORDED FOR THE WEIGHT AND HEIGHT MEASUREMENT IN 208 AND FOR THE ANEMIA PROCEDURE IN 213			
		CHILD 1	CHILD 2	CHILD 3
202	LINE NUMBER FROM COLUMN 11 NAME FROM COLUMN 2	LINE NUMBER . . . ☐☐ NAME ______	LINE NUMBER . . . ☐☐ NAME ______	LINE NUMBER . . . ☐☐ NAME ______
203	IF MOTHER INTERVIEWED, COPY MONTH AND YEAR FROM BIRTH HISTORY AND ASK DAY; IF MOTHER NOT INTERVIEWED, ASK: What is (NAME'S) birth date?	DAY . . . . ☐☐ MONTH . . . . . ☐☐ YEAR 2 0 ☐☐	DAY . . . . ☐☐ MONTH . . . . . ☐☐ YEAR 2 0 ☐☐	DAY . . . . ☐☐ MONTH . . . . . ☐☐ YEAR 2 0 ☐☐
204	CHECK 203: CHILD BORN IN JANUARY 2002 OR LATER?	YES . . . . 1 NO . . . . 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE, GO TO 215)	YES . . . . 1 NO . . . . 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE, GO TO 215)	YES . . . . 1 NO . . . . 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE, GO TO 215)
205	WEIGHT IN KILOGRAMS	KG. . . . ☐☐.☐	KG. . . . ☐☐.☐	KG. . . . ☐☐.☐
206	HEIGHT IN CENTIMETERS	CM. ☐☐☐.☐	CM. ☐☐☐.☐	CM. ☐☐☐.☐
207	MEASURED LYING DOWN OR STANDING UP?	LYING DOWN . . . . 1 STANDING UF 2	LYING DOWN . . . . 1 STANDING UF 2	LYING DOWN . . . . 1 STANDING UF 2
208	RESULT OF WEIGHT AND HEIGHT MEASUREMENT	MEASURED . . . . 1 NOT PRESENT . . . . . 2 REFUSED . . . . 3 OTHER 6	MEASURED . . . . 1 NOT PRESENT . . . . . 2 REFUSED . . . . 3 OTHER 6	MEASURED . . . . 1 NOT PRESENT . . . . . 2 REFUSED . . . . 3 OTHER 6
209	CHECK 203: IS CHILD AGE 0-5 MONTHS, I.E., WAS CHILD BORN IN MONTH OF INTERVIEW OR FIVE PREVIOUS MONTHS?	0-5 MONTHS . . . . 1 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE, GO TO 215) OLDER 2	0-5 MONTHS . . . . 1 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE, GO TO 215) OLDER 2	0-5 MONTHS . . . . 1 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE, GO TO 215) OLDER 2
210	LINE NUMBER OF PARENT/OTHER ADULT RESPONSIBLE FOR THE CHILD (COLUMN 1) RECORD '00' IF NOT LISTED.	LINE NUMBER . . . ☐☐	LINE NUMBER . . . ☐☐	LINE NUMBER . . . ☐☐
211	READ CONSENT STATEMENT TO PARENT/OTHER ADULT RESPONSIBLE FOR CHILD. CIRCLE CODE AND SIGN.	GRANTED 1 ______ (SIGN) REFUSED . . . . 2 (IF REFUSED, GO TO 213)	GRANTED 1 ______ (SIGN) REFUSED . . . . 2 (IF REFUSED, GO TO 213)	GRANTED 1 ______ (SIGN) REFUSED . . . . 2 (IF REFUSED, GO TO 213)
212	RECORD HEMOGLOBIN LEVEL HERE AND IN THE ANEMIA PAMPHLET	G/DL . ☐☐.☐	G/DL . ☐☐.☐	G/DL . ☐☐.☐
213	RECORD RESULT CODE OF HEMOGLOBIN MEASUREMENT	MEASURED . . . . 1 NOT PRESENT . . . . . 2 REFUSED . . . . 3 OTHER 6	MEASURED . . . . 1 NOT PRESENT . . . . . 2 REFUSED . . . . 3 OTHER 6	MEASURED . . . . 1 NOT PRESENT . . . . . 2 REFUSED . . . . 3 OTHER 6
214		GO BACK TO 203 IN NEXT COLUMN IN THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF THE ADDITIONAL QUESTIONNAIRE(S); IF NO MORE CHILDREN, GO TO 215.		

CONSENT STATEMENT FOR ANEMIA FOR CHILDREN

As part of this survey, we are asking people all over the country to take an anemia test. Anemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat anemia.

We request that all children born in 2002 or later participate in the anemia testing part of this survey and give a few drops of blood from a finger. The equipment used in taking the blood is clean and completely safe. It has never been used before and will be thrown away after each test.

The blood will be tested for anemia immediately, and the result told to you right away. The result will be kept confidential.

Do you have any questions?

You can say yes to the test, or you can say no. It is up to you to decide.
Will you allow (NAME(S) OF CHILD(REN) to participate in the anemia test?

WEIGHT, HEIGHT AND HEMOGLOBIN MEASUREMENT FOR CHILDREN AGE 0-5

		CHILD 4	CHILD 5	CHILD 6
202	LINE NUMBER FROM COLUMN 11 NAME FROM COLUMN 2	LINE NUMBER . . . NAME ________	LINE NUMBER . . . NAME ________	LINE NUMBER . . . NAME ________
203	IF MOTHER INTERVIEWED, COPY MONTH AND YEAR FROM BIRTH HISTORY AND ASK DAY; IF MOTHER NOT INTERVIEWED, ASK: What is (NAME'S) birth date?	DAY . . . . MONTH . . . . . YEAR 2 0	DAY . . . . MONTH . . . . . YEAR 2 0	DAY . . . . MONTH . . . . . YEAR 2 0
204	CHECK 203: CHILD BORN IN JANUARY 2002 OR LATER?	YES . . . . 1 NO . . . . 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE, GO TO 215)	YES . . . . 1 NO . . . . 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE, GO TO 215)	YES . . . . 1 NO . . . . 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE, GO TO 215)
205	WEIGHT IN KILOGRAMS	KG.	KG.	KG. . . . .
206	HEIGHT IN CENTIMETERS	CM. .	CM. .	CM. .
207	MEASURED LYING DOWN OR STANDING UP?	LYING DOWN . . . . 1 STANDING UP 2	LYING DOWN . . . . 1 STANDING UP 2	LYING DOWN . . . . 1 STANDING UP 2
208	RESULT OF WEIGHT AND HEIGHT MEASUREMENT	MEASURED . . . . 1 NOT PRESENT . . . . . 2 REFUSED . . . . 3 OTHER 6	MEASURED . . . . 1 NOT PRESENT . . . . . 2 REFUSED . . . . 3 OTHER 6	MEASURED . . . . 1 NOT PRESENT . . . . . 2 REFUSED . . . . 3 OTHER 6
209	CHECK 203: IS CHILD AGE 0-5 MONTHS, I.E., WAS CHILD BORN IN MONTH OF INTERVIEW OR FIVE PREVIOUS MONTHS?	0-5 MONTHS . . . . 1 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE, GO TO 215) OLDER 2	0-5 MONTHS . . . . 1 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE, GO TO 215) OLDER 2	0-5 MONTHS . . . . 1 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE, GO TO 215) OLDER 2
210	LINE NUMBER OF PARENT/OTHER ADULT RESPONSIBLE FOR THE CHILD (COLUMN 1) RECORD '00' IF NOT LISTED.	LINE NUMBER . . .	LINE NUMBER . . .	LINE NUMBER . . .
211	READ CONSENT STATEMENT TO PARENT/OTHER ADULT RESPONSIBLE FOR CHILD. CIRCLE CODE AND SIGN.	GRANTED 1 ________ (SIGN) REFUSED . . . . 2 (IF REFUSED, GO TO 213)	GRANTED 1 ________ (SIGN) REFUSED . . . . 2 (IF REFUSED, GO TO 213)	GRANTED 1 ________ (SIGN) REFUSED . . . . 2 (IF REFUSED, GO TO 213)
212	RECORD HEMOGLOBIN LEVEL HERE AND IN THE ANEMIA PAMPHLET	G/DL . .	G/DL . .	G/DL . .
213	RECORD RESULT CODE OF HEMOGLOBIN MEASUREMENT	MEASURED . . . . 1 NOT PRESENT . . . . . 2 REFUSED . . . . 3 OTHER 6	MEASURED . . . . 1 NOT PRESENT . . . . . 2 REFUSED . . . . 3 OTHER 6	MEASURED . . . . 1 NOT PRESENT . . . . . 2 REFUSED . . . . 3 OTHER 6
214		GO BACK TO 203 IN NEXT COLUMN IN THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF THE ADDITIONAL QUESTIONNAIRE(S); IF NO MORE CHILDREN, GO TO 215.		

WEIGHT, HEIGHT AND HEMOGLOBIN MEASUREMENT TESTING FOR WOMEN AGE 15-49

215	CHECK COLUMN 10. RECORD THE LINE NUMBER AND NAME FOR ALL ELIGIBLE WOMEN IN 216. IF THERE ARE MORE THAN THREE WOMEN, USE ADDITIONAL QUESTIONNAIRE(S). A FINAL OUTCOME MUST BE RECORDER FOR THE WEIGHT AND HEIGHT MEASUREMENT IN 219 AND FOR THE ANEMIA TEST PROCEDURE IN 227			
		WOMAN 1	WOMAN 2	WOMAN 3
216	LINE NUMBER (COLUMN 10) NAME (COLUMN 2)	LINE NUMBER . . . . ☐☐ NAME ______________	LINE NUMBER . . . . ☐☐ NAME ______________	LINE NUMBER . . . . ☐☐ NAME ______________
217	WEIGHT IN KILOGRAMS	KG. . . . . ☐☐☐.☐	KG. . . . . . ☐☐☐.☐	KG. . . . . . ☐☐☐.☐
218	HEIGHT IN CENTIMETERS	CM. . . . . ☐☐☐.☐	CM. . . . . . ☐☐☐.☐	CM. . . . . . ☐☐☐.☐
219	RESULT OF WEIGHT AND HEIGHT MEASUREMENT	MEASURED . . . . 1 NOT PRESENT . . . . 2 REFUSED . . . . 3 OTHER 6	MEASURED . . . . 1 NOT PRESENT . . . . 2 REFUSED . . . . 3 OTHER 6	MEASURED . . . . 1 NOT PRESENT . . . . 2 REFUSED . . . . 3 OTHER 6
220	AGE: CHECK COLUMN 7.	15-17 YEARS . . . . 1 18-49 YEARS . . . . 2 (GO TO 223) ←	15-17 YEARS . . . . 1 18-49 YEARS . . . . 2 (GO TO 223) ←	15-17 YEARS . . . . 1 18-49 YEARS . . . . 2 (GO TO 223) ←
221	MARITAL STATUS: CHECK COLUMN 8.	CODE 1 (NEVER MARRIED . . . . . 1 CODES 2-5 (EVER MARRIED . . . 2 (GO TO 223) ←	CODE 1 (NEVER MARRIED . . . . . 1 CODES 2-5 (EVER MARRIED . . . 2 (GO TO 223) ←	CODE 1 (NEVER MARRIED . . . . 1 CODES 2-5 (EVER MARRIED . . . . . 2 (GO TO 223) ←
222	FROM COLUMN 1 RECORD LINE NUMBER OF PARENT/OTHER ADULT RESPONSIBLE FOR ADOLESCENT. RECORD '00' IF NOT LISTED.	LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT . ☐☐	LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT . ☐☐	LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT . ☐☐
223	READ ANEMIA TEST CONSENT STATEMENT. FOR NEVER-IN-UNION WOMEN AGE 15-17, ASK CONSENT FROM PARENT/OTHER ADULT IDENTIFIED IN 222 BEFORE ASKING RESPONDENT'S CONSENT.	GRANTED . . . . 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED . . . . 2 RESPONDENT REFUSED . . . . 3 ← ____________________ (SIGN) (IF REFUSED, GO TO 227).	GRANTED . . . . 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED . . . . 2 RESPONDENT REFUSED . . . . 3 ← ____________________ (SIGN) (IF REFUSED, GO TO 227).	GRANTED . . . . 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED . . . . 2 RESPONDENT REFUSED . . . . 3 ← ____________________ (SIGN) (IF REFUSED, GO TO 227).

CONSENT STATEMENT FOR ANEMIA TEST

READ CONSENT STATEMENT TO EACH RESPONDENT. CIRCLE CODE '1' IN 223 IF RESPONDENT CONSENTS TO THE ANEMIA TEST AND CODE '3' IF SHE REFUSES.

FOR NEVER-IN-UNION WOMEN AGE 15-17, ASK CONSENT FROM THE PARENT OR OTHER ADULT IDENTIFIED AS RESPONSIBLE FOR THE ADOLESCENT (SEE QUESTION 222) BEFORE ASKING THE ADOLESCENT FOR HER CONSENT. CIRCLE CODE '2' IN 223 IF THE PARENT (OTHER ADULT) REFUSES. CONDUCT THE TEST ONLY IF BOTH THE PARENT (OTHER ADULT) AND THE ADOLESCENT CONSENT.

As part of this survey, we are asking people all over the country to take an anemia test. Anemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat anemia.

For the anemia testing, we will need a few drops of blood from a finger. The equipment used in taking the blood is clean and completely safe. It has never been used before and will be thrown away after each test.

The blood will be tested for anemia immediately, and the result told to you right away. The result will be kept confidential.

Do you have any questions?

You can say yes to the test, or you can say no. It is up to you to decide.
Will you (allow NAME OF ADOLESCENT to) take the anemia test?

		WOMAN 1	WOMAN 2	WOMAN 3
	LINE NUMBER (COLUMN 10) NAME (COLUMN 2)	LINE NUMBER . . . . ☐☐ NAME ________	LINE NUMBER . . . . ☐☐ NAME ________	LINE NUMBER . . . . ☐☐ NAME ________
224	PREGNANCY STATUS: CHECK COLUMN 8: IF EVER MARRIED (CODES 2-5), ASK: Are you pregnant? IF NEVER MARRIED (CODE 1), CIRCLE '3'	YES . . . . 1 NO/DK . . . . 2 NEVER MARRIED 3	YES . . . . 1 NO/DK . . . . 2 NEVER MARRIED 3	YES . . . . 1 NO/DK . . . . 2 NEVER MARRIED 3
225	CHECK 223 AND PREPARE EQUIPMENT AND SUPPLIES FOR THE TEST FOR WHICH CONSENT HAS BEEN OBTAINED AND PROCEED WITH THE TEST. A FINAL OUTCOME FOR THE THE ANEMIA TEST PROCEDURE MUST BE RECORDED IN 227 FOR EACH ELIGIBLE WOMAN EVEN IF SHE WAS NOT PRESENT, REFUSED, OR COULD NOT BE TESTED FOR SOME OTHER REASON.			
226	RECORD HEMOGLOBIN LEVEL HERE AND IN ANEMIA PAMPHLET	G/DL . . . . ☐☐.☐	G/DL . . . . ☐☐.☐	G/DL . . . . ☐☐.☐
227	RECORD RESULT CODE OF HEMOGLOBIN MEASUREMENT.	MEASURED . . . . 1 NOT PRESENT . . . . 2 REFUSED . . . . 3 OTHER 6	MEASURED . . . . 1 NOT PRESENT . . . . 2 REFUSED . . . . 3 OTHER 6	MEASURED . . . . 1 NOT PRESENT . . . . 2 REFUSED . . . . 3 OTHER 6

9 JUNE 2007

Department of Statistics
Household Survey Directorate

The Hashemite Kingdom of Jordan
JORDAN POPULATION AND
FAMILY HEALTH SURVEY 2007

WOMAN'S QUESTIONNAIRE

Survey Contents Confidential by Statistical Law

IDENTIFICATION

	QUESTIONNAIRE No.: . . . .
GOVERNORATE: ______	BLOCK No.: . . . .
DISTRICT: ______	BUILDING No.: ______
SUB-DISTRICT: ______	HOUSING UNIT No.: ______
LOCALITY: ______	CLUSTER No.: . . . .
AREA: ______	HOUSEHOLD No.: . . . .
SUB-AREA: ______	
STRATUM: ______	TELEPHONE/ MOBILE No. (if available)
URBAN/RURAL (Urban=1; Rural=2)	

NAME AND LINE NUMBER OF WOMAN: ______

WOMAN SELECTED FOR DOMESTIC VIOLENCE SECTION (YES = 1; NO = 2) . . . .

INTERVIEWER VISITS

	1	2	3	FINAL VISIT
DATE	______	______	______	DAY MONTH YEAR 2 0 0 7
INTERVIEWER'S NAME	______	______	______	INT. NUMBER
RESULT*	______	______	______	RESULT
NEXT VISIT: DATE	______	______		TOTAL NUMBER OF VISITS
TIME	______	______		

*RESULT CODES:

1	COMPLETED	4	REFUSED	7	OTHER ______ (SPECIFY)
2	NOT AT HOME	5	PARTLY COMPLETED		
3	POSTPONED	6	INCAPCITATED		

SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED BY
NAME ______	NAME ______		
DATE ______	DATE ______		

SECTION 1. RESPONDENT'S BACKGROUND

INTRODUCTION AND CONSENT

INFORMED CONSENT

Hello. My name is ______________________________________ and I am working with the Department of Statistics. We are conducting a national survey that asks women about the health of women and their children. We would very much appreciate your participation in this survey. This information will help the government to plan health services. The interview usually takes about 40 minutes to complete. Whatever information you provide will be kept strictly confidential and will not be shown to other persons.

Participation in this survey is voluntary, and if we should come to any question you don't want to answer, just let me know and I will go on to the next question; or you can stop the interview at any time. However, we hope that you will participate in this survey since your views are important.
At this time, do you want to ask me anything about the survey?
May I begin the interview now?

Signature of interviewer: ______________________________ Date: ______________

RESPONDENT AGREES TO BE INTERVIEWED . . . . . 1 ↓ RESPONDENT DOES NOT AGREE TO BE INTERVIEWED . . . 2 → END

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE TIME.	HOUR . . . . ☐☐ MINUTE . . . . ☐☐	
101A	What is your marital status now: are you married, widowed, divorced, or separated? IF THE WOMAN IS NOT MARRIED, WIDOWED, DIVORCED OR SEPARATED, END THE INTERVIEW, AND CORRECT MARITAL STATUS AND ELIGIBILITY IN THE HOUSEHOLD QUESTIONNAIRE	MARRIED . . . . 1 DIVORCED . . . . 2 WIDOWED . . . . 3 SEPARATED . . . . 4 NEVER MARRIED 5	 → END
102	How long have you been living continuously in (NAME OF CURRENT PLACE OF RESIDENCE)? IF LESS THAN ONE YEAR, RECORD '00' YEARS.	YEARS . . . . ☐☐ ALWAYS . . . . 95 VISITOR 96	
104	In what month and year were you born?	MONTH . . . . ☐☐ DON'T KNOW MONTH . . . . 98 YEAR . . . . ☐☐☐☐ DON'T KNOW YEAR 9998	
105	How old were you at your last birthday? COMPARE AND CORRECT 104 AND/OR 105 IF INCONSISTENT.	AGE IN COMPLETED YEARS ☐☐	
106	Have you ever attended school?	YES . . . . 1 NO 2	 → 113
107	What is the highest level of school you attended: Old elementary, old preparatory, old secondary, new basic, new secondary, intermediate diploma, bachelor, or higher?	OLD SYSTEM ELEMENTARY . . . . 1 PREPARATORY . . . . 2 SECONDARY . . . . 3 NEW SYSTEM BASIC . . . . 4 SECONDARY . . . . 5 INTERMEDIATE DIPLOMA . . . . 6 BACHELOR . . . . 7 HIGHER 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
108	What is the highest grade you completed at that level?	GRADE . . . . ☐☐	
113	Do you read a newspaper or magazine almost every day, 3-5 times a week, once or twice a week, once a month, few times a year, or never?	ALMOST EVERY DAY . . . . 1 3-5 TIMES A WEEK . . . . 2 ONCE OR TWICE A WEEK . . . . 3 ONCE A MONTH . . . . 4 FEW TIMES A YEAR . . . . 5 NEVER . . . . 6 CANNOT READ/ILLITERATE 7	
114	Do you listen to the radio almost every day, at least once a week, at least once a month, few times a year, or never?	ALMOST EVERY DAY . . . . 1 AT LEAST ONCE A WEEK . . . . 2 AT LEAST ONCE A MONTH . . . . 3 FEW TIMES A YEAR . . . . 4 NEVER 5	
115	Do you watch television almost every day, at least once a week, at least once a month, few times a year, or never?	ALMOST EVERY DAY . . . . 1 AT LEAST ONCE A WEEK . . . . 2 AT LEAST ONCE A MONTH . . . . 3 FEW TIMES A YEAR . . . . 4 NEVER 5	

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
201	Now I would like to ask about all the births you have had during your life. Have you ever given birth?	YES . . . . 1 NO 2	 → 206
202	Do you have any sons or daughters to whom you have given birth who are now living with you?	YES . . . . 1 NO 2	 → 204
203	How many sons live with you? And how many daughters live with you? IF NONE, RECORD '00'.	SONS AT HOME . . . . ☐☐ DAUGHTERS AT HOME . . . . . ☐☐	
204	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	 → 206
205	How many sons are alive but do not live with you? And how many daughters are alive but do not live with you? IF NONE, RECORD '00'.	SONS ELSEWHERE . . . . ☐☐ DAUGHTERS ELSEWHERE . ☐☐	
206	Have you ever given birth to a boy or girl who was born alive but later died? IF NO, PROBE: Any baby who cried or showed signs of life but did not survive?	YES . . . . 1 NO 2	 → 208
207	How many boys have died? And how many girls have died? IF NONE, RECORD '00'.	BOYS DEAD . . . . ☐☐ GIRLS DEAD . . . . ☐☐	
208	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL . . . . ☐☐	
209	CHECK 208: Just to make sure that I have this right: you have had in TOTAL _____ births during your life. Is that correct? YES ☐ ↓ NO ☐ → PROBE AND CORRECT 201-208 AS NECESSARY.		
210	CHECK 208: ONE OR MORE BIRTHS ☐ ↓ NO BIRTHS ☐ →		→ 226

211 Now I would like to record the names of all your births, whether still alive or not, starting with the first one you had.
RECORD NAMES OF ALL THE BIRTHS IN 212. RECORD TWINS AND TRIPLETS ON SEPARATE LINES.
(IF THERE ARE MORE THAN 12 BIRTHS, USE AN ADDITIONAL QUESTIONNAIRE, STARTING WITH THE SECOND ROW).

212 What name was given to your (first/next) baby? (NAME)	213 Were any of these births twins?	214 Is (NAME) a boy or a girl?	215 In what month and year was (NAME) born? PROBE: What is his/her birthday?	216 Is (NAME) still alive?	217 IF ALIVE: How old was (NAME) at his/her last birthday? RECORD AGE IN COMPLETED YEARS. IF LESS THAN 1 YEAR, RECORD '00'	218 IF ALIVE: Is (NAME) living with you?	219 IF ALIVE: RECORD HOUSEHOLD LINE NUMBER OF CHILD (RECORD '00' IF CHILD NOT LISTED IN HOUSEHOLD).	220 IF DEAD: How old was (NAME) when he/she died? IF '1 YR', PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS.	221 Were there any other live births between (NAME OF PREVIOUS BIRTH) and (NAME), including any children who died after birth?
01	SING 1 MULT 2	BOY 1 GIRL 2	MONTH YEAR	YES . . 1 NO . . . 2 ↓ 220	AGE IN YEARS	YES . . . 1 NO 2	LINE NUMBER ↓ (NEXT BIRTH)	DAYS . . . 1 MONTHS 2 YEARS . . 3	
02	SING 1 MULT 2	BOY 1 GIRL 2	MONTH YEAR	YES . . 1 NO . . . 2 ↓ 220	AGE IN YEARS	YES . . . 1 NO 2	LINE NUMBER ↓ (GO TO 221)	DAYS . . . 1 MONTHS 2 YEARS . . 3	YES . . . . 1 ADD BIRTH NO . . . . . 2 NEXT BIRTH
03	SING 1 MULT 2	BOY 1 GIRL 2	MONTH YEAR	YES . . 1 NO . . . 2 ↓ 220	AGE IN YEARS	YES . . . 1 NO 2	LINE NUMBER ↓ (GO TO 221)	DAYS . . . 1 MONTHS 2 YEARS . . 3	YES . . . . 1 ADD BIRTH NO . . . . . 2 NEXT BIRTH
04	SING 1 MULT 2	BOY 1 GIRL 2	MONTH YEAR	YES . . 1 NO . . . 2 ↓ 220	AGE IN YEARS	YES . . . 1 NO 2	LINE NUMBER ↓ (GO TO 221)	DAYS . . . 1 MONTHS 2 YEARS . . 3	YES . . . . 1 ADD BIRTH NO . . . . . 2 NEXT BIRTH
05	SING 1 MULT 2	BOY 1 GIRL 2	MONTH YEAR	YES . . 1 NO . . . 2 ↓ 220	AGE IN YEARS	YES . . . 1 NO 2	LINE NUMBER ↓ (GO TO 221)	DAYS . . . 1 MONTHS 2 YEARS . . 3	YES . . . . 1 ADD BIRTH NO . . . . . 2 NEXT BIRTH
06	SING 1 MULT 2	BOY 1 GIRL 2	MONTH YEAR	YES . . 1 NO . . . 2 ↓ 220	AGE IN YEARS	YES . . . 1 NO 2	LINE NUMBER ↓ (GO TO 221)	DAYS . . . 1 MONTHS 2 YEARS . . 3	YES . . . . 1 ADD BIRTH NO . . . . . 2 NEXT BIRTH
07	SING 1 MULT 2	BOY 1 GIRL 2	MONTH YEAR	YES . . 1 NO . . . 2 ↓ 220	AGE IN YEARS	YES . . . 1 NO 2	LINE NUMBER ↓ (GO TO 221)	DAYS . . . 1 MONTHS 2 YEARS . . 3	YES . . . . 1 ADD BIRTH NO . . . . . 2 NEXT BIRTH

212	213	214	215	216	217	218	219	220	221
What name was given to your next baby? (NAME)	Were any of these births twins?	Is (NAME) a boy or a girl?	In what month and year was (NAME) born? PROBE: What is his/her birthday?	Is (NAME) still alive?	IF ALIVE: How old was (NAME) at his/her last birthday? RECORD AGE IN COMPLETED YEARS. IF LESS THAN 1 YEAR, RECORD '00'	IF ALIVE: Is (NAME) living with you?	IF ALIVE: RECORD HOUSEHOLD LINE NUMBER OF CHILD (RECORD '00' IF CHILD NOT LISTED IN HOUSEHOLD).	IF DEAD: How old was (NAME) when he/she died? IF '1 YR', PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS.	Were there any other live births between (NAME OF PREVIOUS BIRTH) and (NAME), including any children who died after birth?
08	SING 1 MULT 2	BOY 1 GIRL 2	MONTH ☐☐ YEAR ☐☐☐☐	YES . . 1 NO . . . 2 ↓ 220	AGE IN YEARS ☐☐	YES . . . 1 NO 2	LINE NUMBER ☐☐ ↓ (GO TO 221)	DAYS . . . 1 ☐☐ MONTHS 2 ☐☐ YEARS . . 3 ☐☐	YES . . . . 1 ADD ↲ BIRTH NO . . . . . 2 NEXT ↲ BIRTH
09	SING 1 MULT 2	BOY 1 GIRL 2	MONTH ☐☐ YEAR ☐☐☐☐	YES . . 1 NO . . . 2 ↓ 220	AGE IN YEARS ☐☐	YES . . . 1 NO 2	LINE NUMBER ☐☐ ↓ (GO TO 221)	DAYS . . . 1 ☐☐ MONTHS 2 ☐☐ YEARS . . 3 ☐☐	YES . . . . 1 ADD ↲ BIRTH NO . . . . . 2 NEXT ↲ BIRTH
10	SING 1 MULT 2	BOY 1 GIRL 2	MONTH ☐☐ YEAR ☐☐☐☐	YES . . 1 NO . . . 2 ↓ 220	AGE IN YEARS ☐☐	YES . . . 1 NO 2	LINE NUMBER ☐☐ ↓ (GO TO 221)	DAYS . . . 1 ☐☐ MONTHS 2 ☐☐ YEARS . . 3 ☐☐	YES . . . . 1 ADD ↲ BIRTH NO . . . . . 2 NEXT ↲ BIRTH
11	SING 1 MULT 2	BOY 1 GIRL 2	MONTH ☐☐ YEAR ☐☐☐☐	YES . . 1 NO . . . 2 ↓ 220	AGE IN YEARS ☐☐	YES . . . 1 NO 2	LINE NUMBER ☐☐ ↓ (GO TO 221)	DAYS . . . 1 ☐☐ MONTHS 2 ☐☐ YEARS . . 3 ☐☐	YES . . . . 1 ADD ↲ BIRTH NO . . . . . 2 NEXT ↲ BIRTH
12	SING 1 MULT 2	BOY 1 GIRL 2	MONTH ☐☐ YEAR ☐☐☐☐	YES . . 1 NO . . . 2 ↓ 220	AGE IN YEARS ☐☐	YES . . . 1 NO 2	LINE NUMBER ☐☐ ↓ (GO TO 221)	DAYS . . . 1 ☐☐ MONTHS 2 ☐☐ YEARS . . 3 ☐☐	YES . . . . 1 ADD ↲ BIRTH NO . . . . . 2 NEXT ↲ BIRTH

222	Have you had any live births since the birth of (NAME OF LAST BIRTH)? IF YES, RECORD BIRTH(S) IN TABLE.	YES . . . . 1 NO 2

223 COMPARE 208 WITH NUMBER OF BIRTHS IN HISTORY ABOVE AND MARK:

NUMBERS ARE SAME ☐ ↓ NUMBERS ARE DIFFERENT ☐ → (PROBE AND RECONCILE)

CHECK: FOR EACH BIRTH: YEAR OF BIRTH IS RECORDED. ☐

FOR EACH BIRTH SINCE JANUARY 2002: MONTH AND YEAR OF BIRTH ARE RECORDED. ☐

FOR EACH LIVING CHILD: CURRENT AGE IS RECORDED. ☐

FOR EACH DEAD CHILD: AGE AT DEATH IS RECORDED. ☐

FOR AGE AT DEATH 12 MONTHS OR 1 YEAR: PROBE TO DETERMINE EXACT NUMBER OF MONTHS. ☐

224 CHECK 215 AND ENTER THE NUMBER OF BIRTHS IN 2002 OR LATER.
IF NONE, RECORD '0' AND SKIP TO 226. ☐

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
225	FOR EACH BIRTH SINCE JANUARY 2002, ENTER 'B' IN THE MONTH OF BIRTH IN COLUMN 1 OF THE CALENDAR. WRITE THE NAME OF THE CHILD TO THE LEFT OF THE 'B' CODE. FOR EACH BIRTH, ASK THE NUMBER OF MONTHS THE PREGNANCY LASTED AND RECORD 'P' IN EACH OF THE PRECEDING MONTHS ACCORDING TO THE DURATION OF PREGNANCY. (NOTE: THE NUMBER OF 'P's MUST BE ONE LESS THAN THE NUMBER OF MONTHS THAT THE PREGNANCY LASTED.)		
226	Are you pregnant now?	YES . . . . 1 NO . . . . 2 UNSURE 8	 → 229
227	How many months pregnant are you? RECORD NUMBER OF COMPLETED MONTHS. ENTER 'P's IN COULMN 1 OF THE CALENDAR, BEGINNING WITH THE MONTH OF INTERVIEW AND FOR THE TOTAL NUMBER OF COMPLETED MONTHS.	MONTHS . . . . ☐	
228	At the time you became pregnant, did you want to become pregnant then, did you want to wait until later, or did you not want to have any (more) children at all?	THEN . . . . 1 LATER . . . . 2 NOT AT ALL 3	
229	Have you ever had a pregnancy that miscarried, was aborted, or ended in a stillbirth?	YES . . . . 1 NO 2	 → 237
229A	The last time you had a such pregnancy, did the pregnancy end in a miscarriage, an induced abortion or a stillbirth?	MISCARRIAGE . . . . 1 INDUCED ABORTION . . . . . 2 STILLBIRTH 3	
230	When did the last such pregnancy end?	MONTH . . . . ☐☐ YEAR . . . . ☐☐☐☐	
231	CHECK 230: LAST PREGNANCY ENDED IN JAN. 2002 OR LATER ☐ LAST PREGNANCY ENDED BEFORE JAN. 2002 ☐		 → 237
231A	Did this (MISCARRIAGE/ABORTION/STILLBIRTH - FROM Q.229A) last such pregnancy take place in a health facility, at home, or in another place?	HEALTH FACILITY . . . . 1 YOUR HOME/OTHER HOME . . 2 OTHER PLACE ________ 6 (SPECIFY)	→ 231D
231B	Did you seek care for this (MISCARRIAGE/ABORTION/ STILLBIRTH - FROM Q.229A)?	YES . . . . 1 NO 2	 → 232
231C 231D	Where did you go for this (MISCARRIAGE/ABORTION/ STILLBIRTH - FROM Q.229A)? In which type of health facility did you go? PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE. ____________________ (NAME OF PLACE)	**PUBLIC MEDICAL SECTOR** GOVT. HOSPITAL . . . . 11 GOVT. HEALTH CENTER . . . . 12 UNIVERSITY HOSPITAL . . . . . 13 ROYAL MEDICAL HOSPITAL . . 14 OTHER PUBLIC ________ 16 (SPECIFY) **PRIVATE MEDICAL SECTOR** PRIVATE HOSPITAL/CLINIC . . . 21 OTHER PRIVATE MEDICAL ________ 26 (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
232	How many months pregnant were you when the last such pregnancy ended? RECORD NUMBER OF COMPLETED MONTHS. ENTER 'T' IN COL. 1 OF THE CALENDAR IN THE MONTH THAT THE PREGNANCY TERMINATED AND 'P' FOR THE REMAINING NUMBER OF COMPLETED MONTHS.	NUMBER OF MONTHS	
233	Since January 2002, have you had any other pregnancies that did not result in a live birth?	YES . . . . 1 NO 2	 → 235
233A	Since January 2002, how many other pregnancies that did not result in a live birth have you had?	NUMBER OF PREGNANCIES .	
234	ASK THE DATE AND THE DURATION OF PREGNANCY FOR EACH EARLIER NON-LIVE BIRTH PREGNANCY BACK TO JANUARY 2002. ENTER 'T' IN COLUMN 1 OF THE CALENDAR IN THE MONTH THAT EACH PREGNANCY TERMINATED AND 'P' FOR THE REMAINING NUMBER OF COMPLETED MONTHS.		
235	Did you have any miscarriages, abortions or stillbirths that ended before 2002?	YES . . . . 1 NO 2	 → 237
236	When did the last such pregnancy that terminated before 2002 end?	MONTH . . . . YEAR	
237	When did your last menstrual period start? ________________________ (DATE, IF GIVEN)	DAYS AGO . . . . 1 WEEKS AGO . . . . 2 MONTHS AGO . . . . 3 YEARS AGO . . . . 4 IN MENOPAUSE/ HAS HAD HYSTERECTOMY . . . 994 BEFORE LAST BIRTH . . . . 995 NEVER MENSTRUATED 996	
238	From one menstrual period to the next, are there certain days when a woman is more likely to become pregnant if she has sexual intercourse?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	 → 301
239	Is this time just before her period begins, during her period, right after her period has ended, or halfway between two periods?	JUST BEFORE HER PERIOD BEGINS . . . . 1 DURING HER PERIOD . . . . 2 RIGHT AFTER HER PERIOD HAS ENDED . . . . 3 HALFWAY BETWEEN TWO PERIODS . . . . 4 OTHER ________________________ 6 (SPECIFY) DON'T KNOW 8	

SECTION 3. CONTRACEPTION

301	Now I would like to talk about family planning - the various ways or methods that a couple can use to delay or avoid a pregnancy. Which ways or methods have you heard about? FOR METHODS NOT MENTIONED SPONTANEOUSLY, ASK: Have you ever heard of (METHOD)? CIRCLE CODE 1 IN 301 FOR EACH METHOD MENTIONED SPONTANEOUSLY. THEN PROCEED DOWN COLUMN 301, READING THE NAME AND DESCRIPTION OF EACH METHOD NOT MENTIONED SPONTANEOUSLY. CIRCLE CODE 1 IF METHOD IS RECOGNIZED, AND CODE 2 IF NOT RECOGNIZED. THEN, FOR EACH METHOD WITH CODE 1 CIRCLED IN 301, ASK 302.		302 Have you ever used (METHOD)?
01	FEMALE STERILIZATION Women can have an operation to avoid having any more children.	YES . . . . 1 NO . . . . 2 ↓	Have you ever had an operation to avoid having any more children? YES . . . . 1 NO 2
02	MALE STERILIZATION Men can have an operation to avoid having any more children.	YES . . . . 1 NO . . . . 2 ↓	Have you ever had a husband who had an operation to avoid having any more children? YES . . . . 1 NO 2
03	PILL Women can take a pill every day to avoid becoming pregnant.	YES . . . . 1 NO . . . . 2 ↓	YES . . . . 1 NO 2
04	IUD Women can have a loop or coil placed inside them by a doctor or a midwife.	YES . . . . 1 NO . . . . 2 ↓	YES . . . . 1 NO 2
05	INJECTABLES Women can have an injection by a health provider that stops them from becoming pregnant usually for 3 months.	YES . . . . 1 NO . . . . 2 ↓	YES . . . . 1 NO 2
06	IMPLANTS Women can have several small rods placed in their upper arm by a doctor or nurse which can prevent pregnancy usually for 3 years.	YES . . . . 1 NO . . . . 2 ↓	YES . . . . 1 NO 2
07	CONDOM Men can put a rubber sheath on their penis before sexual intercourse.	YES . . . . 1 NO . . . . 2 ↓	YES . . . . 1 NO 2
08	FEMALE CONDOM Women can place a sheath in their vagina before sexual intercourse.	YES . . . . 1 NO . . . . 2 ↓	YES . . . . 1 NO 2
09	LACTATIONAL AMENORRHEA METHOD (LAM)	YES . . . . 1 NO . . . . 2 ↓	YES . . . . 1 NO 2
10	PERIODIC ABSTINENCE Every month that a woman is sexually active she can avoid pregnancy by not having sexual intercourse on the days of the month she is most likely to get pregnant.	YES . . . . 1 NO . . . . 2 ↓	YES . . . . 1 NO 2
11	WITHDRAWAL Men can be careful and pull out before climax.	YES . . . . 1 NO . . . . 2 ↓	YES . . . . 1 NO 2
12	EMERGENCY CONTRACEPTION As an emergency measure after unprotected sexual intercourse, women can take special pills at any time within five days to prevent pregnancy.	YES . . . . 1 NO . . . . 2 ↓	YES . . . . 1 NO 2
13	Have you heard of any other ways or methods that women or men can use to avoid pregnancy?	YES . . . . 1 ____________________ (SPECIFY) ____________________ (SPECIFY) NO 2	YES . . . . 1 NO . . . . 2 YES . . . . 1 NO 2
303	CHECK 302: NOT A SINGLE "YES" (NEVER USED) ☐ ↓ AT LEAST ONE "YES" (EVER USED) ☐		→ 307

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
304	Have you ever used anything or tried in any way to delay or avoid getting pregnant?	YES . . . . 1 NO 2	→ 306
305	ENTER '0' IN COLUMN 1 OF THE CALENDAR IN EACH BLANK MONTH.		→ 333
306	What have you used or done? CORRECT 302 AND 303 (AND 301 IF NECESSARY).		
307	Now I would like to ask you about the first time that you did something or used a method to avoid getting pregnant. How many living children did you have at that time, if any? IF NONE, RECORD '00'.	NUMBER OF CHILDREN . . . . . ☐☐	
308	CHECK 302 (01): WOMAN NOT STERILIZED ☐ ↓ WOMAN STERILIZED ☐		→ 311A
309	CHECK 226: NOT PREGNANT OR UNSURE ☐ ↓ PREGNANT ☐		→ 322
310	Are you currently doing something or using any method to delay or avoid getting pregnant?	YES . . . . 1 NO 2	 → 322
311	Which method are you using? CIRCLE ALL MENTIONED. IF MORE THAN ONE METHOD MENTIONED, FOLLOW SKIP INSTRUCTION FOR HIGHEST METHOD IN LIST.	FEMALE STERILIZATION . . . . A MALE STERILIZATION . . . . B PILL . . . . C IUD . . . . D INJECTABLES . . . . E IMPLANTS . . . . F CONDOM . . . . G FEMALE CONDOM . . . . H	
311A	CIRCLE 'A' FOR FEMALE STERILIZATION.	DIAPHRAGM . . . . I FOAM/JELLY . . . . J LACTATIONAL AMEN. METHOD . . . K PERIODIC ABSTINENCE . . . . L WITHDRAWAL . . . . M OTHER ______________________ X (SPECIFY)	
311B	Who advised you to use this method? IF MORE THAN ONE METHOD CIRCLED IN 311/311A, THIS QUESTION SHOULD REFER TO THE HIGHEST METHOD IN THE LIST.	NO ONE . . . . 01 DOCTOR . . . . 02 NURSE . . . . 03 MIDWIFE . . . . 04 HUSBAND . . . . 05 MOTHER/MOTHER IN LAW . . . . 06 OTHER RELATIVE . . . . 07 FRIENDS . . . . 08 NEIGHBOURS . . . . 09 OTHER ______________________ 96 (SPECIFY)	
311C	CHECK 311/311A: CIRCLE METHOD(S) CODE	FEMALE STERILIZATION . . . . A	→ 316
		MALE STERILIZATION . . . . B	
		PILL C	
		IUD . . . . D	→ 315
		INJECTABLES . . . . E	
		IMPLANTS . . . . F	
		CONDOM . . . . G	→ 314
		FEMALE CONDOM . . . . H	→ 315
		DIAPHRAGM I	
		FOAM/JELLY . . . . J	
		LACTATIONAL AMEN. METHOD . . . K	→ 319A
		PERIODIC ABSTINENCE L	
		WITHDRAWAL . . . . M	
		OTHER METHOD . specify X	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
312	May I see the package of pills you are using? IF PACKAGE SEEN RECORD CODE OF BRAND USING THE FIRST LIST OF CODES IF PACKAGE NOT SEEN, ASK: Do you know the brand name of the pills you are using? RECORD CODE OF BRAND USING THE SECOND LIST OF CODES.	**PACKAGE SEEN** CERAZETTE .... 11 OVRETTE .... 12 LOFEMENAL 13 MICROGYNON 14 YASMIN .... 15 OTHER .... 16 **PACKAGE NOT SEEN** CERAZETTE .... 21 OVRETTE .... 22 LOFEMENAL 23 MICROGYNON 24 YASMIN .... 25 OTHER .... 26 DON'T KNOW 98	
314	RECORD IF CODE 'C' FOR PILL IS CIRCLED IN 311. YES (USING PILL) ☐ The last time you obtained the pills, how many pill cycles did you get? NO (USING CONDOM BUT NOT PILL) ☐ The last time you obtained the condoms, how many condoms did you get?	NUMBER OF PILL CYCLES/CONDOMS . . ☐☐☐ DON'T KNOW 998	
315	The last time you obtained (HIGHEST METHOD ON LIST IN 311), how much did you pay in total, including the cost of the method and any consultation you may have had? IF MORE THAN 990 JD, RECORD 990	COST IN JD .... ☐☐☐ FREE .... 995 DON'T KNOW 998	
315A	CHECK 311: USING IUD CODE 'D' CIRCLED ☐ NOT USING IUD CODE 'D' NOT CIRCLED ☐		319A
315B	Who inserted your IUD?	MALE DOCTOR .... 1 FEMALE DOCTOR .... 2 MIDWIFE .... 3 OTHER ____________________ 6 (SPECIFY)	319A
316	In what facility did the sterilization take place? PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE. ______________________________ (NAME OF PLACE)	**PUBLIC MEDICAL SECTOR** GOVT. HOSPITAL .... 11 UNIVERSITY HOSPITAL .... 12 ROYAL MEDICAL SERVICES 13 OTHER PUBLIC ______________ 16 (SPECIFY) **PRIVATE MEDICAL SECTOR** PRIVATE HOSPITAL/CLINIC ... 21 OTHER PRIVATE MEDICAL ______________ 26 (SPECIFY) DON'T KNOW 98	
317	CHECK 311/311A: CODE 'A' CIRCLED ☐ Before your sterilization operation, were you told that you would not be able to have any (more) children because of the operation? CODE 'B' CIRCLED ☐ Before the sterilization operation, was your husband told that he would not be able to have any (more) children because of the operation?	YES .... 1 NO .... 2 DON'T KNOW 8	
318	How much was paid in total for the sterilization, including any consultation you (he) may have had? IF MORE THAN 990 JD, RECORD 990	COST IN JD .... ☐☐☐ FREE .... 995 DON'T KNOW 998	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
318A	Do you regret that you had the operation not to have any (more) children?	YES .... 1 NO 2	
319 319A	In what month and year was the sterilization performed? Since what month and year have you been using (CURRENT METHOD) without stopping? PROBE: For how long have you been using (CURRENT METHOD) now without stopping?	MONTH .... ☐☐ YEAR .... ☐☐☐☐	
320	CHECK 319/319A, 215 AND 230: ANY BIRTH OR PREGNANCY TERMINATION AFTER MONTH AND YEAR OF START OF USE OF CONTRACEPTION IN 319/319A — YES ☐ NO ☐ GO BACK TO 319/319A, PROBE AND RECORD MONTH AND YEAR AT START OF CONTINUOUS USE OF CURRENT METHOD (MUST BE AFTER LAST BIRTH OR PREGNANCY TERMINATION).		
321	CHECK 319/319A: YEAR IS 2002 OR LATER ☐ ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN COLUMN 1 OF THE CALENDAR AND IN EACH MONTH BACK TO THE DATE STARTED USING.	YEAR IS 2001 OR EARLIER ☐ ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN COL. 1 OF THE CALENDAR AND EACH MONTH BACK TO JANUARY 2002 THEN SKIP TO →	331
322	I would like to ask you some questions about the times you or your husband may have used a method to avoid getting pregnant during the last few years. USE CALENDAR TO PROBE FOR EARLIER PERIODS OF USE AND NONUSE, STARTING WITH MOST RECENT USE, BACK TO JANUARY 2002. USE NAMES OF CHILDREN, DATES OF BIRTH, AND PERIODS OF PREGNANCY AS REFERENCE POINTS. **IN COULMN 1**: ENTER METHOD USE CODE OR '0' FOR NONUSE IN EACH BLANK MONTH. ILLUSTRATIVE QUESTIONS: COLUMN 1: * When was the last time you used a method? Which method was that? * When did you start using that method? How long after the birth of (NAME)? * How long did you use the method then? **IN COLUMN 2:** ENTER CODES FOR DISCONTINUATION NEXT TO LAST MONTH OF USE. NUMBER OF CODES IN COL.2 MUST BE SAME AS NUMBER OF INTERRUPTIONS OF METHOD USE IN COL.1 ASK WHY SHE STOPPED USING THE METHOD. IF A PREGNANCY FOLLOWED, ASK WHETHER SHE BECAME PREGNANT UNINTENTIONALLY WHILE USING THE METHOD OR DELIBERATELY STOPPED TO GET PREGNANT. ILLUSTRATIVE QUESTIONS: COLUMN 2: * Why did you stop using the (METHOD)? * Did you become pregnant while using (METHOD), or did you stop to get pregnant, or did you stop for some other reason? IF DELIBERATELY STOPPED TO BECOME PREGNANT, ASK: How many months did it take you to get pregnant after you stopped using (METHOD)? AND ENTER ‘0’ IN EACH SUCH MONTH IN COLUMN 1		
323	CHECK 311/311A:	NO CODE CIRCLED 00	→ 333
		FEMALE STERILIZATION 01	→ 326
	CIRCLE METHOD CODE:	MALE STERILIZATION 02	→ 335
		PILL 03	
	IF MORE THAN ONE METHOD CODE CIRCLED IN 311/311A,	IUD 04	
	CIRCLE CODE FOR HIGHEST METHOD IN LIST.	INJECTABLES 05	
		IMPLANTS 06	
		CONDOM 07	
		FEMALE CONDOM 08	
		DIAPHRAGM 09	
		FOAM/JELLY 10	
		LACTATIONAL AMEN. METHOD ... 11	→ 324A
		PERIODIC ABSTINENCE 12	→ 324A
		WITHDRAWAL 13	→ 335
		OTHER METHOD 96	→ 335

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
324	Where did you obtain (CURRENT METHOD) when you started using it?	**PUBLIC MEDICAL SECTOR** GOVT. HOSPITAL . . . . 11 GOVT. HEALTH CENTER . . . . . 12 GOVT. MCH . . . . 13 UNIVERSITY HOSPITAL . . . . 14 ROYAL MEDICAL SERVICES . . . 15 OTHER PUBLIC _____________ 16 (SPECIFY)	
324A	Where did you learn how to use priodic abstinence/the lactational amenorhea method? IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE. _______________________________ (NAME OF PLACE)	**PRIVATE MEDICAL SECTOR** PRIVATE HOSPITAL/CLINIC . . . 21 PRIVATE DOCTOR . . . . 22 PHARMACY . . . . 23 JORDANIAN AS. OF FP AND PROTECTION (JAFPP) . . . . . 24 UNRWA CLINIC . . . . 25 OTHER NON-GOV ORGANIZATION 26 OTHER PRIVATE MEDICAL_______________ 27 (SPECIFY) **OTHER SOURCE** FRIEND/RELATIVE . . . . 33 OTHER ____________________ 96 (SPECIFY)	
325	CHECK 311/311A: CIRCLE METHOD CODE: IF MORE THAN ONE METHOD CODE CIRCLED IN 311/311A, CIRCLE CODE FOR HIGHEST METHOD IN LIST.	PILL 03	
		IUD 04	
		INJECTABLES 05	
		IMPLANTS 06	
		CONDOM 07	→ 332
		FEMALE CONDOM 08	→ 329
		DIAPHRAGM 09	→ 329
		FOAM/JELLY 10	→ 329
		LACTATIONAL AMEN. METHOD . . . 11	→ 335
		PERIODIC ABSTINENCE 12	→ 335
326	You obtained (CURRENT METHOD FROM 323) from (SOURCE OF METHOD FROM 316 OR 324) in (DATE FROM 319/319A). At that time, were you told about side effects or problems you might have with the method?	YES 1	→ 328
		NO 2	
327	Were you ever told by a health or family planning worker about side effects or problems you might have with the method?	YES 1	
		NO 2	→ 329
328	Were you told what to do if you experienced side effects or problems?	YES . . . . 1 NO 2	
329	CHECK 326: CODE '1' CIRCLED ☐ At that time, were you told about other methods of family planning that you could use? CODE '1' NOT CIRCLED ☐ When you obtained (CURRENT METHOD FROM 323) from (SOURCE OF METHOD FROM 316 OR 324) were you told about other methods of family planning that you could use?	YES 1	→ 331
		NO 2	
330	Were you ever told by a health or family planning worker about other methods of family planning that you could use?	YES . . . . 1 NO 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
331	CHECK 311/311A: CIRCLE METHOD CODE: IF MORE THAN ONE METHOD CODE CIRCLED IN 311/311A, CIRCLE CODE FOR HIGHEST METHOD IN LIST.	FEMALE STERILIZATION . . . . 01 MALE STERILIZATION . . . . 02 PILL . . . . 03 IUD . . . . 04 INJECTABLES . . . . 05 IMPLANTS . . . . 06 CONDOM . . . . 07 FEMALE CONDOM . . . . 08 DIAPHRAGM . . . . 09 FOAM/JELLY . . . . 10 LACTATIONAL AMEN. METHOD . . . 11 PERIODIC ABSTINENCE . . . . 12 WITHDRAWAL . . . . 13 OTHER METHOD 96	→ 335 → 335
332	Where did you obtain (CURRENT METHOD) the last time? PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE. ____________________ (NAME OF PLACE)	**PUBLIC MEDICAL SECTOR** GOVT. HOSPITAL . . . . 11 GOVT. HEALTH CENTER . . . . . 12 GOVT. MCH . . . . 13 UNIVERSITY HOSPITAL/CLINIC 14 ROYAL MEDICAL SERVICES 15 OTHER PUBLIC _______________ 16 (SPECIFY) **PRIVATE MEDICAL SECTOR** PRIVATE HOSPITAL/CLINIC . . . 21 PRIVATE DOCTOR . . . . 22 PHARMACY . . . . 23 JORDANIAN AS. OF FP AND PROTECTION (JAFPP) . . . . . 24 UNRWA CLINIC . . . . 25 OTHER NON-GOV ORGANIZATION 26 OTHER PRIVATE MEDICAL_______________ 27 (SPECIFY) **OTHER SOURCE** FRIEND/RELATIVE . . . . 33 OTHER ____________________ 96 (SPECIFY)	335 →
333	Do you know of a place where you can obtain a method of family planning?	YES . . . . 1 NO 2	 → 335
334	Where is that? Any other place? PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S). IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE. ____________________ (NAME OF PLACE(S))	**PUBLIC MEDICAL SECTOR** GOVT. HOSPITAL . . . . A GOVT. HEALTH CENTER . . . . . . B GOVT. MCH . . . . C UNIVERSITY HOSPITAL/CLINIC . . . D ROYAL MEDICAL SERVICES . . . . . E OTHER PUBLIC _______________ F (SPECIFY) **PRIVATE MEDICAL SECTOR** PRIVATE HOSPITAL/CLINIC . . . . . G PRIVATE DOCTOR . . . . H PHARMACY . . . . I JORDANIAN AS. OF FP AND PROTECTION (JAFPP) . . . . . J UNRWA CLINIC . . . . K OTHER NON-GOV ORGANIZATION L OTHER PRIVATE MEDICAL_______________ M (SPECIFY) **OTHER SOURCE** FRIEND/RELATIVE . . . . N OTHER _______________________ X (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
335	In the last 12 months, were you visited by a health worker who talked to you about family planning?	YES . . . . 1 NO 2	
336	In the last 12 months, have you visited a health facility for care for yourself (or your children)?	YES . . . . 1 NO 2	 → 401
337	Did any staff member at the health facility speak to you about family planning methods?	YES . . . . 1 NO 2	

SECTION 4. PREGNANCY AND POSTNATAL CARE

401	CHECK 224: ONE OR MORE BIRTHS IN 2002 OR LATER ☐ NO BIRTHS IN 2002 OR LATER ☐ → 548			
402	CHECK 215: ENTER IN THE TABLE THE LINE NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH IN 2002 OR LATER. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. (IF THERE ARE MORE THAN 3 BIRTHS, USE LAST 2 COLUMNS OF ADDITIONAL QUESTIONNAIRES). Now I would like to ask you some questions about the health of all your children born in the last five years. (We will talk about each separately.)			
403	LINE NUMBER FROM 212	LAST BIRTH LINE NO. ☐☐	NEXT-TO-LAST BIRTH LINE NO. ☐☐	SECOND-FROM-LAST BIRTH LINE NO. ☐☐
404	FROM 212 AND 216	NAME ______________ LIVING ☐ DEAD ☐	NAME ______________ LIVING ☐ DEAD ☐	NAME ______________ LIVING ☐ DEAD ☐
405	At the time you became pregnant with (NAME), did you want to become pregnant then, did you want to wait until later, or did you not want to have any (more) children at all?	THEN . . . . 1 (SKIP TO 407) LATER . . . . 2 NOT AT ALL . . . . . 3 (SKIP TO 407)	THEN . . . . 1 (SKIP TO 426) LATER . . . . 2 NOT AT ALL . . . . . 3 (SKIP TO 426)	THEN . . . . 1 (SKIP TO 426) LATER . . . . 2 NOT AT ALL . . . . . 3 (SKIP TO 426)
406	How much longer would you have liked to wait?	MONTHS . . 1 ☐☐ YEARS . . 2 ☐☐ DON'T KNOW . . . 998	MONTHS . . 1 ☐☐ YEARS . . 2 ☐☐ DON'T KNOW . . . 998	MONTHS . . 1 ☐☐ YEARS . . 2 ☐☐ DON'T KNOW . . . 998
407	Did you see anyone for antenatal care for this pregnancy? IF YES: Whom did you see? Anyone else? PROBE TO IDENTIFY EACH TYPE OF PERSON AND RECORD ALL MENTIONED.	HEALTH PERSONNEL DOCTOR . . . . A NURSE/MIDWIFE B OTHER PERSON __________ X (SPECIFY) NO ONE . . . . Y (SKIP TO 414)		
408	Where did you receive antenatal care for this pregnancy? Anywhere else? PROBE TO IDENTIFY TYPE(S) OF SOURCE(S) AND CIRCLE THE APPROPRIATE CODE(S). IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE THE NAME OF THE PLACE. ______________________ (NAME OF PLACE(S))	**HOME** YOUR HOME . . . A OTHER HOME . . . B **PUBLIC MED. SECTOR** GOVT. HOSPITAL C GOVT. HEALTH CENTER . . . . . D UNIVERSITY HOSPITAL . . . E ROYAL MEDICAL SERVICES . . . F OTHER PUBLIC __________ G (SPECIFY) **PRIVATE MED. SECTOR** PVT. HOSPITAL/ CLINIC . . . . H UNRWA HEALTH CENTER . . . . . I OTHER PRIVATE MED. __________ J (SPECIFY) OTHER__________ X (SPECIFY)		

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _______________	NEXT-TO-LAST BIRTH NAME _______________	SECOND-FROM-LAST BIRTH NAME _______________
409	How many months pregnant were you when you first received antenatal care for this pregnancy?	NUMBER OF MONTHS . . . ☐☐ DON'T KNOW 98		
410	How many times did you receive antenatal care during this pregnancy?	NUMBER OF TIMES . ☐☐ DON'T KNOW 98		
411	As part of your antenatal care during this pregnancy, were any of the following done at least once? Were you weighed? Was your blood pressure measured? Did you give a urine sample? Did you give a blood sample?	YES NO WEIGHT . . . 1 2 BP . . . . 1 2 URINE . . . . . 1 2 BLOOD . . . 1 2		
412	During (any of) your antenatal care visit(s), were you told about the signs of pregnancy complications?	YES . . . . 1 NO . . . . 2 (SKIP TO 413A) ← DON'T KNOW 8		
413	Were you told where to go if you had any of these complications?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8		
413A	During (any of) your antenatal care visit(s), were you told about the signs of complications during the postnatal period?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8		
413B	During (any of) your antenatal care visit(s), were you told about having postnatal care visits one week and 30 days after delivery?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8		
414	During this pregnancy, were you given an injection in the arm to prevent the baby from getting tetanus, that is, convulsions after birth?	YES . . . . 1 NO . . . . 2 (SKIP TO 417) ← DON'T KNOW 8		
415	During this pregnancy, how many times did you get this tetanus injection?	TIMES . . . . ☐ DON'T KNOW . . . 8		
416	CHECK 415:	2 OR MORE TIMES ☐ (SKIP TO 421) 1 OR DK ☐		
417	At any time before this pregnancy, did you receive any tetanus injections, either to protect yourself or another baby?	YES . . . . 1 NO . . . . 2 (SKIP TO 421) ← DON'T KNOW 8		
418	Before this pregnancy, how many other times did you receive a tetanus injection? IF 7 OR MORE TIMES, RECORD '7'.	TIMES . . . . ☐ DON'T KNOW . . . 8		

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _______________	NEXT-TO-LAST BIRTH NAME _______________	SECOND-FROM-LAST BIRTH NAME _______________
419	In what month and year did you receive the last tetanus injection before this pregnancy?	MONTH . . . ☐☐ DK MONTH . . . . 98 YEAR ☐☐☐☐ (SKIP TO 421) DK YEAR 9998		
420	How many years ago did you receive that tetanus injection?	YEARS AGO . . . . . ☐☐		
421	During this pregnancy, were you given or did you buy any iron tablets or iron syrup?	YES . . . . 1 NO . . . . 2 (SKIP TO 426) DON'T KNOW 8		
422	During the whole pregnancy, for how many days did you take the tablets or syrup? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER OF DAYS.	DAYS . ☐☐☐ DON'T KNOW . . . 998		
426	When (NAME) was born, was he/she very large, larger than average, average, smaller than average, or very small?	VERY LARGE . . . . . 1 LARGER THAN AVERAGE . . . . . 2 AVERAGE . . . . 3 SMALLER THAN AVERAGE . . . . . 4 VERY SMALL . . . . . 5 DON'T KNOW 8	VERY LARGE . . . . . 1 LARGER THAN AVERAGE . . . . . 2 AVERAGE . . . . 3 SMALLER THAN AVERAGE . . . . . 4 VERY SMALL . . . . . 5 DON'T KNOW 8	VERY LARGE . . . . . 1 LARGER THAN AVERAGE . . . . . 2 AVERAGE . . . . 3 SMALLER THAN AVERAGE . . . . . 4 VERY SMALL . . . . . 5 DON'T KNOW 8
427	Was (NAME) weighed at birth?	YES . . . . 1 NO . . . . 2 (SKIP TO 429) DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (SKIP TO 429) DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (SKIP TO 429) DON'T KNOW 8
428	How much did (NAME) weigh? RECORD WEIGHT IN KILOGRAMS FROM HEALTH CARD, IF AVAILABLE.	KG FROM CARD 1 ☐ . ☐☐☐ KG FROM RECALL 2 ☐ . ☐☐☐ DON'T KNOW . 99998	KG FROM CARD 1 ☐ . ☐☐☐ KG FROM RECALL 2 ☐ . ☐☐☐ DON'T KNOW . 99998	KG FROM CARD 1 ☐ . ☐☐☐ KG FROM RECALL 2 ☐ . ☐☐☐ DON'T KNOW . 99998
429	Who assisted with the delivery of (NAME)? Anyone else? PROBE FOR THE TYPE(S) OF PERSON(S) AND RECORD ALL MENTIONED. IF RESPONDENT SAYS NO ONE ASSISTED, PROBE TO DETERMINE WHETHER ANY ADULTS WERE PRESENT AT THE DELIVERY.	HEALTH PERSONNEL DOCTOR . . . . . A NURSE/MIDWIFE . B OTHER PERSON X _____________ (SPECIFY) (SKIP TO 430) NO ONE . . . . Y	HEALTH PERSONNEL DOCTOR . . . . . A NURSE/MIDWIFE . B OTHER PERSON X _____________ (SPECIFY) (SKIP TO 430) NO ONE . . . . Y	HEALTH PERSONNEL DOCTOR . . . . . A NURSE/MIDWIFE . B OTHER PERSON X _____________ (SPECIFY) (SKIP TO 430) NO ONE . . . . Y

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _______________	NEXT-TO-LAST BIRTH NAME _______________	SECOND-FROM-LAST BIRTH NAME _______________
429A	How much did you pay the service provider for this delivery? RECORD THE TOTAL COST IN DINARS	COST IN JD ☐☐☐☐ FREE . . . . 9995 DON' T KNOW . 9998	COST IN JD ☐☐☐☐ FREE . . . . 9995 DON' T KNOW . 9998	COST IN JD ☐☐☐☐ FREE . . . . 9995 DON' T KNOW . 9998
430	Where did you give birth to (NAME)? PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE THE NAME OF THE PLACE. _______________ (NAME OF PLACE)	**HOME** YOUR HOME . . . 11 (SKIP TO 437) ← OTHER HOME . . . 12 **PUBLIC MED. SECTOR** GOVT. HOSPITAL 21 GOVT. HEALTH CENTER . . . . . 22 UNIVERSITY HOSPITAL . . . 23 ROYAL MEDICAL SERVICES . . . 24 OTHER PUBLIC 26 _______________ (SPECIFY) **PRIVATE MED. SECTOR** PVT. HOSPITAL/ CLINIC . . . . 31 OTHER PRIVATE MED.__________ 36 (SPECIFY) **OTHER**__________ 96 (SPECIFY) (SKIP TO 437) ←	**HOME** YOUR HOME . . . 11 (SKIP TO 438) ← OTHER HOME . . . 12 **PUBLIC MED. SECTOR** GOVT. HOSPITAL 21 GOVT. HEALTH CENTER . . . . . 22 UNIVERSITY HOSPITAL . . . 23 ROYAL MEDICAL SERVICES . . . 24 OTHER PUBLIC 26 _______________ (SPECIFY) **PRIVATE MED. SECTOR** PVT. HOSPITAL/ CLINIC . . . . 31 OTHER PRIVATE MED.__________ 36 (SPECIFY) **OTHER**__________ 96 (SPECIFY) (SKIP TO 438) ←	**HOME** YOUR HOME . . . 11 (SKIP TO 438) ← OTHER HOME . . . 12 **PUBLIC MED. SECTOR** GOVT. HOSPITAL 21 GOVT. HEALTH CENTER . . . . . 22 UNIVERSITY HOSPITAL . . . 23 ROYAL MEDICAL SERVICES . . . 24 OTHER PUBLIC 26 _______________ (SPECIFY) **PRIVATE MED. SECTOR** PVT. HOSPITAL/ CLINIC . . . . 31 OTHER PRIVATE MED.__________ 36 (SPECIFY) **OTHER**__________ 96 (SPECIFY) (SKIP TO 438) ←
431	How long after (NAME) was delivered did you stay there? IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS 1 ☐☐ DAYS 2 ☐☐ WEEKS 3 ☐☐ DON'T KNOW . 998	HOURS 1 ☐☐ DAYS 2 ☐☐ WEEKS 3 ☐☐ DON'T KNOW . . . 998	HOURS 1 ☐☐ DAYS 2 ☐☐ WEEKS 3 ☐☐ DON'T KNOW . . . 998
432	Was (NAME) delivered by caesarean section?	YES . . . . 1 NO 2	YES . . . . 1 NO 2	YES . . . . 1 NO 2
432A	When you were discharged after (NAME) was born, were you given any free sample of infant formula by the health facility staff?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	YES . . . . 1 NO . . . . 2 DON'T KNOW 8
432B	Before you were discharged after (NAME) was born, did anyone in the health facility talk to you or advise you about family planning?	YES . . . . 1 NO 2	YES . . . . 1 NO 2	YES . . . . 1 NO 2
433	Before you were discharged after (NAME) was born, did any health care provider check on your health?	YES . . . . 1 NO . . . . 2 (SKIP TO 436) ←	YES . . . . 1 (SKIP TO 449) ← NO 2	YES . . . . 1 (SKIP TO 449) ← NO 2

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _______________	NEXT-TO-LAST BIRTH NAME _______________	SECOND-FROM-LAST BIRTH NAME _______________
434	How long after delivery did the first check take place? IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS 1 ☐☐ DAYS 2 ☐☐ WEEKS 3 ☐☐ DON'T KNOW . . . 998		
435	Who checked on your health at that time? PROBE FOR MOST QUALIFIED PERSON.	HEALTH PERSONNEL DOCTOR . . . . 1 NURSE/MIDWIFE 2 OTHER PERSON 6 __________ (SPECIFY)		
436	After you were discharged, did any health care provider check on your health?	YES . . . . 1 (SKIP TO 439A) NO 2	YES . . . . 1 (SKIP TO 449) NO 2	YES . . . . 1 (SKIP TO 449) NO 2
436A	What is the main reason you did not seek a health professionnal check on your health after (NAME) was born?	NO NEED/NO SICK . 01 NOT AWARE AVAILABILITY OF POSTNATAL SERVICE . 02 NOT SUPPOSED TO GO OUT DURING THIS PERIOD . . . 03 NO ONE TO TAKE CARE OF MY BABY DURING VISIT . . . 04 TOO FAR . . . . . . 05 TOO EXPENSIVE . 06 NO QUALIFIED PERSONNEL . . . 07 HUSBAND OPPOSED . . . . . 08 OTHER __________ 96 (SPECIFY) (SKIP TO 448)		
437	Why didn't you deliver in a health facility? PROBE: Any other reason? RECORD ALL MENTIONED.	COST TOO MUCH . . A FACILITY NOT OPEN . B TOO FAR/ NO TRANSPORTATION C DON'T TRUST FACILITY/POOR QUALITY SERVICE D NO FEMALE PROVIDER AT FACILITY . . E HUSBAND/FAMILY DID NOT ALLOW . . F NOT NECESSARY . . G NOT CUSTOMARY . . H OTHER __________ (SPECIFY) X		
438	After (NAME) was born, did any health care provider check on your health?	YES . . . . 1 (SKIP TO 439) NO 2	YES . . . . 1 (SKIP TO 449) NO 2	YES . . . . 1 (SKIP TO 449) NO 2

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _______________	NEXT-TO-LAST BIRTH NAME _______________	SECOND-FROM-LAST BIRTH NAME _______________
438A	What is the main reason you did not seek a health professionnal check on your health after (NAME) was born?	NO NEED/NO SICK . 01 NOT AWARE AVAILABILITY OF POSTNATAL SERVICE . 02 NOT SUPPOSED TO GO OUT DURING THIS PERIOD . . . 03 NO ONE TO TAKE CARE OF MY BABY DURING VISIT . . . 04 TOO FAR . . . . . . 05 TOO EXPENSIVE . 06 NO QUALIFIED PERSONNEL . . . 07 HUSBAND OPPOSED . . . . . 08 OTHER __________ 96 (SPECIFY) (SKIP TO 443)		
439 439A	How long after delivery did the first check take place? How long after delivery, did this check take place? IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS 1 ☐☐ DAYS 2 ☐☐ WEEKS 3 ☐☐ DON'T KNOW . . . 998		
440	Who checked on your health at that time? PROBE FOR MOST QUALIFIED PERSON.	HEALTH PERSONNEL DOCTOR . . . . 1 NURSE/MIDWIFE 2 OTHER PERSON __________ 6 (SPECIFY)		
441	Where did this (first) check take place? PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE THE NAME OF THE PLACE. __________ (NAME OF PLACE)	**HOME** YOUR HOME . . . 11 OTHER HOME . . . 12 **PUBLIC MED. SECTOR** GOVT. HOSPITAL 21 GOVT. HEALTH CENTER . . . . . 22 GOVT. MCH . . . 23 UNIVERSITY HOSPITAL . . . 24 ROYAL MEDICAL SERVICES . . . 25 OTHER PUBLIC 26 __________ (SPECIFY) **PRIVATE MED. SECTOR** PVT. HOSPITAL/ CLINIC . . . . 31 UNRWA HEALTH CENTER . . . . . 32 OTHER PRIVATE MED.__________ 36 (SPECIFY) **OTHER**__________ 96 (SPECIFY)		

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _______________	NEXT-TO-LAST BIRTH NAME _______________	SECOND-FROM-LAST BIRTH NAME _______________
441A	How much did you pay for this (first) postnatal visit? RECORD THE TOTAL COST IN DINARS	COST IN JD ☐☐☐ FREE . . . . . 995 DON' T KNOW . . 998		
441B	After this (first) visit, did you come back a second time for a health care provider to check on your health?	YES . . . . 1 NO . . . . 2 (SKIP TO 441D)		
441C	How long after delivery did this check take place? IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS 1 ☐☐ DAYS 2 ☐☐ WEEKS 3 ☐☐ DON'T KNOW . . . 998		
441D	Did anyone at the health facility talk to you or advise you about family planning during any of your postnatal check?	YES . . . . 1 NO 2		
442	CHECK 436:	YES ☐ (SKIP TO 448) NOT ASKED ☐		
443	In the two months after (NAME) was born, did any health care provider check on his/her health?	YES . . . . 1 NO . . . . 2 (SKIP TO 448) DON'T KNOW 8		
444	How many hours, days or weeks after the birth of (NAME) did the first check take place? IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS.	HRS AFTER BIRTH . . 1 ☐☐ DAYS AFTER BIRTH . . 2 ☐☐ WKS AFTER BIRTH . . 3 ☐☐ DON'T KNOW . . . 998		
445	Who checked on (NAME)'s health at that time? PROBE FOR MOST QUALIFIED PERSON.	HEALTH PERSONNEL DOCTOR . . . . 1 NURSE/MIDWIFE 2 OTHER PERSON 6 _______________ (SPECIFY)		

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _______________	NEXT-TO-LAST BIRTH NAME _______________	SECOND-FROM-LAST BIRTH NAME _______________
446	Where did this first check of (NAME) take place? PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE THE NAME OF THE PLACE. _______________ (NAME OF PLACE)	**HOME** YOUR HOME . . . 11 OTHER HOME . . . 12 **PUBLIC MED. SECTOR** GOVT. HOSPITAL 21 GOVT. HEALTH CENTER . . . . . 22 GOVT. MCH . . . 23 UNIVERSITY HOSPITAL . . . 24 ROYAL MEDICAL SERVICES . . . 25 OTHER PUBLIC 26 _______________ (SPECIFY) **PRIVATE MED. SECTOR** PVT. HOSPITAL/ CLINIC . . . . 31 UNRWA HEALTH CENTER . . . . . 32 OTHER PRIVATE MED.__________ 36 (SPECIFY) **OTHER**__________ 96 (SPECIFY)		
448	Has your menstrual period returned since the birth of (NAME)?	YES . . . . 1 (SKIP TO 450)← NO . . . . 2 (SKIP TO 451)←		
449	Did your period return between the birth of (NAME) and your next pregnancy?		YES . . . . 1 NO . . . . 2 (SKIP TO 453)←	YES . . . . 1 NO . . . . 2 (SKIP TO 453)←
450	For how many months after the birth of (NAME) did you not have a period?	MONTHS . . . ☐☐ DON'T KNOW 98	MONTHS . . . ☐☐ DON'T KNOW 98	MONTHS . . . ☐☐ DON'T KNOW 98
451	CHECK 226: IS RESPONDENT PREGNANT?	NOT PREG-NANT ☐ PREGNANT OR UNSURE ☐ (SKIP TO 453)←		
452	Have you begun to have sexual intercourse again since the birth of (NAME)?	YES . . . . 1 NO . . . . 2 (SKIP TO 454)←		
453	For how many months after the birth of (NAME) did you not have sexual intercourse? IF LESS THAN 1 MONTH, RECORD '00'	MONTHS . . . ☐☐ DON'T KNOW 98	MONTHS . . . ☐☐ DON'T KNOW 98	MONTHS . . . ☐☐ DON'T KNOW 98
454	Did you ever breastfeed (NAME)?	YES . . . . 1 NO . . . . 2 (SKIP TO 461)←	YES . . . . 1 (SKIP TO 460)← NO . . . . 2 (SKIP TO 461)←	YES . . . . 1 (SKIP TO 460)← NO . . . . 2 (SKIP TO 461)←

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _______________	NEXT-TO-LAST BIRTH NAME _______________	SECOND-FROM-LAST BIRTH NAME _______________
455	How long after birth did you first put (NAME) to the breast? IF LESS THAN 1 HOUR, RECORD '00' HOURS. IF LESS THAN 24 HOURS, RECORD HOURS. OTHERWISE, RECORD DAYS.	IMMEDIATELY . . . 000 HOURS 1 ☐☐ DAYS 2 ☐☐		
456	In the first three days after delivery, was (NAME) given anything to drink other than breast milk?	YES . . . . 1 NO . . . . 2 (SKIP TO 458)		
457	What was (NAME) given to drink? Anything else? RECORD ALL LIQUIDS MENTIONED.	MILK (OTHER THAN BREAST MILK) . A PLAIN WATER . . . B SUGAR OR GLUCOSE WATER . . . C GRIPE WATER . . . D SUGAR-SALT-WATER SOLUTION . . . . . E FRUIT JUICE . . . . . F INFANT FORMULA . G TEA/INFUSIONS . . . H HONEY . . . . I OTHER __________ X (SPECIFY)		
458	CHECK 404: IS CHILD LIVING?	LIVING ☐ DEAD ☐ (SKIP TO 460)		
459	Are you still breastfeeding (NAME)?	YES . . . . 1 (SKIP TO 462) NO 2		
460	For how many months did you breastfeed (NAME)?	MONTHS . . . ☐☐ DON'T KNOW . . . 98	MONTHS . . . ☐☐ STILL BF . . . . 95 DON'T KNOW . . . 98	MONTHS . . . ☐☐ STILL BF . . . . 95 DON'T KNOW . . . 98
461	CHECK 404: IS CHILD LIVING?	LIVING ☐ DEAD ☐ (GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 501) (SKIP TO 464)	LIVING ☐ DEAD ☐ (GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 501) (SKIP TO 464)	LIVING ☐ DEAD ☐ (GO BACK TO 405 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 501) (SKIP TO 464)
462	How many times did you breastfeed last night between sunset and sunrise? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER.	NUMBER OF NIGHTTIME FEEDINGS . ☐☐		

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME ________________	NEXT-TO-LAST BIRTH NAME ________________	SECOND-FROM-LAST BIRTH NAME ________________
463	How many times did you breastfeed yesterday during the daylight hours? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER.	NUMBER OF DAYLIGHT FEEDINGS . ☐☐		
464	Did (NAME) drink anything from a bottle with a nipple yesterday or last night?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	YES . . . . 1 NO . . . . 2 DON'T KNOW 8
465		GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 501.	GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 501.	GO BACK TO 405 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 501.

SECTION 5. CHILD IMMUNIZATION AND HEALTH AND CHILD'S AND WOMAN'S NUTRITION

501	ENTER IN THE TABLE THE LINE NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH IN 2002 OR LATER. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. (IF THERE ARE MORE THAN 3 BIRTHS, USE LAST 2 COLUMNS OF ADDITIONAL QUESTIONNAIRES).			
502	LINE NUMBER FROM 212	LAST BIRTH LINE NUMBER . . . . ☐☐	NEXT-TO-LAST BIRTH LINE NUMBER . . . . ☐☐	SECOND-FROM-LAST BIRTH LINE NUMBER . . . . ☐☐
503	FROM 212 AND 216	NAME ____________ LIVING ☐ DEAD ☐ (GO TO 503 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 547)	NAME ____________ LIVING ☐ DEAD ☐ (GO TO 503 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 547)	NAME ____________ LIVING ☐ DEAD ☐ (GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE, OR IF NO MORE BIRTHS, GO TO 547)
504	Do you have a card where (NAME'S) vaccinations are written down? IF YES: May I see it please?	YES, SEEN . . . . 1 (SKIP TO 506) YES, NOT SEEN . . . . 2 (SKIP TO 508) NO CARD 3	YES, SEEN . . . . 1 (SKIP TO 506) YES, NOT SEEN . . . . 2 (SKIP TO 508) NO CARD 3	YES, SEEN . . . . 1 (SKIP TO 506) YES, NOT SEEN . . . . 2 (SKIP TO 508) NO CARD 3
505	Did you ever have a vaccination card for (NAME)?	YES . . . . 1 (SKIP TO 508) NO 2	YES . . . . 1 (SKIP TO 508) NO 2	YES . . . . 1 (SKIP TO 508) NO 2

506

(1) COPY VACCINATION DATE FOR EACH VACCINE FROM THE CARD.
(2) WRITE ‘44' IN ‘DAY' COLUMN IF CARD SHOWS THAT A VACCINATION WAS GIVEN, BUT NO DATE IS RECORDED.

	LAST BIRTH				NEXT-TO-LAST BIRTH				SECOND-FROM-LAST BIRTH		
	DAY	MONTH	YEAR		DAY	MONTH	YEAR		DAY	MONTH	YEAR
BCG				BCG				BCG			
POLIO (IPV/OPV) 1				P1				P1			
POLIO (IPV/OPV) 2				P2				P2			
POLIO (OPV) 3				P3				P3			
POLIO (OPV) 4				P4				P4			
POLIO Booster				P b				P b			
DPT (TETRA/PENTA) 1				DTP1				DTP1			
DPT (TETRA/PENTA) 2				DTP2				DTP2			
DPT (TETRA/PENTA) 3				DTP3				DTP3			
DTP Booster				DTPb				DTPb			
HEPATITIS (TETRA/PENTA) 1				HEP1				HEP1			
HEPATITIS (TETRA/PENTA) 2				HEP2				HEP2			
HEPATITIS (TETRA/PENTA) 3				HEP3				HEP3			
Hib (TETRA/PENTA) 1				Hib1				Hib1			
Hib (TETRA/PENTA) 2				Hib2				Hib2			
Hib (TETRA/PENTA) 3				Hib3				Hib3			
MEASLES				MEA				MEA			
MMR (Measles/ /Mumps/ Rubella)				MMR				MMR			

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _______________	NEXT-TO-LAST BIRTH NAME _______________	SECOND-FROM-LAST BIRTH NAME _______________
507	Has (NAME) received any vaccinations that are not recorded on this card, including vaccinations received in a immunization campaign? RECORD 'YES' ONLY IF RESPONDENT MENTIONS BCG, POLIO 1-4, POL. Booster DPT 1-3, DPT Booster, HEPATITIS 1-3, Hib 1-3, MEASLES AND/OR MMR.	YES . . . . 1 (PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 506) (SKIP TO 510A) NO . . . . 2 (SKIP TO 510A) DON'T KNOW 8	YES . . . . 1 (PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 506) (SKIP TO 514) NO . . . . 2 (SKIP TO 514) DON'T KNOW 8	YES . . . . 1 (PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 506) (SKIP TO 514) NO . . . . 2 (SKIP TO 514) DON'T KNOW 8
508	Did (NAME) ever receive any vaccinations to prevent him/her from getting diseases, including vaccinations received in an immunization campaign?	YES . . . . 1 NO . . . . 2 (SKIP TO 514) DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (SKIP TO 514) DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (SKIP TO 514) DON'T KNOW 8
509	Please tell me if (NAME) received any of the following vaccinations:			
509A	A BCG vaccination against tuberculosis, that is, an injection in the arm or shoulder that usually causes a scar?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	YES . . . . 1 NO . . . . 2 DON'T KNOW 8
509B	Polio vaccine, that is, usually drops in the mouth or sometimes an injection in the thigh?	YES . . . . 1 NO . . . . 2 (SKIP TO 509D) DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (SKIP TO 509D) DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (SKIP TO 509D) DON'T KNOW 8
509C	How many times was the polio vaccine received?	NUMBER OF TIMES . . . . . ☐	NUMBER OF TIMES . . . . . ☐	NUMBER OF TIMES . . . . . ☐
509D	A DPT vaccination, that is, an injection given in the thigh, sometimes at the same times as polio to prevent diptheria, pertusis, and tetanus. Sometimes, DPT is part of the TETRA or PENTA vaccine.	YES . . . . 1 NO . . . . 2 (SKIP TO 509F) DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (SKIP TO 509F) DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (SKIP TO 509F) DON'T KNOW 8
509E	How many times was a DPT vaccination received?	NUMBER OF TIMES . . . . . ☐	NUMBER OF TIMES . . . . . ☐	NUMBER OF TIMES . . . . . ☐
509F	An injection to prevent Hepatitis, that is an injection given sometimes at the same times as polio and DPT injection. Sometimes, DPT is part of the TETRA or PENTA vaccine.	YES . . . . 1 NO . . . . 2 (SKIP TO 509H) DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (SKIP TO 509H) DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (SKIP TO 509H) DON'T KNOW 8
509G	How many times was a Hepatitis vaccination received?	NUMBER OF TIMES . . . . . ☐	NUMBER OF TIMES . . . . . ☐	NUMBER OF TIMES . . . . . ☐
509H	A Hib vaccination, that is an injection given sometimes at the same times as polio, DPT and Hepatitis to prevent meningitis. Sometimes, DPT is part of the TETRA or PENTA vaccine.	YES . . . . 1 NO . . . . 2 (SKIP TO 509J) DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (SKIP TO 509J) DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (SKIP TO 509J) DON'T KNOW 8
509I	How many times was a Hib vaccination received?	NUMBER OF TIMES . . . . . ☐	NUMBER OF TIMES . . . . . ☐	NUMBER OF TIMES . . . . . ☐
509J	An measles injection, that is a shot in the arm at the age of 9 months or older to prevent measles?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	YES . . . . 1 NO . . . . 2 DON'T KNOW 8

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _______________	NEXT-TO-LAST BIRTH NAME _______________	SECOND-FROM-LAST BIRTH NAME _______________
509K	A MMR vaccination, that is an injection to prevent Measles, Mumps and Rubella, usually given at the age of 18 months.	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	YES . . . . 1 NO . . . . 2 DON'T KNOW 8
510A	CHECK 506 AND 509E: DPT INJECTION	AT LEAST ONE ☐ NONE OR DK ☐ (SKIP TO 510G)		
510B	Where did (NAME) receive the first vaccination to prevent DPT?	PUBLIC FACILITY . 1 PRIVATE FACILITY 2 UNRWA . . . . 3 OTHER . . . . 6 DON'T KNOW 8		
510C	CHECK 506 AND 509E: DPT INJECTION	AT LEAST TWO ☐ ONLY ONE ☐ (SKIP TO 510G)		
510D	Where did (NAME) receive the second vaccination to prevent DPT?	PUBLIC FACILITY . 1 PRIVATE FACILITY 2 UNRWA . . . . 3 OTHER . . . . 6 DON'T KNOW 8		
510E	CHECK 506 AND 509E: DPT INJECTION	AT LEAST THREE ☐ TWO ☐ (SKIP TO 510G)		
510F	Where did (NAME) receive the third vaccination to prevent DPT?	PUBLIC FACILITY . 1 PRIVATE FACILITY 2 UNRWA . . . . 3 OTHER . . . . 6 DON'T KNOW 8		
510G	CHECK 506 AND 509J: MEASLES INJECTION	YES ☐ NO OR DK ☐ (SKIP TO 510I)		
510H	Where did (NAME) receive the vaccination to prevent measles?	PUBLIC FACILITY . 1 PRIVATE FACILITY 2 UNRWA . . . . 3 OTHER . . . . 6 DON'T KNOW 8		
510I	CHECK 506 AND 509K: MMR INJECTION	YES ☐ NO OR DK ☐ (SKIP TO 514)		
510J	Where did (NAME) receive the vaccination to prevent measles, mumps, and rubella.	PUBLIC FACILITY . 1 PRIVATE FACILITY 2 UNRWA . . . . 3 OTHER . . . . 6 DON'T KNOW 8		
514	HAS (NAME) ever received a vitamin A dose (like this/ any of these)? SHOW COMMON TYPES OF CAPSULES.	YES . . . . 1 NO . . . . 2 (SKIP TO 518)← DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (SKIP TO 518)← DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (SKIP TO 518)← DON'T KNOW 8
515	Did (NAME) receive a vitamin A dose within the last six months?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	YES . . . . 1 NO . . . . 2 DON'T KNOW 8

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _______________	NEXT-TO-LAST BIRTH NAME _______________	SECOND-FROM-LAST BIRTH NAME _______________
518	Has (NAME) had diarrhea in the last 2 weeks?	YES . . . . 1 NO . . . . 2 (SKIP TO 531) ← DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (SKIP TO 531) ← DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (SKIP TO 531) ← DON'T KNOW 8
519	Was there any blood in the stools?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	YES . . . . 1 NO . . . . 2 DON'T KNOW 8
520	Now I would like to know how much (NAME) was given to drink during the diarrhea (including breastmilk). Was he/she given less than usual to drink, about the same amount, or more than usual to drink? IF LESS, PROBE: Was he/she given much less than usual to drink or somewhat less?	MUCH LESS . . . . . 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE . . . . 4 NOTHING TO DRINK 5 DON'T KNOW 8	MUCH LESS . . . . . 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE . . . . 4 NOTHING TO DRINK 5 DON'T KNOW 8	MUCH LESS . . . . . 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE . . . . 4 NOTHING TO DRINK 5 DON'T KNOW 8
521	When (NAME) had diarrhea, was he/she given less than usual to eat, about the same amount, more than usual, or nothing to eat? IF LESS, PROBE: Was he/she given much less than usual to eat or somewhat less?	MUCH LESS . . . . . 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE . . . . 4 STOPPED FOOD . 5 NEVER GAVE FOOD 6 DON'T KNOW 8	MUCH LESS . . . . . 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE . . . . 4 STOPPED FOOD . 5 NEVER GAVE FOOD 6 DON'T KNOW 8	MUCH LESS . . . . . 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE . . . . 4 STOPPED FOOD . 5 NEVER GAVE FOOD 6 DON'T KNOW 8
522	Did you seek advice or treatment for the diarrhea from any source?	YES . . . . 1 NO . . . . 2 (SKIP TO 527)←	YES . . . . 1 NO . . . . 2 (SKIP TO 527)←	YES . . . . 1 NO . . . . 2 (SKIP TO 527)←
523	Where did you seek advice or treatment? Anywhere else? PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S). IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE THE NAME OF THE PLACE. _______________ (NAME OF PLACE(S))	**PUBLIC MED. SECTOR** GOVT. HOSP. . A GOVT. HEALTH CENTER . . . . . B GOVT. MCH . . . C UNIVERSITY HOSPITAL . . . D ROYAL MEDICAL SERVICES . . . E OTHER PUBLIC F _______________ (SPECIFY) **PRIVATE MED. SECTOR** PVT. HOSPITAL/ CLINIC . . . . . G PHARMACY . . . H PVT DOCTOR . . . I UNRWA HEALTH CENTER . . . . . J OTHER PRIVATE MED.__________ K (SPECIFY) **OTHER**__________ X (SPECIFY)	**PUBLIC MED. SECTOR** GOVT. HOSP. . A GOVT. HEALTH CENTER . . . . . B GOVT. MCH . . . C UNIVERSITY HOSPITAL . . . D ROYAL MEDICAL SERVICES . . . E OTHER PUBLIC F _______________ (SPECIFY) **PRIVATE MED. SECTOR** PVT. HOSPITAL/ CLINIC . . . . . G PHARMACY . . . H PVT DOCTOR . . . I UNRWA HEALTH CENTER . . . . . J OTHER PRIVATE MED.__________ K (SPECIFY) OTHER__________ X (SPECIFY)	**PUBLIC MED. SECTOR** GOVT. HOSP. . A GOVT. HEALTH CENTER . . . . . B GOVT. MCH . . . C UNIVERSITY HOSPITAL . . . D ROYAL MEDICAL SERVICES . . . E OTHER PUBLIC F _______________ (SPECIFY) **PRIVATE MED. SECTOR** PVT. HOSPITAL/ CLINIC . . . . . G PHARMACY . . . H PVT DOCTOR . . . I UNRWA HEALTH CENTER . . . . . J OTHER PRIVATE MED.__________ K (SPECIFY) OTHER__________ X (SPECIFY)

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _______________	NEXT-TO-LAST BIRTH NAME _______________	SECOND-FROM-LAST BIRTH NAME _______________
524	CHECK 523:	☐ TWO OR MORE CODES CIRCLED ☐ ONLY ONE CODE CIRCLED (SKIP TO 526)	☐ TWO OR MORE CODES CIRCLED ☐ ONLY ONE CODE CIRCLED (SKIP TO 526)	☐ TWO OR MORE CODES CIRCLED ☐ ONLY ONE CODE CIRCLED (SKIP TO 526)
525	Where did you first seek advice or treatment? USE LETTER CODE FROM 523.	FIRST PLACE . . . ☐	FIRST PLACE . . . ☐	FIRST PLACE . . . ☐
526	How many days after the diarrhea began did you first seek advice or treatment for (NAME)? IF THE SAME DAY, RECORD '00'.	DAYS . . . . . ☐☐	DAYS . . . . . ☐☐	DAYS . . . . . ☐☐
527	Does (NAME) still have diarrhea?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	YES . . . . 1 NO . . . . 2 DON'T KNOW 8
528	Was he/she given any of the following to drink at any time since he/she started having the diarrhea:	YES NO DK	YES NO DK	YES NO DK
	a) A fluid made from a special packet called Aquacell or Paralait?	AQUA-CELL/PARALAIT 1 2 8	AQUA-CELL/PARALAIT 1 2 8	AQUA-CELL/PARALAIT 1 2 8
	b) Thin watery gruel made from rice, carrots, wheat, etc?	GRUEL . . 1 2 8	GRUEL . . 1 2 8	GRUEL . . 1 2 8
	c) Soup?	SOUP . . . 1 2 8	SOUP . . . 1 2 8	SOUP . . . 1 2 8
	d) Home made sugar-salt-water solution?	SU-SALT . 1 2 8	SU-SALT . 1 2 8	SU-SALT . 1 2 8
	e) Milk or infant formula?	MILK/FOR. 1 2 8	MILK/FOR. 1 2 8	MILK/FOR. 1 2 8
	f) Yoghurt-based drink?	YOGHURT 1 2 8	YOGHURT 1 2 8	YOGHURT 1 2 8
	g) Water	WATER . 1 2 8	WATER . 1 2 8	WATER . 1 2 8
	h) Any other liquid?	OTH. LIQ. 1 2 8	OTH. LIQ. 1 2 8	OTH. LIQ. 1 2 8
529	Was anything (else) given to treat the diarrhea?	YES . . . . 1 NO . . . . 2 (SKIP TO 531) DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (SKIP TO 531) DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (SKIP TO 531) DON'T KNOW 8
530	What (else) was given to treat the diarrhea? Anything else? RECORD ALL TREATMENTS GIVEN.	**PILL OR SYRUP** ANTIBIOTIC . . . . . A NON-ANTIBIO. . . B UNKNOWN PILL OR SYRUP . . . C **INJECTION** ANTIBIOTIC . . . . . D NON-ANTIBIO. . . E UNKNOWN INJECTION . . . F **(IV) INTRAVENOUS** G **HOME REMEDY/** HERBAL MEDICINE . . . . H OTHER ___________ X (SPECIFY) DON'T KNOW . . . . . Z	**PILL OR SYRUP** ANTIBIOTIC . . . . . A NON-ANTIBIO. . . B UNKNOWN PILL OR SYRUP . . . C **INJECTION** ANTIBIOTIC . . . . . D NON-ANTIBIO. . . E UNKNOWN INJECTION . . . F **(IV) INTRAVENOUS** G **HOME REMEDY/** HERBAL MEDICINE . . . . H OTHER ___________ X (SPECIFY) DON'T KNOW . . . . . Z	**PILL OR SYRUP** ANTIBIOTIC . . . . . A NON-ANTIBIO. . . B UNKNOWN PILL OR SYRUP . . . C **INJECTION** ANTIBIOTIC . . . . . D NON-ANTIBIO. . . E UNKNOWN INJECTION . . . F **(IV) INTRAVENOUS** G **HOME REMEDY/** HERBAL MEDICINE . . . . H OTHER ___________ X (SPECIFY) DON'T KNOW . . . . . Z

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _______________	NEXT-TO-LAST BIRTH NAME _______________	SECOND-FROM-LAST BIRTH NAME _______________
531	Has (NAME) been ill with a fever at any time in the last 2 weeks?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	YES . . . . 1 NO . . . . 2 DON'T KNOW 8
532	Has (NAME) had an illness with a cough at any time in the last 2 weeks?	YES . . . . 1 NO . . . . 2 (SKIP TO 535) ← DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (SKIP TO 535) ← DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (SKIP TO 535) ← DON'T KNOW 8
533	When (NAME) had an illness with a cough, did he/she breathe faster than usual with short, rapid breaths or have difficulty breathing?	YES . . . . 1 NO . . . . 2 (SKIP TO 536) ← DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (SKIP TO 536) ← DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (SKIP TO 536) ← DON'T KNOW 8
534	Was the fast or difficult breathing due to a problem in the chest or to a blocked or runny nose?	CHEST ONLY . . . 1 NOSE ONLY . . . . . 2 BOTH . . . . 3 OTHER __________ 6 (SPECIFY) DON'T KNOW . . . . . 8 (SKIP TO 536) ←	CHEST ONLY . . . 1 NOSE ONLY . . . . . 2 BOTH . . . . 3 OTHER __________ 6 (SPECIFY) DON'T KNOW . . . . . 8 (SKIP TO 536) ←	CHEST ONLY . . . 1 NOSE ONLY . . . . . 2 BOTH . . . . 3 OTHER __________ 6 (SPECIFY) DON'T KNOW . . . . . 8 (SKIP TO 536) ←
535	CHECK 531: HAD FEVER?	YES ☐ NO OR DK ☐ (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 547)	YES ☐ NO OR DK ☐ (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 547)	YES ☐ NO OR DK ☐ (GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 547)
536	Now I would like to know how much (NAME) was given to drink (including breastmilk) during the illness with a (fever/cough). Was he/she given less than usual to drink, about the same amount, or more than usual to drink? IF LESS, PROBE: Was he/she given much less than usual to drink or somewhat less?	MUCH LESS . . . . . 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE . . . . 4 NOTHING TO DRINK 5 DON'T KNOW 8	MUCH LESS . . . . . 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE . . . . 4 NOTHING TO DRINK 5 DON'T KNOW 8	MUCH LESS . . . . . 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE . . . . 4 NOTHING TO DRINK 5 DON'T KNOW 8
537	When (NAME) had a (fever/cough), was he/she given less than usual to eat, about the same amount, more than usual, or nothing to eat? IF LESS, PROBE: Was he/she given much less than usual to eat or somewhat less?	MUCH LESS . . . . . 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE . . . . 4 STOPPED FOOD . 5 NEVER GAVE FOOD 6 DON'T KNOW 8	MUCH LESS . . . . . 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE . . . . 4 STOPPED FOOD . 5 NEVER GAVE FOOD 6 DON'T KNOW 8	MUCH LESS . . . . . 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE . . . . 4 STOPPED FOOD . 5 NEVER GAVE FOOD 6 DON'T KNOW 8
538	Did you seek advice or treatment from any source for the illness with a (fever/cough)?	YES . . . . 1 NO . . . . 2 (SKIP TO 543) ←	YES . . . . 1 NO . . . . 2 (SKIP TO 543) ←	YES . . . . 1 NO . . . . 2 (SKIP TO 543) ←

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _______________	NEXT-TO-LAST BIRTH NAME _______________	SECOND-FROM-LAST BIRTH NAME _______________
539	Where did you seek advice or treatment? Anywhere else? PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S). IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE THE NAME OF THE PLACE. _______________ (NAME OF PLACE(S))	**PUBLIC MED. SECTOR** GOVT. HOSP. . . A GOVT. HEALTH CENTER . . . . . B GOVT. MCH . . . C UNIVERSITY HOSPITAL . . . D ROYAL MEDICAL SERVICES . . . E OTHER PUBLIC F _______________ (SPECIFY) **PRIVATE MED. SECTOR** PVT. HOSPITAL/ CLINIC . . . . . G PHARMACY . . . H PVT DOCTOR . . . I UNRWA HEALTH CENTER . . . . . J OTHER PRIVATE MED.__________ K (SPECIFY) OTHER__________ X (SPECIFY)	**PUBLIC MED. SECTOR** GOVT. HOSP. . . A GOVT. HEALTH CENTER . . . . . B GOVT. MCH . . . C UNIVERSITY HOSPITAL . . . D ROYAL MEDICAL SERVICES . . . E OTHER PUBLIC F _______________ (SPECIFY) **PRIVATE MED. SECTOR** PVT. HOSPITAL/ CLINIC . . . . . G PHARMACY . . . H PVT DOCTOR . . . I UNRWA HEALTH CENTER . . . . . J OTHER PRIVATE MED.__________ K (SPECIFY) OTHER__________ X (SPECIFY)	**PUBLIC MED. SECTOR** GOVT. HOSP. . . A GOVT. HEALTH CENTER . . . . . B GOVT. MCH . . . C UNIVERSITY HOSPITAL . . . D ROYAL MEDICAL SERVICES . . . E OTHER PUBLIC F _______________ (SPECIFY) **PRIVATE MED. SECTOR** PVT. HOSPITAL/ CLINIC . . . . . G PHARMACY . . . H PVT DOCTOR . . . I UNRWA HEALTH CENTER . . . . . J OTHER PRIVATE MED.__________ K (SPECIFY) OTHER__________ X (SPECIFY)
540	CHECK 539:	☐ TWO OR MORE CODES CIRCLED ↓ ☐ ONLY ONE CODE CIRCLED (SKIP TO 542) ←	☐ TWO OR MORE CODES CIRCLED ↓ ☐ ONLY ONE CODE CIRCLED (SKIP TO 542) ←	☐ TWO OR MORE CODES CIRCLED ↓ ☐ ONLY ONE CODE CIRCLED (SKIP TO 542) ←
541	Where did you first seek advice or treatment? USE LETTER CODE FROM 539	FIRST PLACE . . . ☐	FIRST PLACE . . . ☐	FIRST PLACE . . . ☐
542	How many days after the illness began did you first seek advice or treatment for (NAME)? IF THE SAME DAY, RECORD '00'.	DAYS . . . . . ☐☐	DAYS . . . . . ☐☐	DAYS . . . . . ☐☐
543	Is (NAME) still sick with a (fever/ cough)?	FEVER ONLY . . . . . 1 COUGH ONLY . . . 2 BOTH FEVER AND COUGH . . . . 3 NO, NEITHER . . . . . 4 DON'T KNOW . . . 8	FEVER ONLY . . . . . 1 COUGH ONLY . . . 2 BOTH FEVER AND COUGH . . . . 3 NO, NEITHER . . . . . 4 DON'T KNOW . . . 8	FEVER ONLY . . . . . 1 COUGH ONLY . . . 2 BOTH FEVER AND COUGH . . . . 3 NO, NEITHER . . . . . 4 DON'T KNOW . . . 8
544	At any time during the illness, did (NAME) take any drugs for the illness?	YES . . . . 1 NO . . . . 2 (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 547) ← DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 547) ← DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 547) ← DON'T KNOW 8

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _______________	NEXT-TO-LAST BIRTH NAME _______________	SECOND-FROM-LAST BIRTH NAME _______________
545	What drugs did (NAME) take? Any other drugs? RECORD ALL MENTIONED.	**PILL OR SYRUP** ANTIBIOTIC . . . . . A NON-ANTIBIO. . . B UNKNOWN PILL OR SYRUP . . . C **INJECTION** ANTIBIOTIC . . . . . D NON-ANTIBIO. . . E UNKNOWN INJECTION . . . F **(IV) INTRAVENOUS** G **HOME REMEDY/** HERBAL MEDICINE . . . . H OTHER __________ X (SPECIFY) DON'T KNOW . . . . . Z	**PILL OR SYRUP** ANTIBIOTIC . . . . . A NON-ANTIBIO. . . B UNKNOWN PILL OR SYRUP . . . C **INJECTION** ANTIBIOTIC . . . . . D NON-ANTIBIO. . . E UNKNOWN INJECTION . . . F **(IV) INTRAVENOUS** G **HOME REMEDY/** HERBAL MEDICINE . . . . H OTHER __________ X (SPECIFY) DON'T KNOW . . . . . Z	**PILL OR SYRUP** ANTIBIOTIC . . . . . A NON-ANTIBIO. . . B UNKNOWN PILL OR SYRUP . . . C **INJECTION** ANTIBIOTIC . . . . . D NON-ANTIBIO. . . E UNKNOWN INJECTION . . . F **(IV) INTRAVENOUS** G **HOME REMEDY/** HERBAL MEDICINE . . . . H OTHER __________ X (SPECIFY) DON'T KNOW . . . . . Z
546		GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 547.	GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 547.	GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 547.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
547	CHECK 528(a), ALL COLUMNS: NO CHILD RECEIVED AQUACELL OR PARALAIT ☐ ANY CHILD RECEIVED AQUACELL OR PARALAIT ☐ → 549		549
548	Have you ever heard of a special product called Aquacell or Paralait you can get for the treatment of diarrhea?	YES . . . . 1 NO 2	
549	Have you had fever at any time in the last 6 months? IF YES: When was the last time you had fever? IF NO FEVER, RECORD '4'	WITHIN PAST TWO WEEKS . . . . 1 MORE THAN 2 WEEKS BUT LESS THAN ONE MONTH . . . . 2 ONE MONTH OR MORE . . . . 3 NO 4	4 → 550A
550	The last time you had a fever, did you get medecine to treat the fever? IF YES: How much did you spend to obtain the medecine? RECORD THE TOTAL COST IN DINARS IF NO MEDECINE OBTAINED, RECORD '995'	COST . . . . ☐☐☐ FREE . . . . 994 NO MEDECINE . . . . 995 DON'T KNOW 998	
550A	Have you performed a breast cancer self exam to detect breast cancer in yourself within the last 12 months?	YES . . . . 1 NO . . . . 2 DK BREAST CANCER/ DK SELF EXAM 8	
550B	Have you had a breast cancer clinical exam to detect breast cancer in the last 12 months?	YES . . . . 1 NO . . . . 2 NOT SURE 8	
550C	Have you ever heard of a pap smear, that is, an exam that consists of removing cells from the cervix to detect changes that can suggest the presence of cancer in a woman's womb?	YES . . . . 1 NO 2	2 → 550E
550D	Have you ever had such an exam in your life time?	YES . . . . 1 NO 2	
550E	Do you smoke: Cigarettes? Nargila?	YES NO CIGARETTES . . . . 1 2 NARGILA 1 2	
551	CHECK 215 AND 218, ALL ROWS: NUMBER OF CHILDREN BORN IN 2004 OR LATER LIVING WITH THE RESPONDENT ONE OR MORE ☐ NONE ☐ → 601 RECORD NAME OF YOUNGEST CHILD LIVING WITH HER (AND CONTINUE WITH 552) ____________________ (NAME)		601
552	Now I would like to ask you about liquids or foods (NAME FROM 551) had yesterday during the day or at night. Did (NAME FROM 551) (drink/eat): Plain water? Commercially produced infant formula? Any (other) porridge or gruel?	YES NO DK PLAIN WATER . . . . 1 2 8 FORMULA . . . . 1 2 8 OTHER PORRIDGE/GRUEL. . 1 2 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
553	Now I would like to ask you about (other) liquids or foods that (NAME FROM 551)/you may have had yesterday during the day or at night. I am interested in whether your child/you had the item even if it was combined with other foods.		

		CHILD			MOTHER		
Did (NAME FROM 551)/you drink (eat):		YES	NO	DK	YES	NO	DK
a) Milk such as tinned, powdered, or fresh animal milk?	a	1	2	8	1	2	8
b) Fruit juice?	b	1	2	8	1	2	8
c) Soup broth?	c	1	2	8	1	2	8
d) Tea?	d	1	2	8	1	2	8
e) Any other liquids such as sugar water or carbonated drinks?	e	1	2	8	1	2	8
f) Bread, pasta, rice, maize, or any other food made from grains?	f	1	2	8	1	2	8
g) Carrots, red sweet potatoes, or pumpkin?	g	1	2	8	1	2	8
h) Any other food made from roots or tubers, such as white potatoes, or other roots/tubers?	h	1	2	8	1	2	8
i) Any green leafy vegetables, such as spinach, or mouloukia?	i	1	2	8	1	2	8
j) Apricot, palm nuts, or yellow melon?	j	1	2	8	1	2	8
k) Any other fruits or vegetables?	k	1	2	8	1	2	8
l) Meat, poultry, fish, or eggs?	l	1	2	8	1	2	8
m) Any food made from legumes, such as lentils, beans, or chickpeas?	m	1	2	8	1	2	8
n) Any type of nuts or seeds, such as pistachio, almonds, cashew, peanuts, or sesame seeds?	n	1	2	8	1	2	8
o) Cheese or yoghurt?	o	1	2	8	1	2	8
p) Any oil, fats, or butter, or foods made with any of these?	p	1	2	8	1	2	8
q) Any sugary foods such as chocolates, sweets, candies, pastries, cakes, or biscuits?	q	1	2	8	1	2	8
r) Any other solid or semi-solid food?	r	1	2	8	1	2	8

554	CHECK 552 (LAST CATEGORY: PORRIDGE/GRUEL) AND 553 (CATEGORIES f THROUGH r FOR CHILD): AT LEAST ONE "YES' ☐	NOT A SINGLE "YES" ☐	601
555	How many times did (NAME FROM 551) eat solid, semisolid, or soft foods yesterday during the day or at night? IF 7 OR MORE TIMES, RECORD ‘7'.	NUMBER OF TIMES . . . . ☐ DON'T KNOW 8	

SECTION 6. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
601	CHECK 101A: CURRENTLY MARRIED/ ☐ ↓ WIDOWED/ SEPARATED/ DIVORCED ☐ →		→ 606
602	Is your husband living with you now or is he staying elsewhere?	LIVING WITH HER . . . . 1 STAYING ELSEWHERE 2	
603	RECORD THE HUSBAND'S NAME AND LINE NUMBER FROM THE HOUSEHOLD QUESTIONNAIRE. IF HE IS NOT LISTED IN THE HOUSEHOLD, RECORD '00'.	NAME ____________________________ LINE NO. . . . . ☐☐	
604	Does your husband have another wife (other wives) besides you?	YES . . . . 1 NO 2	 → 606
605	Including yourself, in total, how many wives does your husband have?	TOTAL NUMBER OF WIVES . . ☐ DON'T KNOW 8	
606	Have you been married only once or more than once?	ONLY ONCE . . . . 1 MORE THAN ONCE 2	
607	CHECK 606: MARRIED ONLY ONCE ☐ ↓ In what month and year did you start living with your husband (consummate mariage)? MARRIED MORE THAN ONCE ☐ ↓ Now I would like to ask about your first husband. In what month and year did you start living with him (consummate mariage)?	MONTH . . . . ☐☐ DON'T KNOW MONTH . . . . 98 YEAR . . . . ☐☐☐☐ DON'T KNOW YEAR 9998	 → 609
608	How old were you when you first started living with him?	AGE . . . . ☐☐	
609	Before you got married, was your [first] husband related to you in any way?	YES . . . . 1 NO 2	 → 611
610	What type of relation was it?	FIRST COUSIN ON BOTH FATHER AND MOTHER'S SIDE . . . 01 FIRST COUSIN ON BOTH MOTHER AND FATHER'S SIDE 02 FIRST COUSIN ON FATHER'S SIDE (IBN AL AMM) 03 FIRST COUSIN ON MOTHER'S SIDE (IBN AL KHAL) . . . . 04 FIRST COUSIN ON FATHER'S SIDE (IBN AL AMMAH) . . . . 05 FIRST COUSIN ON MOTHER'S SIDE (IBN AL KHALAH) . . . . 06 SECOND COUSIN (FATHER'S SIDE) 07 SECOND COUSIN (MOTHER'S SIDE) 08 OTHER RELATIVE . . . . 09 DON'T KNOW 98	
611	CHECK 609: MARRIED ONLY ONCE ☐ ↓ Did your husband have a premarital medical exam? MARRIED MORE THAN ONCE ☐ ↓ Now I would like to ask about your last marriage. Did your husband have a premarital medical exam?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
611A	Did you have a premarital medical exam?	YES . . . . 1 NO 2	 → 612
611B	Where did you go for the premarital medical exam?	**PUBLIC MEDICAL SECTOR** GOVT. HOSPITAL . . . . 11 GOVT. HEALTH CENTER . . . . .12 GOVT. MCH . . . . 13 UNIVERSITY HOSPITAL . . . . 14 ROYAL MEDICAL SERVICES 15 OTHER PUBLIC ____________________16 (SPECIFY) **PRIVATE MEDICAL SECTOR** PRIVATE HOSPITAL/CLINIC . . . . . 21 PRIVATE DOCTOR . . . . 22 JORDANIAN AS. OF FP AND PROTECTION (JAFPP) . . . . . 23 UNRWA HEALTH CENTER . . . . . 24 OTHER NON GOV. ORGANIZATION. 25 OTHER PRIVATE MEDICAL____________________26 (SPECIFY) **OTHER** ____________________96 (SPECIFY)	
612	When was the last time you had sexual intercourse? IF LESS THAN 12 MONTHS, ANSWER MUST BE RECORDED IN DAYS, WEEKS OR MONTHS. IF 12 MONTHS (ONE YEAR) OR MORE, ANSWER MUST BE RECORDED IN YEARS.	DAYS AGO . . . . 1 ☐☐ WEEKS AGO . . . . 2 ☐☐ MONTHS AGO . . . . 3 ☐☐ YEARS AGO . . . . 4 ☐☐	 → 614
613	The last time you had sexaul intercourse, was a condom used?	YES . . . . 1 NO 2	
614	Do you know of a place where a person can get condoms?	YES . . . . 1 NO 2	 → 700
615	Where is that? Any other place? PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S). IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE. ______________________________________ (NAME OF PLACE(S))	**PUBLIC MEDICAL SECTOR** GOVT. HOSPITAL . . . . A GOVT. HEALTH CENTER . . . . B GOVT. MCH . . . . C UNIVERSITY HOSPITAL/CLINIC D ROYAL MEDICAL SERVICES . . . E OTHER PUBLIC _______________ F (SPECIFY) **PRIVATE MEDICAL SECTOR** PRIVATE HOSPITAL/CLINIC . . . . . G PRIVATE DOCTOR . . . . H PHARMACY . . . . I JORDANIAN AS. OF FP AND PROTECTION (JAFPP) . . . . . J UNRWA CLINIC . . . . K OTHER NON-GOV ORGANIZATION L OTHER PRIVATE MEDICAL_________________ M (SPECIFY) **OTHER SOURCE** FRIEND/RELATIVE . . . . N OTHER ______________________ X (SPECIFY)	

SECTION 7. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
700	CHECK 101A: CURRENTLY MARRIED ☐ ↓ CURRENTLY WIDOWED, DIVORCED, OR SEPARATED ☐ →		→ 713
701	CHECK 311/311A: NEITHER STERILIZED ☐ ↓ HE OR SHE STERILIZED ☐ →		→ 713
702	CHECK 226: NOT PREGNANT OR UNSURE ☐ ↓ Now I have some questions about the future. Would you like to have (a/another) child, or would you prefer not to have any (more) children? PREGNANT ☐ ↓ Now I have some questions about the future. After the child you are expecting now, would you like to have another child, or would you prefer not to have any more children?	HAVE (A/ANOTHER) CHILD . . . . 1 NO MORE/NONE . . . . 2 SAYS SHE CAN'T GET PREGNANT . 3 UNDECIDED/DON'T KNOW AND PREGNANT . . . . 4 UNDECIDED/DON'T KNOW AND NOT PREGNANT OR UNSURE 5	 → 704 → 713 → 709 → 708
703	CHECK 226: NOT PREGNANT OR UNSURE ☐ ↓ How long would you like to wait from now before the birth of (a/another) child? PREGNANT ☐ ↓ After the birth of the child you are expecting now, how long would you like to wait before the birth of another child?	MONTHS . . . . 1 ☐☐ YEARS . . . . 2 ☐☐ SOON/NOW . . . . 993 SAYS SHE CAN'T GET PREGNANT 994 OTHER ____________________ 996 (SPECIFY) DON'T KNOW 998	 → 708 → 713 → 708
704	CHECK 226: NOT PREGNANT OR UNSURE ☐ ↓ PREGNANT ☐ →		→ 709
705	CHECK 310: USING A CONTRACEPTIVE METHOD? NOT ASKED ☐ ↓ NOT CURRENTLY USING ☐ ↓ CURRENTLY USING ☐ →		→ 713
706	CHECK 703: NOT ASKED ☐ ↓ 24 OR MORE MONTHS OR 02 OR MORE YEARS ☐ ↓ 00-23 MONTHS OR 00-01 YEAR ☐ →		→ 709

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
707	CHECK 702 AND 703: WANTS TO HAVE A/ANOTHER CHILD BUT NOT BEFORE 2 YEARS ☐ You have said that you do not want (a/another) child soon, but you are not using any method to avoid pregnancy. Can you tell me why you are not using a method? Any other reason? WANTS NO MORE/ NONE ☐ You have said that you do not want any (more) children, but you are not using any method to avoid pregnancy. Can you tell me why you are not using a method? Any other reason? RECORD ALL REASONS MENTIONED.	FERTILITY-RELATED REASONS NOT HAVING SEX . . . . A INFREQUENT SEX . . . . B MENOPAUSAL/HYSTERECTOMY . C SUBFECUND/INFECUND . . . . D POSTPARTUM AMENORRHEIC . . . E BREASTFEEDING . . . . F DIFFICULT TO GET PREGNANT . . . G OPPOSITION TO USE RESPONDENT OPPOSED . . . . H HUSBAND OPPOSED . . . . I OTHERS OPPOSED . . . . J RELIGIOUS PROHIBITION . . . . K RUMORS . . . . L LACK OF KNOWLEDGE KNOWS NO METHOD . . . . M KNOWS NO SOURCE . . . . N METHOD-RELATED REASONS HEALTH CONCERNS . . . . O FEAR OF SIDE EFFECTS . . . . P LACK OF ACCESS/TOO FAR . . . . . Q COSTS TOO MUCH . . . . R INCONVENIENT TO USE . . . . S INTERFERES WITH BODY'S NORMAL PROCESSES . . . . T OTHER ____________________ X (SPECIFY) DON'T KNOW . . . . Z	
708	CHECK 310: USING A CONTRACEPTIVE METHOD? NOT ASKED ☐ NO, NOT CURRENTLY USING ☐ YES, CURRENTLY USING ☐		→ 713
709	Do you think you will use a contraceptive method to delay or avoid pregnancy at any time in the future?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	 → 711 → 713
710	Which contraceptive method would you prefer to use?	FEMALE STERILIZATION . . . . 01 MALE STERILIZATION . . . . 02 PILL . . . . 03 IUD . . . . 04 INJECTABLES . . . . 05 IMPLANTS . . . . 06 CONDOM . . . . 07 FEMALE CONDOM . . . . 08 DIAPHRAGM . . . . 09 FOAM/JELLY . . . . 10 LACTATIONAL AMEN. METHOD . . . . . 11 RHYTHM METHOD/PERIOD. ABSTIN. . 12 WITHDRAWAL . . . . 13 OTHER ____________________ 96 (SPECIFY) DK/UNSURE 98	→ 713

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
711	What is the main reason that you think you will not use a contraceptive method at any time in the future?	FERTILITY-RELATED REASONS INFREQUENT SEX/NO SEX . . . 11 MENOPAUSAL/HYSTERECTOMY 12 SUBFECUND/INFECUND . . . . . 13 WANTS AS MANY CHILDREN AS POSSIBLE . . . . 14 OPPOSITION TO USE RESPONDENT OPPOSED 21	→ 713
		HUSBAND OPPOSED 22	
		OTHERS OPPOSED . . . . 23 RELIGIOUS PROHIBITION . . . . . 24 RUMORS 25 LACK OF KNOWLEDGE KNOWS NO METHOD . . . . 31 KNOWS NO SOURCE . . . . 32 METHOD-RELATED REASONS HEALTH CONCERNS . . . . 41 FEAR OF SIDE EFFECTS . . . . . 42 LACK OF ACCESS/TOO FAR . . . 43 COSTS TOO MUCH . . . . 44 INCONVENIENT TO USE . . . . 45 INTERFERES WITH BODY'S NORMAL PROCESSES . . . . . 46 OTHER ____________________ 96 (SPECIFY) DON'T KNOW 98	→ 713
711A	Why does your husband disapprove of using contraception? RECORD ALL REASONS MENTIONED.	AGAINST RELIGION . . . . A CAUSE HEALTH PROBLEMS . . . . B FEAR OF SIDE EFFECTS . . . . C COST TOO MUCH . . . . D INTERFERES WITH BODY'S NORMAL PROCESSES . . . . E FATALISTIC . . . . F OTHER ____________________ X (SPECIFY) DON'T KNOW . . . . Z	
713	CHECK 216: HAS LIVING CHILDREN ☐ NO LIVING CHILDREN ☐ HAS LIVING CHILDREN: If you could go back to the time you did not have any children and could choose exactly the number of children to have in your whole life, how many would that be? NO LIVING CHILDREN: If you could choose exactly the number of children to have in your whole life, how many would that be? PROBE FOR A NUMERIC RESPONSE.	NONE 00	→ 715
		NUMBER . . . . ☐☐	
		OTHER ____________________ 96 (SPECIFY)	→ 715
714	How many of these children would you like to be boys, how many would you like to be girls and for how many would the sex not matter?	BOYS GIRLS EITHER NUMBER ☐☐ ☐☐ ☐☐ OTHER ____________________ 96 (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
715	In the last 6 months have you:	YES NO	
	Heard about family planning on the radio?	RADIO 1 2	
	Seen about family planning on the television?	TELEVISION 1 2	
	Read about family planning in a newspaper or magazine?	NEWSPAPER OR MAGAZINE . . . 1 2	
	Seen or read about family planning on posters?	POSTER 1 2	
	Read about family planning in bulletins/booklets?	BULLETIN/BOOKLET 1 2	
	Heard about family planning in lectures?	LECTURE 1 2	
	Heard about family planning from women you associate with?	WOMEN 1 2	
	Heard about family planning from any other people you associate with?	OTHER PEOPLE 1 2	
716	Where and from whom would you prefer to get information about family planning? CIRCLE ONLY ONE ASNWER.	INTERPERSONAL GOVERN. HEALTH WORKER . . . . . 11 PRIVATE DOCTOR/NURSE . . . . 12 JAFPP STAFF . . . . 13 HUSBAND . . . . 14 OTHER RELATIVES . . . . 15 FRIENDS . . . . 16 MEDIA RADIO . . . . 21 TV . . . . 22 PRINT MATERIALS . . . . 23 SCHOOL, LIBRARY/ACADEMIC . . . 24 COMMUNITY/PUBLIC MEETING . . . 25 LECTURES . . . . 26 OTHER ______________________ 96 (SPECIFY) DON'T KNOW 98	
717	CHECK 101A: CURRENTLY MARRIED ☐ CURRENTLY WIDOWED, DIVORCED, OR SEPARATED ☐ →		801
718	CHECK 311/311A: CODE B, G, OR M CIRCLED ☐ →		720
	NO CODE CIRCLED ☐ →		720A
	OTHER CODES CIRCLED ☐		
719	Does your husband know that you are using a method of family planning?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
720	Would you say that using contraception is mainly your decision, mainly your husband's decision, or did you both decide together?	MAINLY RESPONDENT . . . . 1 MAINLY HUSBAND . . . . 2 JOINT DECISION . . . . 3 OTHER ______________________ 6 (SPECIFY)	
720A	Now I want to ask you about your husband's views on family planning. Do you think that your husband approves or disapproves of couples using a contraceptive method to avoid pregnancy?	APPROVES . . . . 1 DISAPPROVES . . . . 2 DON'T KNOW 8	
721	CHECK 311/311A: NEITHER STERILIZED ☐ HE OR SHE STERILIZED ☐ →		801
722	Does your husband want the same number of children that you want, or does he want more or fewer than you want?	SAME NUMBER . . . . 1 MORE CHILDREN . . . . 2 FEWER CHILDREN . . . . 3 DON'T KNOW 8	

SECTION 8. HUSBAND'S BACKGROUND AND WOMAN'S WORK

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
801	CHECK 101A: CURRENTLY MARRIED ☐ ↓ CURRENTLY WIDOWED, DIVORCED, OR SEPARATED ☐ → 803		→ 803
802	How old was your husband on his last birthday?	AGE IN COMPLETED YEARS ☐☐	
803	Did your (last) husband ever attend school?	YES . . . . 1 NO 2	 → 806
804	What is the highest level of school he attended: Old elementary, old preparatory, old secondary, new basic, new secondary, intermediate diploma, bachelor, or higher?	OLD SYSTEM ELEMENTARY . . . . 01 PREPARATORY . . . . 02 SECONDARY . . . . 03 NEW SYSTEM BASIC . . . . 04 SECONDARY . . . . 05 INTERMEDIATE DIPLOMA . . . . 06 BACHELOR . . . . 07 HIGHER . 08 DON'T KNOW 98	 → 806
805	What was the highest grade he completed at that level?	GRADE . . . . ☐☐ DON'T KNOW 98	
806	CHECK 101A: CURRENTLY MARRIED ☐ ↓ CURRENTLY WIDOWED, DIVORCED, OR SEPARATED ☐ → 811		→ 811
807	Has your husband done any work in the last seven days, even for one hour? By “work”, I mean any paid work, any work in a business completely or partially owned by your husband, any work in a business owned by the household without payment, or work in other business?	YES . . . . 1 NO 2	→ 809
808	Does your husband have any job, but he did not practice it during the last seven days for a reason such as vacation, travel, or illness?	YES . . . . 1 NO 2	 → 811
809	What is your husband’s current occupation, that is, what kind of work does he mainly do?	________________ ☐☐☐ ____________________ ____________________	
810	What is your husband’s employment status: is he an employee, an employer, is he self-employed, is he working for his family without payment, or is he working for someone else without payment?	EMPLOYEE . . . . 1 EMPLOYER . . . . 2 SELF-EMPLOYED . . . . 3 UNPAID FAMILY WORKER . . . . 4 UNPAID WORKER 5	
811	Have you done any work in the last seven days, even for one hour? By “work”, I mean any paid work, any work in a business completely or partially owned by yourself, any work in a business owned by the household without payment, or work in other business?	YES . . . . 1 NO 2	→ 813
812	Do you have any job, but you did not practice it during the last seven days for a reason such as vacation, travel, or illness?	YES . . . . 1 NO 2	 → 818

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
813	What is your current occupation, that is, what kind of work do you mainly do?	________________ ☐☐☐ ________________ ________________	
814	What is your employment status: are you an employee, an employer, are you self-employed, are you working for your family without payment, or are you working for someone else without payment?	EMPLOYEE . . . . 1 EMPLOYER . . . . 2 SELF-EMPLOYED . . . . 3 UNPAID FAMILY WORKER . . . . 4 UNPAID WORKER 5	
818	CHECK 101A: CURRENTLY MARRIED ☐ ↓ CURRENTLY WIDOWED, DIVORCED, OR SEPARATED ☐ →		827
819	CHECK 814: CODE 1, 2, OR 3 CIRCLED ☐ ↓ CODE 4, OR 5 CIRCLED OR 814 NOT ASKED ☐ →		822
820	Who usually decides how the money you earn will be used: mainly you, mainly your husband, or you and your husband jointly?	RESPONDENT . . . . 1 HUSBAND . . . . 2 RESPONDENT AND HUSBAND JOINTLY . . . . 3 OTHER ________________ 6 (SPECIFY)	
821	Would you say that the money that you earn is more than what your husband earns, less than what he earns, or about the same?	MORE THAN HIM . . . . 1 LESS THAN HIM . . . . 2 ABOUT THE SAME . . . . 3 HUSBAND DOESN'T BRING IN ANY MONEY . . . . 4 DON'T KNOW 8	 → 822A
822	Who usually decides how your husband's earnings will be used: you, your husband, or you and your husband jointly?	RESPONDENT . . . . 1 HUSBAND . . . . 2 RESPONDENT AND HUSBAND JOINTLY . . . . 3 HUSBAND HAS NO EARNINGS . . . . . 4 OTHER ________________ 6 (SPECIFY)	
822A	CHECK 814: CODES 1, 2, 0R 3 CIRCLED ☐ ↓ In addition to your emplyoment income, do you have income from any other source, such as real estate, retirement, allowances, etc. ? CODE 4, OR 5 CIRCLED OR 814 NOT ASKED ☐ ↓ Do you have income from any source such as real estate, retirement, allowances, etc. ?	YES . . . . 1 NO 2	 → 823
822B	Who usually decides how the (additional) money you earn will be used: mainly you, mainly your husband, or you and your husband jointly?	RESPONDENT . . . . 1 HUSBAND . . . . 2 RESPONDENT AND HUSBAND JOINTLY . . . . 3 OTHER ________________ 6 (SPECIFY)	
823	Who usually makes decisions about health care for yourself: you, your husband, you and your husband jointly, or someone else?	RESPONDENT . . . . 1 HUSBAND . . . . 2 RESPONDENT AND HUSBAND JOINTLY . . . . 3 SOMEONE ELSE . . . . 4 OTHER ________________ 6 (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES				SKIP
824	Who usually makes decisions about making major household purchases?	RESPONDENT	1			
		HUSBAND	2			
		RESPONDENT AND HUSBAND JOINTLY	3			
		SOMEONE ELSE	4			
		OTHER ____________ (SPECIFY)	6			
825	Who usually makes decisions about making purchases for daily household needs?	RESPONDENT	1			
		HUSBAND	2			
		RESPONDENT AND HUSBAND JOINTLY	3			
		SOMEONE ELSE	4			
		OTHER ____________ (SPECIFY)	6			
826	Who usually makes decisions about visits to your family or relatives?	RESPONDENT	1			
		HUSBAND	2			
		RESPONDENT AND HUSBAND JOINTLY	3			
		SOMEONE ELSE	4			
		OTHER ____________ (SPECIFY)	6			
827	PRESENCE OF OTHERS AT THIS POINT (PRESENT AND LISTENING, PRESENT BUT NOT LISTENING, OR NOT PRESENT)		PRES./ LISTEN.	PRES./ NOT LISTEN.	NOT PRES.	
		CHILDREN < 10	1	2	3	
		HUSBAND	1	2	3	
		OTHER MALES	1	2	3	
		OTHER FEMALES	1	2	3	
828	Sometimes a husband is annoyed or angered by things that his wife does. In your opinion, is a husband justified in hitting or beating his wife in the following situations:		YES	NO	DK	
	If she goes out without telling him?	GOES OUT	1	2	8	
	If she neglects the children?	NEGL. CHILDREN	1	2	8	
	If she burns the food?	BURNS FOOD	1	2	8	
	If she insults him?	INSULTS	1	2	8	
	If she disobeys him?	DISOBEYS	1	2	8	
	If she argues with him?	ARGUES	1	2	8	
	If she has relation with another man?	ANOTHER MAN	1	2	8	
828A	In your opinion, what do you consider to be violence against women? CIRCLE CODE '1' FOR EACH SPONTANEOUS ANSWER, THEN FOR EACH CASE NOT MENTIONED SPONTANEOUSLY, ASK: "In your opinion, do you consider (ITEM NOT MENTIONED SPONTANEOUSLY) to be violence against women"? IF 'YES' CIRCLE 2 (YES PROBE), IF NO, CIRCLE '3'(NO).		YES SPONTA-NEOUSLY	YES PRO-BE	NO	
	Beating?	BEATING	1	2	3	
	Physical threats?	PHYSICAL THREATS	1	2	3	
	Insults?	INSULTS	1	2	3	
	Rape?	RAPE	1	2	3	
	Sexual harassment?	SEXUAL HARASS.	1	2	3	
	Early marriage?	EARLY MARRIAGE	1	2	3	
	Compulsory marriage?	COMPULSORY MAR.	1	2	3	
	Unwanted sexual intercourse?	UNWANTED SEX.	1	2	3	
		OTHER __________ (SPECIFY)	1			

SECTION 9. HIV/AIDS AND STI

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
901	Now I would like to talk about something else. Have you ever heard of an illness called AIDS?	YES 1 NO 2	 → 916
901A	Is there anything a person can do to avoid getting the AIDS virus?	YES 1 NO 2 DON'T KNOW 8	 NO, DON'T KNOW → 902
901B	What can a person do? Anything else? RECORD ALL WAYS MENTIONED.	ABSTAIN FROM SEXUAL INTERCOURSE A USE CONDOMS B LIMIT SEX TO SPOUSE/STAY FAITHFUL TO SPOUSE C LIMIT NUMBER OF SEX. PARTNERS D AVOID SEX WITH PROSTITUTES E AVOID SEX WITH PERSONS WHO HAVE MANY PARTNERS F AVOID SEX WITH HOMOSEXUALS G AVOID SEX WITH PERSONS WHO INJECT DRUGS INTRAVENOUSLY H AVOID BLOOD TRANSFUSION I AVOID INJECTIONS J AVOID SHARING RAZORS/BLADES K AVOID KISSING L AVOID MOSQUITO BITES M SEEK PROTECTION FROM TRADITIONAL PRACTITIONER N OTHER ______ W (SPECIFY) OTHER ______ X (SPECIFY) DON'T KNOW Z	
902	Can people reduce their chance of getting the AIDS virus by having just one uninfected sex partner who has no other sex partners?	YES 1 NO 2 DON'T KNOW 8	
903	Can people get the AIDS virus from mosquito bites?	YES 1 NO 2 DON'T KNOW 8	
904	Can people reduce their chance of getting the AIDS virus by using a condom every time they have sex?	YES 1 NO 2 DON'T KNOW 8	
905	Can people get the AIDS virus by sharing food with a person who has AIDS?	YES 1 NO 2 DON'T KNOW 8	
906	Can people reduce their chance of getting the AIDS virus by not having sexual intercourse at all?	YES 1 NO 2 DON'T KNOW 8	
907	Can people get the AIDS virus by shaking hands with or hugging a person who has AIDS?	YES 1 NO 2 DON'T KNOW 8	
907A	Can people get the AIDS virus by sharing razors or blades when shaving their beard or having their hair cut?	YES 1 NO 2 DON'T KNOW 8	
908	Is it possible for a healthy-looking person to have the AIDS virus?	YES 1 NO 2 DON'T KNOW 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
909	Can the virus that causes AIDS be transmitted from a mother to her baby: During pregnancy? During delivery? By breastfeeding?	YES NO DK DURING PREG. . . . . . 1 2 8 DURING DELIVERY . . . 1 2 8 BREASTFEEDING . . . 1 2 8	
910	Do you know of a place where people can go to get tested for the AIDS virus?	YES . . . . 1 NO 2	 → 912
911	Where is that? Any other place? PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S). IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER VCT CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE. ____________________ (NAME OF PLACE(S))	**PUBLIC MEDICAL SECTOR** GOVT. HOSPITAL . . . . A GOVT. HEALTH CENTER . . . . B GOVT. MCH . . . . C UNIVERSITY HOSPITAL . . . . D ROYAL MEDICAL SERVICES . . . . . E TESTING & COUNCELING CENTER F OTHER PUBLIC ____________ G (SPECIFY) **PRIVATE MEDICAL SECTOR** PRIVATE HOSPITAL/CLINIC . . . . . H PRIVATE DOCTOR . . . . I JORDANIAN AS. OF FP AND PROTECTION (JAFPP) . . . . . J PRIVATE LABORATORY . . . . . K OTHER NON GOV. ORGANIZATION. L OTHER PRIVATE MEDICAL ____________ M (SPECIFY) **OTHER** ____________ X (SPECIFY)	
912	Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had the AIDS virus?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
913	If a member of your close family got infected with the AIDS virus, would you want it to remain a secret or not?	YES, REMAIN A SECRET . . . . 1 NO . . . . 2 DK/NOT SURE/DEPENDS 8	
914	If a member of your close family became sick with AIDS, would you be willing to care for her or him in your own household?	YES . . . . 1 NO . . . . 2 DK/NOT SURE/DEPENDS 8	
915	In your opinion, if a female teacher has the AIDS virus but is not sick, should she be allowed to continue teaching in the school?	SHOULD BE ALLOWED . . . . 1 SHOULD NOT BE ALLOWED . . . . 2 DK/NOT SURE/DEPENDS 8	
915A	CHECK 101A: CURRENTLY MARRIED ☐ ↓	WIDOWED/ DIVORCED/SEPARATED ☐	→ 915C
915B	Have you ever talked about ways to prevent getting the virus that causes AIDS with your husband?	YES . . . . 1 NO 2	
915C	In the last 6 months have you heard, seen, or received any information about HIV/AIDS?	YES . . . . 1 NO 2	 → 916
915D	Where did you hear or see that information? Anywhere else? RECORD ALL MENTIONNED	TELEVISION . . . . A RADIO . . . . B NEWSPAPER/MAGAZINE . . . . C PAMPHLET/BROCHURE . . . . D POSTER . . . . E COMMUNITY MEETING . . . . F HOME VISIT BY HEALTH WORKER . G HEALTH FACILITY STAFF . . . . H HUSBAND . . . . I OTHER RELATIVES/ FRIENDS/ NEIGHBORS . . . . . J OTHER ____________ X (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
916	CHECK 901: HEARD ABOUT AIDS ☐ — Apart from AIDS, have you heard about other infections that can be transmitted through sexual contact? NOT HEARD ABOUT AIDS ☐ — Have you heard about infections that can be transmitted through sexual contact?	YES 1 NO 2	 → 917
916A	If a man has a sexually transmitted disease, what symptoms might he have? Any other symptoms? RECORD ALL MENTIONNED	ABDOMINAL PAIN A GENITAL DISCHARGE/DRIPPING B FOUL SMELLING DISCHARGE C BURNING PAIN ON URINATION D REDNESS/INFLAMMATION IN GENITAL AREA E SWELLING IN GENITAL AREA F GENITAL SORES/ULCERS G GENITAL WARTS H GENITAL ITCHING I BLOOD IN URINE J LOSS OF WEIGHT K IMPOTENCE L FEVER M OTHER ______ X (SPECIFY) NO SYMPTOMS Y DON'T KNOW Z	
916B	If a woman has a sexually transmitted disease, what symptoms might she have? Any other symptoms? RECORD ALL MENTIONNED	ABDOMINAL PAIN A GENITAL DISCHARGE B FOUL SMELLING DISCHARGE C BURNING PAIN ON URINATION D REDNESS/INFLAMMATION IN GENITAL AREA E SWELLING IN GENITAL AREA F GENITAL SORES/ULCERS G GENITAL WARTS H GENITAL ITCHING I BLOOD IN URINE J LOSS OF WEIGHT K HARD TO GET PREGNANT/ HAVE A CHILD L FEVER M OTHER ______ X (SPECIFY) NO SYMPTOMS Y DON'T KNOW Z	
917	Husbands and wives do not always agree on everything. If a wife knows her husband has a disease that she can get during sexual intercourse, is she justified in refusing to have sex with him?	YES 1 NO 2 DON'T KNOW 8	
918	If a wife knows her husband has a disease that she can get during sexual intercourse, is she justified in asking that they use a condom when they have sex?	YES 1 NO 2 DON'T KNOW 8	
919	Is a wife justified in refusing to have sex with her husband when she is tired or not in the mood?	YES 1 NO 2 DON'T KNOW 8	
920	Is a wife justified in refusing to have sex with her husband when she knows her husband has sex with women other than his wives?	YES 1 NO 2 DON'T KNOW 8	

SECTION 10. OTHER HEALTH ISSUES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1001	Have you ever heard of an illness called tuberculosis?	YES . . . . 1 NO 2	 → 1013
1002	How does tuberculosis spread from one person to another? PROBE: Any other ways? RECORD ALL MENTIONED.	THROUGH THE AIR WHEN COUGHING OR SNEEZING . . . . . A THROUGH SHARING UTENSILS . . . B THROUGH TOUCHING A PERSON WITH TB . . . . C THROUGH FOOD . . . . D THROUGH SEXUAL CONTACT . . . E THROUGH MOSQUITO BITES . . . . . F OTHER ______________________ X (SPECIFY) DON'T KNOW . . . . Z	
1003	Can tuberculosis be cured?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
1003A	Would you be willing to take a test for tuberculosis?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
1013	Now I would like to ask you some questions about medical care for you yourself. Many different factors can prevent women from getting medical advice or treatment for themselves. When you are sick and want to get medical advice or treatment, is each of the following a big problem or not?	BIG PROBLEM / NOT A BIG PROBLEM	
	Knowing where to go?	WHERE TO GO 1 2	
	Getting permission to go?	PERMISSION TO GO . . . 1 2	
	Getting money needed for treatment?	GETTING MONEY 1 2	
	The distance to the health facility?	DISTANCE 1 2	
	Having to take transport?	TAKING TRANSPORT . 1 2	
	Not wanting to go alone?	GO ALONE 1 2	
	Concern that there may not be a female health provider?	NO FEMALE PROV. . . . 1 2	

SECTION 11. DOMESTIC VIOLENCE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1101	CHECK DOMESTIC VIOLENCE BOX ON COVER PAGE: IS THIS WOMAN SELECTED FOR THE DOMESTIC VIOLENCE MODULE? YES ☐ ↓ NO ☐ →		1201
1102	CHECK FOR PRESENCE OF OTHERS: DO NOT CONTINUE UNTIL EFFECTIVE PRIVACY IS ENSURED. PRIVACY OBTAINED . . . . 1 ↓	PRIVACY NOT POSSIBLE . . . . 2 →	1118
	READ TO THE RESPONDENT Now I would like to ask you questions about some other important aspects of a woman's life. I know that some of these questions are very personal. However, your answers are crucial for helping to understand the condition of women in Jordan. Let me assure you that your answers are completely confidential and will not be told to anyone and no one else will know that you were asked these questions.		
1103	CHECK 101A:: CURRENTLY MARRIED ☐ ↓	WIDOWED/SEPARATED/ DIVORCED ☐ ↓ (READ IN PAST TENSE)	
1104	Now if you will permit me, I need to ask some more questions about your relationship with your (last) husband. If we should come to any question that you do not want to answer, just let me know and we will go on to the next question.		

1104A		(Does/did) your (last) husband ever:		1104B How often did this happen during the last 12 months: often, only sometimes, or not at all?			
				OFTEN	SOME-TIMES	NOT AT ALL	NOT AP-PLICABLE
	a)	say or do something to humiliate you in front of others?	YES 1 → NO 2 ↓	1	2	3	4
	b)	threaten to hurt or harm you or someone close to you?	YES 1 → NO 2 ↓	1	2	3	4
1105	1105A	(Does/did) your (last) husband ever do any of the following things to you:		1105B How often did this happen during the last 12 months: often, only sometimes, or not at all?			
				OFTEN	SOME-TIMES	NOT AT ALL	NOT AP-PLICABLE
	1)	push you, shake you, or throw something at you?	YES 1 → NO 2 ↓	1	2	3	4
	2)	slap you or twist your arm?	YES 1 → NO 2 ↓	1	2	3	4
	3)	punch you with his fist or with something that could hurt you?	YES 1 → NO 2 ↓	1	2	3	4
	4)	kick you, drag you or beat you up?	YES 1 → NO 2 ↓	1	2	3	4
	5)	try to choke you or burn you on purpose?	YES 1 → NO 2 ↓	1	2	3	4
	6)	threaten you with a knife, gun, or any other weapon?	YES 1 → NO 2 ↓	1	2	3	4
	7)	attack you with a knife, gun, or any other weapon?	YES 1 → NO 2 ↓	1	2	3	4
	8)	physically force you to have sexual intercourse with him even when you did not want to?	YES 1 → NO 2 ↓	1	2	3	4

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1106	CHECK 1105A: AT LEAST ONE 'YES' ☐ ↓ NOT A SINGLE 'YES' ☐		→ 1108
1107	Did the following ever happen as a result of what your (last) husband did to you:	YES NO	
	a) You had cuts, bruises or aches?	BRUISES/ACHES 1 2	
	b) You had an injury or a broken bone?	INJURY/BROKEN BONE 1 2	
	c) You went for treatment?	WENT FOR TREATMENT 1 2	
1108	From the time you were 15 years old has anyone other than your (last) husband hit, slapped, kicked, or done anything else to hurt you physically?	YES . . . . 1 NO . . . . 2 REFUSED TO ANSWER/ NO ANSWER 3	 → 1111
1109	Who has hurt you in this way? Anyone else? RECORD ALL MENTIONED.	MOTHER . . . . A FATHER . . . . B STEP-MOTHER . . . . C STEP-FATHER . . . . D BROTHER . . . . E SISTER . . . . F SON . . . . G DAUGHTER . . . . H EX-HUSBAND . . . . I MOTHER-IN-LAW . . . . J FATHER-IN-LAW . . . . K OTHER FEMALE RELATIVE/IN-LAW . . L OTHER MALE RELATIVE/IN-LAW . . M FEMALE FRIEND/ACQUAINTANCE . . N MALE FRIEND/ACQUAINTANCE . . . . O FEMALE TEACHER . . . . P MALE TEACHER . . . . Q FEMALE EMPLOYER . . . . R MALE EMPLOYER . . . . S FEMALE STRANGER T MALE STRANGER . . . . U POLICE/SOLDIER . . . . V OTHER ____________________ X (SPECIFY)	
1110	In the last 12 months, how often have you been hit, slapped, kicked, or physically hurt by this/these person(s): often, only sometimes, or not at all?	OFTEN . . . . 1 SOMETIMES . . . . 2 NOT AT ALL 3	
1111	CHECK 201, 226, AND 229: EVER BEEN PREGNANT (YES ON 201 OR 226 OR 229) ☐ ↓ NEVER BEEN PREGNANT ☐		→ 1114
1112	Has any one ever hit, slapped, kicked, or done anything else to hurt you physically while you were pregnant?	YES . . . . 1 NO 2	 → 1114

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES		SKIP
1113	Who has done any of these things to physically hurt you while you were pregnant? Anyone else? RECORD ALL MENTIONED.	CURRENT HUSBAND	A	
		MOTHER	B	
		FATHER	C	
		STEP-MOTHER	D	
		STEP-FATHER	E	
		BROTHER	F	
		SISTER	G	
		SON	H	
		DAUGHTER	I	
		EX-HUSBAND	J	
		MOTHER-IN-LAW	K	
		FATHER-IN-LAW	L	
		OTHER FEMALE RELATIVE/IN-LAW	M	
		OTHER MALE RELATIVE/IN-LAW	N	
		FEMALE FRIEND/ACQUAINTANCE	O	
		MALE FRIEND/ACQUAINTANCE	P	
		FEMALE TEACHER	Q	
		MALE TEACHER	R	
		FEMALE EMPLOYER	S	
		MALE EMPLOYER	T	
		FEMALE STRANGER	U	
		MALE STRANGER	V	
		POLICE/SOLDIER	W	
		OTHER ________ (SPECIFY)	X	
1114	CHECK 1105B: CODE '1' (OFTEN) OR CODE '2' (SOMETIMES) CIRCLED FOR AT LEAST ONE ITEM ☐ ↓ NOT A SINGLE CODE '1' OR '2' CIRCLED ☐			1117
1115	At any time during the last 12 months when your (last) husband did something to phisically hurt you, did you try to get help to prevent or stop him for hurting you?	YES	1	
		NO	2	→ 1117
1116	From whom have you sought help? Anyone else? RECORD ALL MENTIONED.	MOTHER	A	
		FATHER	B	
		SISTER	C	
		BROTHER	D	
		MOTHER-IN-LAW	E	
		FATHER-IN-LAW	F	
		OTHER FEMALE RELATIVE/IN-LAW	G	
		OTHER MALE RELATIVE/IN-LAW	H	
		FRIEND	I	
		NEIGHBOR	J	
		TEACHER	K	
		EMPLOYER	L	
		RELIGIOUS FIGURE	M	
		DOCTOR/MEDICAL PERSONNEL	N	
		POLICE	O	
		LAWYER	P	
		SOCIAL SERVICE ORGANIZATION	Q	
		OTHER ________ (SPECIFY)	X	

			YES ONCE	YES, MORE THAN ONCE	NO
1117	DID YOU HAVE TO INTERRUPT THE INTERVIEW BECAUSE SOME ADULT WAS TRYING TO LISTEN, OR CAME INTO THE ROOM, OR INTERFERED IN ANY OTHER WAY?	HUSBAND	1	2	3
		OTHER MALE ADULT	1	2	3
		FEMALE ADULT	1	2	3

1118 INTERVIEWER'S COMMENTS / EXPLANATION FOR NOT COMPLETING THE DOMESTIC VIOLENCE MODULE

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SECTION 12. EARLY CHILDHOOD DEVELOPMENT

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1201	CHECK 217: ANY LIVING CHILD 3-8 YEARS OLD? YES ☐ NO ☐		NO → 1210
1202	CHECK 217: SELECT THE YOUNGEST CHILD AGED 3-8 YEARS AND RECORD NAME AND LINE NUMBER NAME OF THE YOUNGEST CHILD FROM Q. 212 ____________ LINE NUMBER OF THE YOUNGEST CHILD FROM Q. 211 ☐☐		
	READ TO THE RESPONDENT Now I would like to ask you questions about (NAME OF THE CHILD FROM 1202), your youngest child who is 3-8 years old.		
1203	Can (CHILD'S NAME FROM 1202) count? IF YES, ASK: To which number he/she can count? RECORD THE NUMBER IF ' 97' OR MORE, RECORD 97	CANNOT COUNT . . . . 00 CAN COUNT (NUMBER) ☐☐ CAN COUNT TO 97 OR MORE 97 DON'T KNOW 98	
1204	Can (CHILD'S NAME FROM 1202) identify his/her own name, or the names of his/her siblings or friends when he/she sees them in a story, a book, or elsewhere?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
1205	How does (CHILD' S NAME FROM 1202) manage a misunderstanding with his/her friends in the neighborhood?	DISCUSSES DISAGREEMENT WITH FRIENDS IN A POSITIVE WAY . . . . . 1 WITHDRAWS FROM THE SITUATION . . . 2 RESORTS TO SHOUTING AND VIOLENCE . . . . 3 OTHER ____________ 4 (SPECIFY) DON'T KNOW 8	
1206	Does (CHILD'S NAME FROM 1202) brush his/her teeth?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
1207	Does (CHILD'S NAME FROM 1202) wash his/her hands after using the toilet?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
1208	During last month, has (CHILD'S NAME FROM 1202) read or has anyone read him/her magazines, stories or books other than his/her school books? IF YES, ASK: How often?	YES ALWAYS: MORE THAN 12 TIMES . 1 YES SOMETIMES: AROUND 4 TIMES . 2 NO STORY READ . . . . 3 NO STORY BOOK . . . . 4 DON'T KNOW 8	
1209	Does (CHILD'S NAME FROM 1202) participate in family discussions?	YES . . . . 1 NO . . . . 2 NOT ALLOWED TO PARTICIPATE 3	
1210	RECORD THE TIME.	HOUR . . . . ☐☐ MINUTE . . . . ☐☐	

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT RESPONDENT:

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

SUPERVISOR'S OBSERVATIONS

NAME OF SUPERVISOR: DATE:

EDITOR'S OBSERVATIONS

NAME OF EDITOR: DATE:

INSTRUCTIONS:
ONLY ONE CODE SHOULD APPEAR IN ANY BOX.
IN COLUMN 1, ALL MONTHS SHOULD BE FILLED IN.

INFORMATION TO BE CODED FOR EACH COLUMN

COL.1 BIRTHS, PREGNANCIES, CONTRACEPTIVE USE **

B	BIRTHS
P	PREGNANCIES
T	TERMINATIONS
0	NO METHOD
1	FEMALE STERILIZATION
2	MALE STERILIZATION
3	PILL
4	IUD
5	INJECTABLES
6	IMPLANTS
7	CONDOM
8	FEMALE CONDOM
9	DIAPHRAGM
J	FOAM OR JELLY
K	LACTATIONAL AMENORRHEA METHOD
L	PERIODIC ABSTINENCE
M	WITHDRAWAL
X	OTHER ____________________ (SPECIFY)

NOTE: In case of a multiple birth which ended with live and non-live birth outcomes record BIRTH to the calendar

COL. 2: DISCONTINUATION OF CONTRACEPTIVE USE

0	INFREQUENT SEX/HUSBAND AWAY
1	BECAME PREGNANT WHILE USING
2	WANTED TO BECOME PREGNANT
3	HUSBAND DISAPPROVED
4	WANTED MORE EFFECTIVE METHOD
5	HEALTH CONCERNS
6	SIDE EFFECTS
7	LACK OF ACCESS/TOO FAR
8	COSTS TOO MUCH
9	INCONVENIENT TO USE
F	FATALISTIC
A	DIFFICULT TO GET PREGNANT/MENOPAUSAL
D	WIDOW/DIVORCE/SEPARATION
R	RAMADAN
X	OTHER ____________________ (SPECIFY)
Z	DON'T KNOW

				COL. 1	COL.2				
	12	DEC	01			01	DEC	12	
	11	NOV	02			02	NOV	11	
	10	OCT	03			03	OCT	10	
	09	SEP	04			04	SEP	09	
2	08	AUG	05			05	AUG	08	2
0	07	JUL	06			06	JUL	07	0
0	06	JUN	07			07	JUN	06	0
7	05	MAY	08			08	MAY	05	7
	04	APR	09			09	APR	04	
	03	MAR	10			10	MAR	03	
	02	FEB	11			11	FEB	02	
	01	JAN	12			12	JAN	01	
	12	DEC	13			13	DEC	12	
	11	NOV	14			14	NOV	11	
	10	OCT	15			15	OCT	10	
	09	SEP	16			16	SEP	09	
2	08	AUG	17			17	AUG	08	2
0	07	JUL	18			18	JUL	07	0
0	06	JUN	19			19	JUN	06	0
6	05	MAY	20			20	MAY	05	6
	04	APR	21			21	APR	04	
	03	MAR	22			22	MAR	03	
	02	FEB	23			23	FEB	02	
	01	JAN	24			24	JAN	01	
	12	DEC	25			25	DEC	12	
	11	NOV	26			26	NOV	11	
	10	OCT	27			27	OCT	10	
	09	SEP	28			28	SEP	09	
2	08	AUG	29			29	AUG	08	2
0	07	JUL	30			30	JUL	07	0
0	06	JUN	31			31	JUN	06	0
5	05	MAY	32			32	MAY	05	5
	04	APR	33			33	APR	04	
	03	MAR	34			34	MAR	03	
	02	FEB	35			35	FEB	02	
	01	JAN	36			36	JAN	01	
	12	DEC	37			37	DEC	12	
	11	NOV	38			38	NOV	11	
	10	OCT	39			39	OCT	10	
	09	SEP	40			40	SEP	09	
2	08	AUG	41			41	AUG	08	2
0	07	JUL	42			42	JUL	07	0
0	06	JUN	43			43	JUN	06	0
4	05	MAY	44			44	MAY	05	4
	04	APR	45			45	APR	04	
	03	MAR	46			46	MAR	03	
	02	FEB	47			47	FEB	02	
	01	JAN	48			48	JAN	01	
	12	DEC	49			49	DEC	12	
	11	NOV	50			50	NOV	11	
	10	OCT	51			51	OCT	10	
	09	SEP	52			52	SEP	09	
2	08	AUG	53			53	AUG	08	2
0	07	JUL	54			54	JUL	07	0
0	06	JUN	55			55	JUN	06	0
3	05	MAY	56			56	MAY	05	3
	04	APR	57			57	APR	04	
	03	MAR	58			58	MAR	03	
	02	FEB	59			59	FEB	02	
	01	JAN	60			60	JAN	01	
	12	DEC	61			61	DEC	12	
	11	NOV	62			62	NOV	11	
	10	OCT	63			63	OCT	10	
	09	SEP	64			64	SEP	09	
2	08	AUG	65			65	AUG	08	2
0	07	JUL	66			66	JUL	07	0
0	06	JUN	67			67	JUN	06	0
2	05	MAY	68			68	MAY	05	2
	04	APR	69			69	APR	04	
	03	MAR	70			70	MAR	03	
	02	FEB	71			71	FEB	02	
	01	JAN	72			72	JAN	01	