

Department of Statistics
Household Survey Directorate

The Hashemite Kingdom of Jordan
JORDAN POPULATION AND
FAMILY HEALTH SURVEY 2012

WOMAN'S QUESTIONNAIRE

Survey Contents Confidential by Statistical Law

IDENTIFICATION				
		QUESTIONNAIRE No.: 		
GOVERNORATE: _____	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 5px;"></div>	BLOCK No.:	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 5px;"></div>	
DISTRICT: _____		BUILDING No.: _____	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 5px;"></div>	
SUB-DISTRICT: _____		HOUSING UNIT No.: _____		
LOCALITY: _____		CLUSTER No.:		
AREA: _____		HOUSEHOLD No.:		
SUB-AREA: _____		<div style="border: 1px solid black; width: 20px; height: 20px; margin: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 5px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 5px;"></div>	
STRATUM: _____	TELEPHONE/ MOBILE No. (if available)			
URBAN/RURAL (Urban=1; Rural=2)	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 5px;"></div>			
NAME AND LINE NUMBER OF WOMAN: _____				<div style="border: 1px solid black; width: 20px; height: 20px; margin: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 5px;"></div>
WOMAN SELECTED FOR DOMESTIC VIOLENCE SECTION (YES = 1; NO = 2)				<div style="border: 1px solid black; width: 20px; height: 20px; margin: 5px;"></div>
INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE				DAY
				MONTH
				YEAR 2 0 1
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 INCAPACITATED				
SUPERVISOR		FIELD EDITOR		OFFICE EDITOR
NAME _____		NAME _____		<div style="border: 1px solid black; width: 20px; height: 20px;"></div>
DATE _____		DATE _____		<div style="border: 1px solid black; width: 20px; height: 20px;"></div>
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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?

In case you need more information about the survey, you may contact the person listed on the card that has already been given to your household.

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 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> MINUTE <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>									
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 QNNAIRE.	MARRIED 1 DIVORCED 2 WIDOWED 3 SEPARATED 4 NEVER MARRIED 5	→ END								
102	In what month and year were you born?	MONTH <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table> DON'T KNOW MONTH 98 YEAR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td><td></td></tr></table> DON'T KNOW YEAR 9998									
103	How old were you at your last birthday? COMPARE AND CORRECT 102 AND/OR 103 IF INCONSISTENT.	AGE IN COMPLETED YEARS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table>									
104	Have you ever attended school?	YES 1 NO 2	→ 110								
105	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
106	What is the highest grade you completed at that level?	GRADE <input type="text"/> <input type="text"/>	
110	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	
111	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	
112	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 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> DAUGHTERS AT HOME <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									
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 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> DAUGHTERS ELSEWHERE <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									
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 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> GIRLS DEAD <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									
208	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL BIRTHS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>									
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 <input type="checkbox"/> NO <input type="checkbox"/> → PROBE AND CORRECT 201-208 AS NECESSARY.										
210	CHECK 208: ONE OR MORE BIRTHS <input type="checkbox"/> NO BIRTHS <input type="checkbox"/> → 226										

<p>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).</p>									
212	213	214	215	216	217 IF ALIVE:	218 IF ALIVE:	219 IF ALIVE:	220 IF DEAD:	221
What name was given to your (first/next) baby? RECORD NAME BIRTH HISTORY NUMBER	Were any of these births twins?	Is (NAME) a boy or a girl?	In what month and year was (NAME) born? PROBE: When is his/her birthday?	Is (NAME) still alive?	How old was (NAME) at his/her last birthday? RECORD AGE IN COMPLETED YEARS. IF LESS THAN 1 YEAR, RECORD '00'	Is (NAME) living with you?	RECORD HOUSEHOLD LINE NUMBER OF CHILD (RECORD '00' IF CHILD NOT LISTED IN HOUSEHOLD).	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?
01	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES ... 1 NO ... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES ... 1 NO ... 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (NEXT BIRTH)	DAYS ... 1 MONTHS 2 YEARS ... 3	
02	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES ... 1 NO ... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES ... 1 NO ... 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (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 <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES ... 1 NO ... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES ... 1 NO ... 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (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 <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES ... 1 NO ... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES ... 1 NO ... 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (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 <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES ... 1 NO ... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES ... 1 NO ... 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (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 <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES ... 1 NO ... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES ... 1 NO ... 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (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 <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES ... 1 NO ... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES ... 1 NO ... 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS ... 1 MONTHS 2 YEARS ... 3	YES ... 1 ADD ↙ BIRTH NO ... 2 NEXT ↙ BIRTH

212	213	214	215	216	217 IF ALIVE:	218 IF ALIVE:	219 IF ALIVE:	220 IF DEAD:	221
What name was given to your next baby? RECORD NAME BIRTH HISTORY NUMBER	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?	How old was (NAME) at his/her last birthday? RECORD AGE IN COMPLETED YEARS. IF LESS THAN 1 YEAR, RECORD '00'	Is (NAME) living with you?	RECORD HOUSEHOLD LINE NUMBER OF CHILD (RECORD '00' IF CHILD NOT LISTED IN HOUSEHOLD).	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 <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES ... 1 NO ... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES ... 1 NO ... 2	LINE NUMBER <input type="text"/> ↓ (GO TO 221)	DAYS ... 1 MONTHS 2 YEARS ... 3 <input type="text"/> <input type="text"/> <input type="text"/>	YES ... 1 ADD BIRTH NO ... 2 NEXT BIRTH
09	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES ... 1 NO ... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES ... 1 NO ... 2	LINE NUMBER <input type="text"/> ↓ (GO TO 221)	DAYS ... 1 MONTHS 2 YEARS ... 3 <input type="text"/> <input type="text"/> <input type="text"/>	YES ... 1 ADD BIRTH NO ... 2 NEXT BIRTH
10	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES ... 1 NO ... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES ... 1 NO ... 2	LINE NUMBER <input type="text"/> ↓ (GO TO 221)	DAYS ... 1 MONTHS 2 YEARS ... 3 <input type="text"/> <input type="text"/> <input type="text"/>	YES ... 1 ADD BIRTH NO ... 2 NEXT BIRTH
11	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES ... 1 NO ... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES ... 1 NO ... 2	LINE NUMBER <input type="text"/> ↓ (GO TO 221)	DAYS ... 1 MONTHS 2 YEARS ... 3 <input type="text"/> <input type="text"/> <input type="text"/>	YES ... 1 ADD BIRTH NO ... 2 NEXT BIRTH
12	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES ... 1 NO ... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES ... 1 NO ... 2	LINE NUMBER <input type="text"/> ↓ (GO TO 221)	DAYS ... 1 MONTHS 2 YEARS ... 3 <input type="text"/> <input type="text"/> <input type="text"/>	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 <input type="checkbox"/> NUMBERS ARE DIFFERENT <input type="checkbox"/> → (PROBE AND RECONCILE)								
224	CHECK 215: ENTER THE NUMBER OF BIRTHS IN 2007 OR LATER.					NUMBER OF BIRTHS <input type="text"/> NONE 0 → 226			

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
225	<p>C FOR EACH BIRTH SINCE JANUARY 2007, ENTER 'B' IN THE MONTH OF BIRTH IN 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.)</p>		
226	Are you pregnant now?	YES 1 NO 2 UNSURE 8	<input type="checkbox"/> → 230
227	<p>How many months pregnant are you?</p> <p>C RECORD NUMBER OF COMPLETED MONTHS. ENTER 'P's IN THE CALENDAR, BEGINNING WITH THE MONTH OF INTERVIEW AND FOR THE TOTAL NUMBER OF COMPLETED MONTHS.</p>	MONTHS <input type="text"/>	
228	When you got pregnant, did you want to get pregnant at that time?	YES 1 NO 2	→ 230
229	Did you want to have a baby later on or did you not want any (more) children?	LATER 1 NO MORE 2	
230	Have you ever had a pregnancy that miscarried, was aborted, or ended in a stillbirth?	YES 1 NO 2	→ 238
230A	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	
231	When did the last such pregnancy end?	MONTH <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
232	<p>CHECK 231:</p> <p>LAST PREGNANCY ENDED IN <input type="checkbox"/> JAN. 2007 OR LATER</p> <p>LAST PREGNANCY ENDED BEFORE <input type="checkbox"/> JAN. 2007</p>		→ 238
232A	Did this (MISCARRIAGE/ABORTION/STILLBIRTH - FROM Q.230A) 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)	→ 232D
232B	Did you seek care for this (MISCARRIAGE/ABORTION/STILLBIRTH - FROM Q.230A)?	YES 1 NO 2	→ 233
232C	Where did you go for this (MISCARRIAGE/ABORTION/STILLBIRTH - FROM Q.230A)?	PUBLIC MEDICAL SECTOR GOVT. HOSPITAL 11 GOVT. HEALTH CENTER 12 UNIVERSITY HOSPITAL 13 ROYAL MEDICAL HOSPITAL 14 OTHER PUBLIC 16 (SPECIFY)	
232D	<p>What type of health facility was this?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.</p> <p>_____ (NAME OF PLACE)</p>	PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC 21 OTHER PRIVATE MEDICAL 26 (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
232E	Before you were discharged, did anyone in the health facility talk to you or advise you about family planning?	YES 1 NO 2									
233	How many months pregnant were you when the last such pregnancy ended? C RECORD NUMBER OF COMPLETED MONTHS. ENTER 'T' IN THE CALENDAR IN THE MONTH THAT THE PREGNANCY TERMINATED AND 'P' FOR THE REMAINING NUMBER OF COMPLETED MONTHS.	MONTHS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table>									
234	Since January 2007, have you had any other pregnancies that did not result in a live birth?	YES 1 NO 2	→ 236								
234A	Since January 2007, how many other pregnancies that did not result in a live birth have you had?	NUMBER OF PREGNANCIES . <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table>									
235	ASK THE DATE AND THE DURATION OF PREGNANCY FOR EACH EARLIER NON-LIVE BIRTH PREGNANCY BACK TO JANUARY 2007. C ENTER 'T' IN THE CALENDAR IN THE MONTH THAT EACH PREGNANCY TERMINATED AND 'P' FOR THE REMAINING NUMBER OF COMPLETED MONTHS.										
236	Did you have any miscarriages, abortions or stillbirths that ended before 2007?	YES 1 NO 2	→ 238								
237	When did the last such pregnancy that terminated before 2007 end?	MONTH <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table> YEAR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td><td></td></tr></table>									
238	When did your last menstrual period start? _____ (DATE, IF GIVEN)	DAYS AGO 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table> WEEKS AGO 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table> MONTHS AGO 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table> YEARS AGO 4 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table> IN MENOPAUSE/ HAS HAD HYSTERECTOMY ... 994 BEFORE LAST BIRTH 995 NEVER MENSTRUATED 996									
239	From one menstrual period to the next, are there certain days when a woman is more likely to become pregnant?	YES 1 NO 2 DON'T KNOW 8	→ 301								
240	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	<p>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.</p> <p>Have you ever heard of (METHOD)?</p>		
01	Female Sterilization. PROBE: Women can have an operation to avoid having any more children.	YES 1 NO 2 ↓	
02	Male Sterilization. PROBE: Men can have an operation to avoid having any more children.	YES 1 NO 2 ↓	
03	IUD. PROBE: Women can have a loop or coil placed inside them by a doctor or a midwife.	YES 1 NO 2 ↓	
04	Injectables. PROBE: Women can have an injection by a health provider that stops them from becoming pregnant usually for 3 months.	YES 1 NO 2 ↓	
05	Implants. PROBE: Women can have one or more small rods placed in their upper arm by a doctor which can prevent pregnancy usually for 3 years.	YES 1 NO 2 ↓	
06	Pill. PROBE: Women can take a pill every day to avoid becoming pregnant.	YES 1 NO 2 ↓	
07	Condom. PROBE: Men can put a rubber sheath on their penis before sexual intercourse.	YES 1 NO 2 ↓	
08	Female Condom. PROBE: Women can place a sheath in their vagina before sexual intercourse.	YES 1 NO 2 ↓	
09	Lactational Amenorrhea Method (LAM)	YES 1 NO 2 ↓	
10	Rhythm Method. PROBE: To avoid pregnancy, women do not have sexual intercourse on the days of the month they think they can get pregnant.	YES 1 NO 2 ↓	
11	Withdrawal. PROBE: Men can be careful and pull out before climax.	YES 1 NO 2 ↓	
12	Emergency Contraception. PROBE: As an emergency measure, within three days after they have unprotected sexual intercourse, women can take special pills to prevent pregnancy. (3)	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	
302	CHECK 226: NOT PREGNANT <input type="checkbox"/> OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/>		→ 311
303	Are you currently doing something or using any method to delay or avoid getting pregnant?	YES 1 NO 2	→ 311

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
304	<p>Which method are you using?</p> <p>CIRCLE ALL MENTIONED.</p> <p>IF MORE THAN ONE METHOD MENTIONED, FOLLOW SKIP INSTRUCTION FOR HIGHEST METHOD IN LIST.</p>	FEMALE STERILIZATION A MALE STERILIZATION B IUD C INJECTABLES D IMPLANTS E PILL F CONDOM G FEMALE CONDOM H DIAPHRAGM I FOAM/JELLY J LACTATIONAL AMEN. METHOD K RHYTHM METHOD L WITHDRAWAL M OTHER MODERN METHOD X OTHER TRADITIONAL METHOD ... Y	
304A	<p>Who advised you to use this method?</p> <p>IF MORE THAN ONE METHOD CIRCLED IN 304, THIS QUESTION SHOULD REFER TO THE HIGHEST METHOD IN THE LIST.</p>	NO ONE 01 DOCTOR 02 NURSE 03 MIDWIFE 04 HUSBAND 05 MOTHER/MOTHER IN LAW 06 OTHER RELATIVE 07 FRIENDS 08 NEIGHBOURS 09 SOCIAL WORKER 10 OTHER _____ 96 (SPECIFY)	
304B	<p>CHECK 304:</p> <p>CIRCLE METHOD(S) CODE</p>	FEMALE STERILIZATION A MALE STERILIZATION B IUD C INJECTABLES D IMPLANTS E PILL F CONDOM G FEMALE CONDOM H DIAPHRAGM I FOAM/JELLY J LACTATIONAL AMEN. METHOD K RHYTHM METHOD L WITHDRAWAL M OTHER MODERN METHOD X OTHER TRADITIONAL METHOD ... Y	<div> <input type="checkbox"/> → 307 <input type="checkbox"/> → 306C <input type="checkbox"/> → 308A <input type="checkbox"/> → 306A <input type="checkbox"/> → 308A </div>
305	<p>What is the brand name of the pills you are using?</p> <p>IF DON'T KNOW THE BRAND,</p> <p>ASK TO SEE THE PACKAGE.</p>	CERAZETTE 11 GRACIAL 12 MARVELON TAB 13 MIRCRONOR 14 CELIST 15 MICROGYNON 16 EXLUTEN 17 BELARA 18 YASMIN 19 OTHER _____ 96 (SPECIFY) DON'T KNOW 98	
305A	<p>The last time you obtained the pills, how many pill cycles did you get?</p>	NUMBER OF PILL CYCLES <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 998	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
305B	How much did you pay for the pills?	COST IN JD <input type="text"/> <input type="text"/> FREE 95 DON'T KNOW 98	→ 308A
306A	The last time you obtained the condoms, how many condom did you get?	NUMBER OF CONDOM <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 998	
306B	How much did you pay for the condoms?	COST IN JD <input type="text"/> <input type="text"/> FREE 95 DON'T KNOW 98	→ 308A
306C	Who inserted your IUD?	MALE DOCTOR 1 FEMALE DOCTOR 2 MIDWIFE 3 OTHER 6 (SPECIFY)	
306D	How much did you pay in total for the IUD, including the cost of the IUD and the consultation?	COST IN JD <input type="text"/> <input type="text"/> <input type="text"/> FREE 995 DON'T KNOW 998	
306E	Is the IUD you are using hormonal or non-hormonal? CIRCLE ONE RESPONSE ONLY	HORMONAL 1 NON-HORMONAL 2 DON'T KNOW 8	→ 308A
307	In what facility did the sterilization take place? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, 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	
307A	When you got sterilized, were you told that you would not be able to have any (more) children because of the operation?	YES 1 NO 2	
307B	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 <input type="text"/> <input type="text"/> <input type="text"/> FREE 995 DON'T KNOW 998	
307C	Do you regret that you had the operation not to have any (more) children?	YES 1 NO 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP												
308	In what month and year was the sterilization performed?														
308A	<p>Since what month and year have you been using (CURRENT METHOD) without stopping?</p> <p>PROBE: For how long have you been using (CURRENT METHOD) now without stopping?</p>	<p>MONTH <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></p> <p>YEAR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr></table></p>													
309	<p>CHECK 308/308A, 215 AND 231:</p> <p>ANY BIRTH OR PREGNANCY TERMINATION AFTER MONTH AND YEAR OF START OF USE OF CONTRACEPTION IN 308/308A</p> <p>GO BACK TO 308/308A, PROBE AND RECORD MONTH AND YEAR AT START OF CONTINUOUS USE OF CURRENT METHOD (MUST BE AFTER LAST BIRTH OR PREGNANCY TERMINATION).</p>	<p>YES <input type="checkbox"/></p> <p>NO <input type="checkbox"/></p>													
310	<p>CHECK 308/308A:</p> <p>YEAR IS 2007 OR LATER <input type="checkbox"/></p> <p>YEAR IS 2006 OR EARLIER <input type="checkbox"/></p> <p>C ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN THE CALENDAR AND IN EACH MONTH BACK TO THE DATE STARTED USING.</p> <p>C ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN THE CALENDAR AND EACH MONTH BACK TO JANUARY 2007.</p> <p>THEN SKIP TO → 322</p>														
311	<p>I would like to ask you some questions about the times you or your partner may have used a method to avoid getting pregnant during the last few years.</p> <p>USE CALENDAR TO PROBE FOR EARLIER PERIODS OF USE AND NONUSE, STARTING WITH MOST RECENT USE, BACK TO JANUARY 2007.</p> <p>USE NAMES OF CHILDREN, DATES OF BIRTH, AND PERIODS OF PREGNANCY AS REFERENCE POINTS.</p> <p>C IN COLUMN 1, ENTER METHOD USE CODE OR '0' FOR NONUSE IN EACH BLANK MONTH.</p> <p>ILLUSTRATIVE QUESTIONS:</p> <ul style="list-style-type: none"> * 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? <p>IN COLUMN 2, ENTER CODES FOR DISCONTINUATION NEXT TO THE LAST MONTH OF USE. NUMBER OF CODES IN COLUMN 2 MUST BE SAME AS NUMBER OF INTERRUPTIONS OF METHOD USE IN COLUMN 1.</p> <p>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.</p> <p>ILLUSTRATIVE QUESTIONS:</p> <ul style="list-style-type: none"> * 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. 														

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
312	CHECK THE CALENDAR FOR USE OF ANY CONTRACEPTIVE METHOD IN ANY MONTH NO METHOD USED <input type="checkbox"/> ANY METHOD USED <input type="checkbox"/> ↓		→ 314
313	Have you ever used anything or tried in any way to delay or avoid getting pregnant?	YES 1 NO 2	→ 324
314	CHECK 304: CIRCLE METHOD CODE: IF MORE THAN ONE METHOD CODE CIRCLED IN 304, CIRCLE CODE FOR HIGHEST METHOD IN LIST.	NO CODE CIRCLED 00 FEMALE STERILIZATION 01 MALE STERILIZATION 02 IUD 03 INJECTABLES 04 IMPLANTS 05 PILL 06 CONDOM 07 FEMALE CONDOM 08 DIAPHRAGM 09 FOAM/JELLY 10 LACTATIONAL AMEN. METHOD 11 RHYTHM METHOD 12 WITHDRAWAL 13 OTHER MODERN METHOD 95 OTHER TRADITIONAL METHOD 96	→ 324 → 317A → 326 → 315A → 326
315	You first started using (CURRENT METHOD) in (DATE FROM 308/308A). Where did you get it at that time?	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)	
315A	Where did you learn how to use the rhythm/lactational amenorrhea method? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE)		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
316	CHECK 304: CIRCLE METHOD CODE: IF MORE THAN ONE METHOD CODE CIRCLED IN 304, CIRCLE CODE FOR HIGHEST METHOD IN LIST.	IUD 03 INJECTABLES 04 IMPLANTS 05 PILL 06 CONDOM 07 FEMALE CONDOM 08 DIAPHRAGM 09 FOAM/JELLY 10 LACTATIONAL AMEN. METHOD 11 RHYTHM METHOD 12	 → 323 → 320 → 326
317	At that time, were you told about side effects or problems you might have with the method?	YES 1 NO 2	→ 319
317A	When you got sterilized, were you told about side effects or problems you might have with the method?		
318	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	→ 320
319	Were you told what to do if you experienced side effects or problems?	YES 1 NO 2	
320	CHECK 317: <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> CODE '1' CIRCLED ↓ <input type="checkbox"/> </div> <div style="text-align: center;"> CODE '1' NOT CIRCLED ↓ <input type="checkbox"/> </div> </div> <div style="display: flex; justify-content: space-between;"> <div>At that time, were you told about other methods of family planning that you could use?</div> <div>When you obtained (CURRENT METHOD FROM 314) from (SOURCE OF METHOD FROM 307 OR 315), were you told about other methods of family planning that you could use?</div> </div>	YES 1 NO 2	→ 322
321	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	
322	CHECK 304: CIRCLE METHOD CODE: IF MORE THAN ONE METHOD CODE CIRCLED IN 304, CIRCLE CODE FOR HIGHEST METHOD IN LIST.	FEMALE STERILIZATION 01 MALE STERILIZATION 02 IUD 03 INJECTABLES 04 IMPLANTS 05 PILL 06 CONDOM 07 FEMALE CONDOM 08 DIAPHRAGM 09 FOAM/JELLY 10 LACTATIONAL AMEN. METHOD 11 RHYTHM METHOD 12 WITHDRAWAL 13 OTHER MODERN METHOD 95 OTHER TRADITIONAL METHOD 96	→ 326 → 326

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
323	<p>Where did you obtain (CURRENT METHOD) the last time?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p>PUBLIC MEDICAL SECTOR</p> <p>GOVT. HOSPITAL 11</p> <p>GOVT. HEALTH CENTER 12</p> <p>GOVT. MCH 13</p> <p>UNIVERSITY HOSPITAL/CLINIC 14</p> <p>ROYAL MEDICAL SERVICES 15</p> <p>OTHER PUBLIC 16</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC 21</p> <p>PRIVATE DOCTOR 22</p> <p>PHARMACY 23</p> <p>JORDANIAN AS. OF FP AND PROTECTION (JAFPP) 24</p> <p>UNRWA CLINIC 25</p> <p>OTHER NON-GOV ORGANIZATION 26</p> <p>OTHER PRIVATE MEDICAL 27</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>FRIEND/RELATIVE 33</p> <p>OTHER 96</p> <p>(SPECIFY)</p>	<p>→ 326</p>
324	<p>Do you know of a place where you can obtain a method of family planning?</p>	<p>YES 1</p> <p>NO 2</p>	<p>→ 326</p>
325	<p>Where is that?</p> <p>Any other place?</p> <p>PROBE TO IDENTIFY EACH TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE(S))</p>	<p>PUBLIC MEDICAL SECTOR</p> <p>GOVT. HOSPITAL A</p> <p>GOVT. HEALTH CENTER B</p> <p>GOVT. MCH C</p> <p>UNIVERSITY HOSPITAL/CLINIC D</p> <p>ROYAL MEDICAL SERVICES E</p> <p>OTHER PUBLIC F</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC G</p> <p>PRIVATE DOCTOR H</p> <p>PHARMACY I</p> <p>JORDANIAN AS. OF FP AND PROTECTION (JAFPP) J</p> <p>UNRWA CLINIC K</p> <p>OTHER NON-GOV ORGANIZATION L</p> <p>OTHER PRIVATE MEDICAL M</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>FRIEND/RELATIVE N</p> <p>OTHER X</p> <p>(SPECIFY)</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
326	In the last 12 months, were you visited by a fieldworker who talked to you about family planning?	YES 1 NO 2	
327	In the last 12 months, have you visited a health facility for care for yourself (or your children)?	YES 1 NO 2	→ 401
328	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: <div style="display: flex; justify-content: space-around; align-items: center;"> <div> ONE OR MORE BIRTHS IN 2007 OR LATER <input type="checkbox"/> </div> <div> NO BIRTHS IN 2007 OR LATER <input type="checkbox"/> </div> </div> <div style="text-align: right;">→ 556</div>			
402	CHECK 215: ENTER IN THE TABLE THE LINE NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH IN 2007 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	BIRTH HISTORY NUMBER FROM 212 IN BIRTH HISTORY	LAST BIRTH BIRTH HISTORY NUMBER <input type="text"/> <input type="text"/>	NEXT-TO-LAST BIRTH BIRTH HISTORY NUMBER <input type="text"/> <input type="text"/>	SECOND-FROM-LAST BIRTH BIRTH HISTORY NUMBER <input type="text"/> <input type="text"/>
404	FROM 212 AND 216	NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/>	NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/>	NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/>
405	When you got pregnant with (NAME), did you want to get pregnant at that time?	YES 1 (SKIP TO 408) ← NO 2	YES 1 (SKIP TO 430) ← NO 2	YES 1 (SKIP TO 430) ← NO 2
406	Did you want to have a baby later on, or did you not want any (more) children?	LATER 2 NOT AT ALL 3 (SKIP TO 408) ←	LATER 2 NOT AT ALL 3 (SKIP TO 430) ←	LATER 2 NOT AT ALL 3 (SKIP TO 430) ←
407	How much longer would you have liked to wait?	MONTHS ..1 <input type="text"/> <input type="text"/> YEARS ..2 <input type="text"/> <input type="text"/> DON'T KNOW ... 998	MONTHS ..1 <input type="text"/> <input type="text"/> YEARS ..2 <input type="text"/> <input type="text"/> DON'T KNOW ... 998	MONTHS ..1 <input type="text"/> <input type="text"/> YEARS ..2 <input type="text"/> <input type="text"/> DON'T KNOW ... 998
408	Did you see anyone for antenatal care for this pregnancy?	YES 1 NO 2 (SKIP TO 415) ←		
409	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)		
410	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 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 _____
411	How many months pregnant were you when you first received antenatal care for this pregnancy?	NUMBER OF MONTHS ... <input type="text"/> <input type="text"/> DON'T KNOW 98		
412	How many times did you receive antenatal care during this pregnancy?	NUMBER OF TIMES . <input type="text"/> <input type="text"/> DON'T KNOW 98		
413	As part of your antenatal care during this pregnancy, were any of the following done at least once? Was your blood pressure measured? Were you weighed? Did you give a urine sample? Did you give a blood sample?	YES NO BP 1 2 WEIGHT ... 1 2 URINE 1 2 BLOOD ... 1 2 (SKIP TO 414) ←		
413A	CHECK Q413. IF 'YES' CIRCLED FOR 'BP' ONLY ASK: How many times was your blood pressure measured?	NUMBER OF TIMES . <input type="text"/> <input type="text"/> DON'T KNOW 98		
414	During (any of) your antenatal care visit(s), were you told about things to look out for that might suggest problems with the pregnancy?	YES 1 NO 2 (SKIP TO 414B) ← DON'T KNOW 8		
414A	Were you told where to go if you had any of these complications?	YES 1 NO 2 DON'T KNOW 8		
414B	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		
414C	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		
415	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 418) ← DON'T KNOW 8		
416	During this pregnancy, how many times did you get this tetanus injection?	TIMES <input type="text"/> DON'T KNOW 8		
417	CHECK 416:	2 OR MORE TIMES <input type="checkbox"/> OTHER <input type="checkbox"/> (SKIP TO 421) ↓		
418	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		
419	Before this pregnancy, how many other times did you receive a tetanus injection? IF 7 OR MORE TIMES, RECORD '7'.	TIMES <input type="text"/> DON'T KNOW 8		

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
420	How many years ago did you receive that tetanus injection?	YEARS AGO <input type="text"/> <input type="text"/>		
421	During this pregnancy, were you given or did you buy any iron tablets or iron syrup?	YES 1 NO 2 (SKIP TO 430) ← 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 . <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW ... 998		
430	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
431	Was (NAME) weighed at birth?	YES 1 NO 2 (SKIP TO 433) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 433) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 433) ← DON'T KNOW 8
432	How much did (NAME) weigh? RECORD WEIGHT IN KILOGRAMS FROM HEALTH CARD, IF AVAILABLE.	KG FROM CARD 1 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> KG FROM RECALL 2 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW . 99998	KG FROM CARD 1 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> KG FROM RECALL 2 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW . 99998	KG FROM CARD 1 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> KG FROM RECALL 2 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW . 99998
433	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 434) ← NO ONE Y	HEALTH PERSONNEL DOCTOR A NURSE/MIDWIFE . B OTHER PERSON X _____ (SPECIFY) (SKIP TO 434) ← NO ONE Y	HEALTH PERSONNEL DOCTOR A NURSE/MIDWIFE . B OTHER PERSON X _____ (SPECIFY) (SKIP TO 434) ← NO ONE Y

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____												
433A	How much did you pay the service provider for this delivery? RECORD THE TOTAL COST IN DINARS	COST IN JD <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> FREE 9995 DON'T KNOW . 9998					COST IN JD <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> FREE 9995 DON'T KNOW . 9998					COST IN JD <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> FREE 9995 DON'T KNOW . 9998				
434	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 NAME OF THE PLACE. _____ (NAME OF PLACE)	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 448) ← 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 448) ←	HOME YOUR HOME ... 11 (SKIP TO 448) ← 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 448) ←												
434A	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 <table border="1"><tr><td></td><td></td></tr></table> DAYS 2 <table border="1"><tr><td></td><td></td></tr></table> WEEKS 3 <table border="1"><tr><td></td><td></td></tr></table> DON'T KNOW . 998														
434B	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															
434C	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															
435	Was (NAME) delivered by caesarean, that is, did they cut your belly open to take the baby out?	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2												
436	I would like to talk to you about checks on your health after delivery, for example, someone asking you questions about your health or examining you. Did anyone check on your health while you were still in the facility?	YES 1 (SKIP TO 439) ← NO 2														

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
437	Did anyone check on your health after you left the facility?	YES 1 (SKIP TO 439) ← NO 2		
437A	What is the main reason you did not seek a health professional check on your health after (NAME) was born?	NO NEED/NO SICK . 01 NOT AWARE AVAILABILITY OF POST-NATAL 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 442) ←		
438	I would like to talk to you about checks on your health after delivery, for example, someone asking you questions about your health or examining you. Did anyone check on your health after you gave birth to (NAME)?	YES 1 (SKIP TO 439) ← NO 2		
438A	What is the main reason you did not seek a health professional check on your health after (NAME) was born?	NO NEED/NO SICK . 01 NOT AWARE AVAILABILITY OF POST-NATAL 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 442) ←		
439	Who checked on your 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 _____																		
440	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 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DAYS 2 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> WEEKS 3 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DON'T KNOW ... 998																				
440A	How much did you pay for this (first) postnatal visit? RECORD THE TOTAL COST IN DINARS	COST IN JD <table border="1"><tr><td></td><td></td><td></td></tr></table> FREE 995 DON' T KNOW . . 998																				
440B	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 440D) ←																				
440C	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 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DAYS 2 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> WEEKS 3 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DON'T KNOW ... 998																				
440D	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	In the two months after (NAME) was born, did any health care provider or a traditional birth attendant check on his/her health?	YES 1 NO 2 (SKIP TO 447) ← DON'T KNOW 8																				
443	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 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DAYS AFTER BIRTH .. 2 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> WKS AFTER BIRTH .. 3 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DON'T KNOW ... 998																				
444	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 _____
445	<p>Where did this first check of (NAME) take place?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.</p> <p>_____ (NAME OF PLACE)</p>	<p>HOME YOUR HOME ... 11 OTHER HOME ... 12</p> <p>PUBLIC MED. SECTOR GOVT. HOSPITAL 21 GOVT. HEALTH CENTER 22 GOVT. MCH ... 23 UNIVERSITY HOSPITAL ... 24 ROYAL MEDICAL SERVICES ... 25 OTHER PUBLIC 26</p> <p>_____ (SPECIFY)</p> <p>PRIVATE MED. SECTOR PVT. HOSPITAL/CLINIC 31 UNRWA HEALTH CENTER 32 OTHER PRIVATE MED. _____ 36 (SPECIFY)</p> <p>OTHER _____ 96 (SPECIFY)</p>		
446A	During this check did (NAME) receive a heel prick?	YES 1 NO 2 DON'T KNOW 8		
446B	During this check did (NAME) have his/her hearing tested?	YES 1 NO 2 DON'T KNOW 8		
447	Has your menstrual period returned since the birth of (NAME)?	YES 1 (SKIP TO 449) ← NO 2 (SKIP TO 450) ←		
448	Did your period return between the birth of (NAME) and your next pregnancy?		YES 1 NO 2 (SKIP TO 452) ←	YES 1 NO 2 (SKIP TO 452) ←
449	For how many months after the birth of (NAME) did you not have a period?	MONTHS ... <input type="text"/> <input type="text"/> DON'T KNOW 98	MONTHS ... <input type="text"/> <input type="text"/> DON'T KNOW 98	MONTHS ... <input type="text"/> <input type="text"/> DON'T KNOW 98
450	CHECK 226: IS RESPONDENT PREGNANT?	NOT PREG- <input type="checkbox"/> PREGNANT <input type="checkbox"/> NANT <input type="checkbox"/> OR <input type="checkbox"/> UNSURE <input type="checkbox"/> (SKIP TO 452) ←		
451	Have you had sexual intercourse since the birth of (NAME)?	YES 1 NO 2 (SKIP TO 453) ←		
452	For how many months after the birth of (NAME) did you not have sexual intercourse?	MONTHS ... <input type="text"/> <input type="text"/> DON'T KNOW 98	MONTHS ... <input type="text"/> <input type="text"/> DON'T KNOW 98	MONTHS ... <input type="text"/> <input type="text"/> DON'T KNOW 98

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____								
453	Did you ever breastfeed (NAME)?	YES 1 (SKIP TO 455) ← NO 2	YES 1 (SKIP TO 458) ← NO 2	YES 1 (SKIP TO 458) ← NO 2								
454	CHECK 404: IS CHILD LIVING?	LIVING <input type="checkbox"/> ↓ (SKIP TO 460) DEAD <input type="checkbox"/> ↓ (GO BACK TO 405 IN NEXT COLUMN; OR IF NO MORE BIRTHS, GO TO 501)										
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 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DAYS 2 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>										
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 GRUPE 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 <input type="checkbox"/> ↓ (GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 501)	LIVING <input type="checkbox"/> ↓ (GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 501)	LIVING <input type="checkbox"/> ↓ (GO BACK TO 405 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 501)								
459	Are you still breastfeeding (NAME)?	YES 1 NO 2										
460	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								
461		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 NUTRITION

501	ENTER IN THE TABLE THE LINE NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH IN 2007 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	BIRTH HISTORY LINE NUMBER FROM 212			LAST BIRTH BIRTH HISTORY NUMBER			NEXT-TO-LAST BIRTH BIRTH HISTORY NUMBER			SECOND-FROM-LAST BIRTH BIRTH HISTORY NUMBER																																																																																																																																																																																																										
503	FROM 212 AND 216			NAME LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (GO TO 503 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 555)			NAME LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (GO TO 503 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 555)			NAME LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (GO TO 503 IN NEXT- TO-LAST COLUMN OF NEW QUESTIONNAIRE, OR IF NO MORE BIRTHS, GO TO 555)																																																																																																																																																																																																										
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	<p>(1) COPY VACCINATION DATE FOR EACH VACCINE FROM THE CARD.</p> <p>(2) WRITE '44' IN 'DAY' COLUMN IF CARD SHOWS THAT A VACCINATION WAS GIVEN, BUT NO DATE IS RECORDED.</p> <table border="1"> <thead> <tr> <th></th><th colspan="3">LAST BIRTH</th><th colspan="3">NEXT-TO-LAST BIRTH</th><th colspan="3">SECOND-FROM-LAST BIRTH</th></tr> <tr> <th></th><th>DAY</th><th>MONTH</th><th>YEAR</th><th>DAY</th><th>MONTH</th><th>YEAR</th><th>DAY</th><th>MONTH</th><th>YEAR</th></tr> </thead> <tbody> <tr><td>BCG</td><td></td><td></td><td></td><td>BCG</td><td></td><td></td><td>BCG</td><td></td><td></td></tr> <tr><td>POLIO (IPV/OPV) 1</td><td></td><td></td><td></td><td>P1</td><td></td><td></td><td>P1</td><td></td><td></td></tr> <tr><td>POLIO (IPV/OPV) 2</td><td></td><td></td><td></td><td>P2</td><td></td><td></td><td>P2</td><td></td><td></td></tr> <tr><td>POLIO (OPV) 3</td><td></td><td></td><td></td><td>P3</td><td></td><td></td><td>P3</td><td></td><td></td></tr> <tr><td>POLIO (OPV) 4</td><td></td><td></td><td></td><td>P4</td><td></td><td></td><td>P4</td><td></td><td></td></tr> <tr><td>POLIO Booster</td><td></td><td></td><td></td><td>P b</td><td></td><td></td><td>P b</td><td></td><td></td></tr> <tr><td>DPT (TETRA/PENTA) 1</td><td></td><td></td><td></td><td>DTP1</td><td></td><td></td><td>DTP1</td><td></td><td></td></tr> <tr><td>DPT (TETRA/PENTA) 2</td><td></td><td></td><td></td><td>DTP2</td><td></td><td></td><td>DTP2</td><td></td><td></td></tr> <tr><td>DPT (TETRA/PENTA) 3</td><td></td><td></td><td></td><td>DTP3</td><td></td><td></td><td>DTP3</td><td></td><td></td></tr> <tr><td>DTP Booster</td><td></td><td></td><td></td><td>DTPb</td><td></td><td></td><td>DTPb</td><td></td><td></td></tr> <tr><td>HEPATITIS (TETRA/ PENTA) 1</td><td></td><td></td><td></td><td>HEP1</td><td></td><td></td><td>HEP1</td><td></td><td></td></tr> <tr><td>HEPATITIS (TETRA/ PENTA) 2</td><td></td><td></td><td></td><td>HEP2</td><td></td><td></td><td>HEP2</td><td></td><td></td></tr> <tr><td>HEPATITIS (TETRA/ PENTA) 3</td><td></td><td></td><td></td><td>HEP3</td><td></td><td></td><td>HEP3</td><td></td><td></td></tr> <tr><td>Hib (TETRA/PENTA) 1</td><td></td><td></td><td></td><td>Hib1</td><td></td><td></td><td>Hib1</td><td></td><td></td></tr> <tr><td>Hib (TETRA/PENTA) 2</td><td></td><td></td><td></td><td>Hib2</td><td></td><td></td><td>Hib2</td><td></td><td></td></tr> <tr><td>Hib (TETRA/PENTA) 3</td><td></td><td></td><td></td><td>Hib3</td><td></td><td></td><td>Hib3</td><td></td><td></td></tr> <tr><td>MEASLES</td><td></td><td></td><td></td><td>MEA</td><td></td><td></td><td>MEA</td><td></td><td></td></tr> <tr><td>MMR (Measles/ /Mumps/ Rubella)</td><td></td><td></td><td></td><td>MMR</td><td></td><td></td><td>MMR</td><td></td><td></td></tr> </tbody> </table>													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		
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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 510) NO 2 (SKIP TO 510) DON'T KNOW 8	YES 1 (PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 506) (SKIP TO 511) NO 2 (SKIP TO 511) DON'T KNOW 8	YES 1 (PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 506) (SKIP TO 511) NO 2 (SKIP TO 511) 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 510) DON'T KNOW 8	YES 1 NO 2 (SKIP TO 511) DON'T KNOW 8	YES 1 NO 2 (SKIP TO 511) 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 <input type="text"/>	NUMBER OF TIMES <input type="text"/>	NUMBER OF TIMES <input type="text"/>
509D	A DPT vaccination, that is, an injection given in the thigh, sometimes at the same times as polio to prevent diphtheria, pertussis, 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 <input type="text"/>	NUMBER OF TIMES <input type="text"/>	NUMBER OF TIMES <input type="text"/>
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 <input type="text"/>	NUMBER OF TIMES <input type="text"/>	NUMBER OF TIMES <input type="text"/>
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 <input type="text"/>	NUMBER OF TIMES <input type="text"/>	NUMBER OF TIMES <input type="text"/>

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
509J	A 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
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
510	Did (NAME) receive an anemia test?	YES 1 NO 2 DON'T KNOW 8		
511	HAS (NAME) ever received a vitamin A dose (like this/ any of these)? SHOW COMMON TYPES OF CAPSULES.	YES 1 NO 2 (SKIP TO 512) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 512) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 512) ← DON'T KNOW 8
511A	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
512	In the last seven days, was (NAME) given iron pills, sprinkles with iron, or iron syrup like (this/any of these)? SHOW COMMON TYPES OF PILLS/SPRINKLES/ SYRUPS.	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
514	Has (NAME) had diarrhea in the last 2 weeks?	YES 1 NO 2 (SKIP TO 525) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 525) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 525) ← DON'T KNOW 8
515	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
516	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
517	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

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
518	Did you seek advice or treatment for the diarrhea from any source?	YES 1 NO 2 (SKIP TO 521B) ←	YES 1 NO 2 (SKIP TO 521B) ←	YES 1 NO 2 (SKIP TO 521B) ←
519	Where did you seek advice or treatment? Anywhere else? PROBE TO IDENTIFY EACH TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE 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)
520	CHECK 519:	TWO OR ONLY <input type="checkbox"/> MORE ONE <input type="checkbox"/> CODES CODE CIRCLED CIRCLED ↓ (SKIP TO 521A) ←	TWO OR ONLY <input type="checkbox"/> MORE ONE <input type="checkbox"/> CODES CODE CIRCLED CIRCLED ↓ (SKIP TO 521A) ←	TWO OR ONLY <input type="checkbox"/> MORE ONE <input type="checkbox"/> CODES CODE CIRCLED CIRCLED ↓ (SKIP TO 521A) ←
521	Where did you first seek advice or treatment? USE LETTER CODE FROM 519.	FIRST PLACE . . . <input type="checkbox"/>	FIRST PLACE . . . <input type="checkbox"/>	FIRST PLACE . . . <input type="checkbox"/>
521A	How many days after the diarrhea began did you first seek advice or treatment for (NAME)? IF THE SAME DAY, RECORD '00'.	DAYS <input type="text"/> <input type="text"/>	DAYS <input type="text"/> <input type="text"/>	DAYS <input type="text"/> <input type="text"/>
521B	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

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
522	Was he/she given any of the following to drink at any time since he/she started having the diarrhea:	<div>YES NO DK</div> a) A fluid made from a special packet called Aquacell or Paralait? AQUA-CELL/ PARALAIT 1 2 8 b) Thin watery gruel made from rice, carrots, wheat, etc? GRUEL . . 1 2 8 c) Soup? SOUP ... 1 2 8 d) Home made sugar-salt-water solution? SU-SALT . 1 2 8 e) Milk or infant formula? MILK/FOR. 1 2 8 f) Yoghurt-based drink? YOGHURT 1 2 8 g) Water WATER . 1 2 8 h) Any other liquid? OTH. LIQ. 1 2 8	<div>YES NO DK</div> AQUA-CELL/ PARALAIT 1 2 8 GRUEL . . 1 2 8 SOUP ... 1 2 8 SU-SALT . 1 2 8 MILK/FOR. 1 2 8 YOGHURT 1 2 8 WATER . 1 2 8 OTH. LIQ. 1 2 8	<div>YES NO DK</div> AQUA-CELL/ PARALAIT 1 2 8 GRUEL . . 1 2 8 SOUP ... 1 2 8 SU-SALT . 1 2 8 MILK/FOR. 1 2 8 YOGHURT 1 2 8 WATER . 1 2 8 OTH. LIQ. 1 2 8
523	Was anything (else) given to treat the diarrhea?	YES 1 NO 2 (SKIP TO 525) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 525) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 525) ← DON'T KNOW 8
524	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 MED-ICINE 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 MED-ICINE 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 MED-ICINE H OTHER _____ X (SPECIFY) DON'T KNOW Z
525	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
527	Has (NAME) had an illness with a cough at any time in the last 2 weeks?	YES 1 NO 2 (SKIP TO 530) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 530) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 530) ← DON'T KNOW 8
528	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 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

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
529	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 531) ←	CHEST ONLY ... 1 NOSE ONLY 2 BOTH 3 OTHER 6 (SPECIFY) DON'T KNOW 8 (SKIP TO 531) ←	CHEST ONLY ... 1 NOSE ONLY 2 BOTH 3 OTHER 6 (SPECIFY) DON'T KNOW 8 (SKIP TO 531) ←
530	CHECK 525: HAD FEVER?	YES <input type="checkbox"/> NO OR DK <input type="checkbox"/> (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 555) ↓	YES <input type="checkbox"/> NO OR DK <input type="checkbox"/> (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 555) ↓	YES <input type="checkbox"/> NO OR DK <input type="checkbox"/> (GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 555) ↓
531	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
532	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
533	Did you seek advice or treatment for the illness from any source?	YES 1 NO 2 (SKIP TO 536B) ←	YES 1 NO 2 (SKIP TO 536B) ←	YES 1 NO 2 (SKIP TO 536B) ←

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
534	<p>Where did you seek advice or treatment?</p> <p>Anywhere else?</p> <p>PROBE TO IDENTIFY EACH TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE(S))</p>	<p>PUBLIC MED. SECTOR</p> <p>GOVT. HOSP. A</p> <p>GOVT. HEALTH CENTER B</p> <p>GOVT. MCH C</p> <p>UNIVERSITY HOSPITAL D</p> <p>ROYAL MEDICAL SERVICES E</p> <p>OTHER PUBLIC F</p> <p>_____</p> <p>(SPECIFY)</p> <p>PRIVATE MED. SECTOR</p> <p>PVT. HOSPITAL/CLINIC G</p> <p>PHARMACY H</p> <p>PVT DOCTOR I</p> <p>UNRWA HEALTH CENTER J</p> <p>OTHER PRIVATE MED. _____ K</p> <p>(SPECIFY)</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	<p>PUBLIC MED. SECTOR</p> <p>GOVT. HOSP. A</p> <p>GOVT. HEALTH CENTER B</p> <p>GOVT. MCH C</p> <p>UNIVERSITY HOSPITAL D</p> <p>ROYAL MEDICAL SERVICES E</p> <p>OTHER PUBLIC F</p> <p>_____</p> <p>(SPECIFY)</p> <p>PRIVATE MED. SECTOR</p> <p>PVT. HOSPITAL/CLINIC G</p> <p>PHARMACY H</p> <p>PVT DOCTOR I</p> <p>UNRWA HEALTH CENTER J</p> <p>OTHER PRIVATE MED. _____ K</p> <p>(SPECIFY)</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	<p>PUBLIC MED. SECTOR</p> <p>GOVT. HOSP. A</p> <p>GOVT. HEALTH CENTER B</p> <p>GOVT. MCH C</p> <p>UNIVERSITY HOSPITAL D</p> <p>ROYAL MEDICAL SERVICES E</p> <p>OTHER PUBLIC F</p> <p>_____</p> <p>(SPECIFY)</p> <p>PRIVATE MED. SECTOR</p> <p>PVT. HOSPITAL/CLINIC G</p> <p>PHARMACY H</p> <p>PVT DOCTOR I</p> <p>UNRWA HEALTH CENTER J</p> <p>OTHER PRIVATE MED. _____ K</p> <p>(SPECIFY)</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>
535	CHECK 534:	<p>TWO OR ONLY</p> <p><input type="checkbox"/> MORE ONE <input type="checkbox"/></p> <p>CODES CODE</p> <p>CIRCLED CIRCLED</p> <p>↓ (SKIP TO 536A) ←</p>	<p>TWO OR ONLY</p> <p><input type="checkbox"/> MORE ONE <input type="checkbox"/></p> <p>CODES CODE</p> <p>CIRCLED CIRCLED</p> <p>↓ (SKIP TO 536A) ←</p>	<p>TWO OR ONLY</p> <p><input type="checkbox"/> MORE ONE <input type="checkbox"/></p> <p>CODES CODE</p> <p>CIRCLED CIRCLED</p> <p>↓ (SKIP TO 536A) ←</p>
536	<p>Where did you first seek advice or treatment?</p> <p>USE LETTER CODE FROM 534.</p>	FIRST PLACE . . . <input type="checkbox"/>	FIRST PLACE . . . <input type="checkbox"/>	FIRST PLACE . . . <input type="checkbox"/>
536A	<p>How many days after the illness began did you first seek advice or treatment for (NAME)?</p> <p>IF THE SAME DAY, RECORD '00'.</p>	DAYS <input type="text"/> <input type="text"/>	DAYS <input type="text"/> <input type="text"/>	DAYS <input type="text"/> <input type="text"/>
536B	Is (NAME) still sick with a (fever/cough)?	<p>FEVER ONLY 1</p> <p>COUGH ONLY 2</p> <p>BOTH FEVER AND COUGH 3</p> <p>NO, NEITHER 4</p> <p>DON'T KNOW 8</p>	<p>FEVER ONLY 1</p> <p>COUGH ONLY 2</p> <p>BOTH FEVER AND COUGH 3</p> <p>NO, NEITHER 4</p> <p>DON'T KNOW 8</p>	<p>FEVER ONLY 1</p> <p>COUGH ONLY 2</p> <p>BOTH FEVER AND COUGH 3</p> <p>NO, NEITHER 4</p> <p>DON'T KNOW 8</p>
537	At any time during the illness, did (NAME) take any drugs for the illness?	<p>YES 1</p> <p>NO 2</p> <p>(GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 555)</p> <p>DON'T KNOW 8</p>	<p>YES 1</p> <p>NO 2</p> <p>(GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 555)</p> <p>DON'T KNOW 8</p>	<p>YES 1</p> <p>NO 2</p> <p>(GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 555)</p> <p>DON'T KNOW 8</p>

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
538	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 MED- ICINE 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 MED- ICINE 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 MED- ICINE H OTHER _____ X (SPECIFY) DON'T KNOW Z
552		GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 555.	GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 555.	GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 555.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
555	<p>CHECK 522(a), ALL COLUMNS:</p> <p>NO CHILD RECEIVED AQUACELL OR PARALAIT <input type="checkbox"/></p> <p>ANY CHILD RECEIVED AQUACELL OR PARALAIT <input type="checkbox"/></p>		557
556	<p>Have you ever heard of a special product called Aquacell or Paralait you can get for the treatment of diarrhea?</p>	<p>YES 1</p> <p>NO 2</p>	
557	<p>CHECK 215 AND 218, ALL ROWS:</p> <p>NUMBER OF CHILDREN BORN IN 2010 OR LATER LIVING WITH THE RESPONDENT</p> <p>ONE OR MORE <input type="checkbox"/></p> <p>NONE <input type="checkbox"/></p> <p>RECORD NAME OF YOUNGEST CHILD LIVING WITH HER AND CONTINUE WITH 558</p> <p>_____</p> <p>(NAME)</p>		601

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																																																																																								
558	<p>Now I would like to ask you about liquids or foods that (NAME FROM 557) had yesterday during the day or at night. I am interested in whether your child had the item I mention even if it was combined with other foods.</p> <p>Did (NAME FROM 557) (drink/eat):</p> <table border="1"> <thead> <tr> <th></th><th>YES</th><th>NO</th><th>DK</th></tr> </thead> <tbody> <tr> <td>a) Plain water?</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>b) Juice or juice drinks?</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>c) Clear broth?</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>d) Milk such as tinned, powdered, or fresh animal milk?</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>IF YES: How many times did (NAME) drink milk? IF 7 OR MORE TIMES, RECORD '7'.</td><td colspan="2">NUMBER OF TIMES DRANK MILK</td><td><input type="text"/></td></tr> <tr> <td>e) Infant formula?</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>IF YES: How many times did (NAME) drink infant formula? IF 7 OR MORE TIMES, RECORD '7'.</td><td colspan="2">NUMBER OF TIMES DRANK FORMULA</td><td><input type="text"/></td></tr> <tr> <td>f) Any other liquids?</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>g) Yogurt?</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>IF YES: How many times did (NAME) eat yogurt? IF 7 OR MORE TIMES, RECORD '7'.</td><td colspan="2">NUMBER OF TIMES ATE YOGURT</td><td><input type="text"/></td></tr> <tr> <td>h) Any commercially fortified baby food, e.g., Cerelac?</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>i) Bread, pasta, rice, maize, or any other food made from grains?</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>j) Carrots, red sweet potatoes, or pumpkin?</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>k) Any other food made from roots or tubers, such as white potatoes, or other roots/tubers?</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>l) Any green leafy vegetables, such as spinach, or mouloukia?</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>m) Apricot, palm nuts, or yellow melon?</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>n) Any other fruits or vegetables?</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>o) Liver, kidney, heart or other organ meats?</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>p) Any meat, such as beef, lamb, goat, chicken, or duck?</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>q) Eggs?</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>r) Fresh or dried fish or shellfish?</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>s) Any foods made from beans, peas, lentils, chickpeas or nuts?</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>t) Cheese or other food made from milk?</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>u) Any type of nuts or seeds, such as pistachio, almonds, cashew, peanuts, or sesame seeds?</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>v) Any other solid, semi-solid, or soft food?</td><td>1</td><td>2</td><td>8</td></tr> </tbody> </table>		YES	NO	DK	a) Plain water?	1	2	8	b) Juice or juice drinks?	1	2	8	c) Clear broth?	1	2	8	d) Milk such as tinned, powdered, or fresh animal milk?	1	2	8	IF YES: How many times did (NAME) drink milk? IF 7 OR MORE TIMES, RECORD '7'.	NUMBER OF TIMES DRANK MILK		<input type="text"/>	e) Infant formula?	1	2	8	IF YES: How many times did (NAME) drink infant formula? IF 7 OR MORE TIMES, RECORD '7'.	NUMBER OF TIMES DRANK FORMULA		<input type="text"/>	f) Any other liquids?	1	2	8	g) Yogurt?	1	2	8	IF YES: How many times did (NAME) eat yogurt? IF 7 OR MORE TIMES, RECORD '7'.	NUMBER OF TIMES ATE YOGURT		<input type="text"/>	h) Any commercially fortified baby food, e.g., Cerelac?	1	2	8	i) Bread, pasta, rice, maize, or any other food made from grains?	1	2	8	j) Carrots, red sweet potatoes, or pumpkin?	1	2	8	k) Any other food made from roots or tubers, such as white potatoes, or other roots/tubers?	1	2	8	l) Any green leafy vegetables, such as spinach, or mouloukia?	1	2	8	m) Apricot, palm nuts, or yellow melon?	1	2	8	n) Any other fruits or vegetables?	1	2	8	o) Liver, kidney, heart or other organ meats?	1	2	8	p) Any meat, such as beef, lamb, goat, chicken, or duck?	1	2	8	q) Eggs?	1	2	8	r) Fresh or dried fish or shellfish?	1	2	8	s) Any foods made from beans, peas, lentils, chickpeas or nuts?	1	2	8	t) Cheese or other food made from milk?	1	2	8	u) Any type of nuts or seeds, such as pistachio, almonds, cashew, peanuts, or sesame seeds?	1	2	8	v) Any other solid, semi-solid, or soft food?	1	2	8		
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559	<p>CHECK 558 (CATEGORIES "g" THROUGH "v"):</p> <p>NOT A SINGLE "YES" <input type="checkbox"/></p> <p>AT LEAST ONE "YES" <input type="checkbox"/></p>		561																																																																																																								

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
560	<p>Did (NAME) eat any solid, semi-solid, or soft foods yesterday during the day or at night?</p> <p>IF 'YES' PROBE: What kind of solid, semi-solid or soft foods did (NAME) eat?</p>	<p>YES 1 (GO BACK TO 558 TO RECORD ← FOOD EATEN YESTERDAY)</p> <p>NO 2</p>	→ 601
561	<p>How many times did (NAME FROM 557) eat solid, semi-solid, or soft foods yesterday during the day or at night?</p> <p>IF 7 OR MORE TIMES, RECORD '7'.</p>	<p>NUMBER OF TIMES <input type="text"/></p> <p>DON'T KNOW 8</p>	

SECTION 6. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
601	CHECK 101A: <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> <p>CURRENTLY <input type="checkbox"/></p> <p>MARRIED/</p> <p>↓</p> </div> <div style="text-align: center;"> <p>WIDOWED/ SEPARATED/ DIVORCED <input type="checkbox"/></p> <p>→ 606</p> </div> </div>		
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. <input type="text"/> <input type="text"/>	
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 . . <input type="text"/> 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: <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> <p>MARRIED ONLY ONCE <input type="checkbox"/></p> <p>↓</p> <p>In what month and year did you start living with your husband (consummate marriage)?</p> </div> <div style="text-align: center;"> <p>MARRIED MORE THAN ONCE <input type="checkbox"/></p> <p>↓</p> <p>Now I would like to ask about your first husband. In what month and year did you start living with him (consummate marriage)?</p> </div> </div>	MONTH <input type="text"/> <input type="text"/> DON'T KNOW MONTH 98 YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW YEAR 9998	→ 609
608	How old were you when you first started living with him?	AGE <input type="text"/> <input type="text"/>	
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	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
611	<div>CHECK 606:</div> <div><div><div>MARRIED ONLY ONCE</div><div><div></div></div><div>↓</div><div>Did your husband have a premarital medical exam?</div></div><div><div>MARRIED MORE THAN ONCE</div><div><div></div></div><div>↓</div><div>Now I would like to ask about your last marriage. Did your husband have a premarital medical exam?</div></div></div>	<div>YES 1</div> <div>NO 2</div> <div>DON'T KNOW 8</div>									
611A	Did you have a premarital medical exam?	<div>YES 1</div> <div>NO 2</div>	→ 612								
611B	Where did you go for the premarital medical exam?	<div>PUBLIC MEDICAL SECTOR</div> <div>GOVT. HOSPITAL 11</div> <div>GOVT. HEALTH CENTER 12</div> <div>GOVT. MCH 13</div> <div>UNIVERSITY HOSPITAL 14</div> <div>ROYAL MEDICAL SERVICES 15</div> <div>OTHER PUBLIC 16</div> <div>(SPECIFY)</div> <div>PRIVATE MEDICAL SECTOR</div> <div>PRIVATE HOSPITAL/CLINIC 21</div> <div>PRIVATE DOCTOR 22</div> <div>JORDANIAN AS. OF FP AND PROTECTION (JAFPP) 23</div> <div>UNRWA HEALTH CENTER 24</div> <div>OTHER NON GOV. ORGANIZATION. 25</div> <div>OTHER PRIVATE MEDICAL 26</div> <div>(SPECIFY)</div> <div>OTHER 96</div> <div>(SPECIFY)</div>									
612	<div>When was the <u>last</u> time you had sexual intercourse?</div> <div>IF LESS THAN 12 MONTHS, ANSWER MUST BE RECORDED IN DAYS, WEEKS OR MONTHS.</div> <div>IF 12 MONTHS (ONE YEAR) OR MORE, ANSWER MUST BE RECORDED IN YEARS.</div>	<div>DAYS AGO 1</div> <div>WEEKS AGO 2</div> <div>MONTHS AGO 3</div> <div>YEARS AGO 4</div> <div><table><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></div>									→ 614
613	The last time you had sexual intercourse, was a condom used?	<div>YES 1</div> <div>NO 2</div>									
614	Do you know of a place where a person can get condoms?	<div>YES 1</div> <div>NO 2</div>	→ 615A								

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
615	<p>Where is that?</p> <p>Any other place?</p> <p>PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S).</p> <p>IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE(S))</p>	<p>PUBLIC MEDICAL SECTOR</p> <p>GOVT. HOSPITAL A</p> <p>GOVT. HEALTH CENTER B</p> <p>GOVT. MCH C</p> <p>UNIVERSITY HOSPITAL/CLINIC D</p> <p>ROYAL MEDICAL SERVICES ... E</p> <p>OTHER PUBLIC F</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC G</p> <p>PRIVATE DOCTOR H</p> <p>PHARMACY I</p> <p>JORDANIAN AS. OF FP AND PROTECTION (JAFPP) J</p> <p>UNRWA CLINIC K</p> <p>OTHER NON-GOV ORGANIZATION L</p> <p>OTHER PRIVATE MEDICAL M</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>FRIEND/RELATIVE N</p> <p>OTHER X</p> <p>(SPECIFY)</p>	
615A	Have you performed a breast cancer self exam to detect breast cancer in yourself within the last 12 months?	<p>YES 1</p> <p>NO 2</p> <p>DK BREAST CANCER/ DK SELF EXAM 8</p>	
615B	Have you had a breast cancer clinical exam to detect breast cancer in the last 12 months?	<p>YES 1</p> <p>NO 2</p> <p>NOT SURE 8</p>	
615C	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?	<p>YES 1</p> <p>NO 2</p>	→ 700
615D	Have you ever had such an exam in your life time?	<p>YES 1</p> <p>NO 2</p>	

SECTION 7. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
700	CHECK 101A: CURRENTLY MARRIED <input type="checkbox"/> CURRENTLY WIDOWED, DIVORCED, OR SEPARATED <input type="checkbox"/>		→ 712
701	CHECK 304: NEITHER STERILIZED <input type="checkbox"/> HE OR SHE STERILIZED <input type="checkbox"/>		→ 712
702	CHECK 226: PREGNANT <input type="checkbox"/> NOT PREGNANT OR UNSURE <input type="checkbox"/>		→ 704
703	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 ANOTHER CHILD 1 NO MORE 2 UNDECIDED/DON'T KNOW 8	→ 705 → 711
704	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?	HAVE (A/ANOTHER) CHILD 1 NO MORE/NONE 2 SAYS SHE CAN'T GET PREGNANT . 3 UNDECIDED/DON'T KNOW 8	→ 707 → 712 → 710
705	CHECK 226: NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/> How long would you like to wait from now before the birth of (a/another) child? 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	→ 710 → 712 → 710
706	CHECK 226: NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/>		→ 711
707	CHECK 303: USING A CONTRACEPTIVE METHOD? NOT CURRENTLY USING <input type="checkbox"/> CURRENTLY USING <input type="checkbox"/>		→ 712
708	CHECK 705: NOT ASKED <input type="checkbox"/> 24 OR MORE MONTHS OR 02 OR MORE YEARS <input type="checkbox"/> 00-23 MONTHS OR 00-01 YEAR <input type="checkbox"/>		→ 711

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
709	<p>CHECK 704:</p> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>WANTS TO HAVE A/ANOTHER CHILD</p> <p><input type="checkbox"/></p> <p>↓</p> <p>You have said that you do not want (a/another) child soon.</p> <p>Can you tell me why you are not using a method to prevent pregnancy?</p> <p>Any other reason?</p> </div> <div style="text-align: center;"> <p>WANTS NO MORE/ NONE</p> <p><input type="checkbox"/></p> <p>↓</p> <p>You have said that you do not want any (more) children.</p> <p>Can you tell me why you are not using a method to prevent pregnancy?</p> <p>Any other reason?</p> </div> </div> <p style="text-align: center;">RECORD ALL REASONS MENTIONED.</p>	<p>FERTILITY-RELATED REASONS</p> <p>NOT HAVING SEX A</p> <p>INFREQUENT SEX B</p> <p>MENOPAUSAL/HYSTERECTOMY . C</p> <p>SUBFECUND/INFECUND D</p> <p>POSTPARTUM AMENORRHEIC ... E</p> <p>BREASTFEEDING F</p> <p>DIFFICULT TO GET PREGNANT ... G</p> <p>OPPOSITION TO USE</p> <p>RESPONDENT OPPOSED H</p> <p>HUSBAND OPPOSED I</p> <p>OTHERS OPPOSED J</p> <p>RELIGIOUS PROHIBITION K</p> <p>RUMORS L</p> <p>LACK OF KNOWLEDGE</p> <p>KNOWS NO METHOD M</p> <p>KNOWS NO SOURCE N</p> <p>METHOD-RELATED REASONS</p> <p>HEALTH CONCERNS O</p> <p>FEAR OF SIDE EFFECTS P</p> <p>LACK OF ACCESS/TOO FAR Q</p> <p>COSTS TOO MUCH R</p> <p>INCONVENIENT TO USE S</p> <p>INTERFERES WITH BODY'S NORMAL PROCESSES T</p> <p>OTHER _____ X (SPECIFY)</p> <p>DON'T KNOW Z</p>	
710	<p>CHECK 303: USING A CONTRACEPTIVE METHOD?</p> <div style="display: flex; justify-content: space-around;"> <p>NOT ASKED <input type="checkbox"/></p> <p>NO, NOT CURRENTLY USING <input type="checkbox"/></p> <p>YES, CURRENTLY USING <input type="checkbox"/></p> </div>		→ 712
711	Do you think you will use a contraceptive method to delay or avoid pregnancy at any time in the future?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	<p>→ 711B</p> <p>→ 712</p>
711A	Which contraceptive method would you prefer to use?	<p>FEMALE STERILIZATION 01</p> <p>MALE STERILIZATION 02</p> <p>PILL 03</p> <p>IUD 04</p> <p>INJECTABLES 05</p> <p>IMPLANTS 06</p> <p>CONDOM 07</p> <p>FEMALE CONDOM 08</p> <p>DIAPHRAGM 09</p> <p>FOAM/JELLY 10</p> <p>LACTATIONAL AMEN. METHOD 11</p> <p>RHYTHM METHOD/PERIOD. ABSTIN.. 12</p> <p>WITHDRAWAL 13</p> <p>OTHER _____ 96 (SPECIFY)</p> <p>DK/UNSURE 98</p>	→ 712

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
712	<p>CHECK 216:</p> <p>HAS LIVING CHILDREN <input type="checkbox"/> NO LIVING CHILDREN <input type="checkbox"/></p> <p>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?</p> <p>If you could choose exactly the number of children to have in your whole life, how many would that be?</p> <p>PROBE FOR A NUMERIC RESPONSE.</p>	<p>NONE 00</p> <p>NUMBER <input type="text"/> <input type="text"/></p> <p>OTHER 96 (SPECIFY)</p>	<p>→ 714</p> <p>→ 714</p>
713	<p>How many of these children would you like to be boys, how many would you like to be girls and for how many would it not matter if it's a boy or a girl?</p>	<p>BOYS GIRLS EITHER</p> <p>NUMBER <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>OTHER 96 (SPECIFY)</p>	
713A	<p>If you could choose exactly the number of months to wait between the birth of one child and the birth of another, how many months would that be?</p> <p>PROBE FOR A NUMERIC RESPONSE.</p>	<p>NUMBER <input type="text"/> <input type="text"/></p> <p>OTHER 96 (SPECIFY)</p>	
714	<p>In the last few months have you:</p> <p>Heard about family planning on the radio?</p> <p>Seen about family planning on the television?</p> <p>Read about family planning in a newspaper or magazine?</p> <p>Seen or read about family planning on posters?</p> <p>Read about family planning in bulletins/booklets?</p> <p>Heard about family planning in lectures?</p> <p>Heard about family planning from women you associate with?</p> <p>Heard about family planning from any other people you associate with?</p> <p>Heard about family planning at a community event?</p>	<p>YES NO</p> <p>RADIO 1 2</p> <p>TELEVISION 1 2</p> <p>NEWSPAPER OR MAGAZINE . 1 2</p> <p>POSTER 1 2</p> <p>BULLETIN/BOOKLET 1 2</p> <p>LECTURE 1 2</p> <p>WOMEN 1 2</p> <p>OTHER PEOPLE 1 2</p> <p>COMMUNITY EVENT 1 2</p>	
714A	<p>In the last few months have you seen, heard or read about Hayatee Ahla?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	
714B	<p>In the last few months have you ever seen this logo for the Hayatee Ahla campaign?</p> <p>SHOW THE HOT BALLOON CARD</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	<p>→ 715</p>
714C	<p>What does Hayatee Ahla mean to you?</p> <p>PROBE: Anything else?</p> <p>CIRCLE ALL RESPONSES.</p>	<p>FAMILY PLANNING A</p> <p>USING CONTRACEPTIVES B</p> <p>ADVANTAGE OF MODERN CONTRA. C</p> <p>HAPPY SMALL FAMILY D</p> <p>SPACING AT LEAST 3 YEARS BETWEEN PREGNANCIES E</p> <p>QUALITY OF LIFE/WELL BEING/ PROSPERITY F</p> <p>SUPPORT OF GENDER EQUALITY BY ISLAM G</p> <p>LIFE PLANNING H</p> <p>REPRODUCTIVE HEALTH I</p> <p>APPROVAL OF USING MODERN CONTRACEPTIVES BY ISLAM ... J</p> <p>APPROVAL OF ON SPACING PREG. BY AT LEAST 3 YEARS K</p> <p>OTHER X (SPECIFY)</p> <p>DON'T KNOW Y</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
715	Where and from whom would you prefer to get information about family planning? CIRCLE ONLY ONE ANSWER.	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	
716	CHECK 601: YES, CURRENTLY MARRIED <input type="checkbox"/> CURRENTLY WIDOWED, DIVORCED, OR SEPARATED <input type="checkbox"/>		→ 801
716A	CHECK 304: OTHER CODES CIRCLED <input type="checkbox"/> CODE B, G, OR M CIRCLED <input type="checkbox"/> NO CODE CIRCLED <input type="checkbox"/>		→ 718 → 718A
716B	Does your husband know that you are using a method of family planning?	YES 1 NO 2 DON'T KNOW 8	
717	CHECK 303: USING A CONTRACEPTIVE METHOD? CURRENTLY USING <input type="checkbox"/> NOT CURRENTLY USING <input type="checkbox"/> OR NOT ASKED		→ 718A
718	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/PARTNER 2 JOINT DECISION 3 OTHER 6 (SPECIFY)	
718A	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	
719	CHECK 304: NEITHER STERILIZED <input type="checkbox"/> HE OR SHE STERILIZED <input type="checkbox"/>		→ 801
720	Does your (husband/partner) 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 <input type="checkbox"/> CURRENTLY WIDOWED, DIVORCED, OR SEPARATED <input type="checkbox"/>		→ 803
802	How old was your husband on his last birthday?	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/>	
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 <input type="text"/> <input type="text"/> DON'T KNOW 98	
806	CHECK 101A: CURRENTLY MARRIED <input type="checkbox"/> CURRENTLY WIDOWED, DIVORCED, OR SEPARATED <input type="checkbox"/>		→ 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?	<input type="text"/> <input type="text"/> <input type="text"/> _____ _____ _____	
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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
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	→ 813
812A	Have you ever done any work before?	YES 1 NO 2	→ 818
812B	Why did you stop working?	GOT MARRIED A BECAME PREGNANT B BECAME ILL C HUSBAND OPPOSED D OTHER OPPOSED E DIDN'T NEED TO WORK F DIDN'T NEED MONEY G CAN'T FIND A JOB H I LOST MY JOB I I GOT FIRED J OTHER X (SPECIFY) DON'T KNOW Y	→ 818
813	What is your current occupation, that is, what kind of work do you mainly do?	<div style="border: 1px solid black; width: 100px; height: 20px; display: inline-block;"></div> _____ _____ _____	
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 <input type="checkbox"/> CURRENTLY WIDOWED, DIVORCED, OR SEPARATED <input type="checkbox"/>		→ 827
819	CHECK 814: CODE 1, 2, OR 3 CIRCLED <input type="checkbox"/> CODE 4, OR 5 CIRCLED OR 814 NOT ASKED <input type="checkbox"/>		→ 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)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
822A	<p>CHECK 814:</p> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>CODES 1, 2, OR 3 CIRCLED</p> <p>↓</p> <p>In addition to your employment income, do you have income from any other source, such as real estate, retirement, allowances, etc.?</p> </div> <div style="text-align: center;"> <p>CODE 4, OR 5 CIRCLED OR 814 NOT ASKED</p> <p>↓</p> <p>Do you have income from any source such as real estate, retirement, allowances, etc.?</p> </div> </div>	<p>YES 1</p> <p>NO 2</p>	→ 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?	<p>RESPONDENT 1</p> <p>HUSBAND 2</p> <p>RESPONDENT AND HUSBAND JOINTLY 3</p> <p>OTHER 6</p> <p style="text-align: center;">(SPECIFY)</p>	
823	Who usually makes decisions about health care for yourself: you, your husband, you and your husband jointly, or someone else?	<p>RESPONDENT 1</p> <p>HUSBAND 2</p> <p>RESPONDENT AND HUSBAND JOINTLY 3</p> <p>SOMEONE ELSE 4</p> <p>OTHER 6</p> <p style="text-align: center;">(SPECIFY)</p>	
824	Who usually makes decisions about making major household purchases?	<p>RESPONDENT 1</p> <p>HUSBAND 2</p> <p>RESPONDENT AND HUSBAND JOINTLY 3</p> <p>SOMEONE ELSE 4</p> <p>OTHER 6</p> <p style="text-align: center;">(SPECIFY)</p>	
826	Who usually makes decisions about visits to your family or relatives?	<p>RESPONDENT 1</p> <p>HUSBAND 2</p> <p>RESPONDENT AND HUSBAND JOINTLY 3</p> <p>SOMEONE ELSE 4</p> <p>OTHER 6</p> <p style="text-align: center;">(SPECIFY)</p>	
826A	Do you own this or any other house either alone or jointly with someone else?	<p>ALONE ONLY 1</p> <p>JOINTLY ONLY 2</p> <p>BOTH ALONE AND JOINTLY 3</p> <p>DOES NOT OWN 4</p>	
826B	Do you own any land either alone or jointly with someone else?	<p>ALONE ONLY 1</p> <p>JOINTLY ONLY 2</p> <p>BOTH ALONE AND JOINTLY 3</p> <p>DOES NOT OWN 4</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
827	PRESENCE OF OTHERS AT THIS POINT (PRESENT AND LISTENING, PRESENT BUT NOT LISTENING, OR NOT PRESENT)	<div> PRES./ LISTEN. PRES./ NOT LISTEN. NOT PRES. </div> CHILDREN < 10 1 2 3 HUSBAND 1 2 3 OTHER MALES 1 2 3 OTHER FEMALES . . . 1 2 3	
828	<p>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:</p> <p>If she goes out without telling him?</p> <p>If she neglects the children?</p> <p>If she burns the food?</p> <p>If she insults him?</p> <p>If she disobeys him?</p> <p>If she argues with him?</p> <p>If she has relation with another man?</p>	<div> YES NO DK </div> GOES OUT 1 2 8 NEGL. CHILDREN . . . 1 2 8 BURNS FOOD 1 2 8 INSULTS 1 2 8 DISOBEYS 1 2 8 ARGUES 1 2 8 ANOTHER MAN 1 2 8	

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
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	
909	Can the virus that causes AIDS be transmitted from a mother to her baby: During pregnancy? During delivery? By breastfeeding?	<div>YES NO DK</div> 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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
911	<p>Where is that?</p> <p>Any other place?</p> <p>PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S).</p> <p>IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER VCT CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.</p> <p>_____ (NAME OF PLACE(S))</p>	<p>PUBLIC MEDICAL SECTOR</p> <p>GOVT. HOSPITAL A</p> <p>GOVT. HEALTH CENTER B</p> <p>GOVT. MCH C</p> <p>UNIVERSITY HOSPITAL D</p> <p>ROYAL MEDICAL SERVICES E</p> <p>TESTING & COUNCELING CENTER F</p> <p>OTHER PUBLIC G</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC H</p> <p>PRIVATE DOCTOR I</p> <p>JORDANIAN AS. OF FP AND PROTECTION (JAFPP) J</p> <p>PRIVATE LABORATORY K</p> <p>OTHER NON GOV. ORGANIZATION. L</p> <p>OTHER PRIVATE MEDICAL M</p> <p>(SPECIFY)</p> <p>OTHER X</p> <p>(SPECIFY)</p>	
912	Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had the AIDS virus?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	
913	If a member of your close family got infected with the AIDS virus, would you want it to remain a secret or not?	<p>YES, REMAIN A SECRET 1</p> <p>NO 2</p> <p>DK/NOT SURE/DEPENDS 8</p>	
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?	<p>YES 1</p> <p>NO 2</p> <p>DK/NOT SURE/DEPENDS 8</p>	
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?	<p>SHOULD BE ALLOWED 1</p> <p>SHOULD NOT BE ALLOWED 2</p> <p>DK/NOT SURE/DEPENDS 8</p>	
915A	<p>CHECK 101A:</p> <p>CURRENTLY MARRIED <input type="checkbox"/> WIDOWED/DIVORCED/SEPARATED <input type="checkbox"/></p> <p>→ 915C</p>		
915B	Have you ever talked about ways to prevent getting the virus that causes AIDS with your husband?	<p>YES 1</p> <p>NO 2</p>	
915C	In the last 6 months have you heard, seen, or received any information about HIV/AIDS?	<p>YES 1</p> <p>NO 2</p> <p>→ 916</p>	
915D	<p>Where did you hear or see that information?</p> <p>Anywhere else?</p> <p>RECORD ALL MENTIONED</p>	<p>TELEVISION A</p> <p>RADIO B</p> <p>NEWSPAPER/MAGAZINE C</p> <p>PAMPHLET/BROCHURE D</p> <p>POSTER E</p> <p>COMMUNITY MEETING F</p> <p>HOME VISIT BY HEALTH WORKER G</p> <p>HEALTH FACILITY STAFF H</p> <p>HUSBAND I</p> <p>OTHER RELATIVES/FRIENDS/ NEIGHBORS J</p> <p>OTHER X</p> <p>(SPECIFY)</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
916	<p>CHECK 901:</p> <div> <div> HEARD ABOUT AIDS <input type="checkbox"/> ↓ Apart from AIDS, have you heard about other infections that can be transmitted through sexual contact? </div> <div> NOT HEARD ABOUT AIDS <input type="checkbox"/> ↓ Have you heard about infections that can be transmitted through sexual contact? </div> </div>	YES 1 NO 2	→ 917
916A	What (other) sexually transmitted infections have you heard about? Anything else? RECORD ALL MENTIONED	GENITAL HERPES A GENITAL WARTS/HPV B HEPATITIS C CHLAMYDIA D SYPHILIS E HIV/AIDS INFECTION F TRICHOMONIASIS G CHANCROID H YEAST INFECTION I OTHER X (SPECIFY) 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	→ 1004																								
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																									
1004	Do you currently smoke cigarettes?	YES 1 NO 2	→ 1006																								
1005	In the last 24 hours, how many cigarettes did you smoke?	NUMBER OF CIGARETTES <table><tr><td></td><td></td></tr></table>																									
1006	Do you smoke nargila?	YES 1 NO 2																									
1007	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?	<table><tr><td></td><td>BIG PROB- LEM</td><td>NOT A BIG PROB- LEM</td></tr><tr><td>Knowing where to go?</td><td>WHERE TO GO 1</td><td>2</td></tr><tr><td>Getting permission to go?</td><td>PERMISSION TO GO ... 1</td><td>2</td></tr><tr><td>Getting money needed for treatment?</td><td>GETTING MONEY 1</td><td>2</td></tr><tr><td>The distance to the health facility?</td><td>DISTANCE 1</td><td>2</td></tr><tr><td>Having to take transport?</td><td>TAKING TRANSPORT . 1</td><td>2</td></tr><tr><td>Not wanting to go alone?</td><td>GO ALONE 1</td><td>2</td></tr><tr><td>Concern that there may not be a female health provider?</td><td>NO FEMALE PROV. ... 1</td><td>2</td></tr></table>		BIG PROB- LEM	NOT A BIG PROB- LEM	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	
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Concern that there may not be a female health provider?	NO FEMALE PROV. ... 1	2																									

SECTION 11. EARLY CHILDHOOD DEVELOPMENT

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																
1101	CHECK 217 AND 218: ANY LIVING CHILD 0-4 YEARS OLD LIVING WITH HIS/HER MOTHER? YES <input type="checkbox"/> NO <input type="checkbox"/>		1200																
1102	CHECK 217: SELECT THE YOUNGEST CHILD AGED 0-4 LIVING WITH HIS/HER MOTHER AND RECORD NAME AND LINE NUMBER NAME OF THE YOUNGEST CHILD FROM Q. 212 _____ LINE NUMBER OF THE YOUNGEST CHILD FROM Q. 219 <input type="text"/> <input type="text"/>																		
1103	READ TO THE RESPONDENT Now I would like to ask you some questions about (NAME OF THE CHILD FROM 1102), your youngest child living with you who is 0-4 years old.																		
1104	How many children's books or picture books do you have for (NAME) ?	NONE 00 NUMBER OF BOOKS FOR CHILDREN <input type="text"/> <input type="text"/> TEN BOOKS OR MORE 10																	
1105	I am interested in learning about the things that (NAME) plays with when he/she is at home. Does he/she plays with : a) homemade toys (such as dolls, cars, or other toys made at home)? b) toys from a shop or manufactured toys? c) household objects (such as bowls or pots) or objects found outside (such as sticks, rocks, animal shells or leaves)? IF THE RESPONDENT SAYS "YES" TO THE CATEGORIES ABOVE, THEN PROBE TO LEARN SPECIFICALLY WHAT THE CHILD PLAYS WITH TO ASCERTAIN THE RESPONSE	<table> <thead> <tr> <th></th><th>YES</th><th>NO</th><th>DK</th></tr> </thead> <tbody> <tr> <td>HOMEMADE TOYS</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>TOYS FROM A SHOP ...</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>HOUSEHOLD OBJECTS OR OUTSIDE OBJECTS .</td><td>1</td><td>2</td><td>8</td></tr> </tbody> </table>		YES	NO	DK	HOMEMADE TOYS	1	2	8	TOYS FROM A SHOP ...	1	2	8	HOUSEHOLD OBJECTS OR OUTSIDE OBJECTS .	1	2	8	
	YES	NO	DK																
HOMEMADE TOYS	1	2	8																
TOYS FROM A SHOP ...	1	2	8																
HOUSEHOLD OBJECTS OR OUTSIDE OBJECTS .	1	2	8																
1106	Sometimes adults taking care of children have to leave the house to go shopping, wash clothes, or for other reasons and have to leave young children. On how many days in the past week was (NAME): a) left alone for more than an hour ? b) left in the care of another child, that is, someone less than 10 years old, for more than an hour? IF 'NEVER', 'WRITE', '0'. IF DOESN'T KNOW WRITE '8'	NUMBER OF DAYS LEFT ALONE FOR MORE THAN AN HOUR <input type="text"/> NUMBER OF DAYS LEFT TO ANOTHER CHILD FOR MORE THAN AN HOUR <input type="text"/>																	
1107	VERIFY 217 : AGE OF THE CHILD CHILD OF 0, 1 OR 2 YEARS <input type="checkbox"/> CHILD OF 3 OR 4 YEARS <input type="checkbox"/>		1111																
1108	VERIFY 217 AND 218: ANY LIVING CHILD 3-4 YEARS OLD LIVING WITH HIS/HER MOTHER? YES <input type="checkbox"/> NO <input type="checkbox"/>		1200																

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES				SKIP
1109	<p>VERIFY 217:</p> <p>SELECT THE YOUNGEST CHILD AGED 3-4 LIVING WITH HIS/HER MOTHER AND RECORD NAME AND LINE NUMBER</p> <p>NAME OF THE YOUNGEST CHILD 3-4 YEARS FROM Q. 212 _____</p> <p>LINE NUMBER OF THE YOUNGEST CHILD FROM Q. 219 <input type="text"/> <input type="text"/></p>					
1110	Now, I would like to ask you some questions concerning (NAME)/ (NAME OF THE CHILD IN 1109), your youngest child age 3-4 years.					
1111	Does (NAME) attend any organized learning or early childhood education programme, such as a private or government facility, including kindergarten or community child care?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>				→1113
1112	Within the last seven days, about how many hours did (NAME) attend?	NUMBER OF HOURS <input type="text"/> <input type="text"/>				
1113	<p>In the past 3 days, did you or any household member over 15 years of age engage in any of the following activities with (name)</p> <p>IF YES, ASK : Who engaged in this activity with (NAME) ?</p> <p>CIRCLE ALL THAT APPLY</p> <p>a) Read books to or look at picture books with (NAME) ?</p> <p>b) Told stories to (NAME) ?</p> <p>c) Sang songs to (NAME) or with (NAME), including lullabies?</p> <p>d) Took (NAME) outside of the home, compound, yard or enclosure?</p> <p>e) Played with (NAME) ?</p> <p>f) Named, counted, or drew things to or with (NAME)?</p>	<p>MOT FATH OTH NO HER ER ER ONE</p> <p>READ BOOKS A B X Y</p> <p>TOLD STORIES A B X Y</p> <p>SANG SONGS A B X Y</p> <p>TOOK OUTSIDE A B X Y</p> <p>PLAYED WITH A B X Y</p> <p>NAMED/COUNTED ... A B X Y</p>				
	I would like to ask you some questions about the health and development of your child. Children do not all develop and learn at the same rate. For example, some walk earlier than others. These questions are related to several aspects of your child's development.					
1114	Can (NAME) identify or name at least ten letters of the alphabet?	YES	NO	DK		
1115	Can (NAME) read at least four simple, popular words?	1	2	8		
1116	Does (NAME) know the name and recognize the symbol of all numbers from 1 to 10?	1	2	8		
1117	Can (NAME) pick up a small object with two fingers, like a stick or a rock from the ground?	1	2	8		
1118	Is (NAME) sometimes too sick to play?	1	2	8		
1119	Does (NAME) follow simple directions on how to do something correctly?	1	2	8		
1120	When given something to do, is (NAME) able to do it independently?	1	2	8		
1121	Does (NAME) get along well with other children or adults ?	1	2	8		
1122	Does (NAME) kick, bite, or hit other children or adults?	1	2	8		
1123	Does (NAME) get distracted easily?	1	2	8		

SECTION 12. DOMESTIC VIOLENCE MODULE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																			
1200	CHECK HOUSEHOLD QUESTIONNAIRE. WOMAN SELECTED FOR THIS SECTION <input type="checkbox"/> WOMAN NOT SELECTED <input type="checkbox"/>		1233																																			
1201	CHECK FOR PRESENCE OF OTHERS: DO NOT CONTINUE UNTIL PRIVACY IS ENSURED. PRIVACY OBTAINED 1 <input type="checkbox"/> PRIVACY NOT POSSIBLE 2 <input type="checkbox"/>		1232																																			
	READ TO THE RESPONDENT Now I would like to ask you questions about some other important aspects of a woman's life. You may find some of these questions 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 in your household will know that you were asked these questions.																																					
1202	CHECK 601 AND 602: CURRENTLY MARRIED/ <input type="checkbox"/> WIDOWED/SEPARATED DIVORCED <input type="checkbox"/> (READ IN PAST TENSE AND USE 'LAST' WITH HUSBAND)																																					
1203	First, I am going to ask you about some situations which happen to some women. Please tell me if these apply to your relationship with your (last) husband? a) He (is/was) jealous or angry if you (talk/talked) to other men? b) He frequently (accuses/accused) you of being unfaithful? c) He (does/did) not permit you to meet your female friends? d) He (tries/tried) to limit your contact with your family? e) He (insists/insisted) on knowing where you (are/were) at all times?	<table> <thead> <tr> <th></th><th>YES</th><th>NO</th><th>DK</th></tr> </thead> <tbody> <tr> <td>JEALOUS</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>ACCUSES</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>NOT MEET FRIENDS ...</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>NO FAMILY</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>WHERE YOU ARE</td><td>1</td><td>2</td><td>8</td></tr> </tbody> </table>		YES	NO	DK	JEALOUS	1	2	8	ACCUSES	1	2	8	NOT MEET FRIENDS ...	1	2	8	NO FAMILY	1	2	8	WHERE YOU ARE	1	2	8												
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NOT MEET FRIENDS ...	1	2	8																																			
NO FAMILY	1	2	8																																			
WHERE YOU ARE	1	2	8																																			
1204	Now I need to ask some more questions about your relationship with your (last) husband. A Did your (last) husband ever: a) say or do something to humiliate you in front of others? b) threaten to hurt or harm you or someone you care about? c) insult you or make you feel bad about yourself?	<table> <thead> <tr> <th></th><th>EVER</th><th>OFTEN</th><th>SOME-TIMES</th><th>NOT IN LAST 12 MONTHS</th></tr> </thead> <tbody> <tr> <td>a) YES</td><td>1 →</td><td>1</td><td>2</td><td>3</td></tr> <tr> <td>a) NO</td><td>2</td><td></td><td></td><td></td></tr> <tr> <td>b) YES</td><td>1 →</td><td>1</td><td>2</td><td>3</td></tr> <tr> <td>b) NO</td><td>2</td><td></td><td></td><td></td></tr> <tr> <td>c) YES</td><td>1 →</td><td>1</td><td>2</td><td>3</td></tr> <tr> <td>c) NO</td><td>2</td><td></td><td></td><td></td></tr> </tbody> </table>		EVER	OFTEN	SOME-TIMES	NOT IN LAST 12 MONTHS	a) YES	1 →	1	2	3	a) NO	2				b) YES	1 →	1	2	3	b) NO	2				c) YES	1 →	1	2	3	c) NO	2				
	EVER	OFTEN	SOME-TIMES	NOT IN LAST 12 MONTHS																																		
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b) YES	1 →	1	2	3																																		
b) NO	2																																					
c) YES	1 →	1	2	3																																		
c) NO	2																																					

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																													
1205	<p>A Did your (last) husband ever do any of the following things to you:</p> <table border="1"> <thead> <tr> <th></th><th>EVER</th><th>OFTEN</th><th>SOME-TIMES</th><th>NOT IN LAST 12 MONTHS</th></tr> </thead> <tbody> <tr> <td>a) push you, shake you, or throw something at you?</td><td>YES 1 → NO 2 ↓</td><td>1</td><td>2</td><td>3</td></tr> <tr> <td>b) slap you?</td><td>YES 1 → NO 2 ↓</td><td>1</td><td>2</td><td>3</td></tr> <tr> <td>c) twist your arm or pull your hair?</td><td>YES 1 → NO 2 ↓</td><td>1</td><td>2</td><td>3</td></tr> <tr> <td>d) punch you with his fist or with something that could hurt you?</td><td>YES 1 → NO 2 ↓</td><td>1</td><td>2</td><td>3</td></tr> <tr> <td>e) kick you, drag you, or beat you up?</td><td>YES 1 → NO 2 ↓</td><td>1</td><td>2</td><td>3</td></tr> <tr> <td>f) try to choke you or burn you on purpose?</td><td>YES 1 → NO 2 ↓</td><td>1</td><td>2</td><td>3</td></tr> <tr> <td>g) threaten or attack you with a knife, gun, or other weapon?</td><td>YES 1 → NO 2 ↓</td><td>1</td><td>2</td><td>3</td></tr> <tr> <td>h) physically force you to have sexual intercourse with him when you did not want to?</td><td>YES 1 → NO 2 ↓</td><td>1</td><td>2</td><td>3</td></tr> </tbody> </table>		EVER	OFTEN	SOME-TIMES	NOT IN LAST 12 MONTHS	a) push you, shake you, or throw something at you?	YES 1 → NO 2 ↓	1	2	3	b) slap you?	YES 1 → NO 2 ↓	1	2	3	c) twist your arm or pull your hair?	YES 1 → NO 2 ↓	1	2	3	d) punch you with his fist or with something that could hurt you?	YES 1 → NO 2 ↓	1	2	3	e) kick you, drag you, or beat you up?	YES 1 → NO 2 ↓	1	2	3	f) try to choke you or burn you on purpose?	YES 1 → NO 2 ↓	1	2	3	g) threaten or attack you with a knife, gun, or other weapon?	YES 1 → NO 2 ↓	1	2	3	h) physically force you to have sexual intercourse with him when you did not want to?	YES 1 → NO 2 ↓	1	2	3	<p>B How often did this happen during the last 12 months: often, only sometimes, or not at all?</p>	
	EVER	OFTEN	SOME-TIMES	NOT IN LAST 12 MONTHS																																												
a) push you, shake you, or throw something at you?	YES 1 → NO 2 ↓	1	2	3																																												
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1206	<p>CHECK '1205A (a-h):</p> <p>AT LEAST ONE 'YES' <input type="checkbox"/> NOT A SINGLE 'YES' <input type="checkbox"/></p>		→ 1213																																													
1208	<p>Did the following ever happen as a result of what your (last) husband did to you:</p> <p>a) You had cuts, bruises, or aches?</p> <p>b) You had eye injuries, sprains, dislocations, or burns?</p> <p>c) You had deep wounds, broken bones, broken teeth, or any other serious injury?</p>	<p>YES 1 NO 2</p> <p>YES 1 NO 2</p> <p>YES 1 NO 2</p>																																														
1213	<p>Are (were) you afraid of your (last) husband: most of the time, sometimes, or never?</p>	<p>MOST OF THE TIME AFRAID 1 SOMETIMES AFRAID 2 NEVER AFRAID 3</p>																																														
1214	<p>CHECK 606:</p> <p>MARRIED MORE THAN ONCE <input type="checkbox"/> MARRIED ONLY ONCE <input type="checkbox"/></p>		→ 1216																																													

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP												
1215	<p>A So far we have been talking about the behavior of your (current/last) husband. Now I want to ask you about the behavior of any previous husband.</p> <p>B How long ago did this last happen?</p> <table border="1"> <thead> <tr> <th>EVER</th><th>0 - 11 MONTHS AGO</th><th>12+ MONTHS AGO</th><th>DON'T REMEMBER</th></tr> </thead> <tbody> <tr> <td>a) Did any previous husband ever hit, slap, kick, or do anything else to hurt you physically?</td><td>YES 1 → NO 2 ↓</td><td>1 2</td><td>3</td></tr> <tr> <td>b) Did any previous husband physically force you to have intercourse against your will?</td><td>YES 1 → NO 2 ↓</td><td>1 2</td><td>3</td></tr> </tbody> </table>	EVER	0 - 11 MONTHS AGO	12+ MONTHS AGO	DON'T REMEMBER	a) Did any previous husband ever hit, slap, kick, or do anything else to hurt you physically?	YES 1 → NO 2 ↓	1 2	3	b) Did any previous husband physically force you to have intercourse against your will?	YES 1 → NO 2 ↓	1 2	3		
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b) Did any previous husband physically force you to have intercourse against your will?	YES 1 → NO 2 ↓	1 2	3												
1216	From the time you were 15 years old has anyone other than (your/any) husband hit you, slapped you, kicked you, or done anything else to hurt you physically?	YES 1 NO 2 REFUSED TO ANSWER/ NO ANSWER 3	<input type="checkbox"/> → 1219												
1217	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 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)													
1218	In the last 12 months, how often has (this person/have these persons) physically hurt you: often, only sometimes, or not at all?	OFTEN 1 SOMETIMES 2 NOT AT ALL 3													
1219	CHECK 201, 226, AND 230: EVER BEEN PREGNANT <input type="checkbox"/> (YES ON 201 OR 226 OR 230) ↓ NEVER BEEN PREGNANT <input type="checkbox"/>		<input type="checkbox"/> → 1226												
1220	Has any one ever hit, slapped, kicked, or done anything else to hurt you physically while you were pregnant?	YES 1 NO 2	<input type="checkbox"/> → 1226												

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1221	<p>Who has done any of these things to physically hurt you while you were pregnant?</p> <p>Anyone else?</p> <p>RECORD ALL MENTIONED.</p>	<p>CURRENT HUSBAND A</p> <p>MOTHER B</p> <p>FATHER C</p> <p>STEP-MOTHER D</p> <p>STEP-FATHER E</p> <p>BROTHER F</p> <p>SISTER G</p> <p>SON H</p> <p>DAUGHTER I</p> <p>EX-HUSBAND J</p> <p>MOTHER-IN-LAW K</p> <p>FATHER-IN-LAW L</p> <p>OTHER FEMALE RELATIVE/IN-LAW ... M</p> <p>OTHER MALE RELATIVE/IN-LAW N</p> <p>FEMALE FRIEND/ACQUAINTANCE..... O</p> <p>MALE FRIEND/ACQUAINTANCE P</p> <p>FEMALE TEACHER Q</p> <p>MALE TEACHER R</p> <p>FEMALE EMPLOYER S</p> <p>MALE EMPLOYER T</p> <p>FEMALE STRANGER U</p> <p>MALE STRANGER V</p> <p>POLICE/SOLDIER W</p> <p>OTHER X</p> <p>(SPECIFY)</p>	
1226	<p>CHECK 1205A (a-h), 1215, 1216, AND 1220:</p> <p>AT LEAST ONE <input type="checkbox"/> NOT A SINGLE <input type="checkbox"/></p> <p>'YES' 'YES'</p>		→ 1230
1227	<p>Thinking about what you yourself have experienced among the different things we have been talking about, have you ever tried to seek help?</p>	<p>YES 1</p> <p>NO 2</p>	→ 1229
1228	<p>From whom have you sought help?</p> <p>Anyone else?</p> <p>RECORD ALL MENTIONED.</p>	<p>MOTHER A</p> <p>FATHER B</p> <p>SISTER C</p> <p>BROTHER D</p> <p>MOTHER-IN-LAW E</p> <p>FATHER-IN-LAW F</p> <p>OTHER FEMALE RELATIVE/IN-LAW ... G</p> <p>OTHER MALE RELATIVE/IN-LAW H</p> <p>FRIEND I</p> <p>NEIGHBOR J</p> <p>TEACHER K</p> <p>EMPLOYER L</p> <p>RELIGIOUS FIGURE M</p> <p>DOCTOR/MEDICAL PERSONNEL ... N</p> <p>POLICE O</p> <p>LAWYER P</p> <p>SOCIAL SERVICE ORGANIZATION . Q</p> <p>OTHER X</p> <p>(SPECIFY)</p>	→ 1230
1229	<p>Have you ever told any one about this?</p>	<p>YES 1</p> <p>NO 2</p>	
1230	<p>As far as you know, did your father ever beat your mother?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES			SKIP									
<p>THANK THE RESPONDENT FOR HER COOPERATION AND REASSURE HER ABOUT THE CONFIDENTIALITY OF HER ANSWERS. FILL OUT THE QUESTIONS BELOW WITH REFERENCE TO THE DOMESTIC VIOLENCE MODULE ONLY.</p>														
1231	<p>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?</p>	<p>YES ONCE</p> <p>HUSBAND 1</p> <p>OTHER MALE ADULT ... 1</p> <p>FEMALE ADULT 1</p>	<p>YES, MORE THAN ONCE</p> <p>2</p> <p>2</p> <p>2</p>	<p>NO</p> <p>3</p> <p>3</p> <p>3</p>										
1232	<p>INTERVIEWER'S COMMENTS / EXPLANATION FOR NOT COMPLETING THE DOMESTIC VIOLENCE MODULE</p> <p>_____</p> <p>_____</p> <p>_____</p>													
1233	<p>RECORD THE TIME.</p>	<p>HOUR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></p> <p>MINUTE <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></p>												

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.
COLUMN 1 REQUIRES A CODE IN EVERY MONTH.

INFORMATION TO BE CODED FOR EACH COLUMN

COLUMN 1: BIRTHS, PREGNANCIES, CONTRACEPTIVE USE

B BIRTHS

P PREGNANCIES

T TERMINATIONS

0 NO METHOD

1 FEMALE STERILIZATION

2 MALE STERILIZATION

3 IUD

4 INJECTABLES

5 IMPLANTS

6 PILL

7 CONDOM

8 FEMALE CONDOM

9 DIAPHRAGM

J FOAM OR JELLY

K LACTATIONAL AMENORRHEA METHOD

L RHYTHM METHOD

M WITHDRAWAL

X OTHER MODERN METHOD

Y OTHER TRADITIONAL METHOD

COLUMN 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 SIDE EFFECTS/HEALTH CONCERNS

6 LACK OF ACCESS/TOO FAR

7 COSTS TOO MUCH

8 INCONVENIENT TO USE

F FATALISTIC

A DIFFICULT TO GET PREGNANT/MENOPAUSAL

D WIDOW/DIVORCE/SEPARATION

R RAMADAN

X OTHER _____

(SPECIFY)

Z DON'T KNOW

				1	2	2	
2	0	03	MAR	01			0
	1	02	FEB	02			1
	3	01	JAN	03			3
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		12	DEC	04			
		11	NOV	05			
		10	OCT	06			
		09	SEP	07			
2	0	08	AUG	08			2
0	1	07	JUL	09			0
1	2	06	JUN	10			1
		05	MAY	11			2
		04	APR	12			
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		10	OCT	18			
		09	SEP	19			
2	0	08	AUG	20			2
0	1	07	JUL	21			0
1	1	06	JUN	22			1
		05	MAY	23			1
		04	APR	24			
		03	MAR	25			
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		05	MAY	47			9
		04	APR	48			
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		10	OCT	54			
		09	SEP	55			
2	0	08	AUG	56			2
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0	8	06	JUN	58			0
		05	MAY	59			8
		04	APR	60			
		03	MAR	61			
		02	FEB	62			
		01	JAN	63			
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		11	NOV	65			
		10	OCT	66			
		09	SEP	67			
2	0	08	AUG	68			2
0	0	07	JUL	69			0
0	7	06	JUN	70			0
		05	MAY	71			7
		04	APR	72			
		03	MAR	73			
		02	FEB	74			
		01	JAN	75			