

Department of Statistics
Household Survey Directorate

The Hashemite Kingdom of Jordan
JORDAN POPULATION AND
FAMILY HEALTH SURVEY 2017

WOMAN'S QUESTIONNAIRE

Survey Contents Confidential by Statistical Law

IDENTIFICATION				
CLUSTER NUMBER:	<div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>			
HOUSEHOLD NUMBER	<div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>			
NAME OF HOUSEHOLD HEAD				
NAME AND LINE NUMBER OF WOMAN				<div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>
TELEPHONE/MOBILE NUMBER (IF AVAILABLE)				<div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>
HOUSEHOLD SELECTED FOR CHILD DISCIPLINE AND CHILD DEVELOPMENT? (1=YES, 2=NO)				<div style="border: 1px solid black; width: 20px; height: 20px;"></div>
HOUSEHOLD SELECTED FOR HEALTH EXPENDITURE AND DOMESTIC VIOLENCE? (1=YES, 2=NO)				<div style="border: 1px solid black; width: 20px; height: 20px;"></div>
INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE	_____	_____	_____	DAY <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> MONTH <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> YEAR <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> INT. NO. <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>
INTERVIEWER'S NAME	_____	_____	_____	RESULT* <div style="border: 1px solid black; width: 20px; height: 20px;"></div>
RESULT*	_____	_____	_____	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>
NEXT VISIT: DATE	_____	_____		TOTAL NUMBER OF VISITS <div style="border: 1px solid black; width: 20px; height: 20px;"></div>
TIME	_____	_____		
*RESULT CODES: 1 COMPLETED 4 REFUSED 2 NOT AT HOME 5 PARTLY COMPLETED 7 OTHER _____ 3 POSTPONED 6 INCAPACITATED SPECIFY _____				
SUPERVISOR			OFFICE EDITOR	
NAME _____			NAME _____	
<div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> NUMBER			<div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> NUMBER	

INTRODUCTION AND 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 shared with anyone other than the members of our survey team.

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

SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE TIME.	<div style="display: flex; justify-content: space-between;"> <div>HOURS</div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> </div> <div style="display: flex; justify-content: space-between;"> <div>MINUTES</div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> </div>	
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	How long have you been living continuously in (NAME OF CURRENT GOVERNORATE)? IF LESS THAN ONE YEAR, RECORD '00' YEARS.	<div style="display: flex; justify-content: space-between;"> <div>YEARS</div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> </div> <div style="display: flex; justify-content: space-between;"> <div>ALWAYS</div> <div>95</div> </div> <div style="display: flex; justify-content: space-between;"> <div>VISITOR</div> <div>96</div> </div>	→ 105
103	Just before you moved here, did you live in another governorate?	YES 1 NO 2	→ 105
104	Which governorate did you live in?	AMMAN 01 BALQA 02 ZARQA 03 MADABA 04 IRBID 05 MAFRAQ 06 JARASH 07 ALJOUR 08 KARAK 09 TAFIELA 10 MA'AN 11 AQABA 12 OUTSIDE JORDAN 96	
105	In what month and year were you born?	<div style="display: flex; justify-content: space-between;"> <div>MONTH</div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> </div> <div style="display: flex; justify-content: space-between;"> <div>DON'T KNOW MONTH</div> <div>98</div> </div> <div style="display: flex; justify-content: space-between;"> <div>YEAR</div> <div style="border: 1px solid black; width: 60px; height: 20px;"></div> </div> <div style="display: flex; justify-content: space-between;"> <div>DON'T KNOW YEAR</div> <div>9998</div> </div>	

SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
106	How old were you at your last birthday? COMPARE AND CORRECT 105 AND/OR 106 IF INCONSISTENT.	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/>	
107	Have you ever attended school?	YES 1 NO 2	→ 111
108	What is the highest level of school you attended: Old elementary, old preparatory, 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	
109	What is the highest GRADE you completed at that level? IF COMPLETED LESS THAN ONE YEAR AT THAT LEVEL, RECORD '00'.	GRADE <input type="text"/> <input type="text"/>	
110	CHECK 108: ELEMENTARY OR <input type="checkbox"/> BASIC ↓ HIGHER <input type="checkbox"/> →		→ 113
111	Now I would like you to read this sentence to me. SHOW CARD TO RESPONDENT. IF RESPONDENT CANNOT READ WHOLE SENTENCE, PROBE: Can you read any part of the sentence to me?	CANNOT READ AT ALL 1 ABLE TO READ ONLY PART OF THE SENTENCE 2 ABLE TO READ WHOLE SENTENCE 3 NO CARD WITH REQUIRED LANGUAGE 4 (SPECIFY LANGUAGE) BLIND/VISUALLY IMPAIRED 5	
112	CHECK 111: CODE '2', '3' OR '4' <input type="checkbox"/> CIRCLED ↓ CODE '1' OR '5' CIRCLED <input type="checkbox"/> →		→ 114
113	Do you read a newspaper or magazine at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEK 1 LESS THAN ONCE A WEEK 2 NOT AT ALL 3	
114	Do you listen to the radio at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEK 1 LESS THAN ONCE A WEEK 2 NOT AT ALL 3	
115	Do you watch television at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEK 1 LESS THAN ONCE A WEEK 2 NOT AT ALL 3	
116	Do you own a mobile or smart phone?	YES 1 NO 2	→ 118
117	Do you use your mobile phone for any financial transactions?	YES 1 NO 2	
118	Do you have an account in a bank or other financial institution that you yourself use?	YES 1 NO 2	→ 119
118A	Do you have a personal credit card?	YES 1 NO 2	

SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
119	Have you ever used the internet?	YES 1 NO 2	→ 123A
120	In the last 12 months, have you used the internet? IF NECESSARY, PROBE FOR USE FROM ANY LOCATION, WITH ANY DEVICE.	YES 1 NO 2	→ 123A
121	During the last one month, how often did you use the internet: almost every day, at least once a week, less than once a week, or not at all?	ALMOST EVERY DAY 1 AT LEAST ONCE A WEEK 2 LESS THAN ONCE A WEEK 3 NOT AT ALL 4	
123A	What is your nationality?	JORDANIAN 1 EGYPTIAN 2 SYRIAN 3 IRAQI 4 OTHER ARAB NATIONALITIES 5 NON ARAB NATIONALITIES 6	

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	a) How many sons live with you? b) And how many daughters live with you? IF NONE, RECORD '00'.	a) 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> b) 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	a) How many sons are alive but do not live with you? b) And how many daughters are alive but do not live with you? IF NONE, RECORD '00'.	a) 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> b) 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, who made any movement, sound, or effort to breathe, or who showed any other signs of life even if for a very short time?	YES 1 NO 2	→ 208								
207	a) How many boys have died? b) And how many girls have died? IF NONE, RECORD '00'.	a) 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> b) 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? <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> YES <input type="checkbox"/> ↓ </div> <div style="text-align: center;"> NO <input type="checkbox"/> PROBE AND CORRECT 201-208 AS NECESSARY. </div> </div>										
210	CHECK 208: <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> ONE OR MORE BIRTHS <input type="checkbox"/> ↓ </div> <div style="text-align: center;"> NO BIRTHS <input type="checkbox"/> </div> </div>		→ 226								

SECTION 2. REPRODUCTION

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 ROWS. IF THERE ARE MORE THAN 10 BIRTHS, USE AN ADDITIONAL QUESTIONNAIRE, STARTING WITH THE SECOND ROW.

212	213	214	215	216	217	218	219	220	221
What name was given to your (first/next) baby?	Is (NAME) a boy or a girl?	Were any of these births twins?	On what day, month, and year was (NAME) born?	Is (NAME) still alive?	How old was (NAME) at (NAME)'s last birthday?	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 '12 MONTHS' OR '1 YR', ASK: Did (NAME) have (his/her) first birthday? THEN ASK: Exactly how many months old was (NAME) when (he/she) died? 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?
RECORD NAME.					RECORD AGE IN COMPLETED YEARS.				
BIRTH HISTORY NUMBER.									
01	BOY 1 GIRL 2	SING 1 MULT 2	DAY <input type="text"/> MONTH <input type="text"/> YEAR <input type="text"/>	YES 1 NO 2 ↓ (SKIP TO	AGE IN YEARS <input type="text"/>	YES 1 NO 2	HOUSEHOLD LINE NUMBER <input type="text"/> (NEXT BIRTH)	DAYS 1 <input type="text"/> MONTHS 2 <input type="text"/> YEARS 3 <input type="text"/>	
02	BOY 1 GIRL 2	SING 1 MULT 2	DAY <input type="text"/> MONTH <input type="text"/> YEAR <input type="text"/>	YES 1 NO 2 ↓ (SKIP TO	AGE IN YEARS <input type="text"/>	YES 1 NO 2	HOUSEHOLD LINE NUMBER <input type="text"/> (SKIP TO 221)	DAYS 1 <input type="text"/> MONTHS 2 <input type="text"/> YEARS 3 <input type="text"/>	YES (ADD BIRTH) 1 NO (NEXT BIRTH) 2
03	BOY 1 GIRL 2	SING 1 MULT 2	DAY <input type="text"/> MONTH <input type="text"/> YEAR <input type="text"/>	YES 1 NO 2 ↓ (SKIP TO	AGE IN YEARS <input type="text"/>	YES 1 NO 2	HOUSEHOLD LINE NUMBER <input type="text"/> (SKIP TO 221)	DAYS 1 <input type="text"/> MONTHS 2 <input type="text"/> YEARS 3 <input type="text"/>	YES (ADD BIRTH) 1 NO (NEXT BIRTH) 2
04	BOY 1 GIRL 2	SING 1 MULT 2	DAY <input type="text"/> MONTH <input type="text"/> YEAR <input type="text"/>	YES 1 NO 2 ↓ (SKIP TO	AGE IN YEARS <input type="text"/>	YES 1 NO 2	HOUSEHOLD LINE NUMBER <input type="text"/> (SKIP TO 221)	DAYS 1 <input type="text"/> MONTHS 2 <input type="text"/> YEARS 3 <input type="text"/>	YES (ADD BIRTH) 1 NO (NEXT BIRTH) 2
05	BOY 1 GIRL 2	SING 1 MULT 2	DAY <input type="text"/> MONTH <input type="text"/> YEAR <input type="text"/>	YES 1 NO 2 ↓ (SKIP TO	AGE IN YEARS <input type="text"/>	YES 1 NO 2	HOUSEHOLD LINE NUMBER <input type="text"/> (SKIP TO 221)	DAYS 1 <input type="text"/> MONTHS 2 <input type="text"/> YEARS 3 <input type="text"/>	YES (ADD BIRTH) 1 NO (NEXT BIRTH) 2

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
222	Have you had any live births since the birth of (NAME OF LAST BIRTH)?	YES 1 (RECORD BIRTH(S) IN TABLE) ← NO 2	
223	COMPARE 208 WITH NUMBER OF BIRTHS IN BIRTH HISTORY <div style="display: flex; justify-content: space-around;"> <div> NUMBERS ARE SAME <input type="checkbox"/> ↓ </div> <div> NUMBERS ARE DIFFERENT <input type="checkbox"/> (PROBE AND RECONCILE) ← </div> </div>		
224	CHECK 215: ENTER THE NUMBER OF BIRTHS IN 2012-2018	NUMBER OF BIRTHS <input type="text"/> NONE 0	→ 226
225	C FOR EACH BIRTH IN 2012-2018, 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 COMPLETED MONTHS THE PREGNANCY LASTED AND RECORD 'P' IN EACH OF THE PRECEDING MONTHS ACCORDING TO THE DURATION OF PREGNANCY. (NOTE: THE NUMBER OF 'P's MUST BE ONE LESS THAN THE NUMBER OF MONTHS THAT THE PREGNANCY LASTED.)		
226	Are you pregnant now?	YES 1 NO 2 UNSURE 8	→ 230
227	How many months pregnant are you? RECORD NUMBER OF COMPLETED MONTHS. C ENTER 'P's IN THE CALENDAR, BEGINNING WITH THE MONTH OF INTERVIEW AND FOR THE TOTAL NUMBER OF COMPLETED MONTHS.	MONTHS <input type="text"/> <input type="text"/>	
228	When you got pregnant, did you want to get pregnant at that time?	YES 1 NO 2	→ 230
229	CHECK 208: TOTAL NUMBER OF BIRTHS ONE OR MORE <input type="checkbox"/> NONE <input type="checkbox"/> a) Did you want to have a baby later on or did you not want any more children? b) Did you want to have a baby later on or did you not want any children?	LATER 1 NO MORE/NONE 2	
230	Have you ever had a pregnancy that miscarried, was aborted, or ended in a stillbirth?	YES 1 NO 2	→ 239
231	When did the last such pregnancy end?	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES				SKIP
232	<p>CHECK 231:</p> <p>LAST PREGNANCY <input type="text"/></p> <p>LAST PREGNANCY ENDED IN 2011 <input type="text"/></p>					<p>→ 234</p> <p>→ 239</p>
LINE NO.	233 In what month and year did the preceding such pregnancy end?	234 How many months pregnant were you when that pregnancy ended?	234A Did this pregnancy end in a miscarriage, an induced abortion, or a stillbirth?	234B Did this (MISCARRIAGE/ABORTION/STILLBIRTH - FROM Q.234A) take place in a health facility, at home, in another house, or in another place?	235 Since January 2012, have you had any other pregnancies that did not result in a live birth?	
01		<input type="text"/> <input type="text"/> NUMBER OF MONTHS	MISCARRIAGE .. 1 INDUCED ABORTION .. 2 STILLBIRTH 3	HEALTH FACILITY 1 YOUR HOME/ OTHER HOME.. 2 OTHER PLACE.. 6	YES 1 NO 2	<p>→ NEXT LINE</p> <p>→ 236</p>
02	<input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> YEAR	<input type="text"/> <input type="text"/> NUMBER OF MONTHS	MISCARRIAGE .. 1 INDUCED ABORTION .. 2 STILLBIRTH 3	HEALTH FACILITY 1 YOUR HOME/ OTHER HOME.. 2 OTHER PLACE.. 6	YES 1 NO 2	<p>→ NEXT LINE</p> <p>→ 236</p>
03	<input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> YEAR	<input type="text"/> <input type="text"/> NUMBER OF MONTHS	MISCARRIAGE .. 1 INDUCED ABORTION .. 2 STILLBIRTH 3	HEALTH FACILITY 1 YOUR HOME/ OTHER HOME.. 2 OTHER PLACE.. 6	YES 1 NO 2	<p>→ NEXT LINE</p> <p>→ 236</p>
04	<input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> YEAR	<input type="text"/> <input type="text"/> NUMBER OF MONTHS	MISCARRIAGE .. 1 INDUCED ABORTION .. 2 STILLBIRTH 3	HEALTH FACILITY 1 YOUR HOME/ OTHER HOME.. 2 OTHER PLACE.. 6	YES 1 NO 2	<p>→ 236</p>
236	<p>C FOR EACH PREGNANCY THAT DID NOT END IN A LIVE BIRTH IN 2012-2018 OR LATER, ENTER 'T' IN THE CALENDAR IN THE MONTH THAT THE PREGNANCY TERMINATED AND 'P' FOR THE REMAINING NUMBER OF COMPLETED MONTHS OF PREGNANCY.</p> <p>IF THERE ARE MORE THAN FOUR PREGNANCIES THAT DID NOT END IN A LIVE BIRTH, USE AN ADDITIONAL QUESTIONNAIRE STARTING ON THE SECOND LINE.</p>					

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
237	Did you have any miscarriages, abortions or stillbirths that ended before 2012?	YES 1 NO 2	→ 239								
238	When did the last such pregnancy that terminated before 2012 end?	MONTH YEAR <table border="1"><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr></table>									
239	When did your last menstrual period start? _____ (DATE, IF GIVEN)	DAYS AGO 1 WEEKS AGO 2 MONTHS AGO 3 YEARS AGO 4 IN MENOPAUSE/ HAS HAD HYSTERECTOMY 994 BEFORE LAST BIRTH 995 NEVER MENSTRUATED 996	<table border="1"><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>								
240	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	→ 242								
241	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									
242	After the birth of a child, can a woman become pregnant before her menstrual period has returned?	YES 1 NO 2 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. Which ways or methods have you heard about?</p> <p>FOR METHODS NOT MENTIONED SPONTANEOUSLY, ASK: Have you ever heard of (METHOD)?</p> <p>CIRCLE CODE 1 IN 301 FOR EACH METHOD MENTIONED SPONTANEOUSLY. THEN PROCEED DOWN COLUMN 301, READING THE NAME AND DESCRIPTION OF EACH METHOD NOT MENTIONED SPONTANEOUSLY. CIRCLE CODE 1 IF METHOD IS RECOGNIZED, AND CODE 2 IF NOT RECOGNIZED.</p>	
01	<p>Female Sterilization. PROBE: Women can have an operation to avoid having any more children.</p>	<p>YES 1 NO 2</p>
02	<p>Male Sterilization. PROBE: Men can have an operation to avoid having any more children.</p>	<p>YES 1 NO 2</p>
03	<p>IUD. PROBE: Women can have a loop or coil placed inside them by a doctor or a nurse which can prevent pregnancy for one or more years.</p>	<p>YES 1 NO 2</p>
04	<p>Injectables. PROBE: Women can have an injection by a health provider that stops them from becoming pregnant for one or more months.</p>	<p>YES 1 NO 2</p>
05	<p>Implants. PROBE: Women can have one or more small rods placed in their upper arm by a doctor or nurse which can prevent pregnancy for one or more years.</p>	<p>YES 1 NO 2</p>
06	<p>Pill. PROBE: Women can take a pill every day to avoid becoming pregnant.</p>	<p>YES 1 NO 2</p>
07	<p>Condom. PROBE: Men can put a rubber sheath on their penis before sexual intercourse.</p>	<p>YES 1 NO 2</p>
08	<p>Female Condom. PROBE: Women can place a sheath in their vagina before sexual intercourse.</p>	<p>YES 1 NO 2</p>
09	<p>Emergency Contraception. PROBE: As an emergency measure, within three days after they have unprotected sexual intercourse, women can take special pills to prevent pregnancy.</p>	<p>YES 1 NO 2</p>
10	<p>Lactational Amenorrhea Method (LAM). PROBE: Up to six months after childbirth, before the menstrual period has returned, women use a method requiring frequent breastfeeding day and night.</p>	<p>YES 1 NO 2</p>
11	<p>Rhythm Method. PROBE: To avoid pregnancy, women do not have sexual intercourse on the days of the month they think they can get pregnant.</p>	<p>YES 1 NO 2</p>
12	<p>Withdrawal. PROBE: Men can be careful and pull out before climax.</p>	<p>YES 1 NO 2</p>
13	<p>Have you heard of any other ways or methods that women or men can use to avoid pregnancy?</p>	<p>YES, MODERN METHOD _____ A (SPECIFY) YES, TRADITIONAL METHOD _____ B (SPECIFY) NO Y</p>

SECTION 3. CONTRACEPTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
302	CHECK 226: <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> NOT PREGNANT <input type="checkbox"/> OR UNSURE ↓ </div> <div style="text-align: center;"> PREGNANT <input type="checkbox"/> </div> </div>		→ 312
303	Are you or your partner currently doing something or using any method to delay or avoid getting pregnant?	YES 1 NO 2	→ 312
304	Which method are you using? RECORD ALL MENTIONED. IF MORE THAN ONE METHOD MENTIONED, FOLLOW SKIP INSTRUCTION FOR HIGHEST METHOD IN LIST.	FEMALE STERILIZATION A MALE STERILIZATION B IUD C INJECTABLES D IMPLANTS E PILL F CONDOM G FEMALE CONDOM H EMERGENCY CONTRACEPTION I LACTATIONAL AMENORRHEA METHOD J RHYTHM METHOD K WITHDRAWAL L OTHER MODERN METHOD X OTHER TRADITIONAL METHOD Y	→ 307 → 309 → 305 → 309 → 309
304A	For which main reason you do not use a modern method of contraception?	FERTILITY-RELATED REASONS INFREQUENT SEX 11 DIFFICULTY TO GET PREGNANT 12 HUSBAND'S RELATED REASONS 13 OPPOSITION TO USE MODERN METHOD RESPONDENT OPPOSED 21 HUSBAND OPPOSED 22 OTHERS OPPOSED 23 RELIGIOUS PROHIBITION 24 RUMORS 25 LACK OF KNOWLEDGE KNOWS NO METHOD 31 KNOWS NO SOURCE 32 METHOD-RELATED REASONS HEALTH CONCERNS 41 FEAR OF SIDE EFFECTS 42 LACK OF ACCESS/TOO FAR 43 COSTS TOO MUCH 44 INCONVENIENT TO USE 45 INTERFERES WITH BODY'S NORMAL PROCESSES 46 OTHER 96 (SPECIFY) DON'T KNOW 98	→ 309
305	What is the brand name of the pills you are using? IF DON'T KNOW THE BRAND, ASK TO SEE THE PACKAGE.	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	→ 309

SECTION 3. CONTRACEPTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP						
307	<p>In what facility did the sterilization take place?</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 align="center">(NAME OF PLACE)</p>	<p>PUBLIC MEDICAL SECTOR</p> <p>GOVT. HOSPITAL 11</p> <p>UNIVERSITY HOSPITAL 12</p> <p>ROYAL MEDICAL SERVICES 13</p> <p>OTHER PUBLIC 16</p> <p align="center">_____ (SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC 21</p> <p>OTHER PRIVATE 26</p> <p align="center">_____ (SPECIFY)</p> <p>DON'T KNOW 98</p>							
308	<p>In what month and year was the sterilization performed?</p>	<p>MONTH <table border="1" style="display: inline-table; vertical-align: middle;"><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></table></p>							<div style="border-left: 1px solid black; padding-left: 5px;">→ 310</div>
309	<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></table></p> <p>YEAR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td><td></td></tr></table></p>							
310	<p>CHECK 308 AND 309, 215 AND 231: ANY BIRTH OR PREGNANCY TERMINATION AFTER MONTH AND YEAR OF START OF USE OF CONTRACEPTION IN 308 OR 309</p> <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="text-align: center;"> <p>NO</p> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> <div style="border-left: 1px solid black; height: 40px; margin: 0 auto;"></div> </div> <div style="text-align: center;"> <p>YES</p> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> <div style="border-left: 1px solid black; height: 40px; margin: 0 auto;"></div> </div> </div> <p align="center">GO BACK TO 308 OR 309, PROBE AND RECORD MONTH AND YEAR AT START OF CONTINUOUS USE OF CURRENT METHOD (MUST BE AFTER LAST BIRTH OR PREGNANCY TERMINATION).</p>								

SECTION 3. CONTRACEPTION

311	<p>CHECK 308 AND 309:</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p align="center">YEAR IS 2012-2018 <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 align="center">THEN CONTINUE ↓</p> </div> <div style="width: 45%; border-left: 1px dashed black; padding-left: 10px;"> <p align="center">YEAR IS 2012 OR EARLIER <input type="checkbox"/></p> <p>C ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN THE CALENDAR AND EACH MONTH BACK TO JANUARY 2012 .</p> <p align="center">THEN ↓ (SKIP TO 324) ←</p> </div> </div>			
312	<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>C USE CALENDAR TO PROBE FOR EARLIER PERIODS OF USE AND NONUSE, STARTING WITH MOST RECENT USE, BACK TO JANUARY 2012. USE NAMES OF CHILDREN, DATES OF BIRTH, AND PERIODS OF PREGNANCY AS REFERENCE POINTS.</p>			
		COLUMN 1	COLUMN 2	COLUMN 3
312A	MONTH AND YEAR OF START OF INTERVAL OF USE OR NON-USE.	<p>MONTH <input style="width: 40px;" type="text"/></p> <p><input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/></p> <p align="center">YEAR</p>	<p>MONTH <input style="width: 40px;" type="text"/></p> <p><input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/></p> <p align="center">YEAR</p>	<p>MONTH <input style="width: 40px;" type="text"/></p> <p><input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/></p> <p align="center">YEAR</p>
312B	Between (EVENT) in (MONTH/YEAR) and (EVENT) in (MONTH/YEAR), did you or your partner use any method of contraception?	<p>YES 1</p> <p>NO 2</p> <p align="center">(SKIP TO 312I) ←</p>	<p>YES 1</p> <p>NO 2</p> <p align="center">(SKIP TO 312I) ←</p>	<p>YES 1</p> <p>NO 2</p> <p align="center">(SKIP TO 312I) ←</p>
312C	Which method was that?	METHOD CODE .. <input style="width: 40px;" type="text"/>	METHOD CODE .. <input style="width: 40px;" type="text"/>	METHOD CODE .. <input style="width: 40px;" type="text"/>
312D	How many months after (EVENT) in (MONTH/YEAR) did you start to use (METHOD)? CIRCLE '95' IF RESPONDENT GIVES THE DATE OF STARTING TO USE THE METHOD.	<p>IMMEDIATELY 00</p> <p>MONTHS .. <input style="width: 40px;" type="text"/></p> <p align="center">(SKIP TO 312F) ←</p> <p>DATE GIVEN 95</p>	<p>IMMEDIATELY 00</p> <p>MONTHS .. <input style="width: 40px;" type="text"/></p> <p align="center">(SKIP TO 312F) ←</p> <p>DATE GIVEN 95</p>	<p>IMMEDIATELY 00</p> <p>MONTHS .. <input style="width: 40px;" type="text"/></p> <p align="center">(SKIP TO 312F) ←</p> <p>DATE GIVEN 95</p>
312E	RECORD MONTH AND YEAR RESPONDENT STARTED USING METHOD.	<p>MONTH <input style="width: 40px;" type="text"/></p> <p><input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/></p> <p align="center">YEAR</p>	<p>MONTH <input style="width: 40px;" type="text"/></p> <p><input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/></p> <p align="center">YEAR</p>	<p>MONTH <input style="width: 40px;" type="text"/></p> <p><input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/></p> <p align="center">YEAR</p>
312F	For how many months did you use (METHOD)? CIRCLE '95' IF RESPONDENT GIVES THE DATE OF TERMINATION OF USE.	<p>MONTHS .. <input style="width: 40px;" type="text"/></p> <p align="center">(SKIP TO 312H) ←</p> <p>DATE GIVEN 95</p>	<p>MONTHS .. <input style="width: 40px;" type="text"/></p> <p align="center">(SKIP TO 312H) ←</p> <p>DATE GIVEN 95</p>	<p>MONTHS .. <input style="width: 40px;" type="text"/></p> <p align="center">(SKIP TO 312H) ←</p> <p>DATE GIVEN 95</p>
312G	RECORD MONTH AND YEAR RESPONDENT STOPPED USING METHOD.	<p>MONTH <input style="width: 40px;" type="text"/></p> <p><input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/></p> <p align="center">YEAR</p>	<p>MONTH <input style="width: 40px;" type="text"/></p> <p><input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/></p> <p align="center">YEAR</p>	<p>MONTH <input style="width: 40px;" type="text"/></p> <p><input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/></p> <p align="center">YEAR</p>
312H	Why did you stop using (METHOD)?	REASON STOPPED <input style="width: 40px;" type="text"/>	REASON STOPPED <input style="width: 40px;" type="text"/>	REASON STOPPED <input style="width: 40px;" type="text"/>
312I		GO BACK TO 312A IN NEXT COLUMN; OR, IF NO MORE GAPS, GO TO 313.	GO BACK TO 312A IN NEXT COLUMN; OR, IF NO MORE GAPS, GO TO 313.	GO BACK TO 312A IN NEW QUESTIONNAIRE; OR, IF NO MORE GAPS, GO TO 313.

SECTION 3. CONTRACEPTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
313	CHECK THE CALENDAR FOR USE OF ANY CONTRACEPTIVE METHOD IN ANY MONTH NO METHOD USED <input type="checkbox"/> ANY METHOD USED <input type="checkbox"/>		→ 315
314	Have you ever used anything or tried in any way to delay or avoid getting pregnant?	YES 1 NO 2	→ 326
315	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 EMERGENCY CONTRACEPTION 09 LACTATIONAL AMENORRHEA METHOD 10 RHYTHM METHOD 11 WITHDRAWAL 12 OTHER MODERN METHOD 95 OTHER TRADITIONAL METHOD 96	→ 326 → 319 → 327 → 323
316	You first started using (CURRENT METHOD) in (DATE FROM 309). Where did you get it at that time? 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 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 INSTITUTE FOR FAMILY HEALTH (IFH) 25 INTERNATIONAL RESCUE COMMITTEE (IRC) 26 UNRWA CLINIC 27 UNHCR/OTHER NGO 28 OTHER PRIVATE 29 _____ (SPECIFY) OTHER SOURCE FRIEND/RELATIVE 31 OTHER 96 _____ (SPECIFY)	
317	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 EMERGENCY CONTRACEPTION 09 OTHER MODERN METHOD 95 OTHER TRADITIONAL METHOD 96	→ 323 → 322 → 323
318	At that time, were you told about side effects or problems you might have with the method?	YES 1 NO 2	→ 321 → 320
319	When you got sterilized, were you told about side effects or problems you might have with the method?	YES 1 NO 2	→ 321
320	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	→ 322
321	Were you told what to do if you experienced side effects or problems?	YES 1 NO 2	

SECTION 3. CONTRACEPTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
322	<p>CHECK 318 AND 319:</p> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>ANY <input type="checkbox"/></p> <p>'YES' ↓</p> <p>a) At that time, were you told about other methods of family planning that you could use?</p> </div> <div style="text-align: center;"> <p>OTHER <input type="checkbox"/></p> <p>↓</p> <p>b) When you obtained (CURRENT METHOD FROM 315) from (SOURCE OF METHOD FROM 307 OR 316), were you told about other methods of family planning that you could use?</p> </div> </div>	<p>YES 1</p> <p>NO 2</p>	→ 324
323	Were you ever told by a health or family planning worker about other methods of family planning that you could use?	<p>YES 1</p> <p>NO 2</p>	
324	<p>CHECK 304:</p> <p>CIRCLE METHOD CODE:</p> <p>IF MORE THAN ONE METHOD CODE CIRCLED IN 304, CIRCLE CODE FOR HIGHEST METHOD IN LIST.</p>	<p>FEMALE STERILIZATION 01</p> <p>MALE STERILIZATION 02</p> <p>IUD 03</p> <p>INJECTABLES 04</p> <p>IMPLANTS 05</p> <p>PILL 06</p> <p>CONDOM 07</p> <p>FEMALE CONDOM 08</p> <p>EMERGENCY CONTRACEPTION 09</p> <p>LACTATIONAL AMENORRHEA METHOD 10</p> <p>RHYTHM METHOD 11</p> <p>WITHDRAWAL 12</p> <p>OTHER MODERN METHOD 95</p> <p>OTHER TRADITIONAL METHOD 96</p>	<p>→ 327</p> <p>→ 327</p> <p>→ 327</p>
325	<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 align="center">(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/CLINI..... 14</p> <p>ROYAL MEDICAL SERVICES 15</p> <p>OTHER PUBLIC 16</p> <p align="center">_____ (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>INSTITUTE FOR FAMILY HEALTH (IFH) 25</p> <p>INTERNATIONAL RESCUE COMMITTEE (IRC) 26</p> <p>UNRWA CLINIC 27</p> <p>UNHCR/OTHER NGO 28</p> <p>OTHER PRIVATE 29</p> <p align="center">_____ (SPECIFY)</p> <p>OTHER SOURCE</p> <p>FRIEND/RELATIVE 31</p> <p>OTHER 96</p> <p align="center">_____ (SPECIFY)</p>	→ 327
326	Do you know of a place where you can obtain a method of family planning?	<p>YES 1</p> <p>NO 2</p>	→ 327

SECTION 3. CONTRACEPTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
326A	<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>_____</p> <p align="center">(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>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINI G</p> <p>PRIVATE DOCTOR H</p> <p>PHARMACY I</p> <p>JORDANIAN AS. OF FP AND PROTECTION (JAFPP) J</p> <p>INSTITUTE FOR FAMILY HEALTH (IFH) K</p> <p>INTERNATIONAL RESCUE COMMITTEE (IRC) L</p> <p>UNRWA CLINIC M</p> <p>UNHCR/OTHER NG N</p> <p>OTHER PRIVATE O</p> <p>OTHER SOURCE</p> <p>FRIEND/RELATIVE P</p> <p>OTHER X</p>	
327	In the last 12 months, were you visited by a fieldworker?	<p>YES 1</p> <p>NO 2</p>	→ 329
328	Did the fieldworker talk to you about family planning?	<p>YES 1</p> <p>NO 2</p>	
329	<p>CHECK 202: LIVING CHILDREN</p> <p>YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>a) In the last 12 months, have you visited a health facility for care for yourself or your children? b) In the last 12 months, have you visited a health facility for care for yourself?</p>	<p>YES 1</p> <p>NO 2</p>	→ 401
330	Did any staff member at the health facility speak to you about family planning methods?	<p>YES 1</p> <p>NO 2</p>	

SECTION 4. PREGNANCY AND POSTNATAL CARE

401	<p>CHECK 224:</p> <p align="center"> ONE OR MORE BIRTHS <input type="checkbox"/> IN 2012-2018 NO BIRTHS IN <input type="checkbox"/> 2012-2018 → 648 </p>		
402	<p>CHECK 215. RECORD THE BIRTH HISTORY NUMBER IN 403 AND THE NAME AND SURVIVAL STATUS IN 404 FOR EACH BIRTH IN 2012-2018. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. IF THERE ARE MORE THAN 2 BIRTHS, USE LAST COLUMN OF ADDITIONAL QUESTIONNAIRE(S).</p> <p>Now I would like to ask some questions about your children born in the last five years. (We will talk about each separately.)</p>		
403	BIRTH HISTORY NUMBER FROM 212 IN BIRTH HISTORY.	<p align="center">LAST BIRTH</p> <p>BIRTH HISTORY NUMBER <input type="text"/> <input type="text"/></p>	<p align="center">NEXT-TO-LAST BIRTH</p> <p>BIRTH HISTORY NUMBER <input type="text"/> <input type="text"/></p>
404	FROM 212 AND 216:	<p>NAME</p> <p>LIVING <input type="checkbox"/> DEAD <input type="checkbox"/></p>	<p>NAME</p> <p>LIVING <input type="checkbox"/> DEAD <input type="checkbox"/></p>
405	When you got pregnant with (NAME), did you want to get pregnant at that time?	<p>YES 1</p> <p align="center">(SKIP TO 408) ←</p> <p>NO 2</p>	<p>YES 1</p> <p align="center">(SKIP TO 426) ←</p> <p>NO 2</p>
406	<p>CHECK 208:</p> <p align="center"> ONLY ONE BIRTH <input type="checkbox"/> MORE THAN ONE BIRTH <input type="checkbox"/> </p> <p>a) Did you want to have a baby later on, or did you not want any children?</p> <p>b) Did you want to have a baby later on, or did you not want any more children?</p>	<p>LATER 1</p> <p>NO MORE/NONE 2</p> <p align="center">(SKIP TO 408) ←</p>	<p>LATER 1</p> <p>NO MORE/NONE 2</p> <p align="center">(SKIP TO 426) ←</p>
407	How much longer did you want to wait?	<p>MONTHS 1 <input type="text"/> <input type="text"/></p> <p>YEARS 2 <input type="text"/> <input type="text"/></p> <p>DON'T KNOW998</p>	<p>MONTHS 1 <input type="text"/> <input type="text"/></p> <p>YEARS 2 <input type="text"/> <input type="text"/></p> <p>DON'T KNOW998</p>
408	Did you see anyone for antenatal care for this pregnancy?	<p>YES 1</p> <p>NO 2</p> <p align="center">(SKIP TO 414) ←</p>	
409	<p>Whom did you see?</p> <p>Anyone else?</p> <p>PROBE TO IDENTIFY EACH TYPE OF PERSON AND RECORD ALL MENTIONED.</p>	<p>HEALTH PERSONNEL</p> <p>DOCTOR A</p> <p>NURSE/MIDWIFE B</p> <p>OTHER PERSON X</p> <p align="center">(SPECIFY)</p>	
410	<p>Where did you receive antenatal care for this pregnancy?</p> <p>Anywhere else?</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 align="center">(NAME OF PLACE)</p>	<p>HOME</p> <p>YOUR HOME A</p> <p>OTHER HOME B</p> <p>PUBLIC MED. SECTOR</p> <p>GOVT. HOSPITAL C</p> <p>GOVT. HEALTH CENTER .. D</p> <p>UNIVERSITY HOSPITAL .. E</p> <p>ROYAL MEDICAL SERVICES F</p> <p>OTHER PUBLIC G</p> <p align="center">(SPECIFY)</p> <p>PRIVATE MED. SECTOR</p> <p>PVT. HOSPITAL/CLINIC .. H</p> <p>UNRWA HEALTH CENTER .. I</p> <p>UNHCR/OTHER NGI J</p> <p>OTHER PRIVATE K</p> <p align="center">(SPECIFY)</p> <p>OTHER X</p> <p align="center">(SPECIFY)</p>	

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____															
411	How many months pregnant were you when you first received antenatal care for this pregnancy?	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: a) Was your blood pressure measured? b) Were you weighed? c) Did you give a urine sample? d) Did you give a blood sample?	<table border="0"> <tr> <td></td> <td align="center">YES</td> <td align="center">NO</td> </tr> <tr> <td>a) BP</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>b) WEIGHT</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>c) URINE</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>d) BLOOD</td> <td align="center">1</td> <td align="center">2</td> </tr> </table>			YES	NO	a) BP	1	2	b) WEIGHT	1	2	c) URINE	1	2	d) BLOOD	1	2
	YES	NO																
a) BP	1	2																
b) WEIGHT	1	2																
c) URINE	1	2																
d) BLOOD	1	2																
414	During this pregnancy, were you given an injection in the arm to prevent the baby from getting tetanus, that is, convulsions after birth?	YES 1 NO 2 (SKIP TO 417) ← DON'T KNOW 8																
415	During this pregnancy, how many times did you get a tetanus injection? IF 7 OR MORE TIMES, RECORD '7'.	TIMES <input type="text"/> DON'T KNOW 8																
416	CHECK 415:	2 OR MORE TIMES <input type="checkbox"/> OTHER <input type="checkbox"/> (SKIP TO 420) ←																
417	At any time before this pregnancy, did you receive any tetanus injections?	YES 1 NO 2 (SKIP TO 420) ← DON'T KNOW 8																
418	Before this pregnancy, how many times did you receive a tetanus injection? IF 7 OR MORE TIMES, RECORD '7'.	TIMES <input type="text"/> DON'T KNOW 8																
419	CHECK 418: <table border="0"> <tr> <td align="center">ONLY ONE <input type="checkbox"/></td> <td align="center">MORE THAN ONE <input type="checkbox"/></td> </tr> <tr> <td>a) How many years ago did you receive that tetanus injection?</td> <td>b) How many years ago did you receive the last tetanus injection prior to this pregnancy?</td> </tr> </table>	ONLY ONE <input type="checkbox"/>	MORE THAN ONE <input type="checkbox"/>	a) How many years ago did you receive that tetanus injection?	b) How many years ago did you receive the last tetanus injection prior to this pregnancy?	YEARS AGO <input type="text"/> <input type="text"/>												
ONLY ONE <input type="checkbox"/>	MORE THAN ONE <input type="checkbox"/>																	
a) How many years ago did you receive that tetanus injection?	b) How many years ago did you receive the last tetanus injection prior to this pregnancy?																	
420	During this pregnancy, were you given or did you buy any iron tablets or iron syrup? SHOW TABLETS/SYRUP.	YES 1 NO 2 (SKIP TO 426) ← DON'T KNOW 8																
421	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																

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
426	When (NAME) was born, was (NAME) 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
427	Was (NAME) weighed at birth?	YES 1 NO 2 (SKIP TO 429) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 429) ← DON'T KNOW 8
428	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"/> <input type="text"/> KG FROM RECALL 2 <input type="text"/> . <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"/> <input type="text"/> KG FROM RECALL 2 <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 99998
429	Who assisted with the delivery of (NAME)? Anyone else? PROBE FOR THE TYPE(S) OF PERSON(S) AND RECORD ALL MENTIONED. IF RESPONDENT SAYS NO ONE ASSISTED, PROBE TO DETERMINE WHETHER ANY ADULTS WERE PRESENT AT THE DELIVERY.	HEALTH PERSONNEL DOCTOR A NURSE/MIDWIFE B OTHER PERSON _____ X (SPECIFY) (SKIP TO 430) ← NO ONE ASSISTED Y	HEALTH PERSONNEL DOCTOR A NURSE/MIDWIFE B OTHER PERSON _____ X (SPECIFY) (SKIP TO 430) ← NO ONE ASSISTED Y
429A	How much did you pay the service provider for the delivery? IF 9994 JD OR MORE, RECORD 9994	COST IN JD .. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FREE 9995 DON'T KNOW 9998	COST IN JD .. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FREE 9995 DON'T KNOW 9998
430	Where did you give birth to (NAME)? 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)	HOME HER HOME 11 (SKIP TO 434) ← OTHER HOME 12 PUBLIC MED. SECTOR GOVT. HOSPITAL 21 GOVT. HEALTH CENTER .. 22 UNIVERSITY HOSPITAL .. 23 ROYAL MED. SERVICES .. 24 OTHER PUBLIC 26 (SPECIFY) PRIVATE MED. SECTOR PVT. HOSPITAL/CLINIC 31 OTHER PRIVATE 36 (SPECIFY) OTHER 96 (SPECIFY) (SKIP TO 434) ←	HOME HER HOME 11 (SKIP TO 434) ← OTHER HOME 12 PUBLIC MED. SECTOR GOVT. HOSPITAL 21 GOVT. HEALTH CENTER .. 22 UNIVERSITY HOSPITAL .. 23 ROYAL MED. SERVICES .. 24 OTHER PUBLIC 26 (SPECIFY) PRIVATE MED. SECTOR PVT. HOSPITAL/CLINIC 31 OTHER PRIVATE 36 (SPECIFY) OTHER 96 (SPECIFY) (SKIP TO 434) ←

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____												
431	How long after (NAME) was delivered did you stay there? IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS 1 <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> WEEKS 3 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DON'T KNOW998													
432	Was (NAME) delivered by caesarean, that is, did they cut your belly open to take the baby out?	YES 1 NO 2 (SKIP TO 434) ←	YES 1 NO 2 (SKIP TO 434) ←												
433	When was the decision made to have the caesarean section? Was it before or after your labor pains started?	BEFORE 1 AFTER 2	BEFORE 1 AFTER 2												
434	Immediately after the birth, was (NAME) put on your chest?	YES 1 NO 2 (SKIP TO 434B) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 459) ← DON'T KNOW 8												
434A	Was (NAME)'s bare skin touching your bare skin?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8												
434B	CHECK 430: PLACE OF DELIVERY	CODE 11, 12, OR 96 <table border="1"><tr><td></td></tr></table> CIRCLED OTHER <table border="1"><tr><td></td></tr></table> (SKIP TO 449) ←													
435	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 NO 2 (SKIP TO 438) ←													
436	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></table> DAYS 2 <table border="1"><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></table> DON'T KNOW998													
437	Who checked on your health at that time? PROBE FOR MOST QUALIFIED PERSON.	HEALTH PERSONNEL DOCTOR 1 NURSE/MIDWIFE 2 OTHER PERSON _____ 6 (SPECIFY)													
438	Now I would like to talk to you about checks on (NAME)'s health after delivery – for example, someone examining (NAME), checking the cord, or seeing if (NAME) is OK. Did anyone check on (NAME)'s health while you were still in the facility?	YES 1 NO 2 (SKIP TO 441) ← DON'T KNOW 8													
439	How long after delivery was (NAME)'s health first checked? 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></table> DAYS 2 <table border="1"><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></table> DON'T KNOW998													

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____						
440	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)							
441	Now I want to talk to you about what happened after you left the facility. Did anyone check on your health after you left the facility?	YES 1 NO 2 (SKIP TO 445) ←							
442	How long after delivery did that check take place? IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS 1 <table border="1" data-bbox="917 560 1042 616"><tr><td></td><td></td></tr></table> DAYS 2 <table border="1" data-bbox="917 616 1042 672"><tr><td></td><td></td></tr></table> WEEKS 3 <table border="1" data-bbox="917 672 1042 728"><tr><td></td><td></td></tr></table> DON'T KNOW 998							
443	Who checked on your health at that time? PROBE FOR MOST QUALIFIED PERSON.	HEALTH PERSONNEL DOCTOR 1 NURSE/MIDWIFE 2 OTHER PERSON 6 (SPECIFY)							
444	Where did the check 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)	HOME HER HOME 11 OTHER HOME 12 PUBLIC MED. SECTOR GOVT. HOSPITAL 21 GOVT. HEALTH CENTER .. 22 GOVT. MCH 23 UNIVERSITY HOSPITAL .. 23 ROYAL MED. SERVICES .. 24 OTHER PUBLIC 26 (SPECIFY) PRIVATE MED. SECTOR PVT. HOSPITAL/CLINIC 31 PRIVATE DOCTOR 32 UNRWA HEALTH CENTER .. 33 UNHCR.OTHER NGI..... 34 OTHER PRIVATE 36 (SPECIFY) OTHER 96 (SPECIFY)							
445	I would like to talk to you about checks on (NAME)'s health after you left (FACILITY IN 430). Did any health care provider check on (NAME)'s health in the two months after you left (FACILITY IN 430)?	YES 1 NO 2 (SKIP TO 457) ← DON'T KNOW 8							
446	How many hours, days or weeks after the birth of (NAME) did that check take place? IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS 1 <table border="1" data-bbox="917 1762 1042 1818"><tr><td></td><td></td></tr></table> DAYS 2 <table border="1" data-bbox="917 1818 1042 1874"><tr><td></td><td></td></tr></table> WEEKS 3 <table border="1" data-bbox="917 1874 1042 1930"><tr><td></td><td></td></tr></table> DON'T KNOW 998							

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____						
447	<p>Who checked on (NAME)'s health at that time?</p> <p>PROBE FOR MOST QUALIFIED PERSON.</p>	<p>HEALTH PERSONNEL DOCTOR 1 NURSE/MIDWIFE 2</p> <p>OTHER PERSON 6 (SPECIFY)</p>							
448	<p>Where did this check of (NAME) take place?</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>_____ (NAME OF PLACE)</p>	<p>HOME HER HOME 11 OTHER HOME 12</p> <p>PUBLIC MED. SECTOR GOVT. HOSPITAL 21 GOVT. HEALTH CENTER .. 22 GOVT. MCH 23 UNIVERSITY HOSPITAL .. 24 ROYAL MED. SERVICES .. 25 OTHER PUBLIC 26 (SPECIFY)</p> <p>PRIVATE MED. SECTOR PVT. HOSPITAL/CLINIC 31 PRIVATE DOCTOR 32 UNRWA HEALTH CENTER .. 33 UNHCR.OTHER NGO 34 OTHER PRIVATE 36 (SPECIFY)</p> <p>OTHER 96 (SPECIFY)</p> <p>(SKIP TO 457) ←</p>							
449	<p>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)?</p>	<p>YES 1 NO 2 (SKIP TO 453) ←</p>							
450	<p>How long after delivery did the first check take place?</p> <p>IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS.</p>	<p>HOURS 1</p> <p>DAYS 2</p> <p>WEEKS 3</p> <p>DON'T KNOW 998</p>	<table border="1"> <tr> <td></td><td></td> </tr> <tr> <td></td><td></td> </tr> <tr> <td></td><td></td> </tr> </table>						
451	<p>Who checked on your health at that time?</p> <p>PROBE FOR MOST QUALIFIED PERSON.</p>	<p>HEALTH PERSONNEL DOCTOR 1 NURSE/MIDWIFE 2</p> <p>OTHER PERSON 6 (SPECIFY)</p>							

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____									
452	<p>Where did this first check take place?</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 align="center">(NAME OF PLACE)</p>	<p>HOME</p> <p>HER HOME 11</p> <p>OTHER HOME 12</p> <p>PUBLIC MED. SECTOR</p> <p>GOVT. HOSPITAL 21</p> <p>GOVT. HEALTH CENTER .. 22</p> <p>GOVT. MCH 23</p> <p>UNIVERSITY HOSPITAL .. 24</p> <p>ROYAL MED. SERVICES .. 25</p> <p>OTHER PUBLIC 26</p> <p>_____</p> <p align="center">(SPECIFY)</p> <p>PRIVATE MED. SECTOR</p> <p>PVT. HOSPITAL/CLINIC 31</p> <p>PRIVATE DOCTOR 32</p> <p>UNRWA HEALTH CENTER .. 33</p> <p>UNHCR.OTHER NGO 34</p> <p>OTHER PRIVATE 36</p> <p>_____</p> <p align="center">(SPECIFY)</p> <p>OTHER _____ 96</p> <p align="center">(SPECIFY)</p>										
453	<p>I would like to talk to you about checks on (NAME)'s health after delivery – for example, someone examining (NAME), checking the cord, or seeing if (NAME) is OK. In the two months after (NAME) was born, did any health care provider or a traditional birth attendant check on (NAME)'s health?</p>	<p>YES 1</p> <p>NO 2</p> <p align="center">(SKIP TO 457) ←</p> <p>DON'T KNOW 8</p>										
454	<p>How many hours, days or weeks after the birth of (NAME) did the first check take place?</p> <p>IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS.</p>	<p>HOURS AFTER BIRTH 1</p> <p>DAYS AFTER BIRTH 2</p> <p>WEEKS AFTER BIRTH 3</p> <p>DON'T KNOW 998</p>	<table border="1"> <tr> <td></td><td></td><td></td> </tr> <tr> <td></td><td></td><td></td> </tr> <tr> <td></td><td></td><td></td> </tr> </table>									
455	<p>Who checked on (NAME)'s health at that time?</p> <p>PROBE FOR MOST QUALIFIED PERSON.</p>	<p>HEALTH PERSONNEL</p> <p>DOCTOR 1</p> <p>NURSE/MIDWIFE 2</p> <p>OTHER PERSON</p> <p>_____ 6</p> <p align="center">(SPECIFY)</p>										
456	<p>Where did this first check of (NAME) take place?</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 align="center">(NAME OF PLACE)</p>	<p>HOME</p> <p>HER HOME 11</p> <p>OTHER HOME 12</p> <p>PUBLIC MED. SECTOR</p> <p>GOVT. HOSPITAL 21</p> <p>GOVT. HEALTH CENTER .. 22</p> <p>GOVT. MCH 23</p> <p>UNIVERSITY HOSPITAL .. 24</p> <p>ROYAL MED. SERVICES .. 25</p> <p>OTHER PUBLIC 26</p> <p>_____</p> <p align="center">(SPECIFY)</p> <p>PRIVATE MED. SECTOR</p> <p>PVT. HOSPITAL/CLINIC 31</p> <p>PRIVATE DOCTOR 32</p> <p>UNRWA HEALTH CENTER .. 33</p> <p>UNHCR.OTHER NGO 34</p> <p>OTHER PRIVATE 36</p> <p>_____</p> <p align="center">(SPECIFY)</p> <p>OTHER _____ 96</p> <p align="center">(SPECIFY)</p>										

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	LAST BIRTH	NEXT-TO-LAST BIRTH
		NAME _____	NAME _____
457	During the first two days after (NAME)'s birth, did any health care provider do the following: a) Examine the cord? b) Measure (NAME)'s temperature? c) Counsel you on danger signs for newborns? d) Counsel you on breastfeeding? e) Observe (NAME) breastfeeding?	YES NO DK a) CORD 1 2 8 b) TEMP. 1 2 8 c) SIGNS 1 2 8 d) COUNSEL BREAST-FEED 1 2 8 e) OBSERVE BREAST-FEED 1 2 8	
458	Has your menstrual period returned since the birth of (NAME)?	YES 1 (SKIP TO 460) NO 2 (SKIP TO 461)	
459	Did your period return between the birth of (NAME) and your next pregnancy?	YES 1 NO 2 (SKIP TO 463)	
460	For how many months after the birth of (NAME) did you not have a period?	MONTHS DON'T KNOW 98	MONTHS DON'T KNOW 98
461	CHECK 226: IS RESPONDENT PREGNANT?	NOT PREGNANT <input type="checkbox"/> PREGNANT OR UNSURE <input type="checkbox"/> (SKIP TO 463)	
462	Have you had sexual intercourse since the birth of (NAME)?	YES 1 NO 2 (SKIP TO 464)	
463	For how many months after the birth of (NAME) did you not have sexual intercourse?	MONTHS DON'T KNOW 98	
464	Did you ever breastfeed (NAME)?	YES 1 NO 2	YES 1 NO 2
465	CHECK 404: IS CHILD LIVING?	LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (SKIP TO 470) (SKIP TO 471)	
466	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.	IMMEDIATELY000 HOURS 1 DAYS 2	
467	In the first three days after delivery, was (NAME) given anything to drink other than breast milk?	YES 1 NO 2 (SKIP TO 468)	
467A	What was (NAME) given to drink? Anything else? RECORD ALL LIQUIDS MENTIONED	MILK (OTHER THAN BREAST MILK) A PLAIN WATER B SUGAR OR GLUCOSE WATER C GRIPE WATER D SUGAR-SALT-WATER SOLUTION E FRUIT JUICE F INFANT FORMULA G TEA/INFUSIONS H HONEY I OTHER X (SPECIFY)	

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
468	CHECK 404: IS CHILD LIVING?	<div style="display: flex; justify-content: space-between;"> LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> </div> <div style="text-align: center;"> (SKIP TO 471) ← </div>	<div style="display: flex; justify-content: space-between;"> LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> </div> <div style="text-align: center;"> (SKIP TO 471) ← </div>
469	Are you still breastfeeding (NAME)?	YES 1 NO 2	
470	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
471		GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 501A.	GO BACK TO 405 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 501A.

SECTION 5A. CHILD IMMUNIZATION (LAST BIRTH)

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
501A	CHECK 215 IN THE BIRTH HISTORY: ANY MORE BIRTHS IN 2014-2018? ONE OR MORE BIRTHS IN 2014-2018 <input type="checkbox"/> NO BIRTHS IN 2014-2018 <input type="checkbox"/>		→ 601
502A	RECORD THE NAME AND BIRTH HISTORY NUMBER FROM 212 OF THE LAST CHILD BORN IN 2014-2018. NAME OF LAST BIRTH _____ BIRTH HISTORY NUMBER <input type="text"/> <input type="text"/>		
503A	CHECK 216 FOR CHILD: LIVING <input type="checkbox"/> DEAD <input type="checkbox"/>		→ 526A
504A	Do you have a card or other document where (NAME)'s vaccinations are written down?	YES, HAS ONLY A CARD 1 YES, HAS ONLY AN OTHER DOCUMENT 2 YES, HAS CARD AND OTHER DOCUMENT 3 NO, NO CARD AND NO OTHER DOCUMENT .. 4	→ 507A → 507A
505A	Did you ever have a vaccination card for (NAME)?	YES 1 NO 2	
506A	CHECK 504A: CODE '2' CIRCLED <input type="checkbox"/> CODE '4' CIRCLED <input type="checkbox"/>		→ 511A
507A	May I see the card or other document where (NAME)'s vaccinations are written down?	YES, ONLY CARD SEEN 1 YES, ONLY OTHER DOCUMENT SEEN 2 YES, CARD AND OTHER DOCUMENT SEEN .. 3 NO CARD AND NO OTHER DOCUMENT SEEN .. 4	→ 511A

SECTION 5A. CHILD IMMUNIZATION (LAST BIRTH)

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																																																															
	NAME OF NEXT-TO-LAST BIRTH _____ BIRTH HISTORY NUMBER <table border="1"><tr><td></td><td></td></tr></table>																																																																																	
508A	<p>COPY DATES FROM THE CARD OR DOCUMENT. WRITE '44' IN 'DAY' COLUMN IF CARD OR DOCUMENT SHOWS THAT A DOSE WAS GIVEN, BUT NO DATE IS RECORDED.</p> <table border="1"> <thead> <tr> <th></th><th>DAY</th><th>MONTH</th><th>YEAR</th></tr> </thead> <tbody> <tr><td>BCG</td><td></td><td></td><td></td></tr> <tr><td>ORAL POLIO VACCINE (OPV) 1</td><td></td><td></td><td></td></tr> <tr><td>ORAL POLIO VACCINE (OPV) 2</td><td></td><td></td><td></td></tr> <tr><td>ORAL POLIO VACCINE (OPV) 3</td><td></td><td></td><td></td></tr> <tr><td>PENTAVALENT 1 (DaPT1 / IPV1 / HIB1)</td><td></td><td></td><td></td></tr> <tr><td>PENTAVALENT 2 (DaPT2 / IPV2 / HIB2)</td><td></td><td></td><td></td></tr> <tr><td>PENTAVALENT 3 (DaPT3 / IPV3 / HIB3)</td><td></td><td></td><td></td></tr> <tr><td>Hep B 1</td><td></td><td></td><td></td></tr> <tr><td>Hep B 2</td><td></td><td></td><td></td></tr> <tr><td>Hep B 3</td><td></td><td></td><td></td></tr> <tr><td>ROTAVIRUS 1</td><td></td><td></td><td></td></tr> <tr><td>ROTAVIRUS 2</td><td></td><td></td><td></td></tr> <tr><td>ROTAVIRUS 3</td><td></td><td></td><td></td></tr> <tr><td>MEASLES</td><td></td><td></td><td></td></tr> <tr><td>MMR (Measles/ /Mumps/ Rubella) 1</td><td></td><td></td><td></td></tr> <tr><td>MMR (Measles/ /Mumps/ Rubella) 2</td><td></td><td></td><td></td></tr> <tr><td>DPT Booster 1</td><td></td><td></td><td></td></tr> <tr><td>ORAL POLIO VACCINE (OPV) Booster 1</td><td></td><td></td><td></td></tr> <tr><td>VITAMIN A (MOST RECENT)</td><td></td><td></td><td></td></tr> </tbody> </table>		DAY	MONTH	YEAR	BCG				ORAL POLIO VACCINE (OPV) 1				ORAL POLIO VACCINE (OPV) 2				ORAL POLIO VACCINE (OPV) 3				PENTAVALENT 1 (DaPT1 / IPV1 / HIB1)				PENTAVALENT 2 (DaPT2 / IPV2 / HIB2)				PENTAVALENT 3 (DaPT3 / IPV3 / HIB3)				Hep B 1				Hep B 2				Hep B 3				ROTAVIRUS 1				ROTAVIRUS 2				ROTAVIRUS 3				MEASLES				MMR (Measles/ /Mumps/ Rubella) 1				MMR (Measles/ /Mumps/ Rubella) 2				DPT Booster 1				ORAL POLIO VACCINE (OPV) Booster 1				VITAMIN A (MOST RECENT)				
	DAY	MONTH	YEAR																																																																															
BCG																																																																																		
ORAL POLIO VACCINE (OPV) 1																																																																																		
ORAL POLIO VACCINE (OPV) 2																																																																																		
ORAL POLIO VACCINE (OPV) 3																																																																																		
PENTAVALENT 1 (DaPT1 / IPV1 / HIB1)																																																																																		
PENTAVALENT 2 (DaPT2 / IPV2 / HIB2)																																																																																		
PENTAVALENT 3 (DaPT3 / IPV3 / HIB3)																																																																																		
Hep B 1																																																																																		
Hep B 2																																																																																		
Hep B 3																																																																																		
ROTAVIRUS 1																																																																																		
ROTAVIRUS 2																																																																																		
ROTAVIRUS 3																																																																																		
MEASLES																																																																																		
MMR (Measles/ /Mumps/ Rubella) 1																																																																																		
MMR (Measles/ /Mumps/ Rubella) 2																																																																																		
DPT Booster 1																																																																																		
ORAL POLIO VACCINE (OPV) Booster 1																																																																																		
VITAMIN A (MOST RECENT)																																																																																		
509A	CHECK 508A: 'BCG' TO 'OPV Booster 1' ALL RECORDED? <div style="display: flex; justify-content: space-between;"> NO <input type="checkbox"/> YES <input type="checkbox"/> → 526A </div>																																																																																	
510A	<p>In addition to what is recorded on this document, did (NAME) receive any other vaccinations, including vaccinations received in immunization campaigns?</p> <p>RECORD 'YES' ONLY IF THE RESPONDENT MENTIONS AT LEAST ONE OF THE VACCINATIONS IN 508A THAT ARE NOT RECORDED AS HAVING BEEN GIVEN.</p>	<p>YES 1 (PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 508A THEN WRITE '00' IN THE CORRESPONDING DAY COLUMN FOR ALL VACCINATIONS NOT GIVEN) (THEN SKIP TO 526A)</p> <p>NO 2 DON'T KNOW 8 (WRITE '00' IN THE CORRESPONDING DAY COLUMN FOR ALL VACCINATIONS NOT GIVEN) (THEN SKIP TO 526A)</p>																																																																																

SECTION 5A. CHILD IMMUNIZATION (LAST BIRTH)

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	NAME OF NEXT-TO-LAST BIRTH _____	BIRTH HISTORY NUMBER <input type="text"/> <input type="text"/>	
511A	Did (NAME) ever receive any vaccinations to prevent (NAME) from getting diseases, including vaccinations received in campaigns or immunization days or child health days?	YES 1 NO 2 DON'T KNOW 8	→ 526A
512A	Has (NAME) ever received 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	
514A	Has (NAME) ever received oral polio vaccine, that is, about two drops in the mouth to prevent polio?	YES 1 NO 2 DON'T KNOW 8	→ 517A
516A	How many times did (NAME) receive the oral polio vaccine?	NUMBER OF TIMES <input type="text"/>	
517A	Has (NAME) ever received a pentavalent vaccination, that is, an injection given in the thigh sometimes at the same time as polio drops?	YES 1 NO 2 DON'T KNOW 8	→ 518AA
518A	How many times did (NAME) receive the pentavalent vaccine?	NUMBER OF TIMES <input type="text"/>	
518AA	Has (NAME) ever received a Hepatitis B vaccination, that is, an injection in the thigh to prevent Hepatitis B, sometimes given at the same time as Pentavalent?	YES 1 NO 2 DON'T KNOW 8	→ 521A
518AB	How many times did (NAME) receive the Hepatitis B vaccine?	NUMBER OF TIMES <input type="text"/>	
521A	Has (NAME) ever received a rotavirus vaccination, that is, liquid in the mouth to prevent diarrhea, sometimes received at the same time as Pentavalent?	YES 1 NO 2 DON'T KNOW 8	→ 523A
522A	How many times did (NAME) receive the rotavirus vaccine?	NUMBER OF TIMES <input type="text"/>	
523A	Has (NAME) ever received a measles vaccination, that is, an injection in the arm to prevent measles?	YES 1 NO 2 DON'T KNOW 8	
523AA	Has (NAME) ever received a MMR vaccination, that is, an injection to prevent measles, mumps, and rubella usually given at the age of 12 months?	YES 1 NO 2 DON'T KNOW 8	→ 526A
523AB	How many times did (NAME) receive the MMR vaccine?	NUMBER OF TIMES <input type="text"/>	
526A	CONTINUE WITH 501B.		

SECTION 5B. CHILD IMMUNIZATION (NEXT-TO-LAST BIRTH)

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
501B	CHECK 215 IN THE BIRTH HISTORY: ANY MORE BIRTHS IN 2014-2018? <div> MORE BIRTHS IN 2014-2018 <input type="checkbox"/> NO MORE BIRTHS IN 2014-2018 <input type="checkbox"/> </div>		→ 601
502B	RECORD THE NAME AND BIRTH HISTORY NUMBER FROM 212 OF THE NEXT-TO-LAST CHILD BORN IN 2014-2018. NAME OF NEXT-TO-LAST BIRTH _____ BIRTH HISTORY NUMBER <input type="text"/> <input type="text"/>		
503B	CHECK 216 FOR CHILD: <div> LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> </div>		→ 526B
504B	Do you have a card or other document where (NAME)'s vaccinations are written down?	YES, HAS ONLY A CARD 1 YES, HAS ONLY AN OTHER DOCUMENT 2 YES, HAS CARD AND OTHER DOCUMENT 3 NO, NO CARD AND NO OTHER DOCUMENT .. 4	→ 507B → 507B
505B	Did you ever have a vaccination card for (NAME)?	YES 1 NO 2	
506B	CHECK 504B: <div> CODE '2' CIRCLED <input type="checkbox"/> CODE '4' CIRCLED <input type="checkbox"/> </div>		→ 511B
507B	May I see the card or other document where (NAME)'s vaccinations are written down?	YES, ONLY CARD SEEN 1 YES, ONLY OTHER DOCUMENT SEEN 2 YES, CARD AND OTHER DOCUMENT SEEN .. 3 NO CARD AND NO OTHER DOCUMENT SEEN .. 4	→ 511B

SECTION 5B. CHILD IMMUNIZATION (NEXT-TO-LAST BIRTH)

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																																																																
	NAME OF NEXT-TO-LAST BIRTH _____ BIRTH HISTORY NUMBER <div style="display: inline-block; width: 40px; height: 20px; border: 1px solid black; vertical-align: middle;"></div> <div style="display: inline-block; width: 40px; height: 20px; border: 1px solid black; vertical-align: middle;"></div>																																																																																		
508B	<p>COPY DATES FROM THE CARD OR DOCUMENT. WRITE '44' IN 'DAY' COLUMN IF CARD OR DOCUMENT SHOWS THAT A DOSE WAS GIVEN, BUT NO DATE IS RECORDED.</p> <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">DAY</th> <th style="text-align: center;">MONTH</th> <th style="text-align: center;">YEAR</th> </tr> </thead> <tbody> <tr><td>BCG</td><td></td><td></td><td></td></tr> <tr><td>ORAL POLIO VACCINE (OPV) 1</td><td></td><td></td><td></td></tr> <tr><td>ORAL POLIO VACCINE (OPV) 2</td><td></td><td></td><td></td></tr> <tr><td>ORAL POLIO VACCINE (OPV) 3</td><td></td><td></td><td></td></tr> <tr><td>PENTAVALENT 1 (DaPT1 / IPV1 / HIB1)</td><td></td><td></td><td></td></tr> <tr><td>PENTAVALENT 2 (DaPT2 / IPV2 / HIB2)</td><td></td><td></td><td></td></tr> <tr><td>PENTAVALENT 3 (DaPT3 / IPV3 / HIB3)</td><td></td><td></td><td></td></tr> <tr><td>Hep B 1</td><td></td><td></td><td></td></tr> <tr><td>Hep B 2</td><td></td><td></td><td></td></tr> <tr><td>Hep B 3</td><td></td><td></td><td></td></tr> <tr><td>ROTAVIRUS 1</td><td></td><td></td><td></td></tr> <tr><td>ROTAVIRUS 2</td><td></td><td></td><td></td></tr> <tr><td>ROTAVIRUS 3</td><td></td><td></td><td></td></tr> <tr><td>MEASLES</td><td></td><td></td><td></td></tr> <tr><td>MMR (Measles/ /Mumps/ Rubella) 1</td><td></td><td></td><td></td></tr> <tr><td>MMR (Measles/ /Mumps/ Rubella) 2</td><td></td><td></td><td></td></tr> <tr><td>DPT Booster 1</td><td></td><td></td><td></td></tr> <tr><td>ORAL POLIO VACCINE (OPV) Booster 1</td><td></td><td></td><td></td></tr> <tr><td>VITAMIN A (MOST RECENT)</td><td></td><td></td><td></td></tr> </tbody> </table>		DAY	MONTH	YEAR	BCG				ORAL POLIO VACCINE (OPV) 1				ORAL POLIO VACCINE (OPV) 2				ORAL POLIO VACCINE (OPV) 3				PENTAVALENT 1 (DaPT1 / IPV1 / HIB1)				PENTAVALENT 2 (DaPT2 / IPV2 / HIB2)				PENTAVALENT 3 (DaPT3 / IPV3 / HIB3)				Hep B 1				Hep B 2				Hep B 3				ROTAVIRUS 1				ROTAVIRUS 2				ROTAVIRUS 3				MEASLES				MMR (Measles/ /Mumps/ Rubella) 1				MMR (Measles/ /Mumps/ Rubella) 2				DPT Booster 1				ORAL POLIO VACCINE (OPV) Booster 1				VITAMIN A (MOST RECENT)					
	DAY	MONTH	YEAR																																																																																
BCG																																																																																			
ORAL POLIO VACCINE (OPV) 1																																																																																			
ORAL POLIO VACCINE (OPV) 2																																																																																			
ORAL POLIO VACCINE (OPV) 3																																																																																			
PENTAVALENT 1 (DaPT1 / IPV1 / HIB1)																																																																																			
PENTAVALENT 2 (DaPT2 / IPV2 / HIB2)																																																																																			
PENTAVALENT 3 (DaPT3 / IPV3 / HIB3)																																																																																			
Hep B 1																																																																																			
Hep B 2																																																																																			
Hep B 3																																																																																			
ROTAVIRUS 1																																																																																			
ROTAVIRUS 2																																																																																			
ROTAVIRUS 3																																																																																			
MEASLES																																																																																			
MMR (Measles/ /Mumps/ Rubella) 1																																																																																			
MMR (Measles/ /Mumps/ Rubella) 2																																																																																			
DPT Booster 1																																																																																			
ORAL POLIO VACCINE (OPV) Booster 1																																																																																			
VITAMIN A (MOST RECENT)																																																																																			
509B	<p>CHECK 508B: 'BCG' TO 'OPV Booster 1' ALL RECORDED?</p> <div style="display: flex; justify-content: space-around; align-items: center;"> <div>NO <input type="checkbox"/></div> <div>YES <input type="checkbox"/></div> </div>		→ 526B																																																																																
510B	<p>In addition to what is recorded on this document, did (NAME) receive any other vaccinations, including vaccinations received in immunization campaigns?</p> <p>RECORD 'YES' ONLY IF THE RESPONDENT MENTIONS AT LEAST ONE OF THE VACCINATIONS IN 508B THAT ARE NOT RECORDED AS HAVING BEEN GIVEN.</p>	<p>YES 1</p> <p>(PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 508B THEN WRITE '00' IN THE CORRESPONDING DAY COLUMN FOR ALL VACCINATIONS NOT GIVEN)</p> <p>(THEN SKIP TO 526B)</p> <p>NO 2</p> <p>DON'T KNOW 8</p> <p>(WRITE '00' IN THE CORRESPONDING DAY COLUMN FOR ALL VACCINATIONS NOT GIVEN)</p> <p>(THEN SKIP TO 526B)</p>																																																																																	

SECTION 5B. CHILD IMMUNIZATION (NEXT-TO-LAST BIRTH)

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	NAME OF NEXT-TO-LAST BIRTH _____	BIRTH HISTORY NUMBER <input type="text"/> <input type="text"/>	
511B	Did (NAME) ever receive any vaccinations to prevent (NAME) from getting diseases, including vaccinations received in immunization campaigns?	YES 1 NO 2 DON'T KNOW 8	<input type="checkbox"/> → 526B
512B	Has (NAME) ever received 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	
514B	Has (NAME) ever received oral polio vaccine, that is, about two drops in the mouth to prevent polio?	YES 1 NO 2 DON'T KNOW 8	<input type="checkbox"/> → 517B
516B	How many times did (NAME) receive the oral polio vaccine?	NUMBER OF TIMES <input type="text"/>	
517B	Has (NAME) ever received a pentavalent vaccination, that is, an injection given in the thigh sometimes at the same time as polio drops?	YES 1 NO 2 DON'T KNOW 8	<input type="checkbox"/> → 518BA
518B	How many times did (NAME) receive the pentavalent vaccine?	NUMBER OF TIMES <input type="text"/>	
518BA	Has (NAME) ever received a Hepatitis B vaccination, that is, an injection in the thigh to prevent Hepatitis B, sometimes given at the same time as Pentavalent?	YES 1 NO 2 DON'T KNOW 8	<input type="checkbox"/> → 521B
518BB	How many times did (NAME) receive the Hepatitis B vaccine?	NUMBER OF TIMES <input type="text"/>	
521B	Has (NAME) ever received a rotavirus vaccination, that is, liquid in the mouth to prevent diarrhea, sometimes received at the same time as Pentavalent?	YES 1 NO 2 DON'T KNOW 8	<input type="checkbox"/> → 523B
522B	How many times did (NAME) receive the rotavirus vaccine?	NUMBER OF TIMES <input type="text"/>	
523B	Has (NAME) ever received a measles vaccination, that is, an injection in the arm to prevent measles?	YES 1 NO 2 DON'T KNOW 8	
523BA	Has (NAME) ever received a MMR vaccination, that is, an injection to prevent measles, mumps, and rubella usually given at the age of 12 months?	YES 1 NO 2 DON'T KNOW 8	<input type="checkbox"/> → 526B
523BB	How many times did (NAME) receive the MMR vaccine?	NUMBER OF TIMES <input type="text"/>	
526B	<p>CHECK 215 IN BIRTH HISTORY: ANY MORE BIRTHS IN 2014-2018?</p> <p align="center"> MORE BIRTHS IN <input type="checkbox"/> NO MORE BIRTHS <input type="checkbox"/> 2014-2018 IN 2014-2018 </p> <p> (GO TO 502B IN AN ← ADDITIONAL QUESTIONNAIRE) </p>		→ 601

SECTION 6. CHILD HEALTH AND NUTRITION

601	CHECK 224: <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> ONE OR MORE BIRTHS IN 2012-2018 <input type="checkbox"/> </div> <div style="text-align: center;"> NO BIRTHS IN 2012-2018 <input type="checkbox"/> </div> </div> <div style="text-align: right; margin-top: -10px;">→ 648</div>		
602	CHECK 215: RECORD THE BIRTH HISTORY NUMBER IN 603 AND THE NAME AND SURVIVAL STATUS IN 604 FOR EACH BIRTH IN 2012-2018. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. IF THERE ARE MORE THAN 2 BIRTHS, USE LAST COLUMN OF ADDITIONAL QUESTIONNAIRE(S). Now I would like to ask some questions about your children born in the last five years. (We will talk about each separately.)		
603	BIRTH HISTORY NUMBER FROM 212 IN BIRTH HISTORY.	LAST BIRTH BIRTH HISTORY NUMBER <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/>	NEXT-TO-LAST BIRTH BIRTH HISTORY NUMBER <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/>
604	FROM 212 AND 216:	NAME _____ <div style="display: flex; justify-content: space-between;"> <div style="text-align: center;"> LIVING <input type="checkbox"/> ↓ </div> <div style="text-align: center;"> DEAD <input type="checkbox"/> (SKIP TO 646) ← </div> </div>	NAME _____ <div style="display: flex; justify-content: space-between;"> <div style="text-align: center;"> LIVING <input type="checkbox"/> ↓ </div> <div style="text-align: center;"> DEAD <input type="checkbox"/> (SKIP TO 646) ← </div> </div>
605	In the last six months, was (NAME) given a vitamin A dose like [this/any of these]? SHOW COMMON TYPES CAPSULES.	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
606	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
608	Has (NAME) had diarrhea in the last 2 weeks?	YES 1 NO 2 <div style="text-align: center;">(SKIP TO 618) ←</div> DON'T KNOW 8	YES 1 NO 2 <div style="text-align: center;">(SKIP TO 618) ←</div> DON'T KNOW 8
609	CHECK 469: CURRENTLY BREASTFEEDING? <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> YES <input type="checkbox"/> ↓ </div> <div style="width: 45%;"> NO/ NOT ASKED <input type="checkbox"/> ↓ </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%;"> a) Now I would like to know how much (NAME) was given to drink during the diarrhea including breastmilk. Was (NAME) given less than usual to drink, about the same amount, or more than usual to drink? IF LESS, PROBE: Was (NAME) given much less than usual to drink or somewhat less? </div> <div style="width: 45%;"> b) Now I would like to know how much (NAME) was given to drink during the diarrhea. Was (NAME) given less than usual to drink, about the same amount, or more than usual to drink? IF LESS, PROBE: Was (NAME) given much less than usual to drink or somewhat less? </div> </div>		
		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

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
610	<p>When (NAME) had diarrhea, was (NAME) given less than usual to eat, about the same amount, more than usual, or nothing to eat?</p> <p>IF LESS, PROBE: Was (NAME) given much less than usual to eat or somewhat less?</p>	<p>MUCH LESS 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE 4 STOPPED FOOD 5 NEVER GAVE FOOD 6 DON'T KNOW 8</p>	<p>MUCH LESS 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE 4 STOPPED FOOD 5 NEVER GAVE FOOD 6 DON'T KNOW 8</p>
611	<p>Did you seek advice or treatment for the diarrhea from any source?</p>	<p>YES 1 NO 2 (SKIP TO 615) ←</p>	<p>YES 1 NO 2 (SKIP TO 615) ←</p>
612	<p>Where did you seek advice or treatment?</p> <p>Anywhere else?</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(S).</p> <p>_____</p> <p align="center">(NAME OF PLACE(S))</p>	<p>PUBLIC MED. SECTOR GOVT. HOSPITAL A GOVT. HEALTH CENTER .. B GOVT. MCH C UNIVERSITY HOSPITAL .. D ROYAL MED. SERVICES .. E OTHER PUBLIC _____ F (SPECIFY)</p> <p>PRIVATE MED. SECTOR PVT. HOSPITAL/CLINIC G PRIVATE DOCTOR H PHARMACY I UNRWA HEALTH CENTER.. J UNHCR/OTHER NG K OTHER PRIVATE _____ L (SPECIFY)</p> <p>OTHER _____ X (SPECIFY)</p>	<p>PUBLIC MED. SECTOR GOVT. HOSPITAL A GOVT. HEALTH CENTER .. B GOVT. MCH C UNIVERSITY HOSPITAL .. D ROYAL MED. SERVICES .. E OTHER PUBLIC _____ F (SPECIFY)</p> <p>PRIVATE MED. SECTOR PVT. HOSPITAL/CLINIC G PRIVATE DOCTOR H PHARMACY I UNRWA HEALTH CENTER.. J UNHCR/OTHER NG K OTHER PRIVATE _____ L (SPECIFY)</p> <p>OTHER _____ X (SPECIFY)</p>
613	<p>CHECK 612:</p>	<p>TWO OR MORE CODES CIRCLED ↓ (SKIP TO 615) ←</p> <p>ONLY ONE CODE CIRCLED ↓</p>	<p>TWO OR MORE CODES CIRCLED ↓ (SKIP TO 615) ←</p> <p>ONLY ONE CODE CIRCLED ↓</p>
614	<p>Where did you first seek advice or treatment?</p> <p>USE LETTER CODE FROM 612.</p>	<p>FIRST PLACE <input type="checkbox"/></p>	<p>FIRST PLACE <input type="checkbox"/></p>

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
615	<p>Was (NAME) given any of the following at any time since (NAME) started having the diarrhea:</p> <p>a) A fluid made from a special packet called Aquacell or Paralait?</p> <p>b) A homemade sugar-salt-water solution?</p>	<p align="center">YES NO DK</p> <p>a) AQUACELL PARALAIT 1 2 8</p> <p>b) HOMEMADE FLUID 1 2 8</p>	<p align="center">YES NO DK</p> <p>a) AQUACELL PARALAIT 1 2 8</p> <p>b) HOMEMADE FLUID 1 2 8</p>
616	<p>CHECK 615:</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>ANY 'YES' <input type="checkbox"/></p> <p>a) Was anything else given to treat the diarrhea?</p> </div> <div style="width: 45%;"> <p>ALL 'NO' OR 'DK' <input type="checkbox"/></p> <p>b) Was anything given to treat the diarrhea?</p> </div> </div>	<p>YES 1</p> <p>NO 2</p> <p align="center">(SKIP TO 618) ←</p> <p>DON'T KNOW 8</p>	<p>YES 1</p> <p>NO 2</p> <p align="center">(SKIP TO 618) ←</p> <p>DON'T KNOW 8</p>
617	<p>CHECK 615:</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>ANY 'YES' <input type="checkbox"/></p> <p>a) What else was given to treat the diarrhea?</p> <p>Anything else?</p> </div> <div style="width: 45%;"> <p>ALL 'NO' OR 'DK' <input type="checkbox"/></p> <p>b) What was given to treat the diarrhea?</p> <p>Anything else?</p> </div> </div> <p>RECORD ALL TREATMENTS GIVEN.</p>	<p>PILL OR SYRUP</p> <p>ANTIBIOTIC A</p> <p>ANTIMOTILITY B</p> <p>OTHER (NOT ANTIBIOTIC OR ANTIMOTILITY) C</p> <p>UNKNOWN PILL OR SYRUP D</p> <p>INJECTION</p> <p>ANTIBIOTIC E</p> <p>NON-ANTIBIOTIC F</p> <p>UNKNOWN INJECTION G</p> <p>(IV) INTRAVENOUS H</p> <p>HOME REMEDY/ HERBAL MEDICINE I</p> <p>OTHER X</p> <p align="center">(SPECIFY)</p>	<p>PILL OR SYRUP</p> <p>ANTIBIOTIC A</p> <p>ANTIMOTILITY B</p> <p>OTHER (NOT ANTIBIOTIC OR ANTIMOTILITY) C</p> <p>UNKNOWN PILL OR SYRUP D</p> <p>INJECTION</p> <p>ANTIBIOTIC E</p> <p>NON-ANTIBIOTIC F</p> <p>UNKNOWN INJECTION G</p> <p>(IV) INTRAVENOUS H</p> <p>HOME REMEDY/ HERBAL MEDICINE I</p> <p>OTHER X</p> <p align="center">(SPECIFY)</p>
618	<p>Has (NAME) been ill with a fever at any time in the last 2 weeks?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>
620	<p>Has (NAME) had an illness with a cough at any time in the last 2 weeks?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>
621	<p>Has (NAME) had fast, short, rapid breaths or difficulty breathing at any time in the last 2 weeks?</p>	<p>YES 1</p> <p>NO 2</p> <p align="center">(SKIP TO 623) ←</p> <p>DON'T KNOW 8</p>	<p>YES 1</p> <p>NO 2</p> <p align="center">(SKIP TO 623) ←</p> <p>DON'T KNOW 8</p>

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
622	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 624) ←	CHEST ONLY 1 NOSE ONLY 2 BOTH 3 OTHER 6 (SPECIFY) DON'T KNOW 8 (SKIP TO 624) ←
623	CHECK 618: HAD FEVER?	YES NO OR DK <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> (SKIP TO 646) ←	YES NO OR DK <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> (SKIP TO 646) ←
624	Did you seek advice or treatment for the illness from any source?	YES 1 NO 2 (SKIP TO 629) ←	YES 1 NO 2 (SKIP TO 629) ←
625	Where did you seek advice or treatment? Anywhere else? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE(S). _____ (NAME OF PLACE(S))	PUBLIC MED. SECTOR GOVT. HOSPITAL A GOVT. HEALTH CENTER .. B GOVT. MCH C UNIVERSITY HOSPITAL .. D ROYAL MED. SERVICES .. E OTHER PUBLIC F _____ (SPECIFY) PRIVATE MED. SECTOR PVT. HOSPITAL/CLINIC.... G PRIVATE DOCTOR H PHARMACY I UNRWA HEALTH CENTER.. J UNHCR/OTHER NGO K OTHER PRIVATE L _____ (SPECIFY) OTHER X _____ (SPECIFY)	PUBLIC MED. SECTOR GOVT. HOSPITAL A GOVT. HEALTH CENTER .. B GOVT. MCH C UNIVERSITY HOSPITAL .. D ROYAL MED. SERVICES .. E OTHER PUBLIC F _____ (SPECIFY) PRIVATE MED. SECTOR PVT. HOSPITAL/CLINIC.... G PRIVATE DOCTOR H PHARMACY I UNRWA HEALTH CENTER.. J UNHCR/OTHER NGO K OTHER PRIVATE L _____ (SPECIFY) OTHER X _____ (SPECIFY)
626	CHECK 625:	TWO OR MORE ONLY ONE CODES CODE CIRCLED CIRCLED <input type="checkbox"/> <input type="checkbox"/> (SKIP TO 628) ←	TWO OR MORE ONLY ONE CODES CODE CIRCLED CIRCLED <input type="checkbox"/> <input type="checkbox"/> (SKIP TO 628) ←

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	LAST BIRTH	NEXT-TO-LAST BIRTH
		NAME _____	NAME _____
627	Where did you first seek advice or treatment? USE LETTER CODE FROM 625.	FIRST PLACE <input type="text"/>	FIRST PLACE <input type="text"/>
628	How many days after the illness 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"/>
629	At any time during the illness, did (NAME) take any drugs for the illness?	YES 1 NO 2 (SKIP TO 646) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 646) ← DON'T KNOW 8
630	What drugs did (NAME) take? Any other drugs? RECORD ALL MENTIONED.	ANTIBIOTIC DRUGS PILL/SYRUP A INJECTION/IV B OTHER DRUGS ACETAMINOPHEN C IBUPROFEN D IBUGESIC E ADOL F REVANINE G HOME REMEDY/ HERBAL MEDECINE H OTHER X (SPECIFY) DON'T KNOW Z	ANTIBIOTIC DRUGS PILL/SYRUP A INJECTION/IV B OTHER DRUGS ACETAMINOPHEN C IBUPROFEN D IBUGESIC E ADOL F REVANINE G HOME REMEDY/ HERBAL MEDECINE H OTHER X (SPECIFY) DON'T KNOW Z
646		GO BACK TO 604 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 647.	GO TO 604 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 647.

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
647	<p>CHECK 615(a) AND 615(b), ALL COLUMNS:</p> <div style="display: flex; justify-content: space-around; align-items: flex-start;"> <div style="text-align: center;"> <p>NO CHILD RECEIVED AQUACELL OR PARALAIT</p> <input type="checkbox"/> <p>↓</p> </div> <div style="text-align: center;"> <p>ANY CHILD RECEIVED AQUACELL OR PARALAIT</p> <input type="checkbox"/> <p>→ 649</p> </div> </div>		
648	<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>	
649	<p>CHECK 215 AND 218, ALL ROWS: NUMBER OF CHILDREN BORN IN 2015-2018 LIVING WITH THE RESPONDENT</p> <div style="display: flex; justify-content: space-around; align-items: flex-start;"> <div style="text-align: center;"> <p>ONE OR MORE</p> <input type="checkbox"/> <p>↓</p> <p>_____ (NAME OF YOUNGEST CHILD LIVING WITH HER) ↓</p> </div> <div style="text-align: center;"> <p>NONE</p> <input type="checkbox"/> <p>→ 700</p> </div> </div>		

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES			SKIP
650	<p>Now I would like to ask you about liquids or foods that (NAME FROM 649) 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. Did (NAME FROM 649) drink or eat:</p>	YES	NO	DK	
	a) Plain water?	a) 1	2	8	
	b) Juice or juice drinks?	b) 1	2	8	
	c) Clear broth?	c) 1	2	8	
	d) Milk such as tinned, powdered, or fresh animal milk? IF YES: How many times did (NAME) drink milk? IF 7 OR MORE TIMES, RECORD '7'.	d) 1	2	8	
		NUMBER OF TIMES DRANK	<input type="text"/>		
	e) Infant formula? IF YES: How many times did (NAME) drink infant formula? IF 7 OR MORE TIMES, RECORD '7'.	e) 1	2	8	
		NUMBER OF TIMES DRANK	<input type="text"/>		
	f) Any other liquids?	f) 1	2	8	
	g) Yogurt? IF YES: How many times did (NAME) eat yogurt? IF 7 OR MORE TIMES, RECORD '7'.	g) 1	2	8	
		NUMBER OF TIMES ATE	<input type="text"/>		
	h) Any commercially fortified baby food, e.g., Cerelac?	h) 1	2	8	
	i) Bread, pasta, rice, maize, or any other food made from grains?	i) 1	2	8	
	j) Carrots, red sweet potatoes, or pumpkin?	j) 1	2	8	
	k) Any other food made from roots or tubers, such as white potatoes, or other roots/tubers?	k) 1	2	8	
	l) Any green leafy vegetables, such as spinach, or mouloukia?	l) 1	2	8	
	m) Apricot, palm nuts, or yellow melon?	m) 1	2	8	
	n) Any other fruits or vegetables?	n) 1	2	8	
	o) Liver, kidney, heart, or other organ meats?	o) 1	2	8	
	p) Any meat, such as beef, lamb, goat, chicken, or duck?	p) 1	2	8	
	q) Eggs?	q) 1	2	8	
	r) Fresh or dried fish or shellfish?	r) 1	2	8	
	s) Any foods made from beans, peas, lentils, chickpeas or nuts?	s) 1	2	8	
	t) Cheese or other food made from milk?	t) 1	2	8	
	u) Any type of nuts or seeds, such as pistachio, almonds, cashew, peanuts, or sesame seeds?	u) 1	2	8	
	v) Any other solid, semi-solid, or soft food?	v) 1	2	8	
651	<p>CHECK 650 (CATEGORIES 'g' THROUGH 'v'):</p> <p>NOT A SINGLE 'YES' <input type="checkbox"/> AT LEAST ONE 'YES' <input type="checkbox"/></p>				653

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
652	<p>Did (NAME FROM 649) 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</p> <p>(GO BACK TO 650 TO RECORD FOOD EATEN YESTERDAY) ←</p> <p>(THEN CONTINUE TO 653) ←</p> <p>NO 2 → 700</p>	
653	<p>How many times did (NAME FROM 649) 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 7. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
700	CHECK 101A: <div style="display: flex; justify-content: space-around; align-items: center;"> <div>CURRENTLY MARRIED <input type="checkbox"/></div> <div>WIDOWED/ SEPARATED/ DIVORCED <input type="checkbox"/></div> </div>	<div style="text-align: right;">→ 709</div>	
704	Is your husband living with you now or is he staying elsewhere?	LIVING WITH HER 1 STAYING ELSEWHERE 2	
705	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"/>	
706	Does your husband have another wife (other wives) besides you?	YES 1 NO 2 DON'T KNOW 8	<div style="text-align: right;">→ 709</div>
707	Including yourself, in total, how many wives does he have?	TOTAL NUMBER OF WIVES <input type="text"/> DON'T KNOW 8	
709	Have you been married only once or more than once?	ONLY ONCE 1 MORE THAN ONCE 2	
710	CHECK 709: <div style="display: flex; justify-content: space-around; align-items: center;"> <div>MARRIED ONLY ONCE <input type="checkbox"/></div> <div>MARRIED MAN MORE THAN ONCE <input type="checkbox"/></div> </div> a) In what month and year did you start living with your husband? b) Now I would like to ask about your first husband. In what month and year did you start living with him?	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	<div style="text-align: right;">→ 711A</div>
711	How old were you when you first started living with him?	AGE <input type="text"/> <input type="text"/>	
711A	Before you got married, was your (first) husband related to you in any way?	YES 1 NO 2	<div style="text-align: right;">→ 711C</div>
711B	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	
711C	CHECK 709: <div style="display: flex; justify-content: space-around; align-items: center;"> <div>MARRIED ONLY ONCE</div> <div>MARRIED MORE THAN ONCE</div> </div> a) Did your husband have a premarital medical exam? b) Now I would like to ask about your last marriage. Did your husband have a premarital medical exam?	YES 1 NO 2 DON'T KNOW 8	

SECTION 7. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES		SKIP								
711D	Did you have a premarital medical exam?	YES 1 NO 2		→ 714								
711E	Where did you go for the premarital medical exam?	PUBLIC MEDICAL SECTOR GOVT. HOSPITAL 11 GOVT. HEALTH CENTER 12 GOVT. MCH 13 UNIVERSITY HOSPITAL 14 ROYAL MEDICAL SERVICES 15 OTHER PUBLIC 16 (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC 21 PRIVATE DOCTOR 22 JORDANIAN AS. OF FP AND PROTECTION (JAFPP) UNRWA HEALTH CENTER 24 UNHCR/OTHER NON GOV. ORG..... 25 OTHER PRIVATE MEDICAL 26 (SPECIFY) OTHER 96 (SPECIFY)										
714	I would like to ask you about your recent sexual activity. When was the last time you had sexual intercourse? IF LESS THAN 12 MONTHS, ANSWER MUST BE RECORDED IN DAYS, WEEKS OR MONTHS. IF 12 MONTHS (ONE YEAR) OR MORE, ANSWER MUST BE RECORDED IN YEARS.	DAYS AGO 1 WEEKS AGO 2 MONTHS AGO 3 YEARS AGO 4	<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>									→ 714B
714A	The last time you had sexual intercourse, was a condom used?	YES 1 NO 2										
714B	Do you know of a place where a person can get condoms?	YES 1 NO 2		→ 800								
714C	Where is that? Any other place?	PUBLIC MEDICAL SECTOR GOVT. HOSPITAL A GOVT. HEALTH CENTER B GOVT. MCH C UNIVERSITY HOSPITA D ROYAL MEDICAL SERVICES E OTHER PUBLIC F (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC G PRIVATE DOCTOR H PHARMACY I JORDANIAN AS. OF FP AND PROTECTION (JAFPP) J UNRWA HEALTH CENTER K UNHCR/OTHER NON GOV. ORG..... L OTHER PRIVATE MEDICAL M (SPECIFY) OTHER SOURCE FRIEND/RELATIVE N OTHER X (SPECIFY)										

SECTION 8. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
800	CHECK 101A: CURRENTLY MARRIED <input type="checkbox"/>	WIDOWED/ SEPARATED/ DIVORCED <input type="checkbox"/>	→ 813
801	CHECK 304: NEITHER STERILIZED <input type="checkbox"/>	HE OR SHE STERILIZED <input type="checkbox"/>	→ 813
802	CHECK 226: PREGNANT <input type="checkbox"/>	NOT PREGNANT OR UNSURE <input type="checkbox"/>	→ 804
803	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	→ 805 → 812
804	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	→ 807 → 813 → 811
805	CHECK 226: NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/> a) How long would you like to wait from now before the birth of (a/another) child? b) 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	→ 811 → 813 → 811
806	CHECK 226: NOT PREGNANT OR UNSURE <input type="checkbox"/>	PREGNANT <input type="checkbox"/>	→ 812
807	CHECK 303: USING A CONTRACEPTIVE METHOD? NOT CURRENTLY USING <input type="checkbox"/>	CURRENTLY USING <input type="checkbox"/>	→ 813
808	CHECK 805: '24' OR MORE MONTHS OR '02' OR MORE YEARS <input type="checkbox"/> NOT ASKED <input type="checkbox"/> '00-23' MONTHS OR '00-01' YEAR <input type="checkbox"/>		→ 812
809	CHECK 714: DAYS, WEEKS OR MONTHS AGO <input type="checkbox"/>	YEARS AGO <input type="checkbox"/> NOT ASKED <input type="checkbox"/>	→ 811 → 811

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
810	<p>CHECK 804:</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>WANTS TO HAVE A/ANOTHER CHILD <input type="checkbox"/></p> <p>a) You have said that you do not want (a/another) child soon. Can you tell me why you are not using a method to prevent pregnancy?</p> <p>Any other reason? _____</p> </div> <div style="width: 45%; border-left: 1px dashed black; padding-left: 10px;"> <p>WANTS NO MORE/NONE <input type="checkbox"/></p> <p>b) You have said that you do not want any (more) children. Can you tell me why you are not using a method to prevent pregnancy?</p> <p>Any other reason? _____</p> </div> </div> <p>RECORD ALL REASONS MENTIONED.</p>	<p>FERTILITY-RELATED REASONS</p> <ul style="list-style-type: none"> NOT HAVING SEX B INFREQUENT SEX C MENOPAUSAL/HYSTERECTOMY D CAN'T GET PREGNANT E NOT MENSTRUATED SINCE LAST BIRTH F BREASTFEEDING G UP TO GOD/FATALISTIC H <p>OPPOSITION TO USE</p> <ul style="list-style-type: none"> RESPONDENT OPPOSED I HUSBAND/PARTNER OPPOSED J OTHERS OPPOSED K RELIGIOUS PROHIBITION L <p>LACK OF KNOWLEDGE</p> <ul style="list-style-type: none"> KNOWS NO METHOD M KNOWS NO SOURCE N <p>METHOD-RELATED REASONS</p> <ul style="list-style-type: none"> SIDE EFFECTS/HEALTH CONCERNS O LACK OF ACCESS/TOO FAR P COSTS TOO MUCH Q PREFERRED METHOD NOT AVAILABLE R NO METHOD AVAILABLE S INCONVENIENT TO USE T INTERFERES WITH BODY'S NORMAL PROCESSES U OTHER _____ X (SPECIFY) DON'T KNOW Z 	
811	<p>CHECK 303: USING A CONTRACEPTIVE METHOD?</p> <div style="display: flex; justify-content: space-around;"> <div>NOT ASKED <input type="checkbox"/></div> <div>NO, NOT CURRENTLY USING <input type="checkbox"/></div> </div> <p style="text-align: right;">YES, <input type="checkbox"/> CURRENTLY USING → 813</p>		
812	Do you think you will use a contraceptive method to delay or avoid pregnancy at any time in the future?	YES 1 NO 2 DON'T KNOW 8	→ 812B → 813
812A	Which contraceptive method would you prefer to use?	FEMALE STERILIZATION 01 MALE STERILIZATION 02 IUD 03 INJECTABLES 04 IMPLANTS 05 PILL 06 CONDOM 07 FEMALE CONDOM 08 EMERGENCY CONTRACEPTION 09 LACTATIONAL AMENORRHEA METHOD 10 RHYTHM METHOD 11 WITHDRAWAL 12 OTHER _____ 96 (SPECIFY) DK/UNSURE 98	→ 813

SECTION 8. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
812B	<p>What is the main reason that you think you will not use a contraceptive method at any time in the future?</p>	<p>FERTILITY-RELATED REASONS</p> <p>INFREQUENT SEX/NO SEX 11</p> <p>MENOPAUSAL/HYSTERECTOMY 12</p> <p>SUBFECUND/INFECUND 13</p> <p>WANTS AS MANY CHILDREN AS POSSIBLE 14</p> <p>OPPOSITION TO USE</p> <p>RESPONDENT OPPOSED 21</p> <p>HUSBAND OPPOSED 22</p> <p>OTHERS OPPOSED 23</p> <p>RELIGIOUS PROHIBITI 24</p> <p>RUMORS 25</p> <p>LACK OF KNOWLEDGE</p> <p>KNOWS NO METHOD 31</p> <p>KNOWS NO SOURCE 32</p> <p>METHOD-RELATED REASONS</p> <p>HEALTH CONCERNS 41</p> <p>FEAR OF SIDE EFFECTS 42</p> <p>LACK OF ACCESS/TOO FAR 43</p> <p>COSTS TOO MUCH 44</p> <p>INCONVENIENT TO USE 45</p> <p>INTERFERES WITH BODY'S NORMAL PROCESSES 46</p> <p>OTHER 96</p> <p>(SPECIFY)</p> <p>DON'T KNOW 98</p>	
813	<p>CHECK 216:</p> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>HAS LIVING CHILDREN <input type="checkbox"/></p> <p>a) 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> </div> <div style="text-align: center;"> <p>NO LIVING CHILDREN <input type="checkbox"/></p> <p>b) If you could choose exactly the number of children to have in your whole life, how many would that be?</p> </div> </div> <p>PROBE FOR A NUMERIC RESPONSE.</p>	<p>NONE 00</p> <p>NUMBER <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/></p> <p>OTHER 96</p> <p>(SPECIFY)</p>	<p>→ 814A</p> <p>→ 814A</p>
814	<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>	<div style="display: flex; justify-content: space-around; margin-bottom: 5px;"> BOYS GIRLS EITHER </div> <p>NUMBER .. <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/></p> <p>OTHER 96</p> <p>(SPECIFY)</p>	
814A	<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 style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/></p> <p>OTHER 96</p> <p>(SPECIFY)</p> <p>DON'T KNOW 98</p>	

SECTION 8. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
815	In the last few months have you: a) Heard about family planning on the radio? b) Seen anything about family planning on the television? c) Read about family planning in a newspaper or magazine? d) Seen or read about family planning on posters? e) Read about family planning in bulletins/booklets? f) Heard about family planning in lectures? g) Heard about family planning from women you associate with? h) Received message about family planning on a mobile phone or on the internet?	<div style="text-align: right;">YES NO</div> a) RADIO 1 2 b) TELEVISION 1 2 c) NEWSPAPER OR MAGAZINE 1 2 d) POSTER 1 2 e) BULLETIN/BOOKLET 1 2 f) LECTURES 1 2 g) WOMEN 1 2 h) MOBILE PHONE/INTERNET 1 2	
816	In the last few months have you seen, heard or read about Nathemo Al Hamel... Khafifo Al Hamel?	YES 1 NO 2	
817	CHECK 101A: <div style="display: flex; justify-content: space-between;"> <div>YES, <input type="checkbox"/> CURRENTLY MARRIED ↓</div> <div>NO, <input type="checkbox"/> NOT IN A UNION →</div> </div>		→ 901
818	CHECK 303: USING A CONTRACEPTIVE METHOD? <div style="display: flex; justify-content: space-between;"> <div>CURRENTLY <input type="checkbox"/> USING ↓</div> <div>NOT CURRENTLY <input type="checkbox"/> USING →</div> </div> <div style="display: flex; justify-content: space-between;"> <div>NOT ASKED <input type="checkbox"/> →</div> <div></div> </div>		→ 820 → 822
819	Would you say that using contraception is mainly your decision, mainly your husband's decision, or did you both decide together?	MAINLY RESPONDENT 1 MAINLY HUSBAND 2 JOINT DECISION 3 OTHER 6 <div style="text-align: right;">(SPECIFY)</div>	→ 821
820	Would you say that not using contraception is mainly your decision, mainly your husband's decision, or did you both decide together?	MAINLY RESPONDENT 1 MAINLY HUSBAND 2 JOINT DECISION 3 OTHER 6 <div style="text-align: right;">(SPECIFY)</div>	
821	CHECK 304: <div style="display: flex; justify-content: space-between;"> <div>NEITHER ARE <input type="checkbox"/> STERILIZED ↓</div> <div>HE OR SHE ARE <input type="checkbox"/> STERILIZED →</div> </div>		→ 901
822	Does your husband want the same number of children that you want, or does he want more or fewer than you want?	SAME NUMBER 1 MORE CHILDREN 2 FEWER CHILDREN 3 DON'T KNOW 8	

SECTION 9. HUSBAND'S BACKGROUND AND WOMAN'S WORK

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
901	CHECK 101A: CURRENTLY MARRIED <input type="checkbox"/>	CURRENTLY WIDOWED, DIVORCED, OR <input type="checkbox"/> SEPARATED	→ 909
902	How old was your husband on his last birthday?	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/>	
903	Did your husband ever attend school?	YES 1 NO 2	→ 906
904	What was the highest level of school he attended: primary, secondary, 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	→ 906
905	What was the highest grade he completed at that level? IF COMPLETED LESS THAN ONE YEAR AT THAT LEVEL, RECORD '00'.	GRADE <input type="text"/> <input type="text"/> DON'T KNOW 98	
906	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 DON'T KNOW 8	→ 908
906A	Does your husband have any job, but he did not work during the last seven days for a reason such as vacation, travel, or illness?	YES 1 NO 2 DON'T KNOW 8	→ 909
908	What is your husband's occupation? That is, what kind of work does he mainly do?	_____ _____ _____ <input type="text"/> <input type="text"/>	
908A	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	
909	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	→ 913
911	Although you did not work in the last seven days, do you have any job or business from which you were absent for leave, illness, vacation, maternity leave, or any other such reason?	YES 1 NO 2	→ 917
913	What is your occupation? That is, what kind of work do you mainly do?	_____ _____ _____ <input type="text"/> <input type="text"/>	

SECTION 9. HUSBAND'S BACKGROUND AND WOMAN'S WORK

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
914	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	
917	CHECK 101A: CURRENTLY MARRIED <input type="checkbox"/> ↓ NOT IN UNION <input type="checkbox"/>		→ 925
918	CHECK 914: CODE '1', '2', OR '3' <input type="checkbox"/> ↓ CIRCLED 914 NOT ASKED OR CODE '4' OR '5' <input type="checkbox"/>		→ 921
919	Who usually decides how the money you earn will be used: you, your husband, or you and your husband jointly?	RESPONDENT 1 HUSBAND/PARTNER 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY 3 OTHER _____ 6 (SPECIFY)	
920	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/PARTNER HAS NO EARNINGS 4 DON'T KNOW 8	→ 922
921	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)	
922	Who usually makes decisions about health care for yourself: you, your husband, you and your husband jointly, or someone else?	RESPONDENT 1 HUSBAND 2 RESPONDENT AND HUSBAND JOINTLY 3 SOMEONE ELSE 4 OTHER 6	
922A	Suppose in one month you experience abnormal vaginal discharge or a painful or burning sensation when urinating and you wanted to seek health care, who would make the decision regarding health care for yourself: you, your husband, you and your husband jointly, or someone else?	RESPONDENT 1 HUSBAND 2 RESPONDENT AND HUSBAND JOINTLY 3 SOMEONE ELSE 4 OTHER 6	
923	Who usually makes decisions about making major household purchases?	RESPONDENT 1 HUSBAND 2 RESPONDENT AND HUSBAND JOINTLY 3 SOMEONE ELSE 4 OTHER 6	

SECTION 9. HUSBAND'S BACKGROUND AND WOMAN'S WORK

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES			SKIP
924	Who usually makes decisions about visits to your family or relatives?	RESPONDENT	1		
		HUSBAND	2		
		RESPONDENT AND HUSBAND JOINTLY	3		
		SOMEONE ELSE	4		
		OTHER	6		
925	Do you own this house or any other house either alone or jointly with someone else?	ALONE ONLY	1		
		JOINTLY ONLY	2		
		BOTH ALONE AND JOINTLY	3		
		DOES NOT OWN	4		
928	Do you own any agricultural or non-agricultural land either alone or jointly with someone else?	ALONE ONLY	1		
		JOINTLY ONLY	2		
		BOTH ALONE AND JOINTLY	3		
		DOES NOT OWN	4		
931	PRESENCE OF OTHERS AT THIS POINT (PRESENT AND LISTENING, PRESENT BUT NOT LISTENING, OR NOT PRESENT)		PRES./ PRES./ LISTEN.	NOT LISTEN.	NOT PRES.
		CHILDREN < 10	1	2	3
		HUSBAND	1	2	3
		OTHER MALES	1	2	3
		OTHER FEMALES	1	2	3
932	In your opinion, is a husband justified in hitting or beating his wife in the following situations:		YES	NO	DK
	a) If she goes out without telling him?	a) GOES OUT	1	2	8
	b) If she neglects the children?	b) NEGLECTS CHILDREN ..	1	2	8
	c) If she burns the food?	c) BURNS FOOD	1	2	8
	d) If she insults him?	d) INSULTS	1	2	8
	e) If she disobeys him?	e) DISOBEYS	1	2	8
	f) If she argues with him?	f) ARGUES	1	2	8
	g) If she has relation with another man?	g) ANOTHER MAN	1	2	8

SECTION 10. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1001	Now I would like to talk about something else. Have you ever heard of HIV or AIDS?	YES 1 NO 2	→ 1042
1002	HIV is the virus that can lead to AIDS. Can people reduce their chance of getting HIV by having just one uninfected sex partner who has no other sex partners?	YES 1 NO 2 DON'T KNOW 8	
1003	Can people get HIV from mosquito bites?	YES 1 NO 2 DON'T KNOW 8	
1004	Can people reduce their chance of getting HIV by using a condom every time they have sex?	YES 1 NO 2 DON'T KNOW 8	
1005	Can people get HIV by sharing food with a person who has HIV?	YES 1 NO 2 DON'T KNOW 8	
1006A	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	
1006B	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	
1007	Is it possible for a healthy-looking person to have HIV?	YES 1 NO 2 DON'T KNOW 8	
1008	Can HIV be transmitted from a mother to her baby: a) During pregnancy? b) During delivery? c) By breastfeeding?	<div style="text-align: right; margin-bottom: 5px;">YES NO DK</div> a) DURING PREGNANCY .. 1 2 8 b) DURING DELIVERY 1 2 8 c) BREASTFEEDING 1 2 8	
1009	CHECK 1008: <div style="text-align: center;"> AT LEAST <input type="checkbox"/> ONE 'YES' ↓ </div> <div style="text-align: center; margin-top: 10px;"> OTHER <input type="checkbox"/> _____ → 1031 </div>		
1010	Are there any special drugs that a doctor or a nurse can give to a woman infected with HIV to reduce the risk of transmission to the baby?	YES 1 NO 2 DON'T KNOW 8	
1031	Do you know of a place where people can go to get an HIV test?	YES 1 NO 2	→ 1035
1032	Where is that? Any other 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 SECTOR GOUVERNMENT HOSPITAL A GOUVERNMENT HEALTH CENTER B GOUVERNMENT MCH C UNIVERSITY HOSPITAL D ROYAL MEDICAL SERVICES E TESTING & COUNCELING CENTER F OTHER PUBLIC SECTOR G _____ (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC H PRIVATE DOCTOR I JORDANIAN AS. OF FP AND PROTECTION (JAFPP) J PRIVATE LABORATORY K OTHER NON GOV. ORGANIZATION. L OTHER PRIVATE MEDICAL SECTOR M _____ (SPECIFY) OTHER _____ X _____ (SPECIFY)	

SECTION 10. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1035	Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had HIV?	YES 1 NO 2 DON'T KNOW/NOT SURE/DEPENDS 8	
1036	Do you think children living with HIV should be allowed to attend school with children who do not have HIV?	YES 1 NO 2 DON'T KNOW/NOT SURE/DEPENDS 8	
1038	Do people talk badly about people living with HIV, or who are thought to be living with HIV?	YES 1 NO 2 DON'T KNOW/NOT SURE/DEPENDS 8	
1039	Do people living with HIV, or thought to be living with HIV, lose the respect of other people?	YES 1 NO 2 DON'T KNOW/NOT SURE/DEPENDS 8	
1040	Do you agree or disagree with the following statement: I would be ashamed if someone in my family had HIV.	AGREE 1 DISAGREE 2 DON'T KNOW/NOT SURE/DEPENDS 8	
1042	CHECK 1001: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>HEARD ABOUT <input type="checkbox"/> HIV OR AIDS ↓</p> <p>a) Apart from HIV, have you heard about other infections that can be transmitted through sexual contact?</p> </div> <div style="width: 45%;"> <p>NOT HEARD ABOUT <input type="checkbox"/> HIV OR AIDS ↓</p> <p>b) Have you heard about infections that can be transmitted through sexual contact?</p> </div> </div>	YES 1 NO 2	
1051	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	
1052	Is a wife justified in refusing to have sex with her husband when she knows he has sex with other women, or women other than his wives?	YES 1 NO 2 DON'T KNOW 8	
1052A	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 DEPENDS/NOT SURE 8	
1052B	CHECK 101A: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>CURRENTLY <input type="checkbox"/> MARRIED ↓</p> </div> <div style="width: 45%;"> <p>WIDOWED/ SEPARATED/ DIVORCED <input type="checkbox"/></p> </div> </div>	→ 1104	
1054	Can you say no to your husband if you do not want to have sexual intercourse?	YES 1 NO 2 DEPENDS/NOT SURE 8	
1055	Could you ask your husband to use a condom if you wanted him to?	YES 1 NO 2 DEPENDS/NOT SURE 8	

SECTION 11. OTHER HEALTH ISSUES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																								
1104	Do you currently smoke cigarettes every day, some days, or not at all?	EVERY DAY 1 SOME DAYS 2 NOT AT ALL 3	→ 1106																								
1105	On average, how many cigarettes do you currently smoke each day?	NUMBER OF CIGARETTES <table border="1"><tr><td></td><td></td></tr></table>																									
1106	Do you currently smoke nargila every day, some days, or not at all?	EVERY DAY 1 SOME DAYS 2 NOT AT ALL 3																									
1108	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 a big problem: a) Knowing where to go? b) Getting permission to go to the doctor? c) Getting money needed for advice or treatment? d) The distance to the health facility? e) Not wanting to go alone? f) Having to take transport? g) Concern that there may not be a female health provider?	<table><thead><tr><th></th><th>BIG PROBLEM</th><th>NOT A BIG PROBLEM</th></tr></thead><tbody><tr><td>a) WHERE TO GO</td><td>1</td><td>2</td></tr><tr><td>b) PERMISSION TO GO</td><td>1</td><td>2</td></tr><tr><td>c) GETTING MONEY</td><td>1</td><td>2</td></tr><tr><td>d) DISTANCE</td><td>1</td><td>2</td></tr><tr><td>e) GO ALONE</td><td>1</td><td>2</td></tr><tr><td>f) TAKING TRANSPORT</td><td>1</td><td>2</td></tr><tr><td>g) NO FEMALE PROVIDER</td><td>1</td><td>2</td></tr></tbody></table>		BIG PROBLEM	NOT A BIG PROBLEM	a) WHERE TO GO	1	2	b) PERMISSION TO GO	1	2	c) GETTING MONEY	1	2	d) DISTANCE	1	2	e) GO ALONE	1	2	f) TAKING TRANSPORT	1	2	g) NO FEMALE PROVIDER	1	2	
	BIG PROBLEM	NOT A BIG PROBLEM																									
a) WHERE TO GO	1	2																									
b) PERMISSION TO GO	1	2																									
c) GETTING MONEY	1	2																									
d) DISTANCE	1	2																									
e) GO ALONE	1	2																									
f) TAKING TRANSPORT	1	2																									
g) NO FEMALE PROVIDER	1	2																									
1109	Are you covered by any health insurance?	YES 1 NO 2	→ 1110A																								
1110	What types of health insurance are you covered by? RECORD ALL INSURANCES MENTIONED.	MINISTRY OF HEALTH INSURANCE A ROYAL/MILITARY HEALTH INSURANCE B UNIVERSITY HOSPITAL INSURANCE C UNRWA INSURANCE D UNHCR INSURANCE E NGO INSURANCE F PRIVATELY PURCHASED COMMERCIAL HEALTH INSURANCE G PRIVATE SECTOR INSURANCE H OTHER X (SPECIFY)																									
1110A	Have you performed a breast cancer self exam to detect breast cancer in yourself within the last 12 months?	YES 1 NO 2 DON'T KNOW SELF EXAM 3 DON'T KNOW BREAST CANCER 8	→ 1110F																								
1110B	Have you had a breast cancer clinical exam to detect breast cancer in the last 12 months?	YES 1 NO 2 NNOT SURE 8																									
1110C	Have you ever had a mammogram?	YES 1 NO 2 NOT SURE 8	→ 1110F																								
1110D	CHECK 106: AGE 40 OR OLDER <input type="checkbox"/> 15-39 <input type="checkbox"/>		→ 1110F																								
1110E	Why did you never have a mammogram?	NO NEED 01 I AM NOT SICK 02 I DON'T HAVE ANY SYMPTOM 03 FEAR OF RESULTS 04 NO SUPPORT FROM FAMILY/HUSBAND 05 TOO FAR 06 TOO EXPENSIVE 07 OTHER 96 (SPECIFY) DON'T KNOW 98																									
1110F	Have you ever heard of a pap smear, that is, an exam that consists of removing cells from the cervix to detect changes that can suggest the presence of cancer in a woman's womb?	YES 1 NO 2	→ 1200																								
1110G	Have you ever had such an exam in your life time?	YES 1 NO 2																									

EARLY CHILDHOOD DEVELOPMENT

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																
1200	<div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;">HOUSEHOLD SELECTED FOR CHILD DISCIPLINE</div> <p align="center">↓</p> <p align="center">CONTINUE</p>	<div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;">HOUSEHOLD NOT SELECTED FOR CHILD DISCIPLINE</div> <p align="center">↓</p> <p align="center">GO TO 1300</p>																	
1201	<p>CHECK 217 AND 218: ANY CHILD 0-4 YEARS OLD LIVING WITH HIS/HER MOTHER?</p> <p align="center">YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p align="center">↓</p>		→ 1333																
1202	<p>CHECK 217 AND 218: SELECT THE YOUNGEST CHILD AGED 0-4 LIVING WITH HIS/HER MOTHER AND RECORD NAME AND LINE NUMBER</p> <p>NAME OF THE YOUNGEST CHILD FROM Q. 212 _____</p> <p>LINE NUMBER OF THE YOUNGEST CHILD FROM Q.219 <input type="text"/> <input type="text"/></p>																		
1203	<p>READ TO THE RESPONDENT:</p> <p>Now I would like to ask you some questions about (NAME OF THE CHILD FROM 1202), your youngest child living with you who is 0-4 years old.</p>																		
1204	<p>How many children's books or picture books do you have for (NAME)?</p>	<p>NONE 00</p> <p>NUMBER OF BOOKS FOR CHILDREN <input type="text" value="0"/> <input type="text"/></p> <p>TEN BOOKS OR MORE 10</p>																	
1205	<p>I am interested in learning about the things that (NAME) plays with when (he/she) is at home.</p> <p>Does (he/she) play with:</p> <p>a) homemade toys such as dolls, cars, or other toys made at home?</p> <p>b) toys from a shop or manufactured toys?</p> <p>c) household objects such as bowls or pots or objects found outside such as sticks, rocks, animal shells or leaves?</p> <p>IF THE RESPONDENT SAYS 'YES' TO THE CATEGORIES ABOVE, THEN PROBE TO LEARN SPECIFICALLY WHAT THE CHILD PLAYS WITH TO ASCERTAIN THE RESPONSE</p>	<table border="0"> <thead> <tr> <th></th><th>YES</th><th>NO</th><th>DK</th></tr> </thead> <tbody> <tr> <td>a) HOMEMADE TOYS</td><td align="center">1</td><td align="center">2</td><td align="center">8</td></tr> <tr> <td>b) TOYS FROM A SHOP</td><td align="center">1</td><td align="center">2</td><td align="center">8</td></tr> <tr> <td>c) HOUSEHOLD OBJECTS OR OUTSIDE OBJECTS</td><td align="center">1</td><td align="center">2</td><td align="center">8</td></tr> </tbody> </table>		YES	NO	DK	a) HOMEMADE TOYS	1	2	8	b) TOYS FROM A SHOP	1	2	8	c) HOUSEHOLD OBJECTS OR OUTSIDE OBJECTS	1	2	8	
	YES	NO	DK																
a) HOMEMADE TOYS	1	2	8																
b) TOYS FROM A SHOP	1	2	8																
c) HOUSEHOLD OBJECTS OR OUTSIDE OBJECTS	1	2	8																
1206	<p>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.</p> <p>On how many days in the past week was (NAME):</p> <p>a) left alone for more than an hour?</p> <p>b) left in the care of another child, that is, someone less than 10 years old, for more than an hour?</p> <p>IF 'NONE', WRITE '0'. IF 'DON'T KNOW' WRITE '8'</p>	<p>a) NUMBER OF DAYS LEFT ALONE FOR MORE THAN AN HOUR <input type="text"/></p> <p>b) NUMBER OF DAYS LEFT TO ANOTHER CHILD FOR MORE THAN AN HOUR .. <input type="text"/></p>																	

EARLY CHILDHOOD DEVELOPMENT

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																			
1207	<p>VERIFY 217: AGE OF THE CHILD</p> <p>CHILD 0, 1, <input type="checkbox"/> OR 2 YEARS</p> <p>CHILD 3 OR 4 YEARS <input type="checkbox"/></p>	→ 1211																																				
1208	<p>VERIFY 217 AND 218: ANY CHILD AGE 3-4 LIVING WITH HIS/HER MOTHER?</p> <p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>	→ 1333																																				
1209	<p>CHECK 217 AND 218: SELECT THE YOUNGEST CHILD AGE 3 OR 4 LIVING WITH HIS/HER MOTHER AND RECORD NAME AND LINE NUMBER</p> <p>NAME OF YOUNGEST CHILD _____ LINE NUMBER OF YOUNGEST CHILD AGE 3 OR 4 FROM Q.219 <input type="text"/> <input type="text"/></p>																																					
1210	Now, i would like to ask you some questions concerning (NAME OF THE CHILD IN 1209), your youngest child age 3-4 years.																																					
1211	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>	→ 1213																																			
1212	Within the last seven days, about how many hours did (NAME) attend?	NUMBER OF HOURS <input type="text"/> <input type="text"/>																																				
1213	<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>a) Read books to or looked 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>	<table border="0"> <thead> <tr> <th></th><th>MOTHER</th><th>FATHER</th><th>OTHER</th><th>NO ONE</th></tr> </thead> <tbody> <tr> <td>a) READ BOOKS</td><td>A</td><td>B</td><td>X</td><td>Y</td></tr> <tr> <td>b) TOLD STORIES</td><td>A</td><td>B</td><td>X</td><td>Y</td></tr> <tr> <td>c) SANG SONGS</td><td>A</td><td>B</td><td>X</td><td>Y</td></tr> <tr> <td>d) TOOK OUTSIDE</td><td>A</td><td>B</td><td>X</td><td>Y</td></tr> <tr> <td>e) PLAYED WITH</td><td>A</td><td>B</td><td>X</td><td>Y</td></tr> <tr> <td>f) NAMED OR COUNTED</td><td>A</td><td>B</td><td>X</td><td>Y</td></tr> </tbody> </table>		MOTHER	FATHER	OTHER	NO ONE	a) READ BOOKS	A	B	X	Y	b) TOLD STORIES	A	B	X	Y	c) SANG SONGS	A	B	X	Y	d) TOOK OUTSIDE	A	B	X	Y	e) PLAYED WITH	A	B	X	Y	f) NAMED OR COUNTED	A	B	X	Y	
	MOTHER	FATHER	OTHER	NO ONE																																		
a) READ BOOKS	A	B	X	Y																																		
b) TOLD STORIES	A	B	X	Y																																		
c) SANG SONGS	A	B	X	Y																																		
d) TOOK OUTSIDE	A	B	X	Y																																		
e) PLAYED WITH	A	B	X	Y																																		
f) NAMED OR COUNTED	A	B	X	Y																																		
1214	<p>I would like to ask you some questions about the health and development of (NAME). 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 (NAME)'s development.</p> <p>Can (NAME) identify or name at least ten letters of the alphabet?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>																																				
1215	Can (NAME) read at least four simple, popular words?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>																																				
1216	Does (NAME) know the name and recognize the symbol of all numbers from 1 to 10?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>																																				
1217	Can (NAME) pick up a small object with two fingers, like a stick or a rock from the ground?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>																																				
1218	Is (NAME) sometimes too sick to play?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>																																				

EARLY CHILDHOOD DEVELOPMENT

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1219	Does (NAME) follow simple directions on how to do something correctly?	YES 1 NO 2 DON'T KNOW 8	
1220	When given something to do, is (NAME) able to do it independently?	YES 1 NO 2 DON'T KNOW 8	
1221	Does (NAME) get along well with other children or adults?	YES 1 NO 2 DON'T KNOW 8	
1222	Does (NAME) kick, bite, or hit other children or adults?	YES 1 NO 2 DON'T KNOW 8	
1223	Does (NAME) get distracted easily?	YES 1 NO 2 DON'T KNOW 8	→ 1333

DOMESTIC VIOLENCE MODULE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																								
1300	<p>CHECK COVER PAGE: WOMAN SELECTED FOR DV MODULE?</p> <p align="center"> WOMAN SELECTED <input type="checkbox"/> FOR THIS SECTION ↓ WOMAN <input type="checkbox"/> NOT SELECTED </p>		→ 1333																								
1301	<p>CHECK FOR PRESENCE OF OTHERS: DO NOT CONTINUE UNTIL PRIVACY IS ENSURED.</p> <p align="center"> PRIVACY OBTAINED 1 ↓ PRIVACY NOT POSSIBLE 2 </p>		→ 1332																								
1301A	<p>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. If I ask you any question you don't want to answer, just let me know and I will go on to the next question.</p>																										
1302	<p>CHECK 101A:</p> <p align="center"> CURRENTLY MARRIED <input type="checkbox"/> ↓ FORMERLY MARRIED <input type="checkbox"/> (READ IN PAST TENSE AND USE 'LAST' WITH 'HUSBAND/PARTNER') ↓ </p>																										
1303	<p>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?</p> <p>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?</p>	<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	
	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																								
1304	<p>Now I need to ask some more questions about your relationship with your (last) husband.</p> <p>A. Did your (last) husband ever:</p> <p>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?</p>	<p>B. How often did this happen during the last 12 months: often, only sometimes, or not at all?</p> <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)</td><td>YES 1 NO 2 ↓</td><td>→ 1</td><td>2</td><td>3</td></tr> <tr> <td>b)</td><td>YES 1 NO 2 ↓</td><td>→ 1</td><td>2</td><td>3</td></tr> <tr> <td>c)</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)	YES 1 NO 2 ↓	→ 1	2	3	b)	YES 1 NO 2 ↓	→ 1	2	3	c)	YES 1 NO 2 ↓	→ 1	2	3					
	EVER	OFTEN	SOME-TIMES	NOT IN LAST 12 MONTHS																							
a)	YES 1 NO 2 ↓	→ 1	2	3																							
b)	YES 1 NO 2 ↓	→ 1	2	3																							
c)	YES 1 NO 2 ↓	→ 1	2	3																							
1305	<p>A. Did your (last) husband ever do any of the following things to you:</p>	<p>B. How often did this happen during the last 12 months: often, only sometimes, or not at all?</p>																									

DOMESTIC VIOLENCE MODULE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES				SKIP
		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	
1306	CHECK 1305A (a-h): AT LEAST ONE <input type="checkbox"/> 'YES' ↓	NOT A SINGLE <input type="checkbox"/> 'YES' →				1309
1307	How long after you first got married with your (last) husband did (this/any of these things) first happen? IF LESS THAN ONE YEAR, RECORD '00'.	NUMBER OF YEARS <input type="text"/> <input type="text"/> BEFORE MARRIAGE/BEFORE LIVING TOGETHER 95				
1308	Did the following ever happen as a result of what your (last) husband did to you: a) You had cuts, bruises, or aches? b) You had eye injuries, sprains, dislocations, or burns? c) You had deep wounds, broken bones, broken teeth, or any other serious injury?	YES 1 NO 2 YES 1 NO 2 YES 1 NO 2				
1309	Have you ever hit, slapped, kicked, or done anything else to physically hurt your (last) husband at times when he was not already beating or physically hurting you?	YES 1 NO 2				→ 1313
1310	In the last 12 months, how often have you done this to your (last) husband: often, only sometimes, or not at all?	OFTEN 1 SOMETIMES 2 NOT AT ALL 3				
1313	Are (Were) you afraid of your (last) husband: most of the time, sometimes, or never?	MOST OF THE TIME AFRAID 1 SOMETIMES AFRAID 2 NEVER AFRAID 3				
1314	CHECK 709: MARRIED MORE <input type="checkbox"/> THAN ONCE ↓	MARRIED ONLY <input type="checkbox"/> ONCE →				1316

DOMESTIC VIOLENCE MODULE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP															
1315	<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> <table border="1"> <thead> <tr> <th colspan="2">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</td><td>2</td><td>3</td></tr> <tr> <td>b) Did any previous husband physically force you to have intercourse?</td><td>YES 1 NO 2 ↓</td><td>→ 1</td><td>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?	YES 1 NO 2 ↓	→ 1	2	3	<p>B. How long ago did this last happen?</p>	
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?	YES 1 NO 2 ↓	→ 1	2	3														
1316	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?	<p>YES 1</p> <p>NO 2</p> <p>REFUSED TO ANSWER/ NO ANSWER 3</p>	→ 1319															
1317	<p>Who has hurt you in this way?</p> <p>Anyone else?</p> <p>RECORD ALL MENTIONED.</p>	<p>MOTHER A</p> <p>FATHER B</p> <p>STEP-MOTHER C</p> <p>STEP-FATHER D</p> <p>BROTHER E</p> <p>SISTER F</p> <p>MOTHER-IN-LAW G</p> <p>FATHER-IN-LAW H</p> <p>OTHER FEMALE RELATIVE/IN-LAW I</p> <p>OTHER MALE RELATIVE/IN-LAW J</p> <p>FEMALE FRIEND/ACQUAINTANCE K</p> <p>MALE FRIEND/ACQUAINTANCE L</p> <p>FEMALE TEACHER M</p> <p>MALE TEACHER N</p> <p>FEMALE STRANGER O</p> <p>MALE STRANGER P</p> <p>POLICE/SOLDIER Q</p> <p>OTHER X</p> <p align="center">(SPECIFY)</p>																
1318	In the last 12 months, how often has (this person/have these persons) physically hurt you: often, only sometimes, or not at all?	<p>OFTEN 1</p> <p>SOMETIMES 2</p> <p>NOT AT ALL 3</p>																
1319	<p>CHECK 201, 226, AND 230:</p> <p align="center"> EVER BEEN PREGNANT <input type="checkbox"/> ('YES' ON 201 OR 226 OR 230) ↓ </p>	<p align="center">NEVER BEEN PREGNANT <input type="checkbox"/></p>	→ 1326															
1320	Has any one ever hit, slapped, kicked, or done anything else to hurt you physically while you were pregnant?	<p>YES 1</p> <p>NO 2</p>	→ 1326															

DOMESTIC VIOLENCE MODULE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																
1321	<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>FORMER HUSBAND B</p> <p>MOTHER C</p> <p>FATHER D</p> <p>STEP-MOTHER E</p> <p>STEP-FATHER F</p> <p>BROTHER G</p> <p>SISTER H</p> <p>MOTHER-IN-LAW I</p> <p>FATHER-IN-LAW J</p> <p>OTHER FEMALE RELATIVE/IN-LAW .. K</p> <p>OTHER MALE RELATIVE/IN-LAW L</p> <p>FEMALE FRIEND/ACQUAINTANCE .. M</p> <p>MALE FRIEND/ACQUAINTANCE N</p> <p>FEMALE TEACHER O</p> <p>MALE TEACHER P</p> <p>FEMALE STRANGE Q</p> <p>MALE STRANGER R</p> <p>POLICE/SOLDIER S</p> <p>OTHER _____ X</p> <p align="center">(SPECIFY)</p>																	
1326	<p>CHECK 1305A (a-h), 1315A (a,b), 1316, 1320:</p> <p align="center">AT LEAST ONE <input type="checkbox"/> NOT A SINGLE <input type="checkbox"/></p> <p align="center">'YES' ↓ 'YES' →</p>		1330																
1327	<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>	1329																
1328	<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>RELIGIOUS LEADER K</p> <p>DOCTOR/MEDICAL PERSONNEL L</p> <p>POLICE M</p> <p>LAWYER N</p> <p>SOCIAL SERVICE ORGANIZATION .. O</p> <p>OTHER _____ X</p> <p align="center">(SPECIFY)</p>	1330																
1329	<p>Have you ever told any one about this?</p>	<p>YES 1</p> <p>NO 2</p>																	
1330	<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>																	
	<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>																		
1331	<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>	<table border="1"> <thead> <tr> <th></th><th>YES, ONCE</th><th>YES, MORE THAN ONCE</th><th>NO</th></tr> </thead> <tbody> <tr> <td>HUSBAND</td><td>1</td><td>2</td><td>3</td></tr> <tr> <td>OTHER MALE ADULT ..</td><td>1</td><td>2</td><td>3</td></tr> <tr> <td>FEMALE ADULT</td><td>1</td><td>2</td><td>3</td></tr> </tbody> </table>		YES, ONCE	YES, MORE THAN ONCE	NO	HUSBAND	1	2	3	OTHER MALE ADULT ..	1	2	3	FEMALE ADULT	1	2	3	
	YES, ONCE	YES, MORE THAN ONCE	NO																
HUSBAND	1	2	3																
OTHER MALE ADULT ..	1	2	3																
FEMALE ADULT	1	2	3																
1332	<p>INTERVIEWER'S COMMENTS/EXPLANATION FOR NOT COMPLETING THE DOMESTIC VIOLENCE MODULE.</p> <p>_____</p> <p>_____</p>																		
1333	<p>RECORD THE TIME.</p>	<p>HOURS <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></p> <p>MINUTES <table border="1"><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 INTERVIEW:

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

SUPERVISOR'S OBSERVATIONS

EDITOR'S OBSERVATIONS
