

IDENTIFICATION									
CLUSTER NUMBER:								<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>	
HOUSEHOLD NUMBER								<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>	
NAME OF HOUSEHOLD HEAD _____									
NAME AND LINE NUMBER OF MAN _____								<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>	
TELEPHONE/MOBILE NUMBER (IF AVAILABLE)						<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>			
INTERVIEWER VISITS									
	1	2	3	FINAL VISIT					
DATE	_____	_____	_____	DAY	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>				
				MONTH	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>				
INTERVIEWER'S NAME	_____	_____	_____	YEAR	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>	
RESULT*	_____	_____	_____	INT. NO.	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>	
				RESULT*	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>				
NEXT VISIT: DATE	_____	_____		TOTAL NUMBER OF VISITS				<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>	
TIME	_____	_____							
SUPERVISOR					OFFICE EDITOR				
NAME _____					<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>				
					NUMBER				
					NUMBER				

INTRODUCTION AND CONSENT

Hello. My name is _____. I am working with the Department of Statistics. We are conducting a survey about health and other topics all over JORDAN. The information we collect will help the government to plan health services. Your household was selected for the survey. The questions usually take about 20 minutes. All of the answers you give will be confidential and will not be shared with anyone other than members of our survey team. You don't have to be in the survey, but we hope you will agree to answer the questions since your views are important. 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 or you can stop the interview at any time.

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.

Do you have any questions?
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.	HOURS <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> MINUTES <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/>	
102	How long have you been living continuously in (NAME OF CURRENT GOVERNORATE)? IF LESS THAN ONE YEAR, RECORD '00' YEARS.	YEARS <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> ALWAYS 95 VISITOR 96	→ 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 ALJOUM 08 KARAK 09 TAFIELA 10 MA'AN 11 AQABA 12 OUTSIDE JORDAN 96	
105	In what month and year were you born?	MONTH <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> DON'T KNOW MONTH 98 YEAR <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> DON'T KNOW YEAR 9998	
106	How old were you at your last birthday? COMPARE AND CORRECT 105 AND/OR 106 IF INCONSISTENT.	AGE IN COMPLETED YEARS <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/>	
107	Have you ever attended school?	YES 1 NO 2	→ 111

SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
108	What is the highest level of school you attended: Old elementary; old preparatory, old secondary, new basic, new secondary, intermediate diploma, bachelor, or higher?	OLD SYSTEM ELEMENTARY 1 PREPARATORY 2 SECONDARY 3 NEW SYSTEM BASIC 4 SECONDARY 5 INTERMEDIATE DIPLOMA 6 BACHELOR 7 HIGHER 8	
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 BASIC <input type="checkbox"/> 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' <input type="checkbox"/> CIRCLED	→ 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	
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

SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
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								
200A	Are you currently married?	YES, CURRENTLY MARRIED 1 NO, NOT MARRIED 3	→ 201								
200B	Have you ever been married?	YES, FORMERLY MARRIED 1 NO 3	→ 301								
200C	What is your marital status now: are you widowed, divorced, or separated?	WIDOWED 1 DIVORCED 2 SEPARATED 3									
201	Now I would like to ask about any children you have had during your life. I am interested in all of the children that are biologically yours. Have you ever fathered any children with any wife?	YES 1 NO 2	→ 206								
202	Do you have any sons or daughters that you have fathered 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 that you have fathered 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 fathered a son or a daughter 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 DON'T KNOW 8	→ 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 CHILDREN <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table>									
209	CHECK 208: <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> HAS HAD MORE THAN ONE CHILD ↓ <input type="checkbox"/> </div> <div style="text-align: center;"> HAS NOT HAD ANY CHILDREN <input type="checkbox"/> </div> <div style="text-align: center;"> HAS HAD ONLY ONE CHILD ↓ <input type="checkbox"/> </div> </div>	<div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"></div> <div style="width: 40%; text-align: right;"> → 211 → 301 </div> </div>									
210	Did all of the children you have fathered have the same biological mother?	YES 1 NO 2									
211	CHECK 208: <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> HAS HAD MORE THAN ONE CHILD ↓ <input type="checkbox"/> </div> <div style="text-align: center;"> HAS HAD ONLY ONE CHILD ↓ <input type="checkbox"/> </div> </div> a) How old were you when your first child was born? b) How old were you when your child was born?	AGE IN YEARS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table>									

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
212	CHECK 203 AND 205: AT LEAST ONE LIVING CHILD <input type="checkbox"/>	NO LIVING CHILDREN <input type="checkbox"/> → 301	
213	CHECK 203 AND 205: MORE THAN ONE LIVING CHILD <input type="checkbox"/> ONLY ONE LIVING CHILD <input type="checkbox"/> a) How old is your youngest child? b) How old is your child?	AGE IN YEARS <input type="text"/> <input type="text"/>	
214	CHECK 213: (YOUNGEST) CHILD IS AGE 0-2 YEARS <input type="checkbox"/>	(YOUNGEST) CHILD IS AGE 3 YEARS OR OLDER <input type="checkbox"/> → 301	
215	CHECK 203 AND 205: MORE THAN ONE LIVING CHILD <input type="checkbox"/> ONLY ONE LIVING CHILD <input type="checkbox"/> a) What is the name of your youngest child? b) What is the name of your child?	_____ (NAME OF (YOUNGEST) CHILD)	
216	When (NAME)'s mother was pregnant with (NAME), did she have any antenatal check-ups?	YES 1 NO 2 DON'T KNOW 8	<input type="checkbox"/> → 218
217	Were you ever present during any of those antenatal check-ups?	PRESENT 1 NOT PRESENT 2	
218	Was (NAME) born in a hospital or health facility?	HOSPITAL/HEALTH FACILITY 1 OTHER 2	
219	When a child has diarrhea, how much should he or she be given to drink: more than usual, about the same as usual, less than usual, or nothing to drink at all?	MORE THAN USUAL 1 ABOUT THE SAME 2 LESS THAN USUAL 3 NOTHING TO DRINK 4 DON'T KNOW 8	

SECTION 3. CONTRACEPTION

301	Now I would like to talk about family planning - the various ways or methods that a couple can use to delay or avoid a pregnancy. Have you ever heard of (METHOD)?	
01	Female Sterilization. PROBE: Women can have an operation to avoid having any more children.	YES 1 NO 2
02	Male Sterilization. PROBE: Men can have an operation to avoid having any more children.	YES 1 NO 2
03	IUD. PROBE: Women can have a loop or coil placed inside them by a doctor or a nurse which can prevent pregnancy for one or more	YES 1 NO 2
04	Injectables. PROBE: Women can have an injection by a health provider that stops them from becoming pregnant for one or more months.	YES 1 NO 2
05	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.	YES 1 NO 2
06	Pill. PROBE: Women can take a pill every day to avoid becoming pregnant.	YES 1 NO 2
07	Condom. PROBE: Men can put a rubber sheath on their penis before sexual intercourse.	YES 1 NO 2
08	Female Condom. PROBE: Women can place a sheath in their vagina before sexual intercourse.	YES 1 NO 2
09	Emergency Contraception. PROBE: As an emergency measure, within three days after they have unprotected sexual intercourse, women can take special pills to prevent pregnancy.	YES 1 NO 2
10	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.	YES 1 NO 2
11	Rhythm Method. PROBE: To avoid pregnancy, women do not have sexual intercourse on the days of the month they think they can get pregnant.	YES 1 NO 2
12	Withdrawal. PROBE: Men can be careful and pull out before climax.	YES 1 NO 2
13	Have you heard of any other ways or methods that women or men can use to avoid pregnancy?	YES, MODERN METHOD _____ A (SPECIFY) YES, TRADITIONAL METHOD _____ B (SPECIFY) NO Y

SECTION 3. CONTRACEPTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES			SKIP
302	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) Received message about family planning on a mobile phone or on the internet?	YES NO			
		a) RADIO	1	2	
		b) TELEVISION	1	2	
		c) NEWSPAPER OR MAGAZINE	1	2	
		d) POSTER	1	2	
		e) BULLETIN/BOOKLE	1	2	
		f) LECTURES	1	2	
		g) MOBILE PHONE/INTERNE'	1	2	
303	In the last few months, have you discussed family planning with a health worker or health professional?	YES		1	
		NO		2	
304	Now I would like to ask you about a woman's risk of pregnancy. From one menstrual period to the next, are there certain days when a woman is more likely to become pregnant when she has sexual relations?	YES		1	
		NO		2	
		DON'T KNOW		8	→ 306
305	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 _____ (SPECIFY)		6	
		DON'T KNOW		8	
306	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	
307	I will now read you some statements about contraception. Please tell me if you agree or disagree with each one. a) Contraception is a woman's concern and a man should not have to worry about it. b) Women who use contraception may become promiscuous.	DIS- AGREE AGREE DK			
		a) CONTRACEPTION WOMAN'S CONCERN	1	2	8
		b) WOMEN MAY BECOME PROMISCUOUS	1	2	8
307A	Do you approve or disapprove couples that use a method of contraception?	YES		1	
		NO		2	
		DON'T KNOW/NO OPINION		8	

SECTION 4. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
400A	CHECK 200A, 200B: <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">200A=YES CURRENTLY MARRIED <input type="checkbox"/></div> <div style="text-align: center;">200B=YES WIDOWED SEPARATED, DIVORCED <input type="checkbox"/></div> <div style="text-align: center;">200B=NO NEVER MARRIED <input type="checkbox"/></div> </div>	<div style="display: flex; justify-content: space-between;"> <div>→ 514</div> <div>→ 410</div> </div>	
404	Is your wife living with you now or is she staying elsewhere?	LIVING WITH HIM 1 STAYING ELSEWHERE 2	
405	Do you have other wives?	YES (MORE THAN ONE WIFE) 1 NO (ONLY ONE WIFE) 2	→ 407
406	Altogether, how many wives do you have?	TOTAL NUMBER OF WIFE <input type="text"/>	
407	CHECK 405: <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">ONE WIFE <input type="checkbox"/></div> <div style="text-align: center;">MORE THAN ONE WIFE <input type="checkbox"/></div> </div> <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <div style="width: 45%;">a) Please tell me the name of your wife.</div> <div style="width: 45%;">b) Please tell me the name of each of your wives.</div> </div> <p>RECORD THE NAME AND THE LINE NUMBER FROM THE HOUSEHOLD QUESTIONNAIRE FOR EACH WIFE.</p>	<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> NAME <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> </div> <div style="width: 15%; text-align: center;"> LINE NUMBER <div style="border: 1px solid black; width: 30px; height: 20px; margin: 2px auto;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; margin: 2px auto;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; margin: 2px auto;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; margin: 2px auto;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; margin: 2px auto;"></div> </div> <div style="width: 25%; text-align: center;"> 408 How old was (NAME) on her last birthday? AGE <div style="border: 1px solid black; width: 30px; height: 20px; margin: 2px auto;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; margin: 2px auto;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; margin: 2px auto;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; margin: 2px auto;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; margin: 2px auto;"></div> </div> </div>	
408	IF A WOMAN IS NOT LISTED IN THE HOUSEHOLD, ASK 408 FOR EACH PERSON.		
409	CHECK 407: <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">ONE WIFE <input type="checkbox"/></div> <div style="text-align: center;">MORE THAN ONE WIFE <input type="checkbox"/></div> </div>	→ 411	
410	Have you been married only once or more than once?	MORE THAN ONCE 1 ONLY ONCE 2	
411	CHECK 405 AND 410: <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">BOTH ARE CODE '2' <input type="checkbox"/></div> <div style="text-align: center;">OTHER <input type="checkbox"/></div> </div> <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <div style="width: 45%;">a) In what month and year did you start living with your wife?</div> <div style="width: 45%;">b) Now I would like to ask about your first wife. In what month and year did you start living with her?</div> </div>	MONTH <input type="text"/> <input type="text"/> DON'T KNOW MONTH 98 YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW YEAR 9998	→ 413
412	How old were you when you first started living with her?	AGE <input type="text"/> <input type="text"/>	
413	CHECK FOR PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.		
415	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	→ 438
415A	The last time you had sexual intercourse, was a condom used?	YES 1 NO 2	→ 438

SECTION 4. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
436	<p>From where did you obtain the condom the last time?</p> <p>PROBE TO IDENTIFY 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 NG 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>	
437	The last time you had sex did you or your partner use any method other than a condom to avoid or prevent a pregnancy?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	<p>→ 439</p> <p>→ 440</p>
438	The last time you had sex did you or your partner use any method to avoid or prevent a pregnancy?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	<p>→ 440</p>
439	<p>What method did you or your partner use?</p> <p>PROBE: Did you or your partner use any other method to prevent pregnancy?</p> <p>RECORD ALL MENTIONED.</p>	<p>FEMALE STERILIZATION A</p> <p>MALE STERILIZATION B</p> <p>IUD C</p> <p>INJECTABLES D</p> <p>IMPLANTS E</p> <p>PILL F</p> <p>CONDOM G</p> <p>FEMALE CONDOM H</p> <p>EMERGENCY CONTRACEPTION I</p> <p>LACTATIONAL AMENORRHEA METHOD J</p> <p>RHYTHM METHOD K</p> <p>WITHDRAWAL L</p> <p>OTHER MODERN METHOD X</p> <p>OTHER TRADITIONAL METHOD Y</p>	<p>→ 501</p>
440	Do you know of a place where you can obtain a method of family planning?	<p>YES 1</p> <p>NO 2</p>	

SECTION 5. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
501	CHECK 200A, 200B: 200A=YES CURRENTLY MARRIED <input type="checkbox"/>	200B=YES WIDOWED <input type="checkbox"/> SEPARATED, DIVORCED	→ 514								
502	CHECK 439: MAN NOT STERILIZED <input type="checkbox"/>	MAN STERILIZED <input type="checkbox"/>	→ 514								
503	CHECK 407: ONE WIFE <input type="checkbox"/>	MORE THAN ONE WIFE <input type="checkbox"/>	→ 509								
504	Is your wife currently pregnant?	YES 1 NO 2 DON'T KNOW 8	<input type="checkbox"/> → 507								
505	Now I have some questions about the future. After the child you and your wife 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	<input type="checkbox"/> → 514								
506	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 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> YEARS 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> SOON/NOW 993 OTHER 996 (SPECIFY) DON'T KNOW 998									→ 514
507	CHECK 208: HAS FATHERED CHILDREN <input type="checkbox"/> HAS NOT FATHERED CHILDREN <input type="checkbox"/> a) Now I have some questions about the future. Would you like to have another child, or would you prefer not to have any more children? b) Now I have some questions about the future. Would you like to have a child, or would you prefer not to have any children?	HAVE (A/ANOTHER) CHILD 1 NO MORE/NONE 2 SAYS COUPLE CAN'T GET PREGNANT 3 WIFE STERILIZED 4 UNDECIDED/DON'T KNOW 8	→ 514								
508	CHECK 208: HAS FATHERED CHILDREN <input type="checkbox"/> HAS NOT FATHERED CHILDREN <input type="checkbox"/> a) How long would you like to wait from now before the birth of another child? b) How long would you like to wait from now before the birth of a child?	MONTHS 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> YEARS 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> SOON/NOW 993 SAYS COUPLE CAN'T GET PREGNANT 994 OTHER 996 (SPECIFY) DON'T KNOW 998									→ 514
509	Are any of your wives currently pregnant?	YES 1 NO 2 DON'T KNOW 8	<input type="checkbox"/> → 512								

SECTION 5. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
510	Now I have some questions about the future. After the (child/children) you and your wives 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	→ 514								
511	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 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> YEARS 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> SOON/NOW 993 OTHER 996 (SPECIFY) DON'T KNOW 998									→ 514
512	CHECK 208: <div style="display: flex; justify-content: space-between;"><div>HAS FATHERED CHILDREN <input type="checkbox"/> a) Now I have some questions about the future. Would you like to have another child, or would you prefer not to have any more children?</div><div>HAS NOT FATHERED CHILDREN <input type="checkbox"/> b) Now I have some questions about the future. Would you like to have a child, or would you prefer not to have any children?</div></div>	HAVE (A/ANOTHER) CHILD 1 NO MORE/NONE 2 SAYS COUPLE CAN'T GET PREGNANT 3 WIFE/WIVES STERILIZED 4 UNDECIDED/DON'T KNOW 8	→ 514								
513	CHECK 208: <div style="display: flex; justify-content: space-between;"><div>HAS FATHERED CHILDREN <input type="checkbox"/> a) How long would you like to wait from now before the birth of another child?</div><div>HAS NOT FATHERED CHILDREN <input type="checkbox"/> b) How long would you like to wait from now before the birth of a child?</div></div>	MONTHS 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> YEARS 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> SOON/NOW 993 SAYS COUPLE CAN'T GET PREGNANT 994 OTHER 996 (SPECIFY) DON'T KNOW 998									
514	CHECK 203 AND 205: <div style="display: flex; justify-content: space-between;"><div>HAS LIVING CHILDREN <input type="checkbox"/> 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? PROBE FOR A NUMERIC RESPONSE.</div><div>203/205 NOT ASKED OR NO LIVING CHILDREN <input type="checkbox"/> b) If you could choose exactly the number of children to have in your whole life, how many would that be?</div></div>	NONE 00 NUMBER <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table> OTHER 96 (SPECIFY)			→ 601 → 601						
515	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?	BOYS GIRLS EITHER NUMBER . . <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> OTHER 96 (SPECIFY)									

SECTION 6. EMPLOYMENT AND GENDER ROLES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																
601	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	→ 604																																
602	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	→ 607																																
604	What is your occupation? That is, what kind of work do you mainly do?	_____ _____ _____																																	
606A	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																																	
607	CHECK 200A,: <div style="display: flex; justify-content: space-around;"> <div> 200A=YES CURRENTLY <input type="checkbox"/> MARRIED ↓ </div> <div> 200A= NO <input type="checkbox"/> NEVER MARRIED WIDOWED/SEPARATED/DIVORCED </div> </div>		→ 612																																
608	CHECK 606A: <div style="display: flex; justify-content: space-around;"> <div> CODE '1' OR '2' OR '3' <input type="checkbox"/> CIRCLED ↓ </div> <div> 606A NOT ASKED OR <input type="checkbox"/> CODE '4' OR '5' </div> </div>		→ 610																																
609	Who usually decides how the money you earn will be used: you, your wife, or you and your wife jointly?	RESPONDENT 1 WIFE 2 RESPONDENT AND WIFE JOINTLY 3 OTHER 6 (SPECIFY)																																	
610	Who usually makes decisions about health care for yourself: you, your wife, you and your wife jointly, or someone else?	RESPONDENT 1 WIFE 2 RESPONDENT AND WIFE JOINTLY 3 SOMEONE ELSE 4 OTHER 6																																	
611	Who usually makes decisions about making major household purchases?	RESPONDENT 1 WIFE 2 RESPONDENT AND WIFE JOINTLY 3 SOMEONE ELSE 4 OTHER 6																																	
612	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																																	
615	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																																	
618	In your opinion, is a husband justified in hitting or beating his wife in the following situations:	<table border="1"> <thead> <tr> <th></th><th>YES</th><th>NO</th><th>DK</th></tr> </thead> <tbody> <tr> <td>a) GOES OUT</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>b) NEGLECTS CHILDREN</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>c) BURNS FOOD</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>d) INSULTS</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>e) DISOBEYS</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>f) ARGUES</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>g) ANOTHER MAN</td><td>1</td><td>2</td><td>8</td></tr> </tbody> </table>		YES	NO	DK	a) GOES OUT	1	2	8	b) NEGLECTS CHILDREN	1	2	8	c) BURNS FOOD	1	2	8	d) INSULTS	1	2	8	e) DISOBEYS	1	2	8	f) ARGUES	1	2	8	g) ANOTHER MAN	1	2	8	
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g) ANOTHER MAN	1	2	8																																

SECTION 7. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
701	Now I would like to talk about something else. Have you ever heard of HIV or AIDS?	YES 1 NO 2	→ 727
702	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	
703	Can people get HIV from mosquito bites?	YES 1 NO 2 DON'T KNOW 8	
704	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	
705	Can people get HIV by sharing food with a person who has HIV?	YES 1 NO 2 DON'T KNOW 8	
705A	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	
705B	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	
707	Is it possible for a healthy-looking person to have HIV?	YES 1 NO 2 DON'T KNOW 8	
708	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	
709	CHECK 708: <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"/> → 716 </div>		
710	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	
716	Do you know of a place where people can go to get an HIV test?	YES 1 NO 2	→ 720

SECTION 7. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP		
717	<p>Where is that?</p> <p>Any other 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 SECTOR</p> <p>GOUVERNMENT HOSPITAL A</p> <p>GOUVERNMENT HEALTH CENTER B</p> <p>GOUVERNMENT MCH C</p> <p>UNIVERSITY HOSPITAL D</p> <p>ROYAL MEDICAL SERVICES E</p> <p>TESTING & COUNCELING CENTER F</p> <p>OTHER PUBLIC SECTOR G</p> <p align="center">_____ (SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC H</p> <p>PRIVATE DOCTOR I</p> <p>JORDANIAN AS. OF FP AND PROTECTION (JAFPP) J</p> <p>PRIVATE LABORATORY K</p> <p>OTHER NON GOV. ORGANIZATION. L</p> <p>OTHER PRIVATE MEDICAL SECTOR M</p> <p align="center">_____ (SPECIFY)</p> <p>OTHER X</p> <p align="center">_____ (SPECIFY)</p>			
720	Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had HIV?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW/NOT SURE/DEPENDS 8</p>			
721	Do you think children living with HIV should be allowed to attend school with children who do not have HIV?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW/NOT SURE/DEPENDS 8</p>			
723	Do people talk badly about people living with HIV, or who are thought to be living with HIV?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW/NOT SURE/DEPENDS 8</p>			
724	Do people living with HIV, or thought to be living with HIV, lose the respect of other people?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW/NOT SURE/DEPENDS 8</p>			
725	Do you agree or disagree with the following statement: I would be ashamed if someone in my family had HIV.	<p>AGREE 1</p> <p>DISAGREE 2</p> <p>DON'T KNOW/NOT SURE/DEPENDS 8</p>			
727	<p>CHECK 701:</p> <table border="0"> <tr> <td> <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> </td> <td> <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> </td> </tr> </table>	<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>	<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>	<p>YES 1</p> <p>NO 2</p>	
<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>	<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>				
728	<p>CHECK 200A, 200B:</p> <table border="0"> <tr> <td> <p>200A=YES OR 200B=YES <input type="checkbox"/> EVER MARRIED ↓</p> </td> <td> <p>200B=NO <input type="checkbox"/> NEVER MARRIED → 736</p> </td> </tr> </table>	<p>200A=YES OR 200B=YES <input type="checkbox"/> EVER MARRIED ↓</p>	<p>200B=NO <input type="checkbox"/> NEVER MARRIED → 736</p>		
<p>200A=YES OR 200B=YES <input type="checkbox"/> EVER MARRIED ↓</p>	<p>200B=NO <input type="checkbox"/> NEVER MARRIED → 736</p>				
729	<p>CHECK 727: HEARD ABOUT OTHER SEXUALLY TRANSMITTED INFECTIONS?</p> <p>YES <input type="checkbox"/> ↓</p> <p>NO <input type="checkbox"/> → 736</p>				

SECTION 7. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
730	Now I would like to ask you some questions about your health in the last 12 months. During the last 12 months, have you had a disease which you got through sexual contact?	YES 1 NO 2 DON'T KNOW 8	
736	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	
737	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	

SECTION 8. OTHER HEALTH ISSUES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
808	Do you currently smoke tobacco every day, some days, or not at all?	EVERY DAY 1 SOME DAYS 2 NOT AT ALL 3	→ 811 → 810
809	In the past, have you smoked tobacco every day?	YES 1 NO 2	→ 812
810	In the past, have you ever smoked tobacco every day, some days, or not at all?	EVERY DAY 1 SOME DAYS 2 NOT AT ALL 3	→ 816
811	On average, how many of the following products do you currently smoke each day? Also, let me know if you use the product, but not every day. IF RESPONDENT REPORTS USING THE PRODUCT BUT NOT EVERY DAY, RECORD '888'. IF THE PRODUCT IS NOT USED AT ALL, RECORD '000'. a) Manufactured cigarettes? b) Hand-rolled cigarettes? c) Pipes full of tobacco? d) Cigars? e) Number of nargila sessions? f) Any others? _____ (SPECIFY)	<p align="center">NUMBER DAILY</p> a) MANUFACTURED CIGARETTES <input type="text"/> <input type="text"/> <input type="text"/> b) HAND-ROLLED CIGARETTES <input type="text"/> <input type="text"/> <input type="text"/> c) PIPES FULL OF TOBACCO <input type="text"/> <input type="text"/> <input type="text"/> d) CIGARS <input type="text"/> <input type="text"/> <input type="text"/> e) NUMBER OF NARGILA SESSIONS <input type="text"/> <input type="text"/> <input type="text"/> f) OTHERS <input type="text"/> <input type="text"/> <input type="text"/>	→ 816
812	On average, how many of the following products do you currently smoke each week? Also, let me know if you use the product, but not every week. IF RESPONDENT REPORTS USING THE PRODUCT BUT NOT EVERY WEEK, RECORD '888'. IF THE PRODUCT IS NOT USED AT ALL, RECORD '000'. a) Manufactured cigarettes? b) Hand-rolled cigarettes? c) Pipes full of tobacco? d) Cigars? e) Number of nargila sessions? f) Any others? _____ (SPECIFY)	<p align="center">NUMBER WEEKLY</p> a) MANUFACTURED CIGARETTES <input type="text"/> <input type="text"/> <input type="text"/> b) HAND-ROLLED CIGARETTES <input type="text"/> <input type="text"/> <input type="text"/> c) PIPES FULL OF TOBACCO <input type="text"/> <input type="text"/> <input type="text"/> d) CIGARS <input type="text"/> <input type="text"/> <input type="text"/> e) NUMBER OF NARGILA SESSIONS <input type="text"/> <input type="text"/> <input type="text"/> f) OTHERS <input type="text"/> <input type="text"/> <input type="text"/>	
816	Are you covered by any health insurance?	YES 1 NO 2	→ 818
817	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)	
818	RECORD THE TIME.	HOURS <input type="text"/> <input type="text"/> MINUTES <input type="text"/> <input type="text"/>	

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
