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THE HASHEMITE KINGDOM OF JORDAN  
 Department of Statistics  
 National Household Survey Division

-&dDJORDAN POPULATION AND FAMILY HEALTH-&d@  
 -&dDSURVEY (JPFHS-II), 1996-&d@

-&dHOUSEHOLD QUESTIONNAIRE-&d@

IDENTIFICATION	
1. GOVERNORATE.....	<input type="text"/>
2. DISTRICT.....	<input type="text"/>
3. SUBDISTRICT.....	<input type="text"/>
4. LOCALITY.....	<input type="text"/>
5. STRATUM NUMBER.....	<input type="text"/>
6. CENSUS BLOCK NUMBER.....	<input type="text"/>
7. JPFHS-II CLUSTER NUMBER.....	<input type="text"/>
8. HOUSEHOLD NUMBER.....	<input type="text"/>
9. URBAN/RURAL (urban=1, rural=2).....	<input type="text"/>
10. AMMAN/LARGE CITY/MEDIUM CITY/TOWN/COUNTRYSIDE..... (Amman=1, medium city=2, small city=3, town=4, countryside=5) Amman almost 1,000,000; Medium city (Zarqa, Russaifa, Irbid, Salt, Madaba) 50,000 - 500,0000 Small city 20,000 - 49,999; Town 5,000 - 19,999 Countryside < 5,000	<input type="text"/>
11. NAME OF HOUSEHOLD HEAD.....	<input type="text"/>

INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE	<input type="text"/>	<input type="text"/>	<input type="text"/>	DAY <input type="text"/> MONTH <input type="text"/> YEAR <input type="text"/> 1 <input type="text"/> 9 <input type="text"/> 9 <input type="text"/> 7
INTERVIEWER'S NAME	<input type="text"/>	<input type="text"/>	<input type="text"/>	NAME <input type="text"/>
RESULT*	<input type="text"/>	<input type="text"/>	<input type="text"/>	RESULT <input type="text"/>
NEXT VISIT: DATE	<input type="text"/>	<input type="text"/>	<input type="text"/>	TOTAL NO. OF VISITS <input type="text"/>
TIME	<input type="text"/>	<input type="text"/>	<input type="text"/>	
*RESULT CODES: 1 COMPLETED 2 NO HOUSEHOLD MEMBER AT HOME OR NO COMPETENT RESPONDENT AT HOME AT TIME OF VISIT 3 ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD 4 POSTPONED 5 REFUSED 6 DWELLING VACANT OR ADDRESS NOT A DWELLING 7 DWELLING DESTROYED 8 DWELLING NOT FOUND 9 OTHER _____ (specify)				TOTAL IN HOUSEHOLD <input type="text"/> TOTAL ELIGIBLE WOMEN <input type="text"/> LINE NO. OF RESP. TO HOUSEHOLD SCHEDULE <input type="text"/>

SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED BY
NAME <input type="text"/>	NAME <input type="text"/>	<input type="text"/>	<input type="text"/>
DATE <input type="text"/>	DATE <input type="text"/>	<input type="text"/>	<input type="text"/>

HOUSEHOLD SCHEDULE

Now we would like some information about the people who usually live in your household or who are staying with you now.

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD*	RESIDENCE		SEX	AGE	EDUCATION			
			Does (NAME) usually live here?	Did (NAME) stay here last night?	Is (NAME) male or female?	How old is (NAME)?	IF AGE 5 YEARS OR OLDER			
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)		(10)
			YES NO	YES NO	M F	IN YEARS	YES NO	GRADE LEVEL	IF ATTENDED SCHOOL	
			1 2	1 2	1 2		1 2		What is the highest level of school (NAME) attended?	IF AGE LESS THAN 25 YEARS
									What is the highest grade (NAME) completed at that level?*	Is (NAME) still in school?
01										
02										
03										
04										
05										
06										
07										
08										
09										
10										
11										
12										
13										
14										

TICK HERE IF CONTINUATION SHEET USED

ENTER THE TOTAL NUMBER OF ELIGIBLE:

Just to make sure that I have a complete listing:

- 1) Are there any other persons such as small children or infants that we have not listed?
- 2) In addition, are there any other people who may not be members of your family, such as domestic servants, lodgers or friends who usually live here?
- 3) Are there any guests or temporary visitors staying here, or anyone else who slept here last night that have not been listed?

HOUSEHOLD SCHEDULE

PARENTAL SURVIVORSHIP AND RESIDENCE ***				MARITAL STATUS IF AGE 15 YEARS OR OLDER	ELIGIBILITY	
Is (NAME)'s natural mother alive?	IF ALIVE	Is (NAME)'s natural father alive?	IF ALIVE		WOMAN	HUSBAND
	Does (NAME)'s natural mother live in this house- hold? IF YES: What is her name? RECORD MOTHER'S LINE NUMBER (12)		Does (NAME)'s natural father live in this house- hold? IF YES: What is his name? RECORD FATHER'S LINE NUMBER (14)	What is (NAME) current marital status? 1 SINGLE/SIGNED CONTRACT 2 MARRIED 3 DIVORCED 4 WIDOWED 5 SEPARATED	CIRCLE LINE NUMBER OF EVER MARRIED WOMEN AGE 15-49 YEARS WHO ARE USUAL RESIDENTS OR STAYED THERE ON THE NIGHT BEFORE INTERVIEW	CIRCLE LINE NUMBER OF MEN ELIGIBLE FOR INTERVIEW (I.E., MEN WHOSE WIVES ARE ELIGIBLE)
(11)	(12)	(13)	(14)	(15)	(16)	(17)
YES NO DK		YES NO DK				
1 2 8	<input type="checkbox"/>	1 2 8	<input type="checkbox"/>	<input type="checkbox"/>	01	01
1 2 8	<input type="checkbox"/>	1 2 8	<input type="checkbox"/>	<input type="checkbox"/>	02	02
1 2 8	<input type="checkbox"/>	1 2 8	<input type="checkbox"/>	<input type="checkbox"/>	03	03
1 2 8	<input type="checkbox"/>	1 2 8	<input type="checkbox"/>	<input type="checkbox"/>	04	04
1 2 8	<input type="checkbox"/>	1 2 8	<input type="checkbox"/>	<input type="checkbox"/>	05	05
1 2 8	<input type="checkbox"/>	1 2 8	<input type="checkbox"/>	<input type="checkbox"/>	06	06
1 2 8	<input type="checkbox"/>	1 2 8	<input type="checkbox"/>	<input type="checkbox"/>	07	07
1 2 8	<input type="checkbox"/>	1 2 8	<input type="checkbox"/>	<input type="checkbox"/>	08	08
1 2 8	<input type="checkbox"/>	1 2 8	<input type="checkbox"/>	<input type="checkbox"/>	09	09
1 2 8	<input type="checkbox"/>	1 2 8	<input type="checkbox"/>	<input type="checkbox"/>	10	10
1 2 8	<input type="checkbox"/>	1 2 8	<input type="checkbox"/>	<input type="checkbox"/>	11	11
1 2 8	<input type="checkbox"/>	1 2 8	<input type="checkbox"/>	<input type="checkbox"/>	12	12
1 2 8	<input type="checkbox"/>	1 2 8	<input type="checkbox"/>	<input type="checkbox"/>	13	13
1 2 8	<input type="checkbox"/>	1 2 8	<input type="checkbox"/>	<input type="checkbox"/>	14	14

WOMEN

MEN

YES  → ENTER EACH IN TABLE      NO

YES  → ENTER EACH IN TABLE      NO

YES  → ENTER EACH IN TABLE      NO

\* CODES FOR Q.3  
RELATIONSHIP TO HEAD OF HOUSEHOLD:  
01 = HEAD  
02 = WIFE OR HUSBAND  
03 = SON OR DAUGHTER  
04 = SON-IN-LAW OR DAUGHTER-IN-LAW  
05 = GRANDCHILD  
06 = PARENT  
07 = PARENT-IN-LAW  
08 = BROTHER OR SISTER  
09 = GRANDFATHER/GRANDMOTHER  
10 = OTHER RELATIVE  
11 = ADOPTED/STEP CHILD  
12 = NOT RELATED  
96 = DON'T KNOW

\*\* CODES FOR Q.9  
EDUCATION LEVEL:  
01 = ELEMENTARY  
02 = PREPARATORY  
03 = BASIC  
04 = VOCATIONAL SECONDARY  
05 = ACADEMIC SECONDARY  
06 = INTERMEDIATE DIPLOMA  
07 = UNIVERSITY  
08 = HIGHER STUDIES  
98 = DON'T KNOW

EDUCATION GRADE:  
00 = <1 YEAR COMPLETED  
98 = DON'T KNOW

\*\*\* Q.11 THROUGH Q.14:  
These questions refer to the  
biological parents of the person.  
Record 00 if parent not member  
of household.

-&l00-&all

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																														
18	What is the main source of drinking water for members of your household?	PIPED WATER PIPED INTO RESIDENCE/YARD/PLOT.....11 →20 PUBLIC TAP.....12 WELL WATER WELL IN RESIDENCE/YARD/PLOT..21 →20 PUBLIC WELL.....22 SURFACE WATER SPRING.....31 RIVER/STREAM.....32 POND/LAKE.....33 DAM.....34 RAINWATER.....41 →20 TANKER TRUCK.....51 →20 BOTTLED WATER.....61 →20 OTHER _____ 96 (SPECIFY)																															
19	How long does it take to go there, get water, and come back?	MINUTES..... <input type="text"/> <input type="text"/> <input type="text"/> ON PREMISES.....996																															
20	What kind of sewage system do you have in your house?	PUBLIC NETWORK.....1 DUG HOLE.....2 OTHER _____ 3 (SPECIFY) NO SEWAGE.....4																															
20A	What kind of toilet facility does your household have?	FLUSH TOILET OWN FLUSH TOILET.....11 SHARED FLUSH TOILET.....12 PIT TOILET/LATRINE TRADITIONAL PIT TOILET.....21 NO FACILITY/BUSH/FIELD.....31 OTHER _____ 96 (SPECIFY)																															
21	Does your household have:  Electricity? A radio? A television? A video? A telephone? A refrigerator? An air conditioner? Solar water heater? Satelite dish?	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>ELECTRICITY.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>RADIO THAT WORKS.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>TELEVISION THAT WORKS.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>VIDEO.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>TELEPHONE.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>REFRIGERATOR.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>AIR CONDITIONER.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>SOLAR WATER HEATER.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>SATELITE DISH.....</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	ELECTRICITY.....	1	2	RADIO THAT WORKS.....	1	2	TELEVISION THAT WORKS.....	1	2	VIDEO.....	1	2	TELEPHONE.....	1	2	REFRIGERATOR.....	1	2	AIR CONDITIONER.....	1	2	SOLAR WATER HEATER.....	1	2	SATELITE DISH.....	1	2	
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SOLAR WATER HEATER.....	1	2																															
SATELITE DISH.....	1	2																															
22	How many rooms in your household are used for sleeping?	ROOMS..... <input type="text"/> <input type="text"/>																															
23	MAIN MATERIAL OF THE FLOOR.  RECORD OBSERVATION.	NATURAL FLOOR EARTH/SAND.....11 RUDIMENTARY FLOOR WOOD PLANKS.....21 FINISHED FLOOR PARQUET OR POLISHED WOOD.....31 VINYL OR ASPHALT STRIPS.....32 CERAMIC TILES.....33 CEMENT.....34 CARPET.....35 OTHER _____ 96 (SPECIFY)																															

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
24	Does any member of your household own:	YES NO	
	A bicycle?	BICYCLE.....1 2	
	A motorcycle?	MOTORCYCLE.....1 2	
	A private car?	PRIVATE CAR.....1 2	
	A commercial car?	COMMERCIAL CAR.....1 2	
	A pickup?	PICKUP.....1 2	
	An agricultural tractor?	AGRICULTURAL TRACTOR.....1 2	
	An other mode of transportation	OTHER MODE OF TRANSPORT....1 2	
25	What type of salt is usually used for cooking in your household?	PACKAGED SALT (IODIZED).....1 PACKAGED SALT (NOT IODIZED).....2	
	(ASK TO SEE SALT PACKAGE).	OTHER _____ 6 (SPECIFY)	