

The Hashemite Kingdom of Jordan

Department of Statistics
Household Survey Directorate

**JORDAN POPULATION AND
FAMILY HEALTH SURVEY**

Demographic and Health Surveys
ORC Macro International

WOMAN'S QUESTIONNAIRE

IDENTIFICATION													
GROUP No:	□	QUESTIONNAIRE No:			□ □ □ □								
GOVERNORATE: _____	□ □ □ □ □ □ □ □ □ □	BLOCK No:	□ □ □ □ □ □										
DISTRICT: _____		BUILDING No: _____											
SUB-DISTRICT: _____		HOUSING UNIT No: _____											
LOCALITY: _____		CLUSTER No:	□ □ □ □										
STRATUM: _____		HOUSEHOLD No:	□ □ □ □										
URBAN/RURAL (Urban = 1; Rural = 2):		TELEPHONE No (if available): _____											
NAME AND LINE NUMBER OF WOMAN: _____				□ □									
INTERVIEWER VISITS													
	1	2	3	FINAL VISIT									
DATE	_____	_____	_____	DAY _____									
				MONTH _____									
				YEAR 2 0 0 2									
INTERVIEWER'S NAME	_____	_____	_____	NAME _____									
RESULT*	_____	_____	_____	RESULT _____									
NEXT VISIT: DATE	_____	_____		TOTAL NO. OF VISITS □									
TIME	_____	_____											
<p>*RESULT CODES:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">1 COMPLETED</td> <td style="width: 33%;">4 REFUSED</td> <td style="width: 33%;">7 OTHER _____</td> </tr> <tr> <td>2 NOT AT HOME</td> <td>5 PARTLY COMPLETED</td> <td style="text-align: right;">(SPECIFY)</td> </tr> <tr> <td>3 POSTPONED</td> <td>6 INCAPACITATED</td> <td></td> </tr> </table>					1 COMPLETED	4 REFUSED	7 OTHER _____	2 NOT AT HOME	5 PARTLY COMPLETED	(SPECIFY)	3 POSTPONED	6 INCAPACITATED	
1 COMPLETED	4 REFUSED	7 OTHER _____											
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3 POSTPONED	6 INCAPACITATED												
SUPERVISOR		FIELD EDITOR		OFFICE EDITOR									
NAME _____		NAME _____		NAME _____									
DATE _____		DATE _____		DATE _____									

INTRODUCTION AND CONSENT

INFORMED CONSENT

Hello. My name is _____ and I am working with THE DEPARTMENT OF STATISTICS. We are conducting a national survey about the health of women and children. We would very much appreciate your participation in this survey. I would like to ask you about your health (and the health of your children). This information will help the government to plan health services. The survey usually takes between 20 and 45 minutes to complete. Whatever information you provide will be kept strictly confidential and will not be shown to other persons.

Participation in this survey is voluntary and you can choose not to answer any individual question or all of the questions. However, we hope that you will participate in this survey since your views are important.¹

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

Signature of interviewer: _____ Date: _____

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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
101	RECORD THE TIME.	HOUR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> MINUTES <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>									
101A	What is your marital status now: are you married, widowed, divorced, or separated? IF THE WOMAN IS NOT MARRIED, WIDOWED, DIVORCED OR SEPARATED, END THE INTERVIEW, AND CORRECT MARITAL STATUS AND ELIGIBILITY IN THE HOUSEHOLD QUESTIONNAIRE	MARRIED 1 WIDOWED 2 DIVORCED 3 SEPARATED 4									
103	How long have you been living continuously in (NAME OF CURRENT PLACE OF RESIDENCE)? IF LESS THAN ONE YEAR, RECORD '00' YEARS.	YEARS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> ALWAYS 95 VISITOR 96			<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> → 10 5						
104	Just before you moved here, did you live in Amman City, in another city, in a separated camp, in a village, or outside Jordan?	AMMAN CITY 1 OTHER CITY 2 SEPARATED CAMP 3 VILLAGE 4 OUTSIDE JORDAN 5									
105	In what month and year were you born?	MONTH <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> DON'T KNOW MONTH 98 YEAR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> 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 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>									
107	Have you ever attended school?	YES 1 NO 2	→ 114								

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, the university, or higher?	OLD SYSTEM ELEMENTARY 1 PREPARATORY 2 SECONDARY 3 NEW SYSTEM BASIC 4 SECONDARY 5 INTERMEDIATE DIPLOMA 6 UNIVERSITY 7 HIGHER 8	
109	What is the highest grade you completed at that level?	GRADE <input type="text"/> <input type="text"/>	
114	How often do you read a Jordanian newspaper or magazine? Would you say: almost every day, 3-5 times a week, once or twice a week, once a month, few times a year, or never?	ALMOST EVERY DAY 1 3-5 TIMES A WEEK 2 ONCE OR TWICE A WEEK 3 ONCE A MONTH 4 FEW TIMES A YEAR 5 NEVER 6 CANNOT READ/ILLITERATE 7	
115	How often do you listen to the Jordanian radio? Would you say: almost every day, at least once a week, at least once a month, few times a year, or never?	ALMOST EVERY DAY 1 AT LEAST ONCE A WEEK 2 AT LEAST ONCE A MONTH 3 FEW TIMES A YEAR 4 NEVER 5	
116	How often do you watch the Jordanian television? Would you say: almost every day, at least once a week, at least once a month, few times a year, or never?	ALMOST EVERY DAY 1 AT LEAST ONCE A WEEK 2 AT LEAST ONCE A MONTH 3 FEW TIMES A YEAR 4 NEVER 5	
117	What is your religion?	ISLAM 1 CHRISTIAN 2 OTHER 6 (SPECIFY)	

SECTION 2: REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
201	Now I would like to ask about all the births you have had during your life. Have you ever given birth?	YES..... 1 NO..... 2	→206								
202	Do you have any sons or daughters to whom you have given birth who are now living with you?	YES..... 1 NO..... 2	→204								
203	How many sons live with you? And how many daughters live with you? IF NONE, RECORD '00'.	SONS AT HOME <table border="1" data-bbox="1226 352 1318 464" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> DAUGHTERS AT HOME..... <table border="1" data-bbox="1226 409 1318 520" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									
204	Do you have any sons or daughters to whom you have given birth who are alive but do not live with you?	YES..... 1 NO..... 2	→206								
205	How many sons are alive but do not live with you? And how many daughters are alive but do not live with you? IF NONE, RECORD '00'.	SONS ELSEWHERE..... <table border="1" data-bbox="1226 590 1318 701" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> DAUGHTERS ELSEWHERE... <table border="1" data-bbox="1226 653 1318 764" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									
206	Have you ever given birth to a boy or girl who was born alive but later died? IF NO, PROBE: Any baby who cried or showed signs of life but did not survive?	YES..... 1 NO..... 2	→208								
207	How many boys have died? And how many girls have died? IF NONE, RECORD '00'.	BOYS DEAD <table border="1" data-bbox="1226 884 1318 995" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> GIRLS DEAD <table border="1" data-bbox="1226 947 1318 1058" 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..... <table border="1" data-bbox="1226 1060 1318 1117" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>									
209	CHECK 208: Just to make sure that I have this right: you have had in TOTAL _____ births during your life. Is that correct? YES <input type="checkbox"/> NO <input type="checkbox"/> → PROBE AND CORRECT 201-208 AS NECESSARY.										
210	CHECK 208: ONE OR MORE BIRTHS <input type="checkbox"/> NO BIRTHS <input type="checkbox"/> →		→226								

211 Now I would like to record the names of all your births you have had during your marriage(s), whether still alive or not, starting with the first one you had. RECORD NAMES OF ALL THE BIRTHS IN 212. RECORD TWINS AND TRIPLETS ON SEPARATE LINES.									
212	213	214	215	216	217 IF ALIVE:	218 IF ALIVE	219 IF ALIVE:	220 IF DEAD:	221
What name was given to your (first/next) baby? (NAME)	Were any of these births twins?	Is (NAME) a boy or a girl?	In what month and year was (NAME) born? PROBE: What is his/her birthday?	Is (NAME) still alive?	How old was (NAME) at his/her last birthday? RECORD AGE IN COMPLETED YEARS. IF LESS THAN 1 YEAR, RECORD '00'	Is (NAME) living with you?	RECORD HOUSEHOLD LINE NUMBER OF CHILD (RECORD '00' IF CHILD NOT LISTED IN HOUSEHOLD)	How old was (NAME) when he/she died? IF '1 YR', PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS.	Were there any other live births between (NAME OF PREVIOUS BIRTH) and (NAME)?
01	SING...1 MULT...2	BOY...1 GIRL...2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES...1 NO...2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES.....1 NO.....2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (NEXT BIRTH)	DAYS.....1 MONTHS..2 YEARS....3	
02	SING...1 MULT...2	BOY...1 GIRL...2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES...1 NO...2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES.....1 NO.....2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS.....1 MONTHS..2 YEARS....3	YES..... 1 NO..... 2
03	SING...1 MULT...2	BOY...1 GIRL...2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES...1 NO...2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES.....1 NO.....2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS.....1 MONTHS..2 YEARS....3	YES..... 1 NO..... 2
04	SING...1 MULT...2	BOY...1 GIRL...2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES...1 NO...2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES.....1 NO.....2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS.....1 MONTHS..2 YEARS....3	YES..... 1 NO..... 2
05	SING...1 MULT...2	BOY...1 GIRL...2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES...1 NO...2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES.....1 NO.....2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS.....1 MONTHS..2 YEARS....3	YES..... 1 NO..... 2
06	SING...1 MULT...2	BOY...1 GIRL...2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES...1 NO...2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES.....1 NO.....2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS.....1 MONTHS..2 YEARS....3	YES..... 1 NO..... 2
07	SING...1 MULT...2	BOY...1 GIRL...2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES...1 NO...2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES.....1 NO.....2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS.....1 MONTHS..2 YEARS....3	YES..... 1 NO..... 2
08	SING...1 MULT...2	BOY...1 GIRL...2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES...1 NO...2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES.....1 NO.....2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS.....1 MONTHS..2 YEARS....3	YES..... 1 NO..... 2

212	213	214	215	216	217 IF ALIVE:	218 IF ALIVE	219 IF ALIVE:	220 IF DEAD:	221
What name was given to your next baby? (NAME)	Were any of these births twins?	Is (NAME) a boy or a girl?	In what month and year was (NAME) born? PROBE: What is his/her birthday?	Is (NAME) still alive?	How old was (NAME) at his/her last birthday? RECORD AGE IN COMPLETED YEARS.	Is (NAME) living with you?	RECORD HOUSEHOLD LINE NUMBER OF CHILD (RECORD '00' IF CHILD NOT LISTED IN HOUSEHOLD)	How old was (NAME) when he/she died? IF '1 YR', PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS.	Were there any other live births between (NAME OF PREVIOUS BIRTH) and (NAME)?
09	SING...1 MULT...2	BOY...1 GIRL...2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES...1 NO...2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES.....1 NO.....2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS.....1 <input type="text"/> <input type="text"/> MONTHS.2 <input type="text"/> <input type="text"/> YEARS....3 <input type="text"/> <input type="text"/>	YES.....1 NO.....2
10	SING...1 MULT...2	BOY...1 GIRL...2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES...1 NO...2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES.....1 NO.....2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS.....1 <input type="text"/> <input type="text"/> MONTHS.2 <input type="text"/> <input type="text"/> YEARS....3 <input type="text"/> <input type="text"/>	YES.....1 NO.....2
11	SING...1 MULT...2	BOY...1 GIRL...2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES...1 NO...2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES.....1 NO.....2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS.....1 <input type="text"/> <input type="text"/> MONTHS.2 <input type="text"/> <input type="text"/> YEARS....3 <input type="text"/> <input type="text"/>	YES.....1 NO.....2
12	SING...1 MULT...2	BOY...1 GIRL...2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES...1 NO...2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES.....1 NO.....2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS.....1 <input type="text"/> <input type="text"/> MONTHS.2 <input type="text"/> <input type="text"/> YEARS....3 <input type="text"/> <input type="text"/>	YES.....1 NO.....2
13	SING...1 MULT...2	BOY...1 GIRL...2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES...1 NO...2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES.....1 NO.....2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS.....1 <input type="text"/> <input type="text"/> MONTHS.2 <input type="text"/> <input type="text"/> YEARS....3 <input type="text"/> <input type="text"/>	YES.....1 NO.....2
14	SING...1 MULT...2	BOY...1 GIRL...2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES...1 NO...2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES.....1 NO.....2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS.....1 <input type="text"/> <input type="text"/> MONTHS.2 <input type="text"/> <input type="text"/> YEARS....3 <input type="text"/> <input type="text"/>	YES.....1 NO.....2
222	Have you had any live births since the birth of (NAME OF LAST BIRTH)?						YES.....1 NO.....2	1 2	
223	<p>COMPARE 208 WITH NUMBER OF BIRTHS IN HISTORY ABOVE AND MARK:</p> <p>NUMBERS ARE SAME <input type="checkbox"/> NUMBERS ARE DIFFERENT <input type="checkbox"/> (PROBE AND RECONCILE)</p> <p>CHECK: FOR EACH BIRTH: YEAR OF BIRTH IS RECORDED.</p> <p>FOR EACH LIVING CHILD: CURRENT AGE IS RECORDED.</p> <p>FOR EACH DEAD CHILD: AGE AT DEATH IS RECORDED.</p> <p>FOR AGE AT DEATH 12 MONTHS OR 1 YR.: PROBE TO DETERMINE EXACT NUMBER OF MONTHS.</p>								<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
224	CHECK 215 AND ENTER THE NUMBER OF BIRTHS IN 1997 OR LATER. IF NONE, RECORD '0'.								<input type="text"/>

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
225	FOR EACH BIRTH SINCE JANUARY 1997, ENTER 'B' IN THE MONTH OF BIRTH IN COLUMN 1 OF THE CALENDAR. FOR EACH BIRTH, ASK THE NUMBER OF MONTHS THE PREGNANCY LASTED AND RECORD 'P' IN EACH OF THE PRECEDING MONTHS ACCORDING TO THE DURATION OF PREGNANCY. (NOTE: THE NUMBER OF 'P's MUST BE ONE LESS THAN THE NUMBER OF MONTHS THAT THE PREGNANCY LASTED.) WRITE THE NAME OF THE CHILD TO THE LEFT OF THE 'B' CODE.		
226	Are you pregnant now?	YES..... 1 NO..... 2 UNSURE..... 8	1 → 229
227	How many months pregnant are you? RECORD NUMBER OF COMPLETED MONTHS. ENTER 'P's IN COLUMN 1 OF CALENDAR, BEGINNING WITH THE MONTH OF INTERVIEW AND FOR THE TOTAL NUMBER OF COMPLETED MONTHS.	MONTHS <input type="text"/> <input type="text"/>	
228	At the time you became pregnant did you want to become pregnant <u>then</u> , did you want to wait until <u>later</u> , or did you <u>not want</u> to have any (more) children at all?	THEN..... 1 LATER..... 2 NOT AT ALL..... 3	
229	Have you ever had a pregnancy that miscarried, was aborted, or ended in a stillbirth?	YES..... 1 NO..... 2	→ 237
229A	The last time you had a such pregnancy, did the pregnancy end in a miscarriage, an induced abortion or a stillbirth?	MISCARRIAGE..... 1 INDUCED ABORTION..... 2 STILLBIRTH..... 3	
230	When did the last such pregnancy end?	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
231	CHECK 230: LAST PREGNANCY ENDED IN <input type="checkbox"/> LAST PREGNANCY ENDED BEFORE <input type="checkbox"/> JAN. 1997 OR LATER JAN. 1997		→ 237
231A	Where did the last such pregnancy that ended in a (MISCARRIAGE/ABORTION/STILLBIRTH – FROM Q.229A) take place?	PUBLIC SECTOR GOVT. HOSPITAL..... 11 GOVT. HEALTH CENTER..... 12 UNIVERSITY HOSPITAL..... 13 ROYAL MEDICAL HOSPITAL..... 14 OTHER PUBLIC 16 (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC..... 21 OTHER PRIVATE MEDICAL 26 (SPECIFY) YOUR HOME/OTHER HOME..... 31 OTHER 96 (SPECIFY)	
232	How many months pregnant were you when the last such pregnancy ended? RECORD NUMBER OF COMPLETED MONTHS. ENTER 'T' IN COLUMN 1 OF CALENDAR IN THE MONTH THAT THE PREGNANCY TERMINATED AND 'P' FOR THE REMAINING NUMBER OF COMPLETED MONTHS.	MONTHS <input type="text"/> <input type="text"/>	
233	Have you ever had any other pregnancies which did not result in a live birth?	YES..... 1 NO..... 2	→ 237
234	ASK THE DATE AND THE DURATION OF PREGNANCY FOR EACH EARLIER NON-LIVE BIRTH PREGNANCY BACK TO JANUARY 1997. ENTER 'T' IN COLUMN 1 OF CALENDAR IN THE MONTH THAT EACH PREGNANCY TERMINATED AND 'P' FOR THE REMAINING NUMBER OF COMPLETED MONTHS.		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
235	Have you had any pregnancies that terminated before 1997 that did not result in a live birth?	YES..... 1 NO..... 2	→237
236	When did the last such pregnancy that terminated before 1997 end?	MONTH YEAR	
237	When did your last menstrual period start? _____ (DATE, IF GIVEN)	DAYS AGO 1 WEEKS AGO 2 MONTHS AGO..... 3 YEARS AGO 4 IN MENOPAUSE/ HAS HAD HYSTERECTOMY 994 BEFORE LAST BIRTH..... 995 NEVER MENSTRUATED 996	
238	From one menstrual period to the next, are there certain days when a woman is more likely to become pregnant?	YES..... 1 NO..... 2 DON'T KNOW 8	→301
239	Is this time just before her period begins, during her period, right after her period has ended, or half way between two periods?	JUST BEFORE HER PERIOD BEGINS 1 DURING HER PERIOD..... 2 RIGHT AFTER HER PERIOD HAS ENDED 3 HALF WAY BETWEEN TWO PERIODS 4 OTHER 6 (SPECIFY) DON'T KNOW 8	

SECTION 3. CONTRACEPTION

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. CIRCLE CODE 1 IN 301 FOR EACH METHOD MENTIONED SPONTANEOUSLY. THEN PROCEED DOWN COLUMN 301, READING THE NAME AND DESCRIPTION OF EACH METHOD NOT MENTIONED SPONTANEOUSLY. CIRCLE CODE 1 IF METHOD IS RECOGNIZED, AND CODE 2 IF NOT RECOGNIZED. THEN, FOR EACH METHOD WITH CODE 1 CIRCLED IN 301, ASK 302.

301	Which ways or methods have you heard about? FOR METHODS NOT MENTIONED SPONTANEOUSLY, ASK: Have you ever heard of (METHOD)?		302	Have you ever used (METHOD)?
01	FEMALE STERILIZATION Women can have an operation to avoid having any more children.	YES1 NO2 <input type="checkbox"/>	Have you ever had an operation to avoid having any more children? YES1 NO2	
02	MALE STERILIZATION Men can have an operation to avoid having any more children.	YES1 NO2 <input type="checkbox"/>	Have you ever had a husband who had an operation to avoid having any more children? YES1 NO2	
03	PILL Women can take a pill every day to avoid becoming pregnant.	YES1 NO2 <input type="checkbox"/>	YES1 NO2	
04	IUD Women can have a loop or coil placed inside them by a doctor or a nurse.	YES1 NO2 <input type="checkbox"/>	YES1 NO2	
05	INJECTABLES Women can have an injection by a health provider that stops them from becoming pregnant for one or more months.	YES1 NO2 <input type="checkbox"/>	YES1 NO2	
06	IMPLANTS Women can have several small rods placed in their upper arm by a doctor or nurse which can prevent pregnancy for one or more years.	YES1 NO2 <input type="checkbox"/>	YES1 NO2	
07	CONDOM Men can put a rubber sheath on their penis before sexual intercourse.	YES1 NO2 <input type="checkbox"/>	YES1 NO2	
08	FEMALE CONDOM Women can place a sheath in their vagina before sexual intercourse.	YES1 NO2 <input type="checkbox"/>	YES1 NO2	
09	DIAPHRAGM Women can place a thin flexible disk in their vagina before intercourse.	YES1 NO2 <input type="checkbox"/>	YES1 NO2	
10	FOAM OR JELLY Women can place a suppository, jelly, or cream in their vagina before intercourse.	YES1 NO2 <input type="checkbox"/>	YES1 NO2	
11	LACTATIONAL AMENORRHEA METHOD (LAM) Up to 6 months after childbirth, a woman can use a method that requires that she breastfeeds frequently, day and night, and that her menstrual period has not returned.	YES1 NO2 <input type="checkbox"/>	YES1 NO2	
12	RHYTHM OR PERIODIC ABSTINENCE Every month that a woman is sexually active she can avoid pregnancy by not having sexual intercourse on the days of the month she is most likely to get pregnant.	YES1 NO2 <input type="checkbox"/>	YES1 NO2	
13	WITHDRAWAL Men can be careful and pull out before climax.	YES1 NO2 <input type="checkbox"/>	YES1 NO2	
14	EMERGENCY CONTRACEPTION Women can take pills up to three days after sexual intercourse to avoid becoming pregnant.	YES1 NO2 <input type="checkbox"/>	YES1 NO2	
15	Have you heard of any other ways or methods that women or men can use to avoid pregnancy?	YES1 _____ (SPECIFY) _____ (SPECIFY) NO2	YES1 NO2 YES1 NO2	
303	CHECK 302: NOT A SINGLE "YES" (NEVER USED) <input type="checkbox"/>	AT LEAST ONE "YES" (EVER USED) <input type="checkbox"/>	→ 307	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
304	Have you ever used anything or tried in any way to delay or avoid getting pregnant?	YES 1 NO 2	→306
305	ENTER '0' IN COLUMN 1 OF CALENDAR IN EACH BLANK MONTH. _____		→328A
306	What have you used or done? CORRECT 302 AND 303 (AND 301 IF NECESSARY).		
307	Now I would like to ask you about the first time that you did something or used a method to avoid getting pregnant. How many living children did you have at that time, if any? IF NONE, RECORD '00'.	NUMBER OF CHILDREN <input type="text"/> <input type="text"/>	
308	CHECK 302 (01): WOMAN NOT STERILIZED <input type="checkbox"/> WOMAN STERILIZED <input type="checkbox"/>		→311A
309	CHECK 226: NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/>		→318
310	Are you currently doing something or using any method to delay or avoid getting pregnant?	YES 1 NO 2	→318
311	Which method are you using? 311A CIRCLE '01' FOR FEMALE STERILIZATION.	FEMALE STERILIZATION 01 MALE STERILIZATION..... 02 PILL 03 IUD 04 INJECTABLES 05 IMPLANTS 06 CONDOM 07 FEMALE CONDOM..... 08 DIAPHRAGM..... 09 FOAM/JELLY 10 LACTATIONAL AMEN. METHOD..... 11 PERIODIC ABSTINENCE 12 WITHDRAWAL..... 13 OTHER _____ 96 (SPECIFY)	→313
312A	Why are you using (CURRENT METHOD)? Is it mainly for birth spacing for limiting births, or for any other reason?	SPACING 1 LIMITING 2 OTHER REASON _____ 6 (SPECIFY)	
312B	Would you like to use a different method of family planning than the one you are currently using?	YES 1 NO 2	→312E
312C	Which method would you prefer to use or to try?	FEMALE STERILIZATION 01 MALE STERILIZATION..... 02 PILL 03 IUD 04 INJECTABLES 05 IMPLANTS 06 CONDOM 07 FEMALE CONDOM..... 08 DIAPHRAGM..... 09 FOAM/JELLY 10 LACTATIONAL AMEN. METHOD..... 11 PERIODIC ABSTINENCE 12 WITHDRAWAL..... 13 OTHER _____ 96 (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP				
312D	What is the main reason why you are not currently using your preferred method (MENTIONED IN 312C)?	DOCTOR DID NOT ADVISE 01 EXPENSIVE/COST 02 NOT AVAILABLE/ACCESSIBLE 03 TOO FAR/DIFFICULT TO FIND 04 DON'T KNOW HOW TO OBTAIN 05 DON'T KNOW ENOUGH ABOUT THE METHOD USE 06 HUSBAND REJECTS/OPPOSES 07 FAMILY OPPOSES 08 RELIGIOUS REASONS 09 OTHER _____ 96 (SPECIFY) DO NOT KNOW 98					
312E	CHECK 311: <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> IUD <input type="checkbox"/> ↓ </div> <div style="text-align: center;"> OTHER METHOD <input type="checkbox"/> _____ </div> </div>		→316A				
312F	Who inserted your IUD?	DOCTOR 1 NURSE/MIDWIFE 2 OTHER _____ 6 (SPECIFY)	→316A				
313	In what facility did the sterilization take place? IF SOURCE IS HOSPITAL, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. _____ (NAME OF PLACE)	PUBLIC SECTOR GOVT. HOSPITAL 11 UNIVERSITY HOSPITAL 12 ROYAL MEDICAL SERVICES (ARMED FORCES) 13 OTHER PUBLIC _____ 16 (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC 21 OTHER PRIVATE MEDICAL _____ 26 (SPECIFY) DON'T KNOW 98					
314	CHECK 311: <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> CODE '01' CIRCLED <input type="checkbox"/> ↓ </div> <div style="text-align: center;"> CODE '01' NOT CIRCLED <input type="checkbox"/> ↓ </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%;"> Before your sterilization operation, were you told that you would not be able to have any (more) children because of the operation? </div> <div style="width: 45%;"> Before the sterilization operation, was your husband told that he would not be able to have any (more) children because of the operation? </div> </div>	YES 1 NO 2 DON'T KNOW 8					
315A	Do you regret that (you/your husband) had the operation not to have any (more) children?	YES 1 NO 2	→316				
315B	Why do you regret the operation?	RESPONDENT WANTS ANOTHER CHILD 1 HUSBAND WANTS ANOTHER CHILD 2 SIDE EFFECTS 3 CHILD DIED 4 OTHER _____ 6 (SPECIFY)					
316	In what month and year was the sterilization performed?	MONTH <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>					
316A	For how long have you been using (CURRENT METHOD) now without stopping? PROBE: In what month and year did you start using (CURRENT METHOD) continuously?	YEAR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>					

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
316B	<p>CHECK 316/316A, 215 AND 230:</p> <p>ANY BIRTH OR PREGNANCY TERMINATION AFTER MONTH AND YEAR OF START OF USE OF CONTRACEPTION IN 316/316A</p> <p>GO BACK TO 316/316A, PROBE AND RECORD MONTH AND YEAR AT START OF CONTINUOUS USE OF CURRENT METHOD (MUST BE AFTER LAST BIRTH OR PREGNANCY TERMINATION).</p>	<p>YES <input type="checkbox"/></p> <p>NO <input type="checkbox"/></p>	
317	<p>CHECK 316/316A:</p> <p>YEAR IS 1997 OR LATER <input type="checkbox"/></p> <p>YEAR IS 1996 OR EARLIER <input type="checkbox"/></p> <p>ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN COLUMN 1 OF THE CALENDAR AND IN EACH MONTH BACK TO THE DATE STARTED USING</p> <p>ENTER METHOD SOURCE CODE IN COLUMN 2 OF CALENDAR IN MONTH STARTED USING</p> <p>THEN CONTINUE WITH 318</p>	<p>ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN COLUMN 1 OF THE CALENDAR AND EACH MONTH BACK TO JANUARY 1997</p> <p>THEN SKIP TO →327</p>	
318	<p>I would like to ask you some questions about the times you or your husband may have used a method to avoid getting pregnant during the last few years.</p> <p>USE CALENDAR TO PROBE FOR EARLIER PERIODS OF USE AND NONUSE, STARTING WITH MOST RECENT USE, BACK TO JANUARY 1997 USE NAMES OF CHILDREN, DATES OF BIRTH, AND PERIODS OF PREGNANCY AS REFERENCE POINTS.</p> <p>IN COLUMN 1, ENTER METHOD USE CODE OR '0' FOR NONUSE IN EACH BLANK MONTH.</p> <p>ILLUSTRATIVE QUESTIONS: COLUMN 1:</p> <ul style="list-style-type: none"> When was the last time you used a method? Which method was that? When did you start using that method? How long after the birth of (NAME)? How long did you use the method then? <p>IN COLUMN 2, ENTER METHOD SOURCE CODE IN FIRST MONTH OF EACH USE.</p> <p>ILLUSTRATIVE QUESTIONS: COLUMN 2:</p> <ul style="list-style-type: none"> Where did you obtain the method when you started using it? Where did you get advice on how to use the method [for LAM, rhythm, or withdrawal]? <p>IN COLUMN 3, ENTER CODES FOR DISCONTINUATION NEXT TO LAST MONTH OF USE. NUMBER OF CODES IN COLUMN 3 MUST BE SAME AS NUMBER OF INTERRUPTIONS OF METHOD USE IN COLUMN 1.</p> <p>ASK WHY SHE STOPPED USING THE METHOD. IF A PREGNANCY FOLLOWED, ASK WHETHER SHE BECAME PREGNANT UNINTENTIONALLY WHILE USING THE METHOD OR DELIBERATELY STOPPED TO GET PREGNANT.</p> <p>ILLUSTRATIVE QUESTIONS: COLUMN 3:</p> <ul style="list-style-type: none"> Why did you stop using the (METHOD)? Did you become pregnant while using (METHOD), or did you stop to get pregnant, or did you stop for some other reason? <p>IF DELIBERATELY STOPPED TO BECOME PREGNANT, ASK:</p> <ul style="list-style-type: none"> How many months did it take you to get pregnant after you stopped using (METHOD)? AND ENTER '0' IN EACH SUCH MONTH IN COLUMN 1. 		
321	<p>CHECK 311/311A:</p> <p>CIRCLE METHOD CODE:</p>	<p>NO CODE CIRCLED 00 →328A</p> <p>FEMALE STERILIZATION 01 →332</p> <p>MALE STERILIZATION 02 →332</p> <p>PILL 03</p> <p>IUD 04</p> <p>INJECTABLES 05</p> <p>IMPLANTS 06</p> <p>CONDOM 07 →328</p> <p>FEMALE CONDOM 08</p> <p>DIAPHRAGM 09</p> <p>FOAM/JELLY 10 →325</p> <p>LACTATIONAL AMEN. METHOD 11</p> <p>PERIODIC ABSTINENCE 12</p> <p>WITHDRAWAL 13 →332</p> <p>OTHER METHOD 96</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
328A	<p>What is the main reason you are not using a method of contraception to avoid pregnancy?</p>	<p>NOT CURRENTLY MARRIED 11</p> <p>FERTILITY-RELATED REASONS</p> <p>NOT HAVING SEX 21</p> <p>INFREQUENT SEX 22</p> <p>MENOPAUSAL 23</p> <p>HYSTERECTOMY 24</p> <p>SUBFECUND/INFECUND 25</p> <p>POSTPARTUM/BREASTFEEDING 26</p> <p>WANTS (MORE) CHILDREN 27</p> <p>PREGNANT 28</p> <p>DIFFICULT TO GET PREGNANT 29</p> <p>OPPOSITION TO USE</p> <p>RESPONDENT OPPOSED 31</p> <p>HUSBAND OPPOSED 32</p> <p>OTHER HH MEMBERS OPPOSED 33</p> <p>OTHERS OPPOSED 34</p> <p>RELIGIOUS PROHIBITION 35</p> <p>RUMORS 36</p> <p>LACK OF KNOWLEDGE</p> <p>KNOWS NO METHOD 41</p> <p>KNOWS NO SOURCE 42</p> <p>METHOD-RELATED REASONS</p> <p>HEALTH CONCERNS 51</p> <p>FEAR OF SIDE EFFECTS 52</p> <p>LACK OF ACCESS/TOO FAR 53</p> <p>COST TOO MUCH 54</p> <p>INCONVENIENT TO USE 55</p> <p>INTERFERES WITH BODY'S NORMAL PROCESSES 56</p> <p>OTHER _____ 96 (SPECIFY)</p> <p>DON'T KNOW 98</p>	
329	<p>Do you know of a place where you can obtain a method of family planning?</p>	<p>YES 1</p> <p>NO 2</p>	<p>→ 332</p>
330	<p>Where is that?</p> <p>IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>_____</p> <p>(NAME OF PLACE)</p> <p>Any other place?</p> <p>RECORD ALL PLACES MENTIONED.</p>	<p>PUBLIC 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 (ARMED FORCES) E</p> <p>MOBILE CLINIC F</p> <p>OTHER PUBLIC _____ G (SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC H</p> <p>PRIVATE DOCTOR I</p> <p>PHARMACY J</p> <p>JORDANIAN AS. OF FP AND PROTECTION (JAFPP) K</p> <p>UNRWA HEALTH CENTER L</p> <p>OTHER NON GOV. ORGANIZATION . M</p> <p>OTHER PRIVATE MEDICAL _____ N (SPECIFY)</p> <p>OTHER SOURCE</p> <p>FRIEND/RELATIVE O</p> <p>OTHER _____ X (SPECIFY)</p>	
332	<p>In the last 12 months, have you visited a health facility for care for yourself (or your children)?</p>	<p>YES 1</p> <p>NO 2</p>	<p>→ 401</p>
333	<p>Did any staff member at the health facility speak to you about family planning methods?</p>	<p>YES 1</p> <p>NO 2</p>	

SECTION 4A. PREGNANCY, POSTNATAL CARE AND BREASTFEEDING

401	CHECK 224: ONE OR MORE BIRTHS IN 1997 OR LATER <input type="checkbox"/> NO BIRTHS IN 1997 OR LATER <input type="checkbox"/>	→487	
402	ENTER IN THE TABLE THE LINE NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH IN 1997 OR LATER. 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 QUESTIONNAIRES). Now I would like to ask you some questions about the health of all your children born since January 1997. (We will talk about each separately)		
403	LINE NUMBER FROM 212	LAST BIRTH LINE NUMBER <input type="text"/>	NEXT-TO-LAST BIRTH LINE NUMBER <input type="text"/>
404	FROM 212 AND 216	NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/>	NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/>
405	At the time you became pregnant with (NAME), did you want to become pregnant <u>then</u> , did you want to wait until <u>later</u> , or did you <u>not want</u> to have any (more) children at all?	THEN 1 (SKIP TO 407) ← LATER 2 NOT AT ALL 3 (SKIP TO 407) ←	THEN 1 (SKIP TO 423) ← LATER 2 NOT AT ALL 3 (SKIP TO 423) ←
406	How much longer would you like to have waited?	MONTHS 1 <input type="text"/> YEARS 2 <input type="text"/> DON'T KNOW 998	MONTHS 1 <input type="text"/> YEARS 2 <input type="text"/> DON'T KNOW 998
407	Did you see anyone for antenatal care for this pregnancy? IF YES: Whom did you see? Anyone else? PROBE FOR THE TYPE OF PERSON AND RECORD ALL PERSONS SEEN.	HEALTH PROFESSIONAL DOCTOR A NURSE/MIDWIFE B OTHER PERSON TRADITIONAL BIRTH ATTENDANT C OTHER _____ X (SPECIFY) NO ONE Y (SKIP TO 415) ←	
408	How many months pregnant were you when you first received antenatal care for this pregnancy?	MONTHS <input type="text"/> DON'T KNOW 98	
409	How many times did you receive antenatal care during this pregnancy?	NO. OF TIMES <input type="text"/> DON'T KNOW 98	
410	CHECK 409: NUMBER OF TIMES RECEIVED ANTENATAL CARE	ONCE <input type="checkbox"/> MORE THAN ONCE OR DK <input type="checkbox"/> (SKIP TO 412)	
411	How many months pregnant were you the last time you received antenatal care?	MONTHS <input type="text"/> DON'T KNOW 98	

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
412	During this pregnancy, were any of the following done at least once? Were you weighed? Was your height measured? Was your blood pressure measured? Did you give a urine sample? Did you give a blood sample?	<p style="text-align: right;">YES NO</p> WEIGHT 1 2 HEIGHT 1 2 BLOOD PRESSURE 1 2 URINE SAMPLE 1 2 BLOOD SAMPLE 1 2	
413	Were you told about the signs of pregnancy complications?	YES 1 NO 2 (SKIP TO 415) <----- DON'T KNOW 8	
414	Were you told where to go if you had these complications?	YES 1 NO 2 DON'T KNOW 8	
415	During this pregnancy, were you given an injection in the arm to prevent the baby from getting tetanus, that is, convulsions after birth?	YES 1 NO 2 (SKIP TO 417) <----- DON'T KNOW 8	
416	During this pregnancy, how many times did you get this injection?	TIMES <input type="text"/> DON'T KNOW 8	
417	During this pregnancy, were you given or did you buy any iron tablets or iron syrup? SHOW TABLET	YES 1 NO 2 (SKIP TO 423) <----- DON'T KNOW 8	
418	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.	NUMBER OF DAYS <input type="text"/> DON'T KNOW 998	
423	When (NAME) was born, was he/she very large, larger than average, average, smaller than average, or very small?	VERY LARGE 1 LARGER THAN AVERAGE 2 AVERAGE 3 SMALLER THAN AVERAGE 4 VERY SMALL 5 DON'T KNOW 8	VERY LARGE 1 LARGER THAN AVERAGE 2 AVERAGE 3 SMALLER THAN AVERAGE 4 VERY SMALL 5 DON'T KNOW 8
424	Was (NAME) weighed at birth?	YES 1 NO 2 (SKIP TO 426) <----- DON'T KNOW 8	YES 1 NO 2 (SKIP TO 426) <----- DON'T KNOW 8
425	How much did (NAME) weigh? RECORD WEIGHT FROM HEALTH CARD, IF AVAILABLE.	GRAMS FROM CARD 1 <input type="text"/> GRAMS FROM RECALL 2 <input type="text"/> DON'T KNOW 9998	GRAMS FROM CARD 1 <input type="text"/> GRAMS FROM RECALL 2 <input type="text"/> DON'T KNOW 9998
426	Who assisted with the delivery of (NAME)? Anyone else? PROBE FOR THE TYPE OF PERSON AND RECORD ALL PERSONS ASSISTING. IF RESPONDENT SAYS NO ONE ASSISTED, PROBE TO DETERMINE WHETHER ANY ADULTS WERE PRESENT AT THE DELIVERY.	HEALTH PROFESSIONAL DOCTOR A NURSE/MIDWIFE B OTHER PERSON TRADITIONAL BIRTH ATTENDANT C RELATIVE/FRIEND D OTHER _____ X (SPECIFY) NO ONE Y	HEALTH PROFESSIONAL DOCTOR A NURSE/MIDWIFE B OTHER PERSON TRADITIONAL BIRTH ATTENDANT C RELATIVE/FRIEND D OTHER _____ X (SPECIFY) NO ONE Y

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
427	Where did you give birth to (NAME)? IF SOURCE IS HOSPITAL, HEALTH CENTER OR CLINIC, WRITE THE NAME OF THE PLACE, PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. _____ (NAME OF PLACE)	HOME YOUR HOME 11 (SKIP TO 429) <----- OTHER HOME 12 PUBLIC SECTOR GOVT. HOSPITAL 21 GOVT. HEALTH CENTER 22 UNIVERSITY HOSPITAL 23 ROYAL MEDICAL SERVICES (ARMED FORCES) 24 OTHER PUBLIC 26 (SPECIFY) PRIVATE MEDICAL SECTOR PVT. HOSPITAL/CLINIC 31 OTHER PVT. MEDICAL 36 (SPECIFY) OTHER 96 (SPECIFY) (SKIP TO 429) <-----	HOME YOUR HOME 11 (SKIP TO 429) <----- OTHER HOME 12 PUBLIC SECTOR GOVT. HOSPITAL 21 GOVT. HEALTH CENTER 22 UNIVERSITY HOSPITAL 23 ROYAL MEDICAL SERVICES (ARMED FORCES) 24 OTHER PUBLIC 26 (SPECIFY) PRIVATE MEDICAL SECTOR PVT. HOSPITAL/CLINIC 31 OTHER PVT. MEDICAL 36 (SPECIFY) OTHER 96 (SPECIFY) (SKIP TO 429) <-----
428	Was (NAME) delivered by caesarian section?	YES 1 NO 2	YES 1 NO 2
428A	For the delivery of (NAME), who paid for most of the cost?	GOVERNMENT INSURANCE 1 PRIVATE INSURANCE 2 UNRWA 3 RESPONDENT/FAMILY 4 OTHER 6 (SPECIFY) DON'T KNOW 8	GOVERNMENT INSURANCE 1 PRIVATE INSURANCE 2 UNRWA 3 RESPONDENT/FAMILY 4 OTHER 6 (SPECIFY) DON'T KNOW 8
428B	Did anyone in the health facility talk to you or advise you about family planning after the delivery of (NAME)?	YES 1 NO 2	YES 1 NO 2
428C	After you left the health facility where you gave birth to (NAME), during the next months did you seek a health professional to check on your health?	YES 1 (SKIP TO 430) <----- NO 2 (SKIP TO 429A) <-----	YES 1 (SKIP TO 435) <----- NO 2
429	After (NAME) was born, did a health professional check on your health?	YES 1 (SKIP TO 430) <----- NO 2	YES 1 NO 2
429A	Why did not you seek a health professional check on your health after (NAME) was born?	HEALTH FACILITY TOO FAR . 01 TOO EXPENSIVE 02 WAITING TIME TOO LONG 03 FACILITY NOT WELL EQUIPED 04 NOT ENOUGH QUALIFIED PERSONNEL 05 NOT WELL RECEIVED 06 NO NEED TO GO/NOT SICK.. 07 NOT AWARE OF AVAILA- BILITY OF POSTNATAL SERVICES 08 HUSBAND/FAMILY OPPOSED 09 NOT SUPPOSED TO GO OUT < 40 DAYS 10 NO ONE TO TAKE CARE OF BABY DURING VISIT..... 11 OTHER 96 (SPECIFY) (SKIP TO 434) <-----	

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____						
430	How many days or weeks after the delivery did the first check take place? RECORD '00' DAYS IF SAME DAY.	DAYS AFTER DEL...1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> WEEKS AFTER DEL2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> DON'T KNOW 998							
431	Who checked on your health at that time? PROBE FOR MOST QUALIFIED PERSON.	HEALTH PROFESSIONAL DOCTOR 1 NURSE/MIDWIFE 2 OTHER PERSON TRADITIONAL BIRTH ATTENDANT3 OTHER 6 (SPECIFY)							
432	Where did this first check take place? IF SOURCE IS HOSPITAL, HEALTH CENTER OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. _____ (NAME OF PLACE)	HOME YOUR HOME 11 (SKIP TO 432B) <----- OTHER HOME 12 PUBLIC SECTOR GOVT. HOSPITAL21 GOVT. HEALTH CENTER22 GOVT. MCH.....23 UNIVERSITY HOSPITAL.....24 ROYAL MEDICAL SERVICES (ARMED FORCES) 25 OTHER PUBLIC 26 (SPECIFY) PRIVATE MEDICAL SECTOR PVT. HOSPITAL/CLINIC31 UNRWA HEALTH CENTER32 OTHER PVT. MEDICAL 36 (SPECIFY) OTHER 96 (SPECIFY) (SKIP TO 432 B) <-----							
432A	Did anyone in the health facility talk to you or advise you about family planning during the postnatal visit?	YES 1 NO 2							
432B	CHECK 430: NUMBER OF DAYS/WEEKS AFTER DELIVERY	LESS THAN 40 DAYS OR 6 40 DAYS/ 6 WEEKS OR 6 WEEKS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td></tr></table> (SKIP TO 434) <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td></tr></table>							
432C	Why did not you seek earlier for health professional check on your health after (NAME) was born?	NO NEED TO GO/NOT SICK 01 NOT AWARE OF AVAILABILITY OF POSTNATAL SERVICES 02 NOT SUPPOSED TO GO OUT BEFORE 40 DAYS 03 NO ONE TO TAKE CARE OF BABY DURING VISIT..... 04 OTHER 96 (SPECIFY)							
434	Has your period returned since the birth of (NAME)?	YES 1 (SKIP TO 436) <----- NO 2 (SKIP TO 437) <-----							
435	Did your period return between the birth of (NAME) and your next pregnancy?		YES 1 NO 2 (SKIP TO 439) <-----						

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
436	For how many months after the birth of (NAME) did you <u>not</u> have a period?	MONTHS..... <input type="text"/> <input type="text"/> DON'T KNOW 98	MONTHS <input type="text"/> <input type="text"/> DON'T KNOW 98
437	CHECK 226: IS RESPONDENT PREGNANT?	NOT PREG- PREGNANT <input type="checkbox"/> OR UNSURE <input type="checkbox"/> NANT <input type="checkbox"/> (SKIP TO 439) <input type="checkbox"/>	
438	Have you resumed sexual relations since the birth of (NAME)?	YES..... 1 NO..... 2 (SKIP TO 440) <input type="checkbox"/>	
439	For how many months after the birth of (NAME) did you <u>not</u> have sexual relations?	MONTHS..... <input type="text"/> <input type="text"/> DON'T KNOW 98	MONTHS <input type="text"/> <input type="text"/> DON'T KNOW 98
440	Did you ever breastfeed (NAME)?	YES..... 1 NO..... 2 (SKIP TO 447) <input type="checkbox"/>	YES 1 NO..... 2 (SKIP TO 447) <input type="checkbox"/>
441	How long after birth did you first put (NAME) to the breast? IF LESS THAN 1 HOUR, RECORD '00' HOURS. IF LESS THAN 24 HOURS, RECORD HOURS. OTHERWISE, RECORD DAYS.	IMMEDIATELY..... 000 HOURS 1 <input type="text"/> <input type="text"/> DAYS 2 <input type="text"/> <input type="text"/>	IMMEDIATELY 000 HOURS 1 <input type="text"/> <input type="text"/> DAYS 2 <input type="text"/> <input type="text"/>
442	In the first three days after delivery, before your milk began flowing regularly, was (NAME) given anything to drink other than breast milk?	YES..... 1 NO..... 2 (SKIP TO 444) <input type="checkbox"/>	YES 1 NO..... 2 (SKIP TO 444) <input type="checkbox"/>
443	What was (NAME) given to drink before your milk began flowing regularly? 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)	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)
444	CHECK 404: IS CHILD LIVING?	LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> <input type="checkbox"/> (SKIP TO 446)	LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> <input type="checkbox"/> (SKIP TO 446)
445	Are you still breastfeeding (NAME)?	YES..... 1 (SKIP TO 448) <input type="checkbox"/> NO..... 2	YES 1 (SKIP TO 448) <input type="checkbox"/> NO..... 2
446	For how many months did you breastfeed (NAME)?	MONTHS..... <input type="text"/> <input type="text"/> DON'T KNOW 98	MONTHS <input type="text"/> <input type="text"/> DON'T KNOW 98
447	CHECK 404: IS CHILD LIVING?	LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> <input type="checkbox"/> (SKIP TO 450) (GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 454)	LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> <input type="checkbox"/> (SKIP TO 450) (GO BACK TO 405 IN LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 454)

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
448	How many times did you breastfeed last night between sunset and sunrise? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER.	NUMBER OF NIGHTTIME FEEDINGS <input type="text"/> <input type="text"/>	NUMBER OF NIGHTTIME FEEDINGS <input type="text"/> <input type="text"/>
449	How many times did you breastfeed yesterday during the daylight hours? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER.	NUMBER OF DAYLIGHT FEEDINGS. <input type="text"/> <input type="text"/>	NUMBER OF DAYLIGHT FEEDINGS. <input type="text"/> <input type="text"/>
450	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
451	Was sugar added to any of the foods or liquids (NAME) ate yesterday?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
452	How many <u>times</u> did (NAME) eat solid, semisolid, or soft foods other than liquids yesterday during the day or at night? IF 7 OR MORE TIMES, RECORD '7'.	NUMBER OF TIMES <input type="text"/> DON'T KNOW 8	NUMBER OF TIMES <input type="text"/> DON'T KNOW 8
453		GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 454.	GO BACK TO 405 IN LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 454.

SECTION 4B. IMMUNIZATION, HEALTH AND NUTRITION

454	ENTER IN THE TABLE THE LINE NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH IN 1997 OR LATER. (IF THERE ARE MORE THAN 2 BIRTHS, USE LAST COLUMN OF ADDITIONAL QUESTIONNAIRES).																																																																																																																																																																																																																																																																																																																																																																																																																																																										
455	LINE NUMBER FROM 212	LAST BIRTH LINE NUMBER <input type="text"/> <input type="text"/>	NEXT-TO-LAST BIRTH LINE NUMBER <input type="text"/> <input type="text"/>																																																																																																																																																																																																																																																																																																																																																																																																																																																								
456	FROM 212 AND 216	NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (GO TO 456 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 486)	NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (GO TO 456 IN LAST COLUMN OF NEW QUESTIONNAIRE OR, IF NO MORE BIRTHS, GO TO 486)																																																																																																																																																																																																																																																																																																																																																																																																																																																								
458	Do you have a card where (NAME'S) vaccinations are written down? IF YES: May I see it please?	YES, SEEN1 (SKIP TO 460) <----- YES, NOT SEEN2 (SKIP TO 462) <----- NO CARD3	YES, SEEN1 (SKIP TO 460) <----- YES, NOT SEEN2 (SKIP TO 462) <----- NO CARD3																																																																																																																																																																																																																																																																																																																																																																																																																																																								
459	Did you ever have a vaccination card for (NAME)?	YES 1 (SKIP TO 462) <----- NO 2	YES 1 (SKIP TO 462) <----- NO 2																																																																																																																																																																																																																																																																																																																																																																																																																																																								
460	(1) COPY VACCINATION DATE FOR EACH VACCINE FROM THE CARD. (2) WRITE '44' IN 'DAY' COLUMN IF CARD SHOWS THAT A VACCINATION WAS GIVEN, BUT NO DATE IS RECORDED. BCG POLIO 0 (POLIO GIVEN AT BIRTH) POLIO (OPV) 1 POLIO (OPV) 2 POLIO (OPV) 3 POLIO (OPV) 4 POLIO Booster 1 DTP 1 DTP 2 DTP 3 DTP Booster 1 HEPATITIS 1 HEPATITIS 2 HEPATITIS 3 Hib 1 Hib 2 Hib 3 MEASLES 1 MEASLES 2 MMR 1 (Measles/Mumps/Rubella) MMR 2 (Measles/Mumps/Rubella)	DAY MONTH YEAR BCG..... <table 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		LAST BIRTH	NEXT-TO-LAST BIRTH
		NAME _____	NAME _____
461	Has (NAME) received any vaccinations that are not recorded on this card, including vaccinations received in a national immunization day campaign? RECORD 'YES' ONLY IF RESPONDENT MENTIONS BCG, POLIO 0-4, POL. Booster 1, DPT 1-3, DPT Booster 1, HEPATITIS 1-3, Hib 1-3, MEASLES 1-2 AND/OR MMR VACCINE(S).	YES.....1 (PROBE FOR VACCINATIONS <← AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 460) _____ (SKIP TO 466) <← NO.....2 (SKIP TO 466) <← DON'T KNOW.....8	YES.....1 (PROBE FOR VACCINATIONS <← AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 460) _____ (SKIP TO 466) <← NO.....2 (SKIP TO 466) <← DON'T KNOW.....8
462	Did (NAME) ever receive any vaccinations to prevent him/her from getting diseases, including vaccinations received in a national immunization day campaign?	YES.....1 NO.....2 (SKIP TO 466) <← DON'T KNOW.....8	YES.....1 NO.....2 (SKIP TO 466) <← DON'T KNOW.....8
463	Please tell me if (NAME) received any of the following vaccinations:		
463A	A BCG vaccination against tuberculosis, that is an injection in the arm or shoulder that usually causes a scar	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8
463B	Polio vaccine, that is, usually drops in the mouth or sometimes an injection given in the thigh	YES.....1 NO.....2 (SKIP TO 463E) <← DON'T KNOW.....8	YES.....1 NO.....2 (SKIP TO 463E) <← DON'T KNOW.....8
463C	When was the first polio vaccine received, just after birth or later?	JUST AFTER BIRTH.....1 LATER.....2	JUST AFTER BIRTH.....1 LATER.....2
463D	How many times was the polio vaccine received?	NUMBER OF TIMES..... <input type="text"/>	NUMBER OF TIMES..... <input type="text"/>
463E	A DPT vaccination, that is, an injection given in the thigh or buttocks, sometimes at the same time as polio drops to prevent diphtheria, pertusis, and tetanus	YES.....1 NO.....2 (SKIP TO 463G) <← DON'T KNOW.....8	YES.....1 NO.....2 (SKIP TO 463G) <← DON'T KNOW.....8
463F	How many times?	NUMBER OF TIMES..... <input type="text"/>	NUMBER OF TIMES..... <input type="text"/>
463G	A vaccination to prevent Hepatitis, that is, an injection given sometimes at the same time as polio drops and DPT injection	YES.....1 NO.....2 (SKIP TO 463I) <← DON'T KNOW.....8	YES.....1 NO.....2 (SKIP TO 463I) <← DON'T KNOW.....8
463H	How many times?	NUMBER OF TIMES..... <input type="text"/>	NUMBER OF TIMES..... <input type="text"/>
463I	A Hib vaccination, that is, an injection given sometimes at the same time as polio drops, DPT and Hepatitis to prevent meningitis	YES.....1 NO.....2 (SKIP TO 463K) <← DON'T KNOW.....8	YES.....1 NO.....2 (SKIP TO 463K) <← DON'T KNOW.....8
463J	How many times?	NUMBER OF TIMES..... <input type="text"/>	NUMBER OF TIMES..... <input type="text"/>
463K	An injection to prevent measles	YES.....1 NO.....2 (SKIP TO 463M) <← DON'T KNOW.....8	YES.....1 NO.....2 (SKIP TO 463M) <← DON'T KNOW.....8
463L	How many times?	NUMBER OF TIMES..... <input type="text"/>	NUMBER OF TIMES..... <input type="text"/>
463 M	A MMR vaccination, that is, an injection given at the age of 18 months to prevent Measles, Mumps, and Rubella	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
463N	CHECK 460 AND 463E DPT INJECTION	AT LEAST ONE <input type="checkbox"/> NONE OR DK <input type="checkbox"/> (SKIP TO 463T)	
463O	Where did (NAME) receive the first vaccination to prevent DPT?	ANY PUBLIC FACILITY1 ANY PRIVATE FACILITY2 UNRWA3 OTHER _____ 6 (SPECIFY) DON'T KNOW8	
463P	CHECK 460 AND 463F DPT INJECTION	AT LEAST TWO <input type="checkbox"/> ONLY ONE <input type="checkbox"/> (SKIP TO 463T)	
463Q	Where did (NAME) receive the second vaccination to prevent DPT?	ANY PUBLIC FACILITY1 ANY PRIVATE FACILITY2 UNRWA3 OTHER _____ 6 (SPECIFY) DON'T KNOW8	
463R	CHECK 460 AND 463F DPT INJECTION	AT LEAST THREE <input type="checkbox"/> LESS THAN 3 <input type="checkbox"/> (SKIP TO 463T)	
463S	Where did (NAME) receive the third vaccination to prevent DPT?	ANY PUBLIC FACILITY1 ANY PRIVATE FACILITY2 UNRWA3 OTHER _____ 6 (SPECIFY) DON'T KNOW8	
463T	CHECK 460 AND 463K MEASLES INJECTION	AT LEAST ONE <input type="checkbox"/> NONE OR DK <input type="checkbox"/> (SKIP TO 466)	
463U	Where did (NAME) receive the first injection to prevent Measles?	ANY PUBLIC FACILITY1 ANY PRIVATE FACILITY2 UNRWA3 OTHER _____ 6 (SPECIFY) DON'T KNOW8	
463V	CHECK 460 AND 463L MEASLES INJECTION	AT LEAST TWO <input type="checkbox"/> ONLY ONE <input type="checkbox"/> (SKIP TO 466)	
463W	Where did (NAME) receive the second injection to prevent Measles?	ANY PUBLIC FACILITY1 ANY PRIVATE FACILITY2 UNRWA3 OTHER _____ 6 (SPECIFY) DON'T KNOW8	
466	Has (NAME) been ill with fever at any time in the last 2 weeks?	YES1 NO2 DON'T KNOW8	YES1 NO2 DON'T KNOW8
467	Has (NAME) had an illness with a cough at any time in the last 2 weeks?	YES1 NO2 (SKIP TO 469) ← _____ DON'T KNOW8	YES1 NO2 (SKIP TO 469) ← _____ DON'T KNOW8

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
468	When (NAME) had an illness with a cough, did he/she breathe faster than usual with short, fast breaths?	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8
469	CHECK 466 AND 467: FEVER OR COUGH?	"YES" IN 466 OR 467 <input type="checkbox"/> OTHER <input type="checkbox"/> (SKIP TO 475)	"YES" IN 466 OR 467 <input type="checkbox"/> OTHER <input type="checkbox"/> (SKIP TO 475)
470	Did you seek advice or treatment for the fever/cough?	YES.....1 NO.....2 (SKIP TO 475) ←	YES.....1 NO.....2 (SKIP TO 475) ←
471	Where did you seek advice or treatment? IF SOURCE IS HOSPITAL, HEALTH CENTER OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. _____ (NAME OF PLACE) Anywhere else? RECORD ALL PLACES MENTIONED.	PUBLIC SECTOR GOVT. HOSPITAL..... A GOVT. HEALTH CENTER..... B GOVT. MCH..... C UNIVERSITY HOSPITAL..... D ROYAL MEDICAL SERVICES (ARMED FORCES)..... E MOBILE CLINIC..... F COMMUN. HEALTH WORKER.. G OTHER PUBLIC _____ H (SPECIFY) PRIVATE MEDICAL SECTOR PVT. HOSPITAL/CLINIC I PRIVATE DOCTOR J PHARMACY..... K UNRWA HEALTH CENTER L OTHER PVT. MEDICAL _____ M (SPECIFY) OTHER SOURCE SHOP..... N TRAD. PRACTITIONER O OTHER _____ X (SPECIFY)	PUBLIC SECTOR GOVT. HOSPITAL..... A GOVT. HEALTH CENTER..... B GOVT. MCH..... C UNIVERSITY HOSPITAL..... D ROYAL MEDICAL SERVICES (ARMED FORCES)..... E MOBILE CLINIC..... F COMMUN. HEALTH WORKER.. G OTHER PUBLIC _____ H (SPECIFY) PRIVATE MEDICAL SECTOR PVT. HOSPITAL/CLINIC I PRIVATE DOCTOR J PHARMACY..... K UNRWA HEALTH CENTER L OTHER PVT. MEDICAL _____ M (SPECIFY) OTHER SOURCE SHOP..... N TRAD. PRACTITIONER O OTHER _____ X (SPECIFY)
475	Has (NAME) had diarrhea in the last 2 weeks?	YES.....1 NO.....2 (SKIP TO 483) ← DON'T KNOW.....8	YES.....1 NO.....2 (SKIP TO 483) ← DON'T KNOW.....8
476	Now I would like to know how much (NAME) was offered to drink during the diarrhea. Was he/she offered less than usual to drink, about the same amount, or more than usual to drink? IF LESS, PROBE: Was he/she offered much less than usual to drink or somewhat less?	MUCH LESS.....1 SOMEWHAT LESS.....2 ABOUT THE SAME.....3 MORE.....4 NOTHING TO DRINK.....5 DON'T KNOW.....8	MUCH LESS.....1 SOMEWHAT LESS.....2 ABOUT THE SAME.....3 MORE.....4 NOTHING TO DRINK.....5 DON'T KNOW.....8
477	When (NAME) had diarrhea, was he/she offered less than usual to eat, about the same amount, more than usual, or nothing to eat? IF LESS, PROBE: Was he/she offered much less than usual to eat or somewhat less?	MUCH LESS.....1 SOMEWHAT LESS.....2 ABOUT THE SAME.....3 MORE.....4 STOPPED FOOD.....5 NEVER GAVE FOOD.....6 DON'T KNOW.....8	MUCH LESS.....1 SOMEWHAT LESS.....2 ABOUT THE SAME.....3 MORE.....4 STOPPED FOOD.....5 NEVER GAVE FOOD.....6 DON'T KNOW.....8

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
478	Was he/she given any of the following to drink:		
	a A fluid made from a special packet called Aquacell or Paralait?	AQUACELL/PARALAIT1 2 8	AQUACELL/PARALAIT1 2 8
	b Thin watery gruel made from rice, carrots, wheat, etc?	THIN WATERY GRUEL.....1 2 8	THIN WATERY GRUEL.....1 2 8
	c Soup?	SOUP.....1 2 8	SOUP.....1 2 8
	d Home made sugar-salt-water solution?	SUG.-SALT-WAT. SOL.....1 2 8	SUG.-SALT-WAT. SOL.....1 2 8
	e Milk or infant formula?	MILK/INFANT FORMULA..1 2 8	MILK/INFANT FORMULA..1 2 8
	f Yoghurt-based drink?	YOGHURT-BASED.....1 2 8	YOGHURT-BASED.....1 2 8
	g Water?	WATER.....1 2 8	WATER.....1 2 8
	h Any other liquid?	OTHER LIQUID1 2 8	OTHER LIQUID.....1 2 8
479	Was anything (else) given to treat the diarrhea?	YES.....1 NO.....2 (SKIP TO 481) <----- DON'T KNOW.....8	YES.....1 NO.....2 (SKIP TO 481) <----- DON'T KNOW.....8
480	What (else) was given to treat the diarrhea? Anything else? RECORD ALL TREATMENTS MENTIONED.	PILL OR SYRUP..... A INJECTION..... B (I.V.) INTRAVENOUS..... C HOME REMEDIES/ HERBAL MEDICINES..... D OTHER _____ X (SPECIFY)	PILL OR SYRUP..... A INJECTION..... B (I.V.) INTRAVENOUS..... C HOME REMEDIES/ HERBAL MEDICINES..... D OTHER _____ X (SPECIFY)
481	Did you seek advice or treatment for the diarrhea?	YES.....1 NO.....2 (SKIP TO 483) <-----	YES.....1 NO.....2 (SKIP TO 483) <-----
482	Where did you seek advice or treatment? IF SOURCE IS HOSPITAL, HEALTH CENTER OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. _____ (NAME OF PLACE) Anywhere else? RECORD ALL PLACES MENTIONED.	PUBLIC SECTOR GOVT. HOSPITAL..... A GOVT. HEALTH CENTER..... B GOVT. MCH..... C UNIVERSITY HOSPITAL..... D ROYAL MEDICAL SERVICES (ARMED FORCES)..... E MOBILE CLINIC..... F COMMUN. HEALTH WORKER.. G OTHER PUBLIC _____ H (SPECIFY) PRIVATE MEDICAL SECTOR PVT. HOSPITAL/CLINIC..... I PRIVATE DOCTOR..... J PHARMACY..... K UNRWA HEALTH CENTER..... L OTHER PVT. MEDICAL _____ M (SPECIFY) OTHER SOURCE SHOP..... N TRAD. PRACTITIONER..... O OTHER _____ X (SPECIFY)	PUBLIC SECTOR GOVT. HOSPITAL..... A GOVT. HEALTH CENTER..... B GOVT. MCH..... C UNIVERSITY HOSPITAL..... D ROYAL MEDICAL SERVICES (ARMED FORCES)..... E MOBILE CLINIC..... F COMMUN. HEALTH WORKER.. G OTHER PUBLIC _____ H (SPECIFY) PRIVATE MEDICAL SECTOR PVT. HOSPITAL/CLINIC..... I PRIVATE DOCTOR..... J PHARMACY..... K UNRWA HEALTH CENTER..... L OTHER PVT. MEDICAL _____ M (SPECIFY) OTHER SOURCE SHOP..... N TRAD. PRACTITIONER..... O OTHER _____ X (SPECIFY)
483		GO BACK TO 456 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 486.	GO BACK TO 456 IN LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 486.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES		SKIP																								
486	CHECK 478a, ALL COLUMNS: NO CHILD RECEIVED AQUACELL OR PARALAIT <input type="checkbox"/>	ANY CHILD RECEIVED AQUACELL OR PARALAIT <input type="checkbox"/>		->488																								
487	Have you ever heard of a special product called Aquacell or Paralait you can get for the treatment of diarrhea?	YES..... 1 NO 2																										
488	CHECK 218: HAS ONE OR MORE CHILDREN LIVING WITH HER <input type="checkbox"/> HAS NO CHILDREN LIVING WITH HER <input type="checkbox"/>			->490																								
489	When (your child/one of your children) is seriously ill, can you decide by yourself whether or not the child should be taken for medical treatment? IF SAYS NO CHILD EVER SERIOUSLY ILL, ASK: If (your child/one of your children) became seriously ill, could you decide by yourself whether the child should be taken for medical treatment?	YES..... 1 NO 2 DEPENDS 3																										
490	Now I would like to ask you some questions about medical care for you yourself. Many different factors can prevent women from getting medical advice or treatment for themselves. When you are sick and want to get medical advice or treatment, is each of the following a big problem or not? Knowing where to go..... Getting permission to go..... Getting money needed for treatment..... The distance to a health facility..... Having to take transport..... Not wanting to go alone..... Concern that there may not be a female health provider.....		<table border="1"> <thead> <tr> <th></th> <th>BIG PROBLEM</th> <th>NOT A BIG PROBLEM</th> </tr> </thead> <tbody> <tr> <td>WHERE</td> <td>1</td> <td>2</td> </tr> <tr> <td>PERMISSION</td> <td>1</td> <td>2</td> </tr> <tr> <td>MONEY</td> <td>1</td> <td>2</td> </tr> <tr> <td>DISTANCE</td> <td>1</td> <td>2</td> </tr> <tr> <td>TRANSPORT</td> <td>1</td> <td>2</td> </tr> <tr> <td>ALONE</td> <td>1</td> <td>2</td> </tr> <tr> <td>FEMALE</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		BIG PROBLEM	NOT A BIG PROBLEM	WHERE	1	2	PERMISSION	1	2	MONEY	1	2	DISTANCE	1	2	TRANSPORT	1	2	ALONE	1	2	FEMALE	1	2	
	BIG PROBLEM	NOT A BIG PROBLEM																										
WHERE	1	2																										
PERMISSION	1	2																										
MONEY	1	2																										
DISTANCE	1	2																										
TRANSPORT	1	2																										
ALONE	1	2																										
FEMALE	1	2																										
490A	Have you had a breast cancer self exam or an exam by a health specialist to detect breast cancer in the last twelve months?	YES..... 1 NO 2																										

491	<p>CHECK 215 AND 218:</p> <p style="text-align: center;">HAS AT LEAST ONE CHILD BORN IN 1997 OR LATER AND LIVING WITH HER <input type="checkbox"/></p> <p style="text-align: center;">DOES NOT HAVE ANY CHILDREN BORN IN 1997 OR LATER AND LIVING WITH HER <input type="checkbox"/></p> <p style="text-align: center;">RECORD NAME OF YOUNGEST CHILD LIVING WITH HER (AND CONTINUE TO 492)</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">(NAME)</p>	→500
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492	<p>Now I would like to ask you about liquids (NAME FROM Q. 491) drank over the last seven days, including yesterday.</p> <p>How many <u>days</u> during last seven days did (NAME FROM Q. 491) drink each of the following?</p> <p>FOR EACH ITEM GIVEN AT LEAST ONCE IN LAST SEVEN DAYS, BEFORE PROCEEDING TO THE NEXT ITEM, ASK:</p> <p>In total, how many <u>times</u> yesterday during the day or at night did (NAME FROM Q. 491) drink (ITEM)?</p> <p>a Plain water?</p> <p>b Commercially produced infant formula?</p> <p>c Any other milk such as tinned, powdered, or fresh animal milk?</p> <p>d Fruit juice?</p> <p>e Soup broth?</p> <p>f Tea?</p> <p>g Any other liquids such as sugar water or carbonated drinks?</p> <p>IF 7 OR MORE TIMES, RECORD '7'. IF DON'T KNOW, RECORD '8'.</p>	<p>LAST 7 DAYS</p> <p>NUMBER OF DAYS</p> <p>a <input style="width: 20px; height: 20px;" type="text"/></p> <p>b <input style="width: 20px; height: 20px;" type="text"/></p> <p>c <input style="width: 20px; height: 20px;" type="text"/></p> <p>d <input style="width: 20px; height: 20px;" type="text"/></p> <p>e <input style="width: 20px; height: 20px;" type="text"/></p> <p>f <input style="width: 20px; height: 20px;" type="text"/></p> <p>g <input style="width: 20px; height: 20px;" type="text"/></p>	<p>YESTERDAY/ LAST NIGHT</p> <p>NUMBER OF TIMES</p> <p>a <input style="width: 20px; height: 20px;" type="text"/></p> <p>b <input style="width: 20px; height: 20px;" type="text"/></p> <p>c <input style="width: 20px; height: 20px;" type="text"/></p> <p>d <input style="width: 20px; height: 20px;" type="text"/></p> <p>e <input style="width: 20px; height: 20px;" type="text"/></p> <p>f <input style="width: 20px; height: 20px;" type="text"/></p> <p>g <input style="width: 20px; height: 20px;" type="text"/></p>
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493	<p>Now I would like to ask you about the types of foods (NAME FROM Q. 491) ate over the last seven days, including yesterday.</p> <p>How many <u>days</u> during last seven days did (NAME FROM Q. 491) eat each of the following foods either separately or combined with other food?</p> <p>FOR EACH ITEM GIVEN AT LEAST ONCE IN LAST SEVEN DAYS, BEFORE PROCEEDING TO THE NEXT ITEM, ASK:</p> <p>In total, how many <u>times</u> yesterday during the day or at night did (NAME FROM Q. 491) eat (ITEM)?</p> <p>a Bread, pasta, rice, maize, or any other food made from grains?</p> <p>b Carrots, red sweet potatoes, or pumpkin?</p> <p>c Any other food made from roots or tubers, such as white potatoes, or other roots/tubers?</p> <p>d Any green leafy vegetables, such as spinach, or mouloukia?</p> <p>e Apricot, palm nuts, or yellow melon?</p> <p>f Any other fruits and vegetables?</p> <p>g Meat, poultry, fish, or eggs?</p> <p>h Any food made from legumes, such as lentils, beans, or chickpeas?</p> <p>i Any type of nuts or seeds, such as pistachio, almonds, cashew, peanuts, or sesame seeds?</p> <p>j Cheese or yoghurt?</p> <p>k Any food made with oil, fat, or butter?</p> <p>IF 7 OR MORE TIMES, RECORD '7'. IF DON'T KNOW, RECORD '8'.</p>	<p>LAST 7 DAYS</p> <p>NUMBER OF DAYS</p> <p>a <input style="width: 20px; height: 20px;" type="text"/></p> <p>b <input style="width: 20px; height: 20px;" type="text"/></p> <p>c <input style="width: 20px; height: 20px;" type="text"/></p> <p>d <input style="width: 20px; height: 20px;" type="text"/></p> <p>e <input style="width: 20px; height: 20px;" type="text"/></p> <p>f <input style="width: 20px; height: 20px;" type="text"/></p> <p>g <input style="width: 20px; height: 20px;" type="text"/></p> <p>h <input style="width: 20px; height: 20px;" type="text"/></p> <p>i <input style="width: 20px; height: 20px;" type="text"/></p> <p>j <input style="width: 20px; height: 20px;" type="text"/></p> <p>k <input style="width: 20px; height: 20px;" type="text"/></p>	<p>YESTERDAY/ LAST NIGHT</p> <p>NUMBER OF TIMES</p> <p>a <input style="width: 20px; height: 20px;" type="text"/></p> <p>b <input style="width: 20px; height: 20px;" type="text"/></p> <p>c <input style="width: 20px; height: 20px;" type="text"/></p> <p>d <input style="width: 20px; height: 20px;" type="text"/></p> <p>e <input style="width: 20px; height: 20px;" type="text"/></p> <p>f <input style="width: 20px; height: 20px;" type="text"/></p> <p>g <input style="width: 20px; height: 20px;" type="text"/></p> <p>h <input style="width: 20px; height: 20px;" type="text"/></p> <p>i <input style="width: 20px; height: 20px;" type="text"/></p> <p>j <input style="width: 20px; height: 20px;" type="text"/></p> <p>k <input style="width: 20px; height: 20px;" type="text"/></p>
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SECTION 5. MARRIAGE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
500	CHECK 101A: <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> MARRIED <input type="checkbox"/> </div> <div style="text-align: center;"> WIDOWED/ SEPARATED DIVORCED <input type="checkbox"/> </div> </div>		→510
505	Is your husband living with you now or is he staying elsewhere?	LIVING WITH HER 1 STAYING ELSEWHERE 2	
506	RECORD THE HUSBAND'S/PARTNER'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"/>	
507	Does your husband have another wife (other wives) besides you?	YES 1 NO 2	→510
508	How many wives does he have?	NUMBER <input type="text"/> DON'T KNOW 8	
510	Have you been married only once, or more than once?	ONCE 1 MORE THAN ONCE 2	
511	CHECK 510: <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> MARRIED ONLY ONCE <input type="checkbox"/> </div> <div style="text-align: center;"> MARRIED MORE THAN ONCE <input type="checkbox"/> </div> </div> <p>In what month and year did you start living with your husband (consummate marriage)?</p> <p>Now we will talk about your first husband. In what month and year did you start living with him (consummate your marriage)?</p>	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	→512A
512	How old were you when you started living with him?	AGE <input type="text"/> <input type="text"/>	
512A	Before you got married, was your [first] husband related to you in any way?	YES 1 NO 2	→513
512B	What type of relationship was it?	FIRST COUSIN ON BOTH FATHER AND MOTHER'S SIDE01 FIRST COUSIN ON BOTH MOTHER AND FATHER'S SIDE02 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 AMMA)05 FIRST COUSIN ON MOTHER'S SIDE (IBN AL KHALA)06 SECOND COUSIN (FATHER'S SIDE) ..07 SECOND COUSIN (MOTHER'S SIDE) .08 OTHER RELATIVE09 DON'T KNOW98	
513	DETERMINE MONTHS MARRIED SINCE JANUARY 1997. ENTER 'X' IN COLUMN 4 OF CALENDAR FOR EACH MONTH MARRIED, AND ENTER 'O' FOR EACH MONTH NOT MARRIED/NOT LIVING WITH A MAN, SINCE JANUARY 1997. FOR WOMEN WITH MORE THAN ONE UNION: PROBE FOR DATE WHEN CURRENT UNION STARTED AND FOR STARTING AND TERMINATION DATES OF ANY PREVIOUS UNIONS. FOR WOMEN NOT CURRENTLY IN UNION: PROBE FOR DATE WHEN LAST UNION STARTED AND FOR TERMINATION DATE AND FOR THE STARTING AND TERMINATION DATES OF ANY PREVIOUS UNIONS.		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
513A	Did you and/or your husband have a premarital medical exam?	YES 1 NO 2									
515	When was the last time you had sexual intercourse? RECORD 'YEARS AGO' ONLY IF LAST INTERCOURSE WAS ONE OR MORE YEARS AGO. IF 12 MONTHS OR MORE, ANSWER MUST BE RECORDED IN YEARS.	DAYS AGO 1 WEEKS AGO 2 MONTHS AGO 3 YEARS AGO 4	<table border="1" data-bbox="1214 281 1308 472"> <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> → 524								
516	The last time you had sexual intercourse, was a condom used?	YES 1 NO 2									
524	Do you know of a place where a person can get condoms?	YES 1 NO 2	→ 601								
525	Where is that? IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. _____ (NAME OF PLACE) Any other place? RECORD ALL SOURCES MENTIONED.	PUBLIC SECTOR GOVT. HOSPITAL A GOVT. HEALTH CENTER B GOVT. MCH C UNIVERSITY HOSPITAL D ROYAL MEDICAL SERVICES (ARMED FORCES) E MOBILE CLINIC F OTHER PUBLIC G (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC H PRIVATE DOCTOR I PHARMACY J JORDANIAN AS. OF FP AND PROTECTION (JAFPP) K UNRWA HEALTH CENTER L OTHER NON GOV. ORGANIZATION M OTHER PRIVATE MEDICAL N (SPECIFY) OTHER SOURCE FRIEND/RELATIVE O OTHER X (SPECIFY)									

SECTION 6. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
601	CHECK 311/311A: NEITHER STERILIZED <input type="checkbox"/> HE OR SHE STERILIZED <input type="checkbox"/>		→614								
602	CHECK 226: NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/> 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? Now I have some questions about the future. After the child you are expecting now, would you like to have another child, or would you prefer not to have any more children?	HAVE (A/ANOTHER) CHILD1 NO MORE/NONE2 →604 SAYS SHE CAN'T GET PREGNANT3 →614 UNDECIDED/DON'T KNOW AND PREGNANT4 →610 UNDECIDED/DON'T KNOW AND NOT PREGNANT OR UNSURE5 →608									
602A	Would you prefer to have a boy, a girl or it does not matter to you?	BOY.....1 GIRL.....2 DOES NOT MATTER.....3									
603	CHECK 226: NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/> How long would you like to wait from now before the birth of (a/another) child? After the birth of the child you are expecting now, how long would you like to wait before the birth of another child?	MONTHS 1 <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/NOW993 →609 SAYS SHE CAN'T GET PREGNANT994 →614 OTHER _____ 996 (SPECIFY) →609 DON'T KNOW998									
604	CHECK 226: NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/>		→610								
608	In the next few weeks, if you discovered that you were pregnant, would that be a big problem, a small problem, or no problem for you?	BIG PROBLEM1 SMALL PROBLEM.....2 NO PROBLEM3 SAYS SHE CAN'T GET PREGNANT4									
609	CHECK 310: USING A CONTRACEPTIVE METHOD? NOT ASKED <input type="checkbox"/> NO, NOT CURRENTLY USING <input type="checkbox"/> YES, CURRENTLY USING <input type="checkbox"/>		→614								
610	Do you think you will use a contraceptive method to delay or avoid pregnancy at any time in the future?	YES.....1 NO2 DON'T KNOW8 →617									
611	Which contraceptive method would you prefer to use?	FEMALE STERILIZATION01 MALE STERILIZATION.....02 PILL.....03 IUD04 INJECTABLES.....05 IMPLANTS06 CONDOM.....07 FEMALE CONDOM08 DIAPHRAGM09 FOAM/JELLY10 LACTATIONAL AMEN. METHOD.....11 PERIODIC ABSTINENCE12 WITHDRAWAL.....13 OTHER _____ 96 (SPECIFY) UNSURE98									

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
611A	CHECK 611: CODE '04' IUD <input type="checkbox"/> OTHER CODES <input type="checkbox"/>		→614
611B	Would you prefer to have the IUD inserted by a male or female health professional, or it does not matter to you?	MALE1 FEMALE2 DOES NOT MATTER3	→614
612	What is the main reason that you think you will not use a contraceptive method at any time in the future?	NOT CURRENTLY MARRIED11 FERTILITY-RELATED REASONS NOT HAVING SEX21 INFREQUENT SEX22 MENOPAUSAL23 HYSTERECTOMY24 SUBFECUND/INFECUND25 WANTS (MORE) CHILDREN26 OPPOSITION TO USE RESPONDENT OPPOSED31 HUSBAND OPPOSED32 OTHER HH MEMBERS OPPOSED33 OTHERS OPPOSED34 RELIGIOUS PROHIBITION35 RUMORS36 LACK OF KNOWLEDGE KNOWS NO METHOD41 KNOWS NO SOURCE42 METHOD-RELATED REASONS HEALTH CONCERNS51 FEAR OF SIDE EFFECTS52 LACK OF ACCESS/TOO FAR53 COST TOO MUCH54 INCONVENIENT TO USE55 INTERFERES WITH BODY'S NORMAL PROCESSES56 OTHER96 (SPECIFY) DON'T KNOW98	
614	CHECK 216: HAS LIVING CHILDREN <input type="checkbox"/> NO LIVING CHILDREN <input type="checkbox"/> 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? If you could choose exactly the number of children to have in your whole life, how many would that be? PROBE FOR A NUMERIC RESPONSE.	NUMBER <input type="text"/> <input type="text"/> OTHER96 (SPECIFY)	→615A
615	How many of these children would you like to be boys, how many would you like to be girls and for how many would the sex not matter?	BOYS GIRLS EITHER NUMBER <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> OTHER96 (SPECIFY)	
615A	How many children should a couple have before starting using a contraceptive method? PROBE FOR A NUMERIC RESPONSE	NUMBER <input type="text"/> <input type="text"/> NO SPECIFIC NUMBER95 OTHER96 (SPECIFY) DON'T KNOW98	
616	Would you say that you approve or disapprove of couples using a method to avoid getting pregnant?	APPROVE1 DISAPPROVE2 DON'T KNOW/UNSURE8	
616A	CHECK 301 (01): KNOW FEMALE STERILIZATION <input type="checkbox"/> DOES NOT KNOW FEMALE STERILIZATION <input type="checkbox"/>		→617

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																					
616B	Would you say that you approve or disapprove of women using female sterilization to avoid getting pregnant?	APPROVE1 APPROVE ONLY UNDER CERTAIN CIRCUMSTANCES2 DISAPPROVE3 DON'T KNOW/UNSURE8	→614 →617																					
616C	What is the main reason you disapprove women using female sterilization?	ILLEGAL1 AGAINST RELIGION2 CAUSE HEALTH PROBLEMS3 CAUSES FAMILY PROBLEMS (HUSBAND MIGHT DIVORCED)4 CULTURAL BARRIERS5 OTHER _____ 6 (SPECIFY) DON'T KNOW8																						
617	In the last 6 months have you heard about family planning: On the radio? On the television? In a newspaper or magazine? Posters? Bulletins/booklets Lectures?	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>RADIO.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>TELEVISION.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>NEWSPAPER OR MAGAZINE.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>POSTERS.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>BULLETIN/BOOKLETS.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>LECTURES.....</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	RADIO.....	1	2	TELEVISION.....	1	2	NEWSPAPER OR MAGAZINE.....	1	2	POSTERS.....	1	2	BULLETIN/BOOKLETS.....	1	2	LECTURES.....	1	2	
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RADIO.....	1	2																						
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POSTERS.....	1	2																						
BULLETIN/BOOKLETS.....	1	2																						
LECTURES.....	1	2																						
618	CHECK 616: APPROVE FAMILY PLANNING <input type="checkbox"/> DISAPPROVE FAMILY PLANNING <input type="checkbox"/>		→619																					
618A	Where or from whom would you prefer to get information about family planning? CIRCLE ONLY ONE ANSWER	INTERPERSONAL GOVERN. HEALTH WORKER11 PRIVATE DOCTOR/NURSE12 JAFPP STAFF13 HUSBAND14 OTHER RELATIVES15 FRIENDS16 MEDIA RADIO21 TV22 PRINT MATERIALS.....23 SCHOOL, LIBRARY/ACADEMIC24 COMMUNITY/PUBLIC MEETING25 LECTURES.....26 OTHER _____ 96 (SPECIFY) DON'T KNOW98																						
619	In the last 12 months, have you discussed the practice of family planning with your friends, neighbors, or relatives?	YES.....1 NO.....2	→621																					
620	With whom? Anyone else? RECORD ALL PERSONS MENTIONED.	HUSBAND.....A MOTHER.....B FATHER.....C SISTER(S).....D BROTHER(S).....E DAUGHTER.....F SON.....G MOTHER-IN-LAW.....H FRIENDS/NEIGHBORS.....I OTHER _____ X (SPECIFY)																						
621	CHECK 101A: CURRENTLY MARRIED <input type="checkbox"/> CURRENTLY WIDOWED, DIVORCED, OR SEPARATED <input type="checkbox"/>		→628																					
622	CHECK 311/311A: ANY CODE CIRCLED <input type="checkbox"/> NO CODE CIRCLED <input type="checkbox"/>		→624																					

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
623	You have told me that you are currently using contraception. Would you say that using contraception is mainly your decision, mainly your husband's decision or did you both decide together?	MAINLY RESPONDENT1 MAINLY HUSBAND2 JOINT DECISION3 OTHER _____ 6 (SPECIFY)	
624	Now I want to ask you about your husband's views on family planning. Do you think that your husband approves or disapproves of couples using a contraceptive method to avoid pregnancy?	APPROVES1 DISAPPROVES2 DON'T KNOW8	
625	How often have you talked to your husband about family planning in the last 12 months?	NEVER1 ONCE OR TWICE2 MORE OFTEN3	
626	CHECK 311/311A: <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> NEITHER STERILIZED <input type="checkbox"/> </div> <div style="text-align: center;"> HE OR SHE STERILIZED <input type="checkbox"/> </div> </div>		→628
627	Do you think your husband wants the same number of children that you want, or does he want more or fewer than you want?	SAME NUMBER1 MORE CHILDREN2 FEWER CHILDREN3 DON'T KNOW8	
628	Husbands and wives do not always agree on everything. Please tell me if you think a wife is justified in refusing to have sex with her husband when: She knows her husband has a sexually transmitted disease? She has recently given birth? She is tired or not in the mood?	<div style="text-align: right; margin-bottom: 5px;"> YES NO DK </div> HAS STD.....1 2 8 RECENT BIRTH.....1 2 8 TIRED/MOOD1 2 8	
628A	Were you ever encouraged to have more children by your mother or by your mother-in-law?	YES1 NO2 NOT APPLICABLE3	

SECTION 7. HUSBAND'S BACKGROUND AND WOMAN'S WORK

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
701	CHECK 500: CURRENTLY MARRIED <input type="checkbox"/> CURRENTLY WIDOWED/ DIVORCED/ SEPARATED <input type="checkbox"/>		→703
702	How old was your husband on his last birthday?	AGE IN COMPLETED YEARS. <input type="text"/> <input type="text"/>	
703	Did your (last) husband ever attend school?	YES..... 1 NO..... 2	→706A
704	What is the highest level of school he attended: Old elementary, old preparatory, old secondary, new basic, new secondary, intermediate diploma, the university, or higher?	OLD SYSTEM ELEMENTARY01 PREPARATORY02 SECONDARY03 NEW SYSTEM BASIC.....04 SECONDARY05 INTERMEDIATE DIPLOMA06 UNIVERSITY07 HIGHER08 DON'T KNOW 98	→706A
705	What was the highest grade he completed at that level?	GRADE <input type="text"/> <input type="text"/> DON'T KNOW 98	
706A	CHECK 701: CURRENTLY MARRIED <input type="checkbox"/> CURRENTLY WIDOWED/ DIVORCED/ SEPARATED <input type="checkbox"/>		→709A
706B	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	→706D
706C	Does your husband have any job, but he did not practice it during the last seven days for a reason such as vacation, travel, or illness?	YES..... 1 NO..... 2	→709A
706D	What is your husband's current occupation, that is, what kind of work does he mainly do?	<input type="text"/> <input type="text"/> _____ _____ _____	
706E	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	
709A	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	→710
709B	Do you have any job, but you did not practice it during the last seven days for a reason such as vacation, travel, or illness?	YES..... 1 NO..... 2	→719
710	What is your current occupation, that is, what kind of work do you mainly do?	<input type="text"/> <input type="text"/> _____ _____ _____	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
710A	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	<input type="checkbox"/> >719
717	Who mainly decides how the money you earn will be used?	RESPONDENT 1 HUSBAND 2 RESPONDENT AND HUSBAND JOINTLY 3 SOMEONE ELSE 4 RESPONDENT AND SOMEONE ELSE JOINTLY 5	
718	On average, how much of your household's expenditures do your earnings pay for: almost none, less than half, about half, more than half, or all?	ALMOST NONE 1 LESS THAN HALF 2 ABOUT HALF 3 MORE THAN HALF 4 ALL 5 NONE, HER INCOME IS ALL SAVED 6	
719	Who in your family usually has the final say on the following decisions: Your own health care? Making large household purchases? Making household purchases for daily needs? Visits to family or relatives? What food should be cooked each day?	RESPONDENT = 1 HUSBAND = 2 RESPONDENT & HUSBAND JOINTLY = 3 SOMEONE ELSE = 4 RESPONDENT & SOMEONE ELSE JOINTLY = 5 DECISION NOT MADE/NOT APPLICABLE = 6 1 2 3 4 5 6 1 2 3 4 5 6 1 2 3 4 5 6 1 2 3 4 5 6 1 2 3 4 5 6	
720	PRESENCE OF OTHERS AT THIS POINT (PRESENT AND LISTENING, PRESENT BUT NOT LISTENING OR NOT PRESENT)	PRES/ LISTEN. PRES/ NOT LISTEN. NOT PRES CHILDREN <10 1 2 8 HUSBAND 1 2 8 OTHER MALES 1 2 8 OTHER FEMALES 1 2 8	
721	Sometimes a husband is annoyed or angered by things that his wife does. In your opinion, is a husband justified in hitting or beating his wife in the following situations: If she goes out without telling him? If she neglects the children? If she argues with him? If she burns the food? If she disobeys him? If she insults him? If she betrays him?	YES NO DK GOES OUT 1 2 8 NEGL. CHILDREN 1 2 8 ARGUES 1 2 8 BURNS FOOD 1 2 8 DISOBEYS 1 2 8 INSULTS 1 2 8 BETRAYS 1 2 8	
721A	Besides the situations we just have mentioned, in your opinion, are there any other situation in which a husband is justified in hitting or beating his wife? IF YES: In what situation?	YES _____ 1 (SPECIFY) NO 2 DON'T KNOW 8	
721B	Do you smoke: Cigarettes? Nargila?	YES NO CIGARETTE 1 2 NARGILA 1 2	
721C	CHECK 701: CURRENTLY MARRIED <input type="checkbox"/> CURRENTLY WIDOWED/ DIVORCED/ SEPARATED <input type="checkbox"/>		<input type="checkbox"/> >801
721D	Does your husband smoke: Cigarettes? Nargila?	YES NO CIGARETTE 1 2 NARGILA 1 2	

SECTION 8: AIDS AND OTHER SEXUALLY TRANSMITTED DISEASES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
801	Now I would like to talk about something else. Have you ever heard of an illness called AIDS?	YES..... 1 NO..... 2	→817
802	Is there anything a person can do to avoid getting AIDS or the virus that causes AIDS?	YES..... 1 NO..... 2 DON'T KNOW..... 8	↳809
803	What can a person do? Anything else? RECORD ALL WAYS MENTIONED.	ABSTAIN FROM SEX..... A USE CONDOMS..... B LIMIT SEX TO ONE PARTNER/STAY FAITHFUL TO ONE PARTNER..... C LIMIT NUMBER OF SEXUAL PARTNERS..... D AVOID SEX WITH PROSTITUTES..... E AVOID SEX WITH PERSONS WHO HAVE MANY PARTNERS..... F AVOID SEX WITH HOMOSEXUALS..... G AVOID SEX WITH PERSONS WHO INJECT DRUGS INTRAVENOUSLY..... H AVOID BLOOD TRANSFUSIONS..... I AVOID INJECTIONS..... J AVOID SHARING RAZORS/BLADES..... K AVOID KISSING..... L AVOID MOSQUITO BITES..... M SEEK PROTECTION FROM TRADITIONAL PRACTITIONER..... N OTHER..... W (SPECIFY) OTHER..... X (SPECIFY) DON'T KNOW..... Z	
804	Can people reduce their chances of getting the AIDS virus by having just one sex partner who has no other partners?	YES..... 1 NO..... 2 DON'T KNOW..... 8	
805	Can a person get the AIDS virus from mosquito bites?	YES..... 1 NO..... 2 DON'T KNOW..... 8	
806	Can people reduce their chances of getting the AIDS virus by using a condom every time they have sex?	YES..... 1 NO..... 2 DON'T KNOW..... 8	
807	Can people get the AIDS virus by sharing food with a person who has AIDS?	YES..... 1 NO..... 2 DON'T KNOW..... 8	
808	Can people protect themselves from getting the AIDS virus by not having sex at all?	YES..... 1 NO..... 2 DON'T KNOW..... 8	
809	Is it possible for a healthy-looking person to have the AIDS virus?	YES..... 1 NO..... 2 DON'T KNOW..... 8	
810	Do you know someone personally who has the virus that causes AIDS or someone who died from AIDS?	YES..... 1 NO..... 2	
811	Can the virus that causes AIDS be transmitted from a mother to a child?	YES..... 1 NO..... 2 DON'T KNOW..... 8	↳813
812	Can the virus that causes AIDS be transmitted from a mother to a child: During pregnancy? During delivery? By breastfeeding?	YES NO DK DURING PREG..... 1 2 8 DURING DELIVERY... 1 2 8 BREASTFEEDING..... 1 2 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
813	CHECK 500: CURRENTLY MARRIED <input type="checkbox"/>	WIDOWED/ DIVORCE/SEPARATED <input type="checkbox"/>	→815
814	Have you ever talked about ways to prevent getting the virus that causes AIDS with your husband?	YES..... 1 NO..... 2	
815	If a member of your family got infected with the virus that causes AIDS, would you want it to remain a secret or not?	YES..... 1 NO..... 2 DK/NOT SURE..... 8	
816	If a relative of yours became sick with the virus that causes AIDS, would you be willing to care for her or him in your own household?	YES..... 1 NO..... 2 DK/NOT SURE/DEPENDS..... 8	
817	Apart from AIDS, have you heard about other infections that can be transmitted through sexual contact?	YES..... 1 NO..... 2	→820
818	If a man has a sexually transmitted disease, what symptoms might he have? Any others? RECORD ALL SYMPTOMS MENTIONED.	ABDOMINAL PAIN A GENITAL DISCHARGE/DRIPPING B FOUL SMELLING DISCHARGE C BURNING PAIN ON URINATION D REDNESS/INFLAMMATION IN GENITAL AREA E SWELLING IN GENITAL AREA F GENITAL SORES/ULCERS G GENITAL WARTS H GENITAL ITCHING I BLOOD IN URINE J LOSS OF WEIGHT K IMPOTENCE L OTHER _____ W (SPECIFY) OTHER _____ X (SPECIFY) NO SYMPTOMS Y DON'T KNOW Z	
819	If a woman has a sexually transmitted disease, what symptoms might she have? Any others? RECORD ALL SYMPTOMS MENTIONED.	ABDOMINAL PAIN A GENITAL DISCHARGE B FOUL SMELLING DISCHARGE C BURNING PAIN ON URINATION D REDNESS/INFLAMMATION IN GENITAL AREA E SWELLING IN GENITAL AREA F GENITAL SORES/ULCERS G GENITAL WARTS H GENITAL ITCHING I BLOOD IN URINE J LOSS OF WEIGHT K HARD TO GET PREGNANT/HAVE CHILD L OTHER _____ W (SPECIFY) OTHER _____ X (SPECIFY) NO SYMPTOMS Y DON'T KNOW Z	
820	RECORD THE TIME.	HOUR <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 RESPONDENT:

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

SUPERVISOR'S OBSERVATIONS

NAME OF THE SUPERVISOR: _____ DATE: _____

EDITOR'S OBSERVATIONS

NAME OF EDITOR: _____ DATE: _____

INSTRUCTIONS:
 ONLY ONE CODE SHOULD APPEAR IN ANY BOX.
 FOR COLUMNS 1 AND 4, ALL MONTHS SHOULD BE FILLED IN.

INFORMATION TO BE CODED FOR EACH COLUMN

COL.1: BIRTHS, PREGNANCIES, CONTRACEPTIVE USE

- B BIRTHS
- P PREGNANCIES
- T TERMINATIONS

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

COL.2: SOURCE OF CONTRACEPTION

- 1 GOVT. HOSPITAL
- 2 GOVT. HEALTH CENTER
- 3 GOVT. MCH
- 4 UNIVERSITY HOSPITAL
- 5 ROYAL MEDICAL SERVICES
- 6 MOBILE CLINIC
- 7 OTHER PUBLIC
- 8 PVT. HOSPITAL/CLINIC
- 9 PRIVATE DOCTOR
- A PHARMACY
- B JAFPP
- C UNRWA
- D OTHER NGO
- E OTHER PRIVATE
- F FRIENDS/RELATIVES
- X OTHER _____
(SPECIFY)

COL.3: DISCONTINUATION OF CONTRACEPTIVE USE

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

COL.4: MARRIAGE

- X MARRIED
- 0 NOT MARRIED

		1	2	3	4		
10 OCT	03					03	OCT
09 SEP	04					04	SEP
2 08 AUG	05					05	AUG 2
0 07 JUL	06					06	JUL 0
0 06 JUN	07					07	JUN 0
2 05 MAY	08					08	MAY 2
04 APR	09					09	APR
03 MAR	10					10	MAR
02 FEB	11					11	FEB
01 JAN	12					12	JAN
12 DEC	13					13	DEC
11 NOV	14					14	NOV
10 OCT	15					15	OCT
09 SEP	16					16	SEP
2 08 AUG	17					17	AUG 2
0 07 JUL	18					18	JUL 0
0 06 JUN	19					19	JUN 0
1 05 MAY	20					20	MAY 1
04 APR	21					21	APR
03 MAR	22					22	MAR
02 FEB	23					23	FEB
01 JAN	24					24	JAN
12 DEC	25					25	DEC
11 NOV	26					26	NOV
10 OCT	27					27	OCT
09 SEP	28					28	SEP
2 08 AUG	29					29	AUG 2
0 07 JUL	30					30	JUL 0
0 06 JUN	31					31	JUN 0
0 05 MAY	32					32	MAY 0
04 APR	33					33	APR
03 MAR	34					34	MAR
02 FEB	35					35	FEB
01 JAN	36					36	JAN
12 DEC	37					37	DEC
11 NOV	38					38	NOV
10 OCT	39					39	OCT
09 SEP	40					40	SEP
1 08 AUG	41					41	AUG 1
9 07 JUL	42					42	JUL 9
9 06 JUN	43					43	JUN 9
9 05 MAY	44					44	MAY 9
04 APR	45					45	APR
03 MAR	46					46	MAR
02 FEB	47					47	FEB
01 JAN	48					48	JAN
12 DEC	49					49	DEC
11 NOV	50					50	NOV
10 OCT	51					51	OCT
09 SEP	52					52	SEP
1 08 AUG	53					53	AUG 1
9 07 JUL	54					54	JUL 9
9 06 JUN	55					55	JUN 9
8 05 MAY	56					56	MAY 8
04 APR	57					57	APR
03 MAR	58					58	MAR
02 FEB	59					59	FEB
01 JAN	60					60	JAN
12 DEC	61					61	DEC
11 NOV	62					62	NOV
10 OCT	63					63	OCT
09 SEP	64					64	SEP
1 08 AUG	65					65	AUG 1
9 07 JUL	66					66	JUL 9
9 06 JUN	67					67	JUN 9
7 05 MAY	68					68	MAY 7
04 APR	69					69	APR *
03 MAR	70					70	MAR
02 FEB	71					71	FEB
01 JAN	72					72	JAN