

HOUSEHOLD QUESTIONNAIRE

Survey Contents Confidential by Statistical Law

IDENTIFICATION				
GOVERNORATE: _____				AREA: _____
DISTRICT: _____				NEIGHBORHOOD: _____
SUB-DISTRICT: _____				BLOCK NUMBER: _____
LOCALITY: _____				CLUSTER NUMBER: _____
STRATUM NUMBER				
URBAN OR RURAL (1=URBAN; 2=RURAL)				
BUILDING NUMBER				
HOUSING UNIT NUMBER				
HOUSEHOLD NUMBER				
NAME OF HOUSEHOLD HEAD _____				
TELEPHONE/MOBILE NUMBER (IF AVAILABLE) <input type="text"/>				
HOUSEHOLD SELECTED FOR CHILD DISCIPLINE, CHILD DEVELOPMENT, AND BIOMARKER FOR WOMEN? (1=YES, 2=NO) <input type="checkbox"/>				
HOUSEHOLD SELECTED FOR HEALTH EXPENDITURE AND DOMESTIC VIOLENCE? (1=YES, 2=NO) <input type="checkbox"/>				
HOUSEHOLD SELECTED FOR MAN'S SURVEY? (1=YES, 2=NO) <input type="checkbox"/>				
INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE	_____	_____	_____	DAY <input type="text"/> MONTH <input type="text"/> YEAR <input type="text"/>
INTERVIEWER'S NAME	_____	_____	_____	INT. NO. <input type="text"/>
RESULT*	_____	_____	_____	RESULT* <input type="checkbox"/>
NEXT VISIT: DATE	_____	_____		TOTAL NUMBER OF VISITS <input type="text"/>
TIME	_____	_____		
<p>*RESULT CODES:</p> <p>1 COMPLETED</p> <p>2 NO HOUSEHOLD MEMBER AT HOME OR NO COMPETENT RESPONDENT AT HOME AT TIME OF VISIT</p> <p>3 ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD OF TIME</p> <p>4 POSTPONED</p> <p>5 REFUSED</p> <p>6 DWELLING VACANT OR ADDRESS NOT A DWELLING</p> <p>7 DWELLING DESTROYED</p> <p>8 DWELLING NOT FOUND</p> <p>9 OTHER _____ (SPECIFY)</p>				<p>TOTAL PERSONS IN HOUSEHOLD <input type="text"/></p> <p>TOTAL ELIGIBLE WOMEN <input type="text"/></p> <p>TOTAL ELIGIBLE MEN <input type="text"/></p> <p>LINE NO. OF RESPONDENT TO HOUSEHOLD QUESTIONNAIRE <input type="text"/></p>
SUPERVISOR			OFFICE EDITOR	
NAME _____			NAME _____	
			NUMBER <input type="text"/>	
			NUMBER <input type="text"/>	

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INTRODUCTION AND CONSENT

Hello. My name is _____. I am working with the Department of Statistics. We are conducting a survey about health all over Jordan. The information we collect will help the government to plan health services. Your household was selected for the survey. I would like to ask you some questions about your household. The questions usually take about 15 to 20 minutes. All of the answers you give will be confidential and will not be shared with anyone other than members of our survey team. You don't have to be in the survey, but we hope you will agree to answer the questions since your views are important. If I ask you any question you don't want to answer, just let me know and I will go on to the next question or you can stop the interview at any time.

In case you need more information about the survey, you may contact the person listed on this card.

GIVE CARD WITH CONTACT INFORMATION

Do you have any questions?

SIGNATURE OF INTERVIEWER _____ DATE _____

RESPONDENT AGREES
TO BE INTERVIEWED . . . 1
↓

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

100	RECORD THE TIME.	HOURS <table border="1" style="display: inline-table; border-collapse: collapse;"><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; border-collapse: collapse;"><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>				

HOUSEHOLD SCHEDULE

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		DATE OF BIRTH	AGE	NATIONALITY	IF AGE 15 OR OLDER	MARITAL STATUS	ELIGIBILITY			
				5	6						6A	7	7A	8
1	2	3	4	5	6	6A	7	7A	8	9	9A	10	11	
	<p>Please give me the names of the persons who usually live in your household and guests of the household who stayed here last night, starting with the head of the household.</p> <p>AFTER LISTING THE NAMES AND RECORDING THE RELATIONSHIP AND SEX FOR EACH PERSON, ASK QUESTIONS 2A-2C TO BE SURE THAT THE LISTING IS COMPLETE.</p> <p>THEN ASK APPROPRIATE QUESTIONS IN COLUMNS 5-20 FOR EACH PERSON.</p>	<p>What is the relationship of (NAME) to the head of the household?</p> <p>SEE CODES BELOW.</p>	<p>Is (NAME) male or female?</p>	<p>Does (NAME) usually live here?</p>	<p>Did (NAME) stay here last night?</p>	<p>In what month and year was (NAME) born?</p> <p>IF DON'T KNOW MONTH, RECORD '98' FOR MONTH.</p> <p>IF DON'T KNOW YEAR, RECORD '9998' FOR YEAR.</p>	<p>How old is (NAME)?</p> <p>IF 95 OR MORE, RECORD '95'.</p> <p>COMPARE AND CORRECT 6A AND/OR 7 IF INCONSISTENT.</p>	<p>What is (NAME)'s nationality?</p> <p>1 = JORDANIAN 2 = EGYPTIAN 3 = SYRIAN 4 = IRAQI 5 = OTHER ARAB 6 = NOT ARAB 8 = DONT KNOW</p>	<p>What is (NAME)'s current marital status?</p> <p>1 = NEVER MARRIED 2 = MARRIED 3 = DIVORCED 4 = WIDOWED 5 = SEPARATED</p>	<p>CIRCLE LINE NUMBER OF EVER MARRIED WOMEN AGE 15-49</p>	<p>CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49</p>	<p>IF HOUSEHOLD SELECTED FOR MAN'S SURVEY</p> <p>CIRCLE LINE NUMBER OF ALL MEN AGE 15-59</p>	<p>CIRCLE LINE NUMBER OF ALL CHILDREN AGE 0-5</p>	
01		<input type="text"/>	M F 1 2	Y N 1 2	Y N 1 2	MONTH YEAR <input type="text"/>	IN YEARS <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	01	01	01	01	
02		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	02	02	02	02	
03		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	03	03	03	03	
04		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	04	04	04	04	
05		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	05	05	05	05	
06		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	06	06	06	06	
07		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	07	07	07	07	
08		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	08	08	08	08	
09		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	09	09	09	09	
10		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	10	10	10	10	

2A) Just to make sure that I have a complete listing: are there any other people such as small children or infants that we have not listed?
 YES → ADD TO TABLE NO

2B) Are there any other people who may not be members of your family, such as domestic servants, lodgers, or friends who usually live here?
 YES → ADD TO TABLE NO

2C) Are there any guests or temporary visitors staying here, or anyone else who stayed here last night, who have not been listed?
 YES → ADD TO TABLE NO

- CODES FOR Q. 3: RELATIONSHIP TO HEAD OF HOUSEHOLD**
- 01 = HEAD
 - 02 = WIFE OR HUSBAND
 - 03 = SON OR DAUGHTER
 - 04 = STEPSON OR STEPDAUGHTER
 - 05 = GRANDCHILD
 - 06 = PARENT
 - 07 = PARENT-IN-LAW
 - 08 = BROTHER OR SISTER
 - 09 = GRAND FATHER/MOTHER
 - 10 = OTHER RELATIVE
 - 11 = ADOPTED/FOSTER CHILD
 - 12 = NOT RELATED
 - 98 = DONT KNOW

HOUSEHOLD SCHEDULE

LINE NO.	IF AGE 0-17 YEARS				IF AGE 5 YEARS OR OLDER		IF AGE 5-24 YEARS		IF AGE 0-4 YEARS	IF AGE 10 YEARS OR OLDER	IF HOUSEHOLD SELECTED FOR HEALTH EXPENDITURE			
	SURVIVORSHIP AND RESIDENCE OF BIOLOGICAL PARENTS				EVER ATTENDED SCHOOL		CURRENT/RECENT SCHOOL ATTENDANCE		BIRTH REGISTRATION	SMOKING	INPATIENT		OUTPATIENT	
	12	13	14	15	16	17	18	19	20	20A	20B	20C	20D	20E
	Is (NAME)'s natural mother alive?	Does (NAME)'s natural mother usually live in this household or was she a guest last night? IF YES: What is her name? RECORD MOTHER'S LINE NUMBER. IF NO, RECORD '00'.	Is (NAME)'s natural father alive?	Does (NAME)'s natural father usually live in this household or was he a guest last night? IF YES: What is his name? RECORD FATHER'S LINE NUMBER. IF NO, RECORD '00'.	Has (NAME) ever attended school?	What is the highest level of school (NAME) has attended? What is the highest grade (NAME) completed at that level?	Did (NAME) attend school at any time during the 2017-2018 school year?	During [this/tha] school year, what level and grade [is/was] (NAME) attending?	Does (NAME) have a birth certificate? IF NO, PROBE: Has (NAME)'s birth ever been registered with the civil authority? 1 = HAS CERTIFICATE 2 = REGISTERED 3 = NEITHER 8 = DONT KNOW	Does (NAME) currently smoke? IF YES: Does (NAME) smoke cigarettes, nargila, or both? 1 = YES CIGARETTE 2 = YES NARGILA 3 = YES BOTH 4 = NO 8 = DONT KNOW	In the last six months, was (NAME) admitted overnight to stay at a health facility?	CIRCLE LINE NUMBER OF HOUSEHOLD MEMBER ELIGIBLE FOR INPATIENT MODULE. CHECK COLUMN 20B: CODE '1' 'YES'	In the last four weeks, did (NAME) receive care from a health provider, or a pharmacy without staying overnight?	CIRCLE LINE NUMBER OF HOUSEHOLD MEMBER ELIGIBLE FOR OUTPATIENT MODULE. CHECK COLUMN 20D: CODE '1' 'YES'
01	Y N DK 1 2 8 ↓ GO TO 14	[] [] ↓ GO TO 14	Y N DK 1 2 8 ↓ GO TO 16	[] [] ↓ GO TO 16	Y N 1 2 ↓ GO TO 20A	LEVEL GRADE [] [] [] [] ↓ GO TO 20A	Y N 1 2 ↓ GO TO 20A	LEVEL GRADE [] [] [] [] ↓ GO TO 20A	[]	[]	Y N DK 1 2 8 ↓ GO TO 20D	01	Y N DK 1 2 8 ↓ NEXT LINE	01
02	1 2 8 ↓ GO TO 14	[] [] ↓ GO TO 14	1 2 8 ↓ GO TO 16	[] [] ↓ GO TO 16	1 2 ↓ GO TO 20A	[] [] [] [] ↓ GO TO 20A	1 2 ↓ GO TO 20A	[] [] [] [] ↓ GO TO 20A	[]	[]	1 2 8 ↓ GO TO 20D	02	1 2 8 ↓ NEXT LINE	02
03	1 2 8 ↓ GO TO 14	[] [] ↓ GO TO 14	1 2 8 ↓ GO TO 16	[] [] ↓ GO TO 16	1 2 ↓ GO TO 20A	[] [] [] [] ↓ GO TO 20A	1 2 ↓ GO TO 20A	[] [] [] [] ↓ GO TO 20A	[]	[]	1 2 8 ↓ GO TO 20D	03	1 2 8 ↓ NEXT LINE	03
04	1 2 8 ↓ GO TO 14	[] [] ↓ GO TO 14	1 2 8 ↓ GO TO 16	[] [] ↓ GO TO 16	1 2 ↓ GO TO 20A	[] [] [] [] ↓ GO TO 20A	1 2 ↓ GO TO 20A	[] [] [] [] ↓ GO TO 20A	[]	[]	1 2 8 ↓ GO TO 20D	04	1 2 8 ↓ NEXT LINE	04
05	1 2 8 ↓ GO TO 14	[] [] ↓ GO TO 14	1 2 8 ↓ GO TO 16	[] [] ↓ GO TO 16	1 2 ↓ GO TO 20A	[] [] [] [] ↓ GO TO 20A	1 2 ↓ GO TO 20A	[] [] [] [] ↓ GO TO 20A	[]	[]	1 2 8 ↓ GO TO 20D	05	1 2 8 ↓ NEXT LINE	05
06	1 2 8 ↓ GO TO 14	[] [] ↓ GO TO 14	1 2 8 ↓ GO TO 16	[] [] ↓ GO TO 16	1 2 ↓ GO TO 20A	[] [] [] [] ↓ GO TO 20A	1 2 ↓ GO TO 20A	[] [] [] [] ↓ GO TO 20A	[]	[]	1 2 8 ↓ GO TO 20D	06	1 2 8 ↓ NEXT LINE	06
07	1 2 8 ↓ GO TO 14	[] [] ↓ GO TO 14	1 2 8 ↓ GO TO 16	[] [] ↓ GO TO 16	1 2 ↓ GO TO 20A	[] [] [] [] ↓ GO TO 20A	1 2 ↓ GO TO 20A	[] [] [] [] ↓ GO TO 20A	[]	[]	1 2 8 ↓ GO TO 20D	07	1 2 8 ↓ NEXT LINE	07
08	1 2 8 ↓ GO TO 14	[] [] ↓ GO TO 14	1 2 8 ↓ GO TO 16	[] [] ↓ GO TO 16	1 2 ↓ GO TO 20A	[] [] [] [] ↓ GO TO 20A	1 2 ↓ GO TO 20A	[] [] [] [] ↓ GO TO 20A	[]	[]	1 2 8 ↓ GO TO 20D	08	1 2 8 ↓ NEXT LINE	08
09	1 2 8 ↓ GO TO 14	[] [] ↓ GO TO 14	1 2 8 ↓ GO TO 16	[] [] ↓ GO TO 16	1 2 ↓ GO TO 20A	[] [] [] [] ↓ GO TO 20A	1 2 ↓ GO TO 20A	[] [] [] [] ↓ GO TO 20A	[]	[]	1 2 8 ↓ GO TO 20D	09	1 2 8 ↓ NEXT LINE	09
10	1 2 8 ↓ GO TO 14	[] [] ↓ GO TO 14	1 2 8 ↓ GO TO 16	[] [] ↓ GO TO 16	1 2 ↓ GO TO 20A	[] [] [] [] ↓ GO TO 20A	1 2 ↓ GO TO 20A	[] [] [] [] ↓ GO TO 20A	[]	[]	1 2 8 ↓ GO TO 20D	10	1 2 8 ↓ NEXT LINE	10

CODES FOR Qs. 17 AND 19: EDUCATION (NOTE: OLD SYSTEM ONLY APPLIES TO Q.17)

LEVEL (OLD SYSTEM)
01 = OLD ELEMENTARY
02 = OLD PREPARATORY
03 = OLD SECONDARY
3 = HIGHER

LEVEL (NEW SYSTEM)
04 = NEW BASIC
05 = NEW SECONDARY
06 = INTERMEDIATE DIPLOMA
07 = BACHELOR
08 = HIGHER EDUCATION
98 = DONT KNOW

GRADE
00 = LESS THAN 1 YEAR COMPLETED
(USE '00' FOR Q. 17 ONLY.
THIS CODE IS NOT ALLOWED
FOR Q. 19.)
98 = DONT KNOW

HOUSEHOLD SCHEDULE

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		DATE OF BIRTH	AGE	NATIONALITY	IF AGE 15 OR OLDER	MARRITAL STATUS	ELIGIBILITY		
				5	6						6A	7	7A
1	2	3	4	5	6	6A	7	7A	8	9	9A	10	11
	<p>Please give me the names of the persons who usually live in your household and guess of the household who stayed here last night, starting with the head of the household.</p> <p>AFTER LISTING THE NAMES AND RECORDING THE RELATIONSHIP AND SEX FOR EACH PERSON, ASK QUESTIONS 2A-2C TO BE SURE THAT THE LISTING IS COMPLETE.</p> <p>THEN ASK APPROPRIATE QUESTIONS IN COLUMNS 5-20 FOR EACH PERSON.</p>	<p>What is the relationship of (NAME) to the head of the household?</p> <p>SEE CODES BELOW.</p>	<p>Is (NAME) male or female?</p>	<p>Does (NAME) usually live here?</p>	<p>Did (NAME) stay here last night?</p>	<p>In what month and year was (NAME) born?</p> <p>IF DON'T KNOW MONTH, RECORD 98' FOR MONTH.</p> <p>IF DON'T KNOW YEAR, RECORD 9998' FOR YEAR.</p>	<p>How old is (NAME)?</p> <p>IF 95 OR MORE, RECORD '95.</p> <p>COMPARE AND CORRECT 6A AND/OR 7 IF INCONSISTENT.</p>	<p>What is (NAME)'s nationality?</p> <p>1 = JORDANIAN 2 = EGYPTIAN 3 = SYRIAN 4 = IRAQUI 5 = OTHER ARAB 6 = NOT ARAB 8 = DONT KNOW</p>	<p>What is (NAME)'s current marital status?</p> <p>1 = NEVER MARRIED 2 = MARRIED 3 = DIVORCED 4 = WIDOWED 5 = SEPARATED</p>	<p>CIRCLE LINE NUMBER OF EVER MARRIED WOMEN AGE 15-49</p>	<p>CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49</p>	<p>IF HOUSEHOLD SELECTED FOR MAN'S SURVEY</p> <p>CIRCLE LINE NUMBER OF ALL MEN AGE 15-59</p>	<p>CIRCLE LINE NUMBER OF ALL CHILDREN AGE 0-5</p>
11		<input type="text"/>	M F 1 2	Y N 1 2	Y N 1 2	MONTH YEAR <input type="text"/>	IN YEARS <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	11	11	11	11
12		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	12	12	12	12
13		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	13	13	13	13
14		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	14	14	14	14
15		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	15	15	15	15
16		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	16	16	16	16
17		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	17	17	17	17
18		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	18	18	18	18
19		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	19	19	19	19
20		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	20	20	20	20

TICK HERE IF CONTINUATION SHEET USED

CODES FOR Q. 3: RELATIONSHIP TO HEAD OF HOUSEHOLD

01 = HEAD 07 = PARENT-IN-LAW
 02 = WIFE OR HUSBAND 08 = BROTHER OR SISTER
 03 = SON OR DAUGHTER 09 = GRAND FATHER/MOTHER
 04 = STEPSON OR 10 = OTHER RELATIVE
 STEPDAUGHTER 11 = ADOPTED/FOSTER CHILD
 05 = GRANDCHILD 12 = NOT RELATED
 06 = PARENT 98 = DONT KNOW

HOUSEHOLD SCHEDULE

LINE NO.	IF AGE 0-17 YEARS				IF AGE 5 YEARS OR OLDER		IF AGE 5-24 YEARS		IF AGE 0-4 YEARS	IF AGE 10 YEARS OR OLDER	IF HOUSEHOLD SELECTED FOR HEALTH EXPENDITURE			
	SURVIVORSHIP AND RESIDENCE OF BIOLOGICAL PARENTS				EVER ATTENDED SCHOOL		CURRENT/RECENT SCHOOL ATTENDANCE		BIRTH REGISTRATION	SMOKING	INPATIENT		OUTPATIENT	
	12	13	14	15	16	17	18	19	20	20A	20B	20C	20D	20E
	Is (NAME)'s natural mother alive?	Does (NAME)'s natural mother usually live in this household or was she a guest last night? IF YES: What is her name? RECORD MOTHER'S LINE NUMBER. IF NO, RECORD '00'.	Is (NAME)'s natural father alive?	Does (NAME)'s natural father usually live in this household or was he a guest last night? IF YES: What is his name? RECORD FATHER'S LINE NUMBER. IF NO, RECORD '00'.	Has (NAME) ever attended school?	What is the highest level of school (NAME) has attended? What is the highest grade (NAME) completed at that level?	Did (NAME) attend school at any time during the 2017-2018 school year?	During [this/that] school year, what level and grade [is/was] (NAME) attending?	Does (NAME) have a birth certificate? IF NO, PROBE: Has (NAME)'s birth ever been registered with the civil authority? 1 = HAS CERTIFICATE 2 = REGISTERED 3 = NEITHER 8 = DONT KNOW	Does (NAME) currently smoke? IF YES: Does (NAME) smoke cigarettes, nargila, or both? 1 = YES CIGARETTE 2 = YES NARGILA 3 = YES BOTH 4 = NO 8 = DONT KNOW	In the last six months, was (NAME) admitted overnight to stay at a health facility?	CIRCLE LINE NUMBER OF HOUSEHOLD MEMBER ELIGIBLE FOR INPATIENT MODULE. CHECK COLUMN 20B: CODE '1' 'YES'	In the last four weeks, did (NAME) receive care from a health provider, or a pharmacy without staying overnight?	CIRCLE LINE NUMBER OF HOUSEHOLD MEMBER ELIGIBLE FOR OUTPATIENT MODULE. CHECK COLUMN 20D: CODE '1' 'YES'
11	Y N DK 1 2 8 ↓ GO TO 14	[] [] ↓ GO TO 14	Y N DK 1 2 8 ↓ GO TO 16	[] [] ↓ GO TO 16	Y N 1 2 ↓ GO TO 20A	LEVEL GRADE [] [] [] [] ↓ GO TO 20A	Y N 1 2 ↓ GO TO 20A	LEVEL GRADE [] [] [] [] ↓ GO TO 20A	[]	[]	Y N DK 1 2 8 ↓ GO TO 20D	11	Y N DK 1 2 8 ↓ NEXT LINE	11
12	1 2 8 ↓ GO TO 14	[] [] ↓ GO TO 14	1 2 8 ↓ GO TO 16	[] [] ↓ GO TO 16	1 2 ↓ GO TO 20A	[] [] [] [] ↓ GO TO 20A	1 2 ↓ GO TO 20A	[] [] [] [] ↓ GO TO 20A	[]	[]	1 2 8 ↓ GO TO 20D	12	1 2 8 ↓ NEXT LINE	12
13	1 2 8 ↓ GO TO 14	[] [] ↓ GO TO 14	1 2 8 ↓ GO TO 16	[] [] ↓ GO TO 16	1 2 ↓ GO TO 20A	[] [] [] [] ↓ GO TO 20A	1 2 ↓ GO TO 20A	[] [] [] [] ↓ GO TO 20A	[]	[]	1 2 8 ↓ GO TO 20D	13	1 2 8 ↓ NEXT LINE	13
14	1 2 8 ↓ GO TO 14	[] [] ↓ GO TO 14	1 2 8 ↓ GO TO 16	[] [] ↓ GO TO 16	1 2 ↓ GO TO 20A	[] [] [] [] ↓ GO TO 20A	1 2 ↓ GO TO 20A	[] [] [] [] ↓ GO TO 20A	[]	[]	1 2 8 ↓ GO TO 20D	14	1 2 8 ↓ NEXT LINE	14
15	1 2 8 ↓ GO TO 14	[] [] ↓ GO TO 14	1 2 8 ↓ GO TO 16	[] [] ↓ GO TO 16	1 2 ↓ GO TO 20A	[] [] [] [] ↓ GO TO 20A	1 2 ↓ GO TO 20A	[] [] [] [] ↓ GO TO 20A	[]	[]	1 2 8 ↓ GO TO 20D	15	1 2 8 ↓ NEXT LINE	15
16	1 2 8 ↓ GO TO 14	[] [] ↓ GO TO 14	1 2 8 ↓ GO TO 16	[] [] ↓ GO TO 16	1 2 ↓ GO TO 20A	[] [] [] [] ↓ GO TO 20A	1 2 ↓ GO TO 20A	[] [] [] [] ↓ GO TO 20A	[]	[]	1 2 8 ↓ GO TO 20D	16	1 2 8 ↓ NEXT LINE	16
17	1 2 8 ↓ GO TO 14	[] [] ↓ GO TO 14	1 2 8 ↓ GO TO 16	[] [] ↓ GO TO 16	1 2 ↓ GO TO 20A	[] [] [] [] ↓ GO TO 20A	1 2 ↓ GO TO 20A	[] [] [] [] ↓ GO TO 20A	[]	[]	1 2 8 ↓ GO TO 20D	17	1 2 8 ↓ NEXT LINE	17
18	1 2 8 ↓ GO TO 14	[] [] ↓ GO TO 14	1 2 8 ↓ GO TO 16	[] [] ↓ GO TO 16	1 2 ↓ GO TO 20A	[] [] [] [] ↓ GO TO 20A	1 2 ↓ GO TO 20A	[] [] [] [] ↓ GO TO 20A	[]	[]	1 2 8 ↓ GO TO 20D	18	1 2 8 ↓ NEXT LINE	18
19	1 2 8 ↓ GO TO 14	[] [] ↓ GO TO 14	1 2 8 ↓ GO TO 16	[] [] ↓ GO TO 16	1 2 ↓ GO TO 20A	[] [] [] [] ↓ GO TO 20A	1 2 ↓ GO TO 20A	[] [] [] [] ↓ GO TO 20A	[]	[]	1 2 8 ↓ GO TO 20D	19	1 2 8 ↓ NEXT LINE	19
20	1 2 8 ↓ GO TO 14	[] [] ↓ GO TO 14	1 2 8 ↓ GO TO 16	[] [] ↓ GO TO 16	1 2 ↓ GO TO 20A	[] [] [] [] ↓ GO TO 20A	1 2 ↓ GO TO 20A	[] [] [] [] ↓ GO TO 20A	[]	[]	1 2 8 ↓ GO TO 20D	20	1 2 8 ↓ NEXT LINE	20

CODES FOR Qs. 17 AND 19: EDUCATION (NOTE: OLD SYSTEM ONLY APPLIES TO Q.17)

LEVEL (OLD SYSTEM) 01 = OLD ELEMENTARY 02 = OLD PREPARATORY 03 = OLD SECONDARY 3 = HIGHER	LEVEL (NEW SYSTEM) 04 = NEW BASIC 05 = NEW SECONDARY 06 = INTERMEDIATE DIPLOMA 07 = BACHELOR 08 = HIGHER EDUCATION 98 = DONT KNOW	GRADE 00 = LESS THAN 1 YEAR COMPLETED (USE '00' FOR Q. 17 ONLY. THIS CODE IS NOT ALLOWED FOR Q. 18.) 98 = DONT KNOW
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HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																													
110	Do you share this toilet facility with other households?	YES 1 NO 2	→ 112																																													
111	Including your own household, how many households use this toilet facility?	NO. OF HOUSEHOLDS IF LESS THAN 10 <input type="text" value="0"/> <input type="text"/> 10 OR MORE HOUSEHOLDS 95 DON'T KNOW 98																																														
112	Where is this toilet facility located?	IN OWN DWELLING 1 IN OWN YARD/PLOT 2 ELSEWHERE 3																																														
113	What type of fuel does your household mainly use for cooking?	ELECTRICITY 01 NATURAL GAS 02 KEROSENE 03 COAL, WOOD 04 NO FOOD COOKED IN HOUSEHOLD 95 OTHER _____ 96 (SPECIFY)	→ 115A																																													
114	Is the cooking usually done in the house, in a separate building, or outdoors?	IN THE HOUSE 1 IN A SEPARATE BUILDING 2 OUTDOORS 3 OTHER _____ 6 (SPECIFY)	→ 115A																																													
115	Do you have a separate room which is used as a kitchen?	YES 1 NO 2																																														
115A	Do you have an independent bathroom?	YES 1 NO 2																																														
115B	How many rooms do you have in your house?	ROOMS <input type="text"/> <input type="text"/>																																														
116	How many rooms in this household are used for sleeping?	ROOMS FOR SLEEPING <input type="text"/> <input type="text"/>																																														
120A	Does your household have a bed or sofa bed? IF YES: How many beds or sofa beds does your household have? IF NONE, RECORD '0'. IF 7 OR MORE, RECORD 7.	NUMBER OF BEDS <input type="text"/>																																														
121	Does your household have:	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>a) A radio/tape recorder?</td> <td>a) RADIO/TAPE RECORDER 1</td> <td>2</td> </tr> <tr> <td>b) A television?</td> <td>b) TELEVISION 1</td> <td>2</td> </tr> <tr> <td>c) Satellite?</td> <td>c) SATELLITE 1</td> <td>2</td> </tr> <tr> <td>d) A land telephone?</td> <td>d) LAND TELEPHONE 1</td> <td>2</td> </tr> <tr> <td>e) A refrigerator?</td> <td>e) REFRIGERATOR 1</td> <td>2</td> </tr> <tr> <td>f) A freezer?</td> <td>f) FREEZER 1</td> <td>2</td> </tr> <tr> <td>g) A washing machine?</td> <td>g) WASHING MACHINE 1</td> <td>2</td> </tr> <tr> <td>h) A dish washer?</td> <td>h) DISH WASHER 1</td> <td>2</td> </tr> <tr> <td>i) Solar heater?</td> <td>i) SOLAR HEATER 1</td> <td>2</td> </tr> <tr> <td>j) Air conditioner?</td> <td>j) AIR CONDITIONER 1</td> <td>2</td> </tr> <tr> <td>k) Fan?</td> <td>k) FAN 1</td> <td>2</td> </tr> <tr> <td>l) Water cooler?</td> <td>l) WATER COOLER 1</td> <td>2</td> </tr> <tr> <td>m) Microwave?</td> <td>M) MICROWAVE 1</td> <td>2</td> </tr> <tr> <td>n) Digital camera?</td> <td>N) DIGITAL CAMERA 1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	a) A radio/tape recorder?	a) RADIO/TAPE RECORDER 1	2	b) A television?	b) TELEVISION 1	2	c) Satellite?	c) SATELLITE 1	2	d) A land telephone?	d) LAND TELEPHONE 1	2	e) A refrigerator?	e) REFRIGERATOR 1	2	f) A freezer?	f) FREEZER 1	2	g) A washing machine?	g) WASHING MACHINE 1	2	h) A dish washer?	h) DISH WASHER 1	2	i) Solar heater?	i) SOLAR HEATER 1	2	j) Air conditioner?	j) AIR CONDITIONER 1	2	k) Fan?	k) FAN 1	2	l) Water cooler?	l) WATER COOLER 1	2	m) Microwave?	M) MICROWAVE 1	2	n) Digital camera?	N) DIGITAL CAMERA 1	2	
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121A	Does your household own a private car or pickup? IF YES: How many? IF NONE, RECORD '0'. IF 7 OR MORE, RECORD 7	NUMBER OF CARS/PICKUPS <input type="text"/>																																														

HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
122A	Does any member of your household have a computer or tablet? IF YES: How many computers/tablets do you have in total in your household? IF NONE, RECORD '0'. IF 7 OR MORE, RECORD 7.	NUMBER OF COMPUTERS <input type="text"/>	
122B	Does any member of your household have a mobile or smart phone? IF YES: How many mobile/smart phones do you have in total in your household? IF NONE, RECORD '0'. IF 7 OR MORE, RECORD 7.	NUMBER OF MOBILES <input type="text"/>	
122C	CHECK 122A and 122B: 122A OR 122B = 1 OR MORE <input type="checkbox"/> 122A AND 122B = 0 <input type="checkbox"/>		→ 123
122D	Do you have internet access at home?	YES 1 NO 2	
123	Does any member of this household have a bank account?	YES 1 NO 2	→ 124
123A	Does any member of this household have a credit card?	YES 1 NO 2	
124	How often does anyone smoke cigarette/nargila inside your house? Would you say daily, weekly, monthly, less often than once a month, or never?	DAILY 1 WEEKLY 2 MONTHLY 3 LESS OFTEN THAN ONCE A MONTH 4 NEVER 5	
142	OBSERVE MAIN MATERIAL OF THE FLOOR OF THE DWELLING. RECORD OBSERVATION.	NATURAL FLOOR EARTH/SAND 11 FINISHED FLOOR PARQUET OR POLISHED WOOD 31 TILES 32 MARBLE/CERAMIC TILES 33 CEMENT 34 OTHER _____ 96 (SPECIFY)	
143	OBSERVE MAIN MATERIAL OF THE ROOF OF THE DWELLING. RECORD OBSERVATION.	RUDIMENTARY ROOFING MUD BRICKS 21 MUD BRICKS WITH STONES 22 FINISHED ROOFING CONCRETE 31 OTHER _____ 96 (SPECIFY)	
144	OBSERVE MAIN MATERIAL OF THE EXTERIOR WALLS OF THE DWELLING. RECORD OBSERVATION.	RUDIMENTARY ROOFING MUD BRICKS 21 MUD BRICKS WITH STONES 22 FINISHED WALLS CEMENT BRICKS 31 CUT STONES 32 CUT STONE AND CONCRETE 33 CONCRETE 34 OTHER _____ 96 (SPECIFY)	

DIABETES

147	Now, I would like to ask you some questions about the health of your household's members. Has any member of your household ever been told by a doctor or other health worker that he/she has diabetes?	YES 1 NO 2 DON'T KNOW 8 <div style="float: right; border-left: 1px solid black; border-right: 1px solid black; padding: 0 5px;">→</div> 201		
148	What is the name of the persons who have diabetes? ENTER THE NAME AND LINE NUMBER OF EACH PERSON WITH DIABETES	NAME _____ LINE NUMBER..... <input type="text"/> <input type="text"/>	NAME _____ LINE NUMBER..... <input type="text"/> <input type="text"/>	NAME _____ LINE NUMBER . <input type="text"/> <input type="text"/>
149	How long ago was [NAME] diagnosed with diabetes? IF LESS THAN 12 MONTHS, ANSWER MUST BE RECORDED IN MONTHS. IF 12 MONTHS (1 YEAR) OR MORE, ANSWER MUST BE RECORDED IN YEARS	MONTHS AGO .. 1 <input type="text"/> <input type="text"/> YEARS AGO .. 2 <input type="text"/> <input type="text"/> DON'T KNOW 998	MONTHS AGO .. 1 <input type="text"/> <input type="text"/> YEARS AGO .. 2 <input type="text"/> <input type="text"/> DON'T KNOW ... 998	MONTHS AGO . 1 <input type="text"/> <input type="text"/> YEARS AGO . 2 <input type="text"/> <input type="text"/> DON'T KNOW..... 998

SELECTION OF ONE CHILD FOR CHILD DISCIPLINE (PAPER OPTION)

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES																																																																		
201	<p>CHECK COVER PAGE: HOUSEHOLD SELECTED FOR CHILD DISCIPLINE?</p> <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <div style="border: 1px solid black; padding: 5px; width: 45%; text-align: center;"> HOUSEHOLD SELECTED FOR CHILD DISCIPLINE ↓ CONTINUE </div> <div style="border: 1px solid black; padding: 5px; width: 45%; text-align: center;"> HOUSEHOLD NOT SELECTED FOR CHILD DISCIPLINE ↓ GO TO 300 </div> </div>																																																																			
202	<p>CHECK COL. 7 IN THE LIST OF HOUSEHOLD MEMBERS AND WRITE THE TOTAL NUMBER OF CHILDREN AGE 1-14 YEARS.</p>	TOTAL NUMBER <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>																																																																		
203	<p>CHECK THE NUMBER OF CHILDREN AGE 1-14 YEARS IN 202:</p> <p style="text-align: center;">ZERO <input style="width: 20px; height: 20px;" type="checkbox"/> → GO TO 512</p> <p style="text-align: center;">TWO OR MORE <input style="width: 20px; height: 20px;" type="checkbox"/> ↓</p> <p style="text-align: center;">ONE <input style="width: 20px; height: 20px;" type="checkbox"/> →</p>	<p>SKIP TO 210 AND RECORD THE RANK NUMBER AS '1', ENTER THE LINE NUMBER, CHILD'S NAME AND AGE</p>																																																																		
203A	<p>LIST EACH OF THE CHILDREN AGE 2-14 YEARS BELOW IN THE ORDER THEY APPEAR IN THE LIST OF HOUSEHOLD MEMBERS. DO NOT INCLUDE OTHER HOUSEHOLD MEMBERS OUTSIDE OF THE AGE RANGE 1-14 YEARS. RECORD THE LINE NUMBER, NAME, SEX, AND AGE FOR EACH CHILD.</p> <table border="1" style="width:100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width:10%;">204 RANK NUMBER</th> <th style="width:10%;">205 HH LINE NUMBER</th> <th style="width:40%;">206 NAME FROM COL. 2</th> <th colspan="2" style="width:15%;">207 SEX FROM COL. 4</th> <th style="width:15%;">208 AGE FROM COL. 7</th> </tr> <tr> <th>RANK</th> <th>LINE</th> <th>NAME</th> <th>M</th> <th>F</th> <th>AGE</th> </tr> </thead> <tbody> <tr><td style="text-align:center;">1</td><td><input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/></td><td>_____</td><td style="text-align:center;">1</td><td style="text-align:center;">2</td><td><input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/></td></tr> <tr><td style="text-align:center;">2</td><td><input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; 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SELECTION OF ONE CHILD FOR CHILD DISCIPLINE (PAPER OPTION)

209 LOOK AT THE LAST DIGIT OF THE HOUSEHOLD NUMBER ON THE COVER PAGE. THIS IS THE ROW NUMBER YOU SHOULD GO TO. CHECK THE TOTAL NUMBER OF ELIGIBLE CHILDREN **202** ON THE PREVIOUS PAGE. THIS IS THE COLUMN NUMBER YOU SHOULD GO TO. FOLLOW THE SELECTED ROW AND COLUMN TO THE CELL WHERE THEY MEET AND CIRCLE THE NUMBER IN THE CELL. THIS IS THE RANK NUMBER OF THE CHILD SELECTED FOR THE CHILD DISCIPLINE QUESTIONS FROM THE BOX OF ELIGIBLE CHILDREN IN **203A**. WRITE THE NAME, LINE NUMBER, AND RANK NUMBER OF THE SELECTED CHILD IN THE SPACE BELOW THE TABLE.

EXAMPLE: THE HOUSEHOLD NUMBER IS '716' AND **202** SHOWS THAT THERE ARE THREE ELIGIBLE CHILDREN AGE 1-14 IN THE HOUSEHOLD. SINCE THE LAST DIGIT OF THE HOUSEHOLD NUMBER IS '6' GO TO ROW '6' AND SINCE THERE ARE THREE ELIGIBLE CHILDREN IN THE HOUSEHOLD, GO TO COLUMN '3'. FOLLOW THE ROW AND COLUMN AND FIND THE NUMBER IN THE CELL WHERE THEY MEET ('2') AND CIRCLE THE NUMBER. NOW GO TO **203A** AND FIND THE SECOND CHILD. WRITE THE NAME, LINE NUMBER, AND RANK NUMBER OF THE CHILD IN THE SPACE BELOW THE TABLE.

LAST DIGIT OF THE HOUSEHOLD NUMBER	TOTAL NUMBER OF ELIGIBLE CHILDREN AGE 1-14 IN HOUSEHOLD FROM 202							
	1	2	3	4	5	6	7	8+
0	1	2	2	4	3	6	5	4
1	1	1	3	1	4	1	6	5
2	1	2	1	2	5	2	7	6
3	1	1	2	3	1	3	1	7
4	1	2	3	4	2	4	2	8
5	1	1	1	1	3	5	3	1
6	1	2	2	2	4	6	4	2
7	1	1	3	3	5	1	5	3
8	1	2	1	4	1	2	6	4
9	1	1	2	1	2	3	7	5

210	NAME OF SELECTED CHILD _____	HH LINE NUMBER OF SELECTED CHILD	<input type="text"/> <input type="text"/>
		RANK NUMBER OF SELECTED CHILD	<input type="text"/> <input type="text"/>
		AGE OF SELECTED CHILD	<input type="text"/> <input type="text"/>

CHILD DISCIPLINE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																				
211	LINE NUMBER AND NAME OF THE CHILD SELECTED FOR CHILD DISCIPLINE (FROM 210).	LINE NUMBER <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> NAME _____																																					
212	<p>Adults use certain ways to teach children the right behaviour or to address a behaviour problem. I will read various methods that are used. Please tell me if you or anyone else in the household has used this method with (NAME) in the past month.</p> <p>a) Took away privileges, forbade something (NAME) liked or did not allow (him/her) to leave the house.</p> <p>b) Explained why (NAME)'s behaviour was wrong.</p> <p>c) Shook (him/her).</p> <p>d) Shouted, yelled at or screamed at (him/her).</p> <p>e) Gave (him/her) something else to do.</p> <p>f) Spanked, hit or slapped (him/her) on the bottom with bare hand.</p> <p>g) Hit (him/her) on the bottom or elsewhere on the body with something like a belt, hairbrush, stick, or other hard object.</p> <p>h) Called (him/her) dumb, lazy, or another name like that.</p> <p>i) Hit or slapped (him/her) on the face, head, or ears.</p> <p>j) Hit or slapped (him/her) on the hand, arm, or leg.</p> <p>k) Beat him/her up, that is hit (him/her) over and over as hard as one could.</p>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">YES</th> <th style="text-align: center;">NO</th> </tr> </thead> <tbody> <tr> <td>a) TOOK AWAY PRIVILEGES</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>b) EXPLAINED WRONG BEHAVIOUR ..</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>c) SHOOK HIM/HER</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>d) SHOUTED, YELLED, SCREAMED ..</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>e) GAVE SOMETHING ELSE TO DO</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>f) HIT ON BOTTOM WITH BARE HAND ..</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>g) HIT WITH HARD OBJECT</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>h) CALLED NAME</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>i) HIT ON HEAD/FACE/EARS</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>j) HIT ON HAND/ARM/LEG</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>k) BEAT HIM/HER UP</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		YES	NO	a) TOOK AWAY PRIVILEGES	1	2	b) EXPLAINED WRONG BEHAVIOUR ..	1	2	c) SHOOK HIM/HER	1	2	d) SHOUTED, YELLED, SCREAMED ..	1	2	e) GAVE SOMETHING ELSE TO DO	1	2	f) HIT ON BOTTOM WITH BARE HAND ..	1	2	g) HIT WITH HARD OBJECT	1	2	h) CALLED NAME	1	2	i) HIT ON HEAD/FACE/EARS	1	2	j) HIT ON HAND/ARM/LEG	1	2	k) BEAT HIM/HER UP	1	2	
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b) EXPLAINED WRONG BEHAVIOUR ..	1	2																																					
c) SHOOK HIM/HER	1	2																																					
d) SHOUTED, YELLED, SCREAMED ..	1	2																																					
e) GAVE SOMETHING ELSE TO DO	1	2																																					
f) HIT ON BOTTOM WITH BARE HAND ..	1	2																																					
g) HIT WITH HARD OBJECT	1	2																																					
h) CALLED NAME	1	2																																					
i) HIT ON HEAD/FACE/EARS	1	2																																					
j) HIT ON HAND/ARM/LEG	1	2																																					
k) BEAT HIM/HER UP	1	2																																					
213	Do you believe that in order to bring up, raise or educate a child properly, the child needs to be physically punished?	YES 1 NO 2 DON'T KNOW / NO OPINION 8	} → 512																																				

SELECTION OF WOMAN FOR THE DOMESTIC VIOLENCE QUESTIONS (PAPER OPTION)

300	<p style="text-align: center;">CHECK COVER PAGE: HOUSEHOLD SELECTED FOR DOMESTIC VIOLENCE?</p> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> <div style="border: 1px solid black; padding: 5px; width: 150px;">HOUSEHOLD SELECTED FOR DOMESTIC VIOLENCE</div> <p>↓</p> <p>CONTINUE</p> </div> <div style="text-align: center;"> <div style="border: 1px solid black; padding: 5px; width: 150px;">HOUSEHOLD NOT SELECTED FOR DOMESTIC VIOLENCE</div> <p>↓</p> <p>512</p> </div> </div>																																																																																																			
300A	<p style="text-align: center;">CHECK COLUMN 9 IN HOUSEHOLD SCHEDULE:</p> <div style="display: flex; justify-content: space-between; align-items: flex-start; margin-top: 10px;"> <div style="width: 45%;"> <p>MORE THAN ONE EVER-MARRIED WOMEN AGE 15-49 <input style="width: 30px; height: 20px; margin-left: 10px;" type="checkbox"/></p> </div> <div style="width: 45%;"> <p>ONLY ONE EVER-MARRIED WOMEN AGE 15-49 <input style="width: 30px; height: 20px; margin-left: 10px;" type="checkbox"/> → GO TO 301</p> <p>NO EVER-MARRIED WOMEN AGE 15-49 <input style="width: 30px; height: 20px; margin-left: 10px;" type="checkbox"/> → GO TO 401</p> </div> </div>																																																																																																			
<p>LOOK AT THE LAST DIGIT OF THE HOUSEHOLD QUESTIONNAIRE SERIAL NUMBER ON THE COVER PAGE. THIS IS THE ROW NUMBER YOU SHOULD GO TO. CHECK THE TOTAL NUMBER OF ELIGIBLE WOMEN (COLUMN 9) IN THE HOUSEHOLD SCHEDULE. THIS IS THE COLUMN NUMBER YOU SHOULD GO TO. FOLLOW THE SELECTED ROW AND COLUMN TO THE CELL WHERE THEY MEET AND CIRCLE THE NUMBER IN THE CELL. THIS IS THE NUMBER OF THE WOMAN SELECTED FOR THE DOMESTIC VIOLENCE QUESTIONS FROM THE LIST OF ELIGIBLE WOMEN IN COLUMN 9 OF THE HOUSEHOLD SCHEDULE. WRITE THE NAME AND LINE NUMBER OF THE SELECTED WOMAN IN THE SPACE BELOW THE TABLE.</p> <p>EXAMPLE: THE HOUSEHOLD QUESTIONNAIRE SERIAL NUMBER IS '716' AND THE HOUSEHOLD SCHEDULE COLUMN 9 SHOWS THAT THERE ARE THREE ELIGIBLE WOMEN AGE 15-49 IN THE HOUSEHOLD (LINE NUMBERS 02, 04, AND 05). SINCE THE LAST DIGIT OF THE HOUSEHOLD SERIAL NUMBER IS '6' GO TO ROW '6' AND SINCE THERE ARE THREE ELIGIBLE WOMEN IN THE HOUSEHOLD, GO TO COLUMN '3'. FOLLOW THE ROW AND COLUMN AND FIND THE NUMBER IN THE CELL WHERE THEY MEET ('2') AND CIRCLE THE NUMBER. NOW GO TO THE HOUSEHOLD SCHEDULE AND FIND THE SECOND WOMAN WHO IS ELIGIBLE FOR THE</p>																																																																																																				
<table border="1" style="border-collapse: collapse; width: 100%; text-align: center;"> <thead> <tr> <th style="width: 10%;"></th> <th style="width: 10%;">1</th> <th style="width: 10%;">2</th> <th style="width: 10%;">3</th> <th style="width: 10%;">4</th> <th style="width: 10%;">5</th> <th style="width: 10%;">6</th> <th style="width: 10%;">7</th> <th style="width: 10%;">8+</th> </tr> </thead> <tbody> <tr><td>0</td><td>1</td><td>2</td><td>2</td><td>4</td><td>3</td><td>6</td><td>5</td><td>4</td></tr> <tr><td>1</td><td>1</td><td>1</td><td>3</td><td>1</td><td>4</td><td>1</td><td>6</td><td>5</td></tr> <tr><td>2</td><td>1</td><td>2</td><td>1</td><td>2</td><td>5</td><td>2</td><td>7</td><td>6</td></tr> <tr><td>3</td><td>1</td><td>1</td><td>2</td><td>3</td><td>1</td><td>3</td><td>1</td><td>7</td></tr> <tr><td>4</td><td>1</td><td>2</td><td>3</td><td>4</td><td>2</td><td>4</td><td>2</td><td>8</td></tr> <tr><td>5</td><td>1</td><td>1</td><td>1</td><td>1</td><td>3</td><td>5</td><td>3</td><td>1</td></tr> <tr><td>6</td><td>1</td><td>2</td><td>2</td><td>2</td><td>4</td><td>6</td><td>4</td><td>2</td></tr> <tr><td>7</td><td>1</td><td>1</td><td>3</td><td>3</td><td>5</td><td>1</td><td>5</td><td>3</td></tr> <tr><td>8</td><td>1</td><td>2</td><td>1</td><td>4</td><td>1</td><td>2</td><td>6</td><td>4</td></tr> <tr><td>9</td><td>1</td><td>1</td><td>2</td><td>1</td><td>2</td><td>3</td><td>7</td><td>5</td></tr> </tbody> </table>			1	2	3	4	5	6	7	8+	0	1	2	2	4	3	6	5	4	1	1	1	3	1	4	1	6	5	2	1	2	1	2	5	2	7	6	3	1	1	2	3	1	3	1	7	4	1	2	3	4	2	4	2	8	5	1	1	1	1	3	5	3	1	6	1	2	2	2	4	6	4	2	7	1	1	3	3	5	1	5	3	8	1	2	1	4	1	2	6	4	9	1	1	2	1	2	3	7	5
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7	1	1	3	3	5	1	5	3																																																																																												
8	1	2	1	4	1	2	6	4																																																																																												
9	1	1	2	1	2	3	7	5																																																																																												
301	<p>NAME OF SELECTED WOMAN _____</p> <p style="text-align: right;">HH LINE NUMBER OF SELECTED WOMAN <input style="width: 30px; height: 20px; margin-right: 10px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/></p>																																																																																																			

INPATIENT HEALTH EXPENDITURES

400	CHECK COVER PAGE: HOUSEHOLD SELECTED FOR HEALTH EXPENDITURE?	<div style="border: 1px solid black; padding: 5px; display: inline-block; margin-bottom: 10px;">HOUSEHOLD SELECTED FOR HEALTH EXPENDITURE</div> <p>▼</p> <p>CONTINUE</p>	<div style="border: 1px solid black; padding: 5px; display: inline-block; margin-bottom: 10px;">HOUSEHOLD NOT SELECTED FOR HEALTH EXPENDITURE</div> <p>▼</p> <p>512</p>	
401	CHECK COLUMN 20C IN HOUSEHOLD SCHEDULE:	ONE OR MORE <input type="checkbox"/> INPATIENTS	NO <input type="checkbox"/> INPATIENTS → 501	
402	CHECK COLUMN 20C IN HOUSEHOLD SCHEDULE: ENTER THE LINE NUMBER AND NAME OF EACH HOUSEHOLD MEMBER WHO WAS AN INPATIENT. THEN ASK: Now I would like to ask some questions about the household members who stayed overnight in a health facility in the last six months. (IF THERE ARE MORE THAN 3 INPATIENTS, USE ADDITIONAL QUESTIONNAIRE).			
403	LINE NUMBER FROM COLUMN 20C IN HOUSEHOLD SCHEDULE	INPATIENT LINE NUMBER <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/>	INPATIENT LINE NUMBER <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/>	INPATIENT LINE NUMBER <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/>
404	NAME FROM COLUMN 2 IN HOUSEHOLD SCHEDULE	NAME _____	NAME _____	NAME _____
405	Where did (NAME) most recently stay overnight for health care?	PUBLIC SECTOR GOVT. HOSPITAL 21 UNIVERSITY HOSP. ... 22 ROYAL/MILITARY HOSPITAL/ MED. CENTER 23 OTHER PUBLIC SECTOR _____ 26 (SPECIFY)	PUBLIC SECTOR GOVT. HOSPITAL 21 UNIVERSITY HOSP. ... 22 ROYAL/MILITARY HOSPITAL/ MED. CENTER 23 OTHER PUBLIC SECTOR _____ 26 (SPECIFY)	PUBLIC SECTOR GOVT. HOSPITAL 21 UNIVERSITY HOSP. ... 22 ROYAL/MILITARY HOSPITAL/ MED. CENTER 23 OTHER PUBLIC SECTOR _____ 26 (SPECIFY)
		PVT. MEDICAL SECTOR PVT. HOSPITAL 31 OTHER PRIVATE MED. SECTOR _____ 36 (SPECIFY)	PVT. MEDICAL SECTOR PVT. HOSPITAL 31 OTHER PRIVATE MED. SECTOR _____ 36 (SPECIFY)	PVT. MEDICAL SECTOR PVT. HOSPITAL 31 OTHER PRIVATE MED. SECTOR _____ 36 (SPECIFY)
		OTHER _____ 96 (SPECIFY)	OTHER _____ 96 (SPECIFY)	OTHER _____ 96 (SPECIFY)
406	What was the main reason for (NAME) to seek care this most recent time?	PREGNANCY/ DELIVERY 01 NEW BORN/CHILD CARE 02 CANCER 03 HEART DISEASES 04 DIABETES 05 OTHER ILLNESS 06 ACCIDENT/INJURY 07 OTHER _____ 96 (SPECIFY)	PREGNANCY/ DELIVERY 01 NEW BORN/CHILD CARE 02 CANCER 03 HEART DISEASES 04 DIABETES 05 OTHER ILLNESS 06 ACCIDENT/INJURY 07 OTHER _____ 96 (SPECIFY)	PREGNANCY/ DELIVERY 01 NEW BORN/CHILD CARE 02 CANCER 03 HEART DISEASES 04 DIABETES 05 OTHER ILLNESS 06 ACCIDENT/INJURY 07 OTHER _____ 96 (SPECIFY)
		DON'T KNOW 98	DON'T KNOW 98	DON'T KNOW 98
407	How much money was spent on treatment and services (NAME) received during the most recent overnight stay? We want to know about all the costs for the stay, including any charges for laboratory tests, drugs, or other items. IF 99993 JD OR MORE, RECORD 99993	COST <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/>	COST <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/>	COST <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/>
		NO COST/ FREE 00000 IN KIND ONLY 99995 DON'T KNOW 99998	NO COST/ FREE 00000 IN KIND ONLY 99995 DON'T KNOW 99998	NO COST/ FREE 00000 IN KIND ONLY 99995 DON'T KNOW 99998
408	Did (NAME) stay overnight at a health facility another time in the last six months?	YES 1 NO 2 (GO TO 418) ←	YES 1 NO 2 (GO TO 418) ←	YES 1 NO 2 (GO TO 418) ←

INPATIENT HEALTH EXPENDITURES

	NAME FROM COLUMN 2 IN HOUSEHOLD SCHEDULE	INPATIENT NAME _____	INPATIENT NAME _____	INPATIENT NAME _____
409	Where did (NAME) stay the next-to-last time (he/she) stayed overnight for health care?	PUBLIC SECTOR GOVT. HOSPITAL . . . 21 UNIVERSITY HOSP. . . 22 ROYAL/MILITARY HOSPITAL/ MED. CENTER . . . 23 OTHER PUBLIC SECTOR _____ 26 (SPECIFY)	PUBLIC SECTOR GOVT. HOSPITAL . . . 21 UNIVERSITY HOSP. . . 22 ROYAL/MILITARY HOSPITAL/ MED. CENTER . . . 23 OTHER PUBLIC SECTOR _____ 26 (SPECIFY)	PUBLIC SECTOR GOVT. HOSPITAL . . . 21 UNIVERSITY HOSP. . . 22 ROYAL/MILITARY HOSPITAL/ MED. CENTER . . . 23 OTHER PUBLIC SECTOR _____ 26 (SPECIFY)
		PVT. MEDICAL SECTOR PVT. HOSPITAL 31 OTHER PRIVATE MED. SECTOR _____ 36 (SPECIFY)	PVT. MEDICAL SECTOR PVT. HOSPITAL 31 OTHER PRIVATE MED. SECTOR _____ 36 (SPECIFY)	PVT. MEDICAL SECTOR PVT. HOSPITAL 31 OTHER PRIVATE MED. SECTOR _____ 36 (SPECIFY)
		OTHER _____ 96 (SPECIFY)	OTHER _____ 96 (SPECIFY)	OTHER _____ 96 (SPECIFY)
410	What was the main reason for (NAME) to seek care this next-to-last time?	PREGNANCY/ DELIVERY 01 NEW BORN/CHILD CARE 02 CANCER 03 HEART DISEASES 04 DIABETES 05 OTHER ILLNESS 06 ACCIDENT/INJURY 07 OTHER _____ 96 (SPECIFY)	PREGNANCY/ DELIVERY 01 NEW BORN/CHILD CARE 02 CANCER 03 HEART DISEASES 04 DIABETES 05 OTHER ILLNESS 06 ACCIDENT/INJURY 07 OTHER _____ 96 (SPECIFY)	PREGNANCY/ DELIVERY 01 NEW BORN/CHILD CARE 02 CANCER 03 HEART DISEASES 04 DIABETES 05 OTHER ILLNESS 06 ACCIDENT/INJURY 07 OTHER _____ 96 (SPECIFY)
		DON'T KNOW 98	DON'T KNOW 98	DON'T KNOW 98
411	How much money was spent on treatment and services (NAME) received during the next-to-last overnight stay? We want to know about all the costs for the stay, including any charges for laboratory tests, drugs, or other items. IF 99993 JD OR MORE, RECORD 99993	COST <div style="border: 1px solid black; width: 100px; height: 20px; margin-bottom: 5px;"></div> NO COST/ FREE 00000 IN KIND ONLY 99995 DON'T KNOW 99998	COST <div style="border: 1px solid black; width: 100px; height: 20px; margin-bottom: 5px;"></div> NO COST/ FREE 00000 IN KIND ONLY 99995 DON'T KNOW 99998	COST <div style="border: 1px solid black; width: 100px; height: 20px; margin-bottom: 5px;"></div> NO COST/ FREE 00000 IN KIND ONLY 99995 DON'T KNOW 99998
412	Besides the two stays you have told me about, did (NAME) stay overnight in a health facility another time in the last six months?	YES 1 NO 2 (GO TO 418) ←	YES 1 NO 2 (GO TO 418) ←	YES 1 NO 2 (GO TO 418) ←

INPATIENT HEALTH EXPENDITURES

	NAME FROM COLUMN 2 IN HOUSEHOLD SCHEDULE	INPATIENT NAME _____	INPATIENT NAME _____	INPATIENT NAME _____
413	Where did (NAME) stay the second-to-last time (he/she) stayed overnight for health care?	PUBLIC SECTOR GOVT. HOSPITAL 21 UNIVERSITY HOSP. . . 22 ROYAL/MILITARY HOSPITAL/ MED. CENTER 23 OTHER PUBLIC SECTOR _____ 26 (SPECIFY)	PUBLIC SECTOR GOVT. HOSPITAL 21 UNIVERSITY HOSP. . . 22 ROYAL/MILITARY HOSPITAL/ MED. CENTER 23 OTHER PUBLIC SECTOR _____ 26 (SPECIFY)	PUBLIC SECTOR GOVT. HOSPITAL 21 UNIVERSITY HOSP. . . 22 ROYAL/MILITARY HOSPITAL/ MED. CENTER 23 OTHER PUBLIC SECTOR _____ 26 (SPECIFY)
		PVT. MEDICAL SECTOR PVT. HOSPITAL 31 OTHER PRIVATE MED. SECTOR _____ 36 (SPECIFY)	PVT. MEDICAL SECTOR PVT. HOSPITAL 31 OTHER PRIVATE MED. SECTOR _____ 36 (SPECIFY)	PVT. MEDICAL SECTOR PVT. HOSPITAL 31 OTHER PRIVATE MED. SECTOR _____ 36 (SPECIFY)
		OTHER _____ 96 (SPECIFY)	OTHER _____ 96 (SPECIFY)	OTHER _____ 96 (SPECIFY)
414	What was the main reason for (NAME) to seek care this second-to-last time?	PREGNANCY/ DELIVERY 01 NEW BORN/CHILD CARE 02 CANCER 03 HEART DISEASES 04 DIABETES 05 OTHER ILLNESS 06 ACCIDENT/INJURY 07 OTHER _____ 96 (SPECIFY)	PREGNANCY/ DELIVERY 01 NEW BORN/CHILD CARE 02 CANCER 03 HEART DISEASES 04 DIABETES 05 OTHER ILLNESS 06 ACCIDENT/INJURY 07 OTHER _____ 96 (SPECIFY)	PREGNANCY/ DELIVERY 01 NEW BORN/CHILD CARE 02 CANCER 03 HEART DISEASES 04 DIABETES 05 OTHER ILLNESS 06 ACCIDENT/INJURY 07 OTHER _____ 96 (SPECIFY)
		DON'T KNOW 98	DON'T KNOW 98	DON'T KNOW 98
415	How much money was spent on treatment and services (NAME) received during the second-to-last overnight stay? We want to know about all the costs for the stay, including any charges for laboratory tests, drugs, or other items. IF 99993 JD OR MORE, RECORD 99993	COST <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NO COST/ FREE 00000 IN KIND ONLY 99995 DON'T KNOW 99998	COST <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NO COST/ FREE 00000 IN KIND ONLY 99995 DON'T KNOW 99998	COST <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NO COST/ FREE 00000 IN KIND ONLY 99995 DON'T KNOW 99998
416	Besides the three stays you have told me about, did (NAME) stay overnight in a health facility another time in the last six months?	YES 1 NO 2 (GO TO 418) ←	YES 1 NO 2 (GO TO 418) ←	YES 1 NO 2 (GO TO 418) ←
417	In total, how many times did (NAME) stay overnight in a health facility in the last six months?	NUMBER OF INPATIENT VISITS <input type="text"/> <input type="text"/>	NUMBER OF INPATIENT VISITS <input type="text"/> <input type="text"/>	NUMBER OF INPATIENT VISITS <input type="text"/> <input type="text"/>
418	Is (NAME) covered by any health insurance or an exemption?	YES, HEALTH INSURANCE 1 YES, EXEMPTION 2 NO 3 DON'T KNOW 8 (SKIP TO 420) ←	YES, HEALTH INSURANCE 1 YES, EXEMPTION 2 NO 3 DON'T KNOW 8 (SKIP TO 420) ←	YES, HEALTH INSURANCE 1 YES, EXEMPTION 2 NO 3 DON'T KNOW 8 (SKIP TO 420) ←

INPATIENT HEALTH EXPENDITURES

	NAME FROM COLUMN 2 IN HOUSEHOLD SCHEDULE	INPATIENT		
		NAME _____	NAME _____	NAME _____
419	What type of health insurance was used for (NAME)'s last stay overnight in a health facility?	MINISTRY OF HEALTH INSURANCE 01 ROYAL/MILITARY HEALTH INSURANCE 02 UNIVERSITY HOSPITAL INSURANCE 03 UNRWA INSURANCE 04 UNHCR INSURANCE 05 NGO INSURANCE 06 PRIVATELY PURCHASED COMMERCIAL HEALTH INSURANCE 07 PRIVATE SECTOR INSURANCE 08 OTHER 96 NONE 95 DON'T KNOW 98	MINISTRY OF HEALTH INSURANCE 01 ROYAL/MILITARY HEALTH INSURANCE 02 UNIVERSITY HOSPITAL INSURANCE 03 UNRWA INSURANCE 04 UNHCR INSURANCE 05 NGO INSURANCE 06 PRIVATELY PURCHASED COMMERCIAL HEALTH INSURANCE 07 PRIVATE SECTOR INSURANCE 08 OTHER 96 NONE 95 DON'T KNOW 98	MINISTRY OF HEALTH INSURANCE 01 ROYAL/MILITARY HEALTH INSURANCE 02 UNIVERSITY HOSPITAL INSURANCE 03 UNRWA INSURANCE 04 UNHCR INSURANCE 05 NGO INSURANCE 06 PRIVATELY PURCHASED COMMERCIAL HEALTH INSURANCE 07 PRIVATE SECTOR INSURANCE 08 OTHER 96 NONE 95 DON'T KNOW 98
420		GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE INPATIENTS, GO TO 501	GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE INPATIENTS, GO TO 501	GO TO 405 IN FIRST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE INPATIENTS, GO TO 501

SELECTION FOR OUTPATIENT HEALTH EXPENDITURES (PAPER OPTION)

501 CHECK COLUMN 20E

MORE THAN ONE ELIGIBLE OUTPATIENT

ONLY ONE ELIGIBLE OUTPATIENT → 502

NO ELIGIBLE OUTPATIENTS → 512

TABLE FOR SELECTION OF OUTPATIENT WHO PAID FOR CARE THE LAST TIME SOUGHT CARE IN THE LAST FOUR WEEKS

LOOK AT THE LAST DIGIT OF THE HOUSEHOLD QUESTIONNAIRE SERIAL NUMBER ON THE COVER PAGE. THIS IS THE ROW NUMBER YOU SHOULD GO TO. CHECK THE TOTAL NUMBER OF ELIGIBLE OUTPATIENTS (COLUMN 20E) IN THE HOUSEHOLD SCHEDULE. THIS IS THE COLUMN NUMBER YOU SHOULD GO TO. FOLLOW THE SELECTED ROW AND COLUMN TO THE CELL WHERE THEY MEET AND CIRCLE THE NUMBER IN THE CELL. THIS IS THE NUMBER OF THE PERSON SELECTED FOR THE OUTPATIENT QUESTIONS FROM THE LIST OF ELIGIBLE OUTPATIENTS IN COLUMN 20E OF THE HOUSEHOLD SCHEDULE. WRITE THE NAME AND LINE NUMBER OF THE SELECTED OUTPATIENT IN Q502.

EXAMPLE: THE HOUSEHOLD QUESTIONNAIRE SERIAL NUMBER IS '716' AND THE HOUSEHOLD SCHEDULE COLUMN 20E SHOWS THAT THERE ARE THREE ELIGIBLE OUTPATIENTS IN THE HOUSEHOLD (LINE NUMBERS 02, 04, AND 05). SINCE THE LAST DIGIT OF THE HOUSEHOLD SERIAL NUMBER IS '6' GO TO ROW '6' AND SINCE THERE ARE THREE ELIGIBLE OUTPATIENTS IN THE HOUSEHOLD, GO TO COLUMN '3'. FOLLOW THE ROW AND COLUMN AND FIND THE NUMBER IN THE CELL WHERE THEY MEET ('2') AND CIRCLE THE NUMBER. NOW GO TO THE HOUSEHOLD SCHEDULE AND FIND THE SECOND OUTPATIENT WHO IS ELIGIBLE FOR THE OUTPATIENT QUESTIONS (LINE NUMBER '04' IN THIS EXAMPLE). WRITE THE NAME AND LINE NUMBER OF THE SELECTED OUTPATIENT IN Q502.

LAST DIGIT OF THE HOUSEHOLD QUESTIONNAIRE SERIAL NUMBER	TOTAL NUMBER OF ELIGIBLE OUTPATIENTS IN HOUSEHOLD SCHEDULE COLUMN 20E							
	1	2	3	4	5	6	7	8
0	1	2	2	4	3	6	5	4
1	1	1	3	1	4	1	6	5
2	1	2	1	2	5	2	7	6
3	1	1	2	3	1	3	1	7
4	1	2	3	4	2	4	2	8
5	1	1	1	1	3	5	3	1
6	1	2	2	2	4	6	4	2
7	1	1	3	3	5	1	5	3
8	1	2	1	4	1	2	6	4
9	1	1	2	1	2	3	7	5

502

NAME OF SELECTED OUTPATIENT _____

HH LINE NUMBER OF SELECTED OUTPATIENT

OUTPATIENT HEALTH EXPENDITURES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
502A	LINE NUMBER AND NAME OF THE SELECTED OUTPATIENT (FROM 502)	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____	
503	Now I would like to ask some questions about health care that (NAME) received in the last four weeks, without having to stay overnight. Where did (NAME) get care most recently without staying overnight?	<p>PUBLIC SECTOR</p> GOVERNMENT HOSPITAL 21 UNIVERSITY HOSPITAL 22 ROYAL/MILITARY HOSPITAL/MED. CENTE ... 23 GOVERNMENT HEALTH CENTE 24 MOBILE CLINIC 25 FIELDWORKER 26 OTHER PUBLIC SECTOR _____ 27 (SPECIFY) <p>PRIVATE MEDICAL SECTOR</p> PRIVATE HOSPITAL/CLINIC 31 PHARMACY 32 PRIVATE DOCTOR 33 MOBILE CLINIC 34 UNRWA HEALTH CENTEF 35 UNHCR/NGC 36 OTHER PRIVATE MEDICAL SECTOR _____ 37 (SPECIFY) OTHER _____ 96 (SPECIFY)	
504	What was the main reason for (NAME) to seek care this most recent time?	FAMILY PLANNING 01 ANTENATAL CARE/ DELIVERY/ POSTNATAL CARE 02 NEW BORN/CHILD CARE 03 FEVER 04 DIARRHEA 05 HEART DISEASI 06 HYPERTENSION 07 DIABETES 08 OTHER ILLNESS 09 CHECK-UP/ PREVENTIVE CARE 10 VACCINATION 11 ACCIDENT/INJURY 12 OTHER _____ 96 (SPECIFY)	
505A	How much money was spent on treatment and services (NAME) received from (NAME OF PROVIDER IN 503)? Please include the consulting fee and any expenses for other items including drugs and tests, transportation and other items. IF 9993 JD OR MORE, RECORD 9993	COST <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NO COST/FREE 0000 IN KIND ONLY 9995 DON'T KNOW 9998	} → 506
505B	How much money was spent on : a) Consultation fees b) Medications c) Laboratory cost d) X-ray (MRI, Scanner, ECG, Mammogram, etc..) e) Transportation f) Other IF NO FREE, RECORD '0000' IF NO SPECIFIC EXPENSE, RECORD '9994' IF 9993 JD OR MORE, RECORD 9993 IF IN KIND, RECORD '9995' IF DON'T KNOW, RECORD '9998'	COST a) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> COST b) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> COST c) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> COST d) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> COST e) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> COST f) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

OUTPATIENT HEALTH EXPENDITURES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																														
506	Did (NAME) get care another time in the last four weeks from a health provider, or a pharmacy, without staying overnight?	YES 1 NO 2	→ 509																														
506A	Where did (NAME) get care the next-to-last time without staying overnight?	PUBLIC SECTOR GOVERNMENT HOSPITAL 21 UNIVERSITY HOSPITAL 22 ROYAL/MILITARY HOSPITAL/MED. CENTE . . . 23 GOVERNMENT HEALTH CENTEI 24 MOBILE CLINIC 25 FIELDWORKER 26 OTHER PUBLIC SECTOR _____ 27 (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC 31 PHARMACY 32 PRIVATE DOCTOR 33 MOBILE CLINIC 34 UNRWA HEALTH CENTEF. 35 UNHCR/NGC 36 OTHER PRIVATE MEDICAL SECTOR _____ 37 (SPECIFY) OTHER _____ 96 (SPECIFY)																															
506B	What was the main reason for (NAME) to seek care the next-to-last time?	FAMILY PLANNING 01 ANTENATAL CARE/ DELIVERY/ POSTNATAL CARE 02 NEW BORN/CHILD CARE 03 FEVER 04 DIARRHEA 05 HEART DISEASE 06 HYPERTENSION 07 DIABETES 08 OTHER ILLNESS 09 CHECK-UP/ PREVENTIVE CARE 10 VACCINATION 11 ACCIDENT/INJURY 12 OTHER _____ 96 (SPECIFY)																															
506C	How much money was spent on treatment and services (NAME) received from (NAME OF PROVIDER IN 506A)? Please include the consulting fee and any expenses for other items including drugs and tests, transportation and other items. IF 9993 JD OR MORE, RECORD 9993	COST <table border="1" data-bbox="1050 1384 1305 1435" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> NO COST/FREE 0000 IN KIND ONLY 9995 DON'T KNOW 9998						→ 506E																									
506D	How much money was spent on : a) Consultation fees b) Medications c) Laboratory cost d) X-ray (MRI, Scanner, ECG, Mammogram, etc..) e) Transportation f) Other IF NO FREE, RECORD '0000' IF NO SPECIFIC EXPENSE, RECORD '9994' IF 9993 JD OR MORE, RECORD 9993 IF IN KIND, RECORD '9995' IF DON'T KNOW, RECORD '9998'	COST a) <table border="1" data-bbox="1050 1601 1305 1899" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> COST b) COST c) COST d) COST e) COST f)																															

OUTPATIENT HEALTH EXPENDITURES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																								
506E	Did (NAME) get care another time in the last four weeks from a health provider, or a pharmacy, without staying overnight?	YES 1 NO 2	→ 509																								
506F	Where did (NAME) get care the second-to-last time without staying overnight?	PUBLIC SECTOR GOVERNMENT HOSPITAL 21 UNIVERSITY HOSPITAL 22 ROYAL/MILITARY HOSPITAL/MED. CENTER 23 GOVERNMENT HEALTH CENTE 24 MOBILE CLINIC 25 FIELDWORKER 26 OTHER PUBLIC SECTOR 27 _____ (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC 31 PHARMACY 32 PRIVATE DOCTOR 33 MOBILE CLINIC 34 UNRWA HEALTH CENTER 35 UNHCR/NGO 36 OTHER PRIVATE MEDICAL SECTOR 37 _____ (SPECIFY) OTHER 96 _____ (SPECIFY)																									
506G	What was the main reason for (NAME) to seek care the second-to-last time?	FAMILY PLANNING 01 ANTENATAL CARE/ DELIVERY/ POSTNATAL CARE 02 NEW BORN/CHILD CARE 03 FEVER 04 DIARRHEA 05 HEART DISEASE 06 HYPERTENSION 07 DIABETES 08 OTHER ILLNESS 09 CHECK-UP/ PREVENTIVE CARE 10 VACCINATION 11 ACCIDENT/INJURY 12 OTHER 96 _____ (SPECIFY)																									
506H	How much money was spent on treatment and services (NAME) received from (NAME OF PROVIDER IN 506F)? Please include the consulting fee and any expenses for other items including drugs and tests, transportation and other items. IF 9993 JD OR MORE, RECORD 9993	COST <table border="1" data-bbox="1050 1361 1305 1417" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table> NO COST/FREE 0000 IN KIND ONLY 9995 DON'T KNOW 9998					→ 506J																				
506I	How much money was spent on : a) Consultation fees b) Medications c) Laboratory cost d) X-ray (MRI, Scanner, ECG, Mammogram, etc..) e) Transportation f) Other IF NO FREE, RECORD '0000' IF NO SPECIFIC EXPENSE, RECORD '9994' IF 9993 JD OR MORE, RECORD 9993 IF IN KIND, RECORD '9995' IF DON'T KNOW, RECORD '9998'	COST a) <table border="1" data-bbox="1050 1585 1305 1641" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table> COST b) <table border="1" data-bbox="1050 1641 1305 1697" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table> COST c) <table border="1" data-bbox="1050 1697 1305 1753" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table> COST d) <table border="1" data-bbox="1050 1753 1305 1809" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table> COST e) <table border="1" data-bbox="1050 1809 1305 1865" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table> COST f) <table border="1" data-bbox="1050 1865 1305 1921" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table>																									

OUTPATIENT HEALTH EXPENDITURES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
506J	Did (NAME) get care another time in the last four weeks from a health provider, or a pharmacy, without staying overnight?	YES 1 NO 2	→ 509
507	How many other times did (NAME) get care in the last four weeks?	NUMBER OF OUTPATIENT VISITS <input type="text"/> <input type="text"/>	
508	How many times was money spent?	NUMBER OF OUTPATIENT VISITS PAID MONEY <input type="text"/> <input type="text"/>	
509	Is (NAME) covered by any health insurance or an exemption?	YES, HEALTH INSURANCE 1 YES, EXEMPTION 2 NO 3 DON'T KNOW 8	→ 511
510	What type of health insurance was used when (NAME) got care the last time?	MINISTRY OF HEALTH INSURANCE 01 ROYAL/MILITARY HEALTH INSURANCE 02 UNIVERSITY HOSPITAL INSURANCE 03 UNRWA INSURANCE 04 UNHCR INSURANCE 05 NGO INSURANCE 06 PRIVATELY PURCHASED COMMERCIAL HEALTH INSURANCE 07 PRIVATE SECTOR INSURANCE 08 OTHER 96 NONE 95 DON'T KNOW 98	
511	Sometimes people buy vitamins, medicines, and herbal remedies without consulting with a health provider, pharmacy, or traditional healer. They may also buy other health-related items such as band-aids/plasters, thermometers, or other medical devices, and so on without a consultation. In the last four weeks, how much money was spent on these types of health-related items for members of your household? IF 9993 JD OR MORE, RECORD '9993'	COST <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NO COST/FREE 0000 IN KIND ONLY 9995 DON'T KNOW 9998	
512	RECORD THE TIME.	HOURS <input type="text"/> <input type="text"/> MINUTES <input type="text"/> <input type="text"/>	

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT INTERVIEW:

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

SUPERVISOR'S OBSERVATIONS

EDITOR'S OBSERVATIONS
