

Department of Statistics
Household Survey Directorate

The Hashemite Kingdom of Jordan
JORDAN POPULATION AND
FAMILY HEALTH SURVEY 2007

WOMAN'S QUESTIONNAIRE

Survey Contents Confidential by Statistical Law

| IDENTIFICATION | | | | |
|--|----------------------|---|---|--|
| | | QUESTIONNAIRE No.: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | | |
| GOVERNORATE: _____ | <input type="text"/> | BLOCK No.: _____ | <input type="text"/> <input type="text"/> <input type="text"/> | |
| DISTRICT: _____ | <input type="text"/> | BUILDING No.: _____ | | |
| SUB-DISTRICT: _____ | <input type="text"/> | HOUSING UNIT No.: _____ | | |
| LOCALITY: _____ | <input type="text"/> | CLUSTER No.: _____ | <input type="text"/> <input type="text"/> <input type="text"/> | |
| AREA: _____ | <input type="text"/> | HOUSEHOLD No.: _____ | <input type="text"/> <input type="text"/> | |
| SUB-AREA: _____ | <input type="text"/> | TELEPHONE/ MOBILE No. (if available) | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | |
| STRATUM: _____ | <input type="text"/> | | | |
| URBAN/RURAL (Urban=1; Rural=2) | <input type="text"/> | | | |
| NAME AND LINE NUMBER OF WOMAN: _____ | | | | <input type="text"/> <input type="text"/> |
| WOMAN SELECTED FOR DOMESTIC VIOLENCE SECTION (YES = 1; NO = 2) | | | | <input type="checkbox"/> |
| INTERVIEWER VISITS | | | | |
| | 1 | 2 | 3 | FINAL VISIT |
| DATE | _____ | _____ | _____ | DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> 2 <input type="text"/> 0 <input type="text"/> 0 <input type="text"/> 7 |
| INTERVIEWER'S NAME | _____ | _____ | _____ | INT. NUMBER <input type="text"/> <input type="text"/> <input type="text"/> |
| RESULT* | _____ | _____ | _____ | RESULT <input type="text"/> |
| NEXT VISIT: DATE | _____ | _____ | | TOTAL NUMBER OF VISITS <input type="text"/> |
| TIME | _____ | _____ | | |
| *RESULT CODES: | | | | |
| 1 COMPLETED | 4 REFUSED | 7 OTHER _____ (SPECIFY) | | |
| 2 NOT AT HOME | 5 PARTLY COMPLETED | | | |
| 3 POSTPONED | 6 INCAPCITATED | | | |
| SUPERVISOR | | FIELD EDITOR | | OFFICE EDITOR |
| NAME _____ | <input type="text"/> | NAME _____ | <input type="text"/> | <input type="text"/> |
| DATE _____ | <input type="text"/> | DATE _____ | <input type="text"/> | <input type="text"/> |
| | | | | KEYED BY |
| | | | | <input type="text"/> |

SECTION 1. RESPONDENT'S BACKGROUND

INTRODUCTION AND CONSENT

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| <p>INFORMED CONSENT</p> <p>Hello. My name is _____ and I am working with the Department of Statistics. We are conducting a national survey that asks women about the health of women and their children. We would very much appreciate your participation in this survey. This information will help the government to plan health services. The interview usually takes about 40 minutes to complete. Whatever information you provide will be kept strictly confidential and will not be shown to other persons.</p> <p>Participation in this survey is voluntary, and if we should come to any question you don't want to answer, just let me know and I will go on to the next question; or you can stop the interview at any time. However, we hope that you will participate in this survey since your views are important.</p> <p>At this time, do you want to ask me anything about the survey? May I begin the interview now?</p> <p>Signature of interviewer: _____ Date: _____</p> <p>RESPONDENT AGREES TO BE INTERVIEWED 1 RESPONDENT DOES NOT AGREE TO BE INTERVIEWED . . . 2 → END</p> |
|--|

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|------|---|--|-------|
| 101 | RECORD THE TIME. | HOUR <input type="text"/> <input type="text"/> MINUTE <input type="text"/> <input type="text"/> | |
| 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 DIVORCED 2 WIDOWED 3 SEPARATED 4 NEVER MARRIED 5 | → END |
| 102 | How long have you been living continuously in (NAME OF CURRENT PLACE OF RESIDENCE)? IF LESS THAN ONE YEAR, RECORD '00' YEARS. | YEARS <input type="text"/> <input type="text"/> ALWAYS 95 VISITOR 96 | |
| 104 | In what month and year were you born? | 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 | |
| 105 | How old were you at your last birthday? COMPARE AND CORRECT 104 AND/OR 105 IF INCONSISTENT. | AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/> | |
| 106 | Have you ever attended school? | YES 1 NO 2 | → 113 |
| 107 | What is the highest level of school you attended: Old elementary, old preparatory, old secondary, new basic, new secondary, intermediate diploma, bachelor, or higher? | OLD SYSTEM ELEMENTARY 1 PREPARATORY 2 SECONDARY 3 NEW SYSTEM BASIC 4 SECONDARY 5 INTERMEDIATE DIPLOMA 6 BACHELOR 7 HIGHER 8 | |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|-----|---|---|------|
| 108 | What is the highest grade you completed at that level? | GRADE <input type="text"/> <input type="text"/> | |
| 113 | Do you read a newspaper or magazine 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 | |
| 114 | Do you listen to the radio 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 | |
| 115 | Do you watch television 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 | |

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="1203 338 1297 443" 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="1203 390 1297 443" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> | | | | | | | | | |
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| 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="1203 598 1297 703" 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="1203 651 1297 703" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> | | | | | | | | | |
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| 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="1203 932 1297 1037" 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="1203 984 1297 1037" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> | | | | | | | | | |
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| | | | | | | | | | | | |
| 208 | SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE, RECORD '00'. | TOTAL <table border="1" data-bbox="1203 1115 1297 1167" 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, 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.
 (IF THERE ARE MORE THAN 12 BIRTHS, USE AN ADDITIONAL QUESTIONNAIRE, STARTING WITH THE SECOND ROW).

| 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), including any children who died after birth? |
| 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 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS... 3 <input type="text"/> <input type="text"/> | |
| 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 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS... 3 <input type="text"/> <input type="text"/> | YES... 1 ADD ↓ BIRTH NO... 2 NEXT ↓ BIRTH |
| 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 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS... 3 <input type="text"/> <input type="text"/> | YES... 1 ADD ↓ BIRTH NO... 2 NEXT ↓ BIRTH |
| 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 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS... 3 <input type="text"/> <input type="text"/> | YES... 1 ADD ↓ BIRTH NO... 2 NEXT ↓ BIRTH |
| 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 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS... 3 <input type="text"/> <input type="text"/> | YES... 1 ADD ↓ BIRTH NO... 2 NEXT ↓ BIRTH |
| 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 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS... 3 <input type="text"/> <input type="text"/> | YES... 1 ADD ↓ BIRTH NO... 2 NEXT ↓ BIRTH |
| 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 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS... 3 <input type="text"/> <input type="text"/> | YES... 1 ADD ↓ BIRTH NO... 2 NEXT ↓ BIRTH |

| 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. IF LESS THAN 1 YEAR, RECORD '00' | Is (NAME) living with you? | RECORD HOUSE-HOLD LINE NUMBER OF CHILD (RECORD '00' IF CHILD NOT LISTED IN HOUSE-HOLD). | 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), including any children who died after birth? | | |
| 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 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS... 3 <input type="text"/> <input type="text"/> | YES... 1 ADD ↓ BIRTH NO... 2 NEXT ↓ BIRTH | | |
| 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 ADD ↓ BIRTH NO... 2 NEXT ↓ BIRTH | | |
| 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 ADD ↓ BIRTH NO... 2 NEXT ↓ BIRTH | | |
| 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 ADD ↓ BIRTH NO... 2 NEXT ↓ BIRTH | | |
| 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 ADD ↓ BIRTH NO... 2 NEXT ↓ BIRTH | | |
| 222 | Have you had any live births since the birth of (NAME OF LAST BIRTH)? IF YES, RECORD BIRTH(S) IN TABLE. | | | | | YES | 1 | NO | | | 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 BIRTH SINCE JANUARY 2002: MONTH AND YEAR OF BIRTH ARE 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 YEAR: PROBE TO DETERMINE EXACT NUMBER OF MONTHS.</p> | | | | | | | | | | |
| 224 | CHECK 215 AND ENTER THE NUMBER OF BIRTHS IN 2002 OR LATER. IF NONE, RECORD '0' AND SKIP TO 226. | | | | | | | | | <input type="text"/> | |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|------|--|--|--------|
| 225 | FOR EACH BIRTH SINCE JANUARY 2002, ENTER 'B' IN THE MONTH OF BIRTH IN COLUMN 1 OF THE CALENDAR. WRITE THE NAME OF THE CHILD TO THE LEFT OF THE 'B' CODE. 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.) | | |
| 226 | Are you pregnant now? | YES 1 NO 2 UNSURE 8 | → 229 |
| 227 | How many months pregnant are you? RECORD NUMBER OF COMPLETED MONTHS. ENTER 'P's IN COULMN 1 OF THE CALENDAR, BEGINNING WITH THE MONTH OF INTERVIEW AND FOR THE TOTAL NUMBER OF COMPLETED MONTHS. | MONTHS <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"/> <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"/> JAN. 2002 OR LATER LAST PREGNANCY ENDED BEFORE <input type="checkbox"/> JAN. 2002 | | → 237 |
| 231A | Did this (MISCARRIAGE/ABORTION/STILLBIRTH - FROM Q.229A) last such pregnancy take place in a health facility, at home, or in another place? | HEALTH FACILITY 1 YOUR HOME/OTHER HOME 2 OTHER PLACE 6 (SPECIFY) | → 231D |
| 231B | Did you seek care for this (MISCARRIAGE/ABORTION/STILLBIRTH - FROM Q.229A)? | YES 1 NO 2 | → 232 |
| 231C | Where did you go for this (MISCARRIAGE/ABORTION/STILLBIRTH - FROM Q.229A)? 231D In which type of health facility did you go? PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE) | PUBLIC MEDICAL 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) | |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|------|--|---|-------|
| 232 | <p>How many months pregnant were you when the last such pregnancy ended?</p> <p>RECORD NUMBER OF COMPLETED MONTHS. ENTER 'T' IN COL. 1 OF THE CALENDAR IN THE MONTH THAT THE PREGNANCY TERMINATED AND 'P' FOR THE REMAINING NUMBER OF COMPLETED MONTHS.</p> | NUMBER OF MONTHS <input type="text"/> <input type="text"/> | |
| 233 | <p>Since January 2002, have you had any other pregnancies that did not result in a live birth?</p> | YES 1 NO 2 | → 235 |
| 233A | <p>Since January 2002, how many other pregnancies that did not result in a live birth have you had?</p> | NUMBER OF PREGNANCIES . <input type="text"/> <input type="text"/> | |
| 234 | <p>ASK THE DATE AND THE DURATION OF PREGNANCY FOR EACH EARLIER NON-LIVE BIRTH PREGNANCY BACK TO JANUARY 2002.</p> <p>ENTER 'T' IN COLUMN 1 OF THE CALENDAR IN THE MONTH THAT EACH PREGNANCY TERMINATED AND 'P' FOR THE REMAINING NUMBER OF COMPLETED MONTHS.</p> | | |
| 235 | <p>Did you have any miscarriages, abortions or stillbirths that ended before 2002?</p> | YES 1 NO 2 | → 237 |
| 236 | <p>When did the last such pregnancy that terminated before 2002 end?</p> | MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> | |
| 237 | <p>When did your last menstrual period start?</p> <p>_____</p> <p>(DATE, IF GIVEN)</p> | DAYS AGO 1 <input type="text"/> <input type="text"/> WEEKS AGO 2 <input type="text"/> <input type="text"/> MONTHS AGO 3 <input type="text"/> <input type="text"/> YEARS AGO 4 <input type="text"/> <input type="text"/> IN MENOPAUSE/ HAS HAD HYSTERECTOMY ... 994 BEFORE LAST BIRTH 995 NEVER MENSTRUATED 996 | |
| 238 | <p>From one menstrual period to the next, are there certain days when a woman is more likely to become pregnant if she has sexual intercourse?</p> | YES 1 NO 2 DON'T KNOW 8 | → 301 |
| 239 | <p>Is this time just before her period begins, during her period, right after her period has ended, or halfway between two periods?</p> | JUST BEFORE HER PERIOD BEGINS 1 DURING HER PERIOD 2 RIGHT AFTER HER PERIOD HAS ENDED 3 HALFWAY BETWEEN TWO PERIODS 4 OTHER 6 (SPECIFY) DON'T KNOW 8 | |

SECTION 3. CONTRACEPTION

| | | | |
|-----|--|---|---|
| 301 | <p>Now I would like to talk about family planning - the various ways or methods that a couple can use to delay or avoid a pregnancy.</p> <p>Which ways or methods have you heard about? FOR METHODS NOT MENTIONED SPONTANEOUSLY, ASK: Have you ever heard of (METHOD)?</p> <p>CIRCLE CODE 1 IN 301 FOR EACH METHOD MENTIONED SPONTANEOUSLY. THEN PROCEED DOWN COLUMN 301, READING THE NAME AND DESCRIPTION OF EACH METHOD NOT MENTIONED SPONTANEOUSLY. CIRCLE CODE 1 IF METHOD IS RECOGNIZED, AND CODE 2 IF NOT RECOGNIZED. THEN, FOR EACH METHOD WITH CODE 1 CIRCLED IN 301, ASK 302.</p> | 302 Have you ever used (METHOD)? | |
| 01 | <p>FEMALE STERILIZATION Women can have an operation to avoid having any more children.</p> | <p>YES 1 NO 2 ↘</p> | <p>Have you ever had an operation to avoid having any more children? YES 1 NO 2</p> |
| 02 | <p>MALE STERILIZATION Men can have an operation to avoid having any more children.</p> | <p>YES 1 NO 2 ↘</p> | <p>Have you ever had a husband who had an operation to avoid having any more children? YES 1 NO 2</p> |
| 03 | <p>PILL Women can take a pill every day to avoid becoming pregnant.</p> | <p>YES 1 NO 2 ↘</p> | <p>YES 1 NO 2</p> |
| 04 | <p>IUD Women can have a loop or coil placed inside them by a doctor or a midwife.</p> | <p>YES 1 NO 2 ↘</p> | <p>YES 1 NO 2</p> |
| 05 | <p>INJECTABLES Women can have an injection by a health provider that stops them from becoming pregnant usually for 3 months.</p> | <p>YES 1 NO 2 ↘</p> | <p>YES 1 NO 2</p> |
| 06 | <p>IMPLANTS Women can have several small rods placed in their upper arm by a doctor or nurse which can prevent pregnancy usually for 3 years.</p> | <p>YES 1 NO 2 ↘</p> | <p>YES 1 NO 2</p> |
| 07 | <p>CONDOM Men can put a rubber sheath on their penis before sexual intercourse.</p> | <p>YES 1 NO 2 ↘</p> | <p>YES 1 NO 2</p> |
| 08 | <p>FEMALE CONDOM Women can place a sheath in their vagina before sexual intercourse.</p> | <p>YES 1 NO 2 ↘</p> | <p>YES 1 NO 2</p> |
| 09 | <p>LACTATIONAL AMENORRHEA METHOD (LAM)</p> | <p>YES 1 NO 2 ↘</p> | <p>YES 1 NO 2</p> |
| 10 | <p>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.</p> | <p>YES 1 NO 2 ↘</p> | <p>YES 1 NO 2</p> |
| 11 | <p>WITHDRAWAL Men can be careful and pull out before climax.</p> | <p>YES 1 NO 2 ↘</p> | <p>YES 1 NO 2</p> |
| 12 | <p>EMERGENCY CONTRACEPTION As an emergency measure after unprotected sexual intercourse, women can take special pills at any time within five days to prevent pregnancy.</p> | <p>YES 1 NO 2 ↘</p> | <p>YES 1 NO 2</p> |
| 13 | <p>Have you heard of any other ways or methods that women or men can use to avoid pregnancy?</p> | <p>YES 1 _____ (SPECIFY) _____ (SPECIFY) NO 2</p> | <p>YES 1 NO 2 YES 1 NO 2</p> |
| 303 | <p>CHECK 302:</p> <p>NOT A SINGLE "YES" (NEVER USED) <input type="checkbox"/> AT LEAST ONE "YES" (EVER USED) <input type="checkbox"/></p> | | <p>→ 307</p> |

| 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 THE CALENDAR IN EACH BLANK MONTH. | | → 333 |
| 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"/> | | → 322 |
| 310 | Are you currently doing something or using any method to delay or avoid getting pregnant? | YES 1 NO 2 | → 322 |
| 311 | Which method are you using? CIRCLE ALL MENTIONED. IF MORE THAN ONE METHOD MENTIONED, FOLLOW SKIP INSTRUCTION FOR HIGHEST METHOD IN LIST. | FEMALE STERILIZATION A MALE STERILIZATION B PILL C IUD D INJECTABLES E IMPLANTS F CONDOM G FEMALE CONDOM H DIAPHRAGM I FOAM/JELLY J LACTATIONAL AMEN. METHOD ... K PERIODIC ABSTINENCE L WITHDRAWAL M OTHER X (SPECIFY) | |
| 311A | CIRCLE 'A' FOR FEMALE STERILIZATION. | | |
| 311B | Who advised you to use this method? IF MORE THAN ONE METHOD CIRCLED IN 311/311A, THIS QUESTION SHOULD REFER TO THE HIGHEST METHOD IN THE LIST. | NO ONE 01 DOCTOR 02 NURSE 03 MIDWIFE 04 HUSBAND 05 MOTHER/MOTHER IN LAW 06 OTHER RELATIVE 07 FRIENDS 08 NEIGHBOURS 09 OTHER 96 (SPECIFY) | |
| 311C | CHECK 311/311A: CIRCLE METHOD(S) CODE | FEMALE STERILIZATION A MALE STERILIZATION B PILL C IUD D INJECTABLES E IMPLANTS F CONDOM G FEMALE CONDOM H DIAPHRAGM I FOAM/JELLY J LACTATIONAL AMEN. METHOD ... K PERIODIC ABSTINENCE L WITHDRAWAL M OTHER METHOD . specify X | → 316 → 315 → 314 → 315 → 319A |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|------|--|--|--------|
| 312 | <p>May I see the package of pills you are using?</p> <p>IF PACKAGE SEEN RECORD CODE OF BRAND USING THE FIRST LIST OF CODES</p> <p>IF PACKAGE NOT SEEN, ASK: Do you know the brand name of the pills you are using?</p> <p>RECORD CODE OF BRAND USING THE SECOND LIST OF CODES.</p> | <p>PACKAGE SEEN</p> <p>CERAZETTE 11</p> <p>OVRETTE 12</p> <p>LOFEMENAL 13</p> <p>MICROGYNON 14</p> <p>YASMIN 15</p> <p>OTHER 16</p> <p>PACKAGE NOT SEEN</p> <p>CERAZETTE 21</p> <p>OVRETTE 22</p> <p>LOFEMENAL 23</p> <p>MICROGYNON 24</p> <p>YASMIN 25</p> <p>OTHER 26</p> <p>DON'T KNOW 98</p> | |
| 314 | <p>RECORD IF CODE 'C' FOR PILL IS CIRCLED IN 311.</p> <p>YES (USING PILL) <input type="checkbox"/></p> <p>NO (USING CONDOM BUT NOT PILL) <input type="checkbox"/></p> <p>The last time you obtained the pills, how many pill cycles did you get?</p> <p>The last time you obtained the condoms, how many condoms did you get?</p> | <p>NUMBER OF PILL CYCLES/CONDOMS .. <input type="text"/></p> <p>DON'T KNOW 998</p> | |
| 315 | <p>The last time you obtained (HIGHEST METHOD ON LIST IN 311), how much did you pay in total, including the cost of the method and any consultation you may have had?</p> <p>IF MORE THAN 990 JD, RECORD 990</p> | <p>COST IN JD <input type="text"/></p> <p>FREE 995</p> <p>DON'T KNOW 998</p> | |
| 315A | <p>CHECK 311:</p> <p>USING IUD CODE 'D' CIRCLED <input type="checkbox"/></p> <p>NOT USING IUD CODE 'D' NOT CIRCLED <input type="checkbox"/></p> | | → 319A |
| 315B | <p>Who inserted your IUD?</p> | <p>MALE DOCTOR 1</p> <p>FEMALE DOCTOR 2</p> <p>MIDWIFE 3</p> <p>OTHER 6</p> <p>(SPECIFY)</p> | → 319A |
| 316 | <p>In what facility did the sterilization take place?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE)</p> | <p>PUBLIC MEDICAL SECTOR</p> <p>GOVT. HOSPITAL 11</p> <p>UNIVERSITY HOSPITAL 12</p> <p>ROYAL MEDICAL SERVICES 13</p> <p>OTHER PUBLIC 16</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC ... 21</p> <p>OTHER PRIVATE MEDICAL 26</p> <p>(SPECIFY)</p> <p>DON'T KNOW 98</p> | |
| 317 | <p>CHECK 311/311A:</p> <p>CODE 'A' CIRCLED <input type="checkbox"/></p> <p>CODE 'B' CIRCLED <input type="checkbox"/></p> <p>Before your sterilization operation, were you told that you would not be able to have any (more) children because of the operation?</p> <p>Before the sterilization operation, was your husband told that he would not be able to have any (more) children because of the operation?</p> | <p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p> | |
| 318 | <p>How much was paid in total for the sterilization, including any consultation you (he) may have had?</p> <p>IF MORE THAN 990 JD, RECORD 990</p> | <p>COST IN JD <input type="text"/></p> <p>FREE 995</p> <p>DON'T KNOW 998</p> | |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP | | | | | | | | | | | | | | | | |
|------|---|---|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| 318A | Do you regret that you had the operation not to have any (more) children? | YES 1 NO 2 | | | | | | | | | | | | | | | | | |
| 319 | In what month and year was the sterilization performed? | | | | | | | | | | | | | | | | | | |
| 319A | Since what month and year have you been using (CURRENT METHOD) without stopping? PROBE: For how long have you been using (CURRENT METHOD) now without stopping? | MONTH <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></table> YEAR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></table> | | | | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | | | | | | |
| 320 | CHECK 319/319A, 215 AND 230: ANY BIRTH OR PREGNANCY TERMINATION AFTER MONTH AND YEAR OF START OF USE OF CONTRACEPTION IN 319/319A GO BACK TO 319/319A, PROBE AND RECORD MONTH AND YEAR AT START OF CONTINUOUS USE OF CURRENT METHOD (MUST BE AFTER LAST BIRTH OR PREGNANCY TERMINATION). | YES <input type="checkbox"/> NO <input type="checkbox"/> | | | | | | | | | | | | | | | | | |
| 321 | CHECK 319/319A: YEAR IS 2002 OR LATER <input type="checkbox"/> YEAR IS 2001 OR EARLIER <input type="checkbox"/> 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. ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN COL. 1 OF THE CALENDAR AND EACH MONTH BACK TO JANUARY 2002 THEN SKIP TO → 331 | | | | | | | | | | | | | | | | | | |
| 322 | 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. USE CALENDAR TO PROBE FOR EARLIER PERIODS OF USE AND NONUSE, STARTING WITH MOST RECENT USE, BACK TO JANUARY 2002. USE NAMES OF CHILDREN, DATES OF BIRTH, AND PERIODS OF PREGNANCY AS REFERENCE POINTS. IN COLUMN 1: ENTER METHOD USE CODE OR '0' FOR NONUSE IN EACH BLANK MONTH. ILLUSTRATIVE QUESTIONS: COLUMN 1: * 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? IN COLUMN 2: ENTER CODES FOR DISCONTINUATION NEXT TO LAST MONTH OF USE. NUMBER OF CODES IN COL.2 MUST BE SAME AS NUMBER OF INTERRUPTIONS OF METHOD USE IN COL.1 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. ILLUSTRATIVE QUESTIONS: COLUMN 2: * 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? IF DELIBERATELY STOPPED TO BECOME PREGNANT, ASK: 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 | | | | | | | | | | | | | | | | | | |
| 323 | CHECK 311/311A: CIRCLE METHOD CODE: IF MORE THAN ONE METHOD CODE CIRCLED IN 311/311A, CIRCLE CODE FOR HIGHEST METHOD IN LIST. | NO CODE CIRCLED 00 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 METHOD 96 | → 333 → 326 → 335 → 324A → 324A → 335 → 335 | | | | | | | | | | | | | | | | |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|------|--|---|--|
| 324 | Where did you obtain (CURRENT METHOD) when you started using it? | PUBLIC MEDICAL SECTOR GOVT. HOSPITAL 11 GOVT. HEALTH CENTER 12 GOVT. MCH 13 UNIVERSITY HOSPITAL 14 ROYAL MEDICAL SERVICES ... 15 OTHER PUBLIC _____ 16 (SPECIFY) | |
| 324A | Where did you learn how to use priodic abstinence/the lactational amenorhea method? IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE) | PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC ... 21 PRIVATE DOCTOR 22 PHARMACY 23 JORDANIAN AS. OF FP AND PROTECTION (JAFPP) 24 UNRWA CLINIC 25 OTHER NON-GOV ORGANIZATION 26 OTHER PRIVATE MEDICAL _____ 27 (SPECIFY) OTHER SOURCE FRIEND/RELATIVE 33 OTHER _____ 96 (SPECIFY) | |
| 325 | CHECK 311/311A: CIRCLE METHOD CODE: IF MORE THAN ONE METHOD CODE CIRCLED IN 311/311A, CIRCLE CODE FOR HIGHEST METHOD IN LIST. | 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 | → 332 → 329 → 329 → 329 → 335 → 335 |
| 326 | You obtained (CURRENT METHOD FROM 323) from (SOURCE OF METHOD FROM 316 OR 324) in (DATE FROM 319/319A). At that time, were you told about side effects or problems you might have with the method? | YES 1 NO 2 | → 328 |
| 327 | Were you ever told by a health or family planning worker about side effects or problems you might have with the method? | YES 1 NO 2 | → 329 |
| 328 | Were you told what to do if you experienced side effects or problems? | YES 1 NO 2 | |
| 329 | CHECK 326: CODE '1' CIRCLED <input type="checkbox"/> At that time, were you told about other methods of family planning that you could use? CODE '1' NOT CIRCLED <input type="checkbox"/> When you obtained (CURRENT METHOD FROM 323) from (SOURCE OF METHOD FROM 316 OR 324) were you told about other methods of family planning that you could use? | YES 1 NO 2 | → 331 |
| 330 | Were you ever told by a health or family planning worker about other methods of family planning that you could use? | YES 1 NO 2 | |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|-----|--|---|---------------------------|
| 331 | <p>CHECK 311/311A:</p> <p>CIRCLE METHOD CODE:</p> <p>IF MORE THAN ONE METHOD CODE CIRCLED IN 311/311A, CIRCLE CODE FOR HIGHEST METHOD IN LIST.</p> | <p>FEMALE STERILIZATION 01</p> <p>MALE STERILIZATION 02</p> <p>PILL 03</p> <p>IUD 04</p> <p>INJECTABLES 05</p> <p>IMPLANTS 06</p> <p>CONDOM 07</p> <p>FEMALE CONDOM 08</p> <p>DIAPHRAGM 09</p> <p>FOAM/JELLY 10</p> <p>LACTATIONAL AMEN. METHOD ... 11</p> <p>PERIODIC ABSTINENCE 12</p> <p>WITHDRAWAL 13</p> <p>OTHER METHOD 96</p> | <p>→ 335</p> <p>→ 335</p> |
| 332 | <p>Where did you obtain (CURRENT METHOD) the last time?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE)</p> | <p>PUBLIC MEDICAL SECTOR</p> <p>GOVT. HOSPITAL 11</p> <p>GOVT. HEALTH CENTER 12</p> <p>GOVT. MCH 13</p> <p>UNIVERSITY HOSPITAL/CLINIC 14</p> <p>ROYAL MEDICAL SERVICES 15</p> <p>OTHER PUBLIC 16</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC ... 21</p> <p>PRIVATE DOCTOR 22</p> <p>PHARMACY 23</p> <p>JORDANIAN AS. OF FP AND PROTECTION (JAFPP) 24</p> <p>UNRWA CLINIC 25</p> <p>OTHER NON-GOV ORGANIZATION 26</p> <p>OTHER PRIVATE MEDICAL 27</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>FRIEND/RELATIVE 33</p> <p>OTHER 96</p> <p>(SPECIFY)</p> | <p>→ 335</p> |
| 333 | <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>→ 335</p> |
| 334 | <p>Where is that?</p> <p>Any other place?</p> <p>PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S).</p> <p>IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE(S))</p> | <p>PUBLIC MEDICAL SECTOR</p> <p>GOVT. HOSPITAL A</p> <p>GOVT. HEALTH CENTER B</p> <p>GOVT. MCH C</p> <p>UNIVERSITY HOSPITAL/CLINIC ... D</p> <p>ROYAL MEDICAL SERVICES E</p> <p>OTHER PUBLIC F</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC G</p> <p>PRIVATE DOCTOR H</p> <p>PHARMACY I</p> <p>JORDANIAN AS. OF FP AND PROTECTION (JAFPP) J</p> <p>UNRWA CLINIC K</p> <p>OTHER NON-GOV ORGANIZATION L</p> <p>OTHER PRIVATE MEDICAL M</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>FRIEND/RELATIVE N</p> <p>OTHER X</p> <p>(SPECIFY)</p> | |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|-----|---|---------------------------|-------|
| 335 | In the last 12 months, were you visited by a health worker who talked to you about family planning? | YES 1 NO 2 | |
| 336 | In the last 12 months, have you visited a health facility for care for yourself (or your children)? | YES 1 NO 2 | → 401 |
| 337 | Did any staff member at the health facility speak to you about family planning methods? | YES 1 NO 2 | |

SECTION 4. PREGNANCY AND POSTNATAL CARE

| 401 | CHECK 224: ONE OR MORE BIRTHS IN 2002 OR LATER <input type="checkbox"/> NO BIRTHS IN 2002 OR LATER <input type="checkbox"/> → 548 | | | | | | | | | | | | |
|--|--|--|---|---|---|--|---|---|---|--|---------------------------------------|---------------------------------------|---------------------------------------|
| 402 | CHECK 215: ENTER IN THE TABLE THE LINE NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH IN 2002 OR LATER. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. (IF THERE ARE MORE THAN 3 BIRTHS, USE LAST 2 COLUMNS OF ADDITIONAL QUESTIONNAIRES). Now I would like to ask you some questions about the health of all your children born in the last five years. (We will talk about each separately.) | | | | | | | | | | | | |
| 403 | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 30%;">LINE NUMBER FROM 212</th> <th style="width: 20%;">LAST BIRTH</th> <th style="width: 20%;">NEXT-TO-LAST BIRTH</th> <th style="width: 30%;">SECOND-FROM-LAST BIRTH</th> </tr> <tr> <td></td> <td>LINE NO. <input type="text"/> <input type="text"/></td> <td>LINE NO. <input type="text"/> <input type="text"/></td> <td>LINE NO. <input type="text"/> <input type="text"/></td> </tr> </table> | LINE NUMBER FROM 212 | LAST BIRTH | NEXT-TO-LAST BIRTH | SECOND-FROM-LAST BIRTH | | LINE NO. <input type="text"/> <input type="text"/> | LINE NO. <input type="text"/> <input type="text"/> | LINE NO. <input type="text"/> <input type="text"/> | | | | |
| LINE NUMBER FROM 212 | LAST BIRTH | NEXT-TO-LAST BIRTH | SECOND-FROM-LAST BIRTH | | | | | | | | | | |
| | LINE NO. <input type="text"/> <input type="text"/> | LINE NO. <input type="text"/> <input type="text"/> | LINE NO. <input type="text"/> <input type="text"/> | | | | | | | | | | |
| 404 | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 30%;">FROM 212 AND 216</th> <th style="width: 20%;">NAME _____</th> <th style="width: 20%;">NAME _____</th> <th style="width: 30%;">NAME _____</th> </tr> <tr> <td></td> <td>LIVING <input type="checkbox"/> DEAD <input type="checkbox"/></td> <td>LIVING <input type="checkbox"/> DEAD <input type="checkbox"/></td> <td>LIVING <input type="checkbox"/> DEAD <input type="checkbox"/></td> </tr> </table> | FROM 212 AND 216 | NAME _____ | NAME _____ | NAME _____ | | LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> | LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> | LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> | | | | |
| FROM 212 AND 216 | NAME _____ | NAME _____ | NAME _____ | | | | | | | | | | |
| | LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> | LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> | LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> | | | | | | | | | | |
| 405 | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; vertical-align: top;"> 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? </td> <td style="width: 20%; vertical-align: top;"> THEN 1 (SKIP TO 407) ← </td> <td style="width: 20%; vertical-align: top;"> THEN 1 (SKIP TO 426) ← </td> <td style="width: 30%; vertical-align: top;"> THEN 1 (SKIP TO 426) ← </td> </tr> <tr> <td></td> <td style="vertical-align: top;"> LATER 2 </td> <td style="vertical-align: top;"> LATER 2 </td> <td style="vertical-align: top;"> LATER 2 </td> </tr> <tr> <td></td> <td style="vertical-align: top;"> NOT AT ALL 3 (SKIP TO 407) ← </td> <td style="vertical-align: top;"> NOT AT ALL 3 (SKIP TO 426) ← </td> <td style="vertical-align: top;"> NOT AT ALL 3 (SKIP TO 426) ← </td> </tr> </table> | 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) ← | THEN 1 (SKIP TO 426) ← | THEN 1 (SKIP TO 426) ← | | LATER 2 | LATER 2 | LATER 2 | | NOT AT ALL 3 (SKIP TO 407) ← | NOT AT ALL 3 (SKIP TO 426) ← | NOT AT ALL 3 (SKIP TO 426) ← |
| 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) ← | THEN 1 (SKIP TO 426) ← | THEN 1 (SKIP TO 426) ← | | | | | | | | | | |
| | LATER 2 | LATER 2 | LATER 2 | | | | | | | | | | |
| | NOT AT ALL 3 (SKIP TO 407) ← | NOT AT ALL 3 (SKIP TO 426) ← | NOT AT ALL 3 (SKIP TO 426) ← | | | | | | | | | | |
| 406 | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; vertical-align: top;"> How much longer would you have liked to wait? </td> <td style="width: 20%; vertical-align: top;"> MONTHS ..1 <input type="text"/> <input type="text"/> YEARS ..2 <input type="text"/> <input type="text"/> DON'T KNOW ... 998 </td> <td style="width: 20%; vertical-align: top;"> MONTHS ..1 <input type="text"/> <input type="text"/> YEARS ..2 <input type="text"/> <input type="text"/> DON'T KNOW ... 998 </td> <td style="width: 30%; vertical-align: top;"> MONTHS ..1 <input type="text"/> <input type="text"/> YEARS ..2 <input type="text"/> <input type="text"/> DON'T KNOW ... 998 </td> </tr> </table> | How much longer would you have liked to wait? | MONTHS ..1 <input type="text"/> <input type="text"/> YEARS ..2 <input type="text"/> <input type="text"/> DON'T KNOW ... 998 | MONTHS ..1 <input type="text"/> <input type="text"/> YEARS ..2 <input type="text"/> <input type="text"/> DON'T KNOW ... 998 | MONTHS ..1 <input type="text"/> <input type="text"/> YEARS ..2 <input type="text"/> <input type="text"/> DON'T KNOW ... 998 | | | | | | | | |
| How much longer would you have liked to wait? | MONTHS ..1 <input type="text"/> <input type="text"/> YEARS ..2 <input type="text"/> <input type="text"/> DON'T KNOW ... 998 | MONTHS ..1 <input type="text"/> <input type="text"/> YEARS ..2 <input type="text"/> <input type="text"/> DON'T KNOW ... 998 | MONTHS ..1 <input type="text"/> <input type="text"/> YEARS ..2 <input type="text"/> <input type="text"/> DON'T KNOW ... 998 | | | | | | | | | | |
| 407 | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; vertical-align: top;"> Did you see anyone for antenatal care for this pregnancy? IF YES: Whom did you see? Anyone else? </td> <td style="width: 70%; vertical-align: top;"> HEALTH PERSONNEL DOCTOR A NURSE/MIDWIFE B OTHER PERSON X _____ (SPECIFY) NO ONE Y (SKIP TO 414) ← </td> </tr> <tr> <td style="vertical-align: top;"> PROBE TO IDENTIFY EACH TYPE OF PERSON AND RECORD ALL MENTIONED. </td> <td></td> </tr> </table> | Did you see anyone for antenatal care for this pregnancy? IF YES: Whom did you see? Anyone else? | HEALTH PERSONNEL DOCTOR A NURSE/MIDWIFE B OTHER PERSON X _____ (SPECIFY) NO ONE Y (SKIP TO 414) ← | PROBE TO IDENTIFY EACH TYPE OF PERSON AND RECORD ALL MENTIONED. | | | | | | | | | |
| Did you see anyone for antenatal care for this pregnancy? IF YES: Whom did you see? Anyone else? | HEALTH PERSONNEL DOCTOR A NURSE/MIDWIFE B OTHER PERSON X _____ (SPECIFY) NO ONE Y (SKIP TO 414) ← | | | | | | | | | | | | |
| PROBE TO IDENTIFY EACH TYPE OF PERSON AND RECORD ALL MENTIONED. | | | | | | | | | | | | | |
| 408 | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; vertical-align: top;"> Where did you receive antenatal care for this pregnancy? Anywhere else? PROBE TO IDENTIFY TYPE(S) OF SOURCE(S) AND CIRCLE THE APPROPRIATE CODE(S). IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE(S)) </td> <td style="width: 70%; vertical-align: top;"> HOME YOUR HOME ... A OTHER HOME ... B PUBLIC MED. SECTOR GOVT. HOSPITAL C GOVT. HEALTH CENTER D UNIVERSITY HOSPITAL ... E ROYAL MEDICAL SERVICES ... F OTHER PUBLIC _____ G (SPECIFY) PRIVATE MED. SECTOR PVT. HOSPITAL/CLINIC H UNRWA HEALTH CENTER I OTHER PRIVATE MED. _____ J (SPECIFY) OTHER _____ X (SPECIFY) </td> </tr> </table> | Where did you receive antenatal care for this pregnancy? Anywhere else? PROBE TO IDENTIFY TYPE(S) OF SOURCE(S) AND CIRCLE THE APPROPRIATE CODE(S). IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE(S)) | HOME YOUR HOME ... A OTHER HOME ... B PUBLIC MED. SECTOR GOVT. HOSPITAL C GOVT. HEALTH CENTER D UNIVERSITY HOSPITAL ... E ROYAL MEDICAL SERVICES ... F OTHER PUBLIC _____ G (SPECIFY) PRIVATE MED. SECTOR PVT. HOSPITAL/CLINIC H UNRWA HEALTH CENTER I OTHER PRIVATE MED. _____ J (SPECIFY) OTHER _____ X (SPECIFY) | | | | | | | | | | |
| Where did you receive antenatal care for this pregnancy? Anywhere else? PROBE TO IDENTIFY TYPE(S) OF SOURCE(S) AND CIRCLE THE APPROPRIATE CODE(S). IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE(S)) | HOME YOUR HOME ... A OTHER HOME ... B PUBLIC MED. SECTOR GOVT. HOSPITAL C GOVT. HEALTH CENTER D UNIVERSITY HOSPITAL ... E ROYAL MEDICAL SERVICES ... F OTHER PUBLIC _____ G (SPECIFY) PRIVATE MED. SECTOR PVT. HOSPITAL/CLINIC H UNRWA HEALTH CENTER I OTHER PRIVATE MED. _____ J (SPECIFY) OTHER _____ X (SPECIFY) | | | | | | | | | | | | |

| NO. | QUESTIONS AND FILTERS | LAST BIRTH | NEXT-TO-LAST BIRTH | SECOND-FROM-LAST BIRTH | | | | | | | | | | | | | | | |
|-------------|---|---|--------------------|------------------------|----|------------|---|---|----------|---|---|-------------|---|---|-----------|---|---|--|--|
| | | NAME _____ | NAME _____ | NAME _____ | | | | | | | | | | | | | | | |
| 409 | How many months pregnant were you when you first received antenatal care for this pregnancy? | NUMBER OF MONTHS ... <input type="text"/> <input type="text"/> DON'T KNOW 98 | | | | | | | | | | | | | | | | | |
| 410 | How many times did you receive antenatal care during this pregnancy? | NUMBER OF TIMES . . <input type="text"/> <input type="text"/> DON'T KNOW 98 | | | | | | | | | | | | | | | | | |
| 411 | As part of your antenatal care during this pregnancy, were any of the following done at least once? Were you weighed? Was your blood pressure measured? Did you give a urine sample? Did you give a blood sample? | <table style="width: 100%; border: none;"> <tr> <td></td> <td style="text-align: center;">YES</td> <td style="text-align: center;">NO</td> </tr> <tr> <td>WEIGHT ...</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>BP</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>URINE</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>BLOOD ...</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </table> | | YES | NO | WEIGHT ... | 1 | 2 | BP | 1 | 2 | URINE | 1 | 2 | BLOOD ... | 1 | 2 | | |
| | YES | NO | | | | | | | | | | | | | | | | | |
| WEIGHT ... | 1 | 2 | | | | | | | | | | | | | | | | | |
| BP | 1 | 2 | | | | | | | | | | | | | | | | | |
| URINE | 1 | 2 | | | | | | | | | | | | | | | | | |
| BLOOD ... | 1 | 2 | | | | | | | | | | | | | | | | | |
| 412 | During (any of) your antenatal care visit(s), were you told about the signs of pregnancy complications? | YES 1 NO 2 (SKIP TO 413A) ← DON'T KNOW 8 | | | | | | | | | | | | | | | | | |
| 413 | Were you told where to go if you had any of these complications? | YES 1 NO 2 DON'T KNOW 8 | | | | | | | | | | | | | | | | | |
| 413A | During (any of) your antenatal care visit(s), were you told about the signs of complications during the postnatal period? | YES 1 NO 2 DON'T KNOW 8 | | | | | | | | | | | | | | | | | |
| 413B | During (any of) your antenatal care visit(s), were you told about having postnatal care visits one week and 30 days after delivery? | YES 1 NO 2 DON'T KNOW 8 | | | | | | | | | | | | | | | | | |
| 414 | During this pregnancy, were you given an injection in the arm to prevent the baby from getting tetanus, that is, convulsions after birth? | YES 1 NO 2 (SKIP TO 417) ← DON'T KNOW 8 | | | | | | | | | | | | | | | | | |
| 415 | During this pregnancy, how many times did you get this tetanus injection? | TIMES <input type="text"/> DON'T KNOW 8 | | | | | | | | | | | | | | | | | |
| 416 | CHECK 415: | 2 OR MORE TIMES <input type="checkbox"/> 1 OR DK <input type="checkbox"/> (SKIP TO 421) ↓ ↓ | | | | | | | | | | | | | | | | | |
| 417 | At any time before this pregnancy, did you receive any tetanus injections, either to protect yourself or another baby? | YES 1 NO 2 (SKIP TO 421) ← DON'T KNOW 8 | | | | | | | | | | | | | | | | | |
| 418 | Before this pregnancy, how many other times did you receive a tetanus injection? IF 7 OR MORE TIMES, RECORD '7'. | TIMES <input type="text"/> DON'T KNOW 8 | | | | | | | | | | | | | | | | | |

| NO. | QUESTIONS AND FILTERS | LAST BIRTH NAME _____ | NEXT-TO-LAST BIRTH NAME _____ | SECOND-FROM-LAST BIRTH NAME _____ |
|-----|--|--|--|--|
| 419 | In what month and year did you receive the last tetanus injection before this pregnancy? | MONTH ... <input type="text"/> <input type="text"/> DK MONTH 98 YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (SKIP TO 421) ← DK YEAR 9998 | | |
| 420 | How many years ago did you receive that tetanus injection? | YEARS AGO <input type="text"/> <input type="text"/> | | |
| 421 | During this pregnancy, were you given or did you buy any iron tablets or iron syrup? | YES 1 NO 2 (SKIP TO 426) ← DON'T KNOW 8 | | |
| 422 | During the whole pregnancy, for how many days did you take the tablets or syrup? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER OF DAYS. | DAYS . <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW ... 998 | | |
| 426 | 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 | VERY LARGE 1 LARGER THAN AVERAGE 2 AVERAGE 3 SMALLER THAN AVERAGE 4 VERY SMALL 5 DON'T KNOW 8 |
| 427 | Was (NAME) weighed at birth? | YES 1 NO 2 (SKIP TO 429) ← DON'T KNOW 8 | YES 1 NO 2 (SKIP TO 429) ← DON'T KNOW 8 | YES 1 NO 2 (SKIP TO 429) ← DON'T KNOW 8 |
| 428 | How much did (NAME) weigh? RECORD WEIGHT IN KILOGRAMS FROM HEALTH CARD, IF AVAILABLE. | KG FROM CARD 1 <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> KG FROM RECALL 2 <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW . 99998 | KG FROM CARD 1 <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> KG FROM RECALL 2 <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW . 99998 | KG FROM CARD 1 <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> KG FROM RECALL 2 <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW . 99998 |
| 429 | Who assisted with the delivery of (NAME)? Anyone else? PROBE FOR THE TYPE(S) OF PERSON(S) AND RECORD ALL MENTIONED. IF RESPONDENT SAYS NO ONE ASSISTED, PROBE TO DETERMINE WHETHER ANY ADULTS WERE PRESENT AT THE DELIVERY. | HEALTH PERSONNEL DOCTOR A NURSE/MIDWIFE . B OTHER PERSON X (SPECIFY) (SKIP TO 430) ← NO ONE Y | HEALTH PERSONNEL DOCTOR A NURSE/MIDWIFE . B OTHER PERSON X (SPECIFY) (SKIP TO 430) ← NO ONE Y | HEALTH PERSONNEL DOCTOR A NURSE/MIDWIFE . B OTHER PERSON X (SPECIFY) (SKIP TO 430) ← NO ONE Y |

| NO. | QUESTIONS AND FILTERS | LAST BIRTH NAME _____ | NEXT-TO-LAST BIRTH NAME _____ | SECOND-FROM-LAST BIRTH NAME _____ |
|------|--|---|---|---|
| 429A | <p>How much did you pay the service provider for this delivery?</p> <p>RECORD THE TOTAL COST IN DINARS</p> | <p>COST IN JD <input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>FREE 9995</p> <p>DON' T KNOW . 9998</p> | <p>COST IN JD <input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>FREE 9995</p> <p>DON' T KNOW . 9998</p> | <p>COST IN JD <input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>FREE 9995</p> <p>DON' T KNOW . 9998</p> |
| 430 | <p>Where did you give birth to (NAME)?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE)</p> | <p>HOME</p> <p>YOUR HOME ... 11 (SKIP TO 437) ←</p> <p>OTHER HOME ... 12</p> <p>PUBLIC MED. SECTOR</p> <p>GOVT. HOSPITAL 21 GOVT. HEALTH CENTER 22 UNIVERSITY HOSPITAL ... 23 ROYAL MEDICAL SERVICES ... 24 OTHER PUBLIC 26</p> <p>_____ (SPECIFY)</p> <p>PRIVATE MED. SECTOR</p> <p>PVT. HOSPITAL/ CLINIC 31 OTHER PRIVATE MED. _____ 36 (SPECIFY)</p> <p>OTHER _____ 96 (SPECIFY) ← (SKIP TO 437)</p> | <p>HOME</p> <p>YOUR HOME ... 11 (SKIP TO 438) ←</p> <p>OTHER HOME ... 12</p> <p>PUBLIC MED. SECTOR</p> <p>GOVT. HOSPITAL 21 GOVT. HEALTH CENTER 22 UNIVERSITY HOSPITAL ... 23 ROYAL MEDICAL SERVICES ... 24 OTHER PUBLIC 26</p> <p>_____ (SPECIFY)</p> <p>PRIVATE MED. SECTOR</p> <p>PVT. HOSPITAL/ CLINIC 31 OTHER PRIVATE MED. _____ 36 (SPECIFY)</p> <p>OTHER _____ 96 (SPECIFY) ← (SKIP TO 438)</p> | <p>HOME</p> <p>YOUR HOME ... 11 (SKIP TO 438) ←</p> <p>OTHER HOME ... 12</p> <p>PUBLIC MED. SECTOR</p> <p>GOVT. HOSPITAL 21 GOVT. HEALTH CENTER 22 UNIVERSITY HOSPITAL ... 23 ROYAL MEDICAL SERVICES ... 24 OTHER PUBLIC 26</p> <p>_____ (SPECIFY)</p> <p>PRIVATE MED. SECTOR</p> <p>PVT. HOSPITAL/ CLINIC 31 OTHER PRIVATE MED. _____ 36 (SPECIFY)</p> <p>OTHER _____ 96 (SPECIFY) ← (SKIP TO 438)</p> |
| 431 | <p>How long after (NAME) was delivered did you stay there?</p> <p>IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS.</p> | <p>HOURS 1 <input type="text"/><input type="text"/></p> <p>DAYS 2 <input type="text"/><input type="text"/></p> <p>WEEKS 3 <input type="text"/><input type="text"/></p> <p>DON'T KNOW . 998</p> | <p>HOURS 1 <input type="text"/><input type="text"/></p> <p>DAYS 2 <input type="text"/><input type="text"/></p> <p>WEEKS 3 <input type="text"/><input type="text"/></p> <p>DON'T KNOW ... 998</p> | <p>HOURS 1 <input type="text"/><input type="text"/></p> <p>DAYS 2 <input type="text"/><input type="text"/></p> <p>WEEKS 3 <input type="text"/><input type="text"/></p> <p>DON'T KNOW ... 998</p> |
| 432 | <p>Was (NAME) delivered by caesarean section?</p> | <p>YES 1 NO 2</p> | <p>YES 1 NO 2</p> | <p>YES 1 NO 2</p> |
| 432A | <p>When you were discharged after (NAME) was born, were you given any free sample of infant formula by the health facility staff?</p> | <p>YES 1 NO 2 DON'T KNOW 8</p> | <p>YES 1 NO 2 DON'T KNOW 8</p> | <p>YES 1 NO 2 DON'T KNOW 8</p> |
| 432B | <p>Before you were discharged after (NAME) was born, did anyone in the health facility talk to you or advise you about family planning?</p> | <p>YES 1 NO 2</p> | <p>YES 1 NO 2</p> | <p>YES 1 NO 2</p> |
| 433 | <p>Before you were discharged after (NAME) was born, did any health care provider check on your health?</p> | <p>YES 1 NO 2 (SKIP TO 436) ←</p> | <p>YES 1 (SKIP TO 449) ← NO 2</p> | <p>YES 1 (SKIP TO 449) ← NO 2</p> |

| NO. | QUESTIONS AND FILTERS | LAST BIRTH NAME _____ | NEXT-TO-LAST BIRTH NAME _____ | SECOND-FROM-LAST BIRTH NAME _____ | | | | | | | | | | | | | |
|------|---|---|----------------------------------|--------------------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|
| 434 | How long after delivery did the first check take place? IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS. | HOURS 1 <table border="1" data-bbox="812 210 906 262"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DAYS 2 <table border="1" data-bbox="812 262 906 315"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> WEEKS 3 <table border="1" data-bbox="812 315 906 367"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DON'T KNOW ... 998 | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | | | | |
| 435 | Who checked on your health at that time? PROBE FOR MOST QUALIFIED PERSON. | HEALTH PERSONNEL DOCTOR 1 NURSE/MIDWIFE 2 OTHER PERSON 6 _____ (SPECIFY) | | | | | | | | | | | | | | | |
| 436 | After you were discharged, did any health care provider check on your health? | YES 1 (SKIP TO 439A) ← NO 2 | | | YES 1 (SKIP TO 449) ← NO 2 | YES 1 (SKIP TO 449) ← NO 2 | | | | | | | | | | | |
| 436A | What is the main reason you did not seek a health professional check on your health after (NAME) was born? | NO NEED/NO SICK . 01 NOT AWARE AVAILABILITY OF POST-NATAL SERVICE . 02 NOT SUPPOSED TO GO OUT DURING THIS PERIOD ... 03 NO ONE TO TAKE CARE OF MY BABY DURING VISIT ... 04 TOO FAR 05 TOO EXPENSIVE . 06 NO QUALIFIED PERSONNEL ... 07 HUSBAND OPPOSED 08 OTHER _____ 96 (SPECIFY) (SKIP TO 448) ← | | | | | | | | | | | | | | | |
| 437 | Why didn't you deliver in a health facility? PROBE: Any other reason? RECORD ALL MENTIONED. | COST TOO MUCH . . A FACILITY NOT OPEN . B TOO FAR/ NO TRANSPORTATION C DON'T TRUST FACILITY/POOR QUALITY SERVICE D NO FEMALE PROVIDER AT FACILITY . . E HUSBAND/FAMILY DID NOT ALLOW . . F NOT NECESSARY . . G NOT CUSTOMARY . . H OTHER _____ X (SPECIFY) | | | | | | | | | | | | | | | |
| 438 | After (NAME) was born, did any health care provider check on your health? | YES 1 (SKIP TO 439) ← NO 2 | | | | | YES 1 (SKIP TO 449) ← NO 2 | YES 1 (SKIP TO 449) ← NO 2 | | | | | | | | | |

| NO. | QUESTIONS AND FILTERS | LAST BIRTH NAME _____ | NEXT-TO-LAST BIRTH NAME _____ | SECOND-FROM-LAST BIRTH NAME _____ | | | | |
|------|--|---|----------------------------------|--------------------------------------|--|--|--|--|
| 438A | What is the main reason you did not seek a health professional check on your health after (NAME) was born? | NO NEED/NO SICK . 01 NOT AWARE AVAILABILITY OF POST-NATAL SERVICE . 02 NOT SUPPOSED TO GO OUT DURING THIS PERIOD ... 03 NO ONE TO TAKE CARE OF MY BABY DURING VISIT ... 04 TOO FAR 05 TOO EXPENSIVE . 06 NO QUALIFIED PERSONNEL ... 07 HUSBAND OPPOSED 08 OTHER _____ 96 (SPECIFY) (SKIP TO 443) ← | | | | | | |
| 439 | How long after delivery did the first check take place? | HOURS 1 <table border="1" data-bbox="812 745 906 798"><tr><td></td><td></td></tr></table> | | | | | | |
| | | | | | | | | |
| 439A | How long after delivery, did this check take place? IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS. | DAYS 2 <table border="1" data-bbox="812 798 906 850"><tr><td></td><td></td></tr></table> WEEKS 3 <table border="1" data-bbox="812 850 906 903"><tr><td></td><td></td></tr></table> DON'T KNOW ... 998 | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| 440 | Who checked on your health at that time? PROBE FOR MOST QUALIFIED PERSON. | HEALTH PERSONNEL DOCTOR 1 NURSE/MIDWIFE 2 OTHER PERSON _____ 6 (SPECIFY) | | | | | | |
| 441 | Where did this (first) check take place? PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE) | HOME YOUR HOME ... 11 OTHER HOME ... 12 PUBLIC MED. SECTOR GOVT. HOSPITAL 21 GOVT. HEALTH CENTER 22 GOVT. MCH ... 23 UNIVERSITY HOSPITAL ... 24 ROYAL MEDICAL SERVICES ... 25 OTHER PUBLIC 26 _____ (SPECIFY) PRIVATE MED. SECTOR PVT. HOSPITAL/CLINIC 31 UNRWA HEALTH CENTER 32 OTHER PRIVATE MED. _____ 36 (SPECIFY) OTHER _____ 96 (SPECIFY) | | | | | | |

| NO. | QUESTIONS AND FILTERS | LAST BIRTH NAME _____ | NEXT-TO-LAST BIRTH NAME _____ | SECOND-FROM-LAST BIRTH NAME _____ |
|------|---|--|----------------------------------|--------------------------------------|
| 441A | How much did you pay for this (first) postnatal visit? RECORD THE TOTAL COST IN DINARS | COST IN JD <input type="text"/> <input type="text"/> <input type="text"/> FREE 995 DON' T KNOW . . . 998 | | |
| 441B | After this (first) visit, did you come back a second time for a health care provider to check on your health? | YES 1 NO 2 (SKIP TO 441D) ← | | |
| 441C | How long after delivery did this check take place? IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS. | HOURS 1 <input type="text"/> <input type="text"/> DAYS 2 <input type="text"/> <input type="text"/> WEEKS 3 <input type="text"/> <input type="text"/> DON'T KNOW . . . 998 | | |
| 441D | Did anyone at the health facility talk to you or advise you about family planning during any of your postnatal check? | YES 1 NO 2 | | |
| 442 | CHECK 436: | YES NOT ASKED <input type="checkbox"/> <input type="checkbox"/> (SKIP TO 448) | | |
| 443 | In the two months after (NAME) was born, did any health care provider check on his/her health? | YES 1 NO 2 (SKIP TO 448) ← DON'T KNOW 8 | | |
| 444 | How many hours, days or weeks after the birth of (NAME) did the first check take place? IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS. | HRS AFTER BIRTH . . 1 <input type="text"/> <input type="text"/> DAYS AFTER BIRTH . . 2 <input type="text"/> <input type="text"/> WKS AFTER BIRTH . . 3 <input type="text"/> <input type="text"/> DON'T KNOW . . . 998 | | |
| 445 | Who checked on (NAME)'s health at that time? PROBE FOR MOST QUALIFIED PERSON. | HEALTH PERSONNEL DOCTOR 1 NURSE/MIDWIFE 2 OTHER PERSON 6 _____ (SPECIFY) | | |

| NO. | QUESTIONS AND FILTERS | LAST BIRTH NAME _____ | NEXT-TO-LAST BIRTH NAME _____ | SECOND-FROM-LAST BIRTH NAME _____ | | |
|-----|--|--|---|---|--|--|
| 446 | <p>Where did this first check of (NAME) take place?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.</p> <p>_____ (NAME OF PLACE)</p> | <p>HOME YOUR HOME ... 11 OTHER HOME ... 12</p> <p>PUBLIC MED. SECTOR GOVT. HOSPITAL 21 GOVT. HEALTH CENTER 22 GOVT. MCH ... 23 UNIVERSITY HOSPITAL ... 24 ROYAL MEDICAL SERVICES ... 25 OTHER PUBLIC 26</p> <p>_____ (SPECIFY)</p> <p>PRIVATE MED. SECTOR PVT. HOSPITAL/CLINIC 31 UNRWA HEALTH CENTER 32 OTHER PRIVATE MED. _____ 36 (SPECIFY)</p> <p>OTHER _____ 96 (SPECIFY)</p> | | | | |
| 448 | Has your menstrual period returned since the birth of (NAME)? | <p>YES 1 (SKIP TO 450) ←</p> <p>NO 2 (SKIP TO 451) ←</p> | | | | |
| 449 | Did your period return between the birth of (NAME) and your next pregnancy? | | | | | |
| 450 | For how many months after the birth of (NAME) did you <u>not</u> have a period? | <p>MONTHS ... <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 98</p> | | | <p>MONTHS ... <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 98</p> | <p>MONTHS ... <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 98</p> |
| 451 | CHECK 226: IS RESPONDENT PREGNANT? | <p>NOT PREG- <input type="checkbox"/> PREGNANT OR <input type="checkbox"/> NANT UNSURE (SKIP TO 453) ←</p> | | | | |
| 452 | Have you begun to have sexual intercourse again since the birth of (NAME)? | <p>YES 1 NO 2 (SKIP TO 454) ←</p> | | | | |
| 453 | For how many months after the birth of (NAME) did you <u>not</u> have sexual intercourse? IF LESS THAN 1 MONTH, RECORD '00' | <p>MONTHS ... <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 98</p> | | | | |
| 454 | Did you ever breastfeed (NAME)? | <p>YES 1 NO 2 (SKIP TO 461) ←</p> | <p>YES 1 (SKIP TO 460) ← NO 2 (SKIP TO 461) ←</p> | <p>YES 1 (SKIP TO 460) ← NO 2 (SKIP TO 461) ←</p> | | |

| NO. | QUESTIONS AND FILTERS | LAST BIRTH NAME _____ | NEXT-TO-LAST BIRTH NAME _____ | SECOND-FROM-LAST BIRTH NAME _____ |
|-----|--|---|---|--|
| 455 | 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"/> | | |
| 456 | In the first three days after delivery, was (NAME) given anything to drink other than breast milk? | YES 1 NO 2 (SKIP TO 458) ← | | |
| 457 | What was (NAME) given to drink? Anything else? RECORD ALL LIQUIDS MENTIONED. | MILK (OTHER THAN BREAST MILK) . A PLAIN WATER ... B SUGAR OR GLUCOSE WATER ... C GRIPE WATER ... D SUGAR-SALT-WATER SOLUTION E FRUIT JUICE F INFANT FORMULA . G TEA/INFUSIONS ... H HONEY I OTHER _____ X (SPECIFY) | | |
| 458 | CHECK 404: IS CHILD LIVING? | LIVING DEAD <input type="checkbox"/> <input type="checkbox"/> (SKIP TO 460) ← | | |
| 459 | Are you still breastfeeding (NAME)? | YES 1 (SKIP TO 462) ← NO 2 | | |
| 460 | 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"/> STILL BF 95 DON'T KNOW ... 98 | MONTHS ... <input type="text"/> <input type="text"/> STILL BF 95 DON'T KNOW ... 98 |
| 461 | CHECK 404: IS CHILD LIVING? | LIVING DEAD <input type="checkbox"/> <input type="checkbox"/> (GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO (SKIP TO 464) TO 501) | LIVING DEAD <input type="checkbox"/> <input type="checkbox"/> (GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO (SKIP TO 464) TO 501) | LIVING DEAD <input type="checkbox"/> <input type="checkbox"/> (GO BACK TO 405 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 501) |
| 462 | 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"/> | | |

| NO. | QUESTIONS AND FILTERS | LAST BIRTH NAME _____ | NEXT-TO-LAST BIRTH NAME _____ | SECOND-FROM-LAST BIRTH NAME _____ |
|-----|--|--|---|--|
| 463 | <p>How many times did you breastfeed yesterday during the daylight hours?</p> <p>IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER.</p> | <p>NUMBER OF DAYLIGHT FEEDINGS . <input type="text"/> <input type="text"/></p> | | |
| 464 | <p>Did (NAME) drink anything from a bottle with a nipple yesterday or last night?</p> | <p>YES 1 NO 2 DON'T KNOW 8</p> | <p>YES 1 NO 2 DON'T KNOW 8</p> | <p>YES 1 NO 2 DON'T KNOW 8</p> |
| 465 | | <p>GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 501.</p> | <p>GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 501.</p> | <p>GO BACK TO 405 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 501.</p> |

| NO. | QUESTIONS AND FILTERS | LAST BIRTH NAME _____ | NEXT-TO-LAST BIRTH NAME _____ | SECOND-FROM-LAST BIRTH NAME _____ |
|------|--|---|---|---|
| 507 | Has (NAME) received any vaccinations that are not recorded on this card, including vaccinations received in an immunization campaign? RECORD 'YES' ONLY IF RESPONDENT MENTIONS BCG, POLIO 1-4, POL. Booster DPT 1-3, DPT Booster, HEPATITIS 1-3, Hib 1-3, MEASLES AND/OR MMR. | YES 1 (PROBE FOR ← VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 506) (SKIP TO 510A) ← NO 2 (SKIP TO 510A) ← DON'T KNOW 8 | YES 1 (PROBE FOR ← VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 506) (SKIP TO 514) ← NO 2 (SKIP TO 514) ← DON'T KNOW 8 | YES 1 (PROBE FOR ← VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 506) (SKIP TO 514) ← NO 2 (SKIP TO 514) ← DON'T KNOW 8 |
| 508 | Did (NAME) ever receive any vaccinations to prevent him/her from getting diseases, including vaccinations received in an immunization campaign? | YES 1 NO 2 (SKIP TO 514) ← DON'T KNOW 8 | YES 1 NO 2 (SKIP TO 514) ← DON'T KNOW 8 | YES 1 NO 2 (SKIP TO 514) ← DON'T KNOW 8 |
| 509 | Please tell me if (NAME) received any of the following vaccinations: | | | |
| 509A | 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 | YES 1 NO 2 DON'T KNOW 8 |
| 509B | Polio vaccine, that is, usually drops in the mouth or sometimes an injection in the thigh? | YES 1 NO 2 (SKIP TO 509D) ← DON'T KNOW 8 | YES 1 NO 2 (SKIP TO 509D) ← DON'T KNOW 8 | YES 1 NO 2 (SKIP TO 509D) ← DON'T KNOW 8 |
| 509C | How many times was the polio vaccine received? | NUMBER OF TIMES <input type="text"/> | NUMBER OF TIMES <input type="text"/> | NUMBER OF TIMES <input type="text"/> |
| 509D | A DPT vaccination, that is, an injection given in the thigh, sometimes at the same times as polio to prevent diphtheria, pertusis, and tetanus. Sometimes, DPT is part of the TETRA or PENTA vaccine. | YES 1 NO 2 (SKIP TO 509F) ← DON'T KNOW 8 | YES 1 NO 2 (SKIP TO 509F) ← DON'T KNOW 8 | YES 1 NO 2 (SKIP TO 509F) ← DON'T KNOW 8 |
| 509E | How many times was a DPT vaccination received? | NUMBER OF TIMES <input type="text"/> | NUMBER OF TIMES <input type="text"/> | NUMBER OF TIMES <input type="text"/> |
| 509F | An injection to prevent Hepatitis, that is an injection given sometimes at the same times as polio and DPT injection. Sometimes, DPT is part of the TETRA or PENTA vaccine. | YES 1 NO 2 (SKIP TO 509H) ← DON'T KNOW 8 | YES 1 NO 2 (SKIP TO 509H) ← DON'T KNOW 8 | YES 1 NO 2 (SKIP TO 509H) ← DON'T KNOW 8 |
| 509G | How many times was a Hepatitis vaccination received? | NUMBER OF TIMES <input type="text"/> | NUMBER OF TIMES <input type="text"/> | NUMBER OF TIMES <input type="text"/> |
| 509H | A Hib vaccination, that is an injection given sometimes at the same times as polio, DPT and Hepatitis to prevent meningitis. Sometimes, DPT is part of the TETRA or PENTA vaccine. | YES 1 NO 2 (SKIP TO 509J) ← DON'T KNOW 8 | YES 1 NO 2 (SKIP TO 509J) ← DON'T KNOW 8 | YES 1 NO 2 (SKIP TO 509J) ← DON'T KNOW 8 |
| 509I | How many times was a Hib vaccination received? | NUMBER OF TIMES <input type="text"/> | NUMBER OF TIMES <input type="text"/> | NUMBER OF TIMES <input type="text"/> |
| 509J | An measles injection, that is a shot in the arm at the age of 9 months or older to prevent measles? | YES 1 NO 2 DON'T KNOW 8 | YES 1 NO 2 DON'T KNOW 8 | YES 1 NO 2 DON'T KNOW 8 |

| NO. | QUESTIONS AND FILTERS | LAST BIRTH NAME _____ | NEXT-TO-LAST BIRTH NAME _____ | SECOND-FROM-LAST BIRTH NAME _____ |
|------|---|---|--|--|
| 509K | A MMR vaccination, that is an injection to prevent Measles, Mumps and Rubella, usually given at the age of 18 months. | YES 1 NO 2 DON'T KNOW 8 | YES 1 NO 2 DON'T KNOW 8 | YES 1 NO 2 DON'T KNOW 8 |
| 510A | CHECK 506 AND 509E: DPT INJECTION | AT LEAST ONE <input type="checkbox"/> NONE OR DK <input type="checkbox"/> (SKIP TO 510G) | | |
| 510B | Where did (NAME) receive the first vaccination to prevent DPT? | PUBLIC FACILITY . 1 PRIVATE FACILITY 2 UNRWA 3 OTHER 6 DON'T KNOW 8 | | |
| 510C | CHECK 506 AND 509E: DPT INJECTION | AT LEAST TWO <input type="checkbox"/> ONLY ONE <input type="checkbox"/> (SKIP TO 510G) | | |
| 510D | Where did (NAME) receive the second vaccination to prevent DPT? | PUBLIC FACILITY . 1 PRIVATE FACILITY 2 UNRWA 3 OTHER 6 DON'T KNOW 8 | | |
| 510E | CHECK 506 AND 509E: DPT INJECTION | AT LEAST THREE <input type="checkbox"/> TWO <input type="checkbox"/> (SKIP TO 510G) | | |
| 510F | Where did (NAME) receive the third vaccination to prevent DPT? | PUBLIC FACILITY . 1 PRIVATE FACILITY 2 UNRWA 3 OTHER 6 DON'T KNOW 8 | | |
| 510G | CHECK 506 AND 509J: MEASLES INJECTION | YES <input type="checkbox"/> NO OR DK <input type="checkbox"/> (SKIP TO 510I) | | |
| 510H | Where did (NAME) receive the vaccination to prevent measles? | PUBLIC FACILITY . 1 PRIVATE FACILITY 2 UNRWA 3 OTHER 6 DON'T KNOW 8 | | |
| 510I | CHECK 506 AND 509K: MMR INJECTION | YES <input type="checkbox"/> NO OR DK <input type="checkbox"/> (SKIP TO 514) | | |
| 510J | Where did (NAME) receive the vaccination to prevent measles, mumps, and rubella. | PUBLIC FACILITY . 1 PRIVATE FACILITY 2 UNRWA 3 OTHER 6 DON'T KNOW 8 | | |
| 514 | HAS (NAME) ever received a vitamin A dose (like this/ any of these)? SHOW COMMON TYPES OF CAPSULES. | YES 1 NO 2 (SKIP TO 518) ← DON'T KNOW 8 | YES 1 NO 2 (SKIP TO 518) ← DON'T KNOW 8 | YES 1 NO 2 (SKIP TO 518) ← DON'T KNOW 8 |
| 515 | Did (NAME) receive a vitamin A dose within the last six months? | YES 1 NO 2 DON'T KNOW 8 | YES 1 NO 2 DON'T KNOW 8 | YES 1 NO 2 DON'T KNOW 8 |

| NO. | QUESTIONS AND FILTERS | LAST BIRTH | NEXT-TO-LAST BIRTH | SECOND-FROM-LAST BIRTH |
|-----|--|--|--|--|
| | | NAME _____ | NAME _____ | NAME _____ |
| 518 | Has (NAME) had diarrhea in the last 2 weeks? | YES 1 NO 2 (SKIP TO 531) ← DON'T KNOW 8 | YES 1 NO 2 (SKIP TO 531) ← DON'T KNOW 8 | YES 1 NO 2 (SKIP TO 531) ← DON'T KNOW 8 |
| 519 | Was there any blood in the stools? | YES 1 NO 2 DON'T KNOW 8 | YES 1 NO 2 DON'T KNOW 8 | YES 1 NO 2 DON'T KNOW 8 |
| 520 | Now I would like to know how much (NAME) was given to drink during the diarrhea (including breastmilk). Was he/she given less than usual to drink, about the same amount, or more than usual to drink? IF LESS, PROBE: Was he/she given 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 | MUCH LESS 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE 4 NOTHING TO DRINK 5 DON'T KNOW 8 |
| 521 | When (NAME) had diarrhea, was he/she given less than usual to eat, about the same amount, more than usual, or nothing to eat? IF LESS, PROBE: Was he/she given 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 | MUCH LESS 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE 4 STOPPED FOOD 5 NEVER GAVE FOOD 6 DON'T KNOW 8 |
| 522 | Did you seek advice or treatment for the diarrhea from any source? | YES 1 NO 2 (SKIP TO 527) ← | YES 1 NO 2 (SKIP TO 527) ← | YES 1 NO 2 (SKIP TO 527) ← |
| 523 | Where did you seek advice or treatment? Anywhere else? PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S). IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE(S)) | PUBLIC MED. SECTOR GOVT. HOSP. . . . A GOVT. HEALTH CENTER B GOVT. MCH C UNIVERSITY HOSPITAL ... D ROYAL MEDICAL SERVICES ... E OTHER PUBLIC F <u> </u> (SPECIFY) PRIVATE MED. SECTOR PVT. HOSPITAL/ CLINIC G PHARMACY ... H PVT DOCTOR ... I UNRWA HEALTH CENTER J OTHER PRIVATE MED. _____ K (SPECIFY) OTHER _____ X (SPECIFY) | PUBLIC MED. SECTOR GOVT. HOSP. . . . A GOVT. HEALTH CENTER B GOVT. MCH C UNIVERSITY HOSPITAL ... D ROYAL MEDICAL SERVICES ... E OTHER PUBLIC F <u> </u> (SPECIFY) PRIVATE MED. SECTOR PVT. HOSPITAL/ CLINIC G PHARMACY ... H PVT DOCTOR ... I UNRWA HEALTH CENTER J OTHER PRIVATE MED. _____ K (SPECIFY) OTHER _____ X (SPECIFY) | PUBLIC MED. SECTOR GOVT. HOSP. . . . A GOVT. HEALTH CENTER B GOVT. MCH C UNIVERSITY HOSPITAL ... D ROYAL MEDICAL SERVICES ... E OTHER PUBLIC F <u> </u> (SPECIFY) PRIVATE MED. SECTOR PVT. HOSPITAL/ CLINIC G PHARMACY ... H PVT DOCTOR ... I UNRWA HEALTH CENTER J OTHER PRIVATE MED. _____ K (SPECIFY) OTHER _____ X (SPECIFY) |

| NO. | QUESTIONS AND FILTERS | LAST BIRTH NAME _____ | NEXT-TO-LAST BIRTH NAME _____ | SECOND-FROM-LAST BIRTH NAME _____ |
|-----|--|--|--|--|
| 524 | CHECK 523: | TWO OR ONLY <input type="checkbox"/> MORE ONE CODES CODE CIRCLED CIRCLED (SKIP TO 526) ← | TWO OR ONLY <input type="checkbox"/> MORE ONE CODES CODE CIRCLED CIRCLED (SKIP TO 526) ← | TWO OR ONLY <input type="checkbox"/> MORE ONE CODES CODE CIRCLED CIRCLED (SKIP TO 526) ← |
| 525 | Where did you first seek advice or treatment? USE LETTER CODE FROM 523. | FIRST PLACE ... <input type="checkbox"/> | FIRST PLACE ... <input type="checkbox"/> | FIRST PLACE ... <input type="checkbox"/> |
| 526 | How many days after the diarrhea began did you first seek advice or treatment for (NAME)? IF THE SAME DAY, RECORD '00'. | DAYS <input type="text"/> <input type="text"/> | DAYS <input type="text"/> <input type="text"/> | DAYS <input type="text"/> <input type="text"/> |
| 527 | Does (NAME) still have diarrhea? | YES 1 NO 2 DON'T KNOW 8 | YES 1 NO 2 DON'T KNOW 8 | YES 1 NO 2 DON'T KNOW 8 |
| 528 | Was he/she given any of the following to drink at any time since he/she started having the diarrhea: | YES NO DK a) AQUA-CELL/ PARALAIT 1 2 8 b) GRUEL . . 1 2 8 c) SOUP ... 1 2 8 d) SU-SALT . 1 2 8 e) MILK/FOR. 1 2 8 f) YOGHURT 1 2 8 g) WATER . 1 2 8 h) OTH. LIQ. 1 2 8 | YES NO DK AQUA-CELL/ PARALAIT 1 2 8 GRUEL . . 1 2 8 SOUP ... 1 2 8 SU-SALT . 1 2 8 MILK/FOR. 1 2 8 YOGHURT 1 2 8 WATER . 1 2 8 OTH. LIQ. 1 2 8 | YES NO DK AQUA-CELL/ PARALAIT 1 2 8 GRUEL . . 1 2 8 SOUP ... 1 2 8 SU-SALT . 1 2 8 MILK/FOR. 1 2 8 YOGHURT 1 2 8 WATER . 1 2 8 OTH. LIQ. 1 2 8 |
| 529 | Was anything (else) given to treat the diarrhea? | YES 1 NO 2 (SKIP TO 531) ← DON'T KNOW 8 | YES 1 NO 2 (SKIP TO 531) ← DON'T KNOW 8 | YES 1 NO 2 (SKIP TO 531) ← DON'T KNOW 8 |
| 530 | What (else) was given to treat the diarrhea? Anything else? RECORD ALL TREATMENTS GIVEN. | PILL OR SYRUP ANTIBIOTIC A NON-ANTIBIO. . . B UNKNOWN PILL OR SYRUP ... C INJECTION ANTIBIOTIC D NON-ANTIBIO. . . E UNKNOWN INJECTION ... F (IV) INTRAVENOUS G HOME REMEDY/ HERBAL MED- ICINE H OTHER _____ X (SPECIFY) DON'T KNOW Z | PILL OR SYRUP ANTIBIOTIC A NON-ANTIBIO. . . B UNKNOWN PILL OR SYRUP ... C INJECTION ANTIBIOTIC D NON-ANTIBIO. . . E UNKNOWN INJECTION ... F (IV) INTRAVENOUS G HOME REMEDY/ HERBAL MED- ICINE H OTHER _____ X (SPECIFY) DON'T KNOW Z | PILL OR SYRUP ANTIBIOTIC A NON-ANTIBIO. . . B UNKNOWN PILL OR SYRUP ... C INJECTION ANTIBIOTIC D NON-ANTIBIO. . . E UNKNOWN INJECTION ... F (IV) INTRAVENOUS G HOME REMEDY/ HERBAL MED- ICINE H OTHER _____ X (SPECIFY) DON'T KNOW Z |

| NO. | QUESTIONS AND FILTERS | LAST BIRTH | | NEXT-TO-LAST BIRTH | | SECOND-FROM-LAST BIRTH | |
|-----|--|---|---|---|---|---|---|
| | | NAME _____ | | NAME _____ | | NAME _____ | |
| 531 | Has (NAME) been ill with a fever at any time in the last 2 weeks? | YES 1 NO 2 DON'T KNOW 8 | YES 1 NO 2 DON'T KNOW 8 | YES 1 NO 2 DON'T KNOW 8 | YES 1 NO 2 DON'T KNOW 8 | YES 1 NO 2 DON'T KNOW 8 | YES 1 NO 2 DON'T KNOW 8 |
| 532 | Has (NAME) had an illness with a cough at any time in the last 2 weeks? | YES 1 NO 2 (SKIP TO 535) ← DON'T KNOW 8 | YES 1 NO 2 (SKIP TO 535) ← DON'T KNOW 8 | YES 1 NO 2 (SKIP TO 535) ← DON'T KNOW 8 | YES 1 NO 2 (SKIP TO 535) ← DON'T KNOW 8 | YES 1 NO 2 (SKIP TO 535) ← DON'T KNOW 8 | YES 1 NO 2 (SKIP TO 535) ← DON'T KNOW 8 |
| 533 | When (NAME) had an illness with a cough, did he/she breathe faster than usual with short, rapid breaths or have difficulty breathing? | YES 1 NO 2 (SKIP TO 536) ← DON'T KNOW 8 | YES 1 NO 2 (SKIP TO 536) ← DON'T KNOW 8 | YES 1 NO 2 (SKIP TO 536) ← DON'T KNOW 8 | YES 1 NO 2 (SKIP TO 536) ← DON'T KNOW 8 | YES 1 NO 2 (SKIP TO 536) ← DON'T KNOW 8 | YES 1 NO 2 (SKIP TO 536) ← DON'T KNOW 8 |
| 534 | Was the fast or difficult breathing due to a problem in the chest or to a blocked or runny nose? | CHEST ONLY ... 1 NOSE ONLY 2 BOTH 3 OTHER 6 (SPECIFY) DON'T KNOW 8 (SKIP TO 536) ← | CHEST ONLY ... 1 NOSE ONLY 2 BOTH 3 OTHER 6 (SPECIFY) DON'T KNOW 8 (SKIP TO 536) ← | CHEST ONLY ... 1 NOSE ONLY 2 BOTH 3 OTHER 6 (SPECIFY) DON'T KNOW 8 (SKIP TO 536) ← | CHEST ONLY ... 1 NOSE ONLY 2 BOTH 3 OTHER 6 (SPECIFY) DON'T KNOW 8 (SKIP TO 536) ← | CHEST ONLY ... 1 NOSE ONLY 2 BOTH 3 OTHER 6 (SPECIFY) DON'T KNOW 8 (SKIP TO 536) ← | CHEST ONLY ... 1 NOSE ONLY 2 BOTH 3 OTHER 6 (SPECIFY) DON'T KNOW 8 (SKIP TO 536) ← |
| 535 | CHECK 531: HAD FEVER? | YES <input type="checkbox"/> NO OR DK <input type="checkbox"/> (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 547) | YES <input type="checkbox"/> NO OR DK <input type="checkbox"/> (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 547) | YES <input type="checkbox"/> NO OR DK <input type="checkbox"/> (GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 547) | YES <input type="checkbox"/> NO OR DK <input type="checkbox"/> (GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 547) | YES <input type="checkbox"/> NO OR DK <input type="checkbox"/> (GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 547) | YES <input type="checkbox"/> NO OR DK <input type="checkbox"/> (GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 547) |
| 536 | Now I would like to know how much (NAME) was given to drink (including breastmilk) during the illness with a (fever/cough). Was he/she given less than usual to drink, about the same amount, or more than usual to drink? IF LESS, PROBE: Was he/she given 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 | 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 | 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 |
| 537 | When (NAME) had a (fever/cough), was he/she given less than usual to eat, about the same amount, more than usual, or nothing to eat? IF LESS, PROBE: Was he/she given 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 | 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 | 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 |
| 538 | Did you seek advice or treatment from any source for the illness with a (fever/cough)? | YES 1 NO 2 (SKIP TO 543) ← | YES 1 NO 2 (SKIP TO 543) ← | YES 1 NO 2 (SKIP TO 543) ← | YES 1 NO 2 (SKIP TO 543) ← | YES 1 NO 2 (SKIP TO 543) ← | YES 1 NO 2 (SKIP TO 543) ← |

| NO. | QUESTIONS AND FILTERS | LAST BIRTH NAME _____ | NEXT-TO-LAST BIRTH NAME _____ | SECOND-FROM-LAST BIRTH NAME _____ |
|-----|---|--|--|--|
| 539 | <p>Where did you seek advice or treatment?</p> <p>Anywhere else?</p> <p>PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S).</p> <p>IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE(S))</p> | <p>PUBLIC MED. SECTOR</p> <p>GOVT. HOSP. A</p> <p>GOVT. HEALTH CENTER B</p> <p>GOVT. MCH C</p> <p>UNIVERSITY HOSPITAL D</p> <p>ROYAL MEDICAL SERVICES E</p> <p>OTHER PUBLIC F</p> <p>_____</p> <p>(SPECIFY)</p> <p>PRIVATE MED. SECTOR</p> <p>PVT. HOSPITAL/CLINIC G</p> <p>PHARMACY H</p> <p>PVT DOCTOR I</p> <p>UNRWA HEALTH CENTER J</p> <p>OTHER PRIVATE MED. _____ K</p> <p>(SPECIFY)</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p> | <p>PUBLIC MED. SECTOR</p> <p>GOVT. HOSP. A</p> <p>GOVT. HEALTH CENTER B</p> <p>GOVT. MCH C</p> <p>UNIVERSITY HOSPITAL D</p> <p>ROYAL MEDICAL SERVICES E</p> <p>OTHER PUBLIC F</p> <p>_____</p> <p>(SPECIFY)</p> <p>PRIVATE MED. SECTOR</p> <p>PVT. HOSPITAL/CLINIC G</p> <p>PHARMACY H</p> <p>PVT DOCTOR I</p> <p>UNRWA HEALTH CENTER J</p> <p>OTHER PRIVATE MED. _____ K</p> <p>(SPECIFY)</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p> | <p>PUBLIC MED. SECTOR</p> <p>GOVT. HOSP. A</p> <p>GOVT. HEALTH CENTER B</p> <p>GOVT. MCH C</p> <p>UNIVERSITY HOSPITAL D</p> <p>ROYAL MEDICAL SERVICES E</p> <p>OTHER PUBLIC F</p> <p>_____</p> <p>(SPECIFY)</p> <p>PRIVATE MED. SECTOR</p> <p>PVT. HOSPITAL/CLINIC G</p> <p>PHARMACY H</p> <p>PVT DOCTOR I</p> <p>UNRWA HEALTH CENTER J</p> <p>OTHER PRIVATE MED. _____ K</p> <p>(SPECIFY)</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p> |
| 540 | CHECK 539: | <p>TWO OR ONLY MORE ONE CODES CODE CIRCLED CIRCLED</p> <p>↓ (SKIP TO 542) ←</p> | <p>TWO OR ONLY MORE ONE CODES CODE CIRCLED CIRCLED</p> <p>↓ (SKIP TO 542) ←</p> | <p>TWO OR ONLY MORE ONE CODES CODE CIRCLED CIRCLED</p> <p>↓ (SKIP TO 542) ←</p> |
| 541 | <p>Where did you first seek advice or treatment?</p> <p>USE LETTER CODE FROM 539</p> | FIRST PLACE . . . <input type="checkbox"/> | FIRST PLACE . . . <input type="checkbox"/> | FIRST PLACE . . . <input type="checkbox"/> |
| 542 | <p>How many days after the illness began did you first seek advice or treatment for (NAME)?</p> <p>IF THE SAME DAY, RECORD '00'.</p> | DAYS <input type="text"/> | DAYS <input type="text"/> | DAYS <input type="text"/> |
| 543 | Is (NAME) still sick with a (fever/cough)? | <p>FEVER ONLY 1</p> <p>COUGH ONLY 2</p> <p>BOTH FEVER AND COUGH 3</p> <p>NO, NEITHER 4</p> <p>DON'T KNOW 8</p> | <p>FEVER ONLY 1</p> <p>COUGH ONLY 2</p> <p>BOTH FEVER AND COUGH 3</p> <p>NO, NEITHER 4</p> <p>DON'T KNOW 8</p> | <p>FEVER ONLY 1</p> <p>COUGH ONLY 2</p> <p>BOTH FEVER AND COUGH 3</p> <p>NO, NEITHER 4</p> <p>DON'T KNOW 8</p> |
| 544 | At any time during the illness, did (NAME) take any drugs for the illness? | <p>YES 1</p> <p>NO 2</p> <p>(GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 547)</p> <p>DON'T KNOW 8</p> | <p>YES 1</p> <p>NO 2</p> <p>(GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 547)</p> <p>DON'T KNOW 8</p> | <p>YES 1</p> <p>NO 2</p> <p>(GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 547)</p> <p>DON'T KNOW 8</p> |

| NO. | QUESTIONS AND FILTERS | LAST BIRTH NAME _____ | NEXT-TO-LAST BIRTH NAME _____ | SECOND-FROM-LAST BIRTH NAME _____ |
|-----|--|--|--|--|
| 545 | What drugs did (NAME) take? Any other drugs? RECORD ALL MENTIONED. | PILL OR SYRUP ANTIBIOTIC A NON-ANTIBIO. B UNKNOWN PILL OR SYRUP C INJECTION ANTIBIOTIC D NON-ANTIBIO. E UNKNOWN INJECTION F (IV) INTRAVENOUS G HOME REMEDY/ HERBAL MED- ICINE H OTHER _____ X (SPECIFY) DON'T KNOW Z | PILL OR SYRUP ANTIBIOTIC A NON-ANTIBIO. B UNKNOWN PILL OR SYRUP C INJECTION ANTIBIOTIC D NON-ANTIBIO. E UNKNOWN INJECTION F (IV) INTRAVENOUS G HOME REMEDY/ HERBAL MED- ICINE H OTHER _____ X (SPECIFY) DON'T KNOW Z | PILL OR SYRUP ANTIBIOTIC A NON-ANTIBIO. B UNKNOWN PILL OR SYRUP C INJECTION ANTIBIOTIC D NON-ANTIBIO. E UNKNOWN INJECTION F (IV) INTRAVENOUS G HOME REMEDY/ HERBAL MED- ICINE H OTHER _____ X (SPECIFY) DON'T KNOW Z |
| 546 | | GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 547. | GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 547. | GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 547. |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP | | | | | | | | | | | | | | | | |
|----------------------|---|---|------|-----|----|------------|-------------|---|---------|---|---------|---|---|---|----------------------|---|---|---|--|
| 547 | CHECK 528(a), ALL COLUMNS: <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> NO CHILD RECEIVED AQUACELL OR PARALAIT <input type="checkbox"/> </div> <div style="text-align: center;"> ANY CHILD RECEIVED AQUACELL OR PARALAIT <input type="checkbox"/> </div> </div> | | 549 | | | | | | | | | | | | | | | | |
| 548 | Have you ever heard of a special product called Aquacell or Paralait you can get for the treatment of diarrhea? | YES 1 NO 2 | | | | | | | | | | | | | | | | | |
| 549 | Have you had fever at any time in the last 6 months? IF YES: When was the last time you had fever? IF NO FEVER, RECORD '4' | WITHIN PAST TWO WEEKS 1 MORE THAN 2 WEEKS BUT LESS THAN ONE MONTH 2 ONE MONTH OR MORE 3 NO 4 | 550A | | | | | | | | | | | | | | | | |
| 550 | The last time you had a fever, did you get medicine to treat the fever? IF YES: How much did you spend to obtain the medicine? RECORD THE TOTAL COST IN DINARS IF NO MEDICINE OBTAINED, RECORD '995' | COST <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> FREE 994 NO MEDICINE 995 DON'T KNOW 998 | | | | | | | | | | | | | | | | | |
| 550A | Have you performed a breast cancer self exam to detect breast cancer in yourself within the last 12 months? | YES 1 NO 2 DK BREAST CANCER/ DK SELF EXAM 8 | | | | | | | | | | | | | | | | | |
| 550B | Have you had a breast cancer clinical exam to detect breast cancer in the last 12 months? | YES 1 NO 2 NOT SURE 8 | | | | | | | | | | | | | | | | | |
| 550C | Have you ever heard of a pap smear, that is, an exam that consists of removing cells from the cervix to detect changes that can suggest the presence of cancer in a woman's womb? | YES 1 NO 2 | 550E | | | | | | | | | | | | | | | | |
| 550D | Have you ever had such an exam in your life time? | YES 1 NO 2 | | | | | | | | | | | | | | | | | |
| 550E | Do you smoke: Cigarettes? Nargila? | <table style="width: 100%; border: none;"> <tr> <td></td> <td style="text-align: center;">YES</td> <td style="text-align: center;">NO</td> </tr> <tr> <td>CIGARETTES</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>NARGILA</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </table> | | YES | NO | CIGARETTES | 1 | 2 | NARGILA | 1 | 2 | | | | | | | | |
| | YES | NO | | | | | | | | | | | | | | | | | |
| CIGARETTES | 1 | 2 | | | | | | | | | | | | | | | | | |
| NARGILA | 1 | 2 | | | | | | | | | | | | | | | | | |
| 551 | CHECK 215 AND 218, ALL ROWS: NUMBER OF CHILDREN BORN IN 2004 OR LATER LIVING WITH THE RESPONDENT <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> ONE OR MORE <input type="checkbox"/> </div> <div style="text-align: center;"> NONE <input type="checkbox"/> </div> </div> RECORD NAME OF YOUNGEST CHILD LIVING WITH HER (AND CONTINUE WITH 552) _____ (NAME) | | 601 | | | | | | | | | | | | | | | | |
| 552 | Now I would like to ask you about liquids or foods (NAME FROM 551) had yesterday during the day or at night. Did (NAME FROM 551) (drink/eat): Plain water? Commercially produced infant formula? Any (other) porridge or gruel? | <table style="width: 100%; border: none;"> <tr> <td></td> <td style="text-align: center;">YES</td> <td style="text-align: center;">NO</td> <td style="text-align: center;">DK</td> </tr> <tr> <td>PLAIN WATER</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>FORMULA</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>OTHER PORRIDGE/GRUEL</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> </table> | | YES | NO | DK | PLAIN WATER | 1 | 2 | 8 | FORMULA | 1 | 2 | 8 | OTHER PORRIDGE/GRUEL | 1 | 2 | 8 | |
| | YES | NO | DK | | | | | | | | | | | | | | | | |
| PLAIN WATER | 1 | 2 | 8 | | | | | | | | | | | | | | | | |
| FORMULA | 1 | 2 | 8 | | | | | | | | | | | | | | | | |
| OTHER PORRIDGE/GRUEL | 1 | 2 | 8 | | | | | | | | | | | | | | | | |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|------|--------|----|----|--------|--|--|--|-----|----|----|-----|----|----|---|---|---|---|---|---|---|-----------------|---|---|---|---|---|---|----------------|---|---|---|---|---|---|---------|---|---|---|---|---|---|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|------------------------------------|---|---|---|---|---|---|----------------------------------|---|---|---|---|---|---|--|---|---|---|---|---|---|---|---|---|---|---|---|---|-----------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|--|---|---|---|---|---|---|--|---|---|---|---|---|---|--|
| 553 | <p>Now I would like to ask you about (other) liquids or foods that (NAME FROM 551)/you may have had yesterday during the day or at night. I am interested in whether your child/you had the item even if it was combined with other foods.</p> <p>Did (NAME FROM 551)/you drink (eat):</p> | <table border="1"> <thead> <tr> <th></th> <th colspan="3">CHILD</th> <th colspan="3">MOTHER</th> </tr> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>a) Milk such as tinned, powdered, or fresh animal milk?</td> <td>1</td> <td>2</td> <td>8</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>b) Fruit juice?</td> <td>1</td> <td>2</td> <td>8</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>c) Soup broth?</td> <td>1</td> <td>2</td> <td>8</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>d) Tea?</td> <td>1</td> <td>2</td> <td>8</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>e) Any other liquids such as sugar water or carbonated drinks?</td> <td>1</td> <td>2</td> <td>8</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>f) Bread, pasta, rice, maize, or any other food made from grains?</td> <td>1</td> <td>2</td> <td>8</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>g) Carrots, red sweet potatoes, or pumpkin?</td> <td>1</td> <td>2</td> <td>8</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>h) Any other food made from roots or tubers, such as white potatoes, or other roots/tubers?</td> <td>1</td> <td>2</td> <td>8</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>i) Any green leafy vegetables, such as spinach, or mouloukia?</td> <td>1</td> <td>2</td> <td>8</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>j) Apricot, palm nuts, or yellow melon?</td> <td>1</td> <td>2</td> <td>8</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>k) Any other fruits or vegetables?</td> <td>1</td> <td>2</td> <td>8</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>l) Meat, poultry, fish, or eggs?</td> <td>1</td> <td>2</td> <td>8</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>m) Any food made from legumes, such as lentils, beans, or chickpeas?</td> <td>1</td> <td>2</td> <td>8</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>n) Any type of nuts or seeds, such as pistachio, almonds, cashew, peanuts, or sesame seeds?</td> <td>1</td> <td>2</td> <td>8</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>o) Cheese or yoghurt?</td> <td>1</td> <td>2</td> <td>8</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>p) Any oil, fats, or butter, or foods made with any of these?</td> <td>1</td> <td>2</td> <td>8</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>q) Any sugary foods such as chocolates, sweets, candies, pastries, cakes, or biscuits?</td> <td>1</td> <td>2</td> <td>8</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>r) Any other solid or semi-solid food?</td> <td>1</td> <td>2</td> <td>8</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table> | | CHILD | | | MOTHER | | | | YES | NO | DK | YES | NO | DK | a) Milk such as tinned, powdered, or fresh animal milk? | 1 | 2 | 8 | 1 | 2 | 8 | b) Fruit juice? | 1 | 2 | 8 | 1 | 2 | 8 | c) Soup broth? | 1 | 2 | 8 | 1 | 2 | 8 | d) Tea? | 1 | 2 | 8 | 1 | 2 | 8 | e) Any other liquids such as sugar water or carbonated drinks? | 1 | 2 | 8 | 1 | 2 | 8 | f) Bread, pasta, rice, maize, or any other food made from grains? | 1 | 2 | 8 | 1 | 2 | 8 | g) Carrots, red sweet potatoes, or pumpkin? | 1 | 2 | 8 | 1 | 2 | 8 | h) Any other food made from roots or tubers, such as white potatoes, or other roots/tubers? | 1 | 2 | 8 | 1 | 2 | 8 | i) Any green leafy vegetables, such as spinach, or mouloukia? | 1 | 2 | 8 | 1 | 2 | 8 | j) Apricot, palm nuts, or yellow melon? | 1 | 2 | 8 | 1 | 2 | 8 | k) Any other fruits or vegetables? | 1 | 2 | 8 | 1 | 2 | 8 | l) Meat, poultry, fish, or eggs? | 1 | 2 | 8 | 1 | 2 | 8 | m) Any food made from legumes, such as lentils, beans, or chickpeas? | 1 | 2 | 8 | 1 | 2 | 8 | n) Any type of nuts or seeds, such as pistachio, almonds, cashew, peanuts, or sesame seeds? | 1 | 2 | 8 | 1 | 2 | 8 | o) Cheese or yoghurt? | 1 | 2 | 8 | 1 | 2 | 8 | p) Any oil, fats, or butter, or foods made with any of these? | 1 | 2 | 8 | 1 | 2 | 8 | q) Any sugary foods such as chocolates, sweets, candies, pastries, cakes, or biscuits? | 1 | 2 | 8 | 1 | 2 | 8 | r) Any other solid or semi-solid food? | 1 | 2 | 8 | 1 | 2 | 8 | |
| | CHILD | | | MOTHER | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | YES | NO | DK | YES | NO | DK | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| a) Milk such as tinned, powdered, or fresh animal milk? | 1 | 2 | 8 | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| b) Fruit juice? | 1 | 2 | 8 | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| c) Soup broth? | 1 | 2 | 8 | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| d) Tea? | 1 | 2 | 8 | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| e) Any other liquids such as sugar water or carbonated drinks? | 1 | 2 | 8 | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| f) Bread, pasta, rice, maize, or any other food made from grains? | 1 | 2 | 8 | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| g) Carrots, red sweet potatoes, or pumpkin? | 1 | 2 | 8 | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| h) Any other food made from roots or tubers, such as white potatoes, or other roots/tubers? | 1 | 2 | 8 | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| i) Any green leafy vegetables, such as spinach, or mouloukia? | 1 | 2 | 8 | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| j) Apricot, palm nuts, or yellow melon? | 1 | 2 | 8 | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| k) Any other fruits or vegetables? | 1 | 2 | 8 | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| l) Meat, poultry, fish, or eggs? | 1 | 2 | 8 | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| m) Any food made from legumes, such as lentils, beans, or chickpeas? | 1 | 2 | 8 | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| n) Any type of nuts or seeds, such as pistachio, almonds, cashew, peanuts, or sesame seeds? | 1 | 2 | 8 | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| o) Cheese or yoghurt? | 1 | 2 | 8 | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| p) Any oil, fats, or butter, or foods made with any of these? | 1 | 2 | 8 | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| q) Any sugary foods such as chocolates, sweets, candies, pastries, cakes, or biscuits? | 1 | 2 | 8 | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| r) Any other solid or semi-solid food? | 1 | 2 | 8 | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 554 | <p>CHECK 552 (LAST CATEGORY: PORRIDGE/GRUEL) AND 553 (CATEGORIES f THROUGH r FOR CHILD):</p> <p>AT LEAST ONE "YES" <input type="checkbox"/></p> | <p>NOT A SINGLE "YES" <input type="checkbox"/></p> | 601 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 555 | <p>How many times did (NAME FROM 551) eat solid, semisolid, or soft foods yesterday during the day or at night?</p> <p>IF 7 OR MORE TIMES, RECORD '7'.</p> | <p>NUMBER OF TIMES <input type="checkbox"/></p> <p>DON'T KNOW 8</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

SECTION 6. MARRIAGE AND SEXUAL ACTIVITY

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|-----|---|--|-------|
| 601 | <p>CHECK 101A:</p> <p>CURRENTLY MARRIED/ <input type="checkbox"/></p> <p>WIDOWED/ SEPARATED/ DIVORCED <input type="checkbox"/></p> | | → 606 |
| 602 | Is your husband living with you now or is he staying elsewhere? | LIVING WITH HER 1 STAYING ELSEWHERE 2 | |
| 603 | RECORD THE HUSBAND'S NAME AND LINE NUMBER FROM THE HOUSEHOLD QUESTIONNAIRE. IF HE IS NOT LISTED IN THE HOUSEHOLD, RECORD '00'. | NAME _____ LINE NO. <input type="text"/> <input type="text"/> | |
| 604 | Does your husband have another wife (other wives) besides you? | YES 1 NO 2 | → 606 |
| 605 | Including yourself, in total, how many wives does your husband have? | TOTAL NUMBER OF WIVES . . . <input type="text"/> DON'T KNOW 8 | |
| 606 | Have you been married only once or more than once? | ONLY ONCE 1 MORE THAN ONCE 2 | |
| 607 | <p>CHECK 606:</p> <p>MARRIED ONLY ONCE <input type="checkbox"/></p> <p>MARRIED MORE THAN ONCE <input type="checkbox"/></p> <p>In what month and year did you start living with your husband (consummate marriage)?</p> <p>Now I would like to ask about your first husband. In what month and year did you start living with him (consummate 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 | → 609 |
| 608 | How old were you when you first started living with him? | AGE <input type="text"/> <input type="text"/> | |
| 609 | Before you got married, was your [first] husband related to you in any way? | YES 1 NO 2 | → 611 |
| 610 | What type of relation was it? | FIRST COUSIN ON BOTH FATHER AND MOTHER'S SIDE ... 01 FIRST COUSIN ON BOTH MOTHER AND FATHER'S SIDE ... 02 FIRST COUSIN ON FATHER'S SIDE (IBN AL AMM) ... 03 FIRST COUSIN ON MOTHER'S SIDE (IBN AL KHAL) 04 FIRST COUSIN ON FATHER'S SIDE (IBN AL AMMAH) 05 FIRST COUSIN ON MOTHER'S SIDE (IBN AL KHALAH) 06 SECOND COUSIN (FATHER'S SIDE) ... 07 SECOND COUSIN (MOTHER'S SIDE) ... 08 OTHER RELATIVE 09 DON'T KNOW 98 | |
| 611 | <p>CHECK 609:</p> <p>MARRIED ONLY ONCE <input type="checkbox"/></p> <p>MARRIED MORE THAN ONCE <input type="checkbox"/></p> <p>Did your husband have a premarital medical exam?</p> <p>Now I would like to ask about your last marriage. Did your husband have a premarital medical exam?</p> | YES 1 NO 2 DON'T KNOW 8 | |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP | | | | | | | | |
|------|---|---|-------|--|--|--|--|--|--|--|-------|
| 611A | Did you have a premarital medical exam? | YES 1 NO 2 | → 612 | | | | | | | | |
| 611B | Where did you go for the premarital medical exam? | PUBLIC MEDICAL SECTOR GOVT. HOSPITAL 11 GOVT. HEALTH CENTER 12 GOVT. MCH 13 UNIVERSITY HOSPITAL 14 ROYAL MEDICAL SERVICES 15 OTHER PUBLIC 16 (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC 21 PRIVATE DOCTOR 22 JORDANIAN AS. OF FP AND PROTECTION (JAFPP) 23 UNRWA HEALTH CENTER 24 OTHER NON GOV. ORGANIZATION. 25 OTHER PRIVATE MEDICAL 26 (SPECIFY) OTHER 96 (SPECIFY) | | | | | | | | | |
| 612 | When was the <u>last</u> time you had sexual intercourse? IF LESS THAN 12 MONTHS, ANSWER MUST BE RECORDED IN DAYS, WEEKS OR MONTHS. IF 12 MONTHS (ONE YEAR) OR MORE, ANSWER MUST BE RECORDED IN YEARS. | DAYS AGO 1 WEEKS AGO 2 MONTHS AGO 3 YEARS AGO 4 <table border="1" data-bbox="1247 814 1344 1024" style="display: inline-table; vertical-align: middle;"> <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> | | | | | | | | | → 614 |
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| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| 613 | The last time you had sexual intercourse, was a condom used? | YES 1 NO 2 | | | | | | | | | |
| 614 | Do you know of a place where a person can get condoms? | YES 1 NO 2 | → 700 | | | | | | | | |
| 615 | Where is that? Any other place? PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S). IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE(S)) | PUBLIC MEDICAL SECTOR GOVT. HOSPITAL A GOVT. HEALTH CENTER B GOVT. MCH C UNIVERSITY HOSPITAL/CLINIC D ROYAL MEDICAL SERVICES E OTHER PUBLIC F (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC G PRIVATE DOCTOR H PHARMACY I JORDANIAN AS. OF FP AND PROTECTION (JAFPP) J UNRWA CLINIC K OTHER NON-GOV ORGANIZATION L OTHER PRIVATE MEDICAL M (SPECIFY) OTHER SOURCE FRIEND/RELATIVE N OTHER X (SPECIFY) | | | | | | | | | |

SECTION 7. FERTILITY PREFERENCES

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP | | | | | | | | |
|-----|---|--|----------------------------------|--|--|--|--|--|--|--|-------------------------|
| 700 | CHECK 101A: CURRENTLY MARRIED <input type="checkbox"/> CURRENTLY WIDOWED, DIVORCED, OR SEPARATED <input type="checkbox"/> | | → 713 | | | | | | | | |
| 701 | CHECK 311/311A: NEITHER STERILIZED <input type="checkbox"/> HE OR SHE STERILIZED <input type="checkbox"/> | | → 713 | | | | | | | | |
| 702 | 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) CHILD 1 NO MORE/NONE 2 SAYS SHE CAN'T GET PREGNANT 3 UNDECIDED/DON'T KNOW AND PREGNANT 4 UNDECIDED/DON'T KNOW AND NOT PREGNANT OR UNSURE 5 | → 704 → 713 → 709 → 708 | | | | | | | | |
| 703 | 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/NOW 993 SAYS SHE CAN'T GET PREGNANT 994 OTHER 996 (SPECIFY) DON'T KNOW 998 | | | | | | | | | → 708 → 713 → 708 |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| 704 | CHECK 226: NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/> | | → 709 | | | | | | | | |
| 705 | CHECK 310: USING A CONTRACEPTIVE METHOD? NOT ASKED <input type="checkbox"/> NOT CURRENTLY USING <input type="checkbox"/> CURRENTLY USING <input type="checkbox"/> | | → 713 | | | | | | | | |
| 706 | CHECK 703: NOT ASKED <input type="checkbox"/> 24 OR MORE MONTHS OR 02 OR MORE YEARS <input type="checkbox"/> 00-23 MONTHS OR 00-01 YEAR <input type="checkbox"/> | | → 709 | | | | | | | | |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|-----|--|---|----------------|
| 707 | <p>CHECK 702 AND 703:</p> <p>WANTS TO HAVE A/ANOTHER CHILD BUT NOT BEFORE 2 YEARS <input type="checkbox"/></p> <p>WANTS NO MORE/ NONE <input type="checkbox"/></p> <p>You have said that you do not want (a/another) child soon, but you are not using any method to avoid pregnancy.</p> <p>You have said that you do not want any (more) children, but you are not using any method to avoid pregnancy.</p> <p>Can you tell me why you are not using a method?</p> <p>Can you tell me why you are not using a method?</p> <p>Any other reason?</p> <p>Any other reason?</p> <p>RECORD ALL REASONS MENTIONED.</p> | <p>FERTILITY-RELATED REASONS</p> <p>NOT HAVING SEX A</p> <p>INFREQUENT SEX B</p> <p>MENOPAUSAL/HYSTERECTOMY . . . C</p> <p>SUBFECUND/INFECUND D</p> <p>POSTPARTUM AMENORRHEIC . . . E</p> <p>BREASTFEEDING F</p> <p>DIFFICULT TO GET PREGNANT . . . G</p> <p>OPPOSITION TO USE</p> <p>RESPONDENT OPPOSED H</p> <p>HUSBAND OPPOSED I</p> <p>OTHERS OPPOSED J</p> <p>RELIGIOUS PROHIBITION K</p> <p>RUMORS L</p> <p>LACK OF KNOWLEDGE</p> <p>KNOWS NO METHOD M</p> <p>KNOWS NO SOURCE N</p> <p>METHOD-RELATED REASONS</p> <p>HEALTH CONCERNS O</p> <p>FEAR OF SIDE EFFECTS P</p> <p>LACK OF ACCESS/TOO FAR Q</p> <p>COSTS TOO MUCH R</p> <p>INCONVENIENT TO USE S</p> <p>INTERFERES WITH BODY'S NORMAL PROCESSES T</p> <p>OTHER X (SPECIFY)</p> <p>DON'T KNOW Z</p> | |
| 708 | <p>CHECK 310: USING A CONTRACEPTIVE METHOD?</p> <p>NOT ASKED <input type="checkbox"/> NO, NOT CURRENTLY USING <input type="checkbox"/> YES, CURRENTLY USING <input type="checkbox"/></p> | | → 713 |
| 709 | Do you think you will use a contraceptive method to delay or avoid pregnancy at any time in the future? | <p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p> | → 711 → 713 |
| 710 | Which contraceptive method would you prefer to use? | <p>FEMALE STERILIZATION 01</p> <p>MALE STERILIZATION 02</p> <p>PILL 03</p> <p>IUD 04</p> <p>INJECTABLES 05</p> <p>IMPLANTS 06</p> <p>CONDOM 07</p> <p>FEMALE CONDOM 08</p> <p>DIAPHRAGM 09</p> <p>FOAM/JELLY 10</p> <p>LACTATIONAL AMEN. METHOD 11</p> <p>RHYTHM METHOD/PERIOD. ABSTIN. . . 12</p> <p>WITHDRAWAL 13</p> <p>OTHER 96 (SPECIFY)</p> <p>DK/UNSURE 98</p> | → 713 |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|------------------------------|--|---|---------------------|-----|----|-----------------------------|----|---|----------------------------|----|---|---------------------------|----|---|---------------|----|---|------------------------|----|---|---------------|----|---|-------------|---|---|--------------------|----|---|----------|----|--|-----------------------|----|--|------------------------------|----|--|------------------------------|----|--|----------------|----|--|-------------|----|--|-----------|--|--|------------------|----|--|--|
| 715 | In the last 6 months have you: Heard about family planning on the radio? Seen about family planning on the television? Read about family planning in a newspaper or magazine? Seen or read about family planning on posters? Read about family planning in bulletins/booklets? Heard about family planning in lectures? Heard about family planning from women you associate with? Heard about family planning from any other people you associate with? | <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;">YES</th> <th style="width: 10%; text-align: center;">NO</th> </tr> </thead> <tbody> <tr> <td>RADIO</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>TELEVISION</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>NEWSPAPER OR MAGAZINE ...</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>POSTER</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>BULLETIN/BOOKLET</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>LECTURE</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>WOMEN</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>OTHER PEOPLE</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table> | | YES | NO | RADIO | 1 | 2 | TELEVISION | 1 | 2 | NEWSPAPER OR MAGAZINE ... | 1 | 2 | POSTER | 1 | 2 | BULLETIN/BOOKLET | 1 | 2 | LECTURE | 1 | 2 | WOMEN | 1 | 2 | OTHER PEOPLE | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | |
| | YES | NO | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RADIO | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TELEVISION | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NEWSPAPER OR MAGAZINE ... | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| POSTER | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| BULLETIN/BOOKLET | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| LECTURE | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| WOMEN | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OTHER PEOPLE | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 716 | Where and from whom would you prefer to get information about family planning? CIRCLE ONLY ONE ANSWER. | <table style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td colspan="3">INTERPERSONAL</td> </tr> <tr> <td>GOVERN. HEALTH WORKER</td> <td style="text-align: center;">11</td> <td></td> </tr> <tr> <td>PRIVATE DOCTOR/NURSE</td> <td style="text-align: center;">12</td> <td></td> </tr> <tr> <td>JAFPP STAFF</td> <td style="text-align: center;">13</td> <td></td> </tr> <tr> <td>HUSBAND</td> <td style="text-align: center;">14</td> <td></td> </tr> <tr> <td>OTHER RELATIVES</td> <td style="text-align: center;">15</td> <td></td> </tr> <tr> <td>FRIENDS</td> <td style="text-align: center;">16</td> <td></td> </tr> <tr> <td colspan="3">MEDIA</td> </tr> <tr> <td>RADIO</td> <td style="text-align: center;">21</td> <td></td> </tr> <tr> <td>TV</td> <td style="text-align: center;">22</td> <td></td> </tr> <tr> <td>PRINT MATERIALS</td> <td style="text-align: center;">23</td> <td></td> </tr> <tr> <td>SCHOOL, LIBRARY/ACADEMIC ...</td> <td style="text-align: center;">24</td> <td></td> </tr> <tr> <td>COMMUNITY/PUBLIC MEETING ...</td> <td style="text-align: center;">25</td> <td></td> </tr> <tr> <td>LECTURES</td> <td style="text-align: center;">26</td> <td></td> </tr> <tr> <td>OTHER _____</td> <td style="text-align: center;">96</td> <td></td> </tr> <tr> <td style="text-align: center;">(SPECIFY)</td> <td></td> <td></td> </tr> <tr> <td>DON'T KNOW</td> <td style="text-align: center;">98</td> <td></td> </tr> </tbody> </table> | INTERPERSONAL | | | GOVERN. HEALTH WORKER | 11 | | PRIVATE DOCTOR/NURSE | 12 | | JAFPP STAFF | 13 | | HUSBAND | 14 | | OTHER RELATIVES | 15 | | FRIENDS | 16 | | MEDIA | | | RADIO | 21 | | TV | 22 | | PRINT MATERIALS | 23 | | SCHOOL, LIBRARY/ACADEMIC ... | 24 | | COMMUNITY/PUBLIC MEETING ... | 25 | | LECTURES | 26 | | OTHER _____ | 96 | | (SPECIFY) | | | DON'T KNOW | 98 | | |
| INTERPERSONAL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| GOVERN. HEALTH WORKER | 11 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PRIVATE DOCTOR/NURSE | 12 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| JAFPP STAFF | 13 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| HUSBAND | 14 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OTHER RELATIVES | 15 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FRIENDS | 16 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MEDIA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RADIO | 21 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TV | 22 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PRINT MATERIALS | 23 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SCHOOL, LIBRARY/ACADEMIC ... | 24 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COMMUNITY/PUBLIC MEETING ... | 25 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| LECTURES | 26 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OTHER _____ | 96 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (SPECIFY) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DON'T KNOW | 98 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 717 | CHECK 101A: CURRENTLY MARRIED <input type="checkbox"/> | CURRENTLY WIDOWED, DIVORCED, OR SEPARATED <input type="checkbox"/> | → 801 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 718 | CHECK 311/311A: OTHER CODES CIRCLED <input type="checkbox"/> | CODE B, G, OR M CIRCLED <input type="checkbox"/> NO CODE CIRCLED <input type="checkbox"/> | → 720 → 720A | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 719 | Does your husband know that you are using a method of family planning? | YES 1 NO 2 DON'T KNOW 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 720 | Would you say that using contraception is mainly your decision, mainly your husband's decision, or did you both decide together? | MAINLY RESPONDENT 1 MAINLY HUSBAND 2 JOINT DECISION 3 OTHER _____ 6 (SPECIFY) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 720A | 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? | APPROVES 1 DISAPPROVES 2 DON'T KNOW 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 721 | CHECK 311/311A: NEITHER STERILIZED <input type="checkbox"/> | HE OR SHE STERILIZED <input type="checkbox"/> | → 801 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 722 | Does your husband want the same number of children that you want, or does he want more or fewer than you want? | SAME NUMBER 1 MORE CHILDREN 2 FEWER CHILDREN 3 DON'T KNOW 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

SECTION 8. HUSBAND'S BACKGROUND AND WOMAN'S WORK

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|-----|--|---|-------|
| 801 | CHECK 101A: CURRENTLY MARRIED <input type="checkbox"/> CURRENTLY WIDOWED, DIVORCED, OR SEPARATED <input type="checkbox"/> | | → 803 |
| 802 | How old was your husband on his last birthday? | AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/> | |
| 803 | Did your (last) husband ever attend school? | YES 1 NO 2 | → 806 |
| 804 | What is the highest level of school he attended: Old elementary, old preparatory, old secondary, new basic, new secondary, intermediate diploma, bachelor, or higher? | OLD SYSTEM ELEMENTARY 01 PREPARATORY 02 SECONDARY 03 NEW SYSTEM BASIC 04 SECONDARY 05 INTERMEDIATE DIPLOMA 06 BACHELOR 07 HIGHER 08 DON'T KNOW 98 | → 806 |
| 805 | What was the highest grade he completed at that level? | GRADE <input type="text"/> <input type="text"/> DON'T KNOW 98 | |
| 806 | CHECK 101A: CURRENTLY MARRIED <input type="checkbox"/> CURRENTLY WIDOWED, DIVORCED, OR SEPARATED <input type="checkbox"/> | | → 811 |
| 807 | 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 | → 809 |
| 808 | 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 | → 811 |
| 809 | What is your husband's current occupation, that is, what kind of work does he mainly do? | _____ <input type="text"/> <input type="text"/> <input type="text"/> _____ _____ | |
| 810 | 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 | |
| 811 | 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 | → 813 |
| 812 | 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 | → 818 |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|------|---|---|--------|
| 813 | What is your current occupation, that is, what kind of work do you mainly do? | <div style="display: flex; align-items: center;"> <div style="flex: 1;">_____</div> <div style="border: 1px solid black; width: 40px; height: 20px; margin-left: 10px;"></div> </div> <div style="margin-top: 5px;">_____</div> <div style="margin-top: 5px;">_____</div> | |
| 814 | 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 | |
| 818 | CHECK 101A: CURRENTLY MARRIED <input type="checkbox"/> ↓ CURRENTLY WIDOWED, DIVORCED, OR SEPARATED <input type="checkbox"/> | | → 827 |
| 819 | CHECK 814: CODE 1, 2, OR 3 CIRCLED <input type="checkbox"/> ↓ CODE 4, OR 5 CIRCLED OR 814 NOT ASKED <input type="checkbox"/> | | → 822 |
| 820 | Who usually decides how the money you earn will be used: mainly you, mainly your husband, or you and your husband jointly? | RESPONDENT 1 HUSBAND 2 RESPONDENT AND HUSBAND JOINTLY 3 OTHER 6 (SPECIFY) | |
| 821 | Would you say that the money that you earn is more than what your husband earns, less than what he earns, or about the same? | MORE THAN HIM 1 LESS THAN HIM 2 ABOUT THE SAME 3 HUSBAND DOESN'T BRING IN ANY MONEY 4 DON'T KNOW 8 | → 822A |
| 822 | Who usually decides how your husband's earnings will be used: you, your husband, or you and your husband jointly? | RESPONDENT 1 HUSBAND 2 RESPONDENT AND HUSBAND JOINTLY 3 HUSBAND HAS NO EARNINGS 4 OTHER 6 (SPECIFY) | |
| 822A | CHECK 814: CODES 1, 2, OR 3 CIRCLED <input type="checkbox"/> ↓ In addition to your employment income, do you have income from any other source, such as real estate, retirement, allowances, etc. ? CODE 4, OR 5 CIRCLED OR 814 NOT ASKED <input type="checkbox"/> ↓ Do you have income from any source such as real estate, retirement, allowances, etc. ? | YES 1 NO 2 | → 823 |
| 822B | Who usually decides how the (additional) money you earn will be used: mainly you, mainly your husband, or you and your husband jointly? | RESPONDENT 1 HUSBAND 2 RESPONDENT AND HUSBAND JOINTLY 3 OTHER 6 (SPECIFY) | |
| 823 | Who usually makes decisions about health care for yourself: you, your husband, you and your husband jointly, or someone else? | RESPONDENT 1 HUSBAND 2 RESPONDENT AND HUSBAND JOINTLY 3 SOMEONE ELSE 4 OTHER 6 (SPECIFY) | |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|------|--|--|------|
| 824 | Who usually makes decisions about making major household purchases? | RESPONDENT 1 HUSBAND 2 RESPONDENT AND HUSBAND JOINTLY 3 SOMEONE ELSE 4 OTHER 6 (SPECIFY) | |
| 825 | Who usually makes decisions about making purchases for daily household needs? | RESPONDENT 1 HUSBAND 2 RESPONDENT AND HUSBAND JOINTLY 3 SOMEONE ELSE 4 OTHER 6 (SPECIFY) | |
| 826 | Who usually makes decisions about visits to your family or relatives? | RESPONDENT 1 HUSBAND 2 RESPONDENT AND HUSBAND JOINTLY 3 SOMEONE ELSE 4 OTHER 6 (SPECIFY) | |
| 827 | PRESENCE OF OTHERS AT THIS POINT (PRESENT AND LISTENING, PRESENT BUT NOT LISTENING, OR NOT PRESENT) | PRES./ PRES./ NOT LISTEN. NOT PRES. LISTEN. CHILDREN < 10 1 2 3 HUSBAND 1 2 3 OTHER MALES 1 2 3 OTHER FEMALES ... 1 2 3 | |
| 828 | 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 burns the food? If she insults him? If she disobeys him? If she argues with him? If she has relation with another man? | YES NO DK GOES OUT 1 2 8 NEGL. CHILDREN ... 1 2 8 BURNS FOOD 1 2 8 INSULTS 1 2 8 DISOBEYS 1 2 8 ARGUES 1 2 8 ANOTHER MAN 1 2 8 | |
| 828A | In your opinion, what do you consider to be violence against women? CIRCLE CODE '1' FOR EACH SPONTANEOUS ANSWER, THEN FOR EACH CASE NOT MENTIONED SPONTANEOUSLY, ASK: "In your opinion, do you consider (ITEM NOT MENTIONED SPONTANEOUSLY) to be violence against women"? IF 'YES' CIRCLE 2 (YES PROBE), IF NO, CIRCLE '3'(NO). Beating? Physical threats? Insults? Rape? Sexual harassment? Early marriage? Compulsory marriage? Unwanted sexual intercourse? | YES YES SPONTA- PRO- NEOUSLY BE NO BEATING 1 2 3 PHYSICAL THREATS . 1 2 3 INSULTS 1 2 3 RAPE 1 2 3 SEXUAL HARASS. ... 1 2 3 EARLY MARRIAGE ... 1 2 3 COMPULSORY MAR. . 1 2 3 UNWANTED SEX. ... 1 2 3 OTHER 1 (SPECIFY) | |

SECTION 9. HIV/AIDS AND STI

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|------|---|---|-------|
| 901 | Now I would like to talk about something else. Have you ever heard of an illness called AIDS? | YES 1 NO 2 | → 916 |
| 901A | Is there anything a person can do to avoid getting the AIDS virus? | YES 1 NO 2 DON'T KNOW 8 | → 902 |
| 901B | What can a person do? Anything else? RECORD ALL WAYS MENTIONED. | ABSTAIN FROM SEXUAL INTERCOURSE A USE CONDOMS B LIMIT SEX TO SPOUSE/STAY FAITHFUL TO SPOUSE ... C LIMIT NUMBER OF SEX. 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 TRANSFUSION 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 | |
| 902 | Can people reduce their chance of getting the AIDS virus by having just one uninfected sex partner who has no other sex partners? | YES 1 NO 2 DON'T KNOW 8 | |
| 903 | Can people get the AIDS virus from mosquito bites? | YES 1 NO 2 DON'T KNOW 8 | |
| 904 | Can people reduce their chance of getting the AIDS virus by using a condom every time they have sex? | YES 1 NO 2 DON'T KNOW 8 | |
| 905 | Can people get the AIDS virus by sharing food with a person who has AIDS? | YES 1 NO 2 DON'T KNOW 8 | |
| 906 | Can people reduce their chance of getting the AIDS virus by not having sexual intercourse at all? | YES 1 NO 2 DON'T KNOW 8 | |
| 907 | Can people get the AIDS virus by shaking hands with or hugging a person who has AIDS? | YES 1 NO 2 DON'T KNOW 8 | |
| 907A | Can people get the AIDS virus by sharing razors or blades when shaving their beard or having their hair cut? | YES 1 NO 2 DON'T KNOW 8 | |
| 908 | Is it possible for a healthy-looking person to have the AIDS virus? | YES 1 NO 2 DON'T KNOW 8 | |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|------|---|--|--------|
| 909 | Can the virus that causes AIDS be transmitted from a mother to her baby: During pregnancy? During delivery? By breastfeeding? | YES NO DK DURING PREG. 1 2 8 DURING DELIVERY... 1 2 8 BREASTFEEDING ... 1 2 8 | |
| 910 | Do you know of a place where people can go to get tested for the AIDS virus? | YES 1 NO 2 | → 912 |
| 911 | Where is that? Any other place? PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S). IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER VCT CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE(S)) | PUBLIC MEDICAL SECTOR GOVT. HOSPITAL A GOVT. HEALTH CENTER B GOVT. MCH C UNIVERSITY HOSPITAL D ROYAL MEDICAL SERVICES E TESTING & COUNSELING CENTER F OTHER PUBLIC _____ G (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC H PRIVATE DOCTOR I JORDANIAN AS. OF FP AND PROTECTION (JAFPP) J PRIVATE LABORATORY K OTHER NON GOV. ORGANIZATION. L OTHER PRIVATE MEDICAL _____ M (SPECIFY) OTHER _____ X (SPECIFY) | |
| 912 | Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had the AIDS virus? | YES 1 NO 2 DON'T KNOW 8 | |
| 913 | If a member of your close family got infected with the AIDS virus, would you want it to remain a secret or not? | YES, REMAIN A SECRET 1 NO 2 DK/NOT SURE/DEPENDS 8 | |
| 914 | If a member of your close family became sick with AIDS, would you be willing to care for her or him in your own household? | YES 1 NO 2 DK/NOT SURE/DEPENDS 8 | |
| 915 | In your opinion, if a female teacher has the AIDS virus but is not sick, should she be allowed to continue teaching in the school? | SHOULD BE ALLOWED 1 SHOULD NOT BE ALLOWED 2 DK/NOT SURE/DEPENDS 8 | |
| 915A | CHECK 101A: CURRENTLY MARRIED <input type="checkbox"/> WIDOWED/DIVORCED/SEPARATED <input type="checkbox"/> | | → 915C |
| 915B | Have you ever talked about ways to prevent getting the virus that causes AIDS with your husband? | YES 1 NO 2 | |
| 915C | In the last 6 months have you heard, seen, or received any information about HIV/AIDS? | YES 1 NO 2 | → 916 |
| 915D | Where did you hear or see that information? Anywhere else? RECORD ALL MENTIONED | TELEVISION A RADIO B NEWSPAPER/MAGAZINE C PAMPHLET/BROCHURE D POSTER E COMMUNITY MEETING F HOME VISIT BY HEALTH WORKER . G HEALTH FACILITY STAFF H HUSBAND I OTHER RELATIVES/FRIENDS/ NEIGHBORS J OTHER _____ X (SPECIFY) | |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|------|--|--|-------|
| 916 | <p>CHECK 901:</p> <p>HEARD ABOUT AIDS <input type="checkbox"/></p> <p>NOT HEARD ABOUT AIDS <input type="checkbox"/></p> <p>Apart from AIDS, have you heard about other infections that can be transmitted through sexual contact?</p> <p>Have you heard about infections that can be transmitted through sexual contact?</p> | <p>YES 1</p> <p>NO 2</p> | → 917 |
| 916A | <p>If a man has a sexually transmitted disease, what symptoms might he have?</p> <p>Any other symptoms?</p> <p>RECORD ALL MENTIONED</p> | <p>ABDOMINAL PAIN A</p> <p>GENITAL DISCHARGE/DRIPPING ... B</p> <p>FOUL SMELLING DISCHARGE C</p> <p>BURNING PAIN ON URINATION D</p> <p>REDNESS/INFLAMMATION IN GENITAL AREA E</p> <p>SWELLING IN GENITAL AREA F</p> <p>GENITAL SORES/ULCERS G</p> <p>GENITAL WARTS H</p> <p>GENITAL ITCHING I</p> <p>BLOOD IN URINE J</p> <p>LOSS OF WEIGHT K</p> <p>IMPOTENCE L</p> <p>FEVER M</p> <p>OTHER _____ X (SPECIFY)</p> <p>NO SYMPTOMS Y</p> <p>DON'T KNOW Z</p> | |
| 916B | <p>If a woman has a sexually transmitted disease, what symptoms might she have?</p> <p>Any other symptoms?</p> <p>RECORD ALL MENTIONED</p> | <p>ABDOMINAL PAIN A</p> <p>GENITAL DISCHARGE B</p> <p>FOUL SMELLING DISCHARGE C</p> <p>BURNING PAIN ON URINATION D</p> <p>REDNESS/INFLAMMATION IN GENITAL AREA E</p> <p>SWELLING IN GENITAL AREA F</p> <p>GENITAL SORES/ULCERS G</p> <p>GENITAL WARTS H</p> <p>GENITAL ITCHING I</p> <p>BLOOD IN URINE J</p> <p>LOSS OF WEIGHT K</p> <p>HARD TO GET PREGNANT/HAVE A CHILD L</p> <p>FEVER M</p> <p>OTHER _____ X (SPECIFY)</p> <p>NO SYMPTOMS Y</p> <p>DON'T KNOW Z</p> | |
| 917 | <p>Husbands and wives do not always agree on everything. If a wife knows her husband has a disease that she can get during sexual intercourse, is she justified in refusing to have sex with him?</p> | <p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p> | |
| 918 | <p>If a wife knows her husband has a disease that she can get during sexual intercourse, is she justified in asking that they use a condom when they have sex?</p> | <p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p> | |
| 919 | <p>Is a wife justified in refusing to have sex with her husband when she is tired or not in the mood?</p> | <p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p> | |
| 920 | <p>Is a wife justified in refusing to have sex with her husband when she knows her husband has sex with women other than his wives?</p> | <p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p> | |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---------------------------------------|---|---|--------------|-----|-----------------|---------------------|---------------------------------------|---|--------------------------|---|---------------|--------------------------|--------------|---|-----------|---|----------------|---|------------------|---|---------------------|---|---------------------|---|---------------------------------|---|-------------------------------|---|-------------------------------|---|--------------------------------|---|----------------------|---|--------------------|---|-----------------------|---|---------------------|---|-----------------------|---|---------------------|---|----------------------|---|-------------|---|-----------|--|--|
| 1106 | CHECK 1105A: AT LEAST ONE <input type="checkbox"/> 'YES' ↓ | NOT A SINGLE <input type="checkbox"/> 'YES' | → 1108 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1107 | Did the following ever happen as a result of what your (last) husband did to you: a) You had cuts, bruises or aches? b) You had an injury or a broken bone? c) You went for treatment? | <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;">YES</th> <th style="width: 10%; text-align: center;">NO</th> </tr> </thead> <tbody> <tr> <td>BRUISES/ACHES</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>INJURY/BROKEN BONE</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>WENT FOR TREATMENT</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table> | | YES | NO | BRUISES/ACHES | 1 | 2 | INJURY/BROKEN BONE | 1 | 2 | WENT FOR TREATMENT | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | YES | NO | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| BRUISES/ACHES | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| INJURY/BROKEN BONE | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| WENT FOR TREATMENT | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1108 | From the time you were 15 years old has anyone other than your (last) husband hit, slapped, kicked, or done anything else to hurt you physically? | <table style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td>YES</td> <td style="text-align: center;">1</td> </tr> <tr> <td>NO</td> <td style="text-align: center;">2</td> </tr> <tr> <td>REFUSED TO ANSWER/ NO ANSWER</td> <td style="text-align: center;">3</td> </tr> </tbody> </table> | YES | 1 | NO | 2 | REFUSED TO ANSWER/ NO ANSWER | 3 | → 1111 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| YES | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NO | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| REFUSED TO ANSWER/ NO ANSWER | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1109 | Who has hurt you in this way? Anyone else? RECORD ALL MENTIONED. | <table style="width: 100%; border-collapse: collapse;"> <tbody> <tr><td>MOTHER</td><td style="text-align: center;">A</td></tr> <tr><td>FATHER</td><td style="text-align: center;">B</td></tr> <tr><td>STEP-MOTHER</td><td style="text-align: center;">C</td></tr> <tr><td>STEP-FATHER</td><td style="text-align: center;">D</td></tr> <tr><td>BROTHER</td><td style="text-align: center;">E</td></tr> <tr><td>SISTER</td><td style="text-align: center;">F</td></tr> <tr><td>SON</td><td style="text-align: center;">G</td></tr> <tr><td>DAUGHTER</td><td style="text-align: center;">H</td></tr> <tr><td>EX-HUSBAND</td><td style="text-align: center;">I</td></tr> <tr><td>MOTHER-IN-LAW</td><td style="text-align: center;">J</td></tr> <tr><td>FATHER-IN-LAW</td><td style="text-align: center;">K</td></tr> <tr><td>OTHER FEMALE RELATIVE/IN-LAW ..</td><td style="text-align: center;">L</td></tr> <tr><td>OTHER MALE RELATIVE/IN-LAW ..</td><td style="text-align: center;">M</td></tr> <tr><td>FEMALE FRIEND/ACQUAINTANCE ..</td><td style="text-align: center;">N</td></tr> <tr><td>MALE FRIEND/ACQUAINTANCE</td><td style="text-align: center;">O</td></tr> <tr><td>FEMALE TEACHER</td><td style="text-align: center;">P</td></tr> <tr><td>MALE TEACHER</td><td style="text-align: center;">Q</td></tr> <tr><td>FEMALE EMPLOYER</td><td style="text-align: center;">R</td></tr> <tr><td>MALE EMPLOYER</td><td style="text-align: center;">S</td></tr> <tr><td>FEMALE STRANGER</td><td style="text-align: center;">T</td></tr> <tr><td>MALE STRANGER</td><td style="text-align: center;">U</td></tr> <tr><td>POLICE/SOLDIER</td><td style="text-align: center;">V</td></tr> <tr><td>OTHER _____</td><td style="text-align: center;">X</td></tr> <tr><td style="text-align: center;">(SPECIFY)</td><td></td></tr> </tbody> </table> | MOTHER | A | FATHER | B | STEP-MOTHER | C | STEP-FATHER | D | BROTHER | E | SISTER | F | SON | G | DAUGHTER | H | EX-HUSBAND | I | MOTHER-IN-LAW | J | FATHER-IN-LAW | K | OTHER FEMALE RELATIVE/IN-LAW .. | L | OTHER MALE RELATIVE/IN-LAW .. | M | FEMALE FRIEND/ACQUAINTANCE .. | N | MALE FRIEND/ACQUAINTANCE | O | FEMALE TEACHER | P | MALE TEACHER | Q | FEMALE EMPLOYER | R | MALE EMPLOYER | S | FEMALE STRANGER | T | MALE STRANGER | U | POLICE/SOLDIER | V | OTHER _____ | X | (SPECIFY) | | |
| MOTHER | A | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FATHER | B | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| STEP-MOTHER | C | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| STEP-FATHER | D | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| BROTHER | E | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SISTER | F | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SON | G | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DAUGHTER | H | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| EX-HUSBAND | I | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MOTHER-IN-LAW | J | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FATHER-IN-LAW | K | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OTHER FEMALE RELATIVE/IN-LAW .. | L | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OTHER MALE RELATIVE/IN-LAW .. | M | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FEMALE FRIEND/ACQUAINTANCE .. | N | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MALE FRIEND/ACQUAINTANCE | O | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FEMALE TEACHER | P | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MALE TEACHER | Q | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FEMALE EMPLOYER | R | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MALE EMPLOYER | S | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FEMALE STRANGER | T | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MALE STRANGER | U | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| POLICE/SOLDIER | V | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OTHER _____ | X | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (SPECIFY) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1110 | In the last 12 months, how often have you been hit, slapped, kicked, or physically hurt by this/these person(s): often, only sometimes, or not at all? | <table style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td>OFTEN</td> <td style="text-align: center;">1</td> </tr> <tr> <td>SOMETIMES</td> <td style="text-align: center;">2</td> </tr> <tr> <td>NOT AT ALL</td> <td style="text-align: center;">3</td> </tr> </tbody> </table> | OFTEN | 1 | SOMETIMES | 2 | NOT AT ALL | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OFTEN | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SOMETIMES | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NOT AT ALL | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1111 | CHECK 201, 226, AND 229: EVER BEEN PREGNANT (YES ON 201 OR 226 OR 229) <input type="checkbox"/> ↓ | NEVER BEEN PREGNANT <input type="checkbox"/> | → 1114 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1112 | Has any one ever hit, slapped, kicked, or done anything else to hurt you physically while you were pregnant? | <table style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td>YES</td> <td style="text-align: center;">1</td> </tr> <tr> <td>NO</td> <td style="text-align: center;">2</td> </tr> </tbody> </table> | YES | 1 | NO | 2 | → 1114 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| YES | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NO | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP | | | | | | | | | | | | | | | | |
|------------------------|--|---|------|----------|---------------------|----|---------------|---|---|---|------------------------|---|---|---|--------------------|---|---|---|--|
| 1113 | <p>Who has done any of these things to physically hurt you while you were pregnant?</p> <p>Anyone else?</p> <p>RECORD ALL MENTIONED.</p> | <p>CURRENT HUSBAND A</p> <p>MOTHER B</p> <p>FATHER C</p> <p>STEP-MOTHER D</p> <p>STEP-FATHER E</p> <p>BROTHER F</p> <p>SISTER G</p> <p>SON H</p> <p>DAUGHTER I</p> <p>EX-HUSBAND J</p> <p>MOTHER-IN-LAW K</p> <p>FATHER-IN-LAW L</p> <p>OTHER FEMALE RELATIVE/IN-LAW .. M</p> <p>OTHER MALE RELATIVE/IN-LAW .. N</p> <p>FEMALE FRIEND/ACQUAINTANCE .. O</p> <p>MALE FRIEND/ACQUAINTANCE P</p> <p>FEMALE TEACHER Q</p> <p>MALE TEACHER R</p> <p>FEMALE EMPLOYER S</p> <p>MALE EMPLOYER T</p> <p>FEMALE STRANGER U</p> <p>MALE STRANGER V</p> <p>POLICE/SOLDIER W</p> <p>OTHER X</p> <p>(SPECIFY)</p> | | | | | | | | | | | | | | | | | |
| 1114 | <p>CHECK 1105B:</p> <p>CODE '1' (OFTEN) OR CODE '2' (SOMETIMES) <input type="checkbox"/> NOT A SINGLE CIRCLED FOR AT LEAST ONE ITEM <input type="checkbox"/> CODE '1' OR '2' CIRCLED</p> | | 1117 | | | | | | | | | | | | | | | | |
| 1115 | <p>At any time during the last 12 months when your (last) husband did something to phisically hurt you, did you try to get help to prevent or stop him for hurting you?</p> | <p>YES 1</p> <p>NO 2</p> | 1117 | | | | | | | | | | | | | | | | |
| 1116 | <p>From whom have you sought help?</p> <p>Anyone else?</p> <p>RECORD ALL MENTIONED.</p> | <p>MOTHER A</p> <p>FATHER B</p> <p>SISTER C</p> <p>BROTHER D</p> <p>MOTHER-IN-LAW E</p> <p>FATHER-IN-LAW F</p> <p>OTHER FEMALE RELATIVE/IN-LAW .. G</p> <p>OTHER MALE RELATIVE/IN-LAW H</p> <p>FRIEND I</p> <p>NEIGHBOR J</p> <p>TEACHER K</p> <p>EMPLOYER L</p> <p>RELIGIOUS FIGURE M</p> <p>DOCTOR/MEDICAL PERSONNEL N</p> <p>POLICE O</p> <p>LAWYER P</p> <p>SOCIAL SERVICE ORGANIZATION Q</p> <p>OTHER X</p> <p>(SPECIFY)</p> | | | | | | | | | | | | | | | | | |
| 1117 | <p>DID YOU HAVE TO INTERRUPT THE INTERVIEW BECAUSE SOME ADULT WAS TRYING TO LISTEN, OR CAME INTO THE ROOM, OR INTERFERED IN ANY OTHER WAY?</p> | <table border="1"> <thead> <tr> <th></th> <th>YES ONCE</th> <th>YES, MORE THAN ONCE</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>HUSBAND</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>OTHER MALE ADULT</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>FEMALE ADULT</td> <td>1</td> <td>2</td> <td>3</td> </tr> </tbody> </table> | | YES ONCE | YES, MORE THAN ONCE | NO | HUSBAND | 1 | 2 | 3 | OTHER MALE ADULT | 1 | 2 | 3 | FEMALE ADULT | 1 | 2 | 3 | |
| | YES ONCE | YES, MORE THAN ONCE | NO | | | | | | | | | | | | | | | | |
| HUSBAND | 1 | 2 | 3 | | | | | | | | | | | | | | | | |
| OTHER MALE ADULT | 1 | 2 | 3 | | | | | | | | | | | | | | | | |
| FEMALE ADULT | 1 | 2 | 3 | | | | | | | | | | | | | | | | |
| 1118 | <p>INTERVIEWER'S COMMENTS / EXPLANATION FOR NOT COMPLETING THE DOMESTIC VIOLENCE MODULE</p> <hr/> <hr/> <hr/> | | | | | | | | | | | | | | | | | | |

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 SUPERVISOR: _____ DATE: _____

EDITOR'S OBSERVATIONS

NAME OF EDITOR: _____ DATE: _____

INSTRUCTIONS:
 ONLY ONE CODE SHOULD APPEAR IN ANY BOX.
 IN COLUMN 1, 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)

NOTE: In case of a multiple birth which ended
 with live and non-live birth outcomes
 record BIRTH to the calendar

COL. 2: DISCONTINUATION OF CONTRACEPTIVE USE

- 0 INFREQUENT SEX/HUSBAND AWAY
- 1 BECAME PREGNANT WHILE USING
- 2 WANTED TO BECOME PREGNANT
- 3 HUSBAND 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 WIDOW/DIVORCE/SEPARATION
- R RAMADAN
- X OTHER _____

(SPECIFY)

- Z DON'T KNOW

| | | | COL. 1 | COL. 2 | | | | | |
|-------|----|-----|--------|--------|--|----|-----|----|---|
| | 12 | DEC | 01 | | | 01 | DEC | 12 | |
| | 11 | NOV | 02 | | | 02 | NOV | 11 | |
| | 10 | OCT | 03 | | | 03 | OCT | 10 | |
| | 09 | SEP | 04 | | | 04 | SEP | 09 | |
| 2 | 08 | AUG | 05 | | | 05 | AUG | 08 | 2 |
| 0 | 07 | JUL | 06 | | | 06 | JUL | 07 | 0 |
| 0 | 06 | JUN | 07 | | | 07 | JUN | 06 | 0 |
| 7 | 05 | MAY | 08 | | | 08 | MAY | 05 | 7 |
| | 04 | APR | 09 | | | 09 | APR | 04 | |
| | 03 | MAR | 10 | | | 10 | MAR | 03 | |
| | 02 | FEB | 11 | | | 11 | FEB | 02 | |
| | 01 | JAN | 12 | | | 12 | JAN | 01 | |
| <hr/> | | | | | | | | | |
| | 12 | DEC | 13 | | | 13 | DEC | 12 | |
| | 11 | NOV | 14 | | | 14 | NOV | 11 | |
| | 10 | OCT | 15 | | | 15 | OCT | 10 | |
| | 09 | SEP | 16 | | | 16 | SEP | 09 | |
| 2 | 08 | AUG | 17 | | | 17 | AUG | 08 | 2 |
| 0 | 07 | JUL | 18 | | | 18 | JUL | 07 | 0 |
| 0 | 06 | JUN | 19 | | | 19 | JUN | 06 | 0 |
| 6 | 05 | MAY | 20 | | | 20 | MAY | 05 | 6 |
| | 04 | APR | 21 | | | 21 | APR | 04 | |
| | 03 | MAR | 22 | | | 22 | MAR | 03 | |
| | 02 | FEB | 23 | | | 23 | FEB | 02 | |
| | 01 | JAN | 24 | | | 24 | JAN | 01 | |
| <hr/> | | | | | | | | | |
| | 12 | DEC | 25 | | | 25 | DEC | 12 | |
| | 11 | NOV | 26 | | | 26 | NOV | 11 | |
| | 10 | OCT | 27 | | | 27 | OCT | 10 | |
| | 09 | SEP | 28 | | | 28 | SEP | 09 | |
| 2 | 08 | AUG | 29 | | | 29 | AUG | 08 | 2 |
| 0 | 07 | JUL | 30 | | | 30 | JUL | 07 | 0 |
| 0 | 06 | JUN | 31 | | | 31 | JUN | 06 | 0 |
| 5 | 05 | MAY | 32 | | | 32 | MAY | 05 | 5 |
| | 04 | APR | 33 | | | 33 | APR | 04 | |
| | 03 | MAR | 34 | | | 34 | MAR | 03 | |
| | 02 | FEB | 35 | | | 35 | FEB | 02 | |
| | 01 | JAN | 36 | | | 36 | JAN | 01 | |
| <hr/> | | | | | | | | | |
| | 12 | DEC | 37 | | | 37 | DEC | 12 | |
| | 11 | NOV | 38 | | | 38 | NOV | 11 | |
| | 10 | OCT | 39 | | | 39 | OCT | 10 | |
| | 09 | SEP | 40 | | | 40 | SEP | 09 | |
| 2 | 08 | AUG | 41 | | | 41 | AUG | 08 | 2 |
| 0 | 07 | JUL | 42 | | | 42 | JUL | 07 | 0 |
| 0 | 06 | JUN | 43 | | | 43 | JUN | 06 | 0 |
| 4 | 05 | MAY | 44 | | | 44 | MAY | 05 | 4 |
| | 04 | APR | 45 | | | 45 | APR | 04 | |
| | 03 | MAR | 46 | | | 46 | MAR | 03 | |
| | 02 | FEB | 47 | | | 47 | FEB | 02 | |
| | 01 | JAN | 48 | | | 48 | JAN | 01 | |
| <hr/> | | | | | | | | | |
| | 12 | DEC | 49 | | | 49 | DEC | 12 | |
| | 11 | NOV | 50 | | | 50 | NOV | 11 | |
| | 10 | OCT | 51 | | | 51 | OCT | 10 | |
| | 09 | SEP | 52 | | | 52 | SEP | 09 | |
| 2 | 08 | AUG | 53 | | | 53 | AUG | 08 | 2 |
| 0 | 07 | JUL | 54 | | | 54 | JUL | 07 | 0 |
| 0 | 06 | JUN | 55 | | | 55 | JUN | 06 | 0 |
| 3 | 05 | MAY | 56 | | | 56 | MAY | 05 | 3 |
| | 04 | APR | 57 | | | 57 | APR | 04 | |
| | 03 | MAR | 58 | | | 58 | MAR | 03 | |
| | 02 | FEB | 59 | | | 59 | FEB | 02 | |
| | 01 | JAN | 60 | | | 60 | JAN | 01 | |
| <hr/> | | | | | | | | | |
| | 12 | DEC | 61 | | | 61 | DEC | 12 | |
| | 11 | NOV | 62 | | | 62 | NOV | 11 | |
| | 10 | OCT | 63 | | | 63 | OCT | 10 | |
| | 09 | SEP | 64 | | | 64 | SEP | 09 | |
| 2 | 08 | AUG | 65 | | | 65 | AUG | 08 | 2 |
| 0 | 07 | JUL | 66 | | | 66 | JUL | 07 | 0 |
| 0 | 06 | JUN | 67 | | | 67 | JUN | 06 | 0 |
| 2 | 05 | MAY | 68 | | | 68 | MAY | 05 | 2 |
| | 04 | APR | 69 | | | 69 | APR | 04 | |
| | 03 | MAR | 70 | | | 70 | MAR | 03 | |
| | 02 | FEB | 71 | | | 71 | FEB | 02 | |
| | 01 | JAN | 72 | | | 72 | JAN | 01 | |