

DEMOGRAPHIC AND HEALTH SURVEYS
 JORDAN DHS 2022 HOUSEHOLD QUESTIONNAIRE

JORDAN
 JORDAN DEPARTMENT OF STATISTICS

IDENTIFICATION				
PLACE NAME _____				
NAME OF HOUSEHOLD HEAD _____				
CLUSTER NUMBER				<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>
HOUSEHOLD NUMBER				<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>
HOUSEHOLD SELECTED FOR CHILD DISCIPLINE, CHILD DEVELOPMENT, AND BIOMARKER FOR WOMEN? (1=YES, 2=NO)				<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>
HOUSEHOLD SELECTED FOR MAN'S SURVEY? (1=YES, 2=NO)				<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>
HOUSEHOLD SELECTED FOR DV? (1=YES, 2=NO)				<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>
INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	DAY <div style="display: inline-block; text-align: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> </div>
				MONTH <div style="display: inline-block; text-align: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> </div>
				YEAR <div style="display: inline-block; text-align: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> </div>
INTERVIEWER'S NAME	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	INT. NO. <div style="display: inline-block; text-align: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> </div>
RESULT*	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	RESULT* <div style="display: inline-block; text-align: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> </div>
NEXT VISIT: DATE	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>		TOTAL NUMBER OF VISITS
TIME	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>		<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>
*RESULT CODES: 1 COMPLETED 2 NO HOUSEHOLD MEMBER AT HOME OR NO COMPETENT RESPONDENT AT HOME AT TIME OF VISIT 3 ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD OF TIME 4 POSTPONED 5 REFUSED 6 DWELLING VACANT OR ADDRESS NOT A DWELLING 7 DWELLING DESTROYED 8 DWELLING NOT FOUND 9 OTHER _____ (SPECIFY)				TOTAL PERSONS IN HOUSEHOLD <div style="display: inline-block; text-align: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> </div>
				TOTAL ELIGIBLE WOMEN <div style="display: inline-block; text-align: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> </div>
				TOTAL ELIGIBLE MEN <div style="display: inline-block; text-align: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> </div>
				LINE NO. OF RESPONDENT TO HOUSEHOLD QUESTIONNAIRE <div style="display: inline-block; text-align: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> </div>
<div style="display: flex; justify-content: space-between;"> <div> LANGUAGE OF QUESTIONNAIRE** 0 1 </div> <div> LANGUAGE OF INTERVIEW** <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> </div> <div> NATIVE LANGUAGE OF RESPONDENT** <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> </div> <div> TRANSLATOR USED (YES = 1, NO = 2) <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> </div> </div>				
<div style="display: flex; justify-content: space-between;"> <div> LANGUAGE OF QUESTIONNAIRE** ENGLISH </div> <div> **LANGUAGE CODES: 01 ENGLISH 02 ARABIC </div> </div>				
TEAM <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> NUMBER			TEAM SUPERVISOR <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> NAME _____ NUMBER	

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INTRODUCTION AND CONSENT

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

GIVE CARD WITH CONTACT INFORMATION

Do you have any questions?
May I begin the interview now?

SIGNATURE OF INTERVIEWER _____ DATE _____

RESPONDENT AGREES
TO BE INTERVIEWED .. 1

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



100	RECORD THE TIME.	HOURS	<table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>				
		MINUTES.....	<table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>				

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE	
1	2	3	4	5	6
	<p>Please give me the names of the persons who usually live in your household and guests of the household who stayed here last night, starting with the head of the household.</p> <p>AFTER LISTING THE NAMES AND RECORDING THE RELATIONSHIP, SEX, RESIDENCE, AND AGE FOR EACH PERSON, ASK QUESTIONS 2A-2C TO BE SURE THAT THE LISTING IS COMPLETE.</p> <p>THEN ASK APPROPRIATE QUESTIONS IN COLUMNS 7A-20 FOR EACH PERSON.</p>	<p>What is the relationship of (NAME) to the head of the household?</p> <p>SEE CODES BELOW.</p>	<p>Is (NAME) male or female?</p>	<p>Does (NAME) usually live here?</p>	<p>Did (NAME) stay here last night?</p>
01		<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	<p>M F</p> <p>1 2</p>	<p>Y N</p> <p>1 2</p>	<p>Y N</p> <p>1 2</p>
02		<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	<p>1 2</p>	<p>1 2</p>	<p>1 2</p>
03		<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	<p>1 2</p>	<p>1 2</p>	<p>1 2</p>
04		<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	<p>1 2</p>	<p>1 2</p>	<p>1 2</p>
05		<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	<p>1 2</p>	<p>1 2</p>	<p>1 2</p>

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE	
1	2	3	4	5	6
	<p>Please give me the names of the persons who usually live in your household and guests of the household who stayed here last night, starting with the head of the household.</p> <p>AFTER LISTING THE NAMES AND RECORDING THE RELATIONSHIP, SEX, RESIDENCE, AND AGE FOR EACH PERSON, ASK QUESTIONS 2A-2C TO BE SURE THAT THE LISTING IS COMPLETE.</p> <p>THEN ASK APPROPRIATE QUESTIONS IN COLUMNS 7A-20 FOR EACH PERSON.</p>	<p>What is the relationship of (NAME) to the head of the household?</p> <p>SEE CODES BELOW.</p>	<p>Is (NAME) male or female?</p>	<p>Does (NAME) usually live here?</p>	<p>Did (NAME) stay here last night?</p>
06		<input type="text"/> <input type="text"/>	1 2	1 2	1 2
07		<input type="text"/> <input type="text"/>	1 2	1 2	1 2
08		<input type="text"/> <input type="text"/>	1 2	1 2	1 2
09		<input type="text"/> <input type="text"/>	1 2	1 2	1 2
10		<input type="text"/> <input type="text"/>	1 2	1 2	1 2

2A) Just to make sure that I have a complete listing: are there any other people such as small children or infants that we have not listed?	YES <input type="checkbox"/>	→ ADD TO TABLE
2B) Are there any other people who may not be members of your family, such as domestic servants, lodgers, or friends who usually live here?	YES <input type="checkbox"/>	→ ADD TO TABLE
2C) Are there any guests or temporary visitors staying here, or anyone else who stayed here last night, who have not been listed?	YES <input type="checkbox"/>	→ ADD TO TABLE

HOUSEHOLD SCHEDULE

			IF AGE 15 OR OLDER				
Date of Birth	AGE	NATIONALITY	MARITAL STATUS	ELIGIBILITY			
6A	7	7A	8	9	9A	10	11
Date of Birth month h/year	How old is (NAME)?	What is (NAME)'s nationality?	What is (NAME)'s current marital status?	CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49	CIRCLE LINE NUMBER OF EVER MARRIED WOMEN AGE 15-49	IF HOUSE- HOLD SELEC- TED FOR MAN'S SURVEY CIRCLE LINE NUMBER OF ALL MEN AGE 15-59	CIRCLE LINE NUMBER OF ALL CHILDREN AGE 0-5
	IF 95 OR MORE, RECORD '95'.	1 = JORDANIAN 2 = EGYPTIAN 3 = SYRIAN 4 = IRAQUI 5 = OTHER ARAB 6 = NOT ARAB 8 =DON'T KNOW	1 = NEVER- MARRIED 2 = MARRIED 3 = DIVORCED 4 = WIDOWED 5= SEPARATED				
	IN YEARS <div><div></div><div></div></div>		<div></div>	01	01	01	01
	<div><div></div><div></div></div>		<div></div>	02	02	02	02
	<div><div></div><div></div></div>		<div></div>	03	03	03	03
	<div><div></div><div></div></div>		<div></div>	04	04	04	04
	<div><div></div><div></div></div>		<div></div>	05	05	05	05

HOUSEHOLD SCHEDULE

			IF AGE 15 OR OLDER				
Date of Birth	AGE	NATIONALITY	MARITAL STATUS	ELIGIBILITY			
6A	7	7A	8	9	9A	10	11
Date of Birth month h/yea r	How old is (NAME)?	What is (NAME)'s nationality?	What is (NAME)'s current marital status?	CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49	CIRCLE LINE NUMBER OF EVER MARRIED WOMEN AGE 15-49	IF HOUSE- HOLD SELEC- TED FOR MAN'S SURVEY	CIRCLE LINE NUMBER OF ALL CHILDREN AGE 0-5
	IF 95 OR MORE, RECORD '95'.	1 = JORDANIAN 2 = EGYPTIAN 3 = SYRIAN 4 = IRAQI 5 = OTHER ARAB 6 = NOT ARAB 8 =DON'T KNOW	1 = NEVER- MARRIED 2 = MARRIED 3 = DIVORCED 4 = WIDOWED 5= SEPARATED			CIRCLE LINE NUMBER OF ALL MEN AGE 15-59	
	<input type="text"/>		<input type="text"/>	06	06	06	06
	<input type="text"/>		<input type="text"/>	07	07	07	07
	<input type="text"/>		<input type="text"/>	08	08	08	08
	<input type="text"/>		<input type="text"/>	09	09	09	09
	<input type="text"/>		<input type="text"/>	10	10	10	10

NO <input type="checkbox"/>
NO <input type="checkbox"/>
NO <input type="checkbox"/>

CODES FOR Q. 3: RELATIONSHIP TO HEAD OF HOUSEHOLD

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

HOUSEHOLD SCHEDULE

	IF AGE 0-17 YEARS				IF AGE 2 YEARS OR OLDER	
LINE NO.	SURVIVORSHIP AND RESIDENCE OF BIOLOGICAL PARENTS				EVER ATTENDED SCHOOL	
	12	13	14	15	16	17
	Is (NAME)'s biological mother alive?	Does (NAME)'s biological mother usually live in this household or was she a guest last night? IF YES: What RECORD MOTHER'S LINE NUMBER. IF NO, RECORD '00'.	Is (NAME)'s biological father alive?	Does (NAME)'s biological father usually live in this household or was he a guest last night? RECORD FATHER'S LINE NUMBER. IF NO, RECORD '00'.	Has (NAME) ever attended school or any early childhood education program?	What is the highest level of school (NAME) has attended? What is the highest grade (NAME) completed at that level? SEE CODES BELOW.
01	Y N DK 1 2 8 ↓ GO TO 14	<input type="text"/> <input type="text"/>	Y N DK 1 2 8 ↓ GO TO 16	<input type="text"/> <input type="text"/>	Y N 1 2 ↓ GO TO 20	LEVEL GRADE <input type="text"/> <input type="text"/> <input type="text"/>
02	1 2 8 ↓ GO TO 14	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/> <input type="text"/>
03	1 2 8 ↓ GO TO 14	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/> <input type="text"/>
04	1 2 8 ↓ GO TO 14	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/> <input type="text"/>
05	1 2 8 ↓ GO TO 14	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/> <input type="text"/>

HOUSEHOLD SCHEDULE

	IF AGE 0-17 YEARS				IF AGE 2 YEARS OR OLDER	
LINE NO.	SURVIVORSHIP AND RESIDENCE OF BIOLOGICAL PARENTS				EVER ATTENDED SCHOOL	
	12	13	14	15	16	17
	Is (NAME)'s biological mother alive?	Does (NAME)'s biological mother usually live in this household or was she a guest last night? IF YES: What RECORD MOTHER'S LINE NUMBER. IF NO, RECORD '00'.	Is (NAME)'s biological father alive?	Does (NAME)'s biological father usually live in this household or was he a guest last night? RECORD FATHER'S LINE NUMBER. IF NO, RECORD '00'.	Has (NAME) ever attended school or any early childhood education program?	What is the highest level of school (NAME) has attended? What is the highest grade (NAME) completed at that level? SEE CODES BELOW.
06	1 2 8 ↓ GO TO 14	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/> <input type="text"/>
07	1 2 8 ↓ GO TO 14	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/> <input type="text"/>
08	1 2 8 ↓ GO TO 14	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/> <input type="text"/>
09	1 2 8 ↓ GO TO 14	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/> <input type="text"/>
10	1 2 8 ↓ GO TO 14	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/> <input type="text"/>

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

LEVEL (OLD SYSTEM)

01 = OLD ELEMENTARY
02 = OLD PREPARATORY
03 = OLD SECONDARY

LEVEL (NEW SYSTEM)

00=PRE NEW BASIC
04 = NEW BASIC
05 = NEW SECONDARY
06 = INTERMEDIATE DIPLOMA
07 = BACHELOR
08 = HIGHER DIPLOMA
09 = MASTER
10 = PhD
98 = DON'T KNOW

GRADE

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

IF AGE 4-24 YEARS			IF AGE 0-4 YEARS	
CURRENT/RECENT SCHOOL ATTENDANCE			BIRTH REGISTRATION	
18	19		20	
<p>Did (NAME) attend school or any early childhood education program at any time during the [2022-2023] school year?</p>	<p>During [this/that] school year, what level and grade [is/was] (NAME) attending?</p> <p>SEE CODES BELOW.</p>		<p>Does (NAME) have a birth certificate?</p> <p>IF NO, PROBE: Has (NAME)'s birth ever been registered with the civil authority?</p> <p>1 = REGISTERED AND HAS CERTIFICATE 2 = REGISTERED AND DOES NOT HAVE CERTIFICATE 3 = NEITHER 8 = DON'T KNOW</p>	
<p>Y N</p> <p>1 2</p> <p> ↓</p> <p>GO TO 20</p>	LEVEL	GRADE		
	<input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>	
1 2	<input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>	
↓				
GO TO 20				
1 2	<input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>	
↓				
GO TO 20				
1 2	<input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>	
↓				
GO TO 20				
1 2	<input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>	
↓				
GO TO 20				

IF AGE 4-24 YEARS			IF AGE 0-4 YEARS
CURRENT/RECENT SCHOOL ATTENDANCE			BIRTH REGISTRATION
18	19		20
Did (NAME) attend school or any early childhood education program at any time during the [2022-2023] school year?	During [this/that] school year, what level and grade [is/was] (NAME) attending? SEE CODES BELOW.		Does (NAME) have a birth certificate? IF NO, PROBE: Has (NAME)'s birth ever been registered with the civil authority? 1 = REGISTERED AND HAS CERTIFICATE 2 = REGISTERED AND DOES NOT HAVE CERTIFICATE 3 = NEITHER 8 = DON'T KNOW
1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/> <input type="text"/>		<input type="text"/>
1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/> <input type="text"/>		<input type="text"/>
1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/> <input type="text"/>		<input type="text"/>
1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/> <input type="text"/>		<input type="text"/>
1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/> <input type="text"/>		<input type="text"/>

HOUSEHOLD SCHEDULE

	IF AGE 5 OR OLDER					
LINE NO.	DISABILITY					
	26	27	28	29	30	31
	Does (NAME) wear glasses or contact lenses to help them see?	I would like to know if (NAME) has difficulty seeing even when wearing glasses or contact lenses. Would you say that (NAME) has no difficulty seeing, some difficulty, a lot of difficulty, or cannot see at all? 1 = NO DIFFICULTY SEEING 2 = SOME DIFFICULTY 3 = A LOT OF DIFFICULTY 4 = CANNOT SEE AT ALL 8 = DON'T KNOW	I would like to know if (NAME) has difficulty seeing. Would you say that (NAME) has no difficulty seeing, some difficulty, a lot of difficulty, or cannot see at all? 1 = NO DIFFICULTY SEEING 2 = SOME DIFFICULTY 3 = A LOT OF DIFFICULTY 4 = CANNOT SEE AT ALL 8 = DON'T KNOW	Does (NAME) wear a hearing aid?	I would like to know if (NAME) has difficulty hearing even when using a hearing aid. Would you say that (NAME) has no difficulty hearing, some difficulty, a lot of difficulty, or cannot hear at all? 1 = NO DIFFICULTY HEARING 2 = SOME DIFFICULTY 3 = A LOT OF DIFFICULTY 4 = CANNOT HEAR AT ALL 8 = DON'T KNOW	I would like to know if (NAME) has difficulty hearing. Would you say that (NAME) has no difficulty hearing, some difficulty, a lot of difficulty, or cannot hear at all? 1 = NO DIFFICULTY HEARING 2 = SOME DIFFICULTY 3 = A LOT OF DIFFICULTY 4 = CANNOT HEAR AT ALL 8 = DON'T KNOW
1	Y N 1 2 ↓ GO TO 28	1 2 3 4 8 (GO TO 29)	1 2 3 4 8	Y N 1 2 ↓ GO TO 31	1 2 3 4 8 (GO TO 32)	1 2 3 4 8
2	1 2 ↓ GO TO 28	1 2 3 4 8 (GO TO 29)	1 2 3 4 8	1 2 ↓ GO TO 31	1 2 3 4 8 (GO TO 32)	1 2 3 4 8
3	1 2 ↓ GO TO 28	1 2 3 4 8 (GO TO 29)	1 2 3 4 8	1 2 ↓ GO TO 31	1 2 3 4 8 (GO TO 32)	1 2 3 4 8
4	1 2 ↓ GO TO 28	1 2 3 4 8 (GO TO 29)	1 2 3 4 8	1 2 ↓ GO TO 31	1 2 3 4 8 (GO TO 32)	1 2 3 4 8
5	1 2 ↓ GO TO 28	1 2 3 4 8 (GO TO 29)	1 2 3 4 8	1 2 ↓ GO TO 31	1 2 3 4 8 (GO TO 32)	1 2 3 4 8
6	1 2 ↓ GO TO 28	1 2 3 4 8 (GO TO 29)	1 2 3 4 8	1 2 ↓ GO TO 31	1 2 3 4 8 (GO TO 32)	1 2 3 4 8
7	1 2 ↓ GO TO 28	1 2 3 4 8 (GO TO 29)	1 2 3 4 8	1 2 ↓ GO TO 31	1 2 3 4 8 (GO TO 32)	1 2 3 4 8
8	1 2 ↓ GO TO 28	1 2 3 4 8 (GO TO 29)	1 2 3 4 8	1 2 ↓ GO TO 31	1 2 3 4 8 (GO TO 32)	1 2 3 4 8
9	1 2 ↓ GO TO 28	1 2 3 4 8 (GO TO 29)	1 2 3 4 8	1 2 ↓ GO TO 31	1 2 3 4 8 (GO TO 32)	1 2 3 4 8
10	1 2 ↓ GO TO 28	1 2 3 4 8 (GO TO 29)	1 2 3 4 8	1 2 ↓ GO TO 31	1 2 3 4 8 (GO TO 32)	1 2 3 4 8

HOUSEHOLD SCHEDULE

	IF AGE 5 OR OLDER					
LINE NO.	DISABILITY					
	26	27	28	29	30	31
	Does (NAME) wear glasses or contact lenses to help them see?	I would like to know if (NAME) has difficulty seeing even when wearing glasses or contact lenses. Would you say that (NAME) has no difficulty seeing, some difficulty, a lot of difficulty, or cannot see at all? 1 = NO DIFFICULTY SEEING 2 = SOME DIFFICULTY 3 = A LOT OF DIFFICULTY 4 = CANNOT SEE AT ALL 8 = DON'T KNOW	I would like to know if (NAME) has difficulty seeing. Would you say that (NAME) has no difficulty seeing, some difficulty, a lot of difficulty, or cannot see at all? 1 = NO DIFFICULTY SEEING 2 = SOME DIFFICULTY 3 = A LOT OF DIFFICULTY 4 = CANNOT SEE AT ALL 8 = DON'T KNOW	Does (NAME) wear a hearing aid?	I would like to know if (NAME) has difficulty hearing even when using a hearing aid. Would you say that (NAME) has no difficulty hearing, some difficulty, a lot of difficulty, or cannot hear at all? 1 = NO DIFFICULTY HEARING 2 = SOME DIFFICULTY 3 = A LOT OF DIFFICULTY 4 = CANNOT HEAR AT ALL 8 = DON'T KNOW	I would like to know if (NAME) has difficulty hearing. Would you say that (NAME) has no difficulty hearing, some difficulty, a lot of difficulty, or cannot hear at all? 1 = NO DIFFICULTY HEARING 2 = SOME DIFFICULTY 3 = A LOT OF DIFFICULTY 4 = CANNOT HEAR AT ALL 8 = DON'T KNOW
11	Y N 1 2 ↓ GO TO 28	1 2 3 4 8 (GO TO 29)	1 2 3 4 8	1 2 ↓ GO TO 31	1 2 3 4 8 (GO TO 32)	1 2 3 4 8
12	1 2 ↓ GO TO 28	1 2 3 4 8 (GO TO 29)	1 2 3 4 8	1 2 ↓ GO TO 31	1 2 3 4 8 (GO TO 32)	1 2 3 4 8
13	1 2 ↓ GO TO 28	1 2 3 4 8 (GO TO 29)	1 2 3 4 8	1 2 ↓ GO TO 31	1 2 3 4 8 (GO TO 32)	1 2 3 4 8
14	1 2 ↓ GO TO 28	1 2 3 4 8 (GO TO 29)	1 2 3 4 8	1 2 ↓ GO TO 31	1 2 3 4 8 (GO TO 32)	1 2 3 4 8
15	1 2 ↓ GO TO 28	1 2 3 4 8 (GO TO 29)	1 2 3 4 8	1 2 ↓ GO TO 31	1 2 3 4 8 (GO TO 32)	1 2 3 4 8
16	1 2 ↓ GO TO 28	1 2 3 4 8 (GO TO 29)	1 2 3 4 8	1 2 ↓ GO TO 31	1 2 3 4 8 (GO TO 32)	1 2 3 4 8
17	1 2 ↓ GO TO 28	1 2 3 4 8 (GO TO 29)	1 2 3 4 8	1 2 ↓ GO TO 31	1 2 3 4 8 (GO TO 32)	1 2 3 4 8
18	1 2 ↓ GO TO 28	1 2 3 4 8 (GO TO 29)	1 2 3 4 8	1 2 ↓ GO TO 31	1 2 3 4 8 (GO TO 32)	1 2 3 4 8
19	1 2 ↓ GO TO 28	1 2 3 4 8 (GO TO 29)	1 2 3 4 8	1 2 ↓ GO TO 31	1 2 3 4 8 (GO TO 32)	1 2 3 4 8
20	1 2 ↓ GO TO 28	1 2 3 4 8 (GO TO 29)	1 2 3 4 8	1 2 ↓ GO TO 31	1 2 3 4 8 (GO TO 32)	1 2 3 4 8

HOUSEHOLD SCHEDULE

	IF AGE 5 OR OLDER			
LINE NO.	DISABILITY			
	32	33	34	35
	<p>I would like to know if (NAME) has difficulty communicating when using his/her usual language. Would you say that (NAME) has no difficulty understanding or being understood, some difficulty, a lot of difficulty, or cannot communicate at all?</p> <p>1 = NO DIFFICULTY COMMUNICATING 2 = SOME DIFFICULTY 3 = A LOT OF DIFFICULTY 4 = CANNOT COMMUNICATE AT ALL 8 = DON'T KNOW</p>	<p>I would like to know if (NAME) has difficulty remembering or concentrating. Would you say that (NAME) has no difficulty remembering or concentrating, some difficulty, a lot of difficulty, or cannot remember or concentrate at all?</p> <p>1 = NO DIFFICULTY REMEMBERING/ CONCENTRATING 2 = SOME DIFFICULTY 3 = A LOT OF DIFFICULTY 4 = CANNOT REMEMBER/ CONCENTRATE AT ALL 8 = DON'T KNOW</p>	<p>I would like to know if (NAME) has difficulty walking or climbing steps. Would you say that (NAME) has no difficulty walking or climbing steps, some difficulty, a lot of difficulty, or cannot walk or climb steps at all?</p> <p>1 = NO DIFFICULTY WALKING OR CLIMBING 2 = SOME DIFFICULTY 3 = A LOT OF DIFFICULTY 4 = CANNOT WALK OR CLIMB AT ALL 8 = DON'T KNOW</p>	<p>I would like to know if (NAME) has difficulty washing all over or dressing. Would you say that (NAME) has no difficulty washing all over or dressing, some difficulty, a lot of difficulty, or cannot wash all over or dress at all?</p> <p>1 = NO DIFFICULTY WASHING OR DRESSING 2 = SOME DIFFICULTY 3 = A LOT OF DIFFICULTY 4 = CANNOT WASH OR DRESS AT ALL 8 = DON'T KNOW</p>
1	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8
2	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8
3	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8
4	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8
5	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8
6	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8
7	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8
8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8
9	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8
10	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8

HOUSEHOLD SCHEDULE

	IF AGE 5 OR OLDER			
LINE NO.	DISABILITY			
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	<p>I would like to know if (NAME) has difficulty communicating when using his/her usual language. Would you say that (NAME) has no difficulty understanding or being understood, some difficulty, a lot of difficulty, or cannot communicate at all?</p> <p>1 = NO DIFFICULTY COMMUNICATING 2 = SOME DIFFICULTY 3 = A LOT OF DIFFICULTY 4 = CANNOT COMMUNICATE AT ALL 8 = DON'T KNOW</p>	<p>I would like to know if (NAME) has difficulty remembering or concentrating. Would you say that (NAME) has no difficulty remembering or concentrating, some difficulty, a lot of difficulty, or cannot remember or concentrate at all?</p> <p>1 = NO DIFFICULTY REMEMBERING/ CONCENTRATING 2 = SOME DIFFICULTY 3 = A LOT OF DIFFICULTY 4 = CANNOT REMEMBER/ CONCENTRATE AT ALL 8 = DON'T KNOW</p>	<p>I would like to know if (NAME) has difficulty walking or climbing steps. Would you say that (NAME) has no difficulty walking or climbing steps, some difficulty, a lot of difficulty, or cannot walk or climb steps at all?</p> <p>1 = NO DIFFICULTY WALKING OR CLIMBING 2 = SOME DIFFICULTY 3 = A LOT OF DIFFICULTY 4 = CANNOT WALK OR CLIMB AT ALL 8 = DON'T KNOW</p>	<p>I would like to know if (NAME) has difficulty washing all over or dressing. Would you say that (NAME) has no difficulty washing all over or dressing, some difficulty, a lot of difficulty, or cannot wash all over or dress at all?</p> <p>1 = NO DIFFICULTY WASHING OR DRESSING 2 = SOME DIFFICULTY 3 = A LOT OF DIFFICULTY 4 = CANNOT WASH OR DRESS AT ALL 8 = DON'T KNOW</p>
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12	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8
13	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8
14	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8
15	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8
16	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8
17	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8
18	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8
19	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8
20	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8

SELECTION OF ONE CHILD FOR CHILD DISCIPLINE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES																																																																		
SL1	CHECK COL. 7 IN THE LIST OF HOUSEHOLD MEMBERS AND WRITE THE TOTAL NUMBER OF CHILDREN AGE 1-14 YEARS.	TOTAL NUMBER <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block; vertical-align: middle;"></div>																																																																		
SL2	<p>CHECK THE NUMBER OF CHILDREN AGE 1-14 YEARS IN SL1:</p> <p style="text-align: center;">ZERO <input style="width: 20px; height: 20px; border: 1px solid black;" type="checkbox"/> →</p> <p style="text-align: center;">TWO OR MORE <input style="width: 20px; height: 20px; border: 1px solid black;" type="checkbox"/> ↓ ONE <input style="width: 20px; height: 20px; border: 1px solid black;" type="checkbox"/> →</p>	<p>SKIP TO HOUSEHOLD CHARACTERISTICS MODULE</p> <p>SKIP TO SL9 AND RECORD THE RANK NUMBER AS '1', ENTER THE LINE NUMBER, CHILD'S NAME AND AGE</p>																																																																		
SL2A	<p>LIST EACH OF THE CHILDREN AGE 1-14 YEARS BELOW IN THE ORDER THEY APPEAR IN THE LIST OF HOUSEHOLD MEMBERS. DO NOT INCLUDE OTHER HOUSEHOLD MEMBERS OUTSIDE OF THE AGE RANGE 1-14 YEARS. RECORD THE LINE NUMBER, NAME, SEX, AND AGE FOR EACH CHILD.</p> <table border="1" style="width:100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width:10%;">SL3. RANK NUMBER</th> <th style="width:10%;">SL4. HH LINE NUMBER</th> <th style="width:30%;">SL5. NAME FROM COL. 2</th> <th colspan="2" style="width:10%;">SL6. SEX FROM COL. 4</th> <th style="width:10%;">SL7. AGE FROM COL. 7</th> </tr> <tr> <th>RANK</th> <th>LINE</th> <th>NAME</th> <th>M</th> <th>F</th> <th>AGE</th> </tr> </thead> <tbody> <tr><td>1</td><td><div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div></td><td><div style="border-bottom: 1px solid black; width: 100%;"></div></td><td align="center">1</td><td align="center">2</td><td><div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div></td></tr> <tr><td>2</td><td><div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div></td><td><div style="border-bottom: 1px solid black; width: 100%;"></div></td><td align="center">1</td><td align="center">2</td><td><div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div></td></tr> <tr><td>3</td><td><div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div></td><td><div style="border-bottom: 1px solid black; width: 100%;"></div></td><td align="center">1</td><td align="center">2</td><td><div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div></td></tr> <tr><td>4</td><td><div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div></td><td><div style="border-bottom: 1px solid black; width: 100%;"></div></td><td align="center">1</td><td align="center">2</td><td><div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div></td></tr> <tr><td>5</td><td><div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div></td><td><div style="border-bottom: 1px solid black; width: 100%;"></div></td><td align="center">1</td><td align="center">2</td><td><div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div></td></tr> <tr><td>6</td><td><div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div></td><td><div style="border-bottom: 1px solid black; width: 100%;"></div></td><td align="center">1</td><td align="center">2</td><td><div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div></td></tr> <tr><td>7</td><td><div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div></td><td><div style="border-bottom: 1px solid black; width: 100%;"></div></td><td align="center">1</td><td align="center">2</td><td><div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div></td></tr> <tr><td>8</td><td><div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div></td><td><div style="border-bottom: 1px solid black; width: 100%;"></div></td><td align="center">1</td><td align="center">2</td><td><div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div></td></tr> <tr><td>9</td><td><div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div></td><td><div style="border-bottom: 1px solid black; width: 100%;"></div></td><td align="center">1</td><td align="center">2</td><td><div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div></td></tr> </tbody> </table>		SL3. 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AGE FROM COL. 7	RANK	LINE	NAME	M	F	AGE	1	<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>	<div style="border-bottom: 1px solid black; width: 100%;"></div>	1	2	<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>	2	<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>	<div style="border-bottom: 1px solid black; width: 100%;"></div>	1	2	<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>	3	<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>	<div style="border-bottom: 1px solid black; width: 100%;"></div>	1	2	<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>	4	<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>	<div style="border-bottom: 1px solid black; width: 100%;"></div>	1	2	<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>	5	<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>	<div style="border-bottom: 1px solid black; width: 100%;"></div>	1	2	<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>	6	<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>	<div style="border-bottom: 1px solid black; width: 100%;"></div>	1	2	<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>	7	<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>	<div style="border-bottom: 1px solid black; width: 100%;"></div>	1	2	<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>	8	<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>	<div style="border-bottom: 1px solid black; width: 100%;"></div>	1	2	<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>	9	<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>	<div style="border-bottom: 1px solid black; width: 100%;"></div>	1	2	<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>
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SELECTION OF ONE CHILD FOR CHILD DISCIPLINE

SL8 LOOK AT THE LAST DIGIT OF THE HOUSEHOLD NUMBER ON THE COVER PAGE. THIS IS THE ROW NUMBER YOU SHOULD GO TO. CHECK THE TOTAL NUMBER OF ELIGIBLE CHILDREN **SL1** ON THE PREVIOUS PAGE. THIS IS THE COLUMN NUMBER YOU SHOULD GO TO. FOLLOW THE SELECTED ROW AND COLUMN TO THE CELL WHERE THEY MEET AND CIRCLE THE NUMBER IN THE CELL. THIS IS THE RANK NUMBER OF THE CHILD SELECTED FOR THE CHILD LABOUR/CHILD DISCIPLINE QUESTIONS FROM THE BOX OF ELIGIBLE CHILDREN IN **SL3**. WRITE THE NAME, LINE NUMBER, AND RANK NUMBER OF THE SELECTED CHILD IN THE SPACE BELOW THE TABLE.

EXAMPLE: THE HOUSEHOLD NUMBER IS '716' AND **SL1** SHOWS THAT THERE ARE THREE ELIGIBLE CHILDREN AGE 1-14 IN THE HOUSEHOLD. SINCE THE LAST DIGIT OF THE HOUSEHOLD NUMBER IS '6' GO TO ROW '6' AND SINCE THERE ARE THREE ELIGIBLE CHILDREN IN THE HOUSEHOLD, GO TO COLUMN '3'. FOLLOW THE ROW AND COLUMN AND FIND THE NUMBER IN THE CELL WHERE THEY MEET ('2') AND CIRCLE THE NUMBER. NOW GO TO **[SL3]** AND FIND THE SECOND CHILD. WRITE THE NAME, LINE NUMBER, AND RANK NUMBER OF THE CHILD IN THE SPACE BELOW THE TABLE.

LAST DIGIT OF THE HOUSE- HOLD NUMBER	TOTAL NUMBER OF ELIGIBLE CHILDREN AGE 1-14 IN HOUSEHOLD FROM SL1							
	1	2	3	4	5	6	7	8+
0	1	2	2	4	3	6	5	4
1	1	1	3	1	4	1	6	5
2	1	2	1	2	5	2	7	6
3	1	1	2	3	1	3	1	7
4	1	2	3	4	2	4	2	8
5	1	1	1	1	3	5	3	1
6	1	2	2	2	4	6	4	2
7	1	1	3	3	5	1	5	3
8	1	2	1	4	1	2	6	4
9	1	1	2	1	2	3	7	5

SL9 NAME
OF SELECTED CHILD _____

HH LINE NUMBER
OF SELECTED CHILD

RANK NUMBER
OF SELECTED CHILD

CHILD DISCIPLINE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																													
CD1	<p>CHECK THE SELECTED CHILD'S AGE FROM SL9:</p> <p>1-14 YEARS <input type="checkbox"/> 15-17 YEARS <input type="checkbox"/></p> <p align="right">→ NEXT SECT.</p>																																															
CD2	<p>WRITE THE LINE NUMBER AND NAME OF THE CHILD FROM SL9.</p>	<p>LINE NUMBER <input type="text"/> <input type="text"/></p> <p>NAME</p>																																														
CD3	<p>Adults use certain ways to teach children the right behaviour or to address a behaviour problem. I will read various methods that are used. Please tell me if you or any other adult in this household has used this method with (NAME) in the past month.</p>	<table border="0"> <thead> <tr> <th></th><th>YES</th><th>NO</th></tr> </thead> <tbody> <tr> <td>a) TOOK AWAY PRIVILEGES</td><td>1</td><td>2</td></tr> <tr> <td>b) EXPLAINED WRONG BEHAVIOUR ..</td><td>1</td><td>2</td></tr> <tr> <td>c) SHOOK HIM/HER</td><td>1</td><td>2</td></tr> <tr> <td>d) SHOUTED, YELLED, SCREAMED ..</td><td>1</td><td>2</td></tr> <tr> <td>e) GAVE SOMETHING ELSE TO DO.....</td><td>1</td><td>2</td></tr> <tr> <td>f) HIT ON BOTTOM WITH BARE HAND..</td><td>1</td><td>2</td></tr> <tr> <td>g) HIT WITH HARD OBJECT</td><td>1</td><td>2</td></tr> <tr> <td>h) CALLED NAME</td><td>1</td><td>2</td></tr> <tr> <td>i) HIT ON HEAD/FACE/EARS</td><td>1</td><td>2</td></tr> <tr> <td>j) HIT ON HAND/ARM/LEG</td><td>1</td><td>2</td></tr> <tr> <td>k) BEAT HIM/HER UP</td><td>1</td><td>2</td></tr> <tr> <td>l) NEGLECTED ON PURPOSE</td><td>1</td><td>2</td></tr> <tr> <td>m) KEPT IN ROOM</td><td>1</td><td>2</td></tr> <tr> <td>n) NO PUNISHMENT</td><td>1</td><td>2</td></tr> </tbody> </table>		YES	NO	a) TOOK AWAY PRIVILEGES	1	2	b) EXPLAINED WRONG BEHAVIOUR ..	1	2	c) SHOOK HIM/HER	1	2	d) SHOUTED, YELLED, SCREAMED ..	1	2	e) GAVE SOMETHING ELSE TO DO.....	1	2	f) HIT ON BOTTOM WITH BARE HAND..	1	2	g) HIT WITH HARD OBJECT	1	2	h) CALLED NAME	1	2	i) HIT ON HEAD/FACE/EARS	1	2	j) HIT ON HAND/ARM/LEG	1	2	k) BEAT HIM/HER UP	1	2	l) NEGLECTED ON PURPOSE	1	2	m) KEPT IN ROOM	1	2	n) NO PUNISHMENT	1	2	
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CD4	<p>Do you believe that in order to bring up, raise or educate a child properly, the child needs to be physically punished?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW / NO OPINION 8</p>																																														

HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
100A	TYPE OF HOUSING UNIT. RECORD OBSERVATION.	APARTMENT 1 DAR 2 VILLA 3 HUT/BARRACK 4 OTHER 6 (SPECIFY)	
101 (5)	What is the main source of drinking water for members of your household?	PIPED INTO HOUSING UNIT 11 PIPED TO YARD/PLOT 12 SPRING 21 RAINWATER 31 TANKER TRUCK 41 BOTTLED WATER.....51 OTHER 96 (SPECIFY)	<div>→ 106</div> <div>→ 103</div> <div>→ 103</div>
102	What is the main source of water used by your household for other purposes such as cooking and handwashing?	PIPED INTO HOUSING UNIT 11 PIPED TO YARD/PLOT 12 SPRING 21 RAINWATER 31 TANKER TRUCK 41 BOTTLED WATER.....51 OTHER 96 (SPECIFY)	<div>→ 106</div> <div>→ 106</div>
103	Where is that water source located?	IN OWN DWELLING 1 IN OWN YARD/PLOT 2 ELSEWHERE 3	<div>→ 106</div>
104	How long does it take to go there, get water, and come back?	MINUTES..... <div><div></div><div></div><div></div></div> DON'T KNOW 998	
105	Who usually goes to this source to collect the water for your household? RECORD THE PERSON'S NAME AND LINE NUMBER FROM THE HOUSEHOLD SCHEDULE. IF THE PERSON IS NOT LISTED IN THE HOUSEHOLD ROSTER, RECORD '00'.	NAME LINE NUMBER <div><div></div><div></div></div>	

HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
106	In the last month, has there been any time when your household did not have sufficient quantities of drinking water when needed?	YES 1 NO 2 DON'T KNOW 8	
107	Do you do anything to the water to make it safer to drink?	YES 1 NO 2 DON'T KNOW 8	<div>→ 109</div>
108	What do you usually do to make the water safer to drink? Anything else? RECORD ALL MENTIONED.	BOIL A ADD BLEACH/CHLORINE B USE WATER FILTER (CERAMIC/ SAND/COMPOSITE/ETC) C OTHER X (SPECIFY) DON'T KNOW Z	
109 (6)	What kind of toilet facility do members of your household usually use? IF NOT POSSIBLE TO DETERMINE, ASK PERMISSION TO OBSERVE THE FACILITY.	FLUSH OR POUR FLUSH TOILET FLUSH TO PIPED SEWER SYSTEM 11 FLUSH TO PIT LATRINE 12 FLUSH TO SOMEWHERE ELSE 13 PIT LATRINE VENTILATED IMPROVED PIT LATRINE 21 PIT LATRINE WITH SLAB 22 PIT LATRINE WITHOUT SLAB/OPEN PIT .. 23 NO FACILITY/BUSH/FIELD 61 OTHER 96 (SPECIFY)	<div>→ 117</div>
110	Do you share this toilet facility with other households?	YES 1 NO 2	<div>→ 112</div>
111	Including your own household, how many households use this toilet facility?	NO. OF HOUSEHOLDS IF LESS THAN 10 <div><div>0</div><div></div></div> 10 OR MORE HOUSEHOLDS 95 DON'T KNOW 98	
112	Where is this toilet facility located?	IN OWN DWELLING 1 IN OWN YARD/PLOT 2 ELSEWHERE 3	
113	CHECK 109: CODES 12, 13, 21, <div><div></div></div> 22, 23 CIRCLED <div>↓</div>	OTHER <div><div></div></div>	<div>→ 117</div>
114	Has your (septic tank/pit latrine/composting toilet) ever been emptied?	YES 1 NO 2 DON'T KNOW 8	<div>→ 117</div>
115	The last time the (septic tank/pit latrine/composting toilet) was emptied, was it emptied by a service provider?	YES 1 NO 2 DON'T KNOW 8	

HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP		
116	Where were the contents emptied to?	A TREATMENT PLANT 1 BURIED IN A COVERED PIT 2 UNCOVERED PIT/BUSH/FIELD/ OPEN GROUND 3 SURFACE WATER (RIVER/DAM/ LAKE/POND/STREAM/CANAL/ IRRIGATION CHANNEL) 4 OTHER 6 (SPECIFY) DON'T KNOW 8			
117	In your household, what type of cookstove is mainly used for cooking?	ELECTRICITY 01 NATURAL GAS 02 KEROSENE 03 COAL, WOOD 04 NO FOOD COOKED IN HOUSEHOLD 95 OTHER 96 (SPECIFY)	117 117 120 120 → 122 		
121	Is the cooking usually done in the house, in a separate building, or outdoors?	IN THE HOUSE 1 IN A SEPARATE BUILDING 2 OUTDOORS 3 OTHER 6 (SPECIFY)	 → 122A 		
122	Do you have a separate room which is used as a kitchen?	YES 1 NO 2			
122A	Do you have an independent bathroom?	YES 1 NO 2			
122B	How many rooms do you have in your house?	ROOMS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			
123	What does this household use to heat the home when needed (main source)?	CENTRAL HEATING 01 KEROSENE/SOLAR HEATER 02 GAS HEATER 03 AIR CONDITIONER 04 ELECTRIC HEATER 05 FIREWOOD/CHARCOAL/PEA 06 NO NEED FOR HEATING 07 NO SPACE HEATING IN HOUSEHOLD 95 OTHER 96 (SPECIFY)	→ 125 → 125 → 125 → 125 → 126 → 126 → 125		
124	Does it have a chimney?	YES 1 NO 2 DON'T KNOW 8			

HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																													
125	What type of fuel or energy source is used in this heater?	ELECTRICITY 01 SOLAR AIR 03 COOKING GAS 04 ALCOHOL/ETHANOL 06 DIESEL 07 KEROSENE/PARAFFIN 08 CHARCOAL 10 WOOD 11 STRAW/SHRUBS/GRASS 12 AGRICULTURAL CROF..... 13 ANIMAL DUNG/WASTE..... 14 GARBAGE/PLASTIC 16 PEAT 18 OTHER 96 (SPECIFY)																																														
126	At night, what does your household mainly use to light the home?	ELECTRICITY 01 SOLAR LANTERN 02 RECHARGEABLE FLASHLIGHT, TORCH OR LANTERN 03 BATTERY POWERED FLASHLIGHT, TORCH OR LANTERN 04 BIOGAS LAMP 05 GASOLINE LAMP 06 KEROSENE OR PARAFFIN LAMP 07 CHARCOAL 08 WOOD 09 STRAW/SHRUBS/GRASS 10 AGRICULTURAL CROF..... 11 ANIMAL DUNG/WASTE..... 12 OIL LAMP 13 CANDLE 14 NO LIGHTING IN HOUSEHOLD 95 OTHER 96 (SPECIFY)																																														
127	How many rooms in this household are used for sleeping?	ROOMS <input type="text"/> <input type="text"/>																																														
131A	Does your household have a bed or sofa bed? IF YES: How many beds or sofa beds does your household have? IF NONE, RECORD '0'. IF 7 OR MORE, RECORD 7.	NUMBER OF BEDS <input type="text"/>																																														
132	Does your household have:	<table border="0"> <thead> <tr> <th></th><th>YES</th><th>NO</th></tr> </thead> <tbody> <tr> <td>a) A radio or tape recorder?</td><td>a) RADIO/TAPE RECORDER 1</td><td>2</td></tr> <tr> <td>b) A television?</td><td>b) TELEVISION 1</td><td>2</td></tr> <tr> <td>c) A satellite?</td><td>c) SATELLITE 1</td><td>2</td></tr> <tr> <td>d) A land telephone?</td><td>d) LAND TELEPHONE .. 1</td><td>2</td></tr> <tr> <td>e) A refrigerator?</td><td>e) REFRIGERATOF..... 1</td><td>2</td></tr> <tr> <td>f) A freezer?</td><td>f) FREEZER 1</td><td>2</td></tr> <tr> <td>g) A washing machine?</td><td>g) WASHING MACHIN..... 1</td><td>2</td></tr> <tr> <td>h) A dish washer?</td><td>h) DISH WASHER 1</td><td>2</td></tr> <tr> <td>i) A solar heater?</td><td>i) SOLAR HEATER..... 1</td><td>2</td></tr> <tr> <td>j) An air conditioner?</td><td>j) AIR CONDITIONER .. 1</td><td>2</td></tr> <tr> <td>k) A fan?</td><td>k) FAN 1</td><td>2</td></tr> <tr> <td>l) A water cooler?</td><td>l) WATER COOLER .. 1</td><td>2</td></tr> <tr> <td>m) A microwave?</td><td>m) MICROWAVE .. 1</td><td>2</td></tr> <tr> <td>n) A digital camera?</td><td>n) DIGITAL CAMERA .. 1</td><td>2</td></tr> </tbody> </table>		YES	NO	a) A radio or tape recorder?	a) RADIO/TAPE RECORDER 1	2	b) A television?	b) TELEVISION 1	2	c) A satellite?	c) SATELLITE 1	2	d) A land telephone?	d) LAND TELEPHONE .. 1	2	e) A refrigerator?	e) REFRIGERATOF..... 1	2	f) A freezer?	f) FREEZER 1	2	g) A washing machine?	g) WASHING MACHIN..... 1	2	h) A dish washer?	h) DISH WASHER 1	2	i) A solar heater?	i) SOLAR HEATER..... 1	2	j) An air conditioner?	j) AIR CONDITIONER .. 1	2	k) A fan?	k) FAN 1	2	l) A water cooler?	l) WATER COOLER .. 1	2	m) A microwave?	m) MICROWAVE .. 1	2	n) A digital camera?	n) DIGITAL CAMERA .. 1	2	
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HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																								
132A	Does your household own a private car or pickup? IF YES: How many? IF NONE, RECORD '0'. IF 7 OR MORE, RECORD 7	NUMBER OF CARS/PICKUPS..... <input type="text"/>																									
133	Does any member of this household own: a) A watch? b) A mobile phone? c) A bicycle? d) A motorcycle or motor scooter? e) An animal-drawn cart? f) Tablet? g) Computer?	<table> <thead> <tr> <th></th><th>YES</th><th>NO</th></tr> </thead> <tbody> <tr> <td>a) WATCH</td><td>1</td><td>2</td></tr> <tr> <td>b) MOBILE PHONE.....</td><td>1</td><td>2</td></tr> <tr> <td>c) BICYCLE</td><td>1</td><td>2</td></tr> <tr> <td>d) MOTORCYCLE/SCOOTER....</td><td>1</td><td>2</td></tr> <tr> <td>e) ANIMAL-DRAWN CART</td><td>1</td><td>2</td></tr> <tr> <td>f) TABLET</td><td>1</td><td>2</td></tr> <tr> <td>g) COMPUTER</td><td>1</td><td>2</td></tr> </tbody> </table>		YES	NO	a) WATCH	1	2	b) MOBILE PHONE.....	1	2	c) BICYCLE	1	2	d) MOTORCYCLE/SCOOTER....	1	2	e) ANIMAL-DRAWN CART	1	2	f) TABLET	1	2	g) COMPUTER	1	2	
	YES	NO																									
a) WATCH	1	2																									
b) MOBILE PHONE.....	1	2																									
c) BICYCLE	1	2																									
d) MOTORCYCLE/SCOOTER....	1	2																									
e) ANIMAL-DRAWN CART	1	2																									
f) TABLET	1	2																									
g) COMPUTER	1	2																									
133A	Does your household have internet service?	YES 1 NO 2																									
134	Does any member of this household have an account in a bank or other financial institution?	YES 1 NO 2																									
134A	Does any member of this household have a personal credit card?	YES 1 NO 2																									
134B	Does any member of this household have a personal electronic wallet?	YES 1 NO 2																									
135	Does any member of this household use a mobile phone to make financial transactions such as sending or receiving money, paying bills, purchasing goods or services, or receiving wages?	YES 1 NO 2																									
136	How often does anyone, even only one person, smoke inside your house? Would you say daily, weekly, monthly, less often than once a month, or never?	DAILY 1 WEEKLY 2 MONTHLY 3 LESS OFTEN THAN ONCE A MONTH 4 NEVER 5	→ 152																								
136A	How many people smoke inside the house?	NUMBER OF PEOPLE SMOKING <input type="text"/>																									

ADDITIONAL HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
152 (6)	OBSERVE MAIN MATERIAL OF THE FLOOR OF THE DWELLING. RECORD OBSERVATION.	NATURAL FLOOR EARTH/SAND 11 FINISHED FLOOR PARQUET OR POLISHED WOOD 31 TILES 32 MARBLE/ CERAMIC 33 CEMENT 34 OTHER 96 (SPECIFY)									
153 (6)	OBSERVE MAIN MATERIAL OF THE ROOF OF THE DWELLING. RECORD OBSERVATION.	RUDIMENTARY ROOFING MUD BRICKS 21 MUD BRICKS WITH STON. 22 FINISHED ROOFING CONCRETE 31 OTHER 96 (SPECIFY)									
154 (6)	OBSERVE MAIN MATERIAL OF THE EXTERIOR WALLS OF THE DWELLING. RECORD OBSERVATION.	RUDIMENTARY WALLS MUD BRICKS 21 MUD BRICKS WITH STONES 22 FINISHED WALLS CEMENT BRICKS 31 CUT STONES 32 CUT STONES AND CONCRETE 33 CONCRETE 34 OTHER 96 (SPECIFY)									
156	RECORD THE TIME.	HOURS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> MINUTES <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>									

INTERVIEWER'S OBSERVATIONS
TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT INTERVIEW:

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

SUPERVISOR'S OBSERVATIONS

DEMOGRAPHIC AND HEALTH SURVEYS
 JORDAN DHS 2022 WOMAN'S QUESTIONNAIRE

JORDAN
 JORDAN DEPARTMENT OF STATISTICS

IDENTIFICATION										
PLACE NAME _____										
NAME OF HOUSEHOLD HEAD _____										
CLUSTER NUMBER										
HOUSEHOLD NUMBER										
NAME AND LINE NUMBER OF WOMAN _____										
HOUSEHOLD SELECTED FOR DOMESTIC VIOLENCE MODULE? (1=YES, 2=NO) ..										
HOUSEHOLD SELECTED FOR EARLY CHILDHOOD DEVELOPMENT? (1=YES, 2=NO)										
INTERVIEWER VISITS										
	1	2	3	FINAL VISIT						
DATE	_____	_____	_____	DAY <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>						
INTERVIEWER'S NAME	_____	_____	_____	MONTH <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>						
RESULT*	_____	_____	_____	YEAR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>						
NEXT VISIT: DATE	_____	_____	_____	INT. NO. <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>						
TIME	_____	_____	_____	RESULT* <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td></tr></table>						
	_____	_____	_____	TOTAL NUMBER OF VISITS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td></tr></table>						
*RESULT CODES: 1 COMPLETED 4 REFUSED 2 NOT AT HOME 5 PARTLY COMPLETED 7 OTHER _____ 3 POSTPONED 6 INCAPACITATED SPECIFY _____										
LANGUAGE OF QUESTIONNAIRE** <table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px; text-align: center;">0</td><td style="width: 20px; height: 20px; text-align: center;">1</td></tr></table>					0	1				
0	1									
LANGUAGE OF INTERVIEW** <table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>										
NATIVE LANGUAGE OF RESPONDENT** <table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>										
TRANSLATOR USED (YES = 1, NO = 2) <table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px;"></td></tr></table>										
LANGUAGE OF QUESTIONNAIRE** ENGLISH										
**LANGUAGE CODES: 01 ENGLISH 02 ARABIC										
TEAM <table border="1" style="margin: 0 auto;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> NUMBER					TEAM SUPERVISOR <table border="1" style="margin: 0 auto;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>					
NAME			NUMBER							

INTRODUCTION AND CONSENT

Hello. My name is _____, I am working with Jordan Department of Statistics. We are conducting a survey about health and other topics all over Jordan. The information we collect will help the government to plan health services. Your household was selected for the survey. The questions usually take about 30 to 60 minutes. All of the answers you give will be confidential and will not be shared with anyone other than members of our survey team. You don't have to be in the survey, but we hope you will agree to answer the questions since your views are important. If I ask you any question you don't want to answer, just let me know and I will go on to the next question or you can stop the interview at any time.

In case you need more information about the survey, you may contact the person listed on the card that has already been given to your household.

Do you have any questions?
May I begin the interview now?

SIGNATURE OF INTERVIEWER _____ DATE _____

RESPONDENT AGREES
TO BE INTERVIEWED .. 1

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



SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE TIME.	HOURS <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> MINUTES <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table>	
101A	What is your marital status now: are you married, widowed, divorced, or separated? IF THE WOMAN IS NOT MARRIED, WIDOWED, DIVORCED, OR SEPARATED, END THE INTERVIEW, AND CORRECT MARITAL STATUS AND ELIGIBILITY IN THE HOUSEHOLD QUESTIONNAIRE.	MARRIED 1 DIVORCED 2 WIDOWED 3 SEPARATED 4 NEVER MARRIED 5	→ END
102	What governorate were you born in?	AMMAN 01 BALQA 02 ZARQA 03 MADABA 04 IRBID 05 MAFRAQ 06 JARASH 07 ALJOUR 08 KARAK 09 TAFIELA 10 MA'AN 11 AQABA 12 OUTSIDE JORDAN 96	
104	How long have you been living continuously in (NAME OF CURRENT GOVERNORATE)? IF LESS THAN ONE YEAR, RECORD '00' YEARS.	YEARS <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> ALWAYS 95 VISITOR 96	→ 110

SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
107	Just before you moved here, which governorate did you live in?	AMMAN 01 BALQA 02 ZARQA 03 MADABA 04 IRBID 05 MAFRAQ 06 JARASH 07 ALJOUM 08 KARAK 09 TAFIELA 10 MA'AN 11 AQABA 12 OUTSIDE JORDAN 96	
110	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	
111	How old were you at your last birthday? COMPARE AND CORRECT 110 AND/OR 111	AGE IN COMPLETED YEAR <input type="text"/> <input type="text"/>	
112	In general, would you say your health is very good, good, moderate, bad, or very bad?	VERY GOOD 1 GOOD 2 MODERATE 3 BAD 4 VERY BAD 5	
113	Have you ever attended school?	YES 1 NO 2	→ 117
114	What is the highest level of school you attended: old elementary, old preparatory, new basic, new secondary, intermediate diploma, bachelor, or higher?	OLD SYSTEM ELEMENTARY 1 PREPARATOR\ 2 SECONDARY 3 NEW SYSTEM BASIC 4 SECONDARY 5 INTERMEDIATE DIPLOM 6 BACHELOR 7 HIGHER DIPLOMA 8 MASTER 9 PhD 10	
115	What is the highest grade you completed at that level? IF COMPLETED LESS THAN ONE YEAR AT THAT LEVEL, RECORD '00'.	GRADE <input type="text"/> <input type="text"/>	

SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
116	CHECK 114: <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> ELEMENTARY OR BASIC <input type="checkbox"/> ↓ </div> <div style="text-align: center;"> HIGHER <input type="checkbox"/> </div> </div>		→ 119
117	Now I would like you to read this sentence to me. SHOW CARD TO RESPONDENT. IF RESPONDENT CANNOT READ WHOLE SENTENCE, PROBE: Can you read any part of the sentence to me?	CANNOT READ AT ALL 1 ABLE TO READ ONLY PART OF THE SENTENCE 2 ABLE TO READ WHOLE SENTENCE 3 NO CARD WITH REQUIRED LANGUAGE 4 (SPECIFY LANGUAGE) BLIND/VISUALLY IMPAIRED 5	
118	CHECK 117: <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> CODE '2', '3' OR '4' <input type="checkbox"/> ↓ </div> <div style="text-align: center;"> CODE '1' OR '5' CIRCLED <input type="checkbox"/> </div> </div>		→ 120
119	Do you read a newspaper or magazine at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEK 1 LESS THAN ONCE A WEEK 2 NOT AT ALL 3	
120	Do you listen to the radio at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEK 1 LESS THAN ONCE A WEEK 2 NOT AT ALL 3	
121	Do you watch television at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEK 1 LESS THAN ONCE A WEEK 2 NOT AT ALL 3	
122	Do you own a mobile phone?	YES 1 NO 2	→ 127
123	Is your mobile phone a smart phone?	YES 1 NO 2	
127	Have you ever used the Internet from any location on any device?	YES 1 NO 2	→ 131A
128	In the last 12 months, have you used the Internet? IF NECESSARY, PROBE FOR USE FROM ANY LOCATION, WITH ANY DEVICE.	YES 1 NO 2	→ 131A
129	During the last one month, how often did you use the Internet: almost every day, at least once a week, less than once a week, or not at all?	ALMOST EVERY DAY 1 AT LEAST ONCE A WEEK 2 LESS THAN ONCE A WEEK 3 NOT AT ALL 4	
131A	What is your nationality?	JORDANIAN 1 EGYPTIAN 2 SYRIAN 3 IRAQI 4 OTHER ARAB NATIONALITIES 5 NON ARAB NATIONALITIES 6	

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
201	Now I would like to ask about all the births you have had during your life. Have you ever given	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	a) How many sons live with you? b) And how many daughters live with you? IF NONE, RECORD '00'.	a) SONS AT HOME b) DAUGHTERS AT HOME <div><div></div><div></div><div></div><div></div></div>	
204	Do you have any sons or daughters to whom you have given birth who are alive but do not live with	YES 1 NO 2	→ 206
205	a) How many sons are alive but do not live with you? b) And how many daughters are alive but do not live with you? IF NONE, RECORD '00'.	a) SONS ELSEWHERE b) DAUGHTERS ELSEWHERE <div><div></div><div></div><div></div><div></div></div>	
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, who made any movement, sound, or effort to breathe, or who showed any other signs of life even if for a very short time?	YES 1 NO 2	→ 208
207	a) How many boys have died? b) And how many girls have died? IF NONE, RECORD '00'.	a) BOYS DEAD b) GIRLS DEAD <div><div></div><div></div><div></div><div></div></div>	
208	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL LIVE BIRTHS <div><div></div><div></div></div>	
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		
210	Women sometimes have a pregnancy that does not result in a live birth. For example, a pregnancy can end in a miscarriage, an abortion, or the child can be born dead. Have you ever had a pregnancy that did not end in a live birth?	YES 1 NO 2	→ 212
211	How many miscarriages, abortions, and stillbirths have you had?	PREGNANCY LOSSES <div><div></div><div></div></div>	
212	SUM ANSWERS TO 208 AND 211 AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL PREGNANCY OUTCOMES ... <div><div></div><div></div></div>	
213	CHECK 212: ONE OR MORE PAST PREGNANCIES <input type="checkbox"/> NO PAST PREGNANCIES <input type="checkbox"/>		→ 232

SECTION 2. REPRODUCTION

<p>214 Now I would like to record all your pregnancies including live births, stillbirths, miscarriages, and abortions, starting with your first pregnancy. RECORD ALL PREGNANCIES IN 215-228. RECORD TWINS AND TRIPLETS ON SEPARATE LINES. IF THERE ARE MORE THAN 3 PREGNANCIES, USE AN ADDITIONAL QUESTIONNAIRE.</p>							
215	216	217	218	219	220	220A	221
<p>Think back to your (first/next) pregnancy. Was that a single pregnancy. twins. or IF MULTIPLE PREGNANCY: COPY VALUE FOR 215 IN NEXT ROW(S).</p> <p>PREGNANCY HISTORY LINE NUMBER</p>	<p>IF 215=1, ASK: Was the baby born alive, born dead, or did you have a miscarriage or abortion?</p> <p>IF 215 > 1, ASK: Was the (first/next) baby in this pregnancy born alive or born dead?</p>	<p>Did the baby cry, move, or breathe?</p>	<p>What name was given to the baby?</p> <p>RECORD NAME.</p>	<p>Is (NAME) a boy or a girl?</p>	<p>CHECK 216 AND 217: TYPE OF PREGNANCY OUTCOME.</p> <p>NOTE: IF 217=1, THEN PREGNANCY OUTCOME= BORN ALIVE.</p> <p>IF BORN ALIVE, ASK: On what day, month, and year was (NAME) born?</p> <p>IF BORN DEAD, A MISCARRIAGE, OR AN ABORTION, ASK: On what day, month, and year was (NAME) born?</p>	<p>IF BORN DEAD, A MISCARRIAGE, OR AN ABORTION, ASK: Did this (miscarriage/ abortion/ stillbirth) take place in a health facility, at home, in another house, or in another place?</p>	<p>How long did this pregnancy last in weeks or months?</p> <p>RECORD IN COMPLETED WEEKS OR MONTHS.</p>
<p>01 SING 1</p> <p>TWINS 2</p> <p>TRIP 3</p> <p>NO. OF OUT- <input type="text"/></p>	<p>BORN ALIVE 1 (SKIP TO 218) <input type="text"/></p> <p>BORN DEAD 2</p> <p>MISCARRIAG 3 (SKIP TO 220) <input type="text"/></p> <p>ABORTION 4</p>	<p>YES 1</p> <p>NO 2 (SKIP TO 220)</p>	<p>NAME <input type="text"/></p>	<p>BOY 1</p> <p>GIRL 2</p>	<p>DAY <input type="text"/></p> <p>MONTH <input type="text"/></p> <p>YEAR <input type="text"/></p>	<p>HEALTH 1</p> <p>YOUR HOME/ OTHER 2</p> <p>OTHER 6</p>	<p>WEEKS 1 <input type="text"/></p> <p>MONTHS 2 <input type="text"/></p>
<p>02 SING 1</p> <p>TWINS 2</p> <p>TRIP 3</p> <p>NO. OF OUT- <input type="text"/></p>	<p>BORN ALIVE 1 (SKIP TO 218) <input type="text"/></p> <p>BORN DEAD 2</p> <p>MISCARRIAG 3 (SKIP TO 220) <input type="text"/></p> <p>ABORTION 4</p>	<p>YES 1</p> <p>NO 2 (SKIP TO 220)</p>	<p>NAME <input type="text"/></p>	<p>BOY 1</p> <p>GIRL 2</p>	<p>DAY <input type="text"/></p> <p>MONTH <input type="text"/></p> <p>YEAR <input type="text"/></p>	<p>HEALTH 1</p> <p>YOUR HOME/ OTHER 2</p> <p>OTHER 6</p>	<p>WEEKS 1 <input type="text"/></p> <p>MONTHS 2 <input type="text"/></p>
<p>03 SING 1</p> <p>TWINS 2</p> <p>TRIP 3</p> <p>NO. OF OUT- <input type="text"/></p>	<p>BORN ALIVE 1 (SKIP TO 218) <input type="text"/></p> <p>BORN DEAD 2</p> <p>MISCARRIAG 3 (SKIP TO 220) <input type="text"/></p> <p>ABORTION 4</p>	<p>YES 1</p> <p>NO 2 (SKIP TO 220)</p>	<p>NAME <input type="text"/></p>	<p>BOY 1</p> <p>GIRL 2</p>	<p>DAY <input type="text"/></p> <p>MONTH <input type="text"/></p> <p>YEAR <input type="text"/></p>	<p>HEALTH 1</p> <p>YOUR HOME/ OTHER 2</p> <p>OTHER 6</p>	<p>WEEKS 1 <input type="text"/></p> <p>MONTHS 2 <input type="text"/></p>
222A	<p>Have you had any pregnancies that ended since the last pregnancy mentioned?</p> <p>YES <input type="checkbox"/> ADD TO TABLE</p> <p>NO <input type="checkbox"/> GO TO 223, ROW 1</p>						
222B	<p>READ THE LIST OF PREGNANCY OUTCOMES IN ORDER TO THE RESPONDENT AND ASK IF THEY ARE ALL THAT SHE HAS EVER HAD, AND IF THEY ARE LISTED IN ORDER STARTING FROM THE FIRST ONE.</p> <p>DOES THE RESPONDENT AGREE?</p> <p>IF NOT, PROBE FOR THE CORRECT INFORMATION AND REVISE THE PREGNANCY HISTORY ACCORDINGLY.</p> <p>IF YES, PROCEED TO 223 ROW 1.</p>						

SECTION 2. REPRODUCTION

222	223	224	225	226	227	228
			IF BORN ALIVE AND STILL LIVING:			IF BORN ALIVE AND NOW DEAD:
		Is (NAME) still alive?	How old was (NAME) at (his/her) last birthday?	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 '12 MONTHS' OR '1 YR', ASK: Did (NAME) have (his/her) first birthday? THEN ASK: Exactly how many months old was (NAME) when (he/she) died? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS.
<p>FOR ROW 01, ASK: Were there any other pregnancies before this pregnancy?</p> <p>AFTER ROW 01:</p> <p>IF 215=1 OR THIS IS THE FIRST BIRTH OF A MULTIPLE PREGNANCY, ASK: Were there any other pregnancies between the previous pregnancy and this pregnancy?</p> <p>IF 215 > 1 AND THIS IS NOT THE FIRST BIRTH OF</p>	<p>CHECK 216, 217 AND 221:</p> <p>IF 216=1 OR 217=1, THEN PREGNANCY OUTCOME = BORN ALIVE.</p> <p>IF 216=2 OR 3, THEN CHECK 221. IF 221 ≥ 7 MONTHS OR 28 WEEKS, THEN PREGNANCY OUTCOME = BORN DEAD. IF 221 < 7 MONTHS OR 28 WEEKS, FINAL PREGNANCY OUTCOME = MISCARRIAGE.</p> <p>IF 216=4, THEN PREGNANCY</p>					
<p>YES 1 (ADD PREGNANCY) ↓</p> <p>NO 2 (NEXT ROW) ↓</p>	<p>01 BORN ALIVE 1</p> <p>BORN DEAD 2</p> <p>MISCARRIAGE 3</p> <p>ABORTION 4</p>	<p>YES 1</p> <p>NO 2 (SKIP TO 228)</p>	<p>AGE IN YEARS</p> <p>□ □</p>	<p>YES 1</p> <p>NO 2</p>	<p>HOUSEHOLD LINE NUMBER</p> <p>□ □</p> <p>(SKIP TO 223 IN NEXT ROW)</p>	<p>DAYS 1 □ □</p> <p>MONTHS 2 □ □</p> <p>YEARS 3 □ □</p> <p>(SKIP TO 223 IN NEXT ROW)</p>
<p>YES 1 (ADD PREGNANCY) ↓</p> <p>NO 2 (NEXT PREGNANCY) ↓</p>	<p>02 BORN ALIVE 1</p> <p>BORN DEAD 2</p> <p>MISCARRIAGE 3</p> <p>ABORTION 4</p>	<p>YES 1</p> <p>NO 2 (SKIP TO 228)</p>	<p>AGE IN YEARS</p> <p>□ □</p>	<p>YES 1</p> <p>NO 2</p>	<p>HOUSEHOLD LINE NUMBER</p> <p>□ □</p> <p>(SKIP TO 223 IN NEXT ROW)</p>	<p>DAYS 1 □ □</p> <p>MONTHS 2 □ □</p> <p>YEARS 3 □ □</p> <p>(SKIP TO 223 IN NEXT ROW)</p>
<p>YES 1 (ADD PREGNANCY) ↓</p> <p>NO 2 (NEXT PREGNANCY) ↓</p>	<p>03 BORN ALIVE 1</p> <p>BORN DEAD 2</p> <p>MISCARRIAGE 3</p> <p>ABORTION 4</p>	<p>YES 1</p> <p>NO 2 (SKIP TO 228)</p>	<p>AGE IN YEARS</p> <p>□ □</p>	<p>YES 1</p> <p>NO 2</p>	<p>HOUSEHOLD LINE NUMBER</p> <p>□ □</p> <p>(SKIP TO 223 IN NEXT ROW)</p>	<p>DAYS 1 □ □</p> <p>MONTHS 2 □ □</p> <p>YEARS 3 □ □</p> <p>(SKIP TO 223 IN NEXT ROW)</p>

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
230	<p>COMPARE 212 WITH NUMBER OF PREGNANCY OUTCOMES IN PREGNANCY HISTORY</p> <p>NUMBER IN PREGNANCY HISTORY IS GREATER THAN OR EQUAL TO 212 <input type="checkbox"/></p> <p>NUMBER IN PREGNANCY HISTORY IS LESS THAN 212 <input type="checkbox"/></p> <p>(PROBE AND RECONCILE) ←</p>		
231	<p>C FOR EACH LIVE BIRTH IN 2018-2023, ENTER 'B' IN THE MONTH OF BIRTH IN THE CALENDAR. WRITE THE NAME OF THE CHILD TO THE LEFT OF THE 'B' CODE. FOR EACH LIVE BIRTH, 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.)</p> <p>FOR EACH PREGNANCY THAT DID NOT END IN A LIVE BIRTH IN 2018-2023, ENTER 'T' IN THE CALENDAR IN THE MONTH THAT THE PREGNANCY TERMINATED AND 'P' FOR THE REMAINING NUMBER OF COMPLETED MONTHS OF PREGNANCY.</p> <p>IF DURATION OF PREGNANCY WAS REPORTED IN WEEKS, MULTIPLY THE NUMBER OF WEEKS BY 0.23 TO CONVERT TO THE NUMBER OF MONTHS. ROUND DOWN TO THE NEAREST WHOLE NUMBER TO GET THE NUMBER OF COMPLETED MONTHS.</p>		
232	Are you pregnant now?	<p>YES 1</p> <p>NO 2</p> <p>UNSURE 8</p>	→ 236
233	<p>How many weeks or months pregnant are you?</p> <p>RECORD NUMBER OF COMPLETED WEEKS OR MONTHS.</p> <p>C ENTER 'P's IN THE CALENDAR, BEGINNING WITH THE MONTH OF INTERVIEW AND FOR THE TOTAL NUMBER OF COMPLETED MONTHS.</p> <p>IF DURATION OF PREGNANCY WAS REPORTED IN WEEKS, MULTIPLY THE NUMBER OF WEEKS BY 0.23 TO CONVERT TO THE NUMBER OF MONTHS. ROUND DOWN TO THE NEAREST WHOLE NUMBER TO GET THE NUMBER OF COMPLETED MONTHS.</p>	<p>WEEKS 1 <input type="text"/> <input type="text"/></p> <p>MONTHS 2 <input type="text"/> <input type="text"/></p>	
234	When you got pregnant, did you want to get pregnant at that time?	<p>YES 1</p> <p>NO 2</p>	→ 236
235	<p>CHECK 208: TOTAL NUMBER OF LIVE BIRTHS</p> <p>ONE OR MORE <input type="checkbox"/> NONE <input type="checkbox"/></p> <p>a) Did you want to have a baby later on or did you not want any more children?</p> <p>b) Did you want to have a baby later on or did you not want any children?</p>	<p>LATER 1</p> <p>NO MORE/NONE 2</p>	

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
236	When did your last menstrual period start? _____ (DATE, IF GIVEN)	DAYS AGO 1 WEEKS AGO 2 MONTHS AGO 3 YEARS AGO 4 IN MENOPAUSE/ HAS HAD HYSTERECTOMY 994 BEFORE LAST BIRTH..... 995 NEVER MENSTRUATED 996	<table border="1"><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> → 240 → 241								
237	CHECK 236: WAS THE LAST MENSTRUAL PERIOD WITHIN THE LAST YEAR? YES, WITHIN <input type="checkbox"/> LAST YEAR ↓ NO, <input type="checkbox"/> ONE YEAR OR MORE →		→ 240								
238	During your last menstrual period, what did you use to collect or absorb your menstrual blood? Anything else?	REUSABLE SANITARY PAD: A DISPOSABLE SANITARY PADS..... B TAMPONS C CLOTH D TOILET PAPER..... E COTTON WOOL F UNDERWEAR ONLY G OTHER _____ X (SPECIFY) NOTHING Y									
240	How old were you when you had your first menstrual period?	AGE DON'T KNOW 98	<table border="1"><tr><td></td><td></td></tr></table>								
241	From one menstrual period to the next, are there certain days when a woman is more likely to become pregnant?	YES 1 NO 2 DON'T KNOW 8	→ 243								
242	Is this time just before her period begins, during her period, right after her period has ended, or halfway between two periods?	JUST BEFORE HER PERIOD BEGINS 1 DURING HER PERIOD..... 2 RIGHT AFTER HER PERIOD HAS ENDED..... 3 HALFWAY BETWEEN TWO PERIODS..... 4 OTHER _____ 6 (SPECIFY) DON'T KNOW 8									
243	After the birth of a child, can a woman become pregnant before her menstrual period has returned?	YES 1 NO 2 DON'T KNOW 8									

SECTION 3. CONTRACEPTION

301	Now I would like to talk about family planning - the various ways or methods that a couple can use to delay or avoid a pregnancy. Have you ever heard of (METHOD)?	
01	Female Sterilization. PROBE: Women can have an operation to avoid having any more children.	YES 1 NO 2
02	Male Sterilization. PROBE: Men can have an operation to avoid having any more children.	YES 1 NO 2
03	IUD. PROBE: Women can have a loop or coil placed inside them by a doctor or a nurse which can prevent pregnancy for one or more -----	YES 1 NO 2
04	Injectables. PROBE: Women can have an injection by a health provider that stops them from becoming pregnant for one to three months.	YES 1 NO 2
05	Implants. PROBE: Women can have one or more small rods placed in their upper arm by a doctor which can prevent pregnancy for one to three years.	YES 1 NO 2
06	Pill. PROBE: Women can take a pill every day to avoid becoming pregnant.	YES 1 NO 2
07	Condom. PROBE: Men can put a rubber sheath on their penis before sexual intercourse.	YES 1 NO 2
08	Female Condom. PROBE: Women can place a sheath in their vagina before sexual intercourse.	YES 1 NO 2
09	Emergency Contraception. PROBE: As an emergency measure, within 5 days after they have unprotected sexual intercourse, women can take special pills or have an IUD inserted to prevent pregnancy.	YES 1 NO 2
11	Lactational Amenorrhea Method (LAM). PROBE: Up to 6 months after childbirth, before the menstrual period has returned, women use a method requiring frequent breastfeeding day and night.	YES 1 NO 2
12	Rhythm Method. PROBE: To avoid pregnancy, women do not have sexual intercourse on the days of the month they think they can get	YES 1 NO 2
13	Withdrawal. PROBE: Men can be careful and pull out before climax.	YES 1 NO 2
14	Have you heard of any other ways or methods that women or men can use to avoid pregnancy?	YES, MODERN METHOD _____ A (SPECIFY) YES, TRADITIONAL METHOD _____ B (SPECIFY) NO Y

SECTION 3. CONTRACEPTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
302	CHECK 232: NOT PREGNANT <input type="checkbox"/> OR UNSURE ↓	PREGNANT <input type="checkbox"/> →	317
302A	CHECK 101A: CURRENTLY MARRIED <input type="checkbox"/> ↓	WIDOWED <input type="checkbox"/> SEPARATED/ DIVORCED →	317
303	Are you or your husband currently doing something or using any method to delay or avoid getting	YES 1 NO 2	→ 307
304	Are you or your husband sterilized? IF YES: Who is sterilized, you or your husband?	YES, RESPONDENT STERILIZED ONLY 1 YES, HUSBAND STERILIZED ONLY 2 YES, BOTH STERILIZED 3 NO, NEITHER STERILIZED 4	→ 306
305	CHECK 304: RESPONDENT <input type="checkbox"/> STERILIZED ONLY ↓ PROCEED TO 307. CIRCLE CODE 'A' AND FOLLOW THE SKIP INSTRUCTION.	PARTNER <input type="checkbox"/> STERILIZED ONLY ↓ PROCEED TO 307. CIRCLE CODE 'B' AND FOLLOW THE SKIP INSTRUCTION.	BOTH <input type="checkbox"/> STERILIZED ↓ PROCEED TO 307. CIRCLE CODE 'A' AND CODE 'B' AND FOLLOW THE SKIP INSTRUCTION.
306	Just to check, are you or your husband doing any of the following to avoid pregnancy: deliberately avoiding sex on certain days, using a condom, using withdrawal or using emergency	YES 1 NO 2	→ 317
307	Which method are you using? RECORD ALL MENTIONED. IF MORE THAN ONE METHOD MENTIONED, FOLLOW SKIP INSTRUCTION FOR HIGHEST METHOD IN LIST.	FEMALE STERILIZATION A MALE STERILIZATION B IUD C INJECTABLES D IMPLANTS E PILL F CONDOM G FEMALE CONDOM H EMERGENCY CONTRACEPTIO I LACTATIONAL AMENORRHEA METHOD K RHYTHM METHOD L WITHDRAWAL M OTHER MODERN METHOD X OTHER TRADITIONAL METHOI Y	→ 312 → 314 → 314

SECTION 3. CONTRACEPTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
307A	For which main reason do you not use a modern method of contraception?	FERTILITY-RELATED REASONS INFREQUENT SEX 11 DIFFICULTY TO GET PREGNANT 12 HUSBAND'S RELATED REASONS 13 OPPOSITION TO USE MODERN METHOD RESPONDENT OPPOSED 21 HUSBAND OPPOSED 22 OTHERS OPPOSED 23 RELIGIOUS PROHIBITION 24 RUMORS 25 LACK OF KNOWLEDGE KNOWS NO METHOD 31 KNOWS NO SOURCE 32 METHOD-RELATED REASONS HEALTH CONCERNS 41 FEAR OF SIDE EFFECTS 42 LACK OF ACCESS/TOO FAR 43 COSTS TOO MUCH 44 INCONVENIENT TO USE 45 INTERFERES WITH BODY'S NORMAL PROCESSES 46 COVID-RELATED REASONS CLINIC/SOURCE WAS CLOSED 51 AFRAID TO GO TO THE CLINIC 52 LOCKDOWN 53 OTHER 96 (SPECIFY) DON'T KNOW 98	→ 314								
312	In what facility did the sterilization take place? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD '96' AND WRITE THE NAME OF THE PLACE.	PUBLIC MEDICAL SECTOR GOVT. HOSPITAL 11 UNIVERSITY HOSPITAL 12 ROYAL MEDICAL SERVICES 13 OTHER PUBLIC 16 (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC 21 OTHER PRIVATE 26 (SPECIFY) DON'T KNOW 98									
313	In what month and year was the sterilization performed?	MONTH <table border="1" style="display: inline-table; vertical-align: middle;"><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></table>									→ 315
314	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></table> YEAR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td><td></td></tr></table>									
315	CHECK 313 AND 314, AND 220: ANY LIVE BIRTH, STILLBIRTH, MISSCARRIAGE OR ABORTION AFTER MONTH AND YEAR OF START OF USE OF CONTRACEPTION IN 313 OR 314? <div style="display: flex; justify-content: space-between; align-items: center;"> <div> NO <input type="checkbox"/> ↓ </div> <div> GO BACK TO 313 OR 314, PROBE AND RECORD MONTH AND YEAR AT START OF CONTINUOUS USE OF CURRENT METHOD (MUST BE AFTER LAST BIRTH OR PREGNANCY) </div> <div> YES <input type="checkbox"/> ↗ </div> </div>										

SECTION 3. CONTRACEPTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
316	<p>CHECK 313 AND 314:</p> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>YEAR IS 2018-2023 <input type="checkbox"/></p> <p>C ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN THE CALENDAR AND IN EACH MONTH BACK TO THE DATE STARTED USING.</p> <p>THEN CONTINUE ↓</p> </div> <div style="text-align: center;"> <p>YEAR IS 2017 OR EARLIER <input type="checkbox"/></p> <p>C ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN THE CALENDAR AND EACH MONTH BACK TO JANUARY 2018 .</p> <p>THEN ↓ (SKIP TO 329)</p> </div> </div>		
317	<p>I would like to ask you some questions about the times you or your husband may have used a method to avoid getting pregnant during the last few years.</p> <p>C USE CALENDAR TO PROBE FOR EARLIER PERIODS OF USE AND NONUSE, STARTING WITH MOST RECENT USE, BACK TO JANUARY 2018. USE NAMES OF CHILDREN, DATES OF BIRTH, AND PERIODS OF PREGNANCY AS REFERENCE POINTS.</p>		
317A	MONTH AND YEAR OF START OF INTERVAL OF USE OR NON-USE.	<p>MONTH <input type="text"/> <input type="text"/></p> <p>YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	
317B	Between (EVENT) in (MONTH/YEAR) and (EVENT) in (MONTH/YEAR), did you or your husband use any method of contraception?	<p>YES 1</p> <p>NO 2</p>	→ 317I
317C	Which method was that?	METHOD CODE <input type="text"/>	
317D	How many months after (EVENT) in (MONTH/YEAR) did you start to use (METHOD)?	IMMEDIATELY 00	
	CIRCLE '95' IF RESPONDENT GIVES THE DATE OF STARTING TO USE THE METHOD.	MONTHS <input type="text"/> <input type="text"/>	→ 317F
		DATE GIVEN 95	
317E	RECORD MONTH AND YEAR RESPONDENT STARTED USING METHOD.	<p>MONTH <input type="text"/> <input type="text"/></p> <p>YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	
317F	For how many months did you use (METHOD)?	MONTHS <input type="text"/> <input type="text"/>	→ 317H
	CIRCLE '95' IF RESPONDENT GIVES THE DATE OF TERMINATION OF USE.	DATE GIVEN 95	
317G	RECORD MONTH AND YEAR RESPONDENT STOPPED USING METHOD.	<p>MONTH <input type="text"/> <input type="text"/></p> <p>YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	
317H	Why did you stop using (METHOD)?	REASON STOPPED <input type="text"/>	
317I	GO BACK TO 317A FOR NEXT GAP; OR, IF NO MORE GAPS, GO TO 318.		

SECTION 3. CONTRACEPTION

[illegible]

SECTION 3. CONTRACEPTION

[illegible]

SECTION 3. CONTRACEPTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
331	Do you know of a place where you can obtain a method of family planning?	YES 1 NO 2	
332	In the last 12 months, were you visited by a field health worker or social worker?	YES 1 NO 2	→ 334
333	Did the fieldworker talk to you about family planning?	YES 1 NO 2	
334	<p>CHECK 202: CHILDREN LIVING WITH</p> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> <p>YES <input type="checkbox"/></p> <p>a) In the last 12 months, have you visited a health facility for care for yourself or your children?</p> </div> <div style="text-align: center;"> <p>NO <input type="checkbox"/></p> <p>b) In the last 12 months, have you visited a health facility for care for yourself?</p> </div> </div>	<p>YES 1</p> <p>NO 2</p>	→ 401
335	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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
401	CHECK 220 AND 225: ONE OR MORE PREGNANCY OUTCOMES 0-35 MONTHS BEFORE THE SURVEY <input type="checkbox"/>	NO PREGNANCY OUTCOMES 0-35 MONTHS BEFORE THE SURVEY <input type="checkbox"/>	→ 601
402	<p>CHECK 220. LIST THE PREGNANCY HISTORY NUMBER IN 215 FOR EACH PREGNANCY OUTCOME 0-35 MONTHS BEFORE THE SURVEY, STARTING FROM THE LAST ONE. CLASSIFY EACH PREGNANCY OUTCOME BY TYPE USING 223 AND THE ORDER OF OUTCOMES IN THE PREGNANCY HISTORY.</p> <p>PREGNANCY OUTCOME TYPE</p> <p>MOST RECENT LIVE BIRTH 1 PRIOR LIVE BIRTH 2 MOST RECENT STILLBIRTH 3 PRIOR STILLBIRTH 4 ABORTION OR MISCARRIAGE 5</p> <p>PREGNANCY HISTORY NUMBER .. <input type="text"/> <input type="text"/> PREGNANCY OUTCOME TYPE..... <input type="text"/></p> <p>PREGNANCY HISTORY NUMBER .. <input type="text"/> <input type="text"/> PREGNANCY OUTCOME TYPE..... <input type="text"/></p> <p>PREGNANCY HISTORY NUMBER .. <input type="text"/> <input type="text"/> PREGNANCY OUTCOME TYPE..... <input type="text"/></p> <p>PREGNANCY HISTORY NUMBER .. <input type="text"/> <input type="text"/> PREGNANCY OUTCOME TYPE..... <input type="text"/></p> <p>PREGNANCY HISTORY NUMBER .. <input type="text"/> <input type="text"/> PREGNANCY OUTCOME TYPE..... <input type="text"/></p> <p>PREGNANCY HISTORY NUMBER .. <input type="text"/> <input type="text"/> PREGNANCY OUTCOME TYPE..... <input type="text"/></p>		
403	Now I would like to ask some questions about your pregnancies in the last 3 years. (We will talk about each separately, starting with the last one you had.)		
404	PREGNANCY HISTORY NUMBER FROM 402.	PREGNANCY HISTORY NUMBER..... <input type="text"/> <input type="text"/>	
405	PREGNANCY OUTCOME TYPE FROM 402.	<p>MOST RECENT LIVE BIRTH..... 1</p> <p>PRIOR LIVE BIRTH..... 2</p> <p>MOST RECENT STILLBIRTH..... 3</p> <p>PRIOR STILLBIRTH..... 4</p> <p>ABORTION/MISCARRIAGE..... 5</p>	→ 407
406	RECORD DATE PREGNANCY ENDED FROM 220.	<p>DAY..... <input type="text"/> <input type="text"/></p> <p>MONTH..... <input type="text"/> <input type="text"/></p> <p>YEAR..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	→ 408
407	<p>RECORD NAME FROM 218.</p> <p>NAME.....</p>		
408	<p>CHECK 405:</p> <p>PREGNANCY TYPE 1 OR 2 <input type="checkbox"/></p> <p>a) When you got pregnant with (NAME), did you want to get pregnant at that time?</p>	<p>PREGNANCY TYPE 3, 4, OR 5 <input type="checkbox"/></p> <p>b) When you got pregnant with the pregnancy that ended in (DATE FROM 406), did you want to get pregnant at that</p> <p>YES..... 1</p> <p>NO..... 2</p>	→ 411

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	NAME OR DATE _____	PREGNANCY HISTORY NUMBER ... <table border="1"><tr><td> </td><td> </td></tr></table>					
409	Did you want to have a baby later on, or not at all?	LATER 1 NOT AT ALL 2	→ 411				
410	How much longer did you want to wait?	MONTHS 1 <table border="1"><tr><td> </td><td> </td></tr></table> YEARS 2 <table border="1"><tr><td> </td><td> </td></tr></table> DON'T KNOW 998					
411	CHECK 405: PREGNANCY OUTCOME TYPE	MOST RECENT LIVE BIRTH 1 PRIOR LIVE BIRTH 2 MOST RECENT STILLBIRTH 3 PRIOR STILLBIRTH 4 ABORTION/MISCARRIAGE 5	→ 434 → 434 → 475				
412	Did you see anyone for antenatal care for this pregnancy?	YES 1 NO 2	→ 414				
413	CHECK 405: PREGNANCY OUTCOME TYPE MOST RECENT LIVE BIRTH <table border="1"><tr><td> </td></tr></table> (SKIP TO 420) ← MOST RECENT STILL BIRTH <table border="1"><tr><td> </td></tr></table> →				→ 426		
414	Whom did you see? Anyone else? PROBE TO IDENTIFY EACH TYPE OF PERSON AND RECORD ALL MENTIONED.	HEALTH PERSONNEL DOCTOR A NURSE/MIDWIFE B OTHER PERSON _____ X (SPECIFY)					
415	Where did you receive antenatal care for this pregnancy? Anywhere else? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD 'X' AND WRITE THE NAME OF THE 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/CLIN H UNRWA HEALTH CENTE I UNHCR/OTHER NGO J OTHER PRIVATE K (SPECIFY) OTHER _____ X (SPECIFY)					

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	NAME OR DATE _____	PREGNANCY HISTORY NUMBER .. <table border="1" style="display: inline-table; width: 40px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 40px; height: 20px;"></table>																																																									
416	How many weeks or months pregnant were you when you first received antenatal care for this pregnancy?	WEEKS 1 <table border="1" style="display: inline-table; width: 40px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 40px; height: 20px;"></table> MONTHS..... 2 <table border="1" style="display: inline-table; width: 40px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 40px; height: 20px;"></table> DON'T KNOW998																																																									
417	How many times did you receive antenatal care during this pregnancy?	NUMBER OF TIMES <table border="1" style="display: inline-table; width: 40px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 40px; height: 20px;"></table> DON'T KNOW 98																																																									
417A	Did you miss any antenatal care visits during this pregnancy?	YES 1 NO 2 DON'T KNOW 8	→ 418 → 418																																																								
417B	Why did you miss (this) antenatal care visit(s)?	LOCKDOWN RESTRICTED ACCES..... A LACK OF TRANSPORTATIO..... B CENTERS TOO FA..... C FEAR OF COVID-1..... D HUSBAND OPPOSED..... E COSTS TOO MUCH..... F WOULD NEED TO BRING OTHER CHILD..... G OTHER _____ X (SPECIFY)																																																									
417C	After missing the visit(s), did you have a virtual antenatal care appointment over the telephone?	YES 1 NO 2 DON'T KNOW 8																																																									
418	As part of your antenatal care during this pregnancy, did a healthcare provider do any of the following:	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>a) Measure your blood pressure?</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>b) Take a urine sample?</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>c) Take a blood sample?</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>d) Listen to the baby's heartbeat?</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>e) Talk with you about which foods or how much</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>f) Talk with you about breastfeeding?</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>g) Ask you if you had vaginal</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>h) Weigh you?</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>i) Talk with you about when the baby is due or will arrive?</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>j) Tell you to pay attention to the baby's</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>k) Talk to you about family planning methods after the birth?</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>l) Talk to you about post-natal care</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>m) Talk to you about getting dental care</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		YES	NO	DK	a) Measure your blood pressure?	1	2	8	b) Take a urine sample?	1	2	8	c) Take a blood sample?	1	2	8	d) Listen to the baby's heartbeat?	1	2	8	e) Talk with you about which foods or how much	1	2	8	f) Talk with you about breastfeeding?	1	2	8	g) Ask you if you had vaginal	1	2	8	h) Weigh you?	1	2	8	i) Talk with you about when the baby is due or will arrive?	1	2	8	j) Tell you to pay attention to the baby's	1	2	8	k) Talk to you about family planning methods after the birth?	1	2	8	l) Talk to you about post-natal care	1	2	8	m) Talk to you about getting dental care	1	2	8	
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SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	NAME OR DATE _____	PREGNANCY HISTORY NUMBER ... <input type="text"/> <input type="text"/>	
MH1	During (any of) your antenatal care visit(s), were you told by a healthcare provider about danger signs that might indicate problems with the	YES 1 NO 2 DON'T KNOW 8	
MH2	Were you told by a healthcare provider where to go if you experienced danger signs of serious health problems during the pregnancy?	YES 1 NO 2 DON'T KNOW 8	
MH3	During (any of) your antenatal care visit(s), did any healthcare provider discuss with you any of the following preparations for giving birth:	<div style="text-align: right;">YES NO DK</div> a) Where you planned to deliver your baby? a) PLACE OF DELIVERY 1 2 8	
MH3A	CHECK 131A: NATIONALITY IS JORDANIAN <input type="checkbox"/> OTHER <input type="checkbox"/>		419
MH3B	Were you informed about the pregnancy health insurance available to pregnant women that covers pregnancy and care for two months after delivery?	YES 1 NO 2 DON'T KNOW 8	
419	CHECK 405: PREGNANCY OUTCOME TYPE MOST RECENT LIVE BIRTH <input type="checkbox"/> MOST RECENT STILLBIRTH <input type="checkbox"/>		426
420	During this pregnancy, were you given an injection in the arm to prevent the baby from getting tetanus after birth?	YES 1 NO 2 DON'T KNOW 8	423
421	During this pregnancy, how many times did you get a tetanus injection?	TIMES <input type="text"/> DON'T KNOW 8	
422	CHECK 421: ONE TIME OR DK <input type="checkbox"/> TWO OR MORE TIMES <input type="checkbox"/>		426

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	NAME OR DATE _____	PREGNANCY HISTORY NUMBER ... 	
423	At any time before this pregnancy, did you receive any tetanus injections?	YES 1 NO 2 DON'T KNOW 8	→ 426
424	Before this pregnancy, how many times did you receive a tetanus injection? IF 7 OR MORE TIMES, RECORD '7'.	TIMES DON'T KNOW 8	
425	CHECK 424: <div style="display: flex; justify-content: space-around; align-items: flex-start;"> <div style="text-align: center;"> ONLY <input type="checkbox"/> ONE ↓ </div> <div style="text-align: center;"> MORE <input type="checkbox"/> THAN ONE ↓ </div> </div> a) How many years ago did you receive that tetanus injection? b) How many years ago did you receive the last tetanus injection prior to this	YEARS AGC..... 	
426	During this pregnancy, were you given or did you buy any iron tablets or iron syrup? SHOW TABLETS/SYRUP/MULTIPLE MICRONUTRIENT SUPPLEMENT.	YES 1 NO 2 DON'T KNOW 8	→ 430
428	During the whole pregnancy, for how many days did you take the iron tablets or syrup? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER OF DAYS.	DAYS..... DON'T KNOW 998	
430	During this pregnancy, did you receive cash for essential health services?	YES 1 NO 2 DON'T KNOW 8	
434	CHECK 405: <div style="display: flex; justify-content: space-around; align-items: flex-start;"> <div style="text-align: center;"> PREGNANCY TYPE <input type="checkbox"/> 1 OR 2 ↓ </div> <div style="text-align: center;"> PREGNANCY TYPE <input type="checkbox"/> 3 OR 4 ↓ </div> </div> a) Who assisted with the delivery of (NAME)? b) Who assisted with the delivery of the stillbirth you had in (DATE FROM 406)? Anyone else?	HEALTH PERSONNEL DOCTOR..... A NURSE/MIDWIFE B OTHER PERSON _____ X (SPECIFY) NO ONE ASSISTED Y	
434A	How much did you pay the service provider for the delivery? IF 9994 JD OR MORE, RECORD 9994	COST IN JD FREE 9995 DON'T KNOW 9998	
435	CHECK 405: <div style="display: flex; justify-content: space-around; align-items: flex-start;"> <div style="text-align: center;"> PREGNANCY TYPE <input type="checkbox"/> 1 OR 2 ↓ </div> <div style="text-align: center;"> PREGNANCY TYPE <input type="checkbox"/> 3 OR 4 ↓ </div> </div> a) Where did you give birth to (NAME)? b) Where did you deliver this stillbirth? PROBE TO IDENTIFY THE TYPE OF SOURCE.	HOME HER HOME 11 OTHER HOME 12 PUBLIC MED SECTOR GOVERNMENT HOSPITAL 21 GOVERNMENT HEALTH CENTER 22 UNIVERSITY HOSPITAL 23 ROYAL MED SERVICES 24	→ 437

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	NAME OR DATE _____	PREGNANCY HISTORY NUMBER ... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			
	<p>IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD '96' AND WRITE THE NAME OF THE PLACE.</p>	<p>OTHER PUBLIC _____ 26 (SPECIFY)</p> <p>PRIVATE MED SECTOR</p> <p>PRIVATE HOSPITAL/ 31 OTHER PRIVATE _____ 36 (SPECIFY)</p> <p>OTHER _____ 96 (SPECIFY)</p>	<p>→ 437</p>		
436	<p>CHECK 405:</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>PREGNANCY TYPE 1 OR 2 <input type="checkbox"/></p> <p>a) Was (NAME) delivered by caesarean, that is, did they cut your belly open to take the baby out?</p> </div> <div style="width: 45%; border-left: 1px dashed black; padding-left: 10px;"> <p>PREGNANCY TYPE 3 OR 4 <input type="checkbox"/></p> <p>b) Was this stillbirth delivered by caesarean, that is, did they cut your belly open to take the baby out?</p> </div> </div>	<p>YES 1 NO 2</p>			

SECTION 4. PREGNANCY AND POSTNATAL CARE

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MH4	CHECK 405: PREGNANCY OUTCOME TYPE	MOST RECENT LIVE BIRTH 1 PRIOR LIVE BIRTH 2 MOST RECENT STILLBIRTH 3 PRIOR STILLBIRTH 4	→ 437 → 437		
MH4A	When you were at the facility for the delivery, did the staff take measures to protect you from getting COVID-19?	YES 1 NO 2 DON'T KNOW 8	→ MH5 → MH5		
MH4B	What measures were taken?	MASKS A GLOVES B OTHER (SPECIFY) X			
MH5	CHECK 405: <div style="display: flex; justify-content: space-around; align-items: flex-start;"> <div style="text-align: center;"> PREGNANCY TYPE <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td></tr></table> 1 ↓ </div> <div style="text-align: center;"> PREGNANCY TYPE <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td></tr></table> 3 ↓ </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%;"> a) Did a healthcare provider measure your blood pressure in the health facility before you gave birth to (NAME)? </div> <div style="width: 45%;"> b) Did a healthcare provider measure your blood pressure in the health facility before you gave birth? </div> </div>			YES 1 NO 2 DON'T KNOW 8	
MH6	Some women prefer to have someone in addition to the health facility staff, such as their husband, another relative or a friend, stay with them during labour or delivery. While you were in labour, did you want to have someone in addition to the staff at the health facility stay with you?	YES 1 NO 2 NO LABOR/ PLANNED CAESAREAN SECTION 3	→ MH10 → 437		
MH7	While you were in labour, was the person you wanted with you?	YES 1 NO 2	→ MH9		
MH8	While you were in labour, how much of the time was this person allowed to stay with you: some of the time, most of the time, or all of the time?	SOME OF THE TIME 1 MOST OF THE TIME 2 ALL OF THE TIME 3	→ MH10		
MH9	Why was that person not with you during labour?	FACILITY DID NOT ALLOW 1 ABSENT FOR OTHER REASON 2 COVID RESTRICTION 3 DON'T KNOW 8			
MH10	During delivery, did you want to have someone in addition to the staff at the health facility stay with	YES 1 NO 2	→ MH14		
MH11	During delivery, was the person you wanted with you?	YES 1 NO 2	→ MH13		
MH12	During delivery, how much of the time was this person allowed to stay with you: some of the time, most of the time, or all of the time?	SOME OF THE TIME 1 MOST OF THE TIME 2 ALL OF THE TIME 3	→ MH14		
MH13	Why was that person not with you during delivery?	FACILITY DID NOT ALLOW 1 ABSENT FOR OTHER REASON 2 COVID RESTRICTION 3 DON'T KNOW 8			

SECTION 4. PREGNANCY AND POSTNATAL CARE

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MH14	<p>CHECK 405:</p> <p>PREGNANCY TYPE <table border="1" style="display: inline-table; width: 20px; height: 20px; vertical-align: middle;"></table> 1 ↓ PREGNANCY TYPE <table border="1" style="display: inline-table; width: 20px; height: 20px; vertical-align: middle;"></table> 3 ↓</p> <p>a) When (NAME) was born, was an instrument used to help pull the baby out, such as forceps or vacuum suction?</p> <p>b) For this stillbirth, was an instrument used to help pull the baby out, such as forceps or vacuum?</p> <p>SHOW PICTURES.</p>	<p>YES, FORCEPS 1</p> <p>YES, SUCTION 2</p> <p>YES, DON'T KNOW WHAT INSTRUMENT 3</p> <p>NO 4</p> <p>DON'T KNOW 8</p>	
MH15	<p>CHECK 405:</p> <p>PREGNANCY TYPE <table border="1" style="display: inline-table; width: 20px; height: 20px; vertical-align: middle;"></table> 1 ↓ PREGNANCY TYPE <table border="1" style="display: inline-table; width: 20px; height: 20px; vertical-align: middle;"></table> 3 ↓</p> <p>a) When you were in labour with or giving birth to (NAME), did you ever feel like you were being ignored or neglected by health facility staff?</p> <p>b) During labour or delivery for this stillbirth, did you ever feel like you were being ignored or neglected by health facility staff?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	
MH16	<p>CHECK 405:</p> <p>PREGNANCY TYPE <table border="1" style="display: inline-table; width: 20px; height: 20px; vertical-align: middle;"></table> 1 ↓ PREGNANCY TYPE <table border="1" style="display: inline-table; width: 20px; height: 20px; vertical-align: middle;"></table> 3 ↓</p> <p>a) When you were in labour with or giving birth to (NAME), did you have privacy, for example, were you surrounded by curtains, or did you have a separate</p> <p>b) During labour or delivery for this stillbirth, did you have privacy, for example, were you surrounded by curtains, or did you have a separate room?</p> <p>IF YES, PROBE TO IDENTIFY TYPE OF PRIVACY.</p>	<p>NO 1</p> <p>YES, SEPARATE ROOM 2</p> <p>YES, CURTAINS 3</p> <p>YES, OTHER _____ SPECIFY 6</p> <p>DON'T KNOW 8</p>	
437	CHECK 405: PREGNANCY OUTCOME TYPE	<p>MOST RECENT LIVE BIRTH 1</p> <p>PRIOR LIVE BIRTH 2</p> <p>MOST RECENT STILLBIRTH 3</p> <p>PRIOR STILLBIRTH 4</p>	<p>→ 441</p> <p>→ 445</p> <p>→ 487</p>
438	After the birth, was (NAME) put on your chest?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	<p>→ NB1</p>
439	Was (NAME)'s bare skin touching your bare skin?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	<p>→ NB1</p>
440	<p>How long after birth was (NAME) put on the bare skin of your chest?</p> <p>PROBE FOR A NUMERIC RESPONSE</p> <p>IF LESS THAN 1 HOUR, RECORD '00' HOURS;</p> <p>IF 24 HOURS OR MORE RECORD '24'</p>	<p>IMMEDIATELY 00</p> <p>HOURS <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table></p>	

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	NAME OR DATE _____	PREGNANCY HISTORY NUMBER ... <table border="1"><tr><td></td><td></td></tr></table>					
NB1	<p>How long after the birth was (NAME) bathed for the first time?</p> <p>IF LESS THAN 1 HOUR, RECORD '00' HOURS; IF LESS THAN 24 HOURS, RECORD HOURS; OTHERWISE, RECORD DAYS.</p>	<p>IMMEDIATELY000</p> <p>HOURS 1 <table border="1"><tr><td></td><td></td></tr></table></p> <p>DAYS 2 <table border="1"><tr><td></td><td></td></tr></table></p> <p>DON'T KNOW998</p>					
NB2	<p>CHECK 435: PLACE OF DELIVERY</p> <p align="center"> CODE <table border="1"><tr><td></td></tr></table> 11, 12, OR 96 CIRCLED </p> <p align="center"> CODE <table border="1"><tr><td></td></tr></table> 21 - 36 </p> <p align="right">→ NB6</p>						
NB3	What was used to cut the cord?	<p>RAZOR BLADE 1</p> <p>KNIFE 2</p> <p>SCISSORS 3</p> <p>OTHER _____ 6 (SPECIFY)</p> <p>DON'T KNOW 8</p>	→ NB6				
NB4	Was it new or had it ever been used before?	<p>NEW 1</p> <p>USED BEFORE 2</p> <p>DON'T KNOW 8</p>					
NB5	Was it boiled before it was used to cut the cord?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>					

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	NAME OR DATE _____	PREGNANCY HISTORY NUMBER ... <input type="text"/> <input type="text"/>	
NB6	From the time the cord was cut till it fell off, was anything applied to the cord?	YES 1 NO 2 DON'T KNOW 8	→ 441
NB7	What was applied? Anything else?	CHLORHEXIDINE A OTHER ANTISEPTIC (ALCOHOL, SPIRIT, GENTIAN VIOLET) B SULFATE C POWDERS D OTHER _____ X (SPECIFY) DON'T KNOW Z	
CH1	CHECK NB7: SUBSTANCE APPLIED TO CORD <div style="display: flex; justify-content: space-between; align-items: center;"> <div> CODE 'A' <input type="checkbox"/> NOT CIRCLED ↓ </div> <div> CODE 'A' <input type="checkbox"/> CIRCLED → CH3 </div> </div>		
CH2	Was chlorhexidine applied to the cord at any time? SHOW SAMPLE OF CHLORHEXIDINE.	YES 1 NO 2 DON'T KNOW 8	→ 441
CH3	How long after the cord was cut was chlorhexidine first applied? IF LESS THAN 1 HOUR, RECORD '00' HOURS; IF LESS THAN 24 HOURS, RECORD HOURS; OTHERWISE, RECORD DAYS.	HOURS 1 <input type="text"/> <input type="text"/> DAYS 2 <input type="text"/> <input type="text"/> DON'T KNOW 998	
CH4	For how many days was chlorhexidine applied to the cord? IF 7 OR MORE DAYS, RECORD '7'.	DAYS <input type="text"/> DON'T KNOW 8	
441	When (NAME) was born, was (NAME) very large, larger than average, average, smaller than average, or very small?	VERY LARGE 1 LARGER THAN AVERAG 2 AVERAGE 3 SMALLER THAN AVERAGE 4 VERY SMALL 5 DON'T KNOW 8	
442	Was (NAME) weighed at birth?	YES 1 NO 2 DON'T KNOW 8	→ 444

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	NAME OR DATE _____	PREGNANCY HISTORY NUMBER .. <input type="text"/> <input type="text"/>																					
443	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																					
444	CHECK 405: PREGNANCY OUTCOME TYPE MOST RECENT LIVE BIRTH <input type="checkbox"/> PRIOR LIVE BIRTH <input type="checkbox"/>		→ 480																				
445	CHECK 435: PLACE OF DELIVERY FACILITY BIRTH: ANY CODE 21 THROUGH 36 CIRCLED <input type="checkbox"/> CODE 11, 12, OR 96 CIRCLED <input type="checkbox"/>		→ 464																				
MH17	Please tell me if the doctors, nurses or other healthcare providers the health facility where you delivered did the following all of the time, some of the time, or not at all: a) Treat you with respect? b) Explain to you why they were doing examinations or procedures on you? c) Take the best care of you?	<table> <tr> <td></td> <td>ALL OF THE TIME</td> <td>SOME OF THE TIME</td> <td>NOT AT ALL</td> </tr> <tr> <td>a) RESPECT</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>b) EXPLAIN</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>c) BEST CARE</td> <td>1</td> <td>2</td> <td>3</td> </tr> </table>		ALL OF THE TIME	SOME OF THE TIME	NOT AT ALL	a) RESPECT	1	2	3	b) EXPLAIN	1	2	3	c) BEST CARE	1	2	3					
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b) EXPLAIN	1	2	3																				
c) BEST CARE	1	2	3																				
MH19	At any time during your stay in the health facility, were you denied medical services due to a lack of money for delivery?	YES 1 NO 2 DON'T KNOW 8																					
MH20	Were you delayed or prevented from leaving the health facility due to lack of payment?	YES 1 NO 2 DON'T KNOW 8																					
MH21	At any time during your stay in the health facility, did any staff member:	<table> <tr> <td></td> <td>YES</td> <td>NO</td> <td>DK</td> </tr> <tr> <td>a) SLAP</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>b) HIT OR PUNCH</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>c) PHYSICALLY THREATEN</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>d) OTHER PHYSICAL HARM</td> <td>1</td> <td>2</td> <td>8</td> </tr> </table>		YES	NO	DK	a) SLAP	1	2	8	b) HIT OR PUNCH	1	2	8	c) PHYSICALLY THREATEN	1	2	8	d) OTHER PHYSICAL HARM	1	2	8	
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MH22	At any time during your stay in the health facility, did any staff member:	<table> <tr> <td></td> <td>YES</td> <td>NO</td> <td>DK</td> </tr> <tr> <td>a) SHOUT</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>b) HUMILIATE</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>c) VERBALLY THREATEN</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>d) OTHER VERBAL MISTREATMENT</td> <td>1</td> <td>2</td> <td>8</td> </tr> </table>		YES	NO	DK	a) SHOUT	1	2	8	b) HUMILIATE	1	2	8	c) VERBALLY THREATEN	1	2	8	d) OTHER VERBAL MISTREATMENT	1	2	8	
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d) OTHER VERBAL MISTREATMENT	1	2	8																				
MH23	Did the health facility have a toilet or latrine for patients?	YES 1 NO 2 DON'T KNOW 8	→ 447																				
MH24	Was there any time when you wanted to use the toilet or latrine, but it was not working?	YES 1 NO 2 DON'T KNOW 8																					

SECTION 4. PREGNANCY AND POSTNATAL CARE

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447	<p>CHECK 405:</p> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>PREGNANCY TYPE 1 <table border="1" style="display: inline-table; width: 20px; height: 20px; vertical-align: middle;"></table></p> <p>↓</p> <p>a) How long after (NAME) was delivered did you stay in (FACILITY IN 435)?</p> </div> <div style="text-align: center;"> <p>PREGNANCY TYPE 3 <table border="1" style="display: inline-table; width: 20px; height: 20px; vertical-align: middle;"></table></p> <p>↓</p> <p>b) For the stillbirth you had in (DATE FROM 406), how long after the baby was born did you stay in (FACILITY IN 435)?</p> </div> </div> <p>IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS.</p>	<div style="display: flex; justify-content: space-between;"> <div> <p>HOURS 1</p> <p>DAYS 2</p> <p>WEEKS 3</p> <p>DON'T KNOW 998</p> </div> <div style="border: 1px solid black; width: 80px; height: 60px; display: flex; flex-direction: column; align-items: center; justify-content: center;"> <table border="1" style="width: 100%; height: 100%;"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> </div> </div>							
448	<p>I would like to talk to you about checks on your health after delivery, for example, someone asking you questions about your health or examining you.</p> <p>Before you left the facility, did anyone check on your health?</p>	<p>YES 1</p> <p>NO 2</p>	→ 451						
449	<p>How long after delivery did the first check take place?</p> <p>IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS.</p>	<div style="display: flex; justify-content: space-between;"> <div> <p>HOURS 1</p> <p>DAYS 2</p> <p>WEEKS 3</p> <p>DON'T KNOW 998</p> </div> <div style="border: 1px solid black; width: 80px; height: 60px; display: flex; flex-direction: column; align-items: center; justify-content: center;"> <table border="1" style="width: 100%; height: 100%;"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> </div> </div>							
450	<p>Who checked on your health at that time?</p> <p>PROBE FOR MOST QUALIFIED PERSON.</p>	<p>HEALTH PERSONNEL</p> <p>DOCTOR 11</p> <p>NURSE/MIDWIFE 12</p> <p>OTHER PERSON _____ 96</p> <p align="center">(SPECIFY)</p>							
451	<p>CHECK 405: PREGNANCY OUTCOME TYPE</p> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> <p>MOST RECENT LIVE BIRTH <table border="1" style="display: inline-table; width: 20px; height: 20px; vertical-align: middle;"></table></p> <p>↓</p> </div> <div style="text-align: center;"> <p>MOST RECENT STILLBIRTH <table border="1" style="display: inline-table; width: 20px; height: 20px; vertical-align: middle;"></table></p> <p>→</p> </div> </div>		→ 455						
MH25	<p>During your stay at the hospital, where did (NAME) stay most of the time during the day and at night, in the same room with you or in a separate room?</p>	<p>SAME ROOM 1</p> <p>SEPARATE ROOM 2</p> <p>DON'T KNOW 8</p>							
452	<p>Now I would like to talk to you about checks on (NAME'S) health -- for example, someone examining (NAME), checking the cord, or talking to you about how to care for (NAME).</p> <p>Before (NAME) left the facility, did anyone check on (NAME'S) health?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	→ 455						

SECTION 4. PREGNANCY AND POSTNATAL CARE

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453	How long after delivery was (NAME)'s health first checked? IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS 1 <table border="1" 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></table> DAYS 2 <table border="1" 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></table> WEEKS 3 <table border="1" 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></table> DON'T KNOW 998																			
454	Who checked on (NAME)'s health at that time? PROBE FOR MOST QUALIFIED PERSON.	HEALTH PERSONNEL DOCTOR 11 NURSE/MIDWIFE 12 OTHER PERSON _____ 96 (SPECIFY)																			
455	Now I would like to talk to you about what happened after you left the facility. Did anyone check on your health after you left the facility?	YES 1 NO 2	→ 459																		
456	How long after delivery did that check take place? IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS 1 <table border="1" 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></table> DAYS 2 <table border="1" 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></table> WEEKS 3 <table border="1" 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></table> DON'T KNOW 998																			
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458	<p>Where did the check take place?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD '96' AND WRITE THE NAME OF THE PLACE.</p>	<p>HOME</p> <p>HER HOME 11</p> <p>OTHER HOME 12</p> <p>PUBLIC MED. SECTOR</p> <p>GOVT. HOSPITAL 21</p> <p>GOVT. HEALTH CENTER 22</p> <p>GOVT. MCH 23</p> <p>UNIVERSITY HOSPITAL 24</p> <p>ROYAL MED. SERVICES 25</p> <p>OTHER PUBLIC _____ 26</p> <p align="center">(SPECIFY)</p> <p>PRIVATE MED. SECTOR</p> <p>PVT. HOSPITAL/CLIN 31</p> <p>PRIVATE DOCTOR 32</p> <p>UNRWA HEALTH CENTE 33</p> <p>UNHCR.OTHER NC 34</p> <p>OTHER PRIVATE _____ 36</p> <p align="center">(SPECIFY)</p> <p>OTHER _____ 96</p> <p align="center">(SPECIFY)</p>							
459	<p>CHECK 405: PREGNANCY OUTCOME TYPE</p> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> <p>MOST RECENT LIVE BIRTH</p> <p>↓ <input type="checkbox"/></p> </div> <div style="text-align: center;"> <p>MOST RECENT <input type="checkbox"/></p> <p>STILLBIRTH</p> </div> </div>		→ 474						
460	<p>After (NAME) left (FACILITY IN 435) did any healthcare provider check on (NAME)'s health?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	→ 473						
461	<p>How long after the birth of (NAME) did that check take place?</p> <p>IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS.</p>	<p>HOURS 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p> <p>DAYS 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p> <p>WEEKS 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p> <p>DON'T KNOW 998</p>							
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464	<p>CHECK 405:</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>PREGNANCY TYPE <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td></tr></table></p> <p style="text-align: center;">1 ↓</p> <p>a) I would like to talk to you about checks on your health after delivery, for example, someone asking you questions about your health or examining you. Did anyone check on your health after you gave birth to (NAME)?</p> </div> <div style="width: 45%;"> <p>PREGNANCY TYPE <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td></tr></table></p> <p style="text-align: center;">3 ↓</p> <p>b) I would like to talk to you about checks on your health after delivery, for example, someone asking you questions about your health or examining you. Did anyone check on your health after you delivered the stillbirth you had in (DATE FROM</p> </div> </div>			<p>YES 1</p> <p>NO 2</p>	→ 468				
465	<p>How long after delivery did the first check take place?</p> <p>IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS.</p>	<p>HOURS 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p> <p>DAYS 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p> <p>WEEKS 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p> <p>DON'T KNOW 998</p>							
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SECTION 4. PREGNANCY AND POSTNATAL CARE

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469	<p>I would like to talk to you about checks on (NAME's) health -- for example, someone examining (NAME), checking the cord, or talking to you about how to care for (NAME).</p> <p>After (NAME) was born, did any healthcare provider or a traditional birth attendant check on (NAME's) health?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	→ 473						
470	<p>How long after the birth of (NAME) did that check take place?</p> <p>IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS.</p>	<p>HOURS 1</p> <p>DAYS 2</p> <p>WEEKS 3</p> <p>DON'T KNOW 998</p>	<table border="1" 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> </table>						
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472	<p>Where did this first check of (NAME) take place?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD '96' AND WRITE THE NAME OF THE PLACE.</p>	<p>HOME</p> <p>HER HOME 11</p> <p>OTHER HOME 12</p> <p>PUBLIC MED SECTOR</p> <p>GOVERNMENT HOSPITAL 21</p> <p>GOVERNMENT HEALTH CENTER 22</p> <p>GOVERNMENT MCH 23</p> <p>UNIVERSITY HOSPITAL 24</p> <p>ROYAL MED SERVICES 25</p> <p>OTHER PUBLIC 26</p> <p align="center">(SPECIFY)</p> <p>PRIVATE MED SECTOR</p> <p>PRIVATE HOSPITAL/ CLINIC 31</p> <p>PRIVATE DOCTOR 32</p> <p>UNRWA HEALTH CENTER 33</p> <p>UNHCR/ OTHER NGO 34</p> <p>OTHER PRIVATE 36</p> <p align="center">(SPECIFY)</p> <p>OTHER 96</p> <p align="center">(SPECIFY)</p>																													
473	<p>During the first 2 days after (NAME)'s birth, did any healthcare provider do the following:</p> <p>a) Examine the cord?</p> <p>b) Measure (NAME)'s temperature?</p> <p>c) Tell you how to recognize if your baby needs immediate medical attention?</p> <p>d) Talk with you about breastfeeding?</p> <p>e) Observe (NAME) breastfeeding to see if you are doing it correctly?</p> <p>f) Tell you where you could get help with breastfeeding?</p>	<table border="0"> <tr> <th></th> <th align="center">YES</th> <th align="center">NO</th> <th align="center">DK</th> </tr> <tr> <td>a) CORD</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> <tr> <td>b) TEMPERATURE</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> <tr> <td>c) MEDICAL ATTENTION</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> <tr> <td>d) TALK ABOUT BREASTFEEDING</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> <tr> <td>e) OBSERVE BREASTFEEDING</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> <tr> <td>f) HELP BREASTFEED</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> </table>		YES	NO	DK	a) CORD	1	2	8	b) TEMPERATURE	1	2	8	c) MEDICAL ATTENTION	1	2	8	d) TALK ABOUT BREASTFEEDING	1	2	8	e) OBSERVE BREASTFEEDING	1	2	8	f) HELP BREASTFEED	1	2	8	
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474	<p>During the first 2 days after the birth, did any healthcare provider do the following to you:</p> <p>a) Measure your blood pressure?</p> <p>b) Discuss your vaginal bleeding with you?</p> <p>c) Discuss family planning with you?</p> <p>d) Ask if you are having any problems with urination, such as not being able to urinate or not being able to control your urination?</p> <p>e) Ask you if you had any pain?</p> <p>f) Ask if you feel sad or depressed?</p>	<table border="0"> <tr> <th></th> <th align="center">YES</th> <th align="center">NO</th> <th align="center">DK</th> </tr> <tr> <td>a) BLOOD PRESSURE</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> <tr> <td>b) BLEEDING</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> <tr> <td>c) FAMILY PLANNING</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> <tr> <td>d) URINATION</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> <tr> <td>e) PAIN</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> <tr> <td>f) SAD OR DEPRESSED</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> </table>		YES	NO	DK	a) BLOOD PRESSURE	1	2	8	b) BLEEDING	1	2	8	c) FAMILY PLANNING	1	2	8	d) URINATION	1	2	8	e) PAIN	1	2	8	f) SAD OR DEPRESSED	1	2	8	
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475	<p>CHECK 215: IS THIS PREGNANCY THE WOMAN'S LAST PREGNANCY?</p> <p align="center">YES <input type="checkbox"/> NO <input type="checkbox"/> → 479</p>																														
476	<p>CHECK 405:</p> <table border="0"> <tr> <td align="center"> <p>PREGNANCY TYPE 1 <input type="checkbox"/></p> <p>a) Has your menstrual period returned since the birth of (NAME)?</p> </td> <td align="center"> <p>PREGNANCY TYPE 3 OR 5 <input type="checkbox"/></p> <p>b) Has your menstrual period returned since the pregnancy that ended in (DATE FROM 406)?</p> </td> </tr> </table>	<p>PREGNANCY TYPE 1 <input type="checkbox"/></p> <p>a) Has your menstrual period returned since the birth of (NAME)?</p>	<p>PREGNANCY TYPE 3 OR 5 <input type="checkbox"/></p> <p>b) Has your menstrual period returned since the pregnancy that ended in (DATE FROM 406)?</p>	<p>YES 1</p> <p>NO 2</p>																											
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477	<p>CHECK 232: IS RESPONDENT PREGNANT?</p> <p align="center">NOT PREGNANT <input type="checkbox"/> PREGNANT <input type="checkbox"/> OR UNSURE</p>		→ 479				
478	<p>CHECK 405:</p> <p align="center">PREGNANCY TYPE 1 <input type="checkbox"/> PREGNANCY TYPE 3 OR 5 <input type="checkbox"/></p> <p>a) Have you had sexual intercourse since the birth of (NAME)? b) Have you had sexual intercourse since the pregnancy that ended in (DATE FROM 406)?</p>	<p>YES 1</p> <p>NO 2</p>					
479	CHECK 405: PREGNANCY OUTCOME TYPE	<p>MOST RECENT LIVE BIRTH 1</p> <p>MOST RECENT STILLBIRTH 3</p> <p>ABORTION/MISCARRIAGE 5</p>	→ 487				
480	Did you ever breastfeed (NAME)?	<p>YES 1</p> <p>NO 2</p>	→ 482				
481	<p>CHECK 224 FOR CHILD:</p> <p align="right">LIVING <input type="checkbox"/> → 486</p> <p align="right">DEAD <input type="checkbox"/> → 487</p>						
482	<p>How long after birth did you first put (NAME) to the breast?</p> <p>IF LESS THAN 1 HOUR, RECORD '00' HOURS; IF LESS THAN 24 HOURS, RECORD HOURS; OTHERWISE, RECORD DAYS.</p>	<p>IMMEDIATELY 000</p> <p>HOURS 1 <table border="1"><tr><td> </td><td> </td></tr></table></p> <p>DAYS 2 <table border="1"><tr><td> </td><td> </td></tr></table></p>					
483	In the first 2 days after delivery, was [NAME] given anything other than breastmilk to eat or drink – anything at all like water, Infant formulas, water sugar, or herbal drinks?	<p>YES 1</p> <p>NO 2</p>	→ 484				
483A	<p>What was (NAME) given to drink?</p> <p>Anything else?</p>	<p>MILK (OTHER THAN BREAST MILK) A</p> <p>PLAIN WATER B</p> <p>SUGAR OR GLUCOSE WATER C</p> <p>SUGAR-SALT-WATER SOLUTION E</p> <p>FRUIT JUICE F</p> <p>INFANT FORMULA G</p> <p>TEA/INFUSION H</p> <p>HONEY I</p> <p>OTHER _____ X</p> <p align="center">(SPECIFY)</p>					
484	<p>CHECK 224 FOR CHILD:</p> <p align="center">LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> → 487</p>						
485	Are you still breastfeeding (NAME)?	<p>YES 1</p> <p>NO 2</p>					
486	Did [NAME] drink anything from a bottle with a	YES 1					

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	NAME OR DATE _____	PREGNANCY HISTORY NUMBER .. <table border="1"><tr><td> </td><td> </td></tr></table>			
	nipple yesterday during the day or last night?	NO 2 DON'T KNOW 8			
487	CHECK 402: ANY MORE PREGNANCY OUTCOMES 0-35 MONTHS BEFORE THE SURVEY? <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> MORE PREGNANCY OUTCOMES 0-35 MONTHS BEFORE THE SURVEY <input type="checkbox"/> (GO TO 404 FOR THE NEXT PREGNANCY ← </div> <div style="width: 45%;"> NO MORE PREGNANCY <input type="checkbox"/> → 501 OUTCOMES 0-35 MONTHS BEFORE </div> </div>				

SECTION 5. CHILD IMMUNIZATION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
501	CHECK 220, 224 AND 225 IN THE PREGNANCY HISTORY: ANY SURVIVING CHILDREN BORN 0-35 MONTHS BEFORE THE SURVEY? <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> ONE OR MORE SURVIVING CHILDREN BORN 0-35 MONTHS BEFORE THE SURVEY <input type="checkbox"/> </div> <div style="text-align: center;"> NO SURVIVING CHILDREN BORN 0-35 MONTHS BEFORE THE SURVEY <input type="checkbox"/> </div> </div>	<div style="display: flex; justify-content: space-between;"> → 601 </div>	
502	Now I would like to ask some questions about vaccinations received by your children born in the last 3 years. (We will talk about each separately, starting with the youngest.)		
503	RECORD THE NAME AND PREGNANCY HISTORY NUMBER FROM 215 AND 218 OF THE SURVIVING CHILDREN BORN 0-35 MONTHS BEFORE THE SURVEY, STARTING WITH THE LAST ONE. NAME OF CHILD _____ PREGNANCY HISTORY NUMBER .. <input type="text"/> <input type="text"/>		
504	Do you have a card or other document where (NAME)'s vaccinations are written down?	YES, HAS ONLY A CARD..... 1 YES, HAS ONLY ANOTHER DOCUMENT 2 YES, HAS CARD AND OTHER DOCUMENT 3 NO, NO CARD AND NO OTHER DOCUMENT... 4	→ 507 → 507
505	Did you ever have a vaccination card for (NAME)?	YES 1 NO 2	
506	CHECK 504: <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> CODE '2' CIRCLED <input type="checkbox"/> </div> <div style="text-align: center;"> CODE '4' CIRCLED <input type="checkbox"/> </div> </div>		→ 513
507	May I see the card or other document where (NAME)'s vaccinations are written down?	YES, ONLY CARD SEEN 1 YES, ONLY OTHER DOCUMENT SEEN..... 2 YES, CARD AND OTHER DOCUMENT SEEN... 3 NO CARD AND NO OTHER DOCUMENT SEEN... 4	→ 513
508	RECORD (NAME'S) DATE OF BIRTH FROM THE VACCINATION CARD OR OTHER DOCUMENT.	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DATE OF BIRTH NOT ON CARD..... 95	

SECTION 5. CHILD IMMUNIZATION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																																																																																																				
	NAME OF LIVE BIRTH _____	PREGNANCY HISTORY NUMBE.																																																																																																																					
509	<p>COPY VACCINATION DATES FROM THE CARD FOR (NAME). RECORD '44' IN 'DAY' COLUMN IF CARD SHOWS THAT A DOSE WAS GIVEN, BUT NO DATE IS RECORDED. RECORD '00' IN 'DAY' COLUMN IF CARD IS BLANK FOR THE DOSE.</p> <table border="1"> <thead> <tr> <th></th> <th>DAY</th> <th>MONTH</th> <th>YEAR</th> </tr> </thead> <tbody> <tr> <td>BCG السل/التدري</td> <td></td> <td></td> <td></td> </tr> <tr> <td>OPV شلل الأطفال الفموي -</td> <td></td> <td></td> <td></td> </tr> <tr> <td>OPV1 - الجرعة الأولى -</td> <td></td> <td></td> <td></td> </tr> <tr> <td>OPV2 - الجرعة الثانية -</td> <td></td> <td></td> <td></td> </tr> <tr> <td>OPV3 - الجرعة الثالثة -</td> <td></td> <td></td> <td></td> </tr> <tr> <td>*Hexa - السداسي -</td> <td></td> <td></td> <td></td> </tr> <tr> <td>DPT1/ IPV1/ HIB1/Hep B1 - الجرعة الأولى -</td> <td></td> <td></td> <td></td> </tr> <tr> <td>DPT2/ IPV2/ HIB2/Hep B2 - الجرعة الثانية -</td> <td></td> <td></td> <td></td> </tr> <tr> <td>DPT3/ IPV3/ HIB3/Hep B3 - الجرعة الثالثة -</td> <td></td> <td></td> <td></td> </tr> <tr> <td>*Rota - الروتافيروس -</td> <td></td> <td></td> <td></td> </tr> <tr> <td>*Rota 1 - الجرعة الأولى -</td> <td></td> <td></td> <td></td> </tr> <tr> <td>*Rota 2 - الجرعة الثانية -</td> <td></td> <td></td> <td></td> </tr> <tr> <td>*Rota 3 - الجرعة الثالثة -</td> <td></td> <td></td> <td></td> </tr> <tr> <td>PCV المكورات الرئوية -</td> <td></td> <td></td> <td></td> </tr> <tr> <td>PCV1 - الجرعة الأولى -</td> <td></td> <td></td> <td></td> </tr> <tr> <td>PCV2 - الجرعة الثانية -</td> <td></td> <td></td> <td></td> </tr> <tr> <td>PCV3 - الجرعة الثالثة -</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Measles - MEA - الحصبة -</td> <td></td> <td></td> <td></td> </tr> <tr> <td>MMR الثلاثي الفيروسي -</td> <td></td> <td></td> <td></td> </tr> <tr> <td>MMR1 - الجرعة الأولى -</td> <td></td> <td></td> <td></td> </tr> <tr> <td>MMR2 - الجرعة الثانية -</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Vitamin A - فيتامين أ (100 ألف وحدة دولية)</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Vitamin A - فيتامين أ (200 ألف وحدة دولية)</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Hep A - التهاب الكبد أ -</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Hep A 1 - الجرعة الأولى -</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Hep A 2 - الجرعة الأولى -</td> <td></td> <td></td> <td></td> </tr> <tr> <td>* (Booster) DPT - الثلاثي البكتيري المدعمة -</td> <td></td> <td></td> <td></td> </tr> <tr> <td>(Booster) OPV - شلل الأطفال الفموي الجرعة المدعمة -</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		DAY	MONTH	YEAR	BCG السل/التدري				OPV شلل الأطفال الفموي -				OPV1 - الجرعة الأولى -				OPV2 - الجرعة الثانية -				OPV3 - الجرعة الثالثة -				*Hexa - السداسي -				DPT1/ IPV1/ HIB1/Hep B1 - الجرعة الأولى -				DPT2/ IPV2/ HIB2/Hep B2 - الجرعة الثانية -				DPT3/ IPV3/ HIB3/Hep B3 - الجرعة الثالثة -				*Rota - الروتافيروس -				*Rota 1 - الجرعة الأولى -				*Rota 2 - الجرعة الثانية -				*Rota 3 - الجرعة الثالثة -				PCV المكورات الرئوية -				PCV1 - الجرعة الأولى -				PCV2 - الجرعة الثانية -				PCV3 - الجرعة الثالثة -				Measles - MEA - الحصبة -				MMR الثلاثي الفيروسي -				MMR1 - الجرعة الأولى -				MMR2 - الجرعة الثانية -				Vitamin A - فيتامين أ (100 ألف وحدة دولية)				Vitamin A - فيتامين أ (200 ألف وحدة دولية)				Hep A - التهاب الكبد أ -				Hep A 1 - الجرعة الأولى -				Hep A 2 - الجرعة الأولى -				* (Booster) DPT - الثلاثي البكتيري المدعمة -				(Booster) OPV - شلل الأطفال الفموي الجرعة المدعمة -					
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SECTION 5. CHILD IMMUNIZATION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	NAME OF LIVE BIRTH _____	PREGNANCY HISTORY NUMBE... <input type="text"/> <input type="text"/>	
510	ASK THE RESPONDENT FOR PERMISSION TO PHOTOGRAPH VACCINATION CARD OR OTHER DOCUMENT WHERE VACCINATIONS ARE WRITTEN. IF PERMISSION IS GRANTED, PHOTOGRAPH CARD.	PHOTOGRAPH TAKEI..... 1 PHOTOGRAPH NOT TAKEN, PERMISSION NOT RECEIVED 2 PHOTOGRAPH NOT TAKEN, OTHER REASON _____ 6 (SPECIFY)	
511	CHECK 509: 'BCG' TO OPV (Booster) ALL HAVE A DATE RECORDED OR '44' RECORDED IN THE 'DAY' COLUMN? NO <input type="checkbox"/> YES <input type="checkbox"/>		→ 529
512	In addition to what is recorded on (this document/these documents), did (NAME) receive any other vaccinations, including vaccinations received in campaigns, immunization days, child health days, or from the private sector? RECORD 'YES' ONLY IF THE RESPONDENT MENTIONS AT LEAST ONE OF THE VACCINATIONS IN 509 THAT ARE NOT RECORDED AS HAVING BEEN GIVEN.	YES 1 (USE THE LIST SHOWN IN CAPI TO SELECT THE OTHER VACCINATIONS GIVEN. NOTE THAT CAPI WILL CHANGE THE ANSWER IN 509 IN THE 'DAY' COLUMN FROM '00' TO '66' FOR THE SELECTED VACCINATIONS.) (THEN SKIP TO 529) NO 2 DON'T KNOW 8	
512A	CHECK 509: ANY VACCINATIONS RECORDED ON THE CARD? YES <input type="checkbox"/> NO <input type="checkbox"/> SKIP TO 529		→ 529A
513	Did (NAME) ever receive any vaccinations to prevent (NAME) from getting diseases, including vaccinations received in campaigns or immunization days or child health days?	YES 1 NO 2 DON'T KNOW 8	→ 529A
514	Has (NAME) ever received 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	
517	Has (NAME) ever received oral polio vaccine(OPV), that is, about two drops in the mouth to prevent polio?	YES 1 NO 2 DON'T KNOW 8	→ 521
519	How many times did (NAME) receive the oral polio vaccine(OPV)?	NUMBER OF TIMES <input type="text"/>	
521	Has (NAME) ever received a Hexaxim vaccine(Hexa), that is, an injection given in the thigh sometimes at the same time as polio drops?	YES 1 NO 2 DON'T KNOW 8	→ 522A
522	How many times did (NAME) receive the Hexaxim (Hexa) vaccine?	NUMBER OF TIMES <input type="text"/>	
522A	Has (NAME) ever received a Hepatitis B vaccination, that is, an injection in the thigh to prevent Hepatitis B, sometimes given at the same time as Hexaxim (Hexa) vaccine?	YES 1 NO 2 DON'T KNOW 8	→ 523
522B	How many times did (NAME) receive the Hepatitis B vaccine?	NUMBER OF TIMES <input type="text"/>	
523	Has (NAME) ever received a pneumococcal vaccination, that is, an injection in the thigh to prevent pneumonia?	YES 1 NO 2 DON'T KNOW 8	→ 525

SECTION 5. CHILD IMMUNIZATION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	NAME OF LIVE BIRTH _____	PREGNANCY HISTORY NUMBE... <input type="text"/> <input type="text"/>	
524	How many times did (NAME) receive the pneumococcal vaccine?	NUMBER OF TIMES <input type="text"/>	
525	Has (NAME) ever received a rotavirus vaccination(ROTA vaccine), that is, liquid in the mouth to prevent diarrhoea?	YES 1 NO 2 DON'T KNOW 8	→ 527
526	How many times did (NAME) receive the rotavirus vaccine(ROTA vaccine)?	NUMBER OF TIMES <input type="text"/>	
527	Has (NAME) ever received a measles vaccination, that is, an injection in the arm to prevent measles?	YES 1 NO 2 DON'T KNOW 8	
527A	Has (NAME) ever received a MMR vaccination, that is, an injection to prevent measles, mumps, and rubella usually given at the age of 12 months?	YES 1 NO 2 DON'T KNOW 8	→ 529
527B	How many times did (NAME) receive the MMR vaccine?	NUMBER OF TIMES <input type="text"/>	
528	How many times did (NAME) receive the measles vaccine?	NUMBER OF TIMES <input type="text"/>	
529	Where did (NAME) receive most of his/her vaccinations? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD '96' AND WRITE THE NAME OF THE PLACE.	PUBLIC MED. SECTOR GOVT. HOSPITAL 11 GOVT. HEALTH CENTER... .. 12 GOVT. MCH 13 UNIVERSITY HOSPIT... .. 14 ROYAL MED. SERVIC... .. 15 OTHER PUBLIC 16 _____ (SPECIFY) PRIVATE MED. SECTOR PVT. HOSPITAL/CLIN... .. 21 PRIVATE DOCTOR... .. 22 UNRWA HEALTH CENTE... .. 23 UNHCR/OTHER NC... .. 24 OTHER PRIVATE 26 _____ (SPECIFY) OTHER 96 _____ (SPECIFY)	
529A	CHECK 504, 505, AND 513: HAS THE CHILD RECEIVED ANY VACCINATIONS? <div style="display: flex; justify-content: space-around;"> <div> NO, CHILD HAS NO VACCINATIONS <input type="checkbox"/> ↓ </div> <div> YES, CHILD HAS AT LEAST 1 VACCINATION <input type="checkbox"/> → 530 </div> </div>		

SECTION 5. CHILD IMMUNIZATION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	NAME OF LIVE BIRTH _____	PREGNANCY HISTORY NUMBE... <input type="text"/> <input type="text"/>	
529B	<p>Why has (NAME) not received any vaccinations?</p> <p>RECORD ALL REASONS MENTIONED.</p>	<p>LOCKDOWN RESTRICTED ACCESS... A</p> <p>LACK OF TRANSPORTATIO... B</p> <p>CENTERS TOO FAR... C</p> <p>FEAR OF COVID-19... D</p> <p>HUSBAND OPPOSED... E</p> <p>COSTS TOO MUCH... F</p> <p>WOULD NEED TO BRING OTHER CHILDREI... G</p> <p>VACCINE HESITANCY... H</p> <p>OTHER HEALTH CONDITIOI... I</p> <p>VIOLENCE... J</p> <p>OTHER _____ X</p> <p align="center">(SPECIFY)</p>	
530	<p>CHECK 220 AND 224 IN PREGNANCY HISTORY: ANY MORE SURVIVING CHILDREN BORN 0-35 MONTHS BEFORE THE SURVEY?</p> <p>MORE SURVIVING CHILDREN BORN 0-35 MONTHS BEFORE THE SURVEY <input type="checkbox"/></p> <p align="center">(GO TO 503 FOR THE NEXT SURVIVING CHILD) ←</p>	<p>NO MORE SURVIVING CHILDREN BORN 0-35 MONTHS BEFORE THE SURVEY <input type="checkbox"/></p>	<p align="center">→ 601</p>

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
601	CHECK 220, 224, AND 225 IN THE PREGNANCY HISTORY: ANY SURVIVING CHILDREN BORN 0-59 MONTHS BEFORE THE SURVEY? <div style="display: flex; justify-content: space-around;"> <div>ONE OR MORE SURVIVING CHILDREN BORN 0-59 MONTHS BEFORE THE SURVEY <input type="checkbox"/></div> <div>NO SURVIVING CHILDREN BORN 0-59 MONTHS BEFORE THE SURVEY <input type="checkbox"/></div> </div>		→ 643
602	Now I would like to ask some questions about the health of your children born in the last 5 years. (We will talk about each separately, starting with the youngest.)		
603	RECORD THE NAME FROM 218 AND PREGNANCY HISTORY NUMBER FROM 215 OF THE SURVIVING CHILDREN BORN 0-59 MONTHS BEFORE THE SURVEY, STARTING WITH THE LAST ONE. NAME OF CHILD _____ PREGNANCY HISTORY NUMBER .. <input type="text"/> <input type="text"/>		
604	In the last 12 months, was (NAME) given any of the following: a) Iron tablets or syrup? SHOW COMMON TYPES OF TABLETS/SYRUPS	<div style="text-align: right; margin-bottom: 5px;">YES NO DK</div> a) TABLETS/SYRUP 1 2 8	
607	In the last 6 months, has any healthcare provider measured: a) (NAME)'s weight? b) (NAME)'s length or height?	<div style="text-align: right; margin-bottom: 5px;">YES NO DK</div> a) WEIGHT 1 2 8 b) LENGTH/HEIGHT 1 2 8	
608	Has (NAME) had diarrhoea in the last 2 weeks?	YES 1 NO 2 DON'T KNOW 8	→ 618

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP		
NO.	NAME OF LIVE BIRTH _____	PREGNANCY HISTORY NUMBER <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			
609	<p>CHECK 485: CURRENTLY BREASTFEEDING?</p> <p align="center"> YES <input type="checkbox"/> NOT <input type="checkbox"/> ↓ ASKED ↓ </p> <p>a) Now I would like to know how much (NAME) was given to drink during the diarrhoea, including breast milk. Was (NAME) given less than usual to drink, about the same amount, or more than usual to drink?</p> <p>IF LESS, PROBE: Was (NAME) given much less than usual to drink or somewhat less?</p> <p>b) Now I would like to know how much (NAME) was given to drink during the diarrhoea. Was (NAME) given less than usual to drink, about the same amount, or more than usual to drink?</p> <p>IF LESS, PROBE: Was (NAME) given much less than usual to drink or somewhat less?</p>	<p>MUCH LESS 1</p> <p>SOMEWHAT LESS 2</p> <p>ABOUT THE SAME 3</p> <p>MORE 4</p> <p>NOTHING TO DRINK 5</p> <p>DON'T KNOW 8</p>			
610	<p>When (NAME) had diarrhoea, was (NAME) given less than usual to eat, about the same amount, more than usual, or nothing to eat?</p> <p>IF LESS, PROBE: Was (NAME) given much less than usual to eat or somewhat less?</p>	<p>MUCH LESS 1</p> <p>SOMEWHAT LESS 2</p> <p>ABOUT THE SAME 3</p> <p>MORE 4</p> <p>STOPPED FOOD 5</p> <p>NEVER GAVE FOOD 6</p> <p>DON'T KNOW 8</p>			
611	Did you seek advice or treatment for the diarrhoea from any source?	<p>YES 1</p> <p>NO 2</p>	→ 612		
611A	Why did you not seek treatment or advice?	<p>LOCKDOWN RESTRICTED ACCES A</p> <p>LACK OF TRANSPORTATIO B</p> <p>CENTERS TOO FA C</p> <p>FEAR OF COVID-1 D</p> <p>HUSBAND OPPOSED E</p> <p>COSTS TOO MUCH F</p> <p>WOULD NEED TO BRING OTHER CHILD G</p> <p>ALREADY RECEIVED ADVIC H</p> <p>OTHER _____ X</p> <p align="center">(SPECIFY)</p>	→ 615		

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																				
NO.	NAME OF LIVE BIRTH _____	PREGNANCY HISTORY NUMBER <input type="text"/> <input type="text"/>																					
612	<p>Where did you seek advice or treatment?</p> <p>Anywhere else?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD 'X' AND WRITE THE NAME OF THE PLACE(S).</p>	<p>PUBLIC MED SECTOR</p> <p>GOVERNMENT HOSPITAL A</p> <p>GOVERNMENT HEALTH CENTER B</p> <p>GOVERNMENT MCH C</p> <p>UNIVERSITY D</p> <p>ROYAL MEDICAL SERVICES E</p> <p>OTHER PUBLIC _____ F</p> <p align="center">(SPECIFY)</p> <p>PRIVATE MED SECTOR</p> <p>PRIVATE HOSPITAL/ CLINIC G</p> <p>PRIVATE DOCTOR H</p> <p>PHARMACY I</p> <p>UNRWA HEALTH J</p> <p>UNHCR/ OTHER NGO K</p> <p>OTHER PRIVATE _____ L</p> <p align="center">(SPECIFY)</p> <p>OTHER _____ X</p> <p align="center">(SPECIFY)</p>																					
613	<p>CHECK 612:</p> <p>TWO OR MORE CODES CIRCLED <input type="checkbox"/></p>	<p>ONLY ONE CODE CIRCLED <input type="checkbox"/></p> <p>→ 615</p>																					
614	<p>Where did you first seek advice or treatment?</p> <p>USE LETTER CODE FROM 612.</p>	<p>FIRST PLACE <input type="text"/></p>																					
615	<p>Was (NAME) given any of the following at any time since (NAME) started having the diarrhoea:</p> <p>a) Aquacell or Paralait?</p> <p>b) PRE-PACKAGED ORAL REHYDRATION SALTS (ORS) LIQUID</p> <p>c) Zinc tablets or syrup?</p> <p>d) a homemade sugar-salt-water solution?</p>	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>a) AQUACELL OR PARALAIT . . .</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>b) ORS LIQUID</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>c) ZINC</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>d) HOMEMADE FLUID</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		YES	NO	DK	a) AQUACELL OR PARALAIT . . .	1	2	8	b) ORS LIQUID	1	2	8	c) ZINC	1	2	8	d) HOMEMADE FLUID	1	2	8	
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SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
NO.	NAME OF LIVE BIRTH _____	PREGNANCY HISTORY NUMBER <input type="text"/> <input type="text"/>	
616	<p>CHECK 615:</p> <p>ANY 'YES' <input type="checkbox"/></p> <p>a) Was anything else given to treat the diarrhoea?</p> <p>ALL 'NO' OR 'DK' <input type="checkbox"/></p> <p>b) Was anything given to treat the diarrhoea?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	→ 618
617	<p>CHECK 615:</p> <p>ANY 'YES' <input type="checkbox"/></p> <p>a) What else was given to treat the diarrhoea?</p> <p>ALL 'NO' OR 'DK' <input type="checkbox"/></p> <p>b) What was given to treat the diarrhoea?</p> <p>RECORD ALL TREATMENTS GIVEN.</p>	<p>PILL OR SYRUP</p> <p>ANTIBIOTIC A</p> <p>ANTIMOTILITY B</p> <p>OTHER (NOT ANTIBIOTIC OR ANTIMOTILITY) C</p> <p>UNKNOWN PILL OR SYRUP D</p> <p>INJECTION</p> <p>ANTIBIOTIC E</p> <p>NON-ANTIBIOTIC F</p> <p>UNKNOWN INJECTION G</p> <p>(IV) INTRAVENOUS H</p> <p>HOME REMEDY/HERBAL MEDICINE I</p> <p>OTHER _____ X</p> <p align="center">(SPECIFY)</p>	
618	Has (NAME) been ill with a fever at any time in the last 2 weeks?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	
621	Has (NAME) had an illness with a cough at any time in the last 2 weeks?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	
622	Has (NAME) had fast, short, rapid breaths or difficulty breathing at any time in the last 2 weeks?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	→ 624
623	Was the fast or difficult breathing due to a problem in the chest or to a blocked or runny nose?	<p>CHEST ONLY 1</p> <p>NOSE ONLY 2</p> <p>BOTH 3</p> <p>OTHER _____ 6</p> <p align="center">(SPECIFY)</p> <p>DON'T KNOW 8</p>	→ 625
624	<p>CHECK 618: HAD FEVER?</p> <p>YES <input type="checkbox"/></p> <p>NO OR DON'T KNOW <input type="checkbox"/></p>		→ 634

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
NO.	NAME OF LIVE BIRTH _____	PREGNANCY HISTORY NUMBER <input type="text"/> <input type="text"/>	
625	Did you seek advice or treatment for the illness from any source?	YES 1 NO 2	→ 626
625A	Why did you not seek treatment or advice?	LOCKDOWN RESTRICTED ACCESS A LACK OF TRANSPORTATION B CENTERS TOO FAR C FEAR OF COVID-19 D HUSBAND OPPOSED E COSTS TOO MUCH F WOULD NEED TO BRING OTHER CHILDREN G ALREADY RECEIVED ADVICE H OTHER _____ X (SPECIFY)	→ 630
626	Where did you seek advice or treatment? Anywhere else? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD 'X' AND WRITE THE NAME OF THE PLACE(S).	PUBLIC MED SECTOR GOVERNMENT HOSPITAL A GOVERNMENT HEALTH CENTER B GOVERNMENT MCH C UNIVERSITY D ROYAL MEDICAL SERVICES E OTHER PUBLIC _____ F (SPECIFY) PRIVATE MED SECTOR PRIVATE HOSPITAL/ CLINIC G PRIVATE DOCTOR H PHARMACY I UNRWA HEALTH J UNHCR/ OTHER NGO K OTHER PRIVATE _____ L (SPECIFY) OTHER _____ X (SPECIFY)	
627	CHECK 626: TWO OR MORE CODES CIRCLED <input type="checkbox"/>	ONLY ONE CODE CIRCLED <input type="checkbox"/>	→ 629
628	Where did you first seek advice or treatment? USE LETTER CODE FROM 626.	FIRST PLACE <input type="text"/>	
629	How many days after the illness began did you first seek advice or treatment for (NAME)? IF THE SAME DAY RECORD '00'.	DAYS <input type="text"/> <input type="text"/>	
630	At any time during the illness, did (NAME) take any medicine for the illness?	YES 1 NO 2 DON'T KNOW 8	→ 634

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
NO.	NAME OF LIVE BIRTH _____	PREGNANCY HISTORY NUMBER <input type="text"/> <input type="text"/>	
631	<p>What medicine did (NAME) take?</p> <p>Any other medicine?</p> <p>RECORD ALL MENTIONED.</p> <p>IF MEDICINE NOT KNOWN, ASK TO SEE THE PACKAGE OR PRESCRIPTION.</p>	<p>ANTIBIOTIC DRUGS</p> <p>PILL/SYRUP A</p> <p>INJECTION/IV B</p> <p>OTHER DRUGS</p> <p>ACETAMINOPHEN C</p> <p>IBUPROFEN D</p> <p>IBUGESIC E</p> <p>ADOL F</p> <p>REVANINE G</p> <p>HOME REMEDY/</p> <p>HERBAL MEDICINE H</p> <p>OTHER _____ X</p> <p align="center">(SPECIFY)</p> <p>DON'T KNOW Z</p>	
634	<p>CHECK 220, 224, AND 225 IN PREGNANCY HISTORY: ANY MORE SURVIVING CHILDREN BORN 0-59 MONTHS BEFORE THE SURVEY?</p> <div style="display: flex; justify-content: space-around; align-items: flex-start;"> <div style="text-align: center;"> <p>MORE SURVIVING CHILDREN BORN 0-59 MONTHS BEFORE THE SURVEY <input type="checkbox"/></p> <p>(GO TO 603 FOR THE NEXT SURVIVING CHILD) ←</p> </div> <div style="text-align: center;"> <p>NO MORE SURVIVING CHILDREN BORN 0-59 MONTHS BEFORE THE SURVEY <input type="checkbox"/></p> <p>↓</p> </div> </div>		
634A	<p>CHECK 615(a) FOR ALL CHILDREN:</p> <div style="display: flex; justify-content: space-around; align-items: flex-start;"> <div style="text-align: center;"> <p>NO CHILD RECEIVED <input type="checkbox"/></p> <p>AQUACELL OR PARALAIT ↓</p> </div> <div style="text-align: center;"> <p>ANY CHILD RECEIVED <input type="checkbox"/></p> <p>AQUACELL OR PARALAIT → 635</p> </div> </div>		
634B	<p>Have you ever heard of a special product called Aquacell or Paralait you can get for the treatment of diarrhoea?</p>	<p>YES 1</p> <p>NO 2</p>	

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																																																				
635	<p>CHECK 220, 225 AND 226, ALL ROWS: NUMBER OF CHILDREN BORN 0-23 MONTHS BEFORE THE SURVEY LIVING WITH THE RESPONDENT</p> <p align="center">ONE OR MORE <input type="checkbox"/> NONE <input type="checkbox"/></p> <p align="center">↓</p> <p>_____</p> <p align="center">(NAME OF YOUNGEST CHILD LIVING WITH HER)</p> <p align="center">↓</p>	<p align="right">→ 643</p>																																																																					
636	<p>Now I would like to ask you about liquids that (NAME FROM 635) had yesterday during the day or at night. Please tell me about all drinks, whether (NAME) had them at home, or somewhere else.</p> <p>Yesterday during the day or at night, did (NAME)</p>	<table> <thead> <tr> <th></th><th>YES</th><th>NO</th><th>DK</th></tr> </thead> <tbody> <tr> <td>a) Plain water?</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>b) Infant formulas, such as, Sahha, Similac, Babylac, S26 or Nan?</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>IF YES: How many times did (NAME) drink infant formula? IF 7 OR MORE TIMES, RECORD '7'.</td><td colspan="2">NUMBER OF TIMES DRANK FORMULA <input type="text"/></td><td>8</td></tr> <tr> <td>c) Milk from animals, including fresh milk, packaged milk, powdered milk such as Nido or ...</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>IF YES: How many times did (NAME) drink milk? IF 7 OR MORE TIMES, RECORD '7'.</td><td colspan="2">NUMBER OF TIMES DRANK MILK <input type="text"/></td><td>8</td></tr> <tr> <td>IF YES: Was the milk a sweet or flavoured type of milk?</td><td>SWEET/ FLAVORED ... 1</td><td>2</td><td>8</td></tr> <tr> <td>e) Almond milk, soy milk, coconut milk?</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>f) Milk flavoured/sweetened with Chocolate, Banana, Strawberry, Sahlab?</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>g) Fruit juice, fruit drinks, or fruit syrup?</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>h) Fizzy drinks such as Pepsi, 7-Up, Miranda,</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>i) Tea, coffee, or herbal drinks?</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>IF YES: Was the drink sweetened?</td><td>SWEETENED . 1</td><td>2</td><td>8</td></tr> <tr> <td>j) Clear broth or clear soup?</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>k) Any other liquids?</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>IF YES: What was the drink?</td><td colspan="3">OTHER DRINK(S) _____ (SPECIFY)</td></tr> <tr> <td>IF YES: Was the drink sweetened?</td><td>SWEETENED . 1</td><td>2</td><td>8</td></tr> </tbody> </table>		YES	NO	DK	a) Plain water?	1	2	8	b) Infant formulas, such as, Sahha, Similac, Babylac, S26 or Nan?	1	2	8	IF YES: How many times did (NAME) drink infant formula? IF 7 OR MORE TIMES, RECORD '7'.	NUMBER OF TIMES DRANK FORMULA <input type="text"/>		8	c) Milk from animals, including fresh milk, packaged milk, powdered milk such as Nido or ...	1	2	8	IF YES: How many times did (NAME) drink milk? IF 7 OR MORE TIMES, RECORD '7'.	NUMBER OF TIMES DRANK MILK <input type="text"/>		8	IF YES: Was the milk a sweet or flavoured type of milk?	SWEET/ FLAVORED ... 1	2	8	e) Almond milk, soy milk, coconut milk?	1	2	8	f) Milk flavoured/sweetened with Chocolate, Banana, Strawberry, Sahlab?	1	2	8	g) Fruit juice, fruit drinks, or fruit syrup?	1	2	8	h) Fizzy drinks such as Pepsi, 7-Up, Miranda,	1	2	8	i) Tea, coffee, or herbal drinks?	1	2	8	IF YES: Was the drink sweetened?	SWEETENED . 1	2	8	j) Clear broth or clear soup?	1	2	8	k) Any other liquids?	1	2	8	IF YES: What was the drink?	OTHER DRINK(S) _____ (SPECIFY)			IF YES: Was the drink sweetened?	SWEETENED . 1	2	8	
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SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES			SKIP
637	<p>Now I would like to ask you about foods that (NAME) had yesterday during the day or at night. I am interested in foods your child ate whether at home or somewhere else. Please think about snacks and small meals as well as main meals.</p> <p>I will ask you about different foods, and I would like to know whether your child ate the food even if it was combined with other foods.</p> <p>Please do not answer 'yes' for any food or ingredient only used in a small amount to add flavour to a dish.</p> <p>Yesterday during the day or at night did (NAME)</p> <p>a) Yogurt, labaneh or shaneena ?</p> <p>IF YES: How many times did (NAME) have IF 7 OR MORE TIMES, RECORD '7'.</p>	<p>YES NO DK</p>			
	aa' Jameed?	a)	1 2 8		
		<p>NUMBER OF TIMES ATE YOGURT <input type="text"/></p>			8
	aa' Jameed?	aa'	1 2 8		
	b) Rice, pasta, bread, menousheh, mouajjanat and kaak?	b)	1 2 8		
	c) Carrots, red bell pepper, pumpkin, or sweet potato that is yellow or orange inside?	c)	1 2 8		
	d) Potato or turnip?	d)	1 2 8		
	e) Any dark green leafy vegetables, such as broccoli, spinach, jute mallow, grape leaves, arugula, or other dark green leafy vegetables?	e)	1 2 8		
	f) Any other vegetables, such as eggplant, tomatoes, cucumber, green bell pepper, cauliflower, or other vegetables?	f)	1 2 8		
	g) Apricots, dried apricots, cantaloupe that is orange inside, persimmon, papaya, or mango?	g)	1 2 8		
	h) Any other fruits, such as plums, dates, apple, banana, orange, or other fruits?	h)	1 2 8		
	i) Fish, canned tuna, or canned sardines?	i)	1 2 8		
	j) Liver, kidney, spleen, or lung?	j)	1 2 8		
	k) Soujouk, makanik or nakanik, bastirma, mortadella, canned meat, or hot dogs?	k)	1 2 8		
	l) Any other meat, such as beef, lamb, goat, or	l)	1 2 8		
	m) Eggs?	m)	1 2 8		
	n) White beans, fava beans, falafel, lentils, mujaddara, peas, hummus, or chickpeas?	n)	1 2 8		

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	Any kind of nuts or seeds such as bizir, tahini, halawa tahini, walnuts, peanuts, hazelnuts, pistachios, almonds or cashew?	<div>YES NO DK</div> <div>o) 1 2 8</div>	
	p) Cheese?	p) 1 2 8	
	q) Arabic sweets, kaak-u maamoul, sweet biscuits, or cakes?	p) 1 2 8	
	r) Candy, cotton candy, chocolates, ice cream, halawa tahini, mouhallabia, or riz bi haleeb?	r) 1 2 8	
	s) Chips, French fries fried kibbeh, deep fried vegetables, sambusak or Indomie?	s) 1 2 8	
	u) Any other solid, semi-solid, or soft food?	u) 1 2 8	
	<p>IF YES: What was the food?</p> <p>MARK THE APPROPRIATE FOOD GROUP FOR EACH ADDITIONAL FOOD, IF THE GROUP IS NOT YET CODED 'YES'.</p> <p>IF UNABLE TO DETERMINE WHICH GROUP THE ADDITIONAL FOOD BELONGS TO, RECORD THE NAME OF THE FOOD.</p>	<p>OTHER FOOD(S) _____</p> <p align="center">(SPECIFY)</p>	
638	<p>CHECK 637 (CATEGORIES 'a' THROUGH 'u'):</p> <p>NOT A SINGLE 'YES' <input type="checkbox"/> AT LEAST ONE 'YES' <input type="checkbox"/></p>		→ 640
639	<p>Did (NAME) eat any solid, semi-solid, or soft foods yesterday during the day or at night?</p> <p>IF 'YES' PROBE: What kind of solid, semi-solid or soft foods did (NAME) eat?</p>	<p>YES 1</p> <p align="center">(GO BACK TO 637 TO RECORD FOOD EATEN YESTERDAY)</p> <p align="center">(THEN CONTINUE TO 640)</p> <p>NO 2</p>	→ 641
640	<p>How many times did (NAME) eat solid, semi-solid, 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="text"/></p> <p>DON'T KNOW 8</p>	
641	In the last 6 months, did any healthcare provider or community health worker talk with you about how or what to feed (NAME)?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES			SKIP
643	<p>Now I'd like to ask you about foods and drinks that you consumed yesterday during the day or night, whether you ate or drank it at home or somewhere else. Please think about snacks and small meals as well as main meals.</p> <p>I will ask you about different foods and drinks, and I would like to know whether you ate the food even if it was combined with other foods.</p> <p>Please do not answer 'yes' for any food or ingredient only used in a small amount to add flavour to a dish.</p>				
	a) Rice, pasta, bread, kaak, menousheh, mouajjanat?	a)	YES 1	NO 2	DK 8
	b) Carrots, red bell pepper, pumpkin, or sweet potato that is yellow or orange inside?	b)	1	2	8
	c) Potato or turnip?	c)	1	2	8
	d) Any dark green leafy vegetables, such as broccoli, spinach, jute mallow, grape leaves, arugula, or other dark green leafy vegetables?	d)	1	2	8
	e) Any other vegetables, such as eggplant, tomatoes, cucumber, green bell pepper, cauliflower, or other vegetables?	e)	1	2	8
	f) Apricots, dried apricots, cantaloupe that is orange inside, persimmon, papaya, or mango?	f)	1	2	8
	g) Any other fruits, such as plums, dates, apple, banana, orange, or other fruits?	g)	1	2	8
	h) Fish, canned tuna, or canned sardines?	h)	1	2	8
	i) Liver, kidney, spleen, or lung?	i)	1	2	8
	j) Soujouk, makanik or nakanik, bastirma, mortadella, canned meat, or hot dogs?	j)	1	2	8
	k) Any other meat, such as beef, lamb, goat, or	k)	1	2	8

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES			SKIP
		YES	NO	DK	
	l) Eggs?	l) 1	2	8	
	m) White beans, fava beans, falafel, lentils, mujaddara, peas, hummus, or chickpeas?	m) 1	2	8	
	n) Bizir, tahini, walnuts, peanuts, hazelnuts, pistachios, almonds or cashew?	n) 1	2	8	
	o) Milk, cheese, yogurt, jameed, labaneh, or shaneena?	o) 1	2	8	
	q) Arabic sweets, kaak-u maamoul, sweet biscuits, or cakes?	q) 1	2	8	
	r) Candy, cotton candy, chocolates, ice cream, halawa tahini, mouhallabia, or riz bi haleeb?	r) 1	2	8	
	s) Chips, French fries, fried kibbeh, deep fried vegetables, sambusak, or indomie?	s) 1	2	8	
	t) Fruit juice, fruit drinks, or fruit syrup?	t) 1	2	8	
	u) Fizzy drinks such as Pepsi, 7-Up, Miranda, Moussy, or energy drinks such as Red Bull?	u) 1	2	8	
	v) Tea with sugar, coffee with sugar, sahlab, or flavoured milks?	v) 1	2	8	
	x) Any other liquids? IF YES: What was the drink? IF YES: Was the drink sweetened?	x) 1 OTHER DRINK(S) _____ (SPECIFY) SWEETENED . 1	2	8	
	y) Any other food? IF YES: What was the food? MARK THE APPROPRIATE FOOD GROUP FOR EACH ADDITIONAL FOOD, IF THE GROUP IS NOT YET CODED 'YES'. IF UNABLE TO DETERMINE WHICH GROUP THE ADDITIONALFOOD BELONGS TO, RECORD THE NAME OF THE FOOD.	y) 1 OTHER FOOD(S) _____ (SPECIFY)	2	8	

EARLY CHILDHOOD DEVELOPMENT INDEX MODULE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
ECDA	HOUSEHOLD SELECTED FOR CHILD DISCIPLINE, CHILD DEVELOPMENT, AND BIOMARKER FOR WOMEN YES	HOUSEHOLD NOT SELECTED FOR CHILD DISCIPLINE, CHILD DEVELOPMENT, AND BIOMARKER FOR WOMEN NO <input type="checkbox"/>	next section →
ECDB	CHECK 220, 224, 225 AND 226 IN THE PREGNANCY HISTORY: ANY SURVIVING CHILDREN BORN 24-59 MONTHS BEFORE THE SURVEY WHO LIVE WITH THE RESPONDENT? YES <input type="checkbox"/>	NO <input type="checkbox"/>	next section →
ECDC	RECORD THE NAME AND PREGNANCY HISTORY NUMBER FROM 215 AND 218 OF THE SURVIVING CHILDREN BORN 24-59 MONTHS BEFORE THE SURVEY LIVING WITH THE RESPONDENT NAME OF CHILD _____ PREGNANCY HISTORY NUMBER <input type="text"/> <input type="text"/>		
ECD00	I would like to ask you about certain things (NAME) is currently able to do. Please keep in mind that children can develop and learn at a different pace. For example, some start talking earlier than others, or they might already say some words but not yet form sentences. So, it is fine if your child is not able to do all the things I am going to ask you about. You can let me know if you have any doubts about what answer to give.		
ECD01	Can (NAME) walk on an uneven surface, for example, a bumpy or steep road, without falling?	YES 1 NO 2 DON'T KNOW 8	
ECD02	Can (NAME) jump up with both feet leaving the ground?	YES 1 NO 2 DON'T KNOW 8	
ECD03	Can (NAME) dress (him/herself), that is, put on pants and a shirt, without help?	YES 1 NO 2 DON'T KNOW 8	
ECD04	Can (NAME) fasten and unfasten buttons without help?	YES 1 NO 2 DON'T KNOW 8	
ECD05	Can (NAME) say 10 or more words, like 'mama' or 'ball'?	YES 1 NO 2 DON'T KNOW 8	
ECD06	Can (NAME) speak using sentences of 3 or more words that go together, for example, "I want water" or "The house is big"?	YES 1 NO 2 DON'T KNOW 8	→ ECD08
ECD07	Can (NAME) speak using sentences of 5 or more words that go together, for example, "The house is very big"?	YES 1 NO 2 DON'T KNOW 8	
ECD08	Can (NAME) correctly use any of the words 'I', 'you', 'she', or 'he', for example, "I want water" or "He eats rice"?	YES 1 NO 2 DON'T KNOW 8	
ECD09	If you show (NAME) an object (he/she) knows well, such as a cup or animal, can (he/she) consistently name it?	YES 1 NO 2 DON'T KNOW 8	
ECD10	Can (NAME) recognize at least 5 letters of the alphabet?	YES 1 NO 2 DON'T KNOW 8	
ECD11	Can (NAME) write (his/her) name?	YES 1 NO 2 DON'T KNOW 8	

EARLY CHILDHOOD DEVELOPMENT INDEX MODULE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
ECD12	Can (NAME) recognize all numbers from 1 to 5?	YES 1 NO 2 DON'T KNOW 8	
ECD13	If you ask (NAME) to give you 3 objects, such as 3 stones or 3 beans, does (he/she) give you the correct amount?	YES 1 NO 2 DON'T KNOW 8	
ECD14	Can (NAME) count 10 objects, for example, 10 fingers or 10 blocks, without mistakes?	YES 1 NO 2 DON'T KNOW 8	
ECD15	Can (NAME) do an activity, such as colouring or playing with building blocks, without repeatedly asking for help or giving up too quickly?	YES 1 NO 2 DON'T KNOW 8	
ECD16	Does (NAME) ask about familiar people other than parents when they are not there, for example, "Where is Grandma?"?	YES 1 NO 2 DON'T KNOW 8	
ECD17	Does (NAME) offer to help someone who seems to need help?	YES 1 NO 2 DON'T KNOW 8	
ECD18	Does (NAME) get along well with other children?	YES 1 NO 2 DON'T KNOW 8	
ECD19	How often does (NAME) seem to be very sad or depressed? Would you say: daily, weekly, monthly, a few times a year, or never?	DAILY 1 WEEKLY 2 MONTHLY 3 A FEW TIMES A YEAR 4 NEVER 5 DON'T KNOW 8	
ECD20	Compared with other children of the same age, how much does (NAME) kick, bite, or hit other children or adults? Would you say: not at all, the same or less, more, or a lot more?	NOT AT ALL 1 THE SAME OR LESS 2 MORE 3 A LOT MORE 4 DON'T KNOW 8	
ECD21	<p>CHECK 220, 224, 225 AND 226 IN PREGNANCY HISTORY: ANY MORE CHILDREN BORN 24-59 MONTHS BEFORE THE SURVEY LIVING WITH THE RESPONDENT?</p> <p>MORE CHILDREN BORN 24-59 MONTHS BEFORE THE SURVEY LIVING WITH <input type="checkbox"/> (GO TO ECDC FOR THE NEXT CHILD) ←</p> <p>NO MORE <input type="checkbox"/> → NEXT SEC.</p>		

SECTION 7. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
700	CHECK 101A: <div style="display: flex; justify-content: space-around; align-items: center;"> <div>CURRENTLY MARRIED <input type="checkbox"/></div> <div>WIDOWED/ SEPARATED/ DIVORCED <input type="checkbox"/></div> </div>		→ 714
709	Is your husband living with you now or is he staying elsewhere?	LIVING WITH HER 1 STAYING ELSEWHERE 2	
710	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"/>	
711	Does your husband have other wives?	YES 1 NO 2 DON'T KNOW 8	<input type="checkbox"/> → 714
712	Including yourself, in total, how many wives does he have?	TOTAL NUMBER OF WIVES <input type="text"/> <input type="text"/> DON'T KNOW 98	
714	Have you been married only once or more than once?	ONLY ONCE 1 MORE THAN ONCE 2	
715	CHECK 714: <div style="display: flex; justify-content: space-around; align-items: center;"> <div>MARRIED ONLY ONCE <input type="checkbox"/></div> <div>MARRIED MORE THAN ONCE <input type="checkbox"/></div> </div> <div style="display: flex; justify-content: space-between;"> <div>a) In what month and year did you start living with your husband?</div> <div>b) Now I would like to ask about your first husband. In what month and year did you start living with him?</div> </div>	MONTH <input type="text"/> <input type="text"/> DON'T KNOW MONTH 98 YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW YEAR 9998	<input type="checkbox"/> → 717
716	How old were you when you first started living with him?	AGE <input type="text"/> <input type="text"/>	

SECTION 7. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
717	CHECK 714: <div style="display: flex; justify-content: space-around;"> <div>MARRIED MORE THAN ONCE <input type="checkbox"/></div> <div>MARRIED ONLY ONCE <input type="checkbox"/></div> </div>		→ 723
718	CHECK 700: <div style="display: flex; justify-content: space-around;"> <div>YES, CURRENTLY MARRIED <input type="checkbox"/></div> <div>WIDOWED/ SEPARATED/ DIVORCED <input type="checkbox"/></div> </div>		→ 723
719	Now I'd like to ask you about your current husband. In what month and year did you start living with him?	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"/> <input type="checkbox"/> DON'T KNOW YEAR 9998	→ 723
720	How old were you when you first started living with your current husband?	AGE <input type="text"/> <input type="text"/>	
723	I would like to ask you about your recent sexual activity. When was the last time you had sexual intercourse? IF LESS THAN 12 MONTHS, ANSWER MUST BE RECORDED IN DAYS, WEEKS OR MONTHS. IF 12 MONTHS (ONE YEAR) OR MORE, ANSWER MUST BE RECORDED IN YEARS.	DAYS AGO 1 <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"/>	→ 738
724	CHECK 232: <div style="display: flex; justify-content: space-around;"> <div>NOT PREGNANT OR UNSURE <input type="checkbox"/></div> <div>PREGNANT <input type="checkbox"/></div> </div>		→ 727
725	The last time you had sexual intercourse, did you or your husband do something or use any method to delay or avoid getting pregnant?	YES 1 NO 2	→ 727
726	Which method did you use? RECORD ALL MENTIONED. IF CODES 'G' OR 'H' ARE CIRCLED, SKIP TO 728 EVEN IF ANOTHER METHOD WAS ALSO USED.	FEMALE STERILIZATION A MALE STERILIZATION B IUD C INJECTABLES D IMPLANTS E PILL F CONDOM G FEMALE CONDOM H EMERGENCY CONTRACEPTIC I LACTATIONAL AMENORRHEA METHOD K RHYTHM METHOD L WITHDRAWAL M OTHER MODERN METHOD X OTHER TRADITIONAL METHOD Y	

SECTION 7. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP												
727	The last time you had sexual intercourse, was a condom used?	YES 1 NO 2	→ 738												
729	From where did you obtain the condom the last time? PROBE TO IDENTIFY TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD '96' AND WRITE THE NAME OF THE PLACE.	PUBLIC MEDICAL SECTOR GOVT. HOSPITAL 11 GOVT. HEALTH CENTER 12 GOVT. MCH 13 UNIVERSITY HOSPITAL/CLI 14 ROYAL MEDICAL SERVICE 15 OTHER PUBLIC 16 _____ (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC 21 PRIVATE DOCTOR 22 PHARMACY 23 JORDANIAN AS. OF FP AND PROTECTION (JAFPF) 24 INSTITUTE FOR FAMILY HEALTH (IFI) 25 INTERNATIONAL RESCUE COMMITTEE (IR) 26 UNRWA CLINIC 27 UNHCR/OTHER N 28 OTHER PRIVATE 29 _____ (SPECIFY) OTHER SOURCE FRIEND/RELATIVE 31 OTHER 96 _____ (SPECIFY)													
738	PRESENCE OF OTHERS DURING THIS SECTION.	<table> <tr> <td></td><td>YES</td><td>NO</td></tr> <tr> <td>CHILDREN <10</td><td>1</td><td>2</td></tr> <tr> <td>MALE ADULTS</td><td>1</td><td>2</td></tr> <tr> <td>FEMALE ADULTS</td><td>1</td><td>2</td></tr> </table>		YES	NO	CHILDREN <10	1	2	MALE ADULTS	1	2	FEMALE ADULTS	1	2	
	YES	NO													
CHILDREN <10	1	2													
MALE ADULTS	1	2													
FEMALE ADULTS	1	2													

SECTION 8. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
800	CHECK 101A: CURRENTLY MARRIED <input type="checkbox"/> ↓	WIDOWED/ SEPARATED/ DIVORCED <input type="checkbox"/>	→ 813
801	CHECK 307: NEITHER ARE STERILIZED <input type="checkbox"/> ↓	HE OR SHE STERILIZED <input type="checkbox"/>	→ 813
802	CHECK 232: PREGNANT <input type="checkbox"/> ↓	NOT PREGNANT OR UNSURE <input type="checkbox"/>	→ 804
803	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 ANOTHER CHILD 1 NO MORE 2 UNDECIDED/DON'T KNOW 8	→ 805 → 812
804	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?	HAVE (A/ANOTHER) CHILD 1 NO MORE/NONE 2 SAYS SHE CAN'T GET PREGNANT 3 UNDECIDED/DON'T KNOW 8	→ 807 → 813 → 811
805	CHECK 232: NOT PREGNANT <input type="checkbox"/> OR UNSURE ↓ a) How long would you like to wait from now before the birth of (a/another) child? PREGNANT <input type="checkbox"/> ↓ b) 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 YEARS 2 SOON/NOW 993 SAYS SHE CAN'T GET PREGNANT 994 OTHER 996 (SPECIFY) DON'T KNOW 998	→ 811 → 813 → 811
806	CHECK 232: NOT PREGNANT OR UNSURE <input type="checkbox"/> ↓	PREGNANT <input type="checkbox"/>	→ 812
807	CHECK 307: USING A CONTRACEPTIVE METHOD? NOT ASKED <input type="checkbox"/> ↓	CURRENTLY USING <input type="checkbox"/>	→ 813
808	CHECK 805: '24' OR MORE MONTHS <input type="checkbox"/> OR '02' OR MORE YEARS ↓ NOT ASKED <input type="checkbox"/> ↓	'00-23' MONTHS <input type="checkbox"/> OR '00-01' YEAR	→ 812
809	CHECK 723: DAYS, WEEKS OR MONTHS AGO <input type="checkbox"/> ↓	YEARS <input type="checkbox"/> AGO NOT ASKED <input type="checkbox"/>	→ 811 → 811

SECTION 8. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
810	<p>CHECK 804:</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>WANTS TO HAVE <input type="checkbox"/> A/ANOTHER CHILD</p> <p>a) You have said that you do not want (a/another) child soon. Can you tell me why you are not using a method to prevent pregnancy?</p> <p>Any other reason?</p> </div> <div style="width: 45%;"> <p>WANTS NO MORE/ NONE <input type="checkbox"/></p> <p>b) You have said that you do not want any (more) children. Can you tell me why you are not using a method to prevent pregnancy?</p> <p>Any other reason?</p> </div> </div> <p>RECORD ALL REASONS MENTIONED.</p>	<p>FERTILITY-RELATED REASONS</p> <p>NOT HAVING SEX B</p> <p>INFREQUENT SEX C</p> <p>MENOPAUSAL/HYSTERECTOM D</p> <p>CAN'T GET PREGNANT E</p> <p>NOT MENSTRUATED SINCE LAST BIRTH F</p> <p>BREASTFEEDING G</p> <p>UP TO GOD/FATALISTIC H</p> <p>OPPOSITION TO USE</p> <p>RESPONDENT OPPOSED I</p> <p>HUSBAND OPPOSED J</p> <p>OTHERS OPPOSED K</p> <p>RELIGIOUS PROHIBITIO 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>INCONVENIENT TO USE O</p> <p>CHANGES IN MENSTRUAL BLEEDING P</p> <p>METHODS COULD CAUSE INFERTILITY Q</p> <p>INTERFERES WITH BODY'S NORMAL PROCESSES R</p> <p>OTHER SIDE EFFECTS S</p> <p>COST/ACCESS/AVAILABILITY</p> <p>LACK OF ACCESS/TOO FAR T</p> <p>COSTS TOO MUCH U</p> <p>PREFERRED METHOD NOT AVAILABLE V</p> <p>NO METHOD AVAILABLE W</p> <p>NOT GETTING DUE TO FEAR OF COVID Y</p> <p>OTHER X (SPECIFY)</p> <p>DON'T KNOW Z</p>	
811	<p>CHECK 307: USING A CONTRACEPTIVE</p> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> <p>NOT <input type="checkbox"/> ASKED</p> </div> <div style="text-align: center;"> <p>YES, <input type="checkbox"/> CURRENTLY USING</p> </div> </div>		813
812	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>	<p>812B</p> <p>813</p>
812A	Which contraceptive method would you prefer to	<p>FEMALE STERILIZATI 01</p> <p>MALE STERILIZATION 02</p> <p>IUD 03</p> <p>INJECTABLES 04</p> <p>IMPLANTS 05</p> <p>PILL 06</p> <p>CONDOM 07</p> <p>FEMALE CONDOM 08</p> <p>EMERGENCY CONTRACEPTIO 09</p> <p>LACTATIONAL AMENORRHEA METHI 11</p> <p>RHYTHM METHOD 12</p> <p>WITHDRAWAL 13</p> <p>OTHER 96 (SPECIFY)</p> <p>DK/UNSURE 98</p>	813

SECTION 8. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
812B	What is the main reason that you think you will not use a contraceptive method at any time in the	<p>FERTILITY-RELATED REASONS</p> <p>INFREQUENT SEX/NO SEX 11</p> <p>MENOPAUSAL/HYSTERECTOMY 12</p> <p>SUBFECUND/INFECUND 13</p> <p>WANTS AS MANY CHILDREN AS POSSIBLE 14</p> <p>OPPOSITION TO USE</p> <p>RESPONDENT OPPOSED 21</p> <p>HUSBAND OPPOSED 22</p> <p>OTHERS OPPOSED 23</p> <p>RELIGIOUS PROHIBITION 24</p> <p>RUMORS 25</p> <p>LACK OF KNOWLEDGE</p> <p>KNOWS NO METHOD 31</p> <p>KNOWS NO SOURCE 32</p> <p>METHOD-RELATED REASONS</p> <p>HEALTH CONCERNS 41</p> <p>FEAR OF SIDE EFFECTS 42</p> <p>LACK OF ACCESS/TOO FAR 43</p> <p>COSTS TOO MUCH 44</p> <p>INCONVENIENT TO USE 45</p> <p>INTERFERES WITH BODY'S NORMAL PROCESSES 46</p> <p>OTHER 96</p> <p>(SPECIFY)</p> <p>DON'T KNOW 98</p>	
813	<p>CHECK 224:</p> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>HAS LIVING CHILDREN <input type="checkbox"/></p> <p>↓</p> <p>a) If you could go back to the time you did not have any children and could choose exactly the number of children to have in your whole life, how many would that be?</p> </div> <div style="text-align: center;"> <p>NO LIVING CHILDREN <input type="checkbox"/></p> <p>↓</p> <p>b) If you could choose exactly the number of children to have in your whole life, how many would that be?</p> </div> </div> <p>PROBE FOR A NUMERIC RESPONSE.</p>	<p>NONE 00 → 815</p> <p>NUMBER <input style="width: 40px; border: 1px solid black;" type="text"/> <input style="width: 40px; border: 1px solid black;" type="text"/></p> <p>OTHER 96 → 815</p> <p>(SPECIFY)</p>	

SECTION 8. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
814	How many of these children would you like to be boys, how many would you like to be girls and for how many would it not matter if it's a boy or a girl?	<div style="display: flex; justify-content: space-around; margin-bottom: 5px;"> BOYS GIRLS EITHER </div> <div style="display: flex; align-items: center;"> NUMBER . . . <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 5px;"></div> </div> <div style="margin-top: 5px;"> OTHER _____ 96 (SPECIFY) </div>	
814A	If you could choose exactly the number of months to wait between the birth of one child and the birth of another, how many months would that be? PROBE FOR A NUMERIC RESPONSE.	<div style="display: flex; align-items: center;"> NUMBER <div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 5px;"></div> </div> <div style="margin-top: 5px;"> OTHER _____ 96 (SPECIFY) </div> <div style="margin-top: 5px;"> DON'T KNOW 98 </div>	
815	In the last 12 months have you: a) Heard about family planning on the radio? b) Seen anything about family planning on the television? c) Read about family planning in a newspaper or magazine? d) Received a voice or text message about family planning on a mobile phone? e) Seen anything about family planning on social media such as Facebook, Twitter, Instagram, or TIKTOK? f) Seen anything about family planning on a poster, leaflet or brochure? g) Seen anything about family planning on an outdoor sign or billboard? h) Heard anything about family planning at community meetings or events?	<div style="display: flex; justify-content: flex-end; margin-bottom: 5px;"> YES NO </div> <div style="display: flex;"> <div style="flex: 1;"> a) RADIO b) TELEVISION c) NEWSPAPER OR MAGAZIN d) MOBILE PHONI e) SOCIAL MEDIA/FACEBOOK/TWITTER/INSTAGRAM/TIKTOK f) POSTER/LEAFLET/BROCHURE g) OUTDOOR SIGN/BILLBOAR h) COMMUNITY MEETINGS/EVENTS </div> <div style="flex: 1; text-align: right;"> 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 </div> </div>	
817	CHECK 700: <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: center;"> YES, CURRENTLY MARRIED <input type="checkbox"/> </div> <div style="text-align: center;"> NO, <input type="checkbox"/> NOT IN A UNION </div> </div>	<div style="text-align: right; margin-top: -20px;"> → 901 </div>	
818	Who usually makes the decision on whether or not you should use contraception, you, your husband, you and your husband jointly, or someone else?	<div style="display: flex; justify-content: space-between;"> <div> RESPONDENT HUSBAND RESPONDENT AND HUSBAND JOINTLY SOMEONE ELSE OTHER _____ (SPECIFY) </div> <div style="text-align: right;"> 1 2 3 4 6 </div> </div>	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> <input type="checkbox"/> → 820 <input type="checkbox"/> → 820 </div> </div>
820	Has your husband or any other family member ever tried to force or pressure you to become pregnant when you did not want to become pregnant?	<div style="display: flex; justify-content: space-between;"> <div> YES NO </div> <div style="text-align: right;"> 1 2 </div> </div>	
821	CHECK 307: <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> NOT ASKED <input type="checkbox"/> ↓ </div> <div style="text-align: center;"> NEITHER ARE STERILIZED <input type="checkbox"/> ↓ </div> <div style="text-align: center;"> HE OR SHE ARE STERILIZED <input type="checkbox"/> </div> </div>	<div style="text-align: right; margin-top: -20px;"> → 901 </div>	
822	Does your husband want the same number of children that you want, or does he want more or fewer than you want?	<div style="display: flex; justify-content: space-between;"> <div> SAME NUMBEF MORE CHILDREN FEWER CHILDREN DON'T KNOW </div> <div style="text-align: right;"> 1 2 3 8 </div> </div>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
901	CHECK 700: CURRENTLY MARRIED <input type="checkbox"/> CURRENTLY WIDOWED, <input type="checkbox"/> DIVORCED, OR SEPARATED		909
902	How old was your husband on his last birthday?	AGE IN COMPLETED YEAR: <input type="text"/> <input type="text"/>	
903	Did your husband ever attend school?	YES 1 NO 2	906
904	What is the highest level of school he attended: old elementary, old preparatory, new basic, new secondary, intermediate diploma, bachelor, or higher?	OLD SYSTEM ELEMENTARY 01 PREPARATOR\ 02 SECONDAR 03 NEW SYSTEM BASIC 04 SECONDARY 05 INTERMEDIATE DIPLOM 06 BACHELOR 07 HIGHER DIPLOMA 08 MASTER 09 PhD 10 DON'T KNOW 98	906
905	What was the highest grade he completed at that level? IF COMPLETED LESS THAN ONE YEAR AT THAT LEVEL, RECORD '00'.	GRADE <input type="text"/> <input type="text"/> DON'T KNOW 98	
906	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 DON'T KNOW 8	908
906A	Does your husband have any job, but he did not work during the last seven days for a reason such as vacation, travel, illness?	YES 1 NO 2 DON'T KNOW 8	909
908	What is your husband's occupation? That is, what kind of work does he mainly do?	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
908A	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	
909	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	913

SECTION 9. HUSBAND'S BACKGROUND AND WOMAN'S WORK

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
911	Although you did not work in the last 7 days, do you have any job or business from which you were absent for leave, illness, vacation, maternity leave, or any other such reason?	YES 1 NO 2	→ 921
913	What is your occupation? That is, what kind of work do you mainly do?	<div style="border-bottom: 1px solid black; width: 150px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; width: 150px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; width: 150px;"></div> <div style="border: 1px dashed black; width: 50px; height: 20px; float: right; margin-top: -20px;"></div>	
914	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	
917	CHECK 700: <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">CURRENTLY MARRIED ↓ <input type="checkbox"/></div> <div style="text-align: center;">CURRENTLY WIDOWED, DIVORCED, OR SEPARATED <input type="checkbox"/></div> </div>		→ 925
918	CHECK 914: <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">CODE '1', '2', OR '3' CIRCLED ↓ <input type="checkbox"/></div> <div style="text-align: center;">914 NOT ASKED OR CODE '4' OR '5' <input type="checkbox"/></div> </div>		→ 921
919	Who usually decides how the money you earn will be used: you, your husband, or you and your husband jointly?	RESPONDENT 1 HUSBAND 2 RESPONDENT AND HUSBAND JOINTLY 3 OTHER 6 <div style="text-align: center;">(SPECIFY)</div>	
920	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 HAS NO EARNINGS 4 DON'T KNOW 8	→ 922
921	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 <div style="text-align: center;">(SPECIFY)</div>	
922	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	
923	Who usually makes decisions about making major household purchases?	RESPONDENT 1 HUSBAND 2 RESPONDENT AND HUSBAND JOINTLY 3 SOMEONE ELSE 4 OTHER 6	
924	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	

SECTION 9. HUSBAND'S BACKGROUND AND WOMAN'S WORK

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																								
925	Do you own this or any other house either alone or jointly with someone else?	ALONE ONLY 01 JOINTLY WITH HUSBAND ONLY 02 JOINTLY WITH SOMEONE ELSE 03 JOINTLY WITH HUSBAND AND SOMEONE ELSE 04 BOTH ALONE AND JOINTLY 05 DOES NOT OWN 06	→ 928																																								
926	Do you have a title deed or other government recognized document for any house you own?	YES 1 NO 2 DON'T KNOW 8																																									
928	Do you own any agricultural or non-agricultural land either alone or jointly with someone else?	ALONE ONLY 01 JOINTLY WITH HUSBAND ONLY 02 JOINTLY WITH SOMEONE ELSE 03 JOINTLY WITH HUSBAND AND SOMEONE ELSE 04 BOTH ALONE AND JOINTLY 05 DOES NOT OWN 06	→ 930A																																								
929	Do you have a title deed or other government recognized document for any land you own?	YES 1 NO 2 DON'T KNOW 8																																									
930A	Do you have an account in a bank or other financial institution that you yourself use?	YES 1 NO 2	→ 930D																																								
930B	Did you yourself put money in or take money out of this account in the last 12 months?	YES 1 NO 2																																									
930D	Do you have a personal credit card?	YES 1 NO 2																																									
930E	Do you have a personal electronic wallet?	YES 1 NO 2																																									
	In the last 12 months, have you used a mobile phone to make financial transactions such as sending or receiving money, paying bills, purchasing goods or services, or receiving wages?	YES 1 NO 2																																									
931	PRESENCE OF OTHERS AT THIS POINT (PRESENT AND LISTENING, PRESENT BUT NOT LISTENING, OR NOT PRESENT)	<table> <tr> <th></th><th>PRES./ PRES./ LISTEN.</th><th>NOT LISTEN.</th><th>NOT PRES.</th></tr> <tr> <td>CHILDREN < 10.....</td><td>1</td><td>2</td><td>3</td></tr> <tr> <td>HUSBAND</td><td>1</td><td>2</td><td>3</td></tr> <tr> <td>OTHER MALES</td><td>1</td><td>2</td><td>3</td></tr> <tr> <td>OTHER FEMALES</td><td>1</td><td>2</td><td>3</td></tr> </table>		PRES./ PRES./ LISTEN.	NOT LISTEN.	NOT PRES.	CHILDREN < 10.....	1	2	3	HUSBAND	1	2	3	OTHER MALES	1	2	3	OTHER FEMALES	1	2	3																					
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OTHER MALES	1	2	3																																								
OTHER FEMALES	1	2	3																																								
932	In your opinion, is a husband justified in hitting or beating his wife in the following situations: a) If she goes out without telling him? b) If she neglects the children? c) If she burns the food? d) If she insults him? e) If she disobeys him? f) If she argues with him? g) If she has relations with another man? h) Any other reason?	<table> <tr> <th></th><th>YES</th><th>NO</th><th>DK</th></tr> <tr> <td>a) GOES OUT</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>b) NEGLECTS CHILDRE ..</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>c) BURNS FOOD</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>d) INSULTS</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>e) DISOBEYS</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>f) ARGUES</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>g) ANOTHER MAN</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>.....</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>(SPECIFY)</td><td></td><td></td><td></td></tr> </table>		YES	NO	DK	a) GOES OUT	1	2	8	b) NEGLECTS CHILDRE ..	1	2	8	c) BURNS FOOD	1	2	8	d) INSULTS	1	2	8	e) DISOBEYS	1	2	8	f) ARGUES	1	2	8	g) ANOTHER MAN	1	2	8	1	2	8	(SPECIFY)				
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SECTION 10. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1000	Now I would like to talk about HIV and AIDS.		
1001	Have you ever heard of HIV or AIDS?	YES 1 NO 2	→ 1040
1003	HIV is the virus that can lead to AIDS. Can people reduce their chance of getting HIV by having just one uninfected sex partner who has no other sex partners?	YES 1 NO 2 DON'T KNOW 8	
1004	Can people get HIV from mosquito bites?	YES 1 NO 2 DON'T KNOW 8	
1005	Can people reduce their chance of getting HIV by using a condom every time they have sex?	YES 1 NO 2 DON'T KNOW 8	
1006	Can people get HIV by sharing food with a person who has HIV?	YES 1 NO 2 DON'T KNOW 8	
1007	Is it possible for a healthy-looking person to have HIV?	YES 1 NO 2 DON'T KNOW 8	
1008	Have you heard of any medicines that treat HIV?	YES 1 NO 2	
1009	Are there any special medicines that a doctor or a nurse can give to a woman infected with HIV to reduce the risk of transmission to the baby?	YES 1 NO 2 DON'T KNOW 8	
1009A	Can HIV be transmitted from a mother to her baby: a) During pregnancy? b) During delivery? c) By breastfeeding?	<div>YES NO DK</div> <div>a) DURING PREGNANC' . . . 1 2 8</div> <div>b) DURING DELIVER' 1 2 8</div> <div>c) BREASTFEEDING 1 2 8</div>	
1010	Have you heard of a medicine taken daily that can prevent a person from getting HIV?	YES 1 NO 2	→ 1024
1011	Do you approve of people who take a pill every day to prevent getting HIV?	YES 1 NO 2 DON'T KNOW/NOT SURE/DEPENDS 8	
1011A	Do you think people at risk should take a pill (medicine) every day to prevent getting HIV?	YES 1 NO 2 DON'T KNOW/NOT SURE/DEPENDS 8	
1024	Have you ever been tested for HIV?	YES 1 NO 2	

SECTION 10. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1034	Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had HIV?	YES 1 NO 2 DON'T KNOW/NOT SURE/DEPEND..... 8	
1035	Do you think children living with HIV should be allowed to attend school with children who do not have HIV?	YES 1 NO 2 DON'T KNOW/NOT SURE/DEPEND..... 8	
1040	CHECK 1001: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> HEARD ABOUT <input type="checkbox"/> HIV OR AIDS ↓ a) Apart from HIV, have you heard about other infections that can be transmitted through sexual </div> <div style="width: 45%; border-left: 1px dashed black; padding-left: 10px;"> NOT HEARD ABOUT <input type="checkbox"/> HIV OR AIDS ↓ b) Have you heard about infections that can be transmitted through sexual contact? </div> </div>	YES 1 NO 2	
1043	Now I would like to ask you some questions about your health in the last 12 months. During the last 12 months, have you had a disease which you got through sexual contact?	YES 1 NO 2 DON'T KNOW 8	
1044	Sometimes women experience a bad-smelling abnormal genital discharge. During the last 12 months, have you had a bad-smelling abnormal genital discharge?	YES 1 NO 2 DON'T KNOW 8	
1045	Sometimes women have a genital sore or ulcer. During the last 12 months, have you had a genital sore or ulcer?	YES 1 NO 2 DON'T KNOW 8	
1046	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	YES 1 NO 2 DON'T KNOW 8	
1047	Is a wife justified in refusing to have sex with her husband when she knows he has sex with other women, or women other than his wives?	YES 1 NO 2 DON'T KNOW 8	
1047A	Is a wife justified in refusing to have sex with her husband when she is tired or not in the mood?	YES 1 NO 2 DEPENDS/NOT SURE..... 8	
1048	CHECK 700: <div style="display: flex; justify-content: space-around;"> CURRENTLY MARRIED <input type="checkbox"/> NOT IN UNION <input type="checkbox"/> </div>		→ 1101
1049	Can you say no to your husband if you do not want to have sexual intercourse?	YES 1 NO 2 DEPENDS/NOT SURE..... 8	
1050	Could you ask your husband to use a condom if you wanted him to?	YES 1 NO 2 DEPENDS/NOT SURE..... 8	

SECTION 11. OTHER HEALTH ISSUES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP			
1101	How long does it take in minutes to go from your home to the nearest healthcare facility, which could be a hospital, a health clinic, a medical doctor, or a health post?	MINUTES <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>				
1102	How do you travel to this healthcare facility from your home? IF MORE THAN ONE WAY OF TRAVEL IS MENTIONED, CIRCLE THE ONE HIGHEST ON THE LIST.	CAR/TRUCK 01 PUBLIC Transport 02 PUBLIC TAXI 03 WALKING 08 HOME CARE VISITS 09 OTHER 96 (SPECIFY)				
1103A	Have you performed a breast cancer self exam to detect breast cancer in yourself within the last 12 months?	YES 1 NO 2 DON'T KNOW SELF EXAM 3 DON'T KNOW BREAST CANCER 8	→ 1104			
1103B	Have you had a breast cancer clinical exam to detect breast cancer in the last 12 months?	YES 1 NO 2 NOT SURE 8	→ 1103C			
1103BB	Did you miss a screening because of COVID?	YES 1 NO 2 NOT SURE 8				
1103C	Have you ever had a mammogram?	YES 1 NO 2 NOT SURE 8	→ 1104			
1103D	CHECK 106: AGE 40 OR OLDER <input type="checkbox"/> ↓ 15-39 <input type="checkbox"/>		→ 1104			
1103E	Why did you never have a mammogram?	NO NEED 01 I AM NOT SICK 02 I DON'T HAVE ANY SYMPTOMS 03 FEAR OF RESULT 04 NO SUPPORT FROM FAMILY/HUSBAND 05 TOO FAR 06 TOO EXPENSIVE 07 COVID 08 OTHER 96 (SPECIFY) DON'T KNOW 98				
1104	Now I'm going to ask you about tests a healthcare worker can do to check for cervical cancer, which is cancer in the cervix. The cervix connects the womb to the vagina. To be checked for cervical cancer, a woman is asked to lie on her back with her legs apart. Then the healthcare worker will use a brush or swab to collect a sample from inside her. The sample is sent to a laboratory for testing. This test is called a Pap smear or HPV test. Another method is called a VIA or Visual Inspection with Acetic Acid. In this test, the healthcare worker puts vinegar on the cervix to see if there is a reaction.					

SECTION 11. OTHER HEALTH ISSUES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																														
1104A	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																															
1105	Has a doctor or other healthcare worker ever tested you for cervical cancer?	YES 1 NO 2 DON'T KNOW 8																															
1105A	Did you miss a PAP smear because of COVID?	YES 1 NO 2 DON'T KNOW 8																															
1106	Now I would like to ask you some questions on smoking and tobacco use. Do you currently smoke cigarettes every day, some days, or not at all?	EVERY DAY 1 SOME DAYS 2 NOT AT ALL 3	→ 1108																														
1107	On average, how many cigarettes do you currently smoke each day?	NUMBER OF CIGARETTES <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table>																															
1108	Do you currently smoke, including vaping, smoking cigars, or using nargila every day, some days, or not at all?	EVERY DAY 1 SOME DAYS 2 NOT AT ALL 3	→ 1113																														
1108A	Have you tried to quit smoking?	YES 1 NO 2 HAVE NOT TRIED, BUT WOULD LIKE 3	→ 1113 → 1113																														
1108B	What method have you used?	NICOTINE PATCH A NICOTINE GUM B DRUGS C OTHER (SPECIFY)..... X DID NOT USE ANY METHOD Y																															
1113	Many different factors can prevent women from getting medical advice or treatment for themselves. When you are sick and want to get medical advice or treatment, is each of the following a big problem or not a big problem:	<table border="0"> <thead> <tr> <th></th><th>BIG PROBLEM</th><th>NOT A BIG PROBLEM</th></tr> </thead> <tbody> <tr> <td>a) knowing where to go</td><td>a) KNOWING WHERE TO G... 1</td><td>2</td></tr> <tr> <td>b) getting permission to go to the doctor</td><td>b) GETTING PERMISSIC... 1</td><td>2</td></tr> <tr> <td>c) getting money needed for advice or treatment</td><td>c) GETTING MONEY 1</td><td>2</td></tr> <tr> <td>d) the distance to the health facility</td><td>d) DISTANCE TO FACILITY .. 1</td><td>2</td></tr> <tr> <td>e) not wanting to go alone</td><td>e) DON'T WANT TO GO ALONE 1</td><td>2</td></tr> <tr> <td>f) having to take transport</td><td>f) HAVE TO TAKE TRANSPOR 1</td><td>2</td></tr> <tr> <td>g) concern that there may not be a female health provider</td><td>g) NO FEMALE HEALTH PROVIDE... 1</td><td>2</td></tr> <tr> <td>h) Not registered with the UNHCR</td><td>h) NOT REGISTERED UNHCR 1</td><td>2</td></tr> <tr> <td>i) COVID?</td><td>i) COVID 1</td><td>2</td></tr> </tbody> </table>		BIG PROBLEM	NOT A BIG PROBLEM	a) knowing where to go	a) KNOWING WHERE TO G... 1	2	b) getting permission to go to the doctor	b) GETTING PERMISSIC... 1	2	c) getting money needed for advice or treatment	c) GETTING MONEY 1	2	d) the distance to the health facility	d) DISTANCE TO FACILITY .. 1	2	e) not wanting to go alone	e) DON'T WANT TO GO ALONE 1	2	f) having to take transport	f) HAVE TO TAKE TRANSPOR 1	2	g) concern that there may not be a female health provider	g) NO FEMALE HEALTH PROVIDE... 1	2	h) Not registered with the UNHCR	h) NOT REGISTERED UNHCR 1	2	i) COVID?	i) COVID 1	2	
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SECTION 11. OTHER HEALTH ISSUES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1114	Are you covered by any health insurance?	YES 1 NO 2	→ 1116
1115	What type of health insurance are you covered by? RECORD ALL MENTIONED.	MINISTRY OF HEALTH INSURANC A ROYAL/MILITARY HEALTH INSURANC B UNIVERSITY HOSPITAL INSURAN C UNRWA INSURANCE D UNHCR INSURANCE E NGO INSURANCE F PRIVATELY PURCHASED COMMERCIAL HEALTH INSURANCE G PRIVATE SECTOR INSURANCE H OTHER _____ X (SPECIFY)	
1116	RECORD THE TIME.	HOURS MINUTES.....	

DOMESTIC VIOLENCE MODULE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																														
DV00	<p>CHECK COVER PAGE: WOMAN SELECTED FOR DV MODULE?</p> <p align="center"> WOMAN SELECTED <input type="checkbox"/> FOR THIS SECTION WOMAN <input type="checkbox"/> NOT SELECTED </p>		NEXT SECT.																														
DV01	<p>CHECK FOR PRESENCE OF OTHERS: DO NOT CONTINUE UNTIL PRIVACY IS ENSURED.</p> <p align="center"> PRIVACY OBTAINED 1 PRIVACY NOT POSSIBLE 2 </p>		DV37																														
DV02	<p>READ TO THE RESPONDENT: Now I would like to ask you questions about some other important aspects of a woman's life. You may find some of these questions very personal. However, your answers are crucial for helping to understand the condition of women in [COUNTRY]. Let me assure you that your answers are completely confidential and will not be told to anyone and no one else in your household will know that you were asked these questions. If I ask you any question you don't want to answer, just let me know and I will go on to the next question.</p>																																
DV03	<p align="center">CHECK 700</p> <p align="center"> CURRENTLY MARRIED <input type="checkbox"/> EVER MARRIED (READ IN PAST TENSE AND USE 'LAST' WITH 'HUSBAND') <input type="checkbox"/> </p>																																
DV06	<p>Now, I am going to ask you about some situations that can happen between some women and their husbands.</p> <p>A. Please tell me if these descriptions apply to your relationship with your (last) husband.</p>	<p>B. How often did this happen during the last 12 months: often, only sometimes, or not at all?</p> <table border="1"> <thead> <tr> <th></th><th>EVER</th><th>OFTEN</th><th>SOME-TIMES</th><th>NOT IN LAST 12 MONTHS</th></tr> </thead> <tbody> <tr> <td>a) He (is/was) jealous or angry if you (talk/talked) to other men?</td><td>YES 1 NO 2 ↓</td><td>→ 1</td><td>2</td><td>3</td></tr> <tr> <td>b) He wrongly (accuses/accused) you of being unfaithful?</td><td>YES 1 NO 2 ↓</td><td>→ 1</td><td>2</td><td>3</td></tr> <tr> <td>c) He (does/did) not permit you to meet your female friends?</td><td>YES 1 NO 2 ↓</td><td>→ 1</td><td>2</td><td>3</td></tr> <tr> <td>d) He (tries/tried) to limit your contact with your family?</td><td>YES 1 NO 2 ↓</td><td>→ 1</td><td>2</td><td>3</td></tr> <tr> <td>e) He (insists/insisted) on knowing where you (are/were) at all times?</td><td>YES 1 NO 2 ↓</td><td>→ 1</td><td>2</td><td>3</td></tr> </tbody> </table>		EVER	OFTEN	SOME-TIMES	NOT IN LAST 12 MONTHS	a) He (is/was) jealous or angry if you (talk/talked) to other men?	YES 1 NO 2 ↓	→ 1	2	3	b) He wrongly (accuses/accused) you of being unfaithful?	YES 1 NO 2 ↓	→ 1	2	3	c) He (does/did) not permit you to meet your female friends?	YES 1 NO 2 ↓	→ 1	2	3	d) He (tries/tried) to limit your contact with your family?	YES 1 NO 2 ↓	→ 1	2	3	e) He (insists/insisted) on knowing where you (are/were) at all times?	YES 1 NO 2 ↓	→ 1	2	3	
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DOMESTIC VIOLENCE MODULE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES				SKIP
DV07	<p>Now I need to ask some more questions about your relationship with your (last) husband.</p> <p>A. Did your (last) husband ever:</p>	<p>B. How often did this happen during the last 12 months: often, only sometimes, or not at all?</p>				
		EVER	OFTEN	SOME-TIMES	NOT IN LAST 12 MONTHS	
	a) say or do something to humiliate you in front of others?	YES 1 NO 2 ↓	→ 1	2	3	
	b) threaten to hurt or harm you or someone you care about?	YES 1 NO 2 ↓	→ 1	2	3	
	c) insult you or make you feel bad about yourself?	YES 1 NO 2 ↓	→ 1	2	3	
	d) ignore or neglect you?	YES 1 NO 2 ↓	→ 1	2	3	
DV08	<p>A. Did your (last) husband ever do any of the following things to you:</p>	<p>B. How often did this happen during the last 12 months: often, only sometimes, or not at all?</p>				
		EVER	OFTEN	SOME-TIMES	NOT IN LAST 12 MONTHS	
	a) push you, shake you, or throw something at you?	YES 1 NO 2 ↓	→ 1	2	3	
	b) slap you?	YES 1 NO 2 ↓	→ 1	2	3	
	c) twist your arm or pull your hair?	YES 1 NO 2 ↓	→ 1	2	3	
	d) punch you with his fist or with something that could hurt you?	YES 1 NO 2 ↓	→ 1	2	3	
	e) kick you, drag you, or beat you up?	YES 1 NO 2 ↓	→ 1	2	3	
	f) try to choke you or burn you on purpose?	YES 1 NO 2 ↓	→ 1	2	3	
	g) attack you with a knife, gun, or other weapon?	YES 1 NO 2 ↓	→ 1	2	3	
	h) physically force you to have sexual intercourse with him when you did not want to?	YES 1 NO 2 ↓	→ 1	2	3	
	i) physically force you to perform any other sexual acts you did not want to?	YES 1 NO 2 ↓	→ 1	2	3	
	j) force you with threats or in any other way to perform sexual acts you did not want to?	YES 1 NO 2 ↓	→ 1	2	3	
	k) ignore or neglect you sexually?	YES 1 NO 2 ↓	→ 1	2	3	
	l) threatened or kicked you out of the house?	YES 1 NO 2 ↓	→ 1	2	3	

DOMESTIC VIOLENCE MODULE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																				
DV09	CHECK DV08A (a-l): <div style="display: flex; justify-content: space-around;"> <div> AT LEAST ONE <input type="checkbox"/> 'YES' ↓ </div> <div> NOT A SINGLE <input type="checkbox"/> 'YES' </div> </div>		→ DV11																				
DV10	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 eye injuries, sprains, dislocations, or burns? c) You had deep wounds, broken bones, broken teeth, or any other serious injury?	YES 1 NO 2 YES 1 NO 2 YES 1 NO 2																					
DV11	Have you ever hit, slapped, kicked, or done anything else to physically hurt your (last) husband at times when he was not already beating or physically hurting you?	YES 1 NO 2	→ DV13																				
DV12 1310	In the last 12 months, how often have you done this to your (last) husband: often, only sometimes, or not at all?	OFTEN 1 SOMETIMES 2 NOT AT ALL 3																					
DV13	Does (did) your (last) husband drink alcohol or take drugs?	YES 1 NO 2	→ DV15																				
DV14	How often does (did) he get drunk or use drugs: often, only sometimes, or never?	OFTEN 1 SOMETIMES 2 NEVER 3																					
DV15 1313	Are (Were) you afraid of your (last) husband: most of the time, sometimes, or never?	MOST OF THE TIME AFRAID 1 SOMETIMES AFRAID 2 NEVER AFRAID 3																					
DV16 1315	A. So far we have been talking about the behaviour of your (current/last) husband. Now I want to ask you about the behaviour of any previous husband.	B. How long ago did this last happen?																					
		<table border="1"> <thead> <tr> <th>EVER</th><th>0 - 11 MONTHS AGO</th><th>12+ MONTHS AGO</th><th>DON'T REMEMBER</th></tr> </thead> <tbody> <tr> <td colspan="4">HAS NEVER HAD ANOTHER HUSBAND 6 → DV17</td></tr> <tr> <td> a) Did any previous husband ever hit, slap, kick, or do anything else to hurt you physically? YES 1 NO 2 ↓ </td><td>→ 1</td><td>2</td><td>3</td></tr> <tr> <td> b) Did any previous husband physically force you to have intercourse or perform any other sexual acts that you did not want to? YES 1 NO 2 ↓ </td><td>→ 1</td><td>2</td><td>3</td></tr> <tr> <td> c) Did any previous husband humiliate you in front of others, threaten to hurt you or someone you care about, or insult you or make you feel bad about yourself? YES 1 NO 2 ↓ </td><td>→ 1</td><td>2</td><td>3</td></tr> </tbody> </table>	EVER	0 - 11 MONTHS AGO	12+ MONTHS AGO	DON'T REMEMBER	HAS NEVER HAD ANOTHER HUSBAND 6 → DV17				a) Did any previous husband ever hit, slap, kick, or do anything else to hurt you physically? YES 1 NO 2 ↓	→ 1	2	3	b) Did any previous husband physically force you to have intercourse or perform any other sexual acts that you did not want to? YES 1 NO 2 ↓	→ 1	2	3	c) Did any previous husband humiliate you in front of others, threaten to hurt you or someone you care about, or insult you or make you feel bad about yourself? YES 1 NO 2 ↓	→ 1	2	3	
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DOMESTIC VIOLENCE MODULE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
DV17	CHECK DV08A (h-I) AND DV16A (b): <div style="display: flex; justify-content: space-around;"> <div> AT LEAST ONE "YES" <input type="checkbox"/> </div> <div> NOT A SINGLE YES <input type="checkbox"/> </div> </div>		→ DV19
DV18	How old were you the first time you were forced to have sexual intercourse or perform any other sexual acts that you did not want to by any current or previous husband?	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/> DON'T KNOW 98	
DV19	CHECK 212 AND 232: <div style="display: flex; justify-content: space-around;"> <div> CURRENTLY PREGNANT 232=1 OR HAD ONE OR MORE PAST PREGNANCIES 212>0 <input type="checkbox"/> </div> <div> NOT PREGNANT 232=2 AND NO PAST PREGNANCIES 212=0 <input type="checkbox"/> </div> </div>		→ DV22a
DV20	Has any one ever hit, slapped, kicked, or done anything else to hurt you physically while you were pregnant?	YES 1 NO 2	→ DV22a
DV21	Who has done any of these things to physically hurt you while you were pregnant? Anyone else? RECORD ALL MENTIONED.	CURRENT HUSBAND A FORMER HUSBAND B MOTHER C FATHER D STEP-MOTHER E STEP-FATHER F BROTHER G SISTER H MOTHER-IN-LAW I FATHER-IN-LAW J OTHER FEMALE RELATIVE/IN-LA' K OTHER MALE RELATIVE/IN-LA' L FEMALE FRIEND/ACQUAINTANCE M MALE FRIEND/ACQUAINTANCE N FEMALE TEACHER O MALE TEACHER P FEMALE STRANGI Q MALE STRANGER R POLICE/SOLDIER S OTHER X (SPECIFY)	
DV22a)	From the time you were 15 years old, has anyone other than a husband, hit you, slapped you, kicked you, or done anything else to hurt you physically? Remember, I do not want you to include any husbands.	YES 1 NO 2 REFUSED TO ANSWER/ NO ANSWER 3	→ DV31

DOMESTIC VIOLENCE MODULE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																					
DV23	<p>Who has hurt you in this way?</p> <p>Anyone else?</p> <p>RECORD ALL MENTIONED.</p>	<p>MOTHER..... A</p> <p>FATHER..... B</p> <p>STEP-MOTHER..... C</p> <p>STEP-FATHER..... D</p> <p>BROTHER..... E</p> <p>SISTER..... F</p> <p>MOTHER-IN-LAW..... G</p> <p>FATHER-IN-LAW..... H</p> <p>OTHER FEMALE RELATIVE/IN-LAW..... I</p> <p>OTHER MALE RELATIVE/IN-LAW..... J</p> <p>FEMALE FRIEND/ACQUAINTANCE..... K</p> <p>MALE FRIEND/ACQUAINTANCE..... L</p> <p>FEMALE TEACHER..... M</p> <p>MALE TEACHER..... N</p> <p>FEMALE STRANGER..... O</p> <p>MALE STRANGER..... P</p> <p>POLICE/SOLDIER..... Q</p> <p>OTHER _____ X</p> <p align="center">(SPECIFY)</p>																						
DV24	In the last 12 months, how often (has this person/have these persons) physically hurt you: often, only sometimes, or not at all?	<p>OFTEN..... 1</p> <p>SOMETIMES..... 2</p> <p>NOT AT ALL..... 3</p>																						
DV31	<p>CHECK DV08A (a-l), DV16A (a,b), DV20, DV22a:</p> <p align="center">AT LEAST ONE <input type="checkbox"/> NOT A SINGLE <input type="checkbox"/></p> <p align="center">'YES' ↓ 'YES' →</p>		DV35																					
DV31B	<p>In the last 12 months, have you personally experienced one or more of the following behaviors used to target women online?</p> <p>1) Someone sharing or threatening to share private information about you online Someone sharing or threatening to share offensive or sexually explicit images/ videos of you online</p> <p>2) Someone threatening physical violence online against you or your relatives Someone sending or posting messages to undermine an individual's self-esteem or reputation</p> <p>3) Someone is stealing your password and/or accessing their online accounts, Internet devices, etc.</p> <p>4) Someone using an individual's online accounts, or creating an account using their identity</p> <p>5) Someone, using sexist or hateful language toward you online</p> <p>6) Someone spreading false information about you and/or defaming you online Someone creating a large scale negative campaign about you online</p>	<table border="1"> <thead> <tr> <th>YES</th><th>NO</th><th>DON'T KNOW</th></tr> </thead> <tbody> <tr> <td align="center">1</td><td align="center">2</td><td align="center">8</td></tr> <tr> <td align="center">1</td><td align="center">2</td><td align="center">8</td></tr> <tr> <td align="center">1</td><td align="center">2</td><td align="center">8</td></tr> <tr> <td align="center">1</td><td align="center">2</td><td align="center">8</td></tr> <tr> <td align="center">1</td><td align="center">2</td><td align="center">8</td></tr> <tr> <td align="center">1</td><td align="center">2</td><td align="center">8</td></tr> </tbody> </table>	YES	NO	DON'T KNOW	1	2	8	1	2	8	1	2	8	1	2	8	1	2	8	1	2	8	
YES	NO	DON'T KNOW																						
1	2	8																						
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1	2	8																						
DV31BA	<p>CHECK DVB31 (1-6):</p> <p align="center">AT LEAST ONE <input type="checkbox"/> NOT A SINGLE <input type="checkbox"/></p> <p align="center">'YES' ↓ 'YES' OR 'DON'T KNOW' →</p>		DV32A																					

DOMESTIC VIOLENCE MODULE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
DV31C	When you have personally experienced these kinds of behaviours, what kind of relationship did you have with the person or people targeting you?	Someone or people that I know from offline 1 Someone or people that I know from online 2 Someone or people previously unknown to me 3 Anonymous user(s) 4 Other, please specify 6 Do not care to respond 8	
DV32A	Thinking about what you yourself have experienced among the different things we have been talking about, has it happened more or less frequently since COVID?	MORE FREQUENTLY 1 LESS FREQUENTLY 2 NOT SURE 8	
DV32	Thinking about what you yourself have experienced among the different things we have been talking about, have you ever tried to seek help?	YES 1 NO 2	→ DV33A
DV33	From whom have you sought help? Anyone else? RECORD ALL MENTIONED.	MOTHER A FATHER B SISTER C BROTHER D MOTHER-IN-LAW E FATHER-IN-LAW F OTHER FEMALE RELATIVE/IN-LAW G OTHER MALE RELATIVE/IN-LAW H FRIEND I NEIGHBOR J RELIGIOUS LEADER K DOCTOR/MEDICAL PERSONNEL L POLICE M LAWYER N FAMILY PROTECTION ORGANIZATION O OTHER _____ X (SPECIFY)	→ DV35
DV33A	Why not?	HUSBAND PREVENTED ME A COVID LOCKDOWN B OTHER X	
DV34	Have you ever told any one about this?	YES 1 NO 2	
DV35	As far as you know, did your father ever beat your mother?	YES 1 NO 2 DON'T KNOW 8	

DOMESTIC VIOLENCE MODULE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																
	THANK THE RESPONDENT FOR HER COOPERATION AND REASSURE HER ABOUT THE CONFIDENTIALITY OF HER ANSWERS. FILL OUT THE QUESTIONS BELOW WITH REFERENCE TO THE DOMESTIC VIOLENCE MODULE ONLY.																		
DV36	<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> <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																
DV37	<p>INTERVIEWER'S COMMENTS/EXPLANATION FOR NOT COMPLETING THE DOMESTIC VIOLENCE</p> <hr/> <hr/> <hr/>																		

INSTRUCTIONS:

ONLY ONE CODE SHOULD APPEAR IN ANY BOX.
COLUMN 1 REQUIRES A CODE IN EVERY MONTH.

CODES FOR EACH COLUMN:

COLUMN 1: BIRTHS, PREGNANCIES, CONTRACEPTIVE USE (2)

B BIRTHS
P PREGNANCIES
T TERMINATIONS

0 NO METHOD

1 FEMALE STERILIZATION

2 MALE STERILIZATION

3 IUD

4 INJECTABLES

5 IMPLANTS

6 PILL

7 CONDOM

8 FEMALE CONDOM

9 EMERGENCY CONTRACEPTION

K LACTATIONAL AMENORRHEA METHOD

L RHYTHM METHOD

M WITHDRAWAL

X OTHER MODERN METHOD

Y OTHER TRADITIONAL METHOD

COLUMN 2: DISCONTINUATION OF CONTRACEPTIVE USE

0 INFREQUENT SEX/HUSBAND AWAY

1 BECAME PREGNANT WHILE USING

2 WANTED TO BECOME PREGNANT

3 HUSBAND/PARTNER DISAPPROVED

4 WANTED MORE EFFECTIVE METHOD

5 CHANGES IN MENSTRUAL BLEEDING

6 OTHER SIDE EFFECTS/HEALTH CONCERNS

7 LACK OF ACCESS/TOO FAR

8 COSTS TOO MUCH

N INCONVENIENT TO USE

F UP TO GOD/FATALISTIC

A DIFFICULT TO GET PREGNANT/MENOPAUSAL

D MARITAL DISSOLUTION/SEPARATION

E COULDN'T GET METHOD BECAUSE COVID

G CLINIC WAS CLOSED BECAUSE COVID

H AFRAID TO GO TO CLINIC BECAUSE COVID

X OTHER

(SPECIFY)

Z DON'T KNOW

			COL. 1	COL. 2
12	DEC	01		
11	NOV	02		
10	OCT	03		
2	09	SEP		2
0	08	AUG		0
2	07	JUL		2
3	06	JUN		3
	05	MAY		
	04	APR		
	03	MAR		
	02	FEB		
	01	JAN		
<hr/>				
12	DEC	13		
11	NOV	14		
10	OCT	15		
2	09	SEP		2
0	08	AUG		0
2	07	JUL		2
2	06	JUN		2
2	05	MAY		2
	04	APR		
	03	MAR		
	02	FEB		
	01	JAN		
<hr/>				
12	DEC	25		
11	NOV	26		
10	OCT	27		
2	09	SEP		2
0	08	AUG		0
2	07	JUL		2
1	06	JUN		1
	05	MAY		
	04	APR		
	03	MAR		
	02	FEB		
	01	JAN		
<hr/>				
12	DEC	37		
11	NOV	38		
10	OCT	39		
2	09	SEP		2
0	08	AUG		0
2	07	JUL		2
0	06	JUN		0
	05	MAY		
	04	APR		
	03	MAR		
	02	FEB		
	01	JAN		
<hr/>				
12	DEC	49		
11	NOV	50		
10	OCT	51		
2	09	SEP		2
0	08	AUG		0
1	07	JUL		1
9	06	JUN		9
	05	MAY		
	04	APR		
	03	MAR		
	02	FEB		
	01	JAN		
<hr/>				
12	DEC	61		
11	NOV	62		
10	OCT	63		
2	09	SEP		2
0	08	AUG		0
1	07	JUL		1
8	06	JUN		8
	05	MAY		
	04	APR		
	03	MAR		
	02	FEB		
	01	JAN		

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT INTERVIEW:

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

SUPERVISOR'S OBSERVATIONS

DEMOGRAPHIC AND HEALTH SURVEYS
 JORDAN DHS 2022 MAN'S QUESTIONNAIRE

JORDAN
 JORDAN DEPARTMENT OF STATISTICS

IDENTIFICATION										
PLACE NAME _____										
NAME OF HOUSEHOLD HEAD _____										
CLUSTER NUMBER				<table border="1" style="width: 100px; height: 20px; border-collapse: collapse;"> <tr><td></td><td></td><td></td><td></td></tr> </table>						
HOUSEHOLD NUMBER				<table border="1" style="width: 100px; height: 20px; border-collapse: collapse;"> <tr><td></td><td></td><td></td><td></td></tr> </table>						
NAME AND LINE NUMBER OF MAN _____										
INTERVIEWER VISITS										
	1	2	3	FINAL VISIT						
DATE	_____	_____	_____	DAY <table border="1" style="width: 40px; height: 20px; border-collapse: collapse;"></table> MONTH <table border="1" style="width: 40px; height: 20px; border-collapse: collapse;"></table> YEAR <table border="1" style="width: 40px; height: 20px; border-collapse: collapse;"></table> INT. NO. <table border="1" style="width: 40px; height: 20px; border-collapse: collapse;"></table> RESULT* <table border="1" style="width: 40px; height: 20px; border-collapse: collapse;"></table>						
INTERVIEWER'S NAME	_____	_____	_____							
RESULT*	_____	_____	_____							
NEXT VISIT: DATE TIME	_____	_____		TOTAL NUMBER OF VISITS <table border="1" style="width: 40px; height: 20px; border-collapse: collapse;"></table>						
*RESULT CODES: 1 COMPLETED 4 REFUSED 2 NOT AT HOME 5 PARTLY COMPLETED 7 OTHER _____ 3 POSTPONED 6 INCAPACITATED SPECIFY _____										
LANGUAGE OF QUESTIONNAIRE** <table border="1" style="width: 40px; height: 20px; border-collapse: collapse; text-align: center;">01</table> LANGUAGE OF INTERVIEW** <table border="1" style="width: 40px; height: 20px; border-collapse: collapse;"></table> NATIVE LANGUAGE OF RESPONDENT** <table border="1" style="width: 40px; height: 20px; border-collapse: collapse;"></table> TRANSLATOR USED (YES = 1, NO = 2) <table border="1" style="width: 40px; height: 20px; border-collapse: collapse;"></table>										
LANGUAGE OF QUESTIONNAIRE** ENGLISH **LANGUAGE CODES: 01 ENGLISH 02 ARABIC										
TEAM <table border="1" style="width: 60px; height: 20px; border-collapse: collapse; margin: 0 auto;"> <tr><td></td><td></td></tr> </table> NUMBER					TEAM SUPERVISOR <table border="1" style="width: 60px; height: 20px; border-collapse: collapse; margin: 0 auto;"> <tr><td></td><td></td><td></td><td></td></tr> </table>					
NAME			NUMBER							

INTRODUCTION AND CONSENT

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

In case you need more information about the survey, you may contact the person listed on the card that has already been given to your household.

Do you have any questions?
May I begin the interview now?

SIGNATURE OF INTERVIEWER _____ DATE _____

RESPONDENT AGREES
TO BE INTERVIEWED .. 1

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



SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE TIME.	<div style="display: flex; justify-content: space-between;"> <div> HOURS MINUTES..... </div> <div style="border: 1px solid black; width: 40px; height: 40px; margin-top: 10px; position: relative;"> <div style="border: 1px solid black; width: 20px; height: 20px; position: absolute; top: 0; right: 0;"></div> </div> </div>	
102	What governorate were you born in?	AMMAN 01 BALQA 02 ZARQA 03 MADABA 04 IRBID 05 MAFRAQ 06 JARASH 07 ALJOUM 08 KARAK 09 TAFIELA 10 MA'AN 11 AQABA 12 OUTSIDE JORDAN 96	
104	How long have you been living continuously in (NAME OF CURRENT GOVERNORATE)? IF LESS THAN ONE YEAR, RECORD '00' YEARS.	<div style="display: flex; justify-content: space-between;"> <div> YEARS ALWAYS 95 VISITOR 96 </div> <div style="border: 1px solid black; width: 40px; height: 40px; margin-top: 10px; position: relative;"> <div style="border: 1px solid black; width: 20px; height: 20px; position: absolute; top: 0; right: 0;"></div> </div> </div>	→ 110
107	Just before you moved here, which governorate did you live in?	AMMAN 01 BALQA 02 ZARQA 03 MADABA 04 IRBID 05 MAFRAQ 06 JARASH 07 ALJOUM 08 KARAK 09 TAFIELA 10 MA'AN 11 AQABA 12 OUTSIDE JORDAN 96	

SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
110	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	
111	How old were you at your last birthday? COMPARE AND CORRECT 110 IF INCONSISTENT.	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/>	
112	In general, would you say your health is very good, good, moderate, bad, or very bad?	VERY GOOD 1 GOOD 2 MODERATE 3 BAD 4 VERY BAD 5	
113	Have you ever attended school?	YES 1 NO 2	→ 117
114	What is the highest level of school you attended: old elementary, old preparatory, 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 DIPLOMA 8 MASTER 9 PhD 10	
115	What is the highest grade you completed at that level? IF COMPLETED LESS THAN ONE YEAR AT THAT LEVEL, RECORD '00'.	GRADE <input type="text"/> <input type="text"/>	
116	CHECK 114: ELEMENTARY OR BASIC <input type="checkbox"/> HIGHER <input type="checkbox"/>		→ 119
117	Now I would like you to read this sentence to me. SHOW CARD TO RESPONDENT. IF RESPONDENT CANNOT READ WHOLE SENTENCE, PROBE: Can you read any part of the sentence to me?	CANNOT READ AT ALL 1 ABLE TO READ ONLY PART OF THE SENTENCE 2 ABLE TO READ WHOLE SENTENCE 3 NO CARD WITH REQUIRED LANGUAGE 4 (SPECIFY LANGUAGE) _____ BLIND/VISUALLY IMPAIRED 5	
118	CHECK 117: CODE '2', '3' OR '4' <input type="checkbox"/> CIRCLED CODE '1' OR '5' <input type="checkbox"/> CIRCLED		→ 120
119	Do you read a newspaper or magazine at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEK 1 LESS THAN ONCE A WEEK 2 NOT AT ALL 3	
120	Do you listen to the radio at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEK 1 LESS THAN ONCE A WEEK 2 NOT AT ALL 3	

SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
121	Do you watch television at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEK 1 LESS THAN ONCE A WEEK 2 NOT AT ALL 3	
122	Do you own a mobile phone?	YES 1 NO 2	→ 124
123	Is your mobile phone a smart phone?	YES 1 NO 2	
124	In the last 12 months, have you used a mobile phone to make financial transactions such as sending or receiving money, paying bills, purchasing goods or services, or receiving wages?	YES 1 NO 2	
125	Do you have an account in a bank or other financial institution that you yourself use?	YES 1 NO 2	→ 126A
126	Did you yourself put money in or take money out of this account in the last 12 months?	YES 1 NO 2	
126A	Do you have a personal credit card?	YES 1 NO 2	
126B	Do you have a personal electronic wallet?	YES 1 NO 2	
127	Have you ever used the Internet from any location on any device?	YES 1 NO 2	→ 131A
128	In the last 12 months, have you used the Internet? IF NECESSARY, PROBE FOR USE FROM ANY LOCATION, WITH ANY DEVICE.	YES 1 NO 2	→ 131A
129	During the last one month, how often did you use the Internet: almost every day, at least once a week, less than once a week, or not at all?	ALMOST EVERY DAY 1 AT LEAST ONCE A WEEK 2 LESS THAN ONCE A WEEK 3 NOT AT ALL 4	
131A	What is your nationality?	JORDANIAN 1 EGYPTIAN 2 SYRIAN 3 IRAQI 4 OTHER ARAB NATIONALITIES 5 NON ARAB NATIONALITIES 6	

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
200A	Are you currently married?	YES, CURRENTLY MARRIED 1 NO, NOT MARRIED 3	→ 201								
200B	Have you ever been married?	YES, FORMERLY MARRIED 1 NO 3	→ 301								
200C	What is your marital status now: are you widowed, divorced, or separated?	WIDOWED 1 DIVORCED 2 SEPARATED 3									
201	Now I would like to ask about any children you have had during your life. I am interested in all of the children that are biologically yours. Have you ever fathered any children with any wife?	YES 1 NO 2 DON'T KNOW 8	→ 206								
202	Do you have any sons or daughters that you have fathered who are now living with you?	YES 1 NO 2	→ 204								
203	a) How many sons live with you? b) And how many daughters live with you? IF NONE, RECORD '00'.	a) SONS AT HOME <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> b) DAUGHTERS AT HOME <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>									
204	Do you have any sons or daughters that you have fathered who are alive but do not live with you?	YES 1 NO 2	→ 206								
205	a) How many sons are alive but do not live with you? b) And how many daughters are alive but do not live with you? IF NONE, RECORD '00'.	a) SONS ELSEWHERE <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> b) DAUGHTERS ELSEWHERE <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>									
206	Have you ever fathered a son or a daughter who was born alive but later died? IF NO, PROBE: Any baby who cried, who made any movement, sound, or effort to breathe, or who showed any other signs of life even if for a very brief time?	YES 1 NO 2 DON'T KNOW 8	→ 208								
207	a) How many boys have died? b) And how many girls have died? IF NONE, RECORD '00'.	a) BOYS DEAD <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> b) GIRLS DEAD <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>									
208	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL CHILDREN <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table>									
209	CHECK 208: HAS HAD MORE THAN ONE CHILD <input type="checkbox"/> HAS HAD ONLY ONE CHILD <input type="checkbox"/> → 211 HAS NOT HAD ANY CHILDREN <input type="checkbox"/> → 301										
210	Did all of the children you have fathered have the same biological mother?	YES 1 NO 2									
211	CHECK 208: HAS HAD MORE THAN ONE CHILD <input type="checkbox"/> HAS HAD ONLY ONE CHILD <input type="checkbox"/> a) How old were you when your first child was born? b) How old were you when your child was born? AGE IN YEARS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table>										

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	<div> <div>was born?</div> <div>:</div> <div>born?</div> </div>		
212	<div>CHECK 203 AND 205:</div> <div> <div>AT LEAST ONE</div> <div>LIVING CHILD</div> <div><input type="checkbox"/></div> <div>↓</div> </div>	<div> <div>NO LIVING</div> <div>CHILDREN</div> <div><input type="checkbox"/></div> <div>→</div> </div>	301

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
213	<p>CHECK 203 AND 205:</p> <p>MORE THAN ONE <input type="checkbox"/> LIVING CHILD ↓</p> <p>a) How old is your youngest child?</p> <p>ONLY ONE <input type="checkbox"/> LIVING CHILD ↓</p> <p>b) How old is your child?</p>	<p>AGE IN YEARS <input type="text"/> <input type="text"/></p>	
214	<p>CHECK 213:</p> <p>(YOUNGEST) CHILD IS <input type="checkbox"/> AGE 0-2 YEARS ↓</p> <p>(YOUNGEST) CHILD IS <input type="checkbox"/> AGE 3 YEARS OR OLDER</p>		→ 301
215	<p>CHECK 203 AND 205:</p> <p>MORE THAN ONE <input type="checkbox"/> LIVING CHILD ↓</p> <p>a) What is the name of your youngest child?</p> <p>ONLY ONE <input type="checkbox"/> LIVING CHILD ↓</p> <p>b) What is the name of your child?</p>	<p>_____</p> <p>(NAME OF (YOUNGEST) CHILD)</p>	
216	When (NAME)'s mother was pregnant with (NAME), did she have any antenatal check-ups?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	→ 218
217	Were you ever present during any of those antenatal check-ups?	<p>PRESENT 1</p> <p>NOT PRESENT 2</p>	
218	Was (NAME) born in a hospital or health facility?	<p>HOSPITAL/HEALTH FACILIT. 1</p> <p>OTHER 2</p>	→ 301
219	Did you go with (NAME's) mother to the health facility where she gave birth to (NAME)?	<p>YES 1</p> <p>NO 2</p>	

SECTION 3. CONTRACEPTION

301	Now I would like to talk about family planning - the various ways or methods that a couple can use to delay or avoid a pregnancy. Have you ever heard of (METHOD)?	
01	Female Sterilization. PROBE: Women can have an operation to avoid having any more children.	YES 1 NO 2
02	Male Sterilization. PROBE: Men can have an operation to avoid having any more children.	YES 1 NO 2
03	IUD. PROBE: Women can have a loop or coil placed inside them by a doctor or a nurse which can prevent pregnancy for one or more	YES 1 NO 2
04	Injectables. PROBE: Women can have an injection by a health provider that stops them from becoming pregnant for one to three months.	YES 1 NO 2
05	Implants. PROBE: Women can have one or more small rods placed in their upper arm by a doctor which can prevent pregnancy for one to three years.	YES 1 NO 2
06	Pill. PROBE: Women can take a pill every day to avoid becoming pregnant.	YES 1 NO 2
07	Condom. PROBE: Men can put a rubber sheath on their penis before sexual intercourse.	YES 1 NO 2
08	Female Condom. PROBE: Women can place a sheath in their vagina before sexual intercourse.	YES 1 NO 2
09	Emergency Contraception. PROBE: As an emergency measure, within 5 days after they have unprotected sexual intercourse, women can take special pills or have an IUD inserted to prevent pregnancy.	YES 1 NO 2
11	Lactational Amenorrhea Method (LAM). PROBE: Up to 6 months after childbirth, before the menstrual period has returned, women use a method requiring frequent breastfeeding day and night.	YES 1 NO 2
12	Rhythm Method. PROBE: To avoid pregnancy, women do not have sexual intercourse on the days of the month they think they can get	YES 1 NO 2
13	Withdrawal. PROBE: Men can be careful and pull out before climax.	YES 1 NO 2
14	Have you heard of any other ways or methods that women or men can use to avoid pregnancy?	YES, MODERN METHOD _____ A (SPECIFY) YES, TRADITIONAL METHOD _____ B (SPECIFY) NO Y

SECTION 3. CONTRACEPTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES			SKIP
302	In the last 12 months have you:	YES		NO	
	a) Heard about family planning on the radio?	a) RADIO	1	2	
	b) Seen anything about family planning on the television?	b) TELEVISION	1	2	
	c) Read about family planning in a newspaper or magazine?	c) NEWSPAPER OR MAGAZIN	1	2	
	d) Received a voice or text message about family planning on a mobile phone?	d) MOBILE PHONE	1	2	
	e) Seen anything about family planning on social media such as Facebook, Twitter, Instagram, or TikTok?	e) SOCIAL MEDIA/FACEBOOK/TWITTER/ INSTAGRAM/TIKTOK	1	2	
	f) Seen anything about family planning on a poster, leaflet or brochure?	f) POSTER/LEAFLET/ BROCHURE	1	2	
	g) Seen anything about family planning on an outdoor sign or billboard?	g) OUTDOOR SIGN/BILLBOAR	1	2	
	h) Heard anything about family planning at community meetings or events?	h) COMMUNITY MEETINGS/ EVENTS	1	2	
303	In the last few months, have you discussed family planning with a health worker or health professional?	YES	1		
		NO	2		
304	Now I would like to ask you about a woman's likelihood of pregnancy. From one menstrual period to the next, are there certain days when a woman is more likely to become pregnant?	YES	1		
		NO	2		
		DON'T KNOW	8		→ 306
305	Is this time just before her period begins, during her period, right after her period has ended, or halfway between two periods?	JUST BEFORE HER PERIOD BEGINS	1		
		DURING HER PERIOD	2		
		RIGHT AFTER HER PERIOD HAS ENDED	3		
		HALFWAY BETWEEN TWO PERIODS	4		
		OTHER _____ (SPECIFY)	6		
		DON'T KNOW	8		
306	After the birth of a child, can a woman become pregnant before her menstrual period has returned?	YES	1		
		NO	2		
		DON'T KNOW	8		
307	I will now read you some statements about contraception. Please tell me if you agree or disagree with each one.	DISAGREE/ DIS- APPROVE DK AGREE/ APPROVE			
	a) Contraception is a woman's concern and a man should not have to worry about it.	a) CONTRACEPTION WOMAN'S CONCERN	1	2	8
	b) Do you approve or disapprove of couples that use a method of contraception?	b) COUPLES USE CONTRACEPTION	1	2	8

SECTION 4. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP	
400A	CHECK 200A, 200B: <div style="display: flex; justify-content: space-around; align-items: flex-start;"> <div style="text-align: center;"> 200A=YES CURRENTLY MARRIED <input type="checkbox"/> ↓ </div> <div style="text-align: center;"> 200B=YES WIDOWED SEPARATED, DIVORCED <input type="checkbox"/> ↓ </div> <div style="text-align: center;"> 200B=NO NEVER MARRIED <input type="checkbox"/> → 601 </div> </div>			
404	Is your wife living with you now or is she staying elsewhere?	LIVING WITH HIM 1 STAYING ELSEWHERE 2		
405	Do you have other wives?	YES (MORE THAN ONE WIFE) 1 NO (ONLY ONE WIFE) 2	→ 407	
406	Altogether, how many wives do you have?	TOTAL NUMBER OF WIVES AND LIVE-IN PARTNERS <input type="text"/> <input type="text"/>		
407	CHECK 405: <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> ONE WIFE <input type="checkbox"/> ↓ a) Please tell me the name of your wife. </div> <div style="text-align: center;"> MORE THAN ONE WIFE <input type="checkbox"/> ↓ b) Please tell me the name of your (first/next) wife. </div> </div> RECORD THE NAME AND THE LINE NUMBER FROM THE HOUSEHOLD QUESTIONNAIRE FOR THE (FIRST/NEXT) WIFE. IF A WOMAN IS NOT LISTED IN THE HOUSEHOLD, RECORD '00'.	<div style="display: flex; justify-content: space-between;"> <div> NAME <input type="text"/> </div> <div> LINE NUMBER <input type="text"/> <input type="text"/> </div> </div> <div style="display: flex; justify-content: space-between;"> <div> NAME <input type="text"/> </div> <div> LINE NUMBER <input type="text"/> <input type="text"/> </div> </div>	408 (1) How old was (NAME/this wife) on her last birthday? AGE <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
408	How old was (NAME/this wife) on her last birthday? RETURN TO 407 FOR THE NEXT WIFE.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
409	CHECK 407: <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> ONE WIFE <input type="checkbox"/> ↓ </div> <div style="text-align: center;"> MORE THAN ONE WIFE <input type="checkbox"/> → 411 </div> </div>			
410	Have you been married only once or more than once?	MORE THAN ONCE 1 ONLY ONCE 2		
411	CHECK 405 AND 410: <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> BOTH ARE CODE '2' <input type="checkbox"/> ↓ a) In what month and year did you start living with your wife? </div> <div style="text-align: center;"> OTHER <input type="checkbox"/> ↓ b) Now I would like to ask about your first wife. In what month and year did you start living with her? </div> </div>	MONTH <input type="text"/> <input type="text"/> DON'T KNOW MONTH 98 YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW YEAR 9998	→ 413	

SECTION 4. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																				
412	How old were you when you first started living with her?	AGE <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>																					
413	CHECK FOR PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE																						
415	I would like to ask you about your recent sexual activity. When was the last time you had sexual intercourse? IF LESS THAN 12 MONTHS, ANSWER MUST BE RECORDED IN DAYS, WEEKS OR MONTHS. IF 12 MONTHS (ONE YEAR) OR MORE, ANSWER MUST BE RECORDED IN YEARS.	<table> <tr> <td>DAYS AGO</td> <td>1</td> <td><table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></td> </tr> <tr> <td>WEEKS AGO</td> <td>2</td> <td><table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></td> </tr> <tr> <td>MONTHS AGO</td> <td>3</td> <td><table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></td> </tr> <tr> <td>YEARS AGO</td> <td>4</td> <td><table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></td> </tr> </table>	DAYS AGO	1	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			WEEKS AGO	2	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			MONTHS AGO	3	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			YEARS AGO	4	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			→ 501
DAYS AGO	1	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>																					
WEEKS AGO	2	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>																					
MONTHS AGO	3	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>																					
YEARS AGO	4	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>																					
416	The last time you had sexual intercourse, did you or your wife do something or use any method to delay or avoid a pregnancy?	YES 1 NO 2 DON'T KNOW 8	→ 418																				
417	Do you know of a place where you can obtain a method of family planning?	YES 1 NO 2	→ 419																				
418	What method did you or your wife use? RECORD ALL MENTIONED. IF CODES 'G' OR 'H' ARE CIRCLED, SKIP TO 421 EVEN IF ANOTHER METHOD WAS ALSO USED.	FEMALE STERILIZATION A MALE STERILIZATION B IUD C INJECTABLES D IMPLANTS E PILL F CONDOM G FEMALE CONDOM H EMERGENCY CONTRACEPTIC I LACTATIONAL AMENORRHEA METHOD K RHYTHM METHOD L WITHDRAWAL M OTHER MODERN METHOD X OTHER TRADITIONAL METHOD Y	→ 421																				
419	The last time you had sexual intercourse, was a condom used?	YES 1 NO 2	→ 501																				
421	From where did you obtain the condom the last time? PROBE TO IDENTIFY TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD '96' AND WRITE THE NAME OF THE PLACE.	PUBLIC MEDICAL SECTOR GOVT. HOSPITAL 11 GOVT. HEALTH CENTER 12 GOVT. MCH 13 UNIVERSITY HOSPITAL/CL 14 ROYAL MEDICAL SERVICE 15 OTHER PUBLIC 16 _____ (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC 21 PRIVATE DOCTOR 22 PHARMACY 23 JORDANIAN AS. OF FP AND PROTECTION (JAFPP) 24 INSTITUTE FOR FAMILY HEALTH (IF) 25 INTERNATIONAL RESCUE COMMITTEE (IRC) 26 UNRWA CLINIC 27 UNHCR/OTHER N 28 OTHER PRIVATE 29 _____ (SPECIFY) OTHER SOURCE FRIEND/RELATIVE 31 OTHER 96 _____ (SPECIFY)																					

SECTION 5. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
501	CHECK 200A, 200B: 200A=YES <input type="checkbox"/> CURRENTLY MARRIED	200B=YES WIDOWED, <input type="checkbox"/> SEPARATED, DIVORCED	→ 514								
502	CHECK 418: MAN NOT STERILIZED <input type="checkbox"/> OR QUESTION NOT ASKED	MAN <input type="checkbox"/> STERILIZED	→ 514								
503	CHECK 407 AND 415: 407=ONE WIFE <input type="checkbox"/> 415=1,2 OR 3	407= MORE THAN <input type="checkbox"/> ONE WIFE OR 415=4 407= MORE THAN <input type="checkbox"/> ONE WIFE 415=1,2 OR 3 407= MORE THAN <input type="checkbox"/> ONE WIFE 415=4	→ 507 → 509 → 512								
504	Is your wife currently pregnant?	YES 1 NO 2 DON'T KNOW 8	→ 507								
505	Now I have some questions about the future. After the child you and your wife are expecting now, would you like to have another child, or would you prefer not to have any more children?	HAVE ANOTHER CHILD 1 NO MORE 2 UNDECIDED/DON'T KNOW 8	→ 514								
506	After the birth of the child you are expecting now, how long would you like to wait before the birth of another child?	MONTHS 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> YEARS 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> SOON/NOW 993 OTHER 996 (SPECIFY) DON'T KNOW 998									→ 514
507	CHECK 208: HAS FATHERED CHILDREN <input type="checkbox"/> a) Now I have some questions about the future. Would you like to have another child, or would you prefer not to have any more children? HAS NOT FATHERED CHILDREN <input type="checkbox"/> b) Now I have some questions about the future. Would you like to have a child, or would you prefer not to have any children?	HAVE (A/ANOTHER) CHILD 1 NO MORE/NONE 2 SAYS COUPLE CAN'T GET PREGNANT 3 WIFE STERILIZED 4 RESPONDENT STERILIZED 5 UNDECIDED/DON'T KNOW 8	→ 514								
508	CHECK 208: HAS FATHERED CHILDREN <input type="checkbox"/> a) How long would you like to wait from now before the birth of another child? HAS NOT FATHERED CHILDREN <input type="checkbox"/> b) How long would you like to wait from now before the birth of a child?	MONTHS 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> YEARS 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> SOON/NOW 993 SAYS COUPLE CAN'T GET PREGNANT 994 OTHER 996 (SPECIFY) DON'T KNOW 998									→ 514
509	Are any of your wives currently pregnant?	YES 1 NO 2 DON'T KNOW 8	→ 512								

SECTION 5. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
510	Now I have some questions about the future. After the child you and your wife are expecting now, would you like to have another child, or would you prefer not to have any more children?	HAVE ANOTHER CHILD 1 NO MORE 2 UNDECIDED/DON'T KNOW 8	→ 514								
511	After the birth of the child you are expecting now, how long would you like to wait before the birth of another child?	MONTHS 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> YEARS 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> SOON/NOW 993 OTHER 996 (SPECIFY) DON'T KNOW 998									→ 514
512	CHECK 208: <div style="display: flex; justify-content: space-between;"><div style="width: 45%;">HAS FATHERED CHILDREN <input type="checkbox"/> a) Now I have some questions about the future. Would you like to have another child, or would you prefer not to have any more children?</div><div style="width: 45%; border-left: 1px dashed black; padding-left: 10px;">HAS NOT FATHERED CHILDREN <input type="checkbox"/> b) Now I have some questions about the future. Would you like to have a child, or would you prefer not to have any children?</div></div>	HAVE (A/ANOTHER) CHILD 1 NO MORE/NONE 2 SAYS COUPLE CAN'T GET PREGNANT 3 (WIFE/WIVES) STERILIZED 4 RESPONDENT STERILIZED 5 UNDECIDED/DON'T KNOW 8	→ 514								
513	CHECK 208: <div style="display: flex; justify-content: space-between;"><div style="width: 45%;">HAS FATHERED CHILDREN <input type="checkbox"/> a) How long would you like to wait from now before the birth of another child?</div><div style="width: 45%; border-left: 1px dashed black; padding-left: 10px;">HAS NOT FATHERED CHILDREN <input type="checkbox"/> b) How long would you like to wait from now before the birth of a child?</div></div>	MONTHS 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> YEARS 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> SOON/NOW 993 SAYS COUPLE CAN'T GET PREGNANT 994 OTHER 996 (SPECIFY) DON'T KNOW 998									
514	CHECK 203 AND 205: <div style="display: flex; justify-content: space-between;"><div style="width: 45%;">HAS LIVING CHILDREN <input type="checkbox"/> a) If you could go back to the time you did not have any children and could choose exactly the number of children to have in your whole life, how many would that be?</div><div style="width: 45%; border-left: 1px dashed black; padding-left: 10px;">NO LIVING CHILDREN <input type="checkbox"/> b) If you could choose exactly the number of children to have in your whole life, how many would that be?</div></div> <p align="center">PROBE FOR A NUMERIC RESPONSE.</p>	NONE 00 NUMBER <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table> OTHER 96 (SPECIFY)			→ 601 → 601						
515	How many of these children would you like to be boys, how many would you like to be girls and for how many would it not matter if it's a boy or a girl?	BOYS GIRLS EITHER NUMBER .. <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> OTHER 96 (SPECIFY)									

SECTION 6. EMPLOYMENT AND GENDER ROLES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP			
601	Have you done any work in the last seven days, even for one hour? By "work", I mean any paid work, any work in a business completely or partially owned by yourself, any work in a business owned by the household without payment, or work in other business?	YES 1 NO 2	→ 604			
602	Although you did not work in the last 7 days, do you have any job or business from which you were absent for leave, illness, vacation, or any other such reason?	YES 1 NO 2	→ 607			
604	What is your occupation? That is, what kind of work do you mainly do?	_____ _____ _____	<table border="1"><tr><td></td><td></td><td></td></tr></table>			
606A	What is your employment status: are you an employee, an employer, are you self-employed, are you working for your family without payment, or are you working for someone else without payment?	EMPLOYEE 1 EMPLOYER 2 SELF-EMPLOYED 3 UNPAID FAMILY WORKER 4 UNPAID WORKER 5				
607	CHECK 200A: 200A=YES <input type="checkbox"/> CURRENTLY MARRIED ↓ 200A=NO <input type="checkbox"/> NOT CURRENTLY MARRIED		→ 612			
608	CHECK 606A: CODE '1', '2', OR '3' <input type="checkbox"/> CIRCLED ↓ OTHER <input type="checkbox"/>		→ 610			
609	Who usually decides how the money you earn will be used: you, your wife, or you and your wife jointly?	RESPONDENT 1 WIFE 2 RESPONDENT AND WIFE JOINTLY 3 OTHER _____ 6 (SPECIFY)				
610	Who usually makes decisions about health care for yourself: you, your wife, you and your wife jointly, or someone else?	RESPONDENT 1 WIFE 2 RESPONDENT AND WIFE JOINTLY 3 SOMEONE ELSE 4 OTHER 6				
611	Who usually makes decisions about making major household purchases?	RESPONDENT 1 WIFE 2 RESPONDENT AND WIFE JOINTLY 3 SOMEONE ELSE 4 OTHER 6				

SECTION 6. EMPLOYMENT AND GENDER ROLES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																								
612	Do you own this or any other house either alone or jointly with someone else?	ALONE ONLY 01 JOINTLY WITH WIFE ONLY 02 JOINTLY WITH SOMEONE ELSE 03 JOINTLY WITH WIFE AND SOMEONE ELSE 04 BOTH ALONE AND JOINTLY 05 DOES NOT OWN 06	→ 615																																								
613	Do you have a title deed or other government recognized document for any house you own?	YES 1 NO 2 DON'T KNOW 8																																									
615	Do you own any agricultural or non-agricultural land either alone or jointly with someone else?	ALONE ONLY 01 JOINTLY WITH WIFE ONLY 02 JOINTLY WITH SOMEONE ELSE 03 JOINTLY WITH WIFE AND SOMEONE ELSE 04 BOTH ALONE AND JOINTLY 05 DOES NOT OWN 06	→ 617A																																								
616	Do you have a title deed or other government recognized document for any land you own?	YES 1 NO 2 DON'T KNOW 8																																									
617A	PRESENCE OF OTHERS AT THIS POINT (PRESENT AND LISTENING, PRESENT BUT NOT LISTENING, OR NOT PRESENT)	<table> <tr> <th></th><th>PRES./ PRES./ LISTEN.</th><th>NOT LISTEN.</th><th>NOT PRES.</th></tr> <tr> <td>CHILDREN < 10.....</td><td>1</td><td>2</td><td>3</td></tr> <tr> <td>WIFE</td><td>1</td><td>2</td><td>3</td></tr> <tr> <td>OTHER MALES</td><td>1</td><td>2</td><td>3</td></tr> <tr> <td>OTHER FEMALES</td><td>1</td><td>2</td><td>3</td></tr> </table>		PRES./ PRES./ LISTEN.	NOT LISTEN.	NOT PRES.	CHILDREN < 10.....	1	2	3	WIFE	1	2	3	OTHER MALES	1	2	3	OTHER FEMALES	1	2	3																					
	PRES./ PRES./ LISTEN.	NOT LISTEN.	NOT PRES.																																								
CHILDREN < 10.....	1	2	3																																								
WIFE	1	2	3																																								
OTHER MALES	1	2	3																																								
OTHER FEMALES	1	2	3																																								
618	In your opinion, is a husband justified in hitting or beating his wife in the following situations: a) If she goes out without telling him? b) If she neglects the children? c) If she burns the food? d) If she insults him? e) If she disobeys him? f) If she argues with him? g) If she has relations with another man? h) Any other reason?	<table> <tr> <th></th><th>YES</th><th>NO</th><th>DK</th></tr> <tr> <td>a) GOES OUT</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>b) NEGLECTS CHILDRE ..</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>c) BURNS FOOD</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>d) INSULTS HIM</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>e) DISOBEYS</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>f) ARGUES</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>g) ANOTHER MAN</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>.....</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>(SPECIFY)</td><td></td><td></td><td></td></tr> </table>		YES	NO	DK	a) GOES OUT	1	2	8	b) NEGLECTS CHILDRE ..	1	2	8	c) BURNS FOOD	1	2	8	d) INSULTS HIM	1	2	8	e) DISOBEYS	1	2	8	f) ARGUES	1	2	8	g) ANOTHER MAN	1	2	8	1	2	8	(SPECIFY)				
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.....	1	2	8																																								
(SPECIFY)																																											
619	As far as you know did your father ever beat your mother?	YES 1 NO 2 DON'T KNOW 8																																									

SECTION 7. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
700	Now I would like to talk about HIV and AIDS.		
701	Have you ever heard of HIV or AIDS?	YES 1 NO 2	→ 729
703	HIV is the virus that can lead to AIDS. Can people reduce their chance of getting HIV by having just one uninfected sex partner who has no other sex partners?	YES 1 NO 2 DON'T KNOW 8	
704	Can people get HIV from mosquito bites?	YES 1 NO 2 DON'T KNOW 8	
705	Can people reduce their chance of getting HIV by using a condom every time they have sex?	YES 1 NO 2 DON'T KNOW 8	
706	Can people get HIV by sharing food with a person who has HIV?	YES 1 NO 2 DON'T KNOW 8	
707	Is it possible for a healthy-looking person to have HIV?	YES 1 NO 2 DON'T KNOW 8	
708	Have you heard of any medicines that treat HIV?	YES 1 NO 2	
709	Are there any special medicines that a doctor or a nurse can give to a woman infected with HIV to reduce the risk of transmission to the baby?	YES 1 NO 2 DON'T KNOW 8	
709A	Can HIV be transmitted from a mother to her baby:	YES NO DK a) DURING PREGNANCY... 1 2 8 b) DURING DELIVERY... 1 2 8 c) By breastfeeding... 1 2 8	
710	Have you heard of a medicine taken daily that can prevent a person from getting HIV?	YES 1 NO 2	→ 712
711	Do you approve of people who take a pill every day to prevent getting HIV?	YES 1 NO 2 DON'T KNOW/NOT SURE/DEPENDENT 8	

SECTION 7. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
711A	Do you think people at risk should take a pill (medicine) every day to prevent getting HIV?	YES 1 NO 2 DON'T KNOW/NOT SURE/DEPENDENT 8	
712	CHECK FOR PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.		
713	Have you ever been tested for HIV for any reason?	YES 1 NO 2	
723	Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had HIV?	YES 1 NO 2 DON'T KNOW/NOT SURE/DEPENDENT 8	
724	Do you think children living with HIV should be allowed to attend school with children who do not have HIV?	YES 1 NO 2 DON'T KNOW/NOT SURE/DEPENDENT 8	
729	CHECK 701: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> HEARD ABOUT <input type="checkbox"/> HIV OR AIDS ↓ a) Apart from HIV, have you heard about other infections that can be transmitted through sexual </div> <div style="width: 45%;"> NOT HEARD ABOUT <input type="checkbox"/> HIV OR AIDS ↓ b) Have you heard about infections that can be transmitted through sexual contact? </div> </div>	YES 1 NO 2	
729A	CHECK 200A, 200B: <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="width: 45%;"> 200A=YES <input type="checkbox"/> CURRENTLY MARRIED 200B=YES YES, FORMERLY MARRIED </div> <div style="width: 45%;"> 200A=NO 200B=NO <input type="checkbox"/> → 735 </div> </div>		
730	Now I would like to ask you some questions about your health in the last 12 months. During the last 12 months, have you had a disease which you got through sexual contact?	YES 1 NO 2 DON'T KNOW 8	
735	If a wife knows her husband has a disease that she can get during sexual intercourse, is she justified in asking that they use a condom when they have sex?	YES 1 NO 2 DON'T KNOW 8	
736	Is a wife justified in refusing to have sex with her husband when she knows he has sex with other women, or women other than his wives?	YES 1 NO 2 DON'T KNOW 8	

SECTION 8. OTHER HEALTH ISSUES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
806	Do you currently smoke, including vaping, smoking cigars, or using nargila every day, some days, or not at all?	EVERY DAY 1 SOME DAYS 2 NOT AT ALL 3	→ 808
806A	Have you tried to quit smoking?	YES 1 NO 2 HAVE NOT TRIED, BUT WOULD LIKE TO 3	→ 807A
806B	What method did you use?	NICOTINE PATCH A NICOTINE GUM B DRUGS C OTHER (SPECIFY)..... X DID NOT USE ANY METHOD Y	
807A	CHECK 806: <div style="display: flex; justify-content: space-around; align-items: center;"> 'SOME DAYS' <input type="checkbox"/> 'EVERY DAY' <input type="checkbox"/> </div> <div style="text-align: center; margin-top: 10px;"> ↓ </div>		→ 809
807	In the past, have you smoked tobacco every day?	YES 1 NO 2	→ 810
808	In the past, have you ever smoked tobacco every day, some days, or not at all?	EVERY DAY 1 SOME DAYS 2 NOT AT ALL 3	→ 817
809	On average, how many of the following products do you currently smoke each day? Also, let me know if you use the product, but not every day. IF RESPONDENT REPORTS USING THE PRODUCT BUT NOT EVERY DAY, RECORD '888'. IF THE PRODUCT IS NOT USED AT ALL, RECORD '000'	<div style="text-align: right; margin-bottom: 10px;">NUMBER DAILY</div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>a) Manufactured cigarettes?</p> <p>b) Hand-rolled cigarettes?</p> <p>c) Pipes full of tobacco?</p> <p>d) Cigars?</p> <p>e) Number of nargila sessions?</p> <p>f) Number of vaping sessions?</p> <p>g) Any others?</p> <p>_____ (SPECIFY)</p> </div> <div style="width: 45%;"> <p>a) MANUFACTURED CIGARETTES <input type="text"/> <input type="text"/> <input type="text"/></p> <p>b) HAND-ROLLED CIGARETTES <input type="text"/> <input type="text"/> <input type="text"/></p> <p>c) PIPES FULL OF TOBACCO <input type="text"/> <input type="text"/> <input type="text"/></p> <p>d) CIGARS, CHEROOTS, OR CIGARILLOS <input type="text"/> <input type="text"/> <input type="text"/></p> <p>e) NUMBER OF NARGILA SESSIONS <input type="text"/> <input type="text"/> <input type="text"/></p> <p>f) NUMBER OF VAPING SESSIONS <input type="text"/> <input type="text"/> <input type="text"/></p> <p>g) OTHERS <input type="text"/> <input type="text"/> <input type="text"/></p> </div> </div>	→ 817

SECTION 8. OTHER HEALTH ISSUES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
810	<p>On average, how many of the following products do you currently smoke each week? Also, let me know if you use the product, but not every week.</p> <p>IF RESPONDENT REPORTS USING THE PRODUCT BUT NOT EVERY WEEK, RECORD '888'. IF THE PRODUCT IS NOT USED AT ALL,</p> <p>a) Manufactured cigarettes?</p> <p>b) Hand-rolled cigarettes?</p> <p>c) Pipes full of tobacco?</p> <p>d) Cigars?</p> <p>e) Number of nargila sessions?</p> <p>f) Number of vaping sessions?</p> <p>g) Any others? _____</p> <p align="center">(SPECIFY)</p>	<p align="right">NUMBER WEEKLY</p> <p>a) MANUFACTURED CIGARETTES <input type="text"/> <input type="text"/> <input type="text"/></p> <p>b) HAND-ROLLED CIGARETTES <input type="text"/> <input type="text"/> <input type="text"/></p> <p>c) PIPES FULL OF TOBACCO <input type="text"/> <input type="text"/> <input type="text"/></p> <p>d) CIGARS, CHEROOTS, OR CIGARILLOS <input type="text"/> <input type="text"/> <input type="text"/></p> <p>e) NUMBER OF NARGILA SESSIONS <input type="text"/> <input type="text"/> <input type="text"/></p> <p>f) NUMBER OF VAPING SESSIONS <input type="text"/> <input type="text"/> <input type="text"/></p> <p>g) OTHERS <input type="text"/> <input type="text"/> <input type="text"/></p>	
817	Are you covered by any health insurance?	<p>YES 1</p> <p>NO 2</p>	→ 819
818	<p>What type of health insurance are you covered by?</p> <p>RECORD ALL MENTIONED.</p>	<p>MINISTRY OF HEALTH INSURANCE A</p> <p>ROYAL/MILITARY HEALTH INSURANCE B</p> <p>UNIVERSITY HOSPITAL INSURANCE C</p> <p>UNRWA INSURANCE D</p> <p>UNHCR INSURANCE E</p> <p>NGO INSURANCE F</p> <p>PRIVATELY PURCHASED COMMERCIAL HEALTH INSURANCE G</p> <p>PRIVATE SECTOR INSURANCE H</p> <p>OTHER X</p> <p align="center">(SPECIFY)</p>	
819	RECORD THE TIME.	<p>HOURS <input type="text"/> <input type="text"/></p> <p>MINUTES <input type="text"/> <input type="text"/></p>	

INTERVIEWER'S OBSERVATIONS
TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT INTERVIEW:

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

SUPERVISOR'S OBSERVATIONS

DEMOGRAPHIC AND HEALTH SURVEYS
 JORDAN DHS 2022 BIOMARKER QUESTIONNAIRE

JORDAN
 JORDAN DEPARTMENT OF STATISTICS

IDENTIFICATION									
PLACE NAME _____									
NAME OF HOUSEHOLD HEAD _____									
CLUSTER NUMBER				<table border="1" style="width: 100%; height: 20px;"> <tr><td></td><td></td><td></td><td></td></tr> </table>					
HOUSEHOLD NUMBER				<table border="1" style="width: 100%; height: 20px;"> <tr><td></td><td></td><td></td><td></td></tr> </table>					
HOUSEHOLD SELECTED FOR BIOMARKERS? (1=YES, 2=NO)									
BIOMARKER VISITS									
	1	2	3	FINAL VISIT					
DATE	_____	_____	_____	DAY <table border="1" style="width: 40px; height: 20px;"></table>					
BIOMARKER NAME	_____	_____	_____	MONTH <table border="1" style="width: 40px; height: 20px;"></table>					
				YEAR <table border="1" style="width: 40px; height: 20px;"></table>					
NEXT VISIT: DATE TIME	_____	_____		TOTAL NUMBER OF VISITS <table border="1" style="width: 40px; height: 20px;"></table>					
NOTES: _____ _____ _____ _____ _____				TOTAL ELIGIBLE WOMEN <table border="1" style="width: 40px; height: 20px;"></table> TOTAL ELIGIBLE MEN <table border="1" style="width: 40px; height: 20px;"></table> TOTAL ELIGIBLE CHILDREN <table border="1" style="width: 40px; height: 20px;"></table>					
<div style="display: flex; justify-content: space-between;"> <div>LANGUAGE OF QUESTIONNAIRE** <table border="1" style="width: 40px; height: 20px; text-align: center;">01</table></div> <div>LANGUAGE OF INTERVIEW** <table border="1" style="width: 40px; height: 20px;"></table></div> <div>NATIVE LANGUAGE OF RESPONDENT** <table border="1" style="width: 40px; height: 20px;"></table></div> <div>TRANSLATOR (YES = 1, NO = 2) <table border="1" style="width: 40px; height: 20px;"></table></div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>LANGUAGE OF QUESTIONNAIRE** ENGLISH</div> <div> **LANGUAGE CODES: 01 ENGLISH 02 ARABIC </div> </div>									
TEAM <table border="1" style="width: 60px; height: 20px; margin: 0 auto;"></table> NUMBER			TEAM SUPERVISOR <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <div>NAME _____</div> <div> <table border="1" style="width: 60px; height: 20px;"></table> NUMBER </div> </div>						

WEIGHT, HEIGHT, AND HEMOGLOBIN MEASUREMENT FOR CHILDREN AGE 0-4 (0-59) month

101	CHECK CAPI OUTPUT FOR "LIST ELIGIBLE INDIVIDUALS/BIOMARKERS" [COLUMN 11 IN HOUSEHOLD QUESTIONNAIRE]. RECORD THE LINE NUMBER AND NAME FOR ALL ELIGIBLE CHILDREN AGE 0-4 YEARS (0-59) MONTH IN QUESTION 102 ON THIS PAGE AND SUBSEQUENT PAGES STARTING WITH THE FIRST ONE LISTED. IF MORE THAN THREE CHILDREN, USE ADDITIONAL QUESTIONNAIRE(S).		
	CHILD 1		SKIP
102	CHECK CAPI OUTPUT AND RECORD NAME AND LINE NUMBER OF CHILD. [RECORD NAME FROM COLUMN 2 IN HOUSEHOLD QUESTIONNAIRE; RECORD LINE NUMBER FROM COLUMN 11 IN HOUSEHOLD QUESTIONNAIRE.]	NAME _____ LINE NUMBER 	
103	IF MOTHER INTERVIEWED: COPY CHILD'S DATE OF BIRTH (DAY, MONTH, AND YEAR) FROM PREGNANCY HISTORY. IF MOTHER NOT INTERVIEWED ASK: What is (NAME)'s date of birth?	DAY MONTH YEAR 	
104	IF MOTHER INTERVIEWED: COPY CHILD'S AGE FROM PREGNANCY HISTORY. IF MOTHER NOT INTERVIEWED ASK: How old was (NAME) at (NAME)'s last birthday? COMPARE AND CORRECT 103 AND/OR 104 IF INCONSISTENT.	AGE IN COMPLETED YEARS 	
105	CHECK 104: CHILD AGE 0-4 YEARS? YES <input type="checkbox"/> NO <input type="checkbox"/>	→ 125	
106	WEIGHT IN KILOGRAMS.	KG. NOT PRESENT 9994 REFUSED 9995 OTHER 9996	→ 108
107	WAS THE CHILD MINIMALLY DRESSED?	YES 1 NO 2	
108	HEIGHT IN CENTIMETRES. IF CHILD IS AGE 0-1 YEARS, MEASURE LYING DOWN. IF CHILD IS AGE 2, 3, OR 4 YEARS, MEASURE STANDING UP.	CM. NOT PRESENT 9994 REFUSED 9995 OTHER 9996	→ 113
109	WAS THE CHILD MEASURED LYING DOWN OR STANDING UP?	LYING DOWN 1 STANDING UP 2	
110	CHECK 104 AND 109: BASED ON CHILD'S AGE, WAS CORRECT MEASUREMENT PROCEDURE FOLLOWED?	YES 1 NO 2	→ 112
111	IF CHILD IS AGE 0-1 YEARS: WHY WAS (NAME) MEASURED STANDING UP? _____ _____		
112	WAS THE RECORDED MEASUREMENT INTERFERED WITH BY BRAIDED OR ORNAMENTED HAIR?	YES 1 NO 2	
113	ENTER NUMBER OF MEASURER.	 BIOMARKER NUMBER	
114	ENTER [FIELDWORKER] NUMBER OF ASSISTANT MEASURER.	 ASSISTANT NUMBER	
115	TODAY'S DATE:	DAY MONTH YEAR 	

WEIGHT, HEIGHT, AND HEMOGLOBIN MEASUREMENT FOR CHILDREN AGE 0-4 (0-59) month

	CHILD 1		SKIP
116	#N/A		
117	CHECK 103: IS THE CHILD AGE 0-5 MONTHS <input type="checkbox"/> OLDER <input type="checkbox"/> AGE 0-5 MONTHS <input type="checkbox"/>		→ 125
118	RECORD NAME OF PARENT/RESPONSIBLE ADULT FOR THE CHILD. record 00 if not listed	NAME _____ LINE NUMBER <input type="text"/> <input type="text"/>	
119	ASK CONSENT FOR ANAEMIA TEST FROM PARENT/RESPONSIBLE ADULT: As part of this survey, we are asking people all over the country to take an anaemia test. Anaemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat anaemia. We ask that all children under age 5 take part in anaemia testing. The anaemia test requires a few drops of blood from a finger or heel. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test. The blood will be tested for anaemia immediately, and the result will be told to you right away. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team. Do you have any questions? You can say yes or no. It is up to you to decide. Will you allow (NAME OF CHILD) to participate in the anaemia test?		
120	CIRCLE THE CODE.	GRANTED 1 REFUSED 2 NOT PRESENT/OTHER 3	
121	SIGN NAME AND ENTER [FIELDWORKER] NUMBER OF HEMOGLOBIN MEASURER.	_____ (SIGN) <div style="border: 1px solid black; width: 60px; height: 20px; margin: 0 auto;"></div> BIOMARKER NUMBER	
122	RECORD HEMOGLOBIN LEVEL HERE AND IN THE [ANTHROPOMETRY AND ANAEMIA PAMPHLET].	G/DL <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT994 REFUSED995 OTHER996	→ 125
123	CHECK 122: HEMOGLOBIN RESULT	less than 7.0 G/DL SEVERE ANAEMIA 1 7.0 G/DL OR ABOVE 2	→ 125
124	The anaemia test shows that (NAME OF CHILD) has severe anaemia. Your child is very ill and must be taken to a health facility immediately. RECORD THE RESULT OF THE ANAEMIA TEST ON THE SEVERE ANAEMIA REFERRAL FORM.		
125	IF ANOTHER CHILD, GO TO 102 ON THE NEXT PAGE; IF NO MORE CHILDREN, GO TO 201.		

WEIGHT, HEIGHT, AND HEMOGLOBIN MEASUREMENT FOR CHILDREN AGE 0-4 (0-59) month

101	CHECK CAPI OUTPUT FOR "LIST ELIGIBLE INDIVIDUALS/BIOMARKERS" [COLUMN 11 IN HOUSEHOLD QUESTIONNAIRE]. RECORD THE LINE NUMBER AND NAME FOR ALL ELIGIBLE CHILDREN AGE 0-4 YEARS (0-59) MONTH IN QUESTION 102 ON THIS PAGE AND SUBSEQUENT PAGES STARTING WITH THE FIRST ONE LISTED. IF MORE THAN THREE CHILDREN, USE ADDITIONAL QUESTIONNAIRE(S).		
	CHILD 2		SKIP
102	CHECK CAPI OUTPUT AND RECORD NAME AND LINE NUMBER OF CHILD. [RECORD NAME FROM COLUMN 2 IN HOUSEHOLD QUESTIONNAIRE; RECORD LINE NUMBER FROM COLUMN 11 IN HOUSEHOLD QUESTIONNAIRE.]	NAME _____ LINE NUMBER 	
103	IF MOTHER INTERVIEWED: COPY CHILD'S DATE OF BIRTH (DAY, MONTH, AND YEAR) FROM PREGNANCY HISTORY. IF MOTHER NOT INTERVIEWED ASK: What is (NAME)'s date of birth?	DAY MONTH YEAR 	
104	IF MOTHER INTERVIEWED: COPY CHILD'S AGE FROM PREGNANCY HISTORY. IF MOTHER NOT INTERVIEWED ASK: How old was (NAME) at (NAME)'s last birthday? COMPARE AND CORRECT 103 AND/OR 104 IF INCONSISTENT.	AGE IN COMPLETED YEARS 	
105	CHECK 104: CHILD AGE 0-4 YEARS? YES <input type="checkbox"/> NO <input type="checkbox"/>	→ 125	
106	WEIGHT IN KILOGRAMS.	KG. NOT PRESENT 9994 REFUSED 9995 OTHER 9996	→ 108
107	WAS THE CHILD MINIMALLY DRESSED?	YES 1 NO 2	
108	HEIGHT IN CENTIMETRES. IF CHILD IS AGE 0-1 YEARS, MEASURE LYING DOWN. IF CHILD IS AGE 2, 3, OR 4 YEARS, MEASURE STANDING UP.	CM. NOT PRESENT 9994 REFUSED 9995 OTHER 9996	→ 113
109	WAS THE CHILD MEASURED LYING DOWN OR STANDING UP?	LYING DOWN 1 STANDING UP 2	
110	CHECK 104 AND 109: BASED ON CHILD'S AGE, WAS CORRECT MEASUREMENT PROCEDURE FOLLOWED?	YES 1 NO 2	→ 112
111	IF CHILD IS AGE 0-1 YEARS: WHY WAS (NAME) MEASURED STANDING UP? _____ _____		
112	WAS THE RECORDED MEASUREMENT INTERFERED WITH BY BRAIDED OR ORNAMENTED HAIR?	YES 1 NO 2	
113	ENTER NUMBER OF MEASURER.	 BIOMARKER NUMBER	
114	ENTER [FIELDWORKER] NUMBER OF ASSISTANT MEASURER.	 ASSISTANT NUMBER	
115	TODAY'S DATE:	DAY MONTH YEAR 	

WEIGHT, HEIGHT, AND HEMOGLOBIN MEASUREMENT FOR CHILDREN AGE 0-4 (0-59) month

	CHILD 2	SKIP
116	RECORD HEIGHT/LENGTH AND WEIGHT IN THE [ANTHROPOMETRY AND ANAEMIA PAMPHLET].	
117	CHECK 103: IS THE CHILD AGE 0-5 MONTHS OR IS THE CHILD OLDER?	<div> <div>OLDER <input type="checkbox"/></div> <div>AGE 0-5 MONTHS <input type="checkbox"/></div> </div> <div>→ 125</div>
118	RECORD NAME OF PARENT/RESPONSIBLE ADULT FOR THE CHILD. record 00 if not listed	NAME _____ LINE NUMBER <input type="text"/>
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120	CIRCLE THE CODE.	GRANTED 1 REFUSED 2 NOT PRESENT/OTHER 3
121	SIGN NAME AND ENTER [FIELDWORKER] NUMBER OF HEMOGLOBIN MEASURER.	_____ (SIGN) <div> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> </div> BIOMARKER NUMBER
122	RECORD HEMOGLOBIN LEVEL HERE AND IN THE [ANTHROPOMETRY AND ANAEMIA PAMPHLET].	G/DL <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT 994 REFUSED 995 OTHER 996 <div>→ 125</div>
123	CHECK 122: HEMOGLOBIN RESULT	less than 7.0 G/DL SEVERE ANEMIA 1 7.0 G/DL OR ABOVE 2 <div>→ 125</div>
124	The anaemia test shows that (NAME OF CHILD) has severe anaemia. Your child is very ill and must be taken to a health facility immediately. RECORD THE RESULT OF THE ANAEMIA TEST ON THE SEVERE ANAEMIA REFERRAL FORM.	
125	IF ANOTHER CHILD, GO TO 102 ON THE NEXT PAGE; IF NO MORE CHILDREN, GO TO 201.	

WEIGHT, HEIGHT, AND HEMOGLOBIN MEASUREMENT FOR CHILDREN AGE 0-4 (0-59) month

101	CHECK CAPI OUTPUT FOR "LIST ELIGIBLE INDIVIDUALS/BIOMARKERS" [COLUMN 11 IN HOUSEHOLD QUESTIONNAIRE]. RECORD THE LINE NUMBER AND NAME FOR ALL ELIGIBLE CHILDREN AGE 0-4 YEARS (0-59) MONTH IN QUESTION 102 ON THIS PAGE AND SUBSEQUENT PAGES STARTING WITH THE FIRST ONE LISTED. IF MORE THAN THREE CHILDREN, USE ADDITIONAL QUESTIONNAIRE(S).																	
	CHILD 3	SKIP																
102	CHECK CAPI OUTPUT AND RECORD NAME AND LINE NUMBER OF CHILD. [RECORD NAME FROM COLUMN 2 IN HOUSEHOLD QUESTIONNAIRE; RECORD LINE NUMBER FROM COLUMN 11 IN HOUSEHOLD QUESTIONNAIRE.]	NAME _____ LINE NUMBER <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>																
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107	WAS THE CHILD MINIMALLY DRESSED?	YES 1 NO 2																
108	HEIGHT IN CENTIMETRES. IF CHILD IS AGE 0-1 YEARS, MEASURE LYING DOWN. IF CHILD IS AGE 2, 3, OR 4 YEARS, MEASURE STANDING UP.	CM. <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> . <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td></tr><tr><td></td></tr></table> NOT PRESENT 9994 REFUSED 9995 OTHER 9996 → 113																
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112	WAS THE RECORDED MEASUREMENT INTERFERED WITH BY BRAIDED OR ORNAMENTED HAIR?	YES 1 NO 2																
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114	ENTER [FIELDWORKER] NUMBER OF ASSISTANT MEASURER.	<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> [FIELDWORKER] NUMBER																
115	TODAY'S DATE:	DAY <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> MONTH <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><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>																

WEIGHT, HEIGHT, AND HEMOGLOBIN MEASUREMENT FOR CHILDREN AGE 0-4 (0-59) month

	CHILD 3	SKIP
116	RECORD HEIGHT/LENGTH AND WEIGHT IN THE [ANTHROPOMETRY AND ANAEMIA PAMPHLET].	
117	CHECK 103: IS THE CHILD AGE 0-5 MONTHS OR IS THE CHILD OLDER?	<div> <div>OLDER <input type="checkbox"/></div> <div>AGE 0-5 MONTHS <input type="checkbox"/></div> </div> <div>→ 125</div>
118	RECORD NAME OF PARENT/RESPONSIBLE ADULT FOR THE CHILD. record 00 if not listed	NAME _____ LINE NUMBER <input type="text"/>
119	ASK CONSENT FOR ANAEMIA TEST FROM PARENT/RESPONSIBLE ADULT: <p>As part of this survey, we are asking people all over the country to take an anaemia test. Anaemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat anaemia. We ask that all children under age 5 take part in anaemia testing. The anaemia test requires a few drops of blood from a finger or heel. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test.</p> <p>The blood will be tested for anaemia immediately, and the result will be told to you right away. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team.</p> <p>Do you have any questions? You can say yes or no. It is up to you to decide. Will you allow (NAME OF CHILD) to participate in the anaemia test?</p>	
120	CIRCLE THE CODE.	GRANTED 1 REFUSED 2 NOT PRESENT/OTHER 3
121	SIGN NAME AND ENTER [FIELDWORKER] NUMBER OF HEMOGLOBIN MEASURER.	_____ (SIGN) <div><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></div> [FIELDWORKER] NUMBER
122	RECORD HEMOGLOBIN LEVEL HERE AND IN THE [ANTHROPOMETRY AND ANAEMIA PAMPHLET].	G/DL <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT 994 REFUSED 995 OTHER 996 <div>→ 125</div>
123	CHECK 122: HEMOGLOBIN RESULT	less than 7.0 G/DL SEVERE ANEMIA 1 7.0 G/DL OR ABOVE 2 <div>→ 125</div>
124	The anaemia test shows that (NAME OF CHILD) has severe anaemia. Your child is very ill and must be taken to a health facility immediately. RECORD THE RESULT OF THE ANAEMIA TEST ON THE SEVERE ANAEMIA REFERRAL FORM.	
125	IF ANOTHER CHILD, GO TO 102 IN ADDITIONAL QUESTIONNAIRE; IF NO MORE CHILDREN, GO TO 201.	

WEIGHT, HEIGHT, AND HEMOGLOBIN MEASUREMENT FOR WOMEN AGE 15-49

201	CHECK CAPI OUTPUT FOR "LIST ELIGIBLE INDIVIDUALS/BIOMARKERS" [COLUMN 9 IN HOUSEHOLD QUESTIONNAIRE]. RECORD THE LINE NUMBER, NAME, AGE, AND MARITAL STATUS FOR ALL ELIGIBLE WOMEN IN 202, 203, AND 204 ON THIS PAGE AND SUBSEQUENT PAGES STARTING WITH THE FIRST ONE LISTED. IF MORE THAN TWO WOMEN, USE ADDITIONAL QUESTIONNAIRE(S).		
	WOMAN 1		SKIP
202	CHECK CAPI OUTPUT AND RECORD NAME AND LINE NUMBER OF WOMAN. [RECORD NAME FROM COLUMN 2 IN HOUSEHOLD QUESTIONNAIRE; RECORD LINE NUMBER FROM COLUMN 9 IN HOUSEHOLD QUESTIONNAIRE.]	NAME _____ LINE NUMBER 	
203	CHECK CAPI OUTPUT FOR AGE: [CHECK COLUMN 7 IN HOUSEHOLD QUESTIONNAIRE (AGE).]	15-17 YEARS 1 18-49 YEARS 2	
204	CHECK CAPI OUTPUT FOR MARITAL STATUS: [CHECK COLUMN 8 IN HOUSEHOLD QUESTIONNAIRE (MARITAL STATUS).]	CODE1 (NEVER MARRIED) 1 OTHER 2	
205	WEIGHT IN KILOGRAMS.	KG. NOT PRESENT 99994 REFUSED 99995 OTHER 99996	→ 207
206	WAS THE WOMAN WEARING ONLY LIGHTWEIGHT CLOTHING?	YES 1 NO 2	
207	HEIGHT IN CENTIMETRES.	CM. NOT PRESENT 9994 REFUSED 9995 OTHER 9996	→ 209
208	WAS THE RECORDED MEASUREMENT INTERFERED WITH BY BRAIDED OR ORNAMENTED HAIR?	YES 1 NO 2	
209	ENTER [FIELDWORKER] NUMBER OF MEASURER.	 BIOMARKER NUMBER	
210	ENTER [FIELDWORKER] NUMBER OF ASSISTANT MEASURER. IF NO ASSISTANT MEASURER, ENTER 9999.	 ASSISTANT NUMBER	
211	TODAY'S DATE:	DAY MONTH YEAR 	
212	CHECK 203:	AGE 15-17 YEARS <input type="checkbox"/> AGE 18-49 YEARS <input type="checkbox"/>	→ 214
213	CHECK 204:	OTHER <input type="checkbox"/> CODE 1 (NEVER MARRIED) <input type="checkbox"/>	→ 217

		WOMAN 1		SKIP
ADULT RESPONDENT CONSENT FOR ANEMIA TEST				
A D U L T R E S P O N D E N T C O N S E N T	214	<p>ASK CONSENT FOR ANAEMIA TEST:</p> <p>As part of this survey, we are asking people all over the country to take an anaemia test. Anaemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat anaemia.</p> <p>For the anaemia testing, we will need a few drops of blood from a finger. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after we take your blood. The blood will be tested for anaemia immediately, and the result will be told to you right away. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team.</p> <p>Do you have any questions? You can say yes or no. It is up to you to decide. Will you take the anaemia test?</p>		
	215	CIRCLE THE CODE.	GRANTED 1 REFUSED 2 NOT PRESENT/OTHER 3	
	216	SIGN NAME AND ENTER [FIELDWORKER] NUMBER OF HEMOGLOBIN MEASURER.	_____ (SIGN) <div style="border: 1px solid black; width: 100px; height: 30px; margin: 5px auto;"></div> BIOMARKER NUMBER	→ 225

WEIGHT, HEIGHT AND HEMOGLOBIN MEASUREMENT FOR WOMEN AGE 15-49

	WOMAN 1		SKIP				
217	RECORD NAME OF PARENT/RESPONSIBLE ADULT FOR MINOR. record 00 if not listed	NAME _____ LINE NUMBER OF PARENT/RESPONSIBLE ADULT <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>					
PARENT/RESPONSIBLE ADULT CONSENT FOR ANEMIA TEST							
PARENT / RESPONSIBLE ADULT CONSENT	218	ASK CONSENT FOR ANAEMIA TEST FROM PARENT/RESPONSIBLE ADULT: As part of this survey, we are asking people all over the country to take an anaemia test. Anaemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat anaemia. For the anaemia testing, we will need a few drops of blood from a finger. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test. The blood will be tested for anaemia immediately, and the result will be told to you and (NAME OF MINOR) right away. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team. Do you have any questions? You can say yes or no. It is up to you to decide. Will you allow (NAME OF MINOR) to take the anaemia test?					
	# 219	CIRCLE THE CODE.	GRANTED 1 PARENT/RESPONSIBLE ADULT REFUSED 2 NOT PRESENT/OTHER 3				
	220	SIGN NAME AND ENTER [FIELDWORKER] NUMBER OF HEMOGLOBIN MEASURER.	_____ (SIGN) <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> BIOMARKER NUMBER				
221	CHECK 219:	CONSENT GRANTED <input type="checkbox"/> CONSENT REFUSED <input type="checkbox"/>	225				

MINOR RESPONDENT ASSENT FOR ANEMIA TEST						
MINOR RESPONDENT ASSENT	222	ASK ASSENT FOR ANAEMIA TEST FROM MINOR RESPONDENT: As part of this survey, we are asking people all over the country to take an anaemia test. Anaemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat anaemia. For the anaemia testing, we will need a few drops of blood from a finger. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after we take your blood. The blood will be tested for anaemia immediately, and the result will be told to you and (NAME OF PARENT/RESPONSIBLE ADULT) right away. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team. Do you have any questions? You can say yes or no. It is up to you to decide. Will you take the anaemia test?				
	# 223	CIRCLE THE CODE.	GRANTED 1 MINOR RESPONDENT REFUSED 2 NOT PRESENT/OTHER 3			
	224	SIGN NAME AND ENTER [FIELDWORKER] NUMBER OF HEMOGLOBIN MEASURER.	_____ (SIGN) <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> BIOMARKER NUMBER			

WEIGHT, HEIGHT AND HEMOGLOBIN MEASUREMENT FOR WOMEN AGE 15-49

		WOMAN 1		SKIP
# 225	RECORD HEMOGLOBIN LEVEL HERE AND IN THE [ANTHROPOMETRY AND ANAEMIA PAMPHLET].	G/DL <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT 994 REFUSED 995 OTHER 996	<input type="checkbox"/> → 228 <input type="checkbox"/> → 228	
226	CHECK 225: HEMOGLOBIN RESULT	less than 7.0 G/DL SEVERE ANAEMIA 1 7.0 G/DL OR ABOVE 2	<input type="checkbox"/> → 228 <input type="checkbox"/> → 228	
227	The anaemia test shows that you have severe anaemia. You are very ill and must go to a health facility immediately. RECORD THE RESULT OF THE ANAEMIA TEST ON THE SEVERE ANAEMIA REFERRAL FORM.			
228	IF ANOTHER WOMAN, GO TO 202 ON THE NEXT PAGE; IF NO MORE WOMEN, GO TO 301.			

WEIGHT, HEIGHT, AND HEMOGLOBIN MEASUREMENT FOR WOMEN AGE 15-49

201	CHECK CAPI OUTPUT FOR "LIST ELIGIBLE INDIVIDUALS/BIOMARKERS" [COLUMN 9 IN HOUSEHOLD QUESTIONNAIRE]. RECORD THE LINE NUMBER, NAME, AGE, AND MARITAL STATUS FOR ALL ELIGIBLE WOMEN IN 202, 203, AND 204 ON THIS PAGE AND SUBSEQUENT PAGES STARTING WITH THE FIRST ONE LISTED. IF MORE THAN TWO WOMEN, USE ADDITIONAL QUESTIONNAIRE(S).		
	WOMAN 2		SKIP
202	CHECK CAPI OUTPUT AND RECORD NAME AND LINE NUMBER OF WOMAN. [RECORD NAME FROM COLUMN 2 IN HOUSEHOLD QUESTIONNAIRE; RECORD LINE NUMBER FROM COLUMN 9 IN HOUSEHOLD QUESTIONNAIRE.]	NAME _____ LINE NUMBER <input type="text"/> <input type="text"/>	
203	CHECK CAPI OUTPUT FOR AGE: [CHECK COLUMN 7 IN HOUSEHOLD QUESTIONNAIRE (AGE).]	15-17 YEARS 1 18-49 YEARS 2	
204	CHECK CAPI OUTPUT FOR MARITAL STATUS: [CHECK COLUMN 8 IN HOUSEHOLD QUESTIONNAIRE (MARITAL STATUS).]	CODE1 (NEVER MARRIED) ... 1 OTHER 2	
205	WEIGHT IN KILOGRAMS.	KG. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT 99994 REFUSED 99995 OTHER 99996	→ 207
206	WAS THE WOMAN WEARING ONLY LIGHTWEIGHT CLOTHING?	YES 1 NO 2	
207	HEIGHT IN CENTIMETRES.	CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996	→ 209
208	WAS THE RECORDED MEASUREMENT INTERFERED WITH BY BRAIDED OR ORNAMENTED HAIR?	YES 1 NO 2	
209	ENTER [FIELDWORKER] NUMBER OF MEASURER.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> BIOMARKER NUMBER	
210	ENTER [FIELDWORKER] NUMBER OF ASSISTANT MEASURER. IF NO ASSISTANT MEASURER, ENTER 9999.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> ASSISTANT NUMBER	
211	TODAY'S DATE:	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
212	CHECK 203:	AGE 15-17 YEARS <input type="checkbox"/> AGE 18-49 YEARS <input type="checkbox"/>	→ 214
213	CHECK 204:	OTHER <input type="checkbox"/> CODE 1 (NEVER MARRIED) <input type="checkbox"/>	→ 217

		WOMAN 2		SKIP
ADULT RESPONDENT CONSENT FOR ANEMIA TEST				
A D U L T R E S P O N D E N T C O N S E N T	214	<p>ASK CONSENT FOR ANAEMIA TEST:</p> <p>As part of this survey, we are asking people all over the country to take an anaemia test. Anaemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat anaemia.</p> <p>For the anaemia testing, we will need a few drops of blood from a finger. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after we take your blood. The blood will be tested for anaemia immediately, and the result will be told to you right away. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team.</p> <p>Do you have any questions? You can say yes or no. It is up to you to decide. Will you take the anaemia test?</p>		
	215	CIRCLE THE CODE.	GRANTED 1 REFUSED 2 NOT PRESENT/OTHER 3	
	216	SIGN NAME AND ENTER [FIELDWORKER] NUMBER OF HEMOGLOBIN MEASURER.	_____ (SIGN) <div style="border: 1px solid black; width: 100px; height: 30px; margin: 5px auto;"></div> BIOMARKER NUMBER	→ 225

WEIGHT, HEIGHT AND HEMOGLOBIN MEASUREMENT FOR WOMEN AGE 15-49

	WOMAN 2		SKIP
217	RECORD NAME OF PARENT/RESPONSIBLE ADULT FOR MINOR. record 00 if not listed	NAME _____ LINE NUMBER OF PARENT/RESPONSIBLE ADULT 	
PARENT/RESPONSIBLE ADULT CONSENT FOR ANEMIA TEST			
PARENT / RESPONSIBLE ADULT CONSENT	218	ASK CONSENT FOR ANAEMIA TEST FROM PARENT/RESPONSIBLE ADULT: As part of this survey, we are asking people all over the country to take an anaemia test. Anaemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat anaemia. For the anaemia testing, we will need a few drops of blood from a finger. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test. The blood will be tested for anaemia immediately, and the result will be told to you and (NAME OF MINOR) right away. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team. Do you have any questions? You can say yes or no. It is up to you to decide. Will you allow (NAME OF MINOR) to take the anaemia test?	
	219	CIRCLE THE CODE.	GRANTED 1 PARENT/RESPONSIBLE ADULT REFUSED 2 NOT PRESENT/OTHER 3
	220	SIGN NAME AND ENTER [FIELDWORKER] NUMBER OF HEMOGLOBIN MEASURER.	_____ (SIGN) <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> BIOMARKER NUMBER
	221	CHECK 219:	CONSENT GRANTED <input type="checkbox"/> CONSENT REFUSED <input type="checkbox"/>

MINOR RESPONDENT ASSENT FOR ANEMIA TEST			
MINOR RESPONDENT ASSENT	222	ASK ASSENT FOR ANAEMIA TEST FROM MINOR RESPONDENT: As part of this survey, we are asking people all over the country to take an anaemia test. Anaemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat anaemia. For the anaemia testing, we will need a few drops of blood from a finger. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after we take your blood. The blood will be tested for anaemia immediately, and the result will be told to you and (NAME OF PARENT/RESPONSIBLE ADULT) right away. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team. Do you have any questions? You can say yes or no. It is up to you to decide. Will you take the anaemia test?	
	223	CIRCLE THE CODE.	GRANTED 1 MINOR RESPONDENT REFUSED 2 NOT PRESENT/OTHER 3
	224	SIGN NAME AND ENTER [FIELDWORKER] NUMBER OF HEMOGLOBIN MEASURER.	_____ (SIGN) <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> BIOMARKER NUMBER

WEIGHT, HEIGHT AND HEMOGLOBIN MEASUREMENT FOR WOMEN AGE 15-49

	WOMAN 2		SKIP
# 225	ENTER NUMBER OF MEASURER.	<div style="display: flex; align-items: center;"> <div style="flex: 1;"> G/DL </div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 5px;"></div> </div> NOT PRESENT 994 REFUSED 995 OTHER 996	<div style="border-left: 1px solid black; padding-left: 5px;"> → 228 </div>
226	CHECK 225: HEMOGLOBIN RESULT	less than 7.0 G/DL SEVERE ANAEMIA 1 7.0 G/DL OR ABOVE 2	<div style="border-left: 1px solid black; padding-left: 5px;"> → 228 </div>
227	The anaemia test shows that you have severe anaemia. You are very ill and must go to a health facility immediately. RECORD THE RESULT OF THE ANAEMIA TEST ON THE SEVERE ANAEMIA REFERRAL FORM.		
228	IF ANOTHER WOMAN, GO TO 202 ON THE NEXT PAGE; IF NO MORE WOMEN, END INTERVIEW.		

[FIELDWORKER'S] OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING BIOMARKERS

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

SUPERVISOR'S OBSERVATIONS

This image shows a blank sheet of white paper with ten horizontal black lines, resembling notebook paper. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.