

HOUSEHOLD QUESTIONNAIRE

State of Palestine PFS 2010



Palestinian Authority
Palestinian Central Bureau of Statistics
Palestinian Family Survey, 2010
Household questionnaire

- All information in this questionnaire is for purely statistical purposes only.
- It is considered confidential in accordance with the Public Statistics Law of 2000.

HH1	Cluster number: <input type="text"/> <input type="text"/> <input type="text"/>	HH2	Household number: <input type="text"/> <input type="text"/>
PHH1	Questionnaire's serial number in sample <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	HH7	Governorate: <input type="text"/> <input type="text"/>
PHH3	Building's address: <input type="text"/> <input type="text"/>	HH8	Name of head of household: _____
PHH4	Locality: _____ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	PHH13	Building No. <input type="text"/> <input type="text"/> <input type="text"/>
Interviewer: ask the member who will answer the questions : May I start now? 1. yes 2. no <input type="checkbox"/>			
After all questionnaires for the household have been completed, fill in the following information:			
HH9: Result of household interview: <input type="checkbox"/>		01	Completed
		02	Not at home
		03	Refused
		04	Household not found
		05	Partially completed
		07	Household travelled
		08	Household destroyed
		09	Information not available
		96	Other / specify
HH10. Respondent to household questionnaire: Name: _____ Line Number: <input type="text"/> <input type="text"/>		HH11. Total number of household members: <input type="text"/> <input type="text"/>	
HH12. Number of eligible women: <input type="text"/> <input type="text"/>		HH13. Number of women's questionnaires completed: <input type="text"/> <input type="text"/>	
HH14. Number of children under age 5: <input type="text"/> <input type="text"/>		HH15. Number of under-5 questionnaires completed: <input type="text"/> <input type="text"/>	

PHH6. Number of persons 5-24 years: <input type="text"/> <input type="text"/>		PHH7. Number of children 5-14 years : <input type="text"/> <input type="text"/>			
PHH8. Number of persons 60 years and older interviewed <input type="text"/> <input type="text"/>		PHH9. Number of youth 15-29 years: <input type="text"/> <input type="text"/>			
HH5	Visits' schedule 1 st visit 2 nd visit 3 rd visit	Day	Month	Start hour	End hour
		<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	:	:
		<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	:	:
		<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	:	:
PHH5	Total number of visits	<input type="text"/>			
HH3 - Interviewer's No: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Interviewer's name:		HH4 - Supervisor's No: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Supervisor's name:			
HH16- Editor's No: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Editor's name:		HH17 - Data entry clerk's No: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Data entry clerk's name:			
PHH11- Encoder's No: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Encoder's name:		PHH12 - Date of data entry			

Interviewer: Please check the box with X if an additional questionnaire has been used.

Section 1: Household Members Data

HL1	HL2	HL3	HL4	HL5	HL6	HL7	HL8	HL9
Member's serial number	Names of usual household members (three names) Please, tell me the names of all persons who usually live in your household, including small children and infants, and starting with the household head	What is the relation of (name) to the household head? 01. Household head 02. Spouse 03. Son/daughter 04. Father/mother 05. Brother/sister 06. Grandparent 07. Grandson/granddaughter 08. Son-in-law/daughter-in-law 09. Other relative 96. Other	Is (name) male or female? 1. Male 2. Female	What is (name)'s date of birth in day, month and year? Interviewer: record this information from official documents whenever possible Don't know: Record 98 in days digit Record 98 in months digit Record 9998 in years digit Day Month Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Interviewer: How old is the (name)? Calculate age from the date of birth in HL5 and record the result in complete years If date of birth is unknown, ask for age and record it Record (00) if age less than 1 year 95 and more record 95 98 – not applicable <input type="text"/> <input type="text"/>	Interviewer: Circle the line No of the current or ever-married women aged 54-15 years (i.e. eligible women for interview)	Interviewer: RECORD LINE NUMBER OF MOTHER/ carer of child aged 5-14 years eligible for interview for this age group <input type="text"/> <input type="text"/>	Interviewer: RECORD LINE NUMBER OF MOTHER/ carer of child under 5 years eligible for interview for this age group <input type="text"/> <input type="text"/>
01	<input type="text"/> <input type="text"/>	<input type="text"/>				01	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
02						02		
03						03		
04						04		
05						05		
06						06		
07						07		
08						08		
09						09		
10						10		
11						11		
12						12		
13						13		
14						14		
15						15		
16						16		
17						17		

HL1	HL2	HL10	HL11	HL12	HL13	HL14	PHL15
Member's serial number	Names of usual household members (three names)	Did (<i>name</i>) stay here last night? 1 Yes 2 No	Is (<i>name</i>)'s natural mother alive? 1. Yes 2. No à HL13 8. Don't know à HL13	Interviewer: Does (<i>name</i>)'s natural mother live in this household? Record her line No from HL1 Record (00) if the mother does not live in the household	Is (<i>name</i>)'s natural father alive? 1. Yes 2. No à PHL15 8. Don't know à PHL15	Interviewer: Does (<i>name</i>)'s natural father live in this household? Record his line No from HL1 Record (00) if the father does not live in the household	Is (<i>name</i>) a registered refugee, non-registered refugee or non-refugee? 1. Registered refugee 2. Non-registered refugee 3. Non-refugee
01		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
02							
03							
04							
05							
06							
07							
08							
09							
10							
11							
12							
13							
14							
15							
16							
17							

For persons aged 10 years or over PHL20					
HL1	HL2	PHL19	PHL21	PHL22	PHL23
Member's serial number	Names of usual household members (three names) Please, tell me the names of all persons who usually live in your household, including small children and infants, and starting with the household head	Relation to labor force during the past week: 1. Worked 1-14 hrs. 2. Worked 15 – 34 hrs 3. Worked 35 hrs and more (does not work but wants to work / worked before) 4. Looked for work last week 5. Did not seek work because given up hope (does not work but wants to work/ never worked before) 6. Looked for work last week 7. Did not seek work because given up hope (does not work and does not want to work because...) 8. Studying/ training 9. Housekeeping 10. Disability/ aging/ illness 11. Has another source of income/ pension 12. Other	Does (name) smoke? 1. Yes, mostly cigarettes PHL23 2. Yes, mostly pipe PHL24 3. Yes, mostly narghile PHL24 4. Yes, cigarettes and narghile PHL23 5. Smoked in the past and quit smoking PHL22 6. Does not smoke and never smoked PHL26	When did you quit smoking? Record the period in complete years then PHL25 Less than 1 year record 00 Don't know record 98	For members who smoke cigarettes: How many cigarettes do you smoke daily? 1. 10 and less 2. 11-20 3. 21-40 4. more than 40 8. don't know
01		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
02					
03					
04					
05					
06					
07					
08					
09					
10					
11					
12					
13					
14					
15					
16					
17					

		For persons aged 10 years or over		For persons aged 12 years or over					
HL1	HL2	PHL24	PHL25	PHL26	PHL27	PHL28	PHL29	PHL30	
Member's serial number	Names of usual household members (three names)	For members who smoke : for how long has (name) been smoking? Record in complete years Less than 1 year record 00 Don't know record 98	For members who are smoking and who smoked in the past: How old was (name) when he/she started smoking? Record the age in completed years Don't know record 98	What is (name)'s current marital status? Is he/she ... 1. Single 2. Engaged for the first time and not married yet 3. Married 4. Divorced 5. Widow/widower 6. Separated	Interviewer: Insert the line No of the eligible woman's husband from HL1 In case husband does not live in the household, record (00)	Interviewer: Circle the line No of children 2-14 years eligible for interview for this age group	Interviewer: Circle the line No of youth 15-29 years eligible for interview for this age group	Interviewer: Circle the line No of elderly members 60 years and over eligible for interview for this age group	
01	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	01	01	01	
02						02	02	02	
03						03	03	03	
04						04	04	04	
05						05	05	05	
06						06	06	06	
07						07	07	07	
08						08	08	08	
09						09	09	09	
10						10	10	10	
11						11	11	11	
12						12	12	12	
13						13	13	13	
14						14	14	14	
15						15	15	15	
16						16	16	16	
17						17	17	17	

Section 2: Chronic diseases

HL1 Member's serial number	HL2 Names of usual household members (three names) Please, tell me the names of all persons who usually live in your household, including small children and infants, and starting with the household head	PHL31 Does (name) have any disease according to a medical diagnosis and receives regular treatment? 01. Hypertension 02. Diabetes 03. Peptic ulcer 05. Cardiac disease 06. Cancer 07. Renal disease 08. Hepatic disease 09. Arthritis (rheumatism) 10. Osteoporosis 11. Thalassemia 13. Epilepsy 14. Asthma 15. Back pain 16. Gland diseases 98. Don't know 99. Healthy															
		01	02	03	05	06	07	08	09	10	11	13	14	15	16	98	99
01		01	02	03	05	06	07	08	09	10	11	13	14	15	16	98	99
02		01	02	03	05	06	07	08	09	10	11	13	14	15	16	98	99
03		01	02	03	05	06	07	08	09	10	11	13	14	15	16	98	99
04		01	02	03	05	06	07	08	09	10	11	13	14	15	16	98	99
05		01	02	03	05	06	07	08	09	10	11	13	14	15	16	98	99
06		01	02	03	05	06	07	08	09	10	11	13	14	15	16	98	99
07		01	02	03	05	06	07	08	09	10	11	13	14	15	16	98	99
08		01	02	03	05	06	07	08	09	10	11	13	14	15	16	98	99
09		01	02	03	05	06	07	08	09	10	11	13	14	15	16	98	99
10		01	02	03	05	06	07	08	09	10	11	13	14	15	16	98	99
11		01	02	03	05	06	07	08	09	10	11	13	14	15	16	98	99
12		01	02	03	05	06	07	08	09	10	11	13	14	15	16	98	99
13		01	02	03	05	06	07	08	09	10	11	13	14	15	16	98	99
14		01	02	03	05	06	07	08	09	10	11	13	14	15	16	98	99
15		01	02	03	05	06	07	08	09	10	11	13	14	15	16	98	99
16		01	02	03	05	06	07	08	09	10	11	13	14	15	16	98	99
17		01	02	03	05	06	07	08	09	10	11	13	14	15	16	98	99

Section 3: Education of household members

Member's serial number	H12 Names of usual household members (three names)	For persons aged 5 years or over				For persons aged 5-24 years				
		ED3 Is (name): 0. Currently attending kindergarten 1. Currently attending school 2. Attended school and dropped out 3. Attended school and graduated 4. Never attended school à ED4 8. Don't know	ED4A How many years of schooling did (name) successfully complete?	ED4 What is (name)'s educational status? 01. Illiterate 02. Semi-literate 03. Elementary 04. Preparatory 05. Secondary 06. Associated diploma 07. Bachelors degree 08. Higher diploma 09. Masters degree 10. Ph. D. 98. Don't know	ED5 During the current school year is (name) currently enrolled in school or kindergarten or university?	ED6 During the current school year at which educational level and which grade is (name) enrolled?		ED7 During the past school year 2008-2009 was (name) enrolled in school or kindergarten or university in any time?	ED8 At which educational level and which grade was (name) enrolled in the past year?	
01		<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
02										
03										
04										
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16										
17										

Section 5: Child Discipline

PCD1	Interviewer: Fill this section for one child aged between 2-14 years. Refer to PHL28: 1. If there is at least one child aged 2-14 years, continue with this section. __ 2. If there are no children, go to section 6 - Housing Characteristics. List all children aged 2-14 years and use the attached table to select one child for the purpose of filling in this section.		
CD9	Child's line No from HL1	__ __	Child's name _____
PCD2	Child's age in full years from HL6	__ __	
PCD3	Line No of child's mother or carer from HL1	__ __	
CD10	Parents use certain methods to teach their children proper behaviour in their daily lives. I will read for you some of the methods used and would like to ask you to specify whether you or a member of your household have used these methods with (child's name) during the past month. 1. Yes 2. No		
CD11	Withholding privileges, forbid something (<i>NAME</i>) liked or did not allow him/her to leave house.		1 2
CD12	Explained why (<i>NAME</i>)'s behavior was wrong.		1 2
CD13	Shook him/her.		1 2
CD14	Shouted, yelled at or screamed at him/her.		1 2
CD15	Gave him/her something else to do.		1 2
CD16	Spanked, hit or slapped him/her on the bottom with bare hand.		1 2
CD17	Hit him/her on the bottom or elsewhere on the body with something like a belt, hairbrush, stick or other hard object.		1 2
CD18	Called him/her dumb, lazy, or another name like that.		1 2
CD19	Hit or slapped him/her on the face, head or ears.		1 2
CD20	Hit or slapped him/her on the hand, arm, or leg.		1 2
CD21	Hit him/her over and over as hard as possible.		1 2
CD22	Do you believe that in order to bring up, raise, or educate a child properly, the child needs to be physically punished?	Yes 1 No 2 Don't know/ No opinion 8	__

Section 6: Housing conditions

No	Questions	Coding categories				Go to			
PHC1	What kind of dwelling unit does the family live in?	01. Villa 02. House 03. Apartment 04. Separate Room 05. Tent 06. Marginal 96. Other / specify _____				<input type="text"/> <input type="text"/>			
HC2	How many rooms are there in the dwelling unit for the household use?	Number of rooms				<input type="text"/> <input type="text"/>			
HC3	What kind of material is the floor made from? Record main material from observation	Earth floor				11			
		Wood				21			
		Ceramic tiles / marble				33			
		Cement				34			
		Bricks / stone				36			
		Other / specify _____				96			
HC6	What type of fuel does your household mainly use for cooking?	Electricity				01			
		Gas				02			
		Kerosene				05			
		Firewood				08			
		Other / specify _____				96			
HC8	Does your household have? 1. Yes 2. No	A. Electricity	<input type="checkbox"/>	F. Dishwasher	<input type="checkbox"/>	K. VCR/DVD	<input type="checkbox"/>	P. Satellite dish	<input type="checkbox"/>
		B. Radio/recorder	<input type="checkbox"/>	G. Central heating	<input type="checkbox"/>	L. Palestinian mobile	<input type="checkbox"/>	Q. Internet services	<input type="checkbox"/>
		C. Television	<input type="checkbox"/>	H. Vacuum cleaner	<input type="checkbox"/>	M. Washing machine	<input type="checkbox"/>	R. Solar heater	<input type="checkbox"/>
		D. Telephone line	<input type="checkbox"/>	I. Home library	<input type="checkbox"/>	N. Cellular (Israeli)	<input type="checkbox"/>	S. Private car	<input type="checkbox"/>
		E. Refrigerator	<input type="checkbox"/>	J. Gas stove	<input type="checkbox"/>	O. Computer	<input type="checkbox"/>		<input type="checkbox"/>
HC10	Is your dwelling?	Owned				01			
		Rented				02			
		Not owned and not rented owned.....				06			
		Other / specify:				96			

Water and Sanitation

WS1	What is the main source of drinking water for this household?	Public water network connected to the house				11	
		Tube Well				21	
		Protected spring				41	
		Rain-fed cistern with internal pipes				51	
		Tankers				61	
		Bottled mineral water				91	
		Purchased gallons				98	
		Other / specify _____				96	

WS2	What is the main source of water that you use for cooking and hand washing?	Public water network connected to the house	11	
		Tube Well	21	
		Protected spring	41	
		Rain-fed cistern with internal pipes	51	
		Tankers	61	
		Bottled mineral water	91	
		Purchased gallons	98	
		Other / specify _____	96	
WS6	Do you do anything to the water to make it safer to drink?	Yes	1	
		No	2	WS8
		Don't know	8	WS8
WS7	How do you treat drinking water?	A. Boiling	A	
		B. Chlorination	B	
		C. Strain it through a cloth	C	
		D. Filtering	D	
		F. Let it stand and settle	F	
		X. Other / specify: _____	X	
WS8	What kind of toilet is used in this latrine? One response only	Flush toilet connected to a sewage network	11	
		Flush toilet connected to a septic tank	12	
		Flush to pit	13	
		Flush to unknown place	14	
		No facility	95	SI1
		Other / specify _____	96	
WS9	Does any other household share the use of this latrine with you?	Yes, the latrine is shared	1	
		No, the latrine is not shared	2	
SI1	We want to test if there is iodine in the salt you use in your house. Interviewer: Take a sample of the salt and test it according to the training manual. What is the test result?	Not ionized (no color change) 0 PPM	1	
		More than 0 PPM & less than 15 PPM (light color)	2	
		15 PPM or more (dark color)	3	
		No salt in the house	6	
		Salt not tested	7	
PSI1	How do you save and store the salt in the house?	Inside closed glass can	1	
		Inside open glass can	2	
		Inside plastic can	3	
		In the same pocket	4	
		Other/ determine	6	



Palestinian Authority

Palestinian Central Bureau of Statistics
Palestinian Family Health Survey, 2010
Women (15- 54) Years Questionnaire

All information in this questionnaire is for pure statistical purposes only. It is considered confidential in accordance with the Public Statistics Law of 2000.

- This questionnaire is to be administered to all women age 15 - 54 regard less their marital status.
- Interviewer :Now I will talk to you about your health and all women in the age (15-54) years health regard less their marital status, I will like to meet every one of them , who live in the same household .

WM1	Cluster number:	<input type="text"/> <input type="text"/> <input type="text"/>	WM2	Questionnaire's serial Num. in sample	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
PWM1	Governorate:	<input type="text"/> <input type="text"/>	PWM2	Locality:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
PWM3	Household number:	<input type="text"/> <input type="text"/>	PWM4	Building's address:	<input type="text"/>	
PWM5	Name of head of household:	<input type="text"/>				
Interview record:						
WM6	Visits' schedule		Day	Month	Starting time	End time
		1 st visit	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>		
		2 nd visit	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>		
		3 rd visit	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>		
PWM6	Total No of visits	<input type="text"/>				
WM7	Result of woman's interview	01	Completed			
		02	Not at home/ Unable to interview the woman			
		03	Refused			
		04	Partially completed			
		05	No eligible woman			
		07	Information Not available			
		96	Other / specify			
PWM7	Total No of eligible women:	<input type="text"/> <input type="text"/>	PWM8	Total No of eligible women interviewed	<input type="text"/> <input type="text"/>	
WM8	Interviewer name and number: ----- <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	WM9	Supervisor name and number: ----- <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
WM10	Field edited by name and number: ----- <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	WM11	Data entry clerk name and number: ----- <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
PHH12	Date of entering / /2010					

Section 7: Women's Health

Interviewer: Ask the following questions to all women aged 15-54 years regardless of their marital status.								
No	Questions	Coding categories	A. First Woman	B. Second Woman	C. Third Woman			
PWH1	Name of eligible woman (15-54 years) from HL2		-----	-----	-----			
PWH2	Woman's line No. from HL1		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>			
PWH3	How do you evaluate your health?	1. Excellent 2. Good 3. Moderate 4. Acceptable 5. Bad 6. Very bad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
PWH4	Compared to the past year, do you consider that your health has improved, stayed the same or worsened?	Improved	1	1	1			
		The same	2	2	2			
		Worsened	3	3	3			
		Other (specify): _____	96	96	96			
PWH5	Do you think that your weight:	1. Matches with your height 2. Less than it should be compared to your height 3. Much less than it should be, compared to your height 4. More than it should be compared to your height 5. Much more than it should be	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
PWH6	Do you practice physical exercises:	1. More than 3 times a week 2. 3 times a week or less 3. Sometimes 4. Do not practice at all	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
PWH7	Did you have a health problem during the past two weeks?	1. Yes 2. No (skip to PWH11)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
PWH7A	Did you see anyone about this health problem?	1. Yes 2. No (skip to PWH10)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
PWH9	When you had this problem, did you seek consultation at the following? Interviewer : after answer the question, skip to PWH11		Yes	No	Yes	No	Yes	No
		A. Doctor's clinic	1	2	1	2	1	2
		B. Hospital	1	2	1	2	1	2
		C. Health Centre	1	2	1	2	1	2
		D. Pharmacy	1	2	1	2	1	2
		E. Traditional healer	1	2	1	2	1	2
		F. Self treatment	1	2	1	2	1	2

No	Questions	Coding categories	A. First Woman		B. Second Woman		C. Third Woman		
			Yes	No	Yes	No	Yes	No	
PWH10	For women who did not see anybody for their illness, why did not you see anybody?	A. Condition did not require	1	2	1	2	1	2	
		B. Financial reasons	1	2	1	2	1	2	
		C. Difficult to access the provided services	1	2	1	2	1	2	
		D. Social reasons hindering access	1	2	1	2	1	2	
		E. Busy/No time	1	2	1	2	1	2	
PWH11	Do you suffer from anemia?	1. Yes 2. No (skip to PWH14) 3. Don't know (skip to PWH14)	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		
PWH12	For women suffering from anemia, how did you know that you suffer from anemia?	1. Diagnosed by a doctor / clinic / hospital 2. Through symptoms 3. Other / specify _____	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		
PWH13	What did you do when you knew that you have anemia?	1. Saw a doctor who prescribed treatment for me 2. Bought medicine from the pharmacy 3. Improved nutrition 4. Nothing 5. Other / specify _____	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		
PWH14	In general where do you go when you feel ill?	1. Governmental clinic/center 2. UNRWA clinic/center 3. NGO clinic/center 4. Private clinic 5. Hospital 6. Seek care from traditional healers 7. Other / specify _____ 8. Nowhere	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		
PWH15	Interviewer: Refer to HL6: 1. the interviewee's age is 30-54 years, proceed with the questions 2. No (skip to section eight on Aids)								
PWH16	Have you carried out a pap smear test at least once every 3 years?	1. Yes 2. No	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		
PWH17	Do you perform manual breast self-examination?	1. Once per month 2. Once every few months 3. Other 3. No (skip to PWH20)	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		
PWH18	Did you receive any instructions from anyone about manual breast self-examination?	1. Yes 2. No (skip to PWH20)	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		
PWH19	From where did you receive the instructions about manual breast self-examination?	1. Private doctor 2. Hospital/Governmental health center 3. Hospital /NGO health center 4. Hospital/ UNRWA health center 5. Private hospital/ health center 6. Mass media 8. Other / specify _____	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		

No	Questions	Coding categories	A. First Women	B. Second Women	C. Third Women
PWH20	Interviewer: women's age	1.Less than 35 years (skip to section eight: Aids disease) 35 year and more (continue) 2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PWH21	Do you perform breast mammogram?	1 .Once every year 2. Once every two years 3 .Not at all	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 8: HIV/AIDS

No	Questions	Coding categories	A.First woman	B.Second woman	C.Third woman
HA1	Now I would like to talk with you about something else. Have you ever heard of an illness called AIDS?	1.Yes 2.No (move to the next woman if present, or to questionnaire of evermarried women)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HA2	In your opinion, can people reduce their chance of getting the AIDS virus by having just one uninfected sex partner who has no other sex partners?	1.Yes 2.No 8. Don't know	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HA3	Can people get the AIDS virus as a result of witchcraft or other supernatural means?	1.Yes 2.No 8. Don't know	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HA4	Can people reduce their chance of getting the AIDS virus by using a condom every time they have sex?	1.Yes 2.No 8. Don't know	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HA5	Can people get the AIDS virus from mosquito bites?	1.Yes 2.No 8. Don't know	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HA6	Can people get the AIDS virus by sharing food with a person who has AIDS?	1.Yes 2.No 8. Don't know	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HA7	Is it possible for a healthy-looking person to have the AIDS virus?	1.Yes 2.No 8. Don't know	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HA8	A.Can the virus that causes AIDS be transmitted from a mother to her baby during pregnancy?	1.Yes 2.No 8. Don't know	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	B.Can the virus that causes AIDS be transmitted from a mother to her baby during delivery?	1.Yes 2.No 8. Don't know	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	C.Can the virus that causes AIDS be transmitted from a mother to her baby by breastfeeding?	1.Yes 2.No 8. Don't know	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HA9	In your opinion, if a female teacher has the AIDS virus but she is not sick, should she be allowed to continue teaching in school?	1.Yes 2.No 8. Don't know /not sure/ depends:	<input type="checkbox"/> _____ _____	<input type="checkbox"/> _____ _____	<input type="checkbox"/> _____ _____
HA10	Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had the AIDS virus?	1.Yes 2.No 8. Don't know /not sure/ depends:	<input type="checkbox"/> _____ _____	<input type="checkbox"/> _____ _____	<input type="checkbox"/> _____ _____
HA11	If a member of your family got infected with the AIDS virus, would you want it to remain a secret?	1.Yes 2.No 8. Don't know /not sure/ specify :	<input type="checkbox"/> _____ _____	<input type="checkbox"/> _____ _____	<input type="checkbox"/> _____ _____

No	Questions	Coding categories	A.First woman	B.Second woman	C.Third woman
HA12	If a member of your family became sick with AIDS, would you be willing to care for her or him in your own household?	1.Yes 2.No 8. Don't know /not sure/ specify:	<input type="checkbox"/> _____ _____	<input type="checkbox"/> _____ _____	<input type="checkbox"/> _____ _____
HA27	Do you know of a place where people can go to get tested for the AIDS virus?	1.Yes 2.No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

HB Percentage for Women (15-49 years)

Interviewer: Now I would like to measure your Hemoglobin percentage in the blood (HB). This is part of the survey in order to measure anemia., Anemia is considered as one of the serious problems faced by mothers usually resulting from poor nutrition., We will take some blood from your finger and, within moments, we will get the result., You can be given the examination result as well and we treat this information as confidential.

PMHB1	Result 1. HB is measured 2. Woman not present. 3. Women refused. 4. Women is sick. 5. Other (specify)	<input type="checkbox"/>	
PMHB2	Name and number of person taking the HB measurement _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
PMHB3	Woman's line number from HL1	<input type="checkbox"/> <input type="checkbox"/>	
PMHB4	Woman's name from HL2 _____		
PMHB5	Percentage of HB in the blood (G\DL)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

Observations of the Interviewer (To be filled in after the interview)

Interviewer's Observations	
Date:	Name of Fieldworker:

Supervisor's Observations	
Date:	Name of Supervisor:

Editor's Observations	
Date:	Name of Editor:

Observations of the Interviewer (To be filled in after the interview)

Interviewer's Observations	
Date:	Name of Interviewer:

Supervisor's Observations	
Date:	Name of Supervisor:

Editor's Observations	
Date:	Name of Editor:

Interviewer's Observations

Field Editor's Observations

Supervisor's Observations