

QUESTIONNAIRE FOR INDIVIDUAL WOMEN

State of Palestine PFS 2010



Palestinian Authority

Palestinian Central Bureau of Statistics

Palestinian Family Health Survey, 2010

Ever married Women 15- 54 Years - Questionnaire

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

- This questionnaire is to be administered to ever married women aged 15 - 54.
- Interviewer :Now I will talk to you about your health and ever married women aged 15-54 years. I would like to meet every one of them living in the same household .

WM1	Cluster number:	<input type="text"/> <input type="text"/> <input type="text"/>	WM2	Questionnaire's serial No. 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: _____			
PWM5	Name of head of household: _____					
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	Results 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 entry / / 2010					

Section 1: Interviewee's background, resources and marriage

No	Questions	Coding categories	Go to
PWB1	Woman's husband line number from HL1	Record 00 if the husband does not stay with the family	<input type="text"/>
WB1	In what month and year were you born?	Month 98	<input type="text"/>
		Year DK year.....9998	<input type="text"/>
WB2	How old are you? Probe: HOW OLD WERE YOU AT YOUR LAST BIRTHDAY? COMPARE AND CORRECT WB1 AND/OR HL6 IF INCONSISTENT	Age in complete years	<input type="text"/>
WB3	HAVE YOU EVER ATTENDED SCHOOL OR PRESCHOOL?	Yes	1
		No	2
WB4	WHAT IS THE HIGHEST LEVEL OF SCHOOL YOU ATTENDED?	Preschool	0
		Elementary	1
		Preparatory	4
		Secondary	2
		Higher	3
WB5	WHAT IS THE HIGHEST GRADE YOU COMPLETED AT THAT LEVEL?	Grade	<input type="text"/>
PWB2	Interviewer: Refer to PHL26 Is the woman married, widow, divorced or separated?	Married	1
		Widow	2
		Divorced	3
		Separated	4
PWB3	Were you married once or more?	Once	1
		More than once	2
PWB4	Refer to PWB3: Was married	Month	<input type="text"/>
	Once	More than once	Does not know the month 98
	In what month and year was your wedding?	I would like to talk about your first marriage. In what month and year was your wedding to your first husband?	Year
PWB5	How old were you at your first wedding? Compare with PWB4 and correct if needed	Age at marriage in years	<input type="text"/>
		Does not know 98	<input type="text"/>
PWB7	Is there a kinship relation between you and your current (last) husband?	Uncle's son from the father's side	1
		Aunt's son from the father's side	2
		Uncle's son from the mother's side	3
		Aunt's son from the mother's side	4
		Uncle and aunt's son	5
		From the same clan	6
		No kinship	7
PWB8	Refer to PWB2:	Currently married (married/separated)	1
		Currently unmarried (widow/divorced)	2

No	Questions	Coding categories		Go to
PWB9	How old is your husband now?	Age in years	<input type="text"/>	
		Don't know 98		
PWB10	Is your husband currently married to another woman? If yes, ask: How many other wives does your husband currently have?	Number of other wives	<input type="text"/>	
		No	4	
		Don't know	8	
PWB11	Have you ever been pregnant?	Yes	1	
		No	2	Section 4 PMN60
PWB12	How old were you at your first pregnancy?	Age in years	<input type="text"/>	
		Don't know/Don't remember.....98		

Section 2: Child birth and child mortality

CM1	Now I would like to ask about all the births you have had during your life. Have you ever given birth?	Yes	1	
		No	2	CM8
PCM1	How old were you at your first birth ?	Age	<input type="text"/>	
CM2	WHAT WAS THE DATE OF YOUR FIRST BIRTH? I MEAN THE VERY FIRST TIME YOU GAVE BIRTH, EVEN IF THE CHILD IS NO LONGER LIVING, OR WHOSE FATHER IS NOT YOUR CURRENT PARTNER. Skip to CM4 only if year of first birth is given. Otherwise, continue.	Day Don't know day..... 98	<input type="text"/>	
		Month Don't know month.....98	<input type="text"/>	
		Year Don't know year.....9998	<input type="text"/>	
CM3	How many years ago did you have your first birth?	Completed years since first birth	<input type="text"/>	
CM4	Do you have any sons or daughters to whom you have given birth who are now living with you?	Yes	1	
		No	2	CM6
CM5	How many sons live with you? How many daughters live with you? If none, record 00	Sons living with you	<input type="text"/>	
		Daughters living with you	<input type="text"/>	
CM6	Do you have any sons or daughters to whom you have given birth who are alive but do not live with you?	Yes	1	
		No	2	CM8
CM7	How many sons are alive but do not live with you? How many daughters are alive but do not live with you? If none, record 00	Sons elsewhere	<input type="text"/>	
		Daughters elsewhere	<input type="text"/>	
CM8	Have you ever given birth to a boy or girl who died even if he/she lived for short time only? If No, probe by asking: I mean, a child who showed any sign of life, such as crying – even if he or she lived only a few days or hours?	Yes	1	
		No	2	CM10
CM9	How many boys have died? How many girls have died? If none, record 00	Boys dead	<input type="text"/>	
		Girls dead	<input type="text"/>	
CM10	Sum answers to CM5, CM7, and CM9.	Total live births If none, record 00	<input type="text"/>	If the answer 00 move to PW11
PCM2	Return to CM5, CM7, CM9 and CM10 and ask:			
	Just to make sure that I got it right, you have given birth to:			
	_____ sons and _____ daughters who are alive and live with you (CM5)			
	_____ sons and _____ daughters who are alive and do not live with you (CM7)			
	_____ sons and _____ daughters who died (CM9)			
	In total, you have given birth to _____ live births (CM10)			

PCM3	Is this correct? 1. Yes <input type="checkbox"/>	2. No <input type="checkbox"/>	
	Check and correct CM1 to CM10		
CM12	OF THESE (total number) BIRTHS YOU HAVE HAD, WHEN DID YOU DELIVER THE LAST ONE (EVEN IF HE OR SHE HAS DIED)? Month and year must be recorded.	Day Don't know day..... 9	<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"/>

Now I would like to record the names of each birth you had and whether they are still alive or died. I would like to start with your first birth. Record names of all children in PW1. If a child has not been given a name yet, record "Baby". Record twins in separate lines.

PW1	PW2	PW3	PW4	PW5	PW6	PW7	PW8	PW9				
					For those who are still alive			For those who died				
01	Not twin	1	Boy	1	M	<input type="text"/> <input type="text"/>	Yes	1	<input type="text"/> <input type="text"/>	Days	1	<input type="text"/> <input type="text"/>
	Twin	2	Girl	2	Y	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	No	2	Go to PW9	Months	2	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
02	Not twin	1	Boy	1	M	<input type="text"/> <input type="text"/>	Yes	1	<input type="text"/> <input type="text"/>	Days	1	<input type="text"/> <input type="text"/>
	Twin	2	Girl	2	Y	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	No	2	Go to PW9	Months	2	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
03	Not twin	1	Boy	1	M	<input type="text"/> <input type="text"/>	Yes	1	<input type="text"/> <input type="text"/>	Days	1	<input type="text"/> <input type="text"/>
	Twin	2	Girl	2	Y	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	No	2	Go to PW9	Months	2	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
04	Not twin	1	Boy	1	M	<input type="text"/> <input type="text"/>	Yes	1	<input type="text"/> <input type="text"/>	Days	1	<input type="text"/> <input type="text"/>
	Twin	2	Girl	2	Y	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	No	2	Go to PW9	Months	2	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
05	Not twin	1	Boy	1	M	<input type="text"/> <input type="text"/>	Yes	1	<input type="text"/> <input type="text"/>	Days	1	<input type="text"/> <input type="text"/>
	Twin	2	Girl	2	Y	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	No	2	Go to PW9	Months	2	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
06	Not twin	1	Boy	1	M	<input type="text"/> <input type="text"/>	Yes	1	<input type="text"/> <input type="text"/>	Days	1	<input type="text"/> <input type="text"/>
	Twin	2	Girl	2	Y	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	No	2	Go to PW9	Months	2	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
07	Not twin	1	Boy	1	M	<input type="text"/> <input type="text"/>	Yes	1	<input type="text"/> <input type="text"/>	Days	1	<input type="text"/> <input type="text"/>
	Twin	2	Girl	2	Y	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	No	2	Go to PW9	Months	2	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
08	Not twin	1	Boy	1	M	<input type="text"/> <input type="text"/>	Yes	1	<input type="text"/> <input type="text"/>	Days	1	<input type="text"/> <input type="text"/>
	Twin	2	Girl	2	Y	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	No	2	Go to PW9	Months	2	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
09	Not twin	1	Boy	1	M	<input type="text"/> <input type="text"/>	Yes	1	<input type="text"/> <input type="text"/>	Days	1	<input type="text"/> <input type="text"/>
	Twin	2	Girl	2	Y	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	No	2	Go to PW9	Months	2	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
10	Not twin	1	Boy	1	M	<input type="text"/> <input type="text"/>	Yes	1	<input type="text"/> <input type="text"/>	Days	1	<input type="text"/> <input type="text"/>
	Twin	2	Girl	2	Y	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	No	2	Go to PW9	Months	2	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

PW1		PW2		PW3		PW4		PW5			PW6	PW7		PW8		PW9			
											For those who are still alive						For those who died		
What is the name of the second child?		Was it a twin pregnancy?		Is (name) a boy or a girl?		In what month and year was (name) born? Probe: What is his/her birth date?		Is (name) still alive?			How many years did (name) complete in his / her last birthday? Record age in years	Does (name) live with you now?		Record child's line No as in list of household members. If not living in the household, record 00		How old was (name) when he/she died? If one year, probe: How many months did he/she complete when he/she died? < month, record days < 2 years, record months Otherwise, record years			
11	---	Not twin	1	Boy	1	M	<input type="text"/>	Yes	1		<input type="text"/>	Yes	1	<input type="text"/>	Go to next birth or PW10	Days	1	<input type="text"/>	
		Twin	2	Girl	2	Y	<input type="text"/>	No	2	Go to PW9		No	2			Months	2	<input type="text"/>	
12	---	Not twin	1	Boy	1	M	<input type="text"/>	Yes	1		<input type="text"/>	Yes	1	<input type="text"/>	Go to next birth or PW10	Days	1	<input type="text"/>	
		Twin	2	Girl	2	Y	<input type="text"/>	No	2	Go to PW9		No	2			Months	2	<input type="text"/>	
13	---	Not twin	1	Boy	1	M	<input type="text"/>	Yes	1		<input type="text"/>	Yes	1	<input type="text"/>	Go to next birth or PW10	Days	1	<input type="text"/>	
		Twin	2	Girl	2	Y	<input type="text"/>	No	2	Go to PW9		No	2			Months	2	<input type="text"/>	
14	---	Not twin	1	Boy	1	M	<input type="text"/>	Yes	1		<input type="text"/>	Yes	1	<input type="text"/>	Go to next birth or PW10	Days	1	<input type="text"/>	
		Twin	2	Girl	2	Y	<input type="text"/>	No	2	Go to PW9		No	2			Months	2	<input type="text"/>	
15	---	Not twin	1	Boy	1	M	<input type="text"/>	Yes	1		<input type="text"/>	Yes	1	<input type="text"/>	Go to next birth or PW10	Days	1	<input type="text"/>	
		Twin	2	Girl	2	Y	<input type="text"/>	No	2	Go to PW9		No	2			Months	2	<input type="text"/>	
16	---	Not twin	1	Boy	1	M	<input type="text"/>	Yes	1		<input type="text"/>	Yes	1	<input type="text"/>	Go to next birth or PW10	Days	1	<input type="text"/>	
		Twin	2	Girl	2	Y	<input type="text"/>	No	2	Go to PW9		No	2			Months	2	<input type="text"/>	
17	---	Not twin	1	Boy	1	M	<input type="text"/>	Yes	1		<input type="text"/>	Yes	1	<input type="text"/>	Go to next birth or PW10	Days	1	<input type="text"/>	
		Twin	2	Girl	2	Y	<input type="text"/>	No	2	Go to PW9		No	2			Months	2	<input type="text"/>	
18	---	Not twin	1	Boy	1	M	<input type="text"/>	Yes	1		<input type="text"/>	Yes	1	<input type="text"/>	Go to next birth or PW10	Days	1	<input type="text"/>	
		Twin	2	Girl	2	Y	<input type="text"/>	No	2	Go to PW9		No	2			Months	2	<input type="text"/>	
19	---	Not twin	1	Boy	1	M	<input type="text"/>	Yes	1		<input type="text"/>	Yes	1	<input type="text"/>	Go to next birth or PW10	Days	1	<input type="text"/>	
		Twin	2	Girl	2	Y	<input type="text"/>	No	2	Go to PW9		No	2			Months	2	<input type="text"/>	
20	---	Not twin	1	Boy	1	M	<input type="text"/>	Yes	1		<input type="text"/>	Yes	1	<input type="text"/>	Go to next birth or PW10	Days	1	<input type="text"/>	
		Twin	2	Girl	2	Y	<input type="text"/>	No	2	Go to PW9		No	2			Months	2	<input type="text"/>	
																Years	3	<input type="text"/>	

PW10	Compare total in CM10 with the number of births in the above table and record:		
	Numbers are the same <input type="checkbox"/>	Numbers are not the same <input type="checkbox"/>	1. Yes 2. No
	Verify the following		àCheck and correct
	For every live birth: year of birth is recorded		<input type="checkbox"/>
	For every child who is still alive: current age is recorded		<input type="checkbox"/>
	For every child who died: Age at death is recorded		<input type="checkbox"/>
	For every death age of 12 months or a year: you probed to know the age in months exactly		<input type="checkbox"/>
PW11	Some pregnancies may end prematurely, such as miscarriage or abortion, and some other pregnancies end by a stillbirth. Have you ever had a pregnancy that did not end by a live birth?	Yes	1
		No	2
PW12	In total, how many pregnancies ended by miscarriage or abortion?	Number of miscarriages and abortions If none, record 00	<input type="text" value=""/> <input type="text" value=""/>
PW12A	Did you ever tried to end your pregnancy by yourself without seeing a doctor?	Yes	1
		No	2
PW12B	Why did you tried to end your pregnancy?	1. Didn't want to get pregnant 2. Economic circumstances. 3. Didn't want the sex of the fetus 4. Other (specify)_____	<input type="checkbox"/>
PW13	In total, how many pregnancies ended by a still birth?	Number of still births If none, record 00	<input type="text" value=""/> <input type="text" value=""/>
PW14	In what month and year did the last pregnancy resulting in miscarriage, abortion or stillbirth end?	Month	<input type="text" value=""/> <input type="text" value=""/>
		Year	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>
PW15	Are you currently pregnant?	Yes	1
		No	2
		Not sure	8
PW16	How many months of pregnancy?	Duration of current pregnancy in complete months Don't know = 98	
			PW15
			PW13
			CM13

Section 3: Maternal care for the last birth during the last 2 years preceding the survey

CM13	Check CM12:	No live birth in last 2 years	1	PMN60
		Yes, live birth in last 2 years	2	
PDB1	Record the name and line number of the last birth as in PW1: births table	Name of last child: _____ Child's line number	<input type="text"/> <input type="text"/>	
DB1	When you got pregnant with (NAME), did you want to get pregnant at that time?	Yes	1	PDB4
		No	2	
DB2	Did you want to have a baby later on, or did you not want any (more) children?	Later	1	PDB4
		No more	2	
DB3	How much longer did you want to wait?	Months	<input type="text"/> <input type="text"/>	
		Years	<input type="text"/> <input type="text"/>	
		DK	98	
PDB4	Refer to DB1	If the answer 1 (continue)	1	MN1
		If the answer 2(move to MN1)	2	
PDB5	If this pregnancy was planned :did you visit a doctor before pregnancy?	Yes	1	MN1
		No	2	
PDB6	Did the doctor ask you to take folic acid?	Yes	1	MN1
		No	2	
PDB7	Did you take the folic acid before this pregnancy?	Yes, less than month	1	MN1
		Yes, for a month	2	
		Yes, for 2-3 months	3	
		Never did	4	
PDB8	Why didn't you take folic acid?	No one advised me of its importance, including the doctor	1	
		Caused me health problems	2	
		Forgot	3	
		Did not feel it was important	4	
		Other	6	
MN1	Did you see anyone for antenatal care during your pregnancy with (name)?	Yes	1	PMN14
		No	2	
MN2	WHOM DID YOU SEE? Probe: ANYONE ELSE? Probe for the type of person seen and circle all answers given. 1. Yes 2. No	A1. GP	1 2	
		A2. Specialist	1 2	
		B. Staff nurse	1 2	
		C. Midwife	1 2	
		F. Daya	1 2	
		X. Other (specify) _____	1 2	
PMN1	At what month in your pregnancy did you have your first check?	Months	<input type="text"/> <input type="text"/>	
		Don't know 98		
PMN2	What was your reason to go for a checkup for the first time? Probe for most important reason	To check for the safety of the fetus	1	
		To make arrangement for delivery	2	
		To make sure I was pregnant	3	
		The family / someone else decided	4	
		Routine checkup	5	
		To ensure a healthy pregnancy	6	
		Had a problem	7	
		Other (specify) _____	8	
MN3	How many times did you receive antenatal care during this pregnancy?	Number of times Record 98 if the woman does not remember/ does not know	<input type="text"/> <input type="text"/>	

PMN3	<p>How many checkups did you have during that pregnancy?</p> <p>Record 98 if the woman does not remember</p>	<p>A. Number of checkups during the 1st 3 months</p> <p>B. Number of checkups during 4-6 months</p> <p>C. Number of checkups during 7-9 months</p>	<table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>																																					
PMN4	<p>How many checkups did you have during that pregnancy according to the place?</p> <p>Record 98 if the woman does not remember</p>	<table border="1"> <tr> <td></td> <td>A. Number of checkups 00 if none</td> <td>How many ultrasound checkups did you have during this pregnancy B. Number of Examination</td> </tr> <tr><td>1. Governmental hospital</td><td></td><td></td></tr> <tr><td>2. Governmental health center</td><td></td><td></td></tr> <tr><td>3. Private hospital</td><td></td><td></td></tr> <tr><td>4. Private health center</td><td></td><td></td></tr> <tr><td>5. Private doctor/doctor clinic</td><td></td><td></td></tr> <tr><td>6. NGO hospital</td><td></td><td></td></tr> <tr><td>7. NGO center</td><td></td><td></td></tr> <tr><td>8. UNRWA hospital / center</td><td></td><td></td></tr> <tr><td>9. At home</td><td></td><td></td></tr> <tr><td>10. Israeli hospital / center</td><td></td><td></td></tr> <tr><td>11. Other (specify) ____</td><td></td><td></td></tr> </table>		A. Number of checkups 00 if none	How many ultrasound checkups did you have during this pregnancy B. Number of Examination	1. Governmental hospital			2. Governmental health center			3. Private hospital			4. Private health center			5. Private doctor/doctor clinic			6. NGO hospital			7. NGO center			8. UNRWA hospital / center			9. At home			10. Israeli hospital / center			11. Other (specify) ____				
	A. Number of checkups 00 if none	How many ultrasound checkups did you have during this pregnancy B. Number of Examination																																						
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PMN5	<p>Where did you have the last checkup for that pregnancy?</p>	<table border="1"> <tr><td>Governmental hospital</td><td>01</td><td></td></tr> <tr><td>Governmental health center</td><td>02</td><td></td></tr> <tr><td>Private hospital</td><td>03</td><td></td></tr> <tr><td>Private health center</td><td>04</td><td></td></tr> <tr><td>Private doctor/doctor clinic</td><td>05</td><td></td></tr> <tr><td>NGO hospital</td><td>06</td><td></td></tr> <tr><td>NGO center</td><td>07</td><td></td></tr> <tr><td>UNRWA hospital / center</td><td>08</td><td></td></tr> <tr><td>Israeli hospital / center</td><td>09</td><td></td></tr> <tr><td>At home</td><td>10</td><td>PMN10</td></tr> <tr><td>Other (specify) _____</td><td>96</td><td></td></tr> </table>	Governmental hospital	01		Governmental health center	02		Private hospital	03		Private health center	04		Private doctor/doctor clinic	05		NGO hospital	06		NGO center	07		UNRWA hospital / center	08		Israeli hospital / center	09		At home	10	PMN10	Other (specify) _____	96						
Governmental hospital	01																																							
Governmental health center	02																																							
Private hospital	03																																							
Private health center	04																																							
Private doctor/doctor clinic	05																																							
NGO hospital	06																																							
NGO center	07																																							
UNRWA hospital / center	08																																							
Israeli hospital / center	09																																							
At home	10	PMN10																																						
Other (specify) _____	96																																							
PMN6	<p>How much time did it take you from your home to (place of last checkup)?</p>	<p>Time in minutes</p> <p>Don't know</p>	<table border="1"> <tr><td></td><td></td><td></td></tr> <tr><td>998</td><td></td><td></td></tr> </table>				998																																	
998																																								
PMN7	<p>Did you walk or did you use transportation?</p>	<p>Walking</p> <p>Bus/taxi</p> <p>Private car</p> <p>Other (specify) _____</p>	<table border="1"> <tr><td>1</td></tr> <tr><td>2</td></tr> <tr><td>3</td></tr> <tr><td>6</td></tr> </table>	1	2	3	6																																	
1																																								
2																																								
3																																								
6																																								
PMN8	<p>How long did you have to wait for checkup at (place of last checkup)?</p>	<p>Time in minutes</p> <p>Does not remember</p>	<table border="1"> <tr><td></td><td></td><td></td></tr> <tr><td>998</td><td></td><td></td></tr> </table>				998																																	
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PMN9	<p>How much time did it take to have the checkup by the health provider?</p>	<p>Time in minutes</p> <p>Does not remember</p>	<table border="1"> <tr><td></td><td></td><td></td></tr> <tr><td>998</td><td></td><td></td></tr> </table>				998																																	
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PMN10	Refer to MN2: checked by (record the person with highest qualification)	Physician/nurse/ midwife	1	PMN30
		Else	2	
MN4	As part of your antenatal care during this pregnancy, were any of the following done at least once: Read them one by one and record the appropriate answer 1.YES 2.NO 3. Does not remember if no , don't answer PMN11		Answer	PMN11 Did you know the result
		A. Blood pressure		
		B. Urine sample		
		C. Blood sample		
		D. Height measurement		
		E. Ultrasound		
		F. Breast Screening		
		G. Fetal heart monitoring		
PMN14	Did you take the folic acid pills in the 1st 3 months of pregnancy?	Yes	1	
		No	2	
		Does not remember	8	
PMN18	During your second semester of pregnancy and after visiting specialized center, did you have any of the following tests? 1.Yes 2.No 3. Does not remember		Answer	PMN19 Did you know the result
		A. Blood pressure measurement		
		B. Protein, urine, and diabetes test		
		C. Urinalysis		
		D. Blood analysis test		
		E. Diabetes		
		F. Sugar concentration measurement		
		G. Fetal heart monitoring		
PMN20	During your second semester of pregnancy and after visiting the health center, did you get any advice about when and how to take iron pills?	Yes	1	
		No	2	
		Does not remember	8	
PMN24	Did you take iron pills regularly during the second third of pregnancy?	Yes	1	PMN27
		No	2	
		Does not remember	8	PMN27
PMN26	Why did not take the specific dose	No one advised me about the importance of taking it including the doctor	1	
		Caused health problems	2	
		Forgot	3	
		Did not feel it was important.	4	
		Other	6	
PMN27	Did the health provider tells you not to drink tea, milk and derivatives after taking an iron pill?	Yes	1	
		No	2	
		Does not remember	8	

PMN28	During your last third of pregnancy and after visiting the health center, did you have any of the following tests? 1.Yes 2.No 3. Does not remember		Test	PMN29 Did you know the result		
		A. Blood pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		B. Blood analysis test	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		C. Urinalysis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		D. Ultrasound	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		E. Urine albumin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PMN30	While receiving antenatal care during this pregnancy, did you receive information on any of the following? Read them one by one and record the appropriate answer		Yes	No	DK	
		A. Diet	1	2	8	
		B. High pregnancy risk	1	2	8	
		C. Breastfeeding	1	2	8	
		D. Family planning	1	2	8	
		E. Postnatal care	1	2	8	
		F. Information on AIDS	1	2	8	
		J. Folic acid and iron tablets	1	2	8	
PMN31	While receiving antenatal care during this pregnancy, and during the last month of pregnancy did you receive information on breastfeeding after giving birth from any of the following ?		Yes	No		
		A. Doctor	1	2		
		B. Nurse	1	2		
		C. Midwife	1	2		
		D. Friend	1	2		
		E. Mother	1	2		
		F. Media	1	2		
		X. Other	1	2		
PMN32	During the last antenatal visit, did you face any of the following difficulties resulting from Israeli measures? 1. Yes 2. No 8. Doesn't remember		Yes	No	DR	
		1. Delay at the military checkpoint	1	2	8	
		2. Closing the military checkpoint completely	1	2	8	
		3. Restricted mobility due to the Wall	1	2	8	
		4. Curfew and closure	1	2	8	
		5. Didn't go the health center because of bombing / explosion / shrapnel during the war on Gaza	1	2	8	
		6. Clinic /health center was destroyed during the war on Gaza	1	2	8	
		7.Other	1	2	8	
PMN33	Have you had any of the following complications at any time during this pregnancy? Read them one by one and record the appropriate answer		Yes	No	DK	
		A. Severe vaginal bleeding	1	2	8	
		B. Hypertension	1	2	8	
		C. Swelling in the face or body	1	2	8	
		D. Severe headache	1	2	8	
		E. Upper abdominal pain	1	2	8	
		F. High fever	1	2	8	
		G. Non-febrile convulsions	1	2	8	
		H. Painful micturition	1	2	8	
		I. Severe difficulty breathing	1	2	8	
		J. Anemia	1	2	8	
		K. Urinary tract infection or genital	1	2	8	
		L. Rheumatic conditions	1	2	8	

PMN34	Refer to PMN33:	Yes for any of the symptoms	1			MN6
		No or don't know for all the symptoms	2			
PMN35	Did you get any advice or treatment for these symptoms?	Yes	1			PMN37
		No	2			
PMN36	Who gave you this advice/treatment? Any other person 1. Yes 2. No	A. GP	1 2			MN6
		B. Specialist	1 2			
		C Staff nurse	1 2			
		D. Midwife	1 2			
		E. Pharmacist	1 2			
		F. Daya	1 2			
		G. Mother	1 2			
		H. Husband	1 2			
		I. Health worker	1 2			
		J. Other relatives	1 2			
		X. Other (specify) _____	1 2			
PMN37	Why did not you seek medical advice to treat these symptoms? Probe for most important reason	Was not a problem	01			
		Service not available	02			
		Service expensive	03			
		Was busy	04			
		Husband was busy	05			
		The daya was able to manage it	06			
		Used non-medical (traditional) remedy	07			
		Israeli measures were a barrier	08			
		Other (specify) _____	96			
MN6	When you were pregnant with (NAME), did you receive any injection in the arm or shoulder to prevent the baby from getting tetanus, that is convulsions after birth?	Yes	1			PMN38
		No	2			
		DK	8			
MN7	How many times did you receive this tetanus injection during your pregnancy with (NAME)?	Number of times	<input type="text"/>			
		DK.....98				
PMN38	Now I would like to ask you about the labor and delivery period. Did you have any of the following symptoms during labor or immediately after delivery? Read each symptom and record the appropriate answer		Yes	No	DK	
		A. Prolonged labor for more than 12 hours	1	2	8	
		B. High fever	1	2	8	
		C. Non-febrile convulsions	1	2	8	
		D. Severe vaginal bleeding	1	2	8	
PMN39A	Refer to PMN38:	Yes for any of the symptoms	1			MN17
		No or don't know for all symptoms	2			
PMN39	Did you or any person who was assisting you at that time think that you had a problem in your labor or delivery?	Yes	1			MN17
		No	2			
		Don't know	8			
PMN40	Was anybody called for this problem?	Yes	1			MN17
		No	2			
PMN41	Who was called? <i>If more than one person, record the one with the highest qualification</i>	1. GP	1			
		2. Specialist	2			
		3. Staff nurse / midwife	3			
		4. Daya	4			
		5. Other (specify) _____	6			

MN17	WHO ASSISTED WITH THE DELIVERY OF (name)? <i>Probe:</i> ANYONE ELSE? <i>Probe for the type of person assisting and circle all answers given.</i> If respondent says no one assisted, probe to determine whether any adults were present at the delivery.	A GP	A		
		Z Specialist	Z		
		B Staff nurse / midwife	B		
		F Daya	F		
		H Relative / Friend	H		
		X Other (specify) _____	X		
		Y No one	Y		
MN18	Where did you give birth to (name)?	At home	11		
		Governmental hospital	21		
		Governmental health center	22		
		Private hospital	31		
		Private clinic	32		
		Maternity home	33		
		NGO hospital	43		
		UNRWA hospital / center	37		
		On the road while on my way to the hospital	40		
		At a military checkpoint	41		
		Israeli hospitals	42		
		Other (specify) _____	96		
PMN42	Was the place where you gave birth your favorite choice?	Yes	1		
		No	2		
PMN19	How did the delivery occur?	Caesarian section	1		
		Normal delivery	2		
		Suction / forceps	3		
		Incision	4		
PMN43	On your way for the delivery of (name), did you face any of the following difficulties resulting from Israeli measures?		Yes	No	DK
		1. Delay at the military checkpoint	1	2	8
		2. Closing the military checkpoint completely	1	2	8
		3. Restricted mobility due to the Wall	1	2	8
		4. Curfew and closure	1	2	8
		5 Didn't go the health center because of bombing / explosion / shrapnel during the war on Gaza	1	2	8
		6. Clinic /health center was destroyed during the war on Gaza	1	2	8
7. Other (specify) _____	1	2	8		
MN20	When (NAME) was born, was he/she very large, larger than average, average, smaller than average, or very small?	Very large	1		
		Larger than average	2		
		Average	3		
		Smaller than average	4		
		Very small	5		
		DK	8		
MN21	Was (NAME) weighed at birth?	Yes	1		
		No	2	MN23	
MN22	HOW MUCH DID (name) WEIGH? Record weight from health card, if available	1 (kg) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 1.From card			
		2 (kg) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 2.From recall			
		DK 99998			

MN23	HAS YOUR MENSTRUAL PERIOD RETURNED SINCE THE BIRTH OF (name)?	Yes	1	
		No	2	
MN24	DID YOU EVER BREASTFEED (name)?	Yes	1	
		No	2	IS2
MN25	HOW LONG AFTER BIRTH DID YOU FIRST PUT (name) TO THE BREAST? If less than 1 hour, record '00' hours. If less than 24 hours, record hours. OTHERWISE, RECORD DAYS.	Immediately	000	
		Hours.....1	1 <input type="text"/> <input type="text"/>	
		Days.....2	2 <input type="text"/> <input type="text"/>	
		Don't know / remember	998	
MN26	IN THE FIRST THREE DAYS AFTER DELIVERY, WAS (name) GIVEN ANYTHING TO DRINK OTHER THAN BREAST MILK?	Yes	1	
		No	2	IS2
MN27	WHAT WAS (name) GIVEN TO DRINK? <i>Probe:</i> ANYTHING ELSE?	A Milk (other than breast milk)	A	
		B Plain water	B	
		C Sugar or glucose water	C	
		D Gripe water	D	
		E Sugar-salt-water solution	E	
		F Fruit juice	F	
		G Infant formula	G	
		H Tea / Infusions	H	
		I Honey	I	
		X Other (specify) _____	X	

Interviewer: ask about all children under 5 years

IS2	Sometimes children have severe illnesses and should be taken immediately to a health facility. WHAT TYPES OF SYMPTOMS WOULD CAUSE YOU TO TAKE YOUR CHILD TO A HEALTH FACILITY RIGHT AWAY? <i>Probe:</i> Any other symptoms?	Child not able to drink or breastfeed.....A Child becomes sicker B Child develops a fever C Child has fast breathing..... D Child has difficulty breathing..... E Child has blood in stool F Child is drinking poorly G Hypothermia.....H Severe diarrhea.....I Other (specify) X Other (specify)Y		
PMN44	Now I would like to ask you about the first six weeks after delivery, i.e., the postpartum period. Have you been told by the health provider that you should visit them after delivery?	Yes during the first 6 days	1	
		Yes during the first 42 days	2	
		No	3	
PMN45	Did you see anybody for postnatal checkup?	Yes	1	
		No	2	PMN50
PMN46	Whom did you see for checkup? Any other person 1. Yes 2. No	A. GP	1 2	
		B. Specialist	1 2	
		C. Staff nurse	1 2	PMN48
		D. Midwife	1 2	
		E. Daya	1 2	PMN51
X. Other (specify) _____	1 2			
PMN47		Doctor is more qualified	1	
		No midwife in region	2	
		Other (specify) _____	8	

PMN48	Where did the checkup take place?	Governmental hospital	1			
		Governmental health center	2			
		Private hospital	3			
		Private doctor	4			
		NGO hospital / center	5			
		NGO center	6			
		UNRWA hospital / center	7			
		Israeli hospital/center	8			
		Other (specify) _____	9			
PMN49	What services did you get while receiving this care?		YES	NO	PMN51	
		A. Information about breastfeeding	1	2		
		B. Breast examination	1	2		
		C. Family planning	1	2		
		D. Blood pressure measurement	1	2		
		E. Weight measurement	1	2		
		F. Blood test (Hb)	1	2		
		G. Physical exam to rule out health problems resulting from delivery, such as back pain	1	2		
X. Other (specify) _____						
PMN50	What was the main reason for not going to have postnatal checkup?	There were no problems	1			
		Has previous experience	2			
		Not aware of the importance of checkup	3			
		Service unavailable	4			
		Service expensive	5			
		Was busy	6			
		Husband was busy	7			
		Israeli measures were a barrier	8			
		Other (specify) _____	9			
PMN51	Did you suffer from any of the following symptoms at any time during the first six weeks following the delivery? Read each symptom and record the appropriate answer		Yes	No	DK	
		A. Severe vaginal bleeding	1	2	8	
		B. Swelling and pain in the legs	1	2	8	
		C. Foul-smelling vaginal discharge with fever	1	2	8	
		D. Lower abdominal pain with fever	1	2	8	
		E. Severe lower back pain with fever	1	2	8	
		F. Painful micturation with fever	1	2	8	
		G. Breast swelling and pain with fever	1	2	8	
PMN52	Refer to PMN51:	Yes for any of the symptoms	1		PMN56	
		No or don't know for all the symptoms	2			
PMN53	Did you receive any advice or treatment for these symptoms?	Yes	1		PMN55	
		No	2			

PMN54	Who gave you this advice or treatment?		YES NO	PMN56
		A. GP	1 2	
		B. Specialist	1 2	
		C. Staff nurse / midwife	1 2	
		D. Pharmacist	1 2	
		E. Daya	1 2	
		F. Mother	1 2	
		G. Husband	1 2	
		H. Other relatives	1 2	
		I. Traditional healer	1 2	
	J. Other (specify) _____	1 2		
PMN55	Why did you not seek medical advice to treat these problem(s)? Probe for most important reason	Was not a problem	01	
		Service not available	02	
		Service expensive	03	
		Was busy	04	
		Husband was busy	05	
		The daya was able to manage it	06	
		Used non-medical (traditional) remedy	07	
		Israeli measures were a barrier	08	
		Other (specify) _____	96	
		PMN56	After the delivery, did you take iron or vitamin pills or syrup?	Yes, folic acid
Yes, iron	2			
Both	3			
None	4			
PMN57	Did you receive a mother and child health handbook (last child)?	Yes , still have it	1	PMN60
		Yes , but lost it	2	
		No , never	3	
		Don't know/don't remember	8	
PMN57A	When did you receive this handbook?	During pregnancy	1	
		After delivery	2	
		During pregnancy and after delivery	3	
		Don't know/don't remember	8	
PMN57B	Did you read the handbook?	Yes, part of it	1	
		Yes, all of it	2	
		No, never	3	

Section 4: Chronic diseases and ill health due to childbirth

No	Questions	Coding categories	Go to
PMN60	Woman's line number from HL1	<input type="text"/>	
PMN66	Did you ever suffer from the following type of cancer :breast cancer, lung cancer, colon cancer, cervical cancer	Yes	1
		No	2
PMN67	What type of cancer do you suffer /have suffered from ? 01. breast cancer 02. cervical cancer 03. lung cancer 04. colon cancer	Cancer type	<input type="text"/>
		Don't know.....98	<input type="text"/>
PMN68	How old were you when you were told or found out that you suffer from cancer?	Age in years	<input type="text"/>
		Don't know.....98	<input type="text"/>
PMN69	Do you take now or in the past any treatment for cancer?	Yes, currently	1
		Yes, in the past	2
		No	3
PMN70	Interviewer: Return to PWB11	Has ever been pregnant	1
		Never been pregnant	2
PMN77	Another problem that women may suffer from is the inability to control urine. Do you have a problem controlling urine, especially when you cough, sneeze or carry heavy objects?	Yes	1
		No	2
PMN78	Did you consult anybody for advice or treatment regarding this problem?	Yes	1
		No	2
PMN79	Whom did you consult? Any other person? 1. Yes 2. No		YES NO
		A. Physician	1 2
		B. Staff nurse	1 2
		C. Midwife	1 2
		D. Pharmacist	1 2
		E. Daya	1 2
		F. Traditional healer	1 2
		G. Relatives	1 2
		X. Other (specify): _____	1 2
PMN80	Why did not you consult anybody to help you with this problem? Probe: Any other reason? 1. Yes 2. No		YES NO
		A. Did not believe it would help	1 2
		B. Service expensive	1 2
		C. Service unavailable	1 2
		D. Was busy	1 2
		E. Husband was busy	1 2
		F. The problem did not require that	1 2
		G. Was embarrassed	1 2
		H. Was afraid	1 2
		I. Other (specify): _____	1 2
PMN81	During the past three months, did you suffer from: A. Painful or burning micturation?	Yes	1
		No	2
	B. Severe or abnormal vaginal discharge?	Yes	1
		No	2
PMN82	When you had this discharge, did you have any of the following: 1. Yes 2. No		YES NO
		A. Itching or allergy in the genitalia	1 2
		B. Foul-smelling excretions	1 2
		C. Severe lower abdominal pain unrelated to the menses	1 2
PMN83	Refer to PMN81:	Either A or B is YES	1
		Both A and B is NO	2
PMN84	Did you consult anybody for advice or treatment regarding this problem(s)?	Yes	1
		No	2

No	Questions	Coding categories	Go to	
PMN60	Woman's line number from HL1	<input type="text"/>		
PMN85	Whom did you consult? Any other person? 1. Yes 2. No	YES NO	PMN87	
		A. Physician		1 2
		B. Staff nurse		1 2
		C. Midwife		1 2
		D. Pharmacist		1 2
		E. Daya		1 2
		F. Traditional healer		1 2
		G. Self-medication		1 2
		H. Relatives		1 2
		X. Other (specify): _____		1 2
PMN86	Why did not you consult anybody to help you with this problem(s)? Probe: Any other reason? 1. Yes 2. No	YES NO		
		A. Did not believe it would help		1 2
		B. Service expensive		1 2
		C. Service unavailable		1 2
		D. Was busy		1 2
		E. Husband was busy		1 2
		F. The problem did not require that		1 2
		G. Was embarrassed		1 2
		H. Was afraid		1 2
		I. Other (specify): _____		1 2
PMN87	Refer to PW15 in the second section:	Not pregnant / Unsure	1	PMN103
		Currently pregnant	2	
PMN88	Refer to PWB2 in the first section:	Currently married (married/separated)	1	PMN103
		Currently unmarried (widow/divorced)	2	
PMN89	Do you still have the menses?	Yes	1	PMN103
		No :stopped	2	
		No : postpartum period	3	
		Never menstruated	4	
PMN90	Did you try to become pregnant but without success?	Yes	1	PMN103
		No	2	
PMN91	How many months have you attempted?	Months attempting		
PMN92	In your opinion, what is the main reason for not being able to become pregnant?	Reached menopause	1	
		Problems in the reproductive system in wife	2	
		Problems in the reproductive system in husband	3	
		Problems in the reproductive system in both	4	
		Infertility	5	
		Other (specify): _____	6	
		Don't know	8	
PMN93	Did you consult or sought advice from anybody to help you become pregnant?	Yes	1	PMN95
		No	2	
PMN94	Whom did you consult? Any other person? 1. Yes 2. No	A. Physician	1 2	PMN96
		B. Staff nurse	1 2	
		C. Pharmacist	1 2	
		D. Daya	1 2	
		E. Traditional healer	1 2	
		F. Relatives	1 2	
		G. Other (specify): _____	1 2	

No	Questions	Coding categories	Go to
PMN60	Woman's line number from HL1		
PMN95	Why did not you consult anybody to help you with this problem? Probe: Any other reason? 1. Yes 2. No	A. Did not believe it would help	1 2
		B. Service expensive	1 2
		C. Service unavailable	1 2
		D. Was busy	1 2
		E. Husband was busy	1 2
		F. The problem did not require that	1 2
		G. Was embarrassed	1 2
		H. Was afraid	1 2
		I. Other (specify): _____	1 2
PMN96	Did your husband consult or sought advice from anybody about this problem?	Yes	1
		No	2
		Don't know	8
			PMN98
PMN97	Whom did your husband consult? Probe: Any other person? 1. Yes 2. No	A. Physician	1 2
		B. Staff nurse	1 2
		C. Pharmacist	1 2
		D. Traditional healer	1 2
		E. Other (specify): _____	1 2
		F. Don't know	1 2
PMN98	During the past three months, did you suffer from any of the following problems related to the menstrual cycle? 1. Yes 2. No	A. Menstrual bleeding lasted more than 7 days	1 2
		B. Unusually severe menstrual bleeding	1 2
		C. Severe pain	1 2
		D. Irregular periods	1 2
PMN99	Refer to PMN98:	All answers = 2	1
		One or more answers = 1	2
			PMN103
PMN100	Did you consult anybody for advice or treatment regarding this problem(s)?	Yes	1
		No	2
			PMN102
PMN101	Whom did you consult? Any other person? 1. Yes 2. No	A. Physician	1 2
		B. Staff nurse	1 2
		C. Midwife	1 2
		D. Pharmacist	1 2
		E. Daya	1 2
		F. Traditional healer	1 2
		G. Relatives	1 2
		X. Other (specify): _____	1 2
			PMN103
PMN102	Why did not you consult anybody to help you with this problem(s)? Probe: Any other reason? 1. Yes 2. No	A. Did not believe it would help	1 2
		B. Service expensive	1 2
		C. Service unavailable	1 2
		D. Was busy	1 2
		E. Husband was busy	1 2
		F. The problem did not require that	1 2
		G. Was embarrassed	1 2
		H. Was afraid	1 2
		I. Menopause	1 2
		J. It has always been like that	1 2
		K. Other (specify): _____	1 2

PMN103	Now I would like to ask you some questions about receiving health care for yourself. When you have a health problem and need to receive health care, where do you usually go for this care?	Governmental hospital	01	
		Governmental health center	02	
		Private hospital	03	
		Private doctor	04	
		NGO hospital	05	
		NGO center	06	
		UNRWA center / hospital	07	
		At home	08	
		Israeli hospital	09	
		Other (specify): _____	96	
		Don't know / unsure	98	
PMN104	Many factors may prevent women from seeking medical care or treatment for themselves. When you are ill and need to get medical care or treatment, do any of the following factors act as a major barrier for you or not?		Major barrier	Not a major barrier
		A. Knowing where to go	1	2
		B. Getting permission to go	1	2
		C. Getting money in order to go	1	2
		D. Distance to the health center	1	2
		E. Being compelled to use transportation	1	2
		F. Not willing to go alone	1	2
		G. Concern that there is no female provider	1	2

Section 5: Family planning and attitudes towards reproduction

No	Questions	Coding categories		Go to
PCP1	Woman's line number from HL1		<input type="text"/>	
PCP5	Refer to PWB2:	Currently married (married/separated)	1	Section7 PFP8
		Currently unmarried (widow/divorced)	2	
CP1	Refer to PW15:	Currently pregnant	1	Section6 UN1
		Not pregnant	2	
		not sure	8	PCP11
CP2	COUPLES USE VARIOUS WAYS OR METHODS TO DELAY OR AVOID A PREGNANCY.	Yes	1	
		No	2	PCP10
PCP2	How old were you when you used a family planning method for the first time?	Age in full years	<input type="text"/>	
PCP3	How many living children did you have, if any, when used a family planning method for the first time? If none, record 00	Number of male children	<input type="text"/>	
		Number of female children	<input type="text"/>	
PCP4	When you used the family planning method for the first time, did you desire to have another child but after a while or did you want to stop having children at all?	Desired to have a child after a while	1	
		Desired to stop having children	2	
		Other (specify) _____	8	

No	Questions	Coding categories		Go to
CP3	What is the main method you or your husband are using now?			
		A. Female sterilization	A	
		B. Male sterilization	B	
		C. IUD	C	
		D. Injections	D	
		F. Pills	F	
		G. Male condom	G	
		H. Female condom	H	
		I. Female diaphragm	I	
		J. Local cream / jelly	J	
		K. Extending breastfeeding period	K	PC P7
		L. Periodic abstinence/Rhythm	L	
		M. Withdrawal	M	
X. Other (specify) _____	X			
PCP6	Where did you get (current method's name) last time?	Governmental hospital	1	
		Governmental family planning / MCH center	2	
		Private center / hospital	3	
		NGO center / hospital	4	
		Pharmacy	5	
		Private doctor	6	
		UNRWA center / hospital	7	
		Other (specify) _____	8	
PCP7	Since how many months have you been using (current method's name) continuously? Probe for approximate period	Number of months	<input type="text"/> <input type="text"/> <input type="text"/>	
		Don't know.....98		
PCP8	Have you faced any problems because of using (current method's name)?	Yes	1	
		No	2	PCP15
PCP9	What problems did you face? Probe: Any other problems? 1. Yes 2. No	A. Health problems	1 2	PCP15
		B. Method not effective	1 2	
		C. Husband objected	1 2	
		D. Difficult to obtain	1 2	
		E. Expensive	1 2	
		F. Inconvenient to use	1 2	
		G. Other (specify) _____	1 2	
PCP10	What is your main reason for not using a family planning method currently?	Desire to have a child	01	
		I object to family planning	02	
		Husband does not accept	03	
		Fear of side effects	04	
		Difficulty obtaining the method	05	
		Expensive	06	
		Method is uncomfortable to use	07	
		Menopause	08	
		Husband is not living with the family currently	09	
		Conflict with religious beliefs	10	
		Other (specify) _____	96	
PCP11	Do you intend to use any family planning method at any time in the future?	Yes	1	PCP13
		No	2	
		Don't know	8	PCP14

PCP12	What is your main reason for not wishing to use a family planning method in the future?	Desire to have another child	01	PCP15
		Conflict with religious beliefs	02	
		Objection to family planning	03	
		Husband does not accept	04	
		Relatives object	05	
		Fear of side effects	06	
		Lack of knowledge	07	
		Difficulty obtaining the method	08	
		Expensive	09	
		Difficult to use	10	
		It's God's will	11	
		Menopause / infertility	12	
		Available methods are inconvenient	13	
		Other (specify) _____	96	
		Not sure / does not know	98	
PCP13	When do you intend to use a family planning method?	Within 12 months	1	
		Within one to two years	2	
		Three years or more	3	
		Did not decide yet / does not know	8	
PCP14	What method will you prefer to use?	Pills	01	
		IUD	02	
		Injections	03	
		Male condom	05	
		Female condom	06	
		Female diaphragm	07	
		Local cream / jelly	08	
		Tubal ligation	09	
		Male sterilization	10	
		Extending breastfeeding period	11	
		Rhythm	12	
		Withdrawal	13	
		Other (specify) _____	96	
		Unsure / don't know	98	
PCP15	In general, do you accept or do not accept that couples use family planning methods?	Accept	1	
		Accept with conditions	2	
		Does not accept	3	
		Does not know / unsure	8	
PCP16	In your opinion, does your husband accept or do not accept that couples use family planning methods in general?	Accepts	1	
		Accepts with conditions	2	
		Does not accept	3	
		Does not know / unsure	8	
PCP17	Usually who has the last say in using or not using family planning: you or your husband?	Mostly the respondent	1	
		Mostly the husband	2	
		Joint decision	3	
		Mother/mother-in-law	4	
		Other (specify) _____	6	
		Does not know / unsure	8	
		Other (specify) _____	96	

Section 6: Unmet Need

No	Questions	Coding categories		Go to
UN1	Are you currently pregnant? Check CP1.	Yes	1	UN5
		No	2	
		Does not know / unsure	3	
UN2	Now I would like to talk to you about your current pregnancy. When you got pregnant, did you want to get pregnant at that time?	Yes	1	UN4
		No	2	
UN3	Did you want to have a baby later on or did you not want any (more) children?	Later	1	
		No more	2	
UN4	Now I would like to ask some questions about the future. After the child you are now expecting, would you like to have another child, or would you prefer not to have any more children?	Have another child	1	UN7
		No more / None	2	UN13
		Undecided / Don't know	8	UN13
UN5	Currently using "Female sterilization"? Refer to CP3	Yes	1	UN13
		No	2	
UN6	Now I would like to ask you 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	UN9
		Cannot get pregnant	3	UN11
		Undecided / Don't know	8	UN9
UN7	How long would you like to wait before the birth of (a/another) child?	Months	1 <input type="text"/> <input type="text"/>	
		Years	2 <input type="text"/> <input type="text"/>	
		Soon / Now	993	
		Cannot get pregnant	994	UN11
		Other (specify) _____	996	
		Does not know	998	
UN8	Check CP1. Currently pregnant? <input type="checkbox"/> Yes, currently pregnant → Go to UN13 <input type="checkbox"/> No, unsure or DK → Continue with UN9			
UN9	Check CP2. Currently using a method? <input type="checkbox"/> Yes. → Go to UN13 <input type="checkbox"/> No → Continue with UN10			
UN10	Do you think you are physically able to get pregnant at this time?	Yes	1	UN13
		No	2	
		Does not know	8	UN13
UN11	Why do you think you are not physically able to get pregnant?	Infrequent sex / No sex	A	
		Menopausal	B	
		Never menstruated	C	
		Hysterectomy (surgical removal of uterus)	D	
		Has been trying to get pregnant for 2 years or more without result	E	
		Postpartum amenorrheic	F	
		Breastfeeding	G	
		Too old	H	
		Fatalistic	I	
		Other (specify)	X	
		Don't know	Z	

No	Questions	Coding categories		Go to
UN12	Check UN11. "Never menstruated" mentioned?	1.Yes. Go to Next Module	1	Section 7 PFP1
		2. No	2	
UN13	When did your last menstrual period start?	Days ago	1 <input type="text"/> <input type="text"/>	
		Weeks ago	2 <input type="text"/> <input type="text"/>	
		Months ago	3 <input type="text"/> <input type="text"/>	
		Years ago	4 <input type="text"/> <input type="text"/>	
		In menopause / Has had hysterectomy	994	
		Before last birth	995	

Section 7 :Attitudes towards reproduction

No	Questions	Coding categories		Go to	
PFP1	Woman's line number from HL1		<input type="text"/> <input type="text"/>		
PFP2	Refer to CP3: Currently used method	Tubal ligation / male sterilization	1	PFP6	
		Any other method or not using	2		
PFP3	Refer to PW15:			PFP6	
	Not pregnant / not sure	Currently pregnant			
	Now I have some questions about the future. Do you desire to have (another) child or prefer not to have (more) children?	Now I have some questions about the future. After you will deliver this baby, do you desire to have another child or prefer to stop having children?	Have another child		1
			Stop having children		2
			Cannot get pregnant		3
			By God's will		4
Does not know / unsure			8		
PFP4	Do you prefer that your next child is a boy, a girl or it does not matter which sex?	Boy	1		
		Girl	2		
		Does not matter which sex	3		
		By God's will	4		
		Other (specify) _____	6		
PFP5	Refer to PW15:				
	Not pregnant / not sure	Currently pregnant	Months		1 <input type="text"/> <input type="text"/>
	How long do you prefer to wait before delivering the next child that you desire to have?	How long after delivering your baby do you prefer to wait before delivering the next child that you desire to have?	Years		2 <input type="text"/> <input type="text"/>
			Soon / immediately		9 94
			Cannot get pregnant		9 95
			Other (specify) _____		9 96
			Don't know		9 98
PFP6	Have you ever talked with your husband about the number of children that you desire to have in your life?	Yes	1		
		No	2		
PFP7	Do you think your husband desires to have the same number of children as you, a greater number or a smaller number?	Same number	1		
		More children	2		
		Less children	3		
		Don't know	8		
PFP8	Refer to PCM2: Does she have living children?			PFP10	
	1. Yes	2. No	Number		<input type="text"/> <input type="text"/>
	Imagine that you are back in time to the time when you did not have any children yet and you could chose the number of children that you desire to have, what would that number be?	If you could choose the exact number of children that you wish to have throughout your life, what would the number of those children be?	Other (specify) _____	96	

PFP9	Out of this number, how many males do you prefer to have, how many females and for how many do you think sex does not matter?	Number of males	1 <input type="text"/>	
		Number of females	2 <input type="text"/>	
		Does not matter which sex	9 <input type="text"/>	
PFP10	In your opinion, what is the optimal interval between the delivery of a child and the delivery of the next one?	Months	1 <input type="text"/>	
		Years	2 <input type="text"/>	
		Other (specify) _____	96	
PFP11	In your opinion, what is the optimal age of marriage for your daughter (for girls)?	Age	<input type="text"/>	
		Other (specify) _____	96	
PFP12	In your opinion, what is the number of children that you may wish your daughter (girls) will have in the future?	Number	<input type="text"/>	
		Other (specify) _____	96	

Interviewer's Observations

Field Editor's Observations

Supervisor's Observations