



State of Palestine  
Palestinian Central Bureau of Statistics



**QUESTIONNAIRE FOR INDIVIDUAL WOMEN**

*Palestinian Multiple Indicator Cluster Survey, 2014*

WOMAN'S INFORMATION PANEL		WM
<p><i>This questionnaire is to be administered to all women age 15 through 49 (see List of Household Members, column HL7). A separate questionnaire should be used for each eligible woman.</i></p>		
<p><b>WM1.</b> Cluster number: _____</p>	<p><b>WM2.</b> Household number: _____</p>	
<p><b>WM3.</b> Woman's name: Name _____</p>	<p><b>WM4.</b> Woman's line number: _____</p>	
<p><b>WM5.</b> Interviewer's name and number: Name _____</p>	<p><b>WM6.</b> Day / Month / Year of interview: ____/____/ 2014</p>	
<p><i>Repeat greeting if not already read to this woman:</i></p> <p>WE ARE FROM PALESTINIAN CENTRAL BUREAU OF STATISTICS. WE ARE CONDUCTING A SURVEY ABOUT THE SITUATION OF CHILDREN, FAMILIES AND HOUSEHOLDS. I WOULD LIKE TO TALK TO YOU ABOUT THESE SUBJECTS. THE INTERVIEW WILL TAKE ABOUT <b>30</b> MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND ANONYMOUS.</p>		
<p><i>If greeting at the beginning of the household questionnaire has already been read to this woman, then read the following:</i></p> <p>NOW I WOULD LIKE TO TALK TO YOU MORE ABOUT YOUR HEALTH AND OTHER TOPICS. THIS INTERVIEW WILL TAKE ABOUT <b>30</b> MINUTES. AGAIN, ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND ANONYMOUS.</p>		
<p>MAY I START NOW?</p> <p><input type="checkbox"/> Yes, permission is given ⇒ Go to WM10 to record the time and then begin the interview.</p> <p><input type="checkbox"/> No, permission is not given ⇒ Circle '03' in WM7. Discuss this result with your supervisor.</p>		
<p><b>WM7.</b> Result of woman's interview</p>	<p>Completed .....01                  Not at home .....02                  Refused .....03                  Partly completed.....04                  Incapacitated .....05                  Other (specify) _____ 96</p>	
<p><b>WM8.</b> Field editor's name and number: Name _____</p>	<p><b>WM9.</b> Main data entry clerk's name and number: Name _____</p>	

<b>WM10.</b> Record the time.	Hour and minutes ..... : ..	
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<b>WOMAN'S BACKGROUND</b>		<b>WB</b>
<b>WB1.</b> IN WHAT MONTH AND YEAR WERE YOU BORN?	Date of birth Month ..... DK month .....98  Year ..... DK year .....9998	
<b>WB2.</b> HOW OLD ARE YOU?  <i>Probe: HOW OLD WERE YOU AT YOUR LAST BIRTHDAY?</i>  <i>Compare and correct WB1 and/or WB2 if inconsistent</i>	Age (in completed years) .....	
<b>WB3.</b> HAVE YOU EVER ATTENDED SCHOOL OR PRESCHOOL?	Yes .....1 No.....2	2⇒WB7
<b>WB4.</b> WHAT IS THE HIGHEST LEVEL OF SCHOOL YOU ATTENDED?	Preschool .....0 Elementary.....1 Preparatory.....2 Secondary .....3 Higher.....4	0⇒WB7
<b>WB5.</b> WHAT IS THE HIGHEST GRADE YOU COMPLETED AT THAT LEVEL?  <i>If the first grade at this level is not completed, enter "00"</i>	Grade .....	
<b>WB6.</b> Check WB4: <input type="checkbox"/> Secondary or higher (WB4=3 or 4) ⇒ Go to Next Module <input type="checkbox"/> Elementary or preparatory (WB4=1,2) ⇒ Continue with WB7		

<p><b>WB7.</b> NOW I WOULD LIKE YOU TO READ THIS SENTENCE TO ME.</p> <p><i>Show sentence on the card to the respondent.</i></p> <p><i>If respondent cannot read whole sentence, probe:</i></p> <p>CAN YOU READ PART OF THE SENTENCE TO ME?</p>	<p>Cannot read at all.....1</p> <p>Able to read only parts of sentence.....2</p> <p>Able to read whole sentence.....3</p> <p>No sentence in required language _____4 <i>(specify language)</i></p> <p>Blind / visually impaired.....5</p>	
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MARRIAGE		MA
<b>MA1.</b> ARE YOU CURRENTLY MARRIED?	Yes, currently married ..... 1 No, not married..... 3	3⇒MA5
<b>MA2.</b> HOW OLD IS YOUR HUSBAND?  <i>Probe:</i> HOW OLD WAS YOUR HUSBAND ON HIS LAST BIRTHDAY?	Age in years..... __ __  DK..... 98	
<b>MA3.</b> BESIDES YOURSELF, DOES YOUR HUSBAND HAVE ANY OTHER WIVES?	Yes ..... 1 No ..... 2	2⇒MA7
<b>MA4.</b> HOW MANY OTHER WIVES DOES HE HAVE?	Number..... __ __  DK..... 98	⇒MA7 98⇒MA7
<b>MA5.</b> HAVE YOU EVER BEEN MARRIED?	Yes, ever been married ..... 1 No ..... 3	3 ⇒ HIV/AID S MODULE
<b>MA6.</b> WHAT IS YOUR MARITAL STATUS NOW: ARE YOU WIDOWED, DIVORCED OR SEPARATED?	Widowed ..... 1 Divorced ..... 2 Separated ..... 3	
<b>MA7.</b> HAVE YOU BEEN MARRIED ONLY ONCE OR MORE THAN ONCE?	Only once ..... 1 More than once..... 2	1 ⇒MA8A 2 ⇒MA8B
<b>MA8A.</b> IN WHAT MONTH AND YEAR DID YOU MARRY?  <b>MA8B.</b> IN WHAT MONTH AND YEAR DID YOU <u>FIRST</u> MARRY?	Date of (first) marriage Month..... __ __ DK month..... 98  Year ..... __ __ __ __ DK year..... 9998	⇒Next Module
<b>MA9.</b> HOW OLD WERE YOU WHEN YOU FIRST STARTED LIVING WITH YOUR ( <u>FIRST</u> ) HUSBAND?	Age in years..... __ __	

FERTILITY/BIRTH HISTORY		CM
<b>CM0.</b> NOW I WOULD LIKE TO ASK ABOUT ALL THE PREGNANCIES AND THE BIRTHS YOU HAVE HAD DURING YOUR LIFE. HAVE YOU EVER BEEN PREGNANT?	Yes ..... 1 No ..... 2	2⇒ CONTRAC EPTION MODULE.
<b>CM0A.</b> HOW OLD WERE YOU AT YOUR FIRST PREGNANCY?	Age in years ..... __ __ DK ..... 98	
<b>CM1.</b> HAVE YOU EVER GIVEN BIRTH?	Yes ..... 1 No ..... 2	2⇒CM8
<b>CM4.</b> DO YOU HAVE ANY SONS OR DAUGHTERS TO WHOM YOU HAVE GIVEN BIRTH WHO ARE NOW LIVING WITH YOU?	Yes ..... 1 No ..... 2	2⇒CM6
<b>CM5.</b> HOW MANY SONS LIVE WITH YOU?  HOW MANY DAUGHTERS LIVE WITH YOU?  <i>If none, record '00'.</i>	Sons at home ..... __ __  Daughters at home ..... __ __	
<b>CM6.</b> 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	2⇒CM8
<b>CM7.</b> HOW MANY SONS ARE ALIVE BUT DO NOT LIVE WITH YOU?  HOW MANY DAUGHTERS ARE ALIVE BUT DO NOT LIVE WITH YOU?  <i>If none, record '00'.</i>	Sons elsewhere ..... __ __  Daughters elsewhere ..... __ __	
<b>CM8.</b> HAVE YOU EVER GIVEN BIRTH TO A BOY OR GIRL WHO WAS BORN ALIVE BUT LATER DIED?  <i>If "No" probe by asking:</i> I MEAN, TO A CHILD WHO EVER BREATHED OR CRIED OR SHOWED OTHER SIGNS OF LIFE – EVEN IF HE OR SHE LIVED ONLY A FEW MINUTES OR HOURS?	Yes ..... 1 No ..... 2	2⇒CM10

<p><b>CM9.</b> HOW MANY BOYS HAVE DIED?</p> <p>HOW MANY GIRLS HAVE DIED?</p> <p><i>If none, record '00'.</i></p>	<p>Boys dead ..... _ _</p> <p>Girls dead ..... _ _</p>	
<p><b>CM10.</b> Sum answers to CM5, CM7, and CM9.</p>	<p>Sum ..... _ _</p>	
<p><b>CM11.</b> JUST TO MAKE SURE THAT I HAVE THIS RIGHT, YOU HAVE HAD IN TOTAL (<i>total number in CM10</i>) LIVE BIRTHS DURING YOUR LIFE. IS THIS CORRECT?</p> <p><input type="checkbox"/> <i>Yes. Check below:</i></p> <p>    <input type="checkbox"/> <i>No live births ⇒ Go to CM12B</i></p> <p>    <input type="checkbox"/> <i>One or more live births ⇒ Continue with the BIRTH HISTORY module</i></p> <p><input type="checkbox"/> <i>No. ⇒ Check responses to CM1-CM10 and make corrections as necessary before proceeding to the BIRTH HISTORY Module or CM12B</i></p>		

**BIRTH HISTORY**

**BH**

NOW I WOULD LIKE TO RECORD THE NAMES OF ALL OF YOUR BIRTHS, WHETHER STILL ALIVE OR NOT, STARTING WITH THE FIRST ONE YOU HAD.

Record names of all of the births in BH1. Record twins and triplets on separate lines. If there are more than 14 births, use an additional questionnaire.

BH Line No.	BH1.	BH2.	BH3.	BH4.	BH5.	BH6.	BH7.	BH8.	BH9.		BH10.
	WHAT NAME WAS GIVEN TO YOUR (first/next) BABY?	WERE ANY OF THESE BIRTHS TWINS?	IS (name) A BOY OR A GIRL?	IN WHAT MONTH AND YEAR WAS (name) BORN?  Probe: WHAT IS HIS/HER BIRTHDAY?	IS (name) STILL ALIVE?	HOW OLD WAS (name) AT HIS/HER LAST BIRTHDAY?	IS (name) LIVING WITH YOU?	Record household line number of child (from HL1)	If dead: HOW OLD WAS (name) WHEN HE/SHE DIED?  If "1 year", probe: HOW MANY MONTHS OLD WAS (name)?	Unit	Number
Line	Name	S M	B G	Month	Year	Age	Y N	Line No	Days .....1 Months.....2 Years .....3	Days .....1 Months.....2 Years .....3	Y N
01		1 2	1 2	— — — —	— — — —	— — — —	1 2	— — — — ⇒ Next Line	— — — — — — — — — — — —	— — — — — — — — — — — —	
02		1 2	1 2	— — — —	— — — —	— — — —	1 2	— — — — ⇒ BH10	— — — — — — — — — — — —	— — — — — — — — — — — —	1 2 Add Next Birth
03		1 2	1 2	— — — —	— — — —	— — — —	1 2	— — — — ⇒ BH10	— — — — — — — — — — — —	— — — — — — — — — — — —	1 2 Add Next Birth
04		1 2	1 2	— — — —	— — — —	— — — —	1 2	— — — — ⇒ BH10	— — — — — — — — — — — —	— — — — — — — — — — — —	1 2 Add Next Birth

BH Line No.	BH1. WHAT NAME WAS GIVEN TO YOUR (first/next) BABY?	BH2. WERE ANY OF THESE BIRTHS TWINS?  1 Single 2 Multiple	BH3. Is (name) A BOY OR A GIRL?  1 Boy 2 Girl	BH4. IN WHAT MONTH AND YEAR WAS (name) BORN?  Probe: WHAT IS HIS/HER BIRTHDAY?		BH5. Is (name) STILL ALIVE?  1 Yes 2 No	BH6. HOW OLD WAS (name) AT HIS/HER LAST BIRTHDAY?  Record age in completed years.	BH7. Is (name) LIVING WITH YOU?  1 Yes 2 No	BH8. Record household line number of child (from HL1)  Record "00" if child is not listed.	BH9. if dead: HOW OLD WAS (name) WHEN HE/SHE DIED?  If "1 year", probe: HOW MANY MONTHS OLD WAS (name)?  Record days if less than 1 month; record months if less than 2 years; or years		BH10. WERE THERE ANY OTHER LIVE BIRTHS BETWEEN (name of previous birth) AND (name), INCLUDING ANY CHILDREN WHO DIED AFTER BIRTH?  1 Yes 2 No
				Month	Year					Unit	Number	
05		1 2	1 2			1 2 ⇒ BH9	— — ⇒ BH10	1 2	— — ⇒ BH10	Years.....3 Days.....1 Months.....2 Years.....3	1 2 Add Next Birth	
06		1 2	1 2			1 2 ⇒ BH9	— — ⇒ BH10	1 2	— — ⇒ BH10	Days.....1 Months.....2 Years.....3	1 2 Add Next Birth	
07		1 2	1 2			1 2 ⇒ BH9	— — ⇒ BH10	1 2	— — ⇒ BH10	Days.....1 Months.....2 Years.....3	1 2 Add Next Birth	



BH Line No.	BH1. WHAT NAME WAS GIVEN TO YOUR (first/next) BABY?	BH2. WERE ANY OF THESE BIRTHS TWINS?  1 Single 2 Multiple	BH3. Is (name) A BOY OR A GIRL?  1 Boy 2 Girl	BH4. IN WHAT MONTH AND YEAR WAS (name) BORN?  Probe: WHAT IS HIS/HER BIRTHDAY?		BH5. Is (name) STILL ALIVE?  1 Yes 2 No	BH6. HOW OLD WAS (name) AT HIS/HER LAST BIRTHDAY?  Record age in completed years.	BH7. Is (name) LIVING WITH YOU?  1 Yes 2 No	BH8. Record household line number of child (from HL1)  Record "00" if child is not listed.	BH9. If dead: HOW OLD WAS (name) WHEN HE/SHE DIED?  If "1 year", probe: HOW MANY MONTHS OLD WAS (name)?  Record days if less than 1 month; record months if less than 2 years; or years		BH10. WERE THERE ANY OTHER LIVE BIRTHS BETWEEN (name of previous birth) AND (name), INCLUDING ANY CHILDREN WHO DIED AFTER BIRTH?  1 Yes 2 No
				Month	Year					Unit	Number	
08		1 2	1 2			1 2 ⇒ BH9		1 2	— — ⇒ BH10	Days .....1 Months.....2 Years.....3	1 2 Add Next Birth	
09		1 2	1 2			1 2 ⇒ BH9		1 2	— — ⇒ BH10	Days .....1 Months.....2 Years.....3	1 2 Add Next Birth	
10		1 2	1 2			1 2 ⇒ BH9		1 2	— — ⇒ BH10	Days .....1 Months.....2 Years.....3	1 2 Add Next Birth	
11		1 2	1 2			1 2 ⇒ BH9		1 2	— — ⇒ BH10	Days .....1 Months.....2 Years.....3	1 2 Add Next Birth	
12		1 2	1 2			1 2 ⇒ BH9		1 2	— — ⇒ BH10	Days .....1 Months.....2 Years.....3	1 2 Add Next Birth	

BH Line No.	BH1. WHAT NAME WAS GIVEN TO YOUR (first/next) BABY?	BH2. WERE ANY OF THESE BIRTHS TWINS? 1 Single 2 Multiple	BH3. Is (name) A BOY OR A GIRL? 1 Boy 2 Girl	BH4. IN WHAT MONTH AND YEAR WAS (name) BORN? Probe: WHAT IS HIS/HER BIRTHDAY?		BH5. IS (name) STILL ALIVE? 1 Yes 2 No	BH6. HOW OLD WAS (name) AT HIS/HER LAST BIRTHDAY? Record age in completed years.	BH7. IS (name) LIVING WITH YOU? 1 Yes 2 No	BH8. Record household line number of child (from HL1) Record "00" if child is not listed.	BH9. If dead: HOW OLD WAS (name) WHEN HE/SHE DIED? If "1 year", probe: HOW MANY MONTHS OLD WAS (name)? Record days if less than 1 month; record months if less than 2 years; or years			BH10. WERE THERE ANY OTHER LIVE BIRTHS BETWEEN (name of previous birth) AND (name), INCLUDING ANY CHILDREN WHO DIED AFTER BIRTH? 1 Yes 2 No
				Month	Year					Y	N	Unit	
13		1 2	1 2	— — — — —	— — — — —	1 2	— — — — —	1 2	— — — — — ⇨ BH10	Days .....1 Months.....2 Years.....3	— — — — —	1 2 Add Next Birth	
14		1 2	1 2	— — — — —	— — — — —	1 2	— — — — —	1 2	— — — — — ⇨ BH10	Days .....1 Months.....2 Years.....3	— — — — —	1 2 Add Next Birth	
<b>BH11. HAVE YOU HAD ANY LIVE BIRTHS SINCE THE BIRTH OF (name of last birth in BIRTH HISTORY Module)?</b>												1 ⇨ Record birth(s) in Birth History 2	

<p><b>CM12A.</b> Compare number in CM10 with number of births in the BIRTH HISTORY Module above and check:</p> <p><input type="checkbox"/> Numbers are same ⇒ Continue with CM12B</p> <p><input type="checkbox"/> Numbers are different ⇒ Probe and reconcile</p>		
<p><b>CM12B.</b> SOME PREGNANCIES MAY END PREMATURELY, SUCH AS MISCARRIAGE OR ABORTION, AND SOME OTHER PREGNANCIES END BY A STILLBIRTH.</p> <p>HAVE YOU EVER HAD ANY PREGNANCY THAT WAS MISCARRIED, ENDED IN A STILLBIRTH, OR THAT WAS TERMINATED PREMATURELY (ABORTED)?</p>	<p>Yes ..... 1</p> <p>No ..... 2</p>	<p>2⇒CM13</p>
<p><b>CM12C.</b> HOW MANY MISCARRIAGES HAVE YOU HAD DURING YOUR LIFETIME?</p> <p>BY MISCARRIAGE, I MEAN AN EARLY AND INVOLUNTARY END OF PREGNANCY WITHIN THE FIRST 5 MONTHS OF PREGNANCY.</p>	<p>None ..... 00</p> <p>Number of miscarriages ..... _ _</p>	
<p><b>CM12D.</b> IN HOW MANY CASES HAVE YOUR PREGNANCIES ENDED WITH A STILLBIRTH?</p> <p>BY STILLBIRTH, I MEAN A BIRTH THAT TOOK PLACE AFTER THE 5TH MONTH OF PREGNANCY, BUT THE CHILD DID NOT SHOW ANY SIGNS OF LIFE.</p>	<p>None ..... 00</p> <p>Number of still births ..... _ _</p>	
<p><b>CM12E.</b> AND HOW MANY EARLY TERMINATIONS OF PREGNANCY (ABORTIONS) HAVE YOU HAD DURING YOUR LIFETIME?</p> <p>BY EARLY TERMINATION OF PREGNANCY (ABORTION), I MEAN A PREGNANCY THAT WAS VOLUNTARILY TERMINATED WITHIN THE FIRST 5 MONTHS OF PREGNANCY.</p>	<p>None ..... 00</p> <p>Number of early terminations of pregnancies (abortions) ..... _ _</p>	<p>00⇒CM13</p>
<p><b>CM12F</b> WHEN DID YOUR (LAST) ABORTION TAKE PLACE?</p> <p>Month and year must be recorded.</p>	<p>Date of (last) abortion</p> <p>Month..... _ _</p> <p>Year ..... _ _ _ _</p>	
<p><b>CM12G.</b> Check CM12F. Last abortion occurred within the last 2 years, that is, since (month of interview) in 2012 (if the month of interview and the month the abortion took place are the same, and the year the abortion took place is 2012, consider this as an abortion within the last 2 years)</p> <p><input type="checkbox"/> Last abortion occurred in the month of interview in 2012 or later ⇒ Go to CM12I</p> <p><input type="checkbox"/> Last abortion occurred before the month of interview in 2012 ⇒ Go to CM13</p>		

<p>CM12I. DID YOU DO ANY OF THE FOLLOWING IN ORDER TO END THIS PREGNANCY?</p> <p>[A] TAKE PILLS?</p> <p>[B] CARRIED HEAVY WEIGHT?</p> <p>[C] HIT/STRUCK ABDOMEN?</p> <p>[X] OTHER</p> <p>PROBE:</p> <p>DID YOU TRY ANYTHING ELSE?</p>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;">Yes</th> <th style="width: 10%; text-align: center;">No</th> </tr> </thead> <tbody> <tr> <td>Take pill .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Carried heavy weight.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Hit/struck abdomen .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Other (specify)_____</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		Yes	No	Take pill .....	1	2	Carried heavy weight.....	1	2	Hit/struck abdomen .....	1	2	Other (specify)_____	1	2	
	Yes	No															
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Carried heavy weight.....	1	2															
Hit/struck abdomen .....	1	2															
Other (specify)_____	1	2															
<p><b>CM12IA: CHECK CM12I</b></p> <p><input type="checkbox"/> At least one "Yes". ⇒ Continue with CM12J.</p> <p><input type="checkbox"/> All "No". ⇒ Return to CM12E and ask the women again to check whether the termination of pregnancy was voluntary (abortion) or involuntary (miscarriage). If involuntary Return to CM12D and CM12I and correct the answer where necessary. And continue to CM12K</p>																	
<p><b>CM12J. WHY DID YOU TRIED TO END THIS PREGNANCY?</b></p>	<p>Didn't want to get pregnant ..... 1</p> <p>Economic circumstances..... 2</p> <p>Didn't want the sex of the fetus ..... 3</p> <p>Other (specify)..... 6</p>																
<p><b>CM12K. WHERE DID THIS ABORTION TAKE PLACE?</b></p>	<p>Hospital ..... 1</p> <p>PHC Center ..... 2</p> <p>Private Clinic ..... 3</p> <p>My home/Other home..... 4</p> <p>Other (specify)_____ 6</p>																
<p><b>CM13. Check BH4 in BIRTH HISTORY Module: Last birth occurred within the last 2 years, that is, since the month of interview in 2012 (if the month of interview and the month of birth are the same, and the year of birth is 2012, consider this as a birth within the last 2 years)</b></p> <p><input type="checkbox"/> No live birth in last 2 years. ⇒ Go to Contraception Module.</p> <p><input type="checkbox"/> One or more live births in last 2 years. ⇒ Record name of last born child and continue with Next Module</p> <p style="text-align: center;">Name of last-born child _____</p> <p>If child has died, take special care when referring to this child by name in the following modules.</p>																	

<b>DESIRE FOR LAST BIRTH</b>		<b>DB</b>
<p><i>This module is to be administered to all women with a live birth in the 2 years preceding the date of interview.</i></p> <p><i>Record name of last-born child from CM13 here _____.</i></p> <p><i>Use this child's name in the following questions, where indicated.</i></p>		
<p><b>DB1.</b> WHEN YOU GOT PREGNANT WITH (<i>name</i>), DID YOU WANT TO GET PREGNANT AT THAT TIME?</p>	<p>Yes ..... 1</p> <p>No ..... 2</p>	<p>1⇒Next Module</p>
<p><b>DB2.</b> DID YOU WANT TO HAVE A BABY LATER ON, OR DID YOU NOT WANT ANY (MORE) CHILDREN?</p>	<p>Later ..... 1</p> <p>No more ..... 2</p>	<p>2⇒Next Module</p>
<p><b>DB3.</b> HOW MUCH LONGER DID YOU WANT TO WAIT?</p> <p><i>Record the answer as stated by respondent.</i></p>	<p>Months ..... 1 __ __</p> <p>Years ..... 2 __ __</p> <p>DK..... 998</p>	

MATERNAL AND NEWBORN HEALTH		MN
<p><i>This module is to be administered to all women with a live birth in the 2 years preceding the date of interview.</i></p> <p><i>Record name of last-born child from CM13 here _____.</i></p> <p><i>Use this child's name in the following questions, where indicated.</i></p>		
<b>MN1.</b> DID YOU SEE ANYONE FOR ANTENATAL CARE DURING YOUR PREGNANCY WITH (name)?	Yes ..... 1 No ..... 2	2⇒MN17
<b>MN2.</b> WHOM DID YOU SEE?  <i>Probe:</i> ANYONE ELSE?  <i>Probe for the type of person seen and circle all answers given.</i>	Health professional: Doctor ..... A Nurse / Midwife ..... B  Other person Traditional birth attendant (Daya) ..... F Other (specify) ..... X	
<b>MN2A.</b> HOW MANY WEEKS OR MONTHS PREGNANT WERE YOU WHEN YOU FIRST RECEIVED ANTENATAL CARE FOR THIS PREGNANCY?  <i>Record the answer as stated by respondent.</i>	Weeks ..... 1 __ __  Months ..... 2 0 __  DK ..... 998	
<b>MN3.</b> HOW MANY TIMES DID YOU RECEIVE ANTENATAL CARE DURING THIS PREGNANCY?  <i>Probe to identify the number of times antenatal care was received. If a range is given, record the minimum number of times antenatal care received.</i>	Number of times ..... __ __  DK ..... 98	

<p><b>MN3A.</b> WHERE DID YOU GO MOSTLY TO RECEIVE THE ANTENATAL CARE FOR YOUR PREGNANCY WITH (NAME)?</p>	<p>Home                      Respondent's home ..... 11                      Other home ..... 12</p> <p>Public Sector                      Government hospital ..... 21                      Government clinic / health centre ..... 22</p> <p>Private Sector                      Private hospital ..... 31                      Private clinic ..... 32                      Private maternity home ..... 33</p> <p>NGO's Sector                      NGO's hospital ..... 41                      NGO's Clinic ..... 42</p> <p>UNRWA sector                      UNRWA hospital/ health centre ..... 51</p> <p>Israeli sector                      Israeli hospital/ health centre ..... 61                      Other (<i>specify</i>) ..... 96</p>													
<p><b>MN4.</b> AS PART OF YOUR ANTENATAL CARE DURING THIS PREGNANCY, WERE ANY OF THE FOLLOWING DONE AT LEAST ONCE:</p> <p>[A] WAS YOUR BLOOD PRESSURE MEASURED?                      [B] DID YOU GIVE A URINE SAMPLE?                      [C] DID YOU GIVE A BLOOD SAMPLE?</p>	<table border="1"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>Blood pressure .....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Urine sample .....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Blood sample .....</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		Yes	No	Blood pressure .....	1	2	Urine sample .....	1	2	Blood sample .....	1	2	
	Yes	No												
Blood pressure .....	1	2												
Urine sample .....	1	2												
Blood sample .....	1	2												

<p><b>MN4A.</b> HAVE YOU HAD ANY OF THE FOLLOWING COMPLICATIONS AT ANY TIME DURING THIS PREGNANCY?</p> <p>[A] Severe vaginal bleeding</p> <p>[B] Hypertension</p> <p>[C] Swelling in the face or body</p> <p>[D] Severe headache</p> <p>[E] Upper abdominal pain</p> <p>[F] High fever</p> <p>[G] Non-fever convulsions</p> <p>[H] Painful micturition</p> <p>[I] Severe difficulty breathing</p> <p>[J] Anaemia</p> <p>[K] Urinary tract infection or genital</p> <p>[L] Rheumatic conditions</p>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;">Yes</th> <th style="width: 10%; text-align: center;">No</th> </tr> </thead> <tbody> <tr> <td>Severe vaginal bleeding.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Hypertension .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Swelling in the face or body .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Severe headache .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Upper abdominal pain .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>High fever.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Non-fever convulsions.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Painful micturition .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Severe difficulty breathing .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Anaemia .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Urinary tract infection or genital.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Rheumatic conditions.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		Yes	No	Severe vaginal bleeding.....	1	2	Hypertension .....	1	2	Swelling in the face or body .....	1	2	Severe headache .....	1	2	Upper abdominal pain .....	1	2	High fever.....	1	2	Non-fever convulsions.....	1	2	Painful micturition .....	1	2	Severe difficulty breathing .....	1	2	Anaemia .....	1	2	Urinary tract infection or genital.....	1	2	Rheumatic conditions.....	1	2	
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<p><b>MN17.</b> WHO ASSISTED WITH THE DELIVERY OF (name)?</p> <p><i>Probe:</i> ANYONE ELSE?</p> <p><i>Probe for the type of person assisting and circle all answers given.</i></p> <p><i>If respondent says no one assisted, probe to determine whether any adults were present at the delivery.</i></p>	<p>Health professional:</p> <p>Doctor..... A</p> <p>Nurse/ Midwife..... B</p> <p>Other person</p> <p>Traditional birth attendant (Daya)..... F</p> <p>Relative / Friend .....</p> <p>Other (specify)..... X</p> <p>No one..... Y</p>																																								



<p><b>MN18.</b> WHERE DID YOU GIVE BIRTH TO (<i>name</i>)?</p> <p><i>Probe to identify the type of source.</i></p> <p><i>If unable to determine whether public or private, write the name of the place.</i></p> <p>_____</p> <p>(<i>Name of place</i>)</p>	<p>Home</p> <p>Respondent's home .....11</p> <p>Other home .....12</p> <p>Public Sector</p> <p>Government hospital .....21</p> <p>Government clinic / health centre .....22</p> <p>Private Sector</p> <p>Private hospital .....31</p> <p>Private clinic .....32</p> <p>Private maternity home .....33</p> <p>NGO's Sector</p> <p>NGO's hospital .....41</p> <p>UNRWA sector</p> <p>UNRWA hospital/ health centre.....51</p> <p>Israeli sector</p> <p>Israeli hospital/ health centre.....61</p> <p>Other (<i>specify</i>) _____ 96</p>	<p>11⇒MN19C</p> <p>12⇒MN19C</p> <p>96⇒MN19C</p>
<p><b>MN19.</b> WAS (<i>name</i>) DELIVERED BY CAESAREAN SECTION? THAT IS, DID THEY CUT YOUR BELLY OPEN TO TAKE THE BABY OUT?</p>	<p>Yes .....1</p> <p>No.....2</p>	<p>2⇒MN19C</p>
<p><b>MN19A.</b> WHEN WAS THE DECISION MADE TO HAVE THE CAESAREAN SECTION?</p> <p>WAS IT BEFORE OR AFTER YOUR LABOUR PAINS STARTED?</p>	<p>Before.....1</p> <p>After.....2</p>	

<p><b>MN19B.</b> WHY WAS THE DECISION MADE TO HAVE THE CAESAREAN SECTION?</p> <p><i>Probe</i></p> <p>ANY OTHER DECISION?</p> <p><i>Probe for the reasons and circle all answers given</i></p>	<p>Reasons associated with respondent's health ..... A</p> <p>Reasons associated with fetus's health ..... B</p> <p>Respondent's Choice ..... C</p> <p>Husband's Choice ..... D</p> <p>Other (<i>specify</i>) _____</p> <p>X</p>																																		
<p><b>MN19C.</b> DID YOU HAVE ANY OF THE FOLLOWING SYMPTOMS DURING OR IMMEDIATELY AFTER DELIVERY?</p> <p>[A] than 12 hours</p> <p>[B] High fever</p> <p>[C] Convulsions without fever</p> <p>[D] Severe vaginal bleeding</p> <p>[X] Other</p>	<table border="0"> <thead> <tr> <th></th> <th style="text-align: center;">Yes</th> <th style="text-align: center;">No</th> </tr> </thead> <tbody> <tr> <td>Prolonged labor for more Than 12 hours .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>High fever .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Convulsions without fever .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Severe vaginal bleeding .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Other (<i>specify</i>) _____</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		Yes	No	Prolonged labor for more Than 12 hours .....	1	2	High fever .....	1	2	Convulsions without fever .....	1	2	Severe vaginal bleeding .....	1	2	Other ( <i>specify</i> ) _____	1	2																
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<p><b>MN19D.</b> DID YOU SUFFER FROM ANY OF THE FOLLOWING SYMPTOMS AT ANY TIME DURING THE FIRST SIX WEEKS FOLLOWING THE DELIVERY?</p> <p>[A] Severe vaginal bleeding</p> <p>[B] Swelling and pain in the legs</p> <p>[C] Foul-smelling vaginal discharge with fever</p> <p>[D] Lower abdominal pain with fever</p> <p>[E] Sever Lower back pain with fever</p> <p>[F] Painful during urination</p> <p>[G] Breast swelling and pain with fever</p> <p>[H] Hypertension</p> <p>[I] Severe headache</p> <p>[X] Other (<i>specify</i>)</p>	<table border="0"> <thead> <tr> <th></th> <th style="text-align: center;">Yes</th> <th style="text-align: center;">No</th> </tr> </thead> <tbody> <tr> <td>Severe vaginal bleeding .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Swelling and pain in the legs .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Foul-smelling vaginal discharge with fever .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Lower abdominal pain with fever .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Sever Lower back pain with fever .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Painful during urination.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Breast swelling and pain with fever .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Hypertension .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Severe headache .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Other (<i>specify</i>) _____</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		Yes	No	Severe vaginal bleeding .....	1	2	Swelling and pain in the legs .....	1	2	Foul-smelling vaginal discharge with fever .....	1	2	Lower abdominal pain with fever .....	1	2	Sever Lower back pain with fever .....	1	2	Painful during urination.....	1	2	Breast swelling and pain with fever .....	1	2	Hypertension .....	1	2	Severe headache .....	1	2	Other ( <i>specify</i> ) _____	1	2	
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<p><b>MN20.</b> WHEN (<i>name</i>) WAS BORN, WAS HE/SHE VERY LARGE, LARGER THAN AVERAGE, AVERAGE, SMALLER THAN AVERAGE, OR VERY SMALL?</p>	<p>Very large .....1                  Larger than average .....2                  Average .....3                  Smaller than average .....4                  Very small.....5                  DK .....8</p>	
<p><b>MN21.</b> WAS (<i>name</i>) WEIGHED AT BIRTH?</p>	<p>Yes .....1                  No.....2                  DK .....8</p>	<p>2⇒MN23                  8⇒MN23</p>
<p><b>MN22.</b> HOW MUCH DID (<i>name</i>) WEIGH?   <i>If a card is available, record weight from card.</i></p>	<p>From card ..... 1 (kg) __ . __ __ __                  From recall ..... 2 (kg) __ . __ __ __                  DK .....99998</p>	
<p><b>MN23.</b> HAS YOUR MENSTRUAL PERIOD RETURNED SINCE THE BIRTH OF (<i>name</i>)?</p>	<p>Yes .....1                  No.....2</p>	
<p><b>MN24.</b> DID YOU EVER BREASTFEED (<i>name</i>)?</p>	<p>Yes .....1                  No.....2</p>	<p>2⇒MN27A</p>
<p><b>MN25.</b> HOW LONG AFTER BIRTH DID YOU FIRST PUT (<i>name</i>) TO THE BREAST?   <i>If less than 1 hour, record '00' hours.                  If less than 24 hours, record hours.                  Otherwise, record days.</i></p>	<p>Immediately .....000                  Hours.....1 __ __                  Days .....2 __ __                  DK/ remember .....998</p>	
<p><b>MN26.</b> IN THE FIRST THREE DAYS AFTER DELIVERY, WAS (<i>name</i>) GIVEN ANYTHING TO DRINK OTHER THAN BREAST MILK?</p>	<p>Yes .....1                  No.....2</p>	<p>2⇒MN27A</p>

<p><b>MN27.</b> WHAT WAS (<i>name</i>) GIVEN TO DRINK?</p> <p><i>Probe:</i> ANYTHING ELSE?</p>	<p>Milk (other than breast milk)..... A            Plain water..... B            Sugar or glucose water ..... C            Gripe water..... D            Sugar-salt-water solution..... E            Fruit juice..... F            Infant formula ..... G            Tea / Infusions..... H            Honey..... I            Other (<i>specify</i>) _____ X</p>	
<p><b>MN27A</b> DID YOU HEAR ABOUT MOTHER AND CHILD HEALTH HANDBOOK?</p>	<p>Yes .....1            No.....2</p>	<p>2⇒NEXT MODULE</p>
<p><b>MN27B.</b> DO YOU USE THE MOTHER AND CHILD HEALTH HANDBOOK?</p>	<p>Yes .....1            No.....2</p>	

<b>POST-NATAL HEALTH CHECKS</b>		<b>PN</b>
<p><i>This module is to be administered to all women with a live birth in the 2 years preceding the date of interview.</i></p> <p><i>Record name of last-born child from CM13 here _____.</i></p> <p><i>Use this child's name in the following questions, where indicated.</i></p>		
<p><b>PN1.</b> Check MN18: Was the child delivered in a health facility?</p> <p><input type="checkbox"/> Yes, the child was delivered in a health facility (MN18=21-61) ⇒ Continue with PN2</p> <p><input type="checkbox"/> No, the child was not delivered in a health facility (MN18=11-12 or 96) ⇒ Go to PN6</p>		
<p><b>PN2.</b> NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT WHAT HAPPENED IN THE HOURS AND DAYS AFTER THE BIRTH OF (<i>name</i>).</p> <p>YOU HAVE SAID THAT YOU GAVE BIRTH IN (<i>name or type of facility in MN18</i>). HOW LONG DID YOU STAY THERE AFTER THE DELIVERY?</p> <p><i>If less than one day, record hours.</i></p> <p><i>If less than one week, record days.</i></p> <p><i>Otherwise, record weeks.</i></p>	<p>Hours.....1 __ __</p> <p>Days .....2 __ __</p> <p>Weeks .....3 __ __</p> <p>DK/ Don't remember.....998</p>	
<p><b>PN3.</b> I WOULD LIKE TO TALK TO YOU ABOUT CHECKS ON (<i>name</i>)'S HEALTH AFTER DELIVERY – FOR EXAMPLE, SOMEONE EXAMINING (<i>name</i>), CHECKING THE CORD, OR SEEING IF (<i>name</i>) IS OK.</p> <p>BEFORE YOU LEFT THE (<i>name or type of facility in MN18</i>), DID ANYONE CHECK ON (<i>name</i>)'S HEALTH?</p>	<p>Yes .....1</p> <p>No.....2</p>	

<p><b>PN4.</b> AND WHAT ABOUT CHECKS ON <u>YOUR</u> HEALTH – I MEAN, SOMEONE ASSESSING YOUR HEALTH, FOR EXAMPLE ASKING QUESTIONS ABOUT YOUR HEALTH OR EXAMINING YOU?</p> <p>DID ANYONE CHECK ON <u>YOUR</u> HEALTH BEFORE YOU LEFT (<i>name or type or facility in MN18</i>)?</p>	<p>Yes .....1 No.....2</p>	
<p><b>PN5.</b> NOW I WOULD LIKE TO TALK TO YOU ABOUT WHAT HAPPENED AFTER YOU LEFT (<i>name or type of facility in MN18</i>).</p> <p>DID ANYONE CHECK ON (<i>name</i>)’S HEALTH AFTER YOU LEFT (<i>name or type of facility in MN18</i>)?</p>	<p>Yes .....1 No.....2</p>	<p>1⇒PN11 2⇒PN16</p>
<p><b>PN6.</b> Check MN17: Did a health professional, traditional birth attendant (Daya), assist with the delivery?</p> <p><input type="checkbox"/> Yes, delivery assisted by a health professional, traditional birth attendant (Daya), (MN17=A-F) ⇒ Continue with PN7</p> <p><input type="checkbox"/> No, delivery not assisted by a health professional, traditional birth attendant (Daya), (A-F not circled in MN17) ⇒ Go to PN10</p>		
<p><b>PN7.</b> YOU HAVE ALREADY SAID THAT (<i>person or persons in MN17</i>) ASSISTED WITH THE BIRTH. NOW I WOULD LIKE TO TALK TO YOU ABOUT CHECKS ON (<i>name</i>)’S HEALTH AFTER DELIVERY, FOR EXAMPLE EXAMINING (<i>name</i>), CHECKING THE CORD, OR SEEING IF (<i>name</i>) IS OK.</p> <p>AFTER THE DELIVERY WAS OVER AND BEFORE (<i>person or persons in MN17</i>) LEFT YOU, DID (<i>person or persons in MN17</i>) CHECK ON (<i>name</i>)’S HEALTH?</p>	<p>Yes .....1 No.....2</p>	

<p><b>PN8.</b> AND DID (<i>person or persons in MN17</i>) CHECK ON <u>YOUR</u> HEALTH BEFORE LEAVING?</p> <p>BY CHECK ON YOUR HEALTH, I MEAN ASSESSING YOUR HEALTH, FOR EXAMPLE ASKING QUESTIONS ABOUT YOUR HEALTH OR EXAMINING YOU.</p>	<p>Yes .....1 No.....2</p>	
<p><b>PN9.</b> AFTER THE (<i>person or persons in MN17</i>) LEFT YOU, DID ANYONE CHECK ON THE HEALTH OF (<i>name</i>)?</p>	<p>Yes .....1 No.....2</p>	<p>1⇒PN11 2⇒PN18</p>
<p><b>PN10.</b> I WOULD LIKE TO TALK TO YOU ABOUT CHECKS ON (<i>name</i>)’S HEALTH AFTER DELIVERY – FOR EXAMPLE, SOMEONE EXAMINING (<i>name</i>), CHECKING THE CORD, OR SEEING IF THE BABY IS OK.</p> <p>AFTER (<i>name</i>) WAS DELIVERED, DID ANYONE CHECK ON HIS/HER HEALTH?</p>	<p>Yes .....1 No.....2</p>	<p>2⇒PN19</p>
<p><b>PN11.</b> DID SUCH A CHECK HAPPEN ONLY ONCE, OR MORE THAN ONCE?</p>	<p>Once.....1 More than once .....2</p>	<p>1⇒PN12A 2⇒PN12B</p>
<p><b>PN12A.</b> HOW LONG AFTER DELIVERY DID THAT CHECK HAPPEN?</p> <p><b>PN12B.</b> HOW LONG AFTER DELIVERY DID THE FIRST OF THESE CHECKS HAPPEN?</p> <p><i>If less than one day, record hours.</i> <i>If less than one week, record days.</i> <i>Otherwise, record weeks.</i></p>	<p>Hours.....1 __ __ Days .....2 __ __ Weeks .....3 __ __ DK/ Don’t remember.....998</p>	

<p><b>PN13. WHO CHECKED ON (<i>name</i>)'S HEALTH AT THAT TIME?</b></p>	<p>Health professional</p> <p>Doctor ..... A</p> <p>Nurse / Midwife ..... B</p> <p>Other person</p> <p>Traditional birth attendant (Daya) ..... F</p> <p>Relative / Friend ..... H</p> <p>Other (<i>specify</i>) _____ X</p>	
<p><b>PN14. WHERE DID THIS CHECK TAKE PLACE?</b></p> <p><i>Probe to identify the type of source.</i></p> <p><i>If unable to determine whether public or private, write the name of the place.</i></p> <p>_____</p> <p>(<i>Name of place</i>)</p>	<p>Home</p> <p>Respondent's home ..... 11</p> <p>Other home ..... 12</p> <p>Public sector</p> <p>Government hospital ..... 21</p> <p>Government clinic / health centre ..... 22</p> <p>Private Sector</p> <p>Private hospital ..... 31</p> <p>Private clinic ..... 32</p> <p>Private maternity home ..... 33</p> <p>NGO's Sector</p> <p>NGO's hospital/ health centre ..... 41</p> <p>UNRWA Sector</p> <p>UNRWA hospital/ health centre ..... 51</p> <p>Israeli Sector</p> <p>Israeli hospital/ health centre ..... 61</p> <p>Other (<i>specify</i>) _____ 96</p>	
<p><b>PN15. Check MN18: Was the child delivered in a health facility?</b></p> <p><input type="checkbox"/> Yes, the child was delivered in a health facility (MN18=21-61) ⇒ Continue with PN16</p> <p><input type="checkbox"/> No, the child was not delivered in a health facility (MN18=11-12 or 96) ⇒ Go to PN17</p>		
<p><b>PN16. AFTER YOU LEFT (<i>name or type of facility in MN18</i>), DID ANYONE CHECK ON <u>YOUR</u> HEALTH?</b></p>	<p>Yes ..... 1</p> <p>No ..... 2</p>	<p>1 ⇒ PN20</p> <p>2 ⇒ PN23A</p>



<p><b>PN17.</b> Check MN17: Did a health professional, traditional birth attendant (Daya), assist with the delivery?</p> <p><input type="checkbox"/> Yes, delivery assisted by a health professional, traditional birth attendant (Daya), (MN17=A-F) ⇒ Continue with PN18</p> <p><input type="checkbox"/> No, delivery not assisted by a health professional, traditional birth attendant (Daya), (A-F not circled in MN17) ⇒ Go to PN19</p>		
<p><b>PN18.</b> AFTER THE DELIVERY WAS OVER AND (person or persons in MN17) LEFT, DID ANYONE CHECK ON <u>YOUR</u> HEALTH?</p>	<p>Yes .....1</p> <p>No.....2</p>	<p>1⇒PN20</p> <p>2⇒PN23A</p>
<p><b>PN19.</b> AFTER THE BIRTH OF (name), DID ANYONE CHECK ON <u>YOUR</u> HEALTH?</p> <p>I MEAN SOMEONE ASSESSING YOUR HEALTH, FOR EXAMPLE ASKING QUESTIONS ABOUT YOUR HEALTH OR EXAMINING YOU.</p>	<p>Yes .....1</p> <p>No.....2</p>	<p>2⇒PN23A</p>
<p><b>PN20.</b> DID SUCH A CHECK HAPPEN ONLY ONCE, OR MORE THAN ONCE?</p>	<p>Once.....1</p> <p>More than once .....2</p>	<p>1⇒PN21A</p> <p>2⇒PN21B</p>
<p><b>PN21A.</b> HOW LONG AFTER DELIVERY DID THAT CHECK HAPPEN?</p> <p><b>PN21B.</b> HOW LONG AFTER DELIVERY DID THE FIRST OF THESE CHECKS HAPPEN?</p> <p><i>If less than one day, record hours.</i></p> <p><i>If less than one week, record days.</i></p> <p><i>Otherwise, record weeks.</i></p>	<p>Hours.....1 __ __</p> <p>Days .....2 __ __</p> <p>Weeks .....3 __ __</p> <p>DK/ Don't remember.....998</p>	

<p><b>PN22. WHO CHECKED ON <u>YOUR</u> HEALTH AT THAT TIME?</b></p>	<p>Health professional</p> <p>Doctor ..... A</p> <p>Nurse / Midwife ..... B</p> <p>Other person</p> <p>Traditional birth attendant (Daya) ..... F</p> <p>Relative / Friend ..... H</p> <p>Other (<i>specify</i>) _____ X</p>	
<p><b>PN23. WHERE DID THIS CHECK TAKE PLACE?</b></p> <p><i>Probe to identify the type of source.</i></p> <p><i>If unable to determine whether public or private, write the name of the place.</i></p> <p>_____</p> <p>(<i>Name of place</i>)</p>	<p>Home</p> <p>Respondent's home ..... 11</p> <p>Other home ..... 12</p> <p>Public Sector</p> <p>Government hospital ..... 21</p> <p>Government clinic / health centre ..... 22</p> <p>Private Sector</p> <p>Private hospital ..... 31</p> <p>Private clinic ..... 32</p> <p>Private maternity home ..... 33</p> <p>NGO's Sector</p> <p>NGO's hospital/ health centre ..... 41</p> <p>UNRWA Sector</p> <p>UNRWA hospital/ health centre ..... 51</p> <p>Israeli Sector</p> <p>Israeli hospital/ health centre ..... 61</p> <p>Other (<i>specify</i>) _____ 96</p>	<p>11⇒Next Module</p> <p>12⇒Next Module</p> <p>21⇒Next Module</p> <p>22⇒Next Module</p> <p>31⇒Next Module</p> <p>32⇒Next Module</p> <p>33⇒Next Module</p> <p>41⇒Next Module</p> <p>51⇒Next Module</p> <p>61⇒Next Module</p> <p>96⇒Next Module</p>

<b>PN23A. WHAT IS THE MAIN REASON FOR NOT SEEKING FOR THE POSTNATAL CARE?</b>	There were no problems .....	11
	Has previous experience .....	12
	Not aware of the importance of check-up .	13
	Service unavailable .....	14
	Service expensive .....	15
	Was busy.....	16
	Husband was busy .....	17
	Israeli measures were a barrier .....	18
Other ( <i>specify</i> ) _____	96	

CONTRACEPTION		CP
<b>CP0. Check MA1. Currently Married?</b>  <input type="checkbox"/> Yes, currently married ⇒ Continue with CP1  <input type="checkbox"/> No ⇒ Go to HIV/AIDS Module		
<b>CP1. I WOULD LIKE TO TALK WITH YOU ABOUT ANOTHER SUBJECT – FAMILY PLANNING.</b>  ARE YOU PREGNANT NOW?	Yes, currently pregnant .....1  No .....2  Unsure or DK.....8	1⇒CP2A
<b>CP2. COUPLES USE VARIOUS WAYS OR METHODS TO DELAY OR AVOID A PREGNANCY.</b>  ARE YOU CURRENTLY DOING SOMETHING OR USING ANY METHOD TO DELAY OR AVOID GETTING PREGNANT?	Yes .....1  No .....2	1⇒CP3
<b>CP2AA. WHAT IS YOUR MAIN REASON FOR NOT CURRENTLY USING A FAMILY PLANNING METHOD?</b>	Desire to have a child .....11 I object family planning .....12 Husband objected .....13 Fear of side effects .....14 Availability/accessibility .....15 Expensive .....16 Inconvenient to use .....17 Menopause .....18 Infrequent sex / No sex .....19 Religious beliefs .....20 Infertile Husband/Wife .....21 Fatalistic .....22 Husband/Wife is sick .....23 Breastfeeding .....24 Too old .....25  Other (specify) _____ 96	
<b>CP2A. HAVE YOU EVER DONE SOMETHING OR USED ANY METHOD TO DELAY OR AVOID GETTING PREGNANT?</b>	Yes .....1  No .....2	1⇒Next Module 2⇒Next

		Module
<p><b>CP3. WHAT ARE YOU DOING TO DELAY OR AVOID A PREGNANCY?</b></p> <p>Do not prompt. If more than one method is mentioned, circle each one.</p>	Female sterilization ..... A	A⇒CP4A
	Male sterilization..... B	B⇒CP4A
	IUD ..... C	
	Injectables ..... D	
	Implants..... E	
	Pill..... F	
	Male condom..... G	
	Female condom..... H	
	Diaphragm..... I	
	Foam / Jelly ..... J	
	Lactational amenorrhoea method (LAM)..... K	K⇒CP5
	Periodic abstinence / Rhythm..... L	L⇒ CP5
	Withdrawal..... M	M⇒ CP5
	Other ( <i>specify</i> ) _____ X	X⇒ CP5
<p><b>CP4. FROM WHERE DID YOU GET (CURRENT METHOD'S NAME) LAST TIME?</b></p> <p><b>CP4A: IN WHAT FACILITY DID THE STERILIZATION TAKE PLACE?</b></p>	Public sector	
	Government hospital .....21	
	Government clinic / MCH centre .....22	
	Private Sector	
	Private hospital .....31	
	Private clinic .....32	
	Pharmacy .....33	
	NGO's Sector	
	NGO's hospital/ health centre.....41	
	UNRWA sector	
	UNRWA hospital/ health centre.....51	
Israeli sector		
Israeli hospital/ health centre.....61		
Other ( <i>specify</i> ) _____ 96		
<p><b>CP5. DID YOU FACE ANY PROBLEMS WITH USING (CURRENT METHOD)?</b></p>	Yes .....1	
	No.....2	2⇒Next Module

<p><b>CP6. WHAT PROBLEMS DID YOU FACE?</b></p> <p>Probe: Any other problems?</p>	<p>Side effects..... A</p> <p>Method not effective ..... B</p> <p>Husband objected ..... C</p> <p>Availability/accessibility ..... D</p> <p>Expensive..... E</p> <p>Inconvenient to use ..... F</p> <p>Other (<i>specify</i>) _____ X</p>	
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UNMET NEED		UN
<b>UN1. Check CP1. Currently pregnant?</b>  <input type="checkbox"/> Yes, currently pregnant ⇒ Continue with UN2  <input type="checkbox"/> No, unsure or DK ⇒ Go to UN5		
<b>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?</b>	Yes..... 1  No ..... 2	1⇒UN4
<b>UN3. DID YOU WANT TO HAVE A BABY LATER ON OR DID YOU NOT WANT ANY (MORE) CHILDREN?</b>	Later..... 1 No more ..... 2	
<b>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?</b>	Have another child ..... 1  No more / None..... 2  Undecided / DK..... 8	1⇒UN7  2⇒UN13  8⇒UN13
<b>UN5. Check CP3. Currently using "Female sterilization"?</b>  <input type="checkbox"/> Yes ⇒ Go to UN13 <input type="checkbox"/> No ⇒ Continue with UN6		
<b>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?</b>	Have (a/another) child..... 1 No more / None..... 2 Says she cannot get pregnant ..... 3 Undecided / DK..... 8	2⇒UN9 3⇒UN11 8⇒UN9
<b>UN7. HOW LONG WOULD YOU LIKE TO WAIT BEFORE THE BIRTH OF (A/ANOTHER) CHILD?</b>  <i>Record the answer as stated by respondent.</i>	Months ..... 1 ___ Years..... 2 ___  Does not want to wait (soon/now)..... 993 Says she cannot get pregnant ..... 994 After marriage ..... 995 Other ..... 996 DK..... 998	994⇒UN11
<b>UN8. Check CP1. Currently pregnant?</b>  <input type="checkbox"/> Yes, currently pregnant ⇒ Go to UN13 <input type="checkbox"/> No, unsure or DK ⇒ Continue with UN9		

<b>UN9. Check CP2. Currently using a method?</b>  <input type="checkbox"/> Yes ⇒ Go to UN13  <input type="checkbox"/> No ⇒ Continue with UN10		
<b>UN10. DO YOU THINK YOU ARE PHYSICALLY ABLE TO GET PREGNANT AT THIS TIME?</b>	Yes..... 1  No ..... 2  DK..... 8	1 ⇒ UN13  8 ⇒ UN13
<b>UN11. WHY DO YOU THINK YOU ARE NOT PHYSICALLY ABLE TO GET PREGNANT?</b>	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 amenorrhea ..... F Breastfeeding..... G Too old ..... H Fatalistic..... I Other ( <i>specify</i> ) ..... X DK..... Z	
<b>UN12. Check UN11. "Never menstruated" mentioned?</b>  <input type="checkbox"/> Mentioned ⇒ Go to Next Module <input type="checkbox"/> Not mentioned ⇒ Continue with UN13		
<b>UN13. WHEN DID YOUR LAST MENSTRUAL PERIOD START?</b>  Record the answer using the same unit stated by the respondent	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	



HIV/AIDS		HA																
<p><b>HA1.</b> NOW I WOULD LIKE TO TALK WITH YOU ABOUT SOMETHING ELSE.</p> <p>HAVE YOU EVER HEARD OF AN ILLNESS CALLED AIDS?</p>	<p>Yes ..... 1</p> <p>No ..... 2</p>	<p>2 ⇨</p> <p>WM11</p>																
<p><b>HA2.</b> CAN PEOPLE REDUCE THEIR CHANCE OF GETTING THE AIDS VIRUS BY HAVING JUST ONE UNINFECTED SEX PARTNER WHO HAS NO OTHER SEX PARTNERS?</p>	<p>Yes ..... 1</p> <p>No ..... 2</p> <p>DK ..... 8</p>																	
<p><b>HA3.</b> CAN PEOPLE GET THE AIDS VIRUS BECAUSE OF WITCHCRAFT OR OTHER SUPERNATURAL MEANS?</p>	<p>Yes ..... 1</p> <p>No ..... 2</p> <p>DK ..... 8</p>																	
<p><b>HA4.</b> CAN PEOPLE REDUCE THEIR CHANCE OF GETTING THE AIDS VIRUS BY USING A CONDOM EVERY TIME THEY HAVE SEX?</p>	<p>Yes ..... 1</p> <p>No ..... 2</p> <p>DK ..... 8</p>																	
<p><b>HA5.</b> CAN PEOPLE GET THE AIDS VIRUS FROM MOSQUITO BITES?</p>	<p>Yes ..... 1</p> <p>No ..... 2</p> <p>DK ..... 8</p>																	
<p><b>HA6.</b> CAN PEOPLE GET THE AIDS VIRUS BY SHARING FOOD WITH A PERSON WHO HAS THE AIDS VIRUS?</p>	<p>Yes ..... 1</p> <p>No ..... 2</p> <p>DK ..... 8</p>																	
<p><b>HA7.</b> IS IT POSSIBLE FOR A HEALTHY-LOOKING PERSON TO HAVE THE AIDS VIRUS?</p>	<p>Yes ..... 1</p> <p>No ..... 2</p> <p>DK ..... 8</p>																	
<p><b>HA8.</b> CAN THE VIRUS THAT CAUSES AIDS BE TRANSMITTED FROM A MOTHER TO HER BABY:</p> <p>[A] DURING PREGNANCY?</p> <p>[B] DURING DELIVERY?</p> <p>[C] BY BREASTFEEDING?</p>	<table border="0"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>During pregnancy .....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>During delivery .....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>By breastfeeding .....</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		Yes	No	DK	During pregnancy .....	1	2	8	During delivery .....	1	2	8	By breastfeeding .....	1	2	8	
	Yes	No	DK															
During pregnancy .....	1	2	8															
During delivery .....	1	2	8															
By breastfeeding .....	1	2	8															
<p><b>HA9.</b> IN YOUR OPINION, IF A FEMALE TEACHER HAS THE AIDS VIRUS BUT IS NOT SICK, SHOULD SHE BE ALLOWED TO CONTINUE TEACHING IN SCHOOL?</p>	<p>Yes ..... 1</p> <p>No ..... 2</p> <p>DK / Not sure / Depends ..... 8</p>																	

<b>HA10.</b> WOULD YOU BUY FRESH VEGETABLES FROM A SHOPKEEPER OR VENDOR IF YOU KNEW THAT THIS PERSON HAD THE AIDS VIRUS?	Yes ..... 1 No ..... 2  DK / Not sure / Depends ..... 8	
<b>HA11.</b> IF A MEMBER OF YOUR FAMILY GOT INFECTED WITH THE AIDS VIRUS, WOULD YOU WANT IT TO REMAIN A SECRET?	Yes ..... 1 No ..... 2  DK / Not sure / Depends ..... 8	
<b>HA12.</b> IF A MEMBER OF YOUR FAMILY BECAME SICK WITH AIDS, WOULD YOU BE WILLING TO CARE FOR HER OR HIM IN YOUR OWN HOUSEHOLD?	Yes ..... 1 No ..... 2  DK / Not sure / Depends ..... 8	
<b>HA27.</b> DO YOU KNOW OF A PLACE WHERE PEOPLE CAN GO TO GET TESTED FOR THE AIDS VIRUS?	Yes ..... 1 No ..... 2	

<b>WM11.</b> Record the time.	Hour and minutes ..... ____ : ____	
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<p><b>WM12.</b> Check List of Household Members, columns HL7 and HL15.</p> <p><i>Is the respondent the mother or caretaker of any child age 0-4 living in this household?</i></p> <p><input type="checkbox"/> Yes ⇒ Proceed to complete the result of woman's interview (WM7) on the cover and then go to QUESTIONNAIRE FOR CHILDREN UNDER FIVE for that child and start the interview with this respondent.</p> <p><input type="checkbox"/> No ⇒ End the interview with this respondent by thanking her for her cooperation and proceed to complete the result of woman's interview (WM7) on the cover page.</p>
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**Interviewer's Observations**

**Field Editor's Observations**

**Supervisor's Observations**