



WOMAN'S INFORMATION PANEL	WM
WM1. Cluster number: _____	WM2. Household number: _____
WM3. Woman's name and line number: NAME _____	WM4. Supervisor's name and number: NAME _____
WM5. Interviewer's name and number: NAME _____	WM6. Day / Month / Year of interview: _____ / _____ / <u>2</u> <u>0</u> _____

<p><i>Check woman's age in HL6 in LIST OF HOUSEHOLD MEMBERS, HOUSEHOLD QUESTIONNAIRE: If age 15-17, verify in HH33 that adult consent for interview is obtained or not necessary (HL20=90). If consent is needed and not obtained, the interview must not commence and '06' should be recorded in WM17.</i></p>	<p>WM7. Record the time:</p> <p align="center">HOURS : MINUTES _____ : _____</p>				
<p>WM8. Check completed questionnaires in this household: Have you or another member of your team interviewed this respondent for another questionnaire?</p>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">YES, INTERVIEWED ALREADY</td> <td style="width: 20%; text-align: right;">1</td> </tr> <tr> <td>NO, FIRST INTERVIEW.....</td> <td style="text-align: right;">2</td> </tr> </table> <p style="text-align: right; margin-top: 5px;">1 ⇒ WM9B 2 ⇒ WM9A</p>	YES, INTERVIEWED ALREADY	1	NO, FIRST INTERVIEW.....	2
YES, INTERVIEWED ALREADY	1				
NO, FIRST INTERVIEW.....	2				
<p>WM9A. Hello, my name is (<i>your name</i>). 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 your health and other topics. This interview usually takes about 30 minutes. We are also interviewing mothers about their children. All the information we obtain will remain strictly confidential and anonymous. If you wish not to answer a question or wish to stop the interview, please let me know. May I start now?</p>	<p>WM9B. Now I would like to talk to you about your health and other topics in more detail. This interview will take about 30 minutes. Again, all the information we obtain will remain strictly confidential and anonymous. If you wish not to answer a question or wish to stop the interview, please let me know. May I start now?</p>				
<p>YES..... 1 NO / NOT ASKED..... 2</p>	<p>1 ⇒ WOMAN'S BACKGROUND Module 2 ⇒ WM17</p>				

<p>WM17. Result of woman's interview.</p> <p><i>Discuss any result not completed with Supervisor.</i></p>	<table style="width:100%; border-collapse: collapse;"> <tr><td>COMPLETED</td><td style="text-align: right;">01</td></tr> <tr><td>NOT AT HOME</td><td style="text-align: right;">02</td></tr> <tr><td>REFUSED</td><td style="text-align: right;">03</td></tr> <tr><td>PARTLY COMPLETED.....</td><td style="text-align: right;">04</td></tr> <tr><td> </td><td> </td></tr> <tr><td>INCAPACITATED (<i>specify</i>) _____</td><td style="text-align: right;">05</td></tr> <tr><td>NO ADULT CONSENT FOR RESPONDENT</td><td> </td></tr> <tr><td> AGE 15-17.....</td><td style="text-align: right;">06</td></tr> <tr><td> </td><td> </td></tr> <tr><td>OTHER (<i>specify</i>) _____</td><td style="text-align: right;">96</td></tr> </table>	COMPLETED	01	NOT AT HOME	02	REFUSED	03	PARTLY COMPLETED.....	04			INCAPACITATED (<i>specify</i>) _____	05	NO ADULT CONSENT FOR RESPONDENT		AGE 15-17.....	06			OTHER (<i>specify</i>) _____	96
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WOMAN'S BACKGROUND		WB
WB1. Check the respondent's line number (WM3) in WOMAN'S INFORMATION PANEL and the respondent to the HOUSEHOLD QUESTIONNAIRE (HH47): Is this respondent also the respondent to the Household Questionnaire?	YES, RESPONDENT IS THE SAME, WM3=HH47 1 NO, RESPONDENT IS NOT THE SAME, WM3≠HH47 2	2 ⇔ WB3
WB2. Check ED5 in EDUCATION Module in the HOUSEHOLD QUESTIONNAIRE for this respondent: Highest level of school attended:	ED5=2, 3 1 ED5=0, 8 OR BLANK 2 ED5=1 3	1 ⇔ WB15 2 ⇔ WB14
WB2A. Check ED5: Highest level of school attended=1, and grade/year =01 or 02 or 03 or 04	YES 1 NO 2	1 ⇔ WB14 2 ⇔ WB15
WB3. In what month and year were you born?	DATE OF BIRTH MONTH __ __ DK MONTH 98 YEAR __ __ __ __ DK YEAR 9998	
WB4. How old are you? <i>Probe: How old were you at your last birthday?</i> <i>If responses to WB3 and WB4 are inconsistent, probe further and correct. Age must be recorded.</i>	AGE (IN COMPLETED YEARS) __ __	
WB5. Have you ever attended school or kindergarten programme?	YES 1 NO 2	2 ⇔ WB14
WB6. What is the highest level and grade or year of school you have attended?	KINDERGARTEN 000 BASIC 1 __ __ SECONDARY 2 __ __ HIGHER 3 __ __	000 ⇔ WB14
WB7. Did you complete that (grade/year)?	YES 1 NO 2	
WB8. Check WB4: Age of respondent:	AGE 15-24 1 AGE 25-49 2	2 ⇔ WB13
WB9. At any time during the current school year 2019/2020 did you attend school?	YES 1 NO 2	2 ⇔ WB11
WB10. During this current school year 2019/2020, which level and grade or year are you <u>attending</u> ?	BASIC 1 __ __ SECONDARY 2 __ __ HIGHER 3 __ __	
WB11. At any time during the previous school year 2018/2019 did you attend school?	YES 1 NO 2	2 ⇔ WB13
WB12. During that previous school year 2018/2019, which level and grade or year did you <u>attend</u> ?	BASIC 1 __ __ SECONDARY 2 __ __ HIGHER 3 __ __	
WB13. Check WB6: Highest level of school attended:	WB6=2, 3 1 WB6=1 2	1 ⇔ WB15
WB13A. Check WB6: Highest level of school attended=1, and grade/year =01 or 02 or 03 or 04	YES 1 NO 2	2 ⇔ WB15

<p>WB14. 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> 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 / BRAILLE (specify language) 4</p>	
<p>WB15. How long have you been continuously living in (name of current city, town or village of residence)?</p> <p><i>If less than one year, record '00' years.</i></p>	<p>YEARS __ __</p> <p>ALWAYS / SINCE BIRTH 95</p>	95 ⇒WB18
<p>WB16. Just before you moved here, did you live in an urban, in a rural, or in a camp area?</p> <p><i>Probe to identify the type of place.</i></p> <p><u><i>If unable to determine whether the place is an urban, a rural or a camp area, write the name of the place and then temporarily record '5' until you learn the appropriate category for the response.</i></u></p> <p>_____</p> <p>(Name of place)</p>	<p>URBAN 1</p> <p>RURAL 2</p> <p>CAMP 3</p> <p>UNABLE TO DETERMINE IF URBAN/RURAL/CAMP 5</p> <p>DK / DON'T REMEMBER 8</p>	
<p>WB17. Before you moved here, in which governorate did you live in?</p>	<p>GOVERNORATE NAME AND CODE (specify) _____ __ __</p> <p>OUTSIDE OF PALESTINE (specify) 96</p>	
<p>WB18. Are you covered by any health insurance?</p>	<p>YES..... 1</p> <p>NO 2</p>	2 ⇒End
<p>WB19. What type of health insurance are you covered by?</p> <p><i>Record all mentioned.</i></p>	<p>GOVERNMENTAL E</p> <p>UNRWA F</p> <p>PRIVATE..... G</p> <p>ISRAELI H</p> <p>OTHER (specify) X</p>	

MASS MEDIA AND ICT

MT

<p>MT1. Do you read a newspaper or magazine at least once a week, rarely or not at all?</p> <p><i>If 'At least once a week', probe: Would you say this happens almost every day?</i> <i>If 'Yes' record 3, if 'No' record 2.</i></p>	<p>NOT AT ALL..... 0 RARELY (LESS THAN ONCE A WEEK)..... 1 AT LEAST ONCE A WEEK..... 2 ALMOST EVERY DAY 3</p>	
<p>MT2. Do you listen to the radio at least once a week, rarely or not at all?</p> <p><i>If 'At least once a week', probe: Would you say this happens almost every day?</i> <i>If 'Yes' record 3, if 'No' record 2</i></p>	<p>NOT AT ALL..... 0 RARELY (LESS THAN ONCE A WEEK)..... 1 AT LEAST ONCE A WEEK..... 2 ALMOST EVERY DAY 3</p>	
<p>MT3. Do you watch television at least once a week, rarely or not at all?</p> <p><i>If 'At least once a week', probe: Would you say this happens almost every day?</i> <i>If 'Yes' record 3, if 'No' record 2</i></p>	<p>NOT AT ALL..... 0 RARELY (LESS THAN ONCE A WEEK)..... 1 AT LEAST ONCE A WEEK..... 2 ALMOST EVERY DAY 3</p>	
<p>MT4. Have you ever used a computer or a tablet from any location?</p>	<p>YES..... 1 NO 2</p>	<p>2 ⇒ MT9</p>
<p>MT5. During the last 3 months, did you use a computer or a tablet at least once a week, rarely or not at all?</p> <p><i>If 'At least once a week', probe: Would you say this happened almost every day?</i> <i>If 'Yes' record 3, if 'No' record 2</i></p>	<p>NOT AT ALL..... 0 RARELY (LESS THAN ONCE A WEEK)..... 1 AT LEAST ONCE A WEEK..... 2 ALMOST EVERY DAY 3</p>	<p>0 ⇒ MT9</p>

	YES	NO	
MT6. During the last 3 months, did you:			
[A] Copy or move a file or folder?	COPY/MOVE FILE	1 2	
[B] Use a copy and paste tool to duplicate or move information within a document?	USE COPY/PASTE IN DOCUMENT.....	1 2	
[C] Send e-mail with attached file, such as a document, picture or video?	SEND E-MAIL WITH ATTACHMENT.....	1 2	
[D] Use a basic arithmetic formula in a spreadsheet, such as excel programme?	USE BASIC SPREADSHEET FORMULA.	1 2	
[E] Connect and install a new device, such as a modem, camera or printer?	CONNECT DEVICE.....	1 2	
[F] Find, download, install and configure software?	INSTALL SOFTWARE.....	1 2	
[G] Create an electronic presentation with presentation software, including text, images, sound, video or charts?	CREATE PRESENTATION.....	1 2	
[H] Transfer a file between a computer and other device?	TRANSFER FILE	1 2	
[I] Write a computer program in any programming language?	PROGRAMMING	1 2	
MT7. Check MT6[C]: Is 'Yes' recorded?	YES, MT6[C]=1	1	1 ⇒MT10
	NO, MT6[C]=2.....	2	
MT8. Check MT6[F]: Is 'Yes' recorded?	YES, MT6[F]=1	1	1 ⇒MT10
	NO, MT6[F]=2.....	2	
MT9. Have you ever used the internet from any location and any device?	YES.....	1	
	NO	2	2 ⇒MT11
MT10. During the last 3 months, did you use the internet at least once a week, rarely or not at all? <i>If 'At least once a week', probe: Would you say this happens almost every day? If 'Yes' record 3, if 'No' record 2.</i>	NOT AT ALL.....	0	
	RARELY (LESS THAN ONCE A WEEK).....	1	
	AT LEAST ONCE A WEEK	2	
	ALMOST EVERY DAY	3	
MT11. Do you own a mobile phone?	YES.....	1	
	NO	2	
MT12. During the last 3 months, did you use a mobile phone at least once a week, rarely or not at all? <i>Probe if necessary: I mean have you communicated with someone using a mobile phone. If 'At least once a week', probe: Would you say this happens almost every day? If 'Yes' record 3, if 'No' record 2.</i>	NOT AT ALL.....	0	
	RARELY (LESS THAN ONCE A WEEK).....	1	
	AT LEAST ONCE A WEEK	2	
	ALMOST EVERY DAY	3	

MARRIAGE		MA
MA1. Are you currently married?	YES, CURRENTLY MARRIED 1 NO, NOT MARRIED 3	3 ⇒ MA5
MA2. How old is your husband? <i>Probe:</i> How old was your husband on his last birthday?	AGE IN YEARS ___ ___ DK 98	
MA3. Besides yourself, does your husband have any other wives?	YES 1 NO 2	2 ⇒ MA7
MA4. How many other wives does he have?	NUMBER ___ ___ DK 98	⇒ MA7 98 ⇒ MA7
MA5. Have you ever been married?	YES, FORMERLY MARRIED 1 NO 3	3 ⇒ DV1
MA6. What is your marital status now: are you widowed, divorced or separated?	WIDOWED 1 DIVORCED 2 SEPARATED 3	
MA7. Have you been married only once or more than once?	ONLY ONCE 1 MORE THAN ONCE 2	1 ⇒ MA8A 2 ⇒ MA8B
MA8A. In what month and year did you start living with your husband? MA8B. In what month and year did you start living with your <u>first</u> husband?	DATE OF (FIRST) MARRIED MONTH ___ ___ DK MONTH 98 YEAR ___ ___ ___ DK YEAR 9998	
MA9. Check MA8A/B: Is 'DK YEAR' recorded?	YES, MA8A/B=9998 1 NO, MA8A/B≠9998 2	2 ⇒ End
MA10. Check MA7: Married only once?	YES, MA7=1 1 NO, MA7=2 2	1 ⇒ MA11A 2 ⇒ MA11B
MA11A. How old were you when you started living with your husband? MA11B. How old were you when you started living with your <u>first</u> husband?	AGE IN YEARS ___ ___	

FERTILITY/BIRTH HISTORY		CM
<p>CM1. Now I would like to ask about all the births you have had during your life. Have you ever given birth?</p> <p><i>This module and the birth history should only include children born alive. Any stillbirths should not be included in response to any question.</i></p>	YES 1 NO..... 2	2 ⇒ CM8
<p>CM2. Do you have any sons or daughters to whom you have given birth who are now living with you?</p>	YES 1 NO..... 2	2 ⇒ CM5
<p>CM3. How many sons live with you?</p> <p><i>If none, record '00'.</i></p>	SONS AT HOME __ __	
<p>CM4. How many daughters live with you?</p> <p><i>If none, record '00'.</i></p>	DAUGHTERS AT HOME __ __	
<p>CM5. Do you have any sons or daughters to whom you have given birth who are alive but do not live with you?</p>	YES 1 NO..... 2	2 ⇒ CM8
<p>CM6. How many sons are alive but do not live with you?</p> <p><i>If none, record '00'.</i></p>	SONS ELSEWHERE __ __	
<p>CM7. How many daughters are alive but do not live with you?</p> <p><i>If none, record '00'.</i></p>	DAUGHTERS ELSEWHERE __ __	
<p>CM8. Have you ever given birth to a boy or girl who was born alive but later died?</p> <p><i>If 'No' probe by asking: I mean, to any baby who cried, who made any movement, sound, or effort to breathe, or who showed any other signs of life even if for a very short time?</i></p>	YES 1 NO..... 2	2 ⇒ CM11
<p>CM9. How many boys have died?</p> <p><i>If none, record '00'.</i></p>	BOYS DEAD..... __ __	
<p>CM10. How many girls have died?</p> <p><i>If none, record '00'.</i></p>	GIRLS DEAD..... __ __	
<p>CM11. Sum answers to CM3, CM4, CM6, CM7, CM9 and CM10.</p>	SUM __ __	
<p>CM12. Just to make sure that I have this right, you have had in total (<i>total number in CM11</i>) births during your life. Is this correct?</p>	YES 1 NO..... 2	1 ⇒ CM14

CM13. Check responses to CM1-CM10 and make corrections as necessary until response in CM12 is 'Yes'.		
CM14. Check CM11: How many live births?	NO LIVE BIRTHS, CM11=00 0 ONE OR MORE LIVE BIRTH, CM11=01 OR MORE..... 1	0⇒End

FERTILITY/BIRTH HISTORY

BH

BH0. 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.

BH0. Line Number	BH1. What name was given to your (first/next) baby?	BH2. Were any of these births twins?		BH3. Is (<i>name of birth</i>) a boy or a girl?		BH4. In what month and year was (<i>name of birth</i>) born? <i>Probe:</i> What is (his/her) birthday?			BH5. Is (<i>name of birth</i>) still alive?		BH6. How old was (<i>name of birth</i>) at (his/her) last birthday? <i>Record age in completed years.</i>		BH7. Is (<i>name of birth</i>) living with you?		BH8. Record household line number of child (from HLI) <i>Record '00' if child is not listed.</i>		BH9. How old was (<i>name of birth</i>) when (he/she) died? <i>If '1 year', probe: How many months old was (name of birth)?</i> <i>Record days if less than 1 month; record months if less than 2 years; or years</i>			BH10. Were there any other live births between (<i>name of previous birth</i>) and (<i>name of birth</i>), including any children who died after birth?	
		S	M	B	G	Day	Month	Year	Y	N	Age	Y	N	Line No	Unit	Number	Y	N			
01		1	2	1	2	___	___	___	1	2 ☺ BH9	___	___	1	2	___	___	___	DAYS1 MONTHS2 YEARS3	___	___	
02		1	2	1	2	___	___	___	1	2 ☺ BH9	___	___	1	2	___	___	___	DAYS1 MONTHS2 YEARS3	___	___	1 ☺ 2 ☺ Add Next Birth Birth
03		1	2	1	2	___	___	___	1	2 ☺ BH9	___	___	1	2	___	___	___	DAYS1 MONTHS2 YEARS3	___	___	1 ☺ 2 ☺ Add Next Birth Birth
04		1	2	1	2	___	___	___	1	2 ☺ BH9	___	___	1	2	___	___	___	DAYS1 MONTHS2 YEARS3	___	___	1 ☺ 2 ☺ Add Next Birth Birth
05		1	2	1	2	___	___	___	1	2 ☺ BH9	___	___	1	2	___	___	___	DAYS1 MONTHS2 YEARS3	___	___	1 ☺ 2 ☺ Add Next Birth Birth
06		1	2	1	2	___	___	___	1	2 ☺ BH9	___	___	1	2	___	___	___	DAYS1 MONTHS2 YEARS3	___	___	1 ☺ 2 ☺ Add Next Birth Birth
07		1	2	1	2	___	___	___	1	2 ☺ BH9	___	___	1	2	___	___	___	DAYS1 MONTHS2 YEARS3	___	___	1 ☺ 2 ☺ Add Next Birth Birth
08		1	2	1	2	___	___	___	1	2 ☺ BH9	___	___	1	2	___	___	___	DAYS1 MONTHS2 YEARS3	___	___	1 ☺ 2 ☺ Add Next Birth Birth
09		1	2	1	2	___	___	___	1	2 ☺ BH9	___	___	1	2	___	___	___	DAYS1 MONTHS2 YEARS3	___	___	1 ☺ 2 ☺ Add Next Birth Birth

BH0. Line Number	BH1. What name was given to your (first/next) baby?	BH2. Were any of these births twins?		BH3. Is (<i>name of birth</i>) a boy or a girl?	BH4. In what month and year was (<i>name of birth</i>) born? <i>Probe: What is (his/her) birthday?</i>			BH5. Is (<i>name of birth</i>) still alive?	BH6. How old was (<i>name of birth</i>) at (his/her) last birthday? <i>Record age in completed years.</i>	BH7. Is (<i>name of birth</i>) living with you?		BH8. <i>Record household line number of child (from HL1) Record '00' if child is not listed.</i>	BH9. How old was (<i>name of birth</i>) when (he/she) died? <i>If '1 year', probe: How many months old was (<i>name of birth</i>)? Record days if less than 1 month; record months if less than 2 years; or years</i>		BH10. Were there any other live births between (<i>name of previous birth</i>) and (<i>name of birth</i>), including any children who died after birth?								
		S	M		B	G	Day			Month	Year		Y	N	Age	Y	N	Line No	Unit	Number	Y	N	
10		1	2	1	2	___	___	___	___	___	1	2	___	___	⇒BH10	DAYS.....1 MONTHS..2 YEARS.....3	___	___	1	2	⇒ Add Birth	2	⇒ Next Birth
11		1	2	1	2	___	___	___	___	___	1	2	___	___	⇒BH10	DAYS.....1 MONTHS..2 YEARS.....3	___	___	1	2	⇒ Add Birth	2	⇒ Next Birth
12		1	2	1	2	___	___	___	___	___	1	2	___	___	⇒BH10	DAYS.....1 MONTHS..2 YEARS.....3	___	___	1	2	⇒ Add Birth	2	⇒ Next Birth
13		1	2	1	2	___	___	___	___	___	1	2	___	___	⇒BH10	DAYS.....1 MONTHS..2 YEARS.....3	___	___	1	2	⇒ Add Birth	2	⇒ Next Birth
14		1	2	1	2	___	___	___	___	___	1	2	___	___	⇒BH10	DAYS.....1 MONTHS..2 YEARS.....3	___	___	1	2	⇒ Add Birth	2	⇒ Next Birth
BH11. Have you had any live births since the birth of (<i>name of last birth listed</i>)?										YES					1	1 ⇒Record birth(s) in Birth History							
										NO					2								


<p>CM15. Compare number in CM11 with number of births listed in the birth history above and check:</p>	<p>NUMBERS ARE THE SAME.....1 NUMBERS ARE DIFFERENT.....2</p>	<p>1 ⇒CM17</p>
<p>CM16. Probe and reconcile responses in the birth history until response in CM12 is 'Yes'.</p>		
<p>CM17. Check BH4: Last birth occurred within the last 2 years, that is, since (month of interview) in (year of interview minus 2)?</p> <p><i>If the month of interview and the month of birth are the same, and the year of birth is (year of interview minus 2), consider this as a birth within the last 2 years.</i></p>	<p>NO LIVE BIRTHS IN THE LAST 2 YEARS.....0 ONE OR MORE LIVE BIRTHS IN THE LAST 2 YEARS1</p>	<p>0 ⇒End</p>
<p>CM18. Copy name of the last child listed in BH1.</p> <p><i>If the child has died, take special care when referring to this child by name in the following modules.</i></p>	<p>NAME OF LAST-BORN CHILD</p> <p>_____</p>	

DESIRE FOR LAST BIRTH		DB
<p>DB1. Check CM17: Was there a live birth in the last 2 years?</p> <p>Copy name of last birth listed in the birth history (CM18) to here and use where indicated:</p> <p>Name _____</p>	<p>YES, CM17=1 1</p> <p>NO, CM17=0 OR BLANK 2</p>	<p>2 ⇨ End</p>
<p>DB2. 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 ⇨ End</p>
<p>DB3. Check CM11: Number of births:</p>	<p>ONLY 1 BIRTH 1</p> <p>2 OR MORE BIRTHS 2</p>	<p>1 ⇨ DB4A</p> <p>2 ⇨ DB4B</p>
<p>DB4A. Did you want to have a baby later on, or did you not want any children?</p> <p>DB4B. 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>	

MATERNAL AND NEWBORN HEALTH
MN

<p>MN1. Check CM17: Was there a live birth in the last 2 years?</p> <p>Copy name of last birth listed in the birth history (CM18) to here and use where indicated:</p> <p>Name _____</p>	<p>YES, CM17=1 1</p> <p>NO, CM17=0 OR BLANK 2</p>	<p>2 ⇒ End</p>												
<p>MN2. Did you see anyone for antenatal care during your pregnancy with (<i>name</i>)?</p>	<p>YES..... 1</p> <p>NO 2</p>	<p>2 ⇒ MN19</p>												
<p>MN3. Whom did you see?</p> <p>Probe: Anyone else?</p> <p>Probe for the type of person seen and record all answers given.</p>	<p>HEALTH PROFESSIONAL</p> <p>DOCTOR A</p> <p>NURSE / MIDWIFE B</p> <p>OTHER (<i>specify</i>) _____ X</p>													
<p>MN4. How many weeks or months pregnant were you when you first received antenatal care for this pregnancy?</p> <p>Record the answer as stated by respondent. If “9 months” or later, record 9.</p>	<p>WEEKS..... 1 __ __</p> <p>MONTHS..... 2 <u>0</u> __</p> <p>DK 998</p>													
<p>MN5. How many times did you receive antenatal care during this pregnancy?</p> <p>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.</p>	<p>NUMBER OF TIMES __ __</p> <p>DK 98</p>													
<p>MN6. 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?</p> <p>[B] Did you give a urine sample?</p> <p>[C] Did you give a blood sample?</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>BLOOD PRESSURE</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>URINE SAMPLE</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>BLOOD SAMPLE.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">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>MN19. Who assisted with the delivery of (<i>name</i>)?</p> <p><i>Probe: Anyone else?</i></p> <p><i>Probe for the type of person assisting and record all answers given.</i></p>	<p>HEALTH PROFESSIONAL DOCTOR A NURSE / MIDWIFE B</p> <p>OTHER PERSON RELATIVE / FRIEND H</p> <p>OTHER (<i>specify</i>) X NO ONE Y</p>	
<p>MN20. Where did you give birth to (<i>name</i>)?</p> <p><i>Probe to identify the type of place.</i></p> <p><i>If unable to determine whether public or private, write the name of the place and then temporarily record '76' until you learn the appropriate category for the response.</i></p> <p>_____</p> <p style="text-align: center;"><i>(Name of place)</i></p>	<p>HOME RESPONDENT'S HOME 11 OTHER HOME 12</p> <p>PUBLIC MEDICAL SECTOR GOVERNMENT HOSPITAL 21 GOVERNMENT CLINIC / HEALTH CENTRE 22</p> <p>PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL 31 PRIVATE CLINIC 32</p> <p>NGO'S SECTOR NGO'S HOSPITAL/HEALTH CENTRE 41</p> <p>UNRWA SECTOR UNRWA HOSPITAL/HEALTH CENTRE 51</p> <p>ISRAELI SECTOR ISRAELI HOSPITAL/HEALTH CENTRE 61</p> <p>DK PUBLIC OR PRIVATE 76 OTHER (<i>specify</i>) 96</p>	<p>11 ⇒ MN23 12 ⇒ MN23</p> <p>96 ⇒ MN23</p>
<p>MN21. 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 NO 2</p>	<p>2 ⇒ MN23</p>
<p>MN22. When was the decision made to have the caesarean section?</p> <p><i>Probe if necessary: Was it before or after your labour pains started?</i></p>	<p>BEFORE LABOUR PAINS 1 AFTER LABOUR PAINS 2</p>	

<p>MN23. Immediately after the birth, was (<i>name</i>) put directly on the bare skin of your chest?</p> <p><i>If necessary, show the picture of skin-to-skin position.</i></p>  <p><small>Photo Credit: Joyce Goldwin</small></p>	<p>YES..... 1 NO 2 DK/ DON'T REMEMBER 8</p>	<p>2 ⇒ MN25 8 ⇒ MN25</p>
<p>MN24. Before being placed on the bare skin of your chest, was the baby wrapped up?</p>	<p>YES..... 1 NO 2 DK/ DON'T REMEMBER 8</p>	
<p>MN25. Was (<i>name</i>) dried or wiped soon after birth?</p>	<p>YES..... 1 NO 2 DK/ DON'T REMEMBER 8</p>	
<p>MN26. How long after the birth was (<i>name</i>) bathed for the first time?</p> <p><i>If “immediately” or less than 1 hour, record ‘000’.</i> <i>If less than 24 hours, record hours.</i></p> <p><i>If “1 day” or “next day”, probe: About how many hours after the delivery?</i></p> <p><i>If “24 hours”, probe to ensure best estimate of less than 24 hours or 1 day.</i> <i>If 24 hours or more, record days.</i></p>	<p>IMMEDIATELY/LESS THAN 1 HOUR 000</p> <p>HOURS 1 __ __</p> <p>DAYS 2 __ __</p> <p>NEVER BATHED..... 997</p> <p>DK / DON'T REMEMBER 998</p>	
<p>MN32. 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</p> <p>DK 8</p>	
<p>MN33. Was (<i>name</i>) weighed at birth?</p>	<p>YES..... 1 NO 2 DK 8</p>	<p>2 ⇒ MN35 8 ⇒ MN35</p>

<p>MN34. How much did (<i>name</i>) weigh?</p> <p><i>If a card is available, record weight from card.</i></p>	<p>FROM CARD.....1 (KG) _ . _ _ _</p> <p>FROM RECALL2 (KG) _ . _ _ _</p> <p>DK 99998</p>	
<p>MN35. Has your menstrual period returned since the birth of (<i>name</i>)?</p>	<p>YES..... 1</p> <p>NO 2</p>	
<p>MN36. Did you ever breastfeed (<i>name</i>)?</p>	<p>YES..... 1</p> <p>NO 2</p>	2 ⇒ MN39B
<p>MN37. How long after birth did you first put (<i>name</i>) to the breast?</p> <p><i>If less than 1 hour, record '00' hours.</i></p> <p><i>If less than 24 hours, record hours.</i></p> <p><i>Otherwise, record days.</i></p>	<p>IMMEDIATELY 000</p> <p>HOURS 1 _ _</p> <p>DAYS 2 _ _</p> <p>DK / DON'T REMEMBER 998</p>	
<p>MN38. In the first three days after delivery, was (<i>name</i>) given anything to drink other than breast milk?</p>	<p>YES..... 1</p> <p>NO 2</p>	1 ⇒ MN39A 2 ⇒ End
<p>MN39A. What was (<i>name</i>) given to drink?</p> <p><i>Probe: Anything else?</i></p> <p><i>'Not given anything to drink' is not a valid response and response category Y cannot be recorded.</i></p> <p>MN39B. In the first three days after delivery, what was (<i>name</i>) given to drink?</p> <p><i>Probe: Anything else?</i></p> <p><i>'Not given anything to drink' (category Y) can only be recorded if no other response category is recorded.</i></p>	<p>MILK (OTHER THAN BREAST MILK) A</p> <p>PLAIN WATER B</p> <p>SUGAR OR GLUCOSE WATER..... C</p> <p>GRIPE WATER D</p> <p>SUGAR-SALT-WATER SOLUTION..... E</p> <p>FRUIT JUICE..... F</p> <p>INFANT FORMULA G</p> <p>TEA / INFUSIONS / TRADITIONAL HERBAL PREPARATIONS..... H</p> <p>HONEY I</p> <p>PRESCRIBED MEDICINE J</p> <p>OTHER (<i>specify</i>) _____ X</p> <p>NOT GIVEN ANYTHING TO DRINK Y</p>	

POST-NATAL HEALTH CHECKS

PN

<p>PN1. Check CM17: Was there a live birth in the last 2 years?</p> <p>Copy name of last birth listed in the birth history (CM18) to here and use where indicated:</p> <p>Name _____</p>	<p>YES, CM17=1 1 NO, CM17=0 OR BLANK 2</p>	<p>2 ⇒ End</p>
<p>PN2. Check MN20: Was the child delivered in a health facility?</p>	<p>YES, MN20=21-61 OR 76 1 NO, MN20=11-12 OR 96 2</p>	<p>2 ⇒ PN7</p>
<p>PN3. Now I would like to ask you some questions about what happened in the hours and days after the birth of (name).</p> <p>You have said that you gave birth in (name or type of facility in MN20). How long did you stay there after the delivery?</p> <p>If less than one day, record hours. If less than one week, record days. Otherwise, record weeks.</p>	<p>HOURS 1 __ __ DAYS 2 __ __ WEEKS 3 __ __ DK / DON'T REMEMBER 998</p>	
<p>PN4. I would like to talk to you about checks on (name)'s health after delivery – for example, someone examining (name), checking the cord, or seeing if (name) is ok.</p> <p>Before you left the (name or type of facility in MN20), did anyone check on (name)'s health?</p>	<p>YES 1 NO 2</p>	
<p>PN5. 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 (name or type or facility in MN20)?</p>	<p>YES 1 NO 2</p>	
<p>PN6. Now I would like to talk to you about what happened after you left (name or type of facility in MN20).</p> <p>Did anyone check on (name)'s health after you left (name or type of facility in MN20)?</p>	<p>YES 1 NO 2</p>	<p>1 ⇒ PN12 2 ⇒ PN17</p>
<p>PN7. Check MN19: Did a health professional assist with the delivery?</p>	<p>YES, AT LEAST ONE OF THE CATEGORIES A OR B RECORDED 1 NO, NONE OF THE CATEGORIES A OR B RECORDED 2</p>	<p>2 ⇒ PN11</p>

<p>PN8. You have already said that (<i>person or persons in MN19</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 MN19</i>) left you, did (<i>person or persons in MN19</i>) check on (<i>name</i>)’s health?</p>	<p>YES 1</p> <p>NO 2</p>	
<p>PN9. And did (<i>person or persons in MN19</i>) check on <u>your</u> health before leaving, for example asking questions about your health or examining you?</p>	<p>YES 1</p> <p>NO 2</p>	
<p>PN10. After the (<i>person or persons in MN19</i>) left you, did anyone check on the health of (<i>name</i>)?</p>	<p>YES 1</p> <p>NO 2</p>	<p>1 ⇨PN12</p> <p>2 ⇨PN19</p>
<p>PN11. 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</p> <p>NO 2</p>	<p>2 ⇨PN20</p>
<p>PN12. Did such a check happen only once, or more than once?</p>	<p>ONCE 1</p> <p>MORE THAN ONCE 2</p>	<p>1 ⇨PN13A</p> <p>2 ⇨PN13B</p>
<p>PN13A. How long after delivery did that check happen?</p> <p>PN13B. 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 ___</p> <p>DAYS 2 ___</p> <p>WEEKS..... 3 ___</p> <p>DK / DON’T REMEMBER 998</p>	
<p>PN14. Who checked on (<i>name</i>)’s health at that time?</p>	<p>HEALTH PROFESSIONAL</p> <p>DOCTOR A</p> <p>NURSE / MIDWIFE..... B</p> <p>OTHER PERSON</p> <p>RELATIVE / FRIEND..... H</p> <p>OTHER (<i>specify</i>) X</p>	

<p>PN15. Where did this check take place?</p> <p><i>Probe to identify the type of place.</i></p> <p><i>If unable to determine whether public or private, write the name of the place and then temporarily record '76' until you learn the appropriate category for the response.</i></p> <p>_____</p> <p style="text-align: center;"><i>(Name of place)</i></p>	<p>HOME</p> <p>RESPONDENT'S HOME..... 11</p> <p>OTHER HOME 12</p> <p>PUBLIC MEDICAL SECTOR</p> <p>GOVERNMENT HOSPITAL 21</p> <p>GOVERNMENT CLINIC / HEALTH CENTRE 22</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL..... 31</p> <p>PRIVATE CLINIC 32</p> <p>NGO'S SECTOR</p> <p>NGO'S HOSPITAL /HEALTH CENTRE 41</p> <p>.....</p> <p>UNRWA SECTOR</p> <p>UNRWA HOSPITAL/ HEALTH CENTRE..... 51</p> <p>.....</p> <p>ISRAELI SECTOR</p> <p>ISRAELI HOSPITAL/ HEALTH CENTRE 61</p> <p>DK PUBLIC OR PRIVATE..... 76</p> <p>OTHER (<i>specify</i>) _____ 96</p>	
<p>PN16. Check MN20: Was the child delivered in a health facility?</p>	<p>YES, MN20=21-61 OR 76..... 1</p> <p>NO, MN20=11-12 OR 96 2</p>	<p>2 ⇒PN18</p>
<p>PN17. After you left (<i>name or type of facility in MN20</i>), did anyone check on <u>your</u> health?</p>	<p>YES 1</p> <p>NO 2</p>	<p>1 ⇒PN21</p> <p>2 ⇒PN25</p>
<p>PN18. Check MN19: Did a health professional, assist with the delivery?</p>	<p>YES, AT LEAST ONE OF THE CATEGORIES A OR B RECORDED 1</p> <p>NO, NONE OF THE CATEGORIES A OR B RECORDED 2</p>	<p>2 ⇒PN20</p>
<p>PN19. After the delivery was over and (<i>person or persons in MN19</i>) left, did anyone check on <u>your</u> health?</p>	<p>YES 1</p> <p>NO 2</p>	<p>1 ⇒PN21</p> <p>2 ⇒PN25</p>
<p>PN20. After the birth of (<i>name</i>), did anyone check on <u>your</u> health, for example asking questions about your health or examining you?</p>	<p>YES 1</p> <p>NO 2</p>	<p>2 ⇒PN25</p>
<p>PN21. Did such a check happen only once, or more than once?</p>	<p>ONCE 1</p> <p>MORE THAN ONCE 2</p>	<p>1 ⇒PN22A</p> <p>2 ⇒PN22B</p>
<p>PN22A. How long after delivery did that check happen?</p> <p>PN22B. 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>PN23. Who checked on <u>your</u> health at that time?</p>	<p>HEALTH PROFESSIONAL DOCTOR A NURSE / MIDWIFE..... B</p> <p>OTHER PERSON RELATIVE / FRIEND..... H</p> <p>OTHER (<i>specify</i>) X</p>	
<p>PN24. Where did this check take place?</p> <p><i>Probe to identify the type of place.</i></p> <p><i>If unable to determine whether public or private, write the name of the place and then temporarily record '76' until you learn the appropriate category for the response.</i></p> <p>_____</p> <p>(Name of place)</p>	<p>HOME RESPONDENT'S HOME..... 11 OTHER HOME 12</p> <p>PUBLIC MEDICAL SECTOR GOVERNMENT HOSPITAL 21 GOVERNMENT CLINIC / HEALTH CENTRE 22</p> <p>PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL..... 31 PRIVATE CLINIC 32</p> <p>NGO'S SECTOR NGO'S HOSPITAL/ HEALTH CENTRE..... 41 </p> <p>UNRWA SECTOR UNRWA HOSPITAL/ HEALTH CENTRE..... 51 </p> <p>ISRAELI SECTOR ISRAELI HOSPITAL/ HEALTH CENTRE 61</p> <p>DK PUBLIC OR PRIVATE..... 76</p> <p>OTHER (<i>specify</i>) 96</p>	
<p>PN25. During the first two days after birth, did any health care provider do any of the following either at home or at a facility:</p> <p>[A] Examine (<i>name</i>)'s cord?</p> <p>[B] Take the temperature of (<i>name</i>)?</p> <p>[C] Counsel you on breastfeeding?</p>	<p style="text-align: right;">YES NO DK</p> <p>EXAMINE THE CORD 1 2 8</p> <p>TAKE TEMPERATURE 1 2 8</p> <p>COUNSEL ON BREASTFEEDING 1 2 8</p>	
<p>PN26. Check MN36: Was child ever breastfed?</p>	<p>YES, MN36=1..... 1 NO, MN36=2 2</p>	<p>2 ⇒PN28</p>
<p>PN27. Observe (<i>name</i>)'s breastfeeding?</p>	<p style="text-align: right;">YES NO DK</p> <p>OBSERVE BREASTFEEDING..... 1 2 8</p>	
<p>PN28. Check MN33: Was child weighed at birth?</p>	<p>YES, MN33=1..... 1 NO, MN33=2 2 DK, MN33=8 3</p>	<p>1 ⇒PN29A 2 ⇒PN29B 3 ⇒PN29C</p>

<p>PN29A. You mentioned that (<i>name</i>) was weighed at birth. After that, was (<i>name</i>) weighed again by a health care provider within two days?</p> <p>PN29B. You mentioned that (<i>name</i>) was not weighed at birth. Was (<i>name</i>) weighed at all by a health care provider within two days after birth?</p> <p>PN29C. You mentioned that you do not know if (<i>name</i>) was weighed at birth. Was (<i>name</i>) weighed at all by a health care provider within two days after birth?</p>	<p>YES 1</p> <p>NO 2</p>	
<p>PN30. During the first two days after (<i>name</i>)’s birth, did any health care provider give you information on the symptoms that require you to take your sick child to a health facility for care?</p>	<p>YES 1</p> <p>NO 2</p>	

CONTRACEPTION		CP
CP0: Check MA1: Is the respondent currently married?	YES, MA1=1..... 1 NO, MA1=3 2	2⇒DVI
CP1. I would like to talk with you about another subject: family planning. Are you pregnant now?	YES, CURRENTLY PREGNANT..... 1 NO 2 DK OR NOT SURE..... 8	1⇒CP3
CP2. Couples use various ways or methods to delay or avoid getting pregnant. Are you currently doing something or using any method to delay or avoid getting pregnant?	YES..... 1 NO 2	1⇒CP4
CP2A. What is the main reason for not currently using a family planning method?	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 THE HUSBAND DOES NOT EXIST WITH THE FAMILY CURRENTLY 19 RELIGIOUS BELIEFS 20 INFERTILE HUSBAND/WIFE 21 FATALISTIC 22 HUSBAND/WIFE IS SICK 23 BREASTFEEDING 24 TOO OLD 25 OTHER (specify) 96	
CP3. Have you ever done something or used any method to delay or avoid getting pregnant?	YES..... 1 NO 2	1⇒End 2⇒End
CP4. What are you doing to delay or avoid a pregnancy? <i>Do not prompt. If more than one method is mentioned, record each one.</i>	FEMALE STERILIZATION.....A MALE STERILIZATIONB IUDC INJECTABLESD IMPLANTSE PILL.....F MALE CONDOMG FEMALE CONDOM.....H DIAPHRAGM.....I FOAM / JELLY.....J LACTATIONAL AMENORRHOEA METHOD (LAM)K PERIODIC ABSTINENCE / RHYTHML WITHDRAWALM OTHER (specify) X	

UNMET NEED		UN
UN1. Check CP1: Currently pregnant?	YES, CP1=1.....1 NO, DK OR NOT SURE, CP1=2 OR 8.....2	2 ⇨ UN6
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?	YES1 NO.....2	1 ⇨ UN5
UN3. Check CM11: Any births?	NO BIRTHS0 ONE OR MORE BIRTHS1	0 ⇨ UN4A 1 ⇨ UN4B
UN4A. Did you want to have a baby later on or did you not want any children? UN4B. Did you want to have a baby later on or did you not want any more children?	LATER1 NONE / NO MORE2	
UN5. 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 CHILD1 NO MORE / NONE2 UNDECIDED / DK.....8	1 ⇨ UN8 2 ⇨ UN14 8 ⇨ UN14
UN6. Check CP4: Currently using 'Female sterilization'?	YES, CP4=A.....1 NO, CP4≠A.....2	1 ⇨ UN14
UN7. 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) CHILD1 NO MORE / NONE2 SAYS SHE CANNOT GET PREGNANT3 UNDECIDED / DK.....8	2 ⇨ UN10 3 ⇨ UN12 8 ⇨ UN10
UN8. How long would you like to wait before the birth of (a/another) child? <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 PREGNANT994 OTHER.....996 DK.....998	994 ⇨ UN12
UN9. Check CP1: Currently pregnant?	YES, CP1=1.....1 NO, DK OR NOT SURE, CP1=2 OR 8.....2	1 ⇨ UN14
UN10. Check CP2: Currently using a method?	YES, CP2=1.....1 NO, CP2=22	1 ⇨ UN14
UN11. Do you think you are physically able to get pregnant at this time?	YES1 NO.....2 DK.....8	1 ⇨ UN14 8 ⇨ UN14

<p>UN12. Why do you think you are not physically able to get pregnant?</p>	<p>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</p> <p>OTHER (<i>specify</i>)..... X</p> <p>DK..... Z</p>	
<p>UN13. Check UN12: 'Never menstruated' mentioned?</p>	<p>MENTIONED, UN12=C 1 NOT MENTIONED, UN12≠C 2</p>	<p>1 ⇒End</p>
<p>UN14. When did your last menstrual period start?</p> <p><i>Record the answer using the same unit stated by the respondent.</i></p> <p><i>If '1 year', probe:</i> How many months ago?</p>	<p>DAYS AGO..... 1 __ __</p> <p>WEEKS AGO..... 2 __ __</p> <p>MONTHS AGO 3 __ __</p> <p>YEARS AGO..... 4 __ __</p> <p>IN MENOPAUSE / HAS HAD HYSTERECTOMY 993 BEFORE LAST BIRTH 994 NEVER MENSTRUATED..... 995</p>	<p>993 ⇒End 994 ⇒End 995 ⇒End</p>
<p>UN15. Check UN14: Was the last menstrual period within last year?</p>	<p>YES, WITHIN LAST YEAR 1 NO, ONE YEAR OR MORE 2</p>	<p>2 ⇒End</p>
<p>UN16. Due to your last menstruation, were there any social activities, school or work days that you did not attend?</p>	<p>YES 1 NO..... 2</p> <p>DK / NOT SURE / NO SUCH ACTIVITY 8</p>	
<p>UN17. During your last menstrual period were you able to wash and change in privacy while at home?</p>	<p>YES 1 NO..... 2</p> <p>DK..... 8</p>	
<p>UN18. Did you use any materials such as sanitary pads, tampons or cloth?</p>	<p>YES 1 NO..... 2</p> <p>DK..... 8</p>	<p>2 ⇒End 8 ⇒End</p>
<p>UN19. Were the materials reusable?</p>	<p>YES 1 NO..... 2</p> <p>DK..... 8</p>	

ATTITUDES TOWARD DOMESTIC VIOLENCE

DV

DV1. Sometimes a husband is annoyed or angered by things that his wife does. In your opinion, is a husband justified in hitting or beating his wife in the following situations:

		YES	NO	DK
[A] If she goes out without telling him?	GOES OUT WITHOUT TELLING.....	1	2	8
[B] If she neglects the children?	NEGLECTS CHILDREN	1	2	8
[C] If she argues with him?	ARGUES WITH HIM	1	2	8
[D] If she refuses to have sex with him?	REFUSES SEX	1	2	8
[E] If she burns the food?	BURNS FOOD.....	1	2	8

VICTIMISATION

VT

<p>VT1. Check for the presence of others. Before continuing, ensure privacy. Now I would like to ask you some questions about crimes in which you <u>personally</u> were the victim.</p> <p>Let me assure you again that your answers are completely confidential and will not be told to anyone.</p> <p>In the last three years, that is since (<i>month of interview</i>) (<i>year of interview minus 3</i>), has anyone taken or tried taking something from you, by using force or threatening to use force?</p> <p><i>Include only incidents in which the respondent was personally the victim and exclude incidents experienced only by other members of the household.</i></p> <p><i>If necessary, help the respondent to establish the recall period and make sure that you allow adequate time for the recall. You may reassure: It can be difficult to remember this sort of incidents, so please take your time while you think about your answers.</i></p>	<p>YES..... 1 NO 2 DK 8</p>	<p>2 ⇒ VT9B 8 ⇒ VT9B</p>
<p>VT2. Did this last happen during the last 12 months, that is, since (<i>month of interview</i>) (<i>year of interview minus 1</i>)?</p>	<p>YES, DURING THE LAST 12 MONTHS..... 1 NO, MORE THAN 12 MONTHS AGO 2 DK / DON'T REMEMBER 8</p>	<p>2 ⇒ VT5B 8 ⇒ VT5B</p>
<p>VT3. How many times did this happen in the last 12 months?</p> <p><i>If 'DK/Don't remember', probe: Did it happen once, twice, or at least three times?</i></p>	<p>ONE TIME..... 1 TWO TIMES 2 THREE OR MORE TIMES 3 DK / DON'T REMEMBER 8</p>	
<p>VT4. Check VT3: One or more times?</p>	<p>ONE TIME, VT3=1 1 MORE THAN ONCE OR DK, VT3=2, 3 OR 8 2</p>	<p>1 ⇒ VT5A 2 ⇒ VT5B</p>
<p>VT5A. When this happened, was anything stolen from you?</p> <p>VT5B. The last time this happened, was anything stolen from you?</p>	<p>YES..... 1 NO 2 DK / NOT SURE 8</p>	
<p>VT6. Did the person(s) have a weapon?</p>	<p>YES..... 1 NO 2 DK / NOT SURE 8</p>	<p>2 ⇒ VT8 8 ⇒ VT8</p>
<p>VT7. Was a knife, a gun or something else used as a weapon?</p> <p><i>Record all that apply.</i></p>	<p>YES, A KNIFE..... A YES, A GUN B YES, SOMETHING ELSE X</p>	

<p>VT8. Did you or anyone else report the incident to the police?</p> <p><i>If 'Yes', probe:</i> Was the incident reported by you or someone else?</p>	<p>YES, RESPONDENT REPORTED.....1</p> <p>YES, SOMEONE ELSE REPORTED.....2</p> <p>NO, NOT REPORTED.....3</p> <p>DK / NOT SURE.....8</p>	<p>1 ⇒VT9A</p> <p>2 ⇒VT9A</p> <p>3 ⇒VT9A</p> <p>8 ⇒VT9A</p>
<p>VT9A. Apart from the incident(s) just covered, have you in the last three years, that is since (<i>month of interview</i>) (<i>year of interview minus 3</i>), been physically attacked?</p> <p>VT9B. In the same period of the last three years, that is since (<i>month of interview</i>) (<i>year of interview minus 3</i>), have you been physically attacked?</p> <p><i>If 'No', probe:</i> An attack can happen at home or any place outside of the home, such as in other homes, in the street, at school, on public transport, public restaurants, or at your workplace.</p> <p><i>Include only incidents in which the respondent was personally the victim and exclude incidents experienced only by other members of the household. Exclude incidents where the intention was to take something from the respondent, which should be recorded under VT1.</i></p>	<p>YES.....1</p> <p>NO.....2</p> <p>DK.....8</p>	<p>2 ⇒VT20</p> <p>8 ⇒VT20</p>
<p>VT10. Did this last happen during the last 12 months, that is, since (<i>month of interview</i>) (<i>year of interview minus 1</i>)?</p>	<p>YES, DURING THE LAST 12 MONTHS.....1</p> <p>NO, MORE THAN 12 MONTHS AGO.....2</p> <p>DK / DON'T REMEMBER.....8</p>	<p>2 ⇒VT12B</p> <p>8 ⇒VT12B</p>
<p>VT11. How many times did this happen in the last 12 months?</p> <p><i>If 'DK/Don't remember', probe:</i> Did it happen once, twice, or at least three times?</p>	<p>ONE TIME.....1</p> <p>TWO TIMES.....2</p> <p>THREE OR MORE TIMES.....3</p> <p>DK / DON'T REMEMBER.....8</p>	<p>1 ⇒VT12A</p> <p>2 ⇒VT12B</p> <p>3 ⇒VT12B</p> <p>8 ⇒VT12B</p>
<p>VT12A. Where did this happen?</p> <p>VT12B. Where did this happen the last time?</p>	<p>AT HOME.....11</p> <p>IN ANOTHER HOME.....12</p> <p>IN THE STREET.....21</p> <p>ON PUBLIC TRANSPORT.....22</p> <p>PUBLIC RESTAURANT / CAFÉ / COFFEE SHOP.....23</p> <p>OTHER PUBLIC (<i>specify</i>).....26</p> <p>AT SCHOOL.....31</p> <p>AT WORKPLACE.....32</p> <p>OTHER PLACE (<i>specify</i>).....96</p>	
<p>VT13. How many people were involved in committing the offence?</p> <p><i>If 'DK/Don't remember', probe:</i> Was it one, two, or at least three people?</p>	<p>ONE PERSON.....1</p> <p>TWO PEOPLE.....2</p> <p>THREE OR MORE PEOPLE.....3</p> <p>DK / DON'T REMEMBER.....8</p>	<p>1 ⇒VT14A</p> <p>2 ⇒VT14B</p> <p>3 ⇒VT14B</p> <p>8 ⇒VT14B</p>

VT14A. At the time of the incident, did you recognize the person?	YES.....1 NO2	
VT14B. At the time of the incident, did you recognize at least one of the persons?	DK / DON'T REMEMBER8	
VT17. Did the person(s) have a weapon?	YES.....1 NO2 DK / NOT SURE.....8	2⇒VT19 8⇒VT19
VT18. Was a knife, a gun or something else used as a weapon? <i>Record all that apply.</i>	YES, A KNIFE.....A YES, A GUN.....B YES, SOMETHING ELSEX	
VT19. Did you or anyone else report the incident to the police? <i>If 'Yes', probe: Was the incident reported by you or someone else?</i>	YES, RESPONDENT REPORTED.....1 YES, SOMEONE ELSE REPORTED.....2 NO, NOT REPORTED3 DK / NOT SURE8	
VT20. How safe do you feel walking alone in your neighbourhood after dark?	VERY SAFE1 SAFE.....2 UNSAFE3 VERY UNSAFE.....4 NEVER WALK ALONE AFTER DARK7	
VT21. How safe do you feel when you are at home alone after dark?	VERY SAFE1 SAFE.....2 UNSAFE3 VERY UNSAFE.....4 NEVER ALONE AFTER DARK.....7	
VT22. In the past 12 months, have you personally felt discriminated against or harassed on the basis of the following grounds?		
		YES NO DK
[A] Ethnic or immigration origin?	ETHNIC.....1	2 8
[B] Sex?	SEX.....1	2 8
[D] Age?	AGE.....1	2 8
[E] Religion or belief?	RELIGION / BELIEF1	2 8
[F] Disability?	DISABILITY.....1	2 8
[G] Political /intellectual /family affiliation?	POLITICAL /INTELLECTUAL / FAMILY AFFILIATION1	2 8
[H] Place of residence	PLACE OF RESIDENCE1	2 8
[I] Socio-economic status	SOCIO-ECONOMIC STATUS...1	2 8
[X] For any other reason?	OTHER REASON1	2 8

ADULT FUNCTIONING		AF
AF1. Check WB4: Age of respondent?	AGE 15-17 YEARS 1 AGE 18-49 YEARS 2	1 ⇨ End
AF2. Do you use glasses or contact lenses? <i>Include the use of glasses for reading.</i>	YES..... 1 NO..... 2	
AF3. Do you use a hearing aid?	YES..... 1 NO..... 2	
AF4. I will now ask you about difficulties you may have doing a number of different activities. For each activity there are four possible answers: You may say that you have: 1) no difficulty, 2) some difficulty, 3) a lot of difficulty or 4) that you cannot do the activity at all. <i>Repeat the categories during the individual questions whenever the respondent does not use an answer category:</i> Remember, the four possible answers are: 1) no difficulty, 2) some difficulty, 3) a lot of difficulty, or 4) that you cannot do the activity at all.		
AF5. Check AF2: Respondent uses glasses or contact lenses?	YES, AF2=1 1 NO, AF2=2 2	1 ⇨ AF6A 2 ⇨ AF6B
AF6A. When using your glasses or contact lenses, do you have difficulty seeing? AF6B. Do you have difficulty seeing?	NO DIFFICULTY 1 SOME DIFFICULTY 2 A LOT OF DIFFICULTY 3 CANNOT SEE AT ALL 4	
AF7. Check AF3: Respondent uses a hearing aid?	YES, AF3=1 1 NO, AF3=2 2	1 ⇨ AF8A 2 ⇨ AF8B
AF8A. When using your hearing aid(s), do you have difficulty hearing? AF8B. Do you have difficulty hearing?	NO DIFFICULTY 1 SOME DIFFICULTY 2 A LOT OF DIFFICULTY 3 CANNOT HEAR AT ALL..... 4	
AF9. Do you have difficulty walking or climbing steps?	NO DIFFICULTY 1 SOME DIFFICULTY 2 A LOT OF DIFFICULTY 3 CANNOT WALK/ CLIMB STEPS AT ALL 4	
AF10. Do you have difficulty remembering or concentrating?	NO DIFFICULTY 1 SOME DIFFICULTY 2 A LOT OF DIFFICULTY 3 CANNOT REMEMBER/ CONCENTRATE AT ALL 4	
AF11. Do you have difficulty with self-care, such as washing all over or dressing?	NO DIFFICULTY 1 SOME DIFFICULTY 2 A LOT OF DIFFICULTY 3 CANNOT CARE FOR SELF AT ALL..... 4	

AF12. Using your usual language, do you have difficulty communicating, for example understanding or being understood?	NO DIFFICULTY	1	
	SOME DIFFICULTY	2	
	A LOT OF DIFFICULTY	3	

HIV/AIDS		HA																
<p>HA1. Now I would like to talk with you about something else.</p> <p>Have you ever heard of HIV or AIDS?</p>	<p>YES..... 1</p> <p>NO 2</p>	2⇒End																
<p>HA2. HIV is the virus that can lead to AIDS.</p> <p>Can people reduce their chance of getting HIV 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>HA3. Can people get HIV from mosquito bites?</p>	<p>YES..... 1</p> <p>NO 2</p> <p>DK 8</p>																	
<p>HA4. Can people reduce their chance of getting HIV by using a condom every time they have sex?</p>	<p>YES..... 1</p> <p>NO 2</p> <p>DK 8</p>																	
<p>HA5. Can people get HIV by sharing food with a person who has HIV?</p>	<p>YES..... 1</p> <p>NO 2</p> <p>DK 8</p>																	
<p>HA6. Can people get HIV because of witchcraft or other supernatural means?</p>	<p>YES..... 1</p> <p>NO 2</p> <p>DK 8</p>																	
<p>HA7. Is it possible for a healthy-looking person to have HIV?</p>	<p>YES..... 1</p> <p>NO 2</p> <p>DK 8</p>																	
<p>HA8. Can HIV 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 style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">YES</th> <th style="text-align: center;">NO</th> <th style="text-align: center;">DK</th> </tr> </thead> <tbody> <tr> <td>DURING PREGNANCY</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>DURING DELIVERY</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>BY BREASTFEEDING.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">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>HA9. Check HA8[A], [B] and [C]: At least one 'Yes' recorded?</p>	<p>YES..... 1</p> <p>NO 2</p>	2⇒HA11																
<p>HA10. Are there any special drugs that a doctor or a nurse can give to a woman infected with HIV to reduce the risk of transmission to the baby?</p>	<p>YES..... 1</p> <p>NO 2</p> <p>DK 8</p>																	

<p>HA11. Check CM17: Was there a live birth in the last 2 years?</p> <p>Copy name of last birth listed in the birth history (CM18) to here and use where indicated:</p> <p>Name _____</p>	<p>YES, CM17=1 1</p> <p>NO, CM17=0 OR BLANK..... 2</p>	<p>2 ⇒ HA30</p>
<p>HA12. Check MN2: Was antenatal care received?</p>	<p>YES, MN2=1 1</p> <p>NO, MN2=2 2</p>	<p>2 ⇒ HA30</p>
<p>HA13. During any of the antenatal visits for your pregnancy with (<i>name</i>), were you given any information about:</p> <p>[A] Babies getting HIV from their mother?</p> <p>[B] Things that you can do to prevent getting HIV?</p> <p>[C] Getting tested for HIV?</p> <p>Were you:</p> <p>[D] Offered a test for HIV?</p>	<p style="text-align: right;">YES NO DK</p> <p>HIV FROM MOTHER 1 2 8</p> <p>THINGS TO DO..... 1 2 8</p> <p>TESTED FOR HIV 1 2 8</p> <p>OFFERED A TEST FOR HIV 1 2 8</p>	
<p>HA30. Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had HIV?</p>	<p>YES..... 1</p> <p>NO 2</p> <p>DK / NOT SURE / DEPENDS 8</p>	
<p>HA31. Do you think children living with HIV should be allowed to attend school with children who do not have HIV?</p>	<p>YES..... 1</p> <p>NO 2</p> <p>DK / NOT SURE / DEPENDS 8</p>	
<p>HA32. Do you think people hesitate to take an HIV test because they are afraid of how other people will react if the test result is positive for HIV?</p>	<p>YES..... 1</p> <p>NO 2</p> <p>DK / NOT SURE / DEPENDS 8</p>	
<p>HA33. Do people talk badly about people living with HIV, or who are thought to be living with HIV?</p>	<p>YES..... 1</p> <p>NO 2</p> <p>DK / NOT SURE / DEPENDS 8</p>	
<p>HA34. Do people living with HIV, or thought to be living with HIV, lose the respect of other people?</p>	<p>YES..... 1</p> <p>NO 2</p> <p>DK / NOT SURE / DEPENDS 8</p>	
<p>HA35. Do you agree or disagree with the following statement?</p> <p>I would be ashamed if someone in my family had HIV.</p>	<p>AGREE 1</p> <p>DISAGREE 2</p> <p>DK / NOT SURE / DEPENDS 8</p>	

HA36. Do you fear that you could get HIV if you come into contact with the saliva of a person living with HIV?	YES.....	1
	NO	2
	SAYS SHE HAS HIV	7
	DK / NOT SURE / DEPENDS	8

TOBACCO		TA
TA1. Have you ever tried cigarette smoking, even one or two puffs?	YES 1 NO 2	2 ⇒ TA6
TA2. How old were you when you smoked a whole cigarette for the first time?	NEVER SMOKED A WHOLE CIGARETTE.....00 AGE..... ____ ____	00 ⇒ TA6
TA3. Do you currently smoke cigarettes?	YES 1 NO 2	2 ⇒ TA6
TA4. In the last 24 hours, how many cigarettes did you smoke?	NUMBER OF CIGARETTES ____ ____	
TA5. During the last one month, on how many days did you smoke cigarettes? <i>If less than 10 days, record the number of days. If 10 days or more but less than a month, record '10'. If 'Every day' or 'Almost every day', record '30'.</i>	NUMBER OF DAYS <u>0</u> ____ 10 DAYS OR MORE BUT LESS THAN A MONTH.....10 EVERY DAY / ALMOST EVERY DAY30	
TA6. Have you ever tried any smoked tobacco products other than cigarettes, such as cigars, water pipe, or pipe?	YES 1 NO 2	2 ⇒ TA10
TA7. During the last one month, did you use any smoked tobacco products?	YES 1 NO 2	2 ⇒ TA10
TA8. What type of smoked tobacco product did you use or smoke during the last one month? <i>Record all mentioned.</i>	CIGARS.....A WATER PIPEB PIPE.....D OTHER (<i>specify</i>) X	
TA9. During the last one month, on how many days did you use (<i>names of products mentioned in TA8</i>)? <i>If less than 10 days, record the number of days. If 10 days or more but less than a month, record '10'. If 'Every day' or 'Almost every day', record '30'.</i>	NUMBER OF DAYS <u>0</u> ____ 10 DAYS OR MORE BUT LESS THAN A MONTH.....10 EVERY DAY / ALMOST EVERY DAY30	
TA10. Have you ever tried any form of smokeless tobacco products, such as chewing tobacco, snuff, or dip?	YES 1 NO 2	2 ⇒ End
TA11. During the last one month, did you use any smokeless tobacco products?	YES 1 NO 2	2 ⇒ End

<p>TA12. What type of smokeless tobacco product did you use during the last one month?</p> <p><i>Record all mentioned.</i></p>	<p>CHEWING TOBACCO.....A SNUFF.....B DIPC ELECTRONIC CIGARETTES.....D</p> <p>OTHER (<i>specify</i>) _____ X</p>	
<p>TA13. During the last one month, on how many days did you use (<i>names of products mentioned in TA12</i>)?</p> <p><i>If less than 10 days, record the number of days. If 10 days or more but less than a month, record '10'. If 'Every day' or 'Almost every day', record '30'.</i></p>	<p>NUMBER OF DAYS <u>0</u> ____</p> <p>10 DAYS OR MORE BUT LESS THAN A MONTH.....10</p> <p>EVERY DAY / ALMOST EVERY DAY30</p>	

<p>LS1. I would like to ask you some simple questions on happiness and satisfaction.</p> <p>First, taking all things together, would you say you are very happy, somewhat happy, neither happy nor unhappy, somewhat unhappy or very unhappy?</p> <p>I am now going to show you pictures to help you with your response.</p> <p><i>Show smiley card and explain what each symbol represents. Record the response code selected by the respondent.</i></p>	<p>VERY HAPPY 1</p> <p>SOMEWHAT HAPPY 2</p> <p>NEITHER HAPPY NOR UNHAPPY 3</p> <p>SOMEWHAT UNHAPPY 4</p> <p>VERY UNHAPPY 5</p>	
<p>LS2. <i>Show the picture of the ladder.</i></p> <p>Now, look at this ladder with steps numbered from 0 at the bottom to 10 at the top.</p> <p>Suppose we say that the top of the ladder represents the best possible life for you and the bottom of the ladder represents the worst possible life for you.</p> <p>On which step of the ladder do you feel you stand at this time?</p> <p><i>Probe if necessary: Which step comes closest to the way you feel?</i></p>	<p>LADDER STEP ____ ____</p>	
<p>LS3. Compared to this time last year, would you say that your life has improved, stayed more or less the same, or worsened, overall?</p>	<p>IMPROVED 1</p> <p>MORE OR LESS THE SAME 2</p> <p>WORSENERD 3</p>	
<p>LS4. And in one year from now, do you expect that your life will be better, will be more or less the same, or will be worse, overall?</p>	<p>BETTER 1</p> <p>MORE OR LESS THE SAME 2</p> <p>WORSE 3</p>	

**Very
happy**



Somewhat happy



**Neither happy,
nor unhappy**



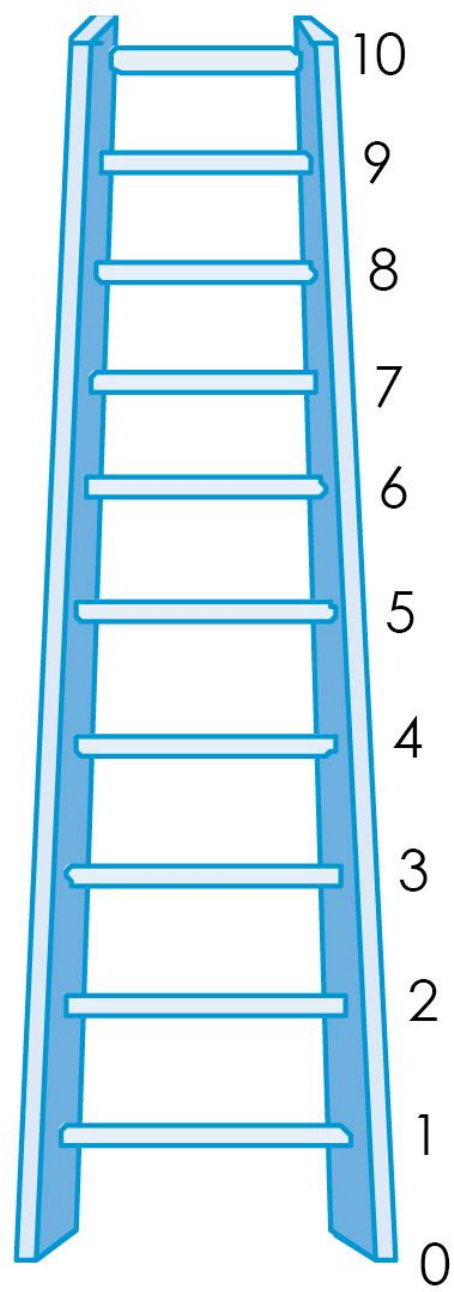
**Somewhat
unhappy**



**Very
unhappy**



Best Possible Life



Worst Possible Life

WM10. Record the time.	HOURS AND MINUTES __ __ : __ __	
WM11. Was the entire interview completed in private or was there anyone else during the entire interview or part of it?	<p>YES, THE ENTIRE INTERVIEW WAS COMPLETED IN PRIVATE 1</p> <p>NO, OTHERS WERE PRESENT DURING THE ENTIRE INTERVIEW (specify) _____ 2</p> <p>NO, OTHERS WERE PRESENT DURING PART OF THE INTERVIEW (specify) _____ 3</p>	
<p>WM16. Check columns HL10 and HL20 in LIST OF HOUSEHOLD MEMBERS, HOUSEHOLD QUESTIONNAIRE: Is the respondent the mother or caretaker of any child age 0-4 living in this household?</p> <p><input type="checkbox"/> Yes ⇒ Go to WM17 in WOMAN'S INFORMATION PANEL and record '01'. Then go to the QUESTIONNAIRE FOR CHILDREN UNDER FIVE for that child and start the interview with this respondent.</p> <p><input type="checkbox"/> No ⇒ Check HH26-HH27 in HOUSEHOLD QUESTIONNAIRE: Is there a child age 5-17 selected for QUESTIONNAIRE FOR CHILDREN AGE 5-17?</p> <p><input type="checkbox"/> Yes ⇒ Check column HL20 in LIST OF HOUSEHOLD MEMBERS, HOUSEHOLD QUESTIONNAIRE: Is the respondent the mother or caretaker of the child selected for QUESTIONNAIRE FOR CHILDREN AGE 5-17 in this household?</p> <p><input type="checkbox"/> Yes ⇒ Go to WM17 in WOMAN'S INFORMATION PANEL and record '01'. Then go to the QUESTIONNAIRE FOR CHILDREN AGE 5-17 for that child and start the interview with this respondent.</p> <p><input type="checkbox"/> No ⇒ Go to WM17 in WOMAN'S INFORMATION PANEL and record '01'. Then end the interview with this respondent by thanking her for her cooperation. Check to see if there are other questionnaires to be administered in this household.</p> <p><input type="checkbox"/> No ⇒ Go to WM17 in WOMAN'S INFORMATION PANEL and record '01'. Then end the interview with this respondent by thanking her for her cooperation. Check to see if there are other questionnaires to be administered in this household.</p>		

INTERVIEWER'S OBSERVATIONS

SUPERVISOR'S OBSERVATIONS