

Appendix F. Palestinian MICS Questionnaires

Household questionnaires:



State of Palestine
Palestinian Central Bureau of Statistics



HOUSEHOLD QUESTIONNAIRE
Palestinian Multiple Indicator Cluster Survey, 2014

HOUSEHOLD INFORMATION PANEL		HH
HH1. Cluster number: _____	HH2. Household number: _____	
HH3. Interviewer's name and number: Name _____	HH4. Supervisor's name and number: Name _____	
HH5. Day / Month / Year of interview: _____ / _____ / 2 014	HH7. GOVERNORATE name and code Name _____	
HH6. AREA: Urban1 Rural2 CAMP3		
<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 25 MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND ANONYMOUS. MAY I START NOW?</p> <p><input type="checkbox"/> Yes, permission is given ⇒ Go to HH18 to record the time and then begin the interview.</p> <p><input type="checkbox"/> No, permission is not given ⇒ Circle 04 in HH9. Discuss this result with your supervisor.</p>		
<p>HH9. Result of household interview:</p> <p>Completed01 No household member or no competent respondent at home at time of visit02 Entire household absent for extended period of time03 Refused04 Dwelling vacant / Address not a dwelling05 Dwelling destroyed06 Dwelling not found07 Other (specify)96</p>		

After the household questionnaire has been completed, fill in the following information:

HH10. Respondent to Household Questionnaire:

Name _____

HH11. Total number of household members: _____

HH12. Number of women age 15-49 years: _____

HH14. Number of children under age 5: _____

After all questionnaires for the household have been completed, fill in the following information:

HH13. Number of women's questionnaires completed: _____

HH15. Number of under-5 questionnaires completed: _____

HH16. Field editor's name and number:

Name _____

HH17. Main data entry clerk's name and number:

Name _____

HH18. Record the time.

Hour..... — —

Minutes — —

LIST OF HOUSEHOLD MEMBERS

FIRST, PLEASE TELL ME THE NAME OF EACH PERSON WHO USUALLY LIVES HERE, STARTING WITH THE HEAD OF THE HOUSEHOLD.

*List the head of the household in line 01. List all household members (HL2), their relationship to the household head (HL3), and their sex (HL4)**Then ask: ARE THERE ANY OTHERS WHO LIVE HERE, EVEN IF THEY ARE NOT AT HOME NOW?**If yes, complete listing for questions HL2-HL4. Then, ask questions starting with HL5 for each person at a time.**Use an additional questionnaire if all rows in the List of Household Members have been used.*

						For women age 15-49	For children age 0-4	For children age 0-17 years							For children age 0-14
HL1. Line no.	HL2. Name	HL3. WHAT IS THE RELATIONSHIP OF (name) TO THE HEAD OF HOUSEHOLD?	HL4. Is (name) MALE OR FEMALE?	HL5. WHAT IS (name)'S DATE OF BIRTH?		HL6. HOW OLD IS (name)?	HL7.	HL7B.	HL11. Is (name)'S NATURAL MOTHER ALIVE?	HL12. DOES (name)'S NATURAL MOTHER LIVE IN THIS HOUSEHOLD?	HL12A. WHERE DOES (name)'S NATURAL MOTHER LIVE?	HL13. Is (name)'S NATURAL FATHER ALIVE?	HL14. DOES (name)'S NATURAL FATHER LIVE IN THIS HOUSEHOLD?	HL14A. WHERE DOES (name)'S NATURAL FATHER LIVE?	HL15. Record line no. of mother from HL12 if indicated. If HL12 is blank, or "00" ask: WHO IS THE PRIMARY CARETAKER OF (name)?
			1 Male 2 Female	98 DK 9998 DK		Record in complete d years. If age is 95 or above, record '95'	Circle line no. if woman age 15-49	Circle line no. if age 0-4	1 Yes 2 No 8 DK	If "Yes" Record line no. of mother and go to HL13. If "No" Record 00.	1 In another household in this country 2 Institution in this country 3 Abroad 8 DK	1 Yes 2 No 8 DK	If "Yes" Record line no. of mother and go to HL15. If "No" Record 00.	1 In another household in this country 2 Institution in this country 3 Abroad 8 DK	
Line	Name	Relation*	M F	Month Year	Age		15-49	0-4	Y N DK	Mother		Y N DK	Father		Mother
01		01	1 2	___ ___	___	___	01	01	1 2 8	___	1 2 3 8	1 2 8	___	1 2 3 8	___
02		___	1 2	___	___	___	02	02	1 2 8	___	1 2 3 8	1 2 8	___	1 2 3 8	___
03		___	1 2	___	___	___	03	03	1 2 8	___	1 2 3 8	1 2 8	___	1 2 3 8	___
04		___	1 2	___	___	___	04	04	1 2 8	___	1 2 3 8	1 2 8	___	1 2 3 8	___
05		___	1 2	___	___	___	05	05	1 2 8	___	1 2 3 8	1 2 8	___	1 2 3 8	___
06		___	1 2	___	___	___	06	06	1 2 8	___	1 2 3 8	1 2 8	___	1 2 3 8	___
07		___	1 2	___	___	___	07	07	1 2 8	___	1 2 3 8	1 2 8	___	1 2 3 8	___
08		___	1 2	___	___	___	08	08	1 2 8	___	1 2 3 8	1 2 8	___	1 2 3 8	___
09		___	1 2	___	___	___	09	09	1 2 8	___	1 2 3 8	1 2 8	___	1 2 3 8	___

						For women age 15-49	For children age 0-4	For children age 0-17 years							For children age 0-14
HL1. Line no.	HL2. Name	HL3. WHAT IS THE RELATIONSHIP OF (name) TO THE HEAD OF HOUSEHOLD?	HL4. IS (name) MALE OR FEMALE?	HL5. WHAT IS (name)'S DATE OF BIRTH?	HL6. HOW OLD IS (name)?	HL7. 15-49	HL7B. 0-4	HL11. IS (name)'S NATURAL MOTHER ALIVE?	HL12. DOES (name)'S NATURAL MOTHER LIVE IN THIS HOUSEHOLD?	HL12A. WHERE DOES (name)'S NATURAL MOTHER LIVE?	HL13. IS (name)'S NATURAL FATHER ALIVE?	HL14. DOES (name)'S NATURAL FATHER LIVE IN THIS HOUSEHOLD?	HL14A. WHERE DOES (name)'S NATURAL FATHER LIVE?	HL15. Record line no. of mother from HL12 if indicated. If HL12 is blank, or "00" ask: WHO IS THE PRIMARY CARETAKER OF (name)?	
			1 Male 2 Female	98 DK 9998 DK	Record in complete d years. If age is 95 or above, record '95'	Circle line no. if woman age 15-49	Circle line no. if age 0-4	1 Yes 2 No <input type="checkbox"/> HL13 8 DK <input type="checkbox"/> HL13	If "Yes" Record line no. of mother and go to HL13. If "No" Record 00.	1 In another household in this country 2 Institution in this country 3 Abroad 8 DK	1 Yes 2 No <input type="checkbox"/> HL15 8 DK <input type="checkbox"/> HL15	If "Yes" Record line no. of mother and go to HL15. If "No" Record 00	1 In another household in this country 2 Institution in this country 3 Abroad 8 DK		
Line	Name	Relation*	M F	Month	Year	Age	15-49	0-4	Y N DK	Mother		Y N DK	Father		Mother
10		___	1 2	___	___	___	10	10	1 2 8	___	1 2 3 8	1 2 8	___	1 2 3 8	___
11		___	1 2	___	___	___	11	11	1 2 8	___	1 2 3 8	1 2 8	___	1 2 3 8	___
12		___	1 2	___	___	___	12	12	1 2 8	___	1 2 3 8	1 2 8	___	1 2 3 8	___
13		___	1 2	___	___	___	13	13	1 2 8	___	1 2 3 8	1 2 8	___	1 2 3 8	___
14		___	1 2	___	___	___	14	14	1 2 8	___	1 2 3 8	1 2 8	___	1 2 3 8	___
15		___	1 2	___	___	___	15	15	1 2 8	___	1 2 3 8	1 2 8	___	1 2 3 8	___
Tick here if additional questionnaire used <input type="checkbox"/>															

Probe for additional household members.

Probe especially for any infants or small children not listed, and others who may not be members of the family (such as servants ,other relatives, friends) but who usually live in the household.

Insert names of additional members in the household list and complete form accordingly.

Now for each woman age 15-49 years, write her name and line number and other identifying information in the information panel of a separate Individual Women's Questionnaire.

For each child under age 5, write his/her name and line number AND the line number of his/her mother or caretaker in the information panel of a separate Under-5 Questionnaire.

You should now have a separate questionnaire for each eligible woman, and each child under five in the household.

* Codes for HL3: <i>Relationship to head of household:</i>	01 Head	04 Son-In-Law / Daughter-In-Law	07 Parent-In-Law	10 Uncle / Aunt	13 Adopted / Foster/	96 Other (Not related)
	02 Spouse/Partner	05 Grandchild	08 Brother / Sister	11 Niece / Nephew	Stepchild	98 DK
	03 Son / Daughter	06 Parent	09 Brother-In-Law / Sister-In-Law	12 Other relative	14 Servant (Live-in)	

EDUCATION													ED
			For household members age 5 and above			For household members age 5-24 years							
ED1. Line number	ED2. Name and age Copy from HL2 and HL6		ED3. HAS (name) EVER ATTENDED SCHOOL OR PRE- SCHOOL?	ED4A. WHAT IS THE HIGHEST LEVEL OF SCHOOL (name) HAS ATTENDED? Level: 0 Preschool 1 Elementary 2 Preparatory 3 Secondary 4 Higher 8 DK If level=0, skip to ED5	ED4B. WHAT IS THE HIGHEST GRADE (name) COMPLETED AT THIS LEVEL? Grade: 98 DK If the first grade at this level is not completed, enter "00".	ED5. DURING THE CURRENT SCHOOL YEAR, THAT IS 2013- 2014, DID (name) ATTEND SCHOOL OR PRESCHOO L AT ANY TIME? 1 Yes 2 No ↗ ED7	ED6. DURING THIS SCHOOL YEAR, WHICH LEVEL AND GRADE IS/WAS (name) ATTENDING? Level: 0 Preschool 1 Elementary 2 Preparatory 3 Secondary 4 Higher 8 DK If level=0, skip to ED7		Grade: 98 DK	ED7. DURING THE PREVIOUS SCHOOL YEAR, THAT IS 2012- 2013, DID (name) ATTEND SCHOOL OR PRESCHOOL AT ANY TIME? 1 Yes 2 No ↗ Next Line 8 DK ↗ Next Line	ED8. DURING THAT PREVIOUS SCHOOL YEAR, WHICH LEVEL AND GRADE DID (name) ATTEND? Level: 0 Preschool 1 Elementary 2 Preparatory 3 Secondary 4 Higher 8 DK If level=0, go to next line.		Grade: 98 DK
Line	Name	Age	Yes No	Level	Grade	Ye No	Level	Grade	Yes No DK	Level	Grade		
01		___	1 2	0 1 2 3 4 8	___	1 2	0 1 2 3 4 8	___	1 2 8	0 1 2 3 4 8	___		
02		___	1 2	0 1 2 3 4 8	___	1 2	0 1 2 3 4 8	___	1 2 8	0 1 2 3 4 8	___		
03		___	1 2	0 1 2 3 4 8	___	1 2	0 1 2 3 4 8	___	1 2 8	0 1 2 3 4 8	___		
04		___	1 2	0 1 2 3 4 8	___	1 2	0 1 2 3 4 8	___	1 2 8	0 1 2 3 4 8	___		
05		___	1 2	0 1 2 3 4 8	___	1 2	0 1 2 3 4 8	___	1 2 8	0 1 2 3 4 8	___		
06		___	1 2	0 1 2 3 4 8	___	1 2	0 1 2 3 4 8	___	1 2 8	0 1 2 3 4 8	___		
07		___	1 2	0 1 2 3 4 8	___	1 2	0 1 2 3 4 8	___	1 2 8	0 1 2 3 4 8	___		
08		___	1 2	0 1 2 3 4 8	___	1 2	0 1 2 3 4 8	___	1 2 8	0 1 2 3 4 8	___		
09		___	1 2	0 1 2 3 4 8	___	1 2	0 1 2 3 4 8	___	1 2 8	0 1 2 3 4 8	___		
10		___	1 2	0 1 2 3 4 8	___	1 2	0 1 2 3 4 8	___	1 2 8	0 1 2 3 4 8	___		
11		___	1 2	0 1 2 3 4 8	___	1 2	0 1 2 3 4 8	___	1 2 8	0 1 2 3 4 8	___		
12		___	1 2	0 1 2 3 4 8	___	1 2	0 1 2 3 4 8	___	1 2 8	0 1 2 3 4 8	___		
13		___	1 2	0 1 2 3 4 8	___	1 2	0 1 2 3 4 8	___	1 2 8	0 1 2 3 4 8	___		
14		___	1 2	0 1 2 3 4 8	___	1 2	0 1 2 3 4 8	___	1 2 8	0 1 2 3 4 8	___		
15		___	1 2	0 1 2 3 4 8	___	1 2	0 1 2 3 4 8	___	1 2 8	0 1 2 3 4 8	___		

SELECTION OF ONE CHILD FOR CHILD DISCIPLINE					SL																																																																																															
SL1. Check HL6 in the List of Household Members and write the total number of children age 1-14 years.				Total number																																																																																																
SL2. Check the number of children age 1-14 years in SL1:																																																																																																				
<input type="checkbox"/> Zero ⇒ Go to HOUSEHOLD CHARACTERISTICS module																																																																																																				
<input type="checkbox"/> One ⇒ Go to SL9 and record the rank number as '1', enter the line number, child's name and age																																																																																																				
<input type="checkbox"/> Two or more ⇒ Continue with SL2A																																																																																																				
SL2A. List each of the children age 1-14 years below in the order they appear in the List of Household Members. Do not include other household members outside of the age range 1-14 years. Record the line number, name, sex, and age for each child.																																																																																																				
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">SL3. Rank number</th> <th style="width: 10%;">SL4. Line number from HL1</th> <th style="width: 30%;">SL5. Name from HL2</th> <th colspan="2" style="width: 20%;">SL6. Sex from HL4</th> <th style="width: 30%;">SL7. Age from HL6</th> </tr> <tr> <th>Rank</th> <th>Line</th> <th>Name</th> <th>M</th> <th>F</th> <th>Age</th> </tr> </thead> <tbody> <tr><td>1</td><td>— —</td><td></td><td>1</td><td>2</td><td>— —</td></tr> <tr><td>2</td><td>— —</td><td></td><td>1</td><td>2</td><td>— —</td></tr> <tr><td>3</td><td>— —</td><td></td><td>1</td><td>2</td><td>— —</td></tr> <tr><td>4</td><td>— —</td><td></td><td>1</td><td>2</td><td>— —</td></tr> <tr><td>5</td><td>— —</td><td></td><td>1</td><td>2</td><td>— —</td></tr> <tr><td>6</td><td>— —</td><td></td><td>1</td><td>2</td><td>— —</td></tr> <tr><td>7</td><td>— —</td><td></td><td>1</td><td>2</td><td>— —</td></tr> <tr><td>8</td><td>— —</td><td></td><td>1</td><td>2</td><td>— —</td></tr> </tbody> </table>						SL3. Rank number	SL4. Line number from HL1	SL5. Name from HL2	SL6. Sex from HL4		SL7. Age from HL6	Rank	Line	Name	M	F	Age	1	— —		1	2	— —	2	— —		1	2	— —	3	— —		1	2	— —	4	— —		1	2	— —	5	— —		1	2	— —	6	— —		1	2	— —	7	— —		1	2	— —	8	— —		1	2	— —																																			
SL3. Rank number	SL4. Line number from HL1	SL5. Name from HL2	SL6. Sex from HL4		SL7. Age from HL6																																																																																															
Rank	Line	Name	M	F	Age																																																																																															
1	— —		1	2	— —																																																																																															
2	— —		1	2	— —																																																																																															
3	— —		1	2	— —																																																																																															
4	— —		1	2	— —																																																																																															
5	— —		1	2	— —																																																																																															
6	— —		1	2	— —																																																																																															
7	— —		1	2	— —																																																																																															
8	— —		1	2	— —																																																																																															
SL8. Check the last digit of the household number (HH2) from the cover page. This is the number of the row you should go to in the table below.																																																																																																				
Check the total number of children age 1-14 years in SL1 above. This is the number of the column you should go to in the table below																																																																																																				
Find the box where the row and the column meet and circle the number that appears in the box. This is the rank number (SL3) of the selected child.																																																																																																				
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2" style="width: 15%;">Last Digit of Household Number (from HH2)</th> <th colspan="7">Total Number of Eligible Children in the Household (from SL1)</th> </tr> <tr> <th>2</th> <th>3</th> <th>4</th> <th>5</th> <th>6</th> <th>7</th> <th>8+</th> </tr> </thead> <tbody> <tr><td>0</td><td>2</td><td>2</td><td>4</td><td>3</td><td>6</td><td>5</td><td>4</td></tr> <tr><td>1</td><td>1</td><td>3</td><td>1</td><td>4</td><td>1</td><td>6</td><td>5</td></tr> <tr><td>2</td><td>2</td><td>1</td><td>2</td><td>5</td><td>2</td><td>7</td><td>6</td></tr> <tr><td>3</td><td>1</td><td>2</td><td>3</td><td>1</td><td>3</td><td>1</td><td>7</td></tr> <tr><td>4</td><td>2</td><td>3</td><td>4</td><td>2</td><td>4</td><td>2</td><td>8</td></tr> <tr><td>5</td><td>1</td><td>1</td><td>1</td><td>3</td><td>5</td><td>3</td><td>1</td></tr> <tr><td>6</td><td>2</td><td>2</td><td>2</td><td>4</td><td>6</td><td>4</td><td>2</td></tr> <tr><td>7</td><td>1</td><td>3</td><td>3</td><td>5</td><td>1</td><td>5</td><td>3</td></tr> <tr><td>8</td><td>2</td><td>1</td><td>4</td><td>1</td><td>2</td><td>6</td><td>4</td></tr> <tr><td>9</td><td>1</td><td>2</td><td>1</td><td>2</td><td>3</td><td>7</td><td>5</td></tr> </tbody> </table>						Last Digit of Household Number (from HH2)	Total Number of Eligible Children in the Household (from SL1)							2	3	4	5	6	7	8+	0	2	2	4	3	6	5	4	1	1	3	1	4	1	6	5	2	2	1	2	5	2	7	6	3	1	2	3	1	3	1	7	4	2	3	4	2	4	2	8	5	1	1	1	3	5	3	1	6	2	2	2	4	6	4	2	7	1	3	3	5	1	5	3	8	2	1	4	1	2	6	4	9	1	2	1	2	3	7	5
Last Digit of Household Number (from HH2)	Total Number of Eligible Children in the Household (from SL1)																																																																																																			
	2	3	4	5	6	7	8+																																																																																													
0	2	2	4	3	6	5	4																																																																																													
1	1	3	1	4	1	6	5																																																																																													
2	2	1	2	5	2	7	6																																																																																													
3	1	2	3	1	3	1	7																																																																																													
4	2	3	4	2	4	2	8																																																																																													
5	1	1	1	3	5	3	1																																																																																													
6	2	2	2	4	6	4	2																																																																																													
7	1	3	3	5	1	5	3																																																																																													
8	2	1	4	1	2	6	4																																																																																													
9	1	2	1	2	3	7	5																																																																																													
SL9. Record the rank number (SL3), line number (SL4), name (SL5) and age (SL7) of the selected child				Rank number Line number Name Age																																																																																																

CHILD DISCIPLINE		CD
CD2. Write the line number and name of the child from SL9.	Line number _ _ Name	
CD3. ADULTS USE CERTAIN WAYS TO TEACH CHILDREN THE RIGHT BEHAVIOUR OR TO ADDRESS A BEHAVIOUR PROBLEM. I WILL READ VARIOUS METHODS THAT ARE USED. PLEASE TELL ME IF YOU OR ANYONE ELSE IN YOUR HOUSEHOLD HAS USED THIS METHOD WITH <i>(name)</i> IN THE PAST MONTH.	<div style="text-align: right;">Yes No</div> [A] TOOK AWAY PRIVILEGES, FORBADE SOMETHING <i>(name)</i> LIKED OR DID NOT ALLOW HIM/HER TO LEAVE THE HOUSE. Took away privileges 1 2 [B] EXPLAINED WHY <i>(name)</i> 'S BEHAVIOUR WAS WRONG. Explained wrong behaviour..... 1 2 Shook him/her 1 2 [C] SHOOK HIM/HER. Shouted, yelled, screamed 1 2 [D] SHOUTED, YELLED AT OR SCREAMED AT HIM/HER. Gave something else to do 1 2 [E] GAVE HIM/HER SOMETHING ELSE TO DO. Spanked, hit, slapped on bottom with bare hand 1 2 [F] SPANKED, HIT OR SLAPPED HIM/HER ON THE BOTTOM WITH BARE HAND. Hit with belt, hairbrush, stick, or other hard object 1 2 [G] HIT HIM/HER ON THE BOTTOM OR ELSEWHERE ON THE BODY WITH SOMETHING LIKE A BELT, HAIRBRUSH, STICK OR OTHER HARD OBJECT. Called dumb, lazy, or another name 1 2 [H] CALLED HIM/HER DUMB, LAZY, OR ANOTHER NAME LIKE THAT. Hit / slapped on the face, head or ears 1 2 [I] HIT OR SLAPPED HIM/HER ON THE FACE, HEAD OR EARS. Hit / slapped on hand, arm or leg 1 2 [J] HIT OR SLAPPED HIM/HER ON THE HAND, ARM, OR LEG. Beat up, hit over and over as hard as one could..... 1 2 [K] BEAT HIM/HER UP, THAT IS HIT HIM/HER OVER AND OVER AS HARD AS ONE COULD.	
CD4. DO YOU BELIEVE THAT IN ORDER TO BRING UP, RAISE, OR EDUCATE A CHILD PROPERLY, THE CHILD NEEDS TO BE PHYSICALLY PUNISHED?	Yes.....1 No2 DK / No opinion.....8	

HOUSEHOLD CHARACTERISTICS		HC
HC2. HOW MANY ROOMS IN THIS HOUSEHOLD ARE USED FOR SLEEPING?	Number of rooms _ _	
HC2A. WHAT KIND OF DWELLING UNIT DOES THE FAMILY LIVE IN? <i>Record observation.</i>	Villa 11 House 12 Apartment 13 Separate Room 14 Tent 15 Marginal "Barrakeyah" 16 Other (<i>specify</i>) 96	
HC3. Main material of the dwelling floor. <i>Record observation.</i>	Natural floor Earth / Sand 11 Finished floor Parquet or polished wood 31 Ceramic tiles 33 Cement 34 Carpet 35 Tiles (Balady) 36 Other (<i>specify</i>) 96	
HC4. Main material of the roof. <i>Record observation.</i>	Natural roofing No Roof 11 Palm leaf 12 Finished roofing Metal / Tin 31 Wood 32 Calamine / Cement fibre 33 Cement 35 Other (<i>specify</i>) 96	
HC5. Main material of the exterior walls. <i>Record observation.</i>	Natural walls No walls 11 Dirt 13 Rudimentary walls Stone with mud 22 Finished walls Cement 31 Stone with lime / cement 32 Bricks 33 Covered adobe 35 Other (<i>specify</i>) 96	
HC6. WHAT TYPE OF FUEL DOES YOUR HOUSEHOLD <u>MAINLY</u> USE FOR COOKING?	Electricity 01 Liquefied Petroleum Gas (LPG) 02 Kerosene 05 Wood 08 Straw / Shrubs / Grass 09 No food cooked in the household 95 Other (<i>specify</i>) 96	01⇒HC8 02⇒HC8 05⇒HC8 95⇒HC8

<p>HC7. IS THE COOKING USUALLY DONE IN THE HOUSE, IN A SEPARATE BUILDING, OR OUTDOORS?</p> <p><i>If 'In the house', probe: IS IT DONE IN A SEPARATE ROOM USED AS A KITCHEN?</i></p>	<p>In the house In a separate room used as kitchen..... 1 Elsewhere in the house 2 In a separate building 3 Outdoors 4 Other (<i>specify</i>) 6</p>																																																				
<p>HC8. DOES YOUR HOUSEHOLD HAVE:</p> <p>[A] ELECTRICITY?</p> <p>[B] A RADIO?</p> <p>[C] A TUBE TELEVISION?</p> <p>[L] LCD /LED /3D TV?</p> <p>[D] A NON-MOBILE TELEPHONE?</p> <p>[E] A REFRIGERATOR?</p> <p>[F] CENTRAL HEATING?</p> <p>[G] CLOTHES DRYER ?</p> <p>[H] FREEZER?</p> <p>[I] DISH WASHER?</p> <p>[J] AIR CONDITION?</p> <p>[K] PLAY STATION/ XBOX?</p> <p>[M] SATELLITE DISH?</p> <p>[N] SOLAR HEATER?</p> <p>[O] VACUUM CLEANER?</p> <p>[P] CLOTH WASHER?</p>	<table border="0"> <thead> <tr> <th></th><th>Yes</th><th>No</th></tr> </thead> <tbody> <tr> <td>Electricity</td><td>1</td><td>2</td></tr> <tr> <td>Radio</td><td>1</td><td>2</td></tr> <tr> <td>Tube Television</td><td>1</td><td>2</td></tr> <tr> <td>LCD /LED /3D TV</td><td>1</td><td>2</td></tr> <tr> <td>Non-mobile telephone</td><td>1</td><td>2</td></tr> <tr> <td>Refrigerator.....</td><td>1</td><td>2</td></tr> <tr> <td>Central heating</td><td>1</td><td>2</td></tr> <tr> <td>Clothes dryer</td><td>1</td><td>2</td></tr> <tr> <td>Freezer</td><td>1</td><td>2</td></tr> <tr> <td>Dishwasher.....</td><td>1</td><td>2</td></tr> <tr> <td>Air condition.....</td><td>1</td><td>2</td></tr> <tr> <td>Play station/ Xbox.....</td><td>1</td><td>2</td></tr> <tr> <td>Satellite dish</td><td>1</td><td>2</td></tr> <tr> <td>Solar heater</td><td>1</td><td>2</td></tr> <tr> <td>Vacuum cleaner.....</td><td>1</td><td>2</td></tr> <tr> <td>Cloth washer.....</td><td>1</td><td>2</td></tr> </tbody> </table>		Yes	No	Electricity	1	2	Radio	1	2	Tube Television	1	2	LCD /LED /3D TV	1	2	Non-mobile telephone	1	2	Refrigerator.....	1	2	Central heating	1	2	Clothes dryer	1	2	Freezer	1	2	Dishwasher.....	1	2	Air condition.....	1	2	Play station/ Xbox.....	1	2	Satellite dish	1	2	Solar heater	1	2	Vacuum cleaner.....	1	2	Cloth washer.....	1	2	
	Yes	No																																																			
Electricity	1	2																																																			
Radio	1	2																																																			
Tube Television	1	2																																																			
LCD /LED /3D TV	1	2																																																			
Non-mobile telephone	1	2																																																			
Refrigerator.....	1	2																																																			
Central heating	1	2																																																			
Clothes dryer	1	2																																																			
Freezer	1	2																																																			
Dishwasher.....	1	2																																																			
Air condition.....	1	2																																																			
Play station/ Xbox.....	1	2																																																			
Satellite dish	1	2																																																			
Solar heater	1	2																																																			
Vacuum cleaner.....	1	2																																																			
Cloth washer.....	1	2																																																			
<p>HC9. DOES ANY MEMBER OF YOUR HOUSEHOLD OWN:</p> <p>[H] IPAD /TABLET?</p> <p>[B] A SMART MOBILE TELEPHONE?</p> <p>[I] A LAPTOP?</p> <p>[E] ANIMAL-DRAWN CART?</p> <p>[F] A CAR OR TRUCK?</p>	<table border="0"> <thead> <tr> <th></th><th>Yes</th><th>No</th></tr> </thead> <tbody> <tr> <td>iPad /Tablet</td><td>1</td><td>2</td></tr> <tr> <td>Smart Mobile telephone.....</td><td>1</td><td>2</td></tr> <tr> <td>Laptop.....</td><td>1</td><td>2</td></tr> <tr> <td>Animal-drawn cart.....</td><td>1</td><td>2</td></tr> <tr> <td>Car / Truck.....</td><td>1</td><td>2</td></tr> </tbody> </table>		Yes	No	iPad /Tablet	1	2	Smart Mobile telephone.....	1	2	Laptop.....	1	2	Animal-drawn cart.....	1	2	Car / Truck.....	1	2																																		
	Yes	No																																																			
iPad /Tablet	1	2																																																			
Smart Mobile telephone.....	1	2																																																			
Laptop.....	1	2																																																			
Animal-drawn cart.....	1	2																																																			
Car / Truck.....	1	2																																																			
<p>HC10. DO YOU OR SOMEONE LIVING IN THIS HOUSEHOLD OWN THIS DWELLING?</p> <p><i>If "No", then ask: DO YOU RENT THIS DWELLING FROM SOMEONE NOT LIVING IN THIS HOUSEHOLD?</i></p> <p><i>If "Rented from someone else", circle "2". For other responses, circle "6".</i></p>	<p>Own 1 Rent 2 Other (<i>specify</i>) 6</p>																																																				

18 Feb 2014

HC11. DOES ANY MEMBER OF THIS HOUSEHOLD OWN ANY LAND THAT CAN BE USED FOR AGRICULTURE?	Yes 1 No 2	2⇒HC13
HC12. HOW MANY DONUM OF AGRICULTURAL LAND DO MEMBERS OF THIS HOUSEHOLD OWN? <i>If less than 1, record "00". If 95 or more, record '95'. If unknown, record '98'.</i>	Donum _ _	
HC13. DOES THIS HOUSEHOLD OWN ANY LIVESTOCK, HERDS, OTHER FARM ANIMALS, OR POULTRY?	Yes 1 No 2	2⇒HC15
HC14. HOW MANY OF THE FOLLOWING ANIMALS DOES THIS HOUSEHOLD HAVE? [A] CATTLE, MILK COWS, OR BULLS? [B] HORSES, DONKEYS, OR MULES? [C] GOATS? [D] SHEEP? [E] CHICKENS? [G] CAMELS? <i>If none, record '00'. If 95 or more, record '95'. If unknown, record '98'.</i>	Cattle, milk cows, or bulls _ _ Horses, donkeys, or mules _ _ Goats _ _ Sheep _ _ Chickens _ _ Camels _ _	
HC15. DOES ANY MEMBER OF THIS HOUSEHOLD HAVE A BANK ACCOUNT?	Yes 1 No 2	

WATER AND SANITATION		WS
WS1. WHAT IS THE MAIN SOURCE OF DRINKING WATER FOR MEMBERS OF YOUR HOUSEHOLD?	Piped water Piped into dwelling 11 Piped into compound, yard or plot 12 Public tap / standpipe 14 Tube Well, Borehole 21 Dug well Protected well 31 Unprotected well 32 Water from spring Protected spring 41 Unprotected spring 42 Rainwater collection 51 Tanker-truck 61 Cart with small tank / drum 71 Bottled water 91 Other (<i>specify</i>) 96	11⇒WS6 12⇒WS6 14⇒WS3 21⇒WS3 31⇒WS3 32⇒WS3 41⇒WS3 42⇒WS3 51⇒WS3 61⇒WS3 71⇒WS3 96⇒WS3
WS2. WHAT IS THE MAIN SOURCE OF WATER USED BY YOUR HOUSEHOLD FOR OTHER PURPOSES SUCH AS COOKING AND HANDWASHING?	Piped water Piped into dwelling 11 Piped into compound, yard or plot 12 Public tap / standpipe 14 Tube Well, Borehole 21 Dug well Protected well 31 Unprotected well 32 Water from spring Protected spring 41 Unprotected spring 42 Rainwater collection 51 Tanker-truck 61 Cart with small tank / drum 71 Other (<i>specify</i>) 96	11⇒WS6 12⇒WS6
WS3. WHERE IS THAT WATER SOURCE LOCATED?	In own dwelling 1 In own yard / plot 2 Elsewhere 3	1⇒WS6 2⇒WS6
WS4. HOW LONG DOES IT TAKE TO GO THERE, GET WATER, AND COME BACK?	Number of minutes..... _ _ _ DK 998	

WS5. WHO USUALLY GOES TO THIS SOURCE TO COLLECT THE WATER FOR YOUR HOUSEHOLD? <i>Probe:</i> IS THIS PERSON UNDER AGE 15? WHAT SEX?	Adult woman (age 15+ years) 1 Adult man (age 15+ years) 2 Female child (under 15) 3 Male child (under 15) 4 DK 8	
WS6. DO YOU DO ANYTHING TO THE WATER TO MAKE IT SAFER TO DRINK?	Yes 1 No 2 DK 8	2⇒WS8 8⇒WS8
WS7. WHAT DO YOU USUALLY DO TO MAKE THE WATER SAFER TO DRINK? <i>Probe:</i> ANYTHING ELSE? <i>Record all items mentioned.</i>	Boil A Add bleach / chlorine B Strain it through a cloth C Use water filter (ceramic, sand, composite, etc.) D Other (<i>specify</i>) X DK Z	
WS8. WHAT KIND OF TOILET FACILITY DO MEMBERS OF YOUR HOUSEHOLD USUALLY USE? <i>If “flush” or “pour flush”, probe:</i> WHERE DOES IT FLUSH TO? <i>If not possible to determine, ask permission to observe the facility.</i>	Flush / Pour flush Flush to piped sewer system 11 Flush to septic tank 12 Flush to pit (latrine) 13 Flush to somewhere else 14 Flush to unknown place / Not sure / DK where 15 No facility, Bush, Field 95 Other (<i>specify</i>) 96	95⇒WS12
WS9. DO YOU SHARE THIS FACILITY WITH OTHERS WHO ARE NOT MEMBERS OF YOUR HOUSEHOLD?	Yes 1 No 2	2⇒WS12
WS10. DO YOU SHARE THIS FACILITY ONLY WITH MEMBERS OF OTHER HOUSEHOLDS THAT YOU KNOW, OR IS THE FACILITY OPEN TO THE USE OF THE GENERAL PUBLIC?	Other households only (not public) 1 Public facility 2	2⇒WS12
WS11. HOW MANY HOUSEHOLDS IN TOTAL USE THIS TOILET FACILITY, INCLUDING YOUR OWN HOUSEHOLD?	Number of households (if less than 10) 0 ____ Ten or more households 10 DK 98	
WS12. DOES YOUR HOUSEHOLD CONNECTED TO PIPED WATER NETWORK?	Yes 1 No 2	

HH19. <i>Record the time.</i>	Hour and minutes : ..	
--------------------------------------	-----------------------------	--

SALT IODIZATION		SI
SI1. WE WOULD LIKE TO CHECK WHETHER THE SALT USED IN YOUR HOUSEHOLD IS IODIZED. MAY I HAVE A SAMPLE OF THE SALT USED <u>TO COOK MEALS</u> IN YOUR HOUSEHOLD? <i>Once you have tested the salt, circle number that corresponds to test outcome.</i>	Not iodized - 0 PPM 1 More than 0 PPM & less than 15 PPM 2 15 PPM or more 3 No salt in the house 4 Salt not tested (specify reason) 5	

HH20. <i>Thank the respondent for his/her cooperation and check the List of Household Members:</i> <input type="checkbox"/> <i>A separate Questionnaire for Individual Women has been issued for each woman age 15-49 years in the List of Household Members (HL7)</i> <input type="checkbox"/> <i>A separate QUESTIONNAIRE FOR CHILDREN UNDER FIVE has been issued for each child under age 5 years in the List of Household Members (HL7B)</i> <i>Return to the cover page and make sure that all information is entered, including the number of eligible women (HH12), and under-5s (HH14)</i> <i>Make arrangements for the administration of the remaining questionnaire(s) in this household.</i>
--

Interviewer's Observations

Field Editor's Observations

Supervisor's Observations



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>		
WM1. Cluster number: <div style="text-align: right;">_ _ _</div>	WM2. Household number: <div style="text-align: right;">_ _</div>	
WM3. Woman's name: Name _____	WM4. Woman's line number: <div style="text-align: right;">_ _</div>	
WM5. Interviewer's name and number: Name _____	WM6. Day / Month / Year of interview: <div style="text-align: right;">_ _ / _ _ / 2 0 1 4</div>	
<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 30 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 30 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>		
WM7. Result of woman's interview	Completed01 Not at home02 Refused03 Partly completed.....04 Incapacitated05 Other (specify) _____ 96	
WM8. Field editor's name and number: Name _____	WM9. Main data entry clerk's name and number: Name _____	

WM10. Record the time.	Hour and minutes : ..	
-------------------------------	-----------------------------	--

WOMAN'S BACKGROUND		WB
WB1. IN WHAT MONTH AND YEAR WERE YOU BORN?	Date of birth Month DK month98 Year DK year9998	
WB2. HOW OLD ARE YOU? <i>Probe:</i> HOW OLD WERE YOU AT YOUR LAST BIRTHDAY? <i>Compare and correct WB1 and/or WB2 if inconsistent</i>	Age (in completed years)	
WB3. HAVE YOU EVER ATTENDED SCHOOL OR PRESCHOOL?	Yes1 No.....2	2⇒WB7
WB4. WHAT IS THE HIGHEST LEVEL OF SCHOOL YOU ATTENDED?	Preschool0 Elementary.....1 Preparatory.....2 Secondary3 Higher.....4	0⇒WB7
WB5. 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	
WB6. 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>WB7. 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 (specify language)</p> <p>Blind / visually impaired.....5</p>	
--	--	--

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, ever been married 1 No 3	3 ⇒ HIV/AIDS MODULE
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 MARRY? MA8B. 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
MA9. HOW OLD WERE YOU WHEN YOU FIRST STARTED LIVING WITH YOUR (<u>FIRST</u>) HUSBAND?	Age in years..... _ _	

FERTILITY/BIRTH HISTORY		CM
CM0. 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.
CM0A. HOW OLD WERE YOU AT YOUR FIRST PREGNANCY?	Age in years _ _ DK 98	
CM1. HAVE YOU EVER GIVEN BIRTH?	Yes 1 No 2	2⇒CM8
CM4. 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
CM5. HOW MANY SONS LIVE WITH YOU? HOW MANY DAUGHTERS LIVE WITH YOU? <i>If none, record '00'.</i>	Sons at home _ _ Daughters at home _ _	
CM6. DO YOU HAVE ANY SONS OR DAUGHTERS TO WHOM YOU HAVE GIVEN BIRTH WHO ARE ALIVE BUT DO NOT LIVE WITH YOU?	Yes 1 No 2	2⇒CM8
CM7. HOW MANY SONS ARE ALIVE BUT DO NOT LIVE WITH YOU? HOW MANY DAUGHTERS ARE ALIVE BUT DO NOT LIVE WITH YOU? <i>If none, record '00'.</i>	Sons elsewhere _ _ Daughters elsewhere _ _	
CM8. 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>CM9. 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>CM10. Sum answers to CM5, CM7, and CM9.</p>	<p>Sum _ _</p>	
<p>CM11. 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"/> Yes. Check below:</p> <p> <input type="checkbox"/> No live births ⇒ Go to CM12B</p> <p> <input type="checkbox"/> One or more live births ⇒ Continue with the BIRTH HISTORY module</p> <p><input type="checkbox"/> No. ⇒ Check responses to CM1-CM10 and make corrections as necessary before proceeding to the BIRTH HISTORY Module or CM12B</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. WHAT NAME WAS GIVEN TO YOUR (first/next) BABY?	BH2. WERE ANY OF THESE BIRTHS TWINS?	BH3. IS (name) A BOY OR A GIRL?	BH4. IN WHAT MONTH AND YEAR WAS (name) BORN? Probe: WHAT IS HIS/HER BIRTHDAY?		BH5. IS (name) STILL ALIVE?	BH6. HOW OLD WAS (name) AT HIS/HER LAST BIRTHDAY?	BH7. IS (name) LIVING WITH YOU?	BH8. Record household line number of child (from HL1)	BH9. If dead: HOW OLD WAS (name) WHEN HE/SHE DIED? If "1 year", probe: HOW MANY MONTHS OLD WAS (name)?		BH10. WERE THERE ANY OTHER LIVE BIRTHS BETWEEN (name of previous birth) AND (name), INCLUDING ANY CHILDREN WHO DIED AFTER BIRTH?	
		1 Single 2 Multiple	1 Boy 2 Girl			1 Yes 2 No	Record age in completed years.	1 Yes 2 No	Record "00" if child is not listed.	Record days if less than 1 month; record months if less than 2 years; or years			
Line	Name	S M	B G	Month	Year	Y N	Age	Y N	Line No	Unit	Number	Y N	
01		1 2	1 2	___	___	1 2 ⇒ BH9	___	1 2	___ ⇒ Next Line	Days1 Months.....2 Years.....3	___		
02		1 2	1 2	___	___	1 2 ⇒ BH9	___	1 2	___ ⇒ BH10	Days1 Months.....2 Years.....3	___	1 2 Add Next Birth Birth	
03		1 2	1 2	___	___	1 2 ⇒ BH9	___	1 2	___ ⇒ BH10	Days1 Months.....2 Years.....3	___	1 2 Add Next Birth Birth	
04		1 2	1 2	___	___	1 2 ⇒	___	1 2	___ ⇒ BH10	Days1 Months.....2	___	1 2 Add Next Birth Birth	

BH Line No.	BH1. WHAT NAME WAS GIVEN TO YOUR (first/next) BABY?	BH2. WERE ANY OF THESE BIRTHS TWINS?	BH3. Is (name) A BOY OR A GIRL?	BH4. IN WHAT MONTH AND YEAR WAS (name) BORN? Probe: WHAT IS HIS/HER BIRTHDAY?		BH5. Is (name) STILL ALIVE?	BH6. HOW OLD WAS (name) AT HIS/HER LAST BIRTHDAY?	BH7. Is (name) LIVING WITH YOU?	BH8. Record household line number of child (from HL1)	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 Single 2 Multiple	1 Boy 2 Girl			1 Yes 2 No	Record age in completed years.	1 Yes 2 No	Record "00" if child is not listed.			1 Yes 2 No
Line	Name	S M	B G	Month	Year	Y N	Age	Y N	Line No	Unit	Number	Y N
						BH9				Years3		
05		1 2	1 2	__ __	__ __ __ __	1 2 ⇒ BH9	__ __	1 2	__ __ ⇒ BH10	Days1 Months.....2 Years3	__ __	1 2 Add Next Birth Birth
06		1 2	1 2	__ __	__ __ __ __	1 2 ⇒ BH9	__ __	1 2	__ __ ⇒ BH10	Days1 Months.....2 Years3	__ __	1 2 Add Next Birth Birth
07		1 2	1 2	__ __	__ __ __ __	1 2 ⇒ BH9	__ __	1 2	__ __ ⇒ BH10	Days1 Months.....2 Years3	__ __	1 2 Add Next Birth Birth

	BH1. WHAT NAME WAS GIVEN TO YOUR (<i>first/next</i>) BABY?	BH2. WERE ANY OF THESE BIRTHS TWINS? 1 Single 2 Multiple	BH3. Is (<i>name</i>) A BOY OR A GIRL? 1 Boy 2 Girl	BH4. IN WHAT MONTH AND YEAR WAS (<i>name</i>) BORN? <i>Probe:</i> WHAT IS HIS/HER BIRTHDAY?		BH5. Is (<i>name</i>) STILL ALIVE? 1 Yes 2 No	BH6. HOW OLD WAS (<i>name</i>) AT HIS/HER LAST BIRTHDAY? <i>Record age</i> <i>in</i> <i>completed</i> <i>years.</i>	BH7. Is (<i>name</i>) LIVING WITH YOU? 1 Yes 2 No	BH8. <i>Record</i> <i>household</i> <i>line number</i> <i>of child</i> (<i>from HL1</i>) <i>Record "00"</i> <i>if child is</i> <i>not listed.</i>	BH9. <i>If dead:</i> HOW OLD WAS (<i>name</i>) WHEN HE/SHE DIED? <i>If "1 year", probe:</i> HOW MANY MONTHS OLD WAS (<i>name</i>)? <i>Record days if less than</i> <i>1 month; record months</i> <i>if less than 2 years; or</i> <i>years</i>		BH10. WERE THERE ANY OTHER LIVE BIRTHS BETWEEN (<i>name</i> <i>of previous birth</i>) AND (<i>name</i>), INCLUDING ANY CHILDREN WHO DIED AFTER BIRTH? 1 Yes 2 No
Line	Name	S M	B G	Month	Year	Y N	Age	Y N	Line No	Unit	Number	Y N
08		1 2	1 2	___	___	1 2 ⇒ BH9	___	1 2	___ ⇒ BH10	Days1 Months.....2 Years3	___	1 2 Add Next Birth Birth
09		1 2	1 2	___	___	1 2 ⇒ BH9	___	1 2	___ ⇒ BH10	Days1 Months.....2 Years3	___	1 2 Add Next Birth Birth
10		1 2	1 2	___	___	1 2 ⇒ BH9	___	1 2	___ ⇒ BH10	Days1 Months.....2 Years3	___	1 2 Add Next Birth Birth
11		1 2	1 2	___	___	1 2 ⇒ BH9	___	1 2	___ ⇒ BH10	Days1 Months.....2 Years3	___	1 2 Add Next Birth Birth
12		1 2	1 2	___	___	1 2 ⇒	___	1 2	___ ⇒ BH10	Days1 Months.....2 Years3	___	1 2 Add Next Birth Birth

BH Line No.	BH1. WHAT NAME WAS GIVEN TO YOUR (first/next) BABY?	BH2. WERE ANY OF THESE BIRTHS TWINS?	BH3. IS (name) A BOY OR A GIRL?	BH4. IN WHAT MONTH AND YEAR WAS (name) BORN? Probe: WHAT IS HIS/HER BIRTHDAY?		BH5. IS (name) STILL ALIVE?	BH6. HOW OLD WAS (name) AT HIS/HER LAST BIRTHDAY?	BH7. IS (name) LIVING WITH YOU?	BH8. Record household line number of child (from HL1)	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 Single 2 Multiple	1 Boy 2 Girl			1 Yes 2 No	Record age in completed years.	1 Yes 2 No	Record "00" if child is not listed.			1 Yes 2 No
Line	Name	S M	B G	Month	Year	Y N	Age	Y N	Line No	Unit	Number	Y N
						BH9						
13		1 2	1 2	— —	— — — —	1 2 ⇒ BH9	— —	1 2	— — ⇒ BH10	Days1 Months.....2 Years.....3	— —	1 2 Add Next Birth Birth
14		1 2	1 2	— —	— — — —	1 2 ⇒ BH9	— —	1 2	— — ⇒ BH10	Days1 Months.....2 Years.....3	— —	1 2 Add Next Birth Birth
BH11. HAVE YOU HAD ANY LIVE BIRTHS SINCE THE BIRTH OF (name of last birth in BIRTH HISTORY Module)?							Yes 1 No 2				1⇒Record birth(s) in Birth History	

<p>CM12A. Compare number in CM10 with number of births in the <i>BIRTH HISTORY</i> 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>CM12B. 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>CM12C. 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>CM12D. 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>CM12E. 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>CM12F 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>CM12G. 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> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>Take pill</td> <td>1</td> <td>2</td> </tr> <tr> <td>Carried heavy weight.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Hit/struck abdomen</td> <td>1</td> <td>2</td> </tr> <tr> <td>Other (specify).....</td> <td>1</td> <td>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															
Take pill	1	2															
Carried heavy weight.....	1	2															
Hit/struck abdomen	1	2															
Other (specify).....	1	2															
<p>CM12IA: CHECK CM12I</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>CM12J. WHY DID YOU TRIED TO END THIS PREGNANCY?</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>CM12K. WHERE DID THIS ABORTION TAKE PLACE?</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>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)</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>																	

DESIRE FOR LAST BIRTH		DB
<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>		
DB1. WHEN YOU GOT PREGNANT WITH (<i>name</i>), DID YOU WANT TO GET PREGNANT AT THAT TIME?	Yes 1 No 2	1⇒Next Module
DB2. DID YOU WANT TO HAVE A BABY LATER ON, OR DID YOU NOT WANT ANY (MORE) CHILDREN?	Later 1 No more 2	2⇒Next Module
DB3. HOW MUCH LONGER DID YOU WANT TO WAIT? <i>Record the answer as stated by respondent.</i>	Months 1 _ _ Years 2 _ _ DK..... 998	

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>		
MN1. DID YOU SEE ANYONE FOR ANTENATAL CARE DURING YOUR PREGNANCY WITH (name)?	Yes 1 No 2	2⇒MN17
MN2. 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	
MN2A. 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	
MN3. 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	

MN3A. WHERE DID YOU GO MOSTLY TO RECEIVE THE ANTENATAL CARE FOR YOUR PREGNANCY WITH (NAME)?	Home Respondent's home 11 Other home 12 Public Sector Government hospital 21 Government clinic / health centre 22 Private Sector Private hospital 31 Private clinic 32 Private maternity home 33 NGO's Sector NGO's hospital 41 NGO's Clinic 42 UNRWA sector UNRWA hospital/ health centre 51 Israeli sector Israeli hospital/ health centre 61 Other (<i>specify</i>) 96													
MN4. AS PART OF YOUR ANTENATAL CARE DURING THIS PREGNANCY, WERE ANY OF THE FOLLOWING DONE AT LEAST ONCE: [A] WAS YOUR BLOOD PRESSURE MEASURED? [B] DID YOU GIVE A URINE SAMPLE? [C] DID YOU GIVE A BLOOD SAMPLE?	<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>MN4A. 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> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>Severe vaginal bleeding</td> <td>1</td> <td>2</td> </tr> <tr> <td>Hypertension</td> <td>1</td> <td>2</td> </tr> <tr> <td>Swelling in the face or body</td> <td>1</td> <td>2</td> </tr> <tr> <td>Severe headache</td> <td>1</td> <td>2</td> </tr> <tr> <td>Upper abdominal pain</td> <td>1</td> <td>2</td> </tr> <tr> <td>High fever</td> <td>1</td> <td>2</td> </tr> <tr> <td>Non-fever convulsions.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Painful micturition</td> <td>1</td> <td>2</td> </tr> <tr> <td>Severe difficulty breathing</td> <td>1</td> <td>2</td> </tr> <tr> <td>Anaemia</td> <td>1</td> <td>2</td> </tr> <tr> <td>Urinary tract infection or genital.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Rheumatic conditions</td> <td>1</td> <td>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	
	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																																							
<p>MN17. WHO ASSISTED WITH THE DELIVERY OF (name)?</p> <p><i>Probe:</i></p> <p>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 H</p> <p>Other (specify) _____ X</p> <p>No one..... Y</p>																																								

<p>MN18. WHERE DID YOU GIVE BIRTH TO (name)?</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>(Name of place)</p>	<p>Home</p> <p>Respondent's home11</p> <p>Other home12</p> <p>Public Sector</p> <p>Government hospital21</p> <p>Government clinic / health centre22</p> <p>Private Sector</p> <p>Private hospital31</p> <p>Private clinic32</p> <p>Private maternity home33</p> <p>NGO's Sector</p> <p>NGO's hospital41</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 (specify) _____96</p>	<p>11⇒MN19C</p> <p>12⇒MN19C</p> <p>96⇒MN19C</p>
<p>MN19. WAS (name) DELIVERED BY CAESAREAN SECTION? THAT IS, DID THEY CUT YOUR BELLY OPEN TO TAKE THE BABY OUT?</p>	<p>Yes1</p> <p>No.....2</p>	<p>2⇒MN19C</p>
<p>MN19A. 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>MN19B. 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>MN19C. 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>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>Prolonged labor for more Than 12 hours</td> <td>1</td> <td>2</td> </tr> <tr> <td>High fever</td> <td>1</td> <td>2</td> </tr> <tr> <td>Convulsions without fever</td> <td>1</td> <td>2</td> </tr> <tr> <td>Severe vaginal bleeding</td> <td>1</td> <td>2</td> </tr> <tr> <td>Other (<i>specify</i>)</td> <td>1</td> <td>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																
	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																																	
<p>MN19D. 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>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>Severe vaginal bleeding</td> <td>1</td> <td>2</td> </tr> <tr> <td>Swelling and pain in the legs</td> <td>1</td> <td>2</td> </tr> <tr> <td>Foul-smelling vaginal discharge with fever</td> <td>1</td> <td>2</td> </tr> <tr> <td>Lower abdominal pain with fever</td> <td>1</td> <td>2</td> </tr> <tr> <td>Sever Lower back pain with fever</td> <td>1</td> <td>2</td> </tr> <tr> <td>Painful during urination</td> <td>1</td> <td>2</td> </tr> <tr> <td>Breast swelling and pain with fever</td> <td>1</td> <td>2</td> </tr> <tr> <td>Hypertension</td> <td>1</td> <td>2</td> </tr> <tr> <td>Severe headache</td> <td>1</td> <td>2</td> </tr> <tr> <td>Other (<i>specify</i>)</td> <td>1</td> <td>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	
	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																																	

MN20. WHEN (<i>name</i>) WAS BORN, WAS HE/SHE VERY LARGE, LARGER THAN AVERAGE, AVERAGE, SMALLER THAN AVERAGE, OR VERY SMALL?	Very large1 Larger than average2 Average3 Smaller than average4 Very small.....5 DK8	
MN21. WAS (<i>name</i>) WEIGHED AT BIRTH?	Yes1 No.....2 DK8	2⇒MN23 8⇒MN23
MN22. HOW MUCH DID (<i>name</i>) WEIGH? <i>If a card is available, record weight from card.</i>	From card 1 (kg) __ . __ __ __ From recall 2 (kg) __ . __ __ __ DK99998	
MN23. HAS YOUR MENSTRUAL PERIOD RETURNED SINCE THE BIRTH OF (<i>name</i>)?	Yes1 No.....2	
MN24. DID YOU EVER BREASTFEED (<i>name</i>)?	Yes1 No.....2	2⇒MN27A
MN25. HOW LONG AFTER BIRTH DID YOU FIRST PUT (<i>name</i>) TO THE BREAST? <i>If less than 1 hour, record '00' hours.</i> <i>If less than 24 hours, record hours.</i> <i>Otherwise, record days.</i>	Immediately000 Hours.....1 __ __ Days2 __ __ DK/ remember998	
MN26. IN THE FIRST THREE DAYS AFTER DELIVERY, WAS (<i>name</i>) GIVEN ANYTHING TO DRINK OTHER THAN BREAST MILK?	Yes1 No.....2	2⇒MN27A

MN27. WHAT WAS (<i>name</i>) GIVEN TO DRINK? <i>Probe:</i> ANYTHING ELSE?	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	
MN27A DID YOU HEAR ABOUT MOTHER AND CHILD HEALTH HANDBOOK?	Yes 1 No..... 2	2⇒NEXT MODULE
MN27B. DO YOU USE THE MOTHER AND CHILD HEALTH HANDBOOK?	Yes 1 No..... 2	

POST-NATAL HEALTH CHECKS		PN
<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>PN1. 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>PN2. 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>Days2 __ __</p> <p>Weeks3 __ __</p> <p>DK/ Don't remember.....998</p>	
<p>PN3. 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>Yes1</p> <p>No.....2</p>	

<p>PN4. 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>Yes1 No.....2</p>	
<p>PN5. 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>Yes1 No.....2</p>	<p>1⇒PN11 2⇒PN16</p>
<p>PN6. 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>PN7. 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>Yes1 No.....2</p>	

<p>PN8. 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>Yes1</p> <p>No.....2</p>	
<p>PN9. AFTER THE (<i>person or persons in MN17</i>) LEFT YOU, DID ANYONE CHECK ON THE HEALTH OF (<i>name</i>)?</p>	<p>Yes1</p> <p>No.....2</p>	<p>1⇒PN11</p> <p>2⇒PN18</p>
<p>PN10. 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>Yes1</p> <p>No.....2</p>	<p>2⇒PN19</p>
<p>PN11. DID SUCH A CHECK HAPPEN ONLY ONCE, OR MORE THAN ONCE?</p>	<p>Once.....1</p> <p>More than once2</p>	<p>1⇒PN12A</p> <p>2⇒PN12B</p>
<p>PN12A. HOW LONG AFTER DELIVERY DID THAT CHECK HAPPEN?</p> <p>PN12B. 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>Days2 __ __</p> <p>Weeks3 __ __</p> <p>DK/ Don't remember.....998</p>	

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

<p>PN17. 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>PN18. AFTER THE DELIVERY WAS OVER AND (person or persons in MN17) LEFT, DID ANYONE CHECK ON <u>YOUR</u> HEALTH?</p>	<p>Yes1</p> <p>No2</p>	<p>1⇒PN20</p> <p>2⇒PN23A</p>
<p>PN19. 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>Yes1</p> <p>No2</p>	<p>2⇒PN23A</p>
<p>PN20. DID SUCH A CHECK HAPPEN ONLY ONCE, OR MORE THAN ONCE?</p>	<p>Once1</p> <p>More than once2</p>	<p>1⇒PN21A</p> <p>2⇒PN21B</p>
<p>PN21A. HOW LONG AFTER DELIVERY DID THAT CHECK HAPPEN?</p> <p>PN21B. 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>Hours1 _ _</p> <p>Days2 _ _</p> <p>Weeks3 _ _</p> <p>DK/ Don't remember998</p>	

<p>PN22. WHO CHECKED ON <u>YOUR</u> HEALTH AT THAT TIME?</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>PN23. WHERE DID THIS CHECK TAKE PLACE?</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>(Name of place)</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>

PN23A. WHAT IS THE MAIN REASON FOR NOT SEEKING FOR THE POSTNATAL CARE?	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
CP0. Check MA1. Currently Married? <input type="checkbox"/> Yes, currently married ⇒ Continue with CP1 <input type="checkbox"/> No ⇒ Go to HIV/AIDS Module		
CP1. I WOULD LIKE TO TALK WITH YOU ABOUT ANOTHER SUBJECT – FAMILY PLANNING. ARE YOU PREGNANT NOW?	Yes, currently pregnant1 No.....2 Unsure or DK.....8	1⇒CP2A
CP2. COUPLES USE VARIOUS WAYS OR METHODS TO DELAY OR AVOID A PREGNANCY. ARE YOU CURRENTLY DOING SOMETHING OR USING ANY METHOD TO DELAY OR AVOID GETTING PREGNANT?	Yes1 No.....2	1⇒CP3
CP2AA. WHAT IS YOUR MAIN REASON FOR NOT CURRENTLY USING A FAMILY PLANNING METHOD?	Desire to have a child.....11 I object family planning.....12 Husband objected13 Fear of side effects.....14 Availability/accessibility15 Expensive.....16 Inconvenient to use17 Menopause.....18 Infrequent sex / No sex19 Religious beliefs20 Infertile Husband/Wife21 Fatalistic22 Husband/Wife is sick23 Breastfeeding24 Too old25 Other (specify) _____ 96	
CP2A. HAVE YOU EVER DONE SOMETHING OR USED ANY METHOD TO DELAY OR AVOID GETTING PREGNANT?	Yes1 No.....2	1⇒Next Module 2⇒Next

		Module
CP3. WHAT ARE YOU DOING TO DELAY OR AVOID A PREGNANCY? Do not prompt. If more than one method is mentioned, circle each one.	Female sterilization A Male sterilization..... B IUD C Injectables D Implants..... E Pill..... F Male condom..... G Female condom..... H Diaphragm..... I Foam / Jelly J Lactational amenorrhoea method (LAM)..... K Periodic abstinence / Rhythm..... L Withdrawal..... M Other (<i>specify</i>) X	A⇒CP4A B⇒CP4A K⇒CP5 L⇒CP5 M⇒CP5 X⇒CP5
CP4. FROM WHERE DID YOU GET (CURRENT METHOD'S NAME) LAST TIME? CP4A: IN WHAT FACILITY DID THE STERILIZATION TAKE PLACE?	Public sector Government hospital21 Government clinic / MCH centre22 Private Sector Private hospital.....31 Private clinic32 Pharmacy33 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	
CP5. DID YOU FACE ANY PROBLEMS WITH USING (CURRENT METHOD)?	Yes1 No.....2	2⇒Next Module

CP6. WHAT PROBLEMS DID YOU FACE?	Side effects..... A	
Probe: Any other problems?	Method not effective B	
	Husband objected C	
	Availability/accessibility D	
	Expensive..... E	
	Inconvenient to use F	
	Other (<i>specify</i>) _____ X	

UNMET NEED		UN
UN1. Check CP1. Currently pregnant? <input type="checkbox"/> Yes, currently pregnant ⇒ Continue with UN2 <input type="checkbox"/> No, unsure or DK ⇒ Go to UN5		
UN2. NOW I WOULD LIKE TO TALK TO YOU ABOUT YOUR CURRENT PREGNANCY. WHEN YOU GOT PREGNANT, DID YOU WANT TO GET PREGNANT AT THAT TIME?	Yes..... 1 No 2	1⇒UN4
UN3. DID YOU WANT TO HAVE A BABY LATER ON OR DID YOU NOT WANT ANY (MORE) CHILDREN?	Later..... 1 No more 2	
UN4. NOW I WOULD LIKE TO ASK SOME QUESTIONS ABOUT THE FUTURE. AFTER THE CHILD YOU ARE NOW EXPECTING, WOULD YOU LIKE TO HAVE ANOTHER CHILD, OR WOULD YOU PREFER NOT TO HAVE ANY MORE CHILDREN?	Have another child 1 No more / None..... 2 Undecided / DK..... 8	1⇒UN7 2⇒UN13 8⇒UN13
UN5. Check CP3. Currently using "Female sterilization"? <input type="checkbox"/> Yes ⇒ Go to UN13 <input type="checkbox"/> No ⇒ Continue with UN6		
UN6. NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT THE FUTURE. WOULD YOU LIKE TO HAVE (A/ANOTHER) CHILD, OR WOULD YOU PREFER NOT TO HAVE ANY (MORE) CHILDREN?	Have (a/another) child..... 1 No more / None..... 2 Says she cannot get pregnant 3 Undecided / DK..... 8	2⇒UN9 3⇒UN11 8⇒UN9
UN7. 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 pregnant 994 After marriage 995 Other 996 DK..... 998	994⇒UN11
UN8. Check CP1. Currently pregnant? <input type="checkbox"/> Yes, currently pregnant ⇒ Go to UN13 <input type="checkbox"/> No, unsure or DK ⇒ Continue with UN9		

UN9. Check CP2. Currently using a method? <div style="margin-left: 40px;"> <input type="checkbox"/> Yes ⇒ Go to UN13 <input type="checkbox"/> No ⇒ Continue with UN10 </div>		
UN10. DO YOU THINK YOU ARE PHYSICALLY ABLE TO GET PREGNANT AT THIS TIME?	Yes 1 No 2 DK 8	1 ⇒ UN13 8 ⇒ UN13
UN11. WHY DO YOU THINK YOU ARE NOT PHYSICALLY ABLE TO GET PREGNANT?	Infrequent sex / No sex A Menopausal B Never menstruated C Hysterectomy (surgical removal of uterus) D Has been trying to get pregnant for 2 years or more without result E Postpartum amenorrhea F Breastfeeding G Too old H Fatalistic I Other (<i>specify</i>) X DK Z	
UN12. Check UN11. "Never menstruated" mentioned? <div style="margin-left: 40px;"> <input type="checkbox"/> Mentioned ⇒ Go to Next Module <input type="checkbox"/> Not mentioned ⇒ Continue with UN13 </div>		
UN13. WHEN DID YOUR LAST MENSTRUAL PERIOD START? <div style="margin-left: 40px;">Record the answer using the same unit stated by the respondent</div>	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																
HA1. NOW I WOULD LIKE TO TALK WITH YOU ABOUT SOMETHING ELSE. HAVE YOU EVER HEARD OF AN ILLNESS CALLED AIDS?	Yes 1 No 2 DK 8	2 ⇨ WM11																
HA2. CAN PEOPLE REDUCE THEIR CHANCE OF GETTING THE AIDS VIRUS BY HAVING JUST ONE UNINFECTED SEX PARTNER WHO HAS NO OTHER SEX PARTNERS?	Yes 1 No 2 DK 8																	
HA3. CAN PEOPLE GET THE AIDS VIRUS BECAUSE OF WITCHCRAFT OR OTHER SUPERNATURAL MEANS?	Yes 1 No 2 DK 8																	
HA4. CAN PEOPLE REDUCE THEIR CHANCE OF GETTING THE AIDS VIRUS BY USING A CONDOM EVERY TIME THEY HAVE SEX?	Yes 1 No 2 DK 8																	
HA5. CAN PEOPLE GET THE AIDS VIRUS FROM MOSQUITO BITES?	Yes 1 No 2 DK 8																	
HA6. CAN PEOPLE GET THE AIDS VIRUS BY SHARING FOOD WITH A PERSON WHO HAS THE AIDS VIRUS?	Yes 1 No 2 DK 8																	
HA7. IS IT POSSIBLE FOR A HEALTHY-LOOKING PERSON TO HAVE THE AIDS VIRUS?	Yes 1 No 2 DK 8																	
HA8. CAN THE VIRUS THAT CAUSES AIDS BE TRANSMITTED FROM A MOTHER TO HER BABY:	<table border="0"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>[A] DURING PREGNANCY?</td> <td>During pregnancy 1</td> <td>2</td> <td>8</td> </tr> <tr> <td>[B] DURING DELIVERY?</td> <td>During delivery 1</td> <td>2</td> <td>8</td> </tr> <tr> <td>[C] BY BREASTFEEDING?</td> <td>By breastfeeding 1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		Yes	No	DK	[A] DURING PREGNANCY?	During pregnancy 1	2	8	[B] DURING DELIVERY?	During delivery 1	2	8	[C] BY BREASTFEEDING?	By breastfeeding 1	2	8	
	Yes	No	DK															
[A] DURING PREGNANCY?	During pregnancy 1	2	8															
[B] DURING DELIVERY?	During delivery 1	2	8															
[C] BY BREASTFEEDING?	By breastfeeding 1	2	8															
HA9. IN YOUR OPINION, IF A FEMALE TEACHER HAS THE AIDS VIRUS BUT IS NOT SICK, SHOULD SHE BE ALLOWED TO CONTINUE TEACHING IN SCHOOL?	Yes 1 No 2 DK / Not sure / Depends 8																	

HA10. 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	
HA11. 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	
HA12. IF A MEMBER OF YOUR FAMILY BECAME SICK WITH AIDS, WOULD YOU BE WILLING TO CARE FOR HER OR HIM IN YOUR OWN HOUSEHOLD?	Yes 1 No 2 DK / Not sure / Depends 8	
HA27. DO YOU KNOW OF A PLACE WHERE PEOPLE CAN GO TO GET TESTED FOR THE AIDS VIRUS?	Yes 1 No 2	

WM11. <i>Record the time.</i>	Hour and minutes ____ : ____	
--------------------------------------	------------------------------------	--

<p>WM12. <i>Check List of Household Members, columns HL7 and HL15.</i></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 ⇒ <i>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.</i></p> <p><input type="checkbox"/> No ⇒ <i>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.</i></p>
--

Interviewer's Observations

Field Editor's Observations

Supervisor's Observations



State of Palestine
Palestinian Central Bureau of Statistics



QUESTIONNAIRE FOR CHILDREN UNDER FIVE
Palestinian Multiple Indicator Cluster Survey, 2014

UNDER-FIVE CHILD INFORMATION PANEL		UF
<p>This questionnaire is to be administered to all mothers or caretakers (see List of Household Members, column HL15) who care for a child that lives with them and is under the age of 5 years (see List of Household Members, column HL7B). A separate questionnaire should be used for each eligible child.</p>		
UF1. Cluster number: <div style="text-align: right;">_ _ _</div>	UF2. Household number: <div style="text-align: right;">_ _</div>	
UF3. Child's name: Name _____	UF4. Child's line number: <div style="text-align: right;">_ _</div>	
UF5. Mother's / Caretaker's name: Name _____	UF6. Mother's / Caretaker's line number: <div style="text-align: right;">_ _</div>	
UF7. Interviewer's name and number: Name _____	UF8. Day / Month / Year of interview: <div style="text-align: right;">_ _ / _ _ / 2014</div>	

<p>Repeat greeting if not already read to this respondent: 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 (<i>child's name from UF3</i>)'S HEALTH AND WELL-BEING. THE INTERVIEW WILL TAKE ABOUT 25 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 person, then read the following:</i> NOW I WOULD LIKE TO TALK TO YOU MORE ABOUT (<i>child's name from UF3</i>)'S HEALTH AND OTHER TOPICS. THIS INTERVIEW WILL TAKE ABOUT 25 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 UF12 to record the time and then begin the interview.</p> <p><input type="checkbox"/> No, permission is not given ⇒ Circle '03' in UF9. Discuss this result with your supervisor</p>	

UF9. Result of interview for children under 5 Codes refer to mother/caretaker.	Completed 01 Not at home 02 Refused 03 Partly completed 04 Incapacitated 05 Other (<i>specify</i>) 96
UF10. Field editor's name and number: Name _____	UF11. Main data entry clerk's name and number: Name _____

UF12. Record the time.	Hour and minutes : ..	
-------------------------------	-----------------------------	--

AGE		AG
<p>AG1. NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT THE DEVELOPMENT AND HEALTH OF (<i>name</i>).</p> <p>ON WHAT DAY, MONTH AND YEAR WAS (<i>name</i>) BORN?</p> <p><i>Probe:</i> WHAT IS HIS / HER BIRTHDAY?</p> <p>If the mother/caretaker knows the exact birth date, also enter the day; otherwise, circle 98 for day</p> <p>Month and year must be recorded.</p>	<p>Date of birth</p> <p>Day 98</p> <p>Month.....</p> <p>Year 2 0 ..</p>	
<p>AG2. HOW OLD IS (<i>name</i>)?</p> <p><i>Probe:</i> HOW OLD WAS (<i>name</i>) AT HIS / HER LAST BIRTHDAY?</p> <p>Record age in completed years.</p> <p>Record '0' if less than 1 year.</p> <p>Compare and correct AG1 and/or AG2 if inconsistent.</p>	<p>Age (in completed years).....</p>	

BIRTH REGISTRATION		BR
BR1. DOES <i>(name)</i> HAVE A BIRTH CERTIFICATE? <i>If yes, ask:</i> MAY I SEE IT?	Yes, seen..... 1	1⇒Next Module 2⇒Next Module
	Yes, not seen..... 2	
	No 3	
	DK..... 8	
BR2. HAS <i>(name)</i> 'S BIRTH BEEN REGISTERED IN THE MINISTRY OF INTERIOR?	Yes 1	1⇒Next Module
	No 2	
	DK..... 8	
BR3. DO YOU KNOW HOW TO REGISTER <i>(name)</i> 'S BIRTH?	Yes 1	
	No 2	

EARLY CHILDHOOD DEVELOPMENT		EC																
EC1. HOW MANY CHILDREN'S BOOKS OR PICTURE BOOKS DO YOU HAVE FOR <i>(name)</i> ?	None 00 Number of children's books 0 ____ Ten or more books 10																	
EC2. I AM INTERESTED IN LEARNING ABOUT THE THINGS THAT <i>(name)</i> PLAYS WITH WHEN HE/SHE IS AT HOME. DOES HE/SHE PLAY WITH: [A] HOMEMADE TOYS (SUCH AS DOLLS, CARS, OR OTHER TOYS MADE AT HOME)? [B] TOYS FROM A SHOP OR MANUFACTURED TOYS? [C] HOUSEHOLD OBJECTS (SUCH AS BOWLS OR POTS) OR OBJECTS FOUND OUTSIDE (SUCH AS STICKS, ROCKS, ANIMAL SHELLS OR LEAVES)? If the respondent says "YES" to the categories above, then probe to learn specifically what the child plays with to ascertain the response	<table border="0"> <tr> <td></td> <td>Y</td> <td>N</td> <td>DK</td> </tr> <tr> <td>Homemade toys</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>Toys from a shop</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>Household objects or outside objects</td> <td>1</td> <td>2</td> <td>8</td> </tr> </table>		Y	N	DK	Homemade toys	1	2	8	Toys from a shop	1	2	8	Household objects or outside objects	1	2	8	
	Y	N	DK															
Homemade toys	1	2	8															
Toys from a shop	1	2	8															
Household objects or outside objects	1	2	8															
EC3. SOMETIMES ADULTS TAKING CARE OF CHILDREN HAVE TO LEAVE THE HOUSE TO GO SHOPPING, WASH CLOTHES, OR FOR OTHER REASONS AND HAVE TO LEAVE YOUNG CHILDREN. ON HOW MANY DAYS IN THE PAST WEEK WAS <i>(name)</i> : [A] LEFT ALONE FOR MORE THAN AN HOUR? [B] LEFT IN THE CARE OF ANOTHER CHILD, THAT IS, SOMEONE LESS THAN 10 YEARS OLD, FOR MORE THAN AN HOUR? If 'none' enter '0'. If 'don't know' enter '8'	Number of days left alone for more than an hour ____ Number of days left with other child for more than an hour ____																	
EC4. Check AG2: Age of child <input type="checkbox"/> Child age 0, 1 or 2 ⇒ Go to Next Module <input type="checkbox"/> Child age 3 or 4 ⇒ Continue with EC5																		
EC5. DOES <i>(name)</i> ATTEND ANY ORGANIZED LEARNING OR EARLY CHILDHOOD EDUCATION PROGRAMME, SUCH AS A PRIVATE OR GOVERNMENT FACILITY, INCLUDING KINDERGARTEN OR COMMUNITY CHILD CARE?	Yes 1 No 2 DK..... 8																	

<p>EC7. IN THE PAST 3 DAYS, DID YOU OR ANY HOUSEHOLD MEMBER AGE 15 OR OVER ENGAGE IN ANY OF THE FOLLOWING ACTIVITIES WITH <i>(name)</i>:</p> <p><i>If yes, ask:</i> WHO ENGAGED IN THIS ACTIVITY WITH <i>(name)</i>?</p> <p><i>Circle all that apply.</i></p> <p>[A] READ BOOKS TO OR LOOKED AT PICTURE BOOKS WITH <i>(name)</i>?</p> <p>[B] TOLD STORIES TO <i>(name)</i>?</p> <p>[C] SANG SONGS TO <i>(name)</i> OR WITH <i>(name)</i>, INCLUDING LULLABIES?</p> <p>[D] TOOK <i>(name)</i> OUTSIDE THE HOME, COMPOUND, YARD OR ENCLOSURE?</p> <p>[E] PLAYED WITH <i>(name)</i>?</p> <p>[F] NAMED, COUNTED, OR DREW THINGS TO OR WITH <i>(name)</i>?</p>	<table> <thead> <tr> <th></th> <th>Mother</th> <th>Father</th> <th>Other</th> <th>No one</th> </tr> </thead> <tbody> <tr> <td>Read books</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> <tr> <td>Told stories</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> <tr> <td>Sang songs</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> <tr> <td>Took outside</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> <tr> <td>Played with</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> <tr> <td>Named/counted</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> </tbody> </table>		Mother	Father	Other	No one	Read books	A	B	X	Y	Told stories	A	B	X	Y	Sang songs	A	B	X	Y	Took outside	A	B	X	Y	Played with	A	B	X	Y	Named/counted	A	B	X	Y	
	Mother	Father	Other	No one																																	
Read books	A	B	X	Y																																	
Told stories	A	B	X	Y																																	
Sang songs	A	B	X	Y																																	
Took outside	A	B	X	Y																																	
Played with	A	B	X	Y																																	
Named/counted	A	B	X	Y																																	
<p>EC8. I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT THE HEALTH AND DEVELOPMENT OF <i>(name)</i>. CHILDREN DO NOT ALL DEVELOP AND LEARN AT THE SAME RATE. FOR EXAMPLE, SOME WALK EARLIER THAN OTHERS. THESE QUESTIONS ARE RELATED TO SEVERAL ASPECTS OF <i>(name)</i>'S DEVELOPMENT.</p> <p>CAN <i>(name)</i> IDENTIFY OR NAME AT LEAST TEN LETTERS OF THE ALPHABET?</p>	<p>Yes 1</p> <p>No 2</p> <p>DK..... 8</p>																																				
<p>EC9. CAN <i>(name)</i> READ AT LEAST FOUR SIMPLE, POPULAR WORDS?</p>	<p>Yes 1</p> <p>No 2</p> <p>DK..... 8</p>																																				
<p>EC10. DOES <i>(name)</i> KNOW THE NAME AND RECOGNIZE THE SYMBOL OF ALL NUMBERS FROM 1 TO 10?</p>	<p>Yes 1</p> <p>No 2</p> <p>DK..... 8</p>																																				
<p>EC11. CAN <i>(name)</i> PICK UP A SMALL OBJECT WITH TWO FINGERS, LIKE A STICK OR A ROCK FROM THE GROUND?</p>	<p>Yes 1</p> <p>No 2</p> <p>DK..... 8</p>																																				
<p>EC12. IS <i>(name)</i> SOMETIMES TOO SICK TO PLAY?</p>	<p>Yes 1</p> <p>No 2</p> <p>DK..... 8</p>																																				
<p>EC13. DOES <i>(name)</i> FOLLOW SIMPLE DIRECTIONS ON HOW TO DO SOMETHING CORRECTLY?</p>	<p>Yes 1</p> <p>No 2</p>																																				

	DK..... 8	
EC14. WHEN GIVEN SOMETHING TO DO, IS (<i>name</i>) ABLE TO DO IT INDEPENDENTLY?	Yes 1 No 2 DK..... 8	
EC15. DOES (<i>name</i>) GET ALONG WELL WITH OTHER CHILDREN?	Yes 1 No 2 DK..... 8	
EC16. DOES (<i>name</i>) KICK, BITE, OR HIT OTHER CHILDREN OR ADULTS?	Yes 1 No 2 DK..... 8	
EC17. DOES (<i>name</i>) GET DISTRACTED EASILY?	Yes 1 No 2 DK..... 8	

BREASTFEEDING AND DIETARY INTAKE		BD
BD1. Check AG2: Age of child <input type="checkbox"/> Child age 0, 1 or 2 years ⇒ Continue with BD2 <input type="checkbox"/> Child age 3 or 4 years ⇒ Go to CARE OF ILLNESS Module		
BD2. HAS (name) EVER BEEN BREASTFED?	Yes 1 No 2 DK 8	2⇒BD4 8⇒BD4
BD3. IS (name) STILL BEING BREASTFED?	Yes 1 No 2 DK 8	
BD4. YESTERDAY, DURING THE DAY OR NIGHT, DID (name) DRINK ANYTHING FROM A BOTTLE WITH A NIPPLE?	Yes 1 No 2 DK 8	
BD5. DID (name) DRINK ORS (ORAL REHYDRATION SOLUTION) YESTERDAY, DURING THE DAY OR NIGHT?	Yes 1 No 2 DK 8	
BD6. DID (name) DRINK OR EAT VITAMIN OR MINERAL SUPPLEMENTS OR ANY MEDICINES YESTERDAY, DURING THE DAY OR NIGHT?	Yes 1 No 2 DK 8	
BD7. NOW I WOULD LIKE TO ASK YOU ABOUT (OTHER) LIQUIDS THAT (name) MAY HAVE HAD YESTERDAY DURING THE DAY OR THE NIGHT. I AM INTERESTED TO KNOW WHETHER (name) HAD THE ITEM EVEN IF COMBINED WITH OTHER FOODS. PLEASE INCLUDE LIQUIDS CONSUMED OUTSIDE OF YOUR HOME. DID (name) DRINK (Name of item) YESTERDAY DURING THE DAY OR THE NIGHT:		
	Yes No DK	
[A] PLAIN WATER?	Plain water 1 2 8	
[B] JUICE DRINKS? like orange juice	juice drinks 1 2 8	
[C] Maraka? Like clear chicken, or clear meat Maraka.	Clear Maraka (without any chicken or meat pieces) 1 2 8	
[D] MILK SUCH AS TINNED, POWDERED, OR FRESH ANIMAL MILK?	Milk 1 2 8	
If yes: HOW MANY TIMES DID (name) DRINK MILK? If 7 or more times, record '7'. If unknown, record '8'.	Number of times drank milk	
[E] INFANT FORMULA?	Infant formula 1 2 8	
If yes: HOW MANY TIMES DID (name) DRINK INFANT FORMULA? If 7 or more times, record '7'. If unknown, record '8'.	Number of times drank infant formula	
[F] ANY OTHER LIQUIDS? SUCH AS DRINKING HERBS AND TEA.	Other liquids (specify) _____ 1 2 8	

BD8. NOW I WOULD LIKE TO ASK YOU ABOUT (OTHER) FOODS THAT (<i>name</i>) MAY HAVE HAD YESTERDAY DURING THE DAY OR THE NIGHT. AGAIN, I AM INTERESTED TO KNOW WHETHER (<i>name</i>) HAD THE ITEM EVEN IF COMBINED WITH OTHER FOODS. PLEASE INCLUDE FOODS CONSUMED OUTSIDE OF YOUR HOME.				
DID (<i>name</i>) EAT (<i>Name of food</i>) YESTERDAY DURING THE DAY OR THE NIGHT:		Yes	No	DK
[A] YOGURT?	Yogurt	1	2	8
If yes: HOW MANY TIMES DID (<i>name</i>) DRINK OR EAT YOGURT? If 7 or more times, record '7'. If unknown, record '8'.		Number of times drank/ate yogurt		
[B] CERELAC, OR NINOLAC?	Cerelac, Ninolac	1	2	8
[C] BREAD, RICE, NOODLES, PORRIDGE, BULGUR OR OTHER FOODS MADE FROM GRAINS ?	Foods made from grains	1	2	8
[D] CARROTS, SQUASH OR SWEET POTATOES THAT ARE YELLOW OR ORANGE INSIDE?	Pumpkin, carrots, squash, etc.	1	2	8
[E] WHITE POTATOES, OR ANY OTHER FOODS MADE FROM ROOTS?	White potatoes, white yams, manioc, cassava, etc.	1	2	8
[F] ANY DARK GREEN, SPINACH, MALLO (KHUBAZEH) OR ANY LEAFY VEGETABLES?	Dark green, leafy vegetables	1	2	8
[G] RIPE MANGOES, OR APRICOT?	Ripe mangoes, or apricot	1	2	8
[H] ANY OTHER FRUITS OR VEGETABLES? LIKE PARSLEY, MINT OR GRAPE LEAVES, OR APPLE, BANANA	Other fruits or vegetables	1	2	8
[I] LIVER, KIDNEY, HEART OR OTHER ORGAN MEATS?	Liver, kidney, heart or other organ meats	1	2	8
[J] ANY MEAT, SUCH AS BEEF, LAMB, GOAT, CHICKEN, OR DUCK?	Meat, such as beef, pork, lamb, goat, etc.	1	2	8
[K] EGGS?	Eggs	1	2	8
[L] FRESH OR DRIED FISH OR SHELLFISH?	Fresh or dried fish	1	2	8
[M] ANY FOODS MADE FROM BEANS, PEAS, LENTILS, OR NUTS? LIKE HUMOS	Foods made from beans, peas, etc.	1	2	8
[N] CHEESE OR OTHER FOOD MADE FROM MILK, DRIED YOGURT (LABANEH), KASTARED?	Cheese or other food made from milk	1	2	8
[P] ANY OTHER FOOD MADE WITH MILK? LIKE KASTARAD, SEMOLINA WITH MILK.	Any other food made with Milk	1	2	8
[O] ANY OTHER SOLID, SEMI-SOLID, OR SOFT FOOD THAT I HAVE NOT MENTIONED?	Other solid, semi-solid, or soft food (specify) _____	1	2	8
BD9. Check BD8 (Categories "A" through "O") <input type="checkbox"/> At least one "Yes" or all "DK" ⇒ Go to BD11 <input type="checkbox"/> Else ⇒ Continue with BD10				
BD10. Probe to determine whether the child ate any solid, semi-solid or soft foods yesterday during the day or night <input type="checkbox"/> The child did not eat or the respondent does not know ⇒ Go to Next Module <input type="checkbox"/> The child ate at least one solid, semi-solid or soft food item mentioned by the respondent ⇒ Go back to BD8 and record food eaten yesterday [A to O]. When finished, continue with BD11				
BD11. HOW MANY TIMES DID (<i>name</i>) EAT ANY SOLID, SEMI-SOLID OR SOFT FOODS YESTERDAY DURING		Number of times		
THE DAY OR NIGHT? If 7 or more times, record '7'.		DK 8		

IMMUNIZATION IM																							
If an immunization (child health) card is available, copy the dates in IM3 for each type of immunization recorded on the card. IM6- IM17B will only be asked if a card is not available.																							
IM1. DO YOU HAVE A CARD WHERE <i>(name)</i> 'S VACCINATIONS ARE WRITTEN DOWN? <i>If yes: MAY I SEE IT PLEASE?</i>				Yes, seen 1 Yes, not seen 2 No card 3				1⇒IM3 2⇒IM6															
IM2. DID YOU EVER HAVE A VACCINATION (child health) CARD FOR <i>(name)</i> ?				Yes..... 1 No 2				1⇒IM6 2⇒IM6															
IM3. (a) Copy dates for each vaccination from the card. (b) Write '44' in day column if card shows that vaccination was given but no date recorded.				<table border="1"> <thead> <tr> <th colspan="6">Date of Immunization</th> </tr> <tr> <th colspan="2">Day</th> <th colspan="2">Month</th> <th colspan="2">Year</th> </tr> </thead> </table>						Date of Immunization						Day		Month		Year			
Date of Immunization																							
Day		Month		Year																			
HEP.B 1(HEPB AT BIRTH)	HEP.B 1																						
BCG	BCG																						
IPV 1	IPV1																						
IPV 2	IPV2																						
PENTA1	DPT1+ Hib1 + HEP. B2																						
PENTA2	DPT2+ Hib2 + HEP. B3																						
PENTA3	DPT3+ Hib3 + HEP. B4																						
POLIO 1	OPV1																						
POLIO 2	OPV2																						
POLIO 3	OPV3																						
POLIO 4	OPV4																						
PNEUMOCOCCAL CONJUGATE	PCV 1																						
PNEUMOCOCCAL CONJUGATE	PCV 2																						
PNEUMOCOCCAL CONJUGATE	PCV 3																						
MMR1	MMR1																						
MMR2	MMR2																						
DPT 4	DPT 4																						
IM4. Check IM3. Are all vaccines (<i>HepB 1 to DPT4</i>) recorded? <input type="checkbox"/> Yes⇒ Go to Next Module <input type="checkbox"/> No ⇒ Continue with IM5																							

IM5. IN ADDITION TO WHAT IS RECORDED ON THIS CARD, DID (<i>name</i>) RECEIVE ANY OTHER VACCINATIONS – INCLUDING VACCINATIONS RECEIVED IN CAMPAIGNS OR IMMUNIZATION DAYS OR CHILD HEALTH DAY? <input type="checkbox"/> Yes ⇒ Go back to IM3 and probe for these vaccinations and write '66' in the corresponding day column for each vaccine mentioned. When finished, skip to Next Module <input type="checkbox"/> No/DK ⇒ Go to Next Module		
IM6. HAS (<i>name</i>) EVER RECEIVED ANY VACCINATIONS TO PREVENT HIM/HER FROM GETTING DISEASES, INCLUDING VACCINATIONS RECEIVED IN A CAMPAIGN OR IMMUNIZATION DAY OR CHILD HEALTH DAY?	Yes 1 No 2 DK..... 8	2⇒ Next Module 8⇒ Next Module
IM7. HAS (<i>name</i>) EVER RECEIVED A BCG VACCINATION AGAINST TUBERCULOSIS – THAT IS, AN INJECTION IN THE ARM OR SHOULDER THAT USUALLY CAUSES A SCAR?	Yes 1 No 2 DK..... 8	
IM7A. HAS (<i>name</i>) EVER RECEIVED A IPV INJECTION VACCINATION THAT IS A SHOT IN THE ARM AT THE AGE OF 1 MONTHS OR OLDER - TO PROTECT HIM/HER FROM POLIO?	Yes 1 No 2 DK..... 8	2⇒IM8 8⇒IM8
IM7B. HOW MANY TIMES WAS THE IPV VACCINE RECEIVED?	Number of times	
IM8. HAS (<i>name</i>) EVER RECEIVED ANY VACCINATION DROPS IN THE MOUTH TO PROTECT HIM/HER FROM POLIO?	Yes 1 No 2 DK..... 8	2⇒IM11 8⇒IM11
IM9. WAS THE FIRST POLIO VACCINE RECEIVED IN THE AGE OF TWO MONTHS?	Yes 1 No 2	
IM10. HOW MANY TIMES WAS THE POLIO VACCINE RECEIVED?	Number of times	
IM11. HAS (<i>name</i>) EVER RECEIVED A PENTA (DPT+ Hib1 + HepB2) VACCINATION – THAT IS, AN INJECTION IN THE THIGH TO PREVENT HIM/HER FROM GETTING TETANUS, WHOOPING COUGH, DIPHTHERIA AND TO PREVENT HIM/HER FROM GETTING HAEMOPHILUS INFLUENZAE TYPE B AND HEPATITIS B? <i>Probe by indicating that DPT & Hib vaccination is sometimes given at the same time as Polio</i>	Yes 1 No 2 DK..... 8	2⇒IM12B 8⇒IM12B
IM12. HOW MANY TIMES WAS THE DPT & Hib VACCINE RECEIVED?	Number of times	
IM12B. HAS (<i>name</i>) EVER RECEIVED THE FOURTH DOSE OF DPT VACCINATION – THAT IS, AN INJECTION IN THE THIGH TO PREVENT HIM/HER FROM GETTING TETANUS, WHOOPING COUGH, DIPHTHERIA ?	Yes 1 No 2 DK..... 8	
IM14. WAS THE FIRST HEPATITIS B VACCINE RECEIVED WITHIN 24 HOURS AFTER BIRTH?	Yes 1 No 2 DK..... 8	
IM16A. HAS (<i>name</i>) EVER RECEIVED A MMR INJECTION – THAT IS, A SHOT IN THE ARM AT THE AGE OF 12 MONTHS OR OLDER - TO PREVENT	Yes 1 No 2	2⇒ IM17A

HIM/HER FROM GETTING MEASLES, MUMPS AND RUBELLA?	DK..... 8	8⇒ IM17A
IM16B. HOW MANY TIMES WAS A MMR RECEIVED?	Number of times	
IM17A: HAS (<i>name</i>) EVER RECEIVED A PCV INJECTION – THAT IS, A SHOT IN THE ARM AT THE AGE OF 2 MONTHS, 4 MONTHS AND 12 MONTHS - TO PREVENT HIM/HER FROM GETTING PNEUMOCOCCAL CONJUGATE?	Yes 1 No 2 DK..... 8	2⇒ <i>Next Module</i> 8⇒ <i>Next Module</i>
IM17B: HOW MANY TIMES WAS A PCV RECEIVED?	Number of times	

CARE OF ILLNESS		CA
CA1. IN THE LAST TWO WEEKS, HAS (<i>name</i>) HAD DIARRHOEA?	Yes 1 No 2 DK..... 8	2⇒CA7 8⇒CA7
CA2. I WOULD LIKE TO KNOW HOW MUCH (<i>name</i>) WAS GIVEN TO DRINK DURING THE DIARRHOEA (INCLUDING BREASTMILK). DURING THE TIME (<i>name</i>) HAD DIARRHOEA, WAS HE/SHE GIVEN LESS THAN USUAL TO DRINK, ABOUT THE SAME AMOUNT, OR MORE THAN USUAL? <i>If 'less', probe:</i> WAS HE/SHE GIVEN MUCH LESS THAN USUAL TO DRINK, OR SOMEWHAT LESS?	Much less 1 Some what less 2 About the same 3 More 4 Nothing to drink 5 DK..... 8	
CA3. DURING THE TIME (<i>name</i>) HAD DIARRHOEA, WAS HE/SHE GIVEN LESS THAN USUAL TO EAT, ABOUT THE SAME AMOUNT, MORE THAN USUAL, OR NOTHING TO EAT? <i>If 'less', probe:</i> WAS HE/SHE GIVEN MUCH LESS THAN USUAL TO EAT OR SOMEWHAT LESS?	Much less 1 Somewhat less 2 About the same 3 More 4 Stopped food 5 Never gave food 6 DK..... 8	
CA3A. DID YOU SEEK ANY ADVICE OR TREATMENT FOR THE DIARRHOEA FROM ANY SOURCE?	Yes 1 No 2 DK..... 8	2⇒CA4 8⇒CA4
CA3B. FROM WHERE DID YOU SEEK ADVICE OR TREATMENT? <i>Probe:</i> ANYWHERE ELSE? Circle all providers mentioned, but do NOT prompt with any suggestions. Probe to identify each type of source. If unable to determine if public or private sector, write the name of the place. _____ (<i>Name of place</i>)	Public sector Government hospital.....A Government health centre/clinicB Mobile / Outreach clinicE Private medical sector Private hospital / clinic I Private physician..... J Private pharmacyK Other source Relative / Friend..... P Traditional practitionerR NGO's Medical Sector NGO's hospital/ health clinic..... S UNRWA Medical sector UNRWA hospital/ health centre T Israeli Medical sector Israeli hospital/ health centreU Other (<i>specify</i>) X	

<p>CA4. DURING THE TIME (<i>name</i>) HAD DIARRHOEA, WAS (<i>name</i>) GIVEN TO DRINK:</p> <p>[A] A FLUID MADE FROM A SPECIAL PACKET CALLED ORS PACKET SOLUTION?</p> <p>[B] A PRE-PACKAGED ORS FLUID FOR DIARRHOEA IF ANY PRE-PACKAGED ORS FLUID?</p>	<p style="text-align: right;">Y N DK</p> <p>Fluid from ORS packet 1 2 8</p> <p>Pre-packaged ORS fluid 1 2 8</p>	
<p>CA4A. Check CA4: ORS</p> <p><input type="checkbox"/> Child was given ORS ('Yes' circled in 'A' or 'B' in CA4) ⇒ Continue with CA4B</p> <p><input type="checkbox"/> Child was not given ORS ⇒ Go to CA5</p>		

<p>CA4B. WHERE DID YOU GET THE ORS?</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>(Name of place)</p>	<p>Public sector</p> <p>Government hospital..... 11</p> <p>Government health centre/clinic 12</p> <p>Mobile / Outreach clinic 15</p> <p>Private medical sector</p> <p>Private hospital / clinic 21</p> <p>Private physician..... 22</p> <p>Private pharmacy 23</p> <p>Other source</p> <p>Relative / Friend..... 31</p> <p>Traditional practitioner 33</p> <p>Already had at home 40</p> <p>NGO's Medical Sector</p> <p>NGO's hospital/ health clinic..... 41</p> <p>UNRWA Medical sector</p> <p>UNRWA hospital/ health centre 51</p> <p>Israeli Medical sector</p> <p>Israeli hospital/ health centre 61</p> <p>Other (specify) _____ 96</p>	
<p>CA5. WAS ANYTHING (ELSE) GIVEN TO TREAT THE DIARRHOEA?</p>	<p>Yes 1</p> <p>No 2</p> <p>DK..... 8</p>	<p>2⇒CA7</p> <p>2⇒CA7</p>
<p>CA6. WHAT (ELSE) WAS GIVEN TO TREAT THE DIARRHOEA?</p> <p><i>Probe:</i></p> <p>ANYTHING ELSE?</p> <p><i>Record all treatments given. Write brand name(s) of all medicines mentioned.</i></p> <p>_____</p> <p>(Name)</p>	<p>Pill or Syrup</p> <p>Antibiotic A</p> <p>Antimotility B</p> <p>Unknown pill or syrup..... H</p> <p>Injection</p> <p>Antibiotic L</p> <p>Unknown injection..... N</p> <p>Intravenous..... O</p> <p>Home remedy / Herbal medicine Q</p> <p>Other (specify) _____ X</p>	
<p>CA7. AT ANY TIME IN THE LAST TWO WEEKS, HAS (name) HAD AN ILLNESS WITH A COUGH?</p>	<p>Yes 1</p> <p>No 2</p> <p>DK..... 8</p>	<p>2⇒UF13</p> <p>8⇒UF13</p>
<p>CA8. WHEN (name) HAD AN ILLNESS WITH A COUGH, DID HE/SHE BREATHE FASTER THAN USUAL WITH SHORT, RAPID BREATHS OR HAVE DIFFICULTY BREATHING?</p>	<p>Yes 1</p> <p>No 2</p> <p>DK..... 8</p>	<p>2⇒CA10</p> <p>8⇒CA10</p>

CA9. WAS THE FAST OR DIFFICULT BREATHING DUE TO A PROBLEM IN THE CHEST OR A BLOCKED OR RUNNY NOSE?	Problem in chest only 1 Blocked or runny nose only 2 Both 3 Other (<i>specify</i>) 6 DK..... 8	
CA10. DID YOU SEEK ANY ADVICE OR TREATMENT FOR THE ILLNESS FROM ANY SOURCE?	Yes 1 No 2 DK..... 8	2⇒CA12 8⇒CA12
CA11. FROM WHERE DID YOU SEEK ADVICE OR TREATMENT? <i>Probe:</i> ANYWHERE ELSE? Circle all providers mentioned, but do NOT prompt with any suggestions. Probe to identify each type of source. If unable to determine if public or private sector, write the name of the place. _____ (Name of place)	Public sector Government hospital..... A Government health centre/clinic B Mobile / Outreach clinic E Private medical sector Private hospital / clinic I Private physician..... J Private pharmacy K Other source Relative / Friend..... P Traditional practitioner R NGO's Medical Sector NGO's hospital/ health clinic..... S UNRWA Medical sector UNRWA hospital/ health centre T Israeli Medical sector Israeli hospital/ health centre U Other (<i>specify</i>) X	
CA12. AT ANY TIME DURING THE ILLNESS, WAS (<i>name</i>) GIVEN ANY MEDICINE FOR THE ILLNESS?	Yes 1 No 2 DK..... 8	2⇒UF13 8⇒UF13
CA13. WHAT MEDICINE WAS (<i>name</i>) GIVEN? <i>Probe:</i> ANY OTHER MEDICINE? Circle all medicines given. Write brand name(s) of all medicines mentioned. _____ (Names of medicines)	Antibiotic: Pill / Syrup..... I Injection J Other medications: Paracetamol/ Panadol /Acamol P Ibuprofen..... R Other (<i>specify</i>) X DK..... Z	
CA13A. Check CA13: Antibiotic mentioned (codes I or J)? <input type="checkbox"/> Yes ⇒ Continue with CA13B <input type="checkbox"/> No ⇒ Go to UF13		

<p>CA13B. WHERE DID YOU GET THE (NAME OF MEDICINE FROM CA13)?</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>(Name of place)</p>	<p>Public sector</p> <p>Government hospital..... 11</p> <p>Government health centre/clinic 12</p> <p>Mobile / Outreach clinic 15</p> <p>Private medical sector</p> <p>Private hospital / clinic 21</p> <p>Private physician..... 22</p> <p>Private pharmacy 23</p> <p>Other source</p> <p>Relative / Friend..... 31</p> <p>Traditional practitioner 33</p> <p>Already had at home 40</p> <p>NGO's Medical Sector</p> <p>NGO's hospital/ health clinic..... 41</p> <p>UNRWA Medical sector</p> <p>UNRWA hospital/ health centre 51</p> <p>Israeli Medical sector</p> <p>Israeli hospital/ health centre 61</p> <p>Other (specify) _____ 96</p>	
---	---	--

<p>UF13. Record the time.</p>	<p>Hour and minutes : ..</p>	
--------------------------------------	------------------------------------	--

<p>UF14. Check List of Household Members, columns HL7B and HL15.</p> <p><i>Is the respondent the mother or caretaker of another child age 0-4 living in this household?</i></p> <p><input type="checkbox"/> Yes ⇒ Indicate to the respondent that you will need to measure the weight and height of the child later. Go to the next QUESTIONNAIRE FOR CHILDREN UNDER FIVE to be administered to the same respondent</p> <p><input type="checkbox"/> No ⇒ End the interview with this respondent by thanking her/him for her/his cooperation and tell her/him that you will need to measure the weight and height of the child before you leave the household</p> <p><i>Check to see if there are other woman's, man's or under-5 questionnaires to be administered in this household.</i></p>
--

ANTHROPOMETRY		AN
<p>After questionnaires for all children are complete, the measurer weighs and measures each child. Record weight and length/height below, taking care to record the measurements on the correct questionnaire for each child. Check the child's name and line number in the List of Household Members before recording measurements.</p>		
AN1. <i>Measurer's name and number:</i>	Name _____	
AN2. <i>Result of height / length and weight measurement</i>	Either or both measured1 Child not present2 Child or mother/caretaker refused3 Other (<i>specify</i>)6	2⇒AN6 3⇒AN6 6⇒AN6
AN3. <i>Child's weight</i>	Kilograms (kg) Weight not measured99.9	
AN3A. <i>Was the child undressed to the minimum?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No, the child could not be undressed to the minimum		
AN3B. <i>Check age of child in AG2:</i> <input type="checkbox"/> Child under 2 years old. ⇒ Measure length (lying down). <input type="checkbox"/> Child age 2 or more years. ⇒ Measure height (standing up).		
AN4. <i>Child's length / height (cm)</i>	Length / Height Length / Height not measured999.9	⇒ AN6
AN4A. <i>How was the child actually measured? Lying down or standing up?</i>	Lying down1 Standing up2	

AN6. Is there another child in the household who is eligible for measurement? <input type="checkbox"/> Yes ⇒ Record measurements for next child. <input type="checkbox"/> No ⇒ Check if there are any other individual questionnaires to be completed in the household.
--

Interviewer's Observations

Field Editor's Observations

Supervisor's Observations

Measurer's Observations