

APPENDIX E PALESTINIAN MICS 2019-2020 QUESTIONNAIRES

The questionnaires of the Palestine MICS are presented in Appendix E:

- Household questionnaire
- Water Quality Testing Questionnaire
- Questionnaire for Individual Women
- Questionnaire for Children Under Five
- Questionnaire for Children Age 5-17



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: _____ / _____ / <u>20</u> _____		HH7. GOVERNORATE name and code: Name _____		
HH6. AREA:	URBAN..... 1 RURAL..... 2 CAMP 3			
HH9. Is the household selected for Water Quality Testing?	Yes..... 1 No 2	HH10. Is the household selected for blank testing?	Yes..... 1 No..... 2	
Check that the respondent is a knowledgeable member of the household and at least 18 years old before proceeding. You may only interview a child age 15-17 if there is no adult member of the household or all adult members are incapacitated. You may not interview a child under age 15.				HH11. Record the time. HOURS : MINUTES ____ : ____
HH12. Hello, my name is (<i>your name</i>). We are from Palestinian Central Bureau of Statistics. We are conducting a survey about the situation of children, families and households. I would like to talk to you about these subjects. This interview usually takes about 30 minutes. Following this, I may ask to conduct additional interviews with you or other individual members of your household. All the information we obtain will remain strictly confidential and anonymous. If you do not wish to answer a question or stop the interview, please let me know. May I start now?				
YES..... 1 NO / NOT ASKED..... 2				1 ⇨ LIST OF HOUSEHOLD MEMBERS 2 ⇨ HH46
HH46. Result of Household Questionnaire interview: Discuss any result not completed with Supervisor.	COMPLETED01 NO HOUSEHOLD MEMBER AT HOME OR NO COMPETENT RESPONDENT AT HOME AT TIME OF VISIT02 ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD OF TIME.....03 REFUSED04 DWELLING VACANT OR ADDRESS NOT A DWELLING05 DWELLING DESTROYED06 DWELLING NOT FOUND07 OTHER (specify) 96			
HH47. Name and line number of the respondent to Household Questionnaire interview: NAME _____		To be filled after the Household Questionnaire is completed		To be filled after all the questionnaires are completed
HOUSEHOLD MEMBERS		TOTAL NUMBER		COMPLETED NUMBER
WOMEN AGE 15-49		HH48	_____	HH53
CHILDREN UNDER AGE 5		HH49	_____	HH55
CHILDREN AGE 5-17		HH51	_____	HH56
		HH52	_____	ZERO.. 0 ONE 1

LIST OF HOUSEHOLD MEMBERS

HL

First complete HL2-HL4 vertically for all household members, starting with the head of the household. Once HL2-HL4 are complete for all members, make sure to probe for additional members: Those that are not currently at home, any infants or small children and any others who may not be family (such as servants, friends) but who usually live in the household. Then, ask questions HL4A-HL20 for each member one at a time. If additional questionnaires are used, indicate by ticking this box:

HL1. Line number	HL2. First, please tell me the name of each person who usually lives here, starting with the head of the household. Probe for additional household members.	HL3. What is the relationship of (name) to (name of the head of household)?	HL4. Is (name) male or female? 1 MALE 2 FEMALE	HL4A. Refugee Status? 1 REGISTERED REFUGEE 2 NON-REGISTERED REFUGEE 3 NON-REFUGEE	HL5. What is (name)'s date of birth? 98 DK 9998 DK	HL6. How old is (name)? Record in completed years. If age is 95 or above, record '95'.	HL8. Record line number if woman and age 15-49.	HL10. Record line number if age 0-4.	HL11. Age 0-17? 1 YES 2 NO <input type="checkbox"/> Next Line	HL12. Is (name)'s natural mother alive? 1 YES 2 NO <input type="checkbox"/> HL16 8 DK <input type="checkbox"/> HL16	HL13. Does (name)'s natural mother live in this household? 1 YES 2 NO <input type="checkbox"/> HL15	HL14. Record the line number of mother and go to HL16.	HL15. Where does (name)'s natural mother live? 1 ABROAD 2 IN ANOTHER HOUSEHOLD IN THE SAME GOVERNORATE 3 IN ANOTHER HOUSEHOLD IN ANOTHER GOVERNORATE 4 INSTITUTION IN THIS COUNTRY 8 DK	HL16. Is (name)'s natural father alive? 1 YES 2 NO <input type="checkbox"/> HL20 8 DK <input type="checkbox"/> HL20	HL17. Does (name)'s natural father live in this household? 1 YES 2 NO <input type="checkbox"/> HL19	HL18. Record the line number of father and go to HL20.	HL19. Where does (name)'s natural father live? 1 ABROAD 2 IN ANOTHER HOUSEHOLD IN THE SAME GOVERNORATE 3 IN ANOTHER HOUSEHOLD IN ANOTHER GOVERNORATE 4 INSTITUTION IN THIS COUNTRY 8 DK	HL20. Copy the line number of mother from HL14. If blank, ask: Who is the primary caretaker of (name)? If 'No one' for a child age 15-17, record '90'.	
LINE	NAME	RELATION*	M F		MONTH	YEAR	AGE	W 15-49	0-4	Y N	Y N DK	Y N	MOTHER	Y N DK	Y N	FATHER			
01		<u>0_1</u>	1 2	1 2 3	___	_____	___	01	01	1 2	1 2 8	1 2	___	1 2 3 4 8	1 2 8	1 2	___	1 2 3 4 8	___
02		___	1 2	1 2 3	___	_____	___	02	02	1 2	1 2 8	1 2	___	1 2 3 4 8	1 2 8	1 2	___	1 2 3 4 8	___
03		___	1 2	1 2 3	___	_____	___	03	03	1 2	1 2 8	1 2	___	1 2 3 4 8	1 2 8	1 2	___	1 2 3 4 8	___
04		___	1 2	1 2 3	___	_____	___	04	04	1 2	1 2 8	1 2	___	1 2 3 4 8	1 2 8	1 2	___	1 2 3 4 8	___
05		___	1 2	1 2 3	___	_____	___	05	05	1 2	1 2 8	1 2	___	1 2 3 4 8	1 2 8	1 2	___	1 2 3 4 8	___
06		___	1 2	1 2 3	___	_____	___	06	06	1 2	1 2 8	1 2	___	1 2 3 4 8	1 2 8	1 2	___	1 2 3 4 8	___
07		___	1 2	1 2 3	___	_____	___	07	07	1 2	1 2 8	1 2	___	1 2 3 4 8	1 2 8	1 2	___	1 2 3 4 8	___
08		___	1 2	1 2 3	___	_____	___	08	08	1 2	1 2 8	1 2	___	1 2 3 4 8	1 2 8	1 2	___	1 2 3 4 8	___
09		___	1 2	1 2 3	___	_____	___	09	09	1 2	1 2 8	1 2	___	1 2 3 4 8	1 2 8	1 2	___	1 2 3 4 8	___
10		___	1 2	1 2 3	___	_____	___	10	10	1 2	1 2 8	1 2	___	1 2 3 4 8	1 2 8	1 2	___	1 2 3 4 8	___
11		___	1 2	1 2 3	___	_____	___	11	11	1 2	1 2 8	1 2	___	1 2 3 4 8	1 2 8	1 2	___	1 2 3 4 8	___
12		___	1 2	1 2 3	___	_____	___	12	12	1 2	1 2 8	1 2	___	1 2 3 4 8	1 2 8	1 2	___	1 2 3 4 8	___
13		___	1 2	1 2 3	___	_____	___	13	13	1 2	1 2 8	1 2	___	1 2 3 4 8	1 2 8	1 2	___	1 2 3 4 8	___
14		___	1 2	1 2 3	___	_____	___	14	14	1 2	1 2 8	1 2	___	1 2 3 4 8	1 2 8	1 2	___	1 2 3 4 8	___
15		___	1 2	1 2 3	___	_____	___	15	15	1 2	1 2 8	1 2	___	1 2 3 4 8	1 2 8	1 2	___	1 2 3 4 8	___
* Codes for HL3: Relationship to head of household:			01 HEAD 02 SPOUSE 03 SON / DAUGHTER 04 SON-IN-LAW / DAUGHTER-IN-LAW				05 GRANDCHILD 06 PARENT 07 PARENT-IN-LAW 08 BROTHER / SISTER				09 BROTHER-IN-LAW / SISTER-IN-LAW 10 UNCLE/AUNT 11 NIECE / NEPHEW 12 OTHER RELATIVE				13 ADOPTED / FOSTER / STEPCHILD 14 SERVANT (LIVE-IN) 96 OTHER (NOT RELATED) 98 DK				

EDUCATION 1												ED									
ED1. Line number	ED2. Name and age. Copy names and ages of <u>all</u> members of the household from HL2 and HL6 to below <u>and</u> to next page of the module.		ED3. Age 3 or above? 1 YES 2 NO ☺ <i>Next Line</i>		ED4. Has (name) ever attended school or any Kindergarten programme? 1 YES 2 NO ☺ <i>Next Line</i>		ED5. What is the highest level and grade or year of school (name) has ever <u>attended</u> ? LEVEL: 0 KINDERGARTEN ☺ 1 BASIC 2 SECONDARY 3 HIGHER 8 DK GRADE/YEAR: 98 DK ☺ <i>ED7</i>					ED6. Did (name) ever <u>complete</u> that (grade/year)? 1 YES 2 NO 8 DK			ED7. Age 3-24? 1 YES 2 NO ☺ <i>Next Line</i>		ED8. Check ED4: Ever attended school or kindergarten? 1 YES 2 NO ☺ <i>Next Line</i>				
LINE	NAME	AGE	YES	NO	YES	NO	LEVEL					GRADE/YEAR			Y	N	DK	YES	NO	YES	NO
01		___	1	2	1	2	0	1	2	3	8	___	___	1	2	8	1	2	1	2	
02		___	1	2	1	2	0	1	2	3	8	___	___	1	2	8	1	2	1	2	
03		___	1	2	1	2	0	1	2	3	8	___	___	1	2	8	1	2	1	2	
04		___	1	2	1	2	0	1	2	3	8	___	___	1	2	8	1	2	1	2	
05		___	1	2	1	2	0	1	2	3	8	___	___	1	2	8	1	2	1	2	
06		___	1	2	1	2	0	1	2	3	8	___	___	1	2	8	1	2	1	2	
07		___	1	2	1	2	0	1	2	3	8	___	___	1	2	8	1	2	1	2	
08		___	1	2	1	2	0	1	2	3	8	___	___	1	2	8	1	2	1	2	
09		___	1	2	1	2	0	1	2	3	8	___	___	1	2	8	1	2	1	2	
10		___	1	2	1	2	0	1	2	3	8	___	___	1	2	8	1	2	1	2	
11		___	1	2	1	2	0	1	2	3	8	___	___	1	2	8	1	2	1	2	
12		___	1	2	1	2	0	1	2	3	8	___	___	1	2	8	1	2	1	2	
13		___	1	2	1	2	0	1	2	3	8	___	___	1	2	8	1	2	1	2	
14		___	1	2	1	2	0	1	2	3	8	___	___	1	2	8	1	2	1	2	
15		___	1	2	1	2	0	1	2	3	8	___	___	1	2	8	1	2	1	2	

ED1. Line number	ED2. Name and age.		ED9. At any time during the 2019/2020 school year did (<i>name</i>) attend school or any Kindergarten programme? 1 YES 2 NO ∅ ED15	ED10. During this 2019/2020 school year, which level and grade or year is (<i>name</i>) attending?		ED11. Is (he/she) attending a public school? If "Yes", record '1'. If "No", probe to code who controls and manages the school. 1 GOVERNMENT 2 UNRWA 3 PRIVATE 6 OTHER 8 DK	ED12. In the 2019/2020 school year, has (<i>name</i>) received any school tuition support? If "Yes", probe to ensure that support was not received from family, other relatives, friends or neighbours. 1 YES 2 NO ∅ 8 DK ∅ ED14	ED13. Who provided the tuition support? Record all mentioned. A GOVERNMENT B UNRWA C PRIVATE X OTHER Z DK	ED14. For the 2019/2020 school year, has (<i>name</i>) received any material support or cash to buy shoes, exercise books, notebooks, school uniforms or other school supplies? If "Yes", probe to ensure that support was not received from family, other relatives, friends or neighbours. 1 YES 2 NO 8 DK	ED15. At any time during the 2018/2019 school year did (<i>name</i>) attend school or any Kindergarten programme? 1 YES 2 NO ∅ 8 DK ∅ Next Line	ED16. During 2018/2019 school year, which level and grade or year did (<i>name</i>) attend?	
				LEVEL: 0 KINDER-GARTEN ∅ ED15 1 BASIC 2 SECONDARY 3 HIGHER 8 DK	GRADE/YEAR: 98 DK						LEVEL: 0 KINDER-GARTEN ∅ Next Line 1 BASIC 2 SECONDARY 3 HIGHER 8 DK	GRADE/YEAR: 98 DK
LINE	NAME	AGE	YES NO	LEVEL	GRADE/YEAR	AUTHORITY	YES NO DK	TUITION	YES NO DK	YES NO DK	LEVEL	GRADE/YEAR
01		_____	1 2	0 1 2 3 8	_____	1 2 3 6 8	1 2 8	A B C X Z	1 2 8	1 2 8	0 1 2 3 8	_____
02		_____	1 2	0 1 2 3 8	_____	1 2 3 6 8	1 2 8	A B C X Z	1 2 8	1 2 8	0 1 2 3 8	_____
03		_____	1 2	0 1 2 3 8	_____	1 2 3 6 8	1 2 8	A B C X Z	1 2 8	1 2 8	0 1 2 3 8	_____
04		_____	1 2	0 1 2 3 8	_____	1 2 3 6 8	1 2 8	A B C X Z	1 2 8	1 2 8	0 1 2 3 8	_____
05		_____	1 2	0 1 2 3 8	_____	1 2 3 6 8	1 2 8	A B C X Z	1 2 8	1 2 8	0 1 2 3 8	_____
06		_____	1 2	0 1 2 3 8	_____	1 2 3 6 8	1 2 8	A B C X Z	1 2 8	1 2 8	0 1 2 3 8	_____
07		_____	1 2	0 1 2 3 8	_____	1 2 3 6 8	1 2 8	A B C X Z	1 2 8	1 2 8	0 1 2 3 8	_____
08		_____	1 2	0 1 2 3 8	_____	1 2 3 6 8	1 2 8	A B C X Z	1 2 8	1 2 8	0 1 2 3 8	_____
09		_____	1 2	0 1 2 3 8	_____	1 2 3 6 8	1 2 8	A B C X Z	1 2 8	1 2 8	0 1 2 3 8	_____
10		_____	1 2	0 1 2 3 8	_____	1 2 3 6 8	1 2 8	A B C X Z	1 2 8	1 2 8	0 1 2 3 8	_____
11		_____	1 2	0 1 2 3 8	_____	1 2 3 6 8	1 2 8	A B C X Z	1 2 8	1 2 8	0 1 2 3 8	_____
12		_____	1 2	0 1 2 3 8	_____	1 2 3 6 8	1 2 8	A B C X Z	1 2 8	1 2 8	0 1 2 3 8	_____
13		_____	1 2	0 1 2 3 8	_____	1 2 3 6 8	1 2 8	A B C X Z	1 2 8	1 2 8	0 1 2 3 8	_____
14		_____	1 2	0 1 2 3 8	_____	1 2 3 6 8	1 2 8	A B C X Z	1 2 8	1 2 8	0 1 2 3 8	_____
15		_____	1 2	0 1 2 3 8	_____	1 2 3 6 8	1 2 8	A B C X Z	1 2 8	1 2 8	0 1 2 3 8	_____

HOUSEHOLD CHARACTERISTICS
HC

<p>HC0. What kind of dwelling unit does the household live in?</p> <p><i>Record observation.</i></p>	<p>VILLA..... 11</p> <p>HOUSE 12</p> <p>APARTMENT..... 13</p> <p>SEPARATE ROOM 14</p> <p>TENT 15</p> <p>MARGINAL “BARRAKEYAH” 16</p> <p>OTHER (<i>specify</i>) _____ 96</p>	
<p>HC3. How many rooms do members of this household usually use for sleeping?</p>	<p>NUMBER OF ROOMS.....__ __</p>	
<p>HC4. Main material of the dwelling floor.</p> <p><i>Record observation.</i></p> <p><i>If observation is not possible, ask the respondent to determine the material of the dwelling floor.</i></p>	<p>NATURAL FLOOR</p> <p>EARTH / SAND 11</p> <p>FINISHED FLOOR</p> <p>PARQUET OR POLISHED WOOD..... 31</p> <p>VINYL OR ASPHALT STRIPS..... 32</p> <p>CERAMIC TILES..... 33</p> <p>CEMENT..... 34</p> <p>CARPET..... 35</p> <p>TILES (BALADY) 36</p> <p>OTHER (<i>specify</i>) _____ 96</p>	

<p>HC5. Main material of the roof.</p> <p><i>Record observation.</i></p>	<p>NO ROOF 11</p> <p>NATURAL ROOFING</p> <p>THATCH / PALM LEAF..... 12</p> <p>FINISHED ROOFING</p> <p>METAL / TIN..... 31</p> <p>WOOD 32</p> <p>CALAMINE / CEMENT FIBRE..... 33</p> <p>CEMENT..... 35</p> <p>OTHER (<i>specify</i>) _____ 96</p>	
<p>HC6. Main material of the exterior walls.</p> <p><i>Record observation.</i></p>	<p>NO WALLS 11</p> <p>NATURAL WALLS</p> <p>DIRT 13</p> <p>RUDIMENTARY WALLS</p> <p>STONE WITH MUD 22</p> <p>FINISHED WALLS</p> <p>CEMENT..... 31</p> <p>STONE WITH LIME / CEMENT 32</p> <p>BRICKS..... 33</p> <p>COVERED ADOBE 35</p> <p>OTHER (<i>specify</i>) _____ 96</p>	

HC7. Does your household have:	YES	NO	
[A] A fixed telephone line?	FIXED TELEPHONE LINE	1 2	
[B] A radio?	RADIO	1 2	
[C] Dining Room Sets?	DINING ROOM SETS	1 2	
[D] Kitchen Cabinets?	KITCHEN CABINETS.....	1 2	
[E] Solar heater?	SOLAR HEATER.....	1 2	
HC8. Does your household have electricity?	YES, INTERCONNECTED GRID.....	1	3⇒HC10
	YES, OFF-GRID (GENERATOR/ISOLATED SYSTEM).....	2	
	NO	3	
HC9. Does your household have:	YES	NO	
[A] A television?	TELEVISION.....	1 2	
[B] A refrigerator?	REFRIGERATOR	1 2	
[C] LCD /LED /3D TV?	LCD /LED /3D TV	1 2	
[D] Central heating?	CENTRAL HEATING.....	1 2	
[E] Clothes dryer ?	CLOTHES DRYER	1 2	
[F] Freezer?	FREEZER	1 2	
[G] Dish washer?	DISHWASHER	1 2	
[H] Air condition?	AIR CONDITION	1 2	
[I] Satellite dish?	SATELLITE DISH	1 2	
[J] Vacuum cleaner?	VACUUM CLEANER.....	1 2	
[K] Clothes washer?	CLOTHES WASHER.....	1 2	

	YES	NO	
HC10. Does any member of your household own:			
[C] A motorcycle?	MOTORCYCLE.....1	2	
[E] A car, truck or van?	CAR / TRUCK / VAN.....1	2	
[F] A boat with a motor?	BOAT WITH MOTOR1	2	
[G] Play station/ xbox?	PLAY STATION/ XBOX 1	2	
[H] Auto rickshaw (Tok Tok)?	Auto rickshaw (Tok Tok)..... 1	2	
[I] An electric bicycle?	ELECTRIC BICYCLE.....1	2	
HC11. Does any member of your household have a computer, laptop or a tablet?	YES..... 1	NO 2	
HC12. Does any member of your household have a mobile phone?	YES..... 1	NO 2	
HC13. Does your household have access to internet at home?	YES..... 1	NO 2	
HC14. Do you or someone living in this household own this dwelling? <i>If 'No', then ask: Do you rent this dwelling from someone not living in this household?</i> <i>If 'Rented from someone else', record '2'. For other responses, record '6' and specify.</i>	OWN..... 1 RENT 2 OTHER (<i>specify</i>) _____ 6		
HC15. Does any member of this household own any land that can be used for agriculture?	YES..... 1 NO 2		2⇒HC17
HC16. How many donum of agricultural land do members of this household own? <i>If less than 1, record '00'.</i>	DONUM..... ____ 95 OR MORE..... 95 DK 98		
HC17. Does this household own any livestock, herds, other farm animals, or poultry?	YES..... 1 NO 2		2⇒HC19

<p>HC18. How many of the following animals does this household have?</p> <p>[A] Milk cows or bulls?</p> <p>[B] Other cattle?</p> <p>[C] Horses, donkeys or mules?</p> <p>[D] Goats?</p> <p>[E] Sheep?</p> <p>[F] Chickens?</p> <p>[H] Camels?</p> <p><i>If none, record '00'. If 95 or more, record '95'. If unknown, record '98'.</i></p>	<p>MILK COWS OR BULLS__ __</p> <p>OTHER CATTLE.....__ __</p> <p>HORSES, DONKEYS OR MULES__ __</p> <p>GOATS__ __</p> <p>SHEEP__ __</p> <p>CHICKENS.....__ __</p> <p>CAMELS.....__ __</p>	
<p>HC19. Does any member of this household have a bank account?</p>	<p>YES..... 1</p> <p>NO 2</p>	

SOCIAL TRANSFERS

ST

ST1. I would like to ask you about various external economic assistance programmes provided to households. By external assistance I mean support that comes from the government or from non-governmental organizations such as religious, charitable, or community-based organizations. This excludes support from family, other relatives, friends or neighbours.

	[A] CASH ASSISTANCE PROGRAM	[B] ECONOMIC EMPOWERMENT PROGRAM	[C] ORPHAN SPONSORSHIP PROGRAM	[D] ANY RETIREMENT PENSION	[X] ANY OTHER EXTERNAL ASSISTANCE PROGRAMME
ST2. Are you aware of (<i>name of programme</i>)?	YES.....1 ⚡ ST3	YES 1 ⚡ ST3	YES..... 1 ⚡ ST3	YES 1 ⚡ ST3	YES (<i>specify</i>)..... 1 ⚡ ST3
	NO 2 ⚡ [B]	NO 2 ⚡ [C]	NO 2 ⚡ [D]	NO 2 ⚡ [X]	NO..... 2 ⚡ End
ST3. Has your household or anyone in your household received assistance through (<i>name of programme</i>)?	YES..... 1 ⚡ ST4	YES 1 ⚡ ST4	YES..... 1 ⚡ ST4	YES 1 ⚡ ST4	YES 1 ⚡ ST4
	NO 2 ⚡ [B]	NO 2 ⚡ [C]	NO 2 ⚡ [D]	NO 2 ⚡ [X]	NO..... 2 ⚡ End
	DK 8 ⚡ [B]	DK 8 ⚡ [C]	DK 8 ⚡ [D]	DK 8 ⚡ [X]	DK..... 8 ⚡ End
ST4. When was the <u>last time</u> your household or anyone in your household received assistance through (<i>name of programme</i>)?	MONTHS AGO... 1 ___ ⚡ [B]	MONTHS AGO ...1 ___ ⚡ [C]	MONTHS AGO... 1 ___ ⚡ [D]	MONTHS AGO .. 1 ___ ⚡ [X]	MONTHS AGO...1 ___ ⚡ End
	YEARS AGO 2 ___ ⚡ [B]	YEARS AGO.....2 ___ ⚡ [C]	YEARS AGO 2 ___ ⚡ [D]	YEARS AGO..... 2 ___ ⚡ [X]	YEARS AGO.....2 ___ ⚡ End
<i>If less than one month, record '1' and record '00' in Months.</i>	DK 998 ⚡ [B]	DK 998 ⚡ [C]	DK 998 ⚡ [D]	DK 998 ⚡ [X]	DK..... 998 ⚡ End
<i>If less than 12 months, record '1' and record in Months.</i>					
<i>If 1 year/12 months or more, record '2' and record in Years.</i>					

HOUSEHOLD ENERGY USE		EU
EU1. In your household, what type of cook stove is <u>mainly</u> used for <u>cooking</u> ?	ELECTRIC STOVE.....01	01 ⇒EU5
	LIQUEFIED PETROLEUM GAS (LPG)/ COOKING GAS STOVE03	03 ⇒EU5
	LIQUID FUEL STOVE.....06	
	THREE STONE STOVE / OPEN FIRE.....09	
	OTHER (<i>specify</i>) _____ 96	
	NO FOOD COOKED IN HOUSEHOLD97	97 ⇒EU6
EU4. What type of fuel or energy source is used in this cook stove? <i>If more than one, record the main energy source for this cook stove.</i>	GASOLINE / DIESEL02	
	KEROSENE03	
	CHARCOAL05	
	WOOD06	
	CROP RESIDUE / GRASS / STRAW / SHRUBS.....07	
	SAWDUST.....11	
	OTHER (<i>specify</i>) _____ 96	
EU5. Is the cooking usually done in the house, in a separate building, or outdoors? <i>If in main house, probe to determine if cooking is done in a separate room.</i> <i>If outdoors, probe to determine if cooking is done on veranda, covered porch, or open air.</i>	IN MAIN HOUSE NO SEPARATE ROOM..... 1 IN A SEPARATE ROOM 2	
	IN A SEPARATE BUILDING 3	
	OUTDOORS OPEN AIR 4 ON VERANDA OR COVERED PORCH..... 5	
	OTHER (<i>specify</i>) _____ 6	
EU6. What does your household <u>mainly</u> use for <u>space heating</u> when needed?	CENTRAL HEATING01	01 ⇒EU8
	MANUFACTURED SPACE HEATER02	
	THREE STONE STOVE / OPEN FIRE.....06	06 ⇒EU8
	OTHER (<i>specify</i>) _____ 96	96 ⇒EU8
	NO SPACE HEATING IN HOUSEHOLD97	97 ⇒EU9
EU7. Does it have a chimney?	YES 1	
	NO..... 2	
	DK..... 8	

<p>EU8. What type of fuel and energy source is used in this heater?</p> <p><i>If more than one, record the main energy source for this heater.</i></p>	<p>ELECTRICITY02</p> <p>GAS.....04</p> <p>GASOLINE / DIESEL07</p> <p>KEROSENE08</p> <p>CHARCOAL10</p> <p>WOOD11</p> <p>CROP RESIDUE / GRASS / STRAW / SHRUBS.....12</p> <p>SAWDUST16</p> <p>OTHER (<i>specify</i>) _____ 96</p> <p>DK.....98</p>	
<p>EU9. At night, what does your household <u>mainly</u> use to <u>light</u> the household?</p>	<p>ELECTRICITY01</p> <p>SOLAR LANTERN02</p> <p>RECHARGEABLE FLASHLIGHT, TORCH OR LANTERN.....03</p> <p>BATTERY POWERED FLASHLIGHT, TORCH OR LANTERN.....04</p> <p>KEROSENE LAMP07</p> <p>CANDLE.....13</p> <p>OTHER (<i>specify</i>) _____ 96</p> <p>NO LIGHTING IN HOUSEHOLD.....97</p>	

WATER AND SANITATION

WS

WS1. What is the main source of drinking water used by members of your household?

If unclear, probe to identify the place from which members of this household most often collect drinking water (collection point).

PIPED WATER		
PIPED INTO DWELLING	11	11 ⇨WS7
PIPED TO YARD / PLOT	12	12 ⇨WS7
PIPED TO NEIGHBOUR	13	13 ⇨WS3
PUBLIC TAP / STANDPIPE	14	14 ⇨WS3
TUBE WELL / BOREHOLE	21	21 ⇨WS3
DUG WELL		
PROTECTED WELL	31	31 ⇨WS3
UNPROTECTED WELL	32	32 ⇨WS3
SPRING		
PROTECTED SPRING.....	41	41 ⇨WS3
UNPROTECTED SPRING	42	42 ⇨WS3
RAINWATER.....	51	51 ⇨WS3
TANKER-TRUCK.....	61	61 ⇨WS4
CART WITH SMALL TANK	71	71 ⇨WS4
WATER KIOSK.....	72	72 ⇨WS4
SURFACE WATER (RIVER, DAM, LAKE, POND, STREAM, CANAL, IRRIGATION CHANNEL)	81	81 ⇨WS3
PACKAGED WATER		
BOTTLED WATER	91	
20 LITER WATER BOTTLES	93	
		96 ⇨WS3
OTHER (<i>specify</i>).....	96	

WS2. What is the main source of water used by members of your household for other purposes such as cooking and handwashing?

If unclear, probe to identify the place from which members of this household most often collect water for other purposes.

PIPED WATER		
PIPED INTO DWELLING	11	11 ⇨WS7
PIPED TO YARD / PLOT	12	12 ⇨WS7
PIPED TO NEIGHBOUR	13	
PUBLIC TAP / STANDPIPE	14	
TUBE WELL / BOREHOLE	21	
DUG WELL		
PROTECTED WELL	31	
UNPROTECTED WELL	32	
SPRING		
PROTECTED SPRING.....	41	
UNPROTECTED SPRING	42	
RAINWATER.....	51	
TANKER-TRUCK.....	61	61 ⇨WS4
CART WITH SMALL TANK	71	71 ⇨WS4
WATER KIOSK.....	72	72 ⇨WS4
SURFACE WATER (RIVER, DAM, LAKE, POND, STREAM, CANAL, IRRIGATION CHANNEL)	81	
OTHER (<i>specify</i>).....	96	

WS3. Where is that water source located?	IN OWN DWELLING..... 1 IN OWN YARD / PLOT 2 ELSEWHERE 3	1 ⇨WS7 2 ⇨WS7
WS4. How long does it take for members of your household to go there, get water, and come back?	MEMBERS DO NOT COLLECT 000 NUMBER OF MINUTES..... _ _ _ DK 998	000 ⇨WS7
WS5. Who usually goes to this source to collect the water for your household? <i>Record the name of the person and copy the line number of this person from the LIST OF HOUSEHOLD MEMBERS Module.</i>	NAME _____ LINE NUMBER..... _ _	
WS6. Since last (<i>day of the week</i>), how many times has this person collected water?	NUMBER OF TIMES _ _ DK 98	
WS7. In the last month, has there been any time when your household did not have sufficient quantities of drinking water?	YES, AT LEAST ONCE 1 NO, ALWAYS SUFFICIENT..... 2 DK 8	2 ⇨WS9 8 ⇨WS9
WS8. What was the main reason that you were unable to access water in sufficient quantities when needed?	WATER NOT AVAILABLE FROM SOURCE ... 1 WATER TOO EXPENSIVE..... 2 SOURCE NOT ACCESSIBLE 3 OTHER (<i>specify</i>)..... 6 DK 8	
WS9. Do you or any other member of this household do anything to the water to make it safer to drink?	YES 1 NO 2 DK 8	2 ⇨WS11 8 ⇨WS11
WS10. What do you usually do to make the water safer to drink? <i>Probe:</i> Anything else? <i>Record all methods mentioned.</i>	BOIL..... A ADD BLEACH / CHLORINE B STRAIN IT THROUGH A CLOTH..... C USE WATER FILTER (CERAMIC, SAND, COMPOSITE, ETC.) D LET IT STAND AND SETTLE..... F OTHER (<i>specify</i>)..... X DK Z	
WS11. 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 PUPLIC SYSTEM..... 11 FLUSH TO SEPTIC TANK..... 12 FLUSH TO PIT LATRINE 13 FLUSH TO OPEN DRAIN 14 FLUSH TO DK WHERE 18 NO FACILITY / BUSH / FIELD 95 OTHER (<i>specify</i>)..... 96	11 ⇨WS14 14 ⇨WS14 18 ⇨WS14 95 ⇨End 96 ⇨WS14

<p>WS12. Has your (<i>answer from WS11</i>) ever been emptied?</p>	<p>YES, EMPTIED 1 NO, NEVER EMPTIED 4 DK 8</p>	<p>4 ⇒ WS14 8 ⇒ WS14</p>
<p>WS13. The last time it was emptied, where were the contents emptied to?</p> <p><i>Probe:</i> Was it removed by a service provider?</p>	<p>REMOVED BY SERVICE PROVIDER TO A TREATMENT PLANT 1 BURIED IN A COVERED PIT..... 2 TO DON'T KNOW WHERE 3</p> <p>EMPTIED BY HOUSEHOLD BURIED IN A COVERED PIT..... 4 TO UNCOVERED PIT, OPEN GROUND, WATER BODY OR ELSEWHERE..... 5</p> <p>OTHER (<i>specify</i>) 6 DK 8</p>	
<p>WS14. Where is this toilet facility located?</p>	<p>IN OWN DWELLING..... 1 IN OWN YARD / PLOT 2 ELSEWHERE 3</p>	
<p>WS15. Do you share this facility with others who are not members of your household?</p>	<p>YES 1 NO 2</p>	<p>2 ⇒ End</p>
<p>WS16. 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?</p>	<p>SHARED WITH KNOWN HOUSEHOLDS (NOT PUBLIC)..... 1 SHARED WITH GENERAL PUBLIC..... 2</p>	<p>2 ⇒ End</p>
<p>WS17. How many households in total use this toilet facility, including your own household?</p>	<p>NUMBER OF HOUSEHOLDS (IF LESS THAN 10)..... <u>0</u> _____ TEN OR MORE HOUSEHOLDS..... 10 DK 98</p>	

HANDWASHING		HW
<p>HW1. We would like to learn about where members of this household wash their hands.</p> <p>Can you please show me where members of your household <u>most often</u> wash their hands?</p> <p><i>Record result and observation.</i></p>	<p>OBSERVED</p> <p>FIXED FACILITY OBSERVED (SINK / TAP)</p> <p>IN DWELLING 1</p> <p>IN YARD / PLOT 2</p> <p>MOBILE OBJECT OBSERVED (BUCKET / JUG / KETTLE) 3</p> <p>NOT OBSERVED</p> <p>NO HANDWASHING PLACE IN DWELLING / YARD / PLOT 4</p> <p>NO PERMISSION TO SEE 5</p> <p>OTHER REASON (<i>specify</i>) 6</p>	<p>4 ⇨ HW5</p> <p>5 ⇨ HW4</p> <p>6 ⇨ HW5</p>
<p>HW2. Observe presence of water at the place for handwashing.</p> <p><i>Verify by checking the tap/pump, or basin, bucket, water container or similar objects for presence of water.</i></p>	<p>WATER IS AVAILABLE..... 1</p> <p>WATER IS NOT AVAILABLE..... 2</p>	
<p>HW3. Is soap or detergent or ash/mud/sand present at the place for handwashing?</p>	<p>YES, PRESENT..... 1</p> <p>NO, NOT PRESENT 2</p>	<p>1 ⇨ HW7</p> <p>2 ⇨ HW5</p>
<p>HW4. Where do you or other members of your household <u>most often</u> wash your hands?</p>	<p>FIXED FACILITY (SINK / TAP)</p> <p>IN DWELLING 1</p> <p>IN YARD / PLOT 2</p> <p>MOBILE OBJECT (BUCKET / JUG / KETTLE) 3</p> <p>NO HANDWASHING PLACE IN DWELLING / YARD / PLOT 4</p> <p>OTHER (<i>specify</i>) 6</p>	
<p>HW5. Do you have any soap or detergent or ash/mud/sand in your house for washing hands?</p>	<p>YES..... 1</p> <p>NO..... 2</p>	<p>2 ⇨ End</p>
<p>HW6. Can you please show it to me?</p>	<p>YES, SHOWN..... 1</p> <p>NO, NOT SHOWN 2</p>	<p>2 ⇨ End</p>
<p>HW7. Record your observation.</p> <p><i>Record all that apply.</i></p>	<p>BAR OR LIQUID SOAP A</p> <p>DETERGENT (POWDER / LIQUID / PASTE)..... B</p> <p>ASH / MUD / SAND C</p>	

SALT IODISATION

SA

SA1. We would like to check whether the salt used in your household is iodised. May I have a sample of the salt used to cook meals in your household?

Apply 2 drops of test solution, observe the darkest reaction within 30 seconds, compare to the colour chart and then record the result (1, 2 or 3) that corresponds to test outcome.

SALT TESTED

0 PPM (NO REACTION).....1
 BELOW 15 PPM (BETWEEN 0 AND 15 PPM)...2
 ABOVE 15 PPM (AT LEAST 15 PPM).....3

2 ⇨ HH13
 3 ⇨ HH13

SALT NOT TESTED

NO SALT IN THE HOUSE.....4
 OTHER REASON
 (specify) _____ 6

4 ⇨ HH13
 6 ⇨ HH13

SA2. I would like to perform one more test. May I have another sample of the same salt?

Apply 5 drops of recheck solution. Then apply 2 drops of test solution on the same spot. Observe the darkest reaction within 30 seconds, compare to the colour chart and then record the result (1, 2 or 3) that corresponds to test outcome.

SALT TESTED

0 PPM (NO REACTION).....1
 BELOW 15 PPM (BETWEEN 0 AND 15 PPM)...2
 ABOVE 15 PPM (AT LEAST 15 PPM).....3

SALT NOT TESTED

OTHER REASON
 (specify) _____ 6

HH13. Record the time.

HOUR AND MINUTES : ..

HH18. Check HL6 in the LIST OF HOUSEHOLD MEMBERS and indicate the total number of children age 5-17 years:

NO CHILDREN.....0
 1 CHILD.....1
 2 OR MORE CHILDREN (NUMBER)

0 ⇨ HH29
 1 ⇨ HH27

HH19. List each of the children age 5-17 years below in the order they appear in the LIST OF HOUSEHOLD MEMBERS. Do not include other household members outside of the age range 5-17 years. Record the line number, name, sex, and age for each child.

HH20. Rank number	HH21. Line number from HL1	HH22. Name from HL2	HH23. Sex from HL4		HH24. 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	__ __

HH25. Check the last digit of the household number (HH2) from the HOUSEHOLD INFORMATION PANEL. This is the number of the row you should go to in the table below.

Check the total number of children age 5-17 years in HH18 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 record the number that appears in the box. This is the rank number (HH20) of the selected child.

LAST DIGIT OF HOUSEHOLD NUMBER (FROM HH2)	TOTAL NUMBER OF ELIGIBLE CHILDREN IN THE HOUSEHOLD (FROM HH18)						
	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

HH26. Record the rank number (HH20), line number (HH21), name (HH22) and age (HH24) of the selected child.

RANK NUMBER _ _

HH27. (When HH18=1 or when there is a single child age 5-17 in the household): Record the rank number as '1' and record the line number (HL1), the name (HL2) and age (HL6) of this child from the LIST OF HOUSEHOLD MEMBERS.

LINE NUMBER....._ _

NAME _____

AGE....._ _

HH28. Issue a QUESTIONNAIRE FOR CHILDREN AGE 5-17 to be administered to the mother/caretaker of this child.

HH29. Check HL8 in the LIST OF HOUSEHOLD MEMBERS: Are there any women age 15-49?

YES, AT LEAST ONE WOMAN AGE 15-49 1
NO..... 2

2 ⇒ HH40

HH30. Issue a separate QUESTIONNAIRE FOR INDIVIDUAL WOMEN for each woman age 15-49 years.

HH31. Check HL6 and HL8 in the LIST OF HOUSEHOLD MEMBERS: Are there any girls age 15-17?

YES, AT LEAST ONE GIRL AGE 15-17 1
NO..... 2

2 ⇒ HH40

HH32. Check HL20 in the LIST OF HOUSEHOLD MEMBERS: Is consent required for interviewing at least one girl age 15-17?

YES, AT LEAST ONE GIRL AGE 15-17 WITH HL20≠90..... 1
NO, HL20=90 FOR ALL GIRLS AGE 15-17..... 2

2 ⇒ HH40

HH33. As part of the survey we are also interviewing women age 15-49. We ask each person we interview for permission. A female interviewer conducts these interviews.

For girls age 15-17 we must also get permission from an adult to interview them. As mentioned before, all the information we obtain will remain strictly confidential and anonymous.

May we interview (*name(s) of female member(s) age 15-17*) later?

- 'Yes' for all girls age 15-17 ⇒ Continue HH40.
- 'No' for at least one girl age 15-17 and 'Yes' to at least one girl age 15-17 ⇒ Record '06' in WM17 (also in UF17 and FS17, if applicable) on individual questionnaires for those adult consent was not given. Then continue with HH40.
- 'No' for all girls age 15-17 ⇒ Record '06' in WM17 (also in UF17 and FS17, if applicable) on all individual questionnaires for whom adult consent was not given. Then continue with HH40.

HH40. Check HL10 in the LIST OF HOUSEHOLD MEMBERS: Are there any children age 0-4?	YES, AT LEAST ONE..... 1	2 ⇒ HH42
	NO..... 2	

HH41. Issue a separate QUESTIONNAIRE FOR CHILDREN UNDER FIVE for each child age 0-4 years.

HH42. CHECK HH9 IN THE HOUSEHOLD INFORMATION PANEL: IS THE HOUSEHOLD SELECTED FOR WATER QUALITY TESTING QUESTIONNAIRE?	YES, HH9=1..... 1	2 ⇒ HH45
	NO, HH9=2 2	

HH43. Issue a separate WATER QUALITY TESTING QUESTIONNAIRE for this household

HH44. As part of the survey we are also looking at the quality of drinking water. We would like to do a simple test of your drinking water. A colleague will come and collect the water samples. May we do such a test? <i>If the respondent requests to learn the results, explain that results will not be shared with individual households but will be made available to local authorities.</i>	YES, PERMISSION IS GIVEN..... 1	2 ⇒ Record '02' in WQ31 on the WATER QUALITY TESTING QUESTIONNAIRE
	NO, PERMISSION IS NOT GIVEN..... 2	

HH45. Now return to the HOUSEHOLD INFORMATION PANEL and,

- Record '01' in question HH46 (Result of the Household Questionnaire interview),
- Record the name and the line number (from the LIST OF HOUSEHOLD MEMBERS) of the Respondent to the Household Questionnaire interview in HH47,
- Fill the questions HH48 – HH52,
- Thank the respondent for his/her cooperation and then
- Proceed with the administration of the remaining individual questionnaire(s) in this household.

If there is no individual questionnaire and no WATER QUALITY TESTING QUESTIONNAIRE to be completed in this household thank the respondent for his/her cooperation and move to the next household you have been assigned by your supervisor.

INTERVIEWER'S OBSERVATIONS

SUPERVISOR'S OBSERVATIONS



WATER QUALITY TESTING INFORMATION PANEL		WQ
WQ1. Cluster number: _____	WQ2. Household number: _____	
WQ3. Measurer's name and number: NAME _____	WQ4. Interviewer's name and number: NAME _____	
WQ5. Day / Month / Year: _____ / _____ / <u>2 0</u> _____		
WQ6. Check HH10 in the HOUSEHOLD INFORMATION PANEL in the HOUSEHOLD QUESTIONNAIRE: Is the household selected for blank testing?	YES..... 1 NO 2	

WQ7. Name of the respondent to Water Quality Testing Questionnaire: NAME _____		
WQ8. Check HH44. Is permission given to test water?	YES, PERMISSION IS GIVEN..... 1 NO, PERMISSION IS NOT GIVEN..... 2	1 ⇒ WQ10 2 ⇒ WQ31

WQ31. Result of Water Quality Testing Questionnaire. <i>Discuss any result not completed with Supervisor.</i>	COMPLETED..... 01 PERMISSION NOT GIVEN 02 GLASS OF WATER NOT GIVEN..... 03 PARTLY COMPLETED 04 OTHER (specify) _____ 96
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WATER QUALITY TESTING		
WQ10. Record the time:	HOURS: ____ ____ MINUTES: ____ ____	
WQ11. Could you please provide me with a glass of the water that members of your household usually drink?	YES 1 NO 2	2 ⇒ WQ31 and record '03'
WQ12. Observe and record whether the water was collected directly from the source or from a separate storage container.	DIRECT FROM SOURCE 1 COVERED CONTAINER 2 UNCOVERED CONTAINER 3 UNABLE TO OBSERVE 8	
WQ13. Label sample H-XXX-YY , where XXX is the cluster number (WQ1) and YY is the household number (WQ2).		
WQ14. Have you or any other member of this household done anything to this water to make it safer to drink?	YES 1 NO 2 DK 8	2 ⇒ WQ17 8 ⇒ WQ17
WQ15. What has been done to the water to make it safer to drink? <i>Probe:</i> Anything else? <i>Record all items mentioned.</i>	BOILED IT A ADDED BLEACH/CHLORINE B STRAINED IT THROUGH A CLOTH C USED A WATER FILTER (CERAMIC, SAND, COMPOSITE, ETC.) D SOLAR DISINFECTION E LET IT STAND AND SETTLE F OTHER (<i>specify</i>) X DK Z	

<p>WQ17. What source was this water collected from?</p>	<p>PIPED WATER</p> <p>PIPED INTO DWELLING..... 11</p> <p>PIPED TO YARD / PLOT..... 12</p> <p>PIPED TO NEIGHBOUR..... 13</p> <p>PUBLIC TAP / STANDPIPE 14</p> <p>TUBE WELL / BOREHOLE..... 21</p> <p>DUG WELL</p> <p>PROTECTED WELL..... 31</p> <p>UNPROTECTED WELL 32</p> <p>SPRING</p> <p>PROTECTED SPRING..... 41</p> <p>UNPROTECTED SPRING..... 42</p> <p>RAINWATER 51</p> <p>TANKER-TRUCK..... 61</p> <p>CART WITH SMALL TANK 71</p> <p>WATER KIOSK..... 72</p> <p>SURFACE WATER (RIVER, DAM, LAKE, POND, STREAM, CANAL, IRRIGATION CHANNEL)..... 81</p> <p>PACKAGED WATER</p> <p>BOTTLED WATER..... 91</p> <p>20 LITER WATER BOTTLES..... 93</p> <p>OTHER (<i>specify</i>) 96</p>	
<p>WQ18. Can you please show me the source of the glass of drinking water so that I can take a sample from there as well?</p> <p><i>If 'No' probe to find out why this is not possible?</i></p>	<p>YES, SHOWN..... 1</p> <p>NO</p> <p>WATER SOURCE WAS NOT FUNCTIONAL..... 2</p> <p>WATER SOURCE TOO FAR..... 3</p> <p>UNABLE TO ACCESS SOURCE..... 4</p> <p>DO NOT KNOW WHERE SOURCE IS LOCATED 5</p> <p>OTHER REASON (<i>specify</i>) 6</p>	<p>2 ⇒ WQ20</p> <p>3 ⇒ WQ20</p> <p>4 ⇒ WQ20</p> <p>5 ⇒ WQ20</p> <p>6 ⇒ WQ20</p>
<p>WQ19. Record whether source water sample collected.</p> <p><i>Label sample S-XXX-YY, where XXX is the cluster number (WQ1) and YY is the household number (WQ2).</i></p>	<p>SOURCE WATER COLLECTED..... 1</p> <p>SOURCE WATER NOT COLLECTED (<i>specify</i>) 2</p>	
<p>WQ20. Check WQ6: Is the household selected for blank testing?</p>	<p>YES..... 1</p> <p>NO..... 2</p>	<p>2 ⇒ WQ22</p>

<p>WQ21. Take out the sample of sterile/mineral water that you got from your supervisor.</p> <p>Label B-XXX-YY, where XXX is the cluster number (WQ1) and YY is the household number (WQ2).</p> <p>Record whether the sample is available.</p>	<p>BLANK WATER SAMPLE AVAILABLE..... 1</p> <p>BLANK WATER SAMPLE NOT AVAILABLE (specify) _____ 2</p>	
<p>WQ22. Conduct test within 30 minutes of collecting sample. Record the results following 24-48 hours of incubation.</p>		
<p>WQ23. Record the time.</p>	<p>HOURS AND MINUTES __ __ : __ __</p>	

WATER QUALITY TESTING RESULTS

Following 24-48 hours of incubation the results from the water quality tests should be recorded.

WQ24. Day / Month / Year of recording test results:	___ ___ / ___ ___ / <u>2 0 1</u> ___	
WQ25. Record the time:	HOUR AND MINUTES ___ ___ : ___ ___	
WQ26. <u>Household</u> water test (100ml): Record 3-digit count of colonies. If 101 or more colonies are counted, record '101' If it is not possible to read results, record '991' If the results are lost, record '992'	NUMBER OF BLUE COLONIES ___ ___ ___	
WQ26A. Check WQ19: Was a source water sample collected?	YES, WQ19=1..... 1 NO, WQ19=2 OR BLANK 2	2 ⇒ WQ28
WQ27. <u>Source</u> water test (100ml):	NUMBER OF BLUE COLONIES ___ ___ ___	
WQ28. Check WQ21: Was a blank water sample available?	YES, WQ21=1..... 1 NO, WQ21=2 OR BLANK 2	2 ⇒ WQ31
WQ29. <u>Blank</u> water test (100ml):	NUMBER OF BLUE COLONIES ___ ___ ___	⇒ WQ31

MEASURER'S OBSERVATIONS

SUPERVISOR'S OBSERVATIONS



WOMAN'S INFORMATION PANEL	WM
WM1. Cluster number: _____	WM2. Household number: _____
WM3. Woman's name and line number: NAME _____	WM4. Supervisor's name and number: NAME _____
WM5. Interviewer's name and number: NAME _____	WM6. Day / Month / Year of interview: _____ / _____ / 20____

<p><i>Check woman's age in HL6 in LIST OF HOUSEHOLD MEMBERS, HOUSEHOLD QUESTIONNAIRE: If age 15-17, verify in HH33 that adult consent for interview is obtained or not necessary (HL20=90). If consent is needed and not obtained, the interview must not commence and '06' should be recorded in WM17.</i></p>	<p>WM7. Record the time:</p> <p align="center">HOURS : MINUTES _____ : _____</p>				
<p>WM8. Check completed questionnaires in this household: Have you or another member of your team interviewed this respondent for another questionnaire?</p>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border-right: 1px solid black;">YES, INTERVIEWED ALREADY 1</td> <td style="width: 50%;">1 ⇨ WM9B</td> </tr> <tr> <td style="border-right: 1px solid black;">NO, FIRST INTERVIEW 2</td> <td>2 ⇨ WM9A</td> </tr> </table>	YES, INTERVIEWED ALREADY 1	1 ⇨ WM9B	NO, FIRST INTERVIEW 2	2 ⇨ WM9A
YES, INTERVIEWED ALREADY 1	1 ⇨ WM9B				
NO, FIRST INTERVIEW 2	2 ⇨ WM9A				
<p>WM9A. Hello, my name is (<i>your name</i>). We are from Palestinian Central Bureau of Statistics. We are conducting a survey about the situation of children, families and households. I would like to talk to you about your health and other topics. This interview usually takes about 30 minutes. We are also interviewing mothers about their children. All the information we obtain will remain strictly confidential and anonymous. If you wish not to answer a question or wish to stop the interview, please let me know. May I start now?</p>	<p>WM9B. Now I would like to talk to you about your health and other topics in more detail. This interview will take about 30 minutes. Again, all the information we obtain will remain strictly confidential and anonymous. If you wish not to answer a question or wish to stop the interview, please let me know. May I start now?</p>				
<p>YES 1 NO / NOT ASKED 2</p>	<p>1 ⇨ WOMAN'S BACKGROUND Module 2 ⇨ WM17</p>				

<p>WM17. Result of woman's interview.</p> <p><i>Discuss any result not completed with Supervisor.</i></p>	<table style="width:100%; border-collapse: collapse;"> <tr><td>COMPLETED</td><td>01</td></tr> <tr><td>NOT AT HOME</td><td>02</td></tr> <tr><td>REFUSED</td><td>03</td></tr> <tr><td>PARTLY COMPLETED.....</td><td>04</td></tr> <tr><td>INCAPACITATED (<i>specify</i>) _____</td><td>05</td></tr> <tr><td>NO ADULT CONSENT FOR RESPONDENT AGE 15-17.....</td><td>06</td></tr> <tr><td>OTHER (<i>specify</i>) _____</td><td>96</td></tr> </table>	COMPLETED	01	NOT AT HOME	02	REFUSED	03	PARTLY COMPLETED.....	04	INCAPACITATED (<i>specify</i>) _____	05	NO ADULT CONSENT FOR RESPONDENT AGE 15-17.....	06	OTHER (<i>specify</i>) _____	96
COMPLETED	01														
NOT AT HOME	02														
REFUSED	03														
PARTLY COMPLETED.....	04														
INCAPACITATED (<i>specify</i>) _____	05														
NO ADULT CONSENT FOR RESPONDENT AGE 15-17.....	06														
OTHER (<i>specify</i>) _____	96														

WOMAN'S BACKGROUND		WB
WB1. Check the respondent's line number (WM3) in WOMAN'S INFORMATION PANEL and the respondent to the HOUSEHOLD QUESTIONNAIRE (HH47): Is this respondent also the respondent to the Household Questionnaire?	YES, RESPONDENT IS THE SAME, WM3=HH47..... 1 NO, RESPONDENT IS NOT THE SAME, WM3≠HH47..... 2	2 ⇒WB3
WB2. Check ED5 in EDUCATION Module in the HOUSEHOLD QUESTIONNAIRE for this respondent: Highest level of school attended:	ED5=2, 3..... 1 ED5=0, 8 OR BLANK..... 2 ED5=1..... 3	1 ⇒WB15 2 ⇒WB14
WB2A. Check ED5: Highest level of school attended=1, and grade/year =01 or 02 or 03 or 04	YES..... 1 NO 2	1 ⇒WB14 2 ⇒WB15
WB3. In what month and year were you born?	DATE OF BIRTH MONTH__ __ DK MONTH..... 98 YEAR..... __ __ __ __ DK YEAR9998	
WB4. How old are you? <i>Probe: How old were you at your last birthday?</i> <i>If responses to WB3 and WB4 are inconsistent, probe further and correct. Age must be recorded.</i>	AGE (IN COMPLETED YEARS)__ __	
WB5. Have you ever attended school or kindergarten programme?	YES..... 1 NO 2	2 ⇒WB14
WB6. What is the highest level and grade or year of school you have attended?	KINDERGARTEN000 BASIC..... 1 __ __ SECONDARY..... 2 __ __ HIGHER 3 __ __	000 ⇒WB14
WB7. Did you complete that (grade/year)?	YES..... 1 NO 2	
WB8. Check WB4: Age of respondent:	AGE 15-24 1 AGE 25-49 2	2 ⇒WB13
WB9. At any time during the current school year 2019/2020 did you attend school?	YES..... 1 NO 2	2 ⇒WB11
WB10. During this current school year 2019/2020, which level and grade or year are you <u>attending</u> ?	BASIC..... 1 __ __ SECONDARY..... 2 __ __ HIGHER 3 __ __	
WB11. At any time during the previous school year 2018/2019 did you attend school?	YES..... 1 NO 2	2 ⇒WB13
WB12. During that previous school year 2018/2019, which level and grade or year did you <u>attend</u> ?	BASIC..... 1 __ __ SECONDARY..... 2 __ __ HIGHER 3 __ __	
WB13. Check WB6: Highest level of school attended:	WB6=2, 3..... 1 WB6=1..... 2	1 ⇒WB15
WB13A. Check WB6: Highest level of school attended=1, and grade/year =01 or 02 or 03 or 04	YES..... 1 NO 2	2 ⇒WB15

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

MASS MEDIA AND ICT

MT

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

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

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

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

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

FERTILITY/BIRTH HISTORY

BH

BH0. Now I would like to record the names of all of your births, whether still alive or not, starting with the first one you had.

Record names of all of the births in BH1. Record twins and triplets on separate lines.

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

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


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

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

MATERNAL AND NEWBORN HEALTH
MN

<p>MN1. Check CM17: Was there a live birth in the last 2 years?</p> <p>Copy name of last birth listed in the birth history (CM18) to here and use where indicated:</p> <p>Name _____</p>	<p>YES, CM17=1 1</p> <p>NO, CM17=0 OR BLANK 2</p>	<p>2 ⇒ End</p>												
<p>MN2. Did you see anyone for antenatal care during your pregnancy with (<i>name</i>)?</p>	<p>YES..... 1</p> <p>NO 2</p>	<p>2 ⇒ MN19</p>												
<p>MN3. Whom did you see?</p> <p>Probe: Anyone else?</p> <p>Probe for the type of person seen and record all answers given.</p>	<p>HEALTH PROFESSIONAL</p> <p>DOCTOR A</p> <p>NURSE / MIDWIFE B</p> <p>OTHER (<i>specify</i>) X</p>													
<p>MN4. How many weeks or months pregnant were you when you first received antenatal care for this pregnancy?</p> <p>Record the answer as stated by respondent. If “9 months” or later, record 9.</p>	<p>WEEKS..... 1 _ _</p> <p>MONTHS..... 2 <u>0</u> _</p> <p>DK 998</p>													
<p>MN5. How many times did you receive antenatal care during this pregnancy?</p> <p>Probe to identify the number of times antenatal care was received. If a range is given, record the minimum number of times antenatal care received.</p>	<p>NUMBER OF TIMES _ _</p> <p>DK 98</p>													
<p>MN6. As part of your antenatal care during this pregnancy, were any of the following done at least once:</p> <p>[A] Was your blood pressure measured?</p> <p>[B] Did you give a urine sample?</p> <p>[C] Did you give a blood sample?</p>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;">YES</th> <th style="width: 10%; text-align: center;">NO</th> </tr> </thead> <tbody> <tr> <td>BLOOD PRESSURE.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>URINE SAMPLE.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>BLOOD SAMPLE.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		YES	NO	BLOOD PRESSURE.....	1	2	URINE SAMPLE.....	1	2	BLOOD SAMPLE.....	1	2	
	YES	NO												
BLOOD PRESSURE.....	1	2												
URINE SAMPLE.....	1	2												
BLOOD SAMPLE.....	1	2												

<p>MN19. Who assisted with the delivery of (<i>name</i>)?</p> <p><i>Probe: Anyone else?</i></p> <p><i>Probe for the type of person assisting and record all answers given.</i></p>	<p>HEALTH PROFESSIONAL DOCTOR A NURSE / MIDWIFE B</p> <p>OTHER PERSON RELATIVE / FRIEND H</p> <p>OTHER (<i>specify</i>) X NO ONE Y</p>	
<p>MN20. Where did you give birth to (<i>name</i>)?</p> <p><i>Probe to identify the type of place.</i></p> <p><i>If unable to determine whether public or private, write the name of the place and then temporarily record '76' until you learn the appropriate category for the response.</i></p> <p>_____</p> <p>(<i>Name of place</i>)</p>	<p>HOME RESPONDENT'S HOME 11 OTHER HOME 12</p> <p>PUBLIC MEDICAL SECTOR GOVERNMENT HOSPITAL 21 GOVERNMENT CLINIC / HEALTH CENTRE 22</p> <p>PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL 31 PRIVATE CLINIC 32</p> <p>NGO'S SECTOR NGO'S HOSPITAL/HEALTH CENTRE 41</p> <p>UNRWA SECTOR UNRWA HOSPITAL/HEALTH CENTRE 51</p> <p>ISRAELI SECTOR ISRAELI HOSPITAL/HEALTH CENTRE 61</p> <p>DK PUBLIC OR PRIVATE 76 OTHER (<i>specify</i>) 96</p>	<p>11 ⇒ MN23 12 ⇒ MN23</p> <p>96 ⇒ MN23</p>
<p>MN21. Was (<i>name</i>) delivered by caesarean section? That is, did they cut your belly open to take the baby out?</p>	<p>YES 1 NO 2</p>	<p>2 ⇒ MN23</p>
<p>MN22. When was the decision made to have the caesarean section?</p> <p><i>Probe if necessary: Was it before or after your labour pains started?</i></p>	<p>BEFORE LABOUR PAINS 1 AFTER LABOUR PAINS 2</p>	

<p>MN23. Immediately after the birth, was (<i>name</i>) put directly on the bare skin of your chest?</p> <p><i>If necessary, show the picture of skin-to-skin position.</i></p> 	<p>YES..... 1 NO 2</p> <p>DK/ DON'T REMEMBER 8</p>	<p>2 ⇒MN25 8 ⇒MN25</p>
<p>MN24. Before being placed on the bare skin of your chest, was the baby wrapped up?</p>	<p>YES..... 1 NO 2</p> <p>DK/ DON'T REMEMBER 8</p>	
<p>MN25. Was (<i>name</i>) dried or wiped soon after birth?</p>	<p>YES..... 1 NO 2</p> <p>DK/ DON'T REMEMBER 8</p>	
<p>MN26. How long after the birth was (<i>name</i>) bathed for the first time?</p> <p><i>If “immediately” or less than 1 hour, record ‘000’.</i> <i>If less than 24 hours, record hours.</i></p> <p><i>If “1 day” or “next day”, probe: About how many hours after the delivery?</i></p> <p><i>If “24 hours”, probe to ensure best estimate of less than 24 hours or 1 day.</i> <i>If 24 hours or more, record days.</i></p>	<p>IMMEDIATELY/LESS THAN 1 HOUR..... 000</p> <p>HOURS..... 1 __ __</p> <p>DAYS 2 __ __</p> <p>NEVER BATHED..... 997</p> <p>DK / DON'T REMEMBER 998</p>	
<p>MN32. When (<i>name</i>) was born, was (he/she) very large, larger than average, average, smaller than average, or very small?</p>	<p>VERY LARGE..... 1 LARGER THAN AVERAGE 2 AVERAGE..... 3 SMALLER THAN AVERAGE..... 4 VERY SMALL..... 5</p> <p>DK 8</p>	
<p>MN33. Was (<i>name</i>) weighed at birth?</p>	<p>YES..... 1 NO 2</p> <p>DK 8</p>	<p>2 ⇒MN35 8 ⇒MN35</p>

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

POST-NATAL HEALTH CHECKS

PN

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

<p>PN8. You have already said that (<i>person or persons in MN19</i>) assisted with the birth. Now I would like to talk to you about checks on (<i>name</i>)’s health after delivery, for example examining (<i>name</i>), checking the cord, or seeing if (<i>name</i>) is ok.</p> <p>After the delivery was over and before (<i>person or persons in MN19</i>) left you, did (<i>person or persons in MN19</i>) check on (<i>name</i>)’s health?</p>	<p>YES 1</p> <p>NO 2</p>	
<p>PN9. And did (<i>person or persons in MN19</i>) check on <u>your</u> health before leaving, for example asking questions about your health or examining you?</p>	<p>YES 1</p> <p>NO 2</p>	
<p>PN10. After the (<i>person or persons in MN19</i>) left you, did anyone check on the health of (<i>name</i>)?</p>	<p>YES 1</p> <p>NO 2</p>	<p>1 ⇨ PN12</p> <p>2 ⇨ PN19</p>
<p>PN11. I would like to talk to you about checks on (<i>name</i>)’s health after delivery – for example, someone examining (<i>name</i>), checking the cord, or seeing if the baby is ok.</p> <p>After (<i>name</i>) was delivered, did anyone check on (his/her) health?</p>	<p>YES 1</p> <p>NO 2</p>	<p>2 ⇨ PN20</p>
<p>PN12. Did such a check happen only once, or more than once?</p>	<p>ONCE 1</p> <p>MORE THAN ONCE 2</p>	<p>1 ⇨ PN13A</p> <p>2 ⇨ PN13B</p>
<p>PN13A. How long after delivery did that check happen?</p> <p>PN13B. How long after delivery did the first of these checks happen?</p> <p><i>If less than one day, record hours.</i> <i>If less than one week, record days.</i> <i>Otherwise, record weeks.</i></p>	<p>HOURS 1 ___</p> <p>DAYS 2 ___</p> <p>WEEKS 3 ___</p> <p>DK / DON’T REMEMBER 998</p>	
<p>PN14. Who checked on (<i>name</i>)’s health at that time?</p>	<p>HEALTH PROFESSIONAL</p> <p>DOCTOR A</p> <p>NURSE / MIDWIFE B</p> <p>OTHER PERSON</p> <p>RELATIVE / FRIEND H</p> <p>OTHER (<i>specify</i>) X</p>	

<p>PN15. Where did this check take place?</p> <p><i>Probe to identify the type of place.</i></p> <p><i>If unable to determine whether public or private, write the name of the place and then temporarily record '76' until you learn the appropriate category for the response.</i></p> <p>_____</p> <p style="text-align: center;"><i>(Name of place)</i></p>	<p>HOME</p> <p>RESPONDENT'S HOME..... 11</p> <p>OTHER HOME 12</p> <p>PUBLIC MEDICAL SECTOR</p> <p>GOVERNMENT HOSPITAL 21</p> <p>GOVERNMENT CLINIC / HEALTH CENTRE 22</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL..... 31</p> <p>PRIVATE CLINIC 32</p> <p>NGO'S SECTOR</p> <p>NGO'S HOSPITAL /HEALTH CENTRE..... 41</p> <p>.....</p> <p>UNRWA SECTOR</p> <p>UNRWA HOSPITAL/ HEALTH CENTRE..... 51</p> <p>.....</p> <p>ISRAELI SECTOR</p> <p>ISRAELI HOSPITAL/ HEALTH CENTRE 61</p> <p>DK PUBLIC OR PRIVATE..... 76</p> <p>OTHER (<i>specify</i>) _____ 96</p>	
<p>PN16. Check MN20: Was the child delivered in a health facility?</p>	<p>YES, MN20=21-61 OR 76..... 1</p> <p>NO, MN20=11-12 OR 96 2</p>	<p>2 ⇒PN18</p>
<p>PN17. After you left (<i>name or type of facility in MN20</i>), did anyone check on <u>your</u> health?</p>	<p>YES 1</p> <p>NO 2</p>	<p>1 ⇒PN21</p> <p>2 ⇒PN25</p>
<p>PN18. Check MN19: Did a health professional, assist with the delivery?</p>	<p>YES, AT LEAST ONE OF THE CATEGORIES A OR B RECORDED..... 1</p> <p>NO, NONE OF THE CATEGORIES A OR B RECORDED 2</p>	<p>2 ⇒PN20</p>
<p>PN19. After the delivery was over and (<i>person or persons in MN19</i>) left, did anyone check on <u>your</u> health?</p>	<p>YES 1</p> <p>NO 2</p>	<p>1 ⇒PN21</p> <p>2 ⇒PN25</p>
<p>PN20. After the birth of (<i>name</i>), did anyone check on <u>your</u> health, for example asking questions about your health or examining you?</p>	<p>YES 1</p> <p>NO 2</p>	<p>2 ⇒PN25</p>
<p>PN21. Did such a check happen only once, or more than once?</p>	<p>ONCE 1</p> <p>MORE THAN ONCE..... 2</p>	<p>1 ⇒PN22A</p> <p>2 ⇒PN22B</p>
<p>PN22A. How long after delivery did that check happen?</p> <p>PN22B. How long after delivery did the first of these checks happen?</p> <p><i>If less than one day, record hours.</i></p> <p><i>If less than one week, record days.</i></p> <p><i>Otherwise, record weeks.</i></p>	<p>HOURS..... 1 ___</p> <p>DAYS 2 ___</p> <p>WEEKS..... 3 ___</p> <p>DK / DON'T REMEMBER 998</p>	

<p>PN23. Who checked on <u>your</u> health at that time?</p>	<p>HEALTH PROFESSIONAL DOCTOR A NURSE / MIDWIFE..... B</p> <p>OTHER PERSON RELATIVE / FRIEND..... H</p> <p>OTHER (<i>specify</i>) X</p>	
<p>PN24. Where did this check take place?</p> <p><i>Probe to identify the type of place.</i></p> <p><i>If unable to determine whether public or private, write the name of the place and then temporarily record '76' until you learn the appropriate category for the response.</i></p> <p>_____</p> <p>(Name of place)</p>	<p>HOME RESPONDENT'S HOME..... 11 OTHER HOME 12</p> <p>PUBLIC MEDICAL SECTOR GOVERNMENT HOSPITAL 21 GOVERNMENT CLINIC / HEALTH CENTRE 22</p> <p>PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL..... 31 PRIVATE CLINIC 32</p> <p>NGO'S SECTOR NGO'S HOSPITAL/ HEALTH CENTRE..... 41 </p> <p>UNRWA SECTOR UNRWA HOSPITAL/ HEALTH CENTRE..... 51 </p> <p>ISRAELI SECTOR ISRAELI HOSPITAL/ HEALTH CENTRE 61</p> <p>DK PUBLIC OR PRIVATE..... 76</p> <p>OTHER (<i>specify</i>) 96</p>	
<p>PN25. During the first two days after birth, did any health care provider do any of the following either at home or at a facility:</p> <p>[A] Examine (<i>name</i>)'s cord?</p> <p>[B] Take the temperature of (<i>name</i>)?</p> <p>[C] Counsel you on breastfeeding?</p>	<p style="text-align: right;">YES NO DK</p> <p>EXAMINE THE CORD 1 2 8</p> <p>TAKE TEMPERATURE 1 2 8</p> <p>COUNSEL ON BREASTFEEDING 1 2 8</p>	
<p>PN26. Check MN36: Was child ever breastfed?</p>	<p>YES, MN36=1..... 1 NO, MN36=2 2</p>	<p>2 ⇒PN28</p>
<p>PN27. Observe (<i>name</i>)'s breastfeeding?</p>	<p style="text-align: right;">YES NO DK</p> <p>OBSERVE BREASTFEEDING..... 1 2 8</p>	
<p>PN28. Check MN33: Was child weighed at birth?</p>	<p>YES, MN33=1..... 1 NO, MN33=2 2 DK, MN33=8 3</p>	<p>1 ⇒PN29A 2 ⇒PN29B 3 ⇒PN29C</p>

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

CONTRACEPTION		CP
CP0: Check MA1: Is the respondent currently married?	YES, MA1=1..... 1 NO, MA1=3 2	2 ⇒ DVI
CP1. I would like to talk with you about another subject: family planning. Are you pregnant now?	YES, CURRENTLY PREGNANT..... 1 NO 2 DK OR NOT SURE..... 8	1 ⇒ CP3
CP2. Couples use various ways or methods to delay or avoid getting pregnant. Are you currently doing something or using any method to delay or avoid getting pregnant?	YES..... 1 NO 2	1 ⇒ CP4
CP2A. What is the main reason for not currently using a family planning method?	DESIRE TO HAVE A CHILD..... 11 I OBJECT FAMILY PLANNING..... 12 HUSBAND OBJECTED..... 13 FEAR OF SIDE EFFECTS 14 AVAILABILITY/ACCESSIBILITY 15 EXPENSIVE 16 INCONVENIENT TO USE 17 MENOPAUSE..... 18 THE HUSBAND DOES NOT EXIST WITH THE FAMILY CURRENTLY 19 RELIGIOUS BELIEFS 20 INFERTILE HUSBAND/WIFE 21 FATALISTIC 22 HUSBAND/WIFE IS SICK 23 BREASTFEEDING 24 TOO OLD 25 OTHER (specify) 96	
CP3. Have you ever done something or used any method to delay or avoid getting pregnant?	YES..... 1 NO 2	1 ⇒ End 2 ⇒ End
CP4. What are you doing to delay or avoid a pregnancy? <i>Do not prompt.</i> <i>If more than one method is mentioned, record each one.</i>	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 (specify) X	

UNMET NEED		UN
UN1. Check CP1: Currently pregnant?	YES, CP1=1.....1 NO, DK OR NOT SURE, CP1=2 OR 8.....2	2 ⇨ UN6
UN2. Now I would like to talk to you about your current pregnancy. When you got pregnant, did you want to get pregnant at that time?	YES1 NO.....2	1 ⇨ UN5
UN3. Check CM11: Any births?	NO BIRTHS0 ONE OR MORE BIRTHS.....1	0 ⇨ UN4A 1 ⇨ UN4B
UN4A. Did you want to have a baby later on or did you not want any children?	LATER1 NONE / NO MORE2	
UN4B. Did you want to have a baby later on or did you not want any more children?		
UN5. Now I would like to ask some questions about the future. After the child you are now expecting, would you like to have another child, or would you prefer not to have any more children?	HAVE ANOTHER CHILD1 NO MORE / NONE2 UNDECIDED / DK.....8	1 ⇨ UN8 2 ⇨ UN14 8 ⇨ UN14
UN6. Check CP4: Currently using 'Female sterilization'?	YES, CP4=A.....1 NO, CP4≠A.....2	1 ⇨ UN14
UN7. Now I would like to ask you some questions about the future. Would you like to have (a/another) child, or would you prefer not to have any (more) children?	HAVE (A/ANOTHER) CHILD.....1 NO MORE / NONE2 SAYS SHE CANNOT GET PREGNANT3 UNDECIDED / DK.....8	2 ⇨ UN10 3 ⇨ UN12 8 ⇨ UN10
UN8. How long would you like to wait before the birth of (a/another) child? <i>Record the answer as stated by respondent.</i>	MONTHS 1 ___ YEARS..... 2 ___ DOES NOT WANT TO WAIT (SOON/NOW).....993 SAYS SHE CANNOT GET PREGNANT994 OTHER.....996 DK.....998	994 ⇨ UN12
UN9. Check CP1: Currently pregnant?	YES, CP1=1.....1 NO, DK OR NOT SURE, CP1=2 OR 8.....2	1 ⇨ UN14
UN10. Check CP2: Currently using a method?	YES, CP2=1.....1 NO, CP2=22	1 ⇨ UN14
UN11. Do you think you are physically able to get pregnant at this time?	YES1 NO.....2 DK.....8	1 ⇨ UN14 8 ⇨ UN14

<p>UN12. Why do you think you are not physically able to get pregnant?</p>	<p>INFREQUENT SEX / NO SEX..... A MENOPAUSAL B NEVER MENSTRUATED..... C HYSTERECTOMY (SURGICAL REMOVAL OF UTERUS) D HAS BEEN TRYING TO GET PREGNANT FOR 2 YEARS OR MORE WITHOUT RESULT..... E POSTPARTUM AMENORRHEIC..... F BREASTFEEDING..... G TOO OLD..... H FATALISTIC..... I</p> <p>OTHER (<i>specify</i>)..... X</p> <p>DK..... Z</p>	
<p>UN13. Check UN12: 'Never menstruated' mentioned?</p>	<p>MENTIONED, UN12=C..... 1 NOT MENTIONED, UN12≠C..... 2</p>	<p>1 ⇒End</p>
<p>UN14. When did your last menstrual period start?</p> <p><i>Record the answer using the same unit stated by the respondent.</i></p> <p><i>If '1 year', probe:</i> How many months ago?</p>	<p>DAYS AGO..... 1 __ __ WEEKS AGO 2 __ __ MONTHS AGO 3 __ __ YEARS AGO..... 4 __ __</p> <p>IN MENOPAUSE / HAS HAD HYSTERECTOMY 993 BEFORE LAST BIRTH..... 994 NEVER MENSTRUATED..... 995</p>	<p>993 ⇒End 994 ⇒End 995 ⇒End</p>
<p>UN15. Check UN14: Was the last menstrual period within last year?</p>	<p>YES, WITHIN LAST YEAR 1 NO, ONE YEAR OR MORE 2</p>	<p>2 ⇒End</p>
<p>UN16. Due to your last menstruation, were there any social activities, school or work days that you did not attend?</p>	<p>YES 1 NO..... 2</p> <p>DK / NOT SURE / NO SUCH ACTIVITY 8</p>	
<p>UN17. During your last menstrual period were you able to wash and change in privacy while at home?</p>	<p>YES 1 NO..... 2</p> <p>DK..... 8</p>	
<p>UN18. Did you use any materials such as sanitary pads, tampons or cloth?</p>	<p>YES 1 NO..... 2</p> <p>DK..... 8</p>	<p>2 ⇒End 8 ⇒End</p>
<p>UN19. Were the materials reusable?</p>	<p>YES 1 NO..... 2</p> <p>DK..... 8</p>	

ATTITUDES TOWARD DOMESTIC VIOLENCE

DV

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

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

VICTIMISATION

VT

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

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

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

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

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

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

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

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

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

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

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

**Very
happy**



Somewhat happy



**Neither happy,
nor unhappy**



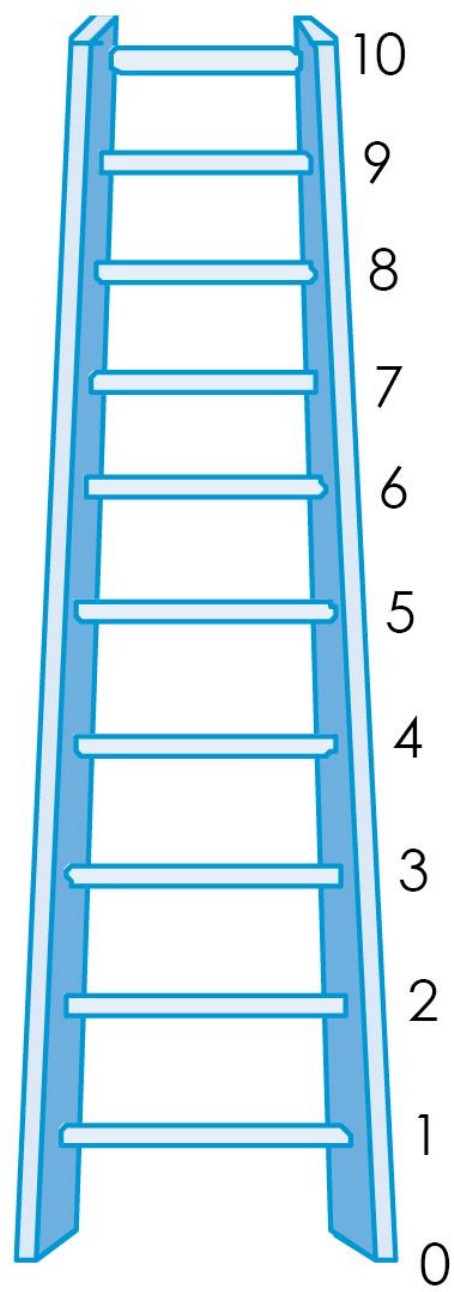
**Somewhat
unhappy**



**Very
unhappy**



Best Possible Life



Worst Possible Life

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

INTERVIEWER'S OBSERVATIONS

SUPERVISOR'S OBSERVATIONS



UNDER-FIVE CHILD INFORMATION PANEL		UF
UF1. Cluster number: _____	UF2. Household number: _____	
UF3. Child's name and line number: NAME _____	UF4. Mother's / Caretaker's name and line number: NAME _____	
UF5. Interviewer's name and number: NAME _____	UF6. Supervisor's name and number: NAME _____	
UF7. Day / Month / Year of interview: _____ / _____ / <u>20</u> _____	UF8. Record the time:	HOURS : MINUTES _____ : _____

<i>Check respondent's age in HL6 in LIST OF HOUSEHOLD MEMBERS, HOUSEHOLD QUESTIONNAIRE: If age 15-17, verify that adult consent for interview is obtained (HH33) or not necessary (HL20=90). If consent is needed and not obtained, the interview must not commence and '06' should be recorded in UF17. The respondent must be at least 15 years old.</i>		
UF9. Check completed questionnaires in this household: Have you or another member of your team interviewed this respondent for another questionnaire?	YES, INTERVIEWED ALREADY 1 NO, FIRST INTERVIEW 2	1 ⇨UF10B 2 ⇨UF10A
UF10A. Hello, my name is (<i>your name</i>). We are from Palestinian Central Bureau of Statistics. We are conducting a survey about the situation of children, families and households. I would like to talk to you about (<i>child's name from UF3</i>)'s health and well-being. This interview will take about 25 minutes. All the information we obtain will remain strictly confidential and anonymous. If you wish not to answer a question or wish to stop the interview, please let me know. May I start now?	UF10B. Now I would like to talk to you about (<i>child's name from UF3</i>)'s health and well-being in more detail. This interview will take about 25 minutes. Again, all the information we obtain will remain strictly confidential and anonymous. If you wish not to answer a question or wish to stop the interview, please let me know. May I start now?	
YES 1 NO / NOT ASKED 2	1 ⇨UNDER FIVE'S BACKGROUND Module 2 ⇨UF17	

UF17. Result of interview for children under 5 <i>Codes refer to mother/caretaker. Discuss any result not completed with Supervisor.</i>	COMPLETED 01 NOT AT HOME 02 REFUSED 03 PARTLY COMPLETED..... 04 INCAPACITATED (specify) _____ 05 NO ADULT CONSENT FOR MOTHER/ CARETAKER AGE 15-17..... 06 OTHER (specify) _____ 96
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UNDER-FIVE'S BACKGROUND

UB

<p>UB0. Before I begin the interview, could you please bring (name)'s Birth Certificate, National Child Immunisation Record, and any immunisation record from a private health provider? We will need to refer to those documents.</p>		
<p>UB1. On what day, month and year was (name) born?</p> <p><i>Probe:</i> What is (his/her) birthday?</p> <p><i>If the mother/caretaker knows the exact date of birth, also record the day; otherwise, record '98' for day.</i></p> <p><i>Month and year <u>must</u> be recorded.</i></p>	<p>DATE OF BIRTH</p> <p>DAY __ __</p> <p>DK DAY 98</p> <p>MONTH __ __</p> <p>YEAR <u>2</u> <u>0</u> __ __</p>	
<p>UB2. How old is (name)?</p> <p><i>Probe:</i> How old was (name) at (his/her) last birthday?</p> <p><i>Record age in completed years.</i></p> <p><i>Record '0' if less than 1 year.</i></p> <p><i>If responses to UB1 and UB2 are inconsistent, probe further and correct.</i></p>	<p>AGE (IN COMPLETED YEARS)..... __</p>	
<p>UB3. Check UB2: Child's age?</p>	<p>AGE 0, 1, OR 2..... 1</p> <p>AGE 3 OR 4..... 2</p>	<p>1 ⇒UB9</p>
<p>UB4. Check the respondent's line number (UF4) in UNDER FIVE INFORMATION PANEL and the respondent to the HOUSEHOLD QUESTIONNAIRE (HH47): Is this respondent also the respondent to the Household Questionnaire?</p>	<p>YES, RESPONDENT IS THE SAME, UF4=HH47 1</p> <p>NO, RESPONDENT IS NOT THE SAME, UF4≠HH47 2</p>	<p>2 ⇒UB6</p>
<p>UB5. Check ED10 in the EDUCATION MODULE in the HOUSEHOLD QUESTIONNAIRE: Is the child attending kindergarten in the current school year?</p>	<p>YES, ED10=0 1</p> <p>NO, ED10≠0 OR BLANK..... 2</p>	<p>1 ⇒UB8B</p> <p>2 ⇒UB9</p>
<p>UB6. Has (name) ever attended kindergarten?</p>	<p>YES 1</p> <p>NO 2</p>	<p>2 ⇒UB9</p>
<p>UB7. At any time since August, did (he/she) attend kindergarten?</p>	<p>YES 1</p> <p>NO 2</p>	<p>1 ⇒UB8A</p> <p>2 ⇒UB9</p>
<p>UB8A. Does (he/she) currently attend kindergarten?</p> <p>UB8B. You have mentioned that (name) has attended kindergarten this school year. Does (he/she) currently attend this programme?</p>	<p>YES 1</p> <p>NO 2</p>	
<p>UB9. Is (name) covered by any health insurance?</p>	<p>YES 1</p> <p>NO 2</p>	<p>2 ⇒End</p>

<p>UB10. What type of health insurance is (<i>name</i>) covered by?</p> <p><i>Record all mentioned.</i></p>	<p>GOVERNMENTALE</p> <p>UNRWA.....F</p> <p>PRIVATE G</p> <p>ISRAELI H</p> <p>OTHER (<i>specify</i>) _____ X</p>	
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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 ⇒End
	YES, NOT SEEN..... 2	2 ⇒End
	NO..... 3	
	DK..... 8	
BR2. Has (<i>name</i>)’s birth been registered with the Ministry of Interior?	YES..... 1	1 ⇒End
	NO..... 2	
	DK..... 8	
BR3. Do you know how to register (<i>name</i>)’s birth?	YES..... 1	
	NO..... 2	

EARLY CHILDHOOD DEVELOPMENT		EC
<p>EC1. How many children's books or picture books do you have for (<i>name</i>)?</p>	<p>NONE 00</p> <p>NUMBER OF CHILDREN'S BOOKS..... <u>0</u> —</p> <p>TEN OR MORE BOOKS 10</p>	
<p>EC2. I am interested in learning about the things that (<i>name</i>) plays with when (he/she) is at home.</p> <p>Does (he/she) play with:</p> <p>[A] Homemade toys, such as dolls, cars, or other toys made at home?</p> <p>[B] Toys from a shop or manufactured toys?</p> <p>[C] Household objects, such as bowls or pots, or objects found outside, such as sticks, rocks, animal shells or leaves?</p>	<p>Y N DK</p> <p>HOMEMADE TOYS..... 1 2 8</p> <p>TOYS FROM A SHOP 1 2 8</p> <p>HOUSEHOLD OBJECTS OR OUTSIDE OBJECTS 1 2 8</p>	
<p>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.</p> <p>On how many days in the past week was (<i>name</i>):</p> <p>[A] Left alone for more than an hour?</p> <p>[B] Left in the care of another child, that is, someone less than 10 years old, for more than an hour?</p> <p><i>If 'None' record '0'. If 'Don't know' record '8'.</i></p>	<p>NUMBER OF DAYS LEFT ALONE FOR MORE THAN AN HOUR —</p> <p>NUMBER OF DAYS LEFT WITH ANOTHER CHILD FOR MORE THAN AN HOUR..... —</p>	
<p>EC4. Check UB2: Child's age?</p>	<p>AGE 0 OR 1 1</p> <p>AGE 2, 3 OR 4..... 2</p>	1 ⇒ End

<p>EC5. 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>A foster/step mother or father living in the household who engaged with the child should be coded as mother or father.</i></p> <p><i>Record all that apply.</i></p> <p><i>'No one' cannot be recorded if any household member age 15 and above engaged in activity with child.</i></p> <p>[A] Read books or looked at picture books with (<i>name</i>)?</p> <p>[B] Told stories to (<i>name</i>)?</p> <p>[C] Sang songs to or with (<i>name</i>), including lullabies?</p> <p>[D] Took (<i>name</i>) outside the home?</p> <p>[E] Played with (<i>name</i>)?</p> <p>[F] Named, counted, or drew things for or with (<i>name</i>)?</p>	<table border="1"> <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</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	A	B	X	Y	
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NAMED	A	B	X	Y																																	
<p>EC5G. Check UB2: Child's age?</p>	<p>AGE 2 1</p> <p>AGE 3 OR 4 2</p>	<p>1 ⇒End</p>																																			
<p>EC6. 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>EC7. 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>EC8. 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>EC9. 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>																																				

EC10. Is (<i>name</i>) sometimes too sick to play?	YES..... 1 NO..... 2 DK..... 8	
EC11. Does (<i>name</i>) follow simple directions on how to do something correctly?	YES..... 1 NO..... 2 DK..... 8	
EC12. When given something to do, is (<i>name</i>) able to do it independently?	YES..... 1 NO..... 2 DK..... 8	
EC13. Does (<i>name</i>) get along well with other children?	YES..... 1 NO..... 2 DK..... 8	
EC14. Does (<i>name</i>) kick, bite, or hit other children or adults?	YES..... 1 NO..... 2 DK..... 8	
EC15. Does (<i>name</i>) get distracted easily?	YES..... 1 NO..... 2 DK..... 8	

CHILD DISCIPLINE		UCD
UCD1. Check UB2: Child's age?	AGE 0.....1 AGE 1, 2, 3 OR 42	1 ⇒End
UCD2. Adults use certain ways to teach children the right behavior or to address a behavior problem. I will read various methods that are used. Please tell me if <u>you or any other adult in your household</u> has used this method with (<i>name</i>) <u>in the past month</u> .		
	YES NO	
[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 behavior was wrong.	EXPLAINED WRONG BEHAVIOR..... 1 2	
[C] Shook (him/her).	SHOOK HIM/HER 1 2	
[D] Shouted, yelled at or screamed at (him/her).	SHOUTED, YELLED, SCREAMED 1 2	
[E] Gave (him/her) something else to do.	GAVE SOMETHING ELSE TO DO 1 2	
[F] Spanked, hit or slapped (him/her) on the bottom with bare hand.	SPANKED, HIT, SLAPPED ON BOTTOM WITH BARE HAND 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.	HIT WITH BELT, HAIRBRUSH, STICK OR OTHER HARD OBJECT 1 2	
[H] Called (him/her) dumb, lazy or another name like that.	CALLED DUMB, LAZY OR ANOTHER NAME 1 2	
[I] Hit or slapped (him/her) on the face, head or ears.	HIT / SLAPPED ON THE FACE, HEAD OR EARS 1 2	
[J] Hit or slapped (him/her) on the hand, arm, or leg.	HIT / SLAPPED ON HAND, ARM OR LEG 1 2	
[K] Beat (him/her) up, that is hit (him/her) over and over as hard as one could.	BEAT UP, HIT OVER AND OVER AS HARD AS ONE COULD..... 1 2	
UCD3. Check UF4: Is this respondent the mother or caretaker of any other children under age 5 or a child age 5-14 selected for the questionnaire for children age 5-17?	YES1 NO2	2 ⇒UCD5
UCD4. Check UF4: Has this respondent already responded to the following question (UCD5 or FCD5) for another child?	YES1 NO2	1 ⇒End

UCD5. Do you believe that in order to bring up, raise, or educate a child properly, the child needs to be physically punished?	YES	1
	NO.....	2
	DK / NO OPINION.....	8

CHILD FUNCTIONING		UCF
UCF1. Check UB2: Child's age?	AGE 0 OR 1..... 1 AGE 2, 3 OR 4..... 2	1 ⇒End
UCF2. I would like to ask you some questions about difficulties (<i>name</i>) may have. Does (<i>name</i>) wear glasses?	YES 1 NO 2	
UCF3. Does (<i>name</i>) use a hearing aid?	YES 1 NO 2	
UCF4. Does (<i>name</i>) use any equipment or receive assistance for walking?	YES 1 NO 2	
UCF5. In the following questions, I will ask you to answer by selecting one of four possible answers. For each question, would you say that (<i>name</i>) has: 1) no difficulty, 2) some difficulty, 3) a lot of difficulty, or 4) that (he/she) cannot at all. <i>Repeat the categories during the individual questions whenever the respondent does not use an answer category:</i> Remember the four possible answers: Would you say that (<i>name</i>) has: 1) no difficulty, 2) some difficulty, 3) a lot of difficulty, or 4) that (he/she) cannot at all?		
UCF6. Check UCF2: Child wears glasses?	YES, UCF2=1 1 NO, UCF2=2..... 2	1 ⇒UCF7A 2 ⇒UCF7B
UCF7A. When wearing (his/her) glasses, does (<i>name</i>) have difficulty seeing? UCF7B. Does (<i>name</i>) have difficulty seeing?	NO DIFFICULTY 1 SOME DIFFICULTY..... 2 A LOT OF DIFFICULTY..... 3 CANNOT SEE AT ALL..... 4	
UCF8. Check UCF3: Child uses a hearing aid?	YES, UCF3=1 1 NO, UCF3=2..... 2	1 ⇒UCF9A 2 ⇒UCF9B
UCF9A. When using (his/her) hearing aid(s), does (<i>name</i>) have difficulty hearing sounds like peoples' voices or music? UCF9B. Does (<i>name</i>) have difficulty hearing sounds like peoples' voices or music?	NO DIFFICULTY 1 SOME DIFFICULTY..... 2 A LOT OF DIFFICULTY..... 3 CANNOT HEAR AT ALL 4	
UCF10. Check UCF4: Child uses equipment or receives assistance for walking?	YES, UCF4=1 1 NO, UCF4=2..... 2	1 ⇒UCF11 2 ⇒UCF13
UCF11. Without (his/her) equipment or assistance, does (<i>name</i>) have difficulty walking?	SOME DIFFICULTY 2 A LOT OF DIFFICULTY..... 3 CANNOT WALK AT ALL 4	
UCF12. With (his/her) equipment or assistance, does (<i>name</i>) have difficulty walking?	NO DIFFICULTY 1 SOME DIFFICULTY..... 2 A LOT OF DIFFICULTY..... 3 CANNOT WALK AT ALL 4	1 ⇒UCF14 2 ⇒UCF14 3 ⇒UCF14 4 ⇒UCF14

<p>UCF13. Compared with children of the same age, does (<i>name</i>) have difficulty walking?</p>	<p>NO DIFFICULTY 1 SOME DIFFICULTY..... 2 A LOT OF DIFFICULTY..... 3 CANNOT WALK AT ALL 4</p>	
<p>UCF14. Compared with children of the same age, does (<i>name</i>) have difficulty picking up small objects with (his/her) hand?</p>	<p>NO DIFFICULTY 1 SOME DIFFICULTY..... 2 A LOT OF DIFFICULTY..... 3 CANNOT PICK UP AT ALL 4</p>	
<p>UCF15. Does (<i>name</i>) have difficulty understanding you?</p>	<p>NO DIFFICULTY 1 SOME DIFFICULTY 2 A LOT OF DIFFICULTY..... 3 CANNOT UNDERSTAND AT ALL..... 4</p>	
<p>UCF16. When (<i>name</i>) speaks, do you have difficulty understanding (him/her)?</p>	<p>NO DIFFICULTY 1 SOME DIFFICULTY..... 2 A LOT OF DIFFICULTY..... 3 CANNOT BE UNDERSTOOD AT ALL 4</p>	
<p>UCF17. Compared with children of the same age, does (<i>name</i>) have difficulty learning things?</p>	<p>NO DIFFICULTY 1 SOME DIFFICULTY 2 A LOT OF DIFFICULTY..... 3 CANNOT LEARN THINGS AT ALL..... 4</p>	
<p>UCF18. Compared with children of the same age, does (<i>name</i>) have difficulty playing?</p>	<p>NO DIFFICULTY 1 SOME DIFFICULTY 2 A LOT OF DIFFICULTY..... 3 CANNOT PLAY AT ALL..... 4</p>	
<p>UCF19. The next question has five different options for answers. I am going to read these to you after the question.</p> <p>Compared with children of the same age, how much does (<i>name</i>) kick, bite or hit other children or adults?</p> <p>Would you say: not at all, less, the same, more or a lot more?</p>	<p>NOT AT ALL 1 LESS..... 2 THE SAME..... 3 MORE..... 4 A LOT MORE..... 5</p>	

BREASTFEEDING AND DIETARY INTAKE		BD
BD1. Check UB2: Child's age?	AGE 0, 1, OR 2.....1 AGE 3 OR 42	2 ⇒ End
BD2. Has (<i>name</i>) ever been breastfed?	YES.....1 NO2 DK8	2 ⇒ BD3A 8 ⇒ BD3A
BD3. Is (<i>name</i>) still being breastfed?	YES.....1 NO2 DK8	
BD3A. Check UB2: Child's age?	AGE 0 OR 11 AGE 22	2 ⇒ End
BD4. Yesterday, during the day or night, did (<i>name</i>) <u>drink anything from a bottle with a nipple?</u>	YES.....1 NO2 DK8	
BD5. Did (<i>name</i>) <u>drink Oral Rehydration Salt solution (ORS)</u> yesterday, during the day or night?	YES.....1 NO2 DK8	
BD6. Did (<i>name</i>) <u>drink or eat vitamin or mineral supplements or any medicines</u> yesterday, during the day or night?	YES.....1 NO2 DK8	

<p>BD7. Now I would like to ask you about all other liquids that (<i>name</i>) may have had yesterday during the day or the night.</p> <p>Please include liquids consumed outside of your home.</p> <p>Did (<i>name</i>) drink (<i>name of item</i>) yesterday during the day or the night:</p>									
[A] Plain water?	PLAIN WATER	<table style="width: 100%; border: none;"> <tr> <td style="text-align: center;">YES</td> <td style="text-align: center;">NO</td> <td style="text-align: center;">DK</td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> </table>	YES	NO	DK	1	2	8	
YES	NO	DK							
1	2	8							
[B] 100% natural juice or sweetened juice drinks?	100% NATURAL JUICE OR SWEETENED JUICE DRINKS	<table style="width: 100%; border: none;"> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> </table>	1	2	8				
1	2	8							
[C] Maraka? Like clear chicken, or clear meat Maraka without any chicken or meat pieces?	CLEAR MARAKA	<table style="width: 100%; border: none;"> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> </table>	1	2	8				
1	2	8							
[D] Infant formula, such as S-26, similac, materna?	INFANT FORMULA	<table style="width: 100%; border: none;"> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2 [⚡]</td> <td style="text-align: center;">8 [⚡]</td> </tr> <tr> <td></td> <td style="text-align: center;"><i>BD7[E]</i></td> <td style="text-align: center;"><i>BD7[E]</i></td> </tr> </table>	1	2 [⚡]	8 [⚡]		<i>BD7[E]</i>	<i>BD7[E]</i>	
1	2 [⚡]	8 [⚡]							
	<i>BD7[E]</i>	<i>BD7[E]</i>							
<p>[D1] How many times did (<i>name</i>) drink infant formula? <i>If 7 or more times, record '7'.</i></p>	<p>NUMBER OF TIMES DRANK INFANT FORMULA..... __</p> <p>DK..... 8</p>								
[E] Milk from animals, such as fresh, tinned, or powdered milk? This includes chocolate milk made from Nesquik powder	MILK	<table style="width: 100%; border: none;"> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2 [⚡]</td> <td style="text-align: center;">8 [⚡]</td> </tr> <tr> <td></td> <td style="text-align: center;"><i>BD7[P]</i></td> <td style="text-align: center;"><i>BD7[P]</i></td> </tr> </table>	1	2 [⚡]	8 [⚡]		<i>BD7[P]</i>	<i>BD7[P]</i>	
1	2 [⚡]	8 [⚡]							
	<i>BD7[P]</i>	<i>BD7[P]</i>							
<p>[E1] How many times did (<i>name</i>) drink milk? <i>If 7 or more times, record '7'.</i></p>	<p>NUMBER OF TIMES DRANK MILK..... __</p> <p>DK..... 8</p>								
[P] Natural herbs drinks boiled or drenched, like anise, mint, chamomile?	NATURAL HERB DRINKS	<table style="width: 100%; border: none;"> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2 [⚡]</td> <td style="text-align: center;">8 [⚡]</td> </tr> <tr> <td></td> <td style="text-align: center;"><i>BD7[X]</i></td> <td style="text-align: center;"><i>BD7[X]</i></td> </tr> </table>	1	2 [⚡]	8 [⚡]		<i>BD7[X]</i>	<i>BD7[X]</i>	
1	2 [⚡]	8 [⚡]							
	<i>BD7[X]</i>	<i>BD7[X]</i>							
<p>[P1] How many times did (<i>name</i>) drink natural herbs drinks? <i>If 7 or more times, record '7'.</i></p>	<p>NUMBER OF TIMES DRANK NATURAL HERB DRINKS..... __</p> <p>DK..... 8</p>								
[X] Any other liquids like tea or coffee?	OTHER LIQUIDS	<table style="width: 100%; border: none;"> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2 [⚡]</td> <td style="text-align: center;">8 [⚡]</td> </tr> <tr> <td></td> <td style="text-align: center;"><i>BD8</i></td> <td style="text-align: center;"><i>BD8</i></td> </tr> </table>	1	2 [⚡]	8 [⚡]		<i>BD8</i>	<i>BD8</i>	
1	2 [⚡]	8 [⚡]							
	<i>BD8</i>	<i>BD8</i>							
[X1] Record all other liquids mentioned.	<i>(Specify)</i> _____								

<p>BD8. Now I would like to ask you about <u>everything</u> that (name) ate yesterday during the day or the night. Please include foods consumed outside of your home.</p> <p>- Think about when (name) woke up yesterday. Did (he/she) eat anything at that time? <i>If 'Yes' ask: Please tell me everything (name) ate at that time. Probe: Anything else? Record answers using the food groups below.</i></p> <p>- What did (name) do after that? Did (he/she) eat anything at that time? Repeat this string of questions, recording in the food groups, until the respondent tells you that the child went to sleep until the next morning.</p>				
<p>For each food group not mentioned after completing the above ask: Just to make sure, did (name) eat (food group items) yesterday during the day or the night</p>				
		YES	NO	DK
[A] Yogurt made from animal milk? Note that liquid/drinking yogurt should be captured in BD7[E] or BD7[X], depending on milk content.	YOGURT	1	2 [⚡]	8 [⚡] BD8[B] BD8[B]
[A1] How many times did (name) eat yogurt? If 7 or more times, record '7'.	NUMBER OF TIMES ATE YOGURT _ DK..... 8			
[B] Any baby food, such as Cerelac, NINOLAC, or gerber?	FORTIFIED BABY FOOD	1	2	8
[C] Bread, rice, noodles, porridge, or other foods made from grains?	FOODS MADE FROM GRAINS	1	2	8
[D] Pumpkin, squash, carrots, or sweet potatoes that are yellow or orange inside?	PUMPKIN, CARROTS, SQUASH, ETC.	1	2	8
[E] White potatoes, white yams, cassava, or any other foods made from roots?	FOODS MADE FROM ROOTS	1	2	8
[F] Any dark green, leafy vegetables, such as spinach, khubazeh, mallow?	DARK GREEN, LEAFY VEGETABLES	1	2	8
[G] Ripe mangoes or apricot, watermelons?	RIPE MANGO, APRICOT, WATERMELONS	1	2	8
[H] Any other fruits or vegetables, such as parsley, mint, grape leaves, apple, or banana?	OTHER FRUITS OR VEGETABLES	1	2	8
[I] Liver, kidney, heart or other organ meats?	ORGAN MEATS	1	2	8
[J] Any other meat, such as beef, lamb, goat, chicken, duck?	OTHER MEATS	1	2	8
[K] Eggs?	EGGS	1	2	8
[L] Fish or shellfish, either fresh or dried?	FRESH OR DRIED FISH	1	2	8
[M] Beans, peas, lentils or nuts, including any foods made from these?	FOODS MADE FROM BEANS, PEAS, NUTS, ETC.	1	2	8
[N] Cheese or other food made from animal milk such as Labanah?	CHEESE OR OTHER FOOD MADE FROM MILK SUCH AS LABANAH	1	2	8
[X] Other solid, semi-solid, or soft food?	OTHER SOLID, SEMI-SOLID, OR SOFT FOOD	1	2 [⚡] BD9	8 [⚡] BD9

<p>[X1] Record all other solid, semi-solid, or soft food that do not fit food groups above.</p>	<p>(Specify) _____</p>	
<p>BD9. How many times did (<i>name</i>) eat any solid, semi-solid or soft foods yesterday during the day or night?</p> <p><i>If BD8[A] is 'Yes', ensure that the response here includes the number of times recorded for yogurt in BD8[A1].</i></p> <p><i>If 7 or more times, record '7'.</i></p>	<p>NUMBER OF TIMES.....__</p> <p>DK8</p>	

IMMUNISATION										IM	
IM1. Check UB2: Child's age?		AGE 0, 1, OR 2..... 1						AGE 3 OR 4..... 2		2 ⇒ End	
IM2. Do you have a National Child Immunisation Record, immunisation records from a private health provider or any other document where (<i>name</i>)'s vaccinations are written down?		YES, HAS ONLY CARD(S)..... 1						YES, HAS ONLY OTHER DOCUMENT..... 2		1 ⇒ IM5	
		YES, HAS CARD(S) AND OTHER DOCUMENT..... 3						NO, HAS NO CARDS AND NO OTHER DOCUMENT..... 4		3 ⇒ IM5	
		YES..... 1						NO..... 2			
		IM3. Did you ever have a National Child Immunisation Record or immunisation records from a private health provider for (<i>name</i>)?		YES..... 1						NO..... 2	
IM4. Check IM2:		HAS ONLY OTHER DOCUMENT, IM2=2..... 1						HAS NO CARDS AND NO OTHER DOCUMENT AVAILABLE, IM2=4..... 2		2 ⇒ IM14	
IM5. May I see the card(s) (and/or) other document?		YES, ONLY CARD(S) SEEN..... 1						YES, ONLY OTHER DOCUMENT SEEN..... 2		YES, CARD(S) AND OTHER DOCUMENT SEEN..... 3	
		NO CARDS AND NO OTHER DOCUMENT SEEN..... 4								4 ⇒ IM14	
IM6.		DATE OF IMMUNISATION									
(a) Copy dates for each vaccination from the documents.		DAY		MONTH		YEAR					
(b) Write '44' in day column if documents show that vaccination was given but no date recorded.											
BCG (at birth)	BCG					2	0				
HepB (at birth)	HepB0					2	0				
Polio (IPV1)	IPV1					2	0				
Polio (IPV2)	IPV2					2	0				
Polio (OPV) 1	OPV1					2	0				
Polio (OPV) 2	OPV2					2	0				
Polio (OPV) 3	OPV3					2	0				
Polio (OPV) 4	OPV4					2	0				
Pentavalent (DPTHibHepB) 1	Penta1					2	0				
Pentavalent (DPTHibHepB) 2	Penta2					2	0				
Pentavalent (DPTHibHepB) 3	Penta3					2	0				
Rota 1	Rota1					2	0				
Rota 2	Rota2					2	0				

Pneumococcal (Conjugate) 1	PCV1					2	0			
Pneumococcal (Conjugate) 2	PCV2					2	0			
Pneumococcal (Conjugate) 3	PCV3					2	0			
MMR 1	MMR1					2	0			
MMR 2	MMR2					2	0			
DPT4	DPT 4					2	0			
IM7. Check IM6: Are all vaccines (BCG to DPT4) recorded?		YES					1	1 ⇒End		
		NO					2			
IM9. In addition to what is recorded on the document(s) you have shown me, did (<i>name</i>) receive any other vaccinations including vaccinations received during the campaigns, immunisation days or child health days?		YES					1	2 ⇒End		
		NO					2			
		DK.....					8	8 ⇒End		
IM10. Go back to IM6 and probe for these vaccinations. <i>Record '66' in the corresponding day column for each vaccine received. For each vaccination <u>not</u> received record '00' in day column. When <u>finished</u>, go to End of module.</i>										⇒End
IM14. 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			
IM15. Did (<i>name</i>) receive a Hepatitis B vaccination – that is an injection on the outside of the thigh to prevent Hepatitis B disease – within the first 24 hours to a week after birth?		YES, WITHIN THE FIRST 24 HOURS AFTER BIRTH.....					1			
		YES, BUT A WEEK AFTER BIRTH.....					2			
		NO.....					3			
		DK.....					8			
IM16. Has (<i>name</i>) ever received any vaccination drops in the mouth to protect (him/her) from polio?		YES					1	2 ⇒IM20		
		NO					2			
		DK.....					8	8 ⇒IM20		
IM17. Were the first polio drops received in the first two months after birth?		YES					1			
		NO.....					2			
		DK.....					8			

<p>IM18. How many times were the polio drops received?</p>	<p>NUMBER OF TIMES —</p> <p>DK..... 8</p>	
<p>IM19. The last time (<i>name</i>) received the polio drops, did (he/she) also get an injection to protect against polio?</p> <p><i>Probe to ensure that both were given, drops and injection.</i></p>	<p>YES 1</p> <p>NO..... 2</p> <p>DK..... 8</p>	
<p>IM20. Has (<i>name</i>) ever received a Pentavalent vaccination – that is, an injection in the thigh to prevent (him/her) from getting tetanus, whooping cough, diphtheria, Hepatitis B disease, and Haemophilus influenzae type b?</p> <p><i>Probe by indicating that Pentavalent vaccination is sometimes given at the same time as the polio drops.</i></p>	<p>YES 1</p> <p>NO..... 2</p> <p>DK..... 8</p>	<p>2 ⇨ IM21A</p> <p>8 ⇨ IM21A</p>
<p>IM21. How many times was the Pentavalent vaccine received?</p>	<p>NUMBER OF TIMES —</p> <p>DK..... 8</p>	
<p>IM21A. Has (<i>name</i>) ever received the fourth dose of DPT vaccination at the age of 12 months – that is, an injection in the thigh to prevent him/her from getting tetanus, whooping cough, diphtheria?</p>	<p>YES 1</p> <p>NO..... 2</p> <p>DK..... 8</p>	
<p>IM22. Has (<i>name</i>) ever received a Pneumococcal Conjugate vaccination – that is, an injection to the arm at the age of 2 months, 4 months and 12 months - to prevent him/her from getting pneumococcal conjugate?</p> <p><i>Probe by indicating that Pneumococcal Conjugate vaccination is sometimes given at the same time as the Pentavalent vaccination.</i></p>	<p>YES 1</p> <p>NO..... 2</p> <p>DK..... 8</p>	<p>2 ⇨ IM24</p> <p>8 ⇨ IM24</p>
<p>IM23. How many times was the Pneumococcal Conjugate vaccine received?</p>	<p>NUMBER OF TIMES —</p> <p>DK..... 8</p>	

<p>IM24. Has (<i>name</i>) ever received any vaccination drops in the mouth to protect (him/her) from diarrhoea?</p> <p><i>Probe by indicating that the Rota drop is sometimes given at the same time as the Penta vaccination and polio drops.</i></p>	<p>YES 1</p> <p>NO 2</p> <p>DK 8</p>	<p>2 ⇒ IM26</p> <p>8 ⇒ IM26</p>
<p>IM25. How many times was the Rota vaccine received?</p>	<p>NUMBER OF TIMES —</p> <p>DK 8</p>	
<p>IM26. Has (<i>name</i>) ever received a MMR vaccine – that is, a shot in the arm at the age of 12 months or older - to prevent (him/her) from getting measles, mumps and rubella?</p>	<p>YES 1</p> <p>NO 2</p> <p>DK 8</p>	<p>2 ⇒ End</p> <p>8 ⇒ End</p>
<p>IM26A. How many times was the MMR vaccine received?</p>	<p>NUMBER OF TIMES —</p> <p>DK 8</p>	

CARE OF ILLNESS

CA

<p>CA1. In the last two weeks, has (<i>name</i>) had diarrhoea?</p>	<p>YES1 NO2 DK8</p>	<p>2 ⇒ CA14 8 ⇒ CA14</p>
<p>CA2. Check BD3: Is child still breastfeeding?</p>	<p>YES OR BLANK, BD3=1 OR BLANK.....1 NO OR DK, BD3=2 OR 82</p>	<p>1 ⇒ CA3A 2 ⇒ CA3B</p>
<p>CA3A. I would like to know how much (<i>name</i>) was given to drink during the diarrhoea. This includes breastmilk, Oral Rehydration Salt solution (ORS) and other liquids given with medicine.</p> <p>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?</p> <p><i>If 'less', probe:</i> Was (he/she) given much less than usual to drink, or somewhat less?</p> <p>CA3B. I would like to know how much (<i>name</i>) was given to drink during the diarrhoea. This includes Oral Rehydration Salt solution (ORS) and other liquids given with medicine.</p> <p>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?</p> <p><i>If 'less', probe:</i> Was (he/she) given much less than usual to drink, or somewhat less?</p>	<p>MUCH LESS1 SOMEWHAT LESS.....2 ABOUT THE SAME.....3 MORE4 NOTHING TO DRINK5 DK8</p>	
<p>CA4. 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?</p> <p><i>If 'less', probe:</i> Was (he/she) given much less than usual to eat or somewhat less?</p>	<p>MUCH LESS1 SOMEWHAT LESS.....2 ABOUT THE SAME.....3 MORE4 STOPPED FOOD.....5 NEVER GAVE FOOD7 DK8</p>	
<p>CA5. Did you seek any advice or treatment for the diarrhoea from any source?</p>	<p>YES1 NO2 DK8</p>	<p>2 ⇒ CA7 8 ⇒ CA7</p>

<p>CA6. Where did you seek advice or treatment?</p> <p><i>Probe: Anywhere else?</i></p> <p><i>Record all providers mentioned, but do <u>not</u> prompt with any suggestions.</i></p> <p><i>Probe to identify each type of provider.</i></p> <p><i>If unable to determine if public or private sector, write the name of the place and then temporarily record 'W' until you learn the appropriate category for the response.</i></p> <hr/> <p style="text-align: center;"><i>(Name of place)</i></p>	<p>PUBLIC MEDICAL SECTOR GOVERNMENT HOSPITAL.....A GOVERNMENT HEALTH CENTRE B</p> <p>MOBILE / OUTREACH CLINIC..... E</p> <p>PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL / CLINIC..... I PRIVATE PHYSICIAN J PRIVATE PHARMACY K</p> <p>DK PUBLIC OR PRIVATE W</p> <p>NGO'S MEDICAL SECTOR NGO'S HOSPITAL/ HEALTH CLINIC..... S</p> <p>UNRWA MEDICAL SECTOR UNRWA HOSPITAL/ HEALTH CENTRE ... T </p> <p>ISRAELI MEDICAL SECTOR ISRAELI HOSPITAL/ HEALTH CENTRE...U</p> <p>OTHER SOURCE RELATIVE / FRIEND..... P TRADITIONAL PRACTITIONER..... R</p> <p>OTHER (<i>specify</i>)..... X DK / DON'T REMEMBER..... Z</p>	
<p>CA7. During the time (<i>name</i>) had diarrhoea, was (he/she) given:</p> <p>[A] A fluid made from a special packet called ORS packet solution?</p> <p>[B] A pre-packaged ORS fluid?</p> <p>[D] Government-recommended homemade 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>RECOMMENDED FLUID..... 1 2 8</p>	
<p>CA8. Check CA7[A] and CA7[B]: Was child given any ORS?</p>	<p>YES, YES IN CA7[A] OR CA7[B].....1</p> <p>NO, 'NO' OR 'DK' IN BOTH CA7[A] AND CA7[B].....2</p>	<p>2 ⇒ CA12</p>

<p>CA9. Where did you get the (ORS mentioned in CA7[A] and/or CA7[B])?</p> <p><i>Probe to identify the type of source.</i></p> <p><i>If 'Already had at home', probe to learn if the source is known.</i></p> <p><i>If unable to determine whether public or private, write the name of the place and then temporarily record 'W' until you learn the appropriate category for the response.</i></p> <p>_____</p> <p style="text-align: center;"><i>(Name of place)</i></p>	<p>PUBLIC MEDICAL SECTOR</p> <p>GOVERNMENT HOSPITAL..... A</p> <p>GOVERNMENT HEALTH CENTRE B</p> <p>MOBILE / OUTREACH CLINIC E</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL / CLINIC..... I</p> <p>PRIVATE PHYSICIAN J</p> <p>PRIVATE PHARMACY K</p> <p>DK PUBLIC OR PRIVATE W</p> <p>NGO'S MEDICAL SECTOR</p> <p>NGO'S HOSPITAL/ HEALTH CLINIC..... S</p> <p>UNRWA MEDICAL SECTOR</p> <p>UNRWA HOSPITAL/ HEALTH CENTRE ... T</p> <p>.....</p> <p>ISRAELI MEDICAL SECTOR</p> <p>ISRAELI HOSPITAL/ HEALTH CENTRE ... U</p> <p>OTHER SOURCE</p> <p>RELATIVE / FRIEND..... P</p> <p>TRADITIONAL PRACTITIONER R</p> <p>OTHER (<i>specify</i>)..... X</p> <p>DK / DON'T REMEMBER Z</p>	
<p>CA12. Was anything else given to treat the diarrhoea?</p>	<p>YES 1</p> <p>NO 2</p> <p>DK 8</p>	<p>2 ⇒ CA14</p> <p>8 ⇒ CA14</p>
<p>CA13. 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 style="text-align: center;"><i>(Name of brand)</i></p> <p>_____</p> <p style="text-align: center;"><i>(Name of brand)</i></p>	<p>PILL OR SYRUP</p> <p>ANTIBIOTIC A</p> <p>ANTIMOTILITY (ANTI-DIARRHOEA) B</p> <p>OTHER PILL OR SYRUP G</p> <p>UNKNOWN PILL OR SYRUP H</p> <p>INJECTION</p> <p>ANTIBIOTIC L</p> <p>NON-ANTIBIOTIC M</p> <p>UNKNOWN INJECTION N</p> <p>INTRAVENOUS (IV) O</p> <p>HOME REMEDY /</p> <p>HERBAL MEDICINE Q</p> <p>OTHER (<i>specify</i>) X</p>	

CA14. At any time in the last two weeks, has (<i>name</i>) been ill with a fever?	YES1 NO2 DK8	
CA16. At any time in the last two weeks, has (<i>name</i>) had an illness with a cough?	YES1 NO2 DK8	
CA17. At any time in the last two weeks, has (<i>name</i>) had fast, short, rapid breaths or difficulty breathing?	YES1 NO2 DK8	2 ⇒ CA19 8 ⇒ CA19
CA18. Was the fast or difficult breathing due to a problem in the chest or a blocked or runny nose?	PROBLEM IN CHEST ONLY1 BLOCKED OR RUNNY NOSE ONLY2 BOTH3 OTHER (<i>specify</i>) 6 DK8	1 ⇒ CA20 2 ⇒ CA20 3 ⇒ CA20 6 ⇒ CA20 8 ⇒ CA20
CA19. Check CA14: Did child have fever?	YES, CA14=11 NO OR DK, CA14=2 OR 82	2 ⇒ CA30
CA20. Did you seek any advice or treatment for the illness from any source?	YES1 NO2 DK8	2 ⇒ CA22 8 ⇒ CA22

<p>CA21. From where did you seek advice or treatment?</p> <p><i>Probe: Anywhere else?</i></p> <p><i>Record all providers mentioned, but do <u>not</u> prompt with any suggestions.</i></p> <p><i>Probe to identify each type of provider.</i></p> <p><i>If unable to determine if public or private sector, write the name of the place and then temporarily record 'W' until you learn the appropriate category for the response.</i></p> <p>_____</p> <p style="text-align: center;"><i>(Name of place)</i></p>	<p>PUBLIC MEDICAL SECTOR GOVERNMENT HOSPITAL.....A GOVERNMENT HEALTH CENTRE B MOBILE / OUTREACH CLINIC..... E</p> <p>PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL / CLINIC..... I PRIVATE PHYSICIANJ PRIVATE PHARMACY K</p> <p>DK PUBLIC OR PRIVATE W</p> <p>NGO'S MEDICAL SECTOR NGO'S HOSPITAL/ HEALTH CLINIC..... S</p> <p>UNRWA MEDICAL SECTOR UNRWA HOSPITAL/ HEALTH CENTRE ... T </p> <p>ISRAELI MEDICAL SECTOR ISRAELI HOSPITAL/ HEALTH CENTRE... U</p> <p>OTHER SOURCE RELATIVE / FRIEND..... P TRADITIONAL PRACTITIONER R</p> <p>OTHER (<i>specify</i>)..... X DK / DON'T REMEMBER..... Z</p>	
<p>CA22. At any time during the illness, was (name) given any medicine for the illness?</p>	<p>YES1 NO2 DK.....8</p>	<p>2 ⇒CA30 8 ⇒CA30</p>
<p>CA23. What medicine was (name) given?</p> <p><i>Probe:</i> Any other medicine?</p> <p><i>Record all medicines given.</i></p> <p><i>If unable to determine type of medicine, write the brand name and then temporarily record 'W' until you learn the appropriate category for the response.</i></p> <p>_____</p> <p style="text-align: center;"><i>(Name of brand)</i></p> <p>_____</p> <p style="text-align: center;"><i>(Name of brand)</i></p>	<p>ANTIBIOTICS PILL/SYRUP.....N OTHER ANTIBIOTIC INJECTION/IV..... O</p> <p>OTHER MEDICATIONS PARACETAMOL/PANADOL/ TRUFIN R ASPIRIN..... S IBUPROFEN..... T</p> <p>ONLY BRAND NAME RECORDED W</p> <p>OTHER (<i>specify</i>)..... X DK/DON'T REMEMBER..... Z</p>	
<p>CA24. Check CA23: Antibiotics mentioned?</p>	<p>YES, ANTIBIOTICS MENTIONED, CA23=N-O.....1 NO, ANTIBIOTICS NOT MENTIONED.....2</p>	<p>2 ⇒CA30</p>

<p>CA25. Where did you get the (<i>name of medicine from CA23, codes N to O</i>)?</p> <p><i>Probe to identify the type of source.</i></p> <p><i>If 'Already had at home', probe to learn if the source is known.</i></p> <p><i>If unable to determine whether public or private, write the name of the place and then temporarily record 'W' until you learn the appropriate category for the response.</i></p> <p>_____</p> <p style="text-align: center;"><i>(Name of place)</i></p>	<p>PUBLIC MEDICAL SECTOR</p> <p>GOVERNMENT HOSPITAL..... A</p> <p>GOVERNMENT HEALTH CENTRE B</p> <p>MOBILE / OUTREACH CLINIC..... E</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL / CLINIC..... I</p> <p>PRIVATE PHYSICIAN J</p> <p>PRIVATE PHARMACY K</p> <p>DK PUBLIC OR PRIVATE W</p> <p>NGO'S MEDICAL SECTOR</p> <p>NGO'S HOSPITAL/ HEALTH CLINIC..... S</p> <p>UNRWA MEDICAL SECTOR</p> <p>UNRWA HOSPITAL/ HEALTH CENTRE ... T</p> <p>.....</p> <p>ISRAELI MEDICAL SECTOR</p> <p>ISRAELI HOSPITAL/ HEALTH CENTRE ... U</p> <p>OTHER SOURCE</p> <p>RELATIVE / FRIEND..... P</p> <p>TRADITIONAL PRACTITIONER..... R</p> <p>OTHER (<i>specify</i>)..... X</p> <p>DK / DON'T REMEMBER Z</p>	
<p>CA30. Check UB2: <i>Child's age?</i></p>	<p>AGE 0, 1 OR 2..... 1</p> <p>AGE 3 OR 4..... 2</p>	<p>2 ⇒ End</p>
<p>CA31. The last time (<i>name</i>) passed stools, what was done to dispose of the stools?</p>	<p>CHILD USED TOILET / LATRINE..... 01</p> <p>PUT / RINSED INTO TOILET OR LATRINE 02</p> <p>PUT / RINSED INTO DRAIN OR DITCH..... 03</p> <p>THROWN INTO GARBAGE (SOLID WASTE)..... 04</p> <p>LEFT IN THE OPEN 06</p> <p>OTHER (<i>specify</i>)..... 96</p> <p>DK..... 98</p>	

UF11. Record the time.	HOURS AND MINUTES __ __ : __ __	
<p>UF16. Tell the respondent that you will need to measure the weight and height of the child before you leave the household and a colleague will come to lead the measurement. Issue the ANTHROPOMETRY MODULE FORM for this child and complete the Information Panel on that Form.</p> <p>Check columns HL10 and HL20 in LIST OF HOUSEHOLD MEMBERS, HOUSEHOLD QUESTIONNAIRE: Is the respondent the mother or caretaker of <u>another</u> child age 0-4 living in this household?</p> <p><input type="checkbox"/> Yes ⇒ Go to UF17 on the UNDER-FIVE INFORMATION PANEL and record '01'. Then go to the next QUESTIONNAIRE FOR CHILDREN UNDER FIVE to be administered to the same respondent.</p> <p><input type="checkbox"/> No ⇒ Check HL6 and column HL20 in LIST OF HOUSEHOLD MEMBERS, HOUSEHOLD QUESTIONNAIRE: Is the respondent the mother or caretaker of a child age 5-17 selected for Questionnaire for Children Age 5-17 in this household?</p> <p style="padding-left: 40px;"><input type="checkbox"/> Yes ⇒ Go to UF17 on the UNDER-FIVE INFORMATION PANEL and record '01'. Then go to the QUESTIONNAIRE FOR CHILDREN AGE 5-17 to be administered to the same respondent.</p> <p style="padding-left: 40px;"><input type="checkbox"/> No ⇒ Go to UF17 on the UNDER-FIVE INFORMATION PANEL and record '01'. Then end the interview with this respondent by thanking her/him for her/his cooperation. Check to see if there are other questionnaires to be administered in this household.</p>		

INTERVIEWER'S OBSERVATIONS

SUPERVISOR'S OBSERVATIONS

ANTHROPOMETRY MODULE INFORMATION PANEL		AN
AN1. Cluster number: _____	AN2. Household number: _____	
AN3. Child's name and line number: NAME _____	AN4. Child's age from UB2: AGE (IN COMPLETED YEARS)	
AN5. Mother's / Caretaker's name and line number: NAME _____	AN6. Interviewer's name and number: NAME _____	

ANTHROPOMETRY		
AN7. Measurer's name and number:	NAME _____	
AN8. Record the result of weight measurement as read out by the Measurer: <i>Read the record back to the Measurer and also ensure that he/she verifies your record.</i>	KILOGRAMS (KG) _____ . _____ CHILD NOT PRESENT 99.3 CHILD REFUSED..... 99.4 RESPONDENT REFUSED..... 99.5 OTHER (specify) _____ 99.6	99.3 ⇨AN13 99.4 ⇨AN10 99.5 ⇨AN10 99.6 ⇨AN10
AN9. Was the child undressed to the minimum?	YES..... 1 NO, THE CHILD COULD NOT BE UNDRESSED TO THE MINIMUM..... 2	
AN10. Check AN4: Child's age?	AGE 0 OR 1 1 AGE 2, 3 OR 4 2	1 ⇨AN11A 2 ⇨AN11B
AN11A. The child is less than 2 years old and should be measured lying down. Record the result of length measurement as read out by the Measurer: <i>Read the record back to the Measurer and also ensure that he/she verifies your record.</i>	LENGTH / HEIGHT (CM) _____ . _____ CHILD REFUSED..... 999.4 RESPONDENT REFUSED..... 999.5 OTHER (specify) _____ 999.6	999.4 ⇨AN13 999.5 ⇨AN13 999.6 ⇨AN13
AN11B. The child is at least 2 years old and should be measured standing up. Record the result of height measurement as read out by the Measurer: <i>Read the record back to the Measurer and also ensure that he/she verifies your record.</i>		
AN12. How was the child actually measured? Lying down or standing up?	LYING DOWN 1 STANDING UP..... 2	
AN13. Today's date: Day / Month / Year: _____ / _____ / 20_____		
AN14. Is there another child under age 5 in the household who has not yet been measured?	YES..... 1 NO 2	1 ⇨Next Child
AN15. Thank the respondent for his/her cooperation and inform your Supervisor that the Measurer and you have completed all the measurements in this household.		

INTERVIEWER'S OBSERVATIONS FOR ANTHROPOMETRY MODULE

MEASURER'S OBSERVATIONS FOR ANTHROPOMETRY MODULE

SUPERVISOR'S OBSERVATIONS FOR ANTHROPOMETRY MODULE



5-17 CHILD INFORMATION PANEL		FS
FS1. Cluster number: _____	FS2. Household number: _____	
FS3. Child's name and line number: NAME _____	FS4. Mother's / Caretaker's name and line number: NAME _____	
FS5. Interviewer's name and number: NAME _____	FS6. Supervisor's name and number: NAME _____	
FS7. Day / Month / Year of interview: _____ / _____ / <u>20</u> _____	FS8. Record the time:	HOURS : MINUTES _____ : _____

<p>Check respondent's age in HL6 in LIST OF HOUSEHOLD MEMBERS, HOUSEHOLD QUESTIONNAIRE: If age 15-17, verify that adult consent for interview is obtained (HH33) or not necessary (HL20=90). If consent is needed and not obtained, the interview must not commence and '06' should be recorded in FS17. The respondent must be at least 15 years old. In the very few cases where a child age 15-17 has no mother or caretaker identified in the household (HL20=90), the respondent will be the child him/herself.</p>		
FS9. Check completed questionnaires in this household: Have you or another member of your team interviewed this respondent for another questionnaire?	YES, INTERVIEWED ALREADY 1 NO, FIRST INTERVIEW 2	1 ⇒FS10B 2 ⇒FS10A
FS10A. Hello, my name is (<i>your name</i>). We are from Palestinian Central Bureau of Statistics. We are conducting a survey about the situation of children, families and households. I would like to talk to you about (<i>child's name from FS3</i>)'s health and well-being. This interview will take about 20 minutes. All the information we obtain will remain strictly confidential and anonymous. If you wish not to answer a question or wish to stop the interview, please let me know. May I start now?	FS10B. Now I would like to talk to you about (<i>child's name from FS3</i>)'s health and well-being in more detail. This interview will take about 20 minutes. Again, all the information we obtain will remain strictly confidential and anonymous. If you wish not to answer a question or wish to stop the interview, please let me know. May I start now?	
YES 1 NO / NOT ASKED 2	1 ⇒CHILD'S BACKGROUND Module 2 ⇒FS17	

<p>FS17. Result of interview for child age 5-17 years</p> <p><i>Codes refer to the respondent.</i></p> <p><i>Discuss any result not completed with Supervisor.</i></p>	COMPLETED..... 01 NOT AT HOME..... 02 REFUSED..... 03 PARTLY COMPLETED 04 INCAPACITATED (<i>specify</i>)_____ 05 NO ADULT CONSENT FOR MOTHER/ CARETAKER AGE 15-17 06 OTHER (<i>specify</i>)_____ 96
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CHILD'S BACKGROUND		CB
CB1. Check the respondent's line number (FS4) in 5-17 CHILD INFORMATION PANEL and the respondent to the HOUSEHOLD QUESTIONNAIRE (HH47): Is this respondent also the respondent to the Household Questionnaire?	YES, RESPONDENT IS THE SAME FS4=HH47 1 NO, RESPONDENT IS NOT THE SAME FS4≠HH47 2	1 ⇒CB11
CB2. In what month and year was (<i>name</i>) born? <i>Month and year <u>must</u> be recorded.</i>	DATE OF BIRTH MONTH..... __ __ YEAR __ __ __ __	
CB3. How old is (<i>name</i>)? <i>Probe:</i> How old was (<i>name</i>) at (his/her) last birthday? <i>Record age in completed years.</i> <i>If responses to CB2 and CB3 are inconsistent, probe further and correct.</i>	AGE (IN COMPLETED YEARS)..... __ __	
CB4. Has (<i>name</i>) ever attended school or any kindergarten?	YES 1 NO 2	2 ⇒CB11
CB5. What is the highest level and grade or year of school (<i>name</i>) has ever attended?	KINDERGARTEN..... 000 BASIC 1 __ __ SECONDARY 2 __ __ HIGHER 3 __ __	000 ⇒CB7
CB6. Did (he/she) ever complete that (grade/year)?	YES 1 NO 2	
CB7. At any time during the 2019/2020 school year did (<i>name</i>) attend school or any kindergarten?	YES 1 NO 2	2 ⇒CB9
CB8. During 2019/2020 school year, which level and grade or year is (<i>name</i>) <u>attending</u> ?	KINDERGARTEN..... 000 BASIC 1 __ __ SECONDARY 2 __ __ HIGHER 3 __ __	
CB9. At any time during the 2018/2019 school year did (<i>name</i>) attend school or kindergarten?	YES 1 NO 2	2 ⇒CB11
CB10. During 2018/2019 school year, which level and grade or year did (<i>name</i>) <u>attend</u> ?	KINDERGARTEN..... 000 BASIC 1 __ __ SECONDARY 2 __ __ HIGHER 3 __ __	
CB11. Is (<i>name</i>) covered by any health insurance?	YES 1 NO 2	2 ⇒End
CB12. What type of health insurance is (<i>name</i>) covered by? <i>Record all mentioned.</i>	GOVERNMENTAL.....E UNRWA.....F PRIVATE.....G ISRAELI.....H OTHER (<i>specify</i>).....X	

CHILD LABOUR

CL

<p>CL1. Now I would like to ask about any work (<i>name</i>) may do.</p> <p>Since last (<i>day of the week</i>), did (<i>name</i>) do any of the following activities, even for only one hour?</p> <p>[A] Did (<i>name</i>) do any work or help on (his/her) own or the household's plot, farm, food garden or looked after animals? For example, growing farm produce, harvesting, or feeding, grazing or milking animals?</p> <p>[B] Did (<i>name</i>) help in family business or relative's business with or without pay, or run (his/her) own business?</p> <p>[C] Did (<i>name</i>) produce or sell articles, handicrafts, clothes, food or agricultural products?</p> <p>[X] Since last (<i>day of the week</i>), did (<i>name</i>) engage in any <u>other</u> activity in return for income in cash or in kind, even for only one hour?</p>	<p style="text-align: right;">YES NO</p> <p>WORKED ON PLOT, FARM, FOOD GARDEN, LOOKED AFTER ANIMALS..... 1 2</p> <p>HELPED IN FAMILY / RELATIVE'S BUSINESS / RAN OWN BUSINESS..... 1 2</p> <p>PRODUCE / SELL ARTICLES / HANDICRAFTS / CLOTHES / FOOD OR AGRICULTURAL PRODUCTS 1 2</p> <p>ANY OTHER ACTIVITY..... 1 2</p>	
<p>CL2. Check CL1, [A]-[X]:</p>	<p>AT LEAST ONE 'YES' 1</p> <p>ALL ANSWERS ARE 'NO' 2</p>	<p>2 ⇒ CL7</p>
<p>CL3. Since last (<i>day of the week</i>), about how many hours did (<i>name</i>) engage in (this activity/these activities), in total?</p> <p><i>If less than one hour, record '00'.</i></p>	<p>NUMBER OF HOURS..... _ _</p>	
<p>CL4. (Does the activity/Do these activities) require carrying heavy loads?</p>	<p>YES 1</p> <p>NO 2</p>	
<p>CL5. (Does the activity/Do these activities) require working with dangerous tools such as knives and similar or operating heavy machinery?</p>	<p>YES 1</p> <p>NO 2</p>	

<p>CL6. How would you describe the work environment of (<i>name</i>)?</p> <p>[A] Is (he/she) exposed to dust, fumes or gas?</p> <p>[B] Is (he/she) exposed to extreme cold, heat or humidity?</p> <p>[C] Is (he/she) exposed to loud noise or vibration?</p> <p>[D] Is (he/she) required to work at heights?</p> <p>[E] Is (he/she) required to work with chemicals, such as pesticides, glues and similar, or explosives?</p> <p>[X] Is (<i>name</i>) exposed to other things, processes or conditions bad for (his/her) health or safety?</p>	<p>YES 1 NO 2</p> <p>YES 1 NO 2</p> <p>YES 1 NO 2</p> <p>YES 1 NO 2</p> <p>YES 1 NO 2</p> <p>YES 1 NO 2</p>																									
<p>CL7. Since last (<i>day of the week</i>), did (<i>name</i>) fetch water for household use?</p>	<p>YES 1 NO 2</p>	2 ⇒CL9																								
<p>CL8. In total, how many hours did (<i>name</i>) spend on fetching water for household use, since last (<i>day of the week</i>)?</p> <p><i>If less than one hour, record '00'.</i></p>	<p>NUMBER OF HOURS..... __ __</p>																									
<p>CL9. Since last (<i>day of the week</i>), did (<i>name</i>) collect firewood for household use?</p>	<p>YES 1 NO 2</p>	2 ⇒CL11																								
<p>CL10. In total, how many hours did (<i>name</i>) spend on collecting firewood for household use, since last (<i>day of the week</i>)?</p> <p><i>If less than one hour, record '00'.</i></p>	<p>NUMBER OF HOURS..... __ __</p>																									
<p>CL11. Since last (<i>day of the week</i>), did (<i>name</i>) do any of the following for this household?</p> <p>[A] Shopping for the household?</p> <p>[B] Cooking?</p> <p>[C] Washing dishes or cleaning around the house?</p> <p>[D] Washing clothes?</p> <p>[E] Caring for children?</p> <p>[F] Caring for someone old or sick?</p> <p>[X] Other household tasks?</p>	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>SHOPPING FOR HOUSEHOLD.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>COOKING</td> <td>1</td> <td>2</td> </tr> <tr> <td>WASHING DISHES / CLEANING HOUSE.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>WASHING CLOTHES</td> <td>1</td> <td>2</td> </tr> <tr> <td>CARING FOR CHILDREN</td> <td>1</td> <td>2</td> </tr> <tr> <td>CARING FOR OLD / SICK</td> <td>1</td> <td>2</td> </tr> <tr> <td>OTHER HOUSEHOLD TASKS</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	SHOPPING FOR HOUSEHOLD.....	1	2	COOKING	1	2	WASHING DISHES / CLEANING HOUSE.....	1	2	WASHING CLOTHES	1	2	CARING FOR CHILDREN	1	2	CARING FOR OLD / SICK	1	2	OTHER HOUSEHOLD TASKS	1	2	
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CARING FOR OLD / SICK	1	2																								
OTHER HOUSEHOLD TASKS	1	2																								

CL12. Check CL11, [A]-[X]:	AT LEAST ONE 'YES' 1 ALL ANSWERS ARE 'NO' 2	2 ⇒ End
CL13. Since last (<i>day of the week</i>), about how many hours did (<i>name</i>) engage in (this activity/these activities), in total? <i>If less than one hour, record '00'</i>	NUMBER OF HOURS..... _ _	

CHILD DISCIPLINE		FCD
FCD1. Check CB3: Child's age?	AGE 5-14 YEARS..... 1 AGE 15-17 YEARS..... 2	2 ⇒ End
FCD2. Now I'd like to talk to you about something else. 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 <u>you or any other adult in your household</u> has used this method with (<i>name</i>) <u>in the past month</u> .	<p style="text-align: right;">YES NO</p> <p>[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</p> <p>[B] Explained why (<i>name</i>)'s behaviour was wrong. EXPLAINED WRONG BEHAVIOR 1 2</p> <p>[C] Shook (him/her). SHOOK HIM/HER 1 2</p> <p>[D] Shouted, yelled at or screamed at (him/her). SHOUTED, YELLED, SCREAMED 1 2</p> <p>[E] Gave (him/her) something else to do. GAVE SOMETHING ELSE TO DO 1 2</p> <p>[F] Spanked, hit or slapped (him/her) on the bottom with bare hand. SPANKED, HIT, SLAPPED ON BOTTOM WITH BARE HAND 1 2</p> <p>[G] Hit (him/her) on the bottom or elsewhere on the body with something like a belt, hairbrush, stick or other hard object. HIT WITH BELT, HAIRBRUSH, STICK OR OTHER HARD OBJECT 1 2</p> <p>[H] Called (him/her) dumb, lazy or another name like that. CALLED DUMB, LAZY OR ANOTHER NAME 1 2</p> <p>[I] Hit or slapped (him/her) on the face, head or ears. HIT / SLAPPED ON THE FACE, HEAD OR EARS 1 2</p> <p>[J] Hit or slapped (him/her) on the hand, arm, or leg. HIT / SLAPPED ON HAND, ARM OR LEG 1 2</p> <p>[K] Beat (him/her) up, that is hit him/her over and over as hard as one could. BEAT UP, HIT OVER AND OVER AS HARD AS ONE COULD..... 1 2</p>	
FCD3. Check FS4: Is this respondent the mother or caretaker of any other children under age 5?	YES..... 1 NO 2	2 ⇒ FCD5
FCD4. Check FS4: Has this respondent already responded to the following question (UCD5) for another child?	YES..... 1 NO 2	1 ⇒ End

FCDS5. Do you believe that in order to bring up, raise, or educate a child properly, the child needs to be physically punished?	YES.....	1
	NO	2
	DK / NO OPINION	8

CHILD FUNCTIONING		FCF
<p>FCF1. I would like to ask you some questions about difficulties (<i>name</i>) may have.</p> <p>Does (<i>name</i>) wear glasses or contact lenses?</p>	<p>YES 1</p> <p>NO 2</p>	
<p>FCF2. Does (<i>name</i>) use a hearing aid?</p>	<p>YES 1</p> <p>NO 2</p>	
<p>FCF3. Does (<i>name</i>) use any equipment or receive assistance for walking?</p>	<p>YES 1</p> <p>NO 2</p>	
<p>FCF4. In the following questions, I will ask you to answer by selecting one of four possible answers. For each question, would you say that (<i>name</i>) has: 1) no difficulty, 2) some difficulty, 3) a lot of difficulty, or 4) that (he/she) cannot at all.</p> <p><i>Repeat the categories during the individual questions whenever the respondent does not use an answer category:</i></p> <p>Remember the four possible answers: Would you say that (<i>name</i>) has: 1) no difficulty, 2) some difficulty, 3) a lot of difficulty, or 4) that (he/she) cannot at all?</p>		
<p>FCF5. Check FCF1: Child wears glasses or contact lenses?</p>	<p>YES, FCF1=1 1</p> <p>NO, FCF1=2..... 2</p>	<p>1 ⇒FCF6A</p> <p>2 ⇒FCF6B</p>
<p>FCF6A. When wearing (his/her) glasses or contact lenses, does (<i>name</i>) have difficulty seeing?</p> <p>FCF6B. Does (<i>name</i>) have difficulty seeing?</p>	<p>NO DIFFICULTY 1</p> <p>SOME DIFFICULTY 2</p> <p>A LOT OF DIFFICULTY 3</p> <p>CANNOT SEE AT ALL 4</p>	
<p>FCF7. Check FCF2: Child uses a hearing aid?</p>	<p>YES, FCF2=1 1</p> <p>NO, FCF2=2..... 2</p>	<p>1 ⇒FCF8A</p> <p>2 ⇒FCF8B</p>
<p>FCF8A. When using (his/her) hearing aid(s), does (<i>name</i>) have difficulty hearing sounds like peoples' voices or music?</p> <p>FCF8B. Does (<i>name</i>) have difficulty hearing sounds like peoples' voices or music?</p>	<p>NO DIFFICULTY 1</p> <p>SOME DIFFICULTY 2</p> <p>A LOT OF DIFFICULTY 3</p> <p>CANNOT HEAR AT ALL 4</p>	
<p>FCF9. Check FCF3: Child uses equipment or receives assistance for walking?</p>	<p>YES, FCF3=1 1</p> <p>NO, FCF3=2..... 2</p>	<p>2 ⇒FCF14</p>
<p>FCF10. Without (his/her) equipment or assistance, does (<i>name</i>) have difficulty walking 100 meters on level ground?</p> <p><i>Probe:</i> That would be about the length of 1 football field.</p> <p><i>Note that category 'No difficulty' is not available, as the child uses equipment or receives assistance for walking.</i></p>	<p>SOME DIFFICULTY 2</p> <p>A LOT OF DIFFICULTY 3</p> <p>CANNOT WALK 100 M AT ALL 4</p>	<p>3 ⇒FCF12</p> <p>4 ⇒FCF12</p>

<p>FCF11. Without (his/her) equipment or assistance, does (<i>name</i>) have difficulty walking 500 meters on level ground?</p> <p><i>Probe:</i> That would be about the length of 5 football fields.</p> <p><i>Note that category 'No difficulty' is not available, as the child uses equipment or receives assistance for walking.</i></p>	<p>SOME DIFFICULTY2 A LOT OF DIFFICULTY3 CANNOT WALK 500 M AT ALL4</p>	
<p>FCF12. With (his/her) equipment or assistance, does (<i>name</i>) have difficulty walking 100 meters on level ground?</p> <p><i>Probe:</i> That would be about the length of 1 football field.</p>	<p>NO DIFFICULTY1 SOME DIFFICULTY2 A LOT OF DIFFICULTY3 CANNOT WALK 100 M AT ALL4</p>	<p>3 ⇒FCF16 4 ⇒FCF16</p>
<p>FCF13. With (his/her) equipment or assistance, does (<i>name</i>) have difficulty walking 500 meters on level ground?</p> <p><i>Probe:</i> That would be about the length of 5 football fields.</p>	<p>NO DIFFICULTY1 SOME DIFFICULTY2 A LOT OF DIFFICULTY3 CANNOT WALK 500 M AT ALL4</p>	<p>1 ⇒FCF16 2 ⇒FCF16 3 ⇒FCF16 4 ⇒FCF16</p>
<p>FCF14. Compared with children of the same age, does (<i>name</i>) have difficulty walking 100 meters on level ground?</p> <p><i>Probe:</i> That would be about the length of 1 football field.</p>	<p>NO DIFFICULTY1 SOME DIFFICULTY2 A LOT OF DIFFICULTY3 CANNOT WALK 100 M AT ALL4</p>	<p>3 ⇒FCF16 4 ⇒FCF16</p>
<p>FCF15. Compared with children of the same age, does (<i>name</i>) have difficulty walking 500 meters on level ground?</p> <p><i>Probe:</i> That would be about the length of 5 football fields.</p>	<p>NO DIFFICULTY1 SOME DIFFICULTY2 A LOT OF DIFFICULTY3 CANNOT WALK 500 M AT ALL4</p>	
<p>FCF16. Does (<i>name</i>) have difficulty with self-care such as feeding or dressing (himself/herself)?</p>	<p>NO DIFFICULTY1 SOME DIFFICULTY2 A LOT OF DIFFICULTY3 CANNOT CARE FOR SELF AT ALL4</p>	
<p>FCF17. When (<i>name</i>) speaks, does (he/she) have difficulty being understood by people inside of this household?</p>	<p>NO DIFFICULTY1 SOME DIFFICULTY2 A LOT OF DIFFICULTY3 CANNOT BE UNDERSTOOD AT ALL4</p>	
<p>FCF18. When (<i>name</i>) speaks, does (he/she) have difficulty being understood by people outside of this household?</p>	<p>NO DIFFICULTY1 SOME DIFFICULTY2 A LOT OF DIFFICULTY3 CANNOT BE UNDERSTOOD AT ALL4</p>	

<p>FCF19. Compared with children of the same age, does (<i>name</i>) have difficulty learning things?</p>	<p>NO DIFFICULTY 1 SOME DIFFICULTY 2 A LOT OF DIFFICULTY 3 CANNOT LEARN THINGS AT ALL 4</p>	
<p>FCF20. Compared with children of the same age, does (<i>name</i>) have difficulty remembering things?</p>	<p>NO DIFFICULTY 1 SOME DIFFICULTY 2 A LOT OF DIFFICULTY 3 CANNOT REMEMBER THINGS AT ALL 4</p>	
<p>FCF21. Does (<i>name</i>) have difficulty concentrating on an activity that (he/she) enjoys doing?</p>	<p>NO DIFFICULTY 1 SOME DIFFICULTY 2 A LOT OF DIFFICULTY 3 CANNOT CONCENTRATE AT ALL 4</p>	
<p>FCF22. Does (<i>name</i>) have difficulty accepting changes in (his/her) routine?</p>	<p>NO DIFFICULTY 1 SOME DIFFICULTY 2 A LOT OF DIFFICULTY 3 CANNOT ACCEPT CHANGES AT ALL 4</p>	
<p>FCF23. Compared with children of the same age, does (<i>name</i>) have difficulty controlling (his/her) behaviour?</p>	<p>NO DIFFICULTY 1 SOME DIFFICULTY 2 A LOT OF DIFFICULTY 3 CANNOT CONTROL BEHAVIOUR AT ALL 4</p>	
<p>FCF24. Does (<i>name</i>) have difficulty making friends?</p>	<p>NO DIFFICULTY 1 SOME DIFFICULTY 2 A LOT OF DIFFICULTY 3 CANNOT MAKE FRIENDS AT ALL 4</p>	
<p>FCF25. The next questions have different options for answers. I am going to read these to you after each question.</p> <p>I would like to know how often (<i>name</i>) seems very anxious, nervous or worried.</p> <p>Would you say: daily, weekly, monthly, a few times a year or never?</p>	<p>DAILY 1 WEEKLY 2 MONTHLY 3 A FEW TIMES A YEAR 4 NEVER 5</p>	
<p>FCF26. I would also like to know how often (<i>name</i>) seems very sad or depressed.</p> <p>Would you say: daily, weekly, monthly, a few times a year or never?</p>	<p>DAILY 1 WEEKLY 2 MONTHLY 3 A FEW TIMES A YEAR 4 NEVER 5</p>	

PARENTAL INVOLVEMENT		PR
PR1. Check CB3: Child's age?	AGE 5-6 YEARS.....1 AGE 7-14 YEARS.....2 AGE 15-17 YEARS.....3	1 ⇒End 3 ⇒End
PR2. At the end of this interview I will ask you if I can talk to (<i>name</i>). If (he/she) is close, can you please ask (him/her) to stay here. If (<i>name</i>) is not with you at the moment could I ask that you now arrange for (him/her) to return? If that is not possible, we will later discuss a convenient time for me to call back.		
PR3. Excluding school text books and holy books, how many books do you have for (<i>name</i>) to read at home?	NONE.....00 NUMBER OF BOOKS <u>0</u> ___ TEN OR MORE BOOKS.....10	
PR4. Check CB7: Did the child attend any school? <i>CHECK ED9 IN THE EDUCATION MODULE IN THE HOUSEHOLD QUESTIONNAIRE FOR CHILD IF CB7 WAS NOT ASKED.</i>	YES, CB7/ED9=1.....1 NO, CB7/ED9=2 OR BLANK.....2	2 ⇒End
PR5. Does (<i>name</i>) ever have homework?	YES.....1 NO2 DK8	2 ⇒PR7 8 ⇒PR7
PR6. Does anyone help (<i>name</i>) with homework?	YES1 NO2 DK8	
PR7. Does (<i>name</i>)'s school have a school governing body in which parents can participate (such as Parents Council)?	YES.....1 NO2 DK8	2 ⇒PR10 8 ⇒PR10
PR8. In the last 12 months, have you or any other adult from your household attended a meeting called by this school governing body?	YES.....1 NO2 DK8	2 ⇒PR10 8 ⇒PR10
PR9. During any of these meetings, was any of the following discussed: [A] A plan for addressing key education issues faced by (<i>name</i>)'s school? [B] School budget or use of funds received by (<i>name</i>)'s school?	<p style="text-align: right;">YES NO DK</p> <p>PLAN FOR ADDRESSING SCHOOL'S ISSUES.....1 2 8</p> <p>SCHOOL BUDGET1 2 8</p>	

<p>PR10. In the last 12 months, have you or any other adult from your household received a school or student report card for (<i>name</i>)?</p>	<p>YES1 NO2 DK8</p>	
<p>PR11. In the last 12 months, have you or any adult from your household gone to (<i>name</i>)’s school for any of the following reasons?</p> <p>[A] A school celebration or a sport event?</p> <p>[B] To discuss (<i>name</i>)’s progress with (his/her) teachers?</p>	<p>YES NO DK</p> <p>CELEBRATION OR SPORT EVENT1 2 8</p> <p>TO DISCUSS PROGRESS WITH TEACHERS.....1 2 8</p>	
<p>PR12. In the last 12 months, has (<i>name</i>)’s school been closed on a school day due to any of the following reasons:</p> <p>[A] Natural disasters, such as flood, snow, Extreme cold weather or similar?</p> <p>[B] Man-made disasters, such as fire, building collapse, riots or similar?</p> <p>[D] Israeli measurements?</p> <p>[X] Other?</p>	<p>YES NO DK</p> <p>NATURAL DISASTERS.....1 2 8</p> <p>MAN-MADE DISASTERS.....1 2 8</p> <p>ISRAELI MEASUREMENTS.....1 2 8</p> <p>OTHER1 2 8</p>	
<p>PR13. In the last 12 months, was (<i>name</i>) unable to attend class due to (his/her) teacher being absent?</p>	<p>YES1 NO2 DK8</p>	
<p>PR14. Check PR13: Any ‘Yes’ recorded?</p>	<p>YES, PR13=11 NO2</p>	<p>2⇒End</p>
<p>PR15. When (<i>teacher absence</i>) happened did you or any other adult member of your household contact any school officials or school governing body representatives?</p>	<p>YES1 NO2 DK8</p>	

FOUNDATIONAL LEARNING SKILLS

FL

FL0. Check CB3: Child's age?	AGE 5-6 YEARS.....	1	1 ⇒End
	AGE 7-14 YEARS.....	2	
	AGE 15-17 YEARS.....	3	

FL1. Now I would like to talk to (*name*). I will ask (him/her) a few questions about (himself/herself) and about reading, and then ask (him/her) to complete a few reading and number activities.

These are not school tests and the results will not be shared with anyone, including other parents or the school.

You will not benefit directly from participating and I am not trained to tell you how well (*name*) has performed.

The activities are to help us find out how well children in this country are learning to read and to use numbers so that improvements can be made.

This will take about 20 minutes. Again, all the information we obtain will remain strictly confidential and anonymous.

May I talk to (<i>name</i>)?	YES, PERMISSION IS GIVEN.....	1	2 ⇒FL28
	NO, PERMISSION IS NOT GIVEN.....	2	

FL2. Record the time.	HOURS AND MINUTES.....	__ : __
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FL3. My name is (*your name*). I would like to tell you a bit about myself.

Could you tell me a little bit about yourself?

When the child is comfortable, continue with the verbal consent:

Let me tell you why I am here today. I am from Palestinian Central Bureau of Statistics. I am part of a team trying to find out how children are learning to read and to use numbers. We are also talking to some of the children about this and asking them to do some reading and number activities. (Your mother/*Name of caretaker*) has said that you can decide if you want to help us. If you wish to help us, I will ask you some questions and give you some activities to do. I will explain each activity, and you can ask me questions any time. You do not have to do anything that you do not want to do. After we begin, if you do not want to answer a question or you do not want to continue that is alright.

Are you ready to get started?	YES	1	2 ⇒FL28
	NO / NOT ASKED.....	2	

FL4. Before you start with the reading and number activities, tick each box to show that:

- You are not alone with the child unless they are at least visible to an adult known to the child.
- You have engaged the child in conversation and built rapport, e.g. using an Icebreaker.
- The child is sat comfortably, able to use the **READING & NUMBERS BOOK** without difficulty while you can see which page is open.

FL5. Remember you can ask me a question at any time if there is something you do not understand. You can ask me to stop at any time.

FL6. First we are going to talk about reading.			
	[A] Do you read books at home?	READS BOOKS AT HOME.....	YES NO 1 2
[B] Does someone read to you at home?	READ TO AT HOME.....	1 2	

FL10A. Now I am going to give you a short story to read. Would you like to start reading the story?	YES1 NO2	2⇒FL23					
FL11. Check CB3: Child's age?	AGE 7-9 YEARS1 AGE 10-14 YEARS.....2	1⇒FL13					
FL12. Check CB7: In the current school year 2019-2020, did the child attend school or kindergarten? <i>CHECK ED9 IN THE EDUCATION MODULE IN THE HOUSEHOLD QUESTIONNAIRE FOR CHILD IF CB7 WAS NOT ASKED.</i>	YES, CB7/ED9=1.....1 NO, CB7/ED9=2 OR BLANK.....2	1⇒FL19					
FL13. Give the child the <i>READING & NUMBERS BOOK</i> . <i>Open the page showing the reading practice item and say:</i> Now we are going to do some reading. <i>Point to the sentence.</i> I would like you to read this aloud. Then I may ask you a question. <i>Sam is a cat. Tina is a dog. Sam is 5. Tina is 6.</i>							
FL14. Did the child read every word in the practice correctly?	YES.....1 NO2	2⇒FL23					
FL15. Once the reading is done, ask: How old is Sam?	SAM IS 5 YEARS OLD1 OTHER ANSWERS2 NO ANSWER AFTER 5 SECONDS.....3	1⇒FL17					
FL16. Say: Sam is 5 years old. <i>and go to FL23.</i>		⇒FL23					
FL17. Here is another question: Who is older: Sam or Tina?	TINA IS OLDER (THAN SAM)1 OTHER ANSWERS2 NO ANSWER AFTER 5 SECONDS.....3	1⇒FL19					
FL18. Say: Tina is older than Sam. Tina is 6 and Sam is 5. <i>and go to FL23.</i>		⇒FL23					
FL19. Turn the page to reveal the reading passage. Thank you. Now I want you to try this. Here is a story. I want you to read it aloud as carefully as you can. You will start here (<i>point to the first word on the first line</i>) and you will read line by line (<i>point to the direction for reading each line</i>). When you finish I will ask you some questions about what you have read. If you come to a word you do not know, go onto the next word.	Mousa	is	in	class	two.	One	day,
	1	2	3	4	5	6	7
	Mousa	was	going	home	from	school.	He
	8	9	10	11	12	13	14
	saw	some	red	flowers	on	the	way.
	15	16	17	18	19	20	21
	The	flowers	were	near	a	wheat	farm.
	22	23	24	25	26	27	28
Mousa	wanted	to	get	some	flowers	for	
29	30	31	32	33	34	35	

Put your finger on the first word. Ready? Begin.	his	mother.	Mousa	ran	fast	across	the
	36	37	38	39	40	41	42
	farm	to	get	the	flowers.	He	fell
	43	44	45	46	47	48	49
	down	near	an	olive	tree.	Mousa	started
	50	51	52	53	54	55	56
	crying.	The	farmer	saw	him	and	came.
	57	58	59	60	61	62	63
	He	gave	Mousa	many	flowers.	Mousa	was
	64	65	66	67	68	69	70
very	happy.						
71	72						
FL20. <i>Results of the child's reading.</i>	LAST WORD ATTEMPTED.....NUMBER __ __						
	TOTAL NUMBER OF WORDS INCORRECT OR MISSED.....NUMBER __ __						
FL21. <i>How well did the child read the story?</i>	THE CHILD READ AT LEAST ONE WORD CORRECTLY 1						
	THE CHILD DID NOT READ ANY WORD CORRECTLY 2						2 ⇒ FL23
	THE CHILD DID NOT TRY TO READ THE STORY 3						3 ⇒ FL23

<p>FL22. Now I am going to ask you a few questions about what you have read.</p> <p><i>If the child does not provide a response after a few seconds, repeat the question. If the child seems unable to provide an answer after repeating the question, mark 'No response' and say: Thank you. That is ok. We will move on.</i></p> <p><i>Make sure the child can still see the passage and ask:</i></p> <p>[A] What class is Mousa in?</p> <p>[B] What did Mousa see on the way home?</p> <p>[C] Why did Mousa start crying?</p> <p>[D] Where did Mousa fall (down)?</p> <p>[E] Why was Mousa happy?</p>	<p>CORRECT ((MOUSA IS) IN CLASS TWO).....1 INCORRECT2 NO RESPONSE / SAYS 'I DON'T KNOW'3</p> <p>CORRECT (HE SAW SOME FLOWERS)1 INCORRECT2 NO RESPONSE / SAYS 'I DON'T KNOW'3</p> <p>CORRECT (BECAUSE HE FELL).....1 INCORRECT2 NO RESPONSE / SAYS 'I DON'T KNOW'3</p> <p>CORRECT ((MOUSA FELL DOWN) NEAR AN OLIVE TREE).....1 INCORRECT2 NO RESPONSE / SAYS 'I DON'T KNOW'3</p> <p>CORRECT (BECAUSE THE FARMER GAVE HIM MANY FLOWERS / BECAUSE HE HAD FLOWERS TO GIVE TO HIS MOTHER)1 INCORRECT2 NO RESPONSE / SAYS 'I DON'T KNOW'3</p>	
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<p>FL23. Turn the page in the <i>READING & NUMBERS BOOK</i> so the child is looking at the list of numbers. Make sure the child is looking at this page.</p> <p>Now here are some numbers. I want you to point to each number and tell me what the number is.</p> <p>Point to the first number and say:</p> <p>Start here.</p> <p>If the child stops on a number for a while, tell the child what the number is, mark the number as 'No Attempt', point to the next number and say:</p> <p>What is this number?</p> <p>If the child does not attempt to read 2 consecutive numbers, say:</p> <p>Thank you. That is ok.</p>	<p>9 CORRECT 1 INCORRECT 2 NO ATTEMPT 3</p> <p>12 CORRECT 1 INCORRECT 2 NO ATTEMPT 3</p> <p>30 CORRECT 1 INCORRECT 2 NO ATTEMPT 3</p> <p>48 CORRECT 1 INCORRECT 2 NO ATTEMPT 3</p> <p>74 CORRECT 1 INCORRECT 2 NO ATTEMPT 3</p> <p>731 CORRECT 1 INCORRECT 2 NO ATTEMPT 3</p>	
<p>FL23A. Check FL23: Did the child correctly identify two of the first three numbers (9, 12 and 30)?</p>	<p>YES, AT LEAST TWO CORRECT 1 NO, AT LEAST 2 INCORRECT OR WITH NO ATTEMPT 2</p>	<p>2 ⇒ FL28</p>
<p>FL24. Turn the page so the child is looking at the first pair of numbers. Make sure the child is looking at this page. Say:</p> <p>Look at these numbers. Tell me which one is bigger.</p> <p>Record the child's answer before turning the page in the book and repeating the question for the next pair of numbers.</p> <p>If the child does not provide a response after a few seconds, repeat the question. If the child seems unable to provide an answer after repeating the question, record '3', no attempt, for the appropriate pair of numbers, turn the booklet page and show the child the next pair of numbers.</p> <p>If the child does not attempt 2 consecutive pairs, record '3', no attempt, for remaining pairs and say:</p> <p>Thank you. That is ok. We will go to the next activity.</p>	<p>7 & 5 CORRECT (7) 1 INCORRECT 2 NO ATTEMPT 3</p> <p>11 & 24 CORRECT (24) 1 INCORRECT 2 NO ATTEMPT 3</p> <p>58 & 49 CORRECT (58) 1 INCORRECT 2 NO ATTEMPT 3</p> <p>65 & 67 CORRECT (67) 1 INCORRECT 2 NO ATTEMPT 3</p> <p>146 & 154 CORRECT (154) 1 INCORRECT 2 NO ATTEMPT 3</p>	

<p>FL25. Give the child a pencil and paper. Turn the page so the child is looking at the first addition. Make sure the child is looking at this page. Say: Look at this sum. How much is (number plus number)? Tell me the answer. You can use the pencil and paper if it helps you.</p> <p>Record the child's answer before turning the page in the book and repeating the question for the next sum.</p> <p>If the child does not provide a response after a few seconds, repeat the question. If the child seems unable to provide an answer after repeating the question, record '3', no attempt, for the appropriate sum, turn the booklet page and show the child the next addition.</p> <p>If the child does not attempt 2 consecutive sums, record '3', no attempt, for remaining sums and say: Thank you. That is ok. We will go to the next activity.</p>	<p>3 + 2 CORRECT (5) 1 INCORRECT..... 2 NO ATTEMPT 3</p> <p>8 + 6 CORRECT (14) 1 INCORRECT..... 2 NO ATTEMPT 3</p> <p>7 + 3 CORRECT (10) 1 INCORRECT..... 2 NO ATTEMPT 3</p> <p>13 + 6 CORRECT (19) 1 INCORRECT..... 2 NO ATTEMPT 3</p> <p>12 + 24 CORRECT (36) 1 INCORRECT..... 2 NO ATTEMPT 3</p>	
<p>FL26. Turn to the first practice sheet for pattern recognition. Say: Here are some numbers. 1, 2, __, and 4.</p> <p>Point to each number and blank space and say: What number goes here?</p>	<p>CORRECT (3).....1 INCORRECT2 NO ATTEMPT.....3</p>	<p>2 ⇒FL26B 3 ⇒FL26B</p>
<p>FL26A. That's correct, 3. Let's do another one.</p>		<p>⇒FL26C</p>
<p>FL26B. Do not explain how to get the correct answer. Just say: The number 3 goes here. Say the numbers with me. (Point to each number) 1, 2, 3, 4. 3 goes here. Let's do another one.</p>		
<p>FL26C. Here are some more numbers. 5, 10, 15 and __.</p> <p>Point to each number and blank space and say: What number goes here?</p>	<p>CORRECT (20).....1 INCORRECT2 NO ATTEMPT.....3</p>	<p>2 ⇒FL26E 3 ⇒FL26E</p>
<p>FL26D. That's correct, 20.</p>		<p>⇒FL27</p>
<p>FL26E. Do not explain how to get the correct answer. Just say: The number 20 goes here. Say the numbers with me. (Point to each number) 5, 10, 15, 20. 20 goes here.</p>		
<p>FL26F. CHECK FL26: WAS THE ANSWER CORRECT?</p>	<p>YES, FL26=11 NO, FL26=2 OR 32</p>	<p>2 ⇒FL28</p>

<p>FL27. Now I want you to try this on your own.</p> <p>Here are some more numbers. Tell me what number goes here (<i>pointing to the missing number</i>).</p> <p><i>Record the child's answer before turning the page in the book and repeating the question.</i></p> <p><i>If the child does not provide a response after a few seconds, repeat the question. If the child seems unable to provide an answer after repeating the question, record '3', no attempt, for the appropriate question, turn the page and show the child the next question.</i></p> <p><i>If the child does not attempt 2 consecutive patterns, record '3', no attempt, for remaining patterns and say: Thank you. That is ok.</i></p>	<p>5, 6, 7, __ CORRECT (8)1 INCORRECT.....2 NO ATTEMPT3</p> <p>14, 15, __, 17 CORRECT (16)1 INCORRECT.....2 NO ATTEMPT3</p> <p>20, __, 40, 50 CORRECT (30)1 INCORRECT.....2 NO ATTEMPT3</p> <p>2, 4, 6, __ CORRECT (8)1 INCORRECT.....2 NO ATTEMPT3</p> <p>5, 8, 11, __ CORRECT (14)1 INCORRECT.....2 NO ATTEMPT3</p>	
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<p>FL28. <i>Result of interview with child.</i></p> <p>Discuss any result not completed with Supervisor.</p>	<p>COMPLETED 01 NOT AT HOME 02 MOTHER / CARETAKER REFUSED..... 03 CHILD REFUSED..... 04 PARTLY COMPLETED..... 05 INCAPACITATED..... 06</p> <p>OTHER (<i>specify</i>)..... 96</p>	
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FS11. <i>Record the time.</i>	HOURS AND MINUTES __ __ : __ __	
<p>FS16. <i>Thank the respondent and the child for her/his cooperation.</i></p> <p><i>Proceed to complete the result in FS17 in the 5-17 CHILD INFORMATION PANEL and then go to the HOUSEHOLD QUESTIONNAIRE and complete HH56.</i></p> <p><i>Make arrangements for the administration of the remaining questionnaire(s) in this household.</i></p>		

INTERVIEWER'S OBSERVATIONS

SUPERVISOR'S OBSERVATIONS

Sam is a cat. Tina is a dog. Sam is 5. Tina is 6.

Mousa is in class two. One day, Mousa was going home from school. He saw some red flowers on the way. The flowers were near a wheat farm. Mousa wanted to get some flowers for his mother. Mousa ran fast across the farm to get the flowers. He fell down near an olive tree. Mousa started crying. The farmer saw him and came. He gave Mousa many flowers. Mousa was very happy.

9

12

30

48

74

731

7

5

11

24

58

49

65

67

146

154

$$3 + 2 = \underline{\quad}$$

$$8 + 6 = \underline{\hspace{2cm}}$$

$$7 + 3 = \underline{\hspace{2cm}}$$

$$13 + 6 = \underline{\hspace{2cm}}$$

$$12 + 24 = \underline{\hspace{2cm}}$$

5 6 7 —

1 2 _ 4

5 10 15 —

14 15 — 17

20 — 40 50

2 4 6 —

5 8 11 —