



**Ministry of Planning  
& Development Cooperation**



**Ministry of Health**



**World Health  
Organization**

**Ministry of Health  
And  
Ministry of planning and development  
cooperation/COSIT**

**In  
Collaboration with World Health organization  
Iraq Office**

***Iraq Family Health Survey (IFHS) 2006***

**Household Questionnaire**

## HOUSEHOLD QUESTIONNAIRE

### HOUSEHOLD INFORMATION PANEL

We are from the Ministry of Health and the Central Organization of Statistics & Information Technology. We are conducting a survey on the health of families, women and children. I want to talk with you about this subject because we believe that family health is the base of community health. This survey will take some of your time. All the information we get will be confidential, and no other persons will know of your answers. We will talk to the head of the household or an alternative member of the household, all the women of child-bearing age and one other person from the household who will be selected randomly. Your answers will help us to make our health plans and policies to improve the health of Iraqi families.

May I start now? (If you are given the permission start the interview)

GOVERNORATE [MUHAFADH] .....	<input type="text"/>
DISTRICT [QADA'A] .....	<input type="text"/>
SUB-DISTRICT [NAHIYAH] .....	<input type="text"/>
COLLECTION OF VILLAGES/NEIGHBORHOOD [MUQATAA/ MAHALAH] .....	<input type="text"/>
URBAN/RURAL ENVIRONMENT * .....	<input type="text"/>
CLUSTER NUMBER (MAJAL) .....	<input type="text"/>
BUILDING NUMBER .....	<input type="text"/>
HOUSEHOLD NUMBER .....	<input type="text"/>
KISH TABLE CODE .....	<input type="text"/>
NAME OF HOUSEHOLD HEAD _____	

INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE	...../...../ 2006	...../...../ 2006	...../...../ 2006	DAY <input type="text"/> MONTH <input type="text"/> YEAR <input type="text"/> 2 <input type="text"/> 0 <input type="text"/> 0 <input type="text"/> 6
INTERVIEWER'S NAME	_____	_____	_____	INTV. CODE <input type="text"/>
RESULT **	<input type="text"/>	<input type="text"/>	<input type="text"/>	FINAL RESULT <input type="text"/>
NEXT VISIT: DATE	...../...../ 2006	...../...../ 2006		TOTAL VISITS NUMBER <input type="text"/>
				TOTAL PERSONS IN HOUSEHOLD <input type="text"/>
				TOTAL ELIGIBLE WOMEN <input type="text"/>
				LINE NO. OF RESPONDENT FOR HOUSEHOLD QUEST. <input type="text"/>
INTERVIEW RESULT ** : 1- COMPLETED 2- NO HOUSEHOLD MEMBER AT HOME OR NO COMPETENT RESPONDENT AT HOME 3- ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD OF TIME 4- POSTPONED 5- REFUSED 6- DWELLING VACANT OR ADDRESS NOT A DWELLING 7- DWELLING DESTROYED 8- DWELLING NOT FOUND 9- OTHER (SPECIFY) _____				

\* URBAN/RURAL ENVIRONMENT:

RURAL=1, SEMI-URBAN=2, URBAN CENTER OR BAGHDAD RUSAFA=3, URBAN BAGHDAD KARKH=4, URBAN BAGHDAD AL SADER CITY=5

TICK HERE IF CONTINUATION SHEET USED

**SECTION 1: HOUSEHOLD ROSTER**

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	AGE	IF AGE 5+ YEARS			IF AGE 12+ YEARS		ELIGIBILITY		
					Education			Marital status	Smoking	CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49	CIRCLE LINE NUMBER OF ALL MEMBERS AGE 18+	
(101)	(102)	(103)	(104)	(105)	(106)		(107)		(108)			(109)
		CODE		(YEARS)	YES	NO	LEVEL	GRADE				
	Please give me the names of the persons who usually live in your household and guests of the household who stayed here during the last 15 days or more, including infants and children.	What is the relationship of (NAME) to the head of the household?	Is (NAME) male or female?  MALE=1  FEMALE=2	How old is (NAME)?  How old was (NAME) at his/her last birth day? Fill in the years in full Less than one year=00 Don't know=98	Has (NAME) ever attended school or kindergarten?  Yes=1  No = 2 ↘  108		What is the highest level of school (NAME) has attended?	What is the highest grade (NAME) completed at that level?	1= SINGLE 2= CONTRACT ONLY (KATB KITAB) 3= MARRIED 4= WIDOWED 5= DIVORCED 6=SEPARATED	Is (NAME) currently smoking cigarettes or another kind of tobacco?  Or, did he/she smoke in the past?  1-Yes currently 2-Yes in the past 3-No 8-Don't know		
01	Head of household	0 1	1 2		1 2				1 2 3 4 5 6	1 2 3 8	01	01
02	_____		1 2		1 2				1 2 3 4 5 6	1 2 3 8	02	02
03	_____		1 2		1 2				1 2 3 4 5 6	1 2 3 8	03	03
04	_____		1 2		1 2				1 2 3 4 5 6	1 2 3 8	04	04
05	_____		1 2		1 2				1 2 3 4 5 6	1 2 3 8	05	05
06	_____		1 2		1 2				1 2 3 4 5 6	1 2 3 8	06	06
07	_____		1 2		1 2				1 2 3 4 5 6	1 2 3 8	07	07
08	_____		1 2		1 2				1 2 3 4 5 6	1 2 3 8	08	08

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	AGE	IF AGE 5+ YEARS			IF AGE 12+ YEARS		ELIGIBILITY		
					Education			Marital status	Smoking	CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49	CIRCLE LINE NUMBER OF ALL MEMBERS AGE 18+	
	Please give me the names of the persons who usually live in your household and guests of the household who stayed here during the last 15 days or more , including infants and children.	What is the relationship of (NAME) to the head of the household?	Is (NAME) male or female?  MALE=1  FEMALE=2	How old is (NAME)?  How old was (NAME) at his/her last birth day? Fill in the years in full Less than one year=00 Don't know=98	Has (NAME) ever attended school or kindergarten?	What is the highest level of school (NAME) has attended?	What is the highest grade (NAME) completed at that level?	1= SINGLE 2= CONTRACT ONLY (KATB KITAB) 3= MARRIED 4= WIDOWED 5= DIVORCED 6=SEPARATED	Is (NAME) currently smoking cigarettes or another kind of tobacco?  Or, did he/she smoke in the past?  1-Yes currently 2-Yes in the past 3-No 8-Don't know			
					Yes=1  No = 2 ↴  108							
(101)	(102)	(103)	(104)	(105)	(106)		(107)		(108)	(109)	(110)	(111)
		CODE		(YEARS)	YES	NO	LEVEL	GRADE				
09	_____	<input type="text" value="0"/> <input type="text" value="1"/>	1 2	<input type="text"/> <input type="text"/>	1	2	<input type="text"/>	<input type="text"/>	1 2 3 4 5 6	1 2 3 8	09	09
10	_____	<input type="text"/> <input type="text"/>	1 2	<input type="text"/> <input type="text"/>	1	2	<input type="text"/>	<input type="text"/>	1 2 3 4 5 6	1 2 3 8	10	10
11	_____	<input type="text"/> <input type="text"/>	1 2	<input type="text"/> <input type="text"/>	1	2	<input type="text"/>	<input type="text"/>	1 2 3 4 5 6	1 2 3 8	11	11
12	_____	<input type="text"/> <input type="text"/>	1 2	<input type="text"/> <input type="text"/>	1	2	<input type="text"/>	<input type="text"/>	1 2 3 4 5 6	1 2 3 8	12	12
13	_____	<input type="text"/> <input type="text"/>	1 2	<input type="text"/> <input type="text"/>	1	2	<input type="text"/>	<input type="text"/>	1 2 3 4 5 6	1 2 3 8	13	13
14	_____	<input type="text"/> <input type="text"/>	1 2	<input type="text"/> <input type="text"/>	1	2	<input type="text"/>	<input type="text"/>	1 2 3 4 5 6	1 2 3 8	14	14

**CODES FOR Q.103 :( RELATIONSHIP TO HEAD OF HOUSEHOLD)**

01 = HEAD OF HOUSEHOLD  
 02 = WIFE OR HUSBAND  
 03 = SON OR DAUGHTER  
 04 = SON-IN-LAW OR DAUGHTER-IN-LAW  
 05 = GRANDCHILD  
 06 = PARENT  
 07 = PARENT-IN-LAW

08 = BROTHER OR SISTER  
 09 = BROTHER OR SISTER-IN LAW  
 10 = OTHER RELATIVE  
 11 = ADOPTED/FOSTER/STEPCHILD  
 12 = NOT RELATED  
 13 = SON OR DAUGHTER OF BROTHER OR SISTER  
 98 = DON'T KNOW

**CODES FOR Q.107 (LEVEL & GRADE)**

**( LEVEL ):**  
 0 = KINDERGARTEN  
 1=PRIMARY  
 2 =INTERMEDIATE  
 3 = SECONDARY  
 4 = DIPLOMA

5 = UNIVERSITY  
 6 = POST-GRADUATE  
 7 = INFORMAL  
 8 = DON'T KNOW

**(GRADE):** INSERT THE COMPLETED GRADE BY (NAME)  
 0 = DID NOT COMPLETE THE FIRST GRADE LEVEL  
 8 = DON'T KNOW

**Just to make sure that I have a complete listing:**

- 1) Are there any other persons such as small children or infants that we have not listed? YES  ENTER EACH IN HOUSEHOLD LIST NO
- 2) In addition, are there any other people who may not be members of your family who usually live here, such as domestic servants, lodgers or friends? YES  ENTER EACH IN HOUSEHOLD LIST NO
- 3) Are there any guests or temporary visitors staying here, or anyone else who stayed here during the last 15 days, who have not been listed? YES  ENTER EACH IN HOUSEHOLD LIST NO

## SECTION 2: CHRONIC ILLNESSES

Now I will ask you about chronic illnesses among the members of your household

LINE NO.	Copy the names of all the household members as listed in Q102	FIRST DISEASE			SECOND DISEASE			THIRD DISEASE									
		Now I would like to ask you some questions about the health of every member in the household : Does (NAME) suffer from any long-term illness? YES =1 NO =2 skip to next line		What is the illness that (NAME) suffers from?	Has a doctor or health worker ever confirmed that (NAME) has this illness? YES=1 NO=2	Does (NAME) suffer from another long-term illness? YES= 1 NO = 2 skip to next line	What is the illness that (NAME) suffers from?	Has a doctor or health worker ever confirmed that (NAME) has this illness? YES=1 NO=2	Does (NAME) suffer from another long-term illness? YES= 1 NO = 2 skip to next line	What the illness that (NAME) suffers from?	Has a doctor or health worker ever confirmed that (NAME) has this illness? YES=1 NO=2						
(201)	(202)	(203)		(204)	(205)	(206)	(207)	(208)	(209)	(210)	(211)	(212)	(213)	(214)			
		Yes	No			Yes	No			Yes	No			Yes	No		
01		1	2		<input type="text"/>	1	2	1	2		<input type="text"/>	1	2		<input type="text"/>	1	2
02		1	2		<input type="text"/>	1	2	1	2		<input type="text"/>	1	2		<input type="text"/>	1	2
03		1	2		<input type="text"/>	1	2	1	2		<input type="text"/>	1	2		<input type="text"/>	1	2
04		1	2		<input type="text"/>	1	2	1	2		<input type="text"/>	1	2		<input type="text"/>	1	2
04		1	2		<input type="text"/>	1	2	1	2		<input type="text"/>	1	2		<input type="text"/>	1	2
06		1	2		<input type="text"/>	1	2	1	2		<input type="text"/>	1	2		<input type="text"/>	1	2
07		1	2		<input type="text"/>	1	2	1	2		<input type="text"/>	1	2		<input type="text"/>	1	2
08		1	2		<input type="text"/>	1	2	1	2		<input type="text"/>	1	2		<input type="text"/>	1	2
09		1	2		<input type="text"/>	1	2	1	2		<input type="text"/>	1	2		<input type="text"/>	1	2
11		1	2		<input type="text"/>	1	2	1	2		<input type="text"/>	1	2		<input type="text"/>	1	2
12		1	2		<input type="text"/>	1	2	1	2		<input type="text"/>	1	2		<input type="text"/>	1	2
13		1	2		<input type="text"/>	1	2	1	2		<input type="text"/>	1	2		<input type="text"/>	1	2
14		1	2		<input type="text"/>	1	2	1	2		<input type="text"/>	1	2		<input type="text"/>	1	2

**Codes of illnesses:**

- |   |  |  |                               |
|---|--|--|-------------------------------|
| 01=High blood pressure                                      | 08=Liver diseases                                | 14=Asthma  | 21=Cataracts                  |
| 02=Diabetes   | 09=Joint disease                                 | 15=Hereditary diseases including hereditary anemia | 22=Chronic back pain/Sciatica |
| 03=Gastrointestinal disease, Gastric Ulcer & Duodenal Ulcer | 10= Tuberculosis                                 | 16= mental sub normality                           | 23= long-term skin problems   |
| 04=Anemia   | 11=Persistent headaches (migraines)              | 17=Chronic respiratory disease                     | 24= mental illness            |
| 05=Cardio vascular diseases                                 | 12= Cerebro-vascular accident & its complication | 18=Thyroid diseases                                | 25= Congenital malformation   |
| 06=Cancer   | 13=Epilepsy                                      | 19=Prostate illnesses                              | 96=Other (specify).....       |
| 07=Urinary tract diseases                                   |  | 20=Glaucoma  | 98=Don't know                 |

**Note:** In case of disability, write the name of the disability and leave the code space empty.

### SECTION 3: HOUSING & ENVIRONMENTAL CHARACTERISTICS

#### Housing:

NO.	QUESTIONS	CODING CATEGORIES		SKIP
301	What type of dwelling unit does your household live in?  <i>For interviewer: it is possible to depend on your observation</i>	House ..... APARTMENT..... HUT/SHED..... TENT..... TIN HUT ..... CARAVAN..... OTHER (SPECIFY) _____	1 2 3 4 5 6 7	
302	Do you own your dwelling, or is it rented, or what else?	OWNED..... JOINT OWNERSHIP..... RENTED..... PROVIDED BY EMPLOYER..... OCCUPIED ILLEGALLY..... OTHER (SPECIFY) _____	1 2 3 4 5 6	
303	What is the main material of the floor?  <i>For interviewer: it is possible to depend on your observation</i>	<b>NATURAL GROUND</b> SAND/EARTH/CLAY..... STONE..... <b>PRIMITIVE GROUND</b> WOODEN BOARDS..... PALM LEAVES/GRASS..... REED MAT..... <b>ORDINARY GROUND</b> CEMENT..... VINYL..... TILES..... FITTED CARPET/MOKET..... MARBLE..... <b>OTHER (SPECIFY)</b> _____	1 2 3 4 5 6 7 8 9 10 11	
304	How many rooms are there in this dwelling for the exclusive use of this household? (excluding the kitchen & bathroom)	NUMBER OF ROOMS	<input type="text"/> <input type="text"/>	
305	How many bedrooms or rooms used for sleeping?	NUMBER OF ROOMS	<input type="text"/> <input type="text"/>	
306	Are there animals/birds kept in any part of this dwelling?	YES, ANIMALS ONLY..... YES, BIRDS ONLY..... YES, ANIMALS AND BIRDS... NO.....	1 2 3 4 →	401
307	Do these animals and birds have access to the living areas?	YES..... NO.....	1 2	

**Cooking:**

NO.	QUESTIONS	CODING CATEGORIES		SKIP
401	Is there a special room used for cooking ( Kitchen ) ?	YES.....	1	
		NO.....	2	
402	Do you share the place for cooking with other households?	YES.....	1	
		NO.....	2	
403	What is the main type of fuel you use currently for cooking?	ELECTRICTY.....	1	
		GAS.....	2	
		OIL/KEROSENE.....	3	
		COAL.....	4	
		WOOD.....	5	
		ANIMAL DUNG.....	6	
		AGRICULTURAL WASTE.....	7	
		OTHER (SPECIFY).....	8	
		_____		

**Drinking water:**

501	What is the main source of drinking water for members of this household?	<b>PIPED SUPPLY</b> PIPED INSIDE DWELLING.....	1	
		PIPED TO YARD OF DWELLING .....	2	
		PUBLIC TAP OUTSIDE DWELLING.....	3	
		<b>WELL WITH PUMP</b> .....	4	
		<b>DUGGED WELL</b> PROTECTED WELL.....	5	
		UNPROTECTED WELL.....	6	
		<b>SPRING WATER</b> PROTECTED SPRING.....	7	
		UNPROTECTED SPRING.....	8	
		<b>RAIN WATER COLLECTION</b> .....	9	
		<b>MOBILE TANKER/ TRUCK</b> ....	10	
		<b>SMALL CARRIAGE WITH TANK</b> .....	11	
		<b>SURFACE WATER</b> (RIVER, CREEK, DIKE, LAKE, IRRIGATION CANAL).....	12	
		<b>BOTTLED WATER</b> .....	13	
		<b>WATER PURIFICATION STATION</b> .....	14	
		<b>OTHER (SPECIFY)</b> _____	15	
502	Do you or any member of the household boil or treat water before drinking? If YES, specify  For interviewer : register every thing mentioned	BOILING.....	A	
		CHLORINATION.....	B	
		ALUM.....	C	
		FILTERING.....	D	
		SUN STERILIZATION .....	E	
		LEAVE IT TO PRECIPITATE....	F	
		OTHER(SPECIFY)_____	G	
		NO TREATMENT.....	H	
		DON'T KNOW.....	I	

NO.	QUESTIONS	CODING CATEGORIES	SKIP
503	Do you buy drinking water from the government or from a private source, or is it free?	GOVERNMENT..... 1 PRIVATE SOURCE..... 2 FREE..... 3 .	
504	Do you store the drinking water, and the water for other purposes? If YES What kind of container do you use?	WATER TANK..... A PLASTIC CONTAINER..... B BOTTLES..... C CANS (TIN)..... D JERRECANS..... E OTHER(SPECIFY)..... F NO STORAGE..... G →601	
505	Is this tank/container covered or not covered?	COVERED 1 NOT COVERED 2	

#### Lighting:

NO.	QUESTIONS	CODING CATEGORIES	SKIP
601	What is the main source of lighting for this dwelling	ELECTRIC..... 1 KEROSENE/OIL LAMPS/CANDLES..... 2 OTHERS(specify) _____ 3 NONE..... 4	

#### Sanitation and Bathing:

NO.	QUESTIONS	CODING CATEGORIES	SKIP
701	What type of toilet facilities are available for this household? For interviewer : Probe the Method of waste disposal?	<b>FLUSH TOILET</b> FLUSH TOILET CONNECTED TO SEWER NETWORK..... 1 FLUSH TOILET CONNECTED TO A SEPTIC TANK..... 2 PIT..... 3 FLUSH TO OTHER PLACE ..... 4 CONNECTED TO BUCKET... 5 <b>SUSPENDED TOILET</b> ..... 6 <b>NO TOILET (FIELD)</b> ..... 7 →704 <b>OTHER (SPECIFY)</b> _____ 8	
702	Where is the toilet located?	INSIDE DWELLING..... 1 OUTSIDE DWELLING, WITHIN THE SAME BUILDING/COURTYARD..... 2 ELSEWHERE..... 3	
703	Do you share the toilet facilities with any other household?	YES..... 1 NO..... 2	
704	Is there a specific room for bathing in this dwelling? (bathroom)	YES..... 1 NO..... 2 →801	

NO.	QUESTIONS	CODING CATEGORIES		SKIP
705	Where is the bathroom located?	INSIDE DWELLING.....	1	
		OUTSIDE DWELLING, WITH SAME BUILDING/COURTYARD.....	2	
		ELSEWHERE.....	3	
706	Do you share the bathroom with any other household?	YES.....	1	
		NO.....	2	

**Waste disposal:**

NO.	QUESTIONS	CODING CATEGORIES		SKIP
801	In what kind of container do you put the garbage before it is disposed of?	CONTAINER WITH LID.....	1	
		CONTAINER WITHOUT LID....	2	
		PLASTIC BAG.....	3	
		THROWN STRAIGHT IN STREET.....	4	→ 804
		OTHER (SPECIFY): _____	5	
802	Where is the main garbage container kept?	INSIDE KITCHEN.....	1	
		OUTSIDE KITCHEN WITHIN DWELLING.....	2	
		OUTSIDE DWELLING.....	3	
803	How do you dispose of the garbage?	GARBAGE COLLECTION CAR DUMPING IN STREET CONTAINERS.....	1 2	
		BURNING.....	3	
		THROWN IN STREET.....	4	
		OTHER (SPECIFY) _____	5	
804	How often is the garbage collected from the dwelling or the street?	LESS THAN ONCE EVERY TWO WEEKS.....	1	
		ONCE EVERY TWO WEEKS...	2	
		ONCE A WEEK.....	3	
		AT LEAST TWICE A WEEK OR MORE.....	4	
		OTHER (SPECIFY) _____	5	

## Section 4: Possessions, income and expenditure

### Household possessions:

I will ask you now about your possession of the following items:

QUESTIONS AND FILTERS		CODING CATEGORIES		
		CODE	ANSWER	
901. Do you have any of the following objects at this dwelling:			YES	NO
1.	RADIO/ RECORDER	01	1	2
2.	COLOUR TV	02	1	2
3.	CABLE/SATELLITE TV	03	1	2
4.	VIDEO	04	1	2
5.	VIDEO CAMERA	05	1	2
6.	ELECTRONIC GAMES	06	1	2
7.	REFRIGERATOR	07	1	2
8.	FREEZER	08	1	2
9.	GAS/ ELECTRIC COOKING STOVE	09	1	2
10.	ELECTRIC OVEN	10	1	2
11.	MICROWAVE	11	1	2
12.	FOOD PROCESSOR	12	1	2
13.	ELECTRIC WATER COOLER	13	1	2
14.	ELECTRIC IRON	14	1	2
15.	ELECTRIC WASHING MACHINE	15	1	2
16.	ELECTRIC DISHWASHER	16	1	2
17.	SEWING MACHINE	17	1	2
18.	ELECTRIC VACUUM CLEANER	18	1	2
19.	ELECTRIC FAN	19	1	2
20.	LAND TELEPHONE	20	1	2
21.	MOBILE TELEPHONE	21	1	2
22.	AIR CONDITIONER	22	1	2
23.	AIR COOLER	23	1	2
24.	PRIVATE CAR	24	1	2
25.	FIELD CAR (PICK UP) OR TRUCK	25	1	2
26.	TRACTOR	26	1	2
27.	MOTORCYCLE	27	1	2
28.	MOTOR BOAT	28	1	2
29.	BICYCLE	29	1	2
30.	PERSONAL COMPUTER	30	1	2
31.	INTERNET ACCESS	31	1	2
32.	GENERATORS	32	1	2
33.	WIRE CONNECTION TO AN ELECTRIC GENERATOR	33	1	2

**Household Income:**

We would like to know the total income for the household in the last 12 months (previous to today) from paid work of household members or other sources. I would like to know about all sources of income. I know it may be difficult to calculate that figure, but please do try to give as accurate an amount as possible. Remember that all information will be kept strictly confidential. This information is important to assess your household expenditure on health.

Q No.	Questions	Categories	Codes		
902	Does your household have a regular source of income?	Yes..... No.....	1 2		
903	I am now going to read you a list of possible sources of income. Please tell me from which of these sources the members of your household receive income:		Yes	No	Don't know
		a. Pension , state old-age social security benefit.	1	2	3
		b. Government salary , wages from job	1	2	3
		c. Earnings from selling, trading or hawking products	1	2	3
		d. Income from rental of property	1	2	3
	f. Other, specify _____	1	2	3	
904	What is your <i>main</i> source of household income?	State old-age (veteran's/civil service) pension, contributory pension fund, provident fund or social security benefit..... Wages/salary from a job..... Earnings from selling, trading or hawking products..... Income from rental of property..... Other, specify _____	1 2 3 4 5		

Q No.	Questions	Sum in thousands of Iraqi Dinar
905	About how much money did this main source of income provide you in the past 12 months?	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 999998..... don't know
906	From the remaining sources of income, about how much money did these sources of income provide you in the past 12 months?	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 999998..... don't know
907	So, to verify this information, your approximate total household income from all sources over the past 12 months is about how much?	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 999998..... don't know
908	How many people depend on this income?	<input type="text"/> <input type="text"/> 98..... don't know

Q No.	Questions	Categories	Codes
909	Thinking about the income for this household, do you believe that it is enough money to cover your daily living needs and obligations?	Yes..... No..... Don't know.....	1 2 3
910	How would you say your household's financial situation is?	Very Good..... Good..... Moderate..... Bad..... Very Bad.....	1 2 3 4 5

**Household Expenditure:**

Q No.	Questions	Sum in thousands of Iraqi Dinar
911	In the last 30 days, how much did your household spend in total (the total amount of money your household and all its members spend on food, clothing, transport, rent and bills, school fees, drink, entertainment, health care and all other expenses)?	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 999998..... don't know
912	In the last 30 days, how much did your household spend on:	
a.	Food, including such things as rice, meat, fruits, vegetables, and cooking oils. Include the value of any food that was produced and consumed by the household, and exclude alcohol, tobacco and restaurant meals?	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 999998..... don't know
b.	Housing, gas, electricity, water, telephone, and heating fuel?	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 999998..... don't know
c.	Education fees and supplies?	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 999998..... don't know
d.	Health care costs?	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 999998..... don't know
e.	Weddings, birthdays or funerals?	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 999998..... don't know
f.	All other goods and services?	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 999998..... don't know

*I would like to ask you more specific questions about how much your household and all its members have spent on health services. When answering these questions, think about all of the times that any household member used health services, including both public and private.*

**In the last 30 days, how much did your household spend on:**

Q No.	Questions	Sum in thousands of Iraqi Dinar
913	Health care that required staying overnight in a hospital or health facility, including 1) diagnostic and laboratory tests such as X-rays or blood tests; 2) health related items like, prescription glasses, hearing aids, prosthetic devices; or 3) medications or drugs?	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 999998..... don't know
914	Health care provided by doctors, nurses, or trained midwives that did not require an overnight stay, including 1) diagnostic and laboratory tests such as X-rays or blood tests; 2) health related items like, prescription glasses, hearing aids, prosthetic devices; or 3) medications or drugs?	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 999998..... don't know
915	Health care by traditional birth attendant, traditional or alternative healers (local names were used), including tests or medications? If in-kind payment: attempt to get an estimate of cost.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 999998..... don't know

916	Dentists?	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
		999998..... don't know
917	Any other health care products or services that were not included above?	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
		999998..... don't know

Q No.	Questions	Sum in thousands Iraqi Dinar
918	In the last 12 months, how many times did members of your household go to a hospital and stay overnight?	<input type="text"/> <input type="text"/> <input type="text"/>
		998..... don't know
919	In the last 12 months, how much did the household pay for all costs associated with overnight stays in a hospital?	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
		999998..... don't know

920	In the last 12 months, did your household use any of the following financial sources to pay for any health expenditures?	Yes	No	Don't know
a.	Current income of any household members	1	2	3
b.	Savings (e.g. bank account)	1	2	3
c.	Sold items (e.g. furniture, animals, jewelry, furniture, etc.)	1	2	3
d.	Borrowed from family members or friends from outside the household	1	2	3
e.	Borrowed from someone other than a friend or family	1	2	3
f.	Other, specify _____	1	<input type="text"/> <input type="text"/>	

## Section 5: Household Mortality

Now I would like to inquire about any deaths in your household during the last five years (since June 2001).

NO.	QUESTIONS	CODING CATEGORIES		SKIP
1001	Has any member of your household, including children and newborns, died since June 2001?	YES NO	1 2 →	Go to chapter 6
1002	How many persons have died, including children and newborns, since June 2001?	TOTAL NUMBER WHO DIED	<input type="text"/>	

Please provide me with the information about the deceased members in your family starting with the most recent death?

What was the name of the person who died?	Was (NAME) a male or a female?	How old was he/she when he/she died?	In what month and year did (NAME) die? For interviewer : don't know= 98	Place of death Home 1 Hospital 2 Other, specify 3	Was medical attention sought prior to death?	Cause of death
(1003)	(1004)	(1005)	(1006)	(1007)	(1008)	(1009)
	MALE FEMALE		MONTH YEAR		YES NO DON'T KNOW	CAUSE CODE
1 _____	1 2	DAYS 1 MONTHS 2 YEARS 3	<input type="text"/> <input type="text"/> 0 <input type="text"/>	<input type="text"/>	1 2 3	_____ <input type="text"/>
2 _____	1 2	DAYS 1 MONTHS 2 YEARS 3	<input type="text"/> <input type="text"/> 0 <input type="text"/>	<input type="text"/>	1 2 3	_____ <input type="text"/>
3 _____	1 2	DAYS 1 MONTHS 2 YEARS 3	<input type="text"/> <input type="text"/> 0 <input type="text"/>	<input type="text"/>	1 2 3	_____ <input type="text"/>
4 _____	1 2	DAYS 1 MONTHS 2 YEARS 3	<input type="text"/> <input type="text"/> 0 <input type="text"/>	<input type="text"/>	1 2 3	_____ <input type="text"/>
5 _____	1 2	DAYS 1 MONTHS 2 YEARS 3	<input type="text"/> <input type="text"/> 0 <input type="text"/>	<input type="text"/>	1 2 3	_____ <input type="text"/>
6 _____	1 2	DAYS 1 MONTHS 2 YEARS 3	<input type="text"/> <input type="text"/> 0 <input type="text"/>	<input type="text"/>	1 2 3	_____ <input type="text"/>
7 _____	1 2	DAYS 1 MONTHS 2 YEARS 3	<input type="text"/> <input type="text"/> 0 <input type="text"/>	<input type="text"/>	1 2 3	_____ <input type="text"/>

**Code for Q1009**

- |   |                                 |                                     |
|---|---------------------------------|-------------------------------------|
| 01=road accidents   | 10= sudden death                | 18= tuberculosis                    |
| 02= unintentional injuries (burns, drowning, fall from height and electric shock) | 11= Respiratory tract infection | 19=cardiac disease                  |
| 03= intentional injuries  | 12= intestinal infections       | 20= respiratory tract diseases      |
| 04=injuries/armed conflict  | 13= septicemia                  | 21= hereditary blood disorders      |
| 05= deaths during pregnancy, labor and the puerperium                             | 14=cancers                      | 22= cerebro vascular accident (CVA) |
| 06= deaths due to abortions   | 15= diabetes                    | 23= geriatric condition             |
| 07= prematurity complications   | 16= asthma                      | 24= others (specify)                |
| 08=newborn deaths   | 17= renal failure               | 98= don't know                      |
| 09= congenital anomalies  |                                 |                                     |

**Section 6: Mental health (household list for Kish table)**

<b>Names of eligible males household members(18+) from household list (column 111)</b>	<b>Sex</b>	<b>Age</b>	<b>Serial number for ages (Males then females)</b>	<b>Respondent selected using Kish table (✓)</b>
	Male			
	Male			
	Male			
	Male			
	Male			
	Male			
	Male			
	Male			
<b>Names of eligible females household members(18+) from household list (column 111)</b>	<b>Sex</b>	<b>Age</b>		
	Female			
	Female			
	Female			
	Female			
	Female			
	Female			
	Female			
	Female			
<b>Interviewer visits</b>				
	١	٢	٣	<b>Last visit</b>
Date	___/___/2006	___/___/2006	___/___/2006	Day <input type="text"/> <input type="text"/>
Visit result*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Month <input type="text"/> <input type="text"/>
				Last visit result <input type="checkbox"/>
Next visit: Date Time	___/___/2006	___/___/2006		Total number of visits <input type="checkbox"/>
<p>INTERVIEW RESULT *:-            1- COMPLETED            2- RESPONDENT NOT AT HOME            3- POSTPONED            4- REFUSED            5- PARTIALY COMPLETED            6- DISABLED            7- OTHER (SPECIFY) _____</p>				

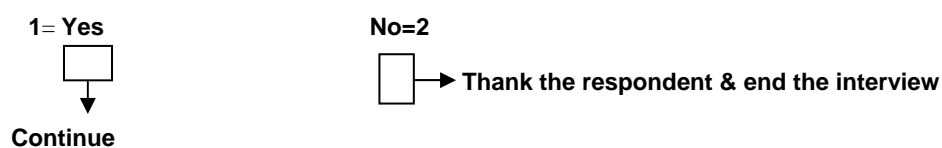
## Self Reporting Questionnaire:

(1101)	Name & line number of the respondent in the household list : _____	<table border="1" style="width: 100%; height: 30px;"> <tr> <td style="width: 50%;"></td> <td style="width: 50%;"></td> </tr> </table>		

(1102) Ask the respondent:  
During the last 30 days:

NO	Questions	Yes	No
1	Do you often have headaches?	1	2
2	Is your appetite poor?	1	2
3	Do you sleep badly?	1	2
4	Are you easily frightened?	1	2
5	Do your hands shake?	1	2
6	Do you feel nervous, tense or worried?	1	2
7	Is your digestion poor?	1	2
8	Do you have trouble thinking clearly?	1	2
9	Do you feel unhappy?	1	2
10	Do you cry more than usual?	1	2
11	Do you kind it difficult to enjoy your daily activities?	1	2
12	Do you find it difficult to make decisions?	1	2
13	Is your daily work suffering?	1	2
14	Are you unable to play a useful part in life?	1	2
15	Have you lost interest in things?	1	2
16	Do you feel you are a worthless person?	1	2
17	Has the thought of ending your life been on your mind?	1	2
18	Do you feel tired all the time?	1	2
19	Do you have uncomfortable feelings in your stomach?	1	2
20	Are you easily tired?	1	2

For interviewer: Be sure that this household is involved with mental health survey



For interviewer: Read the following sentences:

*You will be interviewed by another team from the Ministry of Health to collect information about mental health in Iraq because we think that the mental health is an essential part of community health. Can you give us a date to do the interview?*

Yes=1  → register the date of interview  
 Date -----/-----/ 2006      Time: -----

No =2  → register the cause of refusal, thank the respondent and end the interview.

(1103)	Cause of refusal-----	<table border="1" style="width: 100%; height: 30px;"> <tr> <td style="width: 50%;"></td> <td style="width: 50%;"></td> </tr> </table>		

### Field Interviewer

Name: .....	Code <input type="text"/> <input type="text"/>
Date: ../..... / 2006	Signature: .....

### Field Supervisor

Name: .....	Code
Date: ../..... / 2006	Signature: .....

### Local Supervisor

Name: .....	Code
Date: ../..... / 2006	Signature: .....

### Central Supervisor

Name: .....	Code
Date: ../..... / 2006	Signature: .....

### Central Editor

Name: .....	Code
Date: ../..... / 2006	Signature: .....

### Data entry personnel

Name: .....	Name: .....
Date: ../..... / 2006	Date: ../..... / 2006
Code <input type="text"/> <input type="text"/>	Code <input type="text"/> <input type="text"/>
Signature: .....	Signature: .....