



**Palestinian Authority
Palestinian Central Bureau of
Statistics
Domestic Violence Survey, 2005**

All information in this questionnaire is only for statistical purposes only. It is considered confidential in accordance with the General Statistics Law of 2000.

Introductory data:

ID00	Questionnaire's serial number in the sample	□□□□	ID01	Questionnaire's serial number in the enumeration area:	□□
ID02	Governorate:	□□	ID03	Locality:	□□□□□□
ID04	Enumeration area's number in the Locality name	□□□	ID05	Building number:	□□□
ID06	Name of household head:				

Interview record:

IR01	Visits' schedule	Day	Month	Year	Visit number	
		□□	□□	□□□□	1 st visit	
		□□	□□	□□□□	2 nd visit	
		□□	□□	□□□□	3 rd visit	
IR02	Total number of visits	□				
IR03	Final result of the interview	1	Completed			
		2	Partially completed			
		3	Refused to cooperate			
IR04	Total Number of Males	□□	IR05	Total Number of Females	□□	
IR06	Number of Males from 5-17 Years	□□	IR07	Number of Females from 5-17 Years	□□	
IR08	Number of Males 18 Years and Over	□□	IR09	Number of Females 18 Years and Over	□□	

IR10	Interviewer's name:	IR11	Interviewer's number:	□□□□
IR12	Supervisor's name:	IR13	Supervisor's number:	□□□□
IR14	Editor's name:	IR15	Editor's number:	□□□□
IR16	Coder's name:	IR17	Coder's number:	□□□□
IR18	Data entry personal name:	IR19	Data entry personal number:	□□□□

HR01	HR02	HR03	HR04	HR05	HR06	HR07	HR08
Line no.	Names of usual HH residents (Full names) Please give me the names of the persons who usually live in your HH including children and infants, starting with the head of HH.	What is the relationship of (name) to the head of HH? 01 Head of HH 02 Husband/ Wife 03 Son/ Daughter 04 Father/ Mother 05 Brother/ Sister 06 Grand Father/ Mother 07 Grand Child 08 Daughter/ Son in Law 09 Other Relatives 10 Other	Is (name) Male or Female? 1. Male 2. Female	What is the birthday of (name) in day/ month/year? <i>Interviewer: Birthday should be taken from official documents if possible.</i>	<i>Interviewer: Compute age from birthday in HR05 and record the answer in full years.</i> <i>In case that birthday is not known, ask for age and record it.</i> Record (00) if age is less than one year 99 Don't Know.	Is registered refugee or unregistered refugee or not refugee? 1. Registered refugee 2. Unregistered refugee 3. Not refugee	For persons age 5 years and over Is (name): 1. Currently attending school 2. Attended school at any time and left before completing any level 3. Attended school and graduated 4. Never attended school
01		<input type="text"/>	<input type="checkbox"/>	Day <input type="text"/> / <input type="text"/> / <input type="text"/> Year <input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
02		<input type="text"/>	<input type="checkbox"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
03		<input type="text"/>	<input type="checkbox"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
04		<input type="text"/>	<input type="checkbox"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
05		<input type="text"/>	<input type="checkbox"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
06		<input type="text"/>	<input type="checkbox"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
07		<input type="text"/>	<input type="checkbox"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
08		<input type="text"/>	<input type="checkbox"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
09		<input type="text"/>	<input type="checkbox"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
10		<input type="text"/>	<input type="checkbox"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
11		<input type="text"/>	<input type="checkbox"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
12		<input type="text"/>	<input type="checkbox"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
13		<input type="text"/>	<input type="checkbox"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
14		<input type="text"/>	<input type="checkbox"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
15		<input type="text"/>	<input type="checkbox"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
16		<input type="text"/>	<input type="checkbox"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
17		<input type="text"/>	<input type="checkbox"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

HR01	HR02	HR09	For persons aged 10 years and over		For persons aged 12 years and over
			HR10	HR11	
Line no. Circle no. of respondent	Names of usual HH residents (Full names) Please give me the names of the persons who usually live in your HH including children and infants, starting with the head of HH.	For persons aged 5 years and over How many years did (name) successfully complete? Interviewer: Record (00) if number of schooling years less than one year. 99 Don't Know.	What is the educational Attainment of (name)? 1. Illiterate 2.Can read and write 3. Elementary 4. Preparatory 5. Secondary 6. Associate diploma 7. Bachelor 8. High diploma 9. Master 10. Ph. D. 99 Don't Know.	What did (name) work most of the time last during the past week? 1 Employed from 1-14 hours 2 Employed for 15 hours or above 3 Absent and will back 4 Unemployed, has ever worked 5 Unemployed, has never worked 6 Full time student 7 Housewife 8 Unable to work 9 Doesn't work and doesn't looking for it. 10 Disgoureged people 11 Other	What is your marital status? 1. Single. 2. Engaged. 3. Married. 4. Divorced. 5. Widowed 6. Separate
01					
02					
03					
04					
05					
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08					
09					
10					
11					
12					
13					
14					
15					
16					
17					

**PART TWO
EVER-MARRIED WOMEN**

Household serial number <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Individual's number in the record <input type="checkbox"/> <input type="checkbox"/>	Individual's name according to the record:
Final result of the interview		
1. Completed 2. Partially completed 3. Refused to cooperate 4. Unable to interview the individual <input type="checkbox"/>		
Date of marriage		<input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Interviewer's instructions: Women married before January 1, 2005 should be asked the questions about current year and the questions about the years preceding the survey; however, women with a date of marriage in 2005 should be asked the questions about current year only. In order to answer the questions in columns B and C, the code of the answer should be noted by selecting the appropriate number below the answer.

WB: The following includes circumstances many families encounter; please specify whether you, your husband, or your household have experienced any of these circumstances.

Interviewer's note: The code of the answer should be noted by selecting the appropriate number below.			
1. Yes	2. No	3. I don't know	4. Not applicable

Number	Matters occurring to the household or husband	B	C
		During current year	During marital life before 2005
WB01	Your husband had problems and trouble with his boss.	<input type="checkbox"/>	<input type="checkbox"/>
WB02	Your husband had problems and trouble with work colleagues.	<input type="checkbox"/>	<input type="checkbox"/>
WB03	Your husband was dismissed from work	<input type="checkbox"/>	<input type="checkbox"/>
WB04	Your husband was arrested or detained for a specific period by the occupation forces.	<input type="checkbox"/>	<input type="checkbox"/>
WB05	You husband lost a close relative.	<input type="checkbox"/>	<input type="checkbox"/>
WB06	A bank held any of your husband's properties for different reasons.	<input type="checkbox"/>	<input type="checkbox"/>
WB07	You were pregnant or delivered a baby.	<input type="checkbox"/>	<input type="checkbox"/>
WB08	Your husband was very sick or had a serious injury and had to be admitted to hospital.	<input type="checkbox"/>	<input type="checkbox"/>
WB09	One of your children had serious health, behavioral, psychological, or educational problem.	<input type="checkbox"/>	<input type="checkbox"/>
WB10	One of you husband's parents had specific problems (health, economic, social, or other problems)	<input type="checkbox"/>	<input type="checkbox"/>
WB11	Your husband's and your economic conditions noticeably deteriorated.	<input type="checkbox"/>	<input type="checkbox"/>
WB12	Rows and problems between you and your husband increased and became more complicated (you left home).	<input type="checkbox"/>	<input type="checkbox"/>
WB13	Your husband's work load or responsibilities noticeably increased (your husband's work hours increased).	<input type="checkbox"/>	<input type="checkbox"/>
WB14	One of your children was expelled from school or dismissed for specific period.	<input type="checkbox"/>	<input type="checkbox"/>
WB15	One of your children was involved in social or illegal problems (conducts punishable by law).	<input type="checkbox"/>	<input type="checkbox"/>
WB16	Family care burdens as well as the burdens of caring for your parents and your in laws increased	<input type="checkbox"/>	<input type="checkbox"/>

WZ: I will read you some statements used by some women to describe their husbands; please think about your husband and to what extent does any of the statements describe him.

Interviewer's note: The code of the answer should be noted by selecting the appropriate number below.

1. A great deal	2. To a mid extent	3. A little	4. Rarely	5. Never
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Number	Your husband...	Answer code
WZ01	Is jealous and doesn't want you to talk to other men.	<input type="checkbox"/>
WZ02	Tries to limit your contact with your household or female colleagues.	<input type="checkbox"/>
WZ03	Always insists on knowing who you are with and your whereabouts.	<input type="checkbox"/>
WZ04	Prevents you from knowing information about household income even if you asked.	<input type="checkbox"/>
WZ05	Prevents you from controlling household money even if you requested.	<input type="checkbox"/>
WZ06	Tries to decide for you what you wear.	<input type="checkbox"/>

WV: Some may think that the wife behaves in a manner that may annoy and upset the husband. Please tell me to what extent do you agree with the husband's beating of his wife if she does any of the following:

Interviewer's note: The code of the answer should be noted by selecting the appropriate number below.

1. Strongly agree	2. Agree	3. Hesitant	4. Oppose	5. Strongly oppose	6. Not applicable
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Number	Statements	Answer code
WV01	If she talks to him in a provocative manner.	<input type="checkbox"/>
WV02	If she does not obey his orders.	<input type="checkbox"/>
WV03	If she behaves in an unacceptable way when they are alone.	<input type="checkbox"/>
WV04	If she behaves in an unacceptable way in front of others.	<input type="checkbox"/>
WV05	If she curses him or his family.	<input type="checkbox"/>
WV06	If she says things that might embarrass him in front of others.	<input type="checkbox"/>
WV07	If she talks with other men in a manner that provokes him.	<input type="checkbox"/>
WV08	If she fails to prepare meals on time.	<input type="checkbox"/>
WV09	If she fails to do housework properly.	<input type="checkbox"/>
WV10	If she leaves home without asking [him first].	<input type="checkbox"/>
WV11	If she doesn't look after the children the way he wants.	<input type="checkbox"/>

WF: Decision-making in the household

Families must make decisions with respect to running their affairs, such as to purchase or not to purchase a car; to have or not to have children; as well as other issues. We would like to know how you and your husband make decisions concerning household affairs.

Interviewer's note: The code of the answer should be noted by selecting the appropriate number below.					
1. The wife only	2. Mostly the wife	3. Wife and husband together	4. Mostly the husband	5. Husband only	6. Not applicable

Number	Who decides, within the household, on each of the following	Answer code
WF01	Purchasing a car	<input type="checkbox"/>
WF02	Having children	<input type="checkbox"/>
WF03	Number of children expected to be had	<input type="checkbox"/>
WF04	Changing internal household structures (renewing the kitchen, re-division of the house, and similar issues)	<input type="checkbox"/>
WF05	Purchasing a house or building a new house	<input type="checkbox"/>
WF06	If you have the right to work outside the house or not	<input type="checkbox"/>
WF07	The type of paid job you do outside home	<input type="checkbox"/>
WF08	The amount of money spent by the household on important matters	<input type="checkbox"/>
WF09	Visiting the relatives on your side	<input type="checkbox"/>
WF10	Visiting you friends	<input type="checkbox"/>
WF11	Visiting the relatives on your husband's side	<input type="checkbox"/>
WF12	Visiting your husband's friends	<input type="checkbox"/>
WF13	Choosing a school for the household children	<input type="checkbox"/>
WF14	Running the economic affairs of the household	<input type="checkbox"/>
WF15	Dealing with your salary	<input type="checkbox"/>

Interviewer's instructions: Women married before January 1, 2005 should be asked the questions about current year and the questions about the years preceding the survey; however, women with a date of marriage in 2005 should be asked the questions about current year only.

Regardless of the quality of marital life there are times when such relation becomes uncomfortable to one of the spouses for different reasons; consequently, spouses disagree and are upset or even fight for different reasons. Each spouse has his/her way of solving such conflicts. I will read you in the following table some ways used by husbands with their wives during uncomfortable circumstances between spouses.

WA: Please specify how many times your husband used any of the following manners against you during current year and during marital life before 2005

Interviewer's instructions: The code of the answer should be noted by selecting the appropriate number of the answer below in order to answer the questions about current year in columns B; Yes or No should be used to answer questions in column C for the year preceding 2005.

1. Didn't happen	2. Once	3. Twice	4. 3-5 times	5. 6-10 times	6. 11-20 times	7. More than 20 times
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Number	Behaviors that may be practiced by the husband	B		C	
		During current year	During marital life before 2005		
			1. Yes	2. No	
WA01	Your husband cursed or insulted you.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WA02	Your husband threw something at you that could have hurt you.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WA03	Your husband twisted your arm or pulled your hair.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WA04	Your husband attacked you, which resulted in bruises, scratches, light wounds, injuries, or joints pain; however, you thought you didn't require [medical] attention.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WA05	You husband refused that both of you use contraceptives during copulation despite your request.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WA06	Your husband pushed you strongly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WA07	Your husband used physical power to force you to copulate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WA08	Your husband attacked you with a knife, hatchet, shovel, or similarly sharp and dangerous objects.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WA09	You passed out because your husband hit you on the head.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WA10	Your husband told you that you were fat or ugly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WA11	Your husband hit you with an object that is less sharp than the aforementioned objects (such as a belt, stick, or similarly sharp objects)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WA12	Your husband destroyed or damaged things that belonged to you.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WA13	You went to a physician or clinic as a result of your husband's attack on you.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WA14	Your husband strangled or tried to strangle you.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WA15	Your husband yelled or shouted at you.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WA16	You required medical attention as a result of your husband's attack on you; however, you didn't seek such attention.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WA17	Your husband grabbed you strongly, which annoyed you.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WA18	Your husband used force against you in different ways (such as beating and using sharp objects) in order to force you into copulation in ways that you were not happy with.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Number	Behaviors that may be practiced by the husband	B	C	
		During current year	During marital life before 2005	
			1. Yes	2. No
WA19	Your husband slapped you on the face.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WA20	Your husband attacked you resulting in breaking one of your bones.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WA21	Your husband threatened you in order to force you into copulation in different ways that you were not happy with.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WA22	Your husband singed or scorched you on purpose.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WA23	Your husband said things in order to provoke and upset you.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WA24	Your husband threatened you in order to force you into copulation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

WS: Please specify how many times you used any of the following manners against your husband during current year and during marital life before 2005

Interviewer's instructions: The code of the answer should be noted by selecting the appropriate number of the answer below in order to answer the questions about current year in columns B; Yes or No should be used to answer questions in column C for the year preceding 2005.

		1. Didn't happen	2. Once	3. Twice	4. 3-5 times	5. 6-10 times	6. 11-20 times	7. More than 20 times
Number	Behaviors that may be practiced by the wife	B					C	
		During current year					During marital life before 2005	
							1. Yes	2. No
WS01	You cursed or insulted your husband.					<input type="checkbox"/>		<input type="checkbox"/>
WS02	You threw something at you husband that could have hurt him.					<input type="checkbox"/>		<input type="checkbox"/>
WS03	You twisted your husband's arm during a fight between you.					<input type="checkbox"/>		<input type="checkbox"/>
WS04	You attacked your husband, which resulted in bruises, scratches, light wounds, injuries, or joints pain upon your husband.					<input type="checkbox"/>		<input type="checkbox"/>
WS05	You pushed your husband strongly.					<input type="checkbox"/>		<input type="checkbox"/>
WS06	You attacked your husband with a knife, hatchet, shovel, or similarly sharp and dangerous objects.					<input type="checkbox"/>		<input type="checkbox"/>
WS07	Your husband passed out because you hit him on the head.					<input type="checkbox"/>		<input type="checkbox"/>
WS08	You told your husband that he was fat or ugly.					<input type="checkbox"/>		<input type="checkbox"/>
WS09	You hit your husband with an object that is less sharp than the aforementioned objects (such as a belt, stick, or similarly sharp objects)					<input type="checkbox"/>		<input type="checkbox"/>
WS10	You destroyed or damaged things that belonged to your husband.					<input type="checkbox"/>		<input type="checkbox"/>
WS11	Your husband went to a physician or clinic as a result of your attack on him.					<input type="checkbox"/>		<input type="checkbox"/>
WS12	You strangled or tried to strangle your husband.					<input type="checkbox"/>		<input type="checkbox"/>
WS13	You yelled at your husband.					<input type="checkbox"/>		<input type="checkbox"/>
WS14	Your husband required medical attention as a result of your attack on him; however, he didn't seek such attention.					<input type="checkbox"/>		<input type="checkbox"/>
WS15	You slapped your husband on the face.					<input type="checkbox"/>		<input type="checkbox"/>
WS16	You attacked your husband resulting in breaking one of his bones.					<input type="checkbox"/>		<input type="checkbox"/>
WS17	You singed or scorched your husband on purpose.					<input type="checkbox"/>		<input type="checkbox"/>
WS18	You said things in order to provoke your husband and to upset him.					<input type="checkbox"/>		<input type="checkbox"/>

WD: Interviewer's instructions: The following questions are made for the women who answered options 2-7 of section B and those who answered Yes to section C to any of the questions of WA. Now we ask you about the different ways used by women to face their husband's attacks against them.

Interviewer's note: The code of the answer should be noted by selecting the appropriate number below.

Number	Have you been to any of the following or used any of the following ways to seek help due to your husband's attack?	A			B		C		
		If the answer is Yes go to B			Did you receive the requested help?		How happy were you with the help you received?		
		1. Yes	2. No Finish	3. Not applicable Finish	1. Yes Go to C	2. No Finish	1. A great deal	2. To a mid extent	3. No
WD01	Left home and went to your father's home or to one of your brothers' homes for a number of days (no more than one week)		<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
WD02	Left home and went to a relative's (uncle, aunt, etc.) home for a number of days.		<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
WD03	You did not leave home because you spoke with your parents.		<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
WD04	You did not leave home because you spoke with a relative about the matter.		<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
WD05	You spoke with one of your colleagues (not necessarily one of your relatives).		<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
WD06	Sought counseling at a women institution		<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
WD07	Left home and went to your father's home or to one of your brothers' homes for a number of weeks or months.		<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
WD08	Left home and went to a relative's (uncle, aunt, etc.) home for a number of weeks or months.		<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
WD09	Filed a complaint against your husband at the police station in your neighborhood.		<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
WD10	Sought counseling and protection at the police station in your neighborhood.		<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
WD11	You telephoned an institution for counseling.		<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
WD12	Talked with your colleagues at work in order to seek counseling and directing.		<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
WD13	Spoke with a religious figure whom you thought had influence in the society and on your husband.		<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
WD14	Spoke with a social/political figure whom you thought had influence in the society and on your husband.		<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
WD15	Went to a center for abused		<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	

Number	Have you been to any of the following or used any of the following ways to seek help due to your husband's attack?	A			B		C		
		If the answer is Yes go to B			Did you receive the requested help?		How happy were you with the help you received?		
		1. Yes	2. No Finish	3. Not applicable Finish	1. Yes Go to C	2. No Finish	1. A great deal	2. To a mid extent	3. No
WD16	Talked with your husband and asked him to stop attacking you.		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		
WD17	Talked with the neighbors about your husband's attacks against you.		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		
WD18	Went to a court of law in order to file a complaint against your husband.		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		
WD19	Went to a court of law in order to seek counseling.		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		
WD20	Sought protection from the neighbors.		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		
WD21	Sought the advice of a physician or a nurse.		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		
WD22	Other... please specify		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		

WE: Now I will read you a list of household, marital life, and life in general issues that spouses may or may not agree upon. Please specify to what extent you and your husband agree upon any of them.

Interviewer's note: The code of the answer should be noted by selecting the appropriate number below.

Number	list of household, marital life, and life in general issues	1. Always	2. almost always	3. Sometimes	4. Rarely	5. Never	6. Not applicable
WE01	Running the household's financial affairs				<input type="checkbox"/>		
WE02	Taking care of daily issues of the household including cooking, cleaning ... etc.				<input type="checkbox"/>		
WE03	Social and entertaining activities of the household				<input type="checkbox"/>		
WE04	Husband's relation with his family				<input type="checkbox"/>		
WE05	Husband's relation with his friends				<input type="checkbox"/>		
WE06	Wife's relation with her family				<input type="checkbox"/>		
WE07	Wife's relation with her colleagues				<input type="checkbox"/>		
WE08	The spouses' emotional life				<input type="checkbox"/>		
WE09	The method of caring and upbringing of the children				<input type="checkbox"/>		
WE10	Distribution of roles between the spouses (who does what?)				<input type="checkbox"/>		

WH: The following questions are about your place of residence. To what extent is any of the following facilities or services available near your place of residence?

Interviewer's note: The code of the answer should be noted by selecting the appropriate number below.

1. Available in an excellent way	2. Available in a very good way	3. Little	4. Unavailable
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Number	Services	Answer code
WH01	Special parks where children can play near your home	<input type="checkbox"/>
WH02	Sports club where extracurricular activities are conducted for children in the afternoon	<input type="checkbox"/>
WH03	Medical service (maternal and childcare clinic, general clinic ... etc.)	<input type="checkbox"/>
WH04	Educational services (elementary school, preparatory school, secondary school)	<input type="checkbox"/>
WH05	Various social services (social affairs office, family counseling office, women services center, psychological counseling center ...etc.)	<input type="checkbox"/>
WH06	Neighborhood committees, social activists, people who can provide assistance during emergencies.	<input type="checkbox"/>
WH07	Social, religious, or political figures who can provide assistance.	<input type="checkbox"/>

WG: The following table contains questions about the practices of the occupation forces and/or the settlers against Palestinian people. Please specify if you and/or your household had been subjected to any of these practices during the current year and during the period preceding 2005.

Interviewer's note: The code of the answer should be noted by selecting the appropriate number below.

1. Yes	2. No	3. I don't know	4. Not applicable
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Number	Paragraphs	B	C
		During current year	During marital life before 2005
WG01	Did the occupation forces and/ or the settlers attack by beating, insulting, and cursing any of the members of your current household (children)?	<input type="checkbox"/>	<input type="checkbox"/>
WG02	Did the occupation forces and/ or the settlers attack by beating, insulting, and cursing any of your relatives (uncle/ aunt)?	<input type="checkbox"/>	<input type="checkbox"/>
WG03	Were any of your parents, brothers, or children killed?	<input type="checkbox"/>	<input type="checkbox"/>
WG04	Were any of your relatives or close persons killed?	<input type="checkbox"/>	<input type="checkbox"/>
WG05	Were any of your parents, brothers, or children arrested?	<input type="checkbox"/>	<input type="checkbox"/>
WG06	Did the occupation forces and/ or the settlers attack you by beating, insulting, and cursing?	<input type="checkbox"/>	<input type="checkbox"/>
WG07	Were you hit or wounded by the attacks and practices of the occupation army or settlers?	<input type="checkbox"/>	<input type="checkbox"/>
WG08	Were you arrested by the occupation forces?	<input type="checkbox"/>	<input type="checkbox"/>
WG09	Did the occupation forces break into your house?	<input type="checkbox"/>	<input type="checkbox"/>
WG10	Was a curfew imposed on your town?	<input type="checkbox"/>	<input type="checkbox"/>

Number	Paragraphs	B	C
		During current year	During marital life before 2005
WG11	Were any of your husband's parents or brothers killed?	<input type="checkbox"/>	<input type="checkbox"/>
WG12	Was your husband hit or wounded by the occupation army or settlers?	<input type="checkbox"/>	<input type="checkbox"/>
WG13	Did the occupation forces or settlers attack your husband by cursing and insulting him?	<input type="checkbox"/>	<input type="checkbox"/>
WG14	Was your husband detained for a period of time by the occupation forces?	<input type="checkbox"/>	<input type="checkbox"/>
WG15	Was your husband made a fugitive by the occupation forces?	<input type="checkbox"/>	<input type="checkbox"/>
WG16	Were any of your household members made fugitives by the occupation forces?	<input type="checkbox"/>	<input type="checkbox"/>
WG17	Did your husband lose his job because of the measures taken by the occupation?	<input type="checkbox"/>	<input type="checkbox"/>
WG18	Was the economic situation of your household damaged by the measures taken by the occupation?	<input type="checkbox"/>	<input type="checkbox"/>
WG19	Did the occupation forces demolish your home or part of it?	<input type="checkbox"/>	<input type="checkbox"/>
WG20	Did the occupation forces confiscate your land or part of it?	<input type="checkbox"/>	<input type="checkbox"/>
WG21	Did you witness Israeli troops or settlers chasing one of your parents or brothers in order to inflict harm on them because they couldn't capture them?	<input type="checkbox"/>	<input type="checkbox"/>
WG22	Did you witness Israeli troops or settlers chasing one of your parents or brothers in order to inflict harm on them and that they captured them and used different was of attacks against them?	<input type="checkbox"/>	<input type="checkbox"/>

PART THREE

CHILDREN AGED 5-17 YEARS

Interviewer's note: The questions should be addressed to the mother; they are about one of her sons or daughters.

Household serial number	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Individual's number in the record	<input type="checkbox"/> <input type="checkbox"/>	Individual's name according to the record:
Final result of the interview				
1. Completed 2. Partially completed 3. Refused to cooperate 4. Unable to interview the individual				<input type="checkbox"/>

DA: Interviewer: Please answer questions DA01-DA02 in accordance with available options in the square below.

Interviewer's note: The code of the answer should be noted by selecting the appropriate number below.				
1. A great deal	2. To a mid extent	3. A little	4. Rarely	5. Never

Number	Question				Answer code
DA01	To what extent do you approve of your daughters being beaten, attacked, cursed, or verbally abused?				<input type="checkbox"/>
DA02	To what extent do you disagree with your daughters being beaten, attacked, cursed, or verbally abused?				<input type="checkbox"/>
DA03	Does your son or daughter feel that their parents can provide them with protection (such as security/ stability)?				<input type="checkbox"/>
	1. Yes		2. No		
DA04	Is your son or daughter subjected to beating, attacking, cursing, or verbal abuse?				<input type="checkbox"/>
	1. Yes		2. No		
DA05	Who subjects your son or daughter to beating, attacking, cursing or verbal abuse? Please answer with:				
	1. Yes		2. No		
	1. A household member	<input type="checkbox"/>	5. A teacher	<input type="checkbox"/>	
	2. A relative (uncle, aunt, grandfather, grandmother)	<input type="checkbox"/>	6. A friend	<input type="checkbox"/>	
	3. A neighbor	<input type="checkbox"/>	7. Boys/ girls on the road	<input type="checkbox"/>	
	4. The occupation forces	<input type="checkbox"/>	8. Others/ please specify	<input type="checkbox"/>	
DA06	Where does the attack occur upon your son or daughter? Please answer with:				
	1. Yes		2. No		
	1. At home	<input type="checkbox"/>	5. On the road	<input type="checkbox"/>	
	2. In the neighborhood	<input type="checkbox"/>	6. At friends' homes	<input type="checkbox"/>	
	3. At school	<input type="checkbox"/>	7. Others/ please specify	<input type="checkbox"/>	
	4. At roadblocks	<input type="checkbox"/>			
DA07	Does your son or daughter come to you for help when they are beaten, attacked, cursed, or subjected to verbal abuse?				<input type="checkbox"/>
	1. Yes		2. No (Go to DA09)		
	3. I don't know (Go to DA09)				

DA08	Where does your son or daughter go to get help?				
	1. Yes		2. No		
	1. Mother	<input type="checkbox"/>	4. Relatives (uncle, aunt, grandfather, grandmother)	<input type="checkbox"/>	
	2. Father	<input type="checkbox"/>	5. The police	<input type="checkbox"/>	
	3. Brothers	<input type="checkbox"/>	6. Others/ please specify	<input type="checkbox"/>	
DA09	Do you agree that your son or daughter work before turning 18 years of age?				<input type="checkbox"/>
	1. Yes		2. No (Go to DB)		
DA10	When do you approve of you son or daughter's work?				<input type="checkbox"/>
	1. During the summer vacation		2. Most of the year		

DB: Boys and girls have different behaviors or get involved in behaviors or situations that might be harmful to them; did this happen to your son or daughter during the current year?

Interviewer's note: The code of the answer should be noted by selecting the appropriate number below.					
1. To a great deal	2. To a mid extent	3. It rarely happened	4. It happened once	5. It has never happened	6. Not applicable

Number	Son or daughter's behavior	Answer code
DB01	Was absent from school without an excuse or permission from any one	<input type="checkbox"/>
DB02	Dismissed or expelled from the frame where he/she belonged (like school...etc.)	<input type="checkbox"/>
DB03	Disappeared or was absent from home for many hours	<input type="checkbox"/>
DB04	Spent the night outside home without telling the parents or without their consent	<input type="checkbox"/>
DB05	Did not listen to the parents	<input type="checkbox"/>
DB06	Did not listen to the teachers	<input type="checkbox"/>
DB07	Was hit by adults from the household	<input type="checkbox"/>
DB08	Hit boys or girls who are strangers, school colleagues, friends, brothers, or sisters	<input type="checkbox"/>
DB09	Hit one of the parents	<input type="checkbox"/>
DB10	Hit one of the teachers	<input type="checkbox"/>
DB11	Lied, cheated	<input type="checkbox"/>
DB12	Destroyed or ruined school or neighborhood property	<input type="checkbox"/>
DB13	Destroyed or ruined household property	<input type="checkbox"/>
DB14	Showed signs of reclusion due to sadness or depression (resulting from fear and worrying)	<input type="checkbox"/>

DI: We would like to know about your views with respect to child upbringing and discipline. To what extent do you approve or disapprove of the following:

Interviewer's note: The code of the answer should be noted by selecting the appropriate number below.				
1. Approve very much	2. Approve	3. Hesitant	4. Oppose	5. Disapprove very much

Number	Child upbringing and discipline	Answer code
DI01	Household children upbringing is the responsibility and the business of their parents; therefore, no external party may ever intervene in such upbringing	<input type="checkbox"/>
DI02	Children sometimes force parents to hit them	<input type="checkbox"/>
DI03	Beating a child is allowed in certain circumstances in order to teach him/her	<input type="checkbox"/>
DI04	Parents may use physical power against a child if such child does not follow their instructions	<input type="checkbox"/>

DC: How often do you or your husband use any of the following against your child if he/she behaves in an unacceptable manner?

Interviewer's note: The code of the answer should be noted by selecting the appropriate number below.				
1. Always	2. Often	3. Sometimes	4. Rarely	5. Never

Number	Used methods	Answer code
DC01	Yell at, scold, or rebuke the child	<input type="checkbox"/>
DC02	Deprive the child from things or activities that he/she likes such as watching television and deprive him/her of pocket money	<input type="checkbox"/>
DC03	Prevent the child from going out or meeting his/ her friends	<input type="checkbox"/>
DC04	You pretend like if you are not there and do not talk to the child	<input type="checkbox"/>
DC05	Hit the child slightly (such as on the back of the hand, slightly shake the child to express scolding, push the child a little to show rebuke).	<input type="checkbox"/>
DC06	Hit the child harder than previously mentioned if necessary (a slap on the face, a punch, or hit the child with a stick or a belt).	<input type="checkbox"/>
DC07	Talk to the child and explain to him or her.	<input type="checkbox"/>

DF: Now we will read you a list of characteristics that children often have. Please assess the availability of any of the characteristics in you child.

Interviewer's note: The code of the answer should be noted by selecting the appropriate number below.					
1. Very much	2. Very	3. To a mid extent	4. A little	5. Rarely	6. Never

Number	Characteristics	Answer code
DF01	Independent, self-made	<input type="checkbox"/>
DF02	Quiet	<input type="checkbox"/>
DF03	Shy	<input type="checkbox"/>
DF04	Stubborn	<input type="checkbox"/>
DF05	Alert, active	<input type="checkbox"/>
DF06	Cries too much	<input type="checkbox"/>
DF07	Inquisitive	<input type="checkbox"/>
DF08	Introvert	<input type="checkbox"/>
DF09	Touchy and irritable	<input type="checkbox"/>
DF10	Sad, depressed	<input type="checkbox"/>
DF11	Social	<input type="checkbox"/>
DF12	Suspicious, distrustful	<input type="checkbox"/>

DE: Where does the child spend his/her free time?

Interviewer's note: The code of the answer should be noted by selecting the appropriate number below.					
1. Very much	2. Very	3. From time to time	4. Rarely	5. Never	6. Not applicable

Number	Place	Answer code
DE01	At home	<input type="checkbox"/>
DE02	At a club or a certain society	<input type="checkbox"/>
DE03	Taking additional courses at school, a club, or a society	<input type="checkbox"/>
DE04	Outside in the neighborhood	<input type="checkbox"/>
DE05	At friends' homes	<input type="checkbox"/>
DE06	At relatives (grandfather, grandmother, uncle, aunt)	<input type="checkbox"/>
DE07	I don't know; he/she doesn't say.	<input type="checkbox"/>
DE08	At work	<input type="checkbox"/>

DD: With whom does the child spend most of his/her free time?

Interviewer's note: The code of the answer should be noted by selecting the appropriate number below.

1. Very much	2. Very	3. From time to time	4. Rarely	5. Never	6. Not applicable
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Number	With whom	Answer code
DD01	With a parent or both parents or with an older brother or sister	<input type="checkbox"/>
DD02	With younger brothers or sisters	<input type="checkbox"/>
DD03	With grandfather or grandmother	<input type="checkbox"/>
DD04	With other relatives (uncle, aunt...etc.)	<input type="checkbox"/>
DD05	With other adults from outside the family (counselor, curer)	<input type="checkbox"/>
DD06	With friends	<input type="checkbox"/>
DD07	Alone	<input type="checkbox"/>
DD08	I don't know; he/she doesn't tell me about the people he/she spends time with	<input type="checkbox"/>

PART FOUR

UNMARRIED WOMEN LIVING AT HOUSEHOLDS (18 AND ABOVE)

Household serial number	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Individual's number in the record	<input type="checkbox"/> <input type="checkbox"/>	Individual's name according to the record:
Final result of the interview				
1. Completed 2. Partially completed 3. Refused to cooperate 4. Unable to interview the individual				<input type="checkbox"/>

ZA: Please specify how many times any of your household members used any of the following manners against you during current year and a year ago.

Interviewer's instructions: The code of the answer should be noted by selecting the appropriate answer number below to answer the questions of column B about current year; the answers Yes or No are given to the questions in column C for the year preceding 2005. In the event that the woman has reached 18 years of age, she will not be asked the questions in section C.

Interviewer's instructions: The code of the answer should be noted by selecting the appropriate answer number below.						
1. Didn't happen	2. Once	3. Twice	4. 3-5 times	5. 6-10 times	6. 11-20 times	7. More than 20 times

Number	Behaviors by a member in your household	B	C	
		How many times during current year of the survey	Did it happen when you turned 18 and before a year?	
			1. Yes	2. No
ZA01	A member of your household cursed or insulted you.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ZA02	A member of your household threw something at you that could have hurt you.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ZA03	A member of your household twisted your arm or pulled your hair.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ZA04	A member of your household attacked you, which resulted in bruises, scratches, light wounds, injuries, or joints pain.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ZA05	A member of your household pushed you strongly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ZA06	A member of your household attacked you with a knife, hatchet, shovel, or similarly sharp and dangerous objects.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ZA07	You passed out because a member of your household hit you on the head.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ZA08	They told you that you were fat or ugly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ZA09	A member of your household hit you with a belt, stick, or similarly sharp objects.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ZA10	They destroyed or damaged things that belonged to you.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ZA11	You went to a physician or clinic as a result of an attack on you by a member of your household.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ZA12	A member of your household strangled or tried to strangle you.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ZA13	A member of your household yelled or shouted at you.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ZA14	You required medical attention as a result of a member of your household's attack on you; however, you didn't seek such attention.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ZA15	A member of your household hit you continuously (for several minutes or more).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Number	Behaviors by a member in your household	B	C	
		How many times during current year of the survey	Did it happen when you turned 18 and before a year?	
			1. Yes	2. No
ZA16	A member of your household grabbed you strongly, which annoyed you.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ZA17	A member of your household went out shouting and angry during a row with you.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ZA18	A member of your household slapped you on the face.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ZA19	A member of your household attacked you resulting in breaking one of your bones.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ZA20	A member of your household singed or scorched you on purpose	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ZA21	They told you that you were a looser sister or daughter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ZA22	Said things to you in order to provoke your anger.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ZD: Here is a list of statements about health and living conditions. Please specify the extent to which they apply to you circumstances during the last few weeks.

Interviewer's note: The code of the answer should be noted by selecting the appropriate number below.			
1. Very much	2. From time to time or a mid extent	3. Little	4. Almost never

Number	Health and living condition	Answer code
ZD01	To what extent do you feel that you are in excellent health?	<input type="checkbox"/>
ZD02	To what extent do you feel that you need supplementary health medicine?	<input type="checkbox"/>
ZD03	To what extent do you feel that you are in a bad shape and that you are emaciated?	<input type="checkbox"/>
ZD04	To what extent do you feel that you are sick?	<input type="checkbox"/>
ZD05	To what extent do you feel pressure on your head?	<input type="checkbox"/>
ZD06	To what extent do you sweat more than usual or sweat suddenly?	<input type="checkbox"/>
ZD07	To what extent do you feel that your daily life affairs require administering?	<input type="checkbox"/>
ZD08	To what extent do you feel that you are capable of taking decisive decisions concerning the daily affairs of your household?	<input type="checkbox"/>
ZD09	To what extent do you feel happy with the activities which you carry out?	<input type="checkbox"/>

PART FIVE

ELDERLY PEOPLE 65 AND ABOVE

Household serial number	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Individual's number in the record	<input type="checkbox"/> <input type="checkbox"/>	Individual's name according to the record:
Final result of the interview				
1. Completed 2. Partially completed 3. Refused to cooperate 4. Unable to interview the individual				<input type="checkbox"/>

KA: We will now ask you some questions about your life experiences and circumstances; please answer with a Yes or a No:

Interviewer's note: The code of the answer should be noted by selecting the appropriate number below.		
1. Yes	2. No	3. Not applicable

Number	Different life experiences	Answer code
KA01	Do you trust most of your household members living at this house?	<input type="checkbox"/>
KA02	If you need to take some medicine, will you be able to take it alone without help?	<input type="checkbox"/>
KA03	If you need to take some medicine but can't do it yourself, will any member of your household give it to you?	<input type="checkbox"/>
KA04	Do you feel that no one wants you in the house?	<input type="checkbox"/>
KA05	Has any member of your household living at this house tried to hurt you and inflict harm on you?	<input type="checkbox"/>
KA06	Are you afraid of any of the household members living at this house?	<input type="checkbox"/>
KA07	Has any member of your household, who do not live at this house, curse you or verbally abused you and called you names and looked down upon you?	<input type="checkbox"/>
KA08	Were you forced by any of your household members, who do not live at this house, to stay in bed claiming that you were sick while you knew all along that you were not sick?	<input type="checkbox"/>
KA09	Were you forced by any of your household members to do something that you weren't willing to do?	<input type="checkbox"/>
KA10	Has any member of your household ever taken anything that belonged to you (money, other possessions...etc.) without your consent and you did not feel happy about it?	<input type="checkbox"/>
KA11	Has any member of your household ever made you feel unwanted?	<input type="checkbox"/>
KA12	Has any member of your household twisted your arm or pulled you strongly or pushed you meaning to attack you and inflict harm upon your person?	<input type="checkbox"/>
KA13	Have you ever had joints pain or were bruised or had scratches or light wounds as a result of an attack by any of your household members?	<input type="checkbox"/>
KA14	Have you ever passed out because one of your household members hit you on the head?	<input type="checkbox"/>
KA15	Has any member of your household ever hit you with a belt, a stick, or similar objects?	<input type="checkbox"/>
KA16	Has any member of your household ever damaged anything that belonged to you?	<input type="checkbox"/>
KA17	Have you been to a doctor due to an attack by any of your household members?	<input type="checkbox"/>
KA18	Has any member of your household isolated you from people or prevented you from mixing with them?	<input type="checkbox"/>
KA19	Has any member of your household ever broken any of your bones in an attack upon yourself?	<input type="checkbox"/>

KB: Health questions to the elderly

Interviewer's note: The code of the answer should be noted by selecting the appropriate number below.

Number	Question		Answer code	
KB01	Is (name) sick of any of the following diseases as revealed by a medical diagnosis?			
	1. Yes		2. No	
	Patient's name	Answer code	Patient's name	Answer code
	1. Diabetes	<input type="checkbox"/>	7. Epilepsy	<input type="checkbox"/>
	2. Blood pressure	<input type="checkbox"/>	8. Hereditary diseases (thalassemia, blood diseases)	<input type="checkbox"/>
	3. Heart diseases	<input type="checkbox"/>	9. Joints diseases (rheumatism)	<input type="checkbox"/>
4. Cancer	<input type="checkbox"/>	10. Anemia	<input type="checkbox"/>	
5. Ulcer	<input type="checkbox"/>	11. Not sick	<input type="checkbox"/>	
6. Asthma	<input type="checkbox"/>			
KB02	Do you have any disabilities?		<input type="checkbox"/> <input type="checkbox"/>	
	1. None 2. Visual 3. Hearing 4. Oral 5. Hearing and verbal	6. Physical 7. Use of fingers 8. Mental 9. Mental and physical 10. Multiple 11. Others		
KB03	Does (name) smoke?		<input type="checkbox"/>	
	1. Yes, cigarettes mostly 2. Yes, pipe mostly 3. Yes, water pipe mostly	4. Yes, cigarettes and water pipe 5. Smoked but quit 6. Doesn't smoke, never smoked before		
KB04	Smokers only: How long has (name) been smoking? Write down the complete number of years. Write 00 in the event of smoking for less than a year.		<input type="checkbox"/> <input type="checkbox"/>	

Put X here in the event that you used an additional questionnaire for elderly people.