Given name  1. House head 2. 3. 4. 5. 6 7. 8 9 10. 11.	age	sex	period being with the HH	Education code	Employment code	Injury since June 2014	Missing since June 2014	Death sind June 2014
2. 3. 4. 5. 6 7. 8 9 10.								
3. 4. 5. 6 7. 8 9 10.								
4. 5. 6 7. 8 9 10.								
5. 6 7. 8 9 10.								
6 7. 8 9 10.								
7. 8 9 10.								
8 9 10. 11.								
9 10. 11.								
10. 11.								
11.								
1Z								
				1=none	1=works full time		1=Kidnapped	
				2=in school 3=primary school 4=secondary school 5=post secondary	2=works part time 3=unemployed 4=student 5=housewife 6=retired		2=presumed to be alive in Mosul 3=presumed to be alive outside Mosul 4=probably dead 5=unknown	
] YES □ 1 . If YES, plea	se pro (b), (d), the option r of HH ) needi	don't vide d and (e	know etails abou	f Was medic	lult household m	he description    care was   where?	of provided by the per If medical care was received, why (e)	as not
(a	)			(c)	,	,		
problem, <b>4</b> =a <b>9</b> =ear probler	ntenata n <b>10</b> =d y health	ıl care ental c ı care	and delivery care, 11=emo centre, 2=pr	r, <b>5</b> =skin problem, otional or mental h ivate clinic <b>3</b> =hos	<b>6</b> =gastrointestina nealth; <b>12</b> =injury; pital, <b>4</b> =pharmac	al/diarrhea, <b>7</b> = <b>13</b> =fever, <b>14</b> = y, <b>5</b> =religious		em,

not read out the d	options.	(e) select the cha				, ,		
Number(s) of member(s) r care (a)		Nature of the illness (b)	Was medic received? \((c)		<i>If medical ca</i> received, wl (d)			lical care was not ceived, why? (e)
(h) 1 diarrhaa	2 cough	n or breathing prob	olom 2 fovor A	Limmuni	zation E worm	os 4 skir	a problo	m 7 ovo
problem, 8= ear (d): 1=primary h (e): 1=could not	problem nealth can afford co	, 9=dental care, 10 re centre, 2=privat ost, 2=transportational are should not be	<b>0</b> =behavioural/e e clinic <b>3</b> =hosp on difficulties, <b>3</b>	emotional bital, <b>4</b> =ph s=inadequ	problem, 11=i armacy, 5=reli	njury, <b>12</b> gious cei	-other nter, <b>6</b> =	other
7. For the last ti	me ANY	CHILD in the hou	ısehold neede	d medica	ıl care from yo	our hous	ehold-	_
How long	g did it ta	ke to reach the cli	nic or hospital u	ısed?	minute	es		
What we	re the co	sts of the medical	consultation? _		Dinars			
What we	re the co	sts for medicines	prescribed?	Dir	nars			
What we	re the co	sts of any laborato	ory tests done?	D	inars			
3. Since JUNE 2	014 has	any child in your	household re	ceived in	nmunizations	?		
⊐YES □ NO	□ don	't know. How Ion	g did it take to	reach th	e clinic or ho	spital us	ed?	minutes
9. Since JUNE 2	014 has	any woman in yo	our household	delivere	d? □YES	□ NO A	If YES,	complete:
10. Pregnancies	since J	une 2014						
Number of HH member	ANC visits	Where delivered?	Who delivered?	Complic	ations?	Size o		Current status of child
		1=clinic/hosp 2=at home 3=elsewhere	1=doctor 2=midwife 3=family 4=other	6=abort	s npsia octed labor on rtension	1=sma 2=nori 3=big 4=uns	mal	1=alive,healthy 2=alive, ill 3=died in first month 4=died after first month

5. Have any children under the age UNDER 15 been ill in the past two weeks?

Non (	Communicable diseases (NCD)		
11	One question for one person Is there anyone in the household who has been told by a health worker that they had one or more of the following conditions? Indicate all numbers that apply.  If 1-6 chosen, what is the HH member No.?	More than one condition may be present  1. High blood pressure (hypertension)	If 7 →
13	Has this person seen a health worker one or more times in the past 3 months for this condition?	Yes	If 2 or 3 →
14	If YES, where did the person see the health worker?	1. PHCC	
15	How were this persons been taking their medicines?	1. Takes all medicines as prescribed	If 1→
16	Why did the person not take their medicines as prescribed?	1. Medicines too expensive	
17	One question for one person Is there a SECOND household member who has been told by a health worker that they had one of these conditions?	More than one condition may be present         1. High blood pressure (hypertension)       1         2. Diabetes       2         3. Heart disease       3         4. Stroke       4         5. Chronic lung disease       5         6. Arthritis       6         7. None of these conditions       7	If 7→
18	If 1-6 chosen what is the HH member No.?	Number of the HH member with the condition	
19	Has this person seen a health worker one or more times in the past 3 months for this condition?	Yes	If 2 or 3 <b>→</b>
20	If YES, where did the person see the health worker?	1. PHCC       1         2. Hospital clinic or polyclinic       2         3. Private clinic or hospital       3         4. Pharmacist       4         5. Other       5	
21	How has this persons been taking their medicines?	<ol> <li>Takes all medicines as prescribed</li></ol>	If 1→

22	Why did the person not take their medicines as	Medicines too expensive	
	prescribed?	3. Did not feel sick3	
		4. Has bad reactions to medicines 4	
		5. Don't know5	