



Ministry of Health

&

Ministry of Planning/Central Statistics Organization

In Iraq

In collaboration With

WHO/Iraq Office

Detection of Congenital Birth Defects Survey

2012



Woman Questionnaire (15-49yrs)

Woman Questionnaire

WM

Woman Information Panel

<input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/> WM2:Household number	<input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/> WM1:Cluster number
<input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/> No. _____ Name _____ WM4:Name and number of local supervisor	<input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/> No. _____ :Name _____ WM3: Name and number of field surveyor
<input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/> Line no. _____ Name _____ WM5: Name and line no. of the respondent	
WM7: Location <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/> _____ Governorate .1 <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/> _____ District .2 <input style="width: 40px; height: 20px;" type="text"/> _____ Sub-District(Nahyah) .3 <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/> _____ Name and No. of Mahala (locality) .4 <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/> _____ Name and No. of Mukatta (province) .5 <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/> _____ Name and No. of village .6 <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/> _____ Block No. .7 <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/> _____ Census Building No. .8 <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/>	WM6:Enviroment 1..... Urban 2..... Rural
<p>We are from Ministry of Health and Central Statistic Organization. We are conducting a survey on the health of families, women and children concentrating on newborns with congenital birth defects because we believe that family health is the base of community health. We want to talk with you about this subject and we 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 and all the women of child bearing age. Your answers will help us to make develop our health policies and plans to improve the health of all Iraqi families. May I start now? (If you are given the permission start the interview)</p>	

Interviewer Visits				
Final visit	3	2	1	Visit number
<input style="width: 40px; height: 20px;" type="text"/> Day <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/> Month <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/> Year <input style="width: 40px; height: 20px;" type="text"/> Final result*	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>	Date Result*
<input style="width: 40px; height: 20px;" type="text"/> Total no. of visits		<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>	Next visit: date
Others (specify).....)=07 Refused=04 Partially completed=05 Disabled=06[Interview result*: Completed=01 Respondent not at home=02 Postponed=03

13/6/2013

WB		Woman background characteristics	
		<div style="text-align: center;"> <input type="text"/> <input type="text"/> Month ----- Don't know month <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Year ----- Don't know year </div>	In what month and year were you born? WB1
		<div style="text-align: center;"> <input type="text"/> <input type="text"/> Age in completed years </div>	How old were you on your last birthday? Interviewer :compare & correct WB1&/orWB2 if inconsistent WB2
WB6 ← 2	1 -----yes 2 -----no	Have you ever attended school ?	WB3
WB6 ← 8	0 ----- kindergarten 1 ----- primary 2 ----- intermediate 3 ----- secondary 4 ----- Diploma/institute 5 ----- university 6 ----- higher education 7 ----- informal education 8 ----- don't know	What is the highest level of school have you completed :primary ,intermediate, Secondary or higher?	WB4
WB7		For interviewer: check WB4 answer continue ← <input type="text"/> Primary or lower/informal education=1 ← <input type="text"/> intermediate or higher=2	WB5
	1 -----Cannot read at all 2 ----- Able to read only parts of sentence 3 -----Able to read whole sentence 4 -----No card with required language 5 -----Blind/visually or lingualy impaired	Now I would like you to read this sentence Show card to respondent If respondent cannot read whole sentence, probe: Can you read any part of the sentence? 1- يقرأ الطفل كتاباً 2- جاء المطر متأخراً هذه السنة 3- يجب أن يهتم الآباء بأبنائهم 4- الزراعة عمل مثمر	WB6
PB1 ← 2	1 -----yes 2 ----- no	Beside your work in house, are you currently working?	WB7
		<div style="text-align: center;"> <input type="text"/> <input type="text"/> </div>	WHAT IS YOUR CURRENT OCCUPATION? Interviewer :leave the square empty for data entry purpose WB8

PB		Pregnancy and Birth History		
SH 1 ← 2	1 2	-----yes -----no	Now I would like to ask about all the births and pregnancies you have had in your life. Have you ever given birth or become pregnant ,including current pregnancy, if present?	PB1
PB4 ←	1 2 3	-----yes -----no -----Not sure	Are you currently pregnant?	PB2
		<input type="text"/> months	How many months are you pregnant?	PB3
		<input type="text"/> <input type="text"/> Total(alive)	How many sons and daughters are now living with you or living elsewhere?	PB4
		<input type="text"/> <input type="text"/> Total(died)	In all, how many of your boys and girls who were born alive have died?	PB5
		Total(miscarriage ,abortion or stillbirth) <input type="text"/> <input type="text"/> Enter "00" if answer no	Some pregnancies end before full term as a miscarriage, abortion or stillbirth .Have you had any pregnancy that ended in miscarriage, abortion or stillbirth ?if yes ,how many?	PB6
		<input type="text"/> <input type="text"/> Total No.	Write down the total no. of pregnancies inQ PB4,PB5&PB6	PB 7
Interviewer: Check Q. PB7 answer ;To be sure you have.....pregnancies in your life ,is this number correct? probe and correct PB6,PB5&PB4 ← <input type="text"/> 2 = no <input type="text"/> 1 = yes <div style="margin-left: 200px;">↓ Continue</div>				PB8
Interviewer: Check Q.PB7 <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> <input type="text"/> ↓ Continue </div> <div style="text-align: center;"> <input type="text"/> one pregnancy or more =1 </div> </div>				PB9
SH 1 ←	<input type="text"/>	no pregnancy=2		

PO			Pregnancies Outcome History									
Now I would like to collect detailed information about all the pregnancies that you have had during your entire life starting from your first pregnancy												
Miscarriage/ Abortion	Born dead/miscarriage/abortion		Circle line no. of those born with CBD	Is(nam e) still alive?	Was(nam e) born with CBD?	Is/was (name) a boy or a girl?	In what month and year was (name) born ,probe what is his/her birthday	What name was given to that baby ?or write (no name)	Did that baby cry ,move ,or breathe when he/she was born?	Did the pregnancy end with a baby born alive ,born dead ,miscarriage ,or abortion?	Was that a single or twin pregnanc y?	Pregna ncies sequen ce
PO 13	PO 12	PO11	PO10	PO 9	PO 8	PO7	PO6	PO5	PO4	PO3	PO2	PO1
1-Spontaneous 2-induced	Months no. []	month [][] DK month=98 year [][][][]	01	1-.Yes 2---no	1----yes 2-----no *if born dead go to PO10	1---male 2---female 3--DK	month [][] DK month=98 year [][][][]	name _____	1----yes 2-----no Go to PO7	1-----alive PO5 ← 2-----dead Miscarriage/ab 3--ortion PO11 ← 2,3	--single 1 2--twin 3-DK	01
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Module of Family History of CBD		SH	
Skip	Codes	Questions	Q.No.
	<p style="text-align: center;"><u>Number of births to natural mother</u></p> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>	<p>Now I would like to ask you some questions about your brothers and sisters ,that is ,all of the children born to your biological mother ,including those who are living with you, those who are living elsewhere and those who have died. How many children did your mother give birth to, including yourself?</p>	SH 1
	<p style="text-align: center;">No. of preceding births</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>	<p>How many of these births did your mother have before you were born? Interviewer: write "00" if none</p>	SH 2
	<p style="text-align: center;">No. of successive births</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>	<p>How many of these births did your mother have after you were born? Interviewer: write "00" if none</p>	SH 3
	<p style="text-align: center;">Total</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>	<p>Interviewer: check that SH2+SH3+respondent=SH1</p>	SH 4
SH7 ← { 1 2 3	<p>-----yes -----no -----DK</p>	<p>Except for your brothers and sisters from your biological mother, did any of your family members have congenital birth defect?</p>	SH 5
A B C D E F	<p>Father /mother of respondent Brothers / Sisters(not from respondent biological mother) Children of brothers /sister Uncles/aunts cousins others(specify)_____</p>	<p style="text-align: center;">Specify the relationship (Tick the choices)</p>	SH 6

Now I want you to mention the names of your brothers and sisters from your biological mother including you.						
(6)	(5)	(4)	(3)	(2)	(1) Respondent's name	
_____	_____	_____	_____	_____	_____	SH7-what was the name of your oldest brother or sister?
1 ----- male 2----- female	1 ----- male 2----- female	1 ----- male 2----- female	1 ----- male 2----- female	1 ----- male 2----- female		SH8-is (name) male or female?
1----- نعم 2----- لا SH11 ← 8----- لا اعرف SH 13 ←	1-----yes 2----- no SH 11 ← 8-----DK SH 13 ←	1-----yes 2----- no SH 11 ← 8-----DK SH 13 ←	1-----yes 2----- no SH 11 ← 8-----DK SH 13 ←	1-----yes 2----- no SH 11 ← 8-----DK SH 13 ←		SH9- is (name) still alive?
<input type="text"/> <input type="text"/> SH13 ←	<input type="text"/> <input type="text"/> SH13 ←	<input type="text"/> <input type="text"/> SH13 ←	<input type="text"/> <input type="text"/> SH13 ←	<input type="text"/> <input type="text"/> SH13 ←		SH10- how old is (name)?
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> I don't know 9998	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 9998 I don't know	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 9998 I don't know	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 9998 I don't know	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 9998 I don't know		SH11-on what year did (name) die?
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>		SH12- how old was (name) when he/she died?
1----- yes 2-----no 3..... DK ←(P)	1----- yes 2-----no 3..... DK ←(2)	1----- yes 2-----no 3..... DK ((2) ←	---- no1----- yes 2----- 3..... DK (2) ←	1----- yes 2-----no 3..... DK (2) ←	1----- yes 2-----no 3..... DK (2) ←	SH13- did he/she born with CBD?
Immediately = after birth=1 During the 1 st year =2 After the 1 st year=3 DK=4	Immediately after birth=1 During the 1 st year =2 After the 1 st year=3 DK=4	1 Immediately after birth=1 During the 1 st year =2 After the 1 st year=3 DK=4	Immediately after birth=1 During the 1 st year =2 After the 1 st year=3 DK=4	1 Immediately after birth=1 During the 1 st year =2 After the 1 st year=3 DK=4	Immediately after birth=1 During the 1 st year =2 After the 1 st year=3 DK=4	SH 14- when the CBD was discovered for (name)?
<input type="text"/> <input type="text"/> 1 <input type="text"/> <input type="text"/> 2 <input type="text"/> <input type="text"/> 3	<input type="text"/> <input type="text"/> 1 <input type="text"/> <input type="text"/> 2 <input type="text"/> <input type="text"/> 3	<input type="text"/> <input type="text"/> 1 <input type="text"/> <input type="text"/> 2 <input type="text"/> <input type="text"/> 3	<input type="text"/> <input type="text"/> 1 <input type="text"/> <input type="text"/> 2 <input type="text"/> <input type="text"/> 3	<input type="text"/> <input type="text"/> 1 <input type="text"/> <input type="text"/> 2 <input type="text"/> <input type="text"/> 3	<input type="text"/> <input type="text"/> 1 <input type="text"/> <input type="text"/> 2 <input type="text"/> <input type="text"/> 3	*SH15- what is/was the type of CBD?

,05=cleft palate ,04=cleft lip,03=other chromosomal anomalies ,02= Down syndrome,01= CBD of heart & circulatory system: Q. SH15 code*
 ambiguous 09=other congenital birth defects of brain and spinal cord ,08=microcephaly ,07=congenital hydrocephaly, 06=Spina Bifida
 ,14= other congenital anomalies of genitalia ,13=hypospadias or epispadias,12= undescending testis ,11 =congenital hydrocele,10=genitalia extra ,18=eye congenital anomalies ,17= other congenital anomalies of GIT system ,imperforate anus=16 ,15= congenital anomalies of skin

= fused fingers,23= polydactyl,22= cleft lip and palate ,21= lower limb congenital anomalies , 20=upper limb congenital anomalies,19= auricle congenital esophageal ,28 = congenital deafness,27 =vertebral column congenital anomalies,26 = congenital cataract ,25= congenital blindness,24 98= DK ,96=others , 30 = congenital hip dislocation29 =atrasia

Now I want you to mention the names of your brothers and sisters from your biological mother including you.						
(6)	(5)	(4)	(3)	(2)	(1) Respondent's name	SH7-what was the name of your oldest brother or sister?
_____	_____	_____	_____	_____	_____	
1 ----- male 2----- female	1 ----- male 2----- female	1 ----- male 2----- female	1 ----- male 2----- female	1 ----- male 2----- female		SH8-is (name) male or female?
1----- نعم 2----- لا SH11 ← 8----- لا اعرف SH 13 ←	1-----yes 2----- no SH 11 ← 8----DK SH 13 ←	1-----yes 2----- no SH 11 ← 8----DK SH 13 ←	1-----yes 2----- no SH 11 ← 8----DK SH 13 ←	1-----yes 2----- no SH 11 ← 8----DK SH 13 ←		SH9- is (name) still alive?
<input type="text"/> <input type="text"/> SH13 ←	<input type="text"/> <input type="text"/> SH13 ←	<input type="text"/> <input type="text"/> SH13 ←	<input type="text"/> <input type="text"/> SH13 ←	<input type="text"/> <input type="text"/> SH13 ←		SH10- how old is (name)?
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> I don't know 9998	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 9998 I don't know	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 9998 I don't know	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 9998 I don't know	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 9998 I don't know		SH11-on what year did (name) die?
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>		SH12- how old was (name) when he/she died?
1----- yes 2-----no 3..... DK ←(2)	1----- yes 2-----no 3..... DK ←(2)	1----- yes 2-----no 3..... DK ←((2)	---- no1----- yes 2----- 3..... DK (2) ←	1----- yes 2-----no 3..... DK (2) ←	1----- yes 2-----no 3..... DK (2) ←	SH13- did he/she born with CBD?
Immediately = after birth=1 During the 1 st year =2 After the 1 st year=3 DK=4	Immediately after birth=1 During the 1 st year =2 After the 1 st year=3 DK=4	1 Immediately after birth=1 During the 1 st year =2 After the 1 st year=3 DK=4	Immediately after birth=1 During the 1 st year =2 After the 1 st year=3 DK=4	1 Immediately after birth=1 During the 1 st year =2 After the 1 st year=3 DK=4	Immediately after birth=1 During the 1 st year =2 After the 1 st year=3 DK=4	SH 14- when the CBD was discovered for (name)?
<input type="text"/> <input type="text"/> 1 <input type="text"/> <input type="text"/> 2 <input type="text"/> <input type="text"/> 3	<input type="text"/> <input type="text"/> 1 <input type="text"/> <input type="text"/> 2 <input type="text"/> <input type="text"/> 3	<input type="text"/> <input type="text"/> 1 <input type="text"/> <input type="text"/> 2 <input type="text"/> <input type="text"/> 3	<input type="text"/> <input type="text"/> 1 <input type="text"/> <input type="text"/> 2 <input type="text"/> <input type="text"/> 3	<input type="text"/> <input type="text"/> 1 <input type="text"/> <input type="text"/> 2 <input type="text"/> <input type="text"/> 3	<input type="text"/> <input type="text"/> 1 <input type="text"/> <input type="text"/> 2 <input type="text"/> <input type="text"/> 3	*SH15- what is/was the type of CBD?

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,05=cleft palate ,04=cleft lip,03=other chromosomal anomalies ,02= Down syndrome,01= CBD of heart & circulatory system: Q. SH15 code*
ambiguous 09=other congenital birth defects of brain and spinal cord ,08=microcephaly ,07=congenital hydrocephaly, 06=Spina Bifida
,14= other congenital anomalies of genitalia ,13=hypospadias or epispadias,12= undescending testis ,11 =congenital hydrocele,10=genitalia
extra ,18=eye congenital anomalies ,17= other congenital anomalies of GIT system ,imperforate anus=16 ,15= congenital anomalies of skin
= fused fingers,23= polydactyl,22= cleft lip and palate ,21= lower limb congenital anomalies , 20=upper limb congenital anomalies,19= auricle
congenital esophageal ,28 = congenital deafness,27 =vertebral column congenital anomalies,26 = congenital cataract ,25= congenital blindness,24
98= DK ,96=others , 30 = congenital hip dislocation 29 =atrasia

Now I want you to mention the names of your brothers and sisters from your biological mother including you.						
(6)	(5)	(4)	(3)	(2)	(1) Respondent's name	
_____	_____	_____	_____	_____	_____	SH7-what was the name of your oldest brother or sister?
1 ----- male 2----- female	1 ----- male 2----- female	1 ----- male 2----- female	1 ----- male 2----- female	1 ----- male 2----- female		SH8-is (name) male or female?
1----- نعم 2----- لا SH11 ← 8----- لا اعرف SH13 ←	1-----yes 2----- no SH 11 ← 8-----DK SH 13 ←	1-----yes 2----- no SH 11 ← 8-----DK SH 13 ←	1-----yes 2----- no SH 11 ← 8-----DK SH 13 ←	1-----yes 2----- no SH 11 ← 8-----DK SH 13 ←		SH9- is (name) still alive?
<input type="text"/> <input type="text"/> SH13 ←	<input type="text"/> <input type="text"/> SH13 ←	<input type="text"/> <input type="text"/> SH13 ←	<input type="text"/> <input type="text"/> SH13 ←	<input type="text"/> <input type="text"/> SH13 ←		SH10- how old is (name)?
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> I don't know 9998	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 9998 I don't know	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 9998 I don't know	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 9998 I don't know	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 9998 I don't know		SH11-on what year did (name) die?
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>		SH12- how old was (name) when he/she died?
1----- yes 2-----no 3..... DK ←(P)	1----- yes 2-----no 3..... DK ←(2)	1----- yes 2-----no 3..... DK ((2) ←	---- no 1----- yes 2----- 3..... DK (2) ←	1----- yes 2-----no 3..... DK (2) ←	1----- yes 2-----no 3..... DK (2) ←	SH13- did he/she born with CBD?
Immediately = after birth=1 During the 1 st year =2 After the 1 st year=3 DK=4	Immediately after birth=1 During the 1 st year =2 After the 1 st year=3 DK=4	1 Immediately after birth=1 During the 1 st year =2 After the 1 st year=3 DK=4	Immediately after birth=1 During the 1 st year =2 After the 1 st year=3 DK=4	1 Immediately after birth=1 During the 1 st year =2 After the 1 st year=3 DK=4	Immediately after birth=1 During the 1 st year =2 After the 1 st year=3 DK=4	SH 14- when the CBD was discovered for (name)?
<input type="text"/> <input type="text"/> 1 <input type="text"/> <input type="text"/> 2 <input type="text"/> <input type="text"/> 3	<input type="text"/> <input type="text"/> 1 <input type="text"/> <input type="text"/> 2 <input type="text"/> <input type="text"/> 3	<input type="text"/> <input type="text"/> 1 <input type="text"/> <input type="text"/> 2 <input type="text"/> <input type="text"/> 3	<input type="text"/> <input type="text"/> 1 <input type="text"/> <input type="text"/> 2 <input type="text"/> <input type="text"/> 3	<input type="text"/> <input type="text"/> 1 <input type="text"/> <input type="text"/> 2 <input type="text"/> <input type="text"/> 3	<input type="text"/> <input type="text"/> 1 <input type="text"/> <input type="text"/> 2 <input type="text"/> <input type="text"/> 3	*SH15- what is/was the type of CBD?

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= fused fingers,23= polydactyl,22= cleft lip and palate ,21= lower limb congenital anomalies , 20=upper limb congenital anomalies,19= auricle congenital esophageal ,28 = congenital deafness,27 =vertebral column congenital anomalies,26 = congenital cataract ,25= congenital blindness,24 98= DK ,96=others , 30 = congenital hip dislocation29 =atrasia

		Field surveyor		
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