CENTRAL STATISTICAL AGENCY   01 September 2010
2010 ETHIOPIA DEMOGRAPHIC AND HEALTH SURVEY
HOUSEHOLD QUESTIONNAIRE

IMPLEMENTING ORGANIZATION: CSA

IDENTIFICATION

LOCALITY NAME _____

NAME OF HOUSEHOLD HEAD _____

CLUSTER NUMBER . . . .

HOUSEHOLD NUMBER . . . .

REGION . . . .

ALTITUDE (METRES) . . . .

INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE	_____	_____	_____	DAY MONTH YEAR
INTERVIEWER'S NAME	_____	_____	_____	INT. NUMBER
RESULT*	_____	_____	_____	RESULT
NEXT VISIT: DATE	_____	_____	▨▨▨	TOTAL NUMBER OF VISITS
TIME	_____	_____	▨▨▨	

*RESULT CODES:
1   COMPLETED
2   NO HOUSEHOLD MEMBER AT HOME OR NO COMPETENT RESPONDENT AT HOME AT TIME OF VISIT
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)

TOTAL PERSONS IN HOUSEHOLD

TOTAL ELIGIBLE WOMEN

TOTAL ELIGIBLE MEN

LINE NO. OF RESPONDENT TO HOUSEHOLD QUESTIONNAIRE

LANGUAGE OF QUESTIONNAIRE: [6]   LANGUAGE OF INTERVIEW: [ ]   LANGUAGE OF RESPONDENT: [ ]

LANGUAGE CODES: AMARIGNA = 1, OROMIGNA = 2, TIGRIGNA = 3, OTHER = 6

TRANSLATOR USED: [ ]
(YES = 1, NO = 2)

SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED BY
NAME _____	NAME _____		
DATE _____	DATE _____		

HH 1

Introduction and Consent

Hello. My name is _____ and I am working with the Central Statistical Agency (CSA). We are conducting a national survey about various health issues. We would very much appreciate your participation in this survey. This information will help the government to plan health services. The survey usually takes between 10 and 15 minutes to complete. As part of the survey we would first like to ask some questions about your household. Whatever information you provide will be kept strictly confidential, and will not be shared with anyone other than members of our survey team.

Participation in this survey is voluntary, and if we should come to any question you don't want to answer, just let me know and I will go on to the next question; or you can stop the interview at any time. However, we hope you will participate in the survey since your views are important.

At this time, do you want to ask me anything about the survey?
May I begin the interview now?

Signature of interviewer: _____   Date: _____

RESPONDENT AGREES TO BE INTERVIEWED . . . 1   RESPONDENT DOES NOT AGREE TO BE INTERVIEWED   . . . 2 ⟶ END

HH 2

HOUSEHOLD SCHEDULE

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	MARITAL STATUS (IF AGE 15 OR OLDER)	ELIGIBILITY			
	Please give me the names of the persons who usually live in your household and guests of the household who stayed here last night, starting with the head of the household. AFTER LISTING THE NAMES AND RECORDING THE RELATIONSHIP AND SEX FOR EACH PERSON, ASK QUESTIONS 2A-2C TO BE SURE THAT THE LISTING IS COMPLETE. THEN ASK APPROPRIATE QUESTIONS IN COLUMNS 5-19 FOR EACH PERSON.	What is the relationship of (NAME) to the head of household? SEE CODES BELOW.	Is (NAME) male or female?	Does (NAME) usually live here?	Did (NAME) stay here last night?	How old is (NAME)? IF 95 OR MORE, RECORD '95'.	What is (NAME'S) current marital status? 1 = MARRIED 2 = LIVING TOGETHER 3 = DIVORCED/ SEPARATED 4 = WIDOWED 5 = NEVER-MARRIED AND NEVER LIVED TOGETHER	CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49	CIRCLE LINE NUMBER OF ALL MEN AGE 15-59	CIRCLE LINE NUMBER OF ALL CHILDREN AGE 0-5	CIRCLE LINE NUMBER OF ALL CHILDREN AGE 5-14
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(11A)
01			M 1 F 2	Y 1 N 2	Y 1 N 2	IN YEARS		01	01	01	01
02			1 2	1 2	1 2			02	02	02	02
03			1 2	1 2	1 2			03	03	03	03
04			1 2	1 2	1 2			04	04	04	04
05			1 2	1 2	1 2			05	05	05	05
06			1 2	1 2	1 2			06	06	06	06
07			1 2	1 2	1 2			07	07	07	07
08			1 2	1 2	1 2			08	08	08	08
09			1 2	1 2	1 2			09	09	09	09
10			1 2	1 2	1 2			10	10	10	10

CODES FOR Q. 3: RELATIONSHIP TO HEAD OF HOUSEHOLD

01 = HEAD
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 = NIECE/NEPHEW
10 = OTHER RELATIVE
11 = ADOPTED/FOSTER/ STEPCHILD
12 = NOT RELATED
98 = DON'T KNOW

HH 3

	IF AGE 0-17 YEARS				IF AGE 18-59	IF AGE 5 YEARS OR OLDER		IF AGE 5-24 YEARS	
LINE NO.	SURVIVORSHIP AND RESIDENCE OF BIOLOGICAL PARENTS				CHRONIC ILLNESS	EVER ATTENDED SCHOOL		CURRENT SCHOOL ATTENDANCE	
	Is (NAME)'s natural mother alive?	Does (NAME)'s natural mother usually live in this household or was she a guest last night? IF YES: What is her name? RECORD MOTHER'S LINE IF NO, RECORD '00'.	Is (NAME)'s natural father alive?	Does (NAME)'s natural father usually live in this household or was he a guest last night? IF YES: What is his name? RECORD FATHER'S LINE NUMBER. IF NO, RECORD '00'.	Has (NAME) been very sick for at least 3 months in the last 12 months? By very sick I mean has (NAME) been too sick to work or to carry out his/her normal activities at home?	Has (NAME) ever attended school?	What is the highest level of school (NAME) has attended? SEE CODES BELOW. What is the highest grade/ number of years (NAME) completed at that level? SEE CODES BELOW.	Did (NAME) attend school at any time during the 2003 E.C. school year?	During this school year, what level and grade/year is (NAME) attending? SEE CODES BELOW.
	(12)	(13)	(14)	(15)	(15A)	(16)	(17)	(18)	(19)
	Y N DK		Y N DK		Y N DK	Y N	LEVEL GRADE	Y N	LEVEL GRADE
01	1 2 8 GO TO 14		1 2 8 GO TO 16		1 2 8	1 2 NEXT LINE		1 2 NEXT LINE	
02	1 2 8 GO TO 14		1 2 8 GO TO 16		1 2 8	1 2 NEXT LINE		1 2 NEXT LINE	
03	1 2 8 GO TO 14		1 2 8 GO TO 16		1 2 8	1 2 NEXT LINE		1 2 NEXT LINE	
04	1 2 8 GO TO 14		1 2 8 GO TO 16		1 2 8	1 2 NEXT LINE		1 2 NEXT LINE	
05	1 2 8 GO TO 14		1 2 8 GO TO 16		1 2 8	1 2 NEXT LINE		1 2 NEXT LINE	
06	1 2 8 GO TO 14		1 2 8 GO TO 16		1 2 8	1 2 NEXT LINE		1 2 NEXT LINE	
07	1 2 8 GO TO 14		1 2 8 GO TO 16		1 2 8	1 2 NEXT LINE		1 2 NEXT LINE	
08	1 2 8 GO TO 14		1 2 8 GO TO 16		1 2 8	1 2 NEXT LINE		1 2 NEXT LINE	
09	1 2 8 GO TO 14		1 2 8 GO TO 16		1 2 8	1 2 NEXT LINE		1 2 NEXT LINE	
10	1 2 8 GO TO 14		1 2 8 GO TO 16		1 2 8	1 2 NEXT LINE		1 2 NEXT LINE	

CODES FOR Qs. 17 AND 19: EDUCATION

GRADE

1 = PRIMARY	00 = LESS THAN 1 YEAR COMPLETED
2 = SECONDARY	(USE '00' FOR Q. 17 ONLY.
3 = TECHNICAL/VOCATIONAL	THIS CODE IS NOT ALLOWED
4 = HIGHER	FOR Q. 19)
8 = DON'T KNOW	98 = DON'T KNOW

NOTE:
IF PRIMARY OR SECONDARY, RECORD COMPLETED GRADE.
IF TECHNICAL/VOCATIONAL OR HIGHER, RECORD YEARS COMPLETED.

HH 4

| | | IF AGE 15 OR OLDER | |
| | | | |

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	MARITAL STATUS	ELIGIBILITY			
	Please give me the names of the persons who usually live in your household and guests of the household who stayed here last night, starting with the head of the household. AFTER LISTING THE NAMES AND RECORDING THE RELATIONSHIP AND SEX FOR EACH PERSON, ASK QUESTIONS 2A-2C TO BE SURE THAT THE LISTING IS COMPLETE. THEN ASK APPROPRIATE QUESTIONS IN COLUMNS 5-19 FOR EACH PERSON.	What is the relationship of (NAME) to the head of household? SEE CODES BELOW.	Is (NAME) male or female?	Does (NAME) usually live here?	Did (NAME) stay here last night?	How old is (NAME)? IF 95 OR MORE, RECORD '95'.	What is (NAME'S) current marital status? 1 = MARRIED 2 = LIVING TOGETHER 3 = DIVORCED/ SEPARATED 4 = WIDOWED 5 = NEVER- MARRIED AND NEVER LIVED TOGETHER	CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49	CIRCLE LINE NUMBER OF ALL MEN AGE 15-59	CIRCLE LINE NUMBER OF ALL CHILDREN AGE 0-5	CIRCLE LINE NUMBER OF ALL CHILDREN AGE 5-14
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(11A)
			M F	Y N	Y N	IN YEARS					
11			1 2	1 2	1 2			11	11	11	11
12			1 2	1 2	1 2			12	12	12	12
13			1 2	1 2	1 2			13	13	13	13
14			1 2	1 2	1 2			14	14	14	14
15			1 2	1 2	1 2			15	15	15	15
16			1 2	1 2	1 2			16	16	16	16
17			1 2	1 2	1 2			17	17	17	17
18			1 2	1 2	1 2			18	18	18	18
19			1 2	1 2	1 2			19	19	19	19
20			1 2	1 2	1 2			20	20	20	20

TICK HERE IF CONTINUATION SHEET USED ☐

CODES FOR Q. 3: RELATIONSHIP TO HEAD OF HOUSEHOLD

2A) Just to make sure that I have a complete listing. Are there any other persons such as small children or infants that we have not listed? YES ☐→ ADD TO TABLE   NO ☐

2B) Are there any other people who may not be members of your family, such as domestic servants, lodgers, or friends who usually live here? YES ☐→ ADD TO TABLE   NO ☐

2C) Are there any guest or temporary visitors staying here, or anyone else who stayed here last night, who have not been listed? YES ☐→ ADD TO TABLE   NO ☐

01 = HEAD
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 = NIECE/NEPHEW
10 = OTHER RELATIVE
11 = ADOPTED/FOSTER/ STEPCHILD
12 = NOT RELATED
98 = DON'T KNOW

HH 5

	IF AGE 0-17 YEARS				IF AGE 18-59	IF AGE 5 YEARS OR OLDER		IF AGE 5-24 YEARS	
LINE NO.	SURVIVORSHIP AND RESIDENCE OF BIOLOGICAL PARENTS				CHRONIC ILLNESS	EVER ATTENDED SCHOOL		CURRENT SCHOOL ATTENDANCE	
	Is (NAME)'s natural mother alive?	Does (NAME)'s natural mother usually live in this household or was she a guest last night? IF YES: What is her name? RECORD MOTHER'S LINE IF NO, RECORD '00'.	Is (NAME)'s natural father alive?	Does (NAME)'s natural father usually live in this household or was he a guest last night? IF YES: What is his name? RECORD FATHER'S LINE NUMBER. IF NO, RECORD '00'.	Has (NAME) been very sick for at least 3 months in the last 12 months? By very sick I mean has (NAME) been too sick to work or to carry out his/her normal activities at home?	Has (NAME) ever attended school?	What is the highest level of school (NAME) has attended? SEE CODES BELOW. What is the highest grade/ number of years (NAME) completed at that level? SEE CODES BELOW.	Did (NAME) attend school at any time during the 2003 E.C. school year?	During this school year, what level and grade/year is (NAME) attending? SEE CODES BELOW.
	(12)	(13)	(14)	(15)	(15A)	(16)	(17)	(18)	(19)
11	Y 1 N 2 → DK 8 GO TO 14	☐☐	Y 1 N 2 → DK 8 GO TO 16	☐☐	Y 1 N 2 DK 8	Y 1 N 2 → NEXT LINE	☐☐ LEVEL GRADE	Y 1 N 2 → NEXT LINE	☐☐ LEVEL GRADE
12	1 2 → 8 GO TO 14	☐☐	1 2 → 8 GO TO 16	☐☐	1 2 8	1 2 → NEXT LINE	☐☐	1 2 → NEXT LINE	☐☐
13	1 2 → 8 GO TO 14	☐☐	1 2 → 8 GO TO 16	☐☐	1 2 8	1 2 → NEXT LINE	☐☐	1 2 → NEXT LINE	☐☐
14	1 2 → 8 GO TO 14	☐☐	1 2 → 8 GO TO 16	☐☐	1 2 8	1 2 → NEXT LINE	☐☐	1 2 → NEXT LINE	☐☐
15	1 2 → 8 GO TO 14	☐☐	1 2 → 8 GO TO 16	☐☐	1 2 8	1 2 → NEXT LINE	☐☐	1 2 → NEXT LINE	☐☐
16	1 2 → 8 GO TO 14	☐☐	1 2 → 8 GO TO 16	☐☐	1 2 8	1 2 → NEXT LINE	☐☐	1 2 → NEXT LINE	☐☐
17	1 2 → 8 GO TO 14	☐☐	1 2 → 8 GO TO 16	☐☐	1 2 8	1 2 → NEXT LINE	☐☐	1 2 → NEXT LINE	☐☐
18	1 2 → 8 GO TO 14	☐☐	1 2 → 8 GO TO 16	☐☐	1 2 8	1 2 → NEXT LINE	☐☐	1 2 → NEXT LINE	☐☐
19	1 2 → 8 GO TO 14	☐☐	1 2 → 8 GO TO 16	☐☐	1 2 8	1 2 → NEXT LINE	☐☐	1 2 → NEXT LINE	☐☐
20	1 2 → 8 GO TO 14	☐☐	1 2 → 8 GO TO 16	☐☐	1 2 8	1 2 → NEXT LINE	☐☐	1 2 → NEXT LINE	☐☐

CODES FOR Qs. 17 AND 19: EDUCATION

GRADE

1 = PRIMARY	00 = LESS THAN 1 YEAR COMPLETED
2 = SECONDARY	(USE '00' FOR Q. 17 ONLY.
3 = TECHNICAL/VOC CERTIF	THIS CODE IS NOT ALLOWED
4 = HIGHER	FOR Q. 19).
8 = DON'T KNOW	98 = DON'T KNOW

NOTE:
IF PRIMARY OR SECONDARY, RECORD COMPLETED GRADE.
IF TECHNICAL/VOCATIONAL OR HIGHER, RECORD YEARS COMPLETED.

HH 6

QUESTIONS ON CHILD LABOUR FOR CHILDREN AGE 5-14

20	CHECK COLUMN 11A. RECORD THE LINE NUMBER AND AGE FOR ALL ELIGIBLE CHILDREN 5-14 YEARS IN QUESTION 21. IF MORE THAN THREE CHILDREN, USE ADDITIONAL QUESTIONNAIRE(S). THEN PROCEED TO ASK QUESTIONS 22-28 OF MOTHERS OR CARETAKERS OF THE CHILDREN.			
		CHILD 1	CHILD 2	CHILD 3
21	LINE NUMBER FROM COLUMN 1 NAME FROM COLUMN 2	LINE NUMBER ... ☐☐ NAME _____	LINE NUMBER ... ☐☐ NAME _____	LINE NUMBER ... ☐☐ NAME _____
22	During the past week, did (NAME) do any kind of work for someone who is not a member of this household? IF YES: Was (NAME) paid in cash, kind, or not paid?	YES, PAID IN CASH/ KIND .... 1 YES, UNPAID .... 2 NO .... 3 (GO TO 24) ↵	YES, PAID IN CASH/ KIND .... 1 YES, UNPAID .... 2 NO .... 3 (GO TO 24) ↵	YES, PAID IN CASH/ KIND .... 1 YES, UNPAID .... 2 NO .... 3 (GO TO 24) ↵
23	During the past week about how many hours did (NAME) do this work for someone who is not a member of this household? IF MORE THAN ONE JOB INCLUDE ALL HOURS AT ALL JOBS	NO OF HOURS ☐☐	NO OF HOURS ☐☐	NO OF HOURS ☐☐
24	At any time during the past year did (NAME) do any kind of work for someone who is not a member of this household? IF YES: Was (NAME) paid in cash, kind, or not paid?	YES, PAID IN CASH/ KIND .... 1 YES, UNPAID .... 2 NO 3	YES, PAID IN CASH/ KIND .... 1 YES, UNPAID .... 2 NO 3	YES, PAID IN CASH/ KIND .... 1 YES, UNPAID .... 2 NO 3
25	During the past week did (NAME) help with household chores such as shopping, collecting fire wood, cleaning, or fetching water?	YES .... 1 NO .... 2 (GO TO 27) ↵	YES .... 1 NO .... 2 (GO TO 27) ↵	YES .... 1 NO .... 2 (GO TO 27) ↵
26	During the past week how many hours did (NAME) spend doing these chores?	NO OF HOURS ☐☐	NO OF HOURS ☐☐	NO OF HOURS ☐☐
27	During the past week did (NAME) do any other family work, such as on the farm or in a business or selling goods in the street?	YES .... 1 NO .... 2 (GO BACK TO 22 IN NEXTCOLUMN ; OR IF NO MORE CHILDREN GO TO 101) ↵	YES .... 1 NO .... 2 (GO BACK TO 22 IN NEXTCOLUMN ; OR IF NO MORE CHILDREN GO TO 101) ↵	YES .... 1 NO .... 2 (GO BACK TO 22 IN THE FIRST COLUMN OF THE NEXT PAGE;OR, IF NO MORE CHILDREN, GO TO 101) ↵
28	During the past week how many hours did (NAME) do this work?	NO OF HOURS ☐☐ (GO BACK TO 22 IN NEXTCOLUMN ; OR IF NO MORE CHILDREN GO TO 101) ↵	NO OF HOURS ☐☐ (GO BACK TO 22 IN NEXTCOLUMN ; OR IF NO MORE CHILDREN GO TO 101) ↵	NO OF HOURS ☐☐ (GO BACK TO 22 IN THE FIRST COLUMN OF THE NEXT PAGE;OR, IF NO MORE CHILDREN, GO TO 101) ↵

HH 7

QUESTIONS ON CHILD LABOUR FOR CHILDREN AGE 5-14

20	CHECK COLUMN 11A. RECORD THE LINE NUMBER AND AGE FOR ALL ELIGIBLE CHILDREN 5-14 YEARS IN QUESTION 21. IF MORE THAN THREE CHILDREN, USE ADDITIONAL QUESTIONNAIRE(S). THEN PROCEED TO ASK QUESTIONS 22-28 OF MOTHERS OR CARETAKERS OF THE CHILDREN.			
		CHILD 4	CHILD 5	CHILD 6
21	LINE NUMBER FROM COLUMN 1 NAME FROM COLUMN 2	LINE NUMBER ... NAME _____	LINE NUMBER ... NAME _____	LINE NUMBER ... NAME _____
22	During the past week, did (NAME) do any kind of work for someone who is not a member of this household? IF YES: Was (NAME) paid in cash, kind, or not paid?	YES, PAID IN CASH/ KIND .... 1 YES, UNPAID .... 2 NO .... 3 (GO TO 24)	YES, PAID IN CASH/ KIND .... 1 YES, UNPAID .... 2 NO .... 3 (GO TO 24)	YES, PAID IN CASH/ KIND .... 1 YES, UNPAID .... 2 NO .... 3 (GO TO 24)
23	During the past week about how many hours did (NAME) do this work for someone who is not a member of this household? IF MORE THAN ONE JOB INCLUDE ALL HOURS AT ALL JOBS	NO OF HOURS	NO OF HOURS	NO OF HOURS
24	At any time during the past year did (NAME) do any kind of work for someone who is not a member of this household? IF YES: Was (NAME) paid in cash, kind, or not paid?	YES, PAID IN CASH/ KIND .... 1 YES, UNPAID .... 2 NO 3	YES, PAID IN CASH/ KIND .... 1 YES, UNPAID .... 2 NO 3	YES, PAID IN CASH/ KIND .... 1 YES, UNPAID .... 2 NO 3
25	During the past week did (NAME) help with household chores such as shopping, collecting fire wood, cleaning, or fetching water?	YES .... 1 NO .... 2 (GO TO 27)	YES .... 1 NO .... 2 (GO TO 27)	YES .... 1 NO .... 2 (GO TO 27)
26	During the past week how many hours did (NAME) spend doing these chores?	NO OF HOURS	NO OF HOURS	NO OF HOURS
27	During the past week did (NAME) do any other family work, such as on the farm or in a business or selling goods in the street?	YES .... 1 NO .... 2 (GO BACK TO 22 IN NEXTCOLUMN ; OR IF NO MORE CHILDREN GO TO 101)	YES .... 1 NO .... 2 (GO BACK TO 22 IN NEXTCOLUMN ; OR IF NO MORE CHILDREN GO TO 101)	YES .... 1 NO .... 2 (GO BACK TO 22 IN THE FIRST COLUMN OF AN ADDITIONAL QUESTIONNAIRE; OR , IF NO MORE CHILDREN, GO TO 101)
28	During the past week how many hours did (NAME) do this work?	NO OF HOURS (GO BACK TO 22 IN NEXTCOLUMN ; OR IF NO MORE CHILDREN GO TO 101)	NO OF HOURS (GO BACK TO 22 IN NEXTCOLUMN ; OR IF NO MORE CHILDREN GO TO 101)	NO OF HOURS (GO BACK TO 22 IN THE FIRST COLUMN OF AN ADDITIONAL QUESTIONNAIRE; OR , IF NO MORE CHILDREN, GO TO 101)

HH 8

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	How often does anyone smoke inside your house? Would you say daily, weekly, monthly, less than monthly, or never?	DAILY .... 1 WEEKLY .... 2 MONTHLY .... 3 LESS THAN MONTHLY .... 4 NEVER 5	

102	What is the main source of drinking water for members of your household?	PIPED WATER
		   PIPED INTO DWELLING 11
		   PIPED TO YARD/PLOT 12
		   PUBLIC TAP/STANDPIPE 13
		BOREHOLE 21
		DUG WELL
		  PROTECTED WELL 31
		  UNPROTECTED WELL 32
		WATER FROM SPRING
		  PROTECTED SPRING...... 41
		  UNPROTECTED SPRING 42
		RAINWATER 51
		TANKER TRUCK 61
		CART WITH SMALL TANK 71
		SURFACE WATER
		   RIVER/LAKE/POND/STREAM/DAM 81
		
		BOTTLED WATER 91
		
		OTHER _____ 96
		            (SPECIFY)
			→ 105
			
			→ 103
			
			→ 105
			
			→ 103
			
			→ 103

102A	What is the main source of water used by your household for other purposes such as cooking and handwashing?	PIPED WATER
		   PIPED INTO DWELLING 11
		   PIPED TO YARD/PLOT 12
		   PUBLIC TAP/STANDPIPE 13
		BOREHOLE 21
		DUG WELL
		  PROTECTED WELL 31
		  UNPROTECTED WELL 32
		WATER FROM SPRING
		  PROTECTED SPRING...... 41
		  UNPROTECTED SPRING 42
		RAINWATER 51
		TANKER TRUCK 61
		CART WITH SMALL TANK 71
		SURFACE WATER
		   RIVER/LAKE/POND/STREAM/DAM. ... 81
		
		OTHER _____ 96
		            (SPECIFY)
			→ 105
			
			→ 105

103	Where is that water source located?	IN OWN DWELLING .... 1 IN OWN YARD/PLOT .... 2 ELSEWHERE 3	105
104	How long does it take to go there, get water, and come back?	MINUTES .... ☐☐☐ DON'T KNOW 998	

104A	Who usually goes to this source to fetch the water for your household?	ADULT WOMAN 1
		ADULT MAN 2
		FEMALE CHILD
		  UNDER 15 YEARS OLD 3
		MALE CHILD
		  UNDER 15 YEARS OLD 4
		
		OTHER _____ 6
		            (SPECIFY)	

HH 9

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
105	Do you do anything to the water to make it safer to drink?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	107

106	What do you usually do to make the water safer to drink?
	
	Anything else?
	
	RECORD ALL MENTIONED.
		BOIL . . . . A
		ADD BLEACH/CHLORINE/
		    WATER GUARD/PUR/
		    BISHAN GARI/AQUATABS . . . . B
		STRAIN THROUGH A CLOTH C
		BIO SAND /COMPOSITE/
		    CERAMIC POT FILTER . . . . D
		SOLAR DISINFECTION . . . . E
		LET IT STAND AND SETTLE . . . . F
		
		OTHER _____ X
		                  (SPECIFY)
		DON'T KNOW . . . . Z	

107	What kind of toilet facility do members of your household usually use?
	
	IF THE RESPONDENT DOES NOT UNDERSTAND WHICH TYPE OF TOILET THEY HAVE, ASK TO OBSERVE THE TOILET FACILITY AND CIRCLE THE APPROPRIATE CODE.
		FLUSH OR POUR FLUSH TOILET
		    FLUSH TO PIPED SEWER
		        SYSTEM 11
		    FLUSH TO SEPTIC TANK 12
		    FLUSH TO PIT LATRINE 13
		    FLUSH TO SOMEWHERE ELSE 14
		    FLUSH, DON'T KNOW WHERE. 15
		PIT LATRINE
		    VENTILATED IMPROVED
		        PIT LATRINE (VIP). 21
		    PIT LATRINE WITH SLAB 22
		    PIT LATRINE WITHOUT SLAB/
		        OPEN PIT 23
		COMPOSTING TOILET 31
		BUCKET TOILET 41
		HANGING TOILET/HANGING
		    LATRINE 51
		NO FACILITY/BUSH/FIELD 61
		
		OTHER _____ 96
		                  (SPECIFY)
			110

108	Do you share this toilet facility with other households?	YES . . . . 1 NO 2	110
109	How many households use this toilet facility?	NO. OF HOUSEHOLDS IF LESS THAN 10 . . . . [0][ ] 10 OF MORE HOUSEHOLDS . . . . 95 DON'T KNOW 98	

110	Does your household have:
	
	Electricity?
	A watch/clock?
	A radio?
	A television?
	A mobile telephone?
	A non-mobile telephone?
	A refrigerator?
	A table?
	A chair?
	A bed with cotton/sponge/spring mattress?
	
	An electric mitad?
	A kerosene lamp/pressure lamp?
		YES NO
		ELECTRICITY 1 2
		WATCH/CLOCK 1 2
		RADIO 1 2
		TELEVISION 1 2
		MOBILE TELEPHONE 1 2
		NON-MOBILE TELEPHONE 1 2
		REFRIGERATOR 1 2
		TABLE 1 2
		CHAIR 1 2
		A BED WITH COTTON/SPONGE/
		    SPRING MATTRESS 1 2
		ELECTRIC MITAD 1 2
		KEROSENE LAMP/PRESSURE
		    LAMP 1 2	

HH 10

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
111	What type of fuel does your household mainly use for cooking?	ELECTRICITY .... 01 LPG .... 02 NATURAL GAS .... 03 BIOGAS .... 04 KEROSENE .... 05 CHARCOAL .... 06 WOOD .... 07 STRAW/SHRUBS/GRASS .... 08 AGRICULTURAL CROP .... 09 ANIMAL DUNG .... 10 NO FOOD COOKED 　IN HOUSEHOLD .... 95 OTHER _____ 96 　　　　　　(SPECIFY)	→ 114
112	Is the cooking usually done in the house, in a separate building, or outdoors?	IN THE HOUSE .... 1 IN A SEPARATE BUILDING .... 2 OUTDOORS .... 3 OTHER _____ 6 　　　　　　(SPECIFY)	→ 114
113	Do you have a separate room which is used as a kitchen?	YES .... 1 NO 2	
114	MAIN MATERIAL OF THE FLOOR. 　　RECORD OBSERVATION.	NATURAL FLOOR 　EARTH/SAND .... 11 　DUNG .... 12 RUDIMENTARY FLOOR 　WOOD PLANKS .... 21 　PALM/BAMBOO .... 22 FINISHED FLOOR 　PARQUET OR POLISHED 　　WOOD .... 31 　VINYL OR ASPHALT STRIPS .. .. 32 　CERAMIC TILES .... 33 　CEMENT .... 34 　CARPET .... 35 OTHER _____ 96 　　　　　　(SPECIFY)	
115	MAIN MATERIAL OF THE ROOF. 　　RECORD OBSERVATION.	NATURAL ROOFING 　NO ROOF .... 11 　THATCH/LEAF/MUD .... 12 RUDIMENTARY ROOFING 　RUSTIC MAT/PLASTIC SHEETS ... ... 21 　REED/BAMBOO .... 22 　WOOD PLANKS .... 23 　CARDBOARD .... 24 FINISHED ROOFING 　CORRUGATED IRON /METAL .... 31 　WOOD .... 32 　ASBESTOS/CEMENT FIBER .... 33 　CEMENT/CONCRETE .... 34 　ROOFING SHINGLES ... . 35 OTHER _____ 96 　　　　　　(SPECIFY)	

HH 11

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP

116	MAIN MATERIAL OF THE EXTERIOR WALLS.
	
	RECORD OBSERVATION.
		NATURAL WALLS
		  NO WALLS 11
		  CANE/TRUNKS/BAMBOO/REED 12
		  DIRT 13
		RUDIMENTARY WALLS
		  BAMBOO/WOOD WITH MUD 21
		  STONE WITH MUD 22
		  UNCOVERED ADOBE. 23
		  PLYWOOD 24
		  CARDBOARD 25
		  REUSED WOOD 26
		FINISHED WALLS
		  CEMENT 31
		  STONE WITH LIME/CEMENT 32
		  BRICKS 33
		  CEMENT BLOCKS 34
		  COVERED ADOBE 35
		  WOOD PLANKS/SHINGLES 36
		
		OTHER _____ 96
		(SPECIFY)	

117	How many rooms in this household are used for sleeping?	ROOMS . . . . [ ][ ]	
118	Does any member of this household own: A bicycle? A motorcycle or motor scooter? An animal-drawn cart? A car or truck?	YES NO BICYCLE . . . . 1 2 MOTORCYCLE/SCOOTER . . . . 1 2 ANIMAL-DRAWN CART . . . . . 1 2 CAR/TRUCK 1 2	
119	Does any member of this household own any agricultural land?	YES . . . . 1 NO 2	→ 121

120	How many (LOCAL UNITS) of agricultural land do members of this household own?
	
	    LOCAL UNITS _____
	             (SPECIFY)
	
	IF 95 OR MORE CIRCLE '950'
		LOCAL UNITS [ ][ ] . [ ]
		
		95 OR MORE LOCAL UNITS 950
		DON'T KNOW 998	

121	Does this household own any livestock, herds, other farm animals, or poultry?	YES . . . . 1 NO 2	→ 123

122	How many of the following animals does this household own?
	IF NONE, ENTER '00'.
	IF MORE THAN 95, ENTER '95'.
	IF UNKNOWN, ENTER '98'.
	
	    Milk cows, oxen or bulls?
	
	    Horses, donkeys, or mules?
	
	    Camels?
	
	    Goats?
	
	    Sheep?
	
	    Chickens?
	
	    Beehives?
		
		COWS/BULLS/OXEN . . . . [ ][ ]
		
		HORSES/DONKEYS/MULES . . . . . [ ][ ]
		
		CAMELS . . . . [ ][ ]
		
		GOATS . . . . [ ][ ]
		
		SHEEP . . . . [ ][ ]
		
		CHICKENS . . . . [ ][ ]
		
		BEEHIVES . . . . [ ][ ]	

123	Does any member of this household have a bank or microfinance saving account?	YES . . . . 1 NO 2	

HH 12

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP

124	Please show me where members of your household most often wash their hands.	OBSERVED 1
		NOT OBSERVED
		  NOT IN DWELLING/YARD/PLOT 2
		NOT OBSERVED
		  NO PERMISSION TO SEE 3
		NOT OBSERVED, OTHER REASON 4
			→127

125	OBSERVATION ONLY: OBSERVE PRESENCE OF WATER AT THE SPECIFIC PLACE FOR HANDWASHING.	WATER IS AVAILABLE . . . . 1 WATER IS NOT AVAILABLE 2	
126	OBSERVATION ONLY: OBSERVE PRESENCE OF SOAP.	SOAP OR DETERGENT (BAR, LIQUID, POWDER, PASTE) . . . . A ASH, MUD, SAND . . . . B NONE C	
127	ASK RESPONDENT FOR A TEASPOONFUL OF COOKING SALT. TEST SALT FOR IODINE.	IODINE PRESEN˙ . . . . 1 NO IODINE . . . . 2 NO SALT IN HOUSEHOLD . . . . 3 SALT NOT TESTED _____ 6 (SPECIFY REASON)	

HH 13

201	CHECK COLUMN 11. RECORD THE LINE NUMBER AND AGE FOR ALL ELIGIBLE CHILDREN 0-5 YEARS IN QUESTION 202. IF MORE THAN SIX CHILDREN, USE ADDITIONAL QUESTIONNAIRE(S).			
		CHILD 1	CHILD 2	CHILD 3
202	LINE NUMBER FROM COLUMN 11 NAME FROM COLUMN 2	LINE NUMBER . . . [ ][ ] NAME _____	LINE NUMBER . . . [ ][ ] NAME _____	LINE NUMBER . . . [ ][ ] NAME _____
203	IF MOTHER INTERVIEWED, COPY MONTH AND YEAR FROM BIRTH HISTORY AND ASK DAY; IF MOTHER NOT INTERVIEWED, ASK: What is (NAME'S) birth date?	DAY . . . . . . [ ][ ] MONTH . . . . . [ ][ ] YEAR [ ][ ][ ][ ]	DAY . . . . . . [ ][ ] MONTH . . . . . [ ][ ] YEAR [ ][ ][ ][ ]	DAY . . . . . . [ ][ ] MONTH . . . . . [ ][ ] YEAR [ ][ ][ ][ ]
204	CHECK 203: CHILD BORN IN MESKEREM 1998 OR LATER?	YES . . . . 1 NO . . . . 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE, GOTO Q214)	YES . . . . 1 NO . . . . 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE, GO TO Q214)	YES . . . . 1 NO . . . . 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE, GO TO Q214)
205	WEIGHT IN KILOGRAMS.	KG. [ ][ ] . [ ][ ] NOT PRESENT . . . 9994 REFUSED . . . . . 9995 OTHER 9996	KG. [ ][ ] . [ ][ ] NOT PRESENT . . . 9994 REFUSED . . . . . 9995 OTHER 9996	KG. [ ][ ] . [ ][ ] NOT PRESENT . . . 9994 REFUSED . . . . . 9995 OTHER 9996
206	HEIGHT IN CENTIMETERS	CM. [ ][ ][ ] . [ ] NOT PRESENT . . . 9994 REFUSED . . . . . 9995 OTHER 9996	CM. [ ][ ][ ] . [ ] NOT PRESENT . . . 9994 REFUSED . . . . . 9995 OTHER 9996	CM. [ ][ ][ ] . [ ] NOT PRESENT . . . 9994 REFUSED . . . . . 9995 OTHER 9996
207	MEASURED LYING DOWN OR STANDING UP?	LYING DOWN . . . . 1 STANDING UP . . . . 2 NOT MEASURED 3	LYING DOWN . . . . 1 STANDING UP . . . . 2 NOT MEASURED 3	LYING DOWN . . . . 1 STANDING UP . . . . 2 NOT MEASURED 3
208	CHECK 203: IS CHILD AGE 0-5 MONTHS, I.E., WAS CHILD BORN IN MONTH OF INTERVIEW OR FIVE PREVIOUS MONTHS?	0-5 MONTHS . . . . 1 (GO TO 203 FOR NEXT CHILD OR, IF NO MORECHILDREN, GO TO 214) OLDER 2	0-5 MONTHS . . . . 1 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 214) OLDER 2	0-5 MONTHS . . . . 1 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 214) OLDER 2
209	LINE NUMBER OF PARENT/OTHER ADULT RESPONSIBLE FOR THE CHILD (COLUMN 1 OF HOUSEHOLD SCHEDULE) RECORD '00' IF NOT LISTED.	LINE NUMBER . . . [ ][ ]	LINE NUMBER . . . [ ][ ]	LINE NUMBER . . . [ ][ ]
210	ASK CONSENT FOR ANEMIA TEST FROM PARENT/OTHER ADULT IDENTIFIED IN 209 AS RESPONSIBLE FOR CHILD.	As part of this survey, we are asking people all over the country to take an anemia test. Anemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat anemia. We request that all children born in Meskerem 1998 or later participate in the anemia testing part of this survey and give a few drops of blood from a finger. The equipment used in taking the blood is clean and completely safe. It has never been used before and will be thrown away after each test. The blood will be tested for anemia immediately, and the result told to you right away. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team. Do you have any questions? You can say yes to the test, or you can say no. It is up to you to decide. Will you allow (NAME(S) OF CHILD(REN)) to participate in the anemia test?		
211	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED 1 _____ (SIGN) REFUSED 2	GRANTED 1 _____ (SIGN) REFUSED 2	GRANTED 1 _____ (SIGN) REFUSED 2
212	RECORD HEMOGLOBIN LEVEL HERE AND IN THE ANEMIA PAMPHLET.	G/DL [ ][ ] . [ ] NOT PRESENT . . . . . 994 REFUSED . . . . 995 OTHER 996	G/DL [ ][ ] . [ ] NOT PRESENT . . . . . 994 REFUSED . . . . 995 OTHER 996	G/DL [ ][ ] . [ ] NOT PRESENT . . . . . 994 REFUSED . . . . 995 OTHER 996
213	GO BACK TO 203 IN NEXT COLUMN OF THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF THE NEXT PAGE; IF NO MORE CHILDREN, GO TO 214.			

HH 14

		CHILD 4	CHILD 5	CHILD 6
202	LINE NUMBER FROM COLUMN 11 NAME FROM COLUMN 2	LINE NUMBER . . . ☐☐ NAME _____	LINE NUMBER . . . ☐☐ NAME _____	LINE NUMBER . . . ☐☐ NAME _____
203	IF MOTHER INTERVIEWED, COPY MONTH AND YEAR FROM BIRTH HISTORY AND ASK DAY; IF MOTHER NOT INTERVIEWED, ASK: What is (NAME'S) birth date?	DAY . . . . ☐☐ MONTH . . . . . ☐☐ YEAR ☐☐☐☐	DAY . . . . ☐☐ MONTH . . . . . ☐☐ YEAR ☐☐☐☐	DAY . . . . ☐☐ MONTH . . . . . ☐☐ YEAR ☐☐☐☐
204	CHECK 203: CHILD BORN IN MESKEREM 1998 OR LATER	YES . . . . 1 NO . . . . 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 214)	YES . . . . 1 NO . . . . 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 214)	YES . . . . 1 NO . . . . 2 (GO TO 203 IN FIRST COLUMN OF NEW QUESTIONNAIRE; OR IF NO MORE CHILDREN, GO TO 214)
205	WEIGHT IN KILOGRAMS.	KG. ☐☐.☐☐ NOT PRESENT . . . 9994 REFUSED . . . . . 9995 OTHER 9996	KG. ☐☐.☐☐ NOT PRESENT . . . 9994 REFUSED . . . . . 9995 OTHER 9996	KG. ☐☐.☐☐ NOT PRESENT . . . 9994 REFUSED . . . . . 9995 OTHER 9996
206	HEIGHT IN CENTIMETERS	CM. ☐☐☐.☐ NOT PRESENT . . . 9994 REFUSED . . . . . 9995 OTHER 9996	CM. ☐☐☐.☐ NOT PRESENT . . . 9994 REFUSED . . . . . 9995 OTHER 9996	CM. ☐☐☐.☐ NOT PRESENT . . . 9994 REFUSED . . . . . 9995 OTHER 9996
207	MEASURED LYING DOWN OR STANDING UP?	LYING DOWN . . . . 1 STANDING UP . . . . 2 NOT MEASURED 3	LYING DOWN . . . . 1 STANDING UP . . . . 2 NOT MEASURED 3	LYING DOWN . . . . 1 STANDING UP . . . . 2 NOT MEASURED 3
208	CHECK 203: IS CHILD AGE 0-5 MONTHS, I.E., WAS CHILD BORN IN MONTH OF INTERVIEW OR FIVE PREVIOUS MONTHS?	0-5 MONTHS . . . . 1 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN GO TO 214) OLDER 2	0-5 MONTHS . . . . 1 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 214) OLDER 2	0-5 MONTHS . . . . 1 (GO TO 203 IN FIRST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE CHILDREN, GO TO 214) OLDER 2
209	LINE NUMBER OF PARENT/ OTHER ADULT RESPONSIBLE FOR THE CHILD (FROM COLUMN 1 OF HOUSEHOLD SCHEDULE) RECORD '0' IF NOT LISTED.	LINE NUMBER . . . ☐☐	LINE NUMBER . . . ☐☐	LINE NUMBER . . . ☐☐
210	ASK CONSENT FOR ANEMIA TEST FROM PARENT/OTHER ADULT IDENTIFIED IN 209 AS RESPONSIBLE FOR CHILD.	As part of this survey, we are asking people all over the country to take an anemia test. Anemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat anemia. We request that all children born in Meskerem 1998 or later participate in the anemia testing part of this survey and give a few drops of blood from a finger. The equipment used in taking the blood is clean and completely safe. It has never been used before and will be thrown away after each test. The blood will be tested for anemia immediate The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team. Do you have any questions? You can say yes to the test, or you can say no. It is up to you to decide. Will you allow (NAME(S) OF CHILD(REN) to participate in the anemia test?		
211	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED 1 ____(SIGN)____ REFUSED 2	GRANTED 1 ____(SIGN)____ REFUSED 2	GRANTED 1 ____(SIGN)____ REFUSED 2
212	RECORD HEMOGLOBIN LEVEL HERE AND IN THE ANEMIA PAMPHLET.	G/DL ☐☐.☐ NOT PRESENT . . . . . . 994 REFUSED . . . . . . 995 OTHER 996	G/DL ☐☐.☐ NOT PRESENT . . . . . . 994 REFUSED . . . . . . 995 OTHER 996	G/DL ☐☐.☐ NOT PRESENT . . . . . . 994 REFUSED . . . . . . 995 OTHER 996
213	GO BACK TO 203 IN NEXT COLUMN IN THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF THE ADDITIONAL QUESTIONNAIRE. IF NO MORE CHILDREN, GO TO 214.			

HH 15

214	CHECK COLUMN 9 IN HOUSEHOLD SCHEDULE. RECORD THE LINE NUMBER AND NAME FOR ALL ELIGIBLE WOMEN IN 215. IF THERE ARE MORE THAN THREE WOMEN, USE ADDITIONAL QUESTIONNAIRE(S).		
		WOMAN 1	WOMAN 2	WOMAN 3

215	LINE NUMBER (COLUMN 9) NAME (COLUMN 2)	LINE NUMBER .... ☐☐ NAME _____	LINE NUMBER .... ☐☐ NAME _____	LINE NUMBER .... ☐☐ NAME _____
216	WEIGHT IN KILOGRAMS	KG. ☐☐☐.☐ NOT PRESENT .... 99994 REFUSED .... 99995 OTHER 99996	KG. ☐☐☐.☐ NOT PRESENT .... 99994 REFUSED .... 99995 OTHER 99996	KG. ☐☐☐.☐ NOT PRESENT .... 99994 REFUSED .... 99995 OTHER 99996
217	HEIGHT IN CENTIMETERS	CM. ☐☐☐.☐ NOT PRESENT .... 9994 REFUSED .... 9995 OTHER 9996	CM. ☐☐☐.☐ NOT PRESENT .... 9994 REFUSED .... 9995 OTHER 9996	CM. ☐☐☐.☐ NOT PRESENT .... 9994 REFUSED .... 9995 OTHER 9996
218	AGE: CHECK COLUMN 7.	15-17 YEARS .... 1 18-49 YEARS .... 2 (GO TO 223) ↵	15-17 YEARS .... 1 18-49 YEARS .... 2 (GO TO 223) ↵	15-17 YEARS .... 1 18-49 YEARS .... 2 (GO TO 223) ↵
219	MARITAL STATUS: CHECK COLUMN 8.	CODE 5 (NEVER IN UNION) ...... 1 OTHER .... 2 (GO TO 223) ↵	CODE 5 (NEVER IN UNION) 1 OTHER .... 2 (GO TO 223) ↵	CODE 5 (NEVER IN UNION) ...... 1 OTHER .... 2 (GO TO 223) ↵
220	RECORD LINE NUMBER OF PARENT/OTHER ADULT RESPON-SIBLE FOR ADOLESCENT. RECORD '00' IF NOT LISTED.	LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT . ☐☐	LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT . ☐☐	LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT . ☐☐
221	ASK CONSENT FOR ANEMIA TEST FROM PARENT/OTHER ADULT IDENTIFIED IN 220 AS RESPONSIBLE FOR NEVER IN UNION WOMEN AGE 15-17.	As part of this survey, we are asking people all over the country to take an anemia test. Anemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat anemia. For the anemia testing, we will need a few drops of blood from a finger. The equipment used in taking the blood is clean and completely safe. It has never been used before and will be thrown away after each test. The blood will be tested for anemia immediately, and the result told to you and to (NAME OF ADOLESCENT) right away. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team. Do you have any questions? You can say yes to the test for (NAME OF ADOLESCENT), or you can say no. It is up to you to decide. Will you allow (NAME OF ADOLESCENT) to take the anemia test?		
222	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED .... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED .... 2 _____ (SIGN) (IF REFUSED, GO TO 228).	GRANTED .... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED .... 2 _____ (SIGN) (IF REFUSED, GO TO 228).	GRANTED .... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED .... 2 _____ (SIGN) (IF REFUSED, GO TO 228).

HH 16

		WOMAN 1	WOMAN 2	WOMAN 3
	LINE NUMBER (COLUMN 9) NAME (COLUMN 2)	LINE NUMBER . . . . ☐☐ NAME _____	LINE NUMBER . . . . ☐☐ NAME _____	LINE NUMBER . . . . ☐☐ NAME _____
223	ASK CONSENT FOR ANEMIA TEST FROM RESPONDENT.	As part of this survey, we are asking people all over the country to take an anemia test. Anemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat anemia. For the anemia testing, we will need a few drops of blood from a finger. The equipment used in taking the blood is clean and completely safe. It has never been used before and will be thrown away after each test. The blood will be tested for anemia immediately, and the result told to you right away. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team. Do you have any questions? You can say yes to the test, or you can say no. It is up to you to decide. Will you take the anemia test?		
224	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED . . . . 1⌐ RESPONDENT REFUSED . . . . . . 2⌐ _____ ◄┘ (SIGN) (IF REFUSED, GO TO 226).	GRANTED . . . . 1⌐ RESPONDENT REFUSED . . . . . . 2⌐ _____ ◄┘ (SIGN) (IF REFUSED, GO TO 226).	GRANTED . . . . 1⌐ RESPONDENT REFUSED . . . . . . 2⌐ _____ ◄┘ (SIGN) (IF REFUSED, GO TO 226).
225	PREGNANCY STATUS: CHECK 226 IN WOMAN'S QUESTIONNAIRE OR ASK: Are you pregnant?	YES . . . . 1 NO . . . . 2 DK 8	YES . . . . 1 NO . . . . 2 DK 8	YES . . . . 1 NO . . . . 2 DK 8
226	AGE: CHECK CHECK 218.	15-17 YEARS . . . . 1 18-49 YEARS . . . . 2 (GO TO 230) ◄┘	15-17 YEARS . . . . 1 18-49 YEARS . . . . 2 (GO TO 230) ◄┘	15-17 YEARS . . . . 1 18-49 YEARS . . . . 2 (GO TO 230) ◄┘
227	MARITAL STATUS: CHECK 219.	CODE 5 (NEVER IN UNION) . . . . . . 1 OTHER . . . . 2 (GO TO 230) ◄┘	CODE 5 (NEVER IN UNION) . . . . . . 1 OTHER . . . . 2 (GO TO 230) ◄┘	CODE 5 (NEVER IN UNION) . . . . . . 1 OTHER . . . . 2 (GO TO 230) ◄┘
228	ASK CONSENT FOR DBS COLLECTION FROM PARENT/ OTHER ADULT IDENTIFIED IN 220 AS RESPONSIBLE FOR NEVER IN UNION WOMEN AGE 15-17.	As part of the survey we are also asking people all over the country to take an HIV test. HIV is the virus that causes AIDS. AIDS is a very serious illness. The HIV test is being done to see how big the AIDS problem is in Ethiopia. For the HIV test, we need a few (more) drops of blood from a finger. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test. No names will be attached so we will not be able to tell you the test results. No one else will be able to know (NAME OF ADOLESCENT)'s test results either. If (NAME OF ADOLESCENT) wants to know her HIV status, I can provide a list of [nearby] facilities offering counseling and testing for HIV. I will also give her a voucher for free services that can be used at any of these facilities. FOR SAMPLE CLUSTERS IN WHICH MOBILE VCT SERVICES WILL BE AVAILABLE: The Ministry of Health has also arranged for health workers to offer VCT services in this community shortly after our survey team leaves the area. The kebele leader will know when and where the VCT service will be available. Do you have any questions? If you want to ask more questions later or want to know who to talk with if (NAME OF ADOLESCENT) has any problem due to the study, I can give you information about how to contact the Regional Office of the CSA. PROVIDE CARD WITH CONTACT INFORMATION FOR CSA REGIONAL OFFICE IF REQUESTED. You can say yes to the test, or you can say no. It is up to you to decide. Will you allow (NAME OF ADOLESCENT) to take the HIV test?		

229	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED . . . . 1⌐
		PARENT/OTHER RESPONSIBLE
		  ADULT REFUSED . . . . 2⌐
		
		_____ ◄┘
		(SIGN)
		
		(IF REFUSED, GO TO 239)
			GRANTED . . . . 1⌐
			PARENT/OTHER RESPONSIBLE
			  ADULT REFUSED . . . . 2⌐
			
			_____ ◄┘
			(SIGN)
			
			(IF REFUSED, GO TO 239)
				GRANTED . . . . 1⌐
				PARENT/OTHER RESPONSIBLE
				  ADULT REFUSED . . . . 2⌐
				
				_____ ◄┘
				(SIGN)
				
				(IF REFUSED, GO TO 239)

HH 17

		WOMAN 1	WOMAN 2	WOMAN 3
	LINE NUMBER (COLUMN 9) NAME (COLUMN 2)	LINE NUMBER .... ☐☐ NAME ___	LINE NUMBER .... ☐☐ NAME ___	LINE NUMBER .... ☐☐ NAME ___
230	ASK CONSENT FOR DBS COLLECTION FROM RESPONDENT.	As part of the survey we are also asking people all over the country to take an HIV test. HIV is the virus that causes AIDS. AIDS is a very serious illness. The HIV test is being done to see how big the AIDS problem is in Ethiopia. For the HIV test, we need a few (more) drops of blood from a finger. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test. No names will be attached so we will not be able to tell you the test results. No one else will be able to know your test results either. If you want to know whether you have HIV, I can provide you with a list of [nearby] facilities offering counseling and testing for HIV. I will also give you a voucher for free services for you (and for your partner if you want) that you can use at any of these facilities. FOR SAMPLE CLUSTERS IN WHICH MOBILE VCT SERVICES WILL BE AVAILABLE: The Ministry of Health has also arranged for health workers to offer VCT services in this community shortly after our survey team leaves the area. The kebele leader will know when and where the VCT service will be available. Do you have any questions? If you want to ask more questions later or want to know who to talk with if you have any problem due to the study, I can give you information about how to contact the Regional Office of the CSA. PROVIDE CARD WITH CONTACT INFORMATION FOR CSA REGIONAL OFFICE IF REQUESTED. Do you have any questions? You can say yes to the test, or you can say no. It is up to you to decide. Will you take the HIV test?		
231	CIRCLE THE APPROPRIATE CODE, SIGN YOUR NAME, AND ENTER YOUR INTERVIEWER NUMBER.	GRANTED .... 1 RESPONDENT REFUSED ...... 2 ___ (SIGN) ☐☐☐ (IF REFUSED, GO TO 239)	GRANTED .... 1 RESPONDENT REFUSED ...... 2 ___ (SIGN) ☐☐☐ (IF REFUSED, GO TO 239)	GRANTED .... 1 RESPONDENT REFUSED ...... 2 ___ (SIGN) ☐☐☐ (IF REFUSED, GO TO 239)
232	AGE: CHECK 218.	15-17 YEARS .... 1 18-49 YEARS .... 2 (GO TO 236)	15-17 YEARS .... 1 18-49 YEARS .... 2 (GO TO 236)	15-17 YEARS .... 1 18-49 YEARS .... 2 (GO TO 236)
233	MARITAL STATUS: CHECK 219.	CODE 5 (NEVER IN UNION) ...... 1 OTHER .... 2 (GO TO 236)	CODE 5 (NEVER IN UNION) ...... 1 OTHER .... 2 (GO TO 236)	CODE 5 (NEVER IN UNION) ...... 1 OTHER .... 2 (GO TO 236)
234	ASK CONSENT FOR ADDITIONAL TESTING FROM PARENT/OTHER ADULT IDENTIFIED IN 220 AS RESPONSIBLE FOR NEVER-IN-UNION WOMEN AGE 15-17.	We ask you to allow the Ministry of Health to store part of the blood sample at the laboratory for additional tests or research. We are not certain about what additional tests might be done. The blood sample will not have any name or other data attached that could identify (NAME OF ADOLESCENT). Therefore, we will not be able to tell (NAME OF ADOLESCENT) the results of any test that is done. You do not have to agree. If you do not want the blood sample stored for additional testing, you can still participate in the HIV testing in this survey. Will you allow us to keep the blood sample stored for additional testing?		
235	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED .... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED .... 2 ___ (SIGN) (IF REFUSED, GO TO 238)	GRANTED .... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED .... 2 ___ (SIGN) (IF REFUSED, GO TO 238)	GRANTED .... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED .... 2 ___ (SIGN) (IF REFUSED, GO TO 238)

HH 18

		WOMAN 1	WOMAN 2	WOMAN 3
	LINE NUMBER (COLUMN 9) NAME (COLUMN 2)	LINE NUMBER .... ☐☐ NAME _____	LINE NUMBER .... ☐☐ NAME _____	LINE NUMBER .... ☐☐ NAME _____
236	ASK CONSENT FOR ADDITIONAL TESTING FROM RESPONDENT.	We ask you to allow the Ministry of Health to store part of the blood sample at the laboratory for additional tests or research. We are not certain about what additional tests might be done. The blood sample will not have any name or other data attached that could identify you. You do not have to agree. If you do not want the blood sample stored for additional testing, you can still participate in the HIV testing in this survey. Will you allow us to keep the blood sample stored for additional testing?		
237	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED .... 1⌐ RESPONDENT REFUSED ...... 2⌐ _____ (SIGN) ◄ (IF GRANTED, GO TO 239)	GRANTED .... 1⌐ RESPONDENT REFUSED ...... 2⌐ _____ (SIGN) ◄ (IF GRANTED, GO TO 239)	GRANTED .... 1⌐ RESPONDENT REFUSED ...... 2⌐ _____ (SIGN) ◄ (IF GRANTED, GO TO 239)
238	ADDITIONAL TESTS	CHECK 235 AND 237: IF CONSENT HAS NOT BEEN GRANTED WRITE "NO ADDITIONAL TEST" ON THE FILTER PAPER.	CHECK 235 AND 237: IF CONSENT HAS NOT BEEN GRANTED WRITE "NO ADDITIONAL TEST" ON THE FILTER PAPER.	CHECK 235 AND 237: IF CONSENT HAS NOT BEEN GRANTED WRITE "NO ADDITIONAL TEST" ON THE FILTER PAPER.
239	PREPARE EQUIPMENT AND SUPPLIES ONLY FOR THE TEST(S) FOR WHICH CONSENT HAS BEEN OBTAINED AND PROCEED WITH THE TEST(S).			
240	RECORD HEMO-GLOBIN LEVEL HERE AND IN ANEMIA PAMPHLET	G/DL .... ☐☐.☐ NOT PRESENT .... 994 REFUSED .... 995 OTHER 996	G/DL .... ☐☐.☐ NOT PRESENT .... 994 REFUSED .... 995 OTHER 996	G/DL .... ☐☐.☐ NOT PRESENT .... 994 REFUSED .... 995 OTHER 996
241	BAR CODE LABEL	PUT THE 1ST BAR CODE LABEL HERE. NOT PRESENT .... 99994 REFUSED .... 99995 OTHER .... 99996 PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM.	PUT THE 1ST BAR CODE LABEL HERE. NOT PRESENT .... 99994 REFUSED .... 99995 OTHER .... 99996 PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM.	PUT THE 1ST BAR CODE LABEL HERE. NOT PRESENT .... 99994 REFUSED .... 99995 OTHER .... 99996 PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM.
242	GO BACK TO 216 IN NEXT COLUMN OF THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF AN ADDITIONAL QUESTIONNAIRE; IF NO MORE WOMEN, GO TO 243.			

MINIMUM HEMOGLOBIN LEVELS FOR ANEMIA

CHECK THE COVER PAGE OF THE HOUSEHOLD QUESTIONNAIRE FOR THE ALTITUDE MEASUREMENT OF THE HOUSEHOLD

ADJUST THE CUTOFF POINT OF THE READING FROM THE HEMOCUE MACHINE BASED ON THE ALTITUDE MEASUREMENT

HEMOGLOBIN ADJUSTMENTS FOR ALTITUDE						
Altitude of the Place	Severe	Moderate	Mild (non-pregnant)	Mild (pregnant)	Not anemic (non-pregnant)	Not anemic (pregnant)
Less than 1000 metres	<7.0 g/dl	7.0-9.9	10.0-11.9	10.0-10.9	12.0>	11.0>
1000 metres – 1499 metres	<7.2 g/dl	7.2-10.1	10.2-12.1	10.2-11.1	12.2>	11.2>
1500 metres – 1999 metres	<7.5 g/dl	7.5-10.4	10.5-12.4	10.5-11.4	12.5>	11.5>
2000 metres – 2499 metres	<7.8 g/dl	7.8-10.7	10.8-12.7	10.8-11.7	12.8>	11.8>
2500 metres – 2999 metres	<8.3 g/dl	8.3-11.2	11.3-13.2	11.3-12.2	13.3>	12.3>
3000 metres – 3499 metres	<8.9 g/dl	8.9-11.8	11.9-13.8	11.9-12.8	13.9>	12.9>
3500 metres – 3999 metres	<9.7 g/dl	9.7-12.6	12.7-14.6	12.7-13.6	14.7>	13.7>

HH 19

243	CHECK COLUMN 10 IN HOUSEHOLD SCHEDULE. RECORD THE LINE NUMBER AND NAME FOR ALL ELIGIBLE MEN IN 244. IF THERE ARE MORE THAN THREE MEN, USE ADDITIONAL QUESTIONNAIRE(S).			
		MAN 1	MAN 2	MAN 3
244	LINE NUMBER FROM COLUMN 10 NAME FROM COLUMN 2	LINE NUMBER . . . . ☐☐ NAME _____	LINE NUMBER . . . . ☐☐ NAME _____	LINE NUMBER . . . . ☐☐ NAME _____
245	WEIGHT IN KILOGRAMS	KG. ☐☐☐.☐ NOT PRESENT . . . . 99994 REFUSED . . . . 99995 OTHER 99996	KG. ☐☐☐.☐ NOT PRESENT . . . . 99994 REFUSED . . . . 99995 OTHER 99996	KG. ☐☐☐.☐ NOT PRESENT . . . . 99994 REFUSED . . . . 99995 OTHER 99996
246	HEIGHT IN CENTIMETERS	CM. . . . . . . ☐☐☐.☐ NOT PRESENT . . . . 9994 REFUSED . . . . 9995 OTHER 9996	CM. . . . . . . ☐☐☐.☐ NOT PRESENT . . . . 9994 REFUSED . . . . 9995 OTHER 9996	CM. . . . . . ☐☐☐.☐ NOT PRESENT . . . . 9994 REFUSED . . . . 9995 OTHER 9996
247	AGE: CHECK COLUMN 7.	15-17 YEARS . . . . 1 18-59 YEARS . . . . 2 (GO TO 252) ↵	15-17 YEARS . . . . 1 18-59 YEARS . . . . 2 (GO TO 252) ↵	15-17 YEARS . . . . 1 18-59 YEARS . . . . 2 (GO TO 252) ↵
248	MARITAL STATUS: CHECK COLUMN 8.	CODE 5 (NEVER IN UNION) . . . . . 1 OTHER . . . . 2 (GO TO 252) ↵	CODE 5 (NEVER IN UNION) . . . . . 1 OTHER . . . . 2 (GO TO 252) ↵	CODE 5 (NEVER IN UNION) . . . . . 1 OTHER . . . . 2 (GO TO 252) ↵
249	RECORD LINE NUMBER OF PARENT/OTHER ADULT RESPON-SIBLE FOR ADOLESCENT. RECORD '00' IF NOT LISTED.	LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT ☐☐	LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT ☐☐	LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT ☐☐
250	ASK CONSENT FOR ANEMIA TEST FROM PARENT/ OTHER ADULT IDENTIFIED IN 249 AS RESPONSIBLE FOR NEVER IN UNION MEN AGE 15-17.	As part of this survey, we are asking people all over the country to take an anemia test. Anemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat anemia. For the anemia testing, we will need a few drops of blood from a finger. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test. The blood will be tested for anemia immediately, and the result will be told to you and (NAME OF ADOLESCENT) right away. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team. Do you have any questions? You can say yes to the test for (NAME OF ADOLESCENT), or you can say no. It is up to you to decide. Will you allow (NAME OF ADOLESCENT) to take the anemia test?		
251	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED . . . . 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED . . . . 2 _____ (SIGN) (IF REFUSED, GO TO 256)	GRANTED . . . . 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED . . . . 2 _____ (SIGN) (IF REFUSED, GO TO 256)	GRANTED . . . . 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED . . . . 2 _____ (SIGN) (IF REFUSED, GO TO 256)

HH-20

		MAN 1	MAN 2	MAN 3
	LINE NUMBER FROM COLUMN 10 NAME FROM COLUMN 2	LINE NUMBER .... ☐☐ NAME _____	LINE NUMBER .... ☐☐ NAME _____	LINE NUMBER .... ☐☐ NAME _____
252	ASK CONSENT FOR ANEMIA TEST FROM RESPONDENT.	As part of this survey, we are asking people all over the country to take an anemia test. Anemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat anemia. For the anemia testing, we will need a few drops of blood from a finger. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test. The blood will be tested for anemia immediately, and the result will be told to you right away. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team. Do you have any questions? You can say yes to the test, or you can say no. It is up to you to decide. Will you take the anemia test?		
253	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED .... 1 RESPONDENT REFUSED ..... 2 _____ (SIGN)	GRANTED .... 1 RESPONDENT REFUSED ..... 2 _____ (SIGN)	GRANTED .... 1 RESPONDENT REFUSED ..... 2 _____ (SIGN)
254	AGE: CHECK COLUMN 7.	15-17 YEARS .... 1 18-59 YEARS .... 2 (GO TO 258) ↵	15-17 YEARS .... 1 18-59 YEARS .... 2 (GO TO 258) ↵	15-17 YEARS .... 1 18-59 YEARS .... 2 (GO TO 258) ↵
255	MARITAL STATUS: CHECK COLUMN 8.	CODE 5 (NEVER IN UNION) ..... 1 OTHER .... 2 (GO TO 258) ↵	CODE 5 (NEVER IN UNION) ..... 1 OTHER .... 2 (GO TO 258) ↵	CODE 5 (NEVER IN UNION) ..... 1 OTHER .... 2 (GO TO 258) ↵
256	ASK CONSENT FOR DBS COLLECTION FROM PARENT/ OTHER ADULT IDENTIFIED IN 247 AS RESPONSIBLE FOR NEVER IN UNION MEN AGE 15-17.	As part of the survey we are also asking people all over the country to take an HIV test. HIV is the virus that causes AIDS. AIDS is a very serious illness. The HIV test is being done to see how big the AIDS problem is in Ethiopia. For the HIV test, we need a few (more) drops of blood from a finger. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test. No names will be attached so we will not be able to tell you the test results. No one else will be able to know (NAME OF ADOLESCENT)'s test results either. If (NAME OF ADOLESCENT) wants to know his HIV status, I can provide a list of [nearby] facilities offering counseling and testing for HIV. I will also give him a voucher for free services that can be used at any of these facilities. FOR SAMPLE CLUSTERS IN WHICH MOBILE VCT SEERVICES WILL BE AVAILABLE: The Ministry of Health has also arranged for health workers to offer VCT services in this communicty shortly after our survey team leaves the area. The kebele leader will know when and where the VCT service will be available. Do you have any questions? If you want to ask more questions later or want to know who to talk with if (NAME OF ADOLESCENT) has any problem due to the study, I can give you information about how to contact the Regional Office of the CSA. PROVIDE CARD WITH CONTACT INFORMATION FOR CSA REGIONAL OFFICE IF REQUESTED. You can say yes to the test, or you can say no. It is up to you to decide. Will you allow (NAME OF ADOLESCENT) to take the HIV test?		
257	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED .... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED .... 2 _____ (SIGN) (IF REFUSED, GO TO 267)	GRANTED .... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED .... 2 _____ (SIGN) (IF REFUSED, GO TO 267)	GRANTED .... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED .... 2 _____ (SIGN) (IF REFUSED, GO TO 267)

HH-21

		MAN 1	MAN 2	MAN 3
	LINE NUMBER FROM COLUMN 10 NAME FROM COLUMN 2	LINE NUMBER . . . . ☐☐ NAME _____	LINE NUMBER . . . . ☐☐ NAME _____	LINE NUMBER . . . . ☐☐ NAME _____
258	ASK CONSENT FOR DBS COLLECTION FROM RESPONDENT.	As part of the survey we are also asking people all over the country to take an HIV test. HIV is the virus that causes AIDS. AIDS is a very serious illness. The HIV test is being done to see how big the AIDS problem is in Ethiopia. For the HIV test, we need a few (more) drops of blood from a finger. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test. No names will be attached so we will not be able to tell you the test results. No one else will be able to know your test results either. If you want to know whether you have HIV, I can provide you with a list of [nearby] facilities offering counseling and testing for HIV. I will also give you a voucher for free services for you (and for your partner if you want) that you can use at any of these facilities. FOR SAMPLE CLUSTERS IN WHICH MOBILE VCT SERVICES WILL BE AVAILABLE: The Ministry of Health has also arranged for health workers to offer VCT services in this community shortly after our survey team leaves the area. The kebele leader will know when and where the VCT service will be available. Do you have any questions? If you want to ask more questions later or want to know who to talk with if you have any problem due to the study, I can give you information about how to contact the Regional Office of the CSA. PROVIDE CARD WITH CONTACT INFORMATION FOR CSA REGIONAL OFFICE IF REQUESTED. Do you have any questions? You can say yes to the test, or you can say no. It is up to you to decide. Will you take the HIV test?		
259	CIRCLE THE APPROPRIATE CODE, SIGN YOUR NAME, AND ENTER YOUR INTERVIEWER NUMBER.	GRANTED . . . . 1 RESPONDENT REFUSED . . . . . 2 _____ (SIGN) ☐☐☐ (IF REFUSED, GO TO 267)	GRANTED . . . . 1 RESPONDENT REFUSED . . . . . 2 _____ (SIGN) ☐☐☐ (IF REFUSED, GO TO 267)	GRANTED . . . . 1 RESPONDENT REFUSED . . . . . 2 _____ (SIGN) ☐☐☐ (IF REFUSED, GO TO 267)
260	AGE: CHECK COLUMN 7.	15-17 YEARS . . . . 1 18-59 YEARS . . . . 2 (GO TO 264) ↵	15-17 YEARS . . . . 1 18-59 YEARS . . . . 2 (GO TO 264) ↵	15-17 YEARS . . . . 1 18-59 YEARS . . . . 2 (GO TO 264) ↵
261	MARITAL STATUS: CHECK COLUMN 8.	CODE 5 (NEVER IN UNION) . . . . . 1 OTHER . . . . 2 (GO TO 264) ↵	CODE 5 (NEVER IN UNION) . . . . . 1 OTHER . . . . 2 (GO TO 264) ↵	CODE 5 (NEVER IN UNION) . . . . . 1 OTHER . . . . 2 (GO TO 264) ↵
262	ASK CONSENT FOR ADDITIONAL TESTING FROM PARENT/OTHER ADULT IDENTIFIED IN 220 AS RESPONSIBLE FOR NEVER-IN-UNION MEN AGE 15-17.	We ask you to allow the Ministry of Health to store part of the blood sample at the laboratory for additional tests or research. We are not certain about what additional tests might be done. The blood sample will not have any name or other data attached that could identify (NAME OF ADOLESCENT). Therefore, we will not be able to tell (NAME OF ADOLESCENT) the results of any test that is done. You do not have to agree. If you do not want the blood sample stored for additional testing, you can still participate in the HIV testing in this survey. Will you allow us to keep the blood sample stored for additional testing?		
263	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED . . . . 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED . . . . 2 _____ (SIGN) (IF REFUSED, GO TO 266)	GRANTED . . . . 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED . . . . 2 _____ (SIGN) (IF REFUSED, GO TO 266)	GRANTED . . . . 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED . . . . 2 _____ (SIGN) (IF REFUSED, GO TO 266)
264	ASK CONSENT FOR ADDITIONAL TESTING FROM RESPONDENT.	We ask you to allow the Ministry of Health to store part of the blood sample at the laboratory for additional tests or research. We are not certain about what additional tests might be done. The blood sample will not have any name or other data attached that could identify you. You do not have to agree. If you do not want the blood sample stored for additional testing, you can still participate in the HIV testing in this survey. Will you allow us to keep the blood sample stored for additional testing?		

HH-22

		MAN 1	MAN 2	MAN 3
	LINE NUMBER FROM COLUMN 10 NAME FROM COLUMN 2	LINE NUMBER . . . . ☐☐ NAME _____	LINE NUMBER . . . . ☐☐ NAME _____	LINE NUMBER . . . . ☐☐ NAME _____
265	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED . . . . 1 RESPONDENT REFUSED . . . . . 2 _____ (SIGN) (IF GRANTED, GO TO 267)	GRANTED . . . . 1 RESPONDENT REFUSED . . . . . 2 _____ (SIGN) (IF GRANTED, GO TO 267)	GRANTED . . . . 1 RESPONDENT REFUSED . . . . . 2 _____ (SIGN) (IF GRANTED, GO TO 267)
266	ADDITIONAL TESTS	CHECK 263 AND 265: IF CONSENT HAS NOT BEEN GRANTED WRITE "NO ADDITIONAL TEST" ON THE FILTER PAPER.	CHECK 263 AND 265: IF CONSENT HAS NOT BEEN GRANTED WRITE "NO ADDITIONAL TEST" ON THE FILTER PAPER.	CHECK 263 AND 265: IF CONSENT HAS NOT BEEN GRANTED WRITE "NO ADDITIONAL TEST" ON THE FILTER PAPER.
267	PREPARE EQUIPMENT AND SUPPLIES ONLY FOR THE TEST(S) FOR WHICH CONSENT HAS BEEN OBTAINED AND PROCEED WITH THE TEST(S).			
268	RECORD HEMO-GLOBIN LEVEL HERE AND IN ANEMIA PAMPHLET	G/DL . . . . ☐☐.☐ NOT PRESENT . . . . 994 REFUSED . . . . 995 OTHER 996	G/DL . . . . ☐☐.☐ NOT PRESENT . . . . 994 REFUSED . . . . 995 OTHER 996	G/DL . . . . ☐☐.☐ NOT PRESENT . . . . 994 REFUSED . . . . 995 OTHER 996
269	BAR CODE LABEL	┌────────────┐ │ PUT THE 1ST BAR CODE LABEL HERE. │ └────────────┘ NOT PRESENT . . . . .99994 REFUSED . . . . .99995 OTHER . . . . .99996 PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM.	┌────────────┐ │ PUT THE 1ST BAR CODE LABEL HERE. │ └────────────┘ NOT PRESENT . . . . .99994 REFUSED . . . . .99995 OTHER . . . . .99996 PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM.	┌────────────┐ │ PUT THE 1ST BAR CODE LABEL HERE. │ └────────────┘ NOT PRESENT . . . . .99994 REFUSED . . . . .99995 OTHER . . . . .99996 PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM.
270	GO BACK TO 245 IN NEXT COLUMN OF THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF AN ADDITIONAL QUESTIONNAIRE; IF NO MORE MEN, END INTERVIEW.			

HH-23

IMPLEMENTING ORGANIZATION: CSA

IDENTIFICATION	
LOCALITY NAME _____	
NAME OF HOUSEHOLD HEAD _____	
CLUSTER NUMBER	
HOUSEHOLD NUMBER	
REGION	
NAME AND LINE NUMBER OF WOMAN _____	

INTERVIEWER VISITS

	1	2	3	FINAL VISIT	
DATE	_____	_____	_____	DAY	
				MONTH	
				YEAR	
INTERVIEWER'S NAME	_____	_____	_____	INT. NUMBER	
RESULT*	_____	_____	_____	RESULT	
NEXT VISIT: DATE	_____	_____		TOTAL NUMBER OF VISITS	
TIME	_____	_____			

*RESULT CODES:
1 COMPLETED   4 REFUSED
2 NOT AT HOME   5 PARTLY COMPLETED   7 OTHER _____
3 POSTPONED   6 INCAPACITATED   (SPECIFY)

LANGUAGE OF QUESTIONNAIRE:	6	LANGUAGE OF INTERVIEW:		LANGUAGE OF RESPONDENT:	

LANGUAGE CODES: AMARIGNA = 1, OROMIGNA = 2, TIGRIGNA = 3, OTHER = 6

TRANSLATOR USED:
(YES = 1, NO = 2)

SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED BY
NAME _____	NAME _____		
DATE _____	DATE _____		

W-1

INTRODUCTION AND CONSENT

INFORMED CONSENT

Hello. My name is _____ and I am working with the Central Statistical Agency (CSA).
We are conducting a survey about health all over Ethiopia. The information we collect will help the government to plan health
services. Your household was selected for the survey. The survey usually takes about 30 to 60 minutes. All of the answers
you give will be confidential and will not be shared with anyone other than members of our survey team. You don't have to be in
the survey, but we hope you will agree to answer the questions since your views are important. If I ask you any question you
don't want to answer, just let me know and I will go on to the next question or you can stop the interview at any time.

Do you have any questions?
May I begin the interview now?

Signature of interviewer: _____   Date: _____

RESPONDENT AGREES TO BE INTERVIEWED 1   RESPONDENT DOES NOT AGREE TO BE INTERVIEWED . . . 2 → END
                                                                              ↓

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE TIME. MORNING = 1 EVENING = 2	MORNING/EVENING . . . . HOUR . . . . MINUTES	
101A	COLLECT ANY RELEVANT DOCUMENTS THAT MAY HAVE INFORMATION ON THE RESPONDENT AND HER CHILDREN'S AGE AND IMMUNIZATIONS.		
102	In what month and year were you born?	MONTH . . . . DON'T KNOW MONTH . . . . 98 YEAR . . . . DON'T KNOW YEAR 9998	
103	How old were you at your last birthday? COMPARE AND CORRECT 102 AND/OR 103 IF INCONSISTENT.	AGE IN COMPLETED YEARS	
104	Have you ever attended school?	YES . . . . 1 NO 2	→ 108
105	What is the highest level of school you attended: primary, secondary, technical/vocational or higher?	PRIMARY . . . . 1 SECONDARY . . . . 2 TECHNICAL/VOCATIONAL . . . . 3 HIGHER 4	
106	What is the highest grade/number of years you completed at that level? IF COMPLETED PRIMARY OR SECONDARY, RECORD COMPLETED GRADE. IF TECHNICAL/VOCATIONAL OR HIGHER, RECORD YEARS COMPLETED. IF COMPLETED LESS THAN ONE YEAR AT THAT LEVEL RECORD '00'.	GRADE/NUMBER OF YEARS	

107	CHECK 105:
	
	PRIMARY ☐ SECONDARY ☐
	                      AND ABOVE
	          ↓
			→ 110

107A	Have you ever attended a Bible school or Koranic school or any other informal school that involves learning to read and/or write (not including primary school) ?	YES . . . . 1 NO 2	

W-2

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP

108	Now I would like you to read this sentence to me.
	
	SHOW CARD TO RESPONDENT.
	
	IF RESPONDENT CANNOT READ WHOLE SENTENCE, PROBE:
	Can you read any part of the sentence to me?
		CANNOT READ AT ALL 1
		ABLE TO READ ONLY PARTS OF
		   SENTENCE 2
		ABLE TO READ WHOLE SENTENCE. . 3
		NO CARD WITH REQUIRED
		   LANGUAGE _____ 4
		        (SPECIFY LANGUAGE)
		BLIND/VISUALLY IMPAIRED 5	

109	CHECK 108:
	
	    CODE '2', '3' ⌐ CODE '1' OR '5'
	      OR '4' ⎵ CIRCLED ☐
	    CIRCLED ↓
			→ 111

110	Do you read a newspaper or magazine at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEK .... 1 LESS THAN ONCE A WEEK .... 2 NOT AT ALL 3	
111	Do you listen to the radio at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEK .... 1 LESS THAN ONCE A WEEK .... 2 NOT AT ALL 3	
112	Do you watch television at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEK .... 1 LESS THAN ONCE A WEEK .... 2 NOT AT ALL 3	
113	What is your religion?	ORTHODOX .... 1 CATHOLIC .... 2 PROTESTANT ... . 3 MOSLEM .... 4 TRADITIONAL .... 5 OTHER _____ 6 (SPECIFY)	
114	What is your ethnicity? RECORD THE MAJOR ETHNIC GROUP. CODE FOR ETHNIC GROUP WILL BE FILLED IN BY OFFICE EDITOR.	_____ ☐☐	

W-3

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
201	Now I would like to ask about all the births you have had during your life. Have you ever given birth?	YES . . . . 1 NO 2	→ 206
202	Do you have any sons or daughters to whom you have given birth who are now living with you?	YES . . . . 1 NO 2	→ 204
203	How many sons live with you? And how many daughters live with you? IF NONE, RECORD '00'.	SONS AT HOME . . . . ☐☐ DAUGHTERS AT HOME . . . . . . ☐☐	
204	Do you have any sons or daughters to whom you have given birth who are alive but do not live with you?	YES . . . . 1 NO 2	→ 206
205	How many sons are alive but do not live with you? And how many daughters are alive but do not live with you? IF NONE, RECORD '00'.	SONS ELSEWHERE . . . . ☐☐ DAUGHTERS ELSEWHERE . ☐☐	
206	Have you ever given birth to a boy or girl who was born alive but later died? IF NO, PROBE: Any baby who cried or showed signs of life but did not survive?	YES . . . . 1 NO 2	→ 208
207	How many boys have died? And how many girls have died? IF NONE, RECORD '00'.	BOYS DEAD . . . . ☐☐ GIRLS DEAD . . . . ☐☐	
208	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL . . . . ☐☐	
209	CHECK 208: Just to make sure that I have this right: you have had in TOTAL _____ births during your life. Is that correct? YES ☐ NO ☐ → PROBE AND CORRECT 201-208 AS NECESSARY.		
210	CHECK 208: ONE OR MORE BIRTHS ☐ NO BIRTHS ☐		→ 226

| 211 | Now I would like to record the names of all your births, whether still alive or not, starting with the first one you had. RECORD NAMES OF ALL THE BIRTHS IN 212. RECORD TWINS AND TRIPLETS ON SEPARATE ROWS. (IF THERE ARE MORE THAN 12 BIRTHS, USE AN ADDITIONAL QUESTIONNAIRE, STARTING WITH THE SECOND ROW). |

212	213	214	215	216	217 IF ALIVE:	218 IF ALIVE:	219 IF ALIVE:	220 IF DEAD:	221
What name was given to your (first/next) baby? (NAME)	Is (NAME) a boy or a girl?	Were any of these births twins?	In what month and year was (NAME) born? PROBE: When is his/her birthday?	Is (NAME) still alive?	How old was (NAME) at his/her last birthday? RECORD AGE IN COMPLETED YEARS.	Is (NAME) living with you?	RECORD HOUSEHOLD LINE NUMBER OF CHILD (RECORD '00' IF CHILD NOT LISTED IN HOUSEHOLD).	How old was (NAME) when he/she died? IF '1 YR', PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS.	Were there any other live births between (NAME OF PREVIOUS BIRTH) and (NAME), including any children who died after birth?
01	BOY 1 GIRL 2	SING 1 MULT 2	MONTH [ ] YEAR [ ][ ][ ]	YES . . 1 NO . . . 2 ↓ 220	AGE IN YEARS [ ][ ]	YES . . . 1 NO 2	LINE NUMBER [ ][ ] ↓ (NEXT BIRTH)	DAYS . . . 1 [ ][ ] MONTHS 2 YEARS . . 3	
02	BOY 1 GIRL 2	SING 1 MULT 2	MONTH [ ] YEAR [ ][ ][ ]	YES . . 1 NO . . . 2 ↓ 220	AGE IN YEARS [ ][ ]	YES . . . 1 NO 2	LINE NUMBER [ ][ ] ↓ (GO TO 221)	DAYS . . . 1 [ ][ ] MONTHS 2 YEARS . . 3	YES . . . . 1 ADD ↵ BIRTH NO . . . . . 2 NEXT ↵ BIRTH
03	BOY 1 GIRL 2	SING 1 MULT 2	MONTH [ ] YEAR [ ][ ][ ]	YES . . 1 NO . . . 2 ↓ 220	AGE IN YEARS [ ][ ]	YES . . . 1 NO 2	LINE NUMBER [ ][ ] ↓ (GO TO 221)	DAYS . . . 1 [ ][ ] MONTHS 2 YEARS . . 3	YES . . . . 1 ADD ↵ BIRTH NO . . . . . 2 NEXT ↵ BIRTH
04	BOY 1 GIRL 2	SING 1 MULT 2	MONTH [ ] YEAR [ ][ ][ ]	YES . . 1 NO . . . 2 ↓ 220	AGE IN YEARS [ ][ ]	YES . . . 1 NO 2	LINE NUMBER [ ][ ] ↓ (GO TO 221)	DAYS . . . 1 [ ][ ] MONTHS 2 YEARS . . 3	YES . . . . 1 ADD ↵ BIRTH NO . . . . . 2 NEXT ↵ BIRTH
05	BOY 1 GIRL 2	SING 1 MULT 2	MONTH [ ] YEAR [ ][ ][ ]	YES . . 1 NO . . . 2 ↓ 220	AGE IN YEARS [ ][ ]	YES . . . 1 NO 2	LINE NUMBER [ ][ ] ↓ (GO TO 221)	DAYS . . . 1 [ ][ ] MONTHS 2 YEARS . . 3	YES . . . . 1 ADD ↵ BIRTH NO . . . . . 2 NEXT ↵ BIRTH
06	BOY 1 GIRL 2	SING 1 MULT 2	MONTH [ ] YEAR [ ][ ][ ]	YES . . 1 NO . . . 2 ↓ 220	AGE IN YEARS [ ][ ]	YES . . . 1 NO 2	LINE NUMBER [ ][ ] ↓ (GO TO 221)	DAYS . . . 1 [ ][ ] MONTHS 2 YEARS . . 3	YES . . . . 1 ADD ↵ BIRTH NO . . . . . 2 NEXT ↵ BIRTH
07	BOY 1 GIRL 2	SING 1 MULT 2	MONTH [ ] YEAR [ ][ ][ ]	YES . . 1 NO . . . 2 ↓ 220	AGE IN YEARS [ ][ ]	YES . . . 1 NO 2	LINE NUMBER [ ][ ] ↓ (GO TO 221)	DAYS . . . 1 [ ][ ] MONTHS 2 YEARS . . 3	YES . . . . 1 ADD ↵ BIRTH NO . . . . . 2 NEXT ↵ BIRTH

212	213	214	215	216	217 IF ALIVE:	218 IF ALIVE:	219 IF ALIVE:	220 IF DEAD:	221
What name was given to your next baby? (NAME)	Is (NAME) a boy or a girl?	Were any of these births twins?	In what month and year was (NAME) born? PROBE: When is his/her birthday?	Is (NAME) still alive?	How old was (NAME) at his/her last birthday? RECORD AGE IN COMPLETED YEARS.	Is (NAME) living with you?	RECORD HOUSEHOLD LINE NUMBER OF CHILD (RECORD '00' IF CHILD NOT LISTED IN HOUSEHOLD).	How old was (NAME) when he/she died? IF '1 YR', PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS.	Were there any other live births between (NAME OF PREVIOUS BIRTH) and (NAME), including any children who died after birth?
08	BOY 1 GIRL 2	SING 1 MULT 2	MONTH ☐☐ YEAR ☐☐☐☐	YES .. 1 NO ... 2 ↓ 220	AGE IN YEARS ☐☐	YES ... 1 NO 2	LINE NUMBER ☐☐ (GO TO 221)	DAYS ... 1 ☐☐ MONTHS 2 ☐☐ YEARS .. 3 ☐☐	YES .... 1 ADD ↵ BIRTH NO ..... 2 NEXT ↵ BIRTH
09	BOY 1 GIRL 2	SING 1 MULT 2	MONTH ☐☐ YEAR ☐☐☐☐	YES .. 1 NO ... 2 ↓ 220	AGE IN YEARS ☐☐	YES ... 1 NO 2	LINE NUMBER ☐☐ (GO TO 221)	DAYS ... 1 ☐☐ MONTHS 2 ☐☐ YEARS .. 3 ☐☐	YES .... 1 ADD ↵ BIRTH NO ..... 2 NEXT ↵ BIRTH
10	BOY 1 GIRL 2	SING 1 MULT 2	MONTH ☐☐ YEAR ☐☐☐☐	YES .. 1 NO ... 2 ↓ 220	AGE IN YEARS ☐☐	YES ... 1 NO 2	LINE NUMBER ☐☐ (GO TO 221)	DAYS ... 1 ☐☐ MONTHS 2 ☐☐ YEARS .. 3 ☐☐	YES .... 1 ADD ↵ BIRTH NO ..... 2 NEXT ↵ BIRTH
11	BOY 1 GIRL 2	SING 1 MULT 2	MONTH ☐☐ YEAR ☐☐☐☐	YES .. 1 NO ... 2 ↓ 220	AGE IN YEARS ☐☐	YES ... 1 NO 2	LINE NUMBER ☐☐ (GO TO 221)	DAYS ... 1 ☐☐ MONTHS 2 ☐☐ YEARS .. 3 ☐☐	YES .... 1 ADD ↵ BIRTH NO ..... 2 NEXT ↵ BIRTH
12	BOY 1 GIRL 2	SING 1 MULT 2	MONTH ☐☐ YEAR ☐☐☐☐	YES .. 1 NO ... 2 ↓ 220	AGE IN YEARS ☐☐	YES ... 1 NO 2	LINE NUMBER ☐☐ (GO TO 221)	DAYS ... 1 ☐☐ MONTHS 2 ☐☐ YEARS .. 3 ☐☐	YES .... 1 ADD ↵ BIRTH NO ..... 2 NEXT ↵ BIRTH

222	Have you had any live births since the birth of (NAME OF LAST BIRTH)? IF YES, RECORD BIRTH(S) IN THE ABOVE TABLE.	YES .... 1 NO 2

222 Have you had any live births since the birth of (NAME OF LAST BIRTH)? IF YES, RECORD BIRTH(S) IN THE ABOVE TABLE.
YES 1
NO 2

223 COMPARE 208 WITH NUMBER OF BIRTHS IN HISTORY ABOVE AND MARK:

NUMBERS ARE SAME ☐ ↓   NUMBERS ARE DIFFERENT ☐ → (PROBE AND RECONCILE)

224 CHECK 215 AND ENTER THE NUMBER OF BIRTHS IN 1998 E.C. OR LATER. ☐

IF NONE, CIRCLE '0' AND SKIP TO 226. NONE....... 0 → 226

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
225	**C** FOR EACH BIRTH SINCE MESKEREM 1998, ENTER 'B' IN THE MONTH OF BIRTH IN THE CALENDAR. WRITE THE NAME OF THE CHILD TO THE LEFT OF THE 'B' CODE. FOR EACH BIRTH, ASK THE NUMBER OF MONTHS THE PREGNANCY LASTED AND RECORD 'P' IN EACH OF THE PRECEDING MONTHS ACCORDING TO THE DURATION OF PREGNANCY. (NOTE: THE NUMBER OF 'P's MUST BE ONE LESS THAN THE NUMBER OF MONTHS THAT THE PREGNANCY LASTED.)		
226	Are you pregnant now?	YES . . . . 1 NO . . . . 2 UNSURE 8	→ 230
227	How many months pregnant are you? RECORD NUMBER OF COMPLETED MONTHS. **C** ENTER 'P's IN THE CALENDAR, BEGINNING WITH THE MONTH OF INTERVIEW AND FOR THE TOTAL NUMBER OF COMPLETED MONTHS.	MONTHS . . . . [ ][ ]	
228	When you got pregnant, did you want to get pregnant at that time?	YES . . . . 1 NO 2	→ 230
229	Did you want to have a baby later on or did you not want any (more) children?	LATER . . . . 1 NO MORE 2	
230	Have you ever had a pregnancy that miscarried, was aborted, or ended in a stillbirth?	YES . . . . 1 NO 2	→ 238
231	When did the last such pregnancy end?	MONTH . . . . [ ][ ] YEAR . . . . [ ][ ][ ]	
231A	Did you seek medical advice or treatment when this pregnancy ended? IF YES: Where did you seek medical advice or treatment?	HEALTH FACILITY . . . . 1 TRADITIONAL HEALER . . . . 2 NO ADVICE/TREATMENT . . . . 3 OTHER _____ 6 (SPECIFY)	
232	CHECK 231: LAST PREGNANCY [ ] LAST PREGNANCY [ ] ENDED IN ENDED BEFORE MESKEREM 1998 OR LATER ↓ MESKEREM 1998		→ 238
233	How many months pregnant were you when the last such pregnancy ended? **C** RECORD NUMBER OF COMPLETED MONTHS. ENTER 'T' IN THE CALENDAR IN THE MONTH THAT THE PREGNANCY TERMINATED AND 'P' FOR THE REMAINING NUMBER OF COMPLETED MONTHS.	MONTHS . . . . [ ][ ]	
234	Since Meskerem 1998, have you had any other pregnancies that did not result in a live birth?	YES . . . . 1 NO 2	→ 236
235	ASK THE DATE AND THE DURATION OF PREGNANCY FOR EACH EARLIER NON-LIVE BIRTH PREGNANCY BACK TO MESKEREM 1998 **C** ENTER 'T' IN THE CALENDAR IN THE MONTH THAT EACH PREGNANCY TERMINATED AND 'P' FOR THE REMAINING NUMBER OF COMPLETED MONTHS.		
236	Did you have any miscarriages, abortions or stillbirths that ended before 1998 E.C.?	YES . . . . 1 NO 2	→ 238

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
237	When did the last such pregnancy that terminated before 1998 E.C. end?	MONTH . . . . YEAR	
238	When did your last menstrual period start? _____ (DATE, IF GIVEN)	DAYS AGO . . . . 1 WEEKS AGO . . . . 2 MONTHS AGO . . . . 3 YEARS AGO . . . . 4 IN MENOPAUSE/ HAS HAD HYSTERECTOMY . . . 994 BEFORE LAST BIRTH . . . . 995 NEVER MENSTRUATED 996	
239	From one menstrual period to the next, are there certain days when a woman is more likely to become pregnant if she has sexual relations?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	→ 301

240	Is this time just before her period begins, during her period, right after her period has ended, or halfway between two periods?	JUST BEFORE HER PERIOD
		    BEGINS 1
		 DURING HER PERIOD 2
		 RIGHT AFTER HER
		    PERIOD HAS ENDED 3
		 HALFWAY BETWEEN
		    TWO PERIODS 4
		 OTHER _____ 6
		                (SPECIFY)
		 DON'T KNOW 8	

W-8

301	Now I would like to talk about family planning - the various ways or methods that a couple can use to delay or avoid a pregnancy. Have you ever heard of (METHOD)?		
01	**Female sterilization** PROBE: Women can have an operation to avoid having any more children.	YES . . . . 1 NO 2	
02	**Male sterilization** PROBE: Men can have an operation to avoid having any more children.	YES . . . . 1 NO 2	
03	**IUD** PROBE: Women can have a loop or coil placed inside them by a doctor or a nurse.	YES . . . . 1 NO 2	
04	**Injectables** PROBE: Women can have an injection by a health provider that stops them from becoming pregnant for one or more months.	YES . . . . 1 NO 2	
05	**Implants (Implanon/Jadelle/ Norplants)** PROBE: Women can have one or more small rods placed in their upper arm by a doctor or nurse which can prevent pregnancy for one or more years.	YES . . . . 1 NO 2	
06	**Pill** PROBE: Women can take a pill every day to avoid becoming pregnant.	YES . . . . 1 NO 2	
07	**Male condom** PROBE Men can put a rubber sheath on their penis before sexual intercourse.	YES . . . . 1 NO 2	
08	**Female Condom** PROBE Women can place a sheath in their vagina before sexual intercourse.	YES . . . . 1 NO 2	
09	**Standard Days Method** PROBE: Women can use a cycle of beads to count the days they are most likely to get pregnant and avoid sexual intercourse during those days.	YES . . . . 1 NO 2	
09A	**Lactational Amenorrhea Method (LAM)**	YES . . . . 1 NO 2	
10	**Rhythm Method** PROBE: Every month that a woman is sexually active she can avoid pregnancy by not having sexual intercourse on the days of the month she is most likely to get pregnant.	YES . . . . 1 NO 2	
11	**Withdrawal** PROBE: Men can be careful and pull out before climax.	YES . . . . 1 NO 2	
12	**Emergency Contraception** PROBE: As an emergency measure, within three days after they have unprotected sexual intercourse, women can take special pills to prevent pregnancy	YES . . . . 1 NO 2	
13	Have you heard of any other ways or methods that women or men can use to avoid pregnancy?	YES . . . . 1 _____ (SPECIFY) _____ (SPECIFY) NO 2	
302	CHECK 226: NOT PREGNANT ☐ PREGNANT ☐ ─────────────────────→ 311 OR UNSURE ↓		
303	Are you currently doing something or using any method to delay or avoid getting pregnant?	YES . . . . 1 NO 2	→ 311

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
304	Which method are you using? CIRCLE ALL MENTIONED. IF MORE THAN ONE METHOD MENTIONED, FOLLOW SKIP INSTRUCTION FOR HIGHEST METHOD IN LIST.	FEMALE STERILIZATION .... A MALE STERILIZATION .... B IUD .... C INJECTABLES .... D IMPLANTS .... E PILL .... F MALE CONDOM .... G FEMALE CONDOM .... H DIAPHRAGM/FOAM/JELLY .... I STANDARD DAYS METHOD .... J LACTATIONAL AMEN. METHOD ..... K RHYTHM METHOD .... L WITHDRAWAL .... M OTHER MODERN METHOD .... X OTHER TRADITIONAL METHOD ... Y	→ 308A → 308A → 306 → 308A
305	What is the brand name of the pills you are using? IF DON'T KNOW THE BRAND, ASK TO SEE THE PACKAGE.	CHOICE/ROSELLE .... 01 TRIGESTREL .... 02 HYAN .... 03 NORDETTE .... 04 DUOFEM .... 05 NEOGYNON .... 06 EXLUTON .... 07 OTHER _____ 96 (SPECIFY) DON'T KNOW 98	→ 308A
306	What is the brand name of the condoms you are using? IF DON'T KNOW THE BRAND, ASK TO SEE THE PACKAGE.	HIWOT TRUST .... 01 SENSATION RIBBED .... 02 SENSATION COFFEE .... 03 SENSATION HONEY .... 04 FRENCH FEELING .... 05 JEANS .... 06 UNIDUS/SOUTH KOREA .... 07 OTHER _____ 96 (SPECIFY) DON'T KNOW 98	
308A	Since what month and year have you been using (CURRENT METHOD) without stopping? PROBE: For how long have you been using (CURRENT METHOD) now without stopping?	MONTH .... YEAR	
309	CHECK 308A, 215 AND 231: ANY BIRTH OR PREGNANCY TERMINATION AFTER MONTH AND YEAR OF START OF USE OF CONTRACEPTION IN 308A GO BACK TO 308A, PROBE AND RECORD MONTH AND YEAR AT START OF CONTINUOUS USE OF CURRENT METHOD (MUST BE AFTER LAST BIRTH OR PREGNANCY TERMINATION).	YES ☐ NO ☐	
310	CHECK 308A: YEAR IS 1998 E.C. OR LATER ☐ YEAR IS 1997 E.C. OR EARLIER ☐ **C** ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN THE CALENDAR AND IN EACH MONTH BACK TO THE DATE STARTED USING. **C** ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN THE CALENDAR AND EACH MONTH BACK TO MESKEREM 1998. THEN SKIP TO ⟶ 322	

W-10

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP

311	I would like to ask you some questions about the times you or your partner may have used a method to avoid getting pregnant during the last few years.
	
	USE CALENDAR TO PROBE FOR EARLIER PERIODS OF USE AND NONUSE, STARTING WITH MOST RECENT USE, BACK TO MESKEREM 1998.
	USE NAMES OF CHILDREN, DATES OF BIRTH, AND PERIODS OF PREGNANCY AS REFERENCE POINTS.
	
	C IN COLUMN 1, ENTER METHOD USE CODE OR '0' FOR NONUSE IN EACH BLANK MONTH.
	
	ILLUSTRATIVE QUESTIONS:
	    * When was the last time you used a method? Which method was that?
	    * When did you start using that method? How long after the birth of (NAME)?
	    * How long did you use the method then?		

312	CHECK THE CALENDAR FOR USE OF ANY CONTRACEPTIVE METHOD IN ANY MONTH NO METHOD USED ANY METHOD USED		→ 314
313	Have you ever used anything or tried in any way to delay or avoid getting pregnant?	YES .... 1 NO 2	→ 324
314	CHECK 304: CIRCLE METHOD CODE: IF MORE THAN ONE METHOD CODE CIRCLED IN 304, CIRCLE CODE FOR HIGHEST METHOD IN LIST.	NO CODE CIRCLED .... 00 FEMALE STERILIZATION .... 01 MALE STERILIZATION .... 02 IUD .... 03 INJECTABLES .... 04 IMPLANTS . ... 05 PILL . ... 06 MALE CONDOM .... 07 FEMALE CONDOM .... 08 DIAPHRAGM/FOAM/JELLY ...... 09 STANDARD DAYS METHOD ...... 10 LACTATIONAL AMEN. METHOD ... 11 RHYTHM METHOD .... 12 WITHDRAWAL .... 13 OTHER MODERN METHOD .... 95 OTHER TRADITIONAL METHOD ... 96	→ 324 → 317 → 326 → 315A → 326

315	You first started using (CURRENT METHOD FROM Q.314) in (DATE FROM Q.308A).
	Where did you get it at that time?
		PUBLIC SECTOR
		  GOVT.HOSPITAL 11
		  GOVT. HEALTH CENTER 12
		  GOVT. HEALTH STATION/CLINIC .. 13
		  GOVT. HEALTH POST/HEW 14
		  OTHER PUBLIC _____ 15
		        (SPECIFY)
		NGO
		  NGO HEALTH FACILITY 21
		  VOLUNTARY COMMUNITY HEALTH
		        WORKERS 22
		  OTHER NGO _____ 26
		        (SPECIFY)
		
		PRIVATE MEDICAL SECTOR
		  PRIVATE HOSPITAL 31
		  PRIVATE CLINIC 32
		  PHARMACY 33
		  OTHER PRIVATE
		    MEDICAL _____ 34
		        (SPECIFY)
		OTHER SOURCE
		  DRUG VENDOR/STORE 41
		  SHOP 42
		  FRIEND/RELATIVE 43
		
		OTHER _____ 96
		        (SPECIFY)	

315A	Where did you learn how to use the standard days method/rhythm/ lactational amenorhea method? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE)		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES		SKIP
316	CHECK 304: CIRCLE METHOD CODE: IF MORE THAN ONE METHOD CODE CIRCLED IN 304, CIRCLE CODE FOR HIGHEST METHOD IN LIST.	IUD . . . . INJECTABLES . . . . IMPLANTS . . . . PILL . . . . MALE CONDOM . . . . FEMALE CONDOM . . . . DIAPHRAGM/FOAM/JELLY . . . . . . STANDARD DAYS METHOD . . . . . . LACTATIONAL AMEN. METHOD . . . RHYTHM METHOD	03 04 05 06 07 08 09 10 11 12	→ 323 → 320 → 326
317	At that time, were you told about side effects or problems you might have with the method?	YES . . . . NO	1 2	→ 319
318	Were you ever told by a health or family planning worker about side effects or problems you might have with the method?	YES . . . . NO	1 2	→ 320
319	Were you told what to do if you experienced side effects or problems?	YES . . . . NO	1 2	

320	CHECK 317:
	
	CODE '1' CODE '1'
	CIRCLED NOT
	                     CIRCLED
	
	At that time, were you told When you obtained (CURRENT
	about other methods of family METHOD FROM 314) from
	planning that you could use? (SOURCE OF METHOD FROM
	                               315) were you told
	                               about other methods of family
	                               planning that you could use?
		YES . . . .
		NO . . . .
			1
			2
				→ 322

321	Were you ever told by a health or family planning worker about other methods of family planning that you could use?	YES . . . . NO	1 2	
322	CHECK 304: CIRCLE METHOD CODE: IF MORE THAN ONE METHOD CODE CIRCLED IN 304, CIRCLE CODE FOR HIGHEST METHOD IN LIST.	FEMALE STERILIZATION . . . . MALE STERILIZATION . . . . IUD . . . . INJECTABLES . . . . IMPLANTS . . . . PILL . . . . MALE CONDOM FEMALE CONDOM . . . . DIAPHRAGM/FOAM/JELLY . . . . . . STANDARD DAYS METHOD . . . . . . LACTATIONAL AMEN. METHOD . . . RHYTHM METHOD . . . . WITHDRAWAL . . . . OTHER MODERN METHOD . . . . OTHER TRADITIONAL METHOD	01 02 03 04 05 06 07 08 09 10 11 12 13 95 96	→326 → 326 →326

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES		SKIP

323	Where did you obtain (CURRENT METHOD) the last time?
	
	PROBE TO IDENTIFY THE TYPE OF SOURCE.
	
	IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR WRITE THE NAME OF THE PLACE.
	
	_____
	(NAME OF PLACE)
		PUBLIC SECTOR
		  GOVT.HOSPITAL 11
		  GOVT. HEALTH CENTER 12
		  GOVT. HEALTH STATION/CLINIC ... 13
		  GOVT. HEALTH POST/HEW 14
		  OTHER PUBLIC _____ 15
		           (SPECIFY)
		
		NGO
		  NGO HEALTH FACILITY 21
		  VOLUNTARY COMMUNITY HEALTH
		   WORKERS 22
		  OTHER NGO _____ 26
		         (SPECIFY)
		
		PRIVATE MEDICAL SECTOR
		  PRIVATE HOSPITAL 31
		  PRIVATE CLINIC 32
		  PHARMACY 33
		  OTHER PRIVATE
		    MEDICAL _____ 36
		        (SPECIFY)
		
		OTHER SOURCE
		  DRUG VENDOR/STORE 41
		  SHOP 42
		  FRIEND/RELATIVE 43
		
		OTHER _____ 96
		      (SPECIFY)
				→ 326

324	Do you know of a place where you can obtain a method of family planning?	YES .... 1 NO 2		→ 326

325	Where is that?
	
	Any other place?
	
	PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S).
	
	IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR WRITE THE NAME OF THE PLACE.
	
	_____
	(NAME OF PLACE(S))
		PUBLIC SECTOR
		  GOVT. HOSPITAL .... A
		  GOVT. HEALTH CENTER ..... B
		  GOVT. HEALTH STATION/CLINIC .. C
		  GOVT.HEALTH POST/HEW ..... D
		  OTHER PUBLIC _____ E
		         (SPECIFY)
		
		NGO
		  NGO HEALTH FACILITY .... F
		  VOLUNTARY COMMUNITY HEALTH
		   WORKERS .... G
		  OTHER NGO _____ H
		         (SPECIFY)
		
		PRIVATE MEDICAL SECTOR
		  PRIVATE HOSPITAL I
		  PRIVATE CLINIC . J
		  PHARMACY ... . K
		  OTHER PRIVATE
		    MEDICAL _____ L
		        (SPECIFY)
		
		OTHER SOURCE
		  DRUG VENDOR/STORE M
		  SHOP .... N
		  FRIEND/RELATIVE .... O
		
		OTHER _____ X
		      (SPECIFY)		

326	In the last 12 months,were you visited by a HEW/VCHW or others who talked to you about family planning?	YES .... 1 NO 2		
327	In the last 12 months, have you visited a health facility for care for yourself (or your children)?	YES .... 1 NO 2		→ 401
328	Did any staff member/HEW at the health facility speak to you about family planning methods?	YES .... 1 NO 2		

W-13

401	CHECK 224:			
	ONE OR MORE BIRTHS IN MESKERM 1998 E.C. OR LATER ☐	NO BIRTHS IN MESKERM 1998 E.C. OR LATER ☐		→ 556

402	CHECK 215: ENTER IN THE TABLE THE LINE NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH IN 1998 OR LATER. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. (IF THERE ARE MORE THAN 3 BIRTHS, USE LAST 2 COLUMNS OF ADDITIONAL QUESTIONNAIRES). Now I would like to ask some questions about your children born in the last five years. (We will talk about each separately.)

403	BIRTH HISTORY NUMBER FROM 212 IN BIRTH HISTORY	LAST BIRTH BIRTH HISTORY NUMBER ☐☐	NEXT-TO-LAST BIRTH BIRTH HISTORY NUMBER ☐☐	SECOND-FROM-LAST BIRTH BIRTH HISTORY NUMBER ☐☐
404	FROM 212 AND 216	NAME _____ LIVING ☐ DEAD ☐	NAME _____ LIVING ☐ DEAD ☐	NAME _____ LIVING ☐ DEAD ☐
405	When you got pregnant with (NAME), did you want to get pregnant at that time?	YES . . . . 1 (SKIP TO 408)◄──┘ NO 2	YES . . . . 1 (SKIP TO 430)◄──┘ NO 2	YES . . . . 1 (SKIP TO 430)◄──┘ NO 2
406	Did you want to have a baby later on, or did you not want any (more) children?	LATER . . . . 1 NO MORE . . . . 2 (SKIP TO 408) ◄──┘	LATER . . . . 1 NO MORE . . . . 2 (SKIP TO 430) ◄──┘	LATER . . . . 1 NO MORE . . . . 2 (SKIP TO 430) ◄──┘
407	How much longer did you want to wait?	MONTHS . .1 ☐☐ YEARS . .2 ☐☐ DON'T KNOW . . . 998	MONTHS . .1 ☐☐ YEARS . .2 ☐☐ DON'T KNOW . . . 998	MONTHS . .1 ☐☐ YEARS . .2 ☐☐ DON'T KNOW . . . 998
408	Did you see anyone for antenatal care for this pregnancy?	YES . . . . 1 NO . . . . 2 (SKIP TO 415) ◄──┘		
409	Whom did you see? Anyone else? PROBE TO IDENTIFY EACH TYPE OF PERSON AND RECORD ALL MENTIONED.	HEALTH PERSONNEL DOCTOR . . . . A NURSE/MIDWIFE . . . . B HEW . . . . C OTHER HEALTH PERSONNEL_____ D (SPECIFY) OTHER PERSON TRAINED TRAD BIRTH ATTENDANT . . . . E UNTRAINED TRAD BIRTH ATTENDANT . . . . F VCHW . . . . G OTHER _____ X (SPECIFY)		

W-14

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____

410	Where did you receive antenatal care for this pregnancy?
	
	Anywhere else?
	
	PROBE TO IDENTIFY TYPE(S) OF SOURCE(S).
	
	IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.
	
	_____
	(NAME OF PLACE(S))
		HOME
		  YOUR HOME . . . . . . A
		  OTHER HOME . . . . . . B
		
		PUBLIC SECTOR
		  GOVT. HOSPITAL . . C
		  GOVT. HEALTH
		    CENTER . . . . D
		  GOVT. HEALTH STATION
		    /CLINIC . . . . E
		  GOVT. HEALTH
		    POST . . . . F
		  OTHER PUBLIC
		  _____ G
		    (SPECIFY)
		NGO
		  HEALTH FACILITY . . H
		
		PRIVATE MED. SECTOR
		  PVT. HOSPITAL I
		  PVT. CLINIC . . . . J
		  OTHER PRIVATE
		    MED._____ K
		    (SPECIFY)
		
		OTHER_____ X
		    (SPECIFY)		

411	How many months pregnant were you when you first received antenatal care for this pregnancy?	MONTHS . . . . ☐☐ DON'T KNOW 98		
412	How many times did you receive antenatal care during this pregnancy?	NUMBER OF TIMES . . . . ☐☐ DON'T KNOW 98		
413	As part of your antenatal care during this pregnancy, were any of the following done at least once? Was your blood pressure measured? Did you give a urine sample? Did you give a blood sample?	YES NO BP . . . . 1 2 URINE . . . . 1 2 BLOOD 1 2		
414	During (any of) your antenatal care visit(s), were you told about the signs of pregnancy complications?	YES . . . . 1 NO . . . . 2 (SKIP TO 415) ← DON'T KNOW 8		

414A	Which signs of pregnancy complications were you told about?	VAGINAL BLEEDING . . A
		VAGINAL GUSH OF
		  FLUID. . . . . B
		SEVERE HEAD ACHE C
		BLURRED VISION. . . . . D
		FEVER . . . . E
		ABDOMINAL PAIN. . . . . . F
		
		OTHER _____ X
		    (SPECIFY)		

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Appendix E • **365**

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
415	During this pregnancy, were you given an injection in the arm to prevent the baby from getting tetanus, that is, convulsions after birth?	YES . . . . 1 NO . . . . 2 (SKIP TO 418) ← DON'T KNOW 8		
416	During this pregnancy, how many times did you get this tetanus injection?	TIMES . . . . ☐ DON'T KNOW 8		
417	CHECK 416:	2 OR MORE OTHER TIMES ☐ ☐ (SKIP TO 421)		
418	At any time before this pregnancy, did you receive any tetanus injections?	YES . . . . 1 NO . . . . 2 (SKIP TO 421) ← DON'T KNOW 8		
419	Before this pregnancy, how many other times did you receive a tetanus injection? IF 7 OR MORE TIMES, RECORD '7'.	TIMES . . . . ☐ DON'T KNOW 8		
420	How many years ago did you receive the last tetanus injection before this pregnancy?	YEARS AGO . . . . ☐☐		
421	During this pregnancy, were you given or did you buy any iron tablets? SHOW TABLETS.	YES . . . . 1 NO . . . . 2 (SKIP TO 423) ← DON'T KNOW 8		
422	During the whole pregnancy, for how many days did you take the tablets? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER OF DAYS.	NO. OF DAYS . . . ☐☐☐ DON'T KNOW 998		
423	During this pregnancy, did you take any drug for intestinal worms?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8		

430	When (NAME) was born, was he/she very large, larger than average, average, smaller than average, or very small?	VERY LARGE 1
		LARGER THAN
		    AVERAGE 2
		AVERAGE 3
		SMALLER THAN
		    AVERAGE 4
		VERY SMALL 5
		DON'T KNOW 8
			VERY LARGE . . . 1
			LARGER THAN
			    AVERAGE . . . 2
			AVERAGE 3
			SMALLER THAN
			    AVERAGE . . . 4
			VERY SMALL . . . 5
			DON'T KNOW . . . 8
				VERY LARGE 1
				LARGER THAN
				    AVERAGE 2
				AVERAGE 3
				SMALLER THAN
				    AVERAGE 4
				VERY SMALL 5
				DON'T KNOW 8

431	Was (NAME) weighed at birth?	YES . . . . 1 NO . . . . 2 (SKIP TO 433) ← DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (SKIP TO 433) ← DON'T KNOW . . . 8	YES . . . . 1 NO . . . . 2 (SKIP TO 433) ← DON'T KNOW 8

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NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
432	How much did (NAME) weigh? RECORD WEIGHT IN KILOGRAMS FROM HEALTH CARD, IF AVAILABLE.	KG FROM CARD 1 ☐ . ☐ ☐ ☐ KG FROM RECALL 2 ☐ . ☐ ☐ ☐ DON'T KNOW ... 99.998	KG FROM CARD 1 ☐ . ☐ ☐ ☐ KG FROM RECALL 2 ☐ . ☐ ☐ ☐ DON'T KNOW 99.998	KG FROM CARD 1 ☐ . ☐ ☐ ☐ KG FROM RECALL 2 ☐ . ☐ ☐ ☐ DON'T KNOW . 99.998

433	Who assisted with the delivery of (NAME)?
	
	Anyone else?
	
	PROBE FOR THE TYPE(S) OF PERSON(S) AND RECORD ALL MENTIONED.
	
	IF RESPONDENT SAYS NO ONE ASSISTED, PROBE TO DETERMINE WHETHER ANY ADULTS WERE PRESENT AT THE DELIVERY.
		HEALTH PERSONNEL
		   DOCTOR .... A
		   NURSE/MIDWIFE .... B
		   HEW C
		   OTHER HEALTH
		   PERSONNEL ____ D
		      (SPECIFY)
		OTHER PERSON
		   TRAINED TRAD BIRTH
		    ATTENDANT ... E
		   UNTRAINED TRAD
		    BIRTH ATTENDANT F
		
		   VCHW .... G
		   RELATIVE/FRIEND .... H
		
		   OTHER ____ X
		     (SPECIFY)
		   NO ONE .... Y
			HEALTH PERSONNEL
			   DOCTOR .... A
			   NURSE/MIDWIFE .. B
			   HEW C
			OTHER HEALTH
			   PERSONNEL ____ D
			     (SPECIFY)
			OTHER PERSON
			   TRAINED TRAD BIRTH
			    ATTENDANT ... E
			   UNTRAINED TRAD
			    BIRTH ATTENDANT F
			
			   VCHW .... G
			   RELATIVE/FRIEND ... H
			
			   OTHER ____ X
			    (SPECIFY)
			NO ONE .... Y
				HEALTH PERSONNEL
				   DOCTOR .... A
				   NURSE/MIDWIFE .. B
				   HEW C
				OTHER HEALTH
				   PERSONNEL ____ D
				     (SPECIFY)
				OTHER PERSON
				   TRAINED TRAD BIRTH
				    ATTENDANT ... E
				   UNTRAINED TRAD
				    BIRTH ATTENDANT F
				
				   VCHW .... G
				   RELATIVE/FRIEND ... H
				
				   OTHER ____ X
				    (SPECIFY)
				NO ONE .... Y

434	Where did you give birth to (NAME)?
	
	PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.
	
	IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.
	
	_____
	(NAME OF PLACE(S))
		HOME
		  YOUR HOME 11
		   (SKIP TO 437A) ←
		  OTHER HOME 12
		
		PUBLIC SECTOR.
		  GOVT. HOSPITAL .. 21
		  GOVT. HEALTH
		   CENTER 22
		  GOVT. HEALTH
		   STAT/CLINIC 23
		  GOVT. HEALTH
		   POST 24
		  OTHER PUBLIC 26
		    (SPECIFY)
		NGO
		  HEALTH FACILITY .. 31
		
		PRIVATE MED. SECTOR
		  PVT. HOSPITAL 41
		  PVT. CLINIC 42
		  OTHER PRIVATE
		   MED. ____ 43
		   (SPECIFY)
		OTHER ____ 96
		   (SPECIFY)
		(SKIP TO 437A) ←
			HOME
			  YOUR HOME ... 11
			   (SKIP TO 448) ←
			  OTHER HOME ... 12
			
			PUBLIC SECTOR.
			  GOVT. HOSPITAL 21
			  GOVT. HEALTH
			   CENTER 22
			  GOVT. HEALTH
			   STAT/CLINIC ... 23
			  GOVT. HEALTH
			   POST 24
			  OTHER PUBLIC 26
			    (SPECIFY)
			NGO
			  HEALTH FACILITY 31
			
			PRIVATE MED. SECTOR
			  PVT. HOSPITAL . 41
			  PVT. CLINIC ... 42
			  OTHER PRIVATE
			   MED. ____ 43
			   (SPECIFY)
			OTHER ____ 96
			   (SPECIFY)
			(SKIP TO 448) ←
				HOME
				  YOUR HOME ... 11
				   (SKIP TO 448) ←
				  OTHER HOME ... 12
				
				PUBLIC SECTOR.
				  GOVT. HOSPITAL 21
				  GOVT. HEALTH
				   CENTER 22
				  GOVT. HEALTH
				   STAT/CLINIC ... 23
				  GOVT. HEALTH
				   POST 24
				  OTHER PUBLIC 26
				    (SPECIFY)
				NGO
				  HEALTH FACILITY 31
				
				PRIVATE MED. SECTOR
				  PVT. HOSPITAL 41
				  PVT. CLINIC ... 42
				  OTHER PRIVATE
				   MED. ____ 43
				   (SPECIFY)
				OTHER ____ 96
				   (SPECIFY)
				(SKIP TO 448) ←

435	Was (NAME) delivered by caesarean, that is, did they cut your belly open to take the baby out?	YES .... 1 NO 2	YES .... 1 NO 2	YES .... 1 NO 2

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NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
436	After you gave birth to (NAME), did anyone check on your health while you were still in the facility?	YES . . . . 1 (SKIP TO 439) ◄─────┘ NO 2		
437	Did anyone check on your health after you left the facility?	YES . . . . 1 (SKIP TO 439)◄──────┘ NO . . . . 2 (SKIP TO 446)◄──────┘		

437A	Why didn't you deliver in a health facility?
	
	PROBE: Any other reason?
	
	RECORD ALL MENTIONED.
		COST TOO MUCH . . . . A
		FACILITY NOT OPEN . B
		TOO FAR/ NO TRANS-
		  PORTATION C
		DON'T TRUST
		  FACILITY/POOR
		  QUALITY SERVICE . D
		NO FEMALE PROVID-
		  ER AT FACILITY . . . . E
		HUSBAND/FAMILY
		  DID NOT ALLOW . . . . F
		NOT NECESSARY . . . . G
		NOT CUSTOMARY . . . . H
		OTHER _____ X
		        (SPECIFY)		

438	After you gave birth to (NAME), did anyone check on your health?	YES . . . . 1 NO . . . . 2 (SKIP TO 442) ◄────┘		

439	Who checked on your health at that time?
	
	PROBE FOR MOST QUALIFIED PERSON.
		HEALTH PRERSONNEL
		  DOCTOR 11
		  NURSE/MIDWIFE 12
		  HEW 13
		  OTHER HEALTH
		    PERSONNEL_____ 14
		          (SPECIFY)
		OTHER PERSON
		  TRAINED TRAD BIRTH
		    ATTEND 21
		  UNTRAINED TRAD
		    BIRTH ATTEND . 22
		
		VCHW 23
		
		OTHER _____ 96
		        (SPECIFY)		

440	How long after delivery did the first check take place? IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS 1 ☐☐ DAYS 2 ☐☐ WEEKS 3 ☐☐ DON'T KNOW . . . 998		

441	CHECK 434:	11, 12 OR 96 OTHER
		CIRCLED ☐ ☐
		     ↓ ↓
		            (SKIP TO 446)		

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
442	In the two months after (NAME) was born, did any Doctor/Nurse/ HEW or other health personnel or a traditional birth attendant check on his/her health?	YES . . . . 1 NO . . . . 2 (SKIP TO 446) ←⎯ DON'T KNOW 8		
443	How many hours, days or weeks after the birth of (NAME) did the first check take place? IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS 1 DAYS 2 WEEKS 3 DON'T KNOW . . . 998		

444	Who checked on (NAME'S) health at that time?
	
	PROBE FOR MOST QUALIFIED PERSON.
		HEALTH PRERSONNEL
		  DOCTOR 11
		  NURSE/MIDWIFE 12
		  HEW 13
		  OTHER HEALTH
		    PERSONNEL _____ 14
		        (SPECIFY)
		OTHER PERSON
		  TRAINED TRAD BIRTH
		    ATTEND 21
		  UNTRAINED TRAD
		    BIRTH ATTEND . 22
		
		VCHW 23
		
		OTHER _____ 96
		        (SPECIFY)		

445	Where did this first check of (NAME) take place?
	
	PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.
	
	IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.
	
	_____
	(NAME OF PLACE(S))
		HOME
		  YOUR HOME 11
		  OTHER HOME 12
		
		PUBLIC SECTOR.
		  GOVT. HOSPITAL . . 21
		  GOVT. HEALTH
		    CENTER 22
		  GOVT. HEALTH STAT
		    /CLINIC 23
		  GOVT. HEALTH
		    POST 24
		  OTHER PUBLIC 26
		
		  _____
		      (SPECIFY)
		NGO
		  HEALTH FACILITY . . 31
		
		PRIVATE MED. SECTOR
		  PVT. HOSPITAL 41
		  PVT. CLINIC 42
		  OTHER PRIVATE
		    MED. _____ 43
		        (SPECIFY)
		OTHER _____ 96
		        (SPECIFY)		

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
446	In the first two months after delivery, did you receive a vitamin A dose (like this)? SHOW CAPSULES	YES . . . . 1 NO . . . . 2 DON'T KNOW 8		
447	Has your menstrual period returned since the birth of (NAME)?	YES . . . . 1 (SKIP TO 449) ◄——┘ NO . . . . 2 (SKIP TO 450) ◄——┘		
448	Did your period return between the birth of (NAME) and your next pregnancy?		YES . . . . 1 NO . . . . 2 (SKIP TO 452) ◄——┘	YES . . . . 1 NO . . . . 2 (SKIP TO 452) ◄——┘
449	For how many months after the birth of (NAME) did you not have a period?	MONTHS . . . . . . ☐☐ DON'T KNOW 98	MONTHS . . . ☐☐ DON'T KNOW 98	MONTHS . . . ☐☐ DON'T KNOW 98
450	CHECK 226: IS RESPONDENT PREGNANT?	NOT ☐ PREGNANT PREG- OR NANT UNSURE ☐ ↓ (SKIP TO 452) ◄		
451	Have you had sexual intercourse since the birth of (NAME)?	YES . . . . 1 NO . . . . 2 (SKIP TO 453) ◄——┘		
452	For how many months after the birth of (NAME) did you not have sexual intercourse?	MONTHS . . . . . . ☐☐ DON'T KNOW 98	MONTHS . . . ☐☐ DON'T KNOW 98	MONTHS . . . ☐☐ DON'T KNOW 98
453	Did you ever breastfeed (NAME)?	YES . . . . 1 (SKIP TO 455) ◄——┘ NO 2	YES . . . . 1 NO 2	YES . . . . 1 NO 2
454	CHECK 404: IS CHILD LIVING?	LIVING ☐ DEAD ☐ ↓ ↓ (SKIP T0 460) (GO BACK TO 405 IN NEXT COLUMN; OR IF NO MORE BIRTHS, GO TO 501)	LIVING ☐ DEAD ☐ ↓ ↓ (SKIP T0 460) (GO BACK TO 405 IN NEXT COLUMN; OR IF NO MORE BIRTHS, GO TO 501)	LIVING ☐ DEAD ☐ ↓ ↓ (SKIP T0 460) (GO BACK TO 405 IN NEXT-TO-LAST COLUMN OF AN ADDITIONAL QNNAIRE; OR IF NO MORE BIRTHS, GO TO 501)
455	How long after birth did you first put (NAME) to the breast? IF LESS THAN 1 HOUR, RECORD '00' HOURS. IF LESS THAN 24 HOURS, RECORD HOURS. OTHERWISE, RECORD DAYS.	IMMEDIATELY . . . 000 HOURS 1 ☐☐ DAYS 2 ☐☐		
456	In the first three days after delivery, was (NAME) given anything to drink other than breast milk?	YES . . . . 1 NO . . . . 2 (SKIP TO 458) ◄——┘		

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NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____

457	What was (NAME) given to drink?
	
	Anything else?
	
	RECORD ALL LIQUIDS MENTIONED.
		MILK (OTHER THAN
		   BREAST MILK) .... A
		PLAIN WATER .... B
		SUGAR OR GLU-
		   COSE WATER C
		GRIPE WATER .... D
		SUGAR-SALT-WATER
		   SOLUTION .... E
		FRUIT JUICE .... F
		INFANT FORMULA .... G
		TEA/INFUSIONS ...... H
		HONEY I
		FRESH BUTTER ...... J
		FENUGREEK .... K
		OTHER _____ X
		         (SPECIFY)		

458	CHECK 404: IS CHILD LIVING?	LIVING ☐ DEAD ☐ (GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 501)		
459	Are you still breastfeeding (NAME)?	YES .... 1 NO 2		
460	Did (NAME) drink anything from a bottle with a nipple yesterday or last night?	YES .... 1 NO .... 2 DON'T KNOW 8	YES .... 1 NO .... 2 DON'T KNOW 8	YES .... 1 NO .... 2 DON'T KNOW 8
461		GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 501.	GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 501.	GO BACK TO 405 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 501.

| 501 | ENTER IN THE TABLE THE BIRTH HISTORY NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH IN 1998 E.C. OR LATER. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. (IF THERE ARE MORE THAN 3 BIRTHS, USE LAST 2 COLUMNS OF ADDITIONAL QUESTIONNAIRES). |

| 502 | BIRTH HISTORY NUMBER FROM 212 | LAST BIRTH BIRTH HISTORY NUMBER .... ☐☐ | NEXT-TO-LAST BIRTH BIRTH HISTORY NUMBER .... ☐☐ | SECOND-FROM-LAST BIRTH BIRTH HISTORY NUMBER .... ☐☐ |

| 503 | FROM 212 AND 216 | NAME _____ LIVING ☐ DEAD ☐ (GO TO 503 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 553) | NAME _____ LIVING ☐ DEAD ☐ (GO TO 503 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 553) | NAME _____ LIVING ☐ DEAD ☐ (GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE, OR IF NO MORE BIRTHS, GO TO 553) |

| 504 | Do you have a card where (NAME'S) vaccinations are written down? IF YES: May I see it please? | YES, SEEN .... 1 (SKIP TO 506) ← YES, NOT SEEN .... 2 (SKIP TO 509) ← NO CARD .... 3 | YES, SEEN .... 1 (SKIP TO 506) ← YES, NOT SEEN .... 2 (SKIP TO 509) ← NO CARD .... 3 | YES, SEEN .... 1 (SKIP TO 506) ← YES, NOT SEEN .... 2 (SKIP TO 509) ← NO CARD .... 3 |

| 505 | Did you ever have a vaccination card for (NAME)? | YES .... 1 (SKIP TO 509) ← NO .... 2 | YES .... 1 (SKIP TO 509) ← NO .... 2 | YES .... 1 (SKIP TO 509) ← NO .... 2 |

| 506 | (1) COPY DATE FROM THE CARD FOR EACH VACCINE. (2) WRITE '44' IN 'DAY' COLUMN IF CARD SHOWS THAT A DOSE WAS GIVEN, BUT NO DATE IS RECORDED. |

		LAST BIRTH			NEXT-TO-LAST BIRTH			SECOND-FROM-LAST BIRTH		
		DAY	MONTH	YEAR	DAY	MONTH	YEAR	DAY	MONTH	YEAR
	BCG				BCG			BCG		
	POLIO 0 (POLIO GIVEN AT BIRTH)				P0			P0		
	POLIO 1				P1			P1		
	POLIO 2				P2			P2		
	POLIO 3				P3			P3		
	DPT 1				D1			D1		
	DPT 2				D2			D2		
	DPT 3				D3			D3		
	DPT-HepB-Hib1				D-HepB-Hib1			D-HepB-Hib1		
	DPT-HepB-Hib 2				D-HepB-Hib2			D-HepB-Hib2		
	DPT-HepB-Hib 3				D-HepB-Hib3			D-HepB-Hib3		
	MEASLES				MEA			MEA		
	VITAMIN A (MOST RECENT)				VIT A			VIT A		

| 507 | CHECK 506: | BCG TO VITAMIN A ALL RECORDED ☐ (GO TO 511) | OTHER ☐ | BCG TO VITAMIN A ALL RECORDED ☐ (GO TO 511) | OTHER ☐ | BCG TO VITAMIN A ALL RECORDED ☐ (GO TO 511) | OTHER ☐ |

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NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
508	Has (NAME) received any vaccinations that are not recorded on this card, including vaccinations given in a national immunization day campaign? RECORD 'YES' ONLY IF THE RESPONDENT MENTIONS AT LEAST ONE OF THE VACCINATIONS IN 506 THAT ARE NOT RECORDED AS HAVING BEEN GIVEN	YES . . . . 1 (PROBE FOR ← VACCINATIONS SHOWN IN 506 AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 506) (SKIP TO 511) ← NO . . . . 2 (SKIP TO 511) ← DON'T KNOW 8	YES . . . . 1 (PROBE FOR ← VACCINATIONS SHOWN IN 506 WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 506) (SKIP TO 511) ← NO . . . . 2 (SKIP TO 511) ← DON'T KNOW 8	YES . . . . 1 (PROBE FOR ← VACCINATIONS SHOWN IN 506 WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 506) (SKIP TO 511) ← NO . . . . 2 (SKIP TO 511) ← DON'T KNOW 8
509	Did (NAME) ever have any vaccinations to prevent him/her from getting diseases, including vaccinations received in a national immunization campaign?	YES . . . . 1 NO . . . . 2 (SKIP TO 511) ← DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (SKIP TO 511) ← DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (SKIP TO 511) ← DON'T KNOW 8
510	Please tell me if (NAME) had any of the following vaccinations:			
510A	A BCG vaccination against tuberculosis, that is, an injection in the right arm or shoulder that usually causes a scar?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	YES . . . . 1 NO . . . . 2 DON'T KNOW 8
510B	Polio vaccine, that is, drops in the mouth?	YES . . . . 1 NO . . . . 2 (SKIP TO 510E) ← DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (SKIP TO 510E) ← DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (SKIP TO 510E) ← DON'T KNOW 8
510C	Was the first polio vaccine given in the first two weeks after birth or later?	FIRST 2 WEEKS . . . 1 LATER 2	FIRST 2 WEEKS . . . 1 LATER 2	FIRST 2 WEEKS . . . 1 LATER 2
510D	How many times was the polio vaccine received?	NUMBER OF TIMES . . . . . . [ ]	NUMBER OF TIMES . . . . . . [ ]	NUMBER OF TIMES . . . . . . [ ]
510E	A DPT or DPT-HepB-Hib vaccination, that is, an injection given in the thigh or buttocks, sometimes at the same time as polio drops?	YES . . . . 1 NO . . . . 2 (SKIP TO 510G) ← DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (SKIP TO 510G) ← DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (SKIP TO 510G) ← DON'T KNOW 8
510F	How many times was a DPT or DPT-HepB-Hib vaccination given ?	NUMBER OF TIMES . . . . . . [ ]	NUMBER OF TIMES . . . . . . [ ]	NUMBER OF TIMES . . . . . . [ ]
510G	A measles injection or an MMR injection - that is, a shot in the arm at the age of 9 months or older - to prevent him/her from getting measles?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	YES . . . . 1 NO . . . . 2 DON'T KNOW 8
510H	Did (NAME) receive a vaccination certificate for completing the schedule for all vaccinations?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	YES . . . . 1 NO . . . . 2 DON'T KNOW 8
511	Within the last six months has (NAME) received a vitamin A dose like this? SHOW CAPSULES.	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	YES . . . . 1 NO . . . . 2 DON'T KNOW 8

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NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
512	In the last seven days, was (NAME) given iron pills like this? SHOW COMMON TYPES OF IRON PILLS.	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	YES . . . . 1 NO . . . . 2 DON'T KNOW 8
513	Was (NAME) given any drug for intestinal worms in the last six months?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	YES . . . . 1 NO . . . . 2 DON'T KNOW 8
514	Has (NAME) had diarrhea in the last 2 weeks?	YES . . . . 1 NO . . . . 2 (SKIP TO 525) ←┐ DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (SKIP TO 525) ←┐ DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (SKIP TO 525) ←┐ DON'T KNOW 8
515	Was there any blood in the stools?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	YES . . . . 1 NO . . . . 2 DON'T KNOW 8
516	Now I would like to know how much (NAME) was given to drink during the diarrhea (including breastmilk). Was he/she given less than usual to drink, about the same amount, or more than usual to drink? IF LESS, PROBE: Was he/she given much less than usual to drink or somewhat less?	MUCH LESS . . . . . . 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE . . . . 4 NOTHING TO DRINK 5 DON'T KNOW 8	MUCH LESS . . . . . . 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE . . . . 4 NOTHING TO DRINK 5 DON'T KNOW 8	MUCH LESS . . . . . . 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE . . . . 4 NOTHING TO DRINK 5 DON'T KNOW 8
517	When (NAME) had diarrhea, was he/she given less than usual to eat, about the same amount, more than usual, or nothing to eat? IF LESS, PROBE: Was he/she given much less than usual to eat or somewhat less?	MUCH LESS . . . . . . 1 SOMEWHAT LESS . . . . 2 ABOUT THE SAME . . . . 3 MORE . . . . 4 STOPPED FOOD . . . . 5 NEVER GAVE FOOD . . . . . . 6 DON'T KNOW 8	MUCH LESS . . . . . . 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE . . . . 4 STOPPED FOOD . 5 NEVER GAVE FOOD 6 DON'T KNOW 8	MUCH LESS . . . . . . 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE . . . . 4 STOPPED FOOD . 5 NEVER GAVE FOOD 6 DON'T KNOW 8
518	Did you seek advice or treatment for the diarrhea from any source?	YES . . . . 1 NO . . . . 2 (SKIP TO 522) ←┘	YES . . . . 1 NO . . . . 2 (SKIP TO 522) ←┘	YES . . . . 1 NO . . . . 2 (SKIP TO 522) ←┘

W-24

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____

519	Where did you seek advice or treatment?
	
	Anywhere else?
	
	PROBE TO IDENTIFY EACH TYPE OF SOURCE.
	
	IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.
	
	_____
	(NAME OF PLACE(S))
		PUBLIC SECTOR
		  GOVT. HOSPITAL . . . . . A
		  GOVT. HEALTH CENTER B
		  GOVT.HEALTH
		    STATION/CLINIC . . C
		  GOVT.HEALTH POST/HEW D
		  OTHER PUBLIC
		  _____ E
		    (SPECIFY)
		
		NGO
		  HEALTH FACILITY F
		  VCHW . . . . G
		                                 .
		PRIVATE MED.SECTOR
		  PRIVATE. HOSPITAL H
		  PRIVATE CLINIC I
		  PHARMACY J
		  OTHER PRIVATE
		    MED. _____ K
		      (SPECIFY)
		
		OTHER SOURCE
		  DRUG VENDOR/
		    STORE L
		  SHOP . . . . M
		  TRADITIONAL
		    HEALER . N
		
		OTHER _____ X
		      (SPECIFY)
			PUBLIC SECTOR
			  GOVT. HOSPITAL . A
			  GOVT. H.CENTER B
			  GOVT.HEALTH
			    STATION/CLINIC . C
			  GOVT.HEALTH POST/H D
			  OTHER PUBLIC
			  _____ E
			    (SPECIFY)
			
			NGO
			  HEALTH FACILITY F
			  VCHW . . . . G
			
			PRIVATE MED.SECTOR
			  PRIVATE. HOS . H
			  PRIVATE CLINIC ... I
			  PHARMACY ... J
			  OTHER PRIVATE
			    MED. _____ K
			      (SPECIFY)
			
			OTHER SOURCE
			  DRUG VENDOR/
			    STORE L
			  SHOP . . . . M
			  TRADITIONAL
			    HEALER . N
			
			OTHER _____ X
			      (SPECIFY)
				PUBLIC SECTOR
				  GOVT. HOSPITAL . A
				  GOVT. H CENTER B
				  GOVT.HEALTH
				    STATION/CLINIC . C
				  GOVT.HEALTH POST/H D
				  OTHER PUBLIC
				  _____ E
				    (SPECIFY)
				
				NGO
				  HEALTH FACILITY F
				  VCHW . . . . G
				
				PRIVATE MED.SECTOR
				  PRIVATE. HOSP . H
				  PRIVATE CLINIC ... I
				  PHARMACY ... J
				  OTHER PRIVATE
				    MED. _____ K
				      (SPECIFY)
				
				OTHER SOURCE
				  DRUG VENDOR/
				    STORE L
				  SHOP . . . . M
				  TRADITIONAL
				    HEALER . N
				
				OTHER _____ X
				      (SPECIFY)

520	CHECK 519:	TWO OR ONLY ☐ MORE ONE CODES CODE ☐ CIRCLED CIRCLED ⬇ (SKIP TO 522) ←	TWO OR ONLY ☐ MORE ONE CODES CODE ☐ CIRCLED CIRCLED ⬇ (SKIP TO 522) ←	TWO OR ONLY ☐ MORE ONE CODES CODE ☐ CIRCLED CIRCLED ⬇ (SKIP TO 522) ←
521	Where did you first seek advice or treatment? USE LETTER CODE FROM 519.	FIRST PLACE . . . ☐	FIRST PLACE . . . ☐	FIRST PLACE . . . ☐
522	Was he/she given any of the following to drink at any time since he/she started having the diarrhea: a) A fluid made from a special ORS packet like LEMLEM? b) A government-recommended homemade fluid?	YES NO DK FLUID FROM ORS PKT . . . . 1 2 8 HOMEMADE FLUID 1 2 8	YES NO DK FLUID FROM ORS PKT . . 1 2 8 HOMEMADE FLUID . . . 1 2 8	YES NO DK FLUID FROM ORS PKT . . 1 2 8 HOMEMADE FLUID . . . 1 2 8

523	Was anything (else) given to treat the diarrhea?	YES 1
		NO 2
		    (SKIP TO 525) ←
		DON'T KNOW 8
			YES 1
			NO 2
			    (SKIP TO 525) ←
			DON'T KNOW 8
				YES 1
				NO 2
				    (SKIP TO 525) ←
				DON'T KNOW 8

W-25

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____

524	What (else) was given to treat the diarrhea?
	
	Anything else?
	
	RECORD ALL TREATMENTS GIVEN.
		PILL OR SYRUP
		  ANTIBIOTIC . . . . . . A
		  ANTIMOTILITY . B
		  ZINC C
		  OTHER (NOT ANTI-
		    BIOTIC, ANTI-
		    MOTILITY, OR
		    ZINC) . . . . D
		  UNKNOWN PILL
		    OR SYRUP . . . E
		
		INJECTION
		  ANTIBIOTIC . . . . . . F
		  NON-ANTIBIOTIC . G
		  UNKNOWN
		    INJECTION . . . H
		
		(IV) INTRAVENOUS . I
		
		HOME REMEDY/
		  HERBAL MED-
		  ICINE . . . . J
		
		OTHER _____ X
		    (SPECIFY)
			PILL OR SYRUP
			  ANTIBIOTIC . . . . . . A
			  ANTIMOTILITY . B
			  ZINC C
			  OTHER (NOT ANTI-
			    BIOTIC, ANTI-
			    MOTILITY, OR
			    ZINC) . . . . D
			  UNKNOWN PILL
			    OR SYRUP . . . E
			
			INJECTION
			  ANTIBIOTIC . . . . . . F
			  NON-ANTIBIOTIC . G
			  UNKNOWN
			    INJECTION . . . H
			
			(IV) INTRAVENOUS . I
			
			HOME REMEDY/
			  HERBAL MED-
			  ICINE . . . . J
			
			OTHER _____ X
			    (SPECIFY)
				PILL OR SYRUP
				  ANTIBIOTIC . . . . . . A
				  ANTIMOTILITY . B
				  ZINC C
				  OTHER (NOT ANTI-
				    BIOTIC, ANTI-
				    MOTILITY, OR
				    ZINC) . . . . D
				  UNKNOWN PILL
				    OR SYRUP . . . E
				
				INJECTION
				  ANTIBIOTIC . . . . . . F
				  NON-ANTIBIOTIC . G
				  UNKNOWN
				    INJECTION . . . H
				
				(IV) INTRAVENOUS . I
				
				HOME REMEDY/
				  HERBAL MED-
				  ICINE . . . . J
				
				OTHER _____ X
				    (SPECIFY)

525	Has (NAME) been ill with a fever at any time in the last 2 weeks?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	YES . . . . 1 NO . . . . 2 DON'T KNOW 8

527	Has (NAME) had an illness with a cough at any time in the last 2 weeks?	YES 1
		NO 2
		    (SKIP TO 530) ←┐
		DON'T KNOW 8
			YES 1
			NO 2
			    (SKIP TO 530) ←┐
			DON'T KNOW 8
				YES 1
				NO 2
				    (SKIP TO 530) ←┐
				DON'T KNOW 8

528	When (NAME) had an illness with a cough, did he/she breathe faster than usual with short, rapid breaths or have difficulty breathing?	YES 1
		NO 2
		    (SKIP TO 531) ←┐
		DON'T KNOW 8
			YES 1
			NO 2
			    (SKIP TO 531) ←┐
			DON'T KNOW 8
				YES 1
				NO 2
				    (SKIP TO 531) ←┐
				DON'T KNOW 8

529	Was the fast or difficult breathing due to a problem in the chest or to a blocked or runny nose?	CHEST ONLY . . . 1 ┐
		NOSE ONLY . . . . . . 2 ┤
		BOTH . . . . 3 ┤
		OTHER _____ 6 ┤
		    (SPECIFY)
		DON'T KNOW . . . . . . 8 ┘
		
		    (SKIP TO 531) ←
			CHEST ONLY . . . 1 ┐
			NOSE ONLY . . . . . . 2 ┤
			BOTH . . . . 3 ┤
			OTHER _____ 6 ┤
			    (SPECIFY)
			DON'T KNOW . . . . . . 8 ┘
			
			    (SKIP TO 531) ←
				CHEST ONLY . . . 1 ┐
				NOSE ONLY . . . . . . 2 ┤
				BOTH . . . . 3 ┤
				OTHER _____ 6 ┤
				    (SPECIFY)
				DON'T KNOW . . . . . . 8 ┘
				
				    (SKIP TO 531) ←

530	CHECK 525:
	
	HAD FEVER?
		YES NO OR DK
		              ↓
		      (GO BACK TO
		      503 IN NEXT
		      COLUMN; OR,
		      IF NO MORE
		      BIRTHS, GO
		      TO 553)
			YES NO OR DK
			             ↓
			     (GO BACK TO
			     503 IN NEXT
			     COLUMN; OR,
			     IF NO MORE
			     BIRTHS, GO
			     TO 553)
				YES NO OR DK
				          ↓
				     (GO TO 503
				    IN NEXT-TO-LAST
				    COLUMN OF NEW
				    QUESTIONNAIRE; OR,
				    IF NO MORE BIRTHS,
				    GO TO 553)

531	Now I would like to know how much (NAME) was given to drink (including breastmilk) during the illness with a (fever/cough). Was he/she given less than usual to drink, about the same amount, or more than usual to drink? IF LESS, PROBE: Was he/she given much less than usual to drink or somewhat less?	MUCH LESS . . . . . . 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE . . . . 4 NOTHING TO DRINK 5 DON'T KNOW 8	MUCH LESS . . . . . . 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE . . . . 4 NOTHING TO DRINK 5 DON'T KNOW 8	MUCH LESS . . . . . . 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE . . . . 4 NOTHING TO DRINK 5 DON'T KNOW 8

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
532	When (NAME) had a (fever/cough), was he/she given less than usual to eat, about the same amount, more than usual, or nothing to eat? IF LESS, PROBE: Was he/she given much less than usual to eat or somewhat less?	MUCH LESS ...... 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE .... 4 STOPPED FOOD . 5 NEVER GAVE FOOD 6 DON'T KNOW 8	MUCH LESS ...... 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE .... 4 STOPPED FOOD . 5 NEVER GAVE FOOD 6 DON'T KNOW 8	MUCH LESS ...... 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE .... 4 STOPPED FOOD . 5 NEVER GAVE FOOD 6 DON'T KNOW 8
533	Did you seek advice or treatment for the illness from any source?	YES .... 1 NO .... 2 (SKIP TO 537)◄──┐	YES .... 1 NO .... 2 (SKIP TO 537)◄──┐	YES .... 1 NO .... 2 (SKIP TO 537)◄──┐

534	Where did you seek advice or treatment?
	
	Anywhere else?
	
	PROBE TO IDENTIFY EACH TYPE OF SOURCE.
	
	IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.
	
	_____
	(NAME OF PLACE(S))
		PUBLIC SECTOR
		  GOVT. HOSPITAL ..... A
		  GOVT. HEALTH CENTER B
		  GOVT.HEALTH
		    STATION/CLINIC ... C
		  GOVT.HEALTH
		    POST/HEW .... D
		  OTHER PUBLIC
		  _____ E
		    (SPECIFY)
		NGO
		  HEALTH FACILITY F
		  VCHW .... G
		
		PRIVATE MED.SECTOR
		  PRIVATE. HOSPITAL H
		  PRIVATE CLINIC I
		  PHARMACY .... J
		  OTHER PRIVATE
		    MED. _____ K
		    (SPECIFY)
		
		OTHER SOURCE
		  DRUG VENDOR/
		  STORE............... L
		  SHOP .... M
		  TRADITIONAL
		    HEALER .... N
		
		OTHER _____ X
		    (SPECIFY)
			PUBLIC SECTOR
			  GOVT. HOSPITAL . A
			  GOVT. H. CENTER . B
			  GOVT.HEALTH
			    STATION/CLINIC . C
			  GOVT.HEALTH
			    POST/HEW .... D
			  OTHER PUBLIC
			  _____ E
			    (SPECIFY)
			NGO
			  HEALTH FACILITY F
			  VCHW .... G
			
			PRIVATE MED.SECTOR
			  PRIVATE. HOSP . H
			  PRIVATE I
			  PHARMACY ... J
			  OTHER PRIVATE
			    MED. _____ K
			    (SPECIFY)
			
			OTHER SOURCE
			  DRUG VENDOR/
			  STORE L
			  SHOP .... M
			  TRADITIONAL
			    HEALER ...... N
			
			OTHER _____ X
			    (SPECIFY)
				PUBLIC SECTOR
				  GOVT. HOSPITAL . A
				  GOVT. H. CENTER . B
				  GOVT.HEALTH
				    STATION/ CLINIC . C
				  GOVT.HEALTH
				    POST/HEW .... D
				  OTHER PUBLIC
				  _____ E
				    (SPECIFY)
				NGO
				  HEALTH FACILITY F
				  VCHW .... G
				
				PRIVATE MED.SECTOR
				  PRIVATE. HOSP . H
				  PRIVATE I
				  PHARMACY ... J
				  OTHER PRIVATE
				    MED. _____ K
				    (SPECIFY)
				
				OTHER SOURCE
				  DRUG VENDOR/
				  STORE L
				  SHOP .... M
				  TRADITIONAL
				    HEALER ...... N
				
				OTHER _____ X
				    (SPECIFY)

535	CHECK 534:	TWO OR ONLY
		☐ MORE ONE ☐
		  CODES CODE
		  CIRCLED CIRCLED
		│ (SKIP TO 537)◄──┘
		▼
			TWO OR ONLY
			☐ MORE ONE ☐
			  CODES CODE
			  CIRCLED CIRCLED
			│ (SKIP TO 537)◄──┘
			▼
				TWO OR ONLY
				☐ MORE ONE ☐
				  CODES CODE
				  CIRCLED CIRCLED
				│ (SKIP TO 537)◄──┘
				▼

536	Where did you first seek advice or treatment? USE LETTER CODE FROM 534.	FIRST PLACE ... ☐	FIRST PLACE ... ☐	FIRST PLACE ... ☐
537	At any time during the illness, did (NAME) take any drugs for the illness?	YES .... 1 NO .... 2 (GO BACK TO 503 IN NEXT COLUMN;◄ OR, IF NO MORE BIRTHS, GO TO 553) DON'T KNOW 8	YES .... 1 NO .... 2 (GO BACK TO 503 IN NEXT COLUMN;◄ OR, IF NO MORE BIRTHS, GO TO 553) DON'T KNOW 8	YES .... 1 NO .... 2 (GO TO 503 IN NEXT-TO-LAST◄ COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 553) DON'T KNOW 8

W-27

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
538	What drugs did (NAME) take? Any other drugs? RECORD ALL MENTIONED.	ANTIMALARIAL DRUGS SP/FANSIDAR ... ... A CHLOROQUINE ..... . B ARTEMETHER- LUMEFANTRINE (COARTEM /ARTEFAN) ... .. C QUININE .... D OTHER ANTI- MALARIAL _____ ... E (SPECIFY) ANTIBIOTIC DRUGS INJECTION .... F BACTRIM (COTRIM) .... G AMPICILIN ..... H AMOXYCILIN .. .... I CHLORIAM- PHENICOL ..... J TETRACYCLINE . ... K OTHER ANTI- BIOTIC .... L OTHER DRUGS PARACETAMOL ..... M ASPIRIN (PARAMOL) .... N ACETA- MINOPHEN ... ... O IBUPROFEN ... P OTHER _____ X (SPECIFY) DON'T KNOW Z	ANTIMALARIAL DRUGS SP/FANSIDAR ... A CHLOROQUINE . B ARTEMETHER- LUMEFANTRINE (COARTEM /ARTEFAN) ... C QUININE .... D OTHER ANTI- MALARIAL _____ ... E (SPECIFY) ANTIBIOTIC DRUGS INJECTION ...... F BACTRIM (COTRIM) ...... G AMPICILIN ...... H AMOXYCILIN ... I CHLORIAM- PHENICOL ...... J TETRACYCLINE K OTHER ANTI- BIOTIC .... L OTHER DRUGS PARACETAMOL.. M ASPIRIN (PARAMOL) .... N ACETA- MINOPHEN ... O IBUPROFEN ... P OTHER _____ X (SPECIFY) DON'T KNOW Z	ANTIMALARIAL DRUGS SP/FANSIDAR ... A CHLOROQUINE . B ARTEMETHER- LUMEFANTRINE (COARTEM /ARTEFAN) ... C QUININE .... D OTHER ANTI- MALARIAL _____ ... E (SPECIFY) ANTIBIOTIC DRUGS INJECTION ...... F BACTRIM (COTRIM) ...... G AMPICILIN ...... H AMOXYCILIN ... I CHLORIAM- PHENICOL ...... J TETRACYCLINE K OTHER ANTI- BIOTIC .... L OTHER DRUGS PARACETAMOL.. M ASPIRIN (PARAMOL) .... N ACETA- MINOPHEN ... O IBUPROFEN ... P OTHER _____ X (SPECIFY) DON'T KNOW Z
552		GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 553	GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 553.	GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 553.

W-28

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
553	CHECK 215 AND 218, ALL ROWS: NUMBER OF CHILDREN BORN IN 1998 E.C. OR LATER LIVING WITH THE RESPONDENT ONE OR MORE ☐ NONE ☐ RECORD NAME OF YOUNGEST CHILD LIVING WITH HER (AND CONTINUE WITH 554) _____ (NAME)		→ 556

554	The last time (NAME FROM 553) passed stools, what was done to dispose of the stools?	CHILD USED TOILET OR LATRINE . . . 01
		PUT/RINSED
		 INTO TOILET OR LATRINE 02
		PUT/RINSED
		 INTO DRAIN OR DITCH 03
		THROWN INTO GARBAGE 04
		BURIED 05
		LEFT IN THE OPEN 06
		OTHER 96
		            _____
		                (SPECIFY)	

555	CHECK 522(a), ALL COLUMNS: NOT NO CHILD ANY CHILD ASKED ☐ RECEIVED FLUID ☐ RECEIVED FLUID ☐ FROM ORS PACKET FROM ORS PACKET		→ 557
556	Have you ever heard of a special fluid made from an ORS packet, like LEMLEM, that you can get for the treatment of diarrhea?	YES . . . . 1 NO 2	
557	CHECK 215 AND 218, ALL ROWS: NUMBER OF CHILDREN BORN IN 2001 E.C. OR LATER LIVING WITH THE RESPONDENT ONE OR MORE ☐ NONE ☐ RECORD NAME OF YOUNGEST CHILD LIVING WITH HER (AND CONTINUE WITH 558) _____ (NAME)		→ 601

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
558	Now I would like to ask you about (other) liquids or foods that (NAME FROM 557) had yesterday during the day or at night. I am interested in whether your child had the item even if it was combined with other foods. Did (NAME FROM 557) (drink/eat):		

Did (NAME FROM 557) (drink/eat):   YES NO DK

a)   Plain water?   **a)**   1   2   8

b)   Juice or juice drinks?   **b)**   1   2   8

c)   Soup?   **c)**   1   2   8

d)   Milk such as tinned, powdered, or fresh animal milk?   **d)**   1   2   8

    IF YES: How many times did (NAME) drink milk?   NUMBER OF TIMES
         IF 7 OR MORE TIMES, RECORD '7'.   DRANK MILK   ☐

e)   Infant formula such as Plan, S-26?   **e)**   1   2   8

    IF YES: How many times did (NAME) drink infant formula?   NUMBER OF TIMES
         IF 7 OR MORE TIMES, RECORD '7'.   DRANK FORMULA   ☐

f)   Any other liquids?   **f)**   1   2   8

g)   Yogurt?   **g)**   1   2   8

    IF YES: How many times did (NAME) eat yogurt?   NUMBER OF TIMES
         IF 7 OR MORE TIMES, RECORD '7'.   ATE YOGURT   ☐

h)   Any commercially
    fortified baby food, like Fafa, Hilina, Cerilak, Cerifam, Mother Choice?   **h)**   1   2   8

i)   Injera, bread, rice, noodles, or other foods made from grains, such as,
    tef, oats, maize, barley, wheat, sorghum, millet or other grains?   **i)**   1   2   8

j)   Pumpkin, carrots, squash or sweet potatoes that are
    yellow or orange inside?   **j)**   1   2   8

k)   White potatoes, white yams, bulla, kocho, manioc, cassava,
    or any other foods made from roots?   **k)**   1   2   8

l)   Any dark green, leafy vegetables like kale, spinach,
    or amaranth leaves?   **l)**   1   2   8

m)   Ripe mangoes or papayas?   **m)**   1   2   8

n)   Any other fruits or vegetables?   **n)**   1   2   8

o)   Liver, kidney, heart or other organ meats?   **o)**   1   2   8

p)   Any meat, such as beef, pork, lamb, goat, chicken,
    or duck?   **p)**   1   2   8

q)   Eggs?   **q)**   1   2   8

r)   Fresh or dried fish or shellfish?   **r)**   1   2   8

s)   Any foods made from beans, peas, lentils, or nuts?   **s)**   1   2   8

t)   Cheese or other food made from milk?   **t)**   1   2   8

u)   Any other solid, semi-solid, or soft food?   **u)**   1   2   8

W-30

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
559	CHECK 558 (CATEGORIES "h" THROUGH "u"): NOT A ☐ AT LEAST ONE ☐ SINGLE "YES" "YES"		→ 561

560	Did (NAME) eat any solid, semi-solid, or soft foods yesterday during the day or at night?
	
	IF 'YES' PROBE: What kind of solid, semi-solid or soft foods did (NAME), eat?
		YES 1
		    (GO BACK TO 558 TO RECORD ↵
		    FOOD EATEN YESTERDAY)
		
		NO 2
			→ 601

561	How many times did (NAME FROM 557) eat solid, semisolid, or soft foods yesterday during the day or at night? IF 7 OR MORE TIMES, RECORD '7'.	NUMBER OF TIMES . . . . ☐ DON'T KNOW 8	

W-31

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
601	Are you currently married or living together with a man as if married?	YES, CURRENTLY MARRIED . . . . 1 YES, LIVING WITH A MAN . . . . 2 NO, NOT IN UNION 3	→ 604
602	Have you ever been married or lived together with a man as if married?	YES, FORMERLY MARRIED . . . . 1 YES, LIVED WITH A MAN . . . . 2 NO 3	→ 612
603	What is your marital status now: are you widowed, divorced, or separated?	WIDOWED . . . . 1 DIVORCED . . . . 2 SEPARATED 3	→ 609
604	Is your husband/partner living with you now or is he staying elsewhere?	LIVING WITH HER . . . . 1 STAYING ELSEWHERE 2	
605	RECORD THE HUSBAND'S/PARTNER'S NAME AND LINE NUMBER FROM THE HOUSEHOLD QUESTIONNAIRE. IF HE IS NOT LISTED IN THE HOUSEHOLD, RECORD '00'.	NAME _____ LINE NO. . . . . ☐☐	
606	Does your husband/partner have other wives or does he live with other women as if married?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	→ 609
607	Including yourself, in total, how many wives or partners does your husband live with now as if married?	TOTAL NUMBER OF WIVES ☐☐ AND LIVE-IN PARTNERS . . . . . . DON'T KNOW 98	
608	Are you the first, second, … wife?	RANK . . . . ☐☐	
609	Have you been married or lived with a man only once or more than once?	ONLY ONCE . . . . 1 MORE THAN ONCE 2	
610	CHECK 609: MARRIED/ ☐ LIVED WITH A MAN ONLY ONCE ↓ MARRIED/ ☐ LIVED WITH A MAN MORE THAN ONCE ↓ In what month and year did you start living with your husband/partner? Now I would like to ask about when you started living with your first husband/partner. In what month and year was that?	MONTH . . . . ☐☐ DON'T KNOW MONTH . . . . 98 YEAR . . . . ☐☐☐☐ DON'T KNOW YEAR 9998	→ 612
611	How old were you when you first started living with him?	AGE . . . . ☐☐	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
612	CHECK FOR THE PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.		
613	Now I would like to ask you some questions about sexual activity in order to gain a better understanding of some important life issues. How old were you when you had sexual intercourse for the very first time?	NEVER HAD SEXUAL INTERCOURSE . . . . 00 AGE IN YEARS . . . . ☐☐ FIRST TIME WHEN STARTED LIVING WITH (FIRST) HUSBAND/PARTNER 95	→ 628
614	Now I would like to ask you some questions about your recent sexual activity. Let me assure you again that your answers are completely confidential and will not be told to anyone. If we should come to any question that you don't want to answer, just let me know and we will go to the next question.		
615	When was the last time you had sexual intercourse? IF LESS THAN 12 MONTHS, ANSWER MUST BE RECORDED IN DAYS, WEEKS OR MONTHS. IF 12 MONTHS (ONE YEAR) OR MORE, ANSWER MUST BE RECORDED IN YEARS.	DAYS AGO . . . . 1 ☐☐ WEEKS AGO . . . . 2 ☐☐ MONTHS AGO . . . . 3 ☐☐ YEARS AGO . . . . 4 ☐☐	→ 627

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Appendix E • **383**

		LAST SEXUAL PARTNER	SECOND-TO-LAST SEXUAL PARTNER	THIRD-TO-LAST SEXUAL PARTNER
616	When was the last time you had sexual intercourse with this person?		DAYS 1 ☐☐ WEEKS 2 ☐☐ MONTHS 3 ☐☐	DAYS 1 ☐☐ WEEKS 2 ☐☐ MONTHS 3 ☐☐
617	The last time you had sexual intercourse (with this second/third person), was a condom used?	YES . . . . 1 NO . . . . 2 (SKIP TO 619)←	YES . . . . 1 NO . . . . 2 (SKIP TO 619)←	YES . . . . 1 NO . . . . 2 (SKIP TO 619)←
618	Did you use a condom every time you had sexual intercourse with this person in the last 12 months?	YES . . . . 1 NO 2	YES . . . . 1 NO 2	YES . . . . 1 NO 2

619	What was your relationship to this person with whom you had sexual intercourse?
	
	IF BOYFRIEND:
	Were you living together as if married?
	IF YES, CIRCLE '2'.
	
	IF NO, CIRCLE '3'.
		HUSBAND 1
		LIVE-IN PARTNER 2
		BOYFRIEND NOT
		  LIVING WITH
		  RESPONDENT 3
		CASUAL
		  ACQUAINTANCE . . . 4
		COMMERCIAL SEX
		  WORKER. 5
		OTHER _____ 6
		  (SPECIFY)
		(SKIP TO 622) ←
			HUSBAND 1
			LIVE-IN PARTNER 2
			BOYFRIEND NOT
			  LIVING WITH
			  RESPONDENT 3
			CASUAL
			  ACQUAINTANCE . . . 4
			COMMERCIAL SEX
			  WORKER. 5
			OTHER _____ 6
			  (SPECIFY)
			(SKIP TO 622) ←
				HUSBAND 1
				LIVE-IN PARTNER 2
				BOYFRIEND NOT
				  LIVING WITH
				  RESPONDENT 3
				CASUAL
				  ACQUAINTANCE . . . 4
				COMMERCIAL SEX
				  WORKER. 5
				OTHER _____ 6
				  (SPECIFY)
				(SKIP TO 622) ←

620	CHECK 609:	MARRIED MARRIED
		ONLY MORE
		ONCE THAN
		           ONCE
		           (SKIP
		           TO 622)
			MARRIED MARRIED
			ONLY MORE
			ONCE THAN
			           ONCE
			           (SKIP
			           TO 622)
				MARRIED MARRIED
				ONLY MORE
				ONCE THAN
				           ONCE
				           (SKIP
				           TO 622)

621	CHECK 613:	FIRST TIME WHEN STARTED LIVING WITH FIRST HUSBAND OTHER (SKIP TO 623)	FIRST TIME WHEN STARTED LIVING WITH FIRST HUSBAND OTHER (SKIP TO 623)	FIRST TIME WHEN STARTED LIVING WITH FIRST HUSBAND OTHER (SKIP TO 623)

622	How long ago did you first have sexual intercourse with this (second/third) person?	DAYS
		  AGO 1 ☐☐
		WEEKS
		  AGO 2 ☐☐
		MONTHS
		  AGO . 3 ☐☐
		YEARS
		  AGO . 4 ☐☐
			DAYS
			  AGO 1 ☐☐
			WEEKS
			  AGO 2 ☐☐
			MONTHS
			  AGO 3 ☐☐
			YEARS
			  AGO 4 ☐☐
				DAYS
				  AGO 1 ☐☐
				WEEKS
				  AGO 2 ☐☐
				MONTHS
				  AGO 3 ☐☐
				YEARS
				  AGO 4 ☐☐

623	How many times during the last 12 months did you have sexual intercourse with this person? IF 95 OR MORE, WRITE '95'.	NUMBER OF TIMES ☐☐	NUMBER OF TIMES ☐☐	NUMBER OF TIMES ☐☐
623A	The last time you had sexual intercourse (with this other person), did you or this person drink alcohol?	YES . . . . 1 NO . . . . 2 (SKIP TO 623C)←	YES . . . . 1 NO . . . . 2 (SKIP TO 623C)←	YES . . . . 1 NO . . . . 2 (SKIP TO 623C)←

623B	Were you or your partner drunk at that time?
	
	IF YES: Who was drunk?
		RESPONDENT ONLY 1
		PARTNER ONLY 2
		RESPONDENT AND
		  PARTNER BOTH 3
		NEITHER 4
			RESPONDENT ONLY 1
			PARTNER ONLY 2
			RESPONDENT AND
			  PARTNER BOTH 3
			NEITHER 4
				RESPONDENT ONLY 1
				PARTNER ONLY 2
				RESPONDENT AND
				  PARTNER BOTH 3
				NEITHER 4

623C	The last time you had sexual intercourse (with this other person), did you or this person chew chat any time during that day?	RESPONDENT ONLY 1
		PARTNER ONLY 2
		RESPONDENT AND
		  PARTNER BOTH 3
		NEITHER 4
			RESPONDENT ONLY 1
			PARTNER ONLY 2
			RESPONDENT AND
			  PARTNER BOTH 3
			NEITHER 4
				RESPONDENT ONLY 1
				PARTNER ONLY 2
				RESPONDENT AND
				  PARTNER BOTH 3
				NEITHER 4

623D	Are you still having sex with this person?	YES . . . . 1 NO 2	YES . . . . 1 NO 2	YES . . . . 1 NO 2

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		LAST SEXUAL PARTNER	SECOND-TO-LAST SEXUAL PARTNER	THIRD-TO-LAST SEXUAL PARTNER
624	How old is this person?	AGE OF PARTNER ☐☐ DON'T KNOW 98	AGE OF PARTNER ☐☐ DON'T KNOW 98	AGE OF PARTNER ☐☐ DON'T KNOW 98
625	Apart from [this person/these two people], have you had sexual intercourse with any other person in the last 12 months?	YES . . . . 1 (GO BACK TO 616 ←┘ IN NEXT COLUMN) NO . . . . 2 (SKIP TO 627)◄──────┘	YES . . . . 1 (GO BACK TO 616 ←┘ IN NEXT COLUMN) NO . . . . 2 (SKIP TO 627)◄──────┘	
626	In total, with how many different people have you had sexual intercourse in the last 12 months? IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF NUMBER OF PARTNERS IS 95 OR MORE, WRITE '95'.			NUMBER OF PARTNERS LAST 12 MONTHS . . . . ☐☐ DON'T KNOW . . . 98

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
627	In total, with how many different people have you had sexual intercourse in your lifetime? IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF NUMBER OF PARTNERS IS GREATER THAN 95, WRITE '95.'	NUMBER OF PARTNERS IN LIFETIME . . . . ☐☐ DON'T KNOW 98	
628	PRESENCE OF OTHERS DURING THIS SECTION	YES NO MALE ADULTS . . . . 1 2 FEMALE ADULTS . . . . 1 2 MALE YOUTHS . . . . 1 2 FEMALE YOUTHS . . . . 1 2 CHILDREN 1 2	
629	Do you know of a place where a person can get male condoms ?	YES . . . . 1 NO 2	→ 632

630	Where is that?
	
	Any other place?
	
	PROBE TO IDENTIFY EACH TYPE OF SOURCE.
	
	IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR WRITE THE NAME OF THE PLACE.
	
	_____
	(NAME OF PLACE(S))
		PUBLIC SECTOR
		   GOVT. HOSPITAL . . . . A
		   GOVT. HEALTH CENTER . . . . B
		   GOVT.HEALTH STATION/CLINIC C
		   GOVT.HEALTH POST/HEW . . . . D
		   OTHER PUBLIC E
		                            (SPECIFY)
		NGO
		   NGO HEALTH FACILITY . . . . F
		   VOLUNTARY COMMUNITY HEALTH WORKERS G
		   OTHER NGO H
		                            (SPECIFY)
		PRIVATE MEDICAL SECTOR
		   PRIVATE HOSPITAL I
		   PRIVATE CLINIC . . . . J
		   PHARMACY . . . . K
		   ANTI-AIDS CLUB/ASSOCIATION L
		   OTHER PRIVATE
		     MEDICAL M
		                      (SPECIFY)
		OTHER SOURCE
		   DRUG VENDOR/STORE . . . . N
		   SHOP/BAR/HOTEL/GROCERY/ . . . . O
		   FRIEND/RELATIVE . . . . P
		
		OTHER X
		                       (SPECIFY)	

631	If you wanted to, could you yourself get a male condom?	YES . . . . 1 NO . . . . 2 DON'T KNOW/UNSURE 8	
631A	CHECK 301 (08) KNOWS FEMALE CONDOM YES ☐ NO ☐		→ 701

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
632	Do you know of a place where a person can get female condoms?	YES . . . . 1 NO 2	→ 701

633	Where is that?
	
	Any other place?
	
	PROBE TO IDENTIFY EACH TYPE OF SOURCE.
	
	IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR WRITE THE NAME OF THE PLACE.
	
	_____
	(NAME OF PLACE(S))
		PUBLIC SECTOR
		  GOVT. HOSPITAL . . . . A
		  GOVTHEALTH CENTER . . . . B
		  GOVT. HEALTH STATION/CLINIC C
		  GOVT. HEALTH POST/HEW . . . . D
		  OTHER PUBLIC _____ E
		                               (SPECIFY)
		
		NGO
		  NGO HEALTH FACILITY . . . . F
		  VOLUNTARY COMMUNITY HEALTH WORKERS G
		  OTHER NGO _____ H
		                           (SPECIFY)
		
		PRIVATE MEDICAL SECTOR
		  PRIVATEHOSPITAL I
		  PRIVATE CLINIC . . . . J
		  PHARMACY . . . . K
		  ANTI-AIDS CLUB/ASSOCIATION L
		  OTHER PRIVATE
		    MEDICAL _____ M
		                      (SPECIFY)
		OTHER SOURCE
		  DRUG VENDOR/STORE . . . . N
		  SHOP/BAR/HOTEL/GROCERY/ . . . . O
		  FRIEND/RELATIVE . . . . P
		
		OTHER _____ X
		                       (SPECIFY)	

634	If you wanted to, could you yourself get a female condom?	YES . . . . 1 NO . . . . 2 DON'T KNOW/UNSURE 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
701	CHECK 304: NEITHER STERILIZED ☐ NOT ASKED ☐ HE OR SHE STERILIZED ☐		→ 712
702	CHECK 226: PREGNANT ☐ NOT PREGNANT OR UNSURE ☐		→ 704
703	Now I have some questions about the future. After the child you are expecting now, would you like to have another child, or would you prefer not to have any more children?	HAVE ANOTHER CHILD .... 1 NO MORE/NONE .... 2 UNDECIDED/DON'T KNOW 8	→ 705 → 711 → 711
704	Now I have some questions about the future. Would you like to have (a/another) child, or would you prefer not to have any (more) children?	HAVE (A/ANOTHER) CHILD .... 1 NO MORE/NONE .... 2 SAYS SHE CAN'T GET PREGNANT . 3 UNDECIDED/DON'T KNOW 8	→ 707 → 712 → 710
705	CHECK 226: NOT PREGNANT OR UNSURE ☐ PREGNANT ☐ How long would you like to wait from now before the birth of (a/another) child? After the birth of the child you are expecting now, how long would you like to wait before the birth of another child?	MONTHS .... 1 ☐☐ YEARS .... 2 ☐☐ SOON/NOW .... 993 SAYS SHE CAN'T GET PREGNANT 994 AFTER MARRIAGE .... 995 OTHER _____ 996 (SPECIFY) DON'T KNOW 998	→ 710 → 712 → 710
706	CHECK 226: NOT PREGNANT OR UNSURE ☐ PREGNANT ☐		→ 711
707	CHECK 303: USING CONTRACEPTIVE METHOD? NOT CURRENTLY USING ☐ CURRENTLY USING ☐		→ 712
708	CHECK 705: NOT ASKED ☐ 24 OR MORE MONTHS OR 02 OR MORE YEARS ☐ 00-23 MONTHS OR 00-01 YEAR ☐		→ 711

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP

709	CHECK 703 AND 704:
	
	WANTS TO HAVE ☐ WANTS NO MORE/ ☐
	A/ANOTHER CHILD NONE
	
	You have said that you do not You have said that you do not
	want (a/another) child soon. want any (more) children.
	
	Can you tell me why you are Can you tell me why you are
	not using a method to not using a method to
	prevent pregnancy? prevent pregnancy?
	
	Any other reason? Any other reason?
	
	RECORD ALL REASONS MENTIONED.
		NOT MARRIED .... A
		
		FERTILITY-RELATED REASONS
		  NOT HAVING SEX .... B
		  INFREQUENT SEX C
		  MENOPAUSAL/HYSTERECTOMY . D
		  CAN'T GET PREGNANT .... E
		  NOT MENSTRUATED SINCE
		    LAST BIRTH .... F
		  BREASTFEEDING .... G
		  UP TO GOD/FATALISTIC .... H
		
		OPPOSITION TO USE
		  RESPONDENT OPPOSED I
		  HUSBAND/PARTNER OPPOSED . J
		  OTHERS OPPOSED .... K
		  RELIGIOUS PROHIBITION L
		
		LACK OF KNOWLEDGE
		  KNOWS NO METHOD .... M
		  KNOWS NO SOURCE .... N
		
		METHOD-RELATED REASONS
		  SIDE EFFECTS/HEALTH CONCERNS O
		  LACK OF ACCESS/TOO FAR ...... P
		  COSTS TOO MUCH .... Q
		  PREFERRED METHOD NOT
		    AVAILABLE .... R
		  NO METHOD AVAILABLE .... S
		  INCONVENIENT TO USE .... T
		  INTERFERES WITH BODY'S
		    NORMAL PROCESSES .... U
		
		OTHER _____ X
		       (SPECIFY)
		DON'T KNOW .... Z	

710	CHECK 303: USING A CONTRACEPTIVE METHOD? NOT ☐ NO, ☐ YES, ☐ ASKED NOT CURRENTLY USING CURRENTLY USING		→ 712
711	Do you think you will use a contraceptive method to delay or avoid pregnancy at any time in the future?	YES .... 1 NO .... 2 DON'T KNOW 8	
712	CHECK 216: HAS LIVING CHILDREN ☐ NO LIVING CHILDREN ☐ If you could go back to the time If you could choose exactly the you did not have any children number of children to have in and could choose exactly the your whole life, how many number of children to have in would that be? your whole life, how many would that be? PROBE FOR A NUMERIC RESPONSE.	NONE .... 00 NUMBER .... ☐☐ OTHER _____ 96 (SPECIFY)	→ 714 → 714
713	How many of these children would you like to be boys, how many would you like to be girls and for how many would it not matter if it was a boy or girl?	BOYS GIRLS EITHER NUMBER ☐☐ ☐☐ ☐☐ OTHER _____ 96 (SPECIFY)	

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NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
714	In the last few months have you: Heard about family planning on the radio? Seen anything about family planning on the television? Read about family planning in a newspaper or magazine? Read about family planning in a pamphlet/Posters/Leaflets? Heard about family planning at community event/conversation?	YES NO RADIO . . . . 1 2 TELEVISION . . . . 1 2 NEWSPAPER OR MAGAZINE . . . 1 2 PAMPHLET/POSTER/LEAFLETS . 1 2 COMMUNITY EVENT/CONV. . . . 1 2	
715	In the last few months have you heard or seen the following media messages on family planning ? Its wise to have a balanced family life Your family happiness is in your hands Spacing of birth will be a source for a loving,caring and healthy family Chidren by choice not by chance	YES NO Its wise to have a balanced family life 1 2 Your family happiness is in your hands 1 2 Spacing of birth will be a source for a loving,caring and healthy family 1 2 Children by choice not by chance 1 2	
716	CHECK 601: YES, YES, NO, CURRENTLY LIVING NOT IN MARRIED WITH A MAN UNION		801

717	CHECK 303: USING A CONTRACEPTIVE METHOD?
	                     NOT
	CURRENTLY CURRENTLY
	USING USING
	              OR NOT ASKED
			720

718	Would you say that using contraception is mainly your decision, mainly your husband's/partner's decision, or did you both decide together?	MAINLY RESPONDENT . . . . 1 MAINLY HUSBAND/PARTNER . . . . . . 2 JOINT DECISION . . . . 3 OTHER _____ 6 (SPECIFY)	

719	CHECK 304:
	
	  NEITHER HE OR SHE
	  STERILIZED STERILIZED
			801

720	Does your husband/partner want the same number of children that you want, or does he want more or fewer than you want?	SAME NUMBER . . . . 1 MORE CHILDREN . . . . 2 FEWER CHILDREN . . . . 3 DON'T KNOW 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
801	CHECK 601 AND 602: CURRENTLY ☐ FORMERLY ☐ MARRIED/ MARRIED/ NEVER MARRIED LIVING WITH LIVED WITH AND NEVER ☐ A MAN ↓ A MAN LIVED WITH A MAN		→ 803 → 807
802	How old was your husband/partner on his last birthday?	AGE IN COMPLETED YEARS ☐☐	
803	Did your (last) husband/partner ever attend school?	YES . . . . 1 NO 2	→ 806
804	What is the highest level of school your husband attended: primary, secondary, technical/vocational or higher?	PRIMARY . . . . 1 SECONDARY . . . . 2 TECHNICAL/VOCATIONAL . . . . 3 HIGHER . . . . 4 DON'T KNOW 8	 → 806
805	What is the highest grade/number of years he completed at that level? IF COMPLETED PRIMARY OR SECONDARY, RECORD COMPLETED GRADE. IF TECHNICAL/VOCATIONAL OR HIGHER, RECORD YEARS COMPLETED. IF COMPLETED LESS THAN ONE YEAR AT THAT LEVEL RECORD '00'.	GRADE/NUMBER OF YEARS ☐☐	
806	CHECK 801: CURRENTLY MARRIED/ ☐ FORMERLY MARRIED/ ☐ LIVING WITH A MAN LIVED WITH A MAN ↓ ↓ What is your husband's/partner's occupation? That is, what kind of work does he mainly do? What was your (last) husband's/partner's occupation? That is, what kind of work did he mainly do?	_____ ☐☐ _____ _____	
807	Aside from your own housework, have you done any work in the last seven days?	YES . . . . 1 NO 2	→ 811
808	As you know, some women take up jobs for which they are paid in cash or kind. Others sell things, have a small business or work on the family farm or in the family business. In the last seven days, have you done any of these things or any other work?	YES . . . . 1 NO 2	→ 811
809	Although you did not work in the last seven days, do you have any job or business from which you were absent for leave, illness, vacation, maternity leave or any other such reason?	YES . . . . 1 NO 2	→ 811
810	Have you done any work in the last 12 months?	YES . . . . 1 NO 2	→ 815
811	What is your occupation, that is, what kind of work do you mainly do?	_____ ☐☐ _____	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
812	Do you do this work for a member of your family, for someone else, or are you self-employed?	FOR FAMILY MEMBER . . . . 1 FOR SOMEONE ELSE . . . . 2 SELF EMPLOYED. 3	
813	Do you usually work throughout the year, or do you work seasonally, or only once in a while?	THROUGHOUT THE YEAR . . . . 1 SEASONALLY/PART OF THE YEAR . 2 ONCE IN A WHILE 3	
814	Are you paid in cash or in kind for this work or are you not paid at all?	CASH ONLY . . . . 1 CASH AND KIND . . . . 2 IN KIND ONLY . . . . 3 NOT PAID 4	
815	CHECK 601: CURRENTLY MARRIED/LIVING ☐ NOT IN UNION ☐ WITH A MAN ↓		→ 823
816	CHECK 814: CODE 1 OR 2 ☐ OTHER ☐ CIRCLED ↓		→ 819

817	Who usually decides how the money you earn will be used: you, your husband/partner, or you and your husband/partner jointly?	RESPONDENT 1
		HUSBAND/PARTNER 2
		RESPONDENT AND
		    HUSBAND/PARTNER JOINTLY . . . 3
		OTHER _____ 6
		              (SPECIFY)	

818	Would you say that the money that you earn is more than what your husband/partner earns, less than what he earns, or about the same?	MORE THAN HIM . . . . 1 LESS THAN HIM . . . . 2 ABOUT THE SAME . . . . 3 HUSBAND/PARTNER DOESN'T EARN ANY MONEY . . . . 4 DON'T KNOW 8	→ 820

819	Who usually decides how your husband's/partner's earnings will be used: you, your husband/partner, or you and your husband/partner jointly?	RESPONDENT 1
		HUSBAND/PARTNER 2
		RESPONDENT AND
		    HUSBAND/PARTNER JOINTLY . . . 3
		HUSBAND/PARTNER HAS
		    NO EARNINGS 4
		OTHER _____ 6
		              (SPECIFY)	

820	Who usually makes decisions about health care for yourself: you, your husband/partner, you and your husband/partner jointly, or someone else?	RESPONDENT . . . . 1 HUSBAND/PARTNER . . . . 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY . . . 3 SOMEONE ELSE . . . . 4 OTHER 6	
821	Who usually makes decisions about making major household purchases: you, your husband/partner, you and your husband/partner jointly or someone else?	RESPONDENT . . . . 1 HUSBAND/PARTNER . . . . 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY . . . 3 SOMEONE ELSE . . . . 4 OTHER 6	

W-42

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
822	Who usually makes decisions about visits to your family or relatives: you , your husband/partner, you and your husband/partner jointly or someone else?	RESPONDENT .... 1 HUSBAND/PARTNER .... 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY ... 3 SOMEONE ELSE .... 4 OTHER 6	
822A	Does your husband help you with household chores like looking after the children, cooking, cleaning the house, and doing other work around the house?	YES .... 1 NO 2	→ 823
822B	Does he help almost every day, at least once a week, or rarely?	EVERY DAY .... 1 AT LEAST ONCE A WEEK .... 2 RARELY 3	
823	Do you own this or any other house either alone or jointly with someone else?	ALONE ONLY .... 1 JOINTLY ONLY .... 2 BOTH ALONE AND JOINTLY .... 3 DOES NOT OWN 4	
824	Do you own any land either alone or jointly with someone else?	ALONE ONLY .... 1 JOINTLY ONLY .... 2 BOTH ALONE AND JOINTLY .... 3 DOES NOT OWN 4	

825	PRESENCE OF OTHERS AT THIS POINT (PRESENT AND LISTENING, PRESENT BUT NOT LISTENING, OR NOT PRESENT)	PRES./ PRES./ NOT
		              LISTEN. NOT PRES.
		                     LISTEN.
		CHILDREN < 10 ...... 1 2 3
		HUSBAND 1 2 3
		OTHER MALES 1 2 3
		OTHER FEMALES ... 1 2 3	

826	In your opinion, is a husband justified in hitting or beating his wife in the following situations:
	
	   If she goes out without telling him?
	   If she neglects the children?
	   If she argues with him?
	   If she refuses to have sex with him?
	   If she burns the food?
		YES NO DK
		
		GOES OUT 1 2 8
		NEGL. CHILDREN ... 1 2 8
		ARGUES 1 2 8
		REFUSES SEX 1 2 8
		BURNS FOOD 1 2 8	

826A	Is there a law in Ethiopia that prevents a husband from beating his wife?	YES .... 1 NO .... 2 DON'T KNOW 8	

W-43

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
901	Now I would like to talk about something else. Have you ever heard of an illness called AIDS?	YES .... 1 NO 2	→ 937
902	Can people reduce their chance of getting the AIDS virus by having just one uninfected sex partner who has no other sex partners?	YES .... 1 NO .... 2 DON'T KNOW 8	
903	Can people get the AIDS virus from mosquito bites?	YES .... 1 NO .... 2 DON'T KNOW 8	
904	Can people reduce their chance of getting the AIDS virus by using a condom every time they have sex?	YES .... 1 NO .... 2 DON'T KNOW 8	
905	Can people get the AIDS virus by sharing food with a person who has AIDS?	YES .... 1 NO .... 2 DON'T KNOW 8	
905A	Can people reduce their chance of getting the AIDS virus by abstaining from sexual intercourse?	YES .... 1 NO .... 2 DON'T KNOW 8	
906	Can people get the AIDS virus because of witchcraft, God's curse, or other supernatural means?	YES .... 1 NO .... 2 DON'T KNOW 8	
907	Is it possible for a healthy-looking person to have the AIDS virus?	YES .... 1 NO .... 2 DON'T KNOW 8	
907A	Can people get the AIDS virus by sharing sharp materials such as razors/blades or through injection with non sterilized needles?	YES .... 1 NO .... 2 DON'T KNOW 8	
908	Can the virus that causes AIDS be transmitted from a mother to her baby: During pregnancy? During delivery? By breastfeeding?	YES NO DK DURING PREG. .... 1 2 8 DURING DELIVERY .... 1 2 8 BREASTFEEDING 1 2 8	

909	CHECK 908:
	    AT LEAST ☐ OTHER ☐
	    ONE 'YES' ↓
			→ 911

910	Are there any special drugs that a doctor or a nurse can give to a woman infected with the AIDS virus to reduce the risk of transmission to the baby?	YES .... 1 NO .... 2 DON'T KNOW 8	
910A	CHECK FOR PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.		

911	CHECK 208 AND 215: NO BIRTHS ☐
	
	    LAST BIRTH SINCE ☐ LAST BIRTH BEFORE ☐
	      MESKEREM 2001↓ MESKEREM 2001
			→ 926
			
			→ 926

912	CHECK 408 FOR LAST BIRTH:
	      HAD NO
	  ANTENATAL ☐ ANTENATAL ☐
	     CARE↓ CARE
			→ 926

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
914	During any of the antenatal visits for your last birth, did anyone talk to you about: Babies getting the AIDS virus from their mother? Things that you can do to prevent getting the AIDS virus? Getting tested for the AIDS virus?	YES NO DK AIDS FROM MOTHER 1 2 8 THINGS TO DO . . . . . 1 2 8 TESTED FOR AIDS 1 2 8	
915	Were you offered a test for the AIDS virus as part of your antenatal care?	YES . . . . 1 NO 2	
916	I don't want to know the results, but were you tested for the AIDS virus as part of your antenatal care?	YES . . . . 1 NO 2	→ 926

917	Where was the test done?
	
	PROBE TO IDENTIFY THE TYPE OF SOURCE.
	
	IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR WRITE THE NAME OF THE PLACE.
	
	_____
	(NAME OF PLACE(S))
		PUBLIC SECTOR
		   GOVT. HOSPITAL . . . .… 11
		   GOVT. HEALTH CENTER 12
		   GOVT.HEALTH STATION/CLINIC 13
		   STAND-ALONE VCT CENTER 14
		   OTHER PUBLIC 16
		                      (SPECIFY)
		NGO
		   NGO HEALTH FACILITY 21
		   STAND-ALONE VCT CENTER 22
		   MOBILE 23
		   OTHER NGO _____ 24
		
		PRIVATE MEDICAL SECTOR
		   PRIVATE HOSPITAL 31
		   PRIVATECLINIC 32
		   OTHER PRIVATE
		     MEDICAL _____ 36
		                  (SPECIFY)
		OTHER _____ 96
		             (SPECIFY)	

918	I don't want to know the results, but did you get the results of the test?	YES . . . . 1 NO 2	
924	Have you been tested for the AIDS virus since that time you were tested during your pregnancy?	YES . . . . 1 NO 2	→ 927
925	How many months ago was your most recent HIV test?	MONTHS AGO . . . . [ ][ ] TWO OR MORE YEARS 96	→ 929B
926	I don't want to know the results, but have you ever been tested to see if you have the AIDS virus?	YES . . . . 1 NO 2	→ 930
927	How many months ago was your most recent HIV test?	MONTHS AGO . . . . [ ][ ] TWO OR MORE YEARS 96	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
928	I don't want to know the results, but did you get the results of the test?	YES . . . . 1 NO 2	

929	Where was the test done?
	
	PROBE TO IDENTIFY THE TYPE OF SOURCE.
	
	IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR WRITE THE NAME OF THE PLACE.
	
	_____
	(NAME OF PLACE(S))
		PUBLIC SECTOR
		  GOVT. HOSPITAL 11
		  GOVT.HEALTH CENTER 12
		  GOVT.HEALTH STATION/CLINIC 13
		  STAND-ALONE VCT CENTER 14
		  OTHER PUBLIC 16
		                          (SPECIFY)
		NGO
		  NGO HEALTH FACILITY 21
		  STAND-ALONE VCT CENTER 22
		  MOBILE 23
		  OTHER NGO 24
		                           (SPECIFY)
		PRIVATE MEDICAL SECTOR
		  PRIVATE HOSPITAL 31
		  PRIVATE CLINIC 32
		  OTHER PRIVATE
		     MEDICAL 36
		              (SPECIFY)
		OTHER 96
		              (SPECIFY)	

929B	CHECK 918 OR 928:
	    EVER RECEIVED DID NOT RECEIVE
	    HIV TEST RESULTS HIV TEST RESULTS
			→ 932

929C	CHECK 601 AND 602:
	    EVER MARRIED OR LIVED NEVER MARRIED NOR
	    WITH A PARTNER LIVED WITH A PARTNER
			→ 932

929D	The last time you were tested, did you share the results with your husband/partner?	YES . . . . 1 NO, DID NOT SHARE RESULT . . . . 2 NO HUSBAND/PARTNER AT THAT TIME 3	→ 932
930	Do you know of a place where people can go to get tested for the AIDS virus?	YES . . . . 1 NO 2	→ 932

931	Where is that?
	
	Any other place?
	
	PROBE TO IDENTIFY EACH TYPE OF SOURCE.
	
	IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR WRITE THE NAME OF THE PLACE.
	_____
	(NAME OF PLACE(S))
		PUBLIC SECTOR
		  GOVT.HOSPITAL . . . . A
		  GOVT.HEALTH CENTER . . . . B
		  GOVT.HEALTH STATION/CLINIC C
		  STAND-ALONE VCT CENTER . . . . D
		  OTHER PUBLIC E
		                  (SPECIFY)
		NGO
		  NGO HEALTH FACILITY . . . . F
		  STAND-ALONE VCT CENTER . . . . G
		  MOBILE . . . . H
		  OTHER NGO I
		                  (SPECIFY)
		PRIVATE MEDICAL SECTOR
		  PRIVATE HOSPITAL . . . . J
		  PRIVATE CLINIC . . . . K
		  OTHER PRIVATE MEDICAL L
		               (SPECIFY)
		OTHER X
		             (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
932	Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had the AIDS virus ?	YES .... 1 NO .... 2 DON'T KNOW 8	
933	If a member of your family got infected with the AIDS virus, would you want it to remain a secret or not?	YES, REMAIN A SECRET .... 1 NO .... 2 DK/NOT SURE/DEPENDS 8	
934	If a member of your family became sick with AIDS, would you be willing to care for her or him in your own household?	YES .... 1 NO .... 2 DK/NOT SURE/DEPENDS 8	
935	In your opinion, if a female teacher has the AIDS virus but is not sick, should she be allowed to continue teaching in the school?	SHOULD BE ALLOWED .... 1 SHOULD NOT BE ALLOWED .... 2 DK/NOT SURE/DEPENDS 8	
936	Should children age 12-14 be taught about using a condom to avoid getting AIDS?	YES .... 1 NO .... 2 DK/NOT SURE/DEPENDS 8	
937	CHECK 901: HEARD ABOUT ☐ NOT HEARD ☐ AIDS ABOUT AIDS Apart from AIDS, have Have you heard about infections you heard about other that can be transmitted through infections that can be sexual contact? transmitted through sexual contact?	YES .... 1 NO 2	
938	CHECK 613: HAS HAD SEXUAL ☐ HAS NOT HAD SEXUAL ☐ INTERCOURSE INTERCOURSE		→ 946
939	CHECK 937: HEARD ABOUT OTHER SEXUALLY TRANSMITTED INFECTIONS? YES ☐ NO ☐		→ 941
940	Now I would like to ask you some questions about your health in the last 12 months. During the last 12 months, have you had a disease which you got through sexual contact?	YES .... 1 NO .... 2 DON'T KNOW 8	
941	Sometimes women experience a bad smelling abnormal genital discharge. During the last 12 months, have you had a bad smelling abnormal genital discharge?	YES .... 1 NO .... 2 DON'T KNOW 8	
942	Sometimes women have a genital sore or ulcer. During the last 12 months, have you had a genital sore or ulcer?	YES .... 1 NO .... 2 DON'T KNOW 8	
943	CHECK 940, 941, AND 942: HAS HAD AN ☐ HAS NOT HAD AN ☐ INFECTION INFECTION OR (ANY 'YES') DOES NOT KNOW		→ 946
944	The last time you had (PROBLEM FROM 940/941/942), did you seek any kind of advice or treatment?	YES .... 1 NO 2	→ 946

W-47

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP

945	Where did you go?
	
	Any other place?
	
	PROBE TO IDENTIFY EACH TYPE OF SOURCE.
	
	IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR WRITE THE NAME OF THE PLACE.
	
	_____
	(NAME OF PLACE(S))
		PUBLIC SECTOR
		   GOVT. HOSPITAL .... A
		   GOVT. HEALTH CENTER .... B
		   GOVT. HEALTH STATION/CLINC C
		   GOVT. HEALTH POST/HEW .... D
		   OTHER PUBLIC _____ E
		                     (SPECIFY)
		
		NGO HEALTH FACILITY .... F
		
		PRIVATE MEDICAL SECTOR
		   PRIVATE HOSPITAL .... G
		   PRIVATE CLINIC .... H
		   PHARMACY I
		   OTHER PRIVATE
		     MEDICAL _____ J
		                (SPECIFY)
		OTHER SOURCE
		   DRUG VENDOR/STORE .... K
		   SHOP L
		   TRADITIONAL HEALER .... M
		
		OTHER _____ X
		               (SPECIFY)	

946	If a wife knows her husband has a disease that she can get during sexual intercourse, is she justified in asking that they use a condom when they have sex?	YES .... 1 NO .... 2 DON'T KNOW 8	
947	Is a wife justified in refusing to have sex with her husband when she knows her husband has sex with other women?	YES .... 1 NO .... 2 DON'T KNOW 8	

948	CHECK 601:
	   CURRENTLY MARRIED/ ☐ NOT IN UNION ☐
	   LIVING WITH A MAN ↓
			→ 1000A

949	Can you say no to your husband/partner if you do not want to have sexual intercourse?	YES .... 1 NO .... 2 DEPENDS/NOT SURE 8	
950	Could you ask your husband/partner to use a condom if you wanted him to?	YES .... 1 NO .... 2 DEPENDS/NOT SURE 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1000A	Have you ever heard of the Community Conversation program?	YES . . . . 1 NO 2	→1000C
1000B	Have you ever attended any Community Conversation meeting? IF YES: When was the last time you attended?	WITHIN LAST THREE MONTHS . . . . . . 1 4-11 MONTHS AGO . . . . 2 ONE YEAR OR MORE AGO . . . . 3 NEVER ATTENDED 4	
1000C	Have you ever heard of an illness called tuberculosis or TB?	YES . . . . 1 NO 2	→ 1001

1000D	How can a person get tuberculosis or TB ?
	
	 PROBE: Any other ways?
	
	 RECORD ALL MENTIONED.
		THROUGH THE AIR WHEN
		   COUGHING OR SNEEZING . . . . A
		 THROUGH SHARING UTENSILS . . . . . B
		 THROUGH TOUCHING A PERSON
		   WITH TB C
		 THROUGH FOOD . . . . D
		 THROUGH SEXUAL CONTACT . . . . . . E
		 THROUGH MOSQUITO BITES . . . . F
		 THROUGH DRINKING UNBOILED MILK ... G
		 EXPOSURE TO COLD . . . . H
		 OTHER _____ X
		            (SPECIFY)
		 DON'T KNOW . . . . Z	

1000E	What symptoms will a person with tuberculosis or TB have?
	
	 Anything else?
	
	 RECORD ALL MENTIONED.
		PERSISTENT COUGH (GREATER
		   THAN TWO WEEKS)....................... A
		 WEIGHT LOSS................................ B
		 POOR APPETITE............................. C
		 NIGHT SWEATING.......................... D
		 CHEST PAIN................................. E
		 FEVER.. F
		 OTHER _____ X
		            (SPECIFY)
		 DON'T KNOW . . . . Z	

1000F	Can tuberculosis or TB be cured?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
1000G	If a member of your family got tuberculosis or TB, would you want it to remain a secret or not?	YES, REMAIN A SECRET . . . . 1 NO . . . . 2 DON'T KNOW/NOT SURE/ DEPENDS 8	
1001	Now I would like to ask you some other questions relating to health matters. Have you had an injection for any reason in the last 12 months? IF YES: How many injections have you had? IF NUMBER OF INJECTIONS IS 90 OR MORE, OR DAILY FOR 3 MONTHS OR MORE, RECORD '90'. IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.	NUMBER OF INJECTIONS . . . [ ][ ] NONE 00	→1004
1002	Among these injections, how many were administered by a: a) doctor, a nurse, a pharmacist, a dentist, or any other health worker? b) traditional practioner/injectior? IF NUMBER OF INJECTIONS IS 90 OR MORE, OR DAILY FOR 3 MONTHS OR MORE, RECORD '90'. IF NONE RECORD '00'. IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.	NUMBER OF INJECTIONS HEALTH WORKER . . . . [ ][ ] NUMBER OF INJECTIONS TRADITIONAL PRACTITIONER . . . [ ][ ]	
1002A	The last time you got an injection, who administered the injection?	HEALTH WORKER . . . . 1 TRADITIONAL PRACTITIONER 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1003	The last time you got an injection, did the person who gave you the injection take the syringe and needle from a new, unopened package?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
1004	Do you currently smoke cigarettes?	YES . . . . 1 NO 2	→ 1006
1005	In the last 24 hours, how many cigarettes did you smoke?	CIGARETTES . . . . [ ] [ ]	
1006	Do you currently smoke or use any other type of tobacco?	YES . . . . 1 NO 2	→ 1007A
1007	What (other) type of tobacco do you currently smoke or use? RECORD ALL MENTIONED.	PIPE . . . . A CHEWING TOBACCO . . . . B SNUFF/SURET. . . . . C SHISHA . . . . D GAYA . . . . E OTHER _____ X (SPECIFY)	
1007A	Have you ever chewed chat?	YES . . . . 1 NO 2	→ 1007C
1007B	During the last 30 days how many days did you chew chat?	DAYS . . . . [ ] [ ]	
1007C	Have you ever taken a drink that contains alcohol (Tella/Tegi/Areke/Beer/Wine, etc...)?	YES . . . . 1 NO 2	→ 1008
1007D	During the last 30 days, how many days did you take a drink that contains alcohol?	DAYS . . . . [ ] [ ]	

1008	Many different factors can prevent women from getting medical advice or treatment for themselves. When you are sick and want to get medical advice or treatment, is each of the following a big problem or not?		BIG PROB-LEM	NOT A BIG PROB-LEM	
	Getting permission to go to the doctor?	PERMISSION TO GO	1	2	
	Getting money needed for treatment?	GETTING MONEY	1	2	
	The distance to the health facility?	DISTANCE	1	2	
	Having to take transport?	TAKING TRANSPORT	1	2	
	Workload inside /outside home?	WORK LOAD	1	2	
	Not wanting to go alone?	GO ALONE	1	2	
	Concern that there may not be a female health provider?	NO FEMALE PROV.	1	2	
	Concern that there may not be any health provider?	NO PROVIDER.	1	2	
	Concern that there may be no drugs available?	NO DRUGS	1	2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1009	Are you covered by any health insurance?	YES . . . . 1 NO 2	→ 1101

1010	What type of health insurance are you covered by?
	
	RECORD ALL MENTIONED.
		MUTUAL HEALTH ORGANIZATION/
		  COMMUNITY-BASED HEALTH
		  INSURANCE . . . . A
		HEALTH INSURANCE THROUGH
		  EMPLOYER . . . . B
		SOCIAL SECURITY C
		OTHER PRIVATELY PURCHASED
		  COMMERCIAL HEALTH INSURANCE. D
		OTHER _____ X
		(SPECIFY)	

SECTION 11. MATERNAL MORTALITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES					SKIP
1101	Now I would like to ask you some questions about your brothers and sisters, that is, all of the children born to your natural mother, including those who are living with you, those living elsewhere and those who have died. How many children did your mother give birth to, including you?	NUMBER OF BIRTHS TO NATURAL MOTHER .... ☐☐					
1102	CHECK 1101: TWO OR MORE BIRTHS ☐ ONLY ONE BIRTH (RESPONDENT ONLY) ☐						→ 1114
1103	How many of these births did your mother have before you were born?	NUMBER OF PRECEDING BIRTHS .... ☐☐					

1104	What was the name given to your oldest (next oldest) brother or sister?	(1) _____	(2) _____	(3) _____	(4) _____	(5) _____	(6) _____
1105	Is (NAME) male or female?	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2
1106	Is (NAME) still alive?	YES . . . 1 NO . . . 2 GO TO 1108 DK . . . 8 GO TO (2)	YES . . . 1 NO . . . 2 GO TO 1108 DK . . . 8 GO TO (3)	YES . . . 1 NO . . . 2 GO TO 1108 DK . . . 8 GO TO (4)	YES . . . 1 NO . . . 2 GO TO 1108 DK . . . 8 GO TO (5)	YES . . . 1 NO . . . 2 GO TO 1108 DK . . . 8 GO TO (6)	YES . . . 1 NO . . . 2 GO TO 1108 DK . . . 8 GO TO (7)
1107	How old is (NAME)?	☐☐ GO TO (2)	☐☐ GO TO (3)	☐☐ GO TO (4)	☐☐ GO TO (5)	☐☐ GO TO (6)	☐☐ GO TO (7)
1108	How many years ago did (NAME) die?	☐☐	☐☐	☐☐	☐☐	☐☐	☐☐
1109	How old was (NAME) when he/she died?	☐☐ IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (2)	☐☐ IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (3)	☐☐ IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (4)	☐☐ IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (5)	☐☐ IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (6)	☐☐ IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (7)
1110	Was (NAME) pregnant when she died?	YES . . . 1 GO TO 1113 NO . . . 2	YES . . . 1 GO TO 1113 NO . . . 2	YES . . . 1 GO TO 1113 NO . . . 2	YES . . . 1 GO TO 1113 NO . . . 2	YES . . . 1 GO TO 1113 NO . . . 2	YES . . . 1 GO TO 1113 NO . . . 2
1111	Did (NAME) die during childbirth?	YES . . . 1 GO TO 1113 NO . . . 2	YES . . . 1 GO TO 1113 NO . . . 2	YES . . . 1 GO TO 1113 NO . . . 2	YES . . . 1 GO TO 1113 NO . . . 2	YES . . . 1 GO TO1113 NO . . . 2	YES . . . 1 GO TO 1113 NO . . . 2
1112	Did (NAME) die within two months after the end of a pregnancy or childbirth?	YES . . . 1 NO . . . 2	YES . . . 1 NO . . . 2	YES . . . 1 NO . . . 2	YES . . . 1 NO . . . 2	YES . . . 1 NO . . . 2	YES . . . 1 NO . . . 2
1113	How many live born children did (NAME) give birth to during her lifetime?	☐☐	☐☐	☐☐	☐☐	☐☐	☐☐

IF NO MORE BROTHERS OR SISTERS, GO TO 1114.

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NO.	QUESTIONS AND FILTERS			CODING CATEGORIES				SKIP
1104	What was the name given to your oldest (next oldest) brother or sister?	(7) _____	(8) _____	(9) _____	(10) _____	(11) _____	(12) _____	
1105	Is (NAME) male or female?	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	
1106	Is (NAME) still alive?	YES ... 1 NO ... 2 GO TO 1108↵ DK ... 8 GO TO (8) ↵	YES ... 1 NO ... 2 GO TO 1108↵ DK ... 8 GO TO (9) ↵	YES ... 1 NO ... 2 GO TO 1108↵ DK ... 8 GO TO (10) ↵	YES ... 1 NO ... 2 GO TO 1108↵ DK ... 8 GO TO (11) ↵	YES ... 1 NO ... 2 GO TO 1108↵ DK ... 8 GO TO (12) ↵	YES ... 1 NO ... 2 GO TO 1108↵ DK ... 8 GO TO (13) ↵	
1107	How old is (NAME)?	☐☐ GO TO (8)	☐☐ GO TO (9)	☐☐ GO TO (10)	☐☐ GO TO (11)	☐☐ GO TO (12)	☐☐ GO TO (13)	
1108	How many years ago did (NAME) die?	☐☐	☐☐	☐☐	☐☐	☐☐	☐☐	
1109	How old was (NAME) when he/she died?	☐☐ IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [8]	☐☐ IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (9)	☐☐ IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (10)	☐☐ IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (11)	☐☐ IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (12)	☐☐ IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (13)	
1110	Was (NAME) pregnant when she died?	YES ... 1 GO TO 1113↵ NO ... 2	YES ... 1 GO TO 1113↵ NO ... 2	YES ... 1 GO TO 1113↵ NO ... 2	YES ... 1 GO TO 1113↵ NO ... 2	YES ... 1 GO TO 1113↵ NO ... 2	YES ... 1 GO TO 1113↵ NO ... 2	
1111	Did (NAME) die during childbirth?	YES ... 1 GO TO 1113↵ NO ... 2	YES ... 1 GO TO 1113↵ NO ... 2	YES ... 1 GO TO 1113↵ NO ... 2	YES ... 1 GO TO 1113↵ NO ... 2	YES ... 1 GO TO 1113↵ NO ... 2	YES ... 1 GO TO 1113↵ NO ... 2	
1112	Did (NAME) die within two months after the end of a pregnancy or childbirth?	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2	
1113	How many live born children did (NAME) give birth to during her lifetime?	☐☐	☐☐	☐☐	☐☐	☐☐	☐☐	

IF NO MORE BROTHERS OR SISTERS, GO TO 1114.

1114	RECORD THE TIME. MORNING = 1 EVENING = 2	MORNING/EVENING ☐ HOUR .... ☐☐ MINUTES .... ☐☐

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT RESPONDENT:

_____
_____
_____
_____
_____
_____

COMMENTS ON SPECIFIC QUESTIONS:

_____
_____
_____
_____
_____
_____

ANY OTHER COMMENTS:

_____
_____
_____
_____
_____
_____

SUPERVISOR'S OBSERVATIONS

_____
_____
_____
_____
_____
_____
_____

NAME OF SUPERVISOR: _____   DATE: _____

EDITOR'S OBSERVATIONS

_____
_____
_____
_____
_____

NAME OF EDITOR: _____   DATE: _____

W-53

INSTRUCTIONS:
ONLY ONE CODE SHOULD APPEAR IN ANY BOX.
ALL MONTHS SHOULD BE FILLED IN.

INFORMATION TO BE CODED FOR EACH COLUMN

<u>BIRTHS, PREGNANCIES, CONTRACEPTIVE USE **</u>
B   BIRTHS
P   PREGNANCIES
T   TERMINATIONS

0   NO METHOD
1   FEMALE STERILIZATION
2   MALE STERILIZATION
3   IUD
4   INJECTABLES
5   IMPLANTS
6   PILL
7   MALE CONDOM
8   FEMALE CONDOM
9   DIAPHRAGM/FOAM/JELLY
J   STANDARD DAYS METHOD
K   LACTATIONAL AMENORRHEA METHOD
L   RHYTHM METHOD
M   WITHDRAWAL
X   OTHER   MODERN _____

(SPECIFY)

OTHER   TRADITIONAL _____
(SPECIFY)

	Month	Name	Box #		
	13	PAG	01		
	12	NEH	02		
	11	HAM	03		
	10	SENE	04		
	09	GEN	05		
2	08	MEI	06		2
0	07	MEG	07		0
0	06	YEK	08		0
3	05	TIRR	09		3
E.	04	TAH	10		E.
C.	03	HID	11		C.
	02	TIK	12		
	01	MES	13		
	13	PAG	14		
	12	NEH	15		
	11	HAM	16		
	10	SENE	17		
2	09	GEN	18		2
0	08	MEI	19		0
0	07	MEG	20		0
2	06	YEK	21		2
E.	05	TIRR	22		E.
C.	04	TAH	23		C.
	03	HID	24		
	02	TIK	25		
	01	MES	26		
	13	PAG	27		
	12	NEH	28		
	11	HAM	29		
	10	SENE	30		
2	09	GEN	31		2
0	08	MEI	32		0
0	07	MEG	33		0
1	06	YEK	34		1
E.	05	TIRR	35		E.
C.	04	TAH	36		C.
	03	HID	37		
	02	TIK	38		
	01	MES	39		
	13	PAG	40		
	12	NEH	41		
	11	HAM	42		
	10	SENE	43		
	09	GEN	44		
2	08	MEI	45		2
0	07	MEG	46		0
0	06	YEK	47		0
0	05	TIRR	48		0
E.	04	TAH	49		E.
C.	03	HID	50		C.
	02	TIK	51		
	01	MES	52		
	13	PAG	53		
	12	NEH	54		
	11	HAM	55		
	10	SENE	56		
	09	GEN	57		
1	08	MEI	58		1
9	07	MEG	59		9
9	06	YEK	60		9
9	05	TIRR	61		9
E.	04	TAH	62		E.
C.	03	HID	63		C.
	02	TIK	64		
	01	MES	65		
	13	PAG	66		
	12	NEH	67		
	11	HAM	68		
	10	SENE	69		
	09	GEN	70		
1	08	MEI	71		1
9	07	MEG	72		9
9	06	YEK	73		9
8	05	TIRR	74		8
E.	04	TAH	75		E.
C.	03	HID	76		C.
	02	TIK	77		
	01	MES	78		

W-54

IMPLEMENTING ORGANIZATION: CSA

IDENTIFICATION

LOCALITY NAME _____

NAME OF HOUSEHOLD HEAD _____

CLUSTER NUMBER . . . .

HOUSEHOLD NUMBER . . . .

REGION . . . .

NAME AND LINE NUMBER OF MAN _____

INTERVIEWER VISITS

	1	2	3	FINAL VISIT
DATE	_____	_____	_____	DAY
				MONTH
INTERVIEWER'S NAME	_____	_____	_____	YEAR
RESULT*	_____	_____	_____	INT. NUMBER
				RESULT
NEXT VISIT: DATE	_____	_____		TOTAL NUMBER
TIME	_____	_____		OF VISITS

*RESULT CODES:
1 COMPLETED   4 REFUSED
2 NOT AT HOME   5 PARTLY COMPLETED   7 OTHER _____
3 POSTPONED   6 INCAPACITATED   (SPECIFY)

LANGUAGE OF QUESTIONNAIRE: [6]   LANGUAGE OF INTERVIEW: [ ]   LANGUAGE OF RESPONDENT: [ ]

LANGUAGE CODES: AMARIGNA = 1, OROMIGNA = 2, TIGRIGNA = 3, OTHER = 6

TRANSLATOR USED: [ ]
(YES = 1, NO = 2)

SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED BY
NAME _____	NAME _____		
DATE _____ [ ][ ]	DATE _____ [ ][ ]	[ ][ ]	[ ][ ]

M-1

INTRODUCTION AND CONSENT

INFORMED CONSENT

Hello. My name is _____. I am working with the Central Statistical Agency (CSA).
We are conducting a survey about health all over Ethiopia. The information we collect will help the government to
plan health services. Your household was selected for the survey. The survey usually takes about 20 minutes. All of the
answers you give will be confidential and will not be shared with anyone other than members of our survey team. You don't
have to be in the survey, but we hope you will agree to answer the questions since your views are important.

If I ask any question you don't want to answer, just let me know and I will go on to the next question or you can stop the
interview at any time.

Do you have any questions?
May I begin the interview now?

Signature of interviewer: _____   Date: _____

RESPONDENT AGREES TO BE INTERVIEWED   1   RESPONDENT DOES NOT AGREE TO BE INTERVIEWED . . . 2 → END

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE TIME. MORNING = 1 EVENING = 2	MORNING/EVENING . . . . HOUR . . . . MINUTES	
102	In what month and year were you born?	MONTH . . . . DON'T KNOW MONTH . . . . 98 YEAR . . . . DON'T KNOW YEAR 9998	
103	How old were you at your last birthday? COMPARE AND CORRECT 102 AND /OR 103 IF INCONSISTENT.	AGE IN COMPLETED YEARS	
104	Have you ever attended school?	YES . . . . 1 NO 2	→ 107A
105	What is the highest level of school you attended: primary, secondary, technical/vocational or higher?	PRIMARY . . . . 1 SECONDARY . . . . 2 TECHNICAL/VOCATIONAL . . . . 3 HIGHER 4	
106	What is the highest grade/number of years you completed at that level? IF COMPLETED PRIMARY OR SECONDARY, RECORD COMPLETED GRADE. IF TECHNICAL/VOCATIONAL OR HIGHER, RECORD YEARS COMPLETED. IF COMPLETED LESS THAN ONE YEAR AT THAT LEVEL RECORD '00'.	GRADE/NUMBER OF YEARS	

107	CHECK 105:
	
	    PRIMARY ☐ SECONDARY ☐
	                                 AND ABOVE
			→ 110

M-2

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
107A	Have you ever attended a Bible school or Koranic school or any other informal school that involves learning to read and/or write (not including primary school)?	YES . . . . 1 NO 2	

108	Now I would like you to read this sentence to me.
	
	SHOW CARD TO RESPONDENT.
	
	IF RESPONDENT CANNOT READ WHOLE SENTENCE, PROBE: Can you read any part of the sentence to me?
		CANNOT READ AT ALL 1
		ABLE TO READ ONLY PARTS OF
		    SENTENCE 2
		ABLE TO READ WHOLE SENTENCE. . 3
		NO CARD WITH REQUIRED
		    LANGUAGE _____ 4
		            (SPECIFY LANGUAGE)
		BLIND/VISUALLY IMPAIRED 5	

109	CHECK 108:
	
	    CODE '2', '3' CODE '1' OR '5'
	       OR '4' □ CIRCLED □
	    CIRCLED ↓
			→ 111

110	Do you read a newspaper or magazine at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEK . . . . 1 LESS THAN ONCE A WEEK . . . . 2 NOT AT ALL 3	
111	Do you listen to the radio at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEK . . . . 1 LESS THAN ONCE A WEEK . . . . 2 NOT AT ALL 3	
112	Do you watch television at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEK . . . . 1 LESS THAN ONCE A WEEK . . . . 2 NOT AT ALL 3	
113	What is your religion?	ORTHODOX . . . . 1 CATHOLIC . . . . 2 PROTESTANT . . . . 3 MOSLEM . . . . 4 TRADITIONAL . . . . 5 OTHER _____ 6 (SPECIFY)	
114	What is your ethnicity? RECORD THE MAJOR ETHNIC GROUP. CODE FOR ETHNIC GROUP WILL BE FILLED IN BY OFFICE EDITOR.	_____ □□	
115	In the last 12 months, how many times have you been away from home for one or more nights? IF NUMBER OF TIMES IS 90 OR MORE, RECORD '90'.	NUMBER OF TIMES . . . . □□ NONE 00	→ 201
116	In the last 12 months, have you been away from home for more than one month at a time?	YES . . . . 1 NO 2	→ 201
116A	The last time you were away from home for more than one month were you mainly staying in a city, town or rural areas?	CITY/TOWN......................................1 RURAL AREA..................................2	

M-3

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
201	Now I would like to ask about any children you have had during your life. I am interested in all of the children that are biologically yours, even if they are not legally yours or do not have your last name. Have you ever fathered any children with any woman?	YES .... 1 NO .... 2 DON'T KNOW 8	→ 206
202	Do you have any sons or daughters that you have fathered who are now living with you?	YES .... 1 NO 2	→ 204
203	How many sons live with you? And how many daughters live with you? IF NONE, RECORD '00'.	SONS AT HOME .... ☐☐ DAUGHTERS AT HOME ...... ☐☐	
204	Do you have any sons or daughters that you have fathered who are alive but do not live with you?	YES .... 1 NO 2	→ 206
205	How many sons are alive but do not live with you? And how many daughters are alive but do not live with you? IF NONE, RECORD '00'.	SONS ELSEWHERE .... ☐☐ DAUGHTERS ELSEWHERE .... ☐☐	
206	Have you ever fathered a son or a daughter who was born alive but later died? IF NO, PROBE: Any baby who cried or showed signs of life but did not survive?	YES .... 1 NO .... 2 DON'T KNOW 8	→ 208
207	How many boys have died? And how many girls have died? IF NONE, RECORD '00'.	BOYS DEAD .... ☐☐ GIRLS DEAD .... ☐☐	
208	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL CHILDREN .... ☐☐	
209	CHECK 208: HAS HAD MORE THAN ONE CHILD ☐ ↓ HAS HAD ONLY ONE CHILD ☐ HAS NOT HAD ANY CHILDREN ☐		→ 212 → 301
210	Did all of the children you have fathered have the same biological mother?	YES .... 1 NO 2	→ 212
211	In all, how many women have you fathered children with?	NUMBER OF WOMEN ...... ☐☐	
212	How old were you when your (first) child was born?	AGE IN YEARS .... ☐☐	
213	CHECK 203 AND 205: AT LEAST ONE LIVING CHILD ☐ ↓ NO LIVING CHILDREN ☐		→ 301
214	How many years old is your (youngest) child?	AGE IN YEARS .... ☐☐	

M-4

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
215	CHECK 214: (YOUNGEST) CHILD ☐ OTHER ☐ IS AGE 0-2 YEARS ↓		→ 301
216	What is the name of your (youngest) child? WRITE NAME OF (YOUNGEST) CHILD _____ (NAME OF (YOUNGEST) CHILD)		
217	When (NAME)'s mother was pregnant with (NAME), did she have any antenatal check-ups?	YES . . . . 1 NO . . . . 2 DON'T KNOW 3	→ 219
218	Were you ever present during any of those antenatal check-ups?	PRESENT . . . . 1 NOT PRESENT 2	
219	Was (NAME) born in a hospital or health facility?	HOSPITAL/HEALTH FACILITY . . . . . . 1 OTHER 2	
220	When a child has diarrhea, how much should he or she be given to drink: more than usual, the same amount as usual, less than usual, or should he or she not be given anything to drink at all?	MORE THAN USUAL . . . . 1 ABOUT THE SAME . . . . 2 LESS THAN USUAL . . . . 3 NOTHING TO DRINK . . . . 4 DON'T KNOW 8	

M-5

| 301 | Now I would like to talk about family planning - the various ways or methods that a couple can use to delay or avoid a pregnancy.
Have you ever heard of (METHOD)? | | |

01	**Female Sterilization** PROBE: Women can have an operation to avoid having any more children.	YES . . . . 1 NO 2	
02	**Male Sterilization** PROBE: Men can have an operation to avoid having any more children.	YES . . . . 1 NO 2	
03	**IUD** PROBE: Women can have a loop or coil placed inside them by a doctor or a nurse.	YES . . . . 1 NO 2	
04	**Injectables** PROBE: Women can have an injection by a health provider that stops them from becoming pregnant for one or more months.	YES . . . . 1 NO 2	
05	**Implants (Implanon/Jadelle/ Norplants)** PROBE: Women can have one or more small rods placed in their upper arm by a doctor or nurse which can prevent pregnancy for one or more years.	YES . . . . 1 NO 2	
06	**Pill** PROBE: Women can take a pill every day to avoid becoming pregnant.	YES . . . . 1 NO 2	
07	**Male Condom** PROBE: Men can put a rubber sheath on their penis before sexual intercourse.	YES . . . . 1 NO 2	
08	**Female Condom** PROBE: Women can place a sheath in their vagina before sexual intercourse.	YES . . . . 1 NO 2	
09	**Standard Days Method** PROBE: Women can use a cycle of beads to count the days they are most likely to get pregnant and avoid sexual intercourse during those days.	YES . . . . 1 NO 2	
09A	**Lactational Amenorrhea Method (LAM)**	YES . . . . 1 NO 2	
10	**Rhythm Method** PROBE: Every month that a woman is sexually active she can avoid pregnancy by not having sexual intercourse on the days of the month she is most likely to get pregnant.	YES . . . . 1 NO 2	
11	**Withdrawal** PROBE: Men can be careful and pull out before climax.	YES . . . . 1 NO 2	
12	**Emergency Contraception** PROBE: As an emergency measure, within three days after they have unprotected sexual intercourse, women can take special pills to prevent pregnancy.	YES . . . . 1 NO 2	
13	Have you heard of any other ways or methods that women or men can use to avoid pregnancy?	YES . . . . 1 _____ (SPECIFY) _____ (SPECIFY) NO 2	
302	In the last few months have you: Heard about family planning on the radio? Seen anything about family planning on the television? Read about family planning in a newspaper or magazine? Read about family planning in a pamphlet/Posters/Leaflets? Heard about family planning at community event/conversation?	YES NO RADIO . . . . 1 2 TELEVISION . . . . 1 2 NEWSPAPER OR MAGAZINE 1 2 PAMPHLET/POSTER/LEAFLETS . 1 2 COMMUNITY EVENT/CONV. . . . 1 2	

302B	In the last few months have you heard or seen the following media messages on family planning?
	
	Its wise to have a balanced family life
	
	Your family happiness is in your hands
	
	Spacing of births will be a source for a loving, caring and healthy family
	Children by choice not by chance
		YES NO
		Its wise to have a balanced 1 2
		   family life
		Your family happiness is in your
		   hands 1 2
		Spacing of birth will be a source for
		   loving,caring and healthy family 1 2
		Children by choice not by chance 1 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
303	In the last few months, have you discussed the practice of family planning with a HEW/VCHW or other health worker?	YES . . . . 1 NO 2	
304	Now I would like to ask you about a woman's risk of pregnancy. From one menstrual period to the next, are there certain days when a woman is more likely to become pregnant if she has sexual relations?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	→ 306

305	Is this time just before her period begins, during her period, right after her period has ended, or halfway between two periods?	JUST BEFORE HER
		   PERIOD BEGINS 1
		DURING HER PERIOD 2
		RIGHT AFTER HER
		   PERIOD HAS ENDED 3
		HALFWAY BETWEEN
		   TWO PERIODS 4
		OTHER _____ 6
		          (SPECIFY)
		DON'T KNOW 8	

306	I will now read you some statements about contraception. Please tell me if you agree or disagree with each one.
	
	a) Contraception is women's business and a man should not have to worry about it.
	b) Women who use contraception may become promiscuous.
		DIS-
		      AGREE AGREE DK
		
		CONTRACEPTION
		  WOMAN'S BUSINESS . 1 2 8
		WOMAN MAY BECOME
		  PROMISCUOUS . . . 1 2 8	

307	CHECK 301 (07) KNOWS MALE CONDOM YES ☐ NO ☐		→ 311
308	Do you know of a place where a person can get male condoms?	YES . . . . 1 NO 2	→ 311

309	Where is that?
	
	Any other place?
	
	PROBE TO IDENTIFY EACH TYPE OF SOURCE.
	
	IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE
	
	_____
	         (NAME OF PLACE(S))
		PUBLIC SECTOR
		  GOVT. HOSPITAL . . . . A
		  GOVT. HEALTH CENTER . . . . . B
		  GOVT.HEALTH STATION/CLINIC . C
		  GOVT.HEALTH POST/HEW . . . . . . D
		  OTHER PUBLIC _____ E
		               (SPECIFY)
		
		NGO
		  NGO HEALTH FACILITY . . . . F
		  VOLUNTARY COMMUNITY HEALTH
		      WORKERS . . . . G
		  OTHER NGO _____ H
		              (SPECIFY)
		
		PRIVATE MEDICAL SECTOR
		  PRIVATE HOSPITAL I
		  PRIVATE CLINIC . . . . J
		  PHARMACY . . . . K
		  ANTI-AIDS CLUB/ASSOCIATION . . L
		  OTHER PRIVATE
		    MEDICAL _____ M
		              (SPECIFY)
		OTHER SOURCE
		  DRUG VENDOR/STORE . . . . N
		  SHOP/BAR/HOTEL/GROCERY . . O
		  FRIEND/RELATIVE . . . . P
		
		OTHER _____ X
		             (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
310	If you wanted to, could you yourself get a male condom?	YES . . . . 1 NO 2	
311	CHECK 301 (08) KNOWS FEMALE CONDOM YES ☐ NO ☐		→ 401
312	Do you know of a place where a person can get female condoms?	YES . . . . 1 NO 2	→ 401

313	Where is that?
	
	Any other place?
	
	PROBE TO IDENTIFY EACH TYPE OF SOURCE.
	
	    IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE
	    SECTOR, WRITE THE NAME OF THE PLACE
	
	    _____
	             (NAME OF PLACE(S))
		PUBLIC SECTOR
		   GOVT. HOSPITAL . . . . A
		   GOVT. HEALTH CENTER . . . . . B
		   GOVT.HEALTH STATION/CLINIC . C
		   GOVT.HEALTH POST/HEW . . . . D
		   OTHER PUBLIC _____ E
		                (SPECIFY)
		
		NGO
		   NGO HEALTH FACILITY . . . . . F
		   VOLUNTARY COMMUNITY HEALTH
		         WORKERS . . . . G
		   OTHER NGO _____ H
		             (SPECIFY)
		
		PRIVATE MEDICAL SECTOR
		   PRIVATE HOSPITAL . . . I
		    PRIVATE CLINIC . . . J
		   PHARMACY . . . . K
		   ANTI-AIDS CLUB/ASSOCIATION L
		   OTHER PRIVATE
		     MEDICAL _____ M
		             (SPECIFY)
		OTHER SOURCE
		   DRUG VENDOR/STORE . . . . N
		   SHOP/BAR/HOTEL/GROCERY . . . O
		   FRIEND/RELATIVE . . . . P
		
		OTHER _____ X
		              (SPECIFY)	

314	If you wanted to, could you yourself get a female condom?	YES . . . . 1 NO 2	

M-8

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
401	Are you currently married or living together with a woman as if married?	YES, CURRENTLY MARRIED .... 1 YES, LIVING WITH A WOMAN ...... 2 NO, NOT IN UNION 3	→ 404
402	Have you ever been married or lived together with a woman as if married?	YES, FORMERLY MARRIED .... 1 YES, LIVED WITH A WOMAN .... 2 NO 3	→ 413
403	What is your marital status now: are you widowed, divorced, or separated?	WIDOWED .... 1 DIVORCED .... 2 SEPARATED 3	→ 410
404	Is your wife/partner living with you now or is she staying elsewhere?	LIVING WITH HIM .... 1 STAYING ELSEWHERE 2	
405	Do you have more than one wife or woman you live with as if married?	YES .... 1 NO 2	→ 407
406	Altogether, how many wives do you have or other partners do you live with as if married?	TOTAL NUMBER OF WIVES AND LIVE-IN PARTNERS ... ☐☐	

| 407 | CHECK 405:

ONE WIFE/ PARTNER ☐   MORE THAN ONE WIFE/ PARTNER ☐

Please tell me the name of your wife (the woman you are living with as if married).   Please tell me the name of each of your wives or each woman you are living with as if married.

RECORD THE NAME AND THE LINE NUMBER FROM THE HOUSEHOLD QUESTIONNAIRE FOR EACH WIFE AND LIVE-IN PARTNER.

IF A WOMAN IS NOT LISTED IN THE HOUSEHOLD, RECORD '00'.

ASK 408 FOR EACH PERSON. | NAME   LINE NUMBER

_____ ☐☐   ☐☐

_____ ☐☐   ☐☐

_____ ☐☐   ☐☐

_____ ☐☐   ☐☐ | 408 How old was (NAME) on her last birthday?

AGE |

409	CHECK 407: ONE WIFE/ PARTNER ☐ MORE THAN ONE WIFE/ PARTNER ☐		→ 411A
410	Have you been married or lived with a woman only once or more than once?	ONLY ONCE .... 1 MORE THAN ONCE 2	→ 411A
411 411A	In what month and year did you start living with your (wife/partner)? Now I would like to ask about your first (wife/partner). In what month and year did you start living with her?	MONTH .... ☐☐ DON'T KNOW MONTH .... 98 YEAR .... ☐☐☐☐ DON'T KNOW YEAR 9998	→ 413
412	How old were you when you first started living with her?	AGE .... ☐☐	

M-9

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
413	CHECK FOR THE PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.		
414	Now I would like to ask some questions about sexual activity in order to gain a better understanding of some important life issues. How old were you when you had sexual intercourse for the very first time?	NEVER HAD SEXUAL INTERCOURSE . . . . 00 AGE IN YEARS . . . . ☐☐ FIRST TIME WHEN STARTED LIVING WITH (FIRST) WIFE/PARTNER 95	➔ 501
415	Now I would like to ask you some questions about your recent sexual activity. Let me assure you again that your answers are completely confidential and will not be told to anyone. If we should come to any question that you don't want to answer, just let me know and we will go to the next question.		
416	When was the <u>last</u> time you had sexual intercourse? IF LESS THAN 12 MONTHS, ANSWER MUST BE RECORDED IN DAYS, WEEKS OR MONTHS. IF 12 MONTHS (ONE YEAR) OR MORE, ANSWER MUST BE RECORDED IN YEARS.	DAYS AGO . . . . 1 ☐☐ WEEKS AGO . . . . 2 ☐☐ MONTHS AGO . . . . 3 ☐☐ YEARS AGO . . . . 4 ☐☐	➔ 430

		LAST SEXUAL PARTNER	SECOND-TO-LAST SEXUAL PARTNER	THIRD-TO-LAST SEXUAL PARTNER
417	When was the last time you had sexual intercourse with this person?		DAYS 1 ☐☐ WEEKS 2 ☐☐ MONTHS 3 ☐☐	DAYS 1 ☐☐ WEEKS 2 ☐☐ MONTHS 3 ☐☐
418	The last time you had sexual intercourse (with this second/third person), was a condom used?	YES . . . . 1 NO . . . . 2 (SKIP TO 420)◄─┘	YES . . . . 1 NO . . . . 2 (SKIP TO 420)◄─┘	YES . . . . 1 NO . . . . 2 (SKIP TO 420)◄─┘
419	Was a condom used every time you had sexual intercourse with this person in the last 12 months?	YES . . . . 1 NO 2	YES . . . . 1 NO 2	YES . . . . 1 NO 2

420	What was your relationship to this (second/third) person with whom you had sexual intercourse?
	
	IF GIRLFRIEND:
	Were you living together as if married?
	IF YES, CIRCLE '2'.
	IF NO, CIRCLE '3'.
		WIFE 1
		LIVE-IN PARTNER 2
		GIRLFRIEND NOT
		  LIVING WITH
		  RESPONDENT . . . . 3 ┐
		CASUAL
		  ACQUAINTANCE . . . 4 ┤
		COM. SEX WKR. . . . . . . 5 ┤
		OTHER _____ 6 ┘
		      (SPECIFY)
		(SKIP TO 423) ◄──
			WIFE 1
			LIVE-IN PARTNER 2
			GIRLFRIEND NOT
			  LIVING WITH
			  RESPONDENT . . . . 3 ┐
			CASUAL
			  ACQUAINTANCE . . . 4 ┤
			COMM. SEX WKR. . . . . 5 ┤
			OTHER _____ 6 ┘
			      (SPECIFY)
			(SKIP TO 423) ◄──
				WIFE 1
				LIVE-IN PARTNER 2
				GIRLFRIEND NOT
				  LIVING WITH
				  RESPONDENT . . . . 3 ┐
				CASUAL
				  ACQUAINTANCE . . . 4 ┤
				COMM. SEX WKR. . . . . 5 ┤
				OTHER _____ 6 ┘
				      (SPECIFY)
				(SKIP TO 423) ◄──

421	CHECK 410:	MARRIED MARRIED
		ONLY MORE
		ONCE THAN
		☐ ONCE
		│ OR BLANK ☐
		▼ (SKIP
		        TO 423)
			MARRIED MARRIED
			ONLY MORE
			ONCE THAN
			☐ ONCE
			│ OR BLANK ☐
			▼ (SKIP
			        TO 423)
				MARRIED MARRIED
				ONLY MORE
				ONCE THAN
				☐ ONCE
				│ OR BLANK ☐
				▼ (SKIP
				        TO 423)

422	CHECK 414:	FIRST TIME WHEN STARTED LIVING WITH OTHER FIRST ☐ WIFE ▼ ▼ (SKIP TO 424)	FIRST TIME WHEN STARTED LIVING WITH OTHER FIRST ☐ WIFE ▼ ▼ (SKIP TO 424)	FIRST TIME WHEN STARTED LIVING WITH OTHER FIRST ☐ WIFE ▼ ▼ (SKIP TO 424)

423	How long ago did you first have sexual intercourse with this (second/third) person?	DAYS
		  AGO 1 ☐☐
		WEEKS
		  AGO 2 ☐☐
		MONTHS
		  AGO 3 ☐☐
		YEARS
		  AGO 4 ☐☐
			DAYS
			  AGO 1 ☐☐
			WEEKS
			  AGO 2 ☐☐
			MONTHS
			  AGO 3 ☐☐
			YEARS
			  AGO 4 ☐☐
				DAYS
				  AGO 1 ☐☐
				WEEKS
				  AGO 2 ☐☐
				MONTHS
				  AGO 3 ☐☐
				YEARS
				  AGO 4 ☐☐

424	How many times during the last 12 months did you have sexual intercourse with this person? IF 95 OR MORE, WRITE '95'.	NUMBER OF TIMES ☐☐	NUMBER OF TIMES ☐☐	NUMBER OF TIMES ☐☐
424A	The last time you had sexual intercourse (with this other person), did you or this person drink alcohol?	YES . . . . 1 NO. . . .. 2 (SKIP TO 424C)◄─┘	YES . . . . 1 NO. . . .. 2 (SKIP TO 424C)◄─┘	YES . . . . 1 NO. . . .. 2 (SKIP TO 424C)◄─┘

424B	Were you or your partner drunk at that time?
	
	IF YES: Who was drunk?
		RESPONDENT ONLY 1
		PARTNER ONLY 2
		RESPONDENT AND
		  PARTNER BOTH 3
		NEITHER 4
			RESPONDENT ONLY 1
			PARTNER ONLY 2
			RESPONDENT AND
			  PARTNER BOTH 3
			NEITHER 4
				RESPONDENT ONLY 1
				PARTNER ONLY 2
				RESPONDENT AND
				  PARTNER BOTH 3
				NEITHER 4

M-11

		LAST SEXUAL PARTNER	SECOND-TO-LAST SEXUAL PARTNER	THIRD-TO-LAST SEXUAL PARTNER
424C	The last time you had sexual intercourse (with this other person), did you or this person chew chat any time during that day?	RESPONDENT ONLY 1 PARTNER ONLY 2 RESPONDENT AND PARTNER BOTH 3 NEITHER 4	RESPONDENT ONLY 1 PARTNER ONLY 2 RESPONDENT AND PARTNER BOTH 3 NEITHER 4	RESPONDENT ONLY 1 PARTNER ONLY 2 RESPONDENT AND PARTNER BOTH 3 NEITHER 4
424D	Are you still having sex with this person?	YES . . . . 1 NO. 2	YES . . . . 1 NO. 2	YES . . . . 1 NO. 2
425	How old is this person?	AGE OF PARTNER ☐☐ DON'T KNOW 98	AGE OF PARTNER ☐☐ DON'T KNOW 98	AGE OF PARTNER ☐☐ DON'T KNOW 98
426	Apart from [this person/these two people], have you had sexual intercourse with any other person in the last 12 months?	YES . . . . 1 (GO BACK TO 417 ↵ IN NEXT COLUMN) NO . . . . 2 (SKIP TO 428)←	YES . . . . 1 (GO BACK TO 417 ↵ IN NEXT COLUMN) NO . . . . 2 (SKIP TO 428)←	
427	In total, with how many different people have you had sexual intercourse in the last 12 months? IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF NUMBER OF PARTNERS IS GREATER THAN 95, WRITE '95.'			NUMBER OF PARTNERS LAST 12 MONTHS . . . . ☐☐ DON'T KNOW . . . 98

M-12

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
428	CHECK 420 (ALL COLUMNS): AT LEAST ONE PARTNER IS COMMERCIAL SEX WORKER ☐ NO PARTNERS ARE COMMERCIAL SEX WORKER ☐		→ 430
429	CHECK 420 AND 418 (ALL COLUMNS): CONDOM USED WITH EVERY COMMERCIAL SEX WORKER ☐ OTHER ☐		→ 433 → 434
430	In the last 12 months, did you pay anyone in exchange for having sexual intercourse?	YES . . . . 1 NO 2	→ 432
431	Have you ever paid anyone in exchange for having sexual intercourse?	YES . . . . 1 NO 2	→ 434
432	The last time you paid someone in exchange for having sexual intercourse, was a male or female condom used?	YES . . . . 1 NO 2	→ 434
433	Was a condom used during sexual intercourse every time you paid someone in exchange for having sexual intercourse in the last 12 months?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
434	In total, with how many different people have you had sexual intercourse in your lifetime? IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF NUMBER OF PARTNERS IS 95 OR MORE, WRITE '95.'	NUMBER OF PARTNERS IN LIFETIME . . . . ☐☐ DON'T KNOW 98	
435	CHECK 418, MOST RECENT PARTNER (FIRST COLUMN): NOT ASKED ☐ CONDOM USED ☐ NO CONDOM USED ☐		→ 438 → 438
436	You told me that a condom was used the last time you had sex. What is the brand name of the condom used at that time? IF BRAND NOT KNOWN ASK TO SEE THE PACKAGE.	HIWOT TRUST . . . . 01 SENSATION RIBBED . . . . 02 SENSATION COFFEE . . . . 03 SENSATION HONEY . . . . 04 FRENCH FEELING . . . . 05 JEANS . . . . 06 UNIDUS/SOUTH KOREA . . . . 07 OTHER _____ 96 (SPECIFY) DON'T KNOW 98	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP

437	From where did you obtain the condom the last time?
	
	PROBE TO IDENTIFY TYPE OF SOURCE.
	
	    IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE
	    SECTOR, WRITE THE NAME OF THE PLACE
	
	    _____
	         (NAME OF PLACE)
		PUBLIC SECTOR
		  GOVT. HOSPITAL 11
		  GOVT. HEALTH CENTER 12
		  GOVT.HEALTH STATION/CLINIC . 13
		  GOVT.HEALTH POST/HEW 14
		  OTHER PUBLIC _____ 16
		        (SPECIFY)
		
		NGO
		  NGO HEALTH FACILITY 21
		  VOLUNTARY COMMUNITY HEALTH
		      WORKERS 22
		  OTHER NGO _____ 26
		        (SPECIFY)
		
		PRIVATE MEDICAL SECTOR
		  PRIVATE HOSPITAL 31
		   PRIVATE CLINIC 32
		  PHARMACY 33
		  ANTI-AIDS CLUB/ASSOCIATION 34
		  OTHER PRIVATE
		    MEDICAL _____ 36
		        (SPECIFY)
		OTHER SOURCE
		  DRUG VENDOR/STORE 41
		  SHOP/BAR/HOTEL/GROCERY . 42
		  FRIEND/RELATIVE 43
		
		OTHER _____ 46
		       (SPECIFY)	

438	The last time you had sex did you or your partner use any method (other than a condom) to avoid or prevent a pregnancy?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	→ 501
439	What method did you or your partner use? PROBE: Did you or your partner use any other method to prevent pregnancy? RECORD ALL MENTIONED.	FEMALE STERILIZATION . . . . A MALE STERILIZATION . . . . B IUD . . . . C INJECTABLES . . . . D IMPLANTS . . . . E PILL . . . . F FEMALE CONDOM . . . . G DIAPHRAGM/FOAM/JELLY . . . . H STANDARD DAYS METHOD . . . . I LAM . . . . J RHYTHM METHOD . . . . K WITHDRAWAL . . . . L OTHER MODERN METHOD . . . . X OTHER TRADITIONAL METHOD . . . . . . Y	

M-14

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
501	CHECK 401: CURRENTLY MARRIED OR ☐ NOT CURRENTLY MARRIED LIVING WITH A PARTNER AND ☐ ↓ NOT LIVING WITH A PARTNER		→ 509
502	CHECK 439: NOT ☐ MAN NOT ☐ MAN ASKED ↓ STERILIZED ↓ STERILIZED ☐		→ 509
503	(Is your wife (partner)/Are any of your wives (partners)) currently pregnant?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	→ 505
504	Now I have some questions about the future. After the child(ren) you and your (wife(wives)/partner(s)) are expecting now, would you like to have another child, or would you prefer not have any more children?	HAVE ANOTHER CHILD . . . . 1 NO MORE/NONE . . . . 2 UNDECIDED/DON'T KNOW 8	→ 506 → 509

505	Now I have some questions about the future. Would you like to have (a/another) child, or would you prefer not to have any (more) children?	HAVE (A/ANOTHER) CHILD 1
		NO MORE/NONE 2
		SAYS COUPLE
		   CAN'T GET PREGNANT 3
		WIFE (WIVES)/PARTNER(S)
		   STERILIZED 4
		UNDECIDED/DON'T KNOW 8
			509

506	CHECK 407: ONE WIFE/ ☐ MORE THAN ☐ PARTNER ↓ ONE WIFE/ PARTNER		→ 508
507	CHECK 503: WIFE/PARTNER ☐ WIFE/PARTNER ☐ NOT PREGNANT PREGNANT ↓ OR DON'T KNOW ↓ How long would you like to wait from now before the birth of (a/another) child? After the birth of the child you are expecting now, how long would you like to wait before the birth of another child?	MONTHS . . . . 1 ☐☐ YEARS . . . . 2 SOON/NOW . . . . . . 993 COUPLE INFECUND . . . . 994 OTHER _____ 996 (SPECIFY) DON'T KNOW 998	→ 509

508	How long would you like to wait from now before the birth of (a/another) child?	MONTHS . . . . 1 ☐☐
		YEARS 2
		SOON/NOW 993
		HE/ALL HIS WIVES/PARTNERS
		  ARE INFECUND 994
		OTHER _____ 996
		  (SPECIFY)
		DON'T KNOW 998	

M-15

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
509	CHECK 203 AND 205: HAS LIVING CHILDREN ☐ NO LIVING CHILDREN ☐ If you could go back to the time you did not have any children and could choose exactly the number of children to have in your whole life, how many would that be? / If you could choose exactly the number of children to have in your whole life, how many would that be? PROBE FOR A NUMERIC RESPONSE.	NONE . . . . 00 NUMBER . . . . ☐☐ OTHER _____ 96 (SPECIFY)	➤ 601 ➤ 601
510	How many of these children would you like to be boys, how many would you like to be girls and for how many would it not matter if it is a boy or a girl?	BOYS GIRLS EITHER NUMBER ☐☐ ☐☐ ☐☐ OTHER _____ 96 (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
601	Have you done any work in the last seven days?	YES . . . . 1 NO 2	→ 604
602	Although you did not work in the last seven days, do you have any job or business from which you were absent for leave, illness, vacation, or any other such reason?	YES . . . . 1 NO 2	→ 604
603	Have you done any work in the last 12 months?	YES . . . . 1 NO 2	→ 607
604	What is your occupation, that is, what kind of work do you mainly do?	_____ ☐☐ _____ _____	
605	Do you usually work throughout the year, or do you work seasonally, or only once in a while?	THROUGHOUT THE YEAR . . . . 1 SEASONALLY/PART OF THE YEAR . 2 ONCE IN A WHILE 3	
606	Are you paid in cash or kind for this work or are you not paid at all?	CASH ONLY . . . . 1 CASH AND KIND . . . . 2 IN KIND ONLY . . . . 3 NOT PAID 4	

607	CHECK 401:
	
	   CURRENTLY MARRIED OR ☐ NOT CURRENTLY MARRIED
	   LIVING WITH A PARTNER AND ☐
	                                NOT LIVING WITH A PARTNER
			→ 612

608	CHECK 606:
	
	   CODE 1 OR 2 ☐ OTHER ☐
	   CIRCLED
			→610

609	Who usually decides how the money you earn will be used: mainly you, mainly your (wife (wives)/partner(s)), or you and your (wife (wives)/partner(s)) jointly?	RESPONDENT 1
		WIFE(WIVES)/PARTNER(S) 2
		RESPONDENT AND WIFE (WIVES)/
		   PARTNER(S) JOINTLY 3
		OTHER _____ 6
		            SPECIFY	

610	Who usually makes decisions about health care for yourself: you, your wife/partner, you and your wife/partner jointly, or someone else?	RESPONDENT 1
		WIFE(WIVES)/PARTNER(S) 2
		RESPONDENT AND WIFE (WIVES)/
		   PARTNER(S) JOINTLY 3
		SOMEONE ELSE 4
		OTHER _____ 6
		            SPECIFY	

611	Who usually makes decisions about making major household purchases: you, your wife/partner, you and your wife/partner jointly, or someone else?	RESPONDENT 1
		WIFE(WIVES)/PARTNER(S) 2
		RESPONDENT AND WIFE (WIVES)/
		   PARTNER(S) JOINTLY 3
		SOMEONE ELSE 4
		OTHER _____ 6
		            SPECIFY	

M-17

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
612	Do you own this or any other house either alone or jointly with someone else?	ALONE ONLY . . . . 1 JOINTLY ONLY . . . . 2 BOTH ALONE AND JOINTLY . . . . . . 3 DOES NOT OWN 4	
613	Do you own any land either alone or jointly with someone else?	ALONE ONLY . . . . 1 JOINTLY ONLY . . . . 2 BOTH ALONE AND JOINTLY . . . . . . 3 DOES NOT OWN 4	

614	In your opinion, is a husband justified in hitting or beating his wife in the following situations:
	
	     If she goes out without telling him?
	     If she neglects the children?
	     If she argues with him?
	     If she refuses to have sex with him?
	     If she burns the food?
		YES NO DK
		
		 GOES OUT 1 2 8
		 NEGL. CHILDREN . . . 1 2 8
		 ARGUES 1 2 8
		 REFUSES SEX 1 2 8
		 BURNS FOOD 1 2 8	

M-18

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
701	Now I would like to talk about something else. Have you ever heard of an illness called AIDS?	YES . . . . 1 NO 2	→ 723
702	Can people reduce their chances of getting the AIDS virus by having just one uninfected sex partner who has no other sex partners?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
703	Can people get the AIDS virus from mosquito bites?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
704	Can people reduce their chance of getting the AIDS virus by using a condom every time they have sex?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
705	Can people get the AIDS virus by sharing food with a person who has AIDS?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
705A	Can people reduce their chance of getting the AIDS virus by abstaining from sexual intercourse?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
706	Can people get the AIDS virus because of witchcraft, God's curse, or other supernatural means?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
707	Is it possible for a healthy-looking person to have the AIDS virus?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
707A	Can people get the AIDS virus by sharing sharp materials such as razors/blades or through injection with non-sterilized needles?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
708	Can the virus that causes AIDS be transmitted from a mother to her baby: During pregnancy? During delivery? By breastfeeding?	YES NO DK DURING PREG. . . . . 1 2 8 DURING DELIVERY . . . . . . 1 2 8 BREASTFEEDING 1 2 8	

709	CHECK 708:
	    AT LEAST ☐ OTHER ☐
	    ONE 'YES' ↓
			→ 711

710	Are there any special drugs that a doctor or a nurse can give to a woman infected with the AIDS virus to reduce the risk of transmission to the baby?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
711	CHECK FOR PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.		
712	I don't want to know the results, but have you ever been tested to see if you have the AIDS virus?	YES . . . . 1 NO 2	→ 716
713	How many months ago was your most recent HIV test?	MONTHS AGO . . . . ☐☐ TWO OR MORE YEARS 96	
714	I don't want to know the results, but did you get the results of the test?	YES . . . . 1 NO 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP

715	Where was the test done?
	
	PROBE TO IDENTIFY THE TYPE OF SOURCE.
	
	IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE
	
	_____
	(NAME OF PLACE)
		PUBLIC SECTOR
		  GOVT. HOSPITAL 11
		  GOVT.HEALTH CENTER 12
		  GOVT.HEALTH STATION/CL....... 13
		  STAND-ALONE VCT CENTER 14
		  OTHER PUBLIC _____ 16
		          (SPECIFY)
		NGO
		  NGO HEALTH FACILITY 21
		  STAND-ALONE VCT CENTER .. 22
		  MOBILE CLINIC 23
		  OTHER NGO 24
		         _____
		         (SPECIFY)
		PRIVATE MEDICAL SECTOR
		  PRIVATE HOSPITAL 31
		  PRIVATE CLINIC 32
		  OTHER PRIVATE
		    MEDICAL _____ 36
		     (SPECIFY)
		
		OTHER _____ 96
		      (SPECIFY)	

715A	CHECK 714:
	  EVER RECEIVED☐ DID NOT RECEIVE☐
	  HIV TEST RESULTS HIV TEST RESULTS
			→718

715B	CHECK 401 AND 402:
	  EVER MARRIED OR LIVED☐ NEVER MARRIED NOR☐
	  WITH A PARTNER LIVED WITH A PARTNER
			→718

715C	The last time you were tested, did you share the results with your wife/partner?	YES .... 1 NO, DID NOT SHARE RESULT .... 2 NO WIFE/PARTNER AT THAT TIME ... 3	→718
716	Do you know of a place where people can go to get tested for the AIDS virus?	YES .... 1 NO 2	→718

717	Where is that?
	
	Any other place?
	
	PROBE TO IDENTIFY EACH TYPE OF SOURCE.
	
	IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE
	
	_____
	(NAME OF PLACE)
		PUBLIC SECTOR
		  GOVT.HOSPITAL .... A
		  GOVT.HEALTH CENTER .... B
		  GOVT.HEALTH STATION/CLINIC . C
		  STAND-ALONE VCT CENTER .... D
		
		  OTHER PUBLIC _____ E
		          (SPECIFY)
		NGO
		  NGO HEALTH FACILITY............ F
		  STAND-ALONE VCT CENTER ...... G
		  MOBILE CLINIC .... H
		
		OTHER NGO _____ I
		        (SPECIFY)
		PRIVATE MEDICAL SECTOR
		  PRIVATE HOSPITAL .... J
		  PRIVATE CLINIC .... K
		  OTHER PRIVATE
		    MEDICAL _____ L
		      (SPECIFY)
		
		OTHER _____ X
		     (SPECIFY)	

718	Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had the AIDS virus?	YES .... 1 NO .... 2 DON'T KNOW 8	

M-20

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
719	If a member of your family got infected with the AIDS virus, would you want it to remain a secret or not?	YES, REMAIN A SECRET . . . . 1 NO . . . . 2 DK/NOT SURE/DEPENDS 8	
720	If a member of your family became sick with AIDS, would you be willing to care for her or him in your own household?	YES . . . . 1 NO . . . . 2 DK/NOT SURE/DEPENDS 8	
721	In your opinion, if a female teacher has the AIDS virus but is not sick, should she be allowed to continue teaching in the school?	SHOULD BE ALLOWED . . . . 1 SHOULD NOT BE ALLOWED . . . . 2 DK/NOT SURE/DEPENDS 8	
722	Should children age 12-14 be taught about using a condom to avoid getting AIDS?	YES . . . . 1 NO . . . . 2 DK/NOT SURE/DEPENDS 8	
723	CHECK 701: HEARD ABOUT □ NOT HEARD □ AIDS ↓ ABOUT AIDS ↓ Apart from AIDS, have Have you heard about infections you heard about other that can be transmitted through infections that can be sexual contact? transmitted through sexual contact?	YES . . . . 1 NO 2	
724	CHECK 414: HAS HAD SEXUAL □ HAS NOT HAD SEXUAL □ INTERCOURSE ↓ INTERCOURSE		→ 732
725	CHECK 723: HEARD ABOUT OTHER SEXUALLY TRANSMITTED INFECTIONS? YES □ NO □		→ 727
726	Now I would like to ask you some questions about your health in the last 12 months. During the last 12 months, have you had a disease which you got through sexual contact?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
727	Sometimes men experience an abnormal discharge from their penis. During the last 12 months, have you had an abnormal discharge from your penis?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
728	Sometimes men have a sore or ulcer near their penis. During the last 12 months, have you had a sore or ulcer near your penis?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
729	CHECK 726, 727, AND 728: HAS HAD AN □ HAS NOT HAD AN □ INFECTION INFECTION OR (ANY 'YES') ↓ DOES NOT KNOW		→ 732
730	The last time you had (PROBLEM FROM 726/727/728), did you seek any kind of advice or treatment?	YES . . . . 1 NO 2	→ 732

M-21

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP

731	Where did you go?
	
	Any other place?
	
	PROBE TO IDENTIFY EACH TYPE OF SOURCE.
	
	IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE
	
	_____
	(NAME OF PLACE(S))
		PUBLIC SECTOR
		   GOVT. HOSPITAL .... A
		   GOVT. HEALTH CENTER .... B
		   GOVT. HEALTH STATION/CLINC C
		   GOVT. HEALTH POST/HEW ... D
		   OTHER PUBLIC _____ E
		        (SPECIFY)
		
		NGO HEALTH FACILITY .... F
		
		PRIVATE MEDICAL SECTOR
		   PRIVATE HOSPITAL .... G
		   PRIVATE CLINIC .... H
		   PHARMACY I
		   OTHER PRIVATE
		     MEDICAL _____ J
		        (SPECIFY)
		OTHER SOURCE
		   DRUG VENDOR/STORE .... K
		   SHOP L
		   TRADITIONAL HEALER .... M
		
		OTHER _____ X
		        (SPECIFY)	

732	If a wife knows her husband has a disease that she can get during sexual intercourse, is she justified in asking that they use a condom when they have sex?	YES .... 1 NO .... 2 DON'T KNOW 8	
733	Is a wife justified in refusing to have sex with her husband when she knows her husband has sex with women other than his wife?	YES .... 1 NO .... 2 DON'T KNOW 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
800A	Have you ever heard of the Community Conversation program?	YES . . . . 1 NO 2	→ 800C
800B	Have you ever attended any Community Conversation meeting? IF YES: When was the last time you attended?	WITHIN LAST THREE MONTHS . . . . . . 1 4-11 MONTHS AGO . . . . 2 ONE YEAR OR MORE AGO . . . . 3 NEVER ATTENDED 4	
800C	Have you ever heard of an illness called tuberculosis or TB?	YES . . . . 1 NO 2	→ 801

800D	How can a person get tuberculosis or TB ?
	
	PROBE: Any other ways?
	
	RECORD ALL MENTIONED.
		THROUGH THE AIR WHEN
		   COUGHING OR SNEEZING . . . . A
		THROUGH SHARING UTENSILS . . . . . . B
		THROUGH TOUCHING A PERSON
		   WITH TB C
		THROUGH FOOD . . . . D
		THROUGH SEXUAL CONTACT . . . . . . E
		THROUGH MOSQUITO BITES . . . . F
		THROUGH DRINKING UNBOILED MILK ... G
		EXPOSURE TO COLD . . . . H
		OTHER _____ X
		          (SPECIFY)
		DON'T KNOW . . . . Z	

800E	What symptoms will a person with tuberculosis or TB have? Anything else?	PERSISTENT COUGH (GREATER THAN TWO WEEKS)....................... A WEIGHT LOSS.............................. B POOR APPETITE............................ C NIGHT SWEATING......................... D CHEST PAIN................................. E FEVER... F OTHER _____ X (SPECIFY) DON'T KNOW . . . . Z	
800F	Can tuberculosis or TB be cured?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
800G	If a member of your family got tuberculosis or TB, would you want it to remain a secret or not?	YES, REMAIN A SECRET . . . . 1 NO . . . . 2 DON'T KNOW/NOT SURE/ DEPENDS 8	
801	Some men are circumcised, that is, the foreskin is completely removed from the penis. Are you circumcised?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	→ 805
802	How old were you when circumcision occurred?	AGE IN COMPLETED YEARS . . . . . . ☐☐ DURING CHILDHOOD (<5 YEARS) . 95 DON'T KNOW 98	
803	Who did the circumcision?	TRADITIONAL PRACTITIONER/ FAMILY/FRIENDS . . . . 1 HEALTH WORKER/PROFESSIONAL . 2 OTHER . . . . 3 DON'T KNOW 8	

M-23

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
804	Where was the circumcision done?	HEALTH FACILITY . . . . 1 HOME OF A HEALTH WORKER/ PROFESSIONAL . . . . 2 CIRCUMCISION DONE AT HOME . . . 3 RITUAL SITE . . . . 4 OTHER HOME/PLACE . . . . 5 DON'T KNOW 8	
805	Now I would like to ask you some other questions relating to health matters. Have you had an injection for any reason in the last 12 months? IF YES: How many injections have you had? IF NUMBER OF INJECTIONS IS 90 OR MORE, OR DAILY FOR 3 MONTHS OR MORE, RECORD '90'. IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.	NUMBER OF INJECTIONS . . . ☐☐ NONE 00	→ 808
806	Among these injections, how many were administered by a: a) doctor, a nurse, a pharmacist, a dentist, or any other health worker? b) traditional practioner/injector? IF NUMBER OF INJECTIONS IS 90 OR MORE, OR DAILY FOR 3 MONTHS OR MORE, RECORD '90'. IF "NONE" RECORD ''00'' IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.	NUMBER OF INJECTIONS HEALTH WORKER . . . . ☐☐ NUMBER OF INJECTIONS TRADITIONAL PRACTITIONI. . . ☐☐	
806A	The last time you got an injection, who administered the injection?	HEALTH WORKER . . . . 1 TRADITIONAL PRACTITIONI. 2	
807	The last time you got an injection, did the person who gave you the injection take the syringe and needle from a new, unopened package?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
808	Do you currently smoke cigarettes?	YES . . . . 1 NO 2	→ 810
809	In the last 24 hours, how many cigarettes did you smoke?	CIGARETTES . . . . ☐☐	
810	Do you currently smoke or use any other type of tobacco?	YES . . . . 1 NO 2	→ 811A
811	What (other) type of tobacco do you currently smoke or use? RECORD ALL MENTIONED.	PIPE . . . . A CHEWING TOBACCO . . . . B SNUFF/SURET . . . . C SHISHA. . . . . D GAYA. . . . . E OTHER _____ X (SPECIFY)	
811A	Have you chewed chat?	YES . . . . 1 NO 2	→ 811C
811B	During the last 30 days, how many days did you chew chat?	DAYS . . . . ☐☐	
811C	Have you ever taken a drink that contains alcohol (Tella/Tegi/ Areke/Berr/Wine, etc...)?	YES . . . . 1 NO 2	→ 812

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
811D	During the last 30 days, how many days did you take a drink that contains alcohol?	DAYS . . . . [ ][ ]	
812	Are you covered by any health insurance?	YES . . . . 1 NO 2	→ 814
813	What type of health insurance do you have? RECORD ALL MENTIONED.	MUTUAL HEALTH ORGANIZATION/ 　COMMUNITY BASED HEALTH 　INSURANCE . . . . A HEALTH INSURANCE THROUGH 　EMPLOYER . . . . B SOCIAL SECURITY . . . . C OTHER PRIVATELY PURCHASED 　COMMERCIAL HEALTH INSURANCE. D OTHER _____ X 　　　　　　　(SPECIFY)	
814	RECORD THE TIME. MORNING = 1 EVENING = 2	MORNING/EVENING . . . . [ ] HOUR . . . . [ ][ ] MINUTES . . . . [ ][ ]	

M-25

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT RESPONDENT:

_____
_____
_____
_____
_____
_____

COMMENTS ON SPECIFIC QUESTIONS:

_____
_____
_____
_____
_____

ANY OTHER COMMENTS:

_____
_____
_____
_____
_____

SUPERVISOR'S OBSERVATIONS

_____
_____
_____
_____
_____
_____

NAME OF SUPERVISOR: _____ DATE: _____

EDITOR'S OBSERVATIONS

_____
_____
_____
_____

NAME OF EDITOR: _____ DATE: _____

M-26