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ENGLISH LANGUAGE: 03 Feb 2023

DEMOGRAPHIC AND HEALTH SURVEYS
HOUSEHOLD QUESTIONNAIRE

ETHIOPIA
ETHIOPIA STATISTICAL SERVICE (ESS)

IDENTIFICATION

PLACE NAME _____

NAME OF HOUSEHOLD HEAD _____

CLUSTER NUMBER . . . . . [ ][ ][ ][ ]

HOUSEHOLD NUMBER . . . . . [ ][ ][ ][ ]

URBAN/RURAL CODE (1=URBAN, 2=RURA . . . . . [ ]

HOUSEHOLD SELECTED FOR HOUSEHOLD HEALTH EXPENDITURES MODULE AND DV? (1=YES, 2 . . . . . [ ]

HOUSEHOLD SELECTED FOR WATER QUALITY TESTING? (1=YES, 2=NO . . . . . [ ]

HOUSEHOLD SELECTED FOR BLANK TESTING? (1=YES, 2=NO . . . . . [ ]

HOUSEHOLD SELECTED FOR MAN'S SURVEY? (1=YES, 2=NO . . . . . [ ]

INTERVIEWER VISITS

	1	2	3	FINAL VISIT
DATE	_____	_____	_____	DAY [ ][ ] MONTH [ ][ ] YEAR [ ][ ][ ][ ]
INTERVIEWER'S NAME	_____	_____	_____	INT. NO. [ ][ ][ ][ ]
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** **0 1** LANGUAGE OF INTERVIEW** [ ][ ] NATIVE LANGUAGE OF RESPONDENT** [ ][ ] TRANSLATOR USED (YES = 1, NO = 2) [ ]

LANGUAGE OF QUESTIONNAIRE** **ENGLISH**

**LANGUAGE CODES:
01 ENGLISH 03 AFAN OROMO 05 SOMALIGNA 07 SIDAMIGNA
02 AMHARIC 04 TIGIRIGNA 06 AFARIGNA

TEAM	TEAM SUPERVISOR		CAPI SUPERVISOR	
[ ][ ] NUMBER	_____ NAME	[ ][ ][ ][ ] NUMBER	_____ NAME	[ ][ ][ ][ ] NUMBER

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INTRODUCTION AND CONSENT

Hello. My name is _____. I am working with Ethiopian Statistical Service. We are conducting a survey about health and other topics all over Ethiopia. The information we collect will help the government to plan health services. Your household was selected for the survey. I would like to ask you some questions about your household. The questions usually take about 20 to 30 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. In case you need more information about the survey, you may contact the person listed on this card.

GIVE CARD WITH CONTACT INFORMATION

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

100	RECORD THE TIME.	HOURS . . . . . ☐☐ MINUTES . . . . . ☐☐

HOUSEHOLD SCHEDULE

								IF AGE 15 OR OLDER			
LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	MORE PEOPLE	MARITAL STATUS	ELIGIBILITY		
1	2	3	4	5	6	7	7-1	8	9	10	11
	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. RECORD THE FIRST NAME OF THE HEAD OF THE HOUSEHOLD AFTER LISTING THE NAMES AND RECORDING THE RELATIONSHIP, SEX, RESIDENCE, AND AGE FOR EACH PERSON, ASK QUESTIONS 7A-7C TO BE SURE THAT THE LISTING IS COMPLETE. THEN ASK APPROPRIATE QUESTIONS IN COLUMNS 8-20 FOR EACH PERSON.	ENTER 1 FOR HEAD OF HOUSEHOLD SEE CODES BELOW.	Is (FULL NAME) male or female?	Does (FULL NAME) usually live here?	Did (FULL NAME) stay here last night?	How old is (FULL NAME)? IF 95 OR MORE, RECORD '95'	Are there any other persons living in this household?	What is (FIRST NAME)'s current marital status? 1 = MARRIED OR LIVING TOGETHER 2 = DIVORCED/ SEPARATED 3 = WIDOWED 4 = NEVER-MARRIED AND NEVER LIVED TOGETHER	CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49	**IF HOUSE-HOLD SELEC-TED FOR MAN'S SURVEY** CIRCLE LINE NUMBER OF ALL MEN AGE 15-59	**IF HOUSE-HOLD SELEC-TED FOR MAN'S SURVEY** CIRCLE LINE NUMBER OF ALL CHILDREN AGE 0-5
01			M F 1 2	Y N 1 2	Y N 1 2	IN YEARS	Y N 1 GO TO NEXT LINE 2 GO TO 7A		01	01	01
02			1 2	1 2	1 2		1 → GO TO NEXT LINE 2 GO TO 7A		02	02	02
03			1 2	1 2	1 2		1 → GO TO NEXT LINE 2 GO TO 7A		03	03	03
04			1 2	1 2	1 2		1 → GO TO NEXT LINE 2 GO TO 7A		04	04	04
05			1 2	1 2	1 2		1 → GO TO NEXT LINE 2 → GO TO 7A		05	05	05

7A)	Just to make sure that I have a complete listing: are there any other people such as small children or infants that we have not listed?	YES ☐ → ADD TO TABLE NO ☐
7B)	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 ☐
7C)	Are there any guests or temporary visitors staying here, or anyone else who stayed here last night, who have not been	

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
07 = PARENT-IN-LAW
08 = BROTHER OR SISTER
09 = OTHER RELATIVE
10 = ADOPTED/FOSTER/ STEPCHILD
11 = NOT RELATED

HOUSEHOLD SCHEDULE

	IF AGE 0-17 YEARS				IF AGE 4 YEARS OR OLDER			IF AGE 4-24 YEARS		IF AGE 0-4 YEARS
LINE NO.	SURVIVORSHIP AND RESIDENCE OF BIOLOGICAL PARENTS				EVER ATTENDED SCHOOL			CURRENT/RECENT SCHOOL ATTENDANCE		BIRTH REGISTRATION
	12	**13**	**14**	**15**	**16**	**17A**	**17B**	**18**	**19**	**20**
	Is (FIRST NAME)'s biological mother alive?	Does (FIRST NAME)'s biological mother usually live in this household or was she a guest last night? IF YES: What is her name? RECORD MOTHER'S LINE NUMBER IF NO: RECORD '00'	Is (FIRST NAME)'s biological father alive?	Does (FIRST NAME)'s biological 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 (FIRST NAME) ever attended school or any early childhood education program?	What is the highest level of school (FIRST NAME) has attended? SEE CODES BELOW.	What is the highest grade (FIRST NAME) completed at that level? SEE CODES BELOW.	Did (FIRST NAME) attend school or any early childhood education program at any time during the 2016/17 E.C school year? (4)	During this school year, what level is (FIRST NAME) attending? SEE CODES BELOW.	Does (FIRST NAME) have a birth certificate from civil authority? IF NO, PROBE: Has (FIRST NAME)'s birth ever been registered with the civil authority? 1 = HAS CERTIFICATE 2 = REGISTERED 3 = NEITHER 8 = DON'T KNOW
01	Y N DK 1 2 8 GO TO 14		Y N DK 1 2 8 GO TO 16		Y N 1 2 GO TO 20	LEVEL	GRADE	Y N 1 2 GO TO 20	LEVEL GRADE	
02	1 2 8 GO TO 14		1 2 8 GO TO 16		1 2 GO TO 20			1 2 GO TO 20		
03	1 2 8 GO TO 14		1 2 8 GO TO 16		1 2 GO TO 20			1 2 GO TO 20		
04	1 2 8 GO TO 14		1 2 8 GO TO 16		1 2 GO TO 20			1 2 GO TO 20		
05	1 2 8 GO TO 14		1 2 8 GO TO 16		1 2 GO TO 20			1 2 GO TO 20		

CODES FOR Qs. 17 AND 19: EDUCATION

LEVEL
0 = EARLY CHILDHOOD EDUCATION PROGRAM
1 = PRIMARY
2 = SECONDARY
3 = TECHNICAL/VOCATIONAL

GRADE
00 = LESS THAN 1 YEAR COMPLETED (USE '00' FOR Q. 17 ONLY. THIS CODE IS NOT ALLOWED FOR Q. 19.)

HOUSEHOLD SCHEDULE

							IF AGE 15 OR OLDER			
LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	MORE PEOPLE	MARITAL STATUS	ELIGIBILITY		
1	**2**	**3**	**4**	**5**	**6**	**7**	**7-1**	**8**	**9**	**10**	**11**
	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. RECORD THE FIRST NAME OF THE HEAD OF THE HOUSEHOLD AFTER LISTING THE NAMES AND RECORDING THE RELATIONSHIP, SEX, RESIDENCE, AND AGE FOR EACH PERSON, ASK QUESTIONS 7A-7C TO BE SURE THAT THE LISTING IS COMPLETE. THEN ASK APPROPRIATE QUESTIONS IN COLUMNS 8-20 FOR EACH PERSON.	ENTER 1 FOR HEAD OF HOUSEHOLD SEE CODES BELOW.	Is (FULL NAME) male or female?	Does (FULL NAME) usually live here?	Did (FULL NAME) stay here last night?	How old is (FULL NAME)? IF 95 OR MORE, RECORD '95'	Are there any other persons living in this household?	What is (FIRST NAME)'s current marital status? 1 = MARRIED OR LIVING TOGETHER 2 = DIVORCED/ SEPARATED 3 = WIDOWED 4 = NEVER-MARRIED AND NEVER LIVED TOGETHER	CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49	**IF HOUSE-HOLD SELEC-TED FOR MAN'S SURVEY** CIRCLE LINE NUMBER OF ALL MEN AGE 15-59	**IF HOUSE-HOLD SELEC-TED FOR MAN'S SURVEY** CIRCLE LINE NUMBER OF ALL CHILDREN AGE 0-5
listed?				YES ☐ → ADD TO TABLE		NO ☐ → GO TO 8		06 = PARENT		98 = DON'T KNOW	

HOUSEHOLD SCHEDULE

	IF AGE 0-17 YEARS				IF AGE 4 YEARS OR OLDER			IF AGE 4-24 YEARS		IF AGE 0-4 YEARS
LINE NO.	SURVIVORSHIP AND RESIDENCE OF BIOLOGICAL PARENTS				EVER ATTENDED SCHOOL			CURRENT/RECENT SCHOOL ATTENDANCE		BIRTH REGISTRATION
	12	**13**	**14**	**15**	**16**	**17A**	**17B**	**18**	**19**	**20**
	Is (FIRST NAME)'s biological mother alive?	Does (FIRST NAME)'s biological mother usually live in this household or was she a guest last night? IF YES: What is her name? RECORD MOTHER'S LINE NUMBER IF NO: RECORD '00'	Is (FIRST NAME)'s biological father alive?	Does (FIRST NAME)'s biological 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 (FIRST NAME) ever attended school or any early childhood education program?	What is the highest level of school (FIRST NAME) has attended? SEE CODES BELOW.	What is the highest grade (FIRST NAME) completed at that level? SEE CODES BELOW. 4 = HIGHER 8 = DON'T KNOW	Did (FIRST NAME) attend school or any early childhood education program at any time during the 2016/17 E.C school year? (4)	During this school year, what level is (FIRST NAME) attending? SEE CODES BELOW. 98 = DON'T KNOW	Does (FIRST NAME) have a birth certificate from civil authority? IF NO, PROBE: Has (FIRST NAME)'s birth ever been registered with the civil authority? 1 = HAS CERTIFICATE 2 = REGISTERED 3 = NEITHER 8 = DON'T KNOW

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	What is the main source of drinking water for members of your household?	**PIPED WATER** PIPED INTO DWELLING . . . . . 11 PIPED TO YARD/PLOT . . . . . 12 PIPED TO NEIGHBOR . . . . . 13 PUBLIC TAP/STANDPIPE . . . . . 14 TUBE WELL OR 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/DAM/ LAKE/POND/STREAM/CANAL/ IRRIGATION CHANNEL) . . . . . 81 BOTTLED WATER . . . . . 91 LARGE BOTTLE . . . . . 93 OTHER _____ 96 (SPECIFY)	→ 106 → 103 → 103
102	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 PIPED TO NEIGHBOR . . . . . 13 PUBLIC TAP/STANDPIPE . . . . . 14 TUBE WELL OR 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/DAM/ LAKE/POND/STREAM/CANAL/ IRRIGATION CHANNEL) . . . . . 81 OTHER _____ 96 (SPECIFY)	→ 106
103	Where is that water source located?	IN OWN DWELLING . . . . . 1 IN OWN YARD/PLOT . . . . . 2 ELSEWHERE 3	→ 106
104	How long does it take to go there, get water, and come back?	MINUTES . . . . . ☐☐☐ DON'T KNOW 998	
105	Who usually goes to this source to collect the water for your household? RECORD THE PERSON'S NAME AND LINE NUMBER FROM THE HOUSEHOLD SCHEDULE. IF THE PERSON IS NOT LISTED IN THE HOUSEHOLD ROSTER, RECORD '00'.	NAME _____ LINE NUMBER . . . . . ☐☐	
106	In the last month, has there been any time when your household did not have sufficient quantities of drinking water when needed?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
107	Do you do anything to the water to make it safer to drink?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 109

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
108	What do you usually do to make the water safer to drink? Anything else? RECORD ALL MENTIONED.	BOIL . . . . . A ADD BLEACH/CHLORINE . . . . . B STRAIN THROUGH A CLOTH . . . . . C USE WATER FILTER (CERAMIC/ SAND/COMPOSITE/ETC) . . . . . D SOLAR DISINFECTION . . . . . E LET IT STAND AND SETTLE . . . . . F OTHER _____ X (SPECIFY) DON'T KNOW . . . . . Z	
109	What kind of toilet facility do members of your household usually use? IF NOT POSSIBLE TO DETERMINE, ASK PERMISSION TO OBSERVE THE FACILITY.	**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 . . . . . 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)	→ 117
110	Do you share this toilet facility with other households?	YES . . . . . 1 NO 2	→ 112
111	Including your own household, how many households use this toilet facility?	NO. OF HOUSEHOLDS IF LESS THAN 10 . . . . . 0 ☐ 10 OR MORE HOUSEHOLDS . . . . . 95 DON'T KNOW 98	
112	Where is this toilet facility located?	IN OWN DWELLING . . . . . 1 IN OWN YARD/PLOT . . . . . 2 ELSEWHERE 3	
113	CHECK 109: CODES 12, 13, 21, 22, 23, OR 31 CIRCLED ☐	OTHER ☐	→ 117
114	CHECK 109: CODE 12 ☐ / CODE 13, 21, 22, OR 23 ☐ / CODE 31 ☐ a) Has your septic tank ever been emptied? b) Has your pit latrine ever been emptied? c) Has your composting toilet ever been emptied?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 117
115	CHECK 109: CODE 12 ☐ / CODE 13, 21, 22, OR 23 ☐ / CODE 31 ☐ a) The last time the septic tank was emptied, was it emptied by a service provider? b) The last time the pit latrine was emptied, was it emptied by a service provider? c) The last time the composting toilet was emptied, was it emptied by a service provider?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
116	Where were the contents emptied to?	A TREATMENT PLANT . . . . . 1 BURIED IN A COVERED PIT . . . . . 2 UNCOVERED PIT/BUSH/FIELD/OPEN GROUND 3 SURFACE WATER (RIVER/DAM/ LAKE/POND/STREAM/CANAL/ IRRIGATION CHANNEL) . . . . . 4 OTHER _____ 6 (SPECIFY) DON'T KNOW 8	
117	In your household, what type of cookstove is mainly used for cooking?	ELECTRIC STOVE . . . . . 01 SOLAR COOKER . . . . . 02 LIQUEFIED PETROLEUM GAS (LPG)/ COOKING GAS STOVE . . . . . 03 BIOGAS STOVE . . . . . 05 LIQUID FUEL STOVE . . . . . 06 MANUFACTURED SOLID FUEL STOVE . . . . . 07 TRADITIONAL SOLID FUEL STOVE . . . . . 08 THREE STONE STOVE/OPEN FIRE . . . . . 09 NO FOOD COOKED IN HOUSEHOLD . . . . . 95 OTHER _____ 96 (SPECIFY)	→ 121 → 120 → 120 → 123 → 120
118	Does the stove have a chimney?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
120	What type of fuel or energy source is used in this cookstove?	ALCOHOL/ETHANOL . . . . . 01 GASOLINE/DIESEL . . . . . 02 KEROSENE/PARAFFIN . . . . . 03 CHARCOAL . . . . . 05 WOOD . . . . . 06 STRAW/SHRUBS/GRASS . . . . . 07 AGRICULTURAL CROP RESIDUAL . . . . . 08 ANIMAL DUNG/WASTE . . . . . 09 PROCESSED BIOMASS (PELLETS) OR WOODCHI 10 GARBAGE/PLASTIC . . . . . 11 SAWDUST . . . . . 12 OTHER _____ 96 (SPECIFY)	
121	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)	→ 123
122	Do you have a separate room which is used as a kitchen?	YES . . . . . 1 NO 2	
123	What does this household use to heat the home when needed? IF THE RESPONDENT SAYS ELECTRICITY OR GAS, ASK: What type of heater is the (electricity/gas) used in?	CENTRAL HEATING . . . . . 01 MANUFACTURED SPACE HEATER . . . . . 02 TRADITIONAL SPACE HEATER . . . . . 03 MANUFACTURED COOKSTOVE . . . . . 04 TRADITIONAL COOKSTOVE . . . . . 05 THREE STONE STOVE/OPEN FIRE . . . . . 06 NO SPACE HEATING IN HOUSEHOLD/NO NEED . . . . . 95 OTHER _____ 96 (SPECIFY)	→ 125 → 125 → 126 → 125
124	Does it have a chimney?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
125	What type of fuel or energy source is used in this heater?	ELECTRICITY . . . . . 01 SOLAR AIR HEATER . . . . . 03 LIQUEFIED PETROLEUM GAS (LPG)/COOKING G/ 04 BIOGAS . . . . . 05 ALCOHOL/ETHANOL . . . . . 06 GASOLINE/DIESEL . . . . . 07 KEROSENE/PARAFFIN . . . . . 08 CHARCOAL . . . . . 10 WOOD . . . . . 11 STRAW/SHRUBS/GRASS . . . . . 12 AGRICULTURAL CROP RESIDUAL . . . . . 13 ANIMAL DUNG/WASTE . . . . . 14 PROCESSED BIOMASS (PELLETS) OR WOODCHI 15 GARBAGE/PLASTIC . . . . . 16 SAWDUST . . . . . 17 OTHER _____ 96 (SPECIFY)	
126	At night, what does your household mainly use to light the home?	ELECTRICITY . . . . . 01 SOLAR LANTERN . . . . . 02 RECHARGEABLE FLASHLIGHT, TORCH OR LANT 03 BATTERY POWERED FLASHLIGHT, TORCH OR LANTERN . . . . . 04 BIOGAS LAMP . . . . . 05 GASOLINE LAMP . . . . . 06 KEROSENE OR PARAFFIN LAMP . . . . . 07 WOOD . . . . . 09 STRAW/SHRUBS/GRASS . . . . . 10 AGRICULTURAL CROP RESIDUAL . . . . . 11 ANIMAL DUNG/WASTE . . . . . 12 OIL LAMP . . . . . 13 CANDLE . . . . . 14 NO LIGHTING IN HOUSEHOLD . . . . . 95 OTHER _____ 96 (SPECIFY)	
127	How many rooms in this household are used for sleeping?	ROOMS	
128	Does this household own any livestock, herds, other farm animals, or poultry?	YES . . . . . 1 NO 2	→ 130
129	How many of the following animals does this household own? IF NONE, RECORD '00'. IF MORE THAN 95, RECORD '95'. IF UNKNOWN, RECORD '98'. a) Milk cows or bulls? b) Other cattle? c) Horses, donkeys, or mules? d) Camels? e) Goats? f) Sheep? g) Chickens or other poultry? h) Beehives with bee?	a) COWS/BULLS . . . . . b) OTHER CATTLE . . . . . c) HORSES/DONKEYS/MULES d) CAMELS . . . . . e) GOATS . . . . . f) SHEEP . . . . . g) CHICKENS/POULTRY h) BEEHIVES	
130	Does any member of this household own any agricultural land?	YES . . . . . 1 NO 2	→ 132

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
131	How many hectares of agricultural land do members of this household own? IF 95 OR MORE, RECORD '950'.	HECTARES . . . . . ☐☐.☐ 95 OR MORE HECTARES . . . . . 950 DON'T KNOW 998	
132	Does your household have:	YES NO	
	a) Electricity?	a) ELECTRICITY 1 2	
	b) A radio?	b) RADIO 1 2	
	c) A television?	c) TELEVISION 1 2	
	d) A non-mobile telephone?	d) NON-MOBILE TELEPHONE . . 1 2	
	e) A computer?	e) COMPUTER 1 2	
	f) A refrigerator?	f) REFRIGERATOR 1 2	
	g) A table?	g) TABLE 1 2	
	h) A chair?	h) CHAIR 1 2	
	i) A bed with cotton/sponge/spring mattress?	i) BED WITH COTTON/SPONGE/ SPRING MATTRESS 1 2	
	j) An electric mitad?	j) ELECTRIC MITAD 1 2	
	k) A kerosene lamp/pressure lamp?	k) KEROSENE LAMP/PRESSURE LAMP 1 2	
	l) A washing machine?	l) WASHING MACHINE 1 2	
	m) A sofa?	m) SOFA 1 2	
133	Does any member of this household own:	YES NO	
	a) A watch?	a) WATCH 1 2	
	b) A mobile phone?	b) MOBILE PHONE 1 2	
	c) A bicycle?	c) BICYCLE 1 2	
	d) A motorcycle or motor scooter?	d) MOTORCYCLE/SCOOTER 1 2	
	e) An animal-drawn cart?	e) ANIMAL-DRAWN CART 1 2	
	f) A car or truck?	f) CAR/TRUCK 1 2	
	g) A boat with a motor?	g) BOAT WITH MOTOR 1 2	
	h) A Bajaj?	h) BAJAJ 1 2	
134	Does any member of this household have an account in a bank or other financial institution?	YES . . . . . 1 NO 2	
135	Does any member of this household use a mobile phone to make financial transactions such as sending or receiving money, paying bills, purchasing goods or services, or receiving wages?	YES . . . . . 1 NO 2	
136	How often does anyone smoke inside your house? Would you say daily, weekly, monthly, less often than once a month, or never?	DAILY . . . . . 1 WEEKLY . . . . . 2 MONTHLY . . . . . 3 LESS OFTEN THAN ONCE A MONTH . . . . . 4 NEVER 5	

ADDITIONAL HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
149	We would like to learn about the places that households use to wash their hands. Can you please show me where members of your household most often wash their hands?	OBSERVED, FIXED PLACE . . . . . 1 OBSERVED, MOBILE . . . . . 2 NOT OBSERVED, NOT IN DWELLING/YARD/PLOT 3 NOT OBSERVED, NO PERMISSION TO SEE . . . . . 4 NOT OBSERVED, OTHER REASON 5	→ 152
150	OBSERVE PRESENCE OF WATER AT THE PLACE FOR HANDWASHING. RECORD OBSERVATION.	WATER IS AVAILABLE . . . . . 1 WATER IS NOT AVAILABLE 2	
151	OBSERVE PRESENCE OF SOAP, DETERGENT, OR OTHER CLEANSING AGENT AT THE PLACE OF HANDWASHING. RECORD OBSERVATION.	SOAP OR DETERGENT (BAR, LIQUID, POWDER, PASTE) . . . . . A ASH, MUD, SAND . . . . . B NONE . . . . . Y	
152	OBSERVE MAIN MATERIAL OF THE FLOOR OF THE DWELLING. RECORD OBSERVATION.	**NATURAL FLOOR** EARTH/SAND . . . . . 11 DUNG . . . . . 12 **RUDIMENTARY FLOOR** WOOD PLANKS . . . . . 21 PALM/BAMBOO . . . . . 22 **FINISHED FLOOR** PARQUET OR POLISHED WOOD . . . . . 31 CERAMIC TILES . . . . . 33 CEMENT . . . . . 34 CARPET . . . . . 35 OTHER _____ 96 (SPECIFY)	
153	OBSERVE MAIN MATERIAL OF THE ROOF OF THE DWELLING. RECORD OBSERVATION.	**NATURAL ROOFING** NO ROOF . . . . . 11 THATCH/PALM LEAF . . . . . 12 SOD . . . . . 13 **RUDIMENTARY ROOFING** RUSTIC MAT . . . . . 21 PALM/BAMBOO . . . . . 22 WOOD PLANKS . . . . . 23 CARDBOARD . . . . . 24 **FINISHED ROOFING** METAL . . . . . 31 WOOD . . . . . 32 CALAMINE/CEMENT FIBER . . . . . 33 CERAMIC TILES . . . . . 34 CEMENT . . . . . 35 ROOFING SHINGLES . . . . . 36 OTHER _____ 96 (SPECIFY)	

ADDITIONAL HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
154	OBSERVE MAIN MATERIAL OF THE EXTERIOR WALLS OF THE DWELLING. RECORD OBSERVATION.	**NATURAL WALLS** NO WALLS . . . . . 11 CANE/PALM/TRUNKS . . . . . 12 DIRT . . . . . 13 **RUDIMENTARY WALLS** BAMBOO 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)	
155	I would like to check whether the salt used in your household is iodized. May I have a sample of the salt used to cook meals in your household? TEST SALT FOR IODINE.	**SALT TESTED** IODINE PRESENT . . . . . 1 NO IODINE . . . . . 2 **SALT NOT TESTED** HOUSEHOLD USES SALT BUT THERE IS NO SALT IN THE HOUSEHOLD . . . . . 3 HOUSEHOLD DOES NOT USE SALT . . . . . 4 SALT NOT TESTED _____ 6 (SPECIFY REASON)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
A01	Now I would like to ask you about road traffic accidents that anyone in your household may have been involved in. During the past 12 months, was anyone in your household killed in a road traffic accident, or injured in a road traffic accident with injuries severe enough that for at least one day they could not carry out their normal daily activities?	YES . . . . . 1 NO 2	→ A17
A02	What is the name of the first person killed or injured in a road traffic accident? ENTER THE NAME OF EACH PERSON KILLED OR INJURED IN A03, STARTING WITH THE NAME THE RESPONDENT MENTIONS FIRST.		
A03	ENTER THE NAME OF THE PERSON KILLED OR INJURED:	NAME _____	
A04	Was (NAME IN AI2) in a car, truck, bus, motorcycle, bicycle, another kind of vehicle, train, bajaj, cart, or was (NAME IN AI2) a pedestrian? IF A PERSON HAD MORE THAN ONE ROAD TRAFFIC ACCIDENT, ASK QUESTIONS ABOUT THE MOST RECENT ACCIDENT ONLY. IF A PERSON HAD MORE THAN ONE ROAD TRAFFIC ACCIDENT, ASK QUESTIONS ABOUT THE MOST RECENT ACCIDENT ONLY.	CAR . . . . . 01 TRUCK . . . . . 02 BUS . . . . . 03 MOTORCYCLE . . . . . 04 BICYCLE . . . . . 05 TRAIN . . . . . 06 BAJAJ . . . . . 07 CART . . . . . 08 PEDESTRIAN . . . . . 09 OTHER VEHICLE _____ 96 (SPECIFY) DON'T KNOW 98	
A05	Is (NAME IN AI2) still alive? IF LESS THAN ONE YEAR, RECORD '00'.	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ A10 → A10
A06	Was (NAME IN AI2) male or female?	MALE . . . . . 1 FEMALE 2	
A07	What was (NAME IN AI2)'s age when (NAME IN AI2) IF LESS THAN ONE YEAR, RECORD '00'.	YEARS . . . . . [ ][ ] DON'T KNOW 98	
A08	Was (NAME IN AI2)'s death related to the road traffic accident?	YES . . . . . 1 NO 2	→ A16
A09	What kind of injuries did (NAME IN AI2) have as a result of the accident? RECORD ALL MENTIONED.	CUT/OPEN WOUND . . . . . A BROKEN BONE (FRACTURE) . . . . . B BURN . . . . . C HEAD (BRAIN) INJURY . . . . . D INTERNAL ORGAN INJURY . . . . . E SUFFOCATION . . . . . F OTHER _____ X (SPECIFY) DON'T KNOW . . . . . Z	→ A16

NO.	NAME OF PERSON KILLED OR INJURED.	NAME _____	
A10	RECORD HOUSEHOLD LINE NUMBER FROM COLUMN 1. CIRCLE '00' IF PERSON NOT LISTED IN HOUSEHOLD.	LINE NUMBER . . . . . ☐☐ NOT IN HOUSEHOLD 00	→ A13
A11	Is (NAME IN AI2) male or female?	MALE . . . . . 1 FEMALE 2	
A12	How old is (NAME IN AI2)? IF LESS THAN ONE YEAR, RECORD '00'.	YEARS . . . . . ☐☐ DON'T KNOW 98	
A13	What kind of injuries did (NAME IN AI2) have as a result of the accident? RECORD ALL MENTIONED.	CUT/OPEN WOUND . . . . . A BROKEN BONE (FRACTURE) . . . . . B BURN . . . . . C HEAD (BRAIN) INJURY . . . . . D INTERNAL ORGAN INJURY . . . . . E SUFFOCATION . . . . . F OTHER _____ X (SPECIFY) DON'T KNOW . . . . . Z	
A14	Does (NAME IN AI2) continue to have any health problems as a result of the road traffic accident?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ A16
A15	In what ways does (NAME IN AI2) continue to have health problems as a result of the road traffic accident? RECORD ALL MENTIONED.	PARALYZED . . . . . A BRAIN DAMAGE . . . . . B DISFIGUREMENT . . . . . C LOSS OF LIMB . . . . . D LOSS OF LIMB FUNCTION . . . . . E LOSS OF EYESIGHT . . . . . F LOSS OF HEARING . . . . . G CHRONIC PAIN . . . . . H EMOTIONAL TRAUMA . . . . . I OTHER _____ X (SPECIFY) DON'T KNOW . . . . . Z	
A16	Was any other member of this household killed or injured in a road traffic accident in the past 12 months?	YES ☐ → (RETURN TO A02 FOR NEXT HOUSEHOLD MEMBER) NO ☐ → A17	

A17	In the last 12 months, was anyone in your household killed or injured in an incident other than a road traffic accident? By injured, I mean that their injuries were severe enough that for at least one day they could not carry out their normal daily activities.	YES . . . . . 1 NO 2	→200
A18	What is the name of the first/next person killed or injured? ENTER THE NAME OF EACH PERSON KILLED OR INJURED IN A19, STARTING WITH THE NAME THE RESPONDENT MENTIONS FIRST.		
A19	ENTER THE NAME OF THE PERSON KILLED OR INJURED:	NAME _____	
A20	In what type of incident was (NAME IN AI19) killed or injured? IF A PERSON HAD MORE THAN ONE INCIDENT, ASK QUESTIONS ABOUT THE MOST RECENT IF A PERSON HAD MORE THAN ONE INCIDENT, ASK QUESTIONS ABOUT THE MOST RECENT INCIDENT ONLY.	FIRE/BURNING . . . . . 01 ANIMAL BITE . . . . . 02 FALL . . . . . 03 DROWNING/NEAR DROWNING . . . . . 04 POISONING . . . . . 05 ELECTRICAL INJURY . . . . . 06 STRUCK BY PERSON/OBJECT . . . . . 07 CUT OR STABBED . . . . . 08 GUNSHOT . . . . . 09 OTHER _____ 96 (SPECIFY) DON'T KNOW 98	
A21	How did the death or injury happen?	ACCIDENTAL . . . . . 1 NATURAL DISASTER . . . . . 2 VIOLENCE/ASSAULT . . . . . 3 SELF-HARM . . . . . 4 CONFILICT . . . . . 5 DON'T KNOW 8	
A22	Is (NAME IN AI19) still alive?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→A27 →A27
A23	Was (NAME IN AI19) male or female?	MALE . . . . . 1 FEMALE 2	
A24	What was (NAME IN AI19)'s age when (NAME IN AI19) IF LESS THAN ONE YEAR, RECORD '00'.	YEARS . . . . . ☐☐ DON'T KNOW 98	
A25	Was (NAME IN AI19)'s death related to this incident?	YES . . . . . 1 NO 2	→A33
A26	What kind of injuries did (NAME IN AI19) have as a result of the incident? RECORD ALL MENTIONED.	CUT/BITE/OPEN WOUND . . . . . A BROKEN BONE (FRACTURE) . . . . . B BURN . . . . . C POISONING . . . . . D HEAD (BRAIN) INJURY . . . . . E INTERNAL ORGAN INJURY . . . . . F SUFFOCATION . . . . . G OTHER _____ X (SPECIFY) DON'T KNOW . . . . . Z	→A33

NO.	NAME OF PERSON KILLED OR INJURED:	NAME _____	
A27	RECORD HOUSEHOLD LINE NUMBER FROM COLUMN 1. CIRCLE '00' IF PERSON NOT LISTED IN HOUSEHOLD.	LINE NUMBER . . . . . ☐☐ NOT IN HOUSEHOLD 00	→ A30
A28	Is (NAME IN AI19) male or female?	MALE . . . . . 1 FEMALE 2	
A29	How old is (NAME IN AI19)? IF LESS THAN ONE YEAR, RECORD '00'.	YEARS . . . . . ☐☐ DON'T KNOW 98	
A30	What kind of injuries did (NAME IN AI19) have as a result of the incident? RECORD ALL MENTIONED.	CUT/BITE/OPEN WOUND . . . . . A BROKEN BONE (FRACTURE) . . . . . B BURN . . . . . C POISONING . . . . . D HEAD (BRAIN) INJURY . . . . . E INTERNAL ORGAN INJURY . . . . . F SUFFOCATION . . . . . G OTHER _____ X (SPECIFY) DON'T KNOW . . . . . Z	
A31	Does (NAME IN AI19) continue to have any health problems as a result of the incident?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ A33
A32	In what ways does (NAME IN AI19) continue to have health problems as a result of the injury? RECORD ALL MENTIONED.	PARALYZED . . . . . A BRAIN DAMAGE . . . . . B DISFIGUREMENT . . . . . C LOSS OF LIMB . . . . . D LOSS OF LIMB FUNCTION . . . . . E LOSS OF EYESIGHT . . . . . F LOSS OF HEARING . . . . . G CHRONIC PAIN . . . . . H EMOTIONAL TRAUMA . . . . . I OTHER _____ X (SPECIFY) DON'T KNOW . . . . . Z	
A33	Was any other member of this household killed or injured in an incident other than a road traffic accident in the past 12 months?	YES ☐ → (RETURN TO A18 FOR NEXT HOUSEHOLD MEMBER) NO ☐ → 200	

INPATIENT HEALTH EXPENDITURES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
200	CHECK COVER PAGE IF THE HH IS SELECTED FOR HOUSEHOLD HEALTH EXPENDITURES: YES ☐ (↓) NO ☐ →		WQ6A
201	CHECK COLUMN 22 IN HOUSEHOLD SCHEDULE: ONE OR MORE INPATIENTS ☐ (↓) NO INPATIENTS ☐ →		301
202	Now I would like to ask some questions about the household members who stayed overnight in a health facility in the last six months.		
203	CHECK COLUMN 22 IN HOUSEHOLD SCHEDULE: ENTER THE NAME FROM COLUMN 2 AND LINE NUMBER FROM COLUMN 1 OF ALL HOUSEHOLD MEMBERS WHO WERE INPATIENTS, STARTING WITH THE FIRST ONE. INPATIENT NAME _____ LINE NUMBER ..... ☐☐		
204	Where did (NAME IN 203) most recently stay overnight for health care?	**PUBLIC SECTOR** GOVERNMENT HOSPITAL ..... 11 GOVERNMENT HEALTH CENTER ..... 12 GOVERNMENT HEALTH POST ..... 13 OTHER PUBLIC SECTOR _____ 16 (SPECIFY) **PRIVATE MEDICAL SECTOR** PRIVATE HOSPITAL ..... 21 PRIVATE CLINIC ..... 22 OTHER PRIVATE MEDICAL SECTOR _____ 26 (SPECIFY) **NGO MEDICAL SECTOR** HEALTH FACILITY 31 OTHER NGO HEALTH FACILITY SECTOR _____ 36 (SPECIFY) OTHER _____ 96 (SPECIFY)	
205	What was the main reason for (NAME IN 203) to seek care this most recent time?	INFECTIOUS PARASITIC DISEASES ..... 01 NUTRITIONAL DEFICIENCIES (SEVERE MALNUTRITION) ..... 02 NON-COMMUNICABLE DISEASES ..... 03 INJURIES AND OTHER CONDITIONS ..... 04 PHYSICAL CHECK-UP (PREVENTION) ..... 05 IMMUNIZATIONS (PREVENTION) ..... 06 FAMILY PLANNING (PREVENTION) ..... 07 PREGENANCY/DELIVERY ..... 08 DENTAL ..... 09 CIRCUMCISION ..... 10 VCT AND OTHER FORMS OF COUNSELLING .. 11 PHYSIOTHERAPY ..... 12 NUTRITION SUPPLEMENTS ..... 13 OTHER _____ 96 (SPECIFY) DON'T KNOW 98	
206	During the most recent overnight stay, did (NAME IN 203) have surgery?	YES ..... 1 NO ..... 2 DON'T KNOW 8	
207	How much money was spent on treatment and services (NAME IN 203) received during the most recent overnight stay? We want to know about all the costs for the stay, including any charges for laboratory tests, drugs, or other items.	COST ..... ☐☐☐☐☐☐ NO COST/FREE ..... 000000 IN KIND ONLY ..... 999995 DON'T KNOW 999998	
208	Did (NAME IN 203) stay overnight at a health facility another time in the last six months?	YES ..... 1 NO 2	→ 220

INPATIENT HEALTH EXPENDITURES

NO.		CODING CATEGORIES	SKIP
	INPATIENT NAME _____	LINE NUMBER	
209	Where did (NAME IN 203) stay the next-to-last time (he/she) stayed overnight for health care?	**PUBLIC SECTOR** GOVERNMENT HOSPITAL . . . . . 11 GOVERNMENT HEALTH CENTER . . . . . 12 GOVERNMENT HEALTH POST . . . . . 13 OTHER PUBLIC SECTOR _____ 16 (SPECIFY) **PRIVATE MEDICAL SECTOR** PRIVATE HOSPITAL . . . . . 21 PRIVATE CLINIC . . . . . 22 OTHER PRIVATE MEDICAL SECTOR _____ 26 (SPECIFY) **NGO MEDICAL SECTOR** HEALTH FACILITY 31 OTHER NGO HEALTH FACILITY SECTOR _____ 36 (SPECIFY) OTHER _____ 96 (SPECIFY)	
210	What was the main reason for (NAME IN 203) to seek care this next-to-last time?	INFECTIOUS PARASITIC DISEASES . . . . . 01 NUTRITIONAL DEFICIENCIES (SEVERE MALNUTRITION) . . . . . 02 NON-COMMUNICABLE DISEASES . . . . . 03 INJURIES AND OTHER CONDITIONS . . . . . 04 PHYSICAL CHECK-UP (PREVENTION) . . . . . 05 IMMUNIZATIONS (PREVENTION) . . . . . 06 FAMILY PLANNING (PREVENTION) . . . . . 07 PREGENANCY/DELIVERY . . . . . 08 DENTAL . . . . . 09 CIRCUMCISION . . . . . 10 VCT AND OTHER FORMS OF COUNSELLING . . 11 PHYSIOTHERAPY . . . . . 12 NUTRITION SUPPLEMENTS . . . . . 13 OTHER _____ 96 (SPECIFY) DON'T KNOW 98	
211	During the next-to-last overnight stay, did (NAME IN 203) have surgery?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
212	How much money was spent on treatment and services (NAME IN 203) received during the next-to-last overnight stay? We want to know about all the costs for the stay, including any charges for laboratory tests, drugs, or other items.	COST . . . . . [ ][ ][ ][ ][ ][ ] NO COST/FREE . . . . . 000000 IN KIND ONLY . . . . . 999995 DON'T KNOW 999998	
213	Besides the two stays you have told me about, did (NAME IN 203) stay overnight in a health facility another time in the last six months?	YES . . . . . 1 NO 2	→ 220

214	Where did (NAME IN 203) stay the second-to-last time (he/she) stayed overnight for health care?	**PUBLIC SECTOR** GOVERNMENT HOSPITAL . . . . . 11 GOVERNMENT HEALTH CENTER . . . . . 12 GOVERNMENT HEALTH POST . . . . . 13 OTHER PUBLIC SECTOR _____ 16 (SPECIFY) **PRIVATE MEDICAL SECTOR** PRIVATE HOSPITAL . . . . . 21 PRIVATE CLINIC . . . . . 22 OTHER PRIVATE MEDICAL SECTOR _____ 26 (SPECIFY) **NGO MEDICAL SECTOR** HEALTH FACILITY 31 OTHER NGO HEALTH FACILITY SECTOR _____ 36 (SPECIFY) OTHER _____ 96 (SPECIFY)	
215	What was the main reason for (NAME IN 203) to seek care this second-to-last time?	INFECTIOUS PARASITIC DISEASES . . . . . 01 NUTRITIONAL DEFICIENCIES (SEVERE MALNUTRITION) . . . . . 02 NON-COMMUNICABLE DISEASES . . . . . 03 INJURIES AND OTHER CONDITIONS . . . . . 04 PHYSICAL CHECK-UP (PREVENTION) . . . . . 05 IMMUNIZATIONS (PREVENTION) . . . . . 06 FAMILY PLANNING (PREVENTION) . . . . . 07 PREGENANCY/DELIVERY . . . . . 08 DENTAL . . . . . 09 CIRCUMCISION . . . . . 10 VCT AND OTHER FORMS OF COUNSELLING . . 11 PHYSIOTHERAPY . . . . . 12 NUTRITION SUPPLEMENTS . . . . . 13 OTHER _____ 96 (SPECIFY) DON'T KNOW 98	
216	During the second-to-last overnight stay, did (NAME IN 203) have surgery?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
217	How much money was spent on treatment and services (NAME IN 203) received during the second-to-last overnight stay? We want to know about all the costs for the stay, including any charges for laboratory tests, drugs, or other items.	COST . . . . . ☐☐☐☐☐☐ NO COST/FREE . . . . . 000000 IN KIND ONLY . . . . . 999995 DON'T KNOW 999998	
218	Besides the three stays you have told me about, did (NAME IN 203) stay overnight in a health facility another time in the last six months?	YES . . . . . 1 NO 2	→ 220
219	In total, how many times did (NAME IN 203) stay overnight in a health facility in the last six months?	NUMBER OF INPATIENT VISITS . . . . . ☐☐ DON'T KNOW 98	
220	Is (NAME IN 203) covered by any health insurance?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 222

SELECTION FOR OUTPATIENT HEALTH EXPENDITURES (PAPER OPTION) [3]

301 CHECK COLUMN 25 IN HOUSEHOLD SCHEDULE:

ONE OR MORE ELIGIBLE OUTPATIENTS ☐ ↓

NO ELIGIBLE OUTPATIENTS ☐ → WQ6A

TABLE FOR SELECTION OF OUTPATIENT WHO PAID FOR CARE THE LAST TIME SOUGHT CARE IN THE LAST FOUR WEEKS

LOOK AT THE LAST DIGIT OF THE HOUSEHOLD QUESTIONNAIRE SERIAL NUMBER ON THE COVER PAGE. THIS IS THE ROW NUMBER YOU SHOULD GO TO. CHECK THE TOTAL NUMBER OF ELIGIBLE OUTPATIENTS (COLUMN 25) IN THE HOUSEHOLD SCHEDULE. THIS IS THE COLUMN NUMBER YOU SHOULD GO TO. FOLLOW THE SELECTED ROW AND COLUMN TO THE CELL WHERE THEY MEET AND CIRCLE THE NUMBER IN THE CELL. THIS IS THE NUMBER OF THE PERSON SELECTED FOR THE OUTPATIENT QUESTIONS FROM THE LIST OF ELIGIBLE OUTPATIENTS IN COLUMN 25 OF THE HOUSEHOLD SCHEDULE. WRITE THE NAME AND LINE NUMBER OF THE SELECTED OUTPATIENT BELOW THE TABLE IN 302.

EXAMPLE: THE HOUSEHOLD QUESTIONNAIRE SERIAL NUMBER IS '716' AND THE HOUSEHOLD SCHEDULE COLUMN 25 SHOWS THAT THERE ARE THREE ELIGIBLE OUTPATIENTS IN THE HOUSEHOLD (LINE NUMBERS 02, 04, AND 05). SINCE THE LAST DIGIT OF THE HOUSEHOLD SERIAL NUMBER IS '6' GO TO ROW '6' AND SINCE THERE ARE THREE ELIGIBLE OUTPATIENTS IN THE HOUSEHOLD, GO TO COLUMN '3'. FOLLOW THE ROW AND COLUMN AND FIND THE NUMBER IN THE CELL WHERE THEY MEET ('2') AND CIRCLE THE NUMBER. NOW GO TO THE HOUSEHOLD SCHEDULE AND FIND THE SECOND OUTPATIENT WHO IS ELIGIBLE FOR THE OUTPATIENT QUESTIONS (LINE NUMBER '04' IN THIS EXAMPLE). WRITE THE NAME AND LINE NUMBER OF THE SELECTED OUTPATIENT IN 302.

LAST DIGIT OF THE HOUSE-HOLD QUESTION-NAIRE SERIAL NUMBER	TOTAL NUMBER OF ELIGIBLE OUTPATIENTS IN HOUSEHOLD SCHEDULE COLUMN 25							
	1	2	3	4	5	6	7	8
0	1	2	2	4	3	6	5	4
1	1	1	3	1	4	1	6	5
2	1	2	1	2	5	2	7	6
3	1	1	2	3	1	3	1	7
4	1	2	3	4	2	4	2	8
5	1	1	1	1	3	5	3	1
6	1	2	2	2	4	6	4	2
7	1	1	3	3	5	1	5	3
8	1	2	1	4	1	2	6	4
9	1	1	2	1	2	3	7	5

302

NAME OF SELECTED OUTPATIENT _____

HH LINE NUMBER OF SELECTED OUTPATIENT ☐☐

OUTPATIENT HEALTH EXPENDITURES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
303	Now I would like to ask some questions about health care that (NAME IN 302) received in the last four weeks, without having to stay overnight. Where did (NAME IN 302) get care most recently without staying overnight?	**PUBLIC SECTOR** GOVERNMENT HOSPITAL . . . . . 11 GOVERNMENT HEALTH CENTER . . . . . 12 GOVERNMENT HEALTH POST . . . . . 13 SATELLITE/MOBILE CLINIC . . . . . 14 OTHER PUBLIC SECTOR _____ 16 (SPECIFY) **PRIVATE MEDICAL SECTOR** PRIVATE HOSPITAL . . . . . 21 PRIVATE CLINIC . . . . . 22 OTHER PRIVATE MEDICAL SECTOR _____ 27 (SPECIFY) **NGO MEDICAL SECTOR** HEALTH FACILITY 31 OTHER NGO HEALTH FACILITY SECTOR _____ 36 (SPECIFY) OTHER SOURCE TRADITIONAL PRACTITIONER . . . . . 42 OTHER _____ 96 (SPECIFY)	
304	How much money was spent on treatment and services (NAME IN 302) received from (NAME OF PROVIDER IN 303)? Please include the consulting fee and any expenses for other items including drugs and tests.	COST [ ][ ][ ][ ][ ][ ] NO COST/FREE . . . . . 000000 IN KIND ONLY . . . . . 999995 DON'T KNOW 999998	
305	What was the main reason for (NAME IN 302) to seek care this most recent time?	INFECTIOUS PARASITIC DISEASES . . . . . 01 NUTRITIONAL DEFICIENCIES (SEVERE MALNUTRITION) . . . . . 02 NON-COMMUNICABLE DISEASES . . . . . 03 INJURIES AND OTHER CONDITIONS . . . . . 04 PHYSICAL CHECK-UP (PREVENTION) . . . . . 05 IMMUNIZATIONS (PREVENTION) . . . . . 06 FAMILY PLANNING (PREVENTION) . . . . . 07 PREGENANCY/DELIVERY . . . . . 08 DENTAL . . . . . 09 CIRCUMCISION . . . . . 10 VCT AND OTHER FORMS OF COUNSELLING . . 11 PHYSIOTHERAPY . . . . . 12 NUTRITION SUPPLEMENTS . . . . . 13 OTHER _____ 96 (SPECIFY) DON'T KNOW 98	
306	Did (NAME IN 302) get care another time in the last four weeks from a health provider, a pharmacy, or a traditional healer, without staying overnight?	YES . . . . . 1 NO 2	→ 309
307	How many other times did (NAME IN 302) get care in the last four weeks?	NUMBER OF OUTPATIENT VISITS . . . . . [ ][ ] DON'T KNOW 98	
308	How many times was money spent?	NUMBER OF OUTPATIENT VISITS PAID MONEY . . . . . [ ][ ] DON'T KNOW 98	

OUTPATIENT HEALTH EXPENDITURES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
309	Is (NAME IN 302) covered by any health insurance?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 311
310	What is (NAME IN 302)'s main type of health insurance?	COMMUNITY-BASED HEALTH INSURANCE . . . . . 1 HEALTH INSURANCE THROUGH EMPLOYER . . . . . 2 OTHER PRIVATELY PURCHASED COMMERCIAL HEALTH INSURANCE . . . . . 4 OTHER _____ (SPECIFY) 6 DON'T KNOW 8	
311	Sometimes people buy vitamins, medicines, and herbal remedies without consulting with a health provider, pharmacy, or traditional healer. They may also buy other health-related items such as band-aids/plasters, thermometers, or other medical devices, and so on without a consultation. In the last four weeks, how much money was spent on these types of health-related items for all the members of your household?	COST [ ][ ][ ][ ][ ][ ] NO COST/FREE . . . . . 000000 IN KIND ONLY . . . . . 999995 DON'T KNOW 999998	

WATER QUALITY TESTING FORM

WQ6A	CHECK COVER PAGE IF THE HH IS SELECTED FOR WATER QAULITY TESTING: YES ☐ NO ☐		WQ32
WQ6	CHECK COVER PAGE IF THE HOUSEHOLD SELECTED FOR BLANK TESTING?	YES . . . . . 1 NO 2	
WQ7	ENTER THE NAME AND LINE NUMBER OF RESPONDENT TO WATER QUALITY TESTING FORM FROM HOUSEHOLD ROSTER NAME _____ LINE NUMBER		
WQ8	IS PERMISSION GIVEN TO TEST WATER?	YES, PERMISSION IS GIVEN . . . . . 1 NO, PERMISSION IS NOT GIVEN 2	→WQ31
WQ10	RECORD THE TIME.	HOURS . . . . . ☐☐ MINUTES . . . . . ☐☐	
WQ11	Could you please provide me with a glass of the water that members of your household usually drink?	YES . . . . . 1 NO 2	→ WQ31
WQ12	RECORD WHETHER THE WATER WAS COLLECTED DIRECTLY FROM THE SOURCE OR FROM A SEPARATE STORAGE CONTAINER. IF POSSIBLE, OBSERVE. NOTE: IF UNABLE TO OBSERVE. DIRECTLY ASK THE HH.	DIRECT FROM SOURCE . . . . . 1 COVERED CONTAINER . . . . . 2 UNCOVERED CONTAINER . . . . . 3 UNABLE TO RECORD 4	
WQ13	LABEL SAMPLE H-XXX-YY, WHERE XXX IS THE CLUSTER NUMBER AND YY IS THE HOUSEHOLD NUMBER.		
WQ14	Have you or any other member of this household done anything to this water to make it safer to drink?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→WQ17
WQ15	What has been done to the water to make it safer to drink?	BOIL . . . . . A ADD BLEACH/CHLORINE . . . . . B STRAIN THROUGH A CLOTH . . . . . C USE WATER FILTER (CERAMIC/ SAND/COMPOSITE/ETC) . . . . . D SOLAR DISINFECTION . . . . . E LET IT STAND AND SETTLE . . . . . F OTHER _____ X (SPECIFY) DON'T KNOW . . . . . Z	

WQ17	What source was this water collected from?	**PIPED WATER** PIPED INTO DWELLING . . . . . 11 PIPED TO YARD/PLOT . . . . . 12 PIPED TO NEIGHBOR . . . . . 13 PUBLIC TAP/STANDPIPE . . . . . 14 TUBE WELL OR 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/DAM/ LAKE/POND/STREAM/CANAL/ IRRIGATION CHANNEL) . . . . . 81 BOTTLED WATER . . . . . 91 LARGE BOTTLE . . . . . 93 OTHER _____ 96 (SPECIFY)	
WQ18	Can you please show me the source of the glass of drinking water so that I can take a sample from there as well?	YES . . . . . 01 NO . . . . . 02 → WQ20	
WQ19	RECORD WHETHER SOURCE WATER SAMPLE COLLECTED. LABEL SAMPLE S-XXX-YY, WHERE XXX IS THE CLUSTER NUMBER AND YY IS THE HOUSEHOLD NUMBER.	SOURCE WATER COLLECTED . . . . . 1 **SOURCE WATER NOT COLLECTED** NO WATER AVAILABLE AT SOURCE . . . . . 2 WATER SOURCE TOO FA . . . . . 3 UNABLE TO ACCESS SOURC . . . . . 4 DO NOT KNOW WHERE THE SOURCE IS LOCATED . . . . . 5 PERMISSION NOT GIVEN TO COLLECT SAMPLE 6	
WQ20	CHECK WQ6: IS THE HOUSEHOLD SELECTED FOR BLANK TESTING? YES ☐ ↓ NO ☐ → WQ22		
WQ21	TAKE OUT THE SAMPLE OF STERILE/MINERAL WATER THAT YOU GOT FROM YOUR SUPERVISOR. LABEL B-XXX-YY, WHERE XXX IS THE CLUSTER NUMBER AND YY IS THE HOUSEHOLD NUMBER. RECORD WHETHER THE SAMPLE IS AVAILABLE.	BLANK WATER SAMPLE AVAILABLE . . . . . 1 BLANK WATER SAMPLE NOT AVAILABLE _____ 2 (SPECIFY)	
WQ22	CONDUCT TEST WITHIN 30 MINUTES OF COLLECTING SAMPLE. RECORD THE RESULTS FOLLOWING 24-36 HOURS OF INCUBATION.		
WQ23	RECORD THE TIME.	HOURS . . . . . ☐☐ MINUTES . . . . . ☐☐	

WATER QUALITY TESTING RESULTS

	FOLLOWING 24-36 HOURS OF INCUBATION THE RESULTS FROM THE WATER QUALITY TESTS SHOULD BE RECORDED.		
WQ24	DAY / MONTH / YEAR OF RECORDING TEST RESULTS:	DAY . . . . . [ ][ ] MONTH . . . . . [ ][ ] YEAR . . . . . [ ][ ][ ][ ]	
WQ25	RECORD THE TIME.	HOURS . . . . . [ ][ ] MINUTES . . . . . [ ][ ]	
WQ26	HOUSEHOLD WATER TEST (100ML): RECORD 3-DIGIT COUNT OF COLONIES. IF 101 OR MORE COLONIES ARE COUNTED, RECORD '101' IF IT IS NOT POSSIBLE TO READ RESULTS, RECORD '991' IF THE RESULTS ARE LOST, RECORD '992'	NUMBER OF BLUE COLONIES [ ][ ][ ]	
WQ26A	CHECK WQ19: WAS A SOURCE WATER SAMPLE COLLECTED? YES ☐ ↓ NO OR BLANK ☐ → WQ28		
WQ27	SOURCE WATER TEST (100ML):	NUMBER OF BLUE COLONIES [ ][ ][ ]	
WQ28	CHECK WQ21: WAS A BLANK WATER SAMPLE AVAILABLE? YES ☐ ↓ NO OR BLANK ☐ → WQ31		
WQ29	BLANK WATER TEST (100ML):	NUMBER OF BLUE COLONIES [ ][ ][ ]	
WQ31	RESULT OF WATER QUALITY TESTING FORM DISCUSS ANY RESULT NOT COMPLETED WITH SUPERVISOR	COMPLETED . . . . . 01 PERMISSION NOT GIVEN . . . . . 02 GLASS OF WATER NOT GIVEN . . . . . 03 PARTLY COMPLETED . . . . . 04 OTHER _____ 96 (SPECIFY)	
WQ32	RECORD THE TIME.	HOURS . . . . . [ ][ ] MINUTES . . . . . [ ][ ]	

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT INTERVIEW:

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

SUPERVISOR'S OBSERVATIONS

FORMATTING DATE: 11 April 2024
ENGLISH LANGUAGE: 14 Feb 2023

DEMOGRAPHIC AND HEALTH SURVEYS
WOMAN'S QUESTIONNAIRE

ETHIOPIA
ETHIOPIA STATISTICAL SERVICE (ESS)

IDENTIFICATION

PLACE NAME _____

NAME OF HOUSEHOLD HEAD _____

CLUSTER NUMBER . . . . . [ ][ ][ ][ ]

HOUSEHOLD NUMBER . . . . . [ ][ ][ ][ ]

NAME AND LINE NUMBER OF WOMAN _____ [ ][ ]

CHECK COVER PAGE OF HOUSEHOLD QUESTIONNAIRE: HOUSEHOLD SELECTED FOR DV MODULE? (1=YES, 2=NO) . . . . . [ ]

CHECK HOUSEHOLD QUESTIONNAIRE DVH01: WOMAN SELECTED FOR DV MODULE? (1=YES, 2=NO) . . . . . [ ]

INTERVIEWER VISITS

	1	2	3	FINAL VISIT
DATE	_____	_____	_____	DAY [ ][ ]
				MONTH [ ][ ]
				YEAR [ ][ ][ ][ ]
INTERVIEWER'S NAME	_____	_____	_____	INT. NO. [ ][ ][ ][ ]
RESULT*	_____	_____	_____	RESULT* [ ]
NEXT VISIT: DATE	_____	_____		TOTAL NUMBER OF VISITS [ ]
TIME	_____	_____		

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

LANGUAGE OF QUESTIONNAIRE** [0][1] LANGUAGE OF INTERVIEW** [ ][ ] NATIVE LANGUAGE OF RESPONDENT** [ ][ ] TRANSLATOR USED (YES = 1, NO = 2) [ ]

LANGUAGE OF QUESTIONNAIRE** **ENGLISH**

**LANGUAGE CODES:
01 ENGLISH; 02 AMHARIGNA; 03 AFAN OROMO; 04 TIGIRIGNA; 05 SOMALIGNA; 06 AFARIGNA; 07 SIDAMIGNA

TEAM	TEAM SUPERVISOR		CAPI SUPERVISOR	
[ ][ ]	_____	[ ][ ][ ][ ]	_____	[ ][ ][ ][ ]
NUMBER	NAME	NUMBER	NAME	NUMBER

INTRODUCTION AND CONSENT

Hello. My name is _____. I am working with Ethiopian Statistical Service. We are conducting a survey about health and other topics all over Ethiopia. The information we collect will help the government to plan health services. Your household was selected for the survey. The questions usually take 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.

In case you need more information about the survey, you may contact the person listed on the card that has already been given to your household.

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

SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE TIME.	HOURS . . . . . ☐☐ MINUTES . . . . . ☐☐	
102	What Region/Zone/Wereda/Town/ were you born in?	REGION CODE ☐☐ ZONE/SUB CITY CODE ☐☐ WEREDA/TOWN CODE ☐☐ OUTSIDE OF COUNTRY 96	→ 104
103	What country were you born in?	COUNTRY _____ ☐☐	
104	How long have you been living continuously in (NAME OF CURRENT CITY, TOWN OR VILLAGE OF RESIDENCE)? IF LESS THAN ONE YEAR, RECORD '00' YEARS.	YEARS . . . . . ☐☐ SINCE BIRTH . . . . . 95 VISITOR 96	→ 110
105	CHECK 104: 00 - 04 YEARS ☐ ↓ 05 YEARS OR MORE ☐ →		→ 107
106	In what month and year did you move here?	MONTH . . . . . ☐☐ DON'T KNOW MONTH . . . . . 98 YEAR . . . . . ☐☐☐☐ DON'T KNOW YEAR 9998	
107	Just before you moved here, which Region/Zone/Wereda/Town/ did you live in?	REGION CODE ☐☐ ZONE/SUB CITY CODE ☐☐ WEREDA/TOWN CODE ☐☐ OUTSIDE OF COUNTRY 96	
108	Just before you moved here, did you live in a city, in a town, or in a rural area?	CITY/TOWN . . . . . 1 RURAL AREA 2	

SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
109	Why did you move to this place?	EMPLOYMENT . . . . . 01 EDUCATION/TRAINING . . . . . 02 MARRIAGE FORMATION . . . . . 03 FAMILY REUNIFICATION/OTHER FAMILY-RELATED REASON . . . . . 04 CONFLICT . . . . . 05 DROUGHT/NATURAL HAZARD . . . . . 06 HEALTH RELATED . . . . . 07 OTHER _____ 96 (SPECIFY)	
110	In what month and year were you born?	MONTH . . . . . ☐☐ DON'T KNOW MONTH . . . . . 98 YEAR . . . . . ☐☐☐☐ DON'T KNOW YEAR 9998	
111	How old were you at your last birthday? COMPARE AND CORRECT 110 AND/OR 111 IF INCONSISTENT.	AGE IN COMPLETED YEARS . . . . . ☐☐	
112	In general, would you say your health is very good, good, moderate, bad, or very bad?	VERY GOOD . . . . . 1 GOOD . . . . . 2 MODERATE . . . . . 3 BAD . . . . . 4 VERY BAD 5	
113	Have you ever attended school?	YES . . . . . 1 NO 2	→ 117
114	What is the highest level of school you attended: primary, secondary, technical/vocational or higher?	PRIMARY . . . . . 1 SECONDARY . . . . . 2 TECHNICAL/VOCATIONAL 3 HIGHER 4	
115	What is the highest GRADE/YEAR you completed at that level? IF COMPLETED LESS THAN ONE YEAR AT THAT LEVEL, RECORD '00'.	GRADE/YEAR . . . . . ☐☐	
116	CHECK 114: PRIMARY OR SECONDARY ☐ ↓ TECHNICAL/VOCATIONAL OR HIGHER ☐ →		119
117	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 PART OF THE SENTENCE . . . . . 2 ABLE TO READ WHOLE SENTENCE . . . . . 3 NO CARD WITH REQUIRED LANGUAGE _____ 4 (SPECIFY LANGUAGE) BLIND/VISUALLY IMPAIRED 5	
118	CHECK 117: CODE '2', '3' OR '4' CIRCLED ☐ ↓ CODE '1' OR '5' CIRCLED ☐ →		120
119	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	

SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
120	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	
121	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	
122	Do you own a mobile phone?	YES . . . . . 1 NO 2	→ 127
123	Is your mobile phone a smart phone?	YES . . . . . 1 NO 2	
127	Have you ever used the Internet from any location on any device?	YES . . . . . 1 NO 2	→ 130
128	In the last 12 months, have you used the Internet? IF NECESSARY, PROBE FOR USE FROM ANY LOCATION, WITH ANY DEVICE.	YES . . . . . 1 NO 2	→ 130
129	During the last one month, how often did you use the Internet: almost every day, at least once a week, less than once a week, or not at all?	ALMOST EVERY DAY . . . . . 1 AT LEAST ONCE A WEEK . . . . . 2 LESS THAN ONCE A WEEK . . . . . 3 NOT AT ALL 4	
130	What is your religion?	ORTHODOX . . . . . 01 CATHOLIC . . . . . 02 PROTESTANT . . . . . 03 MUSLIM . . . . . 04 TRADITIONAL . . . . . 05 OTHER _____ 96 (SPECIFY)	

SECTION 2. REPRODUCTION

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	a) How many sons live with you? IF NONE, RECORD '00'. b) And how many daughters live with you? IF NONE, RECORD '00'.	a) SONS AT HOME . . . . . ☐☐ b) 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	a) How many sons are alive but do not live with you? IF NONE, RECORD '00'. b) And how many daughters are alive but do not live with you? IF NONE, RECORD '00'.	a) SONS ELSEWHERE . . . . . ☐☐ b) 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, who made any movement, sound, or effort to breathe, or who showed any other signs of life even if for a very short time?	YES . . . . . 1 NO 2	→ 208
207	a) How many boys have died? IF NONE, RECORD '00'. b) And how many girls have died? IF NONE, RECORD '00'.	a) BOYS DEAD . . . . . ☐☐ b) GIRLS DEAD . . . . . ☐☐	
208	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL LIVE BIRTHS . . . . . ☐☐	
209	Just to make sure that I have this right: you have had in total {NUMBER OF BIRTHS} births during your life. Is that correct? YES ☐ ↓ NO ☐ → PROBE AND CORRECT 201-208 AS NECESSARY		
210	Women sometimes have a pregnancy that does not result in a live birth. For example, a pregnancy can end in a miscarriage, an abortion, or the child can be born dead. Have you ever had a pregnancy that did not end in a live birth?	YES . . . . . 1 NO 2	→ 212
211	How many miscarriages, abortions, and stillbirths have you had?	PREGNANCY LOSSES . . . . . ☐☐	
212	SUM ANSWERS TO 208 AND 211 AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL PREGNANCY OUTCOMES . . ☐☐	
213	CHECK 212: ONE OR MORE PAST PREGNANCIES ☐ ↓ NO PAST PREGNANCIES ☐ →		→ 232

214 Now I would like to record all your pregnancies including live births, stillbirths, miscarriages, and abortions, starting with your first pregnancy.

RECORD ALL PREGNANCIES. RECORD TWINS AND TRIPLETS ON SEPARATE LINES.

PREGNANCY HISTORY LINE NUMBER	215	216	217	218	219	220	221	222
	IF ROW=01: Think back to your first pregnancy. Was that a single pregnancy, twins, or triplets? IF ROW>01: Think back to your next pregnancy. Was that a single pregnancy, twins, or triplets?	IF 215=SING: Was the baby born alive, born dead, or did you have a miscarriage or abortion? IF 215>1: FIRST OF MULT. Was the first baby in this pregnancy born alive or born dead? NEXT MULT. Was the next baby in this pregnancy born alive or born dead?	Did the baby cry, move, or breathe?	What name was given to the baby? RECORD NAME.	Is {NAME IN 218} a boy or a girl?	CHECK 216 AND 217: TYPE OF PREGNANCY OUTCOME. NOTE: IF 217=1, THEN PREGNANCY OUTCOME IF BORN ALIVE: On what day, month, and year was {NAME IN 218} born? IF BORN DEAD, MISCARRIAGE, OR ABORTION: On what day, month, and year did this pregnancy end?	How long did this pregnancy last in weeks or months? RECORD IN COMPLETED WEEKS OR MONTHS.	IF ROW=01: Were there any other pregnancies before this pregnancy? IF ROW>01: Were there any other pregnancies between the previous pregnancy and this pregnancy? IF 215>1 AND THIS IS NOT THE FIRST BIRTH OF THE PREGNANCY, SKIP TO 216 IN NEXT ROW.
01	SING ... 1 TWINS 2 TRIP ... 3 QUAD . 4 QUIN ... 5	BORN ALIVE . 1 (SKIP TO 218) BORN DEAD .. 2 MISCARRIAGE 3 (SKIP TO 220) ABORTION 4	YES .... 1 NO ..... 2 (SKIP TO 220)	_____ NAME	BOY .... 1 GIRL ... 2	DAY ☐☐ MONTH ☐☐ ☐☐☐☐ YEAR	WEEKS 1 ☐☐ MONTHS 2 ☐☐	YES ..... 1 (ADD PREGNANCY) NO ..... 2 (NEXT ROW)
02	SING ... 1 TWINS 2 TRIP ... 3 QUAD . 4 QUIN ... 5	BORN ALIVE . 1 (SKIP TO 218) BORN DEAD .. 2 MISCARRIAGE 3 (SKIP TO 220) ABORTION 4	YES .... 1 NO ..... 2 (SKIP TO 220)	_____ NAME	BOY .... 1 GIRL ... 2	DAY ☐☐ MONTH ☐☐ ☐☐☐☐ YEAR	WEEKS 1 ☐☐ MONTHS 2 ☐☐	YES ..... 1 (ADD PREGNANCY) NO ..... 2 (NEXT ROW)
03	SING ... 1 TWINS 2 TRIP ... 3 QUAD . 4 QUIN ... 5	BORN ALIVE . 1 (SKIP TO 218) BORN DEAD .. 2 MISCARRIAGE 3 (SKIP TO 220) ABORTION 4	YES .... 1 NO ..... 2 (SKIP TO 220)	_____ NAME	BOY .... 1 GIRL ... 2	DAY ☐☐ MONTH ☐☐ ☐☐☐☐ YEAR	WEEKS 1 ☐☐ MONTHS 2 ☐☐	YES ..... 1 (ADD PREGNANCY) NO ..... 2 (NEXT ROW)

222A	Have you had any pregnancies that ended since the last pregnancy	YES ..... 1 → ADD TO TABLE NO 2
222B	READ THE LIST OF PREGNANCY OUTCOMES IN ORDER TO THE RESPONDENT AND ASK IF THEY ARE ALL THAT SHE HAS EVER HAD, AND IF THEY ARE LISTED IN ORDER STARTING FROM THE FIRST ONE. DOES THE RESPONDENT AGREE? IF NOT, PROBE FOR THE CORRECT INFORMATION AND REVISE THE PREGNANCY HISTORY ACCORDINGLY.	

PREGNANCY HISTORY LINE NUMBER	223	224	225	226	227	228
			IF BORN ALIVE AND STILL LIVING:			IF BORN ALIVE AND NOW DEAD:
	CHECK 216, 217 AND 221: IF 216=1 OR 217=1, THEN PREGNANCY OUTCOME = BORN ALIVE. IF 216=2 OR 3, THEN CHECK 221. IF 221 ≥ 7 MONTHS OR 28 WEEKS, THEN PREGNANCY OUTCOME = BORN DEAD. IF 221 < 7 MONTHS OR 28 WEEKS, FINAL PREGNANCY OUTCOME = MISCARRIAGE. IF 216=4, THEN PREGNANCY OUTCOME =	Is {NAME IN 218} still alive?	IF 219=BOY: How old was {NAME IN 218} at his last birthday? RECORD AGE IN COMPLETE IF 219=GIRL How old was {NAME IN 218} at her last birthday? RECORD AGE IN COMPLETE D YEARS.	Is {NAME IN 218} living with you?	RECORD HOUSEHOLD LINE NUMBER OF CHILD. RECORD '00' IF CHILD NOT LISTED IN HOUSEHOLD.	IF 219=BOY: How old was {NAME IN 218} when he died? IF '12 MONTHS' OR '1 YR', ASK: Did {NAME IN 218} have his first birthday? THEN ASK: Exactly how many months old was {NAME IN 218} when he died? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS. IF 219=GIRL: How old was {NAME IN 218} when she died? IF '12 MONTHS' OR '1 YR', ASK: Did {NAME IN 218} have her first birthday? THEN ASK: Exactly how many months old was {NAME IN 218} when she died? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS.
01	BORN ALIVE ..... 1 1 BORN DEAD ..... 2 MISCARRIAGE . 3 ABORTION 4	YES ..... 1 NO ..... 2 (SKIP TO 228)	AGE IN YEARS ☐☐	YES ..... 1 NO 2	HOUSEHOLD LINE NUMBER ☐☐ (SKIP TO 223 IN NEXT ROW)	DAYS 1 ☐☐ MONTHS 2 ☐☐ YEARS 3 ☐☐ (SKIP TO 223 IN NEXT ROW)
02	BORN ALIVE ..... 1 BORN DEAD ..... 2 MISCARRIAGE . 3 ABORTION 4	YES ..... 1 NO ..... 2 (SKIP TO 228)	AGE IN YEARS ☐☐	YES ..... 1 NO 2	HOUSEHOLD LINE NUMBER ☐☐ (SKIP TO 223 IN NEXT ROW)	DAYS 1 ☐☐ MONTHS 2 ☐☐ YEARS 3 ☐☐ (SKIP TO 223 IN NEXT ROW)
03	BORN ALIVE ..... 1 BORN DEAD ..... 2 MISCARRIAGE . 3 ABORTION 4	YES ..... 1 NO ..... 2 (SKIP TO 228)	AGE IN YEARS ☐☐	YES ..... 1 NO 2	HOUSEHOLD LINE NUMBER ☐☐ (SKIP TO 223 IN NEXT ROW)	DAYS 1 ☐☐ MONTHS 2 ☐☐ YEARS 3 ☐☐ (SKIP TO 223 IN NEXT ROW)

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
230	COMPARE 212 WITH NUMBER OF PREGNANCY OUTCOMES IN PREGNANCY HISTORY NUMBER IN PREGNANCY HISTORY IS GREATER THAN OR EQUAL TO 212 ☐ NUMBER IN PREGNANCY HISTORY IS LESS THAN 212 ☐ (PROBE AND RECONCILE)		
231	**C** FOR EACH LIVE BIRTH IN 2019-2024, 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 LIVE BIRTH, 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.) FOR EACH PREGNANCY THAT DID NOT END IN A LIVE BIRTH IN 2019-2024, ENTER 'T' IN THE CALENDAR IN THE MONTH THAT THE PREGNANCY TERMINATED AND 'P' FOR THE REMAINING NUMBER OF COMPLETED MONTHS OF PREGNANCY. IF DURATION OF PREGNANCY WAS REPORTED IN WEEKS, MULTIPLY THE NUMBER OF WEEKS BY 0.23 TO CONVERT TO THE NUMBER OF MONTHS. ROUND DOWN TO THE NEAREST WHOLE NUMBER TO GET THE NUMBER OF COMPLETED MONTHS.		
232	Are you pregnant now?	YES . . . . . 1 NO . . . . . 2 UNSURE 8	→ 236
233	How many weeks or months pregnant are you? RECORD NUMBER OF COMPLETED WEEKS OR MONTHS. **C** ENTER 'P's IN THE CALENDAR, BEGINNING WITH THE MONTH OF INTERVIEW AND FOR THE TOTAL NUMBER OF COMPLETED MONTHS. IF DURATION OF PREGNANCY WAS REPORTED IN WEEKS, MULTIPLY THE NUMBER OF WEEKS BY 0.23 TO CONVERT TO THE NUMBER OF MONTHS. ROUND DOWN TO THE NEAREST WHOLE NUMBER TO GET THE NUMBER OF COMPLETED MONTHS.	WEEKS . . . . . 1 ☐☐ MONTHS . . . . . 2 ☐☐	
234	When you got pregnant, did you want to get pregnant at that time?	YES . . . . . 1 NO 2	→ 236
235	CHECK 208: TOTAL NUMBER OF LIVE BIRTHS ONE OR MORE ☐ / NONE ☐ a) Did you want to have a baby later on or did you not want any more children? b) Did you want to have a baby later on or did you not want any children?	LATER . . . . . 1 NO MORE/NONE 2	

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
236	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 HYSTERECTOM . . 994 BEFORE LAST PREGNANCY . . . . . 995 NEVER MENSTRUATED 996	→ 240 → 241
237	CHECK 236: WAS THE LAST MENSTRUAL PERIOD WITHIN THE LAST YEAR? YES, WITHIN LAST YEAR ☐ ↓ NO, ONE YEAR OR MORE ☐ →		→ 240
238	During your last menstrual period, what did you use to collect or absorb your menstrual blood? Anything else?	REUSABLE SANITARY PADS . . . . . A DISPOSABLE SANITARY PADS . . . . . B TAMPONS . . . . . C MENSTRUAL CUP . . . . . D CLOTH . . . . . E TOILET PAPER . . . . . F COTTON WOOL . . . . . G UNDERWEAR ONLY . . . . . H OTHER _____ X (SPECIFY) NOTHING . . . . . Y	→ 239
238A	During your last menstrual period, did you have enough menstrual materials to change them as often as you wanted to?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 3	
239	During your last menstrual period, were you able to wash and change in privacy while at home?	YES . . . . . 1 NO . . . . . 2 AWAY FROM HOME DURING LAST MENSTRUAL PERIOD 3	
240	How old were you when you had your first menstrual period?	AGE . . . . . ☐☐ DON'T KNOW 98	
241	From one menstrual period to the next, are there certain days when a woman is more likely to become pregnant?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 243
242	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	
243	After the birth of a child, can a woman become pregnant before her menstrual period has returned?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	

SECTION 3. CONTRACEPTION

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.	
01	Have you heard of Female Sterilization? PROBE: Women can have an operation to avoid having any more children.	YES . . . . . 1 NO 2
02	Have you heard of Male Sterilization? PROBE: Men can have an operation to avoid having any more children.	YES . . . . . 1 NO 2
03	Have you heard of IUD? PROBE: Women can have a loop or coil placed inside them by a doctor or a nurse which can prevent pregnancy for one or more	YES . . . . . 1 NO 2
04	Have you heard of 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	Have you heard of Implants? 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	Have you heard of Pill? PROBE: Women can take a pill every day to avoid becoming pregnant.	YES . . . . . 1 NO 2
07	Have you heard of Condom? PROBE: Men can put a rubber sheath on their penis before sexual intercourse.	YES . . . . . 1 NO 2
08	Have you heard of Female Condom? PROBE: Women can place a sheath in their vagina before sexual intercourse.	YES . . . . . 1 NO 2
09	Have you heard of Emergency Contraception? PROBE: As an emergency measure, within 3 days after they have unprotected sexual intercourse, women can take special pills to prevent pregnancy.	YES . . . . . 1 NO 2
10	Have you heard of Standard Days Method? PROBE: A woman uses a string of colored beads to know the days she can get pregnant. On the days she can get pregnant, she uses a condom or does not have sexual intercourse.	YES . . . . . 1 NO 2
11	Have you heard of Lactational Amenorrhea Method (LAM)? PROBE: Up to 6 months after childbirth, before the menstrual period has returned, women use a method requiring frequent breastfeeding day and night.	YES . . . . . 1 NO 2
12	Have you heard of Rhythm Method? PROBE: To avoid pregnancy, women do not have sexual intercourse on the days of the month they think they can get pregnant.	YES . . . . . 1 NO 2
13	Have you heard of Withdrawal? PROBE: Men can be careful and pull out before climax.	YES . . . . . 1 NO 2
14	Have you heard of any other ways or methods that women or men can use to avoid pregnancy?	YES, MODERN METHOD A _____ (SPECIFY) YES, TRADITIONAL METHOD B _____ (SPECIFY) NO . . . . . Y

SECTION 3. CONTRACEPTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
302	CHECK 232: NOT PREGNANT OR UNSURE ☐↓	PREGNANT ☐ →	→ 317
303	Are you or your partner currently doing something or using any method to delay or avoid getting pregnant?	YES . . . . . 1 NO 2	→ 307
304	Are you or your partner sterilized? IF YES: Who is sterilized, you or your partner?	YES, RESPONDENT STERILIZED ONLY . . . . . 1 YES, PARTNER STERILIZED ONLY . . . . . 2 YES, BOTH STERILIZED . . . . . 3 NO, NEITHER STERILIZED 4	→ 306
305	CHECK 304: RESPONDENT STERILIZED ONLY ☐↓: PROCEED TO 307. CIRCLE CODE 'A' AND FOLLOW THE SKIP INSTRUCTION. PARTNER STERILIZED ONLY ☐↓: PROCEED TO 307. CIRCLE CODE 'B' AND FOLLOW THE SKIP INSTRUCTION. BOTH STERILIZED ☐↓: PROCEED TO 307. CIRCLE CODE 'A' AND CODE 'B' AND FOLLOW THE SKIP INSTRUCTION.		
306	Just to check, are you or your partner doing any of the following to avoid pregnancy: deliberately avoiding sex on certain days, using a condom, using withdrawal or using emergency contraception?	YES . . . . . 1 NO 2	→ 317
307	Which method are you using? RECORD ALL MENTIONED. IF MORE THAN ONE METHOD MENTIONED, FOLLOW SKIP INSTRUCTION FOR HIGHEST METHOD IN LIST. 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 CONDOM . . . . . G FEMALE CONDOM . . . . . H EMERGENCY CONTRACEPTION . . . . . I STANDARD DAYS METHOD . . . . . J LACTATIONAL AMENORRHEA METHOD . . . . . K RHYTHM METHOD . . . . . L WITHDRAWAL . . . . . M OTHER MODERN METHOD . . . . . X OTHER TRADITIONAL METHOD . . . . . Y	A → 312 B C → 314 D E → 314 F → 310 G → 311 H I J K L M X Y → 314
308	Now I'm going to show you two pictures. Please point to the picture that best matches what was used the last time you received your injectable. SHOW IMAGES OF SAYANA PRESS AND REGULAR SYRINGE.	DMPA-SC/SAYANA PRESS . . . . . 1 NEEDLE AND SYRINGE . . . . . 2 DON'T KNOW 8	→ 314
309	The last time you received your injectable, did you inject DMPA-SC/Sayana Press yourself or did a health care provider do it for you?	SELF-INJECTION . . . . . 1 INJECTION GIVEN BY HEALTH CARE PROVIDER 2 DON'T KNOW 8	→ 314
310	What is the brand name of the pills you are using? IF DON'T KNOW THE BRAND, ASK TO SEE THE PACKAGE.	CHOICE . . . . . 01 I PLAN . . . . . 02 STYLE . . . . . 03 MICROGYNON . . . . . 04 OTHER _____ 96 (SPECIFY) DON'T KNOW 98	→ 314

SECTION 3. CONTRACEPTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
311	What is the brand name of the condoms you are using? IF DON'T KNOW THE BRAND, ASK TO SEE THE PACKAGE.	SENSATION . . . . . 01 HIWOT TRUST . . . . . 02 MEMBERS ONLY . . . . . 03 GOLD . . . . . 04 GEANS . . . . . 05 DUREX . . . . . 06 MOODS . . . . . 07 OTHER _____ 96 (SPECIFY) DON'T KNOW 98	→ 314
312	In what facility did the sterilization take place? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD '96' AND WRITE THE NAME OF THE PLACE.	**PUBLIC SECTOR** GOVERNMENT HOSPITAL . . . . . 11 GOVERNMENT HEALTH CENTER . . . . . 12 GOVERNMENT HEALTH POST . . . . . 13 OTHER PUBLIC SECTOR _____ 16 (SPECIFY) **PRIVATE MEDICAL SECTOR** PRIVATE HOSPITAL . . . . . 21 PRIVATE CLINIC . . . . . 22 OTHER PRIVATE MEDICAL SECTOR _____ 26 (SPECIFY) **NGO MEDICAL SECTOR** HEALTH FACILITY . . . . . 31 FAMILY PLANNING CLINIC . . . . . 33 OTHER NGO HEALTH FACILITY _____ 36 (SPECIFY) OTHER _____ 96 (SPECIFY) DON'T KNOW 98	
313	In what month and year was the sterilization performed?	MONTH . . . . . ☐☐ YEAR . . . . . ☐☐☐☐	→ 315
314	Since what month and year have you been using {METHOD} without stopping? PROBE: For how long have you been using {METHOD} now without stopping?	MONTH . . . . . ☐☐ YEAR . . . . . ☐☐☐☐	
315	CHECK 313 AND 314, AND 220: ANY LIVE BIRTH, STILLBIRTH, MISSCARRIAGE OR ABORTION AFTER MONTH AND YEAR OF START OF USE OF CONTRACEPTION IN 313 OR 314? NO ☐ ↓ YES ☐ → GO BACK TO 313 OR 314, PROBE AND RECORD MONTH AND YEAR AT START OF CONTINUOUS USE OF CURRENT METHOD (MUST BE AFTER LAST BIRTH OR PREGNANCY TERMINATION).		

SECTION 3. CONTRACEPTION (CAPI OPTION) **(8)**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
316	CHECK 313 AND 314: YEAR IS 2019-2024 ↓ **C** ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN THE CALENDAR AND IN EACH MONTH BACK TO THE DATE STARTED USING. THEN CONTINUE ↓ YEAR IS 2018 OR EARLIER ↓ **C** ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN THE CALENDAR AND EACH MONTH BACK TO JANUARY 2019 . THEN → (SKIP TO 329)		
317	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 JANUARY 2019. USE NAMES OF CHILDREN, DATES OF BIRTH, AND PERIODS OF PREGNANCY AS REFERENCE POINTS. **C**		
317A	MONTH AND YEAR OF START OF INTERVAL OF USE OR NON-USE.	MONTH . . . . . [ ][ ] YEAR . . . . . [ ][ ][ ][ ]	
317B	Between {EVENT ONE} in {MONTH/YEAR ONE} and {EVENT TWO} in {MONTH/YEAR TWO}, did you or your partner use any method of contraception?	YES . . . . . 1 NO 2	→ 317I
317C	Which method was that?	METHOD CODE . . . . . [ ]	
317D	How many months after {EVENT ONE} in {MONTH/YEAR ONE} did you start to use the {METHOD}? RECORD '95' IF THE RESPONDENT SAYS THE DATE OF STARTING TO USE THE METHOD.	IMMEDIATELY . . . . . 00 MONTHS . . . . . [ ][ ] DATE GIVEN 95	→ 317F
317E	RECORD MONTH AND YEAR RESPONDENT STARTED USING METHOD.	MONTH . . . . . [ ][ ] YEAR . . . . . [ ][ ][ ][ ]	
317F	For how many months did you use the {METHOD} continuously? RECORD '95' IF RESPONDENT GAVE THE DATE OF TERMINATION OF USE	MONTHS . . . . . [ ][ ] DATE GIVEN 95	→ 317H
317G	RECORD MONTH AND YEAR RESPONDENT STOPPED USING METHOD.	MONTH . . . . . [ ][ ] YEAR . . . . . [ ][ ][ ][ ]	
317H	Why did you stop using {METHOD}?	REASON STOPPED . . . . . [ ]	
317I	GO BACK TO 317A FOR NEXT GAP; OR, IF NO MORE GAPS, GO TO 318.		

SECTION 3. CONTRACEPTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
318	Have you used emergency contraception in the last 12 months? That is, have you taken special pills within 3 days after having unprotected sexual intercourse to prevent pregnancy?	YES . . . . . 1 NO 2	
319	CHECK THE CALENDAR FOR USE OF ANY CONTRACEPTIVE METHOD IN ANY MONTH NO METHOD USED ☐ ↓ ANY METHOD USED ☐ →		321
320	Have you ever used anything or tried in any way to delay or avoid getting pregnant?	YES . . . . . 1 NO 2	331
321	CHECK 307: CIRCLE METHOD CODE: IF MORE THAN ONE METHOD CODE CIRCLED IN 307, 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 CONDOM . . . . . 07 FEMALE CONDOM . . . . . 08 EMERGENCY CONTRACEPTION . . . . . 09 STANDARD DAYS METHOD . . . . . 10 LACTATIONAL AMENORRHEA METHOD . . . . . 11 RHYTHM METHOD . . . . . 12 WITHDRAWAL . . . . . 13 OTHER MODERN METHOD . . . . . 95 OTHER TRADITIONAL METHOD 96	331 324 332 332 332
322	You first started using {METHOD} in {DATE FROM 314}. Where did you get it at that time? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD '96' AND WRITE THE NAME OF THE PLACE.	**PUBLIC SECTOR** GOVERNMENT HOSPITAL . . . . . 11 GOVERNMENT HEALTH CENTER . . . . . 12 GOVERNMENT HEALTH POST 13 PUBLIC PHARMACY 14 SATELLITE/MOBILE CLINIC . . . . . 16 OTHER PUBLIC SECTOR _____ 17 (SPECIFY) **PRIVATE MEDICAL SECTOR** PRIVATE HOSPITAL . . . . . 21 PRIVATE CLINIC . . . . . 22 PHARMACY . . . . . 23 OTHER PRIVATE MEDICAL SECTOR _____ 27 (SPECIFY) **NGO MEDICAL SECTOR** HEALTH FACILITY . . . . . 31 FAMILY PLANNING CLINIC . . . . . 33 OTHER NGO HEALTH FACILITY _____ 36 (SPECIFY) **OTHER SOURCE** SHOP . . . . . 41 FRIEND/RELATIVE . . . . . 43 OTHER _____ 96 (SPECIFY)	

SECTION 3. CONTRACEPTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
323	At that time, were you told about side effects or problems you might have with the method?	YES . . . 1 NO . . . 2	→ 325
324	When you got sterilized, were you told about side effects or problems you might have with the method?	YES . . . 1 NO . . . 2	
325	Were you told what to do if you experienced side effects or problems?	YES . . . 1 NO . . . 2	
326	At that time, were you told about other methods of family planning that you could use?	YES . . . 1 NO . . . 2	
327	CHECK 307: CIRCLE METHOD CODE: IF MORE THAN ONE METHOD CODE CIRCLED IN 307, CIRCLE CODE FOR HIGHEST METHOD IN LIST.	FEMALE STERILIZATION . . . 01 IUD . . . 03 INJECTABLES . . . 04 IMPLANTS . . . 05 PILL . . . 06 CONDOM . . . 07 FEMALE CONDOM . . . 08 EMERGENCY CONTRACEPTION . . . 09 STANDARD DAYS METHOD . . . 10 OTHER MODERN METHOD . . . 95	→ 332
328	At that time, were you told that you could switch to another method if you wanted to or needed to?	YES . . . 1 NO . . . 2	→ 330
329	CHECK 307: CIRCLE METHOD CODE: IF MORE THAN ONE METHOD CODE CIRCLED IN 307, CIRCLE CODE FOR HIGHEST METHOD IN LIST.	FEMALE STERILIZATION . . . 01 MALE STERILIZATION . . . 02 IUD . . . 03 INJECTABLES . . . 04 IMPLANTS . . . 05 PILL . . . 06 CONDOM . . . 07 FEMALE CONDOM . . . 08 EMERGENCY CONTRACEPTION . . . 09 STANDARD DAYS METHOD . . . 10 LACTATIONAL AMENORRHEA METHOD . . . 11 RHYTHM METHOD . . . 12 WITHDRAWAL . . . 13 OTHER MODERN METHOD . . . 95 OTHER TRADITIONAL METHOD . . . 96	→ 332 → 332 → 332

SECTION 3. CONTRACEPTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
330	Where did you obtain {METHOD} the last time? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD '96' AND WRITE THE NAME OF THE PLACE.	**PUBLIC SECTOR** GOVERNMENT HOSPITAL . . . . . 11 GOVERNMENT HEALTH CENTER . . . . . 12 GOVERNMENT HEALTH POST . . . . . 13 PUBLIC PHARMACY . . . . . 14 SATELLITE/MOBILE CLINIC 16 17 OTHER PUBLIC SECTOR _____ 18 (SPECIFY) **PRIVATE MEDICAL SECTOR** PRIVATE HOSPITAL . . . . . 21 PRIVATE CLINIC . . . . . 22 PHARMACY . . . . . 23 OTHER PRIVATE MEDICAL SECTOR _____ 27 (SPECIFY) **NGO MEDICAL SECTOR** HEALTH FACILITY . . . . . 31 FAMILY PLANNING CLINIC . . . . . 33 OTHER NGO HEALTH FACILITY _____ 36 (SPECIFY) **OTHER SOURCE** SHOP . . . . . 41 FRIEND/RELATIVE . . . . . 43 OTHER _____ 96 (SPECIFY)	→ 332
331	Do you know of a place where you can obtain a method of family planning?	YES . . . . . 1 NO 2	
332	In the last 12 months, were you visited by a health extension worker?	YES . . . . . 1 NO 2	→ 334
333	Did the health extension worker talk to you about family planning?	YES . . . . . 1 NO 2	
334	CHECK 202: CHILDREN LIVING WITH RESPONDENT YES ↓ a) In the last 12 months, have you visited a health facility for care for yourself or your children? NO ↓ b) In the last 12 months, have you visited a health facility for care for yourself?	YES . . . . . 1 NO 2	→ 401
335	Did any staff member at the health facility speak to you about family planning methods?	YES . . . . . 1 NO 2	

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
401	CHECK 220 AND 225: ONE OR MORE PREGNANCY OUTCOMES 0-35 MONTHS BEFORE THE SURVEY ☐ NO PREGNANCY OUTCOMES 0-35 MONTHS BEFORE ☐ → F1		
402	CHECK 220. LIST THE PREGNANCY HISTORY NUMBER IN 215 FOR EACH PREGNANCY OUTCOME 0-35 MONTHS BEFORE THE SURVEY, STARTING FROM THE LAST ONE. CLASSIFY EACH PREGNANCY OUTCOME BY TYPE USING 223 AND THE ORDER OF OUTCOMES IN THE PREGNANCY HISTORY. **PREGNANCY OUTCOME TYPE** MOST RECENT LIVE BIRTH 1 PRIOR LIVE BIRTH 2 MOST RECENT STILLBIRTH 3 PRIOR STILLBIRTH 4 ABORTION OR MISCARRIAGE 5	PREGNANCY HISTORY NUMBER . . . . . ☐☐ PREGNANCY OUTCOME TYPE . . . . . ☐ PREGNANCY HISTORY NUMBER . . . . . ☐☐ PREGNANCY OUTCOME TYPE . . . . . ☐ PREGNANCY HISTORY NUMBER . . . . . ☐☐ PREGNANCY OUTCOME TYPE . . . . . ☐ PREGNANCY HISTORY NUMBER . . . . . ☐☐ PREGNANCY OUTCOME TYPE . . . . . ☐ PREGNANCY HISTORY NUMBER . . . . . ☐☐ PREGNANCY OUTCOME TYPE . . . . . ☐ PREGNANCY HISTORY NUMBER . . . . . ☐☐ PREGNANCY OUTCOME TYPE . . . . . ☐	
403	Now I would like to ask some questions about your pregnancies in the last 3 years.		
404	PREGNANCY HISTORY NUMBER FROM 402.	PREGNANCY HISTORY NUMBER . . . . . ☐☐	
405	PREGNANCY OUTCOME TYPE FROM 402.	MOST RECENT LIVE BIRTH . . . . . 1 PRIOR LIVE BIRTH . . . . . 2 MOST RECENT STILLBIRTH . . . . . 3 PRIOR STILLBIRTH . . . . . 4 MISCARRIAGE/ABORTION 5	→ 407
406	RECORD DATE PREGNANCY ENDED FROM 220.	DAY . . . . . ☐☐ MONTH . . . . . ☐☐ YEAR . . . . . ☐☐☐☐	→ 408
407	RECORD NAME FROM 218. NAME_____		
408	CHECK 405: PREGNANCY TYPE 1 OR 2 ☐ a) When you got pregnant with {NAME IN 407}, did you want to get pregnant at that time? PREGNANCY TYPE 3, 4, OR 5 ☐ b) When you got pregnant with the pregnancy that ended in {DATE FROM 406}, did you want to get pregnant at that time?	YES . . . . . 1 NO 2	→ 411

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
409	Did you want to have a baby later on, or not at all?	LATER . . . . . 1 NOT AT ALL 2	→ 411
410	How much longer did you want to wait?	MONTHS . . . . . 1 [ ][ ] YEARS . . . . . 2 [ ][ ] DON'T KNOW 998	
411	CHECK 405: PREGNANCY OUTCOME TYPE	MOST RECENT LIVE BIRTH . . . . . 1 PRIOR LIVE BIRTH . . . . . 2 MOST RECENT STILLBIRTH . . . . . 3 PRIOR STILLBIRTH . . . . . 4 ABORTION/MISCARRIAGE 5	→ 434 → 434 → 475
412	Did you see anyone for antenatal care for this pregnancy?	YES . . . . . 1 NO 2	→ 414
413	CHECK 405: PREGNANCY OUTCOME TYPE MOST RECENT LIVE BIRTH (SKIP TO 420) ☐ ←	MOST RECENT STILLBIRTH ☐	→ 426
414	Whom did you see? Anyone else? PROBE TO IDENTIFY EACH TYPE OF PERSON AND RECORD ALL MENTIONED.	**HEALTH PERSONNEL** DOCTOR . . . . . A NURSE . . . . . B MIDWIFE . . . . . C HEALTH OFFICER . . . . . D HEALTH EXTENSION WORKER . . . . . E **OTHER PERSON** TRADITIONAL BIRTH ATTENDANT . . . . . F OTHER _____ X (SPECIFY)	

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
415	Where did you receive antenatal care for this pregnancy? Anywhere else? PROBE TO IDENTIFY TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD 'X' AND WRITE THE NAME OF THE PLACE(S).	**HOME** HER HOME . . . . . A OTHER HOME . . . . . B **PUBLIC SECTOR** GOVERNMENT HOSPITAL . . . . . C GOVERNMENT HEALTH CENTER . . . . . D GOVERNMENT HEALTH POST . . . . . E SATELLITE/MOBILE CLINIC . . . . . F OTHER PUBLIC SECTOR G _____ (SPECIFY) **PRIVATE MEDICAL SECTOR** PRIVATE HOSPITAL . . . . . H PRIVATE CLINIC . . . . . I OTHER PRIVATE MEDICAL SECTOR J _____ (SPECIFY) **NGO MEDICAL SECTOR** HEALTH FACILITY K OTHER NGO HEALTH FACILITY L _____ (SPECIFY) OTHER _____ X (SPECIFY)	
416	How many weeks or months pregnant were you when you first received antenatal care for this pregnancy?	WEEKS . . . . . 1 ☐☐ MONTHS . . . . . 2 ☐☐ DON'T KNOW 998	
417	How many times did you receive antenatal care during this pregnancy?	NUMBER OF TIMES . . . . . ☐☐ DON'T KNOW 98	
417A	CHECK 417: NUMBER OF TIMES ANTENATAL CARE RECEIVED LESS THAN 8 TIMES ☐ ↓ 8 OR MORE TIMES/DK ☐ → 418		
417B	What factors do you think that contributed not to receive eight or more times antenatal care contact during this pregnancy?	QUALITY OF HEALTH CARE . . . . . A TRANSPORT COST . . . . . B WEAK PHYSICAL FITNESS DUE UTERINE GROWTH . . . . . C PARTNER REFUSAL . . . . . D WORK LOAD . . . . . E NO REASON . . . . . F OTHER _____ X (SPECIFY)	
418	As part of your antenatal care during this pregnancy, did a healthcare provider do any of the following:	YES NO DK a) BP . . . . . 1 2 8 b) URINE . . . . . 1 2 8 c) BLOOD . . . . . 1 2 8 d) HEARTBEAT . . . . . 1 2 8 e) FOODS . . . . . 1 2 8 f) BREASTFEED . . . . . 1 2 8 g) BLEEDING . . . . . 1 2 8 h) ULTRASOUND . . . . . 1 2 8 i) WEIGHT GAIN MONITORED 1 2 8	
	a) Measure your blood pressure? b) Take a urine sample? c) Take a blood sample? d) Listen to the baby's heartbeat? e) Talk with you about which foods or how much food you should eat? f) Talk with you about breastfeeding? g) Ask you if you had vaginal bleeding? h) Received one Ultrasound check before 24 weeks of gestation? i) Weight gain monitored during pregnacy?		
418A	During (any of) your antenatal care contacts, were you told about the signs of pregnancy complications or danger sign of pregnancy?	YES . . . . . 1 NO . . . . . 2 → 419	
418B	Which signs of pregnancy complications were you told about?	VAGINAL BLEEDING . . . . . A VAGINAL GUSH OF FLUID . . . . . B SEVERE HEADACHE . . . . . C BLURRED VISION . . . . . D FEVER . . . . . E ABDOMINAL PAIN . . . . . F CONVULSION . . . . . G OTHER _____ X	

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
		(SPECIFY)	

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
419	CHECK 405: PREGNANCY OUTCOME TYPE MOST RECENT LIVE BIRTH ☐ ↓ MOST RECENT STILLBIRTH ☐ → 426		
420	During this pregnancy, were you given an injection in the arm to prevent the baby from getting tetanus after birth?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	☐ → 423
421	During this pregnancy, how many times did you get a tetanus injection?	TIMES . . . . . ☐☐ DON'T KNOW 8	
422	CHECK 421: ONE TIME OR DK ☐ ↓ TWO OR MORE TIMES ☐ → 426		
423	At any time before this pregnancy, did you receive any tetanus injections?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	☐ → 426
424	Before this pregnancy, how many times did you receive a tetanus injection? IF 7 OR MORE TIMES, RECORD '7'.	TIMES . . . . . ☐☐ DON'T KNOW 8	
425	CHECK 424: ONLY ONE ☐ ↓ a) How many years ago did you receive that tetanus injection? MORE THAN ONE TIME ☐ ↓ b) How many years ago did you receive the last tetanus injection prior to this pregnancy?	YEARS AGO . . . . . ☐☐	
426	During this pregnancy, were you given or did you buy any iron (iron folic acid) tablets? SHOW TABLETS	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	☐ → 429

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
427	Where did you get the iron (iron folic acid) tablets? Anywhere else? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD 'X' AND WRITE THE NAME OF THE PLACE(S).	**PUBLIC SECTOR** GOVERNMENT HOSPITAL . . . . . A GOVERNMENT HEALTH CENTER . . . . . B GOVERNMENT HEALTH POST . . . . . C SATELLITE/MOBILE CLINIC . . . . . D OTHER PUBLIC SECTOR F _____ (SPECIFY) **PRIVATE MEDICAL SECTOR** PRIVATE HOSPITAL . . . . . G PRIVATE CLINIC . . . . . H PHARMACY . . . . . I OTHER PRIVATE MEDICAL SECTOR M _____ (SPECIFY) **NGO MEDICAL SECTOR** HEALTH FACILITY . . . . . N OTHER NGO HEALTH FACILITY . . . . . P _____ (SPECIFY) **OTHER SOURCE** SHOP/DRUG VENDOR . . . . . Q MARKET . . . . . R VACCINATION CAMPAIGN . . . . . S OTHER _____ X (SPECIFY)	
428	During the whole pregnancy, for how many days did you take the iron (iron folic acid) tablets? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER OF DAYS.	DAYS . . . . . [ ][ ][ ] DON'T KNOW 998	
429	During this pregnancy, did you take any medicine for intestinal worms?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
430	During this pregnancy, did you receive food or cash assistance through the Productive Safety Net Program (PSNP)?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
433A	Before labor starts (when time to deliver is approaching) women can utilize maternity waiting homes to give birth in a health facility. During this pregnancy did you stay in a maternity waiting home in a health facility 2 weeks before delivery?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 433C
433B	What were the reasons to stay in the maternity waiting homes?	FACILITY DISTANCE . . . . . A INACCESSIBLE TO TRANSPORTATION INCLUDING AMBULANCE SHORTAGE . . . . . B HEWS FORCING . . . . . C OTHER _____ X (SPECIFY)	→ 434
433C	Why didn't you use MWH at the health facility for this pregnancy?	INADEQUATE ROOMS FOR COMPANION . . . . . A NOT THE SAME FOOD AS THE HOUSEHOLD . . . . . B UNAVAILABILITY OF PRIVATE TOILET/SHOWER C PARTNER REFUSAL/FAMILY PREFERENCE NOT TO STAY AT MWHS . . . . . D MY HOME IS NEAR TO THE HEALTH . . . . . E OTHER _____ X (SPECIFY)	
434	CHECK 405: PREGNANCY TYPE 1 OR 2 → a) Who assisted with the delivery of {NAME IN 407}? Anyone else? PROBE FOR THE PREGNANCY TYPE 3 OR 4 → b) Who assisted with the delivery of the stillbirth you had in {DATE FROM 406}? Anyone else?	**HEALTH PERSONNEL** DOCTOR . . . . . A NURSE . . . . . B MIDWIFE . . . . . C HEALTH OFFICER . . . . . D HEALTH EXTENSION WORKER E **OTHER PERSON** TRADITIONAL BIRTH ATTENDANT . . . . . F OTHER _____ X	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	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. / 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	(SPECIFY) NO ONE ASSISTED . . . . . Y	
435	CHECK 405: PREGNANCY TYPE 1 OR 2 / PREGNANCY TYPE 3 OR 4 a) Where did you give birth to {NAME IN 407}? / b) Where did you deliver this stillbirth? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD '96' AND WRITE THE NAME OF THE PLACE. / PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD '96' AND WRITE THE NAME OF THE PLACE.	**HOME** HER HOME . . . . . 11 OTHER HOME . . . . . 12 **PUBLIC SECTOR** GOVERNMENT HOSPITAL . . . . . 21 GOVERNMENT HEALTH CENTER . . . . . 22 GOVERNMENT HEALTH POST . . . . . 23 OTHER PUBLIC SECTOR 26 (SPECIFY) **PRIVATE MEDICAL SECTOR** PRIVATE HOSPITAL . . . . . 31 PRIVATE CLINIC . . . . . 32 OTHER PRIVATE MEDICAL SECTOR 36 (SPECIFY) **NGO MEDICAL SECTOR** HEALTH FACILIT . . . . . 41 OTHER NGO HEALTH FACILITY 46 (SPECIFY) OTHER 96 (SPECIFY)	→ 437 → 437
436	CHECK 405: PREGNANCY TYPE 1 OR 2 / PREGNANCY TYPE 3 OR 4 a) Was {NAME IN 407} delivered by caesarean, that is, did they cut your belly open to take the baby out? / b) Was this stillbirth delivered by caesarean, that is, did they cut your belly open to take the baby out?	YES . . . . . 1 NO 2	

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
437	CHECK 405: PREGNANCY OUTCOME TYPE	MOST RECENT LIVE BIRTH . . . . . 1 PRIOR LIVE BIRTH . . . . . 2 MOST RECENT STILLBIRTH . . . . . 3 PRIOR STILLBIRTH 4	→ 441 → 445 → 487
438	After the birth, was {NAME IN 407} put on your chest?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ NB1
439	Was {NAME IN 407}'s bare skin touching your bare skin?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ NB1
440	How long after birth was {NAME IN 407} put on the bare skin of your chest? PROBE FOR A NUMERIC RESPONSE. IF LESS THAN 1 HOUR, RECORD '00' HOURS; IF 24 HOURS OR MORE, RECORD 24.	IMMEDIATELY . . . . . 00 HOURS . . . . . ☐☐	
NB1	How long after the birth was {NAME IN 407} bathed for the first time? IF LESS THAN 1 HOUR, RECORD '00' HOURS; IF LESS THAN 24 HOURS, RECORD HOURS; OTHERWISE, RECORD DAYS.	IMMEDIATELY . . . . . 000 HOURS . . . . . 1 ☐☐ DAYS . . . . . 2 ☐☐ DON'T KNOW 998	
NB2	CHECK 435: PLACE OF DELIVERY CODE 11, 12, OR 96 CIRCLED ↓ CODE 21 - 46 ☐ → NB6		
NB3	What was used to cut the cord?	RAZOR BLADE . . . . . 1 KNIFE . . . . . 2 SCISSORS . . . . . 3 OTHER _____ 6 (SPECIFY) DON'T KNOW 8	→ NB6
NB4	Was it new or had it ever been used before?	NEW . . . . . 1 USED BEFORE . . . . . 2 DON'T KNOW 8	
NB5	Was it boiled before it was used to cut the cord?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
NB6	From the time the cord was cut till it fell off, was anything applied to the cord?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 441
NB7	What was applied? Anything else?	CHLORHEXIDINE . . . . . A OTHER ANTISEPTIC (ALCOHOL, SPIRIT, GENTIAN VIOLET) . . . . . B ANY TYPE OF OIL C BUTTER . . . . . D ASH . . . . . E OINTMENT . . . . . F ANIMAL DUNG . . . . . G OTHER _____ X (SPECIFY) DON'T KNOW . . . . . Z	

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
CH1	CHECK NB7: SUBSTANCE APPLIED TO CORD CODE 'A' NOT CIRCLED ☐ ↓ CODE 'A' CIRCLED ☐ →		CH3
CH2	Was chlorhexidine applied to the cord at any time? SHOW SAMPLE OF CHLORHEXIDINE.	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 441
CH3	How long after the cord was cut was chlorhexidine first applied? IF LESS THAN 1 HOUR, RECORD '00' HOURS; IF LESS THAN 24 HOURS, RECORD HOURS; OTHERWISE, RECORD DAYS.	HOURS . . . . . 1 ☐☐ DAYS . . . . . 2 ☐☐ DON'T KNOW 998	
CH4	For how many days was chlorhexidine applied to the cord? IF 7 OR MORE DAYS, RECORD '7'.	DAYS . . . . . ☐ DON'T KNOW 8	
441	When {NAME IN 407} was born, was {NAME IN 407} 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	
442	Was {NAME IN 407} weighed at birth?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 444
443	How much did {NAME IN 407} weigh? RECORD WEIGHT IN KILOGRAMS FROM HEALTH CARD, IF AVAILABLE.	KG FROM CARD 1 ☐.☐☐☐ KG FROM RECALL 2 ☐.☐☐☐ DON'T KNOW 99998	
444	CHECK 405: PREGNANCY OUTCOME TYPE MOST RECENT LIVE BIRTH ☐ ↓ PRIOR LIVE BIRTH ☐ →		480
445	CHECK 435: PLACE OF DELIVERY FACILITY BIRTH: ANY CODE 21 THROUGH 46 CIRCLED ☐ ↓ CODE 11, 12, OR 96 CIRCLED ☐ →		464

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
447	CHECK 405: PREGNANCY TYPE 1 ⚑ / PREGNANCY TYPE 3 ⚑ a) How long after {NAME IN 407} was delivered did you stay in the {FACILITY IN 435}? b) For the stillbirth you had in {DATE FROM 406}, how long after the baby was born did you stay in the {FACILITY IN 435}? IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS . . . . . 1 ☐☐ DAYS . . . . . 2 ☐☐ WEEKS . . . . . 3 ☐☐ DON'T KNOW 998	
448	I would like to talk to you about checks on your health after delivery, for example, someone asking you questions about your health or examining you. Before you left the facility, did anyone check on your health?	YES . . . . . 1 NO 2	→ 451
449	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	
450	Who checked on your health at that time? PROBE FOR MOST QUALIFIED PERSON.	**HEALTH PERSONNEL** DOCTOR . . . . . 11 NURSE . . . . . 12 MIDWIFE . . . . . 13 HEALTH OFFICER . . . . . 14 HEALTH EXTENSION WORKER 15 **OTHER PERSON** TRADITIONAL BIRTH ATTENDANT . . . . . 21 OTHER _____ 96 (SPECIFY)	
451	CHECK 405: PREGNANCY OUTCOME TYPE MOST RECENT LIVE BIRTH ⚑ / MOST RECENT STILLBIRTH ☐		→ 455
452	Now I would like to talk to you about checks on {NAME IN 407}'s health -- for example, someone examining {NAME IN 407}, checking the cord, or talking to you about how to care for {NAME IN 407}. Before {NAME IN 407} left the facility, did anyone check on {NAME IN 407}'s health?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 455
453	How long after delivery was {NAME IN 407}'s health first checked? IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS . . . . . 1 ☐☐ DAYS . . . . . 2 ☐☐ WEEKS . . . . . 3 ☐☐ DON'T KNOW 998	

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
454	Who checked on {NAME IN 407}'s health at that time? PROBE FOR MOST QUALIFIED PERSON.	**HEALTH PERSONNEL** DOCTOR . . . . . 11 NURSE . . . . . 12 MIDWIFE . . . . . 13 HEALTH OFFICER . . . . . 14 HEALTH EXTENSION WORKER 15 **OTHER PERSON** TRADITIONAL BIRTH ATTENDANT . . . . . 21 OTHER _____ 96 (SPECIFY)	
455	Now I would like to talk to you about what happened after you left the facility. Did anyone check on your health after you left the facility?	YES . . . . . 1 NO 2	→ 459
456	How long after delivery did that 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	
457	Who checked on your health at that time? PROBE FOR MOST QUALIFIED PERSON.	**HEALTH PERSONNEL** DOCTOR . . . . . 11 NURSE . . . . . 12 MIDWIFE . . . . . 13 HEALTH OFFICER . . . . . 14 HEALTH EXTENSION WORKER 15 **OTHER PERSON** TRADITIONAL BIRTH ATTENDANT . . . . . 21 OTHER _____ 96 (SPECIFY)	
458	Where did the check take place? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD '96' AND WRITE THE NAME OF THE PLACE.	**HOME** HER HOME . . . . . 11 OTHER HOME . . . . . 12 **PUBLIC SECTOR** GOVERNMENT HOSPITAL . . . . . 21 GOVERNMENT HEALTH CENTER . . . . . 22 GOVERNMENT HEALTH POST . . . . . 23 OTHER PUBLIC SECTOR 26 _____ (SPECIFY) **PRIVATE MEDICAL SECTOR** PRIVATE HOSPITAL . . . . . 31 PRIVATE CLINIC . . . . . 32 OTHER PRIVATE MEDICAL SECTOR 36 _____ (SPECIFY) **NGO MEDICAL SECTOR** HEALTH FACILITY . . . . . 41 OTHER NGO HEALTH FACILITY 46 _____ (SPECIFY) OTHER _____ 96 (SPECIFY)	

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
459	CHECK 405: PREGNANCY OUTCOME TYPE MOST RECENT LIVE BIRTH ☐ ↓	MOST RECENT STILLBIRTH ☐ →	→ 474
460	After {NAME IN 407} left the {FACILITY IN 435} did any health care provider or a traditional birth attendant check on {NAME IN 407}'s health?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 473
461	How long after the birth of {NAME IN 407} did that 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	
462	Who checked on {NAME IN 407}'s health at that time? PROBE FOR MOST QUALIFIED PERSON.	**HEALTH PERSONNEL** DOCTOR . . . . . 11 NURSE . . . . . 12 MIDWIFE . . . . . 13 HEALTH OFFICER . . . . . 14 HEALTH EXTENSION WORKER 15 **OTHER PERSON** TRADITIONAL BIRTH ATTENDANT . . . . . 21 OTHER _____ 96 (SPECIFY)	
463	Where did this check of {NAME IN 407} take place? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD '96' AND WRITE THE NAME OF THE PLACE.	**HOME** HER HOME . . . . . 11 OTHER HOME . . . . . 12 **PUBLIC SECTOR** GOVERNMENT HOSPITAL . . . . . 21 GOVERNMENT HEALTH CENTER . . . . . 22 GOVERNMENT HEALTH POST . . . . . 23 OTHER PUBLIC SECTOR 26 _____ (SPECIFY) **PRIVATE MEDICAL SECTOR** PRIVATE HOSPITAL . . . . . 31 PRIVATE CLINIC . . . . . 32 OTHER PRIVATE MEDICAL SECTOR 36 _____ (SPECIFY) **NGO MEDICAL SECTOR** HEALTH FACILIT. . . . . 41 OTHER NGO HEALTH FACILITY 46 _____ (SPECIFY) OTHER _____ 96 (SPECIFY)	→ 473

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
464	CHECK 405: PREGNANCY TYPE 1 → a) I would like to talk to you about checks on your health after delivery, for example, someone asking you questions about your health or examining you. Did anyone check on your health after you gave birth to {NAME IN 407}? PREGNANCY TYPE 3 → b) I would like to talk to you about checks on your health after delivery, for example, someone asking you questions about your health or examining you. Did anyone check on your health after you delivered the stillbirth you had in {DATE FROM 406}?	YES . . . . . 1 NO 2	→ 468
465	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	
466	Who checked on your health at that time? PROBE FOR MOST QUALIFIED PERSON.	**HEALTH PERSONNEL** DOCTOR . . . . . 11 NURSE . . . . . 12 MIDWIFE . . . . . 13 HEALTH OFFICER . . . . . 14 HEALTH EXTENSION WORKER 15 **OTHER PERSON** TRADITIONAL BIRTH ATTENDANT . . . . . 21 OTHER _____ 96 (SPECIFY)	
467	Where did this first check take place? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD '96' AND WRITE THE NAME OF THE PLACE.	**HOME** HER HOME . . . . . 11 OTHER HOME . . . . . 12 **PUBLIC SECTOR** GOVERNMENT HOSPITAL . . . . . 21 GOVERNMENT HEALTH CENTER . . . . . 22 GOVERNMENT HEALTH POST . . . . . 23 OTHER PUBLIC SECTOR 26 _____ (SPECIFY) **PRIVATE MEDICAL SECTOR** PRIVATE HOSPITAL . . . . . 31 PRIVATE CLINIC . . . . . 32 OTHER PRIVATE MEDICAL SECTOR 36 _____ (SPECIFY) **NGO MEDICAL SECTOR** HEALTH FACILITY . . . . . 41 OTHER NGO HEALTH FACILITY 46 _____ (SPECIFY) OTHER _____ 96 (SPECIFY)	

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
468	CHECK 405: PREGNANCY OUTCOME TYPE MOST RECENT LIVE BIRTH ☐ ↓	MOST RECENT STILLBIRTH ☐ → 474	
469	I would like to talk to you about checks on {NAME IN 407}'s health -- for example, someone examining {NAME IN 407}, checking the cord, or talking to you about how to care for {NAME IN 407}. After {NAME IN 407} was born, did any health care provider or a traditional birth attendant check on {NAME IN 407}'s health?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 473
470	How long after the birth of {NAME IN 407} did that 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	
471	Who checked on {NAME IN 407}'s health at that time? PROBE FOR MOST QUALIFIED PERSON.	**HEALTH PERSONNEL** DOCTOR . . . . . 11 NURSE . . . . . 12 MIDWIFE . . . . . 13 HEALTH OFFICER . . . . . 14 HEALTH EXTENSION WORKER 15 **OTHER PERSON** TRADITIONAL BIRTH ATTENDANT . . . . . 21 OTHER _____ 96 (SPECIFY)	
472	Where did this first check of {NAME IN 407} take place? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD '96' AND WRITE THE NAME OF THE PLACE.	**HOME** HER HOME . . . . . 11 OTHER HOME . . . . . 12 **PUBLIC SECTOR** GOVERNMENT HOSPITAL . . . . . 21 GOVERNMENT HEALTH CENTER . . . . . 22 GOVERNMENT HEALTH POST . . . . . 23 OTHER PUBLIC SECTOR 26 _____ (SPECIFY) **PRIVATE MEDICAL SECTOR** PRIVATE HOSPITAL . . . . . 31 PRIVATE CLINIC . . . . . 32 OTHER PRIVATE MEDICAL SECTOR 36 _____ (SPECIFY) **NGO MEDICAL SECTOR** HEALTH FACILIT . . . . . 41 OTHER NGO HEALTH FACILITY 46 _____ (SPECIFY) OTHER _____ 96 (SPECIFY)	

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
473	During the first 2 days after {NAME IN 407}'s birth, did any health care provider do the following: a) Examine the cord? b) Measure temperature? c) Tell you how to recognize if your baby needs immediate medical attention? d) Talk with you about breastfeeding? e) Observe breastfeeding to see if you are doing it correctly? f) Tells you about early stimulation and responsive care giving?	YES NO DK a) CORD . . . . . 1 2 8 b) TEMPERATURE . . . . . 1 2 8 c) MEDICAL ATTENTION . . . . . 1 2 8 d) TALK ABOUT BREASTFEEDING 1 2 8 e) OBSERVE BREASTFEEDING . . 1 2 8 f) EARLY STIMULATION AND RESPONSIVE CARE 1 2 8	
474	During the first 2 days after the birth, did any healthcare provider do the following to you: a) Measure your blood pressure? b) Discuss your vaginal bleeding with you? c) Discuss family planning with you?	YES NO DK a) BLOOD PRESSURE . . . . . 1 2 8 b) BLEEDING . . . . . 1 2 8 c) FAMILY PLANNING 1 2 8	
474A	During the first 2 days after the birth, were you told about the signs of complications or danger sign?	YES . . . . . 1 NO 2	→ 474C
474B	Which signs of complications were you told about?	VAGINAL BLEEDING . . . . . A VAGINAL GUSH OF FLUID . . . . . B SEVERE HEADACHE . . . . . C BLURRED VISION . . . . . D FEVER . . . . . E ABDOMINAL PAIN . . . . . F CONVULSION . . . . . G OTHER _____ X (SPECIFY)	
474C	During the first 2 days after the birth, did you start using any family planning method?	YES . . . . . 1 NO 2	→ 475
474D	During the first 2 days after the birth, which methods of family planning did you start using?	FEMALE STERILIZATION . . . . . A MALE STERILIZATION . . . . . B IUD . . . . . C INJECTABLES . . . . . D IMPLANTS . . . . . E PILL . . . . . F CONDOM . . . . . G FEMALE CONDOM . . . . . H EMERGENCY CONTRACEPTION . . . . . I STANDARD DAYS METHOD . . . . . J LACTATIONAL AMENORRHEA METHOD . . . . . K RHYTHM METHOD . . . . . L WITHDRAWAL . . . . . M OTHER MODERN METHOD . . . . . X OTHER TRADITIONAL METHOD . . . . . Y	
475	CHECK 215: IS THIS PREGNANCY THE WOMAN'S LAST PREGNANCY? YES ☐ NO ☐		→ 479
476	CHECK 405: PREGNANCY TYPE 1 ☐ a) Has your menstrual period returned since the birth of {NAME IN 407}? PREGNANCY TYPE 3 OR 5 ☐ b) Has your menstrual period returned since the pregnancy that ended in {DATE FROM 406}?	YES . . . . . 1 NO 2	
477	CHECK 232: IS RESPONDENT PREGNANT? NOT PREGNANT ☐ PREGNANT OR UNSURE ☐		→ 479
478	CHECK 405: PREGNANCY TYPE 1 ☐ a) Have you had sexual intercourse since the birth of {NAME IN 407}? PREGNANCY TYPE 3 OR 5 ☐ b) Have you had sexual intercourse since the pregnancy that ended in {DATE FROM 406}?	YES . . . . . 1 NO 2	

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
479	CHECK 405: PREGNANCY OUTCOME TYPE	MOST RECENT LIVE BIRTH . . . . . 1 MOST RECENT STILLBIRTH . . . . . 3 MISCARRIAGE/ABORTION 5	→ 487
480	Did you ever breastfeed {NAME IN 407}?	YES . . . . . 1 NO 2	→ 482
481	CHECK 224 FOR CHILD:	LIVING ☐ → 486 DEAD ☐ → 487	
482	How long after birth did you first put {NAME IN 407} 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 ☐☐	
482A	Did you squeeze out and throw away the first milk?	YES . . . . . 1 NO 2	
483	In the first 2 days after delivery, was {NAME IN 407} given anything other than breast milk to eat or drink – anything at all like water, infant formula, or any other drinks or food?	YES . . . . . 1 NO 2	
484	CHECK 224 FOR CHILD: LIVING ☐ ↓ DEAD ☐ → 487		
485	Are you still breastfeeding {NAME IN 407}?	YES . . . . . 1 NO 2	
486	Did {NAME IN 407} drink anything from a bottle with a nipple yesterday during the day or at night?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
487	CHECK 402: ANY MORE PREGNANCY OUTCOMES 0-35 MONTHS BEFORE THE SURVEY? MORE PREGNANCY OUTCOMES 0-35 MONTHS BEFORE THE SURVEY ☐ ↓ (GO TO 404 FOR THE NEXT PREGNANCY OUTCOME) NO MORE PREGNANCY OUTCOMES 0-35 MONTHS BEFORE THE SURVEY ☐ → F1		

SECTION 5. CHILD IMMUNIZATION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
501	CHECK 220, 224 AND 225 IN THE PREGNANCY HISTORY: ANY SURVIVING CHILDREN BORN 0-35 MONTHS BEFORE THE SURVEY? ONE OR MORE SURVIVING CHILDREN BORN 0-35 MONTHS BEFORE THE SURVEY ☐ NO SURVIVING CHILDREN BORN 0-35 MONTHS BEFORE THE SURVEY ☐ → 601		
502	Now I would like to ask some questions about vaccinations received by your children born in the last 3 years.		
503	RECORD THE NAME AND PREGNANCY HISTORY NUMBER FROM 215 AND 218 OF THE SURVIVING CHILDREN BORN 0-35 MONTHS BEFORE THE SURVEY, STARTING WITH THE LAST ONE. NAME OF CHILD _____ PREGNANCY HISTORY NUMBER . . . . . ☐☐		
504	Do you have a card or other document where {NAME IN 503}'s vaccinations are written down?	YES, HAS ONLY A CARD . . . . . 1 YES, HAS ONLY ANOTHER DOCUMENT . . . . . 2 YES, HAS CARD AND OTHER DOCUMENT . . . . . 3 NO, NO CARD AND NO OTHER DOCUMENT . . 4	→ 507 → 507
505	Did you ever have a vaccination card for {NAME IN 503}?	YES . . . . . 1 NO 2	
506	CHECK 504: CODE '2' CIRCLED ☐ CODE '4' CIRCLED ☐ → 513		
507	May I see the card or other document where {NAME IN 503}'s vaccinations are written down?	YES, ONLY CARD SEEN . . . . . 1 YES, ONLY OTHER DOCUMENT SEEN . . . . . 2 YES, CARD AND OTHER DOCUMENT SEEN . . 3 NO CARD AND NO OTHER DOCUMENT SEEN . . 4	 → 513
508	RECORD (NAME'S) DATE OF BIRTH FROM THE VACCINATION CARD OR OTHER DOCUMENT.	DAY . . . . . ☐☐ MONTH . . . . . ☐☐ YEAR . . . . . ☐☐☐☐ DATE OF BIRTH NOT ON CARD 95	

SECTION 5. CHILD IMMUNIZATION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	NAME OF LIVE BIRTH _____	PREGNANCY HISTORY NUMBER	
509	COPY VACCINATION DATES FROM THE CARD FOR (NAME). RECORD '44' IN 'DAY' COLUMN IF CARD SHOWS THAT A DOSE WAS GIVEN, BUT NO DATE IS RECORDED. RECORD '00' IN 'DAY' COLUMN IF CARD IS BLANK FOR THE DOSE.		
510	ASK THE RESPONDENT FOR PERMISSION TO PHOTOGRAPH VACCINATION CARD OR OTHER DOCUMENT WHERE VACCINATIONS ARE WRITTEN. IF PERMISSION IS GRANTED, PHOTOGRAPH CARD.	PHOTOGRAPH TAKEN . . . . . 1 PHOTOGRAPH NOT TAKEN, PERMISSION NOT RECEIVED . . . . . 2 PHOTOGRAPH NOT TAKEN, OTHER REASON . . 6 _____ (SPECIFY)	
511	CHECK 509: 'BCG' TO '[MEASLES CONTAINING VACCINE] 2' ALL HAVE A DATE RECORDED OR '44' RECORDED IN THE 'DAY' COLUMN? NO ☐ ↓ YES ☐ → 529		

	DAY		MONTH		YEAR			
BCG								
ORAL POLIO VACCINE (OPV) 0 (BIRTH DOSE)								
ORAL POLIO VACCINE (OPV) 1								
ORAL POLIO VACCINE (OPV) 2								
ORAL POLIO VACCINE (OPV) 3								
INACTIVATED POLIO VACCINE (IPV) 1								
INACTIVATED POLIO VACCINE (IPV) 2								
DPT-HEP.B-HIB (PENTAVALENT) 1								
DPT-HEP.B-HIB (PENTAVALENT) 2								
DPT-HEP.B-HIB (PENTAVALENT) 3								
PNEUMOCOCCAL 1								
PNEUMOCOCCAL 2								
PNEUMOCOCCAL 3								
ROTAVIRUS 1								
ROTAVIRUS 2								
MEASLES CONTAINING VACCINE 1								
MEASLES CONTAINING VACCINE 2								
VITAMIN A (MOST RECENT)								

SECTION 5. CHILD IMMUNIZATION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	NAME OF LIVE BIRTH _____	PREGNANCY HISTORY NUMBER . . . . . ☐☐	
512	In addition to what is recorded on (this document/these documents), did {NAME IN 503} receive any other vaccinations, including vaccinations received in campaigns or immunization days or child health days? RECORD 'YES' ONLY IF THE RESPONDENT MENTIONS AT LEAST ONE OF THE VACCINATIONS IN 509 THAT ARE NOT RECORDED AS HAVING BEEN GIVEN.	YES . . . . . 1 (USE THE LIST SHOWN IN CAPI TO SELECT THE OTHER VACCINATIONS GIVEN. NOTE THAT CAPI WILL CHANGE THE ANSWER IN 509 IN THE 'DAY' COLUMN FROM '00' TO '66' FOR THE SELECTED VACCINATIONS.) (THEN SKIP TO 529) NO . . . . . 2 DON'T KNOW 8	
512A	CHECK 509: ANY VACCINATIONS RECORDED ON THE CARD? YES ☐ SKIP TO 529 NO ☐		→ 530
513	Did {NAME IN 503} ever receive any vaccinations to prevent {NAME IN 503} from getting diseases, including vaccinations received in campaigns or immunization days or child health days?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 530
514	Has {NAME IN 503} ever received a BCG vaccination against tuberculosis, that is, an injection in the arm or shoulder that usually causes a scar?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
517	Has {NAME IN 503} ever received oral polio vaccine, that is, about two drops in the mouth to prevent polio?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 520
518	Did {NAME IN 503} receive the first oral polio vaccine in the first 2 weeks after birth or later?	FIRST TWO WEEKS . . . . . 1 LATER 2	
519	How many times did {NAME IN 503} receive the oral polio vaccine?	NUMBER OF TIMES . . . . . ☐☐	
520	Did {NAME IN 503} get an IPV injection in the arm to protect against polio?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 521
520A	How many times did {NAME IN 503} receive an injection of the IPV polio vaccine?	NUMBER OF TIMES . . . . . ☐☐	
521	Has {NAME IN 503} ever received a pentavalent vaccination, that is, an injection given in the thigh sometimes at the same time as polio drops?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 523
522	How many times did {NAME IN 503} receive the pentavalent vaccine?	NUMBER OF TIMES . . . . . ☐☐	
523	Has {NAME IN 503} ever received a pneumococcal vaccination, that is, an injection in the thigh to prevent pneumonia?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 525

SECTION 5. CHILD IMMUNIZATION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	NAME OF LIVE BIRTH _____	PREGNANCY HISTORY NUMBER	
524	How many times did {NAME IN 503} receive the pneumococcal vaccine?	NUMBER OF TIMES	
525	Has {NAME IN 503} ever received a rotavirus vaccination, that is, liquid in the mouth to prevent diarrhea?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 527
526	How many times did {NAME IN 503} receive the rotavirus vaccine?	NUMBER OF TIMES	
527	Has {NAME IN 503} ever received a measles vaccination, that is, an injection in the arm to prevent measles?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 529
528	How many times did {NAME IN 503} receive the measles vaccine?	NUMBER OF TIMES	
529	Where did {NAME IN 503} receive most of his/her vaccinations? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD '96' AND WRITE THE NAME OF THE PLACE.	**PUBLIC SECTOR** GOVERNMENT HOSPITAL . . . . . 11 GOVERNMENT HEALTH CENTER . . . . . 12 GOVERNMENT HEALTH POST . . . . . 13 SATELLITE/MOBILE CLINIC . . . . . 14 OTHER PUBLIC SECTOR _____ 16 (SPECIFY) **PRIVATE MEDICAL SECTOR** PRIVATE HOSPITAL . . . . . 21 PRIVATE CLINIC . . . . . 22 OTHER PRIVATE MEDICAL SECTOR _____ 27 (SPECIFY) **NGO MEDICAL SECTOR** HEALTH FACILI1. . . . . 31 OTHER NGO HEALTH FACILITY _____ 36 (SPECIFY) **OTHER SOURCE** VACCINATION CAMPAIGN . . . . . 41 OTHER _____ 96 (SPECIFY)	
530	CHECK 220 AND 224 IN PREGNANCY HISTORY: ANY MORE SURVIVING CHILDREN BORN 0-35 MONTHS BEFORE THE SURVEY? MORE SURVIVING CHILDREN BORN 0-35 MONTHS BEFORE THE SURVEY (GO TO 503 FOR THE NEXT SURVIVING CHILD) NO MORE SURVIVING CHILDREN BORN 0-35 MONTHS BEFORE THE SURVEY → 601		

FISTULA

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
F1	Sometimes a woman can have a problem of continuous leakage of urine or stool from her vagina during the day and night. This problem usually occurs after a difficult childbirth, but may also occur after a sexual assault or after pelvic surgery or a severe injury. Do you currently experience a continuous leakage of urine or stool from your vagina during the day and night?	YES . . . . . 1 NO 2	→ F4
F2	Have you ever experienced this problem?	YES . . . . . 1 NO 2	→ F4
F3	Have you ever heard of this problem?	YES . . . . . 1 NO 2	→ HPV01
F4	Did this problem start after you delivered a baby or had a stillbirth?	AFTER DELIVERED BABY . . . . . 1 AFTER HAD STILLBIRTH . . . . . 2 NEITHER 3	→ F6
F5	Did this problem start after a normal labor and delivery, or after a very difficult labor and delivery?	NORMAL LABOR/DELIVERY . . . . . 1 VERY DIFFICULT LABOR/DELIVERY 2	→ F7
F6	What do you think caused this problem?	PELVIC SURGERY . . . . . 1 SEXUAL ASSAULT . . . . . 2 OTHER INJURY . . . . . 3 OTHER _____ 6 (SPECIFY) DON'T KNOW 8	→ F8
F7	How many days after {CAUSE OF PROBLEM FROM F4 OR F6} did the leakage start? ENTER '90' IF 90 DAYS OR MORE.	NUMBER OF DAYS AFTER DELIVERY/OTHER EVENT . . . . . [ ][ ]	
F8	Have you sought treatment for this condition?	YES . . . . . 1 NO 2	→ F10
F9	Why have you not sought treatment? PROBE AND RECORD ALL MENTIONED.	DO NOT KNOW CAN BE FIXED . . . . . A DO NOT KNOW WHERE TO GO . . . . . B TOO EXPENSIVE . . . . . C TOO FAR . . . . . D POOR QUALITY OF CARE . . . . . E COULD NOT GET PERMISSION . . . . . F EMBARRASSMENT . . . . . G PROBLEM DISAPPEARED . . . . . H OTHER _____ X (SPECIFY)	→ HPV01
F10	From whom did you last seek treatment?	**HEALTH PROFESSIONAL** DOCTOR . . . . . 11 NURSE . . . . . 12 MIDWIFE . . . . . 13 HEALTH OFFICER . . . . . 14 HEALTH EXTENSION WORKER . . . . . 15 **OTHER PERSON** TRADITIONAL BIRTH ATTENDANT . . . . . 21 OTHER _____ 96 (SPECIFY)	
F11	Did you have an operation to fix the problem?	YES . . . . . 1 NO 2	
F12	Did the treatment stop the leakage completely? IF NO: Did the treatment reduce the leakage?	YES, STOPPED COMPLETELY . . . . . 1 NOT STOPPED BUT REDUCED . . . . . 2 NOT STOPPED AT ALL 3	

HPV VACCINATION MODULE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
HPV01	CHECK 111: 15-17 YEARS OLD ☐ (↓) 18-49 YEARS OLD ☐ → 501		
HPV02	Now I would like to ask some questions about human papillomavirus or HPV vaccinations that you have received. An HPV vaccine is an injection given in the [left upper arm] to girls between the ages of 9-14 years, as a protection against cervical cancer. In Ethiopia, the HPV vaccine is also commonly referred to as Gardasil and is commonly given at school/at a health facility and outreach sites.		
HPV03	Have you ever received a vaccination against HPV, that is, an injection in the [left upper arm] to protect against cervical cancer? IF NO OR DON"T KNOW: In Ethiopia, the HPV vaccine is also referred to as Gardasil and is commonly given at school/at a health facility and outreach sites to girls between the ages of 9-14.	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 501
HPV04	Did you ever receive an HPV vaccination card?	YES . . . . . 1 NO 2	
HPV05	Did you receive one or two doses of the HPV vaccine?	ONE DOSE . . . . . 1 TWO DOSES . . . . . 2 DON'T KNOW 8	
HPV06	Where did you receive your most recent HPV vaccination? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO CLASSIFY THE SOURCE, RECORD '96' AND WRITE THE NAME OF THE PLACE.	**HEALTH FACILITY** PUBLIC HEALTH FACILITY . . . . . 11 PRIVATE HEALTH FACILITY . . . . . 12 NGO HEALTH FACILITY . . . . . 13 SCHOOL . . . . . 21 OTHER _____ 96 (SPECIFY) DON'T KNOW 98	

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
601	CHECK 220, 224, AND 225 IN THE PREGNANCY HISTORY: ANY SURVIVING CHILDREN BORN 0-59 MONTHS BEFORE THE SURVEY? ONE OR MORE SURVIVING CHILDREN BORN 0-59 MONTHS BEFORE THE SURVEY ☐ NO SURVIVING CHILDREN BORN 0-59 MONTHS BEFORE THE SURVEY ☐ → 643		
602	Now I would like to ask some questions about the health of your children born in the last 5 years.		
603	RECORD THE NAME FROM 218 AND PREGNANCY HISTORY NUMBER FROM 215 OF THE SURVIVING CHILDREN BORN 0-59 MONTHS BEFORE THE SURVEY, STARTING WITH THE LAST ONE. NAME OF CHILD _____ PREGNANCY HISTORY NUMBER . . ☐☐		
605	In the last 6 months, was {NAME IN 603} given a vitamin A dose like [this/any of these]? SHOW COMMON TYPES OF AMPULES/CAPSULES/SYRUPS.	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
606	In the last 6 months, was {NAME IN 603} given any medicine for intestinal worms?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
607	In the last 3 months, has any healthcare provider or community health worker measured:	YES NO DK	
	a) {NAME IN 603}'s weight?	a) WEIGHT 1 2 8	
	b) {NAME IN 603}'s length or height?	b) LENGTH/HEIGHT 1 2 8	
	c) Around {NAME IN 603}'s upper arm? SHOW IMAGE OF MUAC TAPE.	c) UPPER ARM 1 2 8	
608	Has {NAME IN 603} had diarrhea in the last 2 weeks?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 618

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
NO.	NAME OF LIVE BIRTH _____	PREGNANCY HISTORY NUMBER	
609	CHECK 485: CURRENTLY BREASTFEEDING? YES ⚐ → a) Now I would like to know how much {NAME IN 603} was given to drink during the diarrhea, including breast milk. Was {NAME IN 603} given less than usual to drink, about the same amount, or more than usual to drink? IF LESS, PROBE: Was {NAME IN 603} given much less than usual to drink or somewhat NO/ NOT ASKED ⚐ → b) Now I would like to know how much {NAME IN 603} was given to drink during the diarrhea. Was {NAME IN 603} given less than usual to drink, about the same amount, or more than usual to drink? IF LESS, PROBE: Was {NAME IN 603} 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	
610	When {NAME IN 603} had diarrhea, was {NAME IN 603} given less than usual to eat, about the same amount, more than usual, or nothing to eat? IF LESS, PROBE: Was {NAME IN 603} 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	
611	Did you seek advice or treatment for the diarrhea from any source?	YES . . . . . 1 NO 2	→ 615

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
NO.	NAME OF LIVE BIRTH _____	PREGNANCY HISTORY NUMBER	
612	Where did you seek advice or treatment? Anywhere else? PROBE TO IDENTIFY EACH TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD 'X' AND WRITE THE NAME OF THE PLACE(S).	**PUBLIC SECTOR** GOVERNMENT HOSPITAL . . . . . A GOVERNMENT HEALTH CENTER . . . . . B GOVERNMENT HEALTH POST . . . . . C SATELLITE/MOBILE CLINIC . . . . . D OTHER PUBLIC SECTOR _____ F (SPECIFY) **PRIVATE MEDICAL SECTOR** PRIVATE HOSPITAL . . . . . G PRIVATE CLINIC . . . . . H PHARMACY . . . . . I OTHER PRIVATE MEDICAL SECTOR _____ M (SPECIFY) **NGO MEDICAL SECTOR** HEALTH FACILITY . . . . . N OTHER NGO HEALTH FACILITY _____ P (SPECIFY) **OTHER SOURCE** SHOP/DRUG VENDOR . . . . . Q TRADITIONAL PRACTITIONER . . . . . R MARKET . . . . . S OTHER _____ X (SPECIFY)	
613	CHECK 612: TWO OR MORE CODES CIRCLED ☐ ONLY ONE CODE CIRCLED ☐ → 615		
614	Where did you first seek advice or treatment? USE LETTER CODE FROM 612.	FIRST PLACE . . . . . ☐	
615	Was {NAME IN 603} given any of the following at any time since {NAME IN 603} started having the diarrhea: a) A fluid made from a special packet called LEMLEM? c) Zinc tablets or syrup? d) A government-recommended homemade fluid?	YES NO DK a) FLUID FROM ORS PACKET . . 1 2 8 c) ZINC . . . . . 1 2 8 d) HOMEMADE FLUID 1 2 8	

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
NO.	NAME OF LIVE BIRTH _____	PREGNANCY HISTORY NUMBER	
616	CHECK 615: ANY 'YES' ☐↓ — a) Was anything else given to treat the diarrhea? ALL 'NO' OR 'DK' ☐↓ — b) Was anything given to treat the diarrhea?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 618
617	CHECK 615: ANY 'YES' ☐↓ — a) What else was given to treat the diarrhea? Anything else? RECORD ALL TREATMENTS GIVEN. ALL 'NO' OR 'DK' ☐↓ — b) What was given to treat the diarrhea? Anything else? RECORD ALL TREATMENTS GIVEN.	**PILL OR SYRUP** ANTIBIOTIC . . . . . A ANTIMOTILITY . . . . . B OTHER (NOT ANTIBIOTIC OR ANTIMOTILITY) C UNKNOWN PILL OR SYRUP . . . . . D **INJECTION** ANTIBIOTIC . . . . . E NON-ANTIBIOTIC . . . . . F UNKNOWN INJECTION . . . . . G (IV) INTRAVENOUS . . . . . H HOME REMEDY/HERBAL MEDICINE . . . . . I OTHER _____ X (SPECIFY)	
618	Has {NAME IN 603} been ill with a fever at any time in the last 2 weeks?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 621
619	At any time during the illness, did {NAME IN 603} have blood taken from {NAME IN 603}'s finger or heel for testing?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
620	Were you told by a healthcare provider that {NAME IN 603} had malaria?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
621	Has {NAME IN 603} had an illness with a cough at any time in the last 2 weeks?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
622	Has {NAME IN 603} had fast, short, rapid breaths or difficulty breathing at any time in the last 2 weeks?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 624
623	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	→ 625
624	CHECK 618: HAD FEVER? YES ☐↓	NO OR DON'T KNOW ☐	→ 634
625	Did you seek advice or treatment for the illness from any source?	YES . . . . . 1 NO 2	→ 630

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
NO.	NAME OF LIVE BIRTH _____	PREGNANCY HISTORY NUMBER . . . . . ☐☐	
626	Where did you seek advice or treatment? Anywhere else? PROBE TO IDENTIFY EACH TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD 'X' AND WRITE THE NAME OF THE PLACE(S).	**PUBLIC SECTOR** GOVERNMENT HOSPITAL . . . . . A GOVERNMENT HEALTH CENTER . . . . . B GOVERNMENT HEALTH POST . . . . . C SATELLITE/MOBILE CLINIC . . . . . D OTHER PUBLIC SECTOR F SECTOR _____ (SPECIFY) **PRIVATE MEDICAL SECTOR** PRIVATE HOSPITAL . . . . . G PRIVATE CLINIC . . . . . H PHARMACY . . . . . I OTHER PRIVATE MEDICAL SECTOR M _____ (SPECIFY) **NGO MEDICAL SECTOR** HEALTH FACILITY . . . . . N OTHER NGO HEALTH FACILITY P _____ (SPECIFY) **OTHER SOURCE** SHOP/DRUG VENDOR . . . . . Q TRADITIONAL PRACTITIONER . . . . . R MARKET . . . . . S OTHER _____ X (SPECIFY)	
627	CHECK 626: TWO OR MORE CODES CIRCLED ☐↓ ONLY ONE CODE CIRCLED ☐ → 629		
628	Where did you first seek advice or treatment? USE LETTER CODE FROM 626.	FIRST PLACE . . . . . ☐	
629	How many days after the illness began did you first seek advice or treatment for {NAME IN 603}? IF SAME DAY, RECORD '00'.	DAYS . . . . . ☐☐	
630	At any time during the illness, did {NAME IN 603} take any medicine for the illness?	YES . . . . . 1 NO . . . . . 2 → 634 DON'T KNOW 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
NO.	NAME OF LIVE BIRTH _____	PREGNANCY HISTORY NUMBER	
631	What medicine did {NAME IN 603} take? Any other medicine? RECORD ALL MENTIONED. IF MEDICINE NOT KNOWN, ASK TO SEE THE PACKAGE OR PRESCRIPTION	**ANTIMALARIAL MEDICINE** ARTEMETHER-LUMEFANTRINE (AL) . . . . . A ARTEMETHER-LUMEFANTRINE (AL) + PRIMAQUINE . . . . . B CHLOROQUINE + PRIMAQUIN . . . . . C AMODIAQUINE . . . . . D QUININE PILLS . . . . . E INJECTION/IV . . . . . F ARTESUNATE RECTAL . . . . . G INJECTION/IV . . . . . H OTHER ANTIMALARIAL I _____ (SPECIFY) **ANTIBIOTIC MEDICINE** AMOXICILLIN . . . . . J COTRIMOXAZOLE . . . . . K OTHER PILL/SYRUP . . . . . L OTHER INJECTION/IV . . . . . M **OTHER MEDICINE** ASPIRIN . . . . . N PARACETAMOL/PANADOL/ACETAMINOPHEN O IBUPROFEN . . . . . P OTHER _____ X (SPECIFY) DON'T KNOW . . . . . Z	
632	CHECK 631: ARTEMISININ COMBINATION THERAPY ('A') GIVEN CODE 'A' CIRCLED ☐ ↓ CODE 'A' NOT CIRCLED ☐ → 634		
633	How long after the fever started did {NAME IN 603} first take an artemisinin combination therapy?	SAME DAY . . . . . 0 NEXT DAY . . . . . 1 TWO DAYS AFTER FEVER . . . . . 2 THREE OR MORE DAYS AFTER FEVER . . . . . 3 DON'T KNOW 8	
634	CHECK 220, 224, AND 225 IN PREGNANCY HISTORY: ANY MORE SURVIVING CHILDREN BORN 0-59 MONTHS BEFORE THE SURVEY? MORE SURVIVING CHILDREN BORN 0-59 MONTHS BEFORE THE SURVEY ☐ ↓ (GO TO 603 FOR THE NEXT SURVIVING CHILD) NO MORE SURVIVING CHILDREN BORN 0-59 MONTHS BEFORE THE SURVEY ☐ → 635		

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
635	CHECK 220, 225 AND 226, ALL ROWS: NUMBER OF CHILDREN BORN 0-23 MONTHS BEFORE THE SURVEY LIVING WITH THE RESPONDENT ONE OR MORE ☐ ↓ (NAME OF YOUNGEST CHILD LIVING WITH HER) ↓	NONE ☐ → 643	
636	Now I would like to ask you about liquids that {NAME IN 635} had yesterday during the day or at night. Please tell me about all drinks, whether {NAME IN 635} had them at home, or somewhere else. Yesterday during the day or at night, did {NAME IN 635} drink:	YES NO DK	
	a) Plain water?	a) 1 2 8	
	b) Formula such as Baby Luck, Nan, Cerelac, S-26, or Liptomil? IF YES: b1) How many times did {NAME IN 635} drink infant formula? IF 7 OR MORE TIMES, RECORD '7'.	b) . . . . . 1 2 8 NUMBER OF TIMES DRANK ☐ 8	
	c) Milk from animals including fresh or packed milk such as MAMA, Shola, and the like? IF YES: c1) How many times did {NAME IN 635} drink milk? IF 7 OR MORE TIMES, RECORD '7'. c2) Was the milk a sweet or flavored type of milk?	c) . . . . . 1 2 8 NUMBER OF TIMES DRANK ☐ 8 SWEET/ FLAVORED . . 1 2 8	
	e) JoJo? IF YES: e1) Was it a sweet or flavored type of drink?	e) . . . . . 1 2 8 SWEET/ FLAVORED . . 1 2 8	
	g) Fresh fruit juice, or packed fruit juice or fruit drinks?	g) 1 2 8	
	h) Leslassa such as Coke, Fanta, Sprite, Sofi Malt, or	h) 1 2 8	
	i) Tea, coffee, or herbal drinks? IF YES: i1) Was the drink sweetened?	i) . . . . . 1 2 8 SWEETENED . . 1 2 8	
	j) Clear broth or clear soup?	j) 1 2 8	

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES				SKIP
			YES	NO	DK	
	k) Any other liquids? IF YES:	k)	1	2	8	
	k1) What was the drink? MARK THE APPROPRIATE GROUP FOR EACH ADDITIONAL DRINK, IF THE GROUP IS NOT YET CODED 'YES'. IF UNABLE TO DETERMINE WHICH GROUP THE ADDITIONAL DRINK BELONGS TO, SELECT OPTION "Z" AND A SCREEN WILL BE DISPLAYED TO REGISTER THE NAME OF THE	OTHER DRINK(S)_____ (SPECIFY)				
	k2) Was the drink sweetened?	k2) SWEETENED . .	1	2	8	
637	Now I would like to ask you about foods that {NAME IN 635} had yesterday during the day or at night. I am interested in foods your child ate whether at home or somewhere else. Please think about snacks and small meals as well as main meals. I will ask you about different foods, and I would like to know whether your child ate the food even if it was combined with other foods. Please do not answer 'yes' for any food or ingredient only used in a small amount to add flavor to a dish. Yesterday during the day or at night, did {NAME IN 635} have:		YES	NO	DK	
	a) Yogurt and yogurt products? IF YES:	a)	1	2	8	
	a1) How many times did {NAME IN 635} have YOGURT OR YOGURT PRODUCTS? IF 7 OR MORE TIMES, RECORD '7'.	NUMBER OF TIMES ATE [ ]			8	
	a2) Did {NAME IN 635} have any YOGURT OR YOGURT PRODUCTS to drink? IF YES:	HAD YOGURT AS A DRINK . .	1	2	8	
	a3) Was it a sweet or flavored type of drink?	SWEETENED . .	1	2	8	
	b) Enjera, bread, kita or chechebassa, rice, pasta, nifiro, maize, or porridge?	b)	1	2	8	
	c) Carrots, pumpkin, or sweet potatoes that are yellow or orange inside?	c)	1	2	8	
	d) Potato, sweet potato, any food from enset, yam, anchote, cassava, or taro?	d)	1	2	8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES			SKIP
		YES	NO	DK	
	e) Any dark green leafy vegetables, such as Ethiopian kale, Swiss chard, broccoli, spinach, moringa leaves, or other dark green leafy vegetables?	e) 1	2	8	
	f) Any other vegetables, such as tomatoes, eggplant, head cabbage, cucumber, green pepper, or other vegetables?	f) 1	2	8	
	g) Ripe mango or ripe papaya?	g) 1	2	8	
	h) Any other fruits, such as banana, pineapple, watermelon, prickly pear, orange, or other fruits?	h) 1	2	8	
	i) Fish, dried fish, tuna, or canned fish?	i) 1	2	8	
	j) Dulet, liver, kidney, heart, lung, or gizzard?	j) 1	2	8	
	k) Sausages, canned meat, or kuanta?	k) 1	2	8	
	l) Any other meat, such as beef, sheep, goat, pork, camel, or chicken?	l) 1	2	8	
	m) Eggs?	m) 1	2	8	
	n) Kik, shiro, ful, helbet or siljo, ashuk or niforo from beans, kolo from beans, or eshset from beans, chickpeas, or peas, or mitin gamfo?	n) 1	2	8	
	o) Groundnuts, peanut butter, selit, suf fitfit, suf water, or kolo with nuts or with suf?	o) 1	2	8	
	p) Cheese, cottage cheese, or feta?	p) 1	2	8	
	r) Cakes, cookies, biscuits, sweet bread, baklava, mushebek, or bombolino?	r) 1	2	8	
	s) Ice cream, candy, or chocolates?	s) 1	2	8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
		YES NO DK	
	t) Potato chips, Indomie, chips, fried dough, samosa, spring rolls, or deep fried vegetables?	t) 1 2 8	
	v) Any other solid, semi-solid, or soft food? IF YES: v1) What was the food? MARK THE APPROPRIATE FOOD GROUP FOR EACH ADDITIONAL FOOD, IF THE GROUP IS NOT YET CODED 'YES'. IF UNABLE TO DETERMINE WHICH GROUP THE ADDITIONAL FOOD BELONGS TO, SELECT OPTION "Z" AND A SCREEN WILL BE DISPLAYED TO REGISTER THE NAME OF THE	v) . . . . . 1 2 8 OTHER FOOD(S) _____ (SPECIFY)	
638	CHECK 637 (CATEGORIES 'a' THROUGH 'v'): NOT A SINGLE 'YES' ☐ AT LEAST ONE 'YES' ☐ →		640
639	Did {NAME IN 635} 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 IN 635} eat?	YES . . . . . 1 (GO BACK TO 637 TO RECORD FOOD EATEN YESTERDAY) (THEN CONTINUE TO 640) NO 2	→ 641
640	How many times did {NAME IN 635} eat solid, semi-solid, or soft foods yesterday during the day or at night? IF 7 OR MORE TIMES, RECORD '7'.	NUMBER OF TIMES . . . . . ☐☐ DON'T KNOW 8	
641	In the last 6 months, did any healthcare provider or community health worker talk with you about how or what to feed {NAME IN 635}?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
642	The last time {NAME IN 635} 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)	

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
643	Now I'd like to ask you about foods and drinks that you consumed yesterday during the day or night, whether you ate or drank it at home or somewhere else. Please think about snacks and small meals as well as main meals. I will ask you about different foods and drinks, and I would like to know whether you ate the food even if it was combined with other foods. Please do not answer 'yes' for any food or ingredient only used in a small amount to add flavor to a dish. Yesterday during the day or at night, did you eat or drink:		

		YES	NO	DK
a)	Enjera, bread, kita, chechebssa, rice, pasta, nifro, maize or porridge, ?	a) 1	2	8
b)	Carrots, pumpkin, or sweet potatoes that are yellow or orange inside?	b) 1	2	8
c)	Potato, sweet potato, any food from enset, yam, anchote, cassava, or taro?	c) 1	2	8
d)	Any dark green leafy vegetables, such as Ethiopian kale, Swiss chard, broccoli, spinach, moringa leaves, or other dark green leafy vegetables?	d) 1	2	8
e)	Any other vegetables, such as tomatoes, eggplant, head cabbage, cucumber, green pepper, or other vegetables?	e) 1	2	8
f)	Ripe mango or ripe papaya?	f) 1	2	8
g)	Any other fruits, such as banana, pineapple, watermelon, prickly pear, orange, or other fruits?	g) 1	2	8
h)	Fish, dried fish, tuna, or canned fish?	h) 1	2	8
i)	Dulet, liver, kidney, heart, lung, or gizzard?	i) 1	2	8
j)	Sausages, canned meat, or kuanta?	j) 1	2	8
k)	Any other meat, such as beef, sheep, goat, pork, camel, or chicken?	k) 1	2	8
l)	Eggs?	l) 1	2	8

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
		YES NO DK	
	m) Kik, shiro, ful, helbet or siljo, ashuk or niforo from beans, kolo from beans, or eshset from beans, chickpeas, or peas?	m) 1 2 8	
	n) Groundnuts, peanut butter, selit, suf fitfit, suf water, or kolo with nuts or with suf?	n) 1 2 8	
	o) Dairy milk, milk powder, milk in tea, cheese, cottage cheese, feta, or yogurt?	o) 1 2 8	
	q) Cakes, cookies, biscuits, sweet bread, baklava, mushebek, or bombolino?	q) 1 2 8	
	r) Ice cream, candy, or chocolates?	r) 1 2 8	
	s) Potato chips, Indomie, chips, fried dough, samosa, spring rolls, or deep fried vegetables?	s) 1 2 8	
	t) Fresh fruit juice, or packed fruit juice or fruit drinks?	t) 1 2 8	
	u) Leslassa such as Coke, Fanta, Sprite, Sofi Malt, or Malta Guinness?	u) 1 2 8	
	v) Tea with sugar, coffee with sugar, sprisse with sugar, macchiato, or milk with sugar?	v) 1 2 8	
	x) Any other liquids? IF YES: x1) What was the drink?	x) . . . . . 1 2 8 OTHER DRINK(S) _____ (SPECIFY)	
	x2) Was the drink sweetened?	SWEETENED . . 1 2 8	
	y) Any other food? IF YES: y1) What was the food? MARK THE APPROPRIATE FOOD GROUP FOR EACH ADDITIONAL FOOD, IF THE GROUP IS NOT YET CODED 'YES'. IF UNABLE TO DETERMINE WHICH GROUP THE ADDITIONAL FOOD BELONGS TO, SELECT OPTION "Z" AND A SCREEN WILL BE DISPLAYED TO RECORD THE NAME OF THE	y) . . . . . 1 2 8 OTHER FOOD(S)_____ (SPECIFY)	

SECTION 7. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
701	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	→ 706A
702	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	→ 721
703	What is your marital status now: are you widowed, divorced, or separated?	WIDOWED . . . . . 1 DIVORCED . . . . . 2 SEPARATED 3	→ 714
706A	Do you have a marriage certificate or other document recognizing this (marriage/union)?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 707
706B	What document or documents do you have? Any other document? RECORD ALL MENTIONED.	MARRIAGE CERTIFICATE FROM A CHURCH, MOSQUE OR OTHER RELIGIOUS INSTITUTION . . . . . A MARRIAGE CERTIFICATE FROM A CIVIL AUTHORITY . . . . . B OTHER DOCUMENT FROM A RELIGIOUS INSTITUTION . . . . . C OTHER DOCUMENT FROM A CIVIL AUTHORITY . . . . . D OTHER _____ X (SPECIFY)	→ 709
707	Was this marriage ever registered with the civil authority?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
709	Is your {husband/partner} living with you now or is he staying elsewhere?	LIVING WITH HER . . . . . 1 STAYING ELSEWHERE 2	
710	Please tell me the name of your {husband/partner}. RECORD THE HUSBAND'S LINE NUMBER FROM THE HOUSEHOLD QUESTIONNAIRE. IF HE IS NOT LISTED IN THE HOUSEHOLD, RECORD '00'.	NAME _____ LINE NO.	
711	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	→ 714
712	Including yourself, in total, how many wives or live-in partners does he have?	TOTAL NUMBER OF WIVES AND LIVE-IN PARTNERS . . . . . DON'T KNOW 98	
713	Are you the first, second, … wife?	RANK . . . . . DON'T KNOW 98	
714	Have you been married or lived with a man only once or more than once?	ONLY ONCE . . . . . 1 MORE THAN ONCE 2	

SECTION 7. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
715	CHECK 714: MARRIED/ LIVED WITH A MAN ONLY ONCE → a) In what month and year did you start living with your {husband/partner}? MARRIED/ LIVED WITH A MAN MORE THAN ONCE → b) Now I would like to ask about your first husband or partner. In what month and year did you start living with him?	MONTH . . . . . [ ][ ] DON'T KNOW MONTH . . . . . 98 YEAR . . . . . [ ][ ][ ][ ] DON'T KNOW YEAR 9998	→ 717
716	How old were you when you first started living with him?	AGE . . . . . [ ][ ]	
717	CHECK 714: MARRIED/LIVED WITH A MAN MORE THAN ONCE MARRIED/LIVED WITH A MAN ONLY ONCE		→ 721
718	CHECK 701: YES, CURRENTLY MARRIED YES, LIVING WITH A MAN NO, NOT IN A UNION		→ 721
719	Now I'd like to ask you about your current {husband/partner}. In what month and year did you start living with him?	MONTH . . . . . [ ][ ] DON'T KNOW MONTH . . . . . 98 YEAR . . . . . [ ][ ][ ][ ] DON'T KNOW YEAR 9998	→ 721
720	How old were you when you first started living with your current {husband/partner}?	AGE . . . . . [ ][ ]	
721	**CHECK FOR PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.**		
722	Now I would like to ask some questions about sexual activity in order to gain a better understanding of some important life issues. 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. How old were you when you had sexual intercourse for the very first time?	NEVER HAD SEXUAL INTERCOURSI . . . . . 00 AGE IN YEARS . . . . . [ ][ ]	→ 738
723	I would like to ask you about your recent sexual activity. 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 [ ][ ]	→ 737

SECTION 7. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
724	CHECK 232: NOT PREGNANT OR UNSURE ☐ PREGNANT ☐		→ 727
725	The last time you had sexual intercourse, did you or your partner do something or use any method to delay or avoid getting pregnant?	YES . . . . . 1 NO 2	→ 727
726	Which method did you use? RECORD ALL MENTIONED. IF CODES 'G' OR 'H' ARE CIRCLED, SKIP TO 728 EVEN IF ANOTHER METHOD WAS ALSO USED.	FEMALE STERILIZATION . . . . . A MALE STERILIZATION . . . . . B IUD . . . . . C INJECTABLES . . . . . D IMPLANTS . . . . . E PILL . . . . . F CONDOM . . . . . G FEMALE CONDOM . . . . . H EMERGENCY CONTRACEPTION . . . . . I STANDARD DAYS METHOD . . . . . J LACTATIONAL AMENORRHEA METHOD . . . . . K RHYTHM METHOD . . . . . L WITHDRAWAL . . . . . M OTHER MODERN METHOD . . . . . X OTHER TRADITIONAL METHOD . . . . . Y	→ 728
727	The last time you had sexual intercourse, was a condom used?	YES . . . . . 1 NO 2	→ 730
728	What is the brand name of the condom used? IF BRAND NOT KNOWN, ASK TO SEE THE PACKAGE.	SENSATION . . . . . 01 HIWOT TRUST . . . . . 02 MEMBERS ONLY . . . . . 03 GOLD . . . . . 04 GEANS . . . . . 05 DUREX . . . . . 06 MOODS . . . . . 07 OTHER _____ 96 (SPECIFY) DON'T KNOW 98	

SECTION 7. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
729	From where did you obtain the condom the last time? PROBE TO IDENTIFY TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD '96' AND WRITE THE NAME OF THE PLACE.	**PUBLIC SECTOR** GOVERNMENT HOSPITAL . . . . . 11 GOVERNMENT HEALTH CENTER . . . . . 12 GOVERNMENT HEALTH POST . . . . . 13 SATELLITE/MOBILE CLINIC . . . . . 15 OTHER PUBLIC SECTOR 17 _____ (SPECIFY) **PRIVATE MEDICAL SECTOR** PRIVATE HOSPITAL . . . . . 21 PRIVATE CLINIC . . . . . 22 PHARMACY . . . . . 23 OTHER PRIVATE MEDICAL SECTOR 27 _____ (SPECIFY) **NGO MEDICAL SECTOR** HEALTH FACILITY . . . . . 31 OTHER NGO HEALTH FACILITY 36 _____ (SPECIFY) **OTHER SOURCE** SHOP . . . . . 41 FRIEND/RELATIVE . . . . . 43 OTHER _____ 96 (SPECIFY) DON'T KNOW 98	
730	What was your relationship to this person with whom you had sexual intercourse? IF BOYFRIEND: Were you living together as if married? IF YES, RECORD '2'. IF NO, RECORD '3'.	HUSBAND . . . . . 1 LIVE-IN PARTNER . . . . . 2 BOYFRIEND NOT LIVING WITH RESPONDENT . . 3 CASUAL ACQUAINTANCE . . . . . 4 CLIENT/SEX WORKER . . . . . 5 OTHER _____ 6 (SPECIFY)	
731	Apart from this person, have you had sexual intercourse with any other person in the last 12 months?	YES . . . . . 1 NO 2	→ 737
732	The last time you had sexual intercourse with this second person, was a condom used?	YES . . . . . 1 NO 2	
733	What was your relationship to this second person with whom you had sexual intercourse? IF BOYFRIEND: Were you living together as if married? IF YES, RECORD '2'. IF NO, RECORD '3'.	HUSBAND . . . . . 1 LIVE-IN PARTNER . . . . . 2 BOYFRIEND NOT LIVING WITH RESPONDENT 3 CASUAL ACQUAINTANCE . . . . . 4 CLIENT/SEX WORKER . . . . . 5 OTHER _____ 6 (SPECIFY)	

SECTION 7. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
734	Apart from these two people, have you had sexual intercourse with any other person in the last 12 months?	YES . . . . . 1 NO 2	→ 737
735	The last time you had sexual intercourse with this third person, was a condom used?	YES . . . . . 1 NO 2	
736	What was your relationship to this third person with whom you had sexual intercourse? IF BOYFRIEND: Were you living together as if married? IF YES, RECORD '2'. IF NO, RECORD '3'.	HUSBAND . . . . . 1 LIVE-IN PARTNER . . . . . 2 BOYFRIEND NOT LIVING WITH RESPONDENT . . 3 CASUAL ACQUAINTANCE . . . . . 4 CLIENT/SEX WORKER . . . . . 5 OTHER _____ 6 (SPECIFY)	
737	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, RECORD '95'.	NUMBER OF PARTNERS IN LIFETIME ☐☐ DON'T KNOW 98	
738	PRESENCE OF OTHERS DURING THIS SECTION.	YES NO CHILDREN <10 . . . . . 1 2 MALE ADULTS . . . . . 1 2 FEMALE ADULTS 1 2	

SECTION 8. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
801	CHECK 307: NOT ASKED ☐ ↓ NEITHER ARE STERILIZED ☐ ↓ HE OR SHE STERILIZED ☐ →		813
802	CHECK 232: PREGNANT ☐ ↓ NOT PREGNANT OR UNSURE ☐ →		804
803	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 . . . . . 2 UNDECIDED/DON'T KNOW 8	→ 805 → 812
804	CHECK 208: HAS HAD A CHILD ☐ ↓ a) Now I have some questions about the future. Would you like to have another child, or would you prefer not to have any more children? HAS NOT HAD A CHILD ☐ ↓ b) Now I have some questions about the future. Would you like to have a child, or would you prefer not to have any children?	HAVE (A/ANOTHER) CHILD . . . . . 1 NO MORE/NONE . . . . . 2 SAYS SHE CAN'T GET PREGNANT . . . . . 3 UNDECIDED/DON'T KNOW 8	→ 807 → 813 → 811
805	CHECK 208 AND 232: NOT PREG. OR UNSURE AND HAS HAD A CHILD ☐ ↓ a) How long would you like to wait from now before the birth of another child? NOT PREG. OR UNSURE AND HAS NOT HAD A CHILD ☐ ↓ b) How long would you like to wait from now before the birth of a child? PREGNANT ☐ ↓ c) 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 _____ (SPECIFY) 996 DON'T KNOW 998	→ 811 → 813 → 811
806	CHECK 232: NOT PREGNANT OR UNSURE ☐ ↓ PREGNANT ☐ →		812
807	CHECK 307: USING A CONTRACEPTIVE METHOD? NOT ASKED ☐ ↓ CURRENTLY USING ☐ →		813
808	CHECK 805: '24' OR MORE MONTHS OR '02' OR MORE YEARS ☐ ↓ NOT ASKED ☐ ↓ '00-23' MONTHS OR '00-01' YEAR ☐ →		812
809	CHECK 723: DAYS, WEEKS OR MONTHS AGO ☐ ↓ YEARS AGO ☐ → NOT ASKED ☐ →		811 811

SECTION 8. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
810	CHECK 208 AND 804: HAS HAD A CHILD AND WANTS TO HAVE ANOTHER CHILD ☐↓ a) You have said that you do not want another child soon. Can you tell me why you are not using a method to prevent pregnancy? Any other reason? RECORD ALL REASONS MENTIONED. HAS HAD A CHILD AND WANTS NO MORE ☐↓ b) You have said that you do not want any more children. Can you tell me why you are not using a method to prevent pregnancy? Any other reason? RECORD ALL REASONS MENTIONED. HAS NOT HAD A CHILD AND WANTS TO HAVE A CHILD ☐↓ c) You have said that you do not want a child soon. Can you tell me why you are not using a method to prevent pregnancy? Any other reason? RECORD ALL REASONS MENTIONED. HAS NOT HAD A CHILD AND WANTS NO CHILDREN ☐↓ d) You have said that you do not want any children. Can you tell me why you are not using a method to prevent pregnancy? 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** INCONVENIENT TO USE . . . . . O CHANGES IN MENSTRUAL BLEEDING . . . . . P METHODS COULD CAUSE INFERTILITY . . Q INTERFERES WITH BODY'S NORMAL PROCESSES . . . . . R OTHER SIDE EFFECTS . . . . . S **COST/ACCESS/AVAILABILITY** LACK OF ACCESS/TOO FAR . . . . . T COSTS TOO MUCH . . . . . U PREFERRED METHOD NOT AVAILABLE . . V NO METHOD AVAILABLE . . . . . W OTHER _____ X (SPECIFY) DON'T KNOW . . . . . Z	
811	CHECK 307: USING A CONTRACEPTIVE METHOD? NOT ASKED ☐↓ YES, CURRENTLY USING ☐ →		813
812	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	
813	CHECK 224: HAS LIVING CHILDREN ☐↓ a) 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? PROBE FOR A NUMERIC NO LIVING CHILDREN ☐↓ b) 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 → 815 NUMBER . . . . . ☐☐ OTHER _____ 96 → 815 (SPECIFY)	
814	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's a boy or a girl?	BOYS GIRLS EITHER NUMBER . . ☐☐ ☐☐ ☐☐ OTHER _____ 96 (SPECIFY)	

SECTION 8. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
815	In the last 12 months have you:	YES NO	
	a) Heard about family planning on the radio?	a) RADIO 1 2	
	b) Seen anything about family planning on the television?	b) TELEVISION 1 2	
	c) Read about family planning in a newspaper or magazine?	c) NEWSPAPER OR MAGAZINE 1 2	
	d) Received a voice or text message about family planning on a mobile phone?	d) MOBILE PHONE 1 2	
	e) Seen anything about family planning on social media such as Facebook, Twitter, TikTok or	e) FACEBOOK/TWITTER/TIK TOK/INSTAGI 1 2	
	f) Seen anything about family planning on a poster, leaflet or brochure?	f) POSTER/LEAFLET/BROCHURE 1 2	
	g) Seen anything about family planning on an outdoor sign or billboard?	g) OUTDOOR SIGN/BILLBOARD 1 2	
	h) Heard anything about family planning at community meetings or events?	h) COMMUNITY MEETINGS/EVENTS 1 2	
817	CHECK 701: YES, CURRENTLY MARRIED ☐ ↓ / YES, LIVING WITH A MAN ☐ ↓ / NO, NOT IN A UNION ☐ →		901
818	Who usually makes the decision on whether or not you should use contraception, you, your {husband/partner}, you and your {husband/partner} jointly, or someone else?	RESPONDENT . . . . . 1 HUSBAND/PARTNER . . . . . 2 RESPONDENT AND HUSBAND/PARTNER JOINTL` 3 SOMEONE ELSE . . . . . 4 OTHER _____ 6 (SPECIFY)	→ 820 → 820
819	When making this decision with your {husband/partner}, would you say that your opinion is more important, equally important, or less important than your (husband/partner)'s opinion?	MORE IMPORTANT . . . . . 1 EQUALLY IMPORTANT . . . . . 2 LESS IMPORTANT 3	
820	Has your {husband/partner} or any other family member ever tried to force or pressure you to become pregnant when you did not want to become pregnant?	YES . . . . . 1 NO 2	
821	CHECK 307: NOT ASKED ☐ ↓ / NEITHER ARE STERILIZED ☐ ↓ / HE OR SHE ARE STERILIZED ☐ →		901
822	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	

SECTION 9. HUSBAND'S BACKGROUND AND WOMAN'S WORK

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
901	CHECK 701: CURRENTLY MARRIED/ LIVING WITH A MAN ☐ ↓ NOT IN UNION ☐ →		909
902	How old was your {husband/partner} on his last birthday?	AGE IN COMPLETED YEARS . . . . . ☐☐	
903	Did your {husband/partner} ever attend school?	YES . . . . . 1 NO 2	906
904	What was the highest level of school he attended: primary, secondary, technical/vocational, or higher?	PRIMARY . . . . . 1 SECONDARY . . . . . 2 TECHNICAL/VOCATIONAL 3 HIGHER . . . . . 4 DON'T KNOW 8	906
905	What was the highest GRADE/YEAR he completed at that level? IF COMPLETED LESS THAN ONE YEAR AT THAT LEVEL, RECORD '00'.	GRADE/YEAR . . . . . ☐☐ DON'T KNOW 98	
906	Has your {husband/partner} done any work in the last 7 days?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	908
907	Has your {husband/partner} done any work in the last 12 months?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	909
908	What is your {husband/partner}'s occupation? That is, what kind of work does he mainly do?	_____ _____ ☐☐ _____	
909	Aside from your own housework, have you done any work in the last 7 days?	YES . . . . . 1 NO 2	913
910	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 7 days, have you done any of these things or any other work?	YES . . . . . 1 NO 2	913
911	Although you did not work in the last 7 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	913
912	Have you done any work in the last 12 months?	YES . . . . . 1 NO 2	917
913	What is your occupation? That is, what kind of work do you mainly do?	_____ _____ ☐☐ _____	
914	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	

SECTION 9. HUSBAND'S BACKGROUND AND WOMAN'S WORK

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
915	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	
916	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	
917	CHECK 701: CURRENTLY MARRIED/LIVING WITH A MAN ☐	NOT IN UNION ☐	→ 925
918	CHECK 916: CODE '1' OR '2' CIRCLED ☐	OTHER ☐	→ 921
919	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 JOINTL` 3 OTHER _____ 6 (SPECIFY)	
920	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 HAS NO EARNINGS . . . . . 4 DON'T KNOW 8	→ 922
921	Who usually decides how your {husband/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 JOINTL` 3 HUSBAND/PARTNER HAS NO EARNINGS . . . . . 4 OTHER _____ 6 (SPECIFY)	
922	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 JOINTL` 3 SOMEONE ELSE . . . . . 4 OTHER 6	
923	Who usually makes decisions about making major household purchases?	RESPONDENT . . . . . 1 HUSBAND/PARTNER . . . . . 2 RESPONDENT AND HUSBAND/PARTNER JOINTL` 3 SOMEONE ELSE . . . . . 4 OTHER 6	
924	Who usually makes decisions about visits to your family or relatives?	RESPONDENT . . . . . 1 HUSBAND/PARTNER . . . . . 2 RESPONDENT AND HUSBAND/PARTNER JOINTL` 3 SOMEONE ELSE . . . . . 4 OTHER 6	

SECTION 9. HUSBAND'S BACKGROUND AND WOMAN'S WORK

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
925	Do you own this or any other house either alone or jointly with someone else?	ALONE ONLY . . . . . 01 JOINTLY WITH HUSBAND/PARTNER ONLY . . . . . 02 JOINTLY WITH SOMEONE ELSE ONLY . . . . . 03 JOINTLY WITH HUSBAND/PARTNER AND SOMEONE ELSE . . . . . 04 BOTH ALONE AND JOINTLY . . . . . 05 DOES NOT OWN 06	→ 928
926	Do you have a title deed or other government recognized document for any house you own?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 928
927	Is your name on this document?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
928	Do you own any agricultural or non-agricultural land either alone or jointly with someone else?	ALONE ONLY . . . . . 01 JOINTLY WITH HUSBAND/PARTNER ONLY . . . . . 02 JOINTLY WITH SOMEONE ELSE ONLY . . . . . 03 JOINTLY WITH HUSBAND/PARTNER AND SOMEONE ELSE . . . . . 04 BOTH ALONE AND JOINTLY . . . . . 05 DOES NOT OWN 06	→ 930A
929	Do you have a title deed or other government recognized document for any land you own?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 930A
930	Is your name on this document?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
930A	Do you have an account in a bank or other financial institution that you yourself use?	YES . . . . . 1 NO 2	→ 930C
930B	Did you yourself put money in or take money out of this account in the last 12 months?	YES . . . . . 1 NO 2	
930C	In the last 12 months, have you used a mobile phone to make financial transactions such as sending or receiving money, paying bills, purchasing goods or services, or receiving wages?	YES . . . . . 1 NO 2	
931	PRESENCE OF OTHERS AT THIS POINT (PRESENT AND LISTENING, PRESENT BUT NOT LISTENING, OR NOT PRESENT)	PRES./ LISTEN. / PRES./ NOT LISTEN. / NOT PRES. CHILDREN < 10 . . . . . 1 2 3 HUSBAND . . . . . 1 2 3 OTHER MALES . . . . . 1 2 3 OTHER FEMALES 1 2 3	
932	In your opinion, is a husband justified in hitting or beating his wife in the following situations: a) If she goes out without telling him? b) If she neglects the children? c) If she argues with him? d) If she refuses to have sex with him? e) If she burns the food?	YES / NO / DK a) GOES OUT . . . . . 1 2 8 b) NEGLECTS CHILDREN . . 1 2 8 c) ARGUES . . . . . 1 2 8 d) REFUSES SEX . . . . . 1 2 8 e) BURNS FOOD 1 2 8	

SECTION 10. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1000	Now I would like to talk about HIV and AIDS.		
1001	Have you ever heard of HIV or AIDS?	YES . . . . . 1 NO 2	
1002	CHECK 111: AGE	15-24 YEARS ☐ ↓ 25 YEARS OR OLDER ☐ →	→ 1008
1003	HIV is the virus that can lead to AIDS. Can people reduce their chance of getting HIV by having just one uninfected sex partner who has no other sex partners?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
1004	Can people get HIV from mosquito bites?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
1005	Can people reduce their chance of getting HIV by using a condom every time they have sex?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
1006	Can people get HIV by sharing food with a person who has HIV?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
1007	Is it possible for a healthy-looking person to have HIV?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
1007A	Can HIV be transmitted from a mother to her baby: a) During pregnancy? b) During delivery? c) By breastfeeding?	YES NO DK a) DURING PREGNANCY . . . . . 1 2 8 b) DURING DELIVERY . . . . . 1 2 8 c) BY BREASTFEEDING 1 2 8	
1008	Have you heard of ARVs, that is, antiretroviral medicines that treat HIV?	YES . . . . . 1 NO 2	
1009	Are there any special medicines that a doctor or a nurse can give to a woman infected with HIV to reduce the risk of transmission to the baby?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
1010	Have you heard of PrEP, a medicine taken daily that can prevent a person from getting HIV?	YES . . . . . 1 NO 2	→ 1012
1011	Do you approve of people who take a pill every day to prevent getting HIV?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW/NOT SURE/DEPENDS 8	
1012	CHECK 220 AND 223:	NO LIVE BIRTHS ☐ →	→ 1024
		LAST LIVE BIRTH 0-23 MONTHS BEFORE THE SURVEY ☐ ↓	
		LAST LIVE BIRTH 24 MONTHS OR MORE BEFORE THE SURVEY ☐ →	→ 1024
1013	CHECK 412 FOR LAST LIVE BIRTH ('TYPE 1'):	HAD ANTENATAL CARE ☐ ↓	
		NO ANTENATAL CARE ☐ →	→ 1018

SECTION 10. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1014	**CHECK FOR PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.**		
1015	Were you tested for HIV as part of your antenatal care while you were pregnant with {CHILD NAME}?	YES . . . . . 1 NO 2	→ 1018

SECTION 10. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1016	Where was the test done? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD '96' AND WRITE THE NAME OF THE PLACE.	**PUBLIC SECTOR** GOVERNMENT HOSPITAL . . . . . 11 GOVERNMENT HEALTH CENTER . . . . . 12 MOBILE HTC SERVICES . . . . . 15 OTHER PUBLIC SECTOR 16 _____ (SPECIFY) **PRIVATE MEDICAL SECTOR** PRIVATE HOSPITAL . . . . . 21 PRIVATE CLINIC . . . . . 22 MOBILE HTC SERVICES . . . . . 26 OTHER PRIVATE MEDICAL SECTOR 27 _____ (SPECIFY) **NGO MEDICAL SECTOR** HEALTH FACILITY 31 OTHER NGO HEALTH FACILITY 36 _____ (SPECIFY) **OTHER SOURCE** HOME . . . . . 41 WORKPLACE . . . . . 42 CORRECTIONAL FACILITY . . . . . 43 OTHER 96 _____ (SPECIFY)	
1017	Did you get the results of the test?	YES . . . . . 1 NO 2	
1018	CHECK 435 FOR LAST LIVE BIRTH ('TYPE 1'): ANY CODE '21-46' CIRCLED ☐ ↓ OTHER ☐ →		1021
1019	Between the time you went for delivery but before the baby was born, were you tested for HIV?	YES . . . . . 1 NO 2	→ 1021
1020	Did you get the results of the test?	YES . . . . . 1 NO 2	→ 1022
1021	CHECK 1015: YES ☐ ↓ NO OR NOT ASKED ☐ →		1024
1022	Have you been tested for HIV since that time you were tested during your pregnancy?	YES . . . . . 1 NO 2	→ 1025

SECTION 10. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1023	In what month and year was your most recent HIV test?	MONTH . . . . . ☐☐ DON'T KNOW MONTH . . . . . 98 YEAR . . . . . ☐☐☐☐ DON'T KNOW YEAR 9998	→ 1028
1024	Have you ever been tested for HIV?	YES . . . . . 1 NO 2	→ 1032
1025	In what month and year was your most recent HIV test?	MONTH . . . . . ☐☐ DON'T KNOW MONTH . . . . . 98 YEAR . . . . . ☐☐☐☐ DON'T KNOW YEAR 9998	
1026	Where was the test done? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD '96' AND WRITE THE NAME OF THE PLACE.	**PUBLIC SECTOR** GOVERNMENT HOSPITAL . . . . . 11 GOVERNMENT HEALTH CENTER . . . . . 12 MOBILE HTC SERVICES . . . . . 15 OTHER PUBLIC SECTOR 16 _____ (SPECIFY) **PRIVATE MEDICAL SECTOR** PRIVATE HOSPITAL . . . . . 21 PRIVATE CLINIC . . . . . 22 MOBILE HTC SERVICES . . . . . 26 OTHER PRIVATE MEDICAL SECTOR 27 _____ (SPECIFY) **NGO MEDICAL SECTOR** HEALTH FACILITY . . . . . 31 OTHER NGO HEALTH FACILITY 36 _____ (SPECIFY) **OTHER SOURCE** HOME . . . . . 41 WORKPLACE . . . . . 42 CORRECTIONAL FACILITY . . . . . 43 OTHER 96 _____ (SPECIFY)	
1027	Did you get the results of the test?	YES . . . . . 1 NO 2	→ 1031

SECTION 10. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1028	What was the result of the test?	POSITIVE . . . . . 1 NEGATIVE . . . . . 2 INCONCLUSIVE . . . . . 3 DECLINED TO ANSWER . . . . . 4 DID NOT RECEIVE TEST RESULT 5	→ 1031
1029	In what month and year did you receive your first HIV-positive test result?	MONTH . . . . . ☐☐ DON'T KNOW MONTH . . . . . 98 YEAR . . . . . ☐☐☐☐ DON'T KNOW YEAR . . . . . 9998 SAME DATE AS LAST HIV TEST 95	
1030	Are you currently taking ARVs, that is antiretroviral medicines? By currently, I mean that you may have missed some doses but you are still taking ARVs.	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
1031	How many times have you been tested for HIV in your lifetime? IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE, IF NUMBER OF TESTS IS 95 OR MORE, RECORD '95'	NUMBER OF HIV TESTS . . . . . ☐☐	
1032	Have you heard of test kits people can use to test themselves for HIV?	YES . . . . . 1 NO 2	→ 1034
1033	Have you ever tested yourself for HIV using a self-test kit?	YES . . . . . 1 NO 2	
1034	Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had HIV?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW/NOT SURE/DEPENDS 8	
1035	Do you think children living with HIV should be allowed to attend school with children who do not have HIV?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW/NOT SURE/DEPENDS 8	
1036	CHECK 1028: CODE '1' CIRCLED ☐ ↓ OTHER ☐		→ 1040
1037	Now I would like to ask you a few questions about your experiences living with HIV. Have you disclosed your HIV status to anyone other than me?	YES . . . . . 1 NO 2	
1038	Do you agree or disagree with the following statement: I have felt ashamed because of my HIV status.	AGREE . . . . . 1 DISAGREE 2	

SECTION 10. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1039	Please tell me if the following things have happened to you, or if you think they have happened to you, because of your HIV status in the last 12 months: a) People have talked badly about me because of my HIV status. b) Someone else disclosed my HIV status without my permission. c) I have been verbally insulted, harassed, or threatened because of my HIV status. d) Healthcare workers talked badly about me because of my HIV status. e) Healthcare workers yelled at me, scolded me, called me names, or verbally abused me in another way because of my HIV status.	YES NO a) PEOPLE TALK BADLY . . . . . 1 2 b) DISCLOSED STATUS . . . . . 1 2 c) VERBALLY INSULTED . . . . . 1 2 d) HEALTHCARE WORKERS TALKED BADLY . . . . . 1 2 e) HEALTHCARE WORKERS VERBALLY ABUSED 1 2	
1040	CHECK 1001: HEARD ABOUT HIV OR AIDS → a) Apart from HIV, have you heard about other infections that can be transmitted through sexual contact? NOT HEARD ABOUT HIV OR AIDS → b) Have you heard about infections that can be transmitted through sexual contact?	YES . . . . . 1 NO 2	
1041	CHECK 722: HAS HAD SEXUAL INTERCOURSE NEVER HAD SEXUAL INTERCOURSE		→ 1046
1042	CHECK 1040: HEARD ABOUT OTHER SEXUALLY TRANSMITTED INFECTIONS? YES NO		→ 1044
1043	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	
1044	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	
1045	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	
1046	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	
1047	Is a wife justified in refusing to have sex with her husband when she knows he has sex with other women?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
1048	CHECK 701: CURRENTLY MARRIED/ LIVING WITH A MAN NOT IN UNION		→ 1101
1049	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	

SECTION 10. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1050	Could you ask your {husband/partner} to use a condom if you wanted him to?	YES . . . . . 1 NO . . . . . 2 DEPENDS/NOT SURE 8	

SECTION 11. OTHER HEALTH ISSUES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1101	How long does it take in minutes to go from your home to the nearest healthcare facility, which could be a hospital or a health center?	MINUTES . . . . . [ ][ ][ ]	
1101A	How do you travel to this healthcare facility from your home? IF MORE THAN ONE WAY OF TRAVEL IS MENTIONED, RECORD THE ONE HIGHEST ON THE LIST.	**MOTORIZED** CAR/TRUCK . . . . . 01 PUBLIC BUS . . . . . 02 MOTORCYCLE/BAJAJ/TAXI/MINIBUS . . . . . 03 BOAT WITH MOTOR . . . . . 04 **NOT MOTORIZED** ANIMAL-DRAWN CART . . . . . 05 BICYCLE . . . . . 06 BOAT WITHOUT MOTOR . . . . . 07 WALKING . . . . . 08 ANIMALS . . . . . 09 OTHER _____ 96 (SPECIFY)	
1101B	How long does it take in minutes to go from your home to the nearest healthcare facility, which could be a health post?	MINUTES . . . . . [ ][ ][ ] NO HEALTH POST IN THE AREA 000	→ 1103
1102	How do you travel to this healthcare facility from your home? IF MORE THAN ONE WAY OF TRAVEL IS MENTIONED, RECORD THE ONE HIGHEST ON THE LIST.	**MOTORIZED** CAR/TRUCK . . . . . 01 PUBLIC BUS . . . . . 02 MOTORCYCLE/BAJAJ/TAXI/MINIBUS . . . . . 03 BOAT WITH MOTOR . . . . . 04 **NOT MOTORIZED** ANIMAL-DRAWN CART . . . . . 05 BICYCLE . . . . . 06 BOAT WITHOUT MOTOR . . . . . 07 WALKING . . . . . 08 ANIMALS . . . . . 09 OTHER _____ 96 (SPECIFY)	
1103	Has a doctor or other healthcare provider examined your breasts to check for breast cancer?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 1103B
1103A	What was the result of the test?	POSITIVE . . . . . 1 NEGATIVE . . . . . 2 INCONCLUSIVE . . . . . 3 DECLINED TO ANSWER . . . . . 4 DID NOT RECEIVE TEST RESULT 5	
1103B	Have you self examined your breasts to check for breast cancer?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 1104
1103C	How often have you done: monthly, quarterly, twice a year, once a year, more than a year?	MONTHLY . . . . . 1 QUAR . . . . . 2 TWICE A YEAR . . . . . 3 ONCE A YEAR . . . . . 4 MORE THAN A YEAR AGO 5	

SECTION 11. OTHER HEALTH ISSUES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1104	Now I'm going to ask you about tests a healthcare worker can do to check for cervical cancer, which is cancer in the cervix. The cervix connects the womb to the vagina. To be checked for cervical cancer, a woman is asked to lie on her back with her legs apart. Then the healthcare worker will use a brush or swab to collect a sample from inside her. The sample is sent to a laboratory for testing. This test is called a Pap smear or HPV test. Another method is called a VIA or Visual Inspection with Acetic Acid. In this test, the healthcare worker puts vinegar on the cervix to see if there is a reaction.		
1105	Has a doctor or other healthcare worker ever tested you for cervical cancer?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 1105B
1105A	What was the result of the test?	POSITIVE . . . . . 1 NEGATIVE . . . . . 2 INCONCLUSIVE . . . . . 3 DECLINED TO ANSWER . . . . . 4 DID NOT RECEIVE TEST RESULT 5	
1105B	Have you ever heard of viral hepatitis?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 1106
1105C	Have you ever tested for viral hepatitis?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 1106
1105D	What was the result of the test?	POSITIVE . . . . . 1 NEGATIVE . . . . . 2 INCONCLUSIVE . . . . . 3 DECLINED TO ANSWER . . . . . 4 DID NOT RECEIVE TEST RESULT 5	
1106	Now I would like to ask you some questions on smoking and tobacco use. Do you currently smoke cigarettes every day, some days, or not at all?	EVERY DAY . . . . . 1 SOME DAYS . . . . . 2 NOT AT ALL 3	→ 1108
1107	On average, how many cigarettes do you currently smoke each day?	NUMBER OF CIGARETTES . . . . . ☐☐	
1108	Do you currently smoke or use any other type of tobacco every day, some days, or not at all?	EVERY DAY . . . . . 1 SOME DAYS . . . . . 2 NOT AT ALL 3	→ 1110
1109	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)	
1110	Now I would like to ask you some questions about drinking alcohol. Have you ever consumed any alcohol, such as beer, wine, spirits, tela, areqie, teje, or any drinks that has alcohol?	YES . . . . . 1 NO 2	→ 1113

SECTION 11. OTHER HEALTH ISSUES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1111	During the last one month, on how many days did you have an alcoholic drink? IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF RESPONDENT ANSWERS 'EVERY DAY' OR 'ALMOST EVERY DAY,' CODE '95'.	DID NOT DRINK ALCOHOL . . . . . 00 NUMBER OF DAYS . . . . . [ ][ ] EVERY DAY/ALMOST EVERY DAY 95	→ 1113
1112	We count one drink of alcohol as one can or bottle of beer, one glass of wine, one shot of spirits, or one meleki Areki, one birle teji and one tasa tela. In the last one month, on the days that you drank alcohol, how many drinks did you usually have per day? SHOW PICTURES OF SIZES OF STANDARD DRINKS.	LESS THAN ONE STANDARD DRINK . . . . . 00 NUMBER OF DRINKS . . . . . [ ][ ]	
1113	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 a big problem: a) Getting permission to go to health facility? b) Getting money needed for advice or treatment? c) The distance to the health facility? d) Not wanting to go alone?	BIG PROBLEM / NOT A BIG PROBLEM a) PERMISSION TO GO . . . . . 1 2 b) GETTING MONEY . . . . . 1 2 c) DISTANCE . . . . . 1 2 d) GO ALONE 1 2	
1114	Are you covered by any health insurance?	YES . . . . . 1 NO 2	→ MM01
1115	What type of health insurance are you covered by? RECORD ALL MENTIONED.	COMMUNITY-BASED HEALTH INSURANCE . . . . . A HEALTH INSURANCE THROUGH EMPLOYER B OTHER PRIVATELY PURCHASED COMMERCIAL HEALTH INSURANCE . . . . . D OTHER _____ X (SPECIFY)	

SECTION MM. ADULT AND MATERNAL MORTALITY MODULE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
MM01	Now I would like to ask you some questions about your brothers and sisters born to your natural mother, including those who are living with you, those living elsewhere and those who have died. From our experience in prior surveys, we know it may sometimes be difficult to establish a complete list of all the children born to your natural mother. We will work together to draw the most complete list and work to recall all your siblings. Could you please now give me the names of all of your brothers and sisters born to your natural mother. DO NOT FILL IN THE ORDER NUMBER YET. NAME / ORDER NUMBER a _____ ☐☐ b _____ ☐☐ c _____ ☐☐ d _____ ☐☐ e _____ ☐☐ f _____ ☐☐ g _____ ☐☐ h _____ ☐☐ i _____ ☐☐ j _____ ☐☐ NAME / ORDER NUMBER k _____ ☐☐ l _____ ☐☐ m _____ ☐☐ n _____ ☐☐ o _____ ☐☐ p _____ ☐☐ q _____ ☐☐ r _____ ☐☐ s _____ ☐☐ t _____ ☐☐		
MM02	CHECK MM01: ONE OR MORE BROTHERS OR SISTERS LISTED ☐ ↓ NO BROTHERS OR SISTERS LISTED ☐ → MM04		
MM03	READ THE NAMES OF THE BROTHERS AND SISTERS TO THE RESPONDENT AND AFTER THE LAST ONE ASK: Are there any other brothers and sisters from the same mother that you have not mentioned? NO ☐ ↓ YES ☐ → LIST ADDITIONAL BROTHERS AND SISTERS IN MM01.		
MM04	Sometimes people forget to mention children born to their natural mother because they do not live with them or they do not see them very often. Are there any brothers or sisters who do not live with you that you have not mentioned? NO ☐ ↓ YES ☐ → LIST ADDITIONAL BROTHERS AND SISTERS IN MM01.		
MM05	Sometimes people forget to mention children born to their natural mother because they have died. Are there any brothers or sisters who died that you have not mentioned? NO ☐ ↓ YES ☐ → LIST ADDITIONAL BROTHERS AND SISTERS IN MM01.		
MM06	Some people have brothers or sisters from the same mother but a different father. Are there any brothers or sisters born to your natural mother, but who have a different natural father, that you have not mentioned? NO ☐ ↓ YES ☐ → LIST ADDITIONAL BROTHERS AND SISTERS IN MM01.		
MM07	COUNT THE NUMBER OF BROTHERS AND SISTERS RECORDED IN MM01.	TOTAL BROTHERS AND SISTERS . . ☐☐	

SECTION MM. ADULT AND MATERNAL MORTALITY MODULE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
MM08	CHECK MM07: Just to make sure that I have this right: Your mother had in TOTAL {totsiblings} births, excluding you, during her lifetime. Is that correct? YES ☐ NO ☐ → PROBE AND CORRECT MM01 AND/OR MM07.		
MM09	CHECK MM07: ONE OR MORE BROTHERS/SISTERS ☐ NO BROTHER OR SISTER ☐ → GC1		
MM10	Please tell me, which brother or sister was born first? And which was born next? RECORD '01' FOR THE ORDER NUMBER IN MM01 FOR THE FIRST BROTHER OR SISTER, '02' FOR THE SECOND, AND SO ON UNTIL YOU HAVE RECORDED THE ORDER NUMBER FOR ALL BROTHERS AND SISTERS.		
MM11	How many births did your mother have before you were born?	NUMBER OF PRECEDING BIRTHS . . ☐☐	

MM12	LIST THE BROTHERS AND SISTERS ACCORDING TO THE ORDER NUMBER IN MM01. ASK MM13 TO MM24 FOR ONE BROTHER OR SISTER BEFORE ASKING ABOUT THE NEXT BROTHER OR SISTER. IF THERE ARE MORE THAN 12 BROTHERS AND SISTERS, USE AN ADDITIONAL QUESTIONNAIRE.						
MM13	NAME OF BROTHER OR SISTER.	(01) _____	(02) _____	(03) _____	(04) _____	(05) _____	(06) _____
MM14	Is {NAME IN MM13} 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
MM15	Is {NAME IN MM13} still alive?	YES . . . . . 1 NO . . . . . 2 → GO TO MM17 DK . . . . . 8 → GO TO (02)	YES . . . . . 1 NO . . . . . 2 → GO TO MM17 DK . . . . . 8 → GO TO (03)	YES . . . . . 1 NO . . . . . 2 → GO TO MM17 DK . . . . . 8 → GO TO (04)	YES . . . . . 1 NO . . . . . 2 → GO TO MM17 DK . . . . . 8 → GO TO (05)	YES . . . . . 1 NO . . . . . 2 → GO TO MM17 DK . . . . . 8 → GO TO (06)	YES . . . . . 1 NO . . . . . 2 → GO TO MM17 DK . . . . . 8 → GO TO (07)
MM16	How old is {NAME IN MM13}?	☐☐ GO TO (02)	☐☐ GO TO (03)	☐☐ GO TO (04)	☐☐ GO TO (05)	☐☐ GO TO (06)	☐☐ GO TO (07)
MM17	How many years ago did {NAME IN MM13} die?	☐☐	☐☐	☐☐	☐☐	☐☐	☐☐
MM18	How old was {NAME IN MM13} when (he/she) died? IF DON'T KNOW, PROBE AND ASK ADDITIONAL QUESTIONS TO GET AN ESTIMATE.	☐☐ IF MALE OR DIED BEFORE 12 YEARS OF AGE, GO TO MM23	☐☐ IF MALE OR DIED BEFORE 12 YEARS OF AGE, GO TO MM23	☐☐ IF MALE OR DIED BEFORE 12 YEARS OF AGE, GO TO MM23	☐☐ IF MALE OR DIED BEFORE 12 YEARS OF AGE, GO TO MM23	☐☐ IF MALE OR DIED BEFORE 12 YEARS OF AGE, GO TO MM23	☐☐ IF MALE OR DIED BEFORE 12 YEARS OF AGE, GO TO MM23
MM19	Was {NAME IN MM13} pregnant when she died?	YES . . . . . 1 → GO TO MM23 NO 2	YES . . . . . 1 → GO TO MM23 NO 2	YES . . . . . 1 → GO TO MM23 NO 2	YES . . . . . 1 → GO TO MM23 NO 2	YES . . . . . 1 → GO TO MM23 NO 2	YES . . . . . 1 → GO TO MM23 NO 2
MM20	Did {NAME IN MM13} die during childbirth?	YES . . . . . 1 → GO TO (02) NO 2	YES . . . . . 1 → GO TO (03) NO 2	YES . . . . . 1 → GO TO (04) NO 2	YES . . . . . 1 → GO TO (05) NO 2	YES . . . . . 1 → GO TO (06) NO 2	YES . . . . . 1 → GO TO (07) NO 2
MM21	Did {NAME IN MM13} die within two months after the end of a pregnancy or childbirth?	YES . . . . . 1 NO . . . . . 2 → GO TO MM23	YES . . . . . 1 NO . . . . . 2 → GO TO MM23	YES . . . . . 1 NO . . . . . 2 → GO TO MM23	YES . . . . . 1 NO . . . . . 2 → GO TO MM23	YES . . . . . 1 NO . . . . . 2 → GO TO MM23	YES . . . . . 1 NO . . . . . 2 → GO TO MM23
MM22	How many days after the end of the pregnancy or childbirth did {NAME IN MM13} die?	☐☐	☐☐	☐☐	☐☐	☐☐	☐☐
MM23	Was {NAME IN MM13}'s death due to an act of violence?	YES . . . . . 1 → GO TO (02) NO 2	YES . . . . . 1 → GO TO (03) NO 2	YES . . . . . 1 → GO TO (04) NO 2	YES . . . . . 1 → GO TO (05) NO 2	YES . . . . . 1 → GO TO (06) NO 2	YES . . . . . 1 → GO TO (07) NO 2
MM24	Was {NAME IN MM13}'s death due to an accident?	YES . . . . . 1 NO . . . . . 2 GO TO (02)	YES . . . . . 1 NO . . . . . 2 GO TO (03)	YES . . . . . 1 NO . . . . . 2 GO TO (04)	YES . . . . . 1 NO . . . . . 2 GO TO (05)	YES . . . . . 1 NO . . . . . 2 GO TO (06)	YES . . . . . 1 NO . . . . . 2 GO TO (07)
IF NO MORE BROTHERS OR SISTERS, GO TO NEXT SECTION GC1.							

MM12	LIST THE BROTHERS AND SISTERS ACCORDING TO THE ORDER NUMBER IN MM01. ASK MM13 TO MM24 FOR ONE BROTHER OR SISTER BEFORE ASKING ABOUT THE NEXT BROTHER OR SISTER. IF THERE ARE MORE THAN 12 BROTHERS AND SISTERS, USE AN ADDITIONAL QUESTIONNAIRE.						
MM13	NAME OF BROTHER OR SISTER.	(07)	(08)	(09)	(10)	(11)	(12)
MM14	Is {NAME IN MM13} 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
MM15	Is {NAME IN MM13} still alive?	YES . . . . . 1 NO . . . . . 2 → GO TO MM17 DK . . . . . 8 → GO TO (08)	YES . . . . . 1 NO . . . . . 2 → GO TO MM17 DK . . . . . 8 → GO TO (09)	YES . . . . . 1 NO . . . . . 2 → GO TO MM17 DK . . . . . 8 → GO TO (10)	YES . . . . . 1 NO . . . . . 2 → GO TO MM17 DK . . . . . 8 → GO TO (11)	YES . . . . . 1 NO . . . . . 2 → GO TO MM17 DK . . . . . 8 → GO TO (12)	YES . . . . . 1 NO . . . . . 2 → GO TO MM17 DK . . . . . 8 → GO TO (13)
MM16	How old is {NAME IN MM13}?	☐☐ GO TO (08)	☐☐ GO TO (09)	☐☐ GO TO (10)	☐☐ GO TO (11)	☐☐ GO TO (12)	☐☐ GO TO (13)
MM17	How many years ago did {NAME IN MM13} die?	☐☐	☐☐	☐☐	☐☐	☐☐	☐☐
MM18	How old was {NAME IN MM13} when (he/she) died? IF DON'T KNOW, PROBE AND ASK ADDITIONAL QUESTIONS TO GET AN ESTIMATE.	☐☐ IF MALE OR DIED BEFORE 12 YEARS OF AGE, GO TO MM23	☐☐ IF MALE OR DIED BEFORE 12 YEARS OF AGE, GO TO MM23	☐☐ IF MALE OR DIED BEFORE 12 YEARS OF AGE, GO TO MM23	☐☐ IF MALE OR DIED BEFORE 12 YEARS OF AGE, GO TO MM23	☐☐ IF MALE OR DIED BEFORE 12 YEARS OF AGE, GO TO MM23	☐☐ IF MALE OR DIED BEFORE 12 YEARS OF AGE, GO TO MM23
MM19	Was {NAME IN MM13} pregnant when she died?	YES . . . . . 1 → GO TO MM23 NO 2	YES . . . . . 1 → GO TO MM23 NO 2	YES . . . . . 1 → GO TO MM23 NO 2	YES . . . . . 1 → GO TO MM23 NO 2	YES . . . . . 1 → GO TO MM23 NO 2	YES . . . . . 1 → GO TO MM23 NO 2
MM20	Did {NAME IN MM13} die during childbirth?	YES . . . . . 1 → GO TO (08) NO 2	YES . . . . . 1 → GO TO (09) NO 2	YES . . . . . 1 → GO TO (10) NO 2	YES . . . . . 1 → GO TO (11) NO 2	YES . . . . . 1 → GO TO (12) NO 2	YES . . . . . 1 → GO TO (13) NO 2
MM21	Did {NAME IN MM13} die within two months after the end of a pregnancy or childbirth?	YES . . . . . 1 NO . . . . . 2 → GO TO MM23	YES . . . . . 1 NO . . . . . 2 → GO TO MM23	YES . . . . . 1 NO . . . . . 2 → GO TO MM23	YES . . . . . 1 NO . . . . . 2 → GO TO MM23	YES . . . . . 1 NO . . . . . 2 → GO TO MM23	YES . . . . . 1 NO . . . . . 2 → GO TO MM23
MM22	How many days after the end of the pregnancy or childbirth did {NAME IN MM13} die?	☐☐	☐☐	☐☐	☐☐	☐☐	☐☐
MM23	Was {NAME IN MM13}'s death due to an act of violence?	YES . . . . . 1 → GO TO (08) NO 2	YES . . . . . 1 → GO TO (09) NO 2	YES . . . . . 1 → GO TO (10) NO 2	YES . . . . . 1 → GO TO (11) NO 2	YES . . . . . 1 → GO TO (12) NO 2	YES . . . . . 1 → GO TO (13) NO 2
MM24	Was {NAME IN MM13}'s death due to an accident?	YES . . . . . 1 NO . . . . . 2 GO TO (08)	YES . . . . . 1 NO . . . . . 2 GO TO (09)	YES . . . . . 1 NO . . . . . 2 GO TO (10)	YES . . . . . 1 NO . . . . . 2 GO TO (11)	YES . . . . . 1 NO . . . . . 2 GO TO (12)	YES . . . . . 1 NO . . . . . 2 GO TO (13)
IF NO MORE BROTHERS OR SISTERS, GO TO GC1.							

FEMALE GENITAL CUTTING FOR WOMAN'S QUESTIONNAIRE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
DV00A	CHECK COVER PAGE: HH SELECTED FOR DV MODULE? HH NOT SELECTED, CONTINUE FOR THIS SECTION ☐	HH SELECTED ☐	→ DV00B
GC1	Now I would like to ask some questions about a practice known as female circumcision. Have you ever heard of female circumcision?	YES . . . . . 1 NO 2	→ GC3
GC2	In some countries, there is a practice in which a girl may have part of her genitals cut. Have you ever heard about this practice?	YES . . . . . 1 NO 2	→ ECDA
GC3	Have you yourself ever been circumcised?	YES . . . . . 1 NO 2	→ GC9
GC4	Now I would like to ask you what was done to you at that time. Was any flesh removed from the genital area?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ GC6
GC5	Was the genital area just nicked without removing any flesh?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
GC6	Was your genital area sewn closed?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
GC7	How old were you when you were circumcised? IF THE RESPONDENT DOES NOT KNOW THE EXACT AGE, PROBE TO GET AN ESTIMATE.	AGE IN COMPLETED YEARS . . . . . ☐☐ AS A BABY/DURING INFANCY . . . . . 95 DON'T KNOW 98	
GC8	Who performed the circumcision?	**TRADITIONAL** TRADITIONAL CIRCUMCISER . . . . . 11 TRADITIONAL BIRTH ATTENDANT . . . . . 12 OTHER TRADITIONAL PROVIDER _____ 16 (SPECIFY) **HEALTH PROFESSIONAL** DOCTOR . . . . . 21 NURSE . . . . . 22 MIDWIFE . . . . . 23 HEALTH EXTENSION WORKER . . . . . 24 OTHER HEALTH PROFESSIONAL _____ 26 (SPECIFY) DON'T KNOW 98	
GC9	CHECK 219, 220, AND 224 IN THE PREGNANCY HISTORY: HAS ONE OR MORE LIVING DAUGHTERS BORN IN 2009 OR LATER ☐	HAS NO LIVING DAUGHTERS BORN IN 2009 OR LATER ☐	→ GC17

FEMALE GENITAL CUTTING FOR WOMAN'S QUESTIONNAIRE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
GC10	Now I would like to ask you some questions about your daughter.		
GC11	RECORD THE NAME AND PREGNANCY HISTORY NUMBER FROM 215 AND 218 OF EACH LIVING DAUGHTER BORN IN 2009 OR LATER, STARTING WITH THE YOUNGEST. NAME _____	PREGNANCY HISTORY NUMBER	
GC12	Is {NAME IN GC11} circumcised?	YES . . . . . 1 NO 2	→ GC16
GC13	How old was {NAME IN GC11} when she was circumcised? IF THE RESPONDENT DOES NOT KNOW THE AGE, PROBE TO GET AN ESTIMATE.	AGE IN COMPLETED YEARS . . . . . DON'T KNOW 98	
GC13A	Was any flesh removed from {NAME IN GC11}'s genital area?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
GC14	Was {NAME IN GC11}'s genital area sewn closed?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
GC15	Who performed the circumcision?	**TRADITIONAL** TRADITIONAL CIRCUMCISER . . . . . 11 TRADITIONAL BIRTH ATTENDANT . . . . . 12 OTHER TRADITIONAL PROVIDER _____ 16 (SPECIFY) **HEALTH PROFESSIONAL** DOCTOR . . . . . 21 NURSE . . . . . 22 MIDWIFE . . . . . 23 HEALTH EXTENSION WORKER . . . . . 24 OTHER HEALTH PROFESSIONAL _____ 26 (SPECIFY) DON'T KNOW 98	
GC16	CHECK CG10: ANY MORE DAUGHTERS BORN IN 2009 OR LATER? YES ☐ → (GO TO GC11 FOR THE NEXT YOUNGEST DAUTHER) NO ☐		→ GC17

FEMALE GENITAL CUTTING FOR WOMAN'S QUESTIONNAIRE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
GC17	Do you believe that female circumcision is required by your religion?	YES . . . . . 1 NO . . . . . 2 NO RELIGION . . . . . 3 DON'T KNOW 8	
GC18	Do you think that female circumcision should be continued, or should it be stopped?	CONTINUED . . . . . 1 STOPPED . . . . . 2 DEPENDS . . . . . 3 DON'T KNOW 8	

EARLY CHILDHOOD DEVELOPMENT INDEX MODULE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
ECDA	CHECK 220, 224, 225, AND 226 IN THE PREGNANCY HISTORY: CHILDREN BORN 24-59 MONTHS BEFORE THE SURVEY LIVING WITH THE RESPONDENT? ONE OR MORE ☐ NONE ☐ → FCFA		
ECDB	I would like to ask you some questions about your children age 2-4 years who live with you. These questions are about certain things that they are currently able to do. Please keep in mind that children can develop and learn at a different pace. For example, some start talking earlier than others, or they might already say some words but not yet form sentences. So, it is fine if your child is not able to do all the things I am going to ask you about. You can let me know if you have any doubts about what answer to give.		
ECDC	RECORD THE NAME AND PREGNANCY HISTORY NUMBER FROM 215 AND 218 OF CHILDREN BORN 24-59 MONTHS BEFORE THE SURVEY LIVING WITH THE RESPONDENT, STARTING WITH THE LAST ONE. NAME OF CHILD _____	PREGNANCY HISTORY NUMBER . . ☐☐ M F CHILD'S SEX 1 2	
ECD01	Can {ECD CHILD NAME} walk on an uneven surface, for example, a bumpy or steep road, without falling?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
ECD02	Can {ECD CHILD NAME} jump up with both feet leaving the ground?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
ECD03	CHECK ECDC: MALE ☐ FEMALE ☐ a) Can {ECD CHILD NAME} dress himself, that is, put on pants and a shirt, without help? b) Can {ECD CHILD NAME} dress herself, that is, put on pants and a shirt, without help?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
ECD04	Can {ECD CHILD NAME} fasten and unfasten buttons without help?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
ECD05	Can {ECD CHILD NAME} say 10 or more words, like 'mama' or 'ball'?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
ECD06	Can {ECD CHILD NAME} speak using sentences of 3 or more words that go together, for example, "I want water" or "The house is big"?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ ECD08
ECD07	Can {ECD CHILD NAME} speak using sentences of 5 or more words that go together, for example, "The house is very big"?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	

ECD08	Can {ECD CHILD NAME} correctly use any of the words 'I', 'you', 'she', or 'he', for example, "I want water" or "He eats rice"?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
ECD09	CHECK ECDC: MALE ☐ ↓ / FEMALE ☐ ↓ a) If you show {ECD CHILD NAME} an object he knows well, such as a cup or animal, can he consistently name it? By consistently, we mean that he uses the same word to refer to the same object, even if the word used is not fully correct. b) If you show {ECD CHILD NAME} an object she knows well, such as a cup or animal, can she consistently name it? By consistently, we mean that she uses the same word to refer to the same object, even if the word used is not fully correct.	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
ECD10	Can {ECD CHILD NAME} recognize at least 5 letters of the alphabet?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
ECD11	CHECK ECDC: MALE ☐ ↓ / FEMALE ☐ ↓ a) Can {ECD CHILD NAME} write his name? b) Can {ECD CHILD NAME} write her name?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
ECD12	Can {ECD CHILD NAME} recognize all numbers from 1 to 5?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
ECD13	CHECK ECDC: MALE ☐ ↓ / FEMALE ☐ ↓ a) If you ask {ECD CHILD NAME} to give you 3 objects, such as 3 stones or 3 beans, does he give you the correct amount? b) If you ask {ECD CHILD NAME} to give you 3 objects, such as 3 stones or 3 beans, does she give you the correct amount?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
ECD14	Can {ECD CHILD NAME} count 10 objects, for example, 10 fingers or 10 blocks, without mistakes?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
ECD15	Can {ECD CHILD NAME} do an activity, such as coloring or playing with building blocks, without repeatedly asking for help or giving up too quickly?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	

ECD16	Does {ECD CHILD NAME} ask about familiar people other than parents when they are not there, for example, "Where is Grandma?"?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
ECD17	Does {ECD CHILD NAME} offer to help someone who seems to need help?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
ECD18	Does {ECD CHILD NAME} get along well with other children?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
ECD19	How often does {ECD CHILD NAME} seem to be very sad or depressed? Would you say: daily, weekly, monthly, a few times a year, or never?	DAILY . . . . . 1 WEEKLY . . . . . 2 MONTHLY . . . . . 3 A FEW TIMES A YEAR . . . . . 4 NEVER . . . . . 5 DON'T KNOW 8	
ECD20	Compared with other children of the same age, how much does {ECD CHILD NAME} kick, bite, or hit other children or adults? Would you say: not at all, the same or less, more, or a lot more?	NOT AT ALL . . . . . 1 THE SAME OR LESS . . . . . 2 MORE . . . . . 3 A LOT MORE . . . . . 4 DON'T KNOW 8	
ECD21	CHECK 220, 224, 225 AND 226 IN PREGNANCY HISTORY: ANY MORE CHILDREN BORN 24-59 MONTHS BEFORE THE SURVEY LIVING WITH THE RESPONDENT? MORE CHILDREN BORN 24-59 MONTHS BEFORE THE SURVEY LIVING WITH THE RESPONDENT ☐ (GO TO ECDC FOR THE NEXT CHILD) NO MORE ☐ → FCFA		

CHILD FUNCTIONING

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
FCFA	CHECK 220, 224, 225, AND 226 IN THE PREGNANCY HISTORY: CHILDREN BORN 5-17 YEARS [60-204 MONTHS] BEFORE THE SURVEY LIVING WITH THE RESPONDENT? ONE OR MORE ☐ NONE ☐ → DV38		
FCFB	I would like to ask you some questions about difficulties {CFC CHILD NAME} may have.		
FCFC	RECORD THE NAME AND PREGNANCY HISTORY NUMBER FROM 215 AND 218 OF CHILDREN BORN 5-17 YEARS [60-204 MONTHS] BEFORE THE SURVEY LIVING WITH THE RESPONDENT, STARTING WITH THE LAST ONE. NAME OF CHILD _____ PREGNANCY HISTORY NUMBER . . ☐☐	M F CHILD'S SEX 1 2	
FCF1	Does {CFC CHILD NAME} wear glasses or contact lenses?	YES . . . . . 1 NO 2	
FCF2	Does {CFC CHILD NAME} use a hearing aid?	YES . . . . . 1 NO 2	
FCF3	Does {CFC CHILD NAME} use any equipment or receive assistance for walking?	YES . . . . . 1 NO 2	
FCF4	In the following questions, I will ask you to answer by selecting one of four possible answers. For each question, would you say that {CFC CHILD NAME} has: 1) no difficulty, 2) some difficulty, 3) a lot of difficulty, or 4) that (he/she) cannot at all. REPEAT THE CATEGORIES DURING THE INDIVIDUAL QUESTIONS WHENEVER THE RESPONDENT DOES NOT USE AN ANSWER CATEGORY: Remember the four possible answers: Would you say that {CFC CHILD NAME} has: 1) no difficulty, 2) some difficulty, 3) a lot of difficulty, or 4) that (he/she) cannot at all?		
FCF5	CHECK FCF1: CHILD WEARS GLASSES OR CONTACT LENSES YES ☐ NO ☐ → FCF6B		
FCF6A	When wearing his glasses or contact lenses, does {CFC CHILD NAME} have difficulty seeing?	NO DIFFICULTY . . . . . 1 SOME DIFFICULTY . . . . . 2 A LOT OF DIFFICULTY . . . . . 3 CANNOT SEE AT ALL 4	→ FCF7
FCF6B	Does {CFC CHILD NAME} have difficulty seeing?	NO DIFFICULTY . . . . . 1 SOME DIFFICULTY . . . . . 2 A LOT OF DIFFICULTY . . . . . 3 CANNOT SEE AT ALL 4	
FCF7	CHECK FCF2: CHILD USES A HEARING AID YES ☐ NO ☐ → FCF8B		
FCF8A	When using his hearing aid(s), does {CFC CHILD NAME} have difficulty hearing sounds like people's voices or music?	NO DIFFICULTY . . . . . 1 SOME DIFFICULTY . . . . . 2 A LOT OF DIFFICULTY . . . . . 3 CANNOT HEAR AT ALL 4	→ FCF9
FCF8B	Does {CFC CHILD NAME} have difficulty hearing sounds like people's voices or music?	NO DIFFICULTY . . . . . 1 SOME DIFFICULTY . . . . . 2 A LOT OF DIFFICULTY . . . . . 3 CANNOT HEAR AT ALL 4	

FCF9	CHECK FCF3: CHILD USES EQUIPMENT OR RECEIVES ASSISTANCE FOR WALKING YES ☐ NO ☐ → FCF14		
FCF10	Without his equipment or assistance, does {CFC CHILD NAME} have difficulty walking 100 meters/yards on level ground? PROBE: That would be about the length of 1 football field. NOTE THAT CATEGORY 'NO DIFFICULTY' IS NOT AVAILABLE, AS THE CHILD USES EQUIPMENT OR	SOME DIFFICULTY . . . . . 2 A LOT OF DIFFICULTY . . . . . 3 CANNOT WALK 100 M/Y AT ALL 4	→ FCF12
FCF11	Without his equipment or assistance, does {CFC CHILD NAME} have difficulty walking 500 meters/yards on level ground? PROBE: That would be about the length of 5 football fields. NOTE THAT CATEGORY 'NO DIFFICULTY' IS NOT AVAILABLE, AS THE CHILD USES EQUIPMENT OR	SOME DIFFICULTY . . . . . 2 A LOT OF DIFFICULTY . . . . . 3 CANNOT WALK 500 M/Y AT ALL 4	
FCF12	With his equipment or assistance, does {CFC CHILD NAME} have difficulty walking 100 meters/yards on level ground? PROBE: That would be about the length of 1 football field.	NO DIFFICULTY . . . . . 1 SOME DIFFICULTY . . . . . 2 A LOT OF DIFFICULTY . . . . . 3 CANNOT WALK 100 M/Y AT ALL 4	→ FCF16
FCF13	With his equipment or assistance, does {CFC CHILD NAME} have difficulty walking 500 meters/yards on level ground? PROBE: That would be about the length of 5 football fields.	NO DIFFICULTY . . . . . 1 SOME DIFFICULTY . . . . . 2 A LOT OF DIFFICULTY . . . . . 3 CANNOT WALK 500 M/Y AT ALL 4	→ FCF16
FCF14	Compared with children of the same age, does {CFC CHILD NAME} have difficulty walking 100 meters/yards on level ground? PROBE: That would be about the length of 1 football field.	NO DIFFICULTY . . . . . 1 SOME DIFFICULTY . . . . . 2 A LOT OF DIFFICULTY . . . . . 3 CANNOT WALK 100 M/Y AT ALL 4	→ FCF16

FCF15	Compared with children of the same age, does {CFC CHILD NAME} have difficulty walking 500 meters/yards on level ground? PROBE: That would be about the length of 5 football fields.	NO DIFFICULTY . . . . . 1 SOME DIFFICULTY . . . . . 2 A LOT OF DIFFICULTY . . . . . 3 CANNOT WALK 500 M/Y AT ALL 4	
FCF16	Does {CFC CHILD NAME} have difficulty with self-care such as feeding or dressing (himself/herself)?	NO DIFFICULTY . . . . . 1 SOME DIFFICULTY . . . . . 2 A LOT OF DIFFICULTY . . . . . 3 CANNOT CARE FOR SELF AT ALL 4	
FCF17	When {CFC CHILD NAME} speaks, does he have difficulty being understood by people inside of this household?	NO DIFFICULTY . . . . . 1 SOME DIFFICULTY . . . . . 2 A LOT OF DIFFICULTY . . . . . 3 CANNOT BE UNDERSTOOD AT ALL 4	
FCF18	When {CFC CHILD NAME} speaks, does he have difficulty being understood by people outside of this household?	NO DIFFICULTY . . . . . 1 SOME DIFFICULTY . . . . . 2 A LOT OF DIFFICULTY . . . . . 3 CANNOT BE UNDERSTOOD AT ALL 4	
FCF19	Compared with children of the same age, does {CFC CHILD NAME} have difficulty learning things?	NO DIFFICULTY . . . . . 1 SOME DIFFICULTY . . . . . 2 A LOT OF DIFFICULTY . . . . . 3 CANNOTLEARN THINGS AT ALL 4	
FCF20	Compared with children of the same age, does {CFC CHILD NAME} have difficulty remembering things?	NO DIFFICULTY . . . . . 1 SOME DIFFICULTY . . . . . 2 A LOT OF DIFFICULTY . . . . . 3 CANNOT REMEMBER THINGS AT ALL 4	
FCF21	Does {CFC CHILD NAME} have difficulty concentrating on an activity that (he/she) enjoys doing?	NO DIFFICULTY . . . . . 1 SOME DIFFICULTY . . . . . 2 A LOT OF DIFFICULTY . . . . . 3 CANNOT CONCENTRATE AT ALL 4	
FCF22	Does {CFC CHILD NAME} have difficulty accepting changes in his routine?	NO DIFFICULTY . . . . . 1 SOME DIFFICULTY . . . . . 2 A LOT OF DIFFICULTY . . . . . 3 CANNOT ACCEPT CHANGES AT ALL 4	
FCF23	Compared with children of the same age, does {CFC CHILD NAME} have difficulty controlling his behaviour?	NO DIFFICULTY . . . . . 1 SOME DIFFICULTY . . . . . 2 A LOT OF DIFFICULTY . . . . . 3 CANNOT CONTROL BEHAVIOUR AT ALL 4	
FCF24	Does {CFC CHILD NAME} have difficulty making friends?	NO DIFFICULTY . . . . . 1 SOME DIFFICULTY . . . . . 2 A LOT OF DIFFICULTY . . . . . 3 CANNOT MAKE FRIENDS AT ALL 4	
FCF25	The next questions have different options for answers. I am going to read these to you after each question. I would like to know how often {CFC CHILD NAME} seems very anxious, nervous or worried. Would you say: daily, weekly, monthly, a few times a year or never?	DAILY . . . . . 1 WEEKLY . . . . . 2 MONTHLY . . . . . 3 A FEW TIMES A YEAR . . . . . 4 NEVER 5	
FCF26	I would also like to know how often {CFC CHILD NAME} seems very sad or depressed. Would you say: daily, weekly, monthly, a few times a year or never?	DAILY . . . . . 1 WEEKLY . . . . . 2 MONTHLY . . . . . 3 A FEW TIMES A YEAR . . . . . 4 NEVER 5	
FCF27	CHECK 220, 224, 225 AND 226 IN PREGNANCY HISTORY: ANY MORE CHILDREN BORN 5-17 YEARS [60-204 MONTHS] BEFORE THE SURVEY LIVING WITH THE RESPONDENT? MORE CHILDREN BORN 5-17 YEARS [60-204 MONTHS] BEFORE THE SURVEY LIVING WITH THE RESPONDENT ☐ → (GO TO FCFC FOR THE NEXT CHILD) NO MORE ☐ → (GO TO DV38)		

DOMESTIC VIOLENCE MODULE

DV00B CHECK COVER PAGE: WOMAN SELECTED FOR DV MODULE?

WOMAN SELECTED FOR THIS SECTION ☐ ↓

WOMAN NOT SELECTED ☐ → DV38

DV01 CHECK FOR PRESENCE OF OTHERS:
DO NOT CONTINUE UNTIL PRIVACY IS ENSURED.

PRIVACY OBTAINED . . . . . 1 ↓

PRIVACY NOT POSSIBLE . . . . . 2 → DV38

DV02 READ TO THE RESPONDENT:
Now I would like to ask you questions about some other important aspects of a woman's life. You may find some of these questions very personal. However, your answers are crucial for helping to understand the condition of women in Ethiopia. Let me assure you that your answers are completely confidential and will not be told to anyone and no one else in your household will know that you were asked these questions. 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.

DV03 CHECK 701 AND 702:

CURRENTLY MARRIED/ LIVING WITH A MAN ☐ → DV06

NEVER MARRIED/ NEVER LIVED WITH A MAN ☐ ↓

FORMERLY MARRIED/ LIVED WITH A MAN (READ IN PAST TENSE AND USE 'LAST' WITH 'HUSBAND/ MALE PARTNER') ☐ → DV06

DV04 You have said that you are not married and are not living with a man as if married. Are you currently in an intimate relationship with a man even though you are not living with him?

YES 1
NO . . . . . 2 → DV06

DV05 Have you ever been in an intimate relationship with a man even though you did not ever live with him?

YES 1
NO . . . . . 2 → DV19

DV06 Now, I am going to ask you about some situations that can happen between some women and their {husband/male partner}.

	A. Please tell me if these descriptions apply to your relationship with your {last} {husband/male partner}. EVER		B. How often did this happen during the last 12 months: often, only sometimes, or not at all? OFTEN	SOME-TIMES	NOT IN LAST 12 MONTHS
a)	He (is/was) jealous or angry if you (talk/talked) to other men?	YES 1 / NO 2 ↓	1	2	3
b)	He wrongly (accuses/accused) you of being unfaithful?	YES 1 / NO 2 ↓	1	2	3
c)	He (does/did) not permit you to meet your female friends?	YES 1 / NO 2 ↓	1	2	3
d)	He (tries/tried) to limit your contact with your family?	YES 1 / NO 2 ↓	1	2	3
e)	He (insists/insisted) on knowing where you (are/were) at all times?	YES 1 / NO 2 ↓	1	2	3

DOMESTIC VIOLENCE MODULE

NO.	QUESTIONS AND FILTERS		CODING CATEGORIES				SKIP
DV07	Now I need to ask some more questions about your relationship with your {last} {husband/male partner}. A. Did your {last} {husband/male partner} ever:		B. How often did this happen during the last 12 months: often, only sometimes, or not at all?				
		EVER		OFTEN	SOME-TIMES	NOT IN LAST 12 MONTHS	
	a) say or do something to humiliate you in front of others?	YES 1 NO 2	→	1	2	3	
	b) threaten to hurt or harm you or someone you care about?	YES 1 NO 2	→	1	2	3	
	c) insult you or make you feel bad about yourself?	YES 1 NO 2	→	1	2	3	
DV08	A. Did your {last} {husband/male partner} ever do any of the following things to you:		B. DV08B.				
		EVER		OFTEN	SOME-TIMES	NOT IN LAST 12 MONTHS	
	a) push you, shake you, or throw something at you?	YES 1 NO 2	→	1	2	3	
	b) slap you?	YES 1 NO 2	→	1	2	3	
	c) twist your arm or pull your hair?	YES 1 NO 2	→	1	2	3	
	d) punch you with his fist or with something that could hurt you?	YES 1 NO 2	→	1	2	3	
	e) kick you, drag you, or beat you up?	YES 1 NO 2	→	1	2	3	
	f) try to choke you or burn you on purpose?	YES 1 NO 2	→	1	2	3	
	g) attack you with a knife, gun, or other weapon?	YES 1 NO 2	→	1	2	3	
	h) physically force you to have sexual intercourse with him when you did not want to?	YES 1 NO 2	→	1	2	3	
	i) physically force you to perform any other sexual acts you did not want to?	YES 1 NO 2	→	1	2	3	
	j) force you with threats or in any other way to perform sexual acts you did not want to?	YES 1 NO 2	→	1	2	3	

DOMESTIC VIOLENCE MODULE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
DV09	CHECK DV08A (a-j): AT LEAST ONE 'YES' ☐ ↓ NOT A SINGLE 'YES' ☐ →		DV11
DV10	Did the following ever happen as a result of what your {last} {husband/male partner} did to you:		
	a) You had cuts, bruises, or aches?	YES . . . . . 1 NO 2	
	b) You had eye injuries, sprains, dislocations, or burns?	YES . . . . . 1 NO 2	
	c) You had deep wounds, broken bones, broken teeth, or any other serious injury?	YES . . . . . 1 NO 2	
DV11	Have you ever hit, slapped, kicked, or done anything else to physically hurt your {last} {husband/male partner} at times when he was not already beating or physically hurting you?	YES . . . . . 1 NO 2	→ DV13
DV12	In the last 12 months, how often have you done this to your {last} {husband/male partner}: often, only sometimes, or not at all?	OFTEN . . . . . 1 SOMETIMES . . . . . 2 NOT AT ALL 3	
DV13	(Does/Did) your {last} {husband/male partner} drink alcohol?	YES . . . . . 1 NO 2	→ DV15
DV14	How often did he get drunk: often, only sometimes, or never?	OFTEN . . . . . 1 SOMETIMES . . . . . 2 NEVER 3	
DV15	Are you afraid of your {last} {husband/male partner}: most of the time, sometimes, or never?	MOST OF THE TIME AFRAID . . . . . 1 SOMETIMES AFRAID . . . . . 2 NEVER AFRAID 3	
DV16	A. So far we have been talking about the behavior of your {current/last} {husband/male partner}. Now I want to ask you about the behavior of any previous husband or any other current or previous male partner that you may have ever had.	B. How long ago did this last happen?	

	EVER		0 - 11 MONTHS AGO	12+ MONTHS AGO	DON'T REMEMBER	
	HAS NEVER HAD ANOTHER HUSBAND/ MALE PARTNER 6					→ DV17
a) Did any previous husband or any other current or previous male partner ever hit, slap, kick, or do anything else to hurt you physically?	YES NO	1 → 2 ↓	1	2	3	
b) Did any previous husband or any other current or previous male partner physically force you to have intercourse or perform any other sexual acts that you did not want to?	YES NO	1 → 2 ↓	1	2	3	
c) Did any previous husband or any other current or previous male partner humiliate you in front of others, threaten to hurt you or someone you care about, or insult you or make you feel bad about yourself?	YES NO	1 → 2 ↓	1	2	3	

DOMESTIC VIOLENCE MODULE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
DV17	CHECK DV08A (h-j) AND DV16A (b): AT LEAST ONE 'YES' ☐ ↓ NOT A SINGLE YES ☐ → DV19		
DV18	How old were you the first time you were forced to have sexual intercourse or perform any other sexual acts that you did not want to by any current or previous husband or male partner?	AGE IN COMPLETED YEARS . . . . . ☐☐ DON'T KNOW 98	
DV19	CHECK 212 AND 232: CURRENTLY PREGNANT 232=1 OR HAD ONE OR MORE PAST PREGNANCIES 212>0 ☐ ↓ NOT PREGNANT 232=2 AND NO PAST PREGNANCIES 212=0 ☐ → DV22		
DV20	Has any one ever hit, slapped, kicked, or done anything else to hurt you physically while you were pregnant?	YES . . . . . 1 NO 2	→ DV22
DV21	Who has done any of these things to physically hurt you while you were pregnant? Anyone else? RECORD ALL MENTIONED.	CURRENT HUSBAND/PARTNER . . . . . A MOTHER/STEP-MOTHER . . . . . B FATHER/STEP-FATHER . . . . . C SISTER/BROTHER . . . . . D DAUGHTER/SON . . . . . E OTHER RELATIVE . . . . . F FORMER HUSBAND/PARTNER . . . . . G CURRENT BOYFRIEND . . . . . H FORMER BOYFRIEND . . . . . I MOTHER-IN-LAW . . . . . J FATHER-IN-LAW . . . . . K OTHER IN-LAW . . . . . L TEACHER . . . . . M SCHOOLMATE/CLASSMATE . . . . . N EMPLOYER/SOMEONE AT WORK . . O POLICE/SOLDIER . . . . . P OTHER _____ X (SPECIFY)	
DV22	CHECK 701 AND 702 AND DV04 AND DV05: EVER MARRIED/EVER LIVED WITH A MAN/ EVER HAD A MALE PARTNER ☐ ↓ a) From the time you were 15 years old, has anyone other than a husband or male partner, hit you, slapped you, kicked you, or done anything else to hurt you physically? Remember, I do not want you to include any husband or any other male partner NEVER MARRIED/ NEVER HAD A MALE PARTNER ☐ ↓ b) From the time you were 15 years old has anyone hit you, slapped you, kicked you, or done anything else to hurt you physically?	YES . . . . . 1 NO . . . . . 2 REFUSED TO ANSWER/ NO ANSWER 3	☐ → DV25

DOMESTIC VIOLENCE MODULE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
DV23	Who has hurt you in this way? Anyone else? RECORD ALL MENTIONED.	MOTHER/STEP-MOTHER . . . . . A FATHER/STEP-FATHER . . . . . B SISTER/BROTHER . . . . . C DAUGHTER/SON . . . . . D OTHER RELATIVE . . . . . E CURRENT BOYFRIEND . . . . . F FORMER BOYFRIEND . . . . . G MOTHER-IN-LAW . . . . . H FATHER-IN-LAW . . . . . I OTHER IN-LAW . . . . . J TEACHER . . . . . K SCHOOLMATE/CLASSMATE . . . . . L EMPLOYER/SOMEONE AT WORK . . M POLICE/SOLDIER . . . . . N OTHER _____ X (SPECIFY)	
DV24	In the last 12 months, how often (has this person/have these persons) physically hurt you: often, only sometimes, or not at all?	OFTEN . . . . . 1 SOMETIMES . . . . . 2 NOT AT ALL 3	
DV25	CHECK 701 AND 702 AND DV04 AND DV05: EVER MARRIED/ EVER LIVED WITH A MAN/ EVER HAD A MALE PARTNER ☐ ↓ NEVER MARRIED/ NEVER HAD A MALE PARTNER ☐ →		DV27
DV26	At any time in your life, as a child or as an adult, has anyone other than any previous husband or any other current or previous male partner ever forced you in any way to have sexual intercourse or perform any other sexual acts when you did not want to? Remember I do not want you to include any husband or male partner.	YES . . . . . 1 NO . . . . . 2 REFUSED TO ANSWER/ NO ANSWER 3	→ DV28 → DV31
DV27	At any time in your life, as a child or as an adult, has anyone ever forced you in any way to have sexual intercourse or perform any other sexual acts when you did not want to?	YES . . . . . 1 NO . . . . . 2 REFUSED TO ANSWER/ NO ANSWER 3	→ DV31
DV28	CHECK 701 AND 702 AND DV04 AND DV05: EVER MARRIED/EVER LIVED WITH A MAN/ EVER HAD A MALE PARTNER ☐ ↓ a) How old were you the first time you were forced to have sexual intercourse or perform any other sexual acts that you did not want to by anyone, not including any husband or any other male partner? NEVER MARRIED/ NEVER HAD A MALE PARTNER ☐ ↓ b) How old were you the first time you were forced to have sexual intercourse or perform any other sexual acts that you did not want to?	AGE IN COMPLETED YEARS . . . . . ☐☐ DON'T KNOW 98	

DOMESTIC VIOLENCE MODULE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
DV29	Who has forced you to have sexual intercourse or perform any other sexual acts that you did not want to? Anyone else? RECORD ALL MENTIONED.	FATHER/STEP-FATHER . . . . . A BROTHER/STEP-BROTHER . . . . . B OTHER RELATIVE . . . . . C CURRENT BOYFRIEND . . . . . D FORMER BOYFRIEND . . . . . E IN-LAW . . . . . F OWN FRIEND/ACQUAINTANCE . . . . . G FAMILY FRIEND . . . . . H TEACHER . . . . . I SCHOOLMATE/CLASSMATE . . . . . J EMPLOYER/SOMEONE AT WORK . . K POLICE/SOLDIER . . . . . L PRIEST/RELIGIOUS LEADER . . . . . M STRANGER . . . . . N OTHER _____ X (SPECIFY)	
DV30	CHECK 701 AND 702 AND DV04 AND DV05: EVER MARRIED/EVER LIVED WITH A MAN/ EVER HAD A MALE PARTNER ☐ ↓ a) In the last 12 months, has anyone other than any previous husband or any other current or previous male partner forced you to have sexual intercourse or perform any other sexual acts that you did not want NEVER MARRIED/ NEVER HAD A MALE PARTNER ☐ ↓ b) In the last 12 months, has anyone forced you to have sexual intercourse or perform any other sexual acts that you did not want to?	YES . . . . . 1 NO 2	
DV31	CHECK DV08A (a-j), DV16A (a,b), DV20, DV22, DV26, AND DV27: AT LEAST ONE 'YES' ☐ ↓ NOT A SINGLE 'YES' ☐ → DV35		
DV32	Thinking about what you yourself have experienced among the different things we have been talking about, have you ever tried to seek help?	YES . . . . . 1 NO 2	→ DV34
DV33	From whom have you sought help? Anyone else? RECORD ALL MENTIONED.	OWN FAMILY . . . . . A HUSBAND'S/PARTNER'S FAMILY . . B CURRENT/FORMER HUSBAND/PARTNER . . . . . C CURRENT/FORMER BOYFRIEND . . D FRIEND . . . . . E NEIGHBOR . . . . . F RELIGIOUS LEADER . . . . . G DOCTOR/MEDICAL PERSONNEL . . . . . H POLICE . . . . . I LAWYER . . . . . J SOCIAL SERVICE ORGANIZATION . . K COMMUNITY BASED ORGANIZATION L WOMEN AND SOCIAL AFFAIRS . . . . . M OTHER _____ X (SPECIFY)	→ DV35
DV34	Have you ever told any one about this?	YES . . . . . 1 NO 2	
DV35	As far as you know, did your father ever beat your mother?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	

DOMESTIC VIOLENCE MODULE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	THANK THE RESPONDENT FOR HER COOPERATION AND REASSURE HER ABOUT THE CONFIDENTIALITY OF HER ANSWERS. FILL OUT THE QUESTIONS BELOW WITH REFERENCE TO THE DOMESTIC VIOLENCE MODULE ONLY.		
DV36	DID YOU HAVE TO INTERRUPT THE INTERVIEW BECAUSE SOME ADULT WAS TRYING TO LISTEN, OR CAME INTO THE ROOM, OR INTERFERED IN ANY OTHER WAY?	YES, ONCE / YES, MORE THAN ONCE / NO HUSBAND . . . . . 1 / 2 / 3 OTHER MALE ADULT . . 1 / 2 / 3 FEMALE ADULT . . . . . 1 / 2 / 3	
DV37	INTERVIEWER'S COMMENTS/EXPLANATION FOR NOT COMPLETING THE DOMESTIC VIOLENCE MODULE.		
DV38	RECORD THE TIME.	HOURS . . . . . [ ][ ] MINUTE . . . . . [ ][ ]	

INSTRUCTIONS:

ONLY ONE CODE SHOULD APPEAR IN ANY BOX.
COLUMN 1 REQUIRES A CODE IN EVERY MONTH.

CODES FOR EACH COLUMN:

COLUMN 1: BIRTHS, PREGNANCIES, CONTRACEPTIVE USE (2)

- B BIRTHS
- P PREGNANCIES
- T TERMINATIONS

- 0 NO METHOD
- 1 FEMALE STERILIZATION
- 2 MALE STERILIZATION
- 3 IUD
- 4 INJECTABLES
- 5 IMPLANTS
- 6 PILL
- 7 CONDOM
- 8 FEMALE CONDOM
- 9 EMERGENCY CONTRACEPTION
- J STANDARD DAYS METHOD
- K LACTATIONAL AMENORRHEA METHOD
- L RHYTHM METHOD
- M WITHDRAWAL
- X OTHER MODERN METHOD
- Y OTHER TRADITIONAL METHOD

COLUMN 2: DISCONTINUATION OF CONTRACEPTIVE USE

- 0 INFREQUENT SEX/HUSBAND AWAY
- 1 BECAME PREGNANT WHILE USING
- 2 WANTED TO BECOME PREGNANT
- 3 HUSBAND/PARTNER DISAPPROVED
- 4 WANTED MORE EFFECTIVE METHOD
- 5 CHANGES IN MENSTRUAL BLEEDING
- 6 OTHER SIDE EFFECTS/HEALTH CONCERNS
- 7 LACK OF ACCESS/TOO FAR
- 8 COSTS TOO MUCH
- N INCONVENIENT TO USE
- F UP TO GOD/FATALISTIC
- A DIFFICULT TO GET PREGNANT/MENOPAUSAL
- D MARITAL DISSOLUTION/SEPARATION
- X OTHER

_____
(SPECIFY)

- Z DON'T KNOW

(1) Year of fieldwork is assumed to be 2024. For fieldwork beginning in 2025, all references to calendar years should be increased by one; for example, 2019 should be changed to 2020, 2020 should be changed to 2021, and similarly for all years throughout the questionnaire.

(2) Response categories may be added for other methods, including fertility awareness methods.

				COL. 1	COL. 2	
	12	DEC	01			
	11	NOV	02			
	10	OCT	03			
2	09	SEP	04			2
	08	AUG	05			
0	07	JUL	06			0
2	06	JUN	07			2
	05	MAY	08			
4	04	APR	09			4
(1)	03	MAR	10			
	02	FEB	11			
	01	JAN	12			
	12	DEC	13			
	11	NOV	14			
	10	OCT	15			
2	09	SEP	16			2
	08	AUG	17			
0	07	JUL	18			0
2	06	JUN	19			2
	05	MAY	20			
3	04	APR	21			3
	03	MAR	22			
	02	FEB	23			
	01	JAN	24			
	12	DEC	25			
	11	NOV	26			
	10	OCT	27			
	09	SEP	28			
2	08	AUG	29			2
0	07	JUL	30			0
2	06	JUN	31			2
	05	MAY	32			
2	04	APR	33			2
	03	MAR	34			
	02	FEB	35			
	01	JAN	36			
	12	DEC	37			
	11	NOV	38			
	10	OCT	39			
	09	SEP	40			
2	08	AUG	41			2
0	07	JUL	42			0
2	06	JUN	43			2
	05	MAY	44			
1	04	APR	45			1
	03	MAR	46			
	02	FEB	47			
	01	JAN	48			
	12	DEC	49			
	11	NOV	50			
	10	OCT	51			
	09	SEP	52			
2	08	AUG	53			2
0	07	JUL	54			0
2	06	JUN	55			2
	05	MAY	56			
0	04	APR	57			0
	03	MAR	58			
	02	FEB	59			
	01	JAN	60			
	12	DEC	61			
	11	NOV	62			
	10	OCT	63			
	09	SEP	64			
2	08	AUG	65			2
0	07	JUL	66			0
1	06	JUN	67			1
	05	MAY	68			
9	04	APR	69			9
	03	MAR	70			
	02	FEB	71			
	01	JAN	72			

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT INTERVIEW:

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

SUPERVISOR'S OBSERVATIONS

FORMATTING DATE: 16 Jun 2023
ENGLISH LANGUAGE: 17 Feb 2023

DEMOGRAPHIC AND HEALTH SURVEYS
MAN'S QUESTIONNAIRE

ETHIOPIA
ETHIOPIAN STATISTICAL SERVICE (ESS)

IDENTIFICATION

PLACE NAME _____

NAME OF HOUSEHOLD HEAD _____

CLUSTER NUMBER . . . . . | | | | |

HOUSEHOLD NUMBER . . . . . | | | | |

NAME AND LINE NUMBER OF MAN _____ | | |

INTERVIEWER VISITS

	1	2	3	FINAL VISIT
DATE				DAY / MONTH / YEAR
INTERVIEWER'S NAME				INT. NO.
RESULT*				RESULT*
NEXT VISIT: DATE				TOTAL NUMBER OF VISITS
TIME				

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

LANGUAGE OF QUESTIONNAIRE** 0 1 | LANGUAGE OF INTERVIEW** | | NATIVE LANGUAGE OF RESPONDENT** | | TRANSLATOR USED (YES = 1, NO = 2) |

LANGUAGE OF QUESTIONNAIRE** **ENGLISH**

**LANGUAGE CODES:
01 ENGLISH; 02 AMHARIC; 03 AFAN OROMO; 04 TIGIRIGNA; 05 SOMALIG; 07 SIDAMIGNA; 06 AFARIGNA

TEAM	TEAM SUPERVISOR		CAPI SUPERVISOR	
NUMBER	NAME	NUMBER	NAME	NUMBER

INTRODUCTION AND CONSENT

Hello. My name is _____. I am working with Ethiopia Statistical Service. We are conducting a survey about health and other topics all over Ethiopia. The information we collect will help the government to plan health services. Your household was selected for the survey. The questions usually take 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 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.

In case you need more information about the survey, you may contact the person listed on the card that has already been given to your household.

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

SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE TIME.	HOURS . . . . . ☐☐ MINUTES . . . . . ☐☐	
102	What Region/Zone/Wereda/Town/ were you born in?	REGION CODE ☐☐ ZONE/SUB CITY CODE ☐☐ WEREDA/TOWN CODE ☐☐ OUTSIDE OF COUNTRY 96	→ 104
103	What country were you born in?	COUNTRY _____ ☐☐	
104	How long have you been living continuously in (NAME OF CURRENT CITY, TOWN OR VILLAGE OF RESIDENCE)? IF LESS THAN ONE YEAR, RECORD '00' YEARS.	YEARS . . . . . ☐☐ SINCE BIRTH . . . . . 95 VISITOR 96	→ 110
105	CHECK 104: 00 - 04 YEARS ☐ ↓ 05 YEARS OR MORE ☐ → 107		
106	In what month and year did you move here?	MONTH . . . . . ☐☐ DON'T KNOW MONTH . . . . . 98 YEAR . . . . . ☐☐☐☐ DON'T KNOW YEAR 9998	
107	Just before you moved here, which Region/Zone/Wereda/Town/ did you live in?	REGION CODE ☐☐ ZONE/SUB CITY CODE ☐☐ WEREDA/TOWN CODE ☐☐ OUTSIDE OF COUNTRY 96	
108	Just before you moved here, did you live in a city, in a town, or in a rural area?	CITY/TOWN . . . . . 1 RURAL AREA 2	

SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
109	Why did you move to this place?	EMPLOYMENT . . . . . 01 EDUCATION/TRAINING . . . . . 02 MARRIAGE FORMATION . . . . . 03 FAMILY REUNIFICATION/OTHER FAMILY-RELATED REASON . . . . . 04 CONFLICT . . . . . 05 DROUGHT/NATURAL HAZARD . . . . . 06 HEALTH RELATED . . . . . 07 OTHER _____ 96 (SPECIFY)	
110	In what month and year were you born?	MONTH . . . . . ☐☐ DON'T KNOW MONTH . . . . . 98 YEAR . . . . . ☐☐☐☐ DON'T KNOW YEAR 9998	
111	How old were you at your last birthday? COMPARE AND CORRECT 110 AND/OR 111 IF INCONSISTENT.	AGE IN COMPLETED YEARS . . . . . ☐☐	
112	In general, would you say your health is very good, good, moderate, bad, or very bad?	VERY GOOD . . . . . 1 GOOD . . . . . 2 MODERATE . . . . . 3 BAD . . . . . 4 VERY BAD 5	
113	Have you ever attended school?	YES . . . . . 1 NO 2	→ 117
114	What is the highest level of school you attended: primary, secondary, technical/vocational or higher?	PRIMARY . . . . . 1 SECONDARY . . . . . 2 TECHNICAL/VOCATIONAL 3 HIGHER 4	
115	What is the highest GRADE/YEAR you completed at that level? IF COMPLETED LESS THAN ONE YEAR AT THAT LEVEL, RECORD '00'.	GRADE/YEAR . . . . . ☐☐	
116	CHECK 114: PRIMARY OR SECONDARY ☐ ↓ HIGHER TECHNICAL/VOCATIONAL ☐ →		119
117	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 PART OF THE SENTENCE . . . . . 2 ABLE TO READ WHOLE SENTENCE . . . . . 3 NO CARD WITH REQUIRED LANGUAGE _____ 4 (SPECIFY LANGUAGE) BLIND/VISUALLY IMPAIRED 5	
118	CHECK 117: CODE '2', '3' OR '4' CIRCLED ☐ ↓ CODE '1' OR '5' CIRCLED ☐ →		120
119	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	
120	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	

SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
121	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	
122	Do you own a mobile phone?	YES . . . . . 1 NO 2	→ 127
123	Is your mobile phone a smart phone?	YES . . . . . 1 NO 2	
127	Have you ever used the Internet from any location on any device?	YES . . . . . 1 NO 2	→ 130
128	In the last 12 months, have you used the Internet? IF NECESSARY, PROBE FOR USE FROM ANY LOCATION, WITH ANY DEVICE.	YES . . . . . 1 NO 2	→ 130
129	During the last one month, how often did you use the Internet: almost every day, at least once a week, less than once a week, or not at all?	ALMOST EVERY DAY . . . . . 1 AT LEAST ONCE A WEEK . . . . . 2 LESS THAN ONCE A WEEK . . . . . 3 NOT AT ALL 4	
130	What is your religion?	ORTHODOX . . . . . 01 CATHOLIC . . . . . 02 PROTESTAN . . . . . 03 MUSLIM . . . . . 04 TRADITIONAL . . . . . 05 OTHER _____ 96 (SPECIFY)	

SECTION 2. REPRODUCTION

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	a) How many sons live with you? IF NONE, RECORD '00'. b) And how many daughters live with you? IF NONE, RECORD '00'.	a) SONS AT HOME . . . . . [ ][ ] b) 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	a) How many sons are alive but do not live with you? IF NONE, RECORD '00'. b) And how many daughters are alive but do not live with you? IF NONE, RECORD '00'.	a) SONS ELSEWHERE . . . . . [ ][ ] b) 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, who made any movement, sound, or effort to breathe, or who showed any other signs of life even if for a very short time?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 208
207	a) How many boys have died? IF NONE, RECORD '00'. b) And how many girls have died? IF NONE, RECORD '00'.	a) BOYS DEAD . . . . . [ ][ ] b) 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 → 211 HAS NOT HAD ANY CHILDREN → 301		
210	Did all of the children you have fathered have the same biological mother?	YES . . . . . 1 NO 2	
211	CHECK 208: HAS HAD MORE THAN ONE CHILD a) How old were you when your first child was born? HAS HAD ONLY ONE CHILD b) How old were you when your child was born?	AGE IN YEARS . . . . . [ ][ ]	

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
212	CHECK 203 AND 205: AT LEAST ONE LIVING CHILD ☐ ↓ NO LIVING CHILDREN ☐ →		301
213	CHECK 203 AND 205: MORE THAN ONE LIVING CHILD ☐ ↓ a) How old is your youngest child? ONLY ONE LIVING CHILD ☐ ↓ b) How old is your child?	AGE IN YEARS . . . . . ☐☐	
214	CHECK 213: (YOUNGEST) CHILD IS AGE 0-2 YEARS ☐ ↓ (YOUNGEST) CHILD IS AGE 3 YEARS OR OLDER ☐ →		301
215	CHECK 203 AND 205: MORE THAN ONE LIVING CHILD ☐ ↓ a) What is the name of your youngest child? ONLY ONE LIVING CHILD ☐ ↓ b) What is the name of your child?	_____ (NAME OF (YOUNGEST) CHILD)	
216	When {NAME IN 215}'s mother was pregnant with {NAME IN 215}, did she have any antenatal check-ups?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	☐ → 218
217	Were you ever present during any of those antenatal check-ups?	PRESENT . . . . . 1 NOT PRESENT 2	
218	Was {NAME IN 215} born in a hospital or health facility?	HOSPITAL/HEALTH FACILITY . . . . . 1 OTHER 2	→ 301
219	Did you go with {NAME IN 215}'s mother to the hospital or health facility where she gave birth to {NAME IN 215}?	YES . . . . . 1 NO 2	

SECTION 3. CONTRACEPTION

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.	
01	Have you heard of Female Sterilization? PROBE: Women can have an operation to avoid having any more children.	YES . . . . . 1 NO 2
02	Have you heard of Male Sterilization? PROBE: Men can have an operation to avoid having any more children.	YES . . . . . 1 NO 2
03	Have you heard of IUD? PROBE: Women can have a loop or coil placed inside them by a doctor or a nurse which can prevent pregnancy for one or more	YES . . . . . 1 NO 2
04	Have you heard of 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	Have you heard of Implants? 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	Have you heard of Pill? PROBE: Women can take a pill every day to avoid becoming pregnant.	YES . . . . . 1 NO 2
07	Have you heard of Condom? PROBE: Men can put a rubber sheath on their penis before sexual intercourse.	YES . . . . . 1 NO 2
08	Have you heard of Female Condom? PROBE: Women can place a sheath in their vagina before sexual intercourse.	YES . . . . . 1 NO 2
09	Have you heard of Emergency Contraception? PROBE: As an emergency measure, within 3 days after they have unprotected sexual intercourse, women can take special pills to prevent pregnancy.	YES . . . . . 1 NO 2
10	Have you heard of Standard Days Method? PROBE: A woman uses a string of colored beads to know the days she can get pregnant. On the days she can get pregnant, she uses a condom or does not have sexual intercourse.	YES . . . . . 1 NO 2
11	Have you heard of Lactational Amenorrhea Method (LAM)? PROBE: Up to 6 months after childbirth, before the menstrual period has returned, women use a method requiring frequent breastfeeding day and night.	YES . . . . . 1 NO 2
12	Have you heard of Rhythm Method? PROBE: To avoid pregnancy, women do not have sexual intercourse on the days of the month they think they can get pregnant.	YES . . . . . 1 NO 2
13	Have you heard of Withdrawal? PROBE: Men can be careful and pull out before climax.	YES . . . . . 1 NO 2
14	Have you heard of any other ways or methods that women or men can use to avoid pregnancy?	YES, MODERN METHOD _____ A (SPECIFY) YES, TRADITIONAL METHOD _____ B (SPECIFY) NO . . . . . Y

SECTION 3. CONTRACEPTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
302	In the last 12 months have you:	YES NO	
	a) Heard about family planning on the radio?	a) RADIO 1 2	
	b) Seen anything about family planning on the television?	b) TELEVISION 1 2	
	c) Read about family planning in a newspaper or magazine?	c) NEWSPAPER OR MAGAZINE 1 2	
	d) Received a voice or text message about family planning on a mobile phone?	d) MOBILE PHONE 1 2	
	e) Seen anything about family planning on social media such as Facebook, Tik Tok, Twitter, or	e) FACEBOOK/TWITTER/ INSTAGRAM 1 2	
	f) Seen anything about family planning on a poster, leaflet or brochure?	f) POSTER/LEAFLET/ BROCHURE 1 2	
	g) Seen anything about family planning on an outdoor sign or billboard?	g) OUTDOOR SIGN/BILLBOARD 1 2	
	h) Heard anything about family planning at community meetings or events?	h) COMMUNITY MEETINGS/ EVENTS 1 2	
303	In the last few months, have you discussed family planning with a health worker or health professional?	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 when 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	After the birth of a child, can a woman become pregnant before her menstrual period has returned?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
307	I will now read you some statements about contraception. Please tell me if you agree or disagree with each one.	AGREE / DIS-AGREE / DK	
	a) Contraception is a woman's concern and a man should not have to worry about it.	a) CONTRACEPTION WOMAN'S CONCERN 1 2 8	
	b) Women who use contraception may become promiscuous.	b) WOMEN MAY BECOME PROMISCUOUS 1 2 8	

SECTION 4. MARRIAGE AND SEXUAL ACTIVITY

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 other wives or do you live with other women as if married?	YES (MORE THAN ONE WIFE) . . . . . 1 NO (ONLY ONE WIFE) 2	→ 407
406	Altogether, how many wives or live-in partners do you have?	TOTAL NUMBER OF WIVES AND LIVE-IN PARTNERS	
407	CHECK 405: ONE WIFE/ PARTNER → a) Please tell me the name of your {wife/partner}. MORE THAN ONE WIFE/ PARTNER → b) Please tell me the name of your (first/next) wife or woman you are living with as if married. RECORD THE NAME AND THE LINE NUMBER FROM THE HOUSEHOLD QUESTIONNAIRE FOR THE (FIRST/NEXT) WIFE OR LIVE-IN PARTNER. IF A WOMAN IS NOT LISTED IN THE HOUSEHOLD, RECORD '00'.	NAME / LINE NUMBER	408 How old was {NAME IN 407} on her last birthday? AGE
408	How old was {NAME IN 407} on her last birthday? RETURN TO 407 FOR THE NEXT WIFE OR LIVE-IN PARTNER.		
409	CHECK 407: ONE WIFE/ PARTNER MORE THAN ONE WIFE/ PARTNER →		→ 411
410	Have you been married or lived with a woman only once or more than once?	MORE THAN ONCE . . . . . 1 ONLY ONCE 2	

SECTION 4. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
411	CHECK 405 AND 410: BOTH ARE CODE '2' ☐ ↓ / OTHER ☐ ↓ a) In what month and year did you start living with your {wife/partner}? b) Now I would like to ask about your first wife or 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 . . . . . ☐☐	
413	**CHECK FOR PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.**		
414	I would like to ask some questions about sexual activity in order to gain a better understanding of some important life issues. 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. How old were you when you had sexual intercourse for the very first time?	NEVER HAD SEXUAL INTERCOURSE . . . . . 00 AGE IN YEARS . . . . . ☐☐	→ 501
415	I would like to ask you about your recent sexual activity. 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 ☐☐	→ 429
416	The last time you had sexual intercourse, did you or your partner do something or use any method to delay or avoid a pregnancy?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 418
417	Do you know of a place where you can obtain a method of family planning?	YES . . . . . 1 NO 2	→ 419
418	What method did you or your partner use? RECORD ALL MENTIONED. IF CODES 'G' OR 'H' ARE CIRCLED, SKIP TO 420 EVEN IF ANOTHER METHOD WAS ALSO USED.	FEMALE STERILIZATION . . . . . A MALE STERILIZATION . . . . . B IUD . . . . . C INJECTABLES . . . . . D IMPLANTS . . . . . E PILL . . . . . F CONDOM . . . . . G FEMALE CONDOM . . . . . H EMERGENCY CONTRACEPTION . . . . . I STANDARD DAYS METHOD . . . . . J LACTATIONAL AMENORRHEA METHOD . . . . . K RHYTHM METHOD . . . . . L WITHDRAWAL . . . . . M OTHER MODERN METHOD . . . . . X OTHER TRADITIONAL METHOD . . . . . Y	→ 420
419	The last time you had sexual intercourse, was a condom used?	YES . . . . . 1 NO 2	→ 422

SECTION 4. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
420	What was the brand name of the condom used? IF BRAND NOT KNOWN, ASK TO SEE THE PACKAGE.	SENSATION . . . . . 01 HIWOT TRUST . . . . . 02 MEMBERS ONLY . . . . . 03 GOLD . . . . . 04 GEANS . . . . . 05 DUREX . . . . . 06 MOODS . . . . . 07 OTHER _____ 96 (SPECIFY) DON'T KNOW 98	
421	From where did you obtain the condom the last time? PROBE TO IDENTIFY TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD '96' AND WRITE THE NAME OF THE PLACE.	**PUBLIC SECTOR** GOVERNMENT HOSPITAL . . . . . 11 GOVERNMENT HEALTH CENTER . . . . . 12 GOVERNMENT HEALTH POST . . . . . 13 PUBLIC PHARMACY . . . . . 14 SATELLITE/MOBILE CLINIC 15 OTHER PUBLIC SECTOR _____ 16 (SPECIFY) **PRIVATE MEDICAL SECTOR** PRIVATE HOSPITAL . . . . . 21 PRIVATE CLINIC . . . . . 22 PHARMACY . . . . . 23 OTHER PRIVATE MEDICAL SECTOR _____ 27 (SPECIFY) **NGO MEDICAL SECTOR** HEALTH FACILITY . . . . . 31 FAMILY PLANNING CLINIC . . . . . 33 OTHER NGO HEALTH FACILITY _____ 36 (SPECIFY) **OTHER SOURCE** SHOP . . . . . 41 FRIEND/RELATIVE . . . . . 43 OTHER _____ 96 (SPECIFY) DON'T KNOW 98	
422	What was your relationship to this person with whom you had sexual intercourse? IF GIRLFRIEND: Were you living together as if married? IF YES, RECORD '2'. IF NO, RECORD '3'.	WIFE . . . . . 1 LIVE-IN PARTNER . . . . . 2 GIRLFRIEND NOT LIVING WITH RESPONDENT . . . . . 3 CASUAL ACQUAINTANCE . . . . . 4 CLIENT/SEX WORKER . . . . . 5 OTHER _____ 6 (SPECIFY)	
423	Apart from this person, have you had sexual intercourse with any other person in the last 12 months?	YES . . . . . 1 NO 2	→ 429
424	The last time you had sexual intercourse with this second person, was a condom used?	YES . . . . . 1 NO 2	

SECTION 4. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
425	What was your relationship to this second person with whom you had sexual intercourse? IF GIRLFRIEND: Were you living together as if married? IF YES, RECORD '2'. IF NO, RECORD '3'.	WIFE . . . . . 1 LIVE-IN PARTNER . . . . . 2 GIRLFRIEND NOT LIVING WITH RESPONDENT . . . . . 3 CASUAL ACQUAINTANCE . . . . . 4 CLIENT/SEX WORKER . . . . . 5 OTHER _____ 6 (SPECIFY)	
426	Apart from these two people, have you had sexual intercourse with any other person in the last 12 months?	YES . . . . . 1 NO 2	→ 429
427	The last time you had sexual intercourse with this third person, was a condom used?	YES . . . . . 1 NO 2	
428	What was your relationship to this third person with whom you had sexual intercourse? IF GIRLFRIEND: Were you living together as if married? IF YES, RECORD '2'. IF NO, RECORD '3'.	WIFE . . . . . 1 LIVE-IN PARTNER . . . . . 2 GIRLFRIEND NOT LIVING WITH RESPONDENT . . . . . 3 CASUAL ACQUAINTANCE . . . . . 4 CLIENT/SEX WORKER . . . . . 5 OTHER _____ 6 (SPECIFY)	
429	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, RECORD '95'.	NUMBER OF PARTNERS IN LIFETIME . . . . . [ ][ ] DON'T KNOW 98	

SECTION 5. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
501	CHECK 401: CURRENTLY MARRIED OR LIVING WITH A PARTNER ☐ NOT CURRENTLY MARRIED AND NOT LIVING WITH A PARTNER ☐		→ 514
502	CHECK 418: MAN NOT STERILIZED OR QUESTION NOT ASKED ☐ MAN STERILIZED ☐		→ 514
503	CHECK 407: ONE WIFE/ PARTNER ☐ MORE THAN ONE WIFE/ PARTNER ☐		→ 509
504	Is your {wife/partner} currently pregnant?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 507
505	Now I have some questions about the future. After the child you and your {wife/partner} 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 . . . . . 2 UNDECIDED/DON'T KNOW 8	→ 514
506	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 OTHER _____ 996 (SPECIFY) DON'T KNOW 998	→ 514
507	CHECK 208: HAS FATHERED CHILDREN ☐ a) Now I have some questions about the future. Would you like to have another child, or would you prefer not to have any more children? HAS NOT FATHERED CHILDREN ☐ b) Now I have some questions about the future. Would you like to have a child, or would you prefer not to have any children?	HAVE (A/ANOTHER) CHILD . . . . . 1 NO MORE/NONE . . . . . 2 SAYS COUPLE CAN'T GET PREGNANT . . . . . 3 WIFE/PARTNER STERILIZED . . . . . 4 RESPONDENT STERILIZED . . . . . 5 UNDECIDED/DON'T KNOW 8	→ 514
508	CHECK 208: HAS FATHERED CHILDREN ☐ a) How long would you like to wait from now before the birth of another child? HAS NOT FATHERED CHILDREN ☐ b) How long would you like to wait from now before the birth of a child?	MONTHS . . . . . 1 ☐☐ YEARS . . . . . 2 ☐☐ SOON/NOW . . . . . 993 SAYS COUPLE CAN'T GET PREGNANT . . . . . 994 OTHER _____ 996 (SPECIFY) DON'T KNOW 998	→ 514
509	Are any of your wives or partners currently pregnant?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 512

SECTION 5. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
510	Now I have some questions about the future. After the child you and your wife or partner 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 . . . . . 2 UNDECIDED/DON'T KNOW 8	→ 514
511	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 OTHER _____ 996 (SPECIFY) DON'T KNOW 998	→ 514
512	CHECK 208: HAS FATHERED CHILDREN ☐ → a) Now I have some questions about the future. Would you like to have another child, or would you prefer not to have any more children? HAS NOT FATHERED CHILDREN ☐ → b) Now I have some questions about the future. Would you like to have a child, or would you prefer not to have any children?	HAVE (A/ANOTHER) CHILD . . . . . 1 NO MORE/NONE . . . . . 2 SAYS COUPLE CAN'T GET PREGNANT . . . . . 3 (WIFE/WIVES/PARTNER(S)) STERILIZED . . . . . 4 RESPONDENT STERILIZED . . . . . 5 UNDECIDED/DON'T KNOW 8	→ 514
513	CHECK 208: HAS FATHERED CHILDREN ☐ → a) How long would you like to wait from now before the birth of another child? HAS NOT FATHERED CHILDREN ☐ → b) How long would you like to wait from now before the birth of a child?	MONTHS . . . . . 1 ☐☐ YEARS . . . . . 2 ☐☐ SOON/NOW . . . . . 993 SAYS COUPLE CAN'T GET PREGNANT . . . . . 994 OTHER _____ 996 (SPECIFY) DON'T KNOW 998	
514	CHECK 203 AND 205: HAS LIVING CHILDREN ☐ → a) 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? NO LIVING CHILDREN ☐ → b) 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
515	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's a boy or a girl?	BOYS GIRLS EITHER NUMBER . . ☐☐ ☐☐ ☐☐ OTHER _____ 96 (SPECIFY)	

SECTION 6. EMPLOYMENT AND GENDER ROLES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
601	Have you done any work in the last 7 days?	YES . . . . . 1 NO 2	→ 604
602	Although you did not work in the last 7 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 LIVING WITH A PARTNER ☐ ↓ NOT CURRENTLY MARRIED AND NOT LIVING WITH A PARTNER ☐ →		612
608	CHECK 606: CODE '1' OR '2' CIRCLED ☐ ↓ OTHER ☐ →		610
609	Who usually decides how the money you earn will be used: you, your {wife/partner}, or you and your {wife/partner} jointly?	RESPONDENT . . . . . 1 WIFE/PARTNER . . . . . 2 RESPONDENT AND WIFE/PARTNER 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/PARTNER . . . . . 2 RESPONDENT AND WIFE/PARTNER JOINTLY . . 3 SOMEONE ELSE . . . . . 4 OTHER 6	
611	Who usually makes decisions about making major household purchases?	RESPONDENT . . . . . 1 WIFE/PARTNER . . . . . 2 RESPONDENT AND WIFE/PARTNER JOINTLY . . 3 SOMEONE ELSE . . . . . 4 OTHER 6	

SECTION 6. EMPLOYMENT AND GENDER ROLES

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 . . . . . 01 JOINTLY WITH WIFE/PARTNER ONLY . . . . . 02 JOINTLY WITH SOMEONE ELSE ONLY . . . . . 03 JOINTLY WITH WIFE/PARTNER AND SOMEONE ELSE . . . . . 04 BOTH ALONE AND JOINTLY . . . . . 05 DOES NOT OWN 06	→ 615
613	Do you have a title deed or other government recognized document for any house you own?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 615
614	Is your name on this document?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
615	Do you own any agricultural or non-agricultural land either alone or jointly with someone else?	ALONE ONLY . . . . . 01 JOINTLY WITH WIFE/PARTNER ONLY . . . . . 02 JOINTLY WITH SOMEONE ELSE ONLY . . . . . 03 JOINTLY WITH WIFE/PARTNER AND SOMEONE ELSE . . . . . 04 BOTH ALONE AND JOINTLY . . . . . 05 DOES NOT OWN 06	→ 617A
616	Do you have a title deed or other government recognized document for any land you own?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 617A
617	Is your name on this document?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
617A	Do you have an account in a bank or other financial institution that you yourself use?	YES . . . . . 1 NO 2	→ 617C
617B	Did you yourself put money in or take money out of this account in the last 12 months?	YES . . . . . 1 NO 2	
617C	In the last 12 months, have you used a mobile phone to make financial transactions such as sending or receiving money, paying bills, purchasing goods or services, or receiving wages?	YES . . . . . 1 NO 2	
618	In your opinion, is a husband justified in hitting or beating his wife in the following situations: a) If she goes out without telling him? b) If she neglects the children? c) If she argues with him? d) If she refuses to have sex with him? e) If she burns the food?	YES NO DK a) GOES OUT . . . . . 1 2 8 b) NEGLECTS CHILDREN . . 1 2 8 c) ARGUES . . . . . 1 2 8 d) REFUSES SEX . . . . . 1 2 8 e) BURNS FOOD 1 2 8	
619	As far as you know did your father ever beat your mother?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	

SECTION 7. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
700	Now I would like to talk about HIV and AIDS.		
701	Have you ever heard of HIV or AIDS?	YES . . . . . 1 NO 2	
702	CHECK 111: AGE 15-24 YEARS ☐ ↓ 25 YEARS OR OLDER ☐ →		→ 708
703	HIV is the virus that can lead to AIDS. Can people reduce their chance of getting HIV by having just one uninfected sex partner who has no other sex partners?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
704	Can people get HIV from mosquito bites?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
705	Can people reduce their chance of getting HIV by using a condom every time they have sex?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
706	Can people get HIV by sharing food with a person who has HIV?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
707	Is it possible for a healthy-looking person to have HIV?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
707A	Can HIV be transmitted from a mother to her baby: a) During pregnancy? b) During delivery? c) By breastfeeding?	YES NO DK a) DURING PREGNANCY . . . . . 1 2 8 b) DURING DELIVERY . . . . . 1 2 8 c) BY BREASTFEEDING 1 2 8	
708	Have you heard of ARVs, that is, antiretroviral medicines that treat HIV?	YES . . . . . 1 NO 2	
709	Are there any special medicines that a doctor or a nurse can give to a woman infected with HIV to reduce the risk of transmission to the baby?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
710	Have you heard of PrEP, a medicine taken daily that can prevent a person from getting HIV?	YES . . . . . 1 NO 2	→ 712
711	Do you approve of people who take a pill every day to prevent getting HIV?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW/NOT SURE/DEPENDS 8	
712	**CHECK FOR PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.**		
713	Have you ever been tested for HIV?	YES . . . . . 1 NO 2	→ 721
714	In what month and year was your most recent HIV test?	MONTH . . . . . ☐☐ DON'T KNOW MONTH . . . . . 98 YEAR . . . . . ☐☐☐☐ DON'T KNOW YEAR 9998	

SECTION 7. HIV/AIDS

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, PRIVATE, OR NGO SECTOR, RECORD '96' AND WRITE THE NAME OF THE PLACE.	**PUBLIC SECTOR** GOVERNMENT HOSPITAL . . . . . 11 GOVERNMENT HEALTH CENTER . . . . . 12 MOBILE HTC SERVICES . . . . . 15 OTHER PUBLIC SECTOR _____ 16 (SPECIFY) **PRIVATE MEDICAL SECTOR** PRIVATE HOSPITAL . . . . . 21 PRIVATE CLINIC . . . . . 22 MOBILE HTC SERVICES . . . . . 26 OTHER PRIVATE MEDICAL SECTOR _____ 27 (SPECIFY) **NGO MEDICAL SECTOR** HEALTH FACILITY . . . . . 31 OTHER NGO HEALTH FACILITY _____ 36 (SPECIFY) **OTHER SOURCE** HOME . . . . . 41 WORKPLACE . . . . . 42 CORRECTIONAL FACILITY . . . . . 43 OTHER _____ 96 (SPECIFY)	
716	Did you get the results of the test?	YES . . . . . 1 NO 2	→ 720
717	What was the result of the test?	POSITIVE . . . . . 1 NEGATIVE . . . . . 2 INCONCLUSIVE . . . . . 3 DECLINED TO ANSWER 4	→ 720
718	In what month and year did you receive your first HIV-positive test result?	MONTH . . . . . ☐☐ DON'T KNOW MONTH . . . . . 98 YEAR . . . . . ☐☐☐☐ DON'T KNOW YEAR . . . . . 9998 SAME DATE AS MOST RECENT HIV TEST 95	
719	Are you currently taking ARVs, that is antiretroviral medicines? By currently, I mean that you may have missed some doses but you are still taking ARVs.	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	

SECTION 7. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
720	How many times have you been tested for HIV in your lifetime? IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE, IF NUMBER OF TESTS IS 95 OR MORE, RECORD '95'.	NUMBER OF HIV TESTS . . . . . ☐☐	
721	Have you heard of test kits people can use to test themselves for HIV?	YES . . . . . 1 NO 2	→ 723
722	Have you ever tested yourself for HIV using a self-test kit?	YES . . . . . 1 NO 2	
723	Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had HIV?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW/NOT SURE/DEPENDS 8	
724	Do you think children living with HIV should be allowed to attend school with children who do not have HIV?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW/NOT SURE/DEPENDS 8	
725	CHECK 717: CODE '1' CIRCLED ☐ ↓ OTHER ☐ →		729
726	Now I would like to ask you a few questions about your experiences living with HIV. Have you disclosed your HIV status to anyone other than me?	YES . . . . . 1 NO 2	
727	Do you agree or disagree with the following statement: I have felt ashamed because of my HIV status.	AGREE . . . . . 1 DISAGREE 2	
728	Please tell me if the following things have happened to you, or if you think they have happened to you, because of your HIV status in the last 12 months: a) People have talked badly about me because of my HIV status. b) Someone else disclosed my HIV status without my permission. c) I have been verbally insulted, harassed, or threatened because of my HIV status. d) Healthcare workers talked badly about me because of my HIV status. e) Healthcare workers yelled at me, scolded me, called me names, or verbally abused me in another way because of my HIV status.	YES NO a) PEOPLE TALK BADLY . . . . . 1 2 b) DISCLOSED STATUS . . . . . 1 2 c) VERBALLY INSULTED . . . . . 1 2 d) HEALTHCARE WORKERS TALKED BADLY . . . . . 1 2 e) HEALTHCARE WORKERS VERBALLY ABUSED 1 2	
729	CHECK 701: HEARD ABOUT HIV OR AIDS ☐ ↓ a) Apart from HIV, have you heard about other infections that can be transmitted through sexual contact? NOT HEARD ABOUT HIV OR AIDS ☐ ↓ b) Have you heard about infections that can be transmitted through sexual contact?	YES . . . . . 1 NO 2	
730	CHECK 414: HAS HAD SEXUAL INTERCOURSE ☐ ↓ NEVER HAD SEXUAL INTERCOURSE ☐ →		735

SECTION 7. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
731	CHECK 729: HEARD ABOUT OTHER SEXUALLY TRANSMITTED INFECTIONS? YES ☐ NO ☐ → 733		
732	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	
733	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	
734	Sometimes men have a sore or ulcer on or near their penis. During the last 12 months, have you had a sore or ulcer on or near your penis?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
735	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	
736	Is a wife justified in refusing to have sex with her husband when she knows he has sex with other women?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	

SECTION 8. OTHER HEALTH ISSUES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
801A	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	→ 806
801B	How old were you when you got circumcised?	AGE IN COMPLETED YEARS . . . . . [ ][ ] DURING CHILDHOOD (<5 YEARS) . . . . . 95 DON'T KNOW 98	
801C	Who did the circumcision?	**TRADITIONAL** TRAD. CIRCUMCISER . . . . . 11 FAMILY / FRIENDS . . . . . 12 OTHER TRAD _____ 16 (SPECIFY) **HEALTH PROFESSIONAL** DOCTOR . . . . . 21 NURSE . . . . . 22 OTHER HEALTH PROFESSIONA _____ 26 (SPECIFY) DON'T KNOW 98	
801D	Where was it 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	
806	Do you currently smoke tobacco every day, some days, or not at all?	EVERY DAY . . . . . 1 SOME DAYS . . . . . 2 NOT AT ALL 3	→ 809 → 808
807	In the past, have you smoked tobacco every day?	YES . . . . . 1 NO 2	→ 810
808	In the past, have you ever smoked tobacco every day, some days, or not at all?	EVERY DAY . . . . . 1 SOME DAYS . . . . . 2 NOT AT ALL 3	→ 811
809	On average, how many of the following products do you currently smoke each day? Also, let me know if you use the product, but not every day. IF RESPONDENT REPORTS USING THE PRODUCT BUT NOT EVERY DAY, RECORD '888'. IF THE PRODUCT IS NOT USED AT ALL, RECORD '000'. a) Manufactured cigarettes? b) Hand-rolled cigarettes? d) Pipes full of tobacco? f) Number of water pipe (Shisha) sessions? g) Any others? _____ (SPECIFY)	NUMBER DAILY a) MANUFACTURED CIGARETTES . . . . . [ ][ ][ ] b) HAND-ROLLED CIGARETTES . . . . . [ ][ ][ ] d) PIPES FULL OF TOBACCO . . . . . [ ][ ][ ] f) NUMBER OF WATER PIPE SESSIONS . . . . . [ ][ ][ ] g) OTHERS . . . . . [ ][ ][ ]	→ 811

SECTION 8. OTHER HEALTH ISSUES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
810	On average, how many of the following products do you currently smoke each week? Also, let me know if you use the product, but not every week. IF THE RESPONDENT REPORTS USING THE PRODUCT, BUT NOT EVERY WEEK, RECORD '888'. IF THE PRODUCT IS NOT USED AT ALL, RECORD '000'. a) Manufactured cigarettes? b) Hand-rolled cigarettes? d) Pipes full of tobacco? f) Number of water pipe (Shisha) sessions? g) Any others? _____ (SPECIFY)	NUMBER WEEKLY a) MANUFACTURED CIGARETTES . . . . . [ ][ ][ ] b) HAND-ROLLED CIGARETTES . . . . . [ ][ ][ ] d) PIPES FULL OF TOBACCO . . . . . [ ][ ][ ] f) NUMBER OF WATER PIPE SESSIONS . . . . . [ ][ ][ ] g) OTHERS . . . . . [ ][ ][ ]	
811	Do you currently use smokeless tobacco every day, some days, or not at all?	EVERY DAY . . . . . 1 SOME DAYS . . . . . 2 → 813 NOT AT ALL . . . . . 3 → 814	
812	On average, how many times a day do you use the following products? Also, let me know if you use the product, but not every day. IF THE RESPONDENT REPORTS USING THE PRODUCT, BUT NOT EVERY DAY, RECORD '888'. IF THE PRODUCT IS NOT USED AT ALL, RECORD '000'. a) Snuff, by mouth? b) Snuff, by nose? c) Chewing tobacco? e) Any others? _____ (SPECIFY)	TIMES DAILY a) SNUFF, BY MOUTH . . . . . [ ][ ][ ] b) SNUFF, BY NOSE . . . . . [ ][ ][ ] c) CHEWING TOBACCO . . . . . [ ][ ][ ] e) ANY OTHERS . . . . . [ ][ ][ ]	→ 814

SECTION 8. OTHER HEALTH ISSUES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
813	On average, how many times a week do you use the following products? Also, let me know if you use the product, but not every week. IF THE RESPONDENT REPORTS USING THE PRODUCT, BUT NOT EVERY WEEK, RECORD '888'. IF THE PRODUCT IS NOT USED AT ALL, RECORD '000'. a) Snuff, by mouth? b) Snuff, by nose? c) Chewing tobacco? e) Any others? _____ (SPECIFY)	TIMES WEEKLY a) SNUFF, BY MOUTH . . . . . [ ][ ][ ] b) SNUFF, BY NOSE . . . . . [ ][ ][ ] c) CHEWING TOBACCO . . . . . [ ][ ][ ] e) ANY OTHERS . . . . . [ ][ ][ ]	
814	Now I would like to ask you some questions about drinking alcohol. Have you ever consumed any alcohol, such as beer, wine, spirits, or as one can or bottle of beer, one glass of wine, one shot of spirits, or one meleki Areki, one birle teji and one tasa tela?	YES . . . . . 1 NO 2	→ 817
815	During the last one month, on how many days did you have an alcoholic drink? IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF RESPONDENT ANSWERS 'EVERY DAY' OR 'ALMOST EVERY DAY,' CODE '95'.	DID NOT HAVE EVEN ONE DRINK . . . . . 00 NUMBER OF DAYS . . . . . [ ][ ] EVERY DAY/ALMOST EVERY DAY 95	→ 817
816	We count one drink of alcohol as one can or bottle of beer, one glass of wine, one shot of spirits, or one meleki Areki, one birle teji and one tasa tela. In the last one month, on the days that you drank alcohol, how many drinks did you usually have per day?	NUMBER OF DRINKS . . . . . [ ][ ]	
817	Are you covered by any health insurance?	YES . . . . . 1 NO 2	→ 819
818	What type of health insurance are you covered by? RECORD ALL MENTIONED.	COMMUNITY-BASED HEALTH INSURANCE . . . . . A HEALTH INSURANCE THROUGH EMPLOYER . . . . . B OTHER PRIVATELY PURCHASED COMMERCIAL HEALTH INSURANCE . . . . . D OTHER _____ (SPECIFY) X	
819	RECORD THE TIME.	HOURS . . . . . [ ][ ] MINUTES . . . . . [ ][ ]	

FEMALE GENITAL CUTTING/MUTILATION FOR MAN'S QUESTIONNAIRE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
GCM1	Now I would like to ask some questions about a practice known as female circumcision. Have you ever heard of female circumcision?	YES . . . . . 1 NO 2	→ GCM3
GCM2	In some countries, there is a practice in which a girl may have part of her genitals cut. Have you ever heard about this practice?	YES . . . . . 1 NO 2	→ GCM5
GCM3	Do you believe that female circumcision is required by your religion?	YES . . . . . 1 NO . . . . . 2 NO RELIGION . . . . . 3 DON'T KNOW 8	
GCM4	Do you think that female circumcision should be continued, or should it be stopped?	CONTINUED . . . . . 1 STOPPED . . . . . 2 DEPENDS . . . . . 3 DON'T KNOW 8	
GCM5	RECORD THE TIME.	HOURS . . . . . [ ][ ] MINUTES . . . . . [ ][ ]	

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT INTERVIEW:

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

SUPERVISOR'S OBSERVATIONS

FORMATTING DATE: 03 Feb 2023
ENGLISH LANGUAGE: 10 Oct 2019

DEMOGRAPHIC AND HEALTH SURVEYS
BIOMARKER QUESTIONNAIRE

ETHIOPIA
Ethiopia Satistical Services (ESS)

IDENTIFICATION

PLACE NAME _____

NAME OF HOUSEHOLD HEAD _____

CLUSTER NUMBER . . . . . [ ][ ][ ][ ]

HOUSEHOLD NUMBER . . . . . [ ][ ][ ][ ]

IS THIS HOUSEHOLD IN AN URBAN=1 OR RURAL=2 AREA . . . . . [ ]

IS THIS HOUSEHOLD SELECTED FOR ANTHROPOMETRY 1 = YES 2 = NO . . \. . . . . [ ]

[FIELDWORKER] VISITS

	1	2	3	FINAL VISIT
DATE	_____	_____	_____	DAY [ ][ ]
[FIELDWORKER'S] NAME	_____	_____	_____	MONTH [ ][ ] YEAR [ ][ ][ ][ ]
NEXT VISIT: DATE	_____	_____		TOTAL NUMBER OF VISITS [ ]
TIME	_____	_____		

NOTES:

_____

_____

_____

_____

_____

TOTAL ELIGIBLE CHILDREN [ ][ ]

TOTAL ELIGIBLE WOMEN [ ][ ]

TOTAL ELIGIBLE MEN [ ][ ]

LANGUAGE OF QUESTIONNAIRE** [0][1] LANGUAGE OF INTERVIEW** [ ][ ] NATIVE LANGUAGE OF RESPONDENT** [ ][ ] TRANSLATOR (YES = 1, NO = 2) [ ]

LANGUAGE OF QUESTIONNAIRE** **ENGLISH**

**LANGUAGE CODES:
01 ENGLISH 03 AFAN OROMO 05 SOMALI 07 SIDAMA
02 AMHARIC 04 TIGIRIGNA 06 AFAR

TEAM	TEAM SUPERVISOR		CAPI SUPERVISOR	
[ ][ ]	_____	[ ][ ][ ][ ]	_____	[ ][ ][ ][ ]
NUMBER	NAME	NUMBER	NAME	NUMBER

WEIGHT AND HEIGHT MEASUREMENT FOR CHILDREN AGE 0-4

101	CHECK CAPI OUTPUT FOR "LIST ELIGIBLE INDIVIDUALS/BIOMARKERS". RECORD THE LINE NUMBER AND NAME FOR ALL ELIGIBLE CHILDREN AGE 0-5 YEARS IN QUESTION 102 ON THIS PAGE AND SUBSEQUENT PAGES STARTING WITH THE FIRST ONE LISTED. IF MORE THAN THREE CHILDREN, USE ADDITIONAL QUESTIONNAIRE(S).		
	CHILD 1		SKIP
102	CHECK CAPI OUTPUT AND RECORD NAME AND LINE NUMBER OF CHILD.	NAME _____ LINE NUMBER . . . . . ☐☐	
103	IF MOTHER INTERVIEWED: COPY CHILD'S DATE OF BIRTH (DAY, MONTH, AND YEAR) FROM PREGNANCY HISTORY. IF MOTHER NOT INTERVIEWED ASK: What is (NAME)'s date of birth?	DAY . . . . . ☐☐ MONTH . . . . . ☐☐ YEAR . . . . . ☐☐☐☐	
104	IF MOTHER INTERVIEWED: COPY CHILD'S AGE FROM PREGNANCY HISTORY. IF MOTHER NOT INTERVIEWED ASK: How old was (NAME) at (NAME)'s last birthday? COMPARE AND CORRECT 103 AND/OR 104 IF INCONSISTENT.	AGE IN COMPLETED YEARS ☐☐	
105	CHECK 104: CHILD AGE 0-4 YEARS? YES ☐ NO ☐		→ 125
106	WEIGHT IN KILOGRAMS.	KG. . . . . ☐☐.☐☐ NOT PRESENT . . . . . 9994 REFUSED . . . . . 9995 OTHER 9996	→ 108
107	WAS THE CHILD MINIMALLY DRESSED?	YES . . . . . 1 NO 2	
108	HEIGHT IN CENTIMETERS. IF CHILD IS AGE 0-1 YEARS, MEASURE LYING DOWN. IF CHILD IS AGE 2, 3, OR 4 YEARS, MEASURE STANDING UP.	CM. . . . . ☐☐☐.☐ NOT PRESENT . . . . . 9994 REFUSED . . . . . 9995 OTHER 9996	→ 113
109	WAS THE CHILD MEASURED LYING DOWN OR STANDING UP?	LYING DOWN . . . . . 1 STANDING UP 2	
110	CHECK 104 AND 109: BASED ON CHILD'S AGE, WAS CORRECT MEASUREMENT PROCEDURE FOLLOWED?	YES . . . . . 1 NO 2	→ 112
111	IF CHILD IS AGE 0-1 YEARS: WHY WAS (NAME) MEASURED STANDING UP? IF CHILD IS AGE 2-4 YEARS: WHY WAS (NAME) MEASURED LYING DOWN? _____ _____		
112	WAS THE RECORDED MEASUREMENT INTERFERED WITH BY BRAIDED OR ORNAMENTED HAIR?	YES . . . . . 1 NO 2	
113	ENTER BIOMARKER TECHNICIAN NUMBER OF MEASURER.	☐☐☐☐ BIOMARKER NUMBER	
114	ENTER BIOMARKER TECHNICIAN NUMBER OF ASSISTANT.	☐☐☐☐ BIOMARKER NUMBER	
115	TODAY'S DATE:	DAY . . . . . ☐☐ MONTH . . . . . ☐☐ YEAR . . . . . ☐☐☐☐	
116	IF ANOTHER CHILD, GO TO 102 ON THE NEXT PAGE; IF NO MORE CHILDREN, GO TO 201.		

WEIGHT AND HEIGHT MEASUREMENT FOR CHILDREN AGE 0-4

101	CHECK CAPI OUTPUT FOR "LIST ELIGIBLE INDIVIDUALS/BIOMARKERS". RECORD THE LINE NUMBER AND NAME FOR ALL ELIGIBLE CHILDREN AGE 0-5 YEARS IN QUESTION 102 ON THIS PAGE AND SUBSEQUENT PAGES STARTING WITH THE FIRST ONE LISTED. IF MORE THAN THREE CHILDREN, USE ADDITIONAL QUESTIONNAIRE(S).		
	CHILD 2		SKIP
102	CHECK CAPI OUTPUT AND RECORD NAME AND LINE NUMBER OF CHILD.	NAME _____ LINE NUMBER . . . . . ☐☐	
103	IF MOTHER INTERVIEWED: COPY CHILD'S DATE OF BIRTH (DAY, MONTH, AND YEAR) FROM PREGNANCY HISTORY. IF MOTHER NOT INTERVIEWED ASK: What is (NAME)'s date of birth?	DAY . . . . . ☐☐ MONTH . . . . . ☐☐ YEAR . . . . . ☐☐☐☐	
104	IF MOTHER INTERVIEWED: COPY CHILD'S AGE FROM PREGNANCY HISTORY. IF MOTHER NOT INTERVIEWED ASK: How old was (NAME) at (NAME)'s last birthday? COMPARE AND CORRECT 103 AND/OR 104 IF INCONSISTENT.	AGE IN COMPLETED YEARS ☐☐	
105	CHECK 104: CHILD AGE 0-4 YEARS? YES ☐ NO ☐		→ 125
106	WEIGHT IN KILOGRAMS.	KG. . . . . ☐☐.☐☐ NOT PRESENT . . . . . 9994 REFUSED . . . . . 9995 OTHER 9996	→ 108
107	WAS THE CHILD MINIMALLY DRESSED?	YES . . . . . 1 NO 2	
108	HEIGHT IN CENTIMETERS. IF CHILD IS AGE 0-1 YEARS, MEASURE LYING DOWN. IF CHILD IS AGE 2, 3, OR 4 YEARS, MEASURE STANDING UP.	CM. . . . . ☐☐☐.☐ NOT PRESENT . . . . . 9994 REFUSED . . . . . 9995 OTHER 9996	→ 113
109	WAS THE CHILD MEASURED LYING DOWN OR STANDING UP?	LYING DOWN . . . . . 1 STANDING UP 2	
110	CHECK 104 AND 109: BASED ON CHILD'S AGE, WAS CORRECT MEASUREMENT PROCEDURE FOLLOWED?	YES . . . . . 1 NO 2	→ 112
111	IF CHILD IS AGE 0-1 YEARS: WHY WAS (NAME) MEASURED STANDING UP? IF CHILD IS AGE 2-4 YEARS: WHY WAS (NAME) MEASURED LYING DOWN? _____ _____		
112	WAS THE RECORDED MEASUREMENT INTERFERED WITH BY BRAIDED OR ORNAMENTED HAIR?	YES . . . . . 1 NO 2	
113	ENTER BIOMARKER TECHNICIAN NUMBER OF MEASURER.	☐☐☐☐ BIOMARKER NUMBER	
114	ENTER BIOMARKER TECHNICIAN NUMBER OF ASSISTANT.	☐☐☐☐ BIOMARKER NUMBER	
115	TODAY'S DATE:	DAY . . . . . ☐☐ MONTH . . . . . ☐☐ YEAR . . . . . ☐☐☐☐	
116	IF ANOTHER CHILD, GO TO 102 ON THE NEXT PAGE; IF NO MORE CHILDREN, GO TO 201.		

WEIGHT AND HEIGHT MEASUREMENT FOR CHILDREN AGE 0-4

101	CHECK CAPI OUTPUT FOR "LIST ELIGIBLE INDIVIDUALS/BIOMARKERS". RECORD THE LINE NUMBER AND NAME FOR ALL ELIGIBLE CHILDREN AGE 0-5 YEARS IN QUESTION 102 ON THIS PAGE AND SUBSEQUENT PAGES STARTING WITH THE FIRST ONE LISTED. IF MORE THAN THREE CHILDREN, USE ADDITIONAL QUESTIONNAIRE(S).		
	CHILD 3		SKIP
102	CHECK CAPI OUTPUT AND RECORD NAME AND LINE NUMBER OF CHILD.	NAME _____ LINE NUMBER . . . . . ☐☐	
103	IF MOTHER INTERVIEWED: COPY CHILD'S DATE OF BIRTH (DAY, MONTH, AND YEAR) FROM PREGNANCY HISTORY. IF MOTHER NOT INTERVIEWED ASK: What is (NAME)'s date of birth?	DAY . . . . . ☐☐ MONTH . . . . . ☐☐ YEAR . . . . . ☐☐☐☐	
104	IF MOTHER INTERVIEWED: COPY CHILD'S AGE FROM PREGNANCY HISTORY. IF MOTHER NOT INTERVIEWED ASK: How old was (NAME) at (NAME)'s last birthday? COMPARE AND CORRECT 103 AND/OR 104 IF INCONSISTENT.	AGE IN COMPLETED YEARS ☐	
105	CHECK 104: CHILD AGE 0-4 YEARS? YES ☐ NO ☐		→ 125
106	WEIGHT IN KILOGRAMS.	KG. . . . . ☐☐.☐☐ NOT PRESENT . . . . . 9994 REFUSED . . . . . 9995 OTHER 9996	→ 108
107	WAS THE CHILD MINIMALLY DRESSED?	YES . . . . . 1 NO 2	
108	HEIGHT IN CENTIMETERS. IF CHILD IS AGE 0-1 YEARS, MEASURE LYING DOWN. IF CHILD IS AGE 2, 3, OR 4 YEARS, MEASURE STANDING UP.	CM. . . . . ☐☐☐.☐ NOT PRESENT . . . . . 9994 REFUSED . . . . . 9995 OTHER 9996	→ 113
109	WAS THE CHILD MEASURED LYING DOWN OR STANDING UP?	LYING DOWN . . . . . 1 STANDING UP 2	
110	CHECK 104 AND 109: BASED ON CHILD'S AGE, WAS CORRECT MEASUREMENT PROCEDURE FOLLOWED?	YES . . . . . 1 NO 2	→ 112
111	IF CHILD IS AGE 0-1 YEARS: WHY WAS (NAME) MEASURED STANDING UP? IF CHILD IS AGE 2-4 YEARS: WHY WAS (NAME) MEASURED LYING DOWN? _____ _____		
112	WAS THE RECORDED MEASUREMENT INTERFERED WITH BY BRAIDED OR ORNAMENTED HAIR?	YES . . . . . 1 NO 2	
113	ENTER BIOMARKER TECHNICIAN NUMBER OF MEASURER.	☐☐☐☐ BIOMARKER NUMBER	
114	ENTER BIOMARKER TECHNICIAN NUMBER OF ASSISTANT.	☐☐☐☐ BIOMARKER NUMBER	
115	TODAY'S DATE:	DAY . . . . . ☐☐ MONTH . . . . . ☐☐ YEAR . . . . . ☐☐☐☐	
116	IF ANOTHER CHILD, GO TO 102 ON THE NEXT PAGE; IF NO MORE CHILDREN, GO TO 201.		

201	CHECK CAPI OUTPUT FOR "LIST ELIGIBLE INDIVIDUALS/BIOMARKERS". RECORD THE LINE NUMBER, NAME, AGE, AND MARITAL STATUS FOR ALL ELIGIBLE WOMEN IN 202, 203, AND 204 ON THIS PAGE AND SUBSEQUENT PAGES STARTING WITH THE FIRST ONE LISTED. IF MORE THAN TWO WOMEN, USE ADDITIONAL QUESTIONNAIRE(S).		
	WOMAN 1		SKIP
202	CHECK CAPI OUTPUT AND RECORD NAME AND LINE NUMBER OF WOMAN.	NAME _____ LINE NUMBER . . . . . ☐☐	
203	CHECK CAPI OUTPUT FOR AGE:	15-17 YEARS . . . . . 1 18-49 YEARS 2	
204A	CHECK CAPI OUTPUT FOR MARITAL STATUS:	NEVER IN UNION . . . . . 1 OTHER 2	
204B	WAS HOUSEHOLDS SELECTED FOR ANTHROPOMETRY? YES ☐	NO ☐ → 212	
205	WEIGHT IN KILOGRAMS.	KG. . . . . ☐☐☐.☐☐ NOT PRESENT . . . . . 99994 REFUSED . . . . . 99995 → 207 OTHER 99996	
206	WAS THE WOMAN WEARING ONLY LIGHTWEIGHT CLOTHING?	YES . . . . . 1 NO 2	
207	HEIGHT IN CENTIMETERS.	CM. . . . . ☐☐☐.☐ NOT PRESENT . . . . . 9994 REFUSED . . . . . 9995 → 209 OTHER 9996	
208	WAS THE RECORDED MEASUREMENT INTERFERED WITH BY BRAIDED OR ORNAMENTED HAIR?	YES . . . . . 1 NO 2	
209	ENTER BIOMARKER TECHNICIAN NUMBER OF MEASURER.	☐☐☐☐ BIOMARKER TECH NUMBER	
210	ENTER BIOMARKER TECHNICIAN NUMBER OF ASSISTANT. IF NO ASSISTANT MEASURER, ENTER 9999.	☐☐☐☐ BIOMARKER TECH NUMBER	
211	TODAY'S DATE:	DAY . . . . . ☐☐ MONTH . . . . . ☐☐ YEAR . . . . . ☐☐☐☐	
212	CHECK 203: AGE 15-17 YEARS ☐	AGE 18-49 YEARS ☐ → 218	
213	CHECK 204: OTHER ☐	NEVER IN UNION ☐ → 227	

	WOMAN 1	SKIP

ADULT RESPONDENT CONSENT FOR DBS COLLECTION

ADULT RESPONDENT CONSENT

218	ASK CONSENT FOR DBS COLLECTION: As part of the survey we also are asking adults all over the country to give blood for HIV testing to be done in a laboratory. HIV is the virus that can lead to AIDS. The HIV testing is being done to see how many people have HIV. For the HIV testing, we need a few (more) drops of blood from a finger. The blood will be collected on a paper card and taken to the central laboratory for testing. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after we take your blood. No names will be written on the paper card so we will not be able to tell you the test results. No one else will be able to know your test results either. Do you have any questions? You can say yes or no. It is up to you to decide. Will you give blood on a paper card for HIV testing in the central laboratory?	
219	CIRCLE THE CODE.	GRANTED . . . . . 1 REFUSED . . . . . 2 NOT PRESENT/OTHER 3
220	SIGN NAME AND ENTER BIOMARKER NUMBER OF DBS COLLECTOR.	_____ (SIGN) ☐☐☐☐ BIOMARKER NUMBER
221	CHECK 219: CONSENT GRANTED ☐	REFUSED OR NOT PRESENT ☐ → 224

ADULT RESPONDENT CONSENT FOR ADDITIONAL TESTING

ADULT RESPONDENT CONSE

222	ASK CONSENT FOR ADDITIONAL TESTING: We also ask you to allow the Ministry of Health to store part of the blood sample at the laboratory for additional tests or research. These include additional tests to see if individuals are protected against other infectious diseases. The blood sample will not have any name or other information 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?	
223	CIRCLE THE CODE.	GRANTED . . . . . 1 REFUSED . . . . . 2 NOT PRESENT/OTHER 3

ADULT RESPONDENT CONSENT FOR HIV RAPID TESTING

ADULT RESPONDENT CONSENT

224	If you want to know your HIV status right now, we can do a rapid test and tell you the result. The testing is free and we will offer counselling before and after the test. For the rapid HIV test, we need a few (more) drops of blood from a finger. We will use the same rapid tests used in the hospitals in Ethiopia. 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 result of the test will be available in 20-30 minutes. If the test is positive, I will give you a referral form to go to the nearest health facility for follow up with medical personnel, as is recommended by the Ministry of Health. Do you have any questions? You can say yes or no. It is up to you to decide. Will you give blood for the rapid HIV testing?	
225	CIRCLE THE CODE.	GRANTED . . . . . 1 REFUSED . . . . . 2 NOT PRESENT/OTHER 3
226	SIGN NAME AND ENTER BIOMARKER NUMBER OF HIV COUNSELOR.	_____ (SIGN) ☐☐☐☐ BIOMARKER NUMBER → 255
227	RECORD NAME OF PARENT/RESPONSIBLE ADULT FOR MINOR.	NAME _____ LINE NUMBER OF PARENT/ RESPONSIBLE ADULT ☐☐

	WOMAN 1		SKIP

PARENT/RESPONSIBLE ADULT CONSENT FOR DBS COLLECTION

PARENT/RESPONSIBLE ADULT CONSENT

236	ASK CONSENT FOR DBS COLLECTION FROM PARENT/RESPONSIBLE ADULT: As part of the survey we also are asking people all over the country to give blood for HIV testing to be done in a laboratory. HIV is the virus that can lead to AIDS. The HIV testing is being done to see how many people have HIV. For the HIV testing, we need a few (more) drops of blood from a finger. The blood will be collected on a paper card and transported to the central laboratory. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after we take the blood. No names will be written on the paper card so we will not be able to tell you the results of (NAME OF MINOR)'s test. No one else will be able to know (NAME OF MINOR)'s test results either. Do you have any questions? You can say yes or no. It is up to you to decide. Will you allow (NAME OF MINOR) to give blood on a paper card for HIV testing in a laboratory?	
237	CIRCLE THE CODE.	GRANTED . . . . . 1 PARENT/RESPONSIBLE ADULT REFUSED . . . . . 2 NOT PRESENT/OTHER 3
238	SIGN NAME AND ENTER BIOMARKER NUMBER OF DBS COLLECTOR.	_____ (SIGN) ☐☐☐☐ BIOMARKER NUMBER
239	CHECK 237: CONSENT GRANTED ☐ ↓ / REFUSED OR NOT PRESENT ☐ → 248	

MINOR RESPONDENT ASSENT FOR DBS COLLECTION

MINOR RESPONDENT ASSENT

240	ASK ASSENT FOR DBS COLLECTION FROM MINOR: As part of the survey we also are asking people all over the country to give blood for HIV testing. HIV is the virus that can lead to AIDS. The HIV testing is being done to see how many people have HIV. For the HIV testing, we need a few (more) drops of blood from a finger. The blood will be collected on a paper card and transported to the laboratory for testing. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after we take your blood. No names will be written on the paper card so we will not be able to tell you the test results. No one else will be able to know your test results either. Do you have any questions? You can say yes or no. It is up to you to decide. Will you give blood on a paper card for HIV testing in a laboratory?	
241	CIRCLE THE CODE.	GRANTED . . . . . 1 MINOR RESPONDENT REFUSED . . . . . 2 NOT PRESENT/OTHER 3
242	SIGN NAME AND ENTER BIOMARKER NUMBER OF DBS COLLECTOR.	_____ (SIGN) ☐☐☐☐ BIOMARKER NUMBER
242	CHECK 241: CONSENT GRANTED ☐ ↓ / REFUSED OR NOT PRESENT ☐ → 248	

	WOMAN 1	SKIP

PARENT/RESPONSIBLE ADULT CONSENT FOR ADDITIONAL TESTING

PARENT/RESPONSIBLE ADULT CONSENT

243 ASK CONSENT FOR ADDITIONAL TESTING FROM PARENT/RESPONSIBLE ADULT:

We also ask you to allow the Ministry of Health to store part of the blood sample at the laboratory for additional tests or research. These include additional tests to see if individuals are protected against other infectious diseases.

The blood sample will not have any name or other information 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?

244 CIRCLE THE CODE.

GRANTED 1
PARENT/RESPONSIBLE ADULT REFUSED 2
NOT PRESENT/OTHER 3

245 CHECK 244: CONSENT GRANTED ☐ REFUSED OR NOT PRESENT ☐ → 248

MINOR RESPONDENT ASSENT FOR ADDITIONAL TESTING

MINOR RESPONDENT ASSENT

246 ASK ASSENT FOR ADDITIONAL TESTING FROM MINOR:

We also ask you to allow the Ministry of Health to store part of the blood sample at the laboratory for additional tests or research. These include additional tests to see if individuals are protected against other infectious diseases.

The blood sample will not have any name or other information 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?

247 CIRCLE THE CODE.

GRANTED 1
MINOR RESPONDENT REFUSED 2
NOT PRESENT/OTHER 3

PARENT/RESPONSIBLE ADULT CONSENT FOR HIV RAPID TESTING

PARENT/RESPONSIBLE ADULT CONSENT

248 If you want to (NAME OF MINOR) to know her HIV status right now, we can do a rapid test and tell her the result. The testing is free and we will offer counselling before and after the test.

For the rapid HIV test, we need a few (more) drops of blood from a finger. We will use the same rapid tests used in the hospitals in Ethiopia. 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 result of the test will be available in 20-30 minutes.

If the test is positive, I will give (NAME OF MINOR) a referral form to go to the nearest health facility for follow up with medical personnel, as is recommended by the Ministry of Health.

Do you have any questions?
You can say yes or no. It is up to you to decide.
Will you allow (NAME OF MINOR) to give blood for the rapid HIV testing?

249 CIRCLE THE CODE.

GRANTED 1
PARENT/RESPONSIBLE ADULT REFUSED 2
NOT PRESENT/OTHER 3

250 SIGN NAME AND ENTER BIOMARKER NUMBER OF HIV COUNSELOR.

_____ (SIGN)

☐☐☐☐ BIOMARKER NUMBER

251 CHECK 249: CONSENT GRANTED ☐ REFUSED OR NOT PRESENT ☐ → 255

WOMAN 1 | SKIP

MINOR RESPONDENT ASSENT FOR HIV RAPID TESTING

MINOR RESPONDENT ASSENT

252 If you want to know your HIV status right now, we can do a rapid test and tell you the result. The testing is free and we will offer counselling before and after the test.

For the rapid HIV test, we need a few (more) drops of blood from a finger. We will use the same rapid tests used in the hospitals in Ethiopia. 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 result of the test will be available in 20-30 minutes.

If the test is positive, I will give you a referral form to go to the nearest health facility for follow up with medical personnel, as is recommended by the Ministry of Health.

Do you have any questions?
You can say yes or no. It is up to you to decide.
Will you give blood for the rapid HIV testing?

253 CIRCLE THE CODE.

GRANTED 1
MINOR RESPONDENT REFUSED 2
NOT PRESENT/OTHER 3

254 SIGN NAME AND ENTER BIOMARKER NUMBER OF HIV COUNSELOR.

_____ (SIGN)

☐☐☐☐ BIOMARKER NUMBER

255 **PREPARE EQUIPMENT AND SUPPLIES ONLY FOR THE TEST(S) FOR WHICH CONSENT HAS BEEN OBTAINED AND PROCEED WITH THE TEST(S).**

259 ADULT: CHECK 219
MINOR: CHECK 237 AND 241
PLACE BAR CODE LABEL:

PUT THE SECOND 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
→ 262

260 ADULT: CHECK 223
MINOR: CHECK 244 AND 247

CONSENT REFUSED OR NOT PRESENT ☐ ↓

CONSENT GRANTED ☐ → 262

261 IF CONSENT REFUSED OR NOT PRESENT, WRITE "**NAT**" (NO ADDITIONAL TESTS) ON THE FILTER PAPER.

262 RECORD THE RESULT OF THE "ONE STEP HIV RDT" HERE.

REACTIVE 1
NON-REACTIVE . . . . . 2 → 267
NOT PRESENT 3
REFUSED . . . . . 4 → 273
OTHER . . . . . 5 → 270

	WOMAN 1		SKIP
263	RECORD THE RESULT OF THE "FIRST RESPONSE HIV RDT" HERE.	REACTIVE . . . . . 1 NON-REACTIVE . . . . . 2 NOT PRESENT . . . . . 3 REFUSED . . . . . 4 OTHER 5	→ 265 → 269
264	RECORD THE RESULT OF THE "UNIGOLD HIV RDT" HERE.	REACTIVE . . . . . 1 NON-REACTIVE . . . . . 2 NOT PRESENT . . . . . 3 REFUSED . . . . . 4 OTHER 5	→ 266 → 268 → 269
265	RECORD THE RESULT OF THE REPEAT "ONE STEP HIV RDT" HERE.	REACTIVE . . . . . 1 NON-REACTIVE . . . . . 2 NOT PRESENT . . . . . 3 REFUSED . . . . . 4 OTHER 5	→ 268 → 267 → 269
266	IF 262, 263 AND 264 ARE REACTIVE, RESPONDENT IS HIV POSITIVE: INFORM SURVEY PARTICIPANT ABOUT POSITIVE HIV STATUS AND PROVIDE POST-TEST COUNSELING. AS PART OF POST-TEST COUNSELING, PROVIDE A REFERRAL TO THE NEAREST HEALTH FACILITY WHERE HIV CARE AND TREATMENT SERVICES ARE AVAILABLE. SKIP TO 270		
267	RESPONDENT IS HIV NEGATIVE: INFORM THE RESPONDENT OF NEGATIVE TEST RESULT, AND CONDUCT POST-TEST COUNSELING. SKIP TO 270		
268	RESPONDENT'S HIV STATUS IS INCONCLUSIVE: INFORM THE RESPONDENT OF INDETERMINATE TEST RESULT, AND CONDUCT POST-TEST COUNSELING. AS PART OF POST-TEST COUNSELING, RECOMMEND THAT RESPONDENT IS RETESTED IN 14 DAYS AND PROVIDE A REFERRAL TO THE NEAREST HEALTH FACILITY WHERE HIV TESTING CAN BE CONDUCTED. SKIP TO 270		
269	IF THE TESTING ALGORITHM WAS NOT COMPLETED, RESPONDENT'S TESTING IS INCOMPLETE: INFORM THE RESPONDENT THAT A RESULT CANNOT BE GIVEN SINCE THE TESTING WAS NOT COMPLETED, AND CONDUCT POST-TEST COUNSELING. AS PART OF POST-TEST COUNSELING, RECOMMEND THAT THE RESPONDENT VISIT THE NEAREST HEALTH FACILITY FOR FOLLOW UP HIV TESTING TO DETERMINE HIV STATUS.		
270	WHILE TESTING THIS PERSON, WAS ANY RDT INVALID/DID ANY RDT FAIL TO RUN, THAT IS, THE CONTROL BAND DID NOT APPEAR?	RDT CONDUCTED, YES ANY INVALID . . . . . 1 RDT CONDUCTED, NONE INVALID . . . . . 2 NO RDT CONDUCTED 3	→ 273
271	RECORD NUMBER OF INVALID RESULTS USING "ONE STEP HIV RDT"	☐☐ RECORD NUMBER OF INVALID RESULTS, IF NONE ENTER '00'	
272A	RECORD NUMBER OF INVALID RESULTS USING "FIRST RESPONSE HIV RDT"	☐☐ RECORD NUMBER OF INVALID RESULTS, IF NONE ENTER '00'	
272B	RECORD NUMBER OF INVALID RESULTS USING "UNI-GOLD HIV RDT"	☐☐ RECORD NUMBER OF INVALID RESULTS, IF NONE ENTER '00'	
273	IF ANOTHER MAN, GO TO 302 ON THE NEXT PAGE, IF NO MORE MEN, END INTERVIEW.		

WEIGHT, HEIGHT, AND HIV TESTING FOR WOMEN AGE 15-49

201	CHECK CAPI OUTPUT FOR "LIST ELIGIBLE INDIVIDUALS/BIOMARKERS". RECORD THE LINE NUMBER, NAME, AGE, AND MARITAL STATUS FOR ALL ELIGIBLE WOMEN IN 202, 203, AND 204 ON THIS PAGE AND SUBSEQUENT PAGES STARTING WITH THE FIRST ONE LISTED. IF MORE THAN TWO WOMEN, USE ADDITIONAL QUESTIONNAIRE(S).		
	WOMAN 2		SKIP
202	CHECK CAPI OUTPUT AND RECORD NAME AND LINE NUMBER OF WOMAN.	NAME _____ LINE NUMBER . . . . . ☐☐	
203	CHECK CAPI OUTPUT FOR AGE:	15-17 YEARS . . . . . 1 18-49 YEARS 2	
204A	CHECK CAPI OUTPUT FOR MARITAL STATUS:	NEVER IN UNION . . . . . 1 OTHER 2	
204B	WAS HOUSEHOLDS SELECTED FOR ANTHROPOMETRY? YES ☐	NO ☐ →	212
205	WEIGHT IN KILOGRAMS.	KG. . . . . ☐☐☐.☐☐ NOT PRESENT . . . . . 99994 REFUSED . . . . . 99995 OTHER . . . . . 99996 →	207
206	WAS THE WOMAN WEARING ONLY LIGHTWEIGHT CLOTHING?	YES . . . . . 1 NO 2	
207	HEIGHT IN CENTIMETERS.	CM. . . . . ☐☐☐.☐ NOT PRESENT . . . . . 9994 REFUSED . . . . . 9995 OTHER . . . . . 9996 →	209
208	WAS THE RECORDED MEASUREMENT INTERFERED WITH BY BRAIDED OR ORNAMENTED HAIR?	YES . . . . . 1 NO 2	
209	ENTER BIOMARKER TECHNICIAN NUMBER OF MEASURER.	☐☐☐☐ BIOMARKER TECH NUMBER	
210	ENTER BIOMARKER TECHNICIAN NUMBER OF ASSISTANT. IF NO ASSISTANT MEASURER, ENTER 9999.	☐☐☐☐ BIOMARKER TECH NUMBER	
211	TODAY'S DATE:	DAY . . . . . ☐☐ MONTH . . . . . ☐☐ YEAR . . . . . ☐☐☐☐	
212	CHECK 203: AGE 15-17 YEARS ☐	AGE 18-49 YEARS ☐ →	218
213	CHECK 204: OTHER ☐	NEVER IN UNION ☐ →	227

	WOMAN 2	SKIP

ADULT RESPONDENT CONSENT FOR DBS COLLECTION

ADULT RESPONDENT CONSENT

218	ASK CONSENT FOR DBS COLLECTION: As part of the survey we also are asking adults all over the country to give blood for HIV testing to be done in a laboratory. HIV is the virus that can lead to AIDS. The HIV testing is being done to see how many people have HIV. For the HIV testing, we need a few (more) drops of blood from a finger. The blood will be collected on a paper card and taken to the central laboratory for testing. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after we take your blood. No names will be written on the paper card so we will not be able to tell you the test results. No one else will be able to know your test results either. Do you have any questions? You can say yes or no. It is up to you to decide. Will you give blood on a paper card for HIV testing in the central laboratory?	
219	CIRCLE THE CODE.	GRANTED . . . . . 1 REFUSED . . . . . 2 NOT PRESENT/OTHER 3
220	SIGN NAME AND ENTER BIOMARKER NUMBER OF DBS COLLECTOR.	_____ (SIGN) ☐☐☐☐ BIOMARKER NUMBER
221	CHECK 219: CONSENT GRANTED ↓	REFUSED OR NOT PRESENT ☐ → 224

ADULT RESPONDENT CONSENT FOR ADDITIONAL TESTING

ADULT RESPONDENT CONSENT

222	ASK CONSENT FOR ADDITIONAL TESTING: We also ask you to allow the Ministry of Health to store part of the blood sample at the laboratory for additional tests or research. These include additional tests to see if individuals are protected against other infectious diseases. The blood sample will not have any name or other information 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?	
223	CIRCLE THE CODE.	GRANTED . . . . . 1 REFUSED . . . . . 2 NOT PRESENT/OTHER 3

ADULT RESPONDENT CONSENT FOR HIV RAPID TESTING

ADULT RESPONDENT CONSENT

224	If you want to know your HIV status right now, we can do a rapid test and tell you the result. The testing is free and we will offer counselling before and after the test. For the rapid HIV test, we need a few (more) drops of blood from a finger. We will use the same rapid tests used in the hospitals in Ethiopia. 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 result of the test will be available in 20-30 minutes. If the test is positive, I will give you a referral form to go to the nearest health facility for follow up with medical personnel, as is recommended by the Ministry of Health. Do you have any questions? You can say yes or no. It is up to you to decide. Will you give blood for the rapid HIV testing?	
225	CIRCLE THE CODE.	GRANTED . . . . . 1 REFUSED . . . . . 2 NOT PRESENT/OTHER 3
226	SIGN NAME AND ENTER BIOMARKER NUMBER OF HIV COUNSELOR.	_____ (SIGN) ☐☐☐☐ BIOMARKER NUMBER → 255

	WOMAN 2		SKIP
227	RECORD NAME OF PARENT/RESPONSIBLE ADULT FOR MINOR.	NAME _____ LINE NUMBER OF PARENT/ RESPONSIBLE ADULT ☐☐	

PARENT/RESPONSIBLE ADULT CONSENT FOR DBS COLLECTION

PARENT/RESPONSIBLE ADULT CONSENT

236	ASK CONSENT FOR DBS COLLECTION FROM PARENT/RESPONSIBLE ADULT: As part of the survey we also are asking people all over the country to give blood for HIV testing to be done in a laboratory. HIV is the virus that can lead to AIDS. The HIV testing is being done to see how many people have HIV. For the HIV testing, we need a few (more) drops of blood from a finger. The blood will be collected on a paper card and transported to the central laboratory. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after we take the blood. No names will be written on the paper card so we will not be able to tell you the results of (NAME OF MINOR)'s test. No one else will be able to know (NAME OF MINOR)'s test results either. Do you have any questions? You can say yes or no. It is up to you to decide. Will you allow (NAME OF MINOR) to give blood on a paper card for HIV testing in a laboratory?		
237	CIRCLE THE CODE.	GRANTED . . . . . 1 PARENT/RESPONSIBLE ADULT REFUSED . . . . . 2 NOT PRESENT/OTHER 3	
238	SIGN NAME AND ENTER BIOMARKER NUMBER OF DBS COLLECTOR.	_____ (SIGN) ☐☐☐☐ BIOMARKER NUMBER	
239	CHECK 237: CONSENT GRANTED ☐	REFUSED OR NOT PRESENT ☐	→ 248

MINOR RESPONDENT ASSENT FOR DBS COLLECTION

MINOR RESPONDENT ASSENT

240	ASK ASSENT FOR DBS COLLECTION FROM MINOR: As part of the survey we also are asking people all over the country to give blood for HIV testing. HIV is the virus that can lead to AIDS. The HIV testing is being done to see how many people have HIV. For the HIV testing, we need a few (more) drops of blood from a finger. The blood will be collected on a paper card and transported to the laboratory for testing. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after we take your blood. No names will be written on the paper card so we will not be able to tell you the test results. No one else will be able to know your test results either. Do you have any questions? You can say yes or no. It is up to you to decide. Will you give blood on a paper card for HIV testing in a laboratory?		
241	CIRCLE THE CODE.	GRANTED . . . . . 1 MINOR RESPONDENT REFUSED . . . . . 2 NOT PRESENT/OTHER 3	
242	SIGN NAME AND ENTER BIOMARKER NUMBER OF DBS COLLECTOR.	_____ (SIGN) ☐☐☐☐ BIOMARKER NUMBER	
242	CHECK 241: CONSENT GRANTED ☐	REFUSED OR NOT PRESENT ☐	→ 248

WOMAN 2 — SKIP

PARENT/RESPONSIBLE ADULT CONSENT FOR ADDITIONAL TESTING

PARENT/RESPONSIBLE ADULT CONSENT

243	ASK CONSENT FOR ADDITIONAL TESTING FROM PARENT/RESPONSIBLE ADULT: We also ask you to allow the Ministry of Health to store part of the blood sample at the laboratory for additional tests or research. These include additional tests to see if individuals are protected against other infectious diseases. The blood sample will not have any name or other information 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?	
244	CIRCLE THE CODE.	GRANTED . . . . . 1 PARENT/RESPONSIBLE ADULT REFUSED . . . . . 2 NOT PRESENT/OTHER 3
245	CHECK 244: CONSENT GRANTED ☐ REFUSED OR NOT PRESENT ☐ → 248	

MINOR RESPONDENT ASSENT FOR ADDITIONAL TESTING

MINOR RESPONDENT ASSENT

246	ASK ASSENT FOR ADDITIONAL TESTING FROM MINOR: We also ask you to allow the Ministry of Health to store part of the blood sample at the laboratory for additional tests or research. These include additional tests to see if individuals are protected against other infectious diseases. The blood sample will not have any name or other information 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?	
247	CIRCLE THE CODE.	GRANTED . . . . . 1 MINOR RESPONDENT REFUSED . . . . . 2 NOT PRESENT/OTHER 3

PARENT/RESPONSIBLE ADULT CONSENT FOR HIV RAPID TESTING

PARENT/RESPONSIBLE ADULT CONSENT

248	If you want to (NAME OF MINOR) to know her HIV status right now, we can do a rapid test and tell her the result. The testing is free and we will offer counselling before and after the test. For the rapid HIV test, we need a few (more) drops of blood from a finger. We will use the same rapid tests used in the hospitals in Ethiopia. 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 result of the test will be available in 20-30 minutes. If the test is positive, I will give (NAME OF MINOR) a referral form to go to the nearest health facility for follow up with medical personnel, as is recommended by the Ministry of Health. Do you have any questions? You can say yes or no. It is up to you to decide. Will you allow (NAME OF MINOR) to give blood for the rapid HIV testing?	
249	CIRCLE THE CODE.	GRANTED . . . . . 1 PARENT/RESPONSIBLE ADULT REFUSED . . . . . 2 NOT PRESENT/OTHER 3
250	SIGN NAME AND ENTER BIOMARKER NUMBER OF HIV COUNSELOR.	_____ (SIGN) ☐☐☐☐ BIOMARKER NUMBER
251	CHECK 249: CONSENT GRANTED ☐ REFUSED OR NOT PRESENT ☐ → 255	

WOMAN 2 | SKIP

MINOR RESPONDENT ASSENT

MINOR RESPONDENT ASSENT FOR HIV RAPID TESTING

252 If you want to know your HIV status right now, we can do a rapid test and tell you the result. The testing is free and we will offer counselling before and after the test.

For the rapid HIV test, we need a few (more) drops of blood from a finger. We will use the same rapid tests used in the hospitals in Ethiopia. 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 result of the test will be available in 20-30 minutes.

If the test is positive, I will give you a referral form to go to the nearest health facility for follow up with medical personnel, as is recommended by the Ministry of Health.

Do you have any questions?
You can say yes or no. It is up to you to decide.
Will you give blood for the rapid HIV testing?

253 CIRCLE THE CODE.

GRANTED 1
MINOR RESPONDENT
REFUSED 2
NOT PRESENT/OTHER 3

254 SIGN NAME AND ENTER BIOMARKER NUMBER OF HIV COUNSELOR.

_____
(SIGN)

☐☐☐☐
BIOMARKER NUMBER

255 **PREPARE EQUIPMENT AND SUPPLIES ONLY FOR THE TEST(S) FOR WHICH CONSENT HAS BEEN OBTAINED AND PROCEED WITH THE TEST(S).**

259 ADULT: CHECK 219
MINOR: CHECK 237 AND 241
PLACE BAR CODE LABEL:

PUT THE SECOND 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
→ 262

260 ADULT: CHECK 223
MINOR: CHECK 244 AND 247

CONSENT REFUSED OR NOT PRESENT ☐ ↓

CONSENT GRANTED ☐ → 262

261 IF CONSENT REFUSED OR NOT PRESENT, WRITE "**NAT**" (NO ADDITIONAL TESTS) ON THE FILTER PAPER.

262 RECORD THE RESULT OF THE "ONE STEP HIV RDT" HERE.

REACTIVE 1
NON-REACTIVE . . . . . 2 → 267
NOT PRESENT 3
REFUSED . . . . . 4 → 273
OTHER . . . . . 5 → 270

	WOMAN 2		SKIP
263	RECORD THE RESULT OF THE "FIRST RESPONSE HIV RDT" HERE.	REACTIVE . . . . . 1 NON-REACTIVE . . . . . 2 NOT PRESENT . . . . . 3 REFUSED . . . . . 4 OTHER 5	→ 265 → 269
264	RECORD THE RESULT OF THE "UNIGOLD HIV RDT" HERE.	REACTIVE . . . . . 1 NON-REACTIVE . . . . . 2 NOT PRESENT . . . . . 3 REFUSED . . . . . 4 OTHER 5	→ 266 → 268 → 269
265	RECORD THE RESULT OF THE REPEAT "ONE STEP HIV RDT" HERE.	REACTIVE . . . . . 1 NON-REACTIVE . . . . . 2 NOT PRESENT . . . . . 3 REFUSED . . . . . 4 OTHER 5	→ 268 → 267 → 269
266	IF 262, 263 AND 264 ARE REACTIVE, RESPONDENT IS HIV POSITIVE: INFORM SURVEY PARTICIPANT ABOUT POSITIVE HIV STATUS AND PROVIDE POST-TEST COUNSELING. AS PART OF POST-TEST COUNSELING, PROVIDE A REFERRAL TO THE NEAREST HEALTH FACILITY WHERE HIV CARE AND TREATMENT SERVICES ARE AVAILABLE. SKIP TO 270		
267	RESPONDENT IS HIV NEGATIVE: INFORM THE RESPONDENT OF NEGATIVE TEST RESULT, AND CONDUCT POST-TEST COUNSELING. SKIP TO 270		
268	RESPONDENT'S HIV STATUS IS INCONCLUSIVE: INFORM THE RESPONDENT OF INDETERMINATE TEST RESULT, AND CONDUCT POST-TEST COUNSELING. AS PART OF POST-TEST COUNSELING, RECOMMEND THAT RESPONDENT IS RETESTED IN 14 DAYS AND PROVIDE A REFERRAL TO THE NEAREST HEALTH FACILITY WHERE HIV TESTING CAN BE CONDUCTED SKIP TO 270		
269	IF THE TESTING ALGORITHM WAS NOT COMPLETED, RESPONDENT'S TESTING IS INCOMPLETE: INFORM THE RESPONDENT THAT A RESULT CANNOT BE GIVEN SINCE THE TESTING WAS NOT COMPLETED, AND CONDUCT POST-TEST COUNSELING. AS PART OF POST-TEST COUNSELING, RECOMMEND THAT THE RESPONDENT VISIT THE NEAREST HEALTH FACILITY FOR FOLLOW UP HIV TESTING TO DETERMINE HIV STATUS.		
270	WHILE TESTING THIS PERSON, WAS ANY RDT INVALID/DID ANY RDT FAIL TO RUN, THAT IS, THE CONTROL BAND DID NOT APPEAR?	RDT CONDUCTED, YES ANY INVALID . . . . . 1 RDT CONDUCTED, NONE INVALID . . . . . 2 NO RDT CONDUCTED 3	→ 273
271	RECORD NUMBER OF INVALID RESULTS USING "ONE STEP HIV RDT"	☐☐ RECORD NUMBER OF INVALID RESULTS, IF NONE ENTER '00'	
272A	RECORD NUMBER OF INVALID RESULTS USING "FIRST RESPONSE HIV RDT"	☐☐ RECORD NUMBER OF INVALID RESULTS, IF NONE ENTER '00'	
272B	RECORD NUMBER OF INVALID RESULTS USING "UNI-GOLD HIV RDT"	☐☐ RECORD NUMBER OF INVALID RESULTS, IF NONE ENTER '00'	
273	IF ANOTHER MAN, GO TO 302 ON THE NEXT PAGE, IF NO MORE MEN, END INTERVIEW.		

201	CHECK CAPI OUTPUT FOR "LIST ELIGIBLE INDIVIDUALS/BIOMARKERS". RECORD THE LINE NUMBER, NAME, AGE, AND MARITAL STATUS FOR ALL ELIGIBLE WOMEN IN 202, 203, AND 204 ON THIS PAGE AND SUBSEQUENT PAGES STARTING WITH THE FIRST ONE LISTED. IF MORE THAN TWO WOMEN, USE ADDITIONAL QUESTIONNAIRE(S).		
	WOMAN 3		SKIP
202	CHECK CAPI OUTPUT AND RECORD NAME AND LINE NUMBER OF WOMAN.	NAME _____ LINE NUMBER . . . . . ☐☐	
203	CHECK CAPI OUTPUT FOR AGE:	15-17 YEARS . . . . . 1 18-49 YEARS 2	
204A	CHECK CAPI OUTPUT FOR MARITAL STATUS:	NEVER IN UNION . . . . . 1 OTHER 2	
204B	WAS HOUSEHOLDS SELECTED FOR ANTHROPOMETRY?	YES ☐ ↓ NO ☐ →	212
205	WEIGHT IN KILOGRAMS.	KG. . . . . ☐☐☐.☐☐ NOT PRESENT . . . . . 99994 REFUSED . . . . . 99995 OTHER 99996	→ 207
206	WAS THE WOMAN WEARING ONLY LIGHTWEIGHT CLOTHING?	YES . . . . . 1 NO 2	
207	HEIGHT IN CENTIMETERS.	CM. . . . . ☐☐☐.☐ NOT PRESENT . . . . . 9994 REFUSED . . . . . 9995 OTHER 9996	→ 209
208	WAS THE RECORDED MEASUREMENT INTERFERED WITH BY BRAIDED OR ORNAMENTED HAIR?	YES . . . . . 1 NO 2	
209	ENTER BIOMARKER TECHNICIAN NUMBER OF MEASURER.	☐☐☐☐ BIOMARKER TECH NUMBER	
210	ENTER BIOMARKER TECHNICIAN NUMBER OF ASSISTANT. IF NO ASSISTANT MEASURER, ENTER 9999.	☐☐☐☐ BIOMARKER TECH NUMBER	
211	TODAY'S DATE:	DAY . . . . . ☐☐ MONTH . . . . . ☐☐ YEAR . . . . . ☐☐☐☐	
212	CHECK 203:	AGE 15-17 YEARS ☐ ↓ AGE 18-49 YEARS ☐ →	218
213	CHECK 204:	OTHER ☐ ↓ NEVER IN UNION ☐ →	227

	WOMAN 3	SKIP

ADULT RESPONDENT CONSENT FOR DBS COLLECTION

ADULT RESPONDENT CONSENT

218	ASK CONSENT FOR DBS COLLECTION: As part of the survey we also are asking adults all over the country to give blood for HIV testing to be done in a laboratory. HIV is the virus that can lead to AIDS. The HIV testing is being done to see how many people have HIV. For the HIV testing, we need a few (more) drops of blood from a finger. The blood will be collected on a paper card and taken to the central laboratory for testing. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after we take your blood. No names will be written on the paper card so we will not be able to tell you the test results. No one else will be able to know your test results either. Do you have any questions? You can say yes or no. It is up to you to decide. Will you give blood on a paper card for HIV testing in the central laboratory?	
219	CIRCLE THE CODE.	GRANTED . . . . . 1 REFUSED . . . . . 2 NOT PRESENT/OTHER 3
220	SIGN NAME AND ENTER BIOMARKER NUMBER OF DBS COLLECTOR.	_____ (SIGN) ☐☐☐☐ BIOMARKER NUMBER
221	CHECK 219: CONSENT GRANTED ☐	REFUSED OR NOT PRESENT ☐ → 224

ADULT RESPONDENT CONSENT FOR ADDITIONAL TESTING

ADULT RESPONDENT CONSE

222	ASK CONSENT FOR ADDITIONAL TESTING: We also ask you to allow the Ministry of Health to store part of the blood sample at the laboratory for additional tests or research. These include additional tests to see if individuals are protected against other infectious diseases. The blood sample will not have any name or other information 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?	
223	CIRCLE THE CODE.	GRANTED . . . . . 1 REFUSED . . . . . 2 NOT PRESENT/OTHER 3

ADULT RESPONDENT CONSENT FOR HIV RAPID TESTING

ADULT RESPONDENT CONSENT

224	If you want to know your HIV status right now, we can do a rapid test and tell you the result. The testing is free and we will offer counselling before and after the test. For the rapid HIV test, we need a few (more) drops of blood from a finger. We will use the same rapid tests used in the hospitals in Ethiopia. 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 result of the test will be available in 20-30 minutes. If the test is positive, I will give you a referral form to go to the nearest health facility for follow up with medical personnel, as is recommended by the Ministry of Health. Do you have any questions? You can say yes or no. It is up to you to decide. Will you give blood for the rapid HIV testing?	
225	CIRCLE THE CODE.	GRANTED . . . . . 1 REFUSED . . . . . 2 NOT PRESENT/OTHER 3
226	SIGN NAME AND ENTER BIOMARKER NUMBER OF HIV COUNSELOR.	_____ (SIGN) ☐☐☐☐ BIOMARKER NUMBER → 255
227	RECORD NAME OF PARENT/RESPONSIBLE ADULT FOR MINOR.	NAME _____ LINE NUMBER OF PARENT/ RESPONSIBLE ADULT ☐☐

WOMAN 3 | SKIP

PARENT/RESPONSIBLE ADULT CONSENT FOR DBS COLLECTION

PARENT/RESPONSIBLE ADULT CONSENT

236 ASK CONSENT FOR DBS COLLECTION FROM PARENT/RESPONSIBLE ADULT:

As part of the survey we also are asking people all over the country to give blood for HIV testing to be done in a laboratory. HIV is the virus that can lead to AIDS. The HIV testing is being done to see how many people have HIV.

For the HIV testing, we need a few (more) drops of blood from a finger. The blood will be collected on a paper card and transported to the central laboratory. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after we take the blood. No names will be written on the paper card so we will not be able to tell you the results of (NAME OF MINOR)'s test. No one else will be able to know (NAME OF MINOR)'s test results either.

Do you have any questions?
You can say yes or no. It is up to you to decide.
Will you allow (NAME OF MINOR) to give blood on a paper card for HIV testing in a laboratory?

237 CIRCLE THE CODE.

GRANTED 1
PARENT/RESPONSIBLE ADULT REFUSED 2
NOT PRESENT/OTHER 3

238 SIGN NAME AND ENTER BIOMARKER NUMBER OF DBS COLLECTOR.

_____ (SIGN)

☐☐☐☐ BIOMARKER NUMBER

239 CHECK 237: CONSENT GRANTED ☐ ↓ | REFUSED OR NOT PRESENT ☐ → 248

MINOR RESPONDENT ASSENT FOR DBS COLLECTION

MINOR RESPONDENT ASSENT

240 ASK ASSENT FOR DBS COLLECTION FROM MINOR:

As part of the survey we also are asking people all over the country to give blood for HIV testing. HIV is the virus that can lead to AIDS. The HIV testing is being done to see how many people have HIV.

For the HIV testing, we need a few (more) drops of blood from a finger. The blood will be collected on a paper card and transported to the laboratory for testing. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after we take your blood. No names will be written on the paper card so we will not be able to tell you the test results. No one else will be able to know your test results either.

Do you have any questions?
You can say yes or no. It is up to you to decide.
Will you give blood on a paper card for HIV testing in a laboratory?

241 CIRCLE THE CODE.

GRANTED 1
MINOR RESPONDENT REFUSED 2
NOT PRESENT/OTHER 3

242 SIGN NAME AND ENTER BIOMARKER NUMBER OF DBS COLLECTOR.

_____ (SIGN)

☐☐☐☐ BIOMARKER NUMBER

242 CHECK 241: CONSENT GRANTED ☐ ↓ | REFUSED OR NOT PRESENT ☐ → 248

	WOMAN 3	SKIP

PARENT/RESPONSIBLE ADULT CONSENT FOR ADDITIONAL TESTING

PARENT/RESPONSIBLE ADULT CONSENT

243	ASK CONSENT FOR ADDITIONAL TESTING FROM PARENT/RESPONSIBLE ADULT: We also ask you to allow the Ministry of Health to store part of the blood sample at the laboratory for additional tests or research. These include additional tests to see if individuals are protected against other infectious diseases. The blood sample will not have any name or other information 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?	
244	CIRCLE THE CODE.	GRANTED . . . . . 1 PARENT/RESPONSIBLE ADULT REFUSED . . . . . 2 NOT PRESENT/OTHER 3
245	CHECK 244: CONSENT GRANTED ☐ REFUSED OR NOT PRESENT ☐	→ 248

MINOR RESPONDENT ASSENT FOR ADDITIONAL TESTING

MINOR RESPONDENT ASSENT

246	ASK ASSENT FOR ADDITIONAL TESTING FROM MINOR: We also ask you to allow the Ministry of Health to store part of the blood sample at the laboratory for additional tests or research. These include additional tests to see if individuals are protected against other infectious diseases. The blood sample will not have any name or other information 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?	
247	CIRCLE THE CODE.	GRANTED . . . . . 1 MINOR RESPONDENT REFUSED . . . . . 2 NOT PRESENT/OTHER 3

PARENT/RESPONSIBLE ADULT CONSENT FOR HIV RAPID TESTING

PARENT/RESPONSIBLE ADULT CONSENT

248	If you want to (NAME OF MINOR) to know her HIV status right now, we can do a rapid test and tell her the result. The testing is free and we will offer counselling before and after the test. For the rapid HIV test, we need a few (more) drops of blood from a finger. We will use the same rapid tests used in the hospitals in Ethiopia. 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 result of the test will be available in 20-30 minutes. If the test is positive, I will give (NAME OF MINOR) a referral form to go to the nearest health facility for follow up with medical personnel, as is recommended by the Ministry of Health. Do you have any questions? You can say yes or no. It is up to you to decide. [illegible]	
249	CIRCLE THE CODE.	GRANTED . . . . . 1 PARENT/RESPONSIBLE ADULT REFUSED . . . . . 2 NOT PRESENT/OTHER 3
250	SIGN NAME AND ENTER BIOMARKER NUMBER OF HIV COUNSELOR.	_____ (SIGN) ☐☐☐☐ BIOMARKER NUMBER
251	CHECK 249: CONSENT GRANTED ☐ REFUSED OR NOT PRESENT ☐	→ 255

WOMAN 3 — SKIP

MINOR RESPONDENT ASSENT

MINOR RESPONDENT ASSENT FOR HIV RAPID TESTING

252 If you want to know your HIV status right now, we can do a rapid test and tell you the result. The testing is free and we will offer counselling before and after the test.

For the rapid HIV test, we need a few (more) drops of blood from a finger. We will use the same rapid tests used in the hospitals in Ethiopia. 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 result of the test will be available in 20-30 minutes.

If the test is positive, I will give you a referral form to go to the nearest health facility for follow up with medical personnel, as is recommended by the Ministry of Health.

Do you have any questions?
You can say yes or no. It is up to you to decide.

253 CIRCLE THE CODE.

GRANTED 1
MINOR RESPONDENT
REFUSED 2
NOT PRESENT/OTHER 3

254 SIGN NAME AND ENTER BIOMARKER NUMBER OF HIV COUNSELOR.

_____
(SIGN)

☐☐☐☐
BIOMARKER NUMBER

255 **PREPARE EQUIPMENT AND SUPPLIES ONLY FOR THE TEST(S) FOR WHICH CONSENT HAS BEEN OBTAINED AND PROCEED WITH THE TEST(S).**

259 ADULT: CHECK 219
MINOR: CHECK 237 AND 241
PLACE BAR CODE LABEL:

PUT THE SECOND 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 → 262
OTHER 99996

260 ADULT: CHECK 223
MINOR: CHECK 244 AND 247

CONSENT REFUSED OR NOT PRESENT ☐ ↓

CONSENT GRANTED ☐ → 262

261 IF CONSENT REFUSED OR NOT PRESENT, WRITE "**NAT**" (NO ADDITIONAL TESTS) ON THE FILTER PAPER.

262 RECORD THE RESULT OF THE "ONE STEP HIV RDT" HERE.

REACTIVE 1
NON-REACTIVE . . . . . 2 → 267
NOT PRESENT 3
REFUSED . . . . . 4 → 273
OTHER . . . . . 5 → 270

	WOMAN 3		SKIP
263	RECORD THE RESULT OF THE "FIRST RESPONSE HIV RDT" HERE.	REACTIVE . . . . . 1 NON-REACTIVE . . . . . 2 NOT PRESENT . . . . . 3 REFUSED . . . . . 4 OTHER 5	→ 265 → 269
264	RECORD THE RESULT OF THE "UNIGOLD HIV RDT" HERE.	REACTIVE . . . . . 1 NON-REACTIVE . . . . . 2 NOT PRESENT . . . . . 3 REFUSED . . . . . 4 OTHER 5	→ 266 → 268 → 269
265	RECORD THE RESULT OF THE REPEAT "ONE STEP HIV RDT" HERE.	REACTIVE . . . . . 1 NON-REACTIVE . . . . . 2 NOT PRESENT . . . . . 3 REFUSED . . . . . 4 OTHER 5	→ 268 → 267 → 269
266	IF 262, 263 AND 264 ARE REACTIVE, RESPONDENT IS HIV POSITIVE: INFORM SURVEY PARTICIPANT ABOUT POSITIVE HIV STATUS AND PROVIDE POST-TEST COUNSELING. AS PART OF POST-TEST COUNSELING, PROVIDE A REFERRAL TO THE NEAREST HEALTH FACILITY WHERE HIV CARE AND TREATMENT SERVICES ARE AVAILABLE. SKIP TO 270		
267	RESPONDENT IS HIV NEGATIVE: INFORM THE RESPONDENT OF NEGATIVE TEST RESULT, AND CONDUCT POST-TEST COUNSELING. SKIP TO 270		
268	RESPONDENT'S HIV STATUS IS INCONCLUSIVE: INFORM THE RESPONDENT OF INDETERMINATE TEST RESULT, AND CONDUCT POST-TEST COUNSELING. AS PART OF POST-TEST COUNSELING, RECOMMEND THAT RESPONDENT IS RETESTED IN 14 DAYS AND PROVIDE A REFERRAL TO THE NEAREST HEALTH FACILITY WHERE HIV TESTING CAN BE CONDUCTED. SKIP TO 270		
269	IF THE TESTING ALGORITHM WAS NOT COMPLETED, RESPONDENT'S TESTING IS INCOMPLETE: INFORM THE RESPONDENT THAT A RESULT CANNOT BE GIVEN SINCE THE TESTING WAS NOT COMPLETED, AND CONDUCT POST-TEST COUNSELING. AS PART OF POST-TEST COUNSELING, RECOMMEND THAT THE RESPONDENT VISIT THE NEAREST HEALTH FACILITY FOR FOLLOW UP HIV TESTING TO DETERMINE HIV STATUS.		
270	WHILE TESTING THIS PERSON, WAS ANY RDT INVALID/DID ANY RDT FAIL TO RUN, THAT IS, THE CONTROL BAND DID NOT APPEAR?	RDT CONDUCTED, YES ANY INVALID . . . . . 1 RDT CONDUCTED, NONE INVALID . . . . . 2 NO RDT CONDUCTED 3	→ 273
271	RECORD NUMBER OF INVALID RESULTS USING "ONE STEP HIV RDT"	☐☐ RECORD NUMBER OF INVALID RESULTS, IF NONE ENTER '00'	
272A	RECORD NUMBER OF INVALID RESULTS USING "FIRST RESPONSE HIV RDT"	☐☐ RECORD NUMBER OF INVALID RESULTS, IF NONE ENTER '00'	
272B	RECORD NUMBER OF INVALID RESULTS USING "UNI-GOLD HIV RDT"	☐☐ RECORD NUMBER OF INVALID RESULTS, IF NONE ENTER '00'	
273	IF ANOTHER MAN, GO TO 302 ON THE NEXT PAGE, IF NO MORE MEN, END INTERVIEW.		

HIV TESTING FOR MEN AGE 15-59

301	CHECK CAPI OUTPUT FOR "LIST ELIGIBLE INDIVIDUALS/BIOMARKERS". RECORD THE LINE NUMBER, NAME, AGE, AND MARITAL STATUS FOR ALL ELIGIBLE MEN IN 302, 303, AND 304 ON THIS PAGE AND SUBSEQUENT PAGES STARTING WITH THE FIRST ONE LISTED. IF MORE THAN TWO MEN USE ADDITIONAL QUESTIONNAIRE(S).		
	MAN 1		SKIP
302	CHECK CAPI OUTPUT AND RECORD NAME AND LINE NUMBER OF MAN.	NAME _____ LINE NUMBER . . . . . ☐☐	
303	CHECK CAPI OUTPUT FOR AGE:	15-17 YEARS . . . . . 1 18-59 YEARS 2	
304	CHECK CAPI OUTPUT FOR MARITAL STATUS:	NEVER IN UNION . . . . . 1 OTHER 2	
305	CHECK 303: AGE 15-17 YEARS ☐ ↓	AGE 18-59 YEARS ☐ →	307
306	CHECK 304: OTHER ☐ ↓	NEVER IN UNION ☐ →	315

HIV TESTING FOR MEN AGE 15-59

	MAN 1		SKIP

ADULT RESPONDENT CONSENT FOR DBS COLLECTION

ADULT RESPONDENT CONSENT

307	ASK CONSENT FOR DBS COLLECTION: As part of the survey we also are asking adults all over the country to give blood for HIV testing to be done in a laboratory. HIV is the virus that can lead to AIDS. The HIV testing is being done to see how many people have HIV. For the HIV testing, we need a few (more) drops of blood from a finger. The blood will be collected on a paper card and taken to the central laboratory for testing. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after we take your blood. No names will be written on the paper card so we will not be able to tell you the test results. No one else will be able to know your test results either. Do you have any questions? You can say yes or no. It is up to you to decide. Will you give blood on a paper card for HIV testing in the central laboratory?	
308	CIRCLE THE CODE.	GRANTED . . . . . 1 REFUSED . . . . . 2 NOT PRESENT/OTHER 3
309A	SIGN NAME AND ENTER BIOMARKER NUMBER OF DBS COLLECTOR.	_____ (SIGN) ☐☐☐☐ BIOMARKER NUMBER
309B	CHECK 308: CONSENT GRANTED ☐ ↓	REFUSED OR NOT PRESENT ☐ → 312

ADULT RESPONDENT CONSENT FOR ADDITIONAL TESTING

ADULT RESPONDENT CONSENT

310	ASK CONSENT FOR ADDITIONAL TESTING: We also ask you to allow the Ministry of Health to store part of the blood sample at the laboratory for additional tests or research. These include additional tests to see if individuals are protected against other infectious diseases. The blood sample will not have any name or other information 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?	
311	CIRCLE THE CODE.	GRANTED . . . . . 1 REFUSED . . . . . 2 NOT PRESENT/OTHER 3

ADULT RESPONDENT CONSENT FOR HIV RAPID TESTING

ADULT RESPONDENT CONSENT

312 If you want to know your HIV status right now, we can do a rapid test and tell you the result. The testing is free and we will offer counselling before and after the test.

For the rapid HIV test, we need a few (more) drops of blood from a finger. We will use the same rapid tests used in the hospitals in Ethiopia. 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 result of the test will be available in 20-30 minutes.

If the test is positive, I will give you a referral form to go to the nearest health facility for follow up with medical personnel, as is recommended by the Ministry of Health.

Do you have any questions?
You can say yes or no. It is up to you to decide.
Will you give blood for the rapid HIV testing?

313 CIRCLE THE CODE.

GRANTED 1
REFUSED 2
NOT PRESENT/OTHER 3

314 SIGN NAME AND ENTER BIOMARKER NUMBER OF HIV COUNSELOR.

_____
(SIGN)

BIOMARKER NUMBER

→ 335

315 RECORD NAME OF PARENT/RESPONSIBLE ADULT FOR MINOR.

NAME _____

LINE NUMBER OF PARENT/ RESPONSIBLE ADULT

PARENT/RESPONSIBLE ADULT CONSENT FOR DBS COLLECTION

PARENT/RESPONSIBLE ADULT CONSENT

316 ASK CONSENT FOR DBS COLLECTION FROM PARENT/RESPONSIBLE ADULT:

As part of the survey we also are asking people all over the country to give blood for HIV testing to be done in a laboratory. HIV is the virus that can lead to AIDS. The HIV testing is being done to see how many people have HIV.

For the HIV testing, we need a few (more) drops of blood from a finger. The blood will be collected on a paper card and transported to the central laboratory. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after we take the blood. No names will be written on the paper card so we will not be able to tell you the results of (NAME OF MINOR)'s test. No one else will be able to know (NAME OF MINOR)'s test results either.

Do you have any questions?
You can say yes or no. It is up to you to decide.
Will you allow (NAME OF MINOR) to give blood on a paper card for HIV testing in a laboratory?

317 CIRCLE THE CODE.

GRANTED 1
PARENT/RESPONSIBLE ADULT REFUSED 2
NOT PRESENT/OTHER 3

318 SIGN NAME AND ENTER BIOMARKER NUMBER OF DBS COLLECTOR.

_____
(SIGN)

BIOMARKER NUMBER

319 CHECK 317:

CONSENT GRANTED ☐ ↓

REFUSED OR NOT PRESENT ☐ → 328

MINOR RESPONDENT ASSENT FOR DBS COLLECTION

MINOR RESP

320 ASK ASSENT FOR DBS COLLECTION FROM MINOR:

As part of the survey we also are asking people all over the country to give blood for HIV testing. HIV is the virus that can lead to AIDS. The HIV testing is being done to see how many people have HIV.

For the HIV testing, we need a few (more) drops of blood from a finger. The blood will be collected on a paper card and transported to the laboratory for testing. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after we take your blood. No names will be written on the paper card so we will not be able to tell you the test results. No one else will be able to know your test results either.

Do you have any questions?

RESPONDENT ASSENT

You can say yes or no. It is up to you to decide.
Will you give blood on a paper card for HIV testing in a laboratory?

321	CIRCLE THE CODE.	GRANTED . . . . . 1 MINOR RESPONDENT REFUSED . . . . . 2 NOT PRESENT/OTHER 3
322A	SIGN NAME AND ENTER BIOMARKER NUMBER OF DBS COLLECTOR.	_____ (SIGN) ☐☐☐☐ BIOMARKER NUMBER
322B	CHECK 321: CONSENT GRANTED ☐ REFUSED OR NOT PRESENT ☐ → 328	

PARENT/RESPONSIBLE ADULT CONSENT

PARENT/RESPONSIBLE ADULT CONSENT FOR ADDITIONAL TESTING

323 ASK CONSENT FOR ADDITIONAL TESTING FROM PARENT/RESPONSIBLE ADULT:

We also ask you to allow the Ministry of Health to store part of the blood sample at the laboratory for additional tests or research. These include additional tests to see if individuals are protected against other infectious diseases.

The blood sample will not have any name or other information 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?

324	CIRCLE THE CODE.	GRANTED . . . . . 1 PARENT/RESPONSIBLE ADULT REFUSED . . . . . 2 NOT PRESENT/OTHER 3
325	CHECK 324: CONSENT GRANTED ☐ REFUSED OR NOT PRESENT ☐ → 328	

MINOR RESPONDENT ASSENT

MINOR RESPONDENT ASSENT FOR ADDITIONAL TESTING

326 ASK ASSENT FOR ADDITIONAL TESTING FROM MINOR:

We also ask you to allow the Ministry of Health to store part of the blood sample at the laboratory for additional tests or research. These include additional tests to see if individuals are protected against other infectious diseases.

The blood sample will not have any name or other information 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?

327	CIRCLE THE CODE.	GRANTED . . . . . 1 MINOR RESPONDENT REFUSED . . . . . 2 NOT PRESENT/OTHER 3

PARENT/RESPONSIBLE ADULT

PARENT/RESPONSIBLE ADULT CONSENT FOR HIV RAPID TESTING

328 If you want to (NAME OF MINOR) to know his HIV status right now, we can do a rapid test and tell him the result. The testing is free and we will offer counselling before and after the test.

For the rapid HIV test, we need a few (more) drops of blood from a finger. We will use the same rapid tests used in the hospitals in Ethiopia. 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 result of the test will be available in 20-30 minutes.

If the test is positive, I will give (NAME OF MINOR) a referral form to go to the nearest health facility for follow up with medical personnel, as is recommended by the Ministry of Health.

Do you have any questions?
You can say yes or no. It is up to you to decide.
Will you allow (NAME OF MINOR) to give blood for the rapid HIV testing?

329	CIRCLE THE CODE.	GRANTED . . . . . 1 PARENT/RESPONSIBLE ADULT REFUSED . . . . . 2 NOT PRESENT/OTHER 3

CONSENT

330 SIGN NAME AND ENTER BIOMARKER NUMBER OF HIV COUNSELOR.

_____ (SIGN)

☐☐☐☐ BIOMARKER NUMBER

331 CHECK 329: CONSENT GRANTED ☐ REFUSED OR NOT ☐ → 335

MINOR RESPONDENT ASSENT FOR HIV RAPID TESTING

MINOR RESPONDENT ASSENT

332 If you want to know your HIV status right now, we can do a rapid test and tell you the result. The testing is free and we will offer counselling before and after the test.

For the rapid HIV test, we need a few (more) drops of blood from a finger. We will use the same rapid tests used in the hospitals in Ethiopia. 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 result of the test will be available in 20-30 minutes.

If the test is positive, I will give you a referral form to go to the nearest health facility for follow up with medical personnel, as is recommended by the Ministry of Health.

Do you have any questions?
You can say yes or no. It is up to you to decide.

333 CIRCLE THE CODE.

GRANTED 1
MINOR RESPONDENT REFUSED 2
NOT PRESENT/OTHER 3

334 SIGN NAME AND ENTER BIOMARKER NUMBER OF HIV COUNSELOR.

_____ (SIGN)

☐☐☐☐ BIOMARKER NUMBER

335 **PREPARE EQUIPMENT AND SUPPLIES ONLY FOR THE TEST(S) FOR WHICH CONSENT HAS BEEN OBTAINED AND PROCEED WITH THE TEST(S).**

336 ADULT: CHECK 308
MINOR: CHECK 316 AND 320
PLACE BAR CODE LABEL:

PUT THE SECOND 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 → 339
OTHER 99996

337 ADULT: CHECK 310
MINOR: CHECK 323 AND 326

CONSENT REFUSED OR NOT PRESENT ☐ CONSENT GRANTED ☐ → 339

338 IF CONSENT REFUSED OR NOT PRESENT, WRITE "**NAT**" (NO ADDITIONAL TESTS) ON THE FILTER PAPER.

339 RECORD THE RESULT OF THE "ONE STEP HIV RDT" HERE.

REACTIVE 1
NON-REACTIVE . . . . . 2 → 342
NOT PRESENT 3
REFUSED . . . . . 4 → 348
OTHER . . . . . 5 → 345

340A RECORD THE RESULT OF THE "FIRST RESPONSE HIV RDT" HERE.

REACTIVE 1
NON-REACTIVE . . . . . 2 → 340C
NOT PRESENT 3
REFUSED . . . . . 4 → 344
OTHER 5

340B RECORD THE RESULT OF THE "UNIGOLD HIV RDT" HERE.

REACTIVE . . . . . 1 → 341
NON-REACTIVE . . . . . 2 → 343
NOT PRESENT 3
REFUSED . . . . . 4 → 344
OTHER 5

340C RECORD THE RESULT OF THE REPEAT "ONE STEP HIV RDT" HERE.

REACTIVE . . . . . 1 → 343
NON-REACTIVE . . . . . 2 → 342
NOT PRESENT 3
REFUSED . . . . . 4 → 344

		OTHER 5
341	IF 339, 340A AND 340B ARE REACTIVE, RESPONDENT IS HIV POSITIVE: INFORM SURVEY PARTICIPANT ABOUT POSITIVE HIV STATUS AND PROVIDE POST-TEST COUNSELING. AS PART OF POST-TEST COUNSELING, PROVIDE A REFERRAL TO THE NEAREST HEALTH FACILITY WHERE HIV CARE AND TREATMENT SERVICES ARE AVAILABLE. SKIP TO 345	
342	RESPONDENT IS HIV NEGATIVE: INFORM THE RESPONDENT OF NEGATIVE TEST RESULT, AND CONDUCT POST-TEST COUNSELING. SKIP TO 345	
343	RESPONDENT'S HIV STATUS IS INCONCLUSIVE: INFORM THE RESPONDENT OF INDETERMINATE TEST RESULT, AND CONDUCT POST-TEST COUNSELING. AS PART OF POST-TEST COUNSELING, RECOMMEND THAT RESPONDENT IS RETESTED IN 14 DAYS AND PROVIDE A REFERRAL TO THE NEAREST HEALTH FACILITY WHERE HIV TESTING CAN BE CONDUCTED. SKIP TO 345	
344	IF THE TESTING ALGORITHM WAS NOT COMPLETED, RESPONDENT'S TESTING IS INCOMPLETE: INFORM THE RESPONDENT THAT A RESULT CANNOT BE GIVEN SINCE THE TESTING WAS NOT COMPLETED, AND CONDUCT POST-TEST COUNSELING. AS PART OF POST-TEST COUNSELING, RECOMMEND THAT THE RESPONDENT VISIT THE NEAREST HEALTH FACILITY FOR FOLLOW UP HIV TESTING TO DETERMINE HIV STATUS.	
345	WHILE TESTING THIS PERSON, WAS ANY RDT INVALID/DID ANY RDT FAIL TO RUN, THAT IS, THE CONTROL BAND DID NOT APPEAR?	RDT CONDUCTED, YES ANY INVALID . . . . . 1 RDT CONDUCTED, NONE INVALID . . . . . 2 NO RDT CONDUCTEI . . . . . 3 → 348
346	RECORD NUMBER OF INVALID RESULTS USING "ONE STEP HIV RDT"	☐☐ RECORD NUMBER OF INVALID RESULTS, IF NONE ENTER '00'
347A	RECORD NUMBER OF INVALID RESULTS USING "FIRST RESPONSE HIV RDT"	☐☐ RECORD NUMBER OF INVALID RESULTS, IF NONE ENTER '00'
347B	RECORD NUMBER OF INVALID RESULTS USING "UNI-GOLD HIV RDT"	☐☐ RECORD NUMBER OF INVALID RESULTS, IF NONE ENTER '00'
348	IF ANOTHER MAN, GO TO 302 ON THE NEXT PAGE, IF NO MORE MEN, END INTERVIEW.	

HIV TESTING FOR MEN AGE 15-59

301	CHECK CAPI OUTPUT FOR "LIST ELIGIBLE INDIVIDUALS/BIOMARKERS". RECORD THE LINE NUMBER, NAME, AGE, AND MARITAL STATUS FOR ALL ELIGIBLE MEN IN 302, 303, AND 304 ON THIS PAGE AND SUBSEQUENT PAGES STARTING WITH THE FIRST ONE LISTED. IF MORE THAN TWO MEN USE ADDITIONAL QUESTIONNAIRE(S).		
	MAN 2		SKIP
302	CHECK CAPI OUTPUT AND RECORD NAME AND LINE NUMBER OF MAN.	NAME _____ LINE NUMBER ..... ☐☐	
303	CHECK CAPI OUTPUT FOR AGE:	15-17 YEARS ..... 1 18-59 YEARS 2	
304	CHECK CAPI OUTPUT FOR MARITAL STATUS:	NEVER IN UNION ..... 1 OTHER 2	
305	CHECK 303: AGE 15-17 YEARS ☐ ↓ / AGE 18-59 YEARS ☐ →		307
306	CHECK 304: OTHER ☐ ↓ / NEVER IN UNION ☐ →		315

HIV TESTING FOR MEN AGE 15-59

	MAN 2		SKIP

ADULT RESPONDENT CONSENT FOR DBS COLLECTION

ADULT RESPONDENT CONSENT

307	ASK CONSENT FOR DBS COLLECTION: As part of the survey we also are asking adults all over the country to give blood for HIV testing to be done in a laboratory. HIV is the virus that can lead to AIDS. The HIV testing is being done to see how many people have HIV. For the HIV testing, we need a few (more) drops of blood from a finger. The blood will be collected on a paper card and taken to the central laboratory for testing. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after we take your blood. No names will be written on the paper card so we will not be able to tell you the test results. No one else will be able to know your test results either. Do you have any questions? You can say yes or no. It is up to you to decide. Will you give blood on a paper card for HIV testing in the central laboratory?		
308	CIRCLE THE CODE.	GRANTED ..... 1 REFUSED ..... 2 NOT PRESENT/OTHER 3	
309A	SIGN NAME AND ENTER BIOMARKER NUMBER OF DBS COLLECTOR.	_____ (SIGN) ☐☐☐☐ BIOMARKER NUMBER	
309B	CHECK 308: CONSENT GRANTED ☐ ↓ / REFUSED OR NOT PRESENT ☐ →		312

ADULT RESPONDENT CONSENT FOR ADDITIONAL TESTING

ADULT RESPONDENT CONSENT

310	ASK CONSENT FOR ADDITIONAL TESTING: We also ask you to allow the Ministry of Health to store part of the blood sample at the laboratory for additional tests or research. These include additional tests to see if individuals are protected against other infectious diseases. The blood sample will not have any name or other information 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?		
311	CIRCLE THE CODE.	GRANTED ..... 1 REFUSED ..... 2 NOT PRESENT/OTHER 3	

ADULT RESPONDENT CONSENT FOR HIV RAPID TESTING

ADULT RESPONDENT CONSENT

312 If you want to know your HIV status right now, we can do a rapid test and tell you the result. The testing is free and we will offer counselling before and after the test.

For the rapid HIV test, we need a few (more) drops of blood from a finger. We will use the same rapid tests used in the hospitals in Ethiopia. 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 result of the test will be available in 20-30 minutes.

If the test is positive, I will give you a referral form to go to the nearest health facility for follow up with medical personnel, as is recommended by the Ministry of Health.

Do you have any questions?
You can say yes or no. It is up to you to decide.
Will you give blood for the rapid HIV testing?

313 CIRCLE THE CODE.

GRANTED 1
REFUSED 2
NOT PRESENT/OTHER 3

314 SIGN NAME AND ENTER BIOMARKER NUMBER OF HIV COUNSELOR.

_____
(SIGN)

BIOMARKER NUMBER

→ 335

315 RECORD NAME OF PARENT/RESPONSIBLE ADULT FOR MINOR.

NAME _____

LINE NUMBER OF PARENT/ RESPONSIBLE ADULT

PARENT/RESPONSIBLE ADULT CONSENT FOR DBS COLLECTION

PARENT/RESPONSIBLE ADULT CONSENT

316 ASK CONSENT FOR DBS COLLECTION FROM PARENT/RESPONSIBLE ADULT:

As part of the survey we also are asking people all over the country to give blood for HIV testing to be done in a laboratory. HIV is the virus that can lead to AIDS. The HIV testing is being done to see how many people have HIV.

For the HIV testing, we need a few (more) drops of blood from a finger. The blood will be collected on a paper card and transported to the central laboratory. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after we take the blood. No names will be written on the paper card so we will not be able to tell you the results of (NAME OF MINOR)'s test. No one else will be able to know (NAME OF MINOR)'s test results either.

Do you have any questions?
You can say yes or no. It is up to you to decide.
Will you allow (NAME OF MINOR) to give blood on a paper card for HIV testing in a laboratory?

317 CIRCLE THE CODE.

GRANTED 1
PARENT/RESPONSIBLE ADULT REFUSED 2
NOT PRESENT/OTHER 3

318 SIGN NAME AND ENTER BIOMARKER NUMBER OF DBS COLLECTOR.

_____
(SIGN)

BIOMARKER NUMBER

319 CHECK 317:

CONSENT GRANTED ☐ ↓

REFUSED OR NOT PRESENT ☐ → 328

MINOR RESPONDENT ASSENT FOR DBS COLLECTION

MINOR RESP

320 ASK ASSENT FOR DBS COLLECTION FROM MINOR:

As part of the survey we also are asking people all over the country to give blood for HIV testing. HIV is the virus that can lead to AIDS. The HIV testing is being done to see how many people have HIV.

For the HIV testing, we need a few (more) drops of blood from a finger. The blood will be collected on a paper card and transported to the laboratory for testing. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after we take your blood. No names will be written on the paper card so we will not be able to tell you the test results. No one else will be able to know your test results either.

Do you have any questions?

CONSENT ASSENT

You can say yes or no. It is up to you to decide.
Will you give blood on a paper card for HIV testing in a laboratory?

321	CIRCLE THE CODE.	GRANTED . . . . . 1 MINOR RESPONDENT REFUSED . . . . . 2 NOT PRESENT/OTHER 3
322A	SIGN NAME AND ENTER BIOMARKER NUMBER OF DBS COLLECTOR.	_____ (SIGN) ☐☐☐☐ BIOMARKER NUMBER
322B	CHECK 321: CONSENT GRANTED ☐ REFUSED OR NOT PRESENT ☐ → 328	

PARENT/RESPONSIBLE ADULT CONSENT FOR ADDITIONAL TESTING

PARENT/RESPONSIBLE ADULT CONSEN

323 ASK CONSENT FOR ADDITIONAL TESTING FROM PARENT/RESPONSIBLE ADULT:

We also ask you to allow the Ministry of Health to store part of the blood sample at the laboratory for additional tests or research. These include additional tests to see if individuals are protected against other infectious diseases.

The blood sample will not have any name or other information 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?

324	CIRCLE THE CODE.	GRANTED . . . . . 1 PARENT/RESPONSIBLE ADULT REFUSED . . . . . 2 NOT PRESENT/OTHER 3
325	CHECK 324: CONSENT GRANTED ☐ REFUSED OR NOT PRESENT ☐ → 328	

MINOR RESPONDENT ASSENT FOR ADDITIONAL TESTING

MINOR RESPONDENT ASSENT

326 ASK ASSENT FOR ADDITIONAL TESTING FROM MINOR:

We also ask you to allow the Ministry of Health to store part of the blood sample at the laboratory for additional tests or research. These include additional tests to see if individuals are protected against other infectious diseases.

The blood sample will not have any name or other information 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?

327	CIRCLE THE CODE.	GRANTED . . . . . 1 MINOR RESPONDENT REFUSED . . . . . 2 NOT PRESENT/OTHER 3

PARENT/RESPONSIBLE ADULT CONSENT FOR HIV RAPID TESTING

PARENT/RESPONSIBLE ADU

328 If you want to (NAME OF MINOR) to know his HIV status right now, we can do a rapid test and tell him the result. The testing is free and we will offer counselling before and after the test.

For the rapid HIV test, we need a few (more) drops of blood from a finger. We will use the same rapid tests used in the hospitals in Ethiopia. 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 result of the test will be available in 20-30 minutes.

If the test is positive, I will give (NAME OF MINOR) a referral form to go to the nearest health facility for follow up with medical personnel, as is recommended by the Ministry of Health.

Do you have any questions?
You can say yes or no. It is up to you to decide.
Will you allow (NAME OF MINOR) to give blood for the rapid HIV testing?

329	CIRCLE THE CODE.	GRANTED . . . . . 1 PARENT/RESPONSIBLE

LT CONSENT

		ADULT REFUSED . . . . . 2 NOT PRESENT/OTHER 3
330	SIGN NAME AND ENTER BIOMARKER NUMBER OF HIV COUNSELOR.	_____ (SIGN) ☐☐☐☐ BIOMARKER NUMBER
331	CHECK 329: CONSENT GRANTED ☐ REFUSED OR NOT ☐	→ 335

MINOR RESPONDENT ASSENT FOR HIV RAPID TESTING

MINOR RESPONDENT ASSENT

332	If you want to know your HIV status right now, we can do a rapid test and tell you the result. The testing is free and we will offer counselling before and after the test. For the rapid HIV test, we need a few (more) drops of blood from a finger. We will use the same rapid tests used in the hospitals in Ethiopia. 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 result of the test will be available in 20-30 minutes. If the test is positive, I will give you a referral form to go to the nearest health facility for follow up with medical personnel, as is recommended by the Ministry of Health. Do you have any questions? You can say yes or no. It is up to you to decide. Will you give blood for the rapid HIV testing?	
333	CIRCLE THE CODE.	GRANTED . . . . . 1 MINOR RESPONDENT REFUSED . . . . . 2 NOT PRESENT/OTHER 3
334	SIGN NAME AND ENTER BIOMARKER NUMBER OF HIV COUNSELOR.	_____ (SIGN) ☐☐☐☐ BIOMARKER NUMBER
335	**PREPARE EQUIPMENT AND SUPPLIES ONLY FOR THE TEST(S) FOR WHICH CONSENT HAS BEEN OBTAINED AND PROCEED WITH THE TEST(S).**	
336	ADULT: CHECK 308 MINOR: CHECK 316 AND 320 PLACE BAR CODE LABEL: PUT THE SECOND 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 → 339 OTHER 99996
337	ADULT: CHECK 310 MINOR: CHECK 323 AND 326 CONSENT REFUSED OR NOT PRESENT ☐ CONSENT GRANTED ☐	→ 339
338	IF CONSENT REFUSED OR NOT PRESENT, WRITE "**NAT**" (NO ADDITIONAL TESTS) ON THE FILTER PAPER.	
339	RECORD THE RESULT OF THE "ONE STEP HIV RDT" HERE.	REACTIVE . . . . . 1 NON-REACTIVE . . . . . 2 → 342 NOT PRESENT . . . . . 3 REFUSED . . . . . 4 → 348 OTHER . . . . . 5 → 345
340A	RECORD THE RESULT OF THE "FIRST RESPONSE HIV RDT" HERE.	REACTIVE . . . . . 1 NON-REACTIVE . . . . . 2 → 340C NOT PRESENT . . . . . 3 REFUSED . . . . . 4 → 344 OTHER 5
340B	RECORD THE RESULT OF THE "UNIGOLD HIV RDT" HERE.	REACTIVE . . . . . 1 → 341 NON-REACTIVE . . . . . 2 → 343 NOT PRESENT . . . . . 3 REFUSED . . . . . 4 → 344 OTHER 5
340C	RECORD THE RESULT OF THE REPEAT "ONE STEP HIV RDT" HERE.	REACTIVE . . . . . 1 → 343

		NON-REACTIVE . . . . . 2 NOT PRESENT . . . . . 3 REFUSED . . . . . 4 OTHER 5	→ 342 → 344
341	IF 339, 340A AND 340B ARE REACTIVE, RESPONDENT IS HIV POSITIVE: INFORM SURVEY PARTICIPANT ABOUT POSITIVE HIV STATUS AND PROVIDE POST-TEST COUNSELING. AS PART OF POST-TEST COUNSELING, PROVIDE A REFERRAL TO THE NEAREST HEALTH FACILITY WHERE HIV CARE AND TREATMENT SERVICES ARE AVAILABLE. SKIP TO 345		
342	RESPONDENT IS HIV NEGATIVE: INFORM THE RESPONDENT OF NEGATIVE TEST RESULT, AND CONDUCT POST-TEST COUNSELING. SKIP TO 345		
343	RESPONDENT'S HIV STATUS IS INCONCLUSIVE: INFORM THE RESPONDENT OF INDETERMINATE TEST RESULT, AND CONDUCT POST-TEST COUNSELING. AS PART OF POST-TEST COUNSELING, RECOMMEND THAT RESPONDENT IS RETESTED IN 14 DAYS AND PROVIDE A REFERRAL TO THE NEAREST HEALTH FACILITY WHERE HIV TESTING CAN BE CONDUCTED. SKIP TO 345		
344	IF THE TESTING ALGORITHM WAS NOT COMPLETED, RESPONDENT'S TESTING IS INCOMPLETE: INFORM THE RESPONDENT THAT A RESULT CANNOT BE GIVEN SINCE THE TESTING WAS NOT COMPLETED, AND CONDUCT POST-TEST COUNSELING. AS PART OF POST-TEST COUNSELING, RECOMMEND THAT THE RESPONDENT VISIT THE NEAREST HEALTH FACILITY FOR FOLLOW UP HIV TESTING TO DETERMINE HIV STATUS.		
345	WHILE TESTING THIS PERSON, WAS ANY RDT INVALID/DID ANY RDT FAIL TO RUN, THAT IS, THE CONTROL BAND DID NOT APPEAR?	RDT CONDUCTED, YES ANY INVALID . . . . . 1 RDT CONDUCTED, NONE INVALID . . . . . 2 NO RDT CONDUCTEI 3	→ 348
346	RECORD NUMBER OF INVALID RESULTS USING "ONE STEP HIV RDT"	☐☐ RECORD NUMBER OF INVALID RESULTS, IF NONE ENTER '00'	
347A	RECORD NUMBER OF INVALID RESULTS USING "FIRST RESPONSE HIV RDT"	☐☐ RECORD NUMBER OF INVALID RESULTS, IF NONE ENTER '00'	
347B	RECORD NUMBER OF INVALID RESULTS USING "UNI-GOLD HIV RDT"	☐☐ RECORD NUMBER OF INVALID RESULTS, IF NONE ENTER '00'	
348	IF ANOTHER MAN, GO TO 302 ON THE NEXT PAGE, IF NO MORE MEN, END INTERVIEW.		

HIV TESTING FOR MEN AGE 15-59

301	CHECK CAPI OUTPUT FOR "LIST ELIGIBLE INDIVIDUALS/BIOMARKERS". RECORD THE LINE NUMBER, NAME, AGE, AND MARITAL STATUS FOR ALL ELIGIBLE MEN IN 302, 303, AND 304 ON THIS PAGE AND SUBSEQUENT PAGES STARTING WITH THE FIRST ONE LISTED. IF MORE THAN TWO MEN USE ADDITIONAL QUESTIONNAIRE(S).	
	MAN 3	SKIP
302	CHECK CAPI OUTPUT AND RECORD NAME AND LINE NUMBER OF MAN.	NAME _____ LINE NUMBER ..... ☐☐
303	CHECK CAPI OUTPUT FOR AGE:	15-17 YEARS ..... 1 18-59 YEARS 2
304	CHECK CAPI OUTPUT FOR MARITAL STATUS:	NEVER IN UNION ..... 1 OTHER 2
305	CHECK 303: AGE 15-17 YEARS ☐ / AGE 18-59 YEARS ☐	→ 307
306	CHECK 304: OTHER ☐ / NEVER IN UNION ☐	→ 315

HIV TESTING FOR MEN AGE 15-59

	MAN 1	SKIP

ADULT RESPONDENT CONSENT FOR DBS COLLECTION

ADULT RESPONDENT CONSENT

307	ASK CONSENT FOR DBS COLLECTION: As part of the survey we also are asking adults all over the country to give blood for HIV testing to be done in a laboratory. HIV is the virus that can lead to AIDS. The HIV testing is being done to see how many people have HIV. For the HIV testing, we need a few (more) drops of blood from a finger. The blood will be collected on a paper card and taken to the central laboratory for testing. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after we take your blood. No names will be written on the paper card so we will not be able to tell you the test results. No one else will be able to know your test results either. Do you have any questions? You can say yes or no. It is up to you to decide. Will you give blood on a paper card for HIV testing in the central laboratory?	
308	CIRCLE THE CODE.	GRANTED ..... 1 REFUSED ..... 2 NOT PRESENT/OTHER 3
309A	SIGN NAME AND ENTER BIOMARKER NUMBER OF DBS COLLECTOR.	_____ (SIGN) ☐☐☐☐ BIOMARKER NUMBER
309B	CHECK 308: CONSENT GRANTED ☐ / REFUSED OR NOT PRESENT ☐	→ 312

ADULT RESPONDENT CONSENT FOR ADDITIONAL TESTING

ADULT RESPONDENT CONSENT

310	ASK CONSENT FOR ADDITIONAL TESTING: We also ask you to allow the Ministry of Health to store part of the blood sample at the laboratory for additional tests or research. These include additional tests to see if individuals are protected against other infectious diseases. The blood sample will not have any name or other information 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?	
311	CIRCLE THE CODE.	GRANTED ..... 1 REFUSED ..... 2 NOT PRESENT/OTHER 3

ADULT RESPONDENT CONSENT FOR HIV RAPID TESTING

312	If you want to know your HIV status right now, we can do a rapid test and tell you the result. The testing is free and we will offer counselling before and after the test.

ADULT RESPONDENT CONSENT

For the rapid HIV test, we need a few (more) drops of blood from a finger. We will use the same rapid tests used in the hospitals in Ethiopia. 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 result of the test will be available in 20-30 minutes.

If the test is positive, I will give you a referral form to go to the nearest health facility for follow up with medical personnel, as is recommended by the Ministry of Health.

Do you have any questions?
You can say yes or no. It is up to you to decide.
Will you give blood for the rapid HIV testing?

313	CIRCLE THE CODE.	GRANTED . . . . . 1 REFUSED . . . . . 2 NOT PRESENT/OTHER 3
314	SIGN NAME AND ENTER BIOMARKER NUMBER OF HIV COUNSELOR.	_____ (SIGN) ☐☐☐☐ BIOMARKER NUMBER → 335

315	RECORD NAME OF PARENT/RESPONSIBLE ADULT FOR MINOR.	NAME _____ LINE NUMBER OF PARENT/ RESPONSIBLE ADULT ☐☐

PARENT/RESPONSIBLE ADULT CONSENT FOR DBS COLLECTION

PARENT/RESPONSIBLE ADULT CONSENT

316 ASK CONSENT FOR DBS COLLECTION FROM PARENT/RESPONSIBLE ADULT:

As part of the survey we also are asking people all over the country to give blood for HIV testing to be done in a laboratory. HIV is the virus that can lead to AIDS. The HIV testing is being done to see how many people have HIV.

For the HIV testing, we need a few (more) drops of blood from a finger. The blood will be collected on a paper card and transported to the central laboratory. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after we take the blood. No names will be written on the paper card so we will not be able to tell you the results of (NAME OF MINOR)'s test. No one else will be able to know (NAME OF MINOR)'s test results either.

Do you have any questions?
You can say yes or no. It is up to you to decide.
Will you allow (NAME OF MINOR) to give blood on a paper card for HIV testing in a laboratory?

317	CIRCLE THE CODE.	GRANTED . . . . . 1 PARENT/RESPONSIBLE ADULT REFUSED . . . . . 2 NOT PRESENT/OTHER 3
318	SIGN NAME AND ENTER BIOMARKER NUMBER OF DBS COLLECTOR.	_____ (SIGN) ☐☐☐☐ BIOMARKER NUMBER
319	CHECK 317:	CONSENT GRANTED ☐ ↓ REFUSED OR NOT PRESENT ☐ → 328

MINOR RESPONDENT ASSENT FOR DBS COLLECTION

MINOR RESPONDENT ASSENT

320 ASK ASSENT FOR DBS COLLECTION FROM MINOR:

As part of the survey we also are asking people all over the country to give blood for HIV testing. HIV is the virus that can lead to AIDS. The HIV testing is being done to see how many people have HIV.

For the HIV testing, we need a few (more) drops of blood from a finger. The blood will be collected on a paper card and transported to the laboratory for testing. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after we take your blood. No names will be written on the paper card so we will not be able to tell you the test results. No one else will be able to know your test results either.

Do you have any questions?
You can say yes or no. It is up to you to decide.
Will you give blood on a paper card for HIV testing in a laboratory?

321	CIRCLE THE CODE.	GRANTED . . . . . 1 MINOR RESPONDENT REFUSED . . . . . 2 NOT PRESENT/OTHER 3
322A	SIGN NAME AND ENTER BIOMARKER NUMBER OF DBS COLLECTOR.	

(SIGN)

BIOMARKER NUMBER

322B CHECK 321: CONSENT GRANTED → REFUSED OR NOT PRESENT → 328

PARENT/RESPONSIBLE ADULT CONSENT

PARENT/RESPONSIBLE ADULT CONSENT FOR ADDITIONAL TESTING

323 ASK CONSENT FOR ADDITIONAL TESTING FROM PARENT/RESPONSIBLE ADULT:

We also ask you to allow the Ministry of Health to store part of the blood sample at the laboratory for additional tests or research. These include additional tests to see if individuals are protected against other infectious diseases.

The blood sample will not have any name or other information 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?

324 CIRCLE THE CODE.

GRANTED 1
PARENT/RESPONSIBLE ADULT REFUSED 2
NOT PRESENT/OTHER 3

325 CHECK 324: CONSENT GRANTED → REFUSED OR NOT PRESENT → 328

MINOR RESPONDENT ASSENT

MINOR RESPONDENT ASSENT FOR ADDITIONAL TESTING

326 ASK ASSENT FOR ADDITIONAL TESTING FROM MINOR:

We also ask you to allow the Ministry of Health to store part of the blood sample at the laboratory for additional tests or research. These include additional tests to see if individuals are protected against other infectious diseases.

The blood sample will not have any name or other information 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?

327 CIRCLE THE CODE.

GRANTED 1
MINOR RESPONDENT REFUSED 2
NOT PRESENT/OTHER 3

PARENT/RESPONSIBLE ADULT CONSENT

PARENT/RESPONSIBLE ADULT CONSENT FOR HIV RAPID TESTING

328 If you want to (NAME OF MINOR) to know his HIV status right now, we can do a rapid test and tell him the result. The testing is free and we will offer counselling before and after the test.

For the rapid HIV test, we need a few (more) drops of blood from a finger. We will use the same rapid tests used in the hospitals in Ethiopia. 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 result of the test will be available in 20-30 minutes.

If the test is positive, I will give (NAME OF MINOR) a referral form to go to the nearest health facility for follow up with medical personnel, as is recommended by the Ministry of Health.

Do you have any questions?
You can say yes or no. It is up to you to decide.
Will you allow (NAME OF MINOR) to give blood for the rapid HIV testing?

329 CIRCLE THE CODE.

GRANTED 1
PARENT/RESPONSIBLE ADULT REFUSED 2
NOT PRESENT/OTHER 3

330 SIGN NAME AND ENTER BIOMARKER NUMBER OF HIV COUNSELOR.

(SIGN)

BIOMARKER NUMBER

331 CHECK 329: CONSENT GRANTED → REFUSED OR NOT → 335

MINOR RESPONDENT ASSENT FOR HIV RAPID TESTING

332 If you want to know your HIV status right now, we can do a rapid test and tell you the result. The testing is free and we will offer

MINOR RESPONDENT ASSENT

counselling before and after the test.

For the rapid HIV test, we need a few (more) drops of blood from a finger. We will use the same rapid tests used in the hospitals in Ethiopia. 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 result of the test will be available in 20-30 minutes.

If the test is positive, I will give you a referral form to go to the nearest health facility for follow up with medical personnel, as is recommended by the Ministry of Health.

Do you have any questions?
You can say yes or no. It is up to you to decide.
Will you give blood for the rapid HIV testing?

333	CIRCLE THE CODE.	GRANTED . . . . . 1 MINOR RESPONDENT REFUSED . . . . . 2 NOT PRESENT/OTHER 3
334	SIGN NAME AND ENTER BIOMARKER NUMBER OF HIV COUNSELOR.	_____ (SIGN) ☐☐☐☐ BIOMARKER NUMBER
335	**PREPARE EQUIPMENT AND SUPPLIES ONLY FOR THE TEST(S) FOR WHICH CONSENT HAS BEEN OBTAINED AND PROCEED WITH THE TEST(S).**	
336	ADULT: CHECK 308 MINOR: CHECK 316 AND 320 PLACE BAR CODE LABEL: PUT THE SECOND 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 → 339 OTHER 99996
337	ADULT: CHECK 310 MINOR: CHECK 323 AND 326	CONSENT REFUSED OR NOT PRESENT ☐ ↓ CONSENT GRANTED ☐ → 339
338	IF CONSENT REFUSED OR NOT PRESENT, WRITE "**NAT**" (NO ADDITIONAL TESTS) ON THE FILTER PAPER.	
339	RECORD THE RESULT OF THE "ONE STEP HIV RDT" HERE.	REACTIVE . . . . . 1 NON-REACTIVE . . . . . 2 → 342 NOT PRESENT . . . . . 3 REFUSED . . . . . 4 → 348 OTHER . . . . . 5 → 345
340A	RECORD THE RESULT OF THE "FIRST RESPONSE HIV RDT" HERE.	REACTIVE . . . . . 1 NON-REACTIVE . . . . . 2 → 340C NOT PRESENT . . . . . 3 REFUSED . . . . . 4 → 344 OTHER 5
340B	RECORD THE RESULT OF THE "UNIGOLD HIV RDT" HERE.	REACTIVE . . . . . 1 → 341 NON-REACTIVE . . . . . 2 → 343 NOT PRESENT . . . . . 3 REFUSED . . . . . 4 → 344 OTHER 5
340C	RECORD THE RESULT OF THE REPEAT "ONE STEP HIV RDT" HERE.	REACTIVE . . . . . 1 → 343 NON-REACTIVE . . . . . 2 → 342 NOT PRESENT . . . . . 3 REFUSED . . . . . 4 → 344 OTHER 5
341	IF 339, 340A AND 340B ARE REACTIVE, RESPONDENT IS HIV POSITIVE: INFORM SURVEY PARTICIPANT ABOUT POSITIVE HIV STATUS AND PROVIDE POST-TEST COUNSELING. AS PART OF POST-TEST COUNSELING, PROVIDE A REFERRAL TO THE NEAREST HEALTH FACILITY WHERE HIV CARE AND TREATMENT SERVICES ARE AVAILABLE. SKIP TO 345	
342	RESPONDENT IS HIV NEGATIVE: INFORM THE RESPONDENT OF NEGATIVE TEST RESULT, AND CONDUCT POST-TEST COUNSELING. SKIP TO 345	
343	RESPONDENT'S HIV STATUS IS INCONCLUSIVE:	

	INFORM THE RESPONDENT OF INDETERMINATE TEST RESULT, AND CONDUCT POST-TEST COUNSELING. AS PART OF POST-TEST COUNSELING, RECOMMEND THAT RESPONDENT IS RETESTED IN 14 DAYS AND PROVIDE A REFERRAL TO THE NEAREST HEALTH FACILITY WHERE HIV TESTING CAN BE CONDUCTED. SKIP TO 345		
344	IF THE TESTING ALGORITHM WAS NOT COMPLETED, RESPONDENT'S TESTING IS INCOMPLETE: INFORM THE RESPONDENT THAT A RESULT CANNOT BE GIVEN SINCE THE TESTING WAS NOT COMPLETED, AND CONDUCT POST-TEST COUNSELING. AS PART OF POST-TEST COUNSELING, RECOMMEND THAT THE RESPONDENT VISIT THE NEAREST HEALTH FACILITY FOR FOLLOW UP HIV TESTING TO DETERMINE HIV STATUS.		
345	WHILE TESTING THIS PERSON, WAS ANY RDT INVALID/DID ANY RDT FAIL TO RUN, THAT IS, THE CONTROL BAND DID NOT APPEAR?	RDT CONDUCTED, YES ANY INVALID . . . . . 1 RDT CONDUCTED, NONE INVALID . . . . . 2 NO RDT CONDUCTEI 3	→ 348
346	RECORD NUMBER OF INVALID RESULTS USING "ONE STEP HIV RDT"	☐☐ RECORD NUMBER OF INVALID RESULTS, IF NONE ENTER '00'	
347A	RECORD NUMBER OF INVALID RESULTS USING "FIRST RESPONSE HIV RDT"	☐☐ RECORD NUMBER OF INVALID RESULTS, IF NONE ENTER '00'	
347B	RECORD NUMBER OF INVALID RESULTS USING "UNI-GOLD HIV RDT"	☐☐ RECORD NUMBER OF INVALID RESULTS, IF NONE ENTER '00'	
348	IF ANOTHER MAN, GO TO 302 ON THE NEXT PAGE, IF NO MORE MEN, END INTERVIEW.		

FIELDWORKER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING BIOMARKERS

SUPERVISOR'S OBSERVATIONS

FORMATTING DATE: 25 Sept 2023
ENGLISH LANGUAGE: 02 Jun 2020

DEMOGRAPHIC AND HEALTH SURVEYS
REMEASUREMENT QUESTIONNAIRE

ETHIOPIA
ETHIOPIAN STATISTICS SERVICE (ESS)

IDENTIFICATION

PLACE NAME _____

NAME OF HOUSEHOLD HEAD _____

CLUSTER NUMBER . . . . . | | | | |

HOUSEHOLD NUMBER . . . . . | | | | |

BIOMARKER VISITS

	1	2	3	FINAL VISIT
DATE				DAY
BIOMARKER'S NAME				MONTH
				YEAR
NEXT VISIT: DATE				TOTAL NUMBER OF VISITS
TIME				

BIOMARKER OBSERVATIONS

TOTAL CHILDREN TO REMEASURE

LANGUAGE OF QUESTIONNAIRE** 0 1 LANGUAGE OF INTERVIEW** NATIVE LANGUAGE OF RESPONDENT** TRANSLATOR (YES = 1, NO = 2)

LANGUAGE OF QUESTIONNAIRE** **ENGLISH**

**LANGUAGE CODES:
01 ENGLISH 03 AFAN OROMO 05 SOMALI 07 SIDAMA
02 AMHARIC 04 TIGIRIGNA 06 AFAR

TEAM	TEAM SUPERVISOR	
NUMBER	NAME	NUMBER

REMEASUREMENT OF WEIGHT AND HEIGHT FOR SELECTED CHILDREN AGE 0-4

101	CHECK CAPI REPORT FOR CHILDREN SELECTED FOR REMEASUREMENT. RECORD THE LINE NUMBER, NAME, DATE OF BIRTH AND AGE IN COMPLETED YEARS FOR THE FIRST CHILD SELECTED FOR REMEASUREMENT IN QUESTION 102-105 ON THIS PAGE. IF MORE THAN ONE CHILD IS SELECTED IN A HOUSEHOLD, USE ADDITIONAL QUESTIONNAIRE(S).		
	CHILD TO REMEASURE		SKIP
102	CHECK CAPI REPORT AND RECORD NAME AND LINE NUMBER OF CHILD.	NAME _____ LINE NUMBER	
103	CHECK CAPI REPORT AND RECORD DATE OF BIRTH OF CHILD.	DAY . . . . . MONTH . . . . . YEAR	
104	CHECK CAPI REPORT AND RECORD CHILD'S AGE IN COMPLETED YEARS. COMPARE AND CORRECT 103 AND/OR 104 IF INCONSISTENT.	AGE IN COMPLETED YEARS	
105	CHECK 104: CHILD AGE 0-4 YEARS? YES ☐ NO ☐		→ 116
106	WEIGHT IN KILOGRAMS.	KG. . . . . . NOT PRESENT . . . . . 9994 REFUSED . . . . . 9995 OTHER 9996	→ 108
107	WAS THE CHILD MINIMALLY DRESSED?	YES . . . . . 1 NO 2	
108	HEIGHT IN CENTIMETERS. IF CHILD IS AGE 0-1 YEARS, MEASURE LYING DOWN. IF CHILD IS AGE 2, 3, OR 4 YEARS, MEASURE STANDING UP.	CM. . . . . . NOT PRESENT . . . . . 9994 REFUSED . . . . . 9995 OTHER 9996	→ 113
109	WAS THE CHILD MEASURED LYING DOWN OR STANDING UP?	LYING DOWN . . . . . 1 STANDING UP 2	
110	CHECK 104 AND 109: BASED ON CHILD'S AGE, WAS CORRECT MEASUREMENT PROCEDURE FOLLOWED?	YES . . . . . 1 NO 2	→ 112
111	IF CHILD IS AGE 0-1 YEARS: WHY WAS (NAME) MEASURED STANDING UP? IF CHILD IS AGE 2-4 YEARS: WHY WAS (NAME) MEASURED LYING DOWN? _____ _____		
112	WAS THE RECORDED MEASUREMENT INTERFERED WITH BY BRAIDED OR ORNAMENTED HAIR?	YES . . . . . 1 NO 2	
113	ENTER BIOMARKER NUMBER OF MEASURER.	BIOMARKER NUMBER	
114	ENTER BIOMARKER NUMBER OF ASSISTANT MEASURER.	BIOMARKER NUMBER	
115	TODAY'S DATE:	DAY . . . . . MONTH . . . . . YEAR	
116	IF ANOTHER CHILD, GO TO 102 IN ADDITIONAL QUESTIONNAIRE; IF NO MORE CHILDREN, END INTERVIEW.		

DEMOGRAPHIC AND HEALTH SURVEYS
MODEL FIELDWORKER QUESTIONNAIRE

ETHIOPIA
ETHIOPIAN STATISTICAL SERVICES (ESS)

LANGUAGE OF QUESTIONNAIRE ENGLISH

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
100	What is your name?	NAME _____	
101	RECORD FIELDWORKER NUMBER	NUMBER . . . . . [ ][ ][ ][ ]	

INSTRUCTIONS

Information on all Ethiopia field workers is collected as part of the EDHS survey. Please fill out the questions below. The information you provide will be part of the survey data file; however, your name will be removed and will not be part of the data file. Thank you for providing the information needed.

102	In what REGION do you live?	ADDIS ABABA . . . . . 01 AFAR . . . . . 02 AMHARA . . . . . 03 BENISHANGUL . . . . . 04 CENTRAL ETHIOPI/ . . . . . 05 DIRE DAWA . . . . . 06 GAMBELLA . . . . . 07 HARARI . . . . . 08 OROMIA . . . . . 09 SIDAMA . . . . . 10 SOMALI . . . . . 11 SOUTH ETHIOPIA . . . . . 12 SW ETHIOPI . . . . . 13 TIGRAY 14	
103	Do you live in a city, town, or rural area?	CITY . . . . . 1 TOWN . . . . . 2 RURAL 3	
104	How old are you? RECORD AGE IN COMPLETED YEARS.	AGE . . . . . [ ][ ]	
105	Are you male or female?	MALE . . . . . 1 FEMALE 2	
106	What is your current marital status?	CURRENTLY MARRIED . . . . . 1 LIVING WITH A MAN/WOMAN . . . . . 2 WIDOWED . . . . . 3 DIVORCED . . . . . 4 SEPARATED . . . . . 5 NEVER MARRIED OR LIVED WITH A MAN/WOMAN 6	
107	How many living children do you have? INCLUDE ONLY CHILDREN WHO ARE YOUR BIOLOGICAL CHILDREN.	LIVING CHILDREN . . . . . [ ][ ]	
108	Have you ever had a child who died?	YES . . . . . 1 NO 2	
109	What is the highest level of school you attended: primary, secondary, technical/vocational or higher?	PRIMARY . . . . . 1 SECONDARY . . . . . 2 TECHNICAL/VOCATIONAL 3 HIGHER 4	
110	What is the highest GRADE/YEAR] you completed at that level? IF COMPLETED LESS THAN ONE YEAR AT THAT LEVEL, RECORD '00'.	GRADEYEAR . . . . . [ ][ ]	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
110A	Have you ever received clinical, medical, or laboratory training or worked in healthcare?	YES . . . . . 1 NO 2	→ 111
110B	What is your current occupational category or qualification? For example, are you a registered nurse, doctor, or laboratory technician?	MEDICAL DOCTOR . . . . . 01 ASSISTANT MEDICAL OFFICER . . . . . 02 CLINICAL OFFICER . . . . . 03 ASSISTANT CLINICAL OFFICER . . . . . 04 REGISTERED NURSE/MIDWIFE . . . . . 05 ENROLLED NURSE/MIDWIFE . . . . . 06 NURSE ASSISTANT/ATTENDANT . . . . . 07 LABORATORY SCIENTIST . . . . . 08 LABORATORY TECHNOLOGIST . . . . . 09 LABORATORY TECHNICIAN . . . . . 10 LABORATORY ASSISTANT . . . . . 11 NO TECHNICAL QUALIFICATION . . . . . 95 OTHER _____ 96 (SPECIFY)	
111 (2)	What is your religion?	ORTHODOX . . . . . 01 CATHOLIC . . . . . 02 PROTESTAN . . . . . 03 MUSLIM . . . . . 04 TRADITIONAL . . . . . 05 OTHER _____ 96 (SPECIFY)	
113	What languages can you speak? RECORD ALL LANGUAGES YOU CAN SPEAK.	AFAN OROMO A AFARIGNA B AGEWIGNA C AMHARIC D GAMOGNA E GEDIOGNA F GURAGIGNA G HADIYIGNA H KAFIGNA I SIDAMIGNA J SOMALI K TIGIRIGNA . . . . . L WOLAITIGNA . . . . . M OTHER _____ X (SPECIFY)	
114	What is your mother tongue/native language (language spoken at home growing up)?	AFAN OROMO 01 AFARIGNA 02 AGEWIGNA 03 AMHARIC 04 GAMOGNA 05 GEDIOGNA 06 GURAGIGNA 07 HADIYIGNA 08 KAFIGNA 09 SIDAMIGNA 10 SOMALI 11 TIGIRIGNA . . . . . 12 WOLAITIGNA . . . . . 13 OTHER _____ 96 (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
115	Have you ever worked on: a) a DHS prior to this survey? b) an MIS prior to this survey? c) any other survey prior to this survey?	YES NO a) DHS . . . . . 1 2 b) MIS . . . . . 1 2 c) OTHER SURVEY 1 2	
116	Were you already working for ESS or EPHI at the time you were employed to work on this DHS?	YES, ESS . . . . . 1 YES, EPH . . . . . 2 NO 3	→ 118
117	Are you a permanent or temporary employee of ESS or EPHI?	PERMANENT . . . . . 1 TEMPORARY 2	
118	If you have comments, please write them here.		