### IDENTIFICATION

| LOCALITY NAME | NAME OF HOUSEHOLD HEAD | CLUSTER NUMBER | HOUSEHOLD NUMBER | NAME AND LINE NUMBER OF WOMAN | HOUSEHOLD SELECTED FOR FEMALE GENITAL MUTILATION AND DV? |
|---------------|------------------------|----------------|------------------|------------------------------|---------------------------------------------------------|

### INTERVIEWER VISITS

| DATE | 1 | 2 | 3 | FINAL VISIT |
|------|---|---|---|-------------|
|      |   |   |   |             |

| INTERVIEWER'S NAME | RESULT* | NEXT VISIT: DATE | TIME |
|---------------------|---------|------------------|------|
|                     |         |                  |      |

| LANGUAGE OF QUESTIONNAIRE | LANGUAGE OF INTERVIEW | NATIVE LANGUAGE OF RESPONDENT | TRANSLATOR USED |
|---------------------------|-----------------------|-----------------------------|----------------|
| **0** | **ENGLISH** |                      |                           |

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

**LANGUAGE CODES:**
- 01 ENGLISH
- 03 TIRGRIGNA
- 05 LANGUAGE 5
- 02 AMHARIC
- 04 OROMIFFA
- 06 LANGUAGE 6

### SUPERVISOR

| NAME | NUMBER |
|------|--------|
|      |        |

### FIELD EDITOR

| NAME | NUMBER |
|------|--------|
|      |        |

### OFFICE EDITOR

| NAME | NUMBER |
|------|--------|
|      |        |

### KEYED BY

| NAME | NUMBER |
|------|--------|
|      |        |
Hello. My name is __________________________. I am working with Central Statistical Agency (CSA). 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 | 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                  |                  | 105  |
|     | ALWAYS                 |                  | 95   |
|     | VISITOR                |                  | 96   |
| 103 | Just before you moved here, did you live in an urban or in a rural area? |
|     | URBAN AREA             | 1                |      |
|     | RURAL AREA             | 2                |      |
| 104 | Before you moved here, which region and zone did you live in? |
|     | REGION CODE            |                  |      |
|     | ZONE CODE              |                  |      |
|     | OUTSIDE OF ETHIOPIA    | 96               |      |
| 105 | In what month and year were you born? |
|     | MONTH                  |                  |      |
|     | DON'T KNOW MONTH       | 98               |      |
|     | YEAR                   |                  |      |
|     | DON'T KNOW YEAR        | 9998             |      |
| 106 | How old were you at your last birthday? |
|     | COMPARE AND CORRECT 105 AND/OR 106 IF INCONSISTENT. |
|     | AGE IN COMPLETED YEARS |                  |      |
| 107 | Have you ever attended school? |
|     | YES                    | 1                | 111  |
|     | NO                     | 2                |      |
| 108 | What is the highest level of school you attended: primary, secondary, technical/vocational or higher? |
|     | PRIMARY                | 1                |      |
|     | SECONDARY              | 2                |      |
|     | TECHNICAL/VOCATIONAL  | 3                |      |
|     | HIGHER                 | 4                |      |
### SECTION 1. RESPONDENT'S BACKGROUND

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|-----|------------------------|-------------------|------|
| 109 | What is the highest [GRADE/YEARS] you completed at that level? | [GRADE/YEARS] |      |
|     | IF COMPLETED LESS THAN ONE YEAR AT THAT LEVEL, RECORD '00'. |  |      |
| 110 | CHECK 108: PRIMARY, SECONDARY OR TECHNICAL/VOCATIONAL | HIGHER | 113 |
| 111 | Now I would like you to read this sentence to me. | CANNOT READ AT ALL | 1 |
|     | SHOW CARD TO RESPONDENT. | ABLE TO READ ONLY PART OF THE SENTENCE | 2 |
|     | IF RESPONDENT CANNOT READ WHOLE SENTENCE, | ABLE TO READ WHOLE SENTENCE | 3 |
|     | PROBE: Can you read any part of the sentence to me? | NO CARD WITH REQUIRED LANGUAGE | 4 |
|     | (SPECIFY LANGUAGE) | BLIND/VISUALLY IMPAIRED | 5 |
| 112 | CHECK 111: CODE '2', '3' OR CODE '1' OR '5' CIRCLED | 114 |
| 113 | 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 |
| 114 | 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 |
| 115 | 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 |
| 116 | Do you own a mobile telephone? | YES | 118 |
|     | | NO | 2 |
| 117 | Do you use your mobile phone for any financial transactions? | YES | 1 |
|     | | NO | 2 |
| 118 | Do you have an account in a bank or other financial institution that you yourself use? | YES | 1 |
|     | | NO | 2 |
| 119 | Have you ever used the internet? | YES | 122 |
|     | | NO | 2 |
| 120 | In the last 13 months, have you used the internet? | YES | 122 |
|     | | NO | 2 |
| 121 | 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 |
| NO. | QUESTIONS AND FILTERS       | CODING CATEGORIES | SKIP |
|-----|----------------------------|-------------------|------|
| 122 | What is your religion?     | ORTHODOX          | 1    |
|     |                            | CATHOLIC          | 2    |
|     |                            | PROTESTANT        | 3    |
|     |                            | MUSLIM            | 4    |
|     |                            | TRADITIONAL       | 5    |
|     |                            | OTHER             | 96   |
| 123 | What is your ethnicity?    | ETHNICITY         |      |
|     | RECORD THE MAJOR ETHNIC GROUP |              |      |
## 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 | 206 |
|     |                       | NO ............................. 2 |      |
| 202 | Do you have any sons or daughters to whom you have given birth who are now living with you? | YES ............................. 1 | 204 |
|     |                       | NO ............................. 2 |      |
| 203 | a) How many sons live with you?  
     | 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 | 206 |
|     |                       | NO ............................. 2 |      |
| 205 | a) How many sons are alive but do not live with you?  
     | 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 | 208 |
|     |                       | NO ............................. 2 |      |
| 207 | a) How many boys have died?  
     | 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 BIRTHS ............... |       |
| 209 | CHECK 208:  
     | Just to make sure that I have this right: you have had in TOTAL ____ births during your life. Is that correct? | YES |       |
|     |                       | NO |       |
|     |                       | PROBE AND CORRECT 201-208 AS NECESSARY. |       |
| 210 | CHECK 208:  
     | ONE OR MORE BIRTHS |       |
|     | NO BIRTHS | 226 |
SECTION 2. REPRODUCTION

211 Now I would like to record the names of all your births, whether still alive or not, starting with the first one you had.

RECORD NAMES OF ALL THE BIRTHS IN 212. RECORD TWINS AND TRIPLETS ON SEPARATE ROWS. IF THERE ARE MORE THAN 10 BIRTHS, USE AN ADDITIONAL QUESTIONNAIRE, STARTING WITH THE SECOND ROW.

| ROW | BOY | SING | MULT | DAY | MONTH | YEAR | AGE | HOUSEHOLD | DAYS | MONTHS | YEARS |
|-----|-----|------|------|-----|-------|------|-----|-----------|------|--------|-------|
| 01  | 1   | 1     | 2     | YES | YES   | NO   | 1   | YES 1     | 1    | 2      | 3     |
| 02  | 1   | 1     | 2     | YES | YES   | NO   | 1   | YES 1     | 1    | 2      | 3     |
| 03  | 1   | 1     | 2     | YES | YES   | NO   | 1   | YES 1     | 1    | 2      | 3     |
| 04  | 1   | 1     | 2     | YES | YES   | NO   | 1   | YES 1     | 1    | 2      | 3     |
| 05  | 1   | 1     | 2     | YES | YES   | NO   | 1   | YES 1     | 1    | 2      | 3     |
| Page | Content |
|------|---------|
| 212  | What name was given to your (first/next) baby? |
| 213  | RECORD NAME. |
| 214  | BIRTH HISTORY NUMBER. |
| 215  | IF ALIVE: Is (NAME) still alive? |
| 216  | On what day, month, and year was (NAME) born? |
| 217  | IF ALIVE: How old was (NAME) at (NAME)'s last birthday? |
| 218  | IF ALIVE: Is (NAME) living with you? |
| 219  | RECORD HOUSEHOLD LINE NUMBER OF CHILD. RECORD '00' IF CHILD NOT LISTED IN HOUSEHOLD. |
| 220  | IF DEAD: How old was (NAME) when (he/she) died? |
| 221  | RECORD DAYS IF LESS THAN ONE MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS. |

| Page | Content |
|------|---------|
| 06   | BOY 1 SING 1 MULT 2 DAY YES 1 AGE IN YEARS YES 1 HOUSEHOLD LINE NUMBER DAYS 1 MONTHS 2 YEARS 3 (ADD BIRTH) |
|      | GIRL 2 MULT 2 MONTH YES 1 NO 2 (SKIP TO 220) YEAR |
| 07   | BOY 1 SING 1 MULT 2 DAY YES 1 AGE IN YEARS YES 1 HOUSEHOLD LINE NUMBER DAYS 1 MONTHS 2 YEARS 3 (ADD BIRTH) |
|      | GIRL 2 MULT 2 MONTH YES 1 NO 2 (SKIP TO 220) YEAR |
| 08   | BOY 1 SING 1 MULT 2 DAY YES 1 AGE IN YEARS YES 1 HOUSEHOLD LINE NUMBER DAYS 1 MONTHS 2 YEARS 3 (ADD BIRTH) |
|      | GIRL 2 MULT 2 MONTH YES 1 NO 2 (SKIP TO 220) YEAR |
| 09   | BOY 1 SING 1 MULT 2 DAY YES 1 AGE IN YEARS YES 1 HOUSEHOLD LINE NUMBER DAYS 1 MONTHS 2 YEARS 3 (ADD BIRTH) |
|      | GIRL 2 MULT 2 MONTH YES 1 NO 2 (SKIP TO 220) YEAR |
| 10   | BOY 1 SING 1 MULT 2 DAY YES 1 AGE IN YEARS YES 1 HOUSEHOLD LINE NUMBER DAYS 1 MONTHS 2 YEARS 3 (ADD BIRTH) |
|      | GIRL 2 MULT 2 MONTH YES 1 NO 2 (SKIP TO 220) YEAR |

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### SECTION 2. REPRODUCTION

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|-----|------------------------|-------------------|------|
| 222 | Have you had any live births since the birth of (NAME OF LAST BIRTH)? | YES: ............................................. 1 | 1 |
|     |                        | NO: ............................................. 2 | 2 |
| 223 | COMPARE 208 WITH NUMBER OF BIRTHS IN BIRTH HISTORY | NUMBERS ARE SAME | (RECORD BIRTH(S) IN TABLE) |
|     |                        | NUMBERS ARE DIFFERENT | |
| 224 | CHECK 215: ENTER THE NUMBER OF BIRTHS IN 2003-2008 | NUMBER OF BIRTHS: ............................................. | 0 |
|     |                        | NONE: ............................................. | 2 |
| 225 |                       | FOR EACH BIRTH IN 2003-2008, ENTER 'B' IN THE MONTH OF BIRTH IN THE CALENDAR. WRITE THE NAME OF THE CHILD TO THE LEFT OF THE 'B' CODE. FOR EACH BIRTH, ASK THE NUMBER OF COMPLETED MONTHS THE PREGNANCY LASTED AND RECORD 'P' IN EACH OF THE PRECEDING MONTHS ACCORDING TO THE DURATION OF PREGNANCY. (NOTE: THE NUMBER OF 'P's MUST BE ONE LESS THAN THE NUMBER OF MONTHS THAT THE PREGNANCY LASTED.) |
| 226 | Are you pregnant now? | YES: ............................................. 1 | 3 |
|     |                        | NO: ............................................. 2 | 4 |
| 227 | How many months pregnant are you? | RECORD NUMBER OF COMPLETED MONTHS. |
|     |                        | MONTHS: ............................................. | 5 |
| 228 | When you got pregnant, did you want to get pregnant at that time? | YES: ............................................. 1 | 6 |
|     |                        | NO: ............................................. 2 | 7 |
| 229 | CHECK 208: TOTAL NUMBER OF BIRTHS | ONE OR MORE | |
|     |                        | NONE | |
|     | a) Did you want to have a baby later on or did you not want any more children? | LATER: ............................................. 1 | 8 |
|     | b) Did you want to have a baby later on or did you not want any children? | NO MORE/NONE: ............................................. | 9 |
| 230 | Have you ever had a pregnancy that miscarried, was aborted, or ended in a stillbirth? | YES: ............................................. 1 | 10 |
|     |                        | NO: ............................................. 2 | 11 |
| 231 | When did the last such pregnancy end? | MONTH: ............................................. | 12 |
|     |                                | YEAR: ............................................. | 13 |
### SECTION 2. REPRODUCTION

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|-----|------------------------|-------------------|------|
| 232 | CHECK 231:             |                   |      |

- LAST PREGNANCY ENDED IN 2003-2008
- LAST PREGNANCY ENDED IN 2002 OR EARLIER

| LINE NO. | QUESTION | YEAR | MONTH | YES | NO | NEXT LINE |
|----------|----------|------|-------|-----|----|-----------|
| 01       | In what month and year did the preceding such pregnancy end? | | | YES | NO | 236 |
| 02       | How many months pregnant were you when that pregnancy ended? | | | YES | NO | 236 |
| 03       | Since January 2003, have you had any other pregnancies that did not result in a live birth? | | | YES | NO | 236 |

- FOR EACH PREGNANCY THAT DID NOT END IN A LIVE BIRTH IN 2003-2008 OR LATER, ENTER 'T' IN THE CALENDAR IN THE MONTH THAT THE PREGNANCY TERMINATED AND 'P' FOR THE REMAINING NUMBER OF COMPLETED MONTHS OF PREGNANCY.

- IF THERE ARE MORE THAN FOUR PREGNANCIES THAT DID NOT END IN A LIVE BIRTH, USE AN ADDITIONAL QUESTIONNAIRE STARTING ON THE SECOND LINE.

| NO. | QUESTION | YEAR | MONTH | YES | NO |
|-----|----------|------|-------|-----|----|
| 237 | Did you have any miscarriages, abortions or stillbirths that ended before 2003? | | | YES | NO |
| 238 | When did the last such pregnancy that terminated before 2003 end? | | | MONTH | YEAR |
### SECTION 2. REPRODUCTION

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|-----|------------------------|-------------------|------|
| 239 | When did your last menstrual period start? | DAYS AGO ............ 1 |      |
|     |                        | WEEKS AGO .......... 2 |      |
|     |                        | MONTHS AGO .......... 3 |      |
|     |                        | YEARS AGO .......... 4 |      |
|     |                        | IN MENOPAUSE/ HAS HAD HYSTERECTOMY ............ 994 |      |
|     |                        | BEFORE LAST BIRTH ............ 995 |      |
|     |                        | NEVER MENSTRUATED ............ 996 |      |
| 240 | From one menstrual period to the next, are there certain days when a woman is more likely to become pregnant? | YES ............... 1 | 242 |
|     |                        | NO ............... 2 |      |
|     |                        | DON'T KNOW ............ 8 |      |
| 241 | 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 |      |
|     |                        | DON'T KNOW ............ 8 |      |
| 242 | 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 |      |
|   | Question                                                                 | YES | NO |
|---|--------------------------------------------------------------------------|-----|----|
| 01 | Female Sterilization. PROBE: Women can have an operation to avoid having any more children. | 1   | 2  |
| 02 | Male Sterilization. PROBE: Men can have an operation to avoid having any more children. | 1   | 2  |
| 03 | 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 years. | 1   | 2  |
| 04 | Injectables. PROBE: Women can have an injection by a health provider that stops them from becoming pregnant for one or more months. | 1   | 2  |
| 05 | 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. | 1   | 2  |
| 06 | Pill. PROBE: Women can take a pill every day to avoid becoming pregnant. | 1   | 2  |
| 07 | Male Condom. PROBE: Men can put a rubber sheath on their penis before sexual intercourse. | 1   | 2  |
| 08 | Female Condom. PROBE: Women can place a sheath in their vagina before sexual intercourse. | 1   | 2  |
| 09 | Emergency Contraception. PROBE: As an emergency measure, within three days after they have unprotected sexual intercourse, women can take special pills to prevent pregnancy. | 1   | 2  |
| 10 | 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. | 1   | 2  |
| 11 | Lactational Amenorrhea Method (LAM). PROBE: Up to six months after childbirth, before the menstrual period has returned, women use a method requiring frequent breastfeeding day and night. | 1   | 2  |
| 12 | Rhythm Method. PROBE: To avoid pregnancy, women do not have sexual intercourse on the days of the month they think they can get pregnant. | 1   | 2  |
| 13 | Withdrawal. PROBE: Men can be careful and pull out before climax. | 1   | 2  |
| 14 | Have you heard of any other ways or methods that women or men can use to avoid pregnancy? | YES MODERN METHOD SPECIFY | YES TRADITIONAL METHOD SPECIFY | NO SPECIFY |
## SECTION 3. CONTRACEPTION

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|-----|------------------------|-------------------|------|
| 302 | CHECK 226:            |                   |      |
|     | NOT PREGNANT OR UNSURE |                   |      |
|     | PREGNANT               |                   |      |
| 303 | Are you or your partner currently doing something or using any method to delay or avoid getting pregnant? | YES | 1 |
|     |                        | NO | 2 |
| 304 | Which method are you using? | FEMALE STERILIZATION | A |
|     |                        | MALE STERILIZATION  | B |
|     |                        | IUD                 | C |
|     |                        | INJECTABLES         | D |
|     |                        | IMPLANTS            | E |
|     |                        | PILL                | F |
|     |                        | MALE 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 |
| 305 | What is the brand name of the pills you are using? | CHOICE | 01 |
|     |                        | IPLAN              | 02 |
|     |                        | STYLE              | 03 |
|     |                        | OTHER (SPECIFY)    | 96 |
|     |                        | DON'T KNOW         | 98 |
| 306 | What is the brand name of the condoms you are using? | SENSATION | 01 |
|     |                        | HIWOT TRUST        | 02 |
|     |                        | MEMBERS ONLY       | 03 |
|     |                        | GOLD               | 04 |
|     |                        | GEANS              | 05 |
|     |                        | DUREX              | 06 |
|     |                        | MOODS              | 07 |
|     |                        | OTHER (SPECIFY)    | 96 |
|     |                        | DON'T KNOW         | 98 |

If you don't know the brand, ask to see the package.
### Section 3. Contraception

#### Questions and Filters Coding Categories Skip

| NO. | Questions and Filters                                                                 | Public Sector                                                                 | NGO                                                                 | Private Medical Sector                                                                                  | Other                                                                 | Don't Know   |
|-----|---------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|----------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|--------------|
| 307 | In what facility did the sterilization take place?                                     | Government Hospital ................. 11                                        | Health Facility                                                      | Private Hospital ................. 31                                                                 | Private Clinic ................. 32                                                                                       | Other        |
|     | PROBE TO IDENTIFY THE TYPE OF SOURCE.                                                  | Government Health Station/Center .... 12                                     | Other NGO Health Facility                                            | Other Private Medical Sector .......... 36                                                               | Other Private Medical Sector .......... 36                                                                                       | (Specify)    |
|     | IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.       | Other Public Sector                                                           | Other Public Sector                                                 | Other Public Sector                                                           | Other Public Sector                                                   | (Specify)    |
|     |                                                                                       |                                                                                |                                                                      | Other Public Sector                                                           | Other Public Sector                                                   | (Specify)    |
|     |                                                                                       |                                                                                |                                                                      | Don't Know                      | Don't Know                      | 96           |
| 308 | In what month and year was the sterilization performed?                                 |                                                                                |                                                                      |                                                                                |                                                                                |              |
| 309 | Since what month and year have you been using (Current Method) without stopping?        |                                                                                |                                                                      |                                                                                |                                                                                |              |

#### Additional Instructions

- **Check 308 and 309, 215 and 231:** Any birth or pregnancy termination after month and year of start of use of contraception in 308 or 309
- **Probe:** For how long have you been using (Current Method) now without stopping?
- **Yes/No Box:**
  - NO: Go back to 308 or 309, probe and record month and year at start of continuous use of current method (must be after last birth or pregnancy)
  - YES: Proceed with further questions.
## SECTION 3. CONTRACEPTION (CAPI option)

**CHECK 308 AND 309:**

### 311

**ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN THE CALENDAR AND IN EACH MONTH BACK TO THE DATE STARTED USING.**

**THEN CONTINUE**

- **C** CHECK 308 AND 309
- **C** CHECK 308 AND 309

### 312

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 2003. USE NAMES OF CHILDREN, DATES OF BIRTH, AND PERIODS OF PREGNANCY AS REFERENCE POINTS.**

**GO BACK TO 312A IN NEXT COLUMN; OR, IF NO MORE GAPS, GO TO 313.**

| COLUMN 1 | COLUMN 2 | COLUMN 3 |
|----------|----------|----------|
| **312A** MONTH AND YEAR OF START OF INTERVAL OF USE OR NON-USE. | MONTH | MONTH | MONTH |
| **312B** Between (EVENT) in (MONTH/YEAR) and (EVENT) in (MONTH/YEAR), did you or your partner use any method of contraception? | YES | YES | YES |
| | ............... | .... | .... | .... | .... | .... | .... | .... | .... |
| | (SKIP TO 312I) | (SKIP TO 312I) | (SKIP TO 312I) | |
| **312C** Which method was that? | METHOD CODE | METHOD CODE | METHOD CODE |
| **312D** How many months after (EVENT) in (MONTH/YEAR) did you start to use (METHOD)? CIRCLE '95' IF RESPONDENT GIVES THE DATE OF STARTING TO USE THE METHOD. | IMMEDIATELY | IMMEDIATELY | IMMEDIATELY |
| | ..... 00 | ..... 00 | ..... 00 |
| | MONTHS | MONTHS | MONTHS |
| | (SKIP TO 312F) | (SKIP TO 312F) | (SKIP TO 312F) |
| | DATE GIVEN | DATE GIVEN | DATE GIVEN |
| | ....... 95 | ....... 95 | ....... 95 |
| **312E** RECORD MONTH AND YEAR RESPONDENT STARTED USING METHOD. | MONTH | MONTH | MONTH |
| | YEAR | YEAR | YEAR |
| **312F** For how many months did you use (METHOD)? CIRCLE '95' IF RESPONDENT GIVES THE DATE OF TERMINATION OF USE. | MONTHS | MONTHS | MONTHS |
| | (SKIP TO 312H) | (SKIP TO 312H) | (SKIP TO 312H) |
| | DATE GIVEN | DATE GIVEN | DATE GIVEN |
| | ....... 95 | ....... 95 | ....... 95 |
| **312G** RECORD MONTH AND YEAR RESPONDENT STOPPED USING METHOD. | MONTH | MONTH | MONTH |
| | YEAR | YEAR | YEAR |
| **312H** Why did you stop using (METHOD)? | REASON | REASON | REASON |
| | STOPPED | STOPPED | STOPPED |
| **312I** GO BACK TO 312A IN NEXT COLUMN; OR, IF NO MORE GAPS, GO TO 313. | | | |
### Section 3. Contraception

| NO. | Questions and Filters | Coding Categories | Skip |
|-----|-----------------------|-------------------|------|
| 313 | CHECK THE CALENDAR FOR USE OF ANY CONTRACEPTIVE METHOD IN ANY MONTH | | 315 |
| 314 | Have you ever used anything or tried in any way to delay or avoid getting pregnant? | YES .......................... 1 | 326 |
| 315 | CIRCLE METHOD CODE: | NO CODE CIRCLED .... 00 | |
| | | MALE STERILIZATION .... 01 | |
| | | IUD .......................... 02 | |
| | | INJECTABLES .................. 03 | |
| | | IMPLANTS ...................... 04 | |
| | | PILL .......................... 05 | |
| | | MALE CONDOM .................. 06 | |
| | | FEMALE CONDOM ................ 07 | |
| | | EMERGENCY CONTRACEPTION ..... 08 | |
| | | STANDARD DAYS METHOD .... 09 | |
| | | LACTATIONAL AMENORRHEA METHOD ....... 10 | |
| | | RHYTHM METHOD ................ 11 | |
| | | WITHDRAWAL .................. 12 | |
| | | OTHER MODERN METHOD .... 13 | |
| | | OTHER TRADITIONAL METHOD .... 95 | |
| 316 | You first started using (CURRENT METHOD) in (DATE FROM 308 OR 309). Where did you get it at that time? | PUBLIC SECTOR | 323 |
| | PROBE TO IDENTIFY THE TYPE OF SOURCE. | GOVERNMENT HOSPITAL .... 11 | |
| | | GOVERNMENT HEALTH STATION/CENTER .... 12 | |
| | | GOVERNMENT HEALTH POST ........ 13 | |
| | | PUBLIC PHARMACY .............. 14 | |
| | | OTHER PUBLIC SECTOR .......... 16 | |
| | | NGO .......................... 21 | |
| | | HEALTH FACILITY ............ 22 | |
| | | OTHER NGO HEALTH FACILITY ... 26 | |
| | | PRIVATE MEDICAL SECTOR .... 31 | |
| | | PRIVATE HOSPITAL .......... 31 | |
| | | PRIVATE CLINIC ............. 32 | |
| | | PRIVATE PHARMACY .......... 33 | |
| | | OTHER PRIVATE MEDICAL SECTOR 36 | |
| | OTHER SOURCE ................ | SHOP ......................... 41 | |
| | | FRIEND/RELATIVE ............ 42 | |
| | | OTHER .......................... 96 | |
| 317 | CIRCLE METHOD CODE: | IUD .......................... 03 | |
| | | INJECTABLES .................. 04 | |
| | | IMPLANTS ...................... 05 | |
| | | PILL .......................... 06 | |
| | | MALE CONDOM .................. 07 | |
| | | FEMALE CONDOM ................ 08 | |
| | | EMERGENCY CONTRACEPTION ..... 09 | |
| | | STANDARD DAYS METHOD .... 10 | |
| | | OTHER MODERN METHOD .... 11 | |
| | | OTHER TRADITIONAL METHOD .... 95 | |
## SECTION 3. CONTRACEPTION

| NO. | QUESTIONS AND FILTERS                                                   | CODING CATEGORIES | SKIP |
|-----|----------------------------------------------------------------------|-------------------|------|
| 318 | At that time, were you told about side effects or problems you might have with the method? | YES ................................. 1 | 321  |
|     | NO ................................. 2 |                   | 320  |
| 319 | When you got sterilized, were you told about side effects or problems you might have with the method? | YES ................................. 1 | 321  |
|     | NO ................................. 2 |                   |      |
| 320 | Were you ever told by a health worker about side effects or problems you might have with the method? | YES ................................. 1 | 322  |
|     | NO ................................. 2 |                   |      |
| 321 | Were you told what to do if you experienced side effects or problems? | YES ................................. 1 |      |
|     | NO ................................. 2 |                   |      |
| 322 | CHECK 318 AND 319:                                                    |                   |      |
|     | ANY 'YES'                                                             |                   |      |
| a)  | At that time, were you told about other methods of family planning that you could use? | YES ................................. 1 | 324  |
|     | NO ................................. 2 |                   |      |
| b)  | When you obtained (CURRENT METHOD FROM 315) from (SOURCE OF METHOD FROM 307 OR 316), were you told about other methods of family planning that you could use? | YES ................................. 1 |      |
|     | NO ................................. 2 |                   |      |
| 323 | Were you ever told by a health worker about other methods of family planning that you could use? | YES ................................. 1 |      |
|     | NO ................................. 2 |                   |      |
| 324 | CHECK 304:                                                            |                   |      |
|     | CIRCLE METHOD CODE:                                                   |                   |      |
|     | IF MORE THAN ONE METHOD CODE CIRCLED IN 304, CIRCLE CODE FOR HIGHEST METHOD IN LIST. |                   |      |
|     | FEMALE STERILIZATION .................................................. 01 |                   | 327  |
|     | MALE STERILIZATION ..................................................... 02 |                   |      |
|     | IUD ................................................................. 03 |                   |      |
|     | INJECTABLES .............................. 04 |                   |      |
|     | IMPLANTS ......................................................... 05 |                   |      |
|     | PILL ......................................................... 06 |                   |      |
|     | MALE 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 |                   |      |

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Were you told what to do if you experienced side effects or problems?

When you obtained (CURRENT METHOD FROM 315) from (SOURCE OF METHOD FROM 307 OR 316), were you told about other methods of family planning that you could use?
### SECTION 3. CONTRACEPTION

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|-----|------------------------|-------------------|------|
| 325 | Where did you obtain (CURRENT METHOD) the last time? | **PUBLIC SECTOR**<br>GOVERNMENT HOSPITAL .......... 11<br>GOVERNMENT HEALTH STATION/CENTER ... 12<br>GOVERNMENT HEALTH POST .......... 13<br>PUBLIC PHARMACY .................. 14<br>OTHER PUBLIC SECTOR ............... 16 | **(SPECIFY)** |
|     | PROBE TO IDENTIFY THE TYPE OF SOURCE.<br>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. | **NGO**<br>HEALTH FACILITY ............... 21<br>OTHER NGO HEALTH FACILITY ........... 26 | **(SPECIFY)** |
|     | **PRIVATE MEDICAL SECTOR**<br>PRIVATE HOSPITAL .............. 31<br>PRIVATE CLINIC .................... 32<br>PRIVATE PHARMACY .................. 33<br>OTHER PRIVATE MEDICAL SECTOR ....... 36 | **(SPECIFY)** |
|     | **OTHER SOURCE**<br>SHOP ......................... 41<br> FRIEND/RELATI ...................... 42<br>OTHER ......................... 96 | **(SPECIFY)** |
| 326 | Do you know of a place where you can obtain a method of family planning? | YES .................................. 1<br>NO .................................. 2 |
| 327 | In the last 13 months, were you visited by a health worker? | YES .................................. 1<br>NO .................................. 2 | 329 |
| 328 | Did the health worker talk to you about family planning? | YES .................................. 1<br>NO .................................. 2 | 401 |
| 329 | CHECK 202: LIVING CHILDREN | YES .................................. 1<br>NO .................................. 2 | 401 |
|     | a) In the last 13 months, have you visited a health facility for care for yourself or your children? | YES .................................. 1<br>NO .................................. 2 |
|     | b) In the last 13 months, have you visited a health facility for care for yourself? | YES .................................. 1<br>NO .................................. 2 |
| 330 | Did any staff member at the health facility speak to you about family planning methods? | YES .................................. 1<br>NO .................................. 2 |
### SECTION 4. PREGNANCY AND POSTNATAL CARE

#### CHECK 224:
- **ONE OR MORE BIRTHS IN 2003-2008**
- **NO BIRTHS IN 2003-2008**

#### CHECK 215.
- Record the Birth History Number in 403 and the Name and Survival Status in 404 for each birth in 2003-2008. Ask the questions about all of these births. Begin with the last birth. If there are more than 2 births, use last column of additional questionnaire(s).

Now I would like to ask some questions about your children born in the last five years. (We will talk about each separately.)

| Birth History Number from 212 in Birth History | Last Birth History Number | Next-to-Last Birth History Number |
|----------------------------------------------|----------------------------|-----------------------------------|
| Name                                         | Living                     | Dead                              |
|                                              |                            |                                   |

#### 405
- **When you got pregnant with (NAME), did you want to get pregnant at that time?**
  - **YES**
  - **NO**

#### 406
- **CHECK 208:**
  - **ONLY ONE BIRTH**
  - **MORE THAN ONE BIRTH**
    - a) Did you want to have a baby later on, or did you not want any children?
    - b) Did you want to have a baby later on, or did you not want any more children?
  - **LATER**
  - **NO MORE/NONE**

#### 407
- **How much longer did you want to wait?**
  - **MONTHS**
  - **YEARS**
  - **DON'T KNOW**

#### 408
- **Did you see anyone for antenatal care for this pregnancy?**
  - **YES**
  - **NO**

#### 409
- **Whom did you see?**
  - **Anyone else?**
  - **Probe to identify each type of person and record all**
  - **Health Personnel**
    - **Doctor**
    - **Nurse**
    - **Midwife**
    - **Health Officer**
    - **Health Extension Worker**
  - **Other Person**
    - **Traditional Birth Attendant**
    - **Other**

#### 408  • Appendix E
| NO. | QUESTIONS AND FILTERS | LAST BIRTH | NEXT-TO-LAST BIRTH |
|-----|-----------------------|------------|-------------------|
| 410 | Where did you receive antenatal care for this pregnancy? | HOME | Name | |
|     | | HER HOME ....... A | | |
|     | | OTHER HOME ....... B | | |
|     | | PUBLIC SECTOR | | |
|     | | GOVERNMENT HOSPITAL .. C | | |
|     | | GOVERNMENT HEALTH CENTER/STATION ...... D | | |
|     | | GOVERNMENT HEALTH POST ......... E | | |
|     | | OTHER PUBLIC SECTOR | | |
|     | | (SPECIFY) | | |
|     | | NGO | | |
|     | | HEALTH FACILITY .... G | | |
|     | | OTHER NGO HEALTH FACILITY .. H | | |
|     | | PRIVATE MEDICAL SECTOR | | |
|     | | PRIVATE HOSPITAL I | | |
|     | | PRIVATE CLINIC .... J | | |
|     | | OTHER PRIVATE MEDICAL SECTOR | | |
|     | | (SPECIFY) | | |
|     | | OTHER | | |
|     | | (SPECIFY) | | |
| 411 | How many months pregnant were you when you first received antenatal care for this pregnancy? | MONTHS ........ | | |
|     | | DONT KNOW ....... 98 | | |
| 412 | How many times did you receive antenatal care during this pregnancy? | NUMBER OF TIMES ...... | | |
|     | | DONT KNOW ....... 98 | | |
| 412A | During (any of) your antenatal care visit(s), were you told about the signs of pregnancy complications or danger sign of pregnancy? | YES ......... 1 | | |
|     | | NO ......... 2 | | |
| 412B | 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 | | |
| 412C | During any of your antenatal visit were you told about birth preparedness plan? | YES ......... 1 | | |
|     | | NO ......... 2 | | |
| 412D | Which plans were you told about? | PLACE OF BIRTH .... A | | |
|     | | SUPPLIES NEEDED FOR BIRTH .... B | | |
|     | | EMERGENCY TRANSPORTATION ...... C | | |
|     | | MONEY/EMERGENCY FUND .... D | | |
|     | | PEOPLE TO SUPPORT DURING AFTER BIRTH .... E | | |
|     | | POTENTIAL BLOOD DONORS .... F | | |
|     | | OTHERS ....... X | | |

SECTION 4. PREGNANCY AND POSTNATAL CARE
### SECTION 4. PREGNANCY AND POSTNATAL CARE

| NO. | QUESTIONS AND FILTERS | LAST BIRTH | NEXT-TO-LAST BIRTH |
|-----|-----------------------|------------|-------------------|
| 413 | As part of your antenatal care during this pregnancy, were any of the following done at least once: a) Was your blood pressure measured? b) Did you give a urine sample? c) Did you give a blood sample? d) Did any health worker give you Nutritional Counseling? | YES NO |  |
| 414 | During this pregnancy, were you given an injection in the arm or shoulder to prevent the baby from getting tetanus, that is, convulsions after birth? | YES NO |  |
| 414A | Did you ever receive a TT vaccination card? | YES, TT CARD SEEN YES, TT CARD NOT SEEN NEVER HAD A CARD |  |
| 415 | During this pregnancy, how many times did you get a tetanus injection? | TIMES |  |
| 416 | CHECK 415: | 2 OR MORE TIMES OTHER TIMES |  |
| 417 | At any time before this pregnancy, did you receive any tetanus injections? | YES NO |  |
| 418 | Before this pregnancy, how many times did you receive a tetanus injection? | TIMES |  |
| 419 | CHECK 418: | ONLY ONE MORE THAN ONE TIME |  |
| 420 | During this pregnancy, were you given or did you buy any iron tablets? | YES NO |  |
| 421 | During the whole pregnancy, for how many days did you take the tablets? | DAYS |  |
| 422 | During this pregnancy, did you take any drug for intestinal worms? | YES NO |  |
| NO. | QUESTIONS AND FILTERS | LAST BIRTH | NEXT-TO-LAST BIRTH |
|-----|-----------------------|------------|-------------------|
| 426 | When (NAME) was born, was (NAME) very large, larger than average, average, smaller than average, or very small? | VERY LARGE 1 | VERY LARGE 1 |
|     |                       | LARGER THAN 2 | LARGER THAN 2 |
|     |                       | AVERAGE 3 | AVERAGE 3 |
|     |                       | SMALLER THAN 4 | SMALLER THAN 4 |
|     |                       | VERY SMALL 5 | VERY SMALL 5 |
|     |                       | DON'T KNOW 8 | DON'T KNOW 8 |
| 427 | Was (NAME) weighed at birth? | YES 1 | YES 1 |
|     |                       | NO 2 | NO 2 |
|     |                       | DON'T KNOW 8 | DON'T KNOW 8 |
| 428 | How much did (NAME) weigh? | KG FROM CARD | KG FROM CARD |
|     |                       | 1 | 1 |
|     |                       | 2 | 2 |
|     |                       | DON'T KNOW 99998 | DON'T KNOW 99998 |
| 429 | Who assisted with the delivery of (NAME)? | HEALTH PERSONNEL | HEALTH PERSONNEL |
|     | Anyone else? | DOCTOR A | DOCTOR A |
|     |                       | NURSE B | NURSE B |
|     |                       | MIDWIFE C | MIDWIFE C |
|     |                       | HEALTH OFFICER D | HEALTH OFFICER D |
|     |                       | HEALTH EXTENSION WORKER E | HEALTH EXTENSION WORKER E |
|     |                       | OTHER PERSON | OTHER PERSON |
|     |                       | TRADITIONAL BIRTH ATTENDANT F | TRADITIONAL BIRTH ATTENDANT F |
|     |                       | OTHER X | OTHER X |
|     |                       | NO ONE ASSISTED Y | NO ONE ASSISTED Y |
| 430 | Where did you give birth to (NAME)? | HOME | HOME |
|     |                       | HER HOME 11 | HER HOME 11 |
|     |                       | OTHER HOME 12 | (SKIP TO 434) |
|     |                       | PUBLIC SECTOR | PUBLIC SECTOR |
|     |                       | GOVERNMENT HOSPITAL 21 | GOVERNMENT HOSPITAL 21 |
|     |                       | GOVERNMENT HEALTH CENTER 22 | GOVERNMENT HEALTH CENTER 22 |
|     |                       | GOVERNMENT HEALTH POST 23 | GOVERNMENT HEALTH POST 23 |
|     |                       | OTHER PUBLIC SECTOR 26 | OTHER PUBLIC SECTOR 26 |
|     |                       | NGO | NGO |
|     |                       | HEALTH FACILITY 31 | HEALTH FACILITY 31 |
|     |                       | OTHER NGO HEALTH FACILITY 36 | OTHER NGO HEALTH FACILITY 36 |
|     |                       | PRIVATE MEDICAL SECTOR | PRIVATE MEDICAL SECTOR |
|     |                       | PRIVATE HOSPITAL 41 | PRIVATE HOSPITAL 41 |
|     |                       | PRIVATE CLINIC 42 | PRIVATE CLINIC 42 |
|     |                       | OTHER PRIVATE MEDICAL SECTOR 46 | OTHER PRIVATE MEDICAL SECTOR 46 |
|     |                       | OTHER 96 | OTHER 96 |
| NO. | QUESTIONS AND FILTERS | LAST BIRTH | NEXT-TO-LAST BIRTH |
|-----|-----------------------|------------|--------------------|
| 431 | How long after (NAME) was delivered did you stay there? | HOURS .... 1 | YES ................. 1 |
|     | IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS. | DAYS .... 2 | NO ................. 2 |
|     | | WEEKS .... 3 | (SKIP TO 434) |
|     | | DONT KNOW .......... 998 | (SKIP TO 434) |
| 432 | Was (NAME) delivered by caesarean, that is, did they cut your belly open to take the baby out? | YES ................. 1 | YES ................. 1 |
|     | | NO ................. 2 | NO ................. 2 |
|     | | (SKIP TO 434) | (SKIP TO 434) |
| 433 | When was the decision made to have the caesarean section? Was it before or after your labor pains started? | BEFORE ............. 1 | BEFORE ............. 1 |
|     | | AFTER ............. 2 | AFTER ............. 2 |
| 433A | Immediately after birth was (NAME) given Vitamin K injection? | YES ................. 1 | YES ................. 1 |
|     | | NO ................. 2 | NO ................. 2 |
|     | | DONT KNOW .......... 8 | DONT KNOW .......... 8 |
| 433B | Immediately after birth was TTC EYE ointment applied to (NAME)’s eye? | YES ................. 1 | YES ................. 1 |
|     | | NO ................. 2 | NO ................. 2 |
|     | | DONT KNOW .......... 8 | DONT KNOW .......... 8 |
| 434 | Immediately after the birth, was (NAME) put directly on the bare skin of your chest? | YES ................. 1 | YES ................. 1 |
|     | | NO ................. 2 | NO ................. 2 |
|     | | DONT KNOW .......... 8 | DONT KNOW .......... 8 |
| 434A | Was anything applied on the umbilical cord after (NAME)’s delivery? | YES ................. 1 | YES ................. 1 |
|     | | NO ................. 2 | NO ................. 2 |
|     | | DONT KNOW .......... 8 | DONT KNOW .......... 8 |
| 434B | What was applied? | ANY TYPE OF OIL .... A | ANY TYPE OF OIL .... A |
|     | | DUNG ............... B | DUNG ............... B |
|     | | ASH ............... C | ASH ............... C |
|     | | OINTMENT ........... D | OINTMENT ........... D |
|     | | OTHER ............. X | OTHER ............. X |
| 434C | CHECK 430: PLACE OF DELIVERY | CODE 11, 12, OR 96 CIRCLED | CODE 11, 12, OR 96 CIRCLED |
|     | | OTHER | OTHER |
|     | | (SKIP TO 449) | (SKIP TO 459) |
### SECTION 4. PREGNANCY AND POSTNATAL CARE

| NO. | QUESTIONS AND FILTERS | LAST BIRTH | NEXT-TO-LAST BIRTH |
|-----|-----------------------|------------|--------------------|
| 435 | 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 while you were still in the facility? | YES .......................... 1  | (SKIP TO 438) |
|     |                       | NO .......................... 2  |                     |
| 436 | How long after delivery did the first check take place? | HOURS  .............. 1  |                     |
|     |                       | DAYS  .......... 2  |                     |
|     |                       | WEEKS ............ 3  |                     |
|     |                       | DON'T KNOW .......... 998  |                     |
| 437 | Who checked on your health at that time? | HEALTH PERSONNEL |                     |
|     |                       | DOCTOR ............ 11  |                     |
|     |                       | NURSE .............. 12  |                     |
|     |                       | MIDWIFE ............ 13  |                     |
|     |                       | HEALTH OFFICER ...... 14  |                     |
|     |                       | HEALTH EXTENSION WORKER 15  |                     |
|     |                       | OTHER PERSON |                     |
|     |                       | TRADITIONAL BIRTH ATTENDANT .......... 21  |                     |
|     |                       | OTHER .......... 96  |                     |
| 437A | Before discharge from the health facility were you told of danger signs of maternal health after delivery? | YES .......................... 1  | (SKIP TO 438) |
|      |                       | NO .......................... 2  |                     |
| 437B | Which danger signs of maternal health were you told about? | HEAVY VAGINAL BLEEDING . A |                     |
|      |                       | FEVER .................. B |                     |
|      |                       | SMELLY VAGINAL BLEEDING ... C |                     |
|      |                       | DEPRESSION ............. D |                     |
|      |                       | OTHER ............... X |                     |
|      |                       | (SPECIFY)  |                     |
| 438 | Now I would like to talk to you about checks on (NAME)'s health after delivery – for example, someone examining (NAME), checking the cord, or seeing if (NAME) is OK. Did anyone check on (NAME)'s health while you were still in the facility? | YES .......................... 1  | (SKIP TO 441) |
|      |                       | NO .......................... 2  |                     |
|      |                       | DON'T KNOW .......... 8  |                     |
| 439 | How long after delivery was (NAME)'s health first checked? | HOURS  .............. 1  |                     |
|      |                       | DAYS  .......... 2  |                     |
|      |                       | WEEKS ............ 3  |                     |
|      |                       | DON'T KNOW .......... 998  |                     |
| 440 | Who checked on (NAME)'s health at that time? | HEALTH PERSONNEL |                     |
|      |                       | DOCTOR ............ 11  |                     |
|      |                       | NURSE .............. 12  |                     |
|      |                       | MIDWIFE ............ 13  |                     |
|      |                       | HEALTH OFFICER ...... 14  |                     |
|      |                       | HEALTH EXTENSION WORKER 15  |                     |
|      |                       | OTHER PERSON |                     |
|      |                       | TRADITIONAL BIRTH ATTENDANT .......... 21  |                     |
|      |                       | OTHER .......... 96  |                     |
|      |                       | (SPECIFY)  |                     |
### SECTION 4. PREGNANCY AND POSTNATAL CARE

| NO. | QUESTIONS AND FILTERS | LAST BIRTH NAME | NEXT-TO-LAST BIRTH NAME |
|-----|-----------------------|-----------------|-------------------------|
| 440A | Before discharge from the health facility were you told danger signs of newborn health? | YES .............................. 1 | NO .............................. 2 (SKIP TO 440C) |
| 440B | Which danger signs of newborn health were you told about? | FEEDING LESS .................. A | TOO COLD OR TOO HOT ........ B |
|      |                                                      | TOO SLEEPY ..................... C | CONVULSION ................... D |
|      |                                                      | FAST BREATHING ................ E | UMILICUS RED/PU ................ F |
|      |                                                      | PUS IN EYE ..................... G | FEVER .......................... H |
|      |                                                      | OTHER ........................... X |
|      |                                                      | (SPECIFY)                     |
| 440C | Were you informed when to return to the health facility? | YES .............................. 1 | NO .............................. 2 |
| 441  | Now I want 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 (SKIP TO 445) |
| 442  | How long after delivery did that check take place? | HOURS .................. 1 |
|      | IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS. | DAYS .................. 2 |
|      |                                                      | WEEKS .................. 3 |
|      |                                                      | DON'T KNOW .................. 998 |
| 443  | Who checked on your health at that time? | HEALTH PERSONNEL | PROBE FOR MOST QUALIFIED |
|      |                                                      | DOCTOR ...................... 11 |
|      |                                                      | NURSE ...................... 12 |
|      |                                                      | MIDWIFE ...................... 13 |
|      |                                                      | HEALTH OFFICER .............. 14 |
|      |                                                      | HEALTH EXTENSION WORKER 15 |
|      |                                                      | OTHER PERSON | TRADITIONAL BIRTH ATTENDANT ........ 21 |
|      |                                                      | OTHER ...................... 96 |
|      |                                                      | (SPECIFY)                   |
### Section 4. Pregnancy and Postnatal Care

#### No. 444: Questions and Filters

**Where did the check take place?**

- **Probe to identify the type of source.**
- **If unable to determine if public or private sector, write the name of the place.**

| (name of place) |
|------------------|

#### No. 445: Questions and Filters

**I would like to talk to you about checks on (name)’s health after you left (facility in 430). Did any health care provider or a traditional birth attendant check on (name)’s health in the two months after you left (facility in 430)?**

| | LAST BIRTH NAME | NEXT-TO-LAST BIRTH NAME |
|---|-----------------|-------------------------|
| Yes | 1 | |
| No | 2 | (skip to 457) |
| Don’t know | 8 | |

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**If unable to determine if public or private sector, write the name of the place.**

- **Public sector:**
  - Government hospital: 21
  - Government health station: 22
  - Government health post: 23
  - Other public sector: 26

- **NGO health facility:** 31
  - Other NGO medical health facility: 36

- **Private medical sector:**
  - Private hospital: 41
  - Private clinic: 42
  - Other private medical sector: 43
  - Other: 96
### SECTION 4. PREGNANCY AND POSTNATAL CARE

**446** How many hours, days or weeks after the birth of (NAME) did that check take place?

- **HOURS** .... 1
- **DAYS** .... 2
- **WEEKS** .... 3
- **DON'T KNOW** .... 998

**447** Who checked on (NAME)'s health at that time?

**PROBE FOR MOST QUALIFIED**

- **HEALTH PERSONNEL**
  - DOCTOR .... 11
  - NURSE .... 12
  - MIDWIFE .... 13
  - HEALTH OFFICER .... 14
  - HEALTH EXTENSION WORKER .... 15
- **OTHER PERSON**
  - TRADITIONAL BIRTH ATTENDANT .... 21
  - OTHER .... 96

**448** Where did this check of (NAME) take place?

**PROBE TO IDENTIFY THE TYPE OF SOURCE.**

- **HOME**
  - HER HOME .... 11
  - OTHER HOME .... 12
- **PUBLIC SECTOR**
  - GOVERNMENT HOSPITAL .... 21
  - GOVERNMENT HEALTH CENTER .... 22
  - GOVERNMENT HEALTH POST .... 23
  - OTHER PUBLIC SECTOR .... 26
- **NGO**
  - HEALTH FACILITY .... 31
  - OTHER NGO HEALTH FACILITY .... 36
- **PRIVATE MEDICAL SECTOR**
  - PRIVATE HOSPITAL .... 41
  - PRIVATE CLINIC .... 42
  - OTHER PRIVATE MEDICAL SECTOR .... 46
  - OTHER .... 96

**449** 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)?

- **YES** .... 1
- **NO** .... 2

(Skip to 453)
### Section 4. Pregnancy and Postnatal Care

| NO. | Questions and Filters | Last Birth | Next-to-Last Birth |
|-----|------------------------|------------|-------------------|
| 450 | How long after delivery did the first check take place? | | |
| | | Hours: | |
| | | Days: | |
| | | Weeks: | |
| | | Don't know: | |
| 451 | Who checked on your health at that time? | | |
| | | Health Personnel: | |
| | | Doctor: | 11 |
| | | Nurse: | 12 |
| | | Midwife: | 13 |
| | | Health Officer: | 14 |
| | | Health Extension Worker: | 15 |
| | | Other Person: | |
| | | Traditional Birth Attendant: | 21 |
| | | Other: | 96 |
| | | (Specify) | |
| 452 | Where did this first check take place? | | |
| | | Home: | |
| | | Her Home: | 11 |
| | | Other Home: | 12 |
| | | Public Sector: | |
| | | Government Hospital: | 21 |
| | | Other Government Health Center: | 22 |
| | | Government Health Post: | 23 |
| | | Other Public Sector: | 26 |
| | | (Specify) | |
| | | Ngo: | |
| | | Health Facility: | 31 |
| | | Other Ngo Health Facility: | 36 |
| | | (Specify) | |
| | | Private Medical Sector: | |
| | | Private Hospital: | 41 |
| | | Private Clinic: | 42 |
| | | Other Private Medical Sector: | 46 |
| | | (Specify) | |
| | | Other: | 96 |
| | | (Specify) | |

I would like to talk to you about checks on (NAME)'s health after delivery – for example, someone examining (NAME), checking the cord, or seeing if (NAME) is OK. In the two months after (NAME) was born, did any health care provider or a traditional birth attendant check on (NAME)'s health?

| | Yes: | 1 |
| | No: | 2 |
| | Don't know: | 8 |
| NO. | QUESTIONS AND FILTERS | LAST BIRTH | NEXT-TO-LAST BIRTH |
|-----|-----------------------|------------|-------------------|
| 454 | How many hours, days or weeks after the birth of (NAME) did the first check take place? | HOURS AFTER BIRTH .... 1 | NAME |
|     | IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS. | DAYS AFTER BIRTH .... 2 | |
|     | IF LESS THAN ONE WEEK, RECORD DAYS. | WEEKS AFTER BIRTH .... 3 | |
|     | DON'T KNOW ............ 998 | | |
| 455 | Who checked on (NAME)’s health at that time? | HEALTH PERSONNEL | |
|     | PROBE FOR MOST QUALIFIED | DOCTOR ................. 11 | |
|     | | NURSE ................. 12 | |
|     | | MIDWIFE ................. 13 | |
|     | | HEALTH OFFICER .......... 14 | |
|     | | HEALTH EXTENSION WORKER 15 | |
|     | | OTHER PERSON | |
|     | | TRADITIONAL BIRTH ATTENDANT .......... 21 | |
|     | | OTHER .......... 96 | |
|     | | (SPECIFY) | |
| 456 | Where did this first check of (NAME) take place? | HOME | |
|     | PROBE TO IDENTIFY THE TYPE OF SOURCE. | HER HOME ................. 11 | |
|     | IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. | OTHER HOME ................. 12 | |
|     | (NAME OF PLACE) | PUBLIC SECTOR | |
|     | | GOVERNMENT HOSPITAL ... 21 | |
|     | | GOVERNMENT HEALTH STATION/ .... 22 | |
|     | | GOVERNMENT HEALTH POST .... 23 | |
|     | | OTHER PUBLIC SECTOR .... 26 | |
|     | | (SPECIFY) | |
|     | | NGO | |
|     | | HEALTH FACILITY ... 31 | |
|     | | OTHER NGO HEALTH FACILITY | |
|     | | (SPECIFY) 36 | |
|     | | PRIVATE MEDICAL SECTOR | |
|     | | PRIVATE HOSPITAL 41 | |
|     | | PRIVATE CLINIC 42 | |
|     | | OTHER PRIVATE MEDICAL SECTOR 46 | |
|     | | (SPECIFY) | |
|     | | OTHER .......... 96 | |
|     | | (SPECIFY) | |
| NO. | QUESTIONS AND FILTERS | LAST BIRTH | NEXT-TO-LAST BIRTH |
|-----|-----------------------|------------|--------------------|
| 457 | During the first two days after (NAME)’s birth, did any health care provider do the following: | YES NO DK | | |
|  | a) Examine the cord? | CORD 1 2 8 | | |
|  | b) Measure (NAME)’s temperature? | TEMP 1 2 8 | | |
|  | c) Counsel you on danger signs for newborns? | SIGNS 1 2 8 | | |
|  | d) Counsel you on breastfeeding? | COUNSEL BREAST-FEED 1 2 8 | | |
|  | e) Observe (NAME) breastfeeding? | OBSERVE BREAST-FEED 1 2 8 | | |
| 458 | Has your menstrual period returned since the birth of (NAME)? | YES 1 | | |
|  | NO 2 | (SKIP TO 461) | | |
| 459 | Did your period return between the birth of (NAME) and your next pregnancy? | YES 1 | | |
|  | NO 2 | (SKIP TO 463) | | |
| 460 | For how many months after the birth of (NAME) did you not have a period? | MONTHS | | |
|  | DON’T KNOW 98 | DON’T KNOW 98 | | |
| 461 | CHECK 226: IS RESPONDENT PREGNANT? | NOT PREGNANT OR UNSURE | | |
| 462 | Have you had sexual intercourse since the birth of (NAME)? | YES 1 | | |
|  | NO 2 | (SKIP TO 464) | | |
| 463 | For how many months after the birth of (NAME) did you not have sexual intercourse? | MONTHS | | |
|  | DON’T KNOW 98 | DON’T KNOW 98 | | |
| 464 | Did you ever breastfeed (NAME)? | YES 1 | | |
|  | NO 2 | (SKIP TO 466) | | |
| 465 | CHECK 404: IS CHILD LIVING? | LIVING DEATH | | |
| 466 | How long after birth did you first put (NAME) to the breast? | IMMEDIATELY 000 | | |
|  | IF LESS THAN 1 HOUR, RECORD ‘00’ HOURS; | HOURS 1 | | |
|  | IF LESS THAN 24 HOURS, RECORD HOURS; OTHERWISE, RECORD DAYS. | DAYS 2 | | |
| 467 | In the first three days after delivery, was (NAME) given anything to drink other than breast milk? | YES 1 | | |
|  | NO 2 | | |
| NO. | QUESTIONS AND FILTERS | LAST BIRTH | NEXT-TO-LAST BIRTH |
|-----|-----------------------|------------|-------------------|
| 468 | CHECK 404: IS CHILD LIVING? | LIVING | LIVING (GO TO 471) |
|     |                        | DEAD | DEAD (GO TO 471) |
| 469 | Are you still breastfeeding (NAME)? | YES | YES (GO TO 471) |
|     |                        | NO  | NO (GO TO 471) |
| 470 | Did (NAME) drink anything from a bottle with a nipple yesterday or last night? | YES | YES (GO TO 471) |
|     |                        | NO  | NO (GO TO 471) |
|     |                        | DON'T KNOW | DON'T KNOW (GO TO 471) |
| 471 | GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 472. | | GO BACK TO 405 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 472. |
### FISTULA

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|-----|-----------------------|-------------------|------|
| 472 | Sometimes a woman can have a problem of constant (use continuous) leakage of urine and/or stool from her vagina during the day and night, in sitting and standing position. This problem usually occurs after a prolonged and difficult childbirth, but may also occur after a sexual assault, after pelvic surgery, or after other trauma. Have you ever experienced a constant (a continuous) leakage of urine and/or stool from your vagina during the day and night? | YES .......................... 1 | 474 |
|     |                                                     | NO .......................... 2 |      |
| 473 | Have you ever heard of this problem?                | YES .......................... 1 | 501 |
|     |                                                     | NO .......................... 2 |      |
| 474 | Did this problem start after you delivered a baby or had a stillbirth? | AFTER DELIVERED BABY ........ 1 |      |
|     |                                                     | AFTER HAD STILLBIRTH .......... 2 |      |
|     |                                                     | NEITHER ........................ 3 | 476 |
| 475 | Did this problem start after a normal labor and delivery, or you had a prolonged and difficult labor to deliver your baby or had stillbirth? | NORMAL LABOR/DELIVERY ........ 1 |      |
|     |                                                     | PROLONGED AND VERY DIFFICULT LABOR/DELIVERY ........ 2 | 477 |
| 476 | What do you think caused this problem?              | SEXUAL ASSAULT ............... 1 |      |
|     |                                                     | PELVIC SURGERY ............... 2 |      |
|     |                                                     | OTHER .......................... 6 |      |
|     |                                                     | (SPECIFY) |      |
|     |                                                     | DON'T KNOW ........................ 8 | 478 |
| 477 | How many days after [CAUSE OF PROBLEM FROM 474 OR 476] did the leakage start? | NUMBER OF DAYS AFTER DELIVERY/OTHER EVENT |      |
|     |                                                     | (ENTER 90 IF 90 DAYS OR MORE) |      |
| 478 | Have you sought treatment for this condition?       | YES .......................... 1 | 480 |
|     |                                                     | NO .......................... 2 |      |
| 479 | Why have you not sought treatment?                 | DO NOT KNOW CAN BE FIXED .... A | 501 |
|     | RECORD ALL MENTIONED.                               | 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) |      |
| 480 | From whom (WHERE) did you last seek treatment?     | HEALTH FACILITY ............... 1 |      |
|     | PROBE AND RECORD ALL MENTIONED.                    | RELIGION/TRADITION ........... 2 |      |
|     |                                                     | OTHER .......................... 96 |      |
|     |                                                     | (SPECIFY) |      |
| 481 | Did you have an operation to fix the problem?      | YES .......................... 1 | 483 |
|     |                                                     | NO .......................... 2 |      |
| 482 | Did the treatment stop the leakage completely?     | YES, STOPPED COMPLETELY .... 1 |      |
|     | IF NO: Did the treatment reduce the leakage?       | NOT STOPPED BUT REDUCE ...... 2 |      |
|     |                                                     | NOT STOPPED AT ALL ........... 3 |      |
|     |                                                     | DID NOT RECEIVE TREATMENT .... 4 |      |
| 483 | Were you supported by your husband/partner while you experienced a constant leakage of urine or stool from your vagina. | YES .......................... 1 |      |
|     |                                                     | NO .......................... 2 |      |
| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|-----|-----------------------|-------------------|------|
| 501A| CHECK 215 IN THE BIRTH HISTORY: ANY BIRTHS IN 2005-2008? | ONE OR MORE BIRTHS IN 2005-2008 ☐ NO BIRTHS IN 2005-2008 ☐ | 601 |
| 502A| RECORD THE NAME AND BIRTH HISTORY NUMBER FROM 212 OF THE LAST CHILD BORN IN 2005-2008. | | |
| 503A| CHECK 216 FOR CHILD: | | 501B |
| 504A| Do you have a card or other document where (NAME)'s vaccinations are written down? | YES, HAS ONLY A CARD .................. 1 ☐ YES, HAS ONLY AN OTHER DOCUMENT ...... 2 ☐ YES, HAS CARD AND OTHER DOCUMENT ...... 3 ☐ NO, NO CARD AND NO OTHER DOCUMENT .. 4 | 507A |
| 505A| Did you ever have a vaccination card for (NAME)? | YES ................................. 1 ☐ NO ................................. 2 | |
| 506A| CHECK 504A: | CODE '2' CIRCLED ☐ CODE '4' CIRCLED ☐ | 511A |
| 507A| May I see the card or other document where (NAME)'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 | 511A |
### SECTION 5A. CHILD IMMUNIZATION (LAST BIRTH)

**NAME OF LAST BIRTH**

**BIRTH HISTORY NUMBER**

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|-----|-----------------------|-------------------|------|
| 508A| COPY DATES FROM THE CARD. WRITE '44' IN 'DAY' COLUMN IF CARD SHOWS THAT A DOSE WAS GIVEN, BUT NO DATE IS RECORDED. | | |
|     | BCG | | |
|     | ORAL POLIO VACCINE (OPV) 0 (BIRTH DOSE) | | |
|     | ORAL POLIO VACCINE (OPV) 1 | | |
|     | ORAL POLIO VACCINE (OPV) 2 | | |
|     | ORAL POLIO VACCINE (OPV) 3 | | |
|     | 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 | | |
|     | VITAMIN A (MOST RECENT) | | |
| 509A| CHECK 508A: 'BCG' TO 'MEASLES CONTAINING VACCINE' 2' ALL RECORDED? | | |
| 510A| In addition to what is recorded on (this document/these documents), did (NAME) 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 508A THAT ARE NOT RECORDED AS HAVING BEEN GIVEN. | | |

#### CODING CATEGORIES

- 423
- 423
- W-33
- Appendix E

#### Appendix E

423
### SECTION 5A. CHILD IMMUNIZATION (LAST BIRTH)

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|-----|------------------------|-------------------|------|
| 511A | Did (NAME) ever receive any vaccinations to prevent (NAME) from getting diseases, including vaccinations received in campaigns or immunization days or child health days? | YES ........................ 1 | 525A |
|      |                        | NO ........................ 2 |      |
|      |                        | DON'T KNOW .............. 8 |      |
| 512A | Has (NAME) ever received a BCG vaccination against tuberculosis, that is, an injection in the arm or shoulder that usually causes a scar? | YES ........................ 1 | 517A |
|      |                        | NO ........................ 2 |      |
|      |                        | DON'T KNOW .............. 8 |      |
| 514A | Has (NAME) ever received oral polio vaccine, that is, two drops in the mouth to prevent polio? | YES ........................ 1 |      |
|      |                        | NO ........................ 2 |      |
|      |                        | DON'T KNOW .............. 8 |      |
| 515A | Did (NAME) receive the first oral polio vaccine in the first two weeks after birth or later? | FIRST TWO WEEKS ............ 1 |      |
|      |                        | LATER ..................... 2 |      |
| 516A | How many times did (NAME) receive the oral polio vaccine? | NUMBER OF TIMES ................ |      |
| 517A | Has (NAME) ever received a pentavalent vaccination, that is, an injection usually given on the left upper thigh sometimes at the same time as polio drops? | YES ........................ 1 | 519A |
|      |                        | NO ........................ 2 |      |
|      |                        | DON'T KNOW .............. 8 |      |
| 518A | How many times did (NAME) receive the pentavalent vaccine? | NUMBER OF TIMES ................ |      |
| 519A | Has (NAME) ever received a pneumococcal vaccination, that is, an injection usually given on the right upper thigh to prevent pneumonia? | YES ........................ 1 |      |
|      |                        | NO ........................ 2 |      |
|      |                        | DON'T KNOW .............. 8 |      |
| 520A | How many times did (NAME) receive the pneumococcal vaccine? | NUMBER OF TIMES ................ |      |
| 521A | Has (NAME) ever received a rotavirus vaccination, that is, liquid in the mouth to prevent diarrhea? | YES ........................ 1 | 523A |
|      |                        | NO ........................ 2 |      |
|      |                        | DON'T KNOW .............. 8 |      |
| 522A | How many times did (NAME) receive the rotavirus vaccine? | NUMBER OF TIMES ................ |      |
| 523A | Has (NAME) ever received a measles vaccination, that is, an injection in the arm to prevent measles given at 9 months? | YES ........................ 1 |      |
|      |                        | NO ........................ 2 |      |
|      |                        | DON'T KNOW .............. 8 |      |
| 525A | In the last 7 days was (NAME) given: | YES NO DK |      |
|      | a) PLUMPY’NUT?        | a) PLUMPY’NUT .......... 1 2 8 |      |
|      | b) PLUMPY’DOZ?       | b) PLUMPY’DOZ .......... 1 2 8 |      |
| 526A | CONTINUE WITH 501B. | | |
### Section 5B. Child Immunization (Next-to-Last Birth)

| NO. | Questions and Filters | Coding Categories | Skip |
|-----|-----------------------|------------------|------|
| 501B | Check 215 in the Birth History: Any more births in 2005-2008? | | 601 |
| 502B | Record the name and Birth History number from 212 of the next-to-last child born in 2005-2008. | | |
| 503B | Check 216 for Child: | | 526B |
| 504B | Do you have a card or other document where (Name)'s vaccinations are written down? | Yes, has only a card | 507B |
| | | Yes, has only an other document | |
| | | Yes, has card and other document | |
| | | No, no card and no other document | |
| 505B | Did you ever have a vaccination card for (Name)? | Yes | 507B |
| | | No | |
| 506B | Check 504B: | Code '2' circled | 511B |
| | | Code '4' circled | |
| 507B | May I see the card or other document where (Name)'s vaccinations are written down? | Yes, only card seen | 511B |
| | | Yes, only other document seen | |
| | | Yes, card and other document seen | |
| | | No card and no other document seen | |
### NAME OF NEXT-TO-LAST BIRTH

**BIRTH HISTORY NUMBER**

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|-----|------------------------|-------------------|------|
| 508B | COPY DATES FROM THE CARD. WRITE '44' IN 'DAY' COLUMN IF CARD SHOWS THAT A DOSE WAS GIVEN, BUT NO DATE IS RECORDED. | 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 | | | |
|     | DPT-HEP.B-HIB (PENTVALENT) 1 | | | |
|     | DPT-HEP.B-HIB (PENTVALENT) 2 | | | |
|     | DPT-HEP.B-HIB (PENTVALENT) 3 | | | |
|     | PNEUMOCOCCAL 1 | | | |
|     | PNEUMOCOCCAL 2 | | | |
|     | PNEUMOCOCCAL 3 | | | |
|     | ROTAVIRUS 1 | | | |
|     | ROTAVIRUS 2 | | | |
|     | MEASLES | | | |
|     | VITAMIN A (MOST RECENT) | | | |

### 509B CHECK 508B: 'BCG' TO ['MEASLES CONTAINING VACCINE'] 2' ALL RECORDED?

| NO. | YES | NO | 525B |
|-----|-----|----|------|
| 509B |     |  1 | |

### 510B In addition to what is recorded on (this document/these documents), did (NAME) 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 508B THAT ARE NOT RECORDED AS HAVING BEEN GIVEN.**

| NO. | YES | NO | DON'T KNOW | 525B |
|-----|-----|----|------------|------|
| 510B |     |  2 |             | 525B |

**PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 508B**

**THEN SKIP TO 525B**
### SECTION 5B. CHILD IMMUNIZATION (NEXT-TO-LAST BIRTH)

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|-----|------------------------|------------------|------|
| 511B | Did (NAME) ever receive any vaccinations to prevent (NAME) from getting diseases, including vaccinations received in campaigns or immunization days or child health days? | YES .......................... 1  
NO .......................... 2  
DON'T KNOW .......................... 8 | 525B |
| 512B | Has (NAME) 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 | 517B |
| 514B | Has (NAME) ever received oral polio vaccine, that is, two drops in the mouth to prevent polio? | YES .......................... 1  
NO .......................... 2  
DON'T KNOW .......................... 8 | 519B |
| 515B | Did (NAME) receive the first oral polio vaccine in the first two weeks after birth or later? | FIRST TWO WEEKS .......................... 1  
LATER .......................... 2 | |
| 516B | How many times did (NAME) receive the oral polio vaccine? | NUMBER OF TIMES | |
| 517B | Has (NAME) ever received a pentavalent vaccination, that is, an injection usually given on the left upper thigh sometimes at the same time as polio drops? | YES .......................... 1  
NO .......................... 2  
DON'T KNOW .......................... 8 | 521B |
| 518B | How many times did (NAME) receive the pentavalent vaccine? | NUMBER OF TIMES | |
| 519B | Has (NAME) ever received a pneumococcal vaccination, that is, an injection usually given on the right upper thigh to prevent pneumonia? | YES .......................... 1  
NO .......................... 2  
DON'T KNOW .......................... 8 | 523B |
| 520B | How many times did (NAME) receive the pneumococcal vaccine? | NUMBER OF TIMES | |
| 521B | Has (NAME) ever received a rotavirus vaccination, that is, liquid in the mouth to prevent diarrhea? | YES .......................... 1  
NO .......................... 2  
DON'T KNOW .......................... 8 | 523B |
| 522B | How many times did (NAME) receive the rotavirus vaccine? | NUMBER OF TIMES | |
| 523B | Has (NAME) ever received a measles vaccination, that is, an injection in the arm to prevent measles given at nine months? | YES .......................... 1  
NO .......................... 2  
DON'T KNOW .......................... 8 | 525B |
| 525B | In the last 7 days was (NAME) given:  
a) PLUMPY'NUT?  
b) PLUMPY'DOZ? | YES  NO  DK  
a) PLUMPY'NUT .......................... 1  2  8  
b) PLUMPY'DOZ .......................... 1  2  8 | |
| 526B | CHECK 215 IN BIRTH HISTORY: ANY MORE BIRTHS IN 2005-2008? | MORE BIRTHS IN 2005-2008  
(NO TO 502B IN AN ADDITIONAL QUESTIONNAIRE)  
GO TO 502B IN AN ADDITIONAL QUESTIONNAIRE)  
NO MORE BIRTHS IN 2005-2008 | 601 |
### SECTION 6. CHILD HEALTH AND NUTRITION

**CHECK 224:**

|   |   |
|---|---|
| ONE OR MORE BIRTHS IN 2003-2008 | NO BIRTHS IN 2003-2008 |

**CHECK 215:** RECORD THE BIRTH HISTORY NUMBER IN 603 AND THE NAME AND SURVIVAL STATUS IN 604 FOR EACH BIRTH IN 2003-2008. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. IF THERE ARE MORE THAN 2 BIRTHS, USE LAST COLUMN OF ADDITIONAL QUESTIONNAIRE(S).

Now I would like to ask some questions about your children born in the last five years. (We will talk about each separately.)

**BIRTH HISTORY NUMBER FROM 212 IN BIRTH HISTORY.**

**LAST BIRTH**

|   |   |   |
|---|---|---|
| BIRTH HISTORY NUMBER |   |   |

**NEXT-TO-LAST BIRTH**

|   |   |   |
|---|---|---|
| BIRTH HISTORY NUMBER |   |   |

**FROM 212 AND 216:**

|   |   |
|---|---|
| NAME | NAME |

**LIVING**

|   |   |
|---|---|
| LIVING | DEAD |

(SKIP TO 646)

**DON'T KNOW**

|   |   |
|---|---|
| DON'T KNOW | |

**CHECK 215: RECORD THE BIRTH HISTORY NUMBER IN 603 AND THE NAME AND SURVIVAL STATUS IN 604 FOR EACH BIRTH IN 2003-2008. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. IF THERE ARE MORE THAN 2 BIRTHS, USE LAST COLUMN OF ADDITIONAL QUESTIONNAIRE(S).**

Now I would like to ask some questions about your children born in the last five years. (We will talk about each separately.)

**NAME**

|   |   |
|---|---|
| NAME | NAME |

**LIVING**

|   |   |
|---|---|
| LIVING | DEAD |

(SKIP TO 646)

**DON'T KNOW**

|   |   |
|---|---|
| DON'T KNOW | |

In the last six months, was (NAME) 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 |

In the last seven days, was (NAME) given iron pills, sprinkles with iron, or iron syrup like [this/any of these]?

SHOW COMMON TYPES OF PILLS/SPRINKLES/SYRUPS.

|   |   |
|---|---|
| YES | 1 |
| NO | 2 |
| DON'T KNOW | 8 |

Was (NAME) given any drug for intestinal worms in the last six months?

|   |   |
|---|---|
| YES | 1 |
| NO | 2 |
| DON'T KNOW | 8 |

Has (NAME) had diarrhea in the last 2 weeks?

|   |   |
|---|---|
| YES | 1 |
| NO | 2 |
| DON'T KNOW | 8 |

(SKIP TO 618)
### SECTION 6. CHILD HEALTH AND NUTRITION

| NO. | QUESTIONS AND FILTERS | LAST BIRTH | NEXT-TO-LAST BIRTH |
|-----|------------------------|------------|--------------------|
| 609 | CHECK 464: EVER BREASTFED? |            |                    |
|     | YES [ ]               |            |                    |
|     | NO [ ]                |            |                    |
|     | a) Now I would like to know how much (NAME) was given to drink during the diarrhea including breastmilk. Was (NAME) given less than usual to drink, about the same amount, or more than usual to drink? | MUCH LESS ............... 1 | MUCH LESS ............... 1 |
|     | b) Now I would like to know how much (NAME) was given to drink during the diarrhea. Was (NAME) given less than usual to drink, about the same amount, or more than usual to drink? | SOMewhat LESS ............. 2 | SOMEWHAT LESS ............. 2 |
|     |                          | ABOUT THE SAME ........ 3 | ABOUT THE SAME ........ 3 |
|     |                          | MORE ................. 4 | MORE ................. 4 |
|     |                          | NOTHING TO DRINK ...... 5 | NOTHING TO DRINK ...... 5 |
|     |                          | DON'T KNOW ............ 8 | DON'T KNOW ............ 8 |
|     | IF LESS, PROBE: Was (NAME) given much less than usual to drink or somewhat less? | | |
| 610 | When (NAME) had diarrhea, was (NAME) given less than usual to eat, about the same amount, more than usual, or nothing to eat? | MUCH LESS ............... 1 | MUCH LESS ............... 1 |
|     | IF LESS, PROBE: Was (NAME) given much less than usual to eat or somewhat less? | SOMEWHAT LESS ............. 2 | SOMEWHAT LESS ............. 2 |
|     |                          | ABOUT THE SAME ........ 3 | ABOUT THE SAME ........ 3 |
|     |                          | MORE ................. 4 | MORE ................. 4 |
|     |                          | STOPPED FOOD ............. 5 | STOPPED FOOD ............. 5 |
|     |                          | NEVER GAVE FOOD ........ 6 | NEVER GAVE FOOD ........ 6 |
|     |                          | DON'T KNOW ............ 8 | DON'T KNOW ............ 8 |
| 611 | Did you seek advice or treatment for the diarrhea from any source? | YES ................. 1 | YES ................. 1 |
|     | NO ................. 2 | (SKIP TO 615) | NO ................. 2 | (SKIP TO 615) |
### Section 6. Child Health and Nutrition

| NO. | Questions and Filters                  | Last Birth                  | Next-to-Last Birth                  |
|-----|---------------------------------------|-----------------------------|-------------------------------------|
| 612 | Where did you seek advice or treatment? |                             |                                     |
|     | Anywhere else?                        |                             |                                     |
|     | PROBE TO IDENTIFY THE TYPE OF SOURCE. |                             |                                     |
|     | IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE(S). |                             |                                     |
|     | (SPECIFY)                             |                             |                                     |
|     | (NAME OF PLACE(S))                    |                             |                                     |
| 613 | CHECK 612:                            |                             |                                     |
|     | TWO OR ONLY MORE CODES               |                             |                                     |
|     | CODES CIRCLED                        |                             |                                     |
|     | (SKIP TO 615)                        |                             |                                     |
| 614 | Where did you first seek advice or treatment? |                 |                                     |
|     | USE LETTER CODE FROM 612.             |                             |                                     |
|     | FIRST PLACE                          |                             |                                     |
### SECTION 6. CHILD HEALTH AND NUTRITION

| NO. | QUESTIONS AND FILTERS | LAST BIRTH | NEXT-TO-LAST BIRTH |
|-----|------------------------|------------|-------------------|
| 615 | Was (NAME) given any of the following at any time since (NAME) started having the diarrhea? |            |                   |
|     | a) A fluid made from a special packet called LEMLEM? |            |                   |
|     | b) A government-recommended homemade fluid? |            |                   |
|     | c) Zinc tablets or syrup? |            |                   |
| 616 | CHECK 615: |            |                   |
|     | a) Was anything else given to treat the diarrhea? | Yes 1 | Yes 1 |
|     | b) Was anything else given to treat the diarrhea? | No 2 | No 2 |
|     | Don't know 8 | Don't know 8 |                   |
| 617 | CHECK 615: |            |                   |
|     | a) What else was given to treat the diarrhea? | PILL OR SYRUP | PILL OR SYRUP |
|     | b) What was given to treat the diarrhea? | ANTIBIOTIC A | ANTIBIOTIC A |
|     | | AMOTILITIY B | AMOTILITIY B |
|     | | OTHER (NOT ANTIBIOTIC OR AMOTILITIY) C | OTHER (NOT ANTIBIOTIC OR AMOTILITIY) C |
|     | | UNKNOWN PILL D | UNKNOWN PILL D |
|     | | INJECTION G | INJECTION G |
|     | | (IV) INTRAVENOUS H | (IV) INTRAVENOUS H |
|     | | HOME REMEDY/HERBAL MEDICINE I | HOME REMEDY/HERBAL MEDICINE I |
|     | | OTHER (SPECIFY) X | OTHER (SPECIFY) X |
| 618 | Has (NAME) been ill with a fever at any time in the last 2 weeks? | Yes 1 | Yes 1 |
|     | No 2 | No 2 |
|     | Don't know 8 | Don't know 8 |
| 620 | Has (NAME) had an illness with a cough at any time in the last 2 weeks? | Yes 1 | Yes 1 |
|     | No 2 | No 2 |
|     | Don't know 8 | Don't know 8 |
| 621 | Has (NAME) had fast, short, rapid breaths or difficulty breathing at any time in the last 2 weeks? | Yes 1 | Yes 1 |
|     | No 2 | No 2 |
|     | (SKIP TO 623) | (SKIP TO 623) |
### Section 6. Child Health and Nutrition

| NO. | Questions and Filters | Last Birth | Next-to-Last Birth |
|-----|------------------------|------------|-------------------|
| 622 | Was the fast or difficult breathing due to a problem in the chest or to a blocked or runny nose? | CHEST ONLY . . . . . . . . . . . . 1 | CHEST ONLY . . . . . . . . . . . . 1 |
|     |                        | NOSE ONLY . . . . . . . . . . . . 2 | NOSE ONLY . . . . . . . . . . . . 2 |
|     |                        | BOTH . . . . . . . . . . . . . . . . 3 | BOTH . . . . . . . . . . . . . . . . 3 |
|     |                        | OTHER . . . . . . . . . . . . (SPECIFY) 6 | OTHER . . . . . . . . . . . . (SPECIFY) 6 |
|     |                        | DON'T KNOW . . . . . . . . . . . . 8 | DON'T KNOW . . . . . . . . . . . . 8 |
| 623 | Check 618: Had fever? | YES | NO OR DK |
| 624 | Did you seek advice or treatment for the illness from any source? | YES . . . . . . . . . . . . . . . . . . 1 | YES . . . . . . . . . . . . . . . . . . 1 |
|     |                        | NO . . . . . . . . . . . . . . . . . . 2 | NO . . . . . . . . . . . . . . . . . . 2 |
| 625 | Where did you seek advice or treatment? | PUBLIC SECTOR | PUBLIC SECTOR |
|     | Anywhere else? | GOVERNMENT HOSPITAL . . . . . . A | GOVERNMENT HOSPITAL . . . . . . A |
|     |                        | GOVERNMENT HEALTH CENTER . . . . . . B | GOVERNMENT HEALTH CENTER . . . . . . B |
|     |                        | GOVERNMENT HEALTH POST . . . . . . . . . . . . C | GOVERNMENT HEALTH POST . . . . . . . . . . . . C |
|     |                        | OTHER PUBLIC SECTOR . . . . . . . . . . . . (SPECIFY) D | OTHER PUBLIC SECTOR . . . . . . . . . . . . (SPECIFY) D |
|     |                        | NGO HEALTH FACILITY . . . . . . E | NGO HEALTH FACILITY . . . . . . E |
|     |                        | OTHER NGO HEALTH FACILITY . . . . . . (SPECIFY) F | OTHER NGO HEALTH FACILITY . . . . . . (SPECIFY) F |
|     |                        | PRIVATE MEDICAL SECTOR | PRIVATE MEDICAL SECTOR |
|     |                        | PRIVATE HOSPITAL . . . . . . G | PRIVATE HOSPITAL . . . . . . G |
|     |                        | PRIVATE CLINIC . . . . . . . . . . H | PRIVATE CLINIC . . . . . . . . . . H |
|     |                        | OTHER PRIVATE MEDICAL SECTOR . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . I | OTHER PRIVATE MEDICAL SECTOR . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . I |
|     |                        | OTHER SOURCE | OTHER SOURCE |
|     |                        | SHOP/DRUG VENDOR . . . . . . . . . . . . J | SHOP/DRUG VENDOR . . . . . . . . . . . . J |
|     |                        | TRADITIONAL PRACTITIONER . . . . . . . . . . . . K | TRADITIONAL PRACTITIONER . . . . . . . . . . . . K |
|     |                        | MARKET . . . . . . . . . . . . . . . . . . L | MARKET . . . . . . . . . . . . . . . . . . L |
|     |                        | OTHER . . . . . . . . . . . . (SPECIFY) X | OTHER . . . . . . . . . . . . (SPECIFY) X |
| 626 | Check 625: | TWO OR MORE CODES CIRCLED | TWO OR MORE CODES CIRCLED |
|     |                        | ONLY CODE CIRCLED | ONLY CODE CIRCLED |
### SECTION 6. CHILD HEALTH AND NUTRITION

| NO. | QUESTIONS AND FILTERS                                                                 | LAST BIRTH | NEXT-TO-LAST BIRTH |
|-----|--------------------------------------------------------------------------------------|------------|--------------------|
| 627 | Where did you first seek advice or treatment?                                         | FIRST PLACE | FIRST PLACE        |
|     | USE LETTER CODE FROM 625.                                                            |            |                    |
| 628 | How many days after the illness began did you first seek advice or treatment for (NAME)? | DAYS       | DAYS              |
|     | IF THE SAME DAY RECORD '00'.                                                         |            |                    |
| 629 | At any time during the illness, did (NAME) take any drugs for the illness?             | YES        | YES               |
|     | NO                                     | NO         | NO                |
|     | DON'T KNOW                             | DON'T KNOW | DON'T KNOW        |
|     | (SKIP TO 646)                         |            |                    |
| 630 | What drugs did (NAME) take?                                                          | ANTIMALARIAL DRUGS | ANTIMALARIAL DRUGS |
|     | Any other drugs?                                                                     | ARTEMISININ | ARTEMISININ       |
|     | RECORD ALL MENTIONED.                                                                | COMBINATION | COMBINATION       |
|     |                                                                                     | THERAPY (ACT) | THERAPY (ACT)    |
|     |                                                                                     | A           | A                 |
|     |                                                                                     | SPI/FANSIDAR | B                 |
|     |                                                                                     | CHLOROQUINE | C                 |
|     |                                                                                     | AMODIAQUINE | D                 |
|     |                                                                                     | QUININE     |                   |
|     |                                                                                     | PILLS       | E                 |
|     |                                                                                     | INJECTION/IV | F              |
|     |                                                                                     | ARTESUNATE  |                   |
|     |                                                                                     | RECTAL      | G                 |
|     |                                                                                     | INJECTION/IV | H              |
|     |                                                                                     | OTHER ANTIMALARIAL | I         |
|     |                                                                                     | (SPECIFY)   |                   |
|     |                                                                                     | ANTIBIOTIC DRUGS | ANTIBIOTIC DRUGS |
|     |                                                                                     | PILL/SYPUR | J                 |
|     |                                                                                     | INJECTION/IV | K               |
|     |                                                                                     | OTHER DRUGS |                   |
|     |                                                                                     | ASPIRIN     | L                 |
|     |                                                                                     | ACETAMINOPHEN | M           |
|     |                                                                                     | IBUPROFEN   | N                 |
|     |                                                                                     | OTHER       | X                 |
|     |                                                                                     | (SPECIFY)   |                   |
|     |                                                                                     | DON'T KNOW  | Z                 |
| 646 | GO BACK TO 604 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 647.                       |            |                    |
|     | GO TO 604 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 647. |            |                    |
### SECTION 6. CHILD HEALTH AND NUTRITION

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|-----|-----------------------|-------------------|------|
| 647 | CHECK 615(a), ALL COLUMNS: |  | 649 |
|     | NO CHILD RECEIVED FLUID FROM ORS PACKET | ANY CHILD RECEIVED FLUID FROM ORS PACKET |  |
| 648 | Have you ever heard of a special product called LEMLEM OR PRE-PACKAGED ORS LIQUID that you can get for the treatment of diarrhea? | YES | 1 |
|     | | NO | 2 |
| 649 | CHECK 215 AND 218, ALL ROWS: NUMBER OF CHILDREN BORN IN 2006-2008 LIVING WITH THE RESPONDENT |  | 701 |
|     | ONE OR MORE | NONE |  |
Now I would like to ask you about liquids or foods that (NAME FROM 649) had yesterday during the day or at night. I am interested in whether your child had the item I mention even if it was combined with other foods. Did (NAME FROM 649) drink or eat:

- [ ] a) Plain water?
- [ ] b) Juice or juice drinks?
- [ ] c) Clear broth?
- [ ] d) Milk such as tinned, powdered, or fresh animal milk?  
  If YES: How many times did (NAME) drink milk?
  - [ ] IF 7 OR MORE TIMES, RECORD ‘7’.
- [ ] e) Infant formula such as Plan, S-26?  
  If YES: How many times did (NAME) drink infant formula?  
  - [ ] IF 7 OR MORE TIMES, RECORD ‘7’.
- [ ] f) Any other liquids?
- [ ] g) Yogurt?  
  If YES: How many times did (NAME) eat yogurt?
  - [ ] IF 7 OR MORE TIMES, RECORD ‘7’.
- [ ] h) Any commercially fortified baby food like Fafa, Hilina, Cerilak, Cerifam, Mother Choice?
- [ ] i) Injera, bread, rice, noodles, porridge, or other foods made from grains such as tef, oats, maize, barley, etc.?
- [ ] j) Pumpkin, carrots, squash, or sweet potatoes that are yellow or orange inside?
- [ ] k) White potatoes, white yams, bulla, kocho, manioc, cassava, or any other foods made from roots?
- [ ] l) Any dark green, leafy vegetables like kale, spinach, or any other vegetables?
- [ ] m) Ripe mangoes, papayas?
- [ ] n) Any other fruits or vegetables?
- [ ] o) Liver, kidney, heart, or other organ meats?
- [ ] p) Any meat, such as beef, pork, lamb, goat, chicken, or duck?
- [ ] q) Eggs?
- [ ] r) Fresh or dried fish or shellfish?
- [ ] s) Any foods made from beans, peas, lentils, or nuts?
- [ ] t) Cheese or other food made from milk?
- [ ] u) Any other solid, semi-solid, or soft food?

**ATTENTION**

- [ ] CHECK 650 (CATEGORIES ‘g’ THROUGH ‘u’):
  - [ ] NOT A SINGLE ‘YES’
  - [ ] AT LEAST ONE ‘YES’

---

**Explanation**

- The table lists various items that the child might have consumed, including liquids, fruits, vegetables, meats, and other foods.
- For each item, there are options to indicate whether it was consumed, and if so, the frequency of consumption.
- The table also includes a checkmark for items similar to the ones listed in categories ‘g’ through ‘u’.

**Appendix E**

- Indicates the page number in the appendix.
## SECTION 6. CHILD HEALTH AND NUTRITION

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|-----|------------------------|-------------------|------|
| 652 | Did (NAME FROM 649) eat any solid, semi-solid, or soft foods yesterday during the day or at night? IF ‘YES’ PROBE: What kind of solid, semi-solid or soft foods did (NAME) eat? | YES .......................... 1  
(THEN CONTINUE TO 653)  
(THEN CONTINUE TO 653)  
| 653 | How many times did (NAME FROM 649) 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 | 654 |
| 654 | The last time (NAME FROM 649) 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) |
| 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    |
| 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, NOT IN UNION                                 | 3    |
| 703 | What is your marital status now: are you widowed, divorced, or separated?           | WIDOWED                                         | 1    |
|     |                                                                                      | DIVORCED                                        | 2    |
|     |                                                                                      | SEPARATED                                       | 3    |
| 704 | Is your (husband/partner) living with you now or is he staying elsewhere?             | LIVING WITH HER                                  | 1    |
|     |                                                                                      | STAYING ELSEWHERE                                | 2    |
| 705 | RECORD THE HUSBAND'S/PARTNER'S NAME AND LINE NUMBER FROM THE HOUSEHOLD QUESTIONNAIRE.| NAME                                            |      |
|     |                                                                                      | LINE NO.                                        |      |
| 706 | 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    |
| 707 | 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   |
| 708 | Are you the first, second, ... wife?                                                 | RANK                                           |      |
| 709 | Have you been married or lived with a man only once or more than once?                | ONLY ONCE                                       | 1    |
|     |                                                                                      | MORE THAN ONCE                                  | 2    |
| 710 | CHECK 709:                                                                           | MARRIED/LIVED WITH A MAN                        |      |
|     |                                                                                      | MARRIED/LIVED WITH A MAN MORE THAN ONCE         |      |
|     | a) In what month and year did you start living with your (husband/partner)?         | MONTH                                          |      |
|     |                                                                                      | DON'T KNOW MONTH                                | 98   |
|     | b) Now I would like to ask about your first (husband/partner). In what month and year did you start living with him? | YEAR                                           |      |
|     |                                                                                      | DON'T KNOW YEAR                                 | 9998 |
| 711 | How old were you when you first started living with him?                              | AGE                                            |      |
| 711A| The first time you got married who decide on your marriage?                           | MYSELF                                          | 1    |
|     |                                                                                      | PARENTS                                         | 2    |
|     |                                                                                      | OTHER FAMILY/RELATIVES                          | 3    |
|     |                                                                                      | OTHER                                           | 6    |
|     |                                                                                      | (SPECIFY)                                       |      |
| 711B| Were you attending school before your marriage?                                        | YES                                             | 1    |
|     |                                                                                      | NO                                             | 2    |
### SECTION 7. MARRIAGE AND SEXUAL ACTIVITY

**NO.**

| QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|------------------------|-------------------|------|
| 711C  Did you continue to attend school after your marriage? | YES .......................... 1 | 712 |
|                       | NO .......................... 2 | |
| 711D  Why did you stop attending school after your marriage? | GRADUATED FROM SCHOOL .......................... 1 | |
|                       | TOO BUSY WITH FAMILY LIFE .......................... 2 | |
|                       | HUSBAND DID NOT WANT ME TO GO .......................... 3 | |
|                       | OTHER ................................ 6 | |
|                       | (SPECIFY) | |

**712** CHECK FOR PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.

**713**

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 INTERCOURSE .......................... 00 731

AGE IN YEARS .......................... 

**714**

I would like to ask you about your recent sexual activity. When was the last time you had sexual intercourse?

IF LESS THAN 13 MONTHS, ANSWER MUST BE RECORDED IN DAYS, WEEKS OR MONTHS. IF 13 MONTHS (ONE YEAR) OR MORE, ANSWER MUST BE RECORDED IN YEARS.

| IF LESS THAN 13 MONTHS | ANSWER | CODE |
|------------------------|--------|------|
| DAYS AGO               | .......... 1 | 716 |
| WEEKS AGO              | .......... 2 | 727 |
| MONTHS AGO             | .......... 3 |  |
| YEARS AGO              | .......... 4 |  |
### SECTION 7. MARRIAGE AND SEXUAL ACTIVITY

| LAST SEXUAL PARTNER | SECOND-TO-LAST SEXUAL PARTNER | THIRD-TO-LAST SEXUAL PARTNER |
|---------------------|-----------------------------|-----------------------------|
| **715**             | **716**                     | **717**                     |
| When was the last time you had sexual intercourse with this person? | The last time you had sexual intercourse with this person, was a condom used? | Was a condom used every time you had sexual intercourse with this person in the last 13 months? |
| **718**             | **719**                     | **720**                     |
| What was your relationship to this person with whom you had sexual intercourse? | How long ago did you first have sexual intercourse with this person? | How many times during the last 13 months did you have sexual intercourse with this person? |
| IF BOYFRIEND: Were you living together as if married? | **721**                     | **722**                     |
| IF YES, RECORD '2'. | How old is this person? | Apart from this person, have you had sexual intercourse with any other person in the last 13 months? |
| IF NO, RECORD '3'. | **723**                     | **724**                     |
| | In total, with how many different people have you had sexual intercourse in the last 13 months? | |
### SECTION 7. MARRIAGE AND SEXUAL ACTIVITY

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|-----|-----------------------|-------------------|------|
| 724 | CHECK 106:            |                   |      |
|     |                       | AGE 15-24         |      |
|     |                       | AGE 25-49         | 727  |
| 725 | CHECK 701:            |                   |      |
|     |                       | NOT CURRENTLY MARRIED/IN A UNION |      |
|     |                       | CURRENTLY MARRIED/IN A UNION | 727  |
| 726 | In the past 13 months have you had sex or been sexually involved with anyone because he gave you or told you he would give you gifts, cash, or anything else? | YES .......................... 1 |
|     |                       | NO ......................... 2 |
| 727 | In total, with how many different people have you had sexual intercourse in your lifetime? | NUMBER OF PARTNERS IN LIFETIME .. | |
|     |                       | DON'T KNOW ................. 98 |
| 728 | CHECK 716, MOST RECENT PARTNER (FIRST COLUMN): |                   |      |
|     |                       | YES, CONDOM USED | 731  |
|     |                       | NO, CONDOM NOT USED |      |
|     |                       | NOT ASKED | 731  |
| 729 | You told me that a condom was used the last time you had sex. What is the brand name of the condom used at that time? | 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 |
|-----|---------------------------------------------------------------------------------------|-------------------|------|
| 730 | From where did you obtain the condom the last time?                                   |                   |      |
|     | PROBE TO IDENTIFY TYPE OF SOURCE.                                                     |                   |      |
|     | IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.      |                   |      |
|     | (NAME OF PLACE)                                                                       |                   |      |
|     |                                                                                      | PUBLIC SECTOR     |      |
|     |                                                                                      |                   |      |
|     |                                                                                      | GOVT. HOSPITAL    | 11   |
|     |                                                                                      | GOV. HEALTH CENTER| 12   |
|     |                                                                                      | GOV. HEALTH POST  | 13   |
|     |                                                                                      | PUBLIC PHARMACY   | 14   |
|     |                                                                                      | OTHER PUBLIC SECTOR| 16   |
|     |                                                                                      | (SPECIFY)         |      |
|     |                                                                                      | NGO               |      |
|     |                                                                                      |                   |      |
|     |                                                                                      | HEALTH FACILITY   | 21   |
|     |                                                                                      | OTHER NGO MEDICAL SECTOR | 26 |
|     |                                                                                      | (SPECIFY)         |      |
|     |                                                                                      | PRIVATE MEDICAL SECTOR |    |
|     |                                                                                      |                   |      |
|     |                                                                                      | PRIVATE HOSPITAL  | 31   |
|     |                                                                                      | PRIVATE CLINIC    | 32   |
|     |                                                                                      | PRIVATE PHARMACY  | 33   |
|     |                                                                                      | OTHER PRIVATE MEDICAL SECTOR | 36 |
|     |                                                                                      | (SPECIFY)         |      |
|     |                                                                                      | OTHER SOURCE      |      |
|     |                                                                                      |                   |      |
|     |                                                                                      | SHOP              | 41   |
|     |                                                                                      | BAR/HOTEL/GROCERY | 42   |
|     |                                                                                      | FRIEND/RELATIVE   | 43   |
|     |                                                                                      | OTHER             | 96   |
|     |                                                                                      | (SPECIFY)         |      |
|     |                                                                                      | DON'T KNOW        | 98   |

| 731 | PRESENCE OF OTHERS DURING THIS SECTION.                                               | YES | NO |
|-----|---------------------------------------------------------------------------------------|-----|----|
|     | CHILDREN <10                                                                           | 1   | 2  |
|     | MALE ADULTS                                                                            | 1   | 2  |
|     | FEMALE ADULTS                                                                          | 1   | 2  |

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## SECTION 8. FERTILITY PREFERENCES

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|-----|-----------------------|-------------------|------|
| 801 | CHECK 304:            |                   |      |
|     | NEITHER STERILIZED    | HE OR SHE STERILIZED | 813  |
| 802 | CHECK 226:            |                   |      |
|     | 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     | NO MORE            | 805  |
|     |                       | UNDECIDED/DON'T KNOW | 812  |
| 804 |                       |                   |      |
|     | Now I have some questions about the future. Would you like to have (a/another) child, or would you prefer not to have any (more) children? |                   |      |
|     | HAVE (A/ANOTHER) CHILD | NO MORE/NONE       | 807  |
|     |                       | SAYS SHE CAN'T GET PREGNANT | 813  |
|     |                       | UNDECIDED/DON'T KNOW | 811  |
| 805 | CHECK 226:            |                   |      |
|     | NOT PREGNANT OR UNSURE |                   |      |
|     | PREGNANT              |                   |      |
| a) | How long would you like to wait from now before the birth of (a/another) child? | MONTHS           | 1    |
| b) | After the birth of the child you are expecting now, how long would you like to wait before the birth of another child? | YEARS           | 2    |
|     |                       | SOON/NOW           | 811  |
|     |                       | SAYS SHE CAN'T GET PREGNANT | 813  |
|     |                       | AFTER MARRIAGE     | 994  |
|     |                       | OTHER              | 996  |
|     |                       | (SPECIFY)          | 998  |
|     |                       | DON'T KNOW         |       |
| 806 | CHECK 226:            |                   |      |
|     | NOT PREGNANT OR UNSURE |                   |      |
|     | PREGNANT              |                   |      |
| 807 | CHECK 303: USING A CONTRACEPTIVE METHOD? |                   |      |
|     | NOT CURRENTLY USING   | 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 714:            |                   |      |
|     | DAYS, WEEKS OR MONTHS AGO | YEARS AGO | 811  |
|     |                       | NOT ASKED          | 811  |
### Questions and Filters Coding Categories

| Section 8: Fertility Preferences |
|----------------------------------|
| **Questions and Filters**         |
| **Coding Categories**             |
| **Skip**                         |

| Code | Question | Code | Question | Code | Question | Code | Question | Code | Question |
|------|----------|------|----------|------|----------|------|----------|------|----------|
| 810  | WANTS TO HAVE A/ANOTHER CHILD | 811  | CHECK 303: USING A CONTRACEPTIVE METHOD? | 812  | Do you think you will use a contraceptive method to delay or avoid pregnancy at any time in the future? |
| 813  | CHECK 216: | | | | |
| 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? |

**Fertility-Related Reasons**

- NOT HAVING SEX
- INFREQUENT SEX
- MENOPAUSAL/HYSTEROCECTOMY
- CAN'T GET PREGNANT
- NOT MENSTRUATED SINCE LAST BIRTH
- BREASTFEEDING
- UP TO GOD/FATALISTIC

**Opposition to Use**

- RESPONDENT OPPOSED
- HUSBAND/PARTNER OPPOSED
- OTHERS OPPOSED
- RELIGIOUS PROHIBITION

**Method-Related Reasons**

- SIDE EFFECTS/HEALTH CONCERNS
- LACK OF ACCESS/TOO FAR
- COSTS TOO MUCH
- PREFERRED METHOD
  - NOT AVAILABLE
  - NO METHOD AVAILABLE
  - INCONVENIENT TO USE
  - INTERFERES WITH BODY'S NORMAL PROCESSES
- OTHER

**Lack of Knowledge**

- KNOWS NO METHOD
- KNOWS NO SOURCE

**Other Reasons**

- KNOWS NO METHOD
- KNOWS NO SOURCE

---

**Notes:**

- Record all reasons mentioned.
- Check 216: Probes for a numeric response.
- Check 216: Probes for a numeric response.
## SECTION 8. FERTILITY PREFERENCES

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|-----|-----------------------|-------------------|------|
| 815 | In the last few 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) Read about family planning in a pamphlet/posters/leaflets? | d) PAMPHLET/POSTERS/LEAFLETS ................. 1 2 |      |
|     | e) Heard about family planning at community even/conversation? | e) COMMUNITY EVENT/CONVERSATION ................. 1 2 |      |
|     | f) Received a voice or text message about family planning on a mobile phone? | f) MOBILE PHONE ................. 1 2 |      |
|     | g) Seen anything about family planning on the internet? | g) INTERNET ................. 1 2 |      |

| 817 | CHECK 701: |      |
|-----|-----------|------|
| YES | CURRENTLY MARRIED |      |
| YES | CURRENTLY LIVING WITH A MAN |      |
| NO | NOT IN A UNION | 901 |

| 818 | CHECK 303: USING A CONTRACEPTIVE METHOD? |      |
|-----|-----------------------------------------|------|
| CURRENTLY USING | | 820 |
| NOT CURRENTLY USING | | 822 |

| 819 | Would you say that using contraception is mainly your decision, mainly your (husband's/partner's) decision, or did you both decide together? |      |
|-----|---------------------------------------------------------------------------------------------------------------------------------|------|
| MAINLY RESPONDENT | MAINLY HUSBAND/PARTNER | JOINT DECISION | OTHER (SPECIFY) | 821 |
| 1 | 2 | 3 | 6 |

| 820 | Would you say that not using contraception is mainly your decision, mainly your (husband's/partner's) decision, or did you both decide together? |      |
|-----|---------------------------------------------------------------------------------------------------------------------------------|------|
| MAINLY RESPONDENT | MAINLY HUSBAND/PARTNER | JOINT DECISION | OTHER (SPECIFY) | 821 |
| 1 | 2 | 3 | 6 |

| 821 | CHECK 304: |      |
|-----|-----------|------|
| 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 | MORE CHILDREN | FEWER CHILDREN | DON'T KNOW |
|-----|---------------------------------------------------------------------------------------------------------------------------------|-------------|---------------|---------------|------------|
| 1 | 2 | 3 | 8 |
| 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 | 909 |
| 903 | Did your (husband/partner) ever attend school? | YES .................. 1 | 908 |
| 904 | What was the highest level of school he attended: primary, secondary, technical/vocational or higher? | PRIMARY .................. 1 | 908 |
| 905 | What was the highest [GRADE/YEARS] he completed at that level? | [GRADE/YEARS] .................. | 908 |
| 906 | Has your (husband/partner) done any work in the last 7 days? | YES .................. 1 | 908 |
| 907 | Has your (husband/partner) done any work in the last 13 months? | YES .................. 1 | 908 |
| 908 | What is your (husband's/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 seven days? | YES .................. 1 | 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 seven days, have you done any of these things or any other work? | YES .................. 1 | 913 |
| 911 | Although you did not work in the last seven days, do you have any job or business from which you were absent for leave, illness, vacation, maternity leave, or any other such reason? | YES .................. 1 | 913 |
| 912 | Have you done any work in the last 13 months? | YES .................. 1 | 917 |
| 913 | What is your occupation? That is, what kind of work do you mainly do? | | |
### SECTION 9. HUSBAND’S BACKGROUND AND WOMAN’S WORK AND DECISION MAKING

| NO. | QUESTIONS AND FILTERS                                                                 | CODING CATEGORIES                  | SKIP |
|-----|--------------------------------------------------------------------------------------|------------------------------------|------|
| 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 |      |
| 915 | Do you usually work throughout the year, or do you work seasonally, or only once in a while? | THRUOUT 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 JOINTLY .......................... 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’s/partner’s) earnings will be used: you, your (husband/partner), or you and your (husband/partner) jointly? | RESPONDENT .......................... 1  
HUSBAND/PARTNER .......................... 2  
RESPONDENT AND HUSBAND/PARTNER JOINTLY .......................... 3  
HUSBAND/PARTNER HAS NO EARNINGS .......................... 4  
OTHER .......................... 6 (SPECIFY) |      |
| 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 JOINTLY .......................... 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 JOINTLY .......................... 3  
SOMEONE ELSE .......................... 4  
OTHER .......................... 6 |      |
### SECTION 9. HUSBAND’S BACKGROUND AND WOMAN’S WORK AND DECISION MAKING

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|-----|------------------------|-------------------|------|
| 924 | Who usually makes decisions about visits to your family or relatives? | RESPONDENT ............... 1 |      |
|     |                        | HUSBAND/PARTNER ............... 2 |      |
|     |                        | RESPONDENT AND胡 | |
|     |                        | HUSBAND/PARTNER JOINTLY ............... 3 |      |
|     |                        | SOMEONE ELSE ............... 4 |      |
|     |                        | OTHER ............... 6 |      |
| 924A| Does your husband help you with household chores like looking after children, cooking, cleaning the house and doing other work around the house? | YES ............... 1 |      |
|     |                        | NO ............... 2 |      |
|     |                        | NOT LIVING HUSBAND/PARTNER ............... 3 |      |
| 924B| Does he help you almost every day, at least once a week or rarely? | ALMOST EVERY ............... 1 |      |
|     |                        | ATLEAST ONCE A WEEK ............... 2 |      |
|     |                        | RARELY ............... 3 |      |
| 925 | Do you own this or any other house either alone or jointly with someone else? | ALONE ONLY ............... 1 |      |
|     |                        | JOINTLY ONLY ............... 2 |      |
|     |                        | BOTH ALONE AND JOINTLY ............... 3 |      |
|     |                        | DOES NOT OWN ............... 4 |      |
| 926 | Do you have a title deed for any house you own? | YES ............... 1 |      |
|     |                        | NO ............... 2 |      |
|     |                        | DON'T KNOW ............... 8 |      |
| 927 | Is your name on the title deed? | 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 ............... 1 |      |
|     |                        | JOINTLY ONLY ............... 2 |      |
|     |                        | BOTH ALONE AND JOINTLY ............... 3 |      |
|     |                        | DOES NOT OWN ............... 4 |      |
| 929 | Do you have a title deed for any land you own? | YES ............... 1 |      |
|     |                        | NO ............... 2 |      |
|     |                        | DON'T KNOW ............... 8 |      |
| 930 | Is your name on the title deed? | YES ............... 1 |      |
|     |                        | NO ............... 2 |      |
|     |                        | DON'T KNOW ............... 8 |      |
| 931 | PRESENCE OF OTHERS AT THIS POINT (PRESENT AND LISTENING, PRESENT BUT NOT LISTENING, OR NOT PRESENT) | PRES. / PRESENT |        |
|     |                        | NOT PRESENT |        |
|     |                        | PRES./ NOT LISTEN. |        |
|     |                        | NOT LISTEN. |        |
|     | 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: | YES | NO | DK |      |
|     | a) If she goes out without telling him? | GOES OUT ............... 1 | 2 | 8 |      |
|     | b) If she neglects the children? | NEGLECTS CHILDREN ............... 1 | 2 | 8 |      |
|     | c) If she argues with him? | ARGUES ............... 1 | 2 | 8 |      |
|     | d) If she refuses to have sex with him? | REFUSES SEX ............... 1 | 2 | 8 |      |
|     | e) If she burns the food? | BURNS FOOD ............... 1 | 2 | 8 |      |
### SECTION 10. HIV/AIDS

#### CHECK 1008:

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|-----|------------------------|-------------------|------|
| 1001 | Now I would like to talk about something else. Have you ever heard of HIV or AIDS? | YES ................................. 1  
NO ................................. 2 | 1042 |
| 1002 | 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 | |
| 1003 | Can people get HIV from mosquito bites? | YES ................................. 1  
NO ................................. 2  
DON'T KNOW ......................... 8 | |
| 1004 | 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 | |
| 1005 | Can people get HIV by sharing food with a person who has HIV? | YES ................................. 1  
NO ................................. 2  
DON'T KNOW ......................... 8 | |
| 1006 | Can people get HIV because of witchcraft or other supernatural means? | 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 | |
| 1008 | Can HIV be transmitted from a mother to her baby: a) During pregnancy? b) During delivery? c) By breastfeeding? | YES  
NO  
DON'T KNOW  |
| a) DURING PREGNANCY ................................. 1  
b) DURING DELIVERY ................................. 1  
c) BREASTFEEDING ................................. 1 |  |

#### CHECK 1009:

**AT LEAST ONE 'YES'**

- OTHER

#### CHECK 208 AND 215:

- LAST BIRTH IN 2006-2008
- NO BIRTHS
- LAST BIRTH IN 2005 OR EARLIER

#### CHECK 408 FOR LAST BIRTH:

- HAD ANTENATAL CARE
- NO ANTENATAL CARE

#### CHECK FOR PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.

#### 1014

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|-----|------------------------|-------------------|------|
| 1014 | During any of the antenatal visits for your last birth were you given any information about: a) Babies getting HIV from their mother? b) Things that you can do to prevent getting HIV? c) Getting tested for HIV? | YES  
NO  
DON'T KNOW  |
| a) HIV FROM MOTHER ................................. 1  
b) THINGS TO DO ................................. 1  
c) TESTED FOR HIV ................................. 1 |  |
| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|-----|-----------------------|-------------------|------|
| 1015 | Were you offered a test for HIV as part of your antenatal care? | YES .......................... 1 |  | 1020 |
|  | NO .......................... 2 | | | |
| 1016 | I don't want to know the results, but were you tested for HIV as part of your antenatal care? | YES .......................... 1 | | |
|  | NO .......................... 2 | | | |
| 1017 | Where was the test done? | PUBLIC SECTOR  
GOVT. HOSPITAL .......................... 11  
GOV. HEALTH CENTER .......................... 12  
GOV. HEALTH POST. .......................... 13  
OTHER PUBLIC SECTOR .......................... 16  
(SPECIFY)  
NGO  
HEALTH FACILITY .......................... 21  
OTHER NGO MEDICAL SECTOR .......................... 26  
(SPECIFY)  
PRIVATE MEDICAL SECTOR  
PRIVATE HOSPITAL .......................... 31  
PRIVATE CLINIC .......................... 32  
OTHER PRIVATE MEDICAL SECTOR .......................... 36  
(SPECIFY)  
OTHER SOURCE  
WORKPLACE .......................... 41  
CORRECTIONAL FACILITY .......................... 42  
OTHER .......................... 96  
(SPECIFY) |
|  | ANY CODE '21-36' CIRCLED  | | | |
| 1018 | I don't want to know the results, but did you get the results of the test? | YES .......................... 1 | 1020 |
|  | NO .......................... 2 | | | |
| 1019 | All women are supposed to receive counseling after being tested. After you were tested, did you receive counseling? | YES .......................... 1 | 1020 |
|  | NO .......................... 2  
DON'T KNOW .......................... 8 | | | |
| 1020 | CHECK 430 FOR LAST BIRTH: | | | |
|  | CHECK 1016: | | | |
|  |  | | | |
| 1021 | Between the time you went for delivery but before the baby was born, were you offered an HIV test? | YES .......................... 1 | 1024 |
|  | NO .......................... 2 | | | |
| 1022 | I don't want to know the results, but were you tested for HIV at that time? | YES .......................... 1 | 1024 |
|  | NO .......................... 2 | | | |
| 1023 | I don't want to know the results, but did you get the results of the test? | YES .......................... 1 | 1025 |
|  | NO .......................... 2 | | | |
| 1024 | CHECK 1016: | | | |
|  |  | | | |
| 1025 | Have you been tested for HIV since that time you were tested during your pregnancy? | YES .......................... 1 | 1028 |
|  | NO .......................... 2 | | | |
| 1026 | How many months ago was your most recent HIV test? | MONTHS AGO .......................... | | |
|  | TWO OR MORE YEARS .......................... 95 | | | |
## SECTION 10. HIV/AIDS

| NO. | QUESTIONS AND FILTERS                                                                 | CODING CATEGORIES | SKIP |
|-----|--------------------------------------------------------------------------------------|-------------------|------|
| 1027 | I don't want to know the results, but have you ever been tested for HIV?             | YES 1             |      |
|      |                                                                                      | NO 2              |      |
| 1028 | How many months ago was your most recent HIV test?                                   | MONTHS AGO        |      |
|      |                                                                                      | TWO OR MORE YEARS | 95   |
| 1029 | I don't want to know the results, but did you get the results of the test?           | YES 1             |      |
|      |                                                                                      | NO 2              |      |
| 1030 | Where was the test done?                                                             | PUBLIC SECTOR     |      |
|      | PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE   | GOVT. HOSPITAL    | 11   |
|      | SECTOR, WRITE THE NAME OF THE PLACE.                                                 | GOV. HEALTH CENTER| 12   |
|      |                                                                                      | GOV. HEALTH POST  | 13   |
|      |                                                                                      | OTHER PUBLIC SECTOR| 16   |
|      |                                                                                      | NGO              |      |
|      |                                                                                      | HEALTH FACILITY   | 21   |
|      |                                                                                      | OTHER NGO MEDICAL SECTOR | 26 |
|      |                                                                                      | (SPECIFY)        |      |
| 1031 | Do you know of a place where people can go to get an HIV test?                       | PRIVATE MEDICAL SECTOR |      |
|      |                                                                                      | PRIVATE HOSPITAL  | 31   |
|      |                                                                                      | PRIVATE CLINIC    | 32   |
|      |                                                                                      | OTHER PRIVATE MEDICAL SECTOR | 36 |
|      |                                                                                      | (SPECIFY)        |      |
| 1032 | Where is that?                                                                       | OTHER SOURCE      |      |
|      | Any other place?                                                                     | HOME             | 41   |
|      | PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE   | WORKPLACE        | 42   |
|      | SECTOR, WRITE THE NAME OF THE PLACE.                                                 | CORRECTIONAL FACILITY | 43 |
|      |                                                                                      | OTHER             | 96   |
| 1035 | Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this     | PUBLIC SECTOR     |      |
|      | person had HIV?                                                                      | GOVT. HOSPITAL    | A    |
|      |                                                                                      | GOV. HEALTH CENTER| B    |
|      |                                                                                      | GOV. HEALTH POST  | C    |
|      |                                                                                      | OTHER PUBLIC SECTOR D |   |
|      |                                                                                      | NGO              |      |
|      |                                                                                      | HEALTH FACILITY   | E    |
|      |                                                                                      | OTHER NGO MEDICAL SECTOR | F |
|      |                                                                                      | (SPECIFY)        |      |
|      |                                                                                      | PRIVATE MEDICAL SECTOR |      |
|      |                                                                                      | PRIVATE HOSPITAL  | G    |
|      |                                                                                      | PRIVATE CLINIC    | H    |
|      |                                                                                      | OTHER PRIVATE MEDICAL SECTOR I | |
|      |                                                                                      | (SPECIFY)        |      |
|      |                                                                                      | OTHER             | X    |
|      |                                                                                      | (SPECIFY)        |      |
| 1035 | Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this     | YES 1             |      |
|      | person had HIV?                                                                      | NO 2              |      |
|      |                                                                                      | DON'T KNOW/NOT SURE/DEPENDS | 8    |
### SECTION 10. HIV/AIDS

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|-----|------------------------|-------------------|------|
| 1036 | Do you think children living with HIV should be allowed to attend school with children who do not have HIV? | YES ................................. 1 | 8 |
|      |                        | NO ................................. 2 | |
|      |                        | DON'T KNOW/NOT SURE/DEPENDS ...... 8 | |
| 1037 | Do you think people hesitate to take an HIV test because they are afraid of how other people will react if the test result is positive for HIV? | YES ................................. 1 | 8 |
|      |                        | NO ................................. 2 | |
|      |                        | DON'T KNOW/NOT SURE/DEPENDS ...... 8 | |
| 1038 | Do people talk badly about people living with HIV, or who are thought to be living with HIV? | YES ................................. 1 | 8 |
|      |                        | NO ................................. 2 | |
|      |                        | DON'T KNOW/NOT SURE/DEPENDS ...... 8 | |
| 1039 | Do people living with HIV, or thought to be living with HIV, lose the respect of other people? | YES ................................. 1 | 8 |
|      |                        | NO ................................. 2 | |
|      |                        | DON'T KNOW/NOT SURE/DEPENDS ...... 8 | |
| 1040 | Do you agree or disagree with the following statement: I would be ashamed if someone in my family had HIV. | AGREE ................................ 1 | 8 |
|      |                        | DISAGREE ........................... 2 | |
|      |                        | DON'T KNOW/NOT SURE/DEPENDS ...... 8 | |
| 1041 | Do you fear that you could get HIV if you come into contact with the saliva of a person living with HIV? | YES ................................. 1 | 8 |
|      |                        | NO ................................. 2 | |
|      |                        | SAYS SHE HAS HIV .................... 3 | |
|      |                        | DON'T KNOW/NOT SURE/DEPENDS ...... 8 | |
| 1042 | CHECK 1001: a) Apart from HIV, have you heard about other infections that can be transmitted through sexual contact? | YES ................................. 1 | 8 |
|      |                        | NO ................................. 2 | |
|      |                        | HAVE HEARD ABOUT HIV OR AIDS ...... 0 | |
|      |                        | NOT HEARD ABOUT HIV OR AIDS ...... 0 | |
|      |                        | b) Have you heard about infections that can be transmitted through sexual contact? | YES ................................. 1 | 8 |
|      |                        | NO ................................. 2 | |

#### CHECK 713:

- HAS HAD SEXUAL INTERCOURSE
- NEVER HAD SEXUAL INTERCOURSE

#### CHECK 1042: HEARD ABOUT OTHER SEXUALLY TRANSMITTED INFECTIONS?

- YES
- NO
### SECTION 10. HIV/AIDS

| NO  | QUESTIONS AND FILTERS                                                                 | CODING CATEGORIES | SKIP |
|-----|--------------------------------------------------------------------------------------|-------------------|------|
| 1045| **CHECK 1045, 1046, AND 1047:**                                                     |                   |      |
|     | **Has had an infection (any 'YES')**                                                 |                   |      |
|     | **Has not had an infection or does not know**                                       |                   |      |
| 1046| Sometimes women experience a bad-smelling abnormal genital discharge. During the last 13 months, have you had a bad-smelling abnormal genital discharge? | YES               | 1    |
|     |                                                                                     | NO                | 2    |
|     |                                                                                     | DON'T KNOW        | 8    |
| 1047| Sometimes women have a genital sore or ulcer. During the last 13 months, have you had a genital sore or ulcer? | YES               | 1    |
|     |                                                                                     | NO                | 2    |
|     |                                                                                     | DON'T KNOW        | 8    |
| 1048| **The last time you had (problem from 1045/1046/1047), did you seek any kind of advice or treatment?** | YES               | 1    |
|     |                                                                                     | NO                | 2    |
|     |                                                                                     | DON'T KNOW        | 8    |
| 1049| **Public Sector**                                                                   |                   |      |
|     | GOVT. HOSPITAL                                                                      | A                 |      |
|     | GOV. HEALTH CENTER                                                                  | B                 |      |
|     | GOV. HEALTH POST.                                                                   | C                 |      |
|     | PUBLIC PHARMACY                                                                     | D                 |      |
|     | OTHER PUBLIC SECTOR                                                                 | E                 |      |
|     |ngo                                                                                    |                   |      |
|     | HEALTH FACILITY                                                                     | F                 |      |
|     | OTHER NGO MEDICAL SECTOR                                                             | G                 |      |
|     |                                                                                     |                   |      |
|     | **Private Medical Sector**                                                           |                   |      |
|     | PRIVATE HOSPITAL                                                                     | H                 |      |
|     | PRIVATE CLINIC                                                                      | I                 |      |
|     | PRIVATE PHARMACY                                                                     | J                 |      |
|     | OTHER PRIVATE MEDICAL SECTOR                                                         | K                 |      |
|     |                                                                                     |                   |      |
|     | **Other Source**                                                                    |                   |      |
|     | SHOP/MARKET                                                                          | L                 |      |
|     | TRADITIONAL PRACTITIONER                                                             | M                 |      |
|     |                                                                                     |                   |      |
|     | **Other**                                                                            |                   |      |
|     |                                                                                     |                   |      |
| 1050| **Where did you go?**                                                                 |                   |      |
|     | Any other place?                                                                     |                   |      |
|     | **Probe to identify the type of source.**                                            |                   |      |
|     | **If unable to determine if public or private sector, write the name of the place.**|                   |      |
|     | (NAME OF PLACE)                                                                     |                   |      |
| 1051| 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    |
| 1052| 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 10. HIV/AIDS

| NO. | QUESTIONS AND FILTERS                              | CODING CATEGORIES | SKIP |
|-----|-----------------------------------------------------|-------------------|------|
| 1053| CHECK 701: CURRENTLY MARRIED/ LIVING WITH A MAN     | NOT IN UNION      | 1101 |
| 1054| 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 |      |
| 1055| Could you ask your (husband/partner) to use a condom if you wanted him to? | YES: 1, NO: 2, DEPENDS/NOT SURE: 8 |      |
| 1056| Have you had a pre-marital HIV testing as a couple or individual, before you were married or started living with your husband/partner to prevent HIV infection between partners? | YES: 1, NO: 2 |      |
| 1057| CHECK 217: CHILDREN UNDER 15 YEARS OLD | NO CHILD UNDER 15 YEARS OLD | 1101 |
| 1058| How many of your children under 15 years old have been tested for HIV? | NUMBER OF CHILDREN TESTED | DON'T KNOW: 8 |
### SECTION 11. OTHER HEALTH ISSUES

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|-----|-----------------------|-------------------|------|
| 1101 | Now I would like to ask you some other questions relating to health matters. Have you had an injection for any reason in the last 13 months? IF YES: How many injections have you had? IF NUMBER OF INJECTIONS IS 90 OR MORE, OR DAILY FOR 3 MONTHS OR MORE, RECORD '90'. IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. | NUMBER OF INJECTIONS | 1104 |
| 1102 | Among these injections, how many were administered by a doctor, a nurse, a pharmacist, a dentist, or any other health worker? IF NUMBER OF INJECTIONS IS 90 OR MORE, OR DAILY FOR 3 MONTHS OR MORE, RECORD '90'. IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. | NUMBER OF INJECTIONS | 1104 |
| 1103 | The last time you got an injection from a health worker, did he/she take the syringe and needle from a new, unopened package? | YES | 1104 |
| | NO | 2 |
| | DON'T KNOW | 8 |
| 1104 | Do you currently smoke cigarettes every day, some days, or not at all? | EVERY DAY | 1106 |
| | SOME DAYS | 2 |
| | NOT AT ALL | 3 |
| 1105 | On average, how many cigarettes do you currently smoke each day? | NUMBER OF CIGARETTES | |
| 1106 | Do you currently smoke or use any other type of tobacco every day, some days, or not at all? | EVERY DAY | 1107A |
| | SOME DAYS | 2 |
| | NOT AT ALL | 3 |
| 1107 | What other type of tobacco do you currently smoke or use? RECORD ALL MENTIONED. | PIPE | X |
| | CHEWING TOBACCO | |
| | SNUFF/SURET | |
| | SHISHA | |
| | GAYA | |
| | OTHER | |
| 1107A | Have you ever chewed Chat? | YES | 1107C |
| | NO | 2 |
| 1107B | During the last 30 days how many days did you chew Chat? | NUMBER OF DAYS | |
| 1107C | Have you ever taken a drink that contains alcohol (Tellia/Tegi/Areke/Beer/Wine, etc...)? | YES | 1108 |
| | NO | 2 |
| 1107D | During the last 30 days, how many days did you have a drink that contains alcohol? | NUMBER OF DAYS | |
| 1107E | During the last 13 months, how often did you take a drink that contains alcohol? | ALMOST EVERY DAY | 1 |
| | AT LEAST ONCE A WEEK | 2 |
| | LESS THAN ONCE A WEEK | 3 |
| | NONE IN THE LAST 13 MONTHS | 4 |
### SECTION 11. OTHER HEALTH ISSUES

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|-----|-----------------------|-------------------|------|
| 1108| 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: | BIG PROBLEM | NOT A BIG PROBLEM |
|     | a) Getting permission to go to the doctor? | a) PERMISSION TO GO | 1 | 2 |
|     | b) Getting money needed for advice or treatment? | b) GETTING MONEY | 1 | 2 |
|     | c) The distance to the health facility? | c) DISTANCE | 1 | 2 |
|     | d) Not wanting to go alone? | d) GO ALONE | 1 | 2 |
| 1109| Are you covered by any health insurance? | YES | 1 |
|     | NO | 2 | 1201 |
| 1110| What type of health insurance are you covered by? | MUTUAL HEALTH ORGANIZATION/COMMUNITY-BASED HEALTH INSURANCE | A |
|     | HEALTH INSURANCE THROUGH EMPLOYER | B |
|     | SOCIAL SECURITY | C |
|     | OTHER PRIVATELY PURCHASED COMMERCIAL HEALTH INSURANCE | D |
|     | OTHER | X |
|     | (SPECIFY) | | |
**SECTION 12. MATERNAL MORTALITY**

| NO. | Coding Categories | Skip |
|-----|------------------|------|
| 1201 | How I would like to ask you some questions about your brothers and sisters, that is, all of the children born to your natural mother, including those who are living with you, those living elsewhere and those who have died. How many children did your mother give birth to, including you? | NUMBER OF BIRTHS TO NATURAL MOTHER |
| 1202 | CHECK 1201: TWO OR MORE BIRTHS | ONLY ONE BIRTH (RESPONDENT ONLY) | NEXT 1301 |
| 1203 | How many births did your mother have before you were born? | NUMBER OF PRECEDING BIRTHS |
| 1204 | What was the name given to your (oldest/next oldest) brother or sister? | (1) | (2) | (3) | (4) | (5) | (6) |
| 1205 | Is (NAME) male or female? | MALE 1 | MALE 1 | MALE 1 | MALE 1 | MALE 1 | MALE 1 |
| 1206 | Is (NAME) still alive? | YES ... 1 | YES ... 1 | YES ... 1 | YES ... 1 | YES ... 1 | YES ... 1 |
| 1207 | How old is (NAME)? | GO TO (2) | GO TO (3) | GO TO (4) | GO TO (5) | GO TO (6) | GO TO (7) |
| 1208 | How many years ago did (NAME) die? | | | | | | |
| 1209 | How old was (NAME) when (he/she) died? | IF MALE OR DIED BEFORE 12 YEARS OF AGE | IF MALE OR DIED BEFORE 12 YEARS OF AGE | IF MALE OR DIED BEFORE 12 YEARS OF AGE | IF MALE OR DIED BEFORE 12 YEARS OF AGE | IF MALE OR DIED BEFORE 12 YEARS OF AGE | IF MALE OR DIED BEFORE 12 YEARS OF AGE |
| 1210 | Was (NAME) pregnant when she died? | YES ... 1 | YES ... 1 | YES ... 1 | YES ... 1 | YES ... 1 | YES ... 1 |
| 1211 | Did (NAME) die during childbirth? | YES ... 1 | YES ... 1 | YES ... 1 | YES ... 1 | YES ... 1 | YES ... 1 |
| 1212 | Did (NAME) die within two months after the end of a pregnancy or childbirth? | YES ... 1 | YES ... 1 | YES ... 1 | YES ... 1 | YES ... 1 | YES ... 1 |
| 1213 | How many live born children did (NAME) give birth to during her lifetime? | | | | | | |

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|   | What was the name given to your (oldest/next oldest) brother or sister? |
|---|---|
| (7) | (8) | (9) | (10) | (11) | (12) |
|   |   |   |   |   |   |

|   | Is (NAME) male or female? |
|---|---|
| MALE 1 FEMALE 2 | MALE 1 FEMALE 2 | MALE 1 FEMALE 2 | MALE 1 FEMALE 2 | MALE 1 FEMALE 2 | MALE 1 FEMALE 2 |

|   | Is (NAME) still alive? |
|---|---|
| YES . . . 1 NO . . . 2 | YES . . . 1 NO . . . 2 | YES . . . 1 NO . . . 2 | YES . . . 1 NO . . . 2 | YES . . . 1 NO . . . 2 | YES . . . 1 NO . . . 2 |

|   | How old is (NAME)? |
|---|---|
| GO TO (8) | GO TO (9) | GO TO (10) | GO TO (11) | GO TO (12) | GO TO (13) |

|   | How many years ago did (NAME) die? |
|---|---|
|   |   |   |   |   |   |

|   | How old was (NAME) when (he/she) died? |
|---|---|
| IF MALE OR DIED BEFORE 12 YEARS OF AGE | IF MALE OR DIED BEFORE 12 YEARS OF AGE | IF MALE OR DIED BEFORE 12 YEARS OF AGE | IF MALE OR DIED BEFORE 12 YEARS OF AGE | IF MALE OR DIED BEFORE 12 YEARS OF AGE | IF MALE OR DIED BEFORE 12 YEARS OF AGE |

|   | Was (NAME) pregnant when she died? |
|---|---|
| YES . . . 1 NO . . . 2 | YES . . . 1 NO . . . 2 | YES . . . 1 NO . . . 2 | YES . . . 1 NO . . . 2 | YES . . . 1 NO . . . 2 | YES . . . 1 NO . . . 2 |

|   | Did (NAME) die during childbirth? |
|---|---|
| YES . . . 1 NO . . . 2 | YES . . . 1 NO . . . 2 | YES . . . 1 NO . . . 2 | YES . . . 1 NO . . . 2 | YES . . . 1 NO . . . 2 | YES . . . 1 NO . . . 2 |

|   | Did (NAME) die within two months after the end of a pregnancy or childbirth? |
|---|---|
| YES . . . 1 NO . . . 2 | YES . . . 1 NO . . . 2 | YES . . . 1 NO . . . 2 | YES . . . 1 NO . . . 2 | YES . . . 1 NO . . . 2 | YES . . . 1 NO . . . 2 |

|   | How many live born children did (NAME) give birth to during her lifetime? |
|---|---|
|   |   |   |   |   |   |

IF NO MORE BROTHERS OR SISTERS, GO TO NEXT SECTION.
### SECTION 13. FEMALE GENITAL MUTILATION

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|-----|------------------------|-------------------|------|
| 1300 | CHECK COVER PAGE OF QUESTIONNAIRE: HOUSEHOLD SELECTED FOR FEMALE GENITAL MUTILATION MODULE (FGM) AND DOMESTIC VIOLENCE (DV)? | | 1500 |
| 1301 | Now I would like to ask some questions about a practice known as female circumcision. Have you ever heard of female circumcision? | YES | 1 → 1303 |
|      | | NO | 2 |
| 1302 | 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 → 1400 |
|      | | NO | 2 |
| 1303 | Have you yourself ever been circumcised? | YES | 1 → 1309 |
|      | | NO | 2 |
| 1304 | 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 → 1306 |
|      | | NO | 2 |
|      | | DON'T KNOW | 8 |
| 1305 | Was the genital area just nicked without removing any flesh? | YES | 1 → 1308 |
|      | | NO | 2 |
|      | | DON'T KNOW | 8 |
| 1306 | Was your genital area sewn closed? | YES | 1 → 1309 |
|      | | NO | 2 |
|      | | DON'T KNOW | 8 |
| 1307 | How old were you when you were circumcised? | AGE IN COMPLETED YEARS |
|      | IF THE RESPONDENT DOES NOT KNOW THE EXACT AGE, PROBE TO GET AN ESTIMATE. | DON'T KNOW | 98 |
| 1308 | Who performed the circumcision? | TRADITIONAL |
|      | TRAD. CIRCUMCISER | 11 |
|      | TRAD. BIRTH ATTENDANT | 12 |
|      | OTHER TRAD. (SPECIFY) | 16 |
|      | HEALTH PROFESSIONAL |
|      | DOCTOR | 21 |
|      | NURSE/MIDWIFE | 22 |
|      | OTHER HEALTH PROFESSIONAL (SPECIFY) | 26 |
|      | DON'T KNOW | 98 |
| 1309 | CHECK 213, 215 AND 216: | |
|      | HAS ONE OR MORE LIVING DAUGHTERS BORN IN 1992 OR LATER | |
|      | HAS NO LIVING DAUGHTERS BORN IN 1992 OR LATER | | 1317 |
Now I would like to ask you some questions about your (daughter/daughters).

| 1310 | **CHECK 213, 215 AND 216:** ENTER IN THE TABLE THE BIRTH HISTORY NUMBER AND NAME OF EACH LIVING DAUGHTER BORN IN 1992 OR LATER. ASK THE QUESTIONS ABOUT ALL OF THESE DAUGHTERS. BEGIN WITH THE YOUNGEST DAUGHTER. (IF THERE ARE MORE THAN 3 DAUGHTERS, USE ADDITIONAL QUESTIONNAIRES). |
| 1311 | **BIRTH HISTORY NUMBER AND NAME OF EACH LIVING DAUGHTER BORN IN 1992 OR LATER** |
| 1312 | **YOUNGEST LIVING DAUGHTER** |
| 1313 | **NEXT-TO-YOUNGEST LIVING DAUGHTER** |
| 1314 | **SECOND-TO-YOUNGEST LIVING DAUGHTER** |

| 1311 | **NAME** | **NAME** | **NAME** |
| 1312 | **Is (NAME OF DAUGHTER) circumcised?** |
| 1313 | **How old was (NAME OF DAUGHTER) when she was circumcised?** |
| 1314 | **Was her genital area sewn closed?** |
| 1315 | **Who performed the circumcision?** |
| 1316 | **Do you believe that female circumcision is required by your religion?** |
| 1317 | **Do you think that female circumcision should be continued, or should it be stopped?** |

### Questionnaire for Female Circumcision

1. **Is (NAME OF DAUGHTER) circumcised?**
   - Yes: 1
   - No: 2
   - Don’t know: 8
   - (Go to 1311)

2. **How old was (NAME OF DAUGHTER) when she was circumcised?**
   - Age in completed years: **[ ]**
   - Don’t know: 98
   - (Go to 1311)

3. **Was her genital area sewn closed?**
   - Yes: 1
   - No: 2
   - Don’t know: 8
   - (Go to 1311)

4. **Who performed the circumcision?**
   - Traditional circumciser: 11
   - Traditional birth attendant: 12
   - Other traditional professional: 16
   - (Specify): **[ ]**
   - Health professional doctor: 21
   - Health professional nurse/midwife: 22
   - Other health professional: 26
   - (Specify): **[ ]**
   - Don’t know: 98
   - (Go to 1311)

5. **Do you believe that female circumcision is required by your religion?**
   - Yes: 1
   - No: 2
   - No religion: 3
   - Don’t know: 8

6. **Do you think that female circumcision should be continued, or should it be stopped?**
   - Continued: 1
   - Stopped: 2
   - Depends: 3
   - Don’t know: 8

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SECTION 14. VIOLENCE AGAINST WOMEN MODULE

1400 CHECK COVER PAGE OF QUESTIONNAIRE: HOUSEHOLD SELECTED FOR FEMALE GENITAL MUTILATION MODULE (FGM) AND DOMESTIC VIOLENCE (DV)?

- WOMAN SELECTED FOR THIS SECTION
- WOMAN NOT SELECTED

1401 CHECK FOR PRESENCE OF OTHERS:
DO NOT CONTINUE UNTIL PRIVACY IS ENSURED.

- PRIVACY OBTAINED
- PRIVACY NOT POSSIBLE

1401A 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.

1402 CHECK 701 AND 702:

- CURRENTLY MARRIED/ LIVING WITH A MAN
- FORMERLY MARRIED/ LIVED WITH A MAN (READ IN PAST TENSE AND USE ‘LAST’ WITH HUSBAND/PARTNER)
- NEVER MARRIED/ NEVER LIVED WITH A MAN

1403 First, I am going to ask you about some situations which happen to some women. Please tell me if these apply to your relationship with your (last) (husband/partner)?

a) He (is/was) jealous or angry if you (talk/talked) to other men? YES NO DK
b) He frequently (accuses/accused) you of being unfaithful? YES NO DK
c) He (does/did) not permit you to meet your female friends? YES NO DK
d) He (tries/tried) to limit your contact with your family? YES NO DK
e) He (insists/insisted) on knowing where you (are/were) at all times? YES NO DK

1404 Now I need to ask some more questions about your relationship with your (last) (husband/partner).

A. Did your (last) (husband/partner) ever:

- a) say or do something to humiliate you in front of others? YES NO
- b) threaten to hurt or harm you or someone you care about? YES NO
- c) insult you or make you feel bad about yourself? YES NO

B. How often did this happen during the last 13 months: often, only sometimes, or not at all?

- a) say or do something to humiliate you in front of others? YES NO
- b) threaten to hurt or harm you or someone you care about? YES NO
- c) insult you or make you feel bad about yourself? YES NO
| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|-----|-----------------------|------------------|------|
| 1405 | A. Did your (last) (husband/partner) ever do any of the following things to you: | | |
|     | B. How often did this happen during the last 13 months: often, only sometimes, or not at all? | | |
|     | a) push you, shake you, or throw something at you? | YES 1 | 1 2 3 |
|     | NO 2 | | |
|     | b) slap you? | YES 1 | 1 2 3 |
|     | NO 2 | | |
|     | c) twist your arm or pull your hair? | YES 1 | 1 2 3 |
|     | NO 2 | | |
|     | d) punch you with his fist or with something that could hurt you? | YES 1 | 1 2 3 |
|     | NO 2 | | |
|     | e) kick you, drag you, or beat you up? | YES 1 | 1 2 3 |
|     | NO 2 | | |
|     | f) try to choke you or burn you on purpose? | YES 1 | 1 2 3 |
|     | NO 2 | | |
|     | g) threaten or attack you with a knife, gun, or other weapon? | YES 1 | 1 2 3 |
|     | NO 2 | | |
|     | h) physically force you to have sexual intercourse with him when you did not want to? | YES 1 | 1 2 3 |
|     | NO 2 | | |
|     | i) physically force you to perform any other sexual acts you did not want to? | YES 1 | 1 2 3 |
|     | NO 2 | | |
|     | j) force you with threats or in any other way to perform sexual acts you did not want to? | YES 1 | 1 2 3 |
|     | NO 2 | | |
| 1406 | CHECK 1405A (a-j): | | |
|     | AT LEAST ONE ‘YES’ | | 1409 |
|     | NOT A SINGLE ‘YES’ | | |
| 1407 | How long after you first (got married/started living together) with your (last) (husband/partner) did (this/any of these things) first happen? | NUMBER OF YEARS | |
|     | IF LESS THAN ONE YEAR, RECORD '00'. | BEFORE MARRIAGE/BEFORE LIVING TOGETHER | 95 |
| 1408 | Did the following ever happen as a result of what your (last) (husband/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 |
| NO.  | QUESTIONS AND FILTERS                                                                 | CODING CATEGORIES                        | SKIP |
|------|--------------------------------------------------------------------------------------|------------------------------------------|------|
| 1409 | Have you ever hit, slapped, kicked, or done anything else to physically hurt your (last) (husband/partner) at times when he was not already beating or physically hurting you? | YES ........................................... 1 | 1411 |
|      |                                                                                      | NO ........................................... 2 |      |
| 1410 | In the last 13 months, how often have you done this to your (last) (husband/partner): often, only sometimes, or not at all? | OFTEN ........................................ 1 | 1412 |
|      |                                                                                      | SOMETIMES .................................. 2 |      |
|      |                                                                                      | NOT AT ALL ................................ 3 |      |
| 1411 | Does (did) your (last) (husband/partner) drink alcohol?                                | YES ........................................... 1 | 1413 |
|      |                                                                                      | NO ........................................... 2 |      |
| 1412 | How often does (did) he get drunk: often, only sometimes, or never?                    | OFTEN ........................................ 1 | 1414 |
|      |                                                                                      | SOMETIMES .................................. 2 |      |
|      |                                                                                      | NEVER ....................................... 3 |      |
| 1413 | Are (Were) you afraid of your (last) (husband/partner): most of the time, sometimes, or never? | MOST OF THE TIME AFRAID .................... 1 | 1415 |
|      |                                                                                      | SOMETIMES AFRAID ............................ 2 |      |
|      |                                                                                      | NEVER AFRAID ................................ 3 |      |
| 1414 | CHECK 709:                                                                           | MARRIED MORE THAN ONCE                    | 1416 |
|      |                                                                                      | MARRIED ONLY ONCE                        |      |
| 1415 | A. So far we have been talking about the behavior of your (current/last) (husband/partner). Now I want to ask you about the behavior of any previous (husband/partner). | B. How long ago did this last happen?     |      |
|      |                                                                                      | 0 - 11 MONTHS AGO                        |      |
|      |                                                                                      | 12+ MONTHS AGO                          |      |
|      |                                                                                      | DON'T REMEMBER                          |      |
|      | a) Did any previous (husband/partner) ever hit, slap, kick, or do anything else to hurt you physically? | YES ........................................... 1 |      |
|      |                                                                                      | NO ........................................... 2 |      |
|      | b) Did any previous (husband/partner) physically force you to have intercourse or perform any other sexual acts against your will? | YES ........................................... 1 |      |
|      |                                                                                      | NO ........................................... 2 |      |
| NO. | QUESTIONS AND FILTERS                                                                                                                                                                                                 | CODING CATEGORIES                                                                 | SKIP |
|-----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|------|
| 1416 | CHECK 701 AND 702: \( \text{EVER MARRIED/EVER NEVER LIVED WITH A MAN} \) \( \text{EVER MARRIED/EVER NEVER LIVED WITH A MAN} \) \( \text{a) From the time you were 15 years old has anyone other than (your/any)} \) \( \text{(husband/partner) hit you, slapped you, kicked you, or done anything else to hurt you physically?} \) \( \text{b) From the time you were 15 years old has anyone hit you, slapped you, kicked you, or done anything else to hurt you physically?} \) | YES ........................................ 1 NO ........................................ 2 REFUSED TO ANSWER/ NO ANSWER ........................................ 3 | 1419 |
| 1417 | Who has hurt you in this way? \( \text{Anyone else?} \) \( \text{RECORD ALL MENTIONED.} \)                                                                                                                                 | 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 EMPLOYER/SOMEONE AT WORK .................. L POLICE/SOLDIER .................. M OTHER .................. (SPECIFY) X | |
| 1418 | In the last 13 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 | |
| 1419 | CHECK 201, 226, AND 230: \( \text{EVER BEEN PREGNANT} \) \( \text{NEVER BEEN PREGNANT} \) \( \text{(YES ON 201 OR 226 OR 230)} \) \( \text{Has any one ever hit, slapped, kicked, or done anything else to hurt you physically while you were pregnant?} \) \( \text{Who has done any of these things to physically hurt you while you were pregnant?} \) \( \text{Anyone else?} \) \( \text{RECORD ALL MENTIONED.} \) | YES ........................................ 1 NO ........................................ 2 | 1422 |
| 1420 | Did you miscarry as a result of the violence? \( \text{Anyone else?} \) \( \text{RECORD ALL MENTIONED.} \)                                                                                                                                 | YES ........................................ 1 NO ........................................ 2 | |
| 1421 | Who has done any of these things to physically hurt you while you were pregnant? \( \text{Anyone else?} \) \( \text{RECORD ALL MENTIONED.} \)                                                                                                                                 | 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 EMPLOYER/SOMEONE AT WORK .... N POLICE/SOLDIER .... O OTHER .... (SPECIFY) X | |
| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|-----|-----------------------|-------------------|------|
| 1422 | CHECK 701 AND 702: | | |
| | EVER MARRIED/EVER NEVER MARRIED/NEVER LIVED WITH A MAN | | 1422B |
| 1422A | Now I want to ask you about things that may have been done to you by someone other than (your/any) (husband/partner). 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 | 1423 1424A |
| 1422B | 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 | 1426 |
| 1423 | Who was the person who was forcing you the very first time this happened? | | |
| | | CURRENT HUSBAND/PARTNER ... 01 FORMER HUSBAND/PARTNER ... 02 CURRENT/FORMER BOYFRIEND ... 03 FATHER/STEP-FATHER ... 04 BROTHER/STEP-BROTHER ... 05 OTHER RELATIVE ... 06 IN-LAW ... 07 OWN FRIEND/ACQUAINTANCE ... 08 FAMILY FRIEND ... 09 TEACHER ... 10 EMPLOYER/SOMEONE AT WORK ... 11 POLICE/SOLDIER ... 12 PRIEST/RELIGIOUS LEADER ... 13 STRANGER ... 14 OTHER (SPECIFY) 96 | |
| 1424 | CHECK 701 AND 702: | | |
| | EVER MARRIED/EVER NEVER MARRIED/NEVER LIVED WITH A MAN | | |
| | a) In the last 13 months, has anyone other than (your/any) (husband/partner) physically forced you to have sexual intercourse when you did not want to? | YES . . . . . . . . . . . . . . . . . . . . . . . . . . . . 1 NO . . . . . . . . . . . . . . . . . . . . . . . . . . . . 2 | 1425 |
| | b) In the last 13 months has anyone physically forced you to have sexual intercourse when you did not want to? | | |
| 1424A | CHECK 1405A (h-j) and 1415A(b) | | |
| | AT LEAST ONE ’YES’ | NOT A SINGLE ’YES’ | 1426 |
| 1425 | CHECK 701 AND 702: | | |
| | EVER MARRIED/EVER NEVER MARRIED/NEVER LIVED WITH A MAN | | |
| | a) How old were you the first time you were forced to have sexual intercourse or perform any other sexual acts by anyone, including (your/any) husband/partner? | | |
| | | | |
| | b) How old were you the first time you were forced to have sexual intercourse or perform any other sexual acts? | AGE IN COMPLETED YEARS | |
| | | | DON'T KNOW . . . . . . . . . . . . . . . . . . | 98 |
### Questions and Filters

**1426**

Check 1405A (a-j), 1415A (a,b), 1416, 1420, 1422A, AND 1422B:

- **At least one** 'YES'
- **Not a single** 'YES'

**1427**

Thinking about what you yourself have experienced among the different things we have been talking about, have you ever tried to seek help?

| YES | NO | DON'T KNOW |
|-----|----|------------|
| 1   | 2  | 8          |

**1428**

From whom have you sought help?

- **Own family**
- **Husband's/partner's family**
- **Current/former husband/partner**
- **Friend**
- **Neighbor**
- **Religious leader**
- **Doctor/medical personnel**
- **Police**
- **Lawyer**
- **Social service organization**
- **Community based organization**
- **Women and youth affair**
- **Other**

**1428A**

Why didn't you seek help at that time?

- **Embarrassed**
- **Didn't know where to go**
- **Didn't know who to tell**
- **Not necessary**
- **Not wanting to tell**
- **Afraid they may not believe me**
- **Thinking I will not get su...**
- **Other**

**1429**

Have you ever told anyone about this?

| YES | NO |
|-----|----|
| 1   | 2  |

As far as you know, did your father ever beat your mother?

| YES | NO | DON'T KNOW |
|-----|----|------------|
| 1   | 2  | 8          |

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.

**1431**

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 | YES, MORE THAN ONCE | NO |
|-----|---------------------|----|
|     | HUSBAND             |    |
|     | OTHER MALE ADULT    |    |
|     | FEMALE ADULT        |    |

**1432**

Interviewer's comments / explanation for not completing the domestic violence module

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**Appendix E**
SECTION 15. INFORMATION ABOUT HEALTH FACILITY WHERE VACCINATION CARDS ARE KEPT

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|-----|------------------------|-------------------|------|
| 1500 | CHECK 504A, 507A, 504B AND 507B: VACCINATION CARD SEEN? | | 1515 |
| | NO CARD AND NO OTHER DOCUMENT SEEN | CARD OR OTHER DOCUMENT SEEN | |
| 1501 | Did any of your children born between 2005-2008 ever receive any vaccination at a health facility (including government hospitals, health centers/posts, NGO facilities, or private hospitals/clinics)? | YES | 1 |
| | NO | 2 |
| | DON'T KNOW | 8 |

ASK RESPONDENT FOR CONSENT TO COPY VACCINATION DATES FROM THE CHILDREN’S HEALTH CARDS KEPT IN A HEALTH FACILITY

As part of this survey, we would like to visit the health facility in which your children got vaccinated. With your permission, our health facility team will visit the health center and copy the vaccination records from the health cards directly to the same questionnaire I am using right now for our interview. The information will be kept confidential and will not be shared with anyone other than members of our survey team. We hope you will allow access to the health cards because information about your children’s vaccinations is very important. The information will complement the information that we obtained from you in this interview. Many dangerous childhood illnesses such as measles or tetanus can be prevented through timely and effective vaccination. The information from the cards will assist the government to develop programs to protect children from vaccine preventable diseases and reduce childhood mortality and morbidity in Ethiopia.

Do you have any questions?

Will you allow (NAME OF CHILD) to have his/her vaccination records copied from his/her health card kept at the health facility?

| 1503 | CIRCLE THE CODE AND SIGN YOUR NAME. | | |
| (LAST BIRTH) | (NEXT-TO-LAST BIRTH) |
| GRANTED | 1 |
| (SIGN) | GRANTED | 1 |
| REFUSED (THEN SKIP TO 1514) | REFUSED (THEN SKIP TO 1514) | 2 |

RECORD CHILD’S FULL NAME, MOTHER’S FULL NAME, FATHER’S FULL NAME, CHILD’S KEBELE, TOWN, AND REGION, AND NAME OF HEALTH FACILITY WHERE CHILD’S LAST VACCINATION WAS ADMINISTERED. BE SURE TO TAKE ADDRESS AND LOCATION DESCRIPTION OF HEALTH FACILITY.

| 1504 | BIRTH HISTORY NUMBER OF EACH CHILD BORN IN 2005 OR LATER FROM 212 IN BIRTH HISTORY. | | |
| | BIRTH HISTORY NUMBER | |
| | OF EACH CHILD | |
| 1505 | On what day, month, and year was (NAME) born? | | |
| | DAY | |
| | MONTH | |
| | YEAR | |
| 1506 | How old was (NAME) at (NAME’s) last birthday? | | |
| | AGE | |
| 1507 | What name was used at the health facility where (NAME) was last vaccinated? | | |
| 1508 | What is your first and last name? | | |
| 1509 | What is the first and last name of (NAME’s) father? | | |
| 1510 | What is the name of the health facility where (NAME’s) last vaccination was administered? | | |

NAME OF HEALTH FACILITY | NAME OF HEALTH FACILITY
## SECTION 15. INFORMATION ABOUT HEALTH FACILITY WHERE VACCINATION CARDS ARE KEPT

| NO. | QUESTIONS AND FILTERS                                                                 | CODING CATEGORIES                         | SKIP |
|-----|--------------------------------------------------------------------------------------|-------------------------------------------|------|
| 1511| **What is the location (Kebele, Town, Woreda), where (NAME’s) last vaccination was administered?** | KEBELE ____________________ | KEBELE ____________________ |      |
|     | TOWN ____________________ | TOWN ____________________ |      |
|     | WOREDA ____________________ | WOREDA ____________________ |      |
| 1512| **Can you describe the location of the health facility?**                             |                                                                 |      |
|     | **ADD TO THE DESCRIPTION ALL LANDMARKS (SUCH AS A PARK), PUBLIC STRUCTURES (SUCH AS SCHOOL OR CHURCH), AND STREETS OR ROADS.** |                                                                 |      |
| 1513| **What is the name of the Doctor/health officer that vaccinated (NAME) at the health facility?** |                                                                 |      |
| 1514| **GO BACK TO 1504 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO1515.**                | GO TO 1504 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE CHILD GO TO 1515. |      |
| 1515| **RECORD THE TIME.**                                                                  | HOURS  ________________                      | MINUTES  ________________ |      |

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