# Data Collection Tools _English Versions

## I- Questionnaire for Kebele Administrators

| NO | QUESTION AND FILTERS | RESPONSE and CODE | SKIP |
|----|-----------------------|-------------------|------|
| 001 | Questionnaire Id number | ------------------- |      |
| 002 | Name of Woreda (District) | ------------------- |      |
| 003 | Kebele Name | | |
| 004 | Category of kebele | 1. Urban 2. Rural | |
| 005 | Geographic location of the major part of the kebele | 1. Dega 2. Woinadega 3. Kolla | |
| 006 | Total number of population in the kebele | ____________________ | |
| 007 | What is the most usual transportation type for the Kebele’s population to reach at the nearest [ONLY ONE OPTION IS POSSIBLE] | Hospital | 1. On foot 2. On mules/horseback 3. Vehicle Others (Specify)………… |
| | | Health center | 1. On foot 2. On mules/horseback 3. Vehicle Others (Specify)………… |
| | | Health post | 1. On foot 2. On mules/horseback 3. Vehicle Others (Specify)………… |
| 009 | What do you evaluate the nature of road to health facility? | 1. Convenient 2. Inconvenient | |
| 010 | What is the average distance from center of kebele to main road | 1. Near 2. Medium 3. Far | |
## II. Women’s Questionnaire (English Version)

**SECTION 1: Household and Respondent's Background Characteristics**

Interviewer: I am going to start by asking you some questions about you and your household. Circle the answer among alternatives OR fill in the blank space.

| S.N | Question                                                                 | Response and Code                                                                                           | Skip |
|-----|--------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|------|
| 101 | How many family members are there in this household, including wife and husband? *Include only permanent residents (living greater than 6 months)* | Family members in number ________                                                                  |      |
| 102 | What is the main source of drinking water for members of your household? | 1. Piped water  
2. Dug well  
3. Spring  
4. River/stream  
5. Others (*Specify*) ____________ |      |
| 103 | Where is that water source located?                                      | 1. In own compound  
2. Elsewhere                                                                                       |      |
| 104 | How long does it take to go there, get water, and come back?             | Minutes.................................................  
99. Don’t know                                                                                   |      |
| 105 | What do you usually do to make the water safer to drink? RECORD ALL MENTIONED | 1. Nothing  
2. Boiling  
3. Add bleach/Chlorine  
4. Filter through cloth  
5. Others (*Specify*) ____________ |      |
| 106 | What kind of toilet facility do members of your household usually use?    | 1. No facility but bush/open field  
2. Flush toilet  
3. Pit latrine  
4. Other (*Specify*) ____________ |      |
| 107 | What type of fuel does your household mainly use for cooking? 
[ MULTIPLE OPTION POSSIBLE] | 1. Electricity  
2. Bio gas  
3. Kerosene  
4. Charcoal  
5. Wood  
6. Animal dung  
7. Others (*Specify*) ____________ |      |
| 108 | What type of fuel does your household mainly use for light source? 
[ MULTIPLE OPTION POSSIBLE] | 1. Electricity  
2. Bio gas  
3. Kerosene lamp  
4. Solar light  
5. Others (*Specify*) ____________ |      |
| 109 | Main material of the roof of main house Record OBSERVATION               | 1. Corrugated iron sheet  
2. Thatch/leaf                                                                                   |      |
110. Main material of floor of main house is made of (observation)  
Write ONLY ONE answer
   1. Earth/mud  
   2. ceramic tiles  
   3. cement  
   4. other [specify]____________________

111. Main material of the walls (observation)  
Write ONLY ONE answer
   1. wooden and mud  
   2. stone with lime/cement/bricks  
   3. Wood plank  
   4. Other [specify]____________________

112. What is now the primary source of income for this household?  
Circle ONLY ONE answer
   1. Farming, including livestock  
   2. employment/salary  
   3. petty trading (including sale of fire-wood, charcoal, grass etc)  
   4. Daily laborer  
   5. Other [specify]____________________

113. If the source of income is non farming, what is the estimated monthly income of the family in Birr [include all sources of income]  
________________ Ethiopian Birr

114. How many of the following animals does this household own?  
IF NONE, RECORD '00'.  
[Probe and mark that all apply, multiple answer is possible]

| Animal type                      | Amount          |
|----------------------------------|-----------------|
| Cows/oxen/Other cattle           |                 |
| Horses/donkeys/mules             |                 |
| Goats/Sheep                      |                 |
| Chickens                         |                 |
| Bee hives                        |                 |

115. Does any member of this household own any agricultural land?  
   0. No  
   1. Yes  
If No GO TO 117

116. How many hectares/or “Timad” of agricultural land do members of this household own?  
IF NONE, RECORD '00'.

| Hectares OR “Timad”             |
|---------------------------------|
|                                 |

117. Does any member of this household have an account with a bank/micro finance?  
   0. No  
   1. Yes

118. Is the house listed as model farmer?  
   0. No  
   1. Yes

119. Does your household have the following?  
   No (0)  Yes (1)

| Item                             |
|----------------------------------|
| Radio/Television                 |
| Telephone; landline/mobile       |
| Bed with cotton/sponges/spring mattress |
| An animal-drawn cart/Bicycle/motor Bike/Bajaj/car? |
| Sofa/chair with arm or back rest |
| Question                                                                 | Options                                                                 | Instructions                                                                 |
|-------------------------------------------------------------------------|-------------------------------------------------------------------------|------------------------------------------------------------------------------|
| What is your age?                                                       | [_______________] years                                                | OR 99. Don’t Know                                                            |
| Place of residence                                                      | 1. Urban Area                                                          | 2. Rural Area                                                                |
| How long have you been living continuously in (name of current city, | Years [_________]                                                     | IF LESS THAN ONE YEAR RECORD ‘OO’ YEAR                                        |
| town or village of residence)?                                          |                                                                        |                                                                              |
| What is your current marital status?                                    | 1. Single/Never married                                                | 2. Married                                                                   |
|                                                                        | 3. Divorced                                                            | 4. Widowed                                                                   |
| At what age did you get marry?[include only the first marriage]        | [_______________] Years                                                | IF SINGLE GO TO 125                                                          |
| What is your current occupation?                                        | 1. Government Employee                                                 | 2. Merchant                                                                  |
|                                                                        | 3. Farmer                                                              | 4. Daily worker                                                              |
|                                                                        | 5. Others (Specify)                                                    |                                                                              |
| What is your partner/husband occupation?                                | 1. Employee (GO/NGO)                                                   | 2. Merchant                                                                  |
|                                                                        | 3. Farmer                                                              | 4. Daily worker                                                              |
|                                                                        | 5. Others (Specify)                                                    |                                                                              |
| What is your religion?                                                  | 1. Orthodox                                                            | 2. Catholic                                                                  |
|                                                                        | 3. Protestant                                                          | 4. Muslim                                                                    |
|                                                                        | 5. Others (Specify) . . . . . . . .                                   |                                                                              |
| What is your ethnicity?                                                 | 1. Amhara                                                              | 2. Agaw                                                                      |
|                                                                        | 3. Oromo                                                               | 4. Others(specify)                                                           |
| What is the highest GRADE you completed?                                | 1. Cannot read and write                                               | 2. Read and write                                                            |
|                                                                        | 3. Primary education                                                   | 4. Secondary education                                                       |
|                                                                        | 5. Higher education                                                    |                                                                              |
| What is the educational level your partner/husband?                     | 1. Cannot read and write                                               | 2. Read and write                                                            |
|                                                                        | 3. Primary education                                                   | 4. Secondary education                                                       |
|                                                                        | 5. Higher education                                                    |                                                                              |
### SECTION 2 - PRE-PREGNANCY, PRENATAL, INTRAPARTUM, AND POSTNATAL CARE

Interview Read: Now I would like to ask you some questions about your experiences with contraception, pregnancy childbirth and post-delivery care.

| No | QUESTION AND FILTERS | RESPONSE and CODE |
|----|-----------------------|-------------------|
| 201 | How many times have you been pregnant? (Gravida) | [______] times |
| 202 | How many live births have you had in your life? (Para) | [_________] livebirths: _______Male, ____Female |
| 203 | What is the interval between the birth of the last child and the birth of his/her immediate elder child | -------- (in months) |
| 204 | Have you ever used any modern F/P method to delay or avoid getting pregnant of the last baby (NAME)? | 1. No  
2. Yes |
| 205 | At the time you got pregnant with your last baby (NAME), did you want to get pregnant at that time? | 0. No  
1. Yes |
| 206 | If no to Q≠ 308, was your preference to become pregnant then or wait until later? | 1. I wanted to be pregnant later  
2. I didn’t want to be pregnant then or any time in the future |
| 207 | If your preference is to wait until later, how long did you prefer to wait? | 1. Greater or equal to 24 months  
2. Less than 24 months  
99. Don’t Know……….. |

### Antenatal service utilization during the last Pregnancy

| No | QUESTION AND FILTERS | RESPONSE and CODE |
|----|-----------------------|-------------------|
| 208 | Have you ever attended ANC follow up for your current child? [ANC_ANY] | 0. No  
1. Yes |
| 209 | During your most recent pregnancy, how many times did you access antenatal care? | [______] times  
OR  
Don’t remember …………………99 |
| 210 | How many months pregnant were you when you first accessed antenatal care for this pregnancy? | Months………………………… [____]  
Don’t remember …………………99 |
| 211 | Where did you get ANC service? | 1. Government Hospital  
2. Health center  
3. Private clinic |
| Question | Options | Response |
|----------|---------|----------|
| 212 Whom did you see in your last ANC visit? Anyone else? | Doctor, Nurse, Midwife, Health officer, Health extension worker, Others (Specify) | Home, Others (Specify) |
| 213 How long (on foot) it takes to reach at that health care facility. [Record the last facility if visited more than one health institute during ANC follow up] | | Hours, I do not know (99) |
| 214 During (any of) your antenatal care visit(s), were you told about the signs of pregnancy complications or danger sign of pregnancy? | No, Yes | No, Yes, IF NO GO TO 216 |
| 215 Which signs of pregnancy complications were you told about? | Vaginal bleeding, Vaginal gush of fluid, Severe headache, Blurred vision, Fever, Abdominal pain, Convulsion, Others (Specify) | |
| 216 During any of antenatal visit, were you told about birth preparedness plan? | No, Yes | No, Yes |

Now, I would like to ask you about the overall experience of your ANC care when you were pregnant with (BABY'S NAME). As part of your antenatal care during this pregnancy, were any of the following done/happened by health providers at least once? (Put “✓” mark)

| Task | Response |
|------|----------|
| Body weight measured | No (0), Yes, DK (99) |
| Blood pressure measured | |
| Urine sample taken | |
| Advised about diet and nutrition during pregnancy | |
| Counseling and testing of HIV/AIDS | |
| Discussed the importance of F/ planning | |
| Advantages of facility delivery and PNC | |
| Discussed on adverse effect of malaria during pregnancy and its prevention (E.g. ITN utilization) | |
| **Labor and delivery** |  |
|------------------------|--|
| **218** | When did you give birth of your last baby | _______/____/____ |
| **219** | How many months of gestation were for (BABY’S NAME) born? | ................. Months | 99. Don’t know |
| **220** | Where did you deliver (name of Baby)? [PROBE TO IDENTIFY THE TYPE OF INSTITUTION] | 1. Government Hospital 2. Government Health Center 3. Health Post 4. Private Hospital/Clinic 5. Home------------- 99. Other(Specify:_______) | If Home or others GOTO 223 |
| **221** | What was the mode of delivery for your baby? | 1. Spontaneous vaginal delivery 2. Assisted vaginal delivery 3. C/S | If spontaneous or Assisted GO TO 223 |
| **222** | If delivered through C/S, did you have your cesarean operation plan before you went into labor or decided after your labor had already started? | 1. Before labor started 2. After labor started 99. Don’t know/can’t remember |

| **Postnatal and new born care** |  |
|-----------------------------|--|
| **223** | Did you have any postnatal checkup in your last pregnancy? | 0. No 1. Yes | IF NO GO TO 227 |
| **224** | How long after the delivery did the FIRST health check take place? | 1. Less than 24 hours 2. With in 25-48 hours 3. 49-72 hours 4. 73 hours-6 wks 5. > 6 weeks |
| **225** | How many times you received the service. | ____________Times | 99. Donot know |
| **226** | Where did you get the service | 1. At own home 2. Health post 3. Health center 4. Public hospital 5. Private clinic/hospital Other(Specify)------------- |

| **For women who delivered at a health facility** |  |
|-------------------------|--|
| **227** | How long you waited at the healthcare facility before discharged out? | ............ Hours |
| **228** | After you gave birth to (NAME OF LAST CHILD), did anyone check on your health while you were still in the facility? | 0. No 1. Yes 99. Do not know/Remember |
| **229** | Did anyone check on your health after you left the facility? | 0. No 1. Yes 99. Do not know | IF NO or DK GO TO232 |
230 How long after the delivery did the first check take place? \textit{[Write in hours]} \hspace{3cm} \ldots \ldots \ldots \ldots \text{Hours}

231 Now I would like to ask you about the overall experience of your post-delivery care when you were pregnant with (BABY'S NAME). As part of immediate postnatal care, were any of the following done at least once? (Put “✓” mark)

| Action                                      | No(0) | Yes(1) |
|---------------------------------------------|-------|--------|
| Asked about the nature of vaginal discharge |       |        |
| Advised about breast feeding                |       |        |
| Advised on diet and nutrition               |       |        |
| Advised on family planning                  |       |        |
| Informed date of re-check up                |       |        |

**Post-Partum Family planning**

232 Since the birth of your child, has your menstruation resumed? \hspace{3cm} 0. No \hspace{1cm} 1. Yes

233 When, after birth of the child, does your menses resumed? \hspace{3cm} \ldots \ldots \ldots \ldots \text{weeks}

234 When did you start sexual intercourse after recent birth? \hspace{3cm} 1. Not started yet \hspace{0.5cm} 2. Within 7 days \hspace{0.5cm} 3. 8-14 days \hspace{0.5cm} 4. 15-42 days \hspace{0.5cm} 5. After 42 days

235 Are you currently breast feeding your child? \hspace{3cm} 0. No \hspace{1cm} 1. Yes

236 Since birth of your last baby, were you visited by a health extension worker (HEW) or did any staff member at the health facility counseled you on F/P? \hspace{3cm} 0. No \hspace{1cm} 1. Yes

237 Since birth of your last baby, are you or your partner currently using any modern type of family planning? \hspace{3cm} 0. No \hspace{1cm} 1. Yes

238 If yes to Q# 237, at what age of the last child did you / your partner start using the family planning method? \textit{Write in weeks} \hspace{1cm} Just at birth \hspace{0.5cm} OR \hspace{0.5cm} \ldots \ldots \ldots \ldots \text{weeks}

239 Which method are you / your partner currently using? \textit{RECORD ALL MENTIONED} \hspace{3cm} 1. Female sterilization \hspace{0.5cm} 2. Male sterilization \hspace{0.5cm} 3. IUCD \hspace{0.5cm} 4. Injectable \hspace{0.5cm} 5. Implants \hspace{0.5cm} 6. Pills \hspace{0.5cm} Others (specify) \ldots \ldots \ldots \ldots

240 If no to Q# 237 What was the reason for not using contraceptive. \hspace{3cm} 1. Desire to have children \hspace{0.5cm} 2. Low risk of pregnancy
| Question                                                                 | Options                                                                 |
|------------------------------------------------------------------------|------------------------------------------------------------------------|
| 241 Does your husband support you in issues related to family planning services? | 0. No  
1. Yes |
| 242 How best does your husband assist you regarding the use of family planning services? | 1. Taking F/P himself  
2. Supporting through provision of transport  
3. Reminding on dates of appointment  
4. Gives items or finances  
5. Use of condoms (both male and female condoms)  
Any other (specify) … |
| 243 What is your future fertility preference?                          | 1. Want next child Soon  
2. Later than 24 months  
3. Want no more  
99. Unable to decide |
| 244 What is your pregnancy status now; pregnant, non-pregnant or do not know? | 1. I am pregnant now  
2. Not pregnant  
99. Don’t Know……… |
| 245 What is the ideal number of children you want to have including the existing children in your life | ____________ |

Thank you for your information

Could you tell me please, any other information regarding this project? ----------------------------------