

**DEMOGRAPHIC AND HEALTH SURVEY
HEALTH FACILITY QUESTIONNAIRE**

ETHIOPIA
CENTRAL STATISTICAL AGENCY (CSA)

IDENTIFICATION										
NAME OF HEALTH FACILITY _____										
LOCALITY OF THE HEALTH FACILITY _____										
NAME OF CHILD _____										
CLUSTER NUMBER				<table border="1" style="width: 60px; height: 40px; border-collapse: collapse;"> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> </table>						
HOUSEHOLD NUMBER										
LINE NUMBER OF WOMAN				<table border="1" style="width: 60px; height: 40px; border-collapse: collapse;"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						
BIRTH HISTORY NUMBER OF CHILD										
CHILD'S DATE OF BIRTH (DAY, MONTH, AND YEAR)				<table border="1" style="width: 60px; height: 60px; border-collapse: collapse;"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						
				<div style="display: flex; justify-content: space-between; width: 100%;"> <div>YEAR</div> <div>MONTH</div> </div> <table border="1" style="width: 100px; height: 40px; border-collapse: collapse;"> <tr><td></td><td></td><td></td><td></td></tr> </table>						
HEALTH FACILITY VISITS										
	1	2	3	FINAL VISIT						
DATE	_____	_____	_____	<div style="display: flex; justify-content: space-between;"> <div>DAY</div> <div style="text-align: center;"> <table border="1" style="width: 60px; height: 40px; border-collapse: collapse;"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> </div> </div>						
INTERVIEWER'S NAME	_____	_____	_____	<div style="display: flex; justify-content: space-between;"> <div>MONTH</div> <div style="text-align: center;"> <table border="1" style="width: 60px; height: 40px; border-collapse: collapse;"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> </div> </div>						
RESULT*	_____	_____	_____	<div style="display: flex; justify-content: space-between;"> <div>YEAR</div> <div style="text-align: center;"> <table border="1" style="width: 60px; height: 40px; border-collapse: collapse;"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> </div> </div>						
NEXT VISIT: DATE	_____	_____		<div style="display: flex; justify-content: space-between;"> <div>INT. NO.</div> <div style="text-align: center;"> <table border="1" style="width: 60px; height: 40px; border-collapse: collapse;"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> </div> </div>						
TIME	_____	_____		<div style="display: flex; justify-content: space-between;"> <div>RESULT*</div> <div style="text-align: center;"> <table border="1" style="width: 60px; height: 40px; border-collapse: collapse;"> <tr><td></td></tr> </table> </div> </div>						
<div style="display: flex; justify-content: space-between;"> <div> <p>TOTAL NUMBER OF VISITS</p> <div style="border: 1px solid black; width: 40px; height: 30px; margin-left: auto;"></div> </div> </div>										
<p>*RESULT CODES: 1 COMPLETED 5 HEALTH FACILITY TEMPORARILY CLOSED 9 OTHER</p> <p>2 FACILITY NOT FOUND 6 HEALTH FACILITY PERSONNEL</p> <p>3 HEALTH FACILITY NOT AVAILABLE</p> <p>4 TOO FAR TO BE VISITED 7 ACCESS TO RECORDS DENIED</p> <p>8 RECORD NOT FOUND FOR THIS CHILD</p> <div style="text-align: right; margin-top: 10px;">SPECIFY _____</div>										

INTRODUCTION AND CONSENT

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. As part of this survey, we would like to visit health facilities in which children born in January 2005 or later got vaccinated. We have already received consent from the parent of the child, and with your permission, we would like to copy the vaccination records from the health cards to the questionnaire for the following child.

In case you need more information about the survey, you may contact the person listed on the letter that has already been shown to you.

Do you have any questions?

May I have access to the vaccination records of (CHILD'S NAME)?

SIGNATURE OF HEALTH FACILITY INTERVIEWER _____ DATE _____

HEALTH FACILITY
GIVES ACCESS ... 1

HEALTH FACILITY PERSONNEL
DENIES ACCESS ... 2 → END

SECTION 1. HEALTH FACILITY FORM

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																																																
101	RECORD THE TIME.	HOURS MINUTES																																																																	
102	Have you located the vaccination records of (NAME OF CHILD'S NAME IN 1505) in the WOMAN'S QUESTIONNAIRE?	YES CHILD'S INFORMATION SEEN 1 YES VACCINATION RECORDS LOCATED , BUT NO RECORD OF CHILD'S INFORMATION 2 NO, VACCINATION RECORDS NOT FOUND 3 OTHER 96 (SPECIFY)	→ 103 → 105																																																																
IMMUNIZATION RECORDS FROM HEALTH FACILITY																																																																			
103	COPY CHILD'S DATE OF BIRTH (DAY, MONTH, AND YEAR) FROM HEALTH FACILITY RECORD.	DAY MONTH YEAR																																																																	
104	COPY DATA ABOUT EACH VACCINE FROM IMMUNIZATION RECORDS WRITE '44' IN 'DAY' COLUMN IF CARD SHOWS THAT A DOSE WAS GIVEN, BUT NO DATE IS RECORDED.	<table border="1"> <thead> <tr> <th></th><th>DAY</th><th>MONTH</th><th>YEAR</th></tr> </thead> <tbody> <tr><td>BCG</td><td></td><td></td><td></td></tr> <tr><td>ORAL POLIO VACCINE (OPV) 0 (BIRTH DOSE)</td><td></td><td></td><td></td></tr> <tr><td>ORAL POLIO VACCINE (OPV) 1</td><td></td><td></td><td></td></tr> <tr><td>ORAL POLIO VACCINE (OPV) 2</td><td></td><td></td><td></td></tr> <tr><td>ORAL POLIO VACCINE (OPV) 3</td><td></td><td></td><td></td></tr> <tr><td>DPT-HEP.B-HIB (PENTAVALENT) 1</td><td></td><td></td><td></td></tr> <tr><td>DPT-HEP.B-HIB (PENTAVALENT) 2</td><td></td><td></td><td></td></tr> <tr><td>DPT-HEP.B-HIB (PENTAVALENT) 3</td><td></td><td></td><td></td></tr> <tr><td>PNEUMOCOCCAL 1</td><td></td><td></td><td></td></tr> <tr><td>PNEUMOCOCCAL 2</td><td></td><td></td><td></td></tr> <tr><td>PNEUMOCOCCAL 3</td><td></td><td></td><td></td></tr> <tr><td>ROTAVIRUS 1</td><td></td><td></td><td></td></tr> <tr><td>ROTAVIRUS 2</td><td></td><td></td><td></td></tr> <tr><td>MEASLES</td><td></td><td></td><td></td></tr> <tr><td>VITAMIN A (MOST RECENT)</td><td></td><td></td><td></td></tr> </tbody> </table>		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 (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)				
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105	In what type of facility did the visit take place? IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. _____	PUBLIC SECTOR 1 NGO 2 PRIVATE SECTOR 3 OTHER 96 (SPECIFY)																																																																	
106	RECORD THE TIME.	HOURS MINUTES																																																																	