

ETHIOPIA MINI DEMOGRAPHIC AND HEALTH SURVEY 2019
 HOUSEHOLD QUESTIONNAIRE

ETHIOPIA
 ETHIOPIAN PUBLIC HEALTH INSTITUTE

IDENTIFICATION								
PLACE NAME _____								
NAME OF HOUSEHOLD HEAD _____								
CLUSTER NUMBER				<table border="1" style="width: 100%; height: 20px;"> <tr><td></td><td></td><td></td><td></td></tr> </table>				
HOUSEHOLD NUMBER				<table border="1" style="width: 100%; height: 20px;"> <tr><td></td><td></td><td></td><td></td></tr> </table>				

INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE	_____	_____	_____	DAY <table border="1" style="width: 40px; height: 20px; float: right;"></table>
				MONTH <table border="1" style="width: 40px; height: 20px; float: right;"></table>
INTERVIEWER'S NAME	_____	_____	_____	YEAR <table border="1" style="width: 40px; height: 20px; float: right;"></table>
				INT. NO. <table border="1" style="width: 40px; height: 20px; float: right;"></table>
RESULT*	_____	_____	_____	RESULT* <table border="1" style="width: 40px; height: 20px; float: right;"></table>
NEXT VISIT: DATE	_____	_____		TOTAL NUMBER OF VISITS <table border="1" style="width: 40px; height: 20px; float: right;"></table>
TIME	_____	_____		
*RESULT CODES: 1 COMPLETED 2 NO HOUSEHOLD MEMBER AT HOME OR NO COMPETENT RESPONDENT AT HOME AT TIME OF VISIT 3 ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD OF TIME 4 POSTPONED 5 REFUSED 6 DWELLING VACANT OR ADDRESS NOT A DWELLING 7 DWELLING DESTROYED 8 DWELLING NOT FOUND 9 OTHER _____ <div style="text-align: right;">(SPECIFY)</div>				TOTAL PERSONS IN HOUSEHOLD <table border="1" style="width: 40px; height: 20px; float: right;"></table> TOTAL ELIGIBLE WOMEN <table border="1" style="width: 40px; height: 20px; float: right;"></table> LINE NO. OF RESPONDENT TO HOUSEHOLD QUESTIONNAIRE <table border="1" style="width: 40px; height: 20px; float: right;"></table>

LANGUAGE OF QUESTIONNAIRE**	0	4	LANGUAGE OF INTERVIEW**			NATIVE LANGUAGE OF RESPONDENT**			TRANSLATOR USED (YES = 1, NO = 2)	
LANGUAGE OF QUESTIONNAIRE**	ENGLISH									

SUPERVISOR _____ <table border="1" style="width: 100%; height: 20px; margin: 5px auto;"> <tr><td></td><td></td><td></td><td></td></tr> </table> NAME NUMBER					FIELD EDITOR _____ <table border="1" style="width: 100%; height: 20px; margin: 5px auto;"> <tr><td></td><td></td><td></td><td></td></tr> </table> NAME NUMBER					OFFICE EDITOR <table border="1" style="width: 100%; height: 20px; margin: 5px auto;"> <tr><td></td><td></td></tr> </table> NUMBER			KEYED BY <table border="1" style="width: 100%; height: 20px; margin: 5px auto;"> <tr><td></td><td></td></tr> </table> NUMBER		

THIS PAGE IS INTENTIONALLY BLANK

INTRODUCTION AND CONSENT

Hello. My name is _____. I am working with the Ethiopian Public Health Institute. We are conducting a survey about health and other topics all over Ethiopia. The information we collect will help the government to plan health services. Your household was selected for the survey. I would like to ask you some questions about your household. The questions usually take about 15 to 20 minutes. All of the answers you give will be confidential and will not be shared with anyone other than members of our survey team. You don't have to be in the survey, but we hope you will agree to answer the questions since your views are important. If I ask you any question you don't want to answer, just let me know and I will go on to the next question or you can stop the interview at any time. In case you need more information about the survey, you may contact the person listed on this card.

GIVE CARD WITH CONTACT INFORMATION

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

SIGNATURE OF INTERVIEWER _____ DATE _____

RESPONDENT AGREES
TO BE INTERVIEWED . . . 1
↓

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

100	RECORD THE TIME.	HOURS <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>				
		MINUTES <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>				

HOUSEHOLD SCHEDULE

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	ELIGIBILITY		IF AGE 5 YEARS OR OLDER		IF AGE 5-24 YEARS	
				5	6		9	11	16	17	18	19
1	2	3	4	5	6	7	9	11	16	17	18	19
	Please give me the names of the persons who usually live in your household and guests of the household who stayed here last night, starting with the head of the household. AFTER LISTING THE NAMES AND RECORDING THE RELATIONSHIP AND SEX FOR EACH PERSON, ASK QUESTIONS 2A-2C TO BE SURE THAT THE LISTING IS COMPLETE. THEN ASK APPROPRIATE QUESTIONS IN COLUMNS 5-20 FOR EACH PERSON.	What is the relationship of (NAME) to the head of the household? SEE CODES BELOW.	Is (NAME) male or female? M F 1 2	Does (NAME) usually live here? Y N 1 2	Did (NAME) stay here last night? Y N 1 2	How old is (NAME)? IN YEARS IF LESS THAN 1 YEAR, RECORD '00' IF 95 OR MORE, RECORD '95'.	CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49	CIRCLE LINE NUMBER OF ALL CHILDREN AGE 0-5	Has (NAME) ever attended school?	What is the highest level of school (NAME) has attended? What is the highest grade or year (NAME) completed at that level? SEE CODES BELOW.	Did (NAME) attend school at any time during the 2011 E.C. school year? SEE CODES BELOW.	During [this/that] school year, what level and grade or year [is/was] (NAME) attending?
01							01	01	Y N 1 2 NEXT LINE	LEVEL GRADE [] []	Y N 1 2 NEXT LINE	LEVEL GRADE [] []
02							02	02	Y N 1 2 NEXT LINE	LEVEL GRADE [] []	Y N 1 2 NEXT LINE	LEVEL GRADE [] []
03							03	03	Y N 1 2 NEXT LINE	LEVEL GRADE [] []	Y N 1 2 NEXT LINE	LEVEL GRADE [] []
04							04	04	Y N 1 2 NEXT LINE	LEVEL GRADE [] []	Y N 1 2 NEXT LINE	LEVEL GRADE [] []
05							05	05	Y N 1 2 NEXT LINE	LEVEL GRADE [] []	Y N 1 2 NEXT LINE	LEVEL GRADE [] []
06							06	06	Y N 1 2 NEXT LINE	LEVEL GRADE [] []	Y N 1 2 NEXT LINE	LEVEL GRADE [] []
07							07	07	Y N 1 2 NEXT LINE	LEVEL GRADE [] []	Y N 1 2 NEXT LINE	LEVEL GRADE [] []
08							08	08	Y N 1 2 NEXT LINE	LEVEL GRADE [] []	Y N 1 2 NEXT LINE	LEVEL GRADE [] []
09							09	09	Y N 1 2 NEXT LINE	LEVEL GRADE [] []	Y N 1 2 NEXT LINE	LEVEL GRADE [] []
10							10	10	Y N 1 2 NEXT LINE	LEVEL GRADE [] []	Y N 1 2 NEXT LINE	LEVEL GRADE [] []

2A) Just to make sure that I have a complete listing: are there any other people such as small children or infants that we have not listed? YES ADD TO TABLE NO

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

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

CODES FOR Q. 3: RELATIONSHIP TO HEAD OF HH
 01 = HEAD 08 = BROTHER OR SISTER
 02 = WIFE OR HUSBAND 09 = NIECE/NEPHEW
 03 = SON OR DAUGHTER 10 = OTHER RELATIVE
 04 = SON-IN-LAW OR 11 = ADOPTED/FOSTER/ DAUGHTER-IN-LAW STEPCHILD
 05 = GRANDCHILD 12 = NOT RELATED
 06 = PARENT 98 = DONT KNOW
 07 = PARENT-IN-LAW

CODES FOR Qs. 17 AND 19: EDUCATION
 LEVEL GRADE
 0 = PRESCHOOL 00 = LESS THAN 1 YEAR
 1 = PRIMARY COMPLETED
 2 = SECONDARY (USE '00' FOR Q. 17 ONLY. THIS CODE IS NOT ALLOWED FOR Q. 19.)
 3 = TECHNICAL/ VOCATIONAL
 4 = HIGHER
 8 = DONT KNOW

11							11	11	Y N 1 2 NEXT LINE	LEVEL GRADE [] []	Y N 1 2 NEXT LINE	LEVEL GRADE [] []
12							12	12	Y N 1 2 NEXT LINE	LEVEL GRADE [] []	Y N 1 2 NEXT LINE	LEVEL GRADE [] []
13							13	13	Y N 1 2 NEXT LINE	LEVEL GRADE [] []	Y N 1 2 NEXT LINE	LEVEL GRADE [] []
14							14	14	Y N 1 2 NEXT LINE	LEVEL GRADE [] []	Y N 1 2 NEXT LINE	LEVEL GRADE [] []
15							15	15	Y N 1 2 NEXT LINE	LEVEL GRADE [] []	Y N 1 2 NEXT LINE	LEVEL GRADE [] []
16							16	16	Y N 1 2 NEXT LINE	LEVEL GRADE [] []	Y N 1 2 NEXT LINE	LEVEL GRADE [] []
17							17	17	Y N 1 2 NEXT LINE	LEVEL GRADE [] []	Y N 1 2 NEXT LINE	LEVEL GRADE [] []
18							18	18	Y N 1 2 NEXT LINE	LEVEL GRADE [] []	Y N 1 2 NEXT LINE	LEVEL GRADE [] []
19							19	19	Y N 1 2 NEXT LINE	LEVEL GRADE [] []	Y N 1 2 NEXT LINE	LEVEL GRADE [] []
20							20	20	Y N 1 2 NEXT LINE	LEVEL GRADE [] []	Y N 1 2 NEXT LINE	LEVEL GRADE [] []

TICK HERE IF CONTINUATION SHEET USED

CODES FOR Q. 3: RELATIONSHIP TO HEAD OF HH
 01 = HEAD 08 = BROTHER OR SISTER
 02 = WIFE OR HUSBAND 09 = NIECE/NEPHEW
 03 = SON OR DAUGHTER 10 = OTHER RELATIVE
 04 = SON-IN-LAW OR 11 = ADOPTED/FOSTER/ DAUGHTER-IN-LAW STEPCHILD
 05 = GRANDCHILD 12 = NOT RELATED
 06 = PARENT 98 = DONT KNOW
 07 = PARENT-IN-LAW

CODES FOR Qs. 17 AND 19: EDUCATION
 LEVEL GRADE
 0 = PRESCHOOL 00 = LESS THAN 1 YEAR
 1 = PRIMARY COMPLETED
 2 = SECONDARY (USE '00' FOR Q. 17 ONLY. THIS CODE IS NOT ALLOWED FOR Q. 19.)
 3 = TECHNICAL/ VOCATIONAL
 4 = HIGHER
 8 = DONT KNOW

HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																				
101	What is the main source of drinking water for members of your household?	PIPED WATER PIPED INTO DWELLING 11 PIPED TO YARD/PLOT 12 PIPED TO NEIGHBOR 13 PUBLIC TAP/STANDPIPE 14 TUBE WELL OR BOREHOLE 21 DUG WELL PROTECTED WELL 31 UNPROTECTED WELL 32 WATER FROM SPRING PROTECTED SPRING 41 UNPROTECTED SPRING 42 RAINWATER 51 TANKER TRUCK 61 CART WITH SMALL TANK 71 SURFACE WATER (RIVER/DAM/ LAKE/POND/STREAM/CANAL/ IRRIGATION CHANNEL) 81 BOTTLED WATER 91 OTHER 96 (SPECIFY)	→ 109 → 109																																				
103	Where is that water source located?	IN OWN DWELLING 1 IN OWN YARD/PLOT 2 ELSEWHERE 3	→ 109																																				
104	How long does it take to go there, get water, and come back?	MINUTES <input type="text"/> DONT KNOW 998																																					
109	What kind of toilet facility do members of your household usually use? IF NOT POSSIBLE TO DETERMINE, ASK PERMISSION TO OBSERVE THE FACILITY.	FLUSH OR POUR FLUSH TOILET FLUSH TO PIPED SEWER SYSTEM 11 FLUSH TO SEPTIC TANK 12 FLUSH TO PIT LATRINE 13 FLUSH TO SOMEWHERE ELSE 14 FLUSH, DONT KNOW WHERE 15 PIT LATRINE VENTILATED IMPROVED PIT LATRINE 21 PIT LATRINE WITH SLAB 22 PIT LATRINE WITHOUT SLAB/OPEN PIT 23 COMPOSTING TOILET 31 BUCKET TOILET 41 HANGING TOILET/HANGING LATRINE 51 NO FACILITY/BUSH/FIELD 61 OTHER 96 (SPECIFY)	→ 113																																				
110	Do you share this toilet facility with other households?	YES 1 NO 2	→ 112																																				
111	Including your own household, how many households use this toilet facility?	NO. OF HOUSEHOLDS IF LESS THAN 10 <input type="text"/> 10 OR MORE HOUSEHOLDS 95 DONT KNOW 98																																					
112	Where is this toilet facility located?	IN OWN DWELLING 1 IN OWN YARD/PLOT 2 ELSEWHERE 3																																					
113	What type of fuel does your household mainly use for cooking?	ELECTRICITY 01 LPG 02 NATURAL GAS 03 BIOGAS 04 KEROSENE 05 CHARCOAL 06 WOOD 07 STRAW/SHRUBS/GRASS 08 AGRICULTURAL CROP 09 ANIMAL DUNG 10 NO FOOD COOKED IN HOUSEHOLD 95 OTHER 96 (SPECIFY)	→ 116																																				
114	Is the cooking usually done in the house, in a separate building, or outdoors?	IN THE HOUSE 1 IN A SEPARATE BUILDING 2 OUTDOORS 3 OTHER 6 (SPECIFY)	→ 116																																				
115	Do you have a separate room which is used as a kitchen?	YES 1 NO 2																																					
116	How many rooms in this household are used for sleeping?	ROOMS <input type="text"/>																																					
117	Does this household own any livestock, herds, other farm animals, or poultry?	YES 1 NO 2	→ 119																																				
118	How many of the following animals does this household own? IF NONE, RECORD '00'. IF 95 OR MORE, RECORD '95'. IF UNKNOWN, RECORD '98'. a) Milk cows or bulls? b) Other cattle? c) Horses, donkeys, or mules? d) Camels? e) Goats? f) Sheep? g) Chickens or other poultry? h) Beehives?	a) COWS/BULLS <input type="text"/> b) OTHER CATTLE <input type="text"/> c) HORSES/DONKEYS/MULES <input type="text"/> d) CAMELS <input type="text"/> e) GOATS <input type="text"/> f) SHEEP <input type="text"/> g) CHICKENS/POULTRY <input type="text"/> h) BEEHIVES <input type="text"/>																																					
119	Does any member of this household own any agricultural land?	YES 1 NO 2	→ 121																																				
120	How many hectares of agricultural land do members of this household own? IF 95 OR MORE, CIRCLE '950'.	HECTARES <input type="text"/> 95 OR MORE HECTARES 950 DONT KNOW 998																																					
121	Does your household have:	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>a) Electricity?</td> <td>1</td> <td>2</td> </tr> <tr> <td>b) A radio?</td> <td>1</td> <td>2</td> </tr> <tr> <td>c) A television?</td> <td>1</td> <td>2</td> </tr> <tr> <td>d) A non-mobile telephone?</td> <td>1</td> <td>2</td> </tr> <tr> <td>e) A computer?</td> <td>1</td> <td>2</td> </tr> <tr> <td>f) A refrigerator?</td> <td>1</td> <td>2</td> </tr> <tr> <td>g) A table?</td> <td>1</td> <td>2</td> </tr> <tr> <td>h) A chair?</td> <td>1</td> <td>2</td> </tr> <tr> <td>i) A bed with cotton/sponge/spring mattress?</td> <td>1</td> <td>2</td> </tr> <tr> <td>j) An electric mat/d?</td> <td>1</td> <td>2</td> </tr> <tr> <td>k) A kerosene lamp or pressure lamp?</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	a) Electricity?	1	2	b) A radio?	1	2	c) A television?	1	2	d) A non-mobile telephone?	1	2	e) A computer?	1	2	f) A refrigerator?	1	2	g) A table?	1	2	h) A chair?	1	2	i) A bed with cotton/sponge/spring mattress?	1	2	j) An electric mat/d?	1	2	k) A kerosene lamp or pressure lamp?	1	2	
	YES	NO																																					
a) Electricity?	1	2																																					
b) A radio?	1	2																																					
c) A television?	1	2																																					
d) A non-mobile telephone?	1	2																																					
e) A computer?	1	2																																					
f) A refrigerator?	1	2																																					
g) A table?	1	2																																					
h) A chair?	1	2																																					
i) A bed with cotton/sponge/spring mattress?	1	2																																					
j) An electric mat/d?	1	2																																					
k) A kerosene lamp or pressure lamp?	1	2																																					
122	Does any member of this household own:	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>a) A watch?</td> <td>1</td> <td>2</td> </tr> <tr> <td>b) A mobile phone?</td> <td>1</td> <td>2</td> </tr> <tr> <td>c) A bicycle?</td> <td>1</td> <td>2</td> </tr> <tr> <td>d) A motorcycle or motor scooter?</td> <td>1</td> <td>2</td> </tr> <tr> <td>e) An animal-drawn cart?</td> <td>1</td> <td>2</td> </tr> <tr> <td>f) A car or truck?</td> <td>1</td> <td>2</td> </tr> <tr> <td>g) A bajiya?</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	a) A watch?	1	2	b) A mobile phone?	1	2	c) A bicycle?	1	2	d) A motorcycle or motor scooter?	1	2	e) An animal-drawn cart?	1	2	f) A car or truck?	1	2	g) A bajiya?	1	2													
	YES	NO																																					
a) A watch?	1	2																																					
b) A mobile phone?	1	2																																					
c) A bicycle?	1	2																																					
d) A motorcycle or motor scooter?	1	2																																					
e) An animal-drawn cart?	1	2																																					
f) A car or truck?	1	2																																					
g) A bajiya?	1	2																																					
123	Does any member of this household have a bank account or microfinance savings account?	YES 1 NO 2																																					
124	Is your household receiving cash or food from the Safety Net Program?	YES 1 NO 2																																					
125	Is your household enrolled in a Community Based Health Insurance scheme?	YES 1 NO 2																																					
126	Does your household own this dwelling, occupy this dwelling free of charge (or subsidized ?/?/?), or rent this dwelling from the kebele, an agency, an employer, or from individuals?	OWNED 1 FREE OF CHARGE OR SUBSIDIZED 2 RENTED FROM KEBELE/AGENCY/EMPLOYER/INDIVIDUALS 3 OTHER 6 (SPECIFY)																																					

ADDITIONAL HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
142	OBSERVE MAIN MATERIAL OF THE FLOOR OF THE DWELLING. RECORD OBSERVATION.	NATURAL FLOOR EARTH/SAND 11 DUNG 12 RUDIMENTARY FLOOR WOOD PLANKS 21 PALM/BAMBOO 22 FINISHED FLOOR PARQUET OR POLISHED WOOD 31 VINYL OR ASPHALT STRIPS 32 CERAMIC TILES 33 CEMENT 34 CARPET 35 OTHER _____ 96 (SPECIFY)									
143	OBSERVE MAIN MATERIAL OF THE ROOF OF THE DWELLING. RECORD OBSERVATION.	NATURAL ROOFING NO ROOF 11 THATCH/PALM LEAF 12 SOD 13 RUDIMENTARY ROOFING RUSTIC MAT 21 PALM/BAMBOO 22 WOOD PLANKS 23 CARDBOARD 24 FINISHED ROOFING CORRUGATED IRON/METAL 31 WOOD 32 CALAMINE/CEMENT FIBER 33 CERAMIC TILES 34 CEMENT 35 ROOFING SHINGLES 36 OTHER _____ 96 (SPECIFY)									
144	OBSERVE MAIN MATERIAL OF THE EXTERIOR WALLS OF THE DWELLING. RECORD OBSERVATION.	NATURAL WALLS NO WALLS 11 CANE/PALM/TRUNKS/BAMBOO/REED 12 DIRT 13 RUDIMENTARY WALLS BAMBOO/WOOD WITH 21 STONE WITH MUD 22 UNCOVERED ADOBE 23 PLYWOOD 24 CARDBOARD 25 REUSED WOOD 26 FINISHED WALLS CEMENT 31 STONE WITH LIME/CEMENT 32 BRICKS 33 CEMENT BLOCKS 34 COVERED ADOBE 35 WOOD PLANKS/SHINGLES 36 OTHER _____ 96 (SPECIFY)									
146	RECORD THE TIME.	HOURS <table border="1" data-bbox="1206 1760 1343 1816"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table> MINUTES <table border="1" data-bbox="1206 1816 1343 1872"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>									

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT INTERVIEW:

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

SUPERVISOR'S OBSERVATIONS

EDITOR'S OBSERVATIONS
