

ETHIOPIA MINI DEMOGRAPHIC AND HEALTH SURVEY 2019
 HOUSEHOLD QUESTIONNAIRE

ETHIOPIA
 ETHIOPIAN PUBLIC HEALTH INSTITUTE

| IDENTIFICATION | | | | | |
|---|-------|---|-------|---|--|
| PLACE NAME _____ | | | | | |
| NAME OF HOUSEHOLD HEAD _____ | | | | | |
| CLUSTER NUMBER | | | | | <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> |
| HOUSEHOLD NUMBER | | | | | <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> |
| INTERVIEWER VISITS | | | | | |
| | 1 | 2 | 3 | FINAL VISIT | |
| DATE | _____ | _____ | _____ | DAY | <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> |
| | | | | MONTH | <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> |
| | | | | YEAR | <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> |
| INTERVIEWER'S NAME | _____ | _____ | _____ | INT. NO. | <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> |
| RESULT* | _____ | _____ | _____ | RESULT* | <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> |
| NEXT VISIT: DATE | _____ | _____ | | TOTAL NUMBER OF VISITS | |
| TIME | _____ | _____ | | <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> | |
| *RESULT CODES: 1 COMPLETED 2 NO HOUSEHOLD MEMBER AT HOME OR NO COMPETENT RESPONDENT AT HOME AT TIME OF VISIT 3 ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD OF TIME 4 POSTPONED 5 REFUSED 6 DWELLING VACANT OR ADDRESS NOT A DWELLING 7 DWELLING DESTROYED 8 DWELLING NOT FOUND 9 OTHER _____ (SPECIFY) | | | | TOTAL PERSONS IN HOUSEHOLD <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> | |
| | | | | TOTAL ELIGIBLE WOMEN <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> | |
| | | | | LINE NO. OF RESPONDENT TO HOUSEHOLD QUESTIONNAIRE <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> | |
| LANGUAGE OF QUESTIONNAIRE** <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; text-align: center;">0</div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; text-align: center;">4</div> | | LANGUAGE OF INTERVIEW** <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> | | NATIVE LANGUAGE OF RESPONDENT** <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> | |
| LANGUAGE OF QUESTIONNAIRE** ENGLISH | | **LANGUAGE CODES: 01 AMARIGNA 03 TIGRIGNA 06 OTHER 02 OROMIGNA 04 ENGLISH | | | |
| SUPERVISOR _____ <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> | | FIELD EDITOR _____ <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> | | OFFICE EDITOR <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> | |
| NAME NUMBER | | NAME NUMBER | | NUMBER NUMBER | |

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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"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> | | | | |
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| | | MINUTES | <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> | | | | |
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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 (NAME) to the head of the household? SEE CODES BELOW. | Is (NAME) male or female? | Does (NAME) usually live here? | Did (NAME) stay here last night? | How old is (NAME)? 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 | | | M F 1 2 | Y N 1 2 | Y N 1 2 | IN YEARS 00 | 01 | 01 | Y N 1 2 NEXT LINE | LEVEL GRADE 00 00 | Y N 1 2 NEXT LINE | LEVEL GRADE 00 00 |
| 02 | | | 1 2 | 1 2 | 1 2 | | 02 | 02 | 1 2 NEXT LINE | | 1 2 NEXT LINE | |
| 03 | | | 1 2 | 1 2 | 1 2 | | 03 | 03 | 1 2 NEXT LINE | | 1 2 NEXT LINE | |
| 04 | | | 1 2 | 1 2 | 1 2 | | 04 | 04 | 1 2 NEXT LINE | | 1 2 NEXT LINE | |
| 05 | | | 1 2 | 1 2 | 1 2 | | 05 | 05 | 1 2 NEXT LINE | | 1 2 NEXT LINE | |
| 06 | | | 1 2 | 1 2 | 1 2 | | 06 | 06 | 1 2 NEXT LINE | | 1 2 NEXT LINE | |
| 07 | | | 1 2 | 1 2 | 1 2 | | 07 | 07 | 1 2 NEXT LINE | | 1 2 NEXT LINE | |
| 08 | | | 1 2 | 1 2 | 1 2 | | 08 | 08 | 1 2 NEXT LINE | | 1 2 NEXT LINE | |
| 09 | | | 1 2 | 1 2 | 1 2 | | 09 | 09 | 1 2 NEXT LINE | | 1 2 NEXT LINE | |
| 10 | | | 1 2 | 1 2 | 1 2 | | 10 | 10 | 1 2 NEXT LINE | | 1 2 NEXT LINE | |

| | | |
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| 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 <input type="checkbox"/> ADD TO TABLE NO <input type="checkbox"/> | 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 = DON'T 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. 3 = TECHNICAL/ VOCATIONAL THIS CODE IS NOT ALLOWED FOR Q. 19.) 4 = HIGHER 8 = DON'T KNOW |
|--|--|---|

| | | | | | | | | | | | | |
|----|--|--|------------|------------|------------|----------------|----|----|-------------------------|----------------------|-------------------------|----------------------|
| 11 | | | M F 1 2 | Y N 1 2 | Y N 1 2 | IN YEARS 00 | 11 | 11 | Y N 1 2 NEXT LINE | LEVEL GRADE 00 00 | Y N 1 2 NEXT LINE | LEVEL GRADE 00 00 |
| 12 | | | 1 2 | 1 2 | 1 2 | | 12 | 12 | 1 2 NEXT LINE | | 1 2 NEXT LINE | |
| 13 | | | 1 2 | 1 2 | 1 2 | | 13 | 13 | 1 2 NEXT LINE | | 1 2 NEXT LINE | |
| 14 | | | 1 2 | 1 2 | 1 2 | | 14 | 14 | 1 2 NEXT LINE | | 1 2 NEXT LINE | |
| 15 | | | 1 2 | 1 2 | 1 2 | | 15 | 15 | 1 2 NEXT LINE | | 1 2 NEXT LINE | |
| 16 | | | 1 2 | 1 2 | 1 2 | | 16 | 16 | 1 2 NEXT LINE | | 1 2 NEXT LINE | |
| 17 | | | 1 2 | 1 2 | 1 2 | | 17 | 17 | 1 2 NEXT LINE | | 1 2 NEXT LINE | |
| 18 | | | 1 2 | 1 2 | 1 2 | | 18 | 18 | 1 2 NEXT LINE | | 1 2 NEXT LINE | |
| 19 | | | 1 2 | 1 2 | 1 2 | | 19 | 19 | 1 2 NEXT LINE | | 1 2 NEXT LINE | |
| 20 | | | 1 2 | 1 2 | 1 2 | | 20 | 20 | 1 2 NEXT LINE | | 1 2 NEXT LINE | |

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 = DON'T 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. 3 = TECHNICAL/ VOCATIONAL THIS CODE IS NOT ALLOWED FOR Q. 19.) 4 = HIGHER 8 = DON'T KNOW |
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| 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 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/BUSHFIELD 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 0 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 YES 1 NO 2 | → 119 |
| 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 b) OTHER CATTLE c) HORSES/DONKEYS/MULES d) CAMELS e) GOATS f) SHEEP g) CHICKENS/POULTRY h) BEEHIVES YES 1 NO 2 | → 121 |
| 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 95 OR MORE HECTARES 950 DONT KNOW 998 | |
| 121 | Does your household have: (7) a) Electricity? b) A radio? c) A television? d) A non-mobile telephone? e) A computer? f) A refrigerator? g) A table? h) A chair? i) A bed with cotton/sponge/spring mattress? j) An electric maid? k) A kerosene lamp or pressure lamp? | YES NO a) ELECTRICITY 1 2 b) RADIO 1 2 c) TELEVISION 1 2 d) NON-MOBILE TELEPHONE 1 2 e) COMPUTER 1 2 f) REFRIGERATOR 1 2 g) TABLE 1 2 h) CHAIR 1 2 i) BED WITH MATTRESS 1 2 j) ELECTRIC MAID 1 2 k) KEROSENE/PRESSURE LAMP 1 2 | |
| 122 | Does any member of this household own: a) A watch? b) A mobile phone? c) A bicycle? d) A motorcycle or motor scooter? e) An animal-drawn cart? f) A car or truck? g) A bajaj? | YES NO a) WATCH 1 2 b) MOBILE PHONE 1 2 c) BICYCLE 1 2 d) MOTORCYCLE/SCOOTER 1 2 e) ANIMAL-DRAWN CART 1 2 f) CAR/TRUCK 1 2 g) BAJAJ 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 kabele, 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 | <p>OBSERVE MAIN MATERIAL OF THE FLOOR OF THE DWELLING.</p> <p>RECORD OBSERVATION.</p> | <p>NATURAL FLOOR</p> <p>EARTH/SAND 11</p> <p>DUNG 12</p> <p>RUDIMENTARY FLOOR</p> <p>WOOD PLANKS 21</p> <p>PALM/BAMBOO 22</p> <p>FINISHED FLOOR</p> <p>PARQUET OR POLISHED WOOD 31</p> <p>VINYL OR ASPHALT STRIPS 32</p> <p>CERAMIC TILES 33</p> <p>CEMENT 34</p> <p>CARPET 35</p> <p>OTHER 96</p> <p align="center">(SPECIFY)</p> | | | | | | | | | |
| 143 | <p>OBSERVE MAIN MATERIAL OF THE ROOF OF THE DWELLING.</p> <p>RECORD OBSERVATION.</p> | <p>NATURAL ROOFING</p> <p>NO ROOF 11</p> <p>THATCH/PALM LEAF 12</p> <p>SOD 13</p> <p>RUDIMENTARY ROOFING</p> <p>RUSTIC MAT 21</p> <p>PALM/BAMBOO 22</p> <p>WOOD PLANKS 23</p> <p>CARDBOARD 24</p> <p>FINISHED ROOFING</p> <p>CORRUGATED IRON/METAL 31</p> <p>WOOD 32</p> <p>CALAMINE/CEMENT FIBER 33</p> <p>CERAMIC TILES 34</p> <p>CEMENT 35</p> <p>ROOFING SHINGLES 36</p> <p>OTHER 96</p> <p align="center">(SPECIFY)</p> | | | | | | | | | |
| 144 | <p>OBSERVE MAIN MATERIAL OF THE EXTERIOR WALLS OF THE DWELLING.</p> <p>RECORD OBSERVATION.</p> | <p>NATURAL WALLS</p> <p>NO WALLS 11</p> <p>CANE/PALM/TRUNKS/BAMBOO/REED 12</p> <p>DIRT 13</p> <p>RUDIMENTARY WALLS</p> <p>BAMBOO/WOOD WITH 21</p> <p>STONE WITH MUD 22</p> <p>UNCOVERED ADOBE 23</p> <p>PLYWOOD 24</p> <p>CARDBOARD 25</p> <p>REUSED WOOD 26</p> <p>FINISHED WALLS</p> <p>CEMENT 31</p> <p>STONE WITH LIME/CEMENT 32</p> <p>BRICKS 33</p> <p>CEMENT BLOCKS 34</p> <p>COVERED ADOBE 35</p> <p>WOOD PLANKS/SHINGLES 36</p> <p>OTHER 96</p> <p align="center">(SPECIFY)</p> | | | | | | | | | |
| 146 | <p>RECORD THE TIME.</p> | <p>HOURS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></p> <p>MINUTES <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></p> | | | | | | | | | |
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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
