

ETHIOPIA MINI DEMOGRAPHIC AND HEALTH SURVEY 2019
 WOMAN'S 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>
NAME AND LINE NUMBER OF WOMAN _____					<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; margin: 0 auto;"></div>
INTERVIEWER'S NAME	_____	_____	_____	MONTH	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>
				YEAR	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>
				INT. NO.	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>
RESULT*	_____	_____	_____	RESULT*	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>
NEXT VISIT: DATE	_____	_____		TOTAL NUMBER OF VISITS	
TIME	_____	_____		<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>	
*RESULT CODES: 1 COMPLETED 4 REFUSED 2 NOT AT HOME 5 PARTLY COMPLETED 7 OTHER _____ 3 POSTPONED 6 INCAPACITATED SPECIFY _____					
LANGUAGE OF QUESTIONNAIRE** 0 4 LANGUAGE OF INTERVIEW** NATIVE LANGUAGE OF RESPONDENT** TRANSLATOR USED (YES = 1, NO = 2) 					
LANGUAGE OF QUESTIONNAIRE** ENGLISH **LANGUAGE CODES: 01 AMARIGNA 03 TIGRIGNA 06 OTHER _____ 02 OROMIGNA 04 ENGLISH					
SUPERVISOR _____ NAME NUMBER		FIELD EDITOR _____ NAME NUMBER		OFFICE EDITOR KEYED BY NUMBER NUMBER	

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. 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.....	
101A	Before I begin the interview, could you please bring your and your children's Birth Certificate, Maternal and Child Immunisation Card, and any immunisation record from a private health provider, or any other document where the date of birth is officially registered for your self or your children? We will need to refer to those documents.		
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 NO 2	→ 111
108	What is the highest level of school you attended: primary, secondary, or higher?	PRIMARY 1 SECONDARY 2 TECHNICAL/VOCATIONAL 3 HIGHER 4	
109	What is the highest grade or number of years you completed at that level? IF ATTENDED PRIMARY OR SECONDARY, RECORD COMPLETED GRADE COMPLETED AT THAT LEVEL. IF ATTENDED TECHNICAL/VOCATIONAL OR IF COMPLETED LESS THAN ONE YEAR AT THAT LEVEL, RECORD '00'.	GRADE/NUMBER OF YEARS	
110	CHECK 108: PRIMARY OR <input type="checkbox"/> TECHNICAL/VOCATIONAL <input type="checkbox"/> SECONDARY <input type="checkbox"/> OR HIGHER <input type="checkbox"/>		→ 122
111	Now I would like you to read this sentence to me. SHOW CARD TO RESPONDENT. IF RESPONDENT CANNOT READ WHOLE SENTENCE, PROBE: Can you read any part of the sentence to me?	CANNOT READ AT ALL 1 ABLE TO READ ONLY PART OF THE SENTENCE..... 2 ABLE TO READ WHOLE SENTENCE..... 3 NO CARD WITH REQUIRED LANGUAGE 4 (SPECIFY LANGUAGE) BLIND/VISUALLY IMPAIRED 5	
122	What is your religion?	ORTHODOX 1 CATHOLIC 2 PROTESTANT 3 MUSLIM 4 TRADITIONAL 5 OTHER 96 (SPECIFY)	

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 NO 2	→ 206								
202	Do you have any sons or daughters to whom you have given birth who are now living with you?	YES 1 NO 2	→ 204								
203	a) How many sons live with you? b) And how many daughters live with you? IF NONE, RECORD '00'.	a) SONS AT HOME <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> b) DAUGHTERS AT HOME <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									
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 NO 2	→ 206								
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 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> b) DAUGHTERS ELSEWHERE <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									
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 NO 2	→ 208								
207	a) How many boys have died? b) And how many girls have died? IF NONE, RECORD '00'.	a) BOYS DEAD <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> b) GIRLS DEAD <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									
208	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL BIRTHS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>									
209	CHECK 208: Just to make sure that I have this right: you have had in TOTAL ____ births during your life. Is that correct? <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> YES <input type="checkbox"/> ↓ </div> <div style="text-align: center;"> NO <input type="checkbox"/> ↓ PROBE AND CORRECT 201-208 AS NECESSARY. </div> </div>										
210	CHECK 208: <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> ONE OR MORE BIRTHS <input type="checkbox"/> ↓ </div> <div style="text-align: center;"> NO BIRTHS <input type="checkbox"/> </div> </div>		→ 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.									
212	213	214	215	216	217 IF ALIVE:	218 IF ALIVE:	219 IF ALIVE:	220 IF DEAD:	221
What name was given to your (first/next) baby?	Is (NAME) a boy or a girl?	Were any of these births twins?	On what day, month, and year was (NAME) born?	Is (NAME) still alive?	How old was (NAME) at last birthday?	Is (NAME) living with you?	RECORD HOUSEHOLD LINE NUMBER OF CHILD. RECORD '00' IF CHILD NOT LISTED IN HOUSEHOLD.	How old was (NAME) when (he/she) died? IF '12 MONTHS' OR '1 YR', ASK: Did (NAME) have (his/her) first birthday? THEN ASK: Exactly how many months old was (NAME) when (he/she) died? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS.	Were there any other live births between (NAME OF PREVIOUS BIRTH) and (NAME), including any children who died after birth?
RECORD NAME.									
BIRTH HISTORY NUMBER.									
01	BOY 1 GIRL 2	SING 1 MULT 2	DAY <input type="text"/> MONTH <input type="text"/> YEAR <input type="text"/>	YES 1 NO 2 (SKIP TO 220)	AGE IN YEARS <input type="text"/>	YES 1 NO 2	HOUSEHOLD LINE NUMBER <input type="text"/> (NEXT BIRTH)	DAYS 1 <input type="text"/> MONTHS 2 <input type="text"/> YEARS 3 <input type="text"/>	
02	BOY 1 GIRL 2	SING 1 MULT 2	DAY <input type="text"/> MONTH <input type="text"/> YEAR <input type="text"/>	YES 1 NO 2 (SKIP TO 220)	AGE IN YEARS <input type="text"/>	YES 1 NO 2	HOUSEHOLD LINE NUMBER <input type="text"/> (SKIP TO 221)	DAYS 1 <input type="text"/> MONTHS 2 <input type="text"/> YEARS 3 <input type="text"/>	YES (ADD BIRTH) 1 NO (NEXT BIRTH) 2
03	BOY 1 GIRL 2	SING 1 MULT 2	DAY <input type="text"/> MONTH <input type="text"/> YEAR <input type="text"/>	YES 1 NO 2 (SKIP TO 220)	AGE IN YEARS <input type="text"/>	YES 1 NO 2	HOUSEHOLD LINE NUMBER <input type="text"/> (SKIP TO 221)	DAYS 1 <input type="text"/> MONTHS 2 <input type="text"/> YEARS 3 <input type="text"/>	YES (ADD BIRTH) 1 NO (NEXT BIRTH) 2
04	BOY 1 GIRL 2	SING 1 MULT 2	DAY <input type="text"/> MONTH <input type="text"/> YEAR <input type="text"/>	YES 1 NO 2 (SKIP TO 220)	AGE IN YEARS <input type="text"/>	YES 1 NO 2	HOUSEHOLD LINE NUMBER <input type="text"/> (SKIP TO 221)	DAYS 1 <input type="text"/> MONTHS 2 <input type="text"/> YEARS 3 <input type="text"/>	YES (ADD BIRTH) 1 NO (NEXT BIRTH) 2
05	BOY 1 GIRL 2	SING 1 MULT 2	DAY <input type="text"/> MONTH <input type="text"/> YEAR <input type="text"/>	YES 1 NO 2 (SKIP TO 220)	AGE IN YEARS <input type="text"/>	YES 1 NO 2	HOUSEHOLD LINE NUMBER <input type="text"/> (SKIP TO 221)	DAYS 1 <input type="text"/> MONTHS 2 <input type="text"/> YEARS 3 <input type="text"/>	YES (ADD BIRTH) 1 NO (NEXT BIRTH) 2
06	BOY 1 GIRL 2	SING 1 MULT 2	DAY <input type="text"/> MONTH <input type="text"/> YEAR <input type="text"/>	YES 1 NO 2 (SKIP TO 220)	AGE IN YEARS <input type="text"/>	YES 1 NO 2	HOUSEHOLD LINE NUMBER <input type="text"/> (SKIP TO 221)	DAYS 1 <input type="text"/> MONTHS 2 <input type="text"/> YEARS 3 <input type="text"/>	YES (ADD BIRTH) 1 NO (NEXT BIRTH) 2
07	BOY 1 GIRL 2	SING 1 MULT 2	DAY <input type="text"/> MONTH <input type="text"/> YEAR <input type="text"/>	YES 1 NO 2 (SKIP TO 220)	AGE IN YEARS <input type="text"/>	YES 1 NO 2	HOUSEHOLD LINE NUMBER <input type="text"/> (SKIP TO 221)	DAYS 1 <input type="text"/> MONTHS 2 <input type="text"/> YEARS 3 <input type="text"/>	YES (ADD BIRTH) 1 NO (NEXT BIRTH) 2
08	BOY 1 GIRL 2	SING 1 MULT 2	DAY <input type="text"/> MONTH <input type="text"/> YEAR <input type="text"/>	YES 1 NO 2 (SKIP TO 220)	AGE IN YEARS <input type="text"/>	YES 1 NO 2	HOUSEHOLD LINE NUMBER <input type="text"/> (SKIP TO 221)	DAYS 1 <input type="text"/> MONTHS 2 <input type="text"/> YEARS 3 <input type="text"/>	YES (ADD BIRTH) 1 NO (NEXT BIRTH) 2
09	BOY 1 GIRL 2	SING 1 MULT 2	DAY <input type="text"/> MONTH <input type="text"/> YEAR <input type="text"/>	YES 1 NO 2 (SKIP TO 220)	AGE IN YEARS <input type="text"/>	YES 1 NO 2	HOUSEHOLD LINE NUMBER <input type="text"/> (SKIP TO 221)	DAYS 1 <input type="text"/> MONTHS 2 <input type="text"/> YEARS 3 <input type="text"/>	YES (ADD BIRTH) 1 NO (NEXT BIRTH) 2
10	BOY 1 GIRL 2	SING 1 MULT 2	DAY <input type="text"/> MONTH <input type="text"/> YEAR <input type="text"/>	YES 1 NO 2 (SKIP TO 220)	AGE IN YEARS <input type="text"/>	YES 1 NO 2	HOUSEHOLD LINE NUMBER <input type="text"/> (SKIP TO 221)	DAYS 1 <input type="text"/> MONTHS 2 <input type="text"/> YEARS 3 <input type="text"/>	YES (ADD BIRTH) 1 NO (NEXT BIRTH) 2

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 (RECORD BIRTH(S) IN TABLE) ← NO 2	
223	COMPARE 208 WITH NUMBER OF BIRTHS IN BIRTH HISTORY <div style="display: flex; justify-content: space-around;"> <div> NUMBERS ARE SAME <input type="checkbox"/> ↓ </div> <div> NUMBERS ARE DIFFERENT <input type="checkbox"/> (PROBE AND RECONCILE) ← </div> </div>		
224	CHECK 215: ENTER THE NUMBER OF BIRTHS IN 2006-2011 E.C.	NUMBER OF BIRTHS <input type="text"/> NONE 0	
226	Are you pregnant now?	YES 1 NO 2 UNSURE 8	<input type="checkbox"/> → 301
227	How many months pregnant are you? RECORD NUMBER OF COMPLETED MONTHS.	MONTHS <input type="text"/> <input type="text"/>	

SECTION 3. CONTRACEPTION

301	Now I would like to talk about family planning - the various ways or methods that a couple can use to delay or avoid a pregnancy. Have you ever heard of (METHOD)?	
01	Female Sterilization. PROBE: Women can have an operation to avoid having any more children.	YES 1 NO 2
02	Male Sterilization. PROBE: Men can have an operation to avoid having any more children.	YES 1 NO 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.	YES 1 NO 2
04	Injectables. PROBE: Women can have an injection by a health provider that stops them from becoming pregnant for three months.	YES 1 NO 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.	YES 1 NO 2
06	Pill. PROBE: Women can take a pill every day to avoid becoming pregnant.	YES 1 NO 2
07	Male Condom. PROBE: Men can put a rubber sheath on their penis before sexual intercourse.	YES 1 NO 2
08	Female Condom. PROBE: Women can place a sheath in their vagina before sexual intercourse.	YES 1 NO 2
09 (1)	Emergency Contraception. PROBE: As an emergency measure, within three days after they have unprotected sexual intercourse, women can take special pills to prevent pregnancy.	YES 1 NO 2
10 (2)	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.	YES 1 NO 2
11 (3)	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.	YES 1 NO 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.	YES 1 NO 2
13	Withdrawal. PROBE: Men can be careful and pull out before climax.	YES 1 NO 2
14	Have you heard of any other ways or methods that women or men can use to avoid pregnancy?	YES, MODERN METHOD _____ A (SPECIFY) YES, TRADITIONAL METHOD _____ B (SPECIFY) NO Y

SECTION 3. CONTRACEPTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
302	CHECK 226: <div style="display: flex; justify-content: space-around;"> NOT PREGNANT <input type="checkbox"/> OR UNSURE ↓ PREGNANT <input type="checkbox"/> → 305 </div>		
303	Are you or your partner currently doing something or using any method to delay or avoid getting pregnant?	YES 1 NO 2	→ 305
304	Which method are you using? RECORD ALL MENTIONED. IF MORE THAN ONE METHOD MENTIONED, FOLLOW SKIP INSTRUCTION FOR HIGHEST METHOD IN LIST.	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	→ 304A → 304B → 305
304A	Where did you obtain (METHOD FROM Q.304) the last time? IF MORE THAN ONE METHOD CIRCLED IN Q.304 ASK ABOUT THE METHOD THAT IS HIGHEST IN 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)	PUBLIC SECTOR GOVERNMENT HOSPITAL 11 GOVERNMENT HEALTH CENTER 12 GOVERNMENT HEALTH POST 13 PUBLIC PHARMACY 14 OTHER PUBLIC SECTOR 16 _____ (SPECIFY)	
304B	Where did you learn to use the (METHOD FROM Q.304)?	NGO NGO HEALTH FACILITY 21 OTHER NGO 26 _____ (SPECIFY)	
		PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL 31 PRIVATE CLINIC 32 PHARMACY 33 OTHER PRIVATE MEDICAL SECTOR 36 _____ (SPECIFY)	
		OTHER SOURCE SHOP 41 FRIEND/RELATIVE 42 OTHER 96 _____ (SPECIFY)	
305	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	→ 401
306	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 3	→ 401
307	What is your marital status now: are you widowed, divorced, or separated?	WIDOWED 1 DIVORCED 2 SEPARATED 3	

SECTION 4. PREGNANCY AND POSTNATAL CARE

401	<p>CHECK 224:</p> <p>ONE OR MORE BIRTHS IN <input type="checkbox"/> 2006-2011 E.C. NO BIRTHS IN <input type="checkbox"/> 2006-2011 E.C. → 615</p>		
402	<p>CHECK 215. RECORD THE BIRTH HISTORY NUMBER IN 403 AND THE NAME AND SURVIVAL STATUS IN 404 FOR EACH BIRTH IN 2006-2011 E.C. 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).</p> <p>Now I would like to ask some questions about your children born in the last five years. (We will talk about each separately.)</p>		
403	BIRTH HISTORY NUMBER FROM 212 IN BIRTH HISTORY.	<p align="center">LAST BIRTH</p> <p>BIRTH HISTORY NUMBER <input type="text"/> <input type="text"/></p>	<p align="center">NEXT-TO-LAST BIRTH</p> <p>BIRTH HISTORY NUMBER <input type="text"/> <input type="text"/></p>
404	FROM 212 AND 216:	<p>NAME _____</p> <p>LIVING <input type="checkbox"/> DEAD <input type="checkbox"/></p>	<p>NAME _____</p> <p>LIVING <input type="checkbox"/> DEAD <input type="checkbox"/></p>
408	Did you see anyone for antenatal care for this pregnancy?	<p>YES 1</p> <p>NO 2</p> <p align="center">(SKIP TO 420) ←</p>	
409	<p>Whom did you see?</p> <p>Anyone else?</p> <p>PROBE TO IDENTIFY EACH TYPE OF PERSON AND RECORD ALL MENTIONED.</p>	<p>HEALTH PERSONNEL</p> <p>DOCTOR A</p> <p>NURSE B</p> <p>MIDWIFE C</p> <p>HEALTH OFFICER D</p> <p>HEALTH EXTENSION WORKER E</p> <p>OTHER PERSON</p> <p>TRADITIONAL BIRTH ATTENDANT F</p> <p>OTHER _____ X</p> <p align="center">(SPECIFY)</p>	
410	<p>Where did you receive antenatal care for this pregnancy?</p> <p>Anywhere else?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p align="center">(NAME OF PLACE)</p>	<p>HOME</p> <p>HER HOME A</p> <p>OTHER HOME B</p> <p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL... C</p> <p>GOVERNMENT HEALTH CENTER D</p> <p>GOVERNMENT HEALTH POST E</p> <p>OTHER PUBLIC SECTOR F</p> <p align="center">(SPECIFY)</p> <p>NGO</p> <p>HEALTH FACILITY G</p> <p>OTHER NGO HEALTH FACILITY H</p> <p align="center">(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL..... I</p> <p>PRIVATE CLINIC..... J</p> <p>OTHER PRIVATE MEDICAL SECTOR K</p> <p align="center">(SPECIFY)</p> <p>OTHER _____ X</p> <p align="center">(SPECIFY)</p>	

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____															
411	How many months pregnant were you when you first received antenatal care for this pregnancy?	MONTHS <input type="text"/> <input type="text"/> DON'T KNOW 98																
412	How many times did you receive antenatal care during this pregnancy?	NUMBER OF TIMES <input type="text"/> <input type="text"/> DON'T KNOW 98																
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 counsel you about nutrition?	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>a) BP</td> <td>1</td> <td>2</td> </tr> <tr> <td>b) URINE</td> <td>1</td> <td>2</td> </tr> <tr> <td>c) BLOOD</td> <td>1</td> <td>2</td> </tr> <tr> <td>d) NUTRITIONAL COUNSELING</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	a) BP	1	2	b) URINE	1	2	c) BLOOD	1	2	d) NUTRITIONAL COUNSELING	1	2	
	YES	NO																
a) BP	1	2																
b) URINE	1	2																
c) BLOOD	1	2																
d) NUTRITIONAL COUNSELING	1	2																
414	During (any of) your antenatal care visits(s), were you told about the signs of pregnancy complications?	YES 1 NO 2 (SKIP TO 420) ← DON'T KNOW 8																
415	Which signs of pregnancy complications were you told about?	VAGINAL BLEEDING A VAGINAL GUSH OF FLUID B SEVERE HEAD ACHE C BLURRED VISION D FEVER E ABDOMINAL PAIN F CONVULSION G OTHER _____ X (SPECIFY)																
420	During this pregnancy, were you given or did you buy any iron tablets? SHOW TABLETS.	YES 1 NO 2 (SKIP TO 429) ← DON'T KNOW 8																
421	During the whole pregnancy, for how many days did you take the tablets? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER OF DAYS.	DAYS <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 998																

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
429	<p>Who assisted with the delivery of (NAME)?</p> <p>Anyone else?</p> <p>PROBE FOR THE TYPE(S) OF PERSON(S) AND RECORD ALL MENTIONED.</p> <p>IF RESPONDENT SAYS NO ONE ASSISTED, PROBE TO DETERMINE WHETHER ANY ADULTS WERE PRESENT AT THE DELIVERY.</p>	<p>HEALTH PERSONNEL</p> <p>DOCTOR A</p> <p>NURSE B</p> <p>MIDWIFE C</p> <p>HEALTH OFFICER D</p> <p>HEALTH EXTENSION WORKER E</p> <p>OTHER PERSON</p> <p>TRADITIONAL BIRTH ATTENDANT F</p> <p>OTHER X</p> <p>_____ (SPECIFY)</p> <p>NO ONE ASSISTED Y</p>	<p>HEALTH PERSONNEL</p> <p>DOCTOR A</p> <p>NURSE B</p> <p>MIDWIFE C</p> <p>HEALTH OFFICER D</p> <p>HEALTH EXTENSION WORKER E</p> <p>OTHER PERSON</p> <p>TRADITIONAL BIRTH ATTENDANT F</p> <p>OTHER X</p> <p>_____ (SPECIFY)</p> <p>NO ONE ASSISTED Y</p>
430	<p>Where did you give birth to (NAME)?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____ (NAME OF PLACE)</p>	<p>HOME</p> <p>HER HOME 11</p> <p>(SKIP TO 449) ←</p> <p>OTHER HOME 12</p> <p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL... 21</p> <p>GOVERNMENT HEALTH CENTER 22</p> <p>GOVERNMENT HEALTH POST 23</p> <p>OTHER PUBLIC SECTOR</p> <p>..... 26</p> <p>_____ (SPECIFY)</p> <p>NGO</p> <p>HEALTH FACILITY 31</p> <p>OTHER NGO HEALTH FACILITY</p> <p>..... 36</p> <p>_____ (SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL..... 41</p> <p>PRIVATE CLINIC 42</p> <p>OTHER PRIVATE MEDICAL SECTOR</p> <p>..... 46</p> <p>_____ (SPECIFY)</p> <p>OTHER 96</p> <p>(SPECIFY) (SKIP TO 449) ←</p>	<p>HOME</p> <p>HER HOME 11</p> <p>(SKIP TO 464) ←</p> <p>OTHER HOME 12</p> <p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL... 21</p> <p>GOVERNMENT HEALTH CENTER 22</p> <p>GOVERNMENT HEALTH POST 23</p> <p>OTHER PUBLIC SECTOR</p> <p>..... 26</p> <p>_____ (SPECIFY)</p> <p>NGO</p> <p>HEALTH FACILITY 31</p> <p>OTHER NGO HEALTH FACILITY</p> <p>..... 36</p> <p>_____ (SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL..... 41</p> <p>PRIVATE CLINIC 42</p> <p>OTHER PRIVATE MEDICAL SECTOR</p> <p>..... 46</p> <p>_____ (SPECIFY)</p> <p>OTHER 96</p> <p>(SPECIFY) (SKIP TO 464) ←</p>
432	<p>Was (NAME) delivered by caesarean, that is, did they cut your belly open to take the baby out?</p>	<p>YES 1</p> <p>NO 2</p>	<p>YES 1</p> <p>NO 2</p>

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____						
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 NO 2 (SKIP TO 438) ←							
436	How long after delivery did the first check take place? IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS 1 <table border="1" data-bbox="914 454 1050 510"><tr><td></td><td></td></tr></table> DAYS 2 <table border="1" data-bbox="914 517 1050 573"><tr><td></td><td></td></tr></table> WEEKS 3 <table border="1" data-bbox="914 580 1050 636"><tr><td></td><td></td></tr></table> DON'T KNOW 998							
437	Who checked on your health at that time? PROBE FOR MOST QUALIFIED PERSON.	HEALTH PERSONNEL DOCTOR 11 NURSE 12 MIDWIFE 13 HEALTH OFFICER 14 HEALTH EXTENSION WORKER 15 OTHER PERSON TRADITIONAL BIRTH ATTENDANT 21 OTHER 96 (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 NO 2 (SKIP TO 441) ← DON'T KNOW 8							
439	How long after delivery was (NAME)'s health first checked? IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS 1 <table border="1" data-bbox="914 1357 1050 1413"><tr><td></td><td></td></tr></table> DAYS 2 <table border="1" data-bbox="914 1420 1050 1476"><tr><td></td><td></td></tr></table> WEEKS 3 <table border="1" data-bbox="914 1482 1050 1538"><tr><td></td><td></td></tr></table> DON'T KNOW 998							

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	
440	<p>Who checked on (NAME)'s health at that time?</p> <p>PROBE FOR MOST QUALIFIED PERSON.</p>	<p>HEALTH PERSONNEL</p> <p>DOCTOR 11</p> <p>NURSE 12</p> <p>MIDWIFE 13</p> <p>HEALTH OFFICER 14</p> <p>HEALTH EXTENSION WORKER 15</p> <p>OTHER PERSON</p> <p>TRADITIONAL BIRTH ATTENDANT 21</p> <p>OTHER 96 (SPECIFY)</p>		
441	<p>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?</p>	<p>YES 1</p> <p>NO 2</p> <p align="center">(SKIP TO 445) ←</p>		
442	<p>How long after delivery did that check take place?</p> <p>IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS.</p>	<p>HOURS 1</p> <p>DAYS 2</p> <p>WEEKS 3</p> <p>DON'T KNOW 998</p>		

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
443	<p>Who checked on your health at that time?</p> <p>PROBE FOR MOST QUALIFIED PERSON.</p>	<p>HEALTH PERSONNEL</p> <p>DOCTOR 11</p> <p>NURSE 12</p> <p>MIDWIFE 13</p> <p>HEALTH OFFICER 14</p> <p>HEALTH EXTENSION WORKER 15</p> <p>OTHER PERSON</p> <p>TRADITIONAL BIRTH ATTENDANT 21</p> <p>OTHER _____ 96</p> <p align="center">(SPECIFY)</p>	
444	<p>Where did the check take place?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p align="center">(NAME OF PLACE)</p>	<p>HOME</p> <p>HER HOME 11</p> <p>OTHER HOME 12</p> <p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL... 21</p> <p>GOVERNMENT HEALTH CENTER 22</p> <p>GOVERNMENT HEALTH POST 23</p> <p>OTHER PUBLIC SECTOR</p> <p>_____ 26</p> <p align="center">(SPECIFY)</p> <p>NGO</p> <p>HEALTH FACILITY 31</p> <p>OTHER NGO HEALTH FACILITY</p> <p>_____ 36</p> <p align="center">(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL..... 41</p> <p>PRIVATE CLINIC 42</p> <p>OTHER PRIVATE MEDICAL SECTOR</p> <p>_____ 46</p> <p align="center">(SPECIFY)</p> <p>OTHER _____ 96</p> <p align="center">(SPECIFY)</p>	

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____						
445	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)?	YES 1 NO 2 (SKIP TO 457) ← DON'T KNOW 8							
446	How many hours, days or weeks after the birth of (NAME) did that check take place? IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS 1 <table border="1" data-bbox="914 443 1050 499"><tr><td></td><td></td></tr></table> DAYS 2 <table border="1" data-bbox="914 504 1050 560"><tr><td></td><td></td></tr></table> WEEKS 3 <table border="1" data-bbox="914 564 1050 620"><tr><td></td><td></td></tr></table> DON'T KNOW 998							
447	Who checked on (NAME)'s health at that time? PROBE FOR MOST QUALIFIED PERSON.	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 _____
448	<p>Where did this check of (NAME) take place?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p align="center">(NAME OF PLACE)</p>	<p>HOME</p> <p>HER HOME 11</p> <p>OTHER HOME 12</p> <p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL... 21</p> <p>GOVERNMENT HEALTH CENTER 22</p> <p>GOVERNMENT HEALTH POST 23</p> <p>OTHER PUBLIC SECTOR</p> <p>_____ 26</p> <p align="center">(SPECIFY)</p> <p>NGO</p> <p>HEALTH FACILITY 31</p> <p>OTHER NGO HEALTH FACILITY</p> <p>_____ 36</p> <p align="center">(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL..... 41</p> <p>PRIVATE CLINIC..... 42</p> <p>OTHER PRIVATE MEDICAL SECTOR</p> <p>_____ 46</p> <p align="center">(SPECIFY)</p> <p>OTHER _____ 96</p> <p align="center">(SPECIFY)</p> <p align="right">(SKIP TO 457) ←</p>	
449	<p>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)?</p>	<p>YES 1</p> <p>NO 2</p> <p align="right">(SKIP TO 453) ←</p>	
450	<p>How long after delivery did the first check take place?</p> <p>IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS.</p>	<p>HOURS 1</p> <p>DAYS 2</p> <p>WEEKS 3</p> <p>DON'T KNOW 998</p>	

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
451	<p>Who checked on your health at that time?</p> <p>PROBE FOR MOST QUALIFIED PERSON.</p>	<p>HEALTH PERSONNEL</p> <p>DOCTOR 11</p> <p>NURSE 12</p> <p>MIDWIFE 13</p> <p>HEALTH OFFICER 14</p> <p>HEALTH EXTENSION WORKER 15</p> <p>OTHER PERSON</p> <p>TRADITIONAL BIRTH ATTENDANT 21</p> <p>OTHER _____ 96</p> <p align="center">(SPECIFY)</p>	
452	<p>Where did this first check take place?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p align="center">(NAME OF PLACE)</p>	<p>HOME</p> <p>HER HOME 11</p> <p>OTHER HOME 12</p> <p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL . . 21</p> <p>GOVERNMENT HEALTH CENTER 22</p> <p>GOVERNMENT HEALTH POST 23</p> <p>OTHER PUBLIC SECTOR _____ 26</p> <p align="center">(SPECIFY)</p> <p>NGO</p> <p>HEALTH FACILITY 31</p> <p>OTHER NGO HEALTH FACILITY _____ 36</p> <p align="center">(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL 41</p> <p>PRIVATE CLINIC 42</p> <p>OTHER PRIVATE MEDICAL SECTOR _____ 46</p> <p align="center">(SPECIFY)</p> <p>OTHER _____ 96</p> <p align="center">(SPECIFY)</p>	

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____							
453	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 (SKIP TO 457) ← DON'T KNOW 8								
454	How many hours, days or weeks after the birth of (NAME) did the first check take place? IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS AFTER BIRTH 1 DAYS AFTER BIRTH 2 WEEKS AFTER BIRTH 3 DON'T KNOW 998 <table border="1" data-bbox="911 510 1050 674"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>								
455	Who checked on (NAME)'s health at that time? PROBE FOR MOST QUALIFIED PERSON.	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 _____																								
456	<p>Where did this first check of (NAME) take place?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p align="center">(NAME OF PLACE)</p>	<p>HOME</p> <p>HER HOME 11</p> <p>OTHER HOME 12</p> <p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL... 21</p> <p>GOVERNMENT HEALTH CENTER 22</p> <p>GOVERNMENT HEALTH POST 23</p> <p>OTHER PUBLIC SECTOR</p> <p>_____ 26</p> <p align="center">(SPECIFY)</p> <p>NGO</p> <p>HEALTH FACILITY 31</p> <p>OTHER NGO HEALTH FACILITY</p> <p>_____ 36</p> <p align="center">(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL..... 41</p> <p>PRIVATE CLINIC 42</p> <p>OTHER PRIVATE MEDICAL SECTOR</p> <p>_____ 46</p> <p align="center">(SPECIFY)</p> <p>OTHER _____ 96</p> <p align="center">(SPECIFY)</p>																									
457	<p>During the first two days after (NAME)'s birth, did any health care provider do the following:</p> <p>a) Examine the cord?</p> <p>b) Measure (NAME)'s temperature?</p> <p>c) Counsel you on danger signs for newborns?</p> <p>d) Counsel you on breastfeeding?</p> <p>e) Observe (NAME) breastfeeding?</p>	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>a) CORD.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>b) TEMP.</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>c) SIGNS</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>d) COUNSEL BREAST-FEED</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>e) OBSERVE BREAST-FEED</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		YES	NO	DK	a) CORD.....	1	2	8	b) TEMP.	1	2	8	c) SIGNS	1	2	8	d) COUNSEL BREAST-FEED	1	2	8	e) OBSERVE BREAST-FEED	1	2	8	
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e) OBSERVE BREAST-FEED	1	2	8																								
464	<p>Did you ever breastfeed (NAME)?</p>	<p>YES 1</p> <p align="center">(SKIP TO 466) ←</p> <p>NO 2</p>	<p>YES 1</p> <p>NO 2</p>																								

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____								
465	CHECK 404: IS CHILD LIVING?	LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (SKIP TO 470) ← (SKIP TO 471) ←									
466	How long after birth did you first put (NAME) to the breast? IF LESS THAN 1 HOUR, RECORD '00' HOURS; IF LESS THAN 24 HOURS, RECORD HOURS; OTHERWISE, RECORD DAYS.	IMMEDIATELY 000 HOURS 1 <table border="1" data-bbox="914 483 1050 539"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DAYS 2 <table border="1" data-bbox="914 544 1050 600"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>									
467	In the first three days after delivery, was (NAME) given anything to drink other than breast milk?	YES 1 NO 2									
468	CHECK 404: IS CHILD LIVING?	LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> ↓ (SKIP TO 471) ←	LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> ↓ (SKIP TO 471) ←								
469	Are you still breastfeeding (NAME)?	YES 1 NO 2									
470	Did (NAME) drink anything from a bottle with a nipple yesterday or last night?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8								
471		GO BACK TO 429 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 479.	GO BACK TO 429 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 479.								

SECTION 4. CHILD NUTRITION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																																																																																				
479	<p>CHECK 215 AND 218, ALL ROWS: NUMBER OF CHILDREN BORN IN 2009-2011 E.C. LIVING WITH THE RESPONDENT</p> <p align="center">ONE OR MORE <input type="checkbox"/> NONE <input type="checkbox"/></p> <p align="center">↓</p> <p align="center">_____ (NAME OF YOUNGEST CHILD LIVING WITH HER)</p> <p align="center">↓</p>		501A																																																																																																				
480	<p>Now I would like to ask you about liquids or foods that (NAME FROM 479) 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 479) drink or eat:</p> <p>a) Plain water?</p> <p>b) Juice or juice drinks?</p> <p>c) Clear broth?</p> <p>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'.</p> <p>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'.</p> <p>f) Any other liquids?</p> <p>g) Yogurt? IF YES: How many times did (NAME) eat yogurt? IF 7 OR MORE TIMES, RECORD '7'.</p> <p>h) Any commercially fortified baby food such as Fafa, Hilina, Cerilak, Cerifam, Mother Choice?</p> <p>i) Injera, bread, rice, noodles, porridge, or other foods made from grains such as tef, oats, maize, barley,</p> <p>j) Pumpkin, carrots, squash, or sweet potatoes that are yellow or orange inside?</p> <p>k) White potatoes, white yams, manioc, cassava, or any other foods made from roots?</p> <p>l) Any dark green, leafy vegetables?</p> <p>m) Ripe mangoes or papayas?</p> <p>n) Any other fruits or vegetables?</p> <p>o) Liver, kidney, heart, or other organ meats?</p> <p>p) Any meat, such as beef, pork, lamb, goat, chicken, or duck?</p> <p>q) Eggs?</p> <p>r) Fresh or dried fish or shellfish?</p> <p>s) Any foods made from beans, peas, lentils, or nuts?</p> <p>t) Cheese or other food made from milk?</p> <p>u) Any other solid, semi-solid, or soft food?</p>	<table border="1"> <thead> <tr> <th></th><th>YES</th><th>NO</th><th>DK</th></tr> </thead> <tbody> <tr> <td>a)</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>b)</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>c)</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>d)</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td></td><td align="center" colspan="3">NUMBER OF TIMES DRANK <input type="text"/></td></tr> <tr> <td>e)</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td></td><td align="center" colspan="3">NUMBER OF TIMES DRANK <input type="text"/></td></tr> <tr> <td>f)</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>g)</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td></td><td align="center" colspan="3">NUMBER OF TIMES ATE <input type="text"/></td></tr> <tr> <td>h)</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>i)</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>j)</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>k)</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>l)</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>m)</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>n)</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>o)</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>p)</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>q)</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>r)</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>s)</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>t)</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>u)</td><td>1</td><td>2</td><td>8</td></tr> </tbody> </table>		YES	NO	DK	a)	1	2	8	b)	1	2	8	c)	1	2	8	d)	1	2	8		NUMBER OF TIMES DRANK <input type="text"/>			e)	1	2	8		NUMBER OF TIMES DRANK <input type="text"/>			f)	1	2	8	g)	1	2	8		NUMBER OF TIMES ATE <input type="text"/>			h)	1	2	8	i)	1	2	8	j)	1	2	8	k)	1	2	8	l)	1	2	8	m)	1	2	8	n)	1	2	8	o)	1	2	8	p)	1	2	8	q)	1	2	8	r)	1	2	8	s)	1	2	8	t)	1	2	8	u)	1	2	8	
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s)	1	2	8																																																																																																				
t)	1	2	8																																																																																																				
u)	1	2	8																																																																																																				
481	<p>CHECK 480 (CATEGORIES 'g' THROUGH 'u'):</p> <p align="center">NOT A SINGLE 'YES' <input type="checkbox"/> AT LEAST ONE 'YES' <input type="checkbox"/></p>		483																																																																																																				
482	<p>Did (NAME FROM 479) eat any solid, semi-solid, or soft foods yesterday during the day or at night?</p> <p>IF 'YES' PROBE: What kind of solid, semi-solid or soft foods did (NAME) eat?</p>	<p>YES 1</p> <p align="center">(GO BACK TO 480 TO RECORD FOOD EATEN YESTERDAY)</p> <p align="center">(THEN CONTINUE TO 483)</p> <p>NO 2</p>	501A																																																																																																				
483	<p>How many times did (NAME FROM 479) eat solid, semi-solid, or soft foods yesterday during the day or at night?</p> <p>IF 7 OR MORE TIMES, RECORD '7'.</p>	<p>NUMBER OF TIMES <input type="text"/></p> <p>DON'T KNOW 8</p>																																																																																																					

SECTION 5A. CHILD IMMUNIZATION (LAST BIRTH)			
NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
501A	CHECK 215 IN THE BIRTH HISTORY: ANY BIRTHS IN 2008-2011 E.C.? ONE OR MORE BIRTHS <input type="checkbox"/> NO BIRTHS IN 2008-2011 E.C. <input type="checkbox"/>		→ 616
502A	RECORD THE NAME AND BIRTH HISTORY NUMBER FROM 212 OF THE LAST CHILD BORN IN 2008-2011 E.C. NAME OF LAST BIRTH _____ BIRTH HISTORY NUMBER _____		
503A	CHECK 216 FOR CHILD: LIVING <input type="checkbox"/> DEAD <input type="checkbox"/>		→ 501B
504A	Do you have a card, mother and child book, 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 → 507A
505A	Did you ever have a vaccination card or mother and child book for (NAME)?	YES 1 NO 2	
506A	CHECK 504A: CODE '2' CIRCLED <input type="checkbox"/> CODE '4' CIRCLED <input type="checkbox"/>		→ 511A
507A	May I see the card, mother and child book 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)			
NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	NAME OF LAST BIRTH _____ BIRTH HISTORY NUMBER _____		
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 _____ INACTIVATED POLIO VACCINE (IPV) _____ DPT-HEP.B-HIB/Pentavalent 1 _____ DPT-HEP.B-HIB/Pentavalent 2 _____ DPT-HEP.B-HIB/Pentavalent 3 _____ PCV/Pneumococcal 1 _____ PCV/Pneumococcal 2 _____ PCV/Pneumococcal 3 _____ ROTAVIRUS 1 _____ ROTAVIRUS 2 _____ MEASLES 1 _____ MEASLES 2 _____ VITAMIN A (MOST RECENT) _____	DAY MONTH YEAR [Grid for recording dates]	
509A	CHECK 508A: 'BCG' TO 'MEASLES 2' ALL RECORDED? NO <input type="checkbox"/> YES <input type="checkbox"/>		→ 525A
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.	YES 1 (PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 508A THEN WRITE '00' IN THE CORRESPONDING DAY COLUMN FOR ALL (THEN SKIP TO 525A) NO 2 DONT KNOW 8 (WRITE '00' IN THE CORRESPONDING DAY COLUMN FOR ALL VACCINATIONS NOT GIVEN) (THEN SKIP TO 525A)	→ 525A
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 NO 2 DONT KNOW 8	→ 525A
512A	Has (NAME) ever received a BCG vaccination against tuberculosis, that is, an injection in the right arm or shoulder that usually causes a scar?	YES 1 NO 2 DONT KNOW 8	
514A	Has (NAME) ever received oral polio vaccine, that is, about two drops in the mouth to prevent polio?	YES 1 NO 2 DONT KNOW 8	→ 517A
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 _____	
516A1	The last time (NAME) received the polio drops, did (NAME) also get an IPV injection in the right thigh to protect against polio?	YES 1 NO 2 DONT KNOW 8	
517A	Has (NAME) ever received a DPT-HEP.B-HIB/Pentavalent vaccination, that is, an injection given in the left thigh sometimes at the same time as polio	YES 1 NO 2 DONT KNOW 8	→ 519A
518A	How many times did (NAME) receive the DPT-HEP.B-HIB/Pentavalent vaccine?	NUMBER OF TIMES _____	
519A	Has (NAME) ever received a PCV/Pneumococcal vaccination, that is, an injection in the right thigh to prevent pneumonia?	YES 1 NO 2 DONT KNOW 8	→ 521A
520A	How many times did (NAME) receive the PCV/Pneumococcal vaccine?	NUMBER OF TIMES _____	
521A	Has (NAME) ever received a rotavirus vaccination, that is, liquid in the mouth to prevent diarrhea?	YES 1 NO 2 DONT KNOW 8	→ 523A
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 left arm to prevent measles?	YES 1 NO 2 DONT KNOW 8	→ 525A
524A	How many times did (NAME) receive the measles vaccine?	NUMBER OF TIMES _____	
525A	In the last six months, was (NAME) given a vitamin A dose like [this/any of these]?	YES 1 NO 2 DONT KNOW 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 2008-2011 E.C.? MORE BIRTHS IN 2008-2011 E.C. <input type="checkbox"/> NO MORE BIRTHS IN 2008-2011 E.C. <input type="checkbox"/>		→ 600																																																																								
502B	RECORD THE NAME AND BIRTH HISTORY NUMBER FROM 212 OF THE NEXT-TO-LAST CHILD BORN IN 2008-2011 E.C. NAME OF NEXT-TO-LAST BIRTH: _____ BIRTH HISTORY NUMBER: <input type="text"/> <input type="text"/>																																																																										
503B	CHECK 216 FOR CHILD: LIVING <input type="checkbox"/> DEAD <input type="checkbox"/>		→ 526B																																																																								
504B	Do you have a card, mother and child book, 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		→ 507B → 507B																																																																								
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SECTION 6. INFORMATION ABOUT HEALTH FACILITY WHERE VACCINATION CARDS ARE KEPT

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
600	CHECK 504A, 507A, 504B AND 507B: VACCINATION CARD SEEN? NO CARD AND NO OTHER DOCUMENT SEEN <input type="checkbox"/> CARD OR OTHER DOCUMENT SEEN <input type="checkbox"/>		616
601	Did any of your children born in 2008 E.C. or later 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	616
602	<p>ASK RESPONDENT FOR CONSENT TO COPY VACCINATION DATES FROM THE CHILDREN'S HEALTH CARDS OR FAMILY FOLDER OR IMMUNISATION REGISTRATION BOOK KEPT IN A HEALTH FACILITY</p> <p>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, family folder or immunisation registration book 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 card, family folder or immunisation registration book 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.</p> <p>Do you have any questions?</p> <p>Will you allow (NAME OF CHILD) to have his/her vaccination records copied from his/her health card, family folder or immunisation registration book kept at the health facility?</p>		
603	CIRCLE THE CODE AND SIGN YOUR NAME.	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 5px; width: 45%;"> <p align="center">(LAST BIRTH)</p> <p>GRANTED 1</p> <p>(SIGN) ←</p> <p>REFUSED 2</p> <p>(THEN SKIP TO 615)</p> </div> <div style="border: 1px solid black; padding: 5px; width: 45%;"> <p align="center">(NEXT-TO-LAST BIRTH)</p> <p>GRANTED 1</p> <p>(SIGN) ←</p> <p>REFUSED 2</p> <p>(THEN SKIP TO 615)</p> </div> </div>	
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.			
604	BIRTH HISTORY NUMBER OF EACH CHILD BORN IN 2008 E.C. OR LATER FROM 212 IN BIRTH HISTORY.	BIRTH HISTORY NUMBER <input type="text"/>	BIRTH HISTORY NUMBER <input type="text"/>
605	CHILD'S FULL NAME FROM 212	<input type="text"/>	<input type="text"/>
606	CHILD'S DATE OF BIRTH FROM 215	DAY <input type="text"/> MONTH <input type="text"/> YEAR <input type="text"/>	DAY <input type="text"/> MONTH <input type="text"/> YEAR <input type="text"/>
607	CHILD'S AGE FROM 217	AGE <input type="text"/>	AGE <input type="text"/>
607A	Insert health card number for (NAME OF CHILD) IF UNAVAILABLE WRITE '00'	<input type="text"/>	<input type="text"/>
608	What name was used at the health facility where (NAME) was last vaccinated?	<input type="text"/>	<input type="text"/>
609	What is your first and last name?	<input type="text"/>	<input type="text"/>
610	What is the first and last name of (NAME's) father?	<input type="text"/>	<input type="text"/>
611	What is the name of the health facility where (NAME's) last vaccination was administered?	<input type="text"/>	<input type="text"/>
612	What is the location (Kebele, Town, Woreda), where (NAME's) last vaccination was administered?	KEBELE <input type="text"/> TOWN <input type="text"/> WOREDA <input type="text"/>	KEBELE <input type="text"/> TOWN <input type="text"/> WOREDA <input type="text"/>
613	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.	<input type="text"/>	<input type="text"/>
614	What is the name of the Doctor/health officer that vaccinated (NAME) at the health facility?	<input type="text"/>	<input type="text"/>
615		GO BACK TO 604 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 616.	GO TO 604 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE CHILD GO TO 616.
616	RECORD THE TIME.	HOURS <input type="text"/> MINUTES <input type="text"/>	<input type="text"/>

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
