

ETHIOPIA MINI DEMOGRAPHIC AND HEALTH SURVEY 2019
 HEALTH FACILITY QUESTIONNAIRE

 ETHIOPIA
 ETHIOPIAN PUBLIC HEALTH INSTITUTE

IDENTIFICATION												
NAME OF HEALTH FACILITY _____												
HEALTH FACILITY LOCATION _____												
KEBELE	_____											
TOWN	_____											
WOREDA	_____											
ZONE	_____											
REGION	_____											
LOCATION DESCRIPTION _____												
CLUSTER NUMBER			<table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> </table>								
HOUSEHOLD NUMBER			<table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> </table>								
LINE NUMBER OF WOMAN			<table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>								
BIRTH HISTORY NUMBER OF CHILD			<table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>								
NAME OF CHILD _____												
HEALTH CARD NUMBER OF CHILD _____												
CHILD'S DATE OF BIRTH (DAY, MONTH, AND YEAR)				<table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>								
				DAY								
				MONTH								
				YEAR								
NAME OF MOTHER _____												
NAME OF FATHER _____												
HEALTH FACILITY VISITS												
	1	2	3	FINAL VISIT								
DATE	_____	_____	_____	DAY <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>								
INTERVIEWER'S NAME	_____	_____	_____	MONTH <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>								
RESULT*	_____	_____	_____	YEAR <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>								
NEXT VISIT: DATE	_____	_____	_____	INT. NO. <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>								
TIME	_____	_____	_____	RESULT* <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>								
*RESULT CODES: 1 COMPLETED 2 FACILITY NOT FOUND 3 HEALTH FACILITY PERMANENTLY CLOSED 4 TOO FAR TO BE VISITED				5 HEALTH FACILITY TEMPORARILY CLOSED 6 HEALTH FACILITY PERSONNEL NOT AVAILABLE 7 ACCESS TO RECORDS DENIED 8 RECORD NOT FOUND FOR THIS CHILD								
HEALTH FACILITY PERSONNEL SIGNATURE: _____				9 OTHER _____ SPECIFY								
HEALTH FACILITY PERSONNEL TITLE: _____				DATE: _____								

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. As part of this survey, we would like to visit health facilities in which children born in 2008 E.C. or later were 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 card, family folder or immunization registration book 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)?	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 6 (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>INACTIVATED POLIO VACCINE (IPV)</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 1</td><td></td><td></td><td></td></tr> <tr><td>MEASLES 2</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				INACTIVATED POLIO VACCINE (IPV)				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 1				MEASLES 2				VITAMIN A (MOST RECENT)				
	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																																																																											
INACTIVATED POLIO VACCINE (IPV)																																																																											
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 1																																																																											
MEASLES 2																																																																											
VITAMIN A (MOST RECENT)																																																																											
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 6 (SPECIFY)																																																																									
106	RECORD THE TIME.	HOURS MINUTES																																																																									

ETHIOPIA
ETHIOPIAN PUBLIC HEALTH INSTITUTE

LANGUAGE OF
QUESTIONNAIRE **ENGLISH**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
100	What is your name?	NAME _____	
101	RECORD FIELDWORKER NUMBER	NUMBER <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
INSTRUCTIONS Information on all EMDHS field workers is collected as part of the EMDHS survey. Please fill out the questions below. The information you provide will be part of the survey data file; however, your name will be removed and will not be part of the data file. Thank you for providing the information needed.			
102	In what region and zone do you live in?	REGION CODE <input type="text"/> <input type="text"/> ZONE CODE <input type="text"/> <input type="text"/>	
103	Do you live in a city, town, or rural area?	CITY 1 TOWN 2 RURAL 3	
104	How old are you? RECORD AGE IN COMPLETED YEARS.	AGE <input type="text"/> <input type="text"/>	
105	Are you male or female?	MALE 1 FEMALE 2	
106	What is your current marital status?	CURRENTLY MARRIED 1 LIVING WITH A MAN/WOMAN 2 WIDOWED 3 DIVORCED 4 SEPARATED 5 NEVER MARRIED OR LIVED WITH A MAN/WOMAN 6	
107	How many living children do you have? INCLUDE ONLY CHILDREN WHO ARE YOUR BIOLOGICAL CHILDREN.	LIVING CHILDREN <input type="text"/> <input type="text"/>	
108	Have you ever had a child who died?	YES 1 NO 2	
109	What is the highest level of school you attended: primary, secondary, technical/vocational, or higher?	PRIMARY 1 SECONDARY 2 TECHNICAL/VOCATIONAL 3 HIGHER 4	
110	What is the highest grade or year you completed at that level? IF COMPLETED LESS THAN ONE YEAR AT THAT LEVEL, RECORD '00'.	GRADE/YEAR <input type="text"/> <input type="text"/>	
111	What is your religion?	ORTHODOX 01 CATHOLIC 02 PROTESTANT 03 MUSLIM 04 TRADITIONAL 05 NO RELIGION 95 OTHER 96 (SPECIFY)	
113	What languages can you speak? RECORD ALL LANGUAGES YOU CAN SPEAK.	AMARIGNA A TIGRIGNA B OROMIFFA C AFARIGNA D SOMALIGNA E OTHER X (SPECIFY)	
114	What is your mother tongue/native language (language spoken at home growing up)?	AMARIGNA 01 TIGRIGNA 02 OROMIFFA 03 AFARIGNA 04 SOMALIGNA 05 OTHER 96 (SPECIFY)	
115	Have you ever worked on a DHS survey prior to this one?	YES 1 NO 2	
116	Have you ever worked on any other survey prior to this one (not a DHS)?	YES 1 NO 2	
117	Were you already working for EPHI or CSA at the time you were employed to work on this DHS?	YES, EPHI 1 YES, CSA 2 NO 3	→ 119
118	Are you a permanent or temporary employee of EPHI or CSA?	PERMANENT 1 TEMPORARY 2	
119	If you have comments, please write them here.		

