NATIONAL HEALTH EQUITY SURVEY2022 **English Version: 18 Sep. 2022**
ETHIOPIA

ETHIOPIAN PUBLIC HEALTH INSTITUTE

Household listing form for National Health Equity Survey

Enumerator Code: _____

Part 1.**Area Identification**

1		2		3		4		5
Region		Zone/sub city		Woreda		Kebele		Enumeration Area
Name	Code	Name	Code	Name	Code	Name	Code	Code

Part 2. Household listing

6	7	8		9	10		11		12	13
HH S. Number	Name of Head of Household	Sex		Family Size	Is there woman age 15-49?		Is there child age 0-4 in complete year or 0-59 months?		Eligible HH (having Woman age 15-49 and child age 0-4 in complete year or 0-59 months) Serial Number	Selected HH Number
		Male	Female		Yes	No	Yes	No		
001										
002										
003										
004										

	Name	Signature	Date
Data Collector			
Team Leader			
Field supervisor			

Eligible Selected households

Total Households _____

Eligible Households **(having woman age 15-49 and child age 0-4 in complete year or 0-59 months)** _____

Selected Households

Household Serial Number (Superimpose from column 6 of part two)	**Name of head of HHs (Superimpose from column 7 of Part two)**	**Selection sequence (Superimpose from column 13 of part two)**	**Remark**

	Name	Signature	Date
Data Collector			
Team Leader			
Field supervisor			

Tool 1: HOUSEHOLD QUESTIONNAIRE FOR PARTICIPATING IN HOUSEHOLD QUANTITATIVE STUDY

INTRODUCTION AND CONSENT

Greeting. My name is _____. I am working with the Ethiopian Public Health Institute. We are conducting a National Health Equity Survey 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 60 to 70 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 below:

- Arega Zeru, Principal Investigator
  Phone:+251911889543
  E-mail: aregazeru@gmail.com
  P.O.Box 1242, Addis Ababa, Ethiopia
- Ibrahim Kedir, EPHI-IRB
  Phone: +251911957161/EPHI-IRB Tel: 251118685503/15
  E-mail: ibro.kedir@yahoo.com
  P.O.Box: 1242, Addis Ababa, Ethiopia

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➡

- I confirm that I have explained the nature and purpose of the study and answered all questions and attained informed consent to participate in the interview.

_____	_____	_____
Name of Person Obtaining Consent	Date	Signature

SECTION 1: Selected Household head/Substitute Interview
IDENTIFICATION INFORMATION:

Interviewer Name: _____Interviewer ID:_____
Interviewee/respondent Name: _____Household Number _____
Date of Interview: DD/MM/YYYY Time Started _____

Section 1A: Socio-demographic characteristics of household questionnaire

S.No	QUESTIONS AND FILTERS	CODING CATEGORIES		SKIP
101.	101A.Region and location	A)Region:_____ 2. Afar 3. Amhara 4. Oromia 5. Ethiopia Somali 6. BeniShangul-Gumuz 7. SNNPR 8. Sidama 9. SW-Ethiopia 12. Gambela 13. Hareri 14. Addis Ababa 15. Dire-Dawa B)Zone/Subcity:_____ C)Woreda:_____ D)Kebele:_____ E) Residence: 1.Urban 2. Rural F)Enumeration Area (EA):_____ G)1.Take GPS Automatically: Latitude:_____Longitude:___Altitude:___ 2.Inter GPS manually: Latitude:_____Longitude:___Altitude:___		

101B. List of family members and respective characteristics

Line Number	Usual residents	Relationship to head of household	Sex	Age	Eligibility		Checking existence of disability
B01	**B02**	**B03***	**B04**	**B05**	**B06**	**B07**	**B08****
	Please give me the names of the persons who usually live in your household starting with the head of the household	What is the relationship of (NAME) to the head of household?	Record1 for male and 2 for Female	If less than 1 year record '00'. If 95 or more record '95'.	Record 1 on line number of all women age 15-49 and 2 for else.	Record 1 on line number of all children age 0-4 in complete year or 0-59 months and 2 for else.	Has (NAME) disability problem or normal? For normal record code 1. If there is disability problem record corresponding code of disability type.
01							
02							
03							
04							
05							
06							
07							
08							
09							
10							
11							

NB:*CODES FOR Q. B03: RELATIONSHIP TO HEAD OF HH: ****Codes for QB08:**

01=Head **05=Grandchild** **09= other relative** **1= Normal (no disability problem)**

02=Wife or husband **06=Parent** **10 = adopted/foster/stepchild** **2 =Blindness/loss of vision/difficulty seeing**

03=Son or daughter **07=Parent-in-law** **11= Not related** **3= Loss of a limb/difficulty walking/ locomotor disability**

04=Son-in-law or daughter-in-law **08= Niece/nephew** **99 = Don't know** **4= Hearing impairment/deaf or hard of hearing/difficulty hearing**

S.No	QUESTIONS AND FILTERS	CATEGORIES AND CODES			SKIP
102.	Sex of the respondent	Male	…..	1	Check Q101B, B03=01 and B04=1 or 2 of respondent
		Female	…..	2	
103.	How old are you in your last birthday?	Age in completed years	_____		Check Q101B eligibility and age of respondent
104.	Marital status	Single	…..	1	
		Co-habitation	…..	2	
		Married	…..	3	
		Widowed	…..	4	
		Divorced/Separated	…..	5	
105.	Religion	Orthodox	…..	1	
		Protestant	…..	2	
		Muslim	…..	3	
		Catholic	…..	4	
		Other (specify) _____	…..	5	
106.		No education at all	…..	1	

	What is the highest level of school you attended?	Attend primary (1-8 grade)	…..... 2	
		Secondary (9-12 grade)	**…..** 3	
		Technical/Vocational	**…..** 4	
		Higher education	…..... 5	
107.	Occupation of the respondent	Government employee	…..... 1	
		Private employee	…….. 2	
		Non-government employee	…….. 3	
		Merchant/Trader	…..... 4	
		Farmer/pastoralist	…..... 5	
		Homemaker/housewife	…..... 6	
		Student	…..... 7	
		Laborer	…..... 8	
		Unemployed	…..... 9	
		Other(specify)_____	…..... 10	
108.	Family size	In number= A. Male_____ (Count of 101B column No.B04=1) B. Female_____(Count of 101B column No.B04=2) C. Total_____(Count of 101B column No.B01)		Check Q 101B family size by sex, and total
109.	What is your average annual family/household income? (***Probe: Based on the income source in the last 12 months, estimate all HH income.***)	Income in Birr _____ Refused……999999999		
SECTION1B: HOUSEHOLD WELFARE (ECONOMIC STATUS)				
Water Sanitation and Hygiene				
110.	What is the main source of drinking water for members of your household?	**Piped Water**		
		Piped Into Dwelling	…..... 1	**Skip to113**
		Piped To Yard/Plot	…..... 2	
		Piped To Neighbor	…..... 3	
		Public Tap/Standpipe	…..... 4	
		Tube Well Or Borehole	…..... 5	
		Dug Well		
		Protected Well	…..... 6	
		Unprotected Well	…..... 7	
		Water From Spring		
		Protected Spring	…..... 8	
		Unprotected Spring	…..... 9	
		Rainwater	…..... 10	
		Tanker Truck	…..... 11	
		Cart With Small Tank	12	
		Surface Water (River/Dam/ Lake/Pond/Stream/Canal)	…..... 13	
		Irrigation Canal	…..... 14	
		Bottled Water	…..... 15	**Skip to113**
		Other (Specify) _____	…..... 16	

111.	Where is that water source located?	In Own Dwelling	.....	1	**Skip to113**
		In Own Yard/Plot	.....	2	
		Elsewhere	.....	3	
112.	How long does it take to go there on foot to get water, and come back?	**KM/Minute** A.In Kilometer_____ B.In Minutes_____	**Don't Know** 99 999		
113.	Are you using household level water treatment method?	Yes	.....	1	
		No	.....	2	skip to 115
114.	If yes to 113, type of water treatment methods	Using chemicals	.....	1	
		Boiling	.....	2	
		Use filtering	.....	3	
		Other (specify) ___	.....	4	
115.	What type of solid waste management system is used for your household?	Soil pit/burning in the yard	.....	1	
		Open field	.....	2	
		Use municipality collection	.....	3	
		Other (Specify) _____	.....	4	
116.	What kind of toilet facility do members of your household usually use? [***Observe the existing toilet facility***]	**Flush Or Pour Flush Toilet**			
		Flush To Piped Sewer System	.....	1	
		Flush To Septic Tank	.....	2	
		Flush To Pit Latrine	.....	3	
		Flush To Somewhere Else	.....	4	
		Flush, Don't Know Where	.....	5	
		Pit Latrine			
		Ventilated Improved Pit Latrine	.....	6	
		Pit Latrine with Slab	.....	7	
		Pit Latrine Without Slab/Open	.....	8	
		Composting Toilet	.....	9	
		Bucket Toilet	.....	10	
		Hanging Toilet/Hanging Latrine	.....	11	
		No Facility/Bush/Field	.....	12	
		Other (Specify)_____	.....	13	Skip to 120
117.	Do you share this toilet facility with other households?	Yes	.....	1	
		No	.....	2	**Skip to 119**
118.	Including your own household, how many households use this toilet facility?	Number of households_____			
		Don't Know	.....	99	
119.	Where is this toilet facility located?	In Own Dwelling	.....	1	
		In Own Yard/Plot	.....	2	
		Elsewhere	.....	3	
120.	What type of fuel does your household mainly use for cooking?	Electricity	.....	1	
		Liquefied petroleum gas (LPG)	.....	2	
		Natural Gas	.....	3	
		Biogas	.....	4	
		Kerosene	.....	5	
		Charcoal	.....	6	
		Wood	.....	7	
		Straw/Shrubs/Grass	.....	8	
		Agricultural Crop	.....	9	
		Animal Dung	.....	10	
		No Food Cooked In Household	.....	11	**Skip to123**
		Other (Specify) _____	.....	12	

121.	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 (Specify)_____ …............. 4		Skip to123
122.	Do you have a separate room which is used as a kitchen?	Yes	…............. 1	
		No	…............. 2	
123.	How many rooms in this household are used for sleeping?	Number of rooms ___________________________		
124.	Does this household own any livestock, herds, other farm animals, or poultry?	Yes	…............. 1	
		No	…............. 2	**Skip to 126**
125.	How many of the following animals have been owned by this household?	A.# of Milk Cows/Bulls/Oxen	________________	
		B.# of Horses/Donkeys or Mules	________________	
		C.# of Camels	_______________	
		D.# of Goats	_______________	
		E.# of Sheep	_______________	
		F.# of Chickens or other Poultry	________________	
		G.# of Beehives	________________	
		H.Other (specify) ________	_______________	
126.	Does any member of this household own any agricultural land?	Yes	…............. 1	
		No	…............. 2	**skip to 128**
127.	How many hectares of agricultural land do members of this household own? **(Probe:** Total cultivated land used for crops/vegetables/fruits production currently and owned by household members)	Size in Hectares______________________ Refused……………………………………..…..98 Don't know………………………..……….99		
128.	Does your household have		Yes / No	
		Electricity?	1 / 2	
		Radio?	1 / 2	
		Television?	1 / 2	
		Non-Mobile Telephone?	1 / 2	
		Computer?	1 / 2	
		Refrigerator?	1 / 2	
		Table?	1 / 2	
		Chair?	1 / 2	
		A bed with cotton/sponge/ spring mattress?	1 / 2	
		Electric Mitad?	1 / 2	
		Kerosene/Pressure Lamp?	1 / 2	

129.	Does any member of this household own		Yes	No	
		Watch?	1	2	
		Mobile Phone?	1	2	
		Bicycle?	1	2	
		Motorcycle/Scooter?	1	2	
		Animal-Drawn Cart?	1	2	
		Car/Truck?	1	2	
		Bajaji ?	1	2	
		Boat with a motor?	1	2	
130.	Does any member of this household have a bank account or microfinance savings account?	Yes	….....	1	
		No	……..	2	
131.	Is your household receiving cash or food from the Safety Net Program/others sources?	Yes	….....	1	
		No	….....	2	
132.	Is your household enrolled in a Community Based Health Insurance scheme?	Yes	….....	1	
		No	….....	2	
133.	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/	….....	3	
		Individuals	….....	4	
		Other (Specify) _____	….....	5	
134.	Observe the main material of the floor of the dwelling. **(*Record observation*)**	**Natural Floor**			
		Earth/Sand	….....	1	
		Dung	….....	2	
		Rudimentary Floor			
		Wood Planks	….....	3	
		Palm/Bamboo	….....	4	
		Finished Floor			
		Parquet Or Polished Wood	….....	5	
		Vinyl Or Asphalt Strips	….....	6	
		Ceramic Tiles	….....	7	
		Cement	….....	8	
		Carpet	….....	9	
		Other (Specify) _____	….....	10	

135.	Observe the main material of the roof of the dwelling. (***Record Observation***)	**Natural Roofing**			
		No Roof	…..	1	
		Thatch/Palm Leaf	…..	2	
		Sod	…..	3	
		Rudimentary Roofing	…..		
		Rustic Mat	…..	4	
		Palm/Bamboo	…..	5	
		Wood Planks	…..	6	
		Cardboard	…..	7	
		Finished Roofing			
		Corrugated Iron/Metal	…..	8	
		Wood	…..	9	
		Calamine/Cement Fiber	…..	10	
		Ceramic Tiles	…..	11	
		Cement	…..	12	
		Roofing Shingles	…..	13	
		Other (Specify) _____	…..	14	
136.	Observe the main material of the exterior walls of the dwelling. ***(Record Observation)***	**Natural Walls**			
		No Walls	…..	1	
		Cane/Palm/Trunks/ Bamboo/Reed	…..	2	
		Dirt	…..	3	
		Rudimentary Walls			
		Bamboo/Wood with Mud	…..	4	
		Stone with Mud	…..	5	
		Uncovered Adobe	…..	6	
		Plywood	…..	7	
		Cardboard	…..	8	
		Reused Wood	…..	9	
		Finished Walls			
		Cement	…..	10	
		Stone with Lime/Cement	…..	11	
		Bricks	…..	12	
		Cement Blocks	…..	13	
		Covered Adobe	…..	14	
		Wood Planks/Shingles	…..	15	
		Other (Specify) _____	…..	16	
ITN UTILIZATION					
137.	Is there an insecticide-treated mosquito net (ITN) for prevention of malaria in your household?	Yes	…..	1	
		No	…..	2	skip to 141
138.	How many ITNs do have in your household?	In Numbers_____			

139.	Among your household members, for whom do you give priority for ITN use?	Only for pregnant mother	….....	1	
		Only for under five children	….....	2	
		For both pregnant mother and under five children	….....	3	
		Equally used by all household members	….....	4	
		None	----------	5	
140.	Among your household members, who do always use the ITN?	Pregnant mother	….....	1	Skip to 142
		Under five children	….....	2	
		Both pregnant mother and under five children		3	
		By all household members	….....	4	
		None of family members	….....	5	
141.	If Q137 is 'No', why?	ITN not available	….....	A	
		Lack of awareness	….....	B	
		Fear of side effect	….....	C	
		Uncomfortable to use	….....	D	
		The area is not endemic for malaria		E	
		Other (specify) ___	….....	F	
SECTION 1C: SELF-REPORTED INDIVIDUAL AND FAMILY HEALTH STATUS (respondent-household head)					
142.	How do you rate the health status of yourselves?	Very poor	….....	1	
		Poor	….....	2	
		Neutral	….....	3	
		Good	….....	4	
		Very good	….....	5	
143.	Did you encounter any illness in the last 12 months that you could remember it?	Yes	….....	1	
		No	….....	2	**Skip to 153**
143A	What was the illness? (***Probe for any condition the needs medical attention***)	_____			
144.	If yes to Q143, did you seek medical treatment for the recent illness?	Yes	….....	1	**Skip to 145**
		No	….....	2	
144A	If you say 'No' for Q 144, why?	Lack of finance	……	A	
		Disability problem to go to health facility/communication	……	B	
		Health facility is too far from home	……	C	
		It was not serious to seek treatment	……	D	
		Other specify: ----------	----------	E	
145.	Did you get treatment for the recent illness?	Yes	….....	1	**Skip to 147**
		No	….....	2	
146.	If you say 'No' for Q 145, why?	Lack of finance	……	A	**Skip to 152**
		Disability problem to go to health facility/communication	……	B	
		Health facility is too far from home	……	C	
		It was not serious to seek treatment	……	D	
		Other specify: ----------	----------	E	
147.	Where did you get treatment for the recent episode of disease?	Home based care	….....	A	Skip to 151
		Local drug vender/pharmacy	….....	B	Skip to 151

	[WITHOUT READING RECORD THAT ALL MENTIONED]	Private Heath Facility	….....	C	
		Government hospital	….....	D	
		Government health center	….....	E	
		Government health post	….....	F	
		NGO health facility	….....	G	
		Traditional healer	….....	H	Skip to 151
		Other (specify)	….....	I	
148.	If you choose C or D or E or F or G in Q147, why did you prefer that health facility? [WITHOUT READING RECORD THAT ALL MENTIONED]	The health facility was easily accessible	….....	A	
		The cost at health facility was not expensive	….....	B	
		The health facility not too crowded	….....	C	
		The health service was courteous	….....	D	
		The health service was efficacious/effective	….....	E	
		Assigned by health insurance agency	….....	F	
		Other (specify)____	….....	G	
149.	Who checked on your health in that health facility? [PROBE FOR MOST QUALIFIED PERSON.]	Doctor	….....	1	
		Nurse	….....	2	
		Midwife	….....	3	
		Health officer	….....	4	
		Health extension worker	….....	5	
		Other (Specify):_____	….....	6	
		Don't know	----------	99	
150.	How do you perceive quality of the health care service that you had got from the health facility for the recent episode of the disease? (**Probe**: evaluate overall health care service like infrastructure facilitation, advice received, waiting time, treatment)	Very poor	……..	1	
		Poor	……..	2	
		Neutral	……	3	
		Good	……..	4	
		Very good	……..	5	
151.	Where did you get the money to pay for the recent episode treatment services? and how much was paid from each source? [WITHOUT READING RECORD THAT ALL MENTIONED]	**Source of money**	**Amount in birr**	DK	
		A.Had own cash available	_____	999999	
		B. Friends, family members, relatives (assistance), and Neighborhood contributions	_____	999999	
		C. Borrowed money/credit	_____	999999	
		D. Private health insurance (paid directly to provider)	_____	999999	
		E. Sold household assets	_____	999999	
		F. Waived/exempted/free	_____	999999	
		G. Reimbursed by my employer	Not applicable	999999	
		H. Community based health insurance	_____	999999	
		I. Other (specify): _____	_____	999999	
		J. Don't Know	Not Applicable	999999	

152.	How much money you paid for health services from your pocket in the last 12 months? **(Include both respondent and family member's out of pocket payments (OOPs)**	Amount in Birr _____ I did not remember ….....999999	

153.	Do you have any disability? [**It is impairment in a person's body structure or function; examples impairments include loss of a limb, loss of vision or memory loss. Activity limitation, such as difficulty seeing, hearing, walking, or problem solving**.]	Yes No	…… 1 …… 2			**Check Q101B, B08 the physical status of the respondent**
154.	Is/are there other person/s with disability in your household?	Yes No	……... 1 ……... 2			**Check Q101B, B08 the physical status of any of the family member** **Skip to 156**
155.	If there is/are other person with disability in your HH, how many are there?	Number of disabled individuals_____				Count Q101B, Column B01 if B08=2,3, and/or 4
156.	What is the nearest conventional health institution to your home?	Government health post	……... 1			
		Government health center	……... 2			
		Government hospital	……... 3			
		NGO health facility	……... 4			
		Private health facility	……... 5			
157.	How long does it take on foot (round trip) the nearby health facility from your home?	In minutes_____ **Don't know_____ 999**				

158.	Overall, satisfaction with medical care and treatment	**Very dissatisfied**	**Dissatisfied**	**Neutral**	**Satisfied**	**Very satisfied**
		1	2	3	4	5
	158A.Medical care and treatment provided					
	158B. Amount of expenses in health facility compared with the medical care received					

INTRODUCTION AND CONSENT

Greeting. My name is _____. I am working with the Ethiopian Public Health Institute. We are conducting a National Health Equity Survey 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 60 to 70 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 below:

- Arega Zeru, Principal Investigator
  Phone:+251911889543
  E-mail: aregazeru@gmail.com
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  Phone: +251911957161/EPHI-IRB Tel: 251118685503/15
  E-mail: ibro.kedir@yahoo.com
  P.O.Box: 1242, Addis Ababa, Ethiopia

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 ➡

- I confirm that I have explained the nature and purpose of the study and answered all questions and attained informed consent to participate in the interview.

_____	_____	_____
Name of Person Obtaining Consent	Date	Signature

SECTION 2: MATERNAL HEALTH SERVICES UTILIZATIONS (ELIGIBLE RESPONDENT IDENTIFIED FROM HH AGE 15-49 WOMAN) **SECTION 2A: SOCIO-DEMOGRAPHIC CHARACTERISTICS**			
S.No	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
201.	Age of woman (***ASK THE ELDEST WOMAN IF THERE ARE MORE THAN ONE WOMEN WHOSE AGE 15-49 IN THE HOUSEHOLD)***	Age in completed years_____ **(Check 101B, B05)**	If Q102 is 2 and the same woman, skip to Q214
202.	Woman's educational status	No education at all ..... 1 Attend primary (1-8 grade) ..... 2 secondary (9-12 grade) ..... 3 Technical/Vocational ..... 4 Higher education 5	
203.	Marital status	Single ..... 1 Co-habitation ..... 2 Married ..... 3 Widowed ..... 4 Divorced/separated 5	
204.	Religion	Orthodox ..... 1 Protestant ..... 2 Muslim ..... 3 Catholic ..... 4 Other (specify) 5	
205.	Occupation	Government employee ..... 1 Private employee ..... 2 Non-government Employee ..... 3 Merchant/Trader ..... 4 Farmer ..... 5 Homemaker/housewife ..... 6 Student ..... 7 Laborer ..... 8 unemployed 9 Other(specify)_____ 10	
206.	Do you have any disability? [**It is impairment in a person's body structure or function, or mental functioning; examples impairments include loss of a limb, loss of vision or memory loss. Activity limitation, such as difficulty seeing, hearing, walking, or problem solving**.]	Yes ..... 1 No 2	Check 101B, B08=2, 3, or 4
SECTION 2B. REPRODUCTION			
214	Have you ever given birth?	Yes ..... 1 No 2	Skip to section 2C, Q218
215	How many children have you ever given birth?	In number_____	
216	How many are alive?	In number _____	
217	How many of your children are under-five now? ENTER THE NUMBER OF BIRTHS IN 2010-2015E.C.	Number of under 5 children _____ None 0	

SECTION 2C: Family Planning Utilization					
218	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)? [**PROBE AND RECORD ALL THAT APPLY**]	**Female Sterilization.**	……	A	
		Male Sterilization.	……	B	
		IUD	……	C	
		Injectable.	……	D	
		Implants.	……	E	
		Pill.	……	F	
		Male Condom.	……	G	
		Female Condom.	……	H	
		Emergency Contraception.	……	I	
		Standard Days Method.	……	J	
		Lactational Amenorrhea Method (LAM)…. K			
		Rhythm Method.	……	L	
		Withdrawal	……	M	
		Other ways or methods used by women or men:			
		-Yes, modern method (**Specify**)**……..…….N**			
		-Yes, traditional method (**Specify**)……..….O			
		-No……..……..……..……..P			
219	Are you pregnant now?	Not pregnant or Unsure		1	
		Pregnant……		2	Skip to 223
220	Are you or your partner currently doing something or using any method to delay or avoid getting pregnant?	Yes	….....	1	
		No	….....	2	skip to 222
221	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	Skip to 221A
		Male sterilization	….....	B	
		IUD	….....	C	
		Injectables	….....	D	
		Implants	….....	E	
		Pill	….....	F	
		Male condom	….....	G	
		Female condom	….....	H	
		Emergency contraception	….....	I	
		Standard days method	….....	J	Skip to 221B
		Lactational amenorrhea method	….....	K	
		Rhythm method	….....	L	
		Withdrawal	….....	M	Skip to 223
		Other modern method (specify)_____	….....	N	
		Other traditional method (Specify)____	….....	O	
221A	**Where did you obtain (METHOD FROM Q.221) in the last time?** IF MORE THAN ONE METHOD CIRCLED IN Q.221, ASK ABOUT THE METHOD THAT IS HIGHEST IN PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE WHETHER PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.	**Public Sector**			
		Government Hospital	……	1	
		Government Health Center	…….	2	
		Government Health Post	….....	3	
		Public Pharmacy	….....	4	
		Other Public Sector (specify):_____	….....	5	
		NGO			
		NGO Health Facility	……..	6	
		Other NGO (Specify):___	……..	7	
		Private Medical Sector			
		Private Hospital	…….....	8	
		Private Clinic	……..	9	
		Pharmacy	…….	10	
		Other Private Medical Sector (Specify):_____	…….	11	

		Other Source			
		Shop	……	12	
		Friend/Relative	……	13	
	(NAME OF PLACE)	Other (Specify):_____	……	14	
		Name of place (specify) :-_____	……..	15	
221B	Where did you learn to use the (**METHOD FROM Q.221**)? ***[IF MORE THAN ONE METHOD CIRCLED IN Q.221, ASK ABOUT THE METHOD THAT IS HIGHEST IN PROBE TO IDENTIFY THE TYPE OF SOURCE].*** IF UNABLE TO DETERMINE WHETHER PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.	Public Sector			
		Government Hospital	……	1	
		Government Health Center	…….	2	
		Government Health Post	…….....	3	
		Public Pharmacy	…….....	4	
		Other Public Sector (specify):_____	…….....	5	
		NGO			
		NGO Health Facility	……..	6	
		Other NGO (Specify):___	……..	7	
		Private Medical Sector			
		Private Hospital	…….....	8	
		Private Clinic	……..	9	
		Pharmacy	…….	10	
		Other Private Medical Sector (Specify):_____	…….	11	
	(NAME OF PLACE)	**Other Source**			
		Shop	……	12	
		Friend/Relative	……	13	
		Other (Specify):_____	……	14	
		Name of place (specify) :-_____	……..	15	
221C	How long does it take for you (round trip on foot) to travel to the nearest health facility?	**Km/Minute**	**Don't Know**		
		A.In kilometer_____	99		
		B.In minutes_____	999		
221D	Which mode of transport did you use to go to health facility in your last visit?	Walking	…….....	1	
		Motor-bicycle	…….....	2	
		Public transportation	…….....	3	
		Ambulance	…….....	4	
		own vehicle/cycle or cart		5	
		Other (specify) ___	…….....	6	
221E	What was the amount of time that you waited to see health professional when you visited the health facility? [The time from receiving the card to see the health professional]	In minutes_____			
		Don't know		999	
221F	Total waiting time in health facility in the last visit?	In minutes_____			
		Don't know…….....999			
222	If Q220 is "No", what are the reasons? [WITHOUT PROBING RECORD ALL THAT MENTIONED]	Unaware of FP methods	…….....	A	
		Religion	…….....	B	
		Lack of partner willingness	…….....	C	
		The service is not available in the area	…….....	D	
		Fear of side effect	…….....	E	
		Desired fertility	…….....	F	
		No preferred choice of FP	…….....	G	
		Other (specify):_____	…….....	H	

SECTION 2D: PREGNANCY, DELIVERY AND POSTNATAL CARE UTILIZATION

223	CHECK 217: NUMBER OF UNDER-FIVE BIRTHS.		
	ONE OR MORE BIRTHS IN 2010-2015 EC ☐ ↓	NO BIRTHS IN 2010-2015 EC ☐ →	skip to 301
	Now I would like to ask some questions about your last birth child who was born in the last five years.		
225	What is your last birth child Name?	NAME_____ DATE OF BIRTH:DD/MM/YYYY EC	

		SEX: 1. Male 2. Female	
226	Did you see anyone for antenatal care for this (last birth) pregnancy?	Yes …..... 1 No …..... 2	**Skip to 233A**
227	Whom did you see? Anyone else? PROBE TO IDENTIFY EACH TYPE OF PERSON AND RECORD ALL MENTIONED.	**Health Personnel** Doctor ….... A Nurse ….... B Midwife ….... C Health officer ….... D Health extension worker ….... E **Other Person** Traditional birth Attendant ….... F Other (Specify):____ G Don't know …… 99	
228	Where did you receive antenatal care for this (last birth) pregnancy? Anywhere else? 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)	**Home** A **Public Sector** Government hospital ….... B Government health center …... C Government health post ….... D Mobile health service team ….... E Other public sector (Specify):_____ ….... F **NGO** NGO health facility ….... G Other NGO health facility (Specify):_____ ….... H **Private Medical Sector** Private hospital. ….... I Private clinic ….... J Other private medical sector (Specify):_____ ….... K Other (Specify):_____ ….... L Name of place (specify):_____ ……. M	
228A	How long does it take for you (round trip on foot) to travel to the nearest health facility?	**Km/Minute** **Don't Know** A.In kilometer_____ 99 B.In minutes_____ 999	

228B	Which mode of transport did you use to go to health facility in your last pregnancy visit?	Walking ..... A Motor-bicycle ..... B Public transportation ..... C Ambulance ..... D own vehicle/cycle or cart E Other (specify) ___ ..... F	
229	How many months pregnant were you when you first received antenatal care for this (last birth) pregnancy?	Months_____ Don't know 99	
229A	What was the average amount of time that you waited to see health professional when you visited the health facility in your last pregnancy visit? ***[It is the amount of time from receiving the card to see the health professional]***	In minutes_____ **Don't know 999**	
229B	Total waiting time in health facility in your last pregnancy visit?	In minutes_____ Don't know 999	
230	How many times did you receive antenatal care during this (last birth) pregnancy?	Number of times_____ Don't know….....99	

231	As part of your antenatal care during this pregnancy, was any of the following done at least once: (A)Was your BP measured? (B) Was your weight measured? (C)Was your height measured? (D)Did you give a urine sample? (E)Did you give a blood sample? (F)Did any health worker counsel you about nutrition? (G) Did any health worker counsel you on pregnancy danger signs? (H) Did any health worker counsel you about birth preparedness (I) Did any health worker counsel you where to go during pregnancy complication?		**Yes**	**No**	**DK**	
		(A)BP	1	2	99	
		(B) Weight	1	2	99	
		(C)Height	1	2	99	
		(D)Urine	1	2	99	
		(E) Blood	1	2	99	
		(F) Nutritional counseling	1	2	99	
		(G) Counseling on pregnancy danger signs	1	2	99	
		(H) Counseling on birth preparedness	1	2	99	
		(I)Counseling where to go during pregnancy complication	1	2	99	

232	During this (last birth) pregnancy, were you given or did you buy any iron tablets? SHOW TABLETS.	Yes 1 No 2 Don't know 99	Skip to 234
233	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_____ Don't know 999	
233A	Reason for not getting ANC?	Service not satisfactory ..... A Long waiting periods ..... B Health professionals are not available ..... C Medicines are not available ..... D Long distance ..... E Disability problem ..... F Treatment is costy ..... G Other, specify---------- ---------- H	

234	Who assisted with the delivery of (NAME)? Anyone else? **PROBE FOR THE TYPE(S) OF PERSON(S) AND RECORD ALL MENTIONED.** **IF RESPONDENT SAYS NO ONE ASSISTED, PROBE TO DETERMINE WHETHER ANY ADULTS WERE PRESENT AT THE DELIVERY.**	**Health Personnel**			
		Doctor	……..	A	
		Nurse	……..	B	
		Midwife	……..	C	
		Health officer	……..	D	
		Health extension worker	……..	E	
		Other Person			
		Traditional birth attendant	……..	F	
		Other (Specify)_____	……..	G	
		No one assisted	……..	H	
		Don't know	……..	99	
235	Where did you give birth to (NAME)? **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)**	**Home**		1	Skip to 236
		Public Sector			
		Government Health post		2	
		Government Health center		3	
		Government Hospital		4	
		Other public sector (Specify)_		5	
		Private Medical Sector			
		Private hospital		6	
		Private clinic		7	
		Other private medical sector (Specify)_____		8	
		NGO			
		NGOs health facility		9	
		Other NGO HF (specify) ____		10	
		Name of place (specify):_____		11	
235A	How long does it take for you (round trip on foot) to travel to the nearest health facility?	**Km/Minute**		**Don't Know**	
		A.In kilometer_____		99	
		B.In minutes_____		999	
235B	Which mode of transport did you use to go to health facility in your last visit?	Walking		1	
		Motor-bicycle		2	
		Public transportation		3	
		Ambulance		4	
		own vehicle/cycle or cart		5	
		Other (specify) ___		6	
235C	What was the amount of time that you waited to see health professional when you visited the health facility? ***[It is the amount of time from receiving the card to see the health professional]***	In minutes_____ Don't know…….....999			
235D	Total waiting time in health facility in the last visit?	In minutes_____ Don't know…..... 999			Skip to 237
236	If you gave birth (NAME) at home, what was your reason to give birth at home?	No ambulance service		A	Skip to 253
		Lack of transportation fee		B	
		Uncomfortable with institutional delivery service		C	

	[WITHOUT READING RECORD ALL MENTIONED]	Health facilities are far	D		
		Precipitated delivery	E		
		Unaware about health institute delivery	F		
		Others (specify)	G		
237	What was the mode of delivery while the (NAME) delivered?	Cesarean section	1		
		Spontaneous vaginal delivery	2		
		Instrumental delivery	3		
238	I would like to talk to you about checks on your health after delivery. Did anyone check on your health while you were still in the facility?	Yes	1		
		No	2		**Skip to 241**
239	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	☐☐	
		Days	2	☐☐	
		Weeks	3	☐☐	
		Don't know	99		
240	Who checked on your health at that time? PROBE FOR MOST QUALIFIED PERSON.	**Health Personnel**			
		doctor	1		
		nurse	2		
		midwife	3		
		health officer	4		
		health extension worker	5		
		Other Person			
		Traditional birth attendant	6		
		Other(Specify):_____	7		
		Don't know	99		
241	Now I would like to talk to you about checks on (NAME)'s health after delivery (CHECK CORD, he/she OK). Did anyone check on (NAME)'s health while you were still in the facility?	Yes	1		
		No	2		**Skip to 244**
		Don't know	99		
242	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		☐☐	
		Days……..…..2		☐☐	
		Weeks……..…3		☐☐	
		Don't know…		99	
243	Who did check on (NAME)'s health at that time? PROBE FOR MOST QUALIFIED PERSON.	**Health Personnel**			
		Doctor		1	
		Nurse		2	
		Midwife		3	
		Health officer		4	
		Health extension worker		5	
		Other Person			
		Traditional birth attendant		6	
		Other (Specify):_____		7	
		Don't know ……		99	

244	Is (NAME) living or dead?	Living …… 1 Dead …… 2	 Skip to 301
245	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 health facility?	Yes …..... 1 No …..... 2	 **Skip to 249**
246	How long after delivery did that check take place? IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS.	Hours……1 ☐☐ Days……2 ☐☐ Weeks……3 ☐☐ Don't know…..99	
247	Who checked on your health at that time? PROBE FOR MOST QUALIFIED PERSON.	**Health Personnel** Doctor ….. 1 Nurse ….. 2 Midwife ….. 3 Health officer ….. 4 Health extension worker ….. 5 **Other Person** Traditional birth attendant ….. 6 Other (Specify):_____ ….. 7 Don't know …… 99	
248	Where did the check take place? **PROBE TO IDENTIFY THE TYPE OF SOURCE.** **IF UNABLE TO DETERMINE PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.** **(NAME OF PLACE)**	**Home** 1 **Public Sector** Government Health post ….. 2 Government Health center ….. 3 Government Public Hospital ….. 4 Other public sector (Specify)_____ ….. 5 **Private Medical Sector** Private hospital ….. 6 Private clinic ….. 7 Other private medical sector (SpecifY)_____ ….. 8 **NGO** NGOs health facility ….. 9 Other NGOs health facility (Specify):_____ ….. 10 Other (Specify):_____ ….. 11 Name of place …… 12	
249	I would like to talk to you about checks on (NAME)'s health after you left the facility. Did any health care provider or a traditional birth attendant check on (NAME)'s health in the two months after you left?	Yes ….. 1 No ….. 2 Don't know ….. 99	 **Skip to 253**
250	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 ☐☐ Days ….. 2 ☐☐ Weeks ….. 3 ☐☐ Don't know ….. 99	

251	Who checked on (NAME)'s health at that time? PROBE FOR MOST QUALIFIED PERSON.	**Health Personnel**			
		Doctor	.....	1	
		Nurse	.....	2	
		Midwife	.....	3	
		Health officer	.....	4	
		Health extension worker	.....	5	
		Other Person			
		Traditional birth attendant	.....	6	
		Other (Specify):_____	.....	7	
		Don't know	.....	99	
252	Where did this check of (NAME) take place? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE)	**Home**		1	
		Public Sector			
		Government Health post		2	
		Government Health center		3	
		Government Public Hospital		4	
		Other public sector (Specify)_		5	
		Private Medical Sector			
		Private hospital		6	
		Private clinic		7	
		Other private medical sector (Specify)_____		8	
		NGO			
		NGOs health facility		9	
		Other NGOs health facility (Specify):_____		10	
		Other (Specify):_____		11	
		Name of place		12	
253	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)?	Yes	.....	1	
		No	.....	2	**Skip to 257**
254.	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 ☐☐	
		Days	.....	2 ☐☐	
		Weeks	.....	3 ☐☐	
		Don't know	.....	99	
255.	Who checked on your health at that time? ***[PROBE FOR MOST QUALIFIED PERSON].***	**Health Personnel**			
		Doctor	.....	1	
		Nurse	.....	2	
		Midwife	.....	3	
		Health officer	.....	4	
		Health extension worker	.....	5	
		Other Person			
		Traditional birth attendant	.....	6	
		Other (Specify):_____	.....	7	
		Don't know	.....	99	
256	Where did this first check take place? PROBE TO IDENTIFY THE TYPE OF SOURCE.	**Home**		1	
		Public Sector			
		Government Health post		2	
		Government Health center		3	
		Government Public Hospital		4	

	IF UNABLE TO DETERMINE PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. (NAME OF PLACE)	Other public sector (Specify)_		5	
		Private Medical Sector			
		Private hospital		6	
		Private clinic		7	
		Other private medical sector (Specify)_____		8	
		NGO			
		NGOs health facility		9	
		Other NGOs health facility (Specify):_____		10	
		Other (Specify):_____		11	
		Name of place (specify):……..		12	
257	I would like to talk to you about checks on (NAME)'s health after delivery, 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 262**
		Don't know	….....	99	
258	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	….....	1 ☐☐	
		Days	….....	2 ☐☐	
		Weeks	….....	3 ☐☐	
		Don't know	….....	99	
259	Who did check on (NAME)'s health at that time? PROBE FOR MOST QUALIFIED PERSON.	**Health Personnel**			
		Doctor	….....	1	
		Nurse	….....	2	
		Midwife	….....	3	
		Health officer	….....	4	
		Health extension worker	….....	5	
		Other Person			
		Traditional birth attendant	….....	6	
		Other (Specify):_____	….....	7	
		Don't know	….....	99	
260	Where did this first check of (NAME) take place? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. (NAME OF PLACE)	**Home**		1	
		Public Sector			
		Government Health post	….....	2	
		Government Health center	….....	3	
		Government Hospital	….....	4	
		Other public sector (Specify)_____	….....	5	
		Private Medical Sector			
		Private hospital	….....	6	
		Private clinic	….....	7	
		Other private medical sector (Specify)_____	….....	8	
		NGO			
		NGOs health facility	….....	9	

		Other NGOs health facility (Specify):_____	…….	10		
		Other (Specify):_____	…….	11		
		Name of place (specify)		12		
261	During the first two days after (NAME)'s birth, did any health care provider do the following: a) Examine the cord? b) Measure (NAME)'s temperature? c) Counsel you on danger signs for newborns? d) Counsel you on breastfeeding? e) Observe (NAME) breastfeeding?		Yes	No	DK	
		(A) Cord……	1	2	99	
		(B) Temp……	1	2	99	
		(C) Signs……	1	2	99	
		(D)Counsel breastfeed…	1	2	99	
		(E)Observe breastfeed……	1	2	99	
262	Did you ever breastfeed (NAME)?	Yes	……	1		
		No	……	2		
263	If you did not visit health facility for postnatal care (PNC), what were your reasons? [***ASK ONLY FOR A WOMAN WHO DID NOT VISIT THE FACILITY; WITHOUT READING RECORD ALL MENTIONED***]	Health facility far from home	…….	A		
		Get service from health extension at home	…….	B		
		Lack of transportation access/fee	…….	C		
		Uncomfortable with service at health facilities	…….	D		
		Disability problem	…….	E		
		Other specify	…….	F		

SECTION 3:Childhood Immunization (Under-Five) and Treatment for Major Diseases (Respondent:-Care giver(mother))
SECTION 3A:Childhood Immunization (Under-five)

S.No	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
301.	What is the name of the youngest under-five child? **[IF THERE ARE MORE THAN ONE UNDER FIVE CHILDREN, TAKE THE YOUNGEST UNDER FIVE CHILD IN THE HOUSEHOLD]**	NAME :_____ **(Check from Q101B, B02)**	
302.	What is the birth date of (NAME)?	DATE OF BIRTH:DD/MM/YYYY E.C	
303.	Age	In complete months _____ **[Calculate system date minus birth date (Q302)]**	
304.	Sex	Male ……. 1 Female ……. 2	Check 101B, B04
305.	I would like to talk to you about vaccination on (NAME)'s. Was (NAME) vaccinated?	Yes ……. 1 No ……. 2	 Skip to 308
306.	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	

307. Was (NAME) vaccinated with each of the following vaccine with routine services? **(COPY DATES FROM THE CARD. WRITE '44' IN 'DATE' COLUMN IF CARD/DOCUMENT/BOOK SHOWS THAT A DOSE WAS GIVEN, BUT NO DATE IS RECORDED. IF THE CHILD WAS VACCINATED AND THERE IS NO ANY RECORD IN THE CARD/BOOK/DOCUMENT, WRITE '45' IN DATE COLUMN BY PROBING.)**

		Yes	Date of Vaccination	No	NA	DK		
BCG (at birth)	A	1	DD/MM/YYYY	2	3	99		
ORAL POLIO VACCINE (OPV) 0 (BIRTH DOSE)	B	1	DD/MM/YYYY	2	3	99		
ORAL POLIO VACCINE (OPV) 1	C	1	DD/MM/YYYY	2	3	99		
ORAL POLIO VACCINE (OPV) 2	D	1	DD/MM/YYYY	2	3	99		
ORAL POLIO VACCINE (OPV) 3	E	1	DD/MM/YYYY	2	3	99		
INACTIVATED POLIO VACCINE (IPV)	F	1	DD/MM/YYYY	2	3	99		
DPT-HEP.B-HIB (PENTAVALENT) 1	G	1	DD/MM/YYYY	2	3	99		
DPT-HEP.B-HIB (PENTAVALENT) 2	H	1	DD/MM/YYYY	2	3	99		
DPT-HEP.B-HIB (PENTAVALENT) 3	I	1	DD/MM/YYYY	2	3	99		
PNEUMOCOCCAL 1	J	1	DD/MM/YYYY	2	3	99		
PNEUMOCOCCAL 2	K	1	DD/MM/YYYY	2	3	99		
PNEUMOCOCCAL 3	L	1	DD/MM/YYYY	2	3	99		
ROTAVIRUS 1	M	1	DD/MM/YYYY	2	3	99		
ROTAVIRUS 2	N	1	DD/MM/YYYY	2	3	99		
MEASLES 1	O	1	DD/MM/YYYY	2	3	99		
MEASLES 2	P	1	DD/MM/YYYY	2	3	99		
VITAMIN A (MOST RECENT)	Q	1	DD/MM/YYYY	2	3	99		

CHECK EACH VACCINE IN 307: 'BCG' TO 'MEASLES 2' ALL RECORDED?

PROBE FOR EACH VACCINE WHETHER GIVEN OR NOT, FOLLOWING RESPECTIVE DESCRIPTION:

A	BCG: Bacille-Calmette-Guerin vaccination against tuberculosis, which is given in the form of an injection in the right arm or shoulders that usually, causes a scar. It is given at birth or as soon as after birth.
B	OPV0: Oral polio vaccine zero (OPV0) that is given at birth, which is about two drops in the mouth to prevent polio.
C	OPV1: The first oral polio vaccine (OPV1) that is given at six weeks after birth or later, which are about two oral drops.
D	OPV2: The second oral polio vaccine (OPV2) that is given at 10 weeks after birth, which is about two oral drops.
E	OPV3: The 3rd oral polio vaccine (OPV3) that is given at 14 weeks after birth, which is about two oral drops.

F	IPV: Inactivated polio vaccine (IPV) that is given at 14 weeks after birth, which is given by injection on right anterolateral thigh 2.5 cm apart from the injection site of PCV.
G	DPT-HEP.B-HIB (PENTAVALENT) 1: Diphtheria, Pertussis, Meningitis and pneumonia associated with Hemophilus influenzae bacteria and Liver disease due to Hepatitis B virus (Pentavalent) vaccination, that is, the first injection given in the left thigh (sometimes at the same time as polio) at 6 weeks after birth.
H	DPT-HEP.B-HIB (PENTAVALENT)2: Pentavalent vaccination, that is, the second injection given in the left thigh (sometimes at the same time as polio) at 10 weeks after birth.
I	DPT-HEP.B-HIB (PENTAVALENT)3: Pentavalent vaccination, that is, the 3rd injection given in the left thigh (sometimes at the same time as polio) at 14 weeks after birth.
J	PCV1: Pneumococcal Conjugated Vaccine (PCV)/Pneumococcal vaccination, that is, the first injection in the right thigh at 6 weeks after birth to prevent pneumonia.
K	PCV2: Pneumococcal vaccination, that is, the second injection in the right thigh at 10 weeks after birth to prevent pneumonia.
L	PCV3: Pneumococcal vaccination, that is, the third injection in the right thigh at 14 weeks after birth to prevent pneumonia.
M	ROTAVIRUS1: It is a rotavirus vaccination, that is, the first oral liquid given in the mouth at 6 weeks after birth to prevent diarrhea (rotavirus associated gastroenteritis).
N	ROTAVIRUS2: It is a rotavirus vaccination, that is, the second oral liquid given in the mouth at 10 weeks after birth to prevent diarrhea (rotavirus associated gastroenteritis).
O	MEASLES1: A measles vaccination, that is, the first injection in the left arm at 9 months to prevent measles.
P	MEASLES2: A measles vaccination, that is, the second injection in the left arm at 15 months to prevent measles.
Q	In the last six months, was (NAME) given a vitamin A dose like [this/any of these]?

SECTION 3B: Childhood (Under-five) Major Diseases and Treatment

S.No	QUESTIONS AND FILTERS	CODING CATEGORIES			SKIP
308.	Was (NAME) having acute respiratory infection in the last two weeks? **[Specify sign and symptoms]**		Yes	No	Skip to 315 if and only if all choices are "2"
		Cough	1	2	
		nasal congestion	1	2	
		obstruction	1	2	
		sore throat	1	2	
		dysphonia or respiratory distress	1	2	
		Fast breathing	1	2	
		fever	1	2	
309.	Have you sought treatment for your child?	Yes …..... No ….....	1 2		 skip to 314
310.	If yes to Q309, from where mainly you sought treatment for your child?	Home based care …..... Local drug vender/pharmacy …..... Private Heath Facility …..... Public health post Public health center …..... Public hospital …..... NGO health facility ……. Traditional healer …..... Other (specify) ….....	1 2 3 4 5 6 7 8 9		skip to 313 skip to 313
311.	Why you visited the preferred health facility? [***MARK ALL THAT APPLY***]	The health facility was physically accessible …..... The cost of treatment at health facility was not expensive …..... The health facility not too crowded …..... The health service was courteous …..... The health service was efficacious/effective …..... Assigned by health insurance agency …..... Other (specify)_ ….....	A B C D E F G		
312.	Who checked on (NAME)'s health in that health facility? [PROBE FOR MOST QUALIFIED PERSON.]	Doctor Nurse Midwife Health officer Health extension worker Other (Specify):_____ Don't know	1 2 3 4 5 6 7		
313.	Where did you get the money to pay for the recent episode treatment services? And how much was paid from each source? [***RECORD ALL THAT APPLY***]	**Source of money** A. Had own cash available B. Friends, family members, relatives (assistance), and Neighborhood contributions C. Borrowed money/credit D. Private health insurance (paid directly to provider) E. Sold household assets F. Waived/exempted	**Amount in birr** -------- --------- ---------- -------- --------- Not Applicable	DK **999999** 999999 999999 999999 999999 999999	

		G. Reimbursed by my employer	----------	999999	
		H.Community based health insurance	----------__	999999	
		I. Other (specify):_____	--------	999999	
		J. Don't Know	Not Applicable	999999	
314.	If 'No' to **Q309**, specify the main reason not sought treatment	Health facility was not accessible	….....	1	
		Cost of health treatment is expensive	….....	2	
		Treatment for such type of child disease is not acceptable culturally	….....	3	
		Treatment is not acceptable by family members	….....	4	
		Other (specify)_____		5	
315.	Was (NAME) having diarrhea in the last two weeks? [***Specify sign and symptoms; i.e. having loose stool or watery stool.]***	Yes		1	
		No		2	Skip to 322
316.	Have you sought treatment for your child?	Yes……..	….....	1	
		No ……	….....	2	skip to 321
317.	If yes for **Q316**, from where you sought treatment for your child?	Home based care	….....	1	skip to 320
		Local drug vender/pharmacy	….....	2	
		Private Heath Facility	….....	3	
		Public health post	….....	4	
		Public health center	….....	5	
		Public hospital	….....	6	
		NGO health facility	….....	7	
		Traditional healer	….....	8	skip to 320
		Other (specify)	….....	9	
318.	Why you visited the preferred health facilities? [***MARK FOR ALL THAT APPLY***]	The Health Facility was physically accessible	….....	A	
		The cost of treatment at health facility was not expensive	….....	B	
		The health facility not too crowded	….....	C	
		The health service was courteous	….....	D	
		The health service was efficacious /effective	….....	E	
		Assigned by health insurance agency	….....	F	
		Other (specify)_	….....	G	
319.	Who checked on (NAME)'s health in that health facility? [PROBE FOR MOST QUALIFIED PERSON.]	Doctor		1	
		Nurse		2	
		Midwife		3	
		Health officer		4	
		Health extension worker		5	
		Other (Specify):_____		6	
		Don't know		7	
320.	Where did you get the money to pay for the recent episode treatment services? and how much was paid from each source? [***RECORD ALL THAT APPLY***]	**Source of money**	**Amount in birr**	DK	
		A. Had own cash available	----------	999999	
		B. Friends, family members, relatives (assistance), and Neighborhood contributions	----------	999999	
		C. Borrowed money/credit	----------	999999	
		D. Private health insurance (paid directly to provider)	----------	999999	
		E. Sold household assets	----------	999999	
		F. Waived/exempted	Not Applicable	999999	

		G. Reimbursed by my employer	---------	999999	
		H. Community based health insurance	-------	999999	
		I. Other (specify):_____	----------__	999999	
		J. Don't Know	Not Applicable	999999	
321.	If you choose "No" to **Q316** specify the main reason not sought treatment	Health facility was not accessible	….....	1	
		Cost of health treatment is expensive	….....	2	
		Treatment for such type of child disease is not acceptable culturally	….....	3	
		Treatment is not acceptable by family members	….....	4	
		Other (specify)	……...	5	
322.	Was (NAME) infected with malaria in the last two weeks? ***(Specify sign and symptoms; i.e., Cyclical fever, headache, chills, sweating, fatigue, myalgia, nausea, vomiting)***		Yes	No	Skip to 329 if and only if all choices are "2"
		Cyclical fever	1	2	
		headache	1	2	
		chills	1	2	
		sweating	1	2	
		fatigue	1	2	
		myalgia	1	2	
		nausea	1	2	
		vomiting	1	2	
		Convulsion or seizure	1	2	
323.	Have you sought treatment for your child?	Yes	….....	1	
		No	….....	2	skip to328
324.	If yes to **Q323**, from where you sought treatment for your child?	Home based care	….....	1	skip to327
		Local drug vender	….....	2	
		Private Heath Facility	….....	3	
		Public health post	……	4	
		Public health center	…….....	5	
		Public hospital	….....	6	
		NGO health facility	…….	7	
		Traditional healer	….....	8	skip to327
		Other (specify)	….....	9	
325.	Why you visited the preferred health facilities? (**mark for all that apply)**	The health facility was physically accessible	….....	A	
		The cost of treatment at the health facility was not expensive	….....	B	
		The health facility not too crowded	….....	C	
		The health service was courteous	….....	D	
		The health service was efficacious/effective	….....	E	
		Assigned by health insurance agency	….....	F	
		Other (specify)_ _____	….....	G	
326.	Who checked on (NAME)'s health in that health facility? [PROBE FOR MOST QUALIFIED PERSON.]	Doctor	….....	1	
		Nurse	….....	2	
		Midwife	….....	3	
		Health officer	….....	4	
		Health extension worker	….....	5	
		Other (Specify):_____	….....	6	
		Don't know		99	

327.	Where did you get the money to pay for the recent episode treatment services? and how much was paid from each source? [***RECORD ALL THAT APPLY***]	**Source of money**	**Amount in birr**	**DK**	
		A.Had own cash available	---------	999999	
		B. Friends, family members, relatives (assistance), and neighborhood contributions	----------	999999	
		C. Borrowed money/credit/	----------_	999999	
		D. Private health insurance (paid directly to provider)	-------	999999	
		E. Sold household assets	----------	999999	
		F. Waived/exempted	Not applicable	999999	
		G. Reimbursed by my employer	----------	999999	
		H. Community based health insurance	--------	999999	
		I. Other (specify):_____	----------	999999	
		J. Don't Know	Not applicable	999999	
328.	If 'No' to 323 specify the reasons not sought treatment	Health facility was not accessible	….....	1	
		Cost of health treatment is expensive	….....	2	
		Treatment for such type of child disease is not acceptable culturally	….....	3	
		Treatment is not acceptable by family members	….....	4	
		Fear of COVID-19 infection	…….	5	
		Lack of trust on service	……	6	
		Lack of equipment	……	7	
		Other (specify)	….....	8	
329.	RECORD THE TIME	Hours…… ☐☐			
		Minutes…… ☐☐			