

**CENTRAL STATISTICAL AUTHORITY
ETHIOPIAN DEMOGRAPHIC AND HEALTH SURVEY
HOUSEHOLD QUESTIONNAIRE**

IDENTIFICATION											
REGION _____ ZONE _____ WOREDA _____ TOWN _____ KEBELE _____ ENUMERATION AREA _____ CLUSTER NUMBER	<p align="center">REGION</p> <table border="1"> <tr> <td> </td> <td> </td> </tr> </table> <p align="center">CLUSTER NUMBER</p> <table border="1"> <tr> <td> </td> <td> </td> <td> </td> </tr> </table> <p>URBAN/RURAL: URBAN1 RURAL.....2</p> <p>TYPE OF PLACE: LARGE CITY1 SMALL CITY.....2 TOWN.....3 COUNTRYSIDE.....4</p> <p>HOUSEHOLD NUMBER</p> <p>NAME OF HEAD OF HOUSEHOLD _____</p> <p>HOUSEHOLD SELECTED FOR MALE INTERVIEW? YES = 1 NO = 2</p> <p align="center">URBAN/RURAL TYPE OF PLACE</p> <table border="1"> <tr> <td> </td> <td> </td> </tr> </table> <p align="center">HOUSEHOLD NUMBER</p> <table border="1"> <tr> <td> </td> <td> </td> <td> </td> </tr> </table> <p align="center">MALE <input type="checkbox"/></p>										

INTERVIEWER VISITS														
	1	2	3	FINAL VISIT										
DATE	_____	_____	_____	DAY <table border="1"><tr><td> </td><td> </td></tr></table>										
INTERVIEWER'S NAME	_____	_____	_____	MONTH <table border="1"><tr><td> </td><td> </td></tr></table>										
RESULT*	_____	_____	_____	YEAR <table border="1"><tr><td>1</td><td>9</td><td> </td><td> </td></tr></table>	1	9								
1	9													
	_____	_____	_____	INTERVIEWER <table border="1"><tr><td> </td><td> </td><td> </td></tr></table>										
	_____	_____	_____	RESULT <input type="checkbox"/>										
NEXT VISIT: DATE	_____	_____		TOTAL NO. OF VISITS <input type="checkbox"/>										
TIME	_____	_____												
<p>* RESULT CODES:</p> <p>1 COMPLETED</p> <p>2 NO HOUSEHOLD MEMBER AT HOME OR NO COMPETENT RESPONDENT AT HOME AT TIME OF VISIT</p> <p>3 ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD OF TIME</p> <p>4 POSTPONED</p> <p>5 REFUSED</p> <p>6 DWELLING VACANT OR ADDRESS NOT A DWELLING</p> <p>7 DWELLING DESTROYED</p> <p>8 DWELLING NOT FOUND</p> <p>9 OTHER</p> <p align="right">(SPECIFY)</p>				<p>TOTAL PERSONS IN HOUSEHOLD <table border="1"><tr><td> </td><td> </td></tr></table></p> <p>TOTAL ELIGIBLE WOMEN <table border="1"><tr><td> </td><td> </td></tr></table></p> <p>TOTAL ELIGIBLE MEN <table border="1"><tr><td> </td><td> </td></tr></table></p> <p>TOTAL ELIGIBLE CHILDREN <table border="1"><tr><td> </td><td> </td></tr></table></p> <p>LINE NO. OF RESP. TO HOUSEHOLD SCHEDULE <table border="1"><tr><td> </td><td> </td></tr></table></p>										

SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED BY										
NAME _____ <table border="1"><tr><td> </td><td> </td><td> </td></tr></table>				NAME _____ <table border="1"><tr><td> </td><td> </td><td> </td></tr></table>				<table border="1"><tr><td> </td><td> </td></tr></table>			<table border="1"><tr><td> </td><td> </td></tr></table>		
DATE _____	DATE _____												

HOUSEHOLD SCHEDULE

Now we would like some information about the people who usually live in your household or who are staying with you now

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX		RESIDENCE				AGE	ELIGIBILITY		
			Is (NAME) male or female?		Does (NAME) usually live here?	Did (NAME) stay here last night?	How old is (NAME)?	CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49	CIRCLE LINE NUMBER OF ALL CHILDREN UNDER AGE 6	CIRCLE LINE NUMBER OF ALL MEN AGE 15-59		
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(9A)			
			M F	YES NO	YES NO	IN YEARS						
01			1 2	1 2	1 2		01	01	01			
02			1 2	1 2	1 2		02	02	02			
03			1 2	1 2	1 2		03	03	03			
04			1 2	1 2	1 2		04	04	04			
05			1 2	1 2	1 2		05	05	05			
06			1 2	1 2	1 2		06	06	06			
07			1 2	1 2	1 2		07	07	07			
08			1 2	1 2	1 2		08	08	08			
09			1 2	1 2	1 2		09	09	09			

Just to make sure that I have a complete listing:

1) Are there any other persons such as small children or infants that we have not listed?

YES NO
 ENTER EACH IN TABLE

2) In addition, are there any other people who may not be members of your family, such as domestic servants, lodgers or friends who usually live here?

YES NO
 ENTER EACH IN TABLE

3) Are there any guests or temporary visitors staying here, or anyone else who slept here last night, who have not been listed?

YES NO
 ENTER EACH IN TABLE

CODES FOR Q.3 RELATIONSHIP TO HEAD OF HOUSEHOLD:

- 01 = HEAD
- 02 = WIFE OR HUSBAND OR PARTNER
- 03 = SON OR DAUGHTER
- 04 = SON-IN-LAW OR DAUGHTER-IN-LAW
- 05 = GRANDCHILD
- 06 = PARENT
- 07 = PARENT-IN-LAW
- 08 = BROTHER OR SISTER
- 10 = ADOPTED/FOSTER/STEPCHILD
- 11 = OTHER RELATIVE
- 12 = NOT RELATED
- 98 = DON'T KNOW

PARENTAL SURVIVORSHIP AND RESIDENCE FOR PERSONS LESS THAN 15 YEARS OF AGE				LITERACY	EDUCATION	
Is (NAME)'s natural mother alive?	IF ALIVE	Is (NAME)'s natural father alive?	IF ALIVE	IF AGE 5 YEARS OR OLDER		
	Does (NAME)'s natural mother live in this household? IF YES: What is her name? RECORD MOTHER'S LINE NUMBER		Does (NAME)'s natural father live in this household? IF YES: What is his name? RECORD FATHER'S LINE NUMBER.	Is (NAME) able to read and write a simple sentence?	Has (NAME) ever had any formal education?	What is the highest grade (NAME) completed? SEE CODES FOR GRADE BELOW.
(10)	(11)	(12)	(13)	(14)	(15)	(16)
YES NO DK		YES NO DK		YES NO DK	YES NO	GRADE
1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 2 8	1 2 NEXT LINE ↙ ↘	<input type="text"/>
1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 2 8	1 2 NEXT LINE ↙ ↘	<input type="text"/>
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1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 2 8	1 2 NEXT LINE ↙ ↘	<input type="text"/>

Q.10 THROUGH Q.13:
THESE QUESTIONS REFER TO THE BIOLOGICAL PARENTS OF THE CHILD.
IN Q.11 AND Q.13, RECORD '00' IF PARENT NOT LISTED IN HOUSEHOLD SCHEDULE.

CURRENT SCHOOL ATTENDANCE

IF AGE 5-24 YEARS

Is (NAME) currently attending school?	During the current school year, did (NAME) attend school at any time?	During the current school year, what grade [is/was] (NAME) attending? SEE CODES FOR GRADE BELOW.	During the previous school year, did (NAME) attend school at any time?	During that school year, what grade did (NAME) attend? SEE CODES FOR GRADE BELOW.
(17)	(18)	(19)	(20)	20A
YES NO 1 GO TO 2 19	YES NO 1 GO TO 2 20	GRADE <input type="text"/> <input type="text"/>	YES NO 1 NEXT LINE 2	GRADE <input type="text"/> <input type="text"/>
1 GO TO 2 19	1 GO TO 2 20	<input type="text"/> <input type="text"/>	1 NEXT LINE 2	<input type="text"/> <input type="text"/>
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GRADE FOR Q16, 19 AND 20A

00 = LESS THAN 1 YEAR COMPLETED
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11			1 2	1 2	1 2		11	11	11			
12			1 2	1 2	1 2		12	12	12			
13			1 2	1 2	1 2		13	13	13			
14			1 2	1 2	1 2		14	14	14			
15			1 2	1 2	1 2		15	15	15			
16			1 2	1 2	1 2		16	16	16			
17			1 2	1 2	1 2		17	17	17			
18			1 2	1 2	1 2		18	18	18			

TICK HERE IF CONTINUATION SHEET USED

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NO

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NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																								
21	What is the main source of drinking water for members of your household?	PIPED (TAP) PIPED INTO DWELLING11 → 23 PIPED INTO COMPOUND.....12 → 23 PIPED OUTSIDE COMPOUND13 OPEN WELL/SPRING OPEN WELL.....22 OPEN SPRING.....23 COVERED WELL/SPRING COVERED WELL.....31 COVERED SPRING32 SURFACE WATER RIVER42 POND/LAKE/DAM43 RAINWATER51 → 23 OTHER 96 (SPECIFY)																									
22	How long does it take you to go there, get water, and come back?	MINUTES <input type="text"/> <input type="text"/> <input type="text"/> ONE DAY OR LONGER995 ON PREMISES.....996																									
23	What kind of toilet facility do most members of your household use?	FLUSH TOILET11 PIT TOILET/LATRINE TRADITIONAL PIT TOILET.....21 VENTILATED IMPROVED PIT LATRINE (VIP)22 NO FACILITY/BUSH/FIELD31 → 25 OTHER 96 (SPECIFY)																									
24	Do you share this facility with other households?	YES1 NO2																									
25	Does your household have:	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>Electricity?</td> <td>ELECTRICITY1</td> <td>2</td> </tr> <tr> <td>A radio?</td> <td>RADIO1</td> <td>2</td> </tr> <tr> <td>A television?</td> <td>TELEVISION1</td> <td>2</td> </tr> <tr> <td>A telephone?</td> <td>TELEPHONE1</td> <td>2</td> </tr> <tr> <td>An electric mitad?</td> <td>ELECTRIC MITAD.....1</td> <td>2</td> </tr> <tr> <td>A kerosene lamp / pressure lamp?</td> <td>KEROSENE LAMP.....1</td> <td>2</td> </tr> <tr> <td>A bed/ table?</td> <td>BED/TABLE1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	Electricity?	ELECTRICITY1	2	A radio?	RADIO1	2	A television?	TELEVISION1	2	A telephone?	TELEPHONE1	2	An electric mitad?	ELECTRIC MITAD.....1	2	A kerosene lamp / pressure lamp?	KEROSENE LAMP.....1	2	A bed/ table?	BED/TABLE1	2	
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25A	Does your household:	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>Own the house it is living in?</td> <td>OWN HOUSE1</td> <td>2</td> </tr> <tr> <td>Have crop land?</td> <td>CROP LAND.....1</td> <td>2</td> </tr> <tr> <td>Have cattle/camels?</td> <td>CATTLE/CAMELS1</td> <td>2</td> </tr> <tr> <td>Have horse/mule/donkey?</td> <td>HAVE HORSE/MULE/DONKEY1</td> <td>2</td> </tr> <tr> <td>Have sheep/goats?</td> <td>SHEEP/GOATS.....1</td> <td>2</td> </tr> <tr> <td>Grow cash crops?</td> <td>CASH CROPS.....1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	Own the house it is living in?	OWN HOUSE1	2	Have crop land?	CROP LAND.....1	2	Have cattle/camels?	CATTLE/CAMELS1	2	Have horse/mule/donkey?	HAVE HORSE/MULE/DONKEY1	2	Have sheep/goats?	SHEEP/GOATS.....1	2	Grow cash crops?	CASH CROPS.....1	2				
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NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																					
26	What type of fuel does your household mainly use for cooking?	ELECTRICITY01 LPG/NATURAL GAS02 BIOGAS.....03 KEROSENE.....04 CHARCOAL.....05 FIREWOOD, STRAW.....06 DUNG07 OTHER _____ 96 (SPECIFY)																						
27	MAIN MATERIAL OF THE FLOOR. RECORD OBSERVATION.	EARTH/SAND11 DUNG12 WOOD PLANKS.....21 REED/BAMBOO.....22 PARQUET OR POLISHED WOOD31 VINYL SHEETS/TILES.....32 CEMENT33 CEMENT TILES/BRICK34 CARPET35 OTHER _____ 96 (SPECIFY)																						
27A	MAIN MATERIAL OF THE ROOF RECORD OBSERVATION.	CORRUGATED IRON01 CEMENT/CONCRETE02 WOOD AND MUD03 THATCH04 REED/BAMBOO.....05 PLASTIC SHEET.....06 MOBILE ROOFS OF NOMADS07 OTHER _____ 96 (SPECIFY)																						
27B	How many rooms in your house are used for sleeping?	ROOMS <input type="text"/> <input type="text"/>																						
28	Does any member of your household own: A bicycle? A motorcycle or motor scooter? A car or truck? A horse or mule for human transport only?	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>BICYCLE</td> <td>1</td> <td>2</td> </tr> <tr> <td>MOTORCYCLE/SCOOTER</td> <td>1</td> <td>2</td> </tr> <tr> <td>CAR/TRUCK.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>HORSE/MULE.....</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	BICYCLE	1	2	MOTORCYCLE/SCOOTER	1	2	CAR/TRUCK.....	1	2	HORSE/MULE.....	1	2							
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29	Has any member of your household received any of the following services at a health facility at any time in the past 12 months: Treatment for a sick child? Immunization? Family planning education or services? Prenatal/postnatal/delivery care? Information on prevention of STD/HIV/AIDS? Information on breast feeding and infant feeding practices?	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>TREATMENT FOR A SICK CHILD....</td> <td>1</td> <td>2</td> </tr> <tr> <td>IMMUNIZATION.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>FAMILY PLANNING</td> <td>1</td> <td>2</td> </tr> <tr> <td>PRENATAL/POSTNATAL/ DELIVERY CARE.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>INFORMATION ON STD/HIV//ADIS</td> <td>1</td> <td>2</td> </tr> <tr> <td>INFORMATION ON BREAST FEEDING AND INFANT FEEDING PRACTICES.....</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	TREATMENT FOR A SICK CHILD....	1	2	IMMUNIZATION.....	1	2	FAMILY PLANNING	1	2	PRENATAL/POSTNATAL/ DELIVERY CARE.....	1	2	INFORMATION ON STD/HIV//ADIS	1	2	INFORMATION ON BREAST FEEDING AND INFANT FEEDING PRACTICES.....	1	2	
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29A	CHECK 29: AT LEAST ONE "YES" <input type="checkbox"/>	NOT A SINGLE "YES" <input type="checkbox"/>	→ 29C																					

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
29B	<p>From what facilities have members received these services? PROBE: Anywhere else?</p> <p>RECORD BELOW TYPE AND/OR LOCATION OF ALL FACILITIES VISITED BY HOUSEHOLD MEMBERS IN PAST 12 MONTHS. THEN CIRCLE CODE FOR EACH TYPE OF FACILITY MENTIONED.</p> <p>_____</p> <p>_____</p> <p>_____</p>	GOVERNMENT HOSPITAL..... A HEALTH CENTER B HEALTH STATION/CLINIC C HEALTH POST..... D COMMUNITY-BASED OUTLET..... E OTHER GOVERNMENT _____ F (SPECIFY) NONGOVERNMENTAL ORGANIZATION (NGO) HEALTH FACILITY..... G COMMUNITY-BASED OUTLET..... H OTHER NGO _____ I (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL J PRIVATE DOCTOR/CLINIC..... K OTHER PRIVATE _____ L (SPECIFY) OTHER SOURCE _____ X (SPECIFY)	
29C	<p>Has any member of your household bought any drugs during the last 12 months?</p>	YES 1 NO 2	<p>→ 29F</p>
29D	<p>Where were the drugs mainly bought?</p>	PHARMACY/OTHER MEDICAL FACILITY A NON MEDICAL FACILITY B	
29F	<p>Does your household have any bednets that can be used while sleeping?</p>	YES 1 NO 2	<p>→ 35</p>
29G	<p>Was the bednet ever treated with a product to kill mosquitoes?</p>	YES 1 NO 2	
35	<p>ASK RESPONDENT FOR A TEASPOONFUL OF SALT. TEST SALT FOR IODINE. RECORD PPM (PARTS PER MILLION).</p>	0 PPM (NO IODINE)..... 1 7 PPM..... 2 15 PPM..... 3 30 PPM..... 4	

HEIGHT AND WEIGHT MEASUREMENT

CHECK COLUMN (8): RECORD THE LINE NUMBER, NAME AND AGE OF ALL WOMEN AGE 15-49 IN Q. 36 TO Q. 38 IN THE HEIGHT AND WEIGHT GRID FOR WOMEN BELOW. THEN CHECK COLUMN (9) AND RECORD THE LINE NUMBER, NAME AND AGE OF ALL CHILDREN UNDER AGE 6 IN CLOUMNS Q. 44 – Q. 46 IN THE HEIGHT AND WEIGHT GRID FOR CHILDREN.

WOMEN 15-49				WEIGHT AND HEIGHT MEASUREMENT OF WOMEN 15-49			
LINE NO.	NAME	AGE	What is (NAME)'s date of birth?	WEIGHT (KILOGRAMS)	HEIGHT (CENTIMETERS)	MEASURED LYING DOWN OR STANDING UP	RESULT
FROM COL. (8)	FROM COL. (2)	FROM COL. (7)					1 MEASURED 2 NOT PRESENT 3 REFUSED 4 OTHER
(36)	(37)	(38)	(39)	(40)	(41)	(42)	(43)
		YEARS					
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CHILDREN UNDER AGE 6				WEIGHT AND HEIGHT MEASUREMENT OF CHILDREN BORN IN MESKEREM 1987 OR LATER			
LINE NO.	NAME	AGE	What is (NAME)'s date of birth?	WEIGHT (KILOGRAMS)	HEIGHT (CENTIMETERS)	MEASURED LYING DOWN OR STANDING UP	RESULT
FROM COL.(9)	FROM COL.(2)	FROM COL.(7)					1 MEASURED 2 NOT PRESENT 3 REFUSED 4 OTHER
			DAY MONTH YEAR			LYING STAND.	
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TICK HERE IF CONTINUATION SHEET USED