

Section I: Identification and Consent

	Questionnaire Number, which include the Region code, Cluster & household code (to be numbered before interview)	Q R Z WW KK RR [] []	
	Name (Household head)	_____	
I01	Area Identification	A) Zone Name _____ Zone Code _____ B) Woreda _____ Woreda Code _____ C) Kebele _____ Kebele Code _____ D) Gote (Cluster) Name _____ E) Cluster # _____ F) Gote type: Closest to the health post1 Farthest from the health post.....2 No health post in the Kebele.....3	
I02	Personnel	a) Interviewer _____ Interviewer code _____ b) Field Supervisor _____ Supervisor code _____ c) Data Entry Clerk _____ Data entry code _____	
I03	Date of visit	[] DD MM YYYY	
TI	Time at beginning of interview	____:____	

Introduction and Consent

My name is _____ and I'm working for the Regional Health Bureau. We are conducting an assessment about the health of women and children in collaboration with SNNP/Oromia/Amhara/Tigray Regional Health Bureau. We would very much appreciate your participation in this survey. I would like to ask you about your health and the health of your children. This information will help the Regional Health Bureau to plan health services. The questionnaire usually takes between 30-40 minutes to complete. Whatever information you provide will be kept strictly confidential and will not be shown to other persons. Participation in this interview is entirely on voluntary basis and you can chose not to answer any individual questions or all of the questions. However, we hope that you will participate fully in this assessment since your views are important.

Do you have any questions about the survey? May I begin the interview if

VERBAL CONSENT GIVEN TO INTERVIEW, CHECK BOX

I04	What is the name of your youngest child?	_____	
I05	Sex of Child	BOY.....1 GIRL..... 2	
I06	What is the age of your youngest child?	[] MONTHS	
I07	What is the birth date of (NAME)?	[/ /] DAY / MONTH / YEAR	
I08	Verify child's date of birth by asking to see the child's health card	Child's date of birth verified.....1 Not possible to verify.....2	
I09	Questionnaire number from woman's interview (only if woman was interviewed with 15-49 age questionnaire)	[]	

Section 2: Background and Household Characteristics			
201	In what month and year were you born?	<p>Month [] []</p> <p>Don't Know Month.....98</p> <p>Year [] [] [] []</p> <p>Don't Know Year....9998</p>	
202	How old were you on your last birthday?	Age in years.....[] []	
203	How long have you been living continuously in (NAME OF CURRENT PLACE OF RESIDENCE)? IF LESS THAN ONE YEAR, RECORD '00' YEARS.	<p>Years []</p> <p>Always 95</p> <p>Visitor 96</p>	
204	Are you able to read or write a simple sentence?	<p>Yes.....1</p> <p>No.....2</p>	→207
205	Did you ever attend formal school?	<p>Yes.....1</p> <p>No.....2</p>	→207
206	What is the highest grade you completed?	<p>Grade [] []</p> <p>Technical/vocational certificate 13</p> <p>University/college diploma . . . 14</p> <p>University/college degree or Higher 15</p>	
207	What is your religion?	<p>Orthodox1</p> <p>Catholic 2</p> <p>Protestant 3</p> <p>Moslem 4</p> <p>Traditional 5</p> <p>Other(Specify)_____</p>	
208	Are you currently married or living together with a man as if married?	<p>Yes, currently married..... 1</p> <p>Yes, living with a man 2</p> <p>No, not in union 3</p>	→211
209	Is your husband/partner living with you now or is he staying elsewhere?	<p>Living together 1</p> <p>Staying elsewhere. 2</p>	
210	How old were you when you first married?	Age [] []	
211	How many times pregnant were you? (including those that did not end with a live births), record "00" if none	Number [] []	If "00" skip to 218
212	How many times have you given birth? <i>[I mean, to a child who ever breathed or cried or showed other signs of life – even if he or she lived only a few minutes or hours], record "00" if none</i>	Number [] []	If "00" skip to 218

213	How old were you when you first gave a live birth?	Age []	
214	Have you ever given to a live birth last years? (I mean, to a child who ever breathed or cried or showed other signs of life – even if he or she lived only a few minutes or hours)	Yes.....1 No.....2	→217
215	Is the child born last year alive?	Yes.....1 No.....2	→217
216	FOR THE CHILD BORN LAST YEAR: If dead, how many days, months after birth did he/she die?	If died before a month, age at death in days [] If died at the age of 1 month or later, age at death in months []	
217	Total number of Children ever born?	Boys _____ Girls _____ Total _____	
218	What is the main source of drinking water for members of your household?	Piped (Tap) Piped into dwelling.....1 Piped into compound.....2 Piped outside compound....3 Protected well/spring Covered Well.....4 Protected Spring.....5 Open Well/Spring Open Well.....6 Open Spring.....7 Surface Water River.....8 Pond/Lake/Dam.....9 Rainwater.....10 Other.....11 Specify _____	
219	How long does it take you to go there, get water and come back?	Minutes [] [] Hours [] [] On premises.....96	
220	Do you treat your water in any way to make it safer to drink?	Yes.....1 No.....2	→222
221	What do you usually do to the water to make is safer to drink?	Boil.....1 Add bleach/chlorine.....2 Strain it through a cloth.....3 Use water filter (ceramic, sand, composite, etc.).....4 Solar disinfection.....5 Let it stand and settle.....6 Other (specify) _____ Do not Know.....8	
222	What kind of toilet facility does most members of your household use?	Pit Latrine/traditional pit toilet.....1 Ventilated improved pit latrine (VIP) ...2 Flush toilet.....3 No facility/Bush/Field... ..4 Other(Specify) _____	→224

223	The last time you passed stool, where did you defecate?	Pit Latrine/traditional pit toilet.....1 Ventilated improved pit latrine (VIP) ...2 Flush toilet.....3 No facility/Bush/Field... ..4 Other(Specify)_____																																								
224	Do you listen to the radio almost every day, at least once a week, less than once a week or not at all?	Almost every day 1 At least once a week 2 Less than once a week 3 Not at all 4 Do not have radio at home.....8																																								
225	Main material of the roof. Record observation.	Thatch/leaf1 Rustic mat/plastic sheets2 Reed/bamboo 3 Wood planks 4 Finished roofing Corrugated iron ... 5 Wood 6 Calamine/cement fiber..... 7 Cement/concrete 8 Roofing shingles 9 Other (specify)_____																																								
226	Main material of the walls. Record Observation	No walls.....1 Cane/trunks/bamboo/reed.....2 Rambo/wood 3 Stone with mud 4 Uncovered adobe..... 5 Plywood. 6 Cartoon 7 Cement..... 8 Stine with lime cement. 9 Bricks.....10 Cement blocks.....11 Covered adobe.....12 Wood planks/shigles.....13 Other (specify)_____																																								
227	How many rooms in this household are used for sleeping?	Number of rooms []																																								
228	How many (LOCAL UNITS) of agricultural land do members of this household own? If none; record "00" If unknown, record "999"	Local Units (Timad). []																																								
229	Does your household have:	<table border="0"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>a) Electricity?</td> <td>1</td> <td>2</td> </tr> <tr> <td>b)A watch?</td> <td>1</td> <td>2</td> </tr> <tr> <td>c) A radio?</td> <td>1</td> <td>2</td> </tr> <tr> <td>d)A television?</td> <td>1</td> <td>2</td> </tr> <tr> <td>e)A mobile telephone?</td> <td>1</td> <td>2</td> </tr> <tr> <td>f)A non-mobile telephone? . . .</td> <td>1</td> <td>2</td> </tr> <tr> <td>g)A refrigerator?</td> <td>1</td> <td>2</td> </tr> <tr> <td>h)A table?</td> <td>1</td> <td>2</td> </tr> <tr> <td>i)A chair?</td> <td>1</td> <td>2</td> </tr> <tr> <td>j)A bed?</td> <td>1</td> <td>2</td> </tr> <tr> <td>k)An electric mitad?</td> <td>1</td> <td>2</td> </tr> <tr> <td>l) A kerosene lamp/pressure lamp?.</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		Yes	No	a) Electricity?	1	2	b)A watch?	1	2	c) A radio?	1	2	d)A television?	1	2	e)A mobile telephone?	1	2	f)A non-mobile telephone? . . .	1	2	g)A refrigerator?	1	2	h)A table?	1	2	i)A chair?	1	2	j)A bed?	1	2	k)An electric mitad?	1	2	l) A kerosene lamp/pressure lamp?.	1	2	
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230	Does this household own any	Yes.....1																																								

	livestock, herds, or farm animals?	No.....2	→301
231	How many of the following animals does this household own? If none record "00"	a) Milk cows, oxen,[] b) Horses.....[] c) Donkeys.....[] d) Mules.....[] e) Goats.....[] f) Sheep.....[] g) Chickens.....[]	

Section 3: Awareness of and access to health services in the community

301	How long does it take you to walk to the nearest health facility? [If less than an hour, record it in Minutes] <i>No health post in the Kebele; Record "99"</i> <i>No Health Center in the Woreda, Record "99"</i>	Health post: Minutes [][] Hours [][] Health Center: Minutes [][] Hours [][]	
302	Have you visited the health post last year?	Yes.....1 No.....2 No health post in the Kebele.....8	→304 →304
303	The last time you visited the health post, what was the reason for you to visit the health post? Do not read the responses (Multiple Responses Possible)	Mentioned (M) Not Mentioned (NM) M NM a) Family planning1 2 b) Child immunization1 2 c) Antenatal care1 2 d) Postnatal care.....1 2 e)Health education,.....1 2 f)Growth monitoring.....1 2 g)Referral of sick child.....1 2 h)Diarrhea treatment.....1 2 i)Malaria treatment.....1 2 j)Pneumonia treatment.....1 2 k)Provide or sell bed nets.....1 2 l)Delivery care.....1 2 m)Neonatal care.....1 2 Other, specify_____	
304	Have you heard of or do you know about the health extension worker?	Yes.....1 No.....2	→308
305	What are the services provided by the health extension workers? (Multiple Responses Possible)	Mentioned (M) Not Mentioned (NM) M NM a) Family planning1 2 b) Child immunization1 2 c) Antenatal care1 2 d) Postnatal care.....1 2 e)Health education,.....1 2 f)Growth monitoring.....1 2 g)Referral of sick child.....1 2 h)Diarrhea treatment.....1 2	

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306	Did the HEW visit your household during the past 6 months to talk about health related issues?	Yes.....l No.....2 No health post in the Kebele.....8	→308 →308																														
307	What was discussed or what services were provided by the HEW the last time the HEW visited you at your home? (Multiple Responses Possible)	<table style="width:100%; border:none;"> <tr> <td style="width:50%; text-align:center;">Mentioned (M)</td> <td style="width:50%; text-align:center;">Not Mentioned (NM)</td> </tr> <tr> <td></td> <td style="text-align:center;">M NM</td> </tr> <tr> <td>a)Message on Immunization.....l</td> <td style="text-align:right;">2,</td> </tr> <tr> <td>b)Information on child nutrition... l</td> <td style="text-align:right;">2</td> </tr> <tr> <td>c)IEC on diarrhea treatment.....l</td> <td style="text-align:right;">2</td> </tr> <tr> <td>d)Information on pregnancy care... l</td> <td style="text-align:right;">2</td> </tr> <tr> <td>e) Information on HIV/AIDSl</td> <td style="text-align:right;">2</td> </tr> <tr> <td>f) Information on hygiene.....l</td> <td style="text-align:right;">2</td> </tr> <tr> <td>g) Promotion pit latrine construction... l</td> <td style="text-align:right;">2</td> </tr> <tr> <td> h)promote latrine use.....l</td> <td style="text-align:right;">2</td> </tr> <tr> <td> i)promote safe water use.... l</td> <td style="text-align:right;">2</td> </tr> <tr> <td>j) Information/discussion on Family planningl</td> <td style="text-align:right;">2</td> </tr> <tr> <td>Other, specify _____</td> <td></td> </tr> </table>	Mentioned (M)	Not Mentioned (NM)		M NM	a)Message on Immunization.....l	2,	b)Information on child nutrition... l	2	c)IEC on diarrhea treatment.....l	2	d)Information on pregnancy care... l	2	e) Information on HIV/AIDSl	2	f) Information on hygiene.....l	2	g) Promotion pit latrine construction... l	2	h)promote latrine use.....l	2	i)promote safe water use.... l	2	j) Information/discussion on Family planningl	2	Other, specify _____						
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308	Have you heard of or do you know about voluntary community health worker (such as CHP, CBRHA, etc) in your community?	Yes.....l No.....2	→312																														
309	What are the services provided by the volunteer community health workers? Do not read the responses (Multiple Responses Possible)	<table style="width:100%; border:none;"> <tr> <td style="width:50%; text-align:center;">Mentioned (M)</td> <td style="width:50%; text-align:center;">Not Mentioned (NM)</td> </tr> <tr> <td></td> <td style="text-align:center;">M NM</td> </tr> <tr> <td>a)Information on Immunization.....l</td> <td style="text-align:right;">2,</td> </tr> <tr> <td>b)Advice/information on child nutrition... l</td> <td style="text-align:right;">2</td> </tr> <tr> <td>c)Information on diarrhea treatment.....l</td> <td style="text-align:right;">2</td> </tr> <tr> <td>d)Information on pregnancy care/ANC... l</td> <td style="text-align:right;">2</td> </tr> <tr> <td>e) Information on HIV/AIDSl</td> <td style="text-align:right;">2</td> </tr> <tr> <td>f) Information on hygiene.....l</td> <td style="text-align:right;">2</td> </tr> <tr> <td>g) Promotion pit latrine construction... l</td> <td style="text-align:right;">2</td> </tr> <tr> <td> h)promotion on latrine use.....l</td> <td style="text-align:right;">2</td> </tr> <tr> <td> i)promotion on safe water use.... l</td> <td style="text-align:right;">2</td> </tr> <tr> <td> j) Family planning ... l</td> <td style="text-align:right;">2</td> </tr> <tr> <td>k) Family health services.....l</td> <td style="text-align:right;">2</td> </tr> <tr> <td> l) Do not know.....8</td> <td></td> </tr> <tr> <td>Other, specify _____</td> <td></td> </tr> </table>	Mentioned (M)	Not Mentioned (NM)		M NM	a)Information on Immunization.....l	2,	b)Advice/information on child nutrition... l	2	c)Information on diarrhea treatment.....l	2	d)Information on pregnancy care/ANC... l	2	e) Information on HIV/AIDSl	2	f) Information on hygiene.....l	2	g) Promotion pit latrine construction... l	2	h)promotion on latrine use.....l	2	i)promotion on safe water use.... l	2	j) Family planning ... l	2	k) Family health services.....l	2	l) Do not know.....8		Other, specify _____		
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310	Did any volunteer community health workers (CHP, CBRHA, or other) visit you in the home to talk about health related issues during the last six months?	Yes.....l No.....2	→312																														

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313	<p>When your child is sick and want to get medical advice or treatment, is each of the following a big problem, or a small/no problem for you? (Read out loud the responses)</p>	<table border="0"> <tr> <td></td> <td style="text-align: center;">Big (1)</td> <td style="text-align: center;">small (2)</td> <td></td> </tr> <tr> <td></td> <td></td> <td style="text-align: center;">Big</td> <td style="text-align: center;">Small</td> </tr> <tr> <td>a) Not knowing where to go.....</td> <td style="text-align: center;">1</td> <td></td> <td style="text-align: center;">2</td> </tr> <tr> <td>b) Not Getting permission to go....</td> <td style="text-align: center;">1</td> <td></td> <td style="text-align: center;">2</td> </tr> <tr> <td>c) Not getting money needed for treatment....</td> <td style="text-align: center;">1</td> <td></td> <td style="text-align: center;">2</td> </tr> <tr> <td>d) Not having a health facility nearby.....</td> <td style="text-align: center;">1</td> <td></td> <td style="text-align: center;">2</td> </tr> <tr> <td>e) Transportation problem.....</td> <td style="text-align: center;">1</td> <td></td> <td style="text-align: center;">2</td> </tr> <tr> <td>f) Not wanting to go alone.....</td> <td style="text-align: center;">1</td> <td></td> <td style="text-align: center;">2</td> </tr> <tr> <td>g) Concern that there may not be a female health provider....</td> <td style="text-align: center;">1</td> <td></td> <td style="text-align: center;">2</td> </tr> <tr> <td>h) Concern that there may not be any provider.....</td> <td style="text-align: center;">1</td> <td></td> <td style="text-align: center;">2</td> </tr> <tr> <td>i) due to household chores.....</td> <td style="text-align: center;">1</td> <td></td> <td style="text-align: center;">2</td> </tr> <tr> <td>Other, specify _____</td> <td></td> <td></td> <td></td> </tr> </table>		Big (1)	small (2)				Big	Small	a) Not knowing where to go.....	1		2	b) Not Getting permission to go....	1		2	c) Not getting money needed for treatment....	1		2	d) Not having a health facility nearby.....	1		2	e) Transportation problem.....	1		2	f) Not wanting to go alone.....	1		2	g) Concern that there may not be a female health provider....	1		2	h) Concern that there may not be any provider.....	1		2	i) due to household chores.....	1		2	Other, specify _____				
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Section 4. Community based IEC/BCC: awareness and exposure

401	<p>Have you heard about the Family Health Card? Show Family Health Card</p>	<table border="0"> <tr> <td style="text-align: right;">Yes.....</td> <td style="text-align: center;">1</td> </tr> <tr> <td style="text-align: right;">No.....</td> <td style="text-align: center;">2</td> </tr> </table>	Yes.....	1	No.....	2	→404											
Yes.....	1																	
No.....	2																	
402	<p>If yes, how did you hear about the family health card? (Multiple Responses Possible)</p>	<table border="0"> <tr> <td style="text-align: center;">Mentioned (M)</td> <td style="text-align: center;">Not Mentioned (NM)</td> <td></td> </tr> <tr> <td></td> <td style="text-align: center;">M</td> <td style="text-align: center;">NM</td> </tr> <tr> <td>a) Health Extension Worker.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>b) CHP.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>c) CBRHA</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </table>	Mentioned (M)	Not Mentioned (NM)			M	NM	a) Health Extension Worker.....	1	2	b) CHP.....	1	2	c) CBRHA	1	2	
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		d) TBA/Trained TBA1 2 e) Other 1 2 f) Others (specify) _____ g) Don't know/remember8	
403	Do any of your children (under 5 years of age) have a Family Health Card (FHC)?	Yes, FHC seen.....1 Yes, FHC <u>NOT</u> seen.....2 No.....3 Do not have children under 5 years of age.....9	
404	Have you heard about the Immunization Diploma? Show Diploma	Yes.....1 No.....2	→407
405	If yes, how did you hear about the immunization diploma? (Multiple Responses Possible)	Mentioned (M) Not Mentioned (NM) M NM a) Health Extension Worker.....1 2 b) CHP.....1 2 c) CBRHA1 2 d) TBA/Trained TBA1 2 e) Other 1 2 f) Others (specify) _____ g) Don't know/remember8	
406	Do any of your children (under 5 years of age) have immunization diploma?	Yes, Immunization Diploma seen.....1 Yes, Immunization Diploma <u>NOT</u> seen.....2 No.....3 Do not have children under 5 years of age4 Do not have under 5 children5	
407	Have you heard about a Model family?	Yes.....1 No.....2	→501
408	If yes, how did you hear about the model family? (Multiple Responses Possible)	Mentioned (M) Not Mentioned (NM) M NM a) Health Extension Worker.....1 2 b) CHP.....1 2 c) CBRHA1 2 d) TBA/Trained TBA1 2 e) Other 1 2 f) Others (specify) _____ g) Don't know/remember8	
409	Is this family graduated as a Model Family?	Yes, graduated (Certificate seen).....1 Yes, graduated (Certificate not seen).....2 No, working towards.....3 Not at all.....4	→501 →501
410	Do you want your family to be a model family?	Yes.....1 No.....2	

Section 5: Bed nets			
501	Does your household have any bed nets that can be used while sleeping?	Yes.....1 No.....2	→601
502	How many mosquito nets does your household have? IF 7 OR MORE NETS, RECORD '7'	Number of nets _____	

503	OBSERVE OR ASK THE BRAND OF THE MOSQUITO NET TO VERIFY BRAND. ASK: When you got the <u>last net</u> , was it already treated with an insecticide to kill or repel mosquitoes?	Permanent net (Permanent)1 Pretreated net.....2 Untreated net.....3 Do not know.....8	→505 →505																					
504	How long ago was the most recent soaking/dipping done? <i>If less than 1 month, record '00'.</i>	Months ago[] More than 1 year ago.....95 Do not know.....98																						
505	Did anyone sleep under mosquito net(s) last night?	Yes.....1 No.....2 Do not know.....8	→601 →601																					
506	If yes, who slept under mosquito net(s) last night? Probe: anyone else? CIRCLE 1 FOR ALL PEOPLE MENTIONED. For those not mentioned circle "2"	<table border="0"> <tr> <td></td> <td>Yes</td> <td>No</td> </tr> <tr> <td>a) Self.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>b) Newborn baby.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>c) Other children (under 5)...</td> <td>1</td> <td>2</td> </tr> <tr> <td>d) Father.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>e) Other.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Other, specify _____</td> <td></td> <td></td> </tr> </table>		Yes	No	a) Self.....	1	2	b) Newborn baby.....	1	2	c) Other children (under 5)...	1	2	d) Father.....	1	2	e) Other.....	1	2	Other, specify _____			
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Other, specify _____																								
507	Did (NAME) sleep under a bed net last night?	Yes.....1 No.....2																						

Section 6: Antenatal care

Now I would like to ask you questions about the services you received while pregnant with your current youngest child

601	Did any community health workers visit you during your pregnancy of (NAME)?	Yes.....1 No.....2 Do not remember.....8	→604 →604																																																
602	Who visited you during your pregnancy? <i>ASK: Who else? Record all responses</i>	<table border="0"> <tr> <td>Mentioned (M)</td> <td>Not Mentioned (NM)</td> </tr> <tr> <td></td> <td>M NM</td> </tr> <tr> <td>a) Health Extension Worker.....</td> <td>1 2</td> </tr> <tr> <td>b) CHP.....</td> <td>1 2</td> </tr> <tr> <td>c) CBRHA</td> <td>1 2</td> </tr> <tr> <td>d) TBA/Trained TBA</td> <td>1 2</td> </tr> <tr> <td>e) Others (specify) _____</td> <td></td> </tr> <tr> <td>f) Don't know/remember</td> <td>8</td> </tr> </table>	Mentioned (M)	Not Mentioned (NM)		M NM	a) Health Extension Worker.....	1 2	b) CHP.....	1 2	c) CBRHA	1 2	d) TBA/Trained TBA	1 2	e) Others (specify) _____		f) Don't know/remember	8																																	
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603	What was discussed? ASK: Anything else? Record all responses	<p>(M = mentioned, NM= not mentioned)</p> <table border="0"> <tr> <td></td> <td>M</td> <td>NM</td> </tr> <tr> <td>a) To get checked up during pregnancy.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>b) To get TT vaccination</td> <td>1</td> <td>2</td> </tr> <tr> <td>c) Take Iron Folate tablet</td> <td>1</td> <td>2</td> </tr> <tr> <td>d) To take extra amount of food</td> <td>1</td> <td>2</td> </tr> <tr> <td>e) To take rest</td> <td>1</td> <td>2</td> </tr> <tr> <td>f) To avoid heavy work</td> <td>1</td> <td>2</td> </tr> <tr> <td>g) To seek care if there is a health problem</td> <td>1</td> <td>2</td> </tr> <tr> <td>h) To save money for emergency</td> <td>1</td> <td>2</td> </tr> <tr> <td>i) To arrange for emergency transport</td> <td>1</td> <td>2</td> </tr> <tr> <td>j) To ensure a Trained Birth Attendant ...</td> <td>1</td> <td>2</td> </tr> <tr> <td>k) Put the baby to breast immediately after delivery..</td> <td>1</td> <td>2</td> </tr> <tr> <td>l) Give colostrums.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>m) No pre-lacteals.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>n) Exclusive breastfeeding</td> <td>1</td> <td>2</td> </tr> <tr> <td>o) LAM.....</td> <td>1</td> <td>2</td> </tr> </table>		M	NM	a) To get checked up during pregnancy.....	1	2	b) To get TT vaccination	1	2	c) Take Iron Folate tablet	1	2	d) To take extra amount of food	1	2	e) To take rest	1	2	f) To avoid heavy work	1	2	g) To seek care if there is a health problem	1	2	h) To save money for emergency	1	2	i) To arrange for emergency transport	1	2	j) To ensure a Trained Birth Attendant ...	1	2	k) Put the baby to breast immediately after delivery..	1	2	l) Give colostrums.....	1	2	m) No pre-lacteals.....	1	2	n) Exclusive breastfeeding	1	2	o) LAM.....	1	2	
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		<p>p)Nothing to be applied to the umbilical stump.....1 2</p> <p>q)Delay bathing until after 24 hours.....1 2</p> <p>r)For you, to sleep under a bed net.....1 2</p> <p>s)Counsel and test for HIV.....1 2</p> <p>Other (specify) _____</p> <p>Don't remember.....9</p>																																																																					
604	When you were pregnant with (NAME) did you go to a health facility for antenatal care?	<p>Yes.....1</p> <p>No.....2</p> <p>Do not remember.....8</p>	<p>→610</p> <p>→610</p>																																																																				
605	How many months pregnant were you when you first received antenatal care for this pregnancy?	<p>Months []</p> <p>Don't Know.....98</p>																																																																					
606	Where did you receive antenatal care for this pregnancy?	<p>PUBLIC HEALTH FACILITY</p> <p>Government hospital.....1</p> <p>Health Center.....2</p> <p>Health Post.....3</p> <p>Outreach.....4</p> <p>OTHER FACILITIES</p> <p>NGO health facility.....5</p> <p>Private health facility.....6</p> <p>Other, specify _____</p> <p>Do not know.....8</p>																																																																					
607	Who provided antenatal care at the facility? Do not read the responses. Who else?	<p>(M = mentioned, NM= not mentioned)</p> <table style="width:100%; border:none;"> <tr> <td></td> <td style="text-align:right"><u>M</u></td> <td style="text-align:right"><u>NM</u></td> </tr> <tr> <td>a) Doctor.....1</td> <td style="text-align:right">2</td> <td style="text-align:right">2</td> </tr> <tr> <td>b) Nurse/midwife.....1</td> <td style="text-align:right">2</td> <td style="text-align:right">2</td> </tr> <tr> <td>c) Health extension worker.....1</td> <td style="text-align:right">2</td> <td style="text-align:right">2</td> </tr> <tr> <td>d) Health worker/unknown type.....1</td> <td style="text-align:right">2</td> <td style="text-align:right">2</td> </tr> <tr> <td>Other, specify _____</td> <td></td> <td></td> </tr> </table>		<u>M</u>	<u>NM</u>	a) Doctor.....1	2	2	b) Nurse/midwife.....1	2	2	c) Health extension worker.....1	2	2	d) Health worker/unknown type.....1	2	2	Other, specify _____																																																					
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608	How many times did you receive antenatal care in the health facility during this pregnancy?	<p>Number []</p> <p>Don't Know.....98</p>																																																																					
609	During this pregnancy were any of the following done at least once? READ OUT THE LIST Circle "1" for yes, and "2" for no. Multiple responses possible	<p>(Y = YES, N = NO, DK = DON'T KNOW)</p> <table style="width:100%; border:none;"> <tr> <td></td> <td style="text-align:right"><u>Y</u></td> <td style="text-align:right"><u>N</u></td> <td style="text-align:right"><u>DK</u></td> </tr> <tr> <td>a) Weight Taken.....1</td> <td style="text-align:right">2</td> <td style="text-align:right">8</td> <td style="text-align:right">8</td> </tr> <tr> <td>b) Height Measured.....1</td> <td style="text-align:right">2</td> <td style="text-align:right">8</td> <td style="text-align:right">8</td> </tr> <tr> <td>c) Blood pressure Measured.....1</td> <td style="text-align:right">2</td> <td style="text-align:right">8</td> <td style="text-align:right">8</td> </tr> <tr> <td>d) Urine Sample Given.....1</td> <td style="text-align:right">2</td> <td style="text-align:right">8</td> <td style="text-align:right">8</td> </tr> <tr> <td>e) Blood Sample Given.....1</td> <td style="text-align:right">2</td> <td style="text-align:right">8</td> <td style="text-align:right">8</td> </tr> <tr> <td>f) Given drugs for Malaria.....1</td> <td style="text-align:right">2</td> <td style="text-align:right">8</td> <td style="text-align:right">8</td> </tr> <tr> <td>g) Received Breastfeeding Information.....1</td> <td style="text-align:right">2</td> <td style="text-align:right">8</td> <td style="text-align:right">8</td> </tr> <tr> <td>h) Received Family Planning Information...1</td> <td style="text-align:right">2</td> <td style="text-align:right">8</td> <td style="text-align:right">8</td> </tr> <tr> <td>i) Received Information about HIV/AIDS..1</td> <td style="text-align:right">2</td> <td style="text-align:right">8</td> <td style="text-align:right">8</td> </tr> <tr> <td>j) Tested for HIV/ STI.....1</td> <td style="text-align:right">2</td> <td style="text-align:right">8</td> <td style="text-align:right">8</td> </tr> <tr> <td>k) Maternal Nutrition Information.....1</td> <td style="text-align:right">2</td> <td style="text-align:right">8</td> <td style="text-align:right">8</td> </tr> <tr> <td>l) Given Iron/Folate Supplementation.....1</td> <td style="text-align:right">2</td> <td style="text-align:right">8</td> <td style="text-align:right">8</td> </tr> <tr> <td>m) told about danger signs during pregnancy .1</td> <td style="text-align:right">2</td> <td style="text-align:right">8</td> <td style="text-align:right">8</td> </tr> <tr> <td>n) counseled on birth preparedness.....1</td> <td style="text-align:right">2</td> <td style="text-align:right">8</td> <td style="text-align:right">8</td> </tr> <tr> <td>o) counseled on neonatal care.....1</td> <td style="text-align:right">2</td> <td style="text-align:right">8</td> <td style="text-align:right">8</td> </tr> <tr> <td>p) told about neonatal complications.....1</td> <td style="text-align:right">2</td> <td style="text-align:right">8</td> <td style="text-align:right">8</td> </tr> </table>		<u>Y</u>	<u>N</u>	<u>DK</u>	a) Weight Taken.....1	2	8	8	b) Height Measured.....1	2	8	8	c) Blood pressure Measured.....1	2	8	8	d) Urine Sample Given.....1	2	8	8	e) Blood Sample Given.....1	2	8	8	f) Given drugs for Malaria.....1	2	8	8	g) Received Breastfeeding Information.....1	2	8	8	h) Received Family Planning Information...1	2	8	8	i) Received Information about HIV/AIDS..1	2	8	8	j) Tested for HIV/ STI.....1	2	8	8	k) Maternal Nutrition Information.....1	2	8	8	l) Given Iron/Folate Supplementation.....1	2	8	8	m) told about danger signs during pregnancy .1	2	8	8	n) counseled on birth preparedness.....1	2	8	8	o) counseled on neonatal care.....1	2	8	8	p) told about neonatal complications.....1	2	8	8	
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610	When you were pregnant with (NAME), did you receive an injection in the top of your arm or shoulder to prevent the baby from getting tetanus? That is, an injection to prevent the baby from getting convulsions after	<p>Yes.....1</p> <p>No.....2</p> <p>Do not remember.....8</p>	<p>→612</p> <p>→612</p>																																																																				

	birth.		
611	If yes: How many times did you receive this tetanus injection when you were pregnant with (NAME OF CHILD)?	Number of injections [] Don't know.....8	IF 2 or more injections, Skip to 615
612	Now, I want you to think back before you became pregnant with (NAME OF CHILD). Did you receive an injection to prevent tetanus (or convulsions) at any time before you became pregnant with (NAME OF CHILD)? You could have received the tetanus injection during a previous pregnancy, between pregnancies, or before your first pregnancy.	Yes.....1 No.....2 Do not remember.....8	→615 →615
613	How many injections to prevent tetanus did you receive <u>before</u> your last pregnancy?	Number of injections [] Don't know.....8	IF 1 or more injections and 611 is 1 or more, then skip to 615
614	Ask only if q611 is "0" and q613 is "2" or more. Now, I want you to think about the injections to prevent tetanus that you received before your last pregnancy with (NAME OF CHILD). Specifically, I want you to think about the most recent tetanus injection before your last pregnancy. How many years has it been since you received that injection?	Years ago [] Don't know.....8	
615	When you were pregnant with (NAME) did you eat, less than usual, the same as usual, or more than usual?	Less.....1 Same.....2 More.....3 Don't Know.....8	
616	When you were pregnant with (Name) did you regularly take iron tablets?	Yes.....1 No.....2 Do not remember.....8	→618 →618
617	For how many months did you take iron tablets regularly when you were pregnant with (Name)?	# Months []	
618	When you were pregnant with (Name) did you take any drugs to prevent malaria?	Yes.....1 No.....2 Do not remember.....8	
619	When you were pregnant with (Name) did you take any drugs for intestinal parasite?	Yes.....1 No.....2 Do not remember.....8	

Section 7. Birth Preparedness

701	During pregnancy of (name) did you make any preparations for your delivery?	Yes.....1 No.....2	→801
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	Probe: preparation may include financial, who would attend, where to deliver, transportation, etc																													
702	What preparations did you make for the delivery of (name)? Do not read responses ASK: Anything else? Record all responses	(M = mentioned, NM= not mentioned) <table border="0"> <thead> <tr> <th></th> <th>M</th> <th>NM</th> </tr> </thead> <tbody> <tr> <td>a)Financial.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>b)Transport.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>c)Food.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>d)Arrange birth attendants.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>e)Identified health facility for delivery....</td> <td>1</td> <td>2</td> </tr> <tr> <td>f)Prepared clean and appropriate materials for delivery</td> <td>1</td> <td>2</td> </tr> <tr> <td>g)Identified blood donors.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Other, specify_____</td> <td></td> <td></td> </tr> </tbody> </table>		M	NM	a)Financial.....	1	2	b)Transport.....	1	2	c)Food.....	1	2	d)Arrange birth attendants.....	1	2	e)Identified health facility for delivery....	1	2	f)Prepared clean and appropriate materials for delivery	1	2	g)Identified blood donors.....	1	2	Other, specify_____			
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703	Who did you plan to attend (name's) delivery? Do not read responses ASK: Anything else? Record all responses	(M = mentioned, NM= not mentioned) <table border="0"> <thead> <tr> <th></th> <th>M</th> <th>NM</th> </tr> </thead> <tbody> <tr> <td>a) Untrained TBA.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>b)Trained TBA</td> <td>1</td> <td>2</td> </tr> <tr> <td>c)Mother.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>d)Mother-in-law.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>e)Other female relative.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>f)Health Extension Worker.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>g)Community health volunteers.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Other, specify_____</td> <td></td> <td></td> </tr> </tbody> </table>		M	NM	a) Untrained TBA.....	1	2	b)Trained TBA	1	2	c)Mother.....	1	2	d)Mother-in-law.....	1	2	e)Other female relative.....	1	2	f)Health Extension Worker.....	1	2	g)Community health volunteers.....	1	2	Other, specify_____			
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704	Did you plan for a place to deliver (name)?	Yes.....1 No.....2																												
705	Where did you plan to deliver (name)?	Your Home.....1 Other Home.....2 Government Hospital.....3 Government Health Center.....4 Government Health Station/Clinic.....5 Health post.....6 NGO Health Facility.....7 Private Hospital.....8 Private Doctor/Clinic.....9 Other.....10 Other, specify_____																												
706	Who was the main person decided where (name's) delivery should take place?	Self.....1 Mother-in-law.....2 Father-in-law.....3 Other relative.....4 My husband.....5 My mother.....6 Other. Specify_____																												

Section 8. Delivery and Immediate Newborn care

801	Where did you give birth to (NAME)?	Your Home.....1 Other Home.....2 Government Hospital.....3 Government Health Center.....4 Government Health Station/Clinic.....5 Health post.....6 NGO Health Facility.....7 Private Hospital.....8 Private Doctor/Clinic.....9	
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		Other.....10																												
		Specify, other _____ (M = mentioned, NM= not mentioned)																												
802	Who assisted you with the delivery of (name)? Do not read responses ASK: Anything else? Probe for the type of person and record all persons assisting	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;">M</th> <th style="width: 10%; text-align: center;">NM</th> </tr> </thead> <tbody> <tr> <td>a) Health Professional.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>b) TBA/Trained TBA</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>c) Untrained Traditional Birth Attendant..</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>d) Relative/Friend/Neighbor.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>e) Health extension worker.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>f) No One.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>g) others.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td colspan="3">Other, specify _____</td> </tr> </tbody> </table>		M	NM	a) Health Professional.....	1	2	b) TBA/Trained TBA	1	2	c) Untrained Traditional Birth Attendant..	1	2	d) Relative/Friend/Neighbor.....	1	2	e) Health extension worker.....	1	2	f) No One.....	1	2	g) others.....	1	2	Other, specify _____			
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803	Where you given any drugs (Mesopostrol) to prevent excessive bleeding after giving birth to (Name)	<table style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td>Yes.....</td> <td style="text-align: right;">1</td> </tr> <tr> <td>No.....</td> <td style="text-align: right;">2</td> </tr> <tr> <td>Do not remember.....</td> <td style="text-align: right;">8</td> </tr> <tr> <td>Do not know.....</td> <td style="text-align: right;">9</td> </tr> </tbody> </table>	Yes.....	1	No.....	2	Do not remember.....	8	Do not know.....	9																				
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804	How long after birth did you first put (NAME) to the breast? If less than 1 hour or “immediately”, record “00” hours. If less than 24 hours, record hours. Otherwise, record days.	<table style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td>Immediately.....</td> <td style="text-align: right;">00</td> </tr> <tr> <td>Hours.....[] []</td> <td></td> </tr> <tr> <td>Days.....[] []</td> <td></td> </tr> <tr> <td>Don't Know.....</td> <td style="text-align: right;">98</td> </tr> </tbody> </table>	Immediately.....	00	Hours.....[] []		Days.....[] []		Don't Know.....	98																				
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805	What did you do with the first milk?	<table style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td>Squeeze out and throw.....</td> <td style="text-align: right;">1</td> </tr> <tr> <td>Squeeze out and give to the baby.....</td> <td style="text-align: right;">2</td> </tr> <tr> <td>Other, specify _____</td> <td></td> </tr> <tr> <td>Do not know.....</td> <td style="text-align: right;">8</td> </tr> </tbody> </table>	Squeeze out and throw.....	1	Squeeze out and give to the baby.....	2	Other, specify _____		Do not know.....	8																				
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809	When (name) was delivered, what instrument was used to cut the cord?	<table style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td>New Blade.....</td> <td style="text-align: right;">1</td> </tr> <tr> <td>Boiled Blade</td> <td style="text-align: right;">2</td> </tr> <tr> <td>Unboiled used blade.....</td> <td style="text-align: right;">3</td> </tr> <tr> <td>Knife.....</td> <td style="text-align: right;">4</td> </tr> <tr> <td>Scissor.....</td> <td style="text-align: right;">7</td> </tr> <tr> <td>Other</td> <td style="text-align: right;">8</td> </tr> <tr> <td colspan="2">Other (specify) _____</td> </tr> <tr> <td>Don't know</td> <td style="text-align: right;">98</td> </tr> </tbody> </table>	New Blade.....	1	Boiled Blade	2	Unboiled used blade.....	3	Knife.....	4	Scissor.....	7	Other	8	Other (specify) _____		Don't know	98												
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811	When (name) was delivered, did anybody apply anything on the stump after the baby's cord was cut?	Yes.....1 No.....2 Do not remember.....8	→813 →813
812	If so, what did they apply? Do not read responses ASK: Anything else? Record all responses	(M = mentioned, NM= not mentioned) M NM a) Butter.....1 2 b) Oil.....1 2 c) Ash.....1 2 d) Ointment/powder.....1 2 e) Animal dung.....1 2 f) Cold water.....1 2 Other (specify) _____ Don't know.....8	
813	Was your baby (name) dried before the placenta was delivered or immediately after birth?	Yes.....1 No.....2 Don't know.....8	
814	Was your baby (name) wrapped in cloth before the placenta was delivered or immediately after birth?	Yes.....1 No.....2 Don't know.....8	
815	Was your baby (name) put on the breast before the placenta was delivered or immediately after birth?	Yes.....1 No.....2 Don't know.....8	
816	Where was the baby (name) placed before the placenta was delivered or immediately after birth?	On the floor 1 On the cot2 With the mother3 With someone else4 Other 5 Other (specify) _____ Don't know 8	
817	Did the baby (name) cry or breath easily immediately after birth?	Yes.....1 No.....2 Don't know.....8	→820
818	What was done to help the baby (name) cry or breath easily immediately after birth? Do not read responses ASK: Anything else? Record all responses	M NM a) Rubbed/massaged.....1 2 b) Dried.....1 2 c) Mouth cleared.....1 2 d) Nothing.....1 2 Other, specify _____ Don't know.....8	
819	Who took these measures to help the baby (name) cry or breathed?	Health worker.....1 Health Extension Worker.....2 Community volunteer.....3 Traditional birth attendant.....4 Family/relative/friend.....7 Self.....8 Other, specify _____	
820	How long after birth was your baby (name) bathed for the first time?	Hours.....[] Days.....[] Don't know.....98	
821	In the first three days after delivery, was the baby (name) given anything to drink other than breast milk?	Yes.....1 No.....2	→823

822	<p>What was the baby (name) given to drink?</p> <p>Do not read responses ASK: Anything else? Record all responses</p>	<p>M = mentioned, NM= not mentioned)</p> <table border="0"> <thead> <tr> <th></th> <th>M</th> <th>NM</th> </tr> </thead> <tbody> <tr> <td>a) Milk (other than breast milk).....l</td> <td></td> <td>2</td> </tr> <tr> <td>b) Plain water.....l</td> <td></td> <td>2</td> </tr> <tr> <td>c) Sugar or glucose water.....l</td> <td></td> <td>2</td> </tr> <tr> <td>d) Fruit juice.....l</td> <td></td> <td>2</td> </tr> <tr> <td>e) Infant Formula.....l</td> <td></td> <td>2</td> </tr> <tr> <td>f) Tea/infusion/"hamesa".....l</td> <td></td> <td>2</td> </tr> <tr> <td>g) Fresh butter.....l</td> <td></td> <td>2</td> </tr> <tr> <td>Other, specify _____</td> <td></td> <td></td> </tr> </tbody> </table>		M	NM	a) Milk (other than breast milk).....l		2	b) Plain water.....l		2	c) Sugar or glucose water.....l		2	d) Fruit juice.....l		2	e) Infant Formula.....l		2	f) Tea/infusion/"hamesa".....l		2	g) Fresh butter.....l		2	Other, specify _____															
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823	<p>What did you do to keep the baby (name) warm following delivery?</p> <p>Do not read responses ASK: Anything else? Record all responses</p>	<p>M = mentioned, NM= not mentioned)</p> <table border="0"> <thead> <tr> <th></th> <th>M</th> <th>NM</th> </tr> </thead> <tbody> <tr> <td>a) Dried the baby.....l</td> <td></td> <td>2</td> </tr> <tr> <td>b) Wrapped the baby with clean cloth.....l</td> <td></td> <td>2</td> </tr> <tr> <td>c) Put baby beside the mother.....l</td> <td></td> <td>2</td> </tr> <tr> <td>d) Keep the baby on bare skin to skin contact.....l</td> <td></td> <td>2</td> </tr> <tr> <td>e) Bathed in warm water.....l</td> <td></td> <td>2</td> </tr> <tr> <td>f) Warmed delivery room.....l</td> <td></td> <td>2</td> </tr> <tr> <td>Other, specify _____</td> <td></td> <td></td> </tr> </tbody> </table>		M	NM	a) Dried the baby.....l		2	b) Wrapped the baby with clean cloth.....l		2	c) Put baby beside the mother.....l		2	d) Keep the baby on bare skin to skin contact.....l		2	e) Bathed in warm water.....l		2	f) Warmed delivery room.....l		2	Other, specify _____																		
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824	<p>In the first fifteen days of life how frequently per day did you hold (name) skin-to-skin against breast during the daytime and nighttime?</p>	<table border="0"> <tbody> <tr> <td>Always.....l</td> <td></td> <td>1</td> </tr> <tr> <td>Often.....l</td> <td></td> <td>2</td> </tr> <tr> <td>A few times.....l</td> <td></td> <td>3</td> </tr> <tr> <td>Never.....l</td> <td></td> <td>4</td> </tr> <tr> <td>Don't know.....l</td> <td></td> <td>8</td> </tr> </tbody> </table>	Always.....l		1	Often.....l		2	A few times.....l		3	Never.....l		4	Don't know.....l		8																									
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825	<p>In the first fifteen days did you sleep with (name) against you at night, or did lay him/her alone on the bed, or elsewhere?</p> <p>Do not read responses ASK: Anything else? Record all responses</p>	<p>M = mentioned, NM= not mentioned)</p> <table border="0"> <thead> <tr> <th></th> <th>M</th> <th>NM</th> </tr> </thead> <tbody> <tr> <td>a) Mother slept with babyl</td> <td></td> <td>2</td> </tr> <tr> <td>b) Laid baby on bed alone.....l</td> <td></td> <td>2</td> </tr> <tr> <td>c) Baby slept with another person.....l</td> <td></td> <td>2</td> </tr> <tr> <td>d) Keep the baby on bare skin to skin contact.....l</td> <td></td> <td>2</td> </tr> <tr> <td>Other, specify _____</td> <td></td> <td></td> </tr> </tbody> </table>		M	NM	a) Mother slept with babyl		2	b) Laid baby on bed alone.....l		2	c) Baby slept with another person.....l		2	d) Keep the baby on bare skin to skin contact.....l		2	Other, specify _____																								
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826	<p>What are the complications in a woman during childbirth needing medical treatment?</p> <p>Do not read responses ASK: Anything else? Record all responses</p>	<p>M = mentioned, NM= not mentioned)</p> <table border="0"> <thead> <tr> <th></th> <th>M</th> <th>NM</th> </tr> </thead> <tbody> <tr> <td>a) Excessive vaginal bleeding.....l</td> <td></td> <td>2</td> </tr> <tr> <td>b) Foul-smelling discharge.....l</td> <td></td> <td>2</td> </tr> <tr> <td>c) High fever.....l</td> <td></td> <td>2</td> </tr> <tr> <td>d) Baby's hand or feet come firstl</td> <td></td> <td>2</td> </tr> <tr> <td>e) Baby's in abnormal position.....l</td> <td></td> <td>2</td> </tr> <tr> <td>f) Prolonged labor (>12 hours).....l</td> <td></td> <td>2</td> </tr> <tr> <td>g) Retained placenta.....l</td> <td></td> <td>2</td> </tr> <tr> <td>h) Rupture uterus.....l</td> <td></td> <td>2</td> </tr> <tr> <td>i) Prolapsed cord.....l</td> <td></td> <td>2</td> </tr> <tr> <td>j) Cord around neck.....l</td> <td></td> <td>2</td> </tr> <tr> <td>k) Convulsions.....l</td> <td></td> <td>2</td> </tr> <tr> <td>Other, specify _____</td> <td></td> <td></td> </tr> </tbody> </table>		M	NM	a) Excessive vaginal bleeding.....l		2	b) Foul-smelling discharge.....l		2	c) High fever.....l		2	d) Baby's hand or feet come firstl		2	e) Baby's in abnormal position.....l		2	f) Prolonged labor (>12 hours).....l		2	g) Retained placenta.....l		2	h) Rupture uterus.....l		2	i) Prolapsed cord.....l		2	j) Cord around neck.....l		2	k) Convulsions.....l		2	Other, specify _____			
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827	<p>Do you know where to go if you experienced pregnancy complication, e.g. sever head ache, sever vaginal bleeding, prolonged labor or retained placenta your?</p> <p>Do not read responses ASK: Anything else? Record all responses</p>	<p>M = mentioned, NM= not mentioned)</p> <table border="0"> <thead> <tr> <th></th> <th>M</th> <th>NM</th> </tr> </thead> <tbody> <tr> <td>a) Hospital.....l</td> <td></td> <td>2</td> </tr> <tr> <td>b) Health center.....l</td> <td></td> <td>2</td> </tr> <tr> <td>c) Health post.....l</td> <td></td> <td>2</td> </tr> <tr> <td>d) Drug shop/pharmacy.....l</td> <td></td> <td>2</td> </tr> <tr> <td>e) Health extension worker.....l</td> <td></td> <td>2</td> </tr> <tr> <td>f) Volunteer community health workers.....l</td> <td></td> <td>2</td> </tr> <tr> <td>g) TBA/TTBA.....l</td> <td></td> <td>2</td> </tr> <tr> <td>h) Holy water/religious place.....l</td> <td></td> <td>2</td> </tr> <tr> <td>i) Traditional healer/Witchcraft.....l</td> <td></td> <td>2</td> </tr> <tr> <td>Other, specify _____</td> <td></td> <td></td> </tr> </tbody> </table>		M	NM	a) Hospital.....l		2	b) Health center.....l		2	c) Health post.....l		2	d) Drug shop/pharmacy.....l		2	e) Health extension worker.....l		2	f) Volunteer community health workers.....l		2	g) TBA/TTBA.....l		2	h) Holy water/religious place.....l		2	i) Traditional healer/Witchcraft.....l		2	Other, specify _____									
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829	What did you do when you had any of the symptoms?	M = mentioned, NM= not mentioned) M NM a)Hospital.....l 2 b)Health center.....l 2 c)Health post....l 2 d)Drug shop/pharmacy....l 2 e)Health extension worker....l 2 f)Volunteer community health workers....l 2 g)TBA/TTBA.....l 2 h)Holy water/religious place.....l 2 i)Traditional healer/Witchcraft....l 2 Other, specify _____ Did not do anything.....8	

Section 9. Postnatal care for mother and baby			
901	Did any community health worker visit you immediately after delivery of (NAME)?	Yes.....l No.....2 Do not remember.....8	→906 →906
902	If a community health worker visited you immediately after delivery of [NAME], who was that person? Do not read responses ASK: Anything else? Record all responses	M = mentioned, NM= not mentioned) M NM a)Health Extension Worker.....l 2 b)CHP.....l 2 c)CBRHAl 2 d)TBA/Trained TBAl 2 e)Others (specify) _____ Don't know/remember8	
903	How many days or how many weeks after delivery were you visited by a community health worker for the first time?	Days.....[][] Weeks.....[][]	
904	How many days or how many weeks after delivery were you visited by a community health worker for the second time?	Days.....[][] Weeks.....[][] Not checked for the second time.....88	
905	What was discussed? Do not read responses ASK: Anything else? Record all responses	(M = mentioned, NM= not mentioned) M NM a) To take extra amount of foodl 2 b) To seek care if there is danger signl 2 c) Exclusively breastfeed (to 6 months)l 2 d) Frequency of breastfeeding.....l 2 e) Complete feeding at one breast before switching to another....l 2 f)keep bay warm.....l 2 g) Position & attachment.....l 2 h) Immunize your child.....l 2 i) LAM.....l 2 j) To have your child (ren) sleep under bed net..l 2 k) Otherl 2	

		Others (specify) _____ Don't remember8																																					
906	After (name) was born, did a health worker check on your or your baby?	Yes.....1 No.....2	→911																																				
907	How long after delivery did your / or your baby's first check take place?	Days.....[][] Weeks.....[][]																																					
908	Where did the first check take place?	Your home.....1 Other home.....2 Health post.....3 Health center.....4 Hospital.....5 Other, specify _____																																					
909	What did the health worker do during that visit to check on your health? Do not read responses ASK: Anything else? Record all responses	(M = mentioned, NM= not mentioned) <table style="width:100%; border:none;"> <tr> <td></td> <td style="text-align:right">M</td> <td style="text-align:right">NM</td> </tr> <tr> <td>a) Examined body</td> <td style="text-align:right">1</td> <td style="text-align:right">2</td> </tr> <tr> <td>b) Checked breast</td> <td style="text-align:right">1</td> <td style="text-align:right">2</td> </tr> <tr> <td>c) Checked for heavy bleeding</td> <td style="text-align:right">1</td> <td style="text-align:right">2</td> </tr> <tr> <td>d) Counseled on danger signs.....</td> <td style="text-align:right">1</td> <td style="text-align:right">2</td> </tr> <tr> <td>e) Counseled on family planning.....</td> <td style="text-align:right">1</td> <td style="text-align:right">2</td> </tr> <tr> <td>f) Counseled on nutrition.....</td> <td style="text-align:right">1</td> <td style="text-align:right">2</td> </tr> <tr> <td>g) Referred to health center/hospital</td> <td style="text-align:right">1</td> <td style="text-align:right">2</td> </tr> <tr> <td>Other, specify _____</td> <td></td> <td></td> </tr> </table>		M	NM	a) Examined body	1	2	b) Checked breast	1	2	c) Checked for heavy bleeding	1	2	d) Counseled on danger signs.....	1	2	e) Counseled on family planning.....	1	2	f) Counseled on nutrition.....	1	2	g) Referred to health center/hospital	1	2	Other, specify _____												
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910	What did the health worker do during that visit to check on the health of baby? Do not read responses ASK: Anything else? Record all responses	(M = mentioned, NM= not mentioned) <table style="width:100%; border:none;"> <tr> <td></td> <td style="text-align:right">M</td> <td style="text-align:right">NM</td> </tr> <tr> <td>a) generally examined/looked at baby's body.....</td> <td style="text-align:right">1</td> <td style="text-align:right">2</td> </tr> <tr> <td>b) Weighted baby</td> <td style="text-align:right">1</td> <td style="text-align:right">2</td> </tr> <tr> <td>c) Checked cord.....</td> <td style="text-align:right">1</td> <td style="text-align:right">2</td> </tr> <tr> <td>d) Counseled on breastfeeding</td> <td style="text-align:right">1</td> <td style="text-align:right">2</td> </tr> <tr> <td>e) Observed breastfeeding</td> <td style="text-align:right">1</td> <td style="text-align:right">2</td> </tr> <tr> <td>f) Counseled on skin-to-skin contact/warmth</td> <td style="text-align:right">1</td> <td style="text-align:right">2</td> </tr> <tr> <td>g) Checked baby for danger sign</td> <td style="text-align:right">1</td> <td style="text-align:right">2</td> </tr> <tr> <td>h) Counseled on danger signs</td> <td style="text-align:right">1</td> <td style="text-align:right">2</td> </tr> <tr> <td>i) Referred to health center/hospital</td> <td style="text-align:right">1</td> <td style="text-align:right">2</td> </tr> <tr> <td>j) Nothing.....</td> <td style="text-align:right">1</td> <td style="text-align:right">2</td> </tr> <tr> <td>Other, specify _____</td> <td></td> <td></td> </tr> </table>		M	NM	a) generally examined/looked at baby's body.....	1	2	b) Weighted baby	1	2	c) Checked cord.....	1	2	d) Counseled on breastfeeding	1	2	e) Observed breastfeeding	1	2	f) Counseled on skin-to-skin contact/warmth	1	2	g) Checked baby for danger sign	1	2	h) Counseled on danger signs	1	2	i) Referred to health center/hospital	1	2	j) Nothing.....	1	2	Other, specify _____			
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911	In the first two months after delivery, did you receive a dose of vitamin A? [Show Vitamin A Capsule]	Yes.....1 No.....2 Do not remember....8																																					
912	Sometimes mothers after delivery have severe illnesses and should be taken immediately to a health facility. What type symptoms would cause you to go to a health facility right away? Do not read responses ASK: Anything else? Record all responses	M = mentioned, NM= not mentioned) <table style="width:100%; border:none;"> <tr> <td></td> <td style="text-align:right">M</td> <td style="text-align:right">NM</td> </tr> <tr> <td>a)Excessive vaginal bleeding.....</td> <td style="text-align:right">1</td> <td style="text-align:right">2</td> </tr> <tr> <td>b)Foul-smelling discharge.....</td> <td style="text-align:right">1</td> <td style="text-align:right">2</td> </tr> <tr> <td>c)High fever.....</td> <td style="text-align:right">1</td> <td style="text-align:right">2</td> </tr> <tr> <td>d)Sever abdominal pain.....</td> <td style="text-align:right">1</td> <td style="text-align:right">2</td> </tr> <tr> <td>e)Convulsions.....</td> <td style="text-align:right">1</td> <td style="text-align:right">2</td> </tr> <tr> <td>Other, specify _____</td> <td></td> <td></td> </tr> </table>		M	NM	a)Excessive vaginal bleeding.....	1	2	b)Foul-smelling discharge.....	1	2	c)High fever.....	1	2	d)Sever abdominal pain.....	1	2	e)Convulsions.....	1	2	Other, specify _____																		
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913	Did you have any of the symptoms of the danger signs of pregnancy when pregnant with (name)?	M = mentioned, NM= not mentioned) <table style="width:100%; border:none;"> <tr> <td></td> <td style="text-align:right">M</td> <td style="text-align:right">NM</td> </tr> <tr> <td>a)Excessive vaginal bleeding.....</td> <td style="text-align:right">1</td> <td style="text-align:right">2</td> </tr> <tr> <td>b)Foul-smelling discharge.....</td> <td style="text-align:right">1</td> <td style="text-align:right">2</td> </tr> <tr> <td>c)High fever.....</td> <td style="text-align:right">1</td> <td style="text-align:right">2</td> </tr> <tr> <td>d)Sever abdominal pain.....</td> <td style="text-align:right">1</td> <td style="text-align:right">2</td> </tr> <tr> <td>e)Convulsions.....</td> <td style="text-align:right">1</td> <td style="text-align:right">2</td> </tr> </table>		M	NM	a)Excessive vaginal bleeding.....	1	2	b)Foul-smelling discharge.....	1	2	c)High fever.....	1	2	d)Sever abdominal pain.....	1	2	e)Convulsions.....	1	2																			
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		Other, specify _____ No danger sign occurred.....8	
914	What did you do when you had any of the danger signs?	M = mentioned, NM= not mentioned) M NM a)Hospital.....1 2 b)Health center.....1 2 c)Health post....1 2 d)Drug shop/pharmacy....1 2 e)Health extension worker....1 2 f)Volunteer community health workers....1 2 g)TBA/TTBA.....1 2 h)Holy water/religious place.....1 2i i)Traditional healer/Witchcraft....1 2 Other, specify _____ Did not do anything.....8	

Section 10: Vitamin A

1001	Did (NAME) receive a dose of vitamin A in the last 6 months? Show Vitamin A Capsule	Yes.....1 No.....2 Child age <6months.....3 Do not know.....8	
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Section 11: Infant Feeding & Food Preparation Practices

1101	Did any community health worker visit you to discuss with you about the feeding of your child [NAME]?	Yes.....1 No.....2 Do not remember.....8	→ 1105 → 1105
1102	When was the last time a community health worker visited you to discuss about the feeding of your child [NAME]?	_____ months ago [If less than a month] _____ days ago	
1103	Who visited you during that time? ASK: Who else? Record all responses	Health Extension Worker.....1 CHP.....2 CBRHA3 TBA/Trained TBA4 Others (specify) _____ Don't know/remember8	
1104	What was discussed? DO NOT READ THE ANSWERS OUT LOUD. RECORD ALL MENTIONED ASK: Who else?	(M = mentioned, NM= not mentioned) M NM a) For you, to take extra amount of food .1 2 b) Exclusively breastfeed (to 6 months).....1 2 c) Frequency of breastfeeding.....1 2 d) Complete feeding at one breast before switching to another.....1 2 e) Continue breastfeeding child until 2 years and beyond.....1 2 f) Begin complementary feeding at 6 months1 2 g) Frequency of feeding.....1 2 h) Use of different food to enrich porridge...1 2 i) Immunize your child.....1 2 j) LAM.....1 2 k) Family planning.....1 2 l) Other1 2 Others (specify) _____	
1105	Have you ever breastfed (Name)?	Yes.....1 No.....2	
1106	Since you breastfeed (Name) do you eat more than usual, the same as usual, or less	More.....1 Same.....2	

	than usual?	Less.....3 Don't Know.....8	
I107	Since this time yesterday, did he/she receive any of the following? <i>Read each item aloud and record response before proceeding to the next item.</i>	Y N DK a) Vitamin supplements..... 2 8 b) Plain water..... 2 8 c) Sweetened water or juice..... 2 8 d) ORS..... 2 8 e) Infant formula..... 2 8 f) Milk..... 2 8 g) Other liquids..... 2 8 h) Solid or semi-solid food..... 2 8	Not correct
I108	Are you currently breastfeeding (name)?	Yes.....1 No.....2	→ I109a
I109	Why did you stop breastfeeding (name)?	Mother ill/weak.....1 Child ill/weak.....2 Nipple/breast problem.....3 Not enough milk.....4 Mother working.....5 Child refused.....6 Weaning age/age to stop.....7 Became pregnant.....8 Started using contraception.....9 Other.....10 Specify other _____	
I109a (only for Tigray)	Up to what age do you intend to breastfeed (NAME)?	Months [] [] Don't Know.....98	
I109b (only for Tigray)	How many times did you breastfeed (NAME) yesterday, between sunrise yesterday and sunrise today? If response is not numeric, probe for a numeric response	Number [] [] Don't Know.....98	
I109c (only for Tigray)	Did (NAME) drink anything from a bottle with a nipple yesterday or last night?	Yes.....1 No.....2 Don't Know.....8 Did not start drinking in bottle with a nipple.....9	
I110	At what age did you first introduce liquids or feeds other than breast milk to the baby?	Before 4 months.....1 Between 4 and 6 months.....2 Exactly when it is 6 month of age.....3 If after 6 months, indicate the month _____ Not started any supplementation....4 Don't Know.....98	
I110a (only for Tigray)	How many times did you feed [NAME] solid and/or semi-solid food between sunrise yesterday and sunrise today? If response is not numeric, probe for a numeric response	Number of feedings of solids and/or semi-solid foods _____ Don't know.....98	
I110b (only for Tigray)	I would like to ask you about the types of foods [NAME] has been fed over the past 24 hours, from sunrise yesterday to sunrise today	(M = mentioned, NM= not mentioned) M NM a) Breastmilk..... 2 b) Water..... 2 c) Formula..... 2	

	d) Milk other than breastmilk.....l 2 e) Fruit Juice.....l 2 f) Other liquids (sugar water, coffee, tea, broth, soft drinks).....l 2 g) Any food made from grains (millet, sorghum, maize, rice, wheat, teff).....l 2 h) Any food made from pumpkins, carrots, red sweet potatoes, green leafy vegetables, mango, papaya.....l 2 i) Any other food made from roots or tubers? (white potatoes, cassava, enset, or other local roots or tubers).....l 2 j) Any other fruits and vegetables? (e.g., bananas, apples, avacados, tomatoes).....l 2 k) Meat.....l 2 l) Any food made from legumes (e.g. lentils, beans, soybeans, pulses, or peanuts)?.....l 2 m) Any food made with oil, fat or butter?.....l 2 n) Cooked mashed foods.....l 2 o) Egg.....l 2 p) Fish.....l 2 q) Cheese, Yoghurt.....l 2 r) Others.....l 2 Other, specify _____	
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Section 12: Child Health, Nutrition during Illness and Care Seeking			
1201	Has (NAME) had diarrhea in the last 2 weeks?	Yes.....1 No.....2	→1213
1202	Was there any blood in the stools?	Yes.....1 No.....2	
1203	How much did you breastfeed during the illness? Did you breastfeed less than usual, about the same amount, or more than usual?	Much Less.....1 Somewhat less.....2 About the same.....3 More than usual.....4 Did not breastfeed.....5 Don't Know.....8	
1204	How much was (NAME) offered to drink during the diarrhea? Was (NAME) offered less than usual to drink, about the same amount, or more than usual to drink?	Much Less.....1 Somewhat less.....2 About the same.....3 More than usual.....4 Nothing to drink.....5 Not started fluid (only breast milk).....6 Don't Know.....8	

1205	How much was (NAME) offered to eat during the diarrhea? Was (NAME) offered less than usual to eat, about the same amount, or more than usual to eat?	Much Less.....1 Somewhat less.....2 About the same.....3 More than usual.....4 Eat nothing.....5 Not started supplementation6 Don't Know.....8	
1206	Did you seek advice or treatment for the diarrhea from any source?	Yes.....1 No.....2	→1209
1207	When (Name) was sick with <u>Diarrhea</u> did you seek advice or treatment for the illness outside home? <i>Do not read responses</i> <i>ASK: Anything else?</i> <i>Record all responses</i>	(M = mentioned, NM= not mentioned) M NM Government a)hospital.....1 2 b)health center.....1 2 c)health station/clinic.....1 2 d)health post.....1 2 e)Community-Based Outlet.....1 2 Non-Governmental Organization (NGO) f)Health facility.....1 2 g)Community-Based Outlet.....1 2 Private Medical/Community h)Private Hospital.....1 2 i)Private doctor/clinic.....1 2 j)Pharmacy.....1 2 Other Source k)Holy Water.....1 2 l)Shop.....1 2 m)Friend/Relative.....1 2 n)Traditional practitioner.....1 2 Other, Specify _____	
1208	How many days after the diarrhea began did you first seek advice or treatment for (NAME)? IF THE SAME DAY, RECORD '00'.	Days.....[]	
1209	Does (NAME) still have diarrhea?	Yes.....1 No.....2 Do not know.....8	
1210	Was (NAME) given any of the following to drink during the diarrhea: Fluid from ORS packet? Home-made sugar and salt solution? Other home made fluid?	(Y = yes, N = no, DK = don't know) Y N DK a) Fluid from an ORS packet.....1 2 8 b) Sugar and salt solution.....1 2 8 c) Other home made fluid1 2 8	
1211	Was (name) given anything else to treat the diarrhea?	Yes.....1 No.....2	→1213
1212	What (else) was given to treat the diarrhea? <i>Do not read responses</i> <i>ASK: Anything else?</i> <i>Record all responses</i>	(M = mentioned, NM= not mentioned) M NM PILL OR SYRUP PILL OR SYRUP PILL OR SYRUP a)Antibiotic 1 2 b)Antimotility 1 2 c)Zinc 1 2	

		d)Other (anti-biotic, antimotility, Zink).l 2 e)Unknown pill Or syrupl 2 INJECTION f)Antibioticl 2 g)Non-antibiotic..... l 2 h)Unknown injection. l 2 i) (iv) intravenous l 2 j)Home remedy/ herbal med- l 2 Other, specify _____	
1213	Has (NAME) been ill with a fever at any time in the last 2 weeks?	Yes.....1 No.....2 Do not know.....8	
1214	Has (NAME) had an illness with a cough at any time in the last 2 weeks?	Yes.....1 No.....2 Do not know.....8	→1217 →1217
1215	When (NAME) had an illness with a cough, did he/she breathe faster than usual with short, rapid breaths or have difficulty breathing?	Yes.....1 No.....2 Do not know.....8	
1216	When (NAME) had this illness, did he/she have a problem in the chest or a blocked or runny nose?	Chest only..... 1 Nose only..... 2 Both.....3 Other, specify _____ Do not know.....8	
1217	Check 1213 (Name) had fever?	Yes.....1 No.....2	→1226
1218	Now I would like to know how much (NAME) was given to drink during the illness with a (fever/cough). Was he/she given less than usual to drink, about the same amount, or more than usual to drink? IF LESS, PROBE: Was he/she given much less than usual to drink or somewhat less?	Much Less.....1 Some what less.....2 About the same.....3 More than usual.....4 Nothing to drink.....5 Don't Know.....8	
1219	Now I would like to know how much (NAME) was given to eat during the illness with a (fever/cough). Was he/she given less than usual to eat, about the same amount, or more than usual to eat? IF LESS, PROBE: Was he/she given much less than usual to eat or somewhat less?	Much Less.....1 Somewhat less.....2 About the same.....3 More than usual.....4 Stopped food.....5 Don't Know.....8	
1220	Did you sick advice or treatment for name's fever/cough?	Yes.....1 No.....2	→1222
1221	When (Name) was sick with a (fever/cough) did you seek advice or treatment for the illness outside home? <i>Do not read responses</i> <i>ASK: Anything else?</i> <i>Record all responses</i>	(M = mentioned, NM= not mentioned) M NM Government a)hospital..... l 2 b)health center..... l 2 c)health station/clinic..... l 2 d)health post..... l 2 e)Community-Based Outlet..... l 2 Non-Governmental Organization (NGO)	

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I222	How many days after the (fever/cough) began did you first seek advice or treatment for (NAME)? IF THE SAME DAY, RECORD '00'.	Days.....[]	
I223	Is (NAME) still sick with a (fever/cough)?	Yes.....l No.....2 Do not know.....8	
I224	At any time during the illness, did (NAME) take any drugs for the illness (fever/cough)?	Yes.....l No.....2 Do not know.....8	→I226 →I226
I225	What drugs did (Name) take? Any other drug? Record All Mentioned If the respondent has given drug for the child but doesn't know the name of the drug, ask to see the packets of the drugs she gave the child. But if she doesn't have any sample left, the interviewer has to show The sample she has the respondents in order to help identify the drug	(M = mentioned, NM= not mentioned) M NM ANTIMALARIAL DRUGS a)Fansidar/spl 2 b)Chloroquinel 2 c)Artemether lumefantrine.....l 2 d)Quininel 2 e)Other anti- malariall 2 ANT-BIOTIC f)Bacterim.....l 2 g)Ampcilin.....l 2 h)Amxycilin.....l 2 i)Chloriamphnicol.....l 2 j)Tetracyclin.....l 2 k)Other anti-biotic.....l 2 OTHER DRUGS l)Asprin.....l 2 m)Ibuproen.....l 2 n)Parcytamol.....l 2 Other, specify _____	

I226	<p>Sometimes newborns, within the first month of life have severe illnesses and should be taken immediately to a health facility.</p> <p>What type symptoms would cause you to take your newborn to a health facility?</p> <p>Do not read responses ASK: Anything else? Record all responses</p>	<p>M = mentioned, NM= not mentioned)</p> <table border="0"> <thead> <tr> <th></th> <th>M</th> <th>NM</th> </tr> </thead> <tbody> <tr><td>a) Vomiting</td><td>1</td><td>2</td></tr> <tr><td>b) Fever</td><td>1</td><td>2</td></tr> <tr><td>c) Poor sucking or feeding.....</td><td>1</td><td>2</td></tr> <tr><td>d) Baby has difficult/ fast breathing ...</td><td>1</td><td>2</td></tr> <tr><td>e) Baby feels cold.....</td><td>1</td><td>2</td></tr> <tr><td>f) Baby too small or born too early .</td><td>1</td><td>2</td></tr> <tr><td>g) Redness/discharge around cord....</td><td>1</td><td>2</td></tr> <tr><td>h) Red swollen eye/discharge.....</td><td>1</td><td>2</td></tr> <tr><td>i) Yellow palms/soles/eyes.....</td><td>1</td><td>2</td></tr> <tr><td>j) Lethargy.....</td><td>1</td><td>2</td></tr> <tr><td>k) Unconscious.....</td><td>1</td><td>2</td></tr> <tr><td>Other, specify _____</td><td></td><td></td></tr> </tbody> </table>		M	NM	a) Vomiting	1	2	b) Fever	1	2	c) Poor sucking or feeding.....	1	2	d) Baby has difficult/ fast breathing ...	1	2	e) Baby feels cold.....	1	2	f) Baby too small or born too early .	1	2	g) Redness/discharge around cord....	1	2	h) Red swollen eye/discharge.....	1	2	i) Yellow palms/soles/eyes.....	1	2	j) Lethargy.....	1	2	k) Unconscious.....	1	2	Other, specify _____																																	
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I227	<p>When a child under 5 years of age is sick, what signs of illness would tell you that he/she should be taken to a health facility or health worker?</p> <p>Any other signs?</p> <p>Do not read responses ASK: Anything else? Record all responses</p>	<p>(Mentioned = 1, Not Mentioned = 2)</p> <table border="0"> <thead> <tr> <th></th> <th>M</th> <th>N</th> </tr> </thead> <tbody> <tr><td>a) Repeated Watery Stools.....</td><td>1</td><td>2</td></tr> <tr><td>b) Any Watery Stools.....</td><td>1</td><td>2</td></tr> <tr><td>c) Repeated Vomiting.....</td><td>1</td><td>2</td></tr> <tr><td>d) Any Vomiting.....</td><td>1</td><td>2</td></tr> <tr><td>e) Blood in Stools.....</td><td>1</td><td>2</td></tr> <tr><td>f) Fast Breathing.....</td><td>1</td><td>2</td></tr> <tr><td>g) Difficult Breathing.....</td><td>1</td><td>2</td></tr> <tr><td>h) Noisy Breathing.....</td><td>1</td><td>2</td></tr> <tr><td>i) Fever.....</td><td>1</td><td>2</td></tr> <tr><td>j) Convulsions.....</td><td>1</td><td>2</td></tr> <tr><td>k) Stiff Neck.....</td><td>1</td><td>2</td></tr> <tr><td>l) Marked Thirst.....</td><td>1</td><td>2</td></tr> <tr><td>m) Unable to Drink.....</td><td>1</td><td>2</td></tr> <tr><td>n) Not Eating/Not Drinking Well.....</td><td>1</td><td>2</td></tr> <tr><td>o) Getting Sicker/Very Sick.....</td><td>1</td><td>2</td></tr> <tr><td>p) Not Getting Better.....</td><td>1</td><td>2</td></tr> <tr><td>q) Sick for a long time.....</td><td>1</td><td>2</td></tr> <tr><td>r) Sunken Eyes.....</td><td>1</td><td>2</td></tr> <tr><td>s) Cough.....</td><td>1</td><td>2</td></tr> <tr><td>t) Other.....</td><td>1</td><td>2</td></tr> <tr><td>Specify, Other _____</td><td></td><td></td></tr> <tr><td>Don't Know.....</td><td></td><td>8</td></tr> </tbody> </table>		M	N	a) Repeated Watery Stools.....	1	2	b) Any Watery Stools.....	1	2	c) Repeated Vomiting.....	1	2	d) Any Vomiting.....	1	2	e) Blood in Stools.....	1	2	f) Fast Breathing.....	1	2	g) Difficult Breathing.....	1	2	h) Noisy Breathing.....	1	2	i) Fever.....	1	2	j) Convulsions.....	1	2	k) Stiff Neck.....	1	2	l) Marked Thirst.....	1	2	m) Unable to Drink.....	1	2	n) Not Eating/Not Drinking Well.....	1	2	o) Getting Sicker/Very Sick.....	1	2	p) Not Getting Better.....	1	2	q) Sick for a long time.....	1	2	r) Sunken Eyes.....	1	2	s) Cough.....	1	2	t) Other.....	1	2	Specify, Other _____			Don't Know.....		8	
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<p>That is the end of our interview. Thank you very much for taking the time to answer these questions.</p>			
T2	Time at end of interview	_____:_____	

THANK YOU!!