

**Module I:
Women 15-49 yrs**

**[NAME] REGIONAL HEALTH BUREAU
L10K BASELINE SURVEY
Questionnaire for women age 15-49 years**

Section I: Identification and Consent

| | | | |
|------------|--|---|--|
| | Questionnaire Number, which include the Region code, Cluster & household code (to be numbered before interview) | <p style="text-align: center;">Q R Z WW KK RR []]</p> | |
| | Name (Household head) | _____ | |
| 101 | Area Identification | <p>A) Zone Name _____ Zone Code _____ B) Woreda _____ Woreda Code _____ C) Kebele _____ Kebele Code _____ D) Gote (Cluster) Name _____ E) Cluster # _____ F) House # _____ (to be given by data interviewers) G) Respondent's # _____ (to be given by data interviewers) H) Gote type: Closest to the health post1 Farthest from the health post.....2 No health post in the Kebele.....3</p> | |
| 102 | Personnel | <p>a) Interviewer _____ Interviewer code _____ b) Field Supervisor _____ Supervisor code _____ c) Data Entry Clerk _____ Data entry code _____</p> | |
| 103 | Date of visit | <p style="text-align: right;">[] DD MM YYYY</p> | |
| TI | Time at beginning of interview | <p style="text-align: right;">____:____</p> | |

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 now?

VERBAL CONSENT GIVEN TO INTERVIEW, CHECK BOX

| Section 2: Background and Household Characteristics | | | |
|--|---|--|----------------------------|
| 201 | In what month and year were you born? | <p style="text-align: right;">Month [][]</p> <p style="text-align: right;">Don't Know Month.....98</p> <p style="text-align: right;">Year [][][][]</p> <p style="text-align: right;">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 style="text-align: right;">Years[]</p> <p style="text-align: right;">Always 95</p> <p style="text-align: right;">Visitor 96</p> | |
| 204 | Are you able to read or write a simple sentence? | Yes.....1 No.....2 | →207 |
| 205 | Did you ever attend formal school? | Yes.....1 No.....2 | →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? | Number [][] | If "00" skip to 218 |

| | | | |
|-----|---|---|------|
| | [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 | | |
| 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: | Yes No a) Electricity? 1 2 b) A watch? 1 2 | |

| | | | |
|------------|--|---|------|
| | | c) A radio? l 2 d)A television? l 2 e)A mobile telephone? l 2 f)A non-mobile telephone? ... l 2 g)A refrigerator? l 2 h)A table?l 2 i)A chair?l 2 j)A bed?l 2 k)An electric mitad? l 2 l) A kerosene lamp/pressure lamp?.l 2 | |
| 230 | Does this household own any livestock, herds, or farm animals? | Yes.....l 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.....l 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 planning l 2 b) Child immunization l 2 c) Antenatal carel 2 d) Postnatal care.....l 2 e)Health education,.....l 2 f)Growth monitoring.....l 2 g)Referral of sick child.....l 2 h)Diarrhea treatment.....l 2 i)Malaria treatment.....l 2 j)Pneumonia treatment.....l 2 k)Provide or sell bed nets.....l 2 l)Delivery care.....l 2 | |

| | | m) Neonatal care..... 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) | <table border="0"> <thead> <tr> <th></th> <th>Mentioned (M)</th> <th>Not Mentioned (NM)</th> </tr> <tr> <th></th> <th>M</th> <th>NM</th> </tr> </thead> <tbody> <tr> <td>a) Family planning</td> <td> 1</td> <td>2</td> </tr> <tr> <td>b) Child immunization</td> <td> 1</td> <td>2</td> </tr> <tr> <td>c) Antenatal care</td> <td> 1</td> <td>2</td> </tr> <tr> <td>d) Postnatal care.....</td> <td> 1</td> <td>2</td> </tr> <tr> <td>e) Health education,.....</td> <td> 1</td> <td>2</td> </tr> <tr> <td>f) Growth monitoring.....</td> <td> 1</td> <td>2</td> </tr> <tr> <td>g) Referral of sick child.....</td> <td> 1</td> <td>2</td> </tr> <tr> <td>h) Diarrhea treatment.....</td> <td> 1</td> <td>2</td> </tr> <tr> <td>i) Malaria treatment.....</td> <td> 1</td> <td>2</td> </tr> <tr> <td>j) Pneumonia treatment.....</td> <td> 1</td> <td>2</td> </tr> <tr> <td>k) Provide or sell bed nets.....</td> <td> 1</td> <td>2</td> </tr> <tr> <td>l) Delivery care.....</td> <td> 1</td> <td>2</td> </tr> <tr> <td>m) Neonatal care.....</td> <td> 1</td> <td>2</td> </tr> <tr> <td>Other, specify _____</td> <td></td> <td></td> </tr> </tbody> </table> | | Mentioned (M) | Not Mentioned (NM) | | M | NM | a) Family planning | 1 | 2 | b) Child immunization | 1 | 2 | c) Antenatal care | 1 | 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 _____ | | | |
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| | M | NM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| a) Family planning | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| b) Child immunization | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| c) Antenatal care | 1 | 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Other, specify _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 306 | Did the HEW visit your household during the past 6 months to talk about health related issues? | Yes..... 1 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 border="0"> <thead> <tr> <th></th> <th>Mentioned (M)</th> <th>Not Mentioned (NM)</th> </tr> <tr> <th></th> <th>M</th> <th>NM</th> </tr> </thead> <tbody> <tr> <td>a) Message on Immunization.....</td> <td> 1</td> <td>2,</td> </tr> <tr> <td>b) Information on child nutrition... </td> <td>1</td> <td>2</td> </tr> <tr> <td>c) IEC on diarrhea treatment..... </td> <td>1</td> <td>2</td> </tr> <tr> <td>d) Information on pregnancy care... </td> <td>1</td> <td>2</td> </tr> <tr> <td>e) Information on HIV/AIDS</td> <td> 1</td> <td>2</td> </tr> <tr> <td>f) Information on hygiene.....</td> <td> 1</td> <td>2</td> </tr> <tr> <td>g) Promotion pit latrine construction... </td> <td>1</td> <td>2</td> </tr> <tr> <td>h) promote latrine use.....</td> <td> 1</td> <td>2</td> </tr> <tr> <td>i) promote safe water use....</td> <td> 1</td> <td>2</td> </tr> <tr> <td>j) Information/discussion on Family planning</td> <td> 1</td> <td>2</td> </tr> <tr> <td>Other, specify _____</td> <td></td> <td></td> </tr> </tbody> </table> | | Mentioned (M) | Not Mentioned (NM) | | M | NM | a) Message on Immunization..... | 1 | 2, | b) Information on child nutrition... | 1 | 2 | c) IEC on diarrhea treatment..... | 1 | 2 | d) Information on pregnancy care... | 1 | 2 | e) Information on HIV/AIDS | 1 | 2 | f) Information on hygiene..... | 1 | 2 | g) Promotion pit latrine construction... | 1 | 2 | h) promote latrine use..... | 1 | 2 | i) promote safe water use.... | 1 | 2 | j) Information/discussion on Family planning | 1 | 2 | Other, specify _____ | | | | | | | | | | | | |
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| b) Information on child nutrition... | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| c) IEC on diarrhea treatment..... | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| d) Information on pregnancy care... | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| e) Information on HIV/AIDS | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| f) Information on hygiene..... | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| g) Promotion pit latrine construction... | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| h) promote latrine use..... | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| i) promote safe water use.... | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| j) Information/discussion on Family planning | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other, specify _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 308 | Have you heard of or do you know about voluntary community health worker (such as CHP, CBRHA, etc) in your community? | Yes..... 1 No..... 2 | →312 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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|--|--|--|-----------|---------------|--------------------|--|------|-------|-------------------------------------|--|----|--|--|---|--|--|---|---|--|---|-----------------------------------|--|---|----------------------------------|--|---|--|--|---|---|--|---|------------------------------------|--|---|--------------------------|--|---|---------------------------------|--|---|----------------------|--|--|---------------------|--|--|--|
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| | 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Other, specify_____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 310 | <p>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?</p> | <table border="0"> <tbody> <tr> <td>Yes.....l</td> <td></td> </tr> <tr> <td>No.....2</td> <td></td> </tr> </tbody> </table> | Yes.....l | | No.....2 | | →312 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Yes.....l | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| No.....2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 311 | <p>What was discussed or what services were provided by the volunteer community health workers the last time he/she visited you at your home? Do not read the reponses (Multiple Responses Possible)</p> | <table border="0"> <thead> <tr> <th></th> <th>Mentioned (M)</th> <th>Not Mentioned (NM)</th> </tr> <tr> <th></th> <th>M</th> <th>NM</th> </tr> </thead> <tbody> <tr> <td>a)Information on Immunization.....l</td> <td></td> <td>2,</td> </tr> <tr> <td>b)Advice/information on child nutrition... l</td> <td></td> <td>2</td> </tr> <tr> <td>c)Information on diarrhea treatment.....l</td> <td></td> <td>2</td> </tr> <tr> <td>d)Information on pregnancy care/ANC... l</td> <td></td> <td>2</td> </tr> <tr> <td>e) Information on HIV/AIDSl</td> <td></td> <td>2</td> </tr> <tr> <td>f) Information on hygiene.....l</td> <td></td> <td>2</td> </tr> <tr> <td>g) Promotion pit latrine construction... l</td> <td></td> <td>2</td> </tr> <tr> <td>h)promotion on latrine use.....l</td> <td></td> <td>2</td> </tr> <tr> <td>i)promotion on safe water use....l</td> <td></td> <td>2</td> </tr> <tr> <td>j) Family planning ... l</td> <td></td> <td>2</td> </tr> <tr> <td>k) Family health services.....l</td> <td></td> <td>2</td> </tr> <tr> <td>l) Do not know.....8</td> <td></td> <td></td> </tr> <tr> <td>Other, specify_____</td> <td></td> <td></td> </tr> </tbody> </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_____ | | | |
| | 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_____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 312 | <p>When you are sick and want to get medical advice or treatment, is each of the following a big problem, or a small/no problem? (Read out loud the responses)</p> | <table border="0"> <thead> <tr> <th></th> <th>Big (1)</th> <th>small (2)</th> </tr> <tr> <th></th> <th>Big</th> <th>Small</th> </tr> </thead> <tbody> <tr> <td>a) Not knowing where to go.....l</td> <td></td> <td>2</td> </tr> <tr> <td>b) Not Getting permission to go....l</td> <td></td> <td>2</td> </tr> <tr> <td>c) Not getting money needed for treatment....l</td> <td></td> <td>2</td> </tr> <tr> <td>d) Not having a health facility nearby..... l</td> <td></td> <td>2</td> </tr> <tr> <td>e) Transportation problem..... l</td> <td></td> <td>2</td> </tr> <tr> <td>f) Not wanting to go alone.....l</td> <td></td> <td>2</td> </tr> <tr> <td>g) Concern that there may not be a female health provider....l</td> <td></td> <td>2</td> </tr> <tr> <td>h) Concern that there may not be any provider.....l</td> <td></td> <td>2</td> </tr> <tr> <td>i) due to household chores..... l</td> <td></td> <td>2</td> </tr> <tr> <td>Other, specify_____</td> <td></td> <td></td> </tr> </tbody> </table> | | Big (1) | small (2) | | Big | Small | a) Not knowing where to go.....l | | 2 | b) Not Getting permission to go....l | | 2 | c) Not getting money needed for treatment....l | | 2 | d) Not having a health facility nearby..... l | | 2 | e) Transportation problem..... l | | 2 | f) Not wanting to go alone.....l | | 2 | g) Concern that there may not be a female health provider....l | | 2 | h) Concern that there may not be any provider.....l | | 2 | i) due to household chores..... l | | 2 | Other, specify_____ | | | | | | | | | | | | |
| | Big (1) | small (2) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Big | Small | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| a) Not knowing where to go.....l | | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| b) Not Getting permission to go....l | | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| c) Not getting money needed for treatment....l | | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| d) Not having a health facility nearby..... l | | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| e) Transportation problem..... l | | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| f) Not wanting to go alone.....l | | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| g) Concern that there may not be a female health provider....l | | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| h) Concern that there may not be any provider.....l | | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| i) due to household chores..... l | | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other, specify_____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| | | | | | |
|-----|---|---|-----------|-------|--|
| 313 | 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) | 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 _____ | | | |

| Section 4. Community based IEC/BCC: awareness and exposure | | | | |
|--|--|--|--------------------|------|
| 401 | Have you heard about the Family Health Card? Show Family Health Card | Yes..... | 1 | →404 |
| | | No..... | 2 | |
| 402 | If yes, how did you hear about the family health card? (Multiple Responses Possible) | 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) Other | 1 | 2 |
| | | f) Others (specify)_____ | | |
| | | g) Don't know/remember | | 8 |
| 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 | →407 |
| | | No..... | 2 | |
| 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) CBRHA | 1 | 2 |
| | | d) TBA/Trained TBA | 1 | 2 |
| | | e) Other | 1 | 2 |
| | | f) Others (specify)_____ | | |
| | | g) Don't know/remember | | 8 |
| 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) Other1 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? | Yes No a) Self.....1 2 b) Newborn baby.....1 2 c) Other children (under 5)...1 2 d) Father.....1 2 | |

| | | | |
|--|---|---|--|
| | CIRCLE 1 FOR ALL PEOPLE MENTIONED. For those not mentioned circle "2" | e) Other..... 1 2 Other, specify _____ | |
|--|---|---|--|

Section 6: Family Planning

Now I would like to talk about family planning—the various way or methods that a couple can use to delay or avoid a pregnancy

| | | | |
|------------|---|--|-------------|
| 601 | Have you heard of family planning? | Yes.....1 No.....2 | →607 |
| 602 | Do you approve of couples using family planning methods | Yes.....1 No.....2 | |
| 603 | In the last 6 months have you heard about family planning from... READ OUT THE LIST Circle "1" for yes, and "2" for no. | (1 = yes, 2 = no) Y N a) Radio..... 1 2 b) Television..... 1 2 c) Newspaper/magazine..... 1 2 d) Pamphlet/poster..... 1 2 e) Health Worker..... 1 2 f) Community events..... 1 2 g) CBD/CBRH..... 1 2 h) Friends/Family..... 1 2 i) Health extension worker..... 1 2 j) Community health promoter..... 1 2 Other, specify _____ | |
| 604 | Have you ever hear of emergency contraceptives? | Yes.....1 No.....2 | |
| 605 | Do you know of a place where you can obtain a family planning method? | Yes.....1 No.....2 | →607 |
| 606 | Where can you obtain a family planning method? <i>DO NOT READ RESPONSES RECORD ALL MENTIONED</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) Outreach 1 2 Non-Governmental Organization (NGO) f) Health facility..... 1 2 g) Outreach 1 2 | |

| | | | |
|-----|--|--|----------------------|
| | | Private Medical/Community h) Private Hospital..... 2 i) Private doctor/clinic..... 2 j) Pharmacy..... 2 k) Drug Vendor..... 2 l) Kiosk..... 2 m) Friend/Relative..... 2 n) CBRHA..... 2 Other o) Other..... 2 Specify other _____ | |
| 607 | Are you pregnant now? | Yes..... 1 No..... 2 Not sure..... 8 | →609 →609 |
| 608 | At the time you became pregnant did you want to become pregnant <u>then</u> , did you want to wait until <u>later</u> , OR did you NOT WANT to have any more children? | Then..... 1 Later..... 2 Not want more children..... 3 | |
| 609 | Have you or your partner ever used any method to delay or avoid getting pregnant? | Yes..... 1 No..... 2 | →614 |
| 610 | CHECK QUESTION 607, IF THE WOMEN IS NOT PREGNANT OR UNSURE : ASK THE FOLLOWING QUESTION Are you or your partner currently doing something or using any method to delay or avoid getting pregnant? | Yes..... 1 No..... 2 | →614 |
| 611 | Which method are you using? Do not read out responses. Circle response. | Female Sterilization..... 1 Male Sterilization..... 2 Pill..... 3 IUD..... 4 Injections..... 5 Implants..... 6 Condom..... 7 Diaphragm/Foam/Jelly..... 8 Periodic Abstinence..... 9 Withdrawal..... 10 LAM..... 11 Other..... 12 Specify Other _____ | →614 →614 →614 |
| 612 | How long have you been using the current method (in months)? | Months [] | |
| 613 | Where did you obtain (CURRENT METHOD) the last time? | Government Hospital..... 1 Health center..... 2 | |

| | | | |
|---|--|---|--|
| <p>621</p> <p><i>FOR NON-CONTRACEPTORS: (check for q610=2)</i></p> <p>What is the <u>main</u> reason for not using a family planning method now?</p> <p>Do not read the responses Only one response is possible</p> | | <p>Not having sex.....1 Infrequent sex.....2 Menopausal.....3 Subfecund/infecund.....4 Postpartum amenorrheic.....5 Breastfeeding.....6 Fatalistic.....7 Respondent opposed.....8 Husband/partner opposed.....9 Others opposed.....10 Religious prohibition.....11 Knows no method.....12 Knows no source.....13 Health concern.....14 Fear of side effects.....15 Lack of access/too far.....16 Cost too much.....17 Inconvenient to use.....18 Interferes with body's normal process.....19 Method not available.....20 Other, specify_____</p> | |
| <p>622</p> <p><i>FOR NON-CONTRACEPTORS: (check for q610=2)</i></p> <p>Do you think you will use a contraceptive method to delay or avoid pregnancy at any time in the future?</p> | | <p>Yes 1 No 2 Don't Know 8</p> | |
| <p>623</p> <p>How confident are you that you can obtain the following family planning method?</p> | | <p>very(1), somewhat(2), not at all (3)</p> <p>a) Injectables 1 2 3 b) Pills..... 1 2 3 c) Condoms 1 2 3 d) Emergency contraception... 1 2 3 e) Norplant 1 2 3 f)IUD..... 1 2 3 g)Female Sterilization 1 2 3 Others, specify_____ 1 2 3</p> | |

| | | | |
|--|--|--|--|
| <p>Section 7: Fertility Preferences</p> | | | |
| <p>701</p> <p><u>For women with No LIVING CHILD</u>]: Check question No. 217: If you could choose exactly the number of children to have in your whole life, how many would that be?</p> <p><u>For women who HAVE CHILDREN</u>: Check question No. 217: If you go back to the time you did not have any children and could choose exactly the number of</p> | | <p>Number _____</p> <p>Up to God 88 Can't get pregnant/infertile 97 Do not know 99</p> | |

| | | | |
|-----|---|--|-------------------------------------|
| | children to have in your whole life, how many would that be? | | |
| 702 | <p>NOW I WOULD LIKE TO ASK SOME QUESTIONS ABOUT THE FUTURE:</p> <p><i>IF CURRENTLY NOT PREGNANT OR UNSURE: (Check if 607=2 OR 3)</i></p> <p>Would you like to have another child, Or would you prefer Not to have any more children?</p> <p><i>IF CURRENTLY PREGNANT: (Check if 607=1)</i></p> <p>After the child you are now expecting, would you like to have another child, or would you prefer not to have any (more) children?</p> | <p>Have (another) child.....1</p> <p>No more/none.....2</p> <p>Says she cannot get pregnant.....3</p> <p>Undecided/don't know.....8</p> | <p>→801</p> <p>→801</p> <p>→801</p> |
| 703 | How long would you like to wait before the birth of (a/another) child? | <p>Months []</p> <p>Years []</p> <p>Soon/now 993</p> <p>After marriage 995</p> <p>Other 996</p> <p>Don't know 998</p> | |

| Section 8: HIV/AIDS and Condom | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---------------------------------------|--|---|-------|---|----|---------------|---|---|--------------------|---|---|----------------------------|---|---|-------------------------|---|---|-----------------------|---|---|----------------------------|---|---|-------------------------------------|---|---|--|
| 801 | <p>Now I would like to talk about another health issue.</p> <p>Have you ever heard of the virus HIV or an illness called AIDS?</p> | <p>Yes.....1</p> <p>No.....2</p> | →Q808 | | | | | | | | | | | | | | | | | | | | | | | | |
| 802 | In the past 6 months have you heard about HIV/AIDS? | <p>Yes.....1</p> <p>No.....2</p> | →Q804 | | | | | | | | | | | | | | | | | | | | | | | | |
| 803 | <p>If yes, from what sources:</p> <p>DO NOT READ OUT THE LIST</p> <p>RECORD ALL MENTIONED</p> | <p>(M = mentioned, NM = not mentioned)</p> <table border="0"> <thead> <tr> <th></th> <th style="text-align: center;">M</th> <th style="text-align: center;">NM</th> </tr> </thead> <tbody> <tr> <td>a) Radio.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>b) Television.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>c) Newspaper/magazine.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>d) Pamphlet/poster.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>e) Health Worker.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>f) Community meetings.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>g) Community Based Distributor.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table> | | M | NM | a) Radio..... | 1 | 2 | b) Television..... | 1 | 2 | c) Newspaper/magazine..... | 1 | 2 | d) Pamphlet/poster..... | 1 | 2 | e) Health Worker..... | 1 | 2 | f) Community meetings..... | 1 | 2 | g) Community Based Distributor..... | 1 | 2 | |
| | M | NM | | | | | | | | | | | | | | | | | | | | | | | | | |
| a) Radio..... | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | |
| b) Television..... | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | |
| c) Newspaper/magazine..... | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | |
| d) Pamphlet/poster..... | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | |
| e) Health Worker..... | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | |
| f) Community meetings..... | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | |
| g) Community Based Distributor..... | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | |

| | | h) Anti-AIDS clubs.....1 2 i) Family/friends.....1 2 j) Religious places.....1 2 k) Health extension worker.....1 2 l) Community health promoter.....1 2 m) Others.....1 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|---|----------------|---|----|---------------------------|---|---|----------------------|---|---|--|---|---|--|---|---|-------------------------------------|---|---|--|---|---|-------------------------------------|---|---|--|---|---|-----------------------------------|---|---|--|---|---|------------------------|---|---|-------------------------------|---|---|--|---|---|--------------------------------------|---|---|----------------|---|---|--------------------|--|--|--|
| 804 | Is there anything a person can do to avoid getting infected with HIV which is the virus that causes AIDS? | Yes.....1 No.....2 | →Q806 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 805 | What can a person do? DO NOT READ OUT THE LIST RECORD ALL MENTIONED Anything else? Record all mentioned | (M = mentioned, NM = not mentioned) <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 5%; text-align: center;">M</th> <th style="width: 15%; text-align: center;">NM</th> </tr> </thead> <tbody> <tr> <td>a) Abstain from sex.....1</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>b) Use Condoms.....1</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>c) Limit sex to one partner/Stay faithful to one partner.....1</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>d) Limit number of sexual partners.....1</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>e) Avoid sex with prostitutes.....1</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>f) Avoid sex with persons who have many partners.....1</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>g) Avoid sex with homosexuals.....1</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>h) Avoid sex with persons who inject drugs intravenously.....1</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>i) Avoid blood transfusions.....1</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>j) Avoid injections with unclean needles/unsafe injections.....1</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>k) Avoid kissing.....1</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>l) Avoid mosquito bites.....1</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>m) Seek protection from traditional healer.....1</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>n) Avoid sharing razors/blades.....1</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>o) Other.....1</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Specify other_____</td> <td></td> <td></td> </tr> </tbody> </table> | | M | NM | a) Abstain from sex.....1 | 1 | 2 | b) Use Condoms.....1 | 1 | 2 | c) Limit sex to one partner/Stay faithful to one partner.....1 | 1 | 2 | d) Limit number of sexual partners.....1 | 1 | 2 | e) Avoid sex with prostitutes.....1 | 1 | 2 | f) Avoid sex with persons who have many partners.....1 | 1 | 2 | g) Avoid sex with homosexuals.....1 | 1 | 2 | h) Avoid sex with persons who inject drugs intravenously.....1 | 1 | 2 | i) Avoid blood transfusions.....1 | 1 | 2 | j) Avoid injections with unclean needles/unsafe injections.....1 | 1 | 2 | k) Avoid kissing.....1 | 1 | 2 | l) Avoid mosquito bites.....1 | 1 | 2 | m) Seek protection from traditional healer.....1 | 1 | 2 | n) Avoid sharing razors/blades.....1 | 1 | 2 | o) Other.....1 | 1 | 2 | Specify other_____ | | | |
| | M | NM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| a) Abstain from sex.....1 | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| b) Use Condoms.....1 | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| c) Limit sex to one partner/Stay faithful to one partner.....1 | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| d) Limit number of sexual partners.....1 | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| e) Avoid sex with prostitutes.....1 | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| f) Avoid sex with persons who have many partners.....1 | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| g) Avoid sex with homosexuals.....1 | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| h) Avoid sex with persons who inject drugs intravenously.....1 | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| i) Avoid blood transfusions.....1 | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| j) Avoid injections with unclean needles/unsafe injections.....1 | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| k) Avoid kissing.....1 | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| l) Avoid mosquito bites.....1 | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| m) Seek protection from traditional healer.....1 | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| n) Avoid sharing razors/blades.....1 | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| o) Other.....1 | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Specify other_____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 806 | Can the virus that causes AIDS be transmitted from a mother to a child? | Yes.....1 No.....2 Not sure.....8 | →Q808 →Q808 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| | | | |
|---|--|---|-------------|
| <p>807</p> <p>When can the virus that causes AIDS be transmitted from a mother to a child?</p> <p>Multiple Responses Possible Circle “1” if response mentioned, circle “2” if not mentioned.</p> <p>Probe: Any other times?</p> | | <p>(M = mentioned, NM = not mentioned)</p> <p style="text-align: right;"><u>M</u> <u>NM</u></p> <p>a) During pregnancy..... 2</p> <p>b) At delivery..... 2</p> <p>c) During breastfeeding..... 2</p> <p>d) Other times..... 2</p> <p style="padding-left: 20px;">Specify, _____</p> <p>e) Don't know..... 8</p> | |
| <p>808</p> | <p>Have you ever heard about condoms?</p> | <p>Yes..... 1</p> <p>No..... 2</p> | <p>→901</p> |
| <p>809</p> <p>In the last six months how have you heard about condoms?</p> <p>READ OUT RESPONSES. Circle “1” for “yes”, 2 for “no”.</p> | | <p>(M = mentioned, NM = not mentioned)</p> <p style="text-align: right;"><u>M</u> <u>NM</u></p> <p>a) Radio..... 2</p> <p>b) Television..... 2</p> <p>c) Newspaper/magazine..... 2</p> <p>d) Pamphlet/poster..... 2</p> <p>e) Community meetings 2</p> <p>f) CBRHA..... 2</p> <p>g) health facility..... 2</p> <p>h) Health extension worker..... 2</p> <p>i) Community health promoter..... 2</p> <p style="padding-left: 20px;">j) friends..... 2</p> <p>k) Others _____ 2</p> <p style="padding-left: 20px;">Other, specify _____</p> | |
| <p>810</p> | <p>Do you know of a place where one can get condoms?</p> | <p>Yes..... 1</p> <p>No..... 2</p> | <p>→901</p> |
| <p>811</p> <p style="text-align: right;">Where is that?</p> <p>Do not read out responses. Multiple responses possible.</p> | | <p>(M = mentioned, NM = not mentioned)</p> <p style="text-align: right;"><u>M</u> <u>NM</u></p> <p>a) Government health facility..... 2</p> <p style="padding-left: 20px;">b) Non-Governmental (NGO) health facility..... 2</p> <p>c) Private health facility/provider..... 2</p> <p>d) Pharmacy..... 2</p> <p>e) Drug Shop..... 2</p> <p>f) Kiosk 2</p> <p style="padding-left: 20px;">g) CBRHA..... 2</p> <p>h) Health Extension Workers 2</p> | |

| | | | |
|--|--|---|--|
| | | i) Community health promoters 2 j) Other..... 2 Specify other _____ | |
|--|--|---|--|

| Section 9: Iodized Salt | | | |
|--------------------------------|--|--|--|
| 901 | ASK RESPONDENT FOR A TEASPOONFUL OF COOKING SALT: TEST SALT FOR IODINE RECORD PARTS PER MILLION (PPM) | 0 PPM (No Iodine)..... 1 Less than 15 PPM..... 2 More than 15 PPM..... 3 No salt in the house..... 4 Salt not tested..... 5 If salt not tested, specify reason _____ | |

Section 10: Maternal Mortality

| 1001 | Do you have or have you ever had biological sister(s)? Yes.....1 No.....2→T2 | | | | | | | | |
|-----------------|--|---|-----------------------------------|---|--|---|---|---|--|
| (Sisters' name) | Is (name) born to the same mother? 1002 | Is (name) still alive? 1003 | How old is (name)? 1004 | How many years ago did (name) die? 1005 | How old was (name) when she died? 1006 | Was (name) pregnant when she died? 1007 | Did (name) die during pregnancy? 1008 | Did (name) die within two months after the end of a pregnancy or childbirth? 1009 | How many live born children did (name) give birth to during her lifetime (before this preg) 1010 |
| 1: _____ | Yes....1 No.....2→2 DK....8→2 | Yes....1 No.....2→1005 DK....8→2 | []→2 DK....88→2 | [] DK...88 | [] DK....88 | Yes....1→1010 No.....2 DK....8 | Yes....1→1010 No.....2→ DK....8→ | Yes....1 No.....2 DK....8 | []→2 |
| 2: _____ | Yes....1 No.....2→3 DK....8→3 | Yes....1 No.....2→1005 DK....8→3 | []→3 DK....88→3 | [] DK...88 | [] DK....88 | Yes....1→1010 No.....2 DK....8 | Yes....1→1010 No.....2→ DK....8→ | Yes....1 No.....2 DK....8 | []→3 |
| 3: _____ | Yes....1 No.....2→4 DK....8→4 | Yes....1 No.....2→1005 DK....8→4 | []→4 DK....88→4 | [] DK...88 | [] DK....88 | Yes....1→1010 No.....2 DK....8 | Yes....1→1010 No.....2→ DK....8→ | Yes....1 No.....2 DK....8 | []→4 |
| 4: _____ | Yes....1 No.....2→5 DK....8→5 | Yes....1 No.....2→1005 DK....8→5 | []→5 DK....88→5 | [] DK...88 | [] DK....88 | Yes....1→1010 No.....2 DK....8 | Yes....1→1010 No.....2→ DK....8→ | Yes....1 No.....2 DK....8 | []→5 |
| 5: _____ | Yes....1 No.....2→6 DK....8→6 | Yes....1 No.....2→1005 DK....8→6 | []→6 DK....88→6 | [] DK...88 | [] DK....88 | Yes....1→1010 No.....2 DK....8 | Yes....1→1010 No.....2→ DK....8→ | Yes....1 No.....2 DK....8 | []→6 |
| 6: _____ | Yes....1 No.....2→7 DK....8→7 | Yes....1 No.....2→1005 DK....8→7 | []→7 DK....88→7 | [] DK...88 | [] DK....88 | Yes....1→1010 No.....2 DK....8 | Yes....1→1010 No.....2→ DK....8→ | Yes....1 No.....2 DK....8 | []→7 |
| 7: _____ | Yes....1 No.....2→8 DK....8→8 | Yes....1 No.....2→1005 DK....8→8 | []→8 DK....88→8 | [] DK...88 | [] DK....88 | Yes....1→1010 No.....2 DK....8 | Yes....1→1010 No.....2→ DK....8→ | Yes....1 No.....2 DK....8 | []→8 |
| 8: _____ | Yes....1 No.....2→9 DK....8→9 | Yes....1 No.....2→1005 DK....8→9 | []→9 DK....88→9 | [] DK...88 | [] DK....88 | Yes....1→1010 No.....2 DK....8 | Yes....1→1010 No.....2→ DK....8→ | Yes....1 No.....2 DK....8 | []→9 |
| 9: _____ | Yes....1 No.....2→10 DK....8→10 | Yes....1 No.....2→1005 DK....8→10 | []→10 DK....88→10 | [] DK...88 | [] DK....88 | Yes....1→1010 No.....2 DK....8 | Yes....1→1010 No.....2→ DK....8→ | Yes....1 No.....2 DK....8 | []→10 |
| 10: _____ | Yes....1 No.....2→T2 DK....8→2 | Yes....1 No.....2→1005 DK....8 | [] DK....88 | [] DK...88 | [] DK....88 | Yes....1→1010 No.....2 DK....8 | Yes....1→1010 No.....2→ DK....8→ | Yes....1 No.....2 DK....8 | [] |

