

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	
T1	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 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 style="text-align: right;">Grade [] []</p> <p style="text-align: right;">Technical/vocational certificate 13</p> <p style="text-align: right;">University/college diploma . . . 14</p> <p style="text-align: right;">University/college degree or Higher 15</p>	
207	What is your religion?	<p>Orthodox 1</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)	

		<p style="text-align: right;">...2</p> <p>Flush toilet.....3</p> <p>No facility/Bush/Field... ..4</p> <p>Other(Specify)_____</p>																																								
224	Do you listen to the radio almost every day, at least once a week, less than once a week or not at all?	<p>Almost every day 1</p> <p>At least once a week 2</p> <p>Less than once a week 3</p> <p>Not at all 4</p> <p>Do not have radio at home.....8</p>																																								
225	Main material of the roof. Record observation.	<p>Thatch/leaf 1</p> <p>Rustic mat/plastic sheets 2</p> <p>Reed/bamboo 3</p> <p>Wood planks 4</p> <p>Finished roofing Corrugated iron . . . 5</p> <p>Wood 6</p> <p>Calamine/cement fiber..... 7</p> <p>Cement/concrete 8</p> <p>Roofing shingles 9</p> <p>Other (specify)_____</p>																																								
226	Main material of the walls. Record Observation	<p>No walls.....1</p> <p>Cane/trunks/bamboo/reed.....2</p> <p>Rambo/wood 3</p> <p>Stone with mud 4</p> <p>Uncovered adobe..... 5</p> <p>Plywood. 6</p> <p>Cartoon 7</p> <p>Cement..... 8</p> <p>Stine with lime cement. 9</p> <p>Bricks.....10</p> <p>Cement blocks.....11</p> <p>Covered adobe.....12</p> <p>Wood planks/shigles.....13</p> <p>Other (specify)_____</p>																																								
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 style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;">Yes</th> <th style="width: 10%; text-align: center;">No</th> </tr> </thead> <tbody> <tr> <td>a) Electricity?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>b)A watch?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>c) A radio?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>d)A television?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>e)A mobile telephone?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>f)A non-mobile telephone?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>g)A refrigerator?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>h)A table?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>i)A chair?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>j)A bed?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>k)An electric mitad?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>l) A kerosene lamp/pressure lamp?.</td> <td style="text-align: center;">1</td> <td style="text-align: center;">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 livestock, herds, or farm animals?	<p style="text-align: right;">Yes.....1</p> <p style="text-align: right;">No.....2</p>	→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.....[]
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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																																																
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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..... 1 No..... 2	→312																																													

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 responses (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) Information on Immunization.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2,</td> </tr> <tr> <td>b) Advice/information on child nutrition... </td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>c) Information on diarrhea treatment.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>d) Information on pregnancy care/ANC... </td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>e) Information on HIV/AIDS</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>f) Information on hygiene.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>g) Promotion pit latrine construction... </td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>h) promotion on latrine use.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>i) promotion on safe water use....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>j) Family planning ...</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>k) Family health services.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>l) Do not know.....</td> <td style="text-align: center;">8</td> <td></td> </tr> <tr> <td colspan="3">Other, specify _____</td> </tr> </table>	Mentioned (M)	Not Mentioned (NM)			M	NM	a) Information on Immunization.....	1	2,	b) Advice/information on child nutrition...	1	2	c) Information on diarrhea treatment.....	1	2	d) Information on pregnancy care/ANC...	1	2	e) Information on HIV/AIDS	1	2	f) Information on hygiene.....	1	2	g) Promotion pit latrine construction...	1	2	h) promotion on latrine use.....	1	2	i) promotion on safe water use....	1	2	j) Family planning ...	1	2	k) Family health services.....	1	2	l) Do not know.....	8		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>Yes.....</td> <td style="text-align: center;">1</td> </tr> <tr> <td>No.....</td> <td style="text-align: center;">2</td> </tr> </table>	Yes.....	1	No.....	2	→404											
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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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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)_____	
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)_____	
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"	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 _____	
507	Did (NAME) sleep under a bed net last night?	Yes.....1 No.....2	

Section 6: Child Immunization

601	Do you have a card/paper where (Name's) vaccinations are written down? If Yes, May I see it?	Yes.....1 No.....2 Don't Know.....8	→603
602	Did you ever have a vaccination card/paper for (NAME)?	Yes.....1 No.....2 Don't Know.....8	All responses go to 606

WOMAN HAS CHILD'S VACCINATION CARD

603	Does the child have a scar from BCG vaccination? CHECK FOR BCG SCAR.	Yes.....1 No.....2	
604	Copy vaccination date for each vaccine from the card/paper Write "44" in "Day" column if card shows that a vaccination was given, but no date is recorded a) BCG b) Polio 0 c) Polio 1 d) Polio 2 e) Polio 3 f) Penta 1 g) Penta2	Day Month Year BCG [][][][][][][][][] Polio 0 [][][][][][][][][] Polio 1 [][][][][][][][][] Polio 2 [][][][][][][][][] Polio 3 [][][][][][][][][] Penta 1 [][][][][][][][][] Penta2 [][][][][][][][][]	If fully vaccinated, then go to 609

	<p>Why was the child not fully immunized?</p> <p>MULTIPLE RESPONSES POSSIBLE</p>	<p>3rd dose.....l 2</p> <p>c) Place and/or time of immunization</p> <p>unknownl 2</p> <p>d) Fear of side reactions.....l 2</p> <p>e) Wrong ideas about contra-indications.....l 2</p> <p>f) Postponed until another time.....l 2</p> <p>g) No faith in immunization.....l 2</p> <p>h) Rumors.....l 2</p> <p>Obstacles</p> <p>i) Place of immunization too far.....l 2</p> <p>j) Time of immunization inconvenient.....l 2</p> <p>k) Vaccinators absent.....l 2</p> <p>l) Vaccine not available.....l 2</p> <p>m) Mother too busy.....l 2</p> <p>n) Child ill-- not brought.....l 2</p> <p>o) Child ill—brought but not given immunization....l 2</p> <p>p) Long Waiting time.....l 2</p> <p>q) Other.....l 2</p> <p>Specify other _____</p>	
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609	<p>In the last three months have you heard about vaccinations by any of the following means?</p> <p>READ OUT THE LIST Circle "1" for yes, and "2" for no.</p>	<p>(Y = yes, N = no)</p> <table border="1"> <thead> <tr> <th></th> <th>Y</th> <th>N</th> </tr> </thead> <tbody> <tr> <td>a) Radio.....l</td> <td>1</td> <td>2</td> </tr> <tr> <td>b) Television.....l</td> <td>1</td> <td>2</td> </tr> <tr> <td>c) Newspaper/magazine.....l</td> <td>1</td> <td>2</td> </tr> <tr> <td>d) Pamphlet/poster.....l</td> <td>1</td> <td>2</td> </tr> <tr> <td>e) Health worker.....l</td> <td>1</td> <td>2</td> </tr> <tr> <td>f) Community events.....l</td> <td>1</td> <td>2</td> </tr> <tr> <td>g) Community health worker.....l</td> <td>1</td> <td>2</td> </tr> <tr> <td>h) Community Health Promoter.....l</td> <td>1</td> <td>2</td> </tr> <tr> <td>i) Health Extension Worker.....l</td> <td>1</td> <td>2</td> </tr> <tr> <td>Other (Specify) _____</td> <td></td> <td></td> </tr> </tbody> </table>		Y	N	a) Radio.....l	1	2	b) Television.....l	1	2	c) Newspaper/magazine.....l	1	2	d) Pamphlet/poster.....l	1	2	e) Health worker.....l	1	2	f) Community events.....l	1	2	g) Community health worker.....l	1	2	h) Community Health Promoter.....l	1	2	i) Health Extension Worker.....l	1	2	Other (Specify) _____			
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Section 7: Vitamin A and Deworming			
701	Did (NAME) receive a dose of vitamin A in the last 6 months? Show Vitamin A Capsule	Yes.....l No.....2 Do not know.....8	
702	Did (NAME) receive a medicine for worms in the last six months?	Yes.....l No.....2 Do not know.....8	

Section 8: Infant Feeding & Food Preparation Practices			
801	Did any community health worker visit you to discuss with you about the feeding of your child [NAME]?	Yes.....l No.....2 Do not remember.....8	→805 →805
802	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	
803	Who visited you during that time?	a)Health Extension Worker.....l b)CHP.....2	

	ASK: Who else? Record all responses	c) CBRHA3 d) TBA/Trained TBA4 Others (specify) _____ Don't know/remember8	
804	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 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 months 2 g) Frequency of feeding.....1 2 h) Use of different food to enrich porridge... 2 i) Immunize your child.....1 2 j) LAM.....1 2 k) Family planning.....1 2 l) Other1 2 Others (specify) _____	
805	Have you ever breastfed (Name)?	Yes.....1 No.....2	→Q811
806	Since you breastfeed (Name) do you eat more than usual, the same as usual, or less than usual?	More.....1 Same.....2 Less.....3 Don't Know.....8	
807	Are you currently breastfeeding (name)?	Yes.....1 No.....2	→809
808	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 _____	All responses go to 811
809	Up to what age do you intend to breastfeed (NAME)?	Months [] [] Don't Know.....98	
810	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	
811	Did (NAME) drink anything from a bottle with a nipple yesterday or last night?	Yes.....1 No.....2 Don't Know.....8	
812	At what age did you first introduce liquids or feeds other than breastmilk 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	

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813	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																																																										
814	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) <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) Breastmilk.....</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>b) Water.....</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>c) Formula.....</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>d) Milk other than breastmilk.....</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>e) Fruit Juice.....</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>f) Other liquids (sugar water, coffee, tea, broth, soft drinks).....</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>g) Any food made from grains (millet, sorghum, maize, rice, wheat, teff).....</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>h) Any food made from pumpkins, carrots, red sweet potatoes, green leafy vegetables, mango, papaya.....</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>i) Any other food made from roots or tubers? (white potatoes, cassava, enset, or other local roots or tubers).....</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>j) Any other fruits and vegetables? (e.g., bananas, apples, avacados, tomatoes).....</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>k) Meat.....</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>l) Any food made from legumes (e.g. lentils, beans, soybeans, pulses, or peanuts)?.....</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>m) Any food made with oil, fat or butter?.....</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>n) Cooked mashed foods.....</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>o) Egg.....</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>p) Fish.....</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>q) Cheese, Yoghurt.....</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>Other, sepcify _____</td><td></td><td></td></tr> </tbody> </table>		M	NM	a) Breastmilk.....	1	2	b) Water.....	1	2	c) Formula.....	1	2	d) Milk other than breastmilk.....	1	2	e) Fruit Juice.....	1	2	f) Other liquids (sugar water, coffee, tea, broth, soft drinks).....	1	2	g) Any food made from grains (millet, sorghum, maize, rice, wheat, teff).....	1	2	h) Any food made from pumpkins, carrots, red sweet potatoes, green leafy vegetables, mango, papaya.....	1	2	i) Any other food made from roots or tubers? (white potatoes, cassava, enset, or other local roots or tubers).....	1	2	j) Any other fruits and vegetables? (e.g., bananas, apples, avacados, tomatoes).....	1	2	k) Meat.....	1	2	l) Any food made from legumes (e.g. lentils, beans, soybeans, pulses, or peanuts)?.....	1	2	m) Any food made with oil, fat or butter?.....	1	2	n) Cooked mashed foods.....	1	2	o) Egg.....	1	2	p) Fish.....	1	2	q) Cheese, Yoghurt.....	1	2	Other, sepcify _____			
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815	The last time you fed your child(ren), did you wash your hands immediately before feeding (him/her/them)	Yes.....1 No.....2																																																										
816	The last time you had to clean (your child/one of your children) after he/she defecated, did you wash your hands immediately afterwards?	Yes.....1 No.....2																																																										
817	What usually happens with (NAME's) stools when he/she does not use any toilet facility?	Always use toilet/latrine..... 1 Throw in the toilet/latrine.....2 Throw outside the dwelling.....3 Throw outside the yard.....4 Bury in the yard.....5 Rinsed away.....6 Not disposed of.....7 Other, specify..... 8																																																										

Section 9: Child Health, Nutrition during Illness and Care Seeking			
901	Has (NAME) had diarrhea in the last 2 weeks?	Yes.....1 No.....2	→911
902	Was there any blood in the stools?	Yes.....1 No.....2	
903	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.....3 Nothing to drink.....4 Don't Know.....8 Did not start fluid.....9	
904	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 Never gave food.....5 Don't Know.....8	
905	Did you seek advice or treatment for the diarrhea from any source?	Yes.....1 No.....2	→908
906	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 _____	
907	How many days after the diarrhea began did you first seek advice or treatment for (NAME)? IF THE SAME DAY, RECORD '00'.	Days.....[]	
908	Does (NAME) still have diarrhea?	Yes.....1 No.....2 Do not know.....8	
909	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) <u>Y N DK</u> a) Fluid from an ORS packet....1 2 8 b) Sugar and salt solution.....1 2 8 c) Other home made fluid1 2 8	
910	What (else) was given to treat the diarrhea? <i>Do not read responses</i> <i>ASK: Anything else?</i> <i>Record all responses</i>	PILL OR SYRUP PILL OR SYRUP PILL OR SYRUP Antibiotic 1 Antimotility 2 Zinc 3 Other (anti-biotic, antimotility, Zink)...4 Unknown pill Or syrup 5 INJECTION Antibiotic 6 Non-antibiotic..... 7 Unknown injection. 8 (iv) intravenous 9 Home remedy/ herbal med- 10 Treatment not given.....11 Other, specify _____	
911	Has (NAME) been ill with a fever at any time in the last 2 weeks?	Yes.....1 No.....2 Do not know.....8	
912	Has (NAME) had an illness with a cough at any time in the last 2 weeks?	Yes.....1 No.....2 Do not know.....8	→915 →915
913	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	
914	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	
915	Check 911 (Name) had fever?	Yes.....1 No.....2	→923
916	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?	Much Less.....1 Some what less.....2 About the same.....3 More than usual.....4 Nothing to drink.....5	

	IF LESS, PROBE: Was he/she given much less than usual to drink or somewhat less?	Don't Know.....8	
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919	How many days after the (fever/cough) began did you first seek advice or treatment for (NAME)? IF THE SAME DAY, RECORD '00'.	Days.....[]	
920	Is (NAME) still sick with a (fever/cough)?	Yes.....1 No.....2 Do not know.....8	
921	At any time during the illness, did (NAME) take any drugs for the illness (fever/cough)?	Yes.....1 No.....2 Do not know.....8	→923 →923
922	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 ito the respondents in order to help identify the drug	(M = mentioned, NM= not mentioned) M NM ANTIMALARIAL DRUGS a)Fansidar/sp1 2 b)Chloroquine1 2 c)Artemether lumefantrine...1 2 d)Quinine1 2 e)Other anti- malarial1 2 ANT-BIOTIC	

		f)Bacterim.....l 2 g)Ampcilin.....l 2 h)Amxycilin.....l 2 i)Chloriamphinicol.....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_____																																																																																					
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		Specify, Other _____ Don't Know.....8	
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That is the end of our interview. Thank you very much for taking the time to answer these questions.

T2	Time at end of interview	_____:	_____
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THANK YOU!!