

IMPLEMENTING ORGANIZATION: PHCCO

IDENTIFICATION																												
LOCALITY NAME _____ NAME OF HOUSEHOLD HEAD _____ CLUSTER NUMBER HOUSEHOLD NUMBER REGION LARGE CITY/SMALL CITY/TOWN/RURAL (LARGE CITY=1, SMALL CITY=2, TOWN=3, RURAL=4) ALTITUDE HOUSEHOLD SELECTED FOR MALE INTERVIEW? (YES= 1, NO = 2)	<table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>																											
	1	2	3	FINAL VISIT																								
DATE	_____	_____	_____	DAY <table border="1" style="display: inline-table; width: 30px; height: 20px;"></table> MONTH <table border="1" style="display: inline-table; width: 30px; height: 20px;"></table> YEAR <table border="1" style="display: inline-table; width: 30px; height: 20px;"></table>																								
INTERVIEWER'S NAME	_____	_____	_____	INT. NUMBER <table border="1" style="display: inline-table; width: 30px; height: 20px;"></table>																								
RESULT*	_____	_____	_____	RESULT <table border="1" style="display: inline-table; width: 30px; height: 20px;"></table>																								
NEXT VISIT: DATE	_____	_____		TOTAL NUMBER OF VISITS <table border="1" style="display: inline-table; width: 30px; height: 20px;"></table>																								
TIME	_____	_____																										
*RESULT CODES: 1 COMPLETED 2 NO HOUSEHOLD MEMBER AT HOME OR NO COMPETENT RESPONDENT AT HOME AT TIME OF VISIT 3 ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD OF TIME 4 POSTPONED 5 REFUSED 6 DWELLING VACANT OR ADDRESS NOT A DWELLING 7 DWELLING DESTROYED 8 DWELLING NOT FOUND 9 OTHER _____ (SPECIFY)				TOTAL PERSONS IN HOUSEHOLD <table border="1" style="display: inline-table; width: 30px; height: 20px;"></table> TOTAL ELIGIBLE WOMEN <table border="1" style="display: inline-table; width: 30px; height: 20px;"></table> TOTAL ELIGIBLE MEN <table border="1" style="display: inline-table; width: 30px; height: 20px;"></table> LINE NO. OF RESPONDENT TO HOUSEHOLD QUESTIONNAIRE <table border="1" style="display: inline-table; width: 30px; height: 20px;"></table>																								
LANGUAGE OF QUESTIONNAIRE: <input type="checkbox"/> LANGUAGE OF INTERVIEW: <input type="checkbox"/> LANGUAGE OF RESPONDENT: <input type="checkbox"/> LANGUAGE CODES: AMARIGNA = 1, OROMIGNA = 2, TIGRIGNA = 3, OTHER = 6 TRANSLATOR USED: <input type="checkbox"/> (YES = 1, NO = 2)																												
SUPERVISOR	FIELD EDITOR		OFFICE EDITOR	KEYED BY																								
NAME _____	NAME _____		_____	_____																								
DATE _____	DATE _____		_____	_____																								

HOUSEHOLD SCHEDULE

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

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	ELIGIBILITY		
				Does (NAME) usually live here?	Did (NAME) stay here last night?		How old is (NAME)?	CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49	CHECK COVER PAGE. IF HOUSEHOLD SELECTED FOR MALE INTERVIEW: CIRCLE LINE NUMBER OF ALL MEN AGE 15-59
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(8A)	(9)
01		<input type="text"/>	M F 1 2	YES NO 1 2	YES NO 1 2	IN YEARS <input type="text"/>	01	01	01
02		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	02	02	02
03		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	03	03	03
04		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	04	04	04
05		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	05	05	05
06		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	06	06	06
07		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	07	07	07
08		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	08	08	08
09		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	09	09	09
10		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	10	10	10

* CODES FOR Q. 3
 RELATIONSHIP TO HEAD OF HOUSEHOLD:
 01 = HEAD
 02 = WIFE OR HUSBAND
 03 = SON OR DAUGHTER
 04 = SON-IN-LAW OR DAUGHTER-IN-LAW
 05 = GRANDCHILD
 06 = PARENT
 07 = PARENT-IN-LAW
 08 = BROTHER OR SISTER
 09 = NIECE/NEPHEW BY BLOOD
 10 = NIECE/NEPHEW BY MARRIAGE
 11 = OTHER RELATIVE
 12 = ADOPTED/FOSTER/STEPCHILD
 13 = NOT RELATED
 98 = DON'T KNOW

SURVIVORSHIP AND RESIDENCE OF BIOLOGICAL PARENTS				EDUCATION						BIRTH REGISTRATION	LINE NO.
IF AGE 0-17 YEARS				IF AGE 5 YEARS OR OLDER		IF AGE 5-24 YEARS				IF AGE 0-4	
Is (NAME)'s biological mother alive?	Does (NAME)'s biological mother live in this household? IF YES: What is her name? RECORD MOTHER'S LINE NUMBER**	Is (NAME)'s biological father alive?	Does (NAME)'s biological father live in this household? IF YES: What is his name? RECORD FATHER'S LINE NUMBER**	Has (NAME) ever attended school?	What is the highest grade (NAME) completed? ***	Did (NAME) attend school at any time during the 1997 E.C. school year?	During this/that school year, what grade [is/was] (NAME) attending? ****	Did (NAME) attend school at any time during the previous school year, that is, 1996 E.C.?	During that school year, what grade did (NAME) attend?****	Does (NAME) have a birth certificate? IF NO, PROBE: Has (NAME)'s birth ever been registered with the municipality/local authorities? ****	
(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	
Y N DK 1 2 8 ↓ GO TO 12	<input type="text"/> <input type="text"/>	Y N DK 1 2 8 ↓ GO TO 14	<input type="text"/> <input type="text"/>	YES NO 1 2 ↓ NEXT LINE	GRADE <input type="text"/> <input type="text"/>	YES NO 1 2 ↓ GO TO 18	GRADE <input type="text"/> <input type="text"/>	YES NO 1 2 ↓ NEXT LINE	GRADE <input type="text"/> <input type="text"/>	1 2 3 8	01
1 2 8 ↓ GO TO 12	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 14	<input type="text"/> <input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 18	<input type="text"/> <input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/>	1 2 3 8	02
1 2 8 ↓ GO TO 12	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 14	<input type="text"/> <input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 18	<input type="text"/> <input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/>	1 2 3 8	03
1 2 8 ↓ GO TO 12	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 14	<input type="text"/> <input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 18	<input type="text"/> <input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/>	1 2 3 8	04
1 2 8 ↓ GO TO 12	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 14	<input type="text"/> <input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 18	<input type="text"/> <input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/>	1 2 3 8	05
1 2 8 ↓ GO TO 12	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 14	<input type="text"/> <input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 18	<input type="text"/> <input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/>	1 2 3 8	06
1 2 8 ↓ GO TO 12	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 14	<input type="text"/> <input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 18	<input type="text"/> <input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/>	1 2 3 8	07
1 2 8 ↓ GO TO 12	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 14	<input type="text"/> <input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 18	<input type="text"/> <input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/>	1 2 3 8	08
1 2 8 ↓ GO TO 12	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 14	<input type="text"/> <input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 18	<input type="text"/> <input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/>	1 2 3 8	09
1 2 8 ↓ GO TO 12	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 14	<input type="text"/> <input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 18	<input type="text"/> <input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/>	1 2 3 8	10

**Qs. 11 AND 13
RECORD '00' IF PARENT NOT LISTED
IN THE HOUSEHOLD SCHEDULE.

***CODES FOR Qs. 15, 17 AND 19
EDUCATION LEVEL:
00=LESS THAN 1 YEAR COMPLETED
(FOR Q. 15 ONLY, THIS CODE IS
NOT ALLOWED FOR Qs. 17 AND 19)
01-12=GRADE COMPLETED
13=TECHNICAL/VOCATIONAL CERTIFICATE
14=UNIVERSITY/COLLEGE DIPLOMA
15=UNIVERSITY/COLLEGE DEGREE OR HIGHER
98=DON'T KNOW

****CODES FOR Q.20
1 = CERTIFICATE
2 = REGISTRATION
3 = NEITHER
8 = DON'T KNOW

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	ELIGIBILITY				
				Does (NAME) usually live here?	Did (NAME) stay here last night?		How old is (NAME)?	CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49	CHECK COVER PAGE. IF HOUSEHOLD SELECTED FOR MALE INTERVIEW: CIRCLE LINE NUMBER OF ALL MEN AGE 15-59	CIRCLE LINE NUMBER OF ALL CHILDREN UNDER AGE 6	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(8A)	(9)		
	Please give me the names of the persons who usually live in your household and guests of the household who stayed here last night, starting with the head of the household.	What is the relationship of (NAME) to the head of the household?*	Is (NAME) male or female?	YES	NO	YES	NO	IN YEARS			
11		<input type="text"/>	M F 1 2	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	11	11	11
12		<input type="text"/>	1 2	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	12	12	12
13		<input type="text"/>	1 2	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	13	13	13
14		<input type="text"/>	1 2	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	14	14	14
15		<input type="text"/>	1 2	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	15	15	15
16		<input type="text"/>	1 2	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	16	16	16
17		<input type="text"/>	1 2	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	17	17	17
18		<input type="text"/>	1 2	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	18	18	18
19		<input type="text"/>	1 2	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	19	19	19
20		<input type="text"/>	1 2	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	20	20	20

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RECORD '00' IF PARENT NOT LISTED IN THE HOUSEHOLD SCHEDULE.

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EDUCATION GRADE:
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(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	
Y N DK 1 2 8 ↓ GO TO 12	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Y N DK 1 2 8 ↓ GO TO 14	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	YES NO 1 2 ↓ NEXT LINE	GRADE <input type="checkbox"/> <input type="checkbox"/>	YES NO 1 2 ↓ GO TO 18	GRADE <input type="checkbox"/> <input type="checkbox"/>	YES NO 1 2 ↓ NEXT LINE	GRADE <input type="checkbox"/> <input type="checkbox"/>	1 2 3 8	11
1 2 8 ↓ GO TO 12	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 2 8 ↓ GO TO 14	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 2 ↓ NEXT LINE	<input type="checkbox"/> <input type="checkbox"/>	1 2 ↓ GO TO 18	<input type="checkbox"/> <input type="checkbox"/>	1 2 ↓ NEXT LINE	<input type="checkbox"/> <input type="checkbox"/>	1 2 3 8	12
1 2 8 ↓ GO TO 12	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 2 8 ↓ GO TO 14	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 2 ↓ NEXT LINE	<input type="checkbox"/> <input type="checkbox"/>	1 2 ↓ GO TO 18	<input type="checkbox"/> <input type="checkbox"/>	1 2 ↓ NEXT LINE	<input type="checkbox"/> <input type="checkbox"/>	1 2 3 8	13
1 2 8 ↓ GO TO 12	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 2 8 ↓ GO TO 14	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 2 ↓ NEXT LINE	<input type="checkbox"/> <input type="checkbox"/>	1 2 ↓ GO TO 18	<input type="checkbox"/> <input type="checkbox"/>	1 2 ↓ NEXT LINE	<input type="checkbox"/> <input type="checkbox"/>	1 2 3 8	14
1 2 8 ↓ GO TO 12	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 2 8 ↓ GO TO 14	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 2 ↓ NEXT LINE	<input type="checkbox"/> <input type="checkbox"/>	1 2 ↓ GO TO 18	<input type="checkbox"/> <input type="checkbox"/>	1 2 ↓ NEXT LINE	<input type="checkbox"/> <input type="checkbox"/>	1 2 3 8	15
1 2 8 ↓ GO TO 12	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 2 8 ↓ GO TO 14	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 2 ↓ NEXT LINE	<input type="checkbox"/> <input type="checkbox"/>	1 2 ↓ GO TO 18	<input type="checkbox"/> <input type="checkbox"/>	1 2 ↓ NEXT LINE	<input type="checkbox"/> <input type="checkbox"/>	1 2 3 8	16
1 2 8 ↓ GO TO 12	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 2 8 ↓ GO TO 14	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 2 ↓ NEXT LINE	<input type="checkbox"/> <input type="checkbox"/>	1 2 ↓ GO TO 18	<input type="checkbox"/> <input type="checkbox"/>	1 2 ↓ NEXT LINE	<input type="checkbox"/> <input type="checkbox"/>	1 2 3 8	17
1 2 8 ↓ GO TO 12	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 2 8 ↓ GO TO 14	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 2 ↓ NEXT LINE	<input type="checkbox"/> <input type="checkbox"/>	1 2 ↓ GO TO 18	<input type="checkbox"/> <input type="checkbox"/>	1 2 ↓ NEXT LINE	<input type="checkbox"/> <input type="checkbox"/>	1 2 3 8	18
1 2 8 ↓ GO TO 12	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 2 8 ↓ GO TO 14	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 2 ↓ NEXT LINE	<input type="checkbox"/> <input type="checkbox"/>	1 2 ↓ GO TO 18	<input type="checkbox"/> <input type="checkbox"/>	1 2 ↓ NEXT LINE	<input type="checkbox"/> <input type="checkbox"/>	1 2 3 8	19
1 2 8 ↓ GO TO 12	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 2 8 ↓ GO TO 14	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 2 ↓ NEXT LINE	<input type="checkbox"/> <input type="checkbox"/>	1 2 ↓ GO TO 18	<input type="checkbox"/> <input type="checkbox"/>	1 2 ↓ NEXT LINE	<input type="checkbox"/> <input type="checkbox"/>	1 2 3 8	20

TICK HERE IF CONTINUATION SHEET USED

Just to make sure that I have a complete household listing:

- Are there any other persons such as small children or infants that we have not listed? YES ENTER EACH IN TABLE NO
- Are there any other people who may not be members of your family, such as domestic servants, lodgers or friends who usually live here? YES ENTER EACH IN TABLE NO
- Are there any guests or temporary visitors staying here, or anyone else who slept here last night, who have not been listed? YES ENTER EACH IN TABLE NO

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
21	What is the main source of drinking water for members of your household?	PIPED WATER PIPED INTO DWELLING 11 PIPED INTO COMPOUND 12 PIPED OUTSIDE COMPOUND 13 TUBE WELL OR BOREHOLE 21 DUG WELL PROTECTED WELL 31 UNPROTECTED WELL 32 WATER FROM SPRING PROTECTED SPRING 41 UNPROTECTED SPRING 42 RAINWATER 51 TANKER TRUCK 61 SURFACE WATER (RIVER/DAM/ LAKE/POND/STREAM/CANAL/ IRRIGATION CHANNEL) 81 BOTTLED WATER 91 OTHER 96 (SPECIFY)	→ 26 → 23 → 26 → 23 → 23
22	What is the main source of water used by your household for other purposes such as cooking and handwashing?	PIPED WATER PIPED INTO DWELLING 11 PIPED INTO COMPOUND 12 PIPED OUTSIDE COMPOUND 13 TUBE WELL OR BOREHOLE 21 DUG WELL PROTECTED WELL 31 UNPROTECTED WELL 32 WATER FROM SPRING PROTECTED SPRING 41 UNPROTECTED SPRING 42 RAINWATER 51 TANKER TRUCK 61 SURFACE WATER (RIVER/DAM/ LAKE/POND/STREAM/CANAL/ IRRIGATION CHANNEL) 81 OTHER 96 (SPECIFY)	→ 26 → 26
23	Where is that water source located?	IN OWN DWELLING 1 IN OWN COMPOUND 2 ELSEWHERE 3	→ 26
24	How long does it take to go there, get water, and come back?	MINUTES <input type="text"/> <input type="text"/> <input type="text"/> ON PREMISES 996 DON'T KNOW 998	→ 26
25	Who usually goes to this source to fetch the water for your household?	ADULT WOMAN 1 ADULT MAN 2 FEMALE CHILD UNDER 15 YEARS OLD 3 MALE CHILD UNDER 15 YEARS OLD 4 OTHER 6 (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
26	Do you treat your water in any way to make it safer to drink?	YES 1 NO 2 DON'T KNOW 8	<input type="checkbox"/> → 27A
27	What do you usually do to the water to make it safer to drink? Anything else? RECORD ALL MENTIONED.	BOIL A ADD BLEACH/CHLORINE B STRAIN THROUGH A CLOTH C USE WATER FILTER (CERAMIC/ SAND/COMPOSITE/ETC.) D SOLAR DISINFECTION E LET IT STAND AND SETTLE F OTHER _____ X (SPECIFY)	
27A	How does your household primarily dispose of household waste?	COLLECTED BY MUNICIPALITY 1 COLLECTED BY PRIVATE ESTABLISHMENT 2 DUMPED IN STREET/OPEN SPACE . 3 DUMPED IN RIVER 4 BURNED 5 OTHER _____ 6 (SPECIFY) DON'T KNOW 8	
28	What kind of toilet facility do members of your household usually use?	FLUSH OR POUR FLUSH TOILET FLUSH TO PIPED SEWER SYSTEM 11 FLUSH TO SEPTIC TANK 12 FLUSH TO PIT LATRINE 13 FLUSH TO SOMEWHERE ELSE . 14 FLUSH, DON'T KNOW WHERE . 15 PIT LATRINE VENTILATED IMPROVED PIT LATRINE (VIP) 21 PIT LATRINE WITH SLAB 22 PIT LATRINE WITHOUT SLAB/ OPEN PIT 23 COMPOSTING TOILET 31 BUCKET TOILET 41 HANGING TOILET/HANGING LATRINE 51 NO FACILITY/BUSH/FIELD 61 OTHER _____ 96 (SPECIFY)	<input type="checkbox"/> → 31
29	Do you share this toilet facility with other households?	YES 1 NO 2	<input type="checkbox"/> → 31
30	How many households use this toilet facility?	NO. OF HOUSEHOLDS IF LESS THAN 10 <input type="text" value="0"/> <input type="text"/> 10 OR MORE HOUSEHOLDS ... 95 DON'T KNOW 98	
31	Does your household have:	YES NO ELECTRICITY 1 2 A watch? 1 2 A radio? 1 2 A television? 1 2 A mobile telephone? 1 2 A non-mobile telephone? ... 1 2 A refrigerator? 1 2 A table? 1 2 A chair? 1 2 A bed? 1 2 An electric mitad? 1 2 A kerosene lamp/pressure lamp? 1 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
32	What type of fuel does your household mainly use for cooking?	ELECTRICITY 01 LPG 02 NATURAL GAS 03 BIOGAS 04 KEROSENE 05 CHARCOAL 07 WOOD 08 STRAW/SHRUBS/GRASS 09 ANIMAL DUNG 11 OTHER _____ 96 (SPECIFY)	→ 34
33	In this household, is food cooked on a stove or an open fire? PROBE FOR TYPE.	OPEN FIRE OR STOVE WITHOUT CHIMNEY/HOOD 1 OPEN FIRE OR STOVE WITH CHIMNEY/HOOD 2 CLOSED STOVE WITH CHIMNEY ... 3 OTHER _____ 6 (SPECIFY)	
34	Is the cooking usually done in the house, in a separate building, or outdoors?	IN THE HOUSE 1 IN A SEPARATE BUILDING 2 OUTDOORS 3 OTHER _____ 6 (SPECIFY)	→ 36
35	Do you have a separate room which is used as a kitchen?	YES 1 NO 2	
36	MAIN MATERIAL OF THE FLOOR. RECORD OBSERVATION.	NATURAL FLOOR EARTH/SAND 11 DUNG 12 RUDIMENTARY FLOOR WOOD PLANKS 21 REED/BAMBOO 22 FINISHED FLOOR PARQUET OR POLISHED WOOD 31 VINYL 32 CERAMIC TILES 33 CEMENT/BRICKS 34 CARPET 35 OTHER _____ 96 (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																					
37	MAIN MATERIAL OF THE ROOF. RECORD OBSERVATION.	NATURAL ROOFING THATCH/LEAF 12 RUDIMENTARY ROOFING RUSTIC MAT/PLASTIC SHEETS . 21 REED/BAMBOO 22 WOOD PLANKS 23 FINISHED ROOFING CORRUGATED IRON 31 WOOD 32 CALAMINE/CEMENT FIBER ... 33 CEMENT/CONCRETE 35 ROOFING SHINGLES 36 OTHER _____ 96 (SPECIFY)																						
38	MAIN MATERIAL OF THE WALLS. RECORD OBSERVATION.	NATURAL WALLS NO WALLS 11 CANE/TRUNKS/BAMBOO/REED . 12 RUDIMENTARY WALLS BAMBOO/WOOD WITH 21 STONE WITH MUD 22 UNCOVERED ADOBE 23 PLYWOOD 24 CARTON 25 FINISHED WALLS CEMENT 31 STONE WITH LIME/CEMENT ... 32 BRICKS 33 CEMENT BLOCKS 34 COVERED ADOBE 35 WOOD PLANKS/SHINGLES ... 36 OTHER _____ 96 (SPECIFY)																						
39	TYPE OF WINDOWS. RECORD OBSERVATION.	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">YES</th> <th style="text-align: center;">NO</th> </tr> </thead> <tbody> <tr> <td>ANY WINDOWS</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>WINDOWS WITH GLASS ...</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>WINDOWS WITH SCREENS .</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>WINDOWS WITH CURTAINS OR SHUTTERS</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		YES	NO	ANY WINDOWS	1	2	WINDOWS WITH GLASS ...	1	2	WINDOWS WITH SCREENS .	1	2	WINDOWS WITH CURTAINS OR SHUTTERS	1	2							
	YES	NO																						
ANY WINDOWS	1	2																						
WINDOWS WITH GLASS ...	1	2																						
WINDOWS WITH SCREENS .	1	2																						
WINDOWS WITH CURTAINS OR SHUTTERS	1	2																						
40	How many rooms in this household are used for sleeping?	ROOMS <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>																						
41	Does any member of this household own: A bicycle? A motorcycle or motor scooter? An animal-drawn cart? A car or truck? A boat without a motor? A boat with a motor?	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">YES</th> <th style="text-align: center;">NO</th> </tr> </thead> <tbody> <tr> <td>BICYCLE</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>MOTORCYCLE/SCOOTER ...</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>ANIMAL-DRAWN CART</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>CAR/TRUCK</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>BOAT WITHOUT MOTOR</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>BOAT WITH MOTOR</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		YES	NO	BICYCLE	1	2	MOTORCYCLE/SCOOTER ...	1	2	ANIMAL-DRAWN CART	1	2	CAR/TRUCK	1	2	BOAT WITHOUT MOTOR	1	2	BOAT WITH MOTOR	1	2	
	YES	NO																						
BICYCLE	1	2																						
MOTORCYCLE/SCOOTER ...	1	2																						
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CAR/TRUCK	1	2																						
BOAT WITHOUT MOTOR	1	2																						
BOAT WITH MOTOR	1	2																						

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
42	Does any member of this household own any land that can be used for agriculture?	YES 1 NO 2	→ 44
43	How many (LOCAL UNITS) of agricultural land do members of this household own? IF MORE THAN 97, ENTER '97'. IF UNKNOWN, ENTER '98'.	LOCAL UNITS <input type="text"/> <input type="text"/> _____ (SPECIFY)	
44	Does this household own any livestock, herds, or farm animals?	YES 1 NO 2	→ 46
45	How many of the following animals does this household own? Cattle? Milk cows, oxen, or bulls? Horses, donkeys, or mules? Camels? Goats? Sheep? Chickens? IF NONE, ENTER '00'. IF MORE THAN 97, ENTER '97'. IF UNKNOWN, ENTER '98'.	CATTLE <input type="text"/> <input type="text"/> COWS/OXEN/BULLS <input type="text"/> <input type="text"/> HORSES/DONKEYS/MULES <input type="text"/> <input type="text"/> CAMELS <input type="text"/> <input type="text"/> GOATS <input type="text"/> <input type="text"/> SHEEP <input type="text"/> <input type="text"/> CHICKENS <input type="text"/> <input type="text"/>	
46	Does any member of this household have an account with a bank/credit association/micro finance?	YES 1 NO 2	
48	Does your household have any mosquito nets that can be used while sleeping?	YES 1 NO 2	→ 48K
48A	How many mosquito nets does your household have? IF 7 OR MORE NETS, RECORD '7'.	NUMBER OF NETS <input type="text"/>	

MALARIA

		NET # 1	NET # 2	NET # 3
48B	ASK RESPONDENT TO SHOW YOU THE NET(S) IN THE HOUSEHOLD. IF MORE THAN 3 NETS, USE ADDITIONAL QUESTIONNAIRE(S).	OBSERVED 1 NOT OBSERVED . 2	OBSERVED 1 NOT OBSERVED . 2	OBSERVED 1 NOT OBSERVED . 2
48C	How long ago did your household obtain the mosquito net?	MOS. <input type="text"/> <input type="text"/> AGO.... MORE THAN 3 YEARS AGO ... 95	MOS. <input type="text"/> <input type="text"/> AGO..... MORE THAN 3 YEARS AGO ... 95	MOS. <input type="text"/> <input type="text"/> AGO..... MORE THAN 3 YEARS AGO ... 95
48D	OBSERVE OR ASK THE BRAND OF MOSQUITO NET.	PERMANENT NET PERMANET 2 . 1 <input type="checkbox"/> (SKIP TO 48H) ← PRETREATED NET SIAM DUTCH THAILAND ... 2 <input type="checkbox"/> (SKIP TO 48F) ← UNTREATED NET A TO Z TANZANIA 3 OTHER 6 UNSURE 8	PERMANENT NET PERMANET 2 . 1 <input type="checkbox"/> (SKIP TO 48H) ← PRETREATED NET SIAM DUTCH THAILAND ... 2 <input type="checkbox"/> (SKIP TO 48F) ← UNTREATED NET A TO Z TANZANIA 3 OTHER 6 UNSURE 8	PERMANENT NET PERMANET 2 . 1 <input type="checkbox"/> (SKIP TO 48H) ← PRETREATED NET SIAM DUTCH THAILAND ... 2 <input type="checkbox"/> (SKIP TO 48F) ← UNTREATED NET A TO Z TANZANIA . 3 OTHER 6 UNSURE 8
48E	When you got the net, was it already treated with an insecticide to kill or repel mosquitos?	YES 1 NO 2 NOT SURE 8	YES 1 NO 2 NOT SURE ... 8	YES 1 NO 2 NOT SURE 8
48F	Since you got the mosquito net, was it ever soaked or dipped in a liquid to repel mosquitos or bugs?	YES 1 NO 2 (SKIP TO 48H) ← NOT SURE 8	YES 1 NO 2 (SKIP TO 48H) ← NOT SURE ... 8	YES 1 NO 2 (SKIP TO 48H) ← NOT SURE 8
48G	How long ago was the net last soaked or dipped? IF LESS THAN 1 MONTH, RECORD '00'.	MOS. <input type="text"/> <input type="text"/> AGC..... MORE THAN 2 YEARS AGO . 95 NOT SURE ... 98	MOS. <input type="text"/> <input type="text"/> AGO... MORE THAN 2 YEARS AGO . 95 NOT SURE ... 98	MOS. <input type="text"/> <input type="text"/> AGO..... MORE THAN 2 YEARS AGO . 95 NOT SURE ... 98
48H	Did anyone sleep under this mosquito net last night?	YES 1 NO 2 (SKIP TO 48J) ← NOT SURE 8	YES 1 NO 2 (SKIP TO 48J) ← NOT SURE ... 8	YES 1 NO 2 (SKIP TO 48J) ← NOT SURE ... 8

	QUESTIONS AND FILTERS	NET #1	NET#2	NET #3
48I	Who slept under this mosquito net last night?	NAME _____ LINE NO. . . . <input type="text"/> <input type="text"/> NAME _____ LINE NO. . . . <input type="text"/> <input type="text"/> NAME _____ LINE NO. . . . <input type="text"/> <input type="text"/> NAME _____ LINE NO. . . . <input type="text"/> <input type="text"/> NAME _____ LINE NO. . . . <input type="text"/> <input type="text"/>	NAME _____ LINE NO. . . . <input type="text"/> <input type="text"/> NAME _____ LINE NO. . . . <input type="text"/> <input type="text"/> NAME _____ LINE NO. . . . <input type="text"/> <input type="text"/> NAME _____ LINE NO. . . . <input type="text"/> <input type="text"/> NAME _____ LINE NO. . . . <input type="text"/> <input type="text"/>	NAME _____ LINE NO. . . . <input type="text"/> <input type="text"/> NAME _____ LINE NO. . . . <input type="text"/> <input type="text"/> NAME _____ LINE NO. . . . <input type="text"/> <input type="text"/> NAME _____ LINE NO. . . . <input type="text"/> <input type="text"/>
48J		GO BACK TO Q.48B FOR NEXT NET; OR, IF NO MORE NETS, GO TO Q.48K.	GO BACK TO Q.48B FOR NEXT NET; OR, IF NO MORE NETS, GO TO Q.48K.	GO BACK TO Q.48B FOR NEXT NET; OR, IF NO MORE NETS, GO TO Q.48K.
48K	Has your house ever been sprayed with insecticide for malaria prevention by spraymen from the District Health Office?	YES 1 NO 2 NOT SURE 8		<input type="checkbox"/> → 49
48L	How many months ago was your house sprayed? IF LESS THAN 1 MONTH, RECORD '00'.	MONTHS AGO <input type="text"/> <input type="text"/> NOT SURE 98		
48M	OBSERVE THE INNER WALLS OF THE ROOMS USUALLY USED FOR SLEEPING FOR VISIBLE WHITE INSECTICIDE POWDER.	VISIBLE 1 NOT VISIBLE 2		
49	ASK RESPONDENT FOR A TEASPOONFUL OF COOKING SALT. TEST SALT FOR IODINE. RECORD PPM (PARTS PER MILLION)	0 PPM (NO IODINE) 1 LESS THAN 15 PPM 2 MORE THAN 15 PPM 3 NO SALT IN HH 4 SALT NOT TESTED 5 (SPECIFY REASON)		

WEIGHT AND HEIGHT MEASUREMENT

CHECK COVER PAGE: HOUSEHOLD SELECTED FOR MALE SURVEY <input type="checkbox"/>	HOUSEHOLD NOT SELECTED FOR MALE SURVEY <input type="checkbox"/>	SKIP TO INTERVIEWER'S OBSERVATION ON LAST PAGE
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CHECK COLUMNS (8) AND (9): RECORD THE LINE NUMBER, NAME AND AGE OF ALL WOMEN AGE 15-49 AND ALL CHILDREN UNDER AGE 6.

WOMEN 15-49				WEIGHT AND HEIGHT MEASUREMENT OF WOMEN 15-49			
LINE NO. FROM COL. (8)	NAME FROM COL. (2)	AGE FROM COL. (7)	What is (NAME'S) date of birth?	WEIGHT (KILOGRAMS)	HEIGHT (CENTIMETERS)	MEASURED LYING DOWN OR STANDING UP	RESULT 1 MEASURED 2 NOT PRESENT 3 REFUSED 6 OTHER
(50)	(51)	(52)	(53)	(54)	(55)	(56)	(57)
<input type="text"/>	<input type="text"/>	YEARS <input type="text"/>		<input type="text"/>	<input type="text"/>		<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>		<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>		<input type="text"/>

CHILDREN UNDER AGE 6				WEIGHT AND HEIGHT MEASUREMENT OF CHILDREN BORN IN 1992 OR LATER			
LINE NO. FROM COL. (9)	NAME FROM COL. (2)	AGE FROM COL. (7)	What is (NAME'S) date of birth?*	WEIGHT (KILOGRAMS)	HEIGHT (CENTIMETERS)	MEASURED LYING DOWN OR STANDING UP	RESULT 1 MEASURED 2 NOT PRESENT 3 REFUSED 6 OTHER
			DAY MONTH YEAR			LYING STAND.	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 2	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 2	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 2	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 2	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 2	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 2	<input type="text"/>
TICK HERE IF CONTINUATION SHEET USED				<input type="checkbox"/>			

* FOR CHILDREN NOT INCLUDED IN ANY BIRTH HISTORY, ASK DAY, MONTH AND YEAR. FOR ALL OTHER CHILDREN, COPY MONTH AND YEAR FROM 215 IN MOTHER'S BIRTH HISTORY AND ASK DAY.

2005 Ethiopia Demographic and Health Survey
Informed Consent
Anemia Testing

Hello, my name is _____ and I am from the Population and Housing Census Commission Office, which, in collaboration with the Federal Ministry of Health is currently carrying out Demographic and Health Survey, all over the country, in scientifically, sampled enumeration areas. As part of this survey we are collecting information on Anemia prevalence among women and children in the sampled households by conducting Anemia testing.

Anemia is a serious health problem that results from poor nutrition. The Anemia testing is being done to help the government to find out how common it is. This enables the government to develop programs to prevent and treat anemia. But to do this it needs reliable information. That is why we are now collecting a few drops of blood from a finger from women and from children under six years of age for the test. The instruments I use for taking the blood are completely clean, sterile and safe. The blood will be analyzed with new equipment and the results of the test will be given to you right after the blood is taken. The results will be kept confidential.

Do you have any questions?

May I now ask that you and your child _____ participate in the anemia test? However, if you decide not to have the test done, it is your right and I will respect your decision. Now please tell me if you agree to have the test done.

Yes _____ No _____

Signature of interviewer _____

64	<p>CHECK 61 AND 62:</p> <p>NUMBER OF PERSONS WITH HEMOGLOBIN LEVEL BELOW THE CUTOFF POINT*</p> <p style="text-align: center;"> ONE OR MORE <input style="width: 20px; height: 15px;" type="checkbox"/> NONE <input style="width: 20px; height: 15px;" type="checkbox"/> </p> <p style="display: flex; justify-content: space-around;"> GIVE EACH WOMAN/PARENT/RESPONSIBLE ADULT RESULT OF HEMOGLOBIN MEASUREMENT AND CONTINUE WITH 65.** GIVE EACH WOMAN/PARENT/RESPONSIBLE ADULT RESULT OF HEMOGLOBIN MEASUREMENT AND END INTERVIEW. </p>	
65	<p>We detected a low level of hemoglobin in (your blood/the blood of NAME OF CHILD(REN)). This indicates that (you/NAME OF CHILD(REN)) have developed severe anemia, which is a serious health problem. We would like to inform the doctor at _____ about (your condition/the condition of NAME OF CHILD(REN)). This will assist you in obtaining appropriate treatment for the condition. Do you agree that the information about the level of hemoglobin in (your blood/the blood of NAME OF CHILD(REN)) may be given to the doctor?</p>	
WOMEN AGE 18-49		
		YES 1 NO 2
		YES 1 NO 2
		YES 1 NO 2
		YES 1 NO 2
WOMEN AGE 15-17 AND CHILDREN		
		YES 1 NO 2
		YES 1 NO 2
		YES 1 NO 2
		YES 1 NO 2
		YES 1 NO 2
		YES 1 NO 2
		YES 1 NO 2
		YES 1 NO 2
		YES 1 NO 2

* The cutoff point is 9 g/dl for pregnant women and ____ g/dl for children and for women who are not pregnant (or who don't know if they are pregnant), based on the altitude from the coverpage and the adjustment factor in the Editor's and Supervisor's Manual.

** If more than one woman or child is below the cutoff point, read the statement in Q.65 to each woman who is below the cutoff point and to each parent/responsible adult of a child who is below the cutoff point.

HIV TESTING - WOMEN AND MEN

CHECK COVER PAGE:

HOUSEHOLD SELECTED FOR MALE SURVEY

HOUSEHOLD NOT SELECTED FOR MALE SURVEY

SKIP TO INTERVIEWER'S OBSERVATION ON LAST PAGE

CHECK COLUMNS (8) AND (8A): RECORD THE LINE NUMBER, SEX AND AGE OF ALL WOMEN AGE 15-49 AND MEN AGE 15-59. THIS PAGE WILL BE DESTROYED IN OFFICE BEFORE TEST RESULTS ARE ADDED TO DATA FILE.

LINE NO. FROM COL. (8) OR (8A)	SEX FROM COL. (4)	AGE FROM COL. (7)	CHECK AGE FROM COL. (68): AGE 15-17 AGE 18+ 1 GO TO 72 ↓ 2	LINE NO. OF PARENT/RESPONSIBLE ADULT RECORDED '00' IF NOT LISTED IN HOUSEHOLD SCHEDULE	READ CONSENT STATEMENT TO WOMAN/PARENT/RESPONSIBLE ADULT* CIRCLE CODE (AND SIGN)	READ CONSENT STATEMENT TO WOMAN/MAN CIRCLE CODE (AND SIGN)	RESULT 1 SAMPLE TAKEN 2 REFUSED 3 NOT PRESENT 4 TECH. PROBLEM 6 OTHER (SPECIFY)	SAMPLE BAR CODE
(66)	(67)	(68)	(69)	(70)	(71)	(72)	(73)	(74)
<input type="checkbox"/>	M	F	AGE 15-17 AGE 18+ 1 GO TO 72 ↓ 2	<input type="checkbox"/>	GRANTED REFUSED 1 SIGN NEXT LINE ↓ 2	GRANTED REFUSED 1 SIGN NEXT LINE ↓ 2	<input type="checkbox"/>	PASTE FIRST LABEL HERE PASTE SECOND LABEL ON FILTER PAPER PASTE THIRD LABEL ON BLOOD SAMPLE TRANSMITTAL FORM
<input type="checkbox"/>	M	F	AGE 15-17 AGE 18+ 1 GO TO 72 ↓ 2	<input type="checkbox"/>	GRANTED REFUSED 1 SIGN NEXT LINE ↓ 2	GRANTED REFUSED 1 SIGN NEXT LINE ↓ 2	<input type="checkbox"/>	PASTE FIRST LABEL HERE PASTE SECOND LABEL ON FILTER PAPER PASTE THIRD LABEL ON BLOOD SAMPLE TRANSMITTAL FORM
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2005 Ethiopia Demographic and Health Survey
Informed Consent
HIV testing

Hello, my name is _____ and I am from the Population and Housing Census Commission Office, which, in collaboration with the Federal Ministry of Health, is currently carrying out the Demographic and Health Survey, all over the country, in scientifically, sampled enumeration areas. As part of this survey we are collecting information on HIV prevalence among women and men in the sampled households by collecting blood for conducting an HIV test.

HIV is the virus that causes AIDS. The HIV test is being done to help the government to find out how common it is and its rate of spreading. This enables the government to devise means of controlling and preventing the spread of the disease and also provide care and support for those who have it. But to do this it needs reliable information. That is why we are now collecting a few drops of blood from a finger for the HIV test.

The instruments I use for taking the blood are completely clean, sterile and safe. The samples will be coded so that all the information will be kept anonymous.

The blood sample will be sent to the Ethiopian Health and Nutrition Research Institute (EHNRI) Laboratory, in Addis Ababa. No identifiers such as names will be attached to the test. So we will not be able to tell you the test result. No one else will be able to know your test results either.

If you want to know whether you have HIV, I can provide a voucher for you to go to the nearest health institution, which provides VCT, that is, counseling and a test for HIV.

Do you have any questions so far?

May I now ask you to participate in the test? You can say yes to the test or you can say no. It is up to you to decide.

Will you take the test?

Yes _____ No _____

Signature of interviewer _____

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT RESPONDENT:

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

SUPERVISOR'S OBSERVATIONS

NAME OF THE SUPERVISOR: _____ DATE: _____

