IDEAS HOUSEHOLD SURVEY
ETHIOPIA follow-up March 2015
JaRco/LSHTM

Module 1. Household characteristics

100	Region *Select from list*	|__|__|
101	Zone *Select from list*	|__|__|
102	Woreda *Select from list*	|__|__|
103	Cluster (kebele) *Select kebele name from list*	|__|__|
104	Gote *Enter the name of the Gote*	|__|__|__|__|__|__|__|__|__|
104a	Check question: **Interviewer:** Confirm that you are in [gote name/kebele name] *(1)yes (2)no*	|__|
105	Household no *Enter the household number*	|__|__|
106	Unique household ID **to be copied onto all documents e.g. consent forms**	|__|__|/|__|__| cluster/household
107	Interviewer initials	|__|__|
108	Date *(dd/mm/yyyy)*	|__|__|/|__|__|/|__|__|__|__|
109	Name of household head *Enter name*	|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|

110	***Interviewer:*** *Have you read him/her the consent form?* *(1) yes (2) no-one is available*	|__|
111	***Interviewer:*** *Does the respondent agree?* *(1)Yes (2) No* **IF NO END INTERVIEW HERE**	|__|
112	***Interviewer:*** Who is the respondent? *(1) Household head (2)Representative*	|__|
113	What is the ethnic group of the household head? *(1)*Agew (2)Amehara (3)Bench (4)Burji (5)Dizi (6) Gedeo (7) Guragae (8)Hadiya (9) Keficho (10) Konta (11)Me'enite (12) Oromo (13) Silite (14)Tigray (15)Other Ethiopian national Groups (16) From Different Parents *Select one*	|__|

113a GPS Latitude: |__| |__| : |__| |__| |__| |__| |__|

113b GPS Longitude: |__| |__| : |__| |__| |__| |__| |__|

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114.Household listing
Please can I ask the names of all the people in your household? **Start with the head of household and older people, then children from oldest to youngest**

ALL *Number of the person*	**ALL** *Name of the person*	**ALL** *Sex* (1)M (2)F	**ALL** *Date of birth* (dd/mm/yyyy; *don't know date 99/99/9999* *)*	**Int Check:** **Interviewer:** *Is it a woman between 13 and 49 years?* *(1958-1994 Eth)* (1)yes (2)no	**If born before Eth:** 1995 What is the marital status? (1) currently married (2) not currently married but in a union (3) never married (4)separated/divorced (5)widowed	**If born before Eth: 1995** How many completed years of education *(enter number of years)*	**If born before Eth:** 1995 Religion *(1)Orthodox* *(2)Catholic* *(3)Protestant* *(4)Muslim* *(5)Other*	**ALL** Is there another person in the household? *(1) Yes* *(2) No*
A	**B**	**C**	**D**	**E**	**F**	**G**	**H**	**I**

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Now I want to ask you some questions about the characteristics of your household

115	What is the main material of the walls? *Select one* *(1) No walls (2) Natural materials (cane, wood, mud) (3) Planks* *(4) Stone with mud (5) Stone with cement/bricks (6) Other*	|__|
116	What is the main floor material? *Select one* *(1)Natural floor (earth/sand/dung)* *(2)Rudimentary floor (wood/palm/bamboo)* *(3)Finished floor (Polished wood, vinyl, tiles, cement, carpet)*	|__|
117	What is the main material of the roof: *Select one* *(1) Iron sheets or tiles; (2) Thatch/grass or leaves; (3) Other*	|__|
118	What kind of toilet facilities does your household have? *Select one* *(1) Flush toilet (2) Pit toilet/latrine (3) No facility/bush/field*	|__|
119	What is the main source of drinking water for members of your household? *Select one* *(1)Piped water into dwelling; (2)Piped water into compound;* *(3)Public tap; (4)Borehole (5)Dug well (6)Water from protected spring;* *(7)Tanker truck; (8)Surface water (river/dam/lake ect); (9)Bottled water;* *(10)unprotected spring (11)other*	|__|
120	What type of fuel does your household mainly use for cooking *Select one (1)Electricity; (2)Gas; (3)Kerosene; (4)Charcoal;* *(5)Firewood/straw; (6)Dung; (7)Other*	|__|
121	Is the house connected to electricity *(1) yes (2)no*	|__|
	In this household is there anyone who owns:	*(1)yes (2)no*
122	Fridge	|__|
123	TV	|__|
124	Radio	|__|
125	Bicycle	|__|
126	Mobile phone	|__|
127	A bed	|__|
128	A kerosene lamp/pressure lamp	|__|
129	Wrist watch	|__|
129a	Table	|__|
129b	Chair	|__|
129c	Car or truck	|__|
129d	Motorcycle/scooter	|__|
129e	None of these	|__|

130	In this house are there chickens? How many? *(write the number;* **write 0 if none, 999 if respondent does not know**)	|__|__|__|
131	Do you have animals in this household like goat, sheep, cattle or horses/donkeys/mules How many? (***write the number;* 0 if none, 999 if does not know).**	|__|__|__|
132	How many mosquito nets does your household have? *(Write total number* **Count those in use plus those not in use** **End of Module 1 interview**	|__|__|

Module 2: WOMENS MODULE: Health now
All resident women aged 13-49 years
Interviewer: When you have identified the next woman for interview you must first complete the consent procedure (upto 205) before proceding with interview.

200	**PDA lookup** *Select name of woman from the list*	|__|__|__|__|__|__|__|__|__|__|
201	**PDA lookup:***Confirm the ID number of the woman and write on her consent form (Cluster/household/person)*	|___|___|/|___|___|/|___|___|
202	**Int:** *Is it possible to interview the woman?* *1 = yes* ***(SKIP TO 204)*** *2 = No*	|__|
203	**Int:** *Why is it not possible to interview?* *1= Temporarily absent – call back* *2 = Travelled away* *3 =Sick* *4 =Other* ***END OF PROCESS FOR THIS WOMAN – CONTINUE TO OTHER WOMEN 13-49 IN THE HOUSEHOLD***	|__|
204	**Int:** Have you read her the consent form? *(1) yes* *(2) no*	|__|
205	**Int:** Does the woman agree? *(1)yes (2)no* **IF NO, END INTERVIEW HERE – CONTINUE TO OTHER WOMEN 13-49 IN THE HOUSEHOLD**	|__|

Now I would like to ask you some questions about the health care available to you

206	Is there a health post in your kebele? *(1)Yes (2)No*	|__|
207	How long does it take you to walk to the nearest health post? *Record the time in minutes.* **If she doesn't know, record 99**	|__|__|
208	How many times have you visited the health post in the last six months? *Record the number of times* **If any visits in last 6 months, skip to 215**	|__|
	If never in the last 6 months: What are the reasons why you have not visited the health post in the last six months? **(do not read out list, prompt, 'anything else'; select all that apply. Then skip to 217**	*(1)yes* *(2)no*
209	No illness in the family/no births	|__|
210	Health post is too far away	|__|
211	Costs too much money to go to health post	|__|
212	Not enough time to visit	|__|
213	Poor services available at the health post	|__|
214	Other	|__|
215	When was the last time you visited that health post? *Enter date, dd/mm/yyyy (don't know date 99/99/9999)*	|__|__|/|__|__|/|__|__|__|__|
216	The last time you visited the health post, what was the primary reason? *Select one* *1 Family planning; 2 Child immunisation; 3 Antenatal care;*	|__|

	4 Delivery ; 5 Postnatal care; 6 Care for a baby; *7 Health education; 8 Growth monitoring; 9 Referral of sick child;* *10 Diarrhea treatment; 11 Malaria treatment; 12 Pneumonia treatment;* *13 Other treatment of sickness; 14 Obtain or buy mosquito nets; 15 Other reason (not sickness)*	
217	Is there a Health center in your kebele? *(1)Yes (2)No*	|__|
218	How long does it take you to walk to the nearest Health center? *Record the time in minutes.* **If she doesn't know, record 99**	|__|__|__|
219	How many times have you visited the Health center in the last 6 months? *Record the number of times* **If any visits in last 6 months, skip to 226**	|__|
	If never in the last 6 months: What are the reasons why you have not visited the Health center in the last six months? **(do not read out list, prompt, 'anything else'; select all that apply). Then skip to 228**	
220	No illness in the family/no births	|__|
221	Health facility is too far away	|__|
222	Costs too much money to go to health post	|__|
223	Not enough time to visit	|__|
224	Poor services available at the health facility	|__|
225	Other (specify)	|__|
226	When was the last time you visited that Health center? *Enter date, dd/mm/yyyy (don't know date 99/99/9999*	|__|__|/|__|__|/|__|__|__|__|
227	The last time you visited the Health center, what was the primary reason? *Select one* *1 Family planning; 2 Child immunisation; 3 Antenatal care;* *4 Delivery care; 5 Postnatal care; 6 Care for a baby; 7 Health education;* *8 Growth monitoring; 9 Referral of sick child; 10 Diarrhea treatment; 11 Malaria treatment; 12 Pneumonia treatment; 13 Other illness treatment 14 Obtain or buy mosquito nets; 15 Other reason (not sickness)*	|__|
228	Have you been visited at home during the past 6 months by a Health Extension Worker to talk about health related issues? *(1)Yes (2)No* - **skip to 246**	|__|
229	**If 228=yes** When was the last time the HEW visited you at home?	|__|__|/|__|__|/|__|__|__|__|
	Who did the HEW talk to the last time she visited you at home? **(do not read out the list, probe: 'anything else?');** *(select all that apply)*	*(1)yes* *(2)no*
230	Myself	|__|
231	Other adult woman	|__|
232	Head of household	|__|
233	Other adult male	|__|
	What was discussed the last time the HEW visited you at home? **(do not read out the list but probe: 'anything else?';** *select all that apply)*	*(1)yes* *(2)no*
234	Immunisation	|__|
235	Child nutrition	|__|
236	Family planning	|__|
237	Pregnancy care	|__|
238	Delivery care	|__|

239	Newborn care	|__|
240	Post natal care	|__|
241	Information about HIV/AIDS	|__|
242	Information on hygiene	|__|
243	Diarrhea treatment	|__|
244	Promotion of latrine use	|__|
245	Promotion of safe wáter use	|__|
245a	Promotion of long lasting insecticide bednets (LLINs)	|__|
245b	None of these	|__|
246	Are you aware of community health volunteers who visit people at home to talk about health issues? *(1)Yes (2)No* **skip to 274**	|__|
	Can you tell me all the types of community health volunteers you know about in your kebele? *Select all mentioned*	*(1)yes (2)no*
247	CHP	|__|
248	HDA	|__|
249	Environmental health agents	|__|
250	TBA	|__|
251	Other	|__|
252	Don't know cadre	|__|
253	Have you been visited at home during the past 6 months by any Community Health volunteer to talk about health related issues? Probe: CHP, HDA, others *(1)Yes (2)No* – **skip to 274**	|__|
254	**If yes** When was the last time the volunteer visited you at home? *Enter date* **don't know date enter 99/99/9999**	|__|__|/|__|__|/|__|__|__|__|
255	What type of volunteer was it? *1 CHP, 2 HDA, 3 Environmental health agent, 4 TBA (5) Other (specify) (6)Don't know cadre*	|__|
256	Specify	|_____|
257	What gender was that volunteer *(1) male (2) female*	|__|
	Who did the volunteer talk to at that last visited to your home? **(do not read out the list, probe: 'anything else?';** *select all that apply***)**	*(1)yes (2)no*
258	Myself	|__|
259	Other adult woman	|__|
260	Head of household	|__|
261	Other adult male	|__|
	What was discussed the last time the volunteer visited you at home? **(do not read out the list but probe: 'anything else?';** *select all that apply***)**	*(1)yes (2)no*
262	Immunisation	|__|
263	Child nutrition	|__|
264	Family planning	|__|
265	Pregnancy care	|__|
266	Delivery care	|__|
267	Newborn care	

		|__|
268	Post natal care	|__|
269	Information about HIV/AIDS	|__|
270	Information on hygiene	|__|
271	Diarrhea treatment	|__|
272	Promotion of latrine use	|__|
273	Promotion of safe wáter use	|__|
273a	Promotion of long lasting insecticide bednets (LLINs)	|__|
273b	None of these	|__|
274	Have you attended any meetings in your community (outside your home) about health issues? *(1)Yes (2)No* **- skip to 290**	|__|
275	**If yes:** When was the last meeting you attended outside your home? *Enter date dd/mm/yyyy (don't know date 99/99/9999*	|__|__|/|__|__|/|__|__|__|__|
276	Who organised the last meeting? (1) A community health volunteer (2) Kebele health team (3) Health extensión worker (4) Don't know-(5) Pregnant mothers forum **(1)-(5) go to 278) (6)**Other *(specify)*	|__|
277	Specify |_____|	
	What was discussed at the last community meeting you attended outside your home? **(do not read out the list but probe: 'anything else?'; select all mentioned**	*(1)yes (2)no*
278	Immunisation	|__|
279	Child nutrition	|__|
280	Family planning	|__|
281	Pregnancy care	|__|
282	Delivery care	|__|
283	Newborn care	|__|
284	Post natal care	|__|
285	Information about HIV/AIDS	|__|
286	Information on hygiene	|__|
287	Diarrhea treatment	|__|
288	Promotion of latrine use	|__|
289	Promotion of safe wáter use	|__|
289a	Promotion of long lasting insecticide bednets (LLINs)	|__|
289b	None of these	|__|

Now I would like to ask you some questions about your health right now.

290	Have you ever been pregnant? (even if this did not lead to a live birth) *(1) Yes; (2) No*	|__|
291	Are you currently pregnant? **(Probe to make sure the respondent is giving you the correct answer)** *(1)Yes (2)No* **SKIP TO 338**	|__|
292	**If yes** Which number pregnancy is this? *(write number)*	|__|__|
293	What gestation are you now? *(record no. weeks)*	|__|__|
294	Do you have a family health card? *(1)yes (2)no (**SKIP TO 296)***	|__|

295	May I see your family health card? *(1)yes (2)no*	|__|
296	Have you already received any care for your pregnancy so far this pregnancy? **Probe: care at the health post, at a health center, or visits at home from a HEW or community volunteer (CHP/HDA)** *(1)Yes (2)No* ***(SKIP TO 315)***	|__|
297	Did you receive pregnancy care from a health post? *(1)yes (2)no* **If no, go to 303**	|__|
298	How many times have you attended the health post for pregnancy (antenatal) care this pregnancy? *Enter the number of times* **Interviewer: record from card if available**	|__|
299	When did your first visit to the health post take place? *Enter date dd/mm/yyyy* **Interviewer: record from FHC if available**	|__|__|/|__|__|/|__|__|__|__|
300	How old was your pregnancy at the first visit? *(record no.weeks)* **Interviewer: record from FHC if available**	|__|__|
301	Who saw you at that first visit? *(1) HEW (2) Nurse (3) volunteer (4) other (specify)*	|__|
302	Specify	|_____|
303	Did you receive pregnancy care from a health center? *(1)yes (2)no* **If no, go to 309**	|__|
304	How many times have you attended the health center for pregnancy (antenatal) care this pregnancy? *Enter the number of times*	|__|
305	When did your first visit to the health center take place? *(enter date)* **Interviewer: record from FHC if available**	|__|__|/|__|__|/|__|__|__|__|
306	How old was your pregnancy at the first visit? *(record no.weeks)* **Interviewer: record from FHC if available**	|__|__|
307	Who saw you at that first visit? *(1) HEW (2) Nurse (3) volunteer* **(1)-(3) go to 309** *(4) other (specify)*	|__|
308	Specify	|_____|
309	Did you receive pregnancy care in your own home *(1)yes (2)no* **If no, go to 315**	|__|
310	How many times have you been visited at home for pregnancy (antenatal) care this pregnancy? *Enter the number of times*	|__|
311	When did the first visit to your home for pregnancy (antenatal care) take place? *(enter date)* **Interviewer: record from FHC if available**	|__|__|/|__|__|/|__|__|__|__|
312	How old was your pregnancy the first time you were visited at home for pregnancy care? *Record number of weeks* **Interviewer: record from FHC if available**	|__|__|
313	Who saw you at that first visit? *(1) HEW (2) Nurse (3) volunteer* **(1)-(3) go to 315** *(4) other (specify)*	|__|
314	Specify	|_____|
315	Where do you plan to give birth this pregnancy? *(1)home* *(2)nearest health post* *(3)nearest health centre* *(4)nearest hospital* *(5)other health facility* *(6)don't yet know*	|__|

	Can you tell me what are the problems in pregnancy that might need medical treatment? ***(do not read out the list but probe: anything else?;*** *select all that apply**)***	*(1)yes (2)no*
316	Severe headache	|__|
317	Blurry vision	|__|
318	Reduced or absent fetal movement	|__|
319	High blood pressure	|__|
320	Edema of the face/hands (Probe – swelling)	|__|
321	Convulsions	|__|
322	Excessive vaginal bleeding	|__|
323	Severe lower abdominal pain	|__|
324	Fever	|__|
325	Other	|__|
325a	None of these	|__|
326	Do you know where to go if you have any of these danger signs? *(1)yes (2)no* **(go to 329)**	|__|
	If yes Where were should you go? (Select all mentioned)	|__|
327A	**Hospital**	|__|
327B	**Health Center**	|__|
327C	**Health Post (327A – 327B) go to 329**	|__|
327D	**Other (specify)**	|__|
328	Specify |_____|	
329	Did you make any preparations for your delivery? *(1)yes (2)no* – **skip to 338** **Probe for getting the things she would need to have a safe delivery, and take care of herself at that time; do not mention specific items**	|__|
	What preparations did you make for this delivery? **Do not read out the list, probe – 'anything else?' –** *select all that apply*	*(1)yes (2)no*
330	Financial	|__|
331	Transport	|__|
332	Food	|__|
333	Identification of birth attendant	|__|
334	Identification of facility	|__|
335	Materials for clean delivery	|__|
336	Identified blood donor	|__|
337	Other	|__|
338	Did you sleep under a bednet last night? *(1)yes (2)no* **(if no, skip to 341)**	|__|
339	What kind of net was it? (*select one)* (1)LLIN (2)Ordinary net with no insecticide added (3)Ordinary net with insecticide added	|__|
340	How many years ago did your household obtain that net? (*enter number of years before survey date; if less than one year before survey enter 0; if don't know enter 99)*	|__|__|

All women 13-49

Now I would like to ask you some questions about any pregnancies that you have had

341	Just to ask you again, have you ever been pregnant even if that pregnancy did not lead to a live birth? *(1)Yes (***Continue***) (2)No (***End of interview***)*	|__|
342	In total, how many times have you ever been pregnant, including those pregnancies that did not lead to a live birth? *Enter total number of pregnancies.*	|__|__|

343	Have you ever given birth? *(1)Yes (2)No* ***(End of interview)***	|__|
344	How many times have you ever given birth even if the baby was not born alive? *Enter total number*	|__|__|
345	How many of your births ended with a live born baby*?* *Enter total number of live births*	|__|__|
346	Have you ever given birth to a child who cried or showed signs of life but unfortunately died later? *(1)yes (2) no* – **skip to 348**	|__|
347	**If yes, a child died**: How many of your live born children have ever died? *(write number)*	|__|__|
348	How many times have you been pregnant since2005? (*Enter number;* **if 0, end of interview for this woman**)	|__|
349	How many times have you had a birth since 2005 that ended in a live born baby (even if baby later died)? (*Enter number;* **if 0, end of interview for this woman**)	|__|
350	What was the date of your last live birth since 2005 ? *(Enter date dd/mm/yyyy; don't know date enter 99 for dd, probe for month and year)*	|__|__|/|__|__|/|__|__|__|__|
351	Was it a single or multiple birth? *(1) single (2)twins (3)three or more babies*	|__|
352	What was the name of the child **(first child to be born if not a singleton birth;** *enter name***)**	|__|__|__|__|__|__|__|__|__|
353	What was the gender of the child **(first child to be born if not a singleton birth)** *(1)male (2)female*	|__|
354	Is the child still alive today*? (1)yes* ***– go to 356*** *(2)no*	|__|
355	**If died** When did the child die? (*Enter date dd/mm/yyyy; don't know date enter 99 for dd, probe for month and year) – **SKIP TO 357***	|__|__|/|__|__|/|__|__|__|__|
356	How old is the child now in completed months? *Enter number of months; if less than 1 month enter 0)*	|__|__|
357	Can I just check. Have you had any other live birth since the one you have been telling me about? *(1)yes (2)no;* **If the answer here is yes, go back and check the responses again**	|__|

If there were no live births since 2005 it is the end of interview, thank the woman for her time, and go to next woman in the household. If there was a live birth, continue.

Women aged 13-49 who had a live birth since 2005 Ethiopia

Now I want to talk to you about the last birth you had that ended on [DATE], with the birth of [NAME]

401	Do you have a family health card with information about that pregnancy and birth? *(1)yes (2)no* ***– skip to 403***	|__|
402	**If yes:** May I see your family health card? *(1)yes (2)no*	|__|
403	When pregnant with [NAME], did you receive any care during pregnancy? **Probe: care at the HP, at a health facility, or visits at home from a HEW/CHP/HDA** *(1)Yes (2)No* ***(SKIP TO 445)***	|__|
404	Did you receive pregnancy care from a health post *(1)yes (2)no* **(if no go to 418)**	|__|
405	How many times did you attend the health post for pregnancy (antenatal) care that pregnancy? *Enter the number of times*	|__|
406	When did your first visit to the HP take place? *(enter date)* **Interviewer: record from FHC if available**	|__|__|/|__|__|/|__|__|__|__|
407	How old was your pregnancy at the first visit? *(record no.weeks)* **Interviewer: record from FHC if available**	|__|__|
408	Who saw you at that first visit? *(1) HEW (2) Nurse (3) volunteer (4) other (specify)*	|__|
409	Specify |_____|	
410	The last time you visited the health post for pregnancy care, how did you travel there? *(1)walked (2)bicycle (3)motorised vehicle (4)animal back (5)other*	|__|
411	The last time you visited the health post for pregnancy care, how many minutes did you spend there (including the waiting time and the time spent with the HEW?) *Enter number of minutes,* **e.g. if half an hour enter 30, if 1 hour and 10 minutes enter 70**	|__|__|__|__|
412	When you attended the health post, did you have to pay any cash to see the HEW there? *(1)yes (2)no* **go to 414**	|__|
413	How much cash did you pay to the health post or HEW for your pregnancy care in total? *Enter the amount in Birr*	|__|__|__|__|
414	When you attended the health post, did you have to give any non-cash gifts to see the HEW there? *(1)yes (2)no*	|__|
418	Did you receive pregnancy care from a health facility *(1)yes (2)no* **(if no, go to 432**	|__|
419	How many times did you attend the health facility for pregnancy (antenatal) care that pregnancy*? Enter the number of times*	|__|
420	When did your first visit to the health center take place? *(enter date)* **Interviewer: record from FHC if available**	|__|__|/|__|__|/|__|__|__|__|
421	How old was your pregnancy at the first visit? *(record no.weeks)* **Interviewer: record from FHC if available**	|__|__|
422	Who saw you at that first visit? *(1) HEW (2) Nurse/midwife (3) volunteer* **(1) (2) (3) go to 424** *(4) other (specify)*	|__|
423	Specify |_____|	
424	The last time you visited the health facility for pregnancy care, how did you travel there? *(1)walked (2)bicycle (3)motorised vehicle (4) animal back (5)other*	|__|
425	The last time you visited the health facility for pregnancy care, how many minutes did you spend there (including the waiting time and the time spent with a health worker)? *Enter number of minutes,* **e.g. if half an hour enter 30, if 1 hour and 10 minutes enter 70**	|_|_|_|

426	When you attended antenatal care at the health center, did you have to pay any cash to see a health worker there? *(1)yes (2)no* **go to 428**	|__|
427	How much cash did you pay to the health facility or health worker for your pregnancy care in total? *Enter the amount in Birr*	|_|_|_|
428	When you attended the pregnancy care in the health facility, did you have to give any non-cash gifts to see the health worker there? *(1)yes (2)no* **go to 432**	|__|
432	Did you receive pregnancy care in your own home *(1)yes (2)no* **(if no go to 445)**	|__|
433	How many times were you visited at home for pregnancy (antenatal) care that pregnancy? *Enter the number of times*	|__|
434	When did the first visit to you at home take place?*? Enter date* |__|__|/|__|__|/|__|__|__|__|	
435	How old was your pregnancy the first time you were visited at home for pregnancy care? *record number of weeks*	|__|__|
436	Who was it who came to visit you the first time? *(1)HEW (2)nurse/midwife (3)volunteer (HDA) (4)other – specify*	|__|
437	Specify | |_____|	
438	The last time you were visited at home for pregnancy care, how many minutes did she spend at your home? *Enter number of minutes,* ***e.g. if half an hour enter 30 if 1 hour and 10 minutes enter 70***	|__|__|
439	When you were visited at home for pregnancy care, did you ever have to pay any cash to the volunteer/HEW/Nurse/Midwife? *(1)yes (2)no* – **go to 441**	|__|
440	How much cash did you have to pay for your pregnancy care at home in total? *Enter total in Birr*	|__|__|
441	When you were visited at home for pregnancy care, did you ever have to give any non-cash gifts to see the home visitor? *(1)yes (2)no* – **go to 445**	|__|

	When you were pregnant that time, did you have the following at any time? **(enter yes or no and verify with family health card if available)**	
445	Was your weight measured? *(1)yes (2)no* **if no skip to 448**	|__|
446	**If yes**: Which was the provider who did this the first time? *(1)HEW, (2)Nurse/midwife, (3)CHP, (4)HDA, (5)Shop, (6)Other*	|__|
448	Was your height measured? *(1)yes (2)no* **if no skip to 451**	|__|
449	**If yes**: Which was the provider who did this the first time? *(1)HEW, (2)Nurse/midwife, (3)CHP, (4)HDA, (5)Shop, (6)Other*	|__|
451	Did you receive information about breastfeeding your baby*? (1)yes (2)no* **if no skip to 454**	|__|
452	**If yes:** Which was the provider who did this the first time? *(1)HEW, (2)Nurse/midwife (3)CHP (4)HDA (5)Shop (6)Other*	|__|
454	*Did you receive information about danger signs for newborns? (1)yes (2)no* **if no skip to 457**	|__|
455	**If yes***: Which was the provider who did this the first time? (1)HEW, (2)Nurse/midwife (3)CHP (4)HDA (5)Shop (6)Other*	|__|
457	*Did you receive information about the things you need to prepare for your birth? (1)yes (2)no* **if no skip to 460**	|__|
458	**If yes***: Which was the provider who did this the first time? (1)HEW, (2)Nurse/midwife (3)CHP (4)HDA (5)Shop (6)Other*	|__|
460	Was your blood pressure tested *(1)yes (2)no* **if no skip to 463** (PROBE: when a strap was put around your upper arm and a measure taken)	|__|
461	**If yes:** Which was the provider who did this the first time? *(1)HEW, (2)Nurse/midwife (3)CHP (4)HDA (5)Shop (6)Other*	|__|
463	Did you give a urine sample for a test *(1)yes (2)no* **if no skip to 466**	|__|
464	**If yes:** Which was the provider who did this the first time? *(1)HEW, (2)Nurse/midwife, (3)CHP (4) HDA (5)Shop (6)OtherC*	|__|

466	Did you get information about babies getting HIV/AIDS from their mother? *(1)yes (2)no* **if no skip to 468**	|__|
467	**If yes:** Which was the provider who did this the first time? *(1)HEW, (2)Nurse/midwife, (3)CHP (4)HDA (5)Shop (6)Other*	|__|
468	Did you receive information about things that you can do to prevent getting the HIV/AIDS virus? **if no skip to 470**	|__|
469	**If yes:** Which was the provider who did this the first time? *(1)HEW, (2)Nurse/midwife, (3)CHP (4)HDA (5)Shop (6)Other*	|__|
470	Did you receive information about getting tested for the HIV/AIDS virus? *1)Yes (2)No* **If no skip to 472**	|__|
471	**If yes:** Which was the provider who did this the first time? *(1)HEW, (2)Nurse/midwife, (3)CHP (4)HDA (5)Shop (6)Other*	|__|
472	Did you give blood for any test? *(1)yes (2)no* **If no skip to 475**	|__|
473	**If yes:** Which was the provider who did this the first time? *(1)HEW, (2)Nurse/midwife, (3)CHP (4)HDA (5)Shop (6)Other*	|__|
475	I don't want to know the result, but did you receive a test result for syphilis?*(1)yes (2)no*	|__|
476	I don't want to know the result, but did you receive a test result for HIV? *(1)yes (2)no*	|__|
477	Did you receive advice about preparing for birth? *(1)yes (2)no* **if no skip to 479**	|__|
478	**If yes:** Which was the provider who did this the first time? *(1)HEW, (2)Nurse/midwife, (3)CHP (4)HDA (5)Shop (6)Other*	|__|
479	Were you told things to look out for that might suggest problems with the pregnancy? *(1)yes (2)no* **if no skip to 481**	|__|
480	**If yes:** Which was the provider who did this the first time? *(1)HEW, (2)Nurse/midwife, (3)CHP (4)HDA (5)Shop (6)Other*	|__|
481	Did you receive medicine for intestinal worms? *(1)yes (2)no* **if no skip to 484**	|__|
482	**If yes:** Which was the provider who did this the first time? *(1)HEW, (2)Nurse/midwife, (3)CHP (4)HDA (5)Shop (6)Other*	|__|
484	Did you receive medicine to prevent malaria? *(1)yes (2)no* (PROBE:medicine called *sulphadoxine pyrimethamine*) **IF NO SKIP TO 488a**	|__|
485	**If yes** How many doses of medicine to prevent malaria were you given? (PROBE: how many times were you given the medicine?) *Write number of doses*	|__|
486	**If yes:** Which was the provider who gave you this the first time? *(1)HEW, (2)Nurse/midwife, (3)CHP (4)HDA (5)Shop (6)Other*	|__|
488a	Were you tested for anaemia? *(1)yes (2)no (3)don't know*	|__|
488	Did you receive iron tablets or iron syrup? *(1)yes (2)no* **IF NO SKIP TO 492a**	|__|
489	**If yes:** For how many days did you take the tablets or syrup? *Write number of days, or* ***write 99 if doesn't remember, 0 if didn't take***	|__|__|
490	**If yes:** Which was the provider who gave you this the first time? *(1)HEW, (2)Nurse/midwife, (3)CHP (4)HDA (5)Shop (6)Other*	|__|
492a	Did you receive misoprostol (the drug to stop women bleeding after birth)? *(1)yes (2)no (3)don't know)*	|__|
492	Were you given an injection in the arm to prevent the baby from getting tetanus, that is, convulsions after birth? **IF NO SKIP TO 497**	|__|
493	**If yes** How many times did you get a tetanus injection? *(write number of times)* **IF 2 or more times SKIP TO 497**	|__|
494	**If less than 2 times:** At any time before this pregnancy did you receive any tetanus injections? (*1)yes (2)no* **- SKIP TO 497**	|__|
495	**IF 494 WAS YES**	|__|

	Before this pregnancy, how many times did you receive a tetanus injection? (*write number of times*)	
496	How many years ago did you receive the last tetanus injection before this pregnancy? *Write number of years ago*	|__|
	Can you tell me what are the danger signs in pregnancy that might need medical treatment? **(do not read out the list, , select all mentioned, probe – 'anything else')**	*(1)yes (2)no*
497	Severe headache	|__|
498	Blurry vision	|__|
499	Reduced or absent fetal movement	|__|
500	High blood pressure	|__|
501	Edema of the face/hands (Probe – swelling)	|__|
502	Convulsions	|__|
503	Excessive vaginal bleeding	|__|
504	Severe lower abdominal pain	|__|
505	Fever	|__|
506	Anaemia	|__|
507	Other	|__|
507a	None of these	|__|
508	Were you told where to go if you had any complications? *(1)yes (2)no -(***go to 510)**	|__|
	If yes Where were you told to go? (Select all mentioned)	
509A	**Hospital**	|__|
509B	**Health Center**	|__|
509C	**Health Post**	|__|
509D	**Other**	|__|
510	During your last pregnancy did you make any preparations for your delivery? *(1)yes (2)no – **skip to 522*** ***Probe: for financies, for help during delivery, transport, emergencies?***	|__|
	What preparations did you make for the delivery? **Do not read out the list, probe – anything else? – select all that apply**	*(1)yes (2)no*
511	Financial	|__|
512	Transport	|__|
513	Food	|__|
514	Identification of birth attendant	|__|
515	Identification of facility	|__|
516	Clean clothes	|__|
517	Cover to deliver on	|__|
518	Gloves	|__|
519	Cotton gauze	|__|
519a	Clean instrument to cut the cord	|__|
520	Other *(specify)*	|__|
521	Specify |_____|	

Now I have some questions to ask you about what happened to you during and after the delivery

	First, I want to ask you about the danger signs in a woman during childbirth that need medical treatment. Can you tell me what these might be? **Do not read out the list, mark all that apply with 1, mark all that don't apply with 2, ask – 'anything else?'**	*(1)yes (2)no*
522	Excessive vaginal bleeding	|__|
523	Foul-smelling discharge	|__|
524	High fever	|__|
525	Baby's hand or feet come first	|__|
526	Baby in abnormal position	|__|

527	Prolonged labour >12 hours	|__|
528	Retained placenta	|__|
529	Rupture uterus	|__|
530	Prolapsed cord	|__|
531	Cord around neck	|__|
532	Convulsions	|__|
533	Other	|__|
533a	None of these	|__|
533b	What gestation were you when you went into labour? **Probe for number of gestation weeks, ask whether she went into labour early or on time; check on health card if available; enter number of weeks or enter 99 if don't know**	|__|__|
533c	Did anyone check your blood pressure when you were in labour? *(1)yes (2)no (3) don't know*	|__|
533d	When you were in labour, did anyone give you an injection specifically to slow down the labour because your labour had started too early? (*1)yes (2) no (3) don't know*	|__|
534	Now about your delivery: Who was the primary person who assisted with the delivery? *(1)Doctor (2)Nurse/Midwife (3)Health Extension Worker (4) Community Health Volunteer (5) Traditional birth attendant (6) Relative/friend (7)No-one **(go to 545)** (8) Other*	
535	Was anyone else present? *(1)yes (2)no* **– go to 537**	|__|
536	**If yes:** Who else was present at the delivery? *(1)Doctor (2)Nurse/Midwife (3)HEW (4) Community Health Volunteer (5)Traditional birth attendant (6) Relative/friend (7) Other*	|__|
537	Did you have to pay any cash money to the person/people assisting you at delivery? *(1)yes (2)no* **– go to 539**	|__|
538	**If yes:** How much cash money did you pay*? Enter the amount in Birr*	|__|__|__|__|
539	Did you have to give any non-cash gifts to the person/people assisting you at delivery? *(1)yes (2)no* **– go to 543**	|__|
543	When you gave birth, did the person assisting you wear gloves during delivery*?* *(1)yes (2)no (3)don't know*	|__|
544	When you gave birth, did the person assisting you wash her hands before the delivery*?* *(1)yes (2)no (3) don't know*	|__|
545	Where did you give birth? *(1)home –**skip to 549** (2)health post (3)health center (4) hospital (5)other (specify)*	|__|
546	Specify	|_____|
547	**If 545 = (2)(3)(4)** - After giving birth, for how many days did you stay at the health facility in total? *Enter number of days,* **enter 0 if she left on the same day as delivery**	|__|
548	Was [NAME] delivered by caesarean, that is, did they cut your belly open to take the baby out? *(1)yes (2)no*	|__|
	ALL: During the delivery of [NAME] did you experience any of the following? **Read out the list, select all that apply**	*(1)yes* *(2)no*
549	Heavy bleeding	|__|
550	Labour more than 12 hours	|__|
551	Loss of consciousness	|__|
552	Premature labour	|__|
553	Foul discharge	|__|
554	Baby in abnormal position	|__|
554a	None of these	|__|
555	During delivery were you advised to go to a clinic to get special care (a health post or health center if a home birth, a different facility if it was a health post/center birth)? *(1)yes (2)no* **– SKIP TO 560**	|__|
556	**If yes:** Did you go to that different health facilityto get the special care (referral)? *(1)yes* - **skip to 559** *(2)no **go to 557***	|__|

557	Why not? **Probe for the most important reason and select one.** (1)facility was too far (2)cost too much money (3)don't like going to different facility (4)no permission to go (5)other (specify) **Now go to 560**	|__|
558	Specify	
559	**If 556 = yes:** What transport did you take to get there? *(1)own transport (2)public transport (3)hired transport (4)district ambulance (5) bike (6) walked (7) carried*	|__|
	Now I want to ask you about any post-partum health checks you had after the birth	
560	In the first month after birth, did anyone check on your health? **Probe for health checks sometime after birth, not during the birth.** *(1)yes (2)no* ***– SKIP TO 581***	|__|
561	How many times did anyone check on your health in the first month after delivery? *Write number*	|__|
562	How long after delivery did the first check take place? *Record number of days;* **if same day as delivery enter 0**	|__||__|
563	Who checked on your health for the first time after you gave birth to [NAME]? (**Probe** for most qualified person) *(1)doctor (2)nurse/midwife (3)HEW (4)community health volunteer (5)TBA (6) Relative/friend (7) other (specify)*	|__|
564	Specify |_____|	
565	Where did this check take place? *(1)own home (2)other place in the community (3)health post (4)health centre (5)hospital* **If her health was checked only once (see 561) now skip to 567**	|__|
566	**If her health was checked more than once (see 561)** How long after delivery did the second check take place? **Record number of days**	|__||__|
	During any of the health checks what was done to check on your health? **Do not read out the list, probe anything else? Select all that apply**	*(1)yes (2)no*
567	Examined body	|__|
568	Checked breasts	|__|
569	Checked for heavy bleeding	|__|
570	Counselled on danger signs	|__|
571	Counselled on family planning	|__|
572	Counselled on nutrition	|__|
573	Referred to a health facility	|__|
573a	None of these	|__|
574	The last time your health was checked after the birth, how many minutes did the person spend checking you? *Enter number of minutes* ***e.g. if half an hour enter 30, if 1 hour and 10 minutes enter 70***	|__||__|
575	When the person checked on you after the birth, did you ever have to pay any cash to the person? *(1)yes (2)no* **go to 581**	|__|
576	**If yes:** How much cash did you have to pay to the volunteer for your health checks after birth in total? *Enter the amount in Birr*	|__|__|__|__|

Now I have some questions about what happened to [NAME] at the birth and immediately after.

581	Can I see a card recording information about the birth? *(1)yes (2)no* **Interviewer – use the card to verify all information if possible**	|__|
	First, I want to ask you about the complications for a newborn that might need medical treatment. Can you tell me what these might be? **Do not read out the list, select all mentioned, 'ask – anything else?'**	*(1)yes (2)no*
582	Fever	|__|

583	Unable to suckle/feed	|__|
584	Difficult/fast breathing	|__|
585	Diarrhea	|__|
586	Convulsions	|__|
587	Persistent vomiting	|__|
588	Yellow palms/soles/eyes	|__|
589	Lethargy	|__|
590	Unconscious	|__|
591	Red/discharging eyes	|__|
592	Skin pustules	|__|
593	Skin around cord was red	|__|
594	Pus from cord	|__|
595	Born low birth weight	|__|
596	Born premature	|__|
597	Infection	|__|
598	Other	|__|
599	None of these	|__|
600	Was [NAME] weighed at birth? *(1)yes (2)*no (3)don't know – (2) or (3) **SKIP TO 602**	|__|
601	**If yes** How much did [NAME] weigh at birth? (*enter weight in grammes* **e.g. if the weight was 1.9 kilogrammes enter 1900; don't know write 9999; use the weight recorded on the card if possible)**	|__|__|__|__|
602	Did [NAME] have any difficulty breathing/crying at birth? *(1)yes (2)no – **skip to 608***	|__|
	Did anyone do any of the following to [NAME] immediately at birth? **Read out the list, select all that apply**	*(1)yes* *(2)no*
603	Rubbing	|__|
604	Stimulating	|__|
605	Mouth-to-mouth	|__|
606	Resucsitation	|__|
607	Don't know	|__|
608	Where was [NAME] placed immediately after delivery? *(1)alone/on the floor; (2)on the mother's belly/chest (3)beside the mother; (4) with someone else; (5)other; (6)don't know*	|__|
608a	After the birth, was [NAME] placed on the bare skin of your chest for any time before you were moved? *(1)yes (2)no (3) don't know*	|__|
609	When [NAME] was born, was she/he dried/wiped? *(1)yes (2)no (3)don't know* **2 and 3 skip to 611**	|__|
610	**If yes:** How long after [NAME] was born was she/he dried/wiped? *Enter in minutes,999 if don't know.* **Check for time after the baby was born, not time after the placenta came out**	|__|__|__|
611	When [NAME] was born, was she/he wrapped with a cloth? *(1)yes (2)no (3)don't know* **(2) and (2) skip to 613**	|__|
612	**If yes:** How long after [NAME] was born was she/he wrapped with a cloth? *Enter in minutes, 999 if don't know.* **Check for time after the baby was born, not time after the placenta came out**	|__|__|__|
613	What was used to tie the cord? *(1)new string/thread (2)boiled string/thread (3)any string/thread (4)nothing (5)don't know (6)other*	|__|
614	What was used to cut the cord? *(1)new razor blade (2)any razor blade (3)sterile scissors (4)don't know (5)other*	|__|
615	Was anything applied to the cord after cutting and tying? *(1)yes (2)no (3)don't know **– 2 and 3 skip to 623***	|__|

	If yes: What was applied to the cord just after cutting the cord? **Do not prompt, select all that apply**	*(1)yes* *(2)no*
616	Butter	|__|
617	Ash	|__|
618	Ointment	|__|
619	Animal dung	|__|
620	Oil	|__|
621	Cold water	|__|
622	Other	|__|
622a	Chlorhexidine	|__|
623	When [NAME] was born, how soon did you bathe him/her? *(1)in the first hour* **–CONTINUE TO 624** *(2)after one hour*-**SKIP TO 625** (3)after one day – **SKIP TO 626**	|__|
624	**If in the first hour:** After how many minutes would you say? (*write number of minutes)* **Enter 99 if don't know. Now go to 627**	|__|__|
625	**If after one hour:** After how many hours would you say? *(write number of hours***; e.g. if response is 'after one hour' enter 1, if response is 'after one and a half hours' enter 1***)* **Enter 99 if don't know Now go to 627**	|__|__|
626	**If after one day:** After how many days would you say? *(write number of days* **e.g. if response is 'after one day' enter 1, if response is 'after one and a half days' enter 1***)*	|__|__|
627	In the first week of life, did you hold [NAME] skin to skin against your breasts during the daytime and nighttime? *(1)yes always (2)yes very often (3)yes a few times (4)never (5)don't know*	|__|
628	In the first week of life, did you sleep with [NAME] against you at night, or did you lay him/her alone on the bed or elsewhere? *(1)slept with mother (2)baby slept alone (3) baby slept with another person*	|__|
629	Did you ever breastfeed [NAME]? *(1)Yes (2)No* **– SKIP TO 634**	|__|
630	How long after birth did you first put [NAME] to the breast (even if the milk was not yet ready)? *(1)in the first hour*-**CONTINUE TO 631** *(2)after one hour but during the first day*-**GO TO 632** *(3)after the first day of life* **–GOTO 633**	|__|
631	**If in the first hour:** After how many minutes would you say? (*write number of minutes)* **Enter 99 if don't know. Now go to 634**	|__|__|
632	**If after one hour but during the first day:** After how many hours would you say? *(write number of hours;* **e.g. if response is 'after one hour' enter 1, if response is 'after one and a half hours' enter 1; if response is 'after two and a half hours' enter 2***)* **Enter 99 if don't know. Now go to 634**	|__|__|
633	**If after the first day of life:** After how many days did you first put [NAME] to the breast? *Enter number of days*	|__|
634	Did you squeeze out and throw away the first milk? *(1)yes (2)no*	|__|
635	In the first three days after delivery, was [NAME] given anything to drink other than breast milk? *(1)yes (2)no* **go to 641a**	|__|
	If yes: What else was [NAME] given to drink in the first three days after delivery? **Do not probe, select all mentioned.**	*(1)yes* *(2) no*
636	Other type of milk	|__|
637	Plain water	|__|
638	Sugar/glucose/salt water solution	|__|
639	Juice	|__|
640	Tea/infusions	|__|
641	Others	|__|
641a	Did you breastfeed [NAME] yesterday or today? *(1)yes, (2)no (3) child no longer alive -* ***skip to 642***	|__|
641b	Have you started to give [NAME] other types of liquid to drink?	|__|

	(1) yes (2) no	
	Can I check: Have you given[NAME] any of the following to drink yesterday or today? Read out the list**, select all mentioned.**	*(1)yes (2) no*
641c	Other type of milk	|__|
641d	Plain water	|__|
641e	Sugar/glucose/salt water solution	|__|
641f	Juice	|__|
641g	Tea/infusions	|__|
641h	Others	|__|
641h1	Nothing given except breastmilk	|__|
641i	Have you started to give [NAME] any food to eat (either solid or soft food)? *(1)yes (2)no*	|__|
642	Now about care after the birth In the month after [NAME] was born, did any health care provider or a traditional birth attendant check on his/her health? *(1)yes (2)no* **– SKIP TO 658** **Probe for checks done at the place of birth on the same day as birth, and checks after**	|__|
643	**If 642=yes:**In the month after [NAME] was born, how many times did a health care provider or a traditional birth attendant check on his/her health? *Write number of times*	|__|
644	**If 642=yes:**How long after delivery did the first check take place? *(Record number of days;* **if same day as delivery enter 0***)*	|__|
645	**If 644 is more than one** How long after delivery did the second check take place? *(Record number of days)*	|__|
646	**If 642=yes:** Who checked on [NAME] health the first time? **(Probe for most qualified person)** *(1)doctor (2)nurse/midwife (3)health extension worker (4)community health volunteer (5)TBA (6)Relatives/friend (7)other (specify)*	|__|
647	Specify |_____|	
648	**If 642=yes** Where did the first check on [NAME] take place? *(1)own home (2)other place in the community (3)health post (4) health centre (5) hospital*	|__|
	If 642=yes At any of the health checks in the first month, what was done to check the health of baby? **Do not read out list, select all that apply. Probe – anything else?**	*(1)yes (2)no*
649	Generally examined/looked at babys body	|__|
650	Weighed baby	|__|
651	Checked cord	|__|
652	Counselled on breastfeeding	|__|
653	Observed breastfeeding	|__|
654	Counselled on skin-to-skin contact/warmth	|__|
655	Checked baby for danger signs	|__|
656	Counselled on danger signs	|__|
657	Referred to a health facility	|__|
657a	Checked babys temperature	|__|
657b	None of these	|__|
658a	Did [BABY] sleep under a bednet last night? *(1)yes (2)no* **(if no, skip to 658d)**	|__|
658b	What kind of net was it? (*select one)* (1)LLIN (2)Ordinary net with no insecticide added (3)Ordinary net with insecticide added	|__|
658c	How many years ago did your household obtain that net? (*enter number of years before survey date; if less than one year before survey enter 0; if don't know enter 99)*	|__|__|
658d	Have you ever taken [NAME] for a vaccination? **PROBE – HEALTH FACILITY OR VACCINATION DAY** *(1)yes (2)no* **– GO TO 678**	|__|
659	**If yes:** Do you have any record/card where [NAME] vaccinations are written down? *(1)yes (2)no*	|__|

	Has [NAME] received the following vaccinations?	
660	BCG (*(1)yes (2)no(3)don't know* **If (2)or(3) go to 662**	|__|
661	**If yes**: When? *record date given, or 99/99/9999 if date not available*	|__|__|/|__|__|/|__|__|__|__|
662	Polio 0 (Polio given at birth and given in the mouth (oral)) *(1)yes (2)no (3)don't know* **If (2)or(3) go to 664**	|__|
663	**If yes:** When? *record date given, or 99/99/9999 if date not available*	|__|__|/|__|__|/|__|__|__|__|
664	Polio 1*(1)yes (2)no(3)don't know* **If (2)or(3) go to 666**	|__|
665	**If yes**: When? *record date given, or 99/99/9999 if date not available*	|__|__|/|__|__|/|__|__|__|__|
666	Polio 2*(1)yes (2)no(3)don't know* **If (2)or(3) go to 668**	|__|
667	**If yes**: When? *record date given, or 99/99/9999 if date not available*	|__|__|/|__|__|/|__|__|__|__|
668	DPT (Pentavalent) 1*(1)yes (2)no(3)don't know* **If (2)or(3) go to 670**	|__|
669	**If yes**: When? *record date given, or 99/99/9999 if date not available*	|__|__|/|__|__|/|__|__|__|__|
670	DPT (Pentavalent) 2*(1)yes (2)no(3)don't know* **If (2)or(3) go to 672**	|__|
671	**If yes**: When? *record date given, or 99/99/9999 if date not available*	|__|__|/|__|__|/|__|__|__|__|
672	DPT (Pentavalent 3*(1)yes (2)no(3)don't know* **If (2)or(3) go to 674**	|__|
673	**If yes***: When? record date given, or 99/99/9999 if date not available*	|__|__|/|__|__|/|__|__|__|__|
673a	Pneumococcal Conjugate 1 *(1)yes (2)no(3)don't know* **If (2)or(3) go to 673c**	|__|
673b	**If yes***: When? record date given, or 99/99/9999 if date not available*	|__|__|/|__|__|/|__|__|__|__|
673c	Pneumococcal Conjugate 2 *(1)yes (2)no(3)don't know* **If (2)or(3) go to 673e**	|__|
673d	**If yes***: When? record date given, or 99/99/9999 if date not available*	|__|__|/|__|__|/|__|__|__|__|
673e	Pneumococcal Conjugate 3 *(1)yes (2)no(3)don't know* **If (2)or(3) go to 674**	|__|
673f	**If yes***: When? record date given, or 99/99/9999 if date not available*	|__|__|/|__|__|/|__|__|__|__|
674	Measles or MMR*(1)yes (2)no(3)don't know* **If (2)or(3) go to 676**	|__|
675	**If yes***: When? record date given, or 99/99/9999 if date not available*	|__|__|/|__|__|/|__|__|__|__|
676	Vitamin A*(1)yes (2)no(3)don't know* **If (2)or(3) go to 677a**	|__|
677	**If yes***:When? record date last dose given, or 99/99/9999 if date not available*	|__|__|/|__|__|/|__|__|__|__|
677a	Rota vaccine 1 *(1)yes (2)no(3)don't know* **If (2)or(3) go to 677c**	|__|
677b	**If yes**: When? *Record date given, or 99/99/9999 if date not available*	|__|__|/|__|__|/|__|__|__|__|
677c	Rota vaccine 2 *(1)yes (2)no(3)don't know* **If (2)or(3) go to 678**	|__|
677d	**If yes**: When? *Record date given, or 99/99/9999 if date not available*	|__|__|/|__|__|/|__|__|__|__|
678	**INTERVIEWER STOP TO CHECK:** **WAS THE BABY BORN 0-60 DAYS BEFORE DATE OF INTERVIEW?** *(1)Yes (2)No* **IF YES - CONTINUE, IF NO – END**	|__|
	Now I want to talk to you about any sickness your child experienced in the first month of life.	
679	Has [NAME] ever been sick? *(1)yes (2)no*	|__|
	Can I just check, has [NAME] ever had any of the following symptoms? **Enter 1 If yes to any and continue, if no to all these symptoms enter 1 for 'no symptoms' and skip to end**	(*1)yes (2)no*
680	Stopped feeding well	|__|
681	Difficult or fast breathing	|__|

682	Chest in-drawing	|__|
683	Unusually hot or cold	|__|
684	Baby less active than usual	|__|
685	Body became yellow	|__|
686	Other (specify)	|__|
687	Specify	
688	No symptoms **end of interview if no symptoms checked**	|__|
689	**If any sickness/symptom reported:** How old was [NAME] when sick for the first time? *Record number of days of age when [NAME] was first sick;* **if first day of life enter 0**	|__|
690	When [NAME] was sick that first time what was the problem? *Probe for all the following symptoms:select all that apply*	*(1)yes* *(2)no*
691	Fever	|__|
692	Unable to suckle/feed	|__|
693	Difficult/fast breathing	|__|
694	Diarrhea	|__|
695	Convulsions	|__|
696	Persistent vomiting	|__|
697	Yellow palms/soles/eyes	|__|
698	Lethargy	|__|
699	Unconscious	|__|
700	Red/discharging eyes	|__|
701	Skin pustules	|__|
702	Skin around cord was red	|__|
703	Pus from cord	|__|
704	Other	|__|
705	Did you seek care for [NAME] outside the home at that time? *(1)yes* **– go to 707** *(2)no*	|__|
706	**If no care sought at that time:** Why didn't you seek care for [NAME] outside the home during that first illness? (*1)expected him/her to get better (2) health facility too far (3) cost of treatment too expensive (4) don't trust the facility (5) family member didn't allow (6) community advisor/TBA advised against it (7) other (***NOW GO TO 712)**	|__|
707	**If 705=yes:** How many times did you seek care for that illness? *Write number of times*	|__|
708	Where outside the home did you seek care from the first time? *(1)health post (2)health centre (3)hospital (4)community health worker (5) shop/pharmacy (6) other*	|__|
709	Do you have any medical record from when you went for health care outside the home the first time? (*1)yes (2)no* **– go to 711**	|__|
710	**If yes** Can I see it? *(1)yes (2)no* **Interviewer- use the card to verify responses if possible**	|__|
711	After how many days did you seek care the first time? *Write number of days from the onset of illness, if first day of illness write 0. If possible use the medical record to confirm*	|__|
712	**If yes to any of the symptoms 691-704:** At any time during the illness, did [NAME] take any drugs for the illness? (1)yes (2)no **- end**	|__|
	What drugs did [NAME] take? *Select all that apply*	*(1)yes* *(2)no*
713	malaria drugs: SP/Fansidar	|__|
714	malaria drugs: Chloroquine	|__|
715	Antibiotic: gentamycin	|__|
716	Antibiotic: ampicillin	|__|
717	Tetracycline /other eye ointment	|__|

718	ORS	|__|
719	Vitamin A	|__|
720	Traditional remedy	|__|
721	Herbs	|__|
722	For how many days did [NAME] take the drugs *Write number of days*	|__|

End – thank the participant for their time. Check whether there is another woman aged 13-49 in the house.