

Haramaya University, College of Health and Medical Sciences
Kersa Demographic Surveillance and Health Research Center

Housing Geographic Location Baseline Registration Form 01/03???

Do not write in this column

LC 01	Interviewer's Name	
LC 02	Date of Interview DD/MM/YYYY	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
LC 03	Round No	<input type="text"/> <input type="text"/>
LC 04	Kebele ID	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
LC 05	Village/Ketena Name and ID	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	House Number given by Kebele authority (for Harar only)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
LC 06	House No	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
LC 07	Location ID	<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"/>
LC 08	HH Head ID	<u>Don't fill</u>
LC 09	Name of head of HH	
LC 10	Latitude (Northing)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
LC 11	Longitude(Easting)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
LC 12	Altitude(meter)	
LC 13	Data Status	<u>Don't fill</u>
LC 14	Corr HouseID	<u>Don't fill</u>
LC 15	No of Individuals in the HH	
LC 16	Supervisor's Name	<input type="text"/> <input type="text"/>

:

Haramaya University, College of Health and Medical Sciences Kersa Demographic Surveillance and Health Research Center (KDS-HRC)

Household Members Socio-demographic Information Registration Baseline Form 02/03???

S.No	Individual Name	Relation (to head)	Sex 1. M 2. F	Date of birth(EC) DD MM YYYY	Religion	Ethnicity	No Wives	Marital status (> 10 yr)	Education			Occupation		Husband ID	Date of Marriage
									Status	Type	Grade comp.	Primary	additional		
1	SD 01	SD 02	SD 03	SD 04	SD 05	SD 06	SD 07	SD 08	SD 09	SD 10	SD 11	SD 12	SD 13	SD 14	MR
2				<input type="text"/>											
3				<input type="text"/>											
4				<input type="text"/>											
5				<input type="text"/>											
6				<input type="text"/>											
7				<input type="text"/>											
8				<input type="text"/>											
9				<input type="text"/>											
10				<input type="text"/>											
11				<input type="text"/>											

Relation (SD 02)	01=Head 02=1 st spouse 03=2 nd spouse 04=3 rd spouse 05= 4 th spouse	12=child of head and 1 st spouse 13=child of head and 2 nd spouse 14= child of head and 3 rd spouse 15=child of head and 4 th spouse	21=child of head only 22=child of 1 st spouse only 23=child of 2 nd spouse only 24=child of 3 rd spouse only 25=child of 4 th spouse only	31=parent of head 32=parent of 1 st spouse 33=parent of 2 nd spouse 34=parent of 3 rd spouse 35=parent of 4 th spouse	41=other relative of head 42=other relative of 1 st spouse 43=other relative of 2 nd spouse 44=other relative of 3 rd spouse 45=other relative of 4 th spouse	46=other relative 47=adopted child 48=non-relative
Religion SD 05	1. Muslim	2. Orthodox Christian	3. Protestant Christian	4. Catholic Christian	5. traditional believers	6. Other (specify)
Ethnicity SD 06	1. Oromo	2. Amhara	3. Somali	4. Gurage	5. Harari	6. Tigray 9. Other (specify)
Marital status SD 08	1. married (monogamous)	2. married (polygamous)	3. divorced	4. single (never married)	5. widow/widower	6. Underage 7. Other (specify)
Literacy SD 09	1. literate	2. read only	3. can read and write	4. can neither read nor write		
Type of school SD 10	1. formal school	2. literacy campaign	3. religious school	4. other (specify)		
Grade Completed SD 11	(1, 2, 3, ..., 10, 10+1, 10+2, 10+3, 12, 12+1, 12+2, 12+3, ...)					

Occupation	1.farmer	2.employed farmer	3.merchant	4.private employee	5.pitty trader	6.housewife	7. Student
SD 12/13	8. Unemployed	9.retired	10.government employee	11. NGO worker	12. Daily laborer	13.other(Specify)	14. Not reached for work
Date of marriage:(MR): Shall be asked only for married women and shall refer to the current marriage							
Ever Births shall be filled only for married women in the house, it is refereeing about the total number of live births in her reproductive life							

Haramaya University, College of Health and Medical Sciences
Kersa Demographic Surveillance and Health Research Center

Housing Condition Registration Baseline Form 03/03???

Do not write in this column

HH 01	Name of Data Collector																	
HH 02	Date of Interview DD/MM/YYYY <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>																	
HH 03	Location ID <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"/>																	
HH 04	Round <input type="text"/> <input type="text"/>																	
HH 05	Observed ID	<u>Don't fill</u>																
HH 06	Is there a change in status of the house? 1. No 2. Yes, modified 3. Yes, demolished and rebuilt 4 Yes, demolished <input type="checkbox"/>																	
HH 07	Ownership of the House 1. Own 2. Rented from Kebele/government <input type="checkbox"/> 3. Rented from individual/private rent 4. Other/Specify																	
HH 08	Does the house have kitchen? 1. Yes 2. No <input type="checkbox"/>																	
HH 09	Number of rooms (excluding kitchen) <input type="text"/> <input type="text"/>																	
HH 10	Do domestic animals share the same room with human? (excluding pets) 1. Yes 2. No <input type="checkbox"/>																	
HH 11	<p>Main house dimation in meter:</p> <table border="1"> <tr> <td>Rectangular house:</td> <td>length</td> <td>width</td> <td>height</td> </tr> <tr> <td></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>Tukul:</td> <td>radius</td> <td>wall hieght</td> <td>axis</td> </tr> <tr> <td></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table>	Rectangular house:	length	width	height		<input type="text"/>	<input type="text"/>	<input type="text"/>	Tukul:	radius	wall hieght	axis		<input type="text"/>	<input type="text"/>	<input type="text"/>	
Rectangular house:	length	width	height															
	<input type="text"/>	<input type="text"/>	<input type="text"/>															
Tukul:	radius	wall hieght	axis															
	<input type="text"/>	<input type="text"/>	<input type="text"/>															
HH 12	Refuse disposal method: 1.Pit 2.Open field 3.Burn 4.Compost 5.Manucipal collection 6. Farm 7. Other, specify <input type="checkbox"/>																	
HH 13	Estimated walking timein minutes from the nearest health center/hospital <input type="text"/> <input type="text"/> <input type="text"/>																	
HH 14	Estimated walking distance in km from the nearet health center/hospital <input type="text"/> <input type="text"/>																	
HH 15	Supervisor's Name																	

Haramaya University, College of Health and Medical Sciences
Kersa Demographic Surveillance and Health Research Center

Pregnancy Observation registration form

(Shall be filled for ever married women and in reproductive period or are not in menopause)

Do not write in this column

PS 01	Data collector's name																					
PS 02	Individual ID <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>																					
PS 03	Type	Don't fill																				
PS 04	Date of Interview DD/MM/YYYY <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>																					
PS 05	Observation ID	Don't fill																				

Shall be asked for ever married women and in reproductive period or are not in menopause

s/no	Items	Yes	No	Go to
PS 06	Have you given birth the past 4 weeks?	1	0	
PS 07	Are you less than 6 months postpartum or fully breastfeeding and free from menstrual bleeding since you had your child?	1	0	
PS 08	Did your last menstrual period starts with in the past 7 days	1	0	
PS 09	Have you had miscarriage or abortion the past 7 days	1	0	
PS 10	Have you abstained from sexual intercourse since your last menses?	1	0	
PS 11	Have you been using a reliable contraceptive (pills, Injectable, IUCD and Norplant) method consistently and correctly?	1	0	
PS 12	Decide Pregnancy is suspected if all responses to questions PS06-PS11 are NO/0	Suspected 1 Not suspected 2		PW01 END

Shall be asked for Pregnant Women (PW)

PW 01	Are you pregnant now?	Yes..... 1	No 2	
PW 02	LMP:dd/mm/yyyy ___/___/___		
PW 03	EDD: dd/mm/yyyy ___/___/___		Don't fill
PW04	Have you attended antenatal care during this pregnancy? 1. Yes 2. No 3. Don't remember			<input type="checkbox"/>
PW05	How many times have you visited health institution for antenatal care during this pregnancy?			<input type="checkbox"/>
PW 06	During the time you become pregnant, do you want to be pregnant by then, wait later, or don't want at all?	Want by then..... 1	Want later 2	Don't want 3
PW 07	Did you sleep under bed net last night?	1 Yes 2. No 3. No bed net		<input type="checkbox"/>
PW 08	Is the bed net treated?	1. Yes 2. No 3. Don't know		<input type="checkbox"/>
PW 09	Did you have HIV test during this pregnancy?	1. Yes 2. No 9 don't know		<input type="checkbox"/>
PW10	Have you taken an injection on your arm for prevention of tetanus during this pregnancy or ever? 1. Yes 2. No			<input type="checkbox"/>
PW11	Do you have vaccination Card 1. Yes 2. No			<input type="checkbox"/>
PW12	Which tetanus injection was taken?	Card (DD/MM/YYYY)	Oral report	
	TT1			
	TT2			
	TT3			
	TT4			
	TT5			
PW13	MUAC (left) in cm.....			_____ cm
PW14	MUAC (right) in cm.....			_____ cm
PW 15	Supervisor's name			

Haramaya University, College of Health and Medical Sciences
Kersa Demographic Surveillance and Health Research Center

Pregnancy Outcome

		Do not write in this column
PO 01	Data Collector's Name	
PO 02	Mother's ID <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"/>	
PO 03	Observation ID	Don't fill
PO 04	Type of Outcome LBR <input type="checkbox"/> MIS <input type="checkbox"/> STB <input type="checkbox"/> ABT <input type="checkbox"/>	
PO 05	Date of Birth DD/MM/YYYY <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
PO 06	Father ID <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"/>	
PO 07	Duration of pregnancy 1. Term 2. Pre term 3. Post term <input type="checkbox"/>	
PO 08	Date of Interview DD/MM/YYYY <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
PO 09	During this pregnancy have you attended an antenatal care? 1. Yes 2. No 3. Don't remember <input type="checkbox"/>	
PO 10	How many times have you visited health institution for antenatal care during this pregnancy? <input type="text"/> <input type="text"/>	
PO 11	Place of delivery 1. Home 2. Health post 3. Health Center 4. Hospital 5. Government clinic 6. Private clinic 7. other place <input type="checkbox"/>	
PO 12	Attendant at birth 1. TTBA 2. TBA 3. Health extension worker 4. Relative/neighbor 5. Health professional 6. No attendant 7. other <input type="checkbox"/>	
PO 13	Number of pregnancies/Gravidity(including the current) <input type="text"/> <input type="text"/>	
PO 14	Number of ever live birth (including the current) <input type="text"/> <input type="text"/>	
PO 15	Number of still births (including the current if s/he is dead) <input type="text"/> <input type="text"/>	
PO 16	Number of alive children	
PO 17	<i>If mother had previous delivery</i> , Is the preceding child alive? 1. Yes 2. No <input type="checkbox"/>	
PO 18	Mother's age at first delivery (in completed year) <input type="text"/> <input type="text"/>	
PO 19	Total children born <input type="text"/> <input type="text"/>	
PO 20	Number of live birth/s of the current delivery <input type="checkbox"/>	
PO 21	Name of Supervisor	
PO 22	Data entry Date(DD/MM/YYYY)	Don't fill

Information on current delivery/ies

Baby ID	Name	Gender (M/F)	Relation to Head	Loc.	Physically Normal	Physically Healthy	Estimated weight (size) of your baby	Birth weight in gram(to be filled in four digits)
PO 23	PO 24	PO 25	PO 26	PO 27	PO 28	PO 29	PO 30	

PO 28. Physically normality

1. Yes 2. No

PO 29. Physically healthy

1. Yes 2. No

PO 30. Weight estimation of your baby compared to other new born babies in your village, 1. very small 2. small 3. Normal 4. Big 5. Very big

PO 31. To be filled if Birth weight in gram of your baby is known

Haramaya University, College of Health and Medical Sciences
Kersa Demographic Surveillance and Health Research Center
Mortality Registration Form

		Do not write in this column
DT 01	Data Collector's name	
DT 02	Type	<u>Don't fill</u>
DT 03	Individual ID <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"/>	
DT 04	Observation ID	<u>Don't fill</u>
DT 05	Date of Interview DD/MM/YYYY <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
DT 06	Date of Death DD/MM/YYYY <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
DT 07	Name of deceased person	
DT 08	Age at death	<u>Don't fill</u>
DT 09	If female, was she pregnant when died 1. Yes 2.No	
DT 10	If female and have ever given birth, The length of time between last birth/termination of pregnancy and death: <input type="text"/> 1. Less than 6 weeks 2. Greater than 6 weeks	
DT 11	Perceived main cause of death <input type="text"/> <input type="text"/> 01. Vomiting 11. Meningitis 21. Cancer 02. Prematurity 12. TB 22. Accident, specify 03. Poisoning 13. Sudden death 23. NIFASE 04. Malaria 14. Tetanus 24. Kidney disease 05. ARI/pneumonia 15. Jaundice 25. Paralysed 06. Measles 16. Pregnancy /childbirth 26. Diabetes 07. Whooping cough 17. Suicides 27. Hypertension 08. Diarrhoea/vomiting 18. HIV/AIDS 28. Peptic Ulcer 09. Lack of Food 19. Abortion, spontaneous 99. Other, specify 10. Fighting 20. Abortion, induced	
DT 12	Did the deceased get health care for the illness lead to death? 1. Yes 2. No (go to question 16) <input type="text"/>	
DT 13	Where did he/she get health care service first <input type="text"/> <input type="text"/> (1. Hospital 2. Health center 3. Health Post 4. Government Clinic 5. Pharmacy 6. Private clinic 7. Traditional health care 8. Did self-treatment (specify source) 9. Religious places 10. Wholly water. 11. Did nothing 12. Other (specify))	
DT 14	Where did he/she get health care service second <input type="text"/> <input type="text"/> 1. Hospital 2. Health center 3. Health Post 4. Government Clinic 5. Pharmacy 6. Private clinic 7. Traditional health care 8. Did self-treatment (specify source) 9. Religious places 10. Wholly water. 11. Did nothing 12. Other (specify))	
DT 15	Where did he/she get health care service third <input type="text"/> <input type="text"/> (1. Hospital 2. Health center 3. Health Post 4. Government Clinic 5. Pharmacy 6. Private clinic 7. Traditional health care 8. Did self-treatment (specify source) 9. Religious places 10. Wholly water. 11. Did nothing 12. Other (specify))	
DT 16	Place of death <input type="text"/> <input type="text"/> 1. Home 2. Health post 3. Private Clinic 4. Health center 5. Hospital 6. Traditional health home 7. Other (specify)	
DT 17	Supervisor's name	
DT 18	Data entry date	<u>Don't fill</u>

Haramaya University, College of Health and Medical Sciences
 Kersa Demographic Surveillance and Health Research Center
Migration in to Location registration form

Do not write in this column

IN 01	Data collector's name	
IN 02	Type	Don't fill
IN 03	Date of interview	
	MM/YYYY	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
IN 04	Date of in-migration	
	DD/MM/YYYY	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
IN 05	Observation ID	Don't fill
IN 06	Internal migration	Y <input type="checkbox"/> N <input type="checkbox"/>
IN 07	Preveious address 1. With in the study site 2. Within kersa woreda out of the study site 3. Out of kersa woreda from within Ethiopia 4.From other country	<input type="checkbox"/>
IN 08	If the move is from within the studv site indicate house ID (to be filled only for move within study site)	<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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
IN 09	Location moving to	<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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
IN 10	Individual Id	
IN 11	Address of origin	Region/country(see the code below) <input type="text"/> <input type="text"/>
IN 12	If place of origin is from Ethiopia, indicate region	<input type="text"/> <input type="text"/>
IN 13	Reason of migration: 1.Marriage 2.Marital dissolution 3.Job seeking/employment 4. Health related problems 5.conflict 6.Education/training 7. Resettlement 8.Retirement 9. Seeking family support 10.Other (specify)	<input type="checkbox"/>
IN 14	Duration of previous residence in months	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
IN 15	Arrived/moved with: 1. Individual only 2. Partial family 3. Whole family	<input type="checkbox"/>
IN 16	Total number arrived	<input type="text"/> <input type="text"/>
IN 17	Name of supervisor	
IN 18	Data entry Date(DD/MM/YYYY)	
IN 19	<i>If migration is from out of the study site, fill inmigtants detail using baseline form 02 If migration is to a new house, fill inmigtants detail using all baseline forms</i>	

NB: if movement is within the study site fill migrants' details in the table below

Individual ID IN 20	Name IN 21	Sex (M/F) IN 22	Relation to head of the current location IN 23
<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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
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If migration is from within Ethiopia				If migration is from out of Ethiopia	
Region	Code	Region	Code	World regions	Code
Tigray	01	Benishangul Gumuz	08	North America	51
Afar	02	Harar	09	South America	52
Amhara	03	Dire Dawa	10	Europe	53
Oromia	04	Addis Ababa	11	Asia (without Arab countries)	54
Somali	05			Africa	55
SNNPS	06			Middle east/Arab countries	56
Gambella	07			Australia	57

Haramaya University, College of Health and Medical Sciences
Kersa Demographic Surveillance and Health Research Center

Migration form a location registration form

Do not write in this column

OT 01	Data collector's name	
OT 02	Date of interview MM/YYYY <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
OT 03	Individual ID	Don't fill
OT 04	Type	Don't fill
OT 05	Date of outmigration DD/MM/YYYY <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
OT 06	Observation ID	Don't fill
OT 07	Is the migration a move to the study site? 1. Yes 2. No <input type="checkbox"/>	
OT 08	Place of destination 1. Other location within the study site 2. Within the woreda /town but out of the study site <input type="checkbox"/> 3. Within Ethiopia 4. Unknown 5.To other country	
OT 09	If out migrated to the study site, house ID <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"/>	
OT 10	If place of destination is in Ethiopia or to other country Region/country <input type="text"/> <input type="text"/> (Use the codes from the box put at the bottom)	
OT 11	If place of destination in Eastern/western Hararge, Harar, Dire Dawa, Somali or Afar region mention the district, zone, town name	
OT 12	Place of destination if known 1. Urban 2. Rural	
OT 13	Reason of out migration: 01.Marriage 02.Marital dissolution 03.Job seeking/employment <input type="checkbox"/> 04. Health related problems 05.conflict 06.Education/training 07. Resettlement 08. Searching for land 09. Retirement 10. Seeking support 11.Other (specify)	
OT 14	Duration of previous residence in months <input type="text"/> <input type="text"/> <input type="text"/>	
OT 15	Moved out: 1. Individual only 2. Partial family 3. Whole family <input type="checkbox"/>	
OT 16	Total number moved <input type="text"/> <input type="text"/>	
OT 17	Supervisor's name	

NB: fill the details of out-migrants in the following table

Location ID

Individual ID OT 18	Name OT 19	Sex (M/F) OT 20
<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"/> <input type="text"/>		
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If migration is with in Ethiopia				If migration is out of Ethiopia	
Region	Code	Region	Code	World regions	Code
Tigray	01	Benishangul Gumuz	08	North America	51
Afar	02	Harar	09	South America	52
Amhara	03	Dire Dawa	10	Europe	53
Oromia	04	Addis Ababa	11	Asia	54
Somali	05			Africa	55
SNNPS	06			Middle east/Arab countries	56
Gambella	07			Australia	57

Haramaya University, College of Health and Medical Sciences
Kersa Demographic Surveillance and Health Research Center

Marital status change registration form

Do not write in this column

MR 01	Data collector's name	
MR 02	Date of Interview DD/MM/YYYY	<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"/>
MR 03	Wife's Name and ID	<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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
MR 04	Husband's Name and ID	<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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
MR 05	Marital status change/Event: 1. Marriage 2. Divorce 3. Widowed	<input type="checkbox"/>
MR 06	Date of event: DD/MM/YYYY	<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"/>
MR 07	If the event is marriage, the marriage status of the husband following this marriage 1. Married only to one wife 2. Married to two wives 3. Married to three wives 4. Married to four and above wives	<input type="checkbox"/>
MR 08	If the event is marriage, the marriage status of the wife following this marriage 1. Married to a monogamous husband 2. married to a polygamous husband	<input type="checkbox"/>
MR 09	Event ID	<u>Don't fill</u>
MR 10	If event is marriage, type of marriage: 1. Legal 2. Non-legal 3. Abduction 4. Widow inheritance 5. other(specify)	<input type="checkbox"/>
MR 11	Supervisor's name	