

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

Residential House Registration Form

Interviewer's name and ID	Do not write in this column
1	Kebele Code <input type="text"/> <input type="text"/>
2	Reason of filling this form: 1. Surveillance 2. Reconciliation <input type="checkbox"/>
3	Date of Interview DD/MM/YYYY <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
4	House number (if already have number go to Q 5) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
5	If new, the nearest house number (go to Q 6) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
6	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"/>
7	Name of head of house/delegate
8	Number of families <input type="text"/> <input type="text"/>
9	Number of household members <input type="text"/> <input type="text"/>
10	Ownership of the House 1. Own 2. Rented from kebele/government 3. Rented from individual/private rent 4. Other <input type="checkbox"/>
11	Does the house have kitchen? 1. Yes 2. No <input type="checkbox"/>
12	Number of rooms (excluding kitchen) <input type="text"/> <input type="text"/>
13	Type of roof: 1. Thatched 2. Corrugated iron-sheet 3. Others (specify) <input type="checkbox"/>
14	Characteristics of the wall of the house: 1. Wood and mud 2. Wood and stalk/grass 3. Stone and cement 4. Stone and mud 5. Hollow blocks 6. Bricks 7. Corrugated iron sheets 8. other <input type="checkbox"/>
15	Does the house have windows? 1. Yes, openable and closeable 2. Yes, a small opening 3. No <input type="checkbox"/>
16	Main type of water supply 1. River 2. Protected well 3. Unprotected well 4. Lake 5. Pond 6. Pipe 7. Protected spring 8. Unprotected spring 9. Other <input type="checkbox"/>
17	Does the house have toilet facility? 1. Yes 2. No <input type="checkbox"/>
18	If yes to Q 16, type of toilet: 1. Traditional pit latrine 2. VIP 3. Flush toilet 4. Other (specify) <input type="checkbox"/>
19	Do domestic animals share the same room with human? (excluding pets) 1. Yes 2. No <input type="checkbox"/>
20	Electricity supply 1. Yes 2. No <input type="checkbox"/>
21	Geographical position: North <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> East <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
22	Main house dimension in meter: Rectangular house: length <input type="text"/> width <input type="text"/> height <input type="text"/> Tukul: radius <input type="text"/> wall height <input type="text"/> axis <input type="text"/>

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KDS-HRC **Family Members Registration Form** Kebele code House number Family code

S/No	Relation (to head)	ID (Kebele code, House number, Family Code, Individual number) Name	Sex 1. M 2. F	Date of birth			Age (completed year)	Religion	Ethnicity	Wives	Marital status (> 10 yr)	Education			Occupation	
				DD	MM	YYYY						Liter	Type	Grade	1 st	2 nd
1		<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>										
2		<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>										
3		<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>										
4		<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>										
5		<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>										
6		<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>										
7		<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>										
8		<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>										
9		<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>										
10		<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>										

Relation	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	1. Muslim	2. Orthodox Christian	3. Protestant Christian	4. Catholic Christian	5. traditional believers	6. Other (specify)
Ethnicity	1. Oromo	2. Amhara	3. Somali	4. Gurage	5. Other (specify)	
Marital status	1. married (monogamous)	2. married (polygamous)	3. divorced	4. single (never married)	5. widow/widower	6. underage
Literacy	1. literate	2. read only	3. can read and write	4. can neither read nor write		
Type of school	1. formal school	2. literacy campaign	3. Koranic school	4. Church school	5. other (specify)	
Occupation	1. farmer	2. employed farmer	3. merchant	4. private employee	5. petty trader	6. housewife
	8. Unemployed	9. retired	10. government employee	11. NGO worker	12. Daily laborer	7. Student 13. other

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Birth Registration

Interviewer's name and ID	Family code	<input type="checkbox"/>	Do not write in this column
1	Kebele code	<input type="checkbox"/>	
2	Date of Interview DD/MM/YYYY	<input type="checkbox"/>	
3	House number	<input type="checkbox"/>	
4	Name and ID of head of family	<input type="checkbox"/>	
5	Number of babies borne	<input type="checkbox"/>	
6	Name and ID of 1 st child (give ID) Name and ID of 2 nd child (give ID) Name and ID of 3 rd child (give ID)	<input type="checkbox"/>	
7	Sex of 1 st child Sex of 2 nd child Sex of 3 rd child	1. Male 2. Female 1. Male 2. Female 1. Male 2. Female	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
8	Status of 1 st new baby at birth Status of 2 nd baby at birth Status of 3 rd baby at birth	1. Live birth 2. Still birth 1. Live birth 2. Still birth 1. Live birth 2. Still birth	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
9	Was the 1 st new borne physically normal? Was the 2 nd new borne physically normal? Was the 3 rd new borne physically normal?	1. Yes 2. No 1. Yes 2. No 1. Yes 2. No	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
10	Was the 1 st new borne physically healthy? Was the 2 nd new borne physically healthy? Was the 3 rd new borne physically healthy?	1. Yes 2. No 1. Yes 2. No 1. Yes 2. No	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
11	Mother's name and ID	<input type="checkbox"/>	
12	Father's name and ID	<input type="checkbox"/>	
13	Mother's relation to the family head 01=Head 02=1 st spouse of head 03=2 nd spouse of head 04=3 rd spouse of head 05=4 th spouse of head 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	<input type="checkbox"/>	
14	Date of birth DD/MM/YYYY	<input type="checkbox"/>	
15	Duration of pregnancy 1. Term 2. Pre term 3. Post term	<input type="checkbox"/>	
16	Place of delivery 1. Home 2. Health post 3. Health Center 4. Hospital 5. Private clinic 6. other	<input type="checkbox"/>	
17	Attendant at birth 1. TTBA 2. TBA 3. Health extension worker 4. Relative/neighbor 4. Health professional 5. No attendant 9. other	<input type="checkbox"/>	
18	Gravidity(including this one)	<input type="checkbox"/>	
19	Parity(including this one) 19.1 live birth 19.2 still birth	<input type="checkbox"/> <input type="checkbox"/>	
20	Number of alive children	<input type="checkbox"/>	
21	Is your next to last child alive?	1. Yes 2. No	<input type="checkbox"/>
22	Mother's Date of birth DD/MM/YYYY	<input type="checkbox"/>	
23	Mother's age at first delivery (completed year)	<input type="checkbox"/>	
24	Mother's age at current delivery (completed year)	<input type="checkbox"/>	
25	Mother's literacy 1. Literate 2. Read only 3. Read and write 4. Illiterate (if illiterate go to Q 27)	<input type="checkbox"/>	
26	Type of school did the mother attended? 1. Formal school 2. Literacy campaign 3. Religious teachings 4. other (specify)	<input type="checkbox"/>	
27	If mother is literate, level of education (write completed grade)	<input type="checkbox"/>	
28	Mother's marital status 1. Married to monogamous 2. Married to polygamous 3. Divorced 3. Single (never married) 4. Widow	<input type="checkbox"/>	
29	Mother's main occupation 1. Farmer 2. Daily laborer 3. Merchant 4. Government employee 5. Housewife 6. Student 7. Jobless 8. Retired 9. Maid 10. Pity trader 11. NGO worker 12. Private employee 13. Other	<input type="checkbox"/>	
30	Father's main occupation 1. Farmer 2. Daily laborer 3. Merchant 4. Government employee 5. NGO worker 6. Student 7. Jobless 8. Retired 9. Employed farmer 10. Pity trader 11. Private employee 13. other	<input type="checkbox"/>	

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Death Registration Form

Interviewer's name and ID	Family code	<input type="checkbox"/>	Do not write in this column
1	Kebele code	<input type="checkbox"/>	
2	Date of Interview DD/MM/YYYY	<input type="checkbox"/>	
3	House number	<input type="checkbox"/>	
4	Name and ID of head of family	<input type="checkbox"/>	
5	Name and ID of deceased Person	<input type="checkbox"/>	
6	Age at death 1. Adult (completed year) 2. Child under 5 years (completed month)	<input type="checkbox"/>	
7	Date of death DD/MM/YYYY	<input type="checkbox"/>	
8	Sex of deceased 1. Male 2. Female	<input type="checkbox"/>	
9	If female: Was she pregnant at the time of death? 1. Yes 2. No	<input type="checkbox"/>	
10	If female and have ever given birth, the length of time between last birth/termination of pregnancy and death: 1. Less than 6 weeks 2. Greater than 6 weeks	<input type="checkbox"/>	
11	Perceived main cause of death 01. Vomiting 11. Meningitis 21. Cancer 02. Prematurity 12. TB 22. Accident, specify 03. Poisoning 13. Sudden death 91. Other, specify 04. Malaria 14. Tetanus 05. ARI/pneumonia 15. Jaundice 06. Measles 16. Pregnancy /childbirth 07. Whooping cough 17. Suicides 08. Diarrhoea/vomiting 18. HIV/AIDS 09. Lack of Food 19. Abortion, spontaneous 10. Fighting 20. Abortion, induced	<input type="checkbox"/>	
12	Did the deceased get health care for the illness lead to death? 1. Yes 2. No (go to question 14)	<input type="checkbox"/>	
13	Where did the deceased get health care mainly for the illness that led him to death? (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)) 13.1 type of first visit 13.2 type of second visit 13.3 type of third visit	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
14	Place of death 1. Home 2. Health post 3. Private Clinic 4. Health center 5. Hospital 6. Traditional health home 7. Other (specify)	<input type="checkbox"/>	
15	Relation of deceased Person to the family head 01=Head 21=child of head only 41=other relative of head 02=1 st spouse of head 22=child of 1 st spouse only 42=other relative of 1 st spouse 03=2 nd spouse of head 23=child of 2 nd spouse only 43=other relative of 2 nd spouse 04=3 rd spouse of head 24=child of 3 rd spouse only 44=other relative of 3 rd spouse 05=4 th spouse of head 25=child of 4 th spouse only 45=other relative of 4 th spouse 12=child of head and 1 st spouse 26=child of deceased/divorced spouse 46=other relative 13=child of head and 2 nd spouse 31=parent of head 47=adopted child 14=child of head and 3 rd spouse 32=parent of 1 st spouse 15=child of head and 4 th spouse 33=parent of 2 nd spouse 34=parent of 3 rd spouse 35=parent of 4 th spouse	<input type="checkbox"/>	

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Family Living Condition Registration form

Interviewer's name and ID		Do not write in this column
1	Kebele code <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	
2	Date of Interview DD/MM/YYYY <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	
3	Reason of filling this form: 1. Surveillance 2. Reconciliation	
4	House number <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	
5	Family code <input style="width: 20px;" type="text"/>	
6	Name and ID of head of family <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	
7	Number of family members <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	
8	Main source of energy for cooking: 1. Wood/Leaves/brushwood 2. Animal dung 3. Kerosene 4. Charcoal 5. Electric 6 Other source (specify) 7. Nothing <input style="width: 20px;" type="checkbox"/>	
9	Access to toilet facility 1.Private 2. Shared 3. Public 4. No access <input style="width: 20px;" type="checkbox"/>	
10	Refuse disposal method: 1.Pit 2.Open field 3.Burn 4.Compost 5.Manucipal collection 6. Farm 7. Other, specify <input style="width: 20px;" type="checkbox"/>	
11	Where family member do primarily seek health care when sick? <input style="width: 20px;" type="checkbox"/> 01. Governmental health center 02. Health Post 03. Pharmacy 04. Traditional health care 05. Self-treatment 06. Private clinic 07. Holly water 08. Nothing 09. Hospital 10.Religious /praying 11. Other (specify)	
12	Availability of information/communication facilities within family: 12.1 Radio 1. Yes 2. No <input style="width: 20px;" type="checkbox"/> 12.2 Television 1. Yes 2. No <input style="width: 20px;" type="checkbox"/> 12.3 Telephone (fixed/mobile) 1. Yes 2. No <input style="width: 20px;" type="checkbox"/>	
13	Main source of income/livelihood for the family <input style="width: 20px;" type="checkbox"/> 1. Subsistence farming 2. Livestock 3. Trade or private enterprise 4. Governmental employee 5. Daily Laborer 6. Private employee 7. Pension/remittance 8. Pity trader 9. Other (specify)	
14	If the main source of income is farming how much plot of land "Timad" the family have? <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	
15	If means of living is farming, main production for family food consumption: 1. Cereals 2. Roots/Tubers 3. Vegetables 4. Fruits <input style="width: 20px;" type="checkbox"/> 5. Honey 6. Pulses/legumes 7. Other (specify) 8. None	
16	If means of living is farming, main production for market consumption 1. Cereals 2. Roots/Tubers 3. Vegetables 4. Fruits 5. Honey 6. Pulses/legumes 7. Other (specify) 8. Khat 9. None <input style="width: 20px;" type="checkbox"/>	
17	Does the family have domestic animals? 1. Yes 2. No <input style="width: 20px;" type="checkbox"/> If yes, what is the number for each? Pack annial <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> Cattle <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> Sheep or goats <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> Chicken <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> Others (specify) <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	
	If the main source of income of the family is trade or private enterprise, type of trade or enterprise: 1. Cottage industry 2. Hotel/bar/grocery 3.Shop 4. Pity trade 6. Other <input style="width: 20px;" type="checkbox"/>	
	Family monthly income: _____/birr/month Farming <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> Livestock <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> Trading <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> Salary/pension <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> Support <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> Other <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	

Estimated family monthly expenditure last month:											
Food items				Water				Education			
Transport				House rent				Edir/equib/saving			
Electricity				Telephone				Cosmetics			
Health service				Hygiene				Kerosene			
Wood/charcoa				Cloth				Khat/tobacco			
Cosmetics				Coffee				other			

A Sheet used to estimate family's food expenditure for last month

Items (Col.1)	Unit of measurement	Amount Consumed last Month from the stock (Col.2)	Current Market Unit Price (Col.3)	Monthly expenditure for the item (Col.4=Col2*Col.3)
Teff	Kg			
Wheat	Kg			
Barley	Kg			
Maize/Corn	Kg			
Sorghum/Millet	Kg			
Green Pepper	Kg			
Red Pepper	Kg			
Beans(bread beans, soya beans)	Kg			
Lintels	Kg			
Peas	Kg			
Coffee	Kg			
Kchat	Kg			
Potatoes	Kg			
Onion	Kg			
Tomatoes	Kg			
Cabbages	Kg			
Oranges	Kg			
Banana	Kg			
Meat	Kg			
Milk	Kg			
Tea	Kg			
Sugar	Kg			
Salt	Kg			
Ground nut	Kg			
Mango	Kg			
Papaya	Kg			
Other fruit (specify)	Kg			
Chicken	Each			
Egg	Each			
Chick pea	Kg			
Cow pea	Kg			
Guava	Kg			
Sweet potato	Kg			
Kale	Kg			
Pumpkin/ ugirre	Kg			
Oil	lit			
Fat/butter	Kg			
Flour/maida	Kg			
Fenugreek	Kg			
Soft drinks	lit			
TOTAL FOOD ITEMS				

Remark:

1. Write the column 4 total in the boxes provided for food expenditure under question 23.
2. If the household slaughtered owns sheep/goat/ox, please write its market price in column 4 (without changing in to current unit market price.)

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Internal move registration form

Reasons for filling the form: Move out from Kebele <input type="checkbox"/>		Move in to Kebele <input type="checkbox"/>
Interviewer's name and ID <input style="width:100%;" type="text"/>		
1	Kebele code	<input style="width:100%;" type="text"/>
2	Date of Interview DD/MM/YYYY	<input style="width:100%;" type="text"/>
3	Current house number (if new house, give house number)	<input style="width:100%;" type="text"/>
4	Number of family members shifted	<input style="width:100%;" type="text"/>
5	Name and ID of head of family	<input style="width:100%;" type="text"/>
6	Date of move DD/MM/YYYY	<input style="width:100%;" type="text"/>
7	Cause of the move: 1.Marriage 2.Marital dissolution 3.Job seeking/employment 4. Health related problems 5.conflict 6. In search of farm land 7. to seek family support 8.Other (specify)	<input style="width:100%;" type="text"/>
8	Type of move 1. Individual 2. Partial family 3. Whole family	<input style="width:100%;" type="text"/>
9	Register the name and ID of persons that moved internally in the next box	
10	Fro How many months they have been lived where they are from?	<input style="width:100%;" type="text"/>

* for registering age use complete year for greater than 5 years and in completed month for less than 5 years.

current Relation	ID Name	Sex 1. M 2. F	Age
	<input style="width:100%;" type="text"/>		
	<input style="width:100%;" type="text"/>		
	<input style="width:100%;" type="text"/>		
	<input style="width:100%;" type="text"/>		
	<input style="width:100%;" type="text"/>		
	<input style="width:100%;" type="text"/>		
	<input style="width:100%;" type="text"/>		
	<input style="width:100%;" type="text"/>		

current Relation	ID Name	Sex 1. M 2. F	Age
	<input style="width:100%;" type="text"/>		
	<input style="width:100%;" type="text"/>		
	<input style="width:100%;" type="text"/>		
	<input style="width:100%;" type="text"/>		
	<input style="width:100%;" type="text"/>		
	<input style="width:100%;" type="text"/>		
	<input style="width:100%;" type="text"/>		
	<input style="width:100%;" type="text"/>		

Relation of the Person to the family head		
01=Head	21=child of head only	41=other relative of head
02=1 st spouse of head	22=child of 1 st spouse only	42=other relative of 1 st spouse
03=2 nd spouse of head	23=child of 2 nd spouse only	43=other relative of 2 nd spouse
04=3 rd spouse of head	24=child of 3 rd spouse only	44=other relative of 3 rd spouse
05=4 th spouse of head	25=child of 4 th spouse only	45=other relative of 4 th spouse
12=child of head and 1 st spouse	26=child of deceased/divorced spouse	46=other relative
13=child of head and 2 nd spouse	31=parent of head	47=adopted child
14=child of head and 3 rd spouse	32=parent of 1 st spouse	48=non relative
15=child of head and 4 th spouse	33=parent of 2 nd spouse	
	34=parent of 3 rd spouse	
	35=parent of 4 th spouse	

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In-migration registration form

	Interviewer's name and ID	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Do not write
in this column			
1	Kebele code	<input type="text"/> <input type="text"/>	
2	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"/>	
3	House number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
4	Name and ID of head of family	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
5	Preveious address 1. With in the study site 2. Within the district/Town out of the study kebeles 3. Out of the district/Town in Ethiopia 4. From Outside	<input type="text"/>	
6	If the move is from within the study site indicate kebele code	<input type="text"/> <input type="text"/>	
7	Date of migration (if more than one for the first migrant) MM/YYYY	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
8	Cause 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="text"/>	
9	Type of migration: 1. Individual only 2. Partial family 3. Whole family	<input type="text"/>	
10	Migrants details (fill inmigtants detail using form 02)		
11	Mention the region if migration is from with in Ethiopia	<input type="text"/> <input type="text"/>	
12	Mention the world region if migration is from out of Ethiopia	<input type="text"/> <input type="text"/>	
13	Before coming hee for how many monthsy thsy have lived in their previous address.	<input type="text"/> <input type="text"/> <input type="text"/>	

If migration is from with in Ethiopia		If migration is from out of Ethiopia	
Region	Code	World regions	Code
Tigray	01	North America	01
Afar	02	South America	02
Amhara	03	Europe	03
Oromia	04	Asia	04
Somali	07	Africa	05
SNNPS	06	Middle east/Arab countries	06
Gambella	07	Australia	07
Benishangul Gumuz	08		
Harar	09		
Dire Dawa	10		
Addis Ababa	11		

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Out-migration form

Interviewer's name and ID		<input type="text"/>	Do not write in this column
1	Kebele code	<input type="text"/>	
2	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"/>	
3	House number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
4	Name and ID of head of family	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
5	Move to : 1. Within the study site 2. Within the district/town but out of study site 3. Out of the district/town but with in Ethiopia 4. Unkwon 5. Out of Ethiopia	<input type="text"/>	
6	If the move is to other kebele within the study site indicate kebele code	<input type="text"/>	
7	Date of out 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"/> <input type="text"/>	
8	Cause of out migration: 01.Marriage 02.Marital dissolution 03.Job seeking/employment 04. Health related problems 05.conflict 06.Education/training 07. Resettlement 08.Retirement 10. Seeking support 11.Other (specify	<input type="text"/>	

Relation	Name and ID	Sex 1. M 2. F	Relation	Name and ID	Sex 1. M 2. F
	<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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NB: see relation of the Person to the family head from annex 2

11	Mention the region if migration is with in Ethiopia	<input type="text"/>
12	Mention the world region if migration is out of Ethiopia	<input type="text"/>
13	Before going out for how many months thsy have lived in their previous address.	<input type="text"/> <input type="text"/> <input type="text"/>
14	Type of migration: 1. Individual only 2. Partial family 3. Whole family	<input type="text"/>
15	Number of individuals moved out	<input type="text"/> <input type="text"/>

If migration is from with in Ethiopia		If migration is from out of Ethiopia	
Region	Code	World regions	Code
Tigray	01	North America	01
Afar	02	South America	02
Amhara	03	Europe	03
Oromia	04	Asia	04
Somali	07	Africa	05
SNNPS	06	Middle east/Arab countries	06
Gambella	07	Australia	07
Benishangul Gumuz	08		
Harar	09		
Dire Dawa	10		
Addis Ababa	11		

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Marital status registration form

Interviewer's name and ID		<input type="text"/>	Do not write in this column
1	Kebele code	<input type="text"/>	
2	Date of Interview DD/MM/YYYY	<input type="text"/>	
3	House number	<input type="text"/>	
4	Name and ID of head of family	<input type="text"/>	
5	Event: 1. Marriage 2. Divorce 3. Widowed	<input type="checkbox"/>	
6	Date of event: DD/MM/YYYY	<input type="text"/>	
7	If marriage, Type of marriage: 1. Legal 2. Contractual 3. Abduction 4. Widow inheritance	<input type="checkbox"/>	
8	Husband's ID Name:	<input type="text"/>	
9	Wife's ID Name:	<input type="text"/>	
10	Husbands age:	<input type="text"/>	
11	Wife's of age:	<input type="text"/>	
12	If marriage; Male marital status (Following this event) 1. Married (monogamous) 2. Married, two wives 3. Married, three wives 4. Married, four wives or above	<input type="checkbox"/>	
13	if marriage; Female marital status (Following this event) 1. Married to monogamous 2. Married, to polygamous	<input type="checkbox"/>	
14	Does this event include a move to a new compound/house? 1. Yes (fill form 1,2,and 5) 2. No	<input type="checkbox"/>	
15	Does this event include a move for the husband? 1. Yes (fill form 06 or 07) 2. No	<input type="checkbox"/>	
16	Does this event include a move for the wife? 1. Yes (fill form 06 or 07) 2. No	<input type="checkbox"/>	

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Kebele code

ተ/ቁ	የቤተሰብ ሀላፊ ስም	<input type="checkbox"/> 1. <input type="checkbox"/> 2. ሴ	የቤት ቁጥር	የቤቱ አገልግሎት	በቤት ውስጥ ያለው ሰው ብዛት	ማስጠንቀቂያ
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የቤቱ አገልግሎት: 1. መኖሪያ 2. ቡና ቤት/ሆቴል 3. ሱቅ 4. የጎጆ ኢንደስትሪ 5. መ/ቤት 6. የሀይማኖት ሰጠኛ 7. ት/ቤት 8. የጤና ድርጅት 9. አስር ቤት 10. ሌላ						

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Study sites

S/No	Kebele name	Kebele code	Kebele digit
1	Kersa	KR	01
2	Meteqoma	MT	02
3	Yabeta Lencha	YL	03
4	Ifa Jalela	IJ	04
5	Meda Odda	MO	05
6	Weter	WT	06
7	Handhura Kosum	HK	07
8	Tolla	TL	08
9	Gola Bellina	GB	09
10	Bereka	BK	10
11	Walteha Bilisuma	WB	11
12	Addele Keykey	AK	12