

AGE QUESTION

5.01 How old are you? YEARS
 If she does not give her age spontaneously, ask for year and month of birth Month Year Don't know

WHERE SHE LIVES

5.02 Usually lives in Addis Ababa? yes: go to 5.05 no

5.03 Did you travel to Addis to attend this facility? yes no

5.04 What is the name of the province where you usually live? _____

EDUCATION

5.05 Currently attends school / college / university Yes GO TO 5.07 No

5.06 Ever went to school Yes No GO TO 5.08

5.07 Highest completed school level/Current school level
 NURSERY/KINDERGARTEN PRIMARY SECONDARY
 HIGHER DON'T KNOW

RELIGION

5.08 What is your religion?
 Orthodox Muslim Waaqeffanaa
 Protestant/Pentecostal SDA Other

OCCUPATION/EMPLOYMENT

5.09 Do you currently do any kind of work that you are paid for? Yes No

UNION / MARITAL/PARTNERSHIP QUESTIONS

5.10 Are you currently married or living together with a man as if married? YES:go to 5.13 NO. She is single.

5.11 Have you ever been married or lived together with a man as if married? YES NO: go to 5.13

5.12 What is your marital status now, are you widowed, divorced or separated? widowed divorced separated

FERTILITY HISTORY QUESTIONS

5.13 Have you ever given birth? yes NO: go to 5.15

5.14 How many times have you given birth?

Views on abortion legality

5.15 Do you think abortion should be legal if...?

	yes	no	do not know	no answer
...the pregnancy is a result of rape?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...the girl's life is endangered by the pregnancy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...the girl does not want another child?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...the girl cannot financially afford to support another child?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...if the girl wants to continue her studies?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

HOUSEHOLD CHARACTERISTICS (TO BE ASKED BY INTERVIEWER #2)

5.20 Does your household have:

yes	no		yes	no	
<input type="checkbox"/>	<input type="checkbox"/>	electricity	<input type="checkbox"/>	<input type="checkbox"/>	a clock (includes phone with a clock or watch)
<input type="checkbox"/>	<input type="checkbox"/>	a television	<input type="checkbox"/>	<input type="checkbox"/>	a fan (includes air conditioner)
<input type="checkbox"/>	<input type="checkbox"/>	a refrigerator	<input type="checkbox"/>	<input type="checkbox"/>	a VCR/DVD (includes digital or subscription TV)
<input type="checkbox"/>	<input type="checkbox"/>	a sofa			

5.21 Does any member of the household have a bank account? YES NO

5.22 what type of fuel does your household mainly use for cooking? electricity (includes gas stove) other

5.23 What is the main roofing material where you live? Thatch / palm leaf Other

5.24 What is the main flooring material where you live? Earth / sand / dung Concrete / cement Other