

MULTIPLE INDICATOR CLUSTER SURVEY 1999
 ENGLISH HOUSEHOLD QUESTIONNAIRE
 FEDERAL OFFICE OF STATISTICS/UNICEF

IDENTIFICATION

STATE L.G.A.
 SECTOR (Urban/Rural) ZONE
 E. A. Name E. A. RIC
 HU No.
 Sex of HH Head
 Name of Head of HH
 Address
 Questionnaire within HH
 HH No. within HU of

CONTROL

Response Status:
 1. Completed 3. HH not located 5. Partly Completed
 2. Not at home 4. Refused 6. Other (Specify.....)
 Number of Persons in HH
 No. of Persons caring for children
 No. of children under 5 years
 No. of children aged 5yrs but not more than 16yrs

DWELLING CHARACTERISTICS

Type of Housing Units:
 1. Single Room 2. Flats 3. Duplex
 4. Whole Building 5. Other (Specify.....)

Material of dwelling floor:
 1. Wood/Tile 3. Dirt/Straw/without concrete
 2. Planks/Concrete 4. Other (Specify)

Number of rooms in dwelling

HOUSEHOLD GOODS

	AVAILABLE?		OWNERSHIP		
	Y	N	M	F	Both
1. Does ANY member of your household own					
A Clock or watch?	1	2	1	2	3
A Donkey, Horse or Camel?	1	2	1	2	3
A Canoe?	1	2	1	2	3
A Bicycle?	1	2	1	2	3
A Motorcycle?	1	2	1	2	3
A Car?	1	2	1	2	3
A Radio?	1	2	1	2	3
A Television?	1	2	1	2	3
A Telephone?	1	2	1	2	3
2. Who controls the use of Radio/Television in the house most of the time?					
1. Husband 2. Wife 3. Both Husband & Wife					
4. Children 5. Free 6. Adult 9. Not Applicable					

HOUSEHOLD LISTING MODULE (FOR ALL PERSONS)

1. S/No	2. Name	3. Sex	4. Age (in comple ted Years)	5. Rela- tion- ship to HH Head	6. Mari- tal Sta- tus	7. If ever Mar- ried what form of Mar- riage?	8. Attendance at formal school			9. High- est Lev- el Rea- ched	10. High- est Grade Rea- ched	11. Non For-mal Educa- tion	12. Lite- racy in any Lan- guage	13. Occu-pa- tion (MAIN)
							Ne- ver	Now in Sch	Be- fore but not now					
							1	2	3					
							1	2	3					
							1	2	3					
							1	2	3					
							1	2	3					
							1	2	3					
							1	2	3					

Q.3 Sex

1. Male
2. Female

Q.6 Marital Status

1. Married 3. Separated
2. Divorced 4. Widowed
5. Never Married

Q.7 Form of Marriage

1. By Ordinance
2. By Customary
3. By Mutual Agreement
9. Not Applicable

Q.9 Highest Level Reached

1. Nursery 3. Sec.
2. Pry. 4. Post Sec.

Q.10 Highest Grade Reached

Nursery	Primary	Secondary	Post/Sec
Pre- Class 0=1	Pry 1=1 Pry 2=2	JSS 1=1 JSS 2=2	A/L/OD=1 BSc/HD=2
Nur. 1=2 Nur. 2=3	Pry 3=3 Pry 4=4 Pry 5=5 Pry 6=6	JSS 3=3 SSS 1=4 SSS 2=5 SSS 3=6	P. Grad=3 Others=4

Qs. 11 & 12

1. Yes
2. No

CHILDREN LISTING MODULE

ASK IN TURN, ALL MOTHERS OR OTHERS WHO CARE FOR CHILDREN TO LIST NAMES AND BIRTH DATES OF THE CHILDREN HE/SHE CARES FOR WHO LIVE IN THE HOUSEHOLD, STARTING WITH THE YOUNGEST, STOP LISTING WHEN YOU REACH A CHILD OVER AGE 16 YEARS.

1. LINE NO.	2. Name	3. Is (NAME) Male or Female?		4. Day, Month and Year of Birth						5. Age in Comp- leted Years	6. Under Age 5?			7. Who cares for (NAME)?			8. Is (NAME) Circum- cised?		
		M	F	D	D	M	M	Y	Y		Y	N	NA	M	C	NA	Y	N	NA
		1	2								1	2	9	1	2	9	1	2	9
		1	2								1	2	9	1	2	9	1	2	9
		1	2								1	2	9	1	2	9	1	2	9
		1	2								1	2	9	1	2	9	1	2	9
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		1	2								1	2	9	1	2	9	1	2	9
		1	2								1	2	9	1	2	9	1	2	9
		1	2								1	2	9	1	2	9	1	2	9
		1	2								1	2	9	1	2	9	1	2	9
		1	2								1	2	9	1	2	9	1	2	9

Q.7 Who Cares for?

1. Mother
2. Caretaker
9. Not Applicable

WATER AND SANITATION MODULE

WATER:

1. What is the **MAIN** source of drinking water for members of your household?

Piped in dwelling	1	Unprotected dug well or	
Public Tap	2	Spring, Rain water	6
Handpump/borehole	3	Pond	7
Protected dug well or		Tanker, Truck, Vendor	8
Protected spring	4	Other (Specify.....)	9
River, Stream	5		

IF Q1 = 4, 5, 6 OR 7 ASK Qs. 4 - 6 AND IF Q1 = 8 ASK Qs. 7 - 9

2. How many times did **(SOURCE)** breakdown or did not function in the last 6 months?
- No. of Times

3. For how long did **(SOURCE)** not function in the last 6 months?

Less than 1 Week	1
1 - 4 Weeks	2
5 - 8 Weeks	3
9 - 12 Weeks	4
More than 12 Weeks	5

4. Who fetches the drinking water **MOST** of the time?

		M	F	Both
Children	15 years and under	01	02	03
Persons	16 - 25 years	04	05	06
" "	More than 25 years	07	08	09
	Husband	10	Wife	11
				Both 12

5. How far is this source from your dwelling?

On Premises	1	500m - 1Km	4
10m - 100m	2	More than 1Km	5
100m - less than 500m	3	Don't know	6

PHYSICALLY VERIFY THE DISTANCE OF SOURCE OF DRINKING WATER FROM DWELLING.

6. How long does it take to get there, get water and come back?

Less than 5 minutes	1
5 - 15 minutes	2
15 - 30 minutes	3
Over 30 minutes	4
Don't know	5

GO TO Q.10 (SANITATION)

<p>7. If Tanker, truck or other Vendor, what is the cost per unit of measure?</p> <p>Unit of measure: 1. Tin 2. Drum/Barrel 3. 50 Litre Jerry Can 4. Tanker (specify volume in litres)</p> <p>Cost per unit of measure</p>	<table border="1"> <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> </tr> </table>																				
<p>8. Who usually pays for water?</p> <p>Husband 1 Wife 2 Other (Specify.....) 3</p>																					
<p>9. How many of the following do you buy per week?</p> <p>1. Tins <input type="text"/></p> <p>2. Drum/Barrels <input type="text"/></p> <p>3. 50 litre Jerry Can <input type="text"/></p> <p>4. Tanker (Specify) <input type="text"/></p>																					
<p><u>SANITATION:</u></p> <p>10. What kind of toilet facility does your household use?</p> <table border="0"> <tr> <td>In dwelling</td> <td></td> <td>Trad. Pit Latrine</td> <td></td> </tr> <tr> <td>- Flush to Sewage System</td> <td>1</td> <td>- Covered</td> <td>5</td> </tr> <tr> <td>- Flush to septic tank</td> <td>2</td> <td>- Uncovered</td> <td>6</td> </tr> <tr> <td>V.I.P. Latrine</td> <td>3</td> <td>No Facility</td> <td>7</td> </tr> <tr> <td>Latrine with Sanplat</td> <td>4</td> <td>Other (Specify.....)</td> <td>8</td> </tr> </table>		In dwelling		Trad. Pit Latrine		- Flush to Sewage System	1	- Covered	5	- Flush to septic tank	2	- Uncovered	6	V.I.P. Latrine	3	No Facility	7	Latrine with Sanplat	4	Other (Specify.....)	8
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Latrine with Sanplat	4	Other (Specify.....)	8																		
<p>IF Q.10 = 7 OR 8 GO TO Q.13</p>																					
<p>11. How far is the toilet facility to your dwelling?</p> <p>In dwelling 1 50m or more away 3 Less than 50m away 2</p> <p>PHYSICALLY VERIFY DISTANCE OF TOILET FACILITY FROM THE DWELLING.</p>																					
<p>12. Who cleans the toilet MOST of the time?</p> <table border="0"> <tr> <td>Female children</td> <td>1</td> <td>Wife</td> <td>5</td> </tr> <tr> <td>Male children</td> <td>2</td> <td>Both Husband and Wife</td> <td>6</td> </tr> <tr> <td>Male and Female children</td> <td>3</td> <td>Adult</td> <td>7</td> </tr> <tr> <td>Husband</td> <td>4</td> <td>Other (Specify.....)</td> <td>8</td> </tr> </table>		Female children	1	Wife	5	Male children	2	Both Husband and Wife	6	Male and Female children	3	Adult	7	Husband	4	Other (Specify.....)	8				
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<p>13. What type of refuse disposal system does your household use MOST often?</p> <table border="0"> <tr> <td>HH Bin Collected by Govt. Agency</td> <td>1</td> </tr> <tr> <td>HH Bin Collected by Private Agency</td> <td>2</td> </tr> <tr> <td>Govt. Bin or Shed</td> <td>3</td> </tr> <tr> <td>Disposal Pit Within Compound</td> <td>4</td> </tr> <tr> <td>Unauthorized Refuse Dump</td> <td>5</td> </tr> <tr> <td>Other (Specify.....)</td> <td>6</td> </tr> </table>		HH Bin Collected by Govt. Agency	1	HH Bin Collected by Private Agency	2	Govt. Bin or Shed	3	Disposal Pit Within Compound	4	Unauthorized Refuse Dump	5	Other (Specify.....)	6								
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Other (Specify.....)	6																				

SALT IODIZATION MODULE

CHECK WHETHER THE SALT USED TO COOK THE LAST MEAL EATEN BY MEMBERS OF THIS HOUSEHOLD IS IODIZED.

1. RECORD TEST OUTCOME:

Iodized	1	
Not Iodized	2	
Not tested	3	
No Salt	4	(GO TO NEXT MODULE)

IF Q1 = 2, DO A RETEST

2. IF IODIZED, PLEASE RECORD CODE OF COLOURATION:

Pink (7ppm)	1
Light blue (15ppm)	2
Dark Violet (Above 30ppm)	3

3. RECORD TYPE OF SALT:

Salt in bag with seal	1
Granular (loose or coarse)	2
Salt in blocks	3
Other (Specify	4
Not seen	5

CHILDREN EDUCATION MODULE (FOR AGE 3 - 16 YEARS)

	LINE NO____	LINE NO____	LINE NO____	LINE NO____
	NAME _____	NAME _____	NAME _____	NAME _____
1. Sex of child Male = 1 Female = 2				
2. Age of child in completed years				
3. Has (NAME) ever attended school? Yes 1 No 2 DK 3	1 2 3	1 2 3	1 2 3	1 2 3
IF Q3 = 2 OR 3, GO TO THE NEXT CHILD. IF NO OTHER CHILD AGED 16 YEARS AND BELOW GO TO THE NEXT MODULE				
4. Is he/she in school this year? Yes 1 No 2) GO TO DK 3) Q6	1 2 3	1 2 3	1 2 3	1 2 3
5. Which Level and Grade is he/she currently attending? Level Grade				
6. Was (NAME) attending School last year? Yes 1 No 2 DK 3	1 2 3	1 2 3	1 2 3	1 2 3
IF Q6 = 2 GO TO Q8, IF Q6 = 3 GO TO Q9				
7. Which Level and Grade did (NAME) attend last year? Level Grade				
8. Why did she/he stop school?				
IF RESPONSE TO Q.11 ON PAGE 2 IS 2, THEN ASK Q.9				
9. Cause of Non Enrolment in Non formal Education				

<u>Level</u>	<u>Grade</u>	<u>Primary Grade</u>	<u>Secondary Grade</u>	<u>Post Sec. Grd</u>
Nurs = 1	Pre-Nur. = 1	Pry 1=1	JSS 1=1 SSS 1=4	A/L/OD = 1
Pry = 2	Nursery 1 = 2	Pry 2=2	JSS 2=2 SSS 2=5	B.Sc = 2
Sec. = 3	Nursery 2 = 3	Pry 3=3	JSS 3=3 SSS 3=6	P.Grad = 3
		Pry 4=4		P.Sec = 4
		Pry 5=5		
		Pry 6=6		

Q. 8 Why Stop

Failed Out = 1
 No Money = 2
 Got Preg. = 3
 Married = 4
 Other (Specify..) = 5

Q.9 Non Enrolment

Problem of Finance 1
 Not aware of the Enrol. 2
 No Such School in the Area 3
 Problem of Distance 4
 Other (Specify) 5

MORTALITY MODULE (CONT'D.)**FERTILITY HISTORY**

(For all women 15 years & over and married women below the age of 15 years).

ASK EACH WOMAN IN TURN ABOUT HER LAST 3 PREGNANCIES.

WOMAN NO. _____ NAME _____	1. Pos. of Child No.	2. Preg Out- come*	3. Name of Child	4. Sex	5. (FOR LIVE BIRTHS ONLY) Date of birth						6. Still alive		7. IF Q5=2 Age at death (MONTHS)	
					D	D	M	M	Y	Y	Y	N		
Last	1											1	2	
Next- last	2											1	2	
Second- last	3											1	2	

WOMAN NO. _____ NAME _____	1. Pos. of Child No.	2. Preg Out- come*	3. Name of Child	4. Sex	5. (FOR LIVE BIRTHS ONLY) Date of birth						6. Still alive		7. IF Q5=2 Age at death (MONTHS)	
					D	D	M	M	Y	Y	Y	N		
Last	1											1	2	
Next- last	2											1	2	
Second- last	3											1	2	

WOMAN NO. _____ NAME _____	1. Pos. of Child No.	2. Preg Out- come*	3. Name of Child	4. Sex	5. (FOR LIVE BIRTHS ONLY) Date of birth						6. Still alive		7. IF Q5=2 Age at death (MONTHS)	
					D	D	M	M	Y	Y	Y	N		
Last	1											1	2	
Next- last	2											1	2	
Second- last	3											1	2	

* * Pregnancy outcome: Live birth = 1, Still birth = 2, Miscarriage/Abortion = 3

TETANUS TOXOID MODULE (For all mothers of Under 5's)																			
ASK MOTHER FOR HER VACCINATION CARD, IF DIFFERENT FROM CHILD'S. IF CARD IS PRESENT, RECORD DATES OF DOSES FOUND IN SPACES BELOW:																			
1. Do you have a Vaccination Card? Yes 1 No 2																			
IF Q1 = 1 ASK QS 2 - 6 ONLY OTHERWISE GO TO Q7																			
		MOTHER LINE NO. ___ NAME _____					MOTHER LINE NO. ___ NAME _____					MOTHER LINE NO. ___ NAME _____							
	TT Code	D	D	M	M	Y	Y	D	D	M	M	Y	Y	D	D	M	M	Y	Y
2.	TT1	1																	
3.	TT2	2																	
4.	TT3	3																	
5.	TT4	4																	
6.	TT5	5																	
FOR MOTHERS WITHOUT CARDS AND WHO REQUIRE NO PROBING, RECORD.																			
7. When was last dose received?																			
8. Total doses in lifetime																			
USE THE FOLLOWING QUESTIONS IF FURTHER PROBING IS NEEDED.																			
9. When you were pregnant with your last child, did you receive any injections (e.g. to prevent him/her from getting convulsions after birth, an anti-tetanus shot, an injection at the top of the shoulder)?																			
9. Yes 1 No 2 DK 3																			
10. If yes how many doses of TT did you receive during your last pregnancy?																			
10. No. of doses																			
IF THE MOTHER REPORTS TWO TT INJECTIONS DURING THE LAST PREGNANCY STOP HERE. IF SHE HAS RECEIVED LESS THAN 2 TT INJECTIONS CONTINUE TO QUESTION.																			
11. Did you receive any TT injection at any time before your last pregnancy either during a previous pregnancy or between pregnancies?																			
11. Yes 1 No 2 DK 3																			
12. If yes, how many doses did you receive?																			
12. No. of doses																			
13. ADD UP RESPONSES TO Q.10 AND Q.12 AND ENTER IN BOX(ES) BELOW																			
13. Total doses in lifetime																			

MATERNAL MORTALITY MODULE

FOR ALL WOMEN AGED 15 YEARS AND ABOVE AND WOMEN BELOW 15 YEARS BUT MARRIED			
	WOMAN NO. ____ NAME _____	WOMAN NO. ____ NAME _____	WOMAN NO. ____ NAME _____
1. How many sisters have you ever had, born to the same mother, who ever reached age 15 years?	Alive <input type="text"/> <input type="text"/> Dead <input type="text"/> <input type="text"/>	Alive <input type="text"/> <input type="text"/> Dead <input type="text"/> <input type="text"/>	Alive <input type="text"/> <input type="text"/> Dead <input type="text"/> <input type="text"/>
IF Q1 (DEAD) = 0 THEN GO TO NEXT WOMAN, IF NO OTHER WOMAN GO TO THE NEXT MODULE			
2. How many of your sisters died during pregnancy?	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
3. How many of your sisters died during Child Birth?	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
4. How many of your sisters died within six weeks after delivery?	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>

**CARE OF ACUTE RESPIRATORY ILLNESS (CARI)
MODULE (FOR ALL MOTHERS & CARETAKERS OF UNDER 5's)**

	MOTHER LINE NO. ____ NAME _____	MOTHER LINE NO. ____ NAME _____	MOTHER LINE NO. ____ NAME _____
1. When your child/the child in your care is ill with cough and/or cold, what signs/symptoms would lead you to take him/her to a clinic, community health worker, doctor, etc? DO NOT PROMPT, CIRCLE THE NUMBER FOR EACH ANSWER MENTIONED. MORE THAN ONE ANSWER CAN BE CIRCLED. When he/she -has a blocked nose - has trouble sleeping/eating - has a fever - is breathing fast - has difficulty breathing - duration of illness - other (Specify.....) - don't know - Not Applicable	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9

PRENATAL, CHILDBIRTH AND OBSTETRICS MODULE (For Mothers of all under 5's)

FOR ALL WOMEN AGED 15 YEARS AND ABOVE AND WOMEN BELOW 15 YEARS BUT MARRIED																
(1) CHIL D LINE NO.	(2) List Names of all under 5's in HH	(3) Did mother attend Prenatal care?			(4) How many times ?	(5) Did mother take Iron Folic supplement for blood?			(6) Currently taking Iron folic supplement for blood ?			(7) Person mother saw for Pre- natal checks MOST of the time.	(8) Who paid for Prena- tal care most of the time?	(9) Where did mothe r deli- ver?	(10) Who dec- ided on where to deli- ver?	(11) Who hel- ped Mot- her- with deli- ve- ry?
		Y	N	DK		Y	N	DK	Y	N	DK					
		1	2	3		1	2	3	1	2	3					
		1	2	3		1	2	3	1	2	3					
		1	2	3		1	2	3	1	2	3					
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		1	2	3		1	2	3	1	2	3					
		1	2	3		1	2	3	1	2	3					

<u>Persons seen for Prenatal (Q7) & (Q11)</u>	<u>Where (Q9)</u>	<u>Who paid (Q.8)</u>	<u>Who Decided (Q.10)</u>
Doctor 1	Her Home .. . 1	Self ... 1	Self ... 1
Nurse/Mid-wife/CHO .. . 2	Home of Relative or friend .. . 2	Husband 2	Husband 2
Anxillary Mid-wife .. . 3	Home of Village Health Worker .. . 3	Both ... 3	Both ... 3
Village Health Worker .. . 4	Home of TBA .. . 4	Free .. 4	Health
Trained TBA .. . 5	Home of RBA .. . 5	Others .. 5	Workers... 4
untrained TBA .. . 6	Health Clinic .. . 6		Others .. 5
Religious Birth Attendance (RBA) .. 7	Health Centre .. . 7		
Other (Specify .. .) 8	Maternity .. . 8		
No One 9	Hospital .. . 9		
	Other (Specify.....) 10		

FAMILY PLANNING MODULE

FOR ALL PERSONS AGED 15 YEARS AND ABOVE AND WOMEN BELOW 15 YEARS BUT MARRIED

1. PER- SON NO.	2. Name	3. Age	4. Sex	FOR ALL PERSONS (BOTH MALE AND FEMALE) AGED 15 YEARS AND ABOVE AND MARRIED WOMEN BELOW AGE 15 YEARS.									FOR WOMEN AGED 15-49 YEARS AND WOMEN BELOW 15 YEARS BUT MARRIED ONLY			
				5. Ever hea- rd of FP?	6. Seen or heard FP mess- age in the last 3 mon- ths?	7. IF COL. 6 = 1 where?	8. Cur- ren- tly using any FP method ?	9. Whi- ch Me- thod?	10. Sour- ce/ Out- let.	11. Who de- ci- des whe- ther to use me- thod?	12. Who deci- des which met- hod to use?	13. Cur- ren- tly Pre- gna- nt?	14. Ever taken Iron folic supp- le- ment for blo- od?	15. Cur- rent ly tak- ing Iron folic supp for blo- od?		

- Qs. 5, 6, 8**
 Yes = 1
 No = 2
- Where Q7**
 01 Govt. Hospital
 02 Govt. H/Clinic
 03 PPFN FP Clinic
 04 Private Clinic
 05 Private Doctor
 06 Pharmacy
 07 Pat. Med. Store
 08 Market
 09 Place of Work
 10 Church
- Method Q.9**
 11 Friend/Relat.
 12 Television
 13 School
 14 Radio
 15 Posters
 16 FP. Logo
 17 Others
 01 Pills
 02 IUD
 03 Injections
 04 Foaming Tab.
 05 Diaphragm
 06 Foam Jelly
 07 Condom
 08 Female Steril.
 09 Male Steril.
 10 Periodic abst.
- Source/Outlet Q.10**
 11. Church
 12. Friends/Relatives
 13. Comm Base Distr
 14. Others
 15. Don't Know
 01. Govt. Hosp.
 02. Govt. H/Clinic
 03. PPFN FP Clinic
 04. Private Clinic
 05. Private Doctor
 06. Pharmacy
 07. Pat. Med. Shop
 08. Market
 09. Husb. Place of Work
 10. Your Place of Work
- Who Q.11 & Q.12**
 1. Husband
 2. Wife
 3. Both
 4. Others

CHECK LIST

S/No	Modules	Supervisor	Editor
		Completed Y = 1, N = 2	Completed Y = 1, N = 2
1.	Household Listing		
2.	Children Listing		
3.	Water & Sanitation		
4.	Salt Iodization		
5.	Children Education		
6.	Mortality/Fertility		
7.	Tetanus Toxoid		
8.	Maternal Mortality		
9.	CARI		
10.	Prenatal, Childbirth and Obstetrics		
11.	Family Planning		

	<u>Completed by</u>	<u>Field Edited by</u>	<u>Office Edited by</u>	<u>Keyed by</u>
Name	_____	_____	_____	_____
Date	_____	_____	_____	_____

MULTIPLE INDICATOR CLUSTER SURVEY 1999

ENGLISH CHILDREN QUESTIONNAIRE

FEDERAL OFFICE OF STATISTICS/UNICEF

IDENTIFICATION

STATE _____

SECTOR (Urban/Rural)

LGA _____

ZONE _____

EA RIC _____

HU No. _____

E. A. Name _____

Name of Head _____

Address _____

HH No. within HU

--

of

--

Questionnaire within HH

--

of

--

CONTROL

Mother/Caretaker Line No.

--

No. of Children Under 5 years

M F Total

--	--	--

DIARRHOEA MODULE (For all Under 5's)			
	LINE NO ____ NAME _____	LINE NO ____ NAME _____	LINE NO ____ NAME _____
1. Sex of Child			
2. Age of Child			
3. Has (NAME) had diarrhoea in the last 2 weeks? (diarrhoea as perceived by the mother/caretaker, or 3 or more loose or one large watery stool(s) per day or blood in stool). Yes 1 No 2 DK 3			
IF Q3 = 2 OR 3, GO TO Q7			
4. During this last episode of diarrhoea, did (NAME) drink: (PROMPT AND CIRCLE CODE FOR ALL ITEMS MENTIONED)	Y N DK	Y N DK	Y N DK
Breast Milk?..... 1	1 2 3	1 2 3	1 2 3
Cereal-based gruel or gruel made from roots or soup?..... 2	1 2 3	1 2 3	1 2 3
Other home available fluids (e.g. herbal teas, coconut water, yoghurt)? 3	1 2 3	1 2 3	1 2 3
ORS packet solution?..... 4	1 2 3	1 2 3	1 2 3
Salt Sugar Solution? (SSS)..... 5	1 2 3	1 2 3	1 2 3
Other Milk or infant formular?.. 6	1 2 3	1 2 3	1 2 3
Water with feeding during some part of the day? 7	1 2 3	1 2 3	1 2 3
Water alone? 8	1 2 3	1 2 3	1 2 3
Other (Specify) 9			
5. During (NAME)'s diarrhoea, did he/she drink any fluid much less, about the same or more than usual? Much less 1 None..... 5 Somewhat less... 2 Don't Know.. 6 About the same.. 3 More..... 4			
6. During (NAME)'s diarrhoea, did he/she eat less, about the same or more food than usual? (IF LESS, PROBE: MUCH LESS OR A LITTLE LESS THAN USUAL) None..... 1 About the same..4 Much less..... 2 More..... 5 Somewhat less..3 Don't know..... 6			
7. Apart from diarrhoea, what are the common ailments suffered by (NAME) in the last 2 weeks? (DON'T PROMPT)			
Malaria 1	1	1	1
Cough 2	2	2	2
Fever 3	3	3	3
Catarrh 4	4	4	4
Cold 5	5	5	5
Other (Specify) 6	6	6	6
No ailment..... 7	7	7	7

8. Do you think child faeces is harmful to your health? Yes 1 No 2 DK 3	
9. When do you usually wash your hands? (DON'T PROMPT) Before meals..... 1 After meals..... 2 Before and after meals..... 3 After use of toilet..... 4 Other (Specify) 5	1 2 3 4 5

MALARIA MODULE (For all under 5's)			
	LINE NO NAME ---	LINE NO NAME ---	Line NO Name - ---
1. Has (Name) had malaria in the last 2 weeks? Yes 1 No 2 DK 3			
IF Q1 = 2 OR 3, GO TO NEXT CHILD. IF NO OTHER CHILD, GO TO NEXT MODULE			
2. Where was (NAME) first treated during the period? At Home 1 Patent Medicine Dealer/Chemist... 2 Health Post/Clinic..... 3 Health Centre..... 4 Hospital 5 Pharmacy..... 6 Home of Traditional Healer..... 7 Spiritual/Church 8 Other (Specify.....) 9			
3. Who first treated (NAME) during the illness? Father/Mother/Relative/Household Member..... 1 Patent Medicine Dealer/Chemist... 2 Community Health Officer/Village Health Worker 3 Health Centre Staff..... 4 Doctor/Nurse..... 5 Pharmacist..... 6 Traditional Healer 7 Priest/Pastor..... 8 Other (Specify.....) 9			
4. What was the outcome of the treatment offered? Got Well..... 1 Referred..... 2 Sought help elsewhere..... 3 Died..... 4 Other (Specify.....) 5			
IF Q4 = 3, ASK Q5 OTHERWISE GO TO THE NEXT CHILD OR GO TO NEXT MODULE IF NO OTHER CHILD			
5. Where did you seek help next? At Home 1 Patent Medicine Dealer/Chemist..... 2 Health Post/Clinic..... 3 Health Centre..... 4 Hospital 5 Pharmacy..... 6 Home of Traditional Healer..... 7 Spiritual/Church 8 Other (Specify) 9			

VITAMIN A MODULE (For all Under 5's)			
1. Have you heard any messages which promote certain foods that are important for sight and help prevent blindness?			
Yes	1		
No	2		
Don't know	3		
IF Q1 = 2 OR 3, GO TO Q3			
2. Can you tell me what some of these foods are? CIRCLE CODE IF MENTIONED. DO NOT PROMPT		Y	N
Green Leafy vegetables.....	1	2	
Palm Oil.....	1	2	
Mango	1	2	
Paw paw	1	2	
Carrot	1	2	
Fish	1	2	
Meat	1	2	
Milk	1	2	
Liver	1	2	
Egg.....	1	2	
Groundnut	1	2	
Other (Specify.....)	1	2	
	LINE NO _____	LINE NO _____	LINE NO _____
	NAME _____	NAME _____	NAME _____
3. Since last (day of the week) did (NAME) eat any of the following foods? (PROMPT)			
	Y N DK	Y N DK	Y N DK
Green Leafy vegetables	1 2 3	1 2 3	1 2 3
Palm Oil	1 2 3	1 2 3	1 2 3
Mango	1 2 3	1 2 3	1 2 3
Pawpaw	1 2 3	1 2 3	1 2 3
Carrot	1 2 3	1 2 3	1 2 3
Fish	1 2 3	1 2 3	1 2 3
Meat	1 2 3	1 2 3	1 2 3
Milk	1 2 3	1 2 3	1 2 3
Liver	1 2 3	1 2 3	1 2 3
Egg	1 2 3	1 2 3	1 2 3
Groundnut	1 2 3	1 2 3	1 2 3
4. Did (NAME) in the last 24 months receive Vitamin A supplement yellow liquid with white spoon dispensed into the mouth from a brown bottle?			
Yes	1	No	2
5. IF Q4 = 1 How many times?			

8. If (NAME) is no longer breastfed, at what age was breastfeeding stopped? (STATE AGE IN MONTHS)			
9. Since this time yesterday, has (NAME) been given anything to drink from a bottle with a nipple or teat? YES 1 NO 2 DK 3			
10. If (NAME) is receiving complementary food, at what age was it introduced? (IN MONTHS)			

IMMUNIZATION MODULE (For all Under 5's)			
	LINE NO _____ NAME _____	LINE NO _____ NAME _____	LINE NO _____ NAME _____
1. Is there a vaccination record card for (NAME)? Yes 1 No 2 DK 3			
IF CARD IS PRESENT COPY DATES. IF NO DATE FOR VACCINATION IS RECORDED ON THE CARD OR IF NO CARD IS AVAILABLE, ASK MOTHER IF CHILD RECEIVED THAT VACCINATION AND COPY CODE FOR MOTHER'S RESPONSE IN SPACE PROVIDED AT THE EXTREME LEFT HAND SIDE IN QUESTIONS 2 - 7.			
IF Q1 = 2 OR 3, GO TO ALTERNATIVE IMMUNIZATION MODULE			
	D D M M Y Y	D D M M Y Y	D D M M Y Y
2. BCG Yes=1 No=2 DK=3			
3A. DPT1 Yes=1 No=2 DK=3			
3B. DPT2 Yes=1 No=2 DK=3			
3C. DPT3 Yes=1 No=2 DK=3			
4A. OPVO Yes=1 No=2 DK=3			
4B. OPVI Yes=1 No=2 DK=3			
4C. OPV2 Yes=1 No=2 DK=3			
4D. OPV3 Yes=1 No=2 DK=3			
5. Measles Yes=1 No=2 DK=3			
6. CSM Yes=1 No=2 DK=3			
7. Y/Fever Yes=1 No=2 DK=3			
8. Hepatitis Yes=1 No=2 DK=3			
9. BCG SCAR? Yes=1 No=2 NOT EXAMINED =3			

ALTERNATIVE IMMUNIZATION MODULE			
	LINE NO _____ NAME _____	LINE NO _____ NAME _____	LINE NO _____ NAME _____
	Report	Report	Report
1. Has (NAME) ever been given a BCG vaccination against tuberculosis, i.e. injection in the left shoulder that caused a scar? Yes 1 No 2 DK 3			
2. Has (NAME) ever been given "vaccination injection" to prevent him/her from getting tetanus, whooping cough, diphtheria? (i.e. an injection in the right or left buttocks) How many times?	No. of times	No. of times	No. of times
3. Has (NAME) ever been given any "vaccination drops" to protect him/her from getting diseases (i.e. polio)? How many times has he/she been given these drops?	No. of times	No. of times	No. of times
4. Has (NAME) ever been given "vaccination injections" to prevent him/her from getting measles? (i.e. a shot in the arm at the age of 9 months or more).	No. of times	No. of times	No. of times
5. Has (NAME) ever been given "vaccination injection" to prevent him/her from getting CSM? (i.e. shot in the arm).	No. of times	No. of times	No. of times
6. Has (NAME) ever been given "vaccination injection" to prevent him/her from getting yellow fever? (i.e. a shot in the arm).	No. of times	No. of times	No. of times
7. BCG Scar? (CHECK FOR SCAR) Yes 1 No 2 Not Exam. 3			

CHILD'S RIGHT MODULE (For all Under 5's)			
	LINE NO NAME	LINE NO NAME	LINE NO NAME
1. Is (NAME)'s birth registered? Yes 1 No 2 DK 3			
IF Q1 = 2 OR 3 GO TO THE NEXT CHILD.			
2. Where was (NAME) registered? Local Govt.Council..... 1 Hospital 2 Church/Mosque 3 Other (Specify) 4 Don't Know 5			
3. Was (NAME) issued a Birth Certificate? Yes 1 No 2			
IF Q3 = 1 ASK TO SEE THE CERTIFICATE AND RECORD RESULT BELOW			
Seen 1 Not Seen 2			

ANTHROPOMETRY MODULE (For all Under 5's)								
CHILD LINE NO	Name	Age in mths	Sex	Weight in kg	Length in cm	How was Measure- ment made?	Result of measure ment	How Often do you measure your child growth?
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)

Measurement Mode Result
(Col.7)

(Col.8)

How Often
(Col.9)

Lying down	1	Both Measured	1	Monthly	1
Standing	2	Weight Measured	2	Quarterly	2
		Length Measured	3	Yearly	3
		Mother Refused	4	Not measured at all	4
		Child Refused	5		
		Not Present	6		

CHECK LIST

S/No	Module	Supervisor	Field Editor
		Completed Y = 1, N = 2	Completed Y = 1, N = 2
1.	Diarrhoea		
2.	Vitamin A		
3.	Malaria		
4.	Breastfeeding		
5.	Immunization		
6.	Child's Right		
7.	Anthropometry		

	<u>Completed By</u>	<u>Field Edited by</u>	<u>Office Edited by</u>	<u>Keyed by</u>
Name	_____	_____	_____	_____
Date	_____	_____	_____	_____