



**HOUSEHOLD QUESTIONNAIRE**

WE ARE FROM (*National Bureau of Statistics, NIGERIA*). WE ARE WORKING ON A PROJECT CONCERNED WITH FAMILY FOR HEALTH AND EDUCATION. I WOULD LIKE TO TALK TO YOU ABOUT THIS. THE INTERVIEW WILL **BE FOR A SHORT PERIOD**. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE IDENTIFIED. DURING THIS TIME I WOULD LIKE TO SPEAK WITH THE HOUSEHOLD HEAD AND ALL MOTHERS OR OTHERS WHO TAKE CARE OF CHILDREN IN THE HOUSEHOLD. MAY I START NOW? *If permission is given, begin the interview.*

**HOUSEHOLD INFORMATION PANEL HH**

HH1. EA Name _____ Cluster Number _____	HH2. Household number: _____
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HH3. Interviewer's name and number: Name _____	HH4. Supervisor's name and number: Name _____
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HH5. Day/Month/Year of interview: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

HH6. Area ..... Sector Rural ..... 1 Urban ..... 2	HH7. State Name: _____ State Code: <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
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HH 8. Name of head of household: \_\_\_\_\_

*After all questionnaires for the household have been completed, fill in the following information:*

HH9. Result of HH interview: Completed ..... 1 Not at home ..... 2 Refused ..... 3 HH not found/destroyed ..... 4 Partially Completed.....5 Other ( <i>specify</i> ) _____ 6	HH10. Respondent to HH questionnaire: Name: _____ Line No: _____
HH11. Total number of household members: _____	

HH12. No. of women eligible for interview: _____	HH13. No. of women questionnaires completed: _____
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HH14. No. of children under age 5: _____	HH15. No. of under-5 questionnaires completed: _____
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Interviewer/supervisor notes: **Use this space to record notes about the interview with this household, such as call-back times, incomplete individual interview forms, number of attempts to re-visit, etc.**

HH16. Data entry clerk: \_\_\_\_\_

HH16A. Time interview start: \_\_\_\_\_ : \_\_\_\_\_ Time interview end: \_\_\_\_\_ : \_\_\_\_\_

HH16B. Editor's Name \_\_\_\_\_ Editor's Number \_\_\_\_\_

**NIGERIA MULTI-INDICATOR CLUSTER SURVEY (MICS3) – 2007**

HOUSEHOLD LISTING FORM														HL																											
<p><b>FIRST, PLEASE TELL ME THE NAME OF EACH PERSON WHO USUALLY LIVES HERE, STARTING WITH THE HEAD OF THE HOUSEHOLD.</b>  <i>List the head of the household in line 01. List all household members (HL2), their relationship to the household head (HL3), and their sex (HL4)</i>  <i>Then ask: ARE THERE ANY OTHERS WHO LIVE HERE, EVEN IF THEY ARE NOT AT HOME NOW? (THESE MAY INCLUDE CHILDREN IN SCHOOL OR AT WORK). If yes, complete listing.</i>  <i>Then, ask questions starting with HL5 for each person at a time. Add a continuation sheet if there is not enough room on this page. Tick here if continuation sheet used</i></p>																																									
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2"></td> <td align="center" colspan="3"><i>Eligible for:</i></td> <td colspan="2"></td> <td colspan="2"></td> <td colspan="4"></td> </tr> <tr> <td colspan="2"></td> <td align="center">WOMEN'S INTERVIEW</td> <td align="center">CHILD LABOUR MODULE</td> <td align="center">UNDER-5 INTERVIEW</td> <td align="center"><i>If age 18- 59 years</i></td> <td align="center" colspan="4"><i>For children age 0-17 years ask HL9-HL12A</i></td> <td colspan="2"></td> <td colspan="2"></td> </tr> </table>																	<i>Eligible for:</i>													WOMEN'S INTERVIEW	CHILD LABOUR MODULE	UNDER-5 INTERVIEW	<i>If age 18- 59 years</i>	<i>For children age 0-17 years ask HL9-HL12A</i>							
		<i>Eligible for:</i>																																							
		WOMEN'S INTERVIEW	CHILD LABOUR MODULE	UNDER-5 INTERVIEW	<i>If age 18- 59 years</i>	<i>For children age 0-17 years ask HL9-HL12A</i>																																			
HL1. Line no.	HL2. Name	HL3. WHAT IS THE RELATION- SHIP OF (name) TO THE HEAD OF THE HOUSE- HOLD?	HL4. IS (name) MALE OR FEMALE?  1 MALE 2 FEM.	HL5. HOW OLD IS (name)?  HOW OLD WAS (name) ON HIS/HER LAST BIRTHDAY?  <i>Record in completed years</i>  98=DK*	HL6. <i>Circle Line no. if woman is age 15-49</i>	HL7. <i>For each child age 5-17: WHO IS THE MOTHER OR PRIMARY CARETAKER OF THIS CHILD?</i>  <i>Record Line no. of mother/ caretaker</i>	HL8. <i>For each child under 5: WHO IS THE MOTHER OR PRIMARY CARETAKER OF THIS CHILD?</i>  <i>Record Line no. of mother/ caretaker</i>	HL8A. HAS (name) BEEN VERY SICK FOR AT LEAST 3 MONTHS DURING THE PAST 12 MONTHS?	HL9. IS (name's) NATURAL MOTHER ALIVE?  1 YES 2 NO → 8 DK → HL11	HL10. <i>If alive: DOES (NAME'S) NATURAL MOTHER LIVE IN THIS HOUSE- HOLD?  If yes →11Rec ord Line no. of mother or 00 for 'no'</i>	HL10A. <i>If mother does not live in household HAS (name's) MOTHER BEEN VERY SICK FOR AT LEAST 3 MONTHS IN THE PAST 12 MONTHS?</i>	HL11. IS (name's) NATURAL FATHER ALIVE?  1 YES 2 NO → 8 DK → NEXT LINE	HL12. <i>If alive: DOES (NAME'S) NATURAL FATHER LIVE IN THIS HOUSE- HOLD? IF YES → next line Record Line no. of father or 00 for 'no'</i>	HL12A. <i>If father does not live in household: HAS (name's) FATHER BEEN VERY SICK FOR AT LEAST 3 MONTHS IN THE PAST 12 MONTHS?</i>																											
LINE	NAME	REL.	M F	AGE	15-49	MOTHER	MOTHER	Y N DK	Y N DK	MOTHER	Y N DK	Y N DK	FATHER	Y N DK																											
01		0 1	1 2	__ __	01	__ __	__ __	1 2 8	1 2 8	__ __	1 2 8	1 2 8	__ __	1 2 8																											
02		__ __	1 2	__ __	02	__ __	__ __	1 2 8	1 2 8	__ __	1 2 8	1 2 8	__ __	1 2 8																											
03		__ __	1 2	__ __	03	__ __	__ __	1 2 8	1 2 8	__ __	1 2 8	1 2 8	__ __	1 2 8																											
04		__ __	1 2	__ __	04	__ __	__ __	1 2 8	1 2 8	__ __	1 2 8	1 2 8	__ __	1 2 8																											
05		__ __	1 2	__ __	05	__ __	__ __	1 2 8	1 2 8	__ __	1 2 8	1 2 8	__ __	1 2 8																											
06		__ __	1 2	__ __	06	__ __	__ __	1 2 8	1 2 8	__ __	1 2 8	1 2 8	__ __	1 2 8																											
07		__ __	1 2	__ __	07	__ __	__ __	1 2 8	1 2 8	__ __	1 2 8	1 2 8	__ __	1 2 8																											
08		__ __	1 2	__ __	08	__ __	__ __	1 2 8	1 2 8	__ __	1 2 8	1 2 8	__ __	1 2 8																											
09		__ __	1 2	__ __	09	__ __	__ __	1 2 8	1 2 8	__ __	1 2 8	1 2 8	__ __	1 2 8																											
10		__ __	1 2	__ __	10	__ __	__ __	1 2 8	1 2 8	__ __	1 2 8	1 2 8	__ __	1 2 8																											

**NIGERIA MULTI-INDICATOR CLUSTER SURVEY (MICS3) – 2007**

HL1. Line no.	HL2. Name	HL3. WHAT IS THE RELATION- SHIP OF (name) TO THE HEAD OF THE HOUSE- HOLD?	HL4. IS (name) MALE OR FEMALE?  <b>1 MALE</b> <b>2 FEM.</b>	HL5. HOW OLD IS (name)?  HOW OLD WAS (name) ON HIS/HER LAST BIRTHDAY?  <b>Record in completed years</b>  98=DK*	HL6. <b>Circle Line no. if woman is age 15-49</b>	HL7. <i>For each child age 5-17:</i> WHO IS THE MOTHER OR PRIMARY CARETAKER OF THIS CHILD?  <b>Record Line no. of mother/ caretaker</b>	HL8. <i>For each child under 5:</i> WHO IS THE MOTHER OR PRIMARY CARETAKER OF THIS CHILD?  <b>Record Line no. of mother/ caretaker</b>	HL8A. HAS (name) BEEN VERY SICK FOR AT LEAST 3 MONTHS DURING THE PAST 12 MONTHS?	HL9. IS (name's) NATURAL MOTHER ALIVE?  1 YES <b>2 NO</b> ⇨ <b>HL11</b> 8 DK ⇨ <b>HL11</b>	HL10. <i>If alive:</i> DOES (NAME)'S NATURAL MOTHER LIVE IN THIS HOUSE- HOLD?  <b>If yes</b> ⇨ <b>11</b> <b>Record Line no. of mother or 00 for 'no'</b>	HL10A. <i>If mother does not live in household</i> HAS (name's) MOTHER BEEN VERY SICK FOR AT LEAST 3 MONTHS IN THE PAST 12 MONTHS?	HL11. IS (name's) NATURAL FATHER ALIVE?  1 YES <b>2 NO</b> ⇨ <b>NEXT LINE</b> 8 DK ⇨ <b>NEXT LINE</b>	HL12. <i>If alive:</i> DOES (NAME)'S NATURAL FATHER LIVE IN THIS HOUSE- HOLD? <b>IF</b> <b>YES</b> ⇨ <b>next line</b> <b>Record Line no. of father or 00 for 'no'</b>	HL12A. <i>If father does not live in household:</i> HAS (name's) FATHER BEEN VERY SICK FOR AT LEAST 3 MONTHS IN THE PAST 12 MONTHS?
LINE	NAME	REL.	M F	AGE	15-49	MOTHER	MOTHER	Y N DK	Y N DK	MOTHER	Y N DK	Y N DK	FATHER	Y N DK
11		___ ___	1 2	___ ___	11	___ ___	___ ___	1 2 8	1 2 8	___ ___	1 2 8	1 2 8	___ ___	1 2 8
12		___ ___	1 2	___ ___	12	___ ___	___ ___	1 2 8	1 2 8	___ ___	1 2 8	1 2 8	___ ___	1 2 8
13		___ ___	1 2	___ ___	13	___ ___	___ ___	1 2 8	1 2 8	___ ___	1 2 8	1 2 8	___ ___	1 2 8
14		___ ___	1 2	___ ___	14	___ ___	___ ___	1 2 8	1 2 8	___ ___	1 2 8	1 2 8	___ ___	1 2 8
15		___ ___	1 2	___ ___	15	___ ___	___ ___	1 2 8	1 2 8	___ ___	1 2 8	1 2 8	___ ___	1 2 8
ARE THERE ANY OTHER PERSONS LIVING HERE – EVEN IF THEY ARE NOT MEMBERS OF YOUR FAMILY OR DO NOT HAVE PARENTS LIVING IN THIS HOUSEHOLD? INCLUDING CHILDREN AT WORK OR AT SCHOOL? <b>If yes, insert child's name and complete form.</b> <b>Then, complete the totals below.</b>														
					<b>Women 15-49</b>	<b>Children 5-17</b>	<b>Under-5s</b>	<b>Very Sick (=1)</b>	<b>Mothers Dead (=2)</b>		<b>Mothers Very Sick (=1)</b>	<b>Fathers Dead (=2)</b>		<b>Fathers Very Sick (=1)</b>
Totals					___ ___	___ ___	___ ___	___ ___	___ ___		___ ___	___ ___		___ ___
* See instructions: to be used only for elderly household members (code meaning "do not know/over age 50"). Now for each woman age 15-49 years, write her name and line number and other identifying information in the information panel of the Women's Questionnaire. For each child under age 5, write his/her name and line number AND the line number of his/her mother or caretaker in the information panel of the Questionnaire for Children Under Five. You should now have a separate questionnaire for each eligible woman and each child under five in the household.														

\* Codes for HL3: Relationship to head of household:

- |                               |                               |
|-------------------------------|-------------------------------|
| 01 = Head                     | 10 = Uncle/Aunt               |
| 02 = Wife or Husband          | 11 = Niece/Nephew By Blood    |
| 03 = Son or Daughter          | 12 = Niece/Nephew By Marriage |
| 04 = Son or Daughter In-Law   | 13 = Other Relative           |
| 05 = Grandchild               | 14 = Adopted/Foster/Stepchild |
| 06 = Parent                   | 15 = Not Related              |
| 07 = Parent-In-Law            | 98 = Don't Know               |
| 08 = Brother or Sister        |                               |
| 09 = Brother or Sister-In-Law |                               |

NIGERIA MULTI-INDICATOR CLUSTER SURVEY (MICS3) – 2007

EDUCATION MODULE												ED
For household members age 5 and above					For household members age 5-24 years							
ED1. Line no.	ED1A. Name	ED2. HAS (name) EVER ATTENDED SCHOOL OR PRESCHOOL?	ED3. WHAT IS THE HIGHEST LEVEL OF SCHOOL (name) ATTENDED? WHAT IS THE HIGHEST GRADE (name) COMPLETED AT THIS LEVEL? LEVEL: GRADE 0 PRE-SCHOOL 01-03 1 PRIMARY 04-09 2 SECONDARY 10-15 3 HIGHER 16-18 6 NON-FORMAL EDU. 19 8 DK GRADE: 98 DK If less than 1 grade, enter 00.		ED4. DURING THE (2006-2007) SCHOOL YEAR, DID (name) ATTEND SCHOOL OR PRESCHOOL AT ANY TIME?	ED5. SINCE LAST (day of the week), HOW MANY DAYS DID (name) ATTEND SCHOOL? Insert number of days in space below.	ED6. DURING THIS/THAT SCHOOL YEAR, WHICH LEVEL AND GRADE IS/WAS (name) ATTENDING? LEVEL: GRADE 0 PRE-SCHOOL 01-03 1 PRIMARY 04-09 2 SECONDARY 10-15 3 HIGHER 16-18 6 NON-STANDARD CURRICULUM 19 8 DK GRADE: 98 DK		ED7. Did (name) ATTEND SCHOOL OR PRESCHOOL AT ANY TIME DURING THE PREVIOUS SCHOOL YEAR, THAT IS (2005-2006)? 1 YES 2 NO ↘ NEXT LINE 8 DK ↘ NEXT LINE	ED8. DURING THAT PREVIOUS SCHOOL YEAR, WHICH LEVEL AND GRADE DID (name) ATTEND? LEVEL: GRADE 0 PRE-SCHOOL 01-03 1 PRIMARY 04-09 2 SECONDARY 10-15 3 HIGHER 16-18 6 NON-STANDARD CURRICULUM 19 8 DK GRADE: 98 DK		
LINE		YES NO	LEVEL	GRADE/CLASS	YES NO	DAYS	LEVEL	GRADE/CLA	Y N DK	LEVEL	GRADE	
01		1 2↔NEXT LINE	0 1 2 3 6 8	___ ___	1 2	___	0 1 2 3 6 8	___ ___	1 2 8	0 1 2 3 6 8	___ ___	
02		1 2↔NEXT LINE	0 1 2 3 6 8	___ ___	1 2	___	0 1 2 3 6 8	___ ___	1 2 8	0 1 2 3 6 8	___ ___	
03		1 2↔NEXT LINE	0 1 2 3 6 8	___ ___	1 2	___	0 1 2 3 6 8	___ ___	1 2 8	0 1 2 3 6 8	___ ___	
04		1 2↔NEXT LINE	0 1 2 3 6 8	___ ___	1 2	___	0 1 2 3 6 8	___ ___	1 2 8	0 1 2 3 6 8	___ ___	
05		1 2↔NEXT LINE	0 1 2 3 6 8	___ ___	1 2	___	0 1 2 3 6 8	___ ___	1 2 8	0 1 2 3 6 8	___ ___	
06		1 2↔NEXT LINE	0 1 2 3 6 8	___ ___	1 2	___	0 1 2 3 6 8	___ ___	1 2 8	0 1 2 3 6 8	___ ___	
07		1 2↔NEXT LINE	0 1 2 3 6 8	___ ___	1 2	___	0 1 2 3 6 8	___ ___	1 2 8	0 1 2 3 6 8	___ ___	
08		1 2↔NEXT LINE	0 1 2 3 6 8	___ ___	1 2	___	0 1 2 3 6 8	___ ___	1 2 8	0 1 2 3 6 8	___ ___	
09		1 2↔NEXT LINE	0 1 2 3 6 8	___ ___	1 2	___	0 1 2 3 6 8	___ ___	1 2 8	0 1 2 3 6 8	___ ___	
10		1 2↔NEXT LINE	0 1 2 3 6 8	___ ___	1 2	___	0 1 2 3 6 8	___ ___	1 2 8	0 1 2 3 6 8	___ ___	
11		1 2↔NEXT LINE	0 1 2 3 6 8	___ ___	1 2	___	0 1 2 3 6 8	___ ___	1 2 8	0 1 2 3 6 8	___ ___	
12		1 2↔NEXT LINE	0 1 2 3 6 8	___ ___	1 2	___	0 1 2 3 6 8	___ ___	1 2 8	0 1 2 3 6 8	___ ___	
13		1 2↔NEXT LINE	0 1 2 3 6 8	___ ___	1 2	___	0 1 2 3 6 8	___ ___	1 2 8	0 1 2 3 6 8	___ ___	
14		1 2↔NEXT LINE	0 1 2 3 6 8	___ ___	1 2	___	0 1 2 3 6 8	___ ___	1 2 8	0 1 2 3 6 8	___ ___	
15		1 2↔NEXT LINE	0 1 2 3 6 8	___ ___	1 2	___	0 1 2 3 6 8	___ ___	1 2 8	0 1 2 3 6 8	___ ___	

NIGERIA MULTI-INDICATOR CLUSTER SURVEY (MICS3) – 2006/2007

WATER AND SANITATION MODULE		WS
WS1. WHAT IS THE MAIN SOURCE OF DRINKING WATER FOR MEMBERS OF YOUR HOUSEHOLD?	Piped water	
	Piped into dwelling ..... 11	11⇒WS5
	Piped into yard or plot ..... 12	12⇒WS5
	Public tap/standpipe..... 13	⇒WS3
	Tubewell/borehole..... 21	
	Dug well	
	Protected well ..... 31	
	Unprotected well ..... 32	
	Water from spring	
	Protected spring ..... 41	
	Unprotected spring..... 42	
	Rainwater collection..... 51	
	Tanker-truck..... 61	
Cart with small tank/drum..... 71		
Surface water (river, stream, dam, lake, pond, canal, irrigation channel) ..... 81		
<b>Bottled water</b> ..... 91		
Other ( <i>specify</i> ) ..... 96	96⇒WS3	
WS2. WHAT IS THE MAIN SOURCE OF WATER USED BY YOUR HOUSEHOLD FOR OTHER PURPOSES SUCH AS COOKING AND HANDWASHING?	Piped water	
	Piped into dwelling ..... 11	11⇒WS5
	Piped into yard or plot ..... 12	12⇒WS5
	Public tap/standpipe..... 13	
	Tubewell/borehole..... 21	
	Dug well	
	Protected well ..... 31	
	Unprotected well ..... 32	
	Water from spring	
	Protected spring ..... 41	
	Unprotected spring..... 42	
	Rainwater collection..... 51	
	Tanker-truck..... 61	
Cart with small tank/drum..... 71		
Surface water (river, stream, dam, lake, pond, canal, irrigation channel) ..... 81		
Other ( <i>specify</i> ) ..... 96		
WS3. HOW LONG DOES IT TAKE TO GO THERE, GET WATER, AND COME BACK?	No. of minutes.....	
	Water on premises..... 995	995⇒WS5
	DK..... 998	

NIGERIA MULTI-INDICATOR CLUSTER SURVEY (MICS3) – 2006/2007

WATER AND SANITATION MODULE		WS
<p>WS4. WHO USUALLY GOES TO THIS SOURCE TO FETCH THE WATER FOR YOUR HOUSEHOLD?</p> <p><b>Probe:</b> IS THIS PERSON UNDER AGE 15? WHAT SEX? <b>Circle code that best describes this person.</b></p>	<p>Adult woman ..... 1 Adult man..... 2 Female child (under 15) ..... 3 Male child (under 15) ..... 4 DK..... 8</p>	
<p>WS5. DO YOU TREAT YOUR WATER IN ANY WAY TO MAKE IT SAFER TO DRINK?</p>	<p>Yes ..... 1 No ..... 2 DK..... 8</p>	<p><b>2⇒WS7</b> <b>8⇒WS7</b></p>
<p>WS6. WHAT DO YOU USUALLY DO TO THE WATER TO MAKE IT SAFER TO DRINK?</p> <p>ANYTHING ELSE?</p> <p><b>Record all items mentioned.</b></p>	<p>Boil..... A Add bleach/chlorine ..... B Strain it through a cloth ..... C Use water filter (ceramic, sand, composite, etc.)..... D Solar disinfection..... E Let it stand and settle ..... F  Other (<i>specify</i>) ..... X DK..... Z</p>	
<p>WS7. WHAT KIND OF TOILET FACILITY DO MEMBERS OF YOUR HOUSEHOLD USUALLY USE?</p> <p><b>If “flush” or “pour flush”, probe:</b> WHERE DOES IT FLUSH TO?</p> <p><b>If necessary, ask permission to observe the facility.</b></p>	<p>Flush / pour flush Flush to piped sewer system..... 11 Flush to septic tank ..... 12 Flush to pit (latrine) ..... 13 Flush to somewhere else ..... 14 Flush to unknown place/not sure/DK where ..... 15  Ventilated Improved Pit latrine (VIP) ..... 21 Pit latrine with slab ..... 22 Pit latrine without slab / open pit ..... 23  Composting toilet ..... 31 Bucket..... 41 Hanging toilet/hanging latrine..... 51  No facilities or bush or field ..... 95 Other (<i>specify</i>) ..... 96</p>	<p><b>95⇒ NEXT MODULE</b></p>
<p>WS8. DO YOU SHARE THIS FACILITY WITH OTHER HOUSEHOLDS?</p>	<p>Yes ..... 1 No ..... 2</p>	<p><b>2⇒ NEXT MODULE</b></p>
<p>WS9. HOW MANY HOUSEHOLDS IN TOTAL USE THIS TOILET FACILITY?</p>	<p>No. of households (if less than 10)..... 0 ____  Ten or more households ..... 10 DK..... 98</p>	

NIGERIA MULTI-INDICATOR CLUSTER SURVEY (MICS3) – 2006/2007

HOUSEHOLD CHARACTERISTICS MODULE		HC
HC1A. WHAT IS THE RELIGION OF THE HEAD OF THIS HOUSEHOLD?	Christianity ..... 1 Islam ..... 2 Traditional ..... 3 Other religion ( <i>specify</i> ) ..... 6 No religion ..... 7	
HC1B. MOTHER TONGUE OF HEAD	Language ..... _ _ _ _	
HC1C. ETHNIC GROUP OF HEAD	Ethnic Group ..... _ _ _ _	
HC2. HOW MANY ROOMS IN THIS HOUSEHOLD ARE USED FOR SLEEPING?	No. of rooms ..... _ _	
HC3. Main material of the dwelling floor: <i>Record observation.</i>	Natural floor Earth/sand ..... 11 Dung ..... 12 Rudimentary floor Wood planks ..... 21 Palm/bamboo ..... 22 Finished floor Parquet or polished wood ..... 31 Vinyl or asphalt strips ..... 32 Ceramic tiles ..... 33 Cement ..... 34 Carpet ..... 35 Other ( <i>specify</i> ) ..... 96	
HC4. Main material of the roof. <i>Record observation.</i>	Natural roofing No Roof ..... 11 Thatch/palm leaf ..... 12 Sod ..... 13 Rudimentary Roofing Rustic mat ..... 21 Palm/bamboo ..... 22 Wood planks ..... 23 Plastic sheeting ..... 24 Finished roofing Iron Sheets/Zinc ..... 31 Wood ..... 32 Calamine/cement fiber ..... 33 Ceramic tiles ..... 34 Cement ..... 35 Roofing shingles ..... 36 Other ( <i>specify</i> ) ..... 96	

NIGERIA MULTI-INDICATOR CLUSTER SURVEY (MICS3) – 2006/2007

HOUSEHOLD CHARACTERISTICS MODULE		HC
<p>HC5. Main material of the walls.</p> <p><i>Record observation.</i></p>	<p>Natural walls</p> <p>No walls..... 11</p> <p>Cane/palm/trunks ..... 12</p> <p>Dirt..... 13</p> <p>Rudimentary walls</p> <p>Bamboo with mud..... 21</p> <p>Stone with mud..... 22</p> <p>Uncovered adobe ..... 23</p> <p>Plywood..... 24</p> <p>Carton ..... 25</p> <p>Reused wood ..... 26</p> <p>Finished walls</p> <p>Cement..... 31</p> <p>Stone with lime/cement ..... 32</p> <p>Bricks ..... 33</p> <p>Cement blocks..... 34</p> <p>Covered adobe..... 35</p> <p>Wood planks/shingles..... 36</p> <p>Other (<i>specify</i>) _____ 96</p>	
<p>HC6. WHAT TYPE OF FUEL DOES YOUR HOUSEHOLD MAINLY USE FOR COOKING?</p>	<p>Electricity..... 01</p> <p>Liquid Propane Gas (LPG) ..... 02</p> <p>Natural gas..... 03</p> <p>Biogas ..... 04</p> <p>Kerosene..... 05</p> <p>Coal / Lignite ..... 06</p> <p>Charcoal..... 07</p> <p>Wood..... 08</p> <p>Straw/shrubs/grass..... 09</p> <p>Animal dung ..... 10</p> <p>Agricultural crop residue..... 11</p> <p>Other (<i>specify</i>) _____ 96</p>	<p><b>01⇒HC8</b></p> <p><b>02⇒HC8</b></p> <p><b>03⇒HC8</b></p> <p><b>04⇒HC8</b></p>
<p>HC7. IN THIS HOUSEHOLD, IS FOOD COOKED ON AN OPEN FIRE, AN OPEN STOVE, A CLOSED STOVE, GAS COOKER AND ELECTRIC COOKER?</p> <p><i>Probe for type.</i></p>	<p>Open fire ..... 1</p> <p>Open stove..... 2</p> <p>Closed stove ..... 3</p> <p>Other (<i>specify</i>) _____ 6</p>	<p><b>3⇒HC8</b></p> <p><b>6⇒HC8</b></p>
<p>HC7A. DOES THE FIRE/STOVE HAVE A CHIMNEY OR A HOOD?</p>	<p>Yes..... 1</p> <p>No ..... 2</p>	
<p>HC8. IS THE COOKING USUALLY DONE IN THE HOUSE, IN A SEPARATE BUILDING, OR OUTDOORS?</p>	<p>In the house ..... 1</p> <p>In a separate building ..... 2</p> <p>Outdoors ..... 3</p> <p>Other (<i>specify</i>) _____ 6</p>	



**NIGERIA MULTI-INDICATOR CLUSTER SURVEY (MICS3) – 2006/2007**

HOUSEHOLD CHARACTERISTICS MODULE		HC
HC9. DOES YOUR HOUSEHOLD HAVE:		
	Yes No	
Electricity	Electricity ..... 1 2	
Radio	Radio ..... 1 2	
Television	Television ..... 1 2	
VCR\VCD	VCR\VCD ..... 1 2	
DVD	DVD ..... 1 2	
Mobile	Mobile ..... 1 2	
Non mobile Telephone	Non mobile Telephone ..... 1 2	
Sewing Machine	Sewing Machine ..... 1 2	
Refrigerator	Refrigerator ..... 1 2	
Water Pump	Water Pump ..... 1 2	
Clock	Clock ..... 1 2	
Generator	Generator ..... 1 2	
Computer	Computer ..... 1 2	
Fan	Fan ..... 1 2	
Air Conditioner	Air Conditioner ..... 1 2	
Blender\Mixer\food processor	Blender\ Mixer\ Food Processor ..... 1 2	
water heater	Water Heater ..... 1 2	
HC10. DOES ANY HOUSEHOLD MEMBER OWN:		
	Yes No	
Watch	Watch ..... 1 2	
Bicycle	Bicycle ..... 1 2	
Motorcycle/Scooter	Motorcycle/Scooter ..... 1 2	
Animal drawn-cart	Animal drawn-cart ..... 1 2	
Car/Truck	Car/Truck ..... 1 2	
Engine Boat with motor	Engine Boat with motor ..... 1 2	

NIGERIA MULTI-INDICATOR CLUSTER SURVEY (MICS3) – 2006/2007

ITN MODULE		TN
TN1. DOES YOUR HOUSEHOLD HAVE ANY INSECTICIDE TREATED MOSQUITO NETS THAT CAN BE USED WHILE SLEEPING?	Yes ..... 1 No..... 2	<b>2⇒NEXT MODULE</b>
TN2. HOW MANY INSECTICIDE TREATED NETS DOES YOUR HOUSEHOLD HAVE? <b>If 7 or more nets, record '7'.</b>	Number of nets ..... ____	
TN3. IS THE INSECTICIDE TREATED NET, ANY OF THE FOLLOWING TYPE?  <b>Read each type, show picture card, and circle codes for Yes or No for each type. If possible, observe the net to verify type.</b>	Y N DK Long-lasting treated nets: ..... 1 2 8 Re-treatable nets: ..... 1 2 8 Other nets ..... 1 2 8:	
<b>TN4. Check TN3 for type of net(s). Go through the above list in order until one box is checked and follow instructions:</b> <b>1. <input type="checkbox"/> Long-lasting Treated Net mentioned?⇒ Go to Next Module</b> <b>2. <input type="checkbox"/> Re-treatable Treated Net mentioned?⇒ Go to TN6</b> <b>3. <input type="checkbox"/> Other Insecticide Treated Net mentioned?⇒ Continue with TN5</b>		
TN5. WHEN YOU GOT THE (MOST RECENT) INSECTICIDE TREATED NET, WAS IT ALREADY TREATED WITH AN INSECTICIDE TO KILL OR REPEL MOSQUITOES?	Yes ..... 1 No..... 2 DK/not sure ..... 8	
TN6. HOW MANY MONTHS AGO WAS THE (MOST RECENT) INSECTICIDE TREATED NET OBTAINED?  <b>If less than 1 month ago, record '00'. If answer is "12 months" or "1 year", probe to determine if net was obtained exactly 12 months ago or earlier or later.</b>	Months ago..... ____ More than 24 months ago..... 95 Not sure..... 98	
TN7. SINCE YOU GOT THE INSECTICIDE TREATED NET(S) HAS IT (HAVE ANY OF THESE NETS) EVER BEEN SOAKED OR DIPPED IN A LIQUID TO KILL/REPEL MOSQUITOES?	Yes ..... 1 No..... 2 DK ..... 8	<b>2⇒NEXT MODULE</b> <b>8⇒NEXT MODULE</b>
TN8. HOW LONG AGO WAS THE MOST RECENT SOAKING/DIPPING DONE?  <b>If less than 1 month, record '00'. If answer is "12 months" or "1 year", probe to determine if net was treated exactly 12 months ago or earlier or later.</b>	Months ago..... ____ More than 24 months ago..... 95 Not sure..... 98	

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<b>CHILDREN ORPHANED &amp; MADE VULNERABLE BY HIV/AIDS</b>				<b>OV</b>
<b>OV1. Check HL5: any children 0-17?</b> <input type="checkbox"/> <b>Yes</b> ⇒ <i>Continue to OV2</i> <input type="checkbox"/> <b>No</b> ⇒ <i>Next Module</i>				
<b>OV2. I WOULD LIKE YOU TO THINK BACK OVER THE PAST 12 MONTHS. HAS ANY USUAL MEMBER OF YOUR HOUSEHOLD DIED IN THE LAST 12 MONTHS?</b>	Yes .....1 No.....2			<b>2⇒OV5</b>
<b>OV3. (OF THOSE WHO DIED IN THE PAST 12 MONTHS) WERE ANY OF THESE PEOPLE BETWEEN THE AGES OF 18 AND 59?</b>	Yes .....1 No.....2			<b>2⇒OV5</b>
<b>OV4. (OF THOSE WHO DIED IN THE PAST 12 MONTHS AND WERE BETWEEN THE AGES OF 18 AND 59) WERE ANY OF THESE PEOPLE SERIOUSLY ILL FOR 3 OF THE 12 MONTHS BEFORE HE/SHE DIED?</b>	Yes .....1 No.....2			<b>1⇒OV8</b>
<b>OV5. Return to the Household Listing and check the following:</b>  1. <b>Check totals for HL9 and HL11.</b> <input type="checkbox"/> <i>At least one mother or father dead.</i> ⇒ <i>Go to OV8</i> <input type="checkbox"/> <i>No mother or father dead</i> 2. <b>Check totals for HL8A.</b> <input type="checkbox"/> <i>At least one adult aged 18-59 very sick 3 of last 12 months</i> ⇒ <i>Go to OV8</i> <input type="checkbox"/> <i>No adult aged 18-59 very sick 3 of last 12 months</i> 3. <b>Check totals for HL10A and HL12A.</b> <input type="checkbox"/> <i>At least one mother or father ill 3 of last 12 months</i> ⇒ <i>Go to OV8</i> <input type="checkbox"/> <i>No mother or father ill 3 of last 12 months</i> ⇒ <i>Go to Next Module</i>				
<b>OV8. List all children aged 0-17 below. Record names, line numbers and ages of all children, beginning with the first child and continue in order in which listed in the household listing module. Use a continuation sheet if there are more than 4 children age 0-17 in the household. Ask all questions for one child before moving to the next child.</b>				
Name (from HL2)  Line number (from HL1)  Age (from HL5)	1 <sup>ST</sup> CHILD _____  _____  _____	2 <sup>ND</sup> CHILD _____  _____  _____	3 <sup>RD</sup> CHILD _____  _____  _____	4 <sup>TH</sup> CHILD _____  _____  _____
<b>OV9. I WOULD LIKE TO ASK YOU ABOUT ANY FORMAL, ORGANIZED HELP OR SUPPORT THAT YOUR HOUSEHOLD MAY HAVE RECEIVED FOR (name) AND FOR WHICH YOU DID NOT HAVE TO PAY. BY FORMAL ORGANIZED SUPPORT I MEAN HELP PROVIDED BY SOMEONE WORKING FOR A PROGRAM. THIS PROGRAM COULD BE GOVERNMENT, PRIVATE, RELIGIOUS, CHARITY, OR COMMUNITY-BASED. REMEMBER THIS SHOULD BE SUPPORT FOR WHICH YOU DID NOT PAY.</b> <p align="center"><b>YES.....1                      No.....2</b></p> <b>IF NO GO TO THE NEXT MODULE</b>				

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<b>CHILDREN ORPHANED &amp; MADE VULNERABLE BY HIV/AIDS</b>				<b>OV</b>
OV10. NOW I WOULD LIKE TO ASK YOU ABOUT THE SUPPORT YOUR HOUSEHOLD RECEIVED FOR <i>(name)</i> . IN THE LAST 12 MONTHS, HAS YOUR HOUSEHOLD RECEIVED ANY MEDICAL SUPPORT FOR <i>(name)</i> , SUCH AS MEDICAL CARE, SUPPLIES OR MEDICINE?	Yes..... 1 No..... 2 DK..... 8	Yes .....1 No .....2 DK.....8	Yes..... 1 No..... 2 DK..... 8	Yes .....1 No .....2 DK.....8
OV11. IN THE LAST 12 MONTHS, HAS YOUR HOUSEHOLD RECEIVED ANY EMOTIONAL OR PSYCHOLOGICAL SUPPORT FOR <i>(name)</i> , SUCH AS COMPANIONSHIP, COUNSELING FROM A TRAINED COUSELOR, OR SPIRITUAL SUPPORT, WHICH YOU RECEIVED AT HOME?	Yes..... 1 No..... 2 ⇒ <b>OV13</b> DK..... 8	Yes .....1 No .....2 ⇒ <b>OV13</b> DK.....8	Yes..... 1 No..... 2 ⇒ <b>OV13</b> DK..... 8	Yes .....1 No .....2 ⇒ <b>OV13</b> DK.....8
OV12. DID YOUR HOUSEHOLD RECEIVE ANY OF THIS SUPPORT IN THE PAST 3 MONTHS?	Yes..... 1 No..... 2 DK..... 8	Yes .....1 No .....2 DK.....8	Yes..... 1 No..... 2 DK..... 8	Yes .....1 No .....2 DK.....8
OV13. IN THE LAST 12 MONTHS, HAS YOUR HOUSEHOLD RECEIVED ANY MATERIAL SUPPORT FOR <i>(name)</i> , SUCH AS CLOTHING, FOOD OR FINANCIAL SUPPORT?	Yes..... 1 No..... 2 ⇒ <b>OV15</b> DK..... 8	Yes .....1 No .....2 ⇒ <b>OV15</b> DK.....8	Yes..... 1 No..... 2 ⇒ <b>OV15</b> DK..... 8	Yes .....1 No .....2 ⇒ <b>OV15</b> DK.....8
OV14. DID YOUR HOUSEHOLD RECEIVE ANY OF THIS SUPPORT IN THE PAST 3 MONTHS?	Yes..... 1 No..... 2 DK..... 8	Yes .....1 No .....2 DK.....8	Yes..... 1 No..... 2 DK..... 8	Yes .....1 No .....2 DK.....8
OV15. IN THE LAST 12 MONTHS, HAS YOUR HOUSEHOLD RECEIVED ANY SOCIAL SUPPORT FOR <i>(name)</i> , SUCH AS HELP IN HOUSEHOLD WORK, TRAINING FOR A CAREGIVER, OR LEGAL SERVICES?	Yes..... 1 No..... 2 ⇒ <b>OV17</b> DK..... 8	Yes .....1 No .....2 ⇒ <b>OV17</b> DK.....8	Yes..... 1 No..... 2 ⇒ <b>OV17</b> DK..... 8	Yes .....1 No .....2 ⇒ <b>OV17</b> DK.....8
OV16. DID YOUR HOUSEHOLD RECEIVE ANY OF THIS SUPPORT IN THE PAST 3 MONTHS?	Yes..... 1 No..... 2 DK..... 8	Yes .....1 No .....2 DK.....8	Yes..... 1 No..... 2 DK..... 8	Yes .....1 No .....2 DK.....8
<b>OV17. Check OV8 for age of child:</b>	<input type="checkbox"/> Age 0-4 ⇒ <b>next child</b> <input type="checkbox"/> Age 5-17 ⇒ <b>OV18</b>	<input type="checkbox"/> Age 0-4 ⇒ <b>next child</b> <input type="checkbox"/> Age 5-17 ⇒ <b>OV18</b>	<input type="checkbox"/> Age 0-4 ⇒ <b>next child</b> <input type="checkbox"/> Age 5-17 ⇒ <b>OV18</b>	<input type="checkbox"/> Age 0-4 ⇒ <b>next child</b> <input type="checkbox"/> Age 5-17 ⇒ <b>OV18</b>
OV18. IN THE LAST 12 MONTHS, HAS YOUR HOUSEHOLD RECEIVED ANY SUPPORT FOR <i>(name's)</i> SCHOOLING, SUCH AS ALLOWANCE, FREE ADMISSION, BOOKS OR SUPPLIES?	Yes.....1 No.....2 DK..... 8	Yes ..... 1 No ..... 2 DK..... 8	Yes.....1 No.....2 DK..... 8	Yes ..... 1 No ..... 2 DK..... 8

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CHILD LABOUR MODULE													CL	
<p><b>To be administered to MOTHER/CARETAKER OF EACH CHILD IN THE HOUSEHOLD AGE 5 THROUGH 17 YEARS.</b>  <b>For household members below AGE 5 OR ABOVE AGE 17 LEAVE ROWS BLANK.</b>  <b>Now I would like to ask about any work children in this household may do.</b></p>														
CL1. Line no.	CL2. Name	CL3. DURING THE PAST WEEK, DID ( <i>name</i> ) DO ANY KIND OF WORK FOR SOMEONE WHO IS NOT A MEMBER OF THIS HOUSEHOLD?  <i>If yes:</i> FOR PAY IN CASH OR KIND?  1 YES, FOR PAY (CASH OR KIND) 2 YES, UNPAID 3 NO ⇒ TO CL5			CL4. <i>If yes:</i> SINCE LAST ( <i>day of the week</i> ), ABOUT HOW MANY HOURS DID HE/SHE DO THIS WORK FOR SOMEONE WHO IS NOT A MEMBER OF THIS HOUSEHOLD?  <i>If more than one job, include all hours at all jobs.</i>  <i>Record response then ⇒ CL.6</i>	CL5. AT ANY TIME DURING THE PAST YEAR, DID ( <i>name</i> ) DO ANY KIND OF WORK FOR SOMEONE WHO IS NOT A MEMBER OF THIS HOUSEHOLD?  <i>If yes:</i> FOR PAY IN CASH OR KIND?  1 YES, FOR PAY (CASH OR KIND) 2 YES, UNPAID 3 NO			CL6. DURING THE PAST WEEK, DID ( <i>name</i> ) HELP WITH HOUSEHOLD CHORES SUCH AS SHOPPING, COLLECTING FIREWOOD, CLEANING, FETCHING WATER, OR CARING FOR CHILDREN?  1 YES 2 NO ⇒ TO CL8		CL7. <i>If yes:</i> SINCE LAST ( <i>day of the week</i> ), ABOUT HOW MANY HOURS DID HE/SHE SPEND DOING THESE CHORES?	CL8. DURING THE PAST WEEK, DID ( <i>name</i> ) DO ANY OTHER FAMILY WORK (ON THE FARM OR IN A BUSINESS OR SELLING GOODS IN THE STREET?)  1 YES 2 NO ⇒ NEXT LINE		CL9. <i>If yes:</i> SINCE LAST ( <i>day of the week</i> ), ABOUT HOW MANY HOURS DID HE/SHE DO THIS WORK?
LINE NO.	NAME	YES			NO OF HOURS	YES			YES	NO	NO. HOURS	YES	NO	NO. HOURS
		PAID	UNPAID	NO		PAID	UNPAID	NO						
01		1	2	3	_____	1	2	3	1	2	_____	1	2	_____
02		1	2	3	_____	1	2	3	1	2	_____	1	2	_____
03		1	2	3	_____	1	2	3	1	2	_____	1	2	_____
04		1	2	3	_____	1	2	3	1	2	_____	1	2	_____
05		1	2	3	_____	1	2	3	1	2	_____	1	2	_____
06		1	2	3	_____	1	2	3	1	2	_____	1	2	_____
07		1	2	3	_____	1	2	3	1	2	_____	1	2	_____
08		1	2	3	_____	1	2	3	1	2	_____	1	2	_____
09		1	2	3	_____	1	2	3	1	2	_____	1	2	_____
10		1	2	3	_____	1	2	3	1	2	_____	1	2	_____
11		1	2	3	_____	1	2	3	1	2	_____	1	2	_____
12		1	2	3	_____	1	2	3	1	2	_____	1	2	_____
13		1	2	3	_____	1	2	3	1	2	_____	1	2	_____
14		1	2	3	_____	1	2	3	1	2	_____	1	2	_____
15		1	2	3	_____	1	2	3	1	2	_____	1	2	_____

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MATERNAL MORTALITY MODULE								MM
<p><i>Administer to each adult household member. Copy name and line number of each adult (age 15 or over) in the household. If one of these adults is not at home, another adult may respond for him/her. Indicate this by placing a '1' in MM3, and insert line number of proxy respondent in MM4. For household members below age 15, leave rows blank</i></p>								
MM1. Line no.	MM2. Name	MM3. IS THIS A PROXY REPORT?  <b>1 YES ⇒MM4</b>  <b>2 NO ⇒MM5</b>	MM4. Line no. of proxy respondent <b>(from household listing HL1)</b>	MM5. HOW MANY SISTERS (BORN TO THE SAME MOTHER) HAVE YOU EVER HAD?  98= DON'T KNOW  <b>IF 00 GO TO THE NEXT LINE</b>	MM6. HOW MANY OF THESE SISTERS EVER REACHED AGE 15?  98= DON'T KNOW  <b>IF 00 GO TO THE NEXT LINE</b>	MM7. HOW MANY OF THESE SISTERS (WHO ARE AT LEAST 15 YEARS OLD) ARE ALIVE NOW?  98= DON'T KNOW	MM8. HOW MANY OF THESE SISTERS WHO REACHED AGE 15 OR MORE HAVE DIED?  98= DON'T KNOW  <b>IF 00 GO TO THE NEXT LINE</b>	MM9. HOW MANY OF THESE DEAD SISTERS DIED WHILE PREGNANT, OR DURING CHILDBIRTH, OR DURING THE SIX WEEKS AFTER THE END OF PREGNANCY?  98= DON'T KNOW
LINE	NAME	Y N	LINE					
01		1 2	---	---	---	---	---	---
02		1 2	---	---	---	---	---	---
03		1 2	---	---	---	---	---	---
04		1 2	---	---	---	---	---	---
05		1 2	---	---	---	---	---	---
06		1 2	---	---	---	---	---	---
07		1 2	---	---	---	---	---	---
08		1 2	---	---	---	---	---	---
09		1 2	---	---	---	---	---	---
10		1 2	---	---	---	---	---	---
11		1 2	---	---	---	---	---	---
12		1 2	---	---	---	---	---	---
13		1 2	---	---	---	---	---	---
14		1 2	---	---	---	---	---	---
15		1 2	---	---	---	---	---	---

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SALT IODIZATION MODULE		SI
<p>SI1. WE WOULD LIKE TO CHECK WHETHER THE SALT USED IN YOUR HOUSEHOLD IS IODIZED. MAY I SEE A SAMPLE OF THE SALT USED TO COOK THE MAIN MEAL EATEN BY MEMBERS OF YOUR HOUSEHOLD LAST NIGHT?</p> <p><b>Once you have examined the salt, Circle number that corresponds to test outcome.</b></p>	<p>Not iodized 0 PPM ..... 1                      Less than 15 PPM..... 2                      15 PPM or more..... 3</p> <p>No salt in home ..... 6                      Salt not tested ..... 7</p>	
<p><b>SI2. Does any eligible woman age 15-49 reside in the household?</b>                      Check household listing, column HL6. You should have a questionnaire with the Information Panel filled in for each eligible woman.</p> <p><input type="checkbox"/> Yes. ⇒ Go to <b>QUESTIONNAIRE FOR INDIVIDUAL WOMEN</b>, and administer the questionnaire to the first eligible woman.</p> <p><input type="checkbox"/> No. ⇒ Continue.</p>		
<p><b>SI3. Does any child under the age of 5 reside in the household?</b>                      Check household listing, column HL8. You should have a questionnaire with the Information Panel filled in for each eligible child.</p> <p><input type="checkbox"/> Yes. ⇒ Go to <b>QUESTIONNAIRE FOR CHILDREN UNDER FIVE</b>, and administer the questionnaire to caretaker of the first eligible child.</p> <p><input type="checkbox"/> No. ⇒ End the interview by thanking the respondent for his/her cooperation. Gather together all questionnaires for this household and tally the number of interviews completed on the cover page.</p>		