

NIGERIA MULTI-INDICATOR CLUSTER SURVEY (MICS3) – 2007



INDIVIDUAL WOMEN QUESTIONNAIRE

WOMEN'S INFORMATION PANEL		WM
<p><i>This module is to be administered to all women age 15 through 49 (see column HL6 of HH listing in the HH Questionnaire). Fill one form for each eligible woman. Fill the cluster and household number, and the name and line number of the woman in the space below. Fill in your name, number and the date.</i></p>		
WM1. EA Name : _____ Cluster Number _____	WM2. Household number: _____	
WM3. Woman's Name: _____ _____	WM4. Woman's Line Number: _____	
WM5. Interviewer name and number: _____	WM6. Day/Month/Year of interviewed _____ / _____ / _____	
WM7. Result of women's interview	Completed 1 Not at home 2 Refused 3 Incapacitated 4 Partly completed 5 Other (specify) _____ 6	
<p>Repeat greeting if not already read to this woman:</p> <p>WE ARE FROM (NBS). WE ARE WORKING ON A PROJECT CONCERNED WITH FAMILY 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 WOMEN AGED 15 – 49 IN THE HOUSEHOLD. MAY I START NOW?</p> <p><i>If permission is given, begin the interview. If the woman does not agree to continue, thank her, complete WM7, and go to the next interview. Discuss this result with your supervisor for a future revisit.</i></p>		
WM8. IN WHAT MONTH AND YEAR WERE YOU BORN?	Date of birth: Month DK month.....98 Year DK year.....9998	
WM9. HOW OLD WERE YOU AT YOUR LAST BIRTHDAY?	Age (in completed years)	

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CHILD MORTALITY MODULE	CM
<p><i>This module is to be administered to all women age 15-49. All questions refer only to LIVE births.</i></p>	
<p>CM1. NOW I WOULD LIKE TO ASK ABOUT ALL THE BIRTHS YOU HAVE HAD DURING YOUR LIFE. HAVE YOU EVER GIVEN BIRTH?</p> <p><i>If “No” probe by asking:</i> I MEAN, TO A CHILD WHO EVER BREATHED OR CRIED OR SHOWED OTHER SIGNS OF LIFE – EVEN IF HE OR SHE LIVED ONLY A FEW MINUTES OR HOURS?</p>	<p>Yes 1</p> <p>No 2</p> <p style="text-align: right;">2⇒ MARRIAGE / UNION MODULE</p>
<p>CM2A. WHAT WAS THE DATE OF YOUR FIRST BIRTH?</p> <p>I MEAN THE VERY FIRST TIME YOU GAVE BIRTH, EVEN IF THE CHILD IS NO LONGER LIVING, OR WHOSE FATHER IS NOT YOUR CURRENT PARTNER.</p> <p><i>Skip to CM3 only if year of first birth is given. Otherwise, continue with CM2B.</i></p>	<p>Date of first birth</p> <p>Day__ __</p> <p>DK day98</p> <p>Month.....__ __</p> <p>DK month.....98</p> <p>Year__ __ __</p> <p>DK year.....9998</p> <p style="text-align: right;">⇒CM3</p>
<p>CM2B. HOW MANY YEARS AGO DID YOU HAVE YOUR FIRST BIRTH?</p>	<p>Completed years since first birth.....__ __</p>
<p>CM3. DO YOU HAVE ANY SONS OR DAUGHTERS TO WHOM YOU HAVE GIVEN BIRTH WHO ARE NOW LIVING WITH YOU?</p>	<p>Yes 1</p> <p>No 2</p> <p style="text-align: right;">2⇒CM5</p>
<p>CM4. HOW MANY SONS LIVE WITH YOU?</p> <p>HOW MANY DAUGHTERS LIVE WITH YOU?</p>	<p>Sons at home.....__ __</p> <p>Daughters at home__ __</p>
<p>CM5. DO YOU HAVE ANY SONS OR DAUGHTERS TO WHOM YOU HAVE GIVEN BIRTH WHO ARE ALIVE BUT DO NOT LIVE WITH YOU?</p>	<p>Yes 1</p> <p>No 2</p> <p style="text-align: right;">2⇒CM7</p>
<p>CM6. HOW MANY SONS ARE ALIVE BUT DO NOT LIVE WITH YOU?</p> <p>HOW MANY DAUGHTERS ARE ALIVE BUT DO NOT LIVE WITH YOU?</p>	<p>Sons elsewhere__ __</p> <p>Daughters elsewhere__ __</p>
<p>CM7. HAVE YOU EVER GIVEN BIRTH TO A BOY OR GIRL WHO WAS BORN ALIVE BUT LATER DIED?</p>	<p>Yes 1</p> <p>No 2</p> <p style="text-align: right;">2⇒CM9</p>

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CHILD MORTALITY MODULE		CM
<p>CM8. HOW MANY BOYS HAVE DIED?</p> <p>HOW MANY GIRLS HAVE DIED?</p>	<p>Boys dead..... _ _</p> <p>Girls dead _ _</p>	
<p>CM9. <i>Sum answers to CM4, CM6, and CM8.</i></p> <p>(i.e. Sum = CM4 + CM6 + CM8)</p>	<p>Sum..... _ _</p>	
<p>CM10. JUST TO MAKE SURE THAT I HEARD YOU RIGHT, YOU HAVE HAD IN TOTAL (<i>total number</i>) BIRTHS DURING YOUR LIFE. IS THIS CORRECT?</p> <p><input type="checkbox"/> Yes. ⇒ <i>Go to CM11</i></p> <p><input type="checkbox"/> No. ⇒ <i>Check responses and make corrections before proceeding to CM11</i></p>		
<p>CM11. OF THESE (<i>total number</i>) BIRTHS YOU HAVE HAD, WHEN DID YOU DELIVER THE LAST ONE (EVEN IF HE OR SHE HAS DIED)?</p> <p><i>If day is not known, enter '98' in space for day.</i></p>	<p>Date of last birth</p> <p>Day/Month/Year _ _ / _ _ / _ _ _ _</p>	
<p>CM12. Check CM11: Did the woman's last birth occur within the last 2 years, that is, since (day and month of interview in 2007)?</p> <p><i>If child has died, take special care when referring to this child by name in the following modules.</i></p> <p><input type="checkbox"/> No live birth in last 2 years. ⇒ <i>Go to Marriage/ Union Module.</i></p> <p><input type="checkbox"/> Yes, live birth in last 2 years. ⇒ <i>Continue with CM13</i></p> <p style="text-align: center;">Name of child _____</p>		
<p>CM13. AT THE TIME YOU BECAME PREGNANT WITH (<i>name</i>), DID YOU WANT TO BECOME PREGNANT THEN, DID YOU WANT TO WAIT UNTIL LATER, OR DID YOU WANT NO (MORE) CHILDREN AT ALL?</p>	<p>Then 1</p> <p>Later 2</p> <p>No more 3</p>	

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TETANUS TOXOID (TT) MODULE		TT
<i>This module is to be administered to all women with a live birth in the 2 years preceding date of interview.</i>		
TT1. DO YOU HAVE A CARD OR OTHER DOCUMENT WITH YOUR OWN IMMUNIZATIONS LISTED? <i>If a card is presented, use it to assist with answers to the following questions.</i>	Yes (card seen) 1 Yes (card not seen)..... 2 No 3 DK..... 8	
TT2. WHEN YOU WERE PREGNANT WITH YOUR LAST CHILD, DID YOU RECEIVE ANY INJECTION TO PREVENT HIM OR HER FROM GETTING TETANUS, THAT IS FITS AFTER BIRTH (AN ANTI-TETANUS SHOT, AN INJECTION AT THE TOP OF THE ARM OR SHOULDER)?	Yes 1 No 2 DK..... 8	2⇒TT5 8⇒TT5
TT3. <i>If yes:</i> HOW MANY TIMES DID YOU RECEIVE THIS ANTI-TETANUS INJECTION DURING YOUR LAST PREGNANCY?	No. of times.....__ __ DK.....98	98⇒TT5
TT4. <i>How many TT doses during last pregnancy were reported in TT3?</i> <input type="checkbox"/> <i>At least two TT injections during last pregnancy. ⇒ Go to Next Module</i> <input type="checkbox"/> <i>Fewer than two TT injections during last pregnancy. ⇒ Continue with TT5</i>		
TT5. DID YOU RECEIVE ANY TETANUS TOXOID INJECTION AT ANY TIME BEFORE YOUR LAST PREGNANCY?	Yes 1 No 2 DK..... 8	2⇒NEXT MODULE 8⇒NEXT MODULE
TT6. HOW MANY TIMES DID YOU RECEIVE IT?	No. of times.....__ __	
TT7. IN WHAT MONTH AND YEAR DID YOU RECEIVE THE LAST ANTI-TETANUS INJECTION BEFORE THAT LAST PREGNANCY? <i>Skip to next module only if year of injection is given. Otherwise, continue with TT8.</i>	Month.....__ __ DK month.....98 Year__ __ __ __ DK year.....9998	⇒NEXT MODULE
TT8. HOW MANY YEARS AGO DID YOU RECEIVE THE LAST ANTI-TETANUS INJECTION BEFORE THAT LAST PREGNANCY?	Years ago__ __	

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MATERNAL AND NEWBORN HEALTH MODULE		MN															
<p><i>This module is to be administered to all women with a live birth in the 2 years preceding date of interview</i></p> <p><i>Check child mortality module CM12 and record name of last-born child here _____.</i> <i>Use this child's name in the following questions, where indicated.</i></p>																	
<p>MN1. IN THE FIRST TWO MONTHS AFTER YOUR LAST BIRTH [THE BIRTH OF <i>name</i>], DID YOU RECEIVE A VITAMIN A DOSE LIKE THIS?</p> <p><i>Show 200,000 IU capsule or dispenser.</i></p>	<p>Yes..... 1 No 2 DK..... 8</p>																
<p>MN2. DID YOU SEE ANYONE FOR ANTENATAL CARE FOR THIS PREGNANCY?</p> <p><i>If yes: WHOM DID YOU SEE? ANYONE ELSE?</i></p> <p><i>Probe for the type of person seen and circle all answers given.</i></p>	<p>Health professional: Doctor.....A Nurse/midwife.....B Auxiliary midwife/MCH AideC</p> <p>Other person Traditional birth attendant..... F Community health worker..... G Relative/friendH</p> <p>Other (<i>specify</i>)..... X</p> <p>No one Y</p>	Y⇒MN7															
<p>MN2A. HOW MANY TIMES DID YOU RECEIVE ANTENATAL CARE DURING THIS PREGNANCY?</p>	<p>Number of times.....</p> <p>DK 8</p>																
<p>MN2B. HOW MANY MONTHS PREGNANT WERE YOU AT YOUR FIRST ANTENATAL CARE VISIT FOR THIS PREGNANCY?</p>	<p>Months.....</p> <p>DK 8</p>																
<p>MN3. AS PART OF YOUR ANTENATAL CARE, WERE ANY OF THE FOLLOWING DONE AT LEAST ONCE?</p> <p>MN3A. WERE YOU WEIGHED?</p> <p>MN3B. WAS YOUR BLOOD PRESSURE MEASURED?</p> <p>MN3C. DID YOU GIVE A URINE SAMPLE?</p> <p>MN3D. DID YOU GIVE A BLOOD SAMPLE?</p>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;">Yes</th> <th style="width: 10%; text-align: center;">No</th> </tr> </thead> <tbody> <tr> <td>Weight.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Blood pressure.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Urine sample.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Blood sample.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		Yes	No	Weight.....	1	2	Blood pressure.....	1	2	Urine sample.....	1	2	Blood sample.....	1	2	
	Yes	No															
Weight.....	1	2															
Blood pressure.....	1	2															
Urine sample.....	1	2															
Blood sample.....	1	2															
<p>MN4. DURING ANY OF THE ANTENATAL VISITS FOR THE PREGNANCY, WERE YOU GIVEN ANY INFORMATION OR COUNSELED ABOUT AIDS OR THE AIDS VIRUS?</p>	<p>Yes..... 1 No 2 DK..... 8</p>																

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MATERNAL AND NEWBORN HEALTH MODULE		MN
MN5. I DON'T WANT TO KNOW THE RESULTS, BUT WERE YOU TESTED FOR HIV/AIDS AS PART OF YOUR ANTENATAL CARE?	Yes..... 1 No 2 DK..... 8	2⇒MN7 8⇒MN7
MN6. I DON'T WANT TO KNOW THE RESULTS, BUT DID YOU GET THE RESULTS OF THE TEST?	Yes..... 1 No 2 DK..... 8	
MN6A. DURING THIS PREGNANCY, DID YOU TAKE ANY MEDICINE IN ORDER TO PREVENT YOU FROM GETTING MALARIA?	Yes..... 1 No 2 DK..... 8	2⇒MN7 8⇒MN7
MN6B. WHICH MEDICINES DID YOU TAKE TO PREVENT MALARIA? Circle all medicines taken. If type of medicine is not determined, show typical anti-malarial to respondent.	Anti-malarial: Sulphadoxine Pyremethamine.....A ChloroquineB AmodiaquineC Quinine.....D Artemisinin-based combinations.....E Other anti-malarial (specify) _____ H Other medications: Analgesics/Pain RelieversP Other (specify) _____ X DK.....Z	
MN6c. Check MN6B for medicine taken: <input type="checkbox"/> Sulphadoxine Pyremethamine taken. ⇒ Continue with MN6D <input type="checkbox"/> Sulphadoxine Pyremethamine not taken. ⇒ Go to MN7		
MN6D. HOW MANY TIMES DID YOU TAKE SULPHADOXINE PYRE METHAMINE DURING THIS PREGNANCY TO PREVENT MALARIA?	Number of times..... _ _	
MN7. WHO ASSISTED WITH THE DELIVERY OF YOUR LAST CHILD (<i>name</i>)? ANYONE ELSE? Probe for the type of person assisting and circle all answers given.	Health professional: Doctor.....A Nurse/midwife.....B Auxiliary midwife/ MCH AideC Other person Traditional birth attendant.....F Community health workerG Relative/friendH Other (specify) _____ X No oneY	

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MATERNAL AND NEWBORN HEALTH MODULE		MN
<p>MN8. WHERE DID YOU GIVE BIRTH TO (<i>name</i>)?</p> <p><i>If source is hospital, health center, or clinic, write the name of the place below. Probe to identify the type of source and circle the appropriate code.</i></p> <p>Name of Place _____</p> <p>Address _____</p>	<p>Home Your home..... 11 Other home 12</p> <p>Public sector Govt. hospital 21 Govt. clinic/health center 22 Other public (<i>specify</i>) _____ 26</p> <p>Private Medical Sector Private hospital..... 31 Private clinic 32 Private maternity home..... 33 Other private medical (<i>specify</i>) _____ 36</p> <p>Other (<i>specify</i>) _____ 96</p>	
<p>MN9. WHEN YOUR LAST CHILD (<i>name</i>) WAS BORN, WAS HE/SHE VERY LARGE, LARGER THAN AVERAGE, AVERAGE, SMALLER THAN AVERAGE, OR VERY SMALL?</p>	<p>Very large..... 1 Larger than average 2 Average..... 3 Smaller than average 4 Very small 5</p> <p>DK..... 8</p>	
<p>MN10. WAS (<i>name</i>) WEIGHED AT BIRTH?</p>	<p>Yes..... 1 No 2</p> <p>DK..... 8</p>	<p>2⇒MN12</p> <p>8⇒MN12</p>
<p>MN11. HOW MUCH DID (<i>name</i>) WEIGH?</p> <p><i>Record weight from health card, if available.</i></p>	<p>From card..... 1 (kilograms) __ . __ __ __</p> <p>From recall 2 (kilograms) __ . __ __ __</p> <p>DK..... 99998</p>	
<p>MN12. DID YOU EVER BREASTFEED (<i>name</i>)?</p>	<p>Yes..... 1 No 2</p>	<p>2⇒ NEXT MODULE</p>
<p>MN13. HOW LONG AFTER BIRTH DID YOU FIRST PUT (<i>name</i>) TO THE BREAST?</p> <p><i>If less than 1 hour, record '00' hours. If less than 24 hours, record hours. Otherwise, record days.</i></p>	<p>Immediately..... 000</p> <p>Hours 1 __ __ or Days..... 2 __ __</p> <p>Don't know/remember 998</p>	
<p>MN13A. AFTER (NAME) WAS BORN DID ANY HEALTH PROFESSIONAL CHECK ON YOUR HEALTH?</p>	<p>YES.....1 NO2 DK 8</p>	
<p>MN13B. HOW MANY DAYS OR WEEKS AFTER THE DELIVERY OF (NAME) DID THE FIRST CHECK-UP MADE</p>	<p>Days after delivery __ __ __</p> <p>Weeks after delivery __ __</p> <p>DK.....98</p>	

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MARRIAGE/UNION MODULE		MA
MA1. ARE YOU CURRENTLY MARRIED OR LIVING TOGETHER WITH A MAN AS IF MARRIED?	Yes, currently married..... 1 Yes, living with a man 2 No, not in union..... 3	3⇒MA3
MA2. HOW OLD WAS YOUR HUSBAND/PARTNER ON HIS LAST BIRTHDAY?	Age in years.....__ __ DK.....98	⇒MA5 98⇒MA5
MA3. HAVE YOU EVER BEEN MARRIED OR LIVED TOGETHER WITH A MAN?	Yes, formerly married..... 1 Yes, formerly lived with a man 2 No 3	3⇒NEXT MODULE
MA4. WHAT IS YOUR MARITAL STATUS NOW: ARE YOU WIDOWED, DIVORCED OR SEPARATED?	Widowed 1 Divorced 2 Separated 3	
MA5. HAVE YOU BEEN MARRIED OR LIVED WITH A MAN ONLY ONCE OR MORE THAN ONCE?	Only once..... 1 More than once..... 2	
MA6. IN WHAT MONTH AND YEAR DID YOU <u>FIRST</u> MARRY OR START LIVING WITH A MAN AS IF MARRIED?	Month.....__ __ DK month.....98 Year__ __ __ __ DK year.....9998	
MA7. Check MA6: <input type="checkbox"/> Both month and year of marriage/union known? ⇒ Go to Next Module <input type="checkbox"/> Either month or year of marriage/union not known? ⇒ Continue with MA8		
MA8. HOW OLD WERE YOU WHEN YOU STARTED LIVING WITH YOUR FIRST HUSBAND/PARTNER?	Age in years.....__ __	

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CONTRACEPTION AND UNMET NEED		CP
<i>This module is to be administered to all women age 15 through 49</i>		
<p>CP1. I WOULD LIKE TO TALK WITH YOU ABOUT ANOTHER SUBJECT – FAMILY PLANNING/CHILD SPACING – AND YOUR REPRODUCTIVE HEALTH.</p> <p>ARE YOU PREGNANT NOW?</p>	<p>Yes, currently pregnant..... 1</p> <p>No.....2</p> <p>Unsure or DK.....8</p>	<p>2⇒CP2</p> <p>8⇒CP2</p>
<p>CP1A. AT THE TIME YOU BECAME PREGNANT DID YOU WANT TO BECOME PREGNANT THEN, DID YOU WANT TO WAIT UNTIL <u>LATER</u>, OR DID YOU <u>NOT WANT</u> TO HAVE ANY MORE CHILDREN?</p>	<p>Then 1</p> <p>Later2</p> <p>Not want more children3</p>	<p>1⇒CP4B</p> <p>2⇒CP4B</p> <p>3⇒CP4B</p>
<p>CP2. SOME PEOPLE USE VARIOUS WAYS OR METHODS TO DELAY OR AVOID A PREGNANCY. ARE YOU CURRENTLY DOING SOMETHING OR USING ANY METHOD TO DELAY OR AVOID GETTING PREGNANT?</p>	<p>Yes 1</p> <p>No.....2</p>	<p>2⇒CP4A</p>
<p>CP3. WHICH METHOD ARE YOU USING?</p> <p><i>Do not prompt. If more than one method is mentioned, circle each one.</i></p>	<p>Female sterilization..... A</p> <p>Male sterilization B</p> <p>Pill..... C</p> <p>IUD D</p> <p>Injections E</p> <p>Implants F</p> <p>Male Condom G</p> <p>Female condom H</p> <p>Diaphragm I</p> <p>Foam/jelly J</p> <p>Lactational Amenorrhoea Method (LAM) ... K</p> <p>Periodic abstinence L</p> <p>Withdrawal M</p> <p>Other (<i>specify</i>) X</p>	
<p>CP4A. NOW I WOULD LIKE TO ASK SOME QUESTIONS ABOUT THE FUTURE. WOULD YOU LIKE TO HAVE (A/ANOTHER) CHILD, OR WOULD YOU PREFER NOT TO HAVE ANY (MORE) CHILDREN?</p>	<p>Have (a/another) child 1</p> <p>No more/none.....2</p> <p>Says she cannot get pregnant3</p> <p>Undecided/don't know8</p>	<p>2⇒CP4D</p> <p>3⇒NEXT MODULE</p> <p>8⇒CP4D</p>
<p>CP4B. <i>If currently pregnant:</i> NOW I WOULD LIKE TO ASK SOME QUESTIONS ABOUT THE FUTURE. AFTER THE CHILD YOU ARE NOW EXPECTING, WOULD YOU LIKE TO HAVE ANOTHER CHILD, OR WOULD YOU PREFER NOT TO HAVE ANY (MORE) CHILDREN?</p>	<p>Have (a/another) child 1</p> <p>No more/none.....2</p> <p>Undecided/don't know8</p>	<p>2⇒CP4D</p>

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CONTRACEPTION AND UNMET NEED		CP
CP4C. HOW LONG WOULD YOU LIKE TO WAIT BEFORE THE BIRTH OF (A/ANOTHER) CHILD?	Months.....1 __ __ Years2 __ __ Soon/now.....993 Says she cannot get pregnant994 After marriage.....995 Other996 Don't know.....998	994⇒NEXT MODULE
CP4d. Check CP1: <input type="checkbox"/> Currently pregnant? ⇒ <i>Go to Next Module</i> <input type="checkbox"/> NOT CURRENTLY PREGNANT OR UNSURE? ⇒ <i>CONTINUE WITH CP4E</i>		
CP4E. DO YOU THINK YOU ARE ABLE TO GET PREGNANT AT THIS TIME?	Yes1 No.....2 DK8	1⇒NEXT MODULE 8⇒NEXT MODULE
CP4F. STATE THE MAIN REASON	Currently using family planning.....1 Primary Infertility.....2 Secondary Infertility.....3 Premature Menopause.....4 Cosmetic purpose/Looks.....5 Social6 Economic7 Other (<i>specify</i>)8	

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FEMALE GENITAL MUTILATION/CUTTING MODULE		FG
<i>This module is to be administered to all women age 15 through 49</i>		
FG1. HAVE YOU EVER HEARD OF FEMALE CIRCUMCISION?	Yes 1 No 2	1⇒FG3
FG2. IN A NUMBER OF COUNTRIES, THERE IS A PRACTICE IN WHICH A GIRL MAY HAVE PART OF HER GENITALS CUT. HAVE YOU EVER HEARD ABOUT THIS PRACTICE?	Yes 1 No 2	2⇒NEXT MODULE
FG3. HAVE YOU YOURSELF EVER BEEN CIRCUMCISED?	Yes 1 No 2	2⇒FG8
FG4. NOW I WOULD LIKE TO ASK YOU WHAT WAS DONE TO YOU AT THIS TIME. WAS ANY FLESH REMOVED FROM THE GENITAL AREA?	Yes 1 No 2 DK..... 8	1⇒FG7
FG5. WAS THE GENITAL AREA JUST NICKED WITHOUT REMOVING ANY FLESH?	Yes 1 No 2 DK..... 8	
FG6. WAS THE GENITAL AREA SEWN CLOSED (OR 'SEALED')?	Yes 1 No 2 DK..... 8	
FG7. WHO CIRCUMCISED YOU?	Traditional persons Traditional 'circumciser'11 Traditional birth attendant12 Other traditional (<i>specify</i>) 16 Health professional Doctor21 Nurse/midwife22 Other health professional (<i>specify</i>) 26 DK.....98	

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FG8. *The following questions apply only to women who have at least one living daughter. Check CM4 and CM6, Child Mortality Module: Woman has living daughter?*

Yes. ⇒ **Continue with FG9**

No. ⇒ **Go to FG16**

FG9. HAVE ANY OF YOUR DAUGHTERS BEEN CIRCUMCISED? IF YES, HOW MANY?	Number of daughters circumcised:__ __ No daughters circumcised00	00⇒FG16
FG10. TO WHICH OF YOUR DAUGHTERS DID THIS HAPPEN MOST RECENTLY? Record the daughter's name.	Name of daughter: _____	
FG11. NOW I WOULD LIKE TO ASK YOU WHAT WAS DONE TO (<i>name</i>) AT THAT TIME. WAS ANY FLESH REMOVED FROM THE GENITAL AREA?	Yes 1 No 2 DK 8	1⇒FG13
FG12. WAS THE GENITAL AREA JUST NICKED WITHOUT REMOVING ANY FLESH?	Yes 1 No 2 DK 8	
FG13. WAS THE GENITAL AREA SEWN CLOSED (OR 'SEALED')?	Yes 1 No 2 DK 8	
FG14. HOW OLD WAS (<i>name</i>) WHEN THIS OCCURRED? If the respondent does not know the age, probe to get an estimate.	Daughter's age at circumcision __ __ DK 98	
FG15. WHO DID THE CIRCUMCISION?	Traditional persons Traditional 'circumciser' 11 Traditional birth attendant 12 Other traditional (<i>specify</i>) 16 Health professional Doctor 21 Nurse/midwife 22 Other health professional (<i>specify</i>) 26 DK 98	
FG16. DO YOU THINK THIS PRACTICE SHOULD BE CONTINUED OR SHOULD IT BE DISCONTINUED?	Continued 1 Discontinued 2 Depends 3 DK 8	

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HIV/AIDS MODULE		HA
<i>This module is to be administered to all women age 15 through 49</i>		
<p>HA1. NOW I WOULD LIKE TO TALK WITH YOU ABOUT SOMETHING ELSE.</p> <p>HAVE YOU EVER HEARD OF THE VIRUS HIV OR AN ILLNESS CALLED AIDS?</p>	<p>Yes 1</p> <p>No 2</p>	<p>2⇒ NEXT MODULE</p>
<p>HA2. CAN PEOPLE PROTECT THEMSELVES FROM GETTING INFECTED WITH THE AIDS VIRUS BY HAVING ONE SEX PARTNER WHO IS NOT INFECTED AND ALSO HAS NO OTHER PARTNERS?</p>	<p>Yes 1</p> <p>No 2</p> <p>DK..... 8</p>	
<p>HA3. CAN PEOPLE GET INFECTED WITH THE AIDS VIRUS BECAUSE OF WITCHCRAFT OR OTHER SUPERNATURAL MEANS?</p>	<p>Yes 1</p> <p>No 2</p> <p>DK..... 8</p>	
<p>HA4. CAN PEOPLE REDUCE THEIR CHANCE OF GETTING THE AIDS VIRUS BY USING A CONDOM EVERY TIME THEY HAVE SEX?</p>	<p>Yes 1</p> <p>No 2</p> <p>DK..... 8</p>	
<p>HA5. CAN PEOPLE GET THE AIDS VIRUS FROM MOSQUITO BITES?</p>	<p>Yes 1</p> <p>No 2</p> <p>DK..... 8</p>	
<p>HA6. CAN PEOPLE REDUCE THEIR CHANCE OF GETTING INFECTED WITH THE AIDS VIRUS BY NOT HAVING SEX AT ALL?</p>	<p>Yes 1</p> <p>No 2</p> <p>DK..... 8</p>	
<p>HA7. CAN PEOPLE GET THE AIDS VIRUS BY SHARING FOOD WITH A PERSON WHO HAS AIDS?</p>	<p>Yes 1</p> <p>No 2</p> <p>DK..... 8</p>	
<p>HA7A. CAN PEOPLE GET THE AIDS VIRUS BY GETTING INJECTIONS WITH A NEEDLE THAT WAS ALREADY USED BY SOMEONE ELSE?</p>	<p>Yes 1</p> <p>No 2</p> <p>DK..... 8</p>	
<p>HA8. IS IT POSSIBLE FOR A HEALTHY-LOOKING PERSON TO HAVE THE AIDS VIRUS?</p>	<p>Yes 1</p> <p>No 2</p> <p>DK..... 8</p>	

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HIV/AIDS MODULE				HA
HA9. CAN THE AIDS VIRUS BE TRANSMITTED FROM A MOTHER TO A BABY?	Yes	No	DK	
HA9A. DURING PREGNANCY?	During pregnancy1	2	8	
HA9B. DURING DELIVERY?	During delivery1	2	8	
HA9C. BY BREASTFEEDING?	By breastfeeding1	2	8	
HA10. IF A FEMALE TEACHER HAS THE AIDS VIRUS BUT IS NOT SICK, SHOULD SHE BE ALLOWED TO CONTINUE TEACHING IN SCHOOL?	Yes1	No2	DK/not sure/depends8	
HA11. WOULD YOU BUY FRESH VEGETABLES FROM A SHOPKEEPER OR VENDOR IF YOU KNEW THAT THIS PERSON HAD THE AIDS VIRUS?	Yes1	No2	DK/not sure/depends8	
HA12. IF A MEMBER OF YOUR FAMILY BECAME INFECTED WITH THE AIDS VIRUS, WOULD YOU WANT IT TO REMAIN A SECRET?	Yes1	No2	DK/not sure/depends8	
HA13. IF A MEMBER OF YOUR FAMILY BECAME SICK WITH THE AIDS VIRUS, WOULD YOU BE WILLING TO CARE FOR HIM OR HER IN YOUR HOUSEHOLD?	Yes1	No2	DK/not sure/depends8	
HA14. Check MN5: Tested for HIV during antenatal care?				
<input type="checkbox"/> Yes. ⇒ Go to HA18A				
<input type="checkbox"/> No. ⇒ Continue with HA15				
HA15. I DO NOT WANT TO KNOW THE RESULTS, BUT HAVE YOU EVER BEEN TESTED TO SEE IF YOU HAVE HIV, THE VIRUS THAT CAUSES AIDS?	Yes1	No2		2⇒HA18
HA16. I DO NOT WANT YOU TO TELL ME THE RESULTS OF THE TEST, BUT HAVE YOU BEEN TOLD THE RESULTS?	Yes1	No2		
HA17. DID YOU, YOURSELF, ASK FOR THE TEST, WAS IT OFFERED TO YOU AND YOU ACCEPTED, OR WAS IT REQUIRED?	Asked for the test1	Offered and accepted2	Required3	1⇒NEXT MODULE 2⇒NEXT MODULE 3⇒NEXT MODULE
HA18. AT THIS TIME, DO YOU KNOW OF A PLACE WHERE YOU CAN GO TO GET SUCH A TEST TO SEE IF YOU HAVE THE HIV?	Yes1	No2		1⇒NEXT MODULE 2⇒NEXT MODULE
HA18A. <i>If tested for HIV during antenatal care:</i> OTHER THAN AT THE ANTENATAL CLINIC, DO YOU KNOW OF A PLACE WHERE YOU CAN GO TO GET A TEST TO SEE IF YOU HAVE THE AIDS VIRUS?	Yes1	No2		

Follow instructions in your Interviewer's Manual.

NIGERIA MULTI-INDICATOR CLUSTER SURVEY (MICS3) – 2007

SEXUAL BEHAVIOUR MODULE		SB
CHECK FOR THE PRESENCE OF OTHERS. BEFORE CONTINUING, ENSURE PRIVACY.		
SB0. Check WM11: Age of respondent is between 15 and 24? <input type="checkbox"/> Age 25-49. ⇒ END THIS INTERVIEW <input type="checkbox"/> Age 15-24. ⇒ Continue with SB1		
SB1. NOW I NEED TO ASK YOU SOME QUESTIONS ABOUT SEXUAL ACTIVITY IN ORDER TO GAIN A BETTER UNDERSTANDING OF SOME FAMILY LIFE ISSUES. THE INFORMATION YOU SUPPLY WILL REMAIN STRICTLY CONFIDENTIAL. HOW OLD WERE YOU WHEN YOU FIRST HAD SEXUAL INTERCOURSE (IF EVER)?	Never had intercourse.....00 Age in years.....__ __ First time when started living with (first) husband/partner.....95	00⇒END INTERVIEW
SB2. WHEN WAS THE LAST TIME YOU HAD SEXUAL INTERCOURSE? Record 'years ago' only if last intercourse was one or more years ago. If 12 months or more the answer must be recorded in years.	Days ago1 __ __ Weeks ago.....2 __ __ Months ago.....3 __ __ Years ago4 __ __	4⇒END INTERVIEW
SB3. THE LAST TIME YOU HAD SEXUAL INTERCOURSE WAS A CONDOM USED?	Yes 1 No..... 2	
SB4. WHAT IS YOUR RELATIONSHIP TO THE MAN WITH WHOM YOU LAST HAD SEXUAL INTERCOURSE? If man is 'boyfriend' or 'fiancée', ask: WAS YOUR BOYFRIEND/FIANCÉE LIVING WITH YOU WHEN YOU LAST HAD SEX? If 'yes', circle 1 .If 'no', circle 2.	Spouse / cohabiting partner 1 Man is boyfriend / fiancé 2 Other friend..... 3 Casual acquaintance 4 Other (specify) _____ 6	1⇒SB6
SB5. HOW OLD IS THIS PERSON? If response is DK, probe: ABOUT THE AGE OF THIS PERSON?	Age of sexual partner.....__ __ DK.....98	
SB6. HAVE YOU HAD SEX WITH ANY OTHER MAN IN THE LAST 12 MONTHS?	Yes 1 No..... 2	2⇒END INTERVIEW

NIGERIA MULTI-INDICATOR CLUSTER SURVEY (MICS3) – 2007

SEXUAL BEHAVIOUR MODULE		SB
SB7. THE LAST TIME YOU HAD SEXUAL INTERCOURSE WITH THIS OTHER MAN, WAS A CONDOM USED?	Yes 1 No 2	
SB8. WHAT IS YOUR RELATIONSHIP TO THIS MAN? If man is 'boyfriend' or 'fiancée', ask: WAS YOUR BOYFRIEND/FIANCÉE LIVING WITH YOU WHEN YOU LAST HAD SEX? If 'yes', circle 1. If 'no', circle 2.	Spouse / cohabiting partner 1 Man is boyfriend /fiancé 2 Other friend..... 3 Casual acquaintance 4 Other (<i>specify</i>) 6	1⇒SB10
SB9. HOW OLD IS THIS PERSON? If response is DK, probe: ABOUT HOW OLD IS THIS PERSON?	Age of sexual partner__ __ DK.....98	
SB10. OTHER THAN THESE TWO MEN, HAVE YOU HAD SEX WITH ANY OTHER MAN IN THE LAST 12 MONTHS?	Yes 1 No 2	2⇒ END INTERVIEW
SB11. IN TOTAL, WITH HOW MANY DIFFERENT MEN HAVE YOU HAD SEX IN THE LAST 12 MONTHS?	No. of partners__ __	