

NIGERIA MULTIPLE INDICATOR CLUSTER SURVEY (MICS3) – 2007



UNDER FIVE CHILDREN QUESTIONNAIRE

UNDER-FIVE CHILD INFORMATION PANEL		UF
<p><i>This questionnaire is to be administered to ALL MOTHERS OR CARETAKERS (see household listing, column HL8) who care for a child that lives with them and is under the age of 5 years (see household listing, column HL5). A separate questionnaire should be used for each eligible child. Fill in the cluster and household number, and names and line numbers of the child and the mother/caretaker in the space below from household information panel and household listing Insert your own name and number, and the date.</i></p>		
UF1. EA Name: _____ Cluster Number _____	UF2. Household number: _____	
UF3. Child's Name: _____	UF4. Child's Line Number: _____	
UF5. Mother's/Caretaker's Name: _____	UF6. Mother's/Caretaker's Line Number: _____	
UF7 Interviewer name and number: _____	UF8. Day/Month/Year of interview: _____ / _____ / _____	
UF9. Result of interview for children under 5 (Codes refer to mother/caretaker.)	Completed1 Not at home2 Refused3 Partly completed4 Incapacitated5 Other (specify) 6	

Repeat greeting if not already read to this respondent:

WE ARE FROM NATIONAL BUREAU OF STATISTICS (NBS) ABUJA. WE ARE WORKING ON A PROJECT CONCERNED WITH FAMILY HEALTH AND EDUCATION. I WOULD LIKE TO TALK TO YOU ABOUT THIS. THE INTERVIEW WILL TAKE A SHORT PERIOD. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE IDENTIFIED. MAY I START NOW?

If permission is given, begin the interview. If the respondent does not agree to continue, thank him/her and go to the next interview. Discuss this result with your supervisor for a future revisit.

<p>UF10 NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT THE HEALTH OF EACH CHILD UNDER THE AGE OF 5 IN YOUR CARE, WHO LIVES WITH YOU NOW. NOW I WANT TO ASK YOU ABOUT (name).</p> <p>IN WHAT MONTH AND YEAR WAS (name) BORN?</p> <p>Probe: WHAT IS HIS/HER BIRTHDAY? If the mother/caretaker knows the exact birth date, also enter the day; otherwise, circle 98 for day.</p>	Date of birth: Day DK day98 Month..... Year
UF11. HOW OLD WAS (name) AT HIS/HER LAST BIRTHDAY? Record age in completed YEARS.	Age in completed years

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BIRTH REGISTRATION AND EARLY LEARNING MODULE		BR
BR1. DOES (<i>name</i>) HAVE A BIRTH CERTIFICATE? MAY I SEE IT? <i>(Check, ff Birth Certificate is from National Population Commission (NPopC), then circle "1", else circle "3")</i>	Yes, seen (NPopC Card)1 Yes, not seen.....2 No3 DK.....8	1⇒BR5
BR2. HAS (<i>name's</i>) BIRTH BEEN REGISTERED WITH THE CIVIL AUTHORITIES?	Yes.....1 No2 DK.....8	1⇒BR5 8⇒BR4
BR3. WHY IS (<i>name's</i>) BIRTH NOT REGISTERED?	Costs too much.....1 Must travel too far2 Did not know it should be registered3 Does not consider it important.....4 Does not know where to register.....5 Does not know benefit of registration6 Other (<i>specify</i>)7 DK.....8	
BR4. DO YOU KNOW HOW TO REGISTER YOUR CHILD'S BIRTH?	Yes.....1 No2	
BR5. Check age of child in UF13: Child is 3 to 4 years old? <input type="checkbox"/> Yes. ⇒ Continue with BR6 <input type="checkbox"/> No. ⇒ Go to BR8		
BR6. DOES (<i>name</i>) ATTEND ANY ORGANIZED LEARNING OR EARLY CHILDHOOD EDUCATION PROGRAMME, SUCH AS A PRIVATE OR GOVERNMENT FACILITY, INCLUDING KINDERGARTEN OR COMMUNITY CHILD CARE?	Yes.....1 No2 DK.....8	2⇒BR8 8⇒BR8
BR7. WITHIN THE LAST SEVEN DAYS, ABOUT HOW MANY HOURS DID (<i>name</i>) ATTEND? <i>(You can estimate from the number of hours the child spent per day in school as supplied by the respondent)</i>	No. of hours _ _	

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BIRTH REGISTRATION AND EARLY LEARNING MODULE					BR
<p>BR8. IN THE PAST 3 DAYS, DID YOU OR ANY HOUSEHOLD MEMBER OVER 15 YEARS OF AGE ENGAGE IN ANY OF THE FOLLOWING ACTIVITIES WITH <i>(name)</i>:</p> <p><i>If yes, ask:</i> WHO ENGAGED IN THIS ACTIVITY WITH THE CHILD - THE MOTHER, THE CHILD'S FATHER OR ANOTHER ADULT MEMBER OF THE HOUSEHOLD (INCLUDING THE CARETAKER/RESPONDENT)?</p> <p><i>Circle all that apply.</i></p>					
	Activity	Mother	Father	Other	No one
BR8A. READ BOOKS OR LOOK AT PICTURE BOOKS WITH <i>(name)</i> ?	Books	A	B	X	Y
BR8B. TELL STORIES TO <i>(name)</i> ?	Stories	A	B	X	Y
BR8C. SING SONGS WITH <i>(name)</i> ?	Songs	A	B	X	Y
BR8D. TAKE <i>(name)</i> OUTSIDE THE HOME, COMPOUND, YARD OR ENCLOSURE?	Take outside	A	B	X	Y
BR8E. PLAY WITH <i>(name)</i> ?	Play with	A	B	X	Y
BR8F. SPEND TIME WITH <i>(name)</i> NAMING, COUNTING, AND/OR DRAWING THINGS?	Spend time with	A	B	X	Y

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CHILD DEVELOPMENT		CE
Question CE1 is to be administered only once to each caretaker		
<p>CE1. HOW MANY BOOKS ARE THERE IN THE HOUSEHOLD? PLEASE INCLUDE SCHOOL BOOKS, BUT NOT OTHER BOOKS MEANT FOR CHILDREN, SUCH AS PICTURE BOOKS</p> <p><i>If 'none' enter 00</i></p>	<p>Number of non-children's books 0 __</p> <p>Ten or more non-children's books 10</p>	
<p>CE2 HOW MANY CHILDREN'S BOOKS OR PICTURE BOOKS DO YOU HAVE FOR (name)?</p> <p><i>if 'none' enter 00</i></p>	<p>Number of children's books 0 __</p> <p>Ten or more books 10</p>	
<p>CE3. I AM INTERESTED IN LEARNING ABOUT THE THINGS THAT (name) PLAYS WITH WHEN HE/SHE IS AT HOME.</p> <p>WHAT DOES (name) PLAY WITH?</p> <p>DOES HE/SHE PLAY WITH</p> <p>HOUSEHOLD OBJECTS, SUCH AS BOWLS, PLATES, CUPS OR POTS?</p> <p>OBJECTS AND MATERIALS FOUND OUTSIDE THE LIVING QUARTERS, SUCH AS STICKS, ROCKS, ANIMALS, SHELLS, OR LEAVES?</p> <p>HOME MADE TOYS, SUCH AS DOLLS, CARS AND OTHER TOYS MADE AT HOME?</p> <p>TOYS THAT CAME FROM A STORE?</p> <p><i>If the respondent says "YES" to any of the prompted categories, then probe to learn specifically what the child plays with to ascertain the response</i></p> <p><i>Circle Y if child does not play with any of the items mentioned.</i></p>	<p>Household objects (bowls, plates, cups, pots)A</p> <p>Objects and materials found outside the living quarters (sticks, rocks, animals, shells, leaves)B</p> <p>Home made toys (dolls, cars and other toys made at home) C</p> <p>Toys that came from a storeD</p> <p>No playthings mentionedY</p>	

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<p>CE4. SOMETIMES ADULTS TAKING CARE OF CHILDREN HAVE TO LEAVE THE HOUSE TO GO SHOPPING, WASH CLOTHES, OR FOR OTHER REASONS AND HAVE TO LEAVE YOUNG CHILDREN WITH OTHERS. SINCE LAST (<i>day of the week</i>) HOW MANY TIMES WAS (<i>name</i>) LEFT IN THE CARE OF ANOTHER CHILD (THAT IS, SOMEONE LESS THAN 10 YEARS OLD)?</p> <p>IF 'NONE' ENTER 00</p>	<p>Number of times..... — —</p>	
<p>CE5. IN THE PAST WEEK, HOW MANY TIMES WAS (<i>name</i>) LEFT ALONE? If 'none' enter 00</p>	<p>Number of times..... — —</p>	

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VITAMIN A MODULE	VA															
<p>VA1. HAS (<i>name</i>) EVER RECEIVED A VITAMIN A CAPSULE (SUPPLEMENT) LIKE THIS ONE?</p> <p>Show capsule or dispenser for different doses:</p> <p><i>---100,000 IU for those 6-11 months old, ---200,000 IU for those 12-59 months old.</i></p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Yes</td> <td style="text-align: right; padding: 2px;">1</td> <td rowspan="3" style="padding: 2px; vertical-align: middle;">2⇒NEXT MODULE</td> </tr> <tr> <td style="padding: 2px;">No.....</td> <td style="text-align: right; padding: 2px;">2</td> </tr> <tr> <td style="padding: 2px;">DK</td> <td style="text-align: right; padding: 2px;">8</td> <td style="padding: 2px;">8⇒NEXT MODULE</td> </tr> </table>	Yes	1	2⇒NEXT MODULE	No.....	2	DK	8	8⇒NEXT MODULE							
Yes	1	2⇒NEXT MODULE														
No.....	2															
DK	8		8⇒NEXT MODULE													
<p>VA2. HOW MANY MONTHS AGO DID (<i>name</i>) TAKE THE LAST DOSE?</p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Months ago</td> <td style="text-align: right; padding: 2px;">__ __</td> <td></td> </tr> <tr> <td style="padding: 2px;">DK</td> <td style="text-align: right; padding: 2px;">98</td> <td></td> </tr> </table>	Months ago	__ __		DK	98										
Months ago	__ __															
DK	98															
<p>VA3. WHERE DID (<i>name</i>) GET THIS LAST DOSE?</p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">On routine visit to health facility</td> <td style="text-align: right; padding: 2px;">1</td> <td></td> </tr> <tr> <td style="padding: 2px;">Sick child visit to health facility</td> <td style="text-align: right; padding: 2px;">2</td> <td></td> </tr> <tr> <td style="padding: 2px;">National Immunization Day campaign</td> <td style="text-align: right; padding: 2px;">3</td> <td></td> </tr> <tr> <td style="padding: 2px;">Other (<i>specify</i>)</td> <td style="text-align: right; padding: 2px;">6</td> <td></td> </tr> <tr> <td style="padding: 2px;">DK</td> <td style="text-align: right; padding: 2px;">8</td> <td></td> </tr> </table>	On routine visit to health facility	1		Sick child visit to health facility	2		National Immunization Day campaign	3		Other (<i>specify</i>)	6		DK	8	
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BREASTFEEDING MODULE		BF																		
BF1. HAS (<i>name</i>) EVER BEEN BREASTFED?	Yes 1 No 2 DK 8	2⇒BF3 8⇒BF3																		
BF2. IS HE/SHE STILL BEING BREASTFED?	Yes 1 No 2 DK 8																			
BF3. SINCE THIS TIME YESTERDAY, DID HE/SHE RECEIVE ANY OF THE FOLLOWING: <i>Read each item aloud and record response before proceeding to the next item.</i>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"></td> <td style="text-align: right; padding-right: 10px;">Y N DK</td> </tr> <tr> <td style="padding: 5px;">BF3A. VITAMIN, MINERAL SUPPLEMENTS OR MEDICINE?</td> <td style="padding: 5px;">A. Vitamin supplements 1 2 8</td> </tr> <tr> <td style="padding: 5px;">BF3B. PLAIN WATER?</td> <td style="padding: 5px;">B. Plain water 1 2 8</td> </tr> <tr> <td style="padding: 5px;">BF3C. SWEETENED, FLAVOURED WATER OR FRUIT JUICE OR TEA OR INFUSION?</td> <td style="padding: 5px;">C. Sweetened water or juice 1 2 8</td> </tr> <tr> <td style="padding: 5px;">BF3D. ORAL REHYDRATION SOLUTION (ORS)/SALT SUGAR SOLUTION (SSS)?</td> <td style="padding: 5px;">D. ORS/SSS 1 2 8</td> </tr> <tr> <td style="padding: 5px;">BF3E. INFANT FORMULA?</td> <td style="padding: 5px;">E. Infant formula 1 2 8</td> </tr> <tr> <td style="padding: 5px;">BF3F. TINNED, POWDERED OR FRESH MILK?</td> <td style="padding: 5px;">F. Milk 1 2 8</td> </tr> <tr> <td style="padding: 5px;">BF3G. ANY OTHER LIQUIDS?</td> <td style="padding: 5px;">G. Other liquids 1 2 8</td> </tr> <tr> <td style="padding: 5px;">BF3H. SOLID OR SEMI-SOLID (MUSHY) FOOD?</td> <td style="padding: 5px;">H. Solid or semi-solid food 1 2 8</td> </tr> </table>		Y N DK	BF3A. VITAMIN, MINERAL SUPPLEMENTS OR MEDICINE?	A. Vitamin supplements 1 2 8	BF3B. PLAIN WATER?	B. Plain water 1 2 8	BF3C. SWEETENED, FLAVOURED WATER OR FRUIT JUICE OR TEA OR INFUSION?	C. Sweetened water or juice 1 2 8	BF3D. ORAL REHYDRATION SOLUTION (ORS)/SALT SUGAR SOLUTION (SSS)?	D. ORS/SSS 1 2 8	BF3E. INFANT FORMULA?	E. Infant formula 1 2 8	BF3F. TINNED, POWDERED OR FRESH MILK?	F. Milk 1 2 8	BF3G. ANY OTHER LIQUIDS?	G. Other liquids 1 2 8	BF3H. SOLID OR SEMI-SOLID (MUSHY) FOOD?	H. Solid or semi-solid food 1 2 8	
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BF3H. SOLID OR SEMI-SOLID (MUSHY) FOOD?	H. Solid or semi-solid food 1 2 8																			
BF4. Check BF3H: Child received solid or semi-solid (mushy) food? <input type="checkbox"/> Yes. ⇒ Continue with BF6 <input type="checkbox"/> No or DK. ⇒ Go to Next Module																				
BF5. SINCE THIS TIME YESTERDAY, HOW MANY TIMES DID (<i>name</i>) EAT SOLID, SEMISOLID, OR SOFT FOODS OTHER THAN LIQUIDS? <i>If 7 or more times, record '7'.</i>	No. of times ____ Don't know 8																			

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CARE OF ILLNESS MODULE		CA
<p>CA1. HAS (<i>name</i>) HAD DIARRHOEA IN THE LAST TWO WEEKS, THAT IS, SINCE (<i>day of the week</i>) OF THE WEEK BEFORE LAST?</p> <p><i>Diarrhoea is determined as perceived by mother or caretaker, or as three or more loose or watery stools per day, or blood in stool.</i></p>	<p>Yes..... 1</p> <p>No..... 2</p> <p>DK 8</p>	<p>2⇒CA5</p> <p>8⇒CA5</p>
<p>CA2. DURING THIS LAST EPISODE OF DIARRHOEA, DID (<i>name</i>) DRINK ANY OF THE FOLLOWING:</p> <p><i>Read each item aloud and record response before proceeding to the next item.</i></p> <p>CA2A. A FLUID MADE FROM A SPECIAL PACKET CALLED ORS packet solution?</p> <p>CA2B. GOVERNMENT-RECOMMENDED HOMEMADE SALT SUGAR SOLUTION (SSS) FLUID?</p> <p>CA2C. A PRE-PACKAGED ORS FLUID FOR DIARRHOEA?</p>	<p align="right">Yes No DK</p> <p>A. Fluid from ORS packet 1 2 8</p> <p>B. Recommended homemade SSS.. 1 2 8</p> <p>C. Pre-packaged ORS fluid..... 1 2 8</p>	
<p>CA3. DURING (<i>name's</i>) ILLNESS, DID HE/SHE DRINK WATER MUCH LESS, ABOUT THE SAME, OR MORE THAN USUAL?</p>	<p>None..... 1</p> <p>Much less 2</p> <p>Somewhat less..... 3</p> <p>About the same..... 4</p> <p>More 5</p> <p>DK 8</p>	
<p>CA4. DURING (<i>name's</i>) ILLNESS, DID HE/SHE EAT LESS, ABOUT THE SAME, OR MORE FOOD THAN USUAL?</p> <p><i>If "less", probe:</i> MUCH LESS OR A LITTLE LESS?</p>	<p>None..... 1</p> <p>Much less 2</p> <p>Somewhat less..... 3</p> <p>About the same..... 4</p> <p>More 5</p> <p>DK 8</p>	
<p>CA4A. Check CA2A: ORS packet used?</p> <p><input type="checkbox"/> Yes. ⇒ Continue with CA4B</p> <p><input type="checkbox"/> No. ⇒ Go to CA5</p>		

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CARE OF ILLNESS MODULE		CA
<p>CA4B. WHERE DID YOU GET THE <i>(local name for ORS packet from CA2A)?</i></p> <p><i>(If more than one source , circle the last source)</i></p>	<p>Public sector</p> <p>Govt. hospital 11</p> <p>Govt. health centre..... 12</p> <p>Govt. health post..... 13</p> <p>Village health worker..... 14</p> <p>Mobile/outreach clinic 15</p> <p>Other public (<i>specify</i>)..... 16</p> <p>Private medical sector</p> <p>Private hospital/clinic 21</p> <p>Private physician 22</p> <p>Private pharmacy 23</p> <p>Mobile clinic 24</p> <p>Other private medical (<i>specify</i>) 26</p> <p>Other source</p> <p>Patent medicine stores.....30</p> <p>Relative or friend..... 31</p> <p>Shop 32</p> <p>Traditional practitioner 33</p> <p>Other (<i>specify</i>)..... 96</p> <p>DK 98</p>	
<p>CA4C. HOW MUCH DID YOU PAY FOR THE <i>(Local name for ORS packet from CA2A)?</i></p>	<p>Naira..... ₦ _____</p> <p>Free..... 9996</p> <p>DK 9998</p>	
<p>CA5. HAS (name) HAD AN ILLNESS WITH A COUGH AT ANY TIME IN THE LAST TWO WEEKS, THAT IS, SINCE (day of the week) OF THE WEEK BEFORE LAST?</p>	<p>Yes.....1</p> <p>No2</p> <p>DK.....8</p>	<p>2⇒CA12</p> <p>8⇒CA12</p>
<p>CA6. WHEN (name) HAD AN ILLNESS WITH A COUGH, DID HE/SHE BREATHE FASTER THAN USUAL WITH SHORT, QUICK BREATHS OR HAVE DIFFICULT BREATHING?</p>	<p>Yes.....1</p> <p>No2</p> <p>DK.....8</p>	<p>2⇒CA12</p> <p>8⇒CA12</p>
<p>CA7. WERE THE SYMPTOMS DUE TO A PROBLEM IN THE CHEST OR A BLOCKED NOSE?</p>	<p>Problem in chest 1</p> <p>Blocked nose 2</p> <p>Both..... 3</p> <p>Other (<i>specify</i>)..... 6</p> <p>DK 8</p>	<p>2⇒CA12</p> <p>6⇒CA12</p>

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CARE OF ILLNESS MODULE	CA
CA8. DID YOU SEEK ADVICE OR TREATMENT FOR THE ILLNESS OUTSIDE THE HOME?	Yes..... 1 No..... 2 2⇒CA10 DK..... 8 8⇒CA10
CA9. FROM WHERE DID YOU SEEK CARE? ANYWHERE ELSE? Circle all providers mentioned. But do NOT prompt with any suggestions. 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. Name of place(1) _____ Address(1) _____ Name of place(2) _____ Address(2) _____	Public sources Govt. hospital A Govt. health centre/post..... B Govt. MCH post..... C Village health worker..... D Govt. Mobile/outreach clinic..... E Other public (<i>specify</i>)..... H Private sources Private hospital/clinic I Private physician..... J Pharmacy K Mobile clinic L Other private medical (<i>specify</i>) O Other source Relative or friend..... P Shop Q Traditional practitioner R Patent medicine stores..... S Other (<i>specify</i>)..... X
CA10. WAS (<i>name</i>) GIVEN MEDICINE TO TREAT THIS ILLNESS?	Yes..... 1 No..... 2 2⇒CA12 DK..... 8 8⇒CA12
CA11. WHAT MEDICINE WAS (<i>name</i>) GIVEN? (<i>Circle all medicines given</i>).	Antibiotic..... A Analgesics/Pain Relievers P Other (<i>specify</i>)..... X DK..... Z

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CARE OF ILLNESS MODULE		CA
CA11A. CHECK CA11: ANTIBIOTIC WAS GIVEN? (CODE 'A' CIRCLED) <input type="checkbox"/> Yes. ⇒ CONTINUE WITH CA11B <input type="checkbox"/> No. ⇒ Go TO CA12		
CA11B. WHERE DID YOU GET THE ANTIBIOTIC?	Public sector Govt. hospital 11 Govt. health centre..... 12 Govt. health post..... 13 Village health worker..... 14 Mobile/outreach clinic 15 Other public (<i>specify</i>)..... 16 Private medical sector Private hospital/clinic 21 Private physician..... 22 Private pharmacy 23 Mobile clinic 24 Other private Medical (<i>specify</i>) 26 Other source Patent medicine stores..... 30 Relative or friend..... 31 Shop 32 Traditional practitioner 33 Other (<i>specify</i>)..... 96 DK 98	
CA11C. HOW MUCH DID YOU PAY FOR THE ANTIBIOTIC?	Naira..... ₦ _____ Free..... 9996 DK 9998	
CA12. Check UF13: Child aged under 3? <input type="checkbox"/> Yes. ⇒ Continue with CA13 <input type="checkbox"/> No. ⇒ Go to CA14		
CA13. THE LAST TIME (name) PASSED STOOLS, WHAT WAS DONE TO DISPOSE OF THE STOOLS?	Child used toilet/latrine..... 01 Put/rinsed into toilet or latrine 02 Put/rinsed into drain or ditch 03 Thrown into garbage (solid waste)..... 04 Buried..... 05 Left in the open 06 Other (<i>specify</i>)..... 96 DK 98	

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CARE OF ILLNESS MODULE	CA
<p>Ask the following question (CA14) only once for each caretaker.</p> <p>CA14. SOMETIMES CHILDREN HAVE SEVERE ILLNESSES AND SHOULD BE TAKEN IMMEDIATELY TO A HEALTH FACILITY. WHAT TYPES OF SYMPTOMS WOULD CAUSE YOU TO TAKE YOUR CHILD TO A HEALTH FACILITY RIGHT AWAY?</p> <p>Keep asking for more signs or symptoms until the caretaker cannot recall any additional symptoms. Circle all symptoms mentioned, But do NOT prompt with any suggestions.</p>	<p>Child not able to drink or breastfeed.....A</p> <p>Child becomes sicker.....B</p> <p>Child develops a feverC</p> <p>Child has fast breathingD</p> <p>Child has difficult breathing.....E</p> <p>Child has blood in stool..... F</p> <p>Child is drinking poorly..... G</p> <p>Other (specify)..... X</p> <p>Other (specify)..... Y</p> <p>Other (specify)..... Z</p>

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MALARIA MODULE FOR UNDER-FIVES		ML
ML1. IN THE LAST TWO WEEKS, THAT IS, SINCE (<i>day of the week</i>) OF THE WEEK BEFORE LAST, HAS (<i>name</i>) BEEN ILL WITH A FEVER?	Yes..... 1	
	No 2	2⇒ML10
	DK..... 8	8⇒ML10
ML2. WAS (<i>name</i>) SEEN AT A HEALTH FACILITY DURING THIS ILLNESS?	Yes..... 1	
	No 2	2⇒ML6
	DK..... 8	8⇒ML6
ML3. DID (<i>name</i>) TAKE A MEDICINE FOR FEVER OR MALARIA THAT WAS PROVIDED OR PRESCRIBED AT THE HEALTH FACILITY?	Yes..... 1	
	No 2	2⇒ML5
	DK..... 8	8⇒ML5
ML4. WHAT MEDICINE DID (<i>name</i>) TAKE THAT WAS PROVIDED OR PRESCRIBED AT THE HEALTH FACILITY? Circle all medicines mentioned.	Anti-malarial:	
	Sulphadoxine Pyremethamine A	
	Chloroquine..... B	
	Amodiaquine C	
	Quinine..... D	
	Artemisinin-based combinations E	
Other anti-malarial (<i>specify</i>) H		
Other medications:		
Analgesics/Pain Relievers P		
Other (<i>specify</i>) X		
DK..... Z		
ML5. WAS (<i>name</i>) GIVEN MEDICINE FOR THE FEVER OR MALARIA BEFORE BEING TAKEN TO THE HEALTH FACILITY?	Yes..... 1	1⇒ML7
	No 2	2⇒ML8
	DK..... 8	8⇒ML8
ML6. WAS (<i>name</i>) GIVEN MEDICINE FOR FEVER OR MALARIA DURING THIS ILLNESS?	Yes..... 1	
	No 2	2⇒ML8
	DK..... 8	8⇒ML8
ML7. WHAT MEDICINE WAS (<i>name</i>) GIVEN? Circle all medicines given. Ask to see the medication if type is not known. If type of medication is still not determined, show typical anti-malarial to respondent.	Anti-malarial:	
	Sulphadoxine Pyremethamine A	
	Chloroquine..... B	
	Amodiaquine C	
	Quinine..... D	
	Artemisinin-based combinations E	
	Other anti-malarial (<i>specify</i>) H	
	Other medications:	
	Paracetamol/Panadol/Acetaminophen ... P	
	Aspirin Q	
Ibuprofen..... R		
Other (<i>specify</i>) X		
DK..... Z		

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MALARIA MODULE FOR UNDER-FIVES		ML
<p>ML8. Check ML4 and ML7: Was Anti-malarial mentioned (codes A - H)?</p> <p><input type="checkbox"/> Yes. ⇒ Continue with ML9</p> <p><input type="checkbox"/> No. ⇒ Go to ML10</p>		
<p>ML9. HOW LONG AFTER THE FEVER STARTED DID (name) FIRST TAKE (name of anti-malarial from ML4 or ML7)?</p> <p><i>If multiple anti-malarial mentioned in ML4 or ML7, name all anti-malarial medicines mentioned.</i></p> <p><i>Record the code for the day on which the first anti-malarial was given.</i></p>	<p>Same day 0</p> <p>Next day 1</p> <p>2 days after the fever 2</p> <p>3 days after the fever 3</p> <p>4 or more days after the fever..... 4</p> <p>DK..... 8</p>	
<p>ML9A. WHERE DID YOU GET THE (name of anti-malarial from ML4 or ML7)?</p> <p><i>If more than one anti-malarial is mentioned in ML4 or ML7, refer to the first anti-malarial given for the fever (the anti-malarial given on the day recorded in ML9).</i></p>	<p>Public sector</p> <p>Govt. hospital 11</p> <p>Govt. health centre..... 12</p> <p>Govt. health post..... 13</p> <p>Village health worker..... 14</p> <p>Mobile/outreach clinic 15</p> <p>Other public (<i>specify</i>) 16</p> <p>Private medical sector</p> <p>Private hospital/clinic 21</p> <p>Private physician..... 22</p> <p>Private pharmacy 23</p> <p>Mobile clinic 24</p> <p>Other private medical (<i>specify</i>) 26</p> <p>Other source</p> <p>Relative or friend..... 31</p> <p>Shop 32</p> <p>Traditional practitioner 33</p> <p>Other (<i>specify</i>) 96</p> <p>DK..... 98</p>	
<p>ML9B. HOW MUCH DID YOU PAY FOR THE (name of anti-malarial from ML4 or ML7)?</p> <p><i>Refer to the same anti-malarial as in ML9A above</i></p>	<p>Naira (₦) _ _ _ _</p> <p>Free..... 9996</p> <p>DK..... 9998</p>	
<p>ML10. DID (name) SLEEP UNDER AN INSECTICIDE TREATED MOSQUITO NET LAST NIGHT?</p>	<p>Yes..... 1</p> <p>No 2</p> <p>DK..... 8</p>	<p>2⇒NEXT MODULE</p> <p>8⇒NEXT MODULE</p>

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MALARIA MODULE FOR UNDER-FIVES	ML
<p>ML11. HOW LONG AGO DID YOUR HOUSEHOLD OBTAIN THE INSECTICIDE TREATED NET?</p> <p><i>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.</i></p>	<p>Months ago _ _</p> <p>More than 24 months ago..... 95</p> <p>Not sure 98</p>
<p>ML12. WHAT TYPE OF INSECTICIDE TREATED MOSQUITO NET IS THIS?</p> <p><i>If the respondent does not know the type of the net, show pictorials, or if possible, observe the net.</i></p> <p>LONG LASTING TREATED NETS:</p> <p>RE-TREATABLE NETS:</p> <p>OTHERS (<i>specify</i>)</p>	<p>Long lasting treated net: 11</p> <p>Re-treatable net: 21</p> <p>OTHER (<i>specify</i>) 36</p> <p>DK..... 98</p>
<p>ML13. WHEN YOU GOT THAT NET, WAS IT ALREADY TREATED WITH AN INSECTICIDE TO KILL OR REPEL MOSQUITOES?</p>	<p>Yes..... 1</p> <p>No 2</p> <p>DK/not sure 8</p>
<p>ML14. SINCE YOU GOT THE MOSQUITO NET, WAS IT EVER SOAKED OR DIPPED IN A LIQUID TO KILL/REPEL MOSQUITOES OR BUGS?</p>	<p>Yes..... 1</p> <p>No 2</p> <p>DK..... 8</p>
<p>ML15. HOW LONG AGO, WAS THE NET LAST SOAKED OR DIPPED?</p> <p><i>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.</i></p>	<p>Months ago _ _</p> <p>More than 24 months ago..... 95</p> <p>DK..... 98</p>

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IMMUNIZATION MODULE										IM	
<p><i>If an immunization/Child health card is available, copy the dates in IM2-IM8 for each type of immunization or vitamin A dose recorded on the card. IM10-IM18 are for recording vaccinations that are not recorded on the card. IM10-IM18 will only be asked when a card is not available.</i></p>											
IM1. IS THERE IMMUNIZATION/CHILD HEALTH CARD FOR (name)?				Yes, seen..... 1						2⇒IM10	
				Yes, not seen 2							
				No 3							3⇒IM10
<p>(a) Copy dates for each vaccination from the card. (b) Write '44' in day column if card shows that vaccination was given but no date recorded.</p>				Date of Immunization							
				DAY		MONTH		YEAR			
IM2. BCG	BCG										
IM3A. POLIO AT BIRTH	OPV0										
IM3B. POLIO 1	OPV1										
IM3C. POLIO 2	OPV2										
IM3D. POLIO 3	OPV3										
IM4A. DPT1	DPT1										
IM4B. DPT2	DPT2										
IM4C. DPT3	DPT3										
IM5A. HEPB1	HEPB1										
IM5B. HEPB2	HEPB2										
IM5C. HEPB3	HEPB3										
IM6. MEASLES	MEASLES										
IM7. YELLOW FEVER	YF										
IM8A. VITAMIN A (1)	VITA1										
IM8B. VITAMIN A (2)	VITA2										
<p>IM9. IN ADDITION TO THE VACCINATIONS AND VITAMIN A CAPSULES SHOWN ON THIS CARD, DID (name) RECEIVE ANY OTHER VACCINATIONS – INCLUDING VACCINATIONS RECEIVED IN CAMPAIGNS OR IMMUNIZATION DAYS?</p> <p>Record 'Yes' only if respondent mentions BCG, OPV 0-3, DPT 1-3, Hepatitis B 1-3, Measles, Yellow Fever vaccine(s), or Vitamin A supplements.</p>				Yes 1						1⇒IM19	
				<p>(Probe for type of vaccinations obtained which was not written on card and write '66' in the corresponding day column on IM2 to IM8B.)</p>							
				No 2							2⇒IM19
				DK..... 8						8⇒IM19	

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IMMUNIZATION MODULE		IM
IM10. HAS (<i>name</i>) EVER RECEIVED ANY VACCINATIONS TO PREVENT HIM/HER FROM GETTING DISEASES, INCLUDING VACCINATIONS RECEIVED IN A CAMPAIGN OR IMMUNIZATION DAY?	Yes 1 No 2 DK..... 8	2⇒IM19 8⇒IM19
IM11. HAS (<i>name</i>) EVER BEEN GIVEN A BCG VACCINATION AGAINST TUBERCULOSIS – THAT IS, AN INJECTION IN THE ARM OR SHOULDER THAT CAUSED A SCAR?	Yes 1 No 2 DK..... 8	
IM12. HAS (<i>name</i>) EVER BEEN GIVEN ANY “VACCINATION DROPS IN THE MOUTH” TO PROTECT HIM/HER FROM GETTING DISEASES – THAT IS, POLIO?	Yes 1 No 2 DK..... 8	2⇒IM15 8⇒IM15
IM13. HOW OLD WAS HE/SHE WHEN THE FIRST DOSE WAS GIVEN – JUST AFTER BIRTH (WITHIN TWO WEEKS) OR LATER?	Just after birth (within two weeks)..... 1 Later 2	
IM14. HOW MANY TIMES HAS HE/SHE BEEN GIVEN THESE DROPS?	No. of times__ __	
IM15. HAS (<i>name</i>) EVER BEEN GIVEN “DPT VACCINATION INJECTIONS” – THAT IS, AN INJECTION IN THE THIGH OR BUTTOCKS – TO PREVENT HIM/HER FROM GETTING TETANUS, WHOOPING COUGH, AND DIPHTHERIA? (SOMETIMES GIVEN AT THE SAME TIME AS POLIO)	Yes 1 No 2 DK..... 8	2⇒IM16A 8⇒IM16A
IM16. HOW MANY TIMES?	No. of times__ __	
IM16A HAS (<i>name</i>) EVER BEEN GIVEN “HEPATITIS B INJECTIONS”?	Yes 1 No 2 DK..... 8	2⇒IM17 8⇒IM17
IM16B HOW MANY TIMES?	No. of times__ __	
IM17. HAS (<i>name</i>) EVER BEEN GIVEN “MEASLES VACCINATION INJECTIONS”– THAT IS, AN INJECTION IN THE ARM AT THE AGE OF 9 MONTHS OR OLDER - TO PREVENT HIM/HER FROM GETTING MEASLES?	Yes 1 No 2 DK..... 8	
IM18. HAS (<i>name</i>) EVER BEEN GIVEN “ YELLOW FEVER VACCINATION INJECTIONS ” – THAT IS, A SHOT IN THE ARM AT THE AGE OF 9 MONTHS OR OLDER - TO PREVENT HIM/HER FROM GETTING YELLOW FEVER? (SOMETIMES GIVEN AT THE SAME TIME AS MEASLES)	Yes 1 No 2 DK..... 8	

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IMMUNIZATION MODULE		IM
<p>IM19. PLEASE TELL ME IF (<i>name</i>) HAS PARTICIPATED IN ANY OF THE FOLLOWING CAMPAIGNS, NATIONAL IMMUNIZATION DAYS AND/OR VITAMIN A OR CHILD HEALTH DAYS AND INDICATE THE TYPE OF IMMUNIZATION/VITAMIN A RECEIVED:</p>		
<p>IM19A Campaign A. (NID JANUARY 2007)</p>	<p>Campaign A</p>	
<p>Participation</p>	<p>Participation.....1 2 8</p>	<p>2⇒IM19B 8⇒IM19B</p>
<p>Type of immunization received</p>		
<p>Polio</p>	<p>Polio.....1 2 8</p>	
<p>Measles</p>	<p>Measles1 2 8</p>	
<p>Vitamin A</p>	<p>Vitamin A1 2 8</p>	
<p>IM19B Campaign B (NID NOVEMBER 2006)</p>	<p>Campaign B</p>	
<p>Participation</p>	<p>Participation.....1 2 8</p>	<p>2⇒IM19C 8⇒IM19C</p>
<p>Type of immunization received</p>		
<p>Polio</p>	<p>Polio.....1 2 8</p>	
<p>Measles</p>	<p>Measles1 2 8</p>	
<p>Vitamin A</p>	<p>Vitamin A1 2 8</p>	
<p>IM19C Campaign C (NID SEPTEMBER 2006)</p>	<p>Campaign C</p>	
<p>Participation</p>	<p>Participation.....1 2 8</p>	<p>2⇒IM20 8⇒IM20</p>
<p>Type of immunization received</p>		
<p>Polio</p>	<p>Polio.....1 2 8</p>	
<p>Measles</p>	<p>Measles1 2 8</p>	
<p>Vitamin A</p>	<p>Vitamin A1 2 8</p>	
<p>M20. <i>Does another eligible child reside in the household for whom this respondent is mother/caretaker? Check household listing, column HL8.</i></p> <p><input type="checkbox"/> <i>Yes. ⇒ End the current questionnaire and then Go to QUESTIONNAIRE FOR CHILDREN UNDER FIVE to administer the questionnaire for the next eligible child.</i></p> <p><input type="checkbox"/> <i>No. ⇒ End the interview with this respondent by thanking him/her for his/her cooperation.</i></p> <p><i>If this is the last eligible child in the household, go on to ANTHROPOMETRY MODULE.</i></p>		

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ANTHROPOMETRY MODULE		AN
<p><i>After questionnaires for all children are complete, the measurer weighs and measures each child. Record weight and length/height below, taking care to record the measurements on the correct questionnaire for each child. Check the child's name and line number on the household listing before recording measurements.</i></p>		
AN1. Child's weight.	Kilograms (kg) _ _ . _	
AN2. Child's length or height. Check age of child in UF13: <input type="checkbox"/> Child under 2 years old. ⇒ Measure length (lying down). <input type="checkbox"/> Child age 2 or more years. ⇒ Measure height (standing up).	Length (cm) Lying down 1 _ _ . _ Height (cm) Standing up 2 _ _ . _	
AN3. Measurer's identification code.	Measurer code _ _	
AN4. Result of measurement.	Measured 1 Not present 2 Refused 3 Other (<i>specify</i>) 6	

AN5. Is there another child in the household who is eligible for measurement?

Yes. ⇒ Record measurements for next child in his/her questionnaire.

No. ⇒ End the interview with this household by thanking all participants for their cooperation.

Gather together all questionnaires for this household and check that all identification numbers are inserted on each page. Tally on the Household Information Panel the number of interviews completed.