

**NIGERIA DEMOGRAPHIC AND HEALTH SURVEY 2003
HOUSEHOLD QUESTIONNAIRE**

NATIONAL POPULATION COMMISSION

IDENTIFICATION			
STATE NAME _____			
LOCAL GOVT. AREA _____			
LOCALITY NAME _____			
ENUMERATION AREA _____			
URBAN /RURAL (URBAN = 1, RURAL = 2) _____			
CLUSTER NUMBER.....			
BUILDING NUMBER.....			
HOUSEHOLD NAME/NUMBER _____			
MEN'S INTERVIEW (YES=1, NO=2).....			
LARGE TOWN/MEDIUM TOWN/SMALL TOWN/VILLAGE (LARGE TOWN = 1, MEDIUM TOWN = 2, SMALL TOWN = 3, VILLAGE = 4)			

INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE	_____	_____	_____	DAY _____ MONTH _____ YEAR _____
INTERVIEWER'S NAME	_____	_____	_____	NAME _____
RESULT*	_____	_____	_____	RESULT _____
NEXT VISIT: DATE	_____	_____		TOTAL NO. OF VISITS _____
TIME	_____	_____		

<p>*RESULT CODES:</p> <p>1 COMPLETED</p> <p>2 NO HOUSEHOLD MEMBER AT HOME OR NO COMPETENT RESPONDENT AT HOME AT TIME OF VISIT</p> <p>3 ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD OF TIME</p> <p>4 POSTPONED</p> <p>5 REFUSED</p> <p>6 DWELLING VACANT OR ADDRESS NOT A DWELLING</p> <p>7 DWELLING DESTROYED</p> <p>8 DWELLING NOT FOUND</p> <p>9 OTHER _____ (SPECIFY)</p>	<p>TOTAL PERSONS IN HOUSEHOLD _____</p> <p>TOTAL ELIGIBLE WOMEN _____</p> <p>TOTAL ELIGIBLE MEN _____</p> <p>LINE NO. OF RESPONDENT TO HOUSEHOLD QUESTIONNAIRE _____</p>
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	HAUSA	YORUBA	IGBO	ENGLISH	OTHER	
LANGUAGE OF INTERVIEW	1	2	3	4	6	TRANSLATOR USED?
NATIVE LANGUAGE OF RESPONDENT	1	2	3	4	6	YES 1 NO 2

SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED BY
NAME _____	NAME _____	_____	_____
[] []	[] []	[] []	[] []
DATE _____	DATE _____		

HOUSEHOLD SCHEDULE

Now we would like some information about the people who usually live in your household or who are staying with you now.

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX		RESIDENCE				AGE	ELIGIBILITY		
			Is (NAME) male or female?	Does (NAME) usually live here?	Did (NAME) stay here last night?	How old is (NAME) as of last birthday?	CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49	CIRCLE LINE NUMBER OF ALL MEN AGE 15-59	CIRCLE LINE NUMBER OF ALL CHILDREN UNDER AGE 6			
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(8A)	(9)			
	Please give me the names of the persons who usually live in your household and guests of the household who stayed here last night, starting with the head of the household.	What is the relationship of (NAME) to the head of the household?*	M F	YES NO	YES NO	IN YEARS						
01		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	01	01	01			
02		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	02	02	02			
03		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	03	03	03			
04		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	04	04	04			
05		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	05	05	05			
06		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	06	06	06			
07		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	07	07	07			
08		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	08	08	08			
09		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	09	09	09			
10		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	10	10	10			

* CODES FOR Q.3
RELATIONSHIP TO HEAD OF HOUSEHOLD:

- | | |
|------------------------------------|-------------------------------|
| 01 = HEAD | 07 = PARENT-IN-LAW |
| 02 = WIFE OR HUSBAND | 08 = BROTHER OR SISTER |
| 03 = SON OR DAUGHTER | 09 = BROTHER OR SISTER-IN-LAW |
| 04 = SON-IN-LAW OR DAUGHTER-IN-LAW | 10 = OTHER RELATIVE |
| 05 = GRANDCHILD | 11 = ADOPTED/FOSTER/STEPCHILD |
| 06 = PARENT | 12 = NOT RELATED |
| | 98 = DON'T KNOW |

LINE NO.	PARENTAL SURVIVORSHIP AND RESIDENCE FOR PERSONS LESS THAN 15 YEARS OLD**				EDUCATION							
	Is (NAME)'s natural mother alive?	IF ALIVE Does (NAME)'s natural mother live in this household? IF YES: What is her name? RECORD MOTHER'S LINE NUMBER	Is (NAME)'s natural father alive?	IF ALIVE Does (NAME)'s natural father live in this household? IF YES: What is his name? RECORD FATHER'S LINE NUMBER	IF AGE 5 YEARS OR OLDER			IF AGE 5-24 YEARS				
	(10)	(11)	(12)	(13)	(13A)	(14)	(15)	(16)	(17)	(18)	(19)	(20)
	YES NO DK 1 2 8 ↓ skip to (12)		YES NO DK 1 2 8 ↓ skip to (13A)		YES NO 1 2	YES NO 1 2 NEXT ↕ LINE	LEVEL CLASS/ YEAR	YES NO 1 2 ↳ GO TO 18	YES NO 1 2 GO TO ↕ 19	LEVEL CLASS/ YEAR	YES NO 1 2 NEXT ↕ LINE	LEVEL CLASS/ YEAR
01												
02												
03												
04												
05												
06												
07												
08												
09												
10												

** CODES FOR Q.10 THROUGH Q.13
THESE QUESTIONS REFER TO THE BIOLOGICAL PARENTS OF THE CHILD.
IN Q.11 AND Q.13, RECORD '00' IF PARENT NOT LISTED IN HOUSEHOLD SCHEDULE.

*** CODES FOR Qs. 15, 18 AND 20
EDUCATION LEVEL:
0 = PRE-PRIMARY/KINDERGARTEN
1 = PRIMARY
2 = SECONDARY
3 = HIGHER
8 = DON'T KNOW

EDUCATION CLASS:
00 = LESS THAN 1 YEAR COMPLETED
98 = DON'T KNOW

FOR "HIGHER", TOTAL THE NUMBER OF YEARS AT THE POST-SECONDARY LEVEL.

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX		RESIDENCE				AGE	ELIGIBILITY		
			Is (NAME) male or female?	Does (NAME) usually live here?	Did (NAME) stay here last night?	How old is (NAME) as of last birthday?	CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49	CIRCLE LINE NUMBER OF ALL MEN AGE 15-59		CIRCLE LINE NUMBER OF ALL CHILDREN UNDER AGE 6		
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(8A)	(9)			
	Please give me the names of the persons who usually live in your household and guests of the household who stayed here last night, starting with the head of the household.	What is the relationship of (NAME) to the head of the household?*	M F	YES NO	YES NO	IN YEARS						
11		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	11	11	11			
12		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	12	12	12			
13		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	13	13	13			
14		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	14	14	14			
15		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	15	15	15			
16		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	16	16	16			
17		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	17	17	17			
18		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	18	18	18			
19		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	19	19	19			
20		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	20	20	20			
21		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	21	21	21			
22		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	22	22	22			
23		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	23	23	23			

* CODES FOR Q.3
RELATIONSHIP TO HEAD OF HOUSEHOLD:
01 = HEAD
02 = WIFE OR HUSBAND
03 = SON OR DAUGHTER
04 = SON-IN-LAW OR DAUGHTER-IN-LAW
05 = GRANDCHILD
06 = PARENT

07 = PARENT-IN-LAW
08 = BROTHER OR SISTER
09 = BROTHER OR SISTER-IN-LAW
10 = OTHER RELATIVE
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12 = NOT RELATED
98 = DON'T KNOW

** Q.10 THROUGH Q.13
THESE QUESTIONS REFER TO THE BIOLOGICAL PARENTS OF THE CHILD.
IN Q.11 AND Q.13, RECORD '00' IF PARENT NOT LISTED IN HOUSEHOLD SCHEDULE.

*** CODES FOR Qs. 15, 18 AND 20
EDUCATION LEVEL:
0 = PRE-PRIMARY/KINDERGARTEN
1 = PRIMARY
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8 = DON'T KNOW
EDUCATION CLASS:
00 = LESS THAN 1 YEAR COMPLETED
98 = DON'T KNOW

LINE NO.	PARENTAL SURVIVORSHIP AND RESIDENCE FOR PERSONS LESS THAN 15 YEARS OLD**				EDUCATION							
	Is (NAME)'s natural mother alive?	IF ALIVE	Is (NAME)'s natural father alive?	IF ALIVE	IF AGE 5 YEARS OR OLDER			IF AGE 5-24 YEARS				
Does (NAME)'s natural mother live in this household? IF YES: What is her name? RECORD MOTHER'S LINE NUMBER		Does (NAME)'s natural father live in this household? IF YES: What is his name? RECORD FATHER'S LINE NUMBER		Can (NAME) read & write in any language with understanding?	Has (NAME) ever attended school?	What is the highest level of school (NAME) has attended?*** What is the highest class/year (NAME) completed at that level?***	Is (NAME) currently attending school?	During the current school year, did (NAME) attend school at any time?	During the current school year, what level and class/year [is/was] (NAME) attending?***	During the previous school year, did (NAME) attend school at any time?	During that school year, what level and class/year did (NAME) attend?***	
	(10)	(11)	(12)	(13)	(13A)	(14)	(15)	(16)	(17)	(18)	(19)	(20)
	YES NO DK 1 2 8 ↓ skip to (12)	<input type="text"/>	YES NO DK 1 2 8 ↓ skip to (13A)	<input type="text"/>	YES NO 1 2	YES NO 1 2 NEXT ↕ LINE	LEVEL CLASS/ YEAR	YES NO 1 2 ↳ GO TO 18	YES NO 1 2 GO TO ↕ 19	LEVEL CLASS/ YEAR	YES NO 1 2 NEXT ↕ LINE	LEVEL CLASS/ YEAR
11												
12												
13												
14												
15												
16												
17												
18												
19												
20												
21												
22												
23												

TICK HERE IF CONTINUATION QUESTIONNAIRE USED

Just to make sure that I have a complete listing:

1) Are there any other persons such as small children or infants that we have not listed? YES ENTER EACH IN TABLE NO

2) In addition, are there any other people who may not be members of your family, such as domestic servants, lodgers or friends who usually live here? YES ENTER EACH IN TABLE NO

3) Are there any guests or temporary visitors staying here, or anyone else who slept here last night, who have not been listed? YES ENTER EACH IN TABLE NO

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES			SKIP																		
27	<p>MAIN MATERIAL OF THE FLOOR.</p> <p>RECORD OBSERVATION.</p>	<p>NATURAL FLOOR EARTH/SAND.....11 DUNG.....12</p> <p>RUDIMENTARY FLOOR WOOD PLANKS.....21 PALM/BAMBOO.....22</p> <p>FINISHED FLOOR PARQUET OR POLISHED WOOD.....31 VINYL OR ASPHALT STRIPS.....32 CERAMIC TILES.....33 CEMENT.....34 CARPET.....35</p> <p>OTHER _____ 96 (SPECIFY)</p>																					
28	<p>Does any member of your household own:</p> <p>A bicycle?</p> <p>A motorcycle or motor scooter?</p> <p>A car or truck?</p> <p>A donkey or horse or camel?</p> <p>A canoe or boat or ship?</p>	<table border="0"> <tr> <td></td> <td style="text-align: right;">YES</td> <td style="text-align: right;">NO</td> </tr> <tr> <td>BICYCLE.....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>MOTORCYCLE/SCOOTER.....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>CAR/TRUCK.....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>DONKEY/HORSE/CAMEL.....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>CANOE/BOAT/SHIP.....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> </table>				YES	NO	BICYCLE.....	1	2	MOTORCYCLE/SCOOTER.....	1	2	CAR/TRUCK.....	1	2	DONKEY/HORSE/CAMEL.....	1	2	CANOE/BOAT/SHIP.....	1	2	
	YES	NO																					
BICYCLE.....	1	2																					
MOTORCYCLE/SCOOTER.....	1	2																					
CAR/TRUCK.....	1	2																					
DONKEY/HORSE/CAMEL.....	1	2																					
CANOE/BOAT/SHIP.....	1	2																					
29A	<p>Does your household own any mosquito nets that can be used to protect against mosquitoes while sleeping? I am talking about nets people sleep under.</p>	<p>YES.....1 NO.....2</p>			→30G																		
29B	<p>How many mosquito nets does your household own?</p>	<p>NUMBER OF NETS..... <input style="width: 50px; height: 20px;" type="text"/></p>																					
30A	<p>ASK RESPONDENT TO SHOW YOU THE NET(S) IN THE HOUSEHOLD. ASK OR RECORD APPROPRIATE ANSWER FOR THE FOLLOWING QUESTIONS. IF UNABLE TO OBSERVE THE NETS, CIRCLE APPROPRIATE CODE AND ASK QUESTIONS.</p>	<p>NET 1</p> <p>SEEN.....1 NOT SEEN.....2</p>	<p>NET 2</p> <p>SEEN.....1 NOT SEEN.....2</p>	<p>NET 3</p> <p>SEEN.....1 NOT SEEN.....2</p>																			
30B	<p>How long ago did your household obtain the mosquito net?</p>	<p>MONTHS</p> <p><input style="width: 40px; height: 20px;" type="text"/></p> <p>MORE THAN 3 YRS AGO96</p>	<p>MONTHS</p> <p><input style="width: 40px; height: 20px;" type="text"/></p> <p>MORE THAN 3 YRS AGO96</p>	<p>MONTHS</p> <p><input style="width: 40px; height: 20px;" type="text"/></p> <p>MORE THAN 3 YRS AGO96</p>																			
30C	<p>OBSERVE OR ASK THE BRAND OF MOSQUITO NET(S) IN THE HOUSEHOLD.</p>	<p>PERMANENT NET¹.....1 (SKIP TO 30F)←</p> <p>PRETREATED NET².....2</p> <p>NET WITH KIT...3</p> <p>UNTREATED NET.....4</p> <p>OTHER.....6 DON'T KNOW/ UNSURE8</p>	<p>PERMANENT NET¹.....1 (SKIP TO 30F)←</p> <p>PRETREATED NET².....2</p> <p>NET WITH KIT...3</p> <p>UNTREATED NET.....4</p> <p>OTHER.....6 DON'T KNOW/ UNSURE8</p>	<p>PERMANENT NET¹.....1 (SKIP TO 30F)←</p> <p>PRETREATED NET².....2</p> <p>NET WITH KIT...3</p> <p>UNTREATED NET.....4</p> <p>OTHER.....6 DON'T KNOW/ UNSURE8</p>																			
30D	<p>Since you got the mosquito net, was it ever soaked or dipped in a liquid to repel mosquitoes or bugs?</p>	<p>YES.....1 NO.....2 (SKIP TO 30F)← NOT SURE.....8</p>	<p>YES.....1 NO.....2 (SKIP TO 30F)← NOT SURE.....8</p>	<p>YES.....1 NO.....2 (SKIP TO 30F)← NOT SURE.....8</p>																			

¹ 'Permanent' is a pretreated net that does not require any further treatment

² 'Pretreated' net that requires additional treatments every 6-12 months

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES			SKIP																
30E	How long ago was the net last soaked or dipped? IF LESS THAN 1 MONTH, RECORD '00'.	MONTHS <input type="text"/> <input type="text"/> MORE THAN 3 YRS AGO 96	MONTHS <input type="text"/> <input type="text"/> MORE THAN 3 YRS AGO 96	MONTHS <input type="text"/> <input type="text"/> MORE THAN 3 YRS AGO 96																	
30F	Who slept under this mosquito net last night? RECORD RESPECTIVE LINE NUMBER FROM THE HOUSEHOLD SCHEDULE.	NET 1 LINE <input type="text"/> <input type="text"/> NO <input type="text"/> <input type="text"/> NAME _____ LINE <input type="text"/> <input type="text"/> NO <input type="text"/> <input type="text"/> NAME _____ LINE <input type="text"/> <input type="text"/> NO <input type="text"/> <input type="text"/> NAME _____	NET 2 LINE <input type="text"/> <input type="text"/> NO <input type="text"/> <input type="text"/> NAME _____ LINE <input type="text"/> <input type="text"/> NO <input type="text"/> <input type="text"/> NAME _____ LINE <input type="text"/> <input type="text"/> NO <input type="text"/> <input type="text"/> NAME _____	NET 3 LINE <input type="text"/> <input type="text"/> NO <input type="text"/> <input type="text"/> NAME _____ LINE <input type="text"/> <input type="text"/> NO <input type="text"/> <input type="text"/> NAME _____ LINE <input type="text"/> <input type="text"/> NO <input type="text"/> <input type="text"/> NAME _____																	
30G	Does your household do anything else to protect themselves against mosquito?	YES 1 NO 2			→33																
30H	What does your household do?	COIL A SPRAY (INSECTICIDE) B WIRE GAUZE C OTHER _____ X (SPECIFY)																			
33	Where do you usually wash your hands?	IN DWELLING/YARD/PLOT 1 SOMEWHERE ELSE 2 NOWHERE 3			↘ 35																
34	Where you wash your hands, do you have the following: Water/tap? Soap, ash or other cleansing agent? Basin?	<table border="0"> <tr> <td></td> <td style="text-align: center;">YES</td> <td style="text-align: center;">NO</td> <td></td> </tr> <tr> <td>WATER/TAP?.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td></td> </tr> <tr> <td>SOAP, ASH OR OTHER CLEANSING AGENT?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td></td> </tr> <tr> <td>BASIN?.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td></td> </tr> </table>				YES	NO		WATER/TAP?.....	1	2		SOAP, ASH OR OTHER CLEANSING AGENT?	1	2		BASIN?.....	1	2		
	YES	NO																			
WATER/TAP?.....	1	2																			
SOAP, ASH OR OTHER CLEANSING AGENT?	1	2																			
BASIN?.....	1	2																			
35	ASK RESPONDENT FOR A TEASPOONFUL OF SALT. TEST SALT FOR IODINE. RECORD PPM (PARTS PER MILLION).	0 PPM (NO IODINE)..... 1 7 PPM 2 15 PPM 3 30 PPM 4 NO SALT IN HH..... 5 SALT NOT TESTED 6 (SPECIFY REASON)																			
There will be an education survey done at a later point in time. Your household may or may not be asked to participate in the survey. If your household is included in the survey someone will return to your house and ask additional questions about education.																					

HEIGHT AND WEIGHT

CHECK COLUMNS (8) AND (9): RECORD THE LINE NUMBER, NAME AND AGE OF ALL WOMEN AGE 15-49 AND ALL CHILDREN UNDER AGE 6.

WOMEN 15-49			WEIGHT AND HEIGHT MEASUREMENT OF WOMEN 15-49				
LINE NO. FROM COL.(8)	NAME FROM COL.(2)	AGE FROM COL.(7)	What is (NAME)'s date of birth?	WEIGHT (KILOGRAMS)	HEIGHT (CENTIMETERS)	MEASURED LYING DOWN OR STANDING UP	RESULT 1 MEASURED 2 NOT PRESENT 3 REFUSED 6 OTHER
(36)	(37)	(38)	(39)	(40)	(41)	(42)	(43)
		YEARS					
[][]		[][]		[][][][] . []	[][][][] . [][]		[]
[][]		[][]		[][][][] . []	[][][][] . [][]		[]
[][]		[][]		[][][][] . []	[][][][] . [][]		[]
[][]		[][]		[][][][] . []	[][][][] . [][]		[]
[][]		[][]		[][][][] . []	[][][][] . [][]		[]

CHILDREN UNDER AGE 6			WEIGHT AND HEIGHT MEASUREMENT OF CHILDREN BORN IN 1998 OR LATER				
LINE NO. FROM COL.(9)	NAME FROM COL.(2)	AGE FROM COL.(7)	What is (NAME)'s date of birth?*	WEIGHT (KILOGRAMS)	HEIGHT (CENTIMETERS)	MEASURED LYING DOWN OR STANDING UP	RESULT 1 MEASURED 2 NOT PRESENT 3 REFUSED 6 OTHER
			DAY MONTH YEAR			LYING STAND.	
[][]		[][]	[][] [][] [][][][]	0 [][][][] . []	[][][][] . [][]	1 2	[]
[][]		[][]	[][] [][] [][][][]	0 [][][][] . []	[][][][] . [][]	1 2	[]
[][]		[][]	[][] [][] [][][][]	0 [][][][] . []	[][][][] . [][]	1 2	[]
[][]		[][]	[][] [][] [][][][]	0 [][][][] . []	[][][][] . [][]	1 2	[]
[][]		[][]	[][] [][] [][][][]	0 [][][][] . []	[][][][] . [][]	1 2	[]
[][]		[][]	[][] [][] [][][][]	0 [][][][] . []	[][][][] . [][]	1 2	[]
[][]		[][]	[][] [][] [][][][]	0 [][][][] . []	[][][][] . [][]	1 2	[]

TICK HERE IF CONTINUATION QUESTIONNAIRE USED

* FOR CHILDREN NOT INCLUDED IN ANY BIRTH HISTORY, ASK DAY, MONTH AND YEAR. FOR ALL OTHER CHILDREN, COPY MONTH AND YEAR FROM 215 IN MOTHER'S BIRTH HISTORY AND ASK DAY.