

5th October 2018

HOUSEHOLD QUESTIONNAIRE



NATIONAL PRIMARY HEALTH CARE DEVELOPMENT AGENCY
 POST YELLOW FEVER CAMPAIGN COVERAGE SURVEY, NIGERIA 2018

HOUSEHOLD INFORMATION PANEL		HM
HM01. State ID number: ___ ___	HM02. State name: _____	
HM03. Cluster number: ___ ___	HM11. Household ID number: ___ ___	
HM05. Interviewer ID: ___ ___ ___	HM07. Supervisor ID: ___ ___ ___	
HM06. Interviewer name: _____	HM08. Supervisor name: _____	
SIA15. Latitude ___ . ___ . ___	SIA16. Longitude ___ . ___ . ___	
<p>WE ARE FROM NATIONAL BUREAU OF STATISTICS. WE ARE CONDUCTING A SURVEY YELLOW FEVER VACCINATION. I WOULD LIKE TO REQUEST TALK TO YOU AND OTHER MEMBERS OF YOUR HOUSEHOLD. THE INTERVIEW WILL TAKE ABOUT 45 MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND ANONYMOUS.</p> <p>HM13. MAY, I START NOW? Yes ----1</p> <p> No-----2-----DISCUSS WITH SUPERVISOR BEFORE ENDING INTERVIEW</p>		

HOUSEHOLD ROOSTER: COMPLETE FOR ALL MEMBERS IN THE HOUSEHOLDS IN THE HOUSEHOLD

HM21 SN	HM22 NAME OF HOUSEHOLD MEMBER	HM23 RELATIONSHIP OF HOUSEHOLD MEMBER TO HOUSEHOLD HEAD	HM24 SEX OF HOUSEHOLD MEMBER 1 MALE 2 FEMALE	HM25 DID THE HOUSEHOLD MEMBER SLEEP HERE LAST NIGHT?	HM26 DATE OF BIRTH (DD, MM, YYYY)	HM27 AGE AT TIME OF CAMPAIGN (COMPLETED YEARS)	HM28 AGE AT TIME OF CAMPAIGN (COMPLETED MONTHS)	HM29 DID THE INDIVIDUAL LIVE HERE DURING THE CAMPAIGN? (COMPLETE ONLY FOR INDIVIDUALS 9 MONTHS TO 44 YEARS)	HM30 CHECK ELIGIBLE FOR POST- CAMPAIGN SURVEY? (9 MONTHS TO 44 YEARS)
1		01	1 2	Y N	__/__/__			Y N	Y N
2		__ __	1 2	Y N	__/__/__			Y N	Y N
3		__ __	1 2	Y N	__/__/__			Y N	Y N
4		__ __	1 2	Y N	__/__/__			Y N	Y N
5		__ __	1 2	Y N	__/__/__			Y N	Y N
6		__ __	1 2	Y N	__/__/__			Y N	Y N
7		__ __	1 2	Y N	__/__/__			Y N	Y N
8		__ __	1 2	Y N	__/__/__			Y N	Y N
9		__ __	1 2	Y N	__/__/__			Y N	Y N
10		__ __	1 2	Y N	__/__/__			Y N	Y N

* Codes for HM23: Relationship to head of household:	01 Head 02 Spouse / Partner 03 Son / Daughter	04 Son-In-Law / Daughter-In-Law 05 Grandchild 06 Parent	07 Parent-In-Law 08 Brother / Sister 09 Brother-In-Law / Sister-In-Law	10 Uncle / Aunt 11 Niece / Nephew 12 Other relative	13 Adopted / Foster/ Stepchild 96 Other (Not related)	98 Don't know
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SELECTION OF INDIVIDUALS TO BE INTERVIEWED FOR THE SIA MODULE SL

SL1. Check HM27 and HM28 in the List of Household Members and write the total number of individuals aged 9-23 months, 24 – 59 months, 5-44 years.

Total number 9 to 23 months..... ___
 Total number 24 to 59 months..... ___
 Total number 5 to 44 years..... ___

SL2. Check the number of individuals in each of the age categories of SL1:

Zero ⇒ Go to the next age category.

One ⇒ Go to SL9 and record the rank number as '1', enter the line number, individuals name and age.

Two or more ⇒ Continue with SL2A.

SL2A. List each of the individuals in each age category below in the order they appear in the List of Household Members. Do not include other household members outside of the age range. Record the line number, name, sex, and age for each individual in the age category. Note that this is repeated for all age categories that have two or more members in SL2 above..

SL3. Rank number	SL4. Line Number from HL1	SL5. Name from HL2	SL6. Sex from HL4		SL7. Age from HL6
Rank	Line	Name	M	F	Age
1	___		1	2	___
2	___		1	2	___
3	___		1	2	___
4	___		1	2	___
5	___		1	2	___
6	___		1	2	___
7	___		1	2	___
8	___		1	2	___

SL8. Check the last digit of the household number (HH2) from the cover page. This is the number of the row you should go to in the table below.

Check the total number of individuals in the specific age category you are interested in SL1 above. This is the number of the column you should go to in the table below.

Find the box where the row and the column meet and circle the number that appears in the box. This is the rank number (SL3) of the selected individual.

Last Digit of Household Number (from HH2)	Total Number of Eligible individuals in the Household (from SL1)						
	2	3	4	5	6	7	8+
1	1	3	1	4	1	6	5
2	2	1	2	5	2	7	6
3	1	2	3	1	3	1	7
4	2	3	4	2	4	2	8
5	1	1	1	3	5	3	1
6	2	2	2	4	6	4	2
7	1	3	3	5	1	5	3

SL9. Record the rank number (SL3), line number (SL4), name (SL5) and age (SL7) of the selected individual.

Rank number ___


Line number ___

Name _____

Age ___

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INDIVIDUAL QUESTIONNAIRE

	<p align="center"> NATIONAL PRIMARY HEALTH CARE DEVELOPMENT AGENCY POST YELLOW FEVER CAMPAIGN COVERAGE SURVEY, NIGERIA 2018 </p>
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ELIGIBLE PERSON INFORMATION PANEL		SIA
<p><i>This questionnaire is to be administered to all selected individuals aged 15 years and above and to mothers or caregivers (see List of Household Member) who care for a selected child that lives with them and is within the age of 9 months – 14 years (see List of Household Members)</i></p>		
<p><i>A separate questionnaire should be used for each eligible member in the household.</i></p>		
SIA01. State ID number: ___ ___	SIA02. State name: _____	
SIA03. Cluster number: ___ ___	SIA11. Household ID number: ___ ___	
SIA05. Interviewer ID: ___ ___ ___	SIA07. Supervisor ID: ___ ___ ___	
SIA06. Interviewer name: _____	SIA08. Supervisor name: _____	
SIA12. Individual listing number (HM21): ___ ___	SIA12a. Eligible member's name (HM23): _____	
SIA09. Day/Month/Year of interview: ___ / ___ / _____ SIA09_d / SIA09_m / SIA09_y	SIA10. Start time of interview Hour and minutes ___:___	

Visit/Attempt 1	Visit/Attempt 2	Visit/Attempt 3
SIA92. Date	SIA94. Date	SIA96. Date
____ (D) ____ (M) ____ (Y)	____ (D) ____ (M) ____ (Y)	____ (D) ____ (M) ____ (Y)
<i>HM13_d HM13_m HM13_y</i>	<i>HM15_d HM15_m HM15_y</i>	<i>HM17_d HM17_m HM17_y</i>
SIA93. Disposition Code	SIA95. Disposition Code	SIA97. Disposition Code
Return later; no one home (fill in # of eligible respondents if you learn it from a neighbour)	Return later; no one home (fill in # of eligible respondents if you learn it from a neighbour)	Return later; no one home (fill in # of eligible respondents if you learn it from a neighbour)
Come back later; interview started but could not complete	Come back later; interview started but could not complete	Come back later; interview started but could not complete
Refused; someone is home but refused to participate	Refused; someone is home but refused to participate	Refused; someone is home but refused to participate
Complete; collected all necessary information	Complete; collected all necessary information	Complete; collected all necessary information
<i>If response is not 4, plan to make a second visit</i>	<i>If response is not 4, plan to make a third visit</i>	<i>If response is not 4, select 1 and move to next household</i>
<i>Repeat greeting if not already read to this respondent:</i>		<i>If greeting at the beginning of the household questionnaire has already been read to this person, then read the following:</i>
<p>WE ARE FROM NATIONAL BUREAU OF STATISTICS. WE ARE CONDUCTING A SURVEY ABOUT THE SITUATION OF CHILDREN, FAMILIES AND HOUSEHOLDS. I WOULD LIKE TO TALK TO YOU ABOUT (<i>child's name from UF3</i>)'s. THE INTERVIEW WILL TAKE ABOUT 20 MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND ANONYMOUS. MAY, I START NOW?</p>		<p>NOW I WOULD LIKE TO TALK TO YOU MORE ABOUT (<i>child's name from household listing</i>)'S RECEIPT OF VACCINATION DURING THE RECENT YELLOW FEVER VACCINATION CAMPAIGN. THIS INTERVIEW WILL TAKE ABOUT 20 MINUTES. AGAIN, ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND ANONYMOUS.</p>

DEMOGRAPHIC INFORMATION		AG
<p>D1. NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT THE DEVELOPMENT AND HEALTH OF <i>(name)</i>.</p> <p>ON WHAT DAY, MONTH AND YEAR WAS <i>(name)</i> BORN?</p> <p><i>Probe:</i> WHAT IS HIS/HER BIRTHDAY?</p> <p><i>If the mother/caretaker knows the exact birth date, also enter the day; otherwise, circle 98 for day.</i></p> <p><i>Month and year must be recorded.</i></p>	<p>Date of birth Day__ __</p> <p>DK day98</p> <p>Month.....__ __</p> <p>Year__ __</p>	
<p>D2. HOW OLD IS <i>(name)</i>?</p> <p><i>Probe:</i> HOW OLD WAS <i>(name)</i> AT HIS/HER LAST BIRTHDAY?</p> <ul style="list-style-type: none"> Record age in completed months if the individual is <5 years and in completed years if the individual ≥5 years . 	<p>Age (in completed months/years)__</p> <p><i>If age is <9 months or ≥45-years go to individual selected from the KISH grid for interviewing, otherwise end interview</i></p>	

IMMUNIZATION		SIA
SIA17. WERE YOU (WAS THE CHILD) LIVING HERE DURING THE CAMPAIGN? (YELLOW FEVER VACCINATION CAMPAIGN IN NOVEMBER/DECEMBER 2018)?	Yes1 No2	
SIA18. WHAT WAS THE PRIMARY SOURCE OF INFORMATION ABOUT THE OCCURRENCE OF THE CAMPAIGN? <i>(Ask the question first, after the person has answered, go through the list of answers to select the primary source.)</i>	Not informed1 Radio2 Television3 Internet4 Criers / mobilisers5 Community health workers6 School7 Family8 Neighbour, friend9 Village chief10 Religious leader11 Other (<i>specify below</i>) 66	66 => SIA19
SIA19. IF OTHER IN 18 ABOVE, PLEASE SPECIFY	<hr/>	
SIA20. DID YOU (THE CHILD) RECEIVE THE YELLOW FEVER VACCINE DURING THE RECENT CAMPAIGN (YELLOW FEVER VACCINATION CAMPAIGN IN NOVEMBER/DECEMBER 2018)?	Yes, card seen 1 Yes, card NOT seen 2 No3 Don't know99	1 => SIA21 3 => SIA25 9 => SIA27
SIA21. DID YOU (THE CHILD) RECEIVE A VACCINATION CARD AFTER RECEIVING THE YELLOW FEVER VACCINE DURING THE RECENT CAMPAIGN?	Yes, card seen1 Yes, card not seen2 No card3 Don't know99	
SIA22. WAS YOUR (THE CHILD) FINGER MARKED WITH A PEN AFTER RECEIVING THE YELLOW FEVER VACCINE DURING THE CAMPAIGN?	Yes, mark seen on the child1 Yes, child not available to check2 No3 Don't know99	

<p>SIA23. DID YOU (THE CHILD) DEVELOP A REACTION AFTER THE VACCINATION?</p>	<p>Yes1 No2</p>	<p>01⇒SIA24 02⇒SIA25</p>
<p>SIA24. IF YES, WHAT WAS THE PROBLEM(S)?</p>	<p>Fever between 7 and 12 days following vaccination?..... A General rash between 7 and 10 days following vaccination?..... B Pain at the site of injection? C Problems with hearing or vision? D Extreme drowsiness, fainting? E Fussiness, irritability, crying for an hour or longer?F Early bruising or bleeding, unusual weakness?G Difficulty in breathing or swallowing? H Itching, especially of feet or hands?I Hives (other itching or irritation)?J Seizure (black-out or convulsions); or High fever (within a few hours or a few days after the vaccine)? K Pain or tiredness of eyes, swelling, or a lump where the shot was given?L Headache (severe or continuing)?M Confusion or dizziness? N low fever; joint or muscle pain? O Other (<i>specify</i>) P</p>	<p>P => SIA24A</p>
<p>SIA24A. IF 'OTHER' TO SIA24, SPECIFY</p>	<p>_____</p>	

<p>SIA25. WHY YOU (THE CHILD) DID NOT RECEIVE THE YELLOW FEVER VACCINE DURING THE CAMPAIGN.?</p> <p><i>(Ask the question first, after the person has answered, go through the list of answers to find the main reason for non-vaccination.)</i></p>	<p>Didn't Know about the campaign.....01</p> <p>Confused with other vaccines (believes that they have already been vaccinated)02</p> <p>Subject or parent / guardian were missing03</p> <p>Fear of injection04</p> <p>Lack of confidence in vaccine05</p> <p>Fear of side effects06</p> <p>Site of vaccination not known.....07</p> <p>Site of vaccination too far08</p> <p>Time of vaccination unsuitable09</p> <p>Waited too long at vaccination site.....10</p> <p>Missing vaccinator at the site11</p> <p>Not authorised by head of household12</p> <p>Religious beliefs13</p> <p>Sick at time of vaccination.....14</p> <p>Absent during time of campaign.....15</p> <p>Too busy to take child16</p> <p>Was ill17</p> <p>Mother ill18</p> <p>Already received Yellow Fever vaccine19</p> <p>Other (<i>specify</i>)66</p>	<p>T => SIA26</p>
<p>SIA26. IF 'OTHER' TO SIA25, PLEASE SPECIFY</p>	<p>_____</p>	

SIA27. BEFORE THE CAMPAIGN, HAD YOU (THE CHILD) ALREADY RECEIVED THE YELLOW FEVER VACCINE?	Yes, dates on card..... 1	1 => SIA27A
	Yes, recall /history..... 2	2 =>SIA27A
	No..... 3	3 =>SIA35
	Don't know 9	9 =>SIA35
SIA27A: REQUEST TO BE SHOWN VACCINATION CARD FOR (NAME)	Yes, card seen 1	1 => SIA28
	No, card not seen..... 2	2 =>SIA35
SIA28. IF THE HOME-BASED VACCINATION RECORD (ROUTINE) IS AVAILABLE, RECORD THE DATES OF VACCINATION: 1ST YELLOW FEVER VACCINATION [WRITE 44 IN THE DD FIELD IF THE VACCINATION IS MARKED ON THE CARD, BUT THERE IS NOT A CLEAR DATE]	____ / ____ / 201____ (DD /MM/ YYYY)	
SIA34. Record date of interview.	____ / ____ / 201____ (DD / MM / YYYY)	
SIA35. Record the end time.	HOUR AND MINUTES__ : __	
SIA36. Interviewers comments.	_____	
SIA37. Supervisors comments.	_____	