QUESTIONNAIRE

List of household members





NATIONAL PRIMARY HEALTH CARE DEVELOPMENT AGENCY POST MEASLES SUPPLEMENTARY IMMUNISATION ACTIVITY SURVEY, NIGERIA 2017

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			
WE ARE FROM NATIONAL BUREAU OF STATISTIC	S WE ARE CONDUCTING A SURVEY ABOUT THE			
SITUATION OF CHILDREN, FAMILIES AND HOUSEH				
·	L TAKE ABOUT 30 MINUTES. ALL THE INFORMATION			
WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND ANONYMOUS.				
HM13. MAY, I START NOW? YES1	IGG NUMBY GUDEDUIGOD DEFODE ENDING DYMEDUIEN			
NO2 DISCU	ISS WITH SUPERVISOR BEFORE ENDING INTERVIEW			

HOUSEHOLD ROSTER: COMPLETE FOR ALL MEMBERS IN THE HOUSEHOLDS

HM21 SN	HM22 NAME OF HOUSEHOLD MEMBER	HM23 RELATIONSHIP OF HOUSEHOLD MEMBER TO HOUSEHOLD HEAD	HM24 SEX OF CHILD 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 – NOVEMBER 2017 (COMPLETED YEARS)	HM28 AGE AT TIME OF CAMPAIGN – NOVEMBER 2017 (COMPLETED MONTHS FOR ALL CHILDREN LESS THAN 6 YEARS)	HM29 DID THE CHILD LIVE HERE DURING THE CAMPAIGN? (COMPLETE ONLY FOR CHILDREN 9— 59 MONTHS)	HM30 CHECK ELIGIBLE FOR POST- CAMPAIGN SURVEY? (9–59 MONTHS)
1		01	1 2	Y N				Y N	ΥN
2			1 2	ΥN	//			Y N	ΥN
3			1 2	Y N	//			Y N	Y N
4			1 2	Y N	//			Y N	ΥN
5			1 2	Y N	//			Y N	Y N
6			1 2	Y N	//			Y N	YN
7			1 2	Y N	//			ΥN	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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Individual questionnaire





NATIONAL PRIMARY HEALTH CARE DEVELOPMENT AGENCY POST MEASLES SUPPLEMENTARY IMMUNISATION ACTIVITY SURVEY, NIGERIA 2017

CHILDREN 9 – 59 MONTHS INFORMATION PANEL

SIA

This questionnaire is to be administered to all mothers or caregivers (see List of Household Member) who care for a child that lives with them and is within the age of 9 months – 59 months (5 years) (see List of Household Members)

A separate questionnaire should be used for each eligible child in the household.

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. Child listing number (HM21):	SIA12a. Child name (HM23):
SIA09. Day/Month/Year of interview://	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)
HM13_d HM13_m HM13_y	HM15_d HM15_m HM15_y	HM17_d HM17_m HM17_y
SIA93. Disposition Code	SIA95. Disposition Code	SIA97. Disposition Code
Return later; no one home (fill in # of	Return later; no one home (fill in # of	Return later; no one home (fill in # of
eligible respondents if you learn it from	eligible respondents if you learn it from	eligible respondents if you learn it from
a neighbour)1	a neighbour)1	a neighbour)1
Come back later; interview started but	Come back later; interview started but	Come back later; interview started but
could not complete2	could not complete2	could not complete2
'	'	•
Refused; someone is home but refused	Refused; someone is home but	Refused; someone is home but
to participate	refused to participate3	refused to participate3
to participate	Teluseu to participate	Teluseu lo participate

	Complete; collected all necessary information	information	ted all necessary 4, plan to make a third	Complete; collected all necessary information
Repeat greeting if not already read to this respondent:		If greeting at the beginni	ng of the household questionnaire has	

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 (child's name from UF3)'s. THE INTERVIEW WILL TAKE ABOUT 20 MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND ANONYMOUS. MAY, I START NOW?

already been read to this person, then read the following:

Now I would like to talk to you more about (child's name from household listing)'S RECEIPT OF VACCINATION DURING THE RECENT MEASLES VACCINATION CAMPAIGN. THIS INTERVIEW WILL TAKE ABOUT **20** MINUTES. AGAIN, ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND ANONYMOUS.

DEMOGRAPHIC INFORMATION		AG
D1.Now I would like to ask you some questions about the development and health of (name). On what day, month and year was (name) born? Probe: What is his/her birthday? If the mother/caretaker knows the exact birth date, also enter the day; otherwise, circle 98 for day. Month and year must be recorded.	Date of birth Day 98 DK day 98 Month 201	
Probe: How OLD IS (name)? Probe: How OLD WAS (name) AT HIS/HER LAST BIRTHDAY? Record age in completed months. Record '0' if less than 1 month.	Age (in completed months)	

Compare and correct AG1 and/or AG2 if	
compare and correct riol and, or riol if	İ
inconsistent.	
	1

IMMUNIZATION		IIM
SIA17. WAS THE CHILD LIVING HERE DURING THE CAMPAIGN? (MEASLES VACCINATION CAMPAIGN IN NOVEMBER/DECEMBER 2017)?	Yes	
SIA18. What was the primary source of information about the occurrence of the campaign? (Ask the question first, after the person has answered, go through the list of answers to select the primary source.)	Not informed 1 Radio 2 Television 3 Internet 4 Criers 5 Community health workers 6 School 7 Family 8 Neighbour, friend 9 Village chief 10 Religious leader 11 Community mobilisers 12 Other (specify below) 66	66 => SIA19
SIA19. IF OTHER IN 18, PLEASE SPECIFY		00 =7 0110
SIA20. DID THE CHILD RECEIVE THE MEASLES VACCINE DURING THE RECENT CAMPAIGN (MEASLES VACCINATION CAMPAIGN IN NOVEMBER/DECEMBER 2017)?	Yes 1 No 3 Don't know 9	1 => SIA21 3 => SIA25 9 => SIA27
SIA21. DID THE CHILD RECEIVE A VACCINATION CARD AFTER RECEIVING THE MEASLES VACCINE DURING THE RECENT CAMPAIGN?	Yes, card seen 1 Yes, card not seen 2 No card 3 Don't know 9	
SIA22. WAS THE FINGER OF THE CHILD MARKED WITH A PEN AFTER RECEIVING THE MEASLES VACCINE DURING THE CAMPAIGN?	Yes, mark seen on the child	
SIA23. DID THE CHILD DEVELOP A REACTION AFTER THE VACCINATION?	Yes	01⇔SIA24 02⇔SIA25

SIA24. IF YES, WHAT WAS THE PROBLEM(S)?	Fever between 7 and 12 days following vaccination?	
	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?	
	Early bruising or bleeding, unusual weakness?. G	
	Difficulty in breathing or swallowing? H	
	Itching, especially of feet or hands?	
	Hives (other itching or irrigation)?	
	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)?	
	Confusion or dizziness? N	
	low fever; joint or muscle pain? O	
	Other (specify)P	P=> SIA24A
SIA24a. IF 'OTHER' TO SIA24, SPECIFY		

SIA25. IF THE CHILD DID NOT RECEIVE THE MEASLES VACCINE DURING THE CAMPAIGN, WHY?	Didn't Know about the campaign	
(Ask the question first, after the person has answered, go through the list of answers to find the main reason for non-vaccination.)	Subject or parent / guardian were missing 03	
the man reason for non racemanon.	Fear of injection04	
	Lack of confidence in vaccine05	
	Fear of side effects06	
	Site of vaccination not known07	
	Site of vaccination too far08	
	Time of vaccination unsuitable	
	Waited too long at vaccination site10	
	Missing vaccinator at the site11	
	Not authorised by head of household12	
	Religious beliefs13	
	Sick at time of vaccination14	
	Absent during time of campaign15	
	Too busy to take child16	
	Child ill17	
	Mother ill18	
	Child already received measles vaccine19	
	Other (<i>specify</i>)66	T=> SIA26
SIA26. IF 'OTHER' TO SIA25, PLEASE SPECIFY		1 -> 01/120

SIA27. BEFORE THE CAMPAIGN, HAD THE CHILD ALREADY RECEIVED THE MEASLES VACCINE?	Yes, dates on card 1 Yes, recall /history 2 No 3 Don't know 9	\$
SIA27a: REQUEST TO BE SHOWN VACCINATION CARD FOR (NAME)	Yes, card seen	1 => SIA28 2 => SIA35
SIA28. IF THE HOME-BASED VACCINATION RECORD (ROUTINE) IS AVAILABLE, RECORD THE DATES OF VACCINATION: 1ST MEASLES 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)	
SIA35. Record the end time.	HOUR AND MINUTES::::::_	