



Federal Republic of Nigeria
National Bureau of Statistics Abuja, Nigeria



NATIONAL LONGITUDINAL PHONE SURVEY (NLPS) 2021-2022

PHASE 2

Baseline (Round 1)

Household Questionnaire

THIS INFORMATION IS STRICTLY CONFIDENTIAL AND IS TO BE USED FOR STATISTICAL PURPOSES ONLY.

SECTION A: HOUSEHOLD IDENTIFICATION

	Name	Code
1. Zone	_____	<input type="text"/>
2. STATE:	_____	<input type="text"/> <input type="text"/>
3. LGA	_____	<input type="text"/> <input type="text"/>
4. SECTOR (Urban=1, Rural=2)	_____	<input type="text"/>
5. EA	_____	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
6. HHID	_____	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
7. HOUSEHOLD HEAD NAME	_____	_____

SECTION 1: INTERVIEW INFORMATION

Section 1. Interview Information

INTERVIEWER: RECORD A NEW ATTEMPT EVERY TIME YOU CALL A NUMBER (EVEN IF YOU ARE CALLING THE SAME NUMBER MULTIPLE TIMES).

	1.	2.	3.	4.	5.	6.
C A L L A T T E M P T	INTERVIEWER: SELECT THE PHONE NUMBER DIALLED	TIME OF CALL ATTEMPT	INTERVIEWER: DID ANYONE ANSWER THE PHONE? YES.....1 NO, NOBODY ANSWERED.....2 >> NEXT ATTEMPT NO, NUMBER DOES NOT EXIST....3 >> NEXT ATTEMPT NO, PHONE SWITCHED OFF/NOT REACHABLE...4 >> NEXT ATTEMPT	INTERVIEWER READ TO THE RESPONDENT: Hello, my name is ____ and I work for National Bureau of Statistics (NBS). NBS is carrying out a COVID-19 phone survey in Nigeria. The purpose of this study is to examine the impact of and responses to the coronavirus in the country. I am trying to reach [NAME OF PHONE OWNER] or any other adult living with [HEAD NAME]? Who am I speaking to please?	INTERVIEWER: ARE YOU SPEAKING TO A HOUSEHOLD MEMBER? YES.....1 >> Q7 NO.....2 CANNOT UNDERSTAND THEIR LANGUAGE...3 >> NEXT ATTEMPT	INTERVIEWER READ OUT: Could you give me their number or visit them so I can call them using your phone? It is really important for me to be able to speak to them. Please only visit them if you can practice social/physical distancing to keep yourself and others safe. RECORD RESPONSE NO, DON'T KNOW THE HOUSEHOLD.....1 >> NEXT ATTEMPT NO, CAN'T/WON'T CONNECT TO HOUSEHOLD.....2 >> NEXT ATTEMPT YES, PHONE NUMBER.....3 >> RECORD IN PHONE NUMBER ROSTER YES, VISIT HOUSEHOLD / CALL BACK LATER.....4 >> Q11a
	1					
	2					
	3					
	4					
	5					

SECTION 1: INTERVIEW INFORMATION

C A L L A T E M P T	7. INTERVIEWER READ TO THE RESPONDENT: We would like to invite you to participate in this survey. The survey questions are related to health, education, employment. The interview should last about 25 minutes. We ask you to be as honest and open as possible. The survey will not be used to determine if your household is eligible to receive any assistance from the government. Any personal information you share with us will be kept strictly confidential until the study is completed according to applicable national laws and will be only shared with the World Bank for research and statistical purposes. Your personal information will also be used to contact you for future rounds of the survey. At that point, you will be asked for your consent to be interviewed again. If at any point there are any questions you do not feel comfortable answering, you can choose not to answer them. You can also choose to stop the interview at any point. This call will not cost you any airtime. To thank you for your participation, we will also transfer airtime to your phone. If you have any questions about this survey or about your personal information, you can contact us at XXXX (Mr. XXXX). Do you agree to participate?	8. INTERVIEWER: DOES THE RESPONDENT AGREE TO BE INTERVIEWED? YES.....1 NO, NOT NOW...2 >> Q10 NO, REFUSED...3 >> INTERVIEW RESULT	9. INTERVIEWER: RECORD THE NAME OF THE RESPONDENT IF THE PERSON IS A NEW MEMBER, ADD TO THE ROSTER FIRST >> NEXT SECTION	10. Can I call you back later at a time that works better for you? It is really important for us to speak to you or anyone else in your household. YES.....1 NO.....2 >> INTERVIEW RESULT	11a. On what day?	11b. What time?
1						
2						
3						
4						
5						

SECTION 1: INTERVIEW INFORMATION

Section 1b. Phone Number Roster

INTERVIEWER: THE LIST INCLUDES ALL KNOWN NUMBERS FOR THE HOUSEHOLD. ADD ANY NEW NUMBERS HERE. MAKE CORRECTIONS TO EXISTING NUMBERS IF NEEDED

P H O N E N U M B E R I D	12a. PHONE NUMBERS: INTERVIEWER, THE LIST INCLUDES ALL KNOWN NUMBERS FOR THE HOUSEHOLD. ADD ANY NEW NUMBERS HERE.	12. WHO'S NUMBER IS IT?	13. IS [NAME] A HOUSEHOLD MEMBER? YES.....1 >> Q15 NO.....2	14. WHAT IS [NAME]'s RELATIONSHIP WITH THE HEAD OF THE HOUSEHOLD?	15. WHAT IS [NAME]'s RELATIONSHIP WITH THE HEAD OF THE HOUSEHOLD? HEAD01 SPOUSE02 OWN CHILD03 STEP CHILD04 ADOPTED CHILD05 GRANDCHILD06 BROTHER/SISTER07 NIECE/NEPHEW08 BROTHER/SISTER-IN-LAW09 PARENT10 PARENT-IN-LAW11 SON-IN-LAW/DAUGHTER-IN-LAW.....16 DOMESTIC HELP (RESIDENT)12 OTHER RELATION (SPECIFY)14 OTHER NON-RELATION (SPECIFY)15
1					
2					
3					
4					
5					

Section 2. Household Roster Update

INTERVIEWER READ OUT: Let's begin. First, I would like to check with you if the people we recorded during our last visit are still members of your household. By household I mean people who normally sleep in the same dwelling and share their meals together.

I N D I V I D U A L I D		1.	2.	3.	4.
	ENUMERATOR: ALL HOUSEHOLD MEMBERS RECORDED DURING THE POST-HARVEST INTERVIEW OF THE GHS ARE PRE-FILLED IN Q1. FOR ALL PRE-FILLED MEMBERS, ASK QUESTIONS Q3 AND Q4. AFTER YOU HAVE ASKED ABOUT ALL PRE-FILLED MEMBERS, THEN ASK: "Is there anyone who is a member of your household that i haven't mentioned?" IF YES, THEN ASK, RECORD THEIR NAMES AND ASK Q5 - Q7.	NAME CAPI: PRE-FILLED NAMES FROM LAST INTERVIEW ENUMERATOR: ADD NEW MEMBERS HERE	CAPI/ENUMERATOR: IS [NAME] A NEW MEMBER ADDED IN THIS INTERVIEW? YES.1 >> Q5 NO..2	Is [NAME] still a member of the household? YES.1 >> Q9a NO..2	Why did [NAME] leave the household? DO NOT READ OPTIONS DIVORCE/SEPARATION.....1 LEFT FOR STUDIES/EDUCATIONAL OPPORTUNITY.....2 LEFT FOR WORK.....3 LEFT TO FIND BETTER LAND.....4 HEALTH REASONS.....5 SECURITY REASONS.....6 FOR MARRIAGE/ COHABITATION.....7 TO JOIN THEIR FAMILY ALREADY LIVING IN ANOTHER LOCATION...8 MOVED WITH FAMILY.....9 LEFT TO SET UP OWN HOME.....10 UNABLE TO STAY DUE TO CONFLICT (MILITANCY/INSURGENCY)...11 DISPUTE WITH OTHER HOUSEHOLD MEMBERS/COMMUNITY.....12 ABDUCTED/KIDNAPPED.....13 DEAD.....14 OTHER (SPECIFY).....15 >> NEXT PERSON
	1				
	2				
	3				
	4				
	5				
	6				
	7				
	8				
	9				
10					

SECTION 2: HOUSEHOLD ROSTER UPDATE

I N D I V I D U A L I D	5.	6.	7a.	7.	8.
	What is [NAME]'s sex? MALE ...1 FEMALE .2	What is [NAME]'s age (IN COMPLETED YEARS)?	IS THE PREFILLED HEAD OF THE HOUSEHOLD STILL A MEMBER OF THE HOUSEHOLD? YES..1 NO..2 >> Q9	What is [NAME]'s relationship to the head of household? DO NOT READ OPTIONS HEAD01 SPOUSE02 OWN CHILD03 STEP CHILD04 ADOPTED CHILD05 GRANDCHILD06 BROTHER/SISTER07 NIECE/NEPHEW08 BROTHER/SISTER-IN-LAW09 PARENT10 PARENT-IN-LAW11 SON-IN-LAW/DAUGHTER-IN-LAW.....16 DOMESTIC HELP (RESIDENT)12 OTHER RELATION (SPECIFY)14 OTHER NON-RELATION (SPECIFY)15	Why did [NAME] join this household? NEW BORN.....1 ADOPTED CHILD.....2 MARRIAGE /COHABITATION.....3 DIVORCE /SEPARATION.....4 RETURNED FROM COLLEGE/UNIV.....5 RETURNED FROM INSTITUTION.....6 MOVED IN WITH PARENT OR RELATIVE.....7 SHARED ACCOMODATION.....8 RETURN FROM WORK MIGRATION.....9 MISTAKENLY NOT REPORTED OR FORGOTTEN LAST VISIT.....10 DISPLACEMENT DUE TO CONFLICT (MILITANCY/ INSURGENCY).....11 CORONAVIRUS (COVID-19) RELATED...12 OTHER (SPECIFY).....96 >> NEXT PERSON
1					
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8					
9					
10					

SECTION 2: HOUSEHOLD ROSTER UPDATE

I N D I V I D U A L I D	9. What is [NAME]'s relationship to the NEW head of household? DO NOT READ OPTIONS HEAD01 SPOUSE02 OWN CHILD03 STEP CHILD04 ADOPTED CHILD05 GRANDCHILD06 BROTHER/SISTER07 NIECE/NEPHEW08 BROTHER/SISTER-IN-LAW09 PARENT10 PARENT-IN-LAW11 SON-IN-LAW/DAUGHTER-IN-LAW16 DOMESTIC HELP (RESIDENT)12 OTHER RELATION (SPECIFY)14 OTHER NON-RELATION (SPECIFY)15	10. IS [NAME] BETWEEN 5 AND 18 YEARS OLD? YES.1 NO..2 >> NEXT PERSON	11. Is [NAME] currently attending school? YES.1 >> Q13 NO..2	12. Why is [NAME] not currently attending school? SCHOOLS CLOSED DUE TO CORONAVIRUS..1 SCHOOLS CLOSED FOR HOLIDAYS.....2 WORRIED ABOUT RISK OF CONTRACTING THE VIRUS.....14 HAD ENOUGH/COMPLETED SCHOOLING....3 AWAITING ADMISSION.....4 NO SCHOOL NEARBY/LACK OF TEACHERS..5 NO TIME/NO INTEREST.....6 LACK OF MONEY.....7 MARITAL OBLIGATION.....8 DEATH OF PARENTS.....9 TOO YOUNG TO ATTEND.....10 TOO OLD TO ATTEND.....11 DOMESTIC OBLIGATION.....12 CONFLICT (MILITANCY/ INSURGENCY)..13 OTHER (SPECIFY).....96	13. In what level is [NAME] currently enrolled? NURSERY 1.....01 NURSERY 2.....02 NURSERY 3.....03 PRIMARY 1.....11 PRIMARY 2.....12 PRIMARY 3.....13 PRIMARY 4.....14 PRIMARY 5.....15 PRIMARY 6.....16 JS1.....21 JS2.....22 JS3.....23 SS1.....24 SS2.....25 SS326 TVET/VOCATIONAL..31 UNIVERSITY.....32 OTHER POST-SECONDARY (SPECIFY)..96 QUARANIC.....51 INTEGRATED QUARANIC.....52
1					
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7					
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10					

Section 5f. Access to Health Services

Instruction: randomized

1.	2.	3.	4.	5.
<p>Are you or any member of your household currently covered by any health insurance?</p> <p>YES..1 NO..2 >> Q3</p>	<p>Who pays for the health insurance (partially or fully) of the household members?</p> <p>READ OPTIONS</p> <p>SELECT ALL THAT APPLY</p> <p>Employer - Government.....1 Employer - Non-Government Organization..2 Employer - Private business/company....3 Community4 Private (individually acquired).....5 Other (Specify).....96</p>	<p>Have you or any member of your household needed any health services (treatment or consultation) in the past 4 weeks whether there was illness or not?</p> <p>YES1 NO2 >> NEXT SECTION</p>	<p>What type of service(s) or care did you or any member of your household need?</p> <p>READ ALL OPTIONS/DO NOT READ OPTIONS</p> <p>SELECT ALL THAT APPLY</p> <p>COVID-19 related service (screening/diagnostic test, vaccination, treatment).....1 Family planning services.....2 Vaccination services (non-COVID).....3 Maternal health/ pregnancy care.....4 Child care (non-COVID).....5 Adult care (non-COVID).....6 Emergency (non-COVID).....7 Pharmacy / Chemist services.....8 Other (SPECIFY).....96</p>	<p>Were you or the member of your household able to get [SERVICE] in the past 4 weeks?</p> <p>ASK THE QUESTION FOR EACH DIFFERENT SERVICE MARKED "YES" IN Q4</p> <p>YES ...1 >> Q7 NO2</p>

SECTION 5F: ACCESS TO HEALTH SERVICES

Instruction: randomized

6.	7.	8.	9.				10.
<p>What was the main reason you or the member of your household were not able to get [SERVICE] in the past 4 weeks?</p> <p>ASK THE QUESTION FOR EACH SERVICE MARKED "YES" IN Q4</p> <p>READ ALL OPTIONS/DO NOT READ OUT OPTIONS</p> <p>LACK OF MONEY1 NO MEDICAL PERSONNEL AVAILABLE.....2 TURNED AWAY BECAUSE FACILITY WAS FULL3 TURNED AWAY BECAUSE FACILITY WAS CLOSED.....4 HOSPITAL/CLINIC NOT HAVING ENOUGH SUPPLIES OR TESTS...5 HEALTH FACILITY IS TOO FAR.....6 FEAR OF CONTRACTING CORONAVIRUS.....7 LOCKDOWN/TRAVEL RESTRICTIONS.....8 LACK OF TRANSPORTATION.....9 OTHER (SPECIFY)96</p> <p>>> NEXT SECTION</p>	<p>Where was [SERVICE] received?</p> <p>ASK THE QUESTION FOR EACH SERVICE MARKED "YES" IN Q4</p> <p>HOSPITAL.....1 CLINIC/HEALTH POST.....2 PHARMACY.....3 CHEMIST SHOP (DRUG SHOP).....4 MATERNITY HOME/ MATERNAL AND CHILD HEALTH POST.....5 CONSULTANT'S HOME.....6 PATIENT'S HOME...7 TRADITIONAL HEALER'S HOME...8 FAITH BASED HOME9 OTHER (SPECIFY)...96</p>	<p>Did you, or any member of your household, have to pay out of your own pocket fees to use this [SERVICE] in the past 4 weeks?</p> <p>ASK THE QUESTION FOR EACH SERVICE MARKED "YES" IN Q4</p> <p>YES.1 NO..2 >> Q10</p>	<p>How much did your household pay out-of-pocket for [ITEM] for the [SERVICE] received in the past 4 weeks?</p> <p>ASK THE QUESTION FOR EACH SERVICE MARKED "YES" IN Q4</p> <p>RECORD -9999 IF DON'T KNOW</p>				<p>How satisfied were you with this [SERVICE] received?</p> <p>ASK THE QUESTION FOR EACH SERVICE MARKED "YES" IN Q5</p> <p>Very satisfied.....1 Satisfied.....2 Unsatisfied.....3 Very unsatisfied.....4 DON'T KNOW.....5</p>
			Examination /Medical visits	Drugs	Transportation	Other expenses (Specify)	

SECTION 6: EMPLOYMENT

Section 6. Employment

STATUS IN EMPLOYMENT		WHY NOT CURRENTLY WORKING		JOB SEARCH	
1.	1a.	1b.	1c.	3a.	3b.
<p>Last week, that is from Monday [DATE] up to Sunday [DATE], did you do any work for pay, do any kind of business, farming or other activity to generate income, even if only for one hour?</p> <p>YES...1 >> Q5a NO...2</p>	<p>Even though you did not work last week, do you have a job, business or family farm from which you were absent last week to which you expect to return?</p> <p>YES...1 NO...2 >> Q3a</p>	<p>When do you expect to return to this job?</p> <p>WITHIN ONE WEEK.....1 WITHIN ONE MONTH.....2 WITHIN THREE MONTHS.....3 IN MORE THAN THREE MONTHS....4 ONCE RESTRICTIONS ARE LIFTED..5 DON'T KNOW.....98</p>	<p>Why did you not work last week?</p> <p>DO NOT READ OPTIONS</p> <p>BUSINESS / OFFICE CLOSED DUE TO CORONAVIRUS RECOMMENDATIONS.....1 BUSINESS / OFFICE CLOSED DUE TO ENDSARS PROTESTS.....15 BUSINESS / OFFICE CLOSED FOR ANOTHER REASON2 LAID OFF WHILE BUSINESS CONTINUES.....3 LAID OFF BY EMPLOYER TEMPORARILY/LEAVE OF ABSENCE (FURLOUGHED).....4 VACATION5 ILL / QUARANTINED6 MATERNITY LEAVE.....18 NEED TO CARE FOR ILL RELATIVE7 SEASONAL WORKER.....8 RETIRED.....9 NOT ABLE TO GO TO FARM DUE TO MOVEMENT RESTRICTIONS10 NOT ABLE TO FARM DUE TO LACK OF INPUTS .11 NOT ABLE TO OPERATE BUSINESS DUE TO LACK OF BUSINESS INPUTS.....17 NOT FARMING SEASON/WAITING FOR HARVEST .12 ROTATION OF PERSONEL DUE TO CORONAVIRUS (MY TURN IS NEXT WEEK)13 CONFLICT/INSURGENCY.....14 OTHER (SPECIFY)96</p> <p>>> Q10</p>	<p>During the last four weeks, did you do anything to find a paid job or start a business?</p> <p>YES...1 NO...2 >> Q9</p>	<p>What did you mainly do in the last four weeks to find a paid job or start a business?</p> <p>DO NOT READ OPTIONS</p> <p>APPLY TO PROSPECTIVE EMPLOYERS.....1 PLACE OR ANSWER JOB ADVERTISEMENTS.....2 STUDY OR READ JOB ADVERTISEMENTS.....3 REGISTER WITH (EMPLOYMENT CENTER).....4 REGISTER WITH PRIVATE RECRUITMENT OFFICES.....5 TAKE A TEST OR INTERVIEW.....6 SEEK HELP FROM RELATIVES, FRIENDS, OTHERS.....7 CHECK AT FACTORIES, WORK SITES.....8 WAIT ON THE STREET TO BE RECRUITED.....9 SEEK FINANCIAL HELP TO START A BUSINESS..10 LOOK FOR LAND, BUILDING, EQUIPMENT, MATERIALS TO START A BUSINESS.....11 APPLY FOR PERMIT OR LICENSE TO START A BUSINESS.....12 OTHER (SPECIFY)96</p> <p>>> Q9</p>

SECTION 6: EMPLOYMENT

10.	10b.
<p>Did you lose your job due to the pandemic that started in March 2020?</p> <p>YES.1 NO..2 >> NEXT SECTION</p>	<p>In which month(s) did you not work due to job loss?</p> <p>March 2020.....1 April 2020.....2 May 2020.....3 June 2020.....4 July 2020.....5 August 2020.....6 September 2020..7 October 2020...8 November 2020..9 December 2020..10 January 2021...11 February 2021..12 March 2021.....13 April 2021.....14 May 2021.....15 June 2021.....16 July 2021.....17 August 2021....18 September 2021.19 October 2021...20 November 2021..21</p>

Section 6. Non-Farm Enterprise

<p>11.</p> <p>Since January 2021, did you or any member of your household operate a non-farm family business?</p> <p>YES.1 NO..2 >> NEXT SECTION</p>	<p>11c.</p> <p>Please describe the main activity of this family business.</p> <p>PLEASE WRITE A SHORT DESCRIPTION OF THE FAMILY BUSINESS</p>	<p>12.</p> <p>INTERVIEWER: WHICH OF THE FOLLOWING BEST DESCRIBES THE SECTOR OF THE FAMILY BUSINESS?</p> <p>AGRICULTURE, HUNTING, FISHING1 MINING, MANUFACTURING2 ELECTRICITY, GAS, WATER SUPPLY3 CONSTRUCTION4 BUYING & SELLING GOODS, REPAIR OF GOODS, HOTELS & RESTAURANTS5 TRANSPORT, DRIVING, POST, TRAVEL AGENCIES6 PROFESSIONAL ACTIVITIES: FINANCE, LEGAL, ANALYSIS, COMPUTER, REAL ESTATE7 PUBLIC ADMINISTRATION8 PERSONAL SERVICES, EDUCATION, HEALTH, CULTURE, SPORT, DOMESTIC WORK, OTHER..9</p>	<p>15.</p> <p>Has the non-farm family business you or your household operated faced any of the following challenges due to the coronavirus?</p> <p>READ OUT OPTIONS AND RECORD Y/N RESPONSE</p> <p>YES.1 NO..2</p>												
		<table border="1"> <tr> <td data-bbox="957 748 1125 967">Difficulty buying and receiving supplies and inputs to run my business</td> <td data-bbox="1125 748 1272 967">Difficulty raising money for the business</td> <td data-bbox="1272 748 1440 967">Difficulty repaying loans or other debt obligations</td> <td data-bbox="1440 748 1598 967">Difficulty paying rent for business location</td> <td data-bbox="1598 748 1734 967">Difficulty paying workers</td> <td data-bbox="1734 748 1881 967">Difficulty selling goods or services to customers</td> <td data-bbox="1881 748 2011 967">Other difficulty (SPECIFY)</td> </tr> </table>							Difficulty buying and receiving supplies and inputs to run my business	Difficulty raising money for the business	Difficulty repaying loans or other debt obligations	Difficulty paying rent for business location	Difficulty paying workers	Difficulty selling goods or services to customers	Other difficulty (SPECIFY)
Difficulty buying and receiving supplies and inputs to run my business	Difficulty raising money for the business	Difficulty repaying loans or other debt obligations	Difficulty paying rent for business location	Difficulty paying workers	Difficulty selling goods or services to customers	Other difficulty (SPECIFY)									

SECTION 6: NON-FARM ENTERPRISE

15a.	15b.
<p>Have you changed or are planning to change the way you conduct business due to the coronavirus?</p> <p>YES.1 NO..2 >> Q16</p>	<p>What type of changes have you done or are planning to make on the way you conduct your business due to the coronavirus?</p> <p>READ OUT THE OPTIONS</p> <p>SELECT ALL THAT APPLY</p> <p>Requiring customers to wear masks.....1 Keeping distance between customers.....2 Allowing a reduced number of customers at a time.....3 Use of phone and or social media to sell product/services.....4 Switched to delivery only.....5 Switched type of product/services sold...6 Other (specify).....96</p>

SECTION 9A: COVID-19 VACCINE

Section 9a. COVID-19 Vaccine

INTERVIEWER READ OUT: Now I'd like to ask you some questions on COVID-19 vaccine to understand people's attitudes towards COVID-19 vaccines. This will not be used to determine your eligibility to receive COVID-19 vaccine or to provide you with COVID-19 vaccine.

<p>1.</p> <p>Do you know if your country has started COVID-19 vaccination?</p> <p>YES...1 NO....2 >> Q10</p>	<p>2.</p> <p>Who/what (institution/body/entity) are your sources of information regarding COVID-19 vaccines?</p> <p>DO NOT READ OPTIONS</p> <p>SELECT ALL THAT APPLY</p> <p>DOCTORS/NURSES/PHARMACISTS/ CHEMIST/HEALTH WORKERS.....1 SCIENTISTS AND EPIDEMIOLOGISTS..2 CELEBRITIES AND SOCIAL MEDIA INFLUENCERS.....3 NGO OUTREACH PROGRAMS.....4 OTHER OUTREACH PROGRAMS.....5 LOCAL GOVERNMENT AUTHORITY6 FEDERAL GOVERNMENT AUTHORITY7 STATE GOVERNMENT AUTHORITY.....8 NEIGHBORS / FAMILY / FRIENDS / COLLEAGUES.....9 RELIGIOUS ORGANIZATIONS.....10 TRADITIONAL HEALER.....11 TRADITIONAL RULER.....12 MEDIA.....13 OTHER (SPECIFY).....96</p>	<p>2a.</p> <p>Which source of information do you trust the most?</p> <p>DOCTORS/NURSES/PHARMACISTS/ CHEMIST/HEALTH WORKERS.....1 SCIENTISTS AND EPIDEMIOLOGISTS..2 CELEBRITIES AND SOCIAL MEDIA INFLUENCERS.....3 NGO OUTREACH PROGRAMS.....4 OTHER OUTREACH PROGRAMS.....5 LOCAL GOVERNMENT AUTHORITY6 FEDERAL GOVERNMENT AUTHORITY ..7 STATE GOVERNMENT AUTHORITY.....8 NEIGHBORS / FAMILY / FRIENDS / COLLEAGUES.....9 RELIGIOUS ORGANIZATIONS.....10 TRADITIONAL HEALER.....11 TRADITIONAL RULER.....12 MEDIA.....13 OTHER (SPECIFY).....96 TRUST ALL EQUALLY.....98 NONE.....99</p>	<p>2b.</p> <p>Through what channels did you receive this information from the source you trust the most?</p> <p>DO NOT READ OPTIONS</p> <p>SELECT ALL THAT APPLY</p> <p>IN-PERSON1 POSTER / BILLBOARD / FLYER2 RADIO3 TELEVISION4 SMS5 PHONE6 NEWSPAPER7 SOCIAL MEDIA (FACEBOOK, INSTAGRAM, WHATSAPP, ETC.)...8 OTHER INTERNET SOURCE.....9 OTHER (SPECIFY).....96</p>	<p>3.</p> <p>Have you been vaccinated for COVID-19?</p> <p>YES...1 NO....2 >> Q9</p>	<p>4.</p> <p>When did you receive the first shot of COVID-19 vaccine?</p> <p>MONTH YEAR</p>	<p>5.</p> <p>How many shots of COVID-19 vaccine have you received?</p> <p>ONE.....1 TWO.....2 >> Q6B MORE THAN TWO..3 >> Q6B</p>
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SECTION 9A: COVID-19 VACCINE

6a.	6b.	7.	8.	9.	10.
<p>Where did you get vaccinated for COVID-19?</p> <p>HOSPITAL.....1 CLINIC.....2 LOCAL HEALTH CENTER...3 PHARMACY.....4 SENIOR LIVING CENTER..5 MASS VACCINATION SITE.6 WORKPLACE.....7 RELIGIOUS WORSHIP CENTRES.....8 OTHER (SPECIFY).....96</p>	<p>Where did you get vaccinated for COVID-19?</p> <p>SELECT ALL THAT APPLY</p> <p>HOSPITAL.....1 CLINIC.....2 LOCAL HEALTH CENTER...3 PHARMACY.....4 SENIOR LIVING CENTER..5 MASS VACCINATION SITE.6 WORKPLACE.....7 RELIGIOUS WORSHIP CENTRES.....8 OTHER (SPECIFY).....96</p>	<p>What are your main reasons for getting vaccinated for COVID-19 apart from protecting your health?</p> <p>RECORD UP TO TWO REASONS</p> <p>DO NOT READ OPTIONS</p> <p>PROTECTING MY HEALTH IS THE ONLY REASON..1 PROTECTING COMMUNITY'S HEALTH.....2 GOVERNMENT MANDATE.....3 REQUIRED FOR SCHOOL ATTENDANCE.....4 EMPLOYER MANDATE.....5 AVOID PUBLIC HEALTH MEASURES FOR UNVACCINATED.....6 TAKE PART IN PUBLIC LIFE /SOCIAL EVENTS..7 BE ABLE TO TRAVEL.....8 PEOPLE IN MY COMMUNITY/ FAMILY DID IT TOO.....9 RECEIVED FINANCIAL OR IN-KIND INCENTIVE.10 OTHER (SPECIFY).....96</p>	<p>How likely are you to encourage others to get the COVID-19 vaccine?</p> <p>READ OPTIONS</p> <p>Very likely.....1 Somewhat likely...2 Neither likely nor unlikely.....3 Somewhat unlikely..4 Very unlikely.....5</p> <p>>> Q16</p>	<p>Are you planning to be vaccinated for COVID-19?</p> <p>YES1 >> Q11 NO.....2 >> Q14 NOT SURE.3 >> Q14</p>	<p>When a vaccine to protect you from COVID-19 is available to you, are you planning to be vaccinated?</p> <p>YES1 NO.....2 >> Q14 NOT SURE.3 >> Q14</p>

SECTION 9A: COVID-19 VACCINE

<p>11.</p> <p>What are the main reasons why you want to get vaccinated for COVID-19 apart from protecting your health?</p> <p>RECORD UP TO TWO REASONS</p> <p>DO NOT READ THE OPTIONS</p> <p>PROTECTING MY HEALTH IS THE ONLY REASON..1 PROTECTING COMMUNITY'S HEALTH.....2 GOVERNMENT MANDATE.....3 REQUIRED FOR SCHOOL ATTENDANCE.....4 EMPLOYER MANDATE.....5 AVOID PUBLIC HEALTH MEASURES FOR UNVACCINATED.....6 TAKE PART IN PUBLIC LIFE /SOCIAL EVENTS..7 BE ABLE TO TRAVEL.....8 PEOPLE IN MY COMMUNITY/ FAMILY DID IT TOO.....9 RECEIVED FINANCIAL OR IN-KIND INCENTIVE.10 OTHER (SPECIFY).....96</p>	<p>12.</p> <p>How likely are you to encourage others to get the COVID-19 vaccine?</p> <p>READ OPTIONS</p> <p>Very likely.....1 Somewhat likely...2 Neither likely nor unlikely.....3 Somewhat unlikely..4 Very unlikely.....5</p> <p>IF Q1=2 >> Q16</p>	<p>13.</p> <p>ASK ONLY IF Q1=1: Why have you not received the COVID-19 vaccine yet?</p> <p>RECORD UP TO TWO REASONS</p> <p>DO NOT READ THE OPTIONS</p> <p>INELIGIBLE FOR VACCINE IN CURRENT PHASE.....1 DO NOT KNOW HOW OR WHERE TO GET/ REGISTER FOR VACCINE.....2 TOO CROWDED/LONG LINES AT VACCINATION CENTERS.....3 FACILITY INACCESSIBLE (FOR PEOPLE WITH DISABILITIES).....4 TOO FAR/NO TRANSPORT.....5 NOT ENOUGH VACCINES.....6 NOT ABLE TO REGISTER/ COMPLICATIONS DURING REGISTRATION.....7 WORK COMMITMENTS.....8 DOMESTIC COMMITMENTS (CHILDCARE, TAKING CARE OF FAMILY MEMBER, ETC.).....9 RELIGIOUS REASONS.....10 MEDICAL REASONS.....11 WAITING FOR MY APPOINTMENT.....12 AFRAID OF THE SIDE EFFECTS.....13 OTHER (SPECIFY)96</p> <p>>> Q16</p>	<p>14.</p> <p>Why are you not sure or not planning to be vaccinated for COVID-19?</p> <p>RECORD UP TO TWO REASONS</p> <p>DO NOT READ THE OPTIONS</p> <p>I DON'T THINK IT WILL WORK1 I AM WORRIED ABOUT THE SIDE EFFECTS.....2 I ALREADY HAD COVID-193 I AM NOT ENOUGH AT RISK OF CONTRACTING COVID-19.....4 IN GENERAL, I DON'T TRUST VACCINES.....5 IT IS AGAINST MY RELIGION.....6 I AM WORRIED TO GET INFECTED WITH COVID-19 AT THE HEALTH FACILITY.....7 HEALTH FACILITY TOO FAR OR TOO HARD TO GET TO.....8 IT WILL TAKE TOO LONG TO GET VACCINATED/ I DON'T HAVE TIME TO GET VACCINATED.....9 I DON'T THINK THE VACCINES AVAILABLE IN MY COUNTRY ARE EFFECTIVE.....10 I AM NOT SURE I WILL GET THE VACCINE I WANT11 IT'S NOT A PRIORITY.....12 COVID-19 DOES NOT EXIST.....13 MEDICAL REASONS.....14 DISTRUST IN GOVERNMENT AND HEALTH ORGANIZATIONS.....15 OTHER (SPECIFY).....96</p>
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SECTION 9A: COVID-19 VACCINE

<p>15.</p> <p>Would you be more likely to get the COVID-19 vaccine if any of the following individual/authorities get or recommend the vaccine?</p> <p>READ OPTIONS AND PROVIDE YES/NO FOR EACH</p> <p>Neighbors/ family /friends.....1 Religious leaders.....2 Doctors/nurses/Pharmacists/Chemist/ health workers.....3 Community leaders (e.g. traditional leaders, local government councilors).....4 Equivalent of a traditional healer.5 Scientists and epidemiologists.....6 Celebrities and social media influencers.....7 Other.....96</p>	<p>15a.</p> <p>Who do you trust the most?</p> <p>Neighbors/ family /friends.....1 Religious leaders.....2 Doctors/nurses/Pharmacists/Chemist/ health workers.....3 Community leaders (e.g. traditional leaders, local government councilors).....4 Equivalent of a traditional healer.5 Scientists and epidemiologists.....6 Celebrities and social media influencers.....7 Other.....96</p>	<p>16.</p> <p>ASK ONLY IF Q1=1: Has anyone (else) in your household been vaccinated for COVID-19?</p> <p>YES...1 NO....2 >> Q18</p>	<p>17.</p> <p>ASK ONLY IF Q1=1: Who in your household has been vaccinated for COVID-19?</p> <p>SELECT ALL RELEVANT HOUSEHOLD MEMBERS, EXCLUDING THE RESPONDENT</p> <p>HH ROSTER ID</p>	<p>18.</p> <p>ASK ONLY IF Q1=1: Who in your household <u>MAINLY</u> decides whether the adult household members will get vaccinated for COVID-19?</p> <p>EACH ADULT FOR THEMSELVES.1 ALL ADULTS TOGETHER.....2 HOUSEHOLD HEAD.....3 OTHER HOUSEHOLD MEMBER (SPECIFY).....96</p>	<p>19.</p> <p>Out of 10 people in your community, how many do you think have been vaccinated or are willing to be vaccinated for COVID-19?</p> <p>RECORD 99 IF DON'T KNOW</p>	<p>20.</p> <p>Do you think that COVID-19 vaccine should be mandatory if they are available to everyone?</p> <p>YES...1 >> NEXT SECTION NO....2</p>
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21.

What is the main reason why you do not agree with COVID-19 vaccine mandates?

- I DON'T THINK ANY COVID-19 VACCINES WILL WORK...1
- I AM WORRIED ABOUT THE SIDE EFFECTS.....2
- IN GENERAL, I DON'T TRUST VACCINES.....3
- RELIGION REASONS4
- I DON'T THINK THE COVID-19 VACCINES AVAILABLE
IN MY COUNTRY WOULD WORK.....5
- COVID-19 DOES NOT EXIST.....6
- I DON'T THINK PEOPLE SHOULD BE FORCED.....7
- OTHER (SPECIFY)96

SECTION 12: INTERVIEW RESULT

Section 12. Interview Result

	1.	2.	3.	4.		5.	6.
INTERVIEWER READ OUT: Thank you very much for your participation in this survey! I will be transferring 1000 Naira credit to your phone shortly as a thank you for your time today. I may try to contact you in future for another short interview. Before you go, I have a couple of questions to help in case I need to contact you in future.	Is this number the best one to reach you or your household in the future or would it be better to use another number? THIS NUMBER.....1 >> Q3 ANOTHER NUMBER..2	Which number would be best?	What day of the week will be best to reach you? SELECT ALL THAT APPLY ANY DAY.....0 MONDAY.....1 TUESDAY.....2 WEDNESDAY...3 THURSDAY....4 FRIDAY.....5 SATURDAY....6 SUNDAY.....7	What time of the day would be best to call you? SELECT ALL THAT APPLY ANY TIME OF DAY...0 MORNING.....1 AFTERNOON.....2 EVENING.....3	INTERVIEWER CONFIRM THAT ALL QUESTIONS HAVE BEEN ANSWERED. READ OUT: That's it for now. Thank you very much for answering all questions and helping us to understand the current situation with COVID19 in Nigeria and worldwide. This is really important. I will transfer you the 1000 Naira after this call. If you have any question about the survey you can call 0987 6543 2198. If you have any questions about COVID19 please call the NCDC at 0800 9700 0010.	WHAT IS THE RESULT OF THE INTERVIEW? COMPLETE.....1 >> Q9 PARTIALLY COMPLETE.....2 REFUSED.....3 >> Q7 DON'T SPEAK THE LANGAUGE.....4 >> Q8 NOBODY ANSWERING.....5 >> Q12 NUMBER DOES NOT EXIST..6 >> Q12 PHONE TURNED OFF.....7 >> Q12 DON'T KNOW THE HOUSEHOLD.....8 >> Q7 REFERENCE PERSON CAN'T CONNECT TO HH...9 >> Q7	COULD THE HOUSEHOLD BE REACHED / THE INTERVIEW BE COMPLETED IF ANOTHER INTERVIEWER TRIED TO CALL LATER? YES.....1 NO.....2

SECTION 12: INTERVIEW RESULT

7.	8.	9.	10.	11.	12.	13.	14.
<p>INTERVIEWER: PLEASE GIVE DETAILS ON WHY THE HOUSEHOLD CANNOT BE REACHED, WHY THEY REFUSED, OR WHY THE INTERVIEW COULD NOT BE COMPLETED</p> <p>IF PARTIALLY COMPLETE >> Q9 ELSE >> Q12</p>	<p>INTERVIEWER: WHICH LANGUAGE DO YOU THINK THE RESPONDENT SPEAKS</p> <p>WRITE "DK" IF DON'T KNOW</p> <p>>> Q12</p>	<p>INTERVIEWER: WHO WAS THE MAIN RESPONDENT</p>	<p>INTERVIEWER: IN WHICH LANGUAGE DID YOU MAINLY CONDUCT THE INTERVIEW?</p> <p>ENGLISH.....1 PIDGIN.....2 HAUSA.....3 YORUBA.....4 IGBO.....5 IBIBIO.....6 TIV.....7 OTHER SPECIFY..96</p>	<p>INTERVIEWER: PLEASE CONFIRM THE NUMBER YOU REACHED THE RESPONDENT ON</p>	<p>INTERVIEWER: DO YOU HAVE ANY NOTES THAT ARE RELEVANT WHEN CALLING THIS HOUSEHOLD IN THE FUTURE?</p> <p>YES.....1 NO.....2 >> Q14</p>	<p>INTERVIEWER: NOTE</p>	<p>RECORD END TIME</p>