

IDEAS HOUSEHOLD SURVEY
NIGERIA [dates]
[Institutions, Contacts]

Module 1. Household characteristics

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|----|--|--|
| H0 | GPS coordinates | _ _ _ _ _ _ _ _ |
| H1 | State | _ _ _ _ _ _ _ _ _ |
| H2 | LGA (PDA drop down list) | _ _ _ _ _ _ _ _ _ _ _ _ _ _ |
| | Village (PDA drop down list) | _ _ _ _ _ _ _ _ |
| H3 | EA code (<i>enter the cluster code</i>) | _ _ _ _ _ _ _ _ |
| H4 | Household no <i>Enter the household number</i> | _ _ _ |
| H5 | Unique household ID (generated by PDA and to be copied onto all documents e.g. consent forms) | _ _ _ _ _ _ _ _ _ _ _ _ _ _ LGA/EA/household |
| H6 | Interviewer initials | _ _ _ _ |
| H7 | Date (<i>dd/mm/yyyy, PDA format</i>) | _ _ _ / _ _ _ / _ _ _ |
| H8 | Name of household head | _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ |

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| H9 | Interviewer: Have you read him/her the consent form? (1) yes (2) no-one is available to read it to | <input type="text"/> |
| H10 | Interviewer: Does the respondent agree? (1) Yes (2) No IF NO END INTERVIEW HERE | <input type="text"/> |
| H11 | Interviewer: Who is the respondent? (1) Household head (2) Representative | <input type="text"/> |
| H12 | What is the ethnic group of the household head? PDA drop down list | <input type="text"/> |
| H13 | How many women who are married to the household head live in the house? Write number | <input type="text"/> |

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H14. Household listing

Please can I ask the names of all the people in your household? **Start with the head of household and older people, then children from oldest to young**

| ALL | ALL | ALL | ALL | PDA check: | If child < 2yrs | PDA check: | If born before 1999: | If born before 1999: | ALL | ALL | ALL |
|------------------------------------|--------------------------|-------------------------------------|--|---|---|--|---|--|---|--|--|
| Numb er of the perso n | Name of the person | Sex (1) <i>M</i> (2) <i>F</i> | Date of birth (dd/mm/yyyy; <i>don't know</i> <i>date</i> 01/01/2099) | Interviewer: Is it a child under 2 years? (since April 2010?) (1) <i>yes</i> (2) <i>no</i> | Who is the caregiver of child under 2 years? (<i>PDA look-up list</i> <i>to link caregiver</i> <i>line number</i>) | Interviewer: Is it a woman between 13 and 49 years? (1963- 1999) (1) <i>yes</i> (2) <i>no</i> | What is the marital status? (1) <i>currently</i> <i>married</i> (2) <i>not currently</i> <i>married but in a</i> <i>union</i> (3) <i>not married</i> | How many completed years of education? (<i>enter number of</i> <i>years</i>) | Religion (1) <i>Christian</i> (2) <i>Muslim</i> (3) <i>Other</i> | Did the person sleep in the household last night? (1) <i>Yes</i> (2) <i>No</i> | <i>Is there</i> <i>anybody else</i> <i>in the</i> <i>household</i> (1) <i>Yes</i> (2) <i>No</i> |
| A | B | C | D | E | F | G | H | I | J | K | L |
| | | | | | | | | | | | |
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Now I want to ask you some questions about the characteristics of your household

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| H15 | What is the main material of the walls? (1) Natural materials or no walls (millet stalks/ woven thatch/mud) (2) Bamboo/Plywood/Stone with mud (3)Cement/bricks/planks (6) Other | <input type="text"/> |
| H16 | What is the main floor material? (1)Natural floor (earth/sand/dung) (2)Rudimentary floor (wood/palm/bamboo) (3)Finished floor (Polished wood, vinyl, tiles, cement, carpet) | <input type="text"/> |
| H17 | What is the main material of the roof: (1) Iron sheets/ tiles/cement; (2) Thatch/mat/cardboard/grass; (3) Other | <input type="text"/> |
| H18 | What kind of toilet facilities does your household have? (1) Flush toilet (2) Pit toilet/latrine (3) Bucket toilet (4) No facility/bush | <input type="text"/> |
| H19 | What is the main source of drinking water for members of your household? (1)Piped water into dwelling; (2)Piped water into yard/plot; (3)Public tap; (4)Borehole; (5)Dug well; (6)Water from spring; (7)Tanker truck; (8)Surface water (river/dam/lake ect); (9)Bottled water; (10)Water vendor/satchets (11)other | <input type="text"/> |
| H20 | What type of fuel does your household mainly use for cooking (1)Electricity; (2)Gas; (3)Kerosene; (4)Charcoal; (5)Firewood/straw; (6)Dung; (7)Other | <input type="text"/> |
| H21 | Is the house connected to electricity (1) yes (2)no | <input type="text"/> |
| | In this household is there anyone who owns the following: | (1)yes (2)no |
| H22 | Fridge | <input type="text"/> |
| H23 | TV | <input type="text"/> |
| H24 | Radio | <input type="text"/> |
| H25 | Bicycle | <input type="text"/> |
| H26 | Mobile phone | <input type="text"/> |
| H27 | A bed | <input type="text"/> |
| H28 | A kerosene lamp/pressure lamp | <input type="text"/> |
| H29 | Wrist watch | <input type="text"/> |
| H30 | Motorcycle | <input type="text"/> |
| H31 | Generator | <input type="text"/> |
| H32 | Fan | <input type="text"/> |

| | | |
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| H33 | In this house are there ducks or chickens? How many? (write the number; 0 if none, 999 if respondent does not know) | <input type="text"/> |
| H34 | Do you have animals in this household like goat, sheep or cattle How many? (write the number; 0 if none, 999 if does not know) | <input type="text"/> |
| H35 | Do you have any horses, donkeys or mules? How many? (write the number; 0 if none, 999 if respondent does not know) | <input type="text"/> |
| H36 | How many mosquito nets does your household have? (Write total number; count those in use plus those not in use) If "0" SKIP TO W1 | <input type="text"/> |

Mosquito net module

| | Ask to see each mosquito net | Net # 1 | Net # 2 | Net # 3 |
|-----|---|----------------------|----------------------|----------------------|
| H37 | Interviewer: Is the net observed? (1) Yes (2) No | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| H38 | Where did you get the net from? (1)facility/community based project (2)market/shop (3)other (4)don't know | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| H39 | How many months ago did you obtain the net? (Enter number of months ago) If this month enter 0; if more than 3 years ago enter 37; if don't know enter 99 | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| H40 | When you got the net was it treated with an insecticide to kill or repel mosquitos? (1)yes (2)no (3)don't know | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| H41 | Since you got the net was it ever soaked or dipped in a liquid to kill or repel mosquitoes? (1)Yes (2)No (SKIP TO H44) | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| H43 | How many months ago was the net last | <input type="text"/> | <input type="text"/> | <input type="text"/> |

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| | soaked or dipped? <i>Enter number of months ago; if this month enter 0; if more than 3 years ago enter 37; if don't know enter 99</i> | | | |
| H44 | Did anyone sleep under the mosquito net last night? (1) Yes (2) No (SKIP TO next net or W1) (3) Not sure (SKIP TO next net or W1) | _ | _ | _ |
| H45 | Who slept under this mosquito net last night? Record the line number(s)/name(s) of the individual(s) from the household roster (H14) who slept in the household last night | ID____ ID____ | ID____ ID____ | ID____ ID____ |

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Module 2: WOMENS MODULE: Health now

All resident women aged 13-49 years

Interviewer: When you have identified the next woman for interview you must first complete the consent procedure (to W6) before proceeding with interview.

| | | |
|----|--|---------------------|
| W1 | Int: Enter name of the woman | |
| W2 | Int: Enter household member number of the woman Check ID of the mother (LGA/EA/household/person) | _ / _ _ / _ _ / _ _ |
| W3 | Int: Is it possible to interview the woman? 1 = yes (SKIP TO W5) 2 = No | _ |
| W4 | Int: Why is it not possible to interview? 1=Travelled away 2 = Sick 3 = Other END OF PROCESS FOR THIS WOMAN – CONTINUE TO OTHER WOMEN 13-49 IN THE HOUSEHOLD | _ |
| W5 | Int: Have you read her the consent form? (1) yes (2) no | _ |
| W6 | Int: Does the woman agree? (1)yes (2)no, not available (3) no, refused permission IF NO, END INTERVIEW HERE – CONTINUE TO OTHER WOMEN 13-49 IN THE HOUSEHOLD | _ |
| | Interviewer | |

Now I would like to ask you some questions about the health care available to you

| | | |
|------|---|---------------------|
| W7 | Is there a primary health facility in your village? (1)Yes (2)No | |
| W8 | How long does it take you to get to the nearest primary health facility? <i>Record the time in minutes. If she doesn't know, record 99</i> | |
| W9 | By which transportation? (1)walking (2)bicycle (3)motor vehicle (4) motorbike | |
| W10 | How many times have you visited the primary health facility in the last six months? <i>Record the number of times If any visits last 6 months, skip to w12</i> | |
| | If never in the last 6 months: What are the reasons why you have not visited the primary health facility in the last six months? (do not read out list, prompt, 'anything else'; mark all that apply); then skip to w14 | (1)yes (2)no |
| W11a | No illness in the family/no births | |
| W11b | Facility is too far away | |
| W11c | Costs too much money to go to health facility | |
| W11d | Not enough time to visit | |
| W11e | Poor services available at the health facility | |
| W11f | Concerns about the behaviour of the facility staff | |
| W11g | Problems getting permission to go to the facility | |
| W11h | Other (specify) | |
| W11i | Specify | |
| W12 | When was the last time you visited that health facility? <i>Use PDA to look up date</i> | _ _ / _ _ / _ _ _ _ |
| W13 | The last time you visited the health facility, what was the primary reason? 1 Family planning; 2 Child immunisation; 3 Antenatal care; 4 Delivery care; 5 Postpartum care; 6 Neonatal care; 7 Campaign; 8 Child health check; 9 Illness; | |

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| | 10 Collect commodity 11 Other | |
| W14 | Have you been visited at home during the past 6 months by a community health volunteer to talk about health related issues? Probe – eg.Faith based visitors such as FOMWAN/PARE/LCCN, TBA, or CHEW/CHO (1)Yes (2)No - skip to w27 | <input type="checkbox"/> |
| | If yes: | |
| W15 | What type of health volunteer was it who visited you the last time? (1) FOMWAN (2) PARE (3) LCCN (4) TBA (5) CHEW/CHO (6) other (7) None | <input type="checkbox"/> |
| W16 | When was the last time the health volunteer visited you at home? <i>Use PDA to look up date</i> | <input type="text"/> |
| | Who did the volunteer talk to the last time she visited you at home? (don't read the list but probe: anything else?; mark all that apply) | (1) yes (2)no |
| W17 | Myself | <input type="checkbox"/> |
| W18 | Other adult woman | <input type="checkbox"/> |
| W19 | Head of household | <input type="checkbox"/> |
| W20 | Other adult male | <input type="checkbox"/> |
| W21 | Husband | <input type="checkbox"/> |
| | What was discussed the last time the health volunteer visited you at home? (don't read the list but probe: anything else?; mark all that apply) | (1) yes (2)no |
| W26a | Immunisation | <input type="checkbox"/> |
| W26b | Child nutrition | <input type="checkbox"/> |
| W26c | Family planning | <input type="checkbox"/> |
| W26d | Pregnancy care | <input type="checkbox"/> |
| W26e | Delivery care | <input type="checkbox"/> |
| W26f | Newborn care | <input type="checkbox"/> |
| W26g | Post partum care | <input type="checkbox"/> |
| W26h | Breastfeeding | <input type="checkbox"/> |
| W26i | Recognition of danger signs | <input type="checkbox"/> |
| W26j | Importance of taking vitamins | <input type="checkbox"/> |
| W26k | Being prepared for birth | <input type="checkbox"/> |
| W26l | Using a clean delivery kit | <input type="checkbox"/> |
| W26m | Keeping babies warm/kangaroo mother care | <input type="checkbox"/> |
| W26n | Information about emergency transport scheme drivers | <input type="checkbox"/> |
| W26o | Information about HIV/AIDS | <input type="checkbox"/> |
| W26p | Information on hygiene | <input type="checkbox"/> |
| W26q | Diarrhea treatment | <input type="checkbox"/> |
| W26r | Promotion of latrine use | <input type="checkbox"/> |
| W26s | Promotion of safe water use | <input type="checkbox"/> |
| W26t | Other | <input type="checkbox"/> |
| W27 | Have you attended any meetings in your community (outside your home) about health issues? (1)Yes (2)No - skip to W31 | <input type="checkbox"/> |
| W28 | If yes: When was the last meeting you attended outside your home? <i>Use PDA to look up date</i> | <input type="text"/> |
| W29 | Who organised the last meeting? (1) Community health volunteer (2) Primary health care facility team (3) Village health committee (4) Faith based groups (5) Project (specify) (6) Ward Development committee (7)Don't know | <input type="checkbox"/> |
| W29a | <i>Specify</i> | <input type="text"/> |
| | What was discussed at the last community meeting you attended outside your home? (don't read the list but probe: anything else?; mark all that apply) | |
| W30a | Immunisation | <input type="checkbox"/> |
| W30b | Child nutrition | <input type="checkbox"/> |
| W30c | Family planning | <input type="checkbox"/> |
| W30d | Pregnancy care | <input type="checkbox"/> |
| W30e | Delivery care | <input type="checkbox"/> |
| W30f | Newborn care | <input type="checkbox"/> |
| W30g | Post partum care | <input type="checkbox"/> |
| W30h | Breastfeeding | <input type="checkbox"/> |
| W30i | Recognition of danger signs | <input type="checkbox"/> |
| W30j | Importance of taking vitamins | <input type="checkbox"/> |
| W30k | Being prepared for birth (probe:Money + materials + place of delivery) | <input type="checkbox"/> |

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| | | |
|------|--|--------------------------|
| W30l | Using a clean delivery kit | <input type="checkbox"/> |
| W30m | Keeping babies warm/kangaroo mother care | <input type="checkbox"/> |
| W30n | Child care | <input type="checkbox"/> |
| W30o | Information about emergency transport scheme drivers | <input type="checkbox"/> |
| W30p | Information about HIV/AIDS | <input type="checkbox"/> |
| W30q | Information on nutrition | <input type="checkbox"/> |
| W30r | Information on hygiene | <input type="checkbox"/> |
| W30s | Diarrhea treatment | <input type="checkbox"/> |
| W30t | Promotion of latrine use | <input type="checkbox"/> |
| W30u | Promotion of safe water use | <input type="checkbox"/> |
| W30v | Other | <input type="checkbox"/> |

| | | |
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| | Do you know any of the following types of community health workers who make home visits to mothers and newborns in your village? | (1)yes (2)no |
| W31 | Do you know of any FOMWAN volunteers? | <input type="checkbox"/> |
| W32 | Do you know of any LCCN volunteers? | <input type="checkbox"/> |
| W33 | Do you know of any PARE volunteers? | <input type="checkbox"/> |
| W34 | Do you know of any TBAs? | <input type="checkbox"/> |
| W35 | Do you know of any CHEWs/CHO? | <input type="checkbox"/> |
| W36 | Do you know of any other community health workers who make home visits to mothers and newborns in your village? (1)yes (specify) (2)no | <input type="checkbox"/> |
| W36a | Specify | <input type="text"/> |
| W37 | Have you heard of a project called "Inganta Rayuwar Iyali?" (1)yes (2)no | <input type="checkbox"/> |
| W38 | Have you heard of the MNH call centre (Probe: the place you can call to get advice about health issues for mothers and newborns?) (1)yes (2)no | <input type="checkbox"/> |
| W39 | Do you know how to contact the MNH call centre? (1)yes (2)no | <input type="checkbox"/> |
| W40 | Have you ever contacted the MNH call centre? (1)yes (2)no – skip to W40 | <input type="checkbox"/> |
| W41 | What was the main reason for contacting the MNH call centre the last time? (1) to locate a driver for emergency transport (2) to ask about pregnancy care /complications (3) to ask about the nearest health facility for MNH services (4)to ask about post partum care/complications (5) to ask about newborn care (6) other (specify) | <input type="checkbox"/> |
| W41a | Specify | <input type="text"/> |
| W42 | Do you know of any emergency transport available in this community for women who are pregnant or who have just given birth to be taken to a facility urgently? (1)yes (2)no – skip to W52 | <input type="checkbox"/> |
| W43 | Do you know how to contact the Emergency transport scheme? (1)yes (2)no | <input type="checkbox"/> |
| W44 | Have you ever used the emergency transport scheme? (1)yes (2)no – skip to W52 | <input type="checkbox"/> |
| W45 | Who was the emergency transport for? (1)myself (2)another adult female (3) a newborn | <input type="checkbox"/> |
| W46 | How much money did you have to spend on the emergency transport? Enter amount; enter 0 if no money was given, 9999 if doesn't know | <input type="text"/> |
| W47 | Were any of the following types of payment given to the driver? | (1)yes (2)no |
| W48 | 47 | <input type="checkbox"/> |
| W49 | Food/livestock | <input type="checkbox"/> |
| W50 | Other gift | <input type="checkbox"/> |
| W51 | none | <input type="checkbox"/> |

Now I would like to ask you some questions about your health right now.

| | | |
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| W53 | Have you ever been pregnant? (even if this did not lead to a live birth) (1) Yes (2) No | <input type="checkbox"/> |
| W54 | Are you currently pregnant? (Probe to make sure the respondent is giving you the correct answer) (1)Yes (2)No (SKIP TO W94) | <input type="checkbox"/> |
| W55 | Which number pregnancy is this? (write number) | <input type="text"/> |

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| W56 | What gestation are you now? (record no. weeks) | <input type="text"/> |
| W57 | Have you already received any care for your pregnancy so far this pregnancy? Probe: care at a health facility, or visits at home from a health volunteer (1)Yes (2)No (SKIP TO W70) | <input type="text"/> |
| W58 | Have you received pregnancy care from a health facility (1)Yes (2)No (go to w65) | <input type="text"/> |
| | For women who received pregnancy care at a health facility: | |
| W59 | Do you have an antenatal card? (1)Yes (2)No | <input type="text"/> |
| W60 | Can I see your antenatal card? (1)Yes (2)No, refused permission (3) No, not available | <input type="text"/> |
| W61 | How many times have you attended the health facility for pregnancy (antenatal) care this pregnancy? Enter the number of times Interviewer: record from antenatal card if available | <input type="text"/> |
| W62 | When did your first visit to the health facility take place? (enter date using PDA lookup) Interviewer: record from antenatal card if available | <input type="text"/> |
| W63 | How old was your pregnancy at the first visit? (record no.weeks) Interviewer: record from antenatal card if available | <input type="text"/> |
| W64 | Who saw you at that first visit? (1) CHEW (2) CHO (3) Nurse/midwife (4) Doctor (5) other (specify) Interviewer: record from antenatal card if available | <input type="text"/> |
| W65 | Have you received pregnancy care in your own home (1)Yes (2)No (go to w70) | <input type="text"/> |
| | For women who received pregnancy care at home: | |
| W66 | How many times have you been visited at home for pregnancy (antenatal) care this pregnancy? Enter the number of times | <input type="text"/> |
| W67 | When was the first visit to your home? (enter date using PDA lookup) | <input type="text"/> |
| W68 | How old was your pregnancy at the first visit? (record no.weeks) | <input type="text"/> |
| W69 | Who saw you at that first visit? (1) FOMWAN (2) LCCN (3) PARE (4) TBA (5) JNI (6)ECWA (7) Christian -don't know which type (8) Muslim - don't know which type (9) other (specify) | <input type="text"/> |
| W69a | Specify | <input type="text"/> |
| W70 | Where do you plan to give birth this pregnancy? (1)home (2)primary care health facility (3)hospital (secondary or higher level care) (4)don't yet know (5)other (specify) | <input type="text"/> |
| W70a | Specify | <input type="text"/> |
| | Can you tell me what are the problems in pregnancy that need medical help? (don't read the list but probe: anything else?; mark all that apply) | (1)Yes (2)No |
| W71 | Severe headache | <input type="text"/> |
| W71a | Dizziness | <input type="text"/> |
| W72 | Blurry vision | <input type="text"/> |
| W73 | Reduced or absent fetal movement | <input type="text"/> |
| W74 | High blood pressure | <input type="text"/> |
| W75 | Edema of the face/hands/legs (Probe – swelling) | <input type="text"/> |
| W76 | Convulsions | <input type="text"/> |
| W77 | Excessive vaginal bleeding | <input type="text"/> |
| W78 | Severe lower abdominal pain | <input type="text"/> |
| W78a | Anemia/Pallor/Pale Skin | <input type="text"/> |
| W79 | Fever | <input type="text"/> |
| W80 | Other | <input type="text"/> |
| W81 | If other, specify _____ | <input type="text"/> |
| W82 | No problems mentioned | <input type="text"/> |
| W83 | Do you know where to go if you have any pregnancy health complications? (1)yes (2)no (go to W85) | <input type="text"/> |
| W84 | Where should you go? (1)health facility (2)community health volunteer (3)MNH call centre (4)traditional healer/herbalist (5)shop (6)other | <input type="text"/> |

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| W85 | Did you make any preparations for your delivery? (1)yes (2)no – skip to W94 Probe for getting ready the things she would need to have a safe delivery, and to take care of herself at that time; do not mention specific items | <input type="checkbox"/> |
| | What preparations did you make for this delivery? Do not read out the list, probe – anything else? – select all that apply | (1)Yes (2)No |
| W86 | Money for the delivery | <input type="checkbox"/> |
| W87 | Transport | <input type="checkbox"/> |
| W88 | Food | <input type="checkbox"/> |
| W89 | Identification of birth attendant | <input type="checkbox"/> |
| W90 | Identification of facility | <input type="checkbox"/> |
| W91 | Materials for clean delivery | <input type="checkbox"/> |
| W92 | Identified blood donor | <input type="checkbox"/> |
| W93 | Other (specify) | <input type="checkbox"/> |
| W93a | Have you ever called the MNH call centre for advice this pregnancy? (1)yes (2)no | <input type="checkbox"/> |
| W93b | Have you ever used the emergency transport scheme for help this pregnancy? (1)yes (2)no | <input type="checkbox"/> |

All women 13-49

Now I would like to ask you some questions about any pregnancies that have already ended during the past 2 years, i.e. from May 2010 until today

| | | |
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| W94 | Since May 2010 have you ever been pregnant even if that pregnancy did not lead to a live birth? (1)Yes (continue) (2)No (end of interview for this woman) | <input type="checkbox"/> |
| W95 | In total, how many times have you been pregnant since May 2010, including those pregnancies that did not lead to a live birth? <i>Enter total number of pregnancies.</i> Do not count a current pregnancy | <input type="checkbox"/> |
| W96 | Did you give birth to a live child since May 2010? (1)Yes (2)No | <input type="checkbox"/> |
| W97 | How many children did you give birth to since May 2010? <i>Enter total number</i> | <input type="checkbox"/> |
| W98 | Did you give birth to a child (since May 2010) who cried or showed signs of life but unfortunately died later? (1)yes (2) no – skip to W100 | <input type="checkbox"/> |
| W99 | If yes, a child died: How many days did the child live for? <i>(write number of days; if less than 1 day write 0)</i> | <input type="checkbox"/> |
| W100 | I just want to check, what is the total number of live born children that you gave birth to since May 2010? (If the answer here is 0 then it is the end of interview, thank the woman for her time, and go to next woman in the household) | <input type="checkbox"/> |

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W101 I would like to write down all births that you have had since May 2010, even if the baby died.

(Start with the most recent birth and work back to May 2010. If a child was not given a name, write “baby” in the name of the child).

Do not include current pregnancies here – enter only pregnancies that have already ended.

| Num <i>(start with the most recent birth)</i> | Outcome of pregnancy <i>(1)Live birth (2)Baby born dead</i> | Name of the child | Date of birth <i>dd/mm/yyyy</i> Enter 01 for don't know day; probe for don't know months/ years | Born twins? <i>(1)yes (2)no</i> If yes, write on seperate lines | Sex <i>1=M 2=F 3= Unknown</i> | Is s/he still alive? <i>1=Yes 2 = No</i> | If s/he is still alive, how old is s/he in months? | If the child died, when did s/he die? <i>Enter date dd/mm/yyyy</i> Enter 01 for don't know day; probe for don't know months/ years | Have you had any other pregnancy since 2010? <i>1=Yes 2=No</i> |
|--|--|-------------------|--|---|--|---|--|--|--|
| _ num1 | | Name1 | _ / _ / _ _ _ | _ | _ | _ | _ _ | _ / _ / _ _ _ | _ |
| _ num2 | | Name2 | _ / _ / _ _ _ | _ | _ | _ | _ _ | _ / _ / _ _ _ | _ |
| _ num3 | | Name3 | _ / _ / _ _ _ | _ | _ | _ | _ _ | _ / _ / _ _ _ | _ |

END OF MODULE 2

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MODULE 3: MOTHERS MODULE ABOUT THE LAST LIVE BIRTH

Women aged 13-49 who had a live birth since May 2010

Now I want to talk to you about the last birth you had that ended in [DATE], with the birth of [NAME]

| | | |
|------|---|----------------------|
| M0 | What is the name of the baby? (Enter name) | <input type="text"/> |
| M0a | When was the baby born? (Enter date) | <input type="text"/> |
| M1 | Do you have a health card with information about that pregnancy and birth? (1)yes (2)no | <input type="text"/> |
| M2 | May I see your health card? (1)yes (2)no because it isn't at home (3)no, refused permission | <input type="text"/> |
| M3 | When pregnant with [NAME], did you receive any care during pregnancy? Probe: care at the health facility, or visits at home from a community health volunteer (1)Yes (2)No (SKIP TO M14d) | <input type="text"/> |
| M4 | During that pregnancy, did you receive pregnancy care from a health facility (1)yes (2)no (go to M9) | <input type="text"/> |
| | For women who received pregnancy care at a health facility: | |
| M5 | How many times did you attend the health facility for pregnancy (antenatal) care that pregnancy? Enter the number of times | <input type="text"/> |
| M6 | When did your first visit to the health facility take place? (enter date using PDA lookup) Interviewer: record from health card if available | <input type="text"/> |
| M7 | How old was your pregnancy at the first visit? (record no.weeks) Interviewer: record from health card if available | <input type="text"/> |
| M8 | Who saw you at that first visit? (1)CHEW (2) CHO (3) Nurse/midwife (4) Doctor (5) other (specify) | <input type="text"/> |
| M8a | The last time you visited the health facility for antenatal care, how did you travel there? (1)walked (2)bicycle (3)motorised vehicle (4)motorbike (5)other | <input type="text"/> |
| M8b | The last time you visited the health facility for antenatal care, how many minutes did you spend there (including the waiting time and the time spent with a health worker) Enter number of minutes, e.g.if half an hour enter 30, if 1 hour and 10 minutes enter 70 minutes | <input type="text"/> |
| M8c | When you attended antenatal care at the health facility, did you have to pay any cash to see a health worker there? (1)yes (2)no - go to M8e | <input type="text"/> |
| M8d | How much cash did you have to pay to the health facility or health worker for your antenatal care in total? Enter the amount in Naira | <input type="text"/> |
| M8e | When you attended antenatal care at the health facility, did you have to give any non-cash gifts to see the health worker there? (1)yes (2)no go to M9 | <input type="text"/> |
| | What non-cash gifts did you give? (mark all that apply) | (1)yes (2)no |
| M8f | Fuel | <input type="text"/> |
| M8g | Food/livestock | <input type="text"/> |
| M8h | Other gifts | <input type="text"/> |
| M9 | During that pregnancy, did you receive pregnancy care in your own home (1)Yes (2)No (go to M14) | <input type="text"/> |
| | For women who received pregnancy care at home: | |
| M10 | How many times did the health volunteer visit you at home for pregnancy care that pregnancy? Enter number of times | <input type="text"/> |
| M11 | When did the first visit to your home take place? (enter date using PDA look up) | <input type="text"/> |
| M12 | How old was your pregnancy the first time the volunteer visited you at home for pregnancy care? record number of weeks | <input type="text"/> |
| M13 | Who was it who came to visit you that first time? (1) FOMWAN (2) LCCN (3) PARE (4) TBA (5) JNI (6)ECWA (7) Christian -don't know which type (8) Muslim - don't know which type (9) other (specify) | <input type="text"/> |
| M13a | The last time the volunteer visited you at home for pregnancy care, how many minutes did she spend at your home? | <input type="text"/> |

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| | <i>Enter number of minutes, e.g.if half an hour enter 30, if 1 hour and 30 minutes enter 90</i> | |
| M13b | When you were visited at home for pregnancy care, did you ever have to pay any cash to the volunteer? (1)yes (2)no - go to M13d | <input type="checkbox"/> |
| M13c | How much cash did you have to pay to the volunteer for your pregnancy at home care in total? <i>Enter the amount in Naira</i> | <input type="text"/> |
| M13d | When you were visited at home for pregnancy care, did you ever have to give any non-cash gifts to see the home visitor? (1)yes (2)no – go to M14a | <input type="checkbox"/> |
| | What non-cash gifts did you give? (mark all that apply) | (1)yes (2)no |
| M13e | Fuel | <input type="checkbox"/> |
| M13f | Food/livestock | <input type="checkbox"/> |
| M13g | Other gifts | <input type="checkbox"/> |

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| M14a | When you were pregnant that time, how much did you pay for pregnancy care the first time you attended a health facility? <i>Enter amount of Naira</i> If didn't attend a health facility enter 0 | <input type="text"/> |
| M14b | When you were pregnant that time, how much else did you pay for pregnancy care (after the first time you attended a health facility)? <i>Enter amount of Naira</i> | <input type="text"/> |
| M14c | When you were pregnant that time, did you have the following at any time? (enter yes or no; verify with health card if available) | (1)yes (2)no |
| M14d | Was your weight measured? (1)yes (2)no if no skip to M14f | <input type="checkbox"/> |
| M14e | If yes: Which was the provider who did this the first time? (1)health volunteer, (2)Nurse/midwife, (3)CHEW/CHO (4)Doctor (5)Shop/PMV (6)Other | <input type="checkbox"/> |
| M14f | Was your height measured? (1)yes (2)no if no skip to M14h | <input type="checkbox"/> |
| M14g | If yes: Which was the provider who did this the first time? (1)health volunteer, (2)Nurse/midwife, (3)CHEW/CHO (4)Doctor (5)Shop/PMV (6)Other | <input type="checkbox"/> |
| M14h | Did you receive information about breastfeeding your baby? (1)yes (2)no if no skip to M14j | |
| M14i | If yes: Which was the provider who did this the first time? (1)health volunteer, (2)Nurse/midwife, (3)CHEW/CHO (4)Doctor (5)Shop/PMV (6)Other | <input type="checkbox"/> |
| M14j | Did you receive information about danger signs for newborns? (1)yes (2)no if no skip to M14l | <input type="checkbox"/> |
| M14k | If yes: Which was the provider who did this the first time? (1)health volunteer, (2)Nurse/midwife, (3)CHEW/CHO (4)Doctor (5)Shop/PMV (6)Other | <input type="checkbox"/> |
| M14l | Did you receive information about the things you need to prepare for your birth? (1)yes (2)no if no skip to M14n | <input type="checkbox"/> |
| M14m | If yes: Which was the provider who did this the first time? (1)health volunteer, (2)Nurse/midwife, (3)CHEW/CHO (4)Doctor (5)Shop/PMV (6)Other | <input type="checkbox"/> |
| M14n | Was your blood pressure tested (1)yes (2)no if no skip to M16 (PROBE: when a strap was put around your upper arm and a measure taken) | <input type="checkbox"/> |
| M15 | If yes: Which was the provider who did this the first time? (1)health volunteer, (2)Nurse/midwife, (3)CHEW/CHO (4)Doctor (5)Shop/PMV (6)Other | <input type="checkbox"/> |
| M16 | Did you give a urine sample for a test (1)yes (2)no if no skip to M18 | <input type="checkbox"/> |
| M17 | If yes: Which was the provider who did this the first time? (1)health volunteer, (2)Nurse/midwife, (3)CHEW/CHO (4)Doctor (5)Shop/PMV (6)Other | <input type="checkbox"/> |

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| | | <input type="checkbox"/> |
| M18 | Did you get information about babies getting HIV/AIDS from their mother? (1)yes (2)no if no skip to M20 | <input type="checkbox"/> |
| M19 | If yes Where did you get the information the first time? (1)health volunteer, (2)Nurse/midwife, (3)CHEW/CHO (4)Doctor(5)Shop/PMV (6)Other (7)Radio/TV (8)Health posters | <input type="checkbox"/> |
| M20 | Did you receive information about things that you can do to prevent getting the HIV/AIDS virus? (1)yes (2)no if no skip to M22 | <input type="checkbox"/> |
| M21 | If yes Where did you get the information the first time? (1)health volunteer, (2)Nurse/midwife, (3)CHEW/CHO (4)Doctor(5)Shop/PMV (6)Other (7)Radio/TV (8)Health posters | <input type="checkbox"/> |
| M22 | Did you receive information about getting tested for the HIV/AIDS virus? (1)yes (2)no if no skip to M24 | <input type="checkbox"/> |
| M23 | If yes Where did you get the information the first time? (1)health volunteer, (2)Nurse/midwife, (3)CHEW/CHO (4)Doctor(5)Shop/PMV (6)Other (7)Radio/TV (8)Health posters | <input type="checkbox"/> |
| M24 | Did you give blood for any test? (1)yes (2)no if no skip to M28 | <input type="checkbox"/> |
| M25 | If yes Which was the provider who did this the first time? (1)health volunteer, (2)Nurse/midwife, (3)CHEW/CHO (4)Doctor(5)Shop/PMV (6)Other | <input type="checkbox"/> |
| | | |
| M26 | I don't want to know the result, but did you receive a test result for syphilis? | <input type="checkbox"/> |
| M27 | I don't want to know the result, but did you receive a test result for HIV? | <input type="checkbox"/> |
| M28 | Did you receive advice about preparing for a safe birth? (1)yes (2)no if no skip to M30 | <input type="checkbox"/> |
| M29 | If yes Where did you get the information the first time? (1)health volunteer, (2)Nurse/midwife, (3)CHEW/CHO (4)Doctor(5)Shop/PMV (6)Other (7)Radio/TV (8)Health posters | <input type="checkbox"/> |
| M30 | Were you told things to look out for that might suggest problems with the pregnancy? (1)yes (2)no if no skip to M32 | <input type="checkbox"/> |
| M31 | If yes Where did you get the information the first time? (1)health volunteer, (2)Nurse/midwife, (3)CHEW/CHO (4)Doctor(5)Shop/PMV (6)Other (7)Radio/TV (8)Health posters | <input type="checkbox"/> |
| M32 | Did you receive medicine for intestinal worms? (1)yes (2)no if no skip to M34 | <input type="checkbox"/> |
| M33 | If yes Which was the provider who did this the first time? (1)health volunteer, (2)Nurse/midwife, (3)CHEW/CHO (4)Doctor(5)Shop/PMV (6)Other | <input type="checkbox"/> |
| | | |
| M34 | Did you receive medicine to prevent malaria? (PROBE:medicine called <i>sulphadoxine pyrimethamine</i>) IF NO SKIP TO M37 | <input type="checkbox"/> |
| M35 | If M34 is yes How many doses of medicine to prevent malaria were you given? (PROBE: how many times were you given the medicine?) Write number of doses | <input type="checkbox"/> |
| M36 | If M34 is yes Which was the provider who did this the first time? (1)health volunteer, (2)Nurse/midwife, (3)CHEW/CHO (4)Doctor(5)Shop/PMV (6)Other | <input type="checkbox"/> |
| | | |
| M37 | Did you receive iron tablets or iron syrup? IF NO SKIP TO M40 | <input type="checkbox"/> |
| M38 | If M37 is yes For how many days did you take the tablets or syrup? Write number of days, or write 99 if doesn't remember | <input type="checkbox"/> |
| M39 | If M37 is yes Which was the provider who did this the first time? | <input type="checkbox"/> |

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| | (1)health volunteer, (2)Nurse/midwife, (3)CHEW/CHO (4)Doctor(5)Shop/PMV (6)Other | |
| M40 | Were you given an injection in the arm to prevent the baby from getting tetanus, that is, convulsions after birth? IF NO SKIP TO M43 | <input type="checkbox"/> |
| M41 | If yes How many times did you get a tetanus injection? (write number of times) IF 2 or more times SKIP TO M45 | <input type="checkbox"/> |
| M42 | If less than 3 times: At any time before this pregnancy did you receive any tetanus injections? (1)yes (2)no - SKIP TO M45 | <input type="checkbox"/> |
| M43 | IF M40 WAS NO Before this pregnancy, how many times did you receive a tetanus injection? (write number of times; if zero skip to M45) | <input type="checkbox"/> |
| M44 | If M43 was >0: How many years ago did you receive the last tetanus injection before this pregnancy? Write number of years ago | <input type="checkbox"/> |
| | Can you tell me what are the problems in pregnancy that might need medical treatment? (do not read out the list, select all mentioned, probe – anything else) | (1)yes (2)no |
| M45 | Severe headache | <input type="checkbox"/> |
| M45a | Dizziness | <input type="checkbox"/> |
| M46 | Blurry vision | <input type="checkbox"/> |
| M47 | Reduced or absent fetal movement | <input type="checkbox"/> |
| M48 | High blood pressure | <input type="checkbox"/> |
| M49 | Edema of the face/hands/legs (Probe – swelling) | <input type="checkbox"/> |
| M50 | Convulsions | <input type="checkbox"/> |
| M51 | Excessive vaginal bleeding | <input type="checkbox"/> |
| M52 | Severe lower abdominal pain | <input type="checkbox"/> |
| M53 | Fever | <input type="checkbox"/> |
| M54 | Anaemia/Pallor/Pale Skin | <input type="checkbox"/> |
| M55 | Other | <input type="checkbox"/> |
| M56 | No problems in pregnancy mentioned | <input type="checkbox"/> |
| M57 | Do you know where to go if you have any pregnancy health complications? (1)yes (2)no (go to M59) | <input type="checkbox"/> |
| M58 | If yes Where were should you go? (1)health facility (2)community health volunteer (3)MNH call centre (4)traditional healer/herbalist (5)shop (6)other | <input type="checkbox"/> |
| M59 | During your last pregnancy did you make any preparations for your delivery? (1)yes (2)no – skip to M69b Probe for getting ready the things she would need to have a safe delivery, and to take care of herself at that time; do not mention specific items | <input type="checkbox"/> |
| | What preparations did you make for the delivery? <i>Do not read out the list, probe – anything else? – select all that apply</i> | |
| M60 | Money for delivery costs | <input type="checkbox"/> |
| M61 | Transport | <input type="checkbox"/> |
| M62 | Food | <input type="checkbox"/> |
| M63 | Identification of birth attendant | <input type="checkbox"/> |
| M64 | Identification of facility | <input type="checkbox"/> |
| M65 | Clean clothes | <input type="checkbox"/> |
| M66 | Cover to deliver on | <input type="checkbox"/> |
| M67 | Gloves | <input type="checkbox"/> |
| M67a | Antisepctic/dettol | |
| M68 | Cotton gauze | <input type="checkbox"/> |
| M68a | Sanitary towels | <input type="checkbox"/> |
| M68b | Razor or scissors | <input type="checkbox"/> |
| M69 | Other (specify) | <input type="checkbox"/> |
| M69a | Specify | <input type="checkbox"/> |
| M69b | Did you ever call the MNH call centre for advice during that pregnancy? (1)yes (2)no | <input type="checkbox"/> |
| M69c | Did you ever use the emergency transport scheme for help during that | <input type="checkbox"/> |

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| | pregnancy? (1)yes (2)no | |
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Now I have some questions to ask you about what happened to you during and after the delivery

| | | |
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| | First, I want to ask you about the complications in a woman during childbirth that need medical treatment. Can you tell me what these might be? Do not read out the list, select all mentioned, ask – anything else? | (1)yes (2)no |
| M70 | Excessive vaginal bleeding | <input type="checkbox"/> |
| M71 | Foul-smelling discharge | <input type="checkbox"/> |
| M72 | High fever | <input type="checkbox"/> |
| M73 | Baby's hand or feet come first | <input type="checkbox"/> |
| M74 | Baby in abnormal position | <input type="checkbox"/> |
| M75 | Prolonged labour >12 hours | <input type="checkbox"/> |
| M76 | Retained placenta | <input type="checkbox"/> |
| M77 | Ruptured uterus | <input type="checkbox"/> |
| M78 | Prolapsed cord | <input type="checkbox"/> |
| M79 | Cord around neck | <input type="checkbox"/> |
| M80 | Convulsions | <input type="checkbox"/> |
| M81 | Other | <input type="checkbox"/> |
| M82 | Don't know any complications during childbirth | <input type="checkbox"/> |
| M83 | Now about your delivery: Who assisted with the delivery? Probe for most senior person present (1)Doctor (2)Nurse/Midwife (3)CHEW/CHO (4) FOMWAN (5) PARE (6)LCCN (7)Traditional birth attendant (8) Relative/friend (9)No-one (go to M85) (10) Other (specify) | <input type="checkbox"/> |
| M83a | Was anyone else present? (1)yes (2)no – go to M83c | <input type="checkbox"/> |
| M83b | Who else was present at the delivery? (1)Doctor (2)Nurse/Midwife (3)CHEW/CHO (4) FOMWAN (5) PARE (6)LCCN (7)Traditional birth attendant | <input type="checkbox"/> |
| M83c | Did you have to pay any cash money to the person/people assisting you at delivery? (1)yes (2)no – go to M83e | <input type="checkbox"/> |
| M83d | How much cash money did you pay? <i>Enter the amount in Naira</i> | <input type="text"/> |
| M83e | Did you have to give any non-cash gifts to the person/people assisting you at delivery? (1)yes (2)no – go to M83i | <input type="checkbox"/> |
| | What non-cash gifts did you give? (mark all that apply) | (1)yes (2)no |
| M83f | Fuel | <input type="checkbox"/> |
| M83g | Food/livestock | <input type="checkbox"/> |
| M83h | Other gifts | <input type="checkbox"/> |
| M83i | When you gave birth, did the person assisting you wear gloves during delivery? (1)yes (2)no, don't remember | <input type="checkbox"/> |
| M84 | When you gave birth, did the person assisting you wash her hands before the delivery? (1)yes (2)no, don't remember | <input type="checkbox"/> |
| M85 | Where did you give birth? (1)home – skip to M88 (2)primary health facility (3) hospital (secondary level care) (4)other (specify) | <input type="checkbox"/> |
| M85a | Specify | <input type="text"/> |
| M86 | If (2)(3)(4) - After giving birth, for how many nights did you stay at the health facility in total? <i>Enter number of nights she spent at the facility after the birth</i> | <input type="text"/> |
| M87 | Was [NAME] delivered by caesarean, that is, did they cut your belly open to take | <input type="checkbox"/> |

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| | the baby out? (1)yes (2)no | |
| | ALL During the delivery of [NAME] did you experience any of the following? <i>Read out the list, select all that apply.</i> | (1)yes (2)no |
| M88a | Heavy bleeding | <input type="checkbox"/> |
| M88b | Labour more than 12 hours | <input type="checkbox"/> |
| M88c | Loss of consciousness | <input type="checkbox"/> |
| M88d | Premature labour | <input type="checkbox"/> |
| M88e | Foul discharge | <input type="checkbox"/> |
| M88f | Baby in abnormal position | <input type="checkbox"/> |
| M88g | Other | <input type="checkbox"/> |
| M89 | During delivery were you advised to go to a clinic to get special care (a health facility if it was a home birth, a different facility if it was a health facility birth)? (1)yes (2)no – SKIP TO M93 | <input type="checkbox"/> |
| M90 | If yes: Did you go to that different clinic to get the special care (referral)? (1)yes (go to M92) (2)no (go to M91) | <input type="checkbox"/> |
| M91 | Why not? Probe for the most important reason and select one. Now go to M93 (1)facility was too far (2)cost too much money (3)don't like going to different facility (4)no permission to go (5)other (specify) | <input type="checkbox"/> |
| M92 | If M90 = yes: What transport did you take to get there? (1)own transport (2)public transport (3)hired transport (4)district/ambulance (5) bike (6) walked (7) emergency transport scheme | <input type="checkbox"/> |
| M93 | Did you ever call the MNH call centre for advice during that labour? (1)yes (2)no | <input type="checkbox"/> |
| M94 | Did you ever use the emergency transport scheme for help during that labour? (1)yes (2)no – go to M98 | <input type="checkbox"/> |
| M95 | If yes: Did you have to pay anything to use the emergency transport scheme? (1) yes (2) no – go to M98 | <input type="checkbox"/> |
| M96 | If yes: How much did you pay? <i>Enter the amount in Naira, or enter 999 if doesn't know amount</i> | <input type="text"/> |
| | Now I want to ask you about any post-natal health checks you had after the birth | |
| M98 | In the first month after birth, did anyone check on your health Probe for health checks sometime after birth, not during the delivery (1)yes (2)no – SKIP TO M111 | <input type="checkbox"/> |
| M99 | How many times did anyone check on your health in the first month after delivery? <i>Write number</i> | <input type="text"/> |
| M100 | How long after delivery did the first check take place? <i>Record number of days; if same day as delivery enter 0</i> | <input type="text"/> |
| M101 | Who checked on your health for the first time after you gave birth to [NAME]? (Probe for most qualified person) (1)Doctor (2)Nurse/Midwife (3)CHEW/CHO (4) FOMWAN (5) PARE (6)LCCN (7)Traditional birth attendant (8) Relative/friend | <input type="text"/> |
| M102 | Where did this check take place? (1)own home (2)health facility | <input type="text"/> |
| M103 | If her health was checked at least twice (see M99) How long after delivery did the second check take place? Record number of days | <input type="text"/> |
| | During any of the health checks what was done to check on your health? Do not read out the list, probe anything else? Mark all that apply | (1)yes (2)no |
| M104a | Examined body | <input type="checkbox"/> |
| M104b | Checked breasts | <input type="checkbox"/> |
| M104c | Checked for heavy bleeding | <input type="checkbox"/> |
| M104d | Counselled on danger signs | <input type="checkbox"/> |
| M104e | Counselled on family planning | <input type="checkbox"/> |
| M104f | Counselled on nutrition | <input type="checkbox"/> |
| M104g | Referred to a health facility | <input type="checkbox"/> |
| M105 | The last time your health was checked after the birth, how many minutes did the | <input type="text"/> |

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| | health worker/volunteer spend checking you? <i>Enter number of minutes, e.g. if half an hour enter 30, if 1 hour and 30 minutes enter 90</i> | |
| M106 | When your health was checked on after the birth, did you ever have to pay any cash to the health worker or volunteer? (1)yes (2)no - go to M108 | <input type="checkbox"/> |
| M107 | How much cash did you have to pay to the volunteer for your health checks after birth in total? <i>Enter the amount in Naira</i> | <input type="text"/> |
| M108 | When your health was checked on after birth, did you ever have to give any non-cash gifts to the health worker or volunteer? (1)yes (2)no - go to M109 | <input type="checkbox"/> |
| | What non-cash gifts did you give? (mark all that apply) | (1)yes (2)no |
| M108a | Fuel | <input type="checkbox"/> |
| M108b | Food/livestock | <input type="checkbox"/> |
| M108c | Other gifts | <input type="checkbox"/> |
| M109 | Did you ever call the MNH call centre for advice about your health after the delivery? (1)yes (2)no | <input type="checkbox"/> |
| M110a | Have you ever used the emergency transport scheme for help for yourself after the delivery? (1)yes (2)no - go to M111 | <input type="checkbox"/> |
| M110b | If yes: Did you have to pay anything to use the emergency transport scheme? (1) yes (2) no - go to M111 | <input type="checkbox"/> |
| M110c | If yes: How much did you pay? <i>Enter the amount in Naira, or enter 999 if doesn't know amount</i> | <input type="text"/> |

Now I have some questions about what happened to [NAME] at the birth and immediately after.

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| M111 | Can I see a card recording information about the birth? (1)yes (2)no, not available (3) no, refused permission Interviewer – use the card to verify all information if possible | <input type="checkbox"/> |
| M112 | Was [NAME] weighed at birth? (1)yes (2)no - SKIP TO M114 | <input type="checkbox"/> |
| M113 | If yes How much did [NAME] weigh at birth? (enter weight in grammes) e.g. if the weight was 1.9 kilogrammes enter 1900; don't know write 9999; use the weight recorded on the card if possible) | <input type="text"/> |
| M114 | Did [NAME] have any difficulty breathing/crying at birth? (1)yes (2)no - skip to M116 | <input type="checkbox"/> |
| M115 | Did anyone do any of the following to [NAME] immediately at birth? (1) rubbing (2)stimulating (3)mouth-to-mouth (4) resuscitation (5) none of these (6)don't know | <input type="checkbox"/> |
| M116 | Where was [NAME] placed immediately after delivery? (1)alone/on the floor; (2)on the mother's belly/chest (3)beside the mother; (4) with someone else; (5)other | <input type="checkbox"/> |
| M117 | When [NAME] was born, was she/he dried/wiped? (1)yes (2)no (3)don't know (2 and 3 skip to M119) | <input type="checkbox"/> |
| M118 | How long after [NAME] was born was she/he dried/wiped? (Enter in minutes) Check for time after the baby was born, not time after the placenta came out | <input type="text"/> |
| M119 | When [NAME] was born, was she/he wrapped with a cloth? (1)yes (2)no (3)don't know (2 and 3 skip to M119) | |
| M120 | How long after [NAME] was born was she/he wrapped with a cloth? (Enter in minutes) Check for time after the baby was born, not time after the placenta came out | <input type="text"/> |
| M121 | What was used to tie the cord? (1)new string/thread (2)boiled string/thread (3)any string/thread (4)nothing (5)don't know (6)other, specify | <input type="checkbox"/> |

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| M121a | <i>Specify</i> | <input type="text"/> |
| M122 | What was used to cut the cord? (1) <i>new razor blade</i> (2) <i>any razor blade</i> (3) <i>scissors</i> (4) <i>don't know</i> (5) <i>other, specify</i> | <input type="text"/> |
| M122a | <i>Specify</i> | <input type="text"/> |
| M123 | Was anything applied to the cord after cutting and tying? (1) <i>yes</i> (2) <i>no</i> (3) <i>don't know</i> – skip to M125 | <input type="text"/> |
| | What was applied to the cord just after cutting the cord? Do not prompt, select all that apply, ask whether there was anything else | (1) <i>yes</i> (2) <i>no</i> |
| M124a | Ash | <input type="text"/> |
| M124b | Ointment | <input type="text"/> |
| M124c | Animal dung | <input type="text"/> |
| M124d | Oil | <input type="text"/> |
| M124e | Antisepctic/dettol | <input type="text"/> |
| M124f | Cold water | <input type="text"/> |
| M124g | Other (specify) | <input type="text"/> |
| M124h | <i>Specify</i> | <input type="text"/> |
| M125 | When [NAME] was born, how soon did you bathe him/her? (1) <i>in the first hour</i> – CONTINUE TO M126 (2) <i>after one hour</i> – SKIP TO M127 (3) <i>after one day</i> – SKIP TO M128 | <input type="text"/> |
| M126 | If in the first hour: After how many minutes would you say? (<i>write number of minutes</i>) Now go to M129 | <input type="text"/> |
| M127 | If after one hour: After how many hours would you say? (<i>write number of hours; e.g. if response is 'after one hour' enter 1, if response is 'after one and a half hours' enter 1</i>) Now go to M129 | <input type="text"/> |
| M128 | If after one day: After how many days would you say? (<i>write number of days; e.g. if response is 'after one day' enter 1, if response is 'after one and a half days' enter 1</i>) | <input type="text"/> |
| M129 | In the first week of life, did you hold [NAME] skin to skin against your breasts during the daytime and nighttime? (1) <i>yes always</i> (2) <i>yes very often</i> (3) <i>yes a few times</i> (4) <i>never</i> (5) <i>don't know</i> | <input type="text"/> |
| M130 | In the first week of life, did you sleep with [NAME] against you at night, or did you lay him/her alone on the bed or elsewhere? (1) <i>slept with mother</i> (2) <i>baby slept alone</i> (3) <i>baby slept with another person</i> | <input type="text"/> |
| M131 | Did you ever breastfeed [NAME]? (1) <i>Yes</i> (2) <i>No</i> – SKIP TO M138 | <input type="text"/> |
| M132 | How long after birth did you first put [NAME] to the breast? (1) <i>in the first hour</i> – CONTINUE TO M133 (2) <i>after one hour but during the first day</i> – GO TO M134 (3) <i>after the first day of life</i> – GOTO M135 | <input type="text"/> |
| M133 | If in the first hour: After how many minutes would you say? (<i>write number of minutes</i>) Now go to M136 | <input type="text"/> |
| M134 | If after one hour but during the first day: After how many hours would you say? (<i>write number of hours</i>) e.g. if response is 'after one hour' enter 1, if response is 'after one and a half hours' enter 1; if response is 'after two and a half hours' enter 2. Now go to M136 | <input type="text"/> |
| M135 | If after the first day of life: After how many days did you first put [NAME] to the breast? <i>Enter number of days</i> | <input type="text"/> |

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| M136 | Did you squeeze out and throw away the first milk? (1)yes (2)no | <input type="checkbox"/> |
| M137 | In the first three days after delivery, was [NAME] given anything to drink other than breast milk? (1)yes (2)no – go to M138 | <input type="checkbox"/> |
| | What else was [NAME] given to drink in the first three days after delivery? | |
| M137a | Other type of milk | <input type="checkbox"/> |
| M137b | Plain water | <input type="checkbox"/> |
| M137c | Sugar/glucose/salt water solution | <input type="checkbox"/> |
| M137d | Juice | <input type="checkbox"/> |
| M137e | Tea/infusions | <input type="checkbox"/> |
| M137f | Others | <input type="checkbox"/> |
| | Now about care after the birth | |
| M138 | In the month after [NAME] was born, did any health care provider/volunteer/home visitor check on his/her health? Probe for checks done sometime after birth, and not immediately at the time of birth (1)yes (2)no – SKIP TO M154 | <input type="checkbox"/> |
| M139 | In the month after [NAME] was born, how many times did a health care provider/volunteer/home visitor check on his/her health? <i>Write number of times</i> | <input type="checkbox"/> |
| M140 | How long after delivery did the first check take place? (Record number of days; if same day as delivery enter 0) | <input type="checkbox"/> |
| M141 | Who checked on [NAME] for the first time after birth? Probe for most qualified person (1)doctor (2)nurse/midwife (3)CHEW/CHO (4)community volunteer health worker (5)other (specify) | <input type="checkbox"/> |
| M141a | <i>Specify</i> | <input type="text"/> |
| M142 | Where did the first check on [NAME] take place? (1)own home (2)primary health facility (3) hospital (secondary level or higher) | <input type="checkbox"/> |
| M143 | If M139>1 ask M134, 144, 145, otherwise skip to M146 How long after delivery did the second check take place? (Record number of days) | <input type="checkbox"/> |
| M144 | Who checked on [NAME] for the second time after birth? Probe for most qualified person (1)doctor (2)nurse/midwife (3)CHEW/CHO (4)community volunteer health worker (5)other (specify) | <input type="checkbox"/> |
| M144a | <i>Specify</i> | <input type="text"/> |
| M145 | Where did the second check on [NAME] take place? (1)own home (2)primary health facility (3) hospital (secondary level or higher) | <input type="checkbox"/> |
| | At any of the health checks in the first month, what was done to check the health of baby? Do not read out list, select all that apply, probe – anything else? | (1)yes (2)no |
| M146a | Generally examined/looked at babys body | <input type="checkbox"/> |
| M146b | Weighed baby | <input type="checkbox"/> |
| M146c | Checked cord | <input type="checkbox"/> |
| M146d | Counselled on breastfeeding | <input type="checkbox"/> |
| M146e | Observed breastfeeding | <input type="checkbox"/> |
| M146f | Counselled on skin-to-skin contact/warmth | <input type="checkbox"/> |
| M146g | Checked baby for danger signs | <input type="checkbox"/> |
| M146h | Counselled on danger signs | <input type="checkbox"/> |
| M146i | Referred to a health facility | <input type="checkbox"/> |
| M146j | Nothing | <input type="checkbox"/> |
| M147 | Did you ever call the MNH call centre for advice about your baby after the birth? (1)yes (2)no | <input type="checkbox"/> |
| M148 | Have you ever used the emergency transport scheme for help with your baby after the birth? | <input type="checkbox"/> |

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| | (1)yes (2)no – go to M154 | |
| M149 | If yes: Did you have to pay anything to use the emergency transport scheme? (1) yes (2) no – go to M154 | <input type="checkbox"/> |
| M150 | If yes: How much did you pay? Enter the amount in Naira, or enter 999 if doesn't know amount | <input type="text"/> |
| | | |
| M154 | Have you ever taken [NAME] for a vaccination? PROBE – HEALTH FACILITY OR VACCINATION DAY (1)yes (2)no – GO TO M174 | <input type="checkbox"/> |
| M155 | If yes: Do you have any record/card where [NAME] vaccinations are written down? (1)yes (2)no | <input type="checkbox"/> |
| | Has [NAME] received the following vaccinations? | |
| M156 | BCG | <input type="checkbox"/> |
| M157 | If yes: When? record date given, or 01/01/2099 if date not available | <input type="text"/> |
| M158 | Polio 0 (Polio given at birth and given in the mouth (oral)) | <input type="checkbox"/> |
| M159 | If yes: When? record date given, or 01/01/2099 if date not available | <input type="text"/> |
| M160 | Polio 1 | <input type="checkbox"/> |
| M161 | If yes: When? record date given, or 01/01/2099 if date not available | <input type="text"/> |
| M162 | Polio 2 | <input type="checkbox"/> |
| M163 | If yes: When? record date given, or 01/01/209 if date not available | <input type="text"/> |
| M164 | DPT 1 | <input type="checkbox"/> |
| M165 | If yes: When? record date given, or 01/01/2099 if date not available | <input type="text"/> |
| M166 | DPT 2 | <input type="checkbox"/> |
| M167 | If yes: When? record date given, or 01/01/2099 if date not available | <input type="text"/> |
| M168 | DPT 3 | <input type="checkbox"/> |
| M169 | If yes: When? record date given, or 01/01/2099 if date not available | <input type="text"/> |
| M170 | Measles or MMR | <input type="checkbox"/> |
| M171 | If yes: When? record date given, or 01/01/2099 if date not available | <input type="text"/> |
| M172 | Vitamin A | <input type="checkbox"/> |
| M173 | If yes: When? record date last dose given, or 01/01/2099 if date not available | <input type="text"/> |
| | | |
| M174 | INTERVIEWER STOP FOR PDA CHECK: WAS THE BABY BORN 0-60 DAYS BEFORE DATE OF INTERVIEW? (1)Yes (2)No IF YES - CONTINUE, IF NO – END | |
| | Now I want to talk to you about any sickness your child experienced in the first month of life. | |
| M175 | Has [NAME] ever been sick? (1)yes (2)no | |
| | Can I just check, has [NAME] ever had any of the following symptoms? If yes to any continue, if no to all these symptoms skip to end | (1)yes (2)no |
| M176 | Stopped feeding well | <input type="checkbox"/> |
| M177 | Difficult or fast breathing | <input type="checkbox"/> |
| M178 | Chest in-drawing | <input type="checkbox"/> |
| M179 | Unusually hot or cold | <input type="checkbox"/> |
| M180 | Baby less active than usual | <input type="checkbox"/> |
| M181 | Body became yellow | <input type="checkbox"/> |
| M182 | Other (specify) | <input type="text"/> |
| M183 | (specify) | <input type="text"/> |
| M184 | No symptoms end | <input type="checkbox"/> |
| M185 | If any sickness/symptom reported: How old was [NAME] when sick for the first time? Record number of days of age when [NAME] was first sick; if first day | <input type="text"/> |

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| | of life enter 0 | |
| M186 | When [NAME] was sick that first time what was the problem? CHECK ALL the following symptoms, tick all that apply: | (1)yes (2)no |
| M187 | Fever | <input type="checkbox"/> |
| M188 | Unable to suckle/feed | <input type="checkbox"/> |
| M189 | Difficult/fast breathing | <input type="checkbox"/> |
| M190 | Diarrhea | <input type="checkbox"/> |
| M191 | Convulsions | <input type="checkbox"/> |
| M192 | Persistent vomiting | <input type="checkbox"/> |
| M193 | Yellow palms/soles/eyes | <input type="checkbox"/> |
| M194 | Lethargy | <input type="checkbox"/> |
| M195 | Unconscious | <input type="checkbox"/> |
| M196 | Red/discharging eyes | <input type="checkbox"/> |
| M197 | Skin pustules | <input type="checkbox"/> |
| M198 | Skin around cord was red | <input type="checkbox"/> |
| M199 | Pus from cord | <input type="checkbox"/> |
| M200 | Other | <input type="checkbox"/> |
| M201 | Specify _____ | <input type="checkbox"/> |
| M203 | Did you seek care for [NAME] outside the home at that time? (1)yes – go to M206 (2)no | <input type="checkbox"/> |
| M204 | If no care sought at that time: Why didn't you seek care for [NAME] outside the home during that first illness? (1)expected him/her to get better (2) health facility too far (3) cost of treatment too expensive (4) don't trust/like the facility (5) no permission to go (6) community advisor/TBA advised against it (NOW GO TO M212) (7) other, specify _____ | <input type="checkbox"/> |
| M205 | Specify _____ NOW GO TO M212 | <input type="checkbox"/> |
| M206 | If M203=yes: How many times did you seek care for that illness? <i>Write number of times</i> | <input type="checkbox"/> |
| M207 | Where outside the home did you seek care from the first time? (1)primary health care facility (2) hospital or secondary level care (3)health volunteer (4) shop/pharmacy (5) MNH call centre (6) other specify _____ | <input type="checkbox"/> |
| M208 | Specify _____ | <input type="checkbox"/> |
| M209 | Do you have any medical record from when you went for health care outside the home the first time? (1)yes (2)no – M211 | <input type="checkbox"/> |
| M210 | Can I see it? (1)yes (2)no Interviewer use the card to verify responses where possible | <input type="checkbox"/> |
| M211 | After how many days did you seek care the first time? <i>Write number of days from the onset of illness</i> If first day of illness write 0 | <input type="checkbox"/> |
| M212 | If yes to any of the symptoms (M187-201): At any time during the illness, did [NAME] take any drugs for the illness? (1)yes (2)no - end Interviewer: use the card to verify if available; or ask the mother if she still has the drug wrapper | <input type="checkbox"/> |
| | What drugs did [NAME] take? Select all mentioned | <input type="checkbox"/> |
| M213a | Malaria drug SP/Fansidar | <input type="checkbox"/> |
| M213b | Malaria drug Chloroquine | <input type="checkbox"/> |
| M213c | Antibiotic: Gentamicin | <input type="checkbox"/> |
| M213d | Antibiotic: Ampicilin | <input type="checkbox"/> |
| M213e | Tetracycline eye ointment | <input type="checkbox"/> |

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| M213f | ORS | <input type="checkbox"/> |
| M213g | Vitamin A | <input type="checkbox"/> |
| M213h | Traditional remedy | <input type="checkbox"/> |
| M213i | Herbs | <input type="checkbox"/> |
| M214 | For how many days did [NAME] take the drugs <i>Write number of days</i> | <input type="checkbox"/> |

End – thank the participant for their time. Check whether there is another woman aged 13-49 in the house.

Notes:

Plain text: questions to be read out to the interviewee

Italic text: coded responses

Bold text: instructions to interviewer or for programming