

**IDEAS HOUSEHOLD SURVEY**  
**Gombe State, Nigeria, 2015**

**Module 1. Household characteristics**

H0	GPS coordinates: Longitude( <i>automatic from PDA</i> )	_ _  :  _ _ _ _ _
H0a	GPS coordinates: Latitude( <i>automatic from PDA</i> )	_ _  :  _ _ _ _ _
H1	State ( <i>PDA drop down list</i> )	_ _ _ _ _ _ _
H2	LGA name ( <i>PDA drop down list</i> )	_ _ _ _ _ _ _ _ _ _ _ _ _
H3	Village (EA) name( <i>PDA drop down list</i> )	_ _ _ _ _ _ _
H3a	EA code ( <i>automatic from PDA</i> )	_ _ _ _ _ _ _
H4	Household no <i>Enter the household number</i>	_ _ _
H5	Unique household ID ( <i>generated by PDA and to be copied onto all documents e.g. consent forms</i> )	_ _ _ _ _ _ _ _ _ _ _ _ _  LGA/EA/household
H6	Interviewer initials	_ _ _ _
H7	Date ( <i>dd/mm/yyyy, PDA format</i> )	_ _ / _ _ / _ _ _ _
H8	Name of household head Sunan Maigidan nan	_ _ _ _ _ _ _ _ _ _ _ _ _ _
H9	<b>Interviewer:</b> Have you read him/her the consent form? (1) yes (2) no-one is available to read it to  <b>Interviewer:</b> Ka /kin karanta wa maigidan takardar daukar izini? (1) yes (2) no-one is available to read it to	_
H10	<b>Interviewer:</b> Does the respondent agree? (1)Yes (2) No <b>IF NO END INTERVIEW HERE</b>  <b>Interviewer:</b> Maigidan ya/ta amince? (1)Yes (2) No <b>IF NO END INTERVIEW HERE</b>	_
H11	<b>Interviewer:</b> Who is the respondent? (1) Household head (2)Representative  <b>Interviewer:</b> Wanene mai amsa tambayoyin? (1) Household head (2)Representative	_
H12	What is the ethnic group of the household head? <i>PDA drop down list</i>  <i>Menene kabilar Maigidan?</i> <i>PDA drop down list</i>	_ _ _ _ _ _ _ _ _ _ _ _ _
H13	How many women who are married to the household head live in the house? <i>Write number</i>  <i>Matan maigidan nawa ne ke tare dashi a wannan gidan? Write number</i>	_ _

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**H14. Household listing**

Please can I ask the names and some characteristic of all the people in your household? **START WITH THE HEAD OF HOUSEHOLD AND OLDER PEOPLE, THEN CHILDREN FROM OLDEST TO YOUNG**

Zan iya tambayar ka/ki sunaye da wasu bayanai game da dukkan mutanen dake gidan nan?

ALL	ALL	ALL	ALL	PDA check:	If born before 2003:	If born before 2003:	ALL	ALL	ALL	ALL
Number of the person	Name of the person  Menene sunan?	Sex (1)M (2)F  Menene jinsin?  (1)M (2)F	Date of birth (dd/mm/yyyy) <i>don't know date 01/01/2099</i>  Menene cikakken ranar haihuwar?	<b>Interviewer:</b> Is it a woman between 13 and 49 years? (1966-2002) (1)yes (2)no	What is the marital status? (1) <i>currently married</i> (2) <i>not currently married but in a union</i> (3) <i>not married</i>  <i>Tana da aure?</i> (1) <i>currently married</i> (2) <i>not currently married but in a union</i> (3) <i>not married</i>	How many completed years of education? (enter number of years)  <i>Wanne gurbin ilimi kika kammala?</i> enter number of years	Religion (1)Christian (2)Muslim (3)Other  <i>Menene addinin sa/ta?</i> 1)Christian (2)Muslim (3)Other	Did the person sleep in the household last night? (1) Yes (2) No <i>Shin ya/ta kwana a nan gidan jiya?</i> (1) Yes (2) No	Is this person a permanent resident of the household (1) yes (2) no	<i>Is there anybody else in the household</i> (1) Yes (2) No  <i>If No end the listing</i>
<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>G</b>	<b>H</b>	<b>I</b>	<b>J</b>	<b>K</b>	<b>L</b>	<b>M</b>

Now I want to ask you some questions about the characteristics of your household  
**Ina so in maka/ki tambayoyi akan wasu abubuwan da suka shafi gidan nan**

H15	What is the main material of the walls? <i>(1) Natural materials or no walls (millet stalks/ woven thatch/mud) (2) Bamboo/Plywood/Stone with mud (3)Cement/bricks/planks (6) Other</i>  Da wanne irin abu aka kewaye gidan nan? <i>(1) Natural materials or no walls (millet stalks/ woven thatch/mud) (2) Bamboo/Plywood/Stone with mud (3)Cement/bricks/planks (6) Other</i>	<input type="checkbox"/>
H16	What is the main floor material? <i>(1)Natural floor (earth/sand/dung)</i> <i>(2)Rudimentary floor (wood/palm/bamboo)</i> <i>(3)Finished floor (Polished wood, vinyl, tiles, cement, carpet)</i>  Da wanne irin abu akayi daben gidan nan? <i>1)Natural floor (earth/sand/dung)</i> <i>(2)Rudimentary floor (wood/palm/bamboo)</i> <i>(3)Finished floor (Polished wood, vinyl, tiles, cement, carpet)</i>	<input type="checkbox"/>
H17	What is the main material of the roof: <i>(1) Iron sheets/ tiles/cement; (2) Thatch/mat/cardboard/grass; (3) Other</i>  Da wanne irin abu akayi rufin gidan nan? <i>(1) Iron sheets/ tiles/cement; (2) Thatch/mat/cardboard/grass; (3) Other</i>	<input type="checkbox"/>
H18	What kind of toilet facilities does your household have? <i>(1) Flush toilet (2) Pit toilet/latrine (3) Bucket toilet (4) No facility/bush</i>  Wanne irin bandaki ake dashi a gidan nan? <i>(1) Flush toilet (2) Pit toilet/latrine (3) Bucket toilet (4) No facility/bush</i>	<input type="checkbox"/>
H19	What is the main source of drinking water for members of your household? <i>(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</i>  Menene babbar hanyar samun ruwan sha a gidan nan? <i>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</i>	<input type="checkbox"/>
H20	What type of fuel does your household mainly use for cooking <i>(1)Electricity; (2)Gas; (3)Kerosene; (4)Charcoal; (5)Firewood/straw; (6)Dung; (7)Other</i>  Da me aka fi yin girki dashi a gidan nan? <i>(1)Electricity; (2)Gas; (3)Kerosene; (4)Charcoal; (5)Firewood/straw; (6)Dung; (7)Other</i>	<input type="checkbox"/>
H21	Is the house connected to electricity? (1) yes (2)no  Shin akwai lantarki a wannan gidan? (1) yes (2)no	<input type="checkbox"/>
	In this household is there anyone who owns the following: Akwai masu wadannan abubuwa a cikin gidan nan?	(1)yes (2)no
H22	Fridge: Firiiji	<input type="checkbox"/>
H23	TV Talebijin	<input type="checkbox"/>
H24	Radio: Rediyo	<input type="checkbox"/>
H25	Bicycle: Keke	<input type="checkbox"/>
H26	Mobile phone: Wayar salula	<input type="checkbox"/>
H27	A bed: Gado	<input type="checkbox"/>

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H28	A kerosene lamp/pressure lamp: Fitilar kwai/ fitilar ruwa	_
H29	Wrist watch: Agogon hannu	_
H30	Motorcycle: Babur	_
H31	Generator: Janareta	_
H32	Fan: Fanka	_

H33	<p>In this house are there ducks or chickens? How many?  <i>(write the number; 0 if none, 999 if respondent does not know)</i></p> <p>Akwai agwagi ko kaji a gidan nan? Guda nawa ne?  <i>(write the number; 0 if none, 999 if respondent does not know)</i></p>	_ _ _
H34	<p>Do you have animals in this household like goat, sheep or cattle  How many? <i>(write the number; 0 if none, 999 if does not know)</i></p> <p>Ko kuna da dabbobi a gidan nan kamar su awaki, tumaki ko shanu? Guda nawa ne?  <b>0 if none, 999 if does not know</b></p>	_ _ _
H35	<p>Do you have any horses, donkeys or mules? How many?  <i>(write the number; 0 if none, 999 if respondent does not know)</i></p> <p>Ko kuna da dawaki, jakuna ko alfadari a gidan nan? Guda nawa ne?  <i>(write the number; 0 if none, 999 if respondent does not know)</i></p>	_ _ _
H36	<p>How many mosquito nets does your household have?  <i>(Write total number; count those in use plus those not in use)</i>  <b>If "0" SKIP TO W1</b></p> <p>Gidan sauro nawa kuke dasu a gidan nan?  <i>(Write total number; count those in use plus those not in use)</i>  <b>If "0" SKIP TO W1</b></p>	_ _

**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	<b>PDA look up: Select name of the woman</b>	
W2	<b>PDA look up: Confirm the ID number of the woman and write on her consent form (LGA/EA/household/person)</b>	____/____/____/____/____
W3	<b>Interviewer:</b> Is it possible to interview the woman? 1 = yes ( <b>SKIP TO W5</b> ) 2 = No	____
W4	<b>Interviewer:</b> Why is it not possible to interview? 1=Temporarily absent – call back 2 = Travelled away 3 = Sick 4 = Other <b>END OF PROCESS FOR THIS WOMAN – CONTINUE TO OTHER WOMEN 13-49 IN THE HOUSEHOLD</b>	____
W5	<b>Interviewer:</b> Have you read her the consent form? (1) yes (2) no	____
W6	<b>Interviewer:</b> Does the woman agree? (1)yes(2)no <b>IF NO, END INTERVIEW HERE – CONTINUE TO OTHER WOMEN 13-49 IN THE HOUSEHOLD</b>	____

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

**Ina so in maka/ki tambayoyi akan ayyukan kiwon lafiya da kuke samu**

W7	Is there a primary health facility in your village? (1)Yes (2)No <b>Akwai karamin asibiti a kauyen ku?</b> (1)Yes (2)No	____
W8	How long does it take you to get to the nearest primary health facility? Record the time in minutes. <b>If she doesn't know, record 99</b>  Tsawon wanne lokaci za ki iya dauka zuwa asibiti mafi kusa da ke? Record the time in minutes. <b>If she doesn't know, record 99</b>	____ ____
W9	By which means of transportation? (1)walking (2)bicycle (3)motor vehicle (4) motorbike (5) donkey/horse cart  Ta wacce irin hanyar sufuri? (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? Record the num times: <b>If any visits last 6 months, skip to w12</b>  Sau nawa kika ziyarci asibitin a cikin watanni 6 da suka shige? Record the number of times: <b>If any visits last 6 months, skip to w12</b>	____
	<b>IF NEVER IN THE LAST 6 MONTHS:</b> What are the reasons why you have not visited the primary health facility in the last six months? ( <b>do not read out list, prompt, 'anything else'; mark all that apply</b> ); then skip to w14) <b>IF NEVER IN THE LAST 6 MONTHS:</b> Menene dalilan da yasa ba ki ziyarci asibitin ba a cikin watanni 6 da suka shige? ( <b>do not read out list, prompt, 'anything else'; mark all that apply</b> ); then skip to w14)	(1)yes (2)no
W11a	No illness in the family/no births : <b>Babu rashin lafiya a gidan/ Babu haihuwa</b>	____
W11b	Facility is too far away : <b>Asibiti yayi nisa da gida</b>	____
W11c	Costs too much money to go to health facility: <b>Zuwa asibiti nada tsada sosai</b>	____
W11d	Not enough time to visit: <b>Babu wadataccen lokaci domin kai ziyara</b>	____
W11e	Poor services available at the health facility: <b>Rashin aiki mai inganci a asibitin</b>	____
W11f	Concerns about the behaviour of the facility staff: <b>Damuwa kan halayyar ma'aikatan asibiti</b>	____
W11g	Problems getting permission to go to the facility: Matsololin samun izini zuwa asibiti	____

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W11h		Other Wani abun daban	_
W12	When was the last time you visited that health facility? <i>Use PDA to look up date (don't know date 99/99/9999)</i>  <i>Wanne lokaci ne na baya bayan nan da ki ka je asibitin?</i> <i>Use PDA to look up date (don't know date 99/99/9999)</i>	_ _ / _ _ / _ _ _ _	
W13	The last time you visited the health facility, what was the primary reason? <b>Select one</b> 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; 10 Collect commodity 11 Other  Menene muhimmin dalilin zuwan ki asibitin a baya bayan nan? <b>Select one</b> 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; 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? <b>Probe – eg.Faith based visitors such as FOMWAN/PARE/LCCN/EYN, TBA, or CHEW/CHO(1)Yes (2)No - skip to w27</b>  A cikin watanni 6 da suka shige, ko akwai wani jami'in sa kai na kiwon lafiya da ya ziyarce ki don tattaunawa gameda al'amurran kiwon lafiya? <b>Probe – eg. Faith-based visitors such as FOMWAN/PARE/LCCN, TBA, or CHEW/CHO (1)Yes (2)No - skip to w27</b>	_	
	<b>If yes: Idan haka ne:</b>		
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  Wanne irin jami'in sa kai na kiwon lafiya ne ya ziyarce ki a baya bayan nan? 1) FOMWAN (2) PARE (3) LCCN (4) TBA (5) CHEW/CHO (6) other (7) None	_	
W16	When was the last time the health volunteer visited you at home? <i>Use PDA to look up date</i> <b>Wanne lokaci ne na baya bayan nan da mai aikin sa kai na kiwon lafiya ya ziyarce ki a gida? Use PDA to look up date</b>	_ _ / _ _ / _ _ _ _	
	Who did the volunteer talk to the last time she visited you at home? <b>(don't read the list but probe: anything else?; mark all that apply)</b>  Da wa ma'aikacin sa kai ya tattauna lokacin ziyarar sa na baya bayan nan? <b>(Don't read the list, probe: anything else?; mark all that apply)</b>	(1) yes (2)no	
W17	Myself : Ni kaina	_	
W18	Other adult woman : Wata babbar mace	_	
W19	Head of household : Maigidan nan	_	
W20	Other adult male : Wani babban mutum	_	
W21	Husband : Maigidana	_	
	What was discussed the last time the health volunteer visited you at home? <b>(don't read the list but probe: anything else?; mark all that apply)</b>  Menene abubuwan da ku ka tattauna akai lokacin da mai aikin sa kan ya ziyarce ki a gida a baya bayan nan? <b>(Don't read the list but probe: anything else?; mark all that apply)</b>	(1) yes (2)no	
W26a	Immunisation: Allurar riga kafi	_	
W26b	Child nutrition: Abinci yara mai gina jiki	_	
W26c	Family planning: Tsarin iyali/ Tazarar haihuwa	_	
W26d	Pregnancy care: Kulawa da juna biyu	_	
W26e	Delivery care : Kulawa lokacin haihuwa	_	
W26f	Newborn care : Kulawar lafiyar jariri	_	
W26g	Post partum care : Kulawa a lokacin jegon	_	

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W26h	Breastfeeding : Shayar da nonon uwa	<input type="checkbox"/>
W26i	Recognition of danger signs: Gano alamomi rashin lafiya masu hatsari	<input type="checkbox"/>
W26j	Importance of taking vitamins : Muhimmancin cin sinadarai masu amfani a jiki	<input type="checkbox"/>
W26k	Being prepared for birth : Shirin haihuwa	<input type="checkbox"/>
W26l	Using a clean delivery kit: Amfani da tsabtattun kayan haihuwa	<input type="checkbox"/>
W26m	Keeping babies warm/kangaroo mother care : Tabbatar da dunduma jikin jarirai	<input type="checkbox"/>
W26n	Information about emergency transport scheme drivers: Bayanai gameda shirin direbobin taimakon gaggawa	<input type="checkbox"/>
W26o	Information about HIV/AIDS: Bayanai gameda ciwon Kanjamau/Sida	<input type="checkbox"/>
W26p	Information on hygiene: Bayanai kan tsabta	<input type="checkbox"/>
W26q	Diarrhea treatment: Maganin gudawa	<input type="checkbox"/>
W26r	Promotion of latrine use: Tabbatar da amfani da bandaki	<input type="checkbox"/>
W26s	Promotion of safe water use: Tabbatar da amfani da tsabtaceccen ruwan sha	<input type="checkbox"/>
W26t	Other: Wasu dalilan	<input type="checkbox"/>
W27	Have you attended any meetings in your community (outside your home) about health issues? (1)Yes (2)No - <b>skip to W31</b> Kin taba halartar zauren tattaunawa kan al'amura da suka shafi kiwon lafiya? (1)Yes (2)No - <b>skip to W31</b>	<input type="checkbox"/>
W28	<b>If yes:</b> When was the last meeting you attended outside your home? <i>Use PDA to look up date</i>  <b>If yes:</b> Yaushe ne ki ka halarci zauren tattaunawa kan al'amura da suka shafi kiwon lafiya? <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  Wanene ya shirya zauren tattauna na baya baya nan? (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 the project: Ambaci sunan shirin da ke bada wannan tallafin</i>	<input type="text"/>
	What was discussed at the last community meeting you attended outside your home? <b>(don't read the list but probe: anything else?; mark all that apply)</b>  <i>A zauren tattaunawa na baya bayan nan, wadanne abubuwa akayi magana akan su?</i> <b>(don't read the list but probe: anything else?; mark all that apply)</b>	(1) Yes (2) no
W30a	Immunisation: Allurar riga kafi	<input type="checkbox"/>
W30b	Child nutrition: Abinci yara mai gina jiki	<input type="checkbox"/>
W30c	Family planning: Tsarin iyali/ Tazarar haihuwa	<input type="checkbox"/>
W30d	Pregnancy care: Kulawa da juna biyu	<input type="checkbox"/>
W30e	Delivery care : Kulawa lokacin haihuwa	<input type="checkbox"/>
W30f	Newborn care : Kulawar lafiyar jariri	<input type="checkbox"/>
W30g	Post partum care : Kulawa a lokacin jego	<input type="checkbox"/>
W30h	Breastfeeding : Shayar da nonon uwa	<input type="checkbox"/>
W30i	Recognition of danger signs: Gano alamomi masu hatsari da ke tattare da juna biyu	<input type="checkbox"/>
W30j	Importance of taking vitamins : Muhimmancin cin sinadarai masu amfani a jiki	<input type="checkbox"/>
W30k	Being prepared for birth ( <b>probe:Money, materials, place of delivery</b> ) : Shirin haihuwa ( <b>probe:Money, materials, place of delivery</b> )	<input type="checkbox"/>
W30l	Using a clean delivery kit: Amfani da tsabtattun kayan haihuwa	<input type="checkbox"/>
W30m	Keeping babies warm/kangaroo mother care : Tabbatar da dunduma jikin jarirai	<input type="checkbox"/>
W30n	Information about emergency transport scheme drivers: Bayanai gameda shirin direbobin taimakon gaggawa	<input type="checkbox"/>
W30o	Information about HIV/AIDS: Bayanai gameda ciwon Kanjamau/Sida	<input type="checkbox"/>
W30p	Information on hygiene: Bayanai kan tsabta	<input type="checkbox"/>
W30q	Diarrhea treatment: Maganin gudawa	<input type="checkbox"/>

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W30r	Promotion of latrine use: Tabbatar da amfani da bandaki	<input type="checkbox"/>
W30s	Promotion of safe wáter use: Tabbatar da amfani da tsabtaceccen ruwan sha	<input type="checkbox"/>
W30t	Other: Wasu dalilan	<input type="checkbox"/>
W30u	Immunisation: Allurar riga kafi	<input type="checkbox"/>
W30v	Child nutrition: Abinci yara mai gina jiki	<input type="checkbox"/>

	Do you know any of the following types of community health workers who make home visits to mothers and newborns in your village? <b>Read out the list</b> Ko kin san wasu daga cikin wadannan jami'an kiwon lafiya na al'umma da ke ziyartar gidaje domin ilmantar da iyaye mata da jariran su a kauyenku? <b>Read out the list</b>	(1)yes (2)no
W31	Do you know of any FOMWAN volunteers? Ko kin san wasu masu aikin sa kai na FOMWAN?	<input type="checkbox"/>
W32	Do you know of any LCCN volunteers? Ko kin san wasu masu aikin sa kai na LCCN or EYN?	<input type="checkbox"/>
W33	Do you know of any PARE volunteers? Ko kin san wasu masu aikin sa kai na PARE?	<input type="checkbox"/>
W34	Do you know of any TBAs? Ko kin san wata ungozoma ?	<input type="checkbox"/>
W35	Do you know of any CHEWs/CHO? Ko kin san wani Jami'in kiwon na alumma (CHEWs/CHO)	
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  Ko kin san wasu jami'an kiwon lafiya na al'umma dake ziyartar gidaje banda wadanda aka ambata domin ilmatar da iyaye da jariran su? (1)yes (specify) (2)no	<input type="checkbox"/>
W36a	Specify: Fadi sunayen su	<input type="text"/>
W36b	Don't know of any community health workers	<input type="checkbox"/>
W37	Have you heard of a project called "Inganta Rayuwar Iyali?" (1)yes (2)no  Ko kin taba jin wani aiki na bada tallafi mai suna "Inganta Rayuwar Iyali"? (1)yes (2)no	<input type="checkbox"/>
W38	Have you heard of the MNH call centre ( <b>Probe: the place you can call to get advice about health issues for mothers and newborns?</b> ) (1)yes (2)no  Ko kin taba jin wata "cibiyar inganta rayuwar iyali (MNH Call Center)" wadda ake tuntuba ta wayar salula? ( <b>Probe: the place you can call to get advice about health issues for mothers and newborns?</b> ) (1)yes (2)no	<input type="checkbox"/>
W39	Do you know how to contact the MNH call centre? (1)yes (2)no  Ko kin san yadda zaki nemi shawara daga "cibiyar inganta rayuwar iyali (MNH Call Center)" ta wayar salula? (1)yes (2)no	<input type="checkbox"/>
W40	Have you ever contacted the MNH call centre? (1)yes (2)no – <b>skip to W42</b>  Ko kin taba neman shawarar "cibiyar inganta rayuwar iyali (MNH Call Center)" ta wayar salula? 1)yes (2) no – <b>skip to W42</b>	<input type="checkbox"/>
W41	What was the main reason for contacting the MNH call centre the last time? <b>Select one</b> (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  Menene babban dalilin da yasa kika tuntubi "cibiyar inganta rayuwar iyali (MNH Call Center)" a baya baya nan? <b>Select one</b>  (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	<input type="checkbox"/>



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	<i>services (4)to ask about post partum care/complications (5) to ask about newborn care (6) other</i>	
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 – <b>skip to W53</b>  Ko kin san wani tallafin sufurin gaggawa da direbobin mota ke bayar wa mata masu juna biyu da masu danyen jego? (1)yes (2)no – <b>skip to W53</b>	<input type="checkbox"/>
W43	Do you know how to contact the Emergency transport scheme? (1)yes (2)no  Ko kin san yadda zaki tuntubi direbobin sufurin gaggawa? 1)yes (2)no	<input type="checkbox"/>
W44	Have you ever used the emergency transport scheme? (1)yes (2)no – <b>skip to W53</b>  Ko kin taba amfani da shirin sufurin gaggawa? (1)yes (2)no – <b>skip to W53</b>	<input type="checkbox"/>
W45	Who was the emergency transport for? (1)myself (2)another adult female (3) a newborn  Wa akayi ma wannan taimakon sufurin gaggawan? (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? <i>Enter amount; enter 0 if no money was given, 9999 if doesn't know</i>  Nawa kika kashe kan shirin sufurin gaggawar? <i>Enter amount; enter 0 if no money was given, 9999 if doesn't know</i>	<input type="text"/>
W47	Were any of the following types of payment given to the driver by you or your family?  Shin an biya direban da wani abu kamar haka?	(1)yes (2)no
W48	Fuel : Man fetur	<input type="checkbox"/>
W49	Food/livestock:Kayan abinci/Dabbobi	<input type="checkbox"/>
W50	Other gift: Wata kyauta	<input type="checkbox"/>
W51	None: Babu wani abu	<input type="checkbox"/>

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

Yanzu ina so in tambaye ki game da lafiyar ki

W53	Have you ever been pregnant? (even if this did not lead to a live birth) (1) Yes (2) No  Kin taba samun juna biyu? (Ko da 'dan bai zo da rai ba) (1) Yes (2) No	<input type="checkbox"/>
W54	Are you currently pregnant? <b>(Probe to make sure the respondent is giving you the correct answer)</b> (1)Yes (2)No <b>(SKIP TO W94a)</b>  Kina da juna biyu a yanzu? <b>(Probe to make sure the respondent is giving you the correct answer)</b> 1)Yes (2)No <b>(SKIP TO W94a)</b>	<input type="checkbox"/>
W55	Which number pregnancy is this? (write number)  Wannan juna biyun na nawa ne? (write number)	<input type="text"/>
W56	What gestation are you now? (record no. weeks)  Cikin wata nawa ne? (record no. weeks)	<input type="text"/>
W57	Have you already received any care for your pregnancy so far this pregnancy? <b>Probe: care ata health facility, or visits at home from a health volunteer</b> (1)Yes (2)No <b>(SKIP TO W70)</b>	<input type="checkbox"/>

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	Kin taba samun wata kulawa dangane da wannan juna biyun? <b>Probe: care ata health facility, or visits at home from a health volunteer</b> 1)Yes (2) No <b>(SKIP TO W70)</b>	
W58	Have you received pregnancy care from a health facility (1)Yes (2) No <b>(go to w65)</b>  Kin taba samun kulawar juna biyu daga asibiti? (1)Yes (2)No <b>(go to w65)</b>	<input type="checkbox"/>
	<b>For women who received pregnancy care at a health facility:</b>	
W59	Do you have an antenatal card? (1)Yes (2)No  Kina da katin awon ciki? (1)Yes (2)No	<input type="checkbox"/>
W60	Can I see your antenatal card? (1)Yes (2)No, refused permission (3) No, not available  Zan iya ganin katin ki na awon cikin? (1)Yes (2)No, refused permission (3) No, not available	<input type="checkbox"/>
W61	How many times have you attended the health facility for pregnancy (antenatal) care this pregnancy? <i>Enter the number of times</i> <b>Interviewer: record from antenatal card if available</b>  Sau nawa kika je awon cikin nan a asibiti? <i>Enter the number of times</i> <b>Interviewer: record from antenatal card if available</b>	<input type="checkbox"/>
W62	When did your first visit to the health facility take place? (enter date using PDA lookup) <b>Interviewer: record from antenatal card if available</b>  Yaushe ne kika fara zuwa awon farko a asibitin? (enter date using PDA lookup) <b>Interviewer: record from antenatal card if available</b>	<input type="text"/>
W63	How old was your pregnancy at the first visit? (record no.weeks) <b>Interviewer: record from antenatal card if available</b>  Wata nawa juna biyun ke da shi lokacin awon ki na farko? (record no.weeks) <b>Interviewer: record from antenatal card if available</b>	<input type="text"/>
W64	Who saw you at that first visit? (1) CHEW (2) CHO (3) Nurse/midwife (4) Doctor (5) other (specify) (6) don't know <b>Interviewer: record from antenatal card if available</b>  Wane jami'in kiwon lafiya ki ka gani a lokacin awon cikin ki na farko? <b>Interviewer: record from antenatal card if available</b> (1) CHEW (2) CHO (3) Nurse/midwife (4) Doctor (5) other (specify)	<input type="checkbox"/>
W65	Have you received pregnancy care in your own home (1)Yes (2) No <b>(go to w70)</b>  Kin taba samun kulawa dangane da juna biyu a gida? (1) Yes (2) No <b>(go to w70)</b>	<input type="checkbox"/>
	<b>For women who received pregnancy care at home:</b>	
W66	How many times have you been visited at home for pregnancy (antenatal) care this pregnancy? <i>Enter the number of times</i>  Sau nawa aka ziyarce ki a gida domin kulawa da lafiyar cikin nan? <i>Enter the number of times</i>	<input type="checkbox"/>
W67	When was the first visit to your home? (enter date using PDA lookup)  Yaushe aka fara ziyartar ki a gida domin kulawa da lafiyar cikin nan? (enter date using PDA lookup)	<input type="text"/>
W68	How old was your pregnancy at the first visit? (record no.weeks)  Cikin na da wata nawa ne lokacin ziyarar farko? (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)CHEW/CHO (7) Christian - don't know which type (8) Muslim - don't know which type (9) other	<input type="checkbox"/>

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	Wanene ya ziyarce ki da farko dangane da wannan juna biyu a gida? <i>1) FOMWAN (2) LCCN (3) PARE (4) TBA (5) JNI (6)CHEW/CHO (7) Christian - don't know which type (8) Muslim - don't know which type (9) other</i>	
W70	Where do you plan to give birth this pregnancy? <i>(1)home (2)primary care health facility (3)hospital (secondary or higher level care) (4)don't yet know (5)other (specify)</i>  A ina kike shirin haihuwa wannan cikin? <i>(1)home (2)primary care health facility (3)hospital (secondary or higher level care) (4)don't yet know (5)other (specify)</i>	<input type="checkbox"/>
W70a	<i>Specify: Ambata mana</i>	<input type="checkbox"/>
	Can you tell me what are the problems in pregnancy that need medical help? <b>(don't read the list but probe: anything else?; mark all that apply)</b>  Za ki iya fada min laulayin da ke tattare da juna biyu da ke bukatar taimakon jami'in kiwon lafiya? <b>(don't read the list but probe: anything else?; mark all that apply)</b>	<i>(1)Yes (2)No</i>
W71	Severe headache: Ciwon kai mai tsanani	<input type="checkbox"/>
W71a	Dizziness : Jiri (Juwa)	<input type="checkbox"/>
W72	Blurry vision: Rashin gani sosai	<input type="checkbox"/>
W73	Reduced or absent fetal movement: Karanci ko rashin jin motsin 'da	<input type="checkbox"/>
W74	High blood pressure: Hawan jini	<input type="checkbox"/>
W75	Edema of the face/hands/legs <b>(Probe – swelling):</b> Kumburin fuska ko kafa ko hannu <b>(Probe – swelling):</b>	<input type="checkbox"/>
W76	Convulsions: Jijjiga ko taune-taune	<input type="checkbox"/>
W77	Excessive vaginal bleeding: Zubad da jini mai yawa ta farji	<input type="checkbox"/>
W78	Severe lower abdominal pain: Matsanancin ciwon mara	<input type="checkbox"/>
W78a	Anemia/Pallor/Pale Skin: Rashin isasshen jini/ fata ta yi fari	<input type="checkbox"/>
W79	Fever: Zazzabi	<input type="checkbox"/>
W80	Other: Wasu abubuwa daban	<input type="checkbox"/>
W81	If other, specify _____  Idan akwai, ambata _____	<input type="checkbox"/>
W82	No problems mentioned: Ba wata matsala	<input type="checkbox"/>
W83	Do you know where to go if you have any pregnancy health complications? <i>(1)yes (2)no (go to W85)</i>  <i>Kin san in da zaki samu taimako idan kina da matsalar da ta shafi juna biyu?</i> <i>1)yes (2)no (go to W85)</i>	<input type="checkbox"/>
W84	Where should you go first? <b>Select one</b> <i>(1)health facility (2)community health volunteer (3)MNH call centre (4)traditional healer/herbalist (5)shop (6)other</i>  Idan kina da matsalar da ta shafi juna biyu, ina zaki fara zuwa? <b>Select one</b> <i>1) health facility (2) community health volunteer (3) MNH call centre (4) traditional healer/herbalist (5) shop (6) other</i>	<input type="checkbox"/>
W85	Did you make any preparations for your delivery? <i>(1)yes (2)no –skip to W93a</i> <b>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</b>  Kin yi wani shiri domin haihuwa? <i>(1)yes (2)no –skip to W93a</i> <b>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</b>	<input type="checkbox"/>
	What preparations did you make for this delivery? <b>Do not read out the list, probe – anything else? – select all that apply</b>  Wanne irin shiri ki ka yi domin wannan haihuwar? <b>Do not read out the list, probe – anything else? – select all that apply</b>	<i>(1)Yes (2)No</i>

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W86	Money for the delivery : Tanadin kudi domin haihuwa	<input type="text"/>
W87	Transport: Tanadin abin hawa	<input type="text"/>
W88	Food: Tanadin abinci	<input type="text"/>
W89	Identification of birth attendant: Samun mai taimakawa wajen karbar haihuwa	<input type="text"/>
W90	Identification of facility: Gano asibitin da za'a je domin karbar haihuwa	<input type="text"/>
W91	Materials for clean delivery: Tanadin kayayyaki da za su taimaka wajen samun tsabtatacciyar haihuwa	<input type="text"/>
W92	Identified blood donor: Samun wanda zai taimaka da bada jini	<input type="text"/>
W93	Other: <i>Wani abin dabam da ba'a ambata ba</i>	<input type="text"/>
W93a	Have you ever called the MNH call centre for advice this pregnancy? (1)yes (2)no  Ko kin taba kiran cibiyar tuntuba ta wayar salula mai suna " MNH Call Center" domin neman shawara dangane da juna biyu? (1)yes (2)no	<input type="text"/>
W93b	Have you ever used the emergency transport scheme for help this pregnancy? (1)yes (2)no  Ko kin taba amfani da shirin sufurin gaggawa domin neman taimako danagane da wannan juna biyun? (1)yes (2)no	<input type="text"/>
W93c	Did you sleep under a bednet last night? (1)yes (2)no (if no, skip to W94)  A daren jiya, kin yi barci a gidan sauro? (1)yes (2)no (if no, skip to W94)	<input type="text"/>
W93d	What kind of net was it?(select one) 1) LLIN (2) Ordinary net with no insecticide added (3) Ordinary net with insecticide added  Wanne irin gidan sauro ne? (1) <i>Gidan sauro mai magani tun fil-azal</i> (2) <i>Gidan sauro marar magani</i> (3) <i>Gidan sauro wanda aka sa masa magani daga baya</i>	<input type="text"/>
W93e	How many years ago did your household obtain that net? (enter number of years before survey date; if less than 1 year before survey enter 0; if don't know enter 99)  Yanzu shekaru nawa ne da mallakar gidan sauron? (enter number of years before survey date; if less than 1 year before survey enter 0; if don't know enter 99)	<input type="text"/>

**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 April 2013 until today

Ina so in yi miki tambayoyi game da duk haihuwar da kika yi a cikin shekaru biyu da suka gabata watau data watan Afirilu 2013 har ya zuwa yau.

W94a	Just to ask you again, have you ever been pregnant even if that pregnancy did not lead to a live birth? (1) Yes (Continue) (2) No (End of interview)  Bari dai in kara tambayarki, Kin taba samun juna biyu, ko da 'dan bai zo da rai ba? Yes (Continue) (2) No (End of interview)	<input type="text"/>
W94b	In total, how many times have you ever been pregnant, including those pregnancies that did not lead to a live birth? <i>Enter total number of pregnancies.</i>  Nawa ne jimlar juna biyu da kika taba samu harda wadanda basu zo da rai ba? <i>Enter total number of pregnancies.</i>	<input type="text"/>
W94c	Have you ever given birth? (1)Yes (2)No(End of interview)  Ko kin taba haihuwa? (1) Yes (2) No (End of interview)	<input type="text"/>
W94d	How many times have you ever given birth even if the baby was not born alive? <i>Enter total number</i>	<input type="text"/>

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	Kamar sau nawa kika taba haihuwa ko da 'ya'yan basu zo da rai ba? <i>Enter total number</i>	
W94e	How many of your births ended with a live born baby? <i>Enter total number of live births</i>  'Ya'ya nawa kika haifa da ransu? <i>Enter total number of live births</i>	_ _ _
W94f	Have you ever given birth to a child who cried or showed signs of life but unfortunately died later? (1)yes (2) no – <b>skip to W94</b>  Kin taba haihuwar 'da ko 'ya'ya da suka koma? (1)yes (2) no – <b>skip to W94</b>	_
W94g	<b>If yes, a child died:</b> How many of your live born children have ever died? (write number)  <b>If yes, a child died:</b> Cikin 'ya'yan da kika haifa da rai nawa suka rasu? (write number)	_
W94	How many times have you had a birth since 2013 that ended in a live born baby (even if baby later died)? ( <i>Enter number; if 0, end of interview for this woman</i> )  Haihuwar yara masu rai nawa kika yi daga shekarar 2013 zuwa yau, koda ace jaririn ya rasu daga baya? ( <i>Enter number; if 0, end of interview for this woman</i> )	_
W95	What was the date of your last live birth since 2013? ( <i>Enter date dd/mm/yyyy; don't know date enter 99 for dd, probe for month and year; ask for a birth certificate to verify date if one is available</i> )  A wane kwanan wata ne kika haifi 'da'ya mai rai tun daga shekarar 2013? ( <i>Enter date dd/mm/yyyy; don't know date enter 99 for dd, probe for month and year; ask for a birth certificate to verify date if available</i> )	_
W96	Was it a single or multiple birth? (1) single (2)twins (3)three or more babies  A haihuwar ki ta baya bayan nan daya kika haifa ko fiye? (1) daya (2)tagwaye(3)'ya'ya uku ko fiye da haka	_
W97	What was the name of the child ( <b>first child to be born if not a singleton birth; enter name</b> )  Menene sunan 'dan ko 'yar ( <b>Idan fiye da daya ne, ki ambaci sunan wadda ya fara fitowa</b> )	_
W98	What was the gender of the child ( <b>first child to be born if not a singleton birth</b> ) (1)male (2)female  Macece ko namiji? ( <b>Idan fiye da daya ne, ki ambaci jinsin wadda ya fara fitowa</b> ) (1) male (2) female	_
W98a	Is the child still alive today? (1)yes – <b>go to W100</b> (2)no  'Dan/'yar na da rai yanzu? (1)yes – <b>go to W100</b> (2)no	_
W99	<b>If yes, the child died</b> How many days did the child live for?( <i>write number of days; if less than 1 day write 0</i> )  Kwana nawa 'dan/'yar yayi/tayi a raye? ?( <i>write number of days; if less than 1 day write 0</i> )	_
W100	I just want to check, have you had any other live births after the one you just told me about? <b>(If the answer here is yes go back and check the responses from W94 onwards again</b>  Ko kin taba wata haihuwar bayan wadda kika fada mani? <b>(If the answer here is yes go back and check the responses from W94 onwards again</b>	_

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**MODULE 2 continued for women with a recent live birth**  
**Women aged 13-49 who had a live birth since April 2013**

Now I want to talk to you about the last birth you had that ended in [DATE], with the birth of [NAME]  
Yanzu ina son mu tattauna dangane da juna biyun da kika haifa ranar [DATE], wadda aka samu [NAME]

M1	Do you have a health card with information about that pregnancy and birth? (1)yes (2)no  Kina da katin asibiti da ke dauke da bayanai game da wannan juna biyun da haihuwar? (1)yes (2)no	__
M2	May I see your health card? (1)yes (2)no because it isn't at home (3)no, refused permission  Ko zan iya ganin katin asibitin? 1)yes (2)no because it isn't at home (3)no, refused permission	__
M3	When pregnant with [NAME], did you receive any care during pregnancy? <b>Probe: care at the health facility, or visits at home from a community health volunteer</b> (1)Yes (2)No <b>(SKIP TO M14d)</b>  Lokacin da kike da cikin [NAME], ko kin samu wata kulawa? <b>Probe: care at the health facility, or visits at home from a community health volunteer</b> (1)Yes (2)No <b>(SKIP TO M14d)</b>	__
M4	During that pregnancy, did you receive pregnancy care from a health facility (1)yes (2)no( <b>go to M9</b> )  Lokacin da kike da ciki ko kin samu kulawa daga asibiti? (1)yes (2)no( <b>go to M9</b> )	__
	<b>For women who received pregnancy care at a health facility:</b>	
M5	How many times did you attend the health facility for pregnancy (antenatal) care that pregnancy? <i>Enter the number of times</i>  Lokacin da kike da cikin sau nawa kika sami zuwa awo? <i>Enter the number of times</i>	__
M6	When did your first visit to the health facility take place? (enter date using PDA lookup) <b>Interviewer: record from health card if available</b>  Yaushe ne kika fara zuwa awon farko a asibiti? (enter date using PDA lookup) <b>Interviewer: record from health card if available</b>	_ _ / _ _ / _ _
M7	How old was your pregnancy at the first visit? (record no.weeks) <b>Interviewer: record from health card if available</b>  Cikin na da wata nawa kika fara zuwa awo? (record no.weeks) <b>Interviewer: record from health card if available</b>	_ _
M8	Who saw you at that first visit? (1)CHEW (2) CHO (3) Nurse/midwife (4) Doctor (5) other  Wane irin jami'in kiwon lafiya ki ka gani a zuwan farko? (1)CHEW (2) CHO (3) Nurse/midwife (4) Doctor (5) other	__
M9a	The last time you visited the health facility for antenatal care, how did you travel	__

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	Zuwan ki asibiti na karshe, ta yaya ki ka je domin awon ciki? (1) <i>Tafiya da kafa</i> (2) <i>Keke</i> (3) <i>Mota</i> (4) <i>Babur</i> (5) <i>Wani abu dabam</i>	
M8b	<p>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) <i>Enter number of minutes, e.g.if half an hour enter 30, if 1 hour and 10 minutes enter 70 minutes</i></p> <p>Zuwa awon ki na karshe, minti nawa ki ka yi gaba daya a asibitin ( wanda ya hada da lokacin zaman jira da ganin jami'in kiwon lafiya) <i>Enter number of minutes, e.g.if half an hour enter 30, if 1 hour and 10 minutes enter 70 minutes</i></p>	_ _
M8c	<p>When you attended antenatal care at the health facility, did you have to pay any cash to see a health worker there? (1)<i>yes</i> (2)<i>no</i> - <b>go to M8e</b></p> <p>Kin biya kudi a asibitin, kafin ganin Jami'in kiwon lafiya? (1)<i>yes</i> (2)<i>no</i> - <b>go to M8e</b></p>	_
M8d	<p>How much cash did you have to pay to the health facility or health worker for your antenatal care in total? <i>Enter the amount in Naira</i></p> <p>Har nawa kika biya Jami'in kiwon lafiyar a asibitin kafin yayi miki awo? <i>Enter the amount in Naira</i></p>	_ _ _ _ _ _ _
M8e	<p>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)<i>yes</i> (2)<i>no</i> <b>go to M9</b></p> <p>A lokacin da kika je awon ciki a asibitin, ko kin bada wata 'yar kyauta don ganin jami'in kiwon lafiyar? (1)<i>yes</i> (2)<i>no</i> <b>go to M9</b></p>	_
	<p>What non-cash gifts did you give? <b>(mark all that apply)</b> :</p> <p>Wace irin kyauta kika bayar? <b>(mark all that apply)</b></p>	(1) <i>yes</i> (2) <i>no</i>
M8f	Fuel: Man Fetur	_
M8g	Food/livestock: kayan abinci/ dabbobi	_
M8h	Other gifts: Wata kyautar daban	_
M9	<p>During that pregnancy, did you receive pregnancy care from a volunteer or from a health care worker in your own home (1)<i>Yes</i> (2)<i>No</i> <b>(go to M14)</b></p> <p>Lokacin da kike da cikin, ko kin samu kulawa a gida? (1)<i>Yes</i> (2)<i>No</i> <b>(go to M14)</b></p>	_
	<b>For women who received pregnancy care at home.</b>	
M10	<p>How many times did the health volunteer visit you at home for pregnancy care that pregnancy? <i>Enter number of times</i></p> <p>Sau nawa aka ziyarce ki a gida domin kulawa da lafiyar cikin nan? <i>Enter number of times</i></p>	_
M11	<p>When did the first visit to your home take place? (enter date using PDA look up)</p> <p>Yaushe ne aka fara ziyartar ki a gida domin kulawa da lafiyar cikin nan? (enter date using PDA look up)</p>	_ _ / _ _ / _ _
M12	<p>How old was your pregnancy the first time the volunteer visited you at home for pregnancy care? <i>record number of weeks</i></p> <p>Cikin na da wata nawa ne lokacin ziyarar farko? <i>record number of weeks</i></p>	_ _
M13	<p>Who was it who came to visit you that first time? (1) FOMWAN (2) LCCN (3) PARE (4) TBA (5) JNI (6) CHEW/CHO (7) Christian -</p>	_

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	Wanene ya ziyarce ki da farko dangane da wannan juna biyun a gida? 1) FOMWAN (2) LCCN (3) PARE (4) TBA (5) JN1 (6)CHEW/CHO (7) Christian - don't know which type (8) Muslim - don't know which type (9) other	
M13a	The last time the volunteer visited you at home for pregnancy care, how many minutes did she spend at your home? <i>Enter number of minutes, e.g.if half an hour enter 30, if 1 hour and 30 minutes enter 90</i>  A ziyarar karshe da aka kawo ma ki gida, minti nawa ta yi a gidan? <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 - <b>go to M13d</b>  Ko kin biya ma'aikacin sa kai lokacin da ya/ta ziyarce ki? (1)yes (2)no - <b>go to M13d</b>	_
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>  Har nawa ki ka biya ma'aikacin sa kai lokacin da ta/ya ziyarce ki a gida domin kulawa da lafiyar cikin? <i>Enter the amount in Naira</i>	_ _ _ _ _ _ _
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- <b>go to M14a</b>  Lokacin da ma'aikacin sa kai ta/ya ziyarce ki a gida domin kulawa da lafiyar cikin ko kin ba ta/shi wata 'yar kyauta? (1)yes (2)no- <b>go to M14a</b>	_
	What non-cash gifts did you give? <b>(mark all that apply):</b>  Wace irin kyauta ki ka bayar? <b>(mark all that apply)</b>	(1)yes (2)no
M13e	Fuel: ManFetur	_
M13f	Food/livestock: Kayan abinci/dabbobi	_
M13g	Other gifts:Wata kyautar daban	_

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> <b>If didn't attend a health facility enter 0</b>  Ko nawa ki ka biya kudin awon farko a asibiti lokacin da kike da cikin ki na baya-bayan nan? <i>Enter amount of Naira</i> <b>If didn't attend a health facility enter 0</b>	_ _ _ _ _ _ _
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>  Bayan kudin awon farko, nawa ki ka biya a asibitin domin sauran awon da kike da cikin ki na baya-bayan nan? <i>Enter amount of Naira</i>	_ _ _ _ _ _ _
	When you were pregnant that time, did you have the following at any time? <i>(enter yes or no,verify with health card if available)</i>  A cikin ki na baya-bayan nan ko akwai wani lokacin da akai maki daya da cikin wadan nan abubuwan? <i>(enter yes or no,verify with health card if available)</i>	(1)yes (2)no
M14d	Was your weight measured? (1)yes (2)no <b>if no skip to M14f</b> An gwada nauyin ki? (1)yes (2)no <b>if no skip to M14f</b>	_
M14e	<b>If yes:</b> Which was the provider who did this the first time? <i>((1)health volunteer, (2)Nurse/midwife, (3)CHEW/CHO (4)Doctor (5)Shop/PMV (6)Other</i>  <b>If yes:</b> Wanne Jami'in kiwon lafiya ne ya gwada nauyin ki da fari? <i>((1)health volunteer, (2)Nurse/midwife, (3)CHEW/CHO (4)Doctor (5)Shop/PMV</i>	_



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M14f	Was your height measured? (1)yes (2)no <b>if no skip to M14h</b>	<input type="checkbox"/>
	An gwada tsawon ki? 1)yes (2)no <b>if no skip to M14h</b>	
M14g	<b>If yes:</b> 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  <b>If yes:</b> Wanne Jami'in kiwon lafiya ne ya gwada tsawon ki da fari? (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 <b>if no skip to M14j</b>  Ko kin sami ilmantarwa game da shayar da jaririn ki nono? <b>if no skip to M14j</b>	
M14i	<b>If yes:</b> 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  <b>If yes:</b> Wanne Jami'in kiwon lafiya ne tun da farko ya ilmantar da ke game da shayar da jaririn ki nono? (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 <b>if no skip to M14l</b>  Ko an ilmantar da ke game da alamomin hadurran da ke tattare da danyen goyo? 1)yes (2)no <b>if no skip to M14l</b>	<input type="checkbox"/>
M14k	<b>If yes:</b> 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  <b>If yes:</b> Wanne Jami'in kiwon lafiya ne tun da farko ya ilmantar da ke game da alamomin hadurran da ke tattare da danyen goyo? (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 <b>if no skip to M14n</b>  Ko an ilmantar da ke game da shirye-shiryen haihuwa?	<input type="checkbox"/>
M14m	<b>If yes:</b> 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  <b>If yes:</b> Wanne Jami'in kiwon lafiya ne tun da farko ya ilmantar da ke game da shirye-shiryen haihuwa?	<input type="checkbox"/>
M14n	Was your blood pressure tested (1)yes (2)no <b>if no skip to M16</b> (PROBE: when a strap was put around your upper arm and a measure taken)  Anyi maki awon bugawar jini (1)yes (2)no <b>if no skip to M16</b>	<input type="checkbox"/>
M15	<b>If yes:</b> 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  <b>If yes:</b> Wanne Jami'in kiwon lafiya ne tun da farko ya auna ma ki bugawar jini? (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 <b>if no skip to M18</b>	<input type="checkbox"/>

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	1)yes (2)no if no skip to M18	
M17	<p><b>If yes:</b> 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</p> <p><b>If yes:</b> Wanne Jami'in kiwon lafiya ne tun da farko ya ma ki gwajin fitsarin? (1)health volunteer, (2)Nurse/midwife, (3)CHEW/CHO (4)Doctor(5)Shop/PMV (6)Other</p>	<input type="checkbox"/>
M18	<p>Did you get information about babies getting HIV/AIDS from their mother? (1)yes (2)no if no skip to M20</p> <p>Ko an ilmantar da ke game da daukar kwayar cutar Kanjamau daga uwa zuwa jariri? (1)yes (2)no if no skip to M20</p>	<input type="checkbox"/>
M19	<p><b>If yes</b> 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</p> <p><b>If yes:</b> Wane jami'in kiwon lafiya ne tun da farko ya ilmantar da ke game da daukar kwayar cutar Kanjamau daga uwa zuwa jariri? (1)health volunteer, (2)Nurse/midwife, (3)CHEW/CHO (4)Doctor(5)Shop/PMV (6)Other (7)Radio/TV (8)Health posters</p>	<input type="checkbox"/>
M20	<p>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</p> <p>Ko an ilmantar da ke tun da farko game da hanyoyin kare kan ki daga kamuwa da kwayar cutar Kanjamau (1)yes (2)no if no skip to M22</p>	<input type="checkbox"/>
M21	<p><b>If yes</b> 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</p> <p><b>If yes:</b> Wane jami'in kiwon lafiya ne tun da farko ya ilmantar da ke game da hanyoyin kiyaye kamuwa daga kwayar cutar Kanjamau? (1)health volunteer, (2)Nurse/midwife, (3)CHEW/CHO (4)Doctor(5)Shop/PMV (6)Other (7)Radio/TV (8)Health posters</p>	<input type="checkbox"/>
M22	<p>Did you receive information about getting tested for the HIV/AIDS virus? (1)yes (2)no if no skip to M24</p> <p>Ko an ilmantar da ke game da gwajin kwayar cutar Kanjamau? (1)yes (2)no if no skip to M24</p>	<input type="checkbox"/>
M23	<p><b>If yes</b> 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</p> <p><b>If yes:</b> Wane jami'in kiwon lafiya ne tun da farko ya ilmantar da ke game da gwajin kwayar cutar Kanjamau? (1)health volunteer, (2)Nurse/midwife, (3)CHEW/CHO (4)Doctor(5)Shop/PMV (6)Other (7)Radio/TV (8)Health posters</p>	<input type="checkbox"/>
M24	<p>Did you give blood for any test? (1)yes (2)no if no skip to M28</p> <p>Ko an debi jininki domin wani gwaji? (1)yes (2)no if no skip to M28</p>	<input type="checkbox"/>
M25	<p><b>If yes</b> 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</p> <p><b>If yes:</b> Wane jami'in kiwon lafiya ne tun da farko ya debi jinin? (1)health volunteer, (2)Nurse/midwife, (3)CHEW/CHO (4)Doctor(5)Shop/PMV (6)Other</p>	<input type="checkbox"/>

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M26	<p>I don't want to know the result, but did you receive a test result for syphilis? (1)yes (2)no</p> <p>Bana son ki fadi mani sakamakon, amma ko kin amshi sakamakon gwajin ciwon sanyi? (1)yes (2)no</p>	<input type="checkbox"/>
M27	<p>I don't want to know the result, but did you receive a test result for HIV? (1)yes (2)no</p> <p>Bana son ki fadi mani sakamakon, amma ko kin amshi sakamakon gwajin kwayar cutar Kanjamau? (1)yes (2)no</p>	<input type="checkbox"/>
M28	<p>Did you receive advice about preparing for a safe birth? (1)yes (2)no <b>if no skip to M30</b></p> <p>Ko an baki shawara game da daukar matakan haihuwa cikin koshin lafiya? (1)yes (2)no <b>if no skip to M30</b></p>	<input type="checkbox"/>
M29	<p><b>If yes</b> 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</p> <p><b>If yes:</b> Wane jami'in kiwon lafiya ne tun da farko ya ilmantar da ke game da matakan da zasu tabbatar da kin haihu a cikin koshin lafiya? (1)health volunteer, (2)Nurse/midwife, (3)CHEW/CHO (4)Doctor(5)Shop/PMV (6)Other (7)Radio/TV (8)Health posters</p>	<input type="checkbox"/>
M30	<p>Were you told things to look out for that might suggest problems with the pregnancy? (1)yes (2)no <b>if no skip to M32</b></p> <p>Ko an fada ma ki abubuwan da zaki lura da su da ka iya nuna matsaloli yayin renon ciki? (1)yes (2)no <b>if no skip to M32</b></p>	<input type="checkbox"/>
M31	<p><b>If yes</b> 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</p> <p><b>If yes:</b> A ina ki ka samu bayanai tun da farko kan ilmantarwa game da abubuwan da zaki lura da su, da ka iya nuna matsaloli yayin renon ciki? (1)health volunteer, (2)Nurse/midwife, (3)CHEW/CHO (4)Doctor(5)Shop/PMV (6)Other (7)Radio/TV (8)Health posters</p>	<input type="checkbox"/>
M32	<p>Did you receive medicine for intestinal worms? (1)yes (2)no <b>if no skip to M34</b></p> <p>Ko kin amshi maganin tsutsar ciki? (1)yes (2)no <b>if no skip to M34</b></p>	<input type="checkbox"/>
M33	<p><b>If yes</b> 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</p> <p><b>If yes:</b> Wane jami'in kiwon lafiya ne tun da farko ya baki maganin tsutsar cikin? (1)health volunteer, (2)Nurse/midwife, (3)CHEW/CHO (4)Doctor(5)Shop/PMV (6)Other</p>	<input type="checkbox"/>
M34	<p>Did you receive medicine to prevent malaria? (PROBE:medicine called <i>sulphadoxine pyrimethamine</i>) <b>IF NO SKIP TO M37</b></p> <p>Ko kin amshi maganin rigakafin zazzabin cizon sauro? (PROBE:medicine called <i>sulphadoxine pyrimethamine</i>) <b>IF NO SKIP TO M37</b></p>	<input type="checkbox"/>
M35	<p><b>If M34 is yes</b>How many doses of medicine to prevent malaria were you given? (PROBE: how many times were you given the medicine?) <i>Write number of</i></p>	<input type="checkbox"/>

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	<p><b>If M34 is yes:</b> Kwayoyin magani nawa aka baki domin kariyar zazzabin cizon sauro? (PROBE: how many times were you given the medicine?) <i>Write number of doses</i></p>	
M36	<p><b>If M34 is yes</b> 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</p> <p><b>If M34 is yes:</b> Wane jami'in kiwon lafiya ne tun da farko ya baki maganin kariyar zazzabin cizon sauro?</p>	<input type="text"/>
M36a	<p>Were you tested for anaemia? (1) yes (2) no (3) don't know</p> <p>Ko an yi maki gwajin tabbatar da karancin jini? 1) yes (2) no (3) don't know</p>	<input type="text"/>
M37	<p>Did you receive iron tablets or iron syrup? 1) yes (2) no (3) don't know <b>IF NO SKIP TO M40</b></p> <p>Ko kin amshi kwayoyin karin jini ko maganin karin jini na ruwa? <b>IF NO SKIP TO M40</b></p>	<input type="text"/>
M38	<p><b>If M37 is yes</b>For how many days did you take the tablets or syrup? <i>Write number of days, or write 99 if doesn't remember</i></p> <p><b>If M37 is yes:</b> Har kwana nawa kika yi kina shan maganin? <i>Write number of days, or write 99 if doesn't remember</i></p>	<input type="text"/>
M39	<p><b>If M37 is yes</b> 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</p> <p><b>If M37 is yes:</b> Wane jami'in kiwon lafiya ne tun da farko ya baki maganin karin jinin? (1)health volunteer, (2)Nurse/midwife, (3)CHEW/CHO (4)Doctor(5)Shop/PMV (6)Other</p>	<input type="text"/>
M39a	<p>Did you receive misoprostol (the drug to stop women bleeding after birth)? (1)yes (2)no (3)don't know</p> <p>Ko kin amshi maganin da ke hana mata zubar jini bayan haihuwa? 1)yes (2)no (3)don't know</p>	<input type="text"/>
M40	<p>Were you given an injection in the arm to prevent the baby from getting tetanus, that is, convulsions after birth? 1)yes (2)no (3)don't know <b>IF NO SKIP TO M43</b></p> <p>Ko an yi miki allura a dantsen hannu domin kare jaririn ki daga cuta mai kawo sanderawa da taune-taune bayan haihuwa? 1)yes (2)no (3)don't know <b>IF NO SKIP TO M43</b></p>	<input type="text"/>
M41	<p><b>If yes</b> How many times did you get a tetanus injection? (write number of times) <b>IF 2 or more times SKIP TO M45</b></p> <p><b>If yes:</b> Sau nawa aka yi maki allurar rigakafin kare jariri daga cutar sandarewa da taune-taune bayan haihuwa? <b>IF 2 or more times SKIP TO M45</b></p>	<input type="text"/>
M42	<p><b>If less than 3 times:</b> At any time before this pregnancy did you receive any tetanus injections?(1)yes (2)no - <b>SKIP TO M45</b></p> <p><b>If less than 3 times:</b> Kafin samun wannan juna biyun, ko an taba maki allurar rigakafin kare jariri daga cutar sandarewa da taune-taune bayan haihuwa? (1)yes (2)no - <b>SKIP TO M45</b></p>	<input type="text"/>
M43	<p><b>IF M40 WAS NO</b> Before this pregnancy, how many times did you receive a</p>	<input type="text"/>

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	<b>IF M40 WAS NO</b> Kafin samun wannan juna biyun, sau nawa aka yi maki allurar rigakafin kare jariri daga cutar sandarewa da taune-taune bayan haihuwa? <i>if zero skip to M45)</i>	
M44	<b>If M43 was &gt;0:</b> How many years ago did you receive the last tetanus injection before this pregnancy? <i>Write number of years ago</i>  <b>If M43 was &gt;0:</b> kafin samun wannan juna biyun, kamar shekaru nawa kenan yanzu da akayi miki rigakafin kare jariri daga cutar sandarewa da taune-taune bayan haihuwa? <i>Write number of years ago</i>	<input type="text"/>
	Can you tell me what are the problems in pregnancy that might need medical treatment? <b>(do not read out the list, select all mentioned, probe – anything else)</b>  Ko zaki iya fada mini matsolin renon ciki waɗanda ke buƙatar jinya? <b>(do not read out the list, select all mentioned, probe – anything else)</b>	(1)yes (2)no
M45	Severe headache: Ciwon kai mai tsanani	<input type="text"/>
M45a	Dizziness : Jiri (Juwa)	<input type="text"/>
M46	Blurry vision: Rashin gani sosai	<input type="text"/>
M47	Reduced or absent fetal movement: Karanci ko rashin jin motsin 'da	<input type="text"/>
M48	High blood pressure: Hawan jini	<input type="text"/>
M49	Edema of the face/hands/legs( <b>Probe – swelling</b> ): Kumburin fuska ko kafa ko hannu ( <b>Probe – swelling</b> ):	<input type="text"/>
M50	Convulsions: Jijjiga ko taune-taune	<input type="text"/>
M51	Excessive vaginal bleeding: Zubad da jini mai yawa ta farji	<input type="text"/>
M52	Severe lower abdominal pain: Matsanancin ciwon mara	<input type="text"/>
M53	Anemia/Pallor/Pale Skin: Rashin isasshen jini/ fata ta yi fari	<input type="text"/>
M54	Fever: Zazzabi	<input type="text"/>
M55	Other: Wasu abubuwa daban	<input type="text"/>
M56	No problems in pregnancy mentioned	<input type="text"/>
M57	Do you know where to go if you have any pregnancy health complications? (1)yes (2)no ( <b>go to M59</b> )  Ko kin san inda zaki nemi taimako idan kin fuskanci haɗurra da suka shafi juna biyu? (1)yes (2)no ( <b>go to M59</b> )	<input type="text"/>
M58	<b>If yes</b> Where were should you go first? <b>Select one</b> (1)health facility (2)community health volunteer (3)MNH call centre (4)traditional healer/herbalist (5)shop (6)other  <b>If yes:</b> Ina ne zaki fara neman taimako da farko? <b>Select one</b> (1)health facility (2)community health volunteer (3)MNH call centre (4)traditional healer/herbalist (5)shop (6)other	<input type="text"/>
M59	During your last pregnancy did you make any preparations for your delivery? (1)yes (2)no – <b>skip to M69b</b> <b>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</b>  Lokacin da kike da cikin baya-baya nan, ko kin yi wani tanadi domin haihuwa cikin koshin lafiya? (1)yes (2)no – <b>skip to M69b</b> <b>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</b>	<input type="text"/>
	What preparations did you make for the delivery? <b>Do not read out the list, probe – anything else? – select all that apply</b>  Kin yi wani shiri domin haihuwa? <b>Do not read out the list, probe – anything else? – select all that apply</b>	

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M61	Transport: Tanadin abin hawa	<input type="checkbox"/>
M62	Food: Tanadin abinci	<input type="checkbox"/>
M63	Identification of birth attendant: Samun mai taimakawa wajen karbar haihuwa	<input type="checkbox"/>
M64	Identification of facility: Gano asibitin da za'a je domin karbar haihuwa	<input type="checkbox"/>
M65	Clean clothes: Tsabtattun kayan sawa	<input type="checkbox"/>
M66	Cover to deliver on: Shimfida domin haihuwa	<input type="checkbox"/>
M67	Gloves: Safar hannu	<input type="checkbox"/>
M67a	Antispectic/dettol: Sinadarai masu kashe kwayoyin cuta	
M68	Cotton gauze: Auduga da bandeji	<input type="checkbox"/>
M68a	Sanitary towels: Tsabtattun tawul	<input type="checkbox"/>
M68b	Razor or scissors: Reza ko almakashi	<input type="checkbox"/>
M69	Other: <i>Wani abu dabam</i>	<input type="checkbox"/>
M69b	Did you ever call the MNH call centre for advice during that pregnancy? (1)yes (2)no  <i>Ko kin taba tuntubar "cibiyar inganta rayuwar iyali (MNH Call Center)" ta wayar salula domin neman shawara lokacin renon wancan cikin?</i> (1)yes (2)no	<input type="checkbox"/>
M69c	Did you ever use the emergency transport scheme for help during that pregnancy? (1)yes (2)no  <i>Ko kin taba amfani da shirin sufurin gaggawa domin neman agaji lokacin renon waccan cikin? (1)yes (2)no</i>	<input type="checkbox"/>

Yanzu ina da wasu tambayoyi da zan yi maki gameda abinda ya faru lokacin daukar ciki da bayan haihuwa

	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? <b>Do not read out the list, select all mentioned, ask – anything else?</b>  Da farko, Ina son in tambayeki gameda matsalolin da mace ke fuskanta lokacin haihuwa da zai bukaci kulawar Jami'in kiwon lafiya. Zaki iya fada mani ko su menene? <b>Don't read the list, select all mentioned, ask – anything else?</b>	(1)yes (2)no
M70	Excessive vaginal bleeding: Kwararar jini ta farji	<input type="checkbox"/>
M71	Foul-smelling discharge: Zubar da ruwa mai wari ta farji	<input type="checkbox"/>
M72	High fever: Zazzabi mai zafi	<input type="checkbox"/>
M73	Baby's hand or feet come first: Fara fitowar hannu ko kafa yayin haihuwa	<input type="checkbox"/>
M74	Baby in abnormal position: Kwanciyar da ba daidai ba	<input type="checkbox"/>
M75	Prolonged labour >12 hours: Doguwar nakuda da ta wuce sa'a 12	<input type="checkbox"/>
M76	Retained placenta: Rashin fitar mabiyi a cikin lokaci (fiye da minti 30)	<input type="checkbox"/>
M77	Ruptured uterus: Fashewar mahaifa	<input type="checkbox"/>
M78	Prolapsed cord: Fara fitowar cibiya ko sarkewa	<input type="checkbox"/>
M79	Cord around neck: Zargewar cibiya a wuya	<input type="checkbox"/>
M80	Convulsions: Jijjiga ko taune-taune	<input type="checkbox"/>
M81	Other: Wani abun daban	<input type="checkbox"/>
M82	Don't know any complications during childbirth: Ban san wani hadari dangane da haihuwa ba	<input type="checkbox"/>
M82a	What gestation were you when you went into labour? <b>Probe for number of gestation weeks, ask whether she went into labour early or on time; check on health card if available; enter number of weeks or enter 99 if don't know</b>  Watannin cikin nawa ne, kafin kika fara nakuda? <b>Probe for number of gestation weeks, ask whether she went into labour early or on time; check on health card if available; enter number of weeks or enter 99 if don't know</b>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
M82b	Did any one check your blood pressure when you were in labour?	<input type="checkbox"/>

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	Ko anyi miki awon bugun jini lokacin da kike nakuda? (1)yes (2)no (3) don't know	
M82c	Did anyone give you an injection because your labour had started too early? (1)yes (2) no (3) don't know  Ko anyi miki wata allura domin nakudar ki ta fara da wuri (kafin sati 37 cikakku)? (1)yes (2) no (3) don't know	<input type="checkbox"/>
M83	Now about your delivery: <i>Yanzu sai game da haihuwar da kika yi:</i>  Who assisted with the delivery? <b>Probe for most senior person present</b> (1)Doctor (2)Nurse/Midwife (3)CHEW/CHO (4) FOMWAN (5) PARE (6)LCCN (7)Traditional birth attendant (8) Relative/friend (9)No-one ( <b>go to M85</b> ) (10) Other (specify)  Wa ya taimaka maki wajen haihuwar? <b>Probe for most senior person present</b> (1)Doctor (2)Nurse/Midwife (3)CHEW/CHO (4) FOMWAN (5) PARE (6)LCCN (7)Traditional birth attendant (8) Relative/friend (9)No-one ( <b>go to M85</b> ) (10) Other (specify)	<input type="checkbox"/>
M83a	Was anyone else present? (1)yes (2)no – <b>go to M83c</b>  Ko akwai wani kuma da yake wurin? (1)yes (2)no – <b>go to M83c</b>	<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  Wanene kuma yake wurin haihuwar? (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 – <b>go to M83e</b>  Ko sai da ki ka biya wani mutum ko mutane domin a taimaka maki yayin haihuwar? (1)yes (2)no – <b>go to M83e</b>	<input type="checkbox"/>
M83d	How much cash/money did you pay? <i>Enter the amount in Naira</i>  Har nawa ki ka biya? <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 – <b>go to M83i</b>  Ko sai da ki ka bada wata kyauta ga wani mutum ko mutane domin a taimaka maki yayin haihuwar? (1)yes (2)no – <b>go to M83i</b>	<input type="checkbox"/>
	What non-cash gifts did you give? ( <b>mark all that apply</b> )  Wacce irin kyauta ki ka bayar? ( <i>mark all that apply</i> )	(1)yes (2)no
M83f	Fuel: Man Fetur	<input type="checkbox"/>
M83g	Food/livestock: Kayan abinci/dabbobi	<input type="checkbox"/>
M83h	Other gifts: Wata kyautar `daban	<input type="checkbox"/>
M83i	When you gave birth, did the person assisting you wear gloves during delivery? (1)yes (2)no	<input type="checkbox"/>

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	(1)yes (2)no, don't remember	
M84	When you gave birth, did the person assisting you wash her hands before the delivery? (1)yes (2)no, (3)don't remember  Yayin karbar haihuwar, ko wanda ya taimaka maki ya/ta wanke hannu? (1)yes (2)no, (3)don't remember	<input type="checkbox"/>
M85	Where did you give birth? (1)home – <b>skip to M88a</b> (2)primary health facility (3) hospital(secondary level care)(4)other (specify)  A wane wuri kika haihu? (1)home – <b>skip to M88a</b> (2)primary health facility (3) hospital(secondary level care)(4)other (specify)	<input type="checkbox"/>
M85a	Specify: Ambata	<input type="text"/>
M85b	<b>All women who delivered in a facility</b> What was the name of the facility you gave birth in? Enter name of facility	<input type="text"/>
M86	<b>If (2)(3)(4)</b> - After giving birth, for how many nights did you stay at the health facility in total? Enter number of nights she spent at the facility after the birth  <b>If (2)(3)(4)</b> - Bayan kin haihu, jimillar kwana nawa kika yi a asibitin kafin sallama? Enter number of nights she spent at the facility after the birth	<input type="checkbox"/>
M86a	What means of transport did you use to reach the health facility to give birth?? <b>Select one</b> (1)walked (2)bicycle (3)own motorised transport (4)emergency transport scheme (5)community member gave transport (6)other (7)donkey/horse cart  Wace irin hanyar sufuri kika yi amfani da ita? <b>Select one</b> (1)walked (2)bicycle (3)own motorised transport (4)emergency transport scheme (5)community member gave transport (6)other	<input type="checkbox"/>
	Who accompanied you? <b>Do not read out the list, select all mentioned, probe – anyone else</b>  Waye ne ya raka ki? <b>Do not read out the list, select all mentioned, probe – anyone else</b>	
M86b	No-one Ba wanda ya raka ni	<input type="checkbox"/>
M86c	My husband Mijina	<input type="checkbox"/>
M86d	A female relative or friend 'Yar uwa ko abokiya	<input type="checkbox"/>
M86e	A male relative or friend (not husband) Dan uwa ko aboki (ba miji ba)	<input type="checkbox"/>
M86f	A community volunteer/TBA: Mai aikin sa kai/Ungoza	<input type="checkbox"/>
M86g	Other person: Wani mutum daban	<input type="checkbox"/>
M87	Was [NAME] delivered by caesarean, that is, did they cut your belly open to take the baby out? (1)yes (2)no  Ko an haifi [NAME] ta hanyar tiyata ne, wato an buɗe cikin ki aka ciro shi/ta? (1)yes (2)no	<input type="checkbox"/>
	<b>ALL:</b> During the delivery of [NAME] did you experience any of the following? <b>Read out the list, select all that apply.</b>  <b>ALL:</b> Lokacin haihuwar [NAME] ko kin yi fama da ɗaya daga cikin waɗannan abubuwan?	(1)yes (2)no



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M88a	Heavy bleeding: Zubarda jini mai tsanani	<input type="checkbox"/>
M88b	Labour more than 12 hours: Nakudar da ta wuce awa 12	<input type="checkbox"/>
M88c	Loss of consciousness: Suma	<input type="checkbox"/>
M88d	Premature labour: Nakuda kafin cikan watannin haihuwa (wato sati 37 zuwa sama)	<input type="checkbox"/>
M88e	Foul discharge: Zubar da ruwa mai wari ta farji	<input type="checkbox"/>
M88f	Baby in abnormal position: Kwanciyar da ba daidai ba	<input type="checkbox"/>
M88g	Other: Wani abun daban	<input type="checkbox"/>
M88h	None of these: Ba daya daga cikin wadannan da aka ambata a sama	<input type="checkbox"/>
M89	<p>During delivery were you advised to go to a facility 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— <b>SKIP TO M93</b></p> <p>A lokacin haihuwa ko an baki shawarar da ki je asibiti domin samun kulawa ta musamman (Zuwa asibiti idan haihuwar gida ce, daga asibiti zuwa wani asibitin daban idan haihuwar asibiti ce) (1)yes (2)no— <b>SKIP TO M93</b></p>	<input type="checkbox"/>
M90	<p><b>If yes:</b> Did you go to that different facility to get the special care (referral)? (1)yes (<b>go to M92</b>) (2)no(<b>go to M91</b>)</p> <p><b>If yes:</b> Ko kin je asibitin da aka turakin ne, domin samun kulawa ta musamman? (1)yes (<b>go to M92</b>) (2)no(<b>go to M91</b>)</p>	<input type="checkbox"/>
M91	<p><b>If no:</b> Why not? <b>Probe for the most important reason and select one. Now go to M93</b> (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</p> <p><b>If no:</b> Meye dalilin rashin karɓar shawarar zuwa wani asibiti domin samun kulawa ta musamman?? <b>Probe for the most important reason and select one. Now go to M93</b> 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</p>	<input type="checkbox"/>
M92	<p><b>If M90 = yes:</b> 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 (8)donkey/horse cart</p> <p><b>If M90 = yes:</b> Wane irin abin sufuri kika yi amfani dashi domin zuwa asibitin don samun kulawa ta musamman? 1)own transport (2)public transport (3)hired transport (4)district/ambulance (5) bike (6) walked (7) emergency transport scheme</p>	<input type="checkbox"/>
M93	<p><b>All:</b> Did you ever call the MNH call centre for advice during that labour? (1)yes (2)no</p> <p><b>All:</b> Ko kin taba tuntuɓar “cibiyar inganta rayuwar iyali (MNH Call Center'”) ta wayar salula domin shawara lokacin nakuda? (1)yes (2)no</p>	<input type="checkbox"/>
M94	<p>Did you ever use the emergency transport scheme for help during that labour? (1)yes (2)no – <b>go to M98</b></p> <p>Ko kin taba amfani da shirin sufurin gaggawa domin neman taimako lokacin nakuda? (1)yes (2)no – <b>go to M98</b></p>	<input type="checkbox"/>
M95	<p><b>If yes:</b> Did you have to pay anything to use the emergency transport scheme? (1) yes (2) no – <b>go to M98</b></p> <p><b>If yes:</b> Ko kin biya wani abu kafin amfani da shirin sufurin gaggawa? (1) yes (2) no – <b>go to M98</b></p>	<input type="checkbox"/>

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M96	<p><b>If yes:</b> How much did you pay? <i>Enter the amount in Naira, or enter 999 if doesn't know amount</i></p> <p><b>If yes:</b> Nawa kika biya? <i>Enter the amount in Naira, or enter 999 if doesn't know amount</i></p>	<input type="text"/>
	Now I want to ask you about any post-natal health checks you had after the birth	
M98	<p>In the first month after birth, did anyone check on your health? <b>Probe for health checks sometime after birth, not during the delivery</b></p> <p>(1)yes (2)no – <b>SKIP TO M111</b></p> <p>Cikin watan farko bayan haihuwar ki, ko akwai wanda ya duba lafiyar ki? <b>Probe for health checks sometime after birth, not during the delivery</b></p> <p>1)yes (2)no – <b>SKIP TO M111</b></p>	<input type="text"/>
M99	<p>How many times did anyone check on your health in the first month after delivery? <i>Write number</i></p> <p>Kamar sau nawa wani ya duba lafiyarki a cikin watan farko bayan haihuwa? <i>Write number</i></p>	<input type="text"/>
M100	<p>How many days after delivery did the first check take place?</p> <p><i>Record number of days; if same day as delivery enter 0</i></p> <p>Bayan haihuwa, tsawon wane lokaci aka dauka kafin wani ya duba ki?</p> <p><i>Record number of days; if same day as delivery enter 0</i></p>	<input type="text"/>
M101	<p>Who checked on your health for the first time after you gave birth to [NAME]? <b>Probe for most qualified person, select one</b></p> <p>(1)Doctor (2)Nurse/Midwife (3)CHEW/CHO (4) FOMWAN (5) PARE (6)LCCN (7)Traditional birth attendant (8) Relative/friend</p> <p>Bayan haihuwar [NAME] wane jami'in lafiya ne ya fara duba lafiyarki? <b>Probe for most qualified person, select one</b></p> <p>(1)Doctor (2)Nurse/Midwife (3)CHEW/CHO (4) FOMWAN (5) PARE (6)LCCN (7)Traditional birth attendant (8) Relative/friend</p>	<input type="text"/>
M102	<p>Where did this check take place?</p> <p>(1)own home (2)health facility</p> <p>A wane wuri ne aka duba ki?</p> <p>(1)own home (2)health facility</p>	<input type="text"/>
M103	<p><b>If her health was checked at least twice (see M99)</b></p> <p>How long after delivery did the second check take place?<b>Record number of days</b></p> <p><b>If her health was checked at least twice (see M99)</b></p> <p>Bayan haihuwar,, tsawon wane lokaci ne Jami'an kiwon lafiya suka duba ki na biyu? <b>Record number of days</b></p>	<input type="text"/>
	<p>During any of the health checks what was done to check on your health? <b>Do not read out the list, probe anything else? Mark all that apply</b></p> <p>Bayan kin haihu, a kowane karo wane irin bincike ne a kayi miki domin duba lafiyarki?</p> <p><b>Do not read out the list, probe anything else? Mark all that apply</b></p>	<p>(1)yes (2)no</p>
M104a	Examined body: Bincika lafiyar jiki gaba daya	<input type="text"/>
M104b	Checked breasts: Bincika lafiyar nono (mama)	<input type="text"/>
M104c	Checked for heavy bleeding: Bincike akan zubar jini mai yawa daga farji	<input type="text"/>
M104d	Counselled on danger signs: Shawara akan alamomin hadurran da ke tattare da juna biyu	<input type="text"/>
M104e	Counselled on family planning: Shawara akan tazarrar haihuwa	<input type="text"/>

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M104g	Referred to a health facility: Turawa zuwa asibiti	<input type="checkbox"/>
M104h	None of these: Babu ko daya daga cikin wadannan da aka ambata a sama	<input type="checkbox"/>
M105	<p>The last time your health was checked after the birth, how many minutes did the 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></p> <p>Bayan kin haihu, wane tsawon lokaci ne jami'in kiwon lafiya ko ma'aikacin sa kai ya/ta dauka domin binciken lafiyar ki a ziyararki ta baya-bayan nan? <i>Enter number of minutes, e.g.if half an hour enter 30, if 1 hour and 30 minutes enter 90</i></p>	<input type="text"/>
M106	<p>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 - <b>go to M108</b></p> <p>Ko kin biya jami'in kiwon lafiya ko ma'aikacin sa kai domin duba lafiyar ki bayan kin haihu? (1)yes (2)no - <b>go to M108</b></p>	<input type="checkbox"/>
M107	<p>How much cash did you have to pay to the health worker or volunteer for your health checks after birth in total? <b>Enter the amount in Naira</b></p> <p>Jimlar kudi nawa ki ka biya jami'in kiwon lafiya ko ma'aikacin sa kai domin duba lafiyar ki bayan kin haihu? <b>Enter the amount in Naira</b></p>	<input type="text"/>
M108	<p>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- <b>go to M109</b></p> <p>Ko kin bawa jami'in kiwon lafiya ko ma'aikacin sa kai wata kyauta domin duba lafiyar ki bayan kin haihu? (1)yes (2)no- <b>go to M109</b></p>	<input type="checkbox"/>
	<p>What non-cash gifts did you give? (mark all that apply)</p> <p>Menene ki ka bayar? (mark all that apply)</p>	(1)yes (2)no
M108a	Fuel: Man Fetur	<input type="checkbox"/>
M108b	Food/livestock: Kayan abinci/dabbobi	<input type="checkbox"/>
M108c	Other gifts: Wasu abubuwan daban	<input type="checkbox"/>
M109	<p>Did you ever call the MNH call centre for advice about your health after the delivery? (1)yes (2)no</p> <p>Ko kin taba tuntubar "cibiyar inganta rayuwar iyali (MNH Call Center)" ta wayar salula domin neman shawara bayan kin haihu? (1)yes (2)no</p>	<input type="checkbox"/>
M110a	<p>Have you ever used the emergency transport scheme for help for yourself or your baby after the delivery? (1)yes (2)no - <b>go to M110d</b></p> <p>Ko kin taba amfani da shirin sufurin gaggawa domin neman taimako ma kan ki ko na jaririn ki bayan kin haihu? (1)yes (2)no - <b>go to M110d</b></p>	<input type="checkbox"/>
M110b	<p><b>If yes:</b> Did you have to pay anything to use the emergency transport scheme after delivery? (1) yes (2) no - <b>go to M110d</b></p> <p>Ko kin biya direbobin sufurin gaggawa domin su taimake ki zuwa asibiti? (1) yes (2) no - <b>go to M110d</b></p>	<input type="checkbox"/>
M110c	<p><b>If yes:</b> How much did you pay? <i>Enter the amount in Naira, or enter 999 if doesn't know amount</i></p> <p><b>If yes:</b> Nawa kika biya? <i>Enter the amount in Naira, or enter 999 if doesn't know amount</i></p>	<input type="text"/>

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

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	<p>First, I want to ask you about the complications for a newborn that might need medical treatment. Can you tell me what these might be? <b>Do not read out the list, select all mentioned, ‘ask – anything else?’</b></p> <p>Ko za ki iya gaya mun hadurran da ka iya samun jariri wadan da ke buƙatar taimakon gaggawa? <b>Do not read out the list, select all mentioned, ‘ask – anything else?’</b></p>	(1)yes (2)no
M110d	Fever: Zazzabin	<input type="checkbox"/>
M110e	Unable to suckle/feed: Kin tsotson nonon uwa/ ko cin abinci	<input type="checkbox"/>
M110f	Difficult/fast breathing: Shessheka	<input type="checkbox"/>
M110g	Diarrhea: Gudawa	<input type="checkbox"/>
M110h	Convulsions: Jijjiga da Taune-taune	<input type="checkbox"/>
M110i	Persistent vomiting: Yin amai ko da yausha	<input type="checkbox"/>
M110j	Yellow palms/soles/eyes: Canjawaƙar kalar tafin hannu, tafin kafa da idanu zuwa ruwan dorawa	<input type="checkbox"/>
M110k	Lethargy: Mutuwar jiki da Kasala	<input type="checkbox"/>
M110l	Unconscious: Suma	<input type="checkbox"/>
M110m	Red/discharging eyes: Jan idanu masu fidda ruwa	<input type="checkbox"/>
M110n	Skin pustules: Marurai	<input type="checkbox"/>
M110o	Skin around cord was red: Fatar zagayen cibiya ta yi ja	<input type="checkbox"/>
M110p	Pus from cord: Fitar diwa daga cibi	<input type="checkbox"/>
M110q	Born low birth weight: An haife shi da rashin cikakken nauyi	<input type="checkbox"/>
M110r	Born premature: Haihuwa kafin cikaƙar lokaci (kafin sati 37)	<input type="checkbox"/>
M110s	Infection: Kamuwa da kwayar cuta	<input type="checkbox"/>
M110t	Other: Wani abu daban da ba a ambata ba	<input type="checkbox"/>
M110u	None of these: Ba ko daya daga ciki	<input type="checkbox"/>
M111	<p>Can I see a card recording information about the birth? (1)yes (2)no , not available (3) no, refused permission <b>Interviewer – use the card to verify all information if possible</b></p> <p>Zan iya ganin katin da ke dauke da bayanan haihuwar? (1)yes (2)no , not available (3) no, refused permission <b>Interviewer – use the card to verify all information if possible</b></p>	<input type="checkbox"/>
M112	<p>Was [NAME] weighed at birth? (1)yes (2)no – <b>SKIP TO M114</b></p> <p>Ko an gwada nauyin [NAME] bayan haihuwa? (1)yes (2)no – <b>SKIP TO M114</b></p>	<input type="checkbox"/>
M113	<p><b>If yes:</b> 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)</p> <p><b>If yes:</b> Nawa ne nauyin [NAME] bayan haihuwa? (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)</p>	<input type="text"/>
M114	<p>Did [NAME] have any difficulty breathing/crying at birth? (1)yes (2)no – <b>skip to M116</b></p> <p>Ko [NAME] ya samu matsalar shessheka ko rashin yin kuka bayan haihuwar sa/ta? (1)yes (2)no – <b>skip to M116</b></p>	<input type="checkbox"/>
	<p>Did anyone do any of the following to [NAME] immediately at birth? <b>Read out the list, select all that apply</b></p> <p>Ko akwai wanda yayi wa [NAME] daya daga cikin wadannan abubuwan jim kadan bayan haihuwar sa/ta? <b>Read out the list, select</b></p>	

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M115a	Rubbing : Shafawa	<input type="text"/>
M115b	Stimulating :Chakulkuli	<input type="text"/>
M115c	Mouth-to-mouth : Bada numfashi baki da baki	<input type="text"/>
M115d	Resuscitation : Farfado da shi/ita	<input type="text"/>
M115e	Don't know: Ban sani ba	<input type="text"/>
M116	<p>Where was [NAME] placed immediately after delivery? <b>Select one</b> (1)alone/on the floor; (2)on the mother's belly/chest (3)beside the mother; (4) with someone else; (5)other; (6) don't know</p> <p>Ko a ina aka ajiye [NAME] jim kadan bayan haihuwar sa/ta? <b>Select one</b> (1)shi kadai/kan siminti; (2)Kan cikin uwa ko kirji(3)Gefen uwar; (4) Da wani ko wata daban; (5)Wani/watar; (6) Baki sani ba</p>	<input type="text"/>
M116a	<p>After the birth, was [NAME] placed on the bare skin of your chest for any time before you were moved from the birth place? (1)yes (2)no (3) don't know</p> <p>Jim kadan bayan haihuwa, ko an dora [NAME] a kirjinki na wani tsawon lokaci? (1)yes (2)no (3) don't know</p>	<input type="text"/>
M117	<p>When [NAME] was born, was she/he dried/wiped? (1)yes (2)no (3)don't know <b>(2 and 3 skip to M119)</b></p> <p>Ko an tsane ko kuma goge [NAME] jim kadan bayan haihuwa? (1)yes (2)no (3)don't know <b>(2 and 3 skip to M119)</b></p>	<input type="text"/>
M118	<p>How long after [NAME] was born was she/he dried/wiped? (Enter in minutes) <b>Check for time after the baby was born, not time after the placenta came out</b></p> <p>Tsawon wane lokaci a ka dauka kafin a tsane ko kuma goge [NAME] bayan haihuwa? (Enter in minutes) <b>Check for time after the baby was born, not time after the placenta came out</b></p>	<input type="text"/>   <input type="text"/>
M119	<p>When [NAME] was born, was she/he wrapped with a cloth? (1)yes (2)no (3)don't know <b>(2 and 3 skip to M121)</b></p> <p>Lokacin da aka haifi [NAME], an kundundune shi da zani? (1)yes (2)no (3)don't know <b>(2 and 3 skip to M121)</b></p>	<input type="text"/>
M120	<p>How long after [NAME] was born was she/he wrapped with a cloth? (Enter in minutes) <b>Check for time after the baby was born, not time after the placenta came out</b></p> <p>Tsawon wane lokaci a ka dauka kafin a kundundune [NAME] bayan haihuwa? Enter in minutes) <b>Check for time after the baby was born, not time after the placenta came out</b></p>	<input type="text"/>   <input type="text"/>
M121	<p>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)cord clamp from facility (7)other</p> <p>Da me aka daure cibiyar? (1)new string/thread (2)boiled string/thread (3)any string/thread (4)nothing (5)don't know (6)cord clamp from facility (7)other</p>	<input type="text"/>
M122	<p>What was used to cut the cord? (1)new razor blade (2)any razor blade (3)sterile scissors (4)don't know (5)other</p> <p>Da me aka yanke cibiyar? (1)new razor blade (2)any razor blade (3)sterile scissors (4)don't know (5)other</p>	<input type="text"/>

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	(1)yes (2)no (3)don't know – <b>skip to M125</b>  Akwai abinda aka shafawa cibin bayan an yanke an daure? 1)yes (2)no (3)don't know – <b>skip to M125</b>	
	What was applied to the cord just after cutting the cord? <b>Do not prompt, select all that apply, ask whether there was anything else</b>  Me aka shafa ma cibin bayan an yanke an daure? <b>Do not prompt, select all that apply, ask whether there was anything else</b>	(1)yes (2)no
M124a	Ash : Toka	__
M124b	Ointment: Daskararren mai	__
M124c	Animal dung: Kashin dabbobi	__
M124d	Oil: Mai	__
M124e	Antisepctic/dettol: Sinadarin kashe kwayoyin cuta	__
M124f	Cold water: Ruwan sanyi	__
M124g	Other : Wani abin	__
M124h	Chlorhexidine: Sinadarin Kulohezidin	__
M125	When [NAME] was born, how soon did you bathe him/her? (1)in the first hour – <b>CONTINUE TO M126</b> (2)after one hour- <b>SKIP TO M127</b> (3)after one day – <b>SKIP TO M128</b>  Tsawon wane lokaci aka dauka kafin yi wa[NAME] wanka bayan an haife shi/ta? 1)in the first hour – <b>CONTINUE TO M126</b> (2)after one hour- <b>SKIP TO M127</b> (3)after one day – <b>SKIP TO M128</b>	__
M126	<b>If in the first hour:</b> After how many minutes would you say? (write number of minutes, enter 99 if don't know) <b>Now go to M129</b>  <b>If in the first hour:</b> A ganin ki bayan minti nawa aka yi ma sa/ta? (write number of minutes, enter 99 if don't know)	__
M127	<b>If after one hour:</b> After how many hours would you say? (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, enter 99 if don't know) <b>Now go to M129</b>  <b>If after one hour:</b> A ganin ki bayan awa nawa da haihuwar [NAME] aka yi ma sa/ta wanka?  (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, enter 99 if don't know) <b>Now go to M129</b>	__
M128	<b>If after one day:</b> After how many days would you say? (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)  <b>If after one day:</b> A ganin ki bayan kwana nawa da haihuwar [NAME] aka yi ma sa/ta wanka? (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)	
M129	In the first week of life, did you hold [NAME] skin to skin against your breasts during the daytime and night time? (1)yes always (2)yes very often (3)yes a few times (4)never (5)don't	__

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	<p>A satin farko bayan haihuwar [NAME], ko kin dora shi/ta a kirjin ki da rana da dare? (1)yes always (2)yes very often (3)yes a few times (4)never (5)don't know</p>	
M130	<p>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)slept with mother (2)baby slept alone (3) baby slept with another person</p> <p>Ko [NAME] a jikinki yake kwanciya a satin farko bayan haihuwa, ko dai shi/ita kaɗai ke kwana can gefe guda? (1)slept with mother (2)baby slept alone (3) baby slept with another person</p>	<input type="text"/>
M131	<p>Did you ever breastfeed [NAME]? (1)Yes (2)No – <b>SKIP TO M138</b></p> <p>Ko kin taba shayar da [NAME] nonon ki? (1)Yes (2)No – <b>SKIP TO M138</b></p>	<input type="text"/>
M132	<p>How long after birth did you first put [NAME] to the breast (even if the milk was not yet ready)? (1)in the first hour-<b>CONTINUE TO M133</b> (2)after one hour but during the first day-<b>GO TO M134</b> (3)after the first day of life-<b>GOTO M135</b></p> <p>Bayan haihuwar [NAME], tsawon wane lokaci kika dauka kafin kika sa shi/ta a nono koda ace ba ruwan nono? (1)in the first hour-<b>CONTINUE TO M133</b> (2)after one hour but during the first day-<b>GO TO M134</b> (3)after the first day of life-<b>GOTO M135</b></p>	<input type="text"/>
M133	<p><b>If in the first hour:</b> After how many minutes would you say? (write number of minutes, enter 99 if don't know) <b>Now go to M136</b></p> <p><b>If in the first hour:</b> Bayan minti nawa da haihuwar sa/ta zaki iya cewa kin sa shi/ta a nono? (write number of minutes, enter 99 if don't know)</p>	<input type="text"/>
M134	<p><b>If after one hour but during the first day:</b> After how many hours would you say? (write number of hours, enter 99 if don't know) <b>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</b></p> <p><b>If after one hour but during the first day:</b> Bayan sa'a (awa) nawa da haihuwar, zaki iya cewa kin sa shi/ta a nono? write number of hours, enter 99 if don't know) <b>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</b></p>	<input type="text"/>
M135	<p><b>If after the first day of life:</b> After how many days did you first put [NAME] to the breast? Enter number of days</p> <p><b>If after the first day of life:</b> Bayan kwana nawa da haihuwar zaki iya cewa kin sa shi/ta a nono? Enter number of days</p>	<input type="text"/>
M136	<p>Did you squeeze out and throw away the first milk? (1)yes (2)no</p>	<input type="text"/>

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	Ko kin tatse ruwan nonon farko (Kandi) don zubar wa? (1)yes (2)no	
M137	In the first three days after delivery, was [NAME] given anything to drink other than breast milk? (1)yes (2)no  A cikin kwana uku na farko bayan haihuwa, ko an shayar da [NAME] wani abu da ba nonon uwa ba? (1)yes (2)no	__
	Can I check, Did you give any of the following things in the first three days of life? <b>Read out the list and select all mentioned</b>	
M137a	Other type of milk: Wata irin madara da ba nonon uwa ba	__
M137b	Plain water: Bakin ruwa	__
M137c	Sugar/glucose/salt water solution: ruwan sukari, gulukos ko ruwan gishiri	__
M137d	Juice: Ruwan 'ya'yan itace	__
M137e	Tea/infusions: Ruwan shayi ko Jiko/Tsumi	__
M137f	Others: Wani abin daban da ba'a ambata ba	__
M137g	None of these: Babu daya daga cikin waɗanda aka amabata a sama	__
M137h	Is [NAME] still being breastfed? (1)yes, (2)no (3) child no longer alive - <b>skip to M138</b>  Har yanzu [NAME] ya/ta na tsotson nono? (1)yes, (2)no (3) child no longer alive - <b>skip to M138</b>	__
M137i	Have you started to give [NAME] other types of liquid to drink? (1) yes (2) no  Ko kin fara ba [NAME] wasu abubawa na sha? (1) yes (2) no	__
	Can I check. Did you give any of the following to [NAME] yesterday or today? <b>Read out the list, select all mentioned.</b>  A cikin watanni 6 na farko bayan haihuwa, ko kin baiwa [NAME] daya daga cikin waɗannan? <b>Read out the list, select all mentioned</b>	
M137j	Breastmilk Nonon uwa	__
M137k	Other type of milk: Wata irin madara da ba nonon uwa ba	__
M137l	Plain water: Bakin ruwa	__
M137m	Sugar/glucose/salt water solution: Ruwan sukari, gulukos ko ruwan gishiri	__
M137n	Juice: Ruwan 'ya'yan itace	__
M137o	Tea/infusions: Ruwan shayi ko Jiko/Tsumi	__
M137p	Others: Wani abin daban da ba'a ambata ba	__
M137q	None of these: Babu daya daga cikin waɗanda aka amabata a sama	__
M137r	Have you started to give [NAME] any food to eat (either solid or soft food)? (1)yes (2)no  Ko kin fara ba [NAME] wani abinci ya/ta ci (mai karfi ko ruwa-ruwa)? (1)yes (2)no	__
	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? <b>Probe for checks done sometime after birth, and not immediately at the time of birth</b> (1)yes (2)no – <b>SKIP TO M147</b>  A cikin watan da aka haifi [NAME], ko wani jami'in kiwon lafiya ko ma'aikacin sa kai ya ziyarce ku a gida domin duba lafiyar sa/ta? <b>Probe for checks done sometime after birth, and not immediately at the time of birth</b> (1)yes (2)no – <b>SKIP TO M147</b>	__



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M139	<p>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></p> <p>A cikin watan da aka haifi [NAME], sau nawa wani jami'in kiwon lafiya ko ma'aikacin sa kai ya ziyarce ku a gida domin duba lafiyar sa/ta? <i>Write number of times</i></p>	<input type="text"/>
M140	<p>How long after delivery did the first check take place? (Record number of days; if same day as delivery enter 0)</p> <p>Bayan haihuwa, tsawon wane lokaci aka dauka domin kawo ziyarar duba lafiyar [NAME]? <i>Record number of days; if same day as delivery enter 0</i></p>	<input type="text"/>
M141	<p>Who checked on [NAME] for the first time after birth? <b>Probe for most qualified person</b> (1)doctor (2)nurse/midwife (3)CHEW/CHO (4)community volunteer health worker (5)other (specify)</p> <p>Bayan haihuwa, wanene ya duba lafiyar [NAME] a karon farko? <b>Probe for most qualified person</b> (1)doctor (2)nurse/midwife (3)CHEW/CHO (4)community volunteer health worker (5)other (specify)</p>	<input type="text"/>
M141a	<i>Specify: Ambata</i>	<input type="text"/>
M142	<p>Where did the first check on [NAME] take place? (1)own home (2)primary health facility (3) hospital (secondary level or higher) (4) other</p> <p>A wane wuri ne aka fara duba lafiyar [NAME]? (1)own home (2)primary health facility (3) hospital (secondary level or higher) (4) other</p>	<input type="text"/>
M143	<p><b>If M139&gt;1 ask M134, 144, 145, otherwise skip to M146</b></p> <p>How long after delivery did the second check take place? (Record number of days)</p> <p>Bayan haihuwa, tsawon wane lokaci ne aka dauka kafin duba lafiyar [NAME] a karo na biyu? (Record number of days)</p>	<input type="text"/>
M144	<p>Who checked on [NAME] for the second time after birth? <b>Probe for most qualified person</b> (1)doctor (2)nurse/midwife (3)CHEW/CHO (4)community volunteer health worker (5)other (specify)</p> <p>Bayan haihuwa, wanene ya duba lafiyar [NAME] a karo na biyu? <b>Probe for most qualified person</b> (1)doctor (2)nurse/midwife (3)CHEW/CHO (4)community volunteer health worker (5)other (specify)</p>	<input type="text"/>
M144a	<i>Specify: Ambata</i>	<input type="text"/>
M145	<p>Where did the second check on [NAME] take place? (1)own home (2)primary health facility (3) hospital (secondary level or higher)</p> <p>A ina aka duba lafiyar [NAME] a karo na biyu? (1)own home (2)primary health facility (3) hospital (secondary level or higher)</p>	<input type="text"/>
	At any of the health checks in the first month, what was done to check the health of baby? <b>Do not read out list, select all that apply, probe – anything else?</b>	(1)yes (2)no

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	Wane irin bincike akayi wa [NAME] yayin kowanne karon duba lafiyar shi/ta a watan haihuwar sa/ta na farko? <b>Do not read out list, select all that apply, probe – anything else?</b>	
M146a	Generally examined/looked at baby's body: Duba jikin jariri/jaririya gaba daya	<input type="checkbox"/>
M146b	Weighed baby: Auna nauyin jariri/jaririya	<input type="checkbox"/>
M146c	Checked cord: Duba cibiya	<input type="checkbox"/>
M146d	Counselled on breastfeeding: Ilmantarwa da ba da shawara kan shayar da nonon uwa	<input type="checkbox"/>
M146e	Observed breastfeeding:	<input type="checkbox"/>
M146f	Counselled on skin-to-skin contact/warmth: An bada shawara kasancewa da 'da/'ya jiki da jiki/ dumin jikin uwa	<input type="checkbox"/>
M146g	Checked baby for danger signs: An duba jariri/jaririya ko akwai alamun wata lallurar rashin lafiya?	<input type="checkbox"/>
M146h	Counselled on danger signs: An bada shwara kan alamun lallurorin rashin lafiya?	<input type="checkbox"/>
M146i	Referred to a health facility: Turawa zuwa wani babban asibiti	<input type="checkbox"/>
M146j	Nothing: Ba komai	<input type="checkbox"/>
M147	Did you ever call the MNH call centre for advice about your baby after the birth? (1)yes (2)no  Ko kin taba neman shawarar “cibiyar inganta rayuwar iyali (MNH Call Center)” ta wayar salula, dangane da jariri/jaririya ki bayan haihuwa? (1)yes (2)no	<input type="checkbox"/>
M148	Have you ever used the emergency transport scheme for help with your baby after the birth? (1)yes (2)no – <b>go to M151</b>  Ko kin taba amfani da shirin sufurin gaggawa domin neman taimako ga jariri/jaririya ki bayan haihuwa? (1)yes (2)no – <b>go to M151</b>	<input type="checkbox"/>
M149	<b>If yes:</b> Did you have to pay anything to use the emergency transport scheme? (1) yes (2) no – <b>go to M151</b>  <b>If yes:</b> Ko kin biya wani kudi domin anfani da shirin sufurin gaggawa? 1) yes (2) no – <b>go to M151</b>	<input type="checkbox"/>
M150	<b>If yes:</b> How much did you pay? <i>Enter the amount in Naira, or enter 999 if doesn't know amount</i> <b>If yes:</b> Nawa kika biya? <i>Enter the amount in Naira, or enter 999 if doesn't know amount</i>	<input type="text"/>
M151	Did [NAME] sleep under a bednet last night? (1)yes (2)no (if no, skip to M154)  Ko [NAME] ya/ta kwana a cikin gidan sauro jiya da dare? (1)yes (2)no (if no, skip to M154)	<input type="checkbox"/>
M152	What kind of net was it? (select one) (1)LLIN (2)Ordinary net with no insecticide added (3)Ordinary net with insecticide added Wanne irin gidan sauro ne? (select one) (1)LLIN (2)Ordinary net with no insecticide added (3)Ordinary net with insecticide added	<input type="checkbox"/>
M153	How many years ago did your household obtain that net? (enter number of years before survey date; if less than one year before survey enter 0; if don't know enter 99)  <i>Tsawon shekara nawa ke nan da gidan nan ya mallaki wannan gidan sauron? (enter number of years before survey date; if less than one year before survey enter 0; if don't know enter 99)</i>	<input type="text"/>
M154	Have you ever taken [NAME] for a vaccination? <b>PROBE – HEALTH</b>	<input type="checkbox"/>

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	Ko kin taba kai [NAME] wajen yin allurar rigakafi? <b>PROBE – HEALTH FACILITY OR VACCINATION DAY</b> (1)yes (2)no – <b>GO TO M174</b>	
M155	<b>If yes:</b> Do you have any record/card where [NAME] vaccinations are written down? (1)yes (2)no  If yes: Ko kina da kati da ke dauke da tarihin rigagafin [NAME]? (1)yes (2)no	<input type="checkbox"/>
	Has [NAME] received the following vaccinations? Ko [NAME] ya karbi wadannan alluran rigakafin?	
M156	BCG	<input type="checkbox"/>
M157	<b>If yes:</b> record date given, or 01/01/2099 if date not available	<input type="checkbox"/>
M158	Polio 0 (Polio given at birth and given in the mouth (oral))	<input type="checkbox"/>
M159	<b>If yes:</b> record date given, or 01/01/2099 if date not available	<input type="checkbox"/>
M160	Polio 1	<input type="checkbox"/>
M161	<b>If yes:</b> record date given, or 01/01/2099 if date not available	<input type="checkbox"/>
M162	Polio 2	<input type="checkbox"/>
M163	<b>If yes:</b> record date given, or 01/01/209 if date not available	<input type="checkbox"/>
M164	Penta-1	<input type="checkbox"/>
M165	<b>If yes:</b> record date given, or 01/01/2099 if date not available	<input type="checkbox"/>
M166	Penta-2	<input type="checkbox"/>
M167	<b>If yes:</b> record date given, or 01/01/2099 if date not available	<input type="checkbox"/>
M168	Penta-3	<input type="checkbox"/>
M169	<b>If yes:</b> record date given, or 01/01/2099 if date not available	<input type="checkbox"/>
M170	Measles or MMR	<input type="checkbox"/>
M171	<b>If yes:</b> record date given, or 01/01/2099 if date not available	<input type="checkbox"/>
M172	Vitamin A	<input type="checkbox"/>
M173	<b>If yes:</b> record date last dose given, or 01/01/2099 if date not available	<input type="checkbox"/>
M174	<b>INTERVIEWER STOP FOR PDA CHECK: WAS THE BABY BORN 0-60 DAYS BEFORE DATE OF INTERVIEW?</b> (1)Yes (2)No <b>IF YES - CONTINUE, IF NO – END</b>	
	Now I want to talk to you about any sickness your child experienced in the first month of life.  Yanzu ina son nayi maki magana gameda rashin lafiyar da ɗan ki/yar ya/ta samu cikin wata daya bayan haihuwa?	
M175	Has [NAME] ever been sick? (1)yes (2)no  Ko [NAME] ya/ta taba rashin lafiya? (1)yes (2)no	
	Can I just check, has [NAME] ever had any of the following symptoms? <b>If yes to any continue, if no to all these symptoms skip to end</b> Ko [NAME] ya taba samun wadannan alamomin cuta? <b>If yes to any continue, if no to all these symptoms skip to end</b>	(1)yes (2)no
M176	Stopped feeding well: Rashin cin abinci sosai	<input type="checkbox"/>
M177	Difficult or fast breathing: Sheshsheka	<input type="checkbox"/>
M178	Chest in-drawing: Fadawar awazu	<input type="checkbox"/>
M179	Unusually hot or cold body: Zafi ko sanyin jiki	<input type="checkbox"/>
M180	Baby less active than usual: Rashin kuzarin jaririn/jaririyar	<input type="checkbox"/>
M181	Body became yellow: Canjin launin jiki zuwa ruwan dorowa	<input type="checkbox"/>
M182	Other (specify) : Wasu alamomin daban	<input type="checkbox"/>
M183	(specify):	<input type="text"/>
M184	No symptoms <b>end:</b> Ba wasu alamun	<input type="checkbox"/>
M185	<b>If any sickness/symptom reported:</b> How old was [NAME] when sick for the first time? Record number of days of age when [NAME] was first sick; if first day of life enter 0	<input type="checkbox"/>

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	Nawa ne shekarun [NAME] lokacin da yayi/tayi rashin lafiya na farko? <i>Record number of days of age when [NAME] was first sick; if first day of life enter 0</i>	
M186	When [NAME] was sick that first time what was the problem? <b>CHECK ALL the following symptoms, tick all that apply:</b> Lokacin da [NAME] ya/ta yi rashin lafiya na farko me ya same shi/ta? <b>CHECK ALL the following symptoms, tick all that apply:</b>	(1)yes (2)no
M187	Fever: Zazzabi	<input type="checkbox"/>
M188	Unable to suckle/feed: Kin tsotson nonon uwa/ ko cin abinci	<input type="checkbox"/>
M189	Difficult/fast breathing: Shessheka	<input type="checkbox"/>
M190	Diarrhea: Gudawa	<input type="checkbox"/>
M191	Convulsions: Jijiga da Taune-taune	<input type="checkbox"/>
M192	Persistent vomiting: Yin amai ko da yausha	<input type="checkbox"/>
M193	Yellow palms/soles/eyes: Canjawa kalar tafin hannu, tafin kafa da idanu zuwa ruwan dorawa	<input type="checkbox"/>
M194	Lethargy: Mutuwar jiki da Kasala	<input type="checkbox"/>
M195	Unconscious: Suma	<input type="checkbox"/>
M196	Red/discharging eyes: Jan idanu/fidda ruwa ko kontsa	<input type="checkbox"/>
M197	Skin pustules: Marurai	<input type="checkbox"/>
M198	Skin around cord was red: Fatar da ke zagaye da cibiya	<input type="checkbox"/>
M199	Pus from cord: Fitar diwa daga cibi	<input type="checkbox"/>
M200	Other: Wani abu daban	<input type="checkbox"/>
M203	Did you seek care for [NAME] outside the home at that time? (1)yes – <b>go to M206</b> (2)no  Ko kin nemi a kula da [NAME] a wani wurin da ba gida ba a wancan lokacin? (1)yes – <b>go to M206</b> (2)no	<input type="checkbox"/>
M204	<b>If no care sought at that time:</b> Why didn't you seek care for [NAME] outside the home during that first illness? <b>Select one</b> (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 ( <b>NOW GO TO M212</b> ) (7) other  <b>If no care sought at that time:</b> Me ya hanaki nemawa [NAME] kulawa a wani wurin da ba gida ba a lokacin da ba shi/ta da lafiya na farko? <b>Select one</b> (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 ( <b>NOW GO TO M212</b> ) (7) other	<input type="checkbox"/>
M206	<b>If M203=yes:</b> How many times did you seek care for that illness? <i>Write number of times</i>  <b>If M203=no</b> Har sau nawa kika nemawa [NAME] kulawa da wancan rashin lafiyan?	<input type="text"/>
M207	Where outside the home did you seek care from the first time? <b>Select one</b> (1)primary health care facility (2) hospital or secondary level care (3)health volunteer (4) shop/pharmacy (5) MNH call centre (6) traditional/community healer (7) other	<input type="text"/>
M209	Do you have any medical record from when you went for health care outside the home the first time? (1)yes (2)no – <b>M211</b>	<input type="text"/>

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	Lokacin da kika neman ma sa/ta kulawa da farko a wani wurin da ba gida ba, ko kina da wata takardar shaida? (1)yes (2)no – <b>M211</b>	
M210	Can I see it? (1)yes (2)no <b>Interviewer use the card to verify responses where possible</b>  Ko zan iya ganin takardar shaidar? <b>Interviewer use the card to verify responses where possible</b>	__
M211	After how many days did you seek care the first time? <i>Write number of days from the onset of illness</i> <b>If first day of illness write 0</b>  Bayan kwana nawa ne kika nemawa [NAME] kulawa a karo na farko? <i>Write num days from onset of illness</i> <b>If first day of illness write 0</b>	__
M212	<b>All:</b> At any time during the illness, did [NAME] take any drugs for the illness? (1)yes (2)no - <b>end</b> <b>Interviewer: use the card to verify if available; or ask the mother if she still has the drug wrapper</b>  <b>All:</b> Duk tsawon lokacin rashin lafiyar, ko [NAME] ya/ta sha wassu magunguna domin samun lafiya? <b>Interviewer: use the card to verify if available; or ask the mother if she still has the drug wrapper</b>	__
	What drugs did [NAME] take? <b>Select all mentioned</b> Waddanne magunguna ne [NAME] ya/ta sha? <b>Select all mentioned</b>	
M213a	Malaria drug SP/Fansidar/Chloroquine (Maganin zazzabin cizon sauro - SP/Fansidar/Chloroquine)	__
M213b	Other malaria drug (Wadansu magungunan zazzabin cizon sauro wadanda ba SP/Fansidar/Chloroquine ba)	__
M213c	Antibiotic: Gentamicin or Ampicilin (maganin kwayoyin cututtuka allurar jenta ko kafso)	__
M213d	Antibiotic: other antibiotic (Wadansu magungunan kwayoyin cututtuka wadanda ba allurar jenta ba ko kafso)	__
M213e	Tetracycline eye ointment (Maganin ciwon ido mai kamar kwantsa)	__
M213f	ORS (Ruwan gishiri da suga)	__
M213g	Vitamin A (Sinadarin bitamin mai kara karfin ido)	__
M213h	Traditional remedy (Magungunan gargajiya)	__
M213i	Herbs (Itatuwa)	__
M213j	Others (Wani abin daban da ba'a ambata ba)	
M214	For how many days did [NAME] take the drugs <i>Write number of days</i> Ko kwana nawa [NAME] ya/ta yi yana/tana shan maganin lokacin rashin lafiyar? <i>Write number of days</i>	__

**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**