

# Household Rooster



## *Post Measles and Yellow fever Supplementary Immunisation Activity Coverage Survey, 2024*

*The National Bureau of Statistics (NBS) and the National Primary Healthcare Development Agency (NPHCDA)*

### Preamble

This questionnaire will be used in Lagos state where measles and yellow fever vaccine antigens were administered. I.e. Measles vaccine for children aged 9 months to 59 months and yellow fever vaccine for individuals aged between 9 months and 44 years.

Questionnaires for children aged less than 15 years will be administered to their mothers or primary caregivers while questionnaires for adults will be administered to the eligible adult.

HOUSEHOLD INFORMATION PANEL		HM
<b>HM01.</b> State ID number: _____	<b>HM02.</b> State name: _____	
<b>HM03.</b> Cluster number: _____	<b>HM11.</b> Household ID number: _____	
<b>HM05.</b> Interviewer ID: _____	<b>HM07.</b> Supervisor ID: _____	
<b>HM06.</b> Interviewer name: _____	<b>HM08.</b> Supervisor name: _____	
<b>SIA15.</b> Latitude _____	<b>SIA16.</b> Longitude _____	
<p>HELLO, MY NAME IS _____ AND I AM WORKING WITH THE NATIONAL BUREAU OF STATISTICS. WE ARE CONDUCTING A SURVEY ON THE SITUATION OF CHILDREN, FAMILIES AND HOUSEHOLDS, SPECIFICALLY ON WHETHER THE CHILDREN HAVE RECEIVED MEASLES, AND YELLOW FEVER VACCINATION OR THE ADULTS HAVE RECEIVED YELLOW FEVER VACCINATION. WE WOULD LIKE TO ASK SOME QUESTIONS ABOUT YOUR HOUSEHOLD AND THE MEASLES AND YELLOW FEVER VACCINATION STATUS OF CHILDREN IN YOUR HOUSEHOLD. THIS INFORMATION WILL HELP THE FEDERAL MINISTRY OF HEALTH TO IMPROVE THE IMMUNIZATION SERVICES IN THE COUNTRY.</p> <p>THE INTERVIEW WILL TAKE ABOUT <b>40</b> MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND ANONYMOUS.</p> <p><b>HM13.</b> MAY, I START NOW?    Yes ----1</p> <p>NO ----2 DISCUSS WITH SUPERVISOR BEFORE ENDING INTERVIEW</p>		

HM

**HM01.** State ID number: \_\_\_\_\_

**HM02.** State name: \_\_\_\_\_

**HM03.** Cluster number:

**HM11.** Household ID number:

**HM05.** Interviewer ID:

**HM07. Supervisor ID:** \_\_\_\_\_

**HM06.** Interviewer name:

**HM08.** Supervisor name:

**SIA15. Latitude** .

**SIA16. Longitude** .

HELLO, MY NAME IS \_\_\_\_\_ AND I AM WORKING WITH THE NATIONAL BUREAU OF STATISTICS. WE ARE CONDUCTING A SURVEY ON THE SITUATION OF CHILDREN, FAMILIES AND HOUSEHOLDS, SPECIFICALLY ON WHETHER THE CHILDREN HAVE RECEIVED MEASLES, AND YELLOW FEVER VACCINATION OR THE ADULTS HAVE RECEIVED YELLOW FEVER VACCINATION. WE WOULD LIKE TO ASK SOME QUESTIONS ABOUT YOUR HOUSEHOLD AND THE MEASLES AND YELLOW FEVER VACCINATION STATUS OF CHILDREN IN YOUR HOUSEHOLD. THIS INFORMATION WILL HELP THE FEDERAL MINISTRY OF HEALTH TO IMPROVE THE IMMUNIZATION SERVICES IN THE COUNTRY.

THE INTERVIEW WILL TAKE ABOUT **40** MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND ANONYMOUS.

**HM13.** MAY, I START NOW? YES ----1

NO ----2 DISCUSS WITH SUPERVISOR BEFORE ENDING INTERVIEW

HOUSEHOLD ROSTER: COMPLETE FOR ALL MEMBERS IN THE HOUSEHOLDS AND ANYONE WHO SLEPT HERE LAST NIGHT STARTING WITH THE HOUSEHOLD HEAD

HM21	HM22	HM23	HM24	HM25	HM26	HM27	HM28	HM29a	HM29c	HM30
SN	NAME OF HOUSEHOLD MEMBER OR VISITOR	RELATIONSHIP OF HOUSEHOLD MEMBER TO HOUSEHOLD HEAD	SEX  1 MALE 2 FEMALE	DID THE HOUSEHOLD MEMBER SLEEP HERE LAST NIGHT?	DATE OF BIRTH (DD, MM, YYYY)	AGE AT TIME OF CAMPAIGN – OCTOBER/NOVEMBER 2024 (COMPLETED YEARS)	AGE AT TIME OF CAMPAIGN – OCTOBER/NOVEMBER 2024 (COMPLETED MONTHS FOR ALL CHILDREN LESS THAN 5 YEARS)	DID NAME RECEIVE MEASLES VACCINATION DURING THE LAST VACCINATION CAMPAIGN OCT/NOV 2024	DID NAME RECEIVE YELLOW FEVER VACCINATION DURING THE LAST VACCINATION CAMPAIGN IN OCT/NOV 2024	CHECK ELIGIBILITY FOR POST-CAMPAIGN SURVEY? (9 MONTHS –44 YEARS)
1		0 1	1 2	Y N	___/___/___			Y N	Y N	Y N
2		___ __	1 2	Y N	___/___/___			Y N	Y N	Y N
3		___ __	1 2	Y N	___/___/___			Y N	Y N	Y N
4		___ __	1 2	Y N	___/___/___			Y N	Y N	Y N
5		___ __	1 2	Y N	___/___/___			Y N	Y N	Y N
6		___ __	1 2	Y N	___/___/___			Y N	Y N	Y N
7		___ __	1 2	Y N	___/___/___			Y N	Y N	Y N

<p>* Codes for HM23:</p> <p>Relationship to head of household:</p>	<p>01 Head</p> <p>02 Spouse / Partner</p> <p>03 Son / Daughter</p>	<p>04 Son-In-Law / Daughter-In-Law</p> <p>05 Grandchild</p> <p>06 Parent</p>	<p>07 Parent-In-Law</p> <p>08 Brother / Sister</p> <p>09 Brother-In-Law / Sister-In-Law</p>	<p>10 Uncle / Aunt</p> <p>11 Niece / Nephew</p> <p>12 Other relative</p> <p>13 Adopted/ Stepchild</p>	<p>14 Visitor</p> <p>96 Other (Not related)</p>	<p>98 Don't know</p>
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# Individual questionnaire



## Post Measles and Yellow fever Supplementary Immunisation Activity Coverage Survey, 2024

The National Bureau of Statistics (NBS) and the National Primary Healthcare Development Agency (NPHCDA)

### PERSONS 9 MONTHS TO 44 YEARS INFORMATION PANEL

SIA

*This questionnaire is to be administered to all mothers or caregivers (see List of Household Member) who care for a child that lives with them and was aged between 0 months – 15 years at the time of the last Measles and yellow fever campaign (see List of Household Members)*

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

SIA01. State ID number: _____	SIA02. State name: _____
SIA03. Cluster number: _____	SIA11. Household ID number: _____
SIA05. Interviewer ID: _____	SIA07. Team Lead ID: _____
SIA06. Interviewer name: _____	SIA08. Team Lead name: _____
SIA12. Individual's listing number (HM21): _____	SIA12a. Individual's name (HM22): _____
SIA09. Day/Month/Year of interview: ____ / ____ / ____ SIA09_d / SIA09_m / SIA09_y	SIA10. Start time of interview Hour and minutes ____: ____

Visit/Attempt 1	Visit/Attempt 2	Visit/Attempt 3
<b>SIA92. Date</b> ____ (D) ____ (M) ____ (Y) HM13_d HM13_m HM13_y	<b>SIA94. Date</b> ____ (D) ____ (M) ____ (Y) HM15_d HM15_m HM15_y	<b>SIA96. Date</b> ____ (D) ____ (M) ____ (Y) HM17_d HM17_m HM17_y
<b>SIA93. Disposition Code</b> Return later; no one home (fill in # of eligible respondents if you learn it from a neighbour) .....	<b>SIA93. Disposition Code</b> Return later; no one home (fill in # of eligible respondents if you learn it from a neighbour) .....	<b>SIA93. Disposition Code</b> Return later; no one home (fill in # of eligible respondents if you learn it from a neighbour) .....
Come back later; interview started but could not complete .....	Come back later; interview started but could not complete .....	Come back later; interview started but could not complete .....
Refused; someone is home but refused to participate .....	Refused; someone is home but refused to participate .....	Refused; someone is home but refused to participate .....
No adult at home .....	No adult at home .....	No adult at home .....
Entire household absent for an extended period of time .....	Entire household absent for an extended period of time .....	Entire household absent for an extended period of time .....
Complete; collected all necessary information.....	Complete; collected all necessary information.....	Complete; collected all necessary information.....
<i>If response is not 5 or 6, plan to make a second visit</i>	<i>If response is not 5 or 6, plan to make a second visit</i>	<i>If response is not 5 or 6, plan to make a second visit</i>
<i>Repeat greeting if not already read to this respondent:</i>  WE ARE FROM NATIONAL BUREAU OF STATISTICS. WE ARE CONDUCTING A SURVEY ABOUT THE SITUATION OF CHILDREN, FAMILIES AND HOUSEHOLDS. I WOULD LIKE TO TALK TO YOU ABOUT ( <i>child's name from UF3</i> )'s. THE INTERVIEW WILL TAKE ABOUT <b>20</b> MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND ANONYMOUS. MAY, I START NOW?		<i>If greeting at the beginning of the household questionnaire has already been read to this person, then read the following:</i>  NOW I WOULD LIKE TO TALK TO YOU MORE ABOUT ( <i>child's name from household listing</i> )'s RECEIPT OF VACCINATION DURING THE RECENT MEASLES AND YELLOW FEVER VACCINATION CAMPAIGN. THIS INTERVIEW WILL TAKE ABOUT <b>20</b> MINUTES. AGAIN, ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND ANONYMOUS.

DEMOGRAPHIC INFORMATION		AG
<p><b>D1.</b> NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT THE DEVELOPMENT AND HEALTH OF <i>(name)</i>.</p> <p>ON WHAT DAY, MONTH AND YEAR WAS <i>(name)</i> BORN?</p> <p><i>Probe:</i></p> <p>WHAT IS HIS/HER BIRTHDAY?</p> <p><i>If the mother/caretaker knows the exact birth date, also enter the day; otherwise, circle 98 for day.</i></p> <p><i>Month and year of birth must be recorded.</i></p>	<p>Date of birth</p> <p>Day ..... __ __</p> <p>DK day.....98</p> <p>Month..... __ __</p> <p>Year..... __ __</p>	
<p><b>D2.</b> HOW OLD IS <i>(name)</i>?</p> <p><i>Probe:</i></p> <p>HOW OLD WAS <i>(name)</i> AT HIS/HER DURING THE OCTOBER/ NOVEMBER MEASLES AND YELLOW FEVER CAMPAIGN?</p> <p>Record age in completed months if the age is less than 5 years.</p> <p>Record age in completed years if the age is 5 years above.</p> <p>Record '0' if less than 1 month.</p> <p><i>Compare and correct AG1 and/or AG2 if</i></p>	<p>A. Age (in completed months) ..... __ __</p> <p>B. Age (in completed years) ..... __ __</p> <p><i>If age was &lt;9 months or ≥44 years go to next person, otherwise end interview if there is no other eligible person in the household.</i></p>	

<i>inconsistent.</i>		
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IMMUNIZATION		IM
<b>SIA16.</b> HAS (NAME) EVER RECEIVED ANY VACCINATIONS TO PREVENT (HIM/HER) FROM GETTING DISEASES, INCLUDING VACCINATIONS RECEIVED IN A CAMPAIGN, IMMUNISATION DAY OR CHILD HEALTH DAY?	Yes..... 1 No.....2 Don't know..... 8	
<b>SIA17.</b> WAS THE CHILD/ WERE YOU LIVING HERE DURING THE CAMPAIGN? (MEASLES AND YELLOW FEVER VACCINATION CAMPAIGN IN OCTOBER/NOVEMBER 2024)?	Yes..... 1 No.....2	1 => SIA18
<b>SIA17A.</b> IF 'NO' IN 17, PLEASE SPECIFY WHERE THE CHILD WAS LIVING.	In this state but a different location..... 1 In another state in Nigeria.....2 Outside Nigeria..... 3 Other ( <i>specify below</i> )..... 6	



<p><b>SIA18.</b> WHAT WAS THE PRIMARY SOURCE OF INFORMATION ABOUT THE OCCURRENCE OF THE CAMPAIGN?</p> <p><i>(Ask the question first, after the person has answered, go through the list of answers to select the primary source.)</i></p>	<p>Not informed..... 1</p> <p>Radio..... 2</p> <p>Television..... 3</p> <p>Internet..... 4</p> <p>Criers / loudspeaker..... 5</p> <p>Community health workers..... 6</p> <p>School..... 7</p> <p>Family..... 8</p> <p>Neighbour, friend..... 9</p> <p>Village chief..... 10</p> <p>Religious leader (church / mosque)..... 11</p> <p>Community mobilisers..... 12</p> <p>Other (<i>specify below</i>)..... 66</p>	<p>66 =&gt; SIA19</p>
<p><b>SIA19.</b> IF 'OTHER' IN 18, PLEASE SPECIFY</p>	<p>(<i>Specify</i>).....</p>	
<p><b>SIA20.</b> DID THE CHILD RECEIVE THE MEASLES VACCINE DURING THE RECENT CAMPAIGN (MEASLES AND YELLOW FEVER VACCINATION CAMPAIGN IN OCTOBER/NOVEMBER 2024)?</p>	<p>Yes..... 1</p> <p>No..... 2</p> <p>Don't know..... 9</p>	<p>2 =&gt; SIA21</p> <p>2 =&gt; SIA20c</p> <p>9 =&gt; SIA20c</p>

<p><b>SIA20C.</b> DID THE CHILD / YOU RECEIVE THE YELLOW FEVER VACCINE DURING THE RECENT CAMPAIGN (MEASLES, AND YELLOW FEVER VACCINATION CAMPAIGN IN OCTOBER/NOVEMBER 2024 )?</p>	<p>Yes..... 1</p> <p>No.....2</p> <p>Don't know..... 9</p>	<p>1 =&gt; SIA21c</p> <p>2 =&gt; SIA25</p> <p>9 =&gt;SIA27A1</p>
<p><b>SIA21.</b> DID THE CHILD RECEIVE A VACCINATION CARD AFTER RECEIVING THE MEASLES/YELLOW FEVER VACCINE DURING THE RECENT CAMPAIGN?</p>	<p>Yes, card seen..... 1</p> <p>Yes, but card not seen.....2</p> <p>No card.....3</p> <p>Don't know..... 9</p>	
<p><b>SIA22.</b> WAS THE FINGER OF THE CHILD MARKED WITH A PEN AFTER RECEIVING THE MEASLES/YELLOW FEVER VACCINE DURING THE CAMPAIGN?</p> <p><i>(If answer is YES, request to see the child so as to inspect finger for marking. Measles/Yellow Fever finger marking is on the left thumb)</i></p>	<p>Yes, mark seen on the child..... 1</p> <p>Yes, mark has been washed out.....2</p> <p>Yes, child not available to check..... 3</p> <p>No.....4</p> <p>Don't know..... 9</p>	

<b>SIA23.</b> DID THE CHILD/ YOU DEVELOP A REACTION AFTER THE VACCINATIONS?	Yes..... 1  No.....2  Don't know..... 9	1⇒SIA24  2⇒SIA27  9⇒SIA27
<b>SIA24.</b> IF YES, WHAT WAS THE PROBLEM(S)?	Fever between 7- and 12-days following vaccination?..... A General rash between 7- and 10-days following vaccination?..... B Pain at the site of injection?..... C A lump where the shot was given?..... D Problems with hearing or vision?.....E Extreme drowsiness, fainting?..... F Fussiness, irritability, crying for an hour or longer? ..... G Early bruising or bleeding?.....H Difficulty in breathing or swallowing?.....I Hives (other itching or irritation)?..... J Seizure (black-out or convulsions) ;(within a few hours or a few days after the vaccine)?.....K Headache (severe or continuing)?.....L Confusion or dizziness?..... M Low fever?.....N Other ( <i>specify</i> )..... O	O => SIA24A
<b>SIA24A.</b> IF 'OTHER' IN 24, PLEASE SPECIFY	<i>Specify</i> ).....	

<p><b>SIA25.</b> IF THE CHILD / YOURSELF DID NOT RECEIVE THE MEASLES AND YELLOW FEVER VACCINE DURING THE CAMPAIGN, WHY?</p> <p><i>(Ask the question first, after the person has answered, go through the list of answers to find the main reason for non-vaccination.)</i></p>	<p>Didn't know about the campaign .....01</p> <p>Thought that the child did not need the vaccine02</p> <p>Parent absent during the campaign..... 03</p> <p>Fear of injection..... 04</p> <p>Lack of confidence in vaccine..... 05</p> <p>Site of vaccination not known.....06</p> <p>Site of vaccination too far .....07</p> <p>Time of vaccination unsuitable.....08</p> <p>Waited too long at vaccination site.....09</p> <p>Missing vaccinator at the site..... 10</p> <p>Not authorised by head of household..... 11</p> <p>Religious beliefs.....12</p> <p>Absent during time of campaign..... 13</p> <p>Too busy to take child..... 14</p> <p>Child ill at time of vaccination..... 15</p> <p>Mother ill at time of vaccination..... 16</p> <p>Child already received Measles and yellow fever vaccine..... 17</p> <p>Other (<i>specify</i>).....66</p>	<p>66 =&gt; SIA26</p>
<p><b>SIA26.</b> IF 'OTHER' TO SIA25, PLEASE SPECIFY</p>	<p>_____</p>	
<p><i>Check if individual has received one vaccine and not the other e.g. Measles and not yellow fever or received yellow fever and not measles</i></p> <p><i>If the individual has received both vaccines or missed both vaccines skip to SIA27.</i></p>		

<p><b>SIA26A.</b> IF INDIVIDUAL RECEIVED ONE VACCINE AND NOT BOTH VACCINES WHAT WAS THE REASON THE INDIVIDUAL DID NOT RECEIVE BOTH VACCINES?</p>	<p>Vaccine not available.....01</p> <p>individual was not eligible for the vaccine..... 02</p> <p>Vaccinator did not offer vaccine.....03</p> <p>Parent refused..... 04</p> <p>Don't know.....05</p> <p>Other (<i>specify</i>).....06</p>	
<p><b>SIA27A1.</b> BEFORE THE CAMPAIGN IN OCTOBER/NOVEMBER 2024, HAD THE CHILD RECEIVED ANY MEASLES VACCINATIONS?</p>	<p>Yes, dates on card(s)..... 1</p> <p>Yes, recall /history..... 2</p> <p>No.....3</p> <p>Don't know..... 9</p>	<p>1 =&gt; SIA27A2</p> <p>2 =&gt; SIA27A2</p> <p>3 =&gt; SIA27c1</p> <p>9 =&gt; SIA27c1</p>
<p><b>SIA27A2</b> BEFORE THE CAMPAIGN IN OCTOBER/NOVEMBER 2024, HOW MANY TIMES HAD [CHILD'S NAME] RECEIVED MEASLES VACCINATIONS?</p> <p><i>If 7 or more times, record '7'.</i></p>	<p>Number of times.....</p> <p>DK..... 9</p>	

<b>SIA27c1.</b> BEFORE THE CAMPAIGN IN OCTOBER/NOVEMBER 2024 HAD THE INDIVIDUAL / YOU RECEIVED ANY YELLOW FEVER VACCINATIONS?	Yes, dates on card(s)..... 1  Yes, recall /history..... 2  No..... 3  Don't know..... 9	1 => SIA27c2  2 => SIA27c2  3 => SIA31  9 => SIA31
<b>SIA27c2.</b> BEFORE THE CAMPAIGN IN OCTOBER/NOVEMBER 2024, HOW MANY TIMES HAD [INDIVIDUALS NAME] RECEIVED YELLOW FEVER VACCINATIONS?  <i>If 7 or more times, record '7'.</i>	Number of times.....  DK..... 9	
<b>SIA31.</b> WHERE WAS [INDIVIDUAL'S NAME] LIVING AT THE TIME OF THE LAST MEASLES AND YELLOW FEVER CAMPAIGN THAT WAS CONDUCTED TOWARDS THE END OF 2022 (2 YEARS AGO)?	Here, in this state..... 1  Other state within Nigeria..... 2  Outside Nigeria..... 3  Child was not born..... 4  Don't know..... 9	
<b>SIA32.</b> DID [INDIVIDUAL'S NAME] RECEIVE THE MEASLES/YELLOW FEVER VACCINE DURING THAT CAMPAIGN 2 YEARS AGO?	Yes..... 1 No..... 2 Don't know..... 9	

<b>SIA35. Record the end time.</b>	HOUR AND MINUTES..... __ __: __ __	
<p>THANK YOU FOR PARTICIPATING IN THIS SURVEY. DO YOU HAVE ANY QUESTIONS FOR ME?</p> <p><i>(Answer all questions the participant may be having)</i></p>		