

# Household Rooster



## *Post Measles 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 states where measles vaccine was administered as a standalone vaccine. the states include Anambra, Enugu, Akwa Ibom, Cross River, Delta, Edo, Adamawa, Zamfara, Rivers, Ekiti, Ogun, Ondo, Osun, Oyo, Benue, FCT, Niger, Nasarawa, Plateau, kogi, Bauchi, Gombe, Jigawa states. The target age group for measles vaccination is 9 to 59 months.

HOUSEHOLD INFORMATION PANEL		HM
HM01. State ID number: _____	HM02. State name: _____	
HM03. Cluster number: _____	HM11. Household ID number: _____	
HM05. Interviewer ID: _____	HM07. Team Lead ID: _____	
HM06. Interviewer name: _____	HM08. Team Lead name: _____	
SIA15. Latitude _____	SIA16. 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 VACCINATION. WE WOULD LIKE TO ASK SOME QUESTIONS ABOUT YOUR HOUSEHOLD AND THE MEASLES 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>30</b> MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND ANONYMOUS.</p> <p>HM13. MAY, I START NOW? YES ----1</p> <p>NO ----2 DISCUSS WITH TEAM LEAD BEFORE ENDING INTERVIEW</p>		

HOUSEHOLD ROSTER: COMPLETE FOR ALL MEMBERS IN THE HOUSEHOLDS STARTING WITH THE HOUSEHOLD HEAD

HM21 SN	HM22 NAME OF HOUSEHOLD MEMBER OR VISITOR	HM23 RELATIONSHIP OF HOUSEHOLD MEMBER TO HOUSEHOLD HEAD	HM24 SEX  1 MALE 2 FEMALE	HM25 DID THE HOUSEHOLD MEMBER SLEEP HERE LAST NIGHT?	HM26 DATE OF BIRTH (DD, MM, YYYY)	HM27 AGE AT TIME OF CAMPAIGN – OCTOBER/NOVEMBER 2024 (COMPLETED YEARS)	HM28 AGE AT TIME OF CAMPAIGN – OCTOBER/NOVEMBER 2024  (COMPLETED MONTHS FOR ALL CHILDREN LESS THAN 5 YEARS)	HM29A DID NAME RECEIVE MEASLES VACCINATION DURING THE LAST VACCINATION CAMPAIGN OCTOBER/NOVEMBER 2024	HM30 CHECK ELIGIBILITY FOR POST- CAMPAIGN SURVEY? (9– 59 MONTHS)
1		0 1	1 2	Y N	___/___/___			Y N	Y N
2		___ ___	1 2	Y N	___/___/___			Y N	Y N
3		___ ___	1 2	Y N	___/___/___			Y N	Y N
4		___ ___	1 2	Y N	___/___/___			Y N	Y N
5		___ ___	1 2	Y N	___/___/___			Y N	Y N
6		___ ___	1 2	Y N	___/___/___			Y N	Y N
7		___ ___	1 2	Y N	___/___/___			Y N	Y N

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

# Individual questionnaire



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

### CHILDREN 9 – 59 MONTHS INFORMATION PANEL

SIA

*This questionnaire is to be administered to all mothers or caregivers (see List of Household Member) who care for a child that lives with them and was aged between 9 months – 59 months at the time of the last measles 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. Child listing number (HM21): _____	SIA12a. Child 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 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.....20- __</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, 2024 MEASLES CAMPAIGN?</p> <p>Record age in completed months.</p> <p>Record '0' if less than 1 month.</p> <p><i>Compare and correct AG1 and/or AG2 if inconsistent.</i></p>	<p>Age (in completed months) ..... __</p> <p><i>If age was &lt;9 months or ≥60 months go to next child, otherwise end interview if there is no other eligible child in the household.</i></p>	

IMMUNIZATION		IIIIM
<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 LIVING HERE DURING THE CAMPAIGN? (MEASLES VACCINATION CAMPAIGN IN OCTOBER/NOVEMBER 2024 CAMPAIGN )?	Yes..... 1 No.....2	2 => SIA17A
<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	
<b>SIA18.</b> WHAT WAS THE PRIMARY SOURCE OF INFORMATION ABOUT THE OCCURRENCE OF THE CAMPAIGN?  <i>(Ask the question first, after the person has answered, go through the list of answers to select the primary source.)</i>	Not informed..... 1 Radio..... 2 Television.....3 Internet..... 4 Criers / loudspeaker.....5 Community health workers.....6 School.....7 Family..... 8 Neighbour, friend..... 9 Village chief..... 10 Religious leader (church / mosque)..... 11 Community mobilisers..... 12	66 => SIA19

	Other ( <i>specify below</i> )..... 66	
<b>SIA19.</b> IF 'OTHER' IN 18, PLEASE SPECIFY	( <i>Specify</i> ).....	
<b>SIA20.</b> DID THE CHILD RECEIVE THE MEASLES VACCINE DURING THE RECENT CAMPAIGN (MEASLES VACCINATION CAMPAIGN IN OCTOBER/NOVEMBER 2024)?	Yes..... 1  No..... 3  Don't know..... 9	1 => SIA21  3 => SIA25  9 => SIA27
<b>SIA21.</b> DID THE CHILD RECEIVE A VACCINATION CARD AFTER RECEIVING THE MEASLES VACCINE DURING THE RECENT CAMPAIGN?	Yes, measles card seen..... 1  Yes, but measles card not seen..... 2  No card..... 3  Don't know..... 9	
<b>SIA22.</b> WAS THE FINGER OF THE CHILD MARKED WITH A PEN AFTER RECEIVING THE MEASLES VACCINE DURING THE CAMPAIGN?  <i>(If answer is YES, request to see the child so as to inspect finger for marking)</i>	Yes, mark seen on the child..... 1  Yes, mark has been washed out..... 2 Yes, child not available to check..... 3 No..... 4 Don't know..... 9	

<b>SIA23. DID THE CHILD DEVELOP A REACTION AFTER THE VACCINATION?</b>	Yes..... 1 No.....2 Don't know..... 9	1⇒SIA24 2⇒SIA27 9⇒SIA27
<b>SIA24. IF YES, WHAT WAS THE PROBLEM(S)?</b>	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. IF 'OTHER' TO SIA24, SPECIFY</b>	_____	
<b>SIA25. IF THE CHILD DID NOT RECEIVE THE MEASLES VACCINE DURING THE CAMPAIGN, WHY?</b>  <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>	Didn't know about the campaign .....01 Thought that the child did not need this vaccine02 Parent absent during the campaign ..... 03 Fear of injection..... 04	

	Lack of confidence in vaccine..... 05 Site of vaccination not known.....06 Site of vaccination too far .....07 Time of vaccination unsuitable.....08 Waited too long at vaccination site..... 09 Missing vaccinator at the site..... 10 Not authorised by head of household..... 11 Religious beliefs.....12 Absent during October / November campaign.. 13 Too busy to take child..... 14 Child ill at time of vaccination..... 15 Mother ill at time of vaccination..... 16 Child already received measles vaccine..... 17 Other ( <i>specify</i> ).....66	66 => SIA26
<b>SIA26.</b> IF 'OTHER' TO SIA25, PLEASE SPECIFY	_____	
<b>SIA27.</b> BEFORE THE CAMPAIGN IN OCTOBER/NOVEMBER 2024, HAD THE CHILD RECEIVED ANY MEASLES VACCINATIONS?	Yes, dates on card(s)..... 1 Yes, recall /history..... 2 No.....3 Don't know..... 9	1 => SIA28 2 => SIA28 3 => SIA31 2 => SIA31
<b>SIA28.</b> BEFORE THE CAMPAIGN IN OCTOBER/NOVEMBER 2024, HOW MANY TIMES HAD [CHILD'S NAME] RECEIVED MEASLES VACCINATIONS?  <i>If 7 or more times, record '7'.</i>	Number of times..... DK..... 9	

<b>SIA31.</b> WHERE WAS [CHILD'S NAME] LIVING AT THE TIME OF THE LAST MEASLES CAMPAIGN THAT WAS CONDUCTED TOWARDS THE END OF 2022 (2 YEARS AGO)?	Here, in this state..... 1 Other state within Nigeria..... 2 Outside the country..... 3 Child was not born..... 4 Don't know..... 9	
<b>SIA32.</b> DID [CHILD'S NAME] RECEIVE THE MEASLES VACCINE DURING THAT CAMPAIGN 2 YEARS AGO?	Yes..... 1 No..... 2 Don't know..... 9	
<b>SIA35.</b> Record the end time.	HOUR AND MINUTES..... __ __ : __ __	
THANK YOU FOR PARTICIPATING IN THIS SURVEY. DO YOU HAVE ANY QUESTIONS FOR ME? <i>(Answer all questions the participant may be having)</i>		