

UPLOAD7682091741245839141

Field	Question	Answer																																																																										
note_0a	Hanovia Medical Limited																																																																											
Hanovia Medical Limited																																																																												
hh_id (required)	I.1 What is the Unique ID? Enter household listing number																																																																											
hh_id2 (required)	I.2 Unique ID double-check. Please re-select the unique ID of this survey																																																																											
state_name (required)	I.3 What is the Name of State?	<table border="1"> <tbody> <tr><td>ANA</td><td>Anambra</td></tr> <tr><td>ENU</td><td>Enugu</td></tr> <tr><td>AKW</td><td>Akwa Ibom</td></tr> <tr><td>ADA</td><td>Adamawa</td></tr> <tr><td>ABI</td><td>Abia</td></tr> <tr><td>BAU</td><td>Bauchi</td></tr> <tr><td>BAY</td><td>Bayelsa</td></tr> <tr><td>BEN</td><td>Benue</td></tr> <tr><td>BOR</td><td>Borno</td></tr> <tr><td>CRO</td><td>Cross River</td></tr> <tr><td>DEL</td><td>Delta</td></tr> <tr><td>EBO</td><td>Ebonyi</td></tr> <tr><td>EDO</td><td>Edo</td></tr> <tr><td>EKI</td><td>Ekiti</td></tr> <tr><td>FCT</td><td>FCT</td></tr> <tr><td>GOM</td><td>Gombe</td></tr> <tr><td>IMO</td><td>Imo</td></tr> <tr><td>JIG</td><td>Jigawa</td></tr> <tr><td>KAD</td><td>Kaduna</td></tr> <tr><td>KAN</td><td>Kano</td></tr> <tr><td>KAT</td><td>Katsina</td></tr> <tr><td>KEB</td><td>Kebbi</td></tr> <tr><td>KOG</td><td>Kogi</td></tr> <tr><td>KWA</td><td>Kwara</td></tr> <tr><td>LAG</td><td>Lagos</td></tr> <tr><td>NAS</td><td>Nasarawa</td></tr> <tr><td>NIG</td><td>Niger</td></tr> <tr><td>OGU</td><td>Ogun</td></tr> <tr><td>OND</td><td>Ondo</td></tr> <tr><td>OSU</td><td>Osun</td></tr> <tr><td>OYO</td><td>Oyo</td></tr> <tr><td>PLA</td><td>Plateau</td></tr> <tr><td>RIV</td><td>Rivers</td></tr> <tr><td>SOK</td><td>Sokoto</td></tr> <tr><td>TAR</td><td>Taraba</td></tr> <tr><td>YOB</td><td>Yobe</td></tr> <tr><td>ZAM</td><td>Zamfara</td></tr> </tbody> </table>	ANA	Anambra	ENU	Enugu	AKW	Akwa Ibom	ADA	Adamawa	ABI	Abia	BAU	Bauchi	BAY	Bayelsa	BEN	Benue	BOR	Borno	CRO	Cross River	DEL	Delta	EBO	Ebonyi	EDO	Edo	EKI	Ekiti	FCT	FCT	GOM	Gombe	IMO	Imo	JIG	Jigawa	KAD	Kaduna	KAN	Kano	KAT	Katsina	KEB	Kebbi	KOG	Kogi	KWA	Kwara	LAG	Lagos	NAS	Nasarawa	NIG	Niger	OGU	Ogun	OND	Ondo	OSU	Osun	OYO	Oyo	PLA	Plateau	RIV	Rivers	SOK	Sokoto	TAR	Taraba	YOB	Yobe	ZAM	Zamfara
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healthcare_name (required)	I.4 What is the Name of the Primary Healthcare Facility?	<table border="1"> <tbody> <tr><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5</td></tr> <tr><td>6</td><td>6</td></tr> <tr><td>7</td><td>7</td></tr> <tr><td>8</td><td>8</td></tr> <tr><td>9</td><td>9</td></tr> <tr><td>10</td><td>10</td></tr> <tr><td>11</td><td>11</td></tr> <tr><td>12</td><td>12</td></tr> <tr><td>13</td><td>13</td></tr> <tr><td>14</td><td>14</td></tr> <tr><td>15</td><td>15</td></tr> <tr><td>16</td><td>16</td></tr> <tr><td>17</td><td>17</td></tr> <tr><td>18</td><td>18</td></tr> </tbody> </table>	1	1	2	2	3	3	4	4	5	5	6	6	7	7	8	8	9	9	10	10	11	11	12	12	13	13	14	14	15	15	16	16	17	17	18	18																																						
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village_place (required)	I.5 Enumerator, please record the type of setting	1	Rural
		2	Peri-urban
		3	Urban
village_name (required)	I.6 What is the Name of the Village?		
structures (required)	I.7 What is the estimated number of structures in this community? This information is provided by your supervisor		
enumeration_areas1 (required)	I.8 How many enumeration areas (EAs) was this community divided into? This information is provided by your supervisor		
enumeration_areas2 (required)	I.9 How many enumeration areas (EAs) were fully listed in this community? This information is provided by your supervisor		
note_0b	Re-contact Information Now I would like to ask you for some information so that we can re-contact you next year		
Re-contact Information			
name_contact (required)	II.1 What is your name?		
head_hh (required)	II.2 Are you the Head of the Household? It is important that you explain the definition of a household so that you situate the following questions in the context of a household.	1	Yes
		0	No
hh_ownership_mobilephone_1 (required)	II.3 Do you have Mobile Phone?	1	Yes
		0	No
hh_mobilephone_number_1 (required)	II.4 Could you please tell me your personal cellphone number?		
	II.5 Does the head of the household have Mobile Phone?	1	Yes

hh_ownership_mobilephone_0 (required)		0	No
hh_mobilephone_number_0 (required)	II.6 Could you please tell me his/her personal cellphone number?		
mother_hh (required)	II.7 Are you also the woman who gave birth in the last three months?	1	Yes
		0	No
m_ownership_mobilephone_1 (required)	II.8 Do you have Mobile Phone?	1	Yes
		0	No
m_mobilephone_number_1 (required)	II.9 Could you please tell me your personal cellphone number?		
m_ownership_mobilephone_0 (required)	II.10 Does the woman that gave birth in the last 3 months have a mobile phone?	1	Yes
		0	No
m_mobilephone_number_0 (required)	II.11 Could you please tell me her personal cellphone number?		
Questionnaire			
note_1a	Section 1 - Household Roster RESPONDENT: 1° OPTION: Women who have given birth in the last THREE months (THIS CHILD IS THE SELECTED CHILD) 2° OPTION: Household head if primary respondent can not answer some questions		
Questionnaire > Section 1 - Household Roster			
c_num_hh (required)	1.1 How many children LESS THAN 12 years old live in the household? Please ensure that you get the accurate number of children below the age of 12. This is a very important question. In other not to miss any that listing in chronological order from the oldest child below 12 years old and ensure you get to the child below 3 months if the child is still alive. Include all the children less than 12 years, ie, 0-11 years old starting with the youngest to the oldest		
Questionnaire > Section 1 - Household Roster			
c_name_hh1 (required)	1.2.1 What is his/her name? (Child 1) Enter 'First Name'		
c_age_hh1 (required)	1.2.2 What is [c_name_hh1]'s age? YEARS. If the answer is I DON'T KNOW record "-888" and if the answer is REFUSED TO ANSWER record "-999"		
c_age_hh1_months (required)	1.2.3 Months MONTHS		
Questionnaire > Section 1 - Household Roster			
c_name_hh2 (required)	1.3.1 What is his/her name? (Child 2) Enter 'First Name'		
c_age_hh2 (required)	1.3.2 What is [c_name_hh2]'s age? YEARS. If the answer is I DON'T KNOW record "-888" and if the answer is REFUSED TO ANSWER record "-999"		
c_age_hh2_months (required)	1.3.3. Months MONTHS		
Questionnaire > Section 1 - Household Roster			
c_name_hh3 (required)	1.4.1 What is his/her name? (Child 3) Enter 'First Name'		
c_age_hh3 (required)	1.4.2 What is [c_name_hh3]'s age? YEARS. If the answer is I DON'T KNOW record "-888" and if the answer is REFUSED TO ANSWER record "-999"		
c_age_hh3_months (required)	1.4.3 Months MONTHS		
Questionnaire > Section 1 - Household Roster			
c_name_hh4 (required)	1.5.1 What is his/her name? (Child 4) Enter 'First Name'		
c_age_hh4 (required)	1.5.2 What is [c_name_hh4]'s age? YEARS. If the answer is I DON'T KNOW record "-888" and if the answer is REFUSED TO ANSWER record "-999"		
c_age_hh4_months (required)	1.5.3 Months MONTHS		
Questionnaire > Section 1 - Household Roster			
c_name_hh5 (required)	1.6.1 What is his/her name? (Child 5) Enter 'First Name'		
c_age_hh5 (required)	1.6.2 What is [c_name_hh5]'s age? YEARS. If the answer is I DON'T KNOW record "-888" and if the answer is REFUSED TO ANSWER record "-999"		
c_age_hh5_months (required)	1.6.3 Months MONTHS		
Questionnaire > Section 1 - Household Roster			
c_name_hh6 (required)	1.7.1 What is his/her name? (Child 6) Enter 'First Name'		
c_age_hh6 (required)	1.7.2 What is [c_name_hh6]'s age? YEARS. If the answer is I DON'T KNOW record "-888" and if the answer is REFUSED TO ANSWER record "-999"		
c_age_hh6_months (required)	1.7.3 Months MONTHS		
Questionnaire > Section 1 - Household Roster			
c_name_hh7 (required)	1.8.1 What is his/her name? (Child 7) Enter 'First Name'		
c_age_hh7 (required)	1.8.2 What is [c_name_hh7]'s age? YEARS. If the answer is I DON'T KNOW record "-888" and if the answer is REFUSED TO ANSWER record "-999"		
c_age_hh7_months (required)	1.8.3 Months MONTHS		
Questionnaire > Section 1 - Household Roster			
c_name_hh8 (required)	1.9.1 What is his/her name? (Child 8)		

	Enter 'First Name'																																			
c_age_hh8 (required)	1.9.2 What is [c_name_hh8]'s age? YEARS. If the answer is I DON'T KNOW record "-888" and if the answer is REFUSED TO ANSWER record "-999"																																			
c_age_hh8_months (required)	1.9.3 Months MONTHS																																			
Questionnaire > Section 1 - Household Roster																																				
num_hh (required)	1.10 How many members who are 12 years or older live IN the household (including you)? Please ensure that you get the accurate number of persons in the household older than 12 years old. Ensure that you also count the respondent. Include all these members of the household PLUS the respondent who are 12 years or older, ie, 12-120 years old																																			
Questionnaire > Section 1 - Household Roster																																				
name_hh1 (required)	1.11.1 What is your name? START WITH THE INTERVIEWEE: HEAD OF HH OR MOTHER SELECTED CHILD. Enter 'First Name' and 'Surname(Last Name)'																																			
age_hh1 (required)	1.11.2 What is your age? YEARS. If the answer is I DON'T KNOW record "-888" and if the answer is REFUSED TO ANSWER record "-999"																																			
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name_hh2 (required)	1.12.1 What is his/her name? (member 2) IF POSSIBLE CONTINUE WITH THE MOTHER SELECTED CHILD OR HEAD OF HH. Enter 'First Name'																																			
age_hh2 (required)	1.12.2 What is [name_hh2]'s age? YEARS. If the answer is I DON'T KNOW record "-888" and if the answer is REFUSED TO ANSWER record "-999"																																			
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note_1b	Now I will ask you a few more questions about each of these family members																																			
Questionnaire > Section 1 - Household Roster																																				
relationhh_hh1 (required)	1.11.3 What is your relationship to the head of the household?	<table border="1"> <tr><td>1</td><td>Head of household</td></tr> <tr><td>2</td><td>Spouse (wife/husband)</td></tr> <tr><td>3</td><td>Own son/daughter</td></tr> <tr><td>4</td><td>Step son/daughter</td></tr> <tr><td>5</td><td>Son/Daughter in-law</td></tr> <tr><td>6</td><td>Grandchild</td></tr> <tr><td>7</td><td>Brother/Sister</td></tr> <tr><td>8</td><td>Parent</td></tr> <tr><td>9</td><td>Parent-in-law</td></tr> <tr><td>10</td><td>Niece/Nephew</td></tr> <tr><td>11</td><td>Other relative</td></tr> <tr><td>12</td><td>Domestic help</td></tr> <tr><td>13</td><td>Other non_relative</td></tr> <tr><td>14</td><td>Co-wife</td></tr> <tr><td>-888</td><td>-888</td></tr> <tr><td>-999</td><td>-999</td></tr> <tr><td>other</td><td>Other</td></tr> </table>	1	Head of household	2	Spouse (wife/husband)	3	Own son/daughter	4	Step son/daughter	5	Son/Daughter in-law	6	Grandchild	7	Brother/Sister	8	Parent	9	Parent-in-law	10	Niece/Nephew	11	Other relative	12	Domestic help	13	Other non_relative	14	Co-wife	-888	-888	-999	-999	other	Other
1	Head of household																																			
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14	Co-wife																																			
-888	-888																																			
-999	-999																																			
other	Other																																			

relationhh_hh1_other	Specify other.		
gender_hh1 (required)	1.11.4 Enumerator: record whether the respondent is male or female DO NOT ASK THIS QUESTION OUT LOUD	1	Female
		2	Male
mw_ethnia (required)	1.11.5 What is your ETHNIC group?	1	Hausa
		2	Fulani
		3	Igbo
		4	Yoruba
		-888	-888
		-999	-999
		other	Other
mw_ethnia_other	Specify other.		
mw_religion (required)	1.11.6 What is your RELIGION?	1	None
		2	Christianity
		3	Muslim/Islam
		4	Traditional
		-888	-888
		-999	-999
		other	Other
mw_religion_other	Specify other.		
mw_language (required)	1.11.7 What is your maternal LANGUAGE?	1	English
		2	Yoruba
		3	Igbo
		4	Hausa
		5	Fulani
		6	Tiv
		7	Urhobo
		8	Isekiri
		9	Igala
		10	Gbagyi
		11	Idoma
		12	Efik
		13	Ibibio
		14	Nupe
		15	Ikwere
		16	Kanuri
		-888	-888
		-999	-999
		other	Other
mw_language_other	Specify other.		
relationchild_hh1 (required)	1.11.8 What is your relationship to the selected child? The Selected Child is the child that was born less than 3 months ago	1	Mother
		2	Father
		3	Brother/Sister
		4	Grandfather/Grandmother
		5	Uncle/Aunt
		6	Cousin
		7	Other relative
		8	Domestic help
		9	Other non_relative
		-888	-888
		-999	-999
		other	Other
relationchild_hh1_other	Specify other.		
surname_hh1 (required)	1.11.9 What is your surname?		
marital_hh1 (required)	1.11.10 What is your present marital status?	1	Never married
		2	Monogamously married
		3	Polygamously married
		4	Cohabit
		5	Divorced/Separated
		6	Widowed
		-888	-888
		-999	-999
		other	Other

		other	Other
marital_hh1_other	Specify other.		
order_marital_hh1 (required)	1.11.11 What order of wife are you?		
relationhh_hh2 (required)	1.12.3 What is [name_hh2]'s (of [age_hh2] years) relationship to the head of the household?	1	Head of household
		2	Spouse (wife/husband)
		3	Own son/daughter
		4	Step son/daughter
		5	Son/Daughter in-law
		6	Grandchild
		7	Brother/Sister
		8	Parent
		9	Parent-in-law
		10	Niece/Nephew
		11	Other relative
		12	Domestic help
		13	Other non_relative
		14	Co-wife
		-888	-888
		-999	-999
		other	Other
relationhh_hh2_other	Specify other.		
gender_hh2 (required)	1.12.4 What is [name_hh2]'s (of [age_hh2] years) gender?	1	Female
		2	Male
relationchild_hh2 (required)	1.12.5 What is [name_hh2]'s (of [age_hh2] years) relationship to the selected child? The Selected Child is the child that was born less than 3 months ago	1	Mother
		2	Father
		3	Brother/Sister
		4	Grandfather/Grandmother
		5	Uncle/Aunt
		6	Cousin
		7	Other relative
		8	Domestic help
		9	Other non_relative
		-888	-888
		-999	-999
		other	Other
relationchild_hh2_other	Specify other.		
surname_hh2 (required)	1.12.6 What is [name_hh2]'s (of [age_hh2] years) surname?		
marital_hh2 (required)	1.12.7 What is [name_hh2]'s (of [age_hh2] years) present marital status?	1	Never married
		2	Monogamously married
		3	Polygamously married
		4	Cohabit
		5	Divorced/Separated
		6	Widowed
		-888	-888
		-999	-999
		other	Other
marital_hh2_other	Specify other.		
order_marital_hh2 (required)	1.12.8 What order of wife is she?		
religion_hh2 (required)	1.12.9 What is [name_hh2]'s (of [age_hh2] years) religion?	1	None
		2	Christianity
		3	Muslim/Islam
		4	Traditional
		-888	-888
		-999	-999
		other	Other
religion_hh2_other	Specify other.		
relationhh_hh3 (required)	1.13.3 What is [name_hh3]'s (of [age_hh3] years) relationship to the head of the household?	1	Head of household
		2	Spouse (wife/husband)
		3	Own son/daughter
		4	Step son/daughter
		5	Son/Daughter in-law
		6	Grandchild
		7	Brother/Sister

		8	Parent
		9	Parent-in-law
		10	Niece/Nephew
		11	Other relative
		12	Domestic help
		13	Other non_relative
		14	Co-wife
		-888	-888
		-999	-999
		other	Other
relationhh_hh3_other	Specify other.		
gender_hh3 (required)	1.13.4 What is [name_hh3]'s (of [age_hh3] years) gender?	1	Female
		2	Male
relationchild_hh3 (required)	1.13.5 What is [name_hh3]'s (of [age_hh3] years) relationship to the selected child? The Selected Child is the child that was born less than 3 months ago	1	Mother
		2	Father
		3	Brother/Sister
		4	Grandfather/Grandmother
		5	Uncle/Aunt
		6	Cousin
		7	Other relative
		8	Domestic help
		9	Other non_relative
		-888	-888
		-999	-999
		other	Other
relationchild_hh3_other	Specify other.		
surname_hh3 (required)	1.13.6 What is [name_hh3]'s (of [age_hh3] years) surname?		
marital_hh3 (required)	1.13.7 What is [name_hh3]'s (of [age_hh3] years) present marital status?	1	Never married
		2	Monogamously married
		3	Polygamously married
		4	Cohabit
		5	Divorced/Separated
		6	Widowed
		-888	-888
		-999	-999
		other	Other
marital_hh3_other	Specify other.		
order_marital_hh3 (required)	1.13.8 What order of wife is she?		
religion_hh3 (required)	1.13.9 What is [name_hh3]'s (of [age_hh3] years) religion?	1	None
		2	Christianity
		3	Muslim/Islam
		4	Traditional
		-888	-888
		-999	-999
		other	Other
religion_hh3_other	Specify other.		
relationhh_hh4 (required)	1.14.3 What is [name_hh4]'s (of [age_hh4] years) relationship to the head of the household?	1	Head of household
		2	Spouse (wife/husband)
		3	Own son/daughter
		4	Step son/daughter
		5	Son/Daughter in-law
		6	Grandchild
		7	Brother/Sister
		8	Parent
		9	Parent-in-law
		10	Niece/Nephew
		11	Other relative
		12	Domestic help
		13	Other non_relative
		14	Co-wife
		-888	-888

		-999 -999
		other Other
relationhh_hh4_other	Specify other.	
gender_hh4 (required)	1.14.4 What is [name_hh4]'s (of [age_hh4] years) gender?	1 Female 2 Male
relationchild_hh4 (required)	1.14.5 What is [name_hh4]'s (of [age_hh4] years) relationship to the selected child? The Selected Child is the child that was born less than 3 months ago	1 Mother 2 Father 3 Brother/Sister 4 Grandfather/Grandmother 5 Uncle/Aunt 6 Cousin 7 Other relative 8 Domestic help 9 Other non_relative -888 -888 -999 -999 other Other
relationchild_hh4_other	Specify other.	
surname_hh4 (required)	1.14.6 What is [name_hh4]'s (of [age_hh4] years) surname?	
marital_hh4 (required)	1.14.7 What is [name_hh4]'s (of [age_hh4] years) present marital status?	1 Never married 2 Monogamously married 3 Polygamously married 4 Cohabit 5 Divorced/Separated 6 Widowed -888 -888 -999 -999 other Other
marital_hh4_other	Specify other.	
order_marital_hh4 (required)	1.14.8 What order of wife is she?	
religion_hh4 (required)	1.14.9 What is [name_hh4]'s (of [age_hh4] years) religion?	1 None 2 Christianity 3 Muslim/Islam 4 Traditional -888 -888 -999 -999 other Other
religion_hh4_other	Specify other.	
relationhh_hh5 (required)	1.15.3 What is [name_hh5]'s (of [age_hh5] years) relationship to the head of the household?	1 Head of household 2 Spouse (wife/husband) 3 Own son/daughter 4 Step son/daughter 5 Son/Daughter in-law 6 Grandchild 7 Brother/Sister 8 Parent 9 Parent-in-law 10 Niece/Nephew 11 Other relative 12 Domestic help 13 Other non_relative 14 Co-wife -888 -888 -999 -999 other Other
relationhh_hh5_other	Specify other.	
gender_hh5 (required)	1.15.4 What is [name_hh5]'s (of [age_hh5] years) gender?	1 Female 2 Male
relationchild_hh5 (required)	1.15.5 What is [name_hh5]'s (of [age_hh5] years) relationship to the selected child? The Selected Child is the child that was born less than 3 months ago	1 Mother 2 Father 3 Brother/Sister 4 Grandfather/Grandmother 5 Uncle/Aunt

		5	Uncle/Aunt
		6	Cousin
		7	Other relative
		8	Domestic help
		9	Other non_relative
		-888	-888
		-999	-999
		other	Other
relationchild_hh5_other	Specify other.		
surname_hh5 (required)	1.15.6 What is [name_hh5]'s (of [age_hh5] years) surname?		
marital_hh5 (required)	1.15.7 What is [name_hh5]'s (of [age_hh5] years) present marital status?	1	Never married
		2	Monogamously married
		3	Polygamously married
		4	Cohabit
		5	Divorced/Separated
		6	Widowed
		-888	-888
		-999	-999
		other	Other
marital_hh5_other	Specify other.		
order_marital_hh5 (required)	1.15.8 What order of wife is she?		
religion_hh5 (required)	1.15.9 What is [name_hh5]'s (of [age_hh5] years) religion?	1	None
		2	Christianity
		3	Muslim/Islam
		4	Traditional
		-888	-888
		-999	-999
		other	Other
religion_hh5_other	Specify other.		
relationhh_hh6 (required)	1.16.3 What is [name_hh6]'s (of [age_hh6] years) relationship to the head of the household?	1	Head of household
		2	Spouse (wife/husband)
		3	Own son/daughter
		4	Step son/daughter
		5	Son/Daughter in-law
		6	Grandchild
		7	Brother/Sister
		8	Parent
		9	Parent-in-law
		10	Niece/Nephew
		11	Other relative
		12	Domestic help
		13	Other non_relative
		14	Co-wife
		-888	-888
		-999	-999
		other	Other
relationhh_hh6_other	Specify other.		
gender_hh6 (required)	1.16.4 What is [name_hh6]'s (of [age_hh6] years) gender?	1	Female
		2	Male
relationchild_hh6 (required)	1.16.5 What is [name_hh6]'s (of [age_hh6] years) relationship to the selected child? The Selected Child is the child that was born less than 3 months ago	1	Mother
		2	Father
		3	Brother/Sister
		4	Grandfather/Grandmother
		5	Uncle/Aunt
		6	Cousin
		7	Other relative
		8	Domestic help
		9	Other non_relative
		-888	-888
		-999	-999
		other	Other
relationchild_hh6_other	Specify other.		

surname_hh6 (required)	1.16.6 What is [name_hh6]'s (of [age_hh6] years) surname?		
marital_hh6 (required)	1.16.7 What is [name_hh6]'s (of [age_hh6] years) present marital status?	1	Never married
		2	Monogamously married
		3	Polygamously married
		4	Cohabit
		5	Divorced/Separated
		6	Widowed
		-888	-888
		-999	-999
		other	Other
marital_hh6_other	Specify other.		
order_marital_hh6 (required)	1.16.8 What order of wife is she?		
religion_hh6 (required)	1.16.9 What is [name_hh6]'s (of [age_hh6] years) religion?	1	None
		2	Christianity
		3	Muslim/Islam
		4	Traditional
		-888	-888
		-999	-999
		other	Other
		religion_hh6_other	Specify other.
relationhh_hh7 (required)	1.17.3 What is [name_hh7]'s (of [age_hh7] years) relationship to the head of the household?	1	Head of household
		2	Spouse (wife/husband)
		3	Own son/daughter
		4	Step son/daughter
		5	Son/Daughter in-law
		6	Grandchild
		7	Brother/Sister
		8	Parent
		9	Parent-in-law
		10	Niece/Nephew
		11	Other relative
		12	Domestic help
		13	Other non_relative
		14	Co-wife
		-888	-888
-999	-999		
other	Other		
relationhh_hh7_other	Specify other.		
gender_hh7 (required)	1.17.4 What is [name_hh7]'s (of [age_hh7] years) gender?	1	Female
		2	Male
relationchild_hh7 (required)	1.17.5 What is [name_hh7]'s (of [age_hh7] years) relationship to the selected child? The Selected Child is the child that was born less than 3 months ago	1	Mother
		2	Father
		3	Brother/Sister
		4	Grandfather/Grandmother
		5	Uncle/Aunt
		6	Cousin
		7	Other relative
		8	Domestic help
		9	Other non_relative
		-888	-888
		-999	-999
		other	Other
relationchild_hh7_other	Specify other.		
surname_hh7 (required)	1.17.6 What is [name_hh7]'s (of [age_hh7] years) surname?		
marital_hh7 (required)	1.17.7 What is [name_hh7]'s (of [age_hh7] years) present marital status?	1	Never married
		2	Monogamously married
		3	Polygamously married
		4	Cohabit
		5	Divorced/Separated
		6	Widowed
		-888	-888
		-999	-999
		other	Other

		other	Other
marital_hh7_other	Specify other.		
order_marital_hh7 (required)	1.17.8 What order of wife is she?		
religion_hh7 (required)	1.17.9 What is [name_hh7]'s (of [age_hh7] years) religion?	1	None
		2	Christianity
		3	Muslim/Islam
		4	Traditional
		-888	-888
		-999	-999
		other	Other
religion_hh7_other	Specify other.		
relationhh_hh8 (required)	1.18.3 What is [name_hh8]'s (of [age_hh8] years) relationship to the head of the household?	1	Head of household
		2	Spouse (wife/husband)
		3	Own son/daughter
		4	Step son/daughter
		5	Son/Daughter in-law
		6	Grandchild
		7	Brother/Sister
		8	Parent
		9	Parent-in-law
		10	Niece/Nephew
		11	Other relative
		12	Domestic help
		13	Other non_relative
		14	Co-wife
		-888	-888
		-999	-999
		other	Other
relationhh_hh8_other	Specify other.		
gender_hh8 (required)	1.18.4 What is [name_hh8]'s (of [age_hh8] years) gender?	1	Female
		2	Male
relationchild_hh8 (required)	1.18.5 What is [name_hh8]'s (of [age_hh8] years) relationship to the selected child? The Selected Child is the child that was born less than 3 months ago	1	Mother
		2	Father
		3	Brother/Sister
		4	Grandfather/Grandmother
		5	Uncle/Aunt
		6	Cousin
		7	Other relative
		8	Domestic help
		9	Other non_relative
		-888	-888
		-999	-999
		other	Other
relationchild_hh8_other	Specify other.		
surname_hh8 (required)	1.18.6 What is [name_hh8]'s (of [age_hh8] years) surname?		
marital_hh8 (required)	1.18.7 What is [name_hh8]'s (of [age_hh8] years) present marital status?	1	Never married
		2	Monogamously married
		3	Polygamously married
		4	Cohabit
		5	Divorced/Separated
		6	Widowed
		-888	-888
		-999	-999
		other	Other
marital_hh8_other	Specify other.		
order_marital_hh8 (required)	1.18.8 What order of wife is she?		
religion_hh8 (required)	1.18.9 What is [name_hh8]'s (of [age_hh8] years) religion?	1	None
		2	Christianity
		3	Muslim/Islam
		4	Traditional
		-888	-888
		-999	-999

		000	000
		other	Other
religion_hh8_other	Specify other.		
c_relationhh_hh1 (required)	1.2.4 What is [c_name_hh1]'s (of [c_age_hh1] years) relationship to the head of the household?	1	Own son/daughter
		2	Step son/daughter
		3	Son/Daughter in-law
		4	Grandchild
		5	Brother/Sister
		6	Niece/Nephew
		7	Other relative
		8	Other non_relative
		-888	-888
		-999	-999
		other	Other
c_relationhh_hh1_other	Specify other.		
c_gender_hh1 (required)	1.2.5 What is [c_name_hh1]'s (of [c_age_hh1] years) gender?	1	Female
		2	Male
c_relationhh_hh2 (required)	1.3.4 What is [c_name_hh2]'s (of [c_age_hh2] years) relationship to the head of the household?	1	Own son/daughter
		2	Step son/daughter
		3	Son/Daughter in-law
		4	Grandchild
		5	Brother/Sister
		6	Niece/Nephew
		7	Other relative
		8	Other non_relative
		-888	-888
		-999	-999
		other	Other
c_relationhh_hh2_other	Specify other.		
c_gender_hh2 (required)	1.3.5 What is [c_name_hh2]'s (of [c_age_hh2] years) gender?	1	Female
		2	Male
c_relationhh_hh3 (required)	1.4.4 What is [c_name_hh3]'s (of [c_age_hh3] years) relationship to the head of the household?	1	Own son/daughter
		2	Step son/daughter
		3	Son/Daughter in-law
		4	Grandchild
		5	Brother/Sister
		6	Niece/Nephew
		7	Other relative
		8	Other non_relative
		-888	-888
		-999	-999
		other	Other
c_relationhh_hh3_other	Specify other.		
c_gender_hh3 (required)	1.4.5 What is [c_name_hh3]'s (of [c_age_hh3] years) gender?	1	Female
		2	Male
c_relationhh_hh4 (required)	1.5.4 What is [c_name_hh4]'s (of [c_age_hh4] years) relationship to the head of the household?	1	Own son/daughter
		2	Step son/daughter
		3	Son/Daughter in-law
		4	Grandchild
		5	Brother/Sister
		6	Niece/Nephew
		7	Other relative
		8	Other non_relative
		-888	-888
		-999	-999
		other	Other
c_relationhh_hh4_other	Specify other.		
c_gender_hh4 (required)	1.5.5 What is [c_name_hh4]'s (of [c_age_hh4] years) gender?	1	Female
		2	Male
c_relationhh_hh5 (required)	1.6.4 What is [c_name_hh5]'s (of [c_age_hh5] years) relationship to the head of the household?	1	Own son/daughter
		2	Step son/daughter
		3	Son/Daughter in-law

		<table border="1"> <tr><td>4</td><td>Grandchild</td></tr> <tr><td>5</td><td>Brother/Sister</td></tr> <tr><td>6</td><td>Niece/Nephew</td></tr> <tr><td>7</td><td>Other relative</td></tr> <tr><td>8</td><td>Other non_relative</td></tr> <tr><td>-888</td><td>-888</td></tr> <tr><td>-999</td><td>-999</td></tr> <tr><td>other</td><td>Other</td></tr> </table>	4	Grandchild	5	Brother/Sister	6	Niece/Nephew	7	Other relative	8	Other non_relative	-888	-888	-999	-999	other	Other						
4	Grandchild																							
5	Brother/Sister																							
6	Niece/Nephew																							
7	Other relative																							
8	Other non_relative																							
-888	-888																							
-999	-999																							
other	Other																							
c_relationhh_hh5_other	Specify other.																							
c_gender_hh5 (required)	1.6.5 What is [c_name_hh5]'s (of [c_age_hh5] years) gender?	<table border="1"> <tr><td>1</td><td>Female</td></tr> <tr><td>2</td><td>Male</td></tr> </table>	1	Female	2	Male																		
1	Female																							
2	Male																							
c_relationhh_hh6 (required)	1.7.4 What is [c_name_hh6]'s (of [c_age_hh6] years) relationship to the head of the household?	<table border="1"> <tr><td>1</td><td>Own son/daughter</td></tr> <tr><td>2</td><td>Step son/daughter</td></tr> <tr><td>3</td><td>Son/Daughter in-law</td></tr> <tr><td>4</td><td>Grandchild</td></tr> <tr><td>5</td><td>Brother/Sister</td></tr> <tr><td>6</td><td>Niece/Nephew</td></tr> <tr><td>7</td><td>Other relative</td></tr> <tr><td>8</td><td>Other non_relative</td></tr> <tr><td>-888</td><td>-888</td></tr> <tr><td>-999</td><td>-999</td></tr> <tr><td>other</td><td>Other</td></tr> </table>	1	Own son/daughter	2	Step son/daughter	3	Son/Daughter in-law	4	Grandchild	5	Brother/Sister	6	Niece/Nephew	7	Other relative	8	Other non_relative	-888	-888	-999	-999	other	Other
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-888	-888																							
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other	Other																							
c_relationhh_hh6_other	Specify other.																							
c_gender_hh6 (required)	1.7.5 What is [c_name_hh6]'s (of [c_age_hh6] years) gender?	<table border="1"> <tr><td>1</td><td>Female</td></tr> <tr><td>2</td><td>Male</td></tr> </table>	1	Female	2	Male																		
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c_relationhh_hh7 (required)	1.8.4 What is [c_name_hh7]'s (of [c_age_hh7] years) relationship to the head of the household?	<table border="1"> <tr><td>1</td><td>Own son/daughter</td></tr> <tr><td>2</td><td>Step son/daughter</td></tr> <tr><td>3</td><td>Son/Daughter in-law</td></tr> <tr><td>4</td><td>Grandchild</td></tr> <tr><td>5</td><td>Brother/Sister</td></tr> <tr><td>6</td><td>Niece/Nephew</td></tr> <tr><td>7</td><td>Other relative</td></tr> <tr><td>8</td><td>Other non_relative</td></tr> <tr><td>-888</td><td>-888</td></tr> <tr><td>-999</td><td>-999</td></tr> <tr><td>other</td><td>Other</td></tr> </table>	1	Own son/daughter	2	Step son/daughter	3	Son/Daughter in-law	4	Grandchild	5	Brother/Sister	6	Niece/Nephew	7	Other relative	8	Other non_relative	-888	-888	-999	-999	other	Other
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c_relationhh_hh7_other	Specify other.																							
c_gender_hh7 (required)	1.8.5 What is [c_name_hh7]'s (of [c_age_hh7] years) gender?	<table border="1"> <tr><td>1</td><td>Female</td></tr> <tr><td>2</td><td>Male</td></tr> </table>	1	Female	2	Male																		
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c_relationhh_hh8 (required)	1.9.4 What is [c_name_hh8]'s (of [c_age_hh8] years) relationship to the head of the household?	<table border="1"> <tr><td>1</td><td>Own son/daughter</td></tr> <tr><td>2</td><td>Step son/daughter</td></tr> <tr><td>3</td><td>Son/Daughter in-law</td></tr> <tr><td>4</td><td>Grandchild</td></tr> <tr><td>5</td><td>Brother/Sister</td></tr> <tr><td>6</td><td>Niece/Nephew</td></tr> <tr><td>7</td><td>Other relative</td></tr> <tr><td>8</td><td>Other non_relative</td></tr> <tr><td>-888</td><td>-888</td></tr> <tr><td>-999</td><td>-999</td></tr> <tr><td>other</td><td>Other</td></tr> </table>	1	Own son/daughter	2	Step son/daughter	3	Son/Daughter in-law	4	Grandchild	5	Brother/Sister	6	Niece/Nephew	7	Other relative	8	Other non_relative	-888	-888	-999	-999	other	Other
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c_gender_hh8 (required)	1.9.5 What is [c_name_hh8]'s (of [c_age_hh8] years) gender?	<table border="1"> <tr><td>1</td><td>Female</td></tr> <tr><td>2</td><td>Male</td></tr> </table>	1	Female	2	Male																		
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note_2	Section 2 - Education Now I will ask you a few more questions about EDUCATION																							
Questionnaire > Section 2 - Education																								
mothertongue_hh1 (required)	2.1.1 What is (your) the Head of the Household's mother tongue? USE (your) if interviewee IS the Head of the Household	<table border="1"> <tr><td>1</td><td>English</td></tr> <tr><td>2</td><td>Yoruba</td></tr> <tr><td>3</td><td>Igbo</td></tr> <tr><td>4</td><td>Hausa</td></tr> <tr><td>5</td><td>Fulani</td></tr> </table>	1	English	2	Yoruba	3	Igbo	4	Hausa	5	Fulani												
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		6	Tiv
		7	Urhobo
		8	Isekiri
		9	Igala
		10	Gbagyi
		11	Idoma
		12	Efik
		13	Ibibio
		14	Nupe
		15	Ikwere
		16	Kanuri
		-888	-888
		-999	-999
		other	Other
mothertongue_hh1_other	Specify other.		
read_hh1 (required)	2.1.2 Can (you) he/she read? USE (you) if interviewee IS the Head of the Household	1	Yes
		0	No
write_hh1 (required)	2.1.3 Can (you) he/she write? USE (you) if interviewee IS the Head of the Household	1	Yes
		0	No
schoolnow_hh1 (required)	2.1.4 (Are you) Is he/she currently in school? USE (are you) if interviewee IS the Head of the Household	1	Yes
		0	No
gradenow_hh1 (required)	2.1.5 What grade/level (are you) is he/she currently attending? USE (are you) if interviewee IS the Head of the Household	1	Nursery
		2	Primary Grade 1
		3	Primary Grade 2
		4	Primary Grade 3
		5	Primary Grade 4
		6	Primary Grade 5
		7	Primary Grade 6
		8	Junior Secondary
		9	Senior Secondary
		10	Tertiary/Post-Secondary
		11	-9999
		-888	-888
		-999	-999
		other	Other
gradenow_hh1_other	Specify other.		
schoolbefore_hh1 (required)	2.1.6 (Have you) Has he/she ever attended school? USE (have you) if interviewee IS the Head of the Household	1	Yes
		0	No
gradebefore_hh1 (required)	2.1.7 What is the highest grade/level (you have) he/she has completed in school? USE (you have) if interviewee IS the Head of the Household	1	Nursery
		2	Primary Grade 1
		3	Primary Grade 2
		4	Primary Grade 3
		5	Primary Grade 4
		6	Primary Grade 5
		7	Primary Grade 6
		8	Junior Secondary
		9	Senior Secondary
		10	Tertiary/Post-Secondary
		11	-9999
		-888	-888
		-999	-999
		other	Other
gradebefore_hh1_other	Specify other.		
mothertongue_hh2 (required)	2.2.1 What is the native language of the Mother of the child?	1	English
		2	Yoruba
		3	Igbo
		4	Hausa
		5	Fulani
		6	Tiv
		7	Urhobo
		8	Isekiri
		9	Igala

		10 Gbagyi
		11 Idoma
		12 Efik
		13 Ibibio
		14 Nupe
		15 Ikwere
		16 Kanuri
		-888 -888
		-999 -999
		other Other
mothertongue_hh2_other	Specify other.	
read_hh2 (required)	2.2.2 Can you/she read? USE (you) if interviewee IS the Mother of the Child	1 Yes 0 No
write_hh2 (required)	2.2.3 Can you/she write? USE (you) if interviewee IS the Mother of the Child	1 Yes 0 No
schoolnow_hh2 (required)	2.2.4 Are you/Is she currently in school? USE (are you) if interviewee IS the Mother of the Child	1 Yes 0 No
gradenow_hh2 (required)	2.2.5 What grade/level are you/is she currently attending? USE (are you) if interviewee IS the Mother of the Child	1 Nursery 2 Primary Grade 1 3 Primary Grade 2 4 Primary Grade 3 5 Primary Grade 4 6 Primary Grade 5 7 Primary Grade 6 8 Junior Secondary 9 Senior Secondary 10 Tertiary/Post-Secondary 11 -9999 -888 -888 -999 -999 other Other
gradenow_hh2_other	Specify other.	
schoolbefore_hh2 (required)	2.2.6 Have you/Has she ever attended school? USE (have you) if interviewee IS the Mother of the Child	1 Yes 0 No
gradebefore_hh2 (required)	2.2.7 What is the highest grade/level you have/she has completed in school? USE (you have) if interviewee IS the Mother of the Child	1 Nursery 2 Primary Grade 1 3 Primary Grade 2 4 Primary Grade 3 5 Primary Grade 4 6 Primary Grade 5 7 Primary Grade 6 8 Junior Secondary 9 Senior Secondary 10 Tertiary/Post-Secondary 11 -9999 -888 -888 -999 -999 other Other
gradebefore_hh2_other	Specify other.	
note_3a	Section 3 - Transfers and Other Income Now I will ask you a few more questions about TRANSFERS AND OTHER INCOME for each of the family members	
Questionnaire > Section 3 - Transfers and Other Income		
workhours_hh1 (required)	3.1.1 How many HOURS per DAY do you normally work as an employee, or in the family business, or in the field/farm? If the answer is ZERO record "0"	
workdays_hh1 (required)	3.1.2 How many DAYS per week do you normally work as an employee, or in the family business, or in the field/farm? If the answer is ZERO record "0"	
work_fixedwage_hh1 (required)	3.1.3 Do you work for a fixed wage?	1 Yes 0 No
Questionnaire > Section 3 - Transfers and Other Income		
workhours_hh2 (required)	3.2.1 How many HOURS per DAY does [name_hh2] (of [age_hh2] years) normally work as an employee, in the	

	family business or in the field? If the answer is ZERO record "0"		
workdays_hh2 (required)	3.2.2 How many DAYS per week does [name_hh2] (of [age_hh2] years) normally work as an employee, in the family business or in the field? If the answer is ZERO record "0"		
work_fixedwage_hh2 (required)	3.2.3 Does [name_hh2] (of [age_hh2] years) work for a fixed wage?	1	Yes
		0	No
Questionnaire > Section 3 - Transfers and Other Income			
workhours_hh3 (required)	3.3.1 How many HOURS per DAY does [name_hh3] (of [age_hh3] years) normally work as an employee, in the family business or in the field? If the answer is ZERO record "0"		
workdays_hh3 (required)	3.3.2 How many DAYS per week does [name_hh3] (of [age_hh3] years) normally work as an employee, in the family business or in the field? If the answer is ZERO record "0"		
work_fixedwage_hh3 (required)	3.3.3 Does [name_hh3] (of [age_hh3] years) work for a fixed wage?	1	Yes
		0	No
Questionnaire > Section 3 - Transfers and Other Income			
workhours_hh4 (required)	3.4.1 How many HOURS per DAY does [name_hh4] (of [age_hh4] years) normally work as an employee, in the family business or in the field? If the answer is ZERO record "0"		
workdays_hh4 (required)	3.4.2 How many DAYS per week does [name_hh4] (of [age_hh4] years) normally work as an employee, in the family business or in the field? If the answer is ZERO record "0"		
work_fixedwage_hh4 (required)	3.4.3 Does [name_hh4] (of [age_hh4] years) work for a fixed wage?	1	Yes
		0	No
Questionnaire > Section 3 - Transfers and Other Income			
workhours_hh5 (required)	3.5.1 How many HOURS per DAY does [name_hh5] (of [age_hh5] years) normally work as an employee, in the family business or in the field? If the answer is ZERO record "0"		
workdays_hh5 (required)	3.5.2 How many DAYS per week does [name_hh5] (of [age_hh5] years) normally work as an employee, in the family business or in the field? If the answer is ZERO record "0"		
work_fixedwage_hh5 (required)	3.5.3 Does [name_hh5] (of [age_hh5] years) work for a fixed wage?	1	Yes
		0	No
Questionnaire > Section 3 - Transfers and Other Income			
workhours_hh6 (required)	3.6.1 How many HOURS per DAY does [name_hh6] (of [age_hh6] years) normally work as an employee, in the family business or in the field? If the answer is ZERO record "0"		
workdays_hh6 (required)	3.6.2 How many DAYS per week does [name_hh6] (of [age_hh6] years) normally work as an employee, in the family business or in the field? If the answer is ZERO record "0"		
work_fixedwage_hh6 (required)	3.6.3 Does [name_hh6] (of [age_hh6] years) work for a fixed wage?	1	Yes
		0	No
Questionnaire > Section 3 - Transfers and Other Income			
workhours_hh7 (required)	3.7.1 How many HOURS per DAY does [name_hh7] (of [age_hh7] years) normally work as an employee, in the family business or in the field? If the answer is ZERO record "0"		
workdays_hh7 (required)	3.7.2 How many DAYS per week does [name_hh7] (of [age_hh7] years) normally work as an employee, in the family business or in the field? If the answer is ZERO record "0"		
work_fixedwage_hh7 (required)	3.7.3 Does [name_hh7] (of [age_hh7] years) work for a fixed wage?	1	Yes
		0	No
Questionnaire > Section 3 - Transfers and Other Income			
workhours_hh8 (required)	3.8.1 How many HOURS per DAY does [name_hh8] (of [age_hh8] years) normally work as an employee, in the family business or in the field? If the answer is ZERO record "0"		
workdays_hh8 (required)	3.8.2 How many DAYS per week does [name_hh8] (of [age_hh8] years) normally work as an employee, in the family business or in the field? If the answer is ZERO record "0"		
work_fixedwage_hh8 (required)	3.8.3 Does [name_hh8] (of [age_hh8] years) work for a fixed wage?	1	Yes
		0	No
note_3b	Section 3B - Adverse events Now I will ask you a few more questions about Adverse events		
Questionnaire > Section 3B - Adverse events			
adverseevents (required)	3.9 In the last 3 months, did your HOUSEHOLD suffer from any of the adverse events? Probe without reading out options (Select all that apply)	1	Yes, theft
		2	Yes, crop loss

		3	Yes, business loss
		4	Yes, illness
		5	Yes, death
		6	No
		other	Other
adverseevents_other	Specify other.		
adverse_events_money1 (required)	3.10 In the last 3 months, how much did the HOUSEHOLD receive from family and friends to help you with these adverse events? Record amount in NAIRA. If the answer is 20,000 record "20,000". DO NOT record "20".		
adverse_events_money2 (required)	3.11 In the last 3 months, how much did the HOUSEHOLD give to family and friends to help them with adverse events? Record amount in NAIRA. if not received at all record "0". If the answer is 20,000 record "20,000". DO NOT record "20".		
note_4a	Section 4 - Household Health Service Utilization and Payment Now I will ask you questions about USE OF HEALTH SERVICES for each of these family members		
Questionnaire > Section 4 - Household Health Service Utilization and Payment			
healthstatus_hh1 (required)	4.1.1 How is your health?	1	Very good
		2	Good
		3	Fair
		4	Poor
		-888	-888
		-999	-999
ill_hh1 (required)	4.1.2 In the past three months have you been ill or in poor health?	1	Yes
		0	No
		-888	-888
		-999	-999
complain_hh1 (required)	4.1.3 What was the complaint of the last illness? DO NOT READ ALOUD THE OPTIONS. Select all that apply	1	Fever/malaria
		2	Cough/chest infection
		3	Headache
		4	Diarrhea
		5	Vomiting
		6	Stomach pain
		7	Anemia
		8	Skin problem
		9	Hypertension/Diabetes
		10	Pregnancy/Obstetric
		-888	-888
		-999	-999
		other	Other
complain_hh1_other	Specify other.		
seek_care_hh1 (required)	4.1.4 For your illness in the last 3 months, I will like to speak with you on the MOST RECENT EPISODE of illness. Did you seek care outside the home?	1	Yes
		0	No
		-888	-888
		-999	-999
get_care_hh1 (required)	4.1.5 Did you get care outside the home?	1	Yes
		0	No
		-888	-888
		-999	-999
placecare_hh1 (required)	4.1.6 Where did you get care LAST outside home for this condition? DO NOT READ ALOUD THE OPTIONS	1	Government Hospital
		2	Government Primary Health Center
		3	Government Health Clinic
		4	Government Health Post
		5	Private Hospital
		6	Private Clinic/Health Post
		7	Home of Medical Personnel
		8	Traditional healer
		9	Faith/Church healer
		10	Pharmacy/Drug seller
		11	Own home
		12	Home of Traditional Birth Attendant

		-888 -888																												
		-999 -999																												
		other Other																												
placecare_hh1_other	Specify other.																													
placecare_nostaff_hh1 (required)	4.1.7 Why didn't you get care in the Primary Health Centre?	<table border="1"> <tr><td>1</td><td>It was closed</td></tr> <tr><td>2</td><td>Not enough staff</td></tr> <tr><td>3</td><td>They do not have drugs</td></tr> <tr><td>4</td><td>They charge too much</td></tr> <tr><td>5</td><td>It is too far</td></tr> <tr><td>6</td><td>Waiting time is too high</td></tr> <tr><td>7</td><td>Not happy with the advice they provide</td></tr> <tr><td>8</td><td>Illness not serious</td></tr> <tr><td>-888</td><td>-888</td></tr> <tr><td>-999</td><td>-999</td></tr> <tr><td>other</td><td>Other</td></tr> </table>	1	It was closed	2	Not enough staff	3	They do not have drugs	4	They charge too much	5	It is too far	6	Waiting time is too high	7	Not happy with the advice they provide	8	Illness not serious	-888	-888	-999	-999	other	Other						
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other	Other																													
placecare_nostaff_hh1_other	Specify other.																													
reason_hh1 (required)	4.1.8 What were the main reasons for choosing this place? DO NOT READ ALOUD THE OPTIONS. Select all that apply	<table border="1"> <tr><td>1</td><td>Needed hospital care</td></tr> <tr><td>2</td><td>Friendly staff</td></tr> <tr><td>3</td><td>Shorter waiting time</td></tr> <tr><td>4</td><td>Medicine available</td></tr> <tr><td>5</td><td>Staff are better qualified</td></tr> <tr><td>6</td><td>Cleaner facility</td></tr> <tr><td>7</td><td>Was cheapest/Free</td></tr> <tr><td>8</td><td>Privacy</td></tr> <tr><td>9</td><td>Was referred</td></tr> <tr><td>10</td><td>Was nearest/closest</td></tr> <tr><td>11</td><td>Specialist</td></tr> <tr><td>-888</td><td>-888</td></tr> <tr><td>-999</td><td>-999</td></tr> <tr><td>other</td><td>Other</td></tr> </table>	1	Needed hospital care	2	Friendly staff	3	Shorter waiting time	4	Medicine available	5	Staff are better qualified	6	Cleaner facility	7	Was cheapest/Free	8	Privacy	9	Was referred	10	Was nearest/closest	11	Specialist	-888	-888	-999	-999	other	Other
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other	Other																													
reason_hh1_other	Specify other.																													
money_hh1 (required)	4.1.9 Do you know how much money was spent for this episode?	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>2</td><td>Free (no cost)</td></tr> <tr><td>-888</td><td>-888</td></tr> <tr><td>-999</td><td>-999</td></tr> </table>	1	Yes	0	No	2	Free (no cost)	-888	-888	-999	-999																		
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Questionnaire > Section 4 - Household Health Service Utilization and Payment > table_list_497a																														
generated_table_list_label_264	4.1.10 How much was paid in total for the _____ that you received for your episode? Record amount in NAIRA. if not received at all record "0". If the answer is 20,000 record "20,000". DO NOT record "20" and if it is NOT APPLICABLE record "-777".																													
table_list_497a_1 (required)	CONSULTATION																													
table_list_497a_2 (required)	TREATMENT (EXCLUDING DRUGS)																													
table_list_497a_3 (required)	DRUGS AT FACILITY																													
table_list_497a_4 (required)	DRUGS OUTSIDE FACILITY																													
table_list_497a_5 (required)	TRANSPORTATION																													
resolve_hh1 (required)	4.1.11 Has this health problem been resolved?	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>-888</td><td>-888</td></tr> <tr><td>-999</td><td>-999</td></tr> </table>	1	Yes	0	No	-888	-888	-999	-999																				
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Questionnaire > Section 4 - Household Health Service Utilization and Payment > table_list_497b																														
generated_table_list_label_272	4.1.12 How much time (hours and minutes) did you wait before being seen by health care worker when you were seen?																													
table_list_497b_1 (required)	HOURS																													
table_list_497b_2 (required)	MINUTES																													
phc_time_hh1 (required)	4.1.13 How many minutes did you spend with the health care worker when you were seen?																													
Questionnaire > Section 4 - Household Health Service Utilization and Payment > Section 4 - Household Health Service Utilization and Payment																														
phc_explain_hh1 (required)	4.1.14 Did the health worker provide enough explanation about your treatment/problems?	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>-888</td><td>-888</td></tr> <tr><td>-999</td><td>-999</td></tr> </table>	1	Yes	0	No	-888	-888	-999	-999																				
1	Yes																													
0	No																													
-888	-888																													
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phc_happiness_hh1 (required)	4.1.15 Were you happy with the privacy given?	<table border="1"> <tr><td>1</td><td>Yes</td></tr> </table>	1	Yes																										
1	Yes																													

		0	No
		-888	-888
		-999	-999
phc_equipment_hh1 (required)	4.1.16 Do you know or were you told whether the health facility lacked any of the required equipment?	1	Yes
		0	No
		-888	-888
		-999	-999
Questionnaire > Section 4 - Household Health Service Utilization and Payment > Section 4 - Household Health Service Utilization and Payment			
phc_drugs_hh1 (required)	4.1.17 Did the health facility lack any of the drugs that were recommended to you?	1	Yes
		0	No
		-888	-888
		-999	-999
phc_drugsbuy_hh1 (required)	4.1.18 Were you told to buy drugs outside the health facility?	1	Yes
		0	No
		-888	-888
		-999	-999
phc_drugspay_hh1 (required)	4.1.19 Were you asked to pay for the drug given to you at the health facility?	1	Yes
		0	No
		-888	-888
		-999	-999
healthstatus_hh2 (required)	4.2.1 How is the health of [name_hh2] (of [age_hh2] years)?	1	Very good
		2	Good
		3	Fair
		4	Poor
		-888	-888
		-999	-999
ill_hh2 (required)	4.2.2 In the past three months has [name_hh2] (of [age_hh2] years) been ill or in poor health?	1	Yes
		0	No
		-888	-888
		-999	-999
complain_hh2 (required)	4.2.3 Which was the complaint of his/her last illness? DO NOT READ ALOUD THE OPTIONS. Select all that apply	1	Fever/malaria
		2	Cough/chest infection
		3	Headache
		4	Diarrhea
		5	Vomiting
		6	Stomach pain
		7	Anemia
		8	Skin problem
		9	Hypertension/Diabetes
		10	Pregnancy/Obstetric
		-888	-888
		-999	-999
		other	Other
complain_hh2_other	Specify other.		
seek_care_hh2 (required)	4.2.4 For (of [age_hh2] years) illnesses in the last 3 months, I will like to speak with you on the MOST RECENT EPISODE of illness. Did [name_hh2] seek care outside the home?	1	Yes
		0	No
		-888	-888
		-999	-999
get_care_hh2 (required)	4.2.5 Did [name_hh2] (of [age_hh2] years) get care outside the home?	1	Yes
		0	No
		-888	-888
		-999	-999
placecare_hh2 (required)	4.2.6 Where did [name_hh2] (of [age_hh2] years) first seek care outside home for this condition? DO NOT READ ALOUD THE OPTIONS	1	Government Hospital
		2	Government Primary Health Center
		3	Government Health Clinic
		4	Government Health Post
		5	Private Hospital
		6	Private Clinic/Health Post
		7	Home of Medical Personnel
		8	Traditional healer

		9	Faith/Church healer
		10	Pharmacy/Drug seller
		11	Own home
		12	Home of Traditional Birth Attendant
		-888	-888
		-999	-999
		other	Other
placecare_hh2_other	Specify other.		
placecare_nostaff_hh2 (required)	4.2.7 Why didn't [name_hh2] (of [age_hh2] years) get care in the Primary Health Centre?	1	It was closed
		2	Not enough staff
		3	They do not have drugs
		4	They charge too much
		5	It is too far
		6	Waiting time is too high
		7	Not happy with the advice they provide
		8	Illness not serious
		-888	-888
		-999	-999
		other	Other
placecare_nostaff_hh2_other	Specify other.		
reason_hh2 (required)	4.2.8 What were the main reasons for choosing this place? DO NOT READ ALOUD THE OPTIONS. Select all that apply	1	Needed hospital care
		2	Friendly staff
		3	Shorter waiting time
		4	Medicine available
		5	Staff are better qualified
		6	Cleaner facility
		7	Was cheapest/Free
		8	Privacy
		9	Was referred
		10	Was nearest/closest
		11	Specialist
		-888	-888
		-999	-999
		other	Other
reason_hh2_other	Specify other.		
money_hh2 (required)	4.2.9 Do you know how much money was spent for [name_hh2]'s episode?	1	Yes
		0	No
		2	Free (no cost)
		-888	-888
		-999	-999
Questionnaire > Section 4 - Household Health Service Utilization and Payment > table_list_41a			
generated_table_list_label_296	4.2.10 How much was paid in total for the _____ that [name_hh2] received for his/her episode? Record amount in NAIRA. if not received at all record "0". If the answer is 20,000 record "20,000". DO NOT record "20" and if it is NOT APPLICABLE record "-777".		
table_list_41a_1 (required)	CONSULTATION		
table_list_41a_2 (required)	TREATMENT (EXCLUDING DRUGS)		
table_list_41a_3 (required)	DRUGS AT FACILITY		
table_list_41a_4 (required)	DRUGS OUTSIDE FACILITY		
table_list_41a_5 (required)	TRANSPORTATION		
resolve_hh2 (required)	4.2.11 Has this health problem been resolved?	1	Yes
		0	No
		-888	-888
		-999	-999
Questionnaire > Section 4 - Household Health Service Utilization and Payment > table_list_41b			
generated_table_list_label_304	4.2.12 How much time (hours and minutes) did [name_hh2] (of [age_hh2] years) wait before being seen by health care worker when he/she was seen?		
table_list_41b_1 (required)	HOURS		
table_list_41b_2 (required)	MINUTES		
phc_time_hh2 (required)	4.2.13 How many minutes did [name_hh2] (of [age_hh2] years) spent with the health care worker when he/she was seen?		

Questionnaire > Section 4 - Household Health Service Utilization and Payment > Section 4 - Household Health Service Utilization and Payment			
phc_explain_hh2 (required)	4.2.14 Did the health worker provide enough explanation about [name_hh2]'s (of [age_hh2] years) treatment/problems?	1	Yes
		0	No
		-888	-888
		-999	-999
phc_happiness_hh2 (required)	4.2.15 Was [name_hh2] (of [age_hh2] years) happy with the privacy given?	1	Yes
		0	No
		-888	-888
		-999	-999
phc_equipment_hh2 (required)	4.2.16 Does [name_hh2] (of [age_hh2] years) know or was he/she told whether the health facility lacked any of the required equipment?	1	Yes
		0	No
		-888	-888
		-999	-999
Questionnaire > Section 4 - Household Health Service Utilization and Payment > Section 4 - Household Health Service Utilization and Payment			
phc_drugs_hh2 (required)	4.2.17 Did the health facility lack any of the drugs that was recommended to [name_hh2] (of [age_hh2] years)?	1	Yes
		0	No
		-888	-888
		-999	-999
phc_drugsbuy_hh2 (required)	4.2.18 Was [name_hh2] (of [age_hh2] years) told to buy drugs outside the health facility?	1	Yes
		0	No
		-888	-888
		-999	-999
phc_drugspay_hh2 (required)	4.2.19 Was [name_hh2] (of [age_hh2] years) asked to pay for the drug given to his/her at the health facility?	1	Yes
		0	No
		-888	-888
		-999	-999
healthstatus_hh3 (required)	4.3.1 How is the health of [name_hh3] (of [age_hh3] years)?	1	Very good
		2	Good
		3	Fair
		4	Poor
		-888	-888
		-999	-999
ill_hh3 (required)	4.3.2 In the past three months has [name_hh3] (of [age_hh3] years) been ill or in poor health?	1	Yes
		0	No
		-888	-888
		-999	-999
complain_hh3 (required)	4.3.3 Which was the complaint of his/her last illness? DO NOT READ ALOUD THE OPTIONS. Select all that apply	1	Fever/malaria
		2	Cough/chest infection
		3	Headache
		4	Diarrhea
		5	Vomiting
		6	Stomach pain
		7	Anemia
		8	Skin problem
		9	Hypertension/Diabetes
		10	Pregnancy/Obstetric
		-888	-888
		-999	-999
		other	Other
complain_hh3_other	Specify other.		
seek_care_hh3 (required)	4.3.4 For (of years) illnesses in the last 3 months, I will like to speak with you on the MOST RECENT EPISODE of illness. Did [name_hh3] (of [age_hh3] years) seek care outside the home?	1	Yes
		0	No
		-888	-888
		-999	-999
get_care_hh3 (required)	4.3.5 Did [name_hh3] (of [age_hh3] years) get care outside the home?	1	Yes
		0	No
		-888	-888
		-999	-999
placecare_hh3 (required)	4.3.6 Where did [name_hh3] (of [age_hh3] years) first seek care outside home for this condition? DO NOT READ ALOUD THE OPTIONS	1	Government Hospital
		2	Government Primary Health Center
		3	Government Health Clinic

		4	Government Health Post
		5	Private Hospital
		6	Private Clinic/Health Post
		7	Home of Medical Personnel
		8	Traditional healer
		9	Faith/Church healer
		10	Pharmacy/Drug seller
		11	Own home
		12	Home of Traditional Birth Attendant
		-888	-888
		-999	-999
		other	Other
placecare_hh3_other	Specify other.		
placecare_nostaff_hh3 (required)	4.3.7 Why didn't [name_hh3] (of [age_hh3] years) get care in the Primary Health Centre?	1	It was closed
		2	Not enough staff
		3	They do not have drugs
		4	They charge too much
		5	It is too far
		6	Waiting time is too high
		7	Not happy with the advice they provide
		8	Illness not serious
		-888	-888
		-999	-999
		other	Other
placecare_nostaff_hh3_other	Specify other.		
reason_hh3 (required)	4.3.8 What were the main reasons for choosing this place? DO NOT READ ALOUD THE OPTIONS. Select all that apply	1	Needed hospital care
		2	Friendly staff
		3	Shorter waiting time
		4	Medicine available
		5	Staff are better qualified
		6	Cleaner facility
		7	Was cheapest/Free
		8	Privacy
		9	Was referred
		10	Was nearest/Closest
		11	Specialist
		-888	-888
		-999	-999
		other	Other
reason_hh3_other	Specify other.		
money_hh3 (required)	4.3.9 Do you know how much money was spent for [name_hh3]'s (of [age_hh3] years) episode?	1	Yes
		0	No
		2	Free (no cost)
		-888	-888
		-999	-999
Questionnaire > Section 4 - Household Health Service Utilization and Payment > table_list_42a			
generated_table_list_label_328	4.3.10 How much was paid in total for the _____ that [name_hh3] (of [age_hh3] years) received for his/her episode? Record amount in NAIRA. If not received at all record "0". If the answer is 20,000 record "20,000". DO NOT record "20" and if it is NOT APPLICABLE record "-777".		
table_list_42a_1 (required)	CONSULTATION		
table_list_42a_2 (required)	TREATMENT (EXCLUDING DRUGS)		
table_list_42a_3 (required)	DRUGS AT FACILITY		
table_list_42a_4 (required)	DRUGS OUTSIDE FACILITY		
table_list_42a_5 (required)	TRANSPORTATION		
resolve_hh3 (required)	4.3.11 Has this health problem been resolved?	1	Yes
		0	No
		-888	-888
		-999	-999
Questionnaire > Section 4 - Household Health Service Utilization and Payment > table_list_42b			

generated_table_list_label_336	4.3.12 How much time (hours and minutes) did [name_hh3] (of [age_hh3] years) wait before being seen by health care worker when he/she was seen?		
table_list_42b_1 (required)	HOURS		
table_list_42b_2 (required)	MINUTES		
phc_time_hh3 (required)	4.3.13 How many minutes did [name_hh3] (of [age_hh3] years) spent with the health care worker when he/she was seen?		
Questionnaire > Section 4 - Household Health Service Utilization and Payment > Section 4 - Household Health Service Utilization and Payment			
phc_explain_hh3 (required)	4.3.14 Did the health worker provide enough explanation about [name_hh3]'s (of [age_hh3] years) treatment/problems?	1	Yes
		0	No
		-888	-888
		-999	-999
phc_happiness_hh3 (required)	4.3.15 Was [name_hh3] (of [age_hh3] years) happy with the privacy given?	1	Yes
		0	No
		-888	-888
		-999	-999
phc_equipment_hh3 (required)	4.3.16 Does [name_hh3] (of [age_hh3] years) know or was he/she told whether the health facility lacked any of the required equipment?	1	Yes
		0	No
		-888	-888
		-999	-999
Questionnaire > Section 4 - Household Health Service Utilization and Payment > Section 4 - Household Health Service Utilization and Payment			
phc_drugs_hh3 (required)	4.3.17 Did the health facility lack any of the drugs that was recommended to [name_hh3] (of [age_hh3] years)?	1	Yes
		0	No
		-888	-888
		-999	-999
phc_drugsbuy_hh3 (required)	4.3.18 Was [name_hh3] (of [age_hh3] years) told to buy drugs outside the health facility?	1	Yes
		0	No
		-888	-888
		-999	-999
phc_drugspay_hh3 (required)	4.3.19 Was [name_hh3] (of [age_hh3] years) asked to pay for the drug given to his/her at the health facility?	1	Yes
		0	No
		-888	-888
		-999	-999
healthstatus_hh4 (required)	4.4.1 How is the health of [name_hh4] (of [age_hh4] years)?	1	Very good
		2	Good
		3	Fair
		4	Poor
		-888	-888
ill_hh4 (required)	4.4.2 In the past three months has [name_hh4] (of [age_hh4] years) been ill or in poor health?	1	Yes
		0	No
		-888	-888
		-999	-999
complain_hh4 (required)	4.4.3 Which was the complaint of his/her last illness? DO NOT READ ALOUD THE OPTIONS. Select all that apply	1	Fever/malaria
		2	Cough/chest infection
		3	Headache
		4	Diarrhea
		5	Vomiting
		6	Stomach pain
		7	Anemia
		8	Skin problem
		9	Hypertension/Diabetes
		10	Pregnancy/Obstetric
		-888	-888
complain_hh4_other	Specify other.	-999	-999
		other	Other
seek_care_hh4 (required)	4.4.4 For (of years) illnesses in the last 3 months, I will like to speak with you on the MOST RECENT EPISODE of illness. Did [name_hh4] (of [age_hh4] years) seek care outside the home?	1	Yes
		0	No
		-888	-888
		-999	-999
get_care_hh4 (required)	4.4.5 Did [name_hh4] (of [age_hh4] years) get care outside the home?	1	Yes

		0 No
		-888 -888
		-999 -999
placecare_hh4 (required)	4.4.6 Where did [name_hh4] (of [age_hh4] years) first seek care outside home for this condition? DO NOT READ ALOUD THE OPTIONS	1 Government Hospital 2 Government Primary Health Center 3 Government Health Clinic 4 Government Health Post 5 Private Hospital 6 Private Clinic/Health Post 7 Home of Medical Personnel 8 Traditional healer 9 Faith/Church healer 10 Pharmacy/Drug seller 11 Own home 12 Home of Traditional Birth Attendant -888 -888 -999 -999 other Other
placecare_hh4_other	Specify other.	
placecare_nostaff_hh4 (required)	4.4.7 Why didn't [name_hh4] (of [age_hh4] years) get care in the Primary Health Centre?	1 It was closed 2 Not enough staff 3 They do not have drugs 4 They charge too much 5 It is too far 6 Waiting time is too high 7 Not happy with the advice they provide 8 Illness not serious -888 -888 -999 -999 other Other
placecare_nostaff_hh4_other	Specify other.	
reason_hh4 (required)	4.4.8 What were the main reasons for choosing this place? DO NOT READ ALOUD THE OPTIONS. Select all that apply	1 Needed hospital care 2 Friendly staff 3 Shorter waiting time 4 Medicine available 5 Staff are better qualified 6 Cleaner facility 7 Was cheapest/Free 8 Privacy 9 Was referred 10 Was nearest/closest 11 Specialist -888 -888 -999 -999 other Other
reason_hh4_other	Specify other.	
money_hh4 (required)	4.4.9 Do you know how much money was spent for [name_hh4]'s (of [age_hh4] years) episode?	1 Yes 0 No 2 Free (no cost) -888 -888 -999 -999
Questionnaire > Section 4 - Household Health Service Utilization and Payment > table_list_43a		
generated_table_list_label_360	4.4.10 How much was paid in total for the _____ that [name_hh4] (of [age_hh4] years) received for his/her episode? Record amount in NAIRA. if not received at all record "0". If the answer is 20,000 record "20,000". DO NOT record "20" and if it is NOT APPLICABLE record "-777".	
table_list_43a_1 (required)	CONSULTATION	
table_list_43a_2 (required)	TREATMENT (EXCLUDING DRUGS)	
table_list_43a_3 (required)	DRUGS AT FACILITY	

table_list_43a_4 (required)	DRUGS OUTSIDE FACILITY		
table_list_43a_5 (required)	TRANSPORTATION		
resolve_hh4 (required)	4.4.11 Has this health problem been resolved?	1	Yes
		0	No
		-888	-888
		-999	-999
Questionnaire > Section 4 - Household Health Service Utilization and Payment > table_list_43b			
generated_table_list_label_368	4.4.12 How much time (hours and minutes) did [name_hh4] (of [age_hh4] years) wait before being seen by health care worker when he/she was seen?		
table_list_43b_1 (required)	HOURS		
table_list_43b_2 (required)	MINUTES		
phc_time_hh4 (required)	4.4.13 How many minutes did [name_hh4] (of [age_hh4] years) spend with the health care worker when he/she was seen?		
Questionnaire > Section 4 - Household Health Service Utilization and Payment > Section 4 - Household Health Service Utilization and Payment			
phc_explain_hh4 (required)	4.4.14 Did the health worker provide enough explanation about [name_hh4]'s (of [age_hh4] years) treatment/problems?	1	Yes
		0	No
		-888	-888
		-999	-999
phc_happiness_hh4 (required)	4.4.15 Was [name_hh4] (of [age_hh4] years) happy with the privacy given?	1	Yes
		0	No
		-888	-888
		-999	-999
phc_equipment_hh4 (required)	4.4.16 Does [name_hh4] (of [age_hh4] years) know or was he/she told whether the health facility lacked any of the required equipment?	1	Yes
		0	No
		-888	-888
		-999	-999
Questionnaire > Section 4 - Household Health Service Utilization and Payment > Section 4 - Household Health Service Utilization and Payment			
phc_drugs_hh4 (required)	4.4.17 Did the health facility lack any of the drugs that was recommended to [name_hh4] (of [age_hh4] years)?	1	Yes
		0	No
		-888	-888
		-999	-999
phc_drugsbuy_hh4 (required)	4.4.18 Was [name_hh4] (of [age_hh4] years) told to buy drugs outside the health facility?	1	Yes
		0	No
		-888	-888
		-999	-999
phc_drugspay_hh4 (required)	4.4.19 Was [name_hh4] (of [age_hh4] years) asked to pay for the drug given to his/her at the health facility?	1	Yes
		0	No
		-888	-888
		-999	-999
healthstatus_hh5 (required)	4.5.1 How is the health of [name_hh5] (of [age_hh5] years)?	1	Very good
		2	Good
		3	Fair
		4	Poor
		-888	-888
		-999	-999
ill_hh5 (required)	4.5.2 In the past three months has [name_hh5] (of [age_hh5] years) been ill or in poor health?	1	Yes
		0	No
		-888	-888
		-999	-999
complain_hh5 (required)	4.5.3 Which was the complaint of his/her last illness? DO NOT READ ALOUD THE OPTIONS. Select all that apply	1	Fever/malaria
		2	Cough/chest infection
		3	Headache
		4	Diarrhea
		5	Vomiting
		6	Stomach pain
		7	Anemia
		8	Skin problem
		9	Hypertension/Diabetes
		10	Pregnancy/Obstetric
		-888	-888
		-999	-999

		other	Other
complain_hh5_other	Specify other.		
seek_care_hh5 (required)	4.5.4 For (of years) illnesses in the last 3 months, I will like to speak with you on the MOST RECENT EPISODE of illness. Did [name_hh5] (of [age_hh5] years) seek care outside the home?	1	Yes
		0	No
		-888	-888
		-999	-999
get_care_hh5 (required)	4.5.5 Did [name_hh5] (of [age_hh5] years) get care outside the home?	1	Yes
		0	No
		-888	-888
		-999	-999
placecare_hh5 (required)	4.5.6 Where did [name_hh5] (of [age_hh5] years) first seek care outside home for this condition? DO NOT READ ALOUD THE OPTIONS	1	Government Hospital
		2	Government Primary Health Center
		3	Government Health Clinic
		4	Government Health Post
		5	Private Hospital
		6	Private Clinic/Health Post
		7	Home of Medical Personnel
		8	Traditional healer
		9	Faith/Church healer
		10	Pharmacy/Drug seller
		11	Own home
		12	Home of Traditional Birth Attendant
		-888	-888
		-999	-999
		other	Other
placecare_hh5_other	Specify other.		
placecare_nostaff_hh5 (required)	4.5.7 Why didn't [name_hh5] (of [age_hh5] years) get care in the Primary Health Centre?	1	It was closed
		2	Not enough staff
		3	They do not have drugs
		4	They charge too much
		5	It is too far
		6	Waiting time is too high
		7	Not happy with the advice they provide
		8	Illness not serious
		-888	-888
		-999	-999
		other	Other
placecare_nostaff_hh5_other	Specify other.		
reason_hh5 (required)	4.5.8 What were the main reasons for choosing this place? DO NOT READ ALOUD THE OPTIONS. Select all that apply	1	Needed hospital care
		2	Friendly staff
		3	Shorter waiting time
		4	Medicine available
		5	Staff are better qualified
		6	Cleaner facility
		7	Was cheapest/Free
		8	Privacy
		9	Was referred
		10	Was nearest/Closest
		11	Specialist
		-888	-888
		-999	-999
		other	Other
reason_hh5_other	Specify other.		
money_hh5 (required)	4.5.9 Do you know how much money was spent for [name_hh5]'s (of [age_hh5] years) episode?	1	Yes
		0	No
		2	Free (no cost)
		-888	-888
		-999	-999

Questionnaire > Section 4 - Household Health Service Utilization and Payment > table_list_44a														
generated_table_list_label_392	4.5.10 How much was paid in total for the _____ that [name_hh5] (of [age_hh5] years) received for his/her episode? Record amount in NAIRA. if not received at all record "0". If the answer is 20,000 record "20,000". DO NOT record "20" and if it is NOT APPLICABLE record "-777".													
table_list_44a_1 (required)	CONSULTATION													
table_list_44a_2 (required)	TREATMENT (EXCLUDING DRUGS)													
table_list_44a_3 (required)	DRUGS AT FACILITY													
table_list_44a_4 (required)	DRUGS OUTSIDE FACILITY													
table_list_44a_5 (required)	TRANSPORTATION													
resolve_hh5 (required)	4.5.11 Has this health problem been resolved?	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>-888</td><td>-888</td></tr> <tr><td>-999</td><td>-999</td></tr> </table>	1	Yes	0	No	-888	-888	-999	-999				
1	Yes													
0	No													
-888	-888													
-999	-999													
Questionnaire > Section 4 - Household Health Service Utilization and Payment > table_list_44b														
generated_table_list_label_400	4.5.12 How much time (hours and minutes) did [name_hh5] (of [age_hh5] years) wait before being seen by health care worker when he/she was seen?													
table_list_44b_1 (required)	HOURS													
table_list_44b_2 (required)	MINUTES													
phc_time_hh5 (required)	4.5.13 How many minutes did [name_hh5] (of [age_hh5] years) spent with the health care worker when he/she was seen?													
Questionnaire > Section 4 - Household Health Service Utilization and Payment > Section 4 - Household Health Service Utilization and Payment														
phc_explain_hh5 (required)	4.5.14 Did the health worker provide enough explanation about [name_hh5]'s (of [age_hh5] years) treatment/problems?	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>-888</td><td>-888</td></tr> <tr><td>-999</td><td>-999</td></tr> </table>	1	Yes	0	No	-888	-888	-999	-999				
1	Yes													
0	No													
-888	-888													
-999	-999													
phc_happiness_hh5 (required)	4.5.15 Was [name_hh5] (of [age_hh5] years) happy with the privacy given?	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>-888</td><td>-888</td></tr> <tr><td>-999</td><td>-999</td></tr> </table>	1	Yes	0	No	-888	-888	-999	-999				
1	Yes													
0	No													
-888	-888													
-999	-999													
phc_equipment_hh5 (required)	4.5.16 Does [name_hh5] (of [age_hh5] years) know or was he/she told whether the health facility lacked any of the required equipment?	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>-888</td><td>-888</td></tr> <tr><td>-999</td><td>-999</td></tr> </table>	1	Yes	0	No	-888	-888	-999	-999				
1	Yes													
0	No													
-888	-888													
-999	-999													
Questionnaire > Section 4 - Household Health Service Utilization and Payment > Section 4 - Household Health Service Utilization and Payment														
phc_drugs_hh5 (required)	4.5.17 Did the health facility lack any of the drugs that was recommended to [name_hh5] (of [age_hh5] years)?	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>-888</td><td>-888</td></tr> <tr><td>-999</td><td>-999</td></tr> </table>	1	Yes	0	No	-888	-888	-999	-999				
1	Yes													
0	No													
-888	-888													
-999	-999													
phc_drugsbuy_hh5 (required)	4.5.18 Was [name_hh5] (of [age_hh5] years) told to buy drugs outside the health facility?	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>-888</td><td>-888</td></tr> <tr><td>-999</td><td>-999</td></tr> </table>	1	Yes	0	No	-888	-888	-999	-999				
1	Yes													
0	No													
-888	-888													
-999	-999													
phc_drugspay_hh5 (required)	4.5.19 Was [name_hh5] (of [age_hh5] years) asked to pay for the drug given to his/her at the health facility?	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>-888</td><td>-888</td></tr> <tr><td>-999</td><td>-999</td></tr> </table>	1	Yes	0	No	-888	-888	-999	-999				
1	Yes													
0	No													
-888	-888													
-999	-999													
healthstatus_hh6 (required)	4.6.1 How is the health of [name_hh6] (of [age_hh6] years)?	<table border="1"> <tr><td>1</td><td>Very good</td></tr> <tr><td>2</td><td>Good</td></tr> <tr><td>3</td><td>Fair</td></tr> <tr><td>4</td><td>Poor</td></tr> <tr><td>-888</td><td>-888</td></tr> <tr><td>-999</td><td>-999</td></tr> </table>	1	Very good	2	Good	3	Fair	4	Poor	-888	-888	-999	-999
1	Very good													
2	Good													
3	Fair													
4	Poor													
-888	-888													
-999	-999													
ill_hh6 (required)	4.6.2 In the past three months has [name_hh6] (of [age_hh6] years) been ill or in poor health?	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>-888</td><td>-888</td></tr> <tr><td>-999</td><td>-999</td></tr> </table>	1	Yes	0	No	-888	-888	-999	-999				
1	Yes													
0	No													
-888	-888													
-999	-999													
complain_hh6 (required)	4.6.3 Which was the complaint of his/her last illness? DO NOT READ ALOUD THE OPTIONS. Select all that apply	<table border="1"> <tr><td>1</td><td>Fever/malaria</td></tr> <tr><td>2</td><td>Cough/chest infection</td></tr> <tr><td>3</td><td>Headache</td></tr> <tr><td>4</td><td>Diarrhea</td></tr> <tr><td>5</td><td>Vomiting</td></tr> </table>	1	Fever/malaria	2	Cough/chest infection	3	Headache	4	Diarrhea	5	Vomiting		
1	Fever/malaria													
2	Cough/chest infection													
3	Headache													
4	Diarrhea													
5	Vomiting													

		6 Stomach pain
		7 Anemia
		8 Skin problem
		9 Hypertension/Diabetes
		10 Pregnancy/Obstetric
		-888 -888
		-999 -999
		other Other
complain_hh6_other	Specify other.	
seek_care_hh6 (required)	4.6.4 For (of years) illnesses in the last 3 months, I will like to speak with you on the MOST RECENT EPISODE of illness. Did [name_hh6] (of [age_hh6] years) seek care outside the home?	1 Yes
		0 No
		-888 -888
		-999 -999
get_care_hh6 (required)	4.6.5 Did [name_hh6] (of [age_hh6] years) get care outside the home?	1 Yes
		0 No
		-888 -888
		-999 -999
placecare_hh6 (required)	4.6.6 Where did [name_hh6] (of [age_hh6] years) first seek care outside home for this condition? DO NOT READ ALOUD THE OPTIONS	1 Government Hospital
		2 Government Primary Health Center
		3 Government Health Clinic
		4 Government Health Post
		5 Private Hospital
		6 Private Clinic/Health Post
		7 Home of Medical Personnel
		8 Traditional healer
		9 Faith/Church healer
		10 Pharmacy/Drug seller
		11 Own home
		12 Home of Traditional Birth Attendant
		-888 -888
		-999 -999
		other Other
placecare_hh6_other	Specify other.	
placecare_nostaff_hh6 (required)	4.6.7 Why didn't [name_hh6] (of [age_hh6] years) get care in the Primary Health Centre?	1 It was closed
		2 Not enough staff
		3 They do not have drugs
		4 They charge too much
		5 It is too far
		6 Waiting time is too high
		7 Not happy with the advice they provide
		8 Illness not serious
		-888 -888
		-999 -999
		other Other
placecare_nostaff_hh6_other	Specify other.	
reason_hh6 (required)	4.6.8 What were the main reasons for choosing this place? DO NOT READ ALOUD THE OPTIONS. Select all that apply	1 Needed hospital care
		2 Friendly staff
		3 Shorter waiting time
		4 Medicine available
		5 Staff are better qualified
		6 Cleaner facility
		7 Was cheapest/Free
		8 Privacy
		9 Was referred
		10 Was nearest/Closest
		11 Specialist
		-888 -888
		-999 -999
		other Other

reason_hh6_other	Specify other.		
money_hh6 (required)	4.6.9 Do you know how much money was spent for [name_hh6]'s (of [age_hh6] years) episode?	1	Yes
		0	No
		2	Free (no cost)
		-888	-888
		-999	-999
Questionnaire > Section 4 - Household Health Service Utilization and Payment > table_list_45a			
generated_table_list_label_424	4.6.10 How much was paid in total for the _____ that [name_hh6] (of [age_hh6] years) received for his/her episode? Record amount in NAIRA. if not received at all record "0". If the answer is 20,000 record "20,000". DO NOT record "20" and if it is NOT APPLICABLE record "-777".		
table_list_45a_1 (required)	CONSULTATION		
table_list_45a_2 (required)	TREATMENT (EXCLUDING DRUGS)		
table_list_45a_3 (required)	DRUGS AT FACILITY		
table_list_45a_4 (required)	DRUGS OUTSIDE FACILITY		
table_list_45a_5 (required)	TRANSPORTATION		
resolve_hh6 (required)	4.6.11 Has this health problem been resolved?	1	Yes
		0	No
		-888	-888
		-999	-999
Questionnaire > Section 4 - Household Health Service Utilization and Payment > table_list_45b			
generated_table_list_label_432	4.6.12 How much time (hours and minutes) did [name_hh6] (of [age_hh6] years) wait before being seen by health care worker when he/she was seen?		
table_list_45b_1 (required)	HOURS		
table_list_45b_2 (required)	MINUTES		
phc_time_hh6 (required)	4.6.13 How many minutes did [name_hh6] (of [age_hh6] years) spent with the health care worker when he/she was seen?		
Questionnaire > Section 4 - Household Health Service Utilization and Payment > Section 4 - Household Health Service Utilization and Payment			
phc_explain_hh6 (required)	4.6.14 Did the health worker provide enough explanation about [name_hh6]'s (of [age_hh6] years) treatment/problems?	1	Yes
		0	No
		-888	-888
		-999	-999
phc_happiness_hh6 (required)	4.6.15 Was [name_hh6] (of [age_hh6] years) happy with the privacy given?	1	Yes
		0	No
		-888	-888
		-999	-999
phc_equipment_hh6 (required)	4.6.16 Does [name_hh6] (of [age_hh6] years) know or was he/she told whether the health facility lacked any of the required equipment?	1	Yes
		0	No
		-888	-888
		-999	-999
Questionnaire > Section 4 - Household Health Service Utilization and Payment > Section 4 - Household Health Service Utilization and Payment			
phc_drugs_hh6 (required)	4.6.17 Did the health facility lack any of the drugs that was recommended to [name_hh6] (of [age_hh6] years)?	1	Yes
		0	No
		-888	-888
		-999	-999
phc_drugsbuy_hh6 (required)	4.6.18 Was [name_hh6] (of [age_hh6] years) told to buy drugs outside the health facility?	1	Yes
		0	No
		-888	-888
		-999	-999
phc_drugspay_hh6 (required)	4.6.19 Was [name_hh6] (of [age_hh6] years) asked to pay for the drug given to his/her at the health facility?	1	Yes
		0	No
		-888	-888
		-999	-999
healthstatus_hh7 (required)	4.7.1 How is the health of [name_hh7] (of [age_hh7] years)?	1	Very good
		2	Good
		3	Fair
		4	Poor
		-888	-888
		-999	-999
ill_hh7 (required)	4.7.2 In the past three months has [name_hh7] (of [age_hh7] years) been ill or in poor health?	1	Yes

		0 No
		-888 -888
		-999 -999
complain_hh7 (required)	4.7.3 Which was the complaint of his/her last illness? DO NOT READ ALOUD THE OPTIONS. Select all that apply	1 Fever/malaria
		2 Cough/chest infection
		3 Headache
		4 Diarrhea
		5 Vomiting
		6 Stomach pain
		7 Anemia
		8 Skin problem
		9 Hypertension/Diabetes
		10 Pregnancy/Obstetric
		-888 -888
		-999 -999
		other Other
complain_hh7_other	Specify other.	
seek_care_hh7 (required)	4.7.4 For (of years) illnesses in the last 3 months, I will like to speak with you on the MOST RECENT EPISODE of illness. Did [name_hh7] (of [age_hh7] years) seek care outside the home?	1 Yes
		0 No
		-888 -888
		-999 -999
get_care_hh7 (required)	4.7.5 Did [name_hh7] (of [age_hh7] years) get care outside the home?	1 Yes
		0 No
		-888 -888
		-999 -999
placecare_hh7 (required)	4.7.6 Where did [name_hh7] (of [age_hh7] years) first seek care outside home for this condition? DO NOT READ ALOUD THE OPTIONS	1 Government Hospital
		2 Government Primary Health Center
		3 Government Health Clinic
		4 Government Health Post
		5 Private Hospital
		6 Private Clinic/Health Post
		7 Home of Medical Personnel
		8 Traditional healer
		9 Faith/Church healer
		10 Pharmacy/Drug seller
		11 Own home
		12 Home of Traditional Birth Attendant
		-888 -888
		-999 -999
		other Other
placecare_hh7_other	Specify other.	
placecare_nostaff_hh7 (required)	4.7.7 Why didn't [name_hh7] (of [age_hh7] years) get care in the Primary Health Centre?	1 It was closed
		2 Not enough staff
		3 They do not have drugs
		4 They charge too much
		5 It is too far
		6 Waiting time is too high
		7 Not happy with the advice they provide
		8 Illness not serious
		-888 -888
		-999 -999
		other Other
placecare_nostaff_hh7_other	Specify other.	
reason_hh7 (required)	4.7.8 What were the main reasons for choosing this place? DO NOT READ ALOUD THE OPTIONS. Select all that apply	1 Needed hospital care
		2 Friendly staff
		3 Shorter waiting time
		4 Medicine available
		5 Staff are better qualified
		6 Cleaner facility

		7	Was cheapest/Free
		8	Privacy
		9	Was referred
		10	Was nearest/Closest
		11	Specialist
		-888	-888
		-999	-999
		other	Other
reason_hh7_other	Specify other.		
money_hh7 (required)	4.7.9 Do you know how much money was spent for [name_hh7]'s (of [age_hh7] years) episode?	1	Yes
		0	No
		2	Free (no cost)
		-888	-888
		-999	-999
Questionnaire > Section 4 - Household Health Service Utilization and Payment > table_list_46a			
generated_table_list_label_456	4.7.10 How much was paid in total for the _____ that [name_hh7] (of [age_hh7] years) received for his/her episode? Record amount in NAIRA, if not received at all record "0". If the answer is 20,000 record "20,000". DO NOT record "20" and if it is NOT APPLICABLE record "-777".		
table_list_46a_1 (required)	CONSULTATION		
table_list_46a_2 (required)	TREATMENT (EXCLUDING DRUGS)		
table_list_46a_3 (required)	DRUGS AT FACILITY		
table_list_46a_4 (required)	DRUGS OUTSIDE FACILITY		
table_list_46a_5 (required)	TRANSPORTATION		
resolve_hh7 (required)	4.7.11 Has this health problem been resolved?	1	Yes
		0	No
		-888	-888
		-999	-999
Questionnaire > Section 4 - Household Health Service Utilization and Payment > table_list_46b			
generated_table_list_label_464	4.7.12 How much time (hours and minutes) did [name_hh7] (of [age_hh7] years) wait before being seen by health care worker when he/she was seen?		
table_list_46b_1 (required)	HOURS		
table_list_46b_2 (required)	MINUTES		
phc_time_hh7 (required)	4.7.13 How many minutes did [name_hh7] (of [age_hh7] years) spent with the health care worker when he/she was seen?		
Questionnaire > Section 4 - Household Health Service Utilization and Payment > Section 4 - Household Health Service Utilization and Payment			
phc_explain_hh7 (required)	4.7.14 Did the health worker provide enough explanation about [name_hh7]'s (of [age_hh7] years) treatment/problems?	1	Yes
		0	No
		-888	-888
		-999	-999
phc_happiness_hh7 (required)	4.7.15 Was [name_hh7] (of [age_hh7] years) happy with the privacy given?	1	Yes
		0	No
		-888	-888
		-999	-999
phc_equipment_hh7 (required)	4.7.16 Does [name_hh7] (of [age_hh7] years) know or was he/she told whether the health facility lacked any of the required equipment?	1	Yes
		0	No
		-888	-888
		-999	-999
Questionnaire > Section 4 - Household Health Service Utilization and Payment > Section 4 - Household Health Service Utilization and Payment			
phc_drugs_hh7 (required)	4.7.17 Did the health facility lack any of the drugs that was recommended to [name_hh7] (of [age_hh7] years)?	1	Yes
		0	No
		-888	-888
		-999	-999
phc_drugsbuy_hh7 (required)	4.7.18 Was [name_hh7] (of [age_hh7] years) told to buy drugs outside the health facility?	1	Yes
		0	No
		-888	-888
		-999	-999
phc_drugspay_hh7 (required)	4.7.19 Was [name_hh7] (of [age_hh7] years) asked to pay for the drug given to his/her at the health facility?	1	Yes
		0	No
		-888	-888
		-999	-999

healthstatus_hh8 (required)	4.8.1 How is the health of [name_hh8] (of [age_hh8] years)?	1 Very good 2 Good 3 Fair 4 Poor -888 -888 -999 -999
ill_hh8 (required)	4.8.2 In the past three months has [name_hh8] (of [age_hh8] years) been ill or in poor health?	1 Yes 0 No -888 -888 -999 -999
complain_hh8 (required)	4.8.3 Which was the complaint of his/her last illness? DO NOT READ ALOUD THE OPTIONS. Select all that apply	1 Fever/malaria 2 Cough/chest infection 3 Headache 4 Diarrhea 5 Vomiting 6 Stomach pain 7 Anemia 8 Skin problem 9 Hypertension/Diabetes 10 Pregnancy/Obstetric -888 -888 -999 -999 other Other
complain_hh8_other	Specify other.	
seek_care_hh8 (required)	4.8.4 For (of years) illnesses in the last 3 months, I will like to speak with you on the MOST RECENT EPISODE of illness. Did [name_hh8] (of [age_hh8] years) seek care outside the home?	1 Yes 0 No -888 -888 -999 -999
get_care_hh8 (required)	4.8.5 Did [name_hh8] (of [age_hh8] years) get care outside the home?	1 Yes 0 No -888 -888 -999 -999
placecare_hh8 (required)	4.8.6 Where did [name_hh8] (of [age_hh8] years) first seek care outside home for this condition? DO NOT READ ALOUD THE OPTIONS	1 Government Hospital 2 Government Primary Health Center 3 Government Health Clinic 4 Government Health Post 5 Private Hospital 6 Private Clinic/Health Post 7 Home of Medical Personnel 8 Traditional healer 9 Faith/Church healer 10 Pharmacy/Drug seller 11 Own home 12 Home of Traditional Birth Attendant -888 -888 -999 -999 other Other
placecare_hh8_other	Specify other.	
placecare_nostaff_hh8 (required)	4.8.7 Why didn't [name_hh8] (of [age_hh8] years) get care in the Primary Health Centre?	1 It was closed 2 Not enough staff 3 They do not have drugs 4 They charge too much 5 It is too far 6 Waiting time is too high 7 Not happy with the advice they provide 8 Illness not serious -888 -888 -999 -999 other Other
placecare_nostaff_hh8_other	Specify other.	

reason_hh8 (required)	4.8.8 What were the main reasons for choosing this place? DO NOT READ ALOUD THE OPTIONS. Select all that apply	1	Needed hospital care
		2	Friendly staff
		3	Shorter waiting time
		4	Medicine available
		5	Staff are better qualified
		6	Cleaner facility
		7	Was cheapest/Free
		8	Privacy
		9	Was referred
		10	Was nearest/closest
		11	Specialist
		-888	-888
		-999	-999
		other	Other
reason_hh8_other	Specify other.		
money_hh8 (required)	4.8.9 Do you know how much money was spent for [name_hh8]'s (of [age_hh8] years) episode?	1	Yes
		0	No
		2	Free (no cost)
		-888	-888
		-999	-999
Questionnaire > Section 4 - Household Health Service Utilization and Payment > table_list_47a			
generated_table_list_label_488	4.8.10 How much was paid in total for the _____ that [name_hh8] (of [age_hh8] years) received for his/her episode? Record amount in NAIRA, if not received at all record "0". If the answer is 20,000 record "20,000". DO NOT record "20" and if it is NOT APPLICABLE record "-777".		
table_list_47a_1 (required)	CONSULTATION		
table_list_47a_2 (required)	TREATMENT (EXCLUDING DRUGS)		
table_list_47a_3 (required)	DRUGS AT FACILITY		
table_list_47a_4 (required)	DRUGS OUTSIDE FACILITY		
table_list_47a_5 (required)	TRANSPORTATION		
resolve_hh8 (required)	4.8.11 Has this health problem been resolved?	1	Yes
		0	No
		-888	-888
		-999	-999
Questionnaire > Section 4 - Household Health Service Utilization and Payment > table_list_47b			
generated_table_list_label_496	4.8.12 How much time (hours and minutes) did [name_hh8] (of [age_hh8] years) wait before being seen by health care worker when he/she was seen?		
table_list_47b_1 (required)	HOURS		
table_list_47b_2 (required)	MINUTES		
phc_time_hh8 (required)	4.8.13 How many minutes did [name_hh8] (of [age_hh8] years) spent with the health care worker when he/she was seen?		
Questionnaire > Section 4 - Household Health Service Utilization and Payment > Section 4 - Household Health Service Utilization and Payment			
phc_explain_hh8 (required)	4.8.14 Did the health worker provide enough explanation about [name_hh8]'s (of [age_hh8] years) treatment/problems?	1	Yes
		0	No
		-888	-888
		-999	-999
phc_happiness_hh8 (required)	4.8.15 Was [name_hh8] (of [age_hh8] years) happy with the privacy given?	1	Yes
		0	No
		-888	-888
		-999	-999
phc_equipment_hh8 (required)	4.8.16 Does [name_hh8] (of [age_hh8] years) know or was he/she told whether the health facility lacked any of the required equipment?	1	Yes
		0	No
		-888	-888
		-999	-999
Questionnaire > Section 4 - Household Health Service Utilization and Payment > Section 4 - Household Health Service Utilization and Payment			
phc_drugs_hh8 (required)	4.8.17 Did the health facility lack any of the drugs that was recommended to [name_hh8] (of [age_hh8] years)?	1	Yes
		0	No
		-888	-888
		-999	-999
phc_drugsbuy_hh8 (required)	4.8.18 Was [name_hh8] (of [age_hh8] years) told to buy drugs outside the health facility?	1	Yes
		0	No
		-888	-888

		-999 -999
phc_drugspay_hh8 (required)	4.8.19 Was [name_hh8] (of [age_hh8] years) asked to pay for the drug given to his/her at the health facility?	1 Yes 0 No -888 -888 -999 -999
c_ill_hh1 (required)	4.9.1 In the past three months has [c_name_hh1] (of [c_age_hh1] years) been ill or in poor health?	1 Yes 0 No -888 -888 -999 -999
c_complain_hh1 (required)	4.9.2 Which was the complaint of his/her last illness? DO NOT READ ALOUD THE OPTIONS. Select all that apply	1 Fever/malaria 2 Cough/chest infection 3 Headache 4 Diarrhea 5 Vomiting 6 Stomach pain 7 Anemia 8 Skin problem 9 Hypertension/Diabetes 10 Pregnancy/Obstetric -888 -888 -999 -999 other Other
c_complain_hh1_other	Specify other.	
c_seek_care_hh1 (required)	4.9.3 For (of years) illnesses in the last 3 months, I will like to speak with you on the MOST RECENT EPISODE of illness. Did [c_name_hh1] (of [c_age_hh1] years) seek care outside the home?	1 Yes 0 No -888 -888 -999 -999
c_get_care_hh1 (required)	4.9.4 Did [c_name_hh1] (of [c_age_hh1] years) get care outside the home?	1 Yes 0 No -888 -888 -999 -999
c_placecare_hh1 (required)	4.9.5 Where did [c_name_hh1] (of [c_age_hh1] years) first seek care outside home for this condition? DO NOT READ ALOUD THE OPTIONS	1 Government Hospital 2 Government Primary Health Center 3 Government Health Clinic 4 Government Health Post 5 Private Hospital 6 Private Clinic/Health Post 7 Home of Medical Personnel 8 Traditional healer 9 Faith/Church healer 10 Pharmacy/Drug seller 11 Own home 12 Home of Traditional Birth Attendant -888 -888 -999 -999 other Other
c_placecare_hh1_other	Specify other.	
c_placecare_nostaff_hh1 (required)	4.9.6 Why didn't [c_name_hh1] (of [c_age_hh1] years) get care in the Primary Health Centre?	1 It was closed 2 Not enough staff 3 They do not have drugs 4 They charge too much 5 It is too far 6 Waiting time is too high 7 Not happy with the advice they provide 8 Illness not serious -888 -888 -999 -999 other Other

c_placecare_nostaff_hh1_other	Specify other.		
c_reason_hh1 (required)	4.9.7 What were the main reasons for choosing this place? DO NOT READ ALOUD THE OPTIONS. Select all that apply	1	Needed hospital care
		2	Friendly staff
		3	Shorter waiting time
		4	Medicine available
		5	Staff are better qualified
		6	Cleaner facility
		7	Was cheapest/Free
		8	Privacy
		9	Was referred
		10	Was nearest/closest
		11	Specialist
		-888	-888
		-999	-999
		other	Other
c_reason_hh1_other	Specify other.		
c_money_hh1 (required)	4.9.8 Do you know how much money was spent for [c_name_hh1]'s (of [c_age_hh1] years) episode?	1	Yes
		0	No
		2	Free (no cost)
		-888	-888
		-999	-999
Questionnaire > Section 4 - Household Health Service Utilization and Payment > table_list_48a			
generated_table_list_label_519	4.9.9 How much was paid in total for the _____ that [c_name_hh1] (of [c_age_hh1] years) received for his/her episode? Record amount in NAIRA, if not received at all record "0". If the answer is 20,000 record "20,000". DO NOT record "20" and if it is NOT APPLICABLE record "-777".		
table_list_48a_1 (required)	CONSULTATION		
table_list_48a_2 (required)	TREATMENT (EXCLUDING DRUGS)		
table_list_48a_3 (required)	DRUGS AT FACILITY		
table_list_48a_4 (required)	DRUGS OUTSIDE FACILITY		
table_list_48a_5 (required)	TRANSPORTATION		
c_resolve_hh1 (required)	4.9.10 Has this health problem been resolved?	1	Yes
		0	No
		-888	-888
		-999	-999
Questionnaire > Section 4 - Household Health Service Utilization and Payment > Section 4 - Household Health Service Utilization and Payment			
Questionnaire > Section 4 - Household Health Service Utilization and Payment > Section 4 - Household Health Service Utilization and Payment > table_list_48b			
generated_table_list_label_528	4.9.11 How much time (hours and minutes) did[c_name_hh1] (of [c_age_hh1] years) wait before being seen by health care worker when he/she was seen?		
table_list_48b_1 (required)	HOURS		
table_list_48b_2 (required)	MINUTES		
phc_time1_chh1 (required)	4.9.12 How many minutes did [c_name_hh1] (of [c_age_hh1] years) spent with the health care worker when he/she was seen?		
Questionnaire > Section 4 - Household Health Service Utilization and Payment > Section 4 - Household Health Service Utilization and Payment			
phc_explain1_chh1 (required)	4.9.13 Did the health worker provide enough explanation about [c_name_hh1]'s (of [c_age_hh1] years) treatment/problems?	1	Yes
		0	No
		-888	-888
		-999	-999
phc_happiness1_chh1 (required)	4.9.14 Was [c_name_hh1] (of [c_age_hh1] years) happy with the privacy given to him/her?	1	Yes
		0	No
		-888	-888
		-999	-999
phc_equipment1_chh1 (required)	4.9.15 Does [c_name_hh1] (of [c_age_hh1] years) know or was he/she told whether the health facility lacked any of the required equipment when he/she went?	1	Yes
		0	No
		-888	-888
		-999	-999
Questionnaire > Section 4 - Household Health Service Utilization and Payment > Section 4 - Household Health Service Utilization and Payment			
phc_drugs1_chh1 (required)	4.9.16 Did the health facility lack any of the drugs that were recommended to [c_name_hh1] (of [c_age_hh1] years)?	1	Yes
		0	No
		-888	-888
		-999	-999

phc_drugsbuy1_chh1 (required)	4.9.17 Was [c_name_hh1] (of [c_age_hh1] years) told to buy drugs outside the health facility?	1	Yes
		0	No
		-888	-888
		-999	-999
phc_drugspay1_chh1 (required)	4.9.18 Was [c_name_hh1] (of [c_age_hh1] years) asked to pay for the drug given to him/her at the health facility?	1	Yes
		0	No
		-888	-888
		-999	-999
c_ill_hh2 (required)	4.10.1 In the past three months has [c_name_hh2] (of [c_age_hh2] years) been ill or in poor health?	1	Yes
		0	No
		-888	-888
		-999	-999
c_complain_hh2 (required)	4.10.2 Which was the complaint of his/her last illness? DO NOT READ ALOUD THE OPTIONS. Select all that apply	1	Fever/malaria
		2	Cough/chest infection
		3	Headache
		4	Diarrhea
		5	Vomiting
		6	Stomach pain
		7	Anemia
		8	Skin problem
		9	Hypertension/Diabetes
		10	Pregnancy/Obstetric
		-888	-888
		-999	-999
other	Other		
c_complain_hh2_other	Specify other.		
c_seek_care_hh2 (required)	4.10.3 For (of years) illnesses in the last 3 months, I will like to speak with you on the MOST RECENT EPISODE of illness. Did [c_name_hh2] (of [c_age_hh2] years) seek care outside the home?	1	Yes
		0	No
		-888	-888
		-999	-999
c_get_care_hh2 (required)	4.10.4 Did [c_name_hh2] (of [c_age_hh2] years) get care outside the home?	1	Yes
		0	No
		-888	-888
		-999	-999
c_placecare_hh2 (required)	4.10.5 Where did [c_name_hh2] (of [c_age_hh2] years) first seek care outside home for this condition? DO NOT READ ALOUD THE OPTIONS	1	Government Hospital
		2	Government Primary Health Center
		3	Government Health Clinic
		4	Government Health Post
		5	Private Hospital
		6	Private Clinic/Health Post
		7	Home of Medical Personnel
		8	Traditional healer
		9	Faith/Church healer
		10	Pharmacy/Drug seller
		11	Own home
		12	Home of Traditional Birth Attendant
-888	-888		
-999	-999		
other	Other		
c_placecare_hh2_other	Specify other.		
c_placecare_nostaff_hh2 (required)	4.10.6 Why didn't [c_name_hh2] (of [c_age_hh2] years) get care in the Primary Health Centre?	1	It was closed
		2	Not enough staff
		3	They do not have drugs
		4	They charge too much
		5	It is too far
		6	Waiting time is too high
		7	Not happy with the advice they provide
		8	Illness not serious

		-888	-888
		-999	-999
		other	Other
c_placecare_nostaff_hh2_other	Specify other.		
c_reason_hh2 (required)	4.10.7 What were the main reasons for choosing this place? DO NOT READ ALOUD THE OPTIONS. Select all that apply	1	Needed hospital care
		2	Friendly staff
		3	Shorter waiting time
		4	Medicine available
		5	Staff are better qualified
		6	Cleaner facility
		7	Was cheapest/Free
		8	Privacy
		9	Was referred
		10	Was nearest/closest
		11	Specialist
		-888	-888
		-999	-999
		other	Other
c_reason_hh2_other	Specify other.		
c_money_hh2 (required)	4.10.8 Do you know how much money was spent for [c_name_hh2]'s (of [c_age_hh2] years) episode?	1	Yes
		0	No
		2	Free (no cost)
		-888	-888
		-999	-999
Questionnaire > Section 4 - Household Health Service Utilization and Payment > table_list_49a			
generated_table_list_label_552	4.10.9 How much was paid in total for the _____ that [c_name_hh2] (of [c_age_hh2] years) received for his/her episode? Record amount in NAIRA, if not received at all record "0". If the answer is 20,000 record "20,000". DO NOT record "20" and if it is NOT APPLICABLE record "-777".		
table_list_49a_1 (required)	CONSULTATION		
table_list_49a_2 (required)	TREATMENT (EXCLUDING DRUGS)		
table_list_49a_3 (required)	DRUGS AT FACILITY		
table_list_49a_4 (required)	DRUGS OUTSIDE FACILITY		
table_list_49a_5 (required)	TRANSPORTATION		
c_resolve_hh2 (required)	4.10.10 Has this health problem been resolved?	1	Yes
		0	No
		-888	-888
		-999	-999
Questionnaire > Section 4 - Household Health Service Utilization and Payment > Section 4 - Household Health Service Utilization and Payment			
Questionnaire > Section 4 - Household Health Service Utilization and Payment > Section 4 - Household Health Service Utilization and Payment > table_list_49b			
generated_table_list_label_561	4.10.11 How much time (hours and minutes) did [c_name_hh2] (of [c_age_hh2] years) wait before being seen by health care worker when he/she was seen?		
table_list_49b_1 (required)	HOURS		
table_list_49b_2 (required)	MINUTES		
phc_time1_chh2 (required)	4.10.12 How many minutes did [c_name_hh2] (of [c_age_hh2] years) spent with the health care worker when he/she was seen?		
Questionnaire > Section 4 - Household Health Service Utilization and Payment > Section 4 - Household Health Service Utilization and Payment			
phc_explain1_chh2 (required)	4.10.13 Did the health worker provide enough explanation about [c_name_hh2]'s (of [c_age_hh2] years) treatment/problems?	1	Yes
		0	No
		-888	-888
		-999	-999
phc_happiness1_chh2 (required)	4.10.14 Was [c_name_hh2] (of [c_age_hh2] years) happy with the privacy given to him/her?	1	Yes
		0	No
		-888	-888
		-999	-999
phc_equipment1_chh2 (required)	4.10.15 Does [c_name_hh2] (of [c_age_hh2] years) know or was he/she told whether the health facility lacked any of the required equipment when he/she went?	1	Yes
		0	No
		-888	-888
		-999	-999
Questionnaire > Section 4 - Household Health Service Utilization and Payment > Section 4 - Household Health Service Utilization and Payment			
phc_drugs1_chh2 (required)	4.10.16 Did the health facility lack any of the drugs that were recommended to [c_name_hh2] (of [c_age_hh2] years)?	1	Yes
		0	No
		-888	-888

		-999	-999
phc_drugsbuy1_chh2 (required)	4.10.17 Was [c_name_hh2] (of [c_age_hh2] years) told to buy drugs outside the health facility?	1	Yes
		0	No
		-888	-888
		-999	-999
phc_drugspay1_chh2 (required)	4.10.18 Was [c_name_hh2] (of [c_age_hh2] years) asked to pay for the drug given to him/her at the health facility?	1	Yes
		0	No
		-888	-888
		-999	-999
c_ill_hh3 (required)	4.11.1 In the past three months has [c_name_hh3] (of [c_age_hh3] years) been ill or in poor health?	1	Yes
		0	No
		-888	-888
		-999	-999
c_complain_hh3 (required)	4.11.2 Which was the complaint of his/her last illness? DO NOT READ ALOUD THE OPTIONS. Select all that apply	1	Fever/malaria
		2	Cough/chest infection
		3	Headache
		4	Diarrhea
		5	Vomiting
		6	Stomach pain
		7	Anemia
		8	Skin problem
		9	Hypertension/Diabetes
		10	Pregnancy/Obstetric
		-888	-888
		-999	-999
		other	Other
c_complain_hh3_other	Specify other.		
c_seek_care_hh3 (required)	4.11.3 For (of [c_age_hh3] years) illnesses in the last 3 months, I will like to speak with you on the MOST RECENT EPISODE of illness. Did [c_name_hh3] seek care outside the home?	1	Yes
		0	No
		-888	-888
		-999	-999
c_get_care_hh3 (required)	4.11.4 Did [c_name_hh3] (of [c_age_hh3] years) get care outside the home?	1	Yes
		0	No
		-888	-888
		-999	-999
c_placecare_hh3 (required)	4.11.5 Where did [c_name_hh3] (of [c_age_hh3] years) first seek care outside home for this condition? DO NOT READ ALOUD THE OPTIONS	1	Government Hospital
		2	Government Primary Health Center
		3	Government Health Clinic
		4	Government Health Post
		5	Private Hospital
		6	Private Clinic/Health Post
		7	Home of Medical Personnel
		8	Traditional healer
		9	Faith/Church healer
		10	Pharmacy/Drug seller
		11	Own home
		12	Home of Traditional Birth Attendant
		-888	-888
		-999	-999
		other	Other
c_placecare_hh3_other	Specify other.		
c_placecare_nostaff_hh3 (required)	4.11.6 Why didn't [c_name_hh3] (of [c_age_hh3] years) get care in the Primary Health Centre?	1	It was closed
		2	Not enough staff
		3	They do not have drugs
		4	They charge too much
		5	It is too far
		6	Waiting time is too high
		7	Not happy with the advice they provide

		8	Illness not serious
		-888	-888
		-999	-999
		other	Other
c_placecare_nostaff_hh3_other	Specify other.		
c_reason_hh3 (required)	4.11.7 What were the main reasons for choosing this place? DO NOT READ ALOUD THE OPTIONS. Select all that apply	1	Needed hospital care
		2	Friendly staff
		3	Shorter waiting time
		4	Medicine available
		5	Staff are better qualified
		6	Cleaner facility
		7	Was cheapest/Free
		8	Privacy
		9	Was referred
		10	Was nearest/closest
		11	Specialist
		-888	-888
		-999	-999
		other	Other
c_reason_hh3_other	Specify other.		
c_money_hh3 (required)	4.11.8 Do you know how much money was spent for [c_name_hh3]'s (of [c_age_hh3] years) episode?	1	Yes
		0	No
		2	Free (no cost)
		-888	-888
		-999	-999
Questionnaire > Section 4 - Household Health Service Utilization and Payment > table_list_491a			
generated_table_list_label_585	4.11.9 How much was paid in total for the _____ that [c_name_hh3] (of [c_age_hh3] years) received for his/her episode? Record amount in NAIRA. If not received at all record "0". If the answer is 20,000 record "20,000". DO NOT record "20" and if it is NOT APPLICABLE record "-777".		
table_list_491a_1 (required)	CONSULTATION		
table_list_491a_2 (required)	TREATMENT (EXCLUDING DRUGS)		
table_list_491a_3 (required)	DRUGS AT FACILITY		
table_list_491a_4 (required)	DRUGS OUTSIDE FACILITY		
table_list_491a_5 (required)	TRANSPORTATION		
c_resolve_hh3 (required)	4.11.10 Has this health problem been resolved?	1	Yes
		0	No
		-888	-888
		-999	-999
Questionnaire > Section 4 - Household Health Service Utilization and Payment > Section 4 - Household Health Service Utilization and Payment			
Questionnaire > Section 4 - Household Health Service Utilization and Payment > Section 4 - Household Health Service Utilization and Payment > table_list_491b			
generated_table_list_label_594	4.11.11 How much time (hours and minutes) did [c_name_hh3] (of [c_age_hh3] years) wait before being seen by health care worker when he/she was seen?		
table_list_491b_1 (required)	HOURS		
table_list_491b_2 (required)	MINUTES		
phc_time1_chh3 (required)	4.11.12 How many minutes did [c_name_hh3] (of [c_age_hh3] years) spent with the health care worker when he/she was seen?		
Questionnaire > Section 4 - Household Health Service Utilization and Payment > Section 4 - Household Health Service Utilization and Payment			
phc_explain1_chh3 (required)	4.11.13 Did the health worker provide enough explanation about [c_name_hh3]'s (of [c_age_hh3] years) treatment/problems?	1	Yes
		0	No
		-888	-888
		-999	-999
phc_happiness1_chh3 (required)	4.11.14 Was [c_name_hh3] (of [c_age_hh3] years) happy with the privacy given to him/her?	1	Yes
		0	No
		-888	-888
		-999	-999
phc_equipment1_chh3 (required)	4.11.15 Does [c_name_hh3] (of [c_age_hh3] years) know or was he/she told whether the health facility lacked any of the required equipment when he/she went?	1	Yes
		0	No
		-888	-888
		-999	-999
Questionnaire > Section 4 - Household Health Service Utilization and Payment > Section 4 - Household Health Service Utilization and Payment			
phc_drugs1_chh3 (required)	4.11.16 Did the health facility lack any of the drugs that were recommended to [c_name_hh3] (of [c_age_hh3] years)?	1	Yes

	years)?	0 No
		-888 -888
		-999 -999
phc_drugsbuy1_chh3 (required)	4.11.17 Was [c_name_hh3] (of [c_age_hh3] years) told to buy drugs outside the health facility?	1 Yes
		0 No
		-888 -888
		-999 -999
phc_drugspay1_chh3 (required)	4.11.18 Was [c_name_hh3] (of [c_age_hh3] years) asked to pay for the drug given to him/her at the health facility?	1 Yes
		0 No
		-888 -888
		-999 -999
c_ill_hh4 (required)	4.12.1 In the past three months has [c_name_hh4] (of [c_age_hh4] years) been ill or in poor health?	1 Yes
		0 No
		-888 -888
		-999 -999
c_complain_hh4 (required)	4.12.2 Which was the complaint of his/her last illness? DO NOT READ ALOUD THE OPTIONS. Select all that apply	1 Fever/malaria
		2 Cough/chest infection
		3 Headache
		4 Diarrhea
		5 Vomiting
		6 Stomach pain
		7 Anemia
		8 Skin problem
		9 Hypertension/Diabetes
		10 Pregnancy/Obstetric
		-888 -888
		-999 -999
		other Other
c_complain_hh4_other	Specify other.	
c_seek_care_hh4 (required)	4.12.3 For (of [c_age_hh4] years) illnesses in the last 3 months, I will like to speak with you on the MOST RECENT EPISODE of illness. Did [c_name_hh4] seek care outside the home?	1 Yes
		0 No
		-888 -888
		-999 -999
c_get_care_hh4 (required)	4.12.4 Did [c_name_hh4] (of [c_age_hh4] years) get care outside the home?	1 Yes
		0 No
		-888 -888
		-999 -999
c_placecare_hh4 (required)	4.12.5 Where did [c_name_hh4] (of [c_age_hh4] years) first seek care outside home for this condition? DO NOT READ ALOUD THE OPTIONS	1 Government Hospital
		2 Government Primary Health Center
		3 Government Health Clinic
		4 Government Health Post
		5 Private Hospital
		6 Private Clinic/Health Post
		7 Home of Medical Personnel
		8 Traditional healer
		9 Faith/Church healer
		10 Pharmacy/Drug seller
		11 Own home
		12 Home of Traditional Birth Attendant
		-888 -888
		-999 -999
		other Other
c_placecare_hh4_other	Specify other.	
c_placecare_nostaff_hh4 (required)	4.12.6 Why didn't [c_name_hh4] (of [c_age_hh4] years) get care in the Primary Health Centre?	1 It was closed
		2 Not enough staff
		3 They do not have drugs
		4 They charge too much
		5 It is too far
		6 Waiting time is too high

		7	Not happy with the advice they provide
		8	Illness not serious
		-888	-888
		-999	-999
		other	Other
c_placecare_nostaff_hh4_other	Specify other.		
c_reason_hh4 (required)	4.12.7 What were the main reasons for choosing this place? DO NOT READ ALOUD THE OPTIONS. Select all that apply	1	Needed hospital care
		2	Friendly staff
		3	Shorter waiting time
		4	Medicine available
		5	Staff are better qualified
		6	Cleaner facility
		7	Was cheapest/Free
		8	Privacy
		9	Was referred
		10	Was nearest/closest
		11	Specialist
		-888	-888
		-999	-999
		other	Other
c_reason_hh4_other	Specify other.		
c_money_hh4 (required)	4.12.8 Do you know how much money was spent for [c_name_hh4]'s (of [c_age_hh4] years) episode?	1	Yes
		0	No
		2	Free (no cost)
		-888	-888
		-999	-999
Questionnaire > Section 4 - Household Health Service Utilization and Payment > table_list_492a			
generated_table_list_label_618	4.12.9 How much was paid in total for the _____ that [c_name_hh4] (of [c_age_hh4] years) received for his/her episode? Record amount in NAIRA, if not received at all record "0". If the answer is 20,000 record "20,000". DO NOT record "20" and if it is NOT APPLICABLE record "-777".		
table_list_492a_1 (required)	CONSULTATION		
table_list_492a_2 (required)	TREATMENT (EXCLUDING DRUGS)		
table_list_492a_3 (required)	DRUGS AT FACILITY		
table_list_492a_4 (required)	DRUGS OUTSIDE FACILITY		
table_list_492a_5 (required)	TRANSPORTATION		
c_resolve_hh4 (required)	4.12.10 Has this health problem been resolved?	1	Yes
		0	No
		-888	-888
		-999	-999
Questionnaire > Section 4 - Household Health Service Utilization and Payment > Section 4 - Household Health Service Utilization and Payment			
Questionnaire > Section 4 - Household Health Service Utilization and Payment > Section 4 - Household Health Service Utilization and Payment > table_list_492b			
generated_table_list_label_627	4.12.11 How much time (hours and minutes) did [c_name_hh4] (of [c_age_hh4] years) wait before being seen by health care worker when he/she was seen?		
table_list_492b_1 (required)	HOURS		
table_list_492b_2 (required)	MINUTES		
phc_time1_chh4 (required)	4.12.13 How many minutes did [c_name_hh4] (of [c_age_hh4] years) spent with the health care worker when he/she was seen?		
Questionnaire > Section 4 - Household Health Service Utilization and Payment > Section 4 - Household Health Service Utilization and Payment			
phc_explain1_chh4 (required)	4.12.14 Did the health worker provide enough explanation about [c_name_hh4]'s (of [c_age_hh4] years) treatment/problems?	1	Yes
		0	No
		-888	-888
		-999	-999
phc_happiness1_chh4 (required)	4.12.15 Was [c_name_hh4] (of [c_age_hh4] years) happy with the privacy given to him/her?	1	Yes
		0	No
		-888	-888
		-999	-999
phc_equipment1_chh4 (required)	4.12.16 Does [c_name_hh4] (of [c_age_hh4] years) know or was he/she told whether the health facility lacked any of the required equipment when he/she went?	1	Yes
		0	No
		-888	-888
		-999	-999
Questionnaire > Section 4 - Household Health Service Utilization and Payment > Section 4 - Household Health Service Utilization and Payment			

phc_drugs1_chh4 (required)	4.12.17 Did the health facility lack any of the drugs that were recommended to [c_name_hh4] (of [c_age_hh4] years)?	1	Yes
		0	No
		-888	-888
		-999	-999
phc_drugsbuy1_chh4 (required)	4.12.18 Was [c_name_hh4] (of [c_age_hh4] years) told to buy drugs outside the health facility?	1	Yes
		0	No
		-888	-888
		-999	-999
phc_drugspay1_chh4 (required)	4.12.19 Was [c_name_hh4] (of [c_age_hh4] years) asked to pay for the drug given to him/her at the health facility?	1	Yes
		0	No
		-888	-888
		-999	-999
c_ill_hh5 (required)	4.13.1 In the past three months has [c_name_hh5] (of [c_age_hh5] years) been ill or in poor health?	1	Yes
		0	No
		-888	-888
		-999	-999
c_complain_hh5 (required)	4.13.2 Which was the complaint of his/her last illness? DO NOT READ ALOUD THE OPTIONS. Select all that apply	1	Fever/malaria
		2	Cough/chest infection
		3	Headache
		4	Diarrhea
		5	Vomiting
		6	Stomach pain
		7	Anemia
		8	Skin problem
		9	Hypertension/Diabetes
		10	Pregnancy/Obstetric
		-888	-888
		-999	-999
		other	Other
c_complain_hh5_other	Specify other.		
c_seek_care_hh5 (required)	4.13.3 For (of years) illnesses in the last 3 months, I will like to speak with you on the MOST RECENT EPISODE of illness. Did [c_name_hh5] (of [c_age_hh5] years) seek care outside the home?	1	Yes
		0	No
		-888	-888
		-999	-999
c_get_care_hh5 (required)	4.13.4 Did [c_name_hh5] (of [c_age_hh5] years) get care outside the home?	1	Yes
		0	No
		-888	-888
		-999	-999
c_placecare_hh5 (required)	4.13.5 Where did [c_name_hh5] (of [c_age_hh5] years) first seek care outside home for this condition? DO NOT READ ALOUD THE OPTIONS	1	Government Hospital
		2	Government Primary Health Center
		3	Government Health Clinic
		4	Government Health Post
		5	Private Hospital
		6	Private Clinic/Health Post
		7	Home of Medical Personnel
		8	Traditional healer
		9	Faith/Church healer
		10	Pharmacy/Drug seller
		11	Own home
		12	Home of Traditional Birth Attendant
		-888	-888
-999	-999		
other	Other		
c_placecare_hh5_other	Specify other.		
c_placecare_nostaff_hh5 (required)	4.13.6 Why didn't [c_name_hh5] (of [c_age_hh5] years) get care in the Primary Health Centre?	1	It was closed
		2	Not enough staff
		3	They do not have drugs
		4	They charge too much
		5	It is too far
		6	Waiting time is too high

		7	Not happy with the advice they provide
		8	Illness not serious
		-888	-888
		-999	-999
		other	Other
c_placecare_nostaff_hh5_other	Specify other.		
c_reason_hh5 (required)	4.13.7 What were the main reasons for choosing this place? DO NOT READ ALOUD THE OPTIONS. Select all that apply	1	Needed hospital care
		2	Friendly staff
		3	Shorter waiting time
		4	Medicine available
		5	Staff are better qualified
		6	Cleaner facility
		7	Was cheapest/Free
		8	Privacy
		9	Was referred
		10	Was nearest/Closest
		11	Specialist
		-888	-888
		-999	-999
		other	Other
c_reason_hh5_other	Specify other.		
c_money_hh5 (required)	4.13.8 Do you know how much money was spent for [c_name_hh5]'s (of [c_age_hh5] years) episode?	1	Yes
		0	No
		2	Free (no cost)
		-888	-888
		-999	-999
Questionnaire > Section 4 - Household Health Service Utilization and Payment > table_list_493a			
generated_table_list_label_651	4.13.9 How much was paid in total for the _____ that [c_name_hh5] (of [c_age_hh5] years) received for his/her episode? Record amount in NAIRA, if not received at all record "0". If the answer is 20,000 record "20,000". DO NOT record "20" and if it is NOT APPLICABLE record "-777".		
table_list_493a_1 (required)	CONSULTATION		
table_list_493a_2 (required)	TREATMENT (EXCLUDING DRUGS)		
table_list_493a_3 (required)	DRUGS AT FACILITY		
table_list_493a_4 (required)	DRUGS OUTSIDE FACILITY		
table_list_493a_5 (required)	TRANSPORTATION		
c_resolve_hh5 (required)	4.13.10 Has this health problem been resolved?	1	Yes
		0	No
		-888	-888
		-999	-999
Questionnaire > Section 4 - Household Health Service Utilization and Payment > Section 4 - Household Health Service Utilization and Payment			
Questionnaire > Section 4 - Household Health Service Utilization and Payment > Section 4 - Household Health Service Utilization and Payment > table_list_493b			
generated_table_list_label_660	4.13.11 How much time (hours and minutes) did[c_name_hh5] (of [c_age_hh5] years) wait before being seen by health care worker when he/she was seen?		
table_list_493b_1 (required)	HOURS		
table_list_493b_2 (required)	MINUTES		
phc_time1_chh5 (required)	4.13.12 How many minutes did [c_name_hh5] (of [c_age_hh5] years) spent with the health care worker when he/she was seen?		
Questionnaire > Section 4 - Household Health Service Utilization and Payment > Section 4 - Household Health Service Utilization and Payment			
phc_explain1_chh5 (required)	4.13.13 Did the health worker provide enough explanation about [c_name_hh5]'s (of [c_age_hh5] years) treatment/problems?	1	Yes
		0	No
		-888	-888
		-999	-999
phc_happiness1_chh5 (required)	4.13.14 Was [c_name_hh5] (of [c_age_hh5] years) happy with the privacy given to him/her?	1	Yes
		0	No
		-888	-888
		-999	-999
phc_equipment1_chh5 (required)	4.13.15 Does [c_name_hh5] (of [c_age_hh5] years) know or was he/she told whether the health facility lacked any of the required equipment when he/she went?	1	Yes
		0	No
		-888	-888
		-999	-999

Questionnaire > Section 4 - Household Health Service Utilization and Payment > Section 4 - Household Health Service Utilization and Payment			
phc_drugs1_chh5 (required)	4.13.16 Did the health facility lack any of the drugs that were recommended to [c_name_hh5] (of [c_age_hh5] years)?	1	Yes
		0	No
		-888	-888
		-999	-999
phc_drugsbuy1_chh5 (required)	4.13.17 Was [c_name_hh5] (of [c_age_hh5] years) told to buy drugs outside the health facility?	1	Yes
		0	No
		-888	-888
		-999	-999
phc_drugspay1_chh5 (required)	4.13.18 Was [c_name_hh5] (of [c_age_hh5] years) asked to pay for the drug given to him/her at the health facility?	1	Yes
		0	No
		-888	-888
		-999	-999
c_ill_hh6 (required)	4.14.1 In the past three months has [c_name_hh6] (of [c_age_hh6] years) been ill or in poor health?	1	Yes
		0	No
		-888	-888
		-999	-999
c_complain_hh6 (required)	4.14.2 Which was the complaint of his/her last illness? DO NOT READ ALOUD THE OPTIONS. Select all that apply	1	Fever/malaria
		2	Cough/chest infection
		3	Headache
		4	Diarrhea
		5	Vomiting
		6	Stomach pain
		7	Anemia
		8	Skin problem
		9	Hypertension/Diabetes
		10	Pregnancy/Obstetric
		-888	-888
		-999	-999
		other	Other
c_complain_hh6_other	Specify other.		
c_seek_care_hh6 (required)	4.14.3 For (of years) illnesses in the last 3 months, I will like to speak with you on the MOST RECENT EPISODE of illness. Did [c_name_hh6] (of years) (of [c_age_hh6] years) seek care outside the home?	1	Yes
		0	No
		-888	-888
		-999	-999
c_get_care_hh6 (required)	4.14.4 Did [c_name_hh6] (of [c_age_hh6] years) get care outside the home?	1	Yes
		0	No
		-888	-888
		-999	-999
c_placecare_hh6 (required)	4.14.5 Where did [c_name_hh6] (of [c_age_hh6] years) first seek care outside home for this condition? DO NOT READ ALOUD THE OPTIONS	1	Government Hospital
		2	Government Primary Health Center
		3	Government Health Clinic
		4	Government Health Post
		5	Private Hospital
		6	Private Clinic/Health Post
		7	Home of Medical Personnel
		8	Traditional healer
		9	Faith/Church healer
		10	Pharmacy/Drug seller
		11	Own home
		12	Home of Traditional Birth Attendant
		-888	-888
-999	-999		
other	Other		
c_placecare_hh6_other	Specify other.		
c_placecare_nostaff_hh6 (required)	4.14.6 Why didn't [c_name_hh6] (of [c_age_hh6] years) get care in the Primary Health Centre?	1	It was closed
		2	Not enough staff
		3	They do not have drugs
		4	They charge too much
		5	It is too far

		6	Waiting time is too high
		7	Not happy with the advice they provide
		8	Illness not serious
		-888	-888
		-999	-999
		other	Other
c_placecare_nostaff_hh6_other	Specify other.		
c_reason_hh6 (required)	4.14.7 What were the main reasons for choosing this place? DO NOT READ ALOUD THE OPTIONS. Select all that apply	1	Needed hospital care
		2	Friendly staff
		3	Shorter waiting time
		4	Medicine available
		5	Staff are better qualified
		6	Cleaner facility
		7	Was cheapest/Free
		8	Privacy
		9	Was referred
		10	Was nearest/Closest
		11	Specialist
		-888	-888
		-999	-999
		other	Other
c_reason_hh6_other	Specify other.		
c_money_hh6 (required)	4.14.8 Do you know how much money was spent for [c_name_hh6]'s (of [c_age_hh6] years) episode?	1	Yes
		0	No
		2	Free (no cost)
		-888	-888
		-999	-999
Questionnaire > Section 4 - Household Health Service Utilization and Payment > table_list_494a			
generated_table_list_label_684	4.14.9 How much was paid in total for the _____ that [c_name_hh6] (of [c_age_hh6] years) received for his/her episode? Record amount in NAIRA. if not received at all record "0". If the answer is 20,000 record "20,000". DO NOT record "20" and if it is NOT APPLICABLE record "-777".		
table_list_494a_1 (required)	CONSULTATION		
table_list_494a_2 (required)	TREATMENT (EXCLUDING DRUGS)		
table_list_494a_3 (required)	DRUGS AT FACILITY		
table_list_494a_4 (required)	DRUGS OUTSIDE FACILITY		
table_list_494a_5 (required)	TRANSPORTATION		
c_resolve_hh6 (required)	4.14.10 Has this health problem been resolved?	1	Yes
		0	No
		-888	-888
		-999	-999
Questionnaire > Section 4 - Household Health Service Utilization and Payment > Section 4 - Household Health Service Utilization and Payment			
Questionnaire > Section 4 - Household Health Service Utilization and Payment > Section 4 - Household Health Service Utilization and Payment > table_list_494b			
generated_table_list_label_693	4.14.11 How much time (hours and minutes) did [c_name_hh6] (of [c_age_hh6] years) wait before being seen by health care worker when he/she was seen?		
table_list_494b_1 (required)	HOURS		
table_list_494b_2 (required)	MINUTES		
phc_time1_chh6 (required)	4.14.12 How many minutes did [c_name_hh6] (of [c_age_hh6] years) spent with the health care worker when he/she was seen?		
Questionnaire > Section 4 - Household Health Service Utilization and Payment > Section 4 - Household Health Service Utilization and Payment			
phc_explain1_chh6 (required)	4.14.13 Did the health worker provide enough explanation about [c_name_hh6]'s (of [c_age_hh6] years) treatment/problems?	1	Yes
		0	No
		-888	-888
		-999	-999
phc_happiness1_chh6 (required)	4.14.14 Was [c_name_hh6] (of [c_age_hh6] years) happy with the privacy given to him/her?	1	Yes
		0	No
		-888	-888
		-999	-999
phc_equipment1_chh6 (required)	4.14.15 Does [c_name_hh6] (of [c_age_hh6] years) know or was he/she told whether the health facility lacked any	1	Yes

	of the required equipment when he/she went?	0 No
		-888 -888
		-999 -999
Questionnaire > Section 4 - Household Health Service Utilization and Payment > Section 4 - Household Health Service Utilization and Payment		
phc_drugs1_chh6 (required)	4.14.16 Did the health facility lack any of the drugs that were recommended to [c_name_hh6] (of [c_age_hh6] years)?	1 Yes 0 No -888 -888 -999 -999
phc_drugsbuy1_chh6 (required)	4.14.17 Was [c_name_hh6] (of [c_age_hh6] years) told to buy drugs outside the health facility?	1 Yes 0 No -888 -888 -999 -999
phc_drugspay1_chh6 (required)	4.14.18 Was [c_name_hh6] (of [c_age_hh6] years) asked to pay for the drug given to him/her at the health facility?	1 Yes 0 No -888 -888 -999 -999
c_ill_hh7 (required)	4.15.1 In the past three months has [c_name_hh7] (of [c_age_hh7] years) been ill or in poor health?	1 Yes 0 No -888 -888 -999 -999
c_complain_hh7 (required)	4.15.2 Which was the complaint of his/her last illness? DO NOT READ ALOUD THE OPTIONS. Select all that apply	1 Fever/malaria 2 Cough/chest infection 3 Headache 4 Diarrhea 5 Vomiting 6 Stomach pain 7 Anemia 8 Skin problem 9 Hypertension/Diabetes 10 Pregnancy/Obstetric -888 -888 -999 -999 other Other
c_complain_hh7_other	Specify other.	
c_seek_care_hh7 (required)	4.15.3 For (of years) illnesses in the last 3 months, I will like to speak with you on the MOST RECENT EPISODE of illness. Did [c_name_hh7] (of years) (of [c_age_hh7] years) seek care outside the home?	1 Yes 0 No -888 -888 -999 -999
c_get_care_hh7 (required)	4.15.4 Did [c_name_hh7] (of [c_age_hh7] years) get care outside the home?	1 Yes 0 No -888 -888 -999 -999
c_placecare_hh7 (required)	4.15.5 Where did [c_name_hh7] (of [c_age_hh7] years) first seek care outside home for this condition? DO NOT READ ALOUD THE OPTIONS	1 Government Hospital 2 Government Primary Health Center 3 Government Health Clinic 4 Government Health Post 5 Private Hospital 6 Private Clinic/Health Post 7 Home of Medical Personnel 8 Traditional healer 9 Faith/Church healer 10 Pharmacy/Drug seller 11 Own home 12 Home of Traditional Birth Attendant -888 -888 -999 -999 other Other
c_placecare_hh7_other	Specify other.	
c_placecare_nostaff_hh7 (required)	4.15.6 Why didn't [c_name_hh7] (of [c_age_hh7] years) get care in the Primary Health Centre?	1 It was closed

		2	Not enough staff
		3	They do not have drugs
		4	They charge too much
		5	It is too far
		6	Waiting time is too high
		7	Not happy with the advice they provide
		8	Illness not serious
		-888	-888
		-999	-999
		other	Other
c_placecare_nostaff_hh7_other	Specify other.		
c_reason_hh7 (required)	4.15.7 What were the main reasons for choosing this place? DO NOT READ ALOUD THE OPTIONS. Select all that apply	1	Needed hospital care
		2	Friendly staff
		3	Shorter waiting time
		4	Medicine available
		5	Staff are better qualified
		6	Cleaner facility
		7	Was cheapest/Free
		8	Privacy
		9	Was referred
		10	Was nearest/closest
		11	Specialist
		-888	-888
		-999	-999
		other	Other
c_reason_hh7_other	Specify other.		
c_money_hh7 (required)	4.15.8 Do you know how much money was spent for [c_name_hh7]'s (of [c_age_hh7] years) episode?	1	Yes
		0	No
		2	Free (no cost)
		-888	-888
		-999	-999
Questionnaire > Section 4 - Household Health Service Utilization and Payment > table_list_495a			
generated_table_list_label_717	4.15.9 How much was paid in total for the _____ that [c_name_hh7] (of [c_age_hh7] years) received for his/her episode? Record amount in NAIRA, if not received at all record "0". If the answer is 20,000 record "20,000". DO NOT record "20" and if it is NOT APPLICABLE record "-777".		
table_list_495a_1 (required)	CONSULTATION		
table_list_495a_2 (required)	TREATMENT (EXCLUDING DRUGS)		
table_list_495a_3 (required)	DRUGS AT FACILITY		
table_list_495a_4 (required)	DRUGS OUTSIDE FACILITY		
table_list_495a_5 (required)	TRANSPORTATION		
c_resolve_hh7 (required)	4.15.10 Has this health problem been resolved?	1	Yes
		0	No
		-888	-888
		-999	-999
Questionnaire > Section 4 - Household Health Service Utilization and Payment > Section 4 - Household Health Service Utilization and Payment			
Questionnaire > Section 4 - Household Health Service Utilization and Payment > Section 4 - Household Health Service Utilization and Payment > table_list_495b			
generated_table_list_label_726	4.15.11 How much time (hours and minutes) did [c_name_hh7] (of [c_age_hh7] years) wait before being seen by health care worker when he/she was seen?		
table_list_495b_1 (required)	HOURS		
table_list_495b_2 (required)	MINUTES		
phc_time1_chh7 (required)	4.15.12 How many minutes did [c_name_hh7] (of [c_age_hh7] years) spent with the health care worker when he/she was seen?		
Questionnaire > Section 4 - Household Health Service Utilization and Payment > Section 4 - Household Health Service Utilization and Payment			
phc_explain1_chh7 (required)	4.15.13 Did the health worker provide enough explanation about [c_name_hh7]'s (of [c_age_hh7] years) treatment/problems?	1	Yes
		0	No
		-888	-888
		-999	-999
phc_happiness1_chh7 (required)	4.15.14 Was [c_name_hh7] (of [c_age_hh7] years) happy with the privacy given to him/her?	1	Yes
		0	No
		-888	-888

		-999	-999
phc_equipment1_chh7 (required)	4.15.15 Does [c_name_hh7] (of [c_age_hh7] years) know or was he/she told whether the health facility lacked any of the required equipment when he/she went?	1	Yes
		0	No
		-888	-888
		-999	-999
Questionnaire > Section 4 - Household Health Service Utilization and Payment > Section 4 - Household Health Service Utilization and Payment			
phc_drugs1_chh7 (required)	4.15.16 Did the health facility lack any of the drugs that were recommended to [c_name_hh7] (of [c_age_hh7] years)?	1	Yes
		0	No
		-888	-888
		-999	-999
phc_drugsbuy1_chh7 (required)	4.15.17 Was [c_name_hh7] (of [c_age_hh7] years) told to buy drugs outside the health facility?	1	Yes
		0	No
		-888	-888
		-999	-999
phc_drugspay1_chh7 (required)	4.15.18 Was [c_name_hh7] (of [c_age_hh7] years) asked to pay for the drug given to him/her at the health facility?	1	Yes
		0	No
		-888	-888
		-999	-999
c_ill_hh8 (required)	4.16.1 In the past three months has [c_name_hh8] (of [c_age_hh8] years) been ill or in poor health?	1	Yes
		0	No
		-888	-888
		-999	-999
c_complain_hh8 (required)	4.16.2 Which was the complaint of his/her last illness? DO NOT READ ALOUD THE OPTIONS. Select all that apply	1	Fever/malaria
		2	Cough/chest infection
		3	Headache
		4	Diarrhea
		5	Vomiting
		6	Stomach pain
		7	Anemia
		8	Skin problem
		9	Hypertension/Diabetes
		10	Pregnancy/Obstetric
		-888	-888
		-999	-999
		other	Other
c_complain_hh8_other	Specify other.		
c_seek_care_hh8 (required)	4.16.3 For (of years) illnesses in the last 3 months, I will like to speak with you on the MOST RECENT EPISODE of illness. Did [c_name_hh8] (of years) (of [c_age_hh8] years) seek care outside the home?	1	Yes
		0	No
		-888	-888
		-999	-999
c_get_care_hh8 (required)	4.16.4 Did [c_name_hh8] (of [c_age_hh8] years) get care outside the home?	1	Yes
		0	No
		-888	-888
		-999	-999
c_placecare_hh8 (required)	4.16.5 Where did [c_name_hh8] (of [c_age_hh8] years) first seek care outside home for this condition? DO NOT READ ALOUD THE OPTIONS	1	Government Hospital
		2	Government Primary Health Center
		3	Government Health Clinic
		4	Government Health Post
		5	Private Hospital
		6	Private Clinic/Health Post
		7	Home of Medical Personnel
		8	Traditional healer
		9	Faith/Church healer
		10	Pharmacy/Drug seller
		11	Own home
		12	Home of Traditional Birth Attendant
		-888	-888
		-999	-999
		other	Other

c_placecare_hh8_other	Specify other.		
c_placecare_nostaff_hh8 (required)	4.16.6 Why didn't [c_name_hh8] (of [c_age_hh8] years) get care in the Primary Health Centre?	1	It was closed
		2	Not enough staff
		3	They do not have drugs
		4	They charge too much
		5	It is too far
		6	Waiting time is too high
		7	Not happy with the advice they provide
		8	Illness not serious
		-888	-888
		-999	-999
		other	Other
c_placecare_nostaff_hh8_other	Specify other.		
c_reason_hh8 (required)	4.16.7 What were the main reasons for choosing this place? DO NOT READ ALOUD THE OPTIONS. Select all that apply	1	Needed hospital care
		2	Friendly staff
		3	Shorter waiting time
		4	Medicine available
		5	Staff are better qualified
		6	Cleaner facility
		7	Was cheapest/Free
		8	Privacy
		9	Was referred
		10	Was nearest/Closest
		11	Specialist
		-888	-888
		-999	-999
		other	Other
c_reason_hh8_other	Specify other.		
c_money_hh8 (required)	4.16.8 Do you know how much money was spent for [c_name_hh8]'s (of [c_age_hh8] years) episode?	1	Yes
		0	No
		2	Free (no cost)
		-888	-888
		-999	-999
Questionnaire > Section 4 - Household Health Service Utilization and Payment > table_list_496a			
generated_table_list_label_750	4.16.9 How much was paid in total for the _____ that [c_name_hh8] (of [c_age_hh8] years) received for his/her episode? Record amount in NAIRA, if not received at all record "0". If the answer is 20,000 record "20,000". DO NOT record "20" and if it is NOT APPLICABLE record "-777".		
table_list_496a_1 (required)	CONSULTATION		
table_list_496a_2 (required)	TREATMENT (EXCLUDING DRUGS)		
table_list_496a_3 (required)	DRUGS AT FACILITY		
table_list_496a_4 (required)	DRUGS OUTSIDE FACILITY		
table_list_496a_5 (required)	TRANSPORTATION		
c_resolve_hh8 (required)	4.16.10 Has this health problem been resolved?	1	Yes
		0	No
		-888	-888
		-999	-999
Questionnaire > Section 4 - Household Health Service Utilization and Payment > Section 4 - Household Health Service Utilization and Payment			
Questionnaire > Section 4 - Household Health Service Utilization and Payment > Section 4 - Household Health Service Utilization and Payment > table_list_496b			
generated_table_list_label_759	4.16.11 How much time (hours and minutes) did [c_name_hh8] (of [c_age_hh8] years) wait before being seen by health care worker when he/she was seen?		
table_list_496b_1 (required)	HOURS		
table_list_496b_2 (required)	MINUTES		
phc_time1_chh8 (required)	4.16.12 How many minutes did [c_name_hh8] (of [c_age_hh8] years) spent with the health care worker when he/she was seen?		
Questionnaire > Section 4 - Household Health Service Utilization and Payment > Section 4 - Household Health Service Utilization and Payment			
phc_explain1_chh8 (required)	4.16.13 Did the health worker provide enough explanation about [c_name_hh8]'s (of [c_age_hh8] years) treatment/problems?	1	Yes
		0	No
		-888	-888
		-999	-999
phc_happiness1_chh8 (required)	4.16.14 Was [c_name_hh8] (of [c_age_hh8] years) happy with the privacy given to him/her?	1	Yes

		0	No
		-888	-888
		-999	-999
phc_equipment1_chh8 (required)	4.16.15 Does [c_name_hh8] (of [c_age_hh8] years) know or was he/she told whether the health facility lacked any of the required equipment when he/she went?	1	Yes
		0	No
		-888	-888
		-999	-999
Questionnaire > Section 4 - Household Health Service Utilization and Payment > Section 4 - Household Health Service Utilization and Payment			
phc_drugs1_chh8 (required)	4.16.16 Did the health facility lack any of the drugs that were recommended to [c_name_hh8] (of [c_age_hh8] years)?	1	Yes
		0	No
		-888	-888
		-999	-999
phc_drugsbuy1_chh8 (required)	4.16.17 Was [c_name_hh8] (of [c_age_hh8] years) told to buy drugs outside the health facility?	1	Yes
		0	No
		-888	-888
		-999	-999
phc_drugspay1_chh8 (required)	4.16.18 Was [c_name_hh8] (of [c_age_hh8] years) asked to pay for the drug given to him/her at the health facility?	1	Yes
		0	No
		-888	-888
		-999	-999
note_4c	Section 5 -Community Organizations Now I wll ask you a few questions about COMMUNITY ORGANIZATIONS		
Questionnaire > Section 5 -Community Organizations			
Questionnaire > Section 5 -Community Organizations > table_list_498c			
generated_table_list_label_778	5.1.20 How long (hours and minutes) will it take for a healthy person to go by foot to the nearest PHC?		
table_list_498c_1 (required)	HOURS		
table_list_498c_2 (required)	MINUTES		
wdc_meetings (required)	5.1.21 Do you know where the Ward Development Committee meets?	1	Yes
		0	No
Questionnaire > Section 5 -Community Organizations > table_list_498d			
generated_table_list_label_783	5.1.22 How long (hours and minutes) will it take for a healthy person to go on foot to the place where the Ward Development Committee meets?		
table_list_498d_1 (required)	HOURS		
table_list_498d_2 (required)	MINUTES		
hh_meetings (required)	5.1.23 Do any members of the household participate in any community meetings or organizations?	1	Yes
		0	No
		-888	-888
		-999	-999
hhmember_meetings (required)	5.1.24 Which ones?	1	Head of household
		2	Spouse (wife/husband)
		3	Own son/daughter
		4	Step son/daughter
		5	Son/Daughter in-law
		6	Grandchild
		7	Brother/Sister
		8	Parent
		9	Parent-in-law
		10	Niece/Nephew
		11	Other relative
		12	Domestic help
		13	Other non_relative
		14	Co-wife
		-888	-888
		-999	-999
number_meetings (required)	5.1.25 How many meetings they attended in the last 6 months?		
number_meetings_talking (required)	5.1.26 In how many meetings did they talk about the health care providers of the community?		
note_5	Section 5b - Adult Male Expectations ENUMERATOR: ONLY IF RESPONDENT IS MALE: Now I will ask you a few more questions about an hypothetical situation		
Questionnaire > Section 5b - Adult Male Expectations			
experiment_hh1 (required)	5.1 If an adult male wanted to get medical care from the nearest primary health centre, how many times would he have to go before being seen by a health care professional because the facility is closed or lack staff? If the answer is ZERO record "0"		

Questionnaire > Section 5b - Adult Male Expectations > table_list_5																		
generated_table_list_label_795	5.2 If an adult male from this village needs medical care from the primary health centre, how long (hours and minutes) will he have to wait before being seen?																	
table_list_5_1 (required)	HOURS																	
table_list_5_2 (required)	MINUTES																	
experiment_hh2 (required)	5.3 If an adult male saw a medical care professional in the primary health centre, do you think that the medical care professional will dedicate enough time to listen to his worries?	<table border="1"> <tr><td>1</td><td>Very likely</td></tr> <tr><td>2</td><td>Likely</td></tr> <tr><td>3</td><td>Not very likely</td></tr> <tr><td>4</td><td>Unlikely</td></tr> <tr><td>-888</td><td>-888</td></tr> <tr><td>-999</td><td>-999</td></tr> </table>	1	Very likely	2	Likely	3	Not very likely	4	Unlikely	-888	-888	-999	-999				
1	Very likely																	
2	Likely																	
3	Not very likely																	
4	Unlikely																	
-888	-888																	
-999	-999																	
note_6	Section 6 - Reproductive Health RESPONDENT: ONLY OPTION: Women who have given birth in the last THREE months.																	
Questionnaire > Section 6 - Reproductive Health																		
respondent_birth (required)	6.1 Did you give birth to a child in the last 3 months?	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No												
1	Yes																	
0	No																	
children_num (required)	6.2 How many children did you have in this delivery?	<table border="1"> <tr><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5</td></tr> <tr><td>6</td><td>6</td></tr> <tr><td>-888</td><td>-888</td></tr> <tr><td>-999</td><td>-999</td></tr> </table>	1	1	2	2	3	3	4	4	5	5	6	6	-888	-888	-999	-999
1	1																	
2	2																	
3	3																	
4	4																	
5	5																	
6	6																	
-888	-888																	
-999	-999																	
child1_alive (required)	6.3 Is he/she alive now? ENUMERATOR: DO NOT ASK DIRECTLY: ask for the whereabouts of the child to ascertain the child is alive or dead	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No												
1	Yes																	
0	No																	
child1_dead (required)	6.4 When did he/she die?	<table border="1"> <tr><td>1</td><td>He was born dead</td></tr> <tr><td>2</td><td>He died a few minutes after delivery</td></tr> <tr><td>3</td><td>He died within the first week after delivery</td></tr> <tr><td>4</td><td>He died between the first and fourth week of delivery</td></tr> <tr><td>5</td><td>He died after the fourth week of delivery</td></tr> <tr><td>-888</td><td>-888</td></tr> <tr><td>-999</td><td>-999</td></tr> </table>	1	He was born dead	2	He died a few minutes after delivery	3	He died within the first week after delivery	4	He died between the first and fourth week of delivery	5	He died after the fourth week of delivery	-888	-888	-999	-999		
1	He was born dead																	
2	He died a few minutes after delivery																	
3	He died within the first week after delivery																	
4	He died between the first and fourth week of delivery																	
5	He died after the fourth week of delivery																	
-888	-888																	
-999	-999																	
child2a_alive (required)	6.5 Thinking of the child that came out FIRST in the delivery, is he/she alive now?	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No												
1	Yes																	
0	No																	
child2a_dead (required)	6.6 When did he/she die?	<table border="1"> <tr><td>1</td><td>He was born dead</td></tr> <tr><td>2</td><td>He died a few minutes after delivery</td></tr> <tr><td>3</td><td>He died within the first week after delivery</td></tr> <tr><td>4</td><td>He died between the first and fourth week of delivery</td></tr> <tr><td>5</td><td>He died after the fourth week of delivery</td></tr> <tr><td>-888</td><td>-888</td></tr> <tr><td>-999</td><td>-999</td></tr> </table>	1	He was born dead	2	He died a few minutes after delivery	3	He died within the first week after delivery	4	He died between the first and fourth week of delivery	5	He died after the fourth week of delivery	-888	-888	-999	-999		
1	He was born dead																	
2	He died a few minutes after delivery																	
3	He died within the first week after delivery																	
4	He died between the first and fourth week of delivery																	
5	He died after the fourth week of delivery																	
-888	-888																	
-999	-999																	
child2b_alive (required)	6.7 Thinking of the child that came out SECOND in the delivery, is he/she alive now?	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No												
1	Yes																	
0	No																	
child2b_dead (required)	6.8 When did he/she die?	<table border="1"> <tr><td>1</td><td>He was born dead</td></tr> <tr><td>2</td><td>He died a few minutes after delivery</td></tr> <tr><td>3</td><td>He died within the first week after delivery</td></tr> <tr><td>4</td><td>He died between the first and fourth week of delivery</td></tr> <tr><td>5</td><td>He died after the fourth week of delivery</td></tr> <tr><td>-888</td><td>-888</td></tr> <tr><td>-999</td><td>-999</td></tr> </table>	1	He was born dead	2	He died a few minutes after delivery	3	He died within the first week after delivery	4	He died between the first and fourth week of delivery	5	He died after the fourth week of delivery	-888	-888	-999	-999		
1	He was born dead																	
2	He died a few minutes after delivery																	
3	He died within the first week after delivery																	
4	He died between the first and fourth week of delivery																	
5	He died after the fourth week of delivery																	
-888	-888																	
-999	-999																	

child3_alive (required)	6.9 Thinking of the child that came out THIRD in the delivery, is he/she alive now?	1 Yes 0 No
child3_dead (required)	6.10 When did he/she die?	1 He was born dead 2 He died a few minutes after delivery 3 He died within the first week after delivery 4 He died between the first and fourth week of delivery 5 He died after the fourth week of delivery -888 -888 -999 -999
sisters_village (required)	6.11 How many biological sisters, from either your father or your mother side or both, do you have in this village?	0 0 1 1 2 2 3 3 4 4 5 5 6 6 7 7 8 8 -888 -888 -999 -999
sisters_children_birth (required)	6.12 How many of them gave birth to a child dead or alive in the last 12 months?	0 0 1 1 2 2 3 3 4 4 5 5 6 6 7 7 8 8 -888 -888 -999 -999
sister_name1 (required)	6.13.1 Please give me the name of your FIRST sister	
appearance_list1 (required)	6.13.2 Does [sister_name1] appear in the list that the interviewer will read to you?	1 Yes 0 No
sister_name2 (required)	6.14.1 Please give me the name of your SECOND sister	
appearance_list2 (required)	6.14.2 Does [sister_name2] appear in the list that the interviewer will read to you?	1 Yes 0 No
sister_name3 (required)	6.15.1 Please give me the name of your THIRD sister	
appearance_list3 (required)	6.15.2 Does [sister_name3] appear in the list that the interviewer will read to you?	1 Yes 0 No
sister_name4 (required)	6.16.1 Please give me the name of your FOURTH sister	
appearance_list4 (required)	6.16.2 Does [sister_name4] appear in the list that the interviewer will read to you?	1 Yes 0 No
sister_name5 (required)	6.17.1 Please give me the name of your FIFTH sister	
appearance_list5 (required)	6.17.2 Does [sister_name5] appear in the list that the interviewer will read to you?	1 Yes 0 No
sister_name6 (required)	6.18.1 Please give me the name of your SIXTH sister	
appearance_list6 (required)	6.18.2 Does [sister_name6] appear in the list that the interviewer will read to you?	1 Yes 0 No
children_num_sis1 (required)	6.13.3 Thinking of [sister_name1] how many children (dead or alive) did she deliver in this last pregnancy?	0 0 1 1 2 2 3 3 4 4 5 5 6 6 7 7 8 8

		-888 -888
		-999 -999
children_alive_sis1 (required)	6.13.4 Are all of them alive now?	1 Yes
		0 No
children_dead_sis1 (required)	6.13.5 How many were born dead?	0 0
		1 1
		2 2
		3 3
		4 4
		5 5
		6 6
		7 7
		8 8
		-888 -888
		-999 -999
children_deadmm_sis1 (required)	6.13.6 How many died just a few minutes after delivery?	0 0
		1 1
		2 2
		3 3
		4 4
		5 5
		6 6
		7 7
		8 8
		-888 -888
		-999 -999
children_deadweak_sis1 (required)	6.13.7 How many died within one week of delivery?	0 0
		1 1
		2 2
		3 3
		4 4
		5 5
		6 6
		7 7
		8 8
		-888 -888
		-999 -999
children_deadlater_sis1 (required)	6.13.8 How many died after the first but before the fourth week of delivery?	0 0
		1 1
		2 2
		3 3
		4 4
		5 5
		6 6
		7 7
		8 8
		-888 -888
		-999 -999
children_num_sis2 (required)	6.14.3 Thinking of [sister_name2] how many children (dead of alive) did she deliver in this last pregnancy?	0 0
		1 1
		2 2
		3 3
		4 4
		5 5
		6 6
		7 7
		8 8
		-888 -888
		-999 -999
children_alive_sis2 (required)	6.14.4 Are all of them alive now?	1 Yes
		0 No
children_dead_sis2 (required)	6.14.5 How many were born dead?	

		0 0
		1 1
		2 2
		3 3
		4 4
		5 5
		6 6
		7 7
		8 8
		-888 -888
		-999 -999
children_deadmm_sis2 (required)	6.14.6 How many died just a few minutes after delivery?	0 0
		1 1
		2 2
		3 3
		4 4
		5 5
		6 6
		7 7
		8 8
		-888 -888
		-999 -999
children_deadweak_sis2 (required)	6.14.7 How many died within one week of delivery?	0 0
		1 1
		2 2
		3 3
		4 4
		5 5
		6 6
		7 7
		8 8
		-888 -888
		-999 -999
children_deadlater_sis2 (required)	6.14.8 How many died after the first but before the fourth week of delivery?	0 0
		1 1
		2 2
		3 3
		4 4
		5 5
		6 6
		7 7
		8 8
		-888 -888
		-999 -999
children_num_sis3 (required)	6.15.3 Thinking of [sister_name3] how many children (dead of alive) did she deliver in this last pregnancy?	0 0
		1 1
		2 2
		3 3
		4 4
		5 5
		6 6
		7 7
		8 8
		-888 -888
		-999 -999
children_alive_sis3 (required)	6.15.4 Are all of them alive now?	1 Yes
		0 No
children_dead_sis3 (required)	6.15.5 How many were born dead?	0 0
		1 1
		2 2
		3 3
		4 4

		5 5
		6 6
		7 7
		8 8
		-888 -888
		-999 -999
children_deadmm_sis3 (required)	6.15.6 How many died just a few minutes after delivery?	0 0
		1 1
		2 2
		3 3
		4 4
		5 5
		6 6
		7 7
		8 8
		-888 -888
		-999 -999
children_deadweak_sis3 (required)	6.15.7 How many died within one week of delivery?	0 0
		1 1
		2 2
		3 3
		4 4
		5 5
		6 6
		7 7
		8 8
		-888 -888
		-999 -999
children_deadlater_sis3 (required)	6.15.8 How many died after the first but before the fourth week of delivery?	0 0
		1 1
		2 2
		3 3
		4 4
		5 5
		6 6
		7 7
		8 8
		-888 -888
		-999 -999
children_num_sis4 (required)	6.16.3 Thinking of [sister_name4] how many children (dead or alive) did she deliver in this last pregnancy?	0 0
		1 1
		2 2
		3 3
		4 4
		5 5
		6 6
		7 7
		8 8
		-888 -888
		-999 -999
children_alive_sis4 (required)	6.16.4 Are all of them alive now?	1 Yes
		0 No
children_dead_sis4 (required)	6.16.5 How many were born dead?	0 0
		1 1
		2 2
		3 3
		4 4
		5 5
		6 6
		7 7
		8 8

		-888 -888
		-999 -999
children_deadmm_sis4 (required)	6.16.6 How many died just a few minutes after delivery?	0 0
		1 1
		2 2
		3 3
		4 4
		5 5
		6 6
		7 7
		8 8
		-888 -888
		-999 -999
children_deadweak_sis4 (required)	6.16.7 How many died within one week of delivery?	0 0
		1 1
		2 2
		3 3
		4 4
		5 5
		6 6
		7 7
		8 8
		-888 -888
		-999 -999
children_deadlater_sis4 (required)	6.16.8 How many died after the first but before the fourth week of delivery?	0 0
		1 1
		2 2
		3 3
		4 4
		5 5
		6 6
		7 7
		8 8
		-888 -888
		-999 -999
children_num_sis5 (required)	6.17.3 Thinking of [sister_name5] how many children (dead or alive) did she deliver in this last pregnancy?	0 0
		1 1
		2 2
		3 3
		4 4
		5 5
		6 6
		7 7
		8 8
		-888 -888
		-999 -999
children_alive_sis5 (required)	6.17.4 Are all of them alive now?	1 Yes
		0 No
children_dead_sis5 (required)	6.17.5 How many were born dead?	0 0
		1 1
		2 2
		3 3
		4 4
		5 5
		6 6
		7 7
		8 8
		-888 -888
		-999 -999
children_deadmm_sis5 (required)	6.17.6 How many died just a few minutes after delivery?	0 0
		1 1
		2 2

		3 3
		4 4
		5 5
		6 6
		7 7
		8 8
		-888 -888
		-999 -999
children_deadweak_sis5 (required)	6.17.7 How many died within one week of delivery?	0 0
		1 1
		2 2
		3 3
		4 4
		5 5
		6 6
		7 7
		8 8
		-888 -888
		-999 -999
children_deadlater_sis5 (required)	6.17.8 How many died after the first but before the fourth week of delivery?	0 0
		1 1
		2 2
		3 3
		4 4
		5 5
		6 6
		7 7
		8 8
		-888 -888
		-999 -999
children_num_sis6 (required)	6.18.3 Thinking of [sister_name6] how many children (dead of alive) did she deliver in this last pregnancy?	0 0
		1 1
		2 2
		3 3
		4 4
		5 5
		6 6
		7 7
		8 8
		-888 -888
		-999 -999
children_alive_sis6 (required)	6.18.4 Are all of them alive now?	1 Yes
		0 No
children_dead_sis6 (required)	6.18.5 How many were born dead?	0 0
		1 1
		2 2
		3 3
		4 4
		5 5
		6 6
		7 7
		8 8
		-888 -888
		-999 -999
children_deadmm_sis6 (required)	6.18.6 How many died just a few minutes after delivery?	0 0
		1 1
		2 2
		3 3
		4 4
		5 5
		6 6
		7 7

		8 8
		-888 -888
		-999 -999
children_deadweak_sis6 (required)	6.18.7 How many died within one week of delivery?	0 0 1 1 2 2 3 3 4 4 5 5 6 6 7 7 8 8 -888 -888 -999 -999
children_deadlater_sis6 (required)	6.18.8 How many died after the first but before the fourth week of delivery?	0 0 1 1 2 2 3 3 4 4 5 5 6 6 7 7 8 8 -888 -888 -999 -999
note_7	Section 7 - Antenatal Care Service Utilization RESPONDENT: ONLY OPTION: Women who have given birth in the last THREE months.	
Questionnaire > Section 7 - Antenatal Care Service Utilization		
antenatal_care (required)	7.1 Did you receive antenatal care for your last pregnancy?	1 Yes 0 No
antenatal (required)	7.2 Were you ever denied access to antenatal care from the primary health centre because it was closed or there was no midwife available? ANTENATAL CARE is the routine medical care that a woman receives during her pregnancy time to check that the health of the baby and mother are OK	1 Yes 0 No
months_pregnant (required)	7.3 During your last pregnancy, how many months pregnant were you when you first received antenatal care? Select Only One	1 Within 1st month 2 Within 2nd month 3 Within 3rd month 4 Within 4th month 5 Within 5th month 6 Within 6th month 7 Within 7th month 8 Within 8th month 9 Within 9th month 10 Within 10th month and beyond -666 Cannot remember -888 -888 -999 -999
antenatal_care_services (required)	7.4 Where did you receive your antenatal care services during your last pregnancy? PROBE, where else did you visit? Select all that apply	1 Government Hospital 2 Government Primary Health Center 3 Government Health Clinic 4 Government Health Post 5 Private Hospital 6 Private Clinic/Health Post 7 Home of Medical Personnel 8 Traditional healer 9 Faith/Church healer 10 Pharmacy/Drug seller 11 Own home 12 Home of Traditional Birth Attendant

		-888	-888
		-999	-999
		other	Other
antenatal_care_services_other	Specify other.		
Questionnaire > table_list_7a			
generated_table_list_label_871	7.5 As part of your antenatal care, did you have or get _____?		
reserved_name_for_field_list_labels_872		1	Yes
		0	No
		-888	-888
		-999	-999
table_list_7a_1 (required)	Urine analysis	1	Yes
		0	No
		-888	-888
		-999	-999
table_list_7a_2 (required)	Blood Analysis	1	Yes
		0	No
		-888	-888
		-999	-999
table_list_7a_3 (required)	Iron and Folic Acid	1	Yes
		0	No
		-888	-888
		-999	-999
table_list_7a_4 (required)	Tetanus vaccine	1	Yes
		0	No
		-888	-888
		-999	-999
table_list_7a_5 (required)	Preventive Treatment for Malaria	1	Yes
		0	No
		-888	-888
		-999	-999
table_list_7a_6 (required)	Mama Kit/Delivery Pack	1	Yes
		0	No
		-888	-888
		-999	-999
table_list_7a_7 (required)	Your blood pressure taken	1	Yes
		0	No
		-888	-888
		-999	-999
table_list_7a_8 (required)	Your weight taken	1	Yes
		0	No
		-888	-888
		-999	-999
table_list_7a_9 (required)	Information or conselling about HIV and reference letters	1	Yes
		0	No
		-888	-888
		-999	-999
table_list_7a_10 (required)	Information about danger signs which can occur at pregnancy and delivery	1	Yes
		0	No
		-888	-888
		-999	-999
table_list_7a_11 (required)	Information about the mental health problems that occur during pregnancy or after delivery	1	Yes
		0	No
		-888	-888
		-999	-999
Questionnaire > Section 7 - Antenatal Care Service Utilization			
paymente_anc_goods1 (required)	7.6 How much did you pay for it? Urine analysis		
Questionnaire > Section 7 - Antenatal Care Service Utilization			
paymente_anc_goods2 (required)	7.6 How much did you pay for it? Blood Analysis		
Questionnaire > Section 7 - Antenatal Care Service Utilization			
paymente_anc_goods3 (required)	7.6 How much did you pay for it?		

Iron and Folic Acid			
Questionnaire > Section 7 - Antenatal Care Service Utilization			
paymente_anc_goods4 (required)	7.6 How much did you pay for it? Tetanus vaccine		
prevent_malaria (required)	7.7 During your last pregnancy, did you take any medicine in order to prevent you from getting malaria?	1	Yes
		0	No
Questionnaire > Section 7 - Antenatal Care Service Utilization			
paymente_anc_goods5 (required)	7.6 How much did you pay for it? Preventive Treatment for Malaria		
Questionnaire > Section 7 - Antenatal Care Service Utilization			
paymente_anc_goods6 (required)	7.6 How much did you pay for it? Mama Kit/Delivery Pack		
Questionnaire > Section 7 - Antenatal Care Service Utilization			
care_last_pregnancy (required)	7.8 Who provided medical care for you during your last pregnancy? Select all that apply	1	Doctor
		2	Nurse/Midwife
		3	Community Health Extension Worker (CHEW)
		-888	-888
		-999	-999
		other	Other
care_last_pregnancy_other	Specify other.		
antenatal_pregnancy (required)	7.9 How many times did you receive antenatal care during your pregnancy in a health facility?		
care_payment1 (required)	7.10 Did you have to pay for the consultations (do not include the tests or drugs that we have just mentioned)?	1	Yes
		0	No
care_payment2 (required)	7.11 How much per consultation? Record amount in NAIRA. if not received at all record "0". If the answer is 20,000 record "20,000". DO NOT record "20".		
care_explanation (required)	7.12 The last time that you went FOR ANTENATAL CARE, did the health worker provide enough explanation about your treatment/problems?	1	Yes
		0	No
care_happiness (required)	7.13 Were you happy with the privacy given?	1	Yes
		0	No
care_facility (required)	7.14 Do you know or were you told whether the health facility lacked any of the required equipment?	1	Yes
		0	No
facility_drugs (required)	7.15 Did the health facility lack any of the drugs that were recommended to you?	1	Yes
		0	No
drugs_outside (required)	7.16 Were you told to buy drugs outside the health facility?	1	Yes
		0	No
care_time1_mm (required)	7.17 For the last time that you went FOR ANTENATAL CARE, how long you had to wait from the moment you arrived to when you were seen? MINUTES		
care_time2_mm (required)	7.18 And that same time that you went FOR ANTENATAL CARE, how long did the health care worker spend taking care of you? MINUTES		
attend_care (required)	7.19 Can you tell me why you chose not to attend antenatal care in a health facility? DO NOT READ ALOUD THE OPTIONS. Select all that apply	1	Cost too much
		2	Facility not open
		3	Too far/no transportation
		4	Don't trust facility/poor quality service
		5	No female provider at facility
		6	Attitude of providers
		7	Husband/family did not allow
		8	Not important/necessary
		9	Cultural orreligious reasons
		10	I went to a health care facility but were turned back for some reason
		11	No midwife
		-888	-888
		-999	-999
		other	Other
attend_care_other	Specify other.		
note_8	Section 8 - Labor and Delivery RESPONDENT: ONLY OPTION: Women who have given birth in the last THREE months.		
Questionnaire > Section 8 - Labor and Delivery			

<p>child_delivery (required)</p>	<p>8.1 Who attended to the delivery of your last child?</p>	<table border="1"> <tr><td>1</td><td>Doctor</td></tr> <tr><td>2</td><td>Nurse/Midwife</td></tr> <tr><td>3</td><td>Aux. midwife/MCH Aide</td></tr> <tr><td>4</td><td>Traditional Birth Attendant</td></tr> <tr><td>5</td><td>Community Health Extension Worker (CHEW)</td></tr> <tr><td>6</td><td>Village Health Worker</td></tr> <tr><td>7</td><td>Relative/Friend</td></tr> <tr><td>97</td><td>None/No one</td></tr> <tr><td>-888</td><td>-888</td></tr> <tr><td>-999</td><td>-999</td></tr> <tr><td>other</td><td>Other</td></tr> </table>	1	Doctor	2	Nurse/Midwife	3	Aux. midwife/MCH Aide	4	Traditional Birth Attendant	5	Community Health Extension Worker (CHEW)	6	Village Health Worker	7	Relative/Friend	97	None/No one	-888	-888	-999	-999	other	Other								
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other	Other																															
<p>child_delivery_other</p>	<p>Specify other.</p>																															
<p>child_birth (required)</p>	<p>8.2 Where did you give birth to your child?</p>	<table border="1"> <tr><td>1</td><td>Your home</td></tr> <tr><td>2</td><td>Home of Medical Personnel</td></tr> <tr><td>3</td><td>Home of Traditional Birth Attendant</td></tr> <tr><td>4</td><td>Other home</td></tr> <tr><td>5</td><td>Government Hospital</td></tr> <tr><td>6</td><td>Government Primary Health Center</td></tr> <tr><td>7</td><td>Government Health Clinic</td></tr> <tr><td>8</td><td>Government Health Post</td></tr> <tr><td>9</td><td>Private Hospital</td></tr> <tr><td>10</td><td>Private Clinic</td></tr> <tr><td>11</td><td>Private maternity home</td></tr> <tr><td>12</td><td>Church/Mosque</td></tr> <tr><td>-888</td><td>-888</td></tr> <tr><td>-999</td><td>-999</td></tr> <tr><td>other</td><td>Other</td></tr> </table>	1	Your home	2	Home of Medical Personnel	3	Home of Traditional Birth Attendant	4	Other home	5	Government Hospital	6	Government Primary Health Center	7	Government Health Clinic	8	Government Health Post	9	Private Hospital	10	Private Clinic	11	Private maternity home	12	Church/Mosque	-888	-888	-999	-999	other	Other
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<p>child_birth_other</p>	<p>Specify other.</p>																															
<p>facility_name8_1 (required)</p>	<p>8.3 What is the Facility/Hospital name?</p>																															
<p>not_delivery (required)</p>	<p>8.4 Why did you not deliver in a PHC? Select all that apply</p>	<table border="1"> <tr><td>1</td><td>Cost too much</td></tr> <tr><td>2</td><td>Facility not open</td></tr> <tr><td>3</td><td>Too far/no transportation</td></tr> <tr><td>4</td><td>Don't trust facility/poor quality service</td></tr> <tr><td>5</td><td>No female provider at facility</td></tr> <tr><td>6</td><td>Attitude of providers</td></tr> <tr><td>7</td><td>Husband/family did not allow</td></tr> <tr><td>8</td><td>Not important/necessary</td></tr> <tr><td>9</td><td>Cultural orreligious reasons</td></tr> <tr><td>10</td><td>I went to a health care facility but were turned back for some reason</td></tr> <tr><td>11</td><td>No midwife</td></tr> <tr><td>-888</td><td>-888</td></tr> <tr><td>-999</td><td>-999</td></tr> <tr><td>other</td><td>Other</td></tr> </table>	1	Cost too much	2	Facility not open	3	Too far/no transportation	4	Don't trust facility/poor quality service	5	No female provider at facility	6	Attitude of providers	7	Husband/family did not allow	8	Not important/necessary	9	Cultural orreligious reasons	10	I went to a health care facility but were turned back for some reason	11	No midwife	-888	-888	-999	-999	other	Other		
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<p>not_delivery_other</p>	<p>Specify other.</p>																															
<p>people_assistance (required)</p>	<p>8.5 How often did you feel treated with respect and dignity by the people that assisted your delivery?</p>	<table border="1"> <tr><td>1</td><td>Always</td></tr> <tr><td>2</td><td>Most of the times</td></tr> <tr><td>3</td><td>Sometimes</td></tr> <tr><td>4</td><td>Almost Never or Never</td></tr> <tr><td>-888</td><td>-888</td></tr> <tr><td>-999</td><td>-999</td></tr> </table>	1	Always	2	Most of the times	3	Sometimes	4	Almost Never or Never	-888	-888	-999	-999																		
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<p>individuals_assistance (required)</p>	<p>8.6 How often did you feel that the individuals assisting your delivery were competent and knew what they were doing?</p>	<table border="1"> <tr><td>1</td><td>Always</td></tr> <tr><td>2</td><td>Most of the times</td></tr> <tr><td>3</td><td>Sometimes</td></tr> <tr><td>4</td><td>Almost Never or Never</td></tr> <tr><td>-888</td><td>-888</td></tr> <tr><td>-999</td><td>-999</td></tr> </table>	1	Always	2	Most of the times	3	Sometimes	4	Almost Never or Never	-888	-888	-999	-999																		
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<p>problems_delivery_child (required)</p>	<p>8.7a What kind of problem(s)/complication(s) during pregnancy, delivery or after delivery of your child did you experience? Select all that apply</p>	<table border="1"> <tr><td>1</td><td>Severe headache (pre-eclampsia)</td></tr> <tr><td>2</td><td>Any vaginal bleeding during pregnancy, before delivery</td></tr> <tr><td>3</td><td>Obstructed labor/baby stuck</td></tr> <tr><td>4</td><td>Swelling of the feet, hands or face (pre-eclampsia)</td></tr> <tr><td>5</td><td>Fitting/convulsions (eclampsia)</td></tr> <tr><td>6</td><td>Fever, chills, discharge (sepsis, malaria)</td></tr> <tr><td>7</td><td>Bleeding/Severe bleeding (hemorrhage)</td></tr> <tr><td>8</td><td>Prolonged labor (more than 12 hours from the beginning of labor even if she does not appear to have a complication)</td></tr> <tr><td>9</td><td>Hand, foot, buttocks or cord came out first (mal-presentation)</td></tr> <tr><td>10</td><td>Placenta took more than 30 mins to come out (retained placenta)</td></tr> <tr><td>11</td><td>Severe abdominal pain during pregnancy</td></tr> <tr><td>12</td><td>Pale eyes (lower lid), tongue and/or palms of the hands (anaemia)</td></tr> <tr><td>13</td><td>No complication</td></tr> <tr><td>-888</td><td>-888</td></tr> <tr><td>-999</td><td>-999</td></tr> <tr><td>other</td><td>Other</td></tr> </table>	1	Severe headache (pre-eclampsia)	2	Any vaginal bleeding during pregnancy, before delivery	3	Obstructed labor/baby stuck	4	Swelling of the feet, hands or face (pre-eclampsia)	5	Fitting/convulsions (eclampsia)	6	Fever, chills, discharge (sepsis, malaria)	7	Bleeding/Severe bleeding (hemorrhage)	8	Prolonged labor (more than 12 hours from the beginning of labor even if she does not appear to have a complication)	9	Hand, foot, buttocks or cord came out first (mal-presentation)	10	Placenta took more than 30 mins to come out (retained placenta)	11	Severe abdominal pain during pregnancy	12	Pale eyes (lower lid), tongue and/or palms of the hands (anaemia)	13	No complication	-888	-888	-999	-999	other	Other
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<p>problems_delivery_child_other</p>	<p>Specify other.</p>																																	
<p>complications_place8_2 (required)</p>	<p>8.7b Did you arrive to a place before or after any complication(s) had started?</p>	<table border="1"> <tr><td>1</td><td>Before</td></tr> <tr><td>2</td><td>After</td></tr> <tr><td>-888</td><td>-888</td></tr> <tr><td>-999</td><td>-999</td></tr> </table>	1	Before	2	After	-888	-888	-999	-999																								
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2	After																																	
-888	-888																																	
-999	-999																																	
<p>assistance_problems (required)</p>	<p>8.8 Did you seek assistance for this problem(s)/complication(s)?</p>	<table border="1"> <tr><td>1</td><td>Yes-On my own</td></tr> <tr><td>2</td><td>Yes-Someone else</td></tr> <tr><td>3</td><td>No-Never sought assistance</td></tr> <tr><td>-888</td><td>-888</td></tr> <tr><td>-999</td><td>-999</td></tr> </table>	1	Yes-On my own	2	Yes-Someone else	3	No-Never sought assistance	-888	-888	-999	-999																						
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<p>assistance_place8_1 (required)</p>	<p>8.9 From whom or where did you seek assistance for your complication?</p>	<table border="1"> <tr><td>1</td><td>Government Hospital</td></tr> <tr><td>2</td><td>Government Primary Health Center</td></tr> <tr><td>3</td><td>Government Health Clinic</td></tr> <tr><td>4</td><td>Government Health Post</td></tr> <tr><td>5</td><td>Private Hospital</td></tr> <tr><td>6</td><td>Private Clinic/Health Post</td></tr> <tr><td>7</td><td>Home of Medical Personnel</td></tr> <tr><td>8</td><td>Traditional healer</td></tr> <tr><td>9</td><td>Faith/Church healer</td></tr> <tr><td>10</td><td>Pharmacy/Drug seller</td></tr> <tr><td>11</td><td>Own home</td></tr> <tr><td>12</td><td>Home of Traditional Birth Attendant</td></tr> <tr><td>-888</td><td>-888</td></tr> <tr><td>-999</td><td>-999</td></tr> <tr><td>other</td><td>Other</td></tr> </table>	1	Government Hospital	2	Government Primary Health Center	3	Government Health Clinic	4	Government Health Post	5	Private Hospital	6	Private Clinic/Health Post	7	Home of Medical Personnel	8	Traditional healer	9	Faith/Church healer	10	Pharmacy/Drug seller	11	Own home	12	Home of Traditional Birth Attendant	-888	-888	-999	-999	other	Other		
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<p>assistance_place8_1_other</p>	<p>Specify other.</p>																																	

facility_name8_2 (required)	8.10 What is the Facility/Hospital name?	
complications_place8_1 (required)	8.11 Did someone recommend the facility to you to manage your complication?	1 Yes 0 No
assistance_place8_2 (required)	8.12 Where were you recommended to go for management of your complication?	1 Government Hospital 2 Government Primary Health Center 3 Government Health Clinic 4 Government Health Post 5 Private Hospital 6 Private Clinic/Health Post 7 Home of Medical Personnel 8 Traditional healer 9 Faith/Church healer 10 Pharmacy/Drug seller 11 Own home 12 Home of Traditional Birth Attendant -888 -888 -999 -999 other Other
assistance_place8_2_other	Specify other.	
facility_name8_3 (required)	8.13 What is the Facility/Hospital name?	
complications_referral2 (required)	8.14 Did you follow-through with the referral?	1 Yes 0 No
managed_facility_other (required)	8.15 Who managed the complications(s) at the referral facility?	1 Doctor 2 Nurse/midwife 3 Community Health Extension Worker (CHEW) 4 Traditional Birth Attendant 5 Relative/friend -888 -888 -999 -999 other Other
managed_facility_other_other	Specify other.	
not_follow (required)	8.16 Why did you not follow-through with the referral?	1 Cost too much 2 Facility not open 3 Too far/no transportation 4 Don't trust facility/poor quality service 5 No female provider at facility 6 Attitude of providers 7 Husband/family did not allow 8 Not important/necessary 9 Cultural orreligious reasons 10 I went to a health care facility but were turned back for some reason 11 No midwife -888 -888 -999 -999 other Other
not_follow_other	Specify other.	
assistance_health (required)	8.17 Can you tell me why you did not seek assistance in a health facility for your complication(s)?	1 Cost too much 2 Facility not open 3 Too far/no transportation 4 Don't trust facility/poor quality service 5 No female provider at facility 6 Attitude of providers 7 Husband/family did not allow 8 Not important/necessary 9 Cultural orreligious reasons

		10	I went to a health care facility but were turned back for some reason
		11	No midwife
		-888	-888
		-999	-999
		other	Other
assistance_health_other	Specify other.		
travel_childbirth (required)	8.18 You said you did not give birth to your child in your home, how did you travel to the place where you gave birth? Mention the MAIN mode of transportation	1	Paid private vehicle
		2	Paid public/commercial vehicle
		3	Free private vehicle
		4	Free public/commercial vehicle
		5	Bicycle
		6	Motorbike
		7	Animal cart
		8	Carried by person
		9	Walked
		10	Canoe/boat
		-888	-888
		-999	-999
		other	Other
travel_childbirth_other	Specify other.		
clean_bed (required)	8.19 Did you have clean bed in the place?	1	Yes
		0	No
		-888	-888
		-999	-999
clean_yourself (required)	8.20 Did you have it only for yourself?	1	Yes
		0	No
		-888	-888
		-999	-999
medical_history (required)	8.21 Did someone ask about your previous medical history?	1	Yes
		0	No
		-777	Not Applicable
		-888	-888
		-999	-999
blood_pressure (required)	8.22 Was your blood pressure (explain) checked during the labor?	1	Yes
		0	No
		-777	Not Applicable
		-888	-888
		-999	-999
checked (required)	8.23 How many times? If the answer is ZERO record "0"		
blood_sample (required)	8.24 Did anyone take a blood sample from your arm or other part of your body with a syringe?	1	Yes
		0	No
		-777	Not Applicable
		-888	-888
		-999	-999
long_labor (required)	8.25 Did you have a long labor of more than 24 hours?	1	Yes
		0	No
		-888	-888
		-999	-999
labor_delivery (required)	8.26 How was the baby delivered?	1	Normally
		2	Manually
		3	Forceps
		4	Operation
		-888	-888
		-999	-999
baby_part (required)	8.27 Which part of the baby came out first?	1	Head
		2	Buttock
		4	Hands/Foot

		5 Cord
		-888 -888
		-999 -999
wash_hands (required)	8.28 Did the person who took the delivery wash her hands before helping?	1 Yes
		0 No
		-777 Not Applicable
		-888 -888
		-999 -999
cord_cut (required)	8.29 What was the cord cut with?	1 New blade
		2 Boiled blade
		3 Unboiled blade
		4 Knife/scissors
		5 Sickle/woodknife
		-888 -888
		-999 -999
		other Other
cord_cut_other	Specify other.	
cord_tied (required)	8.30 Was the cord tied?	1 Yes
		0 No
		-888 -888
		-999 -999
cord_stump (required)	8.31 What was put on the cord stump after it was cut?	1 Oil
		2 Powder
		3 Mud
		4 Turmeric
		5 Unwashed cloth/cotton
		6 Washed clot/cotton
		7 Nothing
		8 Medicine
		-888 -888
		-999 -999
		other Other
cord_stump_other	Specify other.	
baby_wrap (required)	8.32 When after birth was the baby wrapped up?	1 Immediately
		2 Otherwise
		-888 -888
		-999 -999
baby_bathed (required)	8.33 When after birth was the baby bathed?	1 Immediately
		2 Otherwise
		-888 -888
		-999 -999
baby_milk (required)	8.34 What was the first thing that the baby drank?	1 Mothers milk
		2 Formula milk
		3 Cow or other animal's milk
		4 Water
		5 Oil
		-888 -888
		-999 -999
		other Other
baby_milk_other	Specify other.	
birth_health (required)	8.35 After you gave birth, did a health care professional check on your health?	1 Yes
		0 No
birth_professional (required)	8.36 Who? Select all that apply	1 Doctor
		2 Nurse
		3 CHEW
		4 Pharmacist
		-888 -888
		-999 -999
		other Other
birth_professional_other	Specify other.	

firstcheck (required)	8.37 How long after delivery did the first check take place?	1 Less than 1 hour
		2 Within 1- 24 hours
		3 More than 24 hours
		-888 -888
		-999 -999
gobackphc (required)	8.3 During the 7 days after you were discharged from the health facility (after having birth), did you need to go back to the health facility because of a health problem with yourself or the baby?	1 Yes
		0 No
firstweek_health (required)	8.39 Within the first week after the child was born, did any health care professional check on your child health?	1 Yes
		0 No
firstweek_professional (required)	8.40 Who?	1 Doctor
		2 Nurse
		3 CHEW
		4 Pharmacist
		-888 -888
		-999 -999
		other Other
firstweek_professional_other	Specify other.	
planning_method (required)	8.41 Are you currently using any family planning method?	1 Yes
		0 No
planning_method_alt8 (required)	8.42 Which one?	1 Female sterilization
		2 Pill
		3 IUD
		4 Injections
		5 Implants
		6 Male Condom
		7 Female condom
		8 Diaphragm
		9 Foam/jelly
		10 Lactational Amenorrhea Method(LAM)
		11 Periodic abstinence
		12 Withdrawal
		13 Emergency Contraception
		14 Male sterilization
		-888 -888
		-999 -999
		other Other
planning_method_alt8_other	Specify other.	
care_ss_payment_alt (required)	8.43 What was the total amount of money (NAIRA) that you paid for your delivery care services, excluding any transportation?	1 It was free/I didn't pay anything
		2 Less than 10,000
		3 10,001 – 25,000
		4 25,001 – 50,000
		5 50,001 – 100,000
		6 100,001 – 200,000
		7 200,001 or more
		-888 -888
		-999 -999
transportation (required)	8.44 Did you at any point during your labor and/or delivery use an emergency or ambulatory transportation service?	1 Yes
		0 No
		-888 -888
		-999 -999
transportation_payment_alt (required)	8.45 And how much did you actually pay for transportation for this emergency or ambulatory transportation service?	1 It was free/I didn't pay anything
		2 Less than 2,500
		3 2,501 – 5,000
		4 5,001 – 7,500
		5 7,501 – 10,000
		6 10,001 – 12,500
		7 12,501 or more
		-888 -888
		-999 -999

transportation_payment_amount (required)	8.46 And how much did you actually pay for transportation for this emergency or ambulatory transportation service? Record amount in NAIRA. if not received at all record "0". If the answer is 20,000 record "20,000". DO NOT record "20".		
transportation_payment_reason (required)	8.47 What was the payment for?	1	The driver wanted money for fuel
		2	The driver wanted money to be paid
		3	The driver wanted money to fix his vehicle
		-888	-888
		-999	-999
		other	Other
transportation_payment_reason_other	Specify other.		
note_9	Section 9 - Edinburgh Postnatal Depression Scale (EPDS) Enumerator: Please spend time to explain the questions particularly in local languages. CONTEXTUALISED BY THE ENUMERATOR: Think about the last 7 days (last week). I am now going to ask you 10 questions about how you have been feeling, compared to how you usually feel.		
Questionnaire > Section 9 - Edinburgh Postnatal Depression Scale (EPDS)			
q15_1 (required)	9.1 In the last 7 days, How often have you been able to laugh and see the funny side of things?	1	Most of the time
		2	Some of the time
		3	Not very often
		4	Never
		-888	-888
		-999	-999
q15_2 (required)	9.2 In the last 7 days, How much have you looked forward to things with enjoyment?	1	As much as I always could
		2	Not quite so much now
		3	Definitely not so much now
		4	Not at all
		-888	-888
		-999	-999
q15_3 (required)	9.3 In the last 7 days, How often have you blamed yourself unnecessarily when things went wrong?	1	Most of the time
		2	Some of the time
		3	Not very often
		4	Never
		-888	-888
		-999	-999
q15_4 (required)	9.4 In the last 7 days, How often have you been anxious or worried for no good reason?	1	Not at all
		2	Hardly ever
		3	Sometimes
		4	Very often
		-888	-888
		-999	-999
q15_5 (required)	9.5 In the last 7 days, How often have you felt scared or panicky for no good reason?	1	Most of the time
		2	Some of the time
		3	Not very often
		4	Never
		-888	-888
		-999	-999
q15_6 (required)	9.6 In the last 7 days, How often have you felt like things are getting on top of you?	1	Most of the time
		2	Some of the time
		3	Not very often
		4	Never
		-888	-888
		-999	-999
q15_7 (required)	9.7 In the last 7 days, How often have you felt so unhappy that you have had difficulty sleeping?	1	Most of the time
		2	Some of the time
		3	Not very often
		4	Never
		-888	-888
		-999	-999
q15_8 (required)	9.8 In the last 7 days, How often have you felt sad or miserable?	1	Most of the time
		2	Some of the time

		3	Not very often
		4	Never
		-888	-888
		-999	-999
q15_9 (required)	9.9 In the last 7 days, How often have you been so unhappy that it has made you cry?	1	Most of the time
		2	Some of the time
		3	Not very often
		4	Never
		-888	-888
		-999	-999
q15_10 (required)	9.10 In the last 7 days, How often has the thought of harming yourself occurred to you?	1	Most of the time
		2	Some of the time
		3	Not very often
		4	Never
		-888	-888
		-999	-999
note_10	Section 10 - Postpartum Care and Breastfeeding I am now going to ask you questions concerning POST PARTUM and BREAST-FEEDING. RESPONDENT: ONLY OPTION: Women who have given birth in the last THREE months.		
Questionnaire > Section 10 - Postpartum Care and Breastfeeding			
staff_health_visit (required)	10.1 Did any doctor, nurse, midwife, health worker or staff of the health center/heath post visit you at home in the first week after the birth of your child?	1	Yes
		0	No
		3	I was not at home
		-666	Cannot remember
		-888	-888
		-999	-999
breastfeed (required)	10.2 Have you breastfeed your baby?	1	Yes
		0	No
breastfeed_first (required)	10.3 How long after the birth did you first breastfeed the baby?	1	Less than 1 hour
		2	Within 1-24 hours
		3	More than 24 hours
		-888	-888
		-999	-999
Questionnaire > Section 10 - Postpartum Care and Breastfeeding > table_list_10a			
generated_table_list_label_986	10.4 Within the three days after delivery, did someone give you information about:		
reserved_name_for_field_list_labels_987		1	Yes
		0	No
table_list_10a_1 (required)	Breastfeeding?	1	Yes
		0	No
table_list_10a_2 (required)	Immunizations?	1	Yes
		0	No
table_list_10a_3 (required)	Family planning?	1	Yes
		0	No
table_list_10a_4 (required)	How to take care of your newborn baby?	1	Yes
		0	No
Questionnaire > Section 10 - Postpartum Care and Breastfeeding > table_list_10b			
generated_table_list_label_992	10.5 Has the baby ever had any of the following?		
reserved_name_for_field_list_labels_993		1	Yes
		0	No
		-888	-888
		-999	-999
table_list_10b_1 (required)	Vitamin supplements	1	Yes
		0	No
		-888	-888
		-999	-999
table_list_10b_2 (required)	Plain water	1	Yes
		0	No
		-888	-888
		-999	-999
table_list_10b_3 (required)	Sweetened water, glucose water or juice	1	Yes
		0	No

		-888 -888
		-999 -999
table_list_10b_4 (required)	Oral Rehydration Salt	1 Yes
		0 No
		-888 -888
		-999 -999
table_list_10b_5 (required)	Infant formula	1 Yes
		0 No
		-888 -888
		-999 -999
table_list_10b_6 (required)	Cow Milk	1 Yes
		0 No
		-888 -888
		-999 -999
table_list_10b_7 (required)	Goat Milk	1 Yes
		0 No
		-888 -888
		-999 -999
table_list_10b_8 (required)	Breastmilk or colostrum	1 Yes
		0 No
		-888 -888
		-999 -999
table_list_10b_9 (required)	Solid or semi-solid food	1 Yes
		0 No
		-888 -888
		-999 -999

Questionnaire > Section 10 - Postpartum Care and Breastfeeding > table_list_10c1

generated_table_list_label_1003	10.6 How old the baby was (in months and days) when s/he had it for first time? If the answer is ZERO record "0"	
table_list_10c_1 (required)	Plain water MONTHS. If the answer is I DONT KNOW record "-888" and if the answer is REFUSED TO ANSWER record "-999"	
table_list_10c_2 (required)	Plain water DAYS. If the answer is I DONT KNOW record "-888" and if the answer is REFUSED TO ANSWER record "-999"	
table_list_10c_3 (required)	Sweetened water, glucose water or juice MONTHS. If the answer is I DONT KNOW record "-888" and if the answer is REFUSED TO ANSWER record "-999"	
table_list_10c_4 (required)	Sweetened water, glucose water or juice DAYS. If the answer is I DONT KNOW record "-888" and if the answer is REFUSED TO ANSWER record "-999"	

Questionnaire > Section 10 - Postpartum Care and Breastfeeding > table_list_10c2

generated_table_list_label_1009	10.7 How old the baby was (in months and days) when s/he had it for first time? If the answer is ZERO record "0"	
table_list_10c_5 (required)	Infant formula MONTHS. If the answer is I DONT KNOW record "-888" and if the answer is REFUSED TO ANSWER record "-999"	
table_list_10c_6 (required)	Infant formula DAYS. If the answer is I DONT KNOW record "-888" and if the answer is REFUSED TO ANSWER record "-999"	
table_list_10c_7 (required)	Cow Milk MONTHS. If the answer is I DONT KNOW record "-888" and if the answer is REFUSED TO ANSWER record "-999"	
table_list_10c_8 (required)	Cow Milk DAYS. If the answer is I DONT KNOW record "-888" and if the answer is REFUSED TO ANSWER record "-999"	
table_list_10c_9 (required)	Goat Milk MONTHS. If the answer is I DONT KNOW record "-888" and if the answer is REFUSED TO ANSWER record "-999"	
table_list_10c_10 (required)	Goat Milk DAYS. If the answer is I DONT KNOW record "-888" and if the answer is REFUSED TO ANSWER record "-999"	
table_list_10c_11 (required)	Breastmilk or colostrum MONTHS. If the answer is I DONT KNOW record "-888" and if the answer is REFUSED TO ANSWER record "-999"	
table_list_10c_12 (required)	Breastmilk or colostrum DAYS. If the answer is I DONT KNOW record "-888" and if the answer is REFUSED TO ANSWER record "-999"	
table_list_10c_13 (required)	Solid or semi-solid food MONTHS. If the answer is I DONT KNOW record "-888" and if the answer is REFUSED TO ANSWER record "-999"	
table_list_10c_14 (required)	Solid or semi-solid food DAYS. If the answer is I DONT KNOW record "-888" and if the answer is REFUSED TO ANSWER record "-999"	
being_breast (required)	10.8 Is your child still being breastfed?	1 Yes-fully
		2 Yes-partially
		0 No
		-888 -888
		-999 -999

time_last_breastfeed (required)	10.9 You said you don't breastfeed your child anymore, how many months ago did you last breastfeed him/her?	1	1 month ago
		2	2 months ago
		3	3 moths ago
		4	4 months ago
		5	5 or more months ago
		-666	Cannot remember
		-888	-888
		-999	-999
vaccine (required)	10.10 Has your child been vaccinated against polio?	1	Yes
		0	No
Questionnaire > Section 10 - Postpartum Care and Breastfeeding > table_list_10e			
generated_table_list_label_1024	10.11 How old was he/she when he/she was vaccinated? If the answer is ZERO record "0"		
table_list_10e_1 (required)	MONTHS MONTHS. If the answer is I DONT KNOW record "-888" and if the answer is REFUSED TO ANSWER record "-999"		
table_list_10e_2 (required)	DAYS DAYS. If the answer is I DONT KNOW record "-888" and if the answer is REFUSED TO ANSWER record "-999"		
tuberculosis (required)	10.12 Has your child been vaccinated against Tuberculosis (BCG)?	1	Yes
		0	No
Questionnaire > Section 10 - Postpartum Care and Breastfeeding > table_list_10f			
generated_table_list_label_1029	10.13 How old was he/she when he/she was vaccinated? If the answer is ZERO record "0"		
table_list_10f_1 (required)	MONTHS MONTHS. If the answer is I DONT KNOW record "-888" and if the answer is REFUSED TO ANSWER record "-999"		
table_list_10f_2 (required)	DAYS DAYS. If the answer is I DONT KNOW record "-888" and if the answer is REFUSED TO ANSWER record "-999"		
note_11	Section 11 - Adult Female Expectations BLOCK A Enumerator: Please phase these hypothetical questions to the respondents. Now I will ask you a few more questions about an hypothetical situation		
Questionnaire > Section 11 - Adult Female Expectations BLOCK A			
experiment_women1 (required)	11.1 Here you have 10 beans. Think of each bean as a woman from this village. Suppose that each of the 10 women delivered a baby recently, at home. Use the beans to indicate how many of them you think will have a severe complication during delivery that threaten the life of the baby? WRITE THE NUMBRE OF beans. If the answer is ZERO record "0"		
experiment_women2 (required)	11.2 Let's put together the 10 beans again. Each bean represents a woman from this village. Suppose that each of them delivered a baby recently at home and had a severe complication. Use the beans to indicate in how many cases you think that the baby will die. WRITE THE NUMBRE OF beans. If the answer is ZERO record "0"		
experiment_women3 (required)	11.3 Let's put together the 10 beans again. Each bean represents a woman from this village who arrives at the nearest primary health centre with a pregnancy related complication. Use the beans to indicate how many of them you think will be seen by a health care professional in less than half an hour. WRITE THE NUMBRE OF beans. If the answer is ZERO record "0"		
experiment_women4 (required)	11.4 Let's put together the 10 beans again. Each bean represents a woman from this village who delivered their baby in the nearest primary health centre. Use the beans to indicate how many women will be treated with respect and dignity? WRITE THE NUMBRE OF beans. If the answer is ZERO record "0"		
note_12	Section 12 - Maternal Knowledge ONLY OPTION: Women who have given birth in the last THREE months.		
Questionnaire > Section 12 - Maternal Knowledge			
care_ANC (required)	12.1 How useful do you think it is for a woman to attend antenatal care (ANC)?	1	Very useful
		2	Fairly useful
		3	Not very useful
		4	Of no use at all
		-888	-888
		-999	-999
medical_care (required)	12.2 What danger signs tell you that a woman who is pregnant, in labor or has recently delivered needs to be rushed to a facility for emergency medical care? DO NOT READ ALOUD THE OPTIONS. Select all that apply	1	Severe headache
		2	Oedema, Swelling of the feet, hands or face
		3	Dizziness
		4	Pale eyes (lower lid), tongue and/or palms of the hands (anaemia)
		5	Fever, chills, discharge
		6	Fitting/Convulsions
		7	Bleeding/Severe bleeding
		8	Prolonged labor (more than 12 hours from the beginning)

			of labor even if she does not appear to have a complication)
		9	Hand, foot, buttocks or cord came out first (mal-presentation)
		10	Placenta took more than 30 mins to come out (retained placenta)
		11	Severe abdominal pain during pregnancy
		12	Pale, labored breathing
		13	Ruptured uterus
		14	Fainting/Loss of consciousness
		15	High blood pressure (pre-eclampsia)
		16	Foul smelling discharge/Infection
		-888	-888
		-999	-999
		other	Other
medical_care_other	Specify other.		
medical_encourage_care (required)	12.3 Have you encouraged a pregnant woman to attend ANC in the LAST MONTH?	1	Yes
		0	No
		-888	-888
		-999	-999
diseases_prevented (required)	12.4 What diseases can be prevented by immunizing children? DO NOT READ OPTION OUT LOUD. Select all that apply	1	Tuberculosis
		2	Polio
		3	Tetanus
		4	Diphtheria
		5	Whooping Cough
		6	Measles
		7	Hepatitis B
		9	Yellow Fever
		10	Chicken Pox
		-888	-888
		-999	-999
		other	Other
diseases_prevented_other	Specify other.		
child_food (required)	12.5 What should you give to a one month old child who suffers from diarrhoea? DO NOT READ ALOUD THE OPTIONS. Select all that apply	1	Continue breastfeeding
		2	Give plenty of clean or boiled water or other liquid
		3	Give ORS
		4	Give Sugar Salt Solution
		5	Give a watery solution of the local food (rice water, cornstarch water (ogi, etc.))
		-888	-888
		-999	-999
		other	Other
child_food_other	Specify other.		
breastwater (required)	12.6 Is it good for a baby less than 6 months to have any water or liquid which is not breastmilk?	1	Yes
		0	No
		-888	-888
		-999	-999
Questionnaire > Section 12 - Maternal Knowledge > table_list_12a			
generated_table_list_label_1049	12.7 Which kind of water or liquid?		
reserved_name_for_field_list_labels_1050		1	Yes
		0	No
		-888	-888
		-999	-999

table_list_12a_1 (required)	Vitamin supplements	1	Yes
		0	No
		-888	-888
		-999	-999
table_list_12a_2 (required)	Plain water	1	Yes
		0	No
		-888	-888
		-999	-999
table_list_12a_3 (required)	Sweetened water, glucose water or juice	1	Yes
		0	No
		-888	-888
		-999	-999
table_list_12a_4 (required)	Oral Rehydration Salt	1	Yes
		0	No
		-888	-888
		-999	-999
table_list_12a_5 (required)	Infant formula	1	Yes
		0	No
		-888	-888
		-999	-999
table_list_12a_6 (required)	Cow Milk	1	Yes
		0	No
		-888	-888
		-999	-999
table_list_12a_7 (required)	Breastmilk	1	Yes
		0	No
		-888	-888
		-999	-999
table_list_12a_8 (required)	Solid or semi-solid food	1	Yes
		0	No
		-888	-888
		-999	-999
table_list_12a_9 (required)	Medicine	1	Yes
		0	No
		-888	-888
		-999	-999
solid_food_beliefs (required)	12.8 Is it good for a baby less than 6 months to have any solid or semi-solid food?	1	Yes
		0	No
		-888	-888
		-999	-999
planning_method_alt15 (required)	12.9 If a woman is breastfeeding her child and she is unsure whether her partner could have HIV or not, what family planning method should she use? Wait for answer (DO NOT SHOW LIST)	1	Female sterilization
		2	Pill
		3	IUD
		4	Injections
		5	Implants
		6	Male Condom
		7	Female condom
		8	Diaphragm
		9	Foam/jelly
		10	Lactational Amenorrhea Method(LAM)
		11	Periodic abstinence
		12	Withdrawal
		13	Emergency Contraception
		14	Male sterilization
		-888	-888
		-999	-999
		other	Other
planning_method_alt15_other	Specify other.		
note_13	Section 13- Adult Female Expectations BLOCK B Enumerator: Please phrase these hypothetical questions to the respondents. Now I will ask you a few more questions about an hypothetical situation		

Questionnaire > Section 13 - Adult Female Expectations BLOCK B		
experiment_women5 (required)	13.1 Here you have 10 beans. Think of each bean as a woman from this village. Suppose that each of the 10 women delivered a baby recently, at their nearest primary health centre. Use the beans to indicate how many of them you think will have a severe complication during delivery that threatens the life of the baby? WRITE THE NUMBRE OF beans. If the answer is ZERO record "0"	
experiment_women6 (required)	13.2 Let's put together the 10 beans again. Each bean represents a woman from this village. Suppose that each of them delivered a baby recently at their nearest primary health centre and had a severe complication. Use the beans to indicate in how many cases you think that the baby will die. WRITE THE NUMBRE OF beans. If the answer is ZERO record "0"	
experiment_women7 (required)	13.3 Let's put together the 10 beans again. Each bean represents a woman from this village who arrives at the nearest primary health centre with a pregnancy related complication. Use the beans to indicate how many of them you think will be satisfied with the attention they get from healthcare professionals there. WRITE THE NUMBRE OF beans. If the answer is ZERO record "0"	
experiment_women8 (required)	13.4 Let's put together the 10 beans again. Each bean represents a woman from this village who travelled to the nearest primary health centre to deliver her baby. Use the beans to indicate how many women you think will be turned away because the primary health centre is closed or does not have enough staff? WRITE THE NUMBRE OF beans. If the answer is ZERO record "0"	
note_14	Section 14 - Delivery Problems	

Questionnaire > Section 14 - Delivery Problems

problems_delivery_olderchildren (required)	14.1 What kind of problem(s)/complication(s) during pregnancy, delivery or after delivery of any of your older children (if any) did you experience? DO NOT ASK THIS QUESTION OUT LOUD. Select all that apply	1	Severe headache (pre-eclampsia)
		2	Any vaginal bleeding during pregnancy, before delivery
		3	Obstructed labor/baby stuck
		4	Swelling of the feet, hands or face (pre-eclampsia)
		5	Fitting/convulsions (eclampsia)
		6	Fever, chills, discharge (sepsis, malaria)
		7	Bleeding/Severe bleeding (hemorrhage)
		8	Prolonged labor (more than 12 hours from the beginning of labor even if she does not appear to have a complication)
		9	Hand, foot, buttocks or cord came out first (mal-presentation)
		10	Placenta took more than 30 mins to come out (retained placenta)
		11	Severe abdominal pain during pregnancy
		12	No complication
		13	Pale eyes (lower lid), tongue and/or palms of the hands (anaemia)
		14	Not applicable
problems_delivery_olderchildren_other	Specify other.	-888	-888
miscarriage (required)	14.2 Have you ever had a miscarriage or a child born dead?	1	Yes
		0	No
child_death (required)	14.3 Before your last pregnancy, did you ever give birth to a child who was born dead or alive but died within 4 weeks of delivery?	1	Yes
		0	No
note_15	Section 15 - Exposure to Media and Mobile phones Now I will ask you questions about EXPOSURE TO MEDIA AND MOBILE PHONES		

Questionnaire > Section 15 - Exposure to Media and Mobile phones

read_newspaper_hh1 (required)	15.1 Do you/Does the Head of the Household read a newspaper? USE (Do you) if interviewee IS the Head of the Household	1	Yes
		0	No
		-888	-888

		-999	-999
newspaper_hh1 (required)	15.2 Which one?	1	Daily Trust
		2	Guardian
		3	Punch
		4	Thisday
		5	Nation
		6	Tribune
		-888	-888
		-999	-999
		other	Other
newspaper_hh1_other	Specify other.		
days_newspaper_hh1 (required)	15.3 How many DAYS per week?		
radio_hh1 (required)	15.4 Do you/Does the Head of the Household listen to the radio? USE (Do you) if interviewee IS the Head of the Household	1	Yes, every day
		2	Yes, at least once per week
		3	Yes, at least once per month
		4	Do not listen
		-888	-888
		-999	-999
days_radio_hh1 (required)	15.5 How many DAYS per week?		
months_radio_hh1 (required)	15.6 How many DAYS per month?		
complain_authority_hh1 (required)	15.7 Do you/Does the Head of the Household know how to complain to the authorities including the WDC if the service received at the Primary Health Centre is not satisfactory? USE (Do you) if interviewee IS the Head of the Household	1	Yes
		0	No
howcomplain_authority_hh1 (required)	15.8 In the last 12 months, (have you) has he/she complained to the authorities including the WDC about the Primary Health Centre? USE (have you) if interviewee IS the Head of the Household	1	Yes
		0	No
		-888	-888
read_newspaper_hh2 (required)	15.9 Do you/Does the Mother of the child read a newspaper? USE (Do you) if interviewee IS the Mother of the Child	1	Yes
		0	No
		-888	-888
		-999	-999
newspaper_hh2 (required)	15.10 Which one?	1	Daily Trust
		2	Guardian
		3	Punch
		4	Thisday
		5	Nation
		6	Tribune
		-888	-888
		-999	-999
		other	Other
newspaper_hh2_other	Specify other.		
days_newspaper_hh2 (required)	15.11 How many DAYS per week?		
radio_hh2 (required)	15.12 Do you/Does the Mother of the child listen to the radio? USE (Do you) if interviewee IS the Mother of the Child	1	Yes, every day
		2	Yes, at least once per week
		3	Yes, at least once per month
		4	Do not listen
		-888	-888
		-999	-999
days_radio_hh2 (required)	15.13 How many DAYS per week?		
months_radio_hh2 (required)	15.14 How many DAYS per month?		
complain_authority_hh2 (required)	15.15 Do you/Does the Mother of the child know how to complain to the authorities including the WDC if the service received at the Primary Health Centre is not satisfactory? USE (Do you) if interviewee IS the Mother of the Child	1	Yes
		0	No
		-888	-888
		-999	-999
howcomplain_authority_hh2 (required)	15.16 In the last 12 months, have you/has she complained to the authorities including the WDC about the Primary Health Centre? USE (have you) if interviewee IS the Mother of the Child	1	Yes
		0	No
		-888	-888
note_16	Section 16 - Village Leader and WDC Now I will ask you a few more questions about the VILLAGE LEADER AND THE WDC		
Questionnaire > Section 16 - Village Leader and WDC			
village_leader1 (required)	16.1 Do you know who the village leader is?	1	Yes
		0	No
village_leader2 (required)	16.2 Have you talked to the village leader in the last three months?	1	Yes

		0	No
village_leader3 (required)	16.3 Are you a friend of the village leader?	1	Yes
		0	No
village_leader4 (required)	16.4 Are you a relative of the village leader?	1	Yes
		0	No
wdc1 (required)	16.5 Do you know any member of the Ward Development Committee?	1	Yes
		0	No
wdc2 (required)	16.6 Have you talked to a member of the Ward Development Committee in the last three months?	1	Yes
		0	No
wdc3 (required)	16.7 Are you a friend of a member of the Ward Development Committee?	1	Yes
		0	No
wdc4 (required)	16.8 Are you a relative of a member of the Ward Development Committee?	1	Yes
		0	No
incidence (required)	16.9 In the past 3 months, has there been any incidence that made you feel threatened or afraid in this community?	1	Yes
		0	No
reason_incidence (required)	16.10 What was the primary reason you felt threatened or afraid?	1	Danger from armed groups/militants
		2	Danger from criminal activities like robbery
		3	Resistance to work from facility management
		4	Ethnic violence
		5	Natural disaster
		-888	-888
		-999	-999
		other	Other
reason_incidence_other	Specify other.		
note_17	Section 17 - Dwelling Characteristics and Household Amenities Now I will ask you some questions about DWELLING CHARACTERISTICS AND HOUSEHOLD AMENITIES		
Questionnaire > Section 17 - Dwelling Characteristics and Household Amenities			
dwelling_household (required)	17.1 Observe and record the type of dwelling the household lives in	1	Traditional house
		2	Duplex
		3	Detached house/Bungalow
		4	House attached to/on top of shop/stories building, etc.
		5	Semi-detached
		6	Servant quarters
		7	Guest house/Wing
		8	Flat/Apartment/Multi-unit
		9	Hostel
		10	Non-residential building (e.g. school, classroom, etc.)
		11	Unconventional (e.g. kantemba, storage container, etc.)
		-888	-888
		-999	-999
		other	Other
dwelling_household_other	Specify other.		
use_material17_1 (required)	17.2 Observe and record the main material used in WALL	1	Bricks or blocks
		2	Asbestos
		3	Corrugated iron/Metal
		4	Plastic
		5	Poles/Reed
		6	Tiles/Slates
		7	Thatch/Grass
		8	Wood/Bamboo
		9	Earth/Mud
		10	Concrete only
		11	Covered concrete
		12	Cardboard
		-888	-888

		-999 -999																														
		other Other																														
use_material17_1_other	Specify other.																															
use_material17_2 (required)	17.3 Observe and record the main material used in ROOFTOP	<table border="1"> <tr><td>1</td><td>Bricks or blocks</td></tr> <tr><td>2</td><td>Asbestos</td></tr> <tr><td>3</td><td>Corrugated iron/Metal</td></tr> <tr><td>4</td><td>Plastic</td></tr> <tr><td>5</td><td>Poles/Reed</td></tr> <tr><td>6</td><td>Tiles/Slates</td></tr> <tr><td>7</td><td>Thatch/Grass</td></tr> <tr><td>8</td><td>Wood/Bamboo</td></tr> <tr><td>9</td><td>Earth/Mud</td></tr> <tr><td>10</td><td>Concrete only</td></tr> <tr><td>11</td><td>Covered concrete</td></tr> <tr><td>12</td><td>Cardboard</td></tr> <tr><td>-888</td><td>-888</td></tr> <tr><td>-999</td><td>-999</td></tr> <tr><td>other</td><td>Other</td></tr> </table>	1	Bricks or blocks	2	Asbestos	3	Corrugated iron/Metal	4	Plastic	5	Poles/Reed	6	Tiles/Slates	7	Thatch/Grass	8	Wood/Bamboo	9	Earth/Mud	10	Concrete only	11	Covered concrete	12	Cardboard	-888	-888	-999	-999	other	Other
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use_material17_2_other	Specify other.																															
use_material17_3 (required)	17.4 Observe and record the main material used in FLOOR	<table border="1"> <tr><td>1</td><td>Bricks or blocks</td></tr> <tr><td>2</td><td>Asbestos</td></tr> <tr><td>3</td><td>Corrugated iron/Metal</td></tr> <tr><td>4</td><td>Plastic</td></tr> <tr><td>5</td><td>Poles/Reed</td></tr> <tr><td>6</td><td>Tiles/Slates</td></tr> <tr><td>7</td><td>Thatch/Grass</td></tr> <tr><td>8</td><td>Wood/Bamboo</td></tr> <tr><td>9</td><td>Earth/Mud</td></tr> <tr><td>10</td><td>Concrete only</td></tr> <tr><td>11</td><td>Covered concrete</td></tr> <tr><td>12</td><td>Cardboard</td></tr> <tr><td>-888</td><td>-888</td></tr> <tr><td>-999</td><td>-999</td></tr> <tr><td>other</td><td>Other</td></tr> </table>	1	Bricks or blocks	2	Asbestos	3	Corrugated iron/Metal	4	Plastic	5	Poles/Reed	6	Tiles/Slates	7	Thatch/Grass	8	Wood/Bamboo	9	Earth/Mud	10	Concrete only	11	Covered concrete	12	Cardboard	-888	-888	-999	-999	other	Other
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-999	-999																															
other	Other																															
use_material17_3_other	Specify other.																															
ownership_status (required)	17.5 What is the ownership status of your house?	<table border="1"> <tr><td>1</td><td>Owner occupied dwelling</td></tr> <tr><td>2</td><td>Rented from local govt (district council)</td></tr> <tr><td>3</td><td>Rented from central govt</td></tr> <tr><td>4</td><td>Rented from private co</td></tr> <tr><td>5</td><td>Rented from individual</td></tr> <tr><td>6</td><td>Borrowed dwelling</td></tr> <tr><td>7</td><td>House owned and provided free by employer (govt)</td></tr> <tr><td>8</td><td>House owned and provided free by employer (private)</td></tr> <tr><td>9</td><td>Other free housing</td></tr> <tr><td>-888</td><td>-888</td></tr> <tr><td>-999</td><td>-999</td></tr> <tr><td>other</td><td>Other</td></tr> </table>	1	Owner occupied dwelling	2	Rented from local govt (district council)	3	Rented from central govt	4	Rented from private co	5	Rented from individual	6	Borrowed dwelling	7	House owned and provided free by employer (govt)	8	House owned and provided free by employer (private)	9	Other free housing	-888	-888	-999	-999	other	Other						
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-888	-888																															
-999	-999																															
other	Other																															
ownership_status_other	Specify other.																															
rent_period (required)	17.6 How often do you pay rent?	<table border="1"> <tr><td>1</td><td>Monthly</td></tr> <tr><td>2</td><td>Every 3 months</td></tr> <tr><td>3</td><td>Every 6 month</td></tr> <tr><td>4</td><td>Annually</td></tr> <tr><td>-888</td><td>-888</td></tr> <tr><td>-999</td><td>-999</td></tr> <tr><td>other</td><td>Other</td></tr> </table>	1	Monthly	2	Every 3 months	3	Every 6 month	4	Annually	-888	-888	-999	-999	other	Other																
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4	Annually																															
-888	-888																															
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other	Other																															
rent_period_other	Specify other.																															
rooms (required)	17.7 How many rooms does your household have? Including rooms outside the main dwelling but excluding kitchen and bathrooms																															
dry_season (required)	17.8 What is your household's main source of drinking water in dry season?	<table border="1"> <tr><td>1</td><td>Directly from the</td></tr> </table>	1	Directly from the																												
1	Directly from the																															

		river/lake/stream/dam
		2 Unprotected well
		3 Pumped (piped) from the river/lake/dam
		4 Protected well
		5 Borehole
		6 Public tap
		7 Own tap
		8 Other tap (e.g. from nearby building)
		9 Bought from water vendor
		10 Mineral bottled water
		11 Rain water
		-888 -888
		-999 -999
		other Other
dry_season_other	Specify other.	
Questionnaire > Section 17 - Dwelling Characteristics and Household Amenities		
treat_water (required)	17.9 Do you treat your drinking water in the dry season?	1 Yes 0 No
household_dry (required)	17.10 How does your household treat your drinking water in dry season? Select all that apply	1 No treatment 2 Boil 3 Add chlorine 4 Lodine -888 -888 -999 -999 other Other
household_dry_other	Specify other.	
toilet_facility (required)	17.11 What is the main type of toilet facility for this household?	1 Own flush toilet inside house 2 Own flush toilet outside house 3 Communal/Shared flush toilet 4 Own pit latrine 5 Communal/Shared pit latrine 6 Neighbour's/another household's pit latrine 7 Vip latrine 8 Communal/Shared vip latrine 9 None -888 -888 -999 -999 other Other
toilet_facility_other	Specify other.	
household_rubish (required)	17.12 How does your household dispose the waste? Select all that apply	1 Refuse collected 2 Pit 3 Bury 4 Burn 5 Dumping -888 -888 -999 -999 other Other
household_rubish_other	Specify other.	
energy_cook (required)	17.13 What is your household's main source of energy for cooking? Main in terms of quantity used	1 Kerosine/Paraffin/Gas/Oil lamp 2 Electricity 3 Charcoal 4 Open fire 5 Firewood

		-888	-888
		-999	-999
		other	Other
energy_cook_other	Specify other.		
electricity (required)	17.14 Does your household have electricity?	1	Yes
		0	No
note_18	Section 18 - Household Assets Now I will ask you some questions about your HOUSEHOLD ASSETS		
Questionnaire > Section 18 - Household Assets			
Questionnaire > Section 18 - Household Assets > table_list_18a			
generated_table_list_label_1129	18.1 How many _____s does your household own?		
table_list_18_1 (required)	Bed		
table_list_18_2 (required)	Table		
table_list_18_3 (required)	Kerosene Stove		
table_list_18_4 (required)	Fridge		
Questionnaire > Section 18 - Household Assets > table_list_18b			
generated_table_list_label_1135	18.1 How many _____s does your household own?		
table_list_18_5 (required)	Generator		
table_list_18_6 (required)	Fan		
table_list_18_7 (required)	Iron		
table_list_18_8 (required)	TV set		
own_land (required)	18.2 Does your household own the land for this residence?	1	Yes
		0	No
Questionnaire > Section 18 - Household Assets > table_list_18c			
generated_table_list_label_1142	18.3 What is the size of this land for the residence? for example: 15x20		
table_list_18c_1 (required)	Length		
table_list_18c_2 (required)	Width		
size_unit1 (required)	18.4 What was the unit of the size? Record distance in KM (if less than 1 KM record ZERO); Please state the average distance taken. 1 Mile = 1.6km	1	Lima
		2	Acre
		3	Hectare
		4	Square meter
		5	Plot
		-888	-888
		-999	-999
own_land_other (required)	18.5 Does your household own any other land?	1	Yes
		0	No
Questionnaire > Section 18 - Household Assets > table_list_18d			
generated_table_list_label_1148	18.6 What is the size of your other land? Ask for the unit first and enter in next question: for example: 15x20		
table_list_18d_1 (required)	Length		
table_list_18d_2 (required)	Width		
size_unit2 (required)	18.7 What was the unit of the size? Record distance in KM (if less than 1 KM record ZERO); Please state the average distance taken. 1 Mile = 1.6km	1	Lima
		2	Acre
		3	Hectare
		4	Square meter
		5	Plot
		-888	-888
		-999	-999
own_house (required)	18.9 Does your household own any other house?	1	Yes
		0	No
own_house_number (required)	18.9 How many other houses does your household own?		
own_house_rent_yes (required)	18.10 Do you rent any of them?	1	Yes
		0	No
own_house_rent (required)	18.11 How much rent do you get per month in total? Record amount in NAIRA. if not received at all record "0". If the answer is 20,000 record "20,000". DO NOT record "20".		
Questionnaire > Section 18 - Household Assets > table_list_18e			
generated_table_list_label_1157	18.12 How many _____s does your household own?		
table_list_18e_1 (required)	Cow		
table_list_18e_2 (required)	Bull		
table_list_18e_3 (required)	Goat		
table_list_18e_4 (required)	Sheep		

table_list_18e_5 (required)	Chicken	
note_19	Section 19 - Food and Non-Food Consumption Now I will ask you some questions about your HOUSEHOLD'S FOOD AND NON-FOOD CONSUMPTION	
Questionnaire > Section 19 - Food and Non-Food Consumption		
Questionnaire > Section 19 - Food and Non-Food Consumption > table_list_191a		
generated_table_list_label_1167	19.1 Did your household consume _____ in the LAST WEEK?	
reserved_name_for_field_list_labels_1168		1 Yes 0 No -888 -888 -999 -999
table_list_191_1 (required)	Gari	1 Yes 0 No -888 -888 -999 -999
table_list_191_2 (required)	Beans	1 Yes 0 No -888 -888 -999 -999
table_list_191_3 (required)	Cassava (akpu)	1 Yes 0 No -888 -888 -999 -999
table_list_191_4 (required)	Rice	1 Yes 0 No -888 -888 -999 -999
table_list_191_5 (required)	Fish	1 Yes 0 No -888 -888 -999 -999
table_list_191_6 (required)	Meat	1 Yes 0 No -888 -888 -999 -999
table_list_191_7 (required)	Chicken	1 Yes 0 No -888 -888 -999 -999
table_list_191_8 (required)	Cooking oil	1 Yes 0 No -888 -888 -999 -999
table_list_191_9 (required)	Milk	1 Yes 0 No -888 -888 -999 -999
table_list_191_10 (required)	Yam	1 Yes 0 No -888 -888 -999 -999
Questionnaire > Section 19 - Food and Non-Food Consumption > table_list_192a		
generated_table_list_label_1179	19.2 What is the total value of the purchased _____ in the LAST WEEK?	
table_list_192_1 (required)	Gari Record amount in NAIRA. if not received at all record "0". If the answer is 20,000 record "20,000". DO NOT record "20".	
table_list_192_2 (required)	Beans Record amount in NAIRA. if not received at all record "0". If the answer is 20,000 record "20,000". DO NOT record "20".	
table_list_192_3 (required)	Cassava (akpu) Record amount in NAIRA. if not received at all record "0". If the answer is 20,000 record "20,000". DO NOT record "20".	
table_list_192_4 (required)	Rice Record amount in NAIRA. if not received at all record "0". If the answer is 20,000 record "20,000". DO NOT record "20".	

Questionnaire > Section 19 - Food and Non-Food Consumption > table_list_192b		
generated_table_list_label_1185	19.2 What is the total value of the purchased _____ in the LAST WEEK?	
table_list_192_5 (required)	Fish Record amount in NAIRA. if not received at all record "0". If the answer is 20,000 record "20,000". DO NOT record "20".	
table_list_192_6 (required)	Meat Record amount in NAIRA. if not received at all record "0". If the answer is 20,000 record "20,000". DO NOT record "20".	
table_list_192_7 (required)	Chicken Record amount in NAIRA. if not received at all record "0". If the answer is 20,000 record "20,000". DO NOT record "20".	
table_list_192_8 (required)	Cooking oil Record amount in NAIRA. if not received at all record "0". If the answer is 20,000 record "20,000". DO NOT record "20".	
Questionnaire > Section 19 - Food and Non-Food Consumption > table_list_192c		
generated_table_list_label_1191	19.2 What is the total value of the purchased _____ in the LAST WEEK?	
table_list_192_9 (required)	Milk Record amount in NAIRA. if not received at all record "0". If the answer is 20,000 record "20,000". DO NOT record "20".	
table_list_192_10 (required)	Yam Record amount in NAIRA. if not received at all record "0". If the answer is 20,000 record "20,000". DO NOT record "20".	
Questionnaire > Section 19 - Food and Non-Food Consumption > table_list_193a		
generated_table_list_label_1195	19.3 What is the total value of home produced or gifted _____ in the LAST WEEK?	
table_list_193_1 (required)	Gari Record amount in NAIRA. if not received at all record "0". If the answer is 20,000 record "20,000". DO NOT record "20".	
table_list_193_2 (required)	Beans Record amount in NAIRA. if not received at all record "0". If the answer is 20,000 record "20,000". DO NOT record "20".	
table_list_193_3 (required)	Cassava (akpu) Record amount in NAIRA. if not received at all record "0". If the answer is 20,000 record "20,000". DO NOT record "20".	
table_list_193_4 (required)	Rice Record amount in NAIRA. if not received at all record "0". If the answer is 20,000 record "20,000". DO NOT record "20".	
Questionnaire > Section 19 - Food and Non-Food Consumption > table_list_193b		
generated_table_list_label_1201	19.3 What is the total value of home produced or gifted _____ in the LAST WEEK?	
table_list_193_5 (required)	Fish Record amount in NAIRA. if not received at all record "0". If the answer is 20,000 record "20,000". DO NOT record "20".	
table_list_193_6 (required)	Meat Record amount in NAIRA. if not received at all record "0". If the answer is 20,000 record "20,000". DO NOT record "20".	
table_list_193_7 (required)	Chicken Record amount in NAIRA. if not received at all record "0". If the answer is 20,000 record "20,000". DO NOT record "20".	
table_list_193_8 (required)	Cooking oil Record amount in NAIRA. if not received at all record "0". If the answer is 20,000 record "20,000". DO NOT record "20".	
Questionnaire > Section 19 - Food and Non-Food Consumption > table_list_193c		
generated_table_list_label_1207	19.3 What is the total value of home produced or gifted _____ in the LAST WEEK?	
table_list_193_9 (required)	Milk Record amount in NAIRA. if not received at all record "0". If the answer is 20,000 record "20,000". DO NOT record "20".	
table_list_193_10 (required)	Yam Record amount in NAIRA. if not received at all record "0". If the answer is 20,000 record "20,000". DO NOT record "20".	
Questionnaire > Section 19 - Food and Non-Food Consumption > table_list_194a		
generated_table_list_label_1211	19.4 How much did your household spend on _____ in the past 3 MONTHS?	
table_list_194_1 (required)	School Fees Record amount in NAIRA. if not received at all record "0". If the answer is 20,000 record "20,000". DO NOT record "20".	
Questionnaire > Section 19 - Food and Non-Food Consumption > table_list_194b		
generated_table_list_label_1214	19.5 How much did your household spend on _____ in the LAST MONTH?	
table_list_194_2 (required)	Clothing and footwear Record amount in NAIRA. if not received at all record "0". If the answer is 20,000 record "20,000". DO NOT record "20".	
table_list_194_3 (required)	Electricity Record amount in NAIRA. if not received at all record "0". If the answer is 20,000 record "20,000". DO NOT record "20".	
Questionnaire > Section 19 - Food and Non-Food Consumption > table_list_194c		

generated_table_list_label_1218	19.6 How much did your household spend on _____ in the LAST WEEK?		
table_list_194_4 (required)	Firewood and Charcoal Record amount in NAIRA. if not received at all record "0". If the answer is 20,000 record "20,000". DO NOT record "20".		
table_list_194_5 (required)	Paraffin/Kerosine Record amount in NAIRA. if not received at all record "0". If the answer is 20,000 record "20,000". DO NOT record "20".		
table_list_194_6 (required)	Water Record amount in NAIRA. if not received at all record "0". If the answer is 20,000 record "20,000". DO NOT record "20".		
table_list_194_7 (required)	Transport Record amount in NAIRA. if not received at all record "0". If the answer is 20,000 record "20,000". DO NOT record "20".		
note_20	Interview information		
Questionnaire > Interview information			
enumerator_name (required)	20.1 Enumerator, please record YOUR name		
interview_result (required)	20.2 Record the result of interview		1 Completed
			2 Partially completed
			3 Refusal
			4 Respondent(s) not present
		-888	-888
		-999	-999
		other	Other
interview_result_other	Specify other.		
interview_language (required)	20.3 Which is the main language of the interview?		1 English
			2 Yoruba
			3 Igbo
			4 Hausa
			5 Fulani
			6 Tiv
			7 Urhobo
			8 Isekiri
			9 Igala
			10 Gbagyi
			11 Idoma
			12 Efik
			13 Ibibio
			14 Nupe
			15 Ikwere
			16 Kanuri
		-888	-888
		-999	-999
		other	Other
interview_language_other	Specify other.		
respondent_language (required)	20.4 Which is the respondents' local language?		1 English
			2 Yoruba
			3 Igbo
			4 Hausa
			5 Fulani
			6 Tiv
			7 Urhobo
			8 Isekiri
			9 Igala
			10 Gbagyi
			11 Idoma
			12 Efik
			13 Ibibio
			14 Nupe
			15 Ikwere
			16 Kanuri
		-888	-888
		-999	-999
		other	Other
respondent_language_other	Specify other.		
traslator_used (required)	20.5 Did you use translator?		1 Never

		2	Sometimes
		3	Always
		-888	-888
		-999	-999
hh_location	20.6 Collect the GPS coordinates of this household GPS coordinates can only be collected when outside		
enumerator_comments (required)	20.7 ENUMERATOR: Please introduce your comments		