



Health Results Based Financing NIGERIA 2014



Health Facility Questionnaire HF5 - Exit Interview for Antenatal Care Visit

STATE		Code		
LGA		Code		
Ward		Code		
Facility Name		Facility No.		
Facility type	1= Primary, 2= Secondary	Code		
Ownership	1= Public	Code	1	
Patient Name		Number		

GPS COORDINATES OF HEALTH FACILITY											
LATITUDE (NORTH)					°						
LONGITUDE (EAST)					°						

MOBILE PHONE SIGNAL AVAILABLE AT FACILITY?		LANGUAGE		INTERVIEW		Translator Used?	
Yes	1	ENGLISH	1	IGBO	4		NEVER
No	2	HAUSA	2	OTHER, SPECIFY:	8	RESPONDENT	SOMETIMES
		YORUBA	3				ALWAYS

HEALTH FACILITY TYPE CODE	Code	RESULT OF THE EXIT INTERVIEW	OBSERVATION DONE	
			PARTIALLY COMPLETED	02
			PERSON IN CHARGE REFUSED TO PARTICIPATE	03
			PERSON IN CHARGE IS OUT (STAFF THAT IS PRESENT IS NOT AUTHORIZED)	04
			FACILITY IS EMPTY (NO STAFF MEMBERS)	05
			HEALTH FACILITY NOT FOUND	06
			PATIENT REFUSED TO PARTICIPATE	51
			OTHER, SPECIFY:	96

INTERVIEWER	CODE	Exit interview	DAY	MONTH	YEAR

SUPERVISOR		CODE

DAY	MONTH	YEAR

DATA ENTRY OPERATOR	CODE

DAY	MONTH	YEAR

Patient or family member—Exit Interview

Instructions for the Interviewer: *The following is to be read verbatim to the client prior to the consultation and interview. If the subject then agrees to participate, you must sign on the line marked “Witness to Consent Procedures” at the end of this form. Also mark the date on the appropriate line.*

Purpose of research: The purpose of the study is to better understand the health service quality received by patients at government health facilities. We will ask you some questions about your experiences as a client of health services. This information will help the Government and its partner organizations to provide better health care to the population.

Study Investigators: This study is being conducted by the Federal Ministry of Health in cooperation with the National Bureau of Statistics (NBS) and the World Bank. This study is sponsored by the World Bank, Washington DC, USA

Expected duration of research and of participant(s)’ involvement: The questionnaire will take approximately half an hour of your time to complete.

Risks/discomforts: There is no risk in participating in this study. You may feel uncomfortable answering some of the questions because of the private nature of the questions.

Costs to the participants: Your participation in this research will not cost you anything in money terms. The only cost is the time you would spend in answering the survey questions.

Benefit(s): You or others participating in this survey will not be paid for being in this study. There is no immediate or direct benefit to you for participating in the survey. However, the information collected through the survey will help the Government and other organizations to provide better health care.

Confidentiality: Your personal information will not be shared with anyone other than the persons involved with this study. Any report or publication from the study will provide summary information and you will not be identified in any reports or publications by any means. The honesty of your answers is very important.

Voluntariness: Your participation in this study is voluntary and you may decide not to participate. You have the right not to answer some or all the questions in the survey or refuse or discontinue participation in the survey. Your decision will not result in any penalty or loss of benefits in any way.

Your participation in this study may be stopped at any time by the study staff or the sponsor without your consent for any of the following reasons: (a) if it is in your best interest; (b) or for any other reason.

Questions: If you have any questions, please feel free to ask the interviewer at any time during the interview. OR contact:

Project Director, NBS, Email: mosalami_nbs@yahoo.com; Phone: 08072377722

Desk Officer for NHREC, Email: deskofficer@nhrec.net ; Phone: 08065479926

Do not agree to be in this research unless you have had a chance to ask questions and have received satisfactory answers to all of your questions.

Statement of person obtaining informed consent:

I have fully explained this research to _____ and have given sufficient information, including about risks and benefits, to make an informed decision.

DATE: _____ SIGNATURE: _____

NAME: _____

Statement of person giving consent:

I have read the description of the research or have had it translated into and/or read to me in a language I understand. I understand that my participation is voluntary. Based on the information about the research, I have decided to participate in the study. I understand that I may freely stop being a part of this study at any time.

DATE: _____ SIGNATURE: _____

NAME: _____

WITNESS' SIGNATURE (if applicable): _____

WITNESS' NAME (if applicable): _____

(1)	Identification		RECORD RESPONSE
I am going to start the interview by asking you some questions about yourself.			
(1.01)	PATIENT NAME		
(1.02)	PATIENT CODE		
(1.03)	PATIENT AGE	YEARS (IN COMPLETED YEARS)	
(1.04)	Can you read and write a simple paragraph in any language?	YES 1	
		NO 2	
(1.05)	What is the highest level of education that you completed?	Pre-primary/Kindergarten/None 0	
		Primary 1	
		Secondary 2	
		Higher 3	
		Don't know 9 ► (1.07)	
(1.06)	Highest grade/class/year within the level (IF NONE, RECORD "00")	Highest grade/class/year completed within the level (for "higher", mention post secondary years)	
(1.07)	What is your marital status?	Single 1	
		Married/Living together 2	
		Widowed 3	
		Divorced/separated 4	
(1.08)	What is the highest level of education that your spouse / partner completed?	Pre-primary/Kindergarten/None 0	
		Primary 1	
		Secondary 2	
		Higher 3	
		Don't know 9 ► (2.01)	
(1.09)	Highest grade/class/year within the level (IF NONE, RECORD "00")	Highest grade/class/year completed within the level (for "higher", mention post secondary years)	

(2)	Treatment and counseling	RECORD RESPONSE								
(2.01)	During this visit to the health center, how many health workers attended to you? This includes any doctors, nurses, pharmacist, lab technician, midwife, etc. who directly took care of you or provided you with advice or medicine.	COMPARE WITH THE DIRECT OBSERVATION QUESTIONNAIRE FOR CONSISTENCY								
(2.02)	Do you have an antenatal-care card, or an immunisation card with you today? IF YES: ASK TO SEE THE CARD/BOOK.	<table border="1"> <tr> <td>Yes, card seen</td> <td>1</td> </tr> <tr> <td>Yes, card not seen</td> <td>2 ► (2.07)</td> </tr> <tr> <td>No, card kept with facility</td> <td>3 ► (2.07)</td> </tr> <tr> <td>No card used</td> <td>4 ► (2.07)</td> </tr> </table>	Yes, card seen	1	Yes, card not seen	2 ► (2.07)	No, card kept with facility	3 ► (2.07)	No card used	4 ► (2.07)
Yes, card seen	1									
Yes, card not seen	2 ► (2.07)									
No, card kept with facility	3 ► (2.07)									
No card used	4 ► (2.07)									
(2.03)	CHECK ANTENATAL-CARE CARD/BOOK, OR IMMUNIZATION CARD. INDICATE WHETHER THERE IS ANY NOTE OR RECORD OF THE CLIENT HAVING RECEIVED TETANUS TOXOID.	<table border="1"> <tr> <td>YES, 1 TIME</td> <td>1</td> </tr> <tr> <td>YES, 2 OR MORE TIMES</td> <td>2</td> </tr> <tr> <td>NO</td> <td>3</td> </tr> </table>	YES, 1 TIME	1	YES, 2 OR MORE TIMES	2	NO	3		
YES, 1 TIME	1									
YES, 2 OR MORE TIMES	2									
NO	3									
(2.04)	HOW MANY WEEKS PREGNANT IS THE CLIENT, ACCORDING TO THE ANTENATAL CARE CARD/BOOK?	# WEEKS								
(2.05)	DOES THE CARD/BOOK INDICATE THE CLIENT HAS RECEIVED INTERMITTENT PREVENTIVE TREATMENT (IPT) AGAINST MALARIA?	<table border="1"> <tr> <td>YES, 1 DOSE</td> <td>1</td> </tr> <tr> <td>YES, 2 DOSES</td> <td>2</td> </tr> <tr> <td>NO</td> <td>3</td> </tr> </table>	YES, 1 DOSE	1	YES, 2 DOSES	2	NO	3		
YES, 1 DOSE	1									
YES, 2 DOSES	2									
NO	3									
(2.06)	DOES THE CARD/BOOK MENTION THE CLIENT'S BLOOD GROUP?	<table border="1"> <tr> <td>YES</td> <td>1</td> </tr> <tr> <td>NO</td> <td>2</td> </tr> </table>	YES	1	NO	2				
YES	1									
NO	2									
(2.07)	How long have you been pregnant? (RECORD MONTHS <u>OR</u> WEEKS)	<table border="1"> <tr> <td>a. WEEKS</td> <td></td> </tr> <tr> <td>b. MONTHS</td> <td></td> </tr> </table>	a. WEEKS		b. MONTHS					
a. WEEKS										
b. MONTHS										
(2.08)	Is this your first pregnancy?	<table border="1"> <tr> <td>YES</td> <td>1</td> </tr> <tr> <td>NO</td> <td>2</td> </tr> </table>	YES	1	NO	2				
YES	1									
NO	2									
(2.09)	Is this your first antenatal visit at this facility for this pregnancy?	<table border="1"> <tr> <td>YES</td> <td>1 ► (2.11)</td> </tr> <tr> <td>NO</td> <td>2</td> </tr> </table>	YES	1 ► (2.11)	NO	2				
YES	1 ► (2.11)									
NO	2									
(2.10)	Including this visit, how many antenatal care visits have you had for this pregnancy to this health facility?									
(2.11)	How many antenatal care visits have you had for this pregnancy to other health facilities?									
(2.12)	During this visit, were you weighed?	<table border="1"> <tr> <td>YES</td> <td>1</td> </tr> <tr> <td>NO</td> <td>2</td> </tr> </table>	YES	1	NO	2				
YES	1									
NO	2									
(2.13)	During this visit, was your height measured?	<table border="1"> <tr> <td>YES</td> <td>1</td> </tr> <tr> <td>NO</td> <td>2</td> </tr> </table>	YES	1	NO	2				
YES	1									
NO	2									
(2.14)	During this visit, did someone measure your blood pressure? EXPLAIN: This is when someone wraps a wide cloth around your arm above your elbow and you feel squeezing and pressure on your arm, which is then released after some time.	<table border="1"> <tr> <td>YES</td> <td>1</td> </tr> <tr> <td>NO</td> <td>2</td> </tr> </table>	YES	1	NO	2				
YES	1									
NO	2									

(2.15)	During this visit, did you give a urine sample? EXPLAIN: Did someone ask you to collect your urine in a small bottle or pot for some medical tests?	YES	1	
		NO	2	
(2.16)	During this visit, did you give a blood sample? EXPLAIN: Did someone prick your finger or your arm with a needle to collect blood for some medical tests?	YES	1	
		NO	2	
(2.17)	During this visit, did you schedule your delivery in the facility?	YES	1	
		NO	2	
(2.18)	During this visit, did the provider palpate your tummy? EXPLAIN: Did the health worker make you lie down on a table or couch and touch your tummy?	YES	1	
		NO	2	
(2.19)	During this visit, did the health worker estimate your delivery or due date?	YES	1	
		NO	2	
(2.20)	During this visit, was your uterine height measured? EXPLAIN: This is when the provider measures your tummy using a measurement tape.	YES	1	
		NO	2	
(2.21)	During this visit, did a health worker ask for your blood type?	YES	1	
		NO	2	
(2.22)	During this visit, did a health worker give you advice on your diet (this is, what to eat and drink) during pregnancy?	YES	1	
		NO	2 ► (2.24)	
(2.23)	What type of food did the health worker advise you to eat during pregnancy? DO NOT CITE ANSWERS, BUT FOR EACH OPTION RECORD "1" IF MENTIONED, "2" IF NOT MENTIONED. YOU MAY PROBE WITHOUT USING SPECIFIC ANSWERS (E.G., "ANYTHING ELSE?")	a. GREEN LEAFY VEGETABLES		
		b. MILK		
		c. MEAT AND POULTRY		
		d. FRUITS AND NUTS		
		e. OTHER, SPECIFY:		
(2.24)	During this visit, did a health worker give you iron pills, folic acid or iron with folic acid, or give you a prescription for them? SHOW THE CLIENT AN IRON PILL, A FOLIC-ACID PILL, OR A COMBINED PILL.	YES	1	
		NO	2 ► (2.28)	
(2.25)	ASK TO SEE THE CLIENT'S IRON/FOLIC ACID/IRON WITH FOLIC ACID PILLS OR PRESCRIPTION FOR IT.	SAW PILLS	1	
		SAW PRESCRIPTION	2	
		NO PILLS OR PRESCRIPTION	3	
(2.26)	During this or previous visits, has a health worker discussed with you the side effects of the iron pill?	YES	1	
		NO	2 ► (2.28)	

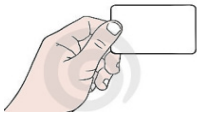
(2.27)	Please tell me any side effect of the iron pill that you know of. DO NOT CITE ANSWERS, BUT FOR EACH OPTION RECORD "1" IF MENTIONED, "2" IF NOT MENTIONED. YOU MAY PROBE WITHOUT USING SPECIFIC ANSWERS (E.G., "ANYTHING ELSE?")	a. NAUSEA b. BLACK STOOLS c. CONSTIPATION d. OTHER, SPECIFY:	
(2.28)	During this visit, has a health worker given or prescribed any antimalarial pills for you? SHOW THE CLIENT CAPSULES OF QUININE AND FANSIDAR.	YES 1 NO 2 ► (2.30)	
(2.29)	ASK TO SEE THE CLIENT'S ANTIMALARIAL PILLS OR PRESCRIPTION FOR IT.	SAW PILLS 1 SAW PRESCRIPTION 2 NO PILLS OR PRESCRIPTION 3	
(2.30)	Do you own an Insecticide Treated Net (ITN), that is a net that has been treated with an insecticide to protect you from mosquito bites?	YES 1 NO 2 ► (2.32)	
(2.31)	Last night, did you sleep under an insecticide treated net?	YES 1 NO 2	
(2.32)	During this visit, did a health worker offer you an Insecticide Treated Net free of charge?	YES 1 NO 2	
(2.33)	During this visit, did a health worker offer to sell you an Insecticide Treated Net ?	YES 1 NO 2	
(2.34)	During this visit or previous visits, has a health worker asked you whether you had ever received a tetanus toxoid injection?	YES 1 NO 2	
(2.35)	Have you ever received a tetanus toxoid injection, including one you may have received today?	YES 1 NO 2 ► (2.37)	
(2.36)	Including any Tetanus Toxoid injection you received today, how many times in total during your lifetime have you received a Tetanus Toxoid injection? (INJECTION MAY HAVE BEEN RECEIVED EITHER AT THIS FACILITY OR ELSEWHERE.)		
(2.37)	During this visit or previous visits, has a health worker talked with you about any signs of complications (danger signs) that should warn you of problems with the pregnancy?	Yes, during this visit 1 Yes, during previous visit 2 No 3 ► (2.40)	

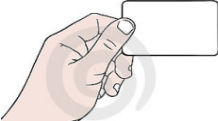
(2.38)	<p>Please tell me any signs of complications (danger signs or threats) during pregnancy that you know of.</p> <p>DO NOT CITE ANSWERS, BUT FOR EACH OPTION RECORD "1" IF MENTIONED, "2" IF NOT MENTIONED. YOU MAY PROBE WITHOUT USING SPECIFIC ANSWERS (E.G., "ANYTHING ELSE?")</p>	<p>a. ANY VAGINAL BLEEDING</p> <p>b. FEVER</p> <p>c. SWOLLEN FACE, HANDS OR LEGS</p> <p>d. TIREDNESS OR BREATHLESSNESS</p> <p>e. SEVERE HEADACHE</p> <p>f. BLURRED VISION</p> <p>g. CONVULSIONS</p> <p>h. LIGHTHEADEDNESS/DIZZINESS/BLACKOUT</p> <p>i. SEVERE PAIN IN LOWER BELLY</p> <p>j. BABY STOPS MOVING OR REDUCED FETAL MOVEMENT</p> <p>k. BAG OF WATER BREAKS OR LEAKS</p> <p>l. DIFFICULTY BREATHING</p> <p>m. OTHER, SPECIFY:</p>	
(2.39)	<p>What did the health worker advise you to do if you experienced any of the warning signs during pregnancy?</p> <p>DO NOT CITE ANSWERS, BUT FOR EACH OPTION RECORD "1" IF MENTIONED, "2" IF NOT MENTIONED. YOU MAY PROBE WITHOUT USING SPECIFIC ANSWERS (E.G., "ANYTHING ELSE?")</p>	<p>a. SEEK CARE AT FACILITY</p> <p>b. DECREASE ACTIVITY</p> <p>c. CHANGE DIET</p> <p>d. OTHER, SPECIFY:</p>	
(2.40)	<p>During this visit, did a health worker talk with you about using family planning after the birth of your baby?</p>	<p>YES 1</p> <p>NO 2 ► (2.43)</p>	
(2.41)	<p>During this visit, did the health worker discuss with you any specific method of family planning?</p>	<p>YES 1</p> <p>NO 2 ► (2.43)</p>	
(2.42)	<p>Which family planning methods did the health worker discuss?</p> <p>DO NOT CITE ANSWERS, BUT FOR EACH OPTION RECORD "1" IF MENTIONED, "2" IF NOT MENTIONED. YOU MAY PROBE WITHOUT USING SPECIFIC ANSWERS (E.G., "ANYTHING ELSE?")</p>	<p>a. FEMALE STERILIZATION</p> <p>b. MALE STERILIZATION</p> <p>c. CONTRACEPTIVE PILL</p> <p>d. INTRAUTERINE DEVICE (IUD)</p> <p>e. INJECTABLE CONTRACEPTIVES</p> <p>f. IMPLANTS</p> <p>g. MALE CONDOMS</p> <p>h. FEMALE CONDOMS</p> <p>i. DIAPHRAGM</p> <p>j. FOAM / JELLY</p> <p>k. LACTATIONAL AMENORRHEA</p> <p>l. RHYTHM METHOD</p> <p>m. WITHDRAWAL</p>	

(2.43)	During this visit or previous visits, has a provider given you advice on the importance of exclusively breastfeeding—that is, about giving your baby nothing apart from breast milk?	<table border="1"> <tr> <td>Yes, this visit</td> <td>1</td> </tr> <tr> <td>Yes, previous visit</td> <td>2</td> </tr> <tr> <td>No</td> <td>3 ► (2.45)</td> </tr> <tr> <td>Don't know</td> <td>9 ► (2.45)</td> </tr> </table>	Yes, this visit	1	Yes, previous visit	2	No	3 ► (2.45)	Don't know	9 ► (2.45)					
Yes, this visit	1														
Yes, previous visit	2														
No	3 ► (2.45)														
Don't know	9 ► (2.45)														
(2.44)	For how many months did the provider recommend that you exclusively breastfeed, that is, that you do not give your baby liquid or food in addition to your breast milk? If DON'T KNOW RECORD "99"														
(2.45)	During this visit or previous visits, did the provider talk to you about where you plan to deliver your baby?	<table border="1"> <tr> <td>Yes, this visit</td> <td>1</td> </tr> <tr> <td>Yes, previous visit</td> <td>2</td> </tr> <tr> <td>No</td> <td>3</td> </tr> <tr> <td>Don't know</td> <td>9</td> </tr> </table>	Yes, this visit	1	Yes, previous visit	2	No	3	Don't know	9					
Yes, this visit	1														
Yes, previous visit	2														
No	3														
Don't know	9														
(2.46)	Have you decided where you will go for the delivery of your baby? IF YES: PROBE FOR WHETHER THE PLAN IS TO DELIVER IN A FACILITY OR AT HOME	<table border="1"> <tr> <td>At this health facility</td> <td>1</td> </tr> <tr> <td>At other health facility</td> <td>2</td> </tr> <tr> <td>In a private home</td> <td>3</td> </tr> <tr> <td>Other</td> <td>8</td> </tr> <tr> <td>Specify</td> <td></td> </tr> <tr> <td>Don't know</td> <td>9</td> </tr> </table>	At this health facility	1	At other health facility	2	In a private home	3	Other	8	Specify		Don't know	9	
At this health facility	1														
At other health facility	2														
In a private home	3														
Other	8														
Specify															
Don't know	9														
(2.47)	During this or previous visits, did a provider talk with you about HIV counseling and testing?	<table border="1"> <tr> <td>Yes, this visit</td> <td>1</td> </tr> <tr> <td>Yes, previous visit</td> <td>2</td> </tr> <tr> <td>Yes, both visits</td> <td>3</td> </tr> <tr> <td>No</td> <td>4</td> </tr> <tr> <td>Don't know</td> <td>9</td> </tr> </table>	Yes, this visit	1	Yes, previous visit	2	Yes, both visits	3	No	4	Don't know	9			
Yes, this visit	1														
Yes, previous visit	2														
Yes, both visits	3														
No	4														
Don't know	9														

(3)	Patient travel and expenditure	RECORD RESPONSE				
(3.01)	How far is your household from this health facility?	KILOMETERS				
(3.02)	How long did it take you to reach this health facility from home today, <u>one way</u> in minutes?	MINUTES				
(3.03)	What was your primary mode of transportation today? (COMING TO THE FACILITY)	By foot 1 ► (3.05) Bicycle 2 Private car 3 Public car/bus including cab 4 Private motorcycle 5 "Okada"/"Achaba" 6 Other (Specify: _____) 8				
(3.04)	How much did it cost in Naira for you to travel to the health facility today, one way?	NAIRA				
(3.05)	How long did you wait in the health facility before being seen in consultation by the health worker?	MINUTES				
(3.06)	How long did you spend with the health worker during the consultation?	MINUTES				
(3.07)	Do you think waiting time was too long?	YES 1 NO 2				
(3.08)	Did you have to pay a registration, consultation or doctor's fee?	YES 1 NO 2 ► (3.10)				
(3.09)	How much did you pay for this in Naira?	NAIRA				
(3.10)	Was a laboratory test done?	YES 1 NO 2 ► (3.12)				
(3.11)	How much was paid in Naira for lab tests?	NAIRA				
(3.12)	Was an ultrasound done?	YES 1 NO 2 ► (3.14)				
(3.13)	How much was paid in Naira for ultrasound?	NAIRA				
(3.14)	Were medicines dispensed to you today?	YES 1 NO 2 ► (3.18)				
(3.15)	How much was paid in Naira for medicines?	NAIRA				
(3.16)	Did you give any informal gift or gratification to the health worker(s)?	YES 1 NO 2 ► (3.18)				
(3.17)	How much money was given or what is the money value of the gift?	NAIRA				
(3.18)	How much was spent in total in Naira at the facility for this visit, not including transportation costs?	NAIRA, IF ZERO ► (3.20)				

(3.19)	Where did the money come from that was used to pay for health care today? DO NOT CITE ANSWERS, BUT FOR EACH OPTION RECORD "1" IF MENTIONED, "2" IF NOT MENTIONED. YOU MAY PROBE WITHOUT USING SPECIFIC ANSWERS (E.G., "ANYTHING ELSE?")	a. SAVINGS OR REGULAR HOUSEHOLD BUDGET		
		b. HEALTH INSURANCE		
		c. SELLING HOUSEHOLD POSSESSIONS		
		d. MORTGAGING OR SELLING LAND OR REAL ESTATE		
		e. FROM A FRIEND OR RELATIVE		
		f. FROM SOMEONE OTHER THAN FAMILY AND FRIENDS		
		g. OTHER, SPECIFY:		
(3.20)	Are you currently covered under a health insurance scheme? EXPLAIN: Are you enrolled in any scheme which is providing you free services at this facility?	YES 1		
		NO 2 ► (4.01)		
(3.21)	What type of health insurance is this? Is it Public, Private or both?	Public 1		
		Private 2		
		Both 3		
(3.22)	In the last 12 months, how many months have you been enrolled in the insurance scheme that covers you now?	MONTHS		

(4)	Patient satisfaction		RECORD RESPONSE
(4.01)	What was the most important reason you chose this health facility today instead of a different source of care? DO NOT READ OPTIONS ALOUD. ONLY ONE ANSWER IS ALLOWED.	LOCATION CLOSE TO HOME 1 LOW COST 2 TRUST IN PROVIDERS 3 HIGH QUALITY CARE 4 AVAILABILITY OF DRUGS 5 AVAILABILITY OF FEMALE PROVIDER 6 NO OTHER FACILITY NEARBY 7 RECOMMENDATION OR REFERRAL 8 OTHER, SPECIFY: 9	
(4.02)	What was the next most important reason you chose this health facility today instead of a different source of care, if there is any other reason? DO NOT READ OPTIONS ALOUD. ONLY ONE ANSWER IS ALLOWED.	NO OTHER REASON 0 LOCATION CLOSE TO HOME 1 LOW COST 2 TRUST IN PROVIDERS 3 HIGH QUALITY CARE 4 AVAILABILITY OF DRUGS 5 AVAILABILITY OF FEMALE PROVIDER 6 NO OTHER FACILITY NEARBY 7 RECOMMENDATION OR REFERRAL 8 OTHER, SPECIFY: 9	
I'm going to read you a series of statements regarding this health facility. Please tell me if you agree, neither agree nor disagree or disagree with each statement. Some statements may not apply to your situation. Please let me know if a statement does not apply to you.			
		RESPONSE	RECORD RESPONSE
<p>READ EACH STATEMENT TO THE RESPONDENT AND RECORD THE RESPONSE CODE FOR EACH QUESTION.</p>  <p>PLEASE SHOW AND ASK TO PICK OUT THE COLORED AND NUMBERED CARDS WITH RESPONSE CODES</p> <p>BELOW ARE THE RESPONSE CODE</p> <p>AGREE1</p> <p>NEITHER AGREE OR DISAGREE2</p> <p>DISAGREE3</p> <p>NOT APPLICABLE4</p>	(4.03)	It is convenient to travel from your house to the health facility.	
	(4.04)	The health facility is clean.	
	(4.05)	The health staff are courteous and respectful.	
	(4.06)	The health workers did a good job of explaining your condition.	
	(4.07)	It is easy to get medicine that health workers prescribe.	
	(4.08)	The registration fees of this visit to the health facility were reasonable.	
	(4.09)	The lab fees of this visit to the health facility were reasonable.	
	(4.10)	The medication fees of this visit to the health facility were reasonable.	
	(4.11)	The transport fees for this visit to the health facility were reasonable.	
	(4.12)	The amount of time you spent waiting to be seen by a health provider was reasonable.	
	(4.13)	You had enough privacy during your visit.	
	(4.14)	The health worker spent a sufficient amount of time with you.	
	(4.15)	The hours the facility is open are adequate to meet your needs.	
	(4.16)	The overall quality of services provided was satisfactory.	

(5)	Security and Trust	RECORD RESPONSE
<p>I'm going to read you a series of statements regarding security and trust in this health facility. Please respond to the statements as you did above by confirming if you agree, neither agree nor disagree, or disagree with each statement. Please tell me if any of those statements is not applicable to you.</p>		
<p>READ EACH STATEMENT TO THE RESPONDENT AND RECORD THE RESPONSE CODE FOR EACH QUESTION.</p>  <p>PLEASE SHOW AND ASK TO PICK OUT THE COLORED AND NUMBERED CARDS WITH RESPONSE CODES</p> <p>RESPONSE CODES:</p> <p>AGREE1</p> <p>NEITHER AGREE OR DISAGREE2</p> <p>DISAGREE3</p> <p>NOT APPLICABLE4</p>	<p>(5.01) The level of security in the health facility area makes it difficult for people in the community to use available health services.</p> <p>(5.02) The health workers in this facility are extremely thorough and careful.</p> <p>(5.03) You trust in the skills and abilities of the health workers of this facility.</p> <p>(5.04) You completely trust the health worker's decisions about medical treatments in this facility.</p> <p>(5.05) The health workers in this facility are very friendly and approachable.</p> <p>(5.06) The health workers in this facility are easy to make contact with.</p> <p>(5.07) The health workers in this facility care about your health just as much or more than you do.</p> <p>(5.08) The health workers in this facility act differently toward rich people than toward poor people.</p> <p>(5.09) All in all, you trust the health worker completely in this health facility.</p>	

(6)	Questions about the household	RECORD RESPONSE					
(6.01)	Does your household own any land or house?	YES	1				
		NO	2 ► (6.03)				
(6.02)	If you were to sell the land you own, how much in Naira do you think you would receive for it? (IN THOUSAND NAIRA)	IN THOUSAND NAIRA, DON'T KNOW=999999					
(6.03)	For your home, what is the main material used for the following: Wall, Rooftop and Floor? DO NOT READ CHOICES ALOUD. RECORD THE RESPONSE FOR EACH	BRICKS OR BLOCKS	01	a. Wall			
		ASBESTOS	02				
		CORRUGATED IRON / METAL	03				
		PLASTIC	04	b. Rooftop			
		POLES / REED	05				
		TILES / SLATES	06				
		THATCH / GRASS	07	c. Floor			
		WOOD / BAMBOO	08				
		EARTH / MUD	09				
		CONCRETE / CEMENT ONLY	10				
		CARDBOARD	11				
		OTHER, SPECIFY:	96				
(6.04)	How many rooms does your household have, including rooms outside the main dwelling, not counting the kitchen and bathrooms?	DO NOT COUNT KITCHEN AND BATHROOM. ENTER TWO DIGIT RESPONSES. IF TWO ROOMS ENTER "02", TEN ROOM ENTER "10".					
(6.05)	Usually how many people live in your household now a days? WRITE THE TOTAL NUMBER IN EACH CATEGORY.	a. Men 18 years and older		NUMBER			
		b. Women 18 years and older		NUMBER			
		c. Children & adolescents between 6 & 17 years		NUMBER			
		d. Children 5 years and below		NUMBER			
		e. Total		NUMBER			
(6.06)	What is the main source of water for drinking for the household in the rainy and the dry seasons? DO NOT READ CHOICES; ONLY ONE ANSWER IS ALLOWED	PIPED INTO DWELLING	01	Dry season			
		PIPED INTO YARD/PLOT	02				
		PUBLIC TAP/STANDPIPE	03				
		PROTECTED WELL	04	Rainy season			
		UNPROTECTED WELL	05				
		PROTECTED SPRING	06				
		UNPROTECTED SPRING	07				
		RAINWATER	08				
		TANKER TRUCK	09				
		SURFACE WATER (LAKE)	10				
		BOTTLED WATER	11				
		Bore hole	12				
		Satchet water/Pure water	13				
		Other	96				
(6.07)	How far is this source in the rainy and dry season from your house? IF LESS THAN ONE KM, ENTER 00			Dry season			
				Rainy season			

(6.08)	What is your household's main source of energy for cooking? MAIN IN TERMS OF QUANTITY. DO NOT READ CHOICES	<table border="1"> <tr><td>ELECTRICITY</td><td>1</td></tr> <tr><td>LPG/NATURAL GAS/BIOGAS</td><td>2</td></tr> <tr><td>KEROSENE</td><td>3</td></tr> <tr><td>COAL/CHARCOAL/LIGNITE</td><td>4</td></tr> <tr><td>WOOD</td><td>5</td></tr> <tr><td>STRAW/SHRUBS/GRASS</td><td>6</td></tr> <tr><td>AGRICULTURAL CROP</td><td>7</td></tr> <tr><td>ANIMAL DUNG</td><td>8</td></tr> <tr><td>OTHER</td><td>9</td></tr> <tr><td>SPECIFY</td><td></td></tr> <tr><td>NO FOOD COOKED</td><td>0</td></tr> <tr><td></td><td></td></tr> </table>	ELECTRICITY	1	LPG/NATURAL GAS/BIOGAS	2	KEROSENE	3	COAL/CHARCOAL/LIGNITE	4	WOOD	5	STRAW/SHRUBS/GRASS	6	AGRICULTURAL CROP	7	ANIMAL DUNG	8	OTHER	9	SPECIFY		NO FOOD COOKED	0							
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(6.10)	What kind of toilet facility do people in your household mainly use? DO NOT READ CHOICES; ONLY ONE OPTION IS ALLOWED.	<table border="1"> <tr><td>FLUSH TO PIPED SEWER</td><td>1</td></tr> <tr><td>FLUSH TO SEPTIC</td><td>2</td></tr> <tr><td>FLUSH TO PIT LATRINE</td><td>3</td></tr> <tr><td>FLUSH TO OTHER</td><td>4</td></tr> <tr><td>VENTILATED PIT LATRINE</td><td>5</td></tr> <tr><td>PIT LATRINE WITH SLAB</td><td>6</td></tr> <tr><td>COMPOSTING TOILET</td><td>7</td></tr> <tr><td>OPEN PIT</td><td>8</td></tr> <tr><td>BUCKET/HANGING TOILET</td><td>9</td></tr> <tr><td>NO FACILITIES OR BUSH</td><td>0</td></tr> </table>	FLUSH TO PIPED SEWER	1	FLUSH TO SEPTIC	2	FLUSH TO PIT LATRINE	3	FLUSH TO OTHER	4	VENTILATED PIT LATRINE	5	PIT LATRINE WITH SLAB	6	COMPOSTING TOILET	7	OPEN PIT	8	BUCKET/HANGING TOILET	9	NO FACILITIES OR BUSH	0									
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Household assets		RECORD RESPONSE		
(6.11)	How many [ASSET]s does your household own? ONLY INCLUDE FUNCTIONING ASSETS. IF DOES NOT OWN, RECORD ZERO.			
01	Radio/CD/cassette player			
02	Television			
03	Clothes iron			
04	Table or ceiling fans			
05	Airconditioner			
06	Electric stove			
07	Gas stove			
08	Paraffin lamp			
09	Bed			
10	Mattress			
11	Mosquito nets			
12	Refrigerator / freezer			
13	Sewing machine			
14	Table (for dining)			
15	Sofa			
16	Watch/clock			
17	Electricity generator and other accessories			
18	Computer/laptop/tablet			
19	Land line telephone			
20	Mobile Telephone			
21	Motorcycle			
22	Bicycle			
23	Truck or car			
24	Animal-drawn cart			
25	Boat with a motor			
26	Canoe or boat (no motors)			
27	Wheelbarrow			
28	Plough			
29	Hoes / harrows / axes			
(6.12)	How many [ANIMAL]s does your household own? IF ZERO, RECORD ZERO AND GO TO NEXT ANIMAL	RECORD RESPONSE		
a	Cattle			
b	Goat			
c	Sheep			
d	Pig			
e	Poultry			
g	Donkey/Horse			
h	Oxen			
i	Dog			
j	Other			

(7)	Traditional Birth Attendant				RECORD RESPONSE
(7.01)	Do you know of any traditional birth attendant (TBA) in your community?	Yes	1		
		No	2 ►	END	
(7.02)	Have you used Traditional Birth Attendant services in the last month, either in your own home, in the community or in the health post/health center?	Yes, at own home	1		
		Yes, at health post/ health center	2		
		Yes, in the community	3		
		Yes, both at home and in the health post/center	4		
		Yes, both at home and in the community	5		
		Yes, both in the health post/ center and in the community	6		
		Yes, at home, in the health post and the community	7		
		No	8 ►	(7.04)	
(7.03)	What services did the TBA provide you?	a. IDENTIFY YOUR PREGNANCY			
		b. BRING YOU FOR ANTENATAL CHECKUP			
	DO NOT READ OPTIONS ALOUD. FOR EACH OPTION, RECORD "1" IF MENTIONED, "2" IF NOT MENTIONED.	c. INFORMATION ON DANGER SIGNS DURING PREGNANCY			
		d. ESCORT TO HEALTH FACILITY FOR DELIVERY			
		e. HEALTH EDUCATION OR PROMOTION			
		f. OTHER, SPECIFY:			
I'm going to read you two statements in relation to work done by the Traditional Birth Attendant (TBA). Please indicate if you agree, neither agree nor disagree, or disagree with each statement.					
		Agree	Neither agree nor disagree	Disagree	RECORD RESPONSE
(7.04)	Traditional Birth Attendants provide a valuable service in my community.	1	2	3	
(7.05)	Traditional Birth Attendants encourage pregnant women in the community to deliver in health facilities	1	2	3	
(7.06)	Traditional Birth Attendants provide good quality service in my community	1	2	3	
THANK YOU FOR YOUR TIME					