

## ENROLLMENT QUESTIONNAIRE

### SECTION A: IDENTIFICATION

Q.#	QUESTIONS	CODES	GO TO Q.
1.	State Name	_____	
2.	PHC Name	_____	
3.	EA Code	<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; width: 40px; height: 30px; margin: 2px;"></div> <div style="border: 1px solid black; width: 40px; height: 30px; margin: 2px;"></div> <div style="border: 1px solid black; width: 40px; height: 30px; margin: 2px;"></div> <div style="border: 1px solid black; width: 40px; height: 30px; margin: 2px;"></div> </div>	
4.	Respondent's Name	<b>First Name:</b> _____ <b>Surname (Last Name):</b> _____ <b>Other Names:</b> _____	
5.	Consent given?	<b>Yes</b> .....1 <b>No</b> .....2	→End
6.	Do you have a contact GSM number?	<b>Yes</b> .....1 <b>No</b> .....2	→ Sec B
7.	GSM Number of Respondent	____ _ -- ____ _ -- ____ _	

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### SECTION B: DEMOGRAPHIC CHARACTERISTICS

Q.#	QUESTIONS	CODES	GO TO Q.
1.	What is your month and year of birth?	Respondent knows ..... 1 Respondent does not know .....2	→ 3
2.	Select month and year of birth	<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 15px; height: 15px;"></div> <div style="border: 1px solid black; width: 15px; height: 15px;"></div> </div> <div style="border: 1px solid black; width: 60px; height: 30px; display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 15px; height: 15px;"></div> <div style="border: 1px solid black; width: 15px; height: 15px;"></div> <div style="border: 1px solid black; width: 15px; height: 15px;"></div> <div style="border: 1px solid black; width: 15px; height: 15px;"></div> </div> </div> <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <span>Month</span> <span>Year</span> </div>	→ 4
3.	IF UNKNOWN, ENTER ESTIMATED AGE	<div style="display: flex; justify-content: center; align-items: center; margin-bottom: 5px;"> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 15px; height: 15px;"></div> <div style="border: 1px solid black; width: 15px; height: 15px;"></div> </div> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 15px; height: 15px;"></div> <div style="border: 1px solid black; width: 15px; height: 15px;"></div> </div> </div> <div style="text-align: center;">Estimated age</div>	
4.	What is your current marital status?	Never married.....1 Married .....2 Partner .....3 Divorced .....4 Separated ..... 5 Widowed .....6	
5.	What is your ethnic group or tribe?	Fulani .....1 Hausa ..... 2 Igbo ..... 3 Yoruba ..... 4 Ibibio .....5 Efik .....6 Other .....7	
6.	What religion do you practice?	Catholic .....1 Anglican ..... 2 Pentecostal .....3 Other Christian .....4 Muslim ..... 5 Traditionalist .....6 Atheist ..... 7 Other .....8	
7.	Have you always lived in this community?	Yes .....1 No .....2	
8.	Have you ever attended school (western or Islamic)?	Yes .....1 No .....2	→11
9.	What is the highest level of school you attended?	Kindergarten .....1 Primary 1 .....2 Primary 2 .....3 Primary 3 .....4 Primary 4 .....5 Primary 5 .....6 Primary 6 .....7 JS 1 .....8 JS 2 .....9 JS 3 .....10 SS 1 .....11 SS 2 .....12 SS 3 .....13 College of Education/Polytechnic .....14 University (Bachelors) .....15	

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		<b>University (Masters or higher) ..... 16</b> <b>Attended Koranic School .....17</b>	
10.	I would like you to read this sentence to me:  <b>“The man goes to his farm every day”</b>	<b>Cannot read at all ..... 1</b> <b>Able to read only parts of sentence ..... 2</b> <b>Able to read whole sentence .....3</b> <b>Blind/visually impaired .....4</b>  SELECT AN OPTION CORRESPONDING TO THE RESPONDENT’S READING LEVEL	
11.	What is your main occupation?	<b>Agricultural worker (incl. animal care), own field ...1</b> <b>Agricultural wage-labor, for cash or in kind .....2</b> <b>Salaried employee (private sector) .....3</b> <b>Salaried employee (government) .....4</b> <b>Has a trade e.g., carpenter, tailor, plumber .....5</b> <b>Business/trader .....6</b> <b>Petty trader/kiosk .....7</b> <b>Laborer ..... 8</b> <b>Homemaker .....9</b> <b>Retired .....10</b> <b>Student .....11</b> <b>Never worked, seeking work ..... 12</b> <b>Never worked, not seeking work .....13</b>	 → 13 → 13 → 13 → 13 → 13
12.	Have you worked in the last 12 months?	<b>Yes .....1</b> <b>No .....2</b>	
	Husband or Partner’s Education and Employment  <b>IF RESPONDENT IS CURRENTLY MARRIED OR HAS A PARTNER, ASK THE FOLLOWING QUESTIONS, OTHERWISE MOVE ONTO THE NEXT SECTION</b>		
13.	How old was your husband or partner on his last birthday?	<input style="width: 40px; height: 25px; border: 1px solid black;" type="text"/> <input style="width: 40px; height: 25px; border: 1px solid black;" type="text"/> Years	
14.	Are you his only wife or does he have other wives?	<b>Only wife ..... 1</b> <b>Other wives .....2</b>	→ 16
15.	How many other wives does he have?	<input style="width: 40px; height: 25px; border: 1px solid black;" type="text"/> <input style="width: 40px; height: 25px; border: 1px solid black;" type="text"/>	
16.	Did he ever attend school (western or Islamic)?	<b>Yes .....1</b> <b>No .....2</b>	→ 18
17.	What is the highest level of school he attended?	<b>Kindergarten .....1</b> <b>Primary 1 .....2</b> <b>Primary 2 .....3</b> <b>Primary 3 .....4</b> <b>Primary 4 .....5</b> <b>Primary 5 .....6</b> <b>Primary 6 .....7</b> <b>JS 1 .....8</b> <b>JS 2 .....9</b> <b>JS 3 .....10</b> <b>SS 1 .....11</b> <b>SS 2 .....12</b> <b>SS 3 .....13</b> <b>College of Education/Polytechnic .....14</b>	

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		<b>University (Bachelors) ..... 15</b> <b>University (Masters or higher) ..... 16</b> <b>Attended Koranic School .....17</b>	
18.	What is his main occupation?	<b>Agricultural worker (incl. animal care), own field... 1</b> <b>Agricultural wage-labor, for cash or in kind ..... 2</b> <b>Salaried employee (private sector) ..... 3</b> <b>Salaried employee (government) .....4</b> <b>Has a trade e.g., carpenter, tailor, plumber ..... 5</b> <b>Business/trader .....6</b> <b>Petty trader/kiosk .....7</b> <b>Laborer .....8</b> <b>Homemaker .....9</b> <b>Retired .....10</b> <b>Student .....11</b> <b>Never worked, seeking work ..... 12</b> <b>Never worked, not seeking work .....13</b>	         <b>→ 20</b> <b>→ 20</b> <b>→ 20</b> <b>→ 20</b> <b>→ 20</b>
19.	Has your husband/partner worked in the last 12 months?	<b>Yes .....1</b> <b>No ..... 2</b>	
20.	Who usually decides how the money you earn will be used in the family?	<b>Respondent .....1</b> <b>Husband/partner ..... 2</b> <b>Respondent and husband/partner jointly ..... 3</b> <b>Other ..... 4</b>	
21.	Who usually makes decisions about health care for yourself	<b>Respondent .....1</b> <b>Husband/partner .....2</b> <b>Respondent and husband/partner jointly.....3</b> <b>Other ..... 4</b>	

### SECTION C: HOUSEHOLD CHARACTERISTICS

Q.#	QUESTIONS	CODES	GO TO Q.
1.	How many people live in your household (including yourself?)	<input type="text"/> <input type="text"/>	
2.	Who owns the dwelling your household occupies?	<b>Owned by family or one of its members .....1</b> <b>Rented ..... 2</b> <b>Occupied without payment ..... 3</b> <b>Other ..... 4</b>	
3.	What is main type of dwelling of the household? (RECORD OBSERVATION)	<b>Permanent building .....1</b> <b>Semi-permanent .....2</b> <b>Temporary .....3</b>	
4.	What is the main material of the floor? (RECORD OBSERVATION)	<b>NATURAL FLOOR (earth/sand, dung) .....1</b> <b>RUDIMENTARY FLOOR (wood planks, palm/bamboo) .....2</b> <b>FINISHED FLOOR (parquet or polished wood, vinyl or asphalt strips, ceramic tiles, cement, carpet) ...3</b>	
5	What is the main material of the Exterior wall? (RECORD OBSERVATION)	<b>NATURAL WALLS (no walls, cane/palm/ trunks, dirt) .....1</b> <b>RUDIMENTARY WALLS (bamboo with mud, stone with mud, uncovered adobe, plywood, cardboard, reused wood) .....2</b>	

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		<b>FINISHED WALLS</b> (cement, stone, bricks, cement blocks, covered adobe, wood planks/shingles) .....3	
6.	What is the main material of the roof?  (RECORD OBSERVATION)	<b>NATURAL ROOFING</b> (no roof, thatch/palm leaf, sod) .....1 <b>RUDIMENTARY ROOFING</b> (rustic mat, palm/bamboo, wood planks, cardboard) .....2 <b>FINISHED ROOFING</b> (metal, wood, ceramic tiles, cement, roofing shingles) .....3	
7.	What is the main source of drinking water for members of your household?	<b>PIPED WATER</b> Piped into dwelling .....1 Piped to yard/plot .....2 Piped to neighbor .....3 Public tap/standpipe .....4 Tube well or borehole .....5 <b>DUG WELL</b> Protected well ..... 6 Unprotected well .....7 <b>WATER FROM SPRING</b> Protected spring ..... 8 Unprotected spring ..... 9 <b>OTHER</b> Rainwater .....10 Tanker truck .....11 Cart with small tank .....12 Surface water (e.g. River, lake, stream) .....13 Bottled water .....14 Other .....15	
8.	Is the household connected to electricity i.e., PHCN/NEPA?	Yes .....1 No .....2	
9.	What is the main source of cooking fuel?	Electricity .....1 LPG .....2 Natural gas ..... 3 Biogas .....4 Kerosene .....5 Coal, lignite ..... 6 Charcoal .....7 Wood .....8 Solar ..... 9 Straw/shrubs/grass .....10 Agricultural crop .....11 Animal dung ..... 12 No food cooked in household ..... 13 Other .....14	
10.	What type of toilet facility does the household use?	Flush Toilet .....1 Traditional Pit Latrine .....2 Ventilated Improved Pit Latrine (VIP) ..... 3 Bucket Latrine ..... 4 No Facility/Bush/Field .....5	→ 12
11.	Is this toilet shared with other households?	Yes .....1 No .....2	

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12.	Do you have a separate room that is used as a kitchen?	Yes .....1 No .....2																																					
13.	How many rooms in this household are used for sleeping i.e., number of bedrooms?	<input type="text"/> <input type="text"/>																																					
14.	Does your household have any of the following items?  <b>SELECT ALL THAT APPLY</b>	<table border="0"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>Radio</td> <td>1</td> <td>2</td> </tr> <tr> <td>Television</td> <td>1</td> <td>2</td> </tr> <tr> <td>Bicycle</td> <td>1</td> <td>2</td> </tr> <tr> <td>Motorcycle</td> <td>1</td> <td>2</td> </tr> <tr> <td>Generator</td> <td>1</td> <td>2</td> </tr> <tr> <td>Mobile telephone</td> <td>1</td> <td>2</td> </tr> <tr> <td>Computer</td> <td>1</td> <td>2</td> </tr> <tr> <td>Animal-drawn Cart</td> <td>1</td> <td>2</td> </tr> <tr> <td>Car/Truck</td> <td>1</td> <td>2</td> </tr> <tr> <td>A boat with a motor</td> <td>1</td> <td>2</td> </tr> <tr> <td>Refrigerator</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		Yes	No	Radio	1	2	Television	1	2	Bicycle	1	2	Motorcycle	1	2	Generator	1	2	Mobile telephone	1	2	Computer	1	2	Animal-drawn Cart	1	2	Car/Truck	1	2	A boat with a motor	1	2	Refrigerator	1	2	
	Yes	No																																					
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A boat with a motor	1	2																																					
Refrigerator	1	2																																					
15.	Does any member of this household have a bank account?	Yes .....1 No .....2																																					

## SECTION D: REPRODUCTIVE HISTORY

Now I am going to ask you about your previous pregnancies and births.

Q.#	QUESTIONS	CODES	GO TO Q.
1.	Do you have any children?	Yes .....1 No ..... 2	→ 8
2.	How many children do you have?	<input type="text"/> <input type="text"/>	
	<b>Children information: Now please give me the names of all your children starting from the OLDEST to the YOUNGEST</b>		
3.	Name of child	_____	
4.	When was [Name] born?	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Month Year	
5.	Sex of child	Male .....1 Female .....2	
6.	Did you give birth to [Name] at [Study PHC]?	Yes .....1 No .....2	
6b.	Where did you give birth to [NAME]?	Her home .....1 Other home .....2 Tertiary/Teaching Hospital ..... 3 Government hospital .....4 Other primary health center .....5 Health post/dispensary .....6 Other government facility .....7 Private hospital/clinic .....8 Maternity home .....9	

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		Other private medical sector .....10 Church/spiritual house .....11 On the way to hospital .....12 Other .....13	
7.	Was [Name] delivered by caesarean section?	Yes.....1 No .....2	
8.	Have you lost any children?	Yes .....1 No .....2	→ 17
9.	How many children have you lost?	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>	
<b>Now I would like to ask you about these children. Can you please give me their names?</b>			
10.	Name of child	_____	
11.	When was [Name] born?	<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> </div> <div style="text-align: center;"> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> </div> </div> <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <span>Month</span> <span>Year</span> </div>	
12.	Sex of child	Male .....1 Female .....2	
13.	Did you give birth to [Name] at [Study PHC]?	Yes .....1 No .....2	
13b.	Where did you give birth to [NAME]?	Her home .....1 Other home .....2 Tertiary/Teaching Hospital ..... 3 Government hospital .....4 Other primary health center .....5 Health post/dispensary .....6 Other government facility .....7 Private hospital/clinic .....8 Maternity home .....9 Other private medical sector .....10 Church/spiritual house .....11 On the way to hospital .....12 Other ..... 13	
14.	Was [Name] delivered by caesarean section?	Yes .....1 No .....2	
15.	In what MONTH/YEAR did [Name] die?	<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> </div> <div style="text-align: center;"> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> </div> </div> <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <span>Month</span> <span>Year</span> </div>	
16.	How old was [Name] when he/she died?  IF '12 MONTHS' OR '1 YR', ASK: Did (NAME) have (his/her) first birthday?  THEN ASK: Exactly how many months was (NAME) when (he/she) died?	Less than 1 month .....1 Greater than 1 month, but less than 2 years ..... 2 Greater than or equal to 2 years .....3	

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	RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN 2 YEARS AND YEARS IF GREATER THAN 2 YEARS		
17.	Have you had any stillbirths?	<b>Yes</b> .....1 <b>No</b> .....2	→ 22
18.	How many stillbirths have you had?	<div style="display: flex; gap: 10px;"> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> </div>	
<b>Stillbirth(s) information: Now I would like to ask you some questions about these stillbirths starting with the most recent.</b>			
19.	Date when stillborn was delivered?	<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; padding: 2px 10px;"> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> </div> <div style="border: 1px solid black; padding: 2px 10px;"> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> </div> </div> <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <span>Month</span> <span>Year</span> </div>	
20.	Sex of child	<b>Male</b> .....1 <b>Female</b> .....2 <b>Don't know</b> .....3	
21a.	Did you give birth at [Study PHC]?	<b>Yes</b> .....1 <b>No</b> .....2	→ 22
21b.	Where did you give birth?	<b>Her home</b> .....1 <b>Other home</b> .....2 <b>Tertiary/Teaching Hospital</b> ..... 3 <b>Government hospital</b> .....4 <b>Other primary health center</b> .....5 <b>Health post/dispensary</b> .....6 <b>Other government facility</b> .....7 <b>Private hospital/clinic</b> .....8 <b>Maternity home</b> .....9 <b>Other private medical sector</b> .....10 <b>Church/spiritual house</b> .....11 <b>On the way to hospital</b> .....12 <b>Other</b> ..... 13	
22.	Was the birth by caesarean section?	<b>Yes</b> .....1 <b>No</b> .....2	
<b>Finally I would like to ask you about previous miscarriages/abortions.</b>			
23.	Have you had any miscarriages/abortions before?	<b>Yes</b> .....1 <b>No</b> .....2	→End
24.	How many miscarriages/abortions have you had?	<div style="display: flex; gap: 10px;"> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> </div>	