

Federal Republic of Nigeria National Bureau of Statistics Abuja, Nigeria



NATIONAL LONGITUDINAL PHONE SURVEY (NLPS) 2021-2022 PHASE 2

Round 3

Household Questionnaire

THIS INFORMATION IS STRICTLY CONFIDENTIAL AND IS TO BE USED FOR STATISTICAL PURPOSES ONLY.

SECTION A: HOUSEHOLD IDENTIFICATION

	Name	Code
1. Zone		
2. STATE:		
3. LGA		
4. SECTOR (Urban=1, Rural=2)		
5. EA		
6. HHID		
7. HOUSEHOLD HEAD NAME		

Section 1. Interview Information INTERVIEWER: RECORD A NEW ATTEMPT EVERY TIME YOU CALL A NUMBER (EVEN IF YOU ARE CALLING THE SAME NUMBER MULTIPLE TIMES).

	1.	2.	3.	4.	5.	5a.
	INTERVIEWER:	TIME OF CALL	INTERVIEWER: DID ANYONE	INTERVIEWER READ TO THE	INTERVIEWER: ARE YOU	INTERVIEWER: ARE
	SELECT THE	ATTEMPT	ANSWER THE PHONE?	RESPONDENT:	SPEAKING TO [PREVIOUS	YOU SPEAKING TO A
	PHONE NUMBER			Hello, my name is	RESPONDENT]?	HOUSEHOLD
	DIALLED					MEMBER OR A
С				and I work for		REFERENCE PERSON?
Α			YES1	National Bureau of Statistics		
L			NO, NOBODY ANSWERED2 >>	(NBS). NBS is carrying out a		
L			NEXT ATTEMPT	COVID-19 phone survey in		
			NO, NUMBER DOES NOT EXIST3 >>	Nigeria. The purpose of this	YES	
Α			NEXT ATTEMPT NO, PHONE SWITCHED	study is to examine the impact	CANNOT UNDERSTAND	
Т			OFF/NOT REACHABLE4 >>	of and responses to the	THEIR LANGUAGE3 >> NEXT ATTEMPT	HOUSEHOLD
Т			NEXT ATTEMPT	coronavirus in the country.		MEMBER1 NON HOUSEHOLD
Ε						MEMBER2 >> Q6
М				I am trying to reach [NAME OF		
Р				PHONE OWNER] or any other		
Т				adult living with [HEAD		
				NAME]?		
				Who am I speaking to please?		
1						
2						
3						
4						
5						

	5b.	5c.	5d.	6.
	INTERVIEWER READ OUT: Can you please	INTERVIEWER: EXPLAIN	INTERVIEWER: IS THERE	INTERVIEWER READ OUT: Could you
	give the phone to [PREVIOUS		ANOTHER ELIGIBLE ADULT	share with me a number that I can
	RESPONDENT]?	RESPONDENT] WILL	MEMBER OF THE	reach [PREVIOUS RESPONDENT] at?
		NOT BE AVAILABLE TO	HOUSEHOLD AVAILABLE TO	It is really important for me to be
С		BE INTERVIEWED THIS	BE INTERVIEWED?	able to speak to them.
Α	YES 1 >> Q7	ROUND?		
L	NO, I CAN GIVE			
L	YOU A PHONE NUMBER			
	NO, CAN'T/WON'T CONNECT TO PREVIOUS RESPONDENT3 >>			
Α	NEXT ATTEMPT			NO, DON'T KNOW THE
Т	YES, CALL BACK LATER4 >> 011a			HOUSEHOLD1 >> NEXT ATTEMPT
Т	NO, PREVIOUS RESPONDENT			NO, CAN'T/WON'T CONNECT
Ε	WILL NOT BE AVAILABLE TO BE INTERVIEWED THIS ROUND5			TO HOUSEHOLD2 >> NEXT ATTEMPT
М			YES	YES, I CAN GIVE YOU A PHONE NUMBER3 >>
Р			NEXT ATTEMPT	RECORD IN PHONE NUMBER
Т				ROSTER YES, VISIT HOUSEHOLD /
				CALL BACK LATER4 >>
				Q11a
1				
2				
3				
4				
5				

	7.	8.	9.	10.	11a.	11b.
C A L L A T T E M P T	We would like to invite you to participate in this survey. The survey questions are related to access to health services, employment and COVID-19 vaccine.	THE RESPONDENT AGREE TO BE INTERVIEWED?	INTERVIEWER: RECORD THE NAME OF THE RESPONDENT IF THE PERSON IS A NEW MEMBER, ADD TO THE ROSTER FIRST >> NEXT SECTION	Can I call you back later at a time that works better for you? It is really important for us to speak to you or anyone else in your household. YES	On what day?	What time?
1						
2						
3						
4						
5						

Section 1b. Phone Number Roster

INTERVIEWER: THE LIST INCLUDES ALL KNOWN NUMBERS FOR THE HOUSHEOLD. ADD ANY NEW NUMBERS HERE. MAKE CORRECTIONS TO EXISTING NUMBERS IF

NEEDED

172	12a.	12.	13.	14.	15.
P H		WHO'S NUMBER IS IT?	IS [NAME] A	WHAT IS [NAME]'s	WHAT IS [NAME]'s RELATIONSHIP WITH THE
0	INTERVIEWER, THE LIST INCLUDES			RELATIONSHIP WITH THE HEAD OF THE HOUSEHOLD?	HEAD OF THE HOUSEHOLD?
N E	ALL KNOWN NUMBERS FOR THE HOUSEHOLD. ADD ANY NEW				HEAD
N	NUMBERS HERE.				STEP CHILD04 ADOPTED CHILD05
U M					GRANDCHILD .06 BROTHER/SISTER .07 NIECE/NEPHEW .08
В			YES1 >> Q15 NO2		BROTHER/SISTER-IN-LAW09 PARENT10 PARENT-IN-LAW11
E R					SON-IN-LAW/DAUGHTER-IN-LAW16 DOMESTIC HELP (RESIDENT)12 OTHER RELATION (SPECIFY)14
1					OTHER NON-RELATION (SPECIFY)15
D					
1					
2					
3					
4					
5					

Section 2. Household Roster Update

OA. Since the last interview on [PREVIOUS DATE], have any members of your household left (are no longer members)?

YES.1 >> Q3 NO..2 >> Q0B

OB. Since the last interview on [PREVIOUS DATE], have any new members joined your household?

YES.1 >> ADD NEW MEMBER
NO..2 >> NEXT SECTION

		1.	2.	3.
	ENUMERATOR: ALL HOUSEHOLD MEMBERS RECORDED	NAME	CAPI/ENUMERATOR:	Is [NAME] still a member
	DURING THE POST-HARVEST INTERVIEW OF THE GHS ARE		IS [NAME] A NEW	of the household?
ı	PRE-FILLED IN Q1.	CAPI: PRE-FILLED NAMES	MEMBER ADDED IN	
N		FROM LAST INTERVIEW	THIS INTERVIEW?	
D	FOR ALL PRE-FILLED MEMBERS, ASK QUESTIONS Q3 AND			
I	Q4.	ENUMERATOR: ADD NEW		
٧		MEMBERS HERE		
ı	AFTER YOU HAVE ASKED ABOUT ALL PRE-FILLED			
D	MEMBERS, THEN ASK: "Is there anyone who is a member		VPQ 1 >> 0F	YES.1 >> Q9a
U	of your household that i haven't mentioned?"		YES.1 >> Q5 NO2	NO2
Α				
L	IF YES, THEN ASK, RECORD THEIR NAMES AND ASK Q5 - Q7.			
D				
1				
2				
_				
3				
4				
5				
6				
7				
8				
9				
10				

What is [NAME]'s sex? What is [NAME]'s age? What is [NAME]'s age? What is [NAME]'s age? HEAD OF THE HOUSEHOLD STILL A MEMBER OF THE HOUSEHOLD? BO NOT READ OPTIONS LEFT FOR STUDIES/EDUCATIONAL OPPORTUNITY. 2 LEFT FOR WORK. 3 LEFT TO FIND BETTER LAND. 4 HEALTH REASONS. 5 SECURITY REASONS. 5 SECURITY REASONS. 6 FOR MARRIAGE/ COHABITATION. 7 TO JOIN THEIR FAMILY ALREADY LIVING IN ANOTHER LOCATION. 8 What is [NAME]'s relationship to household? What is [NAME]'s age? HEAD OF THE HOUSEHOLD STILL A MEMBER OF THE HOUSEHOLD? SPOUSE. OWN CHILD STEP CHILD ADOPTED CHILD GRANDCHILD GRANDCHILD	
DO NOT READ OPTIONS DIVORCE/SEPARATION	01
DIVORCE/SEPARATION 1 LEFT FOR STUDIES/EDUCATIONAL OPPORTUNITY 2 LEFT FOR WORK 3 LEFT TO FIND BETTER LAND 4 HEALTH REASONS 5 SECURITY REASONS 6 FOR MARRIAGE/ COHABITATION 7 TO JUN THEIR PAMILY ALBEADY LIVING IN MOTHER LOCATION 9 MALE 1 A MEMBER OF THE HEAD HEAD SPOUSE OWN CHILD SPOUSE OWN CHILD STUDY ADOPTED CHILD GRANDCHILD GRANDCHILD GRANDCHILD STUDY ADOPTED CHILD GRANDCHILD STUDY ADDRESS OWN CHILD GRANDCHILD CONTINUE TO THE PAMILY ALBEADY LIVING IN MOTHER LOCATION STUDY ADDRESS OWN CHILD GRANDCHILD CONTINUE TO THE PAMILY ALBEADY LIVING IN MOTHER LOCATION STUDY ADDRESS OWN CHILD CONTINUE TO THE PAMILY ALBEADY LIVING IN MOTHER LOCATION STUDY ADDRESS OWN CHILD CONTINUE TO THE PAMILY ALBEADY LIVING IN MOTHER LOCATION STUDY ADDRESS OWN CHILD CONTINUE TO THE PAMILY ALBEADY LIVING IN MOTHER LOCATION STUDY ADDRESS OWN CHILD CONTINUE TO THE PAMILY ALBEADY LIVING IN MOTHER LOCATION STUDY ADDRESS OWN CHILD CONTINUE TO THE PAMILY ALBEADY LIVING IN MOTHER LOCATION STUDY ADDRESS OWN CHILD CONTINUE TO THE PAMILY ALBEADY LIVING IN MOTHER LOCATION STUDY ADDRESS OWN CHILD CONTINUE TO THE PAMILY ALBEADY LIVING IN MOTHER LOCATION STUDY ADDRESS OWN CHILD CONTINUE TO THE PAMILY ALBEADY LIVING IN MOTHER LOCATION STUDY ADDRESS OWN CHILD CONTINUE TO THE PAMILY ALBEADY LIVING IN MOTHER LOCATION STUDY ADDRESS OWN CHILD CONTINUE TO THE PAMILY ALBEADY LIVING IN MOTHER LOCATION STUDY ADDRESS OWN CHILD CONTINUE TO THE PAMILY ALBEADY LIVING IN MOTHER LOCATION STUDY AND THE PAMILY ALBEADY LIVING IN MOTHER LOCATION STUDY AND THE PAMILY AND THE PAMILY ALBEADY LIVING IN MOTHER LOCATION STUDY AND THE PAMILY ALBEADY LIVING IN MOTHER LOCATION STUDY AND THE PAMILY ALBEADY LIVING IN MOTHER LOCATION STUDY AND THE PAMILY ALBEADY LIVING IN MOTHER LOCATION STUDY AND THE PAMILY ALBEADY ALBEADY AREA CONTINUED AND THE PAMILY ALBEA	0.1
TO JOIN THEIR FAMILY ALREADY LIVING IN ANOTHER LOCATION8 MOVED WITH FAMILY	02 03 04 05 06 07 08 09 10
DISPLACED DUE TO DROUGHT	13

8.	9.	FILTER	14.
Why did [NAME] join this household?	What is [NAME]'s relationship to the NEW	CAPI: IS [NAME]	Is [NAME] vaccinated for
	head of household?	AGED 16 YEARS AND	COVID-19?
	DO NOT READ OPTIONS	OLDER?	
NEW BORN	HEAD	YES.1 NO2 >> NEXT PERSON	ASK IF [NAME] IS NOT THE RESPONDENT IN R OR R3 YES.1 NO2

Section 5f. Access to Health Services

Instruction: randomized

1.	2.	3.	4.	5.	6.
Are you or any	Who pays for the health insurance (partially or	Have you or any	What type of service(s) or care did you or any member of	Were you or	What was the main reason you or the member of your
member of	fully) of the household members?	member of your	your household need?	the member of	household were not able to get [SERVICE] in the past 4 weeks?
your household		household needed		your household	
currently	READ OPTIONS	any health services		able to get	ASK THE QUESTION FOR EACH SERVICE MARKED "YES" IN Q4
covered by any		(treatment or	READ ALL OPTIONS/DO NOT READ OPTIONS	[SERVICE] in	
health	SELECT ALL THAT APPLY	consultation) in the		the past 4	DO NOT READ OUT OPTIONS
insurance?		past 4 weeks	SELECT ALL THAT APPLY	weeks?	
		whether there was			
		illness or not?		ASK THE	
			20177 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	QUESTION FOR	
YES.1	Employer - Government1		COVID-19 related service (screening/diagnostic test, vaccination, treatment)	EACH	LACK OF MONEY
NO2 >> Q3	Employer - Non-Government Organization2		Family planning services	DIFFERENT	TURNED AWAY BECAUSE FACILITY WAS FULL
	Employer - Private business/company3 Community4		Maternal health/ pregnancy care4	SERVICE	TURNED AWAY BECAUSE FACILITY WAS CLOSED4 HOSPITAL/CLINIC NOT HAVING ENOUGH SUPPLIES OR TESTS5
	Private (individually acquired)5	YES1	Non-COVID Health Care for Household Members Less Than 5 Years Old	MARKED "YES"	HEALTH FACILITY IS TOO FAR
	Other (Specify)96	NO2 >>	Non-COVID Health Care for Household Members 5 Years	IN Q4	LOCKDOWN/TRAVEL RESTRICTIONS8
		NEXT SECTION	and Older		LACK OF TRANSPORTATION
					Olimbia (dibolil)
				YES1 >> Q7	>> NEXT SECTION
				NO2	

7.	8.	9.				10.
Where was [SERVICE]	Did you, or any	How much did your h	ousehold pay	out-of-pocket for [ITE	M] for the [SERVICE]	How satisfied were you
received?	member of your	received in the past 4	eceived in the past 4 weeks?			with this [SERVICE]
	household, have to					received?
ASK THE QUESTION FOR	pay out of your own	ASK THE QUESTION F	OR EACH SERV	/ICE MARKED "YES" I	N Q4	
EACH SERVICE MARKED	pocket fees to use					ASK THE QUESTION FOR
"YES" IN Q4	this [SERVICE] in the	RECORD -9999 IF DON	RECORD -9999 IF DON'T KNOW			EACH SERVICE MARKED
	past 4 weeks?					"YES" IN Q5
HOSPITAL	ASK THE QUESTION FOR EACH SERVICE MARKED "YES" IN Q4					Very satisfied
		Examination /Medical visits	Drugs	Transportation	Other expenses (Specify)	

Section 6. Employment

_			WHY NOT CURRENTLY WORKING		
0.	CASE	1.	1a.	1b.	1c.
O. WHO IS THE CURRENT RESPONDENT?	THREE CASES BASED ON RESPONSE IN LAST INTERVIEW: CASE 0: RESPONDENT WAS NOT A RESPONDENT IN LAST INTERVIEW CASE 1: RESPONDENT WAS WORKING ON [LAST INTERVIEW DATE] CASE 2: RESPONDENT WAS NOT WORKING ON [LAST INTERVIEW DATE]	Last week, that is from Monday [DATE] up to Sunday [DATE], did you do any work for pay, do any kind of business, farming or	1a. Even though you did not work last week, do you have a job, business or family farm from which you were absent last week to which you	When do you expect to return to this work/job?	
ID CODE					>> Q5a

JOB SEARCH		
3a.	3b.	4.
During the last four weeks,		4. When we spoke the last time on [LAST INTERVIEW DATE], you said you worked as [PREVIOUS INTERVIEW WORK DESCRIPTON]. Are you still working as [PREVIOUS INTERVIEW WORK DESCRIPTON]? (IF Q1A=1) When we spoke the last time on [LAST INTERVIEW DATE], you said you worked as [PREVIOUS INTERVIEW WORK DESCRIPTON]. Is this still the work/job that you were absent from last week but is planning to go back to? YES.1 >> Q6 NO2

				ACTUAL JOB
8b1.	6a.	6.	5b.	5a.
y How many hours	Thinking about all the family	In the work/job you did <u>last week</u> , did you work	INTERVIEWER: WHICH OF THE FOLLOWING	Please provide a description of the primary
did you work last	[farming		BEST DESCRIBES THE SECTOR OF THE	activity/tasks you performed in your main
week doing	products/animals/fish] you	(IF Q1A=1) In the work/job that you were absent from	BUSINESS OR ORGANIZATION FOR WHICH	work/job last week. The main work/job is the one
[PRIMARY ACTIVITY]?	, ,	last week but are planning to return to, do you work	[NAME] WORKED LAST WEEK?	where you work the highest number of hours.
		READ OPTIONS	DO NOT READ OPTIONS	(IF Q1A=1) Please provide a description of the
				primary activity/tasks you perform in the main
>> FILTER	Only for sale	In own business	AGRICULTURE, HUNTING, FISHING	work/job which you were absent from last week but are planning to go back to. The main work/job is the one where you work the highest number of hours. PLEASE WRITE A SHORT DESCRIPTION OF THE PRIMARY ACTIVITY
HOURS				
_	IF Q1A=1 >> FILTER			

FILTER	FILTER2	9a.	9b.	9c.	9d.
CAPI: WAS [NAME] A RESPONDENT FOR P2 R2 INTERVIEW?	CAPI: WAS [NAME] A RESPONDENT FOR P2 R1 INTERVIEW?	Were you working in December 2021?		Were you working in February 2022?	Were you working in March 2022?
YES.1 >> Q9c NO2	YES.1 NO2 >> NEXT PERSON	YES.1 NO2	YES.1 NO2	YES.1 NO2	YES.1 NO2

Section 6b. Employment: up to 4 randomly selected household members aged 15 years or older (excluding respondent)

_					STATUS IN EMPLOYME	NT	WHY NOT CURRENTLY WORKING	
	E0.	0a.	0b.	0c.	1.	1a.	1b.	1c.
	CAPI: IS [NAME]	INTERVIEWER	IS [NAME]	WHO IS	Last week, that is from			Why did [NAME] not work last week?
			ANSWERING FOR	RESPONDING	Monday [DATE] up to	did not work last	to this work/job?	
	OLDER?	please give the	THEMSELVES?	FOR [NAME]?	Sunday [DATE], did	week, does [NAME]		DO NOT READ OPTIONS
		phone to			[NAME] do any work	have a job, business		BUSINESS / OFFICE CLOSED DUE TO
		[NAME] so that			for pay, do any kind of	or family farm from		CORONAVIRUS RECOMMENDATIONS1
		[NAME] can			business, farming or	which [NAME] was		BUSINESS / OFFICE CLOSED DUE TO ENDSARS PROTESTS
N		respond for			other activity to	absent last week to		BUSINESS / OFFICE CLOSED FOR ANOTHER REASON
		themselves?			generate income, even		WITHIN ONE WEEK1	LAID OFF WHILE BUSINESS CONTINUES3
ם - אום טאו ום	YES1 NO2 >> NEXT PERSON		YES1 >> Q3 NO2		if only for one hour? YES1 >> Q5a NO2	expect to return? YES1 NO2 >> Q3a	WITHIN ONE MONTH	LAID OFF BY EMPLOYER TEMPORARILY/LEAVE OF ABSENCE (FURLOUGHED)
				ID CODE				
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								

JOB SEARCH		ACTUAL JOB		
3a.	3b.	5a.	5.	6.
During the last four weeks,	What did [NAME] mainly do in the last four weeks to	Please provide a description of the	INTERVIEWER: WHICH OF THE FOLLOWING	In the work/job you did last week, did you work
did [NAME] do anything to	find a paid job or start a business?	primary activity/tasks you performed	BEST DESCRIBES THE SECTOR OF THE	
find a paid job or start a		in your main work/job last week. The	BUSINESS OR ORGANIZATION FOR WHICH	(IF Q1A=1) In the work/job that you were absent from
business?	DO NOT READ OPTIONS	main work/job is the one where you	[NAME] WORKED LAST WEEK?	last week but is planning to return to, do you work
		work the highest number of hours.		
YES1 NO2 >> FILTER	REGISTER WITH (EMPLOYMENT CENTER). 4 REGISTER WITH PRIVATE RECRUITMENT OFFICES	(IF Q1A=1) Please provide a description of the primary activity/tasks you perform in the main work/job which you were absent from last week but are planning to go back to. The main work/job is the one where you work the highest number of hours. PLEASE WRITE A SHORT DESCRIPTION OF THE PRIMARY ACTIVITY	DO NOT READ OPTIONS AGRICULTURE, HUNTING, FISHING	In own business
		I	I .	

6a.	8b1.	FILTER	FILTER2	9a.	9b.	9c.	9d.
Thinking about all the family farming products/animals/fish] you	How many hours did [NAME] work last week doing	CAPI: WAS [NAME] A RESPONDENT FOR	CAPI: WAS [NAME] A	Was [NAME] working in December 2021?	Was [NAME] working in January 2022?	Was [NAME] working in February 2022?	Was [NAME] working in March 2022?
worked on, are they intended	[PRIMARY ACTIVITY]?	P2 R2 INTERVIEW?		December 2021?	2022!	rebruary 2022?	2022 !
READ OPTIONS	>> FILTER						
Only for sale		YES.1 >> Q9c NO2	YES.1 NO2 >> NEXT PERSON	YES.1 NO2	YES.1 NO2	YES.1 NO2	YES.1 NO2
	HOURS						
_							
					-		

Section 6c. Job History: up to 5 randomly selected household members aged 15 years or older (including respondent)

ONLY ASKED TO HH MEMBERS 15 YEARS AND OLDER WHO HAVE EVER WORKED

ENUMERATOR READ: We would now like to ask you questions regarding the different activities that you and your household members do.

	EO	1.	E2	1b.	2.	3a.	3b.
	CAPI: IS [NAME]	At what age did	CAPI: IS [NAME]	Is the work/job that	In this first work/job, was [NAME] working?	Please provide a desc	cription of the primary
	15 YERS OR	[NAME] start	CURRENTLY	[NAME] is currently		activity/tasks [NAME] worked in his/her
ı	OLDER?	working for the	WORKING OR	doing or planning to go	READ OPTIONS	first work/job.	
Ν		first time in their		back to [NAME]'s first			
D I V I D U A L I D			PLANNING TO GO	work/job in life? YES.1 >> Q4 NO2	In own business	AGRICULTURE, HUNTING MINING, MANUFACTURIN ELECTRICITY, GAS, WE CONSTRUCTION BUYING & SELLING GOO GOODS, HOTELS & REST TRANSPORT, DRIVING, AGENCIES PROFESSIONAL ACTIVIT LEGAL, ANALYSIS, COM REAL ESTATE PUBLIC ADMINISTRATIC PERSONAL SERVICES, E CULTURE, SPORT, DOME	G
		YEARS				DESCRIPTION	CODE
1							
2							
3							
4							
5							
6							
7 8							
9							
10							
ΤÛ							

4.	5.	E3	6.
In what kind of place did [NAME] work in	How many	CAPI: IS E2=1 OR	What is the main reason [NAME]
this first work/job?	years did	Q1b=1?	changed this first work/job?
	[NAME] spend		
DO NOT READ OUT LOUD, CODE RESPONSE	working in this		THE CONTRACT WAS TEMPORARY1
AS APPROPRIATE.	first work/job?		TO HAVE A BETTER PAID JOB2
AT YOUR HOME (NO SPECIAL			TO HAVE MORE CLIENTS/BUSINESS3
WORK SPACE)	IF LESS THAN 1		TO WORK MORE HOURS4
TO YOUR HOME 2	YEAR, RECORD		TO WORK FEWER HOURS5 TO BETTER MATCH SKILLS6
FACTORY, OFFICE, WORKSHOP, SHOP, KIOSK, ETC.	0.		TO WORK CLOSER TO HOME7 TO IMPROVE OTHER WORKING
(INDEPENDENT FROM HOME) 3 HOME OR WORKPLACE OF CLIENT			CONDITIONS8
(EXCEPT CONSTRUCTION) 4	IF DON'T		LAID OFF9 BUSINESS CLOSED10
EMPLOYER'S HOME	KNOW,		TO RELOCATE/LEAVE CITY/VILLAGE11
MARKET OR BAZAAR STALL 7	RECORD 99.		TO STUDY/FOR SKILL
STREET STALL (SEPARATE FROM THE DWELLING)8			AQUISITION
NO FIXED LOCATION (MOBILE) 9 PLANTATION, FARMS, ESTATES,			
SHADES, SEA ETC.		YES.1 >> NEXT	
(AGRICULTURAL RELATED) 10 HOUSEHOLD FARM/LAND11	YEARS	PERSON NO2	
	,		

Section 9a. COVID-19 Vaccine

INTERVIEWER READ OUT: Now I'd like to ask you some questions on COVID-19 vaccine to understand people's attitudes towards COVID-19 vaccines. This will not be used to determine your eligibility to receive COVID-19 vaccine or to provide you with COVID-19 vaccine.

FILTER1	FILTER2 (PREFILL_Q3)	3.	4.	5.	6a.	6b.	7.
CAPI: WAS	CAPI: RESPONDENT	Have you been	When did you receive	How many shots of COVID-	Where did you get	Where did you get	What are your main reasons for getting vaccinated
[NAME] A	HAS BEEN VACCINATED	vaccinated for	the first shot of COVID-	19 vaccine have you	vaccinated for COVID-19?	vaccinated for COVID-19?	for COVID-19 apart from protecting your health?
RESPONDENT	AT THE TIME OF LAST	COVID-19?	19 vaccine?	received?			
FOR P2 R1	INTERVIEW					SELECT ALL THAT APPLY	RECORD UP TO TWO REASONS
INTERVIEW?							
YES.1 NO2 >> Q3	YES.1 >> FILTER3 NO2	YES1 NO2 >> Q9	January 20211 February 20212 March 20213 April 20214 May 20215 June 20216 July 20217 August 20218 September 20219 October 202110 November 202111 December 202112 January 202213 February 202214 March 202215	ONE1 TWO2 >> Q6B MORE THAN TWO3 >> Q6B	HOSPITAL	HOSPITAL	PROTECTING MY HEALTH IS THE ONLY REASON.11 PROTECTING COMMUNITY'S HEALTH

8.	9.	11.	13.	FILTER1
How likely are you to encourage others to get the COVID-19 vaccine?	Are you planning to be vaccinated for COVID-19?	What are the main reasons why you want to get vaccinated for COVID-19 apart from protecting your health?	Why have you not received the COVID-19 vaccine yet? RECORD UP TO TWO REASONS	CAPI: WAS [NAME] A RESPONDENT FOR P2 R1 INTERVIEW?
Very likely1 Somewhat likely2 Neither likely nor unlikely3 Somewhat unlikely4 Very unlikely5 >> NEXT SECION	YES1 NO2 >> FILTER NOT SURE.3 >> FILTER	RECORD UP TO TWO REASONS DO NOT READ THE OPTIONS PROTECTING MY HEALTH IS THE ONLY REASON1 PROTECTING COMMUNITY'S HEALTH	INELIGIBLE FOR VACCINE IN CURRENT PHASE1 DO NOT KNOW HOW OR WHERE TO GET/ REGISTER FOR VACCINE	YES.1 >> FILTER3 NO2

14.	FILTER3 (PREFILL_Q5)	22.
Why are you not sure or not planning to be	CAPI: RESPONDENT HAD	Have you
vaccinated for COVID-19?	MORE THAN ONE SHOT	received your
	OF COVID-19 VACCINE	second shot?
RECORD UP TO TWO REASONS		
DO NOT READ THE OPTIONS I DON'T THINK IT WILL WORK 1 I AM WORTED ABOUT THE SIDE EFFECTS 2 I ALREADY HAD COVID-19 3 I AM NOT ENOUGH AT RISK OF CONTRACTING COVID-19 4 IN GENERAL, I DON'T TRUST VACCINES 5 IT IS AGAINST MY RELIGION 6 I AM WORRIED TO GET INFECTED WITH COVID-19 AT THE HEALTH FACILITY 7 HEALTH FACILITY TOO FAR OR TOO HARD TO GET TO 8 IT WILL TAKE TOO LONG TO GET VACCINATED/ I DON'T HAVE TIME TO GET VACCINATED/ I DON'T THINK THE VACCINES AVAILABLE IN MY COUNTRY ARE EFFECTIVE 10 I AM NOT SURE I WILL GET THE VACCINE I WANT 11 IT'S NOT A PRIORITY 12 COVID-19 DOES NOT EXIST 13 MEDICAL REASONS 14 DISTRUST IN GOVERNMENT AND HEALTH ORGANIZATIONS 15 OTHER (SPECIFY) 96	YES1 >> NEXT SECTION NO2	YES1 NO2

Section 12. Interview Result

	1.	2.	3.	4.		5.	6.
INTERVIEWER READ OUT:	Is this number the best	Which number	What day of the week	What time of the day	INTERVIEWER CONFIRM THAT	WHAT IS THE RESULT OF THE	COULD THE
Thank you very much for	one to reach you or your	would be best?	will be best to reach	would be best to call	ALL QUESTIONS HAVE BEEN	INTERVIEW?	HOUSEHOLD BE
your participation in this	household in the future or		you?	you?	ANSWERED.		REACHED / THE
survey! I will be	would it be better to use					COMPLETE	INTERVIEW BE
transfering 1000 Naira	another number?		SELECT ALL THAT APPLY	SELECT ALL THAT APPLY	READ OUT: That's it for now.	REFUSED	COMPLETED IF
credit to your phone					Thank you very much for	LANGAUGE4 >> Q8	ANOTHER
shortly as a thank you for			ANY DAY0 MONDAY1		answering all questions and	NOBODY ANSWERING5 >> Q12 NUMBER DOES NOT EXIST6 >> Q12	INTERVIEWER
your time today. I may try			TUESDAY2	ANY TIME OF DAY0	helping us to understand the	PHONE TURNED OFF7 >> Q12	TRIED TO CALL
to contact you in future	ANOTHER NUMBER2		WEDNESDAY3 THURDAY4	MORNING1 AFTERNOON2	current situation with COVID19	HOUSEHOLD8 >> Q7	LATER?
for another short			FRIDAY5 SATURDAY6	EVENING3	in Nigeria and worldwide. This	REFERENCE PERSON CAN'T CONNECT TO HH9 >> Q7	
interview. Before you go,			SUNDAY7		is really important.		
I have a couple of							
questions to help in case I					I will transfer you the 1000		YES1
need to contact you in					Naira after this call. If you have		NO2
future.					any question about the survey		
					you can call 0987 6543 2198. If		
					you have any questions about		
					COVID19 please call the NCDC		
					at 0800 9700 0010.		

7.	8.	9.	10.	11.	12.	13.	14.
INTERVIEWER: PLEASE GIVE	INTERVIEWER:	INTERVIEWER:	INTERVIEWER: IN	INTERVIEWER:	INTERVIEWER: DO YOU	INTERVIEWER:	RECORD END TIME
DETAILS ON WHY THE	WHICH	WHO WAS THE	WHICH LANGUAGE	PLEASE CONFIRM	HAVE ANY NOTES THAT	NOTE	
HOUSEHOLD CANNOT BE	LANGUAGE DO	MAIN	DID YOU MAINLY	THE NUMBER	ARE RELEVANT WHEN		
REACHED, WHY THEY REFUSED,	YOU THINK THE	RESPONDENT	CONDUCT THE	YOU REACHED	CALLING THIS		
OR WHY THE INTERVIEW COULD	RESPONDENT		INTERVIEW?	THE RESPONDENT	HOUSEHOLD IN THE		
NOT BE COMPLETED	SPEAKS			ON	FUTURE?		
IF PARTIALLY COMPLETE >> Q9 ELSE >> Q12	WRITE "DK" IF DON'T KNOW >> Q12		ENGLISH. 1 PIDGIN 22 HAUSA 3 YORUBA 4 IGBO 5 IBIBIO 6 TIV. 7 OTHER SPECIFY 96		YES1 NO2 >> Q14		