

CONFIDENTIAL



Federal Republic of Nigeria
National Bureau of Statistics Abuja, Nigeria



THE WORLD BANK

GENERAL HOUSEHOLD SURVEY
Post-Planting Questionnaire for Panel Households

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

SECTION A-1: HOUSEHOLD IDENTIFICATION

INDICATE THE PLACE OF THIS QUESTIONNAIRE IN THE SET OF QUESTIONNAIRES COMPLETED FOR THIS HOUSEHOLD

QUESTIONNAIRE ____ OF ____ TOTAL

	Name	Code
1. Zone	_____	<input type="text"/>
2. STATE:	_____	<input type="text"/> <input type="text"/>
3. LGA	_____	<input type="text"/> <input type="text"/>
4. SECTOR (Urban=1, Rural=2)	<input type="text"/>	
5. EA	_____	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
6. RIC	_____	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
7. HOUSEHOLD NO.	<input type="text"/> <input type="text"/> <input type="text"/>	
8. WHAT ARE THE GPS COORDINATES OF THE DWELLING?		
	LATITUDE (N)	LONGITUDE (E)
	<input type="text"/>	<input type="text"/>
9. NAME OF HOUSEHOLD HEAD:	_____	
10. ADDRESS OF HOUSEHOLD HEAD:	<input type="text"/> <input type="text"/>	
11. NAME OF INTERVIEWER:	_____	<input type="text"/> <input type="text"/> <input type="text"/>
12. NAME OF SUPERVISOR:	_____	<input type="text"/> <input type="text"/> <input type="text"/>

S1. DOES THIS HOUSEHOLD REPLACE ANOTHER SAMPLE HOUSEHOLD CHOSEN FOR THE SURVEY?

YES.....1
 NO.....2 (NEXT SECTION)

S2. WHICH HOUSEHOLD IN THIS EA DOES IT REPLACE?

ID OF REPLACED HH

S3. WHY WAS THE ORIGINALLY SELECTED HOUSEHOLD REPLACED?

1-VACANT
 2-HOUSEHOLD NOT LOCATED

AG1. Did a member of this household cultivate any land?

YES.....1
 NO.....2

AG2. Does a member of this household own land that was not cultivated

YES.....1
 NO.....2

AG3. Agricultural questionnaire required

YES.....1
 NO.....2

INTERVIEW AND DATA ENTRY STATUS RESPONSES: 1-Completed, 2-Partially completed, 3-Refused 4-OTHER SPECIFY _____

[DAY / MONTH / YEAR]

13. DATE OF FIRST INTERVIEW:

14a. TIME FIRST INTERVIEW STARTED

14b. TIME FIRST INTERVIEW ENDED

15a. INTERVIEW STATUS AFTER FIRST VISIT:

COVER	Section 1 ROSTER	Section 2 EDUCATION	Section 3 LABOR	Section 4 CREDIT/ SAVINGS	Section 5 ASSETS	Section 6 NON-FARM ENTRPRISE	Section 7 FOOD EXPENSE	Section 8 NON-FOOD EXPENSE	Section 9 FOOD SECURITY	Section 10 OTHER INCOME	AGRICULTURE QUESTIONNAIRE

15b. DATA ENTRY STATUS AFTER FIRST VISIT:

- 1-COMPLETE, NO QUESTIONNAIRE ERRORS
 2-COMPLETE, WITH QUESTIONNAIRE ERRORS
 3-NOT COMPLETE

[DAY / MONTH / YEAR]

16. DATE OF SECOND INTERVIEW:

17a. TIME SECOND INTERVIEW STARTED

17b. TIME SECOND INTERVIEW ENDED

18a. INTERVIEW STATUS AFTER SECOND VISIT:

COVER	Section 1 ROSTER	Section 2 EDUCATION	Section 3 LABOR	Section 4 CREDIT/ SAVINGS	Section 5 ASSETS	Section 6 NON-FARM ENTRPRISE	Section 7 FOOD EXPENSE	Section 8 NON-FOOD EXPENSE	Section 9 FOOD SECURITY	Section 10 OTHER INCOME	AGRICULTURE QUESTIONNAIRE

18b. DATA ENTRY STATUS AFTER SECOND VISIT:

- 1-COMPLETE, NO QUESTIONNAIRE ERRORS
 2-COMPLETE, WITH QUESTIONNAIRE ERRORS
 3-NOT COMPLETE

[DAY / MONTH / YEAR]

19. DATE OF THIRD INTERVIEW:

20a. TIME THIRD INTERVIEW STARTED

20b. TIME THIRD INTERVIEW ENDED

21a. INTERVIEW STATUS AFTER THIRD VISIT:

COVER	Section 1 ROSTER	Section 2 EDUCATION	Section 3 LABOR	Section 4 CREDIT/ SAVINGS	Section 5 ASSETS	Section 6 NON-FARM ENTRPRISE	Section 7 FOOD EXPENSE	Section 8 NON-FOOD EXPENSE	Section 9 FOOD SECURITY	Section 10 OTHER INCOME	AGRICULTURE QUESTION-AIRE

21b. DATA ENTRY STATUS AFTER THIRD VISIT:

- 1-COMPLETE, NO QUESTIONNAIRE ERRORS
 2-COMPLETE, WITH QUESTIONNAIRE ERRORS
 3-NOT COMPLETE

OBSERVATIONS ON THE INTERVIEW

RECORD GENERAL NOTES ABOUT THE INTERVIEW AND RECORD ANY SPECIAL INFORMATION THAT WILL BE HELPFUL FOR SUPERVISORS AND THE ANALYSIS OF THIS QUESTIONNAIRE.

-----THIS SECTION TO BE COMPLETED BY SUPERVISOR-----

1. STATUS OF QUESTIONNAIRE

2. STATUS OF DATA ENTRY

Response Status

- 1. Completed
- 2. Partially completed
- 3. Not at Home
- 4. Refused
- 5. Household not located
- 6. Moved away
- 7. Other (specify) _____

TABLE OF CONTENTS

SECTION NUMBER AND NAME	PAGE
1 ROSTER.....	6
2 EDUCATION.....	9
3 LABOR.....	13
4 CREDIT AND SAVINGS.....	20
5 HOUSEHOLD ASSETS.....	25
6 NON-FARM ENTERPRISES.....	27
7A MEALS AWAY FROM HOME EXPENDITURES.....	32
7B HH FOOD EXPENDITURES.....	33
8 HH NON-FOOD EXPENDITURES.....	39
9 FOOD SECURITY.....	41
10 OTHER INCOME.....	42
CONTACT INFORMATION.....	43

INSTRUCTIONS ON IDENTIFYING AND LISTING HOUSEHOLD MEMBERS

BRIEF DEFINITION OF A HOUSEHOLD

1. A household is a group of people who have usually slept in the same dwelling and share meals. Examples of households are:
 - A household consisting of a man and his wife/wives and children, father/mother, nephew and other relatives
 - A household consisting of a single person
 - A household consisting of a couple or several couples with or without children
2. All listed persons that have been away from the household for more than six months are not considered to be household members except:
 - The person is identified as the head of the household even if he or she has not been with the household for nine (9) months or more
 - Newly born children
 - Students and seasonal workers who have not been living in or as part of another household

NOTES ON COMPLETING FLAP A

IN ORDER TO MAKE A COMPREHENSIVE LIST OF HOUSEHOLD MEMBERS, USE THE FOLLOWING METHOD

FIRST, ASK THE HOUSEHOLD HEAD THE NAMES OF ALL THE MEMBERS OF THEIR IMMEDIATE (NUCLEAR) FAMILY WHO NORMALLY LIVE AND EAT THEIR MEALS TOGETHER HERE.

WRITE DOWN NAMES, SEX, AND RELATIONSHIP TO HOUSEHOLD HEAD

FILL IN QUESTIONS 1 TO 3

THEN, ASK NAMES OF ANY OTHER PERSONS RELATED TO THE HEAD OR OTHER HOUSEHOLD MEMBERS WHO NORMALLY LIVE AND EAT THEIR MEALS TOGETHER HERE.

FILL IN QUESTION 1 TO 3

ALSO ASK THE HEAD IF THERE ARE OTHER PERSONS NOT HERE NOW WHO NORMALLY LIVE AND EAT THEIR MEALS HERE. FOR EXAMPLE, HOUSEHOLD MEMBERS STUDYING ELSEWHERE OR TRAVELING

FILL IN QUESTIONS 1 TO 3

IF MORE THAN 12 INDIVIDUALS, USE A SECOND QUESTIONNAIRE. MAKE SURE TO INDICATE THIS IN THE BOX ON THE FIRST PAGE OF BOTH

SECTION 1: HOUSEHOLD MEMBER ROSTER

PLEASE OPEN FLAP A

I N D I V I D U A L I D	5. In what day, month, and year was [NAME] born? PUT "99" FOR MONTHS & "9999" FOR YEARS IF DON'T KNOW			6. For how many months during the last 12 months was [NAME] away from the household?	7. IS THIS PERSON A MEMBER OF THE HOUSEHOLD? EXCLUDE DOMESTIC HELP (NON RESIDENT) FROM Q3. EXCLUDE INDIVIDUALS WHO HAVE NOT BEEN RESIDENT IN THE HOUSEHOLD FOR MORE THAN 6 MONTHS (Q6). INCLUDE NEW BABIES AND NEW SPOUSES IN THE HOUSEHOLD. YES....1 NO.....2	8. What is [NAME]'s marital status? MARRIED (MONOGAMOUS) ...1 MARRIED (POLYGAMOUS) ...2 INFORMAL UNION.3 DIVORCED.....4 (▶ Q12) SEPERATED.....5 (▶ Q12) WIDOWED.....6 (▶ Q12) NEVER MARRIED..7 (▶ Q12)	9. In what year did you get married to your current spouse? IF MALE WITH MULTIPLE WIVES, STATE YEAR OF MARRIAGE TO FIRST WIFE	10. Does [NAME]'s spouse/partner live in this household now? ASK ABOUT FIRST WIFE FOR RESPONDENT WITH MULTIPLE WIVES YES.1 NO..2 (▶ Q12)	11. WRITE ID CODE OF CURRENT SPOUSE (OR FIRST WIFE) WHO LIVE IN THE HOUSEHOLD. COPY SPOUSE ID FROM ROSTER
	DAY	MONTH	YEAR						

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SECTION 1: HOUSEHOLD MEMBER ROSTER

I N D I V I D U A L I D	18.	19.	20.	21.	22.
	Does [NAME]'s biological mother live in this household?	What is the individual ID of [NAME]'s biological mother?	Is [NAME]'s biological mother alive?	What is/was [NAME]'s biological mother's highest educational level completed?	What is/was [NAME]'s biological mother's main industry of occupation?
	YES..1 NO...2 (▶ 20)	COPY ID FROM ROSTER (▶ NEXT PERSON)	YES..1 NO...2	NONE.....00 LOWER 6.....27 N1.....01 UPPER 6.....28 N2.....02 TEACHER TRAINING.....31 P1.....11 VOCATIONAL/ P2.....12 TECHNICAL.....32 P3.....13 MODERN SCHOOL.....33 P4.....14 NCE.....34 P5.....15 POLY/PROF.....41 P6.....16 1ST DEGREE.....42 JS1.....21 HIGHER DEGREE.....43 JS2.....22 QUARANIC.....51 JS3.....23 INTEGRATED QUARANIC..52 SS1.....24 ADULT EDUCATION.....61 SS2.....25 SS326 LOWER 6...27 LEVEL	AGRICULTURE.....1 MINING.....2 MANUFACTURING.....3 PROFESSIONAL/ SCIENTIFIC/TECHNICAL ACTIVITIES.....4 ELECTRICITY.....5 CONSTRUCTION.....6 TRANSPORTation.....7 BUYING AND SELLING...8 FINANCIAL SERVICES..9 PERSONAL SERVICES..10 EDUCATION.....11 HEALTH.....12 PUBLIC ADMINISTRATION....13 OTHER, SPECIFY _____14 (▶ NEXT PERSON)

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SECTION 2: EDUCATION

FOR ALL HOUSEHOLD MEMBERS 5 YEARS AND ABOVE, PLEASE ASK THE INDIVIDUAL THE FOLLOWING QUESTIONS.

I N D I V I D U A L I D	1.	2.	3.	4.	5.	6.	7.	8.	9.
	IS THIS PERSON ANSWERING FOR HIMSELF/HERSELF?	WRITE THE ID CODE OF THE RESPONDENT COPY ID FROM ROSTER	Can you read and write in any language?	Have you ever attended school?	What was the main reason you never attended school? TOO YOUNG.....1 TOO FAR AWAY.....2 TOO EXPENSIVE3 WORKING (HOME OR JOB).....4 LACK OF MONEY.....5 DEATH OF PARENT(S)..6 SEPARATION. OF PARENTS.....7 DOES NOT HAVE INTEREST 8 PARENTS DO NOT THINK IT IS IMPORTANT....9 ILLNESS.....10 DISABILITY.....11 OTHER (SPECIFY _____).....12	At what age did you start school?	What is the highest educational level you completed? NONE..00 LOWER 6.....27 N1...01 UPPER 6.....28 N2...02 TEACHER TRAINING....31 P1...11 VOCATIONAL/TECHNICAL.32 P2...12 MODERN SCHOOL.....33 P3...13 NCE.....34 P4...14 POLY/PROF.....41 P5...15 1ST DEGREE.....42 P6...16 HIGHER DEGREE.....43 JS1...21 QUARANIC.....51 JS2...22 INTEGRATED QUARANIC..52 JS3...23 ADULT EDUCATION.....61 SS1...24 SS2...25 SS3 ..26	What is your highest qualification attained? NONE.....1 FSLC.....2 MSLC3 VOC/COMM.....4 JSS5 SSS 'O LEVEL'....6 A LEVEL.....7 NCE/OND NURSING..8 BA/BSC/HND.....9 TECH/PROF.....10 MASTERS.....11 DOCTORATE.....12 OTHER (SPECIFY) _____...13	Were you in school during the 2009-2010 school year?
	YES..1 (► Q3) NO...2	ID CODE	YES..1 NO...2	YES..1 (► Q6) NO...2	(► Q24)	AGE	LEVEL		YES..1 (► Q11) NO...2

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SECTION 2: EDUCATION

INDIVIDUAL	10. Why are you not currently in school? HAD ENOUGH SCHOOLING...1 AWAITING ADMISSION....2 NO SCHOOL/LACK OF TEACHERS3 NO TIME/NO INTEREST...4 LACK OF MONEY.....5 MARITAL OBLIGATION6 SICKNESS.....7 DISABILITY.....8 SEPARATION OF PARENTS..9 DEATH OF PARENTS.....10 TOO OLD TO ATTEND11 DOMESTIC OBLIGATION ..12 OTHERS (SPECIFY) _____13	11. What kind of organization runs the school that you are attending? FEDERAL GOVT...1 STATE GOVT.....2 LOCAL GOVT.....3 COMMUNITY.....4 RELIGIOUS BODY..5 PRIVATE.....6 OTHER (SPECIFY) _____7	12. By what means does NAME go to school? FOOT1 BICYCLE2 MOTORCYCLE...3 PRIVATE CAR..4 TAXI.....5 BUS.....6 CAMEL/DONKEY.7 OTHERS (SPECIFY) _____8	13. How much time does it take you to get to school? (in minutes) 0 - 15 ...1 16 - 30 ..2 31 - 45 ..3 46 - 60 ..4 61 - 90...5 91 - 120..6 120 +.....7	14. Did you have a scholarship during the 2009-2010 school year? YES..1 NO...2 (► Q18)	15. What was the amount of the scholarship you received in the 2009-2010 school year?	16. How many years did the scholarship cover?	17. From which organisation, did you receive the scholarship? FEDERAL GOVT..1 STATE GOVT...2 LOCAL GOVT...3 COMMUNITY....4 RELIGIOUS BODY.....5 PRIVATE.....6 OTHER (SPECIFY) _____7
	(► 24)			MINUTES		NAIRA	YEARS	

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SECTION 2: EDUCATION

I N D I V I D U A L I D	18. How much was spent on your education in the last 12 months by members of your household:									
	IF THERE WAS NO EXPENDITURE, WRITE '0'									
	RECORD TOTAL EXPENDITURE IN COLUMN I ONLY IF RESPONDENT CANNOT DIVIDE SCHOOL EXPENSES INTO PREVIOUS CATEGORIES									
	A. School fees and registration	B. Contributions to school repairs, Parents-Teachers Association	C. Uniforms and sports clothes	D. Books and school supplies	E. Transportation to and from school	F. Food, board and lodging at school	G. Extra-tuition (extra classes)	H. Other expenses cash and in kind that can't be categorized	I. Aggregate Expenditure	
	NAIRA	NAIRA	NAIRA	NAIRA	NAIRA	NAIRA	NAIRA	NAIRA	NAIRA	
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SECTION 2: EDUCATION

INDIVIDUAL	19.	20.	21.	22.	23.
	Did you ever repeat any class in primary or secondary school?	What was the last class you repeated ? None.....00 N1.....01 N2.....02 P1.....11 P2.....12 P3.....13 P4.....14 P5.....15 P6.....16 JS1.....21 JS2.....22 JS3.....23 SS1.....24 SS2.....25 SS326 Lower 6...27 Upper 6...28	What was your main reason for repeating the grade specified in Q20? FAILED EXAMS.....1 PREGNANCY.....2 ILLNESS.....3 DISABILITY.....4 WORK COMMITMENT.....5 NO MONEY FOR BOOKS..6 LACK OF FEES.....7 ILLNESS OR INJURY OF OTHER HH MEMBER.....8 OTHER (SPECIFY).....9 _____.....9	How many times have you repeated the class specified in Q20?	Do you plan to attend school in the next school year?
	YES, PRIMARY ONLY.....1 YES, SECONDARY ONLY.....2 YES, BOTH.....3 NONE.....4 (► Q23)				YES...1 NO....2

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SECTION 3: LABOUR

ASK THESE QUESTIONS FROM ALL INDIVIDUALS 5 YEARS AND ABOVE.

I N D I V I D U A L I D	1.	2.	3.	4.	5.	6.	7.
	IS THE HOUSEHOLD MEMBER 5 YEARS OR OLDER?	IS THIS PERSON ANSWERING FOR HIMSELF/HERSELF?	WRITE THE ID CODE OF THE RESPONDENT	During the past 7 days, have you worked for someone who is not a member of your household, for example, an enterprise, company, the government or any other individual?	During the past 7 days, have you worked on a farm owned or rented by a member of your household, either in cultivating crops or in other farming tasks, or have you cared for livestock belonging to yourself or a member of your household?	During the past 7 days, have you worked <i>on your own account or in a business enterprise</i> belonging to you or someone in your household, for example, as a trader, shop-keeper, barber, dressmaker, carpenter or taxi driver?	INTERVIEWER: IS THERE A "YES" RESPONSE IN QUESTIONS 4, 5 OR 6?
	YES..1 NO...2 ► NEXT SECTION	YES..1 (► Q4) NO...2	ID CODE	YES..1 NO...2	YES..1 NO...2	YES..1 NO...2	YES..1 (► Q13) NO...2
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SECTION 3: LABOUR

I N D I V I D U A L I D	8.	9.	10.	11.	12.	
	Have you taken any steps within the past 7 days to look for work?	What is the main reason you did not look for a job in the past 7 days?	Were you available for work during the last 7 days?	Why were you not available for work during the last 7 days?	When was the last time you did work for pay, profit or gain (if any)?	
		<p>MOST IMPORTANT REASON</p> <p>STUDENT.....1 HOUSEWIFE/CHILDCARE...2 TOO OLD/RETIRED.....3 SICKNESS/ILLNESS.....4 DISABILITY.....5 WAITING FOR REPLY FROM EMPLOYER.....6 WAITING FOR RECALL BY EMPLOYER.....7 ON LEAVE.....8 WAITING FOR BUSY SEASON.....9 OTHER (SPECIFY)10 _____</p>		<p>IN SCHOOL1 BUSY WITH HOUSEHOLD DUTIES2 TOO YOUNG TO WORK.....3 TOO OLD TO WORK.....4 TOO SICK TO WORK.....5 DISABLED.....6 OTHER (SPECIFY)7 _____</p>	<p>IF NEVER, LEAVE BLANK (▶ Q37)</p>	
	YES..1 (▶ 10) NO...2	(▶ Q12)	YES..1 (▶ 12) NO...2		<p>IF YOU HAVE NOT WORKED IN THE LAST 12 MONTHS (▶ Q37)</p>	
					MONTH	YEAR
	1					
	2					
	3					
	4					
	5					
	6					
	7					
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SECTION 3: LABOUR

MAIN /PRIMARY EMPLOYMENT

I N D I V I D U A L I D	13.		14.	15.	16.	17.	18.
	What was your primary activity in your main job? (MAIN OCCUPATION IN THE LAST 7 DAYS OR MOST RECENT JOB)		In what sector is this main activity?	Who is the employer in this job?	During the last 12 months how many months did you work in this employment?	During these months, how many weeks in total did you work in this employment?	During the last seven days, how many hours did you work in this job?
WRITTEN DESCRIPTION		OCCUP. CODE TO BE CODED AFTER THE INTERVIEW			MONTHS	WEEKS	HOURS
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3							
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- AGRICULTURE.....1
- MINING.....2
- MANUFACTURING.....3
- PROFESSIONAL/
SCIENTIFIC/TECHNICAL
ACTIVITIES.....4
- ELECTRICITY/WATER/GAS/
WASTE.....5
- CONSTRUCTION.....6
- TRANSPORTATION.....7
- BUYING AND SELLING...8
- FINANCIAL/INSURANCE/
REAL EST. SERVICES..9
- PERSONAL SERVICES..10
- EDUCATION.....11
- HEALTH.....12
- PUBLIC
ADMINISTRATION.....13
- OTHER, SPECIFY14

- FEDERAL GOV.....1
- STATE GOV.....2
- LOCALGOVv.....3
- PARASTATAL.....4
- PRIVATE SECTOR (INCLUDE PAID
APPRENTICES).....5
- NGO.....6
- C0-OPERATIVEs.....7
- INTERNATIONAL ORGANIZATION
/DIPLOMATIC MISSION.....8
- RELIGIOUS ORGANIZATION.....9
- SELF-EMPLOYED.....10
- OTHER (SPECIFY).....11

SECTION 3: LABOUR

INDIVIDUAL	19. Have you received wages, salary or other payments either in cash or in other forms from this employment for this work? YES...1 (▶ 21) NO....2	20. What is the main reason you received no payment for this work? JUST STARTED WORK, WAITING FOR FIRST PAYMENT.....1 UNPAID FAMILY WORKER.....2 APPRENTICESHIP OR UNPAID TRAINEESHIP.....3 PAYING OFF DEBT.....4 PAYMENT UPON COMPLETION OF WORK.....5 OWED BY EMPLOYER.....6 OTHER (SPECIFY)7	21. How much was your last payment? IF RESPONDENT HAS NOT YET BEEN PAID, ASK: What payment do you expect? What period of time did this payment cover? TIME UNIT HOUR.....1 DAY.....2 WEEK.....3 FORTNIGHT..4 MONTH.....5 QUARTER...6 HALF YEAR..7 YEAR.....8	22. Do you receive any in-kind payment or allowance for this work in any other form? [APART FROM SALARY] YES...1 NO....2 (▶ 24)	23. What is the value of those payments? Over what time interval? TIME UNIT HOUR.....1 DAY.....2 WEEK.....3 FORTNIGHT..4 MONTH.....5 QUARTER...6 HALF YEAR..7 YEAR.....8
			NAIRA	TIME UNIT	NAIRA

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2						
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12						

SECTION 3: LABOUR

SECOND JOB

INDIVIDUAL	24.	25.		26.	27.	28.
	Were you engaged in a second job? YES..1 NO...2 (▶ 36)	What was your main activity in your second job?		In what sector is this main activity? AGRICULTURE.....1 MINING.....2 MANUFACTURING.....3 PROFESSIONAL/ SCIENTIFIC/TECHNICAL ACTIVITIES.....4 ELECTRICITY/WATER/ GAS/WASTE..... 5 CONSTRUCTION.....6 TRANSPORTATION.....7 BUYING AND SELLING...8 FINANCIAL/INSURANCE/ REAL EST. SERVICES..9 PERSONAL SERVICES..10 EDUCATION.....11 HEALTH.....12 PUBLIC ADMINISTRATION....13 OTHER, SPECIFY14	Who is the employer in this job? FEDERAL GOV.....1 STATE GOV.....2 LOCALGOV.....3 PARASTATAL.....4 PRIVATE SECTOR (INCLUDE PAID APPRENTICES).....5 NGO.....6 CO-OPERATIVES.....7 INTERNATIONAL ORGANIZATION /DIPLOMATIC MISSION.....8 RELIGIOUS ORGANIZATION.....9 SELF-EMPLOYED.....10 OTHER (SPECIFY)11	During the last 12 months how many months did you work in this employment?
		WRITTEN DESCRIPTION	OCCUP. CODE TO BE CODED AFTER THE INTERVIEW			MONTHS
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						

SECTION 3: LABOUR

I N D I V I D U A L I D	29. During these months how many weeks did you work in this employment?	30. During the last seven days, how many hours did you work in this job?	31. Do you receive wages, salary or other payments either in cash or in other forms from this employer for this work? YES...1 (▶ 33) NO....2	32. What is the main reason you received no payment for this work? JUST STARTED WORK, WAITING FOR FIRST PAYMENT.....1 UNPAID FAMILY WORKER.....2 APPRENTICESHIP OR UNPAID TRAINEESHIP.....3 PAYING OFF DEBT....4 PAYMENT UPON COMPLETION OF WORK.....5 OWED BY EMPLOYER....6 OTHER (SPECIFY)7 (▶ 36)	33. How much was your last payment? IF RESPONDENT HAS NOT YET BEEN PAID, ASK: What payment do you expect? What period of time did this payment cover? TIME UNIT HOUR.....1 DAY.....2 WEEK.....3 FORTNIGHT..4 MONTH.....5 QUARTER...6 HALF YEAR..7 YEAR.....8	34. Do you receive any payment in-kind or allowance for this work in any other form? [APART FROM SALARY] YES...1 NO....2 (▶ 36)	35. What is the amount of those payments? Over what time interval? TIME UNIT HOUR.....1 DAY.....2 WEEK.....3 FORTNIGHT..4 MONTH.....5 QUARTER...6 HALF YEAR..7 YEAR.....8	
	WEEKS	HOURS			NAIRA	TIME UNIT		NAIRA

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SECTION 3: LABOUR

OTHER ACTIVITIES

I N D I V I D U A L I D	36.	37.		38.	
	Do you contribute to the National Health Insurance Scheme (NISH)?	How many hours did you spend <u>yesterday</u> collecting/chopping firewood (or other fuel materials) in total?		How many hours did you spend <u>yesterday</u> collecting/ fetching water in total including waiting time?	
YES..1 NO...2					
	HOURS	MINUTES	HOURS	MINUTES	

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2					
3					
4					
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SECTION 4: CREDIT AND SAVINGS

ASK THESE QUESTIONS FROM ALL INDIVIDUALS 15 YEARS AND ABOVE.

I N D I V I D U A L I D	1. Some people like to keep their money in an account at a bank. Do you have a bank account? YES..1 NO...2 (► Q3)	2. In which bank(s) do you have your account(s)? IF THE HOUSEHOLD MEMBERS HAVE BANK ACCOUNTS IN MORE THAN THREE BANKS, ASK FOR THE THREE BANKS THAT THEY USED THE MOST. <p style="text-align: center;">BANK CODES</p> <table style="width: 100%; border: none;"> <tr> <td>ACCESS BANK.....1</td> <td>BANK PHB.....15</td> </tr> <tr> <td>AFRIBANK.....2</td> <td>SKYE BANK.....16</td> </tr> <tr> <td>DIAMOND BANK.....3</td> <td>SPRING BANK.....17</td> </tr> <tr> <td>ECOBANK.....4</td> <td>STANBIC BANK.....18</td> </tr> <tr> <td>ETB.....5</td> <td>STANDARD CHARTERED BANK..19</td> </tr> <tr> <td>FCMB.....6</td> <td>STERLING BANK.....20</td> </tr> <tr> <td>FIDELITY BANK.....7</td> <td>UBA.....21</td> </tr> <tr> <td>FIRST BANK.....8</td> <td>UNION BANK.....22</td> </tr> <tr> <td>FIN BANKS.....9</td> <td>UNITY BANK.....23</td> </tr> <tr> <td>GTB.....10</td> <td>WEMA BANK.....24</td> </tr> <tr> <td>IBTC.....11</td> <td>ZENITH BANK.....25</td> </tr> <tr> <td>INTERCONTINENTAL BANK.12</td> <td>OTHER.....26</td> </tr> <tr> <td>NIB.....13</td> <td></td> </tr> <tr> <td>OCEANIC BANK.....14</td> <td></td> </tr> </table>			ACCESS BANK.....1	BANK PHB.....15	AFRIBANK.....2	SKYE BANK.....16	DIAMOND BANK.....3	SPRING BANK.....17	ECOBANK.....4	STANBIC BANK.....18	ETB.....5	STANDARD CHARTERED BANK..19	FCMB.....6	STERLING BANK.....20	FIDELITY BANK.....7	UBA.....21	FIRST BANK.....8	UNION BANK.....22	FIN BANKS.....9	UNITY BANK.....23	GTB.....10	WEMA BANK.....24	IBTC.....11	ZENITH BANK.....25	INTERCONTINENTAL BANK.12	OTHER.....26	NIB.....13		OCEANIC BANK.....14		3. Is there someone who lets you cash checks, transfer funds, or do other banking transactions using their account? YES..1 NO...2
	ACCESS BANK.....1	BANK PHB.....15																															
AFRIBANK.....2	SKYE BANK.....16																																
DIAMOND BANK.....3	SPRING BANK.....17																																
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	BANK 1	BANK 2	BANK 3																														

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11				
12				

SECTION 4: CREDIT AND SAVINGS

INDIVIDUAL ID	4.	5.					6.
	Now think of all the ways that you save money, in other words, where you put money to use later. In the last 6 months, have you used a cooperative, savings association or micro-finance institution to save money?	Apart from banks, what is (are) the name(s) of the financial institution(s) such as cooperative society (ies), savings association (s), or micro-finance institution (s) that you used to save money in the last 6 months? IF THE RESPONDENT DEALS WITH MORE THAN THREE INSTITUTIONS, EXCLUDING BANKS, FOR SAVINGS AND/OR LOAN ACCOUNTS, WRITE IN THE NAMES OF THE TWO MOST USED SAVINGS AND LOAN INSTITUTIONS IN THE SPACES BELOW. ALSO, USING THE CODES, INDICATE THE TYPE OF INSTITUTION AND IF IT IS USED FOR SAVINGS, LOANS OR BOTH. <div style="text-align: center;"> INSTITUTION TYPE CODE COOPERATIVE SOCIETY..1 SAVINGS ASSOCIATION...2 MICRO-FINANCE.....3 </div>					Have you used any informal savings groups (adashi/esusu/ajo) to save money in the past 6 months?
	YES..1 NO...2 (► Q6)						YES..1 NO...2
		INSTITUTION 1	TYPE	INSTITUTION 2	TYPE	INSTITUTION 3	TYPE
1							
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12							

SECTION 4: CREDIT AND SAVINGS

INDIVIDUAL	7.	8.					9.	10.	11.
	Many people borrow money or buy things on credit. In the last 6 months, have you used an institution such as a bank, cooperative society, savings association or micro-finance institution to borrow money? YES..1 NO...2 (► Q9)	What is (are) the name(s) of the financial institutions such as banks, cooperative society (ies), savings association (s), or micro-finance institution (s) that you used to borrow money in the last 6 months? IF THE RESPONDENT DEALS WITH MORE THAN THREE INSTITUTIONS FOR LOAN ACCOUNTS, WRITE IN THE NAMES OF THE THREE MOST USED LOAN INSTITUTIONS IN THE SPACES BELOW. ALSO, USING THE CODES, INDICATE THE TYPE OF INSTITUTION. <p style="text-align: center;">INSTITUTION TYPE CODE</p> COOPERATIVE SOCIETY...1 SAVINGS ASSOCIATION...2 MICRO-FINANCE.....3					Have you used any informal groups (adashi/esusu/ajo) to borrow money in the past 6 months? YES..1 NO...2	Have you borrowed any money from friends, relatives or money lenders in the last 6 months? YES..1 NO...2	Did you try to borrow money during the last 6 months but were unable to/ were turned down? YES..1 NO...2
	INSTITUTION 1	TYPE	INSTITUTION 2	TYPE	INSTITUTION 3	TYPE			
1									
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12									

SECTION 4: CREDIT AND SAVINGS

I N D I V I D U A L I D	12.	13												
	Some people insure themselves and their possessions against unexpected circumstances. Have you used any institution to insure yourselves (life, health) or property (household goods, house, vehicle and the like) in the past 6 months? YES..1 NO...2 (► Q14)	What is (are) the name(s) of the institution(s) that you have used to insure yourselves (life, health) or your property (household goods, house, vehicle and the like) in the past 6 months? IF YOU HAVE MORE THAN THREE INSTITUTIONS, WRITE IN THE NAMES OF THE THREE MOST IMPORTANT INSTITUTIONS IN THE SPACES BELOW AND INDICATE THE INSURANCE TYPE IN EACH CASE. IF THERE ARE MULTIPLE INSURANCE TYPES, WRITE ALL SEPARATED BY COMMAS <table style="width:100%; border: none;"> <tr> <td colspan="2" style="text-align: center;">INSURANCE COMPANIES CODE</td> <td colspan="2" style="text-align: center;">INSURANCE TYPE</td> </tr> <tr> <td style="width: 50%; vertical-align: top;"> ADIC INSURANCE.....1 AFRICAN ALLIANCE INSURANCE2 AIICO INSURANCE.....3 ALLIANCE & GENERAL INSURANCE.....4 ANCHOR INSURANCE.....5 CAPITAL EXPRESS INSURANCE.....6 CONSOLIDATED HALLMARK INSURANCE...7 CONTINENTAL REINSURANCE.....8 CORNERSTONE INSURANCE.....9 CRUSADER INSURANCE.....10 EQUITY INDEMNITY INSURANCE.....11 EQUITY LIFE INSURANCE PLC.....12 FORTUNE ASSURANCE COMPANY.....13 GOLDLINK INSURANCE14 GREAT NIGERIA INSURANCE.....15 GUARANTY TRUST ASSURANCE.....16 GUARDIAN EXPRESS ASSURANCE.....17 GUINEA INSURANCE.....18 INDUSTRIAL AND GENERAL INSURANCE.19 INTERCONTINENTAL WAPIC INSURANCE.20 INTERNATIONAL ENERGY INSURANCE...21 INVESTMENT & ALLIED ASSURANCE...22 </td> <td style="width: 50%; vertical-align: top;"> INVESTMENT & ALLIED ASSURANCE.....23 KAPITAL INSURANCE COMPANY.....24 LASACO ASSURANCE PLC.....25 LAW UNION AND ROCK INSURANCE.....26 LEADWAY ASSURANCE.....27 LINKAGE ASSURANCE.....28 MUTUAL BENEFIT ASSURANCE.....29 NEM INSURANCE.....30 NIGER INSURANCE.....31 NIGERIAN AGRICULTURAL INSURANCE CORP....32 OASIS INSURANCE.....33 OCEANIC INSURANCE.....34 PRESTIGE ASSURANCE.....35 REGENCY ALLIANCE INSURANCE.....36 ROYAL EXCHANGE ASSURANCE.....37 ROYAL PRUDENTIAL ASSURANCE.....38 SOVEREIGN TRUST INSURANCE.....39 STANDARD LIFE ASSURANCE.....40 STANDARD TRUST ASSURANCE (STACO).....41 STERLING ASSURANCE NIGERIA.....42 YANKARI INSURANCE.....43 ZENITH GENERAL INSURANCE.....44 OTHER.....45 </td> <td style="width: 50%; vertical-align: top;"> HEALTH.....1 LIFE.....2 PROPERTY.....3 MOTOR VEHICLE.....4 OTHER SPECIFY _____...5 </td> <td style="width: 50%;"></td> </tr> </table>						INSURANCE COMPANIES CODE		INSURANCE TYPE		ADIC INSURANCE.....1 AFRICAN ALLIANCE INSURANCE2 AIICO INSURANCE.....3 ALLIANCE & GENERAL INSURANCE.....4 ANCHOR INSURANCE.....5 CAPITAL EXPRESS INSURANCE.....6 CONSOLIDATED HALLMARK INSURANCE...7 CONTINENTAL REINSURANCE.....8 CORNERSTONE INSURANCE.....9 CRUSADER INSURANCE.....10 EQUITY INDEMNITY INSURANCE.....11 EQUITY LIFE INSURANCE PLC.....12 FORTUNE ASSURANCE COMPANY.....13 GOLDLINK INSURANCE14 GREAT NIGERIA INSURANCE.....15 GUARANTY TRUST ASSURANCE.....16 GUARDIAN EXPRESS ASSURANCE.....17 GUINEA INSURANCE.....18 INDUSTRIAL AND GENERAL INSURANCE.19 INTERCONTINENTAL WAPIC INSURANCE.20 INTERNATIONAL ENERGY INSURANCE...21 INVESTMENT & ALLIED ASSURANCE...22	INVESTMENT & ALLIED ASSURANCE.....23 KAPITAL INSURANCE COMPANY.....24 LASACO ASSURANCE PLC.....25 LAW UNION AND ROCK INSURANCE.....26 LEADWAY ASSURANCE.....27 LINKAGE ASSURANCE.....28 MUTUAL BENEFIT ASSURANCE.....29 NEM INSURANCE.....30 NIGER INSURANCE.....31 NIGERIAN AGRICULTURAL INSURANCE CORP....32 OASIS INSURANCE.....33 OCEANIC INSURANCE.....34 PRESTIGE ASSURANCE.....35 REGENCY ALLIANCE INSURANCE.....36 ROYAL EXCHANGE ASSURANCE.....37 ROYAL PRUDENTIAL ASSURANCE.....38 SOVEREIGN TRUST INSURANCE.....39 STANDARD LIFE ASSURANCE.....40 STANDARD TRUST ASSURANCE (STACO).....41 STERLING ASSURANCE NIGERIA.....42 YANKARI INSURANCE.....43 ZENITH GENERAL INSURANCE.....44 OTHER.....45	HEALTH.....1 LIFE.....2 PROPERTY.....3 MOTOR VEHICLE.....4 OTHER SPECIFY _____...5
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	INSTITUTION 1	INSURANCE TYPE	INSTITUTION 2	INSURANCE TYPE	INSTITUTION 3	INSURANCE TYPE								
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SECTION 5: HOUSEHOLD ASSETS

		1. How many of the following items does your household own? WRITE THE TOTAL NUMBER OF ITEMS THAT THE HOUSEHOLD POSSESSES. IF NONE PUT '0'
ITEM	ITEM CODE	NUMBER OF ITEMS

Furniture (3/4 piece sofa set)	301	
Furniture (chairs)	302	
Furniture (table)	303	
Mattress	304	
Bed	305	
Mat	306	
Sewing machine	307	
Gas cooker	308	
Stove (electric)	309	
Stove gas (table)	310	
Stove (kerosene)	311	
Fridge	312	
Freezer	313	
Air conditioner	314	
Washing Machine	315	
Electric Clothes Dryer	316	
Bicycle	317	
Motorbike	318	
Cars and other vehicles	319	
Generator	320	
Fan	321	
Radio	322	
Cassette recorder	323	
Hi-Fi (Sound System)	324	
Microwave	325	
Iron	326	

I T E M	LIST ALL THE ITEMS IN QUESTION 1 AND THE OWNER OF THE ASSET IN QUESTION 2. IF MORE THAN ONE ITEM, WRITE A DESCRIPTION OF THE ITEM BELOW, OTHERWISE WRITE ONLY THE CODE OF THE ITEM.		2. Who is the person that owns this item? WRITE THE ID OF THE PERSON WHO OWNS THE ITEM. IF THE ITEM IS OWNED BY THE HOUSEHOLD IN COMMON, WRITE "98".	3. How long ago was [ITEM] acquired? (IF LESS THAN ONE YEAR ENTER 0)	4. If you wanted to sell one of this [ITEM] today, how much would you receive?
	DESCRIPTION	ITEM CODE	ID CODE	YEARS	NAIRA

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26					

SECTION 5: HOUSEHOLD ASSETS

		1. How many of the following items does your household own? WRITE THE TOTAL NUMBER OF ITEMS THAT THE HOUSEHOLD POSSESSES. IF NONE PUT '0'
ITEM	ITEM CODE	NUMBER OF ITEMS
TV Set	327	
Computer	328	
DVD Player	329	
Satellite Dish	330	
Musical Instrument	331	
Others (Specify)	332	

I T E M	LIST ALL THE ITEMS IN QUESTION 1 AND THE OWNER OF THE ASSET IN QUESTION 2. IF MORE THAN ONE ITEM, WRITE A DESCRIPTION OF THE ITEM BELOW, OTHERWISE WRITE ONLY THE CODE OF THE ITEM.		2. Who is the person that owns this item? WRITE THE ID OF THE PERSON WHO OWNS THE ITEM. IF THE ITEM IS OWNED BY THE HOUSEHOLD IN COMMON, WRITE "98".	3. How long ago was [ITEM] acquired? (IF LESS THAN ONE YEAR ENTER 0)	4. If you wanted to sell one of this [ITEM] today, how much would you receive?
	DESCRIPTION	ITEM CODE	ID CODE	YEARS	NAIRA
27					
28					
29					
30					
31					
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34					
35					
36					
37					
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50					
51					
52					

SECTION 6: NONFARM ENTERPRISES AND INCOME GENERATING ACTIVITIES

1. During the past 12 months has any member of the Household worked for himself, other than on a farm or raising animals? (e.g. has anyone operated his/her own business, trade, worked as a self-employed professional or craftsman?)

YES.1

NO.....2 (▶ NEXT SECTION)

CHECK SECTION 3, Q6
TO CONFIRM RESPONSE

E N T E R P R I S E N O	2.		3.		4.		5.
	What nonfarm <u>income-generating activities</u> did individuals in your household operate in the past 12 months? COLLECT INFORMATION ON ALL ENTERPRISES HERE BEFORE GOING ON TO COLLECT DETAILS ON EACH.		Who in the household <u>owns</u> this income-generating activity? CAN LIST UP TO TWO OWNERS.		Who in the household <u>manages</u> this income-generating activity or is most familiar with it? IF CO-MANAGERS, LIST BOTH. IF PRESENT, ASK THIS QUESTION FROM MANAGER(S).		Who is the respondent providing information about this income-generating activity?
			OWNER 1	OWNER 2	MANAGER 1	MANAGER 2	
TYPE OF ACTIVITY		INDUSTRY CODE	ID CODE	ID CODE	ID CODE	ID CODE	ID CODE

1							
2							
3							
4							
5							
6							
7							
8							

SECTION 6: NONFARM ENTERPRISES AND INCOME GENERATING ACTIVITIES

SECTION 6: NONFARM ENTERPRISES AND INCOME GENERATING ACTIVITIES

E N T R P R I S E N O	6.	7.	8.		9.	10.		11.			
	How many months during the past year did you operate this income-generating activity?	Where do you operate the activity? HOME (INSIDE RESIDENCE).. 1 HOME (OUTSIDE RESIDENCE)..2 INDUSTRIAL SITE.....3 TRADITIONAL MARKET.....4 COMMERCIAL AREA SHOP.....5 ROADSIDE.....6 OTHER FIXED PLACE.....7 MOBILE/NO FIXED LOCATION..8 OTHER (SPECIFY)9	How many years and months have you been doing this income-generating activity?	YEARS	MONTHS	Is this enterprise/ business officially registered with the government? YES...1 NO...2	Who are the household members engaged in this income-generating activity? IF MORE THAN ONE HOUSEHOLD MEMBER, PUT ALL ID CODES SEPARATED BY COMMA	PAID	UNPAID	How many employees are there who are not household members? MALE	FEMALE
	MONTHS										
1											
2											
3											
4											
5											
6											
7											
8											

SECTION 6: NONFARM ENTERPRISES AND INCOME GENERATING ACTIVITIES

SECTION 6: NONFARM ENTERPRISES AND INCOME GENERATING ACTIVITIES

E N T R P R I S E N O	12.			13.	14.	15.	16.		17.
	What was the main source of <u>start-up capital</u> for this income-generating activity? CAN LIST UP TO THREE IN ORDER OF IMPORTANCE.			During the last 12 months, did you try to get credit for this [INCOME GENERATING ACTIVITY] from banks and other formal financial agencies?	Did you eventually get the credit from the banks OR other formal financial agencies for this [INCOME GENERATING ACTIVITY]?	During the last 12 months did you use any credit to operate this enterprise [INCOME GENERATING ACTIVITY]?	During the last 12 months what was the source of credit that has been used to operate this enterprise [INCOME GENERATING ACTIVITY]?		During the last 12 months, how much have you borrowed for this [INCOME GENERATING ACTIVITY]?
	HOUSEHOLD SAVINGS.....1 NGO SUPPORT.....2 LOAN FROM BANK (COMMERCIAL, MICRO FINANCE, CREDIT UNION).....3 MONEY LENDER.....4 ESUSU/ADASHI.....5 OTHER LOANS.....6 DISTRICT/TOWN ASSOCIATION SUPPORT.....7 COOPERATIVE/TRADE ASSOCIATIONS.....8 REMITTANCES FROM ABROAD.....8 PROCEEDS FROM FAMILY FARM.....9 CHURCH/MOSQUE ASSISTANCE.....10 ROCEEDS FROM FAMILY NON-ENTERPRISE.....11 RELATIVES/FRIENDS.....12 OTHER (<i>specify</i>).....13						LOAN FROM BANK (COMMERCIAL, MICRO FINANCE, CREDIT UNION).....1 MONEY LENDER.....2 ESUSU/ADASHI.....3 OTHER LOANS.....4 COOPERATIVE/TRADE ASSOCIATIONS.....5 RELATIVES/FRIENDS.....6 OTHER (<i>specify</i>).....7		
1	2	3	YES...1 NO...2 (▶ Q15)	YES.....1 NO.....2	YES.....1 NO.....2 (▶ Q18)	1	2	NAIRA	

1									
2									
3									
4									
5									
6									
7									
8									

SECTION 6: NONFARM ENTERPRISES AND INCOME GENERATING ACTIVITIES

SECTION 6: NONFARM ENTERPRISES AND INCOME GENERATING ACTIVITIES

E N T E R P R I S E N O	18.	19.	20.		21.	22.	23.	24.
	During the last 12 months, did the [ENTERPRISE] have any loans that it was repaying (in cash or kind)?	During the last 12 months, how much loans has the [ENTERPRISE] repaid (include loans in kind)?	To whom do you sell your products or services? LIST UP TO 2 BUYERS IN ORDER OF IMPORTANCE. FINAL CONSUMERS.....1 TRADERS.....2 OTHER SMALL BUSINESSES.....3 LARGE ESTABLISHED BUSINESSES.....4 INSTITUTIONS (SCHOOLS, HOSPITALS, GOVT MINISTRIES).....5 EXPORT.....6 MANUFACTURERS.....7 OTHER (SPECIFY).....8		What is the current value of your physical capital stock, including all tools, equipment, buildings, land, vehicles for the business?	What is the total value of your current stock of inputs or supplies?	What is the total value of your current stock of finished merchandise (goods for sale)?	What were the <u>total sales</u> for the [INCOME GENERATING ACTIVITY] during the last month?
	YES...1 NO...2 (► Q20)							
		NAIRA	1	2	NAIRA	NAIRA	NAIRA	NAIRA
1								
2								
3								
4								
5								
6								
7								
8								

SECTION 6: NONFARM ENTERPRISES AND INCOME GENERATING ACTIVITIES

SECTION 6: NONFARM ENTERPRISES AND INCOME GENERATING ACTIVITIES

E N T E R P R I S E N O	25. What were the <u>business costs</u> last month in the following categories?							
	SALARIES AND WAGES	PURCHASE OF GOODS FOR SALE (INVENTORY)	TRANSPORT	INSURANCE	RENT	INTEREST	RAW MATERIALS	OTHER
	NAIRA	NAIRA	NAIRA	NAIRA	NAIRA	NAIRA	NAIRA	NAIRA

1								
2								
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SECTION 6: NONFARM ENTERPRISES AND INCOME GENERATING ACTIVITIES

SECTION 7A: MEALS AWAY FROM HOME EXPENDITURES

		1	2.
		In the <u>past 7 days</u> , did members of this household consume any of the following meals or drinks away from home?	How much did you or other household members pay, in total in the last 7 days for [MEAL]? If free, please estimate what it would have cost if you had to pay.
I T E M C O D E			
		YES....1 NO....2(▶ NEXT ITEM)	
			NAIRA
MEALS PREPARED AND CONSUMED OUTSIDE THE HOME			
Full meals (e.g rice and stew, pounded yam and egusi, etc)	Breakfast	1	
	Lunch	2	
	Dinner	3	
Side dishes like pepper soup, nkwoobi, suya etc.		4	
Snacks such as sandwiches, biscuits, meatpies, donuts, pofpof, etc		5	
Dairy based beverages such as milk, yoghurt etc.		6	
Vegetables and roasted such as(carrot, pears, roasted corn and plantain, sugar		7	
Non alcoholic drinks		8	
Alcoholic drinks		9	

SECTION 7A: MEALS AWAY FROM HOME EXPENDITURES

SECTION 7B: FOOD EXPENDITURES

I T E M	1 Within the <u>past 7 days</u> , did the members of this household eat/drink any of this [ITEM] within the household? PLEASE ONLY LIST ITEMS CONSUMED WITHIN THE HOUSEHOLD AND EXCLUDE FOOD CONSUMED OUTSIDE ASK THIS QUESTION FOR ALL ITEMS, BEFORE MOVING ON TO THE NEXT QUESTIONS FOR ITEMS WITH YES YES..1 NO...2 (▶ NEXT ITEM)	2. How much in total did your household consume of this [ITEM] in the <u>past 7 days</u> ?		3. How much did the household purchase of this [ITEM] during the <u>past 7 days</u> ?		4. How much did your household spend on this [ITEM] during the past 7 days? THIS QUESTION REFERS TO THE QUANTITY IN QUESTION 3	5. How much of this [ITEM] came from own-production during the past 7 days? IF NONE WRITE 0 FOR QUANTITY AND LEAVE UNIT BLANK		6. How much of this [ITEM] came from gifts and other sources during the past 7 days? EXCLUDE FOOD TAKEN OUTSIDE THE HOUSEHOLD IF NONE ,WRITE 0 FOR QUANTITY AND LEAVE UNIT BLANK	
		QUANTITY	UNIT	QUANTITY	UNIT	NAIRA	QUANTITY	UNIT	QUANTITY	UNIT
		KILOGRAMS.....1 GRAMS.....2 LITRE.....3 MILLILITRE.....4 PIECES.....5 OTHER (SPECIFY)..6		IF NONE WRITE 0 FOR QUANTITY AND LEAVE UNIT BLANK ▶ Q5 KILOGRAMS.....1 GRAMS.....2 LITRE.....3 MILLILITRE....4 PIECES.....5 OTHER (SPECIFY).....6		KILOGRAMS.....1 GRAMS.....2 LITRE.....3 MILLILITRE....4 PIECES.....5 OTHER (SPECIFY).....6		KILOGRAMS.....1 GRAMS.....2 LITRE.....3 MILLILITRE....4 PIECES.....5 OTHER (SPECIFY).....6		

GRAINS AND FLOURS										
Guinea corn/sorghum	10									
Millet	11									
Maize	12									
Rice - local	13									
Rice - imported	14									
Bread	15									
Maize flour	16									
Yam flour	17									
Cassava flour	18									
Wheat flour	19									
Other grains and flour	20									
STARCHY ROOTS, TUBERS & PLANTAIN										
Cassava - roots	30									
Yam - roots	31									
Gari - white	32									
Gari - yellow	33									
Cocoyam	34									
Plantains	35									

SECTION 7B: FOOD EXPENDITURES

I T E M C O D E	1 Within the <u>past 7 days</u> , did the members of this household eat/drink any of this [ITEM] within the household? PLEASE ONLY LIST ITEMS CONSUMED WITHIN THE HOUSEHOLD AND EXCLUDE FOOD CONSUMED OUTSIDE ASK THIS QUESTION FOR ALL ITEMS, BEFORE MOVING ON TO THE NEXT QUESTIONS FOR ITEMS WITH YES YES..1 NO...2 (▶ NEXT ITEM)	2. How much in total did your household consume of this [ITEM] in the <u>past 7 days</u> ?		3. How much did the household purchase of this [ITEM] during the <u>past 7 days</u> ?		4. How much did your household spend on this [ITEM] during the past 7 days?	5. How much of this [ITEM] came from own-production during the past 7 days?		6. How much of this [ITEM] came from gifts and other sources during the past 7 days?	
		QUANTITY	UNIT	QUANTITY	UNIT	NAIRA	QUANTITY	UNIT	QUANTITY	UNIT
		KILOGRAMS.....1 GRAMS.....2 LITRE.....3 MILLILITRE.....4 PIECES.....5 OTHER (SPECIFY)..6		IF NONE WRITE 0 FOR QUANTITY AND LEAVE UNIT BLANK ▶ Q5 KILOGRAMS.....1 GRAMS.....2 LITRE.....3 MILLILITRE....4 PIECES.....5 OTHER (SPECIFY).....6		THIS QUESTION REFERS TO THE QUANTITY IN QUESTION 3	IF NONE WRITE 0 FOR QUANTITY AND LEAVE UNIT BLANK KILOGRAMS.....1 GRAMS.....2 LITRE.....3 MILLILITRE....4 PIECES.....5 OTHER (SPECIFY).....6		EXCLUDE FOOD TAKEN OUTSIDE THE HOUSEHOLD IF NONE ,WRITE 0 FOR QUANTITY AND LEAVE UNIT BLANK KILOGRAMS.....1 GRAMS.....2 LITRE.....3 MILLILITRE....4 PIECES.....5 OTHER (SPECIFY).....6	

Sweet potatoes	36									
Potatoes	37									
Other roots and tuber	38									
PULSES, NUTS AND SEEDS										
Soya beans	40									
Brown beans	41									
White beans	42									
Groundnuts	43									
Other nuts/seeds/pulses	44									
OIL AND FATS										
Palm oil	50									
Butter/Margarine	51									
Groundnut oil	52									
Other oils and fats	53									
FRUITS										
Bananas	60									
Orange/tangerine	61									
Mangoes	62									
Avocado pear	63									

SECTION 7B: FOOD EXPENDITURES

I T E M	1 Within the <u>past 7 days</u> , did the members of this household eat/drink any of this [ITEM] within the household? PLEASE ONLY LIST ITEMS CONSUMED WITHIN THE HOUSEHOLD AND EXCLUDE FOOD CONSUMED OUTSIDE ASK THIS QUESTION FOR ALL ITEMS, BEFORE MOVING ON TO THE NEXT QUESTIONS FOR ITEMS WITH YES YES..1 NO...2 (▶ NEXT ITEM)	2. How much in total did your household consume of this [ITEM] in the <u>past 7 days</u> ?		3. How much did the household purchase of this [ITEM] during the <u>past 7 days</u> ?		4. How much did your household spend on this [ITEM] during the past 7 days? THIS QUESTION REFERS TO THE QUANTITY IN QUESTION 3	5. How much of this [ITEM] came from own-production during the past 7 days? IF NONE WRITE 0 FOR QUANTITY AND LEAVE UNIT BLANK		6. How much of this [ITEM] came from gifts and other sources during the past 7 days? EXCLUDE FOOD TAKEN OUTSIDE THE HOUSEHOLD IF NONE ,WRITE 0 FOR QUANTITY AND LEAVE UNIT BLANK	
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Pineapples	64									
Fruit canned	65									
Other fruits	66									
VEGETABLES										
Tomatoes	70									
Tomato puree (canned)	71									
Onions	72									
Garden eggs/egg plant	73									
Okra - fresh	74									
Okra - dried	75									
Pepper	76									
Leaves (Cocoyam, Spinach, etc.)	77									
Other vegetables (fresh or canned)	78									
POULTRY AND POULTRY PRODUCTS										
Chicken	80									
Duck	81									
Other domestic poultry	82									
Agricultural eggs	83									
Local eggs	84									

SECTION 7B: FOOD EXPENDITURES

I T E M C O D E	1 Within the <u>past 7 days</u> , did the members of this household eat/drink any of this [ITEM] within the household? PLEASE ONLY LIST ITEMS CONSUMED WITHIN THE HOUSEHOLD AND EXCLUDE FOOD CONSUMED OUTSIDE ASK THIS QUESTION FOR ALL ITEMS, BEFORE MOVING ON TO THE NEXT QUESTIONS FOR ITEMS WITH YES YES..1 NO...2 (▶ NEXT ITEM)	2. How much in total did your household consume of this [ITEM] in the <u>past 7 days</u> ?		3. How much did the household purchase of this [ITEM] during the <u>past 7 days</u> ?		4. How much did your household spend on this [ITEM] during the past 7 days?	5. How much of this [ITEM] came from own-production during the past 7 days?		6. How much of this [ITEM] came from gifts and other sources during the past 7 days?	
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Other eggs (not chicken)	85									
MEAT										
Beef	90									
Mutton	91									
Pork	92									
Goat	93									
Wild game meat	94									
Canned beef/corned beef	95									
Other meat (excl. poultry)	96									
FISH AND SEAFOOD										
Fish - fresh	100									
Fish - frozen	101									
Fish - smoked	102									
Fish - dried	103									
Snails	104									
Seafood (lobster, crab, prawns, etc)	105									
Canned fish/seafood	106									
Other fish or seafood	107									
MILK AND MILK PRODUCTS										

SECTION 7B: FOOD EXPENDITURES

I T E M C O D E	1 Within the <u>past 7 days</u> , did the members of this household eat/drink any of this [ITEM] within the household? PLEASE ONLY LIST ITEMS CONSUMED WITHIN THE HOUSEHOLD AND EXCLUDE FOOD CONSUMED OUTSIDE ASK THIS QUESTION FOR ALL ITEMS, BEFORE MOVING ON TO THE NEXT QUESTIONS FOR ITEMS WITH YES YES..1 NO...2 (▶ NEXT ITEM)	2. How much in total did your household consume of this [ITEM] in the <u>past 7 days</u> ?		3. How much did the household purchase of this [ITEM] during the <u>past 7 days</u> ?		4. How much did your household spend on this [ITEM] during the past 7 days? THIS QUESTION REFERS TO THE QUANTITY IN QUESTION 3	5. How much of this [ITEM] came from own-production during the past 7 days? IF NONE WRITE 0 FOR QUANTITY AND LEAVE UNIT BLANK		6. How much of this [ITEM] came from gifts and other sources during the past 7 days? EXCLUDE FOOD TAKEN OUTSIDE THE HOUSEHOLD IF NONE ,WRITE 0 FOR QUANTITY AND LEAVE UNIT BLANK	
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Fresh milk	110									
Milk powder	111									
Baby milk powder	112									
Milk tinned (unsweetened)	113									
Other milk products	114									
COFFEE, TEA, COCOA AND THE LIKE BEVERAGES										
Coffee	120									
Chocolate drinks (including Milo)	121									
Tea	122									
SUGAR, SWEETS AND CONFECTIONARY										
Sugar	130									
Jams	131									
Honey	132									
Other sweets and confectionary	133									
OTHER MISCELLANEOUS FOODS										
Condiments (salt, spices, pepper, etc)	140									
NON-ALCOHOLIC DRINKS										

SECTION 7B: FOOD EXPENDITURES

I T E M C O D E	1 Within the <u>past 7 days</u> , did the members of this household eat/drink any of this [ITEM] within the household? PLEASE ONLY LIST ITEMS CONSUMED WITHIN THE HOUSEHOLD AND EXCLUDE FOOD CONSUMED OUTSIDE ASK THIS QUESTION FOR ALL ITEMS, BEFORE MOVING ON TO THE NEXT QUESTIONS FOR ITEMS WITH YES YES..1 NO...2 (▶ NEXT ITEM)	2. How much in total did your household consume of this [ITEM] in the <u>past 7 days</u> ?		3. How much did the household purchase of this [ITEM] during the <u>past 7 days</u> ?		4. How much did your household spend on this [ITEM] during the past 7 days? THIS QUESTION REFERS TO THE QUANTITY IN QUESTION 3	5. How much of this [ITEM] came from own-production during the past 7 days? IF NONE WRITE 0 FOR QUANTITY AND LEAVE UNIT BLANK		6. How much of this [ITEM] came from gifts and other sources during the past 7 days? EXCLUDE FOOD TAKEN OUTSIDE THE HOUSEHOLD IF NONE ,WRITE 0 FOR QUANTITY AND LEAVE UNIT BLANK	
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Bottled water	150									
Sachet water	151									
Malt drinks	152									
Soft drinks (Coca Cola, spirit, etc)	153									
Fruit juice canned/Pack	154									
Other non-alcoholic drinks	155									
ALCOHOLIC DRINKS (BOTTLE AND TOT)										
Beer (local and imported)	160									
Palm wine	161									
Pito	162									
Gin	163									
Other alcoholic beverages	164									

SECTION 8: NON-FOOD EXPENDITURES

7 DAYS

ITEM	ITEM CODE	1. Over the past 7 days, did the household purchase any [...]?	2. How much did the household purchase in total?
		YES....1 NO....2 (▶ NEXT ITEM)	NAIRA
Cigarettes or tobacco	101		
Matches	102		
Newspaper and magazines	103		
Public transport (bus, rail, boat, etc) EXCLUDE EDUCATION RELATED EXPENSES	104		

ONE MONTH RECALL

ITEM	ITEM CODE	3. Over the past 30 days, did the household purchase or pay for any [...]?	4. How much did the household purchase in total?
		YES....1 NO....2 (▶ NEXT ITEM)	NAIRA
Light bulbs/globes	311		
Water	312		
Soap and Washing powder	313		
Toilet paper	314		
Personal care goods (razor blades, cosmetics)	315		
Vitamin supplements	316		
Insecticides, disinfectant and cleaners	317		
Postal (incl. Stamps, courier)	318		
Recharge cards	319		
Landline charges	320		
Internet Services	321		
Recreational (Cinemas, video/DVD rental)	322		
Motor vehicle service, repair, or parts	323		
Bicycle service, repair, or parts	324		
Wages paid to staff/maid/lawnsboy	325		
Mortgage - regular payment to purchase	326		
Repairs & maintenance to dwelling	327		
Repairs to household and personal items	328		
House Rent	329		

ONE MONTH RECALL

ITEM	ITEM CODE	3. Over the past 30 days, did the household purchase or pay for any [...]?	4. How much did the household purchase in total?
		YES....1 NO....2 (▶ NEXT ITEM)	NAIRA
Kerosene	301		
Palm Kernel Oil	302		
Gas (for lighting/cooking)	303		
Other liquid cooking fuel	304		
Electricity, including electricity vouchers	305		
Candle	306		
Firewood	307		
Charcoal	308		
Petrol	309		
Diesel	310		

SECTION 8: NON-FOOD EXPENDITURES

SIX MONTHS RECALL

		5. Over the past six months, did the household purchase or pay for any [...]?	6. How much did the household purchase in total?
	ITEM CODE	YES....1 NO....2 (▶ NEXT ITEM)	NAIRA
Infant clothing	401		
Baby nappies/diapers	402		
Boys Tailored clothes	403		
Boys dress (ready made)	404		
Girls Tailored clothes	405		
Girls dress (ready made)	406		
Men Tailored clothes	407		
Men dress (ready made)	408		
Women Tailored clothes	409		
Women dress (ready made)	410		
Ankara, George materials	411		
Other clothing materials	412		
Boy's shoes	413		
Men's shoes	414		
Girl's shoes	415		
Lady's shoes	416		
Tailoring charges	417		
laundry and dry cleaning	418		
Bowls, glassware, plates, silverware, etc.	419		
Cooking utensils (cookpots, stirring spoons and wisks, etc.)	420		
Cleaning utensils (brooms, brushes, etc.)	421		
Torch / flashlight	422		
Umbrella and raincoat	423		
Paraffin lamp (hurricane or pressure)	424		
Stationery items (not for school)	425		
Books (not for school)	426		
House decorations	427		
Night's lodging in rest house or hotel	428		
Donations to church, mosque, other religious group	429		
Health expenditures (excluding insurance)	430		

12 MONTHS RECALL

		7. Over the past one year (twelve months), did the household purchase or pay for any [...]?	8. How much did the household purchase in total?
	ITEM CODE	YES....1 NO....2 (▶ NEXT ITEM)	NAIRA
Carpet, rugs, drapes, curtains	501		
Linen - towels, sheets, blankets	502		
Mat - sleeping or for drying maize flour	503		
Mosquito net	504		
Mattress	505		
Sports & hobby equipment, musical instruments, toys	506		
Film, film processing, camera	507		
Building items - cement, bricks, timber, iron	508		
Council rates	509		
Health insurance	510		
Auto insurance	511		
Home insurance	512		
Life insurance	513		
Fines or legal fees	514		
Dowry costs	515		
Marriage ceremony costs	516		
Funeral costs	517		

12 MONTHS RECALL: Non-food items that may not have been purchased.

		9. Over the past one year did the household gather, purchase, or pay for any [...]?	10. What was the estimated total value of [...] consumed by the household?	11. What was the cost of that which the household purchased?
	ITEM CODE	YES....1 NO.2 (▶ NEXT ITEM)	NAIRA	NAIRA
Woodpoles, bamboo	518			
Grass for thatching roof or other use	519			

SECTION 9: FOOD SECURITY

[ASK OF HOUSEHOLD HEAD]

1. In the past 7 days, how many days have you or someone in your household had to: **(if no days, write '0')**

Rely on less preferred foods?	Limit the variety of foods eaten?	Limit portion size at meal-times?	Reduce number of meals eaten in a day?	Restrict consumption by adults in order for small children to eat?	Borrow food, or rely on help from a friend or relative?	Have no food of any kind in your household?	Go to sleep at night hungry because there is not enough food?	Go a whole day and night without eating anything?
a.	b.	c.	d.	e.	f.	g.	h.	i.
DAYS	DAYS	DAYS	DAYS	DAYS	DAYS	DAYS	DAYS	DAYS

--	--	--	--	--	--	--	--	--

2. How many meals, including breakfast are taken per day in your household?		3. Do all household members eat roughly the same diet? YES.1 (▶ 5) NO..2	4. Who in the household usually eats a more diverse variety of foods, a less diverse variety of foods? Rank in order from more diverse to less diverse (1, 2, and 3)			5. In the past 12 months, have you been faced with a situation when you did not have enough food to feed the household? YES.1 NO..2 (▶ END)	6. When did you experience this incident ? IF MORE THAN ONCE, LIST ALL APPLICABLE MONTHS IN CORRECT YEAR COLUMN, SEPARATED BY A COMMA. JANUARY..1 JULY.....7 FEBRUARY.2 AUGUST...8 MARCH...3 SEPTEMBER.9 APRIL...4 OCTOBER..10 MAY.....5 NOVEMBER.11 JUNE.....6 DECEMBER.12		7. What was the cause of this situation? LIST UP TO 3 IN ORDER OF IMPORTANCE; USE CODES ON THE RIGHT.			CODES FOR Q7: Inadequate household stocks due to drought/poor rains.....1 Inadequate household food stocks due to crop pest damage.....2 Inadequate household food stocks due to small land size.....3 Inadequate household food stocks due to lack of farm inputs.....4 Food in the market was very expensive.....5 Unable to reach the market due to high transportation costs...6 No food in the market..7 Floods/water logging...8 Other (Specify).....9
a. Adults	b. Children (6-59 months)		a. Men	b. Women	c. Children (6-59 months)		2009		2010		a.	
NUMBER	NUMBER								1ST	2ND	3RD	

--	--	--	--	--	--	--	--	--	--	--	--

SECTION 10: OTHER INCOME

ASK THESE QUESTIONS OF THE HEAD OF HOUSEHOLD WHICH CONCERN ALL INDIVIDUALS 15 YEARS AND ABOVE.

1.	2.	3.	4.	5.	6.	7.	8.
Since the new year, did any members of your household receive any regular income from <u>savings interest</u> or other investment income?	Since the new year, how much did your household receive in savings interest or other investment income?	Since the new year, did any members of your household receive any regular income from <u>rental of property</u> (not agricultural land)?	What sort of property? HOUSE.....1 COMMERCIAL BUILDING.....2 OTHER PROPERTY (SPECIFY).....3	Since the new year, how much does your household in total usually receive in rental income?	Since the new year, did any members of your household receive any <u>regular income of any other type</u> ?	What sort of income? (SPECIFY)	Since the new year, how much does your household receive from this other income?
YES..1 NO...2 (▶ Q3)		YES..1 NO...2(▶ Q6)			YES..1 NO...2 (▶ END INTERVIEW)		
	NAIRA			NAIRA			NAIRA

CONTACT INFORMATION

HHID [_ | _ | _ | _]

1. In order for us to be able to contact you in the future, could you kindly provide us with your telephone numbers?

PHONE NUMBER FOR HOUSEHOLD HEAD:

LANDLINE

CELL

1A NAME : _____ PHONE : _____ / _____

2. In case we are not able to make contact with you, could you kindly provide us with the telephone numbers of some other adult members of this household ?

PHONE NUMBERS FOR OTHER HOUSEHOLD MEMBERS:

2A. NAME : _____ ID (FROM ROSTER) _____ PHONE : _____

2B. NAME : _____ ID (FROM ROSTER) _____ PHONE : _____

2C. NAME : _____ ID (FROM ROSTER) _____ PHONE : _____

3. If you were to move in the next two years, who are the people in this village/town/city who would be most likely to know your new address?

CONTACT INFORMATION FOR REFERENCE PERSON 1

CONTACT INFORMATION FOR REFERENCE PERSON 2

3A1. NAME : _____

3B1. NAME : _____

3A2. RELATION TO HEAD : _____

3B2. RELATION TO HEAD : _____

3A3. PHONE (LANDLINE) : _____

3B3. PHONE (LANDLINE) : _____

3A4. PHONE (CELL) : _____

3B4. PHONE (CELL) : _____

3A5. ADDRESS

3B5. ADDRESS

CONFIDENTIAL



Federal Republic of Nigeria
National Bureau of Statistics Abuja, Nigeria

GENERAL HOUSEHOLD SURVEY
Post-Harvest Questionnaire for Panel Households



THE WORLD BANK

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

SECTION A-1: HOUSEHOLD IDENTIFICATION

FEBRUARY/MARCH 2011

	Name	Code
1. Zone	_____	<input type="text"/>
2. STATE:	_____	<input type="text"/> <input type="text"/>
3. LGA	_____	<input type="text"/> <input type="text"/>
4. SECTOR (Urban=1, Rural=2)	<input type="text"/>	
5. EA	_____	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
6. RIC	_____	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
7. HOUSEHOLD NO.	<input type="text"/> <input type="text"/> <input type="text"/>	
8. WHAT ARE THE GPS COORDINATES OF THE DWELLING?		
	LATITUDE (N)	LONGITUDE (E)
	<input type="text"/>	<input type="text"/>
9. NAME OF HOUSEHOLD HEAD:	_____	
10. ADDRESS OF HOUSEHOLD:	_____ _____	
11. NAME OF INTERVIEWER:	_____	<input type="text"/> <input type="text"/> <input type="text"/>
12. NAME OF SUPERVISOR:	_____	<input type="text"/> <input type="text"/> <input type="text"/>

INDICATE THE PLACE OF THIS QUESTIONNAIRE IN THE SET OF QUESTIONNAIRES COMPLETED FOR THIS HOUSEHOLD

QUESTIONNAIRE ____ OF ____ TOTAL

[DAY / MONTH / YEAR]

13. DATE OF FIRST INTERVIEW: / /

14a. TIME FIRST INTERVIEW STARTED :

14b. TIME FIRST INTERVIEW ENDED :

15. INTERVIEW STATUS AFTER FIRST VISIT:

COVER	Section 1 ROSTER	Section 2 EDUCATION	Section 3 LABOR	Section 4 HEALTH	Section 5 ICT	Section 6 REMITTANCES	Section 7 ASSET ACQUISITION	Section 8 HOUSING	Section 9 NON-FARM ENTERPRISE
Section 10 FOOD EXPENDITURE	Section 11 NON-FOOD EXPENDITURE	Section 12 FOOD SECURITY	Section 13 OTHER HOUSEHOLD	Section 14 SAFETY NETS	Section 15 SHOCKS/ DEATHS	Section 16 CONTACT INFO			

16. A97DATA ENTRY STATUS AFTER FIRST VISIT:

- 1-COMplete, NO QUESTIONNAIRE ERRORS
 2-COMplete, WITH QUESTIONNAIRE ERRORS
 3-NOT COMPLETE

[DAY / MONTH / YEAR]

17. DATE OF SECOND INTERVIEW: / /

18a. TIME SECOND INTERVIEW STARTED :

18b. TIME SECOND INTERVIEW ENDED :

19. INTERVIEW STATUS AFTER SECOND VISIT:

COVER	Section 1 ROSTER	Section 2 EDUCATION	Section 3 LABOR	Section 4 HEALTH	Section 5 ICT	Section 6 REMITTANCES	Section 7 ASSET ACQUISITION	Section 8 HOUSING	Section 9 NON-FARM ENTERPRISE
Section 10 FOOD EXPENDITURE	Section 11 NON-FOOD EXPENDITURE	Section 12 FOOD SECURITY	Section 13 OTHER HOUSEHOLD	Section 14 SAFETY NETS	Section 15 SHOCKS/ DEATHS	Section 16 CONTACT INFO			

20. DATA ENTRY STATUS AFTER SECOND VISIT:

- 1-COMplete, NO QUESTIONNAIRE ERRORS
 2-COMplete, WITH QUESTIONNAIRE ERRORS
 3-NOT COMPLETE

[DAY / MONTH / YEAR]

21. DATE OF THIRD INTERVIEW: / /

22a. TIME THIRD INTERVIEW STARTED :

22b. TIME THIRD INTERVIEW ENDED :

23. INTERVIEW STATUS AFTER THIRD VISIT:

COVER	Section 1 ROSTER	Section 2 EDUCATION	Section 3 LABOR	Section 4 HEALTH	Section 5 ICT	Section 6 REMITTANCES	Section 7 ASSET ACQUISITION	Section 8 HOUSING	Section 9 NON-FARM ENTERPRISE
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Section 10 FOOD EXPENDITURE	Section 11 NON-FOOD EXPENDITURE	Section 12 FOOD SECURITY	Section 13 OTHER HOUSEHOLD	Section 14 SAFETY NETS	Section 15 SHOCKS/ DEATHS	Section 16 CONTACT INFO			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			

24. DATA ENTRY STATUS AFTER THIRD VISIT:

- 1-COMplete, NO QUESTIONNAIRE ERRORS
 2-COMplete, WITH QUESTIONNAIRE ERRORS
 3-NOT COMPLETE

OBSERVATIONS ON THE INTERVIEW

RECORD GENERAL NOTES ABOUT THE INTERVIEW AND RECORD ANY SPECIAL INFORMATION THAT WILL BE HELPFUL FOR SUPERVISORS AND THE ANALYSIS OF THIS QUESTIONNAIRE.

-----THIS SECTION TO BE COMPLETED BY SUPERVISOR-----

1. STATUS OF QUESTIONNAIRE

2. STATUS OF DATA ENTRY

- Response Status
1. Completed
 2. Partially completed
 3. Not at Home
 4. Refused
 5. Household not located
 6. Moved away

3. SPLIT- OFF HOUSEHOLD

- Yes..... 1
 No..... 2

TABLE OF CONTENTS

SECTIONS	PAGE
1 HOUSEHOLD ROSTER	6
2 A: EDUCATION NEW MEMBERS	13
B: EDUCATION- ORIGINAL HOUSEHOLD MEMBERS	18
3 A: LABOR	22
B: LABOR ACTIVITY	28
4 A: HEALTH	30
B: CHILD IMMUNIZATION	37
5 INFORMATION AND COMMUNICATION TECHNOLOGY	40
6 REMITTANCES	44
7 HOUSEHOLD ASSETS SALE AND ACQUISITION	46
8 HOUSING	48
9 NONFARM ENTERPRISE AND INCOME GENERATING ACTIVITIES	51
10 A: MEALS OUTSIDE THE HOME	56
B: FOOD CONSUMPTION AND EXPENDITURE	57
C: AGGREGATE FOOD CONSUMPTION	63
11 NON-FOOD EXPENDITURE	64
12 FOOD SECURITY	66
13 OTHER HOUSEHOLD INCOME	67
14 SAFETY NETS	68
15 A. ECONOMIC SHOCKS	70
B. DEATHS	71
16 CONTACT INFORMATION	72

DEFINITIONS/INSTRUCTIONS

BRIEF DEFINITION OF A HOUSEHOLD:

1. A household is a group of people who have usually slept in the same dwelling and share their meals together. Examples of households are:
 - A household consisting of a man and his wife/wives and children, father/mother, nephew and other relatives.
 - A household consisting of a single person
 - A household consisting of a couple or several couples with or without children.

2. All listed persons that have been away from the household for more than six months are not considered to be household members except:
 - The person identified as the head of household even if he or she has not been with the household for more than 6 months
 - Newly born children (or newly adopted)
 - Students and seasonal workers who have not been living in or as part of another household
 - New spouses

FOR EVERY PERSON WHO WAS INTERVIEWED BEFORE AND IS STILL RESIDENT IN NIGERIA (IN THE SAME VILLAGE OR DIFFERENT STATE) FILL OUT A TI (TRACKING FORM 1) BEFORE CONTINUING WITH THE NEXT PERSON.

SECTION 1: HOUSEHOLD ROSTER

PLEASE OPEN FLAP A

I N D I V I D U A L	6. In what day, month and year was [NAME] born? WRITE "99" FOR MONTHS AND DAYS IF RESPONDENT DOES NOT KNOW. IF THE AGE IS GIVEN THE YEAR IS NOT KNOWN, THE YEAR SHOULD BE ESTIMATED FROM THE AGE IN Q4. CHECK THAT AGE IN QUESTION 4 AND YEAR OF BIRTH IN THIS QUESTION ARE CONSISTENT.			7. What is [NAME]'s marital status? Married (monogamous)..1 Married (polygamous)..2 Informal Union.....3 Divorced.....4 (▶ Q13) Seperated.....5 (▶ Q13) Widowed.....6 (▶ Q13) Never Married.....7 (▶ Q13)	8. INTERVIEWER: IS THIS PERSON A MALE IN A POLYGAMOUS MARRIAGE? YES.1 NO..2 (▶ Q11)	9. How many wives do you currently have?	10. In what year, did you get married to each of your wives respectively? LIST THE YEAR FOR YOUR FIRST WIFE AND THEN THE YEAR OF MARRIAGE FOR UP TO 3 OTHER MOST RECENT WIVES.				11. Does [NAME]'s spouse/ partner live in this household now? [ASK ABOUT FIRST THE WIFE FOR REPSONDENTS WITH MULTIPLE WIVES]. YES.1 NO..2 (▶ Q13)	12. WRITE ID CODE OF CURRENT SPOUSE (OR IN THE CASE OF A POLYGOMOUS MARIAGE, FIRST WIFE AMONG THOSE) WHO LIVE(S) IN THE HOUSEHOLD. COPY SPOUSE ID FROM ROSTER
	DAY	MONTH	YEAR			NUMBER	WIFE 1	WIFE 2	WIFE 3	WIFE 4	ID CODE	

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SECTION 1: HOUSEHOLD ROSTER

I N D I V I D U A L	13.	14.	15.	16.	17.	18.				19.	20.
	INTERVIEWER: WAS THIS PERSON A MEMBER OF THIS HOUSEHOLD IN THE PREVIOUS ROUND OF THE SURVEY (AUG.-OCT. 2010)?	INTERVIEWER: CHECK THE ROSTER, IS THE SEX OF THIS PERSON CORRECT?	What is the correct sex of [NAME]?	INTERVIEWER: ENQUIRE IF THE AGE RECORDED ON FLAP A IS CORRECT?	What is the correct age of [NAME]?	What is the correct day, month and year of [NAME's] date of birth?				Does [NAME] still live in this household?	When did [NAME] join this household?
	YES...1 NO...2 (► Q20)	YES...1 (► Q16) NO...2	MALE.....1 FEMALE...2	YES...1 (► Q19) NO...2						YES...1 (► NEXT PERSON) NO...2 (► Q33)	Before August 2010.....1 August 2010...2 Sept. 2010....3 Oct. 2010....4 Nov. 2010....5 Dec. 2010....6 Jan. 2011....7 Feb. 2011....8 March 2011....9
					AGE	DAY	MONTH	YEAR			CODE
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SECTION 1: HOUSEHOLD ROSTER

I N D I V I D U A L I D	21.	22.	23.	24.	25.	26.
	Why did [NAME] join this household?	What is [NAME]'S main religion?	Does [NAME]'s biological father live in this household?	What is the individual ID of [NAME]'s biological father?	Is [NAME]'s biological father alive?	What was the highest educational level completed by [NAME'S] biological father?
	NEW BORN.....1 ADOPTED CHILD.....2 MARRIAGE /COHABITATION. 3 DIVORCE /SEPERATION.....4 RETURNED FROM COLLEGE/UNIV.....5 RETUREND FROM INSTITUTION.....6 MOVED IN WITH PARENT OR RELATIVE.....7 SHARED ACCOMODATION.....8 RETURN FROM WORK MIGRATION.....9 MISTAKENLY NOT REPORTEDD OR FORGOTTEN LAST VISIT.....10 OTHER,	CHRISTIANITY.1 ISLAM2 TRADITIONAL..3 OTHER (Specify) ...4	YES..1 NO...2 (▶ Q25)	COPY ID FROM ROSTER (▶ Q28)	YES..1 NO...2	None.....00 Lower 6.....27 N1.....01 Upper 6.....28 N2.....02 Teacher P1.....11 training...31 P2.....12 Vocational/ P3.....13 Technical..32 P4.....14 Modern P5.....15 school.....33 P6.....16 NCE.....34 JS1.....21 Poly/prof...41 JS2.....22 1st degree..42 JS3.....23 Higher SS1.....24 degree.....43 SS2.....25 Quaranic....51 SS326 Integrated Quaranic...52 Adult Education..61
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SECTION 1: HOUSEHOLD ROSTER

I N D I V I D U A L I D	27.	28.	29.	30.	31.	32.	
	What was the industry of occupation of [NAME'S] biological father?	Does [NAME]'s biological mother live in this household?	What is the person ID of [NAME]'s biological mother?	Is [NAME]'s biological mother alive?	What was the highest educational level completed by [NAME'S] biological mother?	What was the industry of occupation of [NAME'S] biological mother?	
	AGRICULTURE.....1 MINING.....2 MANUFACTURING.....3 PROFFESIONAL, SCIENTIFIC, TECHNICAL ACTIVITIES.....4 ELECTRICITY.....5 CONSTRUCTION.....6 TRANSPORTATION.....7 BUYING AND SELLING.....8 FINANCIAL SERVICES.....9 PERSONAL SERVICES.....10 EDUCATION.....11 HEALTH.....12 PUBLIC ADMINISTRATION.....13 OTHER, SPECIFY.....14	YES..1 NO...2 (► Q30)	COPY ID FROM ROSTER (► NEXT PERSON)	YES..1 NO...2	None.....00 Lower 6.....27 N1.....01 Upper 6.....28 N2.....02 Teacher P1.....11 training...31 P2.....12 Vocational/ P3.....13 Technical..32 P4.....14 Modern P5.....15 school....33 P6.....16 NCE.....34 JS1.....21 Poly/prof...41 JS2.....22 1st degree..42 JS3.....23 Higher SS1.....24 degree....43 SS2.....25 Quaranic...51 SS3.....26 Integrated Adult Education..61	AGRICULTURE.....1 MINING.....2 MANUFACTURING.....3 PROFFESIONAL, SCIENTIFIC, TECHNICAL ACTIVITIES.....4 ELECTRICITY.....5 CONSTRUCTION.....6 TRANSPORTATION.....7 BUYING AND SELLING.....8 FINANCIAL SERVICES.....9 PERSONAL SERVICES.....10 EDUCATION.....11 HEALTH.....12 PUBLIC ADMINISTRATION.....13 OTHER,	(► NEXT PERSON)
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SECTION 1: HOUSEHOLD ROSTER

INDIVIDUAL	33. Why did [NAME] leave this household?	34. In which month did [NAME] leave this household?	35. Does [NAME] reside in Nigeria or outside Nigeria now?	36. Which LGA and state did [NAME] move to?			
	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 JOIN THEIR FAMILY ALREADY LIVING IN ANOTHER LOCATION.....8 MOVED WITH FAMILY.....9 LEFT TO SET UP OWN HOME.10 DEAD.....11 OTHER, (SPECIFY).....12	Before August 2010.....1 August 2010....2 Sept. 2010....3 Oct. 2010....4 Nov. 010.....5 Dec. 2010.....6 Jan. 2011.....7 Feb. 2011.....8 March 2011.....9	Inside Nigeria...1 Outside of Nigeria...2 (▶Q38)	USE LGA AND STATE CODES FROM ABOVE SUPERVISOR CODE AFTER INTERVIEW (▶ NEXT PERSON)			
				LGA NAME	CODE	STATE NAME	CODE
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SECTION 1: HOUSEHOLD ROSTER

I N D I V I D U A L I D	37.	38.	39.	40.	41.
	What country does [NAME] reside in at present? USE COUNTRY CODES ABOVE	How many months has [NAME] been abroad? MONTHS	What was the most important reason [NAME] migrated abroad? TO WORK, LOOK FOR WORK.....1 TO FIND BETTER OR MORE LAND.....2 HEALTH.....3 TO JOIN FAMILY.....4 TO MARRY.....5 MOVED TO LIVE WITH FAMILY.....6 TO STUDY.....7 FOR SECURITY.....8 OTHER, SPECIFY.....9	Has [NAME] found work or started work? YES.....1 NO.....2 DON'T KNOW...3 } (► Q43)	What is [NAME's] occupation? DESCRIPTION
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SECTION 1: HOUSEHOLD ROSTER

I N D I V I D U A L I D	42.	43.	44.	45.	46.
		<p>What is the main economic activity of the enterprise that [NAME] is working in or of [NAME's] own business?</p> <p>AGRICULTURE.....1 MINING.....2 MANUFACTURING.....3 PROFFESIONAL, SCIENTIFIC, TECHNICAL ACTIVITIES.....4 ELECTRICITY.....5 CONSTRUCTION.....6 TRANSPORTATION.....7 BUYING AND SELLING.....8 FINANCIAL SERVICES.....9 PERSONAL SERVICES.....10 EDUCATION.....11 HEALTH.....12 PUBLIC ADMINISTRATION...13 OTHER, SPECIFY.....14</p>	<p>Who provided information on where to go and/or how to find work during [NAME's] move? (MAIN SOURCE)</p> <p>FAMILY.....1 FRIENDS.....2 NEIGHBORS...3 RADIO OR TV.4 INTERNET...5 EMPLOYERS...6 GOVERMENT...7 SELF.....8 OTHER (SPECIFY)...9</p>	<p>From whom did [NAME] mainly obtain money in order to migrate for this move? (MAIN SOURCE)</p> <p>FAMILY.....1 FRIENDS...2 NEIGHBORS..3 EMPLOYERS..4 GOVERMENT..5 SELF.....6 OTHER (SPECIFY)..7</p>	<p>While travelling or at the final destination did anyone else help [NAME]?</p> <p>YES...1 NO..2 (▶ NEXT PERSON) DON'T KNOW...3 (▶ NEXT PERSON)</p>

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SECTION 2A: EDUCATION (NEW HOUSEHOLD MEMBERS)

FOR ALL HOUSEHOLD MEMBERS 5 YEARS AND ABOVE, PLEASE ASK THE INDIVIDUAL THE FOLLOWING QUESTIONS.

I N D I V I D U A L I D	1.	2.	3.	4.	5.	6.	7.	8.
	IS THIS PERSON FIVE YEARS OLD OR OLDER?	IS THIS PERSON ANSWERING FOR HIMSELF/HERSELF?	WRITE THE ID CODE OF THE RESPONDENT COPY ID FROM ROSTER	INTERVIEWER: IS THIS PERSON A NEW MEMBER OF THE HOUSEHOLD? (SEE QUESTION 5 ON FLAP A)	Can you read and write in any language?	Have you ever attended school?	What was the main reason you never attended school? Too young.....1 Too far away.....2 Too expensive3 Working (home OR job).....4 Lack of Money.....5 Death of Parent(s)...6 Separation. of parents.....7 Does not have interest8 Parents do not think it is important.....9 Illness.....10 Disability.....11 Other (SPECIFY)....12	At what age did you start school?
	YES..1 NO...2 (▶ SECTION 4)	YES..1 (▶ Q4) NO...2		YES..1 NO...2 (▶ SECTION 2B)	YES..1 NO...2	YES..1 (▶ Q8) NO...2	(▶ Q28)	
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SECTION 2A: EDUCATION (NEW HOUSEHOLD MEMBERS)

9.	10.	11.	12.	13.	14.
INDIVIDUAL What is the highest educational level you completed? None.....00 Lower 6.....27 N1.....01 Upper 6.....28 N2.....02 Teacher P1.....11 training....31 P2.....12 Vocational/ P3.....13 Technical...32 P4.....14 Modern P5.....15 school.....33 P6.....16 NCE.....34 JS1.....21 Poly/prof...41 JS2.....22 1st degree..42 JS3.....23 Higher SS1.....24 degree.....43 SS2.....25 Quaranic....51 SS326 Integrated Quaranic....52 Adult	What is your highest qualification attained? None.....1 FSLC.....2 MSIC3 Voc/Comm.....4 JSS5 SSS 'O Level'...6 A level.....7 NCE/OND NURSING..8 BA/BSC/HND.....9 Tech/Prof.....10 Masters.....11 Doctorate.....12 Other (SPECIFY).13	Did you enroll in any school in the 2009-2010 school year? YES..1 NO...2 (► Q13)	What kind of organization ran the school you attended in 2009-2010? Federal Govt.....1 State Govt.....2 Local Govt.....3 Community.....4 Religious Body.....5 Private.....6 NGO.....7 Other (SPECIFY)..8	Are you presently in school (2010-2011) school year? YES..1 (► Q15) NO...2	Why are you not currently in school? Had enough schooling.....1 Awaiting admission.....2 No school/Lack of teachers3 No time/No interest.....4 Lack of Money.....5 Marital Obligation.....6 Sickness.....7 Disability.....8 Separation of Parents.....9 Death of Parents...10 Too old to Attend ..11 Domestic Obligation12 Others (Specify)....13 (► Q24)
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SECTION 2A: EDUCATION (NEW HOUSEHOLD MEMBERS)

I N D I V I D U A L I D	15. In what level and year of school are you enrolled this 2010-2011 school year?	16. What kind of organization runs the school that you are attending?	17. By what means do you go to school?	18. How much time does it take you to get to school? (in minutes)	19. Have you had a scholarship during the 2010-2011 school year?	20. What was the amount of the scholarship you have received in the 2010-2011 school year?	21. How many years does the scholarship cover?	22. From which organisation, did you receive the scholarship?
	None.....00 Lower 6...27 N1.....01 Upper 6...28 N2.....02 Teacher P1.....11 Training...31 P2.....12 Vocational/ P3.....13 Technical...32 P4.....14 Modern P5.....15 school....33 P6.....16 NCE.....34 JS1.....21 Poly/prof..41 JS2.....22 1st degree.42 JS3.....23 Higher SS1.....24 degree....43 SS2.....25 Quaranic...51 SS326 Integrated Adult Quaranic...52	Federal Govt.1 State Govt...2 Local Govt...3 Community...4 Religious Body.....5 Private.....6 NGO.....7 Other (SPECIFY)8	Foot1 Bicycle2 Motorcycle...3 Private Car.....4 Taxi.....5 Bus.....6 Camel/Donkey..7 Others (Specify)8	0 -15.....1 16-30.....2 31- 45.....3 46-60.....4 61 90.....5 91-120....6 120 +.....7	YES..1 NO...2 (► Q23)			Federal Govt.1 State Govt...2 Local Govt...3 Community...4 Religious Body.....5 Private.....6 NGO.....7 Other (SPECIFY)8
	LEVEL			CODE		NAIRA	YEARS	

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SECTION 2A: EDUCATION (NEW HOUSEHOLD MEMBERS)

I N D I V I D U A L I D	23.									
	How much was spent on your education since the beginning of the 2010-2011 school year by members of your household?									
	<div style="border: 1px solid black; width: 80%; margin: 0 auto; padding: 10px;"> IF THERE WAS NO EXPENDITURE, WRITE '0' </div>									
	RECORD TOTAL EXPENDITURE IN COLUMN I ONLY IF RESPONDENT CANNOT DIVIDE SCHOOL EXPENSES INTO PREVIOUS CATEGORIES									
	A. School fees and registration	B. Contributions to school repairs, Parents-Teachers Association	C. Uniforms and sports clothes	D. Books and school supplies	E. Transport- ation to and from school	F. Food, board and lodging at school	G. Extra-tuition (extra classes)	H. Other expenses cash and in kind that can't be categorized	I. Aggregate Expenditure	
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SECTION 2A: EDUCATION (NEW HOUSEHOLD MEMBERS)

I N D I V I D U A L I D	24.	25.	26.	27.	28.
	<p>Did you ever repeat any class in primary or secondary school?</p> <p>YES, PRIMARY ONLY.....1 YES, SECONDARY ONLY..2 YES, BOTH.....3 NONE.....4 (► Q28)</p>	<p>What was the last class you repeated ?</p> <p>P1.....11 P2.....12 P3.....13 P4.....14 P5.....15 P6.....16 JS1.....21 JS2.....22 JS3.....23 SS1.....24 SS2.....25 SS326 Lower 6...27 Upper 6...28</p>	<p>What was your main reason for repeating the grade specified in Q24?</p> <p>Failed exams.....1 Pregnancy.....2 Illness.....3 Disability.....4 Work commitment.....5 No money for books.....6 Lack of fees.....7 Illness or injury of other hh member.....8 Other (SPECIFY).....9</p>	<p>How many times have you repeated the class specified in Q24?</p>	<p>Do you plan to attend school in the next school year?</p> <p>YES..1 NO...2</p> <p>(► SECTION 3A)</p>

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SECTION 2B: EDUCATION (ORIGINAL HOUSEHOLD MEMBERS)

FOR ALL HOUSEHOLD MEMBERS 5 YEARS AND ABOVE, PLEASE ASK THE INDIVIDUAL THE FOLLOWING QUESTIONS.

1.	2.	3.	4.	5.
<p>Are you presently in school (2010-2011) school year?</p> <p>YES..1 (▶ Q3) NO...2</p>	<p>Why are you not currently in school?</p> <p>Had enough schooling.....1 Awaiting admission.....2 No school/Lack of teachers3 No time/No interest.....4 Lack of Money.....5 Marital Obligation6 Sickness.....7 Disability.....8 Separation of Parents.....9 Death of Parents.....10 Too old to Attend11 Domestic Obligation12 Others (Specify).....13</p> <p>(▶ Q15)</p>	<p>In what level and year of school are you enrolled this 2010-2011 school year?</p> <p>None....00 Lower 6.....27 N1.....01 Upper 6.....28 N2.....02 Teacher training....31 P1.....11 Vocational/Technical.32 P2.....12 Modern school.....33 P3.....13 NCE.....34 P4.....14 Poly/prof.....41 P5.....15 1st degree.....42 P6.....16 Higher degree.....43 JS1.....21 Quaranic.....51 JS2.....22 Integrated quaranic..52 JS3.....23 Adult education.....61 SS1.....24 SS2.....25 SS326</p>	<p>Is this the same school you attended during the 2009-2010 school year?</p> <p>YES..1 (▶ Q9) NO...2</p>	<p>Why did you change schools?</p> <p>NEXT LEVEL.....1 CLOSER TO HOME..2 MORE OR BETTER TEACHERS.....3 BETTER FACILITIES.....4 OVERALL BETTER QUALITY.....5 CHEAPER.....6 SAFER.....7 OTHER (SPECIFY) ..8</p>

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SECTION 2B: EDUCATION (ORIGINAL HOUSEHOLD MEMBERS)

6.	7.	8.	9.	10.	11.	12.	13.
What kind of organization runs the school that you are attending? Federal Govt....1 State Govt.....2 Local Govt.....3 Community.....4 Religious Body..5 Private.....6 NGO.....7 Other (SPECIFY)..8	By what means do you go to school? Foot1 Bicycle2 Motorcycle.....3 Private Car....4 Taxi.....5 Bus.....6 Camel/Donkey...7 Others (Specify).....8	How much time does it take you to get to school? (in minutes) 0 - 151 16 - 30.....2 31 - 45.....3 46 - 60.....4 61 - 90.....5 91 - 120.....6 120 +.....7	Have you had a scholarship during the 2010-2011 school year? YES..1 NO...2 (► Q14)	What was the amount of the scholarship you have received in the 2010-2011 school year? NAIRA	How many years does the scholarship cover? YEARS	From which organisation, did you receive the scholarship? Federal Govt.....1 State Govt.....2 local Govt.....3 Community.....4 Religious Body.....5 Private.....6 NGO.....7 Other (SPECIFY).....8	Is this the same scholarship you had last school year (2009-2010)? YES, SAME...1 NO, DIFFERENT...2 NO SCHOLARSHIP LAST YEAR.....3
		CODE		NAIRA	YEARS		

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SECTION 2B: EDUCATION (ORIGINAL HOUSEHOLD MEMBERS)

<p>14.</p> <p>How much was spent on your education since the beginning of the 2010-2011 school year by members of your household?</p> <div style="border: 1px solid black; width: 50%; margin: 10px auto; padding: 5px;"> <p>IF THERE WAS NO EXPENDITURE, WRITE '0'</p> </div> <p style="text-align: center; margin-top: 20px;">RECORD TOTAL EXPENDITURE IN COLUMN I ONLY IF RESPONDENT CANNOT DIVIDE SCHOOL EXPENSES INTO PREVIOUS CATEGORIES</p>								
A. School fees and registration	B. Contributions to school repairs, Parents-Teachers Association	C. Uniforms and sports clothes	D. Books and school supplies	E. Transportation to and from school	F. Food, board and lodging at school	G. Extra-tuition (extra classes)	H. Other expenses cash and in kind that can't be categorized	I. Aggregate Expenditure
NAIRA	NAIRA	NAIRA	NAIRA	NAIRA	NAIRA	NAIRA	NAIRA	NAIRA
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SECTION 3A: LABOUR

ASK THESE QUESTIONS FROM ALL INDIVIDUALS 5 YEARS AND ABOVE.

	1.	2.	3.	4.	5.	6.	7.
INDIVIDUAL	During the past 7 days, have you worked for someone who is not a member of your household, for example, an enterprise, company, the government or any other individual?	During the past 7 days, have you worked on a farm owned or rented by a member of your household, either in cultivating crops or in other farming tasks, or have you cared for livestock belonging to yourself or a member of your household?	During the past 7 days, have you worked <i>on your own account or in a business enterprise</i> belonging to you or someone in your household, for example, as a trader, shop-keeper, barber, dressmaker, carpenter or taxi driver?	INTERVIEWER: IS THERE A "YES" RESPONSE IN QUESTIONS 1, 2 OR 3?	Have you taken any steps within the past 7 days to look for work?	What is the main reason you did not look for a job in the past 7 days? MOST IMPORTANT REASON STUDENT.....1 HOUSEWIFE/CHILDCARE...2 TOO OLD/RETIRED.....3 SICKNESS/ILLNESS.....4 DISABILITY.....5 WAITING FOR REPLY FROM EMPLOYER.....6 WAITING FOR RECALL BY EMPLOYER.....7 ON LEAVE.....8 WAITING FOR BUSY SEASON.....9 OTHER (SPECIFY)10 _____10 (▶ Q9)	Were you available for work during the last 7 days?
	YES..1 NO...2	YES..1 NO...2	YES..1 NO...2	YES..1 (▶ Q10) NO...2	YES..1 (▶ Q7) NO...2		YES..1 (▶ Q9) NO...2

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SECTION 3A: LABOUR

		MAIN /PRIMARY EMPLOYMENT							
I N D I V I D U A L I D	8.	9.		10.	11.				
	Why were you not available for work during the last 7 days? IN SCHOOL1 BUSY WITH HOUSEHOLD DUTIES2 TOO YOUNG TO WORK.....3 TOO OLD TO WORK.....4 TOO SICK TO WORK.....5 DISABLED.....6 OTHER (SPECIFY)7 _____ .7	When was the last time you did work for pay, profit or gain (if any)? IF NEVER, LEAVE BLANK (▶ Q33) IF YOU HAVE NOT WORKED IN THE LAST 12 MONTHS (▶ Q33)		What was your primary activity in your main job? (MAIN OCCUPATION IN THE LAST 7 DAYS)	In what sector is this main activity? AGRICULTURE.....1 MINING.....2 MANUFACTURING.....3 PROFESSIONAL/SCIENTIFIC/TECHNICAL ACTIVITIES.....4 ELECTRICITY/WATER/GAS/WASTE.....5 CONSTRUCTION.....6 TRANSPORTATION.....7 BUYING AND SELLING...8 FINANCIAL/INSURANCE/ REAL EST. SERVICES.....9 PERSONAL SERVICES..10 EDUCATION.....11 HEALTH.....12 PUBLIC ADMINISTRATION....13 OTHER, SPECIFY14 _____ .14				
						MONTH	YEAR	WRITTEN DESCRIPTION	OCCUP. CODE TO BE CODED AFTER THE INTERVIEW
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SECTION 3A: LABOUR

INDIVIDUAL	12.	13.	14.	15.	16.	17.	18.	
	Who is the employer in this job?	During the last 12 months how many months did you work in this employment?	During these months, how many weeks in total did you work in this employment?	During the last seven days, how many hours did you work in this job?	Have you received wages, salary or other payments either in cash or in other forms from this employment for this work? YES...1 (▶ Q18) NO....2	What is the main reason you received no payment for this work? JUST STARTED WORK, WAITING FOR FIRST PAYMENT.....1 UNPAID FAMILY WORKER.....2 APPRENTICESHIP OR UNPAID TRAINEESHIP.....3 PAYING OFF DEBT...4 PAYMENT UPON COMPLETION OF WORK.....5 OWED BY EMPLOYER...6 OTHER (SPECIFY)7	How much was your last payment? IF RESPONDENT HAS NOT YET BEEN PAID, ASK: What payment do you expect? What period of time did this payment cover?	
		MONTHS	WEEKS	HOURS			NAIRA	TIME UNIT
1	FEDERAL GOV.....1 STATE GOV.....2 LOCAL GOV.....3 PRIVATE SECTOR (INCLUDE PAID APPRENTICES).....4 NGO.....5 CO-OPERATIVES.....6 INTERNATIONAL ORGANIZATION /DIPLOMATIC MISSION.....7 RELIGIOUS ORGANIZATION..8 SELF-EMPLOYED.....9 OTHER (SPECIFY)10							
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SECTION 3A: LABOUR

SECOND JOB

INDIVIDUAL	19.	20.	21.	22.	23.
	Do you receive any payment in-kind or allowance for this work in any other form? [APART FROM SALARY]	What is the value of those payments? Over what time interval? TIME UNIT CODE HOUR.....1 DAY.....2 WEEK.....3 FORTNIGHT.....4 MONTH.....5 QUARTER.....6 HALF YEAR.....7 YEAR.....8	Were you engaged in a second job?	What was your main activity in your second job? (SECONDARY OCCUPATION IN THE LAST 7 DAYS)	In what sector is this main activity? AGRICULTURE.....1 MINING.....2 MANUFACTURING.....3 PROFESSIONAL/ SCIENTIFIC/TECHNICAL ACTIVITIES.....4 ELECTRICITY/WATER/ GAS/WASTE.....5 CONSTRUCTION.....6 TRANSPORTATION.....7 BUYING AND SELLING.....8 FINANCIAL/INSURANCE/ REAL EST. SERVICES.....9 PERSONAL SERVICES.....10 EDUCATION.....11 HEALTH.....12 PUBLIC ADMINISTRATION.....13 OTHER, SPECIFY.....14
	YES...1 NO....2 (► Q21)		YES..1 NO...2 (► Q33)		
	NAIRA	TIME UNIT		WRITTEN DESCRIPTION	OCCUP. CODE TO BE CODED AFTER THE INTERVIEW

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SECTION 3A: LABOUR

I N D I V I D U A L I D	24.	25.	26.	27.	28.	29.	30.	
	Who is the employer in this job? FEDERAL GOV.....1 STATE GOV.....2 LOCAL GOVT.....3 PARASTATAL.....4 PRIVATE SECTOR (INCLUDE PAID APPRENTICE).....5 NGO.....6 CO-OPERATIVES.....7 INTERNATIONAL ORGANIZATION /DIPLOMATIC MISSION.....8 RELIGIOUS9 SELF-EMPLOYED.....10 OTHER (SPECIFY).....11	During the last 12 months how many months did you work in this employment?	During these months how many weeks did you work in this employment?	During the last seven days, how many hours did you work in this job?	Do you receive wages, salary or other payments either in cash or in other forms from this employer for this work? YES...1 (▶ Q30) NO....2	What is the main reason you received no payment for this work? JUST STARTED WORK, WAITING FOR FIRST PAYMENT.....1 UNPAID FAMILY WORKER.....2 APPRENTICESHIP OR UNPAID TRAINEESHIP.....3 PAYING OFF DEBT.....4 PAYMENT UPON COMPLETION OF WORK.....5 OWED BY EMPLOYER....6 OTHER (SPECIFY)7	How much was your last payment? IF RESPONDENT HAS NOT YET BEEN PAID, ASK: What payment do you expect? What period of time did this payment cover? TIME UNIT CODE HOUR.....1 DAY.....2 WEEK.....3 FORTNIGHT..4 MONTH.....5 QUARTER....6 HALF YEAR..7 YEAR.....8	NAIRA
		MONTHS	WEEKS	HOURS				
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SECTION 3A: LABOUR

I N D I V I D U A L I D	31.	32.		33.	34.	32.	35.	36.	37.
	Do you receive any payment in-kind or allowance for this work in any other form? [APART FROM SALARY]	What is the amount of those payments? Over what time interval?		INTERVIEWER: CHECK Q15 AND Q27. DOES RESPONDENT WORK LESS THAN 40 HOURS?	Will you work extra hours if given? Yes, voluntarily....1 Yes, involuntarily..2 No.....3	Do you contribute to the National Health Insurance Scheme (NHIS)?	Are you engaged in any voluntary/social work?	In what area of voluntary/social work are you engaged? ARTS AND RECREATION.....1 EDUCATION AND RESEARCH.....2 HEALTH.....3 SOCIAL SERVICES.....4 ENVIRONMENT...5 DEVELOPMENT AND HOUSING.....6 CIVIL ADVOCACY.7 PHILANTHROPY...8 RELIGION.....9 INTERNATIONAL.10 BUSINESS/ PROFESSIONAL..11 OTHER (SPECIFY).....12	In the past seven days, how many hours did you work in voluntary/social work?
	YES...1 NO....2 (► Q33)	TIME UNIT CODE HOUR.....1 DAY.....2 WEEK.....3 FORTNIGHT..4 MONTH.....5 QUARTER....6 HALF YEAR..7 YEAR.....8							
	NAIRA	TIME UNIT							HOURS

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SECTION 3A: LABOUR

OTHER ACTIVITIES				
I N D I V I D U A L I D	38. How many hours did you spend <u>yesterday</u> collecting/chopping firewood (or other fuel materials) in total?		39. How many hours did you spend <u>yesterday</u> collecting/ fetching water in total including waiting time?	
	(▶ SECTION 3B)			
	HOURS	MINUTES	HOURS	MINUTES

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SECTION 3B: LABOUR ACTIVITY

For each person in the household 5 years old or above, please ask the following question.

INDIVIDUAL	1																																							
	Many people work many different jobs in a six month period, either at the same time (a day and a night job, or a week-day job that is different from a week-end job) or one after the other (farming during planting and harvesting, but then processing crops to make other foods or working for someone else in the off-season). Please think back over the past 6 months (from October of last year until the present month). For each month, please tell me the three primary labor market activities that you were engaged in.																																							
	<p style="text-align: center;">ACTIVITY CODES</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">AGRICULTURE.....1</td> <td style="width: 50%;">FINANCIAL/INSURANCE/ REAL</td> </tr> <tr> <td>MINING.....2</td> <td>EST. SERVICES.....9</td> </tr> <tr> <td>MANUFACTURING.....3</td> <td>PERSONAL SERVICES..10</td> </tr> <tr> <td>PROFESSIONAL/</td> <td>EDUCATION.....11</td> </tr> <tr> <td>SCIENTIFIC/TECHNICAL</td> <td>HEALTH.....12</td> </tr> <tr> <td>ACTIVITIES.....4</td> <td>PUBLIC</td> </tr> <tr> <td>ELECTRICITY/WATER/</td> <td>ADMINISTRATION.....13</td> </tr> <tr> <td> GAS/WASTE.....5</td> <td>NONE.....14</td> </tr> <tr> <td>CONSTRUCTION.....6</td> <td>SEARCHING FOR WORK.15</td> </tr> <tr> <td>TRANSPORTATION.....7</td> <td>OTHER, SPECIFY.....16</td> </tr> <tr> <td>BUYING AND SELLING...8</td> <td></td> </tr> </table>																		AGRICULTURE.....1	FINANCIAL/INSURANCE/ REAL	MINING.....2	EST. SERVICES.....9	MANUFACTURING.....3	PERSONAL SERVICES..10	PROFESSIONAL/	EDUCATION.....11	SCIENTIFIC/TECHNICAL	HEALTH.....12	ACTIVITIES.....4	PUBLIC	ELECTRICITY/WATER/	ADMINISTRATION.....13	GAS/WASTE.....5	NONE.....14	CONSTRUCTION.....6	SEARCHING FOR WORK.15	TRANSPORTATION.....7	OTHER, SPECIFY.....16	BUYING AND SELLING...8	
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BUYING AND SELLING...8																																								
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SECTION 4A: HEALTH

I N D I V I D U A L I D	10.	11.		12.		13.	14.	15.	16.	17.	18.	19.	20.									
	How much did you pay for the first trip (to and from) for consultation (transport costs only)?	How long did it take to travel to your first consultation?	HRS	MIN	How long did you have to wait to be attended for this first consultation?	HRS	MIN	In the past 4 weeks, did you spend any money for drugs or medicines over the counter or kiosks?	How much did you pay for the drugs over the counter or kiosks?	NAIRA	During the past 12 months, were you admitted to a hospital or health facility?	INCLUDE TRADITIONAL HEALING CENTRES	During the last 12 months how many nights did you stay in hospital or health facility?	INCLUDE TRADITIONAL HEALING CENTRES	How much did you pay for staying in a hospital or health facility?	NAIRA	During the last 12 months did you buy any medicine or medical supplies?	YES.....1 NO.....2 (► Q22)	How much did you pay altogether for these medicines and medical supplies in the last 12 months?	NAIRA	Who paid for most of your health expenses including consultations or hospital stays (if any)?	
	NAIRA							YES..1 NO...2 (► Q15)		NAIRA			NIGHTS		NAIRA						NAIRA	SELF.....1 SPOUSE.....2 PARENT.....3 OTHER RELATIVE.....4 EMPLOYER.....5 GOVERNMENT.....6 NGO.....7 OTHER ORGANIZATION..8 PRIVATE HEALTH INSURANCE.....9 NO EXPENSES...10 (►Q22) OTHER, SPECIFY.....11

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SECTION 4A: HEALTH

ACTIVITIES AND FUNCTIONING											
21.	22A.	22B.	22C.	22D.	22E.	23.	24.	25.	26.	27.	
I N D I V I D U A L I D	Apart from what was paid by others, how much did you pay out of your own pocket for medical services not including any medicines or medical supplies or over the counter drugs?	Can you do vigorous activities like running, lifting heavy objects, participating in sports or doing hard labour?	Can you walk uphill?	Can you do activities such as bending over or stooping?	Can you walk over 100 meters?	Can you walk more than one kilometer?	Do you have difficulty seeing, even if you are wearing glasses?	How old were you when the difficulty seeing began? IF FROM BIRTH PUT 0	Do you have difficulty hearing, even if you are wearing a hearing aid? No, no Difficulty....1 (▶ Q27) Yes, some.....2 Yes, a lot.....3 Cannot hear....4	How old were you when the difficulty hearing began? IF FROM BIRTH PUT 0	Do you have difficulty walking or climbing steps? No, no difficulty...1 (▶ Q29) Yes, some.....2 Yes, a lot...3 Cannot do....4
	YES..1 NO..2	YES..1 NO..2	YES..1 NO..2	YES..1 NO..2	YES..1 NO..2	YES..1 NO..2	No, no difficulty...1 (▶ Q25) Yes, some....2 Yes, a lot...3 Cannot see...4	AGE	AGE	AGE	
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SECTION 4A: HEALTH

I N D I V I D U A L I D	28.	29.	30.	31.	32.	33.	34.	35.		
	How old were you when the difficulty in walking or climbing stairs began? IF FROM BIRTH PUT 0	Do you have difficulty remembering or concentrating? No, no difficulty...1 (▶ Q31) Yes, some.....2 Yes, a lot.....3 Cannot do....4	How old were you when the difficulty in remembering or concentrating began? IF FROM BIRTH PUT 0	Do you have difficulty with self care (such as washing all over or dressing, feeding, toileting etc.)? No, no difficulty...1 (▶ Q33) Yes, some....2 Yes, a lot...3 Cannot do....4	How old were you when the difficulty began? IF FROM BIRTH PUT 0	Using your usual [LANGUAGE], do you have difficulty communicating; for example understanding or being understood? No, no difficulty...1 (▶ Q35) Yes, some.....2 Yes, a lot....3 Cannot do....4	How old were you when the difficulty in communicating began? IF FROM BIRTH PUT 0	INTERVIEWER: CHECK COLUMNS 23, 25, 27, 29, 31 AND 33: IF RESPONDENT HAS NO DIFFICULTIES (▶ Q37) IF RESPONDENT HAS SOME DIFFICULTIES: Does this difficulty reduce the amount of work you can do at home, at work or at school? ALL THE TIME.....1 SOMETIMES.....2 NOT AT ALL.....3 NOT ATTENDING SCHOOL OR WORKING.....4		
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SECTION 4A: HEALTH

I N D I V I D U A L I D	TREATED BEDNET			ALL PERSONS 12 YRS AND OLDER			
	36.	37.	38.	39.	40.	41.	42.
	During the past 12 months, what measures were taken to improve your performance of activities?	Did you sleep under a bednet yesterday?	How did the household obtain this bednet?	How much did the household pay for the bednet?	Do you currently use family planning?	What type of family planning do you currently use?	IS THIS PERSON A WOMAN AGED 12-49?
	NONE.....1 SURGICAL OPERATION.....2 MEDICATION.....3 ASSISTIVE DEVICES OBTAINED (GLASSES, WHEELCHAIR, BRACES, ETC).....4 SPECIAL EDUCATION.....5 SKILLS TRAINING (VOCATIONAL).....6 ACTIVITY OF DAILY LIVING TRAINING.....7 SPIRITUAL, TRAD. HEALER.....8 OTHER (SPECIFY).....9	YES UNTREATED NET.....1 YES TREATED NET<6MONTHS.2 YES TREATED NET>6MONTHS.3 NO.....4 (▶ Q40)	FREE GIFT...1 (▶ Q40) PURCHASED...2 PURCHASED W/ VOUCHER.3		YES..1 NO...2 (▶ Q42)	PILL.....1 CONDOM.....2 INJECTION.....3 IUD.....4 FEMALE STERILIZATION..5 MALE STERILIZATION..6 DOUCHE.....7 NOROLANT.....8 FOAMING TAB...9 DIAPHRAM.....10 FOAM JELLY...11 TRADITIONAL METHODS.....12 ABSTINENCE...13 WITHDRAWL....14 RHYTHM.....15 OTHERS (SPECIFY).....16	YES..1 NO...2(▶ Q51)
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SECTION 4A: HEALTH

FOR WOMEN AGED 12-49 YEARS

I N D I V I D U A L I D	43. Have you ever been pregnant?	44. How many male and female children do you have living in other households?		45. How many male and female children did you have that have died?		46. Are you currently pregnant?	47. Have you registered with the clinic?	48. How many times do you go to the clinic in a month?
	YES..1 NO...2 (▶ NEXT PERSON)					YES..1 NO...2 (▶ NEXT PERSON)	YES..1 NO...2 (▶ NEXT PERSON)	
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SECTION 4A: HEALTH

ANTHROPOMETRY SECTION

I N D I V I D U A L I D	49.	50.	51.	52.	53.	54.
	Have you received an anti-tetanus injection?	In the past 12 months, did you give birth to a child, even if born dead?	IS THIS PERSON A CHILD AGED 0-59 MONTHS	WEIGHT KILOGRAMS (KG) UP TO TWO DECIMAL PLACES	LENGTH OR HEIGHT CHILD UNDER 2 YRS OLD MEASURE LENGTH (LYING DOWN) CHILD AGE 2 OR MORE YRS MEASURE HEIGHT (STANDING)	Result of Measurement MEASURED.....1 NOT PRESENT.....2 SICK OR INJURED.....3 REFUSED.....4 OTHER SPECIFY.....5
	YES..1 NO...2 (▶ NEXT PERSON)	YES..1 NO...2 (▶ NEXT PERSON)	YES..1 NO...2 (▶ NEXT PERSON)			

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SECTION 4B: CHILD IMMUNIZATION

PLEASE HAVE THE MOTHER'S OR PRIMARY CARETAKERS OF EACH CHILD ONE YEAR OLD OR LESS RESPOND TO THE FOLLOWING QUESTIONS.

I N D I V I D U A L I D	1.	2.	3.	4.	5.	6.	7.	8.	9.	10.
		INTERVIEWER: IS THIS PERSON 1 YEAR OLD OR LESS TODAY? YES..1 NO...2 (► NEXT PERSON)	INTERVIEWER: WHAT IS THE MOTHER'S ID IF SHE LIVES IN THE HOUSEHOLD? WRITE 99 IF MOTHER DOES NOT LIVE IN THE HOUSEHOLD ID CODE	Did [NAME'S] mother regularly attend health clinic when she was pregnant with [NAME]? YES..1 NO...2	Where was [NAME] delivered? HOSPITAL/ MATERNITY....1 CLINIC.....2 AT HOME.....3 OTHER, SPECIFY.....4	Who assisted at the delivery of [NAME]? DOCTOR.....1 TRAINED NURSE/ MIDWIFE.....2 AUXILLARY MIDWIFE.....3 TRAINED TRADITIONAL MIDWIFE.....4 TRADITIONAL BIRTH ATTENDANT.....5 NO TRAINED BIRTH ATTENDANT.....6	What was the child's birthweight in kilograms? WRITE 99 IF RESPONDENT DOES NOT KNOW KILOGRAMS	Do you have an immunization card for [NAME]? YES..1 NO...2	Was [NAME] immunized against measles? YES..1 NO...2	Was [NAME] immunized against BCG? YES..1 NO...2

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SECTION 4B: CHILD IMMUNIZATION

I N D I V I D U A L I D	11.	12.	13.	14.	15.	16.	17.	18.	19.	20.	21.
		Was [NAME] immunized against DPT 2?	Was [NAME] immunized against DPT 3?	Was [NAME] immunized against OPV 0?	Was [NAME] immunized against OPV 1?	Was [NAME] immunized against OPV 2?	Was [NAME] immunized against OPV 3?	Was [NAME] immunized against yellow fever?	Was [NAME] immunized against MMR?	Was [NAME] given vitamin A supplementation?	Is [NAME] currently being breastfed?
	YES..1 NO...2	YES..1 NO...2	YES..1 NO...2	YES..1 NO...2	YES..1 NO...2	YES..1 NO...2	YES..1 NO...2	YES..1 NO...2	YES..1 NO...2	YES..1 (► Q22) NO...2	YES..1 NO...2 (► Q 25)

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SECTION 4B: CHILD IMMUNIZATION

I N D I V I D U A L I D	22.	23.	24.	25.	26.	27.	28.
	Did [NAME] ever receive first milk/colostrum (yellow breast milk)?	Why did [NAME] not receive first milk? BAD MILK.....1 MOTHER ILL/WEAK.....2 CHILD ILL/WEAK.....3 MOTHER DIED.....4 NIPPLE/BREAST PROBLEM.....5 CHILD REFUSED.....6 DIDN'T PRODUCE MILK.....7 OTHER (SPECIFY).....8	Since the time of birth, how many months was [NAME] exclusively breastfed (without water, herbal tea, or any other liquid except vitamin A, medicine, or ORS)? IF RESPONSE IS 6 MONTHS OR MORE, ► Q 26.	Why were you not able to exclusively breastfeed [NAME] for 6 months? NATURE OF WORK...1 SHORTAGE OF BREAST MILK.....2 MOTHER'S HEALTH..3 CHILD'S REFUSAL..4 TRADITION.....5 AGE LESS THAN 6 MONTHS.....6 OTHER (SPECIFY)..7	Since this time yesterday, did [NAME] receive any of the following? VITAMIN, MINERAL SUPPLEMENTS OR MEDECINE.....1 PLAIN WATER.....2 SWEETENED, FLAVORED WATER OR FRUITE JUICE OR TEA OR INFUSION.....3 ORAL REHYDRATION SOLUTION (ORS).....4 TINNED POWDERED OR FRESH MILK OR INFANT FORMULA.....5 ANY OTHER LIQUIDS (SPECIFY).....6 SOLID OR SEMI-SOLID (MUSHY) FOOD.....7 RECEIVED ONLY BREAST MILK	At what age in months, did [NAME] begin eating complementary food?	Since this time yesterday, has name been given anything to drink from a bottle with a nipple or teat?
	YES..1 (► Q 24) NO...2		MONTHS		LIST ALL THAT APPLY	MONTHS	YES..1 NO...2

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SECTION 5: INFORMATION AND COMMUNICATION TECHNOLOGY

RESPONDENTS 10 AND OLDER SHOULD RESPOND IN THIS SECTION

I N D I V I D U A L I D	1.	2.	3.	4.	5.			6.	7.	8.
	Do you have access to a radio?	What is your main source of access to a radio? IF OPTIONS 2 - 6 SKIP TO Q4 OWNED.....1 FAMILY MEMBER/FRIEND/NEIGHBOR.....2 UMBRELLA CENTRE.....3 WORKPLACE.....4 BUSINESS CENTRE.....5 OTHER	How many radios do you own?	Do you have access to a television?	What are your favourite TV stations in order of preference ? <u>TV STATION CODES</u> DBN.....1 CHANNELS.....2 MINAJ.....3 NTA.....4 AIT.....5 MITV.....6 SILVER BIRD.....7 GALAXY.....8 STATE TV.....9 FOREIGN/CABLE....10			What is your main source of access to a television? IF OPTIONS 2 - 6 SKIP TO Q8 OWNED.....1 FAMILY MEMBER/FRIEND/NEIGHBOR.....2 UMBRELLA CENTRE.....3 WORKPLACE.....4 BUSINESS CENTRE.....5 OTHER (SPECIFY).....6	How many televisions do you own?	Do you have access to a mobile phone?
	YES..1 NO...2 (▶ Q4)			YES..1 NO...2 (▶ Q8)	1st	2nd	3rd		NUMBER	YES..1 NO...2 (▶ Q11)
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SECTION 5: INFORMATION AND COMMUNICATION TECHNOLOGY

I N D I V I D U A L I D	9. What is your main source of access to a mobile phone? IF OPTIONS 2 - 6 SKIP TO Q11	10. How many mobile phones do you own?	11. Do you have access to a personal computer?	12. What is your main source of access to a personal computer? IF OPTIONS 2 - 6 SKIP TO Q14	13. How many personal computers do you own?	14. Do you have access to the internet?	15. What is your main source of access to the internet? IF OPTIONS 2 - 6 SKIP TO Q17	16. How many internet subscriptions do you have?	17. Do you use the internet at home?
	OWNED.....1 FAMILY MEMBER/FRIEND/ NEIGHBOR.....2 UMBRELLA CENTRE.....3 WORKPLACE.....4 BUSINESS CENTRE.....5 OTHER (SPECIFY).....6		YES..1 NO...2 (► Q14)	OWNED.....1 FAMILY MEMBER/FRIEND/ NEIGHBOR.....2 UMBRELLA CENTRE.....3 WORKPLACE.....4 BUSINESS CENTRE.....5 OTHER (SPECIFY).....6		YES...1 NO...2 (► NEXT PERSON)	SUBSCRIPTION.....1 FAMILY MEMBER/FRIEND/ NEIGHBOR.....2 UMBRELLA CENTRE.....3 WORKPLACE.....4 BUSINESS CENTRE.....5 OTHER		YES..1 NO...2
	NUMBER				NUMBER			NUMBER	

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SECTION 5: INFORMATION AND COMMUNICATION TECHNOLOGY

I N D I V I D U A L I D	18.	19.	20.	21.	22.	23.	24.	25.	26.	27.
	YES..1 NO...2	Do you use the internet at a friend/neighbor's house?	Do you use the internet at your workplace?	Do you use the internet at a school?	Do you use the internet at a business centre?	Do you use the internet at a community facility centre?	Do you use the internet at another location?	What is the other location where you use the internet?	During the last 12 months, how often did you use the internet from any location? AT LEAST ONCE A DAY...1 AT LEAST ONCE A WEEK..2 LESS THAN ONCE A WEEK..3	During the last 12 months, did you use the internet to get information about goods and services?
	YES..1 NO...2	YES..1 NO...2	YES..1 NO...2	YES..1 NO...2	YES..1 NO...2	YES..1 NO...2 (► Q25)	DESCRIPTION		YES..1 NO...2	YES..1 NO...2

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SECTION 5: INFORMATION AND COMMUNICATION TECHNOLOGY

I N D I V I D U A L I D	28.	29.	30.	31.	32.	33.	34.	35.	36.	37.	38.
		During the last 12 months, did you use the internet to get information related to health or health services?	During the last 12 months, did you use the internet to send/receive email?	During the last 12 months, did you use the internet to post information or instant message?	During the last 12 months, did you use the internet to telephone over the internet/VOIP?	During the last 12 months, did you use the internet to purchase/ordering goods/services?	During the last 12 months, did you use the internet to do internet banking?	During the last 12 months, did you use the internet for education or learning activities?	During the last 12 months, did you use the internet to play or download a video/computer game?	During the last 12 months, did you use the internet to download movies, images, or music?	During the last 12 months, did you use the internet to download software?
	YES..1 NO...2	YES..1 NO...2	YES..1 NO...2	YES..1 NO...2	YES..1 NO...2	YES..1 NO...2	YES..1 NO...2	YES..1 NO...2	YES..1 NO...2	YES..1 NO...2	YES..1 NO...2

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SECTION 6: REMITTANCES

RESPONDENTS 10 AND OLDER SHOULD RESPOND IN THIS SECTION

I N D I V I D U A L I D	1.	2.	3.	4.	5.	6.	7.	8.
	Did you receive a monetary gift or an in-kind gift from abroad in the past year?	Did you receive a monetary gift from abroad in the past year?	What was the amount of cash you received in Naira?	What was the amount of cash you received in a foreign currency?	What was the unit of foreign currency?	Did you receive a gift in kind from abroad in the past year?	What was the in-kind gift that you received from abroad in the past year?	What is the estimated value of the in-kind gift you received in Naira?
	YES..1 NO...2 (► NEXT PERSON)	YES..1 NO...2 (► Q6)	NAIRA	AMOUNT	US DOLLAR...1 EURO.....2 POUND STERLING...3 OTHER (SPECIFY) ...4	YES..1 NO...2 (► NEXT PERSON)	VEHICLE.....1 HOME APPLIANCE/ ELECTRONICS..2 CLOTHING/ FOOTWEAR.....3 PERSONAL ACCESSORIES..4 OTHER (SPECIFY)5	NAIRA

1								
2								
3								
4								
5								
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8								
9								
10								
11								
12								

INTERVIEWER, PREFILL THIS FLAP BEFORE INTERVIEW AND USE WITH SECTIONS 1, 2A, 2 B, 3A, 3B, 4A, 4B, 5 AND 6

I N D I V I D U A L I D	1.	2.	3.	4.	5.
	<p style="text-align: center;">NAME</p> <div style="border: 1px solid black; padding: 5px;"> <p>LIST HOUSEHOLD HEAD ON LINE 1. MAKE A COMPLETE LIST OF ALL INDIVIDUALS WHO NORMALLY LIVE AND EAT THEIR MEALS TOGETHER IN THIS HOUSEHOLD, STARTING WITH THE HEAD OF HOUSEHOLD.</p> <p>(CONFIRM THAT HOUSEHOLD HEAD HERE IS SAME AS HOUSEHOLD HEAD LISTED ON IDENTIFICATION PAGE.)</p> </div>	<p>What is the sex of [NAME]?</p> <p>MALE....1 FEMALE..2</p>	<p>What is [NAME]'s relationship to the head of household?</p> <p>HEAD.....1 SPOUSE.....2 OWN CHILD.....3 STEP CHILD.....4 ADOPTED CHILD...5 GRANDCHILD.....6 BROTHER/SISTER..7 NIECE/NEPHEW...8 BROTHER/ SISTER-IN-LAW..9 PARENT.....10 PARENT-IN-LAW..11 DOMESTIC HELP (RESIDENT).....12 DOMESTIC HELP (NON RESIDENT).13 OTHER RELATION (SPECIFY)....14 OTHER NON-RELATION (SPECIFY)15</p>	<p>How old is [NAME] (IN COMPLETED YEARS)?</p> <p>IF RESPONDENT DOESN'T KNOW, USE YEAR OF BIRTH TO CALCULATE AGE OR USE MAJOR EVENTS LISTED IN ENUMERATOR MANUAL TO PROMPT RESPONDENT.</p> <p style="text-align: center;">YEARS</p>	<p>INTERVIEWER: IS THIS PERSON A NEW MEMBER OF THE HOUSEHOLD (ADDED ON THIS VISIT)?</p> <p>YES.1 NO..2 (► Q7)</p>

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2					
3					
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10					
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12					

9.	10.	11.	12.
<p>What is the estimated value of the inkind gift you received in a foreign currency?</p> <p style="text-align: center;">AMOUNT</p>	<p>What was the unit of foreign currency?</p> <p>US DOLLAR...1 EURO.....2 POUND STERLING....3 OTHER (SPECIFY) ...4</p>	<p>Through whom was the gift sent to you?</p> <p>RELATIONS....1 FRIENDS.....2 COLLEAGUES...3 NEIGHBORS...4 ASSOCIATION/ RELIGIOUS ORGANIZATION.5 OTHER (SPECIFY)....6</p>	<p>What was the purpose for which the gift was intended?</p> <p>MAINTENANCE FOR UPKEEP/ SUBSIDIZE CONSUMPTION OF SPOUSE, PARENTS, OR RELATIVES.....1 MORTGAGE FUND FOR LAND, HOUSES AND OTHER REAL ESTATE.....2 INVESTMENT IN SHARES, BONDS, OR OTHER FINANCIAL INVESTMENT.....3 DEVELOPMENT PROJECTS IN THE COMMUNITY.....4 PAYMENTS/DONATIONS TO NON PROFIT INSTITUTIONS (RELIGIOUS BODIES)5 PAYMENTS/DONATIONS TO NGOS.....6 PAYMENT OF HOSPITAL BILL OF SPOUSE, PARENT OR OTHER RELATIVE.....7 PAYMENT OF SCHOOL FEES OF SCHOOL FEES OF SPOUSE, PARENT OR OTHER RELATIVE.....8</p>

SECTION 7: HOUSEHOLD ASSETS SALE AND ACQUISITION

ITEM	I T E M C O D E	MARK "X" IF HOUSEHOLD HAD THIS ITEM IN THE POST PLANTING INTERVIEW	1.	2.	3.	4.	5.	6.	7.	8.
			In the previous 6 months, have you or any member of your household sold any [ITEM] owned by members of your household? YES...1 NO..2 (▶ Q5)	How many of [ITEM] did you or anyone in your household sell?	How much did you receive from selling [ITEM]?	Who is the person whose [ITEM(S)] were sold? WRITE THE ID OF THIS PERSON.	In the previous 6 months, did you or anyone in your household purchase or receive as a gift any [ITEM]? YES.....1 NO.....2 (▶ NEXT ITEM)	How many of [ITEM] did you or anyone in your household obtain?	What was the cost of [ITEM]? ASK HOUSEHOLD MEMBER TO ESTIMATE THE COST IF ITEM WAS RECEIVED AS A GIFT	Who is the person that owns this new [ITEM]? WRITE THE ID CODE OF THIS PERSON
			No. OF ITEMS	NAIRA	ID CODE			No. OF ITEMS	NAIRA	ID CODE
Furniture (3/4 piece sofa set)	301									
Furniture (chairs)	302									
Furniture (table)	303									
Mattress	304									
Bed	305									
Mat	306									
Sewing machine	307									
Gas cooker	308									
Stove (electric)	309									
Stove gas (table)	310									
Stove (kerosene)	311									
Fridge	312									
Freezer	313									
Air conditioner	314									
Washing Machine	315									
Electric Clothes Dryer	316									
Bicycle	317									
Motorbike	318									
Cars and other vehicles	319									
Generator	320									
Fan	321									

SECTION 7: HOUSEHOLD ASSETS SALE AND ACQUISITION

ITEM	ITEM CODE	MARK "X" IF HOUSEHOLD HAD THIS ITEM IN THE POST PLANTING INTERVIEW	1.	2.	3.	4.	5.	6.	7.	8.
			In the previous 6 months, have you or any member of your household sold any [ITEM] owned by members of your household? YES...1 NO..2 (▶ Q5)	How many of [ITEM] did you or anyone in your household sell?	How much did you receive from selling [ITEM]?	Who is the person whose [ITEM(S)] were sold? WRITE THE ID OF THIS PERSON.	In the previous 6 months, did you or anyone in your household purchase or receive as a gift any [ITEM]? YES.....1 NO.....2 (▶ NEXT ITEM)	How many of [ITEM] did you or anyone in your household obtain?	What was the cost of [ITEM]? ASK HOUSEHOLD MEMBER TO ESTIMATE THE COST IF ITEM WAS RECEIVED AS A GIFT	Who is the person that owns this new [ITEM]? WRITE THE ID CODE OF THIS PERSON
			No. OF ITEMS	NAIRA	ID CODE			No. OF ITEMS	NAIRA	ID CODE
Radio	322									
Cassette recorder	323									
Hi-Fi (Sound System)	324									
Microwave	325									
Iron	326									
TV Set	327									
Computer	328									
DVD Player	329									
Satellite Dish	330									
Musical Instrument	331									
Others (Specify)	332									
Others (Specify)	332									
Others (Specify)	332									
Others (Specify)	332									
Others (Specify)	332									
Others (Specify)	332									
Others (Specify)	332									
Others (Specify)	332									

SECTION 8: HOUSING

<p>1. Do you own or are you purchasing this dwelling, is it provided to you by an employer, do you use it for free, or do you rent this house?</p> <p>OWNED1 EMPLOYER PROVIDES2 (▶ Q3) FREE, AUTHORIZED3 (▶ Q3) FREE, NOT AUTHORIZED4 (▶ Q3) RENTED5 (▶ Q4)</p>	<p>2. If you sold this dwelling today, how much would you receive for it?</p> <p>NAIRA</p>	<p>3. Estimate the rent you could receive if you rented this dwelling?</p> <p>(▶ Q5)</p> <p>MONTH1 YEAR2</p> <p>NAIRA</p>	<p>4. How much do you pay to rent this dwelling?</p> <p>MONTH1 YEAR2</p> <p>TIME UNIT</p>	<p>5. In what year was this house built?</p> <p>IF DON'T KNOW, WRITE 9999</p> <p>YEAR1 YEAR2</p> <p>NAIRA</p>	<p>6. THE OUTER WALLS OF THE MAIN DWELLING OF THE HOUSEHOLD ARE PREDOMINANTLY MADE OF WHAT MATERIAL?</p> <p>GRASS1 MUD2 COMPACTED EARTH3 MUD BRICK (UNFIRED)4 BURNT BRICKS5 CONCRETE6 WOOD7 IRON SHEETS8 OTHER (SPECIFY)9</p> <p>YEAR</p>	<p>7. THE ROOF OF THE MAIN DWELLING IS PREDOMINANTLY MADE OF WHAT MATERIAL?</p> <p>GRASS1 IRON SHEETS2 CLAY TILES3 CONCRETE4 PLASTIC SHEETING5 ASBESTOS SHEET6 OTHER (SPECIFY)7</p>
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<p>8. THE FLOOR OF THE MAIN DWELLING IS PREDOMINANTLY MADE OF WHAT MATERIAL?</p> <p>SAND/DIRT/STRAW1 SMOOTHED MUD2 SMOOTH CEMENT3 WOOD4 TILE5 OTHER (SPECIFY)6</p>	<p>9. How many separate rooms do the members of your household occupy? (DO NOT COUNT BATHROOMS, TOILETS, STOREROOMS, OR GARAGE)</p> <p>NUMBER OF ROOMS</p>	<p>10. What is your main source of lighting fuel?</p> <p>COLLECTED FIREWOOD1 PURCHASED FIREWOOD2 GRASS3 KEROSENE4 ELECTRICITY5 GAS6 BATTERY/DRY CELL (TORCH)7 CANDLES8 OTHER (SPECIFY)9</p>	<p>11. What is your main source of cooking fuel?</p> <p>COLLECTED FIREWOOD1 PURCHASED FIREWOOD2 COAL3 GRASS4 KEROSENE5 ELECTRICITY6 GAS7 BATTERY/DRY CELL (TORCH)8 CANDLES9 OTHER (SPECIFY)10</p>	<p>12. Do you ever collect firewood?</p> <p>YES1 NO2 (▶ Q15)</p>	<p>13. Where do you go to collect firewood?</p> <p>OWN WOODLOT1 COMMUNITY WOODLOT2 FOREST RESERVE3 UNFARMED AREAS OF COMMUNITY4 OTHER (SPECIFY)5</p>	<p>14. How long does it take you to walk from your dwelling to where you usually go to collect firewood? (ONE WAY)</p> <p>TIME AMOUNT</p>	<p>15. Of the firewood you used in the past week, how much of it did you purchase?</p> <p>DID NOT USE FIREWOOD1 (▶ Q17) ALL2 ALMOST ALL3 MORE THAN HALF4 HALF5 LESS THAN HALF6 A LITTLE7 NONE8</p> <p>MINUTE . 1 HOUR . . 2</p> <p>UNIT</p>	<p>16. What is the total value of the firewood you used in the past week, whether gathered or purchased? (Estimate purchase cost of gathered firewood.)</p> <p>NAIRA</p>
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SECTION 8: HOUSING

<p>17</p> <p>Do you have <u>electricity</u> working in your dwelling?</p> <p>YES..1 NO...2 (▶ Q26)</p>	<p>18</p> <p>In the event of a black out, what source of energy do you use for ...?</p> <table border="1" data-bbox="224 502 622 699"> <tr> <td data-bbox="224 502 425 699"> <p>Lighting</p> <p>FIREWOOD.....1 KEROSENE.....2 RECHARGEABLE LAMP.....3 GENERATOR.....4 OTHER (SPECIFY)5</p> </td> <td data-bbox="425 502 622 699"> <p>Cooking</p> <p>CHARCOAL... 1 FIREWOOD....2 GAS.....3 KEROSENE....4 GENERATOR...5 OTHER SPECIFY)6</p> </td> </tr> </table>	<p>Lighting</p> <p>FIREWOOD.....1 KEROSENE.....2 RECHARGEABLE LAMP.....3 GENERATOR.....4 OTHER (SPECIFY)5</p>	<p>Cooking</p> <p>CHARCOAL... 1 FIREWOOD....2 GAS.....3 KEROSENE....4 GENERATOR...5 OTHER SPECIFY)6</p>	<p>19.</p> <p>What is the source of your electricity supply?</p> <p>PHCN (NEPA) only.....1 Rural Electrification..2 Private Generator...3 PHCN (NEPA) /Generator..4 Rural Electricity/Generator....5 Solar Panel....6 ▶Q25)</p>	<p>20.</p> <p>Did you have to apply to get electricity connection?</p> <p>FEMALE...2 YES..1 NO...2 (▶ Q23)</p>	<p>21.</p> <p>Following your application to get connected to PHCN, how many weeks did you have to wait for a Technician to come to connection the house?</p> <p>WEEKS</p>	<p>22.</p> <p>Did you have to pay an unofficial fee to get a connection?</p> <p>YES..1 NO...2</p>	<p>23.</p> <p>How frequently do you experience blackouts in your area?</p> <p>NEVER 1</p>	<p>24.</p> <p>During the last 7 days, on average, how many hours of electricity has your household had from the main public system?</p> <p>HOURS</p>
<p>Lighting</p> <p>FIREWOOD.....1 KEROSENE.....2 RECHARGEABLE LAMP.....3 GENERATOR.....4 OTHER (SPECIFY)5</p>	<p>Cooking</p> <p>CHARCOAL... 1 FIREWOOD....2 GAS.....3 KEROSENE....4 GENERATOR...5 OTHER SPECIFY)6</p>								

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<p>25</p> <p>What was the total cost for electricity in the household ? What period does this cost refer?</p> <p>DAY1 WEEK.....2 MONTH3 YEAR.....4</p> <p>(▶ Q29)</p>	<p>26.</p> <p>Although you do not have electricity in your dwelling, does your village / neighborhood have access to electricity?</p> <p>YES.....1 NO.....2 (▶ Q29)</p>	<p>27.</p> <p>Why does your household not have access to electricity? LIST UP TO 2 REASONS</p> <p>CONNECTION/WIRING FEE UNAFFORDABLE.....1 (▶Q29) NO NEED FOR ELECTRICITY.....2 (▶Q29) DWELLING INAPPROPRIATE FOR CONNECTION.....3 (▶Q29) APPLICATION PENDING.....4 SERVICE TOO UNRELIABLE.....5 (▶Q29) OTHER (SPECIFY)6 (▶Q29)</p>	<p>28.</p> <p>How many weeks have you been waiting for the connection?</p> <p>WEEKS</p>	<p>29.</p> <p>Is there a <u>landline telephone</u> in working condition in the dwelling unit?</p> <p>YES..1 NO...2 (▶ Q31)</p>	<p>30.</p> <p>What was the total cost for <u>landline telephone</u> in the household ? What period does this cost refer?</p> <p>DAY1 WEEK.....2 MONTH3 YEAR.....4</p>		
<p>NAIRA</p>	<p>TIME UNIT</p>	<p>1ST</p>	<p>2ND</p>	<p>WEEKS</p>	<p>(▶ Q31)</p>	<p>NAIRA</p>	<p>TIME UNIT</p>

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SECTION 8: HOUSING

31.	32.	33.		34.		35.	36.	37.	38.	39.
Does someone in the household own a GSM phone (cell phone) in working condition? YES..1 NO...2 (▶ Q33)	Estimate the total cost for cell phone service for all household members last month? NAIRA	What was your main source of drinking water?		How long does it take you to walk (ONE WAY) to the water source from your dwelling?		What was the total cost of drinking water for your household last month? ENTER 'ZERO' IF NONE. NAIRA	What kind of toilet facility does your household use? NONE1 (▶Q38) TOILET ON WATER..2 FLUSH TO SEWAGE...3 FLUSH TO SEPTIC TANK.....4 PAIL/BUCKET.....5 COVERED PIT LATRINE.....6 UNCOVERED PIT LATRINE.....7 V.I.P LATRINE.....8 OTHER(SPECIFY)9	Is this toilet facility for the use of: HH Members only.....1 Other HH also..... 2	What kind of refuse disposal facilities does your household use? HH BIN COLLECTED BY GOVERNMENT.....1 HH BIN COLLECTED BY PRIVATE AGENCY.....2 GOVERNMENT BIN OR SHED..... 3 DISPOSAL WITHIN COMPOUND.....4 UNAUTHORISED REFUSE HEAP.....5 OTHER (SPECIFY)6 NONE.....7 (▶NEXT SECTION)	How much did you spend on refuse disposal in the last month? NAIRA
		DRY SEASON	WET SEASON	TIME AMOUNT	MINUTE. 1 HOUR... 2 TIME UNIT					

SECTION 9: NON-FARM ENTERPRISES AND INCOME GENERATING ACTIVITIES

E N T R P R I S E N O	6.		7.	8.	9.	10.	11.	12.
	Who in the household manages this [INCOME-GENERATING ACTIVITY] or is most familiar with it? IF CO-MANAGERS, LIST BOTH. IF PRESENT, ASK THIS QUESTION FROM MANAGER(S).		INTERVIEWER: CHECK PRINT OUT: ARE THESE THE SAME OWNERS OR MANAGERS OF THE INCOME GENERATING ACTIVITY LISTED IN THE PRINTOUT? Yes.....1 (▶Q9) No.....2 Income Generating activity not present in first visit ..3 (▶Q9)	Why did the ownership or management of this business change? Illness of original owner or manager.....1 Original owner or manager too busy.....2 New owner or manager more skilled.....3 Debt of original owner or manager.....4 Legal problems of original owner or manager.....5 Original owner or manager moved.....6 Other, specify.....7	Who is the respondent providing information about this [INCOME-GENERATING ACTIVITY]?	How many months since the last interview did you operate this [INCOME-GENERATING ACTIVITY]?	Where do you operate this [INCOME-GENERATING ACTIVITY]? HOME (INSIDE RESIDENCE)..1 HOME (OUTSIDE RESIDENCE).....2 INDUSTRIAL SITE.....3 TRADITIONAL MARKET.....4 COMMERCIAL AREA SHOP.....5 ROADSIDE.....6 OTHER FIXED PLACE.....7 MOBILE/NO FIXED LOCATION.....8 OTHER (SPECIFY).9	Is this [INCOME-GENERATING ACTIVITY] officially registered with the government? YES...1 NO...2
	MANAGER 1	MANAGER 2						
	ID CODE	ID CODE			ID CODE	MONTHS		
1								
2								
3								
4								
5								
6								
7								
8								

SECTION 9: NON-FARM ENTERPRISES AND INCOME GENERATING ACTIVITIES

E N T E R P R I S E N O	13.		14.		15.			16.	17.	18.	19.	
	PAID	UNPAID	MALE	FEMALE	1	2	3				1	2
	Who are the household members engaged in this [INCOME-GENERATING ACTIVITY]? IF MORE THAN ONE HOUSEHOLD MEMBER, PUT ALL ID CODES SEPARATED BY COMMA		How many <u>employees</u> are there who are <u>not household members</u> ?		What was the main source of start-up capital for this [INCOME-GENERATING ACTIVITY]? CAN LIST UP TO THREE IN ORDER OF IMPORTANCE. HOUSEHOLD SAVINGS.....1 NGO SUPPORT.....2 LOAN FROM BANK (COMMERCIAL, MICRO FINANCE, CREDIT UNION)..3 MONEY LENDER.....4 ESUSU/ADASHI.....5 OTHER LOANS.....6 DISTRICT/TOWN ASSOCIATION SUPPORT.....7 COOPERATIVE/TRADE ASSOCIATIONS.8 REMITTANCES FROM ABROAD.....9 PROCEEDS FROM FAMILY FARM....10 CHURCH/MOSQUE ASSISTANCE.....11 ROCEEDS FROM FAMILY NON-ENTERPRISE.....12 RELATIVES/FRIENDS.....13 OTHER (Specify).....14			Since our last interview, did you try to get credit for this [INCOME GENERATING ACTIVITY] from banks and other formal financial agencies? YES...1 NO...2 (▶ Q18)	Did you eventually get the credit from the banks OR other formal financial agencies for this [INCOME GENERATING ACTIVITY]? YES.....1 NO.....2	Since our last interview, did you use any credit to operate this enterprise [INCOME GENERATING ACTIVITY]? YES.....1 NO.....2 (▶ Q21)	Since our last interview, what was the source of credit that has been used to operate this enterprise [INCOME GENERATING ACTIVITY]? LOAN FROM BANK (COMMERCIAL, MICRO FINANCE, CREDIT UNION)1 MONEY LENDER.....2 ESUSU/ADASHI.....3 OTHER LOANS.....4 COOPERATIVE/TRADE ASSOCIATIONS.....5 RELATIVES/FRIENDS....6 OTHER	
1												
2												
3												
4												
5												
6												
7												
8												

SECTION 9: NON-FARM ENTERPRISES AND INCOME GENERATING ACTIVITIES

E N T R P R I S E N O	20.	21.	22.	23.		24.	25.	26.	27.
	Since our last interview, how much have you borrowed for this [INCOME GENERATING ACTIVITY]?	Since our last interview, did the [INCOME GENERATING ACTIVITY] have any loans that it was repaying (in cash or kind)? YES...1 NO...2 (► Q23)	Since our last interview, what is the amount of naira repaid on loans for [INCOME-GENERATING ACTIVITY]?	To whom do you sell your products or services? LIST UP TO 2 BUYERS IN ORDER OF IMPORTANCE. FINAL CONSUMERS.....1 TRADERS.....2 OTHER SMALL BUSINESSES.....3 LARGE ESTABLISHED BUSINESSES.....4 INSTITUTIONS (SCHOOLS, HOSPITALS, GOVT MINISTRIES).....5 EXPORT.....6 MANUFACTURERS.....7 OTHER SPECIFY).....8		What is the current value of your physical capital stock, including all tools, equipment, buildings, land, vehicles for the business?	What is the total value of your current stock of inputs or supplies?	What is the total value of your current stock of finished merchandise (goods for sale)?	What were the <u>total sales</u> for the [INCOME GENERATING ACTIVITY] during the last month?
	NAIRA		NAIRA	1	2	NAIRA	NAIRA	NAIRA	NAIRA
1									
2									
3									
4									
5									
6									
7									
8									

SECTION 9: NON-FARM ENTERPRISES AND INCOME GENERATING ACTIVITIES

E N T E R P R I S E N O	28.							
	What were the <u>business costs</u> last month in the following categories?							
	SALARIES AND WAGES	PURCHASE OF GOODS FOR SALE (INVENTORY)	TRANSPORT	INSURANCE	RENT	INTEREST	RAW MATERIALS	OTHER
	NAIRA	NAIRA	NAIRA	NAIRA	NAIRA	NAIRA	NAIRA	NAIRA
	1							
	2							
	3							
	4							
	5							
	6							
7								
8								

SECTION 10A: MEALS AWAY FROM HOME

	I T E M C O D E	1 In the <u>past 7 days</u> , did members of this household consume any of the following meals or drinks away from home?	2. How much did you or other household members pay, in total in the last 7 days for [MEAL]? If free, please estimate what it would have cost if you had to pay.
		YES....1 NO....2(▶ NEXT ITEM)	NAIRA

MEALS PREPARED AND CONSUMED OUTSIDE THE HOME

Full meals (e.g rice and stew, pounded yam and egusi, etc)	Breakfast	1		
	Lunch	2		
	Dinner	3		
Side dishes like pepper soup, nkwobi, suya etc.		4		
Snacks such as sandwiches, biscuits, meatpies, donuts, pofpof, etc		5		
Dairy based beverages such as milk, yoghurt etc.		6		
Vegetables and roasted such as(carrot, pears, roasted corn and plantain, sugar cane)		7		
Non alcoholic drinks		8		
Alcoholic drinks		9		

SECTION 10B: FOOD EXPENDITURE

	I T E M C O D E	1	2.		3.		4.	5.		6.												
		Within the <u>past 7 days</u> , did the members of this household eat/drink any of this [ITEM] within the household? PLEASE ONLY LIST ITEMS CONSUMED WITHIN THE HOUSEHOLD AND EXCLUDE FOOD CONSUMED OUTSIDE THE HOUSEHOLD. ASK THIS QUESTION FOR ALL ITEMS, BEFORE MOVING ON TO THE NEXT QUESTIONS FOR ITEMS WITH YES YES..1 NO...2 (▶ NEXT ITEM)	How much in total did your household consume of this [ITEM] in the <u>past 7 days</u> ? KILOGRAMS.....1 GRAMS.....2 LITRE.....3 MILLILITRE.....4	IF NONE WRITE 0 FOR QUANTITY AND LEAVE UNIT BLANK ▶ Q5 KILOGRAMS.....1 GRAMS.....2 LITRE.....3 MILLILITRE.....4		How much did the household purchase of this [ITEM] during the <u>past 7 days</u> ? IF NONE WRITE 0 FOR QUANTITY AND LEAVE UNIT BLANK ▶ Q5 KILOGRAMS.....1 GRAMS.....2 LITRE.....3 MILLILITRE.....4	How much did your household spend on this [ITEM] during the past 7 days? THIS QUESTION REFERS TO THE QUANTITY IN QUESTION 3	How much of consumption of this [ITEM] came from own-production during the past 7 days? IF NONE WRITE 0 FOR QUANTITY AND LEAVE UNIT BLANK KILOGRAMS.....1 GRAMS.....2 LITRE.....3 MILLILITRE.....4	How much of consumption of this [ITEM] came from gifts and other sources during the past 7 days? EXCLUDE FOOD TAKEN OUTSIDE THE HOUSEHOLD IF NONE ,WRITE 0 FOR QUANTITY AND LEAVE UNIT BLANK KILOGRAMS.....1 GRAMS.....2 LITRE.....3 MILLILITRE.....4		QUANTITY	UNIT	QUANTITY	UNIT	NAIRA	QUANTITY	UNIT	QUANTITY	UNIT			
GRAINS AND FLOURS																						
Guinea corn/sorghum	10																					
Millet	11																					
Maize	12																					
Rice - local	13																					
Rice - imported	14																					
Bread	15																					
Maize flour	16																					
Yam flour	17																					
Cassava flour	18																					
Wheat flour	19																					
Other grains and flour	20																					
STARCHY ROOTS, TUBERS & PLANTAIN																						
Cassava - roots	30																					
Yam - roots	31																					
Gari - white	32																					
Gari - yellow	33																					
Cocoyam	34																					
Plantains	35																					
Sweet potatoes	36																					
Potatoes	37																					

SECTION 10B: FOOD EXPENDITURE

	I T E M C O D E	1.	2.		3.		4.	5.		6.									
		Within the <u>past 7 days</u> , did the members of this household eat/drink any of this [ITEM] within the household? PLEASE ONLY LIST ITEMS CONSUMED WITHIN THE HOUSEHOLD AND EXCLUDE FOOD CONSUMED OUTSIDE THE HOUSEHOLD. ASK THIS QUESTION FOR ALL ITEMS, BEFORE MOVING ON TO THE NEXT QUESTIONS FOR ITEMS WITH YES YES..1 NO...2 (▶ NEXT ITEM)	How much in total did your household consume of this [ITEM] in the <u>past 7 days</u> ? KILOGRAMS.....1 GRAMS.....2 LITRE.....3 MILLILITRE.....4	IF NONE WRITE 0 FOR QUANTITY AND LEAVE UNIT BLANK ▶Q5 KILOGRAMS.....1 GRAMS.....2 LITRE.....3 MILLILITRE.....4		How much did the household purchase of this [ITEM] during the <u>past 7 days</u> ? IF NONE WRITE 0 FOR QUANTITY AND LEAVE UNIT BLANK ▶Q5 KILOGRAMS.....1 GRAMS.....2 LITRE.....3 MILLILITRE.....4	How much did your household spend on this [ITEM] during the past 7 days? THIS QUESTION REFERS TO THE QUANTITY IN QUESTION 3	How much of consumption of this [ITEM] came from own-production during the past 7 days? IF NONE WRITE 0 FOR QUANTITY AND LEAVE UNIT BLANK KILOGRAMS.....1 GRAMS.....2 LITRE.....3 MILLILITRE.....4	How much of consumption of this [ITEM] came from gifts and other sources during the past 7 days? EXCLUDE FOOD TAKEN OUTSIDE THE HOUSEHOLD IF NONE ,WRITE 0 FOR QUANTITY AND LEAVE UNIT BLANK KILOGRAMS.....1 GRAMS.....2 LITRE.....3 MILLILITRE.....4		QUANTITY	UNIT	QUANTITY	UNIT	NAIRA	QUANTITY	UNIT	QUANTITY	UNIT
Other roots and tuber	38																		
PULSES, NUTS AND SEEDS																			
Soya beans	40																		
Brown beans	41																		
White beans	42																		
Groundnuts	43																		
Other nuts/seeds/pulses	44																		
OIL AND FATS																			
Palm oil	50																		
Butter/ Margarine	51																		
Groundnuts Oil	52																		
Other oil and Fat	53																		
FRUITS																			
Bananas	60																		
Orange/tangerine	61																		
Mangoes	62																		
Avocado pear	63																		
Pineapples	64																		
Fruit canned	65																		
Other fruits	66																		

SECTION 10B: FOOD EXPENDITURE

	I T E M C O D E	1.	2.		3.		4.	5.		6.			
		Within the <u>past 7 days</u> , did the members of this household eat/drink any of this [ITEM] within the household? PLEASE ONLY LIST ITEMS CONSUMED WITHIN THE HOUSEHOLD AND EXCLUDE FOOD CONSUMED OUTSIDE THE HOUSEHOLD. ASK THIS QUESTION FOR ALL ITEMS, BEFORE MOVING ON TO THE NEXT QUESTIONS FOR ITEMS WITH YES YES..1 NO...2 (▶ NEXT ITEM)	How much in total did your household consume of this [ITEM] in the <u>past 7 days</u> ? KILOGRAMS.....1 GRAMS.....2 LITRE.....3 MILLILITRE.....4	IF NONE WRITE 0 FOR QUANTITY AND LEAVE UNIT BLANK ▶ Q5 KILOGRAMS.....1 GRAMS.....2 LITRE.....3 MILLILITRE....4	How much did the household purchase of this [ITEM] during the <u>past 7 days</u> ? IF NONE WRITE 0 FOR QUANTITY AND LEAVE UNIT BLANK ▶ Q5 KILOGRAMS.....1 GRAMS.....2 LITRE.....3 MILLILITRE....4	How much did your household spend on this [ITEM] during the past 7 days? THIS QUESTION REFERS TO THE QUANTITY IN QUESTION 3	How much of consumption of this [ITEM] came from own-production during the past 7 days? IF NONE WRITE 0 FOR QUANTITY AND LEAVE UNIT BLANK KILOGRAMS.....1 GRAMS.....2 LITRE.....3 MILLILITRE....4	How much of consumption of this [ITEM] came from gifts and other sources during the past 7 days? EXCLUDE FOOD TAKEN OUTSIDE THE HOUSEHOLD IF NONE ,WRITE 0 FOR QUANTITY AND LEAVE UNIT BLANK KILOGRAMS.....1 GRAMS.....2 LITRE.....3 MILLILITRE....4	QUANTITY	UNIT	QUANTITY	UNIT	QUANTITY
VEGETABLES													
Tomatoes	70												
Tomato puree (canned)	71												
Onions	72												
Garden eggs/egg plant	73												
Okra - fresh	74												
Okra - dried	75												
Pepper	76												
Leaves (Cocoyam, Spinach, etc.)	77												
Other vegetables (fresh or	78												
PRODUCTS													
Chicken	80												
Duck	81												
Other domestic poultry	82												
Agricultural eggs	83												
Local eggs	84												
Other eggs (not chicken)	85												
MEAT													
Beef	90												
Mutton	91												

SECTION 10B: FOOD EXPENDITURE

	I T E M C O D E	1	2.		3.		4.	5.		6.								
		Within the <u>past 7 days</u> , did the members of this household eat/drink any of this [ITEM] within the household? PLEASE ONLY LIST ITEMS CONSUMED WITHIN THE HOUSEHOLD AND EXCLUDE FOOD CONSUMED OUTSIDE THE HOUSEHOLD. ASK THIS QUESTION FOR ALL ITEMS, BEFORE MOVING ON TO THE NEXT QUESTIONS FOR ITEMS WITH YES YES..1 NO...2 (▶ NEXT ITEM)	How much in total did your household consume of this [ITEM] in the <u>past 7 days</u> ? KILOGRAMS.....1 GRAMS.....2 LITRE.....3 MILLILITRE.....4	IF NONE WRITE 0 FOR QUANTITY AND LEAVE UNIT BLANK ▶ Q5 KILOGRAMS.....1 GRAMS.....2 LITRE.....3 MILLILITRE....4	How much did the household purchase of this [ITEM] during the <u>past 7 days</u> ? IF NONE WRITE 0 FOR QUANTITY AND LEAVE UNIT BLANK ▶ Q5 KILOGRAMS.....1 GRAMS.....2 LITRE.....3 MILLILITRE....4	How much did your household spend on this [ITEM] during the past 7 days? THIS QUESTION REFERS TO THE QUANTITY IN QUESTION 3	How much of consumption of this [ITEM] came from own-production during the past 7 days? IF NONE WRITE 0 FOR QUANTITY AND LEAVE UNIT BLANK KILOGRAMS.....1 GRAMS.....2 LITRE.....3 MILLILITRE....4	How much of consumption of this [ITEM] came from gifts and other sources during the past 7 days? EXCLUDE FOOD TAKEN OUTSIDE THE HOUSEHOLD IF NONE ,WRITE 0 FOR QUANTITY AND LEAVE UNIT BLANK KILOGRAMS.....1 GRAMS.....2 LITRE.....3 MILLILITRE....4	QUANTITY	UNIT	QUANTITY	UNIT	NAIRA	QUANTITY	UNIT	QUANTITY	UNIT	
Pork	92																	
Goat	93																	
Wild game meat	94																	
Canned beef/corned beef	95																	
Other meat (excl. poultry)	96																	
FISH AND SEAFOOD																		
Fish - fresh	100																	
Fish - frozen	101																	
Fish - smoked	102																	
Fish - dried	103																	
Snails	104																	
Seafood (lobster, crab, prawns,	105																	
Canned fish/seafood	106																	
Other fish or seafood	107																	
MILK AND MILK PRODUCTS																		
Fresh milk	110																	
Milk powder	111																	
Baby milk powder	112																	
Milk tinned (unsweetened)	113																	
Other milk products	114																	

SECTION 10B: FOOD EXPENDITURE

	I T E M C O D E	1.	2.		3.		4.		5.		6.	
		Within the <u>past 7 days</u> , did the members of this household eat/drink any of this [ITEM] within the household? PLEASE ONLY LIST ITEMS CONSUMED WITHIN THE HOUSEHOLD AND EXCLUDE FOOD CONSUMED OUTSIDE THE HOUSEHOLD. ASK THIS QUESTION FOR ALL ITEMS, BEFORE MOVING ON TO THE NEXT QUESTIONS FOR ITEMS WITH YES YES..1 NO...2 (▶ NEXT ITEM)	How much in total did your household consume of this [ITEM] in the <u>past 7 days</u> ? KILOGRAMS.....1 GRAMS.....2 LITRE.....3 MILLILITRE.....4	IF NONE WRITE 0 FOR QUANTITY AND LEAVE UNIT BLANK ▶ Q5 KILOGRAMS.....1 GRAMS.....2 LITRE.....3 MILLILITRE.....4		How much did your household spend on this [ITEM] during the past 7 days? THIS QUESTION REFERS TO THE QUANTITY IN QUESTION 3		How much of consumption of this [ITEM] came from own-production during the past 7 days? IF NONE WRITE 0 FOR QUANTITY AND LEAVE UNIT BLANK KILOGRAMS.....1 GRAMS.....2 LITRE.....3 MILLILITRE.....4		How much of consumption of this [ITEM] came from gifts and other sources during the past 7 days? EXCLUDE FOOD TAKEN OUTSIDE THE HOUSEHOLD IF NONE ,WRITE 0 FOR QUANTITY AND LEAVE UNIT BLANK KILOGRAMS.....1 GRAMS.....2 LITRE.....3 MILLILITRE.....4		
			QUANTITY	UNIT	QUANTITY	UNIT	NAIRA		QUANTITY	UNIT	QUANTITY	UNIT
COFFEE, TEA, COCOA AND THE LIKE BEVERAGES												
Coffee	120											
Chocolate drinks (including Milo)	121											
Tea	122											
SUGAR, SWEETS AND CONFECTIONARY												
Sugar	130											
Jams	131											
Honey	132											
Other sweets and confectionary	133											
OTHER MISCELLANEOUS FOODS												
Condiments (salt, spices, pepper,	140											
NON-ALCOHOLIC DRINKS												
Bottled water	150											
Sachet water	151											
Malt drinks	152											
Soft drinks (Coca Cola, spirit, etc)	153											
Fruit juice canned/Pack	154											
Other non-alcoholic drinks	155											

SECTION 10B: FOOD EXPENDITURE

	I T E M C O D E	1.	2.		3.		4.	5.		6.	
		Within the <u>past 7 days</u> , did the members of this household eat/drink any of this [ITEM] within the household? PLEASE ONLY LIST ITEMS CONSUMED WITHIN THE HOUSEHOLD AND EXCLUDE FOOD CONSUMED OUTSIDE THE HOUSEHOLD. ASK THIS QUESTION FOR ALL ITEMS, BEFORE MOVING ON TO THE NEXT QUESTIONS FOR ITEMS WITH YES YES..1 NO...2 (▶ NEXT ITEM)	How much in total did your household consume of this [ITEM] in the <u>past 7 days</u> ? KILOGRAMS.....1 GRAMS.....2 LITRE.....3 MILLILITRE.....4	IF NONE WRITE 0 FOR QUANTITY AND LEAVE UNIT BLANK ▶Q5 KILOGRAMS.....1 GRAMS.....2 LITRE.....3 MILLILITRE.....4		How much did the household purchase of this [ITEM] during the <u>past 7 days</u> ? THIS QUESTION REFERS TO THE QUANTITY IN QUESTION 3	How much did your household spend on this [ITEM] during the past 7 days? IF NONE WRITE 0 FOR QUANTITY AND LEAVE UNIT BLANK KILOGRAMS.....1 GRAMS.....2 LITRE.....3 MILLILITRE.....4	How much of consumption of this [ITEM] came from own-production during the past 7 days? EXCLUDE FOOD TAKEN OUTSIDE THE HOUSEHOLD IF NONE ,WRITE 0 FOR QUANTITY AND LEAVE UNIT BLANK KILOGRAMS.....1 GRAMS.....2 LITRE.....3 MILLILITRE.....4	How much of consumption of this [ITEM] came from gifts and other sources during the past 7 days?	QUANTITY	UNIT
ALCOHOLIC DRINKS (BOTTLE AND CAN)											
Beer (local and imported)	160										
Palm wine	161										
Pito	162										
Gin	163										
Other alcoholic beverages	164										

SECTION 10C: AGGREGATE FOOD CONSUMPTION

Section 10C: AGGREGATE FOOD CONSUMPTION OVER PAST ONE WEEK

		7. Over the past 7 days, how many days did you or others in your household consume any [...]? IF NOT CONSUMED, RECORD ZERO.
		NUMBER OF DAYS
A	Grains and Flours (Maize Grain/Flour; Yam flour; Cassava flour; Rice; Millet ; Guinea corn/Sorghum; Wheat Flour; Bread; Other grains and flour)	
B	Starchy Roots, Tubers, and Plantains (Cassava Tuber; Gari; Sweet Potato; Irish Potato; Plantain; Other Roots and Tuber)	
C	Pulses, Nuts and Seeds (Soya Bean;Brown beans; White beans; Groundnuts; Other Nut/Seeds/Pulse)	
D	Vegetables (Onion; Garden egg/egg plant; Okra fresh and dried; Pepper; Tomato fresh and canned; Leaves/coocoyam and spinach; Other Vegetables/Leaves)	
E	Meat, Fish and Animal Products Eggs; Dried/Fresh/Smoked Fish (Excluding Fish Sauce/Powder); Beef; Goat Meat; Pork; Mutton; Wild game; Chicken; Duck; Other Meat	
F	Meat, Fish and Animal Products used as condiments Fish Sauce/Powder; Meat Sauce / Powder, etc. used in small amounts on top of meals as flavour	
G	Fruits (Mango; Banana; Orange/tangerine; Pineapple; Avocado; Canned fruit; Other Fruit)	
H	Milk/Milk Products (Fresh/Powdered/Tinned Milk; Yogurt; Other Milk Product - Excluding Margarine/Butter or Small Amounts of Milk for Tea/Coffee)	
I	Oil and Fats (Palm Oil; Butter; Margarine; Groundnut oil; Other oil and fat)	
J	Sugar/Sugar Products/Honey (Sugar; Sugar Cane; Honey; Jam; Other Sweets and Confectionary)	
L	Spices/Condiments (Tea; Coffee/Chocolate drink/Milo; Salt; Spices; Pepper;Tomato Sauce;Fish Powder/Sauce; Other Condiment - Including Small Amounts of Milk for Tea/Coffee)	

8. Over the past 7 days, did you share any meals with any person(s) that you did not list as household members? [READ LIST FROM HH ROSTER]

Yes....1

No.....2 (▶ Next Section)

		9.	10.
		What was the total number of days in which any meal was shared with people [...]?	What was the total number of meals that were shared over past 7 days with [...]?
		NUMBER OF DAYS	NUMBER OF MEALS
	For 9-10: IF NOT SHARED, RECORD ZERO.		
A	Children 0-5 years		
B	Children 6-15 years		
C	Adults 16-65 years		
D	People over 65 years old		

SECTION 11: NON-FOOD EXPENDITURE

7 DAYS

ITEM	I T E M C O D E	1.	2.
		Over the past 7 days, did the household purchase any [...]?	How much did the household purchase in total?
		YES....1 NO....2 (► NEXT ITEM)	NAIRA
Cigarettes or tobacco	101		
Matches	102		
Newspaper and magazines	103		
Public transport (bus, rail, boat, etc) EXCLUDE EDUCATION RELATED EXPENSES	104		

ONE MONTH RECALL

ITEM	I T E M C O D E	3.	4.
		Over the past 30 days, did the household purchase or pay for any [...]?	How much did the household purchase in total?
		YES....1 NO....2 (► NEXT ITEM)	NAIRA
Light bulbs/globes	311		
Water	312		
Soap and Washing powder	313		
Toilet paper	314		
Personal care goods (razor blades, cosmetics)	315		
Vitamin supplements	316		
Insecticides, disinfectant and cleaners	317		
Postal (incl. Stamps, courier)	318		
Recharge cards	319		
Landline charges	320		
Internet Services	321		
Recreational (Cinemas, video/DVD rental)	322		
Motor vehicle service, repair, or parts	323		
Bicycle service, repair, or parts	324		
Wages paid to staff/maid/lawnsboy	325		
Mortgage - regular payment to purchase house	326		
Repairs & maintenance to dwelling	327		
Repairs to household and personal items (radios, watches, etc.)	328		
House Rent	329		

ONE MONTH RECALL

ITEM	I T E M C O D E	3.	4.
		Over the past 30 days, did the household purchase or pay for any [...]?	How much did the household purchase in total?
		YES....1 NO....2 (► NEXT ITEM)	NAIRA
Kerosene	301		
Palm Kernel Oil	302		
Gas (for lighting/cooking)	303		
Other liquid cooking fuel	304		
Electricity, including electricity vouchers	305		
Candle	306		
Firewood	307		
Charcoal	308		
Petrol	309		
Diesel	310		

SECTION 11: NON-FOOD EXPENDITURE

6 month recall

	I T E M C O D E	5. Over the past 6 months, did the household purchase or pay for any [...]? YES....1 NO....2 (▶NEXT ITEM)	6. How much did the household purchase in total?
Infant Clothing	401		
Baby nappies/diapers	402		
Boys Tailored clothes	403		
Boys dress (ready made)	404		
Girls Tailored clothes	405		
Girls dress (ready made)	406		
Men Tailored clothes	407		
Men dress (ready made)	408		
Women Tailored clothes	409		
Women dress (ready made)	410		
Ankara, George materials	411		
Other clothing materials	412		
Boy's shoes	413		
Men's shoes	414		
Girl's shoes	415		
Lady's shoes	416		
Tailoring charges	417		
laundry and dry cleaning	418		
Bowls, glassware, plates, silverware, etc.	419		
Cooking utensils (cookpots, stirring spoons and wisks, etc.)	420		
Cleaning utensils (brooms, brushes, etc.)	421		
Torch / flashlight	422		
Umbrella and raincoat	423		
Paraffin lamp (hurricane or pressure)	424		
Stationery items (not for school)	425		
Books (not for school)	426		
House decorations	427		
Night's lodging in rest house or hotel	428		
Donations to church, mosque, other religious group	429		
Health expenditures (excluding insurance)	430		

12 months recall

	I T E M C O D E	7. Over the past 12 months, did the household purchase or pay for any [...]? YES....1 NO....2 (▶NEXT ITEM)	8. How much did the household purchase in total?
Carpeta,rug,draper,curtans	501		
Linen - towels, sheets, blankets	502		
Mat - sleeping or for drying maize flour	503		
Mosquito net	504		
Mattress	505		
Sports & hobby equipment, musical instruments, toys	506		
Film, film processing, camera	507		
Building items - cement, bricks, timber, iron sheets, tools, etc.	508		
Council rates	509		
Health insurance	510		
Auto insurance	511		
Home insurance	512		
Life insurance	513		
Fines or legal fees	514		
Dowry costs	515		
Marriage ceremony costs	516		
Funeral costs	517		

12 MONTHS RECALL: Non-food items that may not have been purchased.

	I T E M C O D E	9. Over the past one year did the household gather, purchase, or pay for any [...]? YES....1 NO.2 (▶NEXT ITEM)	10. What was the estimated total value of [...] consumed by the household? NAIRA	11. What was the cost of that which the household purchased? NAIRA
Woodpoles, bamboo	518			
Grass for thatching roof or other use	519			

SECTION 12: FOOD SECURITY

[ASK SENIOR FEMALE OR PERSON MOST KNOWLEDGABLE ABOUT FOOD CONSUMPTION]

1. In the past 7 days, how many days have you or someone in your household had to: (if no days, write '0')

Rely on less preferred foods?	Limit the variety of foods eaten?	Limit portion size at meal-times?	Reduce number of meals eaten in a day?	Restrict consumption by adults in order for small children to eat?	Borrow food, or rely on help from a friend or relative?	Have no food of any kind in your household?	Go to sleep at night hungry because there is not enough food?	Go a whole day and night without eating anything?
a.	b.	c.	d.	e.	f.	g.	h.	i.
DAYS	DAYS	DAYS	DAYS	DAYS	DAYS	DAYS	DAYS	DAYS

--	--	--	--	--	--	--	--	--

2 How many meals, including breakfast are taken per day in your household?	3 Do all household members eat roughly the same diet?	4 Who in the household usually eats a more diverse variety of foods, a less diverse variety of foods? Rank in order from more diverse to less diverse (1, 2, and 3)	5 In the past 12 months, have you been faced with a situation when you did not have enough food to feed the household? YES.1 NO..2 (▶ NEXT SECTION)	6 When did you experience this incident ? IF MORE THAN ONCE, LIST ALL APPLICABLE MONTHS IN CORRECT YEAR COLUMN, SEPARATED BY A COMMA. JANUARY..1 JULY.....7 FEBRUARY.2 AUGUST....8 MARCH...3 SEPTEMBER.9 APRIL....4 OCTOBER..10 MAY.....5 NOVEMBER.11 JUNE.....6 DECEMBER.12	7 What was the cause of this situation? LIST UP TO 3 IN ORDER OF IMPORTANCE; USE CODES ON THE RIGHT.								
						a. Adults	b. Children (6-59 months)	a. Male	b. Female	c. Children (6-59 months)	a.	b.	c.
						NUMBER	NUMBER				2010	2011	1ST

CODES FOR Q7: Inadequate household stocks due to drought/poor rains.....1 Inadequate household food stocks due to crop pest damage.....2 Inadequate household food stocks due to small land size.....3 Inadequate household food stocks due to lack of farm inputs.....4 Food in the market was very expensive.....5 Unable to reach the market due to high transportation costs...6 No food in the market..7 Floods/water logging...8 Unable to reach the market due to civil unrest/riot.....9 Other (Specify).....10
--

--	--	--	--	--	--	--	--	--	--	--

SECTION 13: OTHER HOUSEHOLD INCOME

ASK THESE QUESTIONS OF THE HEAD OF HOUSEHOLD WHICH CONCERN ALL INDIVIDUALS 15 YEARS AND ABOVE.

1.	2.	3.	4.	5.	6.	7.	8.
Since the last interview, did any members of your household receive any regular income from <u>savings interest</u> or other investment income?	Since the last interview, how much did your household receive in savings interest or other investment income?	Since the last interview, did any members of your household receive any regular income from <u>rental of property</u> (not agricultural land)?	What sort of property? HOUSE.....1 COMMERCIAL BUILDING.....2 OTHER PROPERTY (SPECIFY) _____3	Since the last interview, how much did your household receive in total in rental income?	Since the last interview, did any members of your household receive any <u>regular income</u> of any other type?	What sort of income? (SPECIFY)	Since the last interview, how much did your household receive from this other income, in total?
YES..1 NO...2 (▶ Q3)		YES..1 NO...2(▶ Q6)			YES..1 NO...2 (▶ NEXT SECTION)		
	NAIRA			NAIRA			NAIRA

SECTION 14: SAFETY NETS

	1.	2.				3.
	<p>In the last 12 months, has any member of your household received cash, food, or other aid from [PROGRAMME]?</p> <p>ASK QUESTION 1 FOR ALL PROGRAMMES FIRST. THEN ASK QUESTIONS 2-5 FOR ALL PROGRAMMES HOUSEHOLD HAS RECEIVED IN LAST 12 MONTHS.</p> <p>Yes...1 No...2 (▶ NEXT PROGRAMME)</p>	<p>What was the total value of assistance received from [PROGRAMME] in the last 12 months?</p> <p><u>CODES FOR UNIT FOR FOOD ASSISTANCE</u> KILOGRAM.....1 LITRE.....2</p>				<p>Was the assistance given to...</p> <p>ENTIRE HOUSEHOLD...1 (▶ Q5)</p> <p>SPECIFIC HOUSEHOLD MEMBERS...2</p>
CODE		CASH ASSISTANCE	FOOD ASSISTANCE		OTHER/IN-KIND	
		NAIRA	QUANTITY	UNIT	CASH VALUE - N	CASH VALUE - N
101	Free Food/Maize Distribution					
102	Food/Cash-for-Work Programme (e.g. NAPEP)					
103	Inputs-For-Work Programme (FADAMA)					
104	School Feeding Programme					
105	Targeted Nutrition Programme for mothers and children					
106	Supplementary Feeding for Malnourished Children at a Nutritional Rehabilitation Unit					
107	Scholarships for Secondary Education.					
108	Scholarships for Tertiary Education (e.g. University Scholarship, Upgrading Teachers)					
109	Government Loan for University and Other Tertiary Education					
110	Direct Cash Transfers from Government					
111	Direct Cash Transfers from Development Partners					
112	Livestock Transfers from NGOs					
113	Other (Specify)					

SECTION 14: SAFETY NETS

CODE	1.	4					5	
	<p>In the last 12 months, has any member of your household received cash, food, or other aid from [PROGRAMME]?</p> <p>ASK QUESTION 1 FOR ALL PROGRAMMES FIRST. THEN ASK QUESTIONS 2-5 FOR ALL PROGRAMMES HOUSEHOLD HAS RECEIVED IN LAST 12 MONTHS.</p> <p>Yes...1 No...2 (▶ NEXT PROGRAMME)</p>	<p>Which household members received this assistance in the last 12 months?</p> <p>RECORD HOUSEHOLD ROSTER ID OF EACH MEMBER MENTIONED</p>					<p>When was the last time your household received this assistance?</p>	
		ID CODE # 1	ID CODE # 2	ID CODE # 3	ID CODE #4	ID CODE # 5	MONTH	YEAR (4-DIGIT)
101	Free Food/Maize Distribution							
102	Food/Cash-for-Work Programme (e.g. NAPEP)							
103	Inputs-For-Work Programme (FADAMA)							
104	School Feeding Programme							
105	Targeted Nutrition Programme for mothers and children							
106	Supplementary Feeding for Malnourished Children at a Nutritional Rehabilitation Unit							
107	Scholarships for Secondary Education.							
108	Scholarships for Tertiary Education (e.g. University Scholarship, Upgrading Teachers)							
109	Government Loan for University and Other Tertiary Education							
110	Direct Cash Transfers from Government							
111	Direct Cash Transfers from Development Partners							
112	Livestock Transfers from NGOs							
113	Other (Specify)							

SECTION 15A: ECONOMIC SHOCKS

I'D LIKE TO ASK YOU ABOUT EVENTS THAT MAY HAVE AFFECTED YOUR HOUSEHOLD OVER THE LAST 5 YEARS.

S H O C K C O D E	1	2	3					4				5				6			
	Has your household been affected by [SHOCK] in the past 5 years? YES...1 NO...2 (▶ NEXT SHOCK)	How many times has this occurred in the past 5 years?	In what years did this event occur?					Rank the 3 most significant shocks you have experienced (1) most severe; (2) second most severe; (3) third				What was the most important consequence of the most recent [SHOCK]? SEE CODES				Who was most affected by these shocks? WRITE ID CODES OF PERSONS AFFECTED BY THE SHOCK SEPERATED BY COMMAS. IF EVERYONE, WRITE '98'			
			2007	2008	2009	2010	2011	1st	2nd	3rd	4th	1st	2nd	3rd	4th	1st	2nd	3rd	4th
1	Death or disability of an adult working member of the household																		
2	Death of someone who sends remittances to the household																		
3	Illness of income earning member of the household																		
4	Loss of an important contact																		
5	Job loss																		
6	Departure of income earning member of the household due to separation or divorce																		
7	Departure of income earning member of the household due to marriage																		
8	Nonfarm business failure																		
9	Theft of crops, cash, livestock or other property																		
10	Destruction of harvest by fire																		
11	Dwelling damaged/demolished																		
12	Poor rains that caused harvest failure																		
13	Flooding that caused harvest failure																		
14	Pest invasion that caused harvest failure or storage loss																		
15	Loss of property due to fire or flood																		
16	Loss of land																		
17	Death of livestock due to illness																		
18	Increase in price of inputs																		
19	Fall in the price of output																		
20	Increase in price of major food items consumed																		
21	Kidnapping/Hijacking/robbery/assault																		
22	Other (specify)																		

CODES FOR Q 4.	
Sale of livestock	1
Sale of land	2
Sale of other property	3
Sent children to live with friends	4
Withdrew children from school	5
Engaged in additional income generating activities	6
Received assistance from friends & family	7
Borrowed from friends & family	8
Took a loan from a financial institution	9
Members of the household migrated for work	10
Credited purchases	11
Delayed payment obligations	12
Sold harvest in advance	13
Reduced food consumption	14
Reduced non-food consumption	15
Relied on savings	16
Received assistance from NGO	17
Took advanced payment from employer	18
Received assistance from government	19
Was covered by insurance policy	20
Did nothing	21
Other (specify)	22

SECTION 15B: DEATHS

1. Has anyone in the household been deceased in the last 12 months?

YES1

NO.....2 (▶ NEXT SECTION)

2.	3.	4.	5.						6.
What was the name of the deceased?	What was the sex of [NAME]?	What was [NAME'S] age when he/she died?	What was the date of death?						What was the cause of death?
NAME	MALE.....1 FEMALE...2	AGE	D	D	M	M	Y	Y	ILLNESS.....1 ACCIDENT/INJURY...2 MURDER.....3 SUICIDE.....4 DIED IN SLEEP.....5 OTHER (SPECIFY)...6

SECTION 16: CONTACT INFORMATION

1. In order for us to be able to contact you in the future, could you kindly provide us with your telephone numbers?

PHONE NUMBER FOR HOUSEHOLD HEAD:

LANDLINE

CELL

1A NAME : _____ PHONE : _____ / _____

2. In case we are not able to make contact with you, could you kindly provide us with the telephone numbers of some other adult members of

PHONE NUMBERS FOR OTHER HOUSEHOLD MEMBERS:

2A. NAME : _____ ID (FROM ROSTER) _____ PHONE : _____

2B. NAME : _____ ID (FROM ROSTER) _____ PHONE : _____

2C. NAME : _____ ID (FROM ROSTER) _____ PHONE : _____

3. If you were to move in the next two years, who are the people in this village/town/city who would be most likely to know your new address?

CONTACT INFORMATION FOR **REFERENCE PERSON 1**

CONTACT INFORMATION FOR **REFERENCE PERSON 2**

3A1. NAME : _____

3B1. NAME : _____

3A2. RELATION TO HEAD : _____

3B2. RELATION TO HEAD : _____

3A3. PHONE (LANDLINE) : _____

3B3. PHONE (LANDLINE) : _____

3A4. PHONE (CELL) : _____

3B4. PHONE (CELL) : _____

3A5. ADDRESS

3B5. ADDRESS

