

**Sections Coverage in Nigeria Panel Uniform  
Post Harvest Questionnaire**

<b>MODULES NAME</b>	<b>UNIVERSAL MODULES CODE</b>	<b>Wave 1</b>	<b>Wave 2</b>	<b>Wave 3</b>	<b>Wave 4</b>
<b>FLAP</b>	<b>A</b>	✓	✓	✓	✓
<b>Section 1 Roster</b>	<b>B</b>	✓	✓	✓	✓
<b>Section 2b - Education Original</b>	<b>C</b>	✓	✓		
<b>Section 4 - HEALTH</b>	<b>D</b>			✓	✓
<b>Section 4a - HEALTH</b>		✓	✓		
<b>Section 4b - Child Immunization</b>	<b>E</b>	✓	✓		
<b>Section 4b - Child Development</b>	<b>F</b>			✓	
<b>Section 5 - Information and Communication Technology (ICT)</b>	<b>G</b>	✓	✓		
<b>Section 6 - Remittances</b>	<b>H</b>	✓	✓	✓	✓
<b>Section 6A - Behavior</b>	<b>I</b>			✓	
<b>Section 6B - Attitude</b>	<b>J</b>			✓	
<b>Section 7 - Asset Sales &amp; Acquisition</b>	<b>K</b>	✓	✓		
<b>Section 10c - HH Aggregate Food Consumption</b>	<b>L</b>	✓	✓	✓	✓
<b>Section 14 - Safety Nets</b>	<b>M</b>	✓	✓	✓	✓
<b>Section 15a - Shocks</b>	<b>N</b>	✓	✓	✓	✓
<b>Section 15b - Deaths</b>	<b>O</b>	✓	✓	✓	
<b>Section C - Conflicts</b>	<b>P</b>			✓	



W3		s1q2		s1q3		s1q3b		s1q4		s1q4a		s1q5		s1q6_day		s1q6_month		s1q6_year		W3	
1		2		3		4		4a		5		6		DAY		MONTH		YEAR			
I N D I V I D U A L	<p>MAKE A COMPLETE LIST OF ALL INDIVIDUALS WHO NORMALLY LIVE AND EAT THEIR MEALS TOGETHER IN THIS HOUSEHOLD.</p> <p>(CONFIRM THAT HOUSEHOLD HEAD HERE IS SAME AS HOUSEHOLD HEAD LISTED ON IDENTIFICATION PAGE.)</p>	<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>Does [NAME] still live in this household?</p> <p>IF NO, CROSS OUT THE INDIVIDUAL ID IN THE FLAP AND ► Q28. AFTER COMPLETING SECTION 1, NO OTHER SECTIONS SHOULD BE ANSWERED FOR THIS PERSON.</p> <p>YES.....1 NO.....2 ► Q28</p>	<p>INTERVIEWER: IS THIS PERSON A NEW MEMBER OF THE HOUSEHOLD (ADDED ON THIS VISIT), OR A CHILD YOUNGER THAN SEVEN YEARS?</p> <p>YES.....1 NO.....2 ► Q7</p>	<p>In what day, month and year was [NAME] born?</p> <p>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.</p> <p>CHECK THAT AGE IN QUESTION 4 AND YEAR OF BIRTH IN THIS QUESTION ARE CONSISTENT.</p>	<p>DAY</p>	<p>MONTH</p>	<p>YEAR</p>											
W2		s1q2		s1q3		s1q3b		s1q4		s1q5		s1q6_day		s1q6_month		s1q6_year		W2			
1		2		3		4		4		5		6		DAY		MONTH		YEAR			
I N D I V I D U A L	<p>LIST HOUSEHOLD HEAD ON LINE 1.</p> <p>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>	<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>INTERVIEWER: IS THIS PERSON A NEW MEMBER OF THE HOUSEHOLD (ADDED ON THIS VISIT), OR A CHILD SIX YEARS AND YOUNGER?</p> <p>YES.....1 NO.....2 ► Q7</p>	<p>In what day, month and year was [NAME] born?</p> <p>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.</p> <p>CHECK THAT AGE IN QUESTION 4 AND YEAR OF BIRTH IN THIS QUESTION ARE CONSISTENT.</p>	<p>DAY</p>	<p>MONTH</p>	<p>YEAR</p>												
																					YEARS
W1		s1q2		s1q3		s1q4		s1q5		s1q6_day		s1q6_month		s1q6_year		W1					
1		2		3		4		5		6		DAY		MONTH		YEAR					
I N D I V I D U A L	<p>LIST HOUSEHOLD HEAD ON LINE 1.</p> <p>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>	<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>INTERVIEWER: IS THIS PERSON A NEW MEMBER OF THE HOUSEHOLD (ADDED ON THIS VISIT)?</p> <p>YES.....1 NO.....2 ► Q7</p>	<p>In what day, month and year was [NAME] born?</p> <p>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.</p> <p>CHECK THAT AGE IN QUESTION 4 AND YEAR OF BIRTH IN THIS QUESTION ARE CONSISTENT.</p>	<p>DAY</p>	<p>MONTH</p>	<p>YEAR</p>												
																					YEARS

PLEASE OPEN FLAP A

U	hb_01	hb_02	hb_03	hb_04	hb_05	hb_06a	hb_06b	hb_06c	hb_06d	hb_07	hb_08_1 hb_08_2 hb_08_3 hb_08_4	hb_09 hb_09_05	hb_10	hb_11	hb_12_1 hb_12_2 hb_12_3 hb_12_4	hb_13	hb_14
I N D I V I D U A L  I D	8b.	8c.	7.	8.	9.	10.				11.	12.	12a	12b	12c	13a.	13b.	13c.
	CAPI: IS THIS A NEW MEMBER OR A PERSON 12 YEARS OR OLDER?  YES.....1 NO.....2 (▶ NEXT SECTION)	CAPI: IS THIS PERSON 12 YEARS OR OLDER?  YES.....1 NO.....2 (▶ Qhb_15)	What is [NAME]'s marital status?  IF SPOUSE OF HEAD, THEN SKIP  MARRIED (MONOGAMOUS).....1 MARRIED (POLYGAMOUS).....2 INFORMAL UNION.....3 DIVORCED...4 ▶(Qhb_15) SEPARATED...5 (▶ Qhb_15) WIDOWED...6 (▶ Qhb_15) NEVER MARRIED...7 (▶ Qhb_15)	INTERVIEWER: IS THIS PERSON A MALE IN A POLYGAMOUS MARRIAGE?  YES.....1 NO.....2 (▶ Qhb_07)	How many wives do you currently have?  NUMBER	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.  WIFE 1    WIFE 2    WIFE 3    WIFE 4				Does [NAME]'s spouse(s)/partner(s) live in this household now?  YES.....1 NO.....2 (▶ Qhb_15)	Which household member(s) are the spouse of [NAME]?  COPY SPOUSE ID FROM ROSTER  ID CODE	Other than English, what language does [NAME] primarily speak in the home?  IF MORE THAN ONE, REFER TO LANGUAGE MOST COMMONLY SPOKEN  ONLY ENGLISH.....1 HAUSA.....2 IGBO.....3 YORUBA.....4 FULFULDE.....5 KANURI.....6 IJAW.....7 PIDGIN.....8 TIV.....9 EDO.....10 OTHER (SPECIFY).....11	Does [NAME] own a mobile phone?  YES.....1 NO.....2 (▶ Qhb_15)	Can [NAME]'s phone access the internet?  YES.....1 NO.....2	In what year did [NAME] get married to SPOUSE?  YES.....1 NO.....2 (▶ Qhb_15)	Does [NAME] have a spouse living outside the household?	How many spouses does [NAME] have who are residing outside the household?
1																	
2																	
3																	
4																	
5																	
6																	
7																	
8																	
9																	
10																	
11																	
12																	
W4	s1q8b	s1q8c	s1q7							s1q11	s1q12_1 s1q12_2 s1q12_3 s1q12_4				s1q13a_1 s1q13a_2 s1q13a_3 s1q13a_4	s1q13b	s1q13c
I N D I V I D U A L  I D	8b.	8c.	7.							11.	12.				13a.	13b.	13c.
	CAPI: IS THIS A NEW MEMBER OR A PERSON 12 YEARS OR OLDER?  YES.....1 NO.....2 (▶ NEXT SECTION)	CAPI: IS THIS PERSON 12 YEARS OR OLDER?  YES.....1 NO.....2 (▶ Q13)	What is [NAME]'s marital status?  IF SPOUSE OF HEAD, THEN SKIP  MARRIED (MONOGAMOUS).....1 MARRIED (POLYGAMOUS).....2 INFORMAL UNION.....3 DIVORCED...4 ▶(Q13) SEPARATED...5 ▶(Q13) WIDOWED...6 ▶(Q13) NEVER MARRIED...7 ▶(Q13)							Does [NAME]'s spouse(s)/partner(s) live in this household now?  YES.....1 NO.....2 (▶ Q13)	Which household member(s) are the spouse of [NAME]?  COPY SPOUSE ID FROM ROSTER  ID CODE				In what year did [NAME] get married to SPOUSE?  YES.....1 NO.....2 (▶ Q13)	Does [NAME] have a spouse living outside the household?	How many spouses does [NAME] have who are residing outside the household?

W3		s1q7	s1q8	s1q9	10.				s1q11	s1q12	s1q12a	s1q12a_os	s1q12b	s1q12c
I N D I V I D U A L I D	7.	8.	9.	10.				11.	12.	12a	12b	12c		
	What is [NAME]'s marital status?  IF SPOUSE OF HEAD, THEN SKIP  MARRIED (MONOGAMOUS).....1 MARRIED (POLYGAMOUS).....2 INFORMAL UNION.....3 DIVORCED.....4 (▶ Q13) SEPARATED.....5 (▶ Q13) WIDOWED.....6 (▶ Q13) NEVER MARRIED.....7	INTERVIEWER: IS THIS PERSON A MALE IN A POLYGAMOUS MARRIAGE?  YES.....1 NO.....2 (▶ Q11)	How many wives do you currently have?  NUMBER	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.				Does [NAME]'s spouse/ partner live in this household now?  [ASK ABOUT FIRST WIFE FOR RESPONDENTS WITH MULTIPLE WIVES].  YES.....1 NO.....2 (▶ Q12a)	WRITE ID CODE OF CURRENT SPOUSE (OR IN THE CASE OF A POLYGAMOUS MARRIAGE, FIRST WIFE AMONG THOSE WHO LIVE(S) IN THE HOUSEHOLD.  COPY SPOUSE ID FROM ROSTER	Other than English, what language does [NAME] primarily speak in the home?  IF MORE THAN ONE, REFER TO LANGUAGE MOST COMMONLY SPOKEN  ONLY ENGLISH.....1 HAUSA.....2 IGBO.....3 YORUBA.....4 FULBEKLE.....5 KANURI.....6 IJAW.....7 PIDGIN.....8 TIV.....9 ISO.....10 OTHER (SPECIFY).....11	Does [NAME] own a mobile phone?  YES.....1 NO.....2 (▶ Q13)	Can [NAME]'s phone access the internet?  YES.....1 NO.....2		
W2		s1q7	s1q8	s1q9	s1q10a	s1q10b	s1q10c	s1q10d	s1q11	s1q12				
I N D I V I D U A L I D	7	8	9	10				11	12					
	What is [NAME]'s marital status?  Married (monogamous).....1 Married (polygamous).....2 Informal Union.....3 Divorced.....4 (▶ Q13) Separated.....5 (▶ Q13) Widowed.....6 (▶ Q13) Never Married.....7 (▶ Q13)	INTERVIEWER: IS THIS PERSON A MALE IN A POLYGAMOUS MARRIAGE?  YES.....1 NO.....2 (▶ Q11)	How many wives do you currently have?  NUMBER	WIFE 1	WIFE 2	WIFE 3	WIFE 4	Does [NAME]'s spouse/ partner live in this household now?  [ASK ABOUT FIRST WIFE FOR RESPONDENTS WITH MULTIPLE WIVES].  YES.....1 NO.....2 (▶ Q13)	WRITE ID CODE OF CURRENT SPOUSE (OR IN THE CASE OF A POLYGAMOUS MARRIAGE, FIRST WIFE AMONG THOSE WHO LIVE(S) IN THE HOUSEHOLD.  COPY SPOUSE ID FROM ROSTER					
W1		s1q7	s1q8	s1q9	s1q10a	s1q10b	s1q10c	s1q10d	s1q11	s1q12				
I N D I V I D U A L I D	7	8	9	10				11	12					
	What is [NAME]'s marital status?  Married (monogamous).....1 Married (polygamous).....2 Informal Union.....3 Divorced.....4 (▶ Q13) Separated.....5 (▶ Q13) Widowed.....6 (▶ Q13) Never Married.....7 (▶ Q13)	INTERVIEWER: IS THIS PERSON A MALE IN A POLYGAMOUS MARRIAGE?  YES.....1 NO.....2 (▶ Q11)	How many wives do you currently have?  NUMBER	WIFE 1	WIFE 2	WIFE 3	WIFE 4	Does [NAME]'s spouse/ partner live in this household now?  [ASK ABOUT FIRST WIFE FOR RESPONDENTS WITH MULTIPLE WIVES].  YES.....1 NO.....2 (▶ Q13)	WRITE ID CODE OF CURRENT SPOUSE (OR IN THE CASE OF A POLYGAMOUS MARRIAGE, FIRST WIFE AMONG THOSE WHO LIVE(S) IN THE HOUSEHOLD.  COPY SPOUSE ID FROM ROSTER					



s1q13										s1q15	s1q16	s1q16b	s1q17	s1q18	s1q19	s1q20
13.										14.	15.	16.	17.	18.	19.	20.
INTERVIEWER: WAS THIS PERSON A MEMBER OF THIS HOUSEHOLD IN THE PREVIOUS VISIT OF THE SURVEY (AUG.-OCT. 2015)?  YES...1 (▶ NEXT PERSON) NO.....2										M O V E D  T O  4 a	When did [NAME] join this household?  Aug. 2015...1 Sept. 2015...2 Oct. 2015...3 Nov. 2015...4 Dec. 2015...5 Jan. 2016...6 Feb. 2016...7 March 2016...8 April 2016...9	Why did [NAME] join this household?  NEW BORN.....1 ADOPTED CHILD.....2 MARRIAGE /COHABITATION...3 DIVORCE /SEPARATION...4 RETURNED FROM COLLEGE/UNIV.....5 RETURNED FROM INSTITUTION.....6 MOVED IN WITH PARENT OR RELATIVE.....7 SHARED ACCOMMODATION...8 RETURN FROM WORK MIGRATION.....9 MISTAKENLY NOT REPORTED OR FORGOTTEN LAST VISIT...10 DISPLACEMENT DUE TO CONFLICT (MILITANCY/ INSURGENCY).....11 OTHER, SPECIFY.....12	What is [NAME]'S main religion?  CHRISTIANITY.....1 ISLAM .....2 TRADITIONAL.....3 OTHER (Specify).....4	Does [NAME]'s biological father live in this household?  YES.....1 NO.....2 (▶ Q20)	What is the individual ID of [NAME]'s biological father?  COPY ID FROM ROSTER  (▶ Q23)	Is [NAME]'s biological father alive?  YES.....1 NO.....2
										CODE						

s1q13										s1q14	s1q15	s1q16	s1q16b	s1q17	s1q17b	s1q18	s1q19	s1q20
13										14	15	16	16	17	17	18	19	20
INTERVIEWER: WAS THIS PERSON A MEMBER OF THIS HOUSEHOLD IN THE PREVIOUS VISIT OF THE SURVEY (SEP.-NOV. 2012)?  YES.....1 NO.....2 (▶ Q15)										Does [NAME] still live in this household?  YES...1 (▶ SECTION 2B) NO...2 (▶ Q28)	When did [NAME] join this household?  Sept. 2012...1 Oct. 2012...2 Nov. 2012...3 Dec. 2012...4 Jan. 2013...5 Feb. 2013...6 March 2013...7 April 2013...8	Why did [NAME] join this household?  NEW BORN.....1 ADOPTED CHILD.....2 MARRIAGE /COHABITATION...3 DIVORCE /SEPARATION...4 RETURNED FROM COLLEGE/UNIV.....5 RETURNED FROM INSTITUTION.....6 MOVED IN WITH PARENT OR RELATIVE.....7 SHARED ACCOMMODATION...8 RETURN FROM WORK MIGRATION.....9 MISTAKENLY NOT REPORTED OR FORGOTTEN LAST VISIT...10 OTHER, SPECIFY.....11	What is [NAME]'S main religion?  CHRISTIANITY...1 ISLAM .....2 TRADITIONAL...3 OTHER (Specify)...4	Does [NAME]'s biological father live in this household?  YES.....1 NO...2 (▶ Q20)	What is the individual ID of [NAME]'s biological father?  COPY ID FROM ROSTER  (▶ Q23)	Is [NAME]'s biological father alive?  YES...1 NO.....2		
										CODE								

s1q13	s1q14	s1q15	s1q16	s1q17	s1q18a	s1q18b	s1q18c	s1q19	s1q20	s1q21	s1q21b	s1q22	s1q22b	s1q23	s1q24	s1q25
13	14	15	16	17	18	18	18	19	20	21	21	22	22	23	24	25
INTERVIEWER: WAS THIS PERSON A MEMBER OF THIS HOUSEHOLD IN THE PREVIOUS ROUND OF THE SURVEY (AUG.-OCT. 2010)?  YES.....1 NO...2 (▶ Q20)	INTERVIEWER: CHECK THE ROSTER, IS THE SEX OF THIS PERSON CORRECT?  YES...1 NO...2 (▶ Q16)	What is the correct sex of [NAME]?  MALE.....1 FEMALE.....2	INTERVIEWER: ENQUIRE IF THE AGE RECORDED ON FLAP A IS CORRECT?  YES...1 (▶ Q19) NO.....2	What is the correct age of [NAME]?  AGE	What is the correct day, month and year of [NAME]'s date of birth?  DAY MONTH YEAR	Does [NAME] still live in this household?  YES...1 (▶ NEXT PERSON) NO.....2 (▶ Q33)	When did [NAME] join this household?  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	Why did [NAME] join this household?  NEW BORN.....1 ADOPTED CHILD.....2 MARRIAGE /COHABITATION...3 DIVORCE /SEPARATION...4 RETURNED FROM COLLEGE/UNIV.....5 RETURNED FROM INSTITUTION.....6 MOVED IN WITH PARENT OR RELATIVE.....7 SHARED ACCOMMODATION...8 RETURN FROM WORK MIGRATION.....9 MISTAKENLY NOT REPORTED OR FORGOTTEN LAST VISIT...10 OTHER, SPECIFY.....11	What is [NAME]'S main religion?  CHRISTIANITY...1 ISLAM .....2 TRADITIONAL...3 OTHER (Specify)...4	Does [NAME]'s biological father live in this household?  YES.....1 NO...2 (▶ Q25)	What is the individual ID of [NAME]'s biological father?  COPY ID FROM ROSTER  (▶ Q28)	Is [NAME]'s biological father alive?  YES.....1 NO.....2				
									CODE							



s1q21	s1q22b	s1q23	s1q24	s1q25	s1q26	s1q27b	s1q28	s1q28b	s1q29	s1q30	s1q31a	s1q31b	s1q31c	s1q31d
21.	22.	23.	24.	25.	26.	27.	28.	29.	30.	31.				
What was the highest educational level completed by [NAME'S] biological father?	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?	Why did [NAME] leave this household?	In which month did [NAME] leave this household?	Does [NAME] reside in Nigeria or outside Nigeria now?	Which LGA and state did [NAME] move to?				
None.....00 N1.....01 Lower 6.....27 N2.....02 Upper 6.....28 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 J51.....21 Higher degree.....43 J52.....22 Quaranic.....51 J53.....23 Integrated J54.....24 Quaranic.....52 SS1.....25 Adult Education.....61 SS2.....26 SS3.....26	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	YES.....1 NO.....2 (► Q25)	COPY ID FROM ROSTER	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 J51.....21 Higher degree.....43 J52.....22 Quaranic.....51 J53.....23 Integrated J54.....24 Quaranic.....52 SS1.....25 Adult Education.....61 SS2.....26 SS3.....26	AGRICULTURE.....01 MINING.....02 MANUFACTURING.....03 PROFESSIONAL/SCIENTIFIC/TECHNICAL ACTIVITIES.....04 ELECTRICITY.....05 CONSTRUCTION.....06 TRANSPORTATION.....07 BUYING AND SELLING.....08 FINANCIAL SERVICES.....09 PERSONAL SERVICES.....10 EDUCATION.....11 HEALTH.....12 PUBLIC ADMINISTRATION.....13 OTHER, SPECIFY.....14	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/ CONVICTION.....7 TO JOIN THEIR FAMILY ALREADY LIVING IN OTHER LOCATION.....8 MOVED WITH FAMILY.....9 LEFT TO SET UP OWN HOME 10 UNABLE TO STAY DUE TO CONFLICT (BUT NOT THE REASON).....11 DISPUTE WITH OTHER HOUSEHOLD MEMBERS/COMBINATION.....12 ABDUCTED/UNNAMED.....13 DEAD.....14 (► NEXT PERSON) OTHER, (SPECIFY).....15	Before Aug. 2015.....1 Sep. 2015.....2 Oct. 2015.....3 Nov. 2015.....4 Dec. 2015.....5 Jan. 2016.....6 Feb. 2016.....7 March 2016.....8 April 2016.....9	INSIDE NIGERIA.....1 OUTSIDE OF NIGERIA.....2	SUPERVISOR CODE AFTER INTERVIEW (► NEXT PERSON)				
LEVEL					LEVEL	(► NEXT PERSON)					LGA NAME	CODE (2-DIGIT)	STATE NAME	CODE (2-DIGIT)

s1q21	s1q22b	s1q23	s1q24	s1q25	s1q26	s1q27b	s1q28	s1q28b	s1q29	s1q30	s1q31a	s1q31b	s1q31c	s1q31d
21	22	23	24	25	26	27	28	29	30	31				
What was the highest educational level completed by [NAME'S] biological father?	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?	Why did [NAME] leave this household?	In which month did [NAME] leave this household?	Does [NAME] reside in Nigeria or outside Nigeria now?	Which LGA and state did [NAME] move to?				
None.....00 N1.....01 Lower 6.....27 N2.....02 Upper 6.....28 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 J51.....21 Higher degree.....43 J52.....22 Quaranic.....51 J53.....23 Integrated J54.....24 Quaranic.....52 SS1.....25 Adult Education.....61 SS2.....26 SS3.....26	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	YES.....1 NO.....2 (► Q25)	COPY ID FROM ROSTER	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 J51.....21 Higher degree.....43 J52.....22 Quaranic.....51 J53.....23 Integrated J54.....24 Quaranic.....52 SS1.....25 Adult Education.....61 SS2.....26 SS3.....26	AGRICULTURE.....01 MINING.....02 MANUFACTURING.....03 PROFESSIONAL/SCIENTIFIC/TECHNICAL ACTIVITIES.....04 ELECTRICITY.....05 CONSTRUCTION.....06 TRANSPORTATION.....07 BUYING AND SELLING.....08 FINANCIAL SERVICES.....09 PERSONAL SERVICES.....10 EDUCATION.....11 HEALTH.....12 PUBLIC ADMINISTRATION.....13 OTHER, SPECIFY.....14	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/ CONVICTION.....7 TO JOIN THEIR FAMILY ALREADY LIVING IN OTHER LOCATION.....8 MOVED WITH FAMILY.....9 LEFT TO SET UP OWN HOME 10 DEAD.....11 UNABLE TO STAY DUE TO CONFLICT (BUT NOT THE REASON).....12 DISPUTE WITH OTHER HOUSEHOLD MEMBERS/COMBINATION.....13 ABDUCTED/UNNAMED.....14 OTHER, (SPECIFY).....15	Before Sept. 2012.....1 Oct. 2012.....2 Nov. 2012.....3 Dec. 2012.....4 Jan. 2013.....5 Feb. 2013.....6 March 2013.....7 April 2013.....8	Inside Nigeria.....1 Outside of Nigeria.....2 (► Q32)	USE LGA AND STATE CODES FROM ABOVE SUPERVISOR CODE AFTER INTERVIEW (► NEXT PERSON)				
LEVEL			(► SECTION 2A)		LEVEL	(► SECTION 2A)					LGA NAME	CODE	STATE NAME	CODE

s1q26	s1q27b	s1q28	s1q29	s1q30	s1q31	s1q32b	s1q33b	s1q34	s1q35	s1q36a	s1q36b	s1q36c	s1q36d	
26	27	28	29	30	31	32	33	34	35	36				
What was the highest educational level completed by [NAME'S] biological father?	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?	Why did [NAME] leave this household?	In which month did [NAME] leave this household?	Does [NAME] reside in Nigeria or outside Nigeria now?	Which LGA and state did [NAME] move to?				
None.....00 N1.....01 Lower 6.....27 N2.....02 Upper 6.....28 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 J51.....21 Higher degree.....43 J52.....22 Quaranic.....51 J53.....23 Integrated J54.....24 Quaranic.....52 SS1.....25 Adult Education.....61 SS2.....26 SS3.....26	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	YES.....1 NO.....2 (► Q30)	COPY ID FROM ROSTER	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 J51.....21 Higher degree.....43 J52.....22 Quaranic.....51 J53.....23 Integrated J54.....24 Quaranic.....52 SS1.....25 Adult Education.....61 SS2.....26 SS3.....26	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	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/ CONVICTION.....7 TO JOIN THEIR FAMILY ALREADY LIVING IN OTHER LOCATION.....8 MOVED WITH FAMILY.....9 LEFT TO SET UP OWN HOME 10 DEAD.....11 UNABLE TO STAY DUE TO CONFLICT (BUT NOT THE REASON).....12 DISPUTE WITH OTHER HOUSEHOLD MEMBERS/COMBINATION.....13 ABDUCTED/UNNAMED.....14 OTHER, (SPECIFY).....15	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	Inside Nigeria.....1 Outside of Nigeria.....2 (► Q37)	USE LGA AND STATE CODES FROM ABOVE SUPERVISOR CODE AFTER INTERVIEW (► NEXT PERSON)				
LEVEL			(► NEXT PERSON)		LEVEL	(► NEXT PERSON)					LGA NAME	CODE	STATE NAME	CODE



				s1q32	s1q33	s1q34	s1q34b	s1q35	s1q36	s1q36b	s1q37	s1q38	s1q39	s1q39b	s1q40	s1q41	w3
				32.	33.	34.	34.	35.	36.	36.	37.	38.	39.	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 DNK.....3 } (▶ Q39)	What is [NAME's] occupation?  DESCRIPTION OCCUP. CODE TO BE CODED AFTER THE INTERVIEW	What is the main economic activity of the enterprise that [NAME] is working in or of [NAME's] own business?  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	Who provided information on where to go and/or how to find work during [NAME's] move? (MAIN SOURCE)  FAMILY.....1 FRIENDS.....2 NEIGHBORS.....3 RADIO OR TV.....4 INTERNET.....5 EMPLOYERS.....6 GOVERNMENT.....7 SELF.....8	From whom did [NAME] mainly obtain money in order to migrate for this move? (MAIN SOURCE)  FAMILY.....1 FRIENDS.....2 NEIGHBORS.....3 EMPLOYERS.....4 GOVERNMENT.....5 SELF.....6 OTHER (SPECIFY).....7	While travelling or at the final destination did anyone else help [NAME]?  YES.....1 NO.....2 (▶ NEXT PERSON)	Who is the additional person that helped [NAME] while travelling or at the final destination? (SECOND SOURCE)  FAMILY.....1 FRIENDS.....2 ACQUAINTANCES.....3 STRANGERS.....4 NGOS.....5 RELIGIOUS ORGANIZATION.....6 GOVERNMENT ORGANIZATION.....7 OTHER.....8  (▶ NEXT PERSON)				

				s1q33	s1q34	s1q34b	s1q35	s1q36	s1q36b	s1q37	s1q37b	s1q38b	s1q39b	s1q40	s1q41	s1q41b	w2
				33.	34.	34.	35.	36.	36.	37.	37.	38.	39.	40.	41.	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 DO NOT KNOW.....3 } (▶ Q39)	What is [NAME's] occupation?  DESCRIPTION OCCUP. CODE TO BE CODED AFTER THE INTERVIEW	What is the main economic activity of the enterprise that [NAME] is working in or of [NAME's] own business?  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	Who provided information on where to go and/or how to find work during [NAME's] move? (MAIN SOURCE)  FAMILY.....1 FRIENDS.....2 NEIGHBORS.....3 RADIO OR TV.....4 INTERNET.....5 EMPLOYERS.....6 GOVERNMENT.....7 SELF.....8 OTHER (SPECIFY).....9	From whom did [NAME] mainly obtain money in order to migrate for this move? (MAIN SOURCE)  FAMILY.....1 FRIENDS.....2 NEIGHBORS.....3 EMPLOYERS.....4 GOVERNMENT.....5 SELF.....6 OTHER (SPECIFY).....7	While travelling or at the final destination did anyone else help [NAME]?  YES.....1 NO.....2 DO NOT KNOW.....3 } NEXT PERSON	Who helped [NAME]? (SECOND SOURCE)  FAMILY.....1 FRIENDS.....2 ACQUAINTANCES.....3 STRANGERS.....4 NGOS.....5 RELIGIOUS ORGANIZATION.....6 GOVERNMENT ORGANIZATION.....7 OTHER.....8  (▶ NEXT PERSON)				

				s1q37	s1q38	s1q39	s1q39b	s1q40	s1q41	s1q42	s1q42b	s1q43b	s1q44b	s1q44	s1q44b	s1q46	s1q44b	w1
				37.	38.	39.	39.	40.	41.	42.	42.	43.	44.	44.	45.	46.	46.	
				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 DO NOT KNOW.....3 } (▶ Q43)	What is [NAME's] occupation?  DESCRIPTION OCCUP. CODE TO BE CODED AFTER THE INTERVIEW	What is the main economic activity of the enterprise that [NAME] is working in or of [NAME's] own business?  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	Who provided information on where to go and/or how to find work during [NAME's] move? (MAIN SOURCE)  FAMILY.....1 FRIENDS.....2 NEIGHBORS.....3 RADIO OR TV.....4 INTERNET.....5 EMPLOYERS.....6 GOVERNMENT.....7 SELF.....8 OTHER (SPECIFY).....9	From whom did [NAME] mainly obtain money in order to migrate for this move? (MAIN SOURCE)  FAMILY.....1 FRIENDS.....2 NEIGHBORS.....3 EMPLOYERS.....4 GOVERNMENT.....5 SELF.....6 OTHER (SPECIFY).....7	While travelling or at the final destination did anyone else help [NAME]?  YES.....1 NO.....2 DO NOT KNOW.....3 } NEXT PERSON	Who helped [NAME]? (SECOND SOURCE)  FAMILY.....1 FRIENDS.....2 ACQUAINTANCES.....3 STRANGERS.....4 NGOS.....5 RELIGIOUS ORGANIZATION.....6 GOVERNMENT ORGANIZATION.....7 OTHER.....8  (▶ NEXT PERSON)					

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

SECTION B EDUCATION - ORIGINAL

U	hc_01	hc_02	hc_03	hc_03b	hc_04	hc_05	hc_06	hc_06b	hc_07	hc_07b	hc_08	hc_08b	hc_09	hc_10	hc_11	hc_12
1	1a	2		3	4	5	6		7		8	9	10	11		
INDIVIDUAL	IS THIS PERSON FIVE YEARS OLD OR OLDER?	Are you presently in school (2012-2013) school year?	Why are you not currently in school?	In what level and year of school are you enrolled this 2010-2011 school year?	Is this the same school you attended during the 2011-2012 school year?	Why did you change schools?	What kind of organization runs the school that you are attending?	By what means do you go to school?	How much time does it take you to get to school? (in minutes)	Have you had a scholarship during the 2012-2013 school year?	What was the amount of the scholarship you have received in the 2012-2013 school year?	How many years does the scholarship cover?				
	YES.....1 NO...2 (▶ SECTION 4)	YES.....1 (▶ Qhc_04) NO...2	HAD ENOUGH/COMPLETED SCHOOLING.....1 AWAITING ADMISSION.....2 NO SCHOOL/LACK OF TEACHERS.....3 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 OBLIGATION.....12 TOO YOUNG.....13	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 SS3.....26	LOWER 6.....27 UPPER 6.....28 TEACHER TRAINING.....31 VOCATIONAL/TECHNICAL.....32 MODERN SCHOOL.....33 NCE.....34 POLY/PROF.....41 1ST DEGREE.....42 HIGHER DEGREE.....43 QUARANTINE.....51 INTEGRATED QUARANTINE.....52 ADULT EDUCATION.....61	YES.....1 (▶ Qhc_10) NO...2	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	FEDERAL GOVT.....1 STATE GOVT.....2 LOCAL GOVT.....3 COMMUNITY.....4 RELIGIOUS BODY.....5 PRIVATE.....6 NGO.....7 OTHER(SPECIFY).....8	FOOT.....1 BICYCLE.....2 MOTORCYCLE.....3 PRIVATE CAR.....4 TAXI.....5 BUS.....6 CAMEL/DONKEY.....7 BOAT.....8 OTHERS (SPECIFY).....9	0 - 15.....1 16 - 30.....2 31 - 45.....3 46 - 60.....4 61 - 90.....5 91 - 120.....6 120 +.....7	YES.....1 NO...2 (▶ Qhc_15)					
	THE QUESTIONS ARE THE SAME IN ALL WAVES BUT THE SCHOOL YEAR IN SPECIFIC WAVE IS NOT THE SAME												CODE	NAIRA	YEARS	

WAVE SPECIFIC QUESTIONS

W2	s2bq1	s2bq1a	s2bq2	s2bq2b	s2bq3	s2bq4	s2bq5	s2bq5b	s2bq6	s2bq6b	s2bq7	s2bq7b	s2bq8	s2bq9	s2bq10	s2bq11
1	1a	2		3	4	5	6		7		8	9	10	11		
INDIVIDUAL	IS THIS PERSON FIVE YEARS OLD OR OLDER?	Are you presently in school (2012-2013) school year?	Why are you not currently in school?	In what level and year of school are you enrolled this 2010-2011 school year?	Is this the same school you attended during the 2009-2010 school year?	Why did you change schools?	What kind of organization runs the school that you are attending?	By what means do you go to school?	How much time does it take you to get to school? (in minutes)	Have you had a scholarship during the 2010-2011 school year?	What was the amount of the scholarship you have received in the 2010-2011 school year?	How many years does the scholarship cover?				
	YES.....1 NO...2 (▶ SECTION 4)	YES.....1 (▶ Q3) NO...2	HAD ENOUGH SCHOOLING.....1 AWAITING ADMISSION.....2 NO SCHOOL/LACK OF TEACHERS.....3 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 OBLIGATION.....12 TOO YOUNG.....13 OTHERS (SPECIFY).....14	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 SS3.....26	LOWER 6.....27 UPPER 6.....28 TEACHER TRAINING.....31 VOCATIONAL/TECHNICAL.....32 MODERN SCHOOL.....33 NCE.....34 POLY/PROF.....41 1ST DEGREE.....42 HIGHER DEGREE.....43 QUARANTINE.....51 INTEGRATED QUARANTINE.....52 ADULT EDUCATION.....61	YES.....1 (▶ Q9) NO...2	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	FEDERAL GOVT.....1 STATE GOVT.....2 LOCAL GOVT.....3 COMMUNITY.....4 RELIGIOUS BODY.....5 PRIVATE.....6 NGO.....7 OTHER(SPECIFY).....8	FOOT.....1 BICYCLE.....2 MOTORCYCLE.....3 PRIVATE CAR.....4 TAXI.....5 BUS.....6 CAMEL/DONKEY.....7	0 - 15.....1 16 - 30.....2 31 - 45.....3 46 - 60.....4 61 - 90.....5 91 - 120.....6	YES.....1 NO...2 (▶ Q14)					
	THE QUESTIONS ARE THE SAME IN ALL WAVES BUT THE SCHOOL YEAR IN SPECIFIC WAVE IS NOT THE SAME												CODE	NAIRA	YEARS	

W1	s2bq1	s2bq2	s2bq2b	s2bq3	s2bq4	s2bq5	s2bq5b	s2bq6	s2bq6b	s2bq7	s2bq7b	s2bq8	s2bq9	s2bq10	s2bq11
1	2	3	4	5	6	7	8	9	10	11					
INDIVIDUAL	Are you presently in school (2010-2011) school year?	Why are you not currently in school?	In what level and year of school are you enrolled this 2010-2011 school year?	Is this the same school you attended during the 2009-2010 school year?	Why did you change schools?	What kind of organization runs the school that you are attending?	By what means do you go to school?	How much time does it take you to get to school? (in minutes)	Have you had a scholarship during the 2010-2011 school year?	What was the amount of the scholarship you have received in the 2010-2011 school year?	How many years does the scholarship cover?				
		HAD ENOUGH SCHOOLING.....1 AWAITING ADMISSION.....2 NO SCHOOL/LACK OF TEACHERS.....3 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 OBLIGATION.....12 OTHERS (SPECIFY).....13	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 SS3.....26	LOWER 6.....27 UPPER 6.....28 TEACHER TRAINING.....31 VOCATIONAL/TECHNICAL.....32 MODERN SCHOOL.....33 NCE.....34 POLY/PROF.....41 1ST DEGREE.....42 HIGHER DEGREE.....43 QUARANTINE.....51 INTEGRATED QUARANTINE.....52 ADULT EDUCATION.....61	YES.....1 (▶ Q9) NO...2	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	FEDERAL GOVT.....1 STATE GOVT.....2 LOCAL GOVT.....3 COMMUNITY.....4 RELIGIOUS BODY.....5 PRIVATE.....6 NGO.....7 OTHER(SPECIFY).....8	FOOT.....1 BICYCLE.....2 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	YES.....1 NO...2 (▶ Q14)					
	THE QUESTIONS ARE THE SAME IN ALL WAVES BUT THE SCHOOL YEAR IN SPECIFIC WAVE IS NOT THE SAME												CODE	NAIRA	YEARS









s4aq10	s4aq11a	s4aq11b	s4aq12a	s4aq12b	s4aq13	s4aq14	s4aq15	s4aq16	s4aq17	s4aq18	s4aq19	s4aq20	s4aq20b	s4aq21	s4aq22a	s4aq22b	s4aq22c	s4aq22d
10	11		12		13	14	15	16	17	18	19	20		21	22a.	22b.	22c.	22d.
How much did [NAME] pay for the first trip (to and from) for consultation (transport costs only)?  IF AT PATIENT'S HOME PUT 0	How long did it take to travel (one way) to [NAME]'s first consultation?  IF AT PATIENT'S HOME LEAVE BLANK		How long did [NAME] have to wait to be attended for this first consultation?		In the past 4 weeks, did [NAME] spend any money for drugs or medicines over the counter or kiosks?  YES.....1 NO...2 (▶ Q15)	How much did [NAME] pay for the drugs or medicines over the counter or kiosks?  YES.....1 NO.....2 (▶ Q18)  INCLUDE TRADITIONAL HEALING CENTRES	During the past 12 months, was [NAME] admitted to a hospital or health facility?  YES.....1 NO.....2 (▶ Q18)  INCLUDE TRADITIONAL HEALING CENTRES	During the last 12 months how many nights did [NAME] stay in hospital or health facility?  INCLUDE TRADITIONAL HEALING CENTRES	How much did [NAME] pay in total for staying in a hospital or health facility in the last 12 months?  YES.....1 NO.....2 (▶ Q22a)	During the last 12 months did [NAME] buy any medicine and medical supplies?  YES.....1 NO.....2 (▶ Q22a)	How much did [NAME] pay altogether for these medicines and medical supplies in the last 12 months?	Who paid for most of [NAME]'s health expenses including consultations or hospital stays (if any)?  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 (▶ Q22a) OTHER, SPECIFY.....11		Apart from what was paid by others, how much did [NAME] pay out of [NAME]'s own pocket for medical services not including any medicines or medical supplies or over the counter drugs?	Can [NAME] do vigorous activities like running, lifting heavy objects, participating in sports or doing hard labour?  YES.....1 NO.....2	Can [NAME] walk uphill?  YES.....1 NO.....2	Can [NAME] do activities such as bending over or stooping?  YES.....1 NO.....2	Can [NAME] walk over 100 meters?  YES.....1 NO.....2
NAIRA	HRS	MIN	HRS	MIN		NAIRA		NIGHTS	NAIRA		NAIRA			NAIRA				

s4aq10	s4aq11a	s4aq11b	s4aq12a	s4aq12b	s4aq13	s4aq14	s4aq15	s4aq16	s4aq17	s4aq18	s4aq19	s4aq20	s4aq20b	s4aq21	s4aq22a	s4aq22b	s4aq22c	s4aq22d
10	11		12		13	14	15	16	17	18	19	20		21	22a.	22b.	22c.	22d.
How much did you pay for the first trip (to and from) for consultation (transport costs only)?  IF AT PATIENT'S HOME PUT 0	How long did it take to travel (one way) to your first consultation?  IF AT PATIENT'S HOME LEAVE BLANK		How long did you have to wait to be attended for this first consultation?		In the past 4 weeks, did you spend any money for drugs or medicines over the counter or kiosks?  YES.....1 NO...2 (▶ Q15)	How much did you pay for the drugs or medicines over the counter or kiosks?  YES.....1 NO.....2 (▶ Q18)  INCLUDE TRADITIONAL HEALING CENTRES	During the past 12 months, were you admitted to a hospital or health facility?  YES.....1 NO.....2 (▶ Q18)  INCLUDE TRADITIONAL HEALING CENTRES	During the last 12 months how many nights did [NAME] stay in hospital or health facility?  INCLUDE TRADITIONAL HEALING CENTRES	How much did you pay in total for staying in a hospital or health facility in the last 12 months?  YES.....1 NO.....2 (▶ Q22a)	During the last 12 months did you buy any medicine and medical supplies?  YES.....1 NO.....2 (▶ Q22a)	How much did you pay altogether for these medicines and medical supplies in the last 12 months?	Who paid for most of your health expenses including consultations or hospital stays (if any)?  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 (▶ Q22a) OTHER, SPECIFY.....11		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?  YES.....1 NO.....2	Can you walk uphill?  YES.....1 NO.....2	Can you do activities such as bending over or stooping?  YES.....1 NO.....2	Can you walk over 100 meters?  YES.....1 NO.....2
NAIRA	HRS	MIN	HRS	MIN		NAIRA		NIGHTS	NAIRA		NAIRA			NAIRA				

s4aq10	s4aq11a	s4aq11b	s4aq12a	s4aq12b	s4aq13	s4aq14	s4aq15	s4aq16	s4aq17	s4aq18	s4aq19	s4aq20	s4aq20b	s4aq21	s4aq22a	s4aq22b	s4aq22c	s4aq22d
10.	11.		12.		13.	14.	15.	16.	17.	18.	19.	20.		21.	22A	22B	22C	22D
How much did you pay for the first trip (to and from) for consultation (transport costs only)?  IF AT PATIENT'S HOME PUT 0	How long did it take to travel to your first consultation?		How long did you have to wait to be attended for this first consultation?		In the past 4 weeks, did you spend any money for drugs or medicines over the counter or kiosks?  YES.....1 NO...2 (▶ Q15)	How much did you pay for the drugs over the counter or kiosks?  YES.....1 NO.....2 (▶ Q18)  INCLUDE TRADITIONAL HEALING CENTRES	During the past 12 months, were you admitted to a hospital or health facility?  YES.....1 NO.....2 (▶ Q18)  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?  YES.....1 NO.....2 (▶ Q22)	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?	Who paid for most of your health expenses including consultations or hospital stays (if any)?  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		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?  YES.....1 NO.....2	Can you walk uphill?  YES.....1 NO.....2	Can you do activities such as bending over or stooping?  YES.....1 NO.....2	Can you walk over 100 meters?  YES.....1 NO.....2
NAIRA	HRS	MIN	HRS	MIN		NAIRA		NIGHTS	NAIRA		NAIRA			NAIRA				



	s4aq23											
	23											
	Do [NAME] have difficulty seeing, even if [NAME] are wearing glasses?											
	No, no difficulty....1 (▶ Q37) Yes, some.....2 Yes, a lot.....3 Cannot see.....4											

s4aq22e	s4aq23	s4aq24	s4aq25	s4aq26	s4aq27	s4aq28	s4aq29	s4aq30	s4aq31	s4aq32	s4aq33	s4aq34
22e	23	24	25	26	27	28	29	30	31	32	33	34
Can you walk more than one kilometer? YES.....1 NO.....2	Do you have difficulty seeing, even if you are wearing glasses?  No, no difficulty...1 (▶ Q25) Yes, some.....2 Yes, a lot.....3 Cannot see.....4	How old were you when the difficulty seeing began?  IF FROM BIRTH PUT 0  AGE	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  AGE	Do you have difficulty walking or climbing steps?  No, no difficulty.....1 (▶ Q29) Yes, some.....2 Yes, a lot.....3 Cannot do.....4	How old were you when the difficulty in walking or climbing stairs began?  IF FROM BIRTH PUT 0  AGE	Do you have difficulty remembering or concentrating?  No, no difficulty...1 (▶ Q31) Yes, some.....2 Yes,alot.....3 Cannot do.....4	How old were you when the difficulty in remember-ing or concentrat-ing began?  IF FROM BIRTH PUT 0  AGE	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  AGE	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 communi-cating began?  IF FROM BIRTH PUT 0  AGE

s4aq22e	s4aq23	s4aq24	s4aq25	s4aq26	s4aq27	s4aq28	s4aq29	s4aq30	s4aq31	s4aq32	s4aq33	s4aq34
22E	23.	24.	25.	26.	27.	28.	29.	30.	31.	32.	33.	34.
Can you walk more than one kilometer? YES....1 NO.....2	Do you have difficulty seeing, even if you are wearing glasses?  No, no difficulty.....1 (▶ Q25) Yes, some.....2 Yes, a lot.....3 Cannot see.....4	How old were you when the difficulty seeing began?  IF FROM BIRTH PUT 0  AGE	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  AGE	Do you have difficulty walking or climbing steps?  No, no difficulty...1 (▶ Q29) Yes, some.....2 Yes, a lot...3 Cannot do....4	How old were you when the difficulty in walking or climbing stairs began?  IF FROM BIRTH PUT 0  AGE	Do you have difficulty remembering or concentrating?  No, no difficulty...1 (▶ Q31) Yes, some.....2 Yes,alot.....3 Cannot do....4	How old were you when the difficulty in remember-ing or concentrat-ing began?  IF FROM BIRTH PUT 0  AGE	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  AGE	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 communi-cating began?  IF FROM BIRTH PUT 0  AGE



s4aq35a	s4aq35b	s4aq35c		s4aq37	s4aq37a	s4aq38	s4aq39									
35				37	37a	38	39									
<p>Does this difficulty reduce the amount of work [NAME] can do at home, at work or at school?</p> <p>ALL THE TIME.....1 SOMETIMES.....2 NOT AT ALL.....3 NOT ATTENDING SCHOOL OR WORKING.....4</p>				<p>Did [NAME] sleep under a bednet yesterday?</p> <p>YES.....1 NO...2 (▶ Q51)</p>	<p>Was the bednet you slept under yesterday treated or untreated?</p> <p>YES, TREATED NET LESS THAN 6 MONTHS OLD...1 YES TREATED NET MORE THAN 6 MONTHS OLD...2 NOT TREATED.....3</p>	<p>How did the household obtain this bednet?</p> <p>FREE GIFT.....1 (▶ Q51) PURCHASED.....2 PURCHASED THAN 6 MONTHS OLD...2 W/ VOUCHER.....3</p>	<p>How much did the household pay for the bednet?</p>									
At Home	At School	At Work					NAIRA									
s4aq35a	s4aq35b	s4aq35c	s4aq36	s4aq36b	s4aq37	s4aq38	s4aq39	s4aq40	s4aq41	s4aq41b	s4aq42	s4aq43	s4aq44a	s4aq44b	s4aq45a	s4aq45b
35			36		37	38	39	40	41		42	43	44		45	
<p>INTERVIEWER: CHECK QUESTIONS 23, 25, 27, 29, 31 AND 33: IF RESPONDENT HAS NO DIFFICULTIES (▶ Q37) IF RESPONDENT HAS SOME DIFFICULTIES:</p> <p>Does this difficulty reduce the amount of work you can do at home, at work or at school?</p> <p>ALL THE TIME.....1 SOMETIMES.....2 NOT AT ALL.....3 NOT ATTENDING SCHOOL OR WORKING.....4</p>			<p>During the past 12 months, what measures were taken to improve your performance of activities?</p> <p>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</p>		<p>Did you sleep under a bednet yesterday?</p> <p>YES UNTREATED NET.....1 YES TREATED NET&lt;6MONTHS...2 YES TREATED NET&gt;6MONTHS...3 NO.....4 (▶ Q40)</p>	<p>How did the household obtain this bednet?</p> <p>FREE GIFT.....1 (▶ Q40) PURCHASED.....2 PURCHASED W/ VOUCHER.....3</p>	<p>How much did the household pay for the bednet?</p>	<p>Do you currently use family planning?</p> <p>YES.....1 NO...2 (▶ Q42)</p>	<p>What type of family planning do you currently use?</p> <p>PILL.....1 CONDOM.....2 INJECTION.....3 IUD.....4 FEMALE STERILIZATION.....5 MALE STERILIZATION.....6 DOUCHE.....7 NORPLANT.....8 FOAMING TABLET.....9 DIAPHRAM.....10 FOAM JELLY.....11 TRADITIONAL METHODS.....12 ABSTINENCE.....13 WITHDRAWAL.....14 RHYTHM.....15 OTHERS (SPECIFY).....16</p>		<p>IS THIS PERSON A WOMAN AGED 12-49?</p> <p>YES.....1 NO...2 (▶ Q51)</p>	<p>Have you ever been pregnant?</p> <p>YES.....1 NO.....2 (▶ SECTION 5)</p>	<p>How many male and female children do you have living in other households?</p>	<p>How many male and female children did you have that have died?</p>		
At Home	At School	At Work					NAIRA						MALE	FEMALE	MALE	FEMALE
s4aq35	s4aq35b	s4aq35c	s4aq36	s4aq36b	s4aq37	s4aq38	s4aq39	s4aq40	s4aq41	s4aq42	s4aq43	s4aq44a	s4aq44b	s4aq45a	s4aq45b	
35			36		37	38	39	40	41		42	43	44		45	
<p>INTERVIEWER: CHECK COLUMNS 23, 25, 27, 29, 31 AND 33: IF RESPONDENT HAS NO DIFFICULTIES (▶ Q37) IF RESPONDENT HAS SOME DIFFICULTIES:</p> <p>Does this difficulty reduce the amount of work you can do at home, at work or at school?</p> <p>ALL THE TIME.....1 SOMETIMES.....2 NOT AT ALL.....3 NOT ATTENDING SCHOOL OR WORKING.....4</p>			<p>During the past 12 months, what measures were taken to improve your performance of activities?</p> <p>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</p>		<p>Did you sleep under a bednet yesterday?</p> <p>YES UNTREATED NET.....1 YES TREATED NET&lt;6MONTHS.2 YES TREATED NET&gt;6MONTHS.3 NO.....4 (▶ Q40)</p>	<p>How did the household obtain this bednet?</p> <p>FREE GIFT...1 (▶ Q40) PURCHASED...2 PURCHASED W/ VOUCHER.3</p>	<p>How much did the household pay for the bednet?</p>	<p>Do you currently use family planning?</p> <p>YES.....1 NO...2 (▶ Q42)</p>	<p>What type of family planning do you currently use?</p> <p>PILL.....1 CONDOM.....2 INJECTION.....3 IUD.....4 FEMALE STERILIZATION.5 MALE STERILIZATION.6 DOUCHE.....7 NORPLANT.....8 FOAMING TAB...9 DIAPHRAM.....10 FOAM JELLY...11 TRADITIONAL METHODS.....12 ABSTINENCE.....13 WITHDRAWAL.....14 RHYTHM.....15 OTHERS (SPECIFY).....16</p>		<p>IS THIS PERSON A WOMAN AGED 12-49 YEARS?</p> <p>YES.....1 NO...2 (▶ Q51)</p>	<p>Have you ever been pregnant?</p> <p>YES.....1 NO...2 (▶ NEXT PERSON)</p>	<p>How many male and female children do you have living in other households?</p>	<p>How many male and female children did you have that have died?</p>		
At Home	At School	At Work					NAIRA						MALE	FEMALE	MALE	FEMALE

**ANTHROPOMETRY SECTION**

hd_50	hd_51	hd_52	hd_53	hd_54	hd_55	hd_56	hd_57 hd_57_os	hd_58	hd_59_1 hd_59_2 hd_59_3	hd_60_1 hd_60_2 hd_60_3	hd_61 hd_61b	hd_62	hd_63	hd_64			U
46.	47.	48.	49.	50.	51.	55.	56.	54a.	52.	53.	54.	53b.	57.	58.	59.	60.	
Are you currently pregnant?	Have you registered with the clinic?	How many times do you go to the clinic in a month?	Have you received any anti-tetanus injection?	In the past 12 months, did you give birth to a child, even if born dead? (Still birth).	INTERVIEWER: IS THIS PERSON A CHILD AGED LESS THAN 60 MONTHS (LESS THAN 5 YEARS)	INTERVIEWER: WAS [NAME] MEASURED?	INTERVIEWER: WHY WAS [NAME] NOT MEASURED?	INTERVIEWER: IS [NAME] ABLE TO STAND ALONE ON THE SCALE?	WEIGHT	LENGTH OR HEIGHT	INTERVIEWER: WHAT IS THE RESULT OF MEASUREMENT?	INTERVIEWER: WAS THE CHILD MEASURED STANING UP OR LAYING DOWN?	INTERVIEWER: WAS THERE ANYTHING ADDED TO [NAME]'S WEIGHT IN MEASUREMENT TODAY? (SUCH AS LIGHT CLOTHES THAT YOU COULDN'T REMOVE, HEAVY BRAIDS ETC)	INTERVIEWER: WAS THERE ANYTHING ADDED TO [NAME]'S LENGTH/ HEIGHT TODAY? (SUCH AS THICK BRAIDS, ORNAMENTS ETC)	INTERVIEWER: DO YOU HAVE ANY COMMENTS ON THE ANTHROPOMETRICS SECTION FOR [NAME]?	INTERVIEWER: WHAT IS YOUR COMMENT?	
YES.....1 NO.....2 (▶ Qhd_54)	YES.....1 NO.....2 (▶ Qhd_54)	NUMBER	YES.....1 NO.....2	YES.....1 NO.....2 (▶ SECTION 5)	YES.....1 NO.....2 (▶ NEXT PERSON)	YES...1 (▶ Qhd_58) NO.....2	NOT AT HOME DURING SURVEY PERIOD.....1 TOO ILL.....2 UNWILLING .....3 OTHER (SPECIFY).....4	YES.....1 NO.....2	UP TO TWO DECIMAL PLACES	CHILD UNDER 2 YRS OLD MEASURE  CHILD AGE 2 OR MORE YRS MEASURE HEIGHT (STANDING UP)	MEASURED.....1 NOT PRESENT.....2 SICK OR INJURED.....3 REFUSED.....4 OTHER SPECIFY.....5	STANDING UP.....1 LAYING DOWN.....2	YES.....1 NO.....2	YES.....1 NO.....2	YES.....1 NO.....2 (▶ NEXT PERSON)		
							(▶ NEXT PERSON)		KILOGRAMS	CENTIMETRES							
																	1
																	2
																	3
																	4
																	5
																	6
																	7
																	8
																	9
																	10
																	11
																	12

					s4aq51	s4aq55	s4aq56 s4aq56_os	s4aq54a	s4aq52_1 s4aq52_2 s4aq52_3	s4aq53_1 s4aq53_2 s4aq53_3		s4aq53b	s4aq57	s4aq58			W4
					51.	55.	56.	54a.	52.	53.		53b.	57.	58.	59.	60.	
					INTERVIEWER: IS THIS PERSON A CHILD AGED LESS THAN 60 MONTHS (LESS THAN 5 YEARS)	INTERVIEWER: WAS [NAME] MEASURED?	INTERVIEWER: WHY WAS [NAME] NOT MEASURED?	INTERVIEWER: IS [NAME] ABLE TO STAND ALONE ON THE SCALE?	WEIGHT	LENGTH OR HEIGHT		INTERVIEWER: WAS THE CHILD MEASURED STANING UP OR LAYING DOWN?	INTERVIEWER: WAS THERE ANYTHING ADDED TO [NAME]'S WEIGHT IN MEASUREMENT TODAY? (SUCH AS LIGHT CLOTHES THAT YOU COULDN'T REMOVE, HEAVY BRAIDS ETC)	INTERVIEWER: WAS THERE ANYTHING ADDED TO [NAME]'S LENGTH/ HEIGHT TODAY? (SUCH AS THICK BRAIDS, ORNAMENTS ETC)	INTERVIEWER: DO YOU HAVE ANY COMMENTS ON THE ANTHROPOMETRICS SECTION FOR [NAME]?	INTERVIEWER: WHAT IS YOUR COMMENT?	
					YES.....1 NO.....2 (▶ NEXT PERSON)	YES...1 (▶ Q54a) NO.....2	NOT AT HOME DURING SURVEY PERIOD.....1 TOO ILL.....2 UNWILLING .....3 OTHER (SPECIFY).....4	YES.....1 NO.....2	UP TO TWO DECIMAL PLACES	CHILD UNDER 2 YRS OLD MEASURE LENGTH (LYING DOWN)  CHILD AGE 2 OR MORE YRS MEASURE HEIGHT (STANDING UP)		STANDING UP.....1 LAYING DOWN.....2	YES.....1 NO.....2	YES.....1 NO.....2	YES.....1 NO.....2 (▶ NEXT PERSON)		
							(▶ NEXT PERSON)		KILOGRAMS	CENTIMETRES							



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

U	he_01	he_02	he_03	he_04	he_04b	he_05	he_05b	he_06	he_07	he_08	he_09	he_10	he_11	he_12	he_13	he_14	he_15
1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	11.	12.	13.	14.	15.			
I N D I V I D U A L  I D	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	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 FAITH BASE HOME.....4 OTHER, SPECIFY.....5	Who assisted at the delivery of [NAME]?  DOCTOR.....1 TRAINED NURSE/ MIDWIFE.....2 AUXILIARY MIDWIFE.....3 TRAINED TRADITIONAL MIDWIFE.....4 TRADITIONAL BIRTH ATTENDANT.....5 NO TRAINED BIRTH ATTENDANT.....6 OTHER.....7	What was the child's birthweight in kilograms?  WRITE 99 IF RESPONDENT DOES NOT KNOW	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	Was [NAME] immunized against DPT 1?  YES.....1 NO.....2	Was [NAME] immunized against DPT 2?  YES.....1 NO.....2	Was [NAME] immunized against DPT 3?  YES.....1 NO.....2	Was [NAME] immunized against OPV 0?  YES.....1 NO.....2	Was [NAME] immunized against OPV 1?  YES.....1 NO.....2	Was [NAME] immunized against OPV 2?  YES.....1 NO.....2	ID CODE	KILOGRAMS
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15		

WAVE SPECIFIC QUESTIONS

W2	s4bq1	s4bq2	s4bq3	s4bq4	s4bq4b	s4bq5	s4bq5b	s4bq6	s4bq7	s4bq8	s4bq9	s4bq10	s4bq11	s4bq12	s4bq13	s4bq14	s4bq15
1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	11.	12.	13.	14.	15.			
I N D I V I D U A L  I D	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	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 FAITH BASE HOME.....4 OTHER, SPECIFY.....5	Who assisted at the delivery of [NAME]?  DOCTOR.....1 TRAINED NURSE/ MIDWIFE.....2 AUXILIARY MIDWIFE.....3 TRAINED TRADITIONAL MIDWIFE.....4 TRADITIONAL BIRTH ATTENDANT.....5 NO TRAINED BIRTH ATTENDANT.....6 OTHER.....7	What was the child's birthweight in kilograms?  WRITE 99 IF RESPONDENT DOES NOT KNOW	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	Was [NAME] immunized against DPT 1?  YES.....1 NO.....2	Was [NAME] immunized against DPT 2?  YES.....1 NO.....2	Was [NAME] immunized against DPT 3?  YES.....1 NO.....2	Was [NAME] immunized against OPV 0?  YES.....1 NO.....2	Was [NAME] immunized against OPV 1?  YES.....1 NO.....2	Was [NAME] immunized against OPV 2?  YES.....1 NO.....2	ID CODE	KILOGRAMS
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15		

W1	s4bq1	s4bq2	s4bq3	s4bq4	s4bq4b	s4bq5	s4bq5b	s4bq6	s4bq7	s4bq8	s4bq9	s4bq10	s4bq11	s4bq12	s4bq13	s4bq14	s4bq15
1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	11.	12.	13.	14.	15.			
I N D I V I D U A L  I D	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	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 AUXILIARY 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	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	Was [NAME] immunized against DPT 1?  YES.....1 NO.....2	Was [NAME] immunized against DPT 2?  YES.....1 NO.....2	Was [NAME] immunized against DPT 3?  YES.....1 NO.....2	Was [NAME] immunized against OPV 0?  YES.....1 NO.....2	Was [NAME] immunized against OPV 1?  YES.....1 NO.....2	Was [NAME] immunized against OPV 2?  YES.....1 NO.....2	ID CODE	KILOGRAMS
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15		

BREAST FEEDING						BREAST FEEDING									
he_16	he_17	he_18	he_19	he_20	he_21	he_22	he_23	he_23b	he_24	he_25	he_25b	he_26a he_26b he_26c he_26d he_26e	he_27	he_28	U
16. Was [NAME] immunized against OPV 3?	17. Was [NAME] immunized against yellow fever?	18. Was [NAME] immunized against MMR?	19. Was [NAME] given vitamin A supplementation?	20. Is [NAME] currently being breastfed?	21. Has [NAME] ever been breastfed?	22. Did [NAME] ever receive first milk/colostrum (yellow breast milk)?	23. Why did [NAME] not receive first milk?		24. 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)?	25. Why were you not able to exclusively breastfeed [NAME] for 6 months?		26. Since this time yesterday, did [NAME] receive any of the following?	27. At what age in months, did [NAME] begin eating complementary food?	28. Since this time yesterday, has name been given anything to drink from a bottle with a nipple or teat?	
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 (▶ Qhe_26a)	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		IF RESPONSE IS 6 MONTHS OR MORE, (▶ Qhe_26a)	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		VITAMIN, MINERAL SUPPLEMENTS OR MEDICINE.....1 PLAIN WATER.....2 SWEETENED, FLAVORED WATER OR FRUIT 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.....8 (▶ Qhe_26)		YES.....1 NO.....2	
												LIST ALL THAT APPLY	MONTHS		
															1
															2
															3
															4
															5
															6
															7
															8
															9
															10
															11
															12

s4bq16	s4bq17	s4bq18	s4bq19	s4bq20	s4bq21	s4bq22	s4bq23	s4bq23b	s4bq24	s4bq25	s4bq25b	s4bq26a s4bq26b s4bq26c s4bq26d s4bq26e	s4bq27	s4bq28	W2
16. Was [NAME] immunized against OPV 3?	17. Was [NAME] immunized against yellow fever?	18. Was [NAME] immunized against MMR?	19. Was [NAME] given vitamin A supplementation?	20. Is [NAME] currently being breastfed?	21. Has [NAME] ever been breastfed?	22. Did [NAME] ever receive first milk/colostrum (yellow breast milk)?	23. Why did [NAME] not receive first milk?		24. 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)?	25. Why were you not able to exclusively breastfeed [NAME] for 6 months?		26. Since this time yesterday, did [NAME] receive any of the following?	27. At what age in months, did [NAME] begin eating complementary food?	28. Since this time yesterday, has name been given anything to drink from a bottle with a nipple or teat?	
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 26)	YES.1 (▶ Q 24) NO.....2	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		IF RESPONSE IS 6 MONTHS OR MORE, ▶ Q 26.	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		VITAMIN, MINERAL SUPPLEMENTS OR MEDICINE.....1 PLAIN WATER.....2 SWEETENED, FLAVORED WATER OR FRUIT 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.....8 (▶ Q26)		YES.....1 NO.....2	
												LIST ALL THAT APPLY	MONTHS		

s4bq16	s4bq17	s4bq18	s4bq19	s4bq20	s4bq21	s4bq22	s4bq23	s4bq23b	s4bq24	s4bq25	s4bq25b	s4bq26a s4bq26b s4bq26c s4bq26d s4bq26e	s4bq27	s4bq28	W1
16. Was [NAME] immunized against OPV 3?	17. Was [NAME] immunized against yellow fever?	18. Was [NAME] immunized against MMR?	19. Was [NAME] given vitamin A supplementation?	20. Is [NAME] currently being breastfed?	21. Has [NAME] ever been breastfed?	22. Did [NAME] ever receive first milk/colostrum (yellow breast milk)?	23. Why did [NAME] not receive first milk?		24. 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)?	25. Why were you not able to exclusively breastfeed [NAME] for 6 months?		26. Since this time yesterday, did [NAME] receive any of the following?	27. At what age in months, did [NAME] begin eating complementary food?	28. Since this time yesterday, has name been given anything to drink from a bottle with a nipple or teat?	
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)	YES.1 (▶ Q 24) NO.....2	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		IF RESPONSE IS 6 MONTHS OR MORE, ▶ Q 26.	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		VITAMIN, MINERAL SUPPLEMENTS OR MEDICINE.....1 PLAIN WATER.....2 SWEETENED, FLAVORED WATER OR FRUIT 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.....8 (▶ Q26)		YES.....1 NO.....2	
												LIST ALL THAT APPLY	MONTHS		

RESPONDENT: MOTHER OR PRIMARY CARETAKERS OF EACH CHILD BETWEEN 2 AND 18 YEARS OLD.

	Nf_01	Nf_02	Nf_03a	Nf_03b	Nf_03c	Nf_03d	Nf_03e	Nf_04	Nf_05	Nf_06	Nf_07	Nf_08	Nf_09	Nf_10	Nf_11	Nf_12	Nf_13
I N D I V I D U A L  I D	1. INTERVIEWER: IS [NAME] BETWEEN 2 AND 18 YEARS OLD TODAY?  YES.....1 NO.....2 (▶ NEXT PERSON)	2. INTERVIEWER: WHAT IS THE ID OF THE RESPONDENT FOR [NAME]?  EITHER THE MOTHER OR PRIMARY CARETAKER OF [NAME] SHOULD BE THE RESPONDENT. [NAME] SHOULD NOT RESPOND FOR HIM/HERSELF.	3. Going back to the first 3 years of [NAME]'s life, was there anything that seriously worried you or anyone else about [NAME]'s [...]?					4. Does [NAME] speak at all (can he or she make himself or herself understood in words; can he or she say any recognizable words)?  YES.....1 NO.....2 (▶ QHf_09)	5. Does [NAME] speak normally for his/her age?  YES.....1 NO.....2	6. Does [NAME] often repeat the same word or phrase over and over again in the same manner?  YES.....1 NO.....2	7. Does [NAME] repeat what you say? Copy your speech or the speech of others?  YES.....1 NO.....2	8. Does [NAME] initiate a conversation with you?  YES.....1 NO.....2	9. Can he/she communicate with you by using gestures? E.g. pointing with the index finger, nodding/shaking head for yes/no etc.  YES.....1 NO.....2	10. Does [NAME] smile back when people smile at him/her?  YES.....1 NO.....2	11. Does [NAME] maintain eye contact when talking to people?  YES.....1 NO.....2	12. Does [NAME] show the typical range of facial expressions? For instance, does he/she smile when happy? Show sadness when unhappy? Express surprise when something unexpected happens?  YES.....1 NO.....2	13. Does [NAME] participate in imaginative games like kitchen set/dolls/clay/telephone/toy gun/motor car OR 'teacher-student', 'thief-police', 'mother-child', etc. with other kids interactively?  YES.....1 NO.....2
	ID CODE		a) Language and communication development? YES.....1 NO.....2	b) Relationship with peers? YES.....1 NO.....2	c) Development and use of hands and limbs? YES.....1 NO.....2	d) Odd or repetitive behaviour? YES.....1 NO.....2	e) Ability to learn and do new things – things such as puzzles or helping get dressed? YES.....1 NO.....2										

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WAVE SPECIFIC QUESTIONS

	s4bq01	s4bq02	s4bq03a	s4bq03b	s4bq03c	s4bq03d	s4bq03e	s4bq04	s4bq05	s4bq06	s4bq07	s4bq08	s4bq09	s4bq10	s4bq11	s4bq12	s4bq13
I N D I V I D U A L  I D	1. INTERVIEWER: IS [NAME] BETWEEN 2 AND 18 YEARS OLD TODAY?  YES.....1 NO.....2 (▶ NEXT PERSON)	2. INTERVIEWER: WHAT IS THE ID OF THE RESPONDENT FOR [NAME]?  EITHER THE MOTHER OR PRIMARY CARETAKER OF [NAME] SHOULD BE THE RESPONDENT. [NAME] SHOULD NOT RESPOND FOR HIM/HERSELF.	3. Going back to the first 3 years of [NAME]'s life, was there anything that seriously worried you or anyone else about [NAME]'s [...]?					4. Does [NAME] speak at all (can he or she make himself or herself understood in words; can he or she say any recognizable words)?  YES.....1 NO.....2 (▶ Q9)	5. Does [NAME] speak normally for his/her age?  YES.....1 NO.....2	6. Does [NAME] often repeat the same word or phrase over and over again in the same manner?  YES.....1 NO.....2	7. Does [NAME] repeat what you say? Copy your speech or the speech of others?  YES.....1 NO.....2	8. Does [NAME] initiate a conversation with you?  YES.....1 NO.....2	9. Can he/she communicate with you by using gestures? E.g. pointing with the index finger, nodding/shaking head for yes/no etc.  YES.....1 NO.....2	10. Does [NAME] smile back when people smile at him/her?  YES.....1 NO.....2	11. Does [NAME] maintain eye contact when talking to people?  YES.....1 NO.....2	12. Does [NAME] show the typical range of facial expressions? For instance, does he/she smile when happy? Show sadness when unhappy? Express surprise when something unexpected happens?  YES.....1 NO.....2	13. Does [NAME] participate in imaginative games like kitchen set/dolls/clay/telephone/toy gun/motor car OR 'teacher-student', 'thief-police', 'mother-child', etc. with other kids interactively?  YES.....1 NO.....2
	ID CODE		a) Language and communication development? YES.....1 NO.....2	b) Relationship with peers? YES.....1 NO.....2	c) Development and use of hands and limbs? YES.....1 NO.....2	d) Odd or repetitive behaviour? YES.....1 NO.....2	e) Ability to learn and do new things – things such as puzzles or helping get dressed? YES.....1 NO.....2										

hf 14	hf 15	hf 16	hf 17	hf 18a	hf 18b	hf 18c	hf 18d	hf 18e	hf 19	hf 20	hf 21	hf 22	hf 23	hf 24	hf 25	U					
14. Does [NAME] appear to be in his/her own world, no matter what he/she is doing (even when with other children)?  YES.....1 NO.....2	15. Does [NAME] prefer to play alone rather than joining his peers?  YES.....1 NO.....2	16. Does [NAME] have interests that are not typical for children his or her age, like an interest objects like fans, light switches, radios, etc.?  YES.....1 NO.....2	17. Does [NAME] have any repetitive behaviour? For instance, arranging toys or household objects in a specific manner over and over again.  YES.....1 NO.....2	18. Does [NAME] keep on repeating any of the following?  DEMONSTRATE EACH ACTION					a) Flapping hands (moving hands up and down) YES.....1 NO.....2	b) Hand wringing (as if squeezing clothes) YES.....1 NO.....2	c) Toe-walking (walking on tip-toe) YES.....1 NO.....2	d) Swinging or spinning his/her body YES.....1 NO.....2	e) Making unusual finger or hand movements near his/her face? YES.....1 NO.....2	19. Does [NAME] insist on sameness and actively resist any change in his/ her routines?  For example: insisting on the same dress/asking for the same place to sit while eating/insisting on no change in the arrangement of the toys or household items. Bathing or getting dressed at a certain time and when unable to do so for some particular reason, does [NAME] get very upset?  YES.....1 NO.....2	20. Has [NAME] memorized unusual facts like schedules, history facts, or other sorts of facts that preoccupy him or her daily?  For example: when playing with a toy car, only want to play with the tyres and not the rest of the car.  YES.....1 NO.....2	21. Is [NAME] 'too obsessed' with certain activities or interests beyond what you would expect for a child of his/her age?  YES.....1 NO.....2	22. Does [NAME] have excessive interest in <b>odd or unusual</b> things/activities which other children do not have? E.g. collecting sweet wrappers, nylon bags, piece of rope, pulling thread and rubber band etc.  YES.....1 NO.....2	23. Does [NAME] prefer to play with a <b>particular part</b> of a toy/object rather than the whole toy/object?  YES.....1 NO.....2	24. Is [NAME] hypersensitive or under sensitive to certain sensory inputs i.e. is indifferent to pain? Overly upset by certain sounds or too sensitive to light?  YES.....1 NO.....2	25. Does [NAME] show an <b>unusual interest</b> in certain sensory aspects of the environment? E.g. excessive touching or smelling of objects?  YES.....1 NO.....2	

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s4bq14	s4bq15	s4bq16	s4bq17	s4bq18a	s4bq18b	s4bq18c	s4bq18d	s4bq18e	s4bq19	s4bq20	s4bq21	s4bq22	s4bq23	s4bq24	s4bq25	W3					
14. Does [NAME] appear to be in his/her own world, no matter what he/she is doing (even when with other children)?  YES.....1 NO.....2	15. Does [NAME] prefer to play alone rather than joining his peers?  YES.....1 NO.....2	16. Does [NAME] have interests that are not typical for children his or her age, like an interest objects like fans, light switches, radios, etc.?  YES.....1 NO.....2	17. Does [NAME] have any repetitive behaviour? For instance, arranging toys or household objects in a specific manner over and over again.  YES.....1 NO.....2	18. Does [NAME] keep on repeating any of the following?  DEMONSTRATE EACH ACTION					a) Flapping hands (moving hands up and down) YES.....1 NO.....2	b) Hand wringing (as if squeezing clothes) YES.....1 NO.....2	c) Toe-walking (walking on tip-toe) YES.....1 NO.....2	d) Swinging or spinning his/her body YES.....1 NO.....2	e) Making unusual finger or hand movements near his/her face? YES.....1 NO.....2	19. Does [NAME] insist on sameness and actively resist any change in his/ her routines?  For example: insisting on the same dress/asking for the same place to sit while eating/insisting on no change in the arrangement of the toys or household items. Bathing or getting dressed at a certain time and when unable to do so for some particular reason, does [NAME] get very upset?  YES.....1 NO.....2	20. Has [NAME] memorized unusual facts like schedules, history facts, or other sorts of facts that preoccupy him or her daily?  For example: when playing with a toy car, only want to play with the tyres and not the rest of the car.  YES.....1 NO.....2	21. Is [NAME] 'too obsessed' with certain activities or interests beyond what you would expect for a child of his/her age?  YES.....1 NO.....2	22. Does [NAME] have excessive interest in <b>odd or unusual</b> things/activities which other children do not have? E.g. collecting sweet wrappers, nylon bags, piece of rope, pulling thread and rubber band etc.  YES.....1 NO.....2	23. Does [NAME] prefer to play with a <b>particular part</b> of a toy/object rather than the whole toy/object?  YES.....1 NO.....2	24. Is [NAME] hypersensitive or under sensitive to certain sensory inputs i.e. is indifferent to pain? Overly upset by certain sounds or too sensitive to light?  YES.....1 NO.....2	25. Does [NAME] show an <b>unusual interest</b> in certain sensory aspects of the environment? E.g. excessive touching or smelling of objects?  YES.....1 NO.....2	

SECTION 5 - ICT

U	Ng_01	Ng_02	Ng_03	Ng_03b	Ng_04	Ng_05	Ng_05a	Ng_05b	Ng_05c	Ng_07	Ng_07b	Ng_08	Ng_09	Ng_10	Ng_10b	Ng_11	Ng_12	Ng_13	Ng_13b	Ng_14	Ng_15	Ng_15b	Ng_17	Ng_18	
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	
IS THIS PERSON TEN YEARS OLD OR OLDER?	Do you have access to a radio?	What is your main source of access to a radio?	How many radios do you own?	Do you have access to a television?	What are your favourite TV stations in order of preference?	What is your main source of access to a television?	How many televisions do you own?	Do you have access to a mobile phone?	What is your main source of access to a mobile phone?	How many mobile phones do you own?	Do you have access to a personal computer?	What is your main source of access to a personal computer?	How many personal computers do you own?	Do you have access to the internet?	What is your main source of access to the internet?	How many internet subscriptions do you have?	Do you use internet at home?								
YES.....1 NO.....2 (▶ END INTERVIEW)	YES.....1 NO.....2 (▶ QNg_05)	IF OPTIONS 2 - 6 SKIP TO QNg_15  OWNED.....1 FAMILY MEMBER/FRIEND/ NEIGHBOR.....2 UMBRELLA CENTRE.....3 WORKPLACE.....4 BUSINESS CENTRE.....5 MOBILE PHONE.....6 OTHER (SPECIFY).....7	NUMBER	YES.....1 NO.....2 (▶ QNg_09)	TV STATION CODES DBN.....1 CHANNELS.....2 MINA.....3 NTA.....4 MTV.....5 STATE TV.....6 FORGON/CABLE.....10 DID NOT USE IT TO WATCH TV.....11 OTHER (SPECIFY).....12	IF OPTIONS 3 - 4 SKIP TO QNg_09  OWNED.....1 FAMILY MEMBER/FRIEND/ NEIGHBOR.....2 UMBRELLA CENTRE.....3 WORKPLACE.....4 BUSINESS CENTRE.....5 OTHER (SPECIFY).....6	NUMBER	YES.....1 NO.....2 (▶ QNg_12)	OWNED.....1 FAMILY MEMBER/FRIEND/ NEIGHBOR.....2 UMBRELLA CENTRE.....3 WORKPLACE.....4 BUSINESS CENTRE.....5 OTHER (SPECIFY).....6	NUMBER	YES.....1 NO.....2 (▶ QNg_15)	OWNED.....1 FAMILY MEMBER/FRIEND/ NEIGHBOR.....2 UMBRELLA CENTRE.....3 WORKPLACE.....4 BUSINESS CENTRE.....5 OTHER (SPECIFY).....6	NUMBER	YES.....1 NO.....2 (▶ NEXT SECTION)	IF OPTIONS 2 - 6 SKIP TO QNg_15  OWNED.....1 FAMILY MEMBER/FRIEND/ NEIGHBOR.....2 UMBRELLA CENTRE.....3 WORKPLACE.....4 BUSINESS CENTRE.....5 OTHER (SPECIFY).....6	NUMBER	YES.....1 NO.....2 (▶ NEXT SECTION)	IF OPTIONS 2 - 6 SKIP TO QNg_18  SUBSCRIPTION.....1 FAMILY MEMBER/FRIEND/ NEIGHBOR.....2 UMBRELLA CENTRE.....3 WORKPLACE.....4 BUSINESS CENTRE.....5 OTHER (SPECIFY).....6	NUMBER	YES.....1 NO.....2					

WAVE SPECIFIC QUESTIONS

W2	sSq1	sSq2	sSq2b	sSq3	sSq4	sSq5a	sSq5b	sSq5c	sSq6	sSq6b	sSq7	sSq8	sSq9	sSq10	sSq11	sSq12	sSq12b	sSq13	sSq14	sSq15	sSq15b	sSq16	sSq17	
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	
IS THIS PERSON TEN YEARS OLD OR OLDER?	Do you have access to a radio?	What is your main source of access to a radio?	How many radios do you own?	Do you have access to a television?	What are your favourite TV stations in order of preference?	What is your main source of access to a television?	How many televisions do you own?	Do you have access to a mobile phone?	What is your main source of access to a mobile phone?	How many mobile phones do you own?	Do you have access to a personal computer?	What is your main source of access to a personal computer?	How many personal computers do you own?	Do you have access to the internet?	What is your main source of access to the internet?	How many internet subscriptions do you have?	Do you use internet at home?							
YES.....1 NO.....2 (▶ END INTERVIEW)	YES.....1 NO.....2 (▶ Q4)	IF OPTIONS 2 - 6 SKIP TO Q4  OWNED.....1 FAMILY MEMBER/FRIEND/ NEIGHBOR.....2 UMBRELLA CENTRE.....3 WORKPLACE.....4 BUSINESS CENTRE.....5 MOBILE PHONE.....6 OTHER (SPECIFY).....7	NUMBER	YES.....1 NO.....2 (▶ Q8)	TV STATION CODES DBN.....1 CHANNELS.....2 MINA.....3 NTA.....4 MTV.....5 STATE TV.....6 FORGON/CABLE.....10 DID NOT USE IT TO WATCH TV.....11 OTHER (SPECIFY).....12	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	NUMBER	YES.....1 NO.....2 (▶ Q11)	OWNED.....1 FAMILY MEMBER/FRIEND/ NEIGHBOR.....2 UMBRELLA CENTRE.....3 WORKPLACE.....4 BUSINESS CENTRE.....5 OTHER (SPECIFY).....6	NUMBER	YES.....1 NO.....2 (▶ Q14)	OWNED.....1 FAMILY MEMBER/FRIEND/ NEIGHBOR.....2 UMBRELLA CENTRE.....3 WORKPLACE.....4 BUSINESS CENTRE.....5 OTHER (SPECIFY).....6	NUMBER	YES.....1 NO.....2 (▶ NEXT SECTION)	IF OPTIONS 2 - 6 SKIP TO Q14  OWNED.....1 FAMILY MEMBER/FRIEND/ NEIGHBOR.....2 UMBRELLA CENTRE.....3 WORKPLACE.....4 BUSINESS CENTRE.....5 OTHER (SPECIFY).....6	NUMBER	YES.....1 NO.....2 (▶ NEXT SECTION)	IF OPTIONS 2 - 6 SKIP TO Q17  SUBSCRIPTION.....1 FAMILY MEMBER/FRIEND/ NEIGHBOR.....2 UMBRELLA CENTRE.....3 WORKPLACE.....4 BUSINESS CENTRE.....5 OTHER (SPECIFY).....6	NUMBER	YES.....1 NO.....2				

W1	sSq1	sSq2	sSq2b	sSq3	sSq4	sSq5a	sSq5b	sSq5c	sSq6	sSq6b	sSq7	sSq8	sSq9	sSq9b	sSq10	sSq11	sSq12	sSq12b	sSq13	sSq14	sSq15	sSq15b	sSq16	sSq17
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	
Do you have access to a radio?	What is your main source of access to a radio?	How many radios do you own?	Do you have access to a television?	What are your favourite TV stations in order of preference?	What is your main source of access to a television?	How many televisions do you own?	Do you have access to a mobile phone?	What is your main source of access to a mobile phone?	How many mobile phones do you own?	Do you have access to a personal computer?	What is your main source of access to a personal computer?	How many personal computers do you own?	Do you have access to the internet?	What is your main source of access to the internet?	How many internet subscriptions do you have?	Do you use the internet at home?								
YES.....1 NO.....2 (▶ Q4)	IF OPTIONS 2 - 6 SKIP TO Q4  OWNED.....1 FAMILY MEMBER/FRIEND/ NEIGHBOR.....2 UMBRELLA CENTRE.....3 WORKPLACE.....4 BUSINESS CENTRE.....5 OTHER (SPECIFY).....6	NUMBER	YES.....1 NO.....2 (▶ Q8)	TV STATION CODES DBN.....1 CHANNELS.....2 MINA.....3 NTA.....4 MTV.....5 STATE TV.....6 FORGON/CABLE.....10 DID NOT USE IT TO WATCH TV.....11 OTHER (SPECIFY).....12	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	NUMBER	YES.....1 NO.....2 (▶ Q11)	OWNED.....1 FAMILY MEMBER/FRIEND/ NEIGHBOR.....2 UMBRELLA CENTRE.....3 WORKPLACE.....4 BUSINESS CENTRE.....5 OTHER (SPECIFY).....6	NUMBER	YES.....1 NO.....2 (▶ Q14)	OWNED.....1 FAMILY MEMBER/FRIEND/ NEIGHBOR.....2 UMBRELLA CENTRE.....3 WORKPLACE.....4 BUSINESS CENTRE.....5 OTHER (SPECIFY).....6	NUMBER	YES.....1 NO.....2 (▶ NEXT SECTION)	IF OPTIONS 2 - 6 SKIP TO Q14  OWNED.....1 FAMILY MEMBER/FRIEND/ NEIGHBOR.....2 UMBRELLA CENTRE.....3 WORKPLACE.....4 BUSINESS CENTRE.....5 OTHER (SPECIFY).....6	NUMBER	YES.....1 NO.....2 (▶ NEXT SECTION)	IF OPTIONS 2 - 6 SKIP TO Q17  SUBSCRIPTION.....1 FAMILY MEMBER/FRIEND/ NEIGHBOR.....2 UMBRELLA CENTRE.....3 WORKPLACE.....4 BUSINESS CENTRE.....5 OTHER (SPECIFY).....6	NUMBER	YES.....1 NO.....2					

Ng. 19	Ng. 20	Ng. 21	Ng. 22	Ng. 23	Ng. 24	Ng. 25	Ng. 26	Ng. 27	Ng. 28	Ng. 29	Ng. 30	Ng. 31	Ng. 32	Ng. 33	Ng. 34	Ng. 35	Ng. 36	Ng. 37	Ng. 38	Ng. 39	U	
18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	
Do you use internet at a friend/neighbor's house?	Do you use internet at your workplace?	Do you use internet at a school?	Do you use internet at a business centre?	Do you use internet at a community facility centre?	Do you use internet at another location?	What is the other location where you use the internet?	During the last 12 months, how often did you use internet from any location?	During the last 12 months, did you use internet to get information about goods and services?	During the last 12 months, did you use internet to get information about government organizations?	During the last 12 months, did you use internet to get information related to health or health services?	During the last 12 months, did you use internet to send/receive email?	During the last 12 months, did you use internet to post information or instant message?	During the last 12 months, did you use internet to telephone over the internet/ VOIP?	During the last 12 months, did you use internet to purchase/ordering goods/services?	During the last 12 months, did you use internet to do internet banking?	During the last 12 months, did you use internet for education or learning activities?	During the last 12 months, did you use internet to play or download a video/computer game?	During the last 12 months, did you use internet to download movies, images, or music?	During the last 12 months, did you use internet to download software?	During the last 12 months, did you use internet to read/download newspapers, magazines, or books?		
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 (► Qng_26)	AT LEAST ONCE A DAY.....1 AT LEAST ONCE A WEEK.....2 LESS THAN ONCE A WEEK.....3	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	YES.....1 NO.....2	YES.....1 NO.....2	YES.....1 NO.....2	
DESCRIPTION																						
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s5q18	s5q19	s5q20	s5q21	s5q22	s5q23	s5q24	s5q25	s5q26	s5q27	s5q28	s5q29	s5q30	s5q31	s5q32	s5q33	s5q34	s5q35	s5q36	s5q37	s5q38	W2	
18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	
Do you use internet at a friend/neighbor's house?	Do you use internet at your workplace?	Do you use internet at a school?	Do you use internet at a business centre?	Do you use internet at a community facility centre?	Do you use internet at another location?	What is the other location where you use the internet?	During the last 12 months, how often did you use internet from any location?	During the last 12 months, did you use internet to get information about goods and services?	During the last 12 months, did you use internet to get information about government organizations?	During the last 12 months, did you use internet to get information related to health or health services?	During the last 12 months, did you use internet to send/receive email?	During the last 12 months, did you use internet to post information or instant message?	During the last 12 months, did you use internet to telephone over the internet/ VOIP?	During the last 12 months, did you use internet to purchase/ordering goods/services?	During the last 12 months, did you use internet to do internet banking?	During the last 12 months, did you use internet for education or learning activities?	During the last 12 months, did you use internet to play or download a video/computer game?	During the last 12 months, did you use internet to download movies, images, or music?	During the last 12 months, did you use internet to download software?	During the last 12 months, did you use internet to read/download newspapers, magazines, or books?		
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 (► Q25)	AT LEAST ONCE A DAY.....1 AT LEAST ONCE A WEEK.....2 LESS THAN ONCE A WEEK.....3	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	YES.....1 NO.....2	YES.....1 NO.....2	YES.....1 NO.....2	
DESCRIPTION																						

s5q18	s5q19	s5q20	s5q21	s5q22	s5q23	s5q24	s5q25	s5q26	s5q27	s5q28	s5q29	s5q30	s5q31	s5q32	s5q33	s5q34	s5q35	s5q36	s5q37	s5q38	W1	
18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	
Do you use internet at a friend/neighbor's house?	Do you use internet at your workplace?	Do you use internet at a school?	Do you use internet at a business centre?	Do you use internet at a community facility centre?	Do you use internet at another location?	What is the other location where you use the internet?	During the last 12 months, how often did you use internet from any location?	During the last 12 months, did you use internet to get information about goods and services?	During the last 12 months, did you use internet to get information about government organizations?	During the last 12 months, did you use internet to get information related to health or health services?	During the last 12 months, did you use internet to send/receive email?	During the last 12 months, did you use internet to post information or instant message?	During the last 12 months, did you use internet to telephone over the internet/ VOIP?	During the last 12 months, did you use internet to purchase/ordering goods/services?	During the last 12 months, did you use internet to do internet banking?	During the last 12 months, did you use internet for education or learning activities?	During the last 12 months, did you use internet to play or download a video/computer game?	During the last 12 months, did you use internet to download movies, images, or music?	During the last 12 months, did you use internet to download software?	During the last 12 months, did you use internet to read/download newspapers, magazines, or books?		
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 (► Q25)	AT LEAST ONCE A DAY.....1 AT LEAST ONCE A WEEK.....2 LESS THAN ONCE A WEEK.....3	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	YES.....1 NO.....2	YES.....1 NO.....2	YES.....1 NO.....2	
DESCRIPTION																						





hh_11	hh_12a	hh_12b hh_12b_os	hh_12_1 hh_12_2 hh_12_3 hh_12_4 hh_12_5 hh_12_11 hh_12_13 hh_12_14	hh_13 hh_13b	hh_14 hh_14_os	hh_15	hh_16	hh_17 hh_17_os	hh_18 hh_18_os	hh_19	hh_20_1 hh_20_2 hh_20_3 hh_20_4 hh_20_5 hh_20_6	hh_21	U
7.	8.	9.		9.	10.	11.	12.	13.	14.	15.	16.	17.	
What is the estimated value of the in-kind gift you received in Naira?	What is the estimated value of the in-kind assistance [NAME] received?  SPECIFY THE UNIT OF CURRENCY FOR THE ESTIMATED VALUE OF THE ASSISTANCE  CURRENCY CODE US DOLLAR.....1 EURO.....2 POUND STERLING.....3 NAIRA.....4 OTHER SPECIFY.....5	How was the in-kind assistance sent to [NAME]?  SELECT ALL THAT APPLY  RELATIONS.....1 FRIENDS.....2 COLLEAGUES.....3 NEIGHBORS.....4 ASSOCIATION/ RELIGIOUS ORGANIZATION.....5 COURIER SERVICES.....11 OTHER (SPECIFY).....10		Through whom was the gift sent to [NAME]?  RELATIONS.....1 FRIENDS.....2 COLLEAGUES.....3 NEIGHBORS.....4 ASSOCIATION/ RELIGIOUS ORGANIZATION.....5 OTHER (SPECIFY).....6	What was the main purpose for which the assistance was intended?  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 SPOUSE, PARENT OR OTHER RELATIVE.....8 PURCHASE OF AGRICULTURAL INPUTS.....9 PERSONAL USE.....10 OTHER SPECIFY.....11	REFER TO Q1: DID [NAME] RECEIVE MONETARY ASSISTANCE FROM ANY NON-HOUSEHOLD MEMBER LIVING WITHIN NIGERIA IN THE PAST 12 MONTHS?  YES.....1 NO.....2 (▶ Q1h_19)	What was the amount of cash [NAME] received the non-household members living within Nigeria?  NAIRA	How was the money sent to [NAME]?  RELATIONS.....1 FRIENDS.....2 COLLEAGUES.....3 NEIGHBORS.....4 ASSOCIATION/ RELIGIOUS ORGANIZATION.....5 BANK/WIRE TRANSFER.....8 MOBILE MONEY.....9 OTHER (SPECIFY).....10	What was the main purpose for which the assistance was intended?  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 SPOUSE, PARENT OR OTHER RELATIVE.....8 PURCHASE OF AGRICULTURAL INPUTS.....9 CONSTRUCTION OF BUILDINGS.....10 OTHER SPECIFY.....11	REFER TO Q1: DID [NAME] RECEIVE IN-KIND ASSISTANCE FROM ANY NON-HOUSEHOLD MEMBER LIVING WITHIN NIGERIA IN THE PAST 12 MONTHS?  YES.....1 NO.....2 (▶ NEXT PERSON)	What was the in-kind assistance that [NAME] received from a person living within Nigeria in the past 12 months?  EXCLUDE FOR SPECIAL OCCASIONS SUCH AS BIRTHDAY, FUNERALS,  VEHICLE.....1 HOME APPLIANCE/ ELECTRONICS.....2 CLOTHING/ FOOTWEAR.....3 PERSONAL ACCESSORIES.....4 OTHER (SPECIFY).....5	What is the estimated value of the in-kind assistance [NAME] received?  NAIRA	
NAIRA	AMOUNT	CURRENCY CODE					NAIRA					NAIRA	
													1
													2
													3
													4
													5
													6
													7
													8
													9
													10
													11
													12

s6q8a	s6q8b s6q8b_os	s6q9_1 s6q9_2 s6q9_3 s6q9_4 s6q9_5 s6q9_11 s6q9_10 s6q9_os	s6q10 s6q10_os	s6q11	s6q12	s6q13 s6q13_os	s6q14 s6q14_os	s6q15	s6q16_1 s6q16_2 s6q16_3 s6q16_4 s6q16_5 s6q16_os	s6q17	W4
8.	9.		10.	11.	12.	13.	14.	15.	16.	17.	
What is the estimated value of the in-kind assistance [NAME] received?  SPECIFY THE UNIT OF CURRENCY FOR THE ESTIMATED VALUE OF THE ASSISTANCE  CURRENCY CODE US DOLLAR.....1 EURO.....2 POUND STERLING.....3 NAIRA.....4	How was the in-kind assistance sent to [NAME]?  SELECT ALL THAT APPLY  RELATIONS.....1 FRIENDS.....2 COLLEAGUES.....3 NEIGHBORS.....4 ASSOCIATION/ RELIGIOUS ORGANIZATION.....5 COURIER SERVICES.....11 OTHER (SPECIFY).....10		What was the main purpose for which the assistance was intended?  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 SPOUSE, PARENT OR OTHER RELATIVE.....8 PURCHASE OF AGRICULTURAL INPUTS.....9 PERSONAL USE.....10 OTHER SPECIFY.....11	REFER TO Q1: DID [NAME] RECEIVE MONETARY ASSISTANCE FROM ANY NON-HOUSEHOLD MEMBER LIVING WITHIN NIGERIA IN THE PAST 12 MONTHS?  YES.....1 NO.....2 (▶ Q15)	What was the amount of cash [NAME] received the non-household members living within Nigeria?  NAIRA	How was the money sent to [NAME]?  RELATIONS.....1 FRIENDS.....2 COLLEAGUES.....3 NEIGHBORS.....4 ASSOCIATION/ RELIGIOUS ORGANIZATION.....5 BANK/WIRE TRANSFER.....8 MOBILE MONEY.....9 OTHER (SPECIFY).....10	What was the main purpose for which the assistance was intended?  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 SPOUSE, PARENT OR OTHER RELATIVE.....8 PURCHASE OF AGRICULTURAL INPUTS.....9 CONSTRUCTION OF BUILDINGS.....10 OTHER SPECIFY.....11	REFER TO Q1: DID [NAME] RECEIVE IN-KIND ASSISTANCE FROM ANY NON-HOUSEHOLD MEMBER LIVING WITHIN NIGERIA IN THE PAST 12 MONTHS?  YES.....1 NO.....2 (▶ NEXT PERSON)	What was the in-kind assistance that [NAME] received from a person living within Nigeria in the past 12 months?  EXCLUDE FOR SPECIAL OCCASIONS SUCH AS BIRTHDAY, FUNERALS,  VEHICLE.....1 HOME APPLIANCE/ ELECTRONICS.....2 CLOTHING/ FOOTWEAR.....3 PERSONAL ACCESSORIES.....4 OTHER (SPECIFY).....5	What is the estimated value of the in-kind assistance [NAME] received?  NAIRA	
AMOUNT	CURRENCY CODE				NAIRA					NAIRA	



SECTION 6A - BEHAVIOR

RESPONDENT: HEAD OF HOUSEHOLD, SPOUSE, OR OTHER SENIOR MEMBER

Now I want to ask you about a few hypothetical situations and your opinion on several topics.

U	
1. INTERVIEWER: PLEASE LIST THE INDIVIDUAL ID OF THE RESPONDENT FOR THIS SECTION.	hi_01
2. Imagine you have a choice between the following two options. OPTION 1: You receive 1000 Naira today. (▶ Qhi_03) OPTION 2: You receive 2000 Naira in 1 month. (▶ Qhi_04) Which do you prefer?  FOR Q2-Q12 RECORD CODE 1 IF OPTION 1 IS SELECTED AND CODE 2 IF OPTION 2 IS SELECTED.	hi_02
3. Imagine you have a choice between the following two options. OPTION 1: You receive 1000 Naira today. (▶ Qhi_05) OPTION 2: You receive 2500 Naira in 1 month. (▶ Qhi_05) Which do you prefer?	hi_03
4. Imagine you have a choice between the following two options. OPTION 1: You receive 1000 Naira today. OPTION 2: You receive 1500 Naira in 1 month. Which do you prefer?	hi_04
5. Imagine you have a choice between the following two options. OPTION 1: You receive 1000 Naira in 1 year. (▶ Qhi_06) OPTION 2: You receive 2000 Naira in 1 year and 1 month. (▶ hi_07) Which do you prefer?	hi_05
6. Imagine you have a choice between the following two options. OPTION 1: You receive 1000 Naira in 1 year. (▶ Qhi_08) OPTION 2: You receive 2500 Naira in 1 year and 1 month. (▶ Qhi_08) Which do you prefer?	hi_06
7. Imagine you have a choice between the following two options. OPTION 1: You receive 1000 Naira in 1 year. OPTION 2: You receive 1500 Naira in 1 year and 1 month. Which do you prefer?	hi_07
8. Imagine you have a choice between the following two options. OPTION 1: You receive 200 Naira for sure. (▶ Qhi_09) OPTION 2: I flip a 1 Naira Coin. If it shows Sir Herbert Macaulay, you get 600 Naira. If it's the coat of arms, you get 50 Naira. (▶ Qhi_10) Which do you prefer?	hi_08

U	
9. Imagine you have a choice between the following two options. OPTION 1: You receive 200 Naira for sure. (▶ Qhi_11) OPTION 2: I flip a 1 Naira Coin. If it shows Sir Herbert Macaulay, you get 800 Naira. If it's the coat of arms, you get 50 Naira. (▶ hi_11) Which do you prefer?	hi_09
10. Imagine you have a choice between the following two options. OPTION 1: You receive 200 Naira for sure. OPTION 2: I flip a 1 Naira Coin. If it shows Sir Herbert Macaulay, you get 400 Naira. If it's the coat of arms, you get 50 Naira. Which do you prefer?	hi_10
11. Suppose you want to invest some money. Which option do you prefer? OPTION 1: Investing in a business where I can't lose money but has low profits. OPTION 2: Investing in a business where there is a small chance I can lose money but potentially brings high profits.	hi_11
12. Generally speaking, would you say that most people can be trusted or that you need to be very careful in dealing with people?  MOST PEOPLE CAN BE TRUSTED.....1 NEED TO BE VERY CAREFUL.....2	hi_12

Please tell me whether you strongly agree, agree, disagree, or strongly disagree with the following statements:  STRONGLY AGREE.....1 AGREE.....2 DISAGREE.....3 STRONGLY DISAGREE.....4	
13. Most people would try to take advantage of you if they got a chance.	hi_13
14. The government can be trusted to do a good job.	hi_14
15. In the long run, hard work usually brings a better life.	hi_15

WAVE SPECIFIC QUESTIONS

Wave 3	
1. INTERVIEWER: PLEASE LIST THE INDIVIDUAL ID OF THE RESPONDENT FOR THIS SECTION.	s6aq01
2. Imagine you have a choice between the following two options. OPTION 1: You receive 1000 Naira today. (▶ Q3) OPTION 2: You receive 2000 Naira in 1 month. (▶ Q4) Which do you prefer?  FOR Q2-Q12 RECORD CODE 1 IF OPTION 1 IS SELECTED AND CODE 2 IF OPTION 2 IS SELECTED.	s6aq02
3. Imagine you have a choice between the following two options. OPTION 1: You receive 1000 Naira today. (▶ Q5) OPTION 2: You receive 2500 Naira in 1 month. (▶ Q5) Which do you prefer?	s6aq03
4. Imagine you have a choice between the following two options. OPTION 1: You receive 1000 Naira today. OPTION 2: You receive 1500 Naira in 1 month. Which do you prefer?	s6aq04
5. Imagine you have a choice between the following two options. OPTION 1: You receive 1000 Naira in 1 year. (▶ Q6) OPTION 2: You receive 2000 Naira in 1 year and 1 month. (▶ Q7) Which do you prefer?	s6aq05
6. Imagine you have a choice between the following two options. OPTION 1: You receive 1000 Naira in 1 year. (▶ Q8) OPTION 2: You receive 2500 Naira in 1 year and 1 month. (▶ Q8) Which do you prefer?	s6aq06
7. Imagine you have a choice between the following two options. OPTION 1: You receive 1000 Naira in 1 year. OPTION 2: You receive 1500 Naira in 1 year and 1 month. Which do you prefer?	s6aq07
8. Imagine you have a choice between the following two options. OPTION 1: You receive 200 Naira for sure. (▶ Q9) OPTION 2: I flip a 1 Naira Coin. If it shows Sir Herbert Macaulay, you get 600 Naira. If it's the coat of arms, you get 50 Naira. (▶ Q10) Which do you prefer?	s6aq08

WAVE SPECIFIC QUESTIONS

Wave 3	
9. Imagine you have a choice between the following two options. OPTION 1: You receive 200 Naira for sure. (▶ Q11) OPTION 2: I flip a 1 Naira Coin. If it shows Sir Herbert Macaulay, you get 800 Naira. If it's the coat of arms, you get 50 Naira. (▶ Q11) Which do you prefer?	s6aq09
10. Imagine you have a choice between the following two options. OPTION 1: You receive 200 Naira for sure. OPTION 2: I flip a 1 Naira Coin. If it shows Sir Herbert Macaulay, you get 400 Naira. If it's the coat of arms, you get 50 Naira. Which do you prefer?	s6aq10
11. Suppose you want to invest some money. Which option do you prefer? OPTION 1: Investing in a business where I can't lose money but has low profits. OPTION 2: Investing in a business where there is a small chance I can lose money but potentially brings high profits.	s6aq11
12. Generally speaking, would you say that most people can be trusted or that you need to be very careful in dealing with people?  MOST PEOPLE CAN BE TRUSTED.....1 NEED TO BE VERY CAREFUL.....2	s6aq12

Please tell me whether you strongly agree, agree, disagree, or strongly disagree with the following statements:  STRONGLY AGREE.....1 AGREE.....2 DISAGREE.....3 STRONGLY DISAGREE.....4	
13. Most people would try to take advantage of you if they got a chance.	s6aq13
14. The government can be trusted to do a good job.	s6aq14
15. In the long run, hard work usually brings a better life.	s6aq15

**SECTION 6B - ATTITUDE**  
**RESPONDENT: HEAD OF HOUSEHOLD OR OTHER SENIOR MEMBER**

Now I want to ask you some of the ways you may have felt or behaved in the last 7 days.

U	hj_00	hj_00_desc	hj_01	U
	C O D E	Item Description	1	
		During the last 7 days, how many days [...]	DAYS (0 - 7)	

	1	... Were you disturbed by things that don't normally bother you?		
	2	... Did you have trouble concentrating on what you were doing?		
	3	... Did you feel depressed?		
	4	... Did you feel that everything you did was a burden?		
	5	... Were you hopeful about the future?		
	6	... Did you feel afraid?		
	7	... Was your sleep restless?		
	8	... Were you happy?		
	9	... Did you feel lonely?		
	10	... Did you feel like not getting up in the morning		

**WAVE SPECIFIC QUESTIONS**

W3	s6bq00	s6bq00_desc	s6bq01	W3
	C O D E	Item Description	1	
		During the last 7 days, how many days [...]	DAYS (0 - 7)	

	1	... Were you disturbed by things that don't normally bother you?		
	2	... Did you have trouble concentrating on what you were doing?		
	3	... Did you feel depressed?		
	4	... Did you feel that everything you did was a burden?		
	5	... Were you hopeful about the future?		
	6	... Did you feel afraid?		
	7	... Was your sleep restless?		
	8	... Were you happy?		
	9	... Did you feel lonely?		
	10	... Did you feel like not getting up in the morning		



WAVE SPECIFIC QUESTIONS

W2	item_desc	item_cd	item_other	s7	s7q1	s7q2	s7q3	s7q4a s7q4b s7q4c	s7q5	s7q6	s7q7	s7q8a	s7q8b	s7q8c
	ITEM	ITEM CODE	IF NONE, PUT "0"	THE NUMBER OF [ITEM] OWNED BY HOUSEHOLD AT	1. Since last interview, have you or any member of your household sold any [ITEM] owned by members of your household? YES...1 NO...2 (▶ Q5)	2. How many of [ITEM] did you or anyone in your household sell?	3. How much did you receive from selling [ITEM]?	4. Who is the person whose [ITEM(S)] were sold?  WRITE THE ID OF THIS PERSON. IF MULTIPLE OWNERS, SEPARATE IDs BY COMMA	5. Since last interview, did you or anyone in your household purchase or receive as a gift any [ITEM]?  YES.....1 NO.....2 (▶ NEXT ITEM)	6. How many of [ITEM] did you or anyone in your household obtain?	7. What was the cost of [ITEM]?  ASK HOUSEHOLD MEMBER TO ESTIMATE THE COST IF [ITEM] WAS RECEIVED AS A GIFT	8. Who is the person that owns this new [ITEM]?  WRITE THE ID CODE OF THIS PERSON. IF MULTIPLE OWNERS, SEPARATE IDs BY COMMA	ID CODE	ID CODE
						No. OF ITEMS	NAIRA	ID CODE		No. OF ITEMS	NAIRA	ID CODE	ID CODE	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														
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														
Mobile Phone	332														
Inverter	333														
Others (Specify)	334														
Others (Specify)	334														
Others (Specify)	334														
Others (Specify)	334														
Others (Specify)	334														
Others (Specify)	334														
Others (Specify)	334														
Others (Specify)	334														
Others (Specify)	334														
Others (Specify)	334														
Others (Specify)	334														
Others (Specify)	334														

W1	item_desc	item_cd	s7other	s7X	s7q1	s7q2	s7q3	s7q4a s7q4b s7q4c	s7q5	s7q6	s7q7	s7q8a	s7q8b	s7q8c
	ITEM	ITEM CODE		MARK "X" IF HOUSEHOLD HAD THIS ITEM IN THE POST PLANTING INTERVIEW	1. 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)	2. How many of [ITEM] did you or anyone in your household sell?	3. How much did you receive from selling [ITEM]?	4. Who is the person whose [ITEM(S)] were sold?  WRITE THE ID OF THIS PERSON	5. 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)	6. How many of [ITEM] did you or anyone in your household obtain?	7. What was the cost of [ITEM]?  ASK HOUSEHOLD MEMBER TO ESTIMATE THE COST IF [ITEM] WAS RECEIVED AS A GIFT	8. Who is the person that owns this new [ITEM]?  WRITE THE ID CODE OF THIS PERSON. IF MULTIPLE OWNERS, SEPARATE IDs BY COMMA	ID CODE	ID CODE
						No. OF ITEMS	NAIRA	ID CODE		No. OF ITEMS	NAIRA	ID CODE	ID CODE	ID CODE

## SECTION 10C HH AGGREGATE FOOD CONSUMPTION

U		
item_cd	item_desc	hl_01 8
		8. Over the <u>past 7 days</u> , how many days did you or others in your household consume any [...]? IF NOT CONSUMED, RECORD ZERO.
		NUMBER OF DAYS
A	<b>Grains and Flours</b> (Maize Grain/Flour; Yam flour; Cassava flour; Rice; Millet ; Guinea corn/Sorghum; Wheat Flour; Bread; Other grains and flour)	
B	<b>Starchy Roots, Tubers, and Plantains</b> (Cassava Tuber; Gari; Sweet Potato; Yam; Irish Potato; Plantain; Other Roots and Tuber)	
C	<b>Pulses, Nuts and Seeds</b> (Soya Bean; Brown beans; White beans; Groundnuts; Other Nut/Seeds/Pulse)	
D	<b>Vegetables</b> (Onion; Garden egg/egg plant; Okra fresh and dried; Pepper; Tomato fresh and canned; Leaves/coocoyam and spinach; Other Vegetables/Leaves)	
E	<b>Meat, Fish and Animal Products</b> Eggs; Dried/Fresh/Smoked Fish (Excluding Fish Sauce/Powder); Beef; Goat Meat; Pork; Mutton; Wild game; Chicken; Duck; Other Meat	
F	<b>Meat, Fish and Animal Products used as condiments</b> Fish Sauce/Powder; Meat Sauce / Powder, etc. used in small amounts on top of meals as flavour	
G	<b>Fruits</b> (Mango; Banana; Orange/tangerine; Pineapple; Papaya; Avocado; Canned fruit; Other Fruit)	
H	<b>Milk/Milk Products</b> (Fresh/Powdered/Tinned Milk; Yogurt; Other Milk Product - Excluding Margarine/Butter or Small Amounts of Milk for Tea/Coffee)	
I	<b>Oil and Fats</b> (Palm Oil; Butter; Margarine; Groundnut oil; Other oil and fat)	
J	<b>Sugar/Sugar Products/Honey</b> (Sugar; Sugar Cane; Honey; Jam; Other Sweets and Confectionary)	
K	<b>Spices/Condiments</b> (Tea; Coffee/Chocolate drink/Milo; Salt; Spices; Pepper; Tomato Sauce; Fish Powder/Sauce; Other Condiment - Including Small Amounts of Milk for Tea/Coffee)	

W4		
item_cd	item_desc	s10cq8 8
		8. Over the <u>past 7 days</u> , how many days did you or others in your household consume any [...]? IF NOT CONSUMED, RECORD ZERO.
		NUMBER OF DAYS
A	<b>Grains and Flours</b> (Maize Grain/Flour; Yam flour; Cassava flour; Rice; Millet ; Guinea corn/Sorghum; Wheat Flour; Bread; Other grains and flour)	
B	<b>Starchy Roots, Tubers, and Plantains</b> (Cassava Tuber; Gari; Sweet Potato; Yam; Irish Potato; Plantain; Other Roots and Tuber)	
C	<b>Pulses, Nuts and Seeds</b> (Soya Bean; Brown beans; White beans; Groundnuts; Other Nut/Seeds/Pulse)	
D	<b>Vegetables</b> (Onion; Garden egg/egg plant; Okra fresh and dried; Pepper; Tomato fresh and canned; Leaves/coocoyam and spinach; Other Vegetables/Leaves)	
E	<b>Meat, Fish and Animal Products</b> Eggs; Dried/Fresh/Smoked Fish (Excluding Fish Sauce/Powder); Beef; Goat Meat; Pork; Mutton; Wild game; Chicken; Duck; Other Meat	
F	<b>Meat, Fish and Animal Products used as condiments</b> Fish Sauce/Powder; Meat Sauce / Powder, etc. used in small amounts on top of meals as flavour	
G	<b>Fruits</b> (Mango; Banana; Orange/tangerine; Pineapple; Papaya; Avocado; Canned fruit; Other Fruit)	
H	<b>Milk/Milk Products</b> (Fresh/Powdered/Tinned Milk; Yogurt; Other Milk Product - Excluding Margarine/Butter or Small Amounts of Milk for Tea/Coffee)	
I	<b>Oil and Fats</b> (Palm Oil; Butter; Margarine; Groundnut oil; Other oil and fat)	
J	<b>Sugar/Sugar Products/Honey</b> (Sugar; Sugar Cane; Honey; Jam; Other Sweets and Confectionary)	
K	<b>Spices/Condiments</b> (Tea; Coffee/Chocolate drink/Milo; Salt; Spices; Pepper; Tomato Sauce; Fish Powder/Sauce; Other Condiment - Including Small Amounts of Milk for Tea/Coffee)	

U			
hl_02 9	hl_03 10	hl_04 11	
9. 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]	For 10-11: IF NOT SHARED, RECORD ZERO.	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 [...]?
Yes...1 No.....2 (▶ NEXT SECTION)		NUMBER OF DAYS	NUMBER OF MEALS
	A Children 0-5 years		
	B Children 6-15 years		
	C Adults 16-65 years		
	D People over 65 years old		

W3		
item_cd	item_desc	s10cq8
		8. Over the <u>past 7 days</u> , how many days did you or others in your household consume any [...]? IF NOT CONSUMED, RECORD ZERO.
		NUMBER OF DAYS
A	<b>Grains and Flours</b> (Maize Grain/Flour; Yam flour; Cassava flour; Rice; Millet ; Guinea corn/Sorghum; Wheat Flour; Bread; Other grains and flour)	
B	<b>Starchy Roots, Tubers, and Plantains</b> (Cassava Tuber; Gari; Sweet Potato; Yam; Irish Potato; Plantain; Other Roots and Tuber)	
C	<b>Pulses, Nuts and Seeds</b> (Soya Bean;Brown beans; White beans; Groundnuts; Other Nut/Seeds/Pulse)	
D	<b>Vegetables</b> (Onion; Garden egg/egg plant; Okra fresh and dried; Pepper; Tomato fresh and canned; Leaves/coocoyam and spinach; Other Vegetables/Leaves)	
E	<b>Meat, Fish and Animal Products</b> Eggs; Dried/Fresh/Smoked Fish (Excluding Fish Sauce/Powder); Beef; Goat Meat; Pork; Mutton; Wild game; Chicken; Duck; Other Meat	
F	<b>Meat, Fish and Animal Products used as condiments</b> Fish Sauce/Powder; Meat Sauce / Powder, etc. used in small amounts on top of meals as flavour	
G	<b>Fruits</b> (Mango; Banana; Orange/tangerine; Pineapple; Papaya; Avocado; Canned fruit; Other Fruit)	
H	<b>Milk/Milk Products</b> (Fresh/Powdered/Tinned Milk; Yogurt; Other Milk Product - Excluding Margarine/Butter or Small Amounts of Milk for Tea/Coffee)	
I	<b>Oil and Fats</b> (Palm Oil; Butter; Margarine; Groundnut oil; Other oil and fat)	
J	<b>Sugar/Sugar Products/Honey</b> (Sugar; Sugar Cane; Honey; Jam; Other Sweets and Confectionary)	
L	<b>Spices/Condiments</b> (Tea; Coffee/Chocolate drink/Milo; Salt; Spices; Pepper; Tomato Sauce;Fish Powder/Sauce; Other Condiment - Including Small Amounts of Milk for Tea/Coffee)	

W3			
s10cq9	s10cq10		s10cq11
9	10	11	
9. 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]	For 10-11: IF NOT SHARED, RECORD ZERO.	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 [...]?
Yes...1 No.....2 (▶ NEXT SECTION)		NUMBER OF DAYS	NUMBER OF MEALS
	A	Children 0-5 years	
	B	Children 6-15 years	
	C	Adults 16-65 years	
	D	People over 65 years old	

W2		s10cq8
item_cd	item_desc	8
		8. Over the past 7 days, how many days did you or any person(s) that you did not list as household members? [READ LIST FROM HH ROSTER] IF NOT CONSUMED, RECORD ZERO.
		NUMBER OF DAYS
A	<b>Grains and Flours</b> (Maize Grain/Flour; Yam flour; Cassava flour; Rice; Millet ; Guinea corn/Sorghum; Wheat Flour; Bread; Other grains and flour)	
B	<b>Starchy Roots, Tubers, and Plantains</b> (Cassava Tuber; Gari; Sweet Potato; Yam; Irish Potato; Plantain; Other Roots and Tuber)	
C	<b>Pulses, Nuts and Seeds</b> (Soya Bean;Brown beans; White beans; Groundnuts; Other Nut/Seeds/Pulse)	
D	<b>Vegetables</b> (Onion; Garden egg/egg plant; Okra fresh and dried; Pepper; Tomato fresh and canned; Leaves/coocoyam and spinach; Other Vegetables/Leaves)	
E	<b>Meat, Fish and Animal Products</b> Eggs; Dried/Fresh/Smoked Fish (Excluding Fish Sauce/Powder); Beef; Goat Meat; Pork; Mutton; Wild game; Chicken; Duck; Other Meat	
F	<b>Meat, Fish and Animal Products used as condiments</b> Fish Sauce/Powder; Meat Sauce / Powder, etc. used in small amounts on top of meals as flavour	
G	<b>Fruits</b> (Mango; Banana; Orange/tangerine; Pineapple; Papaya; Avocado; Canned fruit; Other Fruit)	
H	<b>Milk/Milk Products</b> (Fresh/Powdered/Tinned Milk; Yogurt; Other Milk Product - Excluding Margarine/Butter or Small Amounts of Milk for Tea/Coffee)	
I	<b>Oil and Fats</b> (Palm Oil); Butter; Margarine; Groundnut oil; Other oil and fat)	
J	<b>Sugar/Sugar Products/Honey</b> (Sugar; Sugar Cane; Honey; Jam; Other Sweets and Confectionary)	
L	<b>Spices/Condiments</b> (Tea; Coffee/Chocolate drink/Milo; Salt; Spices; Pepper;Tomato Sauce;Fish Powder/Sauce; Other Condiment - Including Small Amounts of Milk for Tea/Coffee)	

W2					
s10cq9	9	s10cq10	10	s10cq11	11
	9. 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) <input type="text"/>	For 10-11: IF NOT SHARED, RECORD ZERO.	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	
	A	Children 0-5 years			
	B	Children 6-15 years			
	C	Adults 16-65 years			
	D	People over 65 years old			

W1		s10cq7
item_cd	item_desc	7
		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	<b>Grains and Flours</b> (Maize Grain/Flour; Yam flour; Cassava flour; Rice; Millet ; Guinea corn/Sorghum; Wheat Flour; Bread; Other grains and flour)	
B	<b>Starchy Roots, Tubers, and Plantains</b> (Cassava Tuber; Gari; Sweet Potato; Irish Potato; Plantain; Other Roots and Tuber)	
C	<b>Pulses, Nuts and Seeds</b> (Soya Bean;Brown beans; White beans; Groundnuts; Other Nut/Seeds/Pulse)	
D	<b>Vegetables</b> (Onion; Garden egg/egg plant; Okra fresh and dried; Pepper; Tomato fresh and canned; Leaves/coocoyam and spinach; Other Vegetables/Leaves)	
E	<b>Meat, Fish and Animal Products</b> Eggs; Dried/Fresh/Smoked Fish (Excluding Fish Sauce/Powder); Beef; Goat Meat; Pork; Mutton; Wild game; Chicken; Duck; Other Meat	
F	<b>Meat, Fish and Animal Products used as condiments</b> Fish Sauce/Powder; Meat Sauce / Powder, etc. used in small amounts on top of meals as flavour	
G	<b>Fruits</b> (Mango; Banana; Orange/tangerine; Pineapple; Avocado; Canned fruit; Other Fruit)	
H	<b>Milk/Milk Products</b> (Fresh/Powdered/Tinned Milk; Yogurt; Other Milk Product - Excluding Margarine/Butter or Small Amounts of Milk for Tea/Coffee)	
I	<b>Oil and Fats</b> (Palm Oil); Butter; Margarine; Groundnut oil; Other oil and fat)	
J	<b>Sugar/Sugar Products/Honey</b> (Sugar; Sugar Cane; Honey; Jam; Other Sweets and Confectionary)	
L	<b>Spices/Condiments</b> (Tea; Coffee/Chocolate drink/Milo; Salt; Spices; Pepper;Tomato Sauce;Fish Powder/Sauce; Other Condiment - Including Small Amounts of Milk for Tea/Coffee)	

W1					
s10cq8	8	s10cq9	9	s10cq10	10
	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) <input type="text"/>	For 9-10: IF NOT SHARED, RECORD ZERO.	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	
	A	Children 0-5 years			
	B	Children 6-15 years			
	C	Adults 16-65 years			
	D	People over 65 years old			

Section 14 Safety Nets

U			
0. INTERVIEWER: RECORD ID OF PRIMARY RESPONDENT			
1a. In the last 12 months, has any member of your household received any assistance from any institution such as the government, international organisations, religious bodies in form of?			hm_00
a. cash			hm_02a_1
b. food, including school feeding			hm_02a_2
c. other in-kind, such as animals			hm_02a_3
d. scholarship			hm_02a_4
1b. CAPI: IS THERE A "YES" RESPONSE IN QUESTION 1a?			hm_01b
			YES...1 NO...2 (▶ NEXT SECTION)

U	hm_01	hm_02a	hm_02b	hm_02c	hm_02d	hm_02e	hm_03	hm_04_1	hm_04_2	hm_04_3	hm_04_4	hm_04_5	hm_04_6	hm_04_7	hm_04_8	hm_04_9	hm_04_10	hm_04_11	hm_04_12	hm_04_13	hm_04_14	hm_04_15	hm_04_16	hm_04_17	hm_04_18	hm_04_19	hm_04_20	hm_04_21	hm_04_22	hm_04_23	hm_04_24	hm_04_25	hm_04_26	hm_04_27	hm_04_28	hm_04_29	hm_04_30	hm_04_31	hm_04_32	hm_04_33	hm_04_34	hm_04_35	hm_04_36	hm_04_37	hm_04_38	hm_04_39	hm_04_40	hm_04_41	hm_04_42	hm_04_43	hm_04_44	hm_04_45	hm_04_46	hm_04_47	hm_04_48	hm_04_49	hm_04_50	hm_04_51	hm_04_52	hm_04_53	hm_04_54	hm_04_55	hm_04_56	hm_04_57	hm_04_58	hm_04_59	hm_04_60	hm_04_61	hm_04_62	hm_04_63	hm_04_64	hm_04_65	hm_04_66	hm_04_67	hm_04_68	hm_04_69	hm_04_70	hm_04_71	hm_04_72	hm_04_73	hm_04_74	hm_04_75	hm_04_76	hm_04_77	hm_04_78	hm_04_79	hm_04_80	hm_04_81	hm_04_82	hm_04_83	hm_04_84	hm_04_85	hm_04_86	hm_04_87	hm_04_88	hm_04_89	hm_04_90	hm_04_91	hm_04_92	hm_04_93	hm_04_94	hm_04_95	hm_04_96	hm_04_97	hm_04_98	hm_04_99	hm_04_100	hm_04_101	hm_04_102	hm_04_103	hm_04_104	hm_04_105	hm_04_106	hm_04_107	hm_04_108	hm_04_109	hm_04_110	hm_04_111	hm_04_112	hm_04_113	hm_04_114	hm_04_115	hm_04_116	hm_04_117	hm_04_118	hm_04_119	hm_04_120	hm_04_121	hm_04_122	hm_04_123	hm_04_124	hm_04_125	hm_04_126	hm_04_127	hm_04_128	hm_04_129	hm_04_130	hm_04_131	hm_04_132	hm_04_133	hm_04_134	hm_04_135	hm_04_136	hm_04_137	hm_04_138	hm_04_139	hm_04_140	hm_04_141	hm_04_142	hm_04_143	hm_04_144	hm_04_145	hm_04_146	hm_04_147	hm_04_148	hm_04_149	hm_04_150	hm_04_151	hm_04_152	hm_04_153	hm_04_154	hm_04_155	hm_04_156	hm_04_157	hm_04_158	hm_04_159	hm_04_160	hm_04_161	hm_04_162	hm_04_163	hm_04_164	hm_04_165	hm_04_166	hm_04_167	hm_04_168	hm_04_169	hm_04_170	hm_04_171	hm_04_172	hm_04_173	hm_04_174	hm_04_175	hm_04_176	hm_04_177	hm_04_178	hm_04_179	hm_04_180	hm_04_181	hm_04_182	hm_04_183	hm_04_184	hm_04_185	hm_04_186	hm_04_187	hm_04_188	hm_04_189	hm_04_190	hm_04_191	hm_04_192	hm_04_193	hm_04_194	hm_04_195	hm_04_196	hm_04_197	hm_04_198	hm_04_199	hm_04_200	hm_04_201	hm_04_202	hm_04_203	hm_04_204	hm_04_205	hm_04_206	hm_04_207	hm_04_208	hm_04_209	hm_04_210	hm_04_211	hm_04_212	hm_04_213	hm_04_214	hm_04_215	hm_04_216	hm_04_217	hm_04_218	hm_04_219	hm_04_220	hm_04_221	hm_04_222	hm_04_223	hm_04_224	hm_04_225	hm_04_226	hm_04_227	hm_04_228	hm_04_229	hm_04_230	hm_04_231	hm_04_232	hm_04_233	hm_04_234	hm_04_235	hm_04_236	hm_04_237	hm_04_238	hm_04_239	hm_04_240	hm_04_241	hm_04_242	hm_04_243	hm_04_244	hm_04_245	hm_04_246	hm_04_247	hm_04_248	hm_04_249	hm_04_250	hm_04_251	hm_04_252	hm_04_253	hm_04_254	hm_04_255	hm_04_256	hm_04_257	hm_04_258	hm_04_259	hm_04_260	hm_04_261	hm_04_262	hm_04_263	hm_04_264	hm_04_265	hm_04_266	hm_04_267	hm_04_268	hm_04_269	hm_04_270	hm_04_271	hm_04_272	hm_04_273	hm_04_274	hm_04_275	hm_04_276	hm_04_277	hm_04_278	hm_04_279	hm_04_280	hm_04_281	hm_04_282	hm_04_283	hm_04_284	hm_04_285	hm_04_286	hm_04_287	hm_04_288	hm_04_289	hm_04_290	hm_04_291	hm_04_292	hm_04_293	hm_04_294	hm_04_295	hm_04_296	hm_04_297	hm_04_298	hm_04_299	hm_04_300	hm_04_301	hm_04_302	hm_04_303	hm_04_304	hm_04_305	hm_04_306	hm_04_307	hm_04_308	hm_04_309	hm_04_310	hm_04_311	hm_04_312	hm_04_313	hm_04_314	hm_04_315	hm_04_316	hm_04_317	hm_04_318	hm_04_319	hm_04_320	hm_04_321	hm_04_322	hm_04_323	hm_04_324	hm_04_325	hm_04_326	hm_04_327	hm_04_328	hm_04_329	hm_04_330	hm_04_331	hm_04_332	hm_04_333	hm_04_334	hm_04_335	hm_04_336	hm_04_337	hm_04_338	hm_04_339	hm_04_340	hm_04_341	hm_04_342	hm_04_343	hm_04_344	hm_04_345	hm_04_346	hm_04_347	hm_04_348	hm_04_349	hm_04_350	hm_04_351	hm_04_352	hm_04_353	hm_04_354	hm_04_355	hm_04_356	hm_04_357	hm_04_358	hm_04_359	hm_04_360	hm_04_361	hm_04_362	hm_04_363	hm_04_364	hm_04_365	hm_04_366	hm_04_367	hm_04_368	hm_04_369	hm_04_370	hm_04_371	hm_04_372	hm_04_373	hm_04_374	hm_04_375	hm_04_376	hm_04_377	hm_04_378	hm_04_379	hm_04_380	hm_04_381	hm_04_382	hm_04_383	hm_04_384	hm_04_385	hm_04_386	hm_04_387	hm_04_388	hm_04_389	hm_04_390	hm_04_391	hm_04_392	hm_04_393	hm_04_394	hm_04_395	hm_04_396	hm_04_397	hm_04_398	hm_04_399	hm_04_400	hm_04_401	hm_04_402	hm_04_403	hm_04_404	hm_04_405	hm_04_406	hm_04_407	hm_04_408	hm_04_409	hm_04_410	hm_04_411	hm_04_412	hm_04_413	hm_04_414	hm_04_415	hm_04_416	hm_04_417	hm_04_418	hm_04_419	hm_04_420	hm_04_421	hm_04_422	hm_04_423	hm_04_424	hm_04_425	hm_04_426	hm_04_427	hm_04_428	hm_04_429	hm_04_430	hm_04_431	hm_04_432	hm_04_433	hm_04_434	hm_04_435	hm_04_436	hm_04_437	hm_04_438	hm_04_439	hm_04_440	hm_04_441	hm_04_442	hm_04_443	hm_04_444	hm_04_445	hm_04_446	hm_04_447	hm_04_448	hm_04_449	hm_04_450	hm_04_451	hm_04_452	hm_04_453	hm_04_454	hm_04_455	hm_04_456	hm_04_457	hm_04_458	hm_04_459	hm_04_460	hm_04_461	hm_04_462	hm_04_463	hm_04_464	hm_04_465	hm_04_466	hm_04_467	hm_04_468	hm_04_469	hm_04_470	hm_04_471	hm_04_472	hm_04_473	hm_04_474	hm_04_475	hm_04_476	hm_04_477	hm_04_478	hm_04_479	hm_04_480	hm_04_481	hm_04_482	hm_04_483	hm_04_484	hm_04_485	hm_04_486	hm_04_487	hm_04_488	hm_04_489	hm_04_490	hm_04_491	hm_04_492	hm_04_493	hm_04_494	hm_04_495	hm_04_496	hm_04_497	hm_04_498	hm_04_499	hm_04_500	hm_04_501	hm_04_502	hm_04_503	hm_04_504	hm_04_505	hm_04_506	hm_04_507	hm_04_508	hm_04_509	hm_04_510	hm_04_511	hm_04_512	hm_04_513	hm_04_514	hm_04_515	hm_04_516	hm_04_517	hm_04_518	hm_04_519	hm_04_520	hm_04_521	hm_04_522	hm_04_523	hm_04_524	hm_04_525	hm_04_526	hm_04_527	hm_04_528	hm_04_529	hm_04_530	hm_04_531	hm_04_532	hm_04_533	hm_04_534	hm_04_535	hm_04_536	hm_04_537	hm_04_538	hm_04_539	hm_04_540	hm_04_541	hm_04_542	hm_04_543	hm_04_544	hm_04_545	hm_04_546	hm_04_547	hm_04_548	hm_04_549	hm_04_550	hm_04_551	hm_04_552	hm_04_553	hm_04_554	hm_04_555	hm_04_556	hm_04_557	hm_04_558	hm_04_559	hm_04_560	hm_04_561	hm_04_562	hm_04_563	hm_04_564	hm_04_565	hm_04_566	hm_04_567	hm_04_568	hm_04_569	hm_04_570	hm_04_571	hm_04_572	hm_04_573	hm_04_574	hm_04_575	hm_04_576	hm_04_577	hm_04_578	hm_04_579	hm_04_580	hm_04_581	hm_04_582	hm_04_583	hm_04_584	hm_04_585	hm_04_586	hm_04_587	hm_04_588	hm_04_589	hm_04_590	hm_04_591	hm_04_592	hm_04_593	hm_04_594	hm_04_595	hm_04_596	hm_04_597	hm_04_598	hm_04_599	hm_04_600	hm_04_601	hm_04_602	hm_04_603	hm_04_604	hm_04_605	hm_04_606	hm_04_607	hm_04_608	hm_04_609	hm_04_610	hm_04_611	hm_04_612	hm_04_613	hm_04_614	hm_04_615	hm_04_616	hm_04_617	hm_04_618	hm_04_619	hm_04_620	hm_04_621	hm_04_622	hm_04_623	hm_04_624	hm_04_625	hm_04_626	hm_04_627	hm_04_628	hm_04_629	hm_04_630	hm_04_631	hm_04_632	hm_04_633	hm_04_634	hm_04_635	hm_04_636	hm_04_637	hm_04_638	hm_04_639	hm_04_640	hm_04_641	hm_04_642	hm_04_643	hm_04_644	hm_04_645	hm_04_646	hm_04_647	hm_04_648	hm_04_649	hm_04_650	hm_04_651	hm_04_652	hm_04_653	hm_04_654	hm_04_655	hm_04_656	hm_04_657	hm_04_658	hm_04_659	hm_04_660	hm_04_661	hm_04_662	hm_04_663	hm_04_664	hm_04_665	hm_04_666	hm_04_667	hm_04_668	hm_04_669	hm_04_670	hm_04_671	hm_04_672	hm_04_673	hm_04_674	hm_04_675	hm_04_676	hm_04_677	hm_04_678	hm_04_679	hm_04_680	hm_04_681	hm_04_682	hm_04_683	hm_04_684	hm_04_685	hm_04_686	hm_04_687	hm_04_688	hm_04_689	hm_04_690	hm_04_691	hm_04_692	hm_04_693	hm_04_694	hm_04_695	hm_04_696	hm_04_697	hm_04_698	hm_04_699	hm_04_700	hm_04_701
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### SECTION 15b DEATHS

ho_01											
1. Has anyone in the household been deceased since 2013?										YES. ....1 NO.....2 (▶ NEXT SECTION)	
U	ho_02	ho_03	ho_04	ho_05a	ho_05b	ho_05c	ho_06	ho_06b	U		
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?			
	MALE.....1 FEMALE.....2							ILLNESS.....1 ACCIDENT/INJURY.....2 MURDER.....3 SUICIDE.....4 DIED IN SLEEP.....5 OTHER (SPECIFY).....6			
NAME			AGE	D	D	M	M	Y	Y		

s15bq1											
1. Has anyone in the household been deceased since 2013?										YES. ....1 NO.....2 (▶ NEXT SECTION)	
W3	s15bq3	s15bq4	s15bq5a	s15bq5b	s15bq5c	s15bq6	s15bq6b	W3			
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?			
	MALE.....1 FEMALE...2							ILLNESS.....1 ACCIDENT/INJURY...2 MURDER.....3 SUICIDE.....4 DIED IN SLEEP.....5 OTHER (SPECIFY).....6			
NAME			AGE	D	D	M	M	Y	Y		

**WAVE SPECIFIC QUESTIONS**

s15bq1								YES. ....1	
1. Has anyone in the household been in the last 12 months?								NO.....2 (▶ NEXT SECTION)	
W2	2.	s15bq3 3.	s15bq4 4.	s15bq5a s15bq5b s15bq5c 5.				s15bq6 s15bq6b 6.	W2
	What was the name of the deceased?	What was the sex of [NAME]?  MALE.....1 FEMALE.....2	What was [NAME'S] age when he/she died?	What was the date of death?				What was the cause of death?  ILLNESS.....1 ACCIDENT/INJURY....2 MURDER.....3 SUICIDE.....4 DIED IN SLEEP.....5 OTHER (SPECIFY).....6	
	NAME		AGE	D	D	M	M	Y	Y

s15bq1								YES. ....1	
1. Has anyone in the household been in the last 12 months?								NO.....2 (▶ NEXT SECTION)	
W1	2.	s15bq3 3.	4.	s15bq5a s15bq5b s15bq5c 5.				s15bq6 s15bq6b 6.	W1
	What was the name of the deceased?	What was the sex of [NAME]?  MALE.....1 FEMALE.....2	What was [NAME'S] age when he/she died?	What was the date of death?				What was the cause of death?  ILLNESS.....1 ACCIDENT/INJURY....2 MURDER.....3 SUICIDE.....4 DIED IN SLEEP.....5 OTHER (SPECIFY).....6	
	NAME		AGE	D	D	M	M	Y	Y

SECTION 15C - CONFLICT

U	hp_event_cd	hp_event_desc	hp_01	hp_02	hp_03a	hp_03b	hp_03b_os	hp_04a	hp_04b	hp_05a	hp_05b	hp_06a	hp_06b	hp_6b_os	hp_07a
	E V E N T  C O D E	Event Description	1.	2.	3a.	3b.		4a.	4b.	5a.	5b.	6a.	6b.		7a.
			Has your household been affected by [EVENT] since 2010?  RECORD RESPONSE FOR ALL EVENTS BEFORE MOVING TO Q2.  YES.....1 NO.....2 ▶ NEXT EVENT	How many times has [EVENT] occurred since 2010?	Did [EVENT] occur in 2010?  YES...1 NO...2 ▶ hp_04a	Who was the perpetrator of [EVENT] in 2010?  IF MORE THAN ONE EVENT, REFER TO WORST EVENT  SEE CODES ON FLIP PAGE	Did [EVENT] occur in 2011?  YES....1 NO....2 ▶ hp_05a	Who was the perpetrator of [EVENT] in 2011?  IF MORE THAN ONE EVENT, REFER TO WORST EVENT  SEE CODES ON FLIP PAGE		Did [EVENT] occur in 2012?  YES...1 NO...2 ▶ hp_06a	Who was the perpetrator of [EVENT] in 2012?  IF MORE THAN ONE EVENT, REFER TO WORST EVENT  SEE CODES ON FLIP PAGE	Did [EVENT] occur in 2013?  YES...1 NO...2 ▶ hp_07a	Who was the perpetrator of [EVENT] in 2013?  IF MORE THAN ONE EVENT, REFER TO WORST EVENT  SEE CODES ON FLIP PAGE	Did [EVENT] occur in 2014?  YES....1 NO....2 ▶ hp_08a	

1	any family member killed (not natural death)														
2	any member suffered physical aggression (with or without any type of weapon)														
3	any member injured/disabled (after direct attack)														
4	any member suffered sexual violence														
5	any member forced to work (for free)														
6	any member captured/kidnapped/abducted														
7	any member robbed (money or assets)														
8	any member made a refugee/internally														
9	family dwelling suffered from robbery														
10	family dwelling burned down/destroyed/seriously damaged/occupied														
11	family land occupied/expropriated/made unproductive														
12	family assets intentionally destroyed/seriously damaged														

W3	event_cd	event_desc	s15cq1	s15cq2	s15cq3a	s15cq3b	s15cq3b_os	s15cq4a	s15cq4b	s15cq5a	s15cq5b	s15cq6a	s15cq6b	s15cq6b_os	s15cq7a
	E V E N T  C O D E	EVENT	1.	2.	3a.	3b.		4a.	4b.	5a.	5b.	6a.	6b.		7a.
			Has your household been affected by [EVENT] since 2010?  RECORD RESPONSE FOR ALL EVENTS BEFORE MOVING TO Q2.  YES...1 NO....2 ▶ NEXT EVENT	How many times has [EVENT] occurred since 2010?	Did [EVENT] occur in 2010?  YES...1 NO...2 ▶ Q4a	Who was the perpetrator of [EVENT] in 2010?  IF MORE THAN ONE EVENT, REFER TO WORST EVENT  SEE CODES ON FLIP PAGE	Did [EVENT] occur in 2011?  YES....1 NO....2 ▶ Q5a	Who was the perpetrator of [EVENT] in 2011?  IF MORE THAN ONE EVENT, REFER TO WORST EVENT  SEE CODES ON FLIP PAGE		Did [EVENT] occur in 2012?  YES...1 NO...2 ▶ Q6a	Who was the perpetrator of [EVENT] in 2012?  IF MORE THAN ONE EVENT, REFER TO WORST EVENT  SEE CODES ON FLIP PAGE	Did [EVENT] occur in 2013?  YES...1 NO...2 ▶ Q7a	Who was the perpetrator of [EVENT] in 2013?  IF MORE THAN ONE EVENT, REFER TO WORST EVENT  SEE CODES ON FLIP PAGE	Did [EVENT] occur in 2014?  YES...1 NO...2 ▶ Q8a	

