

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

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

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

U	ha_01	ha_02	ha_03	ha_04	ha_05	ha_06	ha_06_os	ha_07	ha_08	ha_09	ha_10	ha_11	ha_12_day	ha_12_month	ha_12_year	ha_13	U
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
I N D I V I D U A L I D	<div>NAME</div> <div>PREFILL NAMES FROM POST PLANTING HOUSEHOLD ROSTER.</div> <div>THEN ASK: PLEASE GIVE ME THE NAMES OF ANY NEW MEMBERS THAT HAS JOINED YOUR HOUSEHOLD SINCE THE LAST VISIT.</div> <div>(CONFIRM THAT HOUSEHOLD HEAD HERE IS SAME AS HOUSEHOLD HEAD LISTED ON IDENTIFICATION PAGE.)</div>	<div>PREFILLED INFORMATION (OLD MEMBERS ONLY)</div> <div>SEX</div> <div>AGE</div>	<div>Is [NAME] still a member of this household?</div> <div>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.</div> <div>YES.....1 NO.....2 (► Q28)</div>	<div>Is the information (name, age, sex) above for [NAME] correct?</div> <div>YES.....1 (► Q28)</div> <div>NO.....2</div>	<div>What is incorrect?</div> <div>SELECT ALL THAT APPLY</div> <div>GENDER.....1 (► ANSWER Q28) AGE.....2 (► ANSWER Q28) NAME.....3</div>	<div>What is the sex of [NAME]?</div> <div>MALE.....1 FEMALE.....2</div>	<div>What is [NAME]'s relationship to the head of household?</div> <div>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</div>	<div>How old is [NAME] (IN COMPLETED YEARS)?</div> <div>IF OLDER THAN 7 ► Q28</div>	<div>Does [NAME] still live in this household?</div> <div>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.</div> <div>YES.....1 NO.....2 (► Q28)</div>	<div>INTERVIEWER: IS THIS PERSON A NEW MEMBER OF THE HOUSEHOLD (ADDED ON THIS VISIT), OR A CHILD SIX YEARS AND YOUNGER?</div> <div>YES.....1 NO.....2 (► Q28)</div>	<div>Does [NAME] have a government approved birth certificate?</div> <div>IF YES, ASK THE RESPONDENT IF YOU CAN SEE THE BIRTH CERTIFICATE FOR [NAME].</div> <div>YES.....1 Q28.....2 NO.....2</div>	<div>INTERVIEWER: WERE YOU ABLE TO OBSERVE THE BIRTH CERTIFICATE FOR [NAME]?</div> <div>YES.....1 NO/REFUSED.....2 NO/COULD NOT LOCATE.....3 NO/CERTIFICATE IS NOT IN THIS DWELLING.....4</div>	<div>In what day, month and year was [NAME] born?</div> <div>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.</div> <div>ASK DAY, MONTH AND YEAR IF 7 YEARS OR YOUNGER.</div> <div>FOR NEW MEMBERS OLDER THAN 7, ASK ONLY YEAR</div> <div>CHECK THAT AGE IN QUESTION 4 AND YEAR OF BIRTH IN THIS QUESTION ARE CONSISTENT.</div> <div>DAY</div> <div>MONTH</div> <div>YEAR</div>	<div>In the past 12 months, how many months has [NAME] been living in this household?</div> <div>RECORD THE NUMBER OF ACCUMULATED MONTHS, NOT CALENDAR MONTHS. IF LESS THAN 1 MONTH, PUT 0.</div> <div>MONTHS</div>			
1																	1
2																	2
3																	3
4																	4
5																	5
6																	6
7																	7
8																	8
9																	9
10																	10
11																	11
12																	12

W4	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
I N D I V I D U A L I D	<div>NAME</div> <div>PREFILL NAMES FROM POST PLANTING HOUSEHOLD ROSTER.</div> <div>THEN ASK: PLEASE GIVE ME THE NAMES OF ANY NEW MEMBERS THAT HAS JOINED YOUR HOUSEHOLD SINCE THE LAST VISIT.</div> <div>(CONFIRM THAT HOUSEHOLD HEAD HERE IS SAME AS HOUSEHOLD HEAD LISTED ON IDENTIFICATION PAGE.)</div>	<div>PREFILLED INFORMATION (OLD MEMBERS ONLY)</div> <div>SEX</div> <div>AGE</div>	<div>Is [NAME] still a member of this household?</div> <div>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.</div> <div>YES.....1 NO.....2 (► Q28)</div>	<div>Is the information (name, age, sex) above for [NAME] correct?</div> <div>YES.....1 (► Q28)</div> <div>NO.....2</div>	<div>What is incorrect?</div> <div>SELECT ALL THAT APPLY</div> <div>GENDER.....1 (► ANSWER Q28) AGE.....2 (► ANSWER Q28) NAME.....3</div>	<div>What is the sex of [NAME]?</div> <div>MALE.....1 FEMALE.....2</div>	<div>What is [NAME]'s relationship to the head of household?</div> <div>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</div>	<div>How old is [NAME] (IN COMPLETED YEARS)?</div> <div>IF OLDER THAN 7 ► Q6</div>			<div>Does [NAME] have a government approved birth certificate?</div> <div>IF YES, ASK THE RESPONDENT IF YOU CAN SEE THE BIRTH CERTIFICATE FOR [NAME].</div> <div>YES.....1 (► Q6) NO.....2</div>	<div>INTERVIEWER: WERE YOU ABLE TO OBSERVE THE BIRTH CERTIFICATE FOR [NAME]?</div> <div>YES.....1 NO/REFUSED.....2 NO/COULD NOT LOCATE.....3 NO/CERTIFICATE IS NOT IN THIS DWELLING.....4</div>	<div>In what day, month and year was [NAME] born?</div> <div>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.</div> <div>ASK DAY, MONTH AND YEAR IF 7 YEARS OR YOUNGER.</div> <div>FOR NEW MEMBERS OLDER THAN 7, ASK ONLY YEAR</div> <div>CHECK THAT AGE IN QUESTION 4 AND YEAR OF BIRTH IN THIS QUESTION ARE CONSISTENT.</div> <div>DAY</div> <div>MONTH</div> <div>YEAR</div>	<div>In the past 12 months, how many months has [NAME] been living in this household?</div> <div>RECORD THE NUMBER OF ACCUMULATED MONTHS, NOT CALENDAR MONTHS. IF LESS THAN 1 MONTH, PUT 0.</div> <div>MONTHS</div>			

W3											s1q2	s1q3	s1q3b	s1q4	s1q4a	s1q5	s1q6_day	s1q6_month	s1q6_year	W3
I N D I V I D U A L	1					2	3	4	4a	5			6							
	MAKE A COMPLETE LIST OF ALL INDIVIDUALS WHO NORMALLY LIVE AND EAT THEIR MEALS TOGETHER IN THIS HOUSEHOLD. (CONFIRM THAT HOUSEHOLD HEAD HERE IS SAME AS HOUSEHOLD HEAD LISTED ON IDENTIFICATION PAGE.)					What is the sex of [NAME]?  MALE.....1 FEMALE...2	What is [NAME]'s relationship to the head of household?  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	How old is [NAME] (IN COMPLETED YEARS)?  IF RESPONDENT DOESN'T KNOW, USE YEAR OF BIRTH TO CALCULATE AGE OR USE MAJOR EVENTS LISTED IN ENUMERATOR MANUAL TO PROMPT RESPONDENT.	Does [NAME] still live in this household?  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.  YES.....1 NO.....2 ► Q28	INTERVIEWER: IS THIS PERSON A NEW MEMBER OF THE HOUSEHOLD (ADDED ON THIS VISIT), OR A CHILD YOUNGER THAN SEVEN YEARS?  YES.....1 NO.....2 ► Q7		In what day, month and year was [NAME] born?  WRITE "99" FOR MONTHS AND DAYS IF RESPONDENT DOES NOT KNOW. IF THE AGE IS GIVEN THE YEAR IS NOT KNOWN, THE YEAR SHOULD BE ESTIMATED FROM THE AGE IN Q4.  CHECK THAT AGE IN QUESTION 4 AND YEAR OF BIRTH IN THIS QUESTION ARE CONSISTENT.								
		YEARS						DAY	MONTH	YEAR										
W2											s1q2	s1q3	s1q3b	s1q4	s1q5	s1q6_day	s1q6_month	s1q6_year	W2	
I N D I V I D U A L	1					2	3	4		5			6							
	LIST HOUSEHOLD HEAD ON LINE 1. MAKE A COMPLETE LIST OF ALL INDIVIDUALS WHO NORMALLY LIVE AND EAT THEIR MEALS TOGETHER IN THIS HOUSEHOLD, STARTING WITH THE HEAD OF HOUSEHOLD. (CONFIRM THAT HOUSEHOLD HEAD HERE IS SAME AS HOUSEHOLD HEAD LISTED ON IDENTIFICATION PAGE.)					What is the sex of [NAME]?  MALE.....1 FEMALE...2	What is [NAME]'s relationship to the head of household?  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	How old is [NAME] (IN COMPLETED YEARS)?  IF RESPONDENT DOESN'T KNOW, USE YEAR OF BIRTH TO CALCULATE AGE OR USE MAJOR EVENTS LISTED IN ENUMERATOR MANUAL TO PROMPT RESPONDENT.		INTERVIEWER: IS THIS PERSON A NEW MEMBER OF THE HOUSEHOLD (ADDED ON THIS VISIT), OR A CHILD SIX YEARS AND YOUNGER?  YES.....1 NO.....2 ► Q7		In what day, month and year was [NAME] born?  WRITE "99" FOR MONTHS AND DAYS IF RESPONDENT DOES NOT KNOW. IF THE AGE IS GIVEN THE YEAR IS NOT KNOWN, THE YEAR SHOULD BE ESTIMATED FROM THE AGE IN Q4.  CHECK THAT AGE IN QUESTION 4 AND YEAR OF BIRTH IN THIS QUESTION ARE CONSISTENT.								
		YEARS						DAY	MONTH	YEAR										
W1											s1q2	s1q3	s1q4	s1q5	s1q6_day	s1q6_month	s1q6_year	W1		
I N D I V I D U A L	1					2	3	4		5			6							
	LIST HOUSEHOLD HEAD ON LINE 1. MAKE A COMPLETE LIST OF ALL INDIVIDUALS WHO NORMALLY LIVE AND EAT THEIR MEALS TOGETHER IN THIS HOUSEHOLD, STARTING WITH THE HEAD OF HOUSEHOLD. (CONFIRM THAT HOUSEHOLD HEAD HERE IS SAME AS HOUSEHOLD HEAD LISTED ON IDENTIFICATION PAGE.)					What is the sex of [NAME]?  MALE.....1 FEMALE...2	What is [NAME]'s relationship to the head of household?  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	How old is [NAME] (IN COMPLETED YEARS)?  IF RESPONDENT DOESN'T KNOW, USE YEAR OF BIRTH TO CALCULATE AGE OR USE MAJOR EVENTS LISTED IN ENUMERATOR MANUAL TO PROMPT RESPONDENT.		INTERVIEWER: IS THIS PERSON A NEW MEMBER OF THE HOUSEHOLD (ADDED ON THIS VISIT)?  YES.....1 NO.....2 ► Q7		In what day, month and year was [NAME] born?  WRITE "99" FOR MONTHS AND DAYS IF RESPONDENT DOES NOT KNOW. IF THE AGE IS GIVEN THE YEAR IS NOT KNOWN, THE YEAR SHOULD BE ESTIMATED FROM THE AGE IN Q4.  CHECK THAT AGE IN QUESTION 4 AND YEAR OF BIRTH IN THIS QUESTION ARE CONSISTENT.								
		YEARS						DAY	MONTH	YEAR										

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
	8b.	8c.	7.	8.	9.	10.				11.	12.	12a	12b	12c	13a.	13b.	13c.	
I N D I V I D U A L  I D	CAPI: IS THIS A NEW MEMBER OR A PERSON 12 YEARS OR OLDER?	CAPI: IS THIS PERSON 12 YEARS OR OLDER?	What is [NAME]'s marital status?	INTERVIEWER: IS THIS PERSON A MALE IN A POLYGAMOUS MARRIAGE?	How many wives do you currently have?	In what year, did you get married to each of your wives respectively?				Does [NAME]'s spouse(s)/partner (s) live in this household now?	Which household member(s) are the spouse of [NAME]?	Other than English, what language does [NAME] primarily speak in the home?	Does [NAME] own a mobile phone?	Can [NAME]'s phone access the internet?	In what year did [NAME] get married to SPOUSE?	Does [NAME] have a spouse living outside the household?	How many spouses does [NAME] have who are residing outside the household?	
	YES.....1 NO.....2 (▶ NEXT SECTION)	YES.....1 NO.....2 (▶ Qhb_15)	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)	YES.....1 NO.....2 (▶ Qhb_07)		LIST THE YEAR FOR YOUR FIRST WIFE AND THEN THE YEAR OF MARRIAGE FOR UP TO 3 OTHER MOST RECENT WIVES.				YES.....1 NO.....2 (▶ Qhb_15)	COPY SPOUSE ID FROM ROSTER	IF MORE THAN ONE, REFER TO LANGUAGE MOST COMMONLY SPOKEN  ONLY ENGLISH.....1 HAUSA.....2 IGBO.....3 YORUBA.....4 FULFULDE.....5 KANURI.....6 UAW.....7 PIDGIN.....8 TIV.....9 EDO.....10 OTHER (SPECIFY).....11	YES.....1 NO.....2 (▶ Qhb_15)	YES.....1 NO.....2	YES.....1 NO.....2 (▶ Qhb_15)			
					NUMBER	WIFE 1	WIFE 2	WIFE 3	WIFE 4		ID CODE							
1																		
2																		
3																		
4																		
5																		
6																		
7																		
8																		
9																		
10																		
11																		
12																		
W4	s1q8b 8b.	s1q8c 8c.	s1q7 7.							s1q11 11.	s1q12_1 s1q12_2 s1q12_3 s1q12_4 12.				s1q13a_1 s1q13a_2 s1q13a_3 s1q13a_4 13a.	s1q13b 13b.	s1q13c 13c.	
I N D I V I D U A L  I D	CAPI: IS THIS A NEW MEMBER OR A PERSON 12 YEARS OR OLDER?	CAPI: IS THIS PERSON 12 YEARS OR OLDER?	What is [NAME]'s marital status?			CAPI: IS THIS A NEW MEMBER OR A PERSON 12 YEARS OR OLDER?				Does [NAME]'s spouse(s)/partn er(s) live in this household now?	Which household member(s) are the spouse of [NAME]?				In what year did [NAME] get married to SPOUSE?	Does [NAME] have a spouse living outside the household?	How many spouses does [NAME] have who are residing outside the household?	
	YES.....1 NO.....2 (▶ NEXT SECTION)	YES.....1 NO.....2 (▶ Q13)	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)							YES.....1 NO.....2 (▶ Q13)	COPY SPOUSE ID FROM ROSTER					YES.....1 NO.....2 (▶ Q13)		
											ID CODE							

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.  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)	9. How many wives do you currently have?    NUMBER					11. Does [NAME]'s spouse/ partner live in this household now?  [ASK ABOUT FIRST WIFE FOR RESPONDENTS WITH MULTIPLE WIVES].  YES.....1 NO.....2 (► Q12a)	12. 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	12a 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 ISO.....10 OTHER (SPECIFY).....11		12b Does [NAME] own a mobile phone?  YES.....1 NO.....2 (► Q13)	12c Can [NAME]'s phone access the internet?  YES.....1 NO.....2			
									ID CODE								
W2		s1q7	s1q8	s1q9	s1q10a	s1q10b	s1q10c	s1q10d	s1q11	s1q12							
I N D I V I D U A L  I D		7  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)	9 How many wives do you currently have?    NUMBER	10 In what year, did you get married to each of your wives respectively?  LIST THE YEAR FOR YOUR FIRST WIFE AND THEN THE YEAR OF MARRIAGE FOR UP TO 3 OTHER MOST RECENT WIVES.				11 Does [NAME]'s spouse/ partner live in this household now?  [ASK ABOUT FIRST WIFE FOR RESPONDENTS WITH MULTIPLE WIVES].  YES.....1 NO.....2 (► Q13)	12 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							
						WIFE 1	WIFE 2	WIFE 3	WIFE 4		ID CODE						
W1		s1q7	s1q8	s1q9	s1q10a	s1q10b	s1q10c	s1q10d	s1q11	s1q12							
I N D I V I D U A L  I D		7  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)	9 How many wives do you currently have?    NUMBER	10 In what year, did you get married to each of your wives respectively?  LIST THE YEAR FOR YOUR FIRST WIFE AND THEN THE YEAR OF MARRIAGE FOR UP TO 3 OTHER MOST RECENT WIVES.				11 Does [NAME]'s spouse/ partner live in this household now?  [ASK ABOUT FIRST WIFE FOR RESPONDENTS WITH MULTIPLE WIVES].  YES.....1 NO.....2 (► Q13)	12 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							
						WIFE 1	WIFE 2	WIFE 3	WIFE 4		ID CODE						



s1q13										s1q15	s1q16	s1q16b	s1q17	s1q18	s1q19	s1q20
13.									14.	15.	16.	16b	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	s1q17b	s1q18	s1q19	s1q20
13									14	15	16	16b	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			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							

[illegible]

s1q21		s1q22	s1q22_oth	s1q23	s1q24	s1q25	s1q26	s1q27	s1q27_os	s1q28	s1q28_os	s1q29	s1q30			
21.		22.		23.	24.	25.	26.	27.		28.		29.	30.			
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?			
None.....00 N1.....01 Secondary vocational/ technical.....321 N2.....02 commercial.....321 P1.....11 Tertiary vocational/ technical.....322 P2.....12 technical/ commercial.....322 P3.....13 Modern school.....33 P4.....14 P5.....15 P6.....16 Poly/Prof.....41 P7.....17 University levels 100, 100, or 300, 421 J51.....21 University 400 level.....422 J52.....22 University 500 level.....423 J53.....23 University 600 level.....424 S51.....24 Higher degree-43 S52.....25 Quaranic.....51 S53.....26 Integrated Quaranic.....52 Lower 6.....27 Adult Education.....61 Upper 6.....28 Teacher training.....31		AGRICULTURE.....1 MINING.....02 MANUFACTURING.....03 PROFESSIONAL/SCIENTIFIC/ TECHNICAL ACTIVITIES.....4 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 NEVER WORKED.....15	YES.....1 NO.....2 (▶ Q25)	COPY ID FROM ROSTER	YES.....1 NO.....2	NONE.....00 N1.....01 SECONDARY VOCATIONAL/ TECHNICAL/ COMMERCIAL.....321 P1.....11 TERTIARY VOCATIONAL/ TECHNICAL/ COMMERCIAL.....322 P2.....12 NCE.....34 P3.....13 POLY/PROF.....41 P4.....14 UNIVERSITY.....51 P5.....15 J51.....21 P6.....16 J52.....22 P7.....17 J53.....23 P8.....18 S51.....24 P9.....19 S52.....25 P10.....20 S53.....26 P11.....21 LOWER 6.....27 P12.....22 UPPER 6.....28 P13.....23 TEACHER TRAINING.....31	NONE.....00 N1.....01 VOCATIONAL/ TECHNICAL/ COMMERCIAL.....321 P1.....11 TERTIARY VOCATIONAL/ TECHNICAL/ COMMERCIAL.....322 P2.....12 NCE.....34 P3.....13 POLY/PROF.....41 P4.....14 UNIVERSITY.....51 P5.....15 J51.....21 P6.....16 J52.....22 P7.....17 J53.....23 P8.....18 S51.....24 P9.....19 S52.....25 P10.....20 S53.....26 P11.....21 LOWER 6.....27 P12.....22 UPPER 6.....28 P13.....23 TEACHER TRAINING.....31	AGRICULTURE.....05 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 NEVER WORKED.....15	DIVORCE/SEPARATION.....1 LEFT FOR STUDY/EDUCATIONAL OPPORTUNITY.....2 LEFT FOR WORK.....3 LEFT TO FIND BETTER LAND.....4 HEALTH REASON.....5 SECURITY REASONS.....6 FOR MARRIAGE/COMFORT.....7 TO JOIN THEIR FAMILY ALREADY IN OTHER LOCATION.....8 MOVED WITH FAMILY.....9 LEFT OUT OF OWN HOME.....10 UNABLE TO PAY DUE TO CONDUCT STRANDINGS/DEBT/INDEBTEDNESS/ PERSONAL SERVICES.....10 FACED A DISAGREEMENT.....11 DISPUTA WITH OTHER HOUSEHOLD MEMBERS.....12 ABUSED/NOT ABUSED.....13 ADULT.....14 (▶ NEXT PERSON) OTHER, SPECIFY.....15	AUG. 2018 OR BEFORE.....1 SEP. 2018.....2 OCT. 2018.....3 NOV. 2018.....4 DEC. 2018.....5 JAN. 2019.....6 FEB. 2019.....7	INSIDE NIGERIA.....1 OUTSIDE OF NIGERIA.....2 (▶ Q32)					
LEVEL					(▶ NEXT PERSON)			(▶ NEXT PERSON)								



21.	s1q21	s1q22b	s1q23	s1q24	s1q25	s1q26	s1q27b	s1q28	s1q28b	s1q29	s1q30	s1q31a	s1q31b	s1q31c	s1q31d
21.	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 P1.....11 Teacher training.....31 P2.....12 Vocational/ P3.....13 Technical.....32 P4.....14 Modern school.....33 P5.....15 NCE.....34 P6.....16 Poly/prof.....41 J51.....21 1st degree.....42 J52.....22 Higher degree.....43 J53.....23 Quaranic.....51 SS1.....24 Integrated SS2.....25 Quaranic.....52 SS3.....26 Adult Education.....61	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 SS1.....24 Quaranic.....52 SS2.....25 Adult Education.....61	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/ COHABITATION.....7 TO JOIN THEIR FAMILY ALREADY LIVING IN ANOTHER LOCATION.....8 MOVED WITH FAMILY.....9 LEFT TO SET UP OWN HOME.....10 UNABLE TO STAY DUE TO CONFLICT (ENEMY/INCOMPATIBILITY).....11 DISPUTE WITH OTHER HOUSEHOLD MEMBERS/COMMUNITY.....12 ABANDONED/UNWANTED.....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)

21	s1q21	s1q22b	s1q23	s1q24	s1q25	s1q26	s1q27b	s1q28	s1q29	s1q30	s1q31a	s1q31b	s1q31c	s1q31d	
21	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 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 SS1.....24 Quaranic.....52 SS2.....25 Adult Education.....61	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 SS1.....24 Quaranic.....52 SS2.....25 Adult Education.....61	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/ COHABITATION.....7 TO JOIN THEIR FAMILY ALREADY LIVING IN ANOTHER LOCATION.....8 MOVED WITH FAMILY.....9 LEFT TO SET UP OWN HOME.....10 DEAD.....11 INTERVIEW.....12 OTHER, (SPECIFY).....13	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					LEVEL	(► SECTION 2A)					LGA NAME	CODE	STATE NAME	CODE

26	s1q26	s1q27b	s1q28	s1q29	s1q30	s1q31	s1q32b	s1q33b	s1q34	s1q35	s1q36a	s1q36b	s1q36c	s1q36d	
26	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 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 SS1.....24 Quaranic.....52 SS2.....25 Adult Education.....61	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 SS1.....24 Quaranic.....52 SS2.....25 Adult Education.....61	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/ COHABITATION.....7 TO JOIN THEIR FAMILY ALREADY LIVING IN ANOTHER LOCATION.....8 MOVED WITH FAMILY.....9 LEFT TO SET UP OWN HOME.....10 DEAD.....11 OTHER, (SPECIFY).....12	Before August 2010.....1 August 2010.....2 Sept. 2010.....3 Oct. 2010.....4 Nov. 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					LEVEL	(► NEXT PERSON)					LGA NAME	CODE	STATE NAME	CODE



				s1q32	s1q33	s1q34	s1q34b	s1q35	s1q36	s1q36b	s1q37	s1q38	s1q39	s1q39b	s1q40	s1q41	W1	
				32.	33.	34.	35.	36.	37.	38.	39.	40.	41.					
				What country does [NAME] reside in at present?	How many months has [NAME] been abroad?	What was the most important reason [NAME] migrated abroad?	Has [NAME] found work or started work?	What is [NAME's] occupation?	What is the main economic activity of the enterprise that [NAME] is working in or of [NAME's] own business?	Who provided information on where to go and/or how to find work during [NAME's] move? (MAIN SOURCE)	From whom did [NAME] mainly obtain money in order to migrate for this move? (MAIN SOURCE)	While travelling or at the final destination did anyone else help [NAME]?	Who is the additional person that helped [NAME] while travelling or at the final destination? (SECOND SOURCE)					
				USE COUNTRY CODES ABOVE		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	YES.....1 NO.....2 DNK.....3		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	FAMILY.....1 FRIENDS.....2 NEIGHBORS.....3 EMPLOYERS.....4 GOVERNMENT.....5 SELF.....6 OTHER (SPECIFY).....7	FAMILY.....1 FRIENDS.....2 NEIGHBORS.....3 EMPLOYERS.....4 GOVERNMENT.....5 SELF.....6 OTHER (SPECIFY).....7	YES.....1 NO.....2 (▶ NEXT PERSON)	FAMILY.....1 FRIENDS.....2 Acquaintances.....3 STRANGERS.....4 NGOs.....5 RELIGIOUS ORGANIZATION.....6 GOVERNMENT ORGANIZATION.....7 OTHER.....8					
					MONTHS			DESCRIPTION	OCCUP. CODE TO BE CODED AFTER THE INTERVIEW							(▶ NEXT PERSON)		
				s1q32	s1q33	s1q34	s1q34b	s1q35	s1q36	s1q36b	s1q37	s1q37b	s1q38b	s1q39b	s1q40	s1q41	s1q41b	W2
				32.	33.	34.	35.	36.	37.	38.	39.	40.	41.					
				What country does [NAME] reside in at present?	How many months has [NAME] been abroad?	What was the most important reason [NAME] migrated abroad?	Has [NAME] found work or started work?	What is [NAME's] occupation?	What is the main economic activity of the enterprise that [NAME] is working in or of [NAME's] own business?	Who provided information on where to go and/or how to find work during [NAME's] move? (MAIN SOURCE)	From whom did [NAME] mainly obtain money in order to migrate for this move? (MAIN SOURCE)	While travelling or at the final destination did anyone else help [NAME]?	Who helped [NAME]? (SECOND SOURCE)					
				USE COUNTRY CODES ABOVE		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	YES.....1 NO.....2 DO NOT KNOW.....3		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	FAMILY.....1 FRIENDS.....2 NEIGHBORS.....3 EMPLOYERS.....4 GOVERNMENT.....5 SELF.....6 OTHER (SPECIFY).....7	FAMILY.....1 FRIENDS.....2 NEIGHBORS.....3 EMPLOYERS.....4 GOVERNMENT.....5 SELF.....6 OTHER (SPECIFY).....7	YES.....1 NO.....2 DO NOT KNOW.....3	FAMILY.....1 FRIENDS.....2 Acquaintances.....3 STRANGERS.....4 NGOs.....5 RELIGIOUS ORGANIZATION.....6 GOVERNMENT ORGANIZATION.....7 OTHER.....8					
					MONTHS			DESCRIPTION	OCCUP. CODE TO BE CODED AFTER THE INTERVIEW							(▶ NEXT PERSON)		
				s1q37	s1q38	s1q39	s1q39b	s1q40	s1q41	s1q42	s1q42b	s1q43	s1q43b	s1q44	s1q44b	s1q46	s1q44b	W1
				37.	38.	39.	39b.	40.	41.	42.	42b.	43.	43b.	44.	44b.	46.	46b.	
				What country does [NAME] reside in at present?	How many months has [NAME] been abroad?	What was the most important reason [NAME] migrated abroad?	Has [NAME] found work or started work?	What is [NAME's] occupation?	What is the main economic activity of the enterprise that [NAME] is working in or of [NAME's] own business?	Who provided information on where to go and/or how to find work during [NAME's] move? (MAIN SOURCE)	From whom did [NAME] mainly obtain money in order to migrate for this move? (MAIN SOURCE)	While travelling or at the final destination did anyone else help [NAME]?	Who helped [NAME]? (SECOND SOURCE)					
				USE COUNTRY CODES ABOVE		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	YES.....1 NO.....2 DO NOT KNOW.....3		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	FAMILY.....1 FRIENDS.....2 NEIGHBORS.....3 EMPLOYERS.....4 GOVERNMENT.....5 SELF.....6 OTHER (SPECIFY).....7	FAMILY.....1 FRIENDS.....2 NEIGHBORS.....3 EMPLOYERS.....4 GOVERNMENT.....5 SELF.....6 OTHER (SPECIFY).....7	YES.....1 NO.....2 DO NOT KNOW.....3	FAMILY.....1 FRIENDS.....2 Acquaintances.....3 STRANGERS.....4 NGOs.....5 RELIGIOUS ORGANIZATION.....6 GOVERNMENT ORGANIZATION.....7 OTHER.....8					
					MONTHS			DESCRIPTION	OCCUP. CODE TO BE CODED AFTER THE INTERVIEW							(▶ 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 ID	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 (▶ Qhc_4)	YES.....1 NO.....2 (▶ Qhc_04)	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  (▶ Qhc_16)		NONE.....00 N1.....01 N2.....02 P1.....11 P2.....12 P3.....13 P4.....14 P5.....15 P6.....16 P7.....17 P8.....18 P9.....19 P10.....20 P11.....21 P12.....22 P13.....23 P14.....24 P15.....25 P16.....26 P17.....27 P18.....28 P19.....29 P20.....30 P21.....31 P22.....32 P23.....33 P24.....34 P25.....35 P26.....36 P27.....37 P28.....38 P29.....39 P30.....40 P31.....41 P32.....42 P33.....43 P34.....44 P35.....45 P36.....46 P37.....47 P38.....48 P39.....49 P40.....50 P41.....51 P42.....52 P43.....53 P44.....54 P45.....55 P46.....56 P47.....57 P48.....58 P49.....59 P50.....60 P51.....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)				
													CODE		NAIRA	YEARS	

THE QUESTIONS ARE THE SAME IN ALL WAVES  
BUT THE SCHOOL YEAR IN SPECIFIC WAVE IS NOT  
THE SAME

### WAVE SPECIFIC QUESTIONS

WAVE 3: KINE QUESTIONS																	
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
I	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?					
N			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 Lower 6.....27 N2.....02 Upper 6.....28 P1.....11 Teacher training.....31 P2.....12 Vocational/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 quaranic.....52 S51.....24 Adult education.....61 S52.....25 S53.....26	YES.....1 (► Q3) NO.....2 (► 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 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)							
I	YES.....1	YES.....1 (► Q3)															
V	NO.....2	NO.....2															
I	(► SECTION 4)																
D																	
U																	
A																	
L																	
I																	
D																	
			(► Q15)										CODE		NAIRA	YEARS	

	s2bq1	s2bq2	s2bq2b	s2bq3	s2bq4	s2bq5	s2bq5b	s2bq6	s2bq6b	s2bq7	s2bq7b	s2bq8	s2bq9	s2bq10	s2bq11
W1	1	2	3	4	5	6	7	8	9	10	11				
I N D I V I D U A L  I D	Are you presently in school (2010-2011) school year?	Why are you not currently in school?  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  (► Q15)	In what level and year of school are you enrolled this 2010-2011 school year?  None.....00 N1.....01 N2.....02 P1.....11 P2.....12 P3.....13 P4.....14 P5.....15 P6.....16 P7.....17 P8.....18 P9.....19 P10.....20 P11.....21 P12.....22 P13.....23 P14.....24 P15.....25 P16.....26 P17.....27 P18.....28 P19.....29 P20.....30 P21.....31 P22.....32 P23.....33 P24.....34 P25.....35 P26.....36 P27.....37 P28.....38 P29.....39 P30.....40 P31.....41 P32.....42 P33.....43 P34.....44 P35.....45 P36.....46 P37.....47 P38.....48 P39.....49 P40.....50 P41.....51 P42.....52 P43.....53 P44.....54 P45.....55 P46.....56 P47.....57 P48.....58 P49.....59 P50.....60 P51.....61 P52.....62 P53.....63 P54.....64 P55.....65 P56.....66 P57.....67 P58.....68 P59.....69 P60.....70 P61.....71 P62.....72 P63.....73 P64.....74 P65.....75 P66.....76 P67.....77 P68.....78 P69.....79 P70.....80 P71.....81 P72.....82 P73.....83 P74.....84 P75.....85 P76.....86 P77.....87 P78.....88 P79.....89 P80.....90 P81.....91 P82.....92 P83.....93 P84.....94 P85.....95 P86.....96 P87.....97 P88.....98 P89.....99 P90.....00 P91.....01 P92.....02 P93.....03 P94.....04 P95.....05 P96.....06 P97.....07 P98.....08 P99.....09 P100.....10 P101.....11 P102.....12 P103.....13 P104.....14 P105.....15 P106.....16 P107.....17 P108.....18 P109.....19 P110.....20 P111.....21 P112.....22 P113.....23 P114.....24 P115.....25 P116.....26 P117.....27 P118.....28 P119.....29 P120.....30 P121.....31 P122.....32 P123.....33 P124.....34 P125.....35 P126.....36 P127.....37 P128.....38 P129.....39 P130.....40 P131.....41 P132.....42 P133.....43 P134.....44 P135.....45 P136.....46 P137.....47 P138.....48 P139.....49 P140.....50 P141.....51 P142.....52 P143.....53 P144.....54 P145.....55 P146.....56 P147.....57 P148.....58 P149.....59 P150.....60 P151.....61 P152.....62 P153.....63 P154.....64 P155.....65 P156.....66 P157.....67 P158.....68 P159.....69 P160.....70 P161.....71 P162.....72 P163.....73 P164.....74 P165.....75 P166.....76 P167.....77 P168.....78 P169.....79 P170.....80 P171.....81 P172.....82 P173.....83 P174.....84 P175.....85 P176.....86 P177.....87 P178.....88 P179.....89 P180.....90 P181.....91 P182.....92 P183.....93 P184.....94 P185.....95 P186.....96 P187.....97 P188.....98 P189.....99 P190.....00 P191.....01 P192.....02 P193.....03 P194.....04 P195.....05 P196.....06 P197.....07 P198.....08 P199.....09 P200.....10 P201.....11 P202.....12 P203.....13 P204.....14 P205.....15 P206.....16 P207.....17 P208.....18 P209.....19 P210.....20 P211.....21 P212.....22 P213.....23 P214.....24 P215.....25 P216.....26 P217.....27 P218.....28 P219.....29 P220.....30 P221.....31 P222.....32 P223.....33 P224.....34 P225.....35 P226.....36 P227.....37 P228.....38 P229.....39 P230.....40 P231.....41 P232.....42 P233.....43 P234.....44 P235.....45 P236.....46 P237.....47 P238.....48 P239.....49 P240.....50 P241.....51 P242.....52 P243.....53 P244.....54 P245.....55 P246.....56 P247.....57 P248.....58 P249.....59 P250.....60 P251.....61 P252.....62 P253.....63 P254.....64 P255.....65 P256.....66 P257.....67 P258.....68 P259.....69 P260.....70 P261.....71 P262.....72 P263.....73 P264.....74 P265.....75 P266.....76 P267.....77 P268.....78 P269.....79 P270.....80 P271.....81 P272.....82 P273.....83 P274.....84 P275.....85 P276.....86 P277.....87 P278.....88 P279.....89 P280.....90 P281.....91 P282.....92 P283.....93 P284.....94 P285.....95 P286.....96 P287.....97 P288.....98 P289.....99 P290.....00 P291.....01 P292.....02 P293.....03 P294.....04 P295.....05 P296.....06 P297.....07 P298.....08 P299.....09 P300.....10 P301.....11 P302.....12 P303.....13 P304.....14 P305.....15 P306.....16 P307.....17 P308.....18 P309.....19 P310.....20 P311.....21 P312.....22 P313.....23 P314.....24 P315.....25 P316.....26 P317.....27 P318.....28 P319.....29 P320.....30 P321.....31 P322.....32 P323.....33 P324.....34 P325.....35 P326.....36 P327.....37 P328.....38 P329.....39 P330.....40 P331.....41 P332.....42 P333.....43 P334.....44 P335.....45 P336.....46 P337.....47 P338.....48 P339.....49 P340.....50 P341.....51 P342.....52 P343.....53 P344.....54 P345.....55 P346.....56 P347.....57 P348.....58 P349.....59 P350.....60 P351.....61 P352.....62 P353.....63 P354.....64 P355.....65 P356.....66 P357.....67 P358.....68 P359.....69 P360.....70 P361.....71 P362.....72 P363.....73 P364.....74 P365.....75 P366.....76 P367.....77 P368.....78 P369.....79 P370.....80 P371.....81 P372.....82 P373.....83 P374.....84 P375.....85 P376.....86 P377.....87 P378.....88 P379.....89 P380.....90 P381.....91 P382.....92 P383.....93 P384.....94 P385.....95 P386.....96 P387.....97 P388.....98 P389.....99 P390.....00 P391.....01 P392.....02 P393.....03 P394.....04 P395.....05 P396.....06 P397.....07 P398.....08 P399.....09 P400.....10 P401.....11 P402.....12 P403.....13 P404.....14 P405.....15 P406.....16 P407.....17 P408.....18 P409.....19 P410.....20 P411.....21 P412.....22 P413.....												

SECTION B EDUCATION - NEW														
hc_13	hc_13b	hc_14	hc_15a	hc_15b	hc_15c	hc_15d	hc_15e	hc_15f	hc_15g	hc_15h	hc_15i	hc_16	hc_17	U
12	13	14										15	16	
From which organisation, did you receive the scholarship?	Is this the same scholarship you had last school year (2011-2012)?	How much was spent on your education since the beginning of the 2012-2013 school year by members of your household?										Do you plan to attend school in the next school year?	What level of education do you expect to complete when you complete your studies?	
FEDERAL GOVT.....1 STATE GOVT.....2 LOCAL GOVT.....3 COMMUNITY.....4 RELIGIOUS BODY.....5 PRIVATE.....6 NGO.....7 OTHER(SPECIFY).....8	YES, SAME.....1 NO, DIFFERENT.....2 NO SCHOLARSHIP LAST YEAR.....3	<div>IF THERE WAS NO EXPENDITURE, WRITE '0'</div> <div>RECORD TOTAL EXPENDITURE IN COLUMN I ONLY IF RESPONDENT CANNOT DIVIDE SCHOOL EXPENSES INTO PREVIOUS CATEGORIES</div>										YES.....1 NO.....2 (► NEXT SECTION)	None.....00 N1.....01 N2.....02 P1.....11 P2.....12 P3.....13 P4.....14 P5.....15 P6.....16 J51.....21 J52.....22 J53.....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 QUARANIC.....51 INTEGRATED QUARANIC 52 ADULT EDUCATION.....61	
		A. School fees and registration	B. Contributions to school repairs, Parents-Teachers Association	C. Uniforms and sports clothes	D. Books and school supplies	E. Transportation to and from school	F. Food, board and lodging at school	G. Extra-tuition (extra classes)	H. Other expenses cash and in kind that can't be categorized	I. Aggregate Expenditure				
		NAIRA	NAIRA	NAIRA	NAIRA	NAIRA	NAIRA	NAIRA	NAIRA	NAIRA			(► SECTION 3A)	

s2bq12	s2bq12b	s2bq13	s2bq14a	s2bq14b	s2bq14c	s2bq14d	s2bq14e	s2bq14f	s2bq14g	s2bq14h	s2bq14i	s2bq15	s2bq16	W2
12	13	14										15	16	
From which organisation, did you receive the scholarship?	Is this the same scholarship you had last school year (2009-2010)?	How much was spent on your education since the beginning of the 2010-2011 school year by members of your household?										Do you plan to attend school in the next school year?	What level of education do you expect to complete when you complete your studies?	
Federal Govt.....1 State Govt.....2 local Govt.....3 Community.....4 Religious Body.....5 Private.....6 NGO.....7 Other(SPECIFY).....8	YES, SAME.....1 NO, DIFFERENT.....2 NO SCHOLARSHIP LAST YEAR.....3	<div>IF THERE WAS NO EXPENDITURE, WRITE '0'</div> <div>RECORD TOTAL EXPENDITURE IN COLUMN I ONLY IF RESPONDENT CANNOT DIVIDE SCHOOL EXPENSES INTO PREVIOUS CATEGORIES</div>										YES.....1 NO.....2 (► NEXT SECTION)	None.....00 N1.....01 N2.....02 P1.....11 P2.....12 P3.....13 P4.....14 P5.....15 P6.....16 J51.....21 J52.....22 J53.....23 SS1.....24 SS2.....25  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 QUARANIC.....51 INTEGRATED QUARANIC 52 ADULT EDUCATION.....61	
		A. School fees and registration	B. Contributions to school repairs, Parents-Teachers Association	C. Uniforms and sports clothes	D. Books and school supplies	E. Transportation to and from school	F. Food, board and lodging at school	G. Extra-tuition (extra classes)	H. Other expenses cash and in kind that can't be categorized	I. Aggregate Expenditure				
		NAIRA	NAIRA	NAIRA	NAIRA	NAIRA	NAIRA	NAIRA	NAIRA	NAIRA			(► SECTION 3A)	

s2bq12	s2bq12b	s2bq13	s2bq14a	s2bq14b	s2bq14c	s2bq14d	s2bq14e	s2bq14f	s2bq14g	s2bq14h	s2bq14i	s2bq15	s2bq16	W1
12	13	14										15	16	
From which organisation, did you receive the scholarship?	Is this the same scholarship you had last school year (2009-2010)?	How much was spent on your education since the beginning of the 2010-2011 school year by members of your household?										Do you plan to attend school in the next school year?	What level of education do you expect to complete when you complete your studies?	
Federal Govt.....1 State Govt.....2 local Govt.....3 Community.....4 Religious Body.....5 Private.....6 NGO.....7 Other(SPECIFY).....8	YES, SAME.....1 NO, DIFFERENT.....2 NO SCHOLARSHIP LAST YEAR.....3	<div>IF THERE WAS NO EXPENDITURE, WRITE '0'</div> <div>RECORD TOTAL EXPENDITURE IN COLUMN I ONLY IF RESPONDENT CANNOT DIVIDE SCHOOL EXPENSES INTO PREVIOUS CATEGORIES</div>										YES.....1 NO.....2 (► NEXT SECTION)	None.....00 N1.....01 N2.....02 P1.....11 P2.....12 P3.....13 P4.....14 P5.....15 P6.....16 J51.....21 J52.....22 J53.....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 Quaranic.....51 Integrated quaranic 52 Adult education.....61	
		A. School fees and registration	B. Contributions to school repairs, Parents-Teachers Association	C. Uniforms and sports clothes	D. Books and school supplies	E. Transportation to and from school	F. Food, board and lodging at school	G. Extra-tuition (extra classes)	H. Other expenses cash and in kind that can't be categorized	I. Aggregate Expenditure				
		NAIRA	NAIRA	NAIRA	NAIRA	NAIRA	NAIRA	NAIRA	NAIRA	NAIRA				

**SECTION 4a - HEALTH - D**  
**FOR ALL HOUSEHOLD MEMBERS**

[illegible]

### WAVE SPECIFIC QUESTIONS

W4	s4aq1a	s4aq1b	s4aq1	s4aq2a	s4aq2b	s4aq2c	s4aq3	s4aq3b_1	s4aq3b_2 s4aq3b_os	s4aq4	s4aq5	s4aq6a s4aq6a_os	s4aq6b s4aq6b_os	s4aq7	s4aq7_os	s4aq8 s4aq8_os		s4aq9			
	1a.	1b.	1.	2.			3.	3b.		4.	5.	6.			7.		8.		9.		
	INDIVIDUAL ID	IS THIS PERSON ANSWERING FOR HIMSELF/ HERSELF?	WRITE THE ID CODE OF THE RESPONDENT	During the past 4 weeks has [NAME] consulted a health practitioner or dentist or traditional healer or a Patent Medicine Vendor or visited a health centre?	For what reason(s) did [NAME] consult this person?  LIST UP TO THREE REASONS			During the last 4 weeks, did [NAME] suffered from an illness or injury?	What type of illness/injury did [NAME] suffer most?  SELECT UP TO 2 IN ORDER OF SEVERITY		Did [NAME] have to stop [NAME]'s usual activities in the past 4 weeks because of this condition?	For how many days did [NAME] have to stop [NAME]'s usual activities in the past 4 weeks because of this condition?	Whom did [NAME] consult for this illness or injury in the last 4 weeks?			Where did [NAME]'s consultation take place?		Who ran the establishment where [NAME]'s consultation took place?	How much did [NAME] pay for the first consultation?		
YES.....1 (►Q1) NO.....2		COPY ID FROM ROSTER	Medicine Vendor or visited a health centre?  YES.....1 NO.....2	ILLNESS.....1 INJURY.....2 GENERAL CHECKUP (NOT FOR PREGNANCY).....3 PRE/POSTNATAL CHECKUP.....5 GIVING BIRTH.....6			YES.....1 NO.....2 (►Q13)	MALARIA.....1 FLU.....14 TB.....2 CATARRH.....15 COUGH.....16 HEADACHE.....17 DIABETES.....19 GUINEA WORM.....19 DYSENTERY.....20 SCABIES.....21 RINGWORM.....22 HEPATITIS B.....23 ULCER/STOMACH PAIN.....24 EYE PROBLEM.....25 TOOTH PROBLEM.....26 OTHER (SPECIFY).....12 BODY PAINS.....27		YES.....1 NO.....2 (►Q6)		TRADITIONAL HEALER.....1 DOCTOR.....2 DENTIST.....3 NURSE.....4 MEDICAL ASST.....5 MIDWIFE.....6 PHARMACIST.....7 CHEMIST.....8 TBA.....9 SPIRITUALIST.....10 PATIENT'S HOME.....9 (►Q1) OTHER(SPECIFY).....13 JEWELRY.....14 CHEW.....15			HOSPITAL.....1 DISPENSARY.....2 PHARMACY.....3 CHEMIST.....4 CLINIC.....5 MATERNITY HOME.....6 MIDWIFE POS.....7 CONSULTANT'S HOME.....8 PATIENT'S HOME.....9 (►Q1) TRADITIONAL HEALER'S HOME.....10 FAITH BASED HOME.....11 OTHER(SPECIFY).....12			FEDERAL GOVT.....1 STATE GOVT.....2 LOCAL GOVT.....3 COMMUNITY.....4 RELIGIOUS BODY.....5 NGO.....6 PRIVATE.....7 OTHER (SPECIFY).....8			
IF OPTION 1 OR 2 SELECTED (►Q3b)																					
LIST THE TWO MOST IMPORTANT																					
	ID CODE			REASON 1	REASON 2	REASON 3	1ST	2ND		DAYS		1ST	2ND	REFER TO PERSON CONSULTED IN Q6		REFER TO CONSULTATION IN Q7		NAIRA			

W3			s4aq1	s4aq2a s4aq2a_os	s4aq2b s4aq2b_os	s4aq2c s4aq2c_os	s4aq3	s4aq3b s4aq3b_os		s4aq4	s4aq5	s4aq6a s4aq6a_os	s4aq6b s4aq6b_os	s4aq7a s4aq7a_os	s4aq7b s4aq7b_os	s4aq8a s4aq8a_os	s4aq8b s4aq8b_os	s4aq9
			1.	2.			3	3b		4	5	6		7		8		9
I N D I V I D U A L  I D			During the past 4 weeks has [NAME] consulted a health practitioner or dentist or traditional healer or a Patent Medicine Vendor or visited a health centre?	For what reason(s) did [NAME] consult this person?  LIST UP TO THREE REASONS  CHECK UP OR OTHER PREVENTIVE CARE (NOT LINKED TO PREGNANCY).....1 PRENATAL CHECKUP.....2 GIVING BIRTH.....3 FOLLOW UP APPOINTMENT FOR EARLIER OR CHRONIC ILLNESS.....4 FOLLOWUP APPOINTMENT FOR EARLIER ACCIDENT.....5 NEW OR ACUTE ILLNESS.....6 NEW INJURY.....7 OTHER (SPECIFY).....8			During the past 4 weeks has [NAME] suffered from an illness or injury?  YES.....1 NO.....2 (► Q13)	What type of illness or injury did [NAME] suffer from?  MALARIA.....1 TB.....2 YELLOW FEVER.....3 TYPHOID.....4 CHOLERA.....5 DIARRHEA.....6 MENINGITIS.....7 CHICKEN POX.....8 PNEUMONIA.....9 COMMON COLD.....10 INJURY.....11 OTHER (SPECIFY).....12		Did [NAME] have to stop [NAME]'s usual activities in the past 4 weeks because of this condition?  YES.....1 NO.....2 (► Q6)	For how many days did [NAME] have to stop [NAME]'s usual activities in the past 4 weeks because of this condition?	Whom did [NAME] consult for this illness or injury in the last 4 weeks?  TRADITIONAL HEALER.....1 DOCTOR.....2 DENTIST.....3 NURSE.....4 MEDICAL ASST.....5 MIDWIFE.....6 PHARMACIST.....7 CHEMIST.....8 TBA.....9 SPIRITUALIST.....10 PATENT MEDICINE VENDOR (PMV).....11 NO ONE.....12 Q13) OTHER(SPECIFY).....13		Where did [NAME]'s consultation take place?  HOSPITAL.....1 DISPENSARY.....2 PHARMACY.....3 CHEMIST.....4 CLINIC.....5 MATERNITY HOME.....6 MOH POST.....7 CONSULTANTS' HOME.....8 PATIENTS' HOME.....9 ► Q9) TRADITIONAL HEALER'S HOME.....10 FAITH BASED HOME.....11 OTHER(SPECIFY).....12		In what type of establishment did [NAME]'s consultation take place?  FEDERAL GOVT.....1 STATE GOVT.....2 LOCAL GOVT.....3 COMMUNITY.....4 RELIGIOUS BODY.....5 NGO.....6 PRIVATE.....7 OTHER (SPECIFY).....8	How much did [NAME] pay for the first consultation?	
			YES.....1 NO.....2 (► Q3)	IF OPTION 1 OR 2 SELECTED (► Q3b)								LIST THE TWO MOST IMPORTANT	REFER TO PERSON CONSULTED IN Q6	REFER TO PERSON CONSULTED IN Q7				
			REASON 1	REASON 2	REASON 3		DAYS	1ST	2ND	1ST	2ND	1ST	2ND	NAIRA				
W2			s4aq1	s4aq2a	s4aq2b	s4aq2c	s4aq3		s4aq4	s4aq5	s4aq6a s4aq6b s4aq6c	s4aq7a s4aq7b s4aq7c	s4aq8a s4aq8b s4aq8c	s4aq9				
			1.	2.			3		4	5	6		7		8		9	
I N D I V I D U A L  I D			During the past 4 weeks have you consulted a health practitioner or dentist or traditional healer or a Patent Medicine Vendor or visited a health centre?	For what reason(s) did you consult this person?  LIST UP TO THREE REASONS  CHECK UP OR OTHER PREVENTIVE CARE (NOT LINKED TO PREGNANCY).....1 PRENATAL CHECKUP.....2 GIVING BIRTH.....3 FOLLOW UP APPOINTMENT FOR EARLIER OR CHRONIC ILLNESS.....4 FOLLOWUP APPOINTMENT FOR EARLIER ACCIDENT.....5 NEW OR ACUTE ILLNESS.....6 NEW INJURY.....7 OTHER (SPECIFY).....8			During the past 4 weeks have you suffered from an illness or injury?  YES, ILLNESS.....1 YES, INJURY.....2 NO.....3 (► Q13)		Did you have to stop your usual activities in the past 4 weeks because of this condition?  YES.....1 NO.....2 (► Q6)	For how many days did you have to stop your usual activities in the past 4 weeks because of this condition?	Whom did you consult for this illness or injury in the last 4 weeks?  TRADITIONAL HEALER.....1 DOCTOR.....2 DENTIST.....3 NURSE.....4 MEDICAL ASST.....5 MIDWIFE.....6 PHARMACIST.....7 CHEMIST.....8 TBA.....9 SPIRITUALIST.....10 PATENT MEDICINE VENDOR (PMV).....11 NO ONE.....12 OTHER (SPECIFY).....13		Where did your consultation take place?  HOSPITAL.....1 DISPENSARY.....2 PHARMACY.....3 CHEMIST.....4 CLINIC.....5 MATERNITY HOME.....6 MOH POST.....7 CONSULTANTS' HOME.....8 PATIENTS' HOME.....9(► Q9) TRADITIONAL HEALER'S HOME.....10 FAITH BASED HOME.....11 OTHER (SPECIFY).....12		In what type of establishment did your consultation take place?  FEDERAL GOVT.....1 STATE GOVT.....2 LOCAL GOVT.....3 COMMUNITY.....4 RELIGIOUS BODY.....5 NGO.....6 PRIVATE.....7 OTHER (SPECIFY).....8	How much did you pay for the first consultation?		
			YES.....1 NO.....2 (► Q3)	IF OPTION 1 OR 2 SELECTED (► Q3b)								LIST THE TWO MOST IMPORTANT	REFER TO PERSON CONSULTED IN Q6	REFER TO PERSON CONSULTED IN Q7				
			REASON 1	REASON 2	REASON 3		DAYS	1ST	2ND	1ST	2ND	1ST	2ND	NAIRA				
W1			s4aq1	s4aq2a	s4aq2b	s4aq2c	s4aq3		s4aq4	s4aq5	s4aq6a s4aq6b s4aq6c	s4aq7a s4aq7b s4aq7c	s4aq8a s4aq8b s4aq8c	s4aq9				
			1.	2.			3.		4.	5	6.		7.		8.		9.	
I N D I V I D U A L  I D			During the past 4 weeks have you consulted a health practitioner or dentist or traditional healer or a Patent Medicine Vendor or visited a health centre?	For what reason(s) did you consult this person?  CHECK UP OR OTHER PREVENTIVE CARE (NOT LINKED TO PREGNANCY).....1 PRENATAL CHECKUP.....2 GIVING BIRTH.....3 FOLLOW UP APPOINTMENT FOR EARLIER OR CHRONIC ILLNESS.....4 FOLLOWUP APPOINTMENT FOR EARLIER ACCIDENT.....5 NEW OR ACUTE ILLNESS.....6 NEW INJURY.....7 OTHER (SPECIFY).....8			During the past 4 weeks have you suffered from an illness or injury?  YES, ILLNESS.....1 YES, INJURY.....2 NO.....3 (► Q13)		Did you have to stop your usual activities in the past 4 weeks because of this condition?  YES.....1 NO.....2 (► Q6)	For how many days did you have to stop your usual activities in the past 4 weeks because of this condition?	Whom did you consult for this illness or injury in the last 4 weeks?  TRADITIONAL HEALER.....1 DOCTOR.....2 DENTIST.....3 NURSE.....4 MEDICAL ASST.....5 MIDWIFE.....6 PHARMACIST.....7 CHEMIST.....8 TBA.....9 SPIRITUALIST.....10 PATENT MEDICINE VENDOR (PMV).....11 NO ONE.....12 OTHER (SPECIFY).....13		Where did your consultation take place?  HOSPITAL.....1 DISPENSARY.....2 PHARMACY.....3 CHEMIST.....4 CLINIC.....5 MATERNITY HOME.....6 MOH POST.....7 CONSULTANTS' HOME.....8 PATIENTS' HOME.....9 TRADITIONAL HEALER'S HOME.....10 OTHER (SPECIFY).....11		In what type of establishment did your consultation take place?  FEDERAL GOVT.....1 STATE GOVT.....2 LOCAL GOVT.....3 COMMUNITY.....4 RELIGIOUS BODY.....5 NGO.....6 PRIVATE.....7 OTHER (SPECIFY).....8	How much did you pay for the first consultation?		
			YES.....1 NO.....2 (► Q3)	LIST UP TO THREE REASONS								LIST THE TWO MOST IMPORTANT	LIST THE TWO MOST IMPORTANT	LIST THE TWO MOST IMPORTANT				
			REASON 1	REASON 2	REASON 3		DAYS	1ST	2ND	1ST	2ND	1ST	2ND	NAIRA				

## HOSPITAL ADMISSIONS

### ACTIVITIES AND FUNCTIONING (FOR AGE 3 AND OLDER)

[illegible][illegible]



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?  NAIRA	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?  NAIRA	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?  NAIRA	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?  NAIRA	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?  NAIRA	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?  NAIRA	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				

## DISABILITY

[illegible]

	s4aq23		s4aq25		s4aq27		s4aq29		s4aq31		s4aq33	
	23.		25.		27.		29.		31.		33.	
	<p>Does [NAME] have difficulty seeing, even if he/she is wearing glasses?</p> <p>READ RESPONSES</p> <p>No, no difficulty...1 Yes, some.....2 Yes, a lot.....3 Cannot see....4</p>		<p>Does [NAME] have difficulty hearing, even if he/she is wearing a hearing aid?</p> <p>READ RESPONSES</p> <p>No, no difficulty....1 Yes, some.....2 Yes, a lot.....3 Cannot hear.....4</p>		<p>Does [NAME] have difficulty walking or climbing steps?</p> <p>READ RESPONSES</p> <p>No, no difficulty...1 Yes, some.....2 Yes, a lot....3 Cannot do.....4 TOO YOUNG TO WALK.....1</p>		<p>Does [NAME] have difficulty remembering or concentrating?</p> <p>READ RESPONSES</p> <p>No, no difficulty....1 Yes, some.....2 Yes, alot.....3 Cannot do.....4 TOO YOUNG TO DETERMINT..1</p>		<p>Does [NAME] have difficulty (with self care such as) washing all over or dressing, feeding, toileting etc?</p> <p>READ RESPONSES</p> <p>No, no difficulty..1 Yes, some.....2 Yes, a lot....3 Cannot do....4 TOO YOUNG TO TAKE CARE OF SELF.....1</p>		<p>Using your usual language, Does [NAME] have difficulty communicating; for example understanding or being understood?</p> <p>READ RESPONSES</p> <p>No, no difficulty...1 Yes, some.....2 Yes, a lot....3 Cannot do....4 TOO YOUNG TO SPEAK.....1</p>	

	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?	Do you have difficulty seeing, even if you are wearing glasses?	How old were you when the difficulty seeing began?	Do you have difficulty hearing, even if you are wearing a hearing aid?	How old were you when the difficulty hearing began?	Do you have difficulty walking or climbing steps?	How old were you when the difficulty in walking or climbing stairs began?	Do you have difficulty remembering or concentrating?	How old were you when the difficulty in remember-ing or concentrat-ing began?	Do you have difficulty with self care (such as washing all over or dressing, feeding, toileting etc.)?	How old were you when the difficulty began?	Using your usual [LANGUAGE], do you have difficulty communicating; for example understanding or being understood?	How old were you when the difficulty in communi-cating began?
YES.....1 NO.....2	No, no difficulty..1 (► Q25) Yes, some.....2 Yes, a lot.....3 Cannot see.....4	IF FROM BIRTH PUT 0	No, no Difficulty.....1 (► Q27) Yes, some.....2 Yes, a lot.....3 Cannot hear....4	IF FROM BIRTH PUT 0	No, no difficulty.....1 (► Q29) Yes, some.....2 Yes, a lot.....3 Cannot do.....4	IF FROM BIRTH PUT 0	No, no difficulty...1 (► Q31) Yes, some.....2 Yes, alot.....3 Cannot do....4	IF FROM BIRTH PUT 0	No, no difficulty...1 (► Q33) Yes, some.....2 Yes, a lot...3 Cannot do....4	IF FROM BIRTH PUT 0	No, no difficulty...1 (► Q35) Yes, some.....2 Yes, a lot.....3 Cannot do.....4	IF FROM BIRTH PUT 0
		AGE		AGE		AGE		AGE		AGE		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?	Do you have difficulty seeing, even if you are wearing glasses?	How old were you when the difficulty seeing began?	Do you have difficulty hearing, even if you are wearing a hearing aid?	How old were you when the difficulty hearing began?	Do you have difficulty walking or climbing steps?	How old were you when the difficulty in walking or climbing stairs began?	Do you have difficulty remembering or concentrating?	How old were you when the difficulty in remember-ing or concentrat-ing began?	Do you have difficulty with self care (such as washing all over or dressing, feeding, toileting etc.)?	How old were you when the difficulty began?	Using your usual [LANGUAGE], do you have difficulty communicating; for example understanding or being understood?	How old were you when the difficulty in communi-cating began?
YES....1 NO.....2	No, no difficulty.....1 (► Q25) Yes, some.....2 Yes, a lot.....3 Cannot see.....4	IF FROM BIRTH PUT 0	No, no Difficulty.....1 (► Q27) Yes, some.....2 Yes, a lot.....3 Cannot hear....4	IF FROM BIRTH PUT 0	No, no difficulty...1 (► Q29) Yes, some.....2 Yes, a lot....3 Cannot do....4	IF FROM BIRTH PUT 0	No, no difficulty...1 (► Q31) Yes, some.....2 Yes, alot.....3 Cannot do....4	IF FROM BIRTH PUT 0	No, no difficulty...1 (► Q33) Yes, some.....2 Yes, a lot.....3 Cannot do....4	IF FROM BIRTH PUT 0	No, no difficulty....1 (► Q35) Yes, some.....2 Yes, a lot.....3 Cannot do....4	IF FROM BIRTH PUT 0
		AGE		AGE		AGE		AGE		AGE		AGE

[illegible]

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 school, or at work?</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 [NAME] 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 [NAME]'s bednet?</p> <p>FREE GIFT.....1 (► Q51) PURCHASED.....2 PURCHASED 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		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 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-6MONTHS...2 YES TREATED NET-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>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-6MONTHS.2 YES TREATED NET-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>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 NORCLANT.....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



					s4aq51				s4aq52	s4aq53	s4aq54							W3
					51				52	53	54							
					IS THIS PERSON A CHILD AGED LESS THAN 84 MONTHS (LESS THAN 7 YEARS)  YES.....1 NO...2 (► NEXT PERSON)				WEIGHT  KILOGRAMS (KG)  UP TO TWO DECIMAL PLACES        KILOGRAMS	LENGTH OR HEIGHT  CHILD UNDER 2 YRS OLD MEASURE LENGTH (LYING DOWN)  CHILD AGE 2 OR MORE YRS MEASURE HEIGHT (STANDING UP)  CENTIMETRES	INTERVIEWER: WHAT IS THE RESULT OF MEASUREMENT?  MEASURED.....1 NOT PRESENT.....2 SICK OR INJURED.....3 REFUSED.....4 OTHER SPECIFY.....5							

s4aq46	s4aq47	s4aq48	s4aq49	s4aq50	s4aq51				s4aq52	s4aq53	s4aq54 s4aq54b							W2
46	47	48	49	50	51				52	53	54							
Are you currently pregnant?  YES.....1 NO.....2 (► Q50)	Have you registered with the clinic?  YES.....1 NO.....2 (► Q50)	How many times do you go to the clinic in a month?          NUMBER	Have you received any anti-tetanus injection?  YES.....1 NO.....2	In the past 12 months, did you give birth to a child, even if born dead? (Still birth).  YES.....1 NO...2 (► SECTION 5)	IS THIS PERSON A CHILD AGED 0-59 MONTHS  YES.....1 NO...2 (► SECTION 5)				KILOGRAMS  KILOGRAMS (KG)  UP TO TWO DECIMAL PLACES        KILOGRAMS	LENGTH OR HEIGHT  CHILD UNDER 2 YRS OLD MEASURE LENGTH (LYING  CHILD AGE 2 OR MORE YRS MEASURE  CENTIMETRES	INTERVIEWER: WHAT IS THE RESULT OF MEASUREMENT?  MEASURED.....1 NOT PRESENT.....2 SICK OR INJURED.....3 REFUSED.....4 OTHER SPECIFY.....5							

s4aq46	s4aq47	s4aq48	s4aq49	s4aq50	s4aq51				s4aq52	s4aq53	s4aq54 s4aq54b							W1
46.	47.	48.	49.	50.	51.				52.	53.	54.							
Are you currently pregnant?  YES.....1 NO...2 (► NEXT PERSON)	Have you registered with the clinic?  YES.....1 NO...2 (► NEXT PERSON)	How many times do you go to the clinic in a month?          NUMBER	Have you received an anti-tetnus injection?  YES.....1 NO.....2	In the past 12 months, did you give birth to a child, even if born dead?  YES.....1 NO...2 (► NEXT PERSON)	IS THIS PERSON A CHILD AGED 0-59 MONTHS  YES.....1 NO...2 (► NEXT PERSON)				WEIGHT  KILOGRAMS (KG)  UP TO TWO DECIMAL PLACES        KILOGRAMS	LENGTH OR HEIGHT  CHILD UNDER 2 YRS OLD MEASURE LENGTH (LYING DOWN)  CHILD AGE 2 OR MORE YRS MEASURE HEIGHT (STANDING UP)  CENTIMETRES	Result of Measurement  MEASURED.....1 NOT PRESENT.....2 SICK OR INJURED.....3 REFUSED.....4 OTHER SPECIFY.....5							

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

[illegible]

### WAVE SPECIFIC QUESTIONS

[illegible][illegible]



BREAST FEEDING						BREAST FEEDING								U	
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
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 supplement-ation?	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?  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		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)?  IF RESPONSE IS 6 MONTHS OR MORE, ► Qhe_26a	25. Why were you not able to exclusively breastfeed [NAME] for 6 months?  NATURE OF WORK.....1 SHORTAGE OF BREAST MILK.....2 MOTHER'S HEALTH.....3 CHILD'S REFUSAL.....4 TRADITION.....5 AGE LESS THAN 6 MONTHS.....6 OTHER (SPECIFY).....7		26. Since this time yesterday, did [NAME] receive any of the following?  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_28	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 ► Qhe_22 NO.....2	YES.....1 NO.....2 ► Qhe_26a	YES.....1 ► Qhe_24			MONTHS			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.	17.	18.	19.	20.	21.	22.	23.	24.	25.	26.	27.	28.	
Was [NAME] immunized against OPV 3?  YES.....1 NO.....2	Was [NAME] immunized against yellow fever?  YES.....1 NO.....2	Was [NAME] immunized against MMR?  YES.....1 NO.....2	Was [NAME] given vitamin A supplement-ation?  YES.....1 NO.....2	Is [NAME] currently being breastfed?  YES.1 (► Q22) NO.....2	Has [NAME] ever been breastfed?  YES.....1 NO...2 ( ► Q 26)	Did [NAME] ever receive first milk/colostrum (yellow breast milk)?  YES.1 ( ► Q 24) NO.....2	Why did [NAME] not receive first milk?  BAD MILK.....1 MOTHER ILL/WEAK.....2 CHILD ILL/WEAK.....3 MOTHER DIED.....4 NIPPLE/BREAST PROBLEM.....5 CHILD REFUSED.....6 DIDN'T PRODUCE MILK.....7 OTHER (SPECIFY).....8	Since the time of birth, how many months was [NAME] exclusively breastfed (without water, herbal tea, or any other liquid except vitamin A, medicine, or ORS)?  IF RESPONSE IS 6 MONTHS OR MORE, ► Q 26.	Why were you not able to exclusively breastfeed [NAME] for 6 months?  NATURE OF WORK.....1 SHORTAGE OF BREAST MILK.....2 MOTHER'S HEALTH.....3 CHILD'S REFUSAL.....4 TRADITION.....5 AGE LESS THAN 6 MONTHS.....6 OTHER (SPECIFY).....7	Since this time yesterday, did [NAME] receive any of the following?  VITAMIN, MINERAL SUPPLEMENTS OR 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 ► Q28	At what age in months, did [NAME] begin eating complementary food?	Since this time yesterday, has name been given anything to drink from a bottle with a nipple or teat?  YES.....1 NO.....2	
								MONTHS		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.	17.	18.	19.	20.	21.	22.	23.	24.	25.	26.	27.	28.	
Was [NAME] immunized against OPV 3?  YES.....1 NO.....2	Was [NAME] immunized against yellow fever?  YES.....1 NO.....2	Was [NAME] immunized against MMR?  YES.....1 NO.....2	Was [NAME] given vitamin A supplement-ation?  YES.....1 NO.....2	Is [NAME] currently being breastfed?  YES.1 (► Q22) NO.....2	Has [NAME] ever been breastfed?  YES.....1 NO...2 ( ► Q 25)	Did [NAME] ever receive first milk/colostrum (yellow breast milk)?  YES.1 (► Q 24) NO.....2	Why did [NAME] not receive first milk?  BAD MILK.....1 MOTHER ILL/WEAK.....2 CHILD ILL/WEAK.....3 MOTHER DIED.....4 NIPPLE/BREAST PROBLEM.....5 CHILD REFUSED.....6 DIDN'T PRODUCE MILK.....7 OTHER (SPECIFY).....8	Since the time of birth, how many months was [NAME] exclusively breastfed (without water, herbal tea, or any other liquid except vitamin A, medicine, or ORS)?  IF RESPONSE IS 6 MONTHS OR MORE, ► Q 26.	Why were you not able to exclusively breastfeed [NAME] for 6 months?  NATURE OF WORK.....1 SHORTAGE OF BREAST MILK.....2 MOTHER'S HEALTH.....3 CHILD'S REFUSAL.....4 TRADITION.....5 AGE LESS THAN 6 MONTHS.....6 OTHER (SPECIFY).....7	Since this time yesterday, did [NAME] receive any of the following?  VITAMIN, MINERAL SUPPLEMENTS OR 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 ► Q28	At what age in months, did [NAME] begin eating complementary food?	Since this time yesterday, has name been given anything to drink from a bottle with a nipple or teat?  YES.....1 NO.....2	
								MONTHS		LIST ALL THAT APPLY	MONTHS		

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

U	hf_01	hf_02	hf_03a	hf_03b	hf_03c	hf_03d	hf_03e	hf_04	hf_05	hf_06	hf_07	hf_08	hf_09	hf_10	hf_11	hf_12	hf_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	
			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											
	ID CODE																	

1																	
2																	
3																	
4																	
5																	
6																	
7																	
8																	
9																	
10																	
11																	
12																	

WAVE SPECIFIC QUESTIONS

W3	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	
			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											
	ID CODE																	

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					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	

	1
	2
	3
	4
	5
	6
	7
	8
	9
	10
	11
	12

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					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

Pg. 01		Pg. 02		Pg. 03		Pg. 04		Pg. 05		Pg. 06		Pg. 07		Pg. 08		Pg. 09		Pg. 10		Pg. 11		Pg. 12		Pg. 13		Pg. 14		Pg. 15		Pg. 16		Pg. 17	
1	1a	2	2a	3	4	5	5a	6	7	8	9	10	11	12	13	14	15	16	17														
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 CBS.....01 CHANNEL.....02 MANN.....03 ATA.....04 AT.....05 KATV.....06 SILVER BIRD.....07 BALLY.....08 STAR TV.....09 FORENSIC.....10 DOES NOT USE IT TO WATCH.....11 CITY.....12 OTHER (SPECIFY).....13	IF OPTIONS 2 - 6 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	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

vz	s5q1	s5q1a	s5q2	s5q2b	s5q3	s5q4	s5q5a	s5q5b	s5q6	s5q6a	s5q7	s5q8	s5q9	s5q10	s5q11	s5q12	s5q12b	s5q13	s5q14	s5q15	s5q15b	s5q16	s5q17
1.	1a	2.	2.	3.	4.	5.	5.	5c	6.	6a	7.	8.	9.	10.	11.	12.	12b	13.	14.	15.	15b	16.	17.
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 <b>preference</b> ?	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 subscrip- tions 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	YES.....1 NO.....2 (▶Q8)	YES.....1 NO.....2 (▶Q8)	TV STATION CODES OWNED.....1 CHANNEL.....2 MANN.....3 NTA.....4 AT.....5 MTV.....6 SUPERBOWL.....7 GALAXY.....8 STATE TV.....9 FORN/CABLE.....10 DOES NOT USE 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	YES.....1 NO.....2 (▶Q11)	YES.....1 NO.....2 (▶Q11)	OWNED.....1 FAMILY MEMBER/FRIEND/ NEIGHBOR.....2 UMBRELLA CENTRE.....3 WORKPLACE.....4 BUSINESS CENTRE.....5 OTHER (SPECIFY).....6	IF OPTIONS 2 - 6 SKIP TO Q11  OWNED.....1 FAMILY MEMBER/FRIEND/ NEIGHBOR.....2 UMBRELLA CENTRE.....3 WORKPLACE.....4 BUSINESS CENTRE.....5 OTHER (SPECIFY).....6	YES.....1 NO.....2 (▶Q14)	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	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	YES.....1 NO.....2 (▶NEXT SECTION)	YES.....1 NO.....2	YES.....1 NO.....2						
			NUMBER		1st 2nd 3rd		NUMBER			NUMBER				NUMBER				NUMBER				NUMBER	

[illegible]



**INDIVIDUALS 10 YEARS OLD OR OLDER SHOULD RESPOND IN THIS SECTION**

### WAVE SPECIFIC QUESTIONS

W4	s6q0a		s6q0b		s6q1_1		s6q1_2		s6q1_3		s6q1_4		s6q2		s6q4a		s6q4b s6q4b_os		s6q4c_1 s6q4c_2 s6q4c_3 s6q4c_4 s6q4c_5 s6q4c_6 s6q4c_7 s6q4c_8 s6q4c_9 s6q4c_11 s6q4c_10 s6q4c_os		s6q4d s6q4d_os		s6q5		s6q6_1 s6q6_2 s6q6_3 s6q6_4 s6q6_5 s6q6_os											
	0a		0b		1		2		3		4		5		6		7		8		9		10		11		12									
	IS THIS PERSON ANSWERING FOR HIMSELF/HERSELF?		WRITE THE ID CODE OF THE RESPONDENT		In the past 12 months, did [NAME] receive any of the following assistance from a <b>non-household member</b> ?								REFER TO Q1: DID [NAME] RECEIVE A <b>MONEY ASSISTANCE FROM ABROAD</b> IN THE PAST 12 MONTHS?				What was the amount of cash [NAME] received in the last 12 months?				How was (were) the money usually sent to [NAME]?				What was the main purpose for which the money was intended?				REFER TO Q1: DID [NAME] RECEIVE A <b>ASSISTANCE IN KIND FROM ABROAD</b> IN THE PAST 12 MONTHS?				What was the <b>in-kind assistance</b> that [NAME] received from abroad in the past 12 months?			
	YES...1 [▶ Q1] NO....2		COPY ID FROM		IF ALL NO, SKIP TO NEXT SECTION								YES....1 NO....2 [▶ Q5]				SPECIFY THE UNIT OF CURRENCY OF THE CASH RECEIVED  <b>CURRENCY CODE</b>  US DOLLAR.....1 EURO.....2 POUND STERLING..3 NAIRA.....4 OTHER (SPECIFY)....96				SELECT ALL THAT APPLY  RELATIONS.....1 FRIENDS.....2 COLLEAGUES.....3 NEIGHBORS.....4 ASSOCIATION/RELIGIOUS ORGANIZATION.....5 RELIGIOUS UNION.....6 MONEY GRAM.....7 BANKING TRANSFER.....8 MOBILE MONEY.....9 COURIER SERVICES.....11 OTHER (SPECIFY).....10				HOUSEHOLD CONSUMPTION/FOOD.....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/CONTRIBUTIONS TO NON-PROFIT INSTITUTIONS (RELIGIOUS BODIES).....5 PAYMENTS/CONTRIBUTIONS 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				YES....1 NO....2 [▶ Q11]				VEHICLE.....1 HOME APPLIANCES/ELECTRONICS.....2 CLOTHING/FOOTWEAR.....3 PERSONAL ACCESSORIES.....4 OTHER (SPECIFY).....5			
		ID CODE		A. Monetary assistance		B. In-kind assistance		C. Monetary assistance		D. In-kind assistance				AMOUNT		CURRENCY CODE																				



hh_11	hh_12a	hh_12b hh_12b_os	hh_13_1 hh_13_2 hh_13_3 hh_13_4 hh_13_5 hh_13_11 hh_13_10 hh_13_os	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 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 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		
													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.	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 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 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		





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	

## SECTION 7 - ASSET

[illegible]

## 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		THE NUMBER OF [ITEM] OWNED BY HOUSEHOLD AT  IF NONE, PUT "0"	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]?		
						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													

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]?		
						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	nl_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)	

U			
nl_02 9		nl_03 10	nl_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]		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)		For 10-11: IF NOT SHARED, RECORD ZERO.	
		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	

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)	

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]		<div> <div>Yes.....1</div> <div>No.....2 (▶ NEXT SECTION)</div> <div></div> </div>	For 10-11: IF NOT SHARED, RECORD ZERO.	What was the total number of days in which any meal was shared with people [...] ?  NUMBER OF DAYS	What was the total number of meals that were shared over past 7 days with [...] ?  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		
item_cd	item_desc	s10cq8
		8. 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; 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		s10cq10	s10cq11
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		

W1		
item_cd	item_desc	s10cq7
		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		s10cq9	s10cq10
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]	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 [...]?
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		



Section 14 Safety Nets

U			
U. 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	YES...1 NO...2		hm_01a_1
b. food, including school feeding			hm_01a_2
c. other in-kind, such as animals			hm_01a_3
d. scholarship			hm_01a_4
1b. CAP: IS THERE A "YES" RESPONSE IN QUESTION 1a?	YES...1 NO...2 (► NEXT SECTION)		hm_01b

U	hm_00	hm_01	hm_02	hm_03	hm_04	hm_05	hm_06	hm_07	hm_08	hm_09	hm_10	hm_11	hm_12	hm_13	hm_14	hm_15	hm_16	hm_17	hm_18	hm_19	hm_20	hm_21	hm_22	hm_23	hm_24	hm_25	hm_26	hm_27	hm_28	hm_29	hm_30	hm_31	hm_32	hm_33	hm_34	hm_35	hm_36	hm_37	hm_38	hm_39	hm_40	hm_41	hm_42	hm_43	hm_44	hm_45	hm_46	hm_47	hm_48	hm_49	hm_50	hm_51	hm_52	hm_53	hm_54	hm_55	hm_56	hm_57	hm_58	hm_59	hm_60	hm_61	hm_62	hm_63	hm_64	hm_65	hm_66	hm_67	hm_68	hm_69	hm_70	hm_71	hm_72	hm_73	hm_74	hm_75	hm_76	hm_77	hm_78	hm_79	hm_80	hm_81	hm_82	hm_83	hm_84	hm_85	hm_86	hm_87	hm_88	hm_89	hm_90	hm_91	hm_92	hm_93	hm_94	hm_95	hm_96	hm_97	hm_98	hm_99	hm_100	hm_101	hm_102	hm_103	hm_104	hm_105	hm_106	hm_107	hm_108	hm_109	hm_110	hm_111	hm_112	hm_113	hm_114	hm_115	hm_116	hm_117	hm_118	hm_119	hm_120	hm_121	hm_122	hm_123	hm_124	hm_125	hm_126	hm_127	hm_128	hm_129	hm_130	hm_131	hm_132	hm_133	hm_134	hm_135	hm_136	hm_137	hm_138	hm_139	hm_140	hm_141	hm_142	hm_143	hm_144	hm_145	hm_146	hm_147	hm_148	hm_149	hm_150	hm_151	hm_152	hm_153	hm_154	hm_155	hm_156	hm_157	hm_158	hm_159	hm_160	hm_161	hm_162	hm_163	hm_164	hm_165	hm_166	hm_167	hm_168	hm_169	hm_170	hm_171	hm_172	hm_173	hm_174	hm_175	hm_176	hm_177	hm_178	hm_179	hm_180	hm_181	hm_182	hm_183	hm_184	hm_185	hm_186	hm_187	hm_188	hm_189	hm_190	hm_191	hm_192	hm_193	hm_194	hm_195	hm_196	hm_197	hm_198	hm_199	hm_200	hm_201	hm_202	hm_203	hm_204	hm_205	hm_206	hm_207	hm_208	hm_209	hm_210	hm_211	hm_212	hm_213	hm_214	hm_215	hm_216	hm_217	hm_218	hm_219	hm_220	hm_221	hm_222	hm_223	hm_224	hm_225	hm_226	hm_227	hm_228	hm_229	hm_230	hm_231	hm_232	hm_233	hm_234	hm_235	hm_236	hm_237	hm_238	hm_239	hm_240	hm_241	hm_242	hm_243	hm_244	hm_245	hm_246	hm_247	hm_248	hm_249	hm_250	hm_251	hm_252	hm_253	hm_254	hm_255	hm_256	hm_257	hm_258	hm_259	hm_260	hm_261	hm_262	hm_263	hm_264	hm_265	hm_266	hm_267	hm_268	hm_269	hm_270	hm_271	hm_272	hm_273	hm_274	hm_275	hm_276	hm_277	hm_278	hm_279	hm_280	hm_281	hm_282	hm_283	hm_284	hm_285	hm_286	hm_287	hm_288	hm_289	hm_290	hm_291	hm_292	hm_293	hm_294	hm_295	hm_296	hm_297	hm_298	hm_299	hm_300	hm_301	hm_302	hm_303	hm_304	hm_305	hm_306	hm_307	hm_308	hm_309	hm_310	hm_311	hm_312	hm_313	hm_314	hm_315	hm_316	hm_317	hm_318	hm_319	hm_320	hm_321	hm_322	hm_323	hm_324	hm_325	hm_326	hm_327	hm_328	hm_329	hm_330	hm_331	hm_332	hm_333	hm_334	hm_335	hm_336	hm_337	hm_338	hm_339	hm_340	hm_341	hm_342	hm_343	hm_344	hm_345	hm_346	hm_347	hm_348	hm_349	hm_350	hm_351	hm_352	hm_353	hm_354	hm_355	hm_356	hm_357	hm_358	hm_359	hm_360	hm_361	hm_362	hm_363	hm_364	hm_365	hm_366	hm_367	hm_368	hm_369	hm_370	hm_371	hm_372	hm_373	hm_374	hm_375	hm_376	hm_377	hm_378	hm_379	hm_380	hm_381	hm_382	hm_383	hm_384	hm_385	hm_386	hm_387	hm_388	hm_389	hm_390	hm_391	hm_392	hm_393	hm_394	hm_395	hm_396	hm_397	hm_398	hm_399	hm_400	hm_401	hm_402	hm_403	hm_404	hm_405	hm_406	hm_407	hm_408	hm_409	hm_410	hm_411	hm_412	hm_413	hm_414	hm_415	hm_416	hm_417	hm_418	hm_419	hm_420	hm_421	hm_422	hm_423	hm_424	hm_425	hm_426	hm_427	hm_428	hm_429	hm_430	hm_431	hm_432	hm_433	hm_434	hm_435	hm_436	hm_437	hm_438	hm_439	hm_440	hm_441	hm_442	hm_443	hm_444	hm_445	hm_446	hm_447	hm_448	hm_449	hm_450	hm_451	hm_452	hm_453	hm_454	hm_455	hm_456	hm_457	hm_458	hm_459	hm_460	hm_461	hm_462	hm_463	hm_464	hm_465	hm_466	hm_467	hm_468	hm_469	hm_470	hm_471	hm_472	hm_473	hm_474	hm_475	hm_476	hm_477	hm_478	hm_479	hm_480	hm_481	hm_482	hm_483	hm_484	hm_485	hm_486	hm_487	hm_488	hm_489	hm_490	hm_491	hm_492	hm_493	hm_494	hm_495	hm_496	hm_497	hm_498	hm_499	hm_500	hm_501	hm_502	hm_503	hm_504	hm_505	hm_506	hm_507	hm_508	hm_509	hm_510	hm_511	hm_512	hm_513	hm_514	hm_515	hm_516	hm_517	hm_518	hm_519	hm_520	hm_521	hm_522	hm_523	hm_524	hm_525	hm_526	hm_527	hm_528	hm_529	hm_530	hm_531	hm_532	hm_533	hm_534	hm_535	hm_536	hm_537	hm_538	hm_539	hm_540	hm_541	hm_542	hm_543	hm_544	hm_545	hm_546	hm_547	hm_548	hm_549	hm_550	hm_551	hm_552	hm_553	hm_554	hm_555	hm_556	hm_557	hm_558	hm_559	hm_560	hm_561	hm_562	hm_563	hm_564	hm_565	hm_566	hm_567	hm_568	hm_569	hm_570	hm_571	hm_572	hm_573	hm_574	hm_575	hm_576	hm_577	hm_578	hm_579	hm_580	hm_581	hm_582	hm_583	hm_584	hm_585	hm_586	hm_587	hm_588	hm_589	hm_590	hm_591	hm_592	hm_593	hm_594	hm_595	hm_596	hm_597	hm_598	hm_599	hm_600	hm_601	hm_602	hm_603	hm_604	hm_605	hm_606	hm_607	hm_608	hm_609	hm_610	hm_611	hm_612	hm_613	hm_614	hm_615	hm_616	hm_617	hm_618	hm_619	hm_620	hm_621	hm_622	hm_623	hm_624	hm_625	hm_626	hm_627	hm_628	hm_629	hm_630	hm_631	hm_632	hm_633	hm_634	hm_635	hm_636	hm_637	hm_638	hm_639	hm_640	hm_641	hm_642	hm_643	hm_644	hm_645	hm_646	hm_647	hm_648	hm_649	hm_650	hm_651	hm_652	hm_653	hm_654	hm_655	hm_656	hm_657	hm_658	hm_659	hm_660	hm_661	hm_662	hm_663	hm_664	hm_665	hm_666	hm_667	hm_668	hm_669	hm_670	hm_671	hm_672	hm_673	hm_674	hm_675	hm_676	hm_677	hm_678	hm_679	hm_680	hm_681	hm_682	hm_683	hm_684	hm_685	hm_686	hm_687	hm_688	hm_689	hm_690	hm_691	hm_692	hm_693	hm_694	hm_695	hm_696	hm_697	hm_698	hm_699	hm_700	hm_701	hm_702	hm_703	hm_704	hm_705	hm_706	hm_707	hm_708	hm_709	hm_710	hm_711	hm_712	hm_713	hm_714	hm_715	hm_716	hm_717	hm_718	hm_719	hm_720	hm_721	hm_722	hm_723	hm_724	hm_725	hm_726	hm_727	hm_728	hm_729	hm_730	hm_731	hm_732	hm_733	hm_734	hm_735	hm_736	hm_737	hm_738	hm_739	hm_740	hm_741	hm_742	hm_743	hm_744	hm_745	hm_746	hm_747	hm_748	hm_749	hm_750	hm_751	hm_752	hm_753	hm_754	hm_755	hm_756	hm_757	hm_758	hm_759	hm_760	hm_761	hm_762	hm_763	hm_764	hm_765	hm_766	hm_767	hm_768	hm_769	hm_770	hm_771	hm_772	hm_773	hm_774	hm_775	hm_776	hm_777	hm_778	hm_779	hm_780	hm_781	hm_782	hm_783	hm_784	hm_785	hm_786	hm_787	hm_788	hm_789	hm_790	hm_791	hm_792	hm_793	hm_794	hm_795	hm_796	hm_797	hm_798	hm_799	hm_800	hm_801	hm_802	hm_803	hm_804	hm_805	hm_806	hm_807	hm_808	hm_809	hm_810	hm_811	hm_812	hm_813	hm_814	hm_815	hm_816	hm_817	hm_818	hm_819	hm_820	hm_821	hm_822	hm_823	hm_824	hm_825	hm_826	hm_827	hm_828	hm_829	hm_830	hm_831	hm_832	hm_833	hm_834	hm_835	hm_836	hm_837	hm_838	hm_839	hm_840	hm_841	hm_842	hm_843	hm_844	hm_845	hm_846	hm_847	hm_848	hm_849	hm_850	hm_851	hm_852	hm_853	hm_854	hm_855	hm_856	hm_857	hm_858	hm_859	hm_860	hm_861	hm_862	hm_863	hm_864	hm_865	hm_866	hm_867	hm_868	hm_869	hm_870	hm_871	hm_872	hm_873	hm_874	hm_875	hm_876	hm_877	hm_878	hm_879	hm_880	hm_881	hm_882	hm_883	hm_884	hm_885	hm_886	hm_887	hm_888	hm_889	hm_890	hm_891	hm_892	hm_893	hm_894	hm_895	hm_896	hm_897	hm_898	hm_899	hm_900	hm_901	hm_902	hm_903	hm_904	hm_905	hm_906	hm_907	hm_908	hm_909	hm_910	hm_911	hm_912	hm_913	hm_914	hm_915	hm_916	hm_917	hm_918	hm_919	hm_920	hm_921	hm_922	hm_923	hm_924	hm_925	hm_926	hm_927	hm_928	hm_929	hm_930	hm_931	hm_932	hm_933	hm_934	hm_935	hm_936	hm_937	hm_938	hm_939	hm_940	hm_941	hm_942	hm_943	hm_944	hm_945	hm_946	hm_947	hm_948	hm_949	hm_950	hm_951	hm_952	hm_953	hm_954	hm_955	hm_956	hm_957	hm_958	hm_959	hm_960	hm_961	hm_962	hm_963	hm_964	hm_965	hm_966	hm_967	hm_968	hm_969	hm_970	hm_971	hm_972	hm_973	hm_974	hm_975	hm_976	hm_977	hm_978	hm_979	hm_980	hm_981	hm_982	hm_983	hm_984	hm_985	hm_986	hm_987	hm_988	hm_989	hm_990	hm_991	hm_992	hm_993	hm_994	hm_995	hm_996	hm_997	hm_998	hm_999	hm_1000	hm_1001	hm_1002	hm_1003	hm_1004	hm_1005	hm_1006	hm_1007	hm_1008	hm_1009	hm_1010	hm_1011	hm_1012	hm_1013	hm_1014	hm_1015	hm_1016	hm_1017	hm_1018	hm_1019	hm_1020	hm_1021	hm_1022	hm_1023	hm_1024	hm_1025	hm_1026	hm_1027	hm_1028	hm_1029	hm_1030	hm_1031	hm_1032	hm_1033	hm_1034	hm_1035	hm_1036	hm_1037	hm_1038	hm_1039	hm_1040	hm_1041	hm_1042	hm_1043	hm_1044	hm_1045	hm_1046	hm_1047	hm_1048	hm_1049	hm_1050	hm_1051	hm_1052	hm_1053	hm_1054	hm_1055	hm_1056	hm_1057	hm_1058	hm_1059	hm_1060	hm_1061	hm_1062	hm_1063	hm_1064	hm_1065	hm_1066	hm_1067	hm_1068	hm_1069	hm_1070	hm_1071	hm_1072	hm_1073	hm_1074	hm_1075	hm_1076	hm_1077	hm_1078	hm_1079	hm_1080	hm_1081	hm_1082	hm_
---	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	-----

W4	snet_cd		s14q1	s14q1c_1 s14q1c_2 s14q1c_3 s14q1c_4	s14q2a			s14q2d	s14q2df	s14q3	s14q4_1 s14q4_2 s14q4_3 s14q4_4 s14q4_5 s14q4_6 s14q4_7 s14q4_8 s14q4_9 s14q4_10	s14q4a_1 s14q4a_2 s14q4a_3 s14q4a_4 s14q4a_5 s14q4a_6 s14q4a_7 s14q4a_8 s14q4a_9 s14q4a_10 s14q4a_11 s14q4a_12 s14q4a_13 s14q4a_14	s14q5a	s14q5b	s14q6_1 s14q6_2 s14q6_3 s14q6_4 s14q6_5 s14q6_6 s14q6_7	W4
			1	2	3	4	5	6	7	8	9	10	11	12	13	14
	C O D E		From whom have members of your household received assistance in any form in the past 12 months?  SELECT ALL THAT APPLY  IF SELECTED ASK QUESTIONS 1c-6	What type of assistance was received from [PROGRAMME]?  SELECT ALL THAT APPLY  CASH ASSISTANCE .....1 FOOD ASSISTANCE .....2 OTHER/IN-KIND ASSISTANCE .....3 SCHOLARSHIP .....4	What was the total value of assistance received from [PROGRAMME] in the last 12 months?  CASH ASSISTANCE NAIRA FOOD ASSISTANCE CASH VALUE - N OTHER/IN-KIND CASH VALUE - N				Was the assistance given to...  ENTIRE HOUSEHOLD.....1 (▶ Q4) SPECIFIC HOUSEHOLD MEMBERS.....2	Which household members received this assistance from [PROGRAMME] in the last 12 months?  RECORD HOUSEHOLD ROSTER ID OF EACH MEMBER MENTIONED  ID CODES	How did your household use the money received from [PROGRAMME]? FOR CASH ASSISTANCE ONLY SELECT ALL THAT APPLY  PURCHASE LAND .....2 PURCHASE INPUTS FOR FOOD CROP PRODUCTION...3 PURCHASE INPUTS FOR CASH CROP PRODUCTION...4 PURCHASE LIVESTOCK .....5 BUSINESS START-UP CAPITAL .....6 NON-FARM BUSINESS .....7 ORDINARY MARRIAGE, BURIAL, OTHER SOCIAL FUNCTIONS ETC.....8 EDUCATION .....9 MOTOR VEHICLE PURCHASE .....10 HOME PURCHASE OR CONSTRUCTION .....11 OTHER HOUSEHOLD CONSUMPTION .....12 HEALTH EXPENSES .....13 OTHER (SPECIFY) .....14	When was the last time your household received this assistance from [PROGRAMME]?  MONTH YEAR (4-DIGIT)	What was the source of this assistance from [PROGRAMME]?  FEDERAL GOVERNMENT .....1 STATE GOVERNMENT .....2 LOCAL GOVERNMENT .....3 NGO .....4 INTERNATIONAL ORGANIZATION .....5 OTHER (SPECIFY) .....6			

101	Free Food/Maize Distribution															
102	Food/Cash-for-Work Programme (e.g. NAPEP)															
103	Inputs-For-Work Programme (FADAMA)															
104	School Feeding Programme															
105	Targeted Nutrition Programme for mothers and children															
106	Supplementary Feeding for Malnourished Children at a Nutritional Rehabilitation Unit															
107	Scholarships for Secondary Education															
108	Scholarships for Tertiary Education (e.g. University Scholarship, Upgrading Teachers)															
109	Government Loan for University and Other Tertiary Education															
110	Direct Cash Transfers from Government															
111	Direct Cash Transfers from Development Partners															
112	Livestock Transfers from NGOs															
113	Growth Enhancement Scheme (GES)															
114	E-Wallet Input subsidy programme															
115	Beta Don Come															
116	YouWin															
117	Other (Specify)															

W3	snet_cd	snet_desc	snet_cs	s14q1	s14q2a	s14q2b	s14q2c	s14q2d	s14q2e	s14q3	s14q4a	s14q4b	s14q4c	s14q4d	s14q4e	s14q5a	s14q5b	W3
				1	2	3	4	5	6	7	8	9	10	11	12	13	14	
	C O D E			In the last 12 months, has any member of your household received cash, food, or other aid from [PROGRAMME]?  ASK QUESTION 1 FOR ALL PROGRAMMES FIRST. THEN ASK QUESTIONS 2-5 FOR ALL PROGRAMMES HOUSEHOLD HAS RECEIVED IN LAST 12 MONTHS.  YES.....1 NO.....2 (▶ NEXT PROGRAMME)	What was the total value of assistance received from [PROGRAMME] in the last 12 months?  UNIT CODES FOR FOOD ASSISTANCE KILOGRAM.....1 LITRE.....2  CASH ASSISTANCE FOOD ASSISTANCE OTHER/IN-KIND NAIRA QUANTITY UNIT CASH VALUE - N CASH VALUE - N				Was the assistance given to...  ENTIRE HOUSEHOLD.....1 (▶ Q5) SPECIFIC HOUSEHOLD MEMBERS.....2	Which household members received this assistance in the last 12 months?  RECORD HOUSEHOLD ROSTER ID OF EACH MEMBER MENTIONED  ID CODE 1 ID CODE 2 ID CODE 3 ID CODE 4 ID CODE 5						When was the last time your household received this assistance ?  MONTH YEAR (4-DIGIT)		

W2	snet_cd	snet_desc	s14q1	s14q2a	s14q2b	s14q2c	s14q2d	s14q2e	s14q3	s14q4a	s14q4b	s14q4c	s14q4d	s14q4e	s14q5a	s14q5b	W2	
				1	2	3	4	5	6	7	8	9	10	11	12	13	14	
	C O D E			In the last 12 months, has any member of your household received cash, food, or other aid from [PROGRAMME]?  ASK QUESTION 1 FOR ALL PROGRAMMES FIRST. THEN ASK QUESTIONS 2-5 FOR ALL PROGRAMMES HOUSEHOLD HAS RECEIVED IN LAST 12 MONTHS.  YES.....1 NO.....2 (▶ NEXT PROGRAMME)	What was the total value of assistance received from [PROGRAMME] in the last 12 months?  CODES FOR UNIT FOR FOOD ASSISTANCE KILOGRAM.....1 LITRE.....2  CASH ASSISTANCE FOOD ASSISTANCE OTHER/IN-KIND NAIRA QUANTITY UNIT CASH VALUE - N CASH VALUE - N				Was the assistance given to...  ENTIRE HOUSEHOLD.....1 (▶ Q5) SPECIFIC HOUSEHOLD MEMBERS.....2	Which household members received this assistance in the last 12 months?  RECORD HOUSEHOLD ROSTER ID OF EACH MEMBER MENTIONED  ID CODE 1 ID CODE 2 ID CODE 3 ID CODE 4 ID CODE 5					When was the last time your household received this assistance ?  MONTH YEAR (4-DIGIT)			

W1	snet_cd	s14q1	s14q2a	s14q2b	s14q2c	s14q2d	s14q2e	s14q3	s14q4a	s14q4b	s14q4c	s14q4d	s14q4e	s14q5a	s14q5b	W1	
				1	2	3	4	5	6	7	8	9	10	11	12	13	14
	C O D E			In the last 12 months, has any member of your household received cash, food, or other aid from [PROGRAMME]?  ASK QUESTION 1 FOR ALL PROGRAMMES FIRST. THEN ASK QUESTIONS 2-5 FOR ALL PROGRAMMES HOUSEHOLD HAS RECEIVED IN LAST 12 MONTHS.  YES.....1 NO.....2 (▶ NEXT PROGRAMME)	What was the total value of assistance received from [PROGRAMME] in the last 12 months?  CODES FOR UNIT FOR FOOD ASSISTANCE KILOGRAM.....1 LITRE.....2 PACKET.....3 OTHER SPECIFY.....4  CASH ASSISTANCE FOOD ASSISTANCE OTHER/IN-KIND NAIRA QUANTITY UNIT CASH VALUE - N CASH VALUE - N				Was the assistance given to...  ENTIRE HOUSEHOLD.....1 (▶ Q5) SPECIFIC HOUSEHOLD MEMBERS.....2	Which household members received this assistance in the last 12 months?  RECORD HOUSEHOLD ROSTER ID OF EACH MEMBER MENTIONED  ID CODE #1 ID CODE #2 ID CODE #3 ID CODE #4 ID CODE #5				When was the last time your household received this assistance ?  MONTH YEAR (4-DIGIT)			

## SECTION 15a -- SHOCKS

**0. INTERVIEWER: RECORD ID OF PRIMARY RESPONDENT**

I WOULD LIKE TO ASK YOU ABOUT EVENTS THAT MAY HAVE AFFECTED YOUR HOUSEHOLD SINCE 2017.

[illegible]

0. INTERVIEWER: RECORD ID OF PRIMARY RESPONDENT

I'D LIKE TO ASK YOU ABOUT EVENTS THAT MAY HAVE AFFECTED YOUR HOUSEHOLD SINCE 2017.

[illegible]

I WOULD LIKE TO ASK YOU ABOUT EVENTS THAT MAY HAVE AFFECTED YOUR HOUSEHOLD SINCE 2014

shock_id		s15aq1	s15aq2	s15aq3a			s15aq3b	s15aq3c	s15aq4			s15aq5a	s15aq5b	s15aq5c	s15aq5d	s15aq5e	s15aq5f	W1		
1.		2.		3.			4.			5.			6.							
S H O C K   C O D E	Has your household been affected by [SHOCK] since 2014?	How many times has this [SHOCK] occurred since 2014?	In what year(s) did [SHOCK] occur?			Rank the 3 most significant shocks you have experienced			What was the most important consequence of the most recent [SHOCK]?			Who was most affected by these shocks?								
	YES....1 NO....2 ► NEXT SHOCK		INDICATE WHICH YEARS WITH A "X"  <div></div>			Most Severe.....1 More Severe.....2 Severe.....3			SEE CODES  <div></div>			WRITE ID CODES OF UP TO FOUR PERSONS AFFECTED BY THE SHOCK.  IF EVERYONE, WRITE '98' FOR THE FIRST ID AND LEAVE THE REST BLANK			ID 1 ID 2 ID 3					
			2014	2015	2016				1st	2nd	3rd	4th	ID 1	ID 2	ID 3					

I WOULD LIKE TO ASK YOU ABOUT EVENTS THAT MAY HAVE AFFECTED YOUR HOUSEHOLD IN THE PAST 5 YEARS

[illegible]

I WOULD LIKE TO ASK YOU ABOUT EVENTS THAT MAY HAVE AFFECTED YOUR HOUSEHOLD IN THE PAST 5 YEARS

[illegible]

## SECTION 15b DEATHS

ho_01											
1. Has anyone in the household been deceased since 2013?										YES. ....1 NO.....2 (► NEXT SECTION)	<input style="width: 50px; height: 30px;" type="text"/>
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]?  <div style="border: 1px solid black; padding: 2px; margin-top: 10px;">           MALE.....1            FEMALE.....2         </div>	What was [NAME'S] age when he/she died?	What was the date of death?			What was the cause of death?  <div style="border: 1px solid black; padding: 2px; margin-top: 10px;">             ILLNESS.....1              ACCIDENT/INJURY.....2              MURDER.....3              SUICIDE.....4              DIED IN SLEEP.....5              OTHER (SPECIFY).....6           </div>				
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)	<input style="width: 50px; height: 30px;" type="text"/>
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]?  <div style="border: 1px solid black; padding: 2px; margin-top: 10px;">           MALE.....1            FEMALE...2         </div>	What was [NAME'S] age when he/she died?	What was the date of death?			What was the cause of death?  <div style="border: 1px solid black; padding: 2px; margin-top: 10px;">             ILLNESS.....1              ACCIDENT/INJURY...2              MURDER.....3              SUICIDE.....4              DIED IN SLEEP.....5              OTHER (SPECIFY).....6           </div>				
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		s15bq3	s15bq4	s15bq5a	s15bq5b	s15bq5c	s15bq6	s15bq6b	W2			
	2.	3.	4.	5.			6.					
	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		s15bq3		s15bq5a	s15bq5b	s15bq5c	s15bq6	s15bq6b	W1			
	2.	3.	4.	5.			6.					
	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. Has your household been affected by [EVENT] since 2010?  RECORD RESPONSE FOR ALL EVENTS BEFORE MOVING TO Q2.  YES.....1 NO.....2 (▶ NEXT EVENT)	2. How many times has [EVENT] occurred since 2010?	3a. Did [EVENT] occur in 2010?  YES...1 NO...2 (▶ hp_04a)	3b. Who was the perpetrator of [EVENT] in 2010?  IF MORE THAN ONE EVENT, REFER TO WORST EVENT SEE CODES ON FLIP PAGE	4a. Did [EVENT] occur in 2011?  YES....1 NO....2 (▶ hp_05a)	4b. Who was the perpetrator of [EVENT] in 2011?  IF MORE THAN ONE EVENT, REFER TO WORST EVENT SEE CODES ON FLIP PAGE	5a. Did [EVENT] occur in 2012?  YES...1 NO...2 (▶ hp_06a)	5b. Who was the perpetrator of [EVENT] in 2012?  IF MORE THAN ONE EVENT, REFER TO WORST EVENT SEE CODES ON FLIP PAGE	6a. Did [EVENT] occur in 2013?  YES..1 NO...2 (▶ hp_07a)	6b. Who was the perpetrator of [EVENT] in 2013?  IF MORE THAN ONE EVENT, REFER TO WORST EVENT SEE CODES ON FLIP PAGE	7a. Did [EVENT] occur in 2014?  YES....1 NO....2 (▶ hp_08a)

1	any <b>family</b> 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. Has your household been affected by [EVENT] since 2010?  RECORD RESPONSE FOR ALL EVENTS BEFORE MOVING TO Q2.  YES....1 NO....2 (▶ NEXT EVENT)	2. How many times has [EVENT] occurred since 2010?	3a. Did [EVENT] occur in 2010?  YES..1 NO...2 (▶ Q4a)	3b. Who was the perpetrator of [EVENT] in 2010?  IF MORE THAN ONE EVENT, REFER TO WORST EVENT SEE CODES ON FLIP PAGE	4a. Did [EVENT] occur in 2011?  YES....1 NO....2 (▶ Q5a)	4b. Who was the perpetrator of [EVENT] in 2011?  IF MORE THAN ONE EVENT, REFER TO WORST EVENT SEE CODES ON FLIP PAGE	5a. Did [EVENT] occur in 2012?  YES...1 NO...2 (▶ Q6a)	5b. Who was the perpetrator of [EVENT] in 2012?  IF MORE THAN ONE EVENT, REFER TO WORST EVENT SEE CODES ON FLIP PAGE	6a. Did [EVENT] occur in 2013?  YES...1 NO....2 (▶ Q7a)	6b. Who was the perpetrator of [EVENT] in 2013?  IF MORE THAN ONE EVENT, REFER TO WORST EVENT SEE CODES ON FLIP PAGE	7a. Did [EVENT] occur in 2014?  YES....1 NO....2 (▶ Q8a)

s15cq7b	s15cq7b_os	s15cq8a	s15cq8B	s15cq8B_os	s15cq9a	s15cq9b	s15cq10	s15cq10_os	s15cq11	s15cq12	s15cq12_os	s15cq13a	s15cq13a_os	s15cq13b	s15cq13b_os	s15cq14	s15cq15	s15cq15_os	s15cq16	s15cq17a	s15cq17a_os	s15cq17b	w3
7b.		8a.	8b.		9.		10.		11.	12.		13.				14.	15.		16.	17.			
Who was the perpetrator of [EVENT] in 2014?	Did [EVENT] occur in <b>2015/16?</b>	Who was the perpetrator of [EVENT] in 2015/16?	Who was the perpetrator of [EVENT] in 2015/16?		What year and month did the most recent [EVENT] occur?		Where did the [EVENT] occur?		What is the sex of the person affected by [EVENT]?	What was the most important cause of the most recent [EVENT]?		What were the most important consequences of the most recent [EVENT]?			Did any member of the household contact anyone to report [EVENT]?	Who did the household member contact to report [EVENT]?	Has the household received any assistance after the most recent [EVENT]?	From what source(s) has the household received assistance?					
IF MORE THAN ONE EVENT, REFER TO WORST EVENT	YES.....1 NO.....2 (► Q9)	IF MORE THAN ONE EVENT, REFER TO WORST EVENT	IF MORE THAN ONE EVENT, REFER TO WORST EVENT		FOR Q10-Q17, IF MORE THAN ONE EVENT, REFER TO MOST SEVERE		own house.....1 On own farm.....2 AROUND/IN market.....3 AROUND/IN PLACE OF WORKSHIP.....4 around/in school.....5 ON THE street.....6 other village.....7 OTHER (SPECIFY).....8		IF MORE THAN ONE PERSON, REPORT THE SEX OF THE PERSON MOST STRONGLY AFFECTED.	SEE CODES ON FLIP PAGE		RECORD UP TO TWO CONSEQUENCES			YES.1 NO..2 (► Q16)	MILITARY.....1 PARAMILITARY.....2 POLICE.....3 VIGILANTEES.....4 RELIGIOUS LEADERS.....5 COMMUNITY LEADERS.....6 OTHER (SPECIFY).....7	YES.1 NO..2 (► NEXT EVENT)	LIST UP TO TWO MOST IMPORTANT SOURCES					
SEE CODES ON FLIP PAGE		SEE CODES ON FLIP PAGE	SEE CODES ON FLIP PAGE		YEAR SHOULD CORRESPOND TO RESPONSE IN Q3-Q8				MALE.....1 FEMALE.....2			SEE CODES ON FLIP PAGE											
					Jan.....01 Feb.....02 Mar.....03 Apr.....04 May.....05 June.....06	July.....07 aug.....08 sept.....09 oct.....10 nov.....11 dec.....12						1st	2nd							1st	2nd		