

**CONFIDENTIAL**



Federal Republic of Nigeria  
National Bureau of Statistics Abuja, Nigeria

**GENERAL HOUSEHOLD SURVEY**  
**Post-Harvest Questionnaire for Panel Households**



THE WORLD BANK

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

**SECTION A-1: HOUSEHOLD IDENTIFICATION**

**FEBRUARY/MARCH 2011**

|  | Name  | Code  |              |   |   |               |   |   |               |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|--|---|---|--------------|---|---|---------------|---|---|---------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1. Zone  | _____   | <input type="text"/>  |              |   |   |               |   |   |               |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 2. STATE:  | _____   | <input type="text"/> <input type="text"/>   |              |   |   |               |   |   |               |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 3. LGA   | _____   | <input type="text"/> <input type="text"/>   |              |   |   |               |   |   |               |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 4. SECTOR (Urban=1, Rural=2)                     | <input type="text"/>  |   |              |   |   |               |   |   |               |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 5. EA  | _____   | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |              |   |   |               |   |   |               |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 6. RIC   | _____   | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |              |   |   |               |   |   |               |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 7. HOUSEHOLD NO.                                 | <input type="text"/> <input type="text"/> <input type="text"/>  |   |              |   |   |               |   |   |               |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 8. WHAT ARE THE GPS COORDINATES OF THE DWELLING? | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="6" style="text-align: center;">LATITUDE (N)</th> <th colspan="6" style="text-align: center;">LONGITUDE (E)</th> </tr> <tr> <td style="width: 20px;">_</td><td style="width: 20px;">_</td><td style="width: 20px;">°</td><td style="width: 20px;">_</td><td style="width: 20px;">_</td><td style="width: 20px;">.</td><td style="width: 20px;">_</td><td style="width: 20px;">_</td><td style="width: 20px;">_</td><td style="width: 20px;">°</td><td style="width: 20px;">_</td><td style="width: 20px;">_</td><td style="width: 20px;">.</td><td style="width: 20px;">_</td><td style="width: 20px;">_</td><td style="width: 20px;">_</td> </tr> </table> |   | LATITUDE (N) |   |   |               |   |   | LONGITUDE (E) |   |   |   |   |   | _ | _ | ° | _ | _ | . | _ | _ | _ | ° | _ | _ | . | _ | _ | _ |
| LATITUDE (N)                                     |   |   |              |   |   | LONGITUDE (E) |   |   |               |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| _  | _   | °   | _            | _ | . | _             | _ | _ | °             | _ | _ | . | _ | _ | _ |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 9. NAME OF HOUSEHOLD HEAD:                       | _____   |   |              |   |   |               |   |   |               |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 10. ADDRESS OF HOUSEHOLD:                        | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> </table>   |   |              |   |   |               |   |   |               |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|  |   |   |              |   |   |               |   |   |               |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|  |   |   |              |   |   |               |   |   |               |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 11. NAME OF INTERVIEWER:                         | _____   | <input type="text"/> <input type="text"/> <input type="text"/>                      |              |   |   |               |   |   |               |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 12. NAME OF SUPERVISOR:                          | _____   | <input type="text"/> <input type="text"/> <input type="text"/>                      |              |   |   |               |   |   |               |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

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

**QUESTIONNAIRE \_\_\_\_ OF \_\_\_\_ TOTAL**

[DAY / MONTH / YEAR]

13. DATE OF FIRST INTERVIEW:  /  /

14a. TIME FIRST INTERVIEW STARTED  :

14b. TIME FIRST INTERVIEW ENDED  :

15. INTERVIEW STATUS AFTER FIRST VISIT:

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

16. A97DATA ENTRY STATUS AFTER FIRST VISIT:

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

[DAY / MONTH / YEAR]

17. DATE OF SECOND INTERVIEW:  /  /

18a. TIME SECOND INTERVIEW STARTED  :

18b. TIME SECOND INTERVIEW ENDED  :

19. INTERVIEW STATUS AFTER SECOND VISIT:

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

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

[DAY / MONTH / YEAR]

21. DATE OF THIRD INTERVIEW:  /  /

22a. TIME THIRD INTERVIEW STARTED  :

22b. TIME THIRD INTERVIEW ENDED  :

23. INTERVIEW STATUS AFTER THIRD VISIT:

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

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

**OBSERVATIONS ON THE INTERVIEW**

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

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

1. STATUS OF QUESTIONNAIRE

2. STATUS OF DATA ENTRY

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

3. SPLIT- OFF HOUSEHOLD

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

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## DEFINITIONS/INSTRUCTIONS

### BRIEF DEFINITION OF A HOUSEHOLD:

1. A household is a group of people who have usually slept in the same dwelling and share their meals together. Examples of households are:
  - A household consisting of a man and his wife/wives and children, father/mother, nephew and other relatives.
  - A household consisting of a single person
  - A household consisting of a couple or several couples with or without children.
2. All listed persons that have been away from the household for more than six months are not considered to be household members except:
  - The person identified as the head of household even if he or she has not been with the household for more than 6 months
  - Newly born children (or newly adopted)
  - Students and seasonal workers who have not been living in or as part of another household
  - New spouses

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

SECTION 1: HOUSEHOLD ROSTER

PLEASE OPEN FLAP A

|  |  |       |      |   |  |   |   |        |        |        |  |   |
|--|--|-------|------|---|--|---|---|--------|--------|--------|--|---|
| I<br>N<br>D<br>I<br>V<br>I<br>D<br>U<br>A<br>L | 6.<br>In what day, month and year was [NAME] born?<br><br>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.<br><br>CHECK THAT AGE IN QUESTION 4 AND YEAR OF BIRTH IN THIS QUESTION ARE CONSISTENT. |       |      | 7.<br>What is [NAME]'s marital status?<br><br>Married (monogamous)..1<br>Married (polygamous)..2<br>Informal Union.....3<br>Divorced.....4 (▶ Q13)<br>Seperated.....5 (▶ Q13)<br>Widowed.....6 (▶ Q13)<br>Never Married.....7 (▶ Q13) | 8.<br>INTERVIEWER: IS THIS PERSON A MALE IN A POLYGAMOUS MARRIAGE?<br><br>YES.1<br>NO..2 (▶ Q11) | 9.<br>How many wives do you currently have? | 10.<br>In what year, did you get married to each of your wives respectively?<br><br>LIST THE <b>YEAR</b> FOR YOUR FIRST WIFE AND THEN THE YEAR OF MARRIAGE FOR UP TO 3 OTHER MOST RECENT WIVES. |        |        |        | 11.<br>Does [NAME]'s spouse/ partner live in this household now? [ASK ABOUT FIRST THE WIFE FOR REPSONDENTS WITH MULTIPLE WIVES].<br><br>YES.1<br>NO..2 (▶ Q13) | 12.<br>WRITE ID CODE OF CURRENT SPOUSE (OR IN THE CASE OF A POLYGOMOUS MARIAGE, FIRST WIFE AMONG THOSE) WHO LIVE(S) IN THE HOUSEHOLD.<br><br>COPY SPOUSE ID FROM ROSTER |
|  | DAY  | MONTH | YEAR |   |  | NUMBER                                      | WIFE 1  | WIFE 2 | WIFE 3 | WIFE 4 | ID CODE  |   |

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SECTION 1: HOUSEHOLD ROSTER

| I<br>N<br>D<br>I<br>V<br>I<br>D<br>U<br>A<br>L | 13.  | 14.  | 15.                                | 16.   | 17.                                | 18.  |       |      |  | 19.                                       | 20.   |
|--|--|--|------------------------------------|---|------------------------------------|--|-------|------|--|---|---|
|  | INTERVIEWER:<br>WAS THIS PERSON A MEMBER OF THIS HOUSEHOLD IN THE PREVIOUS ROUND OF THE SURVEY (AUG.-OCT. 2010)? | INTERVIEWER:<br>CHECK THE ROSTER, IS THE SEX OF THIS PERSON CORRECT? | What is the correct sex of [NAME]? | INTERVIEWER:<br>ENQUIRE IF THE AGE RECORDED ON FLAP A IS CORRECT? | What is the correct age of [NAME]? | What is the correct day, month and year of [NAME's] date of birth? |       |      |  | Does [NAME] still live in this household? | When did [NAME] join this household?  |
|  | YES...1<br>NO...2 (► Q20)  | YES...1 (► Q16)<br>NO...2  | MALE.....1<br>FEMALE...2           | YES...1 (► Q19)<br>NO...2   |                                    |  |       |      |  | YES...1 (► NEXT PERSON)<br>NO...2 (► Q33) | Before August 2010.....1<br>August 2010...2<br>Sept. 2010....3<br>Oct. 2010....4<br>Nov. 2010....5<br>Dec. 2010....6<br>Jan. 2011....7<br>Feb. 2011....8<br>March 2011....9 |
|  |  |  |                                    |   | AGE                                | DAY  | MONTH | YEAR |  |   | CODE  |
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| 12   |  |  |                                    |   |                                    |  |       |      |  |   |   |

SECTION 1: HOUSEHOLD ROSTER

| I<br>N<br>D<br>I<br>V<br>I<br>D<br>U<br>A<br>L<br><br>I<br>D | 21.   | 22.   | 23.   | 24.  | 25.                                  | 26.   |
|--|---|---|---|--|--------------------------------------|---|
|  | Why did [NAME] join this household?   | What is [NAME]'S main religion?   | Does [NAME]'s biological father live in this household? | What is the individual ID of [NAME]'s biological father? | Is [NAME]'s biological father alive? | What was the highest educational level completed by [NAME'S] biological father?   |
|  | NEW BORN.....1<br>ADOPTED<br>CHILD.....2<br>MARRIAGE /COHABITATION. 3<br>DIVORCE<br>/SEPERATION.....4<br>RETURNED FROM<br>COLLEGE/UNIV.....5<br>RETUREND FROM<br>INSTITUTION.....6<br>MOVED IN WITH PARENT OR<br>RELATIVE.....7<br>SHARED<br>ACCOMODATION.....8<br>RETURN FROM WORK<br>MIGRATION.....9<br>MISTAKENLY NOT REPORTEDD OR<br>FORGOTTEN LAST<br>VISIT.....10<br>OTHER, | CHRISTIANITY.1<br>ISLAM .....2<br>TRADITIONAL..3<br>OTHER<br>(Specify) ...4 | YES..1<br><br>NO...2 (▶ Q25)                            | COPY ID FROM<br>ROSTER<br><br>(▶ Q28)                    | YES..1<br><br>NO...2                 | None.....00<br>N1.....01<br>N2.....02<br>P1.....11<br>P2.....12<br>P3.....13<br>P4.....14<br>P5.....15<br>P6.....16<br>JS1.....21<br>JS2.....22<br>JS3.....23<br>SS1.....24<br>SS2.....25<br>SS3 .....26<br><br>Lower 6.....27<br>Upper 6.....28<br>Teacher<br>training...31<br>Vocational/<br>Technical..32<br>Modern<br>school.....33<br>NCE.....34<br>Poly/prof...41<br>1st degree..42<br>Higher<br>degree.....43<br>Quaranic....51<br>Integrated<br>Quaranic...52<br>Adult<br>Education..61 |
|  |   |   |   |  |                                      | <b>LEVEL</b>  |
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SECTION 1: HOUSEHOLD ROSTER

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

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SECTION 1: HOUSEHOLD ROSTER

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

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

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

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

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SECTION 2A: EDUCATION (NEW HOUSEHOLD MEMBERS)

| 9.  | 10.  | 11.   | 12.   | 13.   | 14.  |
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| <b>What is the highest educational level you completed?</b><br>None.....00 Lower 6.....27<br>N1.....01 Upper 6.....28<br>N2.....02 Teacher<br>P1.....11 training....31<br>P2.....12 Vocational/<br>P3.....13 Technical...32<br>P4.....14 Modern<br>P5.....15 school.....33<br>P6.....16 NCE.....34<br>JS1.....21 Poly/prof...41<br>JS2.....22 1st degree..42<br>JS3.....23 Higher<br>SS1.....24 degree.....43<br>SS2.....25 Quaranic....51<br>SS3 .....26 Integrated<br>Quaranic....52<br>Adult | <b>What is your highest qualification attained?</b><br>None.....1<br>FSLC.....2<br>MSIC .....3<br>Voc/Comm.....4<br>JSS .....5<br>SSS 'O Level'...6<br>A level.....7<br>NCE/OND NURSING..8<br>BA/BSC/HND.....9<br>Tech/Prof.....10<br>Masters.....11<br>Doctorate.....12<br>Other (SPECIFY).13 | <b>Did you enroll in any school in the 2009-2010 school year?</b><br><br>YES..1<br>NO...2 (► Q13) | <b>What kind of organization ran the school you attended in 2009-2010?</b><br><br>Federal<br>Govt.....1<br>State<br>Govt.....2<br>Local<br>Govt.....3<br>Community.....4<br>Religious<br>Body.....5<br>Private.....6<br>NGO.....7<br>Other (SPECIFY)..8 | <b>Are you presently in school (2010-2011) school year?</b><br><br>YES..1 (► Q15)<br>NO...2 | <b>Why are you not currently in school?</b><br>Had enough schooling.....1<br>Awaiting admission.....2<br>No school/Lack of teachers<br>.....3<br>No time/No interest.....4<br>Lack of<br>Money.....5<br>Marital<br>Obligation.....6<br>Sickness.....7<br>Disability.....8<br>Separation of<br>Parents.....9<br>Death of Parents...10<br>Too old to Attend ..11<br>Domestic<br>Obligation .....12<br>Others (Specify)....13 |
| <b>LEVEL</b>  |  |   |   |   | <b>(► Q24)</b>   |

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SECTION 2A: EDUCATION (NEW HOUSEHOLD MEMBERS)

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| I<br>N<br>D<br>I<br>V<br>I<br>D<br>U<br>A<br>L<br>I<br>D | 15.<br>In what level and year of school are you enrolled this 2010-2011 school year?  | 16.<br>What kind of organization runs the school that you are attending?   | 17.<br>By what means do you go to school?   | 18.<br>How much time does it take you to get to school? (in minutes)                                   | 19.<br>Have you had a scholarship during the 2010-2011 school year? | 20.<br>What was the amount of the scholarship you have received in the 2010-2011 school year? | 21.<br>How many years does the scholarship cover? | 22.<br>From which organisation, did you receive the scholarship?   |
|  | None.....00 Lower 6...27<br>N1.....01 Upper 6...28<br>N2.....02 Teacher<br>P1.....11 Training...31<br>P2.....12 Vocational/<br>P3.....13 Technical...32<br>P4.....14 Modern<br>P5.....15 school....33<br>P6.....16 NCE.....34<br>JS1.....21 Poly/prof..41<br>JS2.....22 1st degree.42<br>JS3.....23 Higher<br>SS1.....24 degree....43<br>SS2.....25 Quaranic...51<br>SS3 .....26 Integrated<br>Adult<br>Quaranic...52 | Federal Govt.1<br>State Govt...2<br>Local Govt...3<br>Community...4<br>Religious<br>Body.....5<br>Private.....6<br>NGO.....7<br>Other<br>(SPECIFY) ....8 | Foot .....1<br>Bicycle .....2<br>Motorcycle...3<br>Private<br>Car.....4<br>Taxi.....5<br>Bus.....6<br>Camel/Donkey..7<br>Others<br>(Specify) .....8 | 0 -15.....1<br>16-30.....2<br>31- 45.....3<br>46-60.....4<br>61 90.....5<br>91-120....6<br>120 +.....7 | YES..1<br>NO...2 (► Q23)  |   |   | Federal Govt.1<br>State Govt...2<br>Local Govt...3<br>Community...4<br>Religious<br>Body.....5<br>Private.....6<br>NGO.....7<br>Other<br>(SPECIFY) ....8 |
|  | <b>LEVEL</b>  |  |   | <b>CODE</b>  |   | <b>NAIRA</b>  | <b>YEARS</b>                                      |  |

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SECTION 2A: EDUCATION (NEW HOUSEHOLD MEMBERS)

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

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| I<br>N<br>D<br>I<br>V<br>I<br>D<br>U<br>A<br>L<br><br>I<br>D | 24.   | 25.   | 26.  | 27.   | 28.   |
|  | <p>Did you ever repeat any class in primary or secondary school?</p> <p>YES, PRIMARY ONLY.....1<br/>YES, SECONDARY ONLY..2<br/>YES, BOTH.....3<br/>NONE.....4 (► Q28)</p> | <p>What was the last class you repeated ?</p> <p>P1.....11<br/>P2.....12<br/>P3.....13<br/>P4.....14<br/>P5.....15<br/>P6.....16<br/>JS1.....21<br/>JS2.....22<br/>JS3.....23<br/>SS1.....24<br/>SS2.....25<br/>SS3 .....26<br/>Lower 6...27<br/>Upper 6...28</p> | <p>What was your main reason for repeating the grade specified in Q24?</p> <p>Failed exams.....1<br/>Pregnancy.....2<br/>Illness.....3<br/>Disability.....4<br/>Work commitment.....5<br/>No money for books.....6<br/>Lack of fees.....7<br/>Illness or injury of other hh member.....8<br/>Other (SPECIFY).....9</p> | <p>How many times have you repeated the class specified in Q24?</p> | <p>Do you plan to attend school in the next school year?</p> <p>YES..1<br/>NO...2</p> <p>(► SECTION 3A)</p> |

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SECTION 2B: EDUCATION (ORIGINAL HOUSEHOLD MEMBERS)

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

| 1.  | 2.  | 3.   | 4.  | 5.  |
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| <p>Are you presently in school (2010-2011) school year?</p> <p>YES..1 (▶ Q3)<br/>NO...2</p> | <p>Why are you not currently in school?</p> <p>Had enough schooling.....1<br/>Awaiting admission.....2<br/>No school/Lack of teachers .....3<br/>No time/No interest.....4<br/>Lack of Money.....5<br/>Marital Obligation .....6<br/>Sickness.....7<br/>Disability.....8<br/>Separation of Parents.....9<br/>Death of Parents.....10<br/>Too old to Attend .....11<br/>Domestic Obligation .....12<br/>Others (Specify).....13</p> <p>(▶ Q15)</p> | <p>In what level and year of school are you enrolled this 2010-2011 school year?</p> <p>None....00 Lower 6.....27<br/>N1.....01 Upper 6.....28<br/>N2.....02 Teacher training....31<br/>P1.....11 Vocational/Technical.32<br/>P2.....12 Modern school.....33<br/>P3.....13 NCE.....34<br/>P4.....14 Poly/prof.....41<br/>P5.....15 1st degree.....42<br/>P6.....16 Higher degree.....43<br/>JS1.....21 Quaranic.....51<br/>JS2.....22 Integrated quaranic..52<br/>JS3.....23 Adult education.....61<br/>SS1.....24<br/>SS2.....25<br/>SS3 ....26</p> | <p>Is this the same school you attended during the 2009-2010 school year?</p> <p>YES..1 (▶ Q9)<br/>NO...2</p> | <p>Why did you change schools?</p> <p>NEXT LEVEL.....1<br/>CLOSER TO HOME..2<br/>MORE OR BETTER<br/>TEACHERS.....3<br/>BETTER<br/>FACILITIES.....4<br/>OVERALL BETTER<br/>QUALITY.....5<br/>CHEAPER.....6<br/>SAFER.....7<br/>OTHER (SPECIFY) ..8</p> |

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SECTION 2B: EDUCATION (ORIGINAL HOUSEHOLD MEMBERS)

| 6.   | 7.   | 8.  | 9.   | 10.   | 11.   | 12.   | 13.  |
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| What kind of organization runs the school that you are attending?<br><br>Federal Govt....1<br>State Govt.....2<br>Local Govt.....3<br>Community.....4<br>Religious Body..5<br>Private.....6<br>NGO.....7<br>Other (SPECIFY)..8 | By what means do you go to school?<br><br>Foot .....1<br>Bicycle .....2<br>Motorcycle.....3<br>Private Car....4<br>Taxi.....5<br>Bus.....6<br>Camel/Donkey...7<br>Others (Specify).....8 | How much time does it take you to get to school? (in minutes)<br><br>0 - 15 .....1<br>16 - 30.....2<br>31 - 45.....3<br>46 - 60.....4<br>61 - 90.....5<br>91 - 120.....6<br>120 +.....7 | Have you had a scholarship during the 2010-2011 school year?<br><br>YES..1<br>NO...2 (► Q14) | What was the amount of the scholarship you have received in the 2010-2011 school year?<br><br>NAIRA | How many years does the scholarship cover?<br><br>YEARS | From which organisation, did you receive the scholarship?<br><br>Federal Govt.....1<br>State Govt.....2<br>local Govt.....3<br>Community.....4<br>Religious Body.....5<br>Private.....6<br>NGO.....7<br>Other (SPECIFY).....8 | Is this the same scholarship you had last school year (2009-2010)?<br><br>YES, SAME...1<br>NO, DIFFERENT...2<br>NO SCHOLARSHIP LAST YEAR.....3 |
|  |  | <b>CODE</b>   |  | <b>NAIRA</b>  | <b>YEARS</b>  |   |  |

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SECTION 2B: EDUCATION (ORIGINAL HOUSEHOLD MEMBERS)

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

ASK THESE QUESTIONS FROM ALL INDIVIDUALS 5 YEARS AND ABOVE.

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

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SECTION 3A: LABOUR

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

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

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

| I<br>N<br>D<br>I<br>V<br>I<br>D<br>U<br>A<br>L<br>I<br>D | 24.   | 25.  | 26.   | 27.  | 28.   | 29.   | 30.  |       |
|--|---|--|---|--|---|---|--|-------|
|  | Who is the employer in this job?<br><br>FEDERAL<br>GOV.....1<br>STATE<br>GOV.....2<br>LOCAL<br>GOVT.....3<br>PARASTATAL.....4<br>PRIVATE SECTOR (INCLUDE PAID APPRENTICE).....5<br>NGO.....6<br>CO-OPERATIVES.....7<br>INTERNATIONAL ORGANIZATION /DIPLOMATIC MISSION.....8<br>RELIGIOUS .....9<br>SELF-EMPLOYED.....10<br>OTHER (SPECIFY).....11 | During the last 12 months how many months did you work in this employment? | During these months how many weeks did you work in this employment? | During the last seven days, how many hours did you work in this job? | Do you receive wages, salary or other payments either in cash or in other forms from this employer for this work?<br><br>YES...1 (▶ Q30)<br>NO....2 | What is the main reason you received no payment for this work?<br><br>JUST STARTED WORK, WAITING FOR FIRST PAYMENT.....1<br><br>UNPAID FAMILY WORKER.....2<br>APPRENTICESHIP OR UNPAID TRAINEESHIP.....3<br>PAYING OFF DEBT.....4<br>PAYMENT UPON COMPLETION OF WORK.....5<br>OWED BY EMPLOYER....6<br><br>OTHER (SPECIFY) .....7 | How much was your last payment? IF RESPONDENT HAS NOT YET BEEN PAID, ASK: What payment do you expect? What period of time did this payment cover?<br><br><b>TIME UNIT CODE</b><br><br>HOUR.....1<br>DAY.....2<br>WEEK.....3<br>FORTNIGHT..4<br>MONTH.....5<br>QUARTER....6<br>HALF YEAR..7<br>YEAR.....8 | NAIRA |
|  |   | MONTHS   | WEEKS   | HOURS  |   | (▶ Q33)   |  |       |
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SECTION 3A: LABOUR

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| <b>I<br/>N<br/>D<br/>I<br/>V<br/>I<br/>D<br/>U<br/>A<br/>L<br/><br/>I<br/>D</b> | 31.   | 32.   |  | 33.   | 34.   | 32.   | 35.   | 36.  | 37.   |
|   | Do you receive any payment in-kind or allowance for this work in any other form?<br><br>[APART FROM SALARY] | What is the amount of those payments? Over what time interval?<br><br><b>TIME UNIT CODE</b><br><br>HOUR.....1<br>DAY.....2<br>WEEK.....3<br>FORTNIGHT..4<br>MONTH.....5<br>QUARTER....6<br>HALF YEAR..7<br>YEAR.....8 |  | <b>INTERVIEWER:<br/>CHECK Q15 AND Q27. DOES RESPONDENT WORK LESS THAN 40 HOURS?</b> | Will you work extra hours if given?<br><br>Yes, voluntarily....1<br><br>Yes, involuntarily..2<br><br>No.....3 | Do you contribute to the National Health Insurance Scheme (NHIS)? | Are you engaged in any voluntary/social work? | In what area of voluntary/social work are you engaged?<br><br>ARTS AND RECREATION.....1<br>EDUCATION AND RESEARCH.....2<br>HEALTH.....3<br>SOCIAL SERVICES.....4<br>ENVIRONMENT...5<br>DEVELOPMENT AND HOUSING.....6<br>CIVIL ADVOCACY.7<br>PHILANTHROPY...8<br>RELIGION.....9<br>INTERNATIONAL.10<br>BUSINESS/<br>PROFESSIONAL..11<br>OTHER<br>(SPECIFY).....12 | In the past seven days, how many hours did you work in voluntary/social work? |
|   | YES...1<br>NO....2 (► Q33)  |   |  | YES..1<br>NO...2 (► Q32)  |   | YES..1<br>NO...2  | YES..1<br>NO...2 (► Q38)                      |  |   |
|   | <b>NAIRA</b>  | <b>TIME UNIT</b>  |  |   |   |   |   |  | <b>HOURS</b>  |

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SECTION 3A: LABOUR

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

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SECTION 3B: LABOUR ACTIVITY

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

|                        |   |                           |              |     |     |               |     |     |               |     |     |              |     |     |              |     |     |  |                   |                           |              |                     |                     |                       |               |                  |                      |               |                  |        |                    |                       |                 |             |                    |                       |                      |                       |                        |  |
|------------------------|---|---------------------------|--------------|-----|-----|---------------|-----|-----|---------------|-----|-----|--------------|-----|-----|--------------|-----|-----|--|-------------------|---------------------------|--------------|---------------------|---------------------|-----------------------|---------------|------------------|----------------------|---------------|------------------|--------|--------------------|-----------------------|-----------------|-------------|--------------------|-----------------------|----------------------|-----------------------|------------------------|--|
| INDIVIDUAL             | 1   |                           |              |     |     |               |     |     |               |     |     |              |     |     |              |     |     |  |                   |                           |              |                     |                     |                       |               |                  |                      |               |                  |        |                    |                       |                 |             |                    |                       |                      |                       |                        |  |
|                        | Many people work many different jobs in a six month period, either at the same time (a day and a night job, or a week-day job that is different from a week-end job) or one after the other (farming during planting and harvesting, but then processing crops to make other foods or working for someone else in the off-season). Please think back over the past 6 months (from October of last year until the present month). For each month, please tell me the three primary labor market activities that you were engaged in.   |                           |              |     |     |               |     |     |               |     |     |              |     |     |              |     |     |  |                   |                           |              |                     |                     |                       |               |                  |                      |               |                  |        |                    |                       |                 |             |                    |                       |                      |                       |                        |  |
|                        | <p style="text-align: center;"><b>ACTIVITY CODES</b></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">AGRICULTURE.....1</td> <td style="width: 50%;">FINANCIAL/INSURANCE/ REAL</td> </tr> <tr> <td>MINING.....2</td> <td>EST. SERVICES.....9</td> </tr> <tr> <td>MANUFACTURING.....3</td> <td>PERSONAL SERVICES..10</td> </tr> <tr> <td>PROFESSIONAL/</td> <td>EDUCATION.....11</td> </tr> <tr> <td>SCIENTIFIC/TECHNICAL</td> <td>HEALTH.....12</td> </tr> <tr> <td>ACTIVITIES.....4</td> <td>PUBLIC</td> </tr> <tr> <td>ELECTRICITY/WATER/</td> <td>ADMINISTRATION.....13</td> </tr> <tr> <td>GAS/WASTE.....5</td> <td>NONE.....14</td> </tr> <tr> <td>CONSTRUCTION.....6</td> <td>SEARCHING FOR WORK.15</td> </tr> <tr> <td>TRANSPORTATION.....7</td> <td>OTHER, SPECIFY.....16</td> </tr> <tr> <td>BUYING AND SELLING...8</td> <td></td> </tr> </table> |                           |              |     |     |               |     |     |               |     |     |              |     |     |              |     |     |  | AGRICULTURE.....1 | FINANCIAL/INSURANCE/ REAL | MINING.....2 | EST. SERVICES.....9 | MANUFACTURING.....3 | PERSONAL SERVICES..10 | PROFESSIONAL/ | EDUCATION.....11 | SCIENTIFIC/TECHNICAL | HEALTH.....12 | ACTIVITIES.....4 | PUBLIC | ELECTRICITY/WATER/ | ADMINISTRATION.....13 | GAS/WASTE.....5 | NONE.....14 | CONSTRUCTION.....6 | SEARCHING FOR WORK.15 | TRANSPORTATION.....7 | OTHER, SPECIFY.....16 | BUYING AND SELLING...8 |  |
|                        | AGRICULTURE.....1   | FINANCIAL/INSURANCE/ REAL |              |     |     |               |     |     |               |     |     |              |     |     |              |     |     |  |                   |                           |              |                     |                     |                       |               |                  |                      |               |                  |        |                    |                       |                 |             |                    |                       |                      |                       |                        |  |
|                        | MINING.....2  | EST. SERVICES.....9       |              |     |     |               |     |     |               |     |     |              |     |     |              |     |     |  |                   |                           |              |                     |                     |                       |               |                  |                      |               |                  |        |                    |                       |                 |             |                    |                       |                      |                       |                        |  |
|                        | MANUFACTURING.....3   | PERSONAL SERVICES..10     |              |     |     |               |     |     |               |     |     |              |     |     |              |     |     |  |                   |                           |              |                     |                     |                       |               |                  |                      |               |                  |        |                    |                       |                 |             |                    |                       |                      |                       |                        |  |
|                        | PROFESSIONAL/   | EDUCATION.....11          |              |     |     |               |     |     |               |     |     |              |     |     |              |     |     |  |                   |                           |              |                     |                     |                       |               |                  |                      |               |                  |        |                    |                       |                 |             |                    |                       |                      |                       |                        |  |
|                        | SCIENTIFIC/TECHNICAL  | HEALTH.....12             |              |     |     |               |     |     |               |     |     |              |     |     |              |     |     |  |                   |                           |              |                     |                     |                       |               |                  |                      |               |                  |        |                    |                       |                 |             |                    |                       |                      |                       |                        |  |
|                        | ACTIVITIES.....4  | PUBLIC                    |              |     |     |               |     |     |               |     |     |              |     |     |              |     |     |  |                   |                           |              |                     |                     |                       |               |                  |                      |               |                  |        |                    |                       |                 |             |                    |                       |                      |                       |                        |  |
|                        | ELECTRICITY/WATER/  | ADMINISTRATION.....13     |              |     |     |               |     |     |               |     |     |              |     |     |              |     |     |  |                   |                           |              |                     |                     |                       |               |                  |                      |               |                  |        |                    |                       |                 |             |                    |                       |                      |                       |                        |  |
| GAS/WASTE.....5        | NONE.....14   |                           |              |     |     |               |     |     |               |     |     |              |     |     |              |     |     |  |                   |                           |              |                     |                     |                       |               |                  |                      |               |                  |        |                    |                       |                 |             |                    |                       |                      |                       |                        |  |
| CONSTRUCTION.....6     | SEARCHING FOR WORK.15   |                           |              |     |     |               |     |     |               |     |     |              |     |     |              |     |     |  |                   |                           |              |                     |                     |                       |               |                  |                      |               |                  |        |                    |                       |                 |             |                    |                       |                      |                       |                        |  |
| TRANSPORTATION.....7   | OTHER, SPECIFY.....16   |                           |              |     |     |               |     |     |               |     |     |              |     |     |              |     |     |  |                   |                           |              |                     |                     |                       |               |                  |                      |               |                  |        |                    |                       |                 |             |                    |                       |                      |                       |                        |  |
| BUYING AND SELLING...8 |   |                           |              |     |     |               |     |     |               |     |     |              |     |     |              |     |     |  |                   |                           |              |                     |                     |                       |               |                  |                      |               |                  |        |                    |                       |                 |             |                    |                       |                      |                       |                        |  |
| September 2010         |   |                           | October 2010 |     |     | November 2010 |     |     | December 2010 |     |     | JANUARY 2011 |     |     | FEBUARY 2011 |     |     |  |                   |                           |              |                     |                     |                       |               |                  |                      |               |                  |        |                    |                       |                 |             |                    |                       |                      |                       |                        |  |
| 1st                    | 2nd   | 3rd                       | 1st          | 2nd | 3rd | 1st           | 2nd | 3rd | 1st           | 2nd | 3rd | 1st          | 2nd | 3rd | 1st          | 2nd | 3rd |  |                   |                           |              |                     |                     |                       |               |                  |                      |               |                  |        |                    |                       |                 |             |                    |                       |                      |                       |                        |  |
| 1                      |   |                           |              |     |     |               |     |     |               |     |     |              |     |     |              |     |     |  |                   |                           |              |                     |                     |                       |               |                  |                      |               |                  |        |                    |                       |                 |             |                    |                       |                      |                       |                        |  |
| 2                      |   |                           |              |     |     |               |     |     |               |     |     |              |     |     |              |     |     |  |                   |                           |              |                     |                     |                       |               |                  |                      |               |                  |        |                    |                       |                 |             |                    |                       |                      |                       |                        |  |
| 3                      |   |                           |              |     |     |               |     |     |               |     |     |              |     |     |              |     |     |  |                   |                           |              |                     |                     |                       |               |                  |                      |               |                  |        |                    |                       |                 |             |                    |                       |                      |                       |                        |  |
| 4                      |   |                           |              |     |     |               |     |     |               |     |     |              |     |     |              |     |     |  |                   |                           |              |                     |                     |                       |               |                  |                      |               |                  |        |                    |                       |                 |             |                    |                       |                      |                       |                        |  |
| 5                      |   |                           |              |     |     |               |     |     |               |     |     |              |     |     |              |     |     |  |                   |                           |              |                     |                     |                       |               |                  |                      |               |                  |        |                    |                       |                 |             |                    |                       |                      |                       |                        |  |
| 6                      |   |                           |              |     |     |               |     |     |               |     |     |              |     |     |              |     |     |  |                   |                           |              |                     |                     |                       |               |                  |                      |               |                  |        |                    |                       |                 |             |                    |                       |                      |                       |                        |  |
| 7                      |   |                           |              |     |     |               |     |     |               |     |     |              |     |     |              |     |     |  |                   |                           |              |                     |                     |                       |               |                  |                      |               |                  |        |                    |                       |                 |             |                    |                       |                      |                       |                        |  |
| 8                      |   |                           |              |     |     |               |     |     |               |     |     |              |     |     |              |     |     |  |                   |                           |              |                     |                     |                       |               |                  |                      |               |                  |        |                    |                       |                 |             |                    |                       |                      |                       |                        |  |
| 9                      |   |                           |              |     |     |               |     |     |               |     |     |              |     |     |              |     |     |  |                   |                           |              |                     |                     |                       |               |                  |                      |               |                  |        |                    |                       |                 |             |                    |                       |                      |                       |                        |  |
| 10                     |   |                           |              |     |     |               |     |     |               |     |     |              |     |     |              |     |     |  |                   |                           |              |                     |                     |                       |               |                  |                      |               |                  |        |                    |                       |                 |             |                    |                       |                      |                       |                        |  |
| 11                     |   |                           |              |     |     |               |     |     |               |     |     |              |     |     |              |     |     |  |                   |                           |              |                     |                     |                       |               |                  |                      |               |                  |        |                    |                       |                 |             |                    |                       |                      |                       |                        |  |
| 12                     |   |                           |              |     |     |               |     |     |               |     |     |              |     |     |              |     |     |  |                   |                           |              |                     |                     |                       |               |                  |                      |               |                  |        |                    |                       |                 |             |                    |                       |                      |                       |                        |  |



SECTION 4A: HEALTH

| I<br>N<br>D<br>I<br>V<br>I<br>D<br>U<br>A<br>L<br><br>I<br>D | 10.  | 11.  |     | 12. |   | 13. | 14. | 15.   | 16.                      | 17.  | 18.   | 19.  | 20.   |  |  |   |   |       |  |
|--|--|--|-----|-----|---|-----|-----|---|--------------------------|--|-------|--|---|--|--|---|---|-------|--|
|  | How much did you pay for the first trip (to and from) for consultation (transport costs only)? | How long did it take to travel to your first consultation? | HRS | MIN | How long did you have to wait to be attended for this first consultation? | HRS | MIN | In the past 4 weeks, did you spend any money for drugs or medicines over the counter or kiosks? | YES..1<br>NO...2 (► Q15) | How much did you pay for the drugs over the counter or kiosks? | NAIRA | During the past 12 months, were you admitted to a hospital or health facility? | INCLUDE TRADITIONAL HEALING CENTRES<br>YES..1<br>NO...2 (► Q18) | During the last 12 months how many nights did you stay in hospital or health facility? | INCLUDE TRADITIONAL HEALING CENTRES<br>YES.....1<br>NO.....2 (► Q22) | During the last 12 months did you buy any medicine or medical supplies? | 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)?<br><br>SELF.....1<br>SPOUSE.....2<br>PARENT.....3<br>OTHER<br>RELATIVE.....4<br>EMPLOYER.....5<br>GOVERNMENT.....6<br>NGO.....7<br>OTHER ORGANIZATION..8<br>PRIVATE HEALTH INSURANCE.....9<br>NO EXPENSES...10 (►Q22)<br>OTHER, SPECIFY.....11 |
|  | NAIRA  | HRS  | MIN | HRS | MIN   |     |     | NAIRA   |                          | NIGHTS   | NAIRA |  | NAIRA   |  |  |   |   |       |  |

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SECTION 4A: HEALTH

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

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SECTION 4A: HEALTH

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

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

**FOR WOMEN AGED 12-49 YEARS**

|   |                                     |  |               |   |               |                                    |   |   |
|---|-------------------------------------|--|---------------|---|---------------|------------------------------------|---|---|
| <b>I<br/>N<br/>D<br/>I<br/>V<br/>I<br/>D<br/>U<br/>A<br/>L<br/><br/>I<br/>D</b> | 43.<br>Have you ever been pregnant? | 44.<br>How many male and female children do you have living in other households? |               | 45.<br>How many male and female children did you have that have died? |               | 46.<br>Are you currently pregnant? | 47.<br>Have you registered with the clinic? | 48.<br>How many times do you go to the clinic in a month? |
|   | YES..1<br>NO...2 (▶ NEXT PERSON)    |  |               |   |               | YES..1<br>NO...2 (▶ NEXT PERSON)   | YES..1<br>NO...2 (▶ NEXT PERSON)            |   |
|   |                                     | <b>MALE</b>  | <b>FEMALE</b> | <b>MALE</b>   | <b>FEMALE</b> |                                    |   | <b>NUMBER</b>   |

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SECTION 4A: HEALTH

ANTHROPOMETRY SECTION

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

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SECTION 4B: CHILD IMMUNIZATION

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

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

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SECTION 4B: CHILD IMMUNIZATION

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

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SECTION 4B: CHILD IMMUNIZATION

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| <b>I<br/>N<br/>D<br/>I<br/>V<br/>I<br/>D<br/>U<br/>A<br/>L<br/><br/>I<br/>D</b> | <b>22.</b>   | <b>23.</b>   | <b>24.</b>   | <b>25.</b>   | <b>26.</b>   | <b>27.</b>   | <b>28.</b>  |
|   | Did [NAME] ever receive first milk/colostrum (yellow breast milk)? | Why did [NAME] not receive first milk?<br><br>BAD MILK.....1<br>MOTHER ILL/WEAK.....2<br>CHILD ILL/WEAK.....3<br>MOTHER DIED.....4<br>NIPPLE/BREAST PROBLEM.....5<br>CHILD REFUSED.....6<br>DIDN'T PRODUCE MILK.....7<br>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)?<br><br>IF RESPONSE IS 6 MONTHS OR MORE, ► Q 26. | Why were you not able to exclusively breastfeed [NAME] for 6 months?<br><br>NATURE OF WORK...1<br>SHORTAGE OF BREAST MILK.....2<br>MOTHER'S HEALTH..3<br>CHILD'S REFUSAL..4<br>TRADITION.....5<br>AGE LESS THAN 6 MONTHS.....6<br>OTHER (SPECIFY)..7 | Since this time yesterday, did [NAME] receive any of the following?<br><br>VITAMIN, MINERAL SUPPLEMENTS OR MEDECINE.....1<br>PLAIN WATER.....2<br>SWEETENED, FLAVORED WATER OR FRUITE JUICE OR TEA OR INFUSION.....3<br>ORAL REHYDRATION SOLUTION (ORS).....4<br>TINNED POWDERED OR FRESH MILK OR INFANT FORMULA.....5<br>ANY OTHER LIQUIDS (SPECIFY).....6<br>SOLID OR SEMI-SOLID (MUSHY) FOOD.....7<br>RECEIVED ONLY BREAST MILK | At what age in months, did [NAME] begin eating complementary food? | Since this time yesterday, has name been given anything to drink from a bottle with a nipple or teat? |
|   | YES..1 ( ► Q 24)<br>NO...2   |  | <b>MONTHS</b>  |  | <b>LIST ALL THAT APPLY</b>   | <b>MONTHS</b>  | YES..1<br>NO...2  |

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SECTION 5: INFORMATION AND COMMUNICATION TECHNOLOGY

**RESPONDENTS 10 AND OLDER SHOULD RESPOND IN THIS SECTION**

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

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SECTION 5: INFORMATION AND COMMUNICATION TECHNOLOGY

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

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

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SECTION 5: INFORMATION AND COMMUNICATION TECHNOLOGY

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

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SECTION 6: REMITTANCES

**RESPONDENTS 10 AND OLDER SHOULD RESPOND IN THIS SECTION**

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

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

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

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

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## SECTION 7: HOUSEHOLD ASSETS SALE AND ACQUISITION

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

SECTION 7: HOUSEHOLD ASSETS SALE AND ACQUISITION

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

SECTION 8: HOUSING

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|---|--|--|---|--|---|---|
| <p>1. Do you own or are you purchasing this dwelling, is it provided to you by an employer, do you use it for free, or do you rent this house?</p> <p>OWNED . . . . .1<br/>EMPLOYER PROVIDES . . . . .2<br/><b>(▶ Q3)</b><br/>FREE, AUTHORIZED . . . . .3<br/><b>(▶ Q3)</b><br/>FREE, NOT AUTHORIZED . . . . .4<br/><b>(▶ Q3)</b><br/>RENTED . . . . .5<br/><b>(▶ Q4)</b></p> | <p>2. If you sold this dwelling today, how much would you receive for it?</p> <p>NAIRA</p> | <p>3. Estimate the rent you could receive if you rented this dwelling?</p> <p><b>(▶ Q5)</b></p> <p>MONTH . . . . .1<br/>YEAR . . . . .2</p> <p>NAIRA</p> | <p>4. How much do you pay to rent this dwelling?</p> <p>MONTH . . . . .1<br/>YEAR . . . . .2</p> <p>NAIRA</p> | <p>5. In what year was this house built?</p> <p>IF DON'T KNOW, WRITE 9999</p> <p>YEAR . . . . .1<br/>YEAR . . . . .2</p> <p>YEAR</p> | <p>6. THE OUTER WALLS OF THE MAIN DWELLING OF THE HOUSEHOLD ARE PREDOMINANTLY MADE OF WHAT MATERIAL?</p> <p>GRASS . . . . .1<br/>MUD . . . . .2<br/>COMPACTED EARTH . . . . .3<br/>MUD BRICK (UNFIRED) . . . . .4<br/>BURNT BRICKS . . . . .5<br/>CONCRETE . . . . .6<br/>WOOD . . . . .7<br/>IRON SHEETS . . . . .8<br/>OTHER (SPECIFY) . . . . .9</p> | <p>7. THE ROOF OF THE MAIN DWELLING IS PREDOMINANTLY MADE OF WHAT MATERIAL?</p> <p>GRASS . . . . .1<br/>IRON SHEETS . . . . .2<br/>CLAY TILES . . . . .3<br/>CONCRETE . . . . .4<br/>PLASTIC SHEETING . . . . .5<br/>ASBESTOS SHEET . . . . .6<br/>OTHER (SPECIFY) . . . . .7</p> |
|---|--|--|---|--|---|---|

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| <p>8. THE FLOOR OF THE MAIN DWELLING IS PREDOMINANTLY MADE OF WHAT MATERIAL?</p> <p>SAND/DIRT/ STRAW . . . . .1<br/>SMOOTHED MUD . . . . .2<br/>SMOOTH CEMENT . . . . .3<br/>WOOD . . . . .4<br/>TILE . . . . .5<br/>OTHER (SPECIFY) . . . . .6</p> | <p>9. How many separate rooms do the members of your household occupy? (DO NOT COUNT BATHROOMS, TOILETS, STOREROOMS, OR GARAGE)</p> <p>NUMBER OF ROOMS</p> | <p>10. What is your main source of lighting fuel?</p> <p>COLLECTED FIREWOOD . . . . .1<br/>PURCHASED FIREWOOD . . . . .2<br/>GRASS . . . . .3<br/>KEROSENE . . . . .4<br/>ELECTRICITY . . . . .5<br/>GAS . . . . .6<br/>BATTERY/DRY CELL (TORCH) . . . . .7<br/>CANDLES . . . . .8<br/>OTHER (SPECIFY) . . . . .9</p> | <p>11. What is your main source of cooking fuel?</p> <p>COLLECTED FIREWOOD . . . . .1<br/>PURCHASED FIREWOOD . . . . .2<br/>COAL . . . . .3<br/>GRASS . . . . .4<br/>KEROSENE . . . . .5<br/>ELECTRICITY . . . . .6<br/>GAS . . . . .7<br/>BATTERY/DRY CELL (TORCH) . . . . .8<br/>CANDLES . . . . .9<br/>OTHER (SPECIFY) . . . . .10</p> | <p>12. Do you ever collect firewood?</p> <p>YES . . . . .1<br/>NO . . . . .2<br/><b>(▶ Q15)</b></p> | <p>13. Where do you go to collect firewood?</p> <p>OWN WOODLOT . . . . .1<br/>COMMUNITY WOODLOT . . . . .2<br/>FOREST RESERVE . . . . .3<br/>UNFARMED AREAS OF COMMUNITY . . . . .4<br/>OTHER (SPECIFY) . . . . .5</p> | <p>14. How long does it take you to walk from your dwelling to where you usually go to collect firewood? (ONE WAY)</p> <p>TIME AMOUNT</p> | <p>15. Of the firewood you used in the past week, how much of it did you purchase?</p> <p>DID NOT USE FIREWOOD . . . . .1<br/><b>(▶ Q17)</b><br/>ALL . . . . .2<br/>ALMOST ALL . . . . .3<br/>MORE THAN HALF . . . . .4<br/>HALF . . . . .5<br/>LESS THAN HALF . . . . .6<br/>A LITTLE . . . . .7<br/>NONE . . . . .8</p> | <p>16. What is the total value of the firewood you used in the past week, whether gathered or purchased? (Estimate purchase cost of gathered firewood.)</p> <p>NAIRA</p> |
|---|--|---|---|---|--|---|---|--|

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SECTION 8: HOUSING

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

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

SECTION 8: HOUSING

| 31.   | 32.  | 33.  |  | 34.   |             | 35.  | 36.   | 37.  | 38.   | 39.  |
|---|--|--|--|---|-------------|--|---|--|---|--|
| Does someone in the household own a GSM phone (cell phone) in working condition?<br><br>YES..1<br>NO...2<br><br>(▶ Q33) | Estimate the total cost for cell phone service for all household members last month? | What was your <u>main</u> source of <u>drinking water</u> ?  |  | How long does it take you to walk (ONE WAY) to the water source from your dwelling? |             | What was the total cost of <u>drinking water</u> for your household last month?<br><br>ENTER 'ZERO' IF NONE. | What kind of <u>toilet facility</u> does your household use?<br><br>NONE .....1<br>(▶Q38)<br>TOILET ON WATER..2<br>FLUSH TO SEWAGE...3<br>FLUSH TO SEPTIC TANK.....4<br>PAIL/BUCKET.....5<br>COVERED PIT<br>LATRINE.....6<br>UNCOVERED PIT<br>LATRINE.....7<br>V.I.P<br>LATRINE.....8<br>OTHER(SPECIFY) .<br>.....9 | Is this toilet facility for the use of:<br><br>HH Members only.....1<br>Other HH also..... 2 | What kind of <u>refuse disposal</u> facilities does your household use?<br><br>HH BIN COLLECTED BY GOVERNMENT.....1<br>HH BIN COLLECTED BY PRIVATE AGENCY.....2<br>GOVERNMENT BIN OR SHED..... 3<br>DISPOSAL WITHIN COMPOUND.....4<br>UNAUTHORISED REFUSE HEAP.....5<br>OTHER (SPECIFY) ..<br>.....6<br>NONE.....7<br>(▶NEXT SECTION) | How much did you spend on refuse disposal in the last month? |
|   |  | PIPE BORNE WATER TREATED. .... 1<br>PIPE BORNE WATER UNTREATED..... 2<br>BORE HOLE/HAND PUMP. ...3<br>WELL/SPRING PROTECTED. .4<br>WELL/SPRING UNPROTECTED. .... 5<br>RIVER/SPRING . . . . .6<br>LAKE/RESERVOIR . . . . .7<br>RAIN WATER . . . . .8<br>TANKER/TRUCK/VENDOR. . .9<br>OTHER (SPECIFY) . . . . 10 | IF WATER IS IN HOUSE OR IN YARD WRITE 0 IN TIME AMOUNT | MINUTE. 1<br>HOUR... 2  | TIME AMOUNT |  |   |  |   | TIME UNIT  |
|   | NAIRA  | DRY SEASON   | WET SEASON   |   |             |  |   |  |   | NAIRA  |
|   |  |  |  |   |             |  |   |  |   |  |



SECTION 9: NON-FARM ENTERPRISES AND INCOME GENERATING ACTIVITIES

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

SECTION 9: NON-FARM ENTERPRISES AND INCOME GENERATING ACTIVITIES

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

SECTION 9: NON-FARM ENTERPRISES AND INCOME GENERATING ACTIVITIES

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

SECTION 9: NON-FARM ENTERPRISES AND INCOME GENERATING ACTIVITIES

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

SECTION 10A: MEALS AWAY FROM HOME

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

**MEALS PREPARED AND CONSUMED OUTSIDE THE HOME**

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

SECTION 10B: FOOD EXPENDITURE

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

SECTION 10B: FOOD EXPENDITURE

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

SECTION 10B: FOOD EXPENDITURE

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

SECTION 10B: FOOD EXPENDITURE

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

SECTION 10B: FOOD EXPENDITURE

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

SECTION 10B: FOOD EXPENDITURE

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

SECTION 10C: AGGREGATE FOOD CONSUMPTION

**Section 10C: AGGREGATE FOOD CONSUMPTION OVER PAST ONE WEEK**

|   |   |   |
|---|---|---|
|   |   | 7. Over the past 7 days, how many days did you or others in your household consume any [...]? IF NOT CONSUMED, RECORD ZERO. |
|   |   | <b>NUMBER OF DAYS</b>   |
| A | <b>Grains and Flours</b><br>(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><br>(Cassava Tuber; Gari; Sweet Potato; Irish Potato; Plantain; Other Roots and Tuber)   |   |
| C | <b>Pulses, Nuts and Seeds</b><br>(Soya Bean;Brown beans; White beans; Groundnuts; Other Nut/Seeds/Pulse)  |   |
| D | <b>Vegetables</b><br>(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><br>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><br>Fish Sauce/Powder; Meat Sauce / Powder, etc. used in small amounts on top of meals as flavour                             |   |
| G | <b>Fruits</b><br>(Mango; Banana; Orange/tangerine; Pineapple; Avocado; Canned fruit; Other Fruit)   |   |
| H | <b>Milk/Milk Products</b><br>(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><br>(Palm Oil; Butter; Margarine; Groundnut oil; Other oil and fat)  |   |
| J | <b>Sugar/Sugar Products/Honey</b><br>(Sugar; Sugar Cane; Honey; Jam; Other Sweets and Confectionary)  |   |
| L | <b>Spices/Condiments</b><br>(Tea; Coffee/Chocolate drink/Milo; Salt; Spices; Pepper;Tomato Sauce;Fish Powder/Sauce; Other Condiment - Including Small Amounts of Milk for Tea/Coffee) |   |

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

Yes....1   
 No.....2 (▶ Next Section)

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

## SECTION 11: NON-FOOD EXPENDITURE

## 7 DAYS

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

## ONE MONTH RECALL

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

## ONE MONTH RECALL

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

## SECTION 11: NON-FOOD EXPENDITURE

**6 month recall**

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

**12 months recall**

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

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

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

SECTION 12: FOOD SECURITY

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

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

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

|  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|

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

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

|  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|

SECTION 13: OTHER HOUSEHOLD INCOME

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

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

SECTION 14: SAFETY NETS

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

SECTION 14: SAFETY NETS

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



SECTION 15B: DEATHS

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

YES .....1

NO.....2 (▶ NEXT SECTION)

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

SECTION 16: CONTACT INFORMATION

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

PHONE NUMBER FOR HOUSEHOLD HEAD:

LANDLINE

CELL

1A NAME : \_\_\_\_\_ PHONE : \_\_\_\_\_ / \_\_\_\_\_

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

PHONE NUMBERS FOR OTHER HOUSEHOLD MEMBERS:

2A. NAME : \_\_\_\_\_ ID (FROM ROSTER) \_\_\_\_\_ PHONE : \_\_\_\_\_

2B. NAME : \_\_\_\_\_ ID (FROM ROSTER) \_\_\_\_\_ PHONE : \_\_\_\_\_

2C. NAME : \_\_\_\_\_ ID (FROM ROSTER) \_\_\_\_\_ PHONE : \_\_\_\_\_

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

CONTACT INFORMATION FOR **REFERENCE PERSON 1**

CONTACT INFORMATION FOR **REFERENCE PERSON 2**

3A1. NAME : \_\_\_\_\_

3B1. NAME : \_\_\_\_\_

3A2. RELATION TO HEAD : \_\_\_\_\_

3B2. RELATION TO HEAD : \_\_\_\_\_

3A3. PHONE (LANDLINE) : \_\_\_\_\_

3B3. PHONE (LANDLINE) : \_\_\_\_\_

3A4. PHONE (CELL) : \_\_\_\_\_

3B4. PHONE (CELL) : \_\_\_\_\_

3A5. ADDRESS

3B5. ADDRESS

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