Federal Republic of Nigeria

National Bureau of Statistics Abuja, Nigeria

Harmonized Nigeria Living Standards Survey (HNLSS)

November 2008 to October 2009

Part A: Household Roster and Characteristics

Interviewer Information

Name	Code
	☐☐☐

Supervisor Information

Name	Code
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Interview Date **DAY** ☐☐ - **MONTH** ☐☐ - **YEAR** ☐☐   Start Time ☐☐ : ☐☐   End Time ☐☐ : ☐☐

State ☐☐   RIC ☐☐☐☐   Sector ☐   EA Code ☐☐☐   Household Number ☐☐☐   LGA Code ☐☐

Name of Head of Household

Address of Head of Household

5552097520

Reference number ☐☐ - ☐

		Household Roster for each person				For each person 12 years old and over			

1. PERSON ID	2. Sex	3. [NAME]'s relationship to head of household	4. Does [NAME] have Gov't approved birth certificate?	5. How old is [NAME]?	6. What is [NAME]'s present marital status?	7. How old was [NAME] when first married?	8. Does [NAME]'s spouse live in this household?	9. What is spouse's ID	10. What is [NAME]'s religion?
	MALE / FEMALE	01 Head 02 Spouse 03 Own Child 04 Step Child 05 Grandchild 06 Brother/Sister 07 Niece/Nephew 08 Brother/Sister-in-law 09 Parent 10 Parent-in-law 11 Other relative 12 Maid/Nanny/House servant 13 Non-relative	**ASK PERSON TO SEE BIRTH CERTIFICATE** 1 Yes, Seen 2 Yes, Not Seen 3 No	**ENTER BOTH YEARS AND MONTHS IF 5 YEARS AND YOUNGER.** **IF 6 YEARS AND OVER ENTER YEARS** **IF AGE < 12 YEARS GO TO Q.10**	1 Married (monogamous) 2 Married (polygamous) 3 Informal/Loose Union 4 Divorced 5 Separated 6 Widowed 7 Never married **IF Q.6 = 7, GO TO Q.10**	**IF Q.6 = 4,5 OR 6 GO TO Q.10**	**IF NO GO TO Q.10** YES / NO	**RECORD THE PERSON ID OF THE SPOUSE**	1 Christian 2 Muslim 3 Traditional 4 Other
		NAME / CODE		YEARS / MONTHS		YEARS			
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Reference number ☐☐ - ☐

1. PERSON ID	11. Is [NAME]'s father alive?	12. Does [NAME]'s father live in this household?	13. What is the Person ID of the father if he lives in the household?	14. What was [NAME]'s father's highest educational grade reached?	15. What was [NAME]'s father industry of occupation	16. Is [NAME]'s mother alive?	17. Does [NAME]'s mother live in this household?	18. What is the Person ID of the mother if she lives in the household?	19. What was [NAME]'s mother's highest educational grade reached?	20. What was [NAME]'s mother industry of occupation
				For persons aged less than 18 years						
	IF NO GO TO Q.14	IF NO GO TO Q.14	RECORD THE PERSON ID OF THE FATHER	00 None 27 Lower 6 01 N1 28 Upper 6 02 N2 31 Teacher training 11 P1 12 P2 32 Vocational 13 P3 33 Technical 14 P4 34 Modern schooling 15 P5 16 P6 35 NCE 21 JS1 41 Poly/prof 22 JS2 42 1st degree S3 JS3 43 Higher degree 24 SS1 25 SS2 26 SS3	ENTER CODE FROM MANUAL (ANNEX III)	IF NO GO TO Q.19	IF NO GO TO Q.19	RECORD THE PERSON ID OF THE MOTHER	00 None 27 Lower 6 01 N1 28 Upper 6 02 N2 31 Teacher training 11 P1 12 P2 32 Vocational 13 P3 33 Technical 14 P4 34 Modern schooling 15 P5 16 P6 35 NCE 21 JS1 41 Poly/prof 22 JS2 42 1st degree S3 JS3 43 Higher degree 24 SS1 25 SS2 26 SS3	ENTER CODE FROM MANUAL (ANNEX III)
	YES NO	YES NO				YES NO	YES NO			
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	FOR ALL PERSONS: HOUSEHOLD MEMBER IDENTIFICATION		
1. P E R S O N ID	21. For how many months during the last 12 months was [NAME] away from the household? **IF 3 MONTHS OR LESS GO TO Q.23**	22 While absent is/was [NAME] living in another household (including single person household)? **Y E S** / **N O**	23. HOUSEHOLD MEMBER **CHECK THE CRITERIA IN Q.21 AND Q.22** **IF NO GO TO NEXT PERSON THIS MARKS THE END FOR THIS MEMBER** **Y E S** / **N O**
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RESPONDENTS: ALL HOUSEHOLD MEMBERS

1. PERSON ID	2. Has [NAME] ever attended any formal school?	3. What is the highest grade that [NAME] completed?	4. What was [NAME]'s educational level attained?	5. Did [NAME] attend any institution any time during the last 12 months?	6. Is [NAME] currently in school?	7. What is [NAME]'s current grade?	8. What kind of organization runs the school that [NAME] is attending?	9. Did [NAME] have any problems with the school?	10. How much time does [NAME] spend going to and from school?
	IF NO GO TO Q.11	00 None 27 Lower 6 01 N1 28 Upper 6 02 N2 31 Teacher training 11 P1 12 P2 32 Vocational 13 P3 33 Technical 14 P4 34 Modern schooling 15 P5 16 P6 35 NCE 21 JS1 41 Poly/prof 22 JS2 42 1st degree 23 JS3 43 Higher degree 24 SS1 25 SS2 26 SS3	01 None 02 FSLC 03 MSLC 04 Voc/Comm 05 JSS 06 SSS 'O' level 07 'A' Level 08 NCE/OND nursing 09 BA/BSC/HND 10 Tech/Prof 11 Masters 12 Doctorate 13 Other	**IF NO GO TO Q.11**	**IF NO GO TO Q.11**	**USE CODE FROM Q.3**	01 Federal Govt 02 State Govt 03 Local Govt 04 Community 05 Religious Body 06 Corporate/ Organisation 07 Institutional 08 NGO 09 Group/ Partnership 10 Individual (Sole) 11 Other	**RANK THE 3 MOST IMPORTANT** 1 No problem 2 Lack of books or supplies 3 Poor teaching 4 Lack of teachers 5 Facilities in bad condition 6 High fees 9 Other	1 Boarding 2 Weekly boarding 3 Daily within 30 mins walk 1 way 4 Daily 30-60 mins walk 1 way 5 61-119 mins walk 1 way 6 2 hours or more
	YES NO			YES NO	YES NO				
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1. P E R S O N ID	**QURANIC EDUCATION**			14. I want to ask you about the educational expenses for [NAME] during the past 12 months.					
	11. Has [NAME] ever attended Quranic classes? IF Q.2=NO AND Q.11=NO GO TO Q.28 IF Q.5=NO AND Q.11=NO GO TO Q.28 YES / NO	12. Is [NAME] currently attending Quranic classes? IF NO GO TO Q.14 YES / NO	13. What is the extent of Quranic education? 1 None 2 Basic Recitation 3 Recitation & Arabic Writing 4 Hafeez	info					
				How much did [NAME] spend on					
				A. School fees and registration	B. Contributions to school repairs and upkeep by PTA	C. Uniforms and sports clothes	D. Books and school supplies	E. Transportation to and from school	F. Food, board and lodging at school
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14. (Continued)

1. P E R S O N ID	(Continued) How much did [NAME] spend on				15. Who paid for most of [NAME]'s educational expenses? 1 Father 2 Mother 3 Both parents 4 Other HH member 5 Other relative 6 Non-Relative 7 Myself 8 Other	16. Did [NAME] have a scholarship during the past 12 months? IF NO GO TO Q.18 YES NO	17. What was the amount of scholarship received in the past 12 months? AMOUNT	18. How many days in the last 2 weeks (excl holidays) did [NAME] attend school?	19. Reason for low attendance? APPLIES TO ONLY THOSE WHO HAD AN ATTENDANCE OF LESS THAN 8 DAYS IN THE LAST 2 WEEKS 1 Sickness 2 Work commitment 3 No money for Fees or books 4 School closed 5 No teacher 6 Other
	G. Extra-tuition (extra classes)	H. Other expenses (excluding educational insurance) cash and in kind	I. Quranic education cost	J. IF EDUCATION COSTS CANNOT BE CLASSIFIED BY THE CATEGORIES ENTER TOTAL COSTS HERE					
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1. PERSON ID	20. Did [NAME] ever repeat any class?	21. Is [NAME] repeating current grade?	22. What was [NAME]'s main reason for repeating grade?	23. How many times altogether did [NAME] ever repeat any class of primary and secondary schooling?	24. Did [NAME] have an interruption for one term or more during his/her studies?	25. For how long was the interruption?	26. What was the main reason for this interruption?	27. Why is [NAME] not currently in school?	28. Why did [NAME] never attend formal school?	29. Given the opportunity now, would [NAME] go back to school?
	IF NO GO TO Q.24	**IF NO GO TO Q.23**	1 Sickness 2 Work commitment 3 No money for Fees or books 4 School closed 5 No teacher 6 Other	**P R I M A R Y** **S E C O N D A R Y**	**IF NO GO TO NEXT PERSON**		1 Financial 2 Health 3 Pregnancy / Marriage 4 Failed Exams 5 Dismissal 6 Not interested 7 Strike 8 Other	**ASK ONLY IF Q.6=NO AND AGE < 18** **RANK THE 3 MOST IMPORTANT** 01 Completed 02 Too far away 03 Too expensive 04 Working 05 Useless/ Uninteresting 06 Illness 07 Pregnancy 08 Failed Exams 09 Got married 10 Awaiting admission 11 Dismissed 12 Other	**ASK ONLY IF Q.6=NO AND AGE < 18** **RANK THE 3 MOST IMPORTANT** 1 Too young 2 Too far away 3 Too expensive 4 Working 5 Useless/ Uninteresting 6 Illness 7 Other	
	YES NO	YES NO		NO OF TIMES	YES NO	YRS MTS		1ST 2ND 3RD	1ST 2ND 3RD	YES NO
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1. PERSON ID	2. Can [NAME] READ a simple letter in English? YES / NO	3. In what language can [NAME] READ a letter? STATE THE ONE IN WHICH YOU ARE MOST PROFICIENT 1 None 2 Hausa 3 Ibo 4 Yoruba 5 Other	4. Can [NAME] write a letter in English? YES / NO	5. In what language can [NAME] WRITE a letter? STATE THE ONE IN WHICH YOU ARE MOST PROFICIENT 1 None 2 Hausa 3 Ibo 4 Yoruba 5 Other	6. Can [NAME] speak mother tongue (local language)? YES / NO	YES / NO	8. Has [NAME] ever attended adult literacy course? IF NO GO TO Q.11 YES / NO	9. When did [NAME] attend adult literacy course? 1 6 months ago 2 7-11 months ago 3 1-2 years ago 4 3-5 years ago 5 Over 5 years ago	10. For how long has [NAME] attended this course? YEARS / MONTHS	11. Has [NAME] attended short training course(s) lasting not more than 6 months? IF NO GO TO NEXT PERSON YES / NO	12. Total number of months [NAME] attended such courses in the last 12 months? MONTHS	13. What was the main subject of the most recent training? 01 Clerical 02 Managerial 03 Marketing 04 Teaching 05 Leadership 06 Medicine 07 Agric 08 ICT 09 Artisan 10 Motor mechanics 11 other	14. Who provided [NAME] with this training? 1 Employer 2 Gov't 3 NDE 4 NAPEP 5 NGO 6 Community Asso 7 Private Org 8 Other
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LAST 2 WEEKS

1. PERSON ID	2. Was [NAME] sick or injured?	3. Has [NAME] consulted a health practitioner or dentist or traditional healer or Patent Medicine Vendor or visited a health centre? **IF Q.2=NO AND Q.3=NO GO TO O.16**	4. What was the reason for [NAME]'s visit? **STATE THE MOST RECENT IF MORE THAN** 1 Check up 2 Illness 3 Injury 4 Both Injury and Illness 5 Accident	5. What type of illness did [NAME] suffer most? 01 Cholera 19 Strep-02 Malaria tococci 03 Typhoid 20 Onchoce-04 Hyperten ciasis -sion 21 Other 05 Common Cold 06 Flu 07 Catarrh 08 Cough 09 TB 10 Headache 11 Diabetes 12 Diarrhoea 13 Guinea W 14 Dysentry 15 Scabies 16 Ringworm 17 Trachoma 18 Hep B	6. Who diagnosed the illness? 1 Medical worker 2 Medical worker at other health facility 3 Traditional healer 4 Non-HH member 5 Self 6 HH Member 7 Other	7. For how many days did [NAME] suffer from this condition? **PUT 00 IF NOT ILL OR NOT INJURED** DAYS ILL / DAYS INJURED	8. Did [NAME] have to stop his usual activi-ties because of this condi-tion? **IF NO GO TO Q.10** YES NO	9. For how many days did [NAME] have to stop his usual acti-vities because of this condi-tion? DAYS	10. Whom did [NAME] consult? **LIST THE 2 MOST IMPORTANT** 01 T. Healer 02 Doctor 03 Dentist 04 Nurse 05 Med. Ass 06 Midwife 07 Pharmacist 08 TBA 09 Spiritualist 10 Patent Medicine Vendor 11 Other 1ST / 2ND	11. Where did [NAME]'s consultation take place? 1 Hospital 2 Dispensary 3 Pharmacy 4 Clinic 5 Maternity Home 6 MCH Post 7 Consultant's Home 8 Patient's Home 9 Other 1ST / 2ND	12. Is this a public or private establish-ment? 01 Fed Gov't 02 State Gov't 03 Local Gov't 04 Community 05 Religious Body 06 Corporate Organisation 07 Institu-tional 08 NGO 09 Private 10 Market 11 Other
	YES NO	YES NO					YES NO				
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1. P E R S O N ID	13. How much did [NAME] pay for the first consultation?	14. How much did [NAME] pay for the first trip (to and from) for consultation (transport costs)?	15. How long did [NAME]'s first consultation take including travel time?	16. Did [NAME] spend any money for drugs over the counter or kiosks? **IF NO GO TO Q.18**	17. How much did [NAME] pay for the drugs over the counter or kiosks?	LAST 4 WEEKS		20. How much did [NAME] pay for staying in hospital or health centre?	21. Did [NAME] buy any medicine or medical supplies? **IF NO GO TO Q.25**	22. How much did [NAME] pay altogher for these medicines and medical supplies?
						18. Was [NAME] admitted to a hospital or health facility? **INCLUDE TRADI-TIONAL HEALING CENTRES** **IF NO GO TO Q.21**	19. How many nights did [NAME] stay in hospital or health centre?			
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SECTION 3: HEALTH - PART 3A: HEALTH CONDITION
RESPONDENTS: ALL HOUSEHOLD MEMBERS

	LAST 4 WEEKS		25. How long ago has [NAME] suffered an illness or injury ?	LAST 12 MONTHS			
1. PERSON ID	23. Who paid for most of [NAME]'s health expenses including consultations or hospital stays (if any)?	24. Apart from what was paid by others, how much did [NAME] pay out of his/her own pocket for medical service?		26. What type of illness did [NAME] suffer most?	27. Who diagnosed [NAME]'s illness?	28. What injury has [NAME] sustained?	29. Has [NAME] been circumcised?

Column 23 options:
1 Self
2 Parent
3 Other Relative
4 Employer
5 Gov't or State
6 NGO
7 Other Org
8 Other

Column 24: AMOUNT (=N='000)

Column 26:
STATE THE MOST SERIOUS IF MORE THAN ONE

01 Cholera
02 Malaria
03 Typhoid
04 Hypertension
05 Common Cold
06 Flu
07 Catarrh
08 Cough
09 TB
10 Headache
11 Diabetes
12 Diarrhoea
13 Guinea worm
14 Dysentry
15 Scabies
16 Ringworm
17 Trachoma
18 Hepatitis B
19 Streptococci
20 Onchoceciasis
21 Other

Column 27:
1 Medical worker
2 Medical worker at other health facility
3 Traditional healer
4 Non-HH member
5 Self
6 Other

Column 28:
1 Fracture
2 Abrasions
3 Bruises
4 Lacerations
5 Dislocation
6 None
7 Other

Column 29: YES   NO

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Reference number ☐☐ - ☐

RESPONDENTS: ALL HOUSEHOLD MEMBERS 10 YEARS AND ABOVE

PART B1: GENERAL MALARIA AWARENESS

1. PERSON ID	2. What causes malaria?	3. What are the danger signs or symptoms of malaria? **LIST UP TO 3**			4. How can someone protect himeslf/herself against malaria? **LIST UP TO 3**			5. Which of the following has [NAME]done to protect himself or herself from malaria? **LIST UP TO 3**			6. Where can one learn about malaria? **LIST UP TO 3**		
	1 Mosquito 2 Dirty Food 3 Dirty Liquids 4 Climate/Weather 5 Witchcraft 6 Other 7 DK	1 Fever 2 Headache 3 Nausea 4 Vomiting 5 Body Weakness 6 Seizure 7 Other 8 DK			01 Mosquito Net 02 Insect Repellent 03 Insect Cream 04 Preventive Medication 05 Insecticide (IRS) 06 Mosquito Coils 07 Avoid Dirty Food 08 Avoid Dirty Liquids 09 Fill in Puddles 10 Keep House Clean 11 Burn Leaves 12 Other 13 DK			01 Mosquito Net 02 Insect Repellent 03 Insect Cream 04 Preventive Medication 05 Insecticide (IRS) 06 Mosquito Coils 07 Avoid Dirty Food 08 Avoid Dirty Liquids 09 Fill in Puddles 10 Keep House Clean 11 Burn Leaves 12 Other 13 DK			01 RMM 02 PMV 03 Doctor/Nurse 04 Health C/Clinic/Hos 05 Radio/TV 06 Newspaper/Magazines 07 Family 08 Friends/Neighbours 09 Other 10 DK		
		1ST	2ND	3RD	1ST	2ND	3RD	1ST	2ND	3RD	1ST	2ND	3RD
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PART B2: BED NET INFORMATION--RESPONDENT: HEAD OF HOUSSEHOLD AND/OR RESPONSIBLE MEMBER

1. How many different types of mosquito bed nets that can be   used while sleeping does your household have?

IF NONE GO TO NEXT PAGE

○ None ○ One ○ Two ○ Three ○ Four ○ Five

FOR EACH TYPE OF BED NET, PLEASE ASK QUESTIONS 2 TO 7 DEPENDING ON THE SKIPS

1. NET ID	2. Was the bed net observed?	3. What is the brand of each bed net?	4. Where did the household get this net from?	5. How much did the household pay for this net?	6. How long ago did the household obtained this net?	7. Was the bed net already treated with an insecticide to kill or repel mosquitoes?	8. How long ago was the bed net last soaked or dipped?	9. How much did the household pay for treating the net?
	1 Observed Hanging 2 Not Hanging 3 Denied Entry	1 LLITN 2 Pre-treated Net 3 Ordinary Net 4 DK	1 Public Health Facility 2 Private Health Facility 3 Free Distribution (Campaign) 4 PMV 5 RMM 6 Other 7 DK	**IF RECEIVED FOR FREE, RECORD 00** AMOUNT (=N='000)	**RECORD THE ANSWER IN MONTHS UP TO 36 MONTHS. IF MORE THAN 36 MONTHS, RECORD 99**	**IF NO GO TO NEXT SECTION** 1 Yes 2 No 3 DK	**RECORD NUMBER OF MONTHS UP TO 24 MONTHS.** **IF MORE THAN 24 MONTHS, RECORD 99** **IF LESS THAN 1 MONTH RECORD 00**	**IF RECEIVED FOR FREE, RECORD 00** AMOUNT (=N='000)
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B3: DIAGNOSIS AND TREATMENT -- RESPONDENTS: ALL HOUSEHOLD MEMBERS
LAST 2 WEEKS MALARIA/FEVER

1. PERSON ID	2. Did [NAME] sleep under an insect-net the preceding night?	3. Was [NAME] sick with fever last 2 weeks?	4. How many days ago did [NAME]'s fever start?	5. Did [NAME] seek advice or treatment for fever?	6. Where did [NAME] seek advice or treatment for the fever?	7. How many days after the fever began did [NAME] first seek treatment?	8. Why did [NAME] not seek treatment?	9. How much did [NAME] pay for primary level consultation during this episode (excluding drugs)?	10. How was [NAME]'s illness diagnosed?	11. Was [NAME] hospitalised for this fever?	12. How many days did [NAME] get hospita-lised?
	1 No 2 ITN 3 LLITN 4 Ord. Net	IF NO AND FEMALE GO TO Q.24 IF NO AND MALE GO TO PART C Y N E O S	IF LESS THAN 1 DAY, ENTER 0 IF DON'T KNOW ENTER 30	IF NO GO TO Q.8 Y N E O S	01 Gov't Health Facility 02 Mobile Public Clinic 03 Field Worker (Public) 04 Private Health Facility 05 Mobile Private Clinic 06 Field Worker Private 07 Pharmacy 08 Private doctor 09 Shop 10 PMV 11 CHW 12 RMM 13 Traditional Practitioner 14 Other	IF SAME DAY, ENTER 00 IF DON'T KNOW ENTER 30 GO TO Q.9 AFTER ENTRY	1 Too expensive 2 Too far 3 Self-treated 4 Did not need 5 Poor quality 6 Other GO TO Q.24	AMOUNT (=N='000)	1 Sympto-matic Diagnosis 2 Clinical Diagnosis 3 Blood Test	IF NO OR DON'T KNOW GO TO Q.14 1 Yes 2 No 3 DK	IF DON'T REMEMBER ENTER 99 IF DON'T KNOW ENTER 98
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1. PERSON ID	13. How much did [NAME] pay for hospitalisation (excluding transportation and drug cost)?	14. At any time during the illness, what medicines did [NAME] ÿ							15. How many days did [NAME] take the medicine? the fever						16. Where did [NAME] get the medicine from?					

13. IF RECEIVED FOR FREE, RECORD 00

14. INDICATE WITH "1" THE APPLICABLE

IF NO MEDICINE GO TO Q. 18

A SP/Fansidar
B Chloroquine
C Amodiaquine
D Quinine
E ACT
F Other
G No Medicine

15. IF NO OR DON'T KNOW ENTER 30

A SP/Fansidar
B Chloroquine
C Amodiaquine
D Quinine
E ACT
F Other

16. A SP/Fansidar, B Chloroquine, C Amodiaquine
D Quinine, E ACT, F Other

01 Gov't Health Facility
02 Mobile Public Clinic
03 Field Worker (Public)
04 Private Health Facility
05 Mobile Private Clinic
06 Field Worker Private
07 Pharmacy
08 Private Doctor
09 Shop
10 PMV
11 CHW
12 RMM
13 Traditional Practitioner
14 Other

	AMOUNT	A	B	C	D	E	F	G	A	B	C	D	E	F	A	B	C	D	E	F
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B3: DIAGNOSIS AND TREATMENT -- RESPONDENTS: ALL HOUSEHOLD MEMBERS
LAST 2 WEEKS MALARIA/FEVER ILLNESS

1. P E R S O N ID	17. How much did [NAME] pay for the medicine? IF RECEIVED FOR FREE, ENTER 0	18. Why did [NAME]not take any medicine forthe fever? 1 Too expensive 2 Not available 3 Did not need 4 Drugs do not work 5 Other	19. What was the outcome of [NAME]'s illness? 1 Full recovery 2 Partial recovery 3 Not yet recovered	20. How much did [NAME] pay for transportation related to illness? IF RECEIVED FOR FREE, ENTER 0
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B3: DIAGNOSIS AND TREATMENT -- RESPONDENTS: ALL HOUSEHOLD MEMBERS

1. PERSON ID	LAST 2 WEEKS MALARIA ILLNESS			WOMEN AGED 15 - 49			
	21. Did anyone in the household stop working or miss school to take care of [NAME]? **IF NO GO TO Q.23**	22. How many days did someone spend caring for [NAME] during illness?	23. How many days did [NAME] miss school or work due to illness?	24. What kinds of medicines should pregnant women take during pregnancy to prevent malaria? **INDICATE WITH "1" THE APPLICABLE** A SP/Fansidar B Chloroquine C Amodiaquine D Quinine E ACT F Other G DK H None	25. Is [NAME] current-ly pregnant? **IF NO GO TO PART C**	26. Which medicines did [NAME] take during pregnancy to prevent malaria? **INDICATE WITH "1" THE APPLICABLE** A SP/Fansidar B Chloroquine C Amodiaquine D Quinine E ACT F Other G DK H None **IF NONE GO TO NEXT PERSON**	27. How many times did [NAME] take malaria medicine during pregnancy?
	YES NO	DAYS	DAYS	A B C D E F G H	YES NO	A B C D E F G H	
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DISABILITY

1. PERSON ID	2. Does [NAME] suffer from any form of disability? **IF NO GO TO Q.16** YES / NO	3. What type of disability does [NAME] have? **INDICATE WITH "1" THE APPLICABLE** A Autism B Celebral palsy C Mental illness D Blindness/visual E Physical handicap F Deaf/hearing G Speech/Dumb H Intelectual I Other	4 At what age Did [NAME]'s disability start? YEARS	5. Has [NAME] received any form of rehabilitation? **IF NO GO TO Q.7** YES / NO	6. What kind of rehabilitation is [NAME] attending? **INDICATE WITH A "1" THE APPLICABLE** A Vocational B Day treatment programs C Pre-vocational D Special disabled school E Retirement homes F Private home care G Private tutoring H Community-based care I Other	7. Did [NAME] use any support aid? **IF NO GO TO Q.9** YES / NO	8. What kind of support aid does [NAME] use? **INDICATE WITH A "1" THE APPLICABLE** A Brace B Artificial leg/foot C Artificial arm/hand D Clutch E Cane F Walker G Medical shoes H Wheelchair/scooter I Hearing device J White cane K Braille L Vision devices M Interpreter N Other
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DISABILITY

1. PERSON ID	9. Why does [NAME] not use any support aid?	10. Because of a physical or mental health condition, does [NAME] have difficulty doing any of the following?	11. Who generally helps [NAME] with the activities in Q. 10?	12. Is [NAME] aware of any organisation providing services for people with disabilities?	13. Has [NAME] received any assistance from?
	1 Too expensive 2 Lack of device 3 No need 4 Unaware 5 Other	**INDICATE WITH "1" THE APPLICABLE** A Getting around inside the home B Going outside the home C Getting in and out of bed or a chair D Taking a bath or shower E Dressing F Walking G Eating H Using or getting to the toilet I Keeping track of money or bills J Preparing meals K Doing light housework L Taking prescribed medicine at the right time	1 Spouse 2 Mother 3 Father 4 Siblings 5 Other relative 6 Friend 7 Neighbour 8 Paid help 9 Other Non-relative	**INDICATE WITH "1" THE APPLICABLE** A Gov't B NGOs C Inter. Org D Other	
		A B C D E F G H I J K L		YES NO	A B C D
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ACTIVITIES OF DAILY LIVING

1. PERSON ID	14. Does [NAME] have any difficulty lifting and carrying something as heavy as 5 KG – such as half bag of semovita?		15. Does [NAME] have any difficulty pushing or pulling large objects such as living room chair?		16. Does [NAME] have any difficulty								17. Does [NAME] have any difficulty using hands and fingers to do things such as picking up a glass or graping a pencil?		18. Does [NAME] have any difficulty walking a quarter of a mile- about 3 city blocks?		19. Does [NAME] have any difficulty walking up a flight of 10 stairs?	
					A Standing for one hour?		B Sitting for one hour?		C Stooping or crouching or kneeling?		D Reaching over the head?							
	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
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SECTION 3: HEALTH - PART 3D: PREVENTIVE HEALTH AND VACCINATION

RESPONDENTS: ALL CHILDREN 5 YEARS AND UNDER

1. PERSON ID	2. MOTHER ID	3. Enter [NAME]'s date of birth?	4. Has [NAME] ever been vaccinated? 1 Yes 2 No 3 Don't Know **IF 2 GO TO Q.11 IF 3 GO TO NEXT PERSON**	5. Is there any vaccination book or card for [NAME]? **IF NO GO TO Q.7**	6. Has [NAME] had any of these vaccines? COPY FROM VACCINATION BOOK 1 Yes 2 No TYPE OF VACCINATION													7. Were any of these vaccinations given to [NAME] during the past 12 months? 1 Yes 2 No 3 Don't Know	8. Where was [NAME]'s last vaccination given? 1 Health Centre 2 Hospital 3 Private Clinic 4 Mobile Unit 5 School 6 Home 7 Other	9. Did [NAME] pay any fee for this vaccination? **IF NO GO TO NEXT PERSON**	10. How much did [NAME] pay for the last vaccination? **AFTER ENTERING THE AMOUNT GO TO Q.12**	11. Why was [NAME] not vaccinated? 1 Too young 2 Did not know 3 Health centre too far 4 Shortage of supply 5 Too expensive 6 Other
		DAY MONTH YEAR		YES NO	DPT			POLIO			MEASELES	BCG	DTP	POLIO	MEASELES	BCG			YES NO		
					1	2	3	1	2	3											
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SECTION 3: HEALTH - PART 3D: PREVENTIVE HEALTH AND VACCINATION
RESPONDENTS: ALL CHILDREN 5 YEARS AND UNDER

1. PERSON ID	12. Where was [NAME] delivered?	13. What was [NAME]'s weight at birth?	14. Who assisted in the delivery of [NAME]?	15. Has [NAME] ever been breast fed?	16. Is [NAME] still being breast fed?	17. How many months was [NAME] breast fed?	18. How many months was [NAME] exclusively breast fed?	19. Where does [NAME] usually pass faeces in the house?		21. Did [NAME] participate in any of the following?	22. Who usually looks after [NAME] during daytime?	23. Has [NAME] had diarrhoea in the last 2 weeks?	24. How much fluid was [NAME] given during diarrhoea compared to normal?	25. How much food was [NAME] given during diarrhoea compared to normal?	26. Was [NAME] given any of the following to drink during diarrhoea?
	1 Hospital 2 Maternity Home 3 At Home 4 Other		1 Doctor 2 Nurse 3 Midwife 4 TTBA 5 TBA 6 Self 7 Friend/Family 8 Other	YES NO	YES NO			1 Toilet 2 Potty 3 Disposable Diapers 4 Wasable Diapers 5 Around the house 6 Within compound 7 Other	1 Thrown/rinsed into toilet 2 Thrown/rinsed into drain 3 Thrown into bin 4 Thrown into garbage dump 5 Buried 6 left in the open 7 DK 8 Other	1 Nutrition 2 Weigh-ins 3 Both 1 & 2 4 None	1 Mother 2 House-hold help 3 Grand Mother 4 Day care 5 Family member 6 In school	IF NO GO TO NEXT CHILD — YES NO	1 Much Less 2 Somewhat less 3 Same 4 More 5 Nothing 6 Don't Know	1 Much Less 2 Somewhat less 3 Same 4 More 5 Nothing 6 Don't Know	1 Fluid from ORS packet 2 Home salt/sugar 3 Pre-packaged ORS fluid 4 Other
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SECTION 3: HEALTH - PART 3E: FERTILITY, PRENATAL CARE AND CONTRACEPTIVE USE

WOMEN 15-49 YEARS OLD SHOULD EACH ANSWER FOR THEMSELVES (Q.1-Q.23)

1. PERSON ID	2 Has [NAME] ever been pregnant? IF NO GO TO Q.25	3 How old was [NAME] when first got pregnant?	4 Has [NAME] ever given birth to any child? IF NO GO TO Q.11	5 At what age did [NAME] first give birth to a child?	6 How many children has [NAME] given birth to?	7 How many girls has [NAME] given birth to?	8 How many boys has [NAME] given birth to?	9 How many girls are still alive?	10 How many boys are still alive?	11 If [NAME] were to give birth to a child now, which sex would [NAME] prefer? 1 Male 2 Female 3 Either	12 Did [NAME] have any pregnancy which did not end in a live birth? IF NO GO TO Q.14	13 How many pregnancies did [NAME] have that resulted in any birth of a child?	14 Is [NAME] pregnant now? IF YES GO TO Q.19	15. During the past 12 months has [NAME] been pregnant? IF NO GO TO Q.25	16. How did [NAME]'s pregnancy end? IF 2, 3 or 4 GO TO Q.19 1 Live birth 2 Still birth 3 Miscarriage 4 Other	17. Is that child still alive?	18. Is [NAME] now breast-feeding?
	YES NO		YES NO	AGE	TOTAL	GIRLS	BOYS	GIRLS	BOYS		YES NO		YES NO	YES NO		YES NO	YES NO
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SECTION 3: HEALTH - PART 3E: FERTILITY, PRE AND POST NATAL CARE AND CONTRACEPTIVE USE

		WOMEN 15-49 YEARS OLD SHOULD EACH ANSWER FOR THEMSELVES (Q.1-Q.24					
1. P E R S O N ID	19 During this pregnancy did [NAME] receive any pre-natal or post- natal care? 1 Pre- natal 2 Post-natal 3 Both 4 No **IF NO GO TO Q.24**	20 From whom did [NAME] receive pre-natal or post-natal care? 01 Trad. Healer 02 Doctor 03 Dentist 04 Nurse 05 Med. Asst. 06 Midwife 07 Pharmacist 08 Spiritualist 09 TBA 10 Other	21 Where did [NAME] receive that care? 1 Fed. P Clinic 2 State P Clinic 3 LG P Clinic 4 M/R Clinic 5 Ind P Clinic 6 Doctor 7 TBA 8 Other	22 How many times did [NAME] visit the facility in Q.21 for pre-natal or post-natal?	23 How much did [NAME] pay for the first pre-natal or post-natal consultation in Q.21? **GO TO Q.25** AMOUNT	24. Why didn't [NAME] go for pre-natal or post-natal care? 1 Can't afford 2 No healthcare available 3 Healthcare too far 4 Not necessary 5 Other	
		PRE-NATAL POST-NATAL	PRE-NATAL POST-NATAL	PRE-NATAL POST-NATAL	PRE-NATAL POST-NATAL	PRE-NATAL POST-NATAL	
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WOMEN AND MEN AGED BETWEEN 15 - 49 INCLUSIVE

1. P E R S O N ID	25. Is [NAME] using any method to prevent or delay pregnancy? **IF NO GO TO NEXT PERSON** **Y E S** **N O**	26. What main method is [NAME] using? IF RESPONSE IS AMONG THE OPTIONS 12-16 GO TO NEXT SECTION 01 Pill 02 Condom 03 Injection 04 IUD 05 F.Sterilization 06 M.Sterilization 07 Douche 08 Norplant 09 Foaming Tab 10 Diaphragm 11 Foam Jelly 12 Trad. Methods 13 Abstinence 14 Withdrawal 15 Rhythm 16 Other	27. Where did [NAME] get the method? ASK THIS ONLY IF Q.26 IS AMONG OPTIONS 1-11 01 Pre-natal Clinic (Federal) 02 Pre-natal Clinic (State) 03 Pre-natal Clinic (Local Gov't) 04 Religious Clinic 05 Industrial Private Clinic 06 Doctor 07 TBA 08 PPFN FP Clinic 09 Patented Medicine Store 10 Other	28. How much did [NAME] pay for that during the last month? AMOUNT	
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1. PERSON ID	2. Has [NAME] heard of HIV/AIDS or STDs?		3. Does [NAME] protect self from HIV/AIDS or STDs?		4. Does [NAME] know where HIV/AIDS tests are done?		5. Has [NAME] been tested for HIV/AIDS?		6. What are [NAME]'s sources of information concerning HIV/AIDS? **RANK THE 3 MOST IMPORTANT**			7. Does [NAME] know how HIV/AIDS is transmitted? **RANK THE 3 MOST IMPORTANT**			8. Does [NAME] think HIV/AIDS is avoidable?	9. Does [NAME] think that a healthy looking person can have HIV/AIDS disease?	10. Has [NAME] changed behaviour to prevent HIV/AIDS? **IF NO GO TO Q.12**		11. How has [NAME] changed behaviour to prevent HIV/AIDS? **RANK THE 3 MOST IMPORTANT**			12. Has [NAME] heard the use of condoms to avoid STDs? **IF NO GO TO NEXT PERSON**		13. Has [NAME] ever used condom to avoid STDs?	

Legend for column 6 (sources of information):
01 Radio
02 T.V
03 Newspapers
04 Posters
05 Health Workers
06 Religious Bodies
07 School/Teachers
08 Community
09 Friends/Relatives
10 Workplace
11 Other

Legend for column 7 (how transmitted):
01 Sexual Intercourse
02 Having sex with several partners
03 Sex with Prostitutes
04 Not using Condoms
05 Homosexual Contact
06 Blood Transfusion
07 Injections
08 Kissing
09 Mosquito Bites
10 Circumcision
11 Supernatural Means
12 Other

Column 8: 1 Yes 2 No 3 DK
Column 9: 1 Yes 2 No 3 DK

Legend for column 11 (changed behaviour):
1 Don't Start Sex
2 Stopped Sex
3 Use Condom
4 One Partner
5 Reduced Partners
6 No more Homosexual contact
7 Not Sharing Syringe
8 Personal Clipper
9 Other

Sub-column headers for 6, 7, 11: 1ST | 2ND | 3RD

Columns 2,3,4,5,10,12,13 have YES / NO response bubbles (Y / N).

5871097524

1. PERSON ID	2. Have you experienced any form of physical violence?	3. What was the source of physical violence? RANK THE 3 MOST IMPORTANT			4. What form of physical violence did you experience? RANK THE 3 MOST IMPORTANT			5. Have you been emotionally abused?	6. What type of emotional abuse did you experience? RANK THE 3 MOST IMPORTANT			7. What type(s) of fear have you been subjected to as a result of these mistreatments? RANK THE 3 MOST IMPORTANT			8. What consequences did you experience from this abuse? RANK THE 3 MOST IMPORTANT		

Question 2: IF NO GO TO Q.5 — YES / NO

Question 3 codes: 1 Husband, 2 Wife, 3 Father, 4 Mother, 5 Friends, 6 Neighbours, 7 Siblings, 8 Colleague at work, 9 Students at school, 10 Unknown persons

Question 4 codes: 01 Threat, 02 Beaten/Slapped, 03 Choked, 04 Use of Gun, 05 Use of Knife, 06 Sexual assault, 07 Damaged property, 08 Forced labour, 09 FGM, 10 Forced marriage, 11 Acid Bath, 12 Other

Question 5: IF NO GO TO NEXT PERSON — YES / NO

Question 6 codes: 1 Restricted Movement, 2 Name Calling, 3 Possessive and threats to harm someone close to [NAME], 4 Denied enjoyment of family income, 5 Denial of access to assets, 6 Denial of sex, 7 Nagging, 8 Other

Question 7 codes: 1 Fear of death, 2 Emotional fear, 3 Psychological, 4 Fear of insecurity, 5 Other

Question 8 codes: 01 Physical Injury, 02 Abortion, 03 Alchoholic Use, 04 Drug Addiction, 05 Separation/Divorce, 06 Tarnished Reputation, 07 Children Harmed, 08 Other Family Members Harmed, 09 Loss of self-esteem, 10 Other

Rank columns: 3 (1ST, 2ND, 3RD), 4 (1ST, 2ND, 3RD), 6 (1ST, 2ND, 3RD), 7 (1ST, 2ND, 3RD), 8 (1ST, 2ND, 3RD)

(10 blank data rows with Y/N circles and answer boxes)

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RESPONDENTS: ALL HOUSEHOLD MEMBERS 5 YEARS AND OVER

1. PERSON ID	2. ID CODE OF PERSON INTER-VIEW-ED	3. During the past 12 months has [NAME] worked on a farm owned by a household member either in cultiva-ting crops or in other farm tasks or have cared for livestock belonging to a household member (even if for only 1 day or few hours a week)?	4. During the past 12 months has [NAME] worked for someone for pay who is not a member of the household for example an enterprise, company, the government or any other individual (even if for only 1 day or few hours a week)?	5. During the past 12 months has [NAME] worked on his/her own account or in a business enterprise belonging to him/her or someone in the household for example as a trader, shopkeeper, barber, dressmaker, carpenter, or taxi driver (even if for only 1 day or few hours a week)?	6. During the past 12 months, what kind of work did [NAME] spend most time on? 01 Self Emp (Agric) 02 Employee Gov't Sector 03 Parastatal 04 NGO 05 Local Co-operatives 06 Int. Co-operatives 07 Int. Org/Dip. Mission 08 Private Sector+apprent. 09 Self Emp (Non-Agric) 10 Self (With Employess) 11 Self (No Employees) 12 Employer 13 Unpaid family business 14 Paid household chores 15 Other		7. Which other activities did [NAME] undertake? ENTER UP TO 2 CHOICES FROM THE EMPLOYMENT TYPES IN Q.6	
		YES / NO	YES / NO	YES / NO	EMPLOYMENT TYPE (Main)	EMPLOYMENT TYPE (Secondary)	1st EMPLOYMENT TYPE	2nd EMPLOYMENT TYPE
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1. PERSON ID	AGRICULTURE: FOR THOSE WHO RESPONDED TO Q.3=1(YES)						OWN ACCOUNT WORKERS: PERSON WHO RESPONDED TO Q.5=1(YES)							
	MONTHS OF HIGHER ACTIVITY			MONTHS OF LOWER ACTIVITY			14. What type of income generating activities in the household did the members of this household develop in the last 12 months? **LIST ALL ACTIVITIES BEFORE GOING TO THE NEXT PERSON** / **See Employment Type on Page 29, Q.6**		15. Who in the household is respon-sible for this activity? **ENTER MEMBER CODE**	16. During the last 12 months how many months did [NAME] work in this activity?	17. During these months, how many days per months did [NAME] usually work in this wage employ-ment?	18. During the days that [NAME] worked, how many hours per day did [NAME] usually work in the activity?	19. What is the habitual income and costs in a month of HIGH INCOME? **(in =N='000)**	20. What is the habitual income and costs in a month of LOW INCOME? **(in =N='000)**
	8. During the last 12 months how many months did [NAME] practice agri-cultural activity in the months of higher activity?		10. During the months of higher activity, how many hours per day did [NAME] usually work in agri-culture?	11. During the last 12 months how many months did [NAME] practice agri-cultural activity in the months of lower activity?	12. During the months of lower activity in agri-culture, how many days per months did [NAME] usually work in agri-cultural?	13. During the months of lower activity, how many hours per day did [NAME] usually work in agri-culture?								
	NO. OF MONTHS	NO. OF DAYS	HOURS PER DAY	NO. OF MONTHS	NO. OF DAYS	HOURS PER DAY	EMPLOYMENT TYPE	ISIC CODE		NO. OF MONTHS	NO. OF DAYS	HOURS PER DAY		
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SECTION 4: EMPLOYMENT AND TIME USE-PART B:CHARACTERISTICS OF MAIN WAGE EMPLOYMENT
RESPONDENTS: ALL HOUSEHOLD MEMBERS 5 YEARS AND OVER

1. PERSON ID	2. Who in the household did any wage employment?	3. What is the type of Industry?			4. What is the employer's sector? 1=Public sector 2=Private sector	5. During the past 12 months how many months did [NAME] worked in this wage employment?	6. During these months, how many man days per months did [NAME] usually work in this wage employment?	7. During these days, how many hours per day did [NAME] usually work per day in wage employment?	8. Did you receive the same salary every month? IF YES GO TO Q.11		9. What was the lower salary received per month during the months that [NAME] worked in the wage employment? (in =N='000)	10. What was the highest salary received per month during the months that [NAME] worked in the wage employment? (in =N='000)	11. How much did [NAME] receive per month? (in =N='000)	12. Did [NAME] do any other wage employment? IF NO GO TO NEXT PERSON	
	Y	DESCRIPTION	INDUSTRY CODE	OCCUPATION CODE		NO. OF MONTHS	NO. OF DAYS	HOURS PER DAY	Y E S	N O	AMOUNT	AMOUNT	AMOUNT	Y E S	N O
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SECTION 4: EMPLOYMENT AND TIME USE-PART C:ACTIVITY STATUS & EMPLOYMENT SEARCH IN LAST 7 DAYS
RESPONDENTS: ALL HOUSEHOLD MEMBERS 5 YEARS AND OVER

Reference number ☐☐ - ☐

1. PERSON ID	2. Did [NAME] do any work for pay, profit, and family gain or did he/she produce anything for barter or home use (including temporary absence from work? **IF NO GO TO PART 4E**	3. During the past 7 days did [NAME] worked on a farm owned by a household member either in cultivating crops or other farm tasks or have you cared for livestock belonging to a household member (even if for only 1 day or a few hours a week)?	4. During the past 7 days has [NAME] worked for someone for pay who is not a member of the household for example an enterprise, company, the government or any other individual (even if for only 1 day or a few hours a week)?	5. During the past 7 days has [NAME] worked on his/her own account or in a business enterprise belonging to him/her or someone in the household, for example as a trader, shopkeeper, barber, dressmaker, carpenter, or taxi driver (even if for only 1 day or a few hours a week)?	6. What was [NAME]'s occupation? **WRITE OCCUPATION CODE FROM MANUAL (ANNEX II)** ISCO CODE	7. What was [NAME]'s industry (Industry of main occupation)? **WRITE INDUSTRY CODE FROM MANUAL (ANNEX III)** ISIC CODE	8. For who did [NAME] work? 01 Self Emp (Agric) 02 Employee Gov't Sector 03 Parastatal 04 NGO 05 Local Co-operatives 06 Int. Co-operatives 07 Int. Org/Dip. Mission 08 Private Sector+apprent. 09 Self Emp (Non-Agric) 10 Self (With Employess) 11 Self (No Employees) 12 Employer 13 Unpaid family business 14 Paid household chores 15 Other EMPLOYMENT TYPE	9. Did [NAME] want to work for more hours? **IF YES GO TO NEXT PERSON** YES NO	10. If [NAME] was given extra hours would he/she work? YES NO
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SECTION 4: EMPLOYMENT AND TIME USE-PART D:UNEMPLOYMENT & EMPLOYMENT SEARCH IN THE PAST 7 DAYS
RESPONDENTS: ALL HOUSEHOLD MEMBERS 5 YEARS AND OVER

Reference number ☐☐ - ☐

1. PERSON ID	2. If out of work in the last 7 days, for how many weeks altogether was [NAME] without any work?	3. Was [NAME] available for full time or part time work? 1=Full time 2=Part time 3=Both 4=Neither **IF 1,2, or 3 GO TO Q.5**	4. Why was [NAME] not available for work? 1=Student 2=Household duties 3=Too young 4=Too old/retired 5=Waiting for a recall from employer 6=Waiting for busy season 7=Other **GO TO PART 4E**	5. Has [NAME] made any effort to find work? **IF YES GO TO Q.7** Y E S N O	6. Why didn't [NAME] look for work within the last 7 days? **MOST IMPORTANT ONLY** 1=Thought no work available 2=Awaiting reply to an earlier enquiries 3=Waiting to start arranged job, business or agriculture 4=Other(specify)	7. How many weeks did [NAME] actively look for work? **IF ANSWER IS THE SAME AS Q.2 GO TO Q.10**	8. Why did [NAME] not look for work throughout the period when available for work? **MOST IMPORTANT ONLY** 01 Thought no work available 02 Awaiting reply to earlier enquires 03 Waiting to start arranged job, business or agric 04 Off season in agric 05 Home duties 06 Illness 07 Full time student 08 Personal 09 Retired 10 Other	9. What did [NAME] do to find work? **MOST IMPORTANT ONLY** 1 Applied to prospective employers 2 Checked at farms, factories or work sites 3 Asked friends and relatives 4 Took action to start business 5 Other	10. Was [NAME] mainly looking for wage/salary work, self-employment or either one? 1 Wage work 2 Self-employed 3 Either 4 Other **IF 4=OTHER GO TO PART 4E**
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1. *Now, I would now like to find out how you spent time yesterday as far as the following activities are concerned*

PERSON ID

RECORD TIME SPENT IN HOURS FOR EACH ACTIVITY FOR THE THREE TIME CATEGORIES:
A--MORNING (5.00 AM - 11.59 AM); B--AFTERNOON (12 NOON - 4.00 PM); C--EVENING (4.01 - 12 MIDNIGHT)

	2. Recreation			3. Fetching Firewood			4. Fetching water			5. Ironing clothes			6. Taking care of children			7. Washing motor vehicles			8. Sweeping/ Cleaning			9. Disposing of garbage			10. Cooking			11. Marketing/ shopping			12. Running errands		
	A	B	C	A	B	C	A	B	C	A	B	C	A	B	C	A	B	C	A	B	C	A	B	C	A	B	C	A	B	C	A	B	C

2858097526

Reference number ☐☐ - ☐

1. *Now, I would now like to find out how you spent time yesterday as far as the following activities are concerned*

PERSON ID

RECORD TIME SPENT IN HOURS FOR EACH ACTIVITY FOR THE THREE TIME CATEGORIES:
A--MORNING (5.00 AM - 11.59 AM); B--AFTERNOON (12 NOON - 4.00 PM); C--EVENING (4.01 - 12 MIDNIGHT)

ID	13. Washing dishes			14. Taking care of the sick or elderly			15. Sleeping			16. Grooming (taking care of yourself)			17. Watching TV			18. Working at main job			19. Working at a secondary job			20. Eating and drinking			21. Construction work for household			22. Attending religious serivces			23. Caring for animals and pets			24. Leisure activities		
	A	B	C	A	B	C	A	B	C	A	B	C	A	B	C	A	B	C	A	B	C	A	B	C	A	B	C	A	B	C	A	B	C	A	B	C

2735097520

Reference number ☐☐ - ☐

1. PERSON ID	2. Did [NAME] receive any training or apprenticeship in any career oriented skills outside school? 1=Yes 2=No 3=Currently receiving training **IF NO GO TO Q.9**	3. If 1=Yes or 3=Currently receiving training in Q.2, What type? 1=Formal course work 2=Apprenticeship /work master craftsmanship 3=Other informal training 4=On the job training	4. Who was the provider? 1=NDE 2=NAPEP 3=ITF 4=NBTE 5=SMEDAN 6=Other public 7=NGO 8=Private, for profit institution 9=Enterprise 10=Community 11=Private Individual 12=Other	5. What was the duration? 1 Daily 2 Weekly 3 Fortnightly 4 Monthly 5 Quarterly 6 Yearly / UNIT NUMBER	6. What was [NAME]'s out of pocket cost for the training (including course fee, materials, etc)? COST (=N='000)	7. How was [NAME]'s training apprenticeship financed? 1=Paid for by parents/family/friends 2=From personal savings/income 3=Loans/borrowed money 4=NGO support 5=Association/Church/Community 6=Other	8. Did [NAME] receive allowance, stipend, or salary during the training? **IF NO GO TO Q.9** RECEIVED YES NO / AMOUNT (=N='000)	9. Did [NAME] participate in any small or micro enterprise development programs outside school? **IF NO GO TO Q.11** YES NO	10. Who was the provider? 1=NDE 2=NAPEP 3=ITF 4=NBTE 5=SMEDAN 6=Other public 7=NGO 8=Private, for profit institution 9=Enterprise 10=Community 11=Other	11. Did [NAME] participate in any public works/public employment programs in the last 24 months? **IF NO GO TO NEXT PERSON** YES NO	12. Who was the provider? 1=NDE 2=NAPEP 3=ITF 4=NBTE 5=SMEDAN 6=Other public 7=NGO 8=Private, for profit institution 9=Enterprise 10=Community 11=Other

Header spanning: **TRAINING/PROGRAMME** (columns 2–8), **OTHER EMPLOYMENT PROGRAMME** (columns 9–12)

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SECTION 4: EMPLOYMENT AND TIME USE-PART G:CONSOLIDATED DESIRED EMPLOYMENT
RESPONDENTS: ALL HOUSEHOLD MEMBERS 5 YEARS AND OVER

Reference number ☐☐ - ☐

1. PERSON ID	2. Does [NAME] want to change main occupation or find replacement work?	3. Reason for [NAME] wanting to change main occupation?	4. Does [NAME] want to start a business?	5. If [NAME] intends to start a new business, how will you mobilize funds?	
	IF NO GO TO Q.4	01 Low income 02 Job does not match skill 03 Job environment not conducive 04 Excessive hours or work 05 Dangerous job 06 Inadequate tools 07 Inadequate training 08 Travel to work difficult 09 Inconvenient schedules 10 Recurring stoppage 11 Prolonged non-payment of wages 12 Other	**IF NO GO TO NEXT PERSON**	01 Rely on parents 02 Loans/borrowed money 03 Remittances from abroad 04 Proceeds from family farm 05 Proceeds from family non-farm enterprise 06 Income from family property 07 Association support 08 Church assistance 09 Relatives/friends 10 Other	
	YES NO		YES NO		
☐☐	Y N	☐☐	Y N	☐☐	
☐☐	Y N	☐☐	Y N	☐☐	
☐☐	Y N	☐☐	Y N	☐☐	
☐☐	Y N	☐☐	Y N	☐☐	
☐☐	Y N	☐☐	Y N	☐☐	
☐☐	Y N	☐☐	Y N	☐☐	
☐☐	Y N	☐☐	Y N	☐☐	
☐☐	Y N	☐☐	Y N	☐☐	
☐☐	Y N	☐☐	Y N	☐☐	
☐☐	Y N	☐☐	Y N	☐☐	

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SECTION 5: MIGRATION

RESPONDENTS: ALL HOUSEHOLD MEMBERS 15 YEARS AND OVER

1. PERSON ID	2. Was [NAME] born here?	3. Has [NAME] always lived in this village or town? IF YES GO TO NEXT PERSON	4. Has [NAME] ever moved away from this village or town for more than 12 months and returned here? IF YES GO TO NEXT PERSON	5. How long ago did [NAME] move to this place?	6. In which State or country was [NAME] living before coming to this village or town? REFER TO BACK PAGE FOR CODE	7. Where was that place [NAME] was living before? 1 Abuja 2 Lagos 3 Other State Capital 4 Other Urban 5 Other Rural 6 Other	8. What was [NAME]'s main work in former residence? COPY ISCO CODE FROM ANNEX II	9. In what trade or industry was [NAME]'s work? COPY ISIC CODE FROM ANNEX III	10. Whom was [NAME] working for? 01 Own Agric activity 02 Gov't Sector 03 Parastatal 04 NGO 05 Co-operatives 06 Int. Org. 07 Mission 08 Private Sector 09 Self Emp (Not in Agric) 10 Self Emp with Employees 11 Sel Emp No Employees 12 Employer 13 Unpaid Family 14 Unpaid Household work 15 Other	11. What was the main reason for moving from [NAME]'s former place of living? 1 Own Emp 2 Spouse's Emp 3 Marriage 4 Other Family reasons 5 School 6 Drought /War 7 Other
	YES / NO	YES / NO	YES / NO	YEARS / MONTHS	STATE OR COUNTRY CODE		OCCUPATION / CODE	INDUSTRY / CODE		
☐☐	⊙Y ⊙N	⊙Y ⊙N	⊙Y ⊙N	☐☐ ☐☐	☐☐	☐	☐ ☐☐	☐ ☐☐	☐☐	☐
☐☐	⊙Y ⊙N	⊙Y ⊙N	⊙Y ⊙N	☐☐ ☐☐	☐☐	☐	☐ ☐☐	☐ ☐☐	☐☐	☐
☐☐	⊙Y ⊙N	⊙Y ⊙N	⊙Y ⊙N	☐☐ ☐☐	☐☐	☐	☐ ☐☐	☐ ☐☐	☐☐	☐
☐☐	⊙Y ⊙N	⊙Y ⊙N	⊙Y ⊙N	☐☐ ☐☐	☐☐	☐	☐ ☐☐	☐ ☐☐	☐☐	☐
☐☐	⊙Y ⊙N	⊙Y ⊙N	⊙Y ⊙N	☐☐ ☐☐	☐☐	☐	☐ ☐☐	☐ ☐☐	☐☐	☐
☐☐	⊙Y ⊙N	⊙Y ⊙N	⊙Y ⊙N	☐☐ ☐☐	☐☐	☐	☐ ☐☐	☐ ☐☐	☐☐	☐
☐☐	⊙Y ⊙N	⊙Y ⊙N	⊙Y ⊙N	☐☐ ☐☐	☐☐	☐	☐ ☐☐	☐ ☐☐	☐☐	☐
☐☐	⊙Y ⊙N	⊙Y ⊙N	⊙Y ⊙N	☐☐ ☐☐	☐☐	☐	☐ ☐☐	☐ ☐☐	☐☐	☐
☐☐	⊙Y ⊙N	⊙Y ⊙N	⊙Y ⊙N	☐☐ ☐☐	☐☐	☐	☐ ☐☐	☐ ☐☐	☐☐	☐
☐☐	⊙Y ⊙N	⊙Y ⊙N	⊙Y ⊙N	☐☐ ☐☐	☐☐	☐	☐ ☐☐	☐ ☐☐	☐☐	☐

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RESPONDENTS: HEAD OF HOUSEHOLD AND/OR RESPONSIBLE HOUSEHOLD MEMBER

PART A: TYPE OF DWELLING	PART B: OCCUPANCY STATUS OF DWELLING	PART C: HOUSING EXPENDITURE (RENT)

PART A: TYPE OF DWELLING

A.1 Type of dwelling?

1 Single room ○   4 Whole Blding ○

2 Apt/Flat ○   5 Other ○

3 Duplex ○

A.2 How many rooms does the household occupy?

EXCLUDE BATHROOMS, TOILETS, KITCHEN, PANTRY, and STORE

a) MAIN HOUSE ☐☐   b) OTHER ☐☐

A.3 Do other households share this dwelling with the household?

Yes ○   No ○

A.4 How long ago has your household been living in this dwelling?

ROUNDED TO THE NEAREST YEAR. EG 2.3=2; 2.7=3   ☐☐

A.5 What type of dwelling were you living before?

1 Single room ○   4 Whole Blding ○

2 Apt/Flat ○   5 Other ○

3 Duplex ○

PART B: OCCUPANCY STATUS OF DWELLING

B.1 What is household's present occupancy status?

1 Owned by Head   5 Pays Nom. Rent
2 Owned by Spouse   6 Uses Without Rent
3 Owned by Head & Spouse 7 Normadic/Temporal
4 Rents

☐   **IF OWNED (1,2,or 3) GO TO Q.B.3**

B.2 From whom do you rent the dwelling?

1 Relative
2 Private Employer
3 Gov't
4 Private Individual or Agency
5 Other

☐

B.3 What type of document does household have to back occupancy status?

1 Cert. of Occupancy   4 Tenancy Agreement
2 Leasehold   5 Receipt of Payment
3 Freehold   6 None

☐

IF B3= 1, 2 or 3 GO TO PART C.6

PART C: HOUSING EXPENDITURE (RENT)

C.1 How much does the household pay in cash for rent?

TIME UNIT

1 Daily   4 Monthly
2 Weekly   5 Quarterly
3 Fortnightly 6 Yearly

a) AMOUNT ☐☐☐☐☐☐   b) TIME UNIT ☐

C.2 Does the household supply goods or services in exchange for the dwelling?

Yes ○   No ○

IF NO GO TO Q.C.4

C.3 What is the appropriate value of these goods and services?

IF RENT FREE, PUT ZERO (0)

TIME UNIT

1 Daily   4 Monthly
2 Weekly   5 Quarterly
3 Fortnightly 6 Yearly

a) AMOUNT ☐☐☐☐☐☐   b) TIME UNIT ☐

C.4 Is part of the rent paid by someone who is not a household member?

Yes ○   No ○

5. Who pays the rent?

1 Relative   ○
2 Private Emp   ○
3 Gov't   ○
4 Pri. Ind or Agency ○
5 Other   ○

C.6 How much did you spend in minor construction and painting in the last 12 months?

AMOUNT ☐☐☐☐☐☐

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PART D: PHYSICAL CHARACTERISTICS OF DWELLING	PART E: ENERGY

PART D: PHYSICAL CHARACTERISTICS OF DWELLING

D.1 Main construction material of outside walls?

1 Mud   5 Wood/Bamboo
2 Stone   6 Iron Sheets
3 Burnt Bricks   7 Cardboard
4 Cement/Concrete   8 Other

☐

D.2 Main flooring material?

1 Earth/Mud   4 Concrete
2 Wood/Tile   5 Dirt/Straw
3 Plank   6 Other

☐

D.3 Main roofing material?

1 Mud/Mud Bricks   5 Cemment/Con.
2 Thatch   6 Roofing Tiles
3 Wood/Bamboo   7 Asbestos
4 Corrugated   8 Other
  Iron Sheets

☐

D.4 Are the household windows protected from mosquitoes?

Yes ○   No ○

D.5 What is the location of the main cooking area/Kitchen?

1 Outdoor   4 Indoor Without
2 Enclosed Detached   Partition
3 Enclosed Attached   5 Indoor With
              Partition
              6 Other

☐

D.6 Which of the following best describes the environment in which you live?

1 Prone to Flooding ○

2 Prone to Desert Encrochment ○

3 Prone to Deforestation ○

4 Prone to Long Dry Weather ○

5 Prone to Erossion ○

D.7 Calculate in Square Meters the area of the Main Room/House

☐☐☐☐☐ . ☐☐

PART E: ENERGY

E.1 What are the 2 main sources of cooking fuel?

RANK BY IMPORTANCE

1 Firewood   5 Electricity
2 Charcoal   6 Crop Residue/
3 Kerosene/Oil   Sawdust
4 Gas   7 Animal Waste
             8 Other

1ST ☐   **2ND** ☐

E.2 What are the 2 main sources of lighting?

RANK BY IMPORTANCE

1 Kerosene   5 Solar panels
2 Gas   6 Battery
3 Mains   7 Candles
  Electicity   8 Firewood
4 Generator   9 Other

1ST ☐   **2ND** ☐

IF 1,2,7,8 or 9 GO TO PART F

E.3 Do you pay or share a regular bill from the lighting company?

1 Yes, Not Shared ○

2 Yes, Shared ○   **IF NO GO TO PART F**

3 No ○

E.4 How much was your last lighting costs?

IF SHARED, GIVE ONLY YOUR PORTION

TIME UNIT

1 Daily   4 Monthly
2 Weekly   5 Quarterly
3 Fortnightly   6 Yearly

a) AMOUNT   **b)TIME UNIT**

☐☐☐☐☐☐   ☐

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F.1 What kind of refuse collection is used?

1 Collected By Gov't
2 Collected By Private Firm
3 Gov't Bin
4 Disposal Within Comp
5 Unauthorised Heap
6 Other

☐

IF 5 or 6 GO TO F.4

F.2 Do you pay or share a regular bill from the refuse collection company?

1 Yes, Not Shared ○
2 Yes, Shared ○
3 No ○

IF NO GO TO F.4

F.3 How much does your household pay for refuse collection?

TIME UNIT

1 Daily
2 Weekly
3 Fortnightly
4 Monthly
5 Quarterly
6 Yearly

a) AMOUNT   b) TIME UNIT
☐☐☐☐☐☐ ☐

F.4 What is the main source of water for the household?

01 Piped into Dwelling
02 Piped into yard
03 Public tap
04 Tube Well/Borehole
05 Protected Dug Well
06 Unprotected Dug Well
07 Protected Spring
08 Unprotected Spring
09 Rain Water Co
10 Tanker-truck
11 With Small Cart/Drum
12 Surface Water
13 Bottled Water
14 Sachet Water
15 River/Stream/Pond
16 Other

DRINKING ☐☐   OTHER ☐☐

IF 9,12 OR 15 GO TO F.6

F.5 Who is resposible for the provision of the main source of water?

01 Fed. Gov't
02 State Gov't
03 Local Gov't
04 Community
05 Donor Agencies
06 NGO
07 Private Company
08 Pri. Self Supply
09 Religious Body
10 Other

DRINKING ☐☐   OTHER ☐☐

F.6 Are there times in the year when the household cannot get water from this main source?

1 Yes, Frequently
2 Yes, During Dry Season
3 No

DRINKING ☐   OTHER ☐

F.7 Do you share the connection with other household?

1 Yes   2 No

DRINKING ☐   OTHER ☐

IF NO, GO TO F.9

F.8

ASK F.8A AND F.8B ONLY IF F.4 = 1 OR 2

A: How many households do you share connection with?

☐☐

B: How many persons (including household members) do you share connection with?

☐☐

F.9 How long does it take to go to the main water source (TWO WAY)?

A: Number of minutes per trip

☐☐☐

B: Number of trips per day?

☐☐

F.10 What is the distance to the source of water (in Meters)?

☐☐☐☐

F.11 Do you pay for water?

1 Yes, not shared ○
2 Yes, shared ○
3 No ○

IF NO GO TO F.13

F.12 How much was your last water costs?

IF SHARED, GIVE ONLY YOUR PORTION

TIME UNIT

1 Daily
2 Weekly
3 Fortnightly
4 Monthly
5 Quarterly
6 Yearly

a) AMOUNT   b) TIME UNIT
☐☐☐☐☐☐ ☐

F.13 Who usually goes to this water source to fetch water for household?

1 Adult Woman
2 Adult Man
3 Both Adult Woman and Man
4 Female Child (Under 15 years)
5 Male Child (Under 15 years)
6 Both female/male Child (Under 15 years)
7 DK

☐

F.14 Does your household treat water in any way to make it safer to drink?

1 Yes ○

2 No ○

IF NO GO TO F.16

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RESPONDENTS: HEAD OF HOUSEHOLD AND/OR RESPONSIBLE HOUSEHOLD MEMBER

| PART F: WATER AND SANITATION (Continued) | PART G: ACCESS TO THE NEAREST SOCIAL AMENITY |

PART F: WATER AND SANITATION (Continued)

F.15 What do you usually do to the water to make it safer to drink?

1 Boil
2 Add Bleach/Chlorine
3 Strain it through a Cloth
4 Use a water Filter
5 Solar Disinfection
6 Let it Settle
7 Other
8 DK

☐

F.16 Did the household sell water to anyone else?

Yes ○   No ○

IF NO GO TO F.18

F.17 How much did the household receive from water sold in the last 2 weeks?

☐☐☐☐☐☐

F.18 What type of toilet is used by your household?

01 Flush to Piped Sewer System
02 Fkush to Septic Tank
03 Flush to Pit Latrine
04 Flush to Somewhere else
05 Flush to Unknown Place
06 VIP Latrine
07 Pit Latrine with Slab
08 Pit Latrine without Slab
09 Composting Toilet
10 Bucket
11 Hanging Toilet/Latrine
12 No Facilities/Bush/Field
13 Other

☐☐

F.19 If "Flush" or "Pour Flush" (F.18=1-5), what type of device is used?

1 Bucket ○
2 Cistern/Holding tank ○
3 Other ○

F.20 Does your household share your toilet with other households?

Yes ○   No ○

IF NO GO TO PART G

F.21 How many households share this toilet facility?

☐☐

PART G: ACCESS TO THE NEAREST SOCIAL AMENITY

G.1 How long in minutes does it take from your house to reach the nearest [SOCIAL AMENITY] by the most frequent means?

	0-14	15-29	30-44	45-59	60-179	180+
01 Supply of Drinking Water	○	○	○	○	○	○
02 Food Market	○	○	○	○	○	○
03 Public Transportation	○	○	○	○	○	○
04 Primary School	○	○	○	○	○	○
05 Secondary School	○	○	○	○	○	○
06 Hospital	○	○	○	○	○	○
07 Health Clinic	○	○	○	○	○	○
08 Post Office	○	○	○	○	○	○
09 All Seasons road	○	○	○	○	○	○

G.2 By what means does your household reach the nearest [SOCIAL AMENITY] by the most frequent means?

	Vehicle	Motorcycle	Bicycle	Foot	Animal	Boat
01 Supply of Drinking Water	○	○	○	○	○	○
02 Food Market	○	○	○	○	○	○
03 Public Transportation	○	○	○	○	○	○
04 Primary School	○	○	○	○	○	○
05 Secondary School	○	○	○	○	○	○
06 Hospital	○	○	○	○	○	○
07 Health Clinic	○	○	○	○	○	○
08 Post Office	○	○	○	○	○	○
09 All Seasons road	○	○	○	○	○	○

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INTERVIEWER: ASK UP TO THREE (3) ITEMS PER TYPE OF ASSET EVEN IF HOUSEHOLD OWNS MORE THAN THREE.

	1. Does any member of the household own any [ITEM]? Yes/No If no next item	2. How long ago was [ITEM] obtained? IF LESS THAN ONE YEAR ENTER 0 YEARS			3. What was the purchase price of [ITEM]? IF GIFT ENTER 0 AMOUNT(=N='000)		4. For how much could you sell the [ITEM] now? AMOUNT(=N='000)		COMMENT
		1	2	3	1	2	1	2	
Furniture (3 or 4 piece sofa set)	☐☐ Yes Ⓨ / No Ⓝ	☐☐☐	☐☐☐	☐☐☐	☐☐☐☐☐	☐☐☐☐☐	☐☐☐☐☐	☐☐☐☐☐	
Furniture (chairs)	☐☐ Yes Ⓨ / No Ⓝ	☐☐☐	☐☐☐	☐☐☐	☐☐☐☐☐	☐☐☐☐☐	☐☐☐☐☐	☐☐☐☐☐	
Furniture (table)	☐☐ Yes Ⓨ / No Ⓝ	☐☐☐	☐☐☐	☐☐☐	☐☐☐☐☐	☐☐☐☐☐	☐☐☐☐☐	☐☐☐☐☐	
Furniture (dining table)	☐☐ Yes Ⓨ / No Ⓝ	☐☐☐	☐☐☐	☐☐☐	☐☐☐☐☐	☐☐☐☐☐	☐☐☐☐☐	☐☐☐☐☐	
Mattress	☐☐ Yes Ⓨ / No Ⓝ	☐☐☐	☐☐☐	☐☐☐	☐☐☐☐☐	☐☐☐☐☐	☐☐☐☐☐	☐☐☐☐☐	
Bed	☐☐ Yes Ⓨ / No Ⓝ	☐☐☐	☐☐☐	☐☐☐	☐☐☐☐☐	☐☐☐☐☐	☐☐☐☐☐	☐☐☐☐☐	
Mat	☐☐ Yes Ⓨ / No Ⓝ	☐☐☐	☐☐☐	☐☐☐	☐☐☐☐☐	☐☐☐☐☐	☐☐☐☐☐	☐☐☐☐☐	
Sewing machine	☐☐ Yes Ⓨ / No Ⓝ	☐☐☐	☐☐☐	☐☐☐	☐☐☐☐☐	☐☐☐☐☐	☐☐☐☐☐	☐☐☐☐☐	
Gas cooker	☐☐ Yes Ⓨ / No Ⓝ	☐☐☐	☐☐☐	☐☐☐	☐☐☐☐☐	☐☐☐☐☐	☐☐☐☐☐	☐☐☐☐☐	
Stove (electric)	☐☐ Yes Ⓨ / No Ⓝ	☐☐☐	☐☐☐	☐☐☐	☐☐☐☐☐	☐☐☐☐☐	☐☐☐☐☐	☐☐☐☐☐	
Stove (gas)	☐☐ Yes Ⓨ / No Ⓝ	☐☐☐	☐☐☐	☐☐☐	☐☐☐☐☐	☐☐☐☐☐	☐☐☐☐☐	☐☐☐☐☐	
Stove (kerosene)	☐☐ Yes Ⓨ / No Ⓝ	☐☐☐	☐☐☐	☐☐☐	☐☐☐☐☐	☐☐☐☐☐	☐☐☐☐☐	☐☐☐☐☐	
Refrigerator	☐☐ Yes Ⓨ / No Ⓝ	☐☐☐	☐☐☐	☐☐☐	☐☐☐☐☐	☐☐☐☐☐	☐☐☐☐☐	☐☐☐☐☐	
Freezer	☐☐ Yes Ⓨ / No Ⓝ	☐☐☐	☐☐☐	☐☐☐	☐☐☐☐☐	☐☐☐☐☐	☐☐☐☐☐	☐☐☐☐☐	

NOTE:
Please, record actual amount for mat

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INTERVIEWER: ASK UP TO THREE (3) ITEMS PER TYPE OF ASSET EVEN IF HOUSEHOLD OWNS MORE THAN THREE.

	1. Does any member of the household own any [ITEM]?	2. How long ago was [ITEM] obtained? IF LESS THAN ONE YEAR ENTER 0 YEARS			3. What was the purchase price of [ITEM]? IF GIFT ENTER 0 AMOUNT(=N='000)		4. For how much could you sell the [ITEM] now? AMOUNT(=N='000)		COMMENT
	Yes/No If no next item	1	2	3	1	2	1	2	
Air conditioner	Yes Ⓨ No Ⓝ								
Fan	Yes Ⓨ No Ⓝ								
Radio	Yes Ⓨ No Ⓝ								
Cassette recorder	Yes Ⓨ No Ⓝ								
Hi-Fi	Yes Ⓨ No Ⓝ								
Video/ DVD equipment	Yes Ⓨ No Ⓝ								
Television	Yes Ⓨ No Ⓝ								
Generator	Yes Ⓨ No Ⓝ								
Washing machine	Yes Ⓨ No Ⓝ								
Camera	Yes Ⓨ No Ⓝ								
Iron (electric)	Yes Ⓨ No Ⓝ								
Iron (charcoal)	Yes Ⓨ No Ⓝ								
Computer	Yes Ⓨ No Ⓝ								
Fixed line phone	Yes Ⓨ No Ⓝ								

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INTERVIEWER: ASK UP TO THREE (3) ITEMS PER TYPE OF ASSET EVEN IF HOUSEHOLD OWNS MORE THAN THREE.

	1. Does any member of the household own any [ITEM]? Yes/No If no next item	2. How long ago was [ITEM] obtained? IF LESS THAN ONE YEAR ENTER 0 YEARS			3. What was the purchase price of [ITEM]? IF GIFT ENTER 0 AMOUNT(=N='000)		4. For how much could you sell the [ITEM] now? AMOUNT(=N='000)		COMMENT
		1	2	3	1	2	1	2	
Mobile phone handset	☐☐ Yes Ⓨ / No Ⓝ	☐☐	☐☐	☐☐	☐☐☐☐☐	☐☐☐☐☐	☐☐☐☐☐	☐☐☐☐☐	
Bicycle	☐☐ Yes Ⓨ / No Ⓝ	☐☐	☐☐	☐☐	☐☐☐☐☐	☐☐☐☐☐	☐☐☐☐☐	☐☐☐☐☐	
Motorcycle	☐☐ Yes Ⓨ / No Ⓝ	☐☐	☐☐	☐☐	☐☐☐☐☐	☐☐☐☐☐	☐☐☐☐☐	☐☐☐☐☐	
Car (personal)	☐☐ Yes Ⓨ / No Ⓝ	☐☐	☐☐	☐☐	☐☐☐☐☐	☐☐☐☐☐	☐☐☐☐☐	☐☐☐☐☐	
House	☐☐ Yes Ⓨ / No Ⓝ	☐☐	☐☐	☐☐	☐☐☐☐☐	☐☐☐☐☐	☐☐☐☐☐	☐☐☐☐☐	
Land	☐☐ Yes Ⓨ / No Ⓝ	☐☐	☐☐	☐☐	☐☐☐☐☐	☐☐☐☐☐	☐☐☐☐☐	☐☐☐☐☐	
Boat	☐☐ Yes Ⓨ / No Ⓝ	☐☐	☐☐	☐☐	☐☐☐☐☐	☐☐☐☐☐	☐☐☐☐☐	☐☐☐☐☐	
Canoe	☐☐ Yes Ⓨ / No Ⓝ	☐☐	☐☐	☐☐	☐☐☐☐☐	☐☐☐☐☐	☐☐☐☐☐	☐☐☐☐☐	
Outbaord	☐☐ Yes Ⓨ / No Ⓝ	☐☐	☐☐	☐☐	☐☐☐☐☐	☐☐☐☐☐	☐☐☐☐☐	☐☐☐☐☐	

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RESPONDENTS: HEAD OF HOUSEHOLD AND/OR RESPONSIBLE HOUSEHOLD MEMBER

Q.1 Over the last 5 years has any household member experienced any crime in the following?

IF NO GO TO NEXT ITEM

Q.2 How many household members experienced the attack/crime?
1 One HH member
2 Two HH members
3 Three HH members
4 More than 3 or all

Q.3 When was the last attack?
1 This Year
2 Last Year
3 Two Years Ago or more

Q.4 How many times did this attack occur?
1 Once
2 Twice
3 Thrice
4 Four time
5 Five or more times

Q.5 Compared to 5 years ago, what is the level of this kind of violence in your neighbourhood?
1 Decreased a lot
2 Decreased somewhat
3 Remained about same
4 Increased somewhat
5 Increased lot
6 DK

	Q.1 Yes	Q.1 No	Q.2 1	Q.2 2	Q.2 3	Q.2 4	Q.3 1	Q.3 2	Q.3 3	Q.4 1	Q.4 2	Q.4 3	Q.4 4	Q.4 5	Q.5 1	Q.5 2	Q.5 3	Q.5 4	Q.5 5	Q.5 6
01 Car/Van/Truck Stolen	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O
02 Car vandalism	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O
03 Theft of car radio or items left in car	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O
04 Theft of motor scooter, motorcycle	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O
05 Theft of bicycle	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O
06 Home burglary (including from garage, sheds or lock-ups)	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O
07 Attempted home burglary	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O
08 Robbery by force or threats	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O
09 Personal theft such as pick pocketing or theft of purse	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O
10 Physical harm	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O
11 Other forms of violence	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O

Q.6 What would you say is the level of violence in your community?
1 No violence
2 Decreased a lot
3 Decreased somewhat
4 Remained about the same
5 Increased somewhat
6 Increased a lot
7 DK

☐

Q.7 Do household members feel safe walking down the street at night?
1 Very safe
2 Somewhat safe
3 Not too safe
4 Not at all safe

☐

Q.8 How much confidence does the household have that the State authorities can protect household and property from crime and violence?
1 Extremely confident
2 Confident
3 Somewhat confident
4 Not very confident
5 Not confident at all

☐

Q.9 Is there a police or neighbourhood watch system in your community?
1 Yes, organised
2 Yes, informal
3 No

☐

Q.10 Is there any conflict in your community?

IF NO GO TO NEXT SECTION

Yes O   No O

Q.11 What is the major cause of conflict in your community?
1 Indebtedness
2 Ethnic conflict
3 Political differeces
4 Marriage
5 Land disputes
6 Chieftancy
7 Religion
8 Other

☐

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Q.1 How do you feel about your livelihood based on your income?

1 Very poor ○   4 Fairly rich ○

2 Poor ○   5 Rich ○

3 Moderate ○

Q.2 What is your household income situation?

1 Very unstable ○

2 Somewhat stable ○

3 Stable ○

Q.3 What is your household's financial situation?

1 Very poor ○   4 Fairly rich ○

2 Poor ○   5 Rich ○

3 Moderate ○

Q.4 What is the minimum amount per month needed to satisfy your household's basic needs?

☐☐☐☐☐☐

Q.5 During the last 12 months, has your household living standards changed?

1 Increased ○

2 Stayed the same ○

3 Decreased ○

Q.6 How often in the last 12 months did your household have problems satisfying the following needs?

	Never	Seldom	Some-times	Often	Al-ways
A Food	○	○	○	○	○
B School fees	○	○	○	○	○
C Healthcare	○	○	○	○	○
D House rent	○	○	○	○	○
E Utility	○	○	○	○	○

Q.7 How would you rate your standard of living in relation to other households in your community?

1 The poorest ○   4 Fairly rich ○

2 Fairly Poor ○   5 the richest ○

3 Moderate ○

Q.8 During the last 12 months, has your community living standards changed?

1 Increased ○

2 Stayed the same ○

3 Decreased ○

Q.9 How often, if at all do members of your household read a daily newspaper or have one read to them or listen to the radio?

	Regularly	Occasionally	Hardly ever	Never
A Radio	○	○	○	○
B Newspaper	○	○	○	○

Q.10 Is any person in your household a member of any of the following associations?

	Yes	No
A Community	○	○
B Religion	○	○
C Professional	○	○
D Political	○	○
E Family	○	○
F Other	○	○

Q.11 Who can your household depend on to provide assistance during difficult periods?

	Yes	No
A Community	○	○
B Religion	○	○
C Professional	○	○
D Political	○	○
E Family	○	○
F Other	○	○

Q.12 Do you think poverty reduction is a priority of the government?

Yes ○

No ○

Q.13 What do you think are the TWO most important measures that the gov't should take to improve households' living standards?

01 Create employment
02 Improve access to edu
03 Improve access to health
04 Pave roads
05 Improve access to housing
06 Improve access to credit
07 Improve access to water
08 Improve access to electricity
09 Increase salaries
10 Regulate process of basic commodities
11 Fight against corruption
12 Other

1ST ☐☐   2ND ☐☐

Q.14 Which of these agencies have had direct impact on your household's living standards?

INDICATE WITH "1" THE APPLICABLE

A NAPEP
B NDE
C WHO
D UNICEF
E DFID
F EU
G WB
H Other

A	B	C	D	E	F	G	H
☐	☐	☐	☐	☐	☐	☐	☐

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1. HOW TO FORM THE REFERENCE NUMBER

The Reference Number is the Household Number and the Questionnaire Number.

Thus, a household with household number 02 with 12 members will have 2 sets of questionnaires: The first questionnare will have a Reference Number of 02-1; whilst the second questionnaire will have a Reference Number of 02-2

2. STATE AND COUNTRY CODES FOR Q.6, SECTION 5
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