



# CONFIDENTIAL

Federal Republic of Nigeria  
National Bureau of Statistics Abuja, Nigeria

## GENERAL HOUSEHOLD SURVEY-PANEL Wave 2 (2012/13) Post-Harvest Visit Household Questionnaire



THE WORLD BANK

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

### SECTION A-1: HOUSEHOLD IDENTIFICATION

FEBRUARY/MARCH 2013

	Name	Code																																
1. Zone	<input type="text"/>	<input type="text"/>																																
2. STATE:	<input type="text"/>	<input type="text"/> <input type="text"/>																																
3. LGA	<input type="text"/>	<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"/> <input type="text"/>																																
6. RIC	<input type="text"/>	<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><thead><tr><th colspan="8">LATITUDE (N)</th></tr></thead><tbody><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr></tbody></table>	LATITUDE (N)								<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<table><thead><tr><th colspan="8">LONGITUDE (E)</th></tr></thead><tbody><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr></tbody></table>	LONGITUDE (E)								<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>																											
9. NAME OF HOUSEHOLD HEAD:	<input type="text"/>																																	
10. ADDRESS OF HOUSEHOLD:	<input type="text"/> <input type="text"/>																																	
11. NAME OF INTERVIEWER:	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>																																
12. NAME OF SUPERVISOR:	<input type="text"/>	<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

13. DATE OF FIRST INTERVIEW: [DAY / MONTH / YEAR]

14a. TIME FIRST INTERVIEW STARTED  :

14b. TIME FIRST INTERVIEW ENDED  :

15. INTERVIEW STATUS AFTER FIRST VISIT:

COVER	Section 1 ROSTER	Section 2 EDUCATION	Section 3 LABOR	Section 4 HEALTH	Section 5 ICT	Section 6 REMITTANCES	Section 7 ASSET ACQUISITION	Section 8 HOUSING	Section 9 NON-FARM ENTERPRISE
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Section 10 FOOD EXPENDITURE	Section 11 NON-FOOD EXPENDITURE	Section 12 FOOD SECURITY	Section 13 OTHER HOUSEHOLD INCOME	Section 14 SAFETY NETS	Section 15 SHOCKS/ DEATHS	Section 16 CONTACT INFO
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

16. DATA ENTRY STATUS AFTER FIRST VISIT:

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

17. DATE OF SECOND INTERVIEW: [DAY / MONTH / YEAR]

18a. TIME SECOND INTERVIEW STARTED  :

18b. TIME SECOND INTERVIEW ENDED  :

19. INTERVIEW STATUS AFTER SECOND VISIT:

COVER	Section 1 ROSTER	Section 2 EDUCATION	Section 3 LABOR	Section 4 HEALTH	Section 5 ICT	Section 6 REMITTANCES	Section 7 ASSET ACQUISITION	Section 8 HOUSING	Section 9 NON-FARM ENTERPRISE
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Section 10 FOOD EXPENDITURE	Section 11 NON-FOOD EXPENDITURE	Section 12 FOOD SECURITY	Section 13 OTHER HOUSEHOLD INCOME	Section 14 SAFETY NETS	Section 15 SHOCKS/ DEATHS	Section 16 CONTACT 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

21. DATE OF THIRD INTERVIEW: [DAY / MONTH / YEAR]

22a. TIME THIRD INTERVIEW STARTED  :

22b. TIME THIRD INTERVIEW ENDED  :

23. INTERVIEW STATUS AFTER THIRD VISIT:

COVER	Section 1 ROSTER	Section 2 EDUCATION	Section 3 LABOR	Section 4 HEALTH	Section 5 ICT	Section 6 REMITTANCES	Section 7 ASSET ACQUISITION	Section 8 HOUSING	Section 9 NON-FARM ENTERPRISE
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

  

Section 10 FOOD EXPENDITURE	Section 11 NON-FOOD EXPENDITURE	Section 12 FOOD SECURITY	Section 13 OTHER HOUSEHOLD INCOME	Section 14 SAFETY NETS	Section 15 SHOCKS/ DEATHS	Section 16 CONTACT INFO
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

24. DATA ENTRY STATUS AFTER THIRD VISIT:

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

### OBSERVATIONS ON THE INTERVIEW

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

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

1. STATUS OF QUESTIONNAIRE

☐

RESPONSE STATUS

1. COMPLETED
2. PARTIALLY COMPLETED

2. STATUS OF DATA ENTRY

☐

3. NOT AT HOME
4. REFUSED
5. HOUSEHOLD NOT LOCATED
6. MOVED AWAY
7. OTHER (SPECIFY) \_\_\_\_\_

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**BRIEF DEFINITION OF A HOUSEHOLD:**

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

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

## SECTION 1: HOUSEHOLD ROSTER

PLEASE OPEN FLAP A

I N D I V I D U A L	6.			7.	8.	9.	10.				11.	12.	13.
	DAY	MONTH	YEAR				WIFE 1	WIFE 2	WIFE 3	WIFE 4		ID CODE	
	In what day, month and year was [NAME] born?  WRITE "99" FOR MONTHS AND DAYS IF RESPONDENT DOES NOT KNOW. IF THE AGE IS GIVEN THE YEAR IS NOT KNOWN, THE YEAR SHOULD BE ESTIMATED FROM THE AGE IN Q4.  CHECK THAT AGE IN QUESTION 4 AND YEAR OF BIRTH IN THIS QUESTION ARE CONSISTENT.			What is [NAME]'s marital status?  Married (monogamous) ..1 Married (polygamous) ..2 Informal Union.....3 Divorced.....4 (► Q13) Separated.....5 (► Q13) Widowed.....6 (► Q13) Never Married.....7 (► Q13)	INTERVIEWER: IS THIS PERSON A MALE IN A POLYGAMOUS MARRIAGE?          YES.1  NO..2 (► Q11)	How many wives do you currently have?	In what year, did you get married to each of your wives respectively?  LIST THE <b>YEAR</b> FOR YOUR FIRST WIFE AND THEN THE YEAR OF MARRIAGE FOR UP TO 3 OTHER MOST RECENT WIVES.				Does [NAME]'s spouse/ partner live in this household now?  [ASK ABOUT FIRST WIFE FOR RESPONDENTS WITH MULTIPLE WIVES].          YES.1  NO..2 (► Q13)	WRITE ID CODE OF CURRENT SPOUSE (OR IN THE CASE OF A POLYGOMOUS MARIAGE, FIRST WIFE AMONG THOSE) WHO LIVE(S) IN THE HOUSEHOLD.          COPY SPOUSE ID FROM ROSTER	INTERVIEWER: WAS THIS PERSON A MEMBER OF THIS HOUSEHOLD IN THE PREVIOUS VISIT OF THE SURVEY (SEP.- NOV. 2012)?          YES...1  NO...2 (► Q15)

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## SECTION 1: HOUSEHOLD ROSTER

	14.	15.	16.	17.	18.	19.	20.
I N D I V I D U A L  I D	Does [NAME] still live in this household?	When did [NAME] join this household?	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?
	YES...1 (► SECTION 2B) NO...2 (► Q28)	Sept. 2012...1 Oct. 2012...2 Nov. 2012...3 Dec. 2012...4 Jan. 2013...5 Feb. 2013...6 March 2013...7 April 2013...8	NEW BORN.....1 ADOPTED CHILD.....2 MARRIAGE /COHABITATION. 3 DIVORCE /SEPARATION.....4 RETURNED FROM COLLEGE/ UNIV.....5 RETUREND FROM INSTITUTION.....6 MOVED IN WITH PARENT OR RELATIVE.....7 SHARED ACCOMODATION.....8 RETURN FROM WORK MIGRATION.....9 MISTAKENLY NOT REPORTED OR FORGOTTEN LAST VISIT...10 OTHER, SPECIFCY.....11	CHRISTIANITY.1 ISLAM .....2 TRADITIONAL..3 OTHER (Specify)...4	YES..1  NO...2 (► Q20)	COPY ID FROM ROSTER  (► Q23)	YES..1  NO...2
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## SECTION 1: HOUSEHOLD ROSTER

	21.	22.	23.	24.	25.	26.
I N D I V I D U A L  I D	What was the highest educational level completed by [NAME'S] biological father?	What was the industry of occupation of [NAME'S] biological father?	Does [NAME]'s biological mother live in this household?	What is the person ID of [NAME]'s biological mother?	Is [NAME]'s biological mother alive?	What was the highest educational level completed by [NAME'S] biological mother?
	None.....00      Lower 6.....27 N1.....01      Upper 6.....28 N2.....02      Teacher P1.....11      training...31 P2.....12      Vocational/ P3.....13      Technical..32 P4.....14      Modern P5.....15      school....33 P6.....16      NCE.....34 JS1.....21      Poly/prof...41 JS2.....22      1st degree..42 JS3.....23      Higher SS1.....24      degree....43 SS2.....25      Quaranic...51 SS3 .....26      Integrated Quaranic...52 Adult Education..61	AGRICULTURE.....1 MINING.....2 MANUFACTURING.....3 PROFFESIONAL,SCIENTIFIC, TECHNICAL ACTIVITIES.....4 ELECTRICITY.....5 CONSTRUCTION.....6 TRANSPORTATION.....7 BUYING AND SELLING.....8 FINANCIAL SERVICES.....9 PERSONAL SERVICES.....10 EDUCATION.....11 HEALTH.....12 PUBLIC ADMINISTRATION.....13 OTHER, SPECIFY.....14	YES..1  NO...2 (► Q25)	COPY ID FROM ROSTER  (► SECTION 2A)	YES..1  NO...2	None.....00      Lower 6.....27 N1.....01      Upper 6.....28 N2.....02      Teacher P1.....11      training...31 P2.....12      Vocational/ P3.....13      Technical..32 P4.....14      Modern P5.....15      school....33 P6.....16      NCE.....34 JS1.....21      Poly/prof...41 JS2.....22      1st degree..42 JS3.....23      Higher SS1.....24      degree....43 SS2.....25      Quaranic...51 SS3 .....26      Integrated Quaranic...52 Adult Education..61
	LEVEL					LEVEL

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## SECTION 1: HOUSEHOLD ROSTER

I N D I V I D U A L  I D	27.	28.	29.	30.	31.			
	What was the industry of occupation of [NAME'S] biological mother?  AGRICULTURE.....01 MINING.....02 MANUFACTURING.....03 PROFFESIONAL,SCIENTIFIC, TECHNICAL ACTIVITIES...04 ELECTRICITY.....05 CONSTRUCTION.....06 TRANSPORTATION.....07 BUYING AND SELLING.....08 FINANCIAL SERVICES.....09 PERSONAL SERVICES....10 EDUCATION.....11 HEALTH.....12 PUBLIC ADMINISTRATION.....13 OTHER, SPECIFY.....14  (► SECTION 2A)	Why did [NAME] leave this household?  DIVORCE/SEPARATION.....1 LEFT FOR STUDIES/EDUCATIONAL OPPORTUNITY.....2 LEFT FOR WORK.....3 LEFT TO FIND BETTER LAND.4 HEALTH REASONS.....5 SECURITY REASONS.....6 FOR MARRIAGE/ COHABITATION.....7 TO JOIN THEIR FAMILY ALREADY LIVING IN ANOTHER LOCATION.....8 MOVED WITH FAMILY.....9 LEFT TO SET UP OWN HOME.10 DEAD.....11 (►END INTERVIEW) OTHER, (SPECIFY) .....12	In which month did [NAME] leave this household?  Before Sept. 2012...1 Oct. 2012...2 Nov. 2012...3 Dec. 2012...4 Jan. 2013...5 Feb. 2013...6 March 2013...7 April 2013...8	Does [NAME] reside in Nigeria or outside Nigeria now?  Inside Nigeria...1  Outside of Nigeria...2 (►Q32)	Which LGA and state did [NAME] move to?  USE LGA AND STATE CODES FROM ABOVE  SUPERVISOR CODE AFTER INTERVIEW  (► NEXT PERSON)			
					LGA NAME	CODE	STATE NAME	CODE

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## SECTION 1: HOUSEHOLD ROSTER

I N D I V I D U A L  I D	32.	33.	34.	35.	36.	
	What country does [NAME] reside in at present?	How many months has [NAME] been abroad?	What was the most important reason [NAME] migrated abroad?	Has [NAME] found work or started work?	What is [NAME's] occupation?	
	USE COUNTRY CODES ABOVE		TO WORK, LOOK FOR WORK.....1 TO FIND BETTER OR MORE LAND.....2 HEALTH.....3 TO JOIN FAMILY.....4 TO MARRY.....5 MOVED TO LIVE WITH FAMILY.....6 TO STUDY.....7 FOR SECURITY.....8 OTHER, SPECIFY.....9	YES.....1 NO.....2 DON'T KNOW...3		
		MONTHS		YES.....1 NO.....2 DON'T KNOW...3	(►Q39) OCCUP. CODE TO BE CODED AFTER THE INTERVIEW	
					DESCRIPTION	

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## SECTION 1: HOUSEHOLD ROSTER

	37.	38.	39.	40.	41.
I N D I V I D U A L	What is the main economic activity of the enterprise that [NAME] is working in or of [NAME's] own business?	Who provided information on where to go and/or how to find work during [NAME's] move? (MAIN SOURCE)	From whom did [NAME] mainly obtain money in order to migrate for this move? (MAIN SOURCE)	While travelling or at the final destination did anyone else help [NAME]?	Who helped [NAME]? (SECOND SOURCE)
	AGRICULTURE.....1 MINING.....2 MANUFACTURING.....3 PROFESSIONAL, SCIENTIFIC, TECHNICAL ACTIVITIES.....4 ELECTRICITY.....5 CONSTRUCTION.....6 TRANSPORTATION.....7 BUYING AND SELLING.....8 FINANCIAL SERVICES.....9 PERSONAL SERVICES.....10 EDUCATION.....11 HEALTH.....12 PUBLIC ADMINISTRATION.....13 OTHER, SPECIFY.....14	FAMILY.....1 FRIENDS.....2 NEIGHBORS...3 RADIO OR TV..4 INTERNET...5 EMPLOYERS...6 GOVERNMENT...7 SELF.....8 OTHER (SPECIFY)...9	FAMILY.....1 FRIENDS.....2 NEIGHBORS...3 EMPLOYERS...4 GOVERNMENT..5 SELF.....6 OTHER (SPECIFY)..7	YES...1  NO..2 (► NEXT PERSON)  DON'T KNOW...3 (► NEXT PERSON)	FAMILY.....1 FRIENDS.....2 Acquaintances..3 STRANGERS.....4 NGOS.....5 RELIGIOUS ORGANIZATION..6 GOVERNMENT ORGANIZATION..7 OTHER.....8  (► NEXT PERSON)

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## SECTION 2A: EDUCATION (NEW HOUSEHOLD MEMBERS)

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

I N D I V I D U A L  I D	1.	2.	3.	4.	5.	6.	7.	8.
	INTERVIEWER: IS THIS PERSON A NEW MEMBER OF THE HOUSEHOLD?  (SEE QUESTION 5 ON FLAP A)	IS THIS PERSON FIVE YEARS OLD OR OLDER?	IS THIS PERSON ANSWERING FOR HIMSELF/HERSELF?	WRITE THE ID CODE OF THE RESPONDENT  COPY ID FROM ROSTER	Can you read and write in any language?	Have you ever attended school?	What was the main reason you never attended school?  TOO YOUNG.....1 TOO FAR AWAY.....2 TOO EXPENSIVE .....3 WORKING (HOME OR JOB).....4 LACK OF MONEY.....5 DEATH OF PARENT(S)...6 SEPARATION OF PARENTS.....7 DOES NOT HAVE INTEREST.....8 PARENTS DO NOT THINK IT IS IMPORTANT.....9 ILLNESS.....10 DISABILITY.....11 OTHER (SPECIFY)....12	At what age did you start school?
	YES..1 NO...2 (► SECTION 2B)	YES..1 NO...2 (► SECTION 4)	YES..1 (► Q5) NO...2	ID CODE	YES..1 NO...2	YES..1 (► Q8) NO...2	(► Q28)	AGE
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## SECTION 2A: EDUCATION (NEW HOUSEHOLD MEMBERS)

	9.	10.	11.	12.	13.	14.
I N D I V I D U A L	What is the highest educational level you completed?	What is your highest qualification attained?	Did you enroll in any school in the 2011-2012 school year?	What kind of organization ran the school you attended in 2011-2012?	Are you presently in school (2012-2013) school year?	Why are you not currently in school?
	NONE.....00 LOWER 6.....27 N1.....01 UPPER 6.....28 N2.....02 TEACHER P1.....11 TRAINING....31 P2.....12 VOCATIONAL/ P3.....13 TECHNICAL...32 P4.....14 MODERN P5.....15 SCHOOL.....33 P6.....16 NCE.....34 JS1.....21 POLY/PROF...41 JS2.....22 1ST DEGREE..42 JS3.....23 HIGHER SS1.....24 DEGREE.....43 SS2.....25 QUARANIC....51 SS3.....26 INTEGRATED QUARANIC....52 ADULT EDUCATION...61	NONE.....1 FSLC.....2 MSLC .....3 VOC/COMM.....4 JSS .....5 SSS 'O LEVEL'....6 A LEVEL.....7 NCE/OND NURSING..8 BA/BSC/HND.....9 TECH/PROF.....10 MASTERS.....11 DOCTORATE.....12 OTHER (SPECIFY).13	YES..1  NO...2 (► Q13)	FEDERAL GOVT....1 STATE GOVT.....2 LOCAL GOVT.....3 COMMUNITY.....4 RELIGIOUS BODY..5 PRIVATE.....6 NGO.....7 OTHER (SPECIFY) ..8	YES..1 (► Q15)  NO...2	HAD ENOUGH/COMPLETED SCHOOLING.....1 AWAITING ADMISSION.....2 NO SCHOOL/LACK OF TEACHERS.....3 NO TIME/NO INTEREST.....4 LACK OF MONEY.....5 MARITAL OBLIGATION.....6 SICKNESS.....7 DISABILITY.....8 SEPARATION OF PARENTS.....9 DEATH OF PARENTS...10 TOO OLD TO ATTEND ..11 DOMESTIC OBLIGATION .....12 OTHERS (SPECIFY)....13
	LEVEL					(► Q24)
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## SECTION 2A: EDUCATION (NEW HOUSEHOLD MEMBERS)

I N D I V I D U A L	15.	16.	17.	18.	19.	20.	21.	22.
	In what level are you enrolled this 2012-2013 school year?	What kind of organization runs the school that you are attending?	By what means do you go to school?	How much time does it take you to get to school? (in minutes)	Have you had a scholarship during the 2012-2013 school year?	What was the amount of the scholarship you have received in the 2012-2013 school year?	How many years does the scholarship cover?	From which organisation, did you receive the scholarship?
	NONE.....00 LOWER 6...27 N1.....01 UPPER 6...28 N2.....02 TEACHER P1.....11 TRAINING...31 P2.....12 VOCATIONAL/ P3.....13 TECHNICAL...32 P4.....14 MODERN P5.....15 SCHOOL.....33 P6.....16 NCE.....34 JS1.....21 POLY/PROF..41 JS2.....22 1ST DEGREE.42 JS3.....23 HIGHER SS1.....24 DEGREE.....43 SS2.....25 QUARANIC...51 SS3 .....26 INTEGRATED QUARANIC...52 ADULT EDUCATION..61	FEDERAL GOVT..1 STATE GOVT...2 LOCAL GOVT...3 COMMUNITY...4 RELIGIOUS BODY.....5 PRIVATE.....6 NGO.....7 OTHER (SPECIFY) ....8	FOOT .....1 BICYCLE .....2 MOTORCYCLE...3 PRIVATE CAR...4 TAXI.....5 BUS.....6 CAMEL/DONKEY..7 BOAT.....8 OTHERS (SPECIFY) .....9	0-15.....1 16-30.....2 31-45.....3 46-60.....4 61-90.....5 91-120....6 120+.....7	YES..1  NO...2 (► Q23)			FEDERAL GOVT..1 STATE GOVT...2 LOCAL GOVT...3 COMMUNITY...4 RELIGIOUS BODY.....5 PRIVATE.....6 NGO.....7 OTHER (SPECIFY) .....8
	LEVEL			CODE		NAIRA	YEARS	
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## SECTION 2A: EDUCATION (NEW HOUSEHOLD MEMBERS)

I N D I V I D U A L  I D	23.								
	How much was spent on your education since the beginning of the 2012-2013 school year by members of your household?								
	<div style="border: 1px solid black; padding: 10px; text-align: center;">             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. Transportation to and from school	F. Food, board and lodging at school	G. Extra-tuition (extra classes)	H. Other expenses cash and in kind that can't be categorized	I. Aggregate Expenditure
	NAIRA	NAIRA	NAIRA	NAIRA	NAIRA	NAIRA	NAIRA	NAIRA	NAIRA
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## SECTION 2A: EDUCATION (NEW HOUSEHOLD MEMBERS)

	24.	25.	26.	27.	28.
I N D I V I D U A L  I D	Did you ever repeat any class in primary or secondary school?	What was the last class you repeated ?	What was your main reason for repeating the grade specified in Q25?	How many times have you repeated the class specified in Q25?	Do you plan to attend school in the next school year?
	YES, PRIMARY ONLY...1 YES, SECONDARY ONLY..2 YES, BOTH.....3 NONE.....4 (► Q28)	P1.....11 P2.....12 P3.....13 P4.....14 P5.....15 P6.....16 JS1.....21 JS2.....22 JS3.....23 SS1.....24 SS2.....25 SS3 .....26 LOWER 6...27 UPPER 6...28	FAILED EXAM.....1 PREGNANCY.....2 ILLNESS.....3 DISABILITY.....4 WORK COMMITMENT.....5 NO MONEY FOR BOOKS.....6 LACK OF FEES.....7 ILLNESS OR INJURY OF OTHER HH MEMBER.....8 OTHER (SPECIFY).....9		YES..1  NO...2  (► SECTION 3A)

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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.

I N D I V I D U A L  I D	1.	1a.	2.	3.	4.	5.
	IS THIS PERSON FIVE YEARS OLD OR OLDER?	Are you presently in school (2012-2013) school year?	Why are you not currently in school?	In what level are you enrolled this 2012-2013 school year?	Is this the same school you attended during the 2011-2012 school year?	Why did you change schools?
			HAD ENOUGH/COMPLETED SCHOOLING.....1 AWAITING ADMISSION.....2 NO SCHOOL/LACK OF TEACHERS .....3 NO TIME/NO INTEREST.....4 LACK OF MONEY.....5 MARITAL OBLIGATION .....6 SICKNESS.....7 DISABILITY.....8 SEPARATION OF PARENTS.....9 DEATH OF PARENTS.....10 TOO OLD TO ATTEND .....11 DOMESTIC OBLIGATION .....12 TOO YOUNG .....13 OTHERS (SPECIFY).....14	NONE....00    LOWER 6.....27 N1.....01    UPPER 6.....28 N2.....02    TEACHER TRAINING....31 P1.....11    VOCATIONAL/TECHNICAL.32 P2.....12    MODERN SCHOOL.....33 P3.....13    NCE.....34 P4.....14    POLY/PROF.....41 P5.....15    1ST DEGREE.....42 P6.....16    HIGHER DEGREE.....43 JS1.....21    QUARANIC.....51 JS2.....22    INTEGRATED QUARANIC..52 JS3.....23    ADULT EDUCATION.....61 SS1.....24 SS2.....25 SS3 .....26		
	YES..1	YES..1 (► Q3)			YES..1 (► Q9)	
	NO...2 (► SECTION 4)	NO...2	(► Q15)		NO...2	
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## SECTION 2B: EDUCATION (ORIGINAL HOUSEHOLD MEMBERS)

I N D I V I D U A L  I D	6.	7.	8.	9.	10.	11.	12.	13.
	What kind of organization runs the school that you are attending?	By what means do you go to school?	How much time does it take you to get to school? (in minutes)	Have you had a scholarship during the 2012-2013 school year?	What was the amount of the scholarship you have received in the 2012-2013 school year?	How many years does the scholarship cover?	From which organisation, did you receive the scholarship?	Is this the same scholarship you had last school year (2011-2012)?
	FEDERAL GOVT....1 STATE GOVT.....2 LOCAL GOVT.....3 COMMUNITY.....4 RELIGIOUS BODY..5 PRIVATE.....6 NGO.....7 OTHER (SPECIFY) ..8	FOOT .....1 BICYCLE .....2 MOTORCYCLE....3 PRIVATE CAR....4 TAXI.....5 BUS.....6 CAMEL/DONKEY...7 BOAT.....8 OTHERS (SPECIFY) ....9	0 - 15 .....1 16 - 30.....2 31 - 45.....3 46 - 60.....4 61 - 90.....5 91 - 120.....6 120 +.....7	YES..1  NO...2 (► Q14)			FEDERAL GOVT....1 STATE GOVT.....2 LOCAL GOVT.....3 COMMUNITY.....4 RELIGIOUS BODY..5 PRIVATE.....6 NGO.....7 OTHER (SPECIFY) ...8	YES, SAME.....1 NO, DIFFERENT...2 NO SCHOLARSHIP LAST YEAR.....3
			CODE		NAIRA	YEARS		
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## SECTION 2B: EDUCATION (ORIGINAL HOUSEHOLD MEMBERS)

I N D I V I D U A L  I D	14.								
	How much was spent on your education since the beginning of the 2012-2013 school year by members of your household?								
	<div style="border: 1px solid black; padding: 10px; margin: 10px auto; width: 80%;"> IF THERE WAS NO EXPENDITURE, WRITE '0' </div>								
	RECORD TOTAL EXPENDITURE IN COLUMN I ONLY IF RESPONDENT CANNOT DIVIDE SCHOOL EXPENSES INTO PREVIOUS CATEGORIES								
	A. School fees and registration	B. Contributions to school repairs, Parents-Teachers Association	C. Uniforms and sports clothes	D. Books and school supplies	E. Transport- ation to and from school	F. Food, board and lodging at school	G. Extra-tuition (extra classes)	H. Other expenses cash and in kind that can't be categorized	I. Aggregate Expenditure
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## SECTION 2B: EDUCATION (ORIGINAL HOUSEHOLD MEMBERS)

I N D I V I D U A L  I D	15.	Do you plan to attend school in the next school year?	16.	What level of education do you expect to complete when you complete your studies?
				NONE.....00      LOWER 6.....27 N1.....01      UPPER 6.....28 N2.....02      TEACHER TRAINING.....31 P1.....11      VOCATIONAL/TECHNICAL.32 P2.....12      MODERN SCHOOL.....33 P3.....13      NCE.....34 P4.....14      POLY/PROF.....41 P5.....15      1ST DEGREE.....42 P6.....16      HIGHER DEGREE.....43 JS1.....21      QUARANIC.....51 JS2.....22      INTEGRATED QUARANIC..52 JS3.....23      ADULT EDUCATION.....61 SS1.....24 SS2.....25 SS3.....26
		YES...1		
		NO.....2 (► NEXT SECTION)		(► SECTION 3A)

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## SECTION 3A: LABOUR

ASK THESE QUESTIONS FROM ALL INDIVIDUALS 5 YEARS AND ABOVE.

	1.	2.	3.	4.	5.	6.	7.
I N D I V I D U A L  I D	During the past 7 days, have you worked for someone who is not a member of your household, for example, an enterprise, company, the government or any other individual?	During the past 7 days, have you worked on a farm owned or rented by a member of your household, either in cultivating crops or in other farming tasks, or have you cared for livestock belonging to yourself or a member of your household?	During the past 7 days, have you worked <i>on your own account or in a business enterprise</i> belonging to you or someone in your household, for example, as a trader, shop-keeper, barber, dressmaker, carpenter or taxi driver?	INTERVIEWER: IS THERE A "YES" RESPONSE IN QUESTIONS 1, 2 OR 3?	Have you taken any steps within the past 7 days to look for work?	What is the main reason you did not look for a job in the past 7 days?  MOST IMPORTANT REASON  STUDENT.....1 HOUSEWIFE/CHILDCARE....2 TOO OLD/RETIRED.....3 SICKNESS/ILLNESS.....4 DISABILITY.....5 WAITING FOR REPLY FROM EMPLOYER.....6 WAITING FOR RECALL BY EMPLOYER.....7 ON LEAVE.....8 WAITING FOR BUSY SEASON.....9 TOO YOUNG.....10 WAITING TO START FURTHER EDUCATION...11 OTHER (SPECIFY) .....12  (► Q9)	Were you available for work during the last 7 days?  YES..1 (► Q9) NO...2
	YES..1 NO...2	YES..1 NO...2	YES..1 NO...2	YES..1 (► Q10) NO...2	YES..1 (► Q7) NO...2		
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## SECTION 3A: LABOUR

				MAIN /PRIMARY EMPLOYMENT	
I N D I V I D U A L  I D	8.	9.		10.	11.
	Why were you not available for work during the last 7 days?	When was the last time you did work for pay, profit or gain (if any)?		What was your primary activity in your main job? (MAIN OCCUPATION IN THE LAST 7 DAYS)	In what sector is this main activity?
	IN SCHOOL .....1 BUSY WITH HOUSEHOLD DUTIES.....2 TOO YOUNG TO WORK....3 TOO OLD TO WORK.....4 TOO SICK TO WORK.....5 DISABLED.....6 OTHER (SPECIFY).....7	IF NEVER, LEAVE BLANK (►Q36)          IF YOU HAVE NOT WORKED IN THE LAST 12 MONTHS, WRITE THE DATE THEN (► Q36)			
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## SECTION 3A: LABOUR

	12a.	12b.	13.	14.	15.	16.	17.
I N D I V I D U A L  I D	Who is the employer in this job?	What benefits are you entitled to, in your 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?	What is the main reason you received no payment for this work?
	FEDERAL GOV.....1 STATE GOV.....2 LOCAL GOV.....3 PRIVATE SECTOR (INCLUDE PAID APPRENTICES).....4 NGO.....5 CO-OPERATIVES.....6 INTERNATIONAL ORGANIZATION /DIPLOMATIC MISSION....7 RELIGIOUS ORGANIZATION..8 SELF-EMPLOYED.....9 HOUSEHOLD MEMBER.....10 OTHER (SPECIFY).....11	Pension, with contribution from employer.....1 Public holiday, with pay..2 Annual leave, with pay....3 Sick leave, with pay.....4 Advance notice of dismissal.....5 None of these benefits....6  <b>INTERVIEWER: IF MORE THAN ONE BENEFIT. SEPARATE THE CODES WITH COMMAS</b>				YES...1 (► Q18) NO....2	JUST STARTED WORK, WAITING FOR FIRST PAYMENT.....1  UNPAID FAMILY WORKER.....2 APPRENTICESHIP OR UNPAID TRAINEESHIP.....3 PAYING OFF DEBT....4 PAYMENT UPON COMPLETION OF WORK.....5 OWED BY EMPLOYER...6 OTHER (SPECIFY).....7
			MONTHS	WEEKS	HOURS		

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## SECTION 3A: LABOUR

								SECOND JOB		
I N D I V I D U A L  I D	18.	18b		19.	20.		21.	22.		
	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?	Who in your household decides on the use of these earnings? LIST UP TO TWO MEMBERS		Do you receive any payment in-kind or allowance for this work in any other form?  [APART FROM SALARY]	What is the value of those payments? Over what time interval?		Were you engaged in a second job in the last 7 days?	What was your main activity in your second job? (SECONDARY OCCUPATION IN THE LAST 7 DAYS)		
	<b>TIME UNIT CODE</b>  HOUR.....1 DAY.....2 WEEK.....3 FORTNIGHT....4 MONTH.....5 QUARTER.....6 HALF YEAR....7 YEAR.....8			YES...1 NO....2 (► Q21)	<b>TIME UNIT CODE</b>  HOUR.....1 DAY.....2 WEEK.....3 FORTNIGHT....4 MONTH.....5 QUARTER.....6 HALF YEAR....7 YEAR.....8		YES..1 NO...2 (► Q33)			
	NAIRA	TIME UNIT	ID CODE	ID CODE		NAIRA	TIME UNIT	WRITTEN DESCRIPTION		OCCUP. CODE TO BE CODED AFTER THE INTERVIEW

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## SECTION 3A: LABOUR

	23.	24a.	24b.	25.	26.	27.	28.
I N D I V I D U A L  I D	In what sector is this main activity?	Who is the employer in this job?	What benefits are you entitled to, in your job?	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?
	AGRICULTURE.....1 MINING.....2 MANUFACTURING.....3 PROFESSIONAL/ SCIENTIFIC/ TECHNICAL ACTIVITIES.....4 ELECTRICITY/WATER/ GAS/ WASTE.....5 CONSTRUCTION.....6 TRANSPORTATION.....7 BUYING AND SELLING.....8 FINANCIAL/INSURANCE/REAL EST. SERVICES.....9 PERSONAL SERVICES.....10 EDUCATION.....11 HEALTH.....12 PUBLIC ADMINISTRATION.....13 OTHER, SPECIFY.....14	FEDERAL GOV.....1 STATE GOV.....2 LOCAL GOV.....3 PRIVATE SECTOR (INCLUDE PAID APPRENTICES).....4 NGO.....5 CO-OPERATIVES.....6 INTERNATIONAL ORGANIZATION /DIPLOMATIC MISSION.....7 RELIGIOUS ORGANIZATION..8 SELF-EMPLOYED.....9 HOUSEHOLD MEMBER.....10 OTHER (SPECIFY).....11	Pension, with contribution from employer.....1 Public holiday, with pay..2 Annual leave, with pay....3 Sick leave, with pay.....4 Advance notice of dismissal.....5 None of these benefits....6  <b>INTERVIEWER: IF MORE THAN ONE BENEFIT. SEPARATE THE CODES WITH COMMAS</b>				YES...1 (► Q30) NO....2
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## SECTION 3A: LABOUR

I N D I V I D U A L I D	29.	30.	30b		31.	32.		33.
	What is the main reason you received no payment for this work?	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?	Who in your household decides on the use of these earnings? LIST UP TO TWO MEMBERS		Do you receive any payment in-kind or allowance for this work in any other form?	What is the amount of those payments? Over what time interval?		INTERVIEWER: CHECK Q15 AND Q27. DOES RESPONDENT WORK LESS THAN 40 HOURS?
	JUST STARTED WORK, WAITING FOR FIRST PAYMENT.....1  UNPAID FAMILY WORKER.....2 APPRENTICESHIP OR UNPAID TRAINEESHIP.....3 PAYING OFF DEBT.....4 PAYMENT UPON COMPLETION OF WORK.....5 OWED BY EMPLOYER.....6  OTHER (SPECIFY) .....7	<b>TIME UNIT CODE</b>  HOUR.....1 DAY.....2 WEEK.....3 FORTNIGHT..4 MONTH.....5 QUARTER....6 HALF YEAR..7 YEAR.....8		[APART FROM SALARY]          YES...1 NO....2 (► Q33)	<b>TIME UNIT CODE</b>  HOUR.....1 DAY.....2 WEEK.....3 FORTNIGHT..4 MONTH.....5 QUARTER....6 HALF YEAR..7 YEAR.....8	YES..1 NO...2 (► Q35)		
		NAIRA	TIME UNIT	ID CODE	ID CODE	NAIRA	TIME UNIT	

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## SECTION 3A: LABOUR

						OTHER ACTIVITIES					
I N D I V I D U A L  I D	34.	35.	36.	37.	38.	39.	39b.		40.	40b.	
	Will you work extra hours if given?	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?	In the past seven days, how many hours did you work in voluntary /social work?	Did you collect or chop firewood (or other fuel material) yesterday?	How many hours did you spend yesterday collecting/chopping firewood (or other fuel materials) in total?		Did you collect or fetch water yesterday?	How many hours did you spend yesterday collecting/ fetching water in total including waiting time?	
	YES, VOLUNTARILY....1 YES, INVOLUNTARILY..2 NO.....3	YES..1 NO...2	YES..1 NO...2 (► Q39)	ARTS AND RECREATION.....1 EDUCATION AND RESEARCH.....2 HEALTH.....3 SOCIAL SERVICES.....4 ENVIRONMENT...5 DEVELOPMENT AND HOUSING.....6 CIVIL ADVOCACY..7 PHILANTHROPY...8 RELIGION.....9 INTERNATIONAL.10 BUSINESS/ PROFESSIONAL..11 OTHER (SPECIFY) .....12		YES..1 NO...2 (► Q40)			YES..1 NO...2 (► SECTION 3B)	(► SECTION 3B)	
					HOURS		HOURS	MINUTES		HOURS	MINUTES

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## SECTION 3B: LABOR - 12 MONTHS

ASK THESE QUESTIONS FROM ALL INDIVIDUALS 5 YEARS AND ABOVE.

I N D I V I D U A L  I D	1.	2.	3.	4.	5.	
	During the past 12 months, have you worked for anyone else who is not a member of your household, for example, an enterprise, company, the government or any other individual?	During the past 12 months, 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 12 months, 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?	What was the primary activity you were engaged in during the past 12 months?	
	YES..1 NO...2	YES..1 NO...2	YES..1 NO...2	YES..1 NO...2 (► NEXT SECTION)		OCCUPATION CODE TO BE CODED AFTER THE INTERVIEW
					OCCUPATION DESCRIPTION	
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### SECTION 3B: LABOR - 12 MONTHS

I N D I V I D U A L  I D	6.		7.	8.	9.	10.
	Please describe what kind of trade or industry or business this primary activity is connected with (e.g. agriculture, fishing, mining, etc)		During the past 12 months how many months did you work in this primary employment?	During the past 12 months how many hours per week did you work in this primary employment?	Who is the employer in this primary job?  FEDERAL GOV.....1 STATE GOV.....2 LOCAL GOV.....3 PRIVATE SECTOR (INCLUDE PAID APPRENTICES).....4 NGO.....5 CO-OPERATIVES.....6 INTERNATIONAL ORGANIZATION /DIPLOMATIC MISSION.....7 RELIGIOUS ORGANIZATION..8 SELF-EMPLOYED.....9 OTHER (SPECIFY).....10	Were you engaged in a secondary activity during the past 12 months?  YES...1 NO....2 (► Next section)
	INDUSTRY DESCRIPTION	INDUSTRY CODE TO BE CODED AFTER THE INTERVIEW	MONTHS	HOURS		
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## SECTION 3B: LABOR - 12 MONTHS

I N D I V I D U A L  I D	11.		12.	
	What was the secondary activity you were engaged in during the past 12 months?		Please describe what kind of trade or industry or business this secondary activity is connected with (e.g. agriculture, fishing, mining, etc)	
	OCCUPATION DESCRIPTION	OCCUPATION CODE TO BE CODED AFTER THE INTERVIEW	INDUSTRY DESCRIPTION	INDUSTRY CODE TO BE CODED AFTER THE INTERVIEW
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## SECTION 3B: LABOR - 12 MONTHS

I N D I V I D U A L  I D	13.	14.	15.
	During the past 12 months how many months did you work in this secondary employment?	During the past 12 months how many hours per week did you work in this primary employment?	Who is the employer in this secondary job?  FEDERAL GOV.....1 STATE GOV.....2 LOCAL GOV.....3 PRIVATE SECTOR (INCLUDE PAID APPRENTICES).....4 NGO.....5 CO-OPERATIVES.....6 INTERNATIONAL ORGANIZATION /DIPLOMATIC MISSION.....7 RELIGIOUS ORGANIZATION..8 SELF-EMPLOYED.....9 OTHER (SPECIFY).....10
	MONTHS	HOURS	

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## SECTION 4A: HEALTH

## FOR ALL HOUSEHOLD MEMBERS

I N D I V I D U A L I D	1.	2.			3.	4.	5.	6.		7.		8.	
	During the past 4 weeks have you consulted a health practitioner or dentist or traditional healer or a Patent Medicine Vendor or visited a health centre?	For what reason(s) did you consult this person?			During the past 4 weeks have you suffered from an illness or injury?	Did you have to stop your usual activities in the past 4 weeks because of this condition?	For how many days did you have to stop your usual activities in the past 4 weeks because of this condition?	Whom did you consult for this illness or injury in the last 4 weeks?	Where did your consultation take place?		In what type of establishment did your consultation take place?		
	YES..1 NO...2 (► Q3)	CHECK UP OR OTHER PREVENTIVE CARE (NOT LINKED TO PREGNANCY).....1 PRENATAL CHECKUP.....2 GIVING BIRTH.....3 FOLLOW UP APPOINTMENT FOR EARLIER OR CHRONIC ILLNESS.....4 FOLLOWUP APPOINTMENT FOR EARLIER ACCIDENT..5 NEW OR ACUTE ILLNESS..6 NEW INJURY.....7 OTHER (SPECIFY).....8  LIST UP TO THREE REASONS			YES, ILLNESS..1 YES, INJURY..2 NO....3 (► Q13)	YES..1 NO....2 (► Q6)	DAYS	1ST  2ND  3RD  4TH  5TH  6TH  7TH  8TH  9TH  10TH  11TH  12TH  13TH  14TH  15TH  16TH  17TH  18TH  19TH  20TH  21ST  22ND  23RD  24TH  25TH  26TH  27TH  28TH  29TH  30TH  31ST  32ND  33RD  34TH  35TH  36TH  37TH  38TH  39TH  40TH  41ST  42ND  43RD  44TH  45TH  46TH  47TH  48TH  49TH  50TH  51ST  52ND  53RD  54TH  55TH  56TH  57TH  58TH  59TH  60TH  61ST  62ND  63RD  64TH  65TH  66TH  67TH  68TH  69TH  70TH  71ST  72ND  73RD  74TH  75TH  76TH  77TH  78TH  79TH  80TH  81ST  82ND  83RD  84TH  85TH  86TH  87TH  88TH  89TH  90TH  91ST  92ND  93RD  94TH  95TH  96TH  97TH  98TH  99TH  100TH  101ST  102ND  103RD  104TH  105TH  106TH  107TH  108TH  109TH  110TH  111ST  112ND  113RD  114TH  115TH  116TH  117TH  118TH  119TH  120TH  121ST  122ND  123RD  124TH  125TH  126TH  127TH  128TH  129TH  130TH  131ST  132ND  133RD  134TH  135TH  136TH  137TH  138TH  139TH  140TH  141ST  142ND  143RD  144TH  145TH  146TH  147TH  148TH  149TH  150TH  151ST  152ND  153RD  154TH  155TH  156TH  157TH  158TH  159TH  160TH  161ST  162ND  163RD  164TH  165TH  166TH  167TH  168TH  169TH  170TH  171ST  172ND  173RD  174TH  175TH  176TH  177TH  178TH  179TH  180TH  181ST  182ND  183RD  184TH  185TH  186TH  187TH  188TH  189TH  190TH  191ST  192ND  193RD  194TH  195TH  196TH  197TH  198TH  199TH  200TH  201ST  202ND  203RD  204TH  205TH  206TH  207TH  208TH  209TH  210TH  211ST  212ND  213RD  214TH  215TH  216TH  217TH  218TH  219TH  220TH  221ST  222ND  223RD  224TH  225TH  226TH  227TH  228TH  229TH  230TH  231ST  232ND  233RD  234TH  235TH  236TH  237TH  238TH  239TH  240TH  241ST  242ND  243RD  244TH  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## SECTION 4A: HEALTH

INDIVIDUAL ID	9.	10.	11.		12.		13.	14.	15.	16.	17.	18.	19.
	How much did you pay for the first consultation?	How much did you pay for the first trip (to and from) for consultation (transport costs only)?  IF AT PATIENT'S HOME PUT 0	How long did it take to travel (one way) to your first consultation?  IF AT PATIENT'S HOME LEAVE BLANK		How long did you have to wait to be attended for this first consultation?		In the past 4 weeks, did you spend any money for drugs or medicines over the counter or kiosks?  YES..1 NO...2 (► Q15)	How much did you pay for the drugs or medicines over the counter or kiosks?	During the past 12 months, were you admitted to a hospital or health facility?  INCLUDE TRADITIONAL HEALING CENTRES  YES..1 NO...2 (► Q18)	During the last 12 months how many nights did you stay in hospital or health facility?	How much did you pay in total for staying in a hospital or health facility in the last 12 months?	During the last 12 months did you buy any medicine and medical supplies?  YES.....1 NO.....2 (► Q22a)	How much did you pay altogether for these medicines and medical supplies in the last 12 months?
	NAIRA	NAIRA	HRS	MIN	HRS	MIN		NAIRA		NIGHTS	NAIRA		NAIRA

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## SECTION 4A: HEALTH

		ACTIVITIES AND FUNCTIONING								
	20.	21.	22a.	22b.	22c.	22d.	22e.	23.	24.	25.
I N D I V I D U A L  I D	Who paid for most of your health expenses including consultations or hospital stays (if any)?	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?	Do you have difficulty hearing, even if you are wearing a hearing aid?
	SELF.....1 SPOUSE.....2 PARENT.....3 OTHER RELATIVE.....4 EMPLOYER.....5 GOVERNMENT.....6 NGO.....7 OTHER ORGANIZATION..8 PRIVATE HEALTH INSURANCE.....9 NO EXPENSES...10 (►Q22a) OTHER, SPECIFY.....11		YES..1 NO..2	YES..1 NO..2	YES..1 NO..2	YES..1 NO..2	YES..1 NO..2	No, no difficulty...1 (► Q25) Yes, some....2 Yes, a lot...3 Cannot see...4	<b>IF FROM BIRTH PUT 0</b>	No, no Difficulty....1 (► Q27) Yes, some.....2 Yes, a lot.....3 Cannot hear....4
		<b>NAIRA</b>							<b>AGE</b>	

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## SECTION 4A: HEALTH

I N D I V I D U A L  I D	26.	27.	28.	29.	30.	31.	32.	33.	34.
	How old were you when the difficulty hearing began?  <b>IF FROM BIRTH PUT 0</b>	Do you have difficulty walking or climbing steps?  No, no difficulty...1 (► Q29) Yes, some....2 Yes, a lot....3 Cannot do....4	How old were you when the difficulty in walking or climbing stairs began?  <b>IF FROM BIRTH PUT 0</b>	Do you have difficulty remembering or concentrating?  No, no difficulty...1 (► Q31) Yes, some....2 Yes, alot....3 Cannot do....4	How old were you when the difficulty in remembering or concentrating began?  <b>IF FROM BIRTH PUT 0</b>	Do you have difficulty with self care (such as washing all over or dressing, feeding, toileting etc.)?  No, no difficulty...1 (► Q33) Yes, some....2 Yes, a lot...3 Cannot do....4	How old were you when the difficulty began?  <b>IF FROM BIRTH PUT 0</b>	Using your usual [LANGUAGE], do you have difficulty communicating; for example understanding or being understood?  No, no difficulty...1 (► Q35) Yes, some....2 Yes, a lot....3 Cannot do....4	How old were you when the difficulty in communicating began?  <b>IF FROM BIRTH PUT 0</b>
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## SECTION 4A: HEALTH

				TREATED BEDNET		ALL PERSONS 12 YRS AND OLDER			
I N D I V I D U A L	35.			36.	37.	38.	39.	40.	41.
	<b>INTERVIEWER: CHECK QUESTIONS 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?  ALL THE TIME.....1 SOMETIMES.....2 NOT AT ALL.....3 NOT ATTENDING SCHOOL OR WORKING.....4			During the past 12 months, what measures were taken to improve your performance of activities?  NONE.....1 SURGICAL OPERATION.....2 MEDICATION.....3 ASSISTIVE DEVICES OBTAINED (GLASSES, WHEELCHAIR, BRACES, ETC).....4 SPECIAL EDUCATION.....5 SKILLS TRAINING (VOCATIONAL).....6 ACTIVITY OF DAILY LIVING TRAINING.....7 SPIRITUAL, TRAD. HEALER.....8 OTHER SPECIFY).....9	Did you sleep under a bednet yesterday?  YES UNTREATED NET.....1 YES TREATED NET<6MONTHS.2 YES TREATED NET>6MONTHS.3 NO.....4 (► Q40)	How did the household obtain this bednet?  FREE GIFT...1 (► Q40) PURCHASED...2 PURCHASED W/ VOUCHER.3	How much did the household pay for the bednet?  NAIRA	Do you currently use family planning?  YES..1 NO...2 (► Q42)	What type of family planning do you currently use?  PILL.....1 CONDOM.....2 INJECTION.....3 IUD.....4 FEMALE STERILIZATION..5 MALE STERILIZATION..6 DOUCHE.....7 NORPLANT.....8 FOAMING TABLET.9 DIAPHRAM.....10 FOAM JELLY...11 TRADITIONAL METHODS.....12 ABSTINENCE...13 WITHDRAWAL...14 RHYTHM.....15 OTHERS (SPECIFY) .....16
At Home	At School	At Work							

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## SECTION 4A: HEALTH

**FOR WOMEN AGED 12-49 YEARS**

I N D I V I D U A L  I D	42.	43.	44.		45.		46.	47.	48.
	IS THIS PERSON A WOMAN AGED 12-49?	Have you ever been pregnant?	How many male and female children do you have living in other households?		How many male and female children did you have that have died?		Are you currently pregnant?	Have you registered with the clinic?	How many times do you go to the clinic in a month?
	YES..1 NO...2 (► Q51)	YES..1 NO...2 (► SECTION 5)					YES..1 NO...2 (► Q50)	YES..1 NO...2 (► Q50)	
			MALE	FEMALE	MALE	FEMALE			NUMBER

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## SECTION 4A: HEALTH

## ANTHROPOMETRY SECTION

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

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## SECTION 4B: CHILD IMMUNIZATION

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

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

										BREAST FEEDING	
	11.	12.	13.	14.	15.	16.	17.	18.	19.	20.	21.
I N D I V I D U A L  I D	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?	Has [NAME] ever been breastfed?
	YES..1 NO...2	YES..1 NO...2	YES..1 NO...2	YES..1 NO...2	YES..1 NO...2	YES..1 NO...2	YES..1 NO...2	YES..1 NO...2	YES..1 NO...2	YES..1 (► Q22) NO...2	YES..1 NO...2 (► Q 26)

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## SECTION 4B: CHILD IMMUNIZATION

BREAST FEEDING							
I N D I V I D U A L  I D	22.	23.	24.	25.	26.	27.	28.
	Did [NAME] ever receive first milk/colostrum (yellow breast milk)?	Why did [NAME] not receive first milk?  BAD MILK.....1 MOTHER ILL/WEAK.....2 CHILD ILL/WEAK.....3 MOTHER DIED.....4 NIPPLE/BREAST PROBLEM.....5 CHILD REFUSED.....6 DIDN'T PRODUCE MILK.....7 OTHER (SPECIFY).....8	Since the time of birth, how many months was [NAME] exclusively breastfed (without water, herbal tea, or any other liquid except vitamin A, medicine, or ORS)?  IF RESPONSE IS 6 MONTHS OR MORE, ► Q 26.	Why were you not able to exclusively breastfeed [NAME] for 6 months?  NATURE OF WORK...1 SHORTAGE OF BREAST MILK.....2 MOTHER'S HEALTH..3 CHILD'S REFUSAL..4 TRADITION.....5 AGE LESS THAN 6 MONTHS.....6 OTHER (SPECIFY)..7	Since this time yesterday, did [NAME] receive any of the following?  VITAMIN, MINERAL SUPPLEMENTS OR MEDICINE.....1 PLAIN WATER.....2 SWEETENED, FLAVORED WATER OR FRUIT JUICE OR TEA OR INFUSION..3 ORAL REHYDRATION SOLUTION (ORS).....4 TINNED POWDERED OR FRESH MILK OR INFANT FORMULA.....5 ANY OTHER LIQUIDS (SPECIFY).....6 SOLID OR SEMI-SOLID (MUSHY) FOOD.....7 RECEIVED ONLY BREAST MILK..... 8 (►Q28)	At what age in months, did [NAME] begin eating complementary food?	Since this time yesterday, has name been given anything to drink from a bottle with a nipple or teat?
	YES..1 ( ► Q 24) NO...2						YES..1 NO...2
			MONTHS		LIST ALL THAT APPLY	MONTHS	
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## SECTION 5: INFORMATION AND COMMUNICATION TECHNOLOGY

## RESPONDENTS 10 YEARS OLD AND OLDER SHOULD RESPOND IN THIS SECTION

I N D I V I D U A L  I D	1.	1a.	2.	3.	4.	5.			6.	7.	8.
	IS THIS PERSON TEN YEARS OLD OR OLDER?	Do you have access to a radio?	What is your main source of access to a radio?  <b>IF OPTIONS 2 - 6 SKIP TO Q4</b>  OWNED.....1 FAMILY MEMBER/ FRIEND/ NEIGHBOR.....2 UMBRELLA CENTRE.....3 WORKPLACE.....4 BUSINESS CENTRE.....5 MOBILE PHONE...6 OTHER (SPECIFY) .....7	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>  <b>TV STATION CODES</b>  DBN.....01 CHANNELS.....02 MINAJ.....03 NTA.....04 AIT.....05 MITV.....06 SILVER BIRD.....07 GALAXY.....08 STATE TV.....09 FOREIGN/CABLE....10 DOES NOT USE IT TO WATCH TV.....11 OTHER (SPECIFY)..12			What is your main source of access to a television?  <b>IF OPTIONS 2 - 6 SKIP TO Q8</b>  OWNED.....1 FAMILY MEMBER/ FRIEND/ NEIGHBOR.....2 UMBRELLA CENTRE.....3 WORKPLACE.....4 BUSINESS CENTRE.....5 OTHER (SPECIFY) .....6	How many televisions do you own?	Do you have access to a mobile phone?
	YES..1 NO...2 (► END INTERVIEW)	YES..1 NO...2 (► Q4)			YES..1 NO...2 (► Q8)	1st	2nd	3rd			YES..1 NO...2 (► Q11)
				NUMBER						NUMBER	
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12											

## SECTION 5: INFORMATION AND COMMUNICATION TECHNOLOGY

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

1									
2									
3									
4									
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## SECTION 5: INFORMATION AND COMMUNICATION TECHNOLOGY

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

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## SECTION 5: INFORMATION AND COMMUNICATION TECHNOLOGY

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

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## SECTION 6: REMITTANCES

## RESPONDENTS 10 YEARS OLD AND OLDER SHOULD RESPOND IN THIS SECTION

I N D I V I D U A L  I D	1.	2.	3.	4.	5.	6.	7.
	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?	Did you receive a gift in kind from abroad in the past year?	What was the in-kind gift that you received from abroad in the past year?	What is the estimated value of the in-kind gift you received in Naira?
	YES..1 NO...2 ( ► END INTERVIEW)	YES..1 NO...2 ( ► Q5)		<u>CURRENCY_CODE</u>  US DOLLAR...1 EURO.....2 POUND STERLING...3 OTHER (SPECIFY)...4	YES..1 NO...2 (► END INTERVIEW)	VEHICLE.....1 HOME APPLIANCE/ ELECTRONICS..2 CLOTHING/ FOOTWEAR.....3 PERSONAL ACCESSORIES..4 OTHER (SPECIFY)....5	
		NAIRA	AMOUNT	CURRENCY CODE			NAIRA

1							
2							
3							
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10							
11							
12							

## SECTION 6: REMITTANCES

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

1				
2				
3				
4				
5				
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7				
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9				
10				
11				
12				

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

	1.	2.	3.	4.	5.
I N D I V I D U A L  I D	<p>NAME</p> <p>LIST HOUSEHOLD HEAD ON LINE 1. MAKE A COMPLETE LIST OF ALL INDIVIDUALS WHO NORMALLY LIVE AND EAT THEIR MEALS TOGETHER IN THIS HOUSEHOLD, STARTING WITH THE HEAD OF HOUSEHOLD.</p> <p>(CONFIRM THAT HOUSEHOLD HEAD HERE IS SAME AS HOUSEHOLD HEAD LISTED ON IDENTIFICATION PAGE.)</p>	<p>What is the sex of [NAME]?</p> <p>MALE....1</p> <p>FEMALE..2</p>	<p>What is [NAME]'s relationship to the head of household?</p> <p>HEAD.....1</p> <p>SPOUSE.....2</p> <p>OWN CHILD.....3</p> <p>STEP CHILD.....4</p> <p>ADOPTED CHILD...5</p> <p>GRANDCHILD.....6</p> <p>BROTHER/SISTER..7</p> <p>NIECE/NEPHEW....8</p> <p>BROTHER/ SISTER-IN-LAW..9</p> <p>PARENT.....10</p> <p>PARENT-IN-LAW..11</p> <p>DOMESTIC HELP (RESIDENT).....12</p> <p>DOMESTIC HELP (NON RESIDENT).13</p> <p>OTHER RELATION (SPECIFY )....14</p> <p>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><b>YEARS</b></p>	<p>INTERVIEWER: IS THIS PERSON A <b>NEW MEMBER</b> OF THE HOUSEHOLD (ADDED ON THIS VISIT), <b>OR A CHILD SIX YEARS AND YOUNGER?</b></p> <p>YES.1</p> <p>NO..2 (► Q7)</p>

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9					
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11					
12					



## SECTION 7: HOUSEHOLD ASSETS SALE AND ACQUISITION

	I T E M  C O D E	THE NUMBER OF [ITEM] OWNED BY HOUSEHOLD AT THE TIME OF THE POST PLANTING INTERVIEW  IF NONE, PUT "0"	1.	2.	3.	4.	5.	6.	7.	8.
ITEM			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

	I T E M  C O D E	THE NUMBER OF [ITEM] OWNED BY HOUSEHOLD AT THE TIME OF THE POST PLANTING INTERVIEW  IF NONE, PUT "0"	1.	2.	3.	4.	5.	6.	7.	8.
ITEM			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									
Mobile Phone	332									
Inverter	333									
Others (Specify)	334									
Others (Specify)	334									
Others (Specify)	334									
Others (Specify)	334									
Others (Specify)	334									
Others (Specify)	334									
Others (Specify)	334									
Others (Specify)	334									
Others (Specify)	334									

## SECTION 8: HOUSING

1.	2.	3.	4.	5.	6.	7.
Do you own or purchase this dwelling, is it provided to you by an employer, do you use it for free, or do you rent this house?	If you <u>sold this dwelling</u> today, how much would you receive for it?	Estimate the rent you could receive if you rented this dwelling?	How much do you <u>pay to rent</u> this dwelling?	In what year was this house built?	THE OUTER WALLS OF THE MAIN DWELLING OF THE HOUSEHOLD ARE PREDOMINANTLY MADE OF WHAT MATERIAL?	THE ROOF OF THE MAIN DWELLING IS PREDOMINANTLY MADE OF WHAT MATERIAL?
OWNED. . . .1 EMPLOYER PROVIDES . . .2 (►Q3) FREE, AUTHORIZED . . .3 (►Q3) FREE, NOT AUTHORIZED. . .4 (►Q3) RENTED . . . .5 (►Q4)		(►Q5)		IF DON'T KNOW, WRITE 9999	GRASS. . . . .01 MUD. . . . .02 COMPACTED EARTH. . .03 MUD BRICK (UNFIRED) . . . .04 BURNT BRICKS. . . .05 CONCRETE. . . . .06 WOOD. . . . .07 IRON SHEETS . . . .08 CONCRETE OR CEMENT BLOCKS. . . . .09 STONE. . . . .10 OTHER (SPECIFY) . .11	GRASS. . . . .1 IRON SHEETS. . .2 CLAY TILES. . . . .3 CONCRETE. . .4 PLASTIC SHEET. . . .5 ASBESTOS SHEET. . . .6 OTHER (SPECIFY) . .7
	NAIRA	NAIRA	TIME UNIT	NAIRA	TIME UNIT	YEAR

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

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SECTION 8: HOUSING

17	18	19.	20.	21.	22.	23.	24.
Do you have electricity working in your dwelling?	In the event of a black out, what source of energy do you use for ...?	What is the source of your electricity supply?	Did you have to apply to get electricity connection?	Following your application to get connected to PHCN, how many weeks did you have to wait for a Technician to come to connect your house?	Did you have to pay an unofficial fee to get a connection?	How frequently do you experience blackouts in your area?	During the last 7 days, on average, how many hours of electricity has your household had from the main public system?
YES..1 NO...2 (► Q26)	<div> <p><b>Lighting</b></p> <p>FIREWOOD.....1 KEROSENE.....2 RECHARGEABLE LAMP.....3 GENERATOR.....4 CANDLES.....5 BATTERY/DRY CELL (TORCH) ...6 OTHER (SPECIFY) ..7</p> </div> <div> <p><b>Cooking</b></p> <p>CHARCOAL..... 1 FIREWOOD.....2 GAS.....3 KEROSENE.....4 GENERATOR.....5 OTHER SPECIFY) .....6</p> </div>	<p>PHCN (NEPA) ONLY.....1 RURAL ELECT-RIFICATION....2 PRIVATE GENERATOR.....3 PHCN (NEPA) / GENERATOR.....4 RURAL ELECTRICITY/ GENERATOR.....5 SOLAR PANEL..6</p>	YES..1 NO...2 (► Q23)	WEEKS	YES..1 NO...2	<p>NEVER.....1 EVERY DAY....2 SEVERAL TIMES A WEEK.....3 SEVERAL TIMES A MONTH.....4 SEVERAL TIMES A YEAR.....5</p>	HOURS
25	26.	27.	28.	29.	30.		
What was the total cost for electricity in the household ? What period does this cost refer?	Although you do not have electricity in your dwelling, does your village / neighborhood have access to electricity?	Why does your household not have access to electricity? LIST UP TO 2 REASONS	How many weeks have you been waiting for the connection?	Is there a landline telephone in working condition in the dwelling unit?	What was the total cost for landline telephone in the household ? What period does this cost refer?		
<p>DAY.....1 WEEK.....2 MONTH.....3 YEAR.....4</p> <p>(►Q29)</p>	<p>YES.....1 NO.....2 (► Q29)</p>	<p>CONNECTION/WIRING FEE UNAFFORDABLE.....1 (►Q29) NO NEED FOR ELECTRICITY.....2 (►Q29) DWELLING INAPPROPRIATE FOR CONNECTION.....3 (►Q29) APPLICATION PENDING.....4 SERVICE TOO UNRELIABLE.....5 (►Q29) OTHER (SPECIFY).....6 (►Q29)</p>		YES..1 NO...2 (► Q31)	<p>DAY.....1 WEEK.....2 MONTH.....3 YEAR.....4</p>		
NAIRA	TIME UNIT	1ST	2ND	WEEKS	NAIRA	TIME UNIT	

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?	Estimate the total cost for cell phone service for all household members last month?	What was your <u>main</u> source of drinking water?		How long does it take you to walk (ONE WAY) to the water source from your dwelling?		What was the total cost of drinking water for your household last month?	What kind of toilet facility does your household use?	Is this toilet facility for the use of:	What kind of refuse disposal facilities does your household use?	How much did you spend on refuse disposal in the last month?
YES..1 NO...2 (► Q33)		PIPE BORNE WATER TREATED..... 1 PIPE BORNE WATER UNTREATED..... 2 BORE HOLE/HAND PUMP.....3 WELL/SPRING PROTECTED. .4 WELL/SPRING UNPROTECTED..... 5 RIVER/SPRING.....6 LAKE/RESERVOIR.....7 RAIN WATER.....8 TANKER/TRUCK/VENDOR.....9 SACHET WATER.....10 BOTTLE WATER .....11 OTHER (SPECIFY) .....12		IF WATER IS IN HOUSE OR IN YARD WRITE 0 IN TIME AMOUNT MINUTE..1 HOUR...2		ENTER 'ZERO' IF NONE.	NONE.....1 (►Q38) TOILET ON WATER..2 FLUSH TO SEWAGE..3 FLUSH TO SEPTIC TANK.....4 PAIL/BUCKET.....5 COVERED PIT LATRINE.....6 UNCOVERED PIT LATRINE.....7 V.I.P LATRINE.....8 OTHER (SPECIFY) .....9	HH Members only.....1 Other HH also.....2	NONE.....1 (►NEXT SECTION) HH BIN COLLECTED BY GOVERNMENT.....2 HH BIN COLLECTED BY PRIVATE AGENCY.....3 GOVERNMENT BIN OR SHED.....4 DISPOSAL WITHIN COMPOUND.....5 UNAUTHORISED REFUSE HEAP.....6 OTHER (SPECIFY) .....7	
	NAIRA	DRY SEASON	WET SEASON	TIME AMOUNT	TIME UNIT	NAIRA				NAIRA

## SECTION 9: NON-FARM ENTERPRISES AND INCOME GENERATING ACTIVITIES

E N T R P R I S E  N O	1.			2.	3.	4.
	<b>ENUMERATOR:</b> CHECK POST-PLANTING QUESTIONNAIRES FOR ANY HOUSEHOLD ENTREPRISES --INCOME GENERATING ACTIVITIES--COPY THE NAME, INDUSTRY CODE AND ENTERPRISE ID OF EACH INCOME-GENERATING ACTIVITY HERE. FOR EACH ACTIVITY / ENTERPRISE, ANSWER QUESTION 2. THEN ASK:  <b>Please tell me about any other business, trade or work as self-employed craftsman done by a household member that is not already listed here.</b>  LIST ANY NEW ENTERPRISES OR ACTIVITIES.  NOW ASK QUESTIONS 3-28 FOR EACH ENTERPRISE /ACTIVITY. COLLECT INFORMATION ON ALL ACTIVITIES/ ENTERPRISES HERE BEFORE GOING ON TO COLLECT DETAILS ON EACH.  <b>IF THERE IS NO NON-FARM ENTERPRISE OPERATED BY ANY MEMBER OF THIS HOUSEHOLD (▶ NEXT SECTION)</b>			INTERVIEWER: IS THIS A NEW OR ORIGINAL INCOME GENERATING ACTIVITY?	Is this [INCOME GENERATING ACTIVITY] currently operating or closed permanently, temporarily or seasonally?	Why did this [INCOME GENERATING ACTIVITY] stop?  LEGAL PROBLEMS.....1 COULD NOT OBTAIN INPUTS...2 LACK OF DEMAND.....3 LOW PROFITS....4 COULD NOT OBTAIN CREDIT.....5 TOO MUCH DEBT..6 SECURITY ISSUES.....7 OTHER SPECIFY..8 DEATH/SICKNESS OF OWNER.....9
				ORIGINAL.1 NEW...2 (▶Q5)	CURRENTLY OPERATING....1 (▶Q5) CLOSED, PERMANENTLY.. 2 CLOSED, TEMPORARILY.. 3 CLOSED, SEASONALLY.. 4 (▶NEXT ACTIVITY)	
	TYPE OF ACTIVITY			INDUSTRY CODE	ORIGINAL ENTERPRISE ID CODE	(▶ NEXT ACTIVITY)
1						
2						
3						
4						
5						
6						
7						
8						

## SECTION 9: NON-FARM ENTERPRISES AND INCOME GENERATING ACTIVITIES

E N T R P R I S E  N O	5.		5b		6.		7.	8.	9.	10.
	Who in the household owns this [INCOME-GENERATING ACTIVITY]?		Who in your household decides on the use of the earnings from this Income generating activity?		Who in the household manages this [INCOME-GENERATING ACTIVITY] or is most familiar with it?		Are these the same owners or managers of this income generating activity that were there at last interview?	Why did the ownership or management of this business change?  Illness of original owner or manager.....1 Original owner or manager too busy.....2 New owner or manager more skilled.....3 Debt of original owner or manager.....4 Legal problems of original owner or manager.....5 Original owner or manager moved.....6 Other, specify.....7	Who is the respondent providing information about this [INCOME-GENERATING ACTIVITY]?	How many months since the last interview did you operate this [INCOME-GENERATING ACTIVITY]?
	CAN LIST UP TO TWO OWNERS.				IF CO-MANAGERS, LIST BOTH.  IF PRESENT, ASK THIS QUESTION FROM MANAGER(S).					
	OWNER 1	OWNER 2			MANAGER 1	MANAGER 2				
	ID CODE	ID CODE	ID CODE	ID CODE	ID CODE	ID CODE			ID CODE	MONTHS
1										
2										
3										
4										
5										
6										
7										
8										

## SECTION 9: NON-FARM ENTERPRISES AND INCOME GENERATING ACTIVITIES

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



## SECTION 9: NON-FARM ENTERPRISES AND INCOME GENERATING ACTIVITIES

E N T R P R I S E  N O	18.	19.		20.	21.	22.	23.		23a
	Since last interview, did you use any credit to operate this enterprise [INCOME GENERATING ACTIVITY]?	Since last interview, what was the source of credit that has been used to operate this enterprise [INCOME GENERATING ACTIVITY]?		Since last interview, how much have you borrowed for this [INCOME GENERATING ACTIVITY]?	Since last interview, did the [INCOME GENERATING ACTIVITY] have any loans that it was repaying (in cash or kind)?	Since our last interview, what is the amount of naira repaid on loans for [INCOME-GENERATING ACTIVITY]?	To whom do you sell your products or services?  LIST UP TO 2 BUYERS IN ORDER OF IMPORTANCE.		In operating this [INCOME GENERATING ACTIVITY], do you use a generator?
	YES.....1 NO.....2 (► Q21)	LOAN FROM BANK (COMMERCIAL, MICRO FINANCE, CREDIT UNION) .....1 MONEY LENDER.....2 ESUSU/ADASHI.....3 OTHER LOANS.....4 COOPERATIVE/ TRADE ASSOCIATIONS.....5 RELATIVES/FRIENDS....6 OTHER (Specify) .....7			YES...1 NO...2 (► Q23)		FINAL CONSUMERS.....1 TRADERS.....2 OTHER SMALL BUSINESSES.....3 LARGE ESTABLISHED BUSINESSES.....4 INSTITUTIONS (SCHOOLS, HOSPITALS, GOVT MINISTRIES) .....5 EXPORT.....6 MANUFACTURERS.....7 OTHER SPECIFY) .....8		YES...1 NO...2 (► Q24)
		1	2	NAIRA		NAIRA	1	2	
1									
2									
3									
4									
5									
6									
7									
8									

## SECTION 9: NON-FARM ENTERPRISES AND INCOME GENERATING ACTIVITIES

<b>E N T E R P R I S E</b>  <b>N O</b>	23b	24.	25.	26.	27.
	Do you own or rent the generator that you use in this business?	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?
	OWN.....1 RENT.....2 OTHER (SPECIFY)..3				
		<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 N T E R P R I S E  N O	28.									
	What were the <u>business costs</u> last month in the following categories?									
	SALARIES AND WAGES	PURCHASE OF GOODS FOR SALE (INVENTORY)	TRANSPORT	FUEL FOR GENERATOR	MAINTENANCE OF GENERATOR	INSURANCE	RENT	INTEREST	RAW MATERIALS	OTHER
	NAIRA	NAIRA	NAIRA	NAIRA	NAIRA	NAIRA	NAIRA	NAIRA	NAIRA	NAIRA
1										
2										
3										
4										
5										
6										
7										
8										

# SECTION 9: NON-FARM ENTERPRISES AND INCOME GENERATING ACTIVITIES

29.			30.		
List three most important constraints to non-farm business operations and growth?			List up to three primary constraints preventing HH members from opening a non-farm enterprise.		
REFER TO CONSTRAINT CODES ON THE RIGHT			REFER TO CONSTRAINT CODES ON THE RIGHT		
1ST	2ND	3RD	1ST	2ND	3RD

## CODES FOR Q31 & Q32 CONSTRAINTS

### ELECTRICITY

- 11 = ACCESS
- 12 = QUALITY
- 13 = COST

### TELECOMMUNICATIONS

- 21 = ACCESS
- 22 = QUALITY
- 23 = COST

### WATER

- 31 = ACCESS
- 32 = QUALITY
- 33 = COST

### POSTAL SERVICES

- 41 = ACCESS
- 42 = QUALITY
- 43 = COST

### TRANSPORTATION

- 61 = ROAD ACCESS
- 62 = ROAD QUALITY
- 63 = COST
- 64 = FACILITIES TO TRANSPORT GOODS

### FINANCIAL SERVICES

- 71 = DIFFICULTY TO BORROW FROM FAMILY, FRIENDS OR OTHERS
- 72 = DIFFICULTY TO BORROW FROM FORMAL FINANCIAL INSTITUTIONS
- 73 = HIGH INTEREST RATES
- 74 = COMPLICATED BANK LOAN PROCEDURES (TOO MANY FORMS)
- 75 = FEAR OF NOT BEING ABLE TO PAY LOAN INSTALLMENTS

### MARKETS

- 81 = ACCESS TO MARKETS (DISTANCE AND COST)
- 82 = DIFFICULT TO OBTAIN INFORMATION ON YOUR PRODUCT'S MARKET
- 83 = LOW DEMAND FOR GOODS AND SERVICES PRODUCED

### GOVERNMENT

- 91 = CORRUPTION
- 92 = UNCERTAIN ECONOMIC POLICY
- 93 = RESTRICTIVE LAWS AND REGULATIONS

### SAFETY

- 101 = CRIMINALITY, THEFT AND LAWLESSNESS
- 102 = CONFLICTS AND SOCIAL FRICTION

### TECHNOLOGY

- 111 = LACK OF TRAINING
- 112 = RESEARCH COSTS
- 113 = ACCESS TO COMPUTERS
- 114 = ACCESS TO INFORMATION AND TECHNOLOGY

### REGISTRATION AND PERMITS

- 121 = TIME AND COST OF REGISTERING ENTERPRISE
- 122 = Time and cost of obtaining enterprise permits
- 123 = COMPLICATED ENTERPRISE REGISTRATION AND PERMIT REGULATIONS

### TAXATION

- 131 = HIGH TAXES
- 132 = UNOFFICIAL LEVIES

## SECTION 10A: MEALS AWAY FROM HOME

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

## MEALS PREPARED AND CONSUMED OUTSIDE THE HOME

Full meals (e.g rice and stew, pounded yam and egusi, etc)	Breakfast	1		
	Lunch	2		
	Dinner	3		
Side dishes like pepper soup, nkwobi, suya etc.		4		
Snacks such as sandwiches, biscuits, meatpies, donuts, popfop, 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

		1.	2.	3.	4.	5.	6.	7.
I T E M  C O D E		<p>Within the <u>past 7 days</u>, did the members of this household eat/drink any of this [ITEM] within the household?</p> <p>PLEASE ONLY LIST ITEMS CONSUMED WITHIN THE HOUSEHOLD AND EXCLUDE FOOD CONSUMED OUTSIDE THE HOUSEHOLD.</p> <p>ASK THIS QUESTION FOR ALL ITEMS, BEFORE MOVING ON TO THE NEXT QUESTIONS FOR ITEMS WITH YES</p> <p>YES..1 NO...2 (► NEXT ITEM)</p>	<p>How much in total did your household consume of this [ITEM] in the <u>past 7 days</u>?</p> <p>KILOGRAMS.....01 GRAMS.....02 LITRE.....03 CENTILITRE.....04 MUDU.....05 OLODO.....06 CONGO.....07 PAINT RUBBER.....08 LARGE DERICA.....09 MEDIUM DERICA.....10 SMALL DERICA.....11 MILK CUP.....12 CIGARETE CUP.....13 TIYA.....14 KOBIOWU.....15</p>	<p>How much did the household purchase of this [ITEM] during the <u>past 7 days</u>?</p> <p>IF NONE WRITE 0 FOR QUANTITY AND LEAVE UNIT BLANK ►Q5</p> <p>KILOGRAMS.....01 GRAMS.....02 LITRE.....03 CENTILITRE.....04 MUDU.....05 OLODO.....06 CONGO.....07 PAINT RUBBER.....08 LARGE DERICA.....09 MEDIUM DERICA.....10 SMALL DERICA.....11 MILK CUP.....12 CIGARETE CUP.....13 TIYA.....14 KOBIOWU.....15</p>	<p>How much did your household spend on this [ITEM] during the past 7 days?</p> <p>THIS QUESTION REFERS TO THE QUANTITY IN QUESTION 3</p> <p>NAIRA</p>	<p>How much of consumption of this (ITEM) came from purchases made during the past 7 Days or before?</p> <p>KILOGRAMS.....01 GRAMS.....02 LITRE.....03 CENTILITRE.....04 MUDU.....05 OLODO.....06 CONGO.....07 PAINT RUBBER.....08 LARGE DERICA.....09 MEDIUM DERICA.....10 SMALL DERICA.....11 MILK CUP.....12 CIGARETE CUP.....13 TIYA.....14 KOBIOWU.....15</p>	<p>How much of consumption of this [ITEM] came from own-production during the past 7 days?</p> <p>IF NONE WRITE 0 FOR QUANTITY AND LEAVE UNIT BLANK</p> <p>KILOGRAMS.....01 GRAMS.....02 LITRE.....03 CENTILITRE.....04 MUDU.....05 OLODO.....06 CONGO.....07 PAINT RUBBER.....08 LARGE DERICA.....09 MEDIUM DERICA.....10 SMALL DERICA.....11 MILK CUP.....12 CIGARETE CUP.....13 TIYA.....14 KOBIOWU.....15</p>	<p>How much of consumption of this [ITEM] came from gifts and other sources during the past 7 days?</p> <p>EXCLUDE FOOD TAKEN OUTSIDE THE HOUSEHOLD. IF NONE ,WRITE 0 FOR QUANTITY AND LEAVE UNIT BLANK</p> <p>KILOGRAMS.....01 GRAMS.....02 LITRE.....03 CENTILITRE.....04 MUDU.....05 OLODO.....06 CONGO.....07 PAINT RUBBER.....08 LARGE DERICA.....09 MEDIUM DERICA.....10 SMALL DERICA.....11 MILK CUP.....12 CIGARETE CUP.....13 TIYA.....14 KOBIOWU.....15</p>
			QUANTITY UNIT	QUANTITY UNIT	QUANTITY UNIT	QUANTITY UNIT	QUANTITY UNIT	QUANTITY UNIT

GRAINS AND FLOURS													
Guinea corn/sorghum	10												
Millet	11												
Rice - local	13												
Rice - imported	14												
Maize flour	16												
Yam flour	17												
Cassava flour	18												
Wheat flour	19												
Maize Unshelled	20												
Maize shelled	21												
Other grains and flour	22												
Bread	25												
Cake	26												
Buns/Pofpof/donuts	27												
Biscuits	28												
Meat Pie/Sausage Roll	29												
STARCHY ROOTS, TUBERS & PLANTAIN													
Cassava - roots	30												
Yam - roots	31												
Gari - white	32												
Gari - yellow	33												

## SECTION 10B: FOOD EXPENDITURE

		1.	2.		3.		4.	5.		6.		7.	
	I T E M  C O D E	Within the <u>past 7 days</u> , did the members of this household eat/drink any of this [ITEM] within the household?  PLEASE ONLY LIST ITEMS CONSUMED WITHIN THE HOUSEHOLD AND EXCLUDE FOOD CONSUMED OUTSIDE THE HOUSEHOLD.  ASK THIS QUESTION FOR ALL ITEMS, BEFORE MOVING ON TO THE NEXT QUESTIONS FOR ITEMS WITH YES  YES..1 NO...2 (► NEXT ITEM)	How much in total did your household consume of this [ITEM] in the <u>past 7 days</u> ?  KILOGRAMS.....01 GRAMS.....02 LITRE.....03 CENTILITRE.....04 MUDU.....05 OLODO.....06 CONGO.....07 PAINT RUBBER.....08 LARGE DERICA.....09 MEDIUM DERICA.....10 SMALL DERICA.....11 MILK CUP.....12 CIGARETE CUP.....13 TIYA.....14 KOBLOWU.....15		How much did the household purchase of this [ITEM] during the <u>past 7 days</u> ?  IF NONE WRITE 0 FOR QUANTITY AND LEAVE UNIT BLANK ►Q5  KILOGRAMS.....01 GRAMS.....02 LITRE.....03 CENTILITRE.....04 MUDU.....05 OLODO.....06 CONGO.....07 PAINT RUBBER.....08 LARGE DERICA.....09 MEDIUM DERICA.....10 SMALL DERICA.....11 MILK CUP.....12 CIGARETE CUP.....13 TIYA.....14 KOBLOWU.....15		How much did your household spend on this [ITEM] during the past 7 days?  THIS QUESTION REFERS TO THE QUANTITY IN QUESTION 3	How much of consumption of this (ITEM) came from purchases made during the past 7 Days or before?  KILOGRAMS.....01 GRAMS.....02 LITRE.....03 CENTILITRE.....04 MUDU.....05 OLODO.....06 CONGO.....07 PAINT RUBBER.....08 LARGE DERICA.....09 MEDIUM DERICA.....10 SMALL DERICA.....11 MILK CUP.....12 CIGARETE CUP.....13 TIYA.....14 KOBLOWU.....15	How much of consumption of this [ITEM] came from own-production during the past 7 days?  IF NONE WRITE 0 FOR QUANTITY AND LEAVE UNIT BLANK  KILOGRAMS.....01 GRAMS.....02 LITRE.....03 CENTILITRE.....04 MUDU.....05 OLODO.....06 CONGO.....07 PAINT RUBBER.....08 LARGE DERICA.....09 MEDIUM DERICA.....10 SMALL DERICA.....11 MILK CUP.....12 CIGARETE CUP.....13 TIYA.....14 KOBLOWU.....15		How much of consumption of this [ITEM] came from gifts and other sources during the past 7 days?  EXCLUDE FOOD TAKEN OUTSIDE THE HOUSEHOLD. IF NONE ,WRITE 0 FOR QUANTITY AND LEAVE UNIT BLANK  KILOGRAMS.....01 GRAMS.....02 LITRE.....03 CENTILITRE.....04 MUDU.....05 OLODO.....06 CONGO.....07 PAINT RUBBER.....08 LARGE DERICA.....09 MEDIUM DERICA.....10 SMALL DERICA.....11 MILK CUP.....12 CIGARETE CUP.....13 TIYA.....14 KOBLOWU.....15		
			QUANTITY	UNIT	QUANTITY	UNIT	NAIRA	QUANTITY	UNIT	QUANTITY	UNIT	QUANTITY	UNIT
Cocoyam	34												
Plantains	35												
Sweet potatoes	36												
Potatoes	37												
Other roots and tuber	38												
<b>PULSES, NUTS AND SEEDS</b>													
Soya beans	40												
Brown beans	41												
White beans	42												
Groundnuts (Unshelled)	43												
Groundnuts (Shelled)	44												
Other nuts/seeds/pulses	45												
<b>OIL AND FATS</b>													
Palm oil	50												
Butter/ Margarine	51												
Groundnuts Oil	52												
Other oil and Fat	53												

## SECTION 10B: FOOD EXPENDITURE

		1.	2.	3.	4.	5.	6.	7.
I T E M  C O D E		Within the <u>past 7 days</u> , did the members of this household eat/drink any of this [ITEM] within the household?	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> ?  IF NONE WRITE 0 FOR QUANTITY AND LEAVE UNIT BLANK *Q5	How much did your household spend on this [ITEM] during the past 7 days?  THIS QUESTION REFERS TO THE QUANTITY IN QUESTION 3	How much of consumption of this (ITEM) came from purchases made during the past 7 Days or before?  KILOGRAMS.....01 GRAMS.....02 LITRE.....03 CENTILITRE.....04 MUDU.....05 OLODO.....06 CONGO.....07 PAINT RUBBER.....08 MEDIUM DERICA.....10 SMALL DERICA.....11 MILK CUP.....12 CIGARETE CUP.....13 TIYA.....14 KOBOWU.....15	How much of consumption of this [ITEM] came from own-production during the past 7 days?  IF NONE WRITE 0 FOR QUANTITY AND LEAVE UNIT BLANK  KILOGRAMS.....01 GRAMS.....02 LITRE.....03 CENTILITRE.....04 MUDU.....05 OLODO.....06 CONGO.....07 PAINT RUBBER.....08 MEDIUM DERICA.....10 SMALL DERICA.....11 MILK CUP.....12 CIGARETE CUP.....13 TIYA.....14 KOBOWU.....15	How much of consumption of this [ITEM] came from gifts and other sources during the past 7 days?  EXCLUDE FOOD TAKEN OUTSIDE THE HOUSEHOLD. IF NONE ,WRITE 0 FOR QUANTITY AND LEAVE UNIT BLANK  KILOGRAMS.....01 GRAMS.....02 LITRE.....03 CENTILITRE.....04 MUDU.....05 OLODO.....06 CONGO.....07 PAINT RUBBER.....08 MEDIUM DERICA.....10 SMALL DERICA.....11 MILK CUP.....12 CIGARETE CUP.....13 TIYA.....14 KOBOWU.....15
		PLEASE ONLY LIST ITEMS CONSUMED WITHIN THE HOUSEHOLD AND EXCLUDE FOOD CONSUMED OUTSIDE THE HOUSEHOLD.  ASK THIS QUESTION FOR ALL ITEMS, BEFORE MOVING ON TO THE NEXT QUESTIONS FOR ITEMS WITH YES  YES..1 NO...2 (► NEXT ITEM)	KILOGRAMS.....01 GRAMS.....02 LITRE.....03 CENTILITRE.....04 MUDU.....05 OLODO.....06 CONGO.....07 PAINT RUBBER.....08 LARGE DERICA.....09 MEDIUM DERICA.....10 SMALL DERICA.....11 MILK CUP.....12 CIGARETE CUP.....13 TIYA.....14 KOBOWU.....15	KILOGRAMS.....01 GRAMS.....02 LITRE.....03 CENTILITRE.....04 MUDU.....05 OLODO.....06 CONGO.....07 PAINT RUBBER.....08 LARGE DERICA.....09 MEDIUM DERICA.....10 SMALL DERICA.....11 MILK CUP.....12 CIGARETE CUP.....13 TIYA.....14 KOBOWU.....15				
			QUANTITY UNIT	QUANTITY UNIT	NAIRA	QUANTITY UNIT	QUANTITY UNIT	QUANTITY UNIT

FRUITS													
Bananas	60												
Orange/tangerine	61												
Mangoes	62												
Avocado pear	63												
Pineapples	64												
Fruit canned	65												
Other fruits	66												
VEGETABLES													
Tomatoes	70												
Tomato puree (canned)	71												
Onions	72												
Garden eggs/egg plant	73												
Okra - fresh	74												
Okra - dried	75												
Fresh Pepper	76												
Dry Pepper	77												
Leaves (Cocoyam, Spinach, etc.)	78												
Other vegetables (fresh or canned)	79												



## SECTION 10B: FOOD EXPENDITURE

		1.	2.	3.	4.	5.	6.	7.
I T E M  C O D E		<p>Within the <u>past 7 days</u>, did the members of this household eat/drink any of this [ITEM] within the household?</p> <p>PLEASE ONLY LIST ITEMS CONSUMED WITHIN THE HOUSEHOLD AND EXCLUDE FOOD CONSUMED OUTSIDE THE HOUSEHOLD.</p> <p>ASK THIS QUESTION FOR ALL ITEMS, BEFORE MOVING ON TO THE NEXT QUESTIONS FOR ITEMS WITH YES</p> <p>YES..1 NO...2 (► NEXT ITEM)</p>	<p>How much in total did your household consume of this [ITEM] in the <u>past 7 days</u>?</p> <p>KILOGRAMS.....01 GRAMS.....02 LITRE.....03 CENTILITRE.....04 MUDU.....05 OLODO.....06 CONGO.....07 PAINT RUBBER.....08 LARGE DERICA.....09 MEDIUM DERICA.....10 SMALL DERICA.....11 MILK CUP.....12 CIGARETE CUP.....13 TIYA.....14 KOBOWU.....15</p>	<p>How much did the household purchase of this [ITEM] during the <u>past 7 days</u>?</p> <p>IF NONE WRITE 0 FOR QUANTITY AND LEAVE UNIT BLANK ►Q5</p> <p>KILOGRAMS.....01 GRAMS.....02 LITRE.....03 CENTILITRE.....04 MUDU.....05 OLODO.....06 CONGO.....07 PAINT RUBBER.....08 LARGE DERICA.....09 MEDIUM DERICA.....10 SMALL DERICA.....11 MILK CUP.....12 CIGARETE CUP.....13 TIYA.....14 KOBOWU.....15</p>	<p>How much did your household spend on this [ITEM] during the past 7 days?</p> <p>THIS QUESTION REFERS TO THE QUANTITY IN QUESTION 3</p> <p>NAIRA</p>	<p>How much of consumption of this (ITEM) came from purchases made during the past 7 Days or before?</p> <p>KILOGRAMS.....01 GRAMS.....02 LITRE.....03 CENTILITRE.....04 MUDU.....05 OLODO.....06 CONGO.....07 PAINT RUBBER.....08 LARGE DERICA.....09 MEDIUM DERICA.....10 SMALL DERICA.....11 MILK CUP.....12 CIGARETE CUP.....13 TIYA.....14 KOBOWU.....15</p>	<p>How much of consumption of this [ITEM] came from own-production during the past 7 days?</p> <p>IF NONE WRITE 0 FOR QUANTITY AND LEAVE UNIT BLANK</p> <p>KILOGRAMS.....01 GRAMS.....02 LITRE.....03 CENTILITRE.....04 MUDU.....05 OLODO.....06 CONGO.....07 PAINT RUBBER.....08 LARGE DERICA.....09 MEDIUM DERICA.....10 SMALL DERICA.....11 MILK CUP.....12 CIGARETE CUP.....13 TIYA.....14 KOBOWU.....15</p>	<p>How much of consumption of this [ITEM] came from gifts and other sources during the past 7 days?</p> <p>EXCLUDE FOOD TAKEN OUTSIDE THE HOUSEHOLD. IF NONE ,WRITE 0 FOR QUANTITY AND LEAVE UNIT BLANK</p> <p>KILOGRAMS.....01 GRAMS.....02 LITRE.....03 CENTILITRE.....04 MUDU.....05 OLODO.....06 CONGO.....07 PAINT RUBBER.....08 LARGE DERICA.....09 MEDIUM DERICA.....10 SMALL DERICA.....11 MILK CUP.....12 CIGARETE CUP.....13 TIYA.....14 KOBOWU.....15</p>
			QUANTITY UNIT	QUANTITY UNIT	QUANTITY UNIT	QUANTITY UNIT	QUANTITY UNIT	QUANTITY UNIT

POULTRY AND POULTRY PRODUCTS													
Chicken	80												
Duck	81												
Other domestic poultry	82												
Agricultural eggs	83			PIECES		PIECES			PIECES		PIECES		PIECES
Local eggs	84			PIECES		PIECES			PIECES		PIECES		PIECES
Other eggs (not chicken)	85			PIECES		PIECES			PIECES		PIECES		PIECES
MEAT													
Beef	90												
Mutton	91												
Pork	92												
Goat	93												
Wild game meat	94												
Canned beef/corned beef	95												
Other meat (excl. poultry)	96												
FISH AND SEAFOOD													
Fish - fresh	100												
Fish - frozen	101												
Fish - smoked	102												
Fish - dried	103												
Snails	104												
Seafood (lobster, crab, prawns, etc)	105												

## SECTION 10B: FOOD EXPENDITURE

		1.	2.		3.		4.	5.		6.		7.	
	I T E M  C O D E	Within the <u>past 7 days</u> , did the members of this household eat/drink any of this [ITEM] within the household?  PLEASE ONLY LIST ITEMS CONSUMED WITHIN THE HOUSEHOLD AND EXCLUDE FOOD CONSUMED OUTSIDE THE HOUSEHOLD.  ASK THIS QUESTION FOR ALL ITEMS, BEFORE MOVING ON TO THE NEXT QUESTIONS FOR ITEMS WITH YES  YES..1 NO...2 (► NEXT ITEM)	How much in total did your household consume of this [ITEM] in the <u>past 7 days</u> ?  KILOGRAMS.....01 GRAMS.....02 LITRE.....03 CENTILITRE.....04 MUDU.....05 OLODO.....06 CONGO.....07 PAINT RUBBER.....08 LARGE DERICA.....09 MEDIUM DERICA.....10 SMALL DERICA.....11 MILK CUP.....12 CIGARETE CUP.....13 TIYA.....14 KOBLOWU.....15		How much did the household purchase of this [ITEM] during the <u>past 7 days</u> ?  IF NONE WRITE 0 FOR QUANTITY AND LEAVE UNIT BLANK ►Q5  KILOGRAMS.....01 GRAMS.....02 LITRE.....03 CENTILITRE.....04 MUDU.....05 OLODO.....06 CONGO.....07 PAINT RUBBER.....08 LARGE DERICA.....09 MEDIUM DERICA.....10 SMALL DERICA.....11 MILK CUP.....12 CIGARETE CUP.....13 TIYA.....14 KOBLOWU.....15		How much did your household spend on this [ITEM] during the past 7 days?  THIS QUESTION REFERS TO THE QUANTITY IN QUESTION 3	How much of consumption of this (ITEM) came from purchases made during the past 7 Days or before?  KILOGRAMS.....01 GRAMS.....02 LITRE.....03 CENTILITRE.....04 MUDU.....05 OLODO.....06 CONGO.....07 PAINT RUBBER.....08 LARGE DERICA.....09 MEDIUM DERICA.....10 SMALL DERICA.....11 MILK CUP.....12 CIGARETE CUP.....13 TIYA.....14 KOBLOWU.....15	How much of consumption of this [ITEM] came from own-production during the past 7 days?  IF NONE WRITE 0 FOR QUANTITY AND LEAVE UNIT BLANK  KILOGRAMS.....01 GRAMS.....02 LITRE.....03 CENTILITRE.....04 MUDU.....05 OLODO.....06 CONGO.....07 PAINT RUBBER.....08 LARGE DERICA.....09 MEDIUM DERICA.....10 SMALL DERICA.....11 MILK CUP.....12 CIGARETE CUP.....13 TIYA.....14 KOBLOWU.....15		How much of consumption of this [ITEM] came from gifts and other sources during the past 7 days?  EXCLUDE FOOD TAKEN OUTSIDE THE HOUSEHOLD. IF NONE ,WRITE 0 FOR QUANTITY AND LEAVE UNIT BLANK  KILOGRAMS.....01 GRAMS.....02 LITRE.....03 CENTILITRE.....04 MUDU.....05 OLODO.....06 CONGO.....07 PAINT RUBBER.....08 LARGE DERICA.....09 MEDIUM DERICA.....10 SMALL DERICA.....11 MILK CUP.....12 CIGARETE CUP.....13 TIYA.....14 KOBLOWU.....15		
			QUANTITY	UNIT	QUANTITY	UNIT	NAIRA	QUANTITY	UNIT	QUANTITY	UNIT	QUANTITY	UNIT
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												
Cheese (Wara)	114												
Other milk products	115												
<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												

## SECTION 10B: FOOD EXPENDITURE

		1.	2.	3.	4.	5.	6.	7.
I T E M  C O D E		<p>Within the <u>past 7 days</u>, did the members of this household eat/drink any of this [ITEM] within the household?</p> <p>PLEASE ONLY LIST ITEMS CONSUMED WITHIN THE HOUSEHOLD AND EXCLUDE FOOD CONSUMED OUTSIDE THE HOUSEHOLD.</p> <p>ASK THIS QUESTION FOR ALL ITEMS, BEFORE MOVING ON TO THE NEXT QUESTIONS FOR ITEMS WITH YES</p> <p>YES..1 NO...2 (► NEXT ITEM)</p>	<p>How much in total did your household consume of this [ITEM] in the <u>past 7 days</u>?</p> <p>KILOGRAMS.....01 GRAMS.....02 LITRE.....03 CENTILITRE.....04 MUDU.....05 OLODO.....06 CONGO.....07 PAINT RUBBER.....08 LARGE DERICA.....09 MEDIUM DERICA.....10 SMALL DERICA.....11 MILK CUP.....12 CIGARETE CUP.....13 TIYA.....14 KOBIOWU.....15</p>	<p>How much did the household purchase of this [ITEM] during the <u>past 7 days</u>?</p> <p>IF NONE WRITE 0 FOR QUANTITY AND LEAVE UNIT BLANK ►Q5</p> <p>KILOGRAMS.....01 GRAMS.....02 LITRE.....03 CENTILITRE.....04 MUDU.....05 OLODO.....06 CONGO.....07 PAINT RUBBER.....08 LARGE DERICA.....09 MEDIUM DERICA.....10 SMALL DERICA.....11 MILK CUP.....12 CIGARETE CUP.....13 TIYA.....14 KOBIOWU.....15</p>	<p>How much did your household spend on this [ITEM] during the past 7 days?</p> <p>THIS QUESTION REFERS TO THE QUANTITY IN QUESTION 3</p> <p>NAIRA</p>	<p>How much of consumption of this (ITEM) came from purchases made during the past 7 Days or before?</p> <p>KILOGRAMS.....01 GRAMS.....02 LITRE.....03 CENTILITRE.....04 MUDU.....05 OLODO.....06 CONGO.....07 PAINT RUBBER.....08 LARGE DERICA.....09 MEDIUM DERICA.....10 SMALL DERICA.....11 MILK CUP.....12 CIGARETE CUP.....13 TIYA.....14 KOBIOWU.....15</p>	<p>How much of consumption of this [ITEM] came from own-production during the past 7 days?</p> <p>IF NONE WRITE 0 FOR QUANTITY AND LEAVE UNIT BLANK</p> <p>KILOGRAMS.....01 GRAMS.....02 LITRE.....03 CENTILITRE.....04 MUDU.....05 OLODO.....06 CONGO.....07 PAINT RUBBER.....08 LARGE DERICA.....09 MEDIUM DERICA.....10 SMALL DERICA.....11 MILK CUP.....12 CIGARETE CUP.....13 TIYA.....14 KOBIOWU.....15</p>	<p>How much of consumption of this [ITEM] came from gifts and other sources during the past 7 days?</p> <p>EXCLUDE FOOD TAKEN OUTSIDE THE HOUSEHOLD. IF NONE ,WRITE 0 FOR QUANTITY AND LEAVE UNIT BLANK</p> <p>KILOGRAMS.....01 GRAMS.....02 LITRE.....03 CENTILITRE.....04 MUDU.....05 OLODO.....06 CONGO.....07 PAINT RUBBER.....08 LARGE DERICA.....09 MEDIUM DERICA.....10 SMALL DERICA.....11 MILK CUP.....12 CIGARETE CUP.....13 TIYA.....14 KOBIOWU.....15</p>
			QUANTITY UNIT	QUANTITY UNIT	QUANTITY UNIT	QUANTITY UNIT	QUANTITY UNIT	QUANTITY UNIT

## OTHER MISCELLANEOUS FOODS

Condiments (spices, etc)	140											
Salt	141											
Unground Ogbono	142											
Ground Ogbono	143											
Ground Pepper	144											
Melon (shelled)	145											
Melon (unshelled)	146											

## NON-ALCOHOLIC DRINKS

Bottled water	150											
Sachet water	151											
Malt drinks	152											
Soft drinks (Coca Cola, spirit, etc)	153											
Fruit juice canned/Pack	154											
Other non-alcoholic drinks	155											

## ALCOHOLIC DRINKS (BOTTLE AND CAN)

Beer (local and imported)	160											
Palm wine	161											
Pito	162											
Gin	163											
Other alcoholic beverages	164											

SECTION 10C: AGGREGATE FOOD CONSUMPTION

Section 10C: AGGREGATE FOOD CONSUMPTION OVER PAST ONE WEEK

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

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

Yes.....1  
No.....2 (►Next Section)

	10.	11.
	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 [...] ?
For 10-11: IF NOT SHARED, RECORD ZERO.		
	<b>NUMBER OF DAYS</b>	<b>NUMBER OF MEALS</b>
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**

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

**ONE MONTH RECALL**

	I T E M	3. Over the past 30 days, did the household purchase or pay for any [...]?	4. How much did the household purchase in total?
	C O D E	YES....1 NO....2 (► NEXT ITEM)	NAIRA
<b>ITEM</b>			
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		

**ONE MONTH RECALL**

	I T E M	3. Over the past 30 days, did the household purchase or pay for any [...]?	4. How much did the household purchase in total?
	C O D E	YES....1 NO....2 (► NEXT ITEM)	NAIRA
<b>ITEM</b>			
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 (inlc. 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		

## SECTION 11: NON-FOOD EXPENDITURE

**6 month recall**

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

**12 months recall**

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

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

	I T E M  C O D E	9. Over the past one year did the household gather, purchase, or pay for any [...]?	10. What was the estimated total value of [...] consumed by the household?	11. What was the cost of that which the household purchased?
		YES....1 NO.2 (► NEXT ITEM)	NAIRA	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 How many meals, including breakfast are taken per day in your household?		3 Do all household members eat roughly the same diet?		4 Who in the household usually eats a more diverse variety of foods, a less diverse variety of foods?  Rank in order from More diverse....1 Diverse.....2 Less diverse .. 3		5 In the past 12 months, have you been faced with a situation when you did not have enough food to feed the household?  <b>YES.1</b> <b>NO..2 (► NEXT SECTION)</b>		6 When did you experience this incident ?  IF MORE THAN ONCE, LIST ALL APPLICABLE MONTHS IN CORRECT YEAR COLUMN, SEPARATED BY A COMMA.  JANUARY..1    JULY.....7 FEBRUARY..2    AUGUST....8 MARCH....3    SEPTEMBER..9 APRIL.....4    OCTOBER...10 MAY.....5    NOVEMBER..11 JUNE.....6    DECEMBER..12		7 What was the cause of this situation?  LIST UP TO 3 IN ORDER OF IMPORTANCE; USE CODES ON THE RIGHT.			<b>CODES FOR 07:</b> Inadequate household stocks due to drought/poor rains.....1 Inadequate household food stocks due to crop pest damage.....2 Inadequate household food stocks due to small land size.....3 Inadequate household food stocks due to lack of farm inputs.....4 Food in the market was very expensive.....5 Unable to reach the market due to high transportation costs...6 No food in the market..7 Floods/water logging...8 Unable to reach the market due to civil unrest/riot.....9 Other (Specify).....10
a. Adults	b. Children (6-59 months)	<b>YES.1 (►5)</b> <b>NO..2</b>		a. Male	b. Female	c. Children (6-59 months)			a.    b.    c.				
<b>NUMBER</b>	<b>NUMBER</b>						<b>2012</b>	<b>2013</b>	<b>1ST</b>	<b>2ND</b>	<b>3RD</b>		

SECTION 13: OTHER HOUSEHOLD INCOME

ASK THESE QUESTIONS FROM THE HEAD OF HOUSEHOLD (ANY KNOWLEDGEABLE ADULT ) FOR ALL INDIVIDUALS 15 YEARS AND ABOVE.

1.	2.	2b.	3.	4.	5.	5b.	
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?	Who in your household decides on the use of this income?	Since the last interview, did any members of your household receive any regular income from <u>rental of property</u> (not agricultural land)?	What sort of property?  HOUSE.....1 COMMERCIAL BUILDING....2 OTHER PROPERTY (SPECIFY ) _____3	Since the last interview, how much did your household receive in total in rental income?	Who in your household decides on the use of this income?	
YES..1 NO...2 (► Q3)			YES..1 NO...2(► Q6)				
	NAIRA	ID CODE	ID CODE		NAIRA	ID CODE	ID CODE



## SECTION 13: OTHER HOUSEHOLD INCOME

6.	7.	8.	8b	
Since the last interview, did any members of your household receive any <u>regular income of any other type</u> ?	What sort of income? (SPECIFY)	Since the last interview, how much did your household receive from this other income, in total?	Who in your household decides on the use of this income?	
YES..1 NO...2 (► NEXT SECTION)				
		NAIRA	ID CODE	ID CODE

## SECTION 14: SAFETY NETS

	1.	2.					3.
	<p>In the last 12 months, has any member of your household received cash, food, or other aid from [PROGRAMME]?</p> <p>ASK QUESTION 1 FOR ALL PROGRAMMES FIRST. THEN ASK QUESTIONS 2-5 FOR ALL PROGRAMMES HOUSEHOLD HAS RECEIVED IN LAST 12 MONTHS.</p> <p>YES...1 NO...2 (► <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> KILOGRAM.....1 LITRE.....2</p>					<p>Was the assistance given to...</p> <p>ENTIRE HOUSEHOLD...1 (► <b>Q5</b>)</p> <p>SPECIFIC HOUSEHOLD MEMBERS...2</p>
<b>CODE</b>		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

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

## SECTION 15A: ECONOMIC SHOCKS

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

1	2	3	4	5	6
Has your household been affected by [SHOCK] in the past 5 years?  YES...1 NO...2 (► NEXT SHOCK)	How many times has this occurred in the past 5 years?	In what years did this event occur?  2009 2010 2011 2012 2013	Rank the 3 most significant shocks you have experienced  Most severe...1 More severe...2 Severe.....3	What was the most important consequence of the most recent [SHOCK]?  SEE CODES  1st 2nd 3rd 4th	Who was most affected by these shocks? WRITE ID CODES OF PERSONS AFFECTED BY THE SHOCK SEPERATED BY COMMAS. IF EVERYONE, WRITE '98'
1 Death or disability of an adult working member of the household					
2 Death of someone who sends remittances to the household					
3 Illness of income earning member of the household					
4 Loss of an important contact					
5 Job loss					
6 Departure of income earning member of the household due to separation or divorce					
7 Departure of income earning member of the household due to marriage					
8 Nonfarm business failure					
9 Theft of crops, cash, livestock or other property					
10 Destruction of harvest by fire					
11 Dwelling damaged/demolished					
12 Poor rains that caused harvest failure					
13 Flooding that caused harvest failure					
14 Pest invasion that caused harvest failure or storage loss					
15 Loss of property due to fire or flood					
16 Loss of land					
17 Death of livestock due to illness					
18 Increase in price of inputs					
19 Fall in the price of output					
20 Increase in price of major food items consumed					
21 Kidnapping/Hijacking/robbery/assault					
22 Other (specify)					

## CODES FOR Q5.

- SALE OF LIVESTOCK.....1
- SALE OF LAND.....2
- SALE OF OTHER PROPERTY....3
- SENT CHILDREN TO LIVE WITH FRIENDS.....4
- WITHDREW CHILDREN FROM SCHOOL.....5
- ENGAGED IN ADDITIONALINCOME GENERATING ACTIVITIES...6
- RECEIVED ASSISTANCE FROM FRIENDS & FAMILY.....7
- BORROWED FROM FRIENDS & FAMILY.....8
- TOOK A LOAN FROM A FINANCIAL INSTITUTION.....9
- MEMBERS OF THE HOUSEHOLD MIGRATED FOR WORK.....10
- CREDITED PURCHASES.....11
- DELAYED PAYMENT OBLIGATIONS.....12
- SOLD HARVEST IN ADVANCE...13
- REDUCED FOOD CONSUMPTION...14
- REDUCED NON-FOOD CONSUMPTION.....15
- RELIED ON SAVINGS.....16
- RECEIVED ASSISTANCE FROM NGO.....17
- TOOK ADVANCED PAYMENT FROM EMPLOYER.....18
- RECEIVED ASSISTANCE FROM GOVERNMENT.....19
- WAS COVERED BY INSURANCE POLICY.....20
- DID NOTHING.....21
- OTHER (SPECIFY).....22

## SECTION 15B: DEATHS

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

**YES. ....1**

NO.....2 (▶NEXT SECTION)

7

[illegible]

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

PHONE NUMBER FOR HOUSEHOLD HEAD:

LANDLINE

CELL

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

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

PHONE NUMBERS FOR OTHER HOUSEHOLD MEMBERS:

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

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

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

**3. If you were to move in the next two years, who are the people in this village/town/city who would be most likely to know your new address?**CONTACT INFORMATION FOR **REFERENCE PERSON 1**

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

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

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

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

3A5. ADDRESS \_\_\_\_\_

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CONTACT INFORMATION FOR **REFERENCE PERSON 2**

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

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

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

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

3B5. ADDRESS \_\_\_\_\_

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