

CONFIDENTIAL



Federal Republic of Nigeria
National Bureau of Statistics Abuja, Nigeria

GENERAL HOUSEHOLD SURVEY Post-Harvest Questionnaire for Panel Households



THE WORLD BANK

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

SECTION A-1: HOUSEHOLD IDENTIFICATION

FEBRUARY/MARCH 2011

	Name	Code																																
1. Zone	<input type="text"/>	<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 border="1"><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 border="1"><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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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"/>																											
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

[DAY / MONTH / YEAR]

13. DATE OF FIRST INTERVIEW:

14a. TIME FIRST INTERVIEW STARTED

14b. TIME FIRST INTERVIEW ENDED

15. INTERVIEW STATUS AFTER FIRST VISIT:

COVER	Section 1 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
Section 10 FOOD EXPENDITURE	Section 11 NON-FOOD EXPENDITURE	Section 12 FOOD SECURITY	Section 13 OTHER HOUSEHOLD	Section 14 SAFETY NETS	Section 15 SHOCKS/ DEATHS	Section 16 CONTACT INFO			

16. A97DATA ENTRY STATUS AFTER FIRST VISIT:

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

[DAY / MONTH / YEAR]

17. DATE OF SECOND INTERVIEW:

18a. TIME SECOND INTERVIEW STARTED

18b. TIME SECOND INTERVIEW ENDED

19. INTERVIEW STATUS AFTER SECOND VISIT:

COVER	Section 1 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
Section 10 FOOD EXPENDITURE	Section 11 NON-FOOD EXPENDITURE	Section 12 FOOD SECURITY	Section 13 OTHER HOUSEHOLD	Section 14 SAFETY NETS	Section 15 SHOCKS/ DEATHS	Section 16 CONTACT INFO			

20. DATA ENTRY STATUS AFTER SECOND VISIT:

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

[DAY / MONTH / YEAR]

21. DATE OF THIRD INTERVIEW:

22a. TIME THIRD INTERVIEW STARTED

22b. TIME THIRD INTERVIEW ENDED

23. INTERVIEW STATUS AFTER THIRD VISIT:

COVER	Section 1 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
Section 10 FOOD EXPENDITURE	Section 11 NON-FOOD EXPENDITURE	Section 12 FOOD SECURITY	Section 13 OTHER HOUSEHOLD	Section 14 SAFETY NETS	Section 15 SHOCKS/ DEATHS	Section 16 CONTACT INFO			

24. DATA ENTRY STATUS AFTER THIRD VISIT:

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

OBSERVATIONS ON THE INTERVIEW

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

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

1. STATUS OF QUESTIONNAIRE

☐

2. STATUS OF DATA ENTRY

☐

Response Status
 1. Completed
 2. Partially completed
 3. Not at Home
 4. Refused
 5. Household not located
 6. Moved away
 7. Other (specify) _____

3. SPLIT- OFF HOUSEHOLD

Yes..... 1 ☐
 No..... 2 ☐

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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.
	In what day, month and year was [NAME] born?			What is [NAME]'s marital status?	INTERVIEWER: IS THIS PERSON A MALE IN A POLYGAMOUS MARRIAGE?	How many wives do you currently have?	In what year, did you get married to each of your wives respectively?				Does [NAME]'s spouse/ partner live in this household now?	WRITE ID CODE OF CURRENT SPOUSE (OR IN THE CASE OF A POLYGAMOUS MARRIAGE, FIRST WIFE AMONG THOSE) WHO LIVE(S) IN THE HOUSEHOLD.
	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.			Married (monogamous) ..1 Married (polygamous) ..2 Informal Union.....3 Divorced.....4 (► Q13) Separated.....5 (► Q13) Widowed.....6 (► Q13) Never Married.....7 (► Q13)	YES.1 NO..2 (► Q11)		LIST THE YEAR FOR YOUR FIRST WIFE AND THEN THE YEAR OF MARRIAGE FOR UP TO 3 OTHER MOST RECENT WIVES.				YES.1 NO..2 (► Q13)	COPY SPOUSE ID FROM ROSTER
	DAY	MONTH	YEAR			NUMBER	WIFE 1	WIFE 2	WIFE 3	WIFE 4		ID CODE

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SECTION 1: HOUSEHOLD ROSTER

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

I N D I V I D U A L I D	21.	22.	23.	24.	25.	26.
	Why did [NAME] join this household?	What is [NAME]'S main religion?	Does [NAME]'s biological father live in this household?	What is the individual ID of [NAME]'s biological father?	Is [NAME]'s biological father alive?	What was the highest educational level completed by [NAME'S] biological father?
	NEW BORN.....1 ADOPTED CHILD.....2 MARRIAGE /COHABITATION. 3 DIVORCE /SEPERATION.....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 REPORTEDD OR FORGOTTEN LAST VISIT.....10 OTHER,	CHRISTIANITY.1 ISLAM2 TRADITIONAL..3 OTHER (Specify)...4	YES..1 NO...2 (► Q25)	COPY ID FROM ROSTER (► Q28)	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 SS326 Integrated Quaranic...52 Adult Education..61
						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.	32.
	What was the industry of occupation of [NAME'S] biological father?	Does [NAME]'s biological mother live in this household?	What is the person ID of [NAME]'s biological mother?	Is [NAME]'s biological mother alive?	What was the highest educational level completed by [NAME'S] biological mother?	What was the industry of occupation of [NAME'S] biological mother?
	AGRICULTURE.....1 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 (► Q30)	COPY ID FROM ROSTER (► NEXT PERSON)	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	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
					LEVEL	(► NEXT PERSON)
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12						

SECTION 1: HOUSEHOLD ROSTER

I N D I V I D U A L I D	33. Why did [NAME] leave this household?	34. In which month did [NAME] leave this household?	35. Does [NAME] reside in Nigeria or outside Nigeria now?	36. Which LGA and state did [NAME] move to?			
	DIVORCE/SEPARATION.....1 LEFT FOR STUDIES/ EDUCATIONAL OPPORTUNITY.....2 LEFT FOR WORK.....3 LEFT TO FIND BETTER LAND.4 HEALTH REASONS.....5 SECURITY REASONS.....6 FOR MARRIAGE/ COHABITATION.....7 TO JOIN THEIR FAMILY ALREADY LIVING IN ANOTHER LOCATION.....8 MOVED WITH FAMILY.....9 LEFT TO SET UP OWN HOME.10 DEAD.....11 OTHER, (SPECIFY).....12	Before August 2010.....1 August 2010....2 Sept. 2010.....3 Oct. 2010.....4 Nov. 010.....5 Dec. 2010.....6 Jan. 2011.....7 Feb. 2011.....8 March 2011.....9	Inside Nigeria...1 Outside of Nigeria...2 (► Q37)	USE LGA AND STATE CODES FROM ABOVE SUPERVISOR CODE AFTER INTERVIEW (► NEXT PERSON)			
				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	37.	38.	39.	40.	41.	
	What country does [NAME] reside in at present?	How many months has [NAME] been abroad?	What was the most important reason [NAME] migrated abroad?	Has [NAME] found work or started work?	What is [NAME's] occupation?	
	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		
					DESCRIPTION	OCCUP. CODE TO BE CODED AFTER THE INTERVIEW
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SECTION 1: HOUSEHOLD ROSTER

	42.	43.	44.	45.	46.
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 1: HOUSEHOLD ROSTER

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.
	IS THIS PERSON FIVE YEARS OLD OR OLDER?	IS THIS PERSON ANSWERING FOR HIMSELF/HERSELF?	WRITE THE ID CODE OF THE RESPONDENT	INTERVIEWER: IS THIS PERSON A NEW MEMBER OF THE HOUSEHOLD?	Can you read and write in any language?	Have you ever attended school?	What was the main reason you never attended school?	At what age did you start school?
	YES..1 NO...2 (► SECTION 4)	YES..1 (► Q4) NO...2	COPY ID FROM ROSTER	(SEE QUESTION 5 ON FLAP A) YES..1 NO...2 (► SECTION 2B)	YES..1 NO...2	YES..1 (► Q8) NO...2	Too young.....1 Too far away.....2 Too expensive3 Working (home OR job).....4 Lack of Money.....5 Death of Parent(s)...6 Separation. of parents.....7 Does not have interest8 Parents do not think it is important.....9 Illness.....10 Disability.....11 Other (SPECIFY)....12 (► Q28)	
		ID CODE						AGE
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SECTION 1: HOUSEHOLD ROSTER

	9.	10.	11.	12.	13.	14.
I N D I V I D U A L I D	What is the highest educational level you completed?	What is your highest qualification attained?	Did you enroll in any school in the 2009-2010 school year?	What kind of organization ran the school you attended in 2009-2010?	Are you presently in school (2010-2011) school year?	Why are you not currently in school?
	None.....00 N1.....01 N2.....02 P1.....11 P2.....12 P3.....13 P4.....14 P5.....15 P6.....16 JS1.....21 JS2.....22 JS3.....23 SS1.....24 SS2.....25 SS3.....26 Lower 6.....27 Upper 6.....28 Teacher training....31 Vocational/Technical...32 Modern school.....33 NCE.....34 Poly/prof...41 1st degree..42 Higher degree.....43 Quaranic....51 Integrated Quaranic....52 Adult	None.....1 FSLC.....2 MSLC3 Voc/Comm.....4 JSS5 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 schooling.....1 Awaiting admission.....2 No school/Lack of teachers3 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 Obligation12 Others (Specify)....13 (► Q24)
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SECTION 1: HOUSEHOLD ROSTER

I N D I V I D U A L	15.	16.	17.	18.	19.	20.	21.	22.	
	In what level and year of school are you enrolled this 2010-2011 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 2010-2011 school year?	What was the amount of the scholarship you have received in the 2010-2011 school year?	How many years does the scholarship cover?	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 SS326 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	Foot1 Bicycle2 Motorcycle...3 Private Car.....4 Taxi.....5 Bus.....6 Camel/Donkey..7 Others (Specify)8	0 -15.....1 16-30.....2 31- 45....3 46-60.....4 61 90.....5 91-120....6 120 +.....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 1: HOUSEHOLD ROSTER

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 2010-2011 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. 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
	NAIRA	NAIRA	NAIRA	NAIRA	NAIRA	NAIRA	NAIRA	NAIRA	NAIRA
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SECTION 1: HOUSEHOLD ROSTER

	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 Q24?	How many times have you repeated the class specified in Q24?	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 SS326 Lower 6...27 Upper 6...28	Failed exams.....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 1: HOUSEHOLD ROSTER

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

1.	2.	3.	4.	5.
Are you presently in school (2010-2011) school year?	Why are you not currently in school? Had enough schooling.....1 Awaiting admission.....2 No school/Lack of teachers3 No time/No interest.....4 Lack of Money.....5 Marital Obligation6 Sickness.....7 Disability.....8 Separation of Parents.....9 Death of Parents.....10 Too old to Attend11 Domestic Obligation12 Others (Specify).....13	In what level and year of school are you enrolled this 2010-2011 school year? 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 SS326	Is this the same school you attended during the 2009-2010 school year?	Why did you change schools? NEXT LEVEL.....1 CLOSER TO HOME..2 MORE OR BETTER TEACHERS.....3 BETTER FACILITIES.....4 OVERALL BETTER QUALITY.....5 CHEAPER.....6 SAFER.....7 OTHER (SPECIFY) ..8
YES..1 (► Q3) NO...2	(► Q15)		YES..1 (► Q9) NO...2	

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SECTION 1: HOUSEHOLD ROSTER

6.	7.	8.	9.	10.	11.	12.	13.
<p>What kind of organization runs the school that you are attending?</p> <p>Federal Govt....1 State Govt.....2 Local Govt.....3 Community.....4 Religious Body..5 Private.....6 NGO.....7 Other (SPECIFY)..8</p>	<p>By what means do you go to school?</p> <p>Foot1 Bicycle2 Motorcycle.....3 Private Car....4 Taxi.....5 Bus.....6 Camel/Donkey...7 Others (Specify).....8</p>	<p>How much time does it take you to get to school? (in minutes)</p> <p>0 - 151 16 - 30.....2 31 - 45.....3 46 - 60.....4 61 - 90.....5 91 - 120.....6 120 +.....7</p>	<p>Have you had a scholarship during the 2010-2011 school year?</p> <p>YES..1 NO...2 (► Q14)</p>	<p>What was the amount of the scholarship you have received in the 2010-2011 school year?</p>	<p>How many years does the scholarship cover?</p>	<p>From which organisation, did you receive the scholarship?</p> <p>Federal Govt....1 State Govt.....2 local Govt.....3 Community.....4 Religious Body.....5 Private.....6 NGO.....7 Other (SPECIFY)8</p>	<p>Is this the same scholarship you had last school year (2009-2010)?</p> <p>YES, SAME...1 NO, DIFFERENT...2 NO SCHOLARSHIP LAST YEAR.....3</p>
		CODE		NAIRA	YEARS		
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SECTION 1: HOUSEHOLD ROSTER

14.									
How much was spent on your education since the beginning of the 2010-2011 school year by members of your household?									
<div style="border: 1px solid black; padding: 10px; margin: 10px 0;"> 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 1: HOUSEHOLD ROSTER

<p>15.</p> <p>Do you plan to attend school in the next school year?</p> <p>YES...1</p> <p>N0.....2 (► NEXT SECTION)</p>	<p>16.</p> <p>What level of education do you expect to complete when you complete your studies?</p> <div> 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 </div> <p>(► SECTION 3A)</p>
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SECTION 1: HOUSEHOLD ROSTER

ASK THESE QUESTIONS FROM ALL INDIVIDUALS 5 YEARS AND ABOVE.

	1.	2.	3.	4.	5.	6.	7.
INDIVIDUAL	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? YES..1 NO...2	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? YES..1 NO...2	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? YES..1 NO...2	INTERVIEWER: IS THERE A "YES" RESPONSE IN QUESTIONS 1, 2 OR 3? YES..1 (► Q10) NO...2	Have you taken any steps within the past 7 days to look for work? YES..1 (► Q7) NO...2	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 OTHER (SPECIFY) _____...10 (► Q9)	Were you available for work during the last 7 days? YES..1 (► Q9) NO...2
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SECTION 1: HOUSEHOLD ROSTER

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SECTION 1: HOUSEHOLD ROSTER

I N D I V I D U A L I D	12.	13.	14.	15.	16.	17.	18.	
	Who is the employer in this job?	During the last 12 months how many months did you work in this employment?	During these months, how many weeks in total did you work in this employment?	During the last seven days, how many hours did you work in this job?	Have you received wages, salary or other payments either in cash or in other forms from this employment for this work?	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?	
	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 _____				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	TIME UNIT CODE HOUR.....1 DAY.....2 WEEK.....3 FORTNIGHT...4 MONTH.....5 QUARTER.....6 HALF YEAR...7 YEAR.....8	
		MONTHS	WEEKS	HOURS			NAIRA	TIME UNIT
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SECTION 1: HOUSEHOLD ROSTER

				SECOND JOB						
I N D I V I D U A L I D	19.	20.		21.	22.	23.				
	Do you receive any payment in-kind or allowance for this work in any other form? [APART FROM SALARY] YES...1 NO....2 (► Q21)	What is the value of those payments? Over what time interval? TIME UNIT CODE HOUR.....1 DAY.....2 WEEK.....3 FORTNIGHT.....4 MONTH.....5 QUARTER.....6 HALF YEAR.....7 YEAR.....8		Were you engaged in a second job? YES...1 NO...2 (► Q33)	What was your main activity in your second job? (SECONDARY OCCUPATION IN THE LAST 7 DAYS)	In what sector is this main activity? 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				
		NAIRA	TIME UNIT		WRITTEN DESCRIPTION	OCCUP. CODE TO BE CODED AFTER THE INTERVIEW				
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SECTION 1: HOUSEHOLD ROSTER

I N D I V I D U A L	24.	25.	26.	27.	28.	29.	30.	
	Who is the employer in this job?	During the last 12 months how many months did you work in this employment?	During these months how many weeks 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?	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?	
	FEDERAL GOV.....1 STATE GOV.....2 LOCAL GOVT.....3 PARASTATAL.....4 PRIVATE SECTOR (INCLUDE PAID APPRENTICE).....5 NGO.....6 CO-OPERATIVES.....7 INTERNATIONAL ORGANIZATION /DIPLOMATIC MISSION.....8 RELIGIOUS9 SELF-EMPLOYED.....10 OTHER (SPECIFY).....11				YES...1 (► Q30) 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	(► Q33)	TIME UNIT CODE HOUR.....1 DAY.....2 WEEK.....3 FORTNIGHT..4 MONTH.....5 QUARTER....6 HALF YEAR..7 YEAR.....8
		MONTHS	WEEKS	HOURS			NAIRA	TIME UNIT
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SECTION 1: HOUSEHOLD ROSTER

29

SECTION 1: HOUSEHOLD ROSTER

OTHER ACTIVITIES				
I N D I V I D U A L I D	39.		40.	
	How many hours did you spend <u>yesterday</u> collecting/chopping firewood (or other fuel materials) in total?		How many hours did you spend <u>yesterday</u> collecting/ fetching water in total including waiting time?	
			(► SECTION 3B)	
	HOURS	MINUTES	HOURS	MINUTES

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SECTION 1: HOUSEHOLD ROSTER

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

I N D I V I D U A L I D	1																																							
	Many people work many different jobs in a six month period, either at the same time (a day and a night job, or a week-day job that is different from a week-end job) or one after the other (farming during planting and harvesting, but then processing crops to make other foods or working for someone else in the off-season). Please think back over the past 6 months (from October of last year until the present month). For each month, please tell me the three primary labor market activities that you were engaged in.																																							
	<p>ACTIVITY CODES</p> <table border="0"> <tr> <td>AGRICULTURE.....1</td> <td>FINANCIAL/INSURANCE/ REAL</td> </tr> <tr> <td>MINING.....2</td> <td>EST. SERVICES.....9</td> </tr> <tr> <td>MANUFACTURING.....3</td> <td>PERSONAL SERVICES..10</td> </tr> <tr> <td>PROFESSIONAL/</td> <td>EDUCATION.....11</td> </tr> <tr> <td>SCIENTIFIC/TECHNICAL</td> <td>HEALTH.....12</td> </tr> <tr> <td>ACTIVITIES.....4</td> <td>PUBLIC</td> </tr> <tr> <td>ELECTRICITY/WATER/</td> <td>ADMINISTRATION....13</td> </tr> <tr> <td>GAS/WASTE.....5</td> <td>NONE.....14</td> </tr> <tr> <td>CONSTRUCTION.....6</td> <td>SEARCHING FOR WORK.15</td> </tr> <tr> <td>TRANSPORTATION.....7</td> <td>OTHER, SPECIFY.....16</td> </tr> <tr> <td>BUYING AND SELLING...8</td> <td></td> </tr> </table>																		AGRICULTURE.....1	FINANCIAL/INSURANCE/ REAL	MINING.....2	EST. SERVICES.....9	MANUFACTURING.....3	PERSONAL SERVICES..10	PROFESSIONAL/	EDUCATION.....11	SCIENTIFIC/TECHNICAL	HEALTH.....12	ACTIVITIES.....4	PUBLIC	ELECTRICITY/WATER/	ADMINISTRATION....13	GAS/WASTE.....5	NONE.....14	CONSTRUCTION.....6	SEARCHING FOR WORK.15	TRANSPORTATION.....7	OTHER, SPECIFY.....16	BUYING AND SELLING...8	
	AGRICULTURE.....1	FINANCIAL/INSURANCE/ REAL																																						
MINING.....2	EST. SERVICES.....9																																							
MANUFACTURING.....3	PERSONAL SERVICES..10																																							
PROFESSIONAL/	EDUCATION.....11																																							
SCIENTIFIC/TECHNICAL	HEALTH.....12																																							
ACTIVITIES.....4	PUBLIC																																							
ELECTRICITY/WATER/	ADMINISTRATION....13																																							
GAS/WASTE.....5	NONE.....14																																							
CONSTRUCTION.....6	SEARCHING FOR WORK.15																																							
TRANSPORTATION.....7	OTHER, SPECIFY.....16																																							
BUYING AND SELLING...8																																								
September 2010			October 2010			November 2010			December 2010			JANUARY 2011			FEBUARY 2011																									
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SECTION 1: HOUSEHOLD ROSTER

FOR ALL HOUSEHOLD MEMBERS

	1.	2.			3.	4.	5.	6.		7.		8.		9.
I N D I V I D U A L	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?		How much did you pay for the first consultation?
	YES..1 NO...2 (► Q3)	LIST UP TO THREE REASONS			YES, ILLNESS..1 YES, INJURY..2 NO....3 (► Q13)	YES..1 NO....2 (► Q6)	DAYS	1ST	2ND	1ST	2ND	1ST	2ND	NAIRA
		REASON 1	REASON 2	REASON 3										
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SECTION 1: HOUSEHOLD ROSTER

I N D I V I D U A L I D	10.	11.		12.		13.	14.	15.	16.	17.	18.	19.	20.
	How much did you pay for the first trip (to and from) for consultation (transport costs only)?	How long did it take to travel to your first consultation?		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?	How much did you pay for the drugs over the counter or kiosks?	During the past 12 months, were you admitted to a hospital or health facility?	During the last 12 months how many nights did you stay in hospital or health facility?	How much did you pay for staying in a hospital or health facility?	During the last 12 months did you buy any medicine or medical supplies?	How much did you pay altogether for these medicines and medical supplies in the last 12 months?	Who paid for most of your health expenses including consultations or hospital stays (if any)?
	NAIRA	HRS	MIN	HRS	MIN	YES..1 NO...2 (► Q15)	NAIRA	YES..1 NO...2 (► Q18)	NIGHTS	NAIRA	YES.....1 NO.....2 (► Q22)	NAIRA	SELF.....1 SPOUSE.....2 PARENT.....3 OTHER RELATIVE.....4 EMPLOYER.....5 GOVERNMENT.....6 NGO.....7 OTHER ORGANIZATION..8 PRIVATE HEALTH INSURANCE.....9 NO EXPENSES...10 (►Q22) OTHER, SPECIFY.....11
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SECTION 1: HOUSEHOLD ROSTER

ACTIVITIES AND FUNCTIONING											
	21.	22A.	22B.	22C.	22D.	22E.	23.	24.	25.	26.	27.
INDIVIDUAL	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?	How old were you when the difficulty hearing began?	Do you have difficulty walking or climbing steps?
		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	IF FROM BIRTH PUT 0	No, no Difficulty....1 (► Q27) Yes, some.....2 Yes, a lot.....3 Cannot hear....4	IF FROM BIRTH PUT 0	No, no difficulty...1 (► Q29) Yes, some.....2 Yes, a lot...3 Cannot do....4
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SECTION 1: HOUSEHOLD ROSTER

I N D I V I D U A L I D	28.	29.	30.	31.	32.	33.	34.	35.		
	How old were you when the difficulty in walking or climbing stairs began? IF FROM BIRTH PUT 0	Do you have difficulty remembering or concentrating? No, no difficulty...1 (► Q31) Yes, some.....2 Yes, a lot.....3 Cannot do....4	How old were you when the difficulty in remembering or concentrating began? IF FROM BIRTH PUT 0	Do you have difficulty with self care (such as washing all over or dressing, feeding, toileting etc.)? No, no difficulty...1 (► Q33) Yes, some....2 Yes, a lot...3 Cannot do....4	How old were you when the difficulty began? IF FROM BIRTH PUT 0	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? IF FROM BIRTH PUT 0	INTERVIEWER: CHECK COLUMNS 23, 25, 27, 29, 31 AND 33: IF RESPONDENT HAS NO DIFFICULTIES (► Q37) IF RESPONDENT HAS SOME DIFFICULTIES: 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		
	AGE		AGE		AGE		AGE	At Home	At School	At Work
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SECTION 1: HOUSEHOLD ROSTER

		TREATED BEDNET			ALL PERSONS 12 YRS AND OLDER		
	36.	37.	38.	39.	40.	41.	42.
I N D I V I D U A L	During the past 12 months, what measures were taken to improve your performance of activities?	Did you sleep under a bednet yesterday?	How did the household obtain this bednet?	How much did the household pay for the bednet?	Do you currently use family planning?	What type of family planning do you currently use?	IS THIS PERSON A WOMAN AGED 12 YEARS AND OLDER?
	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	YES UNTREATED NET.....1 YES TREATED NET<6MONTHS.2 YES TREATED NET>6MONTHS.3 NO.....4 (► Q40)	FREE GIFT...1 (► Q40) PURCHASED...2 PURCHASED W/ VOUCHER.3		YES..1 NO...2 (► Q42)	PILL.....1 CONDOM.....2 INJECTION.....3 IUD.....4 FEMALE STERILIZATION..5 MALE STERILIZATION..6 DOUCHE.....7 NOROLANT.....8 FOAMING TAB...9 DIAPHRAM.....10 FOAM JELLY...11 TRADITIONAL METHODS.....12 ABSTINENCE...13 WITHDRAWAL...14 RHYTHM.....15 OTHERS (SPECIFY)16	YES..1 NO...2(► Q51)
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SECTION 1: HOUSEHOLD ROSTER

FOR WOMEN AGED 12-49 YEARS

I N D I V I D U A L I D	43.	44.	45.	46.	47.	48.
	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 (► NEXT PERSON)			YES..1 NO...2 (► NEXT PERSON)	YES..1 NO...2 (► NEXT PERSON)	
		MALE	FEMALE	MALE	FEMALE	NUMBER

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SECTION 1: HOUSEHOLD ROSTER

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

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SECTION 1: HOUSEHOLD ROSTER

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 OTHER, SPECIFY.....4	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	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 1: HOUSEHOLD ROSTER

	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 supplement- ation?	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 25)

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SECTION 1: HOUSEHOLD ROSTER

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 MEDECINE.....1 PLAIN WATER.....2 SWEETENED, FLAVORED WATER OR FRUITE 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	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				LIST ALL THAT APPLY		YES..1 NO...2
			MONTHS			MONTHS	

1							
2							
3							
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11							
12							

SECTION 1: HOUSEHOLD ROSTER

RESPONDENTS 10 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.	8.
	Do you have access to a radio?	What is your main source of access to a radio? IF OPTIONS 2 - 6 SKIP TO Q4	How many radios do you own?	Do you have access to a television?	What are your favourite TV stations in order of preference ?			What is your main source of access to a television? IF OPTIONS 2 - 6 SKIP TO Q8	How many televisions do you own?	Do you have access to a mobile phone?
	YES..1 NO...2 (► Q4)	OWNED.....1 FAMILY MEMBER/FRIEND/ NEIGHBOR.....2 UMBRELLA CENTRE.....3 WORKPLACE.....4 BUSINESS CENTRE.....5 OTHER (SPECIFY)6		YES..1 NO...2 (► Q8)	TV STATION CODES DBN.....1 CHANNELS.....2 MINAJ.....3 NTA.....4 AIT.....5 MITV.....6 SILVER BIRD.....7 GALAXY.....8 STATE TV.....9 FOREIGN/CABLE...10 DSTV.....11			OWNED.....1 FAMILY MEMBER/FRIEND/ NEIGHBOR.....2 UMBRELLA CENTRE.....3 WORKPLACE.....4 BUSINESS CENTRE.....5 OTHER (SPECIFY)6		YES..1 NO...2 (► Q11)
			NUMBER		1st	2nd	3rd		NUMBER	
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2										
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12										

SECTION 1: HOUSEHOLD ROSTER

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

1									
2									
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SECTION 1: HOUSEHOLD ROSTER

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

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9										
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12										

SECTION 1: HOUSEHOLD ROSTER

	28.	29.	30.	31.	32.	33.	34.	35.	36.	37.	38.
I N D I V I D U A L I D	During the last 12 months, did you use the internet to get information related to health or health services?	During the last 12 months, did you use the internet to send/receive email?	During the last 12 months, did you use the internet to post information or instant message?	During the last 12 months, did you use the internet to telephone over the internet/VOIP?	During the last 12 months, did you use the internet to purchase/ordering goods/services?	During the last 12 months, did you use the internet to do internet banking?	During the last 12 months, did you use the internet for education or learning activities?	During the last 12 months, did you use the internet to play or download a video/computer game?	During the last 12 months, did you use the internet to download movies, images, or music?	During the last 12 months, did you use the internet to download software?	During the last 12 months, did you use the 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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11											
12											

SECTION 1: HOUSEHOLD ROSTER

RESPONDENTS 10 AND OLDER SHOULD RESPOND IN THIS SECTION

	1.	2.	3.	4.	5.	6.	7.	8.
I N D I V I D U A L I D	Did you receive a monetary gift or an in-kind gift from abroad in the past year?	Did you receive a monetary gift from abroad in the past year?	What was the amount of cash you received in Naira?	What was the amount of cash you received in a foreign currency?	What was the unit of foreign currency?	Did you receive a gift in kind from abroad in the past year?	What was the in-kind gift that you received from abroad in the past year?	What is the estimated value of the in-kind gift you received in Naira?
	YES..1 NO...2 (► NEXT PERSON)	YES..1 NO...2 (► Q6)			US DOLLAR...1 EURO.....2 POUND STERLING....3 OTHER (SPECIFY) ...4	YES..1 NO...2 (► NEXT PERSON)	VEHICLE.....1 HOME APPLIANCE/ ELECTRONICS..2 CLOTHING/ FOOTWEAR.....3 PERSONAL ACCESSORIES..4 OTHER (SPECIFY)5	
			NAIRA	AMOUNT				NAIRA

1								
2								
3								
4								
5								
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12								

SECTION 1: HOUSEHOLD ROSTER

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

1					
2					
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4					
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7					
8					
9					
10					
11					
12					

[illegible]

SECTION 1: HOUSEHOLD ROSTER

11.	12.
Through whom was the gift sent to you?	What was the purpose for which the gift was intended?
<p>RELATIONS....1</p> <p>FRIENDS.....2</p> <p>COLLEAGUES...3</p> <p>NEIGHBORS....4</p> <p>ASSOCIATION/ RELIGIOUS</p> <p>ORGANIZATION.5</p> <p>OTHER</p> <p>(SPECIFY)6</p>	<p>MAINTENANCE FOR UPKEEP/ SUBSIDIZE CONSUMPTION OF SPOUSE, PARENTS, OR RELATIVES.....1</p> <p>MORTGAGE FUND FOR LAND, HOUSES AND OTHER REAL ESTATE.....2</p> <p>INVESTMENT IN SHARES, BONDS, OR OTHER FINANCIAL INVESTMENT.....3</p> <p>DEVELOPMENT PROJECTS IN THE COMMUNITY.....4</p> <p>PAYMENTS/DONATIONS TO NON PROFIT INSTITUTIONS (RELIGIOUS BODIES).....5</p> <p>PAYMENTS/DONATIONS TO NGOS.....6</p> <p>PAYMENT OF HOSPITAL BILL OF SPOUSE, PARENT OR OTHER RELATIVE.....7</p> <p>PAYMENT OF SCHOOL FEES OF SCHOOL FEES OF SPOUSE, PARENT OR OTHER RELATIVE.....8</p>

[illegible]

SECTION 7: HOUSEHOLD ASSETS SALE AND ACQUISITION

	I T E M C O D E	MARK "X" IF HOUSEHOLD HAD THIS ITEM IN THE POST PLANTING INTERVIEW	1.	2.	3.	4.	5.	6.	7.	8.
In the previous 6 months, have you or any member of your household sold any [ITEM] owned by members of your household? YES...1 NO..2 (► Q5)			How many of [ITEM] did you or anyone in your household sell?	How much did you receive from selling [ITEM]?	Who is the person whose [ITEM(S)] were sold? WRITE THE ID OF THIS PERSON.	In the previous 6 months, did you or anyone in your household purchase or receive as a gift any [ITEM]? YES.....1 NO.....2 (► NEXT ITEM)	How many of [ITEM] did you or anyone in your household obtain?	What was the cost of [ITEM]? ASK HOUSEHOLD MEMBER TO ESTIMATE THE COST IF ITEM WAS RECEIVED AS A GIFT	Who is the person that owns this new [ITEM]? WRITE THE ID CODE OF THIS PERSON	
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									

SECTION 7: HOUSEHOLD ASSETS SALE AND ACQUISITION

	I T E M C O D E	MARK "X" IF HOUSEHOLD HAD THIS ITEM IN THE POST PLANTING INTERVIEW	1.	2.	3.	4.	5.	6.	7.	8.
In the previous 6 months, have you or any member of your household sold any [ITEM] owned by members of your household? YES...1 NO...2 (► Q5)			How many of [ITEM] did you or anyone in your household sell?	How much did you receive from selling [ITEM]?	Who is the person whose [ITEM(S)] were sold? WRITE THE ID OF THIS PERSON.	In the previous 6 months, did you or anyone in your household purchase or receive as a gift any [ITEM]? YES.....1 NO.....2 (► NEXT ITEM)	How many of [ITEM] did you or anyone in your household obtain?	What was the cost of [ITEM]? ASK HOUSEHOLD MEMBER TO ESTIMATE THE COST IF ITEM WAS RECEIVED AS A GIFT	Who is the person that owns this new [ITEM]? WRITE THE ID CODE OF THIS PERSON	
ITEM				No. OF ITEMS	NAIRA	ID CODE		No. OF ITEMS	NAIRA	ID CODE
Fan	321									
Radio	322									
Cassette recorder	323									
Hi-Fi (Sound System)	324									
Microwave	325									
Iron	326									
TV Set	327									
Computer	328									
DVD Player	329									
Satellite Dish	330									
Musical Instrument	331									
Others (Specify)	332									
Others (Specify)	332									
Others (Specify)	332									
Others (Specify)	332									
Others (Specify)	332									
Others (Specify)	332									
Others (Specify)	332									
Others (Specify)	332									
Others (Specify)	332									

SECTION 8: HOUSING

1.	2.	3.	4.	5.	6.	7.		
Do you own or are you purchasing this dwelling, is it provided to you by an employer, do you use it for free, or do you rent this house?	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 <u>OUTER WALLS</u> OF THE MAIN DWELLING OF THE HOUSEHOLD ARE PREDOMINANTLY MADE OF WHAT MATERIAL?	THE <u>ROOF</u> OF THE MAIN DWELLING IS PREDOMINANTLY MADE OF WHAT MATERIAL?		
OWNED.1 EMPLOYER PROVIDES2 (▶ Q3) FREE, AUTHORIZED3 (▶ Q3) FREE, NOT AUTHORIZED.4 (▶ Q3) RENTED5 (▶ Q4)		(▶ Q5)		IF DON'T KNOW, WRITE 9999	GRASS 1 MUD 2 COMPACTED EARTH.. 3 MUD BRICK (UNFIRED)4 BURNT BRICKS. 5 CONCRETE. 6 WOOD. 7 IRON SHEETS 8 OTHER (SPECIFY).. 9	GRASS.....1 IRON SHEETS.....2 CLAY TILES.....3 CONCRETE....4 PLASTIC SHEETING....5 ASBESTOS SHEET6 OTHER (SPECIFY) ...7		
	NAIRA	NAIRA	TIME UNIT	NAIRA	TIME UNIT	YEAR		
8.	9.	10	11	12	13	14	15	16
THE <u>FLOOR</u> OF THE MAIN DWELLING IS PREDOMINANTLY MADE OF WHAT MATERIAL?	How many <u>separate rooms</u> do the members of your household occupy? (DO NOT COUNT BATHROOMS, TOILETS, STOREROOMS, OR GARAGE)	What is your main source of <u>lighting fuel</u> ?	What is your main source of <u>cooking fuel</u> ?	Do you ever <u>collect 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 ELECTRICITY. .5 GAS.6 BATTERY/DRY CELL (TORCH).7 CANDLES. . . .8 OTHER (SPECIFY). .9	COLLECTED FIREWOOD. . .1 PURCHASED FIREWOOD. . .2 COAL.3 GRASS.4 KEROSENE . . .5 ELECTRICITY. .6 GAS.7 BATTERY/DRY CELL (TORCH).8 CANDLES. . . .9 OTHER (SPECIFY). .10	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) ALL2 ALMOST ALL....3 MORE THAN HALF4 HALF.....5 LESS THAN HALF6 A LITTLE.....7 NONE.....8	
	NUMBER OF ROOMS					TIME AMOUNT	UNIT	NAIRA

SECTION 8: HOUSING

17.	18.	19.	20.	21.	22.	23.	24.
Do you have <u>electricity</u> 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 connection the 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> <u>Lighting</u> FIREWOOD.....1 KEROSENE.....2 RECHARGEABLE LAMP.....3 GENERATOR.....4 OTHER (SPECIFY)5 </div> <div> <u>Cooking</u> CHARCOAL... 1 FIREWOOD....2 GAS.....3 KEROSENE....4 GENERATOR...5 OTHER (SPECIFY)6 </div>	PHCN (NEPA) only.....1 Rural Electrification..2 Private Generator...3 PHCN (NEPA) /Generator..4 Rural Electricity/Generator....5 Solar Panel....6 ▶Q25)	FEMALE...2 YES..1 NO...2 (▶ Q23)	WEEKS	YES..1 NO...2	NEVER.....1 EVERY DAY.....2 SEVERAL TIMES A WEEK.....3 SEVERAL TIMES A MONTH.....4 SEVERAL TIMES A YEAR.....5	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 <u>landline telephone</u> in working condition in the dwelling unit?	What was the total cost for <u>landline telephone</u> in the household ? What period does this cost refer?		
DAY1 WEEK.....2 MONTH3 YEAR.....4 (▶ Q29)	YES.....1 NO.....2 (▶ Q29)	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)	WEEKS	YES..1 NO...2 (▶ Q31)	DAY1 WEEK.....2 MONTH3 YEAR.....4		
NAIRA TIME UNIT		1ST 2ND	WEEKS		NAIRA TIME UNIT		

SECTION 8: HOUSING

31.	32.	33.		34.		35.	36.	37.	38.
Does someone in the household own a GSM phone (<u>cell phone</u>) in working condition?	Estimate the total cost for <u>cell phone</u> service for all household members last month?	What was your <u>main</u> source of <u>drinking water</u> ?		How long does it take you to walk (ONE WAY) to the water source from your dwelling?		What was the total cost of <u>drinking water</u> for your household last month?	What kind of <u>toilet facility</u> does your household use?	Is this toilet facility for the use of:	What kind of <u>refuse disposal</u> facilities does your household use?
YES..1 NO...2		PIPE BORNE WATER TREATED. 1 PIPE BORNE WATER UNTREATED..... 2 BORE HOLE/HAND PUMP. ...3 WELL/SPRING PROTECTED. .4 WELL/SPRING UNPROTECTED.5 RIVER/SPRING6 LAKE/RESERVOIR7 RAIN WATER8 TANKER/TRUCK/VENDOR. . .9 OTHER(SPECIFY) 10		IF WATER IS IN HOUSE OR IN YARD WRITE 0 IN TIME AMOUNT MINUTE. 1 HOUR.. . 2		ENTER 'ZERO' IF NONE.	NONE1 (►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	HH BIN COLLECTED BY GOVERNMENT.....1 HH BIN COLLECTED BY PRIVATE AGENCY.....2 GOVERNMENT BIN OR SHED..... 3 DISPOSAL WITHIN COMPOUND.....4 UNAUTHORISED REFUSE HEAP.....5 OTHER(SPECIFY)67 NONE.....7 (►NEXT SECTION)
(► Q33)	NAIRA	DRY SEASON	WET SEASON	TIME AMOUNT	TIME UNIT	NAIRA			

39.
How much did you spend on refuse disposal in the last month?
NAIRA

SECTION 9: NON-FARM ENTERPRISES AND INCOME GENERATING ACTIVITIES

55

SECTION 9: NON-FARM ENTERPRISES AND INCOME GENERATING ACTIVITIES

E N T R P R I S E N O	6.		7.	8.	9.	10.	11.	12.
	Who in the household manages this [INCOME-GENERATING ACTIVITY] or is most familiar with it? IF CO-MANAGERS, LIST BOTH. IF PRESENT, ASK THIS QUESTION FROM MANAGER(S).		INTERVIEWER: CHECK PRINT OUT: ARE THESE THE SAME OWNERS OR MANAGERS OF THE INCOME GENERATING ACTIVITY LISTED IN THE PRINTOUT? Yes.....1 (►Q9) No.....2 Income Generating activity not present in first visit ..3 (►Q9)	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]?	Where do you operate 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	Is this [INCOME-GENERATING ACTIVITY]? officially registered with the government? YES...1 NO...2
	MANAGER 1	MANAGER 2						
	ID CODE	ID CODE			ID CODE	MONTHS		

1								
2								
3								
4								
5								
6								
7								
8								

SECTION 9: NON-FARM ENTERPRISES AND INCOME GENERATING ACTIVITIES

E N T E R P R I S E N O	13.		14.		15.			16.	17.	18.	19.	
	Who are the household members engaged in this [INCOME-GENERATING ACTIVITY]? IF MORE THAN ONE HOUSEHOLD MEMBER, PUT ALL ID CODES SEPARATED BY COMMA		How many <u>employees</u> are there who are <u>not household members</u> ?		What was the main source of start-up capital for this [INCOME-GENERATING ACTIVITY]? CAN LIST UP TO THREE IN ORDER OF IMPORTANCE. 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 ROCEEDS FROM FAMILY NON-ENTERPRISE.....12 RELATIVES/FRIENDS.....13 OTHER (Specify).....14			Since our last interview, did you try to get credit for this [INCOME GENERATING ACTIVITY] from banks and other formal financial agencies?	Did you eventually get the credit from the banks OR other formal financial agencies for this [INCOME GENERATING ACTIVITY]?	Since our last interview, did you use any credit to operate this enterprise [INCOME GENERATING ACTIVITY]?	Since our last interview, what was the source of credit that has been used to operate this enterprise [INCOME GENERATING ACTIVITY]? 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	
	PAID	UNPAID	MALE	FEMALE	1	2	3	YES...1 NO...2 (►Q18)	YES.....1 NO.....2	YES.....1 NO.....2 (►Q21)	1	2
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	20.	21.	22.	23.		24.	25.	26.	27.
	Since our last interview, how much have you borrowed for this [INCOME GENERATING ACTIVITY]?	Since our last interview, did the [INCOME GENERATING ACTIVITY] have any loans that it was repaying (in cash or kind)? YES...1 NO...2 (► Q23)	Since our last interview, what is the amount of naira repaid on loans for [INCOME-GENERATING ACTIVITY]?	To whom do you sell your products or services? LIST UP TO 2 BUYERS IN ORDER OF IMPORTANCE. 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		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?
	NAIRA		NAIRA	1	2	NAIRA	NAIRA	NAIRA	NAIRA
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	INSURANCE	RENT	INTEREST	RAW MATERIALS	OTHER
NAIRA	NAIRA	NAIRA	NAIRA	NAIRA	NAIRA	NAIRA	NAIRA	
1								
2								
3								
4								
5								
6								
7								
8								

SECTION 10A: MEALS AWAY FROM HOME

	I 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, pofpof, etc		5		
Dairy based beverages such as milk, yoghurt etc.		6		
Vegetables and roasted such as(carrot, pears, roasted corn and plantain, sugar cane)		7		
Non alcoholic drinks		8		
Alcoholic drinks		9		

SECTION 10B: FOOD EXPENDITURE

	I T E M C O D E	1.	2.		3.		4.	5.		6.	
Within the <u>past 7 days</u> , did the members of this household eat/drink any of this [ITEM] within the household?		How much in total did your household consume of this [ITEM] in the <u>past 7 days</u> ?		How much did the household purchase of this [ITEM] during the <u>past 7 days</u> ?		How much did your household spend on this [ITEM] during the past 7 days?	How much of consumption of this [ITEM] came from own-production during the past 7 days?	How much of consumption of this [ITEM] came from gifts and other sources during the past 7 days?			
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.....1 GRAMS.....2 LITRE.....3 MILLILITRE.....4	IF NONE WRITE 0 FOR QUANTITY AND LEAVE UNIT BLANK ► Q5 KILOGRAMS.....1 GRAMS.....2 LITRE.....3 MILLILITRE.....4	THIS QUESTION REFERS TO THE QUANTITY IN QUESTION 3	IF NONE WRITE 0 FOR QUANTITY AND LEAVE UNIT BLANK KILOGRAMS.....1 GRAMS.....2 LITRE.....3 MILLILITRE.....4	EXCLUDE FOOD TAKEN OUTSIDE THE HOUSEHOLD IF NONE ,WRITE 0 FOR QUANTITY AND LEAVE UNIT BLANK KILOGRAMS.....1 GRAMS.....2 LITRE.....3 MILLILITRE.....4					
		QUANTITY	UNIT	QUANTITY	UNIT	NAIRA	QUANTITY	UNIT	QUANTITY	UNIT	
GRAINS AND FLOURS											
Guinea corn/sorghum	10										
Millet	11										
Maize	12										
Rice - local	13										
Rice - imported	14										
Bread	15										
Maize flour	16										
Yam flour	17										
Cassava flour	18										
Wheat flour	19										
Other grains and flour	20										
STARCHY ROOTS, TUBERS & PLANTAIN											
Cassava - roots	30										
Yam - roots	31										
Gari - white	32										
Gari - yellow	33										
Cocoyam	34										
Plantains	35										
Sweet potatoes	36										

SECTION 10B: FOOD EXPENDITURE

	I T E M C O D E	1.	2.		3.		4.	5.		6.	
Within the <u>past 7 days</u> , did the members of this household eat/drink any of this [ITEM] within the household?		How much in total did your household consume of this [ITEM] in the <u>past 7 days</u> ?		How much did the household purchase of this [ITEM] during the <u>past 7 days</u> ?		How much did your household spend on this [ITEM] during the past 7 days?	How much of consumption of this [ITEM] came from own-production during the past 7 days?	How much of consumption of this [ITEM] came from gifts and other sources during the past 7 days?			
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.....1 GRAMS.....2 LITRE.....3 MILLILITRE.....4	IF NONE WRITE 0 FOR QUANTITY AND LEAVE UNIT BLANK ► Q5 KILOGRAMS.....1 GRAMS.....2 LITRE.....3 MILLILITRE....4	THIS QUESTION REFERS TO THE QUANTITY IN QUESTION 3	IF NONE WRITE 0 FOR QUANTITY AND LEAVE UNIT BLANK KILOGRAMS.....1 GRAMS.....2 LITRE.....3 MILLILITRE....4	EXCLUDE FOOD TAKEN OUTSIDE THE HOUSEHOLD IF NONE ,WRITE 0 FOR QUANTITY AND LEAVE UNIT BLANK KILOGRAMS.....1 GRAMS.....2 LITRE.....3 MILLILITRE....4					
		QUANTITY	UNIT	QUANTITY	UNIT	NAIRA	QUANTITY	UNIT	QUANTITY	UNIT	
Potatoes	37										
Other roots and tuber	38										
PULSES, NUTS AND SEEDS											
Soya beans	40										
Brown beans	41										
White beans	42										
Groundnuts	43										
Other nuts/seeds/pulses	44										
OIL AND FATS											
Palm oil	50										
Butter/ Margarine	51										
Groundnuts Oil	52										
Other oil and Fat	53										
FRUITS											
Bananas	60										
Orange/tangerine	61										
Mangoes	62										
Avocado pear	63										
Pineapples	64										
Fruit canned	65										

SECTION 10B: FOOD EXPENDITURE

		1.	2.		3.		4.	5.		6.	
	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> ?		How much did your household spend on this [ITEM] during the past 7 days?	How much of consumption of this [ITEM] came from own-production during the past 7 days?		How much of consumption of this [ITEM] came from gifts and other sources during the past 7 days?	
		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.....1 GRAMS.....2 LITRE.....3 MILLILITRE.....4		IF NONE WRITE 0 FOR QUANTITY AND LEAVE UNIT BLANK ► Q5 KILOGRAMS.....1 GRAMS.....2 LITRE.....3 MILLILITRE.....4		THIS QUESTION REFERS TO THE QUANTITY IN QUESTION 3	IF NONE WRITE 0 FOR QUANTITY AND LEAVE UNIT BLANK KILOGRAMS.....1 GRAMS.....2 LITRE.....3 MILLILITRE.....4		EXCLUDE FOOD TAKEN OUTSIDE THE HOUSEHOLD IF NONE ,WRITE 0 FOR QUANTITY AND LEAVE UNIT BLANK KILOGRAMS.....1 GRAMS.....2 LITRE.....3 MILLILITRE.....4	
			QUANTITY	UNIT	QUANTITY	UNIT	NAIRA	QUANTITY	UNIT	QUANTITY	UNIT
Other fruits	66										
VEGETABLES											
Tomatoes	70										
Tomato puree (canned)	71										
Onions	72										
Garden eggs/egg plant	73										
Okra - fresh	74										
Okra - dried	75										
Pepper	76										
Leaves (Cocoyam, Spinach, etc.)	77										
Other vegetables (fresh or	78										
PRODUCTS											
Chicken	80										
Duck	81										
Other domestic poultry	82										
Agricultural eggs	83										
Local eggs	84										
Other eggs (not chicken)	85										
MEAT											
Beef	90										

SECTION 10B: FOOD EXPENDITURE

	I T E M C O D E	1.	2.		3.		4.	5.		6.		
Within the <u>past 7 days</u> , did the members of this household eat/drink any of this [ITEM] within the household? 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.....1 GRAMS.....2 LITRE.....3 MILLILITRE.....4	IF NONE WRITE 0 FOR QUANTITY AND LEAVE UNIT BLANK ► Q5 KILOGRAMS.....1 GRAMS.....2 LITRE.....3 MILLILITRE.....4	How much did the household purchase of this [ITEM] during the <u>past 7 days</u> ? THIS QUESTION REFERS TO THE QUANTITY IN QUESTION 3	How much did your household spend on this [ITEM] during the past 7 days?	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.....1 GRAMS.....2 LITRE.....3 MILLILITRE.....4	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.....1 GRAMS.....2 LITRE.....3 MILLILITRE.....4	QUANTITY	UNIT	QUANTITY	UNIT	QUANTITY
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,	105											
Canned fish/seafood	106											
Other fish or seafood	107											
MILK AND MILK PRODUCTS												
Fresh milk	110											
Milk powder	111											
Baby milk powder	112											
Milk tinned (unsweetened)	113											

SECTION 10B: FOOD EXPENDITURE

		1.	2.		3.		4.	5.		6.	
	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> ?		How much did your household spend on this [ITEM] during the past 7 days?	How much of consumption of this [ITEM] came from own-production during the past 7 days?		How much of consumption of this [ITEM] came from gifts and other sources during the past 7 days?	
		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.....1 GRAMS.....2 LITRE.....3 MILLILITRE.....4		IF NONE WRITE 0 FOR QUANTITY AND LEAVE UNIT BLANK ► Q5 KILOGRAMS.....1 GRAMS.....2 LITRE.....3 MILLILITRE.....4		THIS QUESTION REFERS TO THE QUANTITY IN QUESTION 3	IF NONE WRITE 0 FOR QUANTITY AND LEAVE UNIT BLANK KILOGRAMS.....1 GRAMS.....2 LITRE.....3 MILLILITRE.....4		EXCLUDE FOOD TAKEN OUTSIDE THE HOUSEHOLD IF NONE ,WRITE 0 FOR QUANTITY AND LEAVE UNIT BLANK KILOGRAMS.....1 GRAMS.....2 LITRE.....3 MILLILITRE.....4	
			QUANTITY	UNIT	QUANTITY	UNIT	NAIRA	QUANTITY	UNIT	QUANTITY	UNIT
Other milk products	114										
COFFEE, TEA, COCOA AND THE LIKE BEVERAGES											
Coffee	120										
Chocolate drinks (including Milo)	121										
Tea	122										
SUGAR, SWEETS AND CONFECTIONARY											
Sugar	130										
Jams	131										
Honey	132										
Other sweets and confectionary	133										
OTHER MISCELLANEOUS FOODS											
Condiments (salt, spices, pepper,	140										
NON-ALCOHOLIC DRINKS											
Bottled water	150										
Sachet water	151										
Malt drinks	152										
Soft drinks (Coca Cola, spirit, etc)	153										
Fruit juice canned/Pack	154										

SECTION 10B: FOOD EXPENDITURE

		1.	2.	3.	4.	5.	6.				
	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.....1 GRAMS.....2 LITRE.....3 MILLILITRE.....4</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.....1 GRAMS.....2 LITRE.....3 MILLILITRE.....4</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>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.....1 GRAMS.....2 LITRE.....3 MILLILITRE.....4</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</p> <p>IF NONE ,WRITE 0 FOR QUANTITY AND LEAVE UNIT BLANK</p> <p>KILOGRAMS.....1 GRAMS.....2 LITRE.....3 MILLILITRE.....4</p>				
			QUANTITY	UNIT	QUANTITY	UNIT	NAIRA	QUANTITY	UNIT	QUANTITY	UNIT
Other non-alcoholic drinks	155										

SECTION 10B: FOOD EXPENDITURE

		1.	2.		3.		4.	5.		6.	
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> ?		How much did your household spend on this [ITEM] during the past 7 days?	How much of consumption of this [ITEM] came from own-production during the past 7 days?		How much of consumption of this [ITEM] came from gifts and other sources during the past 7 days?	
		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.....1 GRAMS.....2 LITRE.....3 MILLILITRE.....4	IF NONE WRITE 0 FOR QUANTITY AND LEAVE UNIT BLANK ► Q5 KILOGRAMS.....1 GRAMS.....2 LITRE.....3 MILLILITRE.....4	THIS QUESTION REFERS TO THE QUANTITY IN QUESTION 3	IF NONE WRITE 0 FOR QUANTITY AND LEAVE UNIT BLANK KILOGRAMS.....1 GRAMS.....2 LITRE.....3 MILLILITRE.....4	EXCLUDE FOOD TAKEN OUTSIDE THE HOUSEHOLD IF NONE ,WRITE 0 FOR QUANTITY AND LEAVE UNIT BLANK KILOGRAMS.....1 GRAMS.....2 LITRE.....3 MILLILITRE.....4				
			QUANTITY	UNIT	QUANTITY	UNIT	NAIRA	QUANTITY	UNIT	QUANTITY	UNIT
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

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

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

Yes....1
No.....2 (► Next Section)

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

SECTION 10C: AGGREGATE FOOD CONSUMPTION

L	Spices/Condiments (Tea; Coffee/Chocolate drink/Milo; Salt; Spices; Pepper; Tomato Sauce; Fish Powder/Sauce; Other Condiment - Including Small Amounts of Milk for Tea/Coffee)	
---	---	--

SECTION 11: NON-FOOD EXPENDITURE

7 DAYS

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

ONE MONTH RECALL

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

ONE MONTH RECALL

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

SECTION 11: NON-FOOD EXPENDITURE

6 month recall

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

12 months recall

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

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

	I T E M C O D E	9. Over the past one year did the household gather, purchase, or pay for any [...]? YES....1 NO.2 (► NEXT ITEM)	10. What was the estimated total value of [...] consumed by the household? NAIRA	11. What was the cost of that which the household purchased? 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.
DAYS	DAYS	DAYS	DAYS	DAYS	DAYS	DAYS	DAYS	DAYS

--	--	--	--	--	--	--	--	--

2 How many meals, including breakfast are taken per day in your household? <table border="1"> <tr> <td>a. Adults</td> <td>b. Children (6-59 months)</td> </tr> <tr> <td>NUMBER</td> <td>NUMBER</td> </tr> </table>		a. Adults	b. Children (6-59 months)	NUMBER	NUMBER	3 Do all household members eat roughly the same diet? YES.1 (►5) NO..2	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 to less diverse (1, 2, and 3) <table border="1"> <tr> <td>a. Male</td> <td>b. Female</td> <td>c. Children (6-59 months)</td> </tr> </table>			a. Male	b. Female	c. Children (6-59 months)	5 In the past 12 months, have you been faced with a situation when you did not have enough food to feed the household? YES.1 NO..2 (► NEXT SECTION)	6 When did you experience this incident ? IF MORE THAN ONCE, LIST ALL APPLICABLE MONTHS IN CORRECT YEAR COLUMN, SEPARATED BY A COMMA. <table border="1"> <tr> <td>JANUARY..1</td> <td>JULY.....7</td> </tr> <tr> <td>FEBRUARY..2</td> <td>AUGUST....8</td> </tr> <tr> <td>MARCH....3</td> <td>SEPTEMBER..9</td> </tr> <tr> <td>APRIL....4</td> <td>OCTOBER..10</td> </tr> <tr> <td>MAY.....5</td> <td>NOVEMBER..11</td> </tr> <tr> <td>JUNE.....6</td> <td>DECEMBER..12</td> </tr> <tr> <td>2010</td> <td>2011</td> </tr> </table>		JANUARY..1	JULY.....7	FEBRUARY..2	AUGUST....8	MARCH....3	SEPTEMBER..9	APRIL....4	OCTOBER..10	MAY.....5	NOVEMBER..11	JUNE.....6	DECEMBER..12	2010	2011	7 What was the cause of this situation? LIST UP TO 3 IN ORDER OF IMPORTANCE; USE CODES ON THE RIGHT. <table border="1"> <tr> <td>a.</td> <td>b.</td> <td>c.</td> </tr> <tr> <td>1ST</td> <td>2ND</td> <td>3RD</td> </tr> </table>			a.	b.	c.	1ST	2ND	3RD	CODES FOR Q7: 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)																																						
NUMBER	NUMBER																																						
a. Male	b. Female	c. Children (6-59 months)																																					
JANUARY..1	JULY.....7																																						
FEBRUARY..2	AUGUST....8																																						
MARCH....3	SEPTEMBER..9																																						
APRIL....4	OCTOBER..10																																						
MAY.....5	NOVEMBER..11																																						
JUNE.....6	DECEMBER..12																																						
2010	2011																																						
a.	b.	c.																																					
1ST	2ND	3RD																																					

SECTION 13: OTHER HOUSEHOLD INCOME

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

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

SECTION 14: SAFETY NETS

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

SECTION 14: SAFETY NETS

	1.	4					5	
	<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 (► NEXT PROGRAMME)</p>	<p>Which household members received this assistance in the last 12 months?</p> <p>RECORD HOUSEHOLD ROSTER ID OF EACH MEMBER MENTIONED</p>					<p>When was the last time your household received this assistance?</p>	
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.

S H O C K C O D E	1	2	3					4				5				6	CODES FOR Q 4.		
	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?					Rank the 3 most significant shocks you have experienced (1) most severe; (2) second most severe; (3) third	What was the most important consequence of the most recent [SHOCK]? SEE CODES				Who was most affected by these shocks? WRITE ID CODES OF PERSONS AFFECTED BY THE SHOCK SEPERATED BY COMMAS. IF EVERYONE, WRITE '98'						
			2007	2008	2009	2010	2011		1st	2nd	3rd	4th							
1	Death or disability of an adult working member of the household																	Sale of livestock	1
2	Death of someone who sends remittances to the household																	Sale of land	2
3	Illness of income earning member of the household																	Sale of other property	3
4	Loss of an important contact																	Sent children to live with friends	4
5	Job loss																	Withdrew children from school	5
6	Departure of income earning member of the household due to separation or divorce																	Engaged in additional income generating activities	6
7	Departure of income earning member of the household due to marriage																	Received assistance from friends & family	7
8	Nonfarm business failure																	Borrowed from friends & family	8
9	Theft of crops, cash, livestock or other property																		
10	Destruction of harvest by fire																	Took a loan from a financial institution	9
11	Dwelling damaged/demolished																	Members of the household migrated for work	10
12	Poor rains that caused harvest failure																	Credited purchases	11
13	Flooding that caused harvest failure																	Delayed payment obligations	12
14	Pest invasion that caused harvest failure or storage loss																	Sold harvest in advance	13
15	Loss of property due to fire or flood																	Reduced food consumption	14
16	Loss of land																	Reduced non-food consumption	15
17	Death of livestock due to illness																	Relied on savings	16
18	Increase in price of inputs																	Received assistance from NGO	17
19	Fall in the price of output																	Took advanced payment from employer	18
20	Increase in price of major food items consumed																	Received assistance from government	19
21	Kidnapping/Hijacking/robbery/assault																	Was covered by insurance policy	20
22	Other (specify)																	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)

☐

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

SECTION 16: CONTACT INFORMATION

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

PHONE NUMBER FOR HOUSEHOLD HEAD:

LANDLINE

CELL

1A NAME : _____ PHONE : _____ / _____

2. In case we are not able to make contact with you, could you kindly provide us with the telephone numbers of some other adult members of
PHONE NUMBERS FOR OTHER HOUSEHOLD MEMBERS:

2A. NAME : _____ ID (FROM ROSTER) _____ PHONE : _____

2B. NAME : _____ ID (FROM ROSTER) _____ PHONE : _____

2C. NAME : _____ ID (FROM ROSTER) _____ PHONE : _____

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

CONTACT INFORMATION FOR REFERENCE PERSON 1

3A1. NAME : _____

3A2. RELATION TO HEAD : _____

3A3. PHONE (LANDLINE) : _____

3A4. PHONE (CELL) : _____

3A5. ADDRESS

CONTACT INFORMATION FOR REFERENCE PERSON 2

3B1. NAME : _____

3B2. RELATION TO HEAD : _____

3B3. PHONE (LANDLINE) : _____

3B4. PHONE (CELL) : _____

3B5. ADDRESS
