Federal Republic of Nigeria National Bureau of Statistics Abuja, Nigeria

GENERAL HOUSEHOLD SURVEY

Tracking Form (T1) for Panel Households

INSTRUCTIONS

- 1. Fill-out this form if the household has moved from the address where it was found during the previous visit:
- 2. Section 1 must be complete. Information should be obtained from the questionnaire used in the previous visit
- 3. Place an "X" in the box to select a response in the case of selection type questions.
- 4. This form should be submitted to the State Officer, through the field supervisor.

SECTION 1: HOUSEHOLD IDENTIFICATION

	HHID:		
1.	ZONE:	2. STATE	
3.	LGA:		
4.	SECTOR:		
5.	EA:		
6.	RIC CODE:		
7.	HH NO.		
8.	NAME OF HOUSE	HOLD HEAD:	
8a.	HAVE ALL MEMBE	PRS OF THE HOUSEHOLD DIED? YES (► END FORM) NO	
9.	ENTIRE HOUSEHO	PLD HAS MOVED YES NO	
FOR	STATE OFFICE USE	ONLY	
FORI	M STATUS:	Complete DESTINATION STATES: Incomplete	Code
TRAC	CKING TYPE:	Complete Household Together Complete Household Moved & Split	
		Deceased household	

SEC	TION 2: RELOCATED HOUSEHOLD INFORT	MATION				
			dd/mm/yy			
1.	When did this household move?		/ /			
			WRITE 99/99/99 IF NOT KNOWN			
2.	Is this a permanent move?		YES (▶Q4)			
	(i.e. the household will not be coming b	ack)?	NO			
	(ner the household thin het se coming a	acity.	DON'T KNOW			
			DON 1 KNOW			
			dd/mm/yy			
3.	When do you expect the household (me	embers) to	/ /			
	return?		WRITE 99/99/99 IF NOT KNOWN			
4.	Have all household members moved to	the same new	YES (▶Q6)			
	location?		NO			
	location:					
			DON'T KNOW			
5.	How many new locations have they mo	ved to?				
J.	Thow many new locations have they me	vea to.	WRITE 99 IF NOT KNOWN			
6	Is this (are any of those) new location(s)	in Nigoria?	YES			
6.	. Is this (are any of these) new location(s) in Nigeria?					
			NO (►SECTION 3)			
			DON'T KNOW			
			IOLD MEMBERS MOVED, PLEASE COLLECT VED TO THIS NEW LOCATION IN NIGERIA.			
_	FIRST KNOWN LOCATION					
7.	PLACE/VILLAGE:					
8.	DISTRICT:					
-	_					
9.	STATE:					
	_					
10.	LGA:					
	_		<u> </u>			
11.	ADDRESS OF HOUSEHOLD:					
	_					
4-						
12.	Have all hosehold members moved to t	nis first new location?	YES (► SECTION 3)			
			NO			
			DON'T KNOW			

13. How many of the household members moved to this first new location?								
			,					
(GIVE HOUSEHOLD MEMBERS INFORMATION IN QUESTIONS 12 TO 15)								
14.	15.	16.	17.					
ROSTER ID CODES	What is the name of the household	What is a phone number	What is a second phone					
OF PERSONS	member that moved to this first location?	through which the person	number through which the					
THAT MOVED TO		can be reached?	person can be reached?					
THIS NEW								
LOCATION								

SECC 18.	ND KNOWN I						
10.	·						
19.	DISTRICT:						
20.	STATE:						
21.	LGA:						
21.	LOA.						
22.	ADDRESS OF	HOUSEHOLD:					
		· · · · · · · · · · · · · · · · · · ·					
23.	-	f the household members					
				ORD "0" AND SKIP TO NEXT SE	ECTION.		
	(GIVE HOUSE	HOLD MEMBERS INFORM	MATION IN QUEST	TIONS 24 TO 27)			
24.		25.		26.	27.		
		What is the name of the		What is a phone number	What is a second phone		
		member that moved to t	his second	through which the person	number through whic		
	T MOVED TO NEW	location?		can be reached?	person can be re	ached	?
	ATION						

THIR	D KNOWN LO	CATION								
29.	PLACE/VILLA	GE:								
30.	DISTRICT:									
31.	STATE:									
32.	LGA:									
33.	ADDRESS OF	HOUSEHOLD:								
	Have many of	the beusehold members	mayad ta this thi	rd now location?			1			
34.	How many of	the household members	s moved to this thii	rd new location?						
	IF NO MEMBERS MOVED TO A THIRD LOCATION, RECORD "0" AND SKIP TO NEXT SECTION. (GIVE HOUSEHOLD MEMBERS INFORMATION IN QUESTIONS 35 TO 38) IF THERE ARE MORE THAN THREE NEW LOCATIONS, USE AN ADDITIONAL TRACKING FORM.									
35.		36.		37.	38.					
OF T THA ^T THIS		What is the name of the member that moved to t		What is a phone number through which the person can be reached?	What is a second number through person can be re	which	the			

SECTION 3: INFORMANT IDENTIFICATION

Record details of persons providing information. Give individual code if the informant is a household member.

				ID Co	de
1.	FULL NAME OF FIRST INFORM	/ANT:			
2.	PHONE NUMBER	FIRST:	SECOND:		
2a.	PLACE "X" IN BOX IF PHONE NUMBER IS VERIFIED:	FIRST PHONE VERIFIED	SECOND PHONE VERI	FIED	
3.	PLACE/VILLAGE:				
4.	DISTRICT:				
5.	STATE:				
6.	LGA:				
7.	ADDRESS OF HOUSEHOLD:				
				ID Co	ode
8.	FULL NAME OF SECOND INFORMANT:				
9.	PHONE NUMBER	FIRST:	SECOND:		
9a.	PLACE "X" IN BOX IF PHONE NUMBER IS VERIFIED:	FIRST PHONE VERIFIED	SECOND PHONE VERI	FIED	
10.	PLACE/VILLAGE:				
11.	DISTRICT:				
12.	STATE:				
13.	LGA:				
14.	ADDRESS OF HOUSEHOLD:				

				ID Co	de
15.	FULL NAME OF THIRD INFORMA	ANT:			
16.	PHONE NUMBER	FIRST:	SECOND:		
16a.	PLACE "X" IN BOX IF PHONE NUMBER IS VERIFIED:	FIRST PHONE VERIFIED	SECOND PHONE VERIFI	ED	
17.	PLACE/VILLAGE:				
18.	DISTRICT:				
19.	STATE:				
20.	LGA:				
21.	ADDRESS OF HOUSEHOLD:				