

FEDERAL REPUBLIC OF NIGERIA
FEDERAL OFFICE OF STATISTICS ABUJA, NIGERIA

Questionnaire of



NIGERIA LIVING STANDARDS SURVEY (NLSS)

SEPTEMBER 2003 TO AUGUST. 2004

PART A: HOUSEHOLD QUESTIONNAIRE

STATE..... SURVEY MONTH SURVEY YEAR

SECTOR..... E.A. CODE..... RIC..... HH NO.....

NAME OF HEAD OF HOUSEHOLD..... ADDRESS HEAD OF HH.....

SURVEY INFORMATION

STATE.....

SURVEY MONTH SURVEY YEAR

SECTOR :..... E.A CODE.....RICHH NO.....

NAME OF HEAD OF HH.ADDRESS OF HEAD OF HH.....

VERIFICATION OF THE QUESTIONNAIRE, FIRST VISIT

SUPERVISOR..... DATE:

REMARKS.....

..... REINTERVIEW YES...1
BY SUPERVISOR? NO....2

..... REASON:

THIS HOUSEHOLD REPLACES THIS HOUSEHOLD WILL BE REPLACED BY NO: DWELLING NOT FOUND / VACANT...1
HOUSEHOLD NO: OCCUPANT NOT AT HOME.....2
REFUSAL.....3

FIRST VISIT

INTERVIEWER:..... DATE:

DWELLING YES..1 IS THE HEAD YES..1
FOUND NO...2 (>>SUPERVISOR) OF HOUSEHOLD NO...2 (>>SUPERVISOR)
THE SAME?

NAME OF NEW HEAD:.....

LANGUAGE ENGLISH.1 HAUSA.....4
USED BY THE IBO.....2 OTHER.....5
RESPONDENT: YORUBA..3 (specify) INTER- YES..1
PRETER? NO...2

REMARKS:.....

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SECOND VISIT

INTERVIEWER:..... DATE:

REMARKS:.....

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VERIFICATION OF QUESTIONNAIRE, SECOND VISIT

SUPERVISOR:..... DATE:

REMARKS:.....

..... REINTERVIEW YES...1
BY SUPERVISOR? NO....2

FIRST VISIT

INTERVIEWER:..... DATE:

REMARKS:.....

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THIRD VISIT

INTERVIEWER:..... DATE:

REMARKS:.....

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VERIFICATION OF QUESTIONNAIRE, THIRD VISIT

SUPERVISOR:..... DATE:

REMARKS:.....

..... REINTERVIEW YES...1
BY SUPERVISOR? NO....2

FOURTH VISIT

INTERVIEWER:.....DATE:

REMARKS:.....

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VERIFICATION OF QUESTIONNAIRE, FOURTH VISIT

SUPERVISOR:.....DATE:

REMARKS:.....

..... REINTERVIEW YES....1

BY SUPERVISOR? NO.....2

FIFTH VISIT

INTERVIEWER:.....DATE:

REMARKS:.....

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VERIFICATION OF QUESTIONNAIRE, FIFTH VISIT

SUPERVISOR:.....DATE:

REMARKS:.....

..... REINTERVIEW YES....1

BY SUPERVISOR? NO.....2

SIXTH VISIT

INTERVIEWER:.....DATE:

REMARKS:.....

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VERIFICATION OF QUESTIONNAIRE, SIXTH VISIT

SUPERVISOR:.....DATE:

REMARKS:.....

..... REINTERVIEW YES....1

BY SUPERVISOR? NO.....2

SEVENTH VISIT

INTERVIEWER:.....DATE:

REMARKS:.....

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VERIFICATION OF QUESTIONNAIRE, SEVENTH VISIT

SUPERVISOR:.....DATE:

REMARKS:.....

..... REINTERVIEW YES....1

BY SUPERVISOR? NO.....2

DATA ENTRY, END OF CYCLE

OPERATOR:.....DATE:

REMARKS:.....

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EDITING OF PRINTOUTS, END OF CYCLE

SUPERVISOR:.....DATE:

REMARKS:.....

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SUMMARY OF SURVEYS RESULTS

VISIT	SECTION	INTERVIEWER				SUPERVISOR				EDITOR	DATA ENTRY OPERATOR	CORRECTED:
		V I S I T S			RESULT	C H E C K - U P V I S I T			RESULT			
		DATE				DATE						
		DAY	MONTH	YEAR		DAY	MONTH	YEAR				
					COMPLETE.....1 PARTIAL.....2 NOT APPLICA...3					SATISFACTORY.....1 TO BE COMPLETED..2 TO BE REDONE.....3	SATISFACTORY.....1 CORRECTION.....2	IN OFFICE.....1 DURING NEXT VISIT.....2 DURING CHECK- UP VISIT.....3 NOT CORRECTED...4
FIRST	1, 2, 5, 6, 7											
SECOND	3, 9H, 10A2, 10B 13B											
THIRD	4, 8, 9H, 10A2, 10B, 13B											
FOURTH	9A-G, 9H, 10A2,10B, 11,13B											
FIFTH	9H, 10A2, 10B, 11, 13B											
SIXTH	9H, 10A2, 10B, 12, 13B											
SEVENTH	9H,10A1, 10A2, 10B, 13A, 13B											

<div>OBSERVATION AND COMMENTS</div> <div>REMARKS BY THE INTERVIEWER ON THE FIRST VISIT</div> <div>REMARKS BY THE EDITOR ON THE FIRST VISIT</div> <div>REMARKS BY THE SUPERVISOR ON THE FIRST VISIT</div> <div>REMARKS BY THE INTERVIEWER ON THE SECOND VISIT</div> <div>REMARKS BY THE EDITOR ON THE SECOND VISIT</div> <div>REMARKS BY THE SUPERVISOR ON THE SECOND VISIT</div> <div>REMARKS BY THE INTERVIEWER ON THE THIRD VISIT</div> <div>REMARKS BY THE EDITOR ON THE THIRD VISIT</div> <div>REMARKS BY THE SUPERVISOR ON THE THIRD VISIT</div> <div>REMARKS BY THE INTERVIEWER ON THE FOURTH VISIT</div>	<div>OBSERVATION AND COMMENTS</div> <div>REMARKS OF EDITOR ON THE FOURTH VISIT</div> <div>REMARKS BY THE SUPERVISOR ON THE FOURTH VISIT</div> <div>REMARKS BY THE INTERVIEWER ON THE FIFTH VISIT</div> <div>REMARKS BY THE EDITOR ON THE FIFTH VISIT</div>
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OBSERVATION AND COMMENTS

REMARKS BY THE SUPERVISOR ON THE FIFTH VISIT

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REMARKS BY THE INTERVIEWER ON THE SIXTH VISIT

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REMARKS BY THE EDITOR ON THE SIXTH VISIT

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REMARKS BY THE SUPERVISOR ON THE SIXTH VISIT

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REMARKS BY THE INTERVIEWER ON THE SEVENTH VISIT

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REMARKS BY THE EDITOR ON THE SEVENTH VISIT

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REMARKS BY THE SUPERVISOR ON THE SEVENTH VISIT

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VISIT 1

PERSON INTERVIEWED: Preferably the head of household, if not available, any adult member of the household who is able to give information on the other household members.

INTERVIEWER WRITE
Respondent Name:.....

ID Code:.....
.....

I would like to make a complete list of all the people present or absent who usually live and eat together in this dwelling.

1. First, I would like to have the names of all the members of your (or the head of household's) immediate family. Include the head of household, his wife(s) or husband and their children.

ALWAYS WRITE DOWN THE HEAD OF THE HOUSEHOLD FIRST, FOLLOWED BY THE HEAD'S SPOUSE. IN CASE OF MORE THAN ONE WIFE, LIST THE WIVES ACCORDING TO THEIR RANK, EACH ONE FOLLOWED BY HER CHILDREN.

WRITE DOWN THE NAME, SEX AND RELATIONSHIP TO THE HEAD OF HOUSEHOLD FOR EACH PERSON.

2. Please give me the names of any other persons related to the head of household or to his wife/her husband, together with their children, who usually live and eat together here.

WRITE DOWN THE NAME, SEX AND RELATIONSHIP TO THE HEAD OF THE HOUSEHOLD.

3. Please give me the names of any other persons not related to the head of household or to his/her spouse who usually live and eat together here. For instance, servants, tenants, lodgers, or any other person who is not a relative.

WRITE DOWN THE NAME, SEX AND RELATIONSHIP TO THE HEAD OF THE HOUSEHOLD.

Are there any other persons not now present but who normally live and eat here, i.e. persons who are temporarily away for schooling, marriage, seasonal work, vacation, illness, giving birth, etc.....?

WRITE DOWN THE NAME, SEX AND RELATIONSHIP TO HEAD OF HOUSEHOLD.

4. Now I would like to have some information about each of the persons on the list.

.....

5. CLASSIFY EACH PERSON ACCORDING TO THE FOLLOWING CRITERIA.

.....

LOOK AT THE ANSWER TO QUESTION 18.

- ALL THE PERSONS FOR WHOM THE ANSWER IS 3 MONTHS OR LESS ARE CLASSIFIED AS HOUSEHOLD MEMBERS.

- IF THE ANSWER IS MORE THAN 3 MONTHS , THE FOLLOWING ARE HOUSEHOLD MEMBERS:

- THE HEAD OF HOUSEHOLD
- CHILDREN UNDER 9 MONTHS OLD
- THOSE WHO ANSWER NO TO QUESTION 19

ENTER PROPER CODE IN QUESTION 20.

COLUMN A. PUT A CROSS IN COLUMN A NEXT TO THE NAME OF ALL PERSONS WITH CODE 1 TO QUESTION 20.

COLUMN B. ENTER THE AGE IN YEARS (QUESTION 5) OF ALL PERSONS WITH A CROSS IN COLUMN A.

SECTION 1: HOUSEHOLD ROSTER FOR EACH PERSON							FOR EACH PERSON 12 AND MORE YEARS OLD							
1. ID	2. Sex	3. Relationship to Head of Household		4. Does he or she have a birth certificate?	5. How old is (NAME)		6A. What is (NAME's) present marital status?	6B How old were you when you first got Married?	7A Does (NAME) spouse live in this househ old?	7B. What is the Reason for Non Union?	8. COPY THE ID CODE OF THE SPOUSE (IF MORE THAN ONE SPOUSE THE FIRST ONE)	9 What is (NAME'S) religious denomination Christian.....1 Muslim.....2 Traditional.....3 Other.....4 (Specify)	10. Does (NAME) father live in this household? Yes.....1 No.....2 (>>12)	11 COPY THE ID CODE OF THE FATHER IF HE IS RESIDENT IN THE HOUSE-HOLD
	M...1 F....2	Head.....1 Spouse.....2 Own Child.....3 Step Child.....4 Grandchild.....5 Brother/Sister.....6 Niece/Nephew.....7 Brother/Sister-in-law.....8 Parent9 Parent-in-Law.....10 Other relative.....11 Maid/Nanny House Servant.....12 Non-Relative.....13		Yes.....1 No.....2	Years and months if 5 or under., otherwise years only (if less than 12 years old (>> 9)		Married (Monogamous).....1 Married (Polygamous).....2 Informal/Loose Union.....3 Divorced.....4 Separated.....5 Widowed.....6 Never Married.....7 (>>9)		IF Q6=1-3 Yes....1 (>> 8) No.....2	Permanent Migration.....1 Abandonment.....2 Refugee Status.....3				
		NAME	CODE		YRS	MTS		YRS						
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SECTION 1: HOUSEHOLD ROSTER Cont.

ID	12 What was his/her father's highest educational level completed? None.....1 Primary.....2 Middle/JSS.....3 Vocccational/Comm.....4 'O' Level.....5 SSS.....6 'A' Level.....7 Training College.....8 Technical/Proffessional..9 Tertiary.....10 Koranic School.....11 Don't Know.....12	13 What kind of work has his/her father done for most of his life? SEE OCCUPATION AL CODES IN INTERVIWER' S MANUAL	14 Does NAME's mother live in this Household? Yes.....1 No.....2 (>>16)	15 ID OF MOTHER IF SHE IS RESIDENT IN THE HOUSEHOLD . OTHERWISE <div>(>> 18)</div>	16 What was his/her mother's highest educational level completed? None.....1 Primary.....2 Middle/JSS.....3 Vocctional/Comm.....4 'O' Level.....5 SSS.....6 'A' Level.....7 Training College.....8 Technical/Proffessional.....9 Tertiary.....10 Koranic School.....11 Don't Know.....12	17 What kind of work has his/her mother done for most of her life? SEE OCCUPATION AL CODES IN INTERVIWER' S MANUAL	18 For how many months during the past 12 months has he/she been away from this household? (IF 3 Months or less (>> 20) MONTHS	19 While absent is /was he /she living in another household? (Including single person household) Yes1 No 2	20 HOUSEHOLD MEMBER CHECK THE CRITERIA ABOVE Yes1 No2 (>> NEXT PERSON)
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SECTION 2: EDUCATION

PART A: GENERAL EDUCATION: (RESPONDENTS: ALL HOUSEHOLD MEMBERS 5 YEARS AND OVER):Now I would like to ask you some questions about Education.

ID	1. Has (NAME) ever attended school? Yes...1 No...2 (>>PART 2C)	2. What was the highest class or form completed? None.....01 N1.....02 N2.....03 P1.....04 P2.....05 P3.....06 P4.....07 P508 P6.....09 JS110 JS2.....11 JS3.....12 SS113 SS214 SS3.....15 Lower Six.....16 Upper Six.....17 Teacher Trng..18 Vocational.....19 Koranic.....20 Technical.....21 Modern Schl..22 Poly/Profess...23 1stDegree.....24 Higher Degree.....25	3. What was the highest educational level attained? None.....1 FSLC.....2 MSLC3 Voc/Comm....4 JSS5 SSS 'O Level'.6 'AL' level.....7 NCE / OND NURSING.....8 BA/BSC HND.....9 Tech/Prof10 Masters.....11 Doctorate....12 Other96 (Specify)	4. Did you attend any institution at any time during the past 12 Months? Yes....1 No....2 (>> PART B)	5. What is the current grade? None.....01 N1.....02 N2.....03 P1.....04 P2.....05 P3.....06 P4.....07 P508 P6.....09 JS110 JS2.....11 JS3.....12 SS113 SS214 SS3.....15 Lower Six.....16 Upper Six.....17 Teacher Trng..18 Vocational.....19 Koranic.....20 Technical.....21 Modern Schl..22 Poly/Profess...23 1stDegree.....24 Higher Degree.....25	6 How much time does (NAME) spend going to and from school daily? If in Boarding School Code 000 IF COMPLETED, OR SICK AND COULDN'T PAY THE FEES, CODE 999		I Want to ask you about the educational expenses for (NAME) during the past 12 months. How much did you spend on								
						7. School fees and Registration?	8. Contribution to Community (CTA) Teachers Associations	9. Uniforms and Sport clothes	10. Books and School suppliers	11. Transportation to and from school	12. Food, board and lodging at school?	13. Other expenses (class or extra classes)	14. Others in cash or in Kind	15. Who paid for most of the educational expenses? Father.....1 Mother.....2 Both Parents.....3 Other Household member4 Other Relative.....5 Non Relative.....6 Myself.....7 Other.....8 (SPECIFY)		
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SECTION 2: EDUCATION PART A:GENERAL EDUCATION CONTINUED

	16.	17	18.	19	20.	21.	22.		23.	24	25	26.	27.	28.	29.	30	31.
	Did (NAME) have a scholar - ship during the past 12 months?	What was the amount of the scholar-ship received in the past 12 Months?	Has (NAME) left school now?	Is the School (NAME) attending a Public or Private School?	What was the highest class of primary education (NAME) completed?	Did (NAME) have an interrup- tion for one term or more during your primary studies?	For how long was the interrup- tion?		What was the main reason for the interruption?	Did (NAME) continue or drop out of School?	Did (NAME) ever repeat any class of primary school- ling?	How many times altoget- her did(NAM E) ever repeat any class of primary school- ing?	Was the primary school (NAME) last attended public or private?	Has (NAME) ever attended a secon- dary school?	What was the highest class completed?	Was the secondary school (NAME) last attended public or private?	Did (NAME) ever repeat a class?
	Yes....1 No.....2 (>> 18)		Yes..1 (>>20) No...2	Federal Govt.....1 State Govt..2 L/Gov,t..... 3 Religious Body4 Industrial... 5 Private.....6 Other7 Specify	None.....1 Class 1.....2 Class 2.....3 Class 3.....4 Class 4.....5 Class 5.....6 Class 6.....7	Yes....1 No... 2 (>> 25)	YR	MTS	Financial....1 Health2 Pregnancy /marriage.....3 Failed Exams.....4 Dismissal...5 Not Interested...6 Other7 (SPECIFY)	Conti- nued..... 1 Dropped Out.....2	Yes.....1 No.....2 (>>27)		Federal Government.....1 State Government.....2 Local Gov,t.....3 Religious Body4 Industrial..... 5 Private.....6 Other7 Specify	Yes.....1 No.....2 (>> PART B)	None.....1 JSS 1.....2 JSS 2.....3 JSS 3.....4 SSS 1.....5 SSS 2.....6 SSS 3.....7 Tech- nical8	Federal Gov't.....1 State Gov't.....2 Local Gov,t.....3 Religious Body4 Industrial.. 5 Private.....6 Other7 Specify	Yes.1 No....2 (>>33)
		AMOUNT										NO OF TIMES					
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SECTION 2: EDUCATION PART A:GENERAL EDUCATION CONT.

ID	32. How many times Altogether did (NAME) repeat a class?	33. Did (NAME) have an interruption for one term or more during his JSS studies? Yes....1 No... 2 (>> PART 2B)	34. For how long was the interruption?		35. What was the main reason for the interruption? Financial....1 Health2 Pregnancy /marriage.....3 Failed Exams.....4 Dismissal...5 Not Interested...6 Other7 (SPECIFY)	36. Did (NAME) continue or drop out of school? Continued...1 Dropped Out.....2	SECTION 2B: EDUCATIONAL CAREER								
			YR	MTS			1 Has (NAME) ever Attended a Technical and/or Vocation-al School? Yes....1 No... 2 (>>PART 2C)	2 How Many Course Years did (NAME) complete? None.....1 1 Year.....2 2 Years.....3 3 Years.....4 4 Years.....5 5 Years.....6	3 What was the highest certificate (NAME) achieved? None.....1 Proff. Certif....2 City and Guilds.....3 Other4 (SPECIFY)	4 Was the technical school (NAME) last attended public or private? Federal Govt...1 State Govt.....2 Local Gov,t.....3 Religious Body4 Industrial..... 5 Private.....6 Other7 (SPECIFY)	5 Has (NAME) ever attended a tertiary education-al institution (THAT IS A UNIVER-SITY) ? Yes.....1 No.....2 (>> PART C)	6 How Many Years did (NAME) attend ? Years	7 What was the last Institution attended? Advanced Teacher Training....1 Poly-Technic.....2 University..3 Other.....4 (SPECIFY)	8 What was the highest qualification (NAME) achieved? Cert. Of Completion....1 Diploma.....2 Bachelors.....3 Masters.....4 Doctorate.....5 Other.....6 (SPECIFY)	9 Was the Tertiary school (NAME) last attended public or private? Federal Govt...1 State Govt.....2 Local Gov,t.....3 Religious Body.....4 Industrial..... 5 Private.....6 Other7 (SPECIFY)
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SECTION 2 : EDUCATION
PART 2C: LITERACY/APPRENTICESHIP

LITERACY									APPRENTICESHIP									
	1. Can (NAME) READ a simple letter in English?	2. In What Nigerian language can (NAME) READ a letter? STATE THE ONE IN WHICH YOU ARE MOST PROFICIENT None.....1 Hausa.....2 Ibo.....3 Yoruba.....4 Other5 (SPECIFY)	3. Can (NAME) WRITE a letter in English?	4. In what Nigerian language can (NAME) WRITE a letter? STATE THE ONE IN WHICH YOU ARE MOST PROFIC- IENT None.....1 Hausa.....2 Ibo.....3 Yoruba.....4 Other5 (SPECIFY)	5. Can (NAME) do Written calculat -ions?	6. Has (NAME) attended a literacy course?	7 For how long has (NAME) attended this course?		8. Has (NAME) ever been an appren- ice?	9. How long was (NAME) an apparent -ice?	10. What is the main trade (NAME) learnt? Carpentry.....1 Masonry.....2 Tailoring.....3 Black Smithng.....4 Mechanical....5 Electronics/ Electrical.....6 Painting/ Spraying.....7 Trading.....8 Hairdressing/ barbing.....9 Catering.....10 Other.....11 (SPECIFY)	11 Did (NAME) pay a fee for this training?	12. How much did (NAME) pay for the training?	13 Who paid for the Training? Self.....1 Parent.....2 Other Relative.....3 Employer....4 Govt.....5 NGO.....6 Community Assoc.....7 Private Organizat- ions.....8 Other.....9 (Specify)	14 Has (NAME) attended other short training course(s) lasting not more than 6 months?	15. What is the total number of months (NAME) attended such course(s) in the last 5 years? (Since 1998/99)	16 What was the main subject of the most recent training? Clerical.....1 Managerial...2 Computer....3 Marketing....4 Teaching.....5 Leadership....6 Medicine.....7 Farming.....8 Other9 (SPECIFY)	
	Yes....1 No....2.		Yes.....1 No.....2		Yes.....1 No.....2	Yes.....1 No.....2 (>> 8)	Y E A R S	M T H S	Yes, in the Past.....1 No.....2 (>>14)	Y E A R S	M T H S	Yes, in kind.....1 In cash.....2 Both.....3 NO.....4. (>>14)	AMOUNT		Yes.....1 No.....2 (>> NEXT MEMBER)			
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SECTION 3 : HEALTH

PART 3A: HEALTH CONDITION IN THE PAST TWO WEEKS

RESPONDENTS: ALL HOUSEHOLD MEMBERS

ID	ID OF PERSON (S) in the house-hold	1. During the past 2 weeks has (NAME) suffered from either an illness or an injury Neither...1 (>> 5) Illness....2 Injury3 Both.....4	2. For how many days during the past 2 weeks has (NAME) suffered from this condition? PUT ZERO IF NOT ILL OR NOT INJURED		3. During the past 2 weeks, did (NAME) have to stop his usual activities because of this condition? Yes.....1 No.....2 (>> 5)	4. For how many days?	5 During the past 2 weeks has (NAME) consulted a health practitioner or dentist or visited a health centre or consulted a traditional healer? Yes.....1 No.....2 (>> 13)	6. What was the reason for that visit ? THE MOST RECENT IF MORE THAN ONE Check up.....1 Illness.....2 Injury3 Vaccination4 Prenatal Care...5 Postnatal Care..6	7. In the past 2 weeks whom did (NAME) consult?		8. Where did the consultation take place?		9. Is this a public or private establishment? Federal Government.....1 State Government.....2 Local Gov't.....3 Religious Body4 Industrial..... 5 Private.....6 Other7 Specify	10. How much did (NAME) pay for the first consultation? AMOUNT	11 How much did (NAME) pay for the first time to go to and from the consult-ation? AMOUNT
			DAYS ILL	DAYS INJURED					1 Traditional Healer.....1 Doctor2 Dentist3 Nurse4 Medical Asst.....5 Midwife6 Pharmacist7 TBA.....8 Spiritualist9 Other (Specify).....10	2	1	2			
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SECTION 3 : HEALTH
PART A: HEALTH CONDITION IN THE PAST TWO WEEKS – CONTINUED

ID	12. How much time did the first consultation take including travel time?	13. During the past four weeks, was (NAME) admitted to a hospital or health centre? [Include Traditional Healing Centres] Yes.....1 No2 (>>16)	14. How many nights did (NAME) stay in hospital / health centre during the past two weeks?	15. How much did (NAME) pay for staying in a hospital/ health centre during the past two weeks?	16. During the past 4 weeks did (NAME) buy any medicine or medical supplies? Yes.....1 No.....2 (>> 18)	17. How much did (NAME) pay altogether for these medicines and medical supplies?	18. Who paid for most of these health expenses including consultations or hospital stays (if any)? Self.....1 Parent.....2 Other Relative.....3 Employer.....4 Government or State.....5 NGO.....6 Other Organizations...7 Other.....8 (Specify)	19. Apart from what was paid by others, how much did (NAME) pay out of its own pocket for medical services?	20. How long ago in the past 1 year has (NAME) suffered an illness or injury? STATE THE MOST SERIOUS IF MORE THAN ONE In last 2 weeks....1 2-4 weeks ago....2 1-6 months ago...3 6-12 months.....4 More than a year Ago.....5	21. What type of illness has (NAME) suffered most frequently in the past 1 year? Cholera.....1 Malaria.....2 Typhoid.....3 Hypertension.....4 Common Cold.....5 Flu.....6 Catarrh.....7 Cough.....8 T. B.....9 Headache.....10 Diabetes.....11 Diarrhoea.....12 None.....13 Other.....14 (Specify)	22. What Injury has (NAME) sustained in the past 12 months? Fracture.....1 Abrasions.....2 Bruises.....3 Lacerations...4 Dislocation...5 None.....6 Other.....7 (Specify)	23 Was (NAME) Circumcised? Yes.....1 No.....2
	HOURS		NIGHTS	AMOUNT		AMOUNT		AMOUNT				
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SECTION 3 : HEALTH

PART 3B: PREVENTIVE HEALTH, VACCINATION, IN PAST 12 MONTHS

THIS PART COVERS ALL CHILDREN 5 YEARS AND UNDER – PERSON TO BE INTERVIEWED IS CHILD’S MOTHER OR ADULT HOUSEHOLD MEMBER IN CHARGE

ID	1. Has (Name) ever been vaccinated? Yes.....1 No.....2 (>>8) Don't Know...3 (>> NEXT PERSON)	2. Is there any vaccination book or card for (NAME)? Yes.....1 No.....2	3. COPY FROM BOOK CODES: Yes, Complete.....1 Yes, Incomplete2 None3 Not applicable.....4 <div>>>5</div> Type of Vaccination <table><tr><th colspan="3">DPT</th><th colspan="3">POLIO</th><th rowspan="2">M E A S L E S</th><th rowspan="2">B C G</th></tr><tr><th>1</th><th>2</th><th>3</th><th>1</th><th>2</th><th>3</th></tr></table>								DPT			POLIO			M E A S L E S	B C G	1	2	3	1	2	3	4. Were any of these vaccinations given to (NAME) during the past 12 months? Yes.....1 No.....2 Don't Know.....3 Type of Vaccination <table><tr><th>D P T</th><th>P O L I O</th><th>M E A S L E S</th><th>B C G</th></tr></table>				D P T	P O L I O	M E A S L E S	B C G	5. Where was the last vaccination given? Health Centre...1 Hospital2 Private clinic ...3 Mobile Unit4 School5 Home.....6	6. Did (NAME) pay any fee for this vaccination? Yes.....1 No.....2 (>> NEXT PERSON)	7. How much did (NAME) pay for the last vaccination? <div>>> NEXT PERSON</div> AMOUNT	8. Why was (NAME) not vaccinated? Too young.....1 Did not know he /she had to.....2 Health centre too far.....3 Shortage of supply.....4 Too Expensive.....5 Other6 (SPECIFY) (>> NEXT PERSON)
DPT			POLIO			M E A S L E S	B C G																													
1	2	3	1	2	3																															
D P T	P O L I O	M E A S L E S	B C G																																	
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SECTION 3 : HEALTH
PART 3C: POSTNATAL CARE

COVERS ALL CHILDREN 5 YEARS AND BELOW – RESPONDENT SHOULD BE THE CHILD'S MOTHER OR ADULT HOUSEHOLD MEMBER IN CHARGE

ID	1. Did you or someone else take (NAME) to a health centre for post-natal care in the last 12 mths? Yes.....1 No.....2 (>>6)	2 Is this a public or private establishment? Federal Gov't.....1 State Gov't.....2 Local Gov't.....3 Religious Body4 Industrial..... 5 Private.....6 Other7 Specify	3. How many times was (NAME) taken for consultations in the last 12 months?	4 Did (NAME) pay for consultations? Yes....1 No.....2 (>>6)	5 How much does (NAME) usually pay for one consultation? AMOUNT	6 Does (or did) the mother breast-feed (NAME)? Yes.....1 No.....2 (>>8)	7 At what age did (NAME) stop breast feeding? REPORT IN MONTHS 99=Still breast Feeding MONTHS	8 At what age did (NAME) start receiving any liquid (except water) or food other than breast milk? Not yet 99 MONTHS	9 At what age was (NAME) first given clean water? MONTHS	10 Does (NAME) participate in the Exclusive Feeding Program? Yes.....1 No.....2	11 Are the Baby Friendly facilities available to (NAME) in the Hospital.....1 Place of work.2 Place of Worship....3 Community/Public Hall.....4 Shopping centre or market.....5 Other.....6 (SPECIFY) Not Avail – 7 (>>13) 1 2		12 Does (NAME) use the Baby Friendly Facilities ? Yes.....1 No.....2 (>> 13)	13 What are the reasons for the visit to the Baby Friendly facilities? Vaccination..1 Growth Monitoring...2 Illness.....3 Ration.....4 Other.....5 (Specify) 1 2		14 What are the reasons for not taking the child for Baby Friendly Programs? Distance to Centre.....1 Ignorance 2 No funds...3 Not Necessary.4 Other5 (Specify)	15 Who Usually looks after (NAME) during the Daytime? Mother.....1 Female house help.....2 Grand Mother.....3 Day Care Centre.....4 Family Member.....5 Other.....6 (SPECIFY)
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SECTION 3 : HEALTH
PART 3D: FERTILITY - PRENATAL CARE – CONTRACEPTIVE USE
RESPONDENTS: WOMEN 15 TO 49 YEARS OLD INDIVIDUALS SHOULD EACH ANSWER FOR THEMSELVES.

ID	1 Has you ever been pregn- ant? Yes...1 No....2 (>>24)	2 How Old were you when you first got pregn- ant? AGE in YRS	3 Have you ever given birth to any child? IF NO PROBE EVERY ONE WHO LIVED ONLY FOR A FEW HOURS OR LESS Yes ... 1 No ... 2 (>>10)	4 At what Age did you first give birth to a child? AGE	5 How many girls have you given birth to? GIRLS	6 How many boys have you given birth to? BOYS	7 I would like to make sure you have given birth to . TOTAL NUMBER OF CHILD- REN (Q.5+Q6)	8 How many girls are still alive? GIRLS	9 How many boys are still alive? BOYS	10 If you were to give birth to another child which sex would you prefer? Male.....1 Female..2 Either...3	11 Did you have any pregna ncy which did not end in a live birth? Yes...1 No.....2 (>>13)	12 How many pregn- ancies did you have that resulted in any birth of a child? NO OF LIVE BIRTHS	13 Are you Pregn- ant now? Yes..1 (>>18) No....2	14 During the past 12 month s have you been pregn- ant? Yes....1 No....2 (>>24)	15 How did this pregnancy end? Live birth1 Still birth.....2 (7+ MTS.>>18) Miscarriage....3 (>>18) Other4 (SPECIFY)	16 Is that child still alive? Yes....1 No....2 (>> 18)	17 Are you now breast - feeding? Yes.....1 No.....2 CHECK PART 3C Q.5	18 During this pregnanc y did you receive any pre- natal care? Yes.....1 No....2 (>> 23)
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WOMEN 15 TO 49 YEARS OLD INDIVIDUALS SHOULD EACH ANSWER FOR THEMSELVES.

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SECTION 3 : HEALTH PART E: HIV/AIDS -
RESPONDENTS: INDIVIDUALS 15 AND ABOVE TO ANSWER FOR THEMSELVES.

ID	1 Do you protect yourself from AIDS or Sexually Transmitted Diseases (STDs)? Yes.....1 No.....2	2 Have you heard of HIV/AIDS ? Yes.....1 No.....2 (NEXT PERSON)	3 Do you know where HIV/AIDS tests are done? Yes.....1 No.....2	4 Have you been tested for HIV/AIDS? Yes.....1 No.....2	5 What are your sources of Information concerning HIV/AIDS?			6 How do you think AIDS is Transmitted?			7 Do you think AIDS is avoidable? Yes.....1 No.....2 Don't Know.....3	8 Do you think that a healthy Looking Person can have HIV AIDS disease? Yes.....1 No.....2 Don't Know.....3	9 Have you changed your behaviour to prevent HIV/AIDS? Yes.....1 No.....2 (>11)	10 How have you changed your behaviour to prevent AIDS? Don't Start Sex.....1 Stopped all Sex.....2 Using Condom.....3 Sex to only one partner.....4 Reduced No. of partners.....5 No more Homosexual Contact.....6 Sharing Syringe.....7 Using Personal Clipper.....8 Other.....9 (Specify)			11 Have you heard of the use of condoms to avoid sexually transmitted diseases? Yes.....1 No.....2 (>NEXT PERSON)	12 Have you ever used a condom to avoid sexually transmitted disease? Yes.....1 No.....2
					Radio.....1 T.V.....2 Newspapers.....3 Posters.....4 Health Workers.....5 Mosques/ Churches.....6 School/ Teachers.....7 Community Meetings.....8 Friends and/or Relatives.....9 Workplace.....10 Other...(Specify).....11	1	2	3	1	2				3	1	2		
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SECTION 4: EMPLOYMENT AND TIME USE

PART 4A: SCREENING QUESTIONS AND LIST OF OCCUPATIONS IN THE PAST 12 MONTHS

RESPONDENT: ALL HOUSEHOLD MEMBERS AGED 5 AND ABOVE: I would now like to ask you about your activities over the past 12 months, that is since
MONTHYEAR

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ID	ID CODE OF PERSON INTERVIEW- ED	1. During the past 12 months have you done work for which you received a wage or any other payments? Yes.....1 (>> 5) No.....2	2. During the past 12 months have you been paid money including payment in kind through self- employment (For example trading) Yes.....1 (>> 5) No.....2	3. During the past 12 months have you worked on a farm, in a field or herding livestock? Yes.....1 (>>5) No.....2	4. During the past 12 months, have you worked unpaid for an enterprise belonging to a member of your household? Yes.....1 No.....2 (>> Part 4F)	5. During the past 12 months, what kind of work did you spend most of your time on? (IF ECONOMIC INACTIVE e.g.. STUDENTS ETC.) CODE 00 >>PART 4F (Write and code from Manual)	6. Which other activities did you do? ENTER UP TO 4 CHOICES FROM THE OCCUPATION CODES Other 3 Occupations apart from Q5					7. During the past 12 months did you do any other work besides the OCCUPATIONS IN Q6? Yes.....1 No.....2
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SECTION 4A EMPLOYMENT CONTINUED

ID	8. Now I want to ask you about Moneys Received from any source whether employment or not. This is income you received within the past 12 Months. INTERVIEWER TO PROBE ON THE DIFFERENT SOURCES AS SHOWN BELOW. THOUGH THIS WILL BE COVERED LATER, THIS SET OF QUESTIONS HELP TO VERIFY WHAT IS STATED IN BOTH SECTIONS 13A to 13B										9 Now I want to ask about money spent by the household during the last 12 months.					
	A	B	C	D	E	F	G.	H.	I.	J.	A	B	C.	D	E.	F
	Money Earned from Employment	Money Earned from Agricultural Activities	Money Earned from Agricultural/ Fish Processing	Money Earned from Non Farm businesses	Money Received as Remittances or Grants from someone outside the Household	Money Received from Credit Unions or Esusu	Money received From disposal of assets to people outside the house-hold	Money Borrowed from people outside the house-hold	Money Received from the government which is not for normal employment	Other Money Received from any other source such as begging etc.	Money Spent on Household Purchases	Money Spent on Other Purchases	Money sent to people outside the househ-old	Money Lent to people outside the household	Money Paid to the Govt.	Other Money spent
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SECTION 4: EMPLOYMENT AND TIME USE
PART A CONTINUED:

	10. What kind of work did you do as a secondary job? WRITE THE SECONDARY OCCUPATION AND CODE FROM OCCUPATION LIST . .		11. Did you Undertake this occupation over the same period as the main occupation? Yes.....1 No.....2	12 How many weeks in the last 12 months did you work for the whole week? This includes paid leave or sick leave. IF ZERO (>> Q 17)	13. How many of these weeks (Q12) Were you available for extra work?	14. How many of these weeks (Q12) Were you not available for extra work?	15. How many of these weeks in the last 12 months did you work <u>only part of</u> the week? IF ZERO (>> Q 17)	16. How many of these weeks (Q 14) <u>Were you</u> <u>available for</u> <u>extra work?</u>	17. How many of these weeks in the last 12 months did <u>you not work</u> at all? IF ZERO (>> PART 4B)	18. How many of these weeks (in Q 16) <u>were</u> <u>you</u> <u>available for</u> <u>work?</u>	19 How many of these weeks (in Q 16) <u>were</u> <u>you not</u> <u>available for</u> work
	OCC2.	CODE		WEEKS	Weeks	Weeks	Weeks	Weeks	Weeks	Weeks	Weeks
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SECTION 4: EMPLOYMENT AND TIME USE: PART 4B: CHARACTERISTICS OF MAIN OCCUPATION

I will now like to ask you about your main occupation in the past 12 Months. You said this was..... (INTERVIEWER SEE PART A. QUESTION 5)

ID	1 Are you still doing the work now? Yes...1 (>> 3) No..2	2 Why are you not doing the same work? Sacked from Job.....1 Job completed..2 Seasonal Work.....3 Firm Closed.....4 Found / preferred other work...5 Other6 (specify)	3. Did your father or mother do the same kind of work? Yes..1 No....2	4 . Describe the activity (WRITE NAME OF INDUSTRY CODE) See Manual CODE	5 Have you received or will you receive money for this work? Yes....1 No.....2 (>> 8)	6 What is the Amount?		7 The last time you received this money, how many hours did you actually work in earning it?		8. In this connection, are you: Employer...1 Paid Employee..2 Self Employed..3 Paid family Worker.....4 Unpaid family Worker...5 Other.....6 (SPECIFY)	9. For whom did you work? Working on own or family Agricultural Activity, i.e. Farming, Fishing, and Animal Rearing / Poultry/ Hunting.....1 EMPLOYEE IN A WAGE JOB: Government Sector.....2 Parastatal3 NGO.....4 Co-operatives.....5 Internation. Co-operatives.....6 Internat. Organism./ Diplomatic mission.....7 Private Sector (include paid apprentices).....8 Self employed (Non Agriculture).....9 Self employed in business. with employees.....10 Self employed in business without employees..11 Employer.....12 Unpaid work in family business.....13 Other (Specify).....14 IF Q 9= 1, 9 ,10 OR 11 (>> PART 4C)	10 Are taxes already deducted from your pay? Yes..1 No...2	11 Did you receive any bonuses, commissions tips, or allowances for this work? Yes....1 No.....2 (>> 14)	12 What was the value of these		13 Did you include these when you said you received (ANSWER TO Q 6) Yes...1 No.....2	14 Do you receive any payment for this work in the form of crops or animals ? Yes...1 No.....2 (>> 16)	15 What was the value of these goods?	
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SECTION 4: EMPLOYMENT AND TIME USE

PART B: CONTINUED

I D	16 Did your employer give you accommodation that is free or at a reduced price? Yes.....1 No....2 (>> 18)	17. How much rent would you have paid for this place without this help?		18: Did your employer give you free transport or reduced fares? Yes.....1 No.....2 (>> 20)	19. How much did you gain from this arrangement?		20. Do you receive any payment for this work in any other form? Yes.....1 No.....2 (>> 22)	21. What is the value of this form of payment?		22. Is your place of work in this village or town? Yes....1 (>> 25) No.....2	23 How far away is it? KMS	24. How often do you go between your house and your place of work?		25. How many people altogether work in the same organisation where you do this work NUMBER	26. When you started this work did you sign a written contract? Yes....1 No.....2	27. Is there a trade union at the place where you work? Yes....1 No....2
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TIME UNIT:	1 – Daily	2 – Weekly	3 – Fort – Nightly	4 – Monthly	5 – Quarterly	6 - Yearly
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SECTION													
4B: EMPLOYMENT AND TIME USE CONT													
	28. In this job are you entitled to paid holidays? Yes.....1 No.....2	29 Are you entitled to paid sick leave in this job? Yes.....1 No.....2	30 Will you receive a retirement pension? Yes.....1 No.....2	31 Are you entitled to free Or subsidized medical care in this job? Yes.....1 No.....2	32 Are you entitled to any other Social security benefits in this job? Yes.....1 No.....2	33 Since you started the job, have you received any training related to your work? Yes.....1 No.....2 (>> PART 4C)	34 How long did the training last?		35 How many hours a week did you receive this training? MONTH WEEKS HOURS	36 Who paid for the training? Myself Entirely.....1 Employer entirely.....2 Both Cost was shared.....3 It was free.....4 International- agency.....5 Other6 (Specify)	37 Was your salary lower during training? Yes....1 No.....2 (>> PART4C)	38 By how much was it lower? WRITE DIFFERENCE BETWEEN NORMAL SALARY AND SALARYWHILE TRAINING AMOUNT TIME UNIT	
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SECTION 4: EMPLOYMENT AND TIME USE

PART 4C: SECONDARY OCCUPATION IN THE LAST 12 MONTHS

IF NO OF OCCUP. RECORDED IN Q6 PART A IS MORE THAN ONE, PROCEED WITH THIS SECTION. IF NO GO TO PART 4G. Now I will like to ask you about your second occupation, during the last 12 months. This job was (OCCUPATION 2 FROM PART A Q6.). Is this correct?

1. What kind of trade, service or industry is this work connected with? (Describe the activity) WRITE NAME OF INDUSTRY FROM INDUSTRY LIST IN MANUAL			2. How long have you been doing this work altogether?		3 Are you still doing the same work? Yes....1 (>>5) No....2	4 Why are you not doing the same work? Sacked from job.....1 Completed job.....2 Seasonal work.....3 Firm closed.....4 Found / preferred Other Work.....5 Other.....6 (specify)	5 Did your father or mother do the same kind of work? Yes.....1 No.....2	6 During the past 12 months, how many weeks did you do this work for?	7 During these weeks, how many hours did you normally work?	8 Did you work on this job at the same time as your main job? Yes.....1 No.....2 IF NO WRITE 00	9 Have you received or will you receive money for this work? Yes.....1 No.....2 (>. 12)	TIME UNIT Daily.....1 Weekly.....2 Fortnightly...3 Monthly.....4 Quarterly.....5 Yearly.....6
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SECTION 4C: EMPLOYMENT AND TIME USE CONT

	10. What is the amount? (Include any bonuses commission, or tips received.)		11. The last time you received this money, how many hours did you actually work in earning it? ANSWER MUST BE IN THE SAME TIME UNIT AS Q 10.		12. FOR WHOM DID YOU WORK? Working on own or family Agricultural Activity, i.e. Farming, Fishing, and Animal Rearing / Poultry/ Hunting.....1 EMPLOYEE IN A WAGE JOB: Government Sector.....2 Parastatal3 NGO.....4 Co-operatives.....5 International Co-operatives.....6 International Organisation / Diplomatic Mission.....7 Private Sector (include paid apprentices).....8 Self employed (other than Agriculture).....9 Self employed in business with employees.....10 Self employed in business without employees.....11 Employer.....12 Unpaid work in a family business.....13 Other (Specify).....14 IF Q 12 = 1, 9 ,10 or 11 (>> PART 4D)	13. Are taxes already deducted from your pay? Yes.....1 No.....2	14. Did you receive any payment for this work in the form of food, crops or animals? Yes.....1 No.....2 (>>16)	15. What is the value of these goods? VALUE TIME UNIT		16. Did you receive any payment for this work in any form such as free or subsidized housing, transportation, or other goods or services? Yes.....1 No.....2 (>>18)
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TIME UNIT: 1=Daily 2=Weekly 3=Fort-Nightly 4=Monthly 5=Quarterly 6=Yearly

SECTION 4: EMPLOYMENT AND TIME USE
PART C: CONCL'D

ID	17 How much do you gain from this?		18 Is your place of work in this village/ town? Yes.....1 No....2 (>>20)	19 How Far Away is it?	20 How often do you go between this house and your place of work?		21 How many people altogether Work in the Same Organization?	22 When you started work, did you sign a written contract? Yes....1 No....2	23 Is there a Trade Union at the place you work? Yes....1 No....2	24 Are you entitled to paid holidays or paid sick leave in this work? Yes....1 No....2	25 Are you entitled to Social Security benefits in this job? Yes....1 No....2	26 Since you started this job, have you received any training related to the work? Yes.....1 No.....2 >>PART 4D	27 How long did the Training Last?	
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TIME UNIT: 1=Daily 2=Weekly 3=Fort-Nightly 4=Monthly 5=Quarterly 6=Yearly

SECTION 4: EMPLOYMENT AND TIME USE

PART 4D: THIRD OCCUPATION IN THE LAST 12 MONTHS

IF NO OF OCCUP RECD IN Q6 PART A IS MORE THAN TWO, PROCEED WITH THIS SECTION. IF NO GO TO PART 4G. Now I will like to ask you about your third occupation, during the last 12 months. This job was (OCCUPATION 3 FROM PART A Q6.). Is this correct?

1. What kind of trade, service or industry is this work connected with? (Describe the activity) WRITE NAME OF INDUSTRY			2. How long have you been doing this work altogether?		3 Are you still doing the same work? Yes....1 (>5) No....2	4 Why are you not doing the same work? Sacked from job.....1 Completed job.....2 Seasonal work.....3 Firm closed.....4 Found / preferred Other Work.....5 Other.....6 (specify)	5 Did your father or mother do the same kind of work? Yes.....1 No.....2	6	7	8	9	TIME UNIT 1 – Daily 2 – Weekly 3 – Fortnightly 4 – Monthly 5 – Quarterly 6 – Yearly
ID	NAME IF INDUSTRY	ISIC CODE	YEARS	MONTHS				During the past 12 months, for how many weeks did you do this work for?	During these weeks, how many hours did you normally work?	Did you work on this job at the same time as your main job? Yes.....1 No.....2 IF NO WRITE 00	Have you received or will you receive money for this work? Yes.....1 No.....2 (>. 12)	
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SECTION 4D: THIRD EMPLOYMENT CONT

	10. What is the amount? (Include any bonuses commission, or tips received.)		11. The last time you received this money, how many hours did you actually work? In earning it?		12. FOR WHOM DID YOU WORK? Working on own or family Agricultural Activity, i.e. Farming, Fishing, and Animal Rearing / Poultry/ Hunting.....1 EMPLOYEE IN A WAGE JOB: Government Sector.....2 Parastatal3 NGO.....4 Co-operatives.....5 International Co-operatives.....6 International Organisation / Diplomatic Mission.....7 Private Sector (include paid apprentices).....8 Self employed (other than Agriculture).....9 Self employed in business with employees.....10 Self employed in business without employees.....11 Employer.....12 Unpaid work in a family business.....13 Other (Specify).....14 IF Q 12 = 1, 9, 10 OR 11(>> PART 4E)	13. Are taxes already deducted from your pay Yes.....1 No.....2	14. Did you receive any payment for this work in the form of food, crops or animals? Yes.....1 No.....2 (>>16)	15. What is the value of these goods?		16. Did you receive any payment for this work in any form such as free or subsidized housing, transportation, or other goods or services? Yes.....1 No.....2 (>>18)
	AMOUNT	TIME UNIT	HOURS	TIME UNIT				VALUE	TIME UNIT	
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TIME UNIT: 1=Daily 2=Weekly 3=Fort-Nightly 4=Monthly 5=Quarterly 6=Yearly

SECTION 4: THIRD EMPLOYMENT														
PART D: CONCL'D														
ID	17 How much do you gain from this?		18 Is your place of work in this village/ town? Yes....1 No....2 (>>20)	19 How Far Away is it?	20 How often do you go between this house and your place of work?		21 How many people altogether Work in the Same Organization	22 When you started work, did you sign a written contract? Yes....1 No....2	23 Is there a Trade Union at the place you work? Yes....1 No....2	24 Are you entitled to paid holidays or paid sick leave in this work? Yes....1 No....2	25 Are you entitled to Social Security benefits in this job? Yes....1 No....2	26 Since you started this job, have you received any training related to the work? Yes.....1 No.....2 >>PART 4D	27 How long did the Training Last?	
	Value	Time Unit			KMS	No. of Trips							Time Unit	MONTHS
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TIME UNIT: 1=Daily 2=Weekly 3=Fort-Nightly 4=Monthly 5=Quarterly 6=Yearly

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SECTION 4E: FOURTH EMPLOYMENT CONTINUED

	10. What is the amount? (Include any bonuses commission, or tips received.)		11. The last time you received this money, how many hours did you actually work? In earning it?		12. For whom did you work? Working on own or family Agricultural Activity, i.e. Farming, Fishing, and Animal Rearing / Poultry/ Hunting.....1 EMPLOYEE IN A WAGE JOB: Government Sector.....2 Parastatal3 NGO.....4 Co-operatives.....5 International Co-operatives.....6 International Organisation / Diplomatic Mission.....7 Private Sector (include paid apprentices).....8 Self employed (other than Agriculture).....9 Self employed in business with employees.....10 Self employed in business without employees.....11 Employer.....12 Unpaid work in a family business.....13 Other (Specify).....14 IF Q 12 = 1, 9,10 or 11 (>> PART 4F)	13. Are taxes already deducted from your pay Yes.....1 No.....2	14. Did you receive any payment for this work in the form of food, crops or animals? Yes.....1 No.....2 (>>16)	15. What is the value of these goods?		16. Did you receive any payment for this work in any form such as free or subsidized housing, transportation, or other goods or services? Yes.....1 No.....2 (>>18)
	AMOUNT	TIME UNIT	HOURS	TIME UNIT				VALUE	TIME UNIT	
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TIME UNIT: 1=Daily 2=Weekly 3=Fort-Nightly 4=Monthly 5=Quarterly 6=Yearly

SECTION 4: FOURTH EMPLOYMENT
PART E: CONCL'D

ID	17 How much do you gain from this?		18 Is your place of work in this village/ town? Yes....1 No....2 (>>20)	19 How Far Away is it?	20 How often do you go between this house and your place of work?		21 How many people altogether Work in the Same Organization	22 When you started work, did you sign a written contract? Yes....1 No....2	23 Is there a Trade Union at the place you work? Yes....1 No....2	24 Are you entitled to paid holidays or paid sick leave in this work? Yes....1 No....2	25 Are you entitled to Social Security benefits in this job? Yes....1 No....2	26 Since you started this job, have you received any training related to the work? Yes.....1 No.....2 >>PART 4D	27 How long did the Training Last?		
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TIME UNIT: 1=Daily 2=Weekly 3=Fort-Nightly 4=Monthly 5=Quarterly 6=Yearly

SECTION 4: EMPLOYMENT AND TIME USE								
PART 4F: EMPLOYMENT SEARCH IN THE PAST 12 MONTHS								
ID	1. During the past 12 months, for how many weeks altogether were you <u>without any work</u>	2. During the past 12 months, how many weeks were you <u>available for work?</u> IF ZERO (>> NEXT SECTION)	3. In the last 12 months were you available for full-time or part time work? Full - time.....1 Part -time.....2 Both.....3	4. Have you made any effort within the past 12 months to find work? Yes.....1 (>> 6) No....2	5. Why didn't you look for work within the past 12 months? CIRCLE MOST IMPORTANT ONLY Thought no work available.....1 Awaiting reply to on earlier Enquiries.....2 Waiting to start or arranged job, business or Agriculture.....3 Off season in agriculture.....4 Other.....5 (Specify) <div>>> 10</div>	6. During the past 12 months, how many weeks did you actively look for work? IF ANSWER IS SAME AS Q.2 (>> Q.8)	7. Why did you not look for work throughout the period you were available for work? Thought no work available.....1 Waiting reply to earlier Enquiry.....2 Waiting to start arranged job, business or agriculture.....3 Off season in agriculture.....4 Occupied with home duties.....5 Illness.....6 Full time student.....7 Personal.....8 Other.....9 (Specify)	8. What did you do in the past 12 months to find work? CIRCLE MOST IMPORTANT ONLY Applied to prospective Employers.....1 Checked at farms, Factories or work sites.....2 Asked friends and Relatives.....3 Took action to start Business.....4 Other5 (Specify)
	WEEKS	WEEKS				WEEKS		
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14								
15								

SECTION 4: EMPLOYMENT AND TIME USE									
PART F: (CONTD.)									
	9 Were you mainly Looking for Wage / Salary work, self-employed, or either one? Wage work.....1 Self – Employment.....2 Either.....3 <div>>> PART 4G</div>	10. Are you still Unemploy- ed? Yes.....1 No.....2 (>> 4 H)	11 For how long have you been unemployed? Less than 1 month.....1 1 but less than 3 months....2 3 months but less than 6 months.....3 6 but less than 1 year.....4 1 Yr bur but less than 2 Yrs.....5 More than 2 years.....6 Not Applicable.....7	12 What sort of work did you do in your last job? (i.e. What were your main tasks or duties? (DESCRIBE ACTIVITY IN FULL) IF NEVER WORKED, WRITE NONE. OCCUPATIONISCO CODE		13 What type of employment do you hope for now? Paid employment.....1 Self – Employment (Non- agric).....2 Self – Employment Agriculture Incl. Livestock & fishing).....3 Other4 (Specify)	14 If you intend to start a new business, how will you mobilise funds? Rely on parents for financial support.....1 Loans / borrowed money.....2 Remittances from Abroad.....3 Proceeds from family farm.....4 Proceeds from family non – farm enterprise.....5 Income from family property...6 Association support.....7 Church assistance.....8 Relatives /friends.....9 Other10 (Specify)	15. Have you received or are you receiving any training or apprenticeship in any career oriented skills? Yes Formal.....1 Yes Informal....2 No.....3	16. How was/is your training apprenticeship financed? Paid for solely by parents....1 From personal savings.....2 Loans / borrowed money.....3 Remittances from Abroad...4 Proceeds from family farm...5 Proceeds from family non – farm enterprise.....6 Income from family property(ies).....7 NGO support.....8 Govt scholarship.....9 Association Support.....10 Church Assistance.....11 Relatives/ Friends.....12 Other13 (Specify)
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03									
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SECTION 4: EMPLOYMENT AND TIME USE										
PART 4G: ACTIVITY STATUS AND EMPLOYMENT SEARCH IN THE LAST 7 DAYS										
	1. Did you do any work for pay, profit, and family gain or did you produce anything for barter or home use during <u>the last 7 days?</u> (Including temporary absence from work) Yes.....1 No.....2 (>>6)	2. In the past 7 days, which of the previous occupations we discussed was your main activity? WRITE OCCUPATION NUMBER Other Occupation.....88 Not working (>> 5).....99 IF ANSWER = 88 CHECK THAT PARTS B-E ARE FILLED OUT	3. How many hours did you work each day in the last 7 days in your main economic activity and in any other economic activity? INTERVIEWER: PROBE HOURS WORKED FOR EACH ACTIVITY IN THE LAST 7 DAYS. ZERO HOURS IS ACCEPTABLE FOR PERSONS WITH A JOB OR BUSINESS.					4. During the past 7 days, did you want to work more hours Yes.....1 No.....2	5. In the past 7 days, did you look for replacement work? Yes.....1 (>> 8) No.....2 (>> PART 4H)	6. Were you available for work during the last 7 days Yes.....1 (>> 8) No.....2
			MAIN ECON. ACTIVITY OCC1	SECONDARY ECON. ACTIVITY OCC2	THIRD ECONOMIC. ACTIVITY OCC3	FOURTH ECONOMIC ACTIVITY OCC4	TOTAL (T)			
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02										
03										
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SECTION 4: EMPLOYMENT AND TIME USE: PART 4G CONTINUED						
	7. Why were you not available for work? In school.....1 Household Duties.....2 Too old.....3 Sick.....4 Disabled.....5 Other.....6 (Specify) <div>>> PART 4H</div>	8. In the last 7 days were you available for full-time or part- time job? Full-time.....1 Part-time.....2 Other.....3	9. Have you made any effort within the past 7 days to find work? Yes.....1 (>> 11) No.....2	10. Why haven't you made any effort within the past 7 days to find work? Thought no work available.....1 Awaiting reply to earlier enquiries.....2 Waiting to start arranged job, business or agriculture.....3 Off season in Agriculture.....4 Occupied with home duties.....5 Illness /injury.....6 Full-time student.....7 Trying to set up a new business.....8 On vacation.....9 Other.....10 (Specify) <div>>> 16</div>	11 What did you do in the past 7 days to find work? Applied to prospective employers.....1 Checked at firms, factories or work sites.....2 Asked friends and relatives.....3 Took action to start business.....4 Took action to start agriculture activity.....5 Other6 (Specify)	12. In the past 7 days, were you mainly looking for wage/salary employment, self-employment or either one? Wage Employment.....1 Self – employment.....2 Either.....3
01						
02						
03						
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13						
14						
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SECTION 4: EMPLOYMENT AND TIME USE
PART 4G: CONTINUED

ID	13. In the past 7 days, did you make any effort to work for the government or state enterprise? Yes.....1 No.....2	14. In the past 7 days did you make any effort to work in a large private firm? Yes.....1 No.....2	15. In the past 7 days did you actively seek to find work in another type of institution? Yes.....1 No.....2	16. For how long have you been available for work? Less than 1 month.....1 1 but less than 3 months.....2 3 months but less than 6 months.....3 6 but less than 1 year.....4 1 Yr bur but less than 2 Yrs...5 More than 2 years.....6 Not Applicable.....7	17. For how long have you been unemployed? (STATE IN MONTHS)	18. What sort of work did you do in that job? (i.e. What were your main tasks or duties)? (DESCRIBE ACTIVITY FULLY). IF NEVER WORKED, WRITE NON, AND SKIP TO PART 4 I			19. What is the Lowest wage for which you are willing to work for some one?	
					MONTHS	OCCUPATION	ISCO CODE	AMOUNT	TIME UNIT	
01										
02										
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TIME UNIT: 1=Daily 2=Weekly 3=Fort-Nightly 4=Monthly 5=Quarterly 6=Yearly

SECTION 4: EMPLOYMENT AND TIME USE PART 4H: EMPLOYMENT HISTORY

Now I would like to ask about the jobs you did prior to the last 12 months, that is before. Month

Year

ID	1. CHECK IF RESPONDENT REPORTED A MAIN OCCUPATION IN PART B. IF YES, WRITE OCCUPATION NAME (>> NEXT PERSON) IF NO (>> 2)		2. Have you ever worked? Yes.....1 No.....2 (>. PART 4I)	3. How many years ago did you last work? YRS	4. What work was that? WRITE MAIN OCCUPATION NAME		5. What was your main occupation before you were employed? (MAIN OCCUPATION IN LAST 12 MONTHS)? WRITE NAME OF OCCUPATION, OR		6. What kind of trade or industry was that work connected to? WRITE INDUSTRY		7. In that occupati on were you mainly working for regular pay? Yes..1 No...2	8. For whom were you working ? Working on own or family Agricultural Activity, i.e. Farming, Fishing, and Animal Rearing / Poultry/ Hunting.....1 EMPLOYEE IN A WAGE JOB: Government Sector.....2 Parastatal.....3 NGO.....4 Co-operatives.....5 International Cooperative.....6 International Organisation / Diplomatic Mission.....7 Private Sector (include paid apprentices).....8 Self employed (other than Agriculture).....9 Self employed in business with employees.....10 Self employed in business without employees..11 Employer.....12 Unpaid work in a family business.....13 Other (Specify).....14	9. How long did you work in that occupa tion? YEARS
	OCCUPATION	C O D E			OCCUPATION	C O D E	OCCUPATION	ICODE	NAME	C O D E			
01													
02													
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SECTION 4: EMPLOYMENT AND TIME USE
PART 4I: HOUSEKEEPING

RESPONDENT: ALL HOUSEHOLD MEMBERS 5 YEARS AND OLDER. Now I would like to ask you about time spent on housekeeping activities in the household.

	1 Have you spent any time in the past 7 days <u>on Recreation?</u> Yes.....1 No.....2 (>> 3)	2. How many hours in the last 7 days did you spend on Recreation including travel time? HOURS	3. Have you spent any time in the past 7 days <u>fetching Fire- wood for the household?</u> Yes.....1 No.....2 (>>5)	4. How many hours in the last 7 days did you spend fetching wood, including travel time? HOURS	5. Have you spent any time in the last 7 days <u>fetching water for the household?</u> Yes.....1 No.....2 (>> 7)	6. How many hours in the last 7 days did you spend fetching water including travel time? HOURS	7. Have you spent any time in the last 7 <u>days ironing clothes for the household?</u> Yes.....1 No.....2 (>>9)	8. How many hours in the last 7 days did you spend ironing clothes? HOURS	9. Have you spent any time in the last 7 days <u>taking care of children in the household?</u> Yes.....1 No.....2 (>>11)	10. How many hours in the last 7 days did you spend taking care of children in the household , including travel time? HOURS	11 Have you spent any time in the last 7 days <u>washing motor vehicles for the household?</u> Yes.....1 No.....2 (>> 13)	12. How many hours in the last 7 days did you spend washing motor vehicles including travel time? HOURS	13. Have you spent any time in the last 7 days <u>sweeping for the household?</u> Yes.....1 No.....2 (>> 15)
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SECTION 4: EMPLOYMENT AND TIME USE
PART I: CONTINUED

ID	14. How many hours in the last 7 days did you spend sweeping?	15. Have you spent time in the last 7 days <u>disposing of garbage for the household?</u> Yes.....1 No.....2 (>> 17)	16. How many hours in the last 7 days did you spend disposing garbage?	17. Have you spent time in the last 7 days Preparing <u>meals for the household?</u> Yes.....1 No.....2 (> >19)	18. How many hours in the last 7 days did you spend cooking for the house- old?	19. Have you spent any time in the last 7 days <u>Marketing or shopping?</u> Yes.....1 No.....2 (>> 21)	20. How many hours in the last 7 days did you spend shopping for the household , including travel time?	21. Have you spent time in the last 7 days <u>running errands for the household?</u> Yes.....1 No.....2 (>>23)	22 How many hours in the last 7 days did you spend running errands for the household including travel time?	23. Have you spent any time in the last 7 days <u>washing dishes for the house- old?</u> Yes.....1 No.....2 (>> 25)	24. How many hours in the last 7 days did you spend washing dishes for the household?	25. Have you spent any time in the last 7 days <u>doing other house- keeping activities?</u> Yes.....1 No.....2 (>>27)	26. How many hours in the last 7 days did you spend on these activities , including travel time?	27. Have you taken care of the sick or elderly in the last 7 days? Yes....1 No.....2 (>>NEXT PERSON)	28 How many hours in the last 7 days did you spend on these activities , including travel time?	
	HOURS		HOURS		HOURS		HOURS		HOURS		HOURS		HOURS			HOURS
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02																
03																
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06																
07																
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SECTION 5: MIGRATION
HOUSEHOLD RESPONDENTS 15 YEARS OR OVER

ID	1 Were you born here? Yes...1 No....2	2 Have you always lived in this village or town? Yes.....1 (>> NEXT PERSON) No.....2 (>> 3)	3 Have you ever moved away from this village/ town for more then 12 months and returned here? Yes.....1 No.....2 (>> NEXT PERSON)	4 How long ago did you move to this place?		5 In which STATE or country were you living before you came to this village/town ? SEE CODE LIST BELOW (IF COUNTRY WRITE COUNTRY CODE AND (>> 7)	6 Where was that place you were living before? ABUJA.....1 LAGOS.....2 Other State Capital.....3 Other Urban.....4 Other Rural.....5 Other6 (Specify)	7 What was your main work in (NAME OF PLACE)? WRITE NAME OF OCCUPATION 961 = Full Time Education (>> 10) 971 = Looking for work (>> 10) 981 =No Activity 991 = Other Activity (Specify)		8 In what trade or industry was this work WRITE NAME OF TRADE		9 Whom were you working for? Working on own or family Agricultural Activity, i.e. Farming, Fishing, and Animal Rearing / Poultry/ Hunting.....1 EMPLOYEE IN A WAGE JOB: Government Sector.....2 Parastatal.....3 NGO.....4 Co-operatives.....5 International Co-operatives.....6 International Organisation / Diplomatic Mission.....7 Private Sector (include paid apprentices)....8 Self employed (other than Agriculture).....9 Self employed in business with employees.....10 Self employed in business without employees.....11 Employer.....12 Unpaid work in a family business.....13 Other (Specify).....14	10 What was the Main Reason form Moving from (NAME OF PLACE FROM Q6)? Own employment...1 Spouse's Employment...2 Marriage.....3 Other Family Reasons.....4 School.....5 Drought/War...6 Other.....7 (Specify)	STATE CODE
				YRS	MTS			OCCUPATION	C O D E	INDUSTRY	C O D E			
01														ABIA.....01
02														ADAMAWA.....02
03														AKWA-IBOM...03
04														ANAMBRA.....04
05														BAUCHI.....05
06														BAYELSA.....06
07														BENUE.....07
08														BORNO.....08
09														CROSS RIVER.09
10														DELTA.....10
11														EBONYI.....11
12														EDO.....12
13														EKITI.....13
14														ENUGU.....14
15														GOMBE.....15
														IMO.....16
														JIGAWA.....17
														KADUNA.....18
														KANO.....19
														KATSINA.....20
														KEBBI.....21
														KOGI.....22
														KWARA.....23
														LAGOS.....24
														NASARAWA...25
														NIGER.....26
														OGUN.....27
														ONDO.....28
														OSUN.....29
														OYO.....30
														PLATEAU.....31
														RIVERS.....32
														SOKOTO.....33
														TARABA.....34
														YOBE.....35
														ZAMFARA.....36
														FCT ABUJA...37
														CAMEROON...38
														CHAD.....39
														BENIN.....40
														NIGER.....41
														OTHER
														ECOWAS.....42
														OTHERS.....43

SECTION 6: IDENTIFICATION OF RESPONDENTS FOR SECTIONS 9 TO 11
QUESTIONS TO BE ASKED TO THE HEAD OF HOUSEHOLD
(THESE RESPONDENTS MUST BE AVAILABLE FOR EVERY VISIT)

The objective of this section is to identify the most suitable members of the household to be interviewed during the second visit.
Separate persons will be identified for the Agriculture, food processing, expenditure and non-farm enterprise.

1. During the past 12 months did any member of the household own and / or operate a FARM or keep LIVESTOCK or engage in FISHING?
Yes....1 No....2 (>> 4) ☐

2. Which Household members are responsible for a Farm or Livestock?

NAME	ID
1.	
2.	
3.	
4.	
5.	

Transfer these Names to the Agricultural Section 9, Part A.

3. Which Household members are responsible for Fishing?

NAME	ID
1.	
2.	
3.	
4.	
5.	

Transfer these Names to the Agricultural Section 9, Part A.

4. Are any Crop or Fish caught and processed for sale or use by Household? (e.g. Flour, Cassava, Shelled groundnuts, etc.)
Yes....1 If Q1 = 1 and Q4 = 2, (>> 6)
No.....2 If Q1 = 2 and Q4 = 2, (>> 7) ☐

5. Which Household members are mainly responsible for this processing?

NAME	ID
1.	
2.	
3.	
4.	
5.	

Transfer these Names to the Agricultural Section 9 Part G.

6. Who are mainly responsible for preparing Food in the Household?

NAME	ID	Transfer these Names to the Agricultural Section 9 Part H.
1.		
2.		
3.		
4.		
5.		

7. Who are mainly responsible for making the Household PURCHASES?

NAME	ID	Transfer these Names to the Household Expenditure. Section 10
1.		
2.		
3.		
4.		
5.		

8. During the past 12 months has any member of the Household worked for himself, other than on a farm or raising animals? (e.g. has anyone operated his/her own business, trade, worked as a self-employed professional or craftsman?) Yes....1 No....2 (>> Section 7)

9. Please tell me all such trades, businesses, services and professions, together with the name of the household member who would know most about each one.

ENTERPRISE / ACTIVITY NAME	INDUSTRY CODE	PERSON RESPONSIBLE	ID
1			
2			
3			

10. Which of these bring most money? (Up to 3 in order of importance)

ENTERPRISE / ACTIVITY NAME	INDUSTRY CODE	ID OF PERSON RESPONSIBLE	Transfer these names to the Non-Farm Enterprises Section1 1
1			
2			
3			

SECTION 7: HOUSING RESPONDENT: HEAD OF HOUSEHOLD

SECTION 7A: TYPE OF DWELLING							SECTION 7B: OCCUPANCY STATUS OF DWELLING		SECTION 7C: HOUSING EXPENDITURE						
ID	1 Type of Dwelling	2 How many Rooms does this House-hold Occupy? (EXCLUDE BATH-ROOMS, TOILETS KITCHEN, PANTRY, STORE)	3 Do Other House-holds Share this Dwelling with You?	4 How Long has Your Household been Living in this Dwelling? Year	5 In what type of Dwelling were you Living Before?	6 How Many Rooms were Occupied by the House-hold?	1 What is your Present Occupancy Status?	2 From Whom do you Rent the Dwelling?	1 How Much does the Household Pay in Cash for the Rent?	2 Does the House-hold Supply Goods or Services in Exchange for the Dwelling?	3 what is the Appropriate Value of these goods and Services? (IF RENT FREE PUT ZERO)	4 Is Part of the Rent Paid by Someone who is not a House-hold Member	5 Who Pays the rent?	6 How Much did you spend for Const-ruktion and Painting in the Last 12 MTS?	
	Single Room....1 Apartment/F lat..2 Duplex.....3 Whole Biding... 4 Other.....5 (SPECIFY)		Yes = 1 No = 2		Code from Q1		Dwelling Owned by Head.....1 (>>7C Q6) Dwelling Owned by Spouse.....2 (>>7CQ6) Owned by Head and Spouse.....3 (>>7CQ6) Household Rents the Dwelling.....4 Pays Nominal/Subsidized Rent.....5 Uses Without Paying Rent.....6 Nomadic/Temporal Housing.....7	Relative.....1 Private Employer.....2 Govt.....3 Priv. Indiv. or Agency.....4 Other.....5 (SPECIFY)	TIME UNIT Daily.....1 Weekly.....2 Monthly.....3 Quarterly.....4 Half Yearly...5 Yearly.....6	Yes.....1 No.....2 >> 4		Yes = 1 No = 2	Relative.....1 Private Employer.....2 Government..3 Private Individual/ Agency.....4 Other.....5 (SPECIFY)		
				YEARS					AMOUNT	TIME UNIT				AMOUNT	

SECTION 7D: UTILITIES AND AMENITIES												
1 What is the main source of Drinking water for this household?	2 What is the distance to Source of water for your household?	3 Do you pay or share a regular bill from the water company?	4 How much was your last water bill? (ONLY YOUR PORTION IF SHARED WATER BILL)	5 How much have you paid to a private water vendor in the last 2 weeks?	6 Did you sell water to anyone else?	7 How much did you receive for water sold in the last 2 weeks?	8 What is the main source of lighting for your dwelling?	9 How Much was your last bill? (IF SHARD, GIVE ONLY YOUR PORTION)	10 What is the main fuel used by the household for cooking?	11 What kind of refuse collection is used by your household?	12 How much does your household pay for refuse collection?	13 What type of toilet is used by your household?
Pipe Borne water Treated.....1 Pipe Borne Untreated.....2 Borehole/Handpump.....3 Protected Well.....4 Unprotected Well/Rain water..5 River, Lake or Pond.....6 Vendor, Truck.....7 Other.....8 (SPECIFY)	In Dwelling...1 Within 500 metres.....2 500 metres to 1 Km.....3 1 Km or More.....4	Yes.....1 No.....2 (>>5)	TIME UNIT Daily.....1 Weekly.....2 Monthly.....3 Quarterly.....4 Half Yearly.....5 Yearly.....6		Yes.....1 No.....2 (>>8)		Kerosine.....1 (>>10) Gas.....2 (>>10) Mains Electricity.....3 Electricity from Generator.....4 Battery.....5 Candles.....6 Firewood.....7 Other.....8 (SPECIFY)	TIME UNIT Daily.....1 Weekly.....2 Monthly.....3 Quarterly.....4 Half Yearly...5 Yearly.....6	Firewood.....1 Charcoal.....2 Kerosine/oil...3 Gas.....4 Electricity.....5 Crop Residue or Sawdust...6 Animal Waste.....7 Other.....8 (SPECIFY)	Collected by Gov't.....1 Collected by Private firm...2 Gov't Bin.....3 Disposal within compound....4 Unauthorized Heap.....5 Other.....6 (SPECIFY)	Daily.....1 Weekly.....2 Monthly.....3 Quarterly.....4 Half Yearly...5 Yearly.....6	None.....1 Toilet on water.....2 Flush to sewer.....3 Flush to septic tank.....4 Pail/bucket...5 Covered pit latrine.....6 Uncovered Pit latrine.....7 VIP Latrine....8 Other.....9
			AMOUNT	TIME UNIT	AMOUNT	AMOUNT		AMOUNT	TIME UNIT		AMOUNT	TIME UNIT

SECTION 7: HOUSING RESPONDENT: HEAD OF HOUSEHOLD CONT

SECTION 7E: PHYSICAL CHARACTERISTICS OF DWELLING						
I	1 Main Construction material of outside walls. Mud.....1 Stone.....2 Burnt Bricks.....3 Cement or Concrete..... 4 Wood or Bamboo.....5 Iron Sheets.....6 Cardboard.....7 Other.....8 (SPECIFY)	2 Main flooring Materials. Earth or Mud.....1 Wood or Tile.....2 Plank.....3 Concrete.....4 Dirt/Straw.....5 Other (SPECIFY)...6	3 Main Roofing Materials. Mud/Mud Bricks.....1 Thatch (Grass or straw).....2 Wood/Bamboo.....3 Corrugated Iron Sheets.....4 Cement/Concrete....5 Roofing Tiles.....6 Other (SPECIFY).....7	4 DETAIL SKETCH OF BUILDING	5 MEASUREMENTS TAKEN Inside.....1 Outside.....2	6 CALCULATE AREA IN SQUARE METRES

A. **For circular Area calculation** Q4, measure the diameter to get the Radius.
Then use the πR^2 to get the area square metres.

Area (i) $\frac{22}{7}$ or 3.14 x radius squared.

(ii) $\frac{22}{7}$ or 3.14 x R^2

B. For Square/Rectangular

Area = L X B sq. metres

SECTION 8: SOCIAL CAPITAL AND COMMUNITY PARTICIPATION.

RESPONDENT IS THE HEAD OF HOUSEHOLD

1.	2.			3.			4.
Do you consider your household to be Very Poor, Averagely Poor or Not Poor?	What do you think has led your household to be in Poverty?			In times of need, people may need to cope in different ways. Among the following ways, which were the three most important ways in which your household coped?			Do you or any member of your Household Participate in Community Program(s)?
Very Poor.....1 Averagely Poor...2 Not Poor.....3 (>>3)	Cannot Afford/Lack of Agricultural inputs such as Fertilizers, seeds, or Prices of Inputs too High.....1 Agricultural inputs such as fertilizers, Seeds etc are not available in my area.....2 Lack of Agricultural Inputs due to other Reasons such as swindling or not delivered by Supplier.....3 Low Agricultural Production.....4 Because of Draught.....5 Lack of Adequate Land.....6 Prices for Agricultural produce too low.....7 Lack of Buyers for our agricultural produce.....8 Lack of livestock due to death.....9 Lack of Capital to start or expand agricultural business.....10 Lack of Credit facilities to start agricultural production or to buy inputs...11 Lack of Capital to start Own Business.....12 Lack of Credit facilities to start or expand my business.....13 Lack of Employment Opportunities or cannot find a Job.....14 Salary or Wages too Low.....15 Prices of Commodities too High.....16 Hard Economic Times/decline of our Economy.....17 Business not doing Well.....18 Low Profit from Business.....19 Too Much Competition.....20 Loss of Property due to conflict.....21 Loss of Employment due to Conflict/disaster.....22 Loss of Limbs (Disability) due to conflict.....23 Other (SPECIFY).....24			ASK FOR THE THREE MOST IMPORTANT Piecework on Farms Belonging to other Household Members....1 Other Piecework.....2 Working on Food-for-Work Program.....3 Relief Food, free Food from the Government.....4 Eating Wild Food Only.....5 Substituting Ordinary Meals with Mangoes, Pumpkin, Sweet Potatoes etc.....6 Reducing the number of Meals or Food In-take.....7 Reducing other Household Items such as soap, tissue, Detergent.....8 Informal Borrowing, from friends, Neighbours.....9 Formal Borrowing in Cash or Kind (e.g from Bank, Employers, Finance Company etc).....10 Help from religious or Charitable Organizations.....11 NGO charity (e.g Assistance from CARE International, World Vision, Save the Children, Oxfarm, Hope Foundation, PAM, PUSH etc).....12 Pulling Children out of School.....13 Sale of Assets, such as Cattle, Fridge, Car.....14 Petty Vending.....15 Asking from Friends, Neighbours or Relatives.....16 Begging from the Streets.....17 Others (SPECIFY).....18			Yes.....1 No.....2 (>>6)
	MOST IMPORTANT REASON	SECOND MOST IMPORTANT REASON	THIRD MOST IMPORTANT REASON	MOST IMPORTANT	SECOND MOST IMPORTANT	THIRD MOST IMPORTANT	

SECTION 8: SOCIAL CAPITAL CONTINUED

<p style="text-align: center;">5</p> <p>Which of the following Programs do you or a member of your household Participate in?</p> <p>Work on Community Farm.....1</p> <p>Construction of Community School.....2</p> <p>Maintenance of Community Roads or Bridges.....3</p> <p>Exchange of Manual Labour...4</p> <p>Vote in Elections.....5</p> <p>Participate in Election Campaign.....6</p> <p>Participate in Community Workshops to Obtain Funds...7</p> <p>Participate in Community development Projects.....8</p>	<p style="text-align: center;">6</p> <p>Were you or any member of your family directly affected by any conflict?</p> <p>Yes.....1</p> <p>No.....2 (>>>8)</p>	<p style="text-align: center;">7</p> <p>How were you or a member of your household a victim of the conflict?</p> <p>Household Lost</p> <p>Property.....1</p> <p>House was Burnt.....2</p> <p>Relatives were Killed..3</p> <p>Limbs Lost.....4</p> <p>Household Member Molested or Raped....5</p> <p>Household Displaced.....6</p> <p>Other.....7</p>	<p style="text-align: center;">8</p> <p>Were you or any member of your family a victim of any other assault such as Robbery, house break-in etc?</p> <p>Yes.....1</p> <p>No.....2 (>>13)</p>	<p style="text-align: center;">9</p> <p>What was the major Item Stolen?</p> <p>Money.....1</p> <p>Motor Vehicle...2</p> <p>Motorcycle3</p> <p>Handbag/Brief Case/Wallet4</p> <p>Jewellery.....5</p> <p>Cattle.....6</p> <p>Poultry.....7</p> <p>Crops.....8</p> <p>Others.....9 (SPECIFY)</p>	<p style="text-align: center;">10</p> <p>To whom did you Report the Robbery?</p> <p>Local Police.....1</p> <p>Traditional Ruler.....2</p> <p>Traditional Healer.....3</p> <p>Neighbourhood Watch.....4</p> <p>Town Association.....5</p> <p>Others (SPECIFY).....6</p>	<p style="text-align: center;">11</p> <p>Did you receive any assistance with your lost or stolen property?</p> <p>Yes.....1</p> <p>No.....2 (>>13)</p>	<p style="text-align: center;">12</p> <p>Who/where did you get the assistance from?</p> <p>Local Police.....1</p> <p>Traditional Ruler...2</p> <p>Traditional Healer...3</p> <p>Neighbours.....4</p> <p>Local NGO.....5</p> <p>Community Association.....6</p> <p>Family.....7</p> <p>Other(SPECIFY)....8</p>	<p style="text-align: center;">13</p> <p>In the past 5 years have you or any member of your household approached any constituted authority about a problem concerning yourself, your family or the community in which you live?</p> <p>Yes.....1</p> <p>No.....2 (>>16)</p>	<p style="text-align: center;">14</p> <p>What type of Problems were they?</p> <p>Housing or Accommm....1</p> <p>Water Supply.....2</p> <p>Roads Problem.....3</p> <p>Funeral.....4</p> <p>Family or other Problems.....5</p> <p>Pension/Pay or Work Related.....6</p> <p>School or Education Problem.....7</p> <p>Clinic or Hospital problem.....8</p> <p>Land Dispute.....9</p> <p>Other...(SPECIFY).....10</p>		
<p style="text-align: center;">15</p> <p>Who did you report to?</p> <p>Traditional Ruler.....1</p> <p>Local Party Official.....2</p> <p>Councillor.....3</p> <p>Minister or Government Official.....4</p> <p>Civic Organization Activist or NGO.....5</p> <p>Other Town Association.....6</p> <p>Police Officer.....7</p> <p>Other (SPECIFY).....8</p>	<p style="text-align: center;">16</p> <p>If you suddenly Needed to Borrow a small amount of money, are there people beyond your immediate household and close relatives to whom you could turn?</p> <p>Definitely.....1</p> <p>Probably.....2</p> <p>Unsure.....3</p> <p>Probably Not...4</p> <p>Definitely Not...5</p>	<p style="text-align: center;">17</p> <p>Generally Speaking, Would you say that most people can be trusted or that you cannot be too careful in dealing with people?</p> <p>People Can't be Trusted.....1</p> <p>You can't be too careful.....2</p>	<p style="text-align: center;">18</p> <p>In General do you agree or disagree with the following statements?</p> <p>(A.) In this village or neighbourhood most people are ready to help if you needed them to</p> <p>(B) In this village/ neighbourhood one has to be alert or someone is likely to take advantage of you.</p> <p>Agree strongly.....1</p> <p>Agree somewhat....2</p> <p>Neither Agree nor Disagree.....3</p> <p>Disagree somewhat.4</p> <p>Disagree Strongly...5</p>	<p style="text-align: center;">19</p> <p>How Much do you trust?</p> <p>A. Local Govt Officials</p> <p>B. State Govt Officials</p> <p>To a very great Extent.....1</p> <p>To a great Extent.....2</p> <p>Neither Great or small extent...3</p> <p>To a Small Extent.....4</p> <p>To a very Small Extent.....5</p>	<p style="text-align: center;">20</p> <p>How many groups or associations do you belong to?</p> <p>Church only.....1</p> <p>Church and Community Association.....2</p> <p>Community Association Only...3</p> <p>More than two Associations including church...4</p> <p>More than two Associations excluding church..5</p> <p>Three or More Associations.....6</p> <p>No Associations...7</p>	<p style="text-align: center;">21</p> <p>If a community Project does not directly benefit you but has benefits for many others in the neighbourhood, would you contribute time and money to it?</p> <p>Will Contribute Time and Money...1</p> <p>Will contribute time only.....2</p> <p>Will contribute Money Only.....3</p> <p>No Contribution....4</p>	<p style="text-align: center;">22</p> <p>If there was a water supply problem in the community, how likely is it that people will cooperate to try and solve the problem?</p> <p>Very Likely.....1</p> <p>Somewhat Likely...2</p> <p>Neither likely or Unlikely.....3</p> <p>Somewhat Unlikely.....4</p> <p>Very Unlikely.....5</p>	<p style="text-align: center;">23</p> <p>What are your three main sources of Information about Govt activities in your community?</p> <p>Relatives/Friends.....1</p> <p>Community Bulletin Board....2</p> <p>Community /Local Papers.....3</p> <p>National Newspapers.....4</p> <p>Radio.....5</p> <p>Television.....6</p> <p>Groups or Associations.....7</p> <p>Business/ Work Associates...8</p> <p>Community Leaders.....9</p> <p>Agent of the Govt.....10</p> <p>NGOs.....11</p> <p>Internet.....12</p>			
			A	B	A	B			A	B	C