

CONFIDENTIAL

Federal Republic of Nigeria
National Bureau of Statistics Abuja, Nigeria



GENERAL HOUSEHOLD SURVEY-PANEL
Wave 4 (2018/19) Post-Harvest Visit
Household Questionnaire

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

SECTION A-1: HOUSEHOLD IDENTIFICATION

JANUARY/FEBRUARY 2019

Name

Code

ZONE:

STATE:

LGA:

SECTOR (Urban=1, Rural=2):

EA

STRUCTURE ID:

HOUSEHOLD NO.:

NAME OF HOUSEHOLD HEAD:

PHONE NUMBER OF HEAD (IF AVAILABLE):

ADDRESS OF HOUSEHOLD:

OLD PANEL VS NEW PANEL (Old panel household=1, New panel household=2):

NAME OF INTERVIEWER:

NAME OF SUPERVISOR:

[DAY / MONTH / YEAR]

DATE OF FIRST INTERVIEW:

TIME INTERVIEW STARTED

TIME INTERVIEW ENDED

AG1a. Since the beginning of this agricultural season, did members of this household cultivate any crops including tree crops?	<input type="checkbox"/>	YES.....1 NO.....2
AG2a. Since the beginning of the 2018/2019 agricultural season, did any member of your household own or use any land that you did not cultivate, for example dwelling plot, pastureland, forest, and business/commercial plots?	<input type="checkbox"/>	YES.....1 NO.....2
AG4. Were you or any other member of your household involved in fishing activities, catching fish or raising fish, in the last 12 months?	<input type="checkbox"/>	YES.....1 NO.....2

1. Have you been able to identify and locate the household? (Yes=1, No=2)

☐

2. Does the household live at the same location? (Yes=1, Moved within locality=2)

☐

New address if moved within locality

WHAT ARE THE GPS COORDINATES OF THE DWELLING?

LATITUDE (N)							
__	__	○	__	__	.	__	__

LONGITUDE (E)							
__	__	○	__	__	.	__	__

3. Is an eligible respondent available to be interviewed? (Yes=1, No=2)

☐

READ OUT: Thank you for taking the time to talk to me today. I am working for the National Bureau of Statistics and am here for the General Household Survey. This survey is being conducted throughout the nation to get a better understanding of the wellbeing and livelihoods of households like yours in Nigeria. With this information, the government and other organizations can enact programs to help households in need throughout the country.

Your household has been selected for the study by chance. The answers that you give us will be completely confidential and will not be linked to you and your household. Therefore, nobody – in this community, in the government, or any other organization – will know what you tell us.

Before we begin, we would like to ask for your explicit oral informed consent. Please note that you are under no obligation to answer any or all of our questions, although it would help us very much if you did. If you do not understand anything, or would like to ask a question, please feel free to do so at any point.

If you agree to this interview, you can still choose not to answer any question during the interview, or to terminate the interview at any time. You can also call xxx xxx x xx if you would like further information or have questions. The interview will take approximately 2 to 4 hours.

Do you have anything you want to ask me, or

4. Did a member of the household give consent to be interviewed? (Yes=1, No=2)

☐

Name of member that gave consent

-----RESULT OF INTERVIEW-----

1. FINAL RESULT OF INTERVIEW

☐

INTERVIEW RESULT

1. COMPLETE
2. PARTIALLY COMPLETE (REFUSED)
3. PARTIALLY COMPLETE (UNAVAILABLE)
4. UNABLE TO IDENTIFY HOUSEHOLD
5. HOUSEHOLD HAS MOVED AWAY
6. LONG TERM UNAVAILABLE

2. Why is the interview partially completed? _____

3. Provide details on why the household could not be identified,
refused or was long term unavailable? _____

4. Provide a phone number of someone (informant) who can verify
the status _____

5. Name of the informant _____

6. Relationship/position _____

7. What was the language used by the interviewer?

☐

LANGUAGE

8. What was the language used by the respondent?

☐

1. ENGLISH

2. HAUSA

3. YORUBA

9. Was a translator used at any point during the interview? (Never=1, Sometimes=2, Always=3)

☐

4. IGBO

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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.

FLAP A

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

I N D I V I D U A L I D	1.	NAME		PREFILLED	4a.	4b	4c	2.	3.	4.	5a.
	<div>PREFILL NAMES FROM POST PLANTING HOUSEHOLD ROSTER.</div> <div>THEN ASK: PLEASE GIVE ME THE NAMES OF ANY NEW MEMBERS THAT HAS JOINED YOUR HOUSEHOLD SINCE THE LAST VISIT.</div> <div>(CONFIRM THAT HOUSEHOLD HEAD HERE IS SAME AS HOUSEHOLD HEAD LISTED ON IDENTIFICATION PAGE.)</div>			PREFILLED INFORMATION (OLD MEMBERS ONLY)	Is [NAME] still a member of this household? IF NO, CROSS OUT THE INDIVIDUAL ID IN THE FLAP AND ► Q28. AFTER COMPLETING SECTION 1, NO OTHER SECTIONS SHOULD BE ANSWERED FOR THIS PERSON. YES...1 NO...2 (► Q28)	Is the information (name, age, sex) above for [NAME] correct? YES...1 (► Q3) NO...2	What is incorrect? SELECT ALL THAT APPLY GENDER...1(► ANSWER Q2) AGE.....2(► ANSWER Q4) NAME.....3	What is the sex of [NAME]? MALE....1 FEMALE..2	What is [NAME]'s relationship to the head of household? HEAD.....1 SPOUSE.....2 OWN CHILD.....3 STEP CHILD.....4 ADOPTED CHILD...5 GRANDCHILD.....6 BROTHER/SISTER..7 NIECE/NEPHEW....8 BROTHER/ SISTER-IN-LAW..9 PARENT.....10 PARENT-IN-LAW..11 DOMESTIC HELP (RESIDENT)....12 DOMESTIC HELP (NON RESIDENT).13 OTHER RELATION (SPECIFY)....14 OTHER NON-RELATION (SPECIFY).....15	How old is [NAME] (IN COMPLETED YEARS)? IF OLDER THAN 7 ► Q6 YEARS	Does [NAME] have a government approved birth certificate? IF YES, ASK THE RESPONDENT IF YOU CAN SEE THE BIRTH CERTIFICATE FOR [NAME]. YES...1 (► Q6) NO...2
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5b.	6.			8a.
INTERVIEWER: WERE YOU ABLE TO OBSERVE THE BIRTH CERTIFICATE FOR [NAME]?	In what day, month and year was [NAME] born?			In the past 12 months, how many months has [NAME] been living in this household?
YES.....1 NO, REFUSED....2 NO, COULD NOT LOCATE CERTIFICATE...3 NO, CERTIFICATE IS NOT IN THIS DWELLING.....4	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.			RECORD THE NUMBER OF ACCUMULATED MONTHS, NOT CALENDAR MONTHS. IF LESS THAN 1 MONTH, PUT 0.
	ASK DAY, MONTH AND YEAR IF 7 YEARS OR YOUNGER.			
	FOR NEW MEMBERS OLDER THAN 7, ASK ONLY YEAR			
	CHECK THAT AGE IN QUESTION 4 AND YEAR OF BIRTH IN THIS QUESTION ARE CONSISTENT.			
	DAY	MONTH	YEAR	MONTHS

SECTION 1: HOUSEHOLD ROSTER

PLEASE OPEN FLAP A

	8b.	8c.	7.	8.	9.	10.	11.	12.	13a.	13b.	13c.
I N D I V I D U A L I D	CAPI: IS THIS A NEW MEMBER OR A PERSON 12 YEARS OR OLDER?	CAPI: IS THIS PERSON 12 YEARS OR OLDER?	What is [NAME]'s marital status? IF SPOUSE OF HEAD, THEN SKIP MARRIED (MONOGAMOUS)...1 MARRIED (POLYGAMOUS)...2 INFORMAL UNION.....3 DIVORCED.....4 (►Q13) SEPARATED.....5 (►Q13) WIDOWED.....6 (►Q13) NEVER MARRIED.....7 (►Q13)	D R O P P E D	D R O P P E D	D R O P P E D	Does [NAME]'s spouse(s)/partne r(s) live in this household now?	Which household member(s) are the spouse of [NAME]?	In what year did [NAME] get married to SPOUSE?	Does [NAME] have a spouse living outside the household?	How many spouses does [NAME] have who are residing outside the household?
	YES..1 NO..2 (► NEXT SECTION)	YES..1 NO..2 (► Q13)					YES..1 NO..2 (► Q13)	COPY SPOUSE ID FROM ROSTER ID CODE		YES..1 NO..2 (► Q13)	
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SECTION 1: HOUSEHOLD ROSTER

	13.	14.	15.	16.	17.	18.	19.	20.
I N D I V I D U A L I D	CAPI: WAS THIS PERSON A MEMBER OF THIS HOUSEHOLD IN THE PREVIOUS VISIT OF THE SURVEY (JUL. - AUG. 2018)?	M O V E D T O 4 a	When did [NAME] join this household?	Why did [NAME] join this household?	What is [NAME]'S main religion?	Does [NAME]'s biological father live in this household?	What is the individual ID of [NAME]'s biological father?	Is [NAME]'s biological father alive?
	YES...1 (► NEXT PERSON) NO...2		BEFORE AUG 2018.....0 AUG. 2018....1 SEPT. 2018...2 OCT. 2018...3 NOV. 2018....4 DEC. 2018....5 JAN. 2019....6 FEB. 2019....7	NEW BORN.....1 ADOPTED CHILD.....2 MARRIAGE /COHABITATION. 3 DIVORCE /SEPARATION.....4 RETURNED FROM COLLEGE/UNIV.....5 RETURNED FROM INSTITUTION.....6 MOVED IN WITH PARENT OR RELATIVE.....7 SHARED ACCOMODATION.....8 RETURN FROM WORK MIGRATION.....9 MISTAKENLY NOT REPORTED OR FORGOTTEN AT LAST VISIT.....10 DISPLACEMENT DUE TO CONFLICT (MILITANCY/ INSURGENCY).....11 OTHER (SPECIFY).....12	CHRISTIANITY.....1 ISLAM2 TRADITIONAL.....3 OTHER (SPECIFY) ...4	CAPI: ASK THIS FOR HOUSEHOLDS INTERVIEWED EARLY IN PP	COPY ID FROM ROSTER	
			CODE		ASK TO HEAD AND SPOUSE ONLY	YES..1 NO...2 (► Q20)	(► Q23)	YES..1 NO...2
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SECTION 1: HOUSEHOLD ROSTER

	21.	22.	23.	24.	25.	26.
I N D I V I D U A L	What was the highest educational level completed by [NAME'S] biological father?	What was the industry of occupation of [NAME'S] biological father?	Does [NAME]'s biological mother live in this household?	What is the person ID of [NAME]'s biological mother?	Is [NAME]'s biological mother alive?	What was the highest educational level completed by [NAME'S] biological mother?
	None.....00 Secondary N1.....01 vocational/ N2.....02 technical/ P1.....11 commercial....321 P2.....12 Tertiary P3.....13 vocational/ P4.....14 technical/ P5.....15 commercial...322 P6.....16 Modern school..33 JS1.....21 NCE.....34 JS2.....22 Poly/prof...41 JS3.....23 University - SS1.....24 levels 100, SS2.....25 200, or 300..421 SS326 University - Lower 6...27 400 level....422 Upper 6...28 University - Teacher 500 level....423 training...31 University - 600 level Higher degree..43 Quaranic.....51 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 NEVER WORKED.....15	YES..1 NO...2 (► Q25)	COPY ID FROM ROSTER (► NEXT PERSON)	YES..1 NO...2	NONE.....00 SECONDARY N1.....01 VOCATIONAL/ N2.....02 TECHNICAL/ P1.....11 COMMERCIAL....321 P2.....12 TERTIARY P3.....13 VOCATIONAL/ P4.....14 TECHNICAL/ P5.....15 COMMERCIAL...322 P6.....16 MODERN SCHOOL..33 JS1.....21 NCE.....34 JS2.....22 POLY/PROF...41 JS3.....23 UNIVERSITY - SS1.....24 LEVELS 100, SS2.....25 200, OR 300..421 SS326 UNIVERSITY - LOWER 6...27 400 LEVEL....422 UPPER 6...28 UNIVERSITY - TEACHER 500 LEVEL....423 TRAINING...31 UNIVERSITY - 600 LEVEL HIGHER DEGREE..43 QUARANIC.....51 INTEGRATED QUARANIC.....52 ADULT EDUCATION.....61
	LEVEL					

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SECTION 1: HOUSEHOLD ROSTER

	27.	28.	29.	30.	31b.		31c.
INDIVIDUAL	What was the industry of occupation of [NAME'S] biological mother?	Why did [NAME] leave this household?	In which month did [NAME] leave this household?	Does [NAME] reside in Nigeria or outside Nigeria now?	Which state did [NAME] move to?		Do you know which LGA [NAME] moved to?
	AGRICULTURE.....01 MINING.....02 MANUFACTURING.....03 PROFESSIONAL, SCIENTIFIC, TECHNICAL ACTIVITIES...04 ELECTRICITY.....05 CONSTRUCTION.....06 TRANSPORTATION.....07 BUYING AND SELLING.....08 FINANCIAL SERVICES.....09 PERSONAL SERVICES.....10 EDUCATION.....11 HEALTH.....12 PUBLIC ADMINISTRATION.....13 OTHER, SPECIFY.....14 NEVER WORKED.....15 (► NEXT PERSON)	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 UNABLE TO STAY DUE TO CONFLICT (MILITANCY/INSURGENCY).....11 DISPUTE WITH OTHER HOUSEHOLD MEMBERS/COMMUNITY.....12 ABDUCTED/KIDNAPPED.....13 DEAD.....14(► NEXT PERSON) OTHER, (SPECIFY).....15	AUG. 2018 OR BEFORE.....1 SEP. 2018.....2 OCT. 2018.....3 NOV. 2018.....4 DEC. 2018.....5 JAN. 2019.....6 FEB. 2019.....7	INSIDE NIGERIA...1 OUTSIDE OF NIGERIA.....2 (►Q32)	SUPERVISOR CODE AFTER INTERVIEW		YES..1 NO...2 (► NEXT PERSON)
					STATE NAME	CODE (2-DIGIT)	
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SECTION 1: HOUSEHOLD ROSTER

I N D I V I D U A L I D	31a.		32.	33.	34 - 41
	Which LGA did [NAME] move to?		What country does [NAME] reside in at present?	How many months has [NAME] been abroad?	D R O P P E D
	SUPERVISOR CODE AFTER INTERVIEW (► NEXT PERSON)		USE COUNTRY CODES ABOVE		
	LGA NAME	CODE (2-DIGIT)			MONTHS

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FOR ALL HOUSEHOLD MEMBERS 3 YEARS AND ABOVE, PLEASE ASK THE INDIVIDUAL THE FOLLOWING QUESTIONS.

1.	2.	3.	4.	5.	6.	7.	8.	9.	10.
INDIVIDUAL	IS THIS PERSON THREE YEARS OLD OR OLDER?	IS THIS PERSON ANSWERING FOR HIMSELF/HERSELF?	WRITE THE ID CODE OF THE RESPONDENT	Can [NAME] read and write in any language?	Has [NAME] ever attended school?	What was the main reason [NAME] never attended school?	At what age did [NAME] start school?	What is the highest educational level [NAME] has completed?	What is [NAME]'s highest qualification attained?
	YES..1 NO...2 (► NEXT SECTION)	YES..1 (► Q5) NO...2	ID CODE	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 DID NOT HAVE INTEREST.....8 PARENTS DO NOT THINK IT IS IMPORTANT.....9 PARENTS OPPOSED TO SCHOOL.....14 ILLNESS.....10 DISABILITY.....11 CONFLICT (MILITANCY/INSURGENCY).....12 OTHER (SPECIFY).....13 ALL RESPONSES ► NEXT SECTION	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 HSE1.....27 HSE2.....28 TEACHER TRAINING....31 SECONDARY VOCATIONAL/TECHNICAL/COMMERCIAL..321 TERTIARY VOCATIONAL/TECHNICAL/COMMERCIAL.322 MODERN SCHOOL.....33 NCE.....34 NURSING SCHOOL35 POLY/PROF....41 OND1,OND2...411 HND1,HND2...412 UNIVERSITY - LEVEL 100, 200 OR 300.421 UNIVERSITY - LEVEL 400..422 UNIVERSITY - LEVEL 500..423 UNIVERSITY - LEVEL 600..424 HIGHER DEGREE/POST-GRADUATE DEGREE43 QUARANIC.....51 INTEGRATED QUARANIC...52 ADULT EDUCATION...61	NONE.....1 FSLC.....2 MSLC3 JSS5 SSS 'O LEVEL'....6 A LEVEL.....7 VOC/COMM CERTIFICATE.....41 VOC/COMM DIPLOMA.....42 NCE/OND NURSING..8 BA/BSC/HND.....9 PHD/MASTERS.....11 DOCTORATE.....12 OTHER (SPECIFY) .13	
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SECTION 2: EDUCATION

I N D I V I D U A L I D	11. D R O P P E D	12. D R O P P E D	13a.	13b.	13c.	13.	14.	15.	16.	17.
			Is [NAME] currently attending school for the 2018/2019 school year?	In what level is [NAME] enrolled this 2018/2019 school year?	What kind of organization runs the school that [NAME] is currently attending for the 2018/2019 school year?	Did [NAME] attend school during the 2017/2018 school year?	Why did [NAME] not attend school during the 2017/2018 school year?	What level did [NAME] attend during the 2017/2018 school year?	What kind of organization runs the school that [NAME] attended during the 2017/2018 school year?	By what means did [NAME] go to school during the 2017/2018 school year?
			YES..1 (► Q13) NO...2	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 TEACHER TRAINING...31 SECONDARY VOCATIONAL/ TECHNICAL/ COMMERCIAL.321 TERTIARY VOCATIONAL/ TECHNICAL/ COMMERCIAL.322 MODERN SCHOOL.....33 NCE.....34 POLY/PROF...41 1ST DEGREE..42 HIGHER DEGREE.....43 QUARANIC...51 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	YES..1 (► Q15) NO...2	HAD ENOUGH/COMPLETED SCHOOLING.....1 AWAITING ADMISSION.....2 NO SCHOOL/LACK OF TEACHERS.....3 NO TIME/NO INTEREST.....4 LACK OF MONEY.....5 MARITAL OBLIGATION.....6 SICKNESS.....7 DISABILITY.....8 SEPARATION OF PARENTS.....9 DEATH OF PARENTS...10 TOO OLD TO ATTEND ..11 DOMESTIC OBLIGATION12 CONFLICT (MILITANCY/ INSURGENCY).....13 OTHERS (SPECIFY)....14 PREGNANCY.....15 TOO YOUNG TO	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 TEACHER TRAINING...31 SECONDARY VOCATIONAL/ TECHNICAL/ COMMERCIAL.321 TERTIARY VOCATIONAL/ TECHNICAL/ COMMERCIAL.322 MODERN SCHOOL.....33 NCE.....34 POLY/PROF...41 1ST DEGREE..42 HIGHER DEGREE.....43 QUARANIC...51 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	BOARDING.....1 (►Q19) WALKING.....2 BUS.....3 TRAIN.....4 BICYCLE.....5 MOTORCYCLE.....6 CAR.....7 TRICYCLE/KEKE...8 OTHER SPECIFY...9
				LEVEL		NO...2	(► Q23a)	LEVEL		
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SECTION 2: EDUCATION

INDIVIDUAL	18.	19.	20.	21.	22.	23a.					
	How much time did it take [NAME] to get to school? (IN MINUTES)	Did [NAME] have a scholarship during the 2017/2018 school year?	What was the amount of the scholarship [NAME] received during the 2017/2018 school year?	How many years did the scholarship cover?	From which organization, did [NAME] receive the scholarship during the 2017/2018 school year?	How much did your household spend MONTHLY for [NAME] on education during the 2017/2018 school year for each of the following items?					
	TIME CODE 0-15.....1 16-30.....2 31-45.....3 46-60.....4 61-90.....5 91-120.....6 120+.....7				FEDERAL GOVT..1 STATE GOVT....2 LOCAL GOVT....3 COMMUNITY.....4 RELIGIOUS BODY.....5 PRIVATE.....6 NGO.....7 OTHER (SPECIFY).....8						
	ADD TIMES FOR TRIP OUT AND BACK	YES..1				Ancillary fees (boarding, canteen, transport, health services)		Textbooks and other teaching materials		School meals and transport purchased outside educational institutions	
CODE	NO...2 (► Q23a)	NAIRA	YEARS			A. School canteen fees	B. Fees for transport organized by the school	C. Other required purchases (such as computer, extra books, athletic equipment, material for arts lessons, other school-related expense specific to the country)		D. Transportation to and from school not organized by the school	E. School meals purchased outside school
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MODULE B

23b.

How much did your household spend IN TOTAL for [NAME] on education during the 2017/2018 school year for the following items?

IF THERE WAS NO EXPENDITURE, WRITE '0'

IF THE RESPONDENT CANNOT DIVIDE SCHOOL EXPENSES INTO VARIOUS CATEGORIES, THEN RECORD THE AGGREGATE EDUCATION EXPENDITURE FOR THE INDIVIDUAL IN COLUMN T, NOT ALLOCABLE

	Tuition and other fees		Other contributions to school (PTA, SMC, school fund, in-kind contributions)				Ancillary fees (boarding, canteen, transport, health services)		Uniforms and other school clothing	Textbooks and other teaching materials	Private tutoring
	G. Tuition fees	H. Exam, registration and other official fees	I. PTA, SBMC and other association fees	J. Development levy or payment for construction, maintenance or other school funds	F. Gift or donation to teacher (cash or in-kind)?	K. Gift or donation to school (cash or in-kind)?	L. School boarding fees	M. Fees for health services	N. Uniforms and other school clothing	O. Textbooks and other teaching materials (stationery, etc.)	P. Private tutoring
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SECTION 2: EDUCATION

I N D I V I D U A L I D					24.	25.	26.	27.	28.
					Did [NAME] ever repeat any class during Primary, Junior Secondary, or Senior Secondary?	What was the last class [NAME] repeated ?	What was [NAME]'S main reason for repeating the grade specified in Q25?	How many times has [NAME] repeated the class specified in Q25?	D R O P P E D
					YES, PRIMARY ONLY...1 YES, SECONDARY ONLY...2 YES, BOTH.....3 NONE.....4 (►NEXT SECTION)	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 EXAM.....1 PREGNANCY.....2 ILLNESS.....3 DISABILITY.....4 WORK COMMITMENT.....5 NO MONEY FOR BOOKS.....6 SCHOOL FEES.....7 ILLNESS OR INJURY OF OTHER HH MEMBER.....8 TOO MANY ABSENCES DUE TO CONFLICT (MILITANCY/ INSURGENCY).....9 OTHER (SPECIFY)....10		
	Additional books, computer, or learning software to be used at home in support of formal schooling		Other categories (music and arts lessons, gifts, extra-curricular activities, etc.)		NOT ALLOCABLE				
Q. Additional books, computer, or learning software to be used at home in support of formal schooling		R. Music and arts lessons	S. Extra-curricular activities	T. Not Allocable					
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SECTION 3: LABOUR

ASK THESE QUESTIONS FROM ALL INDIVIDUALS 5 YEARS AND ABOVE.

	1.	2.	3.	4.	4b.	5.	5b.	5c.	6.	6b.
I N D I V I D U A L I D	CAPI: IS THE HOUSEHOLD MEMBER 5 YEARS OLD OR OLDER?	IS [NAME] RESPONDING FOR HIM/HER SELF?	WHO IS THE PERSON IN THE HOUSEHOLD RESPONDING FOR [NAME]?	During the past 7 days, has [NAME] worked for someone who is not a member of your household, for example, an enterprise, company, the government or any other individual for payment in cash or in-kind?	During the past 7 days, for how many hours in total has [NAME] worked for payment?	During the past 7 days, has [NAME] done any of the following: - worked on a farm owned or rented by this household, either in cultivating crops or in other farming tasks? - cared for livestock belonging to this household? - gone fishing or worked in fish farming owned by the household?	During the past 7 days, how many hours has [NAME] done this agricultural work for the household?	In general, are the products obtained from [NAME]'s work on household agricultural production intended for sale or barter or mainly for use by the household? Only for sale/barter....1 Mainly for sale/barter but some for own/family use.....2 Mainly for own/family use but some for sale/barter ...3 Only for own/family use.....4	During the past 7 days, has [NAME] worked <i>on their own account or in a business enterprise belonging to [NAME] or another household member</i> , for example, as a trader, shop-keeper, barber, dressmaker, carpenter or taxi driver?	During the past 7 days, how many hours has [NAME] worked in the household nonfarm enterprise?
	YES..1	YES..1 (► Q4)		YES..1		YES..1			YES..1	
	NO...2 (► NEXT PERSON)	NO...2	ID CODE	NO...2 (► Q5)	HOURS	NO...2 (► Q6)	HOURS		NO...2 (► Q7)	HOURS

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SECTION 3: LABOUR

APPRENTICESHIP						TEMPORARY ABSENCE
I N D I V I D U A L I D	7a.	7b.	7c.	7d.	7.	8a.
	During the past 7 days, has [NAME] worked as a trainee or apprentice in any career oriented skills?	During the past 7 days, how many hours has [NAME] worked as a trainee or apprentice?	How was/is [NAME]'s apprenticeship training financed? FREE / NO COST.....0 FROM HOUSEHOLD INCOME/SAVINGS.....1 FROM PERSONAL INCOME/SAVINGS.....2 LOANS/BORROWED MONEY...//.....3 REMITTANCES FROM ABROAD.....4 NGO SUPPORT.....8 GOVT SCHOLARSHIP....9 ASSOCIATION SUPPORT.....10 CHURCH ASSISTANCE..11 RELATIVE/FRIEND....12 OTHER (SPECIFY)....13 SELECT ALL THAT APPLY	Has [NAME] participated in the National Directorate of Employment (NDE) programme?	CAP! IS THERE A "YES" RESPONSE IN QUESTIONS 4, 5, 6 OR 7a?	Even though [NAME] did not do any activity in the last 7 days, does [NAME] have a job, business, or other economic or farming/livestock/ fishing activity that s/he will return to?
	YES, FORMAL....1 YES, INFORMAL...2 NO.....3 (►Q7d)	HOURS		YES..1 NO...2	YES..1 (► Q12b) NO...2	YES..1 NO...2 (► Q8)

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SECTION 3: LABOUR

					JOB SEARCH		
	8b.	8b1.	8b2.	8c.	8d.	8e.	8f.
I N D I V I D U A L I D	What is the main reason [NAME] did not work at this activity during the last 7 days?	Including the time that [NAME] has been absent, will [NAME] return to that same job, business or other economic activity or family farm/livestock/fishing in three months or less?	During the low or off-season, does [NAME] continue to do some work for that job, business or family farm/livestock/fishing?	Is the activity [NAME] plans to return to a household farming, livestock or fishing activity?	Are the products obtained from [NAME's] farming/ fishing or livestock activity mainly intended for ? Only for sale/barter1 (►Q13) Mainly for sale/barter ...2 (►Q13) Mainly for own/family use.3 (►Q8f) Only for own/family use ..4 (►Q8f)	CAP: IS (Q5c=3 Q5c=4) & (Q4=Q5=Q6=2)	In the past 4 weeks, has [NAME] taken any action to find a paid job or start a business for pay/profit?
	ON LEAVE/HOLIDAY.....1 SICKNESS.....2 BUSINESS CLOSED TEMPORARILY.....3 STRIKE, LABOR DISPUTE..4 SHIFT WORK, FLEX TIME..5 LOW OR OFF SEASON.....6 (►Q8b2) PREGNANCY.....8 OTHER(SPECIFY).....7	YES..1 (► Q8c) NO...2 (► Q8)	YES..1 NO...2 (► Q8f)	YES..1 NO...2 (► Q13)		YES..1 NO...2 (► Q13)	YES..1 (► Q10a) NO...2
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Nigeria General Household Survey - Panel Wave 4, 2018-2019

Post-Harvest Household Questionnaire

SECTION 3: LABOUR

	8g.	9a.	10a.	10b.	10c.	10d.
I N D I V I D U A L I D	At present does [NAME] want to work?	What is the main reason [NAME] did not look for a job in the past 4 weeks? MOST IMPORTANT REASON IN HOUSEHOLD AGRICULTURE/ LIVESTOCK/FISHING ACTIVITIES.....10 ALREADY FOUND JOB TO START IN THE FUTURE.....1 WAITING FOR RESULTS OF A PREVIOUS SEARCH.....2 AWAITING RECALL FROM A PREVIOUS JOB.....3 WAITING FOR THE SEASON TO START.....4 TIRED OF LOOKING FOR JOBS, NO JOBS IN AREA.....5 NO JOBS MATCHING SKILLS, LACKS EXPERIENCE.....6 CONSIDERED TOO YOUNG/OLD BY EMPLOYERS.....7 CONSIDERED TOO YOUNG/OLD BY HOUSEHOLD.....15 IN STUDIES/SCHOOL, TRAINING.....8 FAMILY / HOUSEHOLD RESPONSIBILITIES.....9 PREGNANCY.....14 DISABILITY, INJURY, ILLNESS.....11 OTHER SOURCES OF INCOME.....12 OTHER (SPECIFY):.....13	What did [NAME] mainly do in the past 4 weeks to find a job or start a business? APPLY TO PROSPECTIV EMPLOYERS.....1 PLACE OR ANSWER JOB ADVERTISEMENTS.....2 STUDY OR READ JOB ADVERTISEMENTS.....3 REGISTER WITH (EMPLOYMENT CENTER).....4 REGISTER WITH PRIVATE RECRUITMENT OFFICES.....5 TAKE A TEST OR INTERVIEW.....6 SEEK HELP FROM RELATIVES, FRIENDS, OTHERS.....7 CHECK AT FACTORIES, WORK SITES....8 WAIT ON THE STREET TO BE RECRUITED.....9 SEEK FINANCIAL HELP TO START A BUSINESS.....10 LOOK FOR LAND, BUILDING, EQUIPMENT, MATERIALS TO START A BUSINESS.....11 APPLY FOR PERMIT OR LICENSE TO START A BUSINESS.....12 OTHER (SPECIFY).....13	For how long has [NAME] been without work and trying to find a job or start a business? LESS THAN 1 MONTH1 ONE MONTH TO < 3 MONTHS2 THREE MONTHS TO < 6 MONTHS.....3 SIX MONTHS TO < 12 MONTHS4 ONE YEAR TO < 2 YEARS5 TWO YEARS OR MORE6	Was [NAME] available for work during the last 4 weeks? YES..1 (► NEXT PERSON) NO...2	Why was [NAME] not available for work during the last 4 weeks? IN SCHOOL1 BUSY WITH HOUSEHOLD DUTIES2 TOO YOUNG TO WORK....3 TOO OLD TO WORK....4 TOO SICK TO WORK....5 DISABLED.....6 CONFLICT (MILITANCY/ INSURGENCY).....8 OTHER (SPECIFY).....7 (► NEXT PERSON)
	YES..1 NO...2	(► Q10c)				

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SECTION 3: LABOUR

MAIN WAGE JOB

I N D I V I D U A L I D	10e.	10f.	10g.	12.	12b1.	13.	
	Would [NAME] want to work if a paid job or business opportunity became available?	If a paid job or business opportunity becomes available, could [NAME] start within the next 2 weeks?	Which one of the following best describes what [NAME] is mainly doing at present? READ ALL OPTIONS Studying or training1 Engaged in household or family responsibilities2 Family farming, livestock or fishing for family use.....3 Retired or pensioner4 With a long term illness, injury or disability5 Doing volunteering, community or charity work6 Engaged in cultural or leisure activities7	D R O P P E D	CAPI: IS THERE A YES RESPONSE IN Q4?	What is [NAME]'s primary activity in [NAME]'s main wage/salaried job? (MAIN WAGE/SALARIED OCCUPATION IN THE LAST 7 DAYS)	
	YES..1	YES..1	(▶ NEXT PERSON)		YES..1		
	NO...2	NO...2			NO...2 (▶ NEXT PERSON)	WRITTEN DESCRIPTION	OCCUPATION CODE (CODE AFTER

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Nigeria General Household Survey - Panel Wave 4, 2018-2019

Post-Harvest Household Questionnaire

SECTION 3: LABOUR

	14.	15.	15b1.	15c.	15c1.	15e.
INDIVID	In what sector is [NAME]'s main activity?	Who is the employer in [NAME]'s main job?	Is [NAME]'s main job an apprenticeship job?	How many people work for [NAME]'s employer?	Does [NAME] contribute to the National Housing Fund?	Does [NAME] have a written contract/agree ment or letter of appointment for this job?
	AGRICULTURE.....01 MINING.....02 MANUFACTURING.....03 PROFESSIONAL/SCIENTIFIC/TECHNICAL ACTIVITIES.....04 ELECTRICITY/WATER/GAS /WASTE.....05 CONSTRUCTION.....06 TRANSPORTATION.....07 BUYING AND SELLING..08 FINANCIAL/INSURANCE/ REAL EST. SERVICES.09 PERSONAL SERVICES..10 EDUCATION.....11 HEALTH.....12 PUBLIC ADMINISTRATION.....13 OTHER, SPECIFY.....14	FEDERAL GOV.....01 STATE GOV.....02 LOCAL GOV.....03 PRIVATE SECTOR (INCLUDE PAID APPRENTICE).....05 NGO.....06 CO-OPERATIVES.....07 INTERNATIONAL ORGANIZATION /DIPLOMATIC MISSION.....08 RELIGIOUS ORGANIZATION.....09 OTHER (SPECIFY).....10	YES..1 NO...2	1-5...1 6-10..2 11-20.3 20+...4 DON'T KNOW....-99	YES..1 NO...2 DK....-99	YES..1 NO...2 DK....-99
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I N D I V I D U A L I D	15dk.										
	Which of the following benefits is [NAME] entitled to/receive at their main wage job?										
	Pension scheme	Health insurance (either partial or full)	Participation in a trade union	Annual/holiday leave (still getting salary while on leave)	Sick leave (still getting salary while on leave)	Maternity/paternity leave (still getting salary while on leave)	Transport subsidy	Hazard allowance	Holiday bonus	Housing allowance	Other (specify)
	YES..1 NO...2	YES..1 NO...2	YES..1 NO...2	YES..1 NO...2	YES..1 NO...2	YES..1 NO...2	YES..1 NO...2	YES..1 NO...2	YES..1 NO...2	YES..1 NO...2	YES..1 NO...2

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SECTION 3: LABOUR

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SECTION 3: LABOUR

INDIVIDUAL	24.	25-37 & 39, 40	50.	51.
	<p>What is the value of those payments that [NAME] receives? Over what time interval?</p> <p>TIME UNIT</p> <p> HOUR.....1 DAY.....2 WEEK.....3 FORTNIGHT..4 MONTH.....5 QUARTER....6 HALF YEAR..7 YEAR.....8 </p>	D R O P P E D	<p>In the last 12 months, were any members of this household enrolled in the National Health Insurance Scheme (NHIS)?</p> <p>YES...1 (► NEXT SECTION)</p> <p>NO....2</p>	<p>Which member(s)?</p> <p>SELECT ALL THAT APPLY</p>
NAIRA VALUE	TIME UNIT		ID CODES	

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SECTION 4: HEALTH

FOR ALL HOUSEHOLD MEMBERS

I N D I V I D U A L I D	1a.	1b.	1.	2.			3.	3b.		4.	5.	6.	
	IS THIS PERSON ANSWERING FOR HIMSELF/HERSELF?	WRITE THE ID CODE OF THE RESPONDENT COPY ID FROM ROSTER	During the past 4 weeks has [NAME] consulted a health practitioner or dentist or traditional healer or a Patent Medicine Vendor or visited a health centre?	For what reason(s) did [NAME] consult this person? LIST UP TO THREE REASONS ILLNESS.....1 INJURY.....2 GENERAL CHECKUP (NOT FOR PREGNANCY).....4 PRE/POSTNATAL CHECKUP...5 GIVING BIRTH.....6 IF OPTION 1 OR 2 SELECTED (► Q3b)			During the last 4 weeks, did [NAME] suffer from an illness or injury?	What type of illness/injury did [NAME] suffer most? SELECT UP TO 2 IN ORDER OF SEVERITY MALARIA.....1 HYPERTENSION...13 TB.....2 FLU.....14 YELLOW FEVER..3 CATARRH.....15 TYPHOID.....4 COUGH.....16 CHOLERA.....5 HEADACHE.....17 DIARRHEA.....6 DIABETES.....18 MENINGITIS...7 GUINEA WORM...19 CHICKEN POX...8 DYSENTERY....20 PNEUMONIA...9 SCABIES.....21 COMMON COLD..10 RINGWORM....22 INJURY.....11 HEPATITIS B...23 OTHER (SPECIFY)....12 PAIN.....24 EYE PROBLEM...25 TOOTH PROBLEM.26 BODY PAINS....27		Did [NAME] have to stop [NAME]'s usual activities in the past 4 weeks because of this condition?	For how many days did [NAME] have to stop [NAME]'s usual activities in the past 4 weeks because of this condition?	Whom did [NAME] consult for this illness or injury in the last 4 weeks? TRADITIONAL HEALER..1 DOCTOR.....2 DENTIST.....3 NURSE.....4 MEDICAL ASST.....5 MIDWIFE.....6 PHARMACIST.....7 CHEMIST.....8 TBA.....9 SPIRITUALIST.....10 PATENT MEDICINE VENDOR (PMV)....11 NO ONE.....0(►Q13) OTHER (SPECIFY)....13 JCHEW.....14 CHEW.....15 LIST THE TWO MOST IMPORTANT	
	YES..1 (► Q1) NO...2	ID CODE	YES..1 NO...2	REASON 1	REASON 2	REASON 3	NO...2 (► Q13)	1ST	2ND	YES..1 NO....2 (► Q6)	DAYS	1ST	2ND
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SECTION 4: HEALTH

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SECTION 4: HEALTH

					ACTIVITIES AND FUNCTIONING (FOR AGE 3 AND OLDER)				DISABILITY						
	18.	19.	20.	21.	22a.	22b.	22c.	22d.	22e.	23.	25.	27.	29.	31.	
I N D I V I D U A L I D	D	D	D	D	Can [NAME] do vigorous activities like running, lifting heavy objects, participating in sports or doing hard labour?	Can [NAME] walk uphill?	Can [NAME] do activities such as bending over or stooping?	Can [NAME] walk over 100 meters?	D R O P P E D	Does [NAME] have difficulty seeing, even if he/she is wearing glasses?	Does [NAME] have difficulty hearing, even if he/she is wearing a hearing aid?	Does [NAME] have difficulty walking or climbing steps?	Does [NAME] have difficulty remembering or concentrating?	Does [NAME] have difficulty (with self care such as) washing all over or dressing, feeding, toileting etc?	
	R	R	R	R						READ RESPONSES	READ RESPONSES	READ RESPONSES	READ RESPONSES	READ RESPONSES	
	O	O	O	O						No, no difficulty...1 Yes, some.....2 Yes, a lot....3 Cannot see....4	No, no difficulty...1 Yes, some.....2 Yes, a lot....3 Cannot hear....4	No, no difficulty...1 Yes, some.....2 Yes, a lot....3 Cannot do.....4 TOO YOUNG TO WALK.....-1	No, no difficulty...1 Yes, some.....2 Yes, alot.....3 Cannot do.....4 TOO YOUNG TO DETERMINT.-1	No, no difficulty..1 Yes, some....2 Yes, a lot...3 Cannot do....4 TOO YOUNG TO TAKE CARE OF SELF.....-1	
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SECTION 4: HEALTH

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ANTHROPOMETRY SECTION

	51.	55.	56.	54a.	52.	53.	53b.	57.	58.	59.	60.
I N D I V I D U A L I D	INTERVIEWER: IS THIS PERSON A CHILD AGED LESS THAN 60 MONTHS (LESS THAN 5 YEARS)	INTERVIEWER: WAS [NAME] MEASURED?	INTERVIEWER: WHY WAS [NAME] NOT MEASURED? NOT AT HOME DURING SURVEY PERIOD.....1 TOO ILL.....2 UNWILLING3 OTHER (SPECIFY)....4	INTERVIEWER: IS [NAME] ABLE TO STAND ALONE ON THE SCALE?	WEIGHT UP TO TWO DECIMAL PLACES	LENGTH OR HEIGHT CHILD UNDER 2 YRS OLD MEASURE LENGTH (LYING DOWN) CHILD AGE 2 OR MORE YRS MEASURE HEIGHT (STANDING UP)	INTERVIEWER: WAS THE CHILD MEASURED STANDING UP OR LAYING DOWN? STANDING UP...1 LAYING DOWN...2	INTERVIEWER: WAS THERE ANYTHING ADDED TO [NAME]'S WEIGHT IN MEASUREMENT TODAY? (SUCH AS LIGHT CLOTHES THAT YOU COULDN'T REMOVE, HEAVY BRAIDS ETC)	INTERVIEWER: WAS THERE ANYTHING ADDED TO [NAME]'S LENGTH/ HEIGHT TODAY? (SUCH AS THICK BRAIDS, ORNAMENTS ETC)	INTERVIEWER: DO YOU HAVE ANY COMMENTS ON THE ANTHROPOMETRICS SECTION FOR [NAME]?	INTERVIEWER: WHAT IS YOUR COMMENT?
	YES...1 NO...2 (► NEXT PERSON)	YES...1 (► Q54a) NO...2	(► NEXT PERSON)	YES...1 NO...2	KILOGRAMS	CENTIMETRES		YES...1 NO...2	YES...1 NO...2	YES...1 NO...2 (► NEXT PERSON)	
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SECTION 6: REMITTANCES

INDIVIDUALS 10 YEARS OLD OR OLDER SHOULD RESPOND IN THIS SECTION

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INDIVIDUAL ID	IS THIS PERSON ANSWERING FOR HIMSELF/HERSELF?	WRITE THE ID CODE OF THE RESPONDENT	In the past 12 months, did [NAME] receive any of the following assistance from a non-household member?				REFER TO Q1: DID [NAME] RECEIVE A MONETARY ASSISTANCE FROM ABROAD IN THE PAST 12 MONTHS?	What was the amount of cash [NAME] received in the last 12 months?		How was (were) the money usually sent to [NAME]?
			YES.....1 NO.....2					SPECIFY THE UNIT OF CURRENCY OF THE CASH RECEIVED		SELECT ALL THAT APPLY
		COPY ID FROM ROSTER	IF ALL NO, SKIP TO NEXT SECTION.							
	YES..1 (► Q1)									
	NO...2	ID CODE	FROM ABROAD		FROM WITHIN NIGERIA		YES..1			
			A. Monetary assistance	B. In-kind assistance	C. Monetary assistance	D. In-kind assistance	NO...2 (► Q5)	AMOUNT	CURRENCY CODE	RELATIONS.....1 FRIENDS.....2 COLLEAGUES.....3 NEIGHBORS.....4 ASSOCIATION/ RELIGIOUS ORGANIZATION.....5 WESTERN UNION.....6 MONEY GRAM.....7 BANK/WIRE TRANSFER.8 MOBILE MONEY.....9 COURIER SERVICES..11 OTHER (SPECIFY)...10

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SECTION 6: REMITTANCES

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What was the main purpose for which the money was intended?	REFER TO Q1: DID [NAME] RECEIVE A ASSISTANCE IN KIND FROM ABROAD IN THE PAST 12 MONTHS?	What was the in-kind assistance that [NAME] received from abroad in the past 12 months?	What is the estimated value of the in-kind assistance [NAME] received?	How was the in-kind assistance sent to [NAME]?
HOUSEHOLD CONSUMPTION/UPKEEP.....1 MORTGAGE FUND FOR LAND, HOUSES AND OTHER REAL ESTATE.....2 INVESTMENT IN SHARES, BONDS, OR OTHER FINANCIAL INVESTMENT.....3 DEVELOPMENT PROJECTS IN THE COMMUNITY.....4 PAYMENTS/DONATIONS TO NON PROFIT INSTITUTIONS (RELIGIOUS BODIES).....5 PAYMENTS/DONATIONS TO NGOS.....6 PAYMENT OF HOSPITAL BILL OF SPOUSE, PARENT OR OTHER RELATIVE.....7 PAYMENT OF SCHOOL FEES OF SPOUSE, PARENT OR OTHER RELATIVE.....8 PURCHASE OF AGRICULTURAL INPUTS.....9 CONSTRUCTION OF BUILDINGS.....10 OTHER SPECIFY.....11	YES..1 NO...2 (► Q11)	SELECT ALL THAT APPLY VEHICLE.....1 HOME APPLIANCE/ ELECTRONICS..2 CLOTHING/ FOOTWEAR.....3 PERSONAL ACCESSORIES..4	SPECIFY THE UNIT OF CURRENCY FOR THE ESTIMATED VALUE OF THE ASSISTANCE <u>CURRENCY CODE</u> US DOLLAR.....1 EURO.....2 POUND STERLING...3 NAIRA.....4	SELECT ALL THAT APPLY RELATIONS.....1 FRIENDS.....2 COLLEAGUES.....3 NEIGHBORS.....4 ASSOCIATION/ RELIGIOUS ORGANIZATION.....5 COURIER SERVICES..11 OTHER (SPECIFY)...10
			AMOUNT	CURRENCY CODE

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SECTION 6: REMITTANCES

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What was the main purpose for which the assistance was intended? MAINTENANCE FOR UPKEEP/ SUBSIDIZE CONSUMPTION OF SPOUSE, PARENTS, OR RELATIVES.....1 MORTGAGE FUND FOR LAND, HOUSES AND OTHER REAL ESTATE.....2 INVESTMENT IN SHARES, BONDS, OR OTHER FINANCIAL INVESTMENT.....3 DEVELOPMENT PROJECTS IN THE COMMUNITY.....4 PAYMENTS/DONATIONS TO NON PROFIT INSTITUTIONS (RELIGIOUS BODIES).....5 PAYMENTS/DONATIONS TO NGOS.....6 PAYMENT OF HOSPITAL BILL OF SPOUSE, PARENT OR OTHER RELATIVE.....7 PAYMENT OF SCHOOL FEES OF SPOUSE, PARENT OR OTHER RELATIVE.....8 PURCHASE OF AGRICULTURAL INPUTS.....9 PERSONAL USE.....10 OTHER SPECIFY.....11	REFER TO Q1: DID [NAME] RECEIVE MONETARY ASSISTANCE FROM ANY NON-HOUSEHOLD MEMBER LIVING WITHIN NIGERIA IN THE PAST 12 MONTHS? YES..1 NO...2 (► Q15)	What was the amount of cash [NAME] received the non-household members living within Nigeria? NAIRA	How was the money sent to [NAME]? RELATIONS.....1 FRIENDS.....2 COLLEAGUES.....3 NEIGHBORS.....4 ASSOCIATION/ RELIGIOUS ORGANIZATION.....5 BANK/WIRE TRANSFER.8 MOBILE MONEY.....9 COURIER SERVICES..11 OTHER (SPECIFY)...10

SECTION 6: REMITTANCES

14. What was the main purpose for which the assistance was intended? MAINTENANCE FOR UPKEEP/ SUBSIDIZE CONSUMPTION OF SPOUSE, PARENTS, OR RELATIVES.....1 MORTGAGE FUND FOR LAND, HOUSES AND OTHER REAL ESTATE.....2 INVESTMENT IN SHARES, BONDS, OR OTHER FINANCIAL INVESTMENT.....3 DEVELOPMENT PROJECTS IN THE COMMUNITY.....4 PAYMENTS/DONATIONS TO NON PROFIT INSTITUTIONS (RELIGIOUS BODIES).....5 PAYMENTS/DONATIONS TO NGOS.....6 PAYMENT OF HOSPITAL BILL OF SPOUSE, PARENT OR OTHER RELATIVE.....7 PAYMENT OF SCHOOL FEES OF SPOUSE, PARENT OR OTHER RELATIVE.....8 PURCHASE OF AGRICULTURAL INPUTS.....9 CONSTRUCTION OF BUILDINGS.....10 OTHER SPECIFY.....11	15. REFER TO Q1: DID [NAME] RECEIVE IN-KIND ASSISTANCE FROM ANY NON-HOUSEHOLD MEMBER LIVING WITHIN NIGERIA IN THE PAST 12 MONTHS? YES..1 NO...2 (► NEXT PERSON)	16. What was the in-kind assistance that [NAME] received from a person living within Nigeria in the past 12 months? EXLCUDE FOR SPECIAL OCCASIONS SUCH AS BIRTHDAY, FUNERALS, VEHICLE.....1 HOME APPLIANCE/ ELECTRONICS.....2 CLOTHING/ FOOTWEAR....3 PERSONAL ACCESSORIES..4 OTHER (SPECIFY).....5	17. What is the estimated value of the in-kind assistance [NAME] received? NAIRA
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SECTION 9: NON-FARM ENTERPRISES

0. INTERVIEWER: RECORD ID OF PRIMARY RESPONDENT

		1c. During the past 12 months, has anyone in your household... YES...1 NO...2
A	... owned a non-agricultural business or provided a non-agricultural service from home or a household-owned shop, such as a carwash owner, metal worker, mechanic, carpenter, tailor, barber, etc.?	
B	... processed any purchased crops or livestock products for sale, including flour, starch, juice, beer, jam, oil, seed, bran, milk etc., but excluding livestock by-products, fresh/processed fish?	
C	... owned a trading business on a street or in a market?	
D	... offered any service or hawking or sold anything on a street or in a market, including firewood, home-made charcoal, curios, construction timber, woodpoles, traditional medicine, mats, bricks, furniture, weave baskets, thatch grass etc.?	
E	... owned a professional office or offered professional services from home as a doctor, accountant, lawyer, translator, private tutor, midwife, mason, etc?	
F	... driven a household-owned or rented taxi, motorbike (okada), kekeNAPEP, pick-up truck to provide transportation or moving services?	
G	... owned a bar, restaurant or food stand?	
H	...owned any other non-agricultural business, even if it is a small business run from home or on a street?	

1d.	CAPI: IS THERE ANY YES RESPONSE TO A-H?	YES...1 (► Q2) NO...2 (► Q30a)
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SECTION 9: NON-FARM ENTERPRISES

E N T E R P R I S E N O	1. Please tell me about any other business, trade or work as self-employed craftsman done by a household member that is not already listed here.		3. Is this [INCOME GENERATING ACTIVITY] currently operating or closed permanently, temporarily or seasonally?	4. Why did this [INCOME GENERATING ACTIVITY] stop? LEGAL PROBLEMS.....1 COULD NOT OBTAIN INPUTS..2 LACK OF DEMAND.....3 LOW PROFITS...4 COULD NOT OBTAIN CREDIT.....5 TOO MUCH DEBT..6 SECURITY ISSUES.....7 OTHER SPECIFY..8 DEATH/SICKNESS OF OWNER.....9 CONFLICT (MILITANCY/INSURGENCY)...10	4a. When did this [INCOME GENERATING ACTIVITY] stop operating?		4c. How many YEARS ago did the [NFE] first start operating? IF STARTED IN THE LAST 12 MONTHS, ENTER 0	5. Who in the household owns this [INCOME-GENERATING ACTIVITY]? CAN LIST UP TO TWO OWNERS.	
	NOW ASK QUESTIONS 2-29 FOR EACH ENTERPRISE /ACTIVITY.		CURRENTLY OPERATING....1 (►Q4C) CLOSED, PERMANENTLY...2 CLOSED, TEMPORARILY...3 CLOSED, SEASONALLY...4 (►Q4A)						
	TYPE OF ACTIVITY		INDUSTRY CODE			MONTH	YEAR	YEARS	OWNER 1
								ID CODE	ID CODE
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									

SECTION 9: NON-FARM ENTERPRISES

E N T E R P R I S E N O	5b.		6.		9.	10.													
	Who in your household decides on the use of the earnings from this Income generating activity? LIST UP TO TWO		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). LIST UP TO TWO MANAGERS.		Who is the respondent providing information about this [INCOME-GENERATING ACTIVITY]?	In which months did you operate this [INCOME-GENERATING ACTIVITY] in the past 12 months? INTERVIEWER: INDICATE THE MONTHS OPERATED WITH AN "X"													
	ID CODE	ID CODE	MANAGER 1 ID CODE	MANAGER 2 ID CODE	ID CODE	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19
1																			
2																			
3																			
4																			
5																			
6																			
7																			
8																			
9																			
10																			

E N T E R P R I S E N O	11.	12a.	12.	13.											
	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	Did your household make any payments to local authorities (government or non-government) to allow operation of this [INCOME-GENERATING ACTIVITY] in past 12 months?	Is this [INCOME-GENERATING ACTIVITY] officially registered with the government?	a. Who are the household members engaged in this [INCOME-GENERATING ACTIVITY]? b. In past 12 months, on which months did [NAME] work in this [INCOME-GENERATING ACTIVITY]? SELECT ALL THAT APPLY c. During these months, how many <u>days per month</u> did [NAME] work in [INCOME-GENERATING ACTIVITY]? d. How many <u>hours per day</u> did [NAME] normally work in [INCOME-GENERATING ACTIVITY]? MONTHS ALL YEAR.....0 JANUARY 2018....1 FEBRUARY 2018...2 MARCH 2018.....3 APRIL 2018.....4 MAY 2018.....5 JUNE 2018.....6 JULY 2018.....7 AUGUST 2018....8 SEPTEMBER 2018..9 OCTOBER 2018...10 NOVEMBER 2018...11 DECEMBER 2018...12 JANUARY 2019...13 FEBRUARY 2019...14											
				YES...1				YES...1				ASK FOR ALL MEMBERS THAT WORKED ON THE [INCOME-GENERATING ACTIVITY]			
				NO...2				NO...2							
				HH MEMBER #1				HH MEMBER #2				HH MEMBER #3			
				ID	MONTHS	DAYS PER MONTH	HOURS PER DAY	ID	MONTHS	DAYS PER MONTH	HOURS PER DAY	ID	MONTHS	DAYS PER MONTH	HOURS PER DAY
1															
2															
3															
4															
5															
6															
7															
8															
9															
10															

SECTION 9: NON-FARM ENTERPRISES

14.		15.			16.	16a.		17.	18.	19.		20.	21.
How many employees are there who are <u>not</u> household members?		What was the main source of start-up capital for this [INCOME-GENERATING ACTIVITY]? 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/AJO.....5 OTHER LOANS.....6 DISTRICT/TOWN ASSOCIATION SUPPORT.....7 COOPERATIVE/TRADE ASSOCIATIONS...8 REMITTANCES FROM ABROAD.....9 PROCEEDS FROM FAMILY FARM.....10 CHURCH/MOSQUE ASSISTANCE.....11 PROCEEDS FROM FAMILY NON-FARM ENTERPRISE.....12 RELATIVES/FRIENDS.....13 OTHER (SPECIFY).....14			Did you ever try to get credit for this [INCOME GENERATING ACTIVITY] from banks or other formal financial agencies in the past 12 months?	From which source did your household apply for the credit this [INCOME GENERATING ACTIVITY]? SELECT UP TO TWO LOAN FROM BANK (COMMERCIAL, MICRO FINANCE, CREDIT UNION).....1 MONEY LENDER.....2 ESUSU/ADASHI/AJO.....3 COOPERATIVE/TRADE ASSOCIATIONS...5 RELATIVES/FRIENDS....6 OTHER (SPECIFY).....7		Did you eventually get the credit from the banks OR other formal financial agencies for this [INCOME GENERATING ACTIVITY]?	Did you or any member of your household use any FUNDS RECEIVED AS CREDIT (LOAN) to operate this [INCOME GENERATING ACTIVITY] in the past 12 months?	What was the source of credit that has been used to operate this [INCOME GENERATING ACTIVITY]? SELECT UP TO TWO SOURCES LOAN FROM BANK (COMMERCIAL, MICRO FINANCE, CREDIT UNION).....1 MONEY LENDER.....2 ESUSU/ADASHI/AJO.....3 OTHER LOANS.....4 COOPERATIVE/TRADE ASSOCIATIONS...5 RELATIVES/FRIENDS....6 OTHER (SPECIFY).....7		How much has your household borrowed for this [INCOME GENERATING ACTIVITY] in the past 12 months?	Does the [INCOME GENERATING ACTIVITY] have any loans that it was repaying (in cash or kind) in the last 12 months?
MALE	FEMALE	1ST	2ND	3RD	YES...1 NO...2 (► Q23)	1ST	2ND	YES.....1 NO.....2	YES.....1 NO.....2 (► Q21)	1ST	2ND	NAIRA	YES...1 NO...2 (► Q23)
1													
2													
3													
4													
5													
6													
7													
8													
9													
10													

SECTION 9: NON-FARM ENTERPRISES

[illegible]

E N T E R P R I S E N O	28.										27a.
	What were the <u>business costs during the last month of operation</u> in the following categories?										What was the <u>total profit</u> for the [INCOME GENERATING ACTIVITY] during the last month of operation?
	SALARIES AND WAGES	PURCHASE OF GOODS FOR SALE	TRANSPORT	FUEL FOR GENERATOR	MAINTENANCE OF GENERATOR	INSURANCE	RENT	LOAN PAYMENT	RAW MATERIALS OR INPUTS	OTHER	
	NAIRA	NAIRA	NAIRA	NAIRA	NAIRA	NAIRA	NAIRA	NAIRA	NAIRA	NAIRA	
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											

SECTION 9: NON-FARM ENTERPRISES

29a.			29.			30a.			30.		
What are the three most important constraints to <u>starting</u> a household non-farm business?			Currently, what are the three most important constraints to <u>operate and grow</u> your non-farm business.?			In recent years, have you or anyone in your household thought about starting a non-farm business or a self employment activity?			What are the three most important constraints to starting a household non-farm business?		
REFER TO CONSTRAINT CODES ON THE RIGHT			REFER TO CONSTRAINT CODES ON THE RIGHT			YES....1 NO....2 (► NEXT SECTION)			REFER TO CONSTRAINT CODES ON THE RIGHT		
1ST	2ND	3RD	1ST	2ND	3RD				1ST	2ND	3RD

CONSTRAINTS
(CODES FOR Q29a, Q29 & Q30)

ELECTRICITY1
 NETWORK.....2
 TRANSPORTATION.....3
 UNABLE TO BORROW MONEY.....4
 UNWILLING TO BORROW MONEY.....5
 HIGH INTEREST RATES.....6
 ACCESS TO MARKETS.....7
 LOW DEMAND.....8
 CORRUPTION.....9
 UNCERTAIN ECONOMIC POLICY.....10
 REGISTRATION AND PERMITS.....11
 HIGH TAXES.....12
 CRIMINALITY, THEFT AND LAWLESSNESS.....13
 CONFLICTS AND SOCIAL FRICTION.....14

SECTION 10A: MEALS AWAY FROM HOME

0. INTERVIEWER: RECORD ID OF PRIMARY RESPONDENT

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	I T E M C O D E	1.	2.
		In the <u>past 7 days</u> , did members of this household consume any of the following meals or drinks away from home?	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, tuwo, garri & draw soup, etc)	Breakfast	1		
	Lunch	2		
	Dinner	3		
Side dishes like pepper soup, nkwoobi, suya, isiewu, asun etc.		4		
Snacks such as sandwiches, biscuits, meatpies, donuts, popfop, akara, etc		5		
Dairy based beverages such as milk, yoghurt, fura etc.		6		
Vegetables and roasted or boiled items such as(carrot, pears, boiled/roasted corn, roasted plantain, sugar cane, roasted yam etc)		7		
Non alcoholic drinks (Coke, Fanta, zobo, kunu, etc.)		8		
Alcoholic drinks (palm wine, beer, etc.)		9		

SECTION 10B: FOOD EXPENDITURE

		1.	2.			5.	6.	7.	8.	9.			10.
		Within the <u>past 7 days</u> , did the members of this household eat/drink any of this [ITEM] <u>within the household</u> ?	In total, how much [ITEM] did your household <u>consume</u> in the <u>past 7 days</u> ?			Of the [QUANTITY] [UNIT] [ITEM] consumed in the last 7 days, how much came from purchases?	Of the [QUANTITY] [UNIT] [ITEM] consumed in the last 7 days, how much came from own-production?	Of the [QUANTITY] [UNIT] [ITEM] consumed in the last 7 days, how much came from gifts and other sources?	Did your household purchase any [ITEM] in the <u>past 30 days</u> ?	How much (quantity) [ITEM] did your household purchase in the most recent purchase?			How much did your household <u>spend</u> on the [QUANTITY] [UNIT] of [ITEM]?
I T E M C O D E		PLEASE ONLY LIST ITEMS CONSUMED WITHIN THE HOUSEHOLD AND EXCLUDE FOOD CONSUMED OUTSIDE THE HOUSEHOLD. ASK THIS QUESTION FOR ALL ITEMS, BEFORE MOVING TO Q2. YES...1 NO...2 (► NEXT ITEM)	SEE UNIT CODES ON FLIP PAGE			UNIT AND SIZE SHOULD BE THE SAME AS IN Q2	UNIT AND SIZE SHOULD BE THE SAME AS IN Q2	UNIT AND SIZE SHOULD BE THE SAME AS IN Q2 EXCLUDE FOOD TAKEN OUTSIDE THE HOUSEHOLD.		IF NONE, WRITE 0 FOR QUANTITY AND LEAVE UNIT BLANK SEE UNIT CODES ON FLIP PAGE			
			QUANTITY	UNIT	SIZE	QUANTITY	QUANTITY	QUANTITY		QUANTITY	UNIT	SIZE	NAIRA
GRAINS AND FLOURS													
Guinea corn/sorghum	10												
Millet	11												
Rice - local	13												
Rice - imported	14												
Maize flour	16												
Yam flour	17												
Cassava flour	18												
Wheat flour	19												
Maize (Unshelled/On the cob)	20												
Maize (Shelled/On the cob)	21												
Maize (Shelled/Off the cob)	22												
Other grains and flour (specify)	23												
BAKED/PROCESSED PRODUCTS													
Bread	25												
Cake	26												
Buns/Pofpof/Donuts	27												
Biscuits	28												
Meat Pie/Sausage Roll	29												

		1.	2.			5.	6.	7.	8.	9.			10.
		Within the <u>past 7 days</u> , did the members of this household eat/drink any of this [ITEM] <u>within the household</u> ?	In total, how much [ITEM] did your household <u>consume</u> in the <u>past 7 days</u> ?			Of the [QUANTITY] [UNIT] [ITEM] consumed in the last 7 days, how much came from purchases?	Of the [QUANTITY] [UNIT] [ITEM] consumed in the last 7 days, how much came from own-production?	Of the [QUANTITY] [UNIT] [ITEM] consumed in the last 7 days, how much came from gifts and other sources?	Did your household purchase any [ITEM] in the <u>past 30 days</u> ?	How much (quantity) [ITEM] did your household purchase in the most recent purchase?			How much did your household <u>spend</u> on the [QUANTITY] [UNIT] of [ITEM]?
I T E M C O D E		PLEASE ONLY LIST ITEMS CONSUMED WITHIN THE HOUSEHOLD AND EXCLUDE FOOD CONSUMED OUTSIDE THE HOUSEHOLD. ASK THIS QUESTION FOR ALL ITEMS, BEFORE MOVING TO Q2. YES...1 NO...2 (► NEXT ITEM)	SEE UNIT CODES ON FLIP PAGE			UNIT AND SIZE SHOULD BE THE SAME AS IN Q2	UNIT AND SIZESHOULD BE THE SAME AS IN Q2	UNIT AND SIZE SHOULD BE THE SAME AS IN Q2 EXCLUDE FOOD TAKEN OUTSIDE THE HOUSEHOLD.		IF NONE, WRITE 0 FOR QUANTITY AND LEAVE UNIT BLANK SEE UNIT CODES ON FLIP PAGE			
STARCHY ROOTS, TUBERS & PLANTAIN													
Cassava - roots	30												
Yam - roots	31												
Gari - white	32												
Gari - yellow	33												
Cocoyam	34												
Plantains	35												
Sweet potatoes	36												
Potatoes	37												
Other roots and tuber (specify)	38												
PULSES, NUTS AND SEEDS													
Soya beans	40												
Brown beans	41												
White beans	42												
Groundnuts (Unshelled)	43												
Groundnuts (Shelled)	44												
Coconut	46												
Kola nut	47												
Cashew nut	48												
Other nuts/seeds/pulses (specify)	45												

		1.	2.			5.	6.	7.	8.	9.			10.
	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] <u>within the household</u> ?	In total, how much [ITEM] did your household <u>consume</u> in the <u>past 7 days</u> ?			Of the [QUANTITY] [UNIT] [ITEM] consumed in the last 7 days, how much came from purchahses?	Of the [QUANTITY] [UNIT] [ITEM] consumed in the last 7 days, how much came from own-production?	Of the [QUANTITY] [UNIT] [ITEM] consumed in the last 7 days, how much came from gifts and other sources?	Did your household purchase any [ITEM] in the <u>past 30 days</u> ?	How much (quantity) [ITEM] did your household purchase in the most recent purchase? IF NONE, WRITE 0 FOR QUANTITY AND LEAVE UNIT BLANK			How much did your household <u>spend</u> on the [QUANTITY] [UNIT] of [ITEM]?
		PLEASE ONLY LIST ITEMS CONSUMED WITHIN THE HOUSEHOLD AND EXCLUDE FOOD CONSUMED OUTSIDE THE HOUSEHOLD. ASK THIS QUESTION FOR ALL ITEMS, BEFORE MOVING TO Q2. YES..1 NO...2 (► NEXT ITEM)											
					QUANTITY	UNIT	SIZE	QUANTITY	QUANTITY	QUANTITY		QUANTITY	UNIT

[illegible][illegible]

SECTION 10B: FOOD EXPENDITURE

[illegible]

SECTION 10B: FOOD EXPENDITURE

		1.	2.			5.	6.	7.	8.	9.			10.
		Within the <u>past 7 days</u> , did the members of this household eat/drink any of this [ITEM] <u>within the household</u> ?	In total, how much [ITEM] did your household <u>consume</u> in the <u>past 7 days</u> ?			Of the [QUANTITY] [UNIT] [ITEM] consumed in the last 7 days, how much came from purchases?	Of the [QUANTITY] [UNIT] [ITEM] consumed in the last 7 days, how much came from own-production?	Of the [QUANTITY] [UNIT] [ITEM] consumed in the last 7 days, how much came from gifts and other sources?	Did your household purchase any [ITEM] in the <u>past 30 days</u> ?	How much (quantity) [ITEM] did your household purchase in the most recent purchase?			How much did your household <u>spend</u> on the [QUANTITY] [UNIT] of [ITEM]?
I T E M C O D E		PLEASE ONLY LIST ITEMS CONSUMED WITHIN THE HOUSEHOLD AND EXCLUDE FOOD CONSUMED OUTSIDE THE HOUSEHOLD. ASK THIS QUESTION FOR ALL ITEMS, BEFORE MOVING TO Q2. YES...1 NO...2 (► NEXT ITEM)	SEE UNIT CODES ON FLIP PAGE			UNIT AND SIZE SHOULD BE THE SAME AS IN Q2	UNIT AND SIZESHOULD BE THE SAME AS IN Q2	UNIT AND SIZE SHOULD BE THE SAME AS IN Q2 EXCLUDE FOOD TAKEN OUTSIDE THE HOUSEHOLD.		IF NONE, WRITE 0 FOR QUANTITY AND LEAVE UNIT BLANK SEE UNIT CODES ON FLIP PAGE			
MEAT													
Beef	90												
Mutton	91												
Pork	92												
Goat	93												
Wild game/bush meat	94												
Canned beef/corned beef	95												
Other meat (excl. poultry) (specify)	96												
FISH AND SEAFOOD													
Fish - fresh	100												
Fish - frozen	101												
Fish - smoked	102												
Fish - dried	103												
Snails	104												
Seafood (lobster, crab, prawns, etc)	105												
Canned fish/seafood	106												
Other fish or seafood (specify)	107												
MILK AND MILK PRODUCTS													
Fresh milk	110												
Milk powder	111												
Baby milk powder	112												
Milk tinned (unsweetened)	113												
Cheese (wara)	114												
Other milk products (specify)	115												

		1.	2.			5.	6.	7.	8.	9.			10.
	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] <u>within the household</u> ?	In total, how much [ITEM] did your household <u>consume</u> in the <u>past 7 days</u> ?			Of the [QUANTITY] [UNIT] [ITEM] consumed in the last 7 days, how much came from purchases?	Of the [QUANTITY] [UNIT] [ITEM] consumed in the last 7 days, how much came from own-production?	Of the [QUANTITY] [UNIT] [ITEM] consumed in the last 7 days, how much came from gifts and other sources?	Did your household purchase any [ITEM] in the <u>past 30 days</u> ?	How much (quantity) [ITEM] did your household purchase in the most recent purchase?			How much did your household <u>spend</u> on the [QUANTITY] [UNIT] of [ITEM]?
		PLEASE ONLY LIST ITEMS CONSUMED WITHIN THE HOUSEHOLD AND EXCLUDE FOOD CONSUMED OUTSIDE THE HOUSEHOLD. ASK THIS QUESTION FOR ALL ITEMS, BEFORE MOVING TO Q2. YES...1 NO...2 (► NEXT ITEM)	SEE UNIT CODES ON FLIP PAGE			UNIT AND SIZE SHOULD BE THE SAME AS IN Q2	UNIT AND SIZESHOULD BE THE SAME AS IN Q2	UNIT AND SIZE SHOULD BE THE SAME AS IN Q2 EXCLUDE FOOD TAKEN OUTSIDE THE HOUSEHOLD.		IF NONE, WRITE 0 FOR QUANTITY AND LEAVE UNIT BLANK SEE UNIT CODES ON FLIP PAGE			
			QUANTITY	UNIT	SIZE	QUANTITY	QUANTITY	QUANTITY		QUANTITY	UNIT	SIZE	NAIRA

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 (specify)	133												

OTHER MISCELLANEOUS FOODS

Salt	141												
Unground Ogbono	142												
Ground Ogbono	143												
Ground Pepper	144												
Melon (shelled)	145												
Melon (unshelled)	146												
Mellon (ground)	147												
Other Spices (e.g. maggi)	148												

		1.	2.			5.	6.	7.	8.	9.			10.
		Within the <u>past 7 days</u> , did the members of this household eat/drink any of this [ITEM] <u>within the household</u> ?	In total, how much [ITEM] did your household <u>consume</u> in the <u>past 7 days</u> ?			Of the [QUANTITY] [UNIT] [ITEM] consumed in the last 7 days, how much came from purchases?	Of the [QUANTITY] [UNIT] [ITEM] consumed in the last 7 days, how much came from own-production?	Of the [QUANTITY] [UNIT] [ITEM] consumed in the last 7 days, how much came from gifts and other sources?	Did your household purchase any [ITEM] in the <u>past 30 days</u> ?	How much (quantity) [ITEM] did your household purchase in the most recent purchase?			How much did your household <u>spend</u> on the [QUANTITY] [UNIT] of [ITEM]?
I T E M C O D E		PLEASE ONLY LIST ITEMS CONSUMED WITHIN THE HOUSEHOLD AND EXCLUDE FOOD CONSUMED OUTSIDE THE HOUSEHOLD. ASK THIS QUESTION FOR ALL ITEMS, BEFORE MOVING TO Q2. YES...1 NO...2 (► NEXT ITEM)	SEE UNIT CODES ON FLIP PAGE			UNIT AND SIZE SHOULD BE THE SAME AS IN Q2	UNIT AND SIZESHOULD BE THE SAME AS IN Q2	UNIT AND SIZE SHOULD BE THE SAME AS IN Q2 EXCLUDE FOOD TAKEN OUTSIDE THE HOUSEHOLD.		IF NONE, WRITE 0 FOR QUANTITY AND LEAVE UNIT BLANK SEE UNIT CODES ON FLIP PAGE			
NON-ALCOHOLIC DRINKS													
Bottled water	150												
Sachet water	151												
Malt drinks	152												
Soft drinks (Coca Cola, spirit, etc)	153												
Fruit juice canned/Pack	154												
Other non-alcoholic drinks (specify)	155												
ALCOHOLIC DRINKS (BOTTLE AND CAN)													
Beer (local and imported)	160												
Palm wine	161												
Pito	162												
Gin	163												
Other alcoholic beverages	164												

FOOD ITEM UNIT CODES

UNIT	CODE
Kilograms (Kg)	1
Grams (g)	2
Litres (l)	3
Centilitres (cl)	4
Bin/basket	10
Paint Rubber	11
Milk cup	12
Cigarette cup	13
Tin	14
Congo small	20
Congo large	21
Mudu Small	30
Mudu Large	31
Derica Small	40
Derica Medium	41
Derica Large	42
Derica Very Large	43
Tiya Small	50
Tiya Medium	51
Tiya Large	52
Kobiowu Small	60
Kobiowu Medium	61
Kobiowu Large	62

UNIT	CODE
Bowl Small	70
Bowl Medium	71
Bowl Large	72
Piece Small	80
Piece Medium	81
Piece Large	82
Heap Small	90
Heap Medium	91
Heap Large	92
Bunch Small	100
Bunch Medium	101
Bunch Large	102
Stalk Small	110
Stalk Medium	111
Stalk Large	112
Packet/sachet Small	120
Packet/sachet Medium	121
Packet/sachet Large	122
Other (specify)	900

SECTION 10C: AGGREGATE FOOD CONSUMPTION

		8. Over the <u>past 7 days</u>, 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; Yam; 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; Papaya; 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)	
K	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)	

0. INTERVIEWER: RECORD ID OF PRIMARY RESPONDENT

7 DAYS

ITEM	I T E M C O D E	1. Over the past 7 days, did the household purchase any [...]?	2. In total, how much did your household spend on [ITEM] in the past 7 days?
		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		
Gambling, lotto, raffles	105		

30 DAYS RECALL

ITEM	I T E M C O D E	3. Over the past 30 days, did the household purchase or pay for any [...]?	4. In total, how much did your household spend on [ITEM] in the past 30 days?
		YES....1 NO....2 (► NEXT ITEM)	NAIRA
Petrol	309		
Diesel	310		
Lubricants (oil, grease, etc)	330		
Light bulbs/globes	311		
Water (not sachets or bottle for drinking)	312		
Soap and Washing powder	313		
Toilet paper	314		
Personal care goods (razor blades, cosmetics)	315		
Vitamin supplements	316		
Insecticides, disinfectant and cleaners	317		
Postal (inlc. Stamps, courier)	318		
Recharge cards	319		
Landline charges	320		
Internet Services	321		
Recreational (Cinemas, video/DVD rental)	322		
Motor vehicle service, repair, or parts	323		
Bicycle service, repair, or parts	324		
Wages paid to staff/maid/lawnsboy	325		
Mortgage - regular payment to purchase house	326		
Repairs & maintenance to dwelling	327		
Repairs to household and personal items (radios, watches, etc.)	328		
House Rent	329		

30 DAYS RECALL

ITEM	I T E M C O D E	3. Over the past 30 days, did the household purchase or pay for any [...]?	4. In total, how much did the household spend on [ITEM] in the past 30 days?
		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		

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. In total, how much did your household spend on [ITEM] in the past 6 months? NAIRA
Infant Clothing	401		
Baby nappies/diapers	402		
Boys Tailored clothes	403		
Boys dress (ready made)	404		
Girls Tailored clothes	405		
Girls dress (ready made)	406		
Men Tailored clothes	407		
Men dress (ready made)	408		
Women Tailored clothes	409		
Women dress (ready made)	410		
Ankara, George materials	411		
Hand loomed: ASO-OKE	431		
Other clothing materials	412		
Boy's shoes	413		
Men's shoes	414		
Girl's shoes	415		
Lady's shoes	416		
Repairs of footwear	432		
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		

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. In total, how much did your household spend on [ITEM] in the past 6 months? NAIRA
Electric kettle	433		
Coal pot/other non-electric app	434		
Repairs of appliances	435		
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		
Bed sheets, bed cover, blanket	436		
Pillow	437		
Curtain and other linen	438		
Carpet and other floor covering	439		
Cell phone hand set	440		
Personal computer	441		
Night's lodging in rest house or hotel	428		
Donations to church, mosque, other religious group	429		
Health expenditures (excluding insurance)	430		

12 month recall

	I T E M C O D E	7.	8.
		Over the past 12 months, did the household purchase or pay for any [...]?	In total, how much did your household spend on [ITEM] in the past 12 months?
		YES.....1 NO.....2 (► NEXT ITEM)	NAIRA
Carpets, rugs, drapes, curtains	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	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		

SECTION 12: FOOD SECURITY

INTERVIEWER: RECORD
PRIMARY RESPONDENT ID

[ASK SENIOR FEMALE OR PERSON MOST KNOWLEDGABLE ABOUT THE FOOD CONSUMPTION]

8. Now I would like to ask you some questions about your household's food consumption in the last 30 days. During the last 30 days, was there a time when:

a.	b.	c.	d.	e.
You, or any other adult in your household, were worried you would run out of food because of a lack of money or other resources?	You, or any other adult in your household, were unable to eat healthy and nutritious/preferred foods because of a lack of money or other resources?	You, or any other adult in your household, ate only a few kinds of foods because of a lack of money or other resources?	You, or any other adult in your household, had to skip a meal because there was not enough money or other resources to get food?	You, or any other adult in your household, ate less than you thought you should because of a lack of money or other resources?
YES.....1 NO.....2	YES.....1 NO.....2	YES.....1 NO.....2	YES.....1 NO.....2	YES.....1 NO.....2

--	--	--	--	--

f.	g.	h.	i.	j.
Your household ran out of food because of a lack of money or other resources?	You, or any other adult in your household, were hungry but did not eat because there was not enough money or other resources for food?	You, or any other adult in your household, went without eating for a whole day because of a lack of money or other resources?	You, or any other adult in your household, restricted consumption in order for children to eat?	You, or any other adult in your household, borrowed food, or relied on help from a friend or relative?
YES.....1 NO.....2	YES.....1 NO.....2	YES.....1 NO.....2	YES.....1 NO.....2	YES.....1 NO.....2

--	--	--	--	--

SECTION 12: FOOD SECURITY

2. How many meals, including breakfast are usually taken per day in your household? PUT 9999 IF NO CHILDREN UNDER 60 MONTHS			5. In the past 12 months, have you been faced with a situation where you did not have enough food to feed the household? YES.....1 NO.....2 (► NEXT SECTION)	6 When did you experience this incident ? SELECT ALL THAT APPLY JANUARY 2018.....1 FEBRUARY 2018....2 MARCH 2018.....3 APRIL 2018.....4 MAY 2018.....5 JUNE 2018.....6 JULY 2018.....7 AUGUST 2018.....8 SEPTEMBER 2018...9 OCTOBER 2018.....10 NOVEMBER 2018...11 DECEMBER 2018....12 JANUARY 2019....13 FEBRUARY 2019....14 MARCH 2019.....15	7. What was(were) the cause(s) of this situation? ENUMERATOR: ASK RESPONDENT TO LIST UP TO THREE IN ORDER OF IMPORTANCE; USE CODES ON THE BELOW
a. Adults	b1. Children (5-15 years)	b. Children (6-59 months)			
NUMBER	NUMBER	NUMBER			

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

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

INADEQUATE HOUSEHOLD FROM FARM DUE TO
CONFLICT/SECURITY.....10

FOOD IN THE MARKET WAS VERY EXPENSIVE.....5

UNABLE TO REACH THE MARKET DUE TO
HIGH TRANSPORTATION COSTS....6

UNABLE TO REACH THE MARKET DUE TO
CONFLICT/SECURITY.....11

NO FOOD IN THE MARKET.....7

LACK OF MONEY.....12

FLOODS/WATER LOGGING.....8

OTHER (SPECIFY).....9

SECTION 13: OTHER HOUSEHOLD INCOME

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

0. INTERVIEWER: RECORD ID OF PRIMARY RESPONDENT

I N C O M E C O D E	INCOME SOURCE	1.	2.	3.
		Did any member of your household receive any regular income from [SOURCE] in the past 12 months? YES...1 NO...2 (► NEXT SOURCE)	During the past 12 months, how much did your household receive from [SOURCE]? NAIRA	Who in your household decides on the use of the income received from [SOURCE]? SELECT ALL THAT APPLY ID CODE
101	SAVINGS INTEREST OR OTHER INVESTMENT INCOME			
102	RENTAL OF PROPERTY (NOT AGRICULTURAL LAND)			
103	PENSION PAYMENTS OR RETIREMENT BENEFITS			
104	REGULAR INCOME OF ANY OTHER TYPE (SPECIFY)			

SECTION 14: Safety Nets

O. INTERVIEWER: RECORD ID OF PRIMARY RESPONDENT

1a. In the last 12 months, has any member of your household received any assistance from any institution such as the government, international organisations, religious bodies in form of?

- a. cash
b. food, including school feeding
c. other in-kind, such as animals
d. scholarship

YES...1

NO....2

1b. CAPI: IS THERE A "YES" RESPONSE IN QUESTION 1a?

YES...1

NO....2 (► NEXT SECTION)

C O D E		1. From whom have members of your household received assistance in any form in the past 12 months? SELECT ALL THAT APPLY IF SELECTED ASK QUESTIONS 1c-6	1c. What type of assistance was received from [PROGRAMME]? SELECT ALL THAT APPLY CASH ASSISTANCE..1 FOOD ASSISTANCE..2 OTHER/IN-KIND ASSISTANCE.....3 SCHOLARSHIP4	2. What was the total value of assistance received from [PROGRAMME] in the last 12 months?		
				CASH ASSISTANCE	FOOD ASSISTANCE	OTHER/IN-KIND
				NAIRA	CASH VALUE - N	CASH VALUE - N
101	Free Food/Maize Distribution					
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	Growth Enhancement Scheme (GES)					
114	E-Wallet input subsidy programme					
115	Beta Don Come					
116	YouWin					
117	Other (Specify)					

SECTION 14: Safety Nets

C O D E	3.	4.	4a.	5.		6.
	Was the assistance from [PROGRAMME] given to...	Which household members received this assistance from [PROGRAMME] in the last 12 months?	How did your household use the money received from [PROGRAMME]? FOR CASH ASSISTANCE ONLY SELECT ALL THAT APPLY	When was the last time your household received this assistance from [PROGRAMME]?		What was the source of this assistance from [PROGRAMME] ?
	ENTIRE HOUSEHOLD...1 (► Q4a) SPECIFIC HOUSEHOLD MEMBERS...2	RECORD HOUSEHOLD ROSTER ID OF EACH MEMBER MENTIONED	PURCHASE LAND.....1 PURCHASE INPUTS FOR FOOD CROP PRODUCTION....2 PURCHASE INPUTS FOR CASH CROP PRODUCTION....3 PURCHASE LIVESTOCK.....4 BUSINESS START-UP CAPITAL.....5 NON FARM BUSINESS6 CEREMONIES (MARRIAGE, BURIAL, OTHER SOCIAL FUNCTIONS ETC).....7 EDUCATION.....8 MOTOR VEHICLE PURCHASE.....9 HOME PURCHASE OR CONSTRUCTION.....10 OTHER HOUSEHOLD CONSUMPTION.....11 HEALTH EXPENSES.....12 OTHER (SPECIFY).....13	MONTH	YEAR (4-DIGIT)	FEDERAL GOVERNMENT.....1 STATE GOVERNMENT.....2 LOCAL GOVERNMENT.....3 NGO.....4 INTERNATIONAL ORGANIZATION...5 OTHER (SPECIFY).....6
		ID CODES				
101						
103						
104						
105						
106						
107						
108						
109						
110						
111						
112						
113						
114						
115						
116						
117						

O. INTERVIEWER: RECORD ID OF PRIMARY RESPONDENT

I'D LIKE TO ASK YOU ABOUT EVENTS THAT MAY HAVE AFFECTED YOUR HOUSEHOLD SINCE 2017.

S H O C K C O D E	1.	2.	3.			4.	7.
	Has your household been affected by [SHOCK] since 2017? YES...1 NO...2 (► NEXT SHOCK)	How many times has this [SHOCK] occurred since 2017? NUMBER OF TIMES	In what year(s) did [SHOCK] occur? INDICATE WHICH YEARS WITH A "X"	2017	2018	2019	Rank the 3 most significant shocks you have experienced Most severe...1 More severe...2 Severe.....3 How did your household cope with the most recent [SHOCK]? SEE CODES. SELECT ALL THAT APPLY
							CODES FOR Q7.
							SALE OF LIVESTOCK.....1
							SALE OF LAND.....2
							SALE OF OTHER PROPERTY.....3
							SENT CHILDREN TO LIVE WITH FRIENDS.....4
							WITHDREW CHILDREN FROM SCHOOL.....5
							ENGAGED IN ADDITIONALINCOME GENERATING ACTIVITIES...6
							RECEIVED ASSISTANCE FROM FRIENDS & FAMILY.....7
							BORROWED FROM FRIENDS & FAMILY.....8
							TOOK A LOAN FROM A FINANCIAL INSTITUTION.....9
							MEMBERS OF THE HOUSEHOLD MIGRATED FOR WORK.....10
							CREDITED PURCHASES.....11
							DELAYED PAYMENT OBLIGATIONS.....12
							SOLD HARVEST IN ADVANCE...13
							REDUCED FOOD CONSUMPTION...14
							REDUCED NON-FOOD CONSUMPTION.....15
							RELIED ON SAVINGS.....16
							RECEIVED ASSISTANCE FROM NGO.....17
							TOOK ADVANCED PAYMENT FROM EMPLOYER.....18
							RECEIVED ASSISTANCE FROM GOVERNMENT.....19
							WAS COVERED BY INSURANCE POLICY.....20
							DID NOTHING.....21
							OTHER (SPECIFY).....22
1	Death or disability of an adult working member of the household						
2	Death of someone who sends remittances to the household						
3	Illness of income earning member of the household						
4	Loss of an important contact						
5	Job loss						
6	Departure of income earning member of the household due to separation or divorce						
7	Departure of income earning member of the household due to marriage						
8	Nonfarm business failure						
9	Theft of crops, cash, livestock or other property						
10	Destruction of harvest by fire						
11	Dwelling damaged/demolished						
12	Poor rains that caused harvest failure						
13	Flooding that caused harvest failure						
14	Pest invasion that caused harvest failure or storage loss						
15	Loss of property due to fire or flood						
16	Loss of land						
17	Death of livestock due to illness						
18	Increase in price of inputs						
19	Fall in the price of output						
20	Increase in price of major food items consumed						
21	Kidnapping/Hijacking/robbery/assault						
22	Other (specify)						

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:

CELL1

CELL2

1A NAME : _____ PHONE : _____ / _____

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

PHONE NUMBERS FOR OTHER HOUSEHOLD MEMBERS:

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

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

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

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

3A1. NAME : _____

3A2. RELATION TO HEAD : _____

3A3. PHONE (LANDLINE) : _____

3A4. PHONE (CELL) : _____

3A5. ADDRESS _____

_____CONTACT INFORMATION FOR **REFERENCE PERSON 2**

3B1. NAME : _____

3B2. RELATION TO HEAD : _____

3B3. PHONE (LANDLINE) : _____

3B4. PHONE (CELL) : _____

3B5. ADDRESS _____

COUNTRY CODES

BRITAIN	1
GERMANY	2
HOLLAND	3
ITALY	4
OTHER EUROPEAN COUNTRY	5
UNITED STATES OF AMERICA	6
CANADA	7
OTHER AMERICA/CARRIBEAN COUNTRIES	8
CHINA	9
JAPAN	10
SAUDI ARABIA	11
OTHER ASIAN COUNTRIES	12
AUSTRALIA	13
SOUTH AFRICA	14
EGYPT	15
OTHER AFRICAN COUNTRIES	16