

Federal Republic of Nigeria
National Bureau of Statistics (NBS)

NIGERIA
GENERAL HOUSEHOLD SURVEY-PANEL (GHS-PANEL)

Wave 5 (2023/2024)
Post-Harvest Visit

Household Questionnaire

CONFIDENTIAL

Federal Republic of Nigeria
National Bureau of Statistics Abuja, Nigeria

GENERAL HOUSEHOLD SURVEY-PANEL Wave 5 (2023/24) 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 2024

Name	Code
ZONE:	<input type="text"/>
STATE:	<input type="text"/>
LGA:	<input type="text"/>
SECTOR (Urban=1, Rural=2)	<input type="text"/>
EA:	<input type="text"/>
RIC:	<input type="text"/>
LOCALITY:	<input type="text"/>
STRUCTURE ID:	<input type="text"/>
HOUSEHOLD NUMBER (WITHIN STRUCTURE)	<input type="text"/>
NAME OF HOUSEHOLD HEAD: <input type="text"/>	
PHONE NUMBER OF HEAD (IF AVAILABLE) <input type="text"/>	
MOBILE OF ALTERNATE CONTACT: <input type="text"/>	
ADDRESS OF HOUSEHOLD HEAD: <input type="text"/>	

1. Interview Start Time
2. HAVE YOU BEEN ABLE TO IDENTIFY AND LOCATE THE HOUSEHOLD? (Yes=1 No=2)
3. HAS THE HOUSEHOLD MOVED FROM THE ORIGINAL DWELLING? (YES, MOVED CLOSE TO ORIGINAL DWELLING=1; YES, MOVED FAR FROM ORIGINAL DWELLING=3; NO, IN ORIGINAL DWELLING=2)

3A. ARE YOU ABLE TO REACH THIS HOUSEHOLD? (Yes=1 No=2)

WHAT IS THE HOUSEHOLD'S NEW ADDRESS IN THE EA?

4. WHAT ARE THE GPS COORDINATES OF THE DWELLING (Outside the Dwelling)?

LATITUDE (N)								
__	__	°	__	__	'	__	__	__

LONGITUDE (E)								
__	__	__	°	__	__	'	__	__

5. IS AN ELIGIBLE RESPONDENT AVAILABLE TO BE INTERVIEWED? (Yes=1 No= 2)

☐

INTERVIEWER 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

6. DID A MEMBER OF THE HOUSEHOLD GIVE CONSENT TO BE INTERVIEWED? (Yes=1 No=2)

☐

7. NAME OF THE MEMBER THAT GAVE CONSENT: _____

8. IS THE NAME OF THE HOUSEHOLD HEAD FROM PREVIOUS WAVE/ROUND CORRECT?

8A. WHY IS THE NAME OF THE HOUSEHOLD HEAD DIFFERENT FROM THE PREVIOUS WAVE/ROUND?

PLEASE WRITE THE CORRECT NAME OF THE HOUSEHOLD HEAD

Interview Status

What is the final result of the interview?

☐

RESULT OF INTERVIEW	
Complete.....	1
Partially complete (refused)	2
Partially complete (unavailable) ..	3
Unable to identify household.....	4
Household has moved away.....	5
Long term unavailable.....	6

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AGRICULTURE FILTER QUESTIONS		
AG1	AG2	AG5
<p>Since the beginning of the 2023/24 agricultural season, did members of this household cultivate any crops including tree crops?</p> <p>YES...1 NO....2</p>	<p>Since the beginning of the 2023/2024 agricultural season, did any member of your household <u>own</u> or <u>use</u> any land that you did not cultivate, for example dwelling plot, pastureland, forest, and business/commercial plots?</p> <p>YES...1 NO....2</p>	<p>Were you or any other member of your household involved in fishing activities, catching fish, raising fish, or hired fishers in the last 12 months?</p> <p>YES...1 NO....2</p>

SECTION 1: HOUSEHOLD ROSTER

	1.	NLPS_prefilled	NLPSround_pre	NLPS_person	NEWMEMBER	4.	4a. info_correct	need_change
I N D I V I D U A L I D	NAME AND SURNAME ALL HOUSEHOLD MEMBERS RECORDED DURING WAVE 5 POST PLANTING VISIT (OR THE LATEST ROUND OF THE PHONE SURVEY) ARE PRE-FILLED IN Q1. FOR ALL PRE-FILLED MEMBERS ANSWER THE QUESTIONS IN THE SUBSECTION ABOUT THE CURRENT MEMBERSHIP STATUS AND THEIR DETAILS. AFTER YOU HAVE ANSWERED FOR ALL PRE-FILLED MEMBERS, ASK IF THERE IS ANY PERSON THAT IS NORMALLY EATING AND SLEEPING WITH THE OTHER PERSONS AND HAS NOT BEEN LISTED. LIST ALL NEW MEMBERS, AND RECORD THEIR DETAILS.	HAS THE HOUSEHOLD BEEN SUCCESSFULLY INTERVIEWED AT LEAST IN ONE ROUND OF THE NLPS? YES...1 NO.....2 >> Q4	WHAT IS THE LAST ROUND OF THE NLPS WHEN THIS HOUSEHOLD WAS SUCCESSFULLY INTERVIEWED?	WHAT IS THE LAST ROUND OF THE NLPS WHEN THIS PERSON WAS SUCCESSFULLY INTERVIEWED?	CAPI/ENUMERATOR: IS [NAME] A NEW MEMBER ADDED IN THIS INTERVIEW? YES...1 >> Q2 NO....2	Is [NAME] still a member of this household? YES...1 NO....2 >> Q39	Is the information above for [NAME] correct? INTERVIEWER READ OUT [NAME]'S DETAILS AS THEY APPEAR ON THE SCREEN YES...1 >> Q8 NO....2	WHAT INFORMATION FOR [NAME] IS NOT CORRECT? SELECT ALL THAT APPLY GENDER IS INCORRECT.....1 >> Q2 AGE IS INCORRECT.....2 >> Q6 RELATIONSHIP IS INCORRECT.....3 >> Q3 NAME IS INCORRECT.....4
	1							
	2							
	3							
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	9							
10								

SECTION 1: HOUSEHOLD ROSTER

I N D I V I D U A L I D	1. name_corrected	2.	3.	3a	6.	8.
	NAME (CORRECT AS NECESSARY)	What is the sex of [NAME]? MALE.....1 FEMALE....2	What is [NAME]'s relationship to the head of household? HEAD01 SPOUSE02 OWN CHILD03 STEP CHILD04 ADOPTED CHILD05 GRANDCHILD06 BROTHER/SISTER07 NIECE/NEPHEW08 BROTHER/SISTER-IN-LAW09 PARENT10 PARENT-IN-LAW11 SON-IN-LAW/DAUGHTER-IN-LAW.....16 DOMESTIC HELP (RESIDENT)12 OTHER RELATION (SPECIFY)14 OTHER NON-RELATION (SPECIFY)15	What is [NAME]'s relationship to the NEW head of household? HEAD01 SPOUSE02 OWN CHILD03 STEP CHILD04 ADOPTED CHILD05 GRANDCHILD06 BROTHER/SISTER07 NIECE/NEPHEW08 BROTHER/SISTER-IN-LAW09 PARENT10 PARENT-IN-LAW11 SON-IN-LAW/DAUGHTER-IN-LAW.....16 DOMESTIC HELP (RESIDENT)12 OTHER RELATION (SPECIFY)14 OTHER NON-RELATION (SPECIFY)15	How old is [NAME] (AGE IN COMPLETED YEARS)? RECORD WHAT RESPONDENT RECALLS BETTER AND WORK OUT THE OTHER WITH RESPONDENT AND PROVIDED CALCULATIONS	Does [NAME] have a National Population Birth Certificate (NPC)? IF YES, ASK THE RESPONDENT IF YOU CAN SEE THE BIRTH CERTIFICATE FOR [NAME]. YES.....1 NO.....2 >> FILTER 2
					YEARS	
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

SECTION 1: HOUSEHOLD ROSTER

I N D I V I D U A L I D	9.	FILTER2	10.	11.	12.	13.	13a	13b.
	INTERVIEWER: WERE YOU ABLE TO OBSERVE THE BIRTH CERTIFICATE FOR [NAME]? YES.....1 NO, REFUSED...2 NO, COULD NOT LOCATE CERTIFICATE...3 NO, CERTIFICATE IS NOT IN THIS DWELLING.....4	CAP1: IS Q6<=6? YES...1 NO.....2 >> Q11	In what month was [NAME] born? MONTH OF BIRTH IS REQUIRED IF UNDER 7 YEARS OLD COPY FROM BIRTH CERTIFICATE IF AVAILABLE	In what year was [NAME] born?(CALCULATE D: [YEAR]) CHECK THAT AGE IN QUESTION 6 AND YEAR OF BIRTH IN THIS QUESTION ARE CONSISTENT.	Does [NAME] have a National ID Number (NIN) or National Identity Card? YES.....1 >> Q13a NO.....2 DON'T KNOW...99	Has [NAME] registered/applied for NIN or National Identity Card? YES.....1 NO.....2 DON'T KNOW...99	Does [NAME] know about the Digital National ID or NIMC APP? YES.....1 NO.....2 DON'T KNOW...99	Does [NAME] have a Digital National ID or NIMC APP? NIMC= NATIONAL IDENTITY MANAGEMENT COMMISSION YES.....1 NO.....2 DON'T KNOW...99
			MONTH (MM)	YEAR (YYYY)				
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								

SECTION 1: HOUSEHOLD ROSTER

[illegible]

SECTION 1: HOUSEHOLD ROSTER

I N D I V I D U A L I D	19.						20.	21.	CAPI-1B	D R O P P E D	22.	
	Which household member(s) are the spouse/partner of [NAME]? IF POLYGAMOUS, PLEASE SELECT WIVES IN ORDER OF MARRIAGE In what year did [NAME] get married to [SPOUSE]? IF RESPONDENT DOES NOT KNOW, CALCULATE USING AGE OF SPOUSE AT MARRIAGE						Does [NAME] have a spouse living outside the household? YES...1 NO...2 >> CAPI-1B	How many spouses does [NAME] have who are residing outside the household?	CAPI: IS NEWMEMBER= YES? YES...1 NO...2 >> FILTER4		When did [NAME] join this household? MONTH CODE JAN..01 FEB..02 MAR..03 APR..04 MAY..05 JUN..06 JUL..07 AUG..08 SEP..09 OCT..10 NOV..11 DEC..12	
	FIRST SPOUSE		SECOND SPOUSE		THIRD SPOUSE							
	ID CODE	YEAR	ID CODE	YEAR	ID CODE	YEAR						NUMBER
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												

SECTION 1: HOUSEHOLD ROSTER

	23.	FILTER4	24.	25.	26.	27.
I N D I V I D U A L I D	Why did [NAME] join this household?	IS [NAME] THE HEAD OF THE HOUSEHOLD?	What is [NAME]'s main religion?	Does [NAME]'s biological father live in this household?	Which household member is the biological father of [NAME]? COPY THE ID CODE OF THE FATHER COPY ID FROM ROSTER (► Q30)	Is [NAME]'s biological father alive? YES.....1 NO.....2 DON'T KNOW..99
	NEW BORN.....01 ADOPTED CHILD.....02 MARRIAGE /COHABITATION.....03 DIVORCE /SEPARATION.....04 RETURNED FROM COLLEGE/UNIV..05 RETURNED FROM INSTITUTION...06 MOVED IN WITH PARENT OR RELATIVE.....07 SHARED ACCOMODATION.....08 RETURN FROM WORK MIGRATION..09 MISTAKENLY NOT REPORTED OR FORGOTTEN LAST VISIT.....10 FLED PROBLEM AREAS/INTERNALLY DISPLACED PERSONS/CRISIS.....11	YES...1 NO....2 >> Q25	CHRISTIANITY.1 ISLAM2 TRADITIONAL..3 OTHER (SPECIFY)4	YES...1 NO....2 >> Q27		
	1					
	2					
	3					
	4					
	5					
	6					
	7					
	8					
9						
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SECTION 1: HOUSEHOLD ROSTER

28.		29.	FILTER 4B	29b
INDIVIDUAL	What is/was [NAME]'s biological father's highest educational grade completed?	What is/was the industry classification of [NAME'S] biological father?	IS Q27=2 OR 99?	Where is [NAME]'s biological father currently living?
	DON'T KNOW.....99 MODERN			
	NONE.....00 SCHOOL.....33	AGRICULTURE, FORESTRY & FISHING.....1		
	PRE-NURSERY.....03 NCE.....34	MINING & QUARRYING.....2		
	N1.....01 NURSING	MANUFACTURING.....3		
	N2.....02 SCHOOL.....35	PROFFESIONAL, SCIENTIFIC, TECHNICAL ACTIVITIES.4		
	P1.....11 POLY/PROF.....41	ELECTRICITY, GAS, STEAM		
	P2.....12 OND1/ND1,OND2/ND2.....411	& AIR CONDITIONING SUPPLY.....5		
	P3.....13 HND1,HND2.....412	CONSTRUCTION.....6		
	P4.....14 UNIVERSITY	TRANSPORTATION & STORAGE.....7		
P5.....15 - LEVELS 100, 200 OR 300...421	WHOLESALE & RETAIL TRADE.....8			
P6.....16 UNIVERSITY	FINANCIAL & INSURANCE ACTIVITIES.....9			
JS1.....21 - 400 LEVEL.....422	EDUCATION.....11			
JS2.....22 UNIVERSITY	HEALTH.....12			
JS3.....23 - 500 LEVEL.....423	PUBLIC ADMINISTRATION.....13			
SS1.....24 UNIVERSITY	WATER SUPPLY; SEWERAGE, WASTE MANAGEMENT			
SS2.....25 - 600 LEVEL.....424	& REMEDIATION ACTIVITIES.....14	YES...1 >>	ELSEWHERE WITHIN THE	
SS326 HIGHER	ACCOMODATION & FOOD SERVICES.....15	Q30	SAME STATE.....1	
LOWER 6.....27 DEGREE.....43	ICT.....16		IN ANOTHER STATE IN	
UPPER 6.....28 QUARANIC.....51	REAL ESTATE.....17	NO....2	NIGERIA.....2	
TEACHER CERTIFICATE	ART, ENTERTAINMENT & RECREATION.....18		ABROAD (OUTSIDE	
GRADE II (TCGDII)31	OTHER (SPECIFY).....96		NIGERIA).....3	
SECONDARY VOCATIONAL/	NEVER WORKED.....19		DON'T KNOW.....99	
TECHNICAL/	DON'T KNOW.....99			
COMMERCIAL.....321				
TERTIARY				
VOCATIONAL/				
TECHNICAL/				
COMMERCIAL.....322				
	LEVEL			
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SECTION 1: HOUSEHOLD ROSTER

[illegible]

SECTION 1: HOUSEHOLD ROSTER

INDIVIDUAL ID	FILTER 4C	34b	35.	36.	37.	38.	39.
	IS Q32=2 OR 99?	Where is [NAME]'s biological mother currently living?	Was [NAME] born in Nigeria?	Where was [NAME] born? SELECT COUNTRY NAME FROM THE LIST OF COUNTRIES UNITED KINGDOM.....1 GERMANY.....2 HOLLAND.....3 ITALY.....4 UNITED STATES OF AMERICA..5 CANADA.....6 SOUTH AFRICA.....7 CAMEROON.....8 NIGER.....9 BENIN.....10 GHANA.....11 CHINA.....12 JAPAN.....13 SAUDI ARABIA.....14 EGYPT.....15 AUSTRALIA.....16 OTHER (SPECIFY).....96	How many years has [NAME] lived in [CURRENT STATE]? REFERS TO CURRENT STATE. IF LESS THAN ONE YEAR, RECORD 00. IF SINCE BIRTH, RECORD 999 AND SKIP TO NEXT MODULE.	In which STATE was [NAME] born? SELECT STATE NAME FROM THE LIST OF STATES NEXT PERSON	Why did [NAME] leave this household? DIVORCE/SEPARATION.....1 LEFT FOR STUDIES/ EDUCATIONAL OPPORTUNITY.....2 LEFT FOR WORK.....3 LEFT TO FIND BETTER LAND.....4 HEALTH REASONS.....5 SECURITY REASONS.....6 FOR MARRIAGE/ COHABITATION.....7 TO JOIN THEIR FAMILY ALREADY LIVING IN ANOTHER LOCATION.....8 MOVED WITH FAMILY.....9 LEFT TO SET UP OWN HOME.....10 DEAD.....11 STAYED WITH ORIGINAL HOUSEHOLD..12 NEVER BEEN A MEMBER / RECORDED
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SECTION 1: HOUSEHOLD ROSTER

I N D I V I D U A L I D	FILTER 4A	FILTER 5	39a	FILTER 6	39b	FILTER 7
	CAPI: IS Q39==11?	CAPI: IS Q39=14, 15, 16, 17 OR 18?	Was [NAME] forced to move because of [ANSWER TO Q39]?	CAPI: IS Q39=12 or Q39=13?	At the time [NAME] left the household, what was [NAME]'s <u>highest education level completed</u> ?	CAPI: IS Q39b=99
	YES...1 >> Q40C NO....2	YES...1 NO....2 >> FILTER6	YES.....1 NO.....2 DON'T KNOW..99	YES...1 >> NEXT PERSON NO....2	DON'T KNOW.....99MODERN NONE.....00SCHOOL.....33 PRE-NURSERY.....03NCE.....34 N1.....01NURSING N2.....02SCHOOL.....35 P1.....11POLY/PROF.....41 P2.....12OND1/ND1,OND2/ND2.....41 P3.....131 P4.....14HND1, HND2.....41 P5.....152 P6.....16UNIVERSITY JS1.....21- LEVELS 100, 200 OR JS2.....22300...421 JS3.....23UNIVERSITY SS1.....24- 400 SS2.....25LEVEL.....422 SS326UNIVERSITY LOWER 6.....27- 500 UPPER 6.....28LEVEL.....423 TEACHER CERTIFICATE UNIVERSITY GRADE II (TCGDII)31- 600 SECONDARY VOCATIONAL/ TECHNICAL/ HIGHER COMMERCIAL.....321DEGREE.....43 TERTIARY QUARANIC.....51 VOCATIONAL/ INTEGRATED TECHNICAL/ ISLAMIC EDUCATION (ISLAMIYYA, COMMERCIAL.....322TSANGAYA, OR QUR'ANIC) ...52 ADULT EDUCATION.....61 BASIC LITERACY PROGRAM ... 62 POST LITERACY I63 POST LITERACY II64	YES...1 >> FILTER8 NO....2

SECTION 1: HOUSEHOLD ROSTER

	39c	40a,b		FILTER 8	39d	39e
	What is the highest education level completed by [NAME] as of now?	In which month and year did [NAME] leave this household?		CAP1: IS NAME 15 YEARS OR OLDER?	Which of the following best describes what [NAME] was doing at the time [NAME] left the household?	Which of the following best describes what [NAME] is mainly doing at present?
I N D I V I D U A L	DON'T KNOW.....99 MODERN	MONTH CODE JAN..01 FEB..02 MAR..03 APR..04 MAY..05 JUN..06 JUL..07 AUG..08 SEP..09 OCT..10 NOV..11 DEC..12 (In Q39, 11 or 13 not selected)		YES..1 >> NEXT PERSON NO....2	Studying or training.....1	Studying or training.....1
	NONE.....00 SCHOOL.....33				Working.....2	Working.....2
	PRE-NURSERY.....03 NCE.....34				Engaged in household or family responsibilities.....3	Engaged in household or family responsibilities.....3
	N1.....01 NURSING				Household farming, livestock, fishing, or forest activities for household use.....4	Household farming, livestock, fishing, or forest activities for household use.....4
	N2.....02 SCHOOL.....35				Retired or pensioner.....5	Retired or pensioner.....5
	P1.....11 POLY/PROF.....41				With long-term illness, injury or disability.....6	With long-term illness, injury or disability.....6
	P2.....12 OND1/ND1, OND2/ND2.....411				Doing volunteering, community or charity work.....7	Doing volunteering, community or charity work.....7
	P3.....13 HND1, HND2.....412				Engaged in cultural or leisure activities.....8	Engaged in cultural or leisure activities.....8
	P4.....14 UNIVERSITY				Doing nothing.....9	Doing nothing.....9
	P5.....15 - LEVELS 100, 200 OR 300...421				DON'T KNOW.....98	
P6.....16 UNIVERSITY						
JS1.....21 - 400 LEVEL.....422						
JS2.....22 UNIVERSITY						
JS3.....23 - 500 LEVEL.....423						
SS1.....24 UNIVERSITY						
SS2.....25 - 600 LEVEL.....424						
SS3.....26 HIGHER						
LOWER 6.....27 DEGREE.....43						
UPPER 6.....28 QUARANIC.....51						
TEACHER CERTIFICATE	INTEGRATED					
GRADE II (TCGDII)31	ISLAMIC EDUCATION (ISLAMIYYA, TSANGAYA, OR QUR'ANIC) ...52					
SECONDARY VOCATIONAL/ TECHNICAL/	ADULT					
COMMERCIAL.....321	EDUCATION.....61					
TERTIARY	BASIC LITERACY PROGRAM ... 62					
VOCATIONAL/	POST LITERACY I63					
TECHNICAL/	POST LITERACY II64					
COMMERCIAL.....322						
1						
2						
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8						
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SECTION 1: HOUSEHOLD ROSTER

[illegible]

SECTION 1: HOUSEHOLD ROSTER

I N D I V I D U A L	39k	40c, d		45.	41.	44.	42b	42a
	What was the main purpose for which the money sent to [NAME] was intended?	In which month and year did [NAME] pass away?		How did [NAME] mainly finance the move?	Does [NAME] reside in Nigeria or outside Nigeria now?	How many months has [NAME] been abroad?	In which state does [NAME] currently reside?	In which LGA does [NAME] currently reside?
	HOUSEHOLD CONSUMPTION/UPKEEP.....1 MORTGAGE FUND FOR LAND, HOUSES AND OTHER REAL ESTATE.....2 INVESTMENTS IN SHARES, BONDS OR OTHER FINANCIAL INVESTMENTS.....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 COPING AFTER A NATURAL	MONTH CODE JAN..01 FEB..02 MAR..03 APR..04 MAY..05 JUN..06 JUL..07 AUG..08 SEP..09 OCT..10 NOV..11 DEC..12 (In Q39, 11 selected)		SALE OF LIVESTOCK.....1 SALE OF LAND.....2 SALE OF OTHER PROPERTY...3 RECEIVED ASSISTANCE FROM FRIENDS & FAMILY.....4 BORROWED FROM FRIENDS & FAMILY.....5 TOOK A LOAN FROM A FINANCIAL INSTITUTION...6 RELIED ON SAVINGS.....7 RECEIVED ASSISTANCE FROM NGO.....8	INSIDE NIGERIA...1 OUTSIDE OF NIGERIA...2 (► Q44)			
		MONTH (MM)	YEAR (YYYY)			NUMBER OF MONTHS	STATE	LGA
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								

SECTION 1: HOUSEHOLD ROSTER

[illegible]

SECTION 2: EDUCATION

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

[illegible]

SECTION 2: EDUCATION

I N D I V I D U A L I D	8.	9.	10.	11.	12.	12a	
	At what age did [NAME] start school?	What is the highest educational level [NAME] completed?	What is [NAME]'s highest qualification attained?	Is [NAME] currently attending school for the 2023/2024 school year?	Did [NAME] attend school at any time during the 2023/2024 school year?	When was the last time [NAME] attended school?	
	AGE					YEAR	MONTH
1							
2							
3							
4							
5							
6							
7							
8							
9							
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SECTION 2: EDUCATION

	12b	13.	13a	13b
I N D I V I D U A L I D	What is the main reason why [NAME] is not currently attending school?	In what level is [NAME] enrolled this 2023/2024 school year?	(Q11=1) What kind of organization runs the school that [NAME] is currently attending for the 2023/2024 school year?	(AGE>=4 AND AGE<=6 AND Q11==1) During the last 12 months, in which months has [NAME] attended school? MUST NOT BE MORE THAN 12 MONTHS
	HAD ENOUGH/COMPLETED SCHOOLING.....1 AWAITING ADMISSION.....2 NO SCHOOL/LACK OF TEACHERS.....3 NO TIME.....4 CHILD DOESNT LEARN ANYTHING IN SCHOOL.....5 THE EDUCATION PROVIDED IS NOT USEFUL FOR CHILD'S LIFE.....6 SCHOOL NOT HYGIENIC.....7 LACK OF MONEY8 MARITAL OBLIGATION.....9 PREGNANCY.....10 OWN SICKNESS/DISABILITY.....11 SICKNESS/DISABILITY OF PARENT.....12 SEPARATION OF PARENTS.....13 DEATH OF PARENTS.....14 TOO OLD TO ATTEND15 DOMESTIC OBLIGATION16 ON LONG BREAK/HOLIDAY17 LACK OF INTEREST.....18 CONFLICT MILITANCY/INSURGENCY.....19 OTHER (SPECIFY).....96	NONE.....00 MODERN PRE-NURSERY.....03 SCHOOL.....33 N1.....01 NCE.....34 N2.....02 NURSING P1.....11 SCHOOL.....35 P2.....12 POLY/PROF.....41 P3.....13 OND1/ND1,OND2/ND2.....411 P4.....14 HND1,HND2.....412 P5.....15 UNIVERSITY P6.....16 - LEVELS 100, 200 OR 300...421 JS1.....21 UNIVERSITY JS2.....22 - 400 LEVEL.....422 JS3.....23 UNIVERSITY SS1.....24 - 500 LEVEL.....423 SS2.....25 UNIVERSITY SS3.....26 - 600 LEVEL.....424 LOWER 6.....27 HIGHER UPPER 6.....28 DEGREE.....43 TEACHER CERTIFICATE GRADE II (TCGDII)31 INTEGRATED SECONDARY VOCATIONAL/ TECHNICAL/ COMMERCIAL.....321 ADULT TERTIARY VOCATIONAL/ TECHNICAL/ COMMERCIAL.....322 POST LITERACY I63 POST LITERACY II64	FEDERAL GOVT.1 STATE GOVT...2 LOCAL GOVT...3 COMMUNITY....4 RELIGIOUS BODY.....5 PRIVATE.....6 NGO.....7 OTHER (SPECIFY)....8	ALL 12 MONTHS....0 JAN 2023..1 FEB 2023..2 MAR 2023..3 APR 2023..4 MAY 2023..5 JUN 2023..6 JUL 2023..7 AUG 2023..8 SEP 2023..9 OCT 2023..10 NOV 2023..11 DEC 2023..12 JAN 2024..13 FEB 2024..14 MAR 2024..15 APR 2024..16 MAY 2024..17 JUN 2024..18
	(► Q14)	LEVEL		
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

SECTION 2: EDUCATION

I N D I V I D U A L I D	13c	14.	14a	15.
	(AGE>=4 AND AGE<=6 AND Q11==1) What is the main language spoken at the school [NAME] attended during the 2023/24 school year? ENGLISH...23 IGBO.....1 YORUBA.....2 HAUSA.....3 ARABIC....10 BEROM.....11 EDO.....12 EFIK.....13 EBIRA.....14 FULFULDE/ FULANI.....15 IBIBIO....16 IDOMA.....17 IGALA.....18 IJAW.....19 NUPE.....20 TIV.....21 URHOB.....22 OTHER	Did [NAME] attend school during the 2022/2023 school year? YES...1 >> Q15 NO....2	Why did [NAME] not attend school during the 2022/2023 school year? HAD ENOUGH/COMPLETED SCHOOLING.....1 AWAITING ADMISSION.....2 NO SCHOOL/LACK OF TEACHERS.3 NO TIME.....4 CHILD DOESNT LEARN ANYTHING IN SCHOOL.....5 THE EDUCATION PROVIDED IS NOT USEFUL FOR CHILD'S LIFE.....6 SCHOOL NOT HYGIENIC.....7 LACK OF MONEY8 MARITAL OBLIGATION.....9 PREGNANCY.....10 OWN SICKNESS/ DISABILITY..11 SICKNESS/DISABILITY OF PARENT.....12 SEPARATION OF PARENTS.....13 DEATH OF PARENTS.....14 TOO OLD TO ATTEND.....15 DOMESTIC OBLIGATION.....16 ON LONG BREAK/HOLIDAY.....17 LACK OF INTEREST.....18 CONFLICT (MILITANCY/ INSURGENCY).....19 OTHER (SPECIFY).....96 (► Q24)	What level did [NAME] attend during the 2022/2023 school year? NONE.....00 PRE-NURSERY.....03 N1.....01 N2.....02 P1.....11 P2.....12 P3.....13 P4.....14 P5.....15 P6.....16 JS1.....21 JS2.....22 JS3.....23 SS1.....24 SS2.....25 SS3.....26 LOWER 6.....27 UPPER 6.....28 TEACHER CERTIFICATE GRADE II (TCGDII)31 SECONDARY VOCATIONAL/ TECHNICAL/ COMMERCIAL.....321 TERTIARY VOCATIONAL/ TECHNICAL/ COMMERCIAL.....322 MODERN SCHOOL.....33 NCE.....34 NURSING SCHOOL.....35 POLY/PROF.....41 OND1/ND1, OND2/ND2.....411 HND1, HND2.....412 UNIVERSITY - LEVELS 100, 200 OR 300...421 UNIVERSITY - 400 LEVEL.....422 UNIVERSITY - 500 LEVEL.....423 UNIVERSITY - 600 LEVEL.....424 HIGHER DEGREE.....43 QUARANIC.....51 INTEGRATED ISLAMIC EDUCATION (ISLAMIYYA, TSANGAYA, OR QUR'ANIC)52 ADULT EDUCATION.....61 BASIC LITERACY PROGRAM ... 62 POST LITERACY I63 POST LITERACY II64 LEVEL
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

SECTION 2: EDUCATION

	16.	17.	18.	21.	21a.	21b.	22.	22a
I N D I V I D U A L I D	What kind of organization runs the school that [NAME] attended during the 2022/2023 school year? FEDERAL GOVT...1 STATE GOVT...2 LOCAL GOVT...3 COMMUNITY....4 RELIGIOUS BODY.....5 PRIVATE.....6 NGO.....7	By what means did [NAME] usually use to go to school during the 2022/2023 school year? IN BOARDING SCHOOL1 (►Q21) WALKING.....2 BUS.....3 TRAIN.....4 BICYCLE.....5 MOTORCYCLE.....6 CAR.....7 TRICYCLE/KEKE...8 BOAT/CANOE.....10 ON UNIVERSITY CAMPUS.....11 (►Q21)	How much time did/does [NAME] spend going <u>to and from</u> school using the [means specified in Q17]? TIME CODE 0-15.....1 16-30....2 31-45....3 46-60....4 61-90....5 91-120...6 120+.....7 ADD TIMES FOR TRIP OUT AND BACK CODE	(IF Q14=1) Is the person who paid for most of [NAME]'s educational expenses during the 2022/2023 school year a member of the household? YES...1 NO....2 >> Q21B	Who paid for most of [NAME]'s educational expenses during the 2022/2023 school year? >>Q22 ID CODE	What is the relationship of the person who paid for most of [NAME]'s educational expenses during the 2022/2023 school year with [NAME]? FATHER..... 1 MOTHER..... 2 OTHER RELATIVE...5	Did [NAME] receive any of the below support to schooling during the 2022/2023 school year? Scholarship (in the form of stipend or cash transfers).....1 Free meal at school regularly, such as the National Home Grown School Feeding Program.....2 Free textbooks from his/her school.....3 NONE RECEIVED.....4 IF 2,3, or 4>>Q23	What was the total amount of scholarship that [NAME] received during the 2022/2023 school year? CASH ONLY NAIRA
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								

SECTION 2: EDUCATION

I N D I V I D U A L I D	22b	23.				
	From which organization, did [NAME] receive the scholarship during the 2022/2023 school year?	Now I want to ask you about the educational expenses for [NAME] during the 2022/2023 school year.				
		IF THERE WAS NO EXPENDITURE, RECORD 0				
		How much did your household spend for [NAME] on [ITEM] during the 2022/2023 school year?				
	FEDERAL GOVT...1 STATE GOVT...2 LOCAL GOVT...3 COMMUNITY...4 RELIGIOUS BODY...5 PRIVATE...6 NGO...7					
		IF THE RESPONDENT CANNOT DIVIDE SCHOOL EXPENSES INTO VARIOUS CATEGORIES, THEN SELECT "TOTAL" AND RECORD THE TOTAL EDUCATION EXPENDITURE FOR THE INDIVIDUAL IN QUESTION 23BT. OTHERWISE, SELECT "BREAKDOWN" AND PROVIDE A RESPONSE FOR EACH CATEGORY (Q23A CATEGORIES A-S) BREAKDOWN.....1 >>Q23A TOTAL.....2				
		Tuition and other fees		Other contributions to school (PTA, SMC, school fund, in-kind contributions)		
		A. Tuition/School fees	B. Exam, registration and other official fees	C. PTA, SMC, and other association fees	D. Contribution to construction, maintenance or other school funds	E. Cash estimates of in-kind contributions
	1					
	2					
3						
4						
5						
6						
7						
8						
9						
10						

SECTION 2: EDUCATION

<p>Now I want to ask you about the educational expenses for [NAME] during the 2022/2023 school year.</p> <p>IF THERE WAS NO EXPENDITURE, RECORD 0</p> <p>How much did your household spend for [NAME] on [ITEM] during the 2022/2023 school year?</p>									
Ancillary fees (boarding, canteen, transport, health services)				Uniforms and other school clothing	Textbooks and other teaching materials		Private tutoring	School meals and transport purchased outside educational institutions	
F. School canteen fees	G. School boarding fees	H. Fees for transport organized by the school	I. Fees for health services	J. Uniform and other required clothing	K. Text books	L. Other required education materials	M. Private tutoring	N. Transportation to and from school	O. School meals purchased outside school

SECTION 2: EDUCATION

INDIVIDUAL	Now I want to ask you about the educational expenses for [NAME] during the 2022/2023 school year.			24.	25.	26.	27.
	IF THERE WAS NO EXPENDITURE, RECORD 0			Has [NAME] ever repeated any class during Primary or Secondary? YES, PRIMARY ONLY....1 YES, SECONDARY ONLY..2 YES, BOTH.....3 NONE.....4	What was the last class [NAME] repeated ? P1.....11 P2.....12 P3.....13 P4.....14 P5.....15 P6.....16 JS1.....21 JS2.....22 JS3.....23 SS1.....24 SS2.....25 SS326	What was the main reason for [NAME] repeating [the grade specified in Q25]? 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	How many times has [NAME] repeated [the class specified in Q25]? <

SECTION 2C: CHILDCARE

	PRIMARY DECISIONMAKERS/RESPONSIBLE FOR CHILD						CAREGIVERS
I N D I V I D U A L I D	1a	1b	2.	3.	FILTER	3b	4a
	CAPI/ENUMERATOR: IS THIS PERSON 7 YEARS OLD OR YOUNGER?	ENUMERATOR: WHO IS RESPONDING ON BEHALF OF [CHILD]?	Who makes the decisions for [CHILD] on important matters such as choosing schools, healthcare and childcare provision? All the persons that make decisions for CHILD are household members1 Some of the persons that make decisions for CHILD are household members2 None of the persons that make decisions for CHILD are household members3 ►Q3B	Who are the household members who make decisions for [CHILD]? SELECT UP TO TWO	Is Q2==2 OR Q2==3? YES...1 NO.....2 ►Q4A	What is the relationship of the persons who make decisions for [CHILD] that are not household members? SELECT UP TO TWO FATHER.....1 MOTHER.....2 GRANDFATHER.....3 GRANDMOTHER.....4 UNCLE.....5 AUNT.....6 OTHER RELATIVE.....7 DOMESTIC HELP.....8 OTHER NON-RELATIVE..9 OTHER (SPECIFY)96	Where is [CHILD] usually taken care of during the morning? THIS DWELLING.....1 THE MAIN CARETAKER'S HOME.....2 SCHOOL/DAYCARE....3 >>Q5A MAIN CARETAKER'S WORKPLACE (AWAY FROM HOME)4 OTHER (SPECIFY)96
	YES...1 NO...2 ►NEXT SECTION						
		ID CODE		ID CODES			
	1						
	2						
	3						
	4						
	5						

SECTION 2C: CHILDCARE

CAREGIVERS						
	4b	4c	4d	4e	4f	5a
I N D I V I D U A L I D	Is the person who usually takes care of [CHILD] during the morning a household member? YES...1 NO....2 ►Q4D	Who usually takes care of [CHILD] during the morning? SELECT 1 PERSON	What is the relationship of the person who usually takes care of [CHILD] during the morning with him/her? FATHER.....1 MOTHER.....2 GRANDFATHER.....3 GRANDMOTHER.....4 UNCLE.....5 AUNT.....6 OTHER RELATIVE...7 DOMESTIC HELP....8 OTHER NON-RELATIVE.....9	During the last 7 days, how many days has the person who usually takes care of [CHILD] spent taking care of him/her?	During those days, how many hours per day has the person who usually takes care of [CHILD] spent taking care of him/her?	Where is [CHILD] usually taken care of during the afternoon? THIS DWELLING.....1 THE MAIN CARETAKER'S HOME.....2 SCHOOL/DAYCARE.....3 >>Q7 MAIN CARETAKER'S WORKPLACE (AWAY FROM HOME).....4 OTHER (SPECIFY)96
		ID CODE				
1						
2						
3						
4						
5						

SECTION 2C: CHILDCARE

CAREGIVERS							
	5aa	5b	5c	5d	5e	5f	5g
I N D I V I D U A L I D	Is the person who usually takes care of [CHILD] during the morning the same person who takes care of him/her during the afternoon?	Is the person who usually takes care of [CHILD] during the afternoon a household member? YES...1 NO....2 ▶Q4C	Who usually takes care of [CHILD] during the afternoon? SELECT 1 PERSON	What is the relationship of the person who usually takes care of [CHILD] during the afternoon with him/her? FATHER.....1 MOTHER.....2 GRANDFATHER.....3 GRANDMOTHER.....4 UNCLE.....5 AUNT.....6 OTHER RELATIVE...7 DOMESTIC HELP....8 OTHER NON-RELATIVE.....9	During the last 7 days, how many days has the person who usually takes care of [CHILD] spent taking care of him/her?	During those days, how many hours per day has the person who usually takes care of [CHILD] spent taking care of him/her?	During the last 7 days, how much did your household pay for childcare services (either to a daycare or to non-household members) to take care of [CHILD]?
	ID CODE						
1							
2							
3							
4							
5							

SECTION 2C: CHILDCARE

	5h	5.	6.	7.	FILTER	8.	9.
I N D I V I D U A L I D	Overall, what are the main characteristics that are important for your household when choosing who takes care of [CHILD] when the parents or people who make decisions for the child are not available?	Has [CHILD] ever attended a school/daycare? YES...1 ► Q7 NO....2	What was the main reason [CHILD] never attended school/daycare? TOO YOUNG.....1 TOO FAR AWAY.....2 TOO EXPENSIVE.....3 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 DAYCARE.....10 ILLNESS.....11 DISABILITY.....12 CONFLICT (MILITANCY/INSURGENCY).....13 NO GOOD DAYCARE AVAILABLE.....14 OTHER (SPECIFY).....96 ►NEXT SECTION	At what age did [CHILD] start school/daycare? AGE IN COMPLETED YEARS. IF THE CHILD WAS LESS THAN 1 YEAR OF AGE, WRITE 0.	IS [CHILD] 3 YEARS OR YOUNGER?	Is [CHILD] currently attending school/daycare?	For how long has [CHILD] been out of school/daycare?
				AGE	YES...1 NO....2 ►NEXT SECTION	YES....1 ►Q11 NO.....2	LESS THAN 1 MONTH.....1 LESS THAN 1 YEAR.....2 1-2 YEARS.....3
1							
2							
3							
4							
5							

SECTION 2C: CHILDCARE

I N D I V I D U A L I D	10. What was the main reason why [CHILD] has been out of school/daycare?	FILTER CAPI: IS Q8==1?	11. What kind of organization runs the school/daycare that [CHILD] is currently attending?	13. What means of transportation does [CHILD] use to get to school/daycare?	14. How much time does it take [CHILD] to get to school/daycare? (IN MINUTES) REPORT TIME ONE WAY (NOT ROUND TRIP)
					CODE
	NO MONEY FOR FEES/ UNIFORMS/BOOKS.....1 POOR QUALITY OF AVAILABLE DAYCARES.....2 THE COMMUTE TO THE DAYCARE IS NOT SAFE.....3 ILLNESS.....4 DISABILITY.....5 PARENTS DO NOT THINK IT IS IMPORTANT.....6 DAYCARE HOURS ARE NOT ENOUGH.....7 I DON'T TRUST SOME PERSONNEL AT DAYCARE.....8 DAYCARE DOES NOT PROVIDE FOOD FOR CHILDREN...9 THERE IS NO DAYCARE CLOSE TO MY HOUSE.....10 DAYCARE IS NOT COMPATIBLE WITH MY VALUES...11 COVID-19 PANDEMIC.....12 ALREADY COMPLETED DAYCARE.....13 PREFER NOT TO SAY.....98 OTHER (SPECIFY).....99	YES.....1 NO.....2 >>NEXT CHILD/SECTION	FEDERAL GOVT.....1 STATE GOVT.....2 LOCAL GOVT.....3 COMMUNITY.....4 RELIGIOUS BODY...5 PRIVATE.....6 NGO.....7 OTHER (SPECIFY)...8	WALKING.....2 BUS.....3 TRAIN.....4 BICYCLE.....5 MOTORCYCLE.....6 CAR.....7 TRICYCLE/KEKE...8 BOAT/CANOE.....10 OTHER SPECIFY..96	TIME CODE 0-15.....1 16-30.....2 31-45.....3 46-60.....4 61-90.....5 91-120....6 120+.....7
1					
2					
3					
4					
5					

SECTION 2B: EARLY CHILD DEVELOPMENT

I'm going to ask you some questions about [CHILD]. Please answer with "Yes" or "No"

For the next questions, please answer with "Yes" or "No"

I N D I V I D U A L I D	CAPI: IS [NAME] 4 - 6 YEARS OLD? YES.....1 NO.....2 >> NEXT PERSON	INTERVIEWER: THE IDEAL PERSON TO ANSWER THIS MODULE IS [ANSER FOR S2CQ4C] OR [ANSWER FOR S2Q5C], PLEASE TRY YOUR BEST TO INTERVIEW ANY OF THEM BEFORE INTERVIEWING ANOTHER ADULT HOUSEHOLD MEMBER	ARE YOU ABLE TO INTERVIEW [ANSER FOR S2CQ4C]?	ARE YOU ABLE TO INTERVIEW [ANSWER FOR S2Q5C]?	WHO IN THE HOUSEHOLD IS RESPONDING FOR [NAME]?	1.	2.
						Can [NAME] name at least ten letters? YES.....1 NO.....2 DON'T KNOW..99	Can [NAME] read four simple words? YES.....1 NO.....2 DON'T KNOW..99
					ID CODE		

I N D I V I D U A L I D	3.	4.	5.	6.	7.	8.	9.
	Can [NAME] follow text in a correct direction, even if s/he cannot read? YES.....1 NO.....2 DON'T KNOW..99	Can [NAME] write at least three letters? YES.....1 NO.....2 DON'T KNOW..99	Can [NAME] write a simple word, besides his/her name? YES.....1 NO.....2 DON'T KNOW..99	Can [NAME] count from 1 to 10? YES.....1 NO.....2 >> Q8 DON'T KNOW..99 >> Q8	Can [NAME] count from 1 to 20? YES.....1 NO.....2 DON'T KNOW..99	Does [NAME] know the difference between tall and short using two animal examples, for example that a tiger is taller than a cat? YES.....1 NO.....2 DON'T KNOW..99	Does [NAME] know the difference between heavy and light using two animal examples, for example that an elephant is heavier than a pig? YES.....1 NO.....2 DON'T KNOW..99
					ID CODE		

SECTION 2B: EARLY CHILD DEVELOPMENT

I N D I V I D U A L I D	10.	11.	12.	13.	14.
	Does [NAME] know the difference between yesterday, today, and tomorrow?	Does [NAME] know that a one-digit number is larger than another one-digit number, for example that 4 is more than 2?	Can [NAME] pay attention when doing an activity?	When asked to do several things, does [NAME] remember all the instructions?	Is [NAME] able to plan ahead?
	YES....1 NO.....2 DON'T KNOW...99	YES....1 NO.....2 DON'T KNOW...99	YES....1 NO.....2 DON'T KNOW...99	YES....1 NO.....2 DON'T KNOW...99	YES....1 NO.....2 DON'T KNOW...99

I N D I V I D U A L I D	15.	16.	17.	18.	19.
	Does [NAME] stop an activity when told to do so?	Does [NAME] keep working at something until s/he is finished?	Does [NAME] get along with other children s/he plays with?	Does [NAME] adjust easily to transitions, for example, adjusting to a new caregiver or adapting to having a new baby at home?	Does [NAME] accept responsibility for his/her actions?
	YES....1 NO.....2 DON'T KNOW...99	YES....1 NO.....2 DON'T KNOW...99	YES....1 NO.....2 DON'T KNOW...99	YES....1 NO.....2 DON'T KNOW...99	YES....1 NO.....2 DON'T KNOW...99

SECTION 2B: EARLY CHILD DEVELOPMENT

INDIVIDUAL ID	20.	22.	23.
	<p>Does [NAME] settle down after periods of exciting activity?</p> <p>YES.....1 NO.....2 DON'T KNOW....99</p>	<p>Do you have children's books or story books for [NAME] at home? (excluding textbooks for school)</p> <p>YES1 NO2 >> NEXT CHILD/SECTION DON'T KNOW..98 >> NEXT CHILD/SECTION</p>	<p>How many children's books or story books do you have for [NAME] at home? (excluding textbooks for school)</p> <p>NUMBER</p>

SECTION 3A: SUBJECTIVE SKILLS

I D C O D E	FILTER	0.	INTERVIEWER READ: 'Now I'm going to read you some statements, which may or may not apply to you. For each of these statements, think about whether these statements capture your thoughts, feelings and behaviors, and let me know if you completely agree, agree, neither agree nor disagree, disagree or completely disagree with each one.'	1.	2.	3.
	IS [NAME] 15 YEARS AND OLDER?	IS [NAME] ANSWERING FOR HIMSELF/ HERSELF?		I set short-term goals for myself.	I set long-term goals for myself.	I set specific, clear goals for myself.
	YES...1 NO...2 >>NEXT PERSON/SECTION	YES...1 NO...2 >> NEXT PERSON/SECTION		READ: Some examples of short-term goals include saving money for a small household purchase or learning a new skill	READ: Some examples of long-term goals are finishing your education or saving money for a large household purchase	Completely agree.....1 Mostly agree.....2 Neither agree nor disagree..3 Mostly disagree.....4 Completely disagree.....5
				Completely agree.....1 Mostly agree.....2 Neither agree nor disagree..3 Mostly disagree.....4 Completely disagree.....5	Completely agree.....1 Mostly agree.....2 Neither agree nor disagree..3 Mostly disagree.....4 Completely disagree.....5	
1						
2						

I D C O D E	4.	5.	6.	7.	8.	9.
	I make plans to help me achieve my goals.	I feel proud when I achieve my goals.	I am able to prioritize multiple goals.	Setting goals is good for my well-being/success.	Setting goals is good for my household's well-being/success.	I am able to work outside the home if I want to
	Completely agree.....1 Mostly agree.....2 Neither agree nor disagree..3 Mostly disagree.....4 Completely disagree.....5	Completely agree.....1 Mostly agree.....2 Neither agree nor disagree..3 Mostly disagree.....4 Completely disagree.....5	Completely agree.....1 Mostly agree.....2 Neither agree nor disagree..3 Mostly disagree.....4 Completely disagree.....5	Completely agree.....1 Mostly agree.....2 Neither agree nor disagree..3 Mostly disagree.....4 Completely disagree.....5	Completely agree.....1 Mostly agree.....2 Neither agree nor disagree..3 Mostly disagree.....4 Completely disagree.....5	Completely agree.....1 Mostly agree.....2 Neither agree nor disagree..3 Mostly disagree.....4 Completely disagree.....5
1						
2						

SECTION 3A: SUBJECTIVE SKILLS

	10.	11.	12.	13.	14.	15.
I	I am free to pursue the types of work that interest me	I am able to adjust my daily work schedule whenever I need to	I am able to decide how household resources are used to pursue income-generating activities	I am able to make decisions to improve my own economic wellbeing	I have the skills I need to engage in income-generating activities	I have the social support I need to engage in income-generating activities
D						
C	Completely agree.....1	Completely agree.....1	Completely agree.....1	Completely agree.....1	Completely agree.....1	Completely agree.....1
O	Mostly agree.....2	Mostly agree.....2	Mostly agree.....2	Mostly agree.....2	Mostly agree.....2	Mostly agree.....2
D	Neither agree nor disagree..3	Neither agree nor disagree..3	Neither agree nor disagree..3	Neither agree nor disagree..3	Neither agree nor disagree..3	Neither agree nor disagree..3
E	Mostly disagree.....4	Mostly disagree.....4	Mostly disagree.....4	Mostly disagree.....4	Mostly disagree.....4	Mostly disagree.....4
	Completely disagree.....5	Completely disagree.....5	Completely disagree.....5	Completely disagree.....5	Completely disagree.....5	Completely disagree.....5
1						
2						

	16.	17.	18.
I	I have the financial support I need to engage in income-generating activities	I am able to find the information I need to make good decisions for my income-generating activities	I have the confidence I need to succeed in my income-generating activities
D			
C	Completely agree.....1	Completely agree.....1	Completely agree.....1
O	Mostly agree.....2	Mostly agree.....2	Mostly agree.....2
D	Neither agree nor disagree..3	Neither agree nor disagree..3	Neither agree nor disagree..3
E	Mostly disagree.....4	Mostly disagree.....4	Mostly disagree.....4
	Completely disagree.....5	Completely disagree.....5	Completely disagree.....5
1			
2			

SECTION 3A: SUBJECTIVE SKILLS

ONLY FOR MIXED-MODE RESPONDENT			1.	2.
I D C O D E	[NAME] IS THE RESPONDENT OF THE MIXED-MODE STUDY AND HE/SHE HAS BEEN ANSWERING FREQUENT PHONE CALLS SINCE THE PP VISIT.	IS [NAME] ANSWERING FOR HIMSELF/HERSELF?	[ENUMERATOR READ OUT] I will now ask you some questions about your personal health and wellbeing.	During the last 4 weeks, did you suffer from an illness or injury?
	WE NEED THAT YOU TALK DIRECTLY WITH THIS RESPONDENT. NO PROXY RESPONSES ARE ALLOWED BUT WE NEED THAT YOU MAKE YOUR BEST EFFORT INTERVIEWING [NAME]			During the past 4 weeks have you consulted a health practitioner or dentist or traditional healer or a Patient Medicine Vendor or visited a health centre?
			YES...1 NO...2	YES...1 NO...2
1				
2				

5.	6.	7.
I D C O D E	Considering the level of your current household income, would you say that you are living... Well.....1 Fairly well.....2 Fairly.....3 With difficulty....4	Please indicate the degree to which you agree with each of the following statements. Disagree.....1 Neither agree nor disagree.....2 Agree.....3
	A. To a great extent, my life is controlled by accidental happenings	B. My life is determined by my own actions. C. I feel like what happens in my life is mostly determined by others in my household.
		[ENUMERATOR READ OUT] I would now like to ask you about extreme weather events, such as drought conditions, delayed rains, floods, and heatwaves. How likely is it that extreme weather events will negatively affect you and your household financially during the next 12 months? [ENUMERATOR READ OUT OPTIONS] Extremely likely.....1 Likely.....2 Neither likely nor unlikely....3 Unlikely.....4 Extremely unlikely.....5 Don't know.....99
1		
2		

SECTION 3A: SUBJECTIVE SKILLS

I D C O D E	3.	4.			
	Have you ever been vaccinated for COVID-19 (coronavirus)?	<p>[ENUMERATOR READ OUT]</p> <p>I would now like to know about your general wellbeing.</p> <p>Imagine ten steps, at the top of the ladder (number 10) are the people who are the best off, those who have the most money, most education, and best jobs. At the bottom (number 1) are the people who are the worst off, those who have the least money, least education, worst jobs, or no job.</p> <p>INTERVIEWER PLEASE SHOW THE RESPONDENT THE NEXT PICTURE.</p>			
	YES...1 NO....2	A. On which step are you today?	B. On which step are most of your neighbors today?	C. On which step are most of your friends today?	D. On which step do you expect your household to be in 5 years?
1					
2					

SECTION 3B: MIGRATION ASPIRATIONS

NO PROXY RESPONDENT PERMITTED IN THIS SECTION, EVERYONE MUST ANSWER FOR THEMSELVES.

HOUSEHOLD MEMBERS THAT REPORTED THAT THEY

ASPIRATIONS

	FILTER 1	1.	PPMIGASP_prefilled	S1DQ3PP_prefilled	3A	3B
I N D I V I D U A L I D	IS [NAME] 15 YEARS AND OLDER? YES...1 NO....2 >> NEXT PERSON	IS [NAME] ANSWERING FOR HIMSELF/HERSELF? YES...1 NO....2 >> NEXT PERSON	DID [NAME] ANSWERED THE MIGRATION ASPIRATIONS MODULE IN PP? YES...1 NO....2 >> Q3A	DID [NAME] REPORT THAT THEY WOULD LIKE TO LEAVE THIS COMMUNITY IN PP VISIT (Q3APP==1)? YES...1 >> S1DQ6PP_PREFILLED NO....2	Ideally, if you had the opportunity, would you like to leave this community to go live somewhere else? YES...1 NO....2 >> Q8A	Would you like to leave this community permanently or temporarily? PERMANENTLY...1 TEMPORARILY...2
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

SECTION 3B: MIGRATION ASPIRATIONS

WOULD NOT LIKE TO LEAVE THIS COMMUNITY, NEW HOUSEHOLD MEMBERS OR HOUSEHOLD MEMBERS THAT DID NOT ANSWERED THE MODULE IN PP

ASPIRATIONS				
	3C	4.	4A	4B
I N D I V I D U A L I D	What are the main reasons you would like to leave this community?	Where would you consider moving?	Which country?	What are the main reasons for choosing [Q4]?
	<p>DO NOT READ OPTIONS, SELECT UP TO 2 IN ORDER OF IMPORTANCE</p> <p>FIND BETTER JOBS.....1 START UP A NEW BUSINESS.....2 NO ACCESS TO AGRICULTURAL LANDS HERE.3 AGRICULTURE NOT PRODUCTIVE ANYMORE...4 JOIN REST OF THE FAMILY.....5 GO TO STUDY.....6 START A NEW FAMILY.....7 ARMED CONFLICT.....8 GENERAL VIOLENCE, HUMAN RIGHTS VIOLATION.....9 ENVIRONMENTAL/NATURAL DISASTER (E.G. FLOOD, DROUGHT, HURRICANE, EARTHQUAKE).....10 HUMAN-MADE DISASTER (E.G. FIRE, CHEMICAL OR NUCLEAR DISASTER).....11 HEALTH CRISIS (E.G. EBOLA, MARBURG DISEASE, COVID-19).....12 OTHER (SPECIFY).....96</p>	<p>READ OPTIONS</p> <p>Moving to capital city ... 1 >> Q4B Moving to a town/city (other than capital city) in this same State 2 >> Q4B Moving to a town/city (other than capital city) in another State 3 >> Q4B Moving to a rural area ... 4 >> Q4B</p>	<p>SELECT COUNTRY NAME FROM THE LIST OF COUNTRIES</p> <p>UNITED KINGDOM.....1 GERMANY.....2 HOLLAND.....3 ITALY.....4 UNITED STATES OF AMERICA..5 CANADA.....6 SOUTH AFRICA.....7 CAMEROON.....8 NIGER.....</p>	<p>DO NOT READ OPTIONS, SELECT UP TO 2 IN ORDER OF IMPORTANCE</p> <p>EASIER TO FIND A JOB.....1 EASIER TO GET VISA/WORK PERMITS/DOCUMENTATION.....2 RELATIVES OR/AND FRIENDS LIVING THERE.....3 AFFORDABLE TO TRAVEL TO THE DESTINATION.....4 EASY/SAFE ROUTE TO GET THERE..5 OTHER (SPECIFY).....96</p>
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SECTION 3B: MIGRATION ASPIRATIONS

ASPIRATIONS		PLANS				
	5.	6.	7.	7A	7B	FILTER
I N D I V I D U A L I D	What do you consider to be the main constraint that could prevent you from leaving this community, if any?	Are you planning to leave this community in the next 12 months?	Have you started to make any preparation for this move?	What type of preparation have you started to make for this move?	How are you planning to mainly finance this move?	CAPI: IS PPMIGASP_prefilled==2 OR IS THIS PERSON A NEW HH MEMBER?
	DO NOT READ OPTIONS, SELECT ONE LACK OF MONEY TO AFFORD IT.....1 DON'T KNOW HOW TO DO IT.....2 DON'T KNOW WHERE TO GO.....3 FREQUENT ILLNESS (MYSELF).....4 OBLIGATORY MILITARY SERVICE.....5 DOMESTIC OBLIGATION (TAKE CARE OF OTHER HOUSEHOLD MEMBERS).....6 UNSAFE CONDITIONS FOR TRAVELING (CONFLICT/MILITANCY/INSURGENCY).....7 PREGNANCY.....8 LACK OF CONNECTIONS OR ACQUAINTANCES...9 LACK OF ADEQUATE SKILLS AND EDUCATION.10 TOO TIGHT IMMIGRATION RULES/REQUIREMENTS AT DESTINATION.....11 SCHOOLING OR IN EDUCATION.....12 OLD AGE.....13 NO CONSTRAINT.....14 OTHER (SPECIFY).....96	YES...1 NO....2 >> Q8A	YES...1 NO....2 >> Q7B	DO NOT READ OPTIONS, SELECT ALL THAT APPLY CHECKING THE ROUTE TO THE DESTINATION.....1 REACHING OUT TO RELATIVES OR FRIENDS LIVING AT DESTINATION.....2 RESEARCHING JOB OPPORTUNITIES AT DESTINATION.....3 SAVING OR BORROWING MONEY FOR THIS MOVE.....4 OTHER (SPECIFY).....96	SAVINGS.....1 BORROW FROM A RELATIVE/FRIEND....2 BORROW FROM A MONEY LENDER.....3 BORROW FROM A BANK.....4 LOAN FROM A MIGRATION BROKER...5 SALE OF LAND/ASSETS.....6 ASSISTANCE FROM FAMILY AND FRIENDS...7 OTHER (SPECIFY)...96	YES...1 NO....2 >> NEXT PERSON
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SECTION 3B: MIGRATION ASPIRATIONS

FAILED				
	8A	8B	8C	8D
I N D I V I D U A L I D	Have you ever made previous plans to leave this community but had to give up?	When was the last time that you planned to leave this community and had to give up?	What was the main reason you had to give up your plans to leave this community?	What unexpected shock or event resulted in a lack of money?
	INSTRUCTION: WE REFER TO INDIVIDUALS WHO WERE NOT ABLE TO LEAVE THE COMMUNITY ALTHOUGH THEY WERE PLANNING TO. DO NOT INCLUDE INDIVIDUALS WHO LEFT THE COMMUNITY BUT HAD TO RETURN DUE TO UNFORTUNATE EVENTS ON THE ROUTE. YES...1 NO...2 >> NEXT PERSON	ENTER YEAR	DO NOT READ OPTIONS, SELECT ONE LACK OF MONEY RESULTING FROM UNEXPECTED SHOCK/EVENT.....1 GENERAL LACK OF MONEY/POOR HOUSEHOLD ECONOMIC CONDITIONS.....2 LACK OF CONNECTIONS OR ACQUAINTANCES3 LACK OF ADEQUATE SKILLS AND EDUCATION4 PREGNANCY.....5 FREQUENT ILLNESS (MYSELF).....6 OBLIGATORY SERVICE (NYSC)7 DOMESTIC OBLIGATION (TAKE CARE OF OTHER HOUSEHOLD MEMBERS).....8 MARRIAGE.....1 2 INABILITY TO TRAVEL DUE TO UNSAFE CONDITIONS (CONFLICT/MILITANCY/INSURGENCY).....9 TOO TIGHT IMMIGRATION RULES/REQUIREMENTS AT DESTINATION.....10 NOT NECESSARY TO MOVE ANYMORE AS THE SITUATION <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> >> NEXT PERSON (EXCEPT IF OPTION 1 IS SELECTED, THEN >> Q8D) </div>	DO NOT READ OPTIONS, SELECT ALL THAT APPLY DEATH OR DISABILITY OF AN ADULT WORKING MEMBER IN THE HH.....1 DEATH OF SOMEONE WHO SENDS REMITTANCES TO THE HH.....2 ILLNESS OF INCOME EARNING MEMBER OF THE HH.....3 LOSS OF AN IMPORTANT CONTRACT.....4 JOB LOSS.....5 DEPARTURE OF INCOME EARNING MEMBER DUE TO DIVORCE OR SEPARATION OR MARRIAGE.....6 NONFARM BUSINESS FAILURE.....7 THEFT OF CASH CROPS, LIVESTOCK OR OTHER PROPERTY.....8 DESTRUCTION OF HARVEST BY FIRE.....9 POOR OR IRREGULAR RAINS/DROUGHT THAT CAUSED HARVEST FAILURE.....10 FLOODING THAT CAUSED HARVEST FAILURE.....11 HAILSTORMS/TORRENTIAL RAINS THAT CAUSED HARVEST FAILURE.....12 PEST INVASION THAT CAUSED HARVEST FAILURE.....13 LOSS OF PROPERTY/ASSETS DUE TO FIRE OR FLOOD.....14 LOSS OF LAND.....15 DEATH OF LIVESTOCK DUE TO ILLNESS.....16 UNUSUAL INCREASE IN PRICE OF INPUTS.....17 UNUSUAL FALL IN THE PRICE OF OUTPUT.....18 INCREASE IN PRICE OF MAJOR FOOD ITEMS CONSUMED.....19 CROPS DAMAGED DUE TO ANIMAL DESTRUCTION.....20 OTHER (SPECIFY).....96
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SECTION 3B: MIGRATION ASPIRATIONS

HOUSEHOLD MEMBERS THAT REPORTED THAT THEY WOULD LIKE TO LEAVE THIS COMMUNITY

ENABLE IF S1DQ6PP_prefilled==2						
S1DQ6PP_prefilled	12.	13.	14.	14A	15.	
I N D I V I D U A L I D DID [NAME] REPORT IN PP THAT HE/SHE WAS PLANNING TO LEAVE THE COMMUNITY IN THE NEXT 12 MONTHS? YES...1 >> Q16 NO....2	In the previous interview on [PP VISIT DATE] you reported that you would like to leave this community to go live somewhere else, do you still think the same today? YES...1 NO....2 >> NEXT PERSON	Are you planning to leave this community in the next 12 months? YES...1 NO....2 >> NEXT PERSON	Where are you planning to move? READ OPTIONS Moving to capital city ... 1 >> Q15 Moving to a town/city (other than capital city) in this same State ... 2 >> Q15 Moving to a town/city (other than capital city) in another State ... 3 >> Q15 Moving to a rural area ... 4 >> Q15 Moving to another country ... 5 No preference ... 6 >> Q15	Which country? SELECT COUNTRY NAME FROM THE LIST OF COUNTRIES UNITED KINGDOM.....1 GERMANY.....2 HOLLAND.....3 ITALY.....4 UNITED STATES OF AMERICA..5 CANADA.....6 SOUTH AFRICA.....7 CAMEROON.....8 NIGER.....9 BENIN.....10 GHANA.....11 CHINA.....12 JAPAN.....13 SAUDI ARABIA.....14 EGYPT.....15 AUSTRALIA.....16 OTHER (SPECIFY).....96	Have you started to make any preparation for this move? YES...1 NO....2 >> NEXT PERSON	
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SECTION 3B: MIGRATION ASPIRATIONS

ENABLE IF S1DQ6PP_prefilled==2			ENABLE IF S1DQ6PP_prefilled==1		
	15A	15B	16.	17.	17A
I N D I V I D U A L I D	What type of preparation have you started to make for this move?	How are you planning to mainly finance this move?	In the previous interview you on [PP INTERVIEW DATE] , you reported that you were planning to leave this community in the next 12 months, are you still planning to leave this community by [MONTH OF PP INTERVIEW] 2024?	Where are you planning to move?	Which country?
	DO NOT READ OPTIONS, SELECT ALL THAT APPLY			READ OPTIONS	SELECT COUNTRY NAME FROM THE LIST OF COUNTRIES
	CHECKING THE ROUTE TO THE DESTINATION.....1 REACHING OUT TO RELATIVES OR FRIENDS LIVING AT DESTINATION...2 RESEARCHING JOB OPPORTUNITIES AT DESTINATION3 SAVING OR BORROWING MONEY FOR THIS MOVE.....4 OTHER (SPECIFY).....96	SAVINGS.....1 BORROW FROM A RELATIVE/FRIEND.....2 BORROW FROM A MONEY LENDER.....3 BORROW FROM A BANK...4 LOAN FROM A MIGRATION BROKER.....5 SALE OF LAND/ASSETS..6 ASSISTANCE FROM FAMILY AND FRIENDS...7 OTHER (SPECIFY).....96	YES...1 NO, PLANNING TO LEAVE LATER THAN EXPECTED...2 NO, NOT PLANNING TO LEAVE ANYMORE...3 >> Q18	Moving to capital city ... 1 >> FILTER 2 Moving to a town/city (other than capital city) in this same State ... 2 >> FILTER 2 Moving to a town/city (other than capital city) in another State ... 3 >> FILTER 2 Moving to a rural area ... 4 >> FILTER 2 Moving to another country ... 5 No preference ... 6 >> FILTER 2 Other, please specify ... 96 >> FILTER 2	UNITED KINGDOM.....1 GERMANY.....2 HOLLAND.....3 ITALY.....4 UNITED STATES OF AMERICA..5 CANADA.....6 SOUTH AFRICA.....7 CAMEROON.....8 NIGER.....9 BENIN.....10 GHANA.....11 CHINA.....12 JAPAN.....13 SAUDI ARABIA.....14 EGYPT.....15 AUSTRALIA.....16 OTHER (SPECIFY).....96
		>>NEXT PERSON			
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SECTION 3B: MIGRATION ASPIRATIONS

ENABLE IF S1DQ6PP_prefilled==1				
	18.	18A	S1DQ7PP_prefilled	FILTER 2
I N D I V I D U A L I D	What are the main reasons you are not planning to leave this community anymore by [MONTH OF PP INTERVIEW] 2024?	What unexpected shock or event resulted in a lack of money?	DID [NAME] REPORT IN PP THAT HE/SHE HAD STARTED TO MAKE PREPARATIONS FOR THE MOVE?	IS S1DQ6PP_prefilled==1 AND (Q16==1 OR S1DQ7PP_prefilled==2)?
	DO NOT READ OPTIONS, SELECT UP TO 2 IN ORDER OF IMPORTANCE	DO NOT READ OPTIONS, SELECT ALL THAT APPLY		
	LACK OF MONEY RESULTING FROM UNEXPECTED SHOCK/EVENT.....1	DEATH OR DISABILITY OF AN ADULT WORKING MEMBER IN THE HH.....1		
	GENERAL LACK OF MONEY/POOR HOUSEHOLD ECONOMIC CONDITIONS.....2	DEATH OF SOMEONE WHO SENDS REMITTANCES TO THE HH.....2		
	LACK OF CONNECTIONS OR ACQUAINTANCES3	ILLNESS OF INCOME EARNING MEMBER OF THE HH.....3	YES...1	YES...1
	LACK OF ADEQUATE SKILLS AND EDUCATION4	LOSS OF AN IMPORTANT CONTRACT.....4	NO....2	NO....2 >> NEXT PERSON
	PREGNANCY.....5	JOB LOSS.....5		
	FREQUENT ILLNESS (MYSELF).....6	DEPARTURE OF INCOME EARNING MEMBER DUE TO DIVORCE OR SEPARATION OR MARRIAGE.....6		
	OBLIGATORY SERVICE (NYSC)7	NONFARM BUSINESS FAILURE.....7		
	DOMESTIC OBLIGATION (TAKE CARE OF OTHER HOUSEHOLD MEMBERS).....8	THEFT OF CROPS CASH, LIVESTOCK OR OTHER PROPERTY..8		
MARRIAGE.....12	DESTRUCTION OF HARVEST BY FIRE.....9			
INABILITY TO TRAVEL DUE TO UNSAFE CONDITIONS (CONFLICT/MILITANCY/INSURGENCY).....9	POOR OR IRREGULAR RAINS/DROUGHT THAT CAUSED HARVEST FAILURE.....10			
TOO TIGHT IMMIGRATION RULES/REQUIREMENTS AT DESTINATION.....10	FLOODING THAT CAUSED HARVEST FAILURE.....11			
NOT NECESSARY TO MOVE ANYMORE AS THE SITUATION IMPROVED (FOUND JOB, SUCCESSFUL HARVEST, RECEIVED SUPPORT).....11				
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> >> NEXT PERSON (EXCEPT IF OPTION 1 IS SELECTED, THEN >> Q18A) </div>				
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SECTION 3B: MIGRATION ASPIRATIONS

ENABLE IF S1DQ6PP_prefilled==1 AND S1DQ7PP_prefilled==2			
	19.	19A	
INDIVIDUAL ID	Have you started to make any preparation for this move? YES...1 NO...2 >> NEXT PERSON	What type of preparation have you started to make for this move? DO NOT READ OPTIONS, SELECT ALL THAT APPLY CHECKING THE ROUTE TO THE DESTINATION.....1 REACHING OUT TO RELATIVES OR FRIENDS LIVING AT DESTINATION...2 RESEARCHING JOB OPPORTUNITIES AT DESTINATION3 SAVING OR BORROWING MONEY FOR THIS MOVE.....4 OTHER (SPECIFY).....96	
	1		
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SECTION 3C: TIME USE

INSTRUCTIONS: PROVIDE A RECORD OF THE PERSON'S ACTIVITIES OVER THE LAST FULL 24 HOURS (STARTING AT 4 A.M. YESTERDAY MORNING AND ENDING AT 3:59 A.M. ON THE CURRENT DAY). TIME SLOTS ARE MARKED IN 1 HOUR INTERVALS. CHECK A PRIMARY ACTIVITY FOR EACH TIME PERIOD BY ENTERING THE APPROPRIATE ACTIVITY CODE IN THE BOX. A SECONDARY ACTIVITY CAN BE ENTERED IN CASE OF SIMULTANEOUS ACTIVITIES.

	1a	1b			2a	3a	3b
INDIVIDUAL ID	CAPI/ENUMERATOR: IS THIS PERSON 15 YEARS OLD AND OLDER?	IS [NAME] ANSWERING FOR HIMSELF/HERSELF?		INTERVIEWER READ: NOW I WOULD LIKE TO ASK YOU HOW YOU SPENT YOUR TIME DURING THE LAST 24 HOURS. WE WILL START FROM YESTERDAY MORNING AND CONTINUE UNTIL THIS MORNING. THIS WILL BE A DETAILED ACCOUNTING. I AM INTERESTED IN EVERYTHING YOU DID (I.E. RESTING, EATING, SELF-CARE, WORKING INSIDE AND OUTSIDE THE HOME, TAKING CARE OF CHILDREN, COOKING, SHOPPING, SOCIALIZING, ETC.), EVEN IF IT DIDN'T TAKE UP MUCH OF YOUR TIME. I'M ALSO INTERESTED IN HOW MUCH TIME YOU SPENT BABYSITTING, AS WELL AS OTHER ACTIVITIES YOU ENGAGED IN WHILE DOING SOMETHING ELSE (E.G., COLLECTING WATER WHILE HOLDING A CHILD OR COOKING WHILE CARING FOR A SLEEPING CHILD). LET'S START BY WHAT YOU WERE DOING AT 4AM YESTERDAY MORNING.	What were you doing at [HOUR]?	Were you doing any other activity at [HOUR]?	What were you also doing at [HOUR]?
	YES...1 NO...2 ► NEXT PERSON/SECTION	YES...1 NO...2 ► NEXT PERSON/SECTION	H O U R I D		SELECT THE MAIN ACTIVITY SLEEPING OR RESTING.....1 ► NEXT HOUR WORKING.....2 SELF CARE (EATING, EXERCISING).....3 HOME CARE (BUYING FOOD, COOKING, CLEANING, COLLECTING FIREWOOD OR WATER).....4 TAKING CARE OF CHILDREN...5 TAKING CARE OF ADULTS (SICK, ELDERLY).....6 SOCIAL ACTIVITIES.....7 HELPING FAMILY MEMBERS OR FRIENDS.....8 STUDYING.....9 TRAVELING/ COMMUTING.....10 ATTENDING A RELIGIOUS ACTIVITY.....11 OTHER (SPECIFY).....96	YES...1 NO...2 ► NEXT HOUR/PERSON	WORKING.....2 SELF CARE (EATING, EXERCISING).....3 HOME CARE (BUYING FOOD, COOKING, CLEANING, COLLECTING FIREWOOD OR WATER).....4 TAKING CARE OF CHILDREN...5 TAKING CARE OF ADULTS (SICK, ELDERLY).....6 SOCIAL ACTIVITIES.....7 HELPING FAMILY MEMBERS OR FRIENDS.....8 STUDYING.....9 TRAVELING/ COMMUTING.....10 ATTENDING A RELIGIOUS ACTIVITY.....11 OTHER (SPECIFY).....96
1			4:00-4:59 a. m.				
1			5:00-5:59 a. m.				
1			6:00-6:59 a. m.				
1			7:00-7:59 a. m.				
1						
1			3:00-3:59 a. m.				
2			4:00-4:59 a. m.				
2			5:00-5:59 a. m.				
2			6:00-6:59 a. m.				
2			7:00-7:59 a. m.				
2						
2			3:00-3:59 a. m.				

SECTION 3D: WOMEN DIETARY DIVERSITY

INTERVIEWER READ: Now I'd like to ask you some yes-or-no questions about foods and drinks that you consumed yesterday during the day or night, whether you had it at home or somewhere else. First, I would like you to think about yesterday, from the time you woke up through the night. Think to yourself about the first thing you ate or drank after you woke up in the morning ... Think about where you were when you had any food or drink in the middle of the day ... Think about where you were when you had any evening meal ... and any food or drink you may have had in the evening or late-night... and any other snacks or drinks you may have had between meals throughout the day or night. I am interested in whether you had the food items I will mention even if they were combined with other foods. Please listen to the list of foods and drinks, and if you ate or drank ANY ONE OF THEM, say yes.

CAPI	0.	1	2	3	4	5	6.1	6.2	7.1
W O M A N I D	IS [NAME] A 15-49 YEARS OLD WOMAN?	IS [NAME] ANSWERING FOR HERSELF?	Yesterday, did [NAME] eat any of the following foods:			Yesterday, did [NAME] eat any of the following vegetables:			
	Rice, couscous, bread, spaghetti, masa, pap, semo or any other swallow made from grains?	Porridge, egbo / dambu, corn, or Ofada rice?	Sweet potatoes that are white inside, fufu, gari, abacha, yam, lafun, black amala, or plantain?	Beans, awara from soy, moin moin, bambara groundnuts, pigeon peas, African yam beans, or other local beans?	Carrots, pumpkin, squash that is orange inside, or sweet potatoes that are orange inside?	Jute mallow, pumpkin leaves, water leaves, bitter leaves, green, soko leaves, or baobab leaves?	Zobo leaves, afang / okazi, karkashi, garden egg leaves, sweet potato leaves, or cowpea leaves?	Tomatoes, garden eggs, okro, cucumber, green pepper, cabbage, or green beans?	
	YES...1 NO....2 ▶ NEXT PERSON	YES...1 NO....2 ▶ NEXT PERSON	YES...1 NO....2	YES...1 NO....2	YES...1 NO....2	YES...1 NO....2	YES...1 NO....2	YES...1 NO....2	
1									
2									
3									

8	9	10.1	10.2	11	12	13	14	15	16
Yesterday, did [NAME] eat any of the following fruits:		Yesterday, did [NAME] eat any of the following sweets:		Yesterday, did [NAME] eat any of the following foods of animal origin:					
Mango, pawpaw, golden melon, locust bean fruit, or African cherry?	Orange, tangerine, or grapefruit?	Banana, guava, soursop, watermelon, cashew fruit, or apple?	Pineapple, avocado pear, coconut flesh, dates, African bush pear, or African elemei?	Cakes, cookies, sweet biscuits, wafers, chin chin, or puff puff?	Sweets, chocolates, ice cream, or sesame brittle?	Eggs or egg rolls?	Wara from milk, or dairy cheese?	Yogurt, nono, or fura de nono?	Sausages, hot dogs, corned beef, or kilishi?
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
1									
2									
3									

SECTION 3D: WOMEN DIETARY DIVERSITY

W O M A N I D	17	18	19	20	21	22
	Yesterday, did [NAME] eat any of the following foods of animal origin:				Yesterday, did [NAME] eat any of the following other foods:	
	Cow meat, ram meat, goat meat, or any organs from these animals?	Pig meat, rabbit, dog meat, or bush meat?	Chicken, turkey, guinea fowl, quail, duck, or pigeon?	Fish, canned fish, crab, prawn, or shrimp?	Groundnuts, melon seeds, ogbono, breadfruit seeds, walnuts, or cashews?	Packaged potato chips such as Pringles, or packaged plantain chips?
	YES...1 NO....2	YES...1 NO....2	YES...1 NO....2	YES...1 NO....2	YES...1 NO....2	YES...1 NO....2
1						
2						
3						

W O M A N I D	23	24	25	26	27	28	29
	Yesterday, did [NAME] eat any of the following other foods:		Yesterday, did [NAME] have any of the following beverages:			Yesterday, did [NAME] get food from any place like...	
	Instant noodles such as Indomie or Chikki?	Fried plantain, fried sweet potato, fried yam, akara, egg roll, samosa or spring rolls, fried fish, or fried meat?	Milk including powdered milk?	Tea with sugar, coffee with sugar, 3-in-1, choco drink, Milo or Bournvita?	Fruit juice, fruit flavoured drinks, zobo, or kunu?	Soft drinks such as Coca-Cola, Fanta, Sprite, or chapman, malt drinks, or energy drinks such as Red Bull?	Mr. Biggs, Big Treat, Domino's, KFC, Tantalizer, or other places that serve meat pie, chicken pie, pizza or burgers?
	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
1							
2							
3							

SECTION 4A: LABOUR

INTERVIEWER READ: We would like to ask you questions regarding the different activities that you and your household members do?

[illegible]

SECTION 4A: LABOUR

RECOVERY FARM					
INDIVIDUAL ID	11.	12.	13a.	13b	13c
	In the last seven days, did [NAME] help on a household farming, raising livestock, fishing or forestry activities for one or more hours? <				

SECTION 4A: LABOUR

FILTER		Recovery question					
14.		15.		16.		17.	
I N D I V I D U A L I D	CAPI/ENUMERATOR: REVIEW QUESTIONS Q4, Q6, Q8, Q10, AND Q11: IS THERE ANY YES? YES...1 ▶ Q20 if Q10=1 ▶ Q21 if Q10=2 NO....2	In the last seven days, did [NAME] run or do any kind of business, farming or other activity to generate income? READ ONLY IF NEEDED: For example: making things for sale, buying or reselling things, provided paid services, growing products, raising animals, catching fish, hunting or foraging for sale. YES...1 ▶ Q17 NO....2	Or, did [NAME] help with the business, farm or paid job of a household member? YES...1 NO....2 ▶Q20	How many hours did [NAME] do this work in the last seven days? EXCLUDE TIME GOING TO AND FROM WORK HOURS	Was [NAME]'s work in HH farming, livestock, fishing, or forestry activities? YES...1 NO....2 ▶Q20	Thinking about all the products [NAME] worked on, are they intended... READ OPTIONS Only for sale.....1 ▶Q20 Both for sale and for household use.....2 Only for household use.....3 ▶Q20	Thinking about those products, what share is intended to be sold? LESS THAN 1/4 (25 PERCENT)1 ▶ Q20 1/4 (25 PERCENT)2 ▶ Q20 1/2 (50 PERCENT)3 3/4 (75 PERCENT)4 ▶ Q20 MORE THAN 3/4 (MORE THAN 75 PERCENT)5 ▶ Q20
1							
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3							
4							
5							
6							
7							

SECTION 4A: LABOUR

	19c.	20.	21.	TEMPORARY ABSENCE 22a	22b	23
I N D I V I D U A L I D	<p>In general, in the past, have those products mainly been sold or kept for household use?</p> <p>MAINLY SOLD.....1 ► Q20 MAINLY KEPT FOR HOUSEHOLD USE.....2 RESPONDENT INSISTS THAT PRECISELY ½ (50 PERCENT) WAS SOLD AND ½ (50 PERCENT) WAS KEPT FOR HOUSEHOLD USE....3 ► Q20</p>	<p>CAPI/ENUMERATOR: IS [NAME] A SUBSISTENCE AGRICULTURAL WORKER?</p> <p>(Q13a==3 (Q13b==1 Q13b==2) Q13c==2) OR (Q19a==3 (Q19b==1 Q19b==2) Q19c==2) ?</p> <p>YES...1 NO....2</p>	<p>CAPI/ENUMERATOR: ENTER APPROPRIATE CODE</p> <p>1. NO TYPE OF WORK Q4==Q6==Q8==Q10==2 & Q11==Q15==Q16==2 ENTER 1 ► Q22a</p> <p>2. FAMILY FARM ONLY, Q20==1 & Q4==Q6==Q8==2 ENTER 2 ► Q28</p> <p>3. WORKED FARM FOR MARKET, ANY WAGE, OR ANY NFE Q4==1 Q6==1 Q8==1 Q18==2 Q20==2 ENTER 3 ► Q38</p>	<p>Does [NAME] have a paid job or income-generating activity, which he/she was absent from the last seven days?</p> <p>YES...1 ► Q23 NO....2</p>	<p>Does [NAME] have an unpaid job in any kind of business run by your household that [NAME] will return to?</p> <p>YES...1 NO....2 ► Q28</p>	<p>Why did [NAME] not work during the last seven days?</p> <p>WAITING TO START NEW JOB OR BUSINESS.....1 LOW OR OFF-SEASON.....2 >> Q25 WORKING TIME ARRANGEMENT, FLEXI TIME, NATURE OF WORK.....3 VACATION, HOLIDAYS.....4 SICKNESS, ILLNESS, ACCIDENT...5 MATERNITY, PATERNITY LEAVE...6 EDUCATION LEAVE OR TRAINING...7 OTHER PERSONAL LEAVE (CARE FOR FAMILY, CIVIC DUTIES...).....8 TEMPORARY LAYOFF, NO CLIENTS OR MATERIALS, WORK BREAK.....9 BAD WEATHER, NATURAL DISASTER.....10 STRIKE OR LABOUR DISPUTE....11 LONG-TERM DISABILITY.....12</p>
1						
2						
3						
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SECTION 4A: LABOUR

	24	25	26	27a	27b.
I N D I V I D U A L I D	<p>Including the time that [NAME] has already been absent, will [NAME] return to that same job, business or household farm/livestock/fishing in <u>three months or less</u>?</p> <p>YES...1 NO....2 ► Q28</p>	<p>During the low or off-season, does [NAME] continue to do some work for that job, business or household farm/livestock/fishing?</p> <p>YES...1 NO....2 ► Q28</p>	<p>Was [NAME]'s work in household farming, livestock, fishing or forestry activities?</p> <p>YES...1 NO....2 ► Q38</p>	<p>Thinking about all the products [NAME] worked on, are they intended...</p> <p>READ OPTIONS</p> <p>Only for sale.....1 ► Q38 Both for sale and for household use.....2 Only for household use.....3 ► Q28</p>	<p>Thinking about those products, what share is intended to be sold?</p> <p>LESS THAN 1/4 (25 PERCENT)1 ► Q28 1/4 (25 PERCENT) ..2 ► Q28 1/2 (50 PERCENT) ..3 3/4 (75 PERCENT) ..4 ► Q38 MORE THAN 3/4 (75 PERCENT)5 ► Q38</p>
1					
2					
3					
4					
5					
6					
7					

SECTION 4A: LABOUR

		JOB SEARCH			
	27c.	28	29	30	31
I N D I V I D U A L I D	In general, in the past, have those products mainly been sold or kept for household use?	During the <u>last four weeks</u> , did [NAME] do anything to find a paid job?	Or did [NAME] try to start a business?	What did [NAME] mainly do in the last 4 weeks to find a job or start a business? RECORD UP TO 2 OPTIONS WAITED/REGISTERED AT EMPLOYMENT AGENCY/TRADE UNION.....1 ENQUIRED AT WORKPLACES, FARMS, FACTORIES OR CALLED ON OTHER POSSIBLE EMPLOYERS.....2 PLACED/ANSWERED ADVERTISEMENT(S).....3 3 SEARCHED THROUGH JOB ADVERTISEMENT(S) / SEARCHED THE INTERNET.....4 4 SOUGHT ASSISTANCE FROM RELATIVES OR FRIENDS.....5 5 LOOKED FOR LAND, BUILDING EQUIPMENT TO APPLY FOR PERMIT TO START OWN BUSINESS OR	For how long has [NAME] been without work and trying to find a job or start a business? LESS THAN 3 MONTHS.....1 3 MONTHS-LESS THAN 6 MONTHS.....2 6 MONTHS-LESS THAN 9 MONTHS.....3 9 MONTHS-LESS THAN 1 YEAR.....4 1 YEAR-LESS THAN 3 ALL ► Q34
	MAINLY SOLD.....1 ► Q38 MAINLY KEPT FOR HOUSEHOLD USE.....2 RESPONDENT INSISTS THAT PRECISELY ½ (50 PERCENT) WAS SOLD AND ½ (50 PERCENT) WAS KEPT FOR HOUSEHOLD USE...3 ► Q38	YES...1 ► Q30 NO....2	YES...1 NO....2 ► Q32		
	1				
	2				
	3				
	4				
	5				
	6				
7					

SECTION 4A: LABOUR

	32	33	34	35	36	37
I N D I V I D U A L I D	At present does [NAME] want to work in a paid job or business?	What is the main reason [NAME] did not try to find a paid job or start a business in the last 4 weeks? MOST IMPORTANT REASON AWAITING THE SEASON FOR WORK.....1 WAITING TO BE RECALLED TO FORMER JOB.....2 HEALTH REASONS.....3 PREGNANCY.....4 DISABLED OR UNABLE TO WORK (HANDICAPPED).....5 HOUSEWIFE/HOMEMAKER (FAMILY CONSIDERATIONS/CHILD CARE).....6 UNDERGOING TRAINING TO HELP FIND WORK.....7 NO JOBS AVAILABLE IN THE AREA.....8 LACK OF MONEY TO PAY FOR TRANSPORT TO LOOK FOR	If a paid job or business opportunity had been available, could [NAME] have started working the last seven days?	Or could [NAME] start working in a paid job or business within the next 2 weeks?	Why is [NAME] not available to start working in a paid job or business? SCHOLAR OR STUDENT.....1 HOUSEWIFE/HOMEMAKER (FAMILY CONSIDERATIONS/CHILD CARE).....2 HEALTH REASONS.....3 RETIRED/TOO OLD TO WORK.....4 NO DESIRE TO WORK.....5 TOO YOUNG TO WORK.....6 PREGNANCY.....7 DISABLED OR UNABLE TO WORK.....8 OTHER (SPECIFY).....96	Which one of the following best describes what [NAME] is mainly doing at present? READ ALL OPTIONS Studying or training.....1 Engaged in household or family responsibilities.....2 Household farming, livestock, fishing, or forest activities for household use.....3 Retired or pensioner.....4 With a long-term illness, injury or disability.....5 Doing volunteering, community or charity ALL ► Q62
	YES...1 NO....2 ► Q37		YES...1 ► Q37 NO....2	YES...1 ► Q37 NO....2		
	1					
	2					
	3					
	4					
	5					
	6					
7						

SECTION 4A: LABOUR

I N D I V I D U A L I D	Main Job Identification					
	38	39	40a	40b	41a	41b
	In the last seven days or typically, did/does [NAME] have more than one job or business? YES...1 NO....2 ▶ Q40a	ENUMERATOR READ: I am now going to ask you some questions about [NAME]'s main job. The main job is the one where [NAME] usually works the highest number of hours (even if [NAME] was temporarily absent the last 7 days).	What are [NAME]'s main tasks and duties in [NAME]'s main job?		What is the main activity of this business or organization where [NAME] works in this main job?	
			WRITTEN DESCRIPTION	OCCUPATION CODE (CODE AFTER INTERVIEW)	WRITTEN DESCRIPTION	ISIC CODE (CODE AFTER INTERVIEW)
	1					
	2					
	3					
	4					
	5					
	6					
7						

SECTION 4A: LABOUR

	41c	42	43	44	45
I N D I V I D U A L I D	INTERVIEWER: WHICH OF THE FOLLOWING BEST DESCRIBES THE SECTOR OF THE BUSINESS OR ORGANIZATION FOR WHICH [NAME] WORKED THE LAST 7 DAYS?	In [NAME]'s main job, does [NAME] work ... READ RESPONSES	In the past 12 months, in how many months did [NAME] work this main job?	How many weeks per month does [NAME] usually work in this main job?	How many days per week does [NAME] usually work in this main job?
	AGRICULTURE, FORESTRY & FISHING.....1 MINING & QUARRYING.....2 MANUFACTURING.....3 PROFESSIONAL, SCIENTIFIC, TECHNICAL ACTIVITIES.4 ELECTRICITY, GAS, STEAM & AIR CONDITIONING SUPPLY.....5 CONSTRUCTION.....6 TRANSPORTATION & STORAGE.....7 WHOLESALE & RETAIL TRADE.....8 FINANCIAL & INSURANCE ACTIVITIES.....9 EDUCATION.....11 HEALTH.....12 PUBLIC ADMINISTRATION.....13 WATER SUPPLY; SEWERAGE, WASTE MANAGEMENT & REMEDIATION ACTIVITIES.....14 ACCOMODATION & FOOD SERVICES.....15 ICT.....16 REAL ESTATE.....17 ART, ENTERTAINMENT & RECREATION.....18 OTHER (SPECIFY).....96	In own business or farming activity..1 In a business or farm operated by a household or family member.....2 As an employee3 As an apprentice, intern.....4 Helping a family member who works for someone else.....5	MONTHS	WEEKS	DAYS
1					
2					
3					
4					
5					
6					
7					

SECTION 4A: LABOUR

I N D I V I D U A L I D	46	47	47_tunit	48.	49.		50.
	How many hours per day does [NAME] usually work in this main job?	How much does [NAME] usually earn in this main job? Over what time interval? FOR HH BUSINESS REPORT PROFIT (IE. NET INCOME AFTER COST DEDUCTIONS) IF RESPONDENT HAS NOT YET BEEN PAID, ASK: What payment do you expect? What period of time did this payment cover? <div> ONE HOUR.....1 ONE DAY.....2 ONE WEEK.....3 ONE FORTNIGHT..4 ONE MONTH.....5 ONE QUARTER (3 MONTHS).....6 ONE HALF YEAR (6 MONTHS).....7 ONE YEAR </div>		In the past 12 months, has [NAME] received any allowances or any other payments (including in-kind) for this work? THIS INCLUDES BONUSES, ACCOMODATION, TRANSPORTATION, OTHER EXPENSES PAID BY EMPLOYER EXCLUDE SALARY, INCLUDE ANY IN-KIND PAYMENT. THE NAIRA VALUE OF IN-KIND PAYMENTS MUST BE ESTIMATED. <div> YES...1 NO....2 ► Q51 </div>	What is the value of those payments that [NAME] received? (EQUIVALENT IN NAIRA) Over what time interval? <div> ONE HOUR.....1 ONE DAY.....2 ONE WEEK.....3 ONE FORTNIGHT..4 ONE MONTH.....5 ONE QUARTER (3 MONTHS).....6 ONE HALF YEAR (6 MONTHS).....7 ONE YEAR (12 MONTHS)....8 </div>	Who in [NAME]'s household decides on the use of these earnings? [ID CODE]	
	HOURS PER DAY	CURRENCY	TIME UNIT		NAIRA	TIME UNIT	
1							
2							
3							
4							
5							
6							
7							

SECTION 4A: LABOUR

		EMPLOYEES AND APPRENTICES				
	51.	52.	53.	54.	55.	56.
I N D I V I D U A L I D	CAPI/ENUMERATOR: IS Q42==3 OR 4?	Who is the employer in [NAME]'s main job?	Is [NAME]'s main employment an apprenticeship job?	Does [NAME] contribute to the National Housing Fund?	Including [NAME], how many people work at his/her place of work?	Does [NAME] have a written contract/agreement or letter of appointment for this job?
	YES...1 NO....2 ► Q60	FEDERAL GOVERNMENT.....1 STATE GOVERNMENT.....2 LOCAL GOVERNMENT.....3 STATE-OWNED ENTERPRISE.....4 PRIVATE SECTOR (INCLUDING PAID APPRENTICE).....5 FARM(S).....6 HOUSEHOLD(S), AS A DOMESTIC WORKER.....7 NGO.....8 CO-OPERATIVES.....9 INTERNATIONAL ORGANIZATION /DIPLOMATIC MISSION.....10 RELIGIOUS ORGANIZATION.....11	YES.....1 NO.....2	YES.....1 NO.....2	1.....1 2-4 ...2 5-9...3 10-19..4 20-49..5 50+...6 DON'T KNOW...99	YES.....1 NO.....2 DON'T KNOW..99
	1					
	2					
	3					
	4					
	5					
	6					
7						

SECTION 4A: LABOUR

I N D I V I D U A L	57. Which of the following benefits is [NAME] entitled to receive at their main wage job?										58. During the last 12 months, in which months did [NAME] work in this job? MUST NOT BE MORE THAN 12 MONTHS	59. During these months, how many weeks per month did [NAME] work in this job?	60. In the last 7 days, did [NAME] collect firewood or other natural products for use as fuel by the household?
	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)	ALL 12 MONTHS...0 JAN 2023..7 FEB 2023..8 MAR 2023..9 JUL 2022..1 APR 2023.10 AUG 2022..2 MAY 2023.11 SEP 2022..3 JUN 2023.12 OCT 2022..4 JUL 2023.13 NOV 2022..5 AUG 2023.14 DEC 2022..6 SEP 2023.15 OCT 2023.16 NOV 2023.17	1 WEEK PER MONTH.....1 2 WEEKS PER MONTH.....2 3 WEEKS PER MONTH.....3 EVERY WEEK...4
1													
2													
3													
4													
5													
6													
7													

SECTION 4A: LABOUR

I N D I V I D U A L I D	61.		62.		63.	
	How many hours in the last 7 days did [NAME] collect firewood or other natural products for use as fuel by the household?		In the last 7 days, did [NAME] fetch water from natural or public sources for use by the household?		How many hours in total in the last 7 days did [NAME] fetch water from natural or public sources for use by the household?	
	IF ONLY ENTERING TIME IN HOURS, RECORD ZERO FOR MINUTES		YES...1 NO....2		INCL. WAITING TIME IF ONLY ENTERING TIME IN HOURS, RECORD ZERO FOR MINUTES	
	HOURS	MINUTES	IF NO >> NEXT PERSON	HOURS	MINUTES	
	1					
	2					
	3					
	4					
	5					
6						
7						

SECTION 5A: MEALS OUTSIDE HOUSEHOLD

0. INTERVIEWER: RECORD ID OF PRIMARY RESPONDENT		I T E M C O D E	1.	2.
			<p>In the past 7 days, did members of this household consume any of the following meals or drinks away from home, or as take away food?</p> <p>YES . 1 NO . . 2 >> NEXT ITEM</p>	<p>How much did all members of this household pay in total in the last 7 days for [ITEM] consumed away from home or as take away food? If received for free, please estimate what it would have cost if you had to pay.</p>
			NAIRA	
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, puff puff, akara, etc		5		
Dairy based beverages such as milk, yoghurt, fura, ice-cream etc.		6		
Vegetables and roasted or boiled items such as(carrot, pears, fruits, boiled/roasted corn, roasted plantain, sugar cane, roasted yam etc)		7		
Non alcoholic drinks (Coke, Fanta, zobo, kunu, water, etc.)		8		
Alcoholic drinks (palm wine, beer, etc.)		9		

SECTION 5B: HOUSEHOLD FOOD CONSUMPTION AND EXPENDITURE

	I T E M C O D E	1.	2.			3.	4.
		<p>Within the <u>past 7 days</u>, did any members of your household eat/drink any of this [ITEM] <u>within the household</u>?</p> <p>PLEASE ONLY LIST ITEMS PREPARED WITHIN THE HOUSEHOLD AND EXCLUDE FOOD PREPARED OUTSIDE THE HOUSEHOLD.</p> <p>ASK THIS QUESTION FOR ALL ITEMS, BEFORE MOVING TO Q2.</p> <p>YES . 1 NO . . 2 >> NEXT ITEM</p>	<p>In total, what was the quantity of [ITEM] your household <u>consumed</u> in the <u>past 7 days</u>?</p> <p>SEE UNIT AND SIZE CODES ON FLIP PAGE</p>	QUANTITY	UNIT	SIZE	<p>How much of the [QUANTITY, UNIT, SIZE IN Q2] of [ITEM] consumed by your household came from purchases?</p> <p>UNIT AND SIZE SHOULD BE THE SAME AS IN Q2</p>
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 (On the cob)	20						
Maize (Off the cob/grains)	22						
Other grains and flour (specify)	23						

SECTION 5B: HOUSEHOLD FOOD CONSUMPTION AND EXPENDITURE

	I T E M C O D E	5. How much of the [QUANTITY, UNIT, SIZE IN Q2] of [ITEM] consumed by your household came from gifts and other sources? EXCLUDE FOOD TAKEN OUTSIDE THE HOUSEHOLD. UNIT AND SIZE SHOULD BE THE SAME AS IN Q2	6. Did your household purchase any [ITEM] in the <u>past 30 days</u> ? YES . 1 NO . . 2 >> NEXT ITEM	7. The most recent time your household purchased [ITEM], how much QUANTITY did your household purchase? SEE UNIT AND SIZE CODES ON FLIP PAGE	8. How much did your household spend on the [QUANTITY UNIT SIZE IN Q7] of [ITEM] purchased most recently?
		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 (On the cob)	20				
Maize (Off the cob/grains)	22				
Other grains and flour (specify)	23				

SECTION 5B: HOUSEHOLD FOOD CONSUMPTION AND EXPENDITURE

		1.	2.			3.	4.
	I T E M	Within the <u>past 7 days</u> , did any members of your household eat/drink any of this [ITEM] <u>within the household</u> ? PLEASE ONLY LIST ITEMS PREPARED WITHIN THE HOUSEHOLD AND EXCLUDE FOOD PREPARED OUTSIDE THE HOUSEHOLD. ASK THIS QUESTION FOR ALL ITEMS, BEFORE MOVING TO Q2.	In total, what was the quantity of [ITEM] your household <u>consumed</u> in the <u>past 7 days</u> ?			How much of the [QUANTITY, UNIT, SIZE IN Q2] of [ITEM] consumed by your household came from purchases?	How much of the [QUANTITY, UNIT, SIZE IN Q2] of [ITEM] consumed by your household came from own production?
		YES . 1 NO . . 2 >> NEXT ITEM	SEE UNIT AND SIZE CODES ON FLIP PAGE			UNIT AND SIZE SHOULD BE THE SAME AS IN Q2	UNIT AND SIZESHOULD BE THE SAME AS IN Q2
			QUANTITY	UNIT	SIZE	QUANTITY	QUANTITY
BAKED/PROCESSED PRODUCTS							
Bread	25						
Cake	26						
Buns/Pofpof/Donuts	27						
Household Questionnaire	28						
Meat Pie/Sausage Roll	29						
STARCHY ROOTS, TUBERS & PLANTAIN							
Cassava - roots	30						
Yam - roots	31						
Gari - white	32						
Gari - yellow	33						
Cocoyam	34						

SECTION 5B: HOUSEHOLD FOOD CONSUMPTION AND EXPENDITURE

	I T E M C O D E	5.	6.	7.			8.
		How much of the [QUANTITY, UNIT, SIZE IN Q2] of [ITEM] consumed by your household came from gifts and other sources? EXCLUDE FOOD TAKEN OUTSIDE THE HOUSEHOLD. UNIT AND SIZE SHOULD BE THE SAME AS IN Q2	Did your household purchase any [ITEM] in the <u>past 30 days</u> ?	The most recent time your household purchased [ITEM], how much QUANTITY did your household purchase?			How much did your household spend on the [QUANTITY UNIT SIZE IN Q7] of [ITEM] purchased most recently?
			YES . 1 NO . . 2 >> NEXT ITEM	SEE UNIT AND SIZE CODES ON FLIP PAGE			
		QUANTITY		QUANTITY	UNIT	SIZE	NAIRA
BAKED/PROCESSED PRODUCTS							
Bread	25						
Cake	26						
Buns/Pofpof/Donuts	27						
Household Questionnaire	28						
Meat Pie/Sausage Roll	29						
STARCHY ROOTS, TUBERS & PLANTAIN							
Cassava - roots	30						
Yam - roots	31						
Gari - white	32						
Gari - yellow	33						
Cocoyam	34						

SECTION 5B: HOUSEHOLD FOOD CONSUMPTION AND EXPENDITURE

	I T E M	1.	2.			3.	4.
		Within the <u>past 7 days</u> , did any members of your household eat/drink any of this [ITEM] <u>within the household</u> ? PLEASE ONLY LIST ITEMS PREPARED WITHIN THE HOUSEHOLD AND EXCLUDE FOOD PREPARED OUTSIDE THE HOUSEHOLD. ASK THIS QUESTION FOR ALL ITEMS, BEFORE MOVING TO Q2.	In total, what was the quantity of [ITEM] your household <u>consumed</u> in the <u>past 7 days</u> ?			How much of the [QUANTITY, UNIT, SIZE IN Q2] of [ITEM] consumed by your household came from purchases?	How much of the [QUANTITY, UNIT, SIZE IN Q2] of [ITEM] consumed by your household came from own production?
		YES . 1 NO . . 2 >> NEXT ITEM	SEE UNIT AND SIZE CODES ON FLIP PAGE			UNIT AND SIZE SHOULD BE THE SAME AS IN Q2	UNIT AND SIZESHOULD BE THE SAME AS IN Q2
		QUANTITY	UNIT	SIZE	QUANTITY	QUANTITY	
STARCHY ROOTS, TUBERS & PLANTAIN							
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						
Other nuts/seeds/pulses (specify)	45						

SECTION 5B: HOUSEHOLD FOOD CONSUMPTION AND EXPENDITURE

	I T E M C O D E	5.	6.	7.			8.
		How much of the [QUANTITY, UNIT, SIZE IN Q2] of [ITEM] consumed by your household came from gifts and other sources? EXCLUDE FOOD TAKEN OUTSIDE THE HOUSEHOLD. UNIT AND SIZE SHOULD BE THE SAME AS IN Q2	Did your household purchase any [ITEM] in the <u>past 30 days</u> ?	The most recent time your household purchased [ITEM], how much QUANTITY did your household purchase?			How much did your household spend on the [QUANTITY UNIT SIZE IN Q7] of [ITEM] purchased most recently?
			YES . 1 NO . . 2 >> NEXT ITEM	SEE UNIT AND SIZE CODES ON FLIP PAGE			
		QUANTITY		QUANTITY	UNIT	SIZE	NAIRA
STARCHY ROOTS, TUBERS & PLANTAIN							
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						
Other nuts/seeds/pulses (specify)	45						

SECTION 5B: HOUSEHOLD FOOD CONSUMPTION AND EXPENDITURE

	ITEM	1.	2.			3.	4.
		Within the <u>past 7 days</u> , did any members of your household eat/drink any of this [ITEM] <u>within the household</u> ? PLEASE ONLY LIST ITEMS PREPARED WITHIN THE HOUSEHOLD AND EXCLUDE FOOD PREPARED OUTSIDE THE HOUSEHOLD. ASK THIS QUESTION FOR ALL ITEMS, BEFORE MOVING TO Q2.	In total, what was the quantity of [ITEM] your household <u>consumed</u> in the <u>past 7 days</u> ?			How much of the [QUANTITY, UNIT, SIZE IN Q2] of [ITEM] consumed by your household came from purchases?	How much of the [QUANTITY, UNIT, SIZE IN Q2] of [ITEM] consumed by your household came from own production?
		YES . 1 NO . . 2 >> NEXT ITEM	SEE UNIT AND SIZE CODES ON FLIP PAGE			UNIT AND SIZE SHOULD BE THE SAME AS IN Q2	UNIT AND SIZESHOULD BE THE SAME AS IN Q2
			QUANTITY	UNIT	SIZE	QUANTITY	QUANTITY
PULSES, NUTS AND SEEDS							
Coconut	46						
Kola nut	47						
Cashew nut	48						
OIL AND FATS							
Palm oil	50						
Butter/ Margarine	51						
Groundnuts Oil	52						
Other oil and Fat (specify)	53						
Sheabutter	54						
Animal fat	56						

SECTION 5B: HOUSEHOLD FOOD CONSUMPTION AND EXPENDITURE

	I T E M C O D E	5.	6.	7.			8.
		How much of the [QUANTITY, UNIT, SIZE IN Q2] of [ITEM] consumed by your household came from gifts and other sources? EXCLUDE FOOD TAKEN OUTSIDE THE HOUSEHOLD. UNIT AND SIZE SHOULD BE THE SAME AS IN Q2	Did your household purchase any [ITEM] in the <u>past 30 days</u> ?	The most recent time your household purchased [ITEM], how much QUANTITY did your household purchase?			How much did your household spend on the [QUANTITY UNIT SIZE IN Q7] of [ITEM] purchased most recently?
			YES . 1 NO . . 2 >> NEXT ITEM	SEE UNIT AND SIZE CODES ON FLIP PAGE			
		QUANTITY		QUANTITY	UNIT	SIZE	NAIRA
PULSES, NUTS AND SEEDS							
Coconut	46						
Kola nut	47						
Cashew nut	48						
OIL AND FATS							
Palm oil	50						
Butter/ Margarine	51						
Groundnuts Oil	52						
Other oil and Fat (specify)	53						
Sheabutter	54						
Animal fat	56						

SECTION 5B: HOUSEHOLD FOOD CONSUMPTION AND EXPENDITURE

		1.	2.			3.	4.
	I T E M	<p>Within the <u>past 7 days</u>, did any members of your household eat/drink any of this [ITEM] <u>within the household</u>?</p> <p>PLEASE ONLY LIST ITEMS PREPARED WITHIN THE HOUSEHOLD AND EXCLUDE FOOD PREPARED OUTSIDE THE HOUSEHOLD.</p> <p>ASK THIS QUESTION FOR ALL ITEMS, BEFORE MOVING TO Q2.</p> <p>YES . 1 NO . . 2 >> NEXT ITEM</p>	<p>In total, what was the quantity of [ITEM] your household <u>consumed</u> in the <u>past 7 days</u>?</p> <p>SEE UNIT AND SIZE CODES ON FLIP PAGE</p>			<p>How much of the [QUANTITY, UNIT, SIZE IN Q2] of [ITEM] consumed by your household came from purchases?</p> <p>UNIT AND SIZE SHOULD BE THE SAME AS IN Q2</p>	<p>How much of the [QUANTITY, UNIT, SIZE IN Q2] of [ITEM] consumed by your household came from own production?</p> <p>UNIT AND SIZESHOULD BE THE SAME AS IN Q2</p>
			QUANTITY	UNIT	SIZE	QUANTITY	QUANTITY
FRUITS							
Bananas	60						
Orange/tangerine	61						
Mangoes	62						
Avocado pear	63						
Pineapples	64						
Fruit canned	65						
Other fruits (specify)	66						
Pawpaw	67						
Watermelon	68						
Apples	69						
Guava	601						

SECTION 5B: HOUSEHOLD FOOD CONSUMPTION AND EXPENDITURE

	I T E M C O D E	5.	6.	7.			8.
		How much of the [QUANTITY, UNIT, SIZE IN Q2] of [ITEM] consumed by your household came from gifts and other sources? EXCLUDE FOOD TAKEN OUTSIDE THE HOUSEHOLD. UNIT AND SIZE SHOULD BE THE SAME AS IN Q2	Did your household purchase any [ITEM] in the <u>past 30 days</u> ?	The most recent time your household purchased [ITEM], how much QUANTITY did your household purchase?			How much did your household spend on the [QUANTITY UNIT SIZE IN Q7] of [ITEM] purchased most recently?
			YES . 1 NO . . 2 >> NEXT ITEM	SEE UNIT AND SIZE CODES ON FLIP PAGE			
		QUANTITY		QUANTITY	UNIT	SIZE	NAIRA
FRUITS							
Bananas	60						
Orange/tangerine	61						
Mangoes	62						
Avocado pear	63						
Pineapples	64						
Fruit canned	65						
Other fruits (specify)	66						
Pawpaw	67						
Watermelon	68						
Apples	69						
Guava	601						

SECTION 5B: HOUSEHOLD FOOD CONSUMPTION AND EXPENDITURE

		1.	2.			3.	4.
	I T E M	Within the <u>past 7 days</u> , did any members of your household eat/drink any of this [ITEM] <u>within the household</u> ? PLEASE ONLY LIST ITEMS PREPARED WITHIN THE HOUSEHOLD AND EXCLUDE FOOD PREPARED OUTSIDE THE HOUSEHOLD. ASK THIS QUESTION FOR ALL ITEMS, BEFORE MOVING TO Q2.	In total, what was the quantity of [ITEM] your household <u>consumed</u> in the <u>past 7 days</u> ?			How much of the [QUANTITY, UNIT, SIZE IN Q2] of [ITEM] consumed by your household came from purchases? UNIT AND SIZE SHOULD BE THE SAME AS IN Q2	How much of the [QUANTITY, UNIT, SIZE IN Q2] of [ITEM] consumed by your household came from own production? UNIT AND SIZESHOULD BE THE SAME AS IN Q2
		YES . 1 NO . . 2 >> NEXT ITEM	SEE UNIT AND SIZE CODES ON FLIP PAGE				
			QUANTITY	UNIT	SIZE	QUANTITY	QUANTITY
VEGETABLES							
Tomatoes	70						
Tomato puree (canned)	71						
Onions	72						
Garden eggs/egg plant	73						
Okra - fresh	74						
Okra - dried	75						
Fresh Pepper	76						
Dry Pepper	77						
Leaves (Cocoyam, Spinach, etc.)	78						
Other vegetables (fresh or canned)	79						

SECTION 5B: HOUSEHOLD FOOD CONSUMPTION AND EXPENDITURE

	I T E M C O D E	5.	6.	7.			8.
		How much of the [QUANTITY, UNIT, SIZE IN Q2] of [ITEM] consumed by your household came from gifts and other sources? EXCLUDE FOOD TAKEN OUTSIDE THE HOUSEHOLD. UNIT AND SIZE SHOULD BE THE SAME AS IN Q2	Did your household purchase any [ITEM] in the <u>past 30 days</u> ?	The most recent time your household purchased [ITEM], how much QUANTITY did your household purchase?			How much did your household spend on the [QUANTITY UNIT SIZE IN Q7] of [ITEM] purchased most recently?
			YES . 1 NO . . 2 >> NEXT ITEM	SEE UNIT AND SIZE CODES ON FLIP PAGE			
		QUANTITY		QUANTITY	UNIT	SIZE	NAIRA
VEGETABLES							
Tomatoes	70						
Tomato puree (canned)	71						
Onions	72						
Garden eggs/egg plant	73						
Okra - fresh	74						
Okra - dried	75						
Fresh Pepper	76						
Dry Pepper	77						
Leaves (Cocoyam, Spinach, etc.)	78						
Other vegetables (fresh or canned)	79						

SECTION 5B: HOUSEHOLD FOOD CONSUMPTION AND EXPENDITURE

	ITEM	1.	2.			3.	4.
		Within the <u>past 7 days</u> , did any members of your household eat/drink any of this [ITEM] <u>within the household</u> ? PLEASE ONLY LIST ITEMS PREPARED WITHIN THE HOUSEHOLD AND EXCLUDE FOOD PREPARED OUTSIDE THE HOUSEHOLD. ASK THIS QUESTION FOR ALL ITEMS, BEFORE MOVING TO Q2.	In total, what was the quantity of [ITEM] your household <u>consumed</u> in the <u>past 7 days</u> ?			How much of the [QUANTITY, UNIT, SIZE IN Q2] of [ITEM] consumed by your household came from purchases?	How much of the [QUANTITY, UNIT, SIZE IN Q2] of [ITEM] consumed by your household came from own production?
		YES . 1 NO . . 2 >> NEXT ITEM	SEE UNIT AND SIZE CODES ON FLIP PAGE			UNIT AND SIZE SHOULD BE THE SAME AS IN Q2	UNIT AND SIZESHOULD BE THE SAME AS IN Q2
		QUANTITY	UNIT	SIZE	QUANTITY	QUANTITY	
POULTRY AND POULTRY PRODUCTS							
Chicken	80						
Duck	81						
Other domestic poultry	82						
Agricultural eggs	83						
Local eggs	84						
Other eggs (not chicken) (specify)	85						
MEAT							
Beef	90						
Mutton	91						
Pork	92						
Goat	93						

SECTION 5B: HOUSEHOLD FOOD CONSUMPTION AND EXPENDITURE

	I T E M C O D E	5.	6.	7.			8.
		How much of the [QUANTITY, UNIT, SIZE IN Q2] of [ITEM] consumed by your household came from gifts and other sources? EXCLUDE FOOD TAKEN OUTSIDE THE HOUSEHOLD. UNIT AND SIZE SHOULD BE THE SAME AS IN Q2	Did your household purchase any [ITEM] in the <u>past 30 days</u> ?	The most recent time your household purchased [ITEM], how much QUANTITY did your household purchase?			How much did your household spend on the [QUANTITY UNIT SIZE IN Q7] of [ITEM] purchased most recently?
			YES . 1 NO . . 2 >> NEXT ITEM	SEE UNIT AND SIZE CODES ON FLIP PAGE			
		QUANTITY		QUANTITY	UNIT	SIZE	NAIRA
POULTRY AND POULTRY PRODUCTS							
Chicken	80						
Duck	81						
Other domestic poultry	82						
Agricultural eggs	83						
Local eggs	84						
Other eggs (not chicken) (specify)	85						
MEAT							
Beef	90						
Mutton	91						
Pork	92						
Goat	93						

SECTION 5B: HOUSEHOLD FOOD CONSUMPTION AND EXPENDITURE

	ITEM	1.	2.			3.	4.
		Within the <u>past 7 days</u> , did any members of your household eat/drink any of this [ITEM] <u>within the household</u> ? PLEASE ONLY LIST ITEMS PREPARED WITHIN THE HOUSEHOLD AND EXCLUDE FOOD PREPARED OUTSIDE THE HOUSEHOLD. ASK THIS QUESTION FOR ALL ITEMS, BEFORE MOVING TO Q2.	In total, what was the quantity of [ITEM] your household <u>consumed</u> in the <u>past 7 days</u> ?			How much of the [QUANTITY, UNIT, SIZE IN Q2] of [ITEM] consumed by your household came from purchases?	How much of the [QUANTITY, UNIT, SIZE IN Q2] of [ITEM] consumed by your household came from own production?
		YES . 1 NO . . 2 >> NEXT ITEM	SEE UNIT AND SIZE CODES ON FLIP PAGE			UNIT AND SIZE SHOULD BE THE SAME AS IN Q2	UNIT AND SIZESHOULD BE THE SAME AS IN Q2
		QUANTITY	UNIT	SIZE	QUANTITY	QUANTITY	
MEAT							
Wild game/bush meat	94						
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						

SECTION 5B: HOUSEHOLD FOOD CONSUMPTION AND EXPENDITURE

	I T E M C O D E	5.	6.	7.			8.
		How much of the [QUANTITY, UNIT, SIZE IN Q2] of [ITEM] consumed by your household came from gifts and other sources? EXCLUDE FOOD TAKEN OUTSIDE THE HOUSEHOLD. UNIT AND SIZE SHOULD BE THE SAME AS IN Q2	Did your household purchase any [ITEM] in the <u>past 30 days</u> ?	The most recent time your household purchased [ITEM], how much QUANTITY did your household purchase?			How much did your household spend on the [QUANTITY UNIT SIZE IN Q7] of [ITEM] purchased most recently?
			YES . 1 NO . . 2 >> NEXT ITEM	SEE UNIT AND SIZE CODES ON FLIP PAGE			
		QUANTITY		QUANTITY	UNIT	SIZE	NAIRA
MEAT							
Wild game/bush meat	94						
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						

SECTION 5B: HOUSEHOLD FOOD CONSUMPTION AND EXPENDITURE

		1.	2.			3.	4.
	I T E M	Within the <u>past 7 days</u> , did any members of your household eat/drink any of this [ITEM] <u>within the household</u> ? PLEASE ONLY LIST ITEMS PREPARED WITHIN THE HOUSEHOLD AND EXCLUDE FOOD PREPARED OUTSIDE THE HOUSEHOLD. ASK THIS QUESTION FOR ALL ITEMS, BEFORE MOVING TO Q2.	In total, what was the quantity of [ITEM] your household <u>consumed</u> in the <u>past 7 days</u> ?			How much of the [QUANTITY, UNIT, SIZE IN Q2] of [ITEM] consumed by your household came from purchases?	How much of the [QUANTITY, UNIT, SIZE IN Q2] of [ITEM] consumed by your household came from own production?
		YES . 1 NO . . 2 >> NEXT ITEM	SEE UNIT AND SIZE CODES ON FLIP PAGE			UNIT AND SIZE SHOULD BE THE SAME AS IN Q2	UNIT AND SIZE SHOULD BE THE SAME AS IN Q2
			QUANTITY	UNIT	SIZE	QUANTITY	QUANTITY
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						
BEVERAGES							
Coffee	120						
Chocolate drinks (including Milo)	121						
Tea	122						

SECTION 5B: HOUSEHOLD FOOD CONSUMPTION AND EXPENDITURE

	I T E M C O D E	5.	6.	7.			8.
		How much of the [QUANTITY, UNIT, SIZE IN Q2] of [ITEM] consumed by your household came from gifts and other sources? EXCLUDE FOOD TAKEN OUTSIDE THE HOUSEHOLD. UNIT AND SIZE SHOULD BE THE SAME AS IN Q2	Did your household purchase any [ITEM] in the <u>past 30 days</u> ?	The most recent time your household purchased [ITEM], how much QUANTITY did your household purchase?			How much did your household spend on the [QUANTITY UNIT SIZE IN Q7] of [ITEM] purchased most recently?
			YES . 1 NO . . 2 >> NEXT ITEM	SEE UNIT AND SIZE CODES ON FLIP PAGE			
		QUANTITY		QUANTITY	UNIT	SIZE	NAIRA
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						
BEVERAGES							
Coffee	120						
Chocolate drinks (including Milo)	121						
Tea	122						

SECTION 5B: HOUSEHOLD FOOD CONSUMPTION AND EXPENDITURE

		1.	2.			3.	4.
	I T E M	<p>Within the <u>past 7 days</u>, did any members of your household eat/drink any of this [ITEM] <u>within the household</u>?</p> <p>PLEASE ONLY LIST ITEMS PREPARED WITHIN THE HOUSEHOLD AND EXCLUDE FOOD PREPARED OUTSIDE THE HOUSEHOLD.</p> <p>ASK THIS QUESTION FOR ALL ITEMS, BEFORE MOVING TO Q2.</p> <p>YES . 1 NO . . 2 >> NEXT ITEM</p>	<p>In total, what was the quantity of [ITEM] your household <u>consumed</u> in the <u>past 7 days</u>?</p> <p>SEE UNIT AND SIZE CODES ON FLIP PAGE</p>			<p>How much of the [QUANTITY, UNIT, SIZE IN Q2] of [ITEM] consumed by your household came from purchases?</p> <p>UNIT AND SIZE SHOULD BE THE SAME AS IN Q2</p>	<p>How much of the [QUANTITY, UNIT, SIZE IN Q2] of [ITEM] consumed by your household came from own production?</p> <p>UNIT AND SIZESHOULD BE THE SAME AS IN Q2</p>
			QUANTITY	UNIT	SIZE	QUANTITY	QUANTITY
SUGAR, SWEETS AND CONFECTIONARY							
Sugar	130						
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	148						

SECTION 5B: HOUSEHOLD FOOD CONSUMPTION AND EXPENDITURE

	I T E M C O D E	5.	6.	7.			8.
		How much of the [QUANTITY, UNIT, SIZE IN Q2] of [ITEM] consumed by your household came from gifts and other sources? EXCLUDE FOOD TAKEN OUTSIDE THE HOUSEHOLD. UNIT AND SIZE SHOULD BE THE SAME AS IN Q2	Did your household purchase any [ITEM] in the <u>past 30 days</u> ?	The most recent time your household purchased [ITEM], how much QUANTITY did your household purchase?			How much did your household spend on the [QUANTITY UNIT SIZE IN Q7] of [ITEM] purchased most recently?
			YES . 1 NO . . 2 >> NEXT ITEM	SEE UNIT AND SIZE CODES ON FLIP PAGE			
		QUANTITY		QUANTITY	UNIT	SIZE	NAIRA
SUGAR, SWEETS AND CONFECTIONARY							
Sugar	130						
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	148						

SECTION 5B: HOUSEHOLD FOOD CONSUMPTION AND EXPENDITURE

		1.	2.			3.	4.
	I T E M	<p>Within the <u>past 7 days</u>, did any members of your household eat/drink any of this [ITEM] <u>within the household</u>?</p> <p>PLEASE ONLY LIST ITEMS PREPARED WITHIN THE HOUSEHOLD AND EXCLUDE FOOD PREPARED OUTSIDE THE HOUSEHOLD.</p> <p>ASK THIS QUESTION FOR ALL ITEMS, BEFORE MOVING TO Q2.</p> <p>YES . 1 NO . . 2 >> NEXT ITEM</p>	<p>In total, what was the quantity of [ITEM] your household <u>consumed</u> in the <u>past 7 days</u>?</p> <p>SEE UNIT AND SIZE CODES ON FLIP PAGE</p>			<p>How much of the [QUANTITY, UNIT, SIZE IN Q2] of [ITEM] consumed by your household came from purchases?</p> <p>UNIT AND SIZE SHOULD BE THE SAME AS IN Q2</p>	<p>How much of the [QUANTITY, UNIT, SIZE IN Q2] of [ITEM] consumed by your household came from own production?</p> <p>UNIT AND SIZESHOULD BE THE SAME AS IN Q2</p>
			QUANTITY	UNIT	SIZE	QUANTITY	QUANTITY
NON-ALCOHOLIC DRINKS							
Bottled water	150						
Sachet water	151						
Malt drinks	152						
Soft drinks (Coca Cola, Mirinda, 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						

SECTION 5B: HOUSEHOLD FOOD CONSUMPTION AND EXPENDITURE

	I T E M C O D E	5.	6.	7.			8.
		How much of the [QUANTITY, UNIT, SIZE IN Q2] of [ITEM] consumed by your household came from gifts and other sources? EXCLUDE FOOD TAKEN OUTSIDE THE HOUSEHOLD. UNIT AND SIZE SHOULD BE THE SAME AS IN Q2	Did your household purchase any [ITEM] in the <u>past 30 days</u> ?	The most recent time your household purchased [ITEM], how much QUANTITY did your household purchase?			How much did your household spend on the [QUANTITY UNIT SIZE IN Q7] of [ITEM] purchased most recently?
			YES . 1 NO . . 2 >> NEXT ITEM	SEE UNIT AND SIZE CODES ON FLIP PAGE			
		QUANTITY		QUANTITY	UNIT	SIZE	NAIRA
NON-ALCOHOLIC DRINKS							
Bottled water	150						
Sachet water	151						
Malt drinks	152						
Soft drinks (Coca Cola, Mirinda, 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						

SECTION 5C: HOUSEHOLD 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 0
		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; Cocoyam; 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; Cocoyam leaves 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 spices 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	Beverages (Tea; Coffee/Chocolate drink/Milo, Bournvita, zobo, kunu, other beverages - Excluding milk and milk products)	
L	Spices/Condiments (Salt; Spices; Pepper; Tomato Sauce; Other Condiment - Excluding meat, fish and animal products used as spices)	

9. Over the past 7 days, did you share any meals with any person(s) that is not a member of this household?

YES . 1
NO . . 2 >> NEXT
SECTION

SECTION 6: HOUSEHOLD NON-FOOD EXPENDITURE
7 DAYS

ITEM	I T E M C O D E	1. Over the <u>past 7 days</u> , did your household purchase any [ITEM]? YES . 1 NO . . 2 >> NEXT ITEM	2. In total, how much did your household spend on [ITEM] in the <u>past 7</u> <u>days</u> ? 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		

ONE MONTH RECALL

ITEM	I T E M C O D E	3. Over the <u>past 30</u> <u>days</u> , did your household purchase or pay for any [ITEM]? YES . 1 NO . . 2 >> NEXT ITEM	4. In total, how much did the household spend on [ITEM] in the <u>past</u> <u>30 days</u> ? NAIRA
Kerosene	201		
Palm Kernel Oil	202		
Gas (for lighting/cooking)	203		
Household Questionnaire	204		
Electricity, including electricity vouchers	205		
Candle	206		
Firewood	207		
Charcoal	208		
Petrol	209		
Diesel	210		
Other solid fuel	211		
Lubricants (oil, grease, etc)	212		
Light bulbs/globes	213		
Water	214		
Soap and Washing powder	215		
Laundry (excluding soap and washing powder) and dry cleaning	327		
Toilet paper	216		
Insecticides, disinfectant and cleaners	217		

ONE MONTH RECALL

ITEM	I T E M C O D E	3. Over the <u>past 30 days</u> , did your household purchase or pay for any [ITEM]? YES . 1 NO . . 2 >> NEXT ITEM	4. In total, how much did the household spend on [ITEM] in the <u>past 30</u> <u>days</u> ? NAIRA
Other non-durable goods	218		
Personal care goods (razor blades, cosmetics)	219		
Service of beauty saloon	220		
Service of barber	221		
Vitamin supplements	222		
Other health supplements	223		
Postal (inlc. Stamps, courier)	224		
Recharge cards	225		
Landline charges	226		
Internet Services	227		
Recreational (Cinemas, video/DVD rental, cinema video house, concerts)	229		
Other recreational	230		
Other recreational	232		
Wireless communication items	233		
Batteries (small radio type)	234		
Musical instruments	235		
Jewellery, watches, rings, etc	236		
Sports equipment	237		
Other personal sporting goods	238		
Motor vehicle service, repair, or parts	239		
Tyres	240		
Car battery	241		
Bicycle service, repair, or parts	242		
Other transport repairs	243		
Wages paid to staff/maid/lawnsboy	244		
Mortgage - regular payment to purchase house	245		
Other housing charges (excl. water, fuel and power)	246		
Financial services (N.E.S.)	247		
Repairs & maintenance to dwelling	248		
Repairs to household and personal items	249		

SECTION 6: HOUSEHOLD NON-FOOD EXPENDITURE
12 MONTH RECALL

ITEM	I C T O E D M E	5. Over the <u>past 12 months</u> , did the household purchase or pay for any [ITEM]? YES. 1 NO. . 2 >> NEXT ITEM	6. In total, how much did the household spend on [ITEM] in the <u>past 12 months</u> ?
			NAIRA
Infant Clothing	301		
Baby nappies/diapers	302		
Children Tailored clothes	303		
Children dress (ready made)	304		
Adult Tailored clothes	305		
Adult dress (ready made)	306		
Suits	307		
Other ready-made	308		
Smock and other hand woven	309		
Blouse, Shirts	310		
Raincoat	311		
Other clothing (specify)	312		
Repairs of clothing	313		
Tailoring charges	314		
Ankara, George materials	315		
Cotton	316		
Silk	317		
Hand loomed: ASO-OKE	318		
Polyester material	319		
Wool	320		
Other clothing materials	321		
Shoes	322		
Sandals - leather	323		
Sandals (rubber type)	324		
Other footwear	325		
Repairs of footwear	326		
Bowls, glassware, plates, silverware, etc.	328		
Cooking utensils (cookpots, stirring spoons and whisks, etc.)	329		
Cleaning utensils (brooms, brushes, etc.)	330		
Other household utensils	331		

12 MONTH RECALL

ITEM	I C T O E D M E	5. Over the <u>past 12 months</u> , did the household purchase or pay for any [ITEM]? YES. 1 NO. . 2 >> NEXT ITEM	6. In total, how much did the household spend on [ITEM] in the <u>past 12 months</u> ?
			NAIRA
Electric kettle	332		
Food processor and etc	333		
Coal pot/other non-electric app	334		
Other appliances	335		
Repairs of appliances	336		
Torch / flashlight	337		
Umbrella	338		
Paraffin lamp (hurricane or pressure)	339		
Stationery items (not for school)	340		
Books (not for school)	341		
House decorations	342		
Bed sheets, bed cover, blanket	343		
Pillow	344		
Curtain and other linen	345		
Carpet and other floor covering	346		
Other furniture and fixtures	347		
Repairs of soft furnishings	348		
Repairs of furniture and fittings	349		
Cell phone hand set	350		
Personal computer	351		
Other communication equipment	352		
Night's lodging in rest house or hotel	353		
Donations to church, mosque, other religious group	354		
Health expenditures (excluding insurance and pharmaceutical products)	355		
Pharmaceutical products	356		
Therapeutic equipment	357		
Air fares	358		
Other fares	359		
Storage	360		
Licenses	361		
Life insurance	362		
Health insurance	363		
Education insurance	364		
Other insurance	365		

SECTION 7: FOOD SECURITY

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

1. 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.	f.	g.
You or any other adult in your household <u>worried about not having enough food to eat</u> because of lack of money or other resources?	You or any other adult in your household were <u>unable to eat healthy and nutritious/preferred foods</u> because of lack of money or other resources?	You or any other adult in your household <u>ate only a few kinds of foods</u> because of lack of money or other resources?	You or any other adult in your household had to <u>skip a meal</u> because of lack of money or other resources?	You or any other adult in your household <u>ate less than you thought you should</u> because of lack of money or other resources?	Your household <u>ran out of food</u> because of lack of money or other resources?	You or any other adult in your household <u>were hungry but did not eat</u> because of lack of money or other resources for food?
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

SECTION 7: FOOD SECURITY

h.	i	j	2a	2b1	2b	3.
<p>You or any other adult in your household <u>went without eating for a whole day</u> because of lack of money or other resources?</p> <p>YES.....1 NO.....2</p>	<p>You, or any other adult in your household <u>restricted consumption in order for children to eat?</u></p> <p>YES.....1 NO.....2</p>	<p>You, or any other adult in your household <u>borrowed food or relied on help from a friend or relative?</u></p> <p>YES.....1 NO.....2</p>	<p>Normally, how many meals, including breakfast, are taken per day in your household by <u>adults 15 years and older?</u></p>	<p>Normally, how many meals, including breakfast, are taken per day in your household by <u>children between 5 and 15 years old?</u></p>	<p>Normally, how many meals, including breakfast, are taken per day in your household by children <u>(6 to 59) months?</u></p> <p>PUT 9999 IF NO CHILDREN UNDER 60 MONTHS</p>	<p>In the past 12 months, has your household been faced with a situation where you did not have enough food to feed the household?</p> <p>YES...1 NO....2 >> NEXT SECTION</p>
			a. Adults	b. Children (5-15 years)	c. Children (6-59 months)	
			NUMBER	NUMBER	NUMBER	

SECTION 7: FOOD SECURITY

4. When did your household experience this incident? SELECT ALL THAT APPLY. THE OPTIONS WILL VARY ACCORDING TO THE DATE OF THE INTERVIEW. ALL 12 MONTHS.....0 JUNE 2022.....1 JULY 2022.....2 AUGUST 2022.....3 SEPTEMBER 2022....4 OCTOBER 2022.....5 NOVEMBER 2022....6 DECEMBER 2022....7 JANUARY 2023.....8 FEBRUARY 2023....9 MARCH 2023.....10 APRIL 2023.....11 MAY 2023.....12 JUNE 2023.....13 JULY 2023.....14 AUGUST 2023.....15 SEPTEMBER 2023...16 OCTOBER 2023.....17 NOVEMBER 2023...18 DECEMBER 2023...19	5. 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

CODES FOR Q5:

INADEQUATE HOUSEHOLD FOOD 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 FOOD STOCK 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
LACK OF ACCESS TO MONEY AT THE BANK DUE TO NAIRA
REDESIGN.....13
OTHER
(SPECIFY)96

SECTION 8: NONFARM ENTERPRISES

0. INTERVIEWER: RECORD ID OF PRIMARY RESPONDENT

		1. During the past 12 months , has anyone in your household... YES . . . 1 NO . . . 2
1	... 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.?	
2	... 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?	
3	... owned a trading business on a street or in a market or at your home?	
4	... offered any service or hawking or sold anything on a street or in a market, including firewood, home-made charcoal, curios (crafts), construction timber, woodpoles, traditional medicine, mats, bricks, furniture, weave baskets, thatch grass etc.?	
5	... owned a professional office or offered professional services from home as a doctor, accountant, lawyer, translator, private tutor, midwife, mason, etc?	
6	... driven a household-owned or rented taxi, motorbike (okada), kekeNAPEP, pick-up truck to provide transportation or moving services?	
7	... owned a bar, restaurant or food stand?	
8	...owned any other non-agricultural business, even if it is a small business run from home or on a street?	
1a	CAPI: IS THERE ANY YES RESPONSE TO 1-8?	YES . . . 1 NO . . . 2 >> Q35

SECTION 8: NONFARM ENTERPRISES

E N T E R P R I S E N O	2.		3.	4.	4a.	4b	5.	6.	
	Please describe each of the non-farm businesses or self-employed activities that individuals in your household did in the <u>past 12 months</u> ?		Is this [NON-FARM ENTERPRISE] currently operating or closed permanently, temporarily or seasonally?	Why did this [NON-FARM ENTERPRISE] stop?	When did this [NON-FARM ENTERPRISE] stop operating?	How many YEARS ago did the [NON-FARM ENTERPRISE] first start operating?	Who in your household manages [NON-FARM ENTERPRISE] or is most familiar with it?	Who in the household owns/owned this [NON-FARM ENTERPRISE]? LIST UP TO 2 IN ORDER OF IMPORTANCE SELECT THE PRIMARY OWNER FIRST, FOLLOWED BY THE SECOND OWNER IF APPLICABLE. THE ORDER OF SELECTION MATTERS.	
	TYPE OF ACTIVITY	INDUSTRY CODE					YEARS	ID CODE	OWNER 1 ID CODE
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									

SECTION 8: NONFARM ENTERPRISES

E N T E R P R I S E N O	7.		8.	9.	10.	11.	11b
	Who in your household decides on the use of the earnings from this [NON-FARM ENTERPRISE] LIST UP TO 2 IN ORDER OF IMPORTANCE SELECT THE PRIMARY DECISION MAKER FIRST, FOLLOWED BY THE SECOND DECISION MAKER IF APPLICABLE		WHO IN THE HOUSEHOLD IS PROVIDING INFORMATION FOR [NON-FARM ENTERPRISE]?	In which months did you operate this [NON-FARM ENTERPRISE] in the past 12 months? INTERVIEWER: INDICATE THE MONTHS OPERATED WITH AN "X" JANUARY 2023.....01 FEBRUARY 2023.....02 MARCH 2023.....03 APRIL 2023.....04 MAY 2023.....05 JUNE 2023.....06 JULY 2023.....07 AUGUST 2023.....08 SEPTEMBER 2023.....09 OCTOBER 2023.....10 NOVEMBER 2023.....11 DECEMBER 2023.....12 JANUARY 2024.....13 FEBRUARY 2024.....14	Where does your household usually operate this [NON-FARM ENTERPRISE]? HOME (INSIDE RESIDENCE)1 HOME (OUTSIDE RESIDENCE)2 INDUSTRIAL SITE3 TRADITIONAL MARKET4 COMMERCIAL AREA SHOP5 ROADSIDE6 OTHER FIXED PLACE7 MOBILE/NO FIXED LOCATION8	Is this [NON-FARM ENTERPRISE] officially registered with the government? YES.....1 NO.....2	Did your household make any payments to local authorities (government or non-government) to allow operation of [NON-FARM ENTERPRISE] in past 12 months? YES.....1 NO.....2
	ID CODE	ID CODE	ID CODE	Jan-18			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

SECTION 8: NONFARM ENTERPRISES

E N T E R P R I S E N O	12.											
	a. Who are the household members that worked in [NON-FARM ENTERPRISE] in the past 12 months?											
	b. In the past 12 months, in which months did [NAME] work in this [NON-FARM ENTERPRISE]? SELECT ALL THAT APPLY											
	c. During these months, how many <u>weeks per month</u> did [NAME] work in [NON-FARM ENTERPRISE]?											
	d. How many <u>hours per week</u> did [NAME] normally work in [NON-FARM ENTERPRISE]? EXCLUDE THE TIME GOING TO AND FROM WORK											
	ASK FOR ALL MEMBERS THAT WORKED ON THE [INCOME-GENERATING ACTIVITY]											
	1 WEEK PER MONTH...1 2 WEEKS PER MONTH...2 3 WEEKS PER MONTH...3 EVERY WEEK...4				MONTHS JANUARY 2023.....01 FEBRUARY 2023....02 MARCH 2023.....03 APRIL 2023.....04 MAY 2023.....05 JUNE 2023.....06 JULY 2023.....07 AUGUST 2023.....08 SEPTEMBER 2023...09 OCTOBER 2023....10 NOVEMBER 2023...11 DECEMBER 2023...12 JANUARY 2024....13 FEBRUARY 2024....14							
	HH MEMBER #1				HH MEMBER #2				HH MEMBER #3			
	ID	MONTHS	WEEKS PER MONTH	HOURS PER WEEK	ID	MONTHS	WEEKS PER MONTH	HOURS PER WEEK	ID	MONTHS	WEEKS PER MONTH	HOURS PER WEEK
	1											
2												
3												
4												
5												
6												
7												
8												
9												
10												

SECTION 8: NONFARM ENTERPRISES

E N T R P R I S E N O	13.		14.			15.	15b	15c	
	MALE	FEMALE	1ST	2ND	3RD			1ST	2ND
	How many male/female <u>employees</u> work in [NON-FARM ENTERPRISE] who are <u>not household members</u> ?		What were the main sources of start-up capital for [NON-FARM ENTERPRISE]? LIST UP TO THREE IN ORDER OF IMPORTANCE. NO CAPITAL REQUIRED.....0 HOUSEHOLD/PERSONAL 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 ADVANCED PURCHASE/CREDIT FROM CUSTOMER.....15 GOVERNMENT CASH TRANSFER (BETA DON COME).....16			During the past 12 months, did any member of your household try to get credit for [NON-FARM ENTERPRISE] from sources such as banks, cooperative societies, savings associations, micro-finance institutions, money lenders, neighbours, friends, etc.?	Did your household eventually get credit from sources such as banks, cooperative societies, savings associations, micro-finance institutions, money lenders, neighbours, friends, etc. for [NON-FARM ENTERPRISE]?	What are the two main reasons why the loan application for [NON-FARM ENTERPRISE] was refused? SELECT UP TO TWO LACK OF COLLATERAL.....1 NO SAVINGS / SHARES.....2 BAD CREDIT HISTORY.....3 ITEMS DIDNT QUALIFY FOR A LOAN.....4 LACK OF GUARANTORS.....5 OTHER (SPECIFY).....96 DON'T KNOW.....99 >>>Q18	
						NOTE THIS ONLY REFERS TO BUSINESS LOANS, NOT PERSONAL LOANS. YES.....1 NO.....2 ► Q18	YES...1 ► Q16 NO....2		
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									

SECTION 8: NONFARM ENTERPRISES

E N T E R P R I S E N O	16.	17.	18.	19.	24.	29.	
	<p>What were the main sources of this credit that has been used to operate [NON-FARM ENTERPRISE]?</p> <p>LIST UP TO TWO SOURCES</p> <p> COMMERCIAL/RETAIL BANK.....1 SAVINGS CLUB/ASSOCIATION.....2 ROSCA/ASUSU/ESUSU/ADASHE/AJO/ASCA.....3 EMPLOYEE/UNION WELFARE FUND.....4 SAVINGS AND CREDIT COOPERATIVE ORGANIZATION (SACCO).....5 NIRSAL MICROFINANCE BANK/CENTRAL BANK.....6 MICROFINANCE BANK/INSTITUTION (DEPOSIT-TAKING).....7 MICROFINANCE COMPANIES (NON-DEPOSIT TAKING).....8 INVESTMENT CLUB9 BURIAL SOCIETIES.....10 VILLAGE SAVINGS AND LOAN ASSOCIATIONS (VSLAS).....11 NEOBANKS (100% DIGITAL BANKS).....12 MOBILE NETWORK OPERATORS (MNO).....13 MOBILE MONEY OPERATOR/AGENT.....14 LOCAL/VILLAGE MONEY LENDER15 MORTGAGE BANK16 NEIGHBOUR/FRIEND/RELATIVE/NON-HH INDIVIDUAL.....17 NGOS.....18 WOMEN GROUP/ ASSOCIATION.....19 VENDOR/HIRE PURCHASE.....20 OTHER (SPECIFY).....96 </p>	<p>During the past 12 months, how much has your household borrowed IN TOTAL for this [NON-FARM ENTERPRISE]?</p>	<p>During the past 12 months, has the [NON-FARM ENTERPRISE] had any outstanding loans (in cash or kind)?</p> <p>INCLUDE ALL OUTSTANDING LOANS (NOT ONLY NEW LOANS IN PAST 12 MONTHS)</p> <p>YES.....1 NO.....2 ► Q24</p>	<p>During the past 12 months, how much MONEY has the household paid in total for the outstanding loans of this [NON-FARM ENTERPRISE]?</p>	<p>To whom do you or other members of your household sell your products or services from this [NON-FARM ENTERPRISE]?</p> <p>LIST UP TO 2 BUYERS IN ORDER OF IMPORTANCE.</p> <p> FINAL CONSUMERS.....1 TRADERS.....2 OTHER SMALL BUSINESSES.....3 LARGE ESTABLISHED BUSINESSES.....4 INSTITUTIONS (SCHOOLS, HOSPITALS, GOVT MINISTRIES).....5 EXPORT.....6 MANUFACTURERS.....7 OTHER SPECIFY).....96 </p>	<p>What were the <u>total sales/revenue</u> (either from goods or services) for [NON-FARM ENTERPRISE] during the last month of operation?</p>	
	1ST	2ND	NAIRA	AMOUNT (NAIRA)	1ST	2ND	NAIRA
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

SECTION 8: NONFARM ENTERPRISES

E N T E R P R I S E N O	31. What were the <u>total business costs</u> for [NON-FARM ENTERPRISE] during the <u>last month</u> of operation?									
	SALARIES AND WAGES	PURCHASE OF GOODS FOR SALE	TRANSPORT	FUEL FOR GENERATOR	MAINTENANCE OF GENERATOR	INSURANCE	RENT	INTEREST ON LOANS	PURCHASE INPUTS	OTHER BUSINESS COSTS
	NAIRA	NAIRA	NAIRA	NAIRA	NAIRA	NAIRA	NAIRA	NAIRA	NAIRA	NAIRA
	1									
	2									
	3									
	4									
	5									
	6									
	7									
8										
9										
10										

SECTION 8: NONFARM ENTERPRISES

E N T E R P R I S E N O			30.
	INTERVIEWER: PLEASE READ THE FOLLOWING STATEMENT: You told me your total sales/revenue in the last month of operation was [xxx] Naira while your total business costs were [xxx] Naira. That means, in the last month of operation the profit from your [NON-FARM ENTERPRISE] was approximately [xxx] Naira. Is that correct?	INTERVIEWER: PLEASE READ THE FOLLOWING STATEMENT: You told me your total sales/revenue in the last month of operation was [xxx] Naira while your total business costs were [xxx] Naira. That means, in the last month of operation this [NON-FARM ENTERPRISE] did not make any profit but LOST approximately [xxx] Naira. Is that correct?	What was the <u>total profit</u> for the [NON-FARM ENTERPRISE] during the last month of operation?
	IF <u>YES</u> , ENTER [TOTAL PROFIT] in Q30. IF <u>NO</u> , ASK FOR OTHER SOURCES OF REVENUE NOT INCLUDED IN Q29 AND CONFIRM THE COSTS RECORDED IN Q31a-j.	IF <u>YES</u> , ENTER [TOTAL PROFIT] in Q30. (don't forget to enter the negative sign). IF <u>NO</u> , ASK FOR OTHER SOURCES OF REVENUE NOT INCLUDED IN Q29 AND CONFIRM THE COSTS RECORDED IN Q31a-j.	NAIRA
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

SECTION 8: NONFARM ENTERPRISES

33.			34.			35.			36.			FILTER 1			37.			38.		
What are the three most important constraints to <u>starting</u> a household non-farm enterprise?			Currently, what are the three most important constraints to the <u>operation and growth</u> of your non-farm enterprise?			In the last 5 years, have you or anyone in your household thought about starting a non-farm enterprise or a self employment activity?			What are the three most important constraints to <u>starting</u> a household non-farm enterprise?			IS AG5==1? In the past 12 months, were you or any other member of your household involved in fishing activities, catching fish or raising fish?			At the beginning of the interview you mentioned that your household has been involved in fishing activities. During the last 12 months, did your household sell any of the fish captured or harvested from a fish farm/pond/cages?			What were the total sales/revenue for selling the fish captured or harvested from a fish farm/pond/cages during the last month that your household sold fish?		
SELECT UP TO 3 IN ORDER OF IMPORTANCE			SELECT UP TO 3 IN ORDER OF IMPORTANCE			YES...1 NO...2 ►FILTER1			SELECT UP TO 3 IN ORDER OF IMPORTANCE			YES...1 NO...2 (►NEXT SECTION)			YES...1 NO...2 (►NEXT SECTION)					
1ST	2ND	3RD	1ST	2ND	3RD				1ST	2ND	3RD							NAIRA		

CODES FOR Q33,Q34 & Q36 CONSTRAINTS	
NONE.....	0
ELECTRICITY.....	1
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
COVID-19 RELATED RESTRICTIONS.....	15
HIGH INPUT PRICES.....	17
CUSTOMER BUYING ON CREDIT.....	18
OTHER (SPECIFY).....	96

SECTION 9: HOUSING

1.	2.	3.	4.	5.		
INDICATE THE MAIN RESPONDENT FOR THIS SECTION	WHAT TYPE OF DWELLING DOES THE HOUSEHOLD LIVE IN? OBSERVE, DO NOT READ OUT SEPARATE HOUSE (BUNGALOW)1 SEMI-DETACHED HOUSE.....2 FLAT/APARTMENT.....3 COMPOUND HOUSE (SEPARATE ROOMS, SHARING FACILITIES).....4 HUTS/BUILDINGS [SAME/SHARED COMPOUND]....5 HUTS/BUILDINGS [SEPARATE/PRIVATE COMPOUND].....6 TENTS.....7 IMPROVISED HOME (KIOSK, CONTAINER).....8 LIVING QUARTERS ATTACHED TO OFFICE/SHOP.....9 UNCOMPLETED BUILDING.....10	Does your household own, rent, or stay for free in the dwelling that your household currently occupies? OWNED.....1 FREE, AUTHORIZED.....2 FREE, NOT AUTHORIZED..3 RENTED.....4 >> Q5	If [OWNER] were to rent this dwelling on the open market how much could [OWNER] charge in rent? (NAIRA) TIME UNIT MONTH....1 YEAR.....2 >> Q6a	How much does your household pay to rent this dwelling? IF IN KIND, INCLUDE VALUE OF IN KIND PAYMENTS TIME UNIT MONTH.....1 YEAR.....2		
ID CODE			NAIRA	TIME UNIT	NAIRA	TIME UNIT

SECTION 9: HOUSING

6a.	6.	7a.	7b	8.	9.	10.
Does your household have any documentation to support the occupancy status for this dwelling?	What type of documentation does your household have to support the occupancy status? SELECT ALL THAT APPLY ONLY SELECT AN OPTION IF THERE IS A PHYSICAL DOCUMENT DEED OF ASSIGNMENT/ CONVEYANCE.....1 CERTIFICATE OF OCCUPANCY....2 CUSTOMARY CERTIFICATE OF OCCUPANCY.....3 RIGHT OF OCCUPANCY.....9 LEASEHOLD (DOCUMENT).....4 FREEHOLD (DOCUMENT).....5 TENANCY AGREEMENT (DOCUMENT, NOT VERBAL).....6 RECEIPT OF PAYMENT.....7 SURVEY PLAN.....8 OTHER (SPECIFY)96	Are any members of the household listed on the documents? YES...1 NO....2 >> Q8	Which members of the household are listed on the document(s)? PROBE & SELECT ALL THAT APPLY	In what year was this structure built? IF DON'T KNOW, RECORD 9999	MAIN CONSTRUCTION MATERIAL OF THE OUTER WALLS OF THE DWELLING OBSERVE, DO NOT READ OUT MUD.....1 STONE.....2 UNBURNT BRICKS..3 BURNT BRICKS...4 CEMENT OR CONCRETE.....5 WOOD OR BAMBOO..6 IRON SHEETS.....7 CARDBOARD.....8 OTHER (SPECIFY)96	MAIN CONSTRUCTION MATERIAL OF THE ROOFING OF THE DWELLING OBSERVE, DO NOT READ OUT THATCH (GRASS OR STRAW)1 CORRUGATED IRON SHEETS.....2 CLAY TILES.....3 CONCRETE/CEMENT..4 PLASTIC SHEET....5 ASBESTOS SHEET...6 ZINC SHEET.....11 MUD.....7 LONG/SHORT SPAN SHEETS.....8 STEP TILES.....9 OTHER (SPECIFY) .96
EXCLUDE VERBAL AGREEMENT SELECT YES ONLY IF THERE IS A PHYSICAL DOCUMENT YES.1 NO..2 >> Q8						
			ID CODE	YEAR		

SECTION 9: HOUSING

11.	12.	12a	12b	13.	14.	15.
MAIN CONSTRUCTION MATERIAL OF THE FLOORING OF THE DWELLING OBSERVE, DO NOT READ OUT SAND/DIRT/ STRAW.....1 SMOOTHED MUD....2 SMOOTH CEMENT/ CONCRETE.....3 WOOD.....4 TILE.....5 TERAZO.....6 MARBLE.....7 OTHER (SPECIFY) .96	How many separate rooms do the members of your household occupy? ONLY CONSIDER ROOMS OCCUPIED BY THIS HOUSEHOLD. DO NOT COUNT BATHROOMS, TOILETS.	Does your household own any watch? YES....1 NO.....2	How many watches does your household own? YES...1 NO.....2 >> Q8	What type of cookstove is your household's primary cookstove ? IN DWELLING, NOT IN A SLEEPING AREA.....1 IN DWELLING, IN A SLEEPING AREA.....2 IN A VERANDA (ROOFED PLATFORM WITH AT LEAST TWO OPEN SIDES).....4 >> Q16 OUTDOORS.....5 >> Q16 OTHER (SPECIFY).....96	Where does your household normally cook with the [primary cookstove in Q13]? YES....1 NO.....2 >> Q27	Does the [primary cookstove in Q13] have a chimney, hood or other exhaust system? YES.....1 NO.....2
	NUMBER					

SECTION 9: HOUSING

16. In the last 12 months, what are the fuels your household commonly used for the [primary cookstove in Q13]? PROBE & SELECT TWO MOST USED FUELS IN ORDER OF MOST USED KEROSENE.....1 COAL/LIGNITE.....2 CHARCOAL.....3 WOOD.....4 SOLAR.....5 ANIMAL WASTE/DUNG.....6 CROP RESIDUE/PLANT BIOMASS..7 SAW DUST.....8 COAL BRIQUETTE.....9 BIOMASS BRIQUETTE.....10 PROCESSED BIOMASS (PELLETS) / WOODCHIPS.....11 ETHANOL.....12 BIOGAS.....13 LPG/ COOKING GAS.....14 PIPED NATURAL GAS.....15 ELECTRIC.....16 GARBAGE/PLASTIC.....17		17. How much did you spend on the [FUEL TYPE IN Q16/ELECTRICITY if Q13==10] for this stove in a typical month when you use the stove? IN NAIRA ENTER THE ACTUAL AMOUNT SPENT, NOT THE MARKET VALUE OF THE FUEL IF NONE/RECEIVED FOR FREE, RECORD 0		18. In the past 12 months, did members of this household suffer from any harm, injury or health problem, or was any property of the household damaged as a direct result of cooking with this cook stove? YES.....1 NO.....2 >> Q19	18a. In the last 12 months, what harm/injury happened from this cookstove? PROBE & SELECT ALL THAT APPLY IN ORDER OF SEVERITY DEATH.....2 PERMANENT PHYSICAL DAMAGE TO ANY PERSON IN THE HOUSEHOLD.....3 BURNS/FIRE/POISONING....4 SEVERE COUGH/ RESPIRATORY PROBLEM.....5 FIRE WITH NO INJURY.....6 OTHER (SPECIFY).....96
1ST	2ND	1ST	2ND		

SECTION 9: HOUSING

19.	20.	21.	22.	23.
<p>What is this household's MAIN source for lighting?</p> <p>PROBE & SELECT TWO MOST OFTEN USED SOURCES IN ORDER OF FREQUENCY</p> <p>ELECTRICITY (INCLUDING SOLAR PANELS, INVERTERS, GENERATOR).....1>> Q21</p> <p>SOLAR-POWERED LANTERN OR FLASHLIGHT...2</p> <p>RECHARGEABLE FLASHLIGHT, MOBILE PHONE TORCH, TORCH OR LANTERN.....3</p> <p>BATTERY POWERED FLASHLIGHT, TORCH OR LANTERN4</p> <p>BIOGAS LAMP.....5</p> <p>LPG LAMP.....6</p> <p>GASOLINE LAMP.....7</p> <p>KEROSENE/PARAFFIN LAMP.....8</p> <p>OIL LAMP.....9</p> <p>CANDLE.....10</p>	<p>Do you have electricity from any source in your household?</p> <p>YES....1</p> <p>NO.....2 >> Q27</p>	<p>What are all the sources of electricity that your household use regularly?</p> <p>SELECT ALL THAT APPLY</p> <p>PHCN/NEPA.....1</p> <p>LOCAL MINI GRID...2</p> <p>GENERATOR RUNNING ON PETROL).....3</p> <p>GENERATOR RUNNING ON DIESEL OR ANY OTHER FUEL (NOT PETROL).....4</p> <p>SOLAR HOME SYSTEM / SOLAR PANEL.....5</p> <p>SOLAR LANTERN/LIGHTING SYSTEM.....6</p> <p>RECHARGEABLE BATTERY.....7</p> <p>INVERTERS.....8</p> <p>DRY CELL BATTERY..9</p>	<p>What is the MAIN source of electricity that your household uses most of the time?</p> <p>PHCN/NEPA.....1</p> <p>LOCAL MINI GRID...2</p> <p>GENERATOR (PETROL/PMS).....3</p> <p>GENERATOR (OTHER THAN PETROL/PMS).....4</p> <p>SOLAR HOME SYSTEM.5</p> <p>SOLAR LANTERN/LIGHTING SYSTEM.....6</p> <p>RECHARGEABLE BATTERY.....7</p> <p>INVERTERS.....8</p> <p>DRY CELL BATTERY..9</p> <p>OTHER (SPECIFY)..96</p>	<p>In the last 7 days, how many hours of electricity were available, on average, <u>each evening from 6:00 pm to 10:00 pm</u> from [MAIN ELECTRICITY SYSTEM]?</p> <p>YES.....1</p> <p>NO.....2</p>
				HOURS

SECTION 9: HOUSING

30a.	31.	32.	33.	33a.	34.	34b.
Normally, how many trips per week does the household make to fetch water in the rainy season?	In the <u>dry season</u> , is your household's main source of drinking water <u>different from</u> [MAIN SOURCE OF DRINKING WATER DURING THE RAINY SEASON - Q27]?	What is the main source of drinking water for members of your household <u>during the dry season</u> ? PIPED INTO DWELLING.....1 PIPED INTO YARD/PLOT....2 PIPED TO NEIGHBOR.....3 PUBLIC TAP/STANDPIPE...4 TUBE WELL/BOREHOLE.....5 PROTECTED DUG WELL.....6 UNPROTECTED DUG WELL...7 PROTECTED SPRING.....8 UNPROTECTED SPRING.....9 RAIN WATER COLLECTION..10 >> Q33a TANKER TRUCK.....11 CART WITH SMALL TANK/DRUM.....12 >> Q33a SURFACE WATER (RIVER, STREAM, POND, DAMN, CANAL).....13 >> Q33a BOTTLED WATER.....14 >> Q35 SACHET WATER.....15 >> Q35 WATER KIOSK.....16 >> Q34 OTHER (SPECIFY)96	Who is responsible for the provision of water from [MAIN SOURCE OF DRINKING WATER DURING THE DRY SEASON - Q32]?	Where is the [MAIN SOURCE OF DRINKING WATER DURING THE DRY SEASON - Q32] located?	How long does it take to go to the [MAIN SOURCE OF DRINKING WATER DURING THE DRY SEASON - Q32], get water, and come back, including waiting time?	How long does it take to go to the [MAIN SOURCE OF DRINKING WATER DURING THE DRY SEASON - Q32], get water, and come back, including waiting time?
	YES....1 NO.....2 >> Q35		GOVERNMENT.....1 COMMUNITY.....2 NGO.....3 PRIVATE COMPANY..4 PRIVATE SELF SUPPLY.....5 RELIGIOUS BODY...6 OTHER (SPECIFY) ..96	IN OWN DWELLING.....1 >> Q35 IN OWN YARD/PLOT....2 >> Q35 ELSEWHERE....3	YES.....1 NO.....2	
# OF TRIPS			TIME	TIME UNIT		

SECTION 9: HOUSING

35. In the <u>last 30 days</u> , has there been any time when your household did not have sufficient quantities of drinking water when needed? YES...1 NO....2	36. Do you usually do anything to the water (dry or rainy season) to make it safer to drink? (IF Q27#14,15 OR Q32#14,15) YES...1 NO....2 >> Q38	37. What do you usually do to the water to make it safer to drink? PROBE & SELECT ALL THAT APPLY BOIL.....1 ADD BLEACH/ CHLORINE.....2 STRAIN THROUGH CLOTH.....3 USE A WATER FILTER.....4 SOLAR DISINFECTION....5 LET IT SETTLE...6 OTHER (SPECIFY) .96	38. What is the main source of water used by members of your household for other purposes, such as cooking and hand washing? PIPED INTO DWELLING....1 PIPED INTO YARD/PLOT...2 PIPED TO NEIGHBOR.....3 PUBLIC TAP/STANDPIPE...4 TUBE WELL/BOREHOLE....5 PROTECTED DUG WELL....6 UNPROTECTED DUG WELL...7 PROTECTED SPRING.....8 UNPROTECTED SPRING....9 RAIN WATER COLLECTION..10 TANKER TRUCK.....11 CART WITH SMALL TANK/ DRUM.....12 SURFACE WATER (RIVER, STREAM, POND, DAMN, CANAL).....13 BOTTLED WATER.....14 SACHET WATER.....15 WATER KIOSK.....16 NAIRA	39. During the <u>past 30 days</u> , how much <u>in total</u> did you pay for water, including any fees or costs of transportation, delivery, etc for this water? ONLY YOUR HOUSEHOLD'S PORTION IF SHARED WATER BILL NAIRA	40. What kind of toilet facility do members of your household usually use? FLUSH TO PIPED SEWAGE SYSTEM.....1 >> Q43 FLUSH TO SEPTIC TANK.....2 FLUSH TO PIT LATRINE.....3 FLUSH TO OPEN DRAIN.....4 >> Q43 FLUSH TO SOMEWHERE ELSE.....5 >> Q43 VENTILATED IMPROVED LATRINE.....6 PIT LATRINE WITH SLAB.....7 PIT LATRINE W/O SLAB/OPEN PIT...8 COMPOSTING TOILET.....9 BUCKET.....10 >> Q43 CONTAINER BASED SANITATION.....13 HANGING TOILET/HANGING LATRINE..11 >>
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SECTION 9: HOUSING

41.	42.	43.	44.	45.	46.
Has your (pit latrine or septic tank) ever been emptied?	<p>The last time it was emptied, where were the contents emptied to?</p> <p>REMOVED BY SERVICE PROVIDER:</p> <ul style="list-style-type: none"> - TO A TREATMENT PLANT.....1 - BURIED IN A COVERED PIT.....2 - TO DON'T KNOW WHERE.....3 <p>EMPTIED BY HOUSEHOLD:</p> <ul style="list-style-type: none"> - BURIED IN A COVERED PIT.....4 - TO UNCOVERED PIT, OPEN GROUND, WATER BODY OR ELSEWHERE.....5 	<p>Where is this toilet facility located?</p> <p>IN OWN DWELLING....1</p> <p>IN OWN YARD/PLOT...2</p> <p>ELSEWHERE.....3</p>	<p>Do you share this facility with others who are not members of your household?</p> <p>YES....1</p> <p>NO.....2 >> Q46</p>	<p>How many other households do you share this toilet facility (excluding this household)?</p> <p>EXCLUDE THIS HOUSEHOLD.</p>	<p>What kind of refuse collection is used by your household?</p> <p>HOUSEHOLD BIN COLLECTED BY GOVERNMENT.....1</p> <p>HOUSEHOLD BIN COLLECTED BY PRIVATE FIRM OR INDIVIDUAL.....2</p> <p>TAKE TO PUBLIC/DESIGNATED RUBBISH HEAP/GOVT BIN OR SHED.....3</p> <p>BURNING4</p> <p>>> Q48</p> <p>COMPOST SOLID WASTE.....5</p> <p>>> Q48</p> <p>RUBBISH PIT/DISPOSAL ON COMPOUND (NOT BURNING/COMPOST)6</p> <p>>> Q48</p> <p>INFORMAL DISPOSAL, LAND (BUSH, STREET, ETC)7</p> <p>>> Q48</p> <p>INFORMAL DISPOSAL, WATER (RIVER, SEA, STREAM, ETC)8</p> <p>>> Q48</p> <p>OTHER (SPECIFY)96</p>
				NUMBER	TIME UNIT

SECTION 9: HOUSING

47.	48.	49.	50.
<p>How much does your household pay for refuse collection?</p> <p>YES.1 NO..2 >> Q50</p> <p>TIME UNIT:</p> <p>DAILY.....1 WEEKLY.....2 FORTNIGHTLY..3 MONTHLY.....4 QUARTERLY....5 YEARLY.....6</p> <p>>> END MODULE</p>	<p>Does any member of this household have a working (fixed or wireless) internet connection?</p> <p>YES.1 NO..2 >> Q50</p>	<p>What type of internet connection does the household have?</p> <p>SELECT ALL THAT APPLY</p> <p>FIXED LINE CONNECTIONS (E.G. ADSL/CABLED ROUTER, CABLE, OPTICAL FIBRE).....1 MOBILE OR WIRELESS CONNECTION (E.G. VIA MOBILE NETWORK, USING SIM CARD OR USB KEY, DONGLE, MOBILE ROUTER, MOBILE PHONE OR SMARTPHONE AS MODEM).....2</p>	<p>What is the main reason why the household does not have a working (fixed or wireless) internet connection?</p> <p>COST OF EQUIPMENT TOO HIGH.....1 COST OF SERVICE TOO HIGH.....2 DO NOT NEED THE INTERNET.....3 HAVE ACCESS TO INTERNET ELSEWHERE.....4 INTERNET NOT AVAILABLE IN THE AREA.....5 DO NOT KNOW HOW TO USE IT.....6 PRIVACY OR SECURITY CONCERNS.....7 OTHER (SPECIFY).....96</p>

SECTION 10: FOOD CONSUMPTION SHOCKS

INTERVIEWER READ: Now, I'd like to ask you some questions about difficult times that your household may have faced. Difficult times are events and pressures that have bad effects on your household's well being, assets, livelihoods, or safety. These may have happened slowly such as drought, persistent discrimination, or intergroup conflict, or may have occurred rapidly such as flooding, loss of a family member, disease, or rapid changes in prices.

CLIMATE SHOCKS ON CONSUMPTION								
1a.	1b.	2a	2b	3a	3b	4a	4b	FILTER 1
<p>In the past 12 months, did your household face difficult times as a result of having too much rain?</p> <p>YES...1 NO....2 >> Q2a</p>	<p>How severe would you say the impact of having too much rain was on your household's food consumption?</p> <p>Not severe.....1 Somewhat severe...2 Severe.....3 Extremely severe..4 REFUSED.....7</p>	<p>In the past 12 months, did your household face difficult times as a result of drought or variable rain, that is rain that came earlier or later than expected?</p> <p>YES...1 NO....2 >> Q3a</p>	<p>How severe would you say the impact of drought or variable rain was on your household's food consumption?</p> <p>Not severe.....1 Somewhat severe...2 Severe.....3 Extremely severe..4 REFUSED.....7</p>	<p>In the past 12 months, did your household face difficult times as a result of hail or frost?</p> <p>YES...1 NO....2 >> Q4a</p>	<p>How severe would you say the impact of hail or frost was on your household's food consumption?</p> <p>Not severe.....1 Somewhat severe...2 Severe.....3 Extremely severe..4 REFUSED.....7</p>	<p>In the past 12 months, did your household face difficult times as a result of landslides or erosion?</p> <p>YES...1 NO....2 >> FILTER1</p>	<p>How severe would you say the impact of landslides or erosion was on your household's food consumption?</p> <p>Not severe.....1 Somewhat severe...2 Severe.....3 Extremely severe..4 REFUSED.....7</p>	<p>DID THE HOUSEHOLD CULTIVATE ANY CROPS IN THE 12 MONTHS? (THIS QUESTION WILL BE INCLUDED IN THE INTERVIEW START SECTION)</p> <p>YES...1 NO....2 >> Q8</p>

SECTION 10: FOOD CONSUMPTION SHOCKS

CROPS SHOCKS ON CONSUMPTION						
5a.	5b.	6a.	6b.	7a.	7b.	8.
<p>In the past 12 months did your household face difficult times as a result of crop disease, such as rust on wheat or sorghum?</p> <p>YES...1 NO....2 >> Q6a</p>	<p>How severe would you say the impact of crop disease was on your household's food consumption?</p> <p>Not severe.....1 Somewhat severe...2 Severe.....3 Extremely severe..4 REFUSED.....7</p>	<p>In the past 12 months, did your household face difficult times as a result of pests, such as locusts, affecting your crops?</p> <p>YES...1 NO....2 >> Q7a</p>	<p>How severe would you say the impact of pests affecting your crops was on your household's food consumption?</p> <p>Not severe.....1 Somewhat severe...2 Severe.....3 Extremely severe..4 REFUSED.....7</p>	<p>In the past 12 months, did your household face difficult times as a result of weeds affecting your crops?</p> <p>YES...1 NO....2 >> Q8</p>	<p>How severe would you say the impact of weeds affecting your crops was on your household's food consumption?</p> <p>Not severe.....1 Somewhat severe...2 Severe.....3 Extremely severe..4 REFUSED.....7</p>	<p>Did your household raise any livestock, such as cattle, swine, poultry, fish, or other farm animals in the past 12 months?</p> <p>YES...1 NO....2 >> FILTER2</p>

SECTION 10: FOOD CONSUMPTION SHOCKS

LIVESTOCK SHOCKS ON CONSUMPTION				FARM (CROPS OR LIVESTOCK) SHOCKS ON CONSUMPTION			
9a.	9b.	10a.	10b.	FILTER 2	11a.	11b.	12a.
<p>In the past 12 months, did your household face difficult times as a result of disease affecting your livestock?</p> <p>YES...1 NO....2 >> Q10A</p>	<p>How severe would you say the impact of disease affecting your livestock was on your household's food consumption?</p> <p>Not severe.....1 Somewhat severe...2 Severe.....3 Extremely severe..4 REFUSED.....7</p>	<p>In the past 12 months, did your household face difficult times as a result of someone stealing animals from your household, for example in raids?</p> <p>YES...1 NO....2 >> FILTER2</p>	<p>How severe would you say the impact of the theft of your household's animals was on your household's food consumption?</p> <p>Not severe.....1 Somewhat severe...2 Severe.....3 Extremely severe..4 REFUSED.....7</p>	<p>IS FILTER 1==1 OR Q8==1?</p> <p>YES...1 NO....2 >> Q13A</p>	<p>In the past 12 months, did your household face difficult times as a result of increased prices of agricultural or livestock inputs?</p> <p>YES...1 NO....2 >> Q12A</p>	<p>How severe would you say the impact of increased prices of agricultural or livestock inputs was on your household's food consumption?</p> <p>Not severe.....1 Somewhat severe...2 Severe.....3 Extremely severe..4 REFUSED.....7</p>	<p>In the past 12 months, did your household face difficult times as a result of not being able to sell the crops, livestock, or other products your household produces for a fair price?</p> <p>YES...1 NO....2 >> Q13A</p>

SECTION 10: FOOD CONSUMPTION SHOCKS

	HOUSEHOLD SHOCKS ON CONSUMPTION						
12c.	13a.	13b.	14a.	14b.	15a.	15b.	16a.
How severe would you say the impact of not being able to sell your household's products at a fair price was on your household's food consumption?	In the past 12 months, did your household face difficult times as a result of loss of land or rental property?	How severe would you say the impact of loss of land or rental property was on your household's food consumption?	In the past 12 months, did your household face difficult times as a result of theft or destruction of assets?	How severe would you say the impact of theft or destruction of assets was on your household's food consumption?	In the past 12 months, did your household face difficult times as a result of increasing food prices?	How severe would you say the impact of increasing food prices was on your household's food consumption?	In the past 12 months, did your household face difficult times as a result of a delay in food assistance?
Not severe.....1 Somewhat severe...2 Severe.....3 Extremely severe..4 REFUSED.....7	YES...1 NO....2 >> Q14A	Not severe.....1 Somewhat severe...2 Severe.....3 Extremely severe..4 REFUSED.....7	YES...1 NO....2 >> Q15A	Not severe.....1 Somewhat severe...2 Severe.....3 Extremely severe..4 REFUSED.....7	YES...1 NO....2 >> Q16A	Not severe.....1 Somewhat severe...2 Severe.....3 Extremely severe..4 REFUSED.....7	YES...1 NO....2 >> Q17A

SECTION 10: FOOD CONSUMPTION SHOCKS

HOUSEHOLD SHOCKS ON CONSUMPTION							
16b.	17a.	17b.	18a.	18b.	19a.	19b.	19c.
<p>How severe would you say the impact of the delay in food assistance was on your household's food consumption?</p> <p>Not severe.....1 Somewhat severe...2 Severe.....3 Extremely severe..4 REFUSED.....7</p>	<p>In the past 12 months, did your household face difficult times as a result of unemployment of youths?</p> <p>YES...1 NO....2 >> Q18A</p>	<p>How severe would you say the impact of this unemployment was on your household's food consumption?</p> <p>NOT SEVERE.....1 SOMEWHAT SEVERE...2 SEVERE3 EXTREMELY SEVERE..4 REFUSED.....7</p>	<p>In the past 12 months, did your household face difficult times as a result of human disease outbreaks, such as from contaminated water?</p> <p>YES...1 NO....2 >> Q19A</p>	<p>How severe would you say the impact of the human disease outbreak was on your household's food consumption?</p> <p>NOT SEVERE.....1 SOMEWHAT SEVERE...2 SEVERE3 EXTREMELY SEVERE..4 REFUSED.....7</p>	<p>Has anyone in your household experienced a severe illness in the past 12 months?</p> <p>YES...1 NO....2 >> Q20A</p>	<p>In the past 12 months, were you or anyone in your household sick with:</p> <p>SELECT ALL THAT APPLY</p> <p>Tuberculosis (TB)....1 Fever or malaria.....2 Covid-193 Any other severe illness.....96</p>	<p>How severe would you say the impact of this person's illness was on your household's food consumption?</p> <p>Not severe.....1 Somewhat severe...2 Severe.....3 Extremely severe..4 REFUSED.....7</p>

SECTION 10: FOOD CONSUMPTION SHOCKS

HOUSEHOLD SHOCKS ON CONSUMPTION				
20a.	20b.	FILTER 3	42	43
<p>Has your household experienced the death of a family member in the past 12 months?</p> <p>YES...1 NO....2 >> FILTER3</p>	<p>How severe would you say the impact of this person's death was on your household's food consumption?</p> <p>Not severe.....1 Somewhat severe...2 Severe.....3 Extremely severe..4 REFUSED.....7</p>	<p>IS THERE A YES IN ANY QUESTION REGARDING SHOCKS: s13q13a==1 OR s13q14a==1 OR s13q15a==1 OR s13q16a==1 OR s13q17a==1 OR s13q18a==1 OR s13q19a==1 OR s13q20a==1?</p> <p>YES...1 NO....2 >> NEXT SECTION</p>	<p>To what extent has your ability to meet food needs returned to the level it was before all the difficult times you experienced in the past 12 months?</p> <p>Same as before.....1 Better than before.....2 Worse than before3</p>	<p>In light of the difficult times you faced in the past 12 months, to what extent do you believe you will be able to meet your food needs in the next year?</p> <p>Same as before.....1 Better than before.....2 Worse than before3</p>

SECTION 11: SAFETY NETS

0. INTERVIEWER: RECORD ID OF PRIMARY RESPONDENT

1. 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 livestock

YES . . . 1

YES . . . 1

NO . . . 2 (► NEXT SECTION)

1a. CAPI: IS THERE A "YES" RESPONSE IN Q1?

C O D E		2.	3.	4.	4a	4b
		Did the members of your household receive assistance in any form from the following programmes in the <u>past 12 months</u> ? PROBE AND SELECT YES OR NO FOR EACH PROGRAMME YES . 1 NO . . 2 >> NEXT PROGRAMME	What type of assistance was received from [PROGRAMME]? SELECT ALL THAT APPLY CASH ASSISTANCE . 1 FOOD ASSISTANCE . . 2 OTHER/IN-KIND ASSISTANCE 3	CAPI FILTER: DOES Q3 INCLUDE "CASH ASSISTANCE"? YES . 1 NO . . 2 >> Q5	What was the total value of <u>cash</u> assistance received from [PROGRAMME] in the last 12 months?	What was the mode of payment for the cash transfers received from [PROGRAMME]? READ OUT OPTIONS. Cash in hand . . . 1 Bank deposit . . . 2 Mobile money . . . 3
					NAIRA	
3	E-Wallet Input Subsidy Programme					
4	Growth Enhancement Support Scheme (GESS)					
5	School Feeding Programme					
6	N-Power					
7	Government Enterprise and Empowerment Program (GEEP)					
8	Beta Don Com (NASSP regular cash transfer)					
9	NASSP emergency cash transfers (ESR-CT)					
10	COVID-19 Action Recovery and Economic Stimulus (CARES)					
11	Government COVID-19 Response Cash Transfer (using the Rapid Response Register (RRR))					
96	Other (Specify)					

SECTION 11: SAFETY NETS

C O D E	4c	4d	4e	4f	
	How frequently are the household members supposed to receive the payments from [PROGRAMME]?	In each payment received [FREQUENCY REPORTED IN 4c] from [PROGRAMME], how much is the household supposed to receive?	How much was actually received from [PROGRAMME] during the most recent payment to the household?	What period of time should the payment reported in [Q4e] cover?	
	DAILY.....6 WEEKLY.....7 MONTHLY.....1 QUARTERLY.....2 HALF YEARLY.....3 YEARLY.....4 ONLY ONCE.....5			DAYS.....1 WEEKS.....2 MONTH.....3 QUARTER.....2 YEAR.....4 DO NOT KNOW..99	
		NAIRA (9999 if do not know)	NAIRA	NUMBER	TIME UNIT
3					
4					
5					
6					
7					
8					
9					
10					
11					
96					

SECTION 11: SAFETY NETS

C O D E	5.	6.	7.		8.	9.
	Was the assistance from [PROGRAMME] given to... ENTIRE HOUSEHOLD...1 SPECIFIC HOUSEHOLD MEMBERS...2 IF Q5=1 >> Q7	Which household members received this assistance from [PROGRAMME] in the last 12 months? RECORD HOUSEHOLD ROSTER ID OF EACH MEMBER MENTIONED ID CODES	When was the last time your household received this assistance from [PROGRAMME] in the last 12 months? MONTH YEAR (4-DIGIT)		How did your household use the money received from [PROGRAMME]? FOR CASH ASSISTANCE ONLY SELECT ALL THAT APPLY 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	What was the source of this assistance from [PROGRAMME] ? FEDERAL GOVERNMENT.....1 STATE GOVERNMENT.....2 LOCAL GOVERNMENT.....3 NGO.....4 INTERNATIONAL ORGANIZATION...5 RELIGIOUS BODY.....6 OTHER (SPECIFY).....96
3						
4						
5						
6						
7						
8						
9						
10						
11						
96						

SECTION 12: ECONOMIC SHOCKS

0. INTERVIEWER: RECORD ID OF PRIMARY RESPONDENT

I'D LIKE TO ASK YOU ABOUT EVENTS THAT MAY HAVE AFFECTED YOUR HOUSEHOLD SINCE JANUARY 2022.

	1.	2.	3.	4a	4b	5.	FILTER 1	6.
S H O C K C O D E	Since January 2022, has your household been affected by...?	How many times has [SHOCK] occurred since JANUARY 2022?	When did the most recent [SHOCK] affect your household? 2022...0 2023...1 2024....2	Did the most recent [SHOCK] result in a decrease or loss of income? YES . 1 NO . . 2	Did the most recent [SHOCK] result in a decrease or loss of assets? YES . 1 NO . . 2	How did your household cope with the most recent [SHOCK]? PROBE & SELECT UP TO 4 IN ORDER OF IMPORTANCE	CAPI: IS (Q4a==1 OR Q4b==1) AND Q5==22? YES . 1 NO . . 2 >>NEXT SHOCK/SECTION	What is the main reason why your household did nothing after [SHOCK]? DIDN'T HAVE THE RESOURCES TO DO ANYTHING.....1 THE SHOCK IS TOO FREQUENT SO THEY GOT USED TO IT.....2 THEY ARE AFRAID OF THE CONSEQUENCES OF DOING SOMETHING.....3 DIDN'T KNOW WHAT TO DO..... 4 THE SHOCK WAS TOO SMALL THAT THERE WAS NO NEED TO DO ANYTHING.....5 OTHER SPECIFY.....96
	YES . . 1 NO . . . 2 (► NEXT SHOCK)	NUMBER OF TIMES						
1	Floods							
2	Irregular rains (including unexpected variation in timing and rainfall amount)							
3	Droughts							
4	Fire							
5	Very high temperatures (>40°C)							
6	Pests and Plant Diseases							
7	Death of livestock due to illness							
8	Post Harvest Loss							
9	Death of a household member (including all causes)							
10	Diseases or injury of household member (including all causes)							
11	Stopped receiving remittances sent to the household							
12	Loss of a regular job of a household member							
13	Departure of a household member (Abandonment, separation, marriage)							
14	Loss of an important contract or default by a creditor							
15	Nonfarm Business closure, failure or bankruptcy							
16	Loss of land							
17	Theft/looting of cash and other property							
18	Hijacking/robbery/assault of a household member							
19	Kidnapping/Abudction for ransom							

SECTION 12: ECONOMIC SHOCKS

S H O C K C O D E	1.	2.	3.	4a	4b	5.	FILTER 1	6.
	Since January 2022, has your household been affected by...? YES..1 NO...2 (► NEXT SHOCK)	How many times has [SHOCK] occurred since JANUARY 2022? NUMBER OF TIMES	When did the most recent [SHOCK] affect your household? 2022...0 2023...1 2024....2	Did the most recent [SHOCK] result in a decrease or loss of income? YES..1 NO..2	Did the most recent [SHOCK] result in a decrease or loss of assets? YES..1 NO..2	How did your household cope with the most recent [SHOCK]? PROBE & SELECT UP TO 4 IN ORDER OF IMPORTANCE	CAPI: IS (Q4a==1 OR Q4b==1) AND Q5==22? YES..1 NO..2 >>NEXT SHOCK/SECTION	What is the main reason why your household did nothing after [SHOCK]? DIDN'T HAVE THE RESOURCES TO DO ANYTHING.....1 THE SHOCK IS TOO FREQUENT SO THEY GOT USED TO IT.....2 THEY ARE AFRAID OF THE CONSEQUENCES OF DOING SOMETHING.....3 DIDN'T KNOW WHAT TO DO.....4 THE SHOCK WAS TOO SMALL THAT THERE WAS NO NEED TO DO ANYTHING.....5 OTHER SPECIFY.....96
20	Domestic violence							
21	Withdraw of assistance (government, NGO, or other organizations)							
22	Increase in price of farming/business inputs (excluding petrol and other fuels)							
23	Fall in the price of farming/business output							
24	Increase in price of major food items usually consumed by the household							
25	Increase in price of oil and fuel							
26	Increase in prices of other fuels (excluding petrol) (e.g. cooking gas, kerosene, firewood, charcoal)							
27	Shortage/scarcity of petrol							
28	Dwelling/farm buildings/business facilities damaged or demolished							
96	Other (specify)							

CODES FOR Q5

SALE OF HOUSEHOLD ASSETS/DURABLE GOODS.....1
SALE OF PRODUCTIVE ASSETS (AG AND NO-AG)
(EXCLUDING HOUSE OR LAND).....2
SALE OF CATTLE OR OTHER LARGE-SIZED LIVESTOCK.....3
SALE OF CROP STOCK/FOOD STOCK.....4
SOLD HOUSE OR LAND.....5
ENGAGED IN ADDITIONAL INCOME GENERATING
ACTIVITIES.....6
ONE OR MORE HOUSEHOLD MEMBERS MIGRATED TO FIND JOB
ELSEWHERE.....7
RECEIVED ASSISTANCE FROM FRIENDS & FAMILY.....8
BORROWED FROM FRIENDS & FAMILY.....9
BORROWED FROM MONEY LENDERS.....10
TOOK A LOAN FROM A FINANCIAL INSTITUTION.....11
CREDITED PURCHASES.....12
DELAYED PAYMENT OBLIGATIONS.....13

SOLD HARVEST IN ADVANCE.....14
REDUCED FOOD CONSUMPTION.....15
REDUCED NON-FOOD CONSUMPTION INCLUDING HEALTH AND
EDUCATION.....16
REDUCED PURCHASE QUANTITY COMPARED TO THE PAST...25
REDUCED FREQUENCY OF OWN VEHICLE/GENERATOR USE...26
USED MORE
PUBLIC TRANSPORTATION.....27
TOOK CHILDREN OUT OF SCHOOL.....23
SENT CHILDREN TO LIVE ELSEWHERE.....24
RELIED ON SAVINGS.....17
RECEIVED ASSISTANCE FROM NGO/RELIGIOUS
INSTITUTIONS.....18
TOOK ADVANCED PAYMENT FROM EMPLOYER.....19
RECEIVED ASSISTANCE FROM GOVERNMENT.....20
WAS COVERED BY INSURANCE POLICY.....21
DID NOTHING.....22
OTHER (SPECIFY).....96

SECTION 4B: ANTHROPOMETRY

I N D I V I D U A L I D	1.	2.	3.	4.	5.	6.	7.	8.
	CAPI: IS THIS PERSON A CHILD AGED LESS THAN 60 MONTHS (LESS THAN 5 YEARS)	INTERVIEWER: PLEASE SELECT THE HOUSEHOLD MEMBER WHO IS WITH [NAME] AT THE TIME OF THE MEASUREMENT	INTERVIEWER: WAS [NAME] MEASURED FOR WEIGHT?	INTERVIEWER: WHY WAS [NAME] NOT MEASURED FOR WEIGHT?	Can you please confirm that [NAME] is [AGE] months old?	In which day was [NAME] born?	INTERVIEWER: IS [NAME] ABLE TO STAND ALONE ON THE SCALE?	WEIGHT
	YES...1 NO...2▶NEXT PERSON		YES...1 ▶Q5 NO...2	NOT AT HOME DURING SURVEY PERIOD....1 TOO ILL.....2 CHILD REFUSED3 PARENTS REFUSED....4 OTHER (SPECIFY)...96 (▶ Q10)	YES, CORRECT.....1 NO, INCORRECT....2		YES...1 NO...2	UP TO TWO DECIMAL PLACES
	ID CODE					DAY		KILOGRAMS
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								

SECTION 4B: ANTHROPOMETRY

	9.	10.	11.	12.	13.	14.	15.	16.
I N D I V I D U A L I D	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 [NAME] MEASURED FOR LENGTH/ HEIGHT? YES...1 ►Q12 NO...2	INTERVIEWER: WHY WAS [NAME] NOT MEASURED FOR LENGTH/HEIGHT? NOT AT HOME DURING SURVEY PERIOD....1 TOO ILL.....2 CHILD REFUSED3 PARENTS REFUSED....4 OTHER (SPECIFY)...96 (► Q15)	HEIGHT UP TO TWO DECIMAL PLACES	INTERVIEWER: WAS THE CHILD MEASURED STANDING UP OR LAYING DOWN? STANDING UP...1 LAYING DOWN...2	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]? YES...1 NO...2►NEXT PERSON	INTERVIEWER: WHAT IS YOUR COMMENT?
	YES...1 NO...2			CENTIMETERS		YES...1 NO...2		
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								

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. Is there another adult member of the household that can provide us with a phone number for contact?

PHONE NUMBERS FOR OTHER HOUSEHOLD MEMBERS:

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

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

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

3A. 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

3A NAME : _____ 3B1. NAME : _____

3A RELATION TO HEAD : _____ 3B2. RELATION TO HEAD : _____

3A PHONE (LANDLINE) : _____ 3B3. PHONE (LANDLINE) : _____

3A PHONE (CELL) : _____ 3B4. PHONE (CELL) : _____

3A ADDRESS _____ 3B5. ADDRESS _____

3B. Is there another person in this community who would be most likely to know your new address?

3B NAME _____

3B RELATION TO HEAD _____

3B PHONE NUMBER _____

3B ADDRESS _____