Please write responses in PRINTED CAPITAL LETTERS



Reference Number			

GENERAL HOUSEHOLD SURVEY

without touching the box edges. A B C	0 1 2	Shade boxes like this	s: ■ Not like this X or this ✓				
PART A: IDENTIFICATION							
Survey Survey	Interviewer's Nam HU MS Number:		HH Listed: HH Sampled				
1. State 2. LGA 3. RIC 4.	EA Code 5. Enumeratio	n Area Name	6. Sector				
7.HU No 8. Name of Head of HH 9. Address:							
10. Response Status: 1. Completed 2. Partly completed 3. Not at home 4. Refused 5. Household not located 5	of And Coo	12. Major Source of Water for Drinking and Cooking: Pipe borne water treated ① Pipe borne water untreated ② Bore hole/hand pump ③ Well/Spring Protected ④ Well/Spring Unprotected ⑤ Rain Water ⑥ Streams/Pond/River ⑦ Tanker/Truck/Vendor ⑥ Other ②					
14 Type of Housing Unit:	40. Tallet facilities						
14. Type of Housing Unit: Single room Flat Duplex Whole building Other S	19. Toilet faclities: No Toilet on war Flush to sewa Flush to septic ta Pail/buck Covered pit latri Uncovered pit latri	22. Type of Fuel Used for Cooking Electricity Gas ② Kerosine ③ Wood ④ Coal ③					
15. Number of Living Rooms in Housing Unit	V. I. P. latri	ne 🔞					
16. Monthly Rent (in =N=) for housing unit:	Other	23. Electricity Supply PHCN (NEPA) only Rural Electrification only Private Generator only PHCN (NEPA)/Generator Rural Electricity/Generator Solar Energy None 7					
17. Tenure: Normal Rent ①			24. Information and Communication Technology (ICT)				
Free ② Nominal/Subsidized Rent ③ Owner occupier ④	21. Type of Refuse Disposa	y government ①	C N O e O W S N N S e Radio (123)				
18. Material of dwelling floor: Wood/Tile Planks/Concrete Dirt/Straw/Without concrete Other Other Other Wood/Tile Planks/Concrete Other Oth	Disposal with	nt bin or shed ③ iin compound ④ d refuse heap ⑤	Television 123 Telephone (Fixed) 123 Telephone (Mobile) 123 Personal Computer (PC) 123 Internet Service 123				

			1
Reference Number			

PART B: PERSON(S) PRESENT IN HOUSEHOLD (For all persons who slept in this household last night)

Member Number (0)	List all persons who slept in this household last night Name of Household Member	to dence		Resi- dence (Last Status Birthday)		Marital Status	If married, what form of formal Marriage School (7)		Highest Level Reached (8)	Highest Grade Reached (9)	Lite- racy in any langu- age (10)
			12		10	12345	123	123	1234		12
			12		12	12345	123	123	1234		12
			12		10	12345	123	123	1234		12
			12		12	12345	123	123	1234		12
			12		12	12345	123	123	1234		12
			12		12	12345	123	123	1234		12
			12		12	12345	123	123	1234		12
			12		12	12345	123	123	1234		12
			12		12	12345	123	123	1234		12
			12		12	12345	123	123	1234		12
			12		12	12345	123	123	1234		12
			12		12	12345	123	123	1234		12
			12		12	12345	123	123	1234		12
			12		12	12345	123	123	1234		12
			12		12	12345	123	123	1234		12

Col.1: Relationsip to Head 01 Head

- 02 Spouse 03 Own Child 04 Step Child 05 Grand Child

- 06 Brother/Sister 07 Niece/Nephew 08 Brother/Sister-in-law
- 09 Parent 10 Parent-in-law
- 11 Other relative 12 Maid/Nanny/House Servant 13 Non-Relative

Col. 2: Residence Status 1. Usually resident in HH

- 2. Not usually resident in HH
- Col. 4: Sex
- 1. Male 2. Female

Col.5: Marital Status

- Married
 Divorced
- Separated
 Widowed
- 5. Never Married

Col.6: What form of Marriage

- 1. Ordinance
- Customary
 Mutual Agreement

Col.7: Attendance at formal School

- Never
 Now in School
 Before but not now

Col.8: Highest Level Reached

- 1. Below Pry.
- Primary
 Secondary
- 4. Post Secondary

Col.9: Highest Grade Reached

Nursery	Secondary	
01 Pre-Class	10 JSS 1	13 SSS 1
02 Nursery 1	11 JSS 2	14 SSS 2
03 Nursery 2	12 ISS 3	15 999 3

Primary

Post Secondary

16 A/L/OD 19 Others
17 BSC/HD
18 P/Grad. 04 Pry. 1 07 Pry. 4 05 Pry. 2 08 Pry. 5 06 Pry. 3 09 Pry. 6

Col.10: Literacy in any language

1. Yes 2. No

Reference Number			

Member Number	Main Job previous week (If options 1-5 Go to Col.14, and if options 6 or 7 Go to Next Person)	If person did nothing, what was the reason? (If options 6-8 Go to Col.42)	Length of unemployment (from the last paid work) Next Person (13)	Do you like to change job?	Reason for the change (15)	Primary or Main Occu- pation (16)	Industry of Primary or Main Occupation (17)	Employment Status (18)
	123456799	·	(- /	·	(13)			123456
	123456789	12345678	123456	12				123456
	023456769	12345678	123466	12				123456
	123456789	12345678	123456	12				123456
	123456789	12345678	123456	12				123456
	123456789	12345678	123456	12				123456
	123466789	12345678	123456	12				123456
	123466789	12345678	123456	12				123456
	123456789	12345678	123456	12				123456
	123466789	12345678	123456	12				123456
	123466789	12345678	123456	12				123456
	023466769	12345678	123456	12				123456
	123466789	12345678	123456	12				123456
	023466760	12345678	123456	12				123456
	023450789	12345678	123456	12				123456

Col. 11: Main Job previous week

- Worked for pay
 Got job but did not work
 Worked for profit
 On attachment but didn't work
 Apprenticeship

- 6. Kept home 7. Went to School
- 8. Did Nothing

Col.12: If person did nothing, what was the reason?

- 1. Looked for job
- Sick
 Believed no job available
 Laid off 30 days or less
- 5. Waiting to join work6. Retired
- 7. Invalid 8. Others

Col.13: Length of un-employment (from the least paid work)

- 1. Less than 1 month 2. Between 1 and 2 months 3. Between 2 and 3 months 4. Between 3 and 4 months
- 5. More than 4 months6. Never had a paid work

Col.14: Do you like to change job?

1. Yes 2. No

Col.16: Primary or Main Occupation

See Occupational codes on Page 12

Col.15: Reason for the change

- 01 Low income in present job 02 Job doesn't match skill
- 03 Job environment not congenial 04 Excessive hours of work
- 05 Precarious job(s) 06 Inadequate tools
- 07 Equipment or training for assigned task 08 Travel to work difficulties

- 09 Inconvenient work schedules 10 Recurring work stoppage 11 Prolonged non wage payment

Col.18: Employment Status

- Employer
 Employee
- 3. Own Account Worker
- Members of Producer Coop.
 Unpaid Family Worker

Col.17: Industry of Primary or Main Occupation

See Industry codes on Page 12

Reference Number		

Member Number	Hours of Work per week (19)	Institutional Sector (20)	Contribute to National Health Insurance Scheme (NHIS)?	Secon- dary Job (22)	Industry of Secon- dary Job	Employment Status in the Secondary Job (24)	Hours of Work per week (25)	If Col.19+Col more Go else If you are	ECK: .25 is 40 hrs or to Col.27 Ask given extra you do it? In- Voluntary (26b)	Are you Engaged in Voluntary/ Social Work?
		12346	12			123456		12	12	12
		12345	12			123456		12	12	12
		12345	12			123456		12	12	12
		12345	12			123456		12	12	12
		12345	12			123456		12	12	12
		12345	12			123456		12	12	12
		12345	12			123456		12	12	12
		12345	12			123456		12	12	12
		12345	12			123456		12	12	12
		12345	12			123456		12	12	12
		12345	12			123456		12	12	12
		12345	12			123456		12	12	12
		12345	12			123456		12	12	12
		12345	12			123456		12	12	12
		12345	12			123456		12	12	12

Col.20: Institutional Sector

- Private Company
 Public Company
- Parastatals
 Ministries
 Others

Col.21: Contribute to National Health Insurance Scheme (NHIS)?

- 1. Yes 2. No

Col.22: Secondary Job See Occupational codes on Page 12

Col.23: Industry of Secondary Job

See Industry codes on Page 12

Col.24: Employment Status in the Secondary Job

- 1. Employer

- Employee
 Count Worker
 Producer Coop.Member
 Unpaid Family Worker
 Others

Col.26: If you are given extra hours will you do it?

- 1. Yes
- 2. No

Col.27: Are you Engaged in Voluntary/Social Work?

- 1. Yes 2. No

_		_	_	
D۵	αn	5	of	17

Reference Number			

	In which area of	Hours	Income last month (in '000=N=)	Do you personally own any of the following?							How ma	any do yo the follo		any of	
Member Number	Volun- teering? If Yes in Col.27 (28)	of Work per Week (29)	from all jobs and including all allowances	Ra- dio	Tele- vision (32)	Mobile Phone (33)	Fixed Phone (34)	Personal Computer	Inter- net Ser- vice (36)	Ra- dio	Tele- vision (38)	Mobile Phone (39)	Fixed Phone (40)	Personal Computer	Internet Service (42)
				12	12	12	12	12	12						
				12	12	12	12	12	12						
				12	12	12	12	12	12						
				12	12	12	12	12	12						
				12	12	12	12	12	12						
				12	12	12	12	12	12						
				12	12	12	12	12	12						
				12	12	12	12	12	12						
				12	12	12	12	12	12						
				12	12	12	12	12	12						
				12	12	12	12	12	12						
				12	12	12	12	12	12						
				12	12	12	12	12	12						
				12	12	12	12	12	12						
				12	12	12	12	12	12						

Col. 28: In which area of Volunteering?

- 3: In which area of Volunteering
 01 Art and Recreation
 02 Education/Research
 03 Health
 04 Social Services
 05 Environment
 06 Development and Housing
 07 Civil Advocacy
 08 Philanthropy
 09 Religion
 10 International
 11 Business/Professional
 12 Other (specify)

Cols.31-36: Own Information and Communication Technology equipment?

- 1. Yes 2. No

Page		

	Do yo	u have a	access t	o any of	the follo	wing?			your sou)		order of prefere	
Member Number	Ra- dio (43)	Tele- vision (44)	Mobile Phone (45)	Fixed Phone (46)	Per- sonal Com- puter (47)	Internet Service (48)	Ra- dio (49)	Tele- vision (50)	Mobile Phone (51)	Fixed Phone (52)	Per- sonal Com- puter (53)	Internet Service (54)	1st Preference (55)	2nd Preference (56)	3rd Preference (57)
	12	12	12	12	12	12									
	12	12	12	12	12	12									
	12	12	12	12	12	12									
	12	12	12	12	12	12									
	12	12	12	12	12	12									
	12	12	12	12	12	12									
	12	12	12	12	12	12									
	12	12	12	12	12	12									
	12	12	12	1 2	12	12									
	12	12	12	12	12	12									
	12	12	12	12	12	12									
	12	12	12	12	12	12									
	12	12	12	12	12	12									
	12	12	12	12	12	12									
	12	12	12	12	12	12									

Cols.43-48: Have Access to ICT?

1. Yes 2. No

Cols.49-54: Source of Access to ICT?

- 1. Owned
 2. Family member/friend/neighbour
 3. Umbrella Centre
 4. Workplace
 5. Business Centre
 6. Other

Cols.55-57: TV stations?

- 01. DBN 02. Channels 03. Minaj 04. NTA 05. AIT 06. MITV 07. Silver Bird 08. Galaxy 09. State TV 10. Foreign 11. Other

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		Which of the follo-				How m	anv			Housi	Housing Project (For persons Age 20 years and above)					
Member	Do you operate an ICT busi- ness outfit?	wing ICT busi- ness outfits do you operate?	What kind of service do you provide in the ICT business outfit?	How persons the business	work in ICT	persons do you attend to in a day in the ICT business outfit? What is your daily income in the ICT business outfit?		Did you start any new building in 20?	What is the type of building ?	What is the stage of completion of the building as at December 31, 20?	If col.66 = code 5 then When was it completed?					
Number	(58)	(59)	(60)	(6	1)	(62)		(63)		(64)	(65)	(66)	(67)			
	12	12	1234							102	1234	12345	1234			
	12	12	1234							102	1234	12345	1234			
	12	12	1234							12	1234	12345	1234			
	12	12	1234							102	1234	12345	1234			
	12	12	1234							12	1234	12345	1234			
	12	12	1234							12	1234	12345	1234			
	102	12	1234							102	1234	12345	1234			
	12	12	1234							102	1234	12345	1234			
	102	12	1234							102	1234	12345	1234			
	12	12	1234							102	1234	12345	1234			
	102	12	1234							102	1234	12345	1234			
	12	12	1234							102	1234	12345	1234			
	102	12	1234							102	1234	12345	1234			
	12	12	1234							102	1234	12345	1234			
	102	12	1234							102	1234	12345	1234			

Cols.58: Own ICT Business Outfit?

1. Yes 2. No

Cols.59: ICT Business Outfit Operated?

- Umbrella Centre
 Business Centre

Cols.60: Kind of Service provided?

- 1. Telephone calls
 2. Computer Services
 3. Cybercafe
 4. Other

Cols.64: Started Building?

1. Yes 2. No

Cols.65: Type of Building?

- 1. Residential
- 2. Commercial
 3. Industrial
 4. Other

Cols.66: Stage of Completion?

- 1. Foundation level
- 2. Window level
 3. Lentel level
 4. Roofing level
 5. Completed

Cols.67: Completion period?

- 1. 1st Quarter 2. 2nd Quarter 3. 3rd Quarter 4. 4th Quarter

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Reference Number			

PART C: USUAL RESIDENT ABSENT [FOR PERSONS NOT AVAILABLE IN THE HOUSEHOLD DURING THE PERIOD OF THE SURVEY]

Member Number (0)	Name of Household Member	Rela- tionsip to Head (1)	Sex	Age (Last Birthday)	Mari tal Sta tus	Att- end- ance at for- mal Sch.	Date last in HH (6)	Date Expected back in HH (7)	Reason for Absence
			12						
			12						
			12						
			12						
			12						

Col.1: Relationsip to Head

- 08 Brother/Sister-in-law 09 Parent 01 Head

- 10 Parent-in-law 11 Other relative

- 02 Spouse 03 Own Child 04 Step Child 05 Grand Child 06 Brother/Sister 05 Grand Child 06 Brother/Sister 07 Niece/Nephew 13 Non-Relative
- Col. 2: Sex
- 1. Male 2. Female

- 1. Married Married
 Divorced
 Separated
 Widowed
 Never Married

Col.4: Marital Status

Col.5: Attendance at formal School

- 1. Never
- Now in School
 Before but not now

Col. 8: Reason for Absence

- 01 Schooling 01 Schooling 02 Visitation 03 Hospitalisation 04 Temporary Transfer 05 On Holiday 06 Other (specify)

	For a	II person	s aged 1	5 years	and	over			Children ever born by women married or aged 15 years and over							
List Persons Age 15 years and	Member	Rela- tionsip to	Age (Last Birth-		Edu- cati- onal Lev-	If ever Married, Age at first marri-	Currently using FP? If 'No' and Male, GO TO Next Person If 'No' and Female.	Which Method? If Male, GO TO Next Person If Female.	Ever Preg- nant? If 'No', GO TO Next	Number of Own Children living in this HH		Number of Own Children that have died	Cur- rently Preg- nant? If 'No', GO TO Next	Are you regis- tered with the clinic? If 'No', GO TO	How many times do you go to the clinic in a	Rece- ived Anti- Teta-
above (0)	Number (1)	Head (2)	day) (3)	Sex (4)	el (5)	age (6)	GO TO D9		Person (9)	M F (10)	M F (11)	M F (12)	Person (13)		month? (15)	nus? (16)
(0)				12			12		12				12	12		12
				12			12		12				12	12		12
				12			12		12				12	12		12
				12			12		12				12	12		12
				12			12		12				12	12		12

Col.2: Relationsip to Head 08 Brother/Sister-in-law

- 01 Head
- 02 Spouse 03 Own Child
- 09 Parent 10 Parent-in-law
- 04 Step Child 05 Grand Child
- 11 Other relative 12 Maid/Nanny/House
- 06 Brother/Sister 07 Niece/Nephew Servant 13 Non-Relative

Colums 4: Sex

- 1. Male
- 2. Female

Col. 5: Educational Level

- 1. Below Pry.
- Primary
 Secondary 4. Post Secondary

Colums 7, 9, 13, 14, 16?

- 1. Yes 2. No

- 01 Pill 02 Condom

- 02 Condom 03 Injection 04 IUD 05 Female sterilization 06 Male sterilization
- 07 Douche 08 Norplant

Col.8: Which Method?

- 09 Foaming tab
- 10 Diaphram 11 Foam jelly
- 12 Traditional methods 13 Abstinence 14 Withdrawal
- 15 Rythm
- 16 Others

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PART E: BIRTHS IN THE LAST 12 MONTHS

Name of Child (0)	Child Member Number (1)	Mother Member Number (2)	Age of Mother (3)	Sex of Child	Date of Birth	Weight at Birth	Delivered by Trained Birth Attendant?	What type of Trained Birth Attendant? (8)
				12			12	12345
				12			12	12345
				12			12	12345
				12			12	12345
				12			12	02346

Col. 4: Sex of Child

1. Male 2. Female

Col. 7: Delivered by Trained Birth Attendant? 1. Yes 2. No

Col. 8: What type of Trained Birth Attendant? Doctor
 Trained Nurse/Midwife
 Auxillary Midwife
 Trained Traditional Midwife
 Traditional Birth Attendant

PART F: NATIONAL PROGRAMME ON IMMUNIZATION (NPI) [FOR CHILDREN 1 YEAR OR LESS]

		Age of							Vac	cination	n Record	ds				
List of all Children one year or less in this Household	Child Member Number	Child (in com-	Sex of Child	Do you have card?	Mea- sles	BCG	DPT 1	DPT 2	DPT 3	OPV 0	OPV 1	OPV 2	OPV 3	Yel- low Fever	MMR	Vita- min A
(0)	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)
			12	12	12	12	12	12	12	12	12	12	12	12	12	12
			12	12	12	12	12	12	12	12	12	12	12	12	12	12
			12	12	12	12	12	12	12	12	12	12	12	12	12	12
			12	12	12	12	12	12	12	12	12	12	12	12	12	12
			12	12	12	12	12	12	12	12	12	12	12	12	12	12

Col. 3: Sex of Child

Col. 4: Do you have card?

Columns 5-16: Vaccination Records

1. Male 2. Female

1. Yes 2. No

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Page	10	or	12

Reference Number			

PART G: CHILD NUTRITION	N [BREAS	STFEEDIN	NG MODUL	E] [FOR CH	IILDREN L	ESS THA	N 1 YEAR	OLD]					
			Has [NAME] ever been breast- fed?	Did [NAME] get first milk (Colo- strum, yellow coloured breast milk)?		w	hy did [N	NAME] n	ot get fir	st milk?			Since the time of birth, for how long (in months) was [NAME] fed exclusively on breast milk (without water, herbal tea or
List of all Children less than one year old in this Household	Child Member Number	Age of Child (in months)		If 1=Yes or 3=Don't Know, GO TO G13	Bad milk	Mother ill/ weak	Child ill/ weak	Mother died	Nipple/ Breast prob- lem	Child Re- fused	Didn't pro- duce milk	Other	any fluid except vitamin, medicine and ORS)?
(0)	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)
			123	123	12	12	12	12	12	12	12	12	
			123	123	12	12	12	12	12	12	1 2	12	
			123	123	12	12	12	12	12	12	12	12	
			123	123	12	12	12	12	12	12	12	12	
				123	12		$\bigcirc\bigcirc$	12	(1)(2)	(1)(2)	(1)(2)	12	

Col.3, 4: Has [NAME] ever been breastfed?

Columns 5-12: Why did [NAME] not get first milk?

1. Yes 2. No 3. Don't Know

1. Yes 2. No

PART G: CHILD NUTRITION [BREASTFEEDING MODULE] ... continued [FOR CHILDREN LESS THAN 1 YEAR OLD]

		Why were you not able to breastfeed [NAME] for			•	sively [NAME]			s time y	Sweet- ened, flavo-	, did [NA	ME] recei	ive any	of the fo	lowing?	
Child Member Number	Nature of Work	Short- age of breast milk	Mo- ther's health	Child's Re- fusal	Tradi- tion	Age less than 6 mon- ths	Other	being breast fed? If 2 or 3 answer Col.30	Vitamin, mineral supple- ments or medicine	Plain Water	ured water or fruit juice or	Oral Re- hydra- tion Solution (ORS)	pow- dered or fresh milk or infant formula	Any other liquids (spe- cify)	Solid or semi- solid (mushy) food	Received ONLY breast milk
	(14)	(15)	(16)	(17)	(18)	(19)	(20)	(21)	(22)	(23)	(24)	(25)	(26)	(27)	(28)	(29)
	102	12	12	12	12	12	12	123								
	12	12	12	12	12	12	12	123								
	12	12	12	12	12	12	12	123								
	12	12	12	12	12	12	12	123								
	12	12	12	12	12	12	12	123								

Columns 14-20: Why were you not able to exclusively breastfeed [NAME] for 6 months?

Col. 21: Is [NAME] still being breast fed?

Columns 22-29: Since this time yesterday, did [NAME] receive any of the following?

1. Yes 2. No 1. Yes 2. No 3. Don't Know

1. Yes 2. No 3. Don't Know

PART G: CHILD NUTRITION [BREASTFEEDING MODULE] ... continued [FOR CHILDREN LESS THAN 1 YEAR OLD]

[NAME] [NAME] Since this time is no longer is receiving yesterday, has [NAME] breast fed, complemenbeen given anything to at what age tary food, at (in months) what age was breast drink from a (in months) Child feeding bottle with a was it Member stopped? introduced? nipple or teat? Number (31) (30) (32) (1)(2)(3)(1)(2)(3)(1)(2)(3)(1)(2)(3)(1)(2)(3)

PART H: DEATHS IN THE LAST 12 MONTHS

Name of Deceased	Age (in com- pleted years at the time of death)	Sex	Date of Death	Cause of Death
(0)	(1)	(2)	dd m (3) m y y	(4)
		12		123456
		12		123456
		12		123456
		12		123456
		12		123456

Col.2: Sex

1. Male 2. Female

Col. 4: Cause of Death

1. illness 2. Accident/Injury 3. Murder 4. Suicide 5. Died in Sleep 6. Others

PART I: HEALTH [FOR ALL PERSONS IN THE HOUSEHOLD]

	Was [NAM injure Sick the la 7 day:			Wha	t sort of		s/injury o		IE] suffe	r in the		Did [NAME] miss work or school due to	How many days of work or school did	Did [NAME] consult a health provider (traditional healer
Name of Member	Member Number	7 days? If 2=No, GO TO Part J	Fever/ Mala- ria	Dia- rrhea/ Abdo- minal pains	Pain in back, limbs or joints	Cough/ brea- thing diffi- culty	Skin pro- blem	Ear, Nose, Throat	Den- tal	Acci- dent	Other	injury/ sickness in the last 7 days?	illness/injury in the last 7 days?	inclusive) for any reason in the last 7 days?
(0)	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)
		(1)(2)	12	(1)(2)	(1)(2)	(1)(2)	(1)(2)	⊕©	(1)(2)	(1)(2)	(1)(2)	12	1234	12
		12	12	12	12	12	12	12	12	12	12	12	1234	12
		12	12	12	12	12	12	12	12	12	12	12	1234	12
		12	12	12	12	12	12	12	12	12	12	12	1234	12
		12	12	12	12	12	12	12	12	12	12	12	1234	12

1. Yes 2. No

2. No

Col. 2: Was [NAME] injured Columns 3-11: What sort of sickness/ in the last 7 days?

1. Yes In the last 7 days?

2. No In the last 7 days?

1. Yes Col. 14: Did [NAME] consult a health provider (traditional healer inclusive) for any reason in the last 7 days?

1. Yes

days?

1. Yes 2. No

Col. 12: Did [NAME] missed work or school due to injury/ sickness in the last 7

Col. 13: How many days of work or school did [NAME] miss due to illness/injury in the last 7 days?

1. None

2. 1-3 days 3. 4-7 days

PART I: HEALTH ... continued

Member Number	How did [NAME] pay for most of the Consultation? (15)	Which main health provider did [NAME] see in the last 7 days? (16)	How many times did [NAME] use the service in the last 7 days? (17)
	02345678	02345678	123
	02345678	02345678	123
	02345678	02345678	123
	12345678	12345678	123
	12345678	12345678	123

Col. 15: How did [NAME] pay for most of the consultation?

- 1. Free 2. Self paid
- Employer
 Insurance
 Other relative
- 6. Spouse 7. Parents
- 8. Other
- Col. 16: Which main health provider did
 - [NAME] see in the last 7 days?
 - Private dispensary/hospital
 Public dispensary/hospital
 - Community health center
 Private doctors/dentist
 - 5. Traditional healer6. Religious hospital/dispensary
 - 7. Pharmacist/chemist

8. Other

Col.17: How many times did [NAME] use the service in the last 7 days?

1. 1 to 3 2. 4 to 6

3. More than 6

	Tage 12 01		FNTERP	RISES									Ref	erence	Number
AIN	1 3. 11000	LIIOLD	LIVILIXI	KIOLO	For Own Ac	count V	orker a	ınd Emp	loyee o	f Informa	al Secto	r Only			
Does the hous hold own any enter prise If 2=No GO TO Part K	r- o, Na	ime of	Industry	of Activity Occupation	Location of Enterprise	Emp	Full aid oloyee	Time Un _l Hous Mer	paid ehold nber	Pa Empl	Par id oyee	t Time Unpa Housel Memb	nold per	Is Enter- prise Regis- tered?	Income/Profit Enterprises last month
(1)		rises? (2)	Code	Code (3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)
100														12	
1	2)													12	
00	2)													12	
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1	2)													12	
1	2)													12	
	PART K: F	IOUSEU	OLD EVE	PENDITUE) E				M=Males	F=Femal	les		OI. 13: 1=	Yes 2=No	
Г	PARI N. F	IOUSER			you spend in th	o loot	ono m	onth or	s the fe	llowing	a itama				
- 1		School Fees			Medical Expens		one m	OTILIT OF		e Exper		•		Pom	ittances
	•	(1)	•		(2)	500			nous	(3)	1562			Kem	(4)
							$\neg 1$								

How m	uch did you spend in the last one n	nonth on the following items	
School Fees	Medical Expenses	House Expenses	Remittances
(1)	(2)	(3)	(4)
How m	uch did you spend in the last one n	nonth on the following items	
Cloth Expenses	Transport Expenses	Food Expenses	Others
(5)	(6)	(7)	(8)
		*Food Expenses include Tomato, Onion, Salt,	Vegetable spices, etc

Number of	Visits:		Length of Int	terview:
	FIELD SUPERVISOR	STATE OFFICE EDITOR	EDITED BY	KEYED BY
Name				
Date				

TIONAL CODES

	INDUSTRY AND OCC				
ı	01 - Agriculture, hu	nting and forestry		г	
- 1		01 - Agriculture, hunting and related service activities			
- 1	02 - Forestry, looging and related service activities				
- 1	02 - Fishing				
- 1	05 - Fishing, operation of fish hatcheries and fish farms; service activities incidental to fishing				
- 1	03 - Mining and quarrying			ı	
- 1	10 - Mining of coal and lighter extraction of peat				
- 1	11 - Extraction of crude petroleumand natural gas, service activities incidental to all and gas extraction, excluding surveying			l	
- 1	12 - Mining of uranium and thorium ores				
- 1	13 - Mining of r	metal ores		ı	
- 1	14 - Other mini	ing and quarrying		ı	
- 1	04 - Manufacturing]		ı	
- 1	15-Manufactu	ure of food products and beverages		l	
- 1		ure of tobacco products		ı	
- 1	17 - Manufactu			ı	
- 1	18 - Manufactu	ure of wearing apparel; dressing and dyeing of fur		ı	
- 1		ind dressing of leather; manufacture of luggage, handbags, saddlery, hame		ı	
- 1		ure of wood and of products of wood and cork, except furniture; manufacti	ure of articles of straw and plaiting materials	ı	
- 1		ure of paper and paper products		ı	
- 1		g, printing and reproduction of recorded media		ı	
- 1		ure of coke, refined petroleum products and nuclear fuel		ı	
- 1		ure of chemicals and chemical products		ı	
- 1		ure of rubber and plastics products		ı	
- 1		ure of other non-metallic mineral products		ı	
- 1		ure of basic metals		l	
- 1		ure of fabricated metal products, except machinery and equipment		ı	
- 1		ure of machinery and equipment n.e.c.		ı	
- 1		ure of office, accounting and computing machinery		ı	
- 1		ure of electrical machinery and apparatus n.e.c.		I	
- 1		ure of radio, television and communication equipment and apparatus		ı	

32-Manufactured rado, television and communication equipment and apperatus
33-Manufactured metad, presision and quicile instruments, watches and clocks
34-Manufactured drother transport equipment
36-Manufactured furniture manufacturing necc
37-Reopding
05-Beatrioty, gas and water supply
40-Beatrioty, gas, steemanthot water supply
41-Collection, purification and distribution of water

06 - Construction 45 - Construction

- OT-Whdessle and retail trade, repair of motor vehicles, motorcycles and personal and household goods
 50 Sale, maintenance and repair of motor vehicles and motorcycles, retail sale of automotivefuel
 51 Whdessle trade and commission trade, except of motor vehicles and motorcycles.
 52 Retail trade, except of motor vehicles and motorcycles, repair of personal and household goods
 68 Hotels and restaurants
 55 Hotels and restaurants
 69 Transport, storage and communications
 60 Land transport, transport via pipelines
 61 Water transport
 62 Air transport
 63 Supporting and auxiliary transport activities, activities of travel approises

- 63 Supporting and auxiliary transport activities; activities of travel agencies 64 Post and telecommunications
- 10 Financial intermediation

- 10 Firancial intermediation, except insurance and pension funding 65 Financial intermediation, except insurance and pension funding except computsory social security 67 Activities auxiliary to firancial intermediation 11 Real estate, retring and business activities 70 Real estate earthiliars 71 Retring of machinery and equipment without operator and of personal and household goods 72 Computer and related activities 73 Research and obselopment 74 Other business activities 12 Rubic administration and defence, compulsory social security 75 Rubic administration and defence, compulsory social security 13 Eduzation 80 Education 14 Health and social work 85 Health and social work

- 85 Health and social work

- 85 Haith and social work
 15 Other community, social and personal service activities
 90 Savege and refused spocal, sanitation and similar activities
 91 Activities of membership organizations nec.
 92 Represendent, cultural and sporting activities
 93 Other service activities
 16 Activities of private households as employens or domestic staff
 95 Autivities of private households as employens of domestic staff
 96 Undifferentiated groods-producing activities of private households for own use
 97 Undifferentiated sovine-grounding activities of private households for own use
 17 Estratemitorial organizations and bodies others
 99 Estratemitorial organizations and bodies of the service of th

	Occupational code	
- Industry code ———	occupational code	
- ilidusti y code ————		