

GENERAL HOUSEHOLD SURVEY

A	B	C	0	1	2
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Shade boxes like this: ☐ Not like this ☒ or this: ☒

[illegible]

1. Completed (1)
2. Partly completed (2)
3. Not at home (3)
4. Refused (4)
5. Household not located (5)
6. Moved away (6)
7. Other (specify) (7)

of

of

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	8
Other (specify)	9

In dwelling (1)
Within 500m (2)
500-1km (3)
1km or more (4)

Single room (1)
Flat (2)
Duplex (3)
Whole building (4)
Other (specify) _____ (5)

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Normal Rent	1
Free	2
Nominal/Subsidized Rent	3
Owner occupier	4

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Wood/Tile (1)
Planks/Concrete (2)
Dirt/Straw/Without concrete (3)
Other(specify) _____ (4)

None (1)
Toilet on water (2)
Flush to sewage (3)
Flush to septic tank (4)
Pail/bucket (5)
Covered pit latrine (6)
Uncovered pit latrine (7)
V. I. P. latrine (8)
Other (specify) _____ (9)

In dwelling (1)
Within 500m (2)
500-1km (3)
1km or more (4)

HH Bin collected by government	(1)
HH Bin collected private agency	(2)
Government bin or shed	(3)
Disposal within compound	(4)
Unauthorized refuse heap	(5)
Other(specify) _____	(6)

Electricity	1
Gas	2
Kerosine	3
Wood	4
Coal	5

PHCN (NEPA) only	(1)
Rural Electrification only	(2)
Private Generator only	(3)
PHCN (NEPA)/Generator	(4)
Rural Electricity/Generator	(5)
Solar Energy	(6)
None	(7)

Technology (ICT)	Access		
	Own	Share	None
Radio	1	2	3
Television	1	2	3
Telephone (Fixed)	1	2	3
Telephone (Mobile)	1	2	3
Personal Computer (PC)	1	2	3
Internet Service	1	2	3

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PART B: PERSON(S) IN HOUSEHOLD *(Including those absent at the time of interview)*

Member Number	List all members of household including those absent at the time of interview (1)	Relationship to Head (2)	Age (Last Birthday) (3)	Sex (4)	Marital Status (5)	If married, what form of Marriage (6)	Attendance at formal School (7)	Highest Level Reached (8)	Highest Grade Completed (9)	Literacy in any language
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Col.2: Relationship 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. 4: Sex

- 1. Male
- 2. Female

Col.5: Marital Status

- 1. Married
- 2. Divorced
- 3. Separated
- 4. Widowed
- 5. Never Married

Col.6: What form of Marriage

- 1. Ordinance
- 2. Customary
- 3. Mutual Agreement

Col.7: Attendance at formal School

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

Col.8: Highest Level Reached

- 1. Below Pry.
- 2. Primary
- 3. JSS
- 4. Vocational /Commercial
- 5. SSS
- 6. NCE/OND/Nursing
- 7. B.A. /B.Sc. /B.ED/HND
- 8. M.Sc/M.A/M.AdM.
- 9. Doctorate
- 10. Others (specify)

Col.9: Highest Grade Reached**Nursery**

- 01 Pre-Class
- 02 Nursery 1
- 03 Nursery 2

Secondary

- 10 JSS 1
- 11 JSS 2
- 12 JSS 3
- 13 SSS 1
- 14 SSS 2
- 15 SSS 3

Primary

- 04 Pry. 1
- 05 Pry. 2
- 06 Pry. 3

- 07 Pry. 4
- 08 Pry. 5
- 09 Pry. 6

Post Secondary

- 16 A/L/OD
- 17 BSC/HD
- 18 P/Grad.
- 19 Others

Col.10: Literacy in any language

- 1. Yes
- 2. No

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Member Number	Main Job previous week (If options 1-5 Go to Col.14, and if options 6 or 7 Go to Col 22)	If person did nothing, what was the reason? (If options 6-8 Go to Col.27)	Length of unemployment (from the last paid work) Go to Col. 27	* Do you like to change job?	Reason for the change	Primary or Main Occu- pation	Industry of Primary or Main Occu- pation	Employment Status
	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)
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PART B: PERSON(S) PRESENT IN HOUSEHOLD continued... (For persons Age 10 years and above)

Member Number	Hours of Work per week (19)	Institutional Sector (20)	Contribute to National Health Insurance Scheme (NHIS)? (21)	Secondary Job (22)	Industry of Secondary Job (23)	Employment Status in the Secondary Job (24)	Hours of Work per week (25)	CHECK: If Col.19+Col.25 is 40 hrs or more Go to Col.27 else Ask If you are given extra hours will you do it?		Are you Engaged in Voluntary/Social Work? If No Skip to Col 30 (27)
								Voluntary (26a)	In-Voluntary (26b)	
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Col.20: Institutional Sector

1. Private Company
2. Public Company
3. Parastatals
4. Ministries
5. 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
2. Employee
3. Own Account Worker
4. Producer Coop.Member
5. Unpaid Family Worker
6. 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

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PART B: PERSON(S) PRESENT IN HOUSEHOLD continued... (For persons Age 10 years and above)

Member Number	In which area of Volunteering? <small>If Yes in Col.27</small>	Hours of Work per Week	Income last month (in '000=N=) from all jobs and including all allowances	Do you personally own any of the following?						How many do you own of any of the following?					
				Radio	Television	Mobile Phone	Fixed Phone	Personal Computer	Internet Service	Radio	Television	Mobile Phone	Fixed Phone	Personal Computer	Internet Service
(28)	(29)	(30)	(31)	(32)	(33)	(34)	(35)	(36)	(37)	(38)	(39)	(40)	(41)	(42)	
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If NO in Col 31 - 36 SKIP the corresponding Col in 37 - 42

Col. 28: 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

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PART B: PERSON(S) PRESENT IN HOUSEHOLD continued... (For persons Age 10 years and above)

Member Number	Do you have access to any of the following?						What is your source of access to any of the following?						List in order of preference, three of your favourite TV stations?		
	Radio	Television	Mobile Phone	Fixed Phone	Personal Computer	Internet Service	Radio	Television	Mobile Phone	Fixed Phone	Personal Computer	Internet Service	1st Preference	2nd Preference	3rd Preference
	(43)	(44)	(45)	(46)	(47)	(48)	(49)	(50)	(51)	(52)	(53)	(54)	(55)	(56)	(57)
	1 2	1 2	1 2	1 2	1 2	1 2									
	1 2	1 2	1 2	1 2	1 2	1 2									
	1 2	1 2	1 2	1 2	1 2	1 2									
	1 2	1 2	1 2	1 2	1 2	1 2									
	1 2	1 2	1 2	1 2	1 2	1 2									
	1 2	1 2	1 2	1 2	1 2	1 2									
	1 2	1 2	1 2	1 2	1 2	1 2									
	1 2	1 2	1 2	1 2	1 2	1 2									
	1 2	1 2	1 2	1 2	1 2	1 2									
	1 2	1 2	1 2	1 2	1 2	1 2									
	1 2	1 2	1 2	1 2	1 2	1 2									
	1 2	1 2	1 2	1 2	1 2	1 2									
	1 2	1 2	1 2	1 2	1 2	1 2									
	1 2	1 2	1 2	1 2	1 2	1 2									
	1 2	1 2	1 2	1 2	1 2	1 2									
	1 2	1 2	1 2	1 2	1 2	1 2									
	1 2	1 2	1 2	1 2	1 2	1 2									
	1 2	1 2	1 2	1 2	1 2	1 2									
	1 2	1 2	1 2	1 2	1 2	1 2									

If NO in Col 43 - 48 SKIP the corresponding Col in 49 - 54

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/Cable
11. Others Specify

[illegible]

— * If No to Col.64 Skip to Part C

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

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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	Relationship to Head (1)	Sex (2)	Age (Last Birthday) (3)	Marital Status (4)	Attendance at formal Sch. (5)	Date last in HH (6)	Date Expected back in HH (7)	Reason for Absence (8)
			1 2						
			1 2						
			1 2						
			1 2						
			1 2						

Col.1: Relationship 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
13 Non-Relative

Col. 2: Sex

1. Male
2. Female

Col.4: Marital Status

1. Married
2. Divorced
3. Separated
4. Widowed
5. Never Married

Col.5: Attendance at formal School

1. Never
2. Now in School
3. Before but not now

Col. 8: Reason for Absence

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

PART D: CONTRACEPTIVE PREVALENCE (For both male and female)

For all persons aged 15 years and over									Children ever born by women married or aged 15 years and over										
List Persons Age 15 years and above (0)	Member Number (1)	Relationship to Head (2)	Age (Last Birthday) (3)	Sex (4)	Educational Level (5)	If ever Married, Age at first marriage (6)	Currently using FP? (7)	Which Method? (8)	Ever Pregnant? (9)	Number of Own Children living in this HH (10)		Number of Own Children living elsewhere (11)		Number of Own Children that have died (12)		Currently Pregnant? (13)	If pregnant		
										M	F	M	F	M	F		Are you registered with the clinic? (14)	How many times do you go to the clinic in a month? (15)	Received Anti-Tetanus? (16)
				1 2			1 2		1 2							1 2	1 2		1 2
				1 2			1 2		1 2							1 2	1 2		1 2
				1 2			1 2		1 2							1 2	1 2		1 2
				1 2			1 2		1 2							1 2	1 2		1 2
				1 2			1 2		1 2							1 2	1 2		1 2
				1 2			1 2		1 2							1 2	1 2		1 2
				1 2			1 2		1 2							1 2	1 2		1 2
				1 2			1 2		1 2							1 2	1 2		1 2
				1 2			1 2		1 2							1 2	1 2		1 2
				1 2			1 2		1 2							1 2	1 2		1 2

Col.2: Relationship 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
13 Non-Relative

Columns 4: Sex

1. Male
2. Female

Col. 5: Educational Level

1. Below Priy.
2. Primary
3. Secondary
4. Post Secondary
5. Quranic
6. None

Columns 7, 9, 13, 14, 16?

1. Yes
2. No

Col.8: Which Method?

01 Pill
02 Condom
03 Injection
04 IUD
05 Female sterilization
06 Male sterilization
07 Douche
08 Norplant
09 Foaming tab
10 Diaphragm
11 Foam jelly
12 Traditional methods
13 Abstinence
14 Withdrawal
15 Rhythm
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 (4)	Date of Birth (5)	Weight at Birth (6)	Delivered by Trained Birth Attendant? If 2=No, GO TO Part F (7)	What type of Trained Birth Attendant? (8)
				1 2			1 2	1 2 3 4 5
				1 2			1 2	1 2 3 4 5
				1 2			1 2	1 2 3 4 5
				1 2			1 2	1 2 3 4 5
				1 2			1 2	1 2 3 4 5

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?
1. Doctor
2. Trained Nurse/Midwife
3. Auxiliary Midwife
4. Trained Traditional Midwife
5. Traditional Birth Attendant

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

List of all Children one year or less in this Household (0)	Child Member Number (1)	Age of Child (in completed months) (2)	Sex of Child (3)	Vaccination Records												
				Do you have card? (4)	Measles (5)	BCG (6)	DPT 1 (7)	DPT 2 (8)	DPT 3 (9)	OPV 0 (10)	OPV 1 (11)	OPV 2 (12)	OPV 3 (13)	Yellow Fever (14)	MMR (15)	Vitamin A (16)
			1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2
			1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2
			1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2
			1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2
			1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2

Col. 3: Sex of Child
1. Male
2. Female

Col. 4: Do you have card?
1. Yes
2. No

Columns 5-16: Vaccination Records
1. Yes
2. No

BCG: - BOVIS, CAMETTE, GVERIN

DPT: - DIPHTHERIAL, PERTUSIS AND TETANUS

OPV: - ORAL POLIO VACCINE

MMR: - MEASLES, MUMPS AND RUBELLA

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

List of all Children less than one year old in this Household (0)	Child Member Number (1)	Age of Child (in months) (2)	Has [NAME] ever been breast-fed? If 2=No or 3=Don't Know, GO TO G22 (3)	Did [NAME] get first milk (Colostrum, yellow coloured breast milk)? If 1=Yes or 3=Don't Know, GO TO G13 (4)	Why did [NAME] not get first milk?								Since the time of birth, for how long (in months) was [NAME] fed exclusively on breast milk (without water, herbal tea or any fluid except vitamin, medicine and ORS)? (13)
					Bad milk (5)	Mother ill/weak (6)	Child ill/weak (7)	Mother died (8)	Nipple/Breast problem (9)	Child Re-fused (10)	Didn't produce milk (11)	Other (12)	
			1 2 3	1 2 3	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	
			1 2 3	1 2 3	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	
			1 2 3	1 2 3	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	
			1 2 3	1 2 3	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	
			1 2 3	1 2 3	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	

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

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

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

1. Yes
2. No

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

Child Member Number	Why were you not able to exclusively breastfeed [NAME] for 6 months?							Is [NAME] still being breast fed? If 2 or 3 answer Col.30 (21)	Since this time yesterday, did [NAME] receive any of the following?								
	Nature of Work (14)	Shortage of breast milk (15)	Mother's health (16)	Child's Re-fusal (17)	Tradition (18)	Age less than 6 months (19)	Other (20)		Vitamin, mineral supplements or medicine (22)	Plain Water (23)	Sweetened, flavoured water or fruit juice or tea or infusion (24)	Oral Re-hydration Solution (ORS) (25)	Tinned powdered or fresh milk or infant formula (26)	Any other liquids (specify ..) (27)	Solid or semi-solid (mushy) food (28)	Received ONLY breast milk (29)	
	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2 3									
	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2 3									
	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2 3									
	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2 3									

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

1. Yes
2. No

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

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

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

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

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

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

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Col. 31: Since this time yesterday, has [NAME] been given anything to drink from a bottle with a nipple or teat? 1. Yes 2. No 3. Don't

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PART H: DEATHS IN THE LAST 12 MONTHS

Name of Deceased (0)	Age (in completed years at the time of death) (1)	Sex (2)	Date of Death d d m(3) m y y	Cause of Death (4)
		1 2		1 2 3 4 5 6
		1 2		1 2 3 4 5 6
		1 2		1 2 3 4 5 6
		1 2		1 2 3 4 5 6
		1 2		1 2 3 4 5 6

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 SICK AND/OR INJURED PERSONS IN THE HOUSEHOLD]

Name of Member (0)	Member Number (1)	Was [NAME] injured/ Sick in the last 7 days? (2) <small>If 2=No, GO TO next person</small>	What sort of sickness/injury did [NAME] suffer in the last 7 days?									Did [NAME] miss work or school due to injury/sickness in the last 7 days? (12)	How many days of work or school did [NAME] miss due to illness/injury in the last 7 days? (13)	Did [NAME] consult a health provider (traditional healer inclusive) for any reason in the last 7 days? (14)
			Fever/ Malaria (3)	Dia-rrhea/ Abdo-minal pains (4)	Pain in back, limbs or joints (5)	Cough/ brea-thing diffi-culty (6)	Skin pro-blem (7)	Ear, Nose, Throat (8)	Den-tal (9)	Acci-dent (10)	Other (11)			
		1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2 3 4	1 2
		1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2 3 4	1 2
		1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2 3 4	1 2
		1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2 3 4	1 2
		1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2 3 4	1 2

Col. 2: Was [NAME] injured in the last 7 days?

1. Yes
2. No

Columns 3-11: What sort of sickness/ injury did [NAME] suffer in the last 7 days?

1. Yes
2. No

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

1. Yes
2. No

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

1. Yes
2. No

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)
		1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8
	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8	1 2 3
	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8	1 2 3
	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8	1 2 3
	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8	1 2 3

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

1. Free
2. Self paid
3. Employer
4. Insurance
5. Other relative
6. Spouse
7. Parents
8. Other

Col. 16: Which main health provider did [NAME] see in the last 7 days?

1. Private dispensary/hospital
2. Public dispensary/hospital
3. Community health center
4. Private doctors/dentist
5. Traditional healer
6. 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

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PART J: HOUSEHOLD ENTERPRISES

For Own Account Worker and Employee of Informal Sector Only														
Does the household own any enterprise? If 2=No, GO TO Part K	Name of Enterprises?	Kind of Activity		Location of Enterprise	Number of Persons Engaged								Is Enterprise Registered?	Income/Profit Enterprises last month
					Full Time				Part Time					
		Industry Code	Occupation Code		Paid Employee		Unpaid Household Member		Paid Employee		Unpaid Household Member			
					M	F	M	F	M	F	M	F		
(1)	(2)	(3)		(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)
1 2													1 2	
1 2													1 2	
1 2													1 2	
1 2													1 2	
1 2													1 2	
1 2													1 2	
1 2													1 2	

*M=Males F=Females

Col. 13: 1=Yes 2=No

PART K: HOUSEHOLD EXPENDITURE

How much did you spend in the last one month on the following items

School Fees	Medical Expenses	House Expenses	Remittances
(1)	(2)	(3)	(4)

How much did you spend in the last one month 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:

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Length of Interview:

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	FIELD SUPERVISOR	STATE OFFICE EDITOR	EDITED BY	KEYED BY
Name				
Date				

INDUSTRY AND OCCUPATIONAL CODES

01 - Agriculture, hunting and forestry 01 - Agriculture, hunting and related service activities 02 - Forestry, logging and related service activities 03 - Livestock/Poultry 02 - Fishing 05 - Fishing, operation of fish hatcheries and fish farms, service activities incidental to fishing 03 - Mining and quarrying 10 - Mining of coal and lignite, extraction of peat 11 - Extraction of crude petroleum and natural gas, service activities incidental to oil and gas extraction, excluding surveying 12 - Mining of uranium and thorium ores 13 - Mining of metal ores 14 - Other mining and quarrying 04 - Manufacturing 15 - Manufacture of food products and beverages 16 - Manufacture of tobacco products 17 - Manufacture of textiles 18 - Manufacture of wearing apparel, dressing and dyeing of fur 19 - Tanning and dressing of leather, manufacture of luggage, handbags, saddlery, harness and footwear 20 - Manufacture of wood and of products of wood and cork, except furniture; manufacture of articles of straw and plaiting materials 21 - Manufacture of paper and paper products 22 - Publishing, printing and reproduction of recorded media 23 - Manufacture of coke, refined petroleum products and nuclear fuel 24 - Manufacture of chemicals and chemical products 25 - Manufacture of rubber and plastics products 26 - Manufacture of other non-metallic mineral products 27 - Manufacture of basic metals 28 - Manufacture of fabricated metal products, except machinery and equipment 29 - Manufacture of machinery and equipment n.e.c. 30 - Manufacture of office, accounting and computing machinery 31 - Manufacture of electrical machinery and apparatus n.e.c. 32 - Manufacture of radio, television and communication equipment and apparatus 33 - Manufacture of medical, precision and optical instruments, watches and clocks 34 - Manufacture of motor vehicles, trailers and semi-trailers 35 - Manufacture of other transport equipment 36 - Manufacture of furniture, manufacturing n.e.c. 37 - Recycling 05 - Electricity, gas and water supply 40 - Electricity, gas, steam and hot water supply 41 - Collection, purification and distribution of water 06 - Construction 45 - Construction	07 - Wholesale 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 automotive fuel 51 - Wholesale 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 08 - Hotels and restaurants 55 - Hotels and restaurants 09 - 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 agencies 64 - Post and telecommunications 10 - Financial intermediation 65 - Financial intermediation, except insurance and pension funding 66 - Insurance and pension funding, except compulsory social security 67 - Activities auxiliary to financial intermediation 11 - Real estate, renting and business activities 70 - Real estate activities 71 - Renting of machinery and equipment without operator and of personal and household goods 72 - Computer and related activities 73 - Research and development 74 - Other business activities 12 - Public administration and defence; compulsory social security 75 - Public administration and defence; compulsory social security 13 - Education 80 - Education 14 - Health and social work 85 - Health and social work 15 - Other community, social and personal service activities 90 - Sewage and refuse disposal, sanitation and similar activities 91 - Activities of membership organizations n.e.c. 92 - Recreational, cultural and sporting activities 93 - Other service activities 16 - Activities of private households as employers and undifferentiated production activities of private households 95 - Activities of private households as employers of domestic staff 96 - Undifferentiated goods-producing activities of private households for own use 17 - Undifferentiated service-producing activities of private households for own use 97 - Extra-territorial organizations and bodies/others 99 - Extra-territorial organizations and bodies
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Industry code Occupational code

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