



# GENERAL HOUSEHOLD SURVEY

Please write responses in **PRINTED CAPITAL LETTERS** without touching the box edges.

Shade boxes like this:  Not like this  or this

**PART A: IDENTIFICATION**

Interviewer's Name  Interviewer's Code  Supervisor's Code

Survey Month:  Survey Year:  HU MS Number:  HU Listed:  HU Sampled:  HH Listed:  HH Sampled:

1. State  2. LGA  3. RIC  4. EA Code  5. Enumeration Area Name  6. Sector

7. HU No  8. Name of Head of HH

9. Address:

<p><b>10. Response Status:</b></p> <p>1. Completed <input type="radio"/> 1</p> <p>2. Partly completed <input type="radio"/> 2</p> <p>3. Not at home <input type="radio"/> 3</p> <p>4. Refused <input type="radio"/> 4</p> <p>5. Household not located <input type="radio"/> 5</p> <p>6. Moved away <input type="radio"/> 6</p> <p>7. Other (specify) <input type="radio"/> 7</p>	<p><b>11. Questionnaire Ref. No:</b></p> <p><b>HH No within HU</b></p> <p><input type="text"/> of <input type="text"/></p> <p><b>Questionnaire within HH</b></p> <p><input type="text"/> of <input type="text"/></p>	<p><b>12. Major Source of Water for Drinking and Cooking:</b></p> <p>Pipe borne water treated <input type="radio"/> 1</p> <p>Pipe borne water untreated <input type="radio"/> 2</p> <p>Bore hole/hand pump <input type="radio"/> 3</p> <p>Well/Spring Protected <input type="radio"/> 4</p> <p>Well/Spring Unprotected <input type="radio"/> 5</p> <p>Rain Water <input type="radio"/> 6</p> <p>Streams/Pond/River <input type="radio"/> 7</p> <p>Tanker/Truck/Vendor <input type="radio"/> 8</p> <p>Other (specify) <input type="text"/> <input type="radio"/> 9</p>	<p><b>13. Distance to Source of Water:</b></p> <p>In dwelling <input type="radio"/> 1</p> <p>Within 500m <input type="radio"/> 2</p> <p>500m-1km <input type="radio"/> 3</p> <p>1km or more <input type="radio"/> 4</p>
--	--	---	---

<p><b>14. Type of Housing Unit:</b></p> <p>Single room <input type="radio"/> 1</p> <p>Flat <input type="radio"/> 2</p> <p>Duplex <input type="radio"/> 3</p> <p>Whole building <input type="radio"/> 4</p> <p>Other (specify) <input type="text"/> <input type="radio"/> 5</p>	<p><b>19. Toilet facilities:</b></p> <p>None <input type="radio"/> 1</p> <p>Toilet on water <input type="radio"/> 2</p> <p>Flush to sewage <input type="radio"/> 3</p> <p>Flush to septic tank <input type="radio"/> 4</p> <p>Pail/bucket <input type="radio"/> 5</p> <p>Covered pit latrine <input type="radio"/> 6</p> <p>Uncovered pit latrine <input type="radio"/> 7</p> <p>V. I. P. latrine <input type="radio"/> 8</p> <p>Other (specify) <input type="text"/> <input type="radio"/> 9</p>	<p><b>24. How many hours did you enjoy electricity supply in the last one week (if connected to PHCN) ?</b></p> <p>None <input type="radio"/> 1</p> <p>1 - 12 Hours <input type="radio"/> 2</p> <p>13 - 24 Hours <input type="radio"/> 3</p> <p>25 - 36 Hours <input type="radio"/> 4</p> <p>37 - 48 Hours <input type="radio"/> 5</p> <p>49 - 60 Hours <input type="radio"/> 6</p> <p>61 - 72 Hours <input type="radio"/> 7</p> <p>73 - 84 Hours <input type="radio"/> 8</p>																																										
<p><b>15. Number of Living Rooms in Housing Unit</b></p> <p><input type="text"/></p>	<p><b>20. Distance of Toilet Facility from the dwelling:</b></p> <p>In dwelling <input type="radio"/> 1</p> <p>Within 500m <input type="radio"/> 2</p> <p>500m-1km <input type="radio"/> 3</p> <p>1km or more <input type="radio"/> 4</p>	<p><b>25. Do you own any of these Information and Communication Technology (ICT) equipments?</b></p> <table border="0"> <tr> <td></td> <td>Y</td> <td>E</td> <td>S</td> <td>N</td> <td>O</td> </tr> <tr> <td>Radio</td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td>Television</td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td>Telephone (Fixed)</td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td>Telephone (Mobile)</td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td>Personal Computer (PC)</td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td>Internet Service</td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> </table>		Y	E	S	N	O	Radio	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Television	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Telephone (Fixed)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Telephone (Mobile)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Personal Computer (PC)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Internet Service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Y	E	S	N	O																																							
Radio	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																																							
Television	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																																							
Telephone (Fixed)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																																							
Telephone (Mobile)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																																							
Personal Computer (PC)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																																							
Internet Service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																																							
<p><b>16. Tenure:</b></p> <p>Normal Rent <input type="radio"/> 1</p> <p>Free <input type="radio"/> 2</p> <p>Nominal/Subsidized Rent <input type="radio"/> 3</p> <p>Owner occupier <input type="radio"/> 4</p>	<p><b>21. Type of Refuse Disposal most often used:</b></p> <p>HH Bin collected by government <input type="radio"/> 1</p> <p>HH Bin collected private agency <input type="radio"/> 2</p> <p>Government bin or shed <input type="radio"/> 3</p> <p>Disposal within compound <input type="radio"/> 4</p> <p>Unauthorized refuse heap <input type="radio"/> 5</p> <p>Other(specify) <input type="text"/> <input type="radio"/> 6</p>	<p><b>26. Do you have access to any of these Information and Communication Technology (ICT) equipments ?</b></p> <table border="0"> <tr> <td></td> <td>Y</td> <td>E</td> <td>S</td> <td>N</td> <td>O</td> </tr> <tr> <td>Radio</td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td>Television</td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td>Telephone (Fixed)</td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td>Telephone (Mobile)</td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td>Personal Computer (PC)</td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td>Internet Service</td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> </table>		Y	E	S	N	O	Radio	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Television	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Telephone (Fixed)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Telephone (Mobile)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Personal Computer (PC)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Internet Service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Y	E	S	N	O																																							
Radio	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																																							
Television	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																																							
Telephone (Fixed)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																																							
Telephone (Mobile)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																																							
Personal Computer (PC)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																																							
Internet Service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																																							
<p><b>17. Monthly Rent (in =N=) for housing unit:</b></p> <p><input type="text"/></p>	<p><b>22. Type of Fuel Used for Cooking</b></p> <p>Electricity <input type="radio"/> 1</p> <p>Gas <input type="radio"/> 2</p> <p>Kerosine <input type="radio"/> 3</p> <p>Wood <input type="radio"/> 4</p> <p>Coal <input type="radio"/> 5</p>																																											
<p><b>18. Material of dwelling floor:</b></p> <p>Wood/Tile <input type="radio"/> 1</p> <p>Planks/Concrete <input type="radio"/> 2</p> <p>Dirt/Straw/Without concrete <input type="radio"/> 3</p> <p>Other(specify) <input type="text"/> <input type="radio"/> 4</p>	<p><b>23. Electricity Supply</b></p> <p>PHCN (NEPA) only <input type="radio"/> 1</p> <p>IPP/ Rural Electrification only <input type="radio"/> 2</p> <p>Private Generator only <input type="radio"/> 3</p> <p>PHCN (NEPA)/Generator <input type="radio"/> 4</p> <p>IPP/Rural Electricity/Generator <input type="radio"/> 5</p> <p>Solar Pannels <input type="radio"/> 6</p> <p>None <input type="radio"/> 7</p>																																											



**PART B2: PERSON(S) PRESENT IN HOUSEHOLD**

(For persons Age 10 years and above)

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 ANEX 1 ISCO	Industry of Primary or Main Occu- pation ANEX II ISIC	Employment Status
	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)
	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8	1 2 3 4 5 6	1 2				1 2 3 4 5 6
	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8	1 2 3 4 5 6	1 2				1 2 3 4 5 6
	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8	1 2 3 4 5 6	1 2				1 2 3 4 5 6
	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8	1 2 3 4 5 6	1 2				1 2 3 4 5 6
	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8	1 2 3 4 5 6	1 2				1 2 3 4 5 6
	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8	1 2 3 4 5 6	1 2				1 2 3 4 5 6
	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8	1 2 3 4 5 6	1 2				1 2 3 4 5 6
	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8	1 2 3 4 5 6	1 2				1 2 3 4 5 6
	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8	1 2 3 4 5 6	1 2				1 2 3 4 5 6
	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8	1 2 3 4 5 6	1 2				1 2 3 4 5 6
	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8	1 2 3 4 5 6	1 2				1 2 3 4 5 6
	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8	1 2 3 4 5 6	1 2				1 2 3 4 5 6
	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8	1 2 3 4 5 6	1 2				1 2 3 4 5 6
	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8	1 2 3 4 5 6	1 2				1 2 3 4 5 6
	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8	1 2 3 4 5 6	1 2				1 2 3 4 5 6
	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8	1 2 3 4 5 6	1 2				1 2 3 4 5 6
	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8	1 2 3 4 5 6	1 2				1 2 3 4 5 6
	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8	1 2 3 4 5 6	1 2				1 2 3 4 5 6
	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8	1 2 3 4 5 6	1 2				1 2 3 4 5 6

- |  |  |  |  |
|--|--|--|--|
| <p><b>Col. 11: Main Job previous week</b></p> <ol style="list-style-type: none"> <li>1. Worked for pay</li> <li>2. Got job but did not work</li> <li>3. Worked for profit</li> <li>4. On attachment but didn't work</li> <li>5. Apprenticeship</li> <li>6. Kept home</li> <li>7. Went to School</li> <li>8. Did Nothing</li> </ol> | <p><b>Col.13: Length of un-employment (from the least paid work)</b></p> <ol style="list-style-type: none"> <li>1. Less than 1 month</li> <li>2. Between 1 and 2 months</li> <li>3. Between 2 and 3 months</li> <li>4. Between 3 and 4 months</li> <li>5. More than 4 months</li> <li>6. Never had a paid work</li> </ol> <p><b>Col.14: Do you like to change job?</b></p> <ol style="list-style-type: none"> <li>1. Yes</li> <li>2. No</li> </ol> | <p><b>Col.15: Reason for the change</b></p> <ol style="list-style-type: none"> <li>01 Low income in present job</li> <li>02 Job doesn't match skill</li> <li>03 Job environment not congenial</li> <li>04 Excessive hours of work</li> <li>05 Precarious job(s)</li> <li>06 Inadequate tools</li> <li>07 Equipment or training for assigned tasknot available</li> <li>08 Travel to work difficulties</li> <li>09 Inconvenient work schedules</li> <li>10 Recurring work stoppage</li> </ol> <p><b>Col.18: Employment Status</b></p> <ol style="list-style-type: none"> <li>1. Employer</li> <li>2. Employee</li> <li>3. Own Account Worker</li> <li>4. Members of Producer Coop.</li> <li>5. Unpaid Family Worker</li> <li>6. Others</li> </ol> | <p><b>* If No to Col.14 Skip To Col 16</b></p> <p>See Industry codes on Page 12</p> <p><b>Col.17: Industry of Primary or Main Occupation</b></p> |
| <p><b>Col.12: If person did nothing, what was the reason?</b></p> <ol style="list-style-type: none"> <li>1. Looked for job</li> <li>2. Sick</li> <li>3. Believed no job available</li> <li>4. Laid off 30 days or less</li> <li>5. Waiting to join work</li> <li>6. Retired</li> <li>7. Invalid</li> <li>8. Others</li> </ol>      | <p><b>Col.16: Primary or Main Occupation</b></p> <p>See Occupational codes o</p>   |  |  |

**PART B3: 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 ANEX 1 ISCO (22)	Industry of Secondary Job ANEX II ISIC (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? Voluntary (26a) In-Voluntary (26b)		Are you Engaged in Voluntary/Social Work? If No Skip to Col 30 (27)
								(26a)	(26b)	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**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 (specify)

**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

**PART B4: PERSON(S) PRESENT IN HOUSEHOLD**

(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)	
				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						
				1 2	1 2	1 2	1 2	1 2	1 2						

**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)

**Col. 30: Sources of Income**

- 01 Wages and Salary
- 02 Commission
- 03 Bonus
- 04 Overtime
- 05 Sales of Farm Product
- 06 Profit from Trading activities
- 07 Fees from Professional activities
- 08 Income from Subsidiary occupation
- 09 Rent recieved
- 10 Loan raised
- 11 Loan Repayment recieved
- 12 Esusu (Adashe) recieved
- 13. Divident on shares
- 14. Sales of property
- 15. Pool/Lottery
- 16. Dowry recieved
- 17. Withdrwal from saving
- 18. Remittances recieved

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

- 1. Yes
- 2. No

**PART B5: 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?					Where did you use the internet service						
	Radio	Television	Mobile Phone	Fixed Phone	Personal Computer	Internet Service	Radio	Television	Mobile Phone	Fixed Phone	Personal Computer	Home	Friend/Neighbour	Work place	School (student)	Business centre	Community facility centre	Others
	(43)	(44)	(45)	(46)	(47)	(48)	(49)	(50)	(51)	(52)	(53)	(54)	(55)	(56)	(57)	(58)	(59)	(60)
<input type="text"/>	<input type="radio"/> 1 <input type="radio"/> 2	<input type="radio"/> 1 <input type="radio"/> 2	<input type="radio"/> 1 <input type="radio"/> 2	<input type="radio"/> 1 <input type="radio"/> 2	<input type="radio"/> 1 <input type="radio"/> 2	<input type="radio"/> 1 <input type="radio"/> 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/> 1 <input type="radio"/> 2	<input type="radio"/> 1 <input type="radio"/> 2	<input type="radio"/> 1 <input type="radio"/> 2	<input type="radio"/> 1 <input type="radio"/> 2	<input type="radio"/> 1 <input type="radio"/> 2	<input type="radio"/> 1 <input type="radio"/> 2	<input type="radio"/> 1 <input type="radio"/> 2
<input type="text"/>	<input type="radio"/> 1 <input type="radio"/> 2	<input type="radio"/> 1 <input type="radio"/> 2	<input type="radio"/> 1 <input type="radio"/> 2	<input type="radio"/> 1 <input type="radio"/> 2	<input type="radio"/> 1 <input type="radio"/> 2	<input type="radio"/> 1 <input type="radio"/> 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/> 1 <input type="radio"/> 2	<input type="radio"/> 1 <input type="radio"/> 2	<input type="radio"/> 1 <input type="radio"/> 2	<input type="radio"/> 1 <input type="radio"/> 2	<input type="radio"/> 1 <input type="radio"/> 2	<input type="radio"/> 1 <input type="radio"/> 2	<input type="radio"/> 1 <input type="radio"/> 2
<input type="text"/>	<input type="radio"/> 1 <input type="radio"/> 2	<input type="radio"/> 1 <input type="radio"/> 2	<input type="radio"/> 1 <input type="radio"/> 2	<input type="radio"/> 1 <input type="radio"/> 2	<input type="radio"/> 1 <input type="radio"/> 2	<input type="radio"/> 1 <input type="radio"/> 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/> 1 <input type="radio"/> 2	<input type="radio"/> 1 <input type="radio"/> 2	<input type="radio"/> 1 <input type="radio"/> 2	<input type="radio"/> 1 <input type="radio"/> 2	<input type="radio"/> 1 <input type="radio"/> 2	<input type="radio"/> 1 <input type="radio"/> 2	<input type="radio"/> 1 <input type="radio"/> 2
<input type="text"/>	<input type="radio"/> 1 <input type="radio"/> 2	<input type="radio"/> 1 <input type="radio"/> 2	<input type="radio"/> 1 <input type="radio"/> 2	<input type="radio"/> 1 <input type="radio"/> 2	<input type="radio"/> 1 <input type="radio"/> 2	<input type="radio"/> 1 <input type="radio"/> 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/> 1 <input type="radio"/> 2	<input type="radio"/> 1 <input type="radio"/> 2	<input type="radio"/> 1 <input type="radio"/> 2	<input type="radio"/> 1 <input type="radio"/> 2	<input type="radio"/> 1 <input type="radio"/> 2	<input type="radio"/> 1 <input type="radio"/> 2	<input type="radio"/> 1 <input type="radio"/> 2
<input type="text"/>	<input type="radio"/> 1 <input type="radio"/> 2	<input type="radio"/> 1 <input type="radio"/> 2	<input type="radio"/> 1 <input type="radio"/> 2	<input type="radio"/> 1 <input type="radio"/> 2	<input type="radio"/> 1 <input type="radio"/> 2	<input type="radio"/> 1 <input type="radio"/> 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/> 1 <input type="radio"/> 2	<input type="radio"/> 1 <input type="radio"/> 2	<input type="radio"/> 1 <input type="radio"/> 2	<input type="radio"/> 1 <input type="radio"/> 2	<input type="radio"/> 1 <input type="radio"/> 2	<input type="radio"/> 1 <input type="radio"/> 2	<input type="radio"/> 1 <input type="radio"/> 2
<input type="text"/>	<input type="radio"/> 1 <input type="radio"/> 2	<input type="radio"/> 1 <input type="radio"/> 2	<input type="radio"/> 1 <input type="radio"/> 2	<input type="radio"/> 1 <input type="radio"/> 2	<input type="radio"/> 1 <input type="radio"/> 2	<input type="radio"/> 1 <input type="radio"/> 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/> 1 <input type="radio"/> 2	<input type="radio"/> 1 <input type="radio"/> 2	<input type="radio"/> 1 <input type="radio"/> 2	<input type="radio"/> 1 <input type="radio"/> 2	<input type="radio"/> 1 <input type="radio"/> 2	<input type="radio"/> 1 <input type="radio"/> 2	<input type="radio"/> 1 <input type="radio"/> 2
<input type="text"/>	<input type="radio"/> 1 <input type="radio"/> 2	<input type="radio"/> 1 <input type="radio"/> 2	<input type="radio"/> 1 <input type="radio"/> 2	<input type="radio"/> 1 <input type="radio"/> 2	<input type="radio"/> 1 <input type="radio"/> 2	<input type="radio"/> 1 <input type="radio"/> 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/> 1 <input type="radio"/> 2	<input type="radio"/> 1 <input type="radio"/> 2	<input type="radio"/> 1 <input type="radio"/> 2	<input type="radio"/> 1 <input type="radio"/> 2	<input type="radio"/> 1 <input type="radio"/> 2	<input type="radio"/> 1 <input type="radio"/> 2	<input type="radio"/> 1 <input type="radio"/> 2
<input type="text"/>	<input type="radio"/> 1 <input type="radio"/> 2	<input type="radio"/> 1 <input type="radio"/> 2	<input type="radio"/> 1 <input type="radio"/> 2	<input type="radio"/> 1 <input type="radio"/> 2	<input type="radio"/> 1 <input type="radio"/> 2	<input type="radio"/> 1 <input type="radio"/> 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/> 1 <input type="radio"/> 2	<input type="radio"/> 1 <input type="radio"/> 2	<input type="radio"/> 1 <input type="radio"/> 2	<input type="radio"/> 1 <input type="radio"/> 2	<input type="radio"/> 1 <input type="radio"/> 2	<input type="radio"/> 1 <input type="radio"/> 2	<input type="radio"/> 1 <input type="radio"/> 2
<input type="text"/>	<input type="radio"/> 1 <input type="radio"/> 2	<input type="radio"/> 1 <input type="radio"/> 2	<input type="radio"/> 1 <input type="radio"/> 2	<input type="radio"/> 1 <input type="radio"/> 2	<input type="radio"/> 1 <input type="radio"/> 2	<input type="radio"/> 1 <input type="radio"/> 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/> 1 <input type="radio"/> 2	<input type="radio"/> 1 <input type="radio"/> 2	<input type="radio"/> 1 <input type="radio"/> 2	<input type="radio"/> 1 <input type="radio"/> 2	<input type="radio"/> 1 <input type="radio"/> 2	<input type="radio"/> 1 <input type="radio"/> 2	<input type="radio"/> 1 <input type="radio"/> 2
<input type="text"/>	<input type="radio"/> 1 <input type="radio"/> 2	<input type="radio"/> 1 <input type="radio"/> 2	<input type="radio"/> 1 <input type="radio"/> 2	<input type="radio"/> 1 <input type="radio"/> 2	<input type="radio"/> 1 <input type="radio"/> 2	<input type="radio"/> 1 <input type="radio"/> 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/> 1 <input type="radio"/> 2	<input type="radio"/> 1 <input type="radio"/> 2	<input type="radio"/> 1 <input type="radio"/> 2	<input type="radio"/> 1 <input type="radio"/> 2	<input type="radio"/> 1 <input type="radio"/> 2	<input type="radio"/> 1 <input type="radio"/> 2	<input type="radio"/> 1 <input type="radio"/> 2
<input type="text"/>	<input type="radio"/> 1 <input type="radio"/> 2	<input type="radio"/> 1 <input type="radio"/> 2	<input type="radio"/> 1 <input type="radio"/> 2	<input type="radio"/> 1 <input type="radio"/> 2	<input type="radio"/> 1 <input type="radio"/> 2	<input type="radio"/> 1 <input type="radio"/> 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/> 1 <input type="radio"/> 2	<input type="radio"/> 1 <input type="radio"/> 2	<input type="radio"/> 1 <input type="radio"/> 2	<input type="radio"/> 1 <input type="radio"/> 2	<input type="radio"/> 1 <input type="radio"/> 2	<input type="radio"/> 1 <input type="radio"/> 2	<input type="radio"/> 1 <input type="radio"/> 2
<input type="text"/>	<input type="radio"/> 1 <input type="radio"/> 2	<input type="radio"/> 1 <input type="radio"/> 2	<input type="radio"/> 1 <input type="radio"/> 2	<input type="radio"/> 1 <input type="radio"/> 2	<input type="radio"/> 1 <input type="radio"/> 2	<input type="radio"/> 1 <input type="radio"/> 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/> 1 <input type="radio"/> 2	<input type="radio"/> 1 <input type="radio"/> 2	<input type="radio"/> 1 <input type="radio"/> 2	<input type="radio"/> 1 <input type="radio"/> 2	<input type="radio"/> 1 <input type="radio"/> 2	<input type="radio"/> 1 <input type="radio"/> 2	<input type="radio"/> 1 <input type="radio"/> 2
<input type="text"/>	<input type="radio"/> 1 <input type="radio"/> 2	<input type="radio"/> 1 <input type="radio"/> 2	<input type="radio"/> 1 <input type="radio"/> 2	<input type="radio"/> 1 <input type="radio"/> 2	<input type="radio"/> 1 <input type="radio"/> 2	<input type="radio"/> 1 <input type="radio"/> 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/> 1 <input type="radio"/> 2	<input type="radio"/> 1 <input type="radio"/> 2	<input type="radio"/> 1 <input type="radio"/> 2	<input type="radio"/> 1 <input type="radio"/> 2	<input type="radio"/> 1 <input type="radio"/> 2	<input type="radio"/> 1 <input type="radio"/> 2	<input type="radio"/> 1 <input type="radio"/> 2
<input type="text"/>	<input type="radio"/> 1 <input type="radio"/> 2	<input type="radio"/> 1 <input type="radio"/> 2	<input type="radio"/> 1 <input type="radio"/> 2	<input type="radio"/> 1 <input type="radio"/> 2	<input type="radio"/> 1 <input type="radio"/> 2	<input type="radio"/> 1 <input type="radio"/> 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/> 1 <input type="radio"/> 2	<input type="radio"/> 1 <input type="radio"/> 2	<input type="radio"/> 1 <input type="radio"/> 2	<input type="radio"/> 1 <input type="radio"/> 2	<input type="radio"/> 1 <input type="radio"/> 2	<input type="radio"/> 1 <input type="radio"/> 2	<input type="radio"/> 1 <input type="radio"/> 2
<input type="text"/>	<input type="radio"/> 1 <input type="radio"/> 2	<input type="radio"/> 1 <input type="radio"/> 2	<input type="radio"/> 1 <input type="radio"/> 2	<input type="radio"/> 1 <input type="radio"/> 2	<input type="radio"/> 1 <input type="radio"/> 2	<input type="radio"/> 1 <input type="radio"/> 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/> 1 <input type="radio"/> 2	<input type="radio"/> 1 <input type="radio"/> 2	<input type="radio"/> 1 <input type="radio"/> 2	<input type="radio"/> 1 <input type="radio"/> 2	<input type="radio"/> 1 <input type="radio"/> 2	<input type="radio"/> 1 <input type="radio"/> 2	<input type="radio"/> 1 <input type="radio"/> 2
<input type="text"/>	<input type="radio"/> 1 <input type="radio"/> 2	<input type="radio"/> 1 <input type="radio"/> 2	<input type="radio"/> 1 <input type="radio"/> 2	<input type="radio"/> 1 <input type="radio"/> 2	<input type="radio"/> 1 <input type="radio"/> 2	<input type="radio"/> 1 <input type="radio"/> 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/> 1 <input type="radio"/> 2	<input type="radio"/> 1 <input type="radio"/> 2	<input type="radio"/> 1 <input type="radio"/> 2	<input type="radio"/> 1 <input type="radio"/> 2	<input type="radio"/> 1 <input type="radio"/> 2	<input type="radio"/> 1 <input type="radio"/> 2	<input type="radio"/> 1 <input type="radio"/> 2
<input type="text"/>	<input type="radio"/> 1 <input type="radio"/> 2	<input type="radio"/> 1 <input type="radio"/> 2	<input type="radio"/> 1 <input type="radio"/> 2	<input type="radio"/> 1 <input type="radio"/> 2	<input type="radio"/> 1 <input type="radio"/> 2	<input type="radio"/> 1 <input type="radio"/> 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/> 1 <input type="radio"/> 2	<input type="radio"/> 1 <input type="radio"/> 2	<input type="radio"/> 1 <input type="radio"/> 2	<input type="radio"/> 1 <input type="radio"/> 2	<input type="radio"/> 1 <input type="radio"/> 2	<input type="radio"/> 1 <input type="radio"/> 2	<input type="radio"/> 1 <input type="radio"/> 2
<input type="text"/>	<input type="radio"/> 1 <input type="radio"/> 2	<input type="radio"/> 1 <input type="radio"/> 2	<input type="radio"/> 1 <input type="radio"/> 2	<input type="radio"/> 1 <input type="radio"/> 2	<input type="radio"/> 1 <input type="radio"/> 2	<input type="radio"/> 1 <input type="radio"/> 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/> 1 <input type="radio"/> 2	<input type="radio"/> 1 <input type="radio"/> 2	<input type="radio"/> 1 <input type="radio"/> 2	<input type="radio"/> 1 <input type="radio"/> 2	<input type="radio"/> 1 <input type="radio"/> 2	<input type="radio"/> 1 <input type="radio"/> 2	<input type="radio"/> 1 <input type="radio"/> 2
<input type="text"/>	<input type="radio"/> 1 <input type="radio"/> 2	<input type="radio"/> 1 <input type="radio"/> 2	<input type="radio"/> 1 <input type="radio"/> 2	<input type="radio"/> 1 <input type="radio"/> 2	<input type="radio"/> 1 <input type="radio"/> 2	<input type="radio"/> 1 <input type="radio"/> 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/> 1 <input type="radio"/> 2	<input type="radio"/> 1 <input type="radio"/> 2	<input type="radio"/> 1 <input type="radio"/> 2	<input type="radio"/> 1 <input type="radio"/> 2	<input type="radio"/> 1 <input type="radio"/> 2	<input type="radio"/> 1 <input type="radio"/> 2	<input type="radio"/> 1 <input type="radio"/> 2
<input type="text"/>	<input type="radio"/> 1 <input type="radio"/> 2	<input type="radio"/> 1 <input type="radio"/> 2	<input type="radio"/> 1 <input type="radio"/> 2	<input type="radio"/> 1 <input type="radio"/> 2	<input type="radio"/> 1 <input type="radio"/> 2	<input type="radio"/> 1 <input type="radio"/> 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/> 1 <input type="radio"/> 2	<input type="radio"/> 1 <input type="radio"/> 2	<input type="radio"/> 1 <input type="radio"/> 2	<input type="radio"/> 1 <input type="radio"/> 2	<input type="radio"/> 1 <input type="radio"/> 2	<input type="radio"/> 1 <input type="radio"/> 2	<input type="radio"/> 1 <input type="radio"/> 2

If NO in Col 44- 48 SKIP the corresponding Col in 49 - 77

**Cols.43-48: Have Access to ICT?**  
1. Yes  
2. No

**Cols.49-53: Source of Access to ICT?**  
1. Owned  
2. Family member/friend/neighbour  
3. Umbrella Centre  
4. Workplace  
5. Business Centre  
6. Other (specify)

**Cols.54-60:Where did you use the internet service ?**  
1. Yes  
2. No

--	--	--	--

**PART B6: PERSON(S) PRESENT IN HOUSEHOLD continued...** (For persons Age 10 years and above)

Member Number	How often did you typically use internet during the last 12 months (from any location)?			For which of the following activities did you use internet in the last 12 months? (Multiple response is allowed)													
	At least once a day	At least once a week	Less than once a week	Getting information about goods and services	Getting information about government organization	Getting information related to health or health services	Sending/receiving email	Posting information or instant messaging	Telephone over the internet/VOIP	Purchasing/ordering goods/services	Internet Banking	Education or learning activities	Playing or downloading video/computer game	Downloading moves, images, music etc.	Downloading Software	Reading/downloading newspaper, magazines books etc.	Others
	(61)	(62)	(63)	(64)	(65)	(66)	(67)	(68)	(69)	(70)	(71)	(72)	(73)	(74)	(75)	(76)	(77)
	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	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	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	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	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

Cols: 61-77: Frequency of use and purpose for which internet was use

- 1. Yes
- 2. No

--	--	--	--

**PART B7: HOME/WORKERS REMITTANCES (HWR)**

Member Number	List in order of preference, three of your favourite TV stations			Remittances from abroad last year <i>(For persons Age 10 years and above)</i>					
	1st Preference	2nd Preference	3rd Preference	Did you receive any gift from anybody abroad, apart from through the bank, last year? <i>(If No, Next Person)</i>	Did you receive the gift in cash or kind? <i>(If kind, skip to col 86)</i>	How much? <i>(in Naira)</i>	How much? (in foreign currency)		What was the gift in kind?
							Amount	Currency	
(78)	(79)	(80)	(81)	(82)	(83)	(84)	85	(86)	
				1 2	1 2				1 2 3 4
				1 2	1 2				1 2 3 4
				1 2	1 2				1 2 3 4
				1 2	1 2				1 2 3 4
				1 2	1 2				1 2 3 4
				1 2	1 2				1 2 3 4
				1 2	1 2				1 2 3 4
				1 2	1 2				1 2 3 4
				1 2	1 2				1 2 3 4
				1 2	1 2				1 2 3 4
				1 2	1 2				1 2 3 4
				1 2	1 2				1 2 3 4
				1 2	1 2				1 2 3 4
				1 2	1 2				1 2 3 4
				1 2	1 2				1 2 3 4
				1 2	1 2				1 2 3 4
				1 2	1 2				1 2 3 4
				1 2	1 2				1 2 3 4
				1 2	1 2				1 2 3 4
				1 2	1 2				1 2 3 4

**Cols.78-80: 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/DSTV
- 11. Others Specify

**Col. 82: Weather gift was cash or kind**

- 1. Cash
- 2. Kind

**Cols.85 and 89: Type of foreign currency**

- 1. US dollar
- 2. Euro
- 3. Pound sterling
- 4. Others (Specify \_\_\_\_\_)

**Cols. 86: The gift in kind**

- 1. Vehicle
- 2. Home appliances/electronics
- 3. Clothing/footwear
- 4. Personal accessories
- 5. Others (Specify \_\_\_\_\_)



Reference Number grid

PART B8: WORKERS REMITTANCES (WR) continued...

Main table with columns: Member Number, Estimated value (in Naira), Estimated value (in foreign currency), From which country was the gift/cash sent to you?, How was the gift/cash sent to you?, Purpose for which the gift/cash was sent.

Col. 90: Country from which gift/cash was sent

- 1. Britain
2. Germany
3. Holland
4. Italy
5. Other European Countries
6. United States of America
7. Canada
8. Other American/Carribbean Countries
9. China
10. Japan
11. Saudi Arabia
12. Other Asian Countries
13. Australia
14. South Africa
15. Egypt
16. Other African Countries

Col. 91: Ways by which gift/cash was sent

- 1. Relations
2. Friends
3. Colleagues
4. Neighbours
5. Association/Religious body members
6. Others (Specify \_\_\_\_\_)

Col. 92 Purpose for which the cash subsidise/gift was sent

- 1. Maintenance for upkeep/subsidies consumption of spouse, parent or other relatives
2. Mortgage fund for land, houses and other real estate.
3. Investment in shares, bonds and other financial investment
4. For development projects in the community.
5. Payment/donations to Non-profit institutions serving household (religious bodies)
6. Payment/donation to NGOs
7. Payment of hospital bill of spouse, parent or other relative.
8. Payment of school fees of spouse, parent or other parent

--	--	--	--

**PART B9: PERSON(S) PRESENT IN**

**continued...** (For persons Age 10 years and above)

Member Number	* Do you operate an ICT business outfit? (93)	Which of the following ICT business outfits do you operate? (94)	What kind of service do you provide in the ICT business outfit? (95)	How many persons work in the ICT business outfit? (96)		How many persons do you attend to in a day in the ICT business outfit? (97)	What is your daily income in the ICT business outfit? (98)	Housing Project (For persons Age 20 years and above)			
				Male	Female			* Did you start any new building in 20....? (99)	What is the type of building? (100)	What is the stage of completion of the building as at December 31, 20.....? (101)	If col.99 = code 5 then When was it completed? (102)
								(99)	(100)	(101)	(102)
	1 2	1 2	1 2 3 4					1 2	1 2 3 4	1 2 3 4 5	1 2 3 4
	1 2	1 2	1 2 3 4					1 2	1 2 3 4	1 2 3 4 5	1 2 3 4
	1 2	1 2	1 2 3 4					1 2	1 2 3 4	1 2 3 4 5	1 2 3 4
	1 2	1 2	1 2 3 4					1 2	1 2 3 4	1 2 3 4 5	1 2 3 4
	1 2	1 2	1 2 3 4					1 2	1 2 3 4	1 2 3 4 5	1 2 3 4
	1 2	1 2	1 2 3 4					1 2	1 2 3 4	1 2 3 4 5	1 2 3 4
	1 2	1 2	1 2 3 4					1 2	1 2 3 4	1 2 3 4 5	1 2 3 4
	1 2	1 2	1 2 3 4					1 2	1 2 3 4	1 2 3 4 5	1 2 3 4
	1 2	1 2	1 2 3 4					1 2	1 2 3 4	1 2 3 4 5	1 2 3 4
	1 2	1 2	1 2 3 4					1 2	1 2 3 4	1 2 3 4 5	1 2 3 4
	1 2	1 2	1 2 3 4					1 2	1 2 3 4	1 2 3 4 5	1 2 3 4
	1 2	1 2	1 2 3 4					1 2	1 2 3 4	1 2 3 4 5	1 2 3 4
	1 2	1 2	1 2 3 4					1 2	1 2 3 4	1 2 3 4 5	1 2 3 4
	1 2	1 2	1 2 3 4					1 2	1 2 3 4	1 2 3 4 5	1 2 3 4
	1 2	1 2	1 2 3 4					1 2	1 2 3 4	1 2 3 4 5	1 2 3 4
	1 2	1 2	1 2 3 4					1 2	1 2 3 4	1 2 3 4 5	1 2 3 4
	1 2	1 2	1 2 3 4					1 2	1 2 3 4	1 2 3 4 5	1 2 3 4
	1 2	1 2	1 2 3 4					1 2	1 2 3 4	1 2 3 4 5	1 2 3 4
	1 2	1 2	1 2 3 4					1 2	1 2 3 4	1 2 3 4 5	1 2 3 4
	1 2	1 2	1 2 3 4					1 2	1 2 3 4	1 2 3 4 5	1 2 3 4
	1 2	1 2	1 2 3 4					1 2	1 2 3 4	1 2 3 4 5	1 2 3 4
	1 2	1 2	1 2 3 4					1 2	1 2 3 4	1 2 3 4 5	1 2 3 4
	1 2	1 2	1 2 3 4					1 2	1 2 3 4	1 2 3 4 5	1 2 3 4
	1 2	1 2	1 2 3 4					1 2	1 2 3 4	1 2 3 4 5	1 2 3 4
	1 2	1 2	1 2 3 4					1 2	1 2 3 4	1 2 3 4 5	1 2 3 4
	1 2	1 2	1 2 3 4					1 2	1 2 3 4	1 2 3 4 5	1 2 3 4

\* If No to Col 91 Skip to Col 97

\* If No to Col.97 Skip to Part C

**Col.93: Own ICT Business Outfit?**

- 1. Yes
- 2. No

**Col.94: ICT Business Outfit Operated?**

- 1. Umbrella Centre
- 2. Business Centre

**Cols.95: Kind of Service provided?**

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

**Col. 99: Started Building?**

- 1. Yes
- 2. No

**Col. 100: Type of Building?**

- 1. Residential
- 2. Commercial
- 3. Industrial
- 4. Other (specify)

**Col. 101: Stage of Completion?**

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

**Col. 102: Completion period?**

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

--	--	--	--

**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 Servant
- 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 else where (11)		Number of Own Children that have died (12)		Currently Pregnant? (13)	If pregnant (14)		Received Anti-Tetanus? (16)
										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)	
				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 Servant
- 13 Non-Relative

**Columns 4: Sex**

- 1. Male
- 2. Female

**Col. 5: Educational Level**

- 1. Below Pry.
- 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 Rythm
- 16 Others (specify)

--	--	--	--

**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) d d m m y y	Weight at Birth (6)	Delivered by Trained Birth Attendant? If 2=No, GO TO Part F	What type of Trained Birth Attendant? (8)
							(7)	
				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. Auxillary 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	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**

--	--	--	--

**PART G1: 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? <small>If 2=No or 3=Don't Know, GO TO G22</small> (3)	Did [NAME] get first milk (Colostrum, yellow coloured breast milk)? <small>If 1=Yes or 3=Don't Know, GO TO G13</small> (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	
			1 2 3	1 2 3	1 2	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	
			1 2 3	1 2 3	1 2	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	

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 G2: 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? <small>If 2 or 3 answer Col.30</small> (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								
	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	

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

--	--	--	--

**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] Interview only members who were sick or injured**

Name of Member (0)	Member Number (1)	Was [NAME] injured or Sick in the last 7 days? (2)	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)	Diarrhea/Abdominal pains (4)	Pain in back, limbs or joints (5)	Cough/breathing difficulty (6)	Skin problem (7)	Ear, Nose, Throat (8)	Dental (9)	Accident (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 or sick in the last 7 days?  
1. Injured  
2. Sick

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)
	(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

--	--	--	--

**PART J: HOUSEHOLD ENTERPRISES**

Does the household own any enterprise?

1	2
---	---

If 2=No, GO TO Part K

For Own Account Worker and Employee of Informal Sector Only

Name of Enterprises? (1)	Kind of Activity (2)		Location of Enterprise (3)	Number of Persons Engaged								Is Enterprise Registered? (12)	Income/Profit of Enterprises last month (13)
	Industry Code ANEX II ISIC	Occupation Code ANEX I ISCO		Full Time				Part Time					
				Paid Employee		Unpaid Household Member		Paid Employee		Unpaid Household Member			
	M	F		M	F	M	F	M	F				
(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)				

\*M=Males F=Females Col. 12: 1=Yes 2=No

**PART K: HOUSEHOLD EXPENDITURE**

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

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

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

Cloth Expenses (5)	Transport Expenses (6)	Food Expenses (7)	Drink Expenses (8)

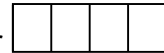
\*Food Expenses include Tomato, Onion, Salt, Vegetable spices,meats etc

Consumption from own production (9)	Non-food Expenses (10)	Others (11)

Number of Visits:

Length of Interview:

	Editor	Data Entry Supervisor	Data Entry Officer
Name			
Code	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>



## ANEX 1

## MAJOR GROUP 1: LEGISLATORS, SENIOR OFFICIALS AND MANAGERS

- 11 Chief executives, senior officials and legislators**  
 111 Legislators and senior officials  
 112 Managing directors and chief executives
- 12 Administrative and commercial managers**  
 121 Business services and administration managers  
 122 Sales, marketing and development managers
- 13 Production and specialized services managers**  
 131 Production managers in agriculture, forestry and fisheries  
 132 Manufacturing, mining, construction, and distribution managers  
 133 Information and communications technology service managers  
 134 Professional services managers
- 14 Hospitality, retail and other services managers**  
 141 Hotel and restaurant managers  
 142 Retail and wholesale trade managers  
 143 Other services managers

## MAJOR GROUP 2: PROFESSIONALS

- 21 Science and engineering professionals**  
 211 Physical and earth science professionals  
 212 Mathematicians, actuaries and statisticians  
 213 Life science professionals  
 214 Engineering professionals (excluding electrotechnology)  
 215 Electrotechnology engineers  
 216 Architects, planners, surveyors and designers
- 22 Health professionals**  
 221 Medical doctors  
 222 Nursing and midwifery professionals  
 223 Traditional and complementary medicine professionals  
 224 Paramedical practitioners  
 225 Veterinarians  
 226 Other health professionals
- 23 Teaching professionals**  
 231 University and higher education teachers  
 232 Vocational education teachers  
 233 Secondary education teachers  
 234 Primary school and early childhood teachers  
 235 Other teaching professionals
- 24 Business and administration professionals**  
 241 Finance professionals  
 242 Administration professionals  
 243 Sales, marketing and public relations professionals
- 25 Information and communications technology professionals**  
 251 Software and applications developers and analysts  
 252 Database and network professionals
- 26 Legal, social and cultural professionals**  
 261 Legal professionals  
 262 Librarians, archivists and curators  
 263 Social and religious professionals  
 264 Authors, journalists and linguists  
 265 Creative and performing artists

## MAJOR GROUP 3: TECHNICIANS AND ASSOCIATE PROFESSIONALS

- 31 Science and engineering associate professionals**  
 311 Physical and engineering science technicians  
 312 Mining, manufacturing and construction supervisors  
 313 Process control technicians  
 314 Life science technicians and related associate professionals  
 315 Ship and aircraft controllers and technicians
- 32 Health associate professionals**  
 321 Medical and pharmaceutical technicians  
 322 Nursing and midwifery associate professionals  
 323 Traditional and complementary medicine associate professionals  
 324 Veterinary technicians and assistants  
 325 Other health associate professionals
- 33 Business and administration associate professionals**  
 331 Financial and mathematical associate professionals  
 332 Sales and purchasing agents and brokers  
 333 Business services agents  
 334 Administrative and specialized secretaries  
 335 Regulatory government associate professionals
- 34 Legal, social, cultural and related associate professionals**  
 341 Legal, social and religious associate professionals  
 342 Sports and fitness workers  
 343 Artistic, cultural and culinary associate professionals
- 35 Information and communications technicians**  
 351 Information and communications technology operations and user support technicians  
 352 Telecommunications and broadcasting technicians

## MAJOR GROUP 4: CLERKS

- 41 General and keyboard clerks**  
 411 General office clerks  
 412 Secretaries (general)  
 413 Keyboard operators
- 42 Customer services clerks**  
 421 Tellers, money collectors and related clerks  
 422 Client information workers
- 43 Numerical and material recording clerks**  
 431 Numerical clerks  
 432 Material-recording and transport clerks
- 44 Other clerical support workers**  
 441 Other clerical support workers

## MAJOR GROUP 5: SERVICE WORKERS AND SHOP AND MARKET SALES WORKERS

- 51 Personal service workers**  
 511 Travel attendants, conductors and guides  
 512 Cooks  
 513 Waiters and bartenders  
 514 Hairdressers, beauticians and related workers  
 515 Building and housekeeping supervisors  
 516 Other personal services workers

- 52 Sales workers**  
 521 Street and market salespersons  
 522 Shop salespersons  
 523 Cashiers and ticket clerks  
 524 Other sales workers
- 53 Personal care workers**  
 531 Child care workers and teachers' aides  
 532 Personal care workers in health services
- 54 Protective services workers**  
 541 Protective services workers

## MAJOR GROUP 6: SKILLED AGRICULTURAL AND FISHERY WORKERS

- 61 Market-oriented skilled agricultural workers**  
 611 Market gardeners and crop growers  
 612 Animal producers  
 613 Mixed crop and animal producers
- 62 Market-oriented skilled forestry, fishery and hunting workers**  
 621 Forestry and related workers  
 622 Fishery workers, hunters and trappers
- 63 Subsistence farmers, fishers, hunters and gatherers**  
 631 Subsistence crop farmers  
 632 Subsistence livestock farmers  
 633 Subsistence mixed crop and livestock farmers  
 634 Subsistence fishers, hunters, trappers and gatherers

## MAJOR GROUP 7: CRAFT AND RELATED TRADES WORKERS

- 71 Building and related trades workers, excluding electricians**  
 711 Building frame and related trades workers  
 712 Building finishers and related trades workers  
 713 Painters, building structure cleaners and related trades workers
- 72 Metal, machinery and related trades workers**  
 721 Sheet and structural metal workers, moulders and welders, and related workers  
 722 Blacksmiths, toolmakers and related trades workers  
 723 Machinery mechanics and repairers
- 73 Handicraft and printing workers**  
 731 Handicraft workers  
 732 Printing trades workers
- 74 Electrical and electronic trades workers**  
 741 Electrical equipment installers and repairers  
 742 Electronics and telecommunications installers and repairers
- 75 Food processing, wood working, garment and other craft and related trades workers**  
 751 Food processing and related trades workers  
 752 Wood treaters, cabinet-makers and related trades workers  
 753 Garment and related trades workers  
 754 Other craft and related workers

## MAJOR GROUP 8: PLANT AND MACHINE OPERATORS AND ASSEMBLERS

- 81 Stationary plant and machine operators**  
 811 Mining and mineral processing plant operators  
 812 Metal processing and finishing plant operators  
 813 Chemical and photographic products plant and machine operators  
 814 Rubber, plastic and paper products machine operators  
 815 Textile, fur and leather products machine operators  
 816 Food and related products machine operators  
 817 Wood processing and papermaking plant operators  
 818 Other stationary plant and machine operators
- 82 Assemblers**  
 821 Assemblers
- 83 Drivers and mobile plant operators**  
 831 Locomotive engine drivers and related workers  
 832 Car, van and motorcycle drivers  
 833 Heavy truck and bus drivers  
 834 Mobile plant operators  
 835 Ships' deck crews and related workers

## MAJOR GROUP 9: ELEMENTARY OCCUPATIONS

- 91 Cleaners and helpers**  
 911 Domestic, hotel and office cleaners and helpers  
 912 Vehicle, window, laundry and other hand cleaning workers
- 92 Agricultural, forestry and fishery labourers**  
 921 Agricultural, forestry and fishery labourers
- 93 Labourers in mining, construction, manufacturing and transport**  
 931 Mining and construction labourers  
 932 Manufacturing labourers  
 933 Transport and storage labourers
- 94 Food preparation assistants**  
 941 Food preparation assistants
- 95 Street and related sales and service workers**  
 951 Street and related service workers  
 952 Street vendors (excluding food)
- 96 Refuse workers and other elementary workers**  
 961 Refuse workers  
 962 Other elementary workers

## MAJOR GROUP 0: ARMED FORCES

- 01 Commissioned armed forces officers**  
 011 Commissioned armed forces officers
- 02 Non-commissioned armed forces officers**  
 021 Non-commissioned armed forces officers
- 03 Armed forces occupations, other ranks**  
 031 Armed forces occupations, other ranks





## ANEX II

## INTERNATIONAL STANDARD INDUSTRIAL CLASSIFICATION OF ALL ECONOMIC ACTIVITIES (ISIC)

Notes: This is the International Standard Industrial Classification of Economic Activities (ISIC) Rev. 3.1. This classification becomes final after being approved by the Statistical Commission.

**A - Agriculture, forestry and fishing**

- 01 - Crop and animal production, hunting and related service activities
- 02 - Forestry and logging
- 03 - Fishing and aquaculture

**B - Mining and quarrying**

- 05 - Mining of coal and lignite
- 06 - Extraction of crude petroleum and natural gas
- 07 - Mining of metal ores
- 08 - Other mining and quarrying
- 09 - Mining support service activities

**C - Manufacturing**

- 10 - Manufacture of food products
- 11 - Manufacture of beverages
- 12 - Manufacture of tobacco products
- 13 - Manufacture of textiles
- 14 - Manufacture of wearing apparel
- 15 - Manufacture of leather and related products
- 16 - Manufacture of wood and of products of wood and cork, except furniture; manufacture of articles of straw and plaiting materials
- 17 - Manufacture of paper and paper products
- 18 - Printing and reproduction of recorded media
- 19 - Manufacture of coke and refined petroleum products
- 20 - Manufacture of chemicals and chemical products
- 21 - Manufacture of basic pharmaceutical products and pharmaceutical preparations
- 22 - Manufacture of rubber and plastics products
- 23 - Manufacture of other non-metallic mineral products
- 24 - Manufacture of basic metals
- 25 - Manufacture of fabricated metal products, except machinery and equipment
- 26 - Manufacture of computer, electronic and optical products
- 27 - Manufacture of electrical equipment
- 28 - Manufacture of machinery and equipment n.e.c.
- 29 - Manufacture of motor vehicles, trailers and semi-trailers
- 30 - Manufacture of other transport equipment
- 31 - Manufacture of furniture
- 32 - Other manufacturing
- 33 - Repair and installation of machinery and equipment

**D - Electricity, gas, steam and air conditioning supply**

- 35 - Electricity, gas, steam and air conditioning supply

**E - Water supply; sewerage, waste management and remediation activities**

- 36 - Water collection, treatment and supply
- 37 - Sewerage
- 38 - Waste collection, treatment and disposal activities; materials recovery
- 39 - Remediation activities and other waste management services

**F - Construction**

- 41 - Construction of buildings
- 42 - Civil engineering
- 43 - Specialized construction activities

**G - Wholesale and retail trade; repair of motor vehicles and motorcycles**

- 45 - Wholesale and retail trade and repair of motor vehicles and motorcycles
- 46 - Wholesale trade, except of motor vehicles and motorcycles
- 47 - Retail trade, except of motor vehicles and motorcycles

**H - Transportation and storage**

- 49 - Land transport and transport via pipelines
- 50 - Water transport
- 51 - Air transport
- 52 - Warehousing and support activities for transportation
- 53 - Postal and courier activities

**I - Accommodation and food service activities**

- 55 - Accommodation
- 56 - Food and beverage service activities

**J - Information and communication**

- 58 - Publishing activities
- 59 - Motion picture, video and television programme production, sound recording and music publishing activities
- 60 - Programming and broadcasting activities
- 61 - Telecommunications
- 62 - Computer programming, consultancy and related activities
- 63 - Information service activities

**K - Financial and insurance activities**

- 64 - Financial service activities, except insurance and pension funding
- 65 - Insurance, reinsurance and pension funding, except compulsory social security
- 66 - Activities auxiliary to financial service and insurance activities

**L - Real estate activities**

- 68 - Real estate activities

**M - Professional, scientific and technical activities**

- 69 - Legal and accounting activities
- 70 - Activities of head offices; management consultancy activities
- 71 - Architectural and engineering activities; technical testing and analysis
- 72 - Scientific research and development
- 73 - Advertising and market research
- 74 - Other professional, scientific and technical activities
- 75 - Veterinary activities

**N - Administrative and support service activities**

- 77 - Rental and leasing activities
- 78 - Employment activities
- 79 - Travel agency, tour operator, reservation service and related activities
- 80 - Security and investigation activities
- 81 - Services to buildings and landscape activities
- 82 - Office administrative, office support and other business support activities

**O - Public administration and defence; compulsory social security**

- 84 - Public administration and defence; compulsory social security

**P - Education**

- 85 - Education

**Q - Human health and social work activities**

- 86 - Human health activities
- 87 - Residential care activities
- 88 - Social work activities without accommodation

**R - Arts, entertainment and recreation**

- 90 - Creative, arts and entertainment activities
- 91 - Libraries, archives, museums and other cultural activities
- 92 - Gambling and betting activities
- 93 - Sports activities and amusement and recreation activities

**S -****Other service activities**

- 94 - Activities of membership organizations
- 95 - Repair of computers and personal and household goods
- 96 - Other personal service activities

**T -****Activities of households as employers; undifferentiated goods- and services-producing activities of households for own use**

- 97 - Activities of households as employers of domestic personnel
- 98 - Undifferentiated goods- and services-producing activities of private households for own use

**U -****Activities of extraterritorial organizations and bodies**

- 99 - Activities of extraterritorial organizations and bodies

The Classifications registry keeps updated information on Statistical Classifications maintained by the United Nations Statistics Division (UNSD).

Reference Number 

--	--	--	--