

CONFIDENTIAL

Federal Republic of Nigeria
National Bureau of Statistics Abuja, Nigeria



GENERAL HOUSEHOLD SURVEY-PANEL Wave 3 (2015/16) Post-Harvest Visit Household Questionnaire



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

SECTION A-1: HOUSEHOLD IDENTIFICATION

FEBRUARY/MARCH 2016

	Name	Code																																								
1. Zone	_____	<input type="text"/>																																								
2. STATE:	_____	<input type="text"/> <input type="text"/>																																								
3. LGA	_____	<input type="text"/> <input type="text"/>																																								
4. SECTOR (Urban=1, Rural=2)		<input type="text"/>																																								
5. EA	_____	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>																																								
6. RIC	_____	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>																																								
7. HOUSEHOLD NO.		<input type="text"/> <input type="text"/> <input type="text"/>																																								
8. WHAT ARE THE GPS COORDINATES OF THE DWELLING?																																										
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="10">LATITUDE (N)</th> </tr> <tr> <td style="width: 20px;">_</td><td style="width: 20px;">_</td> </tr> </table>	LATITUDE (N)										_	_	_	_	_	_	_	_	_	_	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="10">LONGITUDE (E)</th> </tr> <tr> <td style="width: 20px;">_</td><td style="width: 20px;">_</td> </tr> </table>	LONGITUDE (E)										_	_	_	_	_	_	_	_	_	_
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LONGITUDE (E)																																										
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9. NAME OF HOUSEHOLD HEAD:	_____																																									
10. ADDRESS OF HOUSEHOLD:	_____																																									

11. NAME OF INTERVIEWER:	_____	<input type="text"/> <input type="text"/> <input type="text"/>																																								
12. NAME OF SUPERVISOR:	_____	<input type="text"/> <input type="text"/> <input type="text"/>																																								

INDICATE THE PLACE OF THIS QUESTIONNAIRE IN THE SET OF QUESTIONNAIRES COMPLETED FOR THIS HOUSEHOLD

QUESTIONNAIRE ____ OF ____ TOTAL

AG1. Did a member of this household practice any agricultural activity such as crop, livestock or fish farming YES.....1
NO.....2

AG2. Does a member of this household own land that was not cultivated YES.....1
NO.....2

AG3. AGRICULTURE QUESTIONNAIRE REQUIRED? YES.....1
NO.....2

VERSION

1

[DAY / MONTH / YEAR]

13. DATE OF FIRST INTERVIEW: / /

14a. TIME FIRST INTERVIEW STARTED :

14b. TIME FIRST INTERVIEW ENDED :

15. INTERVIEW STATUS AFTER FIRST VISIT:
[MARK WITH "X" COMPLETED SECTIONS]

COVER	Section 1 ROSTER	Section 2 EDUCATION	Section 3 LABOUR	Section 4/4B HEALTH/ CHILD DEVT	Section 6 REMITTANCES	Section 6A/6B BEHAVIOR/ ATTITUDE	Section 9 NONFARM ENTERPRISE
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Section 10A/B/C FOOD EXPENDITURE	Section 11 NON-FOOD EXPENDITURE	Section 12 FOOD SECURITY	Section 13 OTHER HOUSEHOLD INCOME	Section 14 SAFETY NETS	Section 15A/B/C SHOCKS/ DEATH/ CONFLICT	Section 16 CONTACT INFO	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

15a. DATA ENTRY STATUS AFTER FIRST VISIT:

- 1-COMPLETE, NO QUESTIONNAIRE ERRORS
- 2-COMPLETE, WITH QUESTIONNAIRE ERRORS
- 3-NOT COMPLETE

[DAY / MONTH / YEAR]

16. DATE OF SECOND INTERVIEW: / /

17a. TIME SECOND INTERVIEW STARTED :

17b. TIME SECOND INTERVIEW ENDED :

18a. INTERVIEW STATUS AFTER SECOND VISIT:
[MARK WITH "X" COMPLETED SECTIONS]

COVER	Section 1 ROSTER	Section 2 EDUCATION	Section 3 LABOUR	Section 4/4B HEALTH/ CHILD DEVT	Section 6 REMITTANCES	Section 6A/6B BEHAVIOR/ ATTITUDE	Section 9 NONFARM ENTERPRISE
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Section 10A/B/C FOOD EXPENDITURE	Section 11 NON-FOOD EXPENDITURE	Section 12 FOOD SECURITY	Section 13 OTHER HOUSEHOLD INCOME	Section 14 SAFETY NETS	Section 15A/B/C SHOCKS/ DEATH/ CONFLICT	Section 16 CONTACT INFO	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

18b. DATA ENTRY STATUS AFTER SECOND VISIT:

- 1-COMPLETE, NO QUESTIONNAIRE ERRORS
- 2-COMPLETE, WITH QUESTIONNAIRE ERRORS
- 3-NOT COMPLETE

[DAY / MONTH / YEAR]

19. DATE OF THIRD INTERVIEW:

20a. TIME THIRD INTERVIEW STARTED

20b. TIME THIRD INTERVIEW ENDED

21a. INTERVIEW STATUS AFTER THIRD VISIT:
[MARK WITH "X" COMPLETED SECTIONS]

COVER	Section 1 ROSTER	Section 2 EDUCATION	Section 3 LABOUR	Section 4/4B HEALTH/ CHILD DEVT	Section 6 REMITTANCES	Section 6A/6B BEHAVIOR/ ATTITUDE	Section 9 NONFARM ENTERPRISE
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Section 10A/B/C FOOD EXPENDITURE	Section 11 NON-FOOD EXPENDITURE	Section 12 FOOD SECURITY	Section 13 OTHER HOUSEHOLD INCOME	Section 14 SAFETY NETS	Section 15A/B/C SHOCKS/ DEATH/ CONFLICT	Section 16 CONTACT INFO	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

21b. DATA ENTRY STATUS AFTER THIRD VISIT:

- 1-COMplete, NO QUESTIONNAIRE ERRORS
 2-COMplete, WITH QUESTIONNAIRE ERRORS
 3-NOT COMPLETE

OBSERVATIONS ON THE INTERVIEW

RECORD GENERAL NOTES ABOUT THE INTERVIEW AND RECORD ANY SPECIAL INFORMATION THAT WILL BE HELPFUL FOR SUPERVISORS AND THE ANALYSIS OF THIS QUESTIONNAIRE.

-----THIS SECTION TO BE COMPLETED BY SUPERVISOR-----

1. STATUS OF QUESTIONNAIRE

- RESPONSE STATUS
 1. COMPLETED
 2. PARTIALLY COMPLETED

2. STATUS OF DATA ENTRY

3. NOT AT HOME
 4. REFUSED
 5. HOUSEHOLD NOT LOCATED
 6. MOVED AWAY

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DEFINITIONS/INSTRUCTIONS

BRIEF DEFINITION OF A HOUSEHOLD:

1. A household is a group of people who have usually slept in the same dwelling and share their meals together. Examples of households are:
 - A household consisting of a man and his wife/wives and children, father/mother, nephew and other relatives.
 - A household consisting of a single person
 - A household consisting of a couple or several couples with or without children.

2. All listed persons that have been away from the household for more than six months are not considered to be household members except:
 - The person identified as the head of household even if he or she has not been with the household for more than 6 months
 - Newly born children (or newly adopted)
 - Students and seasonal workers who have not been living in or as part of another household
 - New spouses

FOR EVERY PERSON WHO WAS INTERVIEWED BEFORE AND IS STILL RESIDENT IN NIGERIA (IN THE SAME VILLAGE OR DIFFERENT STATE) FILL OUT A TI (TRACKING FORM 1) BEFORE CONTINUING WITH THE NEXT PERSON.

FLAP A

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

I N D I V I D U A L I D	1.	2.	3.	4.	4a.	I N D I V I D U A L I D
	NAME	What is the sex of [NAME]?	What is [NAME]'s relationship to the head of household?	How old is [NAME] (IN COMPLETED YEARS)?	Does [NAME] still live in this household?	
	<p>MAKE A COMPLETE LIST OF ALL INDIVIDUALS WHO NORMALLY LIVE AND EAT THEIR MEALS TOGETHER IN THIS HOUSEHOLD.</p> <p>(CONFIRM THAT HOUSEHOLD HEAD HERE IS SAME AS HOUSEHOLD HEAD LISTED ON IDENTIFICATION PAGE.)</p>	<p>MALE....1</p> <p>FEMALE..2</p>	<p>HEAD.....1</p> <p>SPOUSE.....2</p> <p>OWN CHILD.....3</p> <p>STEP CHILD.....4</p> <p>ADOPTED CHILD...5</p> <p>GRANDCHILD.....6</p> <p>BROTHER/SISTER..7</p> <p>NIECE/NEPHEW....8</p> <p>BROTHER/ SISTER-IN-LAW..9</p> <p>PARENT.....10</p> <p>PARENT-IN-LAW..11</p> <p>DOMESTIC HELP (RESIDENT).....12</p> <p>DOMESTIC HELP (NON RESIDENT)..13</p> <p>OTHER RELATION (SPECIFY)....14</p> <p>OTHER NON- RELATION (SPECIFY)15</p>	<p>IF RESPONDENT DOESN'T KNOW, USE YEAR OF BIRTH TO CALCULATE AGE OR USE MAJOR EVENTS LISTED IN ENUMERATOR MANUAL TO PROMPT RESPONDENT.</p> <p style="text-align: center;">YEARS</p>	<p>IF NO, CROSS OUT THE INDIVIDUAL ID IN THE FLAP AND ► Q28. AFTER COMPLETING SECTION 1, NO OTHER SECTIONS SHOULD BE ANSWERED FOR THIS PERSON.</p> <p>YES...1</p> <p>NO...2 (► Q28)</p>	

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12						12

SECTION 1: HOUSEHOLD ROSTER

PLEASE OPEN FLAP A

I N D I V I D U A L	5.	6.			7.	8.	9.	10.	11.	12.	12a.	12b.	12c.
	INTERVIEWER: IS THIS PERSON A NEW MEMBER OF THE HOUSEHOLD (ADDED ON THIS VISIT), <u>OR</u> A CHILD YOUNGER THAN SEVEN YEARS? YES.1 NO..2 (► Q7)	In what day, month and year was [NAME] born? WRITE "99" FOR MONTHS AND DAYS IF RESPONDENT DOES NOT KNOW. IF THE AGE IS GIVEN THE YEAR IS NOT KNOWN, THE YEAR SHOULD BE ESTIMATED FROM THE AGE IN Q4. CHECK THAT AGE IN QUESTION 4 AND YEAR OF BIRTH IN THIS QUESTION ARE CONSISTENT.			What is [NAME]'s marital status? Married (monogamous) ..1 Married (polygamous) ..2 Informal Union.....3 Divorced.....4 (► Q12a) Separated.....5 (► Q12a) Widowed.....6 (► Q12a) Never Married.....7 (► Q12a)	INTERVIEWER: IS THIS PERSON A MALE IN A POLYGAMOUS MARRIAGE? YES.1 NO..2 (► Q11)	How many wives do you currently have? NUMBER	D R O P P E D	Does [NAME]'s spouse/ partner live in this household now? [ASK ABOUT FIRST WIFE FOR RESPONDENTS WITH MULTIPLE WIVES]. YES.1 NO..2 (► Q12a)	WRITE ID CODE OF CURRENT SPOUSE (OR IN THE CASE OF A POLYGOMOUS MARIAGE, FIRST WIFE AMONG THOSE) WHO LIVE(S) IN THE HOUSEHOLD. COPY SPOUSE ID FROM ROSTER ID CODE	Other than English, what language does [NAME] primarily speak in the home? IF MORE THAN ONE, REFER TO LANGUAGE MOST COMMONLY SPOKEN ONLY ENGLISH..1 HAUSA.....2 IGBO.....3 YORUBA.....4 FULFULDE.....5 KANURI.....6 IJAW.....7 PIDGIN.....8 TIV.....9 EDO.....10 OTHER (SPECIFY) ..11	Does [NAME] own a mobile phone? YES..1 NO...2 (► Q13)	Can [NAME's] phone access the internet? YES..1 NO...2
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SECTION 1: HOUSEHOLD ROSTER

I N D I V I D U A L I D	13. INTERVIEWER: WAS THIS PERSON A MEMBER OF THIS HOUSEHOLD IN THE PREVIOUS VISIT OF THE SURVEY (AUG.-OCT. 2015)? YES...1 (▶ NEXT PERSON) NO...2	14. M O V E D T O 4 a	15. When did [NAME] join this household? Aug. 2015...1 Sept. 2015...2 Oct. 2015...3 Nov. 2015...4 Dec. 2015...5 Jan. 2016...6 Feb. 2016...7 March 2016...8 April 2016...9 CODE	16. Why did [NAME] join this household? NEW BORN.....1 ADOPTED CHILD.....2 MARRIAGE /COHABITATION. 3 DIVORCE /SEPARATION....4 RETURNED FROM COLLEGE/UNIV.....5 RETURNED FROM INSTITUTION.....6 MOVED IN WITH PARENT OR RELATIVE.....7 SHARED ACCOMODATION....8 RETURN FROM WORK MIGRATION.....9 MISTAKENLY NOT REPORTED OR FORGOTTEN LAST VISIT..10 DISPLACEMENT DUE TO CONFLICT (MILITANCY/ INSURGENCY).....11 OTHER, SPECIFY.....12	17. What is [NAME]'S main religion? CHRISTIANITY.1 ISLAM2 TRADITIONAL..3 OTHER (Specify)...4	18. Does [NAME]'s biological father live in this household? YES..1 NO...2 (▶ Q20)	19. What is the individual ID of [NAME]'s biological father? COPY ID FROM ROSTER (▶ Q23)	20. Is [NAME]'s biological father alive? YES..1 NO...2
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SECTION 1: HOUSEHOLD ROSTER

I N D I V I D U A L	21.	22.	23.	24.	25.	26.	27.
	What was the highest educational level completed by [NAME'S] biological father?	What was the industry of occupation of [NAME'S] biological father?	Does [NAME]'s biological mother live in this household?	What is the person ID of [NAME]'s biological mother?	Is [NAME]'s biological mother alive?	What was the highest educational level completed by [NAME'S] biological mother?	What was the industry of occupation of [NAME'S] biological mother?
	None.....00 Lower 6.....27 N1.....01 Upper 6.....28 N2.....02 Teacher P1.....11 training...31 P2.....12 Vocational/ P3.....13 Technical..32 P4.....14 Modern P5.....15 school....33 P6.....16 NCE.....34 JS1.....21 Poly/prof..41 JS2.....22 1st degree..42 JS3.....23 Higher SS1.....24 degree....43 SS2.....25 Quaranic...51 SS3.....26 Integrated Quaranic...52 Adult Education..61	AGRICULTURE.....01 MINING.....02 MANUFACTURING.....03 PROFESSIONAL, SCIENTIFIC, TECHNICAL ACTIVITIES.....04 ELECTRICITY.....05 CONSTRUCTION.....06 TRANSPORTATION.....07 BUYING AND SELLING.....08 FINANCIAL SERVICES.....09 PERSONAL SERVICES.....10 EDUCATION.....11 HEALTH.....12 PUBLIC ADMINISTRATION.....13 OTHER, SPECIFY.....14	YES..1 NO...2 (▶ Q25)	COPY ID FROM ROSTER (▶ NEXT PERSON)	YES..1 NO...2	None.....00 Lower 6.....27 N1.....01 Upper 6.....28 N2.....02 Teacher P1.....11 training...31 P2.....12 Vocational/ P3.....13 Technical..32 P4.....14 Modern P5.....15 school....33 P6.....16 NCE.....34 JS1.....21 Poly/prof..41 JS2.....22 1st degree..42 JS3.....23 Higher SS1.....24 degree....43 SS2.....25 Quaranic...51 SS3.....26 Integrated Quaranic...52 Adult Education..61	AGRICULTURE.....01 MINING.....02 MANUFACTURING.....03 PROFESSIONAL, SCIENTIFIC, TECHNICAL ACTIVITIES.....04 ELECTRICITY.....05 CONSTRUCTION.....06 TRANSPORTATION.....07 BUYING AND SELLING.....08 FINANCIAL SERVICES.....09 PERSONAL SERVICES.....10 EDUCATION.....11 HEALTH.....12 PUBLIC ADMINISTRATION.....13 OTHER, SPECIFY.....14
	LEVEL			(▶ NEXT PERSON)		LEVEL	(▶ NEXT PERSON)
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SECTION 1: HOUSEHOLD ROSTER

I N D I V I D U A L I D	28.	29.	30.	31.				32.	33.
	Why did [NAME] leave this household?	In which month did [NAME] leave this household?	Does [NAME] reside in Nigeria or outside Nigeria now?	Which LGA and state did [NAME] move to?				What country does [NAME] reside in at present?	How many months has [NAME] been abroad?
	DIVORCE/SEPARATION.....1 LEFT FOR STUDIES/EDUCATIONAL OPPORTUNITY.....2 LEFT FOR WORK.....3 LEFT TO FIND BETTER LAND.....4 HEALTH REASONS.....5 SECURITY REASONS.....6 FOR MARRIAGE/ COHABITATION.....7 TO JOIN THEIR FAMILY ALREADY LIVING IN ANOTHER LOCATION...8 MOVED WITH FAMILY.....9 LEFT TO SET UP OWN HOME.....10 UNABLE TO STAY DUE TO CONFLICT (MILITANCY/INSURGENCY).....11 DISPUTE WITH OTHER HOUSEHOLD MEMBERS/COMMUNITY.....12 ABDUCTED/KIDNAPPED.....13 DEAD.....14 ▶ NEXT PERSON OTHER, (SPECIFY).....15	Before Aug. 2015....1 Sep. 2015....2 Oct. 2015....3 Nov. 2015....4 Dec. 2015....5 Jan. 2016....6 Feb. 2016....7 March 2016...8 April 2016...9	Inside Nigeria...1 Outside of Nigeria...2 (▶Q32)	SUPERVISOR CODE AFTER INTERVIEW				USE COUNTRY CODES ABOVE	MONTHS
LGA NAME	CODE (2-DIGIT)	STATE NAME	CODE (2-DIGIT)						
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SECTION 1: HOUSEHOLD ROSTER

I N D I V I D U A L	38. Who provided information on where to go and/or how to find work during [NAME's] move? (MAIN SOURCE) FAMILY.....1 FRIENDS.....2 NEIGHBORS...3 RADIO OR TV..4 INTERNET....5 EMPLOYERS...6 GOVERNMENT..7 SELF.....8 OTHER (SPECIFY)...9	39. From whom did [NAME] mainly obtain money in order to migrate for this move? (MAIN SOURCE) FAMILY.....1 FRIENDS....2 NEIGHBORS..3 EMPLOYERS..4 GOVERNMENT.5 SELF.....6 OTHER (SPECIFY)..7	40. While travelling or at the final destination did anyone else help [NAME]? YES...1 NO..2 (▶ NEXT PERSON) DON'T KNOW...3 (▶ NEXT PERSON)	41. Who is the additional person that helped [NAME] while travelling or at the final destination? (SECOND SOURCE) FAMILY.....1 FRIENDS.....2 Acquaintances.3 STRANGERS....4 NGOS.....5 RELIGIOUS ORGANIZATION..6 GOVERNMENT ORGANIZATION..7 OTHER.....8 (▶ NEXT PERSON)
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SECTION 2: EDUCATION

FOR ALL HOUSEHOLD MEMBERS 5 YEARS AND ABOVE, PLEASE ASK THE INDIVIDUAL THE FOLLOWING QUESTIONS.

I D R O P P E D I D V I D U A L I D	1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	11.
		IS THIS PERSON FIVE YEARS OLD OR OLDER? YES..1 NO...2 (▶ SECTION 4)	IS THIS PERSON ANSWERING FOR HIMSELF/HERSELF? YES..1 (▶ Q5) NO...2	WRITE THE ID CODE OF THE RESPONDENT COPY ID FROM ROSTER ID CODE	Can [NAME] read and write in any language? YES..1 NO...2	Has [NAME] ever attended school? YES..1 (▶ Q8) NO...2	What was the main reason [NAME] never attended school? Too young.....1 Too far away.....2 Too expensive3 Working (home OR job).....4 Lack of Money.....5 Death of Parent(s)...6 Separation of parents.....7 Does not have interest8 Parents do not think it is important.....9 Illness.....10 Disability.....11 Conflict (Militancy/ Insurgency).....12 Other (Specify).....13 ALL RESPONSES ▶ NEXT SECTION	At what age did [NAME] start school? AGE	What is the highest educational level [NAME] has completed? LEVEL NONE.....00 LOWER 6.....27 N1.....01 UPPER 6.....28 N2.....02 TEACHER P1.....11 TRAINING....31 P2.....12 VOCATIONAL/ P3.....13 TECHNICAL...32 P4.....14 MODERN P5.....15 SCHOOL.....33 P6.....16 NCE.....34 JS1.....21 POLY/PROF...41 JS2.....22 1ST DEGREE..42 JS3.....23 HIGHER SS1.....24 DEGREE.....43 SS2.....25 QUARANIC...51 SS326 INTEGRATED QUARANIC...52 ADULT	What is [NAME]'s highest qualification attained? NONE.....1 FSLC.....2 MSLC3 VOC/COMM.....4 JSS5 SSS 'O LEVEL'....6 A LEVEL.....7 NCE/OND NURSING..8 BA/BSC/HND.....9 TECH/PROF.....10 MASTERS.....11 DOCTORATE.....12 OTHER (SPECIFY) .13	D R O P P E D
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SECTION 2: EDUCATION

I D N D O I P V I D U A L I D	12.	13.	14.	15.	16.	17.	18.	19.	20.
		Is [NAME] presently in school (2015-2016 school year)? YES..1 (▶ Q15) NO...2	Why is [NAME] not currently in school? HAD ENOUGH/COMPLETED SCHOOLING.....1 AWAITING ADMISSION.....2 NO SCHOOL/LACK OF TEACHERS.....3 NO TIME/NO INTEREST.....4 LACK OF MONEY.....5 MARITAL OBLIGATION.....6 SICKNESS.....7 DISABILITY.....8 SEPARATION OF PARENTS.....9 DEATH OF PARENTS...10 TOO OLD TO ATTEND ..11 DOMESTIC OBLIGATION12 CONFLICT (MILITANCY/INSURGENCY).....13 (▶ Q23)	In what level is [NAME] enrolled this 2015-2016 school year? NONE.....00 LOWER 6....27 N1.....01 UPPER 6....28 N2.....02 TEACHER P1.....11 TRAINING...31 P2.....12 VOCATIONAL/ P3.....13 TECHNICAL..32 P4.....14 MODERN P5.....15 SCHOOL....33 P6.....16 NCE.....34 JS1.....21 POLY/PROF..41 JS2.....22 1ST DEGREE.42 JS3.....23 HIGHER SS1.....24 DEGREE....43 SS2.....25 QUARANIC..51 SS326 INTEGRATED QUARANIC...52 ADULT	What kind of organization runs the school that [NAME] is attending? FEDERAL GOVT..1 STATE GOVT...2 LOCAL GOVT...3 COMMUNITY...4 RELIGIOUS BODY.....5 PRIVATE.....6 NGO.....7 OTHER (SPECIFY)....8	By what means does [NAME] go to school? FOOT1 BICYCLE2 MOTORCYCLE...3 PRIVATE CAR...4 TAXI.....5 BUS.....6 CAMEL/DONKEY..7 BOAT.....8 OTHERS (SPECIFY).....9	How much time does it take [NAME] to get to school? (in minutes) TIME CODE 0-15.....1 16-30....2 31-45....3 46-60....4 61-90....5 91-120...6	Has [NAME] had a scholarship during the 2015-2016 school year? YES..1 NO...2 (▶ Q23)	What was the amount of the scholarship [NAME] has received in the 2015-2016 school year? NAIRA
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SECTION 2: EDUCATION

I N D I V I D U A L I D	21.	22.	23.								
	How many years does the scholarship cover?	From which organisation, did you receive the scholarship? FEDERAL GOVT...1 STATE GOVT...2 LOCAL GOVT...3 COMMUNITY...4 RELIGIOUS BODY.....5 PRIVATE.....6 NGO.....7 OTHER (SPECIFY).....8	How much was spent on [NAME]'s education during the 2015-2016 school year? <div style="border: 1px solid black; padding: 5px; text-align: center; margin: 10px auto; width: 60%;">IF THERE WAS NO EXPENDITURE, WRITE '0'</div> <p>RECORD TOTAL EXPENDITURE IN COLUMN I ONLY IF RESPONDENT CANNOT DIVIDE SCHOOL EXPENSES INTO PREVIOUS CATEGORIES</p>								
	YEARS		A. School fees and registration	B. Contributions to school repairs, Parents-Teachers Association	C. Uniforms and sports clothes	D. Books and school supplies	E. Transportation to and from school	F. Food, board and lodging at school	G. Extra-tuition (extra classes)	H. Other expenses cash and in-kind that can't be categorized	I. Aggregate Expenditure
		NAIRA	NAIRA	NAIRA	NAIRA	NAIRA	NAIRA	NAIRA	NAIRA	NAIRA	
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SECTION 2: EDUCATION

I N D I V I D U A L I D	24. Did [NAME] ever repeat any class in primary or secondary school?	25. What was the last class [NAME] repeated ?	26. What was [NAME]'S main reason for repeating the grade specified in Q25?	27. How many times has [NAME] repeated the class specified in Q25?	28. D R O P P E D
	YES, PRIMARY ONLY...1 YES, SECONDARY ONLY..2 YES, BOTH.....3 NONE.....4 (►NEXT SECTION)	P1.....11 P2.....12 P3.....13 P4.....14 P5.....15 P6.....16 JS1.....21 JS2.....22 JS3.....23 SS1.....24 SS2.....25 SS326 LOWER 6...27 UPPER 6...28	FAILED EXAM.....1 PREGNANCY.....2 ILLNESS.....3 DISABILITY.....4 WORK COMMITMENT.....5 NO MONEY FOR BOOKS.....6 LACK OF FEES.....7 ILLNESS OR INJURY OF OTHER HH MEMBER.....8 TOO MANY ABSENCES DUE TO CONFLICT (MILITANCY/ INSURGENCY).....9 OTHER (SPECIFY)....10		

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SECTION 3: LABOR

ASK THESE QUESTIONS FROM ALL INDIVIDUALS 5 YEARS AND ABOVE.

INDIVIDUAL	1.	2.	3.	4.	4b.	5.	5b.	5c.	6.	6b.
	IS THIS HOUSEHOLD MEMBER 5 YEARS OLD OR OLDER?	IS THIS PERSON ANSWERING FOR HIMSELF/HERSELF?	WRITE THE ID CODE OF THE RESPONDENT	During the past 7 days, has [NAME] worked for someone who is not a member of this household, for example, an enterprise, company, the government or any other individual?	During the past 7 days, how many hours has [NAME] done wage/salaried work for pay?	During the past 7 days, has [NAME] worked on a farm owned or rented by a member of this household, either in cultivating crops or in other farming tasks, or has [NAME] cared for livestock belonging to [NAME] or a member of this household?	During the past 7 days, how many hours has [NAME] done this agricultural work for the household?	In general, are the products obtained from [NAME]'s household agricultural production intended for sale or barter or mainly for use by the household? Only for sale/barter...1 Mainly for sale/barter but some for own/family use.....2 Mainly for own/family use but some for sale/barter ...3 Only for own/family use.....4	During the past 7 days, has [NAME] worked on his/her own account or in a business enterprise belonging to [NAME] or someone in this household, for example, as a trader, shop-keeper, barber, dressmaker, carpenter or taxi driver?	During the past 7 days, how many hours has [NAME] worked in the household nonfarm enterprise?
	YES..1 NO...2 (▶ NEXT PERSON)	YES..1 (▶ Q4) NO...2	ID CODE	YES..1 NO...2 (▶ Q5)	HOURS	YES..1 NO...2 (▶ Q6)	HOURS		YES..1 NO...2 (▶ Q7)	HOURS
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SECTION 3: LABOR

INDIVIDUAL	6c. In general, are the products obtained from the household nonfarm enterprise intended for sale or barter or mainly for use by the household? Only for sale/barter....1 Mainly for sale/barter but some for own/family use.....2 Mainly for own/family use but some for sale/barter ...3 Only for own/family	7. INTERVIEWER: IS THERE A "YES" RESPONSE IN QUESTIONS 4, 5 OR 6? YES..1 (▶ Q12b) NO...2	8. Has [NAME] taken any steps within the past 7 days to look for work? YES..1 (▶ Q10) NO...2	9. What is the main reason [NAME] did not look for a job in the past 7 days? MOST IMPORTANT REASON STUDENT.....01 HOUSEWIFE/CHILDCARE..02 TOO OLD/RETIRED.....03 SICKNESS/ILLNESS.....04 DISABILITY.....05 WAITING FOR REPLY FROM EMPLOYER.....06 WAITING FOR RECALL BY EMPLOYER.....07 ON LEAVE.....08 WAITING FOR BUSY SEASON.....09 CONFLICT (MILITANCY/INSURGENCY).....10 OTHER (SPECIFY)11 (▶ Q38)	10. Was [NAME] available for work during the last 7 days? YES..1 (▶ Q38) NO...2	11. Why was [NAME] not available for work during the last 7 days? IN SCHOOL1 BUSY WITH HOUSEHOLD DUTIES2 TOO YOUNG TO WORK...3 TOO OLD TO WORK.....4 TOO SICK TO WORK.....5 DISABLED.....6 CONFLICT (MILITANCY/INSURGENCY)7 OTHER (SPECIFY).....8 (▶ Q38)	12. D R O P P E D	12b. IS THERE A YES RESPONSE IN Q4? YES..1 NO...2 (▶ Q38)
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SECTION 3: LABOR

MAIN /PRIMARY WAGE EMPLOYMENT				
I N D I V I D U A L I D	13.	14.	15.	15b.
	What is [NAME]'s primary activity in [NAME]'s main wage/salaried job? (MAIN WAGE/SALARIED OCCUPATION IN THE LAST 7 DAYS)	In what sector is this main activity?	Who is the employer in this job?	Is this an apprenticeship job?
		AGRICULTURE.....01 MINING.....02 MANUFACTURING.....03 PROFESSIONAL/ SCIENTIFIC/TECHNICAL ACTIVITIES.....04 ELECTRICITY/WATER/GAS /WASTE.....05 CONSTRUCTION.....06 TRANSPORTATION.....07 BUYING AND SELLING..08 FINANCIAL/INSURANCE/ REAL EST. SERVICES.09 PERSONAL SERVICES..10 EDUCATION.....11 HEALTH.....12 PUBLIC ADMINISTRATION....13 OTHER, SPECIFY.....14	FEDERAL GOV.....01 STATE GOV.....02 LOCAL GOV.....03 PARASTATAL.....04 PRIVATE SECTOR (INCLUDE PAID APPRENTICE).....05 NGO.....06 CO-OPERATIVES.....07 INTERNATIONAL ORGANIZATION /DIPLOMATIC MISSION.....08 RELIGIOUS ORGANIZATION.....09 OTHER (SPECIFY).....11	YES..1 NO...2
	WRITTEN DESCRIPTION	OCCUPATION CODE (CODE AFTER INTERVIEW)		
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SECTION 3: LABOR

I N D I V I D U A L I D	15c.	15d.	15e.	15f.	16.	17.	18.	19.	20.	21.	22.	
	How many people work for [NAME]'s primary employer? NUMBER OF EMPLOYEES 1-5...1 6-10...2 11-20...3 20+...4	Is [NAME] enrolled in a pension scheme for this job? YES..1 NO...2	Does [NAME] have a written contract/agreement or letter of appointment for this job? YES..1 NO...2	Does [NAME]'s employer provide health insurance coverage (either partial or full). YES..1 NO...2	During the last 12 months how many months did [NAME] work in this employment? MUST NOT BE MORE THAN 12 MONTHS	During these months how many weeks did [NAME] work in this employment? MUST NOT BE MORE THAN 52 WEEKS	How many hours does [NAME] normally work in a week in this job? MUST NOT BE MORE THAN 126 HOURS	D R O P P E D	D R O P P E D	How much was [NAME]'s last payment? IF RESPONDENT HAS NOT YET BEEN PAID, ASK: What payment does [NAME] expect? What period of time did this payment cover? TIME UNIT HOUR.....1 DAY.....2 WEEK.....3 FORTNIGHT..4 MONTH.....5 QUARTER....6 HALF YEAR..7 YEAR.....8	Who in [NAME]'s household is on the use of these services? LIST UP TO TWO NAMES	
					MONTHS	WEEKS	HOURS PER WEEK			NAIRA	TIME UNIT	ID CODE
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SECONDARY WAGE EMPLOYMENT

INDIVIDUAL	MEMBERS	23.	24.		25.	26.	
		household decides earnings? Does [NAME] receive any in-kind payment or allowance for this work in any other form? [APART FROM SALARY] YES...1 NO....2 (▶ Q25)	What is the value of those payments? Over what time interval? TIME UNIT HOUR.....1 DAY.....2 WEEK.....3 FORTNIGHT..4 MONTH.....5 QUARTER...6 HALF YEAR..7 YEAR.....8	NAIRA	TIME UNIT	Was [NAME] engaged in a second wage/salaried job in the past 7 days? YES..1 NO...2 (▶ 38)	What is [NAME]'s main activity in [NAME]'s second wage/salaried job in the past 7 days?
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SECTION 3: LABOR

INDIVIDUAL	27.	28.	28b.	28c.	28d.	28e.	28f.	29.	30.	31.
	In what sector is this main activity?	Who is the employer in this job?	Is this an apprenticeship job?	How many people work for this employer?	Is [NAME] enrolled in a pension scheme for this job?	Does [NAME] have a written contract/agreement or letter of appointment for this job?	Does [NAME]'s employer provide health insurance coverage (either partial or full).	During the last 12 months how many months did [NAME] work in this employment?	During these months how many weeks did [NAME] work in this employment?	How many hours does [NAME] normally work in a week at this job?
	AGRICULTURE.....01 MINING.....02 MANUFACTURING.....03 PROFESSIONAL/ SCIENTIFIC/TECHNICAL ACTIVITIES.....04 ELECTRICITY/WATER/ GAS/WASTE.....05 CONSTRUCTION.....06 TRANSPORTATION.....07 BUYING AND SELLING...08 FINANCIAL/INSURANCE/ REAL EST. SERVICES.09 PERSONAL SERVICES..10 EDUCATION.....11 HEALTH.....12 PUBLIC ADMINISTRATION....13 OTHER, SPECIFY....14	FEDERAL GOV.....01 STATE GOV.....02 LOCAL GOV.....03 PARASTATAL.....04 PRIVATE SECTOR (INCLUDE PAID APPRENTICES).....05 NGO.....06 CO-OPERATIVES.....07 INTERNATIONAL ORGANIZATION /DIPLOMATIC MISSION.....08 RELIGIOUS ORGANIZATION.....09 OTHER (SPECIFY).....11	YES..1 NO...2	NUMBER OF EMPLOYEES 1-5.....1 6-10.....2 11-20.....3 20+.....4	YES..1 NO...2	YES..1 NO...2	YES..1 NO...2	MUST NOT BE MORE THAN 12 MONTHS	MUST NOT BE MORE THAN 52 WEEKS	MUST NOT BE MORE THAN 126 HOURS
								MONTHS	WEEKS	HOURS PER WEEK
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SECTION 3: LABOR

I D I V I D U A L I D	32.	33.	34.		35.		36.	37.		38.	38a.
	D	D	How much was [NAME]'s last payment? IF RESPONDENT HAS NOT YET BEEN PAID, ASK: What payment does [NAME] expect? What period of time did this payment cover?		Who in [NAME]'s household decides on the use of these earnings? LIST UP TO TWO MEMBERS		Does [NAME] receive any payment in-kind or allowance for this work in any other form? [APART FROM SALARY]	What is the amount of those payments? Over what time interval?		Does [NAME] contribute to the National Health Insurance Scheme (NHIS)?	Did [NAME] collect or chop firewood (or other fuel material) yesterday?
			TIME UNIT HOUR.....1 DAY.....2 WEEK.....3 FORTNIGHT..4 MONTH.....5 QUARTER....6 HALF YEAR..7 YEAR.....8		ID CODE	ID CODE	YES...1 NO....2 (► Q38)	TIME UNIT HOUR.....1 DAY.....2 WEEK.....3 FORTNIGHT..4 MONTH.....5 QUARTER....6 HALF YEAR..7 YEAR.....8	YES..1 NO...2	YES..1 NO...2 (► Q39a)	
			NAIRA	TIME UNIT	ID CODE	ID CODE		NAIRA	TIME UNIT		
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SECTION 3: LABOR

Wage/Salaried Employment 12 Months

I N D I V I D U A L I D	39.	39a.	40.	41.	42	43.
	How many minutes did [NAME] spend yesterday collecting/chopping firewood (or other fuel materials) in total? MINUTES Less than 10 ..1 11 - 20.....2 21 - 30.....3 31 - 40.....4 41 - 60.....5 61 - 90.....6 90+.....7	Did [NAME] collect or fetch water yesterday? YES..1 NO...2 (► Q41)	How many minutes did [NAME] spend yesterday collecting/ fetching water in total including waiting time? MINUTES Less than 10 ..1 11 - 20.....2 21 - 30.....3 31 - 40.....4 41 - 60.....5 61 - 90.....6 90+.....7	INTERVIEWER: IS THERE A "YES" RESPONSE IN QUESTION 12b? YES..1 (► NEXT SECTION) NO...2	Even though [NAME] did not do any wage/salaried job in the last 7 days, did [NAME] do any wage/salaried job during the last 12 months, for even 1 day or a few hours a week? YES..1 NO...2 (► NEXT SECTION)	What was [NAME]'s activity in [NAME]'s wage/salaried job in the past 12 months?
	TIME CODE		TIME CODE		OCCUPATION DESCRIPTION	OCCUPATION CODE (CODE AFTER INTERVIEW)
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SECTION 3: LABOR

INDIVIDUAL	44.	45.	46.	47.	48.	49.		
	What was the industry of [NAME]'s wage/salaried job in the past 12 months?	During the past 12 months how many months did [NAME] work in this employment?	During the past 12 months how many weeks did [NAME] work in this employment?	How many hours does [NAME] normally work in a week at this job?	Who is the employer in this primary job?	How much was [NAME]'s last payment? IF RESPONDENT HAS NOT YET BEEN PAID, ASK: What payment does [NAME] expect? What period of time did this payment cover?	TIME UNIT	
	INDUSTRY DESCRIPTION	INDUSTRY CODE TO BE CODED AFTER INTERVIEW	MONTHS	WEEKS	HOURS PER WEEK		NAIRA	TIME UNIT
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SECTION 4: HEALTH

FOR ALL HOUSEHOLD MEMBERS

I N D V I D U A L I D	1.	2.			3.	3b.	4.	5.	6.			7.		8.	
	During the past 4 weeks has [NAME] consulted a health practitioner or dentist or traditional healer or a Patent Medicine Vendor or visited a health centre?	For what reason(s) did [NAME] consult this person?			During the past 4 weeks has [NAME] suffered from an illness or injury?	What type of illness or injury did [NAME] suffer from?	Did [NAME] have to stop [NAME]'s usual activities in the past 4 weeks because of this condition?	For how many days did [NAME] have to stop [NAME]'s usual activities in the past 4 weeks because of this condition?	Whom did [NAME] consult for this illness or injury in the last 4 weeks?			Where did [NAME]'s consultation take place?		In what type of establishment did [NAME]'s consultation take place?	
	YES..1 NO...2 (► Q3)	LIST UP TO THREE REASONS			YES...1 NO....2 (► Q13)	MALARIA.....1 TB.....2 YELLOW FEVER..3 TYPHOID.....4 CHOLERA.....5 DIARRHEA.....6 MENINGITIS...7 CHICKEN POX..8 PNEUMONIA...9 COMMON COLD..10 INJURY.....11 OTHER (SPECIFY)....12	YES..1 NO....2 (► Q6)	DAYS	LIST THE TWO MOST IMPORTANT			REFER TO PERSON CONSULTED IN Q6		REFER TO CONSULTATION IN Q7	
	REASON 1	REASON 2	REASON 3					1ST	2ND	1ST	2ND	1ST	2ND		
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SECTION 4: HEALTH

HOSPITAL ADMISSIONS

INDIVIDUAL ID	9.	10.	11.		12.		13.	14.	15.	16.	17.	18.	19.
	How much did [NAME] pay for the first consultation?	How much did [NAME] pay for the first trip (to and from) for consultation (transport costs only)? IF AT PATIENT'S HOME PUT 0	How long did it take to travel (one way) to [NAME]'s first consultation? IF AT PATIENT'S HOME LEAVE BLANK		How long did [NAME] have to wait to be attended for this first consultation?		In the past 4 weeks, did [NAME] spend any money for drugs or medicines over the counter or kiosks?	How much did [NAME] pay for the drugs or medicines over the counter or kiosks?	During the past 12 months, was [NAME] admitted to a hospital or health facility? INCLUDE TRADITIONAL HEALING CENTRES	During the last 12 months how many nights did [NAME] stay in hospital or health facility? INCLUDE TRADITIONAL HEALING CENTRES	How much did [NAME] pay in total for staying in a hospital or health facility in the last 12 months?	During the last 12 months did [NAME] buy any medicine and medical supplies?	How much did [NAME] pay altogether for these medicines and medical supplies in the last 12 months?
	NAIRA	NAIRA	HRS	MIN	HRS	MIN	YES..1 NO...2 (► Q15)	NAIRA	YES..1 NO...2 (► Q18)	NIGHTS	NAIRA	YES.....1 NO.....2 (► Q22a)	NAIRA
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SECTION 4: HEALTH

ACTIVITIES AND FUNCTIONING													
I N D I V I D U A L I D	20.	21.	22a.	22b.	22c.	22d.	22e.	23.	24 to 34.	35.			36.
	Who paid for most of [NAME]'s health expenses including consultations or hospital stays (if any)? SELF.....1 SPOUSE.....2 PARENT.....3 OTHER RELATIVE.....4 EMPLOYER.....5 GOVERNMENT.....6 NGO.....7 OTHER ORGANIZATION..8 PRIVATE HEALTH INSURANCE.....9 NO EXPENSES...10 (▶Q22a) OTHER, SPECIFY.....11	Apart from what was paid by others, how much did [NAME] pay out of [NAME]'s own pocket for medical services not including any medicines or medical supplies or over the counter drugs?	Can [NAME] do vigorous activities like running, lifting heavy objects, participating in sports or doing hard labour?	Can [NAME] walk uphill?	Can [NAME] do activities such as bending over or stooping?	Can [NAME] walk over 100 meters?		Do [NAME] have difficulty seeing, even if [NAME] are wearing glasses? No, no difficulty..1(▶Q37) Yes, some...2 Yes, a lot..3 Cannot see..4		Does this difficulty reduce the amount of work [NAME] can do at home, at work or at school?			
		NAIRA	YES..1 NO...2	YES..1 NO...2	YES..1 NO...2	YES..1 NO...2				At Home	At School	At Work	
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SECTION 4: HEALTH

I N D I V I D U A L I D	TREATED BEDNET			ANTHROPOMETRY SECTION					
	37. Did [NAME] sleep under a bednet yesterday?	37a. Was the bednet you slept under yesterday treated or untreated?	38. How did the household obtain this bednet?	39. How much did the household pay for the bednet?	40 to 50. D R O P P E D	51. IS THIS PERSON A CHILD AGED LESS THAN 84 MONTHS (LESS THAN 7 YEARS)	52. WEIGHT KILOGRAMS (KG) UP TO TWO DECIMAL PLACES	53. LENGTH OR HEIGHT CHILD UNDER 2 YRS OLD MEASURE LENGTH (LYING DOWN) CHILD AGE 2 OR MORE YRS MEASURE HEIGHT (STANDING)	54. INTERVIEWER: WHAT IS THE RESULT OF MEASUREMENT? MEASURED.....1 NOT PRESENT.....2 SICK OR INJURED.....3 REFUSED.....4 OTHER SPECIFY.....5
	YES..1 NO...2 (▶ Q51)	YES, TREATED NET LESS THAN 6 MONTHS OLD....1 YES TREATED NET MORE THAN 6 MONTHS OLD.....2 NOT TREATED.....3	FREE GIFT...1 (▶ Q51) PURCHASED...2 PURCHASED W/ VOUCHER.3	NAIRA		YES..1 NO...2 (▶ NEXT PERSON)	KILOGRAMS	CENTIMETRES	
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SECTION 4B: CHILD DEVELOPMENT

RESPONDENT: MOTHER OR PRIMARY CARETAKERS OF EACH CHILD BETWEEN 2 AND 18 YEARS OLD.

I N D I V I D U A L	1.	2.	3.					4.	5.	6.
	INTERVIEWER: IS [NAME] BETWEEN 2 AND 18 YEARS OLD TODAY?	INTERVIEWER: WHAT IS THE ID OF THE RESPONDENT FOR [NAME]? EITHER THE MOTHER OR PRIMARY CARETAKER OF [NAME] SHOULD BE THE RESPONDENT. <u>[NAME] SHOULD NOT RESPOND FOR HIM/HERSELF.</u>	Going back to the first 3 years of [NAME]'s life, was there anything that seriously worried you or anyone else about [NAME]'s [...]?					Does [NAME] speak at all (can he or she make himself or herself understood in words; can he or she say any recognizable words)?	Does [NAME] speak normally for his/her age?	Does [NAME] often repeat the same word or phrase over and over again in the same manner?
			a) Language and communication development?	b) Relationship with peers?	c) Development and use of hands and limbs?	d) Odd or repetitive behaviour?	e) Ability to learn and do new things – things such as puzzles or helping get dressed?			
	YES...1 NO...2 (▶ NEXT PERSON)		YES...1 NO...2	YES...1 NO...2	YES...1 NO...2	YES...1 NO...2	YES...1 NO...2	YES...1 NO...2 (▶ Q9)	YES...1 NO...2	YES...1 NO...2
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SECTION 4B: CHILD DEVELOPMENT

	7.	8.	9.	10.	11.	12.	13.	14.	15.	16.
I N D I V I D U A L	Does [NAME] repeat what you say? Copy your speech or the speech of others?	Does [NAME] initiate a conversation with you?	Can he/she communicate with you by using gestures? E.g. pointing with the index finger, nodding/shaking head for yes/no etc.	Does [NAME] smile back when people smile at him/her?	Does [NAME] maintain eye contact when talking to people?	Does [NAME] show the typical range of facial expressions? For instance, does he/she smile when happy? Show sadness when unhappy? Express surprise when something unexpected happens?	Does [NAME] participate in imaginative games like kitchen set/dolls/clay/teleph one/toy gun/motor car OR 'teacher-student', 'thief-police', 'mother-child', etc. with other kids interactively?	Does [NAME] appear to be in his/her own world, no matter what he/she is doing (even when with other children)?	Does [NAME] prefer to play alone rather than joining his peers?	Does [NAME] have interests that are not typical for children his or her age, like an interest objects like fans, light switches, radios, etc.?
	YES...1 NO...2	YES...1 NO...2	YES...1 NO...2	YES...1 NO...2	YES...1 NO...2	YES...1 NO...2	YES...1 NO...2	YES...1 NO...2	YES...1 NO...2	YES...1 NO...2

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SECTION 4B: CHILD DEVELOPMENT

I N D I V I D U A L	17.	18.					19.	20.	21.
	Does [NAME] have any repetitive behaviour? For instance, arranging toys or household objects in a specific manner over and over again.	Does [NAME] keep on repeating any of the following? DEMONSTRATE EACH ACTION					Does [NAME] insist on sameness and actively resist any change in his/ her routines? For example: insisting on the same dress/asking for the same place to sit while eating/insisting on no change in the arrangement of the toys or household items. Bathing or getting dressed at a certain time and when unable to do so for some particular reason, does [NAME] get very upset?	Has [NAME] memorized unusual facts like schedules, history facts, or other sorts of facts that preoccupy him or her daily? For example: when playing with a toy car, only want to play with the tyres and not the rest of the car.	Is [NAME] 'too obsessed' with certain activities or interests beyond what you would expect for a child of his/her age?
		a) Flapping hands (moving hands up and down)	b) Hand wringing (as if squeezing clothes)	c) Toe-walking (walking on tip-toe)	d) Swinging or spinning his/her body	e) Making unusual finger or hand movements near his/her face?			
	YES...1 NO...2	YES...1 NO...2	YES...1 NO...2	YES...1 NO...2	YES...1 NO...2	YES...1 NO...2	YES...1 NO...2	YES...1 NO...2	
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SECTION 4B: CHILD DEVELOPMENT

	22.	23.	24.	25.
I N D I V I D U A L	Does [NAME] have excessive interest in odd or unusual things/activities which other children do not have? E.g. collecting sweet wrappers, nylon bags, piece of rope, pulling thread and rubber band etc.	Does [NAME] prefer to play with a particular part of a toy/object rather than the whole toy/object?	Is [NAME] hypersensitive or under sensitive to certain sensory inputs i.e. is indifferent to pain? Overly upset by certain sounds or too sensitive to light?	Does [NAME] show an unusual interest in certain sensory aspects of the environment? E.g. excessive touching or smelling of objects?
	YES...1 NO...2	YES...1 NO...2	YES...1 NO...2	YES...1 NO...2

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SECTION 6: REMITTANCES

INDIVIDUALS 10 YEARS OLD OR OLDER SHOULD RESPOND IN THIS SECTION

INDIVIDUAL	1.	2.	D R O P P E D	4.	5.	6.	D R O P P E D	8.
	Did [NAME] receive a monetary gift or an in-kind gift from abroad in the past 12 months?	Did [NAME] receive a monetary gift from abroad in the past 12 months?		What was the amount of cash [NAME] received? SPECIFY THE UNIT OF CURRENCY OF THE CASH RECEIVED <u>CURRENCY CODE</u> US DOLLAR.....1 EURO.....2 POUND STERLING....3 OTHER (SPECIFY)...4 NAIRA.....5	Did [NAME] receive a gift in kind from abroad in the past 12 months?	What was the in-kind gift that [NAME] received from abroad in the past 12 months? VEHICLE.....1 HOME APPLIANCE/ ELECTRONICS..2 CLOTHING/ FOOTWEAR.....3 PERSONAL ACCESSORIES..4 OTHER (SPECIFY)5		What is the estimated value of the in-kind gift [NAME] received? SPECIFY THE UNIT OF CURRENCY FOR THE ESTIMATED VALUE OF THE GIFT <u>CURRENCY CODE</u> US DOLLAR.....1 EURO.....2 POUND STERLING....3 OTHER (SPECIFY)...4 NAIRA.....5
	YES..1 NO...2 (► NEXT PERSON)	YES..1 NO...2 (► Q5)			YES..1 NO...2 (► NEXT PERSON)			
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SECTION 6: REMITTANCES

I N D I V I D U A L I D	9.	10.
	Through whom was the gift sent to [NAME]?	What was the main purpose for which the gift was intended?
	RELATIONS....1 FRIENDS.....2 COLLEAGUES...3 NEIGHBORS...4 ASSOCIATION/ RELIGIOUS ORGANIZATION.5 OTHER (SPECIFY)....6	MAINTENANCE FOR UPKEEP/ SUBSIDIZE CONSUMPTION OF SPOUSE, PARENTS, OR RELATIVES.....1 MORTGAGE FUND FOR LAND, HOUSES AND OTHER REAL ESTATE.....2 INVESTMENT IN SHARES, BONDS, OR OTHER FINANCIAL INVESTMENT.....3 DEVELOPMENT PROJECTS IN THE COMMUNITY.....4 PAYMENTS/DONATIONS TO NON PROFIT INSTITUTIONS (RELIGIOUS BODIES).....5 PAYMENTS/DONATIONS TO NGOS.....6 PAYMENT OF HOSPITAL BILL OF SPOUSE, PARENT OR OTHER RELATIVE.....7 PAYMENT OF SCHOOL FEES OF SPOUSE, PARENT OR OTHER RELATIVE.....8 PURCHASE OF AGRICULTURAL INPUTS.....9 OTHER SPECIFY.....10

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12		

RESPONDENT: HEAD OF HOUSEHOLD, SPOUSE, OR OTHER SENIOR MEMBER

Now I want to ask you about a few hypothetical situations and your opinion on several topics.

1.	INTERVIEWER: PLEASE LIST THE INDIVIDUAL ID OF THE RESPONDENT FOR THIS SECTION.	
2.	Imagine you have a choice between the following two options. OPTION 1: You receive 1000 Naira today. (►Q3) OPTION 2: You receive 2000 Naira in 1 month. (►Q4) Which do you prefer? FOR Q2-Q12 RECORD CODE 1 IF OPTION 1 IS SELECTED AND CODE 2 IF OPTION 2 IS SELECTED.	
3.	Imagine you have a choice between the following two options. OPTION 1: You receive 1000 Naira today. (►Q5) OPTION 2: You receive 2500 Naira in 1 month. (►Q5) Which do you prefer?	
4.	Imagine you have a choice between the following two options. OPTION 1: You receive 1000 Naira intoday. OPTION 2: You receive 1500 Naira in 1 month. Which do you prefer?	
5.	Imagine you have a choice between the following two options. OPTION 1: You receive 1000 Naira in 1 year. (►Q6) OPTION 2: You receive 2000 Naira in 1 year and 1 month. (►Q7) Which do you prefer?	
6.	Imagine you have a choice between the following two options. OPTION 1: You receive 1000 Naira in 1 year. (►Q8) OPTION 2: You receive 2500 Naira in 1 year and 1 month. (►Q8) Which do you prefer?	
7.	Imagine you have a choice between the following two options. OPTION 1: You receive 1000 Naira in 1 year. OPTION 2: You receive 1500 Naira in 1 year and 1 month. Which do you prefer?	
8.	Imagine you have a choice between the following two options. OPTION 1: You receive 200 Naira for sure. (►Q9) OPTION 2: I flip a 1 Naira Coin. If it shows Sir Herbert Macaulay, you get 600 Naira. If it's the coat of arms, you get 50 Naira. (►Q10) Which do you prefer?	
9.	Imagine you have a choice between the following two options. OPTION 1: You receive 200 Naira for sure. (►Q11) OPTION 2: I flip a 1 Naira Coin. If it shows Sir Herbert Macaulay, you get 800 Naira. If it's the coat of arms, you get 50 Naira. (►Q11) Which do you prefer?	
10.	Imagine you have a choice between the following two options. OPTION 1: You receive 200 Naira for sure. OPTION 2: I flip a 1 Naira Coin. If it shows Sir Herbert Macaulay, you get 400 Naira. If it's the coat of arms, you get 50 Naira. Which do you prefer?	
11.	Suppose you want to invest some money. Which option do you prefer? OPTION 1: Investing in a business where I can't lose money but has low profits. OPTION 2: Investing in a business where there is a small chance I can lose money but potentially brings high profits.	
12.	Generally speaking, would you say that most people can be trusted or that you need to be very careful in dealing with people? MOST PEOPLE CAN BE TRUSTED...1 NEED TO BE VERY CAREFUL.....2	
<p>Please tell me whether you strongly agree, agree, disagree, or strongly disagree with the following statements:</p> <p>STRONGLY AGREE.....1 AGREE.....2 DISAGREE.....3 STRONGLY DISAGREE.....4</p>		
13.	Most people would try to take advantage of you if they got a chance.	
14.	The government can be trusted to do a good job.	
15.	In the long run, hard work usually brings a better life.	

SECTION 6B: ATTITUDE

RESPONDENT: HEAD OF HOUSEHOLD OR OTHER SENIOR MEMBER

Now I want to ask you some of the ways you may have felt or behaved in the last 7 days.

C O D E	1.	
	During the last 7 days, how many days [...]	DAYS (0 - 7)
1	... Were you disturbed by things that don't normally bother you?	
2	... Did you have trouble concentrating on what you were doing?	
3	... Did you feel depressed?	
4	... Did you feel that everything you did was a burden?	
5	... Were you hopeful about the future?	
6	... Did you feel afraid?	
7	... Was your sleep restless?	
8	... Were you happy?	
9	... Did you feel lonely?	
10	... Did you feel like not getting up in the morning	

FLAP B: NONFARM ENTERPRISE

E N T E R P R I S E N O	1.	
	ENUMERATOR:	
	PREFILL THE NAME AND INDUSTRY CODE OF EACH INCOME-GENERATING ACTIVITY REPORTED IN PREVIOUS WAVES HERE.	
	Please tell me about any other business, trade or work as self-employed craftsman done by a household member that is not already listed here.	
LIST ANY NEW ENTERPRISES OR ACTIVITIES.		
NOW ASK QUESTIONS 2-29 FOR EACH ENTERPRISE /ACTIVITY.		
IF THERE IS NO NON-FARM ENTERPRISE OPERATED BY ANY MEMBER OF THIS HOUSEHOLD (► Q30)		
	TYPE OF ACTIVITY	INDUSTRY CODE

1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

SECTION 9: NON-FARM ENTERPRISES AND INCOME GENERATING ACTIVITIES

OPEN FLAP B

E N T E R P R I S E N O	2.	3.	4.	4a	5.		5b.		6.		7.
	INTERVIEWER: IS THIS A NEW OR ORIGINAL INCOME GENERATING ACTIVITY? ORIGINAL..1 NEW.....2 (▶ Q5)	Is this [INCOME GENERATING ACTIVITY] currently operating or closed permanently, temporarily or seasonally? CURRENTLY OPERATING...1 (▶Q5) CLOSED, PERMANENTLY..2 CLOSED, TEMPORARILY..3 CLOSED, SEASONALLY...4 (▶Q4A)	Why did this [INCOME GENERATING ACTIVITY] stop? LEGAL PROBLEMS.....1 COULD NOT OBTAIN INPUTS..2 LACK OF DEMAND.....3 LOW PROFITS...4 COULD NOT OBTAIN CREDIT.....5 TOO MUCH DEBT..6 SECURITY ISSUES.....7 OTHER SPECIFY..8 DEATH/SICKNESS OF OWNER.....9 CONFLICT (MILITANCY/ INSURGENCY) ...10	When did this [INCOME GENERATING ACTIVITY] stop operating? JANUARY.....01 FEBRUARY....02 MARCH.....03 APRIL.....04 MAY.....05 JUNE.....06 JULY.....07 AUGUST.....08 SEPTEMBER...09 OCTOBER.....10 NOVEMBER....11 DECEMBER....12 IF STOPPED OPERATING BEFORE FEBRUARY 2015 ▶ NEXT ACTIVITY	Who in the household owns this [INCOME-GENERATING ACTIVITY]?		Who in your household decides on the use of the earnings from this Income generating activity?		Who in the household manages this [INCOME-GENERATING ACTIVITY] or is most familiar with it? IF CO-MANAGERS, LIST BOTH. IF PRESENT, ASK THIS QUESTION FROM MANAGER(S).		Are these the same owners or managers of this income generating activity that were there at last interview? Yes.....1 (▶Q9) No.....2 Income generating activity not present in previous visits.....3 (▶Q9)
					OWNER 1	OWNER 2			MANAGER 1	MANAGER 2	
					YEAR	MONTH	ID CODE	ID CODE	ID CODE	ID CODE	
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											

SECTION 9: NON-FARM ENTERPRISES AND INCOME GENERATING ACTIVITIES

E N T E R P R I S E N O	8. Why did the ownership or management of this business change? Illness of original owner or manager.....1 Original owner or manager too busy.....2 New owner or manager more skilled.....3 Debt of original owner or manager.....4 Legal problems of original owner or manager.....5 Original owner or manager moved.....6 CONFLICT (MILITANCY/INSURGENCY)....7 Other, specify.....8	9. Who is the respondent providing information about this [INCOME-GENERATING ACTIVITY]?	10. In which months did you operate this [INCOME-GENERATING ACTIVITY] in the past 12 months? INTERVIEWER: INDICATE THE MONTHS OPERATED WITH AN "X"														
	ID CODE	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	
	1																
	2																
	3																
	4																
	5																
	6																
	7																
	8																
9																	
10																	

SECTION 9: NON-FARM ENTERPRISES AND INCOME GENERATING ACTIVITIES

E N T R P R I S E N O	11.	12.	13.											13a.	14.	
	Where do you operate this [INCOME-GENERATING ACTIVITY]?	Is this [INCOME-GENERATING ACTIVITY] officially registered with the government?	Who are the household members engaged in this [INCOME-GENERATING ACTIVITY]?											What is the average number of hours per day worked by household members in this [INCOME-GENERATING ACTIVITY]?	How many employees are there who are not household members ?	
	HOME (INSIDE RESIDENCE)1 HOME (OUTSIDE RESIDENCE)2 INDUSTRIAL SITE3 TRADITIONAL MARKET4 COMMERCIAL AREA SHOP5 ROADSIDE6 OTHER FIXED PLACE7 MOBILE/NO FIXED LOCATION8 OTHER (SPECIFY) . . .9	YES...1 NO...2	SPECIFY NUMBER OF DAYS PER MONTH FOR EACH LISTED ID													
			PAID						UNPAID							
		ID1	DAYS	ID2	DAYS	ID3	DAYS	ID4	DAYS	ID5	DAYS	ID6	DAYS	HOURS PER DAY	MALE	FEMALE
1																
2																
3																
4																
5																
6																
7																
8																
9																
10																

SECTION 9: NON-FARM ENTERPRISES AND INCOME GENERATING ACTIVITIES

E N T E R P R I S E N O	15.			16.	17.	18.	19.		20.	21.	22.
	1ST	2ND	3RD				1ST	2ND	NAIRA		NAIRA
	What was the main source of start-up capital for this [INCOME-GENERATING ACTIVITY]? CAN LIST UP TO THREE IN ORDER OF IMPORTANCE. HOUSEHOLD SAVINGS.....1 NGO SUPPORT.....2 LOAN FROM BANK (COMMERCIAL, MICRO FINANCE, CREDIT UNION)...3 MONEY LENDER.....4 ESUSU/ADASHI/AJO.....5 OTHER LOANS.....6 DISTRICT/TOWN ASSOCIATION SUPPORT.....7 COOPERATIVE/TRADE ASSOCIATIONS...8 REMITTANCES FROM ABROAD.....9 PROCEEDS FROM FAMILY FARM.....10 CHURCH/MOSQUE ASSISTANCE.....11 PROCEEDS FROM FAMILY NON-FARM ENTERPRISE.....12 RELATIVES/FRIENDS.....13 OTHER (Specify).....14			Did you ever try to get credit for this [INCOME GENERATING ACTIVITY] from banks and other formal financial agencies in the past 12 months? YES...1 NO...2 (► Q18)	Did you eventually get the credit from the banks OR other formal financial agencies for this [INCOME GENERATING ACTIVITY]? YES.....1 NO.....2	Did you use any credit to operate this enterprise [INCOME GENERATING ACTIVITY] in the past 12 months? YES.....1 NO.....2 (► Q21)	What was the source of credit that has been used to operate this [INCOME GENERATING ACTIVITY]? LOAN FROM BANK (COMMERCIAL, MICRO FINANCE, CREDIT UNION).....1 MONEY LENDER.....2 ESUSU/ADASHI/AJO.....3 OTHER LOANS.....4 COOPERATIVE/TRADE ASSOCIATIONS...5 RELATIVES/FRIENDS...6 OTHER (Specify).....7		How much have you borrowed for this [INCOME GENERATING ACTIVITY] in the past 12 months? NAIRA	Does the [INCOME GENERATING ACTIVITY] have any loans that it was repaying (in cash or kind) in the last 12 months? YES...1 NO...2 (► Q23)	What is the amount of Naira repaid on loans for [INCOME-GENERATING ACTIVITY]? NAIRA
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											

SECTION 9: NON-FARM ENTERPRISES AND INCOME GENERATING ACTIVITIES

E N T E R P R I S E N O	23.		23a	23b	24.	25.	26.	27.	27a
	To whom do you sell your products or services? LIST UP TO 2 BUYERS IN ORDER OF IMPORTANCE. FINAL CONSUMERS.....1 TRADERS.....2 OTHER SMALL BUSINESSES.....3 LARGE ESTABLISHED BUSINESSES.....4 INSTITUTIONS (SCHOOLS, HOSPITALS, GOVT MINISTRIES).....5 EXPORT.....6 MANUFACTURERS.....7 OTHER SPECIFY).....8		In operating this [INCOME GENERATING ACTIVITY], do you use a generator? YES...1 NO...2 (► Q24)	Do you own or rent the generator that you use in this business? OWN.....1 RENT.....2	What is the current value of your physical capital stock, including all tools, equipment, buildings, land, vehicles for the business?	What is the total value of your current stock of inputs or supplies? INPUTS AND SUPPLIES DO NOT INCLUDE PHYSICAL CAPITAL STOCK REPORTED IN Q24	What is the total value of your current stock of finished merchandise (goods for sale)?	What were the <u>total sales</u> for the [INCOME GENERATING ACTIVITY] during the last month of operation?	What were the <u>total profit</u> for the [INCOME GENERATING ACTIVITY] during the last month of operation?
	1ST	2ND			NAIRA	NAIRA	NAIRA	NAIRA	NAIRA
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									

SECTION 9: NON-FARM ENTERPRISES AND INCOME GENERATING ACTIVITIES

E N T E R P R I S E N O	28.									
	What were the <u>business costs during the last month of operation</u> in the following categories?									
	SALARIES AND WAGES	PURCHASE OF GOODS FOR SALE	TRANSPORT	FUEL FOR GENERATOR	MAINTENANCE OF GENERATOR	INSURANCE	RENT	INTEREST	RAW MATERIALS	OTHER
	NAIRA	NAIRA	NAIRA	NAIRA	NAIRA	NAIRA	NAIRA	NAIRA	NAIRA	NAIRA
	1									
	2									
	3									
	4									
	5									
	6									
7										
8										
9										
10										

SECTION 9: NON-FARM ENTERPRISES AND INCOME GENERATING ACTIVITIES

29.			30.		
List the three most important constraints to non-farm business operations and growth?			List up to three primary constraints preventing HH members from opening a non-farm enterprise.		
(▶ NEXT SECTION)					
REFER TO CONSTRAINT CODES ON THE RIGHT			REFER TO CONSTRAINT CODES ON THE RIGHT		
1ST	2ND	3RD	1ST	2ND	3RD

CODES FOR Q29 & Q30 CONSTRAINTS

ELECTRICITY
 11 = ACCESS
 12 = QUALITY
 13 = COST

TELECOMMUNICATIONS
 21 = ACCESS
 22 = QUALITY
 23 = COST

WATER
 31 = ACCESS
 32 = QUALITY
 33 = COST

POSTAL SERVICES
 41 = ACCESS
 42 = QUALITY
 43 = COST

TRANSPORTATION
 61 = ROAD ACCESS
 62 = ROAD QUALITY
 63 = COST
 64 = FACILITIES TO TRANSPORT GOODS

FINANCIAL SERVICES
 71 = DIFFICULTY TO BORROW FROM FAMILY, FRIENDS OR OTHERS
 72 = DIFFICULTY TO BORROW FROM FORMAL FINANCIAL INSTITUTIONS
 73 = HIGH INTEREST RATES
 74 = COMPLICATED BANK LOAN PROCEDURES (TOO MANY FORMS)
 75 = FEAR OF NOT BEING ABLE TO PAY LOAN INSTALLMENTS

MARKETS
 81 = ACCESS TO MARKETS (DISTANCE AND COST)
 82 = DIFFICULT TO OBTAIN INFORMATION ON YOUR PRODUCT'S MARKET
 83 = LOW DEMAND FOR GOODS AND SERVICES PRODUCED

GOVERNMENT
 91 = CORRUPTION
 92 = UNCERTAIN ECONOMIC POLICY
 93 = RESTRICTIVE LAWS AND REGULATIONS

SAFETY
 101 = CRIMINALITY, THEFT AND LAWLESSNESS
 102 = CONFLICTS AND SOCIAL FRICTION

TECHNOLOGY
 111 = LACK OF TRAINING
 112 = RESEARCH COSTS
 113 = ACCESS TO COMPUTERS
 114 = ACCESS TO INFORMATION AND TECHNOLOGY

REGISTRATION AND PERMITS
 121 = TIME AND COST OF REGISTERING ENTERPRISE
 122 = Time and cost of obtaining enterprise permits
 123 = COMPLICATED ENTERPRISE REGISTRATION AND PERMIT REGULATIONS

TAXATION
 131 = HIGH TAXES
 132 = UNOFFICIAL LEVIES

SECTION 10A: MEALS AWAY FROM HOME

	I T E M C O D E	1. In the <u>past 7 days</u> , did members of this household consume any of the following meals or drinks away from home?	2. How much did you or other household members pay, in total in the last 7 days for [MEAL]? If free, please estimate what it would have cost if you had to pay.
		YES....1 NO....2(▶ NEXT ITEM)	NAIRA

MEALS PREPARED AND CONSUMED OUTSIDE THE HOME

Full meals (e.g rice and stew, pounded yam and egusi, tuwo, garri & draw soup, etc)	Breakfast	1		
	Lunch	2		
	Dinner	3		
Side dishes like pepper soup, nkwoobi, suya, isiewu, asun etc.		4		
Snacks such as sandwiches, biscuits, meatpies, donuts, poppop, akara, etc		5		
Dairy based beverages such as milk, yoghurt, fura etc.		6		
Vegetables and roasted or boiled items such as(carrot, pears, boiled/roasted corn, roasted plantain, sugar cane, roasted yam etc)		7		
Non alcoholic drinks (Coke, Fanta, zobo, kunu, etc.)		8		
Alcoholic drinks (palm wine, beer, etc.)		9		

SECTION 10B: FOOD EXPENDITURE

DATA ENTRY LINE NUMBER	ITEM CODE	1	2.		3.		4.	5.		6.		7.		DATA ENTRY LINE NUMBER
		Within the <u>past 7 days</u> , did the members of this household eat/drink any of this [ITEM] <u>within the household</u> ?	How much in total did your household consume of this [ITEM] in the <u>past 7 days</u> ?	How much did the household purchase of this [ITEM] during the <u>past 7 days</u> ?	How much did your household spend on this [ITEM] during the <u>past 7 days</u> ?	How much of consumption of this (ITEM) came from purchases made during the <u>past 7 Days or before</u> ?	How much of consumption of this [ITEM] during the <u>past 7 days</u> came from own-production?	How much of consumption of this [ITEM] during the <u>past 7 days</u> came from gifts and other sources?						
		PLEASE ONLY LIST ITEMS CONSUMED WITHIN THE HOUSEHOLD AND EXCLUDE FOOD CONSUMED OUTSIDE			IF NONE, WRITE 0 FOR QUANTITY, LEAVE UNIT BLANK, AND ► Q5		THIS QUESTION REFERS TO THE QUANTITY IN QUESTION 3							
		ASK THIS QUESTION FOR ALL ITEMS, BEFORE MOVING TO	SEE UNIT CODES ON FLIP PAGE	SEE UNIT CODES ON FLIP PAGE	SEE UNIT CODES ON FLIP PAGE	SEE UNIT CODES ON FLIP PAGE	SEE UNIT CODES ON FLIP PAGE	SEE UNIT CODES ON FLIP PAGE	SEE UNIT CODES ON FLIP PAGE	SEE UNIT CODES ON FLIP PAGE	SEE UNIT CODES ON FLIP PAGE	SEE UNIT CODES ON FLIP PAGE	SEE UNIT CODES ON FLIP PAGE	
		YES...1 NO...2 (► NEXT ITEM)	QUANTITY	UNIT	QUANTITY	UNIT	NAIRA	QUANTITY	UNIT	QUANTITY	UNIT	QUANTITY	UNIT	
1	GRAINS AND FLOURS													1
2	Guinea corn/sorghum	10												2
3	Millet	11												3
4	Rice - local	13												4
5	Rice - imported	14												5
6	Maize flour	16												6
7	Yam flour	17												7
8	Cassava flour	18												8
9	Wheat flour	19												9
10	Maize (Unshelled/On the cob)	20												10
11	Maize (Shelled/On the cob)	21												11
12	Maize (Shelled/Off the cob)	22												12
13	Other grains and flour	23												13
14	BAKED/PROCESSED PRODUCTS													14
15	Bread	25												15
16	Cake	26												16
17	Buns/Pofpof/Donuts	27												17
18	Biscuits	28												18
19	Meat Pie/Sausage Roll	29												19
20	STARCHY ROOTS, TUBERS & PLANTAIN													20
21	Cassava - roots	30												21
22	Yam - roots	31												22
23	Gari - white	32												23

SECTION 10B: FOOD EXPENDITURE

DATA ENTRY LINE NUMBER	ITEM CODE	1 Within the <u>past 7 days</u> , did the members of this household eat/drink any of this [ITEM] <u>within the household</u> ? PLEASE ONLY LIST ITEMS CONSUMED WITHIN THE HOUSEHOLD AND EXCLUDE FOOD CONSUMED OUTSIDE ASK THIS QUESTION FOR ALL ITEMS, BEFORE MOVING TO YES...1 NO...2 (▶ NEXT ITEM)	2. How much in total did your household consume of this [ITEM] in the <u>past 7 days</u> ?		3. How much did the household purchase of this [ITEM] during the <u>past 7 days</u> ?		4. How much did your household spend on this [ITEM] during the <u>past 7 days</u> ?	5. How much of consumption of this (ITEM) came from purchases made during the <u>past 7 Days or before</u> ?		6. How much of consumption of this [ITEM] during the <u>past 7 days</u> came from own-production?		7. How much of consumption of this [ITEM] during the <u>past 7 days</u> came from gifts and other sources?		DATA ENTRY LINE NUMBER
			QUANTITY	UNIT	QUANTITY	UNIT	NAIRA	QUANTITY	UNIT	QUANTITY	UNIT	QUANTITY	UNIT	
24	Gari - yellow	33												24
25	Cocoyam	34												25
26	Plantains	35												26
27	Sweet potatoes	36												27
28	Potatoes	37												28
29	Other roots and tuber	38												29
30	PULSES, NUTS AND SEEDS													30
31	Soya beans	40												31
32	Brown beans	41												32
33	White beans	42												33
34	Groundnuts (Unshelled)	43												34
35	Groundnuts (Shelled)	44												35
36	Other nuts/seeds/pulses	45												36
37	Coconut	46												37
38	Kola nut	47												38
39	Cashew nut	48												39
40	OIL AND FATS													40
41	Palm oil	50												41
42	Butter/ Margarine	51												42
43	Groundnuts Oil	52												43
44	Other oil and Fat	53												44
45	Sheabutter	54												45
46	Coconut oil	55												46

SECTION 10B: FOOD EXPENDITURE

DATA ENTRY LINE NUMBER		ITEM CODE	1	2.		3.		4.	5.		6.		7.		DATA ENTRY LINE NUMBER
			Within the <u>past 7 days</u> , did the members of this household eat/drink any of this [ITEM] <u>within the household</u> ?	How much in total did your household consume of this [ITEM] in the <u>past 7 days</u> ?	How much did the household purchase of this [ITEM] during the <u>past 7 days</u> ?	How much did your household spend on this [ITEM] during the <u>past 7 days</u> ?	How much of consumption of this (ITEM) came from purchases made during the <u>past 7 Days or before</u> ?	How much of consumption of this [ITEM] during the <u>past 7 days</u> came from own-production?	How much of consumption of this [ITEM] during the <u>past 7 days</u> came from gifts and other sources?						
			PLEASE ONLY LIST ITEMS CONSUMED WITHIN THE HOUSEHOLD AND EXCLUDE FOOD CONSUMED OUTSIDE	SEE UNIT CODES ON FLIP PAGE	QUANTITY	UNIT	IF NONE, WRITE 0 FOR QUANTITY, LEAVE UNIT BLANK, AND ► Q5 SEE UNIT CODES ON FLIP PAGE	THIS QUESTION REFERS TO THE QUANTITY IN QUESTION 3	QUANTITY	UNIT	SEE UNIT CODES ON FLIP PAGE	IF NONE, WRITE 0 FOR QUANTITY AND LEAVE UNIT BLANK SEE UNIT CODES ON FLIP PAGE	EXCLUDE FOOD TAKEN OUTSIDE THE HOUSEHOLD. IF NONE, WRITE 0 FOR QUANTITY AND LEAVE UNIT BLANK SEE UNIT CODES ON FLIP PAGE	QUANTITY	UNIT
			ASK THIS QUESTION FOR ALL ITEMS, BEFORE MOVING TO					NAIRA							
			YES..1 NO...2 (► NEXT ITEM)												
47	Animal fat	56													47
48	FRUITS														48
49	Bananas	60													49
50	Orange/tangerine	61													50
51	Mangoes	62													51
52	Avocado pear	63													52
53	Pineapples	64													53
54	Fruit canned	65													54
55	Other fruits	66													55
56	Pawpaw	67													56
57	Watermelon	68													57
58	Apples	69													58
59	Guava	601													59
60	VEGETABLES														60
61	Tomatoes	70													61
62	Tomato puree (canned)	71													62
63	Onions	72													63
64	Garden eggs/egg plant	73													64
65	Okra - fresh	74													65
66	Okra - dried	75													66
67	Fresh Pepper	76													67
68	Dry Pepper	77													68
69	Leaves (Cocoyam, Spinach, etc.)	78													69

SECTION 10B: FOOD EXPENDITURE

DATA ENTRY LINE NUMBER		ITEM CODE	1	2.		3.		4.	5.		6.		7.		DATA ENTRY LINE NUMBER
			Within the <u>past 7 days</u> , did the members of this household eat/drink any of this [ITEM] <u>within the household</u> ?	How much in total did your household consume of this [ITEM] in the <u>past 7 days</u> ?	How much did the household purchase of this [ITEM] during the <u>past 7 days</u> ?	How much did your household spend on this [ITEM] during the <u>past 7 days</u> ?	How much of consumption of this (ITEM) came from purchases made during the <u>past 7 Days or before</u> ?	How much of consumption of this [ITEM] during the <u>past 7 days</u> came from own-production?	How much of consumption of this [ITEM] during the <u>past 7 days</u> came from gifts and other sources?						
			PLEASE ONLY LIST ITEMS CONSUMED WITHIN THE HOUSEHOLD AND EXCLUDE FOOD CONSUMED OUTSIDE			IF NONE, WRITE 0 FOR QUANTITY, LEAVE UNIT BLANK, AND ► Q5		THIS QUESTION REFERS TO THE QUANTITY IN QUESTION 3							
			ASK THIS QUESTION FOR ALL ITEMS, BEFORE MOVING TO												
			YES...1												
			NO...2 (► NEXT ITEM)												
				QUANTITY	UNIT	QUANTITY	UNIT	NAIRA	QUANTITY	UNIT	QUANTITY	UNIT	QUANTITY	UNIT	
70	Other vegetables (fresh or canned)	79													70
71	POULTRY AND POULTRY PRODUCTS														71
72	Chicken	80													72
73	Duck	81													73
74	Other domestic poultry	82													74
75	Agricultural eggs	83													75
76	Local eggs	84													76
77	Other eggs (not chicken)	85													77
78	MEAT														78
79	Beef	90													79
80	Mutton	91													80
81	Pork	92													81
82	Goat	93													82
83	Wild game/bush meat	94													83
84	Canned beef/corned beef	95													84
85	Other meat (excl. poultry)	96													85
86	FISH AND SEAFOOD														86
87	Fish - fresh	100													87
88	Fish - frozen	101													88
89	Fish - smoked	102													89
90	Fish - dried	103													90
91	Snails	104													91
92	Seafood (lobster, crab, prawns, etc)	105													92
93	Canned fish/seafood	106													93

SECTION 10B: FOOD EXPENDITURE

DATA ENTRY LINE NUMBER		I T E M C O D E	1	2.		3.		4.	5.		6.		7.		DATA ENTRY LINE NUMBER		
			Within the <u>past 7 days</u> , did the members of this household eat/drink any of this [ITEM] <u>within the household</u> ?	How much in total did your household consume of this [ITEM] in the <u>past 7 days</u> ?	How much did the household purchase of this [ITEM] during the <u>past 7 days</u> ?	How much did your household spend on this [ITEM] during the <u>past 7 days</u> ?	How much of consumption of this (ITEM) came from purchases made during the <u>past 7 Days or before</u> ?	How much of consumption of this [ITEM] during the <u>past 7 days</u> came from own-production?	How much of consumption of this [ITEM] during the <u>past 7 days</u> came from gifts and other sources?								
			PLEASE ONLY LIST ITEMS CONSUMED WITHIN THE HOUSEHOLD AND EXCLUDE FOOD CONSUMED OUTSIDE	SEE UNIT CODES ON FLIP PAGE		IF NONE, WRITE 0 FOR QUANTITY, LEAVE UNIT BLANK, AND ► Q5 SEE UNIT CODES ON FLIP PAGE		THIS QUESTION REFERS TO THE QUANTITY IN QUESTION 3	SEE UNIT CODES ON FLIP PAGE		IF NONE, WRITE 0 FOR QUANTITY AND LEAVE UNIT BLANK SEE UNIT CODES ON FLIP PAGE		EXCLUDE FOOD TAKEN OUTSIDE THE HOUSEHOLD. IF NONE, WRITE 0 FOR QUANTITY AND LEAVE UNIT BLANK SEE UNIT CODES ON FLIP PAGE				
			ASK THIS QUESTION FOR ALL ITEMS, BEFORE MOVING TO	QUANTITY	UNIT	QUANTITY	UNIT	NAIRA	QUANTITY	UNIT	QUANTITY	UNIT	QUANTITY	UNIT			
			YES..1 NO...2 (► NEXT ITEM)														
94	Other fish or seafood	107															94
95	MILK AND MILK PRODUCTS															95	
96	Fresh milk	110															96
97	Milk powder	111															97
98	Baby milk powder	112															98
99	Milk tinned (unsweetened)	113															99
100	Cheese (wara)	114															100
101	Other milk products	115															101
102	COFFEE, TEA, COCOA AND THE LIKE BEVERAGES															102	
103	Coffee	120															103
104	Chocolate drinks (including Milo)	121															104
105	Tea	122															105
106	SUGAR, SWEETS AND CONFECTIONARY															106	
107	Sugar	130															107
108	Jams	131															108
109	Honey	132															109
110	Other sweets and confectionary	133															110
111	OTHER MISCELLANEOUS FOODS															111	
112	Condiments (salt, spices, pepper, etc)	140															112
113	Salt	141															113
114	Unground Ogbono	142															114
115	Ground Ogbono	143															115
116	Ground Pepper	144															116

SECTION 10B: FOOD EXPENDITURE

DATA ENTRY LINE NUMBER		I T E M C O D E	1	2.		3.		4.	5.		6.		7.		DATA ENTRY LINE NUMBER
			Within the <u>past 7 days</u> , did the members of this household eat/drink any of this [ITEM] <u>within the household</u> ?	How much in total did your household consume of this [ITEM] in the <u>past 7 days</u> ?	How much did the household purchase of this [ITEM] during the <u>past 7 days</u> ?	How much did your household spend on this [ITEM] during the <u>past 7 days</u> ?	How much of consumption of this (ITEM) came from purchases made during the <u>past 7 Days or before</u> ?	How much of consumption of this [ITEM] during the <u>past 7 days</u> came from own-production?	How much of consumption of this [ITEM] during the <u>past 7 days</u> came from gifts and other sources?						
			PLEASE ONLY LIST ITEMS CONSUMED WITHIN THE HOUSEHOLD AND EXCLUDE FOOD CONSUMED OUTSIDE	SEE UNIT CODES ON FLIP PAGE	SEE UNIT CODES ON FLIP PAGE	IF NONE, WRITE 0 FOR QUANTITY, LEAVE UNIT BLANK, AND ► Q5	THIS QUESTION REFERS TO THE QUANTITY IN QUESTION 3	SEE UNIT CODES ON FLIP PAGE	SEE UNIT CODES ON FLIP PAGE	SEE UNIT CODES ON FLIP PAGE	SEE UNIT CODES ON FLIP PAGE	SEE UNIT CODES ON FLIP PAGE	SEE UNIT CODES ON FLIP PAGE	EXCLUDE FOOD TAKEN OUTSIDE THE HOUSEHOLD. IF NONE, WRITE 0 FOR QUANTITY AND LEAVE UNIT BLANK	
			ASK THIS QUESTION FOR ALL ITEMS, BEFORE MOVING TO												
			YES..1	QUANTITY	UNIT	QUANTITY	UNIT	NAIRA	QUANTITY	UNIT	QUANTITY	UNIT	QUANTITY	UNIT	
			NO...2 (► NEXT ITEM)												
117	Melon (shelled)	145													117
118	Melon (unshelled)	146													118
119	Mellon (ground)	147													119
120	NON-ALCOHOLIC DRINKS														120
121	Bottled water	150													121
122	Sachet water	151													122
123	Malt drinks	152													123
124	Soft drinks (Coca Cola, spirit, etc)	153													124
125	Fruit juice canned/Pack	154													125
126	Other non-alcoholic drinks	155													126
127	ALCOHOLIC DRINKS (BOTTLE AND CAN)														127
128	Beer (local and imported)	160													128
129	Palm wine	161													129
130	Pito	162													130
131	Gin	163													131
132	Other alcoholic beverages	164													132

FOOD ITEM UNIT CODES

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

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

SECTION 10C: AGGREGATE FOOD CONSUMPTION

Section 10C: AGGREGATE FOOD CONSUMPTION OVER THE PAST ONE WEEK

		8. Over the <u>past 7 days</u> , how many days did you or others in your household consume any [...] ? IF NOT CONSUMED, RECORD ZERO.
		NUMBER OF DAYS
A	Grains and Flours (Maize Grain/Flour; Yam flour; Cassava flour; Rice; Millet ; Guinea corn/Sorghum; Wheat Flour; Bread; Other grains and flour)	
B	Starchy Roots, Tubers, and Plantains (Cassava Tuber; Gari; Sweet Potato; Yam; Irish Potato; Plantain; Other Roots and Tuber)	
C	Pulses, Nuts and Seeds (Soya Bean; Brown beans; White beans; Groundnuts; Other Nut/Seeds/Pulse)	
D	Vegetables (Onion; Garden egg/egg plant; Okra fresh and dried; Pepper; Tomato fresh and canned; Leaves/coocoyam and spinach; Other Vegetables/Leaves)	
E	Meat, Fish and Animal Products Eggs; Dried/Fresh/Smoked Fish (Excluding Fish Sauce/Powder); Beef; Goat Meat; Pork; Mutton; Wild game; Chicken; Duck; Other Meat	
F	Meat, Fish and Animal Products used as condiments Fish Sauce/Powder; Meat Sauce / Powder, etc. used in small amounts on top of meals as flavour	
G	Fruits (Mango; Banana; Orange/tangerine; Pineapple; Papaya; Avocado; Canned fruit; Other Fruit)	
H	Milk/Milk Products (Fresh/Powdered/Tinned Milk; Yogurt; Other Milk Product - Excluding Margarine/Butter or Small Amounts of Milk for Tea/Coffee)	
I	Oil and Fats (Palm Oil; Butter; Margarine; Groundnut oil; Other oil and fat)	
J	Sugar/Sugar Products/Honey (Sugar; Sugar Cane; Honey; Jam; Other Sweets and Confectionary)	
L	Spices/Condiments (Tea; Coffee/Chocolate drink/Milo; Salt; Spices; Pepper; Tomato Sauce; Fish Powder/Sauce; Other Condiment - Including Small Amounts of Milk for Tea/Coffee)	

9. Over the past 7 days, did you share any meals with any person(s) that you did not list as household members? [READ LIST FROM HH ROSTER]

Yes....1
No.....2 (▶ **NEXT SECTION**)

	10.	11.
For 10-11: IF NOT SHARED, RECORD ZERO.	What was the total number of days in which any meal was shared with people [...]?	What was the total number of meals that were shared over past 7 days with [...]?
	NUMBER OF DAYS	NUMBER OF MEALS
A Children 0-5 years		
B Children 6-15 years		
C Adults 16-65 years		
D People over 65 years old		

SECTION 11: NON-FOOD EXPENDITURE

7 DAYS

ITEM	I T E M C O D E	1.	2.
		Over the past 7 days, did the household purchase any [...]?	How much did the household purchase in total?
		YES....1 NO....2 (▶ NEXT ITEM)	NAIRA
Cigarettes or tobacco	101		
Matches	102		
Newspaper and magazines	103		
Public transport (bus, rail, boat, etc) EXCLUDE EDUCATION RELATED EXPENSES	104		

ONE MONTH RECALL

ITEM	I T E M C O D E	3.	4.
		Over the past 30 days, did the household purchase or pay for any [...]?	How much did the household purchase in total?
		YES....1 NO....2 (▶ NEXT ITEM)	NAIRA
Kerosene	301		
Palm Kernel Oil	302		
Gas (for lighting/cooking)	303		
Other liquid cooking fuel	304		
Electricity, including electricity vouchers	305		
Candle	306		
Firewood	307		
Charcoal	308		
Petrol	309		
Diesel	310		

ONE MONTH RECALL

ITEM	I T E M C O D E	3.	4.
		Over the past 30 days, did the household purchase or pay for any [...]?	How much did the household purchase in total?
		YES....1 NO....2 (▶ NEXT ITEM)	NAIRA
Lubricants (oil, grease, etc)	330		
Light bulbs/globes	311		
Water	312		
Soap and Washing powder	313		
Toilet paper	314		
Personal care goods (razor blades, cosmetics)	315		
Vitamin supplements	316		
Insecticides, disinfectant and cleaners	317		
Postal (incl. Stamps, courier)	318		
Recharge cards	319		
Landline charges	320		
Internet Services	321		
Recreational (Cinemas, video/DVD rental)	322		
Motor vehicle service, repair, or parts	323		
Bicycle service, repair, or parts	324		
Wages paid to staff/maid/lawnsboy	325		
Mortgage - regular payment to purchase house	326		
Repairs & maintenance to dwelling	327		
Repairs to household and personal items (radios, watches, etc.)	328		
House Rent	329		

SECTION 11: NON-FOOD EXPENDITURE

6 MONTH RECALL

	I T E M C O D E	5. Over the past 6 months, did the household purchase or pay for any [...]? YES....1 NO.....2 (► NEXT	6. How much did the household purchase in total? NAIRA
Infant Clothing	401		
Baby nappies/diapers	402		
Boys Tailored clothes	403		
Boys dress (ready made)	404		
Girls Tailored clothes	405		
Girls dress (ready made)	406		
Men Tailored clothes	407		
Men dress (ready made)	408		
Women Tailored clothes	409		
Women dress (ready made)	410		
Ankara, George materials	411		
Hand loomed: ASO-OKE	431		
Other clothing materials	412		
Boy's shoes	413		
Men's shoes	414		
Girl's shoes	415		
Lady's shoes	416		
Repairs of footwear	432		
Tailoring charges	417		
laundry and dry cleaning	418		
Bowls, glassware, plates, silverware, etc.	419		
Cooking utensils (cookpots, stirring spoons and wisks, etc.)	420		
Cleaning utensils (brooms, brushes, etc.)	421		

6 MONTH RECALL

	I T E M C O D E	5. Over the past 6 months, did the household purchase or pay for any [...]? YES....1 NO.....2 (► NEXT ITEM)	6. How much did the household purchase in total? NAIRA
Electric kettle	433		
Coal pot/other non-electric app	434		
Repairs of appliances	435		
Torch / flashlight	422		
Umbrella and raincoat	423		
Paraffin lamp (hurricane or pressure)	424		
Stationery items (not for school)	425		
Books (not for school)	426		
House decorations	427		
Bed sheets, bed cover, blanket,	436		
Pillow	437		
Curtain and other linen	438		
Carpet and other floor covering	439		
Cell phone hand set	440		
Personal computer	441		
Night's lodging in rest house or hotel	428		
Donations to church, mosque, other religious group	429		
Health expenditures (excluding insurance)	430		

SECTION 11: NON-FOOD EXPENDITURE

12 MONTH RECALL

	I T E M C O D E	7. Over the past 12 months, did the household purchase or pay for any [...]? YES...1 NO...2 (▶ NEXT ITEM)	8. How much did the household purchase in total? NAIRA
Carpet,rug,draper,curtans	501		
Linen - towels, sheets, blankets	502		
Mat - sleeping or for drying maize flour	503		
Mosquito net	504		
Mattress	505		
Sports & hobby equipment, musical instruments, toys	506		
Film, film processing, camera	507		
Builing items - cement, bricks, timber, iron sheets, tools, etc.	508		
Council rates	509		
Health insurance	510		
Auto insurance	511		
Home insurance	512		
Life insurance	513		
Fines or legal fees	514		
Dowry costs	515		
Marriage ceremony costs	516		
Funeral costs	517		

12 MONTH RECALL: Non-food items that may not have been purchased.

	I T E M C O D E	9. Over the past one year did the household gather, purchase, or pay for any [...]? YES...1 NO..2 (▶ NEXT ITEM)	10. What was the estimated total value of [...] used by the household? NAIRA	11. What was the cost of that which the household purchased? NAIRA
Woodpoles, bamboo	518			
Grass for thatching roof or other use	519			

SECTION 12: FOOD SECURITY

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

1. In the past 7 days, how many days have you or someone in your household had to: (if no days, write '0')

Rely on less preferred foods?	Limit the variety of foods eaten?	Limit portion size at meal-times?	Reduce number of meals eaten in a day?	Restrict consumption by adults in order for small children to eat?	Borrow food, or rely on help from a friend or relative?	Have no food of any kind in your household?	Go to sleep at night hungry because there is not enough food?	Go a whole day and night without eating anything?
a.	b.	c.	d.	e.	f.	g.	h.	i.
DAYS	DAYS	DAYS	DAYS	DAYS	DAYS	DAYS	DAYS	DAYS

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

2 How many meals, including breakfast are taken per day in your household?		3 Do all household members eat roughly the same diet?		4 Who in the household usually eats a more diverse variety of foods, a less diverse variety of foods? Rank in order from More diverse....1 Diverse.....2 Less diverse .. 3			5 In the past 12 months, have you been faced with a situation when you did not have enough food to feed the household? YES.1 NO..2 (▶ NEXT SECTION)		6 When did you experience this incident ? IF MORE THAN ONCE, LIST ALL APPLICABLE MONTHS IN CORRECT YEAR COLUMN, SEPARATED BY A COMMA. JANUARY..1 JULY.....7 FEBRUARY..2 AUGUST....8 MARCH....3 SEPTEMBER..9 APRIL....4 OCTOBER..10 MAY.....5 NOVEMBER..11 JUNE.....6 DECEMBER..12		7 What was the cause of this situation? LIST UP TO 3 IN ORDER OF IMPORTANCE; USE CODES ON THE RIGHT.			CODES FOR Q7: Inadequate household stocks due to drought/poor rains.....1 Inadequate household food stocks due to crop pest damage.....2 Inadequate household food stocks due to small land size.....3 Inadequate household food stocks due to lack of farm inputs.....4 Food in the market was very expensive.....5 Unable to reach the market due to high transportation costs...6 No food in the market..7 Floods/water logging...8 Unable to reach the market due to civil unrest/riot.....9 CONFLICT (MILITANCY/INSURGENCY).....10 Other (Specify).....11
a. Adults	b. Children (6-59 months)	YES.1 (▶5) NO..2		a. Male	b. Female	c. Children (6-59 months)			a.	b.	c.			
NUMBER	NUMBER						2015	2016	1ST	2ND	3RD			

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

SECTION 13: OTHER HOUSEHOLD INCOME

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

1.	2.	2b.	3.	4.	5.	5b.	
Did any member of your household receive any regular income from <u>savings interest</u> or other investment income in the past 12 months? YES..1 NO...2 (▶ Q3)	During the past 12 months, how much did your household receive in savings interest or other investment income?	Who in your household decides on the use of this income?	Did any member of your household receive any regular income from <u>rental of property</u> (not agricultural land) in the past 12 months? YES..1 NO...2(▶ Q6)	What sort of property? HOUSE.....1 COMMERCIAL BUILDING....2 OTHER PROPERTY (SPECIFY) _____3	How much did your household receive in total in rental income in the past 12 months?	Who in your household decides on the use of this income?	
	NAIRA	ID CODE	ID CODE		NAIRA	ID CODE	ID CODE

SECTION 13: OTHER HOUSEHOLD INCOME

6.	7.	8.	8b	
<p>Did any member of your household receive any <u>regular income of any other type</u> in the past 12 months?</p> <p>EXCLUDE INCOME FROM SOURCES COLLECTED IN PREVIOUS SECTIONS (i.e. REMITTANCES, LABOR INCOME, AGRICULTURAL INCOME, PROPERTY, SAVINGS, INTEREST, ETC)</p> <p>YES..1 NO...2 (▶ NEXT SECTION)</p>	<p>What sort of income? (SPECIFY)</p>	<p>How much did your household receive from this other income, in total in the past 12 months?</p>	<p>Who in your household decides on the use of this income?</p>	
		NAIRA	ID CODE	ID CODE

SECTION 14: SAFETY NETS

CODE	1.	2.				3.
	<p>In the last 12 months, has any member of your household received cash, food, or other aid from [PROGRAMME]?</p> <p>ASK QUESTION 1 FOR ALL PROGRAMMES FIRST. THEN ASK QUESTIONS 2-5 FOR ALL PROGRAMMES HOUSEHOLD HAS RECEIVED IN LAST 12 MONTHS.</p> <p>YES...1 NO...2 (▶ NEXT PROGRAMME)</p>	<p>What was the total value of assistance received from [PROGRAMME] in the last 12 months?</p> <p>UNIT CODES FOR FOOD ASSISTANCE</p> <p>KILOGRAM.....1 LITRE.....2</p>				<p>Was the assistance given to...</p> <p>ENTIRE HOUSEHOLD...1 (▶ Q5)</p> <p>SPECIFIC HOUSEHOLD MEMBERS...2</p>
		CASH ASSISTANCE	FOOD ASSISTANCE		OTHER/IN-KIND	
NAIRA	QUANTITY	UNIT	CASH VALUE - N	CASH VALUE - N		
101	Free Food/Maize Distribution					
102	Food/Cash-for-Work Programme (e.g. NAPEP)					
103	Inputs-For-Work Programme (FADAMA)					
104	School Feeding Programme					
105	Targeted Nutrition Programme for mothers and children					
106	Supplementary Feeding for Malnourished Children at a Nutritional Rehabilitation Unit					
107	Scholarships for Secondary Education.					
108	Scholarships for Tertiary Education (e.g. University Scholarship, Upgrading Teachers)					
109	Government Loan for University and Other Tertiary Education					
110	Direct Cash Transfers from Government					
111	Direct Cash Transfers from Development Partners					
112	Livestock Transfers from NGOs					
113	Growth Enhancement Scheme (GES)					
114	Other (Specify)					

SECTION 14: SAFETY NETS

CODE	1.	4					5	
	In the last 12 months, has any member of your household received cash, food, or other aid from [PROGRAMME]? ASK QUESTION 1 FOR ALL PROGRAMMES FIRST. THEN ASK QUESTIONS 2-5 FOR ALL PROGRAMMES HOUSEHOLD HAS RECEIVED IN LAST 12 MONTHS. YES...1 NO...2 (▶ NEXT PROGRAMME)	Which household members received this assistance in the last 12 months? RECORD HOUSEHOLD ROSTER ID OF EACH MEMBER MENTIONED					When was the last time your household received this assistance?	
		ID CODE	ID CODE	ID CODE	ID CODE	ID CODE	MONTH	YEAR (4-DIGIT)
	1	2	3	4	5			
101	Free Food/Maize Distribution							
102	Food/Cash-for-Work Programme (e.g. NAPEP)							
103	Inputs-For-Work Programme (FADAMA)							
104	School Feeding Programme							
105	Targeted Nutrition Programme for mothers and children							
106	Supplementary Feeding for Malnourished Children at a Nutritional Rehabilitation Unit							
107	Scholarships for Secondary Education.							
108	Scholarships for Tertiary Education (e.g. University Scholarship, Upgrading Teachers)							
109	Government Loan for University and Other Tertiary Education							
110	Direct Cash Transfers from Government							
111	Direct Cash Transfers from Development Partners							
112	Livestock Transfers from NGOs							
113	Growth Enhancement Scheme (GES)							
114	Other (Specify)							

SECTION 15A: ECONOMIC SHOCKS

I'D LIKE TO ASK YOU ABOUT EVENTS THAT MAY HAVE AFFECTED YOUR HOUSEHOLD SINCE 2014.

S H O C K C O D E	1.	2.	3.			4.	5.				6.				CODES FOR Q5.	
	Has your household been affected by [SHOCK] since 2014? YES...1 NO...2 (▶ NEXT SHOCK)	How many times has this occurred since 2014?	In what years did this event occur? INDICATE WHICH YEARS WITH A "X"			Rank the 3 most significant shocks you have experienced Most severe..1 More severe..2 Severe.....3	What was the most important consequence of the most recent [SHOCK]? SEE CODES				Who was most affected by these shocks? WRITE ID CODES OF UP TO FOUR PERSONS AFFECTED BY THE SHOCK. IF EVERYONE, WRITE '98' FOR THE FIRST ID AND LEAVE THE REST BLANK					SALE OF LIVESTOCK.....1 SALE OF LAND.....2 SALE OF OTHER PROPERTY....3 SENT CHILDREN TO LIVE WITH FRIENDS.....4 WITHDREW CHILDREN FROM SCHOOL.....5 ENGAGED IN ADDITIONALINCOME GENERATING ACTIVITIES...6 RECEIVED ASSISTANCE FROM FRIENDS & FAMILY.....7 BORROWED FROM FRIENDS & FAMILY.....8 TOOK A LOAN FROM A FINANCIAL INSTITUTION.....9 MEMBERS OF THE HOUSEHOLD MIGRATED FOR WORK.....10 CREDITED PURCHASES.....11 DELAYED PAYMENT OBLIGATIONS.....12 SOLD HARVEST IN ADVANCE...13 REDUCED FOOD CONSUMPTION...14 REDUCED NON-FOOD CONSUMPTION.....15 RELIED ON SAVINGS.....16 RECEIVED ASSISTANCE FROM NGO.....17 TOOK ADVANCED PAYMENT FROM EMPLOYER.....18 RECEIVED ASSISTANCE FROM GOVERNMENT.....19 WAS COVERED BY INSURANCE POLICY.....20 DID NOTHING.....21 OTHER (SPECIFY).....22
1	Death or disability of an adult working member of the household															
2	Death of someone who sends remittances to the household															
3	Illness of income earning member of the household															
4	Loss of an important contact															
5	Job loss															
6	Departure of income earning member of the household due to separation or divorce															
7	Departure of income earning member of the household due to marriage															
8	Nonfarm business failure															
9	Theft of crops, cash, livestock or other property															
10	Destruction of harvest by fire															
11	Dwelling damaged/demolished															
12	Poor rains that caused harvest failure															
13	Flooding that caused harvest failure															
14	Pest invasion that caused harvest failure or storage loss															
15	Loss of property due to fire or flood															
16	Loss of land															
17	Death of livestock due to illness															
18	Increase in price of inputs															
19	Fall in the price of output															
20	Increase in price of major food items consumed															
21	Kidnapping/Hijacking/robbery/assault															
22	Other (specify)															

SECTION 15B: DEATHS

1. Has anyone in the household been deceased since 2013?

YES.1
 NO.....2 (► NEXT SECTION)

2. What was the name of the deceased? NAME	3. What was the sex of [NAME]? MALE.....1 FEMALE...2	4. What was [NAME'S] age when he/she died? AGE	5. What was the date of death? D D M M Y Y						6. What was the cause of death? ILLNESS.....1 ACCIDENT/INJURY...2 MURDER.....3 SUICIDE.....4 DIED IN SLEEP.....5 OTHER (SPECIFY)...6

SECTION 15c: CONFLICT

E V E N T C O D E	EVENT	1.	2.	3a.	3b.	4a.	4b.	5a.	5b.	6a.
		Has your household been affected by [EVENT] since 2010? RECORD RESPONSE FOR ALL EVENTS BEFORE MOVING TO Q2. YES . . 1 NO . . . 2 (▶ NEXT EVENT)	How many times has [EVENT] occurred since 2010?	Did [EVENT] occur in 2010? YES . . 1 NO . . . 2 (▶ Q4a)	Who was the perpetrator of [EVENT] in 2010? IF MORE THAN ONE EVENT, REFER TO WORST EVENT SEE CODES ON FLIP PAGE	Did [EVENT] occur in 2011? YES . . 1 NO . . . 2 (▶ Q5a)	Who was the perpetrator of [EVENT] in 2011? IF MORE THAN ONE EVENT, REFER TO WORST EVENT SEE CODES ON FLIP PAGE	Did [EVENT] occur in 2012? YES . . 1 NO . . . 2 (▶ Q6a)	Who was the perpetrator of [EVENT] in 2012? IF MORE THAN ONE EVENT, REFER TO WORST EVENT SEE CODES ON FLIP PAGE	Did [EVENT] occur in 2013? YES . . 1 NO . . . 2 (▶ Q7a)
1	any family member killed (not natural death)									
2	any member suffered physical aggression (with or without any type of weapon)									
3	any member injured/disabled (after direct attack)									
4	any member suffered sexual violence									
5	any member forced to work (for free)									
6	any member captured/kidnapped/abducted									
7	any member robbed (money or assets)									
8	any member made a refugee/internally displaced?									
9	family dwelling suffered from robbery									
10	family dwelling burned down/destroyed/seriously damaged/occupied									
11	family land occupied/expropriated/made unproductive									
12	family assets intentionally destroyed/seriously damaged									

SECTION 15c: CONFLICT

E V E N T C O D E	EVENT	6b.	7a.	7b.	8a.	8b.	9.		10.	
		Who was the perpetrator of [EVENT] in 2013?	Did [EVENT] occur in 2014?	Who was the perpetrator of [EVENT] in 2014?	Did [EVENT] occur in 2015/16?	Who was the perpetrator of [EVENT] in 2015/16?	What year and month did the most recent [EVENT] occur?	FOR Q10-Q17, IF MORE THAN ONE EVENT, REFER TO MOST SEVERE YEAR SHOULD CORRESPOND TO RESPONSE IN Q3-Q8		Where did the [EVENT] occur?
		IF MORE THAN ONE EVENT, REFER TO WORST EVENT SEE CODES ON FLIP PAGE	YES...1 NO...2 (▶ Q8a)	IF MORE THAN ONE EVENT, REFER TO WORST EVENT SEE CODES ON FLIP PAGE	YES...1 NO...2 (▶ Q9)	IF MORE THAN ONE EVENT, REFER TO WORST EVENT SEE CODES ON FLIP PAGE	JAN....01 JULY....07 FEB....02 AUG....08 MAR....03 SEPT....09 APR....04 OCT....10 MAY....05 NOV....11 JUNE....06 DEC....12	YEAR	MO	OWN HOUSE....1 ON OWN FARM..2 AROUND/IN MARKET.....3 AROUND/IN PLACE OF WORSHIP.....4 AROUND/IN SCHOOL.....5 ON THE STREET.....6 OTHER VILLAGE.....7 OTHER (SPECIFY)....8
1	any family member killed (not natural death)									
2	any member suffered physical aggression (with or without any type of weapon)									
3	any member injured/disabled (after direct attack)									
4	any member suffered sexual violence									
5	any member forced to work (for free)									
6	any member captured/kidnapped/abducted									
7	any member robbed (money or assets)									
8	any member made a refugee/internally displaced?									
9	family dwelling suffered from robbery									
10	family dwelling burned down/destroyed/seriously damaged/occupied									
11	family land occupied/expropriated/made unproductive									
12	family assets intentionally destroyed/seriously damaged									

SECTION 15c: CONFLICT

EVENT CODE	EVENT	11.	12.	13.	14.	15.	16.	17.	
		What is the sex of the person affected by [EVENT]? IF MORE THAN ONE PERSON, REPORT THE SEX OF THE PERSON MOST STRONGLY AFFECTED. MALE...1 FEMALE...2	What was the most important cause of the most recent [EVENT]? SEE CODES ON FLIP PAGE	What were the most important consequences of the most recent [EVENT]? RECORD UP TO TWO CONSEQUENCES SEE CODES ON FLIP PAGE	Did any member of the household contact anyone to report [EVENT]? YES..1 NO...2 (▶ Q16)	Who did the household member contact to report [EVENT]? MILIARY.....1 PARAMILITARY..2 POLICE.....3 VIGILANTEES...4 RELIGIOUS LEADERS.....5 COMMUNITY LEADERS.....6 OTHER (SPECIFY)7	Has the household received any assistance after the most recent [EVENT]? YES..1 NO...2 (▶ NEXT EVENT)	From what source(s) has the household received assistance? LIST UP TO TWO MOST IMPORTANT SOURCES SEE CODES ON FLIP PAGE	
				1st	2nd			1st	2nd
1	any family member killed (not natural death)								
2	any member suffered physical aggression (with or without any type of weapon)								
3	any member injured/disabled (after direct attack)								
4	any member suffered sexual violence								
5	any member forced to work (for free)								
6	any member captured/kidnapped/abducted								
7	any member robbed (money or assets)								
8	any member made a refugee/internally displaced?								
9	family dwelling suffered from robbery								
10	family dwelling burned down/destroyed/seriously damaged/occupied								
11	family land occupied/expropriated/made unproductive								
12	family assets intentionally destroyed/seriously damaged								

CONFLICT CODES

CODES FOR Q3B, Q4B, Q5B, Q6B, Q7B, Q8B.	CODES FOR Q12.	CODES FOR Q13.	CODES FOR Q17.
MILITARY.....1	RELIGIOUS MOTIVATIONS.....1	LOSS OF FAMILY MEMBER(S)...1	FEDERAL GOVERNMENT.....1
POLICE.....2	POLITICAL REASONS.....2	LOSS OF JOB.....2	STATE GOVERNMENT.....2
PARAMILITARY.....3	MILITANT/TERRORIST ACTIVITY.....3	REDUCTION IN INCOME GENERATING ACTIVITY.....3	LOCAL GOVERNMENT.....3
MILITANTS.....4	LIVESTOCK GRAZING ON FARM..4	LOSS OF NETWORK/VILLAGE CONTACTS.....4	NGO.....4
INSURGENCY.....5	LAND DISPUTES.....5	DISPLACEMENT OF THE HH....5	RELIGIOUS ORGANIZATION....5
BANDITS/CRIMINALS.....6	MILITARY ACTIVITY.....6	SALE OF LAND.....6	NEIGHBOR(S).....6
PASTORALIST/NOMAD.....7	POLICE ACTIVITY.....7	SALE OF LIVESTOCK/LAND/OTHER PROPERTIES.....7	RELATIVES OUTSIDE OF HH...7
NEIGHBOR(S).....8	PARAMILITARY ACTIVITY.....8	SENT CHILDREN TO LIVE WITH RELATIVES OR FRIENDS.....8	HOUSEHOLD MEMBER(S).....8
HOUSEHOLD MEMBER(S).....9	DISAGREEMENT OVER ACCESS TO NATURAL RESOURCES.....9	WITHDREW CHILDREN FROM SCHOOL.....9	NONE.....9
FOREIGNER.....10	INSURGENCY ACTIVITY.....10	ENGAGED IN ADDITIONAL INCOME GENERATING ACTIVITIES..10	OTHER (SPECIFY).....10
STRANGER.....11	PERSONAL/FAMILY DISPUTES..11	BORROWED FROM FAMILY, FRIENDS, NEIGBORS (CASH/GOODS).....11	DO NOT KNOW.....11
VIGILANTES.....12	INDEBTEDNESS.....12	TOOK A LOAN FROM A MONEY LENDER.....12	
OTHER (SPECIFY).....13	ETHNIC DISPUTES.....13	TOOK A LOAN FROM A FINANCIAL INSTITUTION.....13	
	OTHER (SPECIFY).....14	RELIED ON SAVINGS.....14	
		REDUCED FOOD CONSUMPTION..15	
		REDUCED NON-FOOD CONSUMPTION.....16	
		MEMBERS OF THE HOUSEHOLD MIGRATED FOR WORK.....17	
		NO CONSEQUENCE.....18	
		OTHER (SPECIFY).....19	

1. In order for us to be able to contact you in the future, could you kindly provide us with your telephone numbers?

PHONE NUMBER FOR HOUSEHOLD HEAD:

LANDLINE

CELL

1A NAME : _____ PHONE : _____ / _____

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

PHONE NUMBERS FOR OTHER HOUSEHOLD MEMBERS:

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

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

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

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

CONTACT INFORMATION FOR REFERENCE PERSON 1

CONTACT INFORMATION FOR REFERENCE PERSON 2

3A1. NAME : _____

3B1. NAME : _____

3A2. RELATION TO HEAD : _____

3B2. RELATION TO HEAD : _____

3A3. PHONE (LANDLINE) : _____

3B3. PHONE (LANDLINE) : _____

3A4. PHONE (CELL) : _____

3B4. PHONE (CELL) : _____

3A5. ADDRESS _____

3B5. ADDRESS _____

4. INTERVIEWER INFORMATION

4A. INTERVIEWER NAME: _____ 4B. INTERVIEWER PHONE: _____

COUNTRY CODES

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