



Federal Republic of Nigeria
National Bureau of Statistics Abuja, Nigeria



COVID-19 NATIONAL LONGITUDINAL PHONE SURVEY (COVID-19 NLPS) 2020

Baseline

Household Questionnaire

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

SECTION A: HOUSEHOLD IDENTIFICATION

	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. HHID		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
7. HOUSEHOLD HEAD NAME		_____

SECTION 1: INTERVIEW INFORMATION

Section 1. Interview Information

INTERVIEWER: RECORD A NEW ATTEMPT EVERY TIME YOU CALL A NUMBER (EVEN IF YOU ARE CALLING THE SAME NUMBER MULTIPLE TIMES).

C A L L A T T E M P T	1. INTERVIEWER: SELECT THE PHONE NUMBER DIALLED	2. TIME OF CALL ATTEMPT	3. INTERVIEWER: DID ANYONE ANSWER THE PHONE? YES.....1 NO, NOBODY ANSWERED.....2 >> NEXT ATTEMPT NO, NUMBER DOES NOT EXIST.....3 >> NEXT ATTEMPT NO, PHONE SWITCHED OFF/NOT REACHABLE...4 >> NEXT ATTEMPT	4. INTERVIEWER READ TO THE RESPONDENT: Greetings! My name is_____. I am working for the National Bureau of Statistics (NBS). We are currently doing a nationwide survey to examine the impact of and responses to the coronavirus in the country. I am trying to reach [NAME OF PHONE OWNER] or any other adult living with [HEAD NAME]? Who am I speaking to please?	5. INTERVIEWER: ARE YOU SPEAKING TO A HOUSEHOLD MEMBER? YES.....1 >> Q7 NO.....2 CANNOT UNDERSTAND THEIR LANGUAGE...3 >> NEXT ATTEMPT
1					
2					
3					
4					
5					

SECTION 1: INTERVIEW INFORMATION

C A L L A T T E M P T	6. INTERVIEWER READ OUT: Could you give me their number or visit them so I can call them using your phone? It is really important for me to be able to speak to them. RECORD RESPONSE NO, DON'T KNOW THE HOUSEHOLD.....1 >> NEXT ATTEMPT NO, CAN'T/WON'T CONNECT TO HOUSEHOLD.....2 >> NEXT ATTEMPT YES, PHONE NUMBER.....3 >> RECORD IN PHONE NUMBER ROSTER YES, VISIT HOUSEHOLD / CALL BACK LATER.....4 >> Q11a	7. INTERVIEWER READ TO THE RESPONDENT: This interview will take around 25 minutes. Any information you share with us will be kept strictly confidential and only be used for statistical purposes but will not be used to determine if your household is eligible to receive any assistance from the government. If at any point there are any questions you do not feel comfortable answering, you can choose not to answer them. You can also choose to stop the interview at any point. This call will not cost you any airtime. To thank you for your participation, we will also transfer airtime to your phone. Are you willing to participate?	8. INTERVIEWER: DOES THE RESPONDENT AGREE TO BE INTERVIEWED? YES.....1 NO, NOT NOW...2 >> Q10 NO, REFUSED...3 >> INTERVIEW RESULT	9. INTERVIEWER: RECORD THE NAME OF THE RESPONDENT IF THE PERSON IS A NEW MEMBER, ADD TO THE ROSTER FIRST >> NEXT SECTION	10. Can I call you back later at a time that works better for you? It is really important for us to speak to you or anyone else in your household. YES.....1 NO.....2 >> INTERVIEW RESULT	11a. On what day?	11b. What time?
1							
2							
3							
4							
5							

SECTION 1: INTERVIEW INFORMATION

Section 1b. Phone Number Roster

INTERVIEWER: THE LIST INCLUDES ALL KNOWN NUMBERS FOR THE HOUSSHEOLD. ADD ANY NEW NUMBERS HERE. MAKE CORRECTIONS TO EXISTING NUMBERS IF NEEDED

PHONE NUMBER	12a. PHONE NUMBERS: INTERVIEWER, THE LIST INCLUDES ALL KNOWN NUMBERS FOR THE HOUSSHEOLD. ADD ANY NEW NUMBERS HERE.	12. WHO'S NUMBER IS IT?	13. IS [NAME] A HOUSEHOLD MEMBER? YES.....1 >>Q16 NO.....2	14. WHAT IS [NAME]'s RELATIONSHIP WITH THE HEAD OF THE HOUSEHOLD?	15. WHAT IS [NAME]'s RELATIONSHIP WITH THE HEAD OF THE HOUSEHOLD? HEAD01 SPOUSE02 OWN CHILD03 STEP CHILD04 ADOPTED CHILD05 GRANDCHILD06 BROTHER/SISTER07 NIECE/NEPHEW08 BROTHER/SISTER-IN-LAW09 PARENT10 PARENT-IN-LAW11 DOMESTIC HELP (RESIDENT)12 DOMESTIC HELP (NON RESIDENT)13 OTHER RELATION (SPECIFY)14 OTHER NON-RELATION (SPECIFY).....15 >>NEXT PHONE NUMBER
1					
2					
3					
4					
5					

SECTION 2: HOUSEHOLD ROSTER UPDATE

Section 2. Household Roster Update

INTERVIEWER READ OUT: Let's begin. First, I would like to check with you if the people we recorded during our last visit are still members of your household. By household I mean people who normally sleep in the same dwelling and share their meals together.

	<p>ENUMERATOR: ALL HOUSEHOLD MEMBERS RECORDED DURING THE POST-HARVEST INTERVIEW OF THE GHS ARE PRE-FILLED IN Q1. FOR ALL PRE-FILLED MEMBERS, ASK QUESTIONS Q3 AND Q4. AFTER YOU HAVE ASKED ABOUT ALL PRE-FILLED MEMBERS, THEN ASK: "Is there anyone who is a member of your household that i haven't mentioned?" IF YES, THEN ASK, RECORD THEIR NAMES AND ASK Q5 - Q7.</p>	<p>1. NAME CAPI: PRE-FILLED NAMES FROM LAST INTERVIEW ENUMERATOR: ADD NEW MEMBERS HERE</p>	<p>2. CAPI/ENUMERATOR: IS [NAME] A NEW MEMBER ADDED IN THIS INTERVIEW? YES.1 >> Q5 NO..2</p>	<p>3. Is [NAME] still a member of the household? YES.1 >> Q9a NO..2</p>	<p>4. Why did [NAME] leave the household? DO NOT READ OPTIONS 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 OTHER, (SPECIFY).....15 >> NEXT PERSON</p>
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

SECTION 2: HOUSEHOLD ROSTER UPDATE

I N D I V I D U A L I D	5.	6.	7a.	7.	8.	9.
	What is [NAME]'s sex? MALE ...1 FEMALE .2	What is [NAME]'s age?	IS THE PREFILLED HEAD OF THE HOUSEHOLD STILL A MEMBER OF THE HOUSEHOLD? YES.1 NO..2 >> Q9	What is [NAME]'s relationship to the head of household? DO NOT READ OPTIONS HEAD01 SPOUSE02 OWN CHILD03 STEP CHILD04 ADOPTED CHILD05 GRANDCHILD06 BROTHER/SISTER07 NIECE/NEPHEW08 BROTHER/SISTER-IN-LAW09 PARENT10 PARENT-IN-LAW11 DOMESTIC HELP (RESIDENT)12 DOMESTIC HELP (NON RESIDENT)13 OTHER RELATION (SPECIFY)14 OTHER NON-RELATION (SPECIFY)15	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 CORONAVIRUS (COVID-19) RELATED...12 OTHER, SPECIFY.....96 >> NEXT PERSON	What is [NAME]'s relationship to the NEW head of household? DO NOT READ OPTIONS HEAD01 SPOUSE02 OWN CHILD03 STEP CHILD04 ADOPTED CHILD05 GRANDCHILD06 BROTHER/SISTER07 NIECE/NEPHEW08 BROTHER/SISTER-IN-LAW09 PARENT10 PARENT-IN-LAW11 DOMESTIC HELP (RESIDENT)12 DOMESTIC HELP (NON RESIDENT)13 OTHER RELATION (SPECIFY)14 OTHER NON-RELATION (SPECIFY)15
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

Section 3. Knowledge Regarding the Spread of COVID-19

1.	2.										
Have you heard about the coronavirus? YES . 1 NO . . 2 >> NEXT SECTION	To your knowledge, what measures can you adopt to reduce the risk of contracting coronavirus? PLEASE READ ALOUD ALL MEASURES AND RECORD YES/NO FOR EACH OF THEM YES . 1 NO . . 2										
	Handwashing	Use of sanitizer	No Handshake / physical greetings	Use of mask	Use of gloves	Avoid travel	Staying at home and avoid going out unless necessary	Avoid crowded places or gatherings with many people	Maintain enough distance of at least 1 meter	Avoiding touching your face	

SECTION 3: KNOWLEDGE REGARDING THE SPREAD OF COVID-19

<p>3.</p> <p>What steps has the federal/state government taken to curb the spread of the coronavirus in your area?</p> <p>DO NOT READ</p> <p>SELECT ALL THAT APPLY</p> <p>ADVISED CITIZENS TO STAY AT HOME1</p> <p>ADVISED TO AVOID GATHERINGS.....2</p> <p>RESTRICTED TRAVEL WITHIN COUNTRY/AREA ..3</p> <p>RESTRICTED INTERNATIONAL TRAVEL4</p> <p>CLOSURE OF SCHOOLS AND UNIVERSITIES ...5</p> <p>CURFEW/LOCKDOWN6</p> <p>CLOSURE OF NON ESSENTIAL BUSINESSES ...7</p> <p>SENSITIZATION/PUBLIC AWARENESS.....8</p> <p>ESTABLISHED ISOLATION CENTERS.....9</p> <p>DISINFECTION OF PUBLIC PLACES.....10</p> <p>OTHER, SPECIFY96</p> <p>NONE11</p> <p>DON'T KNOW.....98 >></p> <p>NEXT SECTION</p>	<p>4.</p> <p>Are you satisfied with the government's response to the coronavirus crisis?</p> <p>Yes.. 1>> NEXT SECTION</p> <p>No....2</p>	<p>5.</p> <p>Why are you not satisfied with the federal/state government's response to the coronavirus crisis?</p> <p>DO NOT READ OUT</p> <p>SELECT ALL THAT APPLY</p> <p>LIMITED TESTING POINTS..... 1</p> <p>NO FOOD ASSISTANCE FROM THE GOVERNMENT.....2</p> <p>NO MONEY FROM THE GOVERNMENT.....3</p> <p>LATE RESPONSE BY GOVERNMENT...4</p> <p>NO ELECTRICITY5</p> <p>SHORTAGE OF MEDICAL MATERIALS.6</p> <p>OTHER (SPECIFY).....96</p>

Section 4. Behaviour and Social Distancing

INTERVIEW READ: Now I want to ask you about some measures that you may have taken since the government put guidelines and restrictions in place for coronavirus in mid-March?

1.	2.	3.	4.
<p>Since mid-March, did you wash your hands with soap more often than you used to?</p> <p>YES . 1 NO . . 2</p>	<p>Since mid-March, did you avoid handshakes/ physical greetings?</p> <p>YES . 1 NO . . 2</p>	<p>Since mid-March, did you avoid groups of more than 10 people such as family gatherings, parties, church / mosque, funerals, etc?</p> <p>YES . . 1 NO . . . 2 N/A . . 3</p>	<p>Since mid-March, did you stock up on more food than normal due to restricted movement?</p> <p>YES . . 1 NO . . . 2</p>

SECTION 5: ACCESS TO BASIC SERVICES

Section 5. Access to Basic Services

<p>1a. In the past 7-days, did you or anyone in your household need to buy [ITEM]?</p> <p>YES1 NO2 >> Q2</p>								<p>1b. Were you or someone in your household able to buy [ITEM]?</p> <p>YES ..1 >> Q2 NO ...2</p>							
Medicine	Soap	Cleaning supplies	Rice	Beans	Cassava (white garri, yellow garri, cassava flour, cassava roots)	Yam (tubers and flour)	Sorghum	Medicine	Soap	Cleaning supplies	Rice	Beans	Cassava (white garri, yellow garri, cassava flour, cassava roots)	Yam (tubers and flour)	Sorghum

SECTION 5: ACCESS TO BASIC SERVICES

1c.								2.	3.	4.
Why was your household not able to buy [ITEM]? OUT OF STOCK.....1 LOCAL MARKETS NOT OPERATING/CLOSED...2 LIMITED/NO TRANSPORTATION.....3 RESTRICTION TO GO OUTSIDE.....4 PRICE TOO HIGH.....5 NO MONEY TO BUY....6 SELECT ALL THAT APPLY								Have you or any member of your household needed medical treatment since mid-March? YES..1 NO..2 >> Q5	Were you or the member of your household able to access the medical treatment? YES..1 >> Q5 NO..2	What was the reason you or the member of your household were not able to access the medical treatment? DO NOT READ OUT LACK OF MONEY.....1 NO MEDICAL PERSONNEL AVAILABLE.....2 TURNED AWAY BECAUSE FACILITY WAS FULL...3 DUE TO MOVEMENT RESTRICTIONS.....4 OTHER (SPECIFY).....96
Medicine	Soap	Cleaning supplies	Rice	Beans	Cassava (white garri, yellow garri, cassava flour, cassava roots)	Yam (tubers and flour)	Sorghum			

SECTION 5: ACCESS TO BASIC SERVICES

EDUCATION

FILTER	4a.	4b.	5.	6.	7.
<p>ARE THERE CHILDREN AGED BETWEEN 5 & 20 YEARS OLD IN THE HOUSEHOLD?</p> <p>YES.1 NO..2 >> Q8</p>	<p>Were any of the children attending primary or secondary school before schools were closed due to coronavirus?</p> <p>YES.1 NO..2 >> Q8</p>	<p>Have the children been engaged in any education or learning activities during the past 7 days?</p> <p>YES.1 NO..2 >> Q6</p>	<p>In what types of education or learning activities have the children been engaged in during the past 7 days?</p> <p>SELECT ALL THAT APPLY. PLEASE READ OPTIONS</p> <p>Completed assignments provided by the teacher1 Used mobile learning apps2 Watched educational TV programs3 Listened to educational programs on radio4 Studying/reading on their own.....5 Taught by parent or other household member.....6 Session/meeting with Lesson Teacher (tutor).....7 Other activity (SPECIFY).....96</p>	<p>Are the children or anyone else in the household in contact with their teachers?</p> <p>YES.1 NO..2 >> Q8</p>	<p>How are the children or others in your household in contact with their teachers?</p> <p>SELECT ALL THAT APPLY PLEASE READ OPTIONS</p> <p>SMS1 Online applications ..2 Email3 Telephone (audio) ...4 WhatsApp5 Facebook6 Household visit by teacher/tutor7</p>

SECTION 5: ACCESS TO BASIC SERVICES

8.	9.	10.
<p>Since mid-March, did you or any member of your household need to go to the bank, money agent (western union, moneygram, mobile money) or use the ATM?</p> <p>YES.1 NO..2 >> NEXT SECTION</p>	<p>Were you able to successfully access the bank, money agent, ATM, etc.?</p> <p>YES.1 >> NEXT SECTION NO..2</p>	<p>Why were you not able to access the bank, money agent, ATM, etc.?</p> <p>DO NOT READ OPTIONS SELECT MAIN REASON</p> <p>BANK/MONEY AGENT WAS CLOSED.....1 NO MONEY IN ATM.....2 MOVEMENT RESTRICTION...3 AFRAID TO GO OUT BECAUSE OF CORONAVIRUS.4 OTHER (SPECIFY).....96</p>

SECTION 6: EMPLOYMENT

Section 6. Employment

1.	2.	3.	4.	5.	6.
<p>Last week, that is from Monday [DATE] up to Sunday [DATE], did you do any work for pay, do any kind of business, farming or other activity to generate income, even if only for one hour?</p> <p>YES...1 >> Q5 NO....2</p>	<p>Were you working before mid-March?</p> <p>YES....1 NO.....2 >> Q9</p>	<p>What was the main reason you stopped working?</p> <p>DO NOT READ OPTIONS</p> <p>BUSINESS / OFFICE CLOSED DUE TO CORONAVIRUS LEGAL RESTRICTIONS ...1 BUSINESS / OFFICE CLOSED FOR ANOTHER REASON2 LAID OFF WHILE BUSINESS CONTINUES .3 FURLOUGH (TEMPORARILY LAID OFF)....4 VACATION5 ILL / QUARANTINED6 NEED TO CARE FOR ILL RELATIVE7 SEASONAL WORKER8 RETIRED9 NOT ABLE TO GO TO FARM DUE TO MOVEMENT RESTRICTIONS.....10 NOT ABLE TO FARM DUE TO LACK OF INPUTS.....11 NOT FARMING SEASON.....12 OTHER, SPECIFY96</p>	<p>What is the main activity of the business or organization in which you were working in your main job?</p> <p>DO NOT READ OPTIONS</p> <p>AGRICULTURE, HUNTING, FISHING ..1 MINING, MANUFACTURING2 ELECTRICITY, GAS, WATER SUPPLY3 CONSTRUCTION4 BUYING & SELLING GOODS, REPAIR OF GOODS, HOTELS & RESTAURANTS5 TRANSPORT, DRIVING, POST, TRAVEL AGENCIES6 PROFESSIONAL ACTIVITIES: FINANCE, LEGAL, ANALYSIS, COMPUTER, REAL ESTATE7 PUBLIC ADMINISTRATION8 PERSONAL SERVICES, EDUCATION, HEALTH, CULTURE, SPORT, DOMESTIC WORK, OTHER.....9</p> <p>>> Q9</p>	<p>What is the main activity of the business or organization in which you work in your main job?</p> <p>DO NOT READ OPTIONS</p> <p>AGRICULTURE, HUNTING, FISHING ..1 MINING, MANUFACTURING2 ELECTRICITY, GAS, WATER SUPPLY3 CONSTRUCTION4 BUYING & SELLING GOODS, REPAIR OF GOODS, HOTELS & RESTAURANTS5 TRANSPORT, DRIVING, POST, TRAVEL AGENCIES6 PROFESSIONAL ACTIVITIES: FINANCE, LEGAL, ANALYSIS, COMPUTER, REAL ESTATE7 PUBLIC ADMINISTRATION8 PERSONAL SERVICES, EDUCATION, HEALTH, CULTURE, SPORT, DOMESTIC WORK, OTHER.....9</p>	<p>In your main work, do you work ...</p> <p>READ RESPONSES</p> <p>In your own business ...1 >> Q9 In a business operated by a household or family member2 >> Q9 In a family farm, raising family livestock, or fishing...3 >> Q9 As an employee for private company or someone else4 As an employee for the government5</p>

SECTION 6: EMPLOYMENT

WAGE

7.	8.	8a	9.	10.
<p>In the last week, were you able to work as usual in your wage job, either at your place of work or from home?</p> <p>YES..1 >> Q9 NO..2</p>	<p>Even though, you were not able to work as usual, will you be paid/were you paid.....?</p> <p>PLEASE READ ALL OPTIONS</p> <p>Full normal payment ..1 Partial payment2 No payment3</p>	<p>Why were you not able to work as usual?</p> <p>DO NOT READ OPTIONS</p> <p>BUSINESS / OFFICE CLOSED DUE TO CORONAVIRUS LEGAL RESTRICTIONS1 BUSINESS / OFFICE CLOSED FOR ANOTHER REASON2 LAID OFF WHILE BUSINESS CONTINUES3 FURLOUGH (TEMPORARILY LAID OFF).....4 VACATION5 ILL / QUARANTINED6 NEED TO CARE FOR ILL RELATIVE7 SEASONAL WORKER8 RETIRED9 NOT ABLE TO GO TO FARM DUE TO MOVEMENT RESTRICTIONS.....10 NOT ABLE TO FARM DUE TO LACK OF INPUTS.....11 NOT FARMING SEASON.....12 OTHER, SPECIFY96</p>	<p>In the last week, was any other member of your household NOT ABLE to work as usual in their wage job, either at their place of work or from home?</p> <p>YES..1 NO..2 >> Q11</p>	<p>Who was this household member?</p> <p>ID CODE SELECT ALL RELEVANT HOUSEHOLD MEMBERS</p>

SECTION 6: EMPLOYMENT

FAMILY BUSINESS

11.	12.	13.	14.
<p>Since the beginning of 2020, did you or any member of your household operate a family business?</p> <p>YES.1 NO..2 >> Q15</p> <p>DO NOT ASK IF RESPONSE IN Q6 IS 1 OR 2 >> Q12</p>	<p>Which of the following best describes the sector of the family business?</p> <p>DO NOT READ OPTIONS</p> <p>AGRICULTURE, HUNTING, FISHING1 MINING, MANUFACTURING2 ELECTRICITY, GAS, WATER SUPPLY3 CONSTRUCTION4 BUYING & SELLING GOODS, REPAIR OF GOODS, HOTELS & RESTAURANTS5 TRANSPORT, DRIVING, POST, TRAVEL AGENCIES6 PROFESSIONAL ACTIVITIES: FINANCE, LEGAL, ANALYSIS, COMPUTER, REAL ESTATE7 PERSONAL SERVICES, EDUCATION, HEALTH, CULTURE, SPORT, DOMESTIC WORK, OTHER..9</p>	<p>Compared to the month of February, are the revenue from sales from the family business...</p> <p>READ OPTIONS</p> <p>Higher.....1 >> Q15 The same.....2 >> Q15 Less3 No revenue.....4</p>	<p>Why were there no revenue from sales or revenue from sales were less than in February from this family business?</p> <p>DO NOT READ OPTIONS</p> <p>USUAL PLACE OF BUSINESS CLOSED DUE TO CORONAVIRUS LEGAL RESTRICTIONS1 USUAL PLACE OF BUSINESS CLOSED FOR ANOTHER REASON2 NO CUSTOMERS/LESS CUSTOMERS.....3 CAN'T GET INPUTS4 CAN'T TRAVEL / TRANSPORT GOODS FOR TRADE ..5 ILL / QUARANTINED DUE TO CORONAVIRUS.....6 ILL WITH ANOTHER DISEASE.....7 NEED TO TAKE CARE OF A FAMILY MEMBER8 SEASONAL CLOSURE9 VACATION10 OTHER, SPECIFY96</p>

SECTION 6: EMPLOYMENT

FARMING

<p>15.</p> <p>Since the beginning of 2020, have you or any member of your household worked on a household farm growing crops, raising livestock, or fishing?</p> <p>YES..1 NO..2 >> NEXT SECTION</p> <p>DO NOT ASK IF RESPONSE IN Q6 IS 3 >> Q16</p>	<p>16.</p> <p>Since mid-March, have you been able to perform the normal activities on the farm, raising livestock, or fishing?</p> <p>YES..1 >> NEXT SECTION NO..2</p>	<p>17.</p> <p>What are the main reasons you have not been able to perform the normal activities on the farm, livestock raising, or fishing?</p> <p>DO NOT READ OPTIONS. SELECT ALL THAT APPLY</p> <p>ADVISED TO STAY HOME1 REDUCED AVAILABILITY OF HIRED LABOR2 RESTRICTIONS ON MOVEMENT / TRAVEL3 UNABLE TO ACQUIRE / TRANSPORT INPUTS ...4 UNABLE TO SELL / TRANSPORT OUTPUTS5 ILL OR NEED TO CARE FOR ILL FAMILY MEMBER6 OTHER, SPECIFY96</p>

SECTION 7: INCOME LOSS

Section 7. Income Loss

I T E M C O D E	1.		2.	
	In the last 12 months, which of the following were your household's sources of livelihood?		Since mid-March has income from [SOURCE] ..?	
	YES..1 NO..2 >> NEXT SECTION		Increased1 Stayed the same.....2 Decreased.....3	
	1	Household farming, livestock or fishing		
	2	Non-farm family business		
	3	Wage employment of household members		
	4	Remittances from abroad		
	5	Remittances from family within the country		
	6	Assistance from other non-family individuals		
	7	Income from properties, investments or savings		
	8	Pension		
	9	Assistance from the Government		
	10	Assistance from NGOs / charitable organization		
96	OTHER (SPECIFY): _____			
	Total Household Income			

Section 8. Food Security

Now I would like to ask you some questions about food. During the last 30 days, was there a time when:

4.	6.	8.
<p>You, or any other adult in your household, had to skip a meal because there was not enough money or other resources to get food?</p> <p style="text-align: center;">YES . 1 NO . . 2</p>	<p>Your household ran out of food because of a lack of money or other resources?</p> <p style="text-align: center;">YES . 1 NO . . 2</p>	<p>You, or any other adult in your household, went without eating for a whole day because of a lack of money or other resources?</p> <p style="text-align: center;">YES . 1 NO . . 2</p>

Section 9. Concerns

<p>1.</p> <p>How do you feel about the possibility that you or someone in your immediate family might become seriously ill from COVID-19 (coronavirus disease)?</p> <p>READ OUT ANSWER OPTIONS</p> <p>Very worried1 Somewhat worried2 Not too worried3 Not worried at all ..4</p>	<p>2.</p> <p>How much of a threat would you say the coronavirus outbreak is to your household's finances?</p> <p>READ OUT ANSWER OPTIONS</p> <p>A substantial threat1 A moderate threat2 Not much of a threat3 Not a threat at all4</p>

SECTION 10: COPING/SHOCKS

Section 10. Coping/Shocks

I'D LIKE TO ASK YOU ABOUT EVENTS THAT MAY HAVE AFFECTED YOUR HOUSEHOLD SINCE MID-MARCH

1.		3.		CODES FOR Q3.	
Has your household been affected by [SHOCK] since mid-March?		How did your household cope with the [SHOCK]?			
S H O C K C O D E	YES . . . 1 NO . . . 2 (▶ NEXT SHOCK)		SEE CODES. SELECT ALL THAT APPLY		
	5	Job loss			SALE OF ASSETS (AG AND NO-AG)1
	6	Nonfarm business closure			ENGAGED IN ADDITIONAL INCOME GENERATING ACTIVITIES...2
	7	Theft/looting of cash and other property			RECEIVED ASSISTANCE FROM FRIENDS & FAMILY3
	8	Disruption of farming, livestock, fishing activities			BORROWED FROM FRIENDS & FAMILY4
	10	Increase in price of farming/business inputs			TOOK A LOAN FROM A FINANCIAL INSTITUTION.....5
	11	Fall in the price of farming/business output			CREDITED PURCHASES6
	12	Increase in price of major food items consumed			DELAYED PAYMENT OBLIGATIONS7
	1	Illness, injury, or death of income earning member of household			SOLD HARVEST IN ADVANCE8
	96	Other (specify)			REDUCED FOOD CONSUMPTION9
				REDUCED NON-FOOD CONSUMPTION10	
				RELIED ON SAVINGS11	
				RECEIVED ASSISTANCE FROM NGO12	
				TOOK ADVANCED PAYMENT FROM EMPLOYER13	
				RECEIVED ASSISTANCE FROM GOVERNMENT14	
				WAS COVERED BY INSURANCE POLICY15	
				DID NOTHING16	
				OTHER (SPECIFY)96	

Section 11. Social Safety Nets

SECTION 11: SOCIAL SAFETY NETS

A S S I C S O T D A E N C E		1.	2.	3.
		Since mid-March has any member of your household received any assistance from any institution such as the government, international organisations, religious bodies in form of [ASSISTANCE]? YES . . . 1 NO . . . 2 >> NEXT SECTION	What was the total value of [ASSISTANCE]? ESTIMATE VALUE OF ANY IN-KIND ASSISTANCE NAIRA	What was the main source of this [ASSISTANCE]? SELECT THE MAIN SOURCE FEDERAL GOVERNMENT 1 STATE GOVERNMENT 2 LOCAL GOVERNMENT 3 COMMUNITY ORGANIZATION / COOPERATIVE 4 NGO 5 INTERNATIONAL ORGANISATION . . . 6 RELIGIOUS BODIES 7 OTHER (SPECIFY) 96
101	Food			
102	Direct Cash Transfers			
103	Other in-kind transfers (excluding food)			

Section 12. Interview Result

	1.	2.	3.	4.		5.	6.
INTERVIEWER READ OUT: Thank you very much for your participation in this survey! I will be transferring 500 Naira credit to your phone shortly as a thank you for your time today. I may try to contact you in future for another short interview. Before you go, I have a couple of questions to help in case I need to contact you in future.	Is this number the best one to reach you or your household in the future or would it be better to use another number? THIS NUMBER.....1 >> Q3 ANOTHER NUMBER...2	Which number would be best?	What day of the week will be best to reach you? SELECT ALL THAT APPLY MONDAY.....1 TUESDAY.....2 WEDNESDAY...3 THURDAY.....4 FRIDAY.....5 SATURDAY....6 SUNDAY.....7	What time of the day would be best to call you? SELECT ALL THAT APPLY ANY TIME OF DAY...0 MORNING.....1 AFTERNOON.....2 EVENING.....3	INTERVIEWER CONFIRM THAT ALL QUESTIONS HAVE BEEN ANSWERED. READ OUT: That's it for now. Thank you very much for answering all questions and helping us to understand the current situation with COVID19 in Nigeria and worldwide. This is really important. I will transfer you the 500 Naira after this call. If you have any question about the survey you can call 0987 6543 2198. If you have any questions about COVID19 please call the NCDC at 0800 9700 0010.	WHAT IS THE RESULT OF THE INTERVIEW? COMPLETE.....1 >> Q9 PARTIALLY COMPLETE.....2 REFUSED.....3 >> Q7 DON'T SPEAK THE LANGAUGE.....4 >> Q8 NOBODY ANSWERING.....5 >> Q12 NUMBER DOES NOT EXIST..6 >> Q12 PHONE TURNED OFF.....7 >> Q12 DON'T KNOW THE HOUSEHOLD.....8 >> Q7 REFERENCE PERSON CAN'T CONNECT TO HH...9 >> Q7	COULD THE HOUSEHOLD BE REACHED / THE INTERVIEW BE COMPLETED IF ANOTHER INTERVIEWER TRIED TO CALL LATER? YES.....1 NO.....2

SECTION 12: INTERVIEW RESULT

7.	8.	9.	10.	11.	12.	13.	14.
<p>INTERVIEWER: PLEASE GIVE DETAILS ON WHY THE HOUSEHOLD CANNOT BE REACHED, WHY THEY REFUSED, OR WHY THE INTERVIEW COULD NOT BE COMPLETED</p> <p>IF PARTIALLY COMPLETE >> Q9 ELSE >> Q12</p>	<p>INTERVIEWER: WHICH LANGUAGE DO YOU THINK THE RESPONDENT SPEAKS</p> <p>WRITE "DK" IF DON'T KNOW</p> <p>>> Q12</p>	<p>INTERVIEWER: WHO WAS THE MAIN RESPONDENT</p>	<p>INTERVIEWER: IN WHICH LANGUAGE DID YOU MAINLY CONDUCT THE INTERVIEW?</p> <p>ENGLISH.....1 PIDGIN.....2 HAUSA.....3 YORUBA.....4 IGBO.....5 IBIBIO.....6 TIV.....7 OTHER SPECIFY..96</p>	<p>INTERVIEWER: PLEASE CONFIRM THE NUMBER YOU REACHED THE RESPONDENT ON</p>	<p>INTERVIEWER: DO YOU HAVE ANY NOTES THAT ARE RELEVANT WHEN CALLING THIS HOUSEHOLD IN THE FUTURE?</p> <p>YES.....1 NO.....2 >> Q14</p>	<p>INTERVIEWER: NOTE</p>	<p>RECORD END TIME</p>