

CONFIDENTIAL

FEDERAL REPUBLIC OF NIGERIA
National Bureau of Statistics Abuja, Nigeria
Nigeria Living Standards Survey (NLSS)
SEPTEMBER 2018 to SEPTEMBER 2019



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

SECTION A-1: HOUSEHOLD IDENTIFICATION

	Name	Code
ZONE	_____	<input type="text"/>
STATE:	_____	<input type="text"/> <input type="text"/>
LGA	_____	<input type="text"/> <input type="text"/>
SECTOR (Urban=1, Rural=2)		<input type="text"/>
EA	_____	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
STRUCTURE ID		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
HOUSEHOLD NO.	<input type="text"/> <input type="text"/> <input type="text"/>	
NAME OF HOUSEHOLD HEAD	_____	
ADDRESS OF HOUSEHOLD HEAD	<input type="text"/> <input type="text"/>	
MOBILE PHONE NUMBER OF HEAD	_____	
INTERVIEWER	_____	<input type="text"/> <input type="text"/> <input type="text"/>
SUPERVISOR	_____	<input type="text"/> <input type="text"/> <input type="text"/>

1. HAVE YOU BEEN ABLE TO IDENTIFY AND LOCATE THE HOUSEHOLD? (YES=1 NO=2) IF NO >> INTERVIEW RESULT

1a. HAS THE HOUSEHOLD MOVED FROM THE ORIGINAL LOCATION CAPTURED DURING THE LISTING? (YES=1 NO=2)

2. IS AN ELIGIBLE RESPONDENT AVAILABLE TO BE INTERVIEWED? (YES=1 NO=2) IF NO >> INTERVIEW RESULT

INTERVIEWER, PLEASE READ: Hello, I am (name) from the National Bureau of Statistics (NBS) and I am here to collect data on Nigeria Living Standards Survey (NLSS). Your household has been randomly chosen to participate in this survey. Your cooperation and answers would be extremely important since they reflect status of many of our citizens who live in similar conditions. I would greatly appreciate if you and your household members participated in this survey, answering questions on several different topics. The information you provide will assist all levels of government and other organisations to better understand the current living standards across the country. Please be aware that all information collected in this survey is strictly confidential and will be published in aggregated form where personal information such as names and addresses will not be recognized. If you are not comfortable to respond to specific questions please let me know. Furthermore, if you feel like we need to take a break, please let me know and we can proceed later. I greatly appreciate you taking

3. DID A MEMBER OF THE HOUSEHOLD GIVE CONSENT TO BE INTERVIEWED? (YES=1 NO=2) IF NO >> INTERVIEW RESULT

4. TYPE NAME OF HOUSEHOLD MEMBER THAT GAVE CONSENT _____

USE THE TABLET TO TAKE THE GPS COORDINATES OF THE DWELLING

LATITUDE (N)							LONGITUDE (E)							
__	__	°	__	__	'	__	__	°	__	__	'	__	__	__

INTERVIEW START TIME / / :

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SECTION 1: HOUSEHOLD ROSTER

I N D I V I D U A L I D	1.	2.	3.	4.	5.	5a.	5b.	6.	
	NAME LIST HOUSEHOLD HEAD ON LINE 1. MAKE A COMPLETE LIST OF ALL INDIVIDUALS WHO NORMALLY LIVE AND EAT THEIR MEALS TOGETHER IN THIS HOUSEHOLD, STARTING WITH THE HEAD OF HOUSEHOLD. (CONFIRM THAT HOUSEHOLD HEAD HERE IS SAME AS HOUSEHOLD HEAD LISTED ON IDENTIFICATION PAGE.)	What is the gender of [NAME]? MALE.....1 FEMALE..2	What is [NAME]'s relationship to the head of household? HEAD.....1 SPOUSE.....2 OWN CHILD.....3 STEP CHILD.....4 ADOPTED CHILD.....5 GRANDCHILD.....6 BROTHER/SISTER.....7 NIECE/NEPHEW.....8 BROTHER/SISTER-IN-LAW.....9 SON/DAUGHTER-IN-LAW.....13 PARENT.....10 PARENT-IN-LAW.....11 DOMESTIC HELP (RESIDENT).....12 OTHER RELATION (SPECIFY).....14 OTHER NON-RELATION (SPECIFY).....15	How old is [NAME]? ENTER BOTH YEARS AND MONTHS IF 5 YEARS AND YOUNGER. IF OLDER THAN 5 YEARS ENTER YEARS ONLY IF RESPONDENT DOESN'T KNOW, USE YEAR OF BIRTH TO CALCULATE AGE OR USE MAJOR EVENTS LISTED IN ENUMERATOR MANUAL TO PROMPT RESPONDENT.	Does [NAME] have a Gov't approved birth certificate? ASK PERSON TO SEE BIRTH CERTIFICATE YES, SEEN.....1 YES, UNSEEN.....2 NO.....3	Does [NAME] have a National ID Number (NIN) or National Identity Card? YES.....1 NO.....2 DON'T KNOW...-98	Even though [NAME] does not have an NIN or National Identity Card, has [NAME] registered/applied for an NIN or National Identity Card? YES.....1 NO.....2 DON'T KNOW...-98	In what month and year was [NAME] born? IF MONTH UNKNOWN, RECORD 99. MONTH OF BIRTH IS REQUIRED IF UNDER 5 YEARS OLD COPY FROM BIRTH CERTIFICATE IF AVAILABLE	
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SECTION 1: HOUSEHOLD ROSTER

I N D I V I D U A L I D	For persons 12 years old and over						For all persons					
	7a. IS [NAME] TWELVE (12) YEARS OLD OR OLDER? YES...1 NO....2 IF NO >> Q11	7. What is [NAME]'s present marital status? MARRIED (MONOGAMOUS) ... 1 MARRIED (POLYGAMOUS) ... 2 INFORMAL/LOOSE UNION 3 DIVORCED 4 SEPARATED 5 WIDOWED 6 NEVER MARRIED... 7 IF Q7 = 7 >> Q11	8. How old was [NAME] when first married or formed a loose/informa l union? YEARS	9. Does [NAME]'s spouse live in this household? (IF Q7=1-3) YES.....1 NO.....2 IF NO >> Q10a	10. What is [NAME]'s spouse(s) ID? COPY THE ID CODE OF THE SPOUSE SELECT ALL THAT APPLY PERSON(S) ID	10a. Does [NAME] have a spouse living outside the household? YES.....1 NO.....2 IF NO >> Q11	10b. How many spouses does [NAME] have who are residing elsewhere? NUMBER	11. What is [NAME]'s religion? CHRISTIAN 1 MUSLIM 2 TRADITIONAL... 3 OTHER 4	12. Is [NAME]'s biological father alive? YES.....1 NO.....2 IF NO >> Q15	13. Does [NAME]'s biological father live in this household? YES.....1 NO.....2 IF NO >> Q15	14. Which household member is the father of [NAME]? COPY THE ID CODE OF THE FATHER >> Q17 PERSON ID	15. What was [NAME]'s biological father's highest educational level completed? DON'T KNOW.....9 TEACHER TRAINING..... 31 SECONDARY NONE.....00 VOCATIONAL/ N1.....01 TECHNICAL/ N2.....02 COMMERCIAL.....321 P1.....11 TERTIARY VOCATIONAL/ TECHNICAL/ P2.....12 COMMERCIAL.....322 P3.....13 MODERN SCHOOL... 33 P4.....14 NCE.....34 P5.....15 POLY/EROF..... 41 UNIVERSITY P6.....16 - LEVELS 100, JS1.....21 200 OR 300.....421 UNIVERSITY JS2.....22 - 400 LEVEL.....422 UNIVERSITY JS3.....23 - 500 LEVEL.....423 UNIVERSITY SS1.....24 - 600 LEVEL.....424 UNIVERSITY SS2.....25 - 600 LEVEL.....424 UNIVERSITY SS3.....26 HIGHER DEGREE... 43 LOWER 6..27 QUARANIC.....51 UPPER 6..28 INTEGRATED QUARANIC..... 52 ADULT EDUCATION..... 61
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SECTION 1: HOUSEHOLD ROSTER

I N D I V I D U A L I D	For all persons				INTERNAL MIGRATION (For all persons)					
	17. Is [NAME]'s biological mother alive?	18. Does [NAME]'s biological mother live in this household?	19. Which household member is the biological mother of [NAME]? COPY THE ID CODE OF THE MOTHER >> Q21 PERSON ID	20. What was [NAME]'s biological mother's highest educational level completed? DON'T KNOW.....9 NONE.....00 N1.....01 N2.....02 P1.....11 P2.....12 P3.....13 P4.....14 P5.....15 P6.....16 JS1.....21 JS2.....22 JS3.....23 SS1.....24 SS2.....25 SS3.....26 LOWER 6..27 UPPER 6..28 TEACHER TRAINING.....31 SECONDARY VOCATIONAL/ TECHNICAL/ COMMERCIAL.....321 TERTIARY VOCATIONAL/ TECHNICAL/ COMMERCIAL.....322 MODERN SCHOOL...33 NCE.....34 POLY/PROF.....41 UNIVERSITY - LEVELS 100, 200 OR 300....421 UNIVERSITY - 400 LEVEL.....422 UNIVERSITY - 500 LEVEL...423 UNIVERSITY - 600 LEVEL....424 HIGHER DEGREE...43 QUARANIC.....51 INTEGRATED QUARANIC.....52 ADULT EDUCATION.....61	21. For how many years has [NAME] lived in this community? IF LESS THAN 1 YEAR, RECORD 0. IF LIVED SINCE BIRTH, RECORD 99. IF Q21>3 >> NEXT PERSON YEARS	22. Where was [NAME] living before moving to this community? Within Nigeria.....1 Outside Nigeria...2 IF Q22 = 2 >> Q26	23. What is the name of the community that [NAME] lived in before moving to this community? NAME	24. In which STATE is [Q23] located? SELECT STATE NAME FROM THE LIST OF STATES	25. In which LGA is [Q23] located? SELECT LGA NAME FROM THE LIST OF LGAs	26. Why did [NAME] move here? PARENTS MOVED.....1 TO LIVE WITH RELATIVES.....2 SCHOOL.....3 MARRIAGE.....4 FAMILY QUARREL.....5 DIVORCE.....6 RETURN FROM WORK ELSEWHERE...7 LOOK FOR WORK.....8 START NEW JOB OR BUSINESS...9 LOOKING FOR LAND TO FARM...10 TO RECOVER FROM ILLNESS...11 CONFLICT/INSECURITY.....12 OTHER (SPECIFY).....13
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SECTION 2: EDUCATION

I N D I V I D U A L I D	1.	2.	3.	4.	4b.	4c.	5.	6.	7.
	IS [NAME] THREE(3) YEARS OLD OR OLDER?	IS [NAME] ANSWERING FOR HIMSELF/ HERSELF?	WHO IN THE HOUSEHOLD IS RESPONDING FOR [NAME]? COPY THE ID CODE	Can [NAME] read and write in ENGLISH?	Can [NAME] read and write in any local language (BESIDES ENGLISH)?	Which languages can [NAME] read in? SELECT ALL THAT APPLY	Has [NAME] ever attended any school?	Why did [NAME] never attend school?	What is the highest educational level [NAME] completed?
	YES..1 NO...2 IFNO >> NEXT PERSON	YES..1 NO...2 IF YES >> Q4	ID CODE	YES..1 NO...2	YES..1 NO...2 IF NO >> Q5	IGBO.....1 YORUBA.....2 HAUSA.....3 OTHER (SPECIFY)..4 ARABIC.....10 BEROM.....11 EDO.....12 EFIK.....13 EBIRA.....14 FULFULDE/ FULANI.....15 IBIBIO.....16 IDOMA.....17 IGALA.....18 IJAW.....19 NUPE.....20 TIV.....21 URHOBO.....22	YES..1 NO...2 IF YES >> Q7	TOO YOUNG.....1 TOO FAR AWAY/NO SCHOOL NEAR BY.....2 TOO EXPENSIVE/NOT ENOUGH MONEY3 WORKING.....4 CHILD DOESNT LEARN ANYTHING IN SCHOOL..5 THE EDUCATION PROVIDED IS NOT USEFUL FOR CHILD'S LIFE.....6 SCHOOL NOT HYGIENIC.7 ILLNESS/DISABILITY..8 PARENTS NOT INTERESTED/ OPPOSED TO SCHOOLING.....10 OTHER (SPECIFY).....9 >> NEXT PERSON	NONE.....00 TEACHER PRE-NURSERY..03 TRAINING.....31 N1.....01 SECONDARY VOCATIONAL/ N2.....02 TECHNICAL/ P1.....11 COMMERCIAL..321 P2.....12 TERTIARY P3.....13 VOCATIONAL/ P4.....14 TECHNICAL/ P5.....15 COMMERCIAL..322 MODERN P6.....16 SCHOOL.....33 JS1.....21 NCE.....34 JS2.....22 NURSING JS3.....23 SCHOOL.....35 SS1.....24 POLY/PROF...41 SS2.....25 ONDI,OND2...411 SS3.....26 HND1,HND2...412 UNIVERSITY - LEVELS 100, LOWER 6.....27 200 OR 300..421 UPPER 6.....28 UNIVERSITY - 400 LEVEL.422 UNIVERSITY - 500 LEVEL.423 UNIVERSITY - 600 LEVEL.424 HIGHER DEGREE.....43 QUARANIC...51 INTEGRATED QUARANIC...52 ADULT EDUCATION...61
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SECTION 2: EDUCATION

INDIVIDUAL	8. What is [NAME]'s highest qualification attained?	9. Did [NAME] attend any school at any time during the [SCHOOL YEAR]?	10. What is/was [NAME]'s grade level during the [SCHOOL YEAR]?	11. What kind of organization runs the school that [NAME] is/was attending?	12. Is [NAME] currently attending school?	13. Why is [NAME] not currently attending school?	14a. By what means did [NAME] mostly go to school during the [SCHOOL YEAR]? (IF Q9=1)	14b. How much time did/does [NAME] spend going to and from school using the means specified in [Q14a]?
	NONE.....1 FSLC.....2 MSLC.....3 JSS.....5 SSS 'O LEVEL'.....6 A LEVEL.....7 VOC/COMM.....41 CERTIFICATE.....41 VOC/COMM.....42 DIPLOMA.....42 NCE/OND NURSING..8 BA/BSC/HND.....9 TECH/PROF.....10 MASTERS.....11 DOCTORATE.....12 OTHER (SPECIFY).13	YES..1 NO...2 IF NO >> Q12	NONE.....00 TEACHER PRE-NURSERY..03 TRAINING.....31 N1.....01 SECONDARY N2.....02 VOCATIONAL/ P1.....11 TECHNICAL/ P2.....12 COMMERCIAL..321 P3.....13 TERTIARY P4.....14 VOCATIONAL/ P5.....15 TECHNICAL/ P6.....16 COMMERCIAL..322 JS1.....21 MODERN JS1.....21 SCHOOL.....33 JS2.....22 NCE.....34 JS2.....22 NURSING JS3.....23 SCHOOL.....35 SS1.....24 POLY/PROF...41 SS2.....25 OND1,OND2...411 SS3.....26 HND1,HND2...412 SS3.....26 UNIVERSITY LOWER 6.....27 - LEVELS 100, 200 UPPER 6.....28 OR 300..421 UNIVERSITY - 400 LEVEL.422 UNIVERSITY - 500 LEVEL.423 UNIVERSITY - 600 LEVEL.424 HIGHER DEGREE.....43 QUARANIC....51 INTEGRATED QUARANIC....52 ADULT EDUCATION...61	FEDERAL GOVT.1 STATE GOVT..2 LOCAL GOVT..3 COMMUNITY...4 RELIGIOUS BODY.....5 PRIVATE.....6 NGO.....7 OTHER (SPECIFY)....8	YES..1 NO...2 IF YES >> Q14a	ON LONG BREAK/ HOLIDAY.....17 HAD ENOUGH/COMPLETED SCHOOLING.....1 AWAITING ADMISSION...2 NO SCHOOL/LACK OF TEACHERS.....3 NO TIME.....4 CHILD DOESNT LEARN ANYTHING IN SCHOOL..5 THE EDUCATION PROVIDED IS NOT USEFUL FOR CHILD'S LIFE.....6 SCHOOL NOT HYGIENIC..7 LACK OF MONEY.....8 MARITAL OBLIGATION...9 PREGNANCY.....10 SICKNESS.....11 DISABILITY.....12 SEPARATION OF PARENTS.....13 DEATH OF PARENTS...14 TOO OLD TO ATTEND ..15 DOMESTIC OBLIGATION16 OTHER (SPECIFY)....96	BOARDING.....1 WALKING.....2 BUS.....3 TRAIN.....4 BICYCLE.....5 MOTORCYCLE.....6 CAR/MOTO.....7 TRICYCLE/KEKE....8 BOAT/CANOE.....10 OTHER (SPECIFY)...9	0-15 MINUTES.....1 16-30 MINUTES...2 31-45 MINUTES...3 46-60 MINUTES...4 61-90 MINUTES...5 91-120 MINUTES...6 120+ MINUTES....7
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SECTION 2: EDUCATION

I N D I V I D U A L	15.	16.	17.	17a.	17b.	18.				
	Who paid for most of [NAME]'s educational expenses during the [SCHOOL YEAR]? (IF Q9=1) FATHER.....1 MOTHER.....2 BOTH PARENTS.....3 OTHER HH MEMBER..4 OTHER RELATIVE...5 NON-RELATIVE.....6 SELF.....7 SPOUSE.....8 OTHER (SPECIFY)...10	Did [NAME] have a scholarship during the [SCHOOL YEAR]? (IF Q9=1) YES..1 NO...2 IF NO >> Q18	What was the total amount of scholarship that [NAME] received during the [SCHOOL YEAR]? NAIRA	IS THE INTERVIEW BEING CONDUCTED AFTER FEBRUARY 1, 2019? YES..1 NO...2	IS THE INTERVIEW BEING CONDUCTED AFTER AUGUST 1, 2019? YES..1 NO...2	Now I want to ask you about the educational expenses for [NAME] during the [SCHOOL YEAR]. How much did the household spend for [NAME] on ... during the [SCHOOL YEAR]? (IF Q17a=2 OR Q17b=1) IF THERE WAS NO EXPENDITURE, RECORD 0 IF THE RESPONDENT CANNOT DIVIDE SCHOOL EXPENSES INTO VARIOUS CATEGORIES, THEN RECORD THE AGGREGATE EDUCATION EXPENDITURE FOR THE INDIVIDUAL IN COLUMN T, NOT ALLOCABLE				
						IF THE RESPONDENT CANNOT DIVIDE SCHOOL EXPENSES INTO VARIOUS CATEGORIES, SELECT "TOTAL". OTHERWISE, SELECT "BREAKDOWN".		Tuition and other fees		Other contributions to school (PTA, SMC, school fund, in-kind contributions)
					BREAKDOWN...1	A.	B.	C.	D.	E.
					TOTAL.....2 IF Q18=1 >> Q18A IF Q18=2 >> Q18T	Tuition/school fees	Exam, registration and other official fees	PTA, SMC, and other association fees	Contribution to construction, maintenance or other school funds	Cash estimates of in-kind contributions
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SECTION 2: EDUCATION

18. (continued from previous page)													
Now I want to ask you about the educational expenses for [NAME] during the [SCHOOL YEAR]. How much did the household spend for [NAME] on ... during the [SCHOOL YEAR]? (IF Q17a=2 OR Q17b=1)													
IF THERE WAS NO EXPENDITURE, RECORD 0													
IF THE RESPONDENT CANNOT DIVIDE SCHOOL EXPENSES INTO VARIOUS CATEGORIES, THEN RECORD THE AGGREGATE EDUCATION EXPENDITURE FOR THE INDIVIDUAL IN COLUMN T, NOT ALLOCABLE													
I N D I V I D U A L I D	Other contributions to school (PTA, SMC, school fund, in-kind contributions) (continued from previous page)				Uniforms and other school clothing	Textbooks and other teaching materials		Private tutoring	School meals and transport purchased outside educational institutions	Additional books, computer, or learning software to be used at home in support of formal schooling	Other categories (music and arts lessons, gifts, extra-curricular activities, etc.)		NOT ALLOCABLE
	F. School canteen fees	G. School boarding fees	H. Fees for transport organized by the school	I. Fees for health services	J. Uniform and other required clothing	K. Text books	L. Other required education materials	M. Private tutoring	N. Transportation to and from school	O. School meals purchased outside school	P. Additional books, computer, or learning software to be used at home in support of formal schooling	Q. Music and arts lessons	R. Gifts
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SECTION 2: EDUCATION

INDIVIDUAL	19.	How much has the household spent for [NAME] spent on... since the beginning of the [SCHOOL YEAR]? (IF Q17a=1 & Q17b=2)											
	CAP: FOR CURRENT SCHOOL YEAR USE BOTH Q19 - Q21	IF THERE WAS NO EXPENDITURE, RECORD 0											
		IF THE RESPONDENT CANNOT DIVIDE SCHOOL EXPENSES INTO VARIOUS CATEGORIES, THEN RECORD THE AGGREGATE EDUCATION EXPENDITURE FOR THE INDIVIDUAL IN COLUMN T, NOT ALLOCABLE											
	IF THE RESPONDENT CANNOT DIVIDE SCHOOL EXPENSES INTO VARIOUS CATEGORIES, SELECT "TOTAL". OTHERWISE, SELECT "BREAKDOWN".	Tuition and other fees		Other contributions to school (PTA, SMC, school fund, in-kind contributions)			Ancillary fees (boarding, canteen, transport, health services)				Uniforms and other school clothing	Textbooks and other teaching materials	
	BREAKDOWN...1 TOTAL.....2 IF Q19=1 >> Q19A IF Q19=2 >> Q19T	A. Tuition/School fees	B. Exam, registration and other official fees	C. PTA, SMC, and other association fees	D. Contribution to construction, maintenance or other school funds	E. Cash estimates of in-kind contributions	F. School canteen fees	G. School boarding fees	H. Fees for transport organized by the school	I. Fees for health services	J. Uniform and other required clothing	K. Text books	L. Other required education materials
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SECTION 2: EDUCATION

19. (continued from previous page)							20.
How much has the household spent for [NAME] spent on... since the beginning of the [SCHOOL YEAR]? (IF Q17a=1 & Q17b=2)							Does the household expect to spend anymore on education for [NAME] for the [SCHOOL YEAR]? (IF Q17a=1 & Q17b=2)
IF THERE WAS NO EXPENDITURE, RECORD 0							
IF THE RESPONDENT CANNOT DIVIDE SCHOOL EXPENSES INTO VARIOUS CATEGORIES, THEN RECORD THE AGGREGATE EDUCATION EXPENDITURE FOR THE INDIVIDUAL IN COLUMN T, NOT ALLOCABLE							YES..1 NO...2 IF NO >> NEXT PERSON
Private tutoring	School meals and transport purchased outside educational institutions		Additional books, computer, or learning software to be used at home in support of formal schooling	Other categories (music and arts lessons, gifts, extra-curricular activities, etc.)		NOT ALLOCABLE	
M. Private tutoring	N. Transportation to and from school	O. School meals purchased outside school	P. Additional books, computer, or learning software to be used at home in support of formal schooling	Q. Music and arts lessons	R. Gifts	T. Not Allocable	
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SECTION 2: EDUCATION

INDIVIDUAL	21. How much more does the household expect to spend for [NAME] on ... for the [SCHOOL YEAR]?											
	IF THERE WAS NO EXPENDITURE, RECORD 0											
	IF THE RESPONDENT CANNOT DIVIDE SCHOOL EXPENSES INTO VARIOUS CATEGORIES, THEN RECORD THE AGGREGATE EDUCATION EXPENDITURE FOR THE INDIVIDUAL IN COLUMN T, NOT ALLOCABLE											
	IF THE RESPONDENT CANNOT DIVIDE SCHOOL EXPENSES INTO VARIOUS CATEGORIES, SELECT "TOTAL". OTHERWISE, SELECT "BREAKDOWN".	Tuition and other fees		Other contributions to school (PTA, SMC, school fund, in-kind contributions)			Ancillary fees (boarding, canteen, transport, health services)				Uniforms and other school clothing	
		BREAKDOWN...1 TOTAL.....2 IF Q21=1 >> Q21A IF Q21=2 >> Q21T	A. Tuition/School fees	B. Exam, registration and other official fees	C. PTA, SMC, and other association fees	D. Contribution to construction, maintenance or other school funds	E. Cash estimates of in-kind contributions	F. School canteen fees	G. School boarding fees	H. Fees for transport organized by the school	I. Fees for health services	J. Uniform and other required clothing
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SECTION 2: EDUCATION

21. (continued from previous page)										
How much more does the household expect to spend for [NAME] on ... for the [SCHOOL YEAR]?										
IF THERE WAS NO EXPENDITURE, RECORD 0										
IF THE RESPONDENT CANNOT DIVIDE SCHOOL EXPENSES INTO VARIOUS CATEGORIES, THEN RECORD THE AGGREGATE EDUCATION EXPENDITURE FOR THE INDIVIDUAL IN COLUMN T, NOT ALLOCABLE										
I N D I V I D U A L I D	Textbooks and other teaching materials		Private tutoring	School meals and transport purchased outside educational institutions		Additional books, computer, or learning software to be used at home in support of formal schooling		Other categories (music and arts lessons, gifts, extra-curricular activities, etc.)		NOT ALLOCABLE
	K. Text books	L. Other required education materials	M. Private tutoring	N. Transportation to and from school	O. School meals purchased outside school	P. Additional books, computer, or learning software to be used at home in support of formal schooling	Q. Music and arts lessons	R. Gifts	T. Not Allocable	
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SECTION 3: HEALTH

I N D I V I D U A L I D	1.	2.	3.	4.	5.	6.		7a.	8.	9.
	IS [NAME] ANSWERING FOR HIM/HERSELF?	WRITE THE ID CODE OF THE RESPONDENT	Has [NAME] consulted health practitioner or dentist or traditional healer or Patent Medicine Vendor or visited a health centre in the last 30 days?	What was the reason for [NAME]'s visit? LIST UP TO 2 ILLNESS.....1 INJURY.....2 GENERAL CHECKUP (NOT FOR PREGNANCY)...3 PRENATAL/ POSTNATAL CHECKUP...4 GIVING BIRTH.....5	Was [NAME] sick or injured in the last 30 days?	What type of illness/injury did [NAME] suffer most? LIST UP TO 2 IN ORDER OF SEVERITY CHOLERA.....1 GUINEA WORM...13 MALARIA.....2 DYSENTRY.....14 TYPHOID.....3 SCABIES.....15 HYPERTENSION...4 RINGWORM.....16 COMMON COLD...5 TRACHOMA.....17 FLU.....6 HEPATITIS B...18 CATARRH.....7 STREPTOCOCCI...19 COUGH.....8 ONCHOCECIASIS...20 TB.....9 INJURY.....21 HEADACHE.....10 OTHER (SPECIFY)...22 DIABETES.....11 DIARRHOEA.....12		For how many days did [NAME] suffer from the most severe illness specified in [Q6] in the past 30 days? (IF Q6#21 FOR BOTH 1ST AND 2ND OPTIONS)	Did [NAME] have to stop his/her usual activities because of the most severe illness/injury specified in [Q6] in the past 30 days?	For how many days did [NAME] has to stop his/her usual activities because of the most severe illness/injury specified in [Q6] in the past 30 days?
	YES..1 NO...2 IF YES >> Q3	ID CODE	YES.....1 NO.....2 IF NO >> Q5	IF Q4=1,2 >>Q6	YES.....1 NO.....2 IF NO >> Q19	1ST	2ND	DAYS ILL	IF NO >> Q10	DAYS
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SECTION 3: HEALTH

LAST 30 DAYS

I N D I V I D U A L I D	10.	11.	12.	13.	14.	15.	16.		17.	18.	
	Whom did [NAME] consult regarding the most severe illness/injury specified in [Q6]? LIST UP TO 2 IN ORDER OF IMPORTANCE NO ONE.....1 TRADITIONAL HEALER..2 DOCTOR.....3 DENTIST.....4 NURSE.....5 MEDICAL ASST.....6 MIDWIFE.....7 PHARMACIST.....8 CHEMIST.....15 TBA.....9 SPIRITUALIST.....10 PMV.....11 JCHEW.....12 CHEW.....13 OTHER (SPECIFY).....14 IF Q10=2-13,15 >>Q12 IF Q10=14 >> Q14	Why did [NAME] not consult anyone regarding the most severe illness/injury specified in [Q6]? SELECT ALL THAT APPLY NO NEED, MINOR ILLNESS OR INJURY.....1 TOO FAR.....2 TOO EXPENSIVE.....3 POOR QUALITY OF CARE..4 OTHER.....5 >> Q19	Where did [NAME]'s consultation with [Q10] for the most severe illness/injury specified in [Q6] take place? HOSPITAL.....1 DISPENSARY.....2 PHARMACY.....3 CHEMIST.....11 CLINIC.....4 MATERNITY HOME..5 MCH POST.....6 CONSULTANT'S HOME.....7 PATIENT'S HOME..8 PATIENT MEDICINE SHOP.....10 OTHER (SPECIFY)..9 IF Q12=7-11 >> Q14	Who ran the establishment specified in [Q12] where [NAME]'s consultation with [Q10] for the most severe illness/injury specified in [Q6] took place? FEDERAL GOVT.....1 STATE GOVT.....2 LOCAL GOVT.....3 COMMUNITY.....4 RELIGIOUS BODY.....5 CORPORATE ORG.....6 INSTITUTIONAL.....7 NGO.....8 PRIVATE.....9 MARKET.....10 OTHER (SPECIFY).....11	How much did the household pay for [NAME]'s first consultation, excluding drugs? NAIRA	How much did the household pay for [NAME]'s transportation to and from the first consultation? NAIRA	How long did [NAME]'s first consultation take including travel time? HOURS.....1 MINUTES...2 QUANTITY TIME UNIT		Did the household spend any money for [NAME] on drugs over the counter or kiosks in the past 30 days? YES.....1 NO.....2 IF NO >> Q18b	How much did the household pay for the drug over the counter or kiosks for [NAME] ? NAIRA	
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SECTION 3: HEALTH

		LAST 12 MONTHS			DISABILITY					
I N D I V I D U A L I D	18b.	19.	20.	21.	22.	23.	24.	25.	26.	27.
	Who paid for most of [NAME]'s consultations or over the counter drugs without staying overnight (if any) in the past 30 days? (IF Q17=1 OR Q14>0 OR Q15>0)	Was [NAME] admitted to a hospital or health facility in the last 12 months? INCLUDE TRADITIONAL HEALING CENTRES YES.....1 NO.....2 IF NO >> Q22	How many nights did [NAME] stay in the hospital or health centre in the last 12 months? NIGHTS	How much did the household pay for [NAME] to stay in the hospital or health centre in the last 12 months? NAIRA	Does [NAME] have difficulty seeing, even if he/she is wearing glasses? READ RESPONSES No, no difficulty...1 Yes, some....2 Yes, a lot...3 Cannot see...4	Does [NAME] have difficulty hearing, even if he/she is wearing a hearing aid? READ RESPONSES No, no difficulty....1 Yes, some.....2 Yes, a lot....3 Cannot hear...4	Does [NAME] have difficulty walking or climbing steps? READ RESPONSES No, no difficulty...1 Yes, some....2 Yes, a lot...3 Cannot do....4 TOO YOUNG TO WALK.....-1	Does [NAME] have difficulty remembering or concentrating? READ RESPONSES No, no difficulty...1 Yes, some....2 Yes, a lot...3 Cannot do....4 TOO YOUNG TO DETERMINE...-1	Does [NAME] have difficulty with self care such as washing all over or dressing, feeding, toileting etc? READ RESPONSES No, no difficulty...1 Yes, some....2 Yes, a lot...3 Cannot do....4 TOO YOUNG TO TAKE CARE OF SELF.....-1	Using your usual language, Does [NAME] have difficulty communicating; for example understanding or being understood? READ RESPONSES No, no difficulty...1 Yes, some....2 Yes, a lot...3 Cannot do....4 TOO YOUNG TO SPEAK.....-1
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SECTION 3: HEALTH

			YESTERDAY			
I N D I V I D U A L I D	28.	29.	30.	31.	32.	33.
	CAPI: IS THERE A YES RESPONSE (CODE 2,3,OR 4) IN Q22-Q27?	Did the household have any additional costs related to [NAME]'s difficulty? EXCLUDE ANY MEDICAL EXPENSES	In the past 12 months, how much did the household spend on additional costs related to [NAME]'s difficulty?	Did [NAME] sleep under an insecticide treated net yesterday?	How did [NAME] obtain the insecticide treated net? SELF (PURCHASED).....1 SPOUSE.....10 PARENT.....2 OTHER HH MEMBER.....9 OTHER RELATIVE.....3 EMPLOYER.....4 FEDERAL/STATE/ LOCAL GOVT.....5 NGO.....6 OTHER ORG.....7 OTHER NONRELATIVE...11 OTHER (SPECIFY).....8	How much did the household pay for the bed net that [NAME] slept under yesterday?
	YES.....1 NO.....2 IF NO >> Q31	YES.....1 NO.....2 IF NO >> Q31	NAIRA	YES.....1 NO.....2 IF NO >> NEXT PERSON		NAIRA
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SECTION 4A: LABOUR

I N D I V I D U A L I D	WAGE			AGRICULTURE				NONFARM ENTERPRISE		
	1.	2.	3.	4.	5.	6.	7.	8.	9.	10.
	IS [NAME] 5 YEARS OLD OR OLDER?	IS [NAME] ANSWERING FOR HIMSELF/ HERSELF?	WHO IS RESPONDING FOR [NAME]?	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 in total has [NAME] done wage/salaried work for pay? EXCLUDE TIME GOING TO AND FROM WORK	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 or has [NAME] gone fishing or worked in fish farming owned by the household?	During the past 7 days, how many hours in total has [NAME] done this agricultural work for the household? EXCLUDE TIME GOING TO AND FROM FARM	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 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 in total has [NAME] worked in the household nonfarm enterprise? EXCLUDE TIME GOING TO AND FROM WORK
	YES..1 NO..2 IF NO >> NEXT PERSON	YES..1 NO...2 IF YES >> Q4	ID CODE	YES..1 NO...2 IF NO >> Q6	HOURS	YES..1 NO...2 IF NO >> Q9	HOURS	YES..1 NO...2 IF NO >> Q11	HOURS	
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SECTION 4A: LABOUR

APPRENTICESHIP		TEMPORARY ABSENCE						
I N D I V I D U A L I D	11.	12.	13.	16.	17.	18.	19.	20.
	During the past 7 days, has [NAME] worked as a trainee or apprentice in any career oriented skills? YES, FORMAL...1 YES, INFORMAL...2 NO...3 IF NO >> Q16	During the past 7 days, how many hours in total has [NAME] worked as a trainee or apprentice? EXCLUDE TIME GOING TO AND FROM WORK HOURS	How was/is [NAME]'s training or apprenticeship financed? PROBE & SELECT ALL THAT APPLY FREE/NO COST.....0 FROM HOUSEHOLD INCOME/SAVINGS...1 FROM PERSONAL INCOME/SAVINGS...2 LOANS/BORROWED MONEY.....3 REMITTANCES FROM ABROAD.....4 NGO SUPPORT.....8 GOVT SCHOLARSHIP...9 ASSOCIATION SUPPORT.....10 CHURCH ASSISTANCE.....11 RELATIVE/FRIEND...12 OTHER(SPECIFY)...13	CAPI IS THERE A "YES" RESPONSE IN QUESTIONS 4, 6, 9 OR 11? YES..1 NO...2 IF YES >> Q27	Even though [NAME] did not do any activity in the last 7 days, does [NAME] have a job, business, or other economic or farming/ livestock/ fishing activity that s/he will return to? EXCLUDE STUDENTS WHO ONLY WORK DURING HOLIDAYS YES..1 NO...2 IF NO >> Q21	What is the main reason [NAME] did not work at this activity during the last 7 days? ON LEAVE/HOLIDAY.....1 SICKNESS/INJURY.....2 PREGNANCY/RECENT BIRTH..3 BUSINESS CLOSED TEMPORARILY.....4 STRIKE, LABOR DISPUTE..5 SHIFT WORK, FLEX TIME..6 SEASONAL WORK7 CONFLICT (MILITANCY/ INSURGENCY).....9 TRAVELED.....10 IN MOURNING.....11 OTHER(SPECIFY).....8	Is the activity [NAME] plans to return to a household farming, livestock or fishing activity? YES..1 NO...2 IF NO >> Q27	Are the products obtained from [NAME]'s farming/ fishing or livestock activity mainly intended for sale/ barter or for family use? 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 FAMILY USE.....4
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SECTION 4A: LABOUR

JOB SEARCH

	21.	22.	22a.	23.	24.	25.	26.	27.
INDIVIDUAL	In the past 4 weeks, has [NAME] taken any action to find a paid job or start a business for pay/profit?	What is the main reason [NAME] did not look for a job in the past 4 weeks? MOST IMPORTANT REASON IN HOUSEHOLD AGRICULTURE/ LIVESTOCK/FISHING ACTIVITIES.....10 ALREADY FOUND JOB TO START IN THE FUTURE.....1 WAITING FOR RESULTS OF A PREVIOUS SEARCH.....2 AWAITING RECALL FROM A PREVIOUS JOB..3 WAITING FOR THE SEASON TO START.....4 TIRED OF LOOKING FOR JOBS, NO JOBS IN AREA.....5 NO JOBS MATCHING SKILLS, LACKS EXPERIENCE.....6 CONSIDERED TOO YOUNG/OLD BY EMPLOYERS.....7 CONSIDERED TOO YOUNG/OLD BY HOUSEHOLD.....15 IN STUDIES/SCHOOL, TRAINING.....8 FAMILY/HOUSEHOLD RESPONSIBILITIES...9 PREGNANCY.....14 DISABILITY, INJURY, ILLNESS.....11 OTHER SOURCE OF INCOME.....12 OTHER(SPECIFY).....13 RETIREE.....16	What did [NAME] mainly do in the past 4 weeks to find a job or start a business? LIST UP TO 2 APPLY TO PROSPECTIVE EMPLOYERS.....1 PLACE OR ANSWER JOB ADVERTISEMENTS.....2 STUDY OR READ JOB ADVERTISEMENTS3 REGISTER WITH EMPLOYMENT CENTER.....4 REGISTER WITH PRIVATE RECRUITMENT OFFICES.....5 TAKE A TEST OR INTERVIEW.....6 SEEK HELP FROM RELATIVES, FRIENDS, OTHERS.....7 CHECK AT FACTORIES, WORK SITES.....8 WAIT ON THE STREET TO BE RECRUITED.....9 SEEK FINANCIAL HELP TO START A BUSINESS.....10 LOOK FOR LAND, BUILDING, EQUIPMENT, MATERIALS TO START A BUSINESS.....11 APPLY FOR PERMIT OR LICENSE TO START A BUSINESS.12 OTHER(SPECIFY).....13	Was [NAME] available for work during the last 7 days?	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 PREGNANT/RECENT BIRTH.....6 DISABLED.....7 CONFLICT (MILITANCY/ INSURGENCY).....8 TRAVELED.....10 IN MOURNING.....11 OTHER (SPECIFY).....9	Would [NAME] want to work if a paid job or business opportunity became available?	If a paid job or business opportunity became available, could [NAME] start within the next 2 weeks?	CAPI: IS THERE A YES RESPONSE IN Q4?
	YES..1 NO..2 IF YES >> Q22a	>> Q25		YES..1 NO...2 IF YES >> Q25	YES..1 NO...2	YES..1 NO...2	YES..1 NO...2	YES..1 NO...2 IF NO >> Q47
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SECTION 4A: LABOUR

MAIN /PRIMARY WAGE EMPLOYMENT		28.	29.	30.	31.	32.	32a.	
I N D I V I D U A L I D		What is [NAME]'s primary activity in [NAME]'s main wage/salaried job? MAIN WAGE/SALARIED OCCUPATION IN THE LAST 7 DAYS EXCLUDES NONFARM ENTERPRISE AND HOUSEHOLD AGRICULTURAL ACTIVITIES	In what sector is [NAME]'s main wage activity? AGRICULTURE.....1 MINING.....2 MANUFACTURING.....3 PROFESSIONAL/ SCIENTIFIC/TECHNICAL ACTIVITIES.....4 ELECTRICITY/WATER/ GAS/WASTE.....5 CONSTRUCTION.....6 TRANSPORTATION.....7 BUYING AND SELLING...8 FINANCIAL/INSURANCE/ REAL EST. SERVICES...9 PERSONAL SERVICES...10 EDUCATION.....11 HEALTH.....12 PUBLIC ADMINISTRATION.....13 OTHER (SPECIFY).....14	Who is the employer in [NAME]'s main wage job? FEDERAL GOV.....1 STATE GOV.....2 LOCAL GOV.....3 PRIVATE SECTOR (INCLUDE PAID APPRENTICE).....5 NGO.....6 CO-OPERATIVES.....7 INTERNATIONAL ORGANIZATION /DIPLOMATIC MISSION.....8 RELIGIOUS ORGANIZATION.....9 OTHER (SPECIFY).....10	Is [NAME]'s main wage employment an apprenticeship job? YES..1 NO...2	How many people work for [NAME]'s primary employer? 1-5.....1 6-10.....2 11-20.....3 20+.....4 DON'T KNOW...-99	Does [NAME] contribute to the National Housing Fund? YES..1 NO...2 DON'T KNOW...-99	
		WRITTEN DESCRIPTION	OCCUPATION CODE (CODE AFTER INTERVIEW)					
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SECTION 4A: LABOUR

I N D I V I D U A L I D	33.	34.	35.	36.	37.	38.	39.	40.	41.	42.
	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)?	Is there a trade union at the place where [NAME] works?	Is [NAME] entitled to paid holidays?	Is [NAME] entitled to paid sick/maternity/paternity leave in this job?	What other benefits does [NAME] receive from this job? SELECT ALL THAT APPLY	During the last 12 months, in which months did [NAME] work in this employment? MUST NOT BE MORE THAN 12 MONTHS	During these months, how many weeks per month did [NAME] work in this employment?	During these weeks, how many hours per week did [NAME] normally work in this employment? EXCLUDE THE TIME GOING TO AND FROM WORK
	YES..1 NO...2 DON'T KNOW...99	YES..1 NO...2 DON'T KNOW...99	YES..1 NO...2 DON'T KNOW...99	YES..1 NO...2 DON'T KNOW...99	YES..1 NO...2 DON'T KNOW...99	YES..1 NO...2 DON'T KNOW...99	HAZARD ALLOWANCE.....1 LEAVE ALLOWANCE.....2 HOLIDAY BONUS.....3 HOUSING ALLOWANCE....4 OTHER (SPECIFY).....5	ALL 12 MONTHS...0 SEP 2017..1 JAN 2019.17 OCT 2017..2 FEB 2019.18 NOV 2017..3 MAR 2019.19 DEC 2017..4 APR 2019.20 JAN 2018..5 MAY 2019.21 FEB 2018..6 JUN 2019.22 MAR 2018..7 JUL 2019.23 APR 2018..8 AUG 2019.24 MAY 2018..9 SEP 2019.25 JUN 2018.10 JUL 2018.11 AUG 2018.12 SEP 2018.13 OCT 2018.14 NOV 2018.15 DEC 2018.16	1 WEEK PER MONTH...1 2 WEEKS PER MONTH...2 3 WEEKS PER MONTH...3 EVERY WEEK..4	
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SECTION 4A: LABOUR

WAGE/SALARIED EMPLOYMENT (12 MONTHS)										
INDIVIDUAL	43.		44.	45.	46.		47.	48.	49.	
	NAIRA	TIME UNIT	ID CODE	IF NO >> Q47	NAIRA	TIME UNIT	IF NO >> Q56	IF NO >> Q56	OCCUPATION DESCRIPTION	OCCUPATION CODE (CODE AFTER INTERVIEW)
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SECTION 4A: LABOUR

INDIVIDUAL	50.	51.	52.	53.	54.
	In what sector is [NAME]'s main wage activity in the past 12 months?	Who is the employer in [NAME]'s main wage job in the past 12 months?	During the last 12 months, in which months did [NAME] work in this employment? MUST NOT BE MORE THAN 12 MONTHS	During these months how many weeks per month did [NAME] work in this employment?	During these weeks, how many hours per week did [NAME] normally work in this employment? MUST NOT BE MORE THAN 85 HOURS
	AGRICULTURE.....1 MINING.....2 MANUFACTURING.....3 PROFESSIONAL/SCIENTIFIC/TECHNICAL ACTIVITIES.....4 ELECTRICITY/WATER/GAS/WASTE.....5 CONSTRUCTION.....6 TRANSPORTATION.....7 BUYING AND SELLING.....8 FINANCIAL/INSURANCE/ REAL EST. SERVICES...9 PERSONAL SERVICES...10 EDUCATION.....11 HEALTH.....12 PUBLIC ADMINISTRATION.....13 OTHER (SPECIFY).....14	FEDERAL GOV.....1 STATE GOV.....2 LOCAL GOV.....3 PRIVATE SECTOR (INCLUDE PAID APPRENTICE).....5 NGO.....6 CO-OPERATIVES.....7 INTERNATIONAL ORGANIZATION /DIPLOMATIC MISSION.....8 RELIGIOUS ORGANIZATION.....9 OTHER (SPECIFY).....10	ALL 12 MONTHS...0 JAN 2019.17 FEB 2019.18 MAR 2019.19 APR 2019.20 MAY 2019.21 JUN 2019.22 JUL 2019.23 AUG 2019.24 SEP 2019.25 OCT 2018.14 NOV 2018.15 DEC 2018.16	1 WEEK PER MONTH...1 2 WEEKS PER MONTH...2 3 WEEKS PER MONTH...3 EVERY WEEK...4	HOURS PER WEEK
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SECTION 4A: LABOUR

INDIVIDUAL	55.		55c.	55d.	55e-f.		56.	57.	58.	59.
	NAIRA	TIME UNIT	ID CODE	IF NO >> Q56	NAIRA	TIME UNIT	IF NO >> Q58	HOURS	IF NO >> NEXT PERSON	HOURS
	How much was [NAME]'s last cash payment for this job (excluding in-kind)? 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? (IF Q55>0) SELECT ALL THAT APPLY	Did [NAME] receive any in-kind payment or allowance for this work in any other form in the past 12 months? THIS INCLUDES BONUSES, ACCOMODATION, TRANSPORTATION, OTHER EXPENSES PAID BY EMPLOYER YES...1 NO...2	How much was [NAME]'s last payment in-kind (excluding cash payments)? (EQUIVALENT IN NAIRA) What period of time did this payment cover? ONE HOUR.....1 ONE DAY.....2 ONE WEEK.....3 ONE FORTNIGHT..4 ONE MONTH.....5 ONE QUARTER (4 MONTHS).....6 ONE HALF YEAR (6 MONTHS).....7 ONE YEAR (12 MONTHS)....8		In the last 7 days, did [NAME] collect firewood or other natural products for use as fuel by the household? YES...1 NO...2	How many hours in total in the last 7 days did [NAME] collect firewood or other natural products for use as fuel by the household?	In the last 7 days, did [NAME] fetch water from natural or public sources for use by the household? YES...1 NO...2	How many hours in total in the last 7 days did [NAME] fetch water from natural or public sources for use by the household? INCL. WAITING TIME
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SECTION 4A: LABOUR

60a.	60b.	61a.	61b.
In the last 12 months, has any member of this household participated in the National Directorate of Employment (NDE) programme? YES...1 NO....2 IF NO >> Q61a	Which member(s)? SELECT ALL THAT APPLY ID CODE	In the last 12 months, has any member of this household contributed to the National Health Insurance Scheme (NHIS)? YES...1 NO....2 IF NO >> NEXT SECTION	Which member(s)? SELECT ALL THAT APPLY ID CODE

SECTION 5: REMITTANCES

INDIVIDUALS 10 YEARS OLD OR OLDER SHOULD RESPOND IN THIS SECTION

INDIVIDUAL ID	0.	0a.	0b.	1.				1e.	2.	
	IS [NAME] 10 YEARS OLD OR OLDER?	IS [NAME] ANSWERING FOR HIMSELF/ HERSELF?	WHO IS RESPONDING FOR [NAME]?	In the past 12 months, did [NAME] receive any of the following assistance from a non-household member?				CAP: IS THERE A YES RESPONSE IN Q1A?	What was the amount of cash [NAME] received?	
	YES..1 NO...2	YES..1 NO...2		FROM ABROAD		FROM INSIDE NIGERIA		YES..1 NO...2	SPECIFY THE UNIT OF CURRENCY OF THE CASH RECEIVED	
	IF NO >> NEXT PERSON	IF YES >> Q1	ID CODE	A. Monetary assistance	B. In-kind assistance	C. Monetary assistance	D. In-kind assistance	IF NO >> Q5	AMOUNT	CURRENCY CODE
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CURRENCY CODE
 US DOLLAR.....1
 EURO.....2
 POUND STERLING..3
 NAIRA.....4
 OTHER(SPECIFY) .96

SECTION 5: REMITTANCES

I N D I V I D U A L	3.	4.	5.	6.	7.		
	How was the money sent to [NAME]?	What was the main purpose for which the money was intended?	CAPI: IS THERE A YES RESPONSE IN Q1B?	What was the <u>in-kind assistance</u> that [NAME] received from abroad in the past 12 months? EXCLUDE GIFTS RECEIVED FOR CELEBRATIONS SUCH AS BIRTHDAY, NAMING CEREMONIES, WEDDINGS, FUNERALS. SELECT ALL THAT APPLY VEHICLE.....1 HOME APPLIANCE/ ELECTRONICS.....2 CLOTHING/FOOTWEAR..3 PERSONAL ACCESSORIES.....4 OTHER (SPECIFY)....5	What is the estimated value of the in-kind assistance [NAME] received? SPECIFY THE UNIT OF CURRENCY FOR THE ESTIMATED VALUE OF THE ASSISTANCE <u>CURRENCY CODE</u> US DOLLAR.....1 EURO.....2 POUND STERLING...3 NAIRA.....4 OTHER (SPECIFY)..96	AMOUNT	CURRENCY CODE
1	RELATIVES.....1 FRIENDS.....2 COLLEAGUES.....3 NEIGHBORS.....4 ASSOCIATION/ RELIGIOUS ORGANIZATION.....5 WESTERN UNION.....6 MONEY GRAM.....7 BANK/WIRE TRANSFER..8 MOBILE MONEY.....9 COURIER SERVICES..11 OTHER (SPECIFY)...10	HOUSEHOLD CONSUMPTION/UPKEEP.....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 CONSTRUCTION OF BUILDINGS.....10 OTHER (SPECIFY).....11	YES..1 NO...2 IF NO >> Q10				
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SECTION 5: REMITTANCES

I N D I V I D U A L I D	8. How was the in-kind assistance sent to [NAME]? SELECT ALL THAT APPLY RELATIVES.....1 FRIENDS.....2 COLLEAGUES.....3 NEIGHBORS.....4 ASSOCIATION/ RELIGIOUS ORGANIZATION.....5 COURIER SERVICES...6 OTHER (SPECIFY)...10	9. What was the main purpose for which the assistance for [NAME] was intended? 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 PERSONAL USE.....10 OTHER (SPECIFY).....11	10. CAPI: IS THERE A YES RESPONSE IN Q1C? YES..1 NO...2 IF NO >> Q14	11. What was the amount of cash [NAME] received from non-household members living within Nigeria? NAIRA	12. How was the money usually sent to [NAME]? RELATIVES.....1 FRIENDS.....2 COLLEAGUES.....3 NEIGHBORS.....4 ASSOCIATION/ RELIGIOUS ORGANIZATION.....5 WESTERN UNION.....6 MONEY GRAM.....7 BANK/WIRE TRANSFER.8 MOBILE MONEY.....9 COURIER SERVICES..11 OTHER (SPECIFY)...10
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SECTION 5: REMITTANCES

I N D I V I D U A L	<p>13. What was the main purpose for which the monetary assistance was intended?</p> <p>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 CONSTRUCTION OF BUILDINGS.....10 OTHER (SPECIFY).....11</p>	<p>14. CAPI: IS THERE A YES RESPONSE IN Q1D?</p> <p>YES..1 NO...2</p> <p>IF NO >> NEXT PERSON</p>	<p>15. What was the in-kind assistance that [NAME] received from a person living within Nigeria in the past 12 months?</p> <p>EXLCUDE FOR SPECIAL OCCASIONS SUCH AS BIRTHDAY, FUNERALS.</p> <p>SELECT ALL THAT APPLY</p> <p>VEHICLE.....1 HOME APPLIANCE/ ELECTRONICS.....2 CLOTHING/FOOTWEAR....3 PERSONAL ACCESSORIES.4 FOOD ITEMS.....6 OTHER (SPECIFY).....5</p>	<p>16. What is the estimated value of the in-kind assistance [NAME] received?</p> <p>NAIRA</p>
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3				
4				
5				
6				
7				
8				
9				
10				
11				
12				

SECTION 19: LAND TENURE

Q0. Do you or does any member of your household own or hold use rights for any parcel of land, either alone or jointly with someone else, irrespective of whether the parcel is used by your or another household, and irrespective of the use of the parcel (including dwelling plot, agricultural, pastoral, forest and business/commercial plots)?

YES...1 >> Q0a
NO...2 >> NEXT SECTION



Agricultural Land										
0a	1.	1a.	2.	3.	4.	4b.	5.	6.	7.	
I N D I V I D U A L I D	Which household members currently own or hold use rights for any <u>land</u> , either alone or jointly with someone else? ASK FOR EACH HOUSEHOLD MEMBER AND SELECT ALL THAT APPLIES	IS [NAME] ANSWERING FOR HIM/ HERSELF?	WHO IS RESPONDING FOR [NAME]?	Does [NAME] currently own or hold use rights for any agricultural land (including pastoral land) , either alone or jointly with someone else?	Is there any document for the agricultural land [NAME] owns or holds use rights to that is issued by or registered at the Land Registry, such as a title deed, certificate of ownership, survey plan, lease or rental contract?	What type of documents are there for the agricultural land [NAME] owns or holds use rights to? LIST UP TO 7, SHOW PHOTO AID TITLE DEED.....1 CERTIFICATE OF OCCUPANCY....2 CUSTOMARY CERTIFICATE OF OCCUPANCY.....3 RIGHT OF OCCUPANCY.....4 SURVEY PLAN.....5 RENTAL CONTRACT, REGISTERED..6 LEASE, REGISTERED.....7 OTHER (SPECIFY).....8	Is [NAME]'s name written on any of the documents? (FOR THOSE SELECTED IN Q4) SELECT ALL THAT APPLY TITLE DEED.....1 CERTIFICATE OF OCCUPANCY....2 CUSTOMARY CERTIFICATE OF OCCUPANCY.....3 RIGHT OF OCCUPANCY.....4 SURVEY PLAN.....5 RENTAL CONTRACT, REGISTERED..6 LEASE, REGISTERED.....7 OTHER DOCUMENT (FROM Q4)....8	Does [NAME] have the right to sell any of the agricultural land [NAME] owns or holds use rights to, either alone or jointly with someone else?	Does [NAME] have the right to bequeath any of the agricultural land [NAME] owns or holds use rights to, either alone or jointly with someone else?	How likely is [NAME] to involuntarily (against their will) lose ownership or use rights to any of the agricultural land that he/she owns or holds use rights to in the next 5 years? READ OUT OPTIONS Not at all likely...1 Slightly likely...2 Moderately likely..3 Very likely.....4 Extremely likely...5
		YES..1 NO...2 IF YES >> Q2	ID CODE	IF NO >> Q8	IF NO >> Q5			YES..1 NO...2	YES..1 NO...2	
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										

SECTION 19: LAND TENURE

Non-Agricultural Land						
8.	9.	10.	10b.	11.	12.	13.
Does [NAME] currently own or hold use rights for any non-agricultural land, such as land used for residential or commercial purposes, either alone or jointly with someone else?	Is there any document for the non-agricultural land [NAME] owns or holds use rights to that is issued by or registered at the Land Registry, such as a title deed, certificate of ownership, survey plan, lease or rental contract?	What type of documents are there for the non-agricultural land [NAME] owns or holds use rights to? LIST UP TO 3, SHOW PHOTO AID TITLE DEED.....1 CERTIFICATE OF OCCUPANCY....2 CUSTOMARY CERTIFICATE OF OCCUPANCY.....3 RIGHT OF OCCUPANCY.....4 SURVEY PLAN.....5 RENTAL CONTRACT, REGISTERED..6 LEASE, REGISTERED.....7 OTHER (SPECIFY).....8	Is [NAME]'s name written on any of the documents for the non-agricultural land? (FOR THOSE SELECTED IN Q10) SELECT ALL THAT APPLY TITLE DEED.....1 CERTIFICATE OF OCCUPANCY....2 CUSTOMARY CERTIFICATE OF OCCUPANCY.....3 RIGHT OF OCCUPANCY.....4 SURVEY PLAN.....5 RENTAL CONTRACT, REGISTERED..6 LEASE, REGISTERED.....7 OTHER DOCUMENT (FROM Q10)...8	Does [NAME] have the right to sell any of the non-agricultural land he/she owns or holds use rights to, either alone or jointly with someone else?	Does [NAME] have the right to bequeath any of the non-agricultural land he/she owns or holds use rights to, either alone or jointly with someone else?	How likely is [NAME] to involuntarily (against their will) lose ownership or use rights to any of the non-agricultural land that he/she owns or holds use rights to in the next 5 years? READ OUT OPTIONS Not at all likely...1 Slightly likely...2 Moderately likely..3 Very likely.....4 Extremely likely...5
YES..1 NO...2 IF NO >> NEXT PERSON	YES..1 NO...2 IF NO >> Q11			YES..1 NO...2	YES..1 NO...2	

SECTION 6A: MEALS AWAY FROM HOME

		1.	2.
		In the <u>past 7 days</u> , did members of this household consume any of the following meals or drinks away from home, or as take away food?	How much did you or other household members pay in total in the last 7 days for [ITEM] consumed away from home or as take away food? If received for free, please estimate what it would have cost if you had to pay.
		ITEM CODE	
		YES...1 NO...2	
		IF NO >> NEXT ITEM	NAIRA
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, nkwobi, suya, isiewu, asun etc.		4	
Snacks such as sandwiches, biscuits, meatpies, donuts, pofpof, 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 6B: FOOD CONSUMPTION EXPENDITURE

	1. Within the <u>past 7 days</u> , did any members of your household eat/drink any of this [ITEM] <u>within the household?</u> I T E M C O D E E PLEASE ONLY LIST ITEMS CONSUMED WITHIN THE HOUSEHOLD AND EXCLUDE FOOD CONSUMED OUTSIDE THE HOUSEHOLD. ASK THIS QUESTION FOR ALL ITEMS, BEFORE MOVING TO Q2.	2. In total, what was the quantity of [ITEM] your household <u>consumed</u> in the <u>past 7 days</u> ?			3. How much of the [QUANTITY, UNIT, SIZE IN Q2] of [ITEM] consumed by your household came from purchases? UNIT AND SIZE SHOULD BE THE SAME AS IN Q2	4. How much of the [QUANTITY, UNIT, SIZE IN Q2] of [ITEM] consumed by your household came from own production? UNIT AND SIZE SHOULD BE THE SAME AS IN Q2	5. How much of the [QUANTITY, UNIT, SIZE IN Q2] of [ITEM] consumed by your household came from gifts or any other source? EXCLUDE FOOD TAKEN OUTSIDE THE HOUSEHOLD. UNIT AND SIZE SHOULD BE THE SAME AS IN Q2	6. Did your household purchase any [ITEM] in the <u>past 30 days</u> ?	7. The most recent time your household purchased [ITEM], how much QUANTITY did your household purchase?			8. How much did your household spend on the [QUANTITY UNIT SIZE IN Q7] of [ITEM] purchased most recently?	
		YES..1 NO...2	SEE UNIT AND SIZE CODES ON FLIP PAGE						YES..1 NO...2	SEE UNIT AND SIZE CODES ON FLIP PAGE			
		IF NO >> NEXT ITEM	QUANTITY	UNIT	SIZE	QUANTITY	QUANTITY	QUANTITY	IF NO >> NEXT ITEM	QUANTITY	UNIT	SIZE	NAIRA
GRAINS AND FLOURS													
Guinea corn/sorghum	10												
Millet	11												
Rice - local	13												
Rice - imported	14												
Maize flour	16												
Yam flour	17												
Cassava flour	18												
Wheat flour	19												
Maize (Unshelled/On the cob)	20												
Maize (Shelled/On the cob)	21												
Maize (Shelled/Off the cob)	22												
Other grains and flour (specify)	23												
BAKED/PROCESSED PRODUCTS													
Bread	25												
Cake	26												
Buns/Pofpof/Donuts	27												
Biscuits	28												
Meat Pie/Sausage Roll	29												

SECTION 6B: FOOD CONSUMPTION EXPENDITURE

	I T E M	1. Within the <u>past 7 days</u> , did any members of your 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 THE HOUSEHOLD. C O D E A S K THIS QUESTION FOR ALL ITEMS, BEFORE MOVING TO Q2.	2.			3.	4.	5.	6.	7.			8.
			In total, what was the quantity of [ITEM] your household <u>consumed</u> in the <u>past 7 days</u> ?			How much of the [QUANTITY, UNIT, SIZE IN Q2] of [ITEM] consumed by your household came from purchases?	How much of the [QUANTITY, UNIT, SIZE IN Q2] of [ITEM] consumed by your household came from own production?	How much of the [QUANTITY, UNIT, SIZE IN Q2] of [ITEM] consumed by your household came from gifts or any other source?	Did your household purchase any [ITEM] in the <u>past 30 days</u> ?	The most recent time your household purchased [ITEM], how much QUANTITY did your household purchase?			How much did your household spend on the [QUANTITY UNIT SIZE IN Q7] of [ITEM] purchased most recently?
			YES..1	SEE UNIT AND SIZE CODES ON FLIP PAGE		UNIT AND SIZE SHOULD BE THE SAME AS IN Q2	UNIT AND SIZE SHOULD BE THE SAME AS IN Q2	EXCLUDE FOOD TAKEN OUTSIDE THE HOUSEHOLD. UNIT AND SIZE SHOULD BE THE SAME AS IN Q2	YES..1	SEE UNIT AND SIZE CODES ON FLIP PAGE			
		NO...2	QUANTITY	UNIT	SIZE	QUANTITY	QUANTITY	QUANTITY	IF NO >> NEXT ITEM	QUANTITY	UNIT	SIZE	NAIRA
STARCHY ROOTS, TUBERS & PLANTAIN													
Cassava - roots	30												
Yam - roots	31												
Gari - white	32												
Gari - yellow	33												
Cocoyam	34												
Plantains	35												
Sweet potatoes	36												
Potatoes	37												
Other roots and tuber (specify)	38												
PULSES, NUTS AND SEEDS													
Soya beans	40												
Brown beans	41												
White beans	42												
Groundnuts (Unshelled)	43												
Groundnuts (Shelled)	44												
Other nuts/seeds/pulses (specify)	45												
Coconut	46												
Kola nut	47												
Cashew nut	48												

SECTION 6B: FOOD CONSUMPTION EXPENDITURE

	I T E M	1. Within the <u>past 7 days</u> , did any members of your 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 THE HOUSEHOLD. C O D E A S K THIS QUESTION FOR ALL ITEMS, BEFORE MOVING TO Q2.	2.			3.	4.	5.	6.	7.			8.
			In total, what was the quantity of [ITEM] your household <u>consumed</u> in the <u>past 7 days</u> ?			How much of the [QUANTITY, UNIT, SIZE IN Q2] of [ITEM] consumed by your household came from purchases?	How much of the [QUANTITY, UNIT, SIZE IN Q2] of [ITEM] consumed by your household came from own production?	How much of the [QUANTITY, UNIT, SIZE IN Q2] of [ITEM] consumed by your household came from gifts or any other source?	Did your household purchase any [ITEM] in the <u>past 30 days</u> ?	The most recent time your household purchased [ITEM], how much QUANTITY did your household purchase?			How much did your household spend on the [QUANTITY UNIT SIZE IN Q7] of [ITEM] purchased most recently?
			YES..1	SEE UNIT AND SIZE CODES ON FLIP PAGE		UNIT AND SIZE SHOULD BE THE SAME AS IN Q2	UNIT AND SIZE SHOULD BE THE SAME AS IN Q2	EXCLUDE FOOD TAKEN OUTSIDE THE HOUSEHOLD. UNIT AND SIZE SHOULD BE THE SAME AS IN Q2	YES..1	SEE UNIT AND SIZE CODES ON FLIP PAGE			
NO...2	QUANTITY	UNIT	SIZE	QUANTITY	QUANTITY	QUANTITY	IF NO >> NEXT ITEM	QUANTITY	UNIT	SIZE	NAIRA		
OIL AND FATS													
Palm oil	50												
Butter/ Margarine	51												
Groundnuts Oil	52												
Other oil and Fat (specify)	53												
Sheabutter	54												
Animal fat	56												
FRUITS													
Bananas	60												
Orange/tangerine	61												
Mangoes	62												
Avocado pear	63												
Pineapples	64												
Fruit canned	65												
Other fruits (specify)	66												
Pawpaw	67												
Watermelon	68												
Apples	69												
Guava	601												

SECTION 6B: FOOD CONSUMPTION EXPENDITURE

	I T E M	1.	2.			3.	4.	5.	6.	7.			8.
		Within the <u>past 7 days</u> , did any members of your household eat/drink any of this [ITEM] <u>within the household</u> ?	In total, what was the quantity of [ITEM] your household <u>consumed</u> in the <u>past 7 days</u> ?			How much of the [QUANTITY, UNIT, SIZE IN Q2] of [ITEM] consumed by your household came from purchases?	How much of the [QUANTITY, UNIT, SIZE IN Q2] of [ITEM] consumed by your household came from own production?	How much of the [QUANTITY, UNIT, SIZE IN Q2] of [ITEM] consumed by your household came from gifts or any other source?	Did your household purchase any [ITEM] in the <u>past 30 days</u> ?	The most recent time your household purchased [ITEM], how much QUANTITY did your household purchase?			How much did your household spend on the [QUANTITY UNIT SIZE IN Q7] of [ITEM] purchased most recently?
		PLEASE ONLY LIST ITEMS CONSUMED WITHIN THE HOUSEHOLD AND EXCLUDE FOOD CONSUMED OUTSIDE THE HOUSEHOLD. ASK THIS QUESTION FOR ALL ITEMS, BEFORE MOVING TO Q2.	SEE UNIT AND SIZE CODES ON FLIP PAGE			UNIT AND SIZE SHOULD BE THE SAME AS IN Q2	UNIT AND SIZE SHOULD BE THE SAME AS IN Q2	EXCLUDE FOOD TAKEN OUTSIDE THE HOUSEHOLD. UNIT AND SIZE SHOULD BE THE SAME AS IN Q2	YES..1 NO...2	SEE UNIT AND SIZE CODES ON FLIP PAGE			
		IF NO >> NEXT ITEM	QUANTITY	UNIT	SIZE	QUANTITY	QUANTITY	QUANTITY	IF NO >> NEXT ITEM	QUANTITY	UNIT	SIZE	NAIRA
VEGETABLES													
Tomatoes	70												
Tomato puree (canned)	71												
Onions	72												
Garden eggs/egg plant	73												
Okra - fresh	74												
Okra - dried	75												
Fresh Pepper	76												
Dry Pepper	77												
Leaves (Cocoyam, Spinach, etc.)	78												
Other vegetables (fresh or canned) (specify)	79												
POULTRY AND POULTRY PRODUCTS													
Chicken	80												
Duck	81												
Other domestic poultry	82												
Agricultural eggs	83												
Local eggs	84												
Other eggs (not chicken) (specify)	85												

SECTION 6B: FOOD CONSUMPTION EXPENDITURE

	1. Within the <u>past 7 days</u> , did any members of your household eat/drink any of this [ITEM] <u>within the household</u> ? I T E M C O D E P L E A S E O N L Y L I S T I T E M S C O N S U M E D W I T H I N T H E H O U S E H O L D A N D E X C L U D E F O O D C O N S U M E D O U T S I D E T H E H O U S E H O L D. A S K T H I S Q U E S T I O N F O R A L L I T E M S B E F O R E M O V I N G T O Q 2.	2. In total, what was the quantity of [ITEM] your household <u>consumed</u> in the <u>past 7 days</u> ?			3. How much of the [QUANTITY, UNIT, SIZE IN Q2] of [ITEM] consumed by your household came from purchases? U N I T A N D S I Z E S H O U L D B E T H E S A M E A S I N Q 2	4. How much of the [QUANTITY, UNIT, SIZE IN Q2] of [ITEM] consumed by your household came from own production? U N I T A N D S I Z E S H O U L D B E T H E S A M E A S I N Q 2	5. How much of the [QUANTITY, UNIT, SIZE IN Q2] of [ITEM] consumed by your household came from gifts or any other source? E X C L U D E F O O D T A K E N O U T S I D E T H E H O U S E H O L D. U N I T A N D S I Z E S H O U L D B E T H E S A M E A S I N Q 2	6. Did your household purchase any [ITEM] in the <u>past 30 days</u> ?	7. The most recent time your household purchased [ITEM], how much QUANTITY did your household purchase?			8. How much did your household spend on the [QUANTITY UNIT SIZE IN Q7] of [ITEM] purchased most recently?	
		YES..1 NO...2	SEE UNIT AND SIZE CODES ON FLIP PAGE						YES..1 NO...2	SEE UNIT AND SIZE CODES ON FLIP PAGE			
		IF NO >> NEXT ITEM	QUANTITY	UNIT	SIZE	QUANTITY	QUANTITY	QUANTITY	IF NO >> NEXT ITEM	QUANTITY	UNIT	SIZE	NAIRA
MEAT													
Beef	90												
Mutton	91												
Pork	92												
Goat	93												
Wild game/bush meat	94												
Other meat (excl. poultry) (specify)	96												
FISH AND SEAFOOD													
Fish - fresh	100												
Fish - frozen	101												
Fish - smoked	102												
Fish - dried	103												
Snails	104												
Seafood (lobster, crab, prawns, etc)	105												
Canned fish/seafood	106												
Other fish or seafood (specify)	107												
MILK AND MILK PRODUCTS													
Fresh milk	110												
Milk powder	111												
Baby milk powder	112												
Milk tinned (unsweetened)	113												
Cheese (wara)	114												
Other milk products (specify)	115												

SECTION 6B: FOOD CONSUMPTION EXPENDITURE

	1. Within the <u>past 7 days</u> , did any members of your household eat/drink any of this [ITEM] <u>within the household</u> ? I T E M C O D E PLEASE ONLY LIST ITEMS CONSUMED WITHIN THE HOUSEHOLD AND EXCLUDE FOOD CONSUMED OUTSIDE THE HOUSEHOLD. ASK THIS QUESTION FOR ALL ITEMS, BEFORE MOVING TO Q2. YES..1 NO...2 IF NO >> NEXT ITEM	2. In total, what was the quantity of [ITEM] your household <u>consumed</u> in the <u>past 7 days</u> ?			3. How much of the [QUANTITY, UNIT, SIZE IN Q2] of [ITEM] consumed by your household came from purchases? UNIT AND SIZE SHOULD BE THE SAME AS IN Q2	4. How much of the [QUANTITY, UNIT, SIZE IN Q2] of [ITEM] consumed by your household came from own production? UNIT AND SIZESHOULD BE THE SAME AS IN Q2	5. How much of the [QUANTITY, UNIT, SIZE IN Q2] of [ITEM] consumed by your household came from gifts or any other source? EXCLUDE FOOD TAKEN OUTSIDE THE HOUSEHOLD. UNIT AND SIZE SHOULD BE THE SAME AS IN Q2	6. Did your household purchase any [ITEM] in the <u>past 30 days</u> ?	7. The most recent time your household purchased [ITEM], how much QUANTITY did your household purchase?			8. How much did your household spend on the [QUANTITY UNIT SIZE IN Q7] of [ITEM] purchased most recently?
		QUANTITY	UNIT	SIZE	QUANTITY	QUANTITY	QUANTITY	IF NO >> NEXT ITEM	QUANTITY	UNIT	SIZE	NAIRA
BEVERAGES												
Coffee	120											
Chocolate drinks (including Milo)	121											
Tea	122											
SUGAR, SWEETS AND CONFECTIONARY												
Sugar	130											
Honey	132											
Other sweets and confectionary (specify)	133											
OTHER MISCELLANEOUS FOODS												
Salt	141											
Unground Ogbono	142											
Ground Ogbono	143											
Ground Pepper	144											
Melon (shelled)	145											
Melon (unshelled)	146											
Mellon (ground)	147											
Other spices	148											

SECTION 6B: FOOD CONSUMPTION EXPENDITURE

	I T E M	1. Within the <u>past 7 days</u> , did any members of your 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 THE HOUSEHOLD. C O D E A S K THIS QUESTION FOR ALL ITEMS, BEFORE MOVING TO Q2.	2.			3.	4.	5.	6.	7.			8.
			In total, what was the quantity of [ITEM] your household <u>consumed</u> in the <u>past 7 days</u> ?			How much of the [QUANTITY, UNIT, SIZE IN Q2] of [ITEM] consumed by your household came from purchases?	How much of the [QUANTITY, UNIT, SIZE IN Q2] of [ITEM] consumed by your household came from own production?	How much of the [QUANTITY, UNIT, SIZE IN Q2] of [ITEM] consumed by your household came from gifts or any other source?	Did your household purchase any [ITEM] in the <u>past 30 days</u> ?	The most recent time your household purchased [ITEM], how much QUANTITY did your household purchase?			How much did your household spend on the [QUANTITY UNIT SIZE IN Q7] of [ITEM] purchased most recently?
			YES..1	SEE UNIT AND SIZE CODES ON FLIP PAGE		UNIT AND SIZE SHOULD BE THE SAME AS IN Q2	UNIT AND SIZE SHOULD BE THE SAME AS IN Q2	EXCLUDE FOOD TAKEN OUTSIDE THE HOUSEHOLD.	YES..1	SEE UNIT AND SIZE CODES ON FLIP PAGE			
		NO...2	QUANTITY	UNIT	SIZE	QUANTITY	QUANTITY	QUANTITY	IF NO >> NEXT ITEM	QUANTITY	UNIT	SIZE	NAIRA
NON-ALCOHOLIC DRINKS													
Bottled water	150												
Sachet water	151												
Malt drinks	152												
Soft drinks (Coca Cola, Mirinda, etc)	153												
Fruit juice canned/Pack	154												
Other non-alcoholic drinks (specify)	155												
ALCOHOLIC DRINKS (BOTTLE AND CAN)													
Beer (local and imported)	160												
Palm wine	161												
Pito	162												
Gin	163												
Other alcoholic beverages	164												

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 6C: AGGREGATE FOOD CONSUMPTION

		8. Over the <u>past 7 days</u> , how many days did you or others in your household consume any [...] ? IF NOT CONSUMED, RECORD 0
		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 spices 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)	
K	Spices/Condiments (Tea; Coffee/Chocolate drink/Milo; Salt; Spices; Pepper; Tomato 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 is not a member of this household?

Yes....1
 No.....2

IF NO >> NEXT SECTION

		10.	11.
For 10-11: EXCLUDE PARTIES AND CEREMONIES. IF NOT SHARED, RECORD 0.		What was the total number of days in which any meal was shared with people [...] over the past 7 days?	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 7: NONFOOD EXPENDITURES

7 DAYS

ITEM	I T E M C O D E	1.	2.
		Over the past 7 days, did your household purchase any [ITEM]? YES....1 NO....2 IF NO >> NEXT ITEM	In total, how much did your household spend on [ITEM] in the past 7 days? NAIRA
Cigarettes or tobacco	101		
Matches	102		
Newspaper and magazines	103		
Public transport (bus, rail, boat, etc) EXCLUDE EDUCATION RELATED EXPENSES	104		
Gambling, lotto, raffles	105		

ONE MONTH RECALL

ITEM	I T E M C O D E	3.	4.
		Over the past 30 days, did your household purchase or pay for any [ITEM]? YES....1 NO....2 IF NO >> NEXT ITEM	In total, how much did your household spend on [ITEM] in the past 30 days? NAIRA
Kerosene	201		
Palm Kernel Oil	202		
Gas (for lighting/cooking)	203		
Other liquid cooking fuel	204		
Electricity, including electricity vouchers	205		
Candle	206		
Firewood	207		
Charcoal	208		
Petrol	209		
Diesel	210		
Other solid fuel	211		
Lubricants (oil, grease, etc)	212		
Light bulbs/globes	213		
Water	214		
Soap and Washing powder	215		
Laundry (excluding soap and washing powder) and dry cleaning	327		
Toilet paper	216		
Insecticides, disinfectant and cleaners	217		

ONE MONTH RECALL

ITEM	I T E M C O D E	3.	4.
		Over the past 30 days, did your household purchase or pay for any [ITEM]? YES....1 NO....2 IF NO >> NEXT ITEM	In total, how much did your household spend on [ITEM] in the past 30 days? NAIRA
Other non-durable goods	218		
Personal care goods (razor blades, cosmetics)	219		
Service of beauty saloon	220		
Service of barber	221		
Vitamin supplements	222		
Other health supplements	223		
Postal (incl. Stamps, courier)	224		
Recharge cards	225		
Landline charges	226		
Internet Services	227		
Recreational (Cinemas, video/DVD rental, cinema, video house, concerts)	229		
Cinema, video house	230		
Other recreational	232		
Wireless communication items	233		
Batteries (small radio type)	234		
Musical instruments	235		
Jewellery, watches, rings, etc	236		
Sports equipment	237		
Other personal sporting goods	238		
Motor vehicle service, repair, or parts	239		
Tyres	240		
Car battery	241		
Bicycle service, repair, or parts	242		
Other transport repairs	243		
Wages paid to staff/maid/lawnsboy	244		
Mortgage - regular payment to purchase house	245		
Other housing charges (excl. water, fuel and power)	246		
Financial services (N.E.S.)	247		
Repairs & maintenance to dwelling	248		
Repairs to household and personal items (radios,	249		

SECTION 7: NONFOOD EXPENDITURES

12 MONTH RECALL

ITEM	I T E M C O D E	5.	6.
		Over the past 12 months, did your household purchase or pay for any [ITEM]? YES....1 NO....2 IF NO >> NEXT ITEM	In total, how much did your household spend on [ITEM] in the past 12 months? NAIRA
Infant Clothing	301		
Baby nappies/diapers	302		
Children Tailored clothes	303		
Children dress (ready made)	304		
Adult Tailored clothes	305		
Adult dress (ready made)	306		
Suits	307		
Other ready-made	308		
Smock and other hand woven	309		
Blouse, Shirts	310		
Raincoat	311		
Other clothing (specify)	312		
Repairs of clothing	313		
Tailoring charges	314		
Ankara, George materials	315		
Cotton	316		
Silk	317		
Hand loomed: ASO-OKE	318		
Polyester material	319		
Wool	320		
Other clothing materials	321		
Shoes	322		
Sandals - leather	323		
Sandals (rubber type)	324		
Other footwear	325		
Repairs of footwear	326		
Bowls, glassware, plates, silverware, etc.	328		
Cooking utensils (cookpots, stirring spoons and whisks, etc.)	329		
Cleaning utensils (brooms, brushes, etc.)	330		
Other household utensils	331		

12 MONTH RECALL

ITEM	I T E M C O D E	5.	6.
		Over the past 12 months, did your household purchase or pay for any [ITEM]? YES....1 NO....2 IF NO >> NEXT ITEM	In total, how much did your household spend on [ITEM] in the past 12 months? NAIRA
Electric kettle	332		
Food processor and etc	333		
Coal pot/other non-electric app	334		
Other appliances	335		
Repairs of appliances	336		
Torch / flashlight	337		
Umbrella	338		
Paraffin lamp (hurricane or pressure)	339		
Stationery items (not for school)	340		
Books (not for school)	341		
House decorations	342		
Bed sheets, bed cover, blanket	343		
Pillow	344		
Curtain and other linen	345		
Carpet and other floor covering	346		
Other furniture and fixtures	347		
Repairs of soft furnishings	348		
Repairs of furniture and fittings	349		
Cell phone hand set	350		
Personal computer	351		
Other communication equipment	352		
Night's lodging in rest house or hotel	353		
Donations to church, mosque, other religious group	354		
Health expenditures (excluding insurance and pharmaceutical products)	355		
Pharmaceutical products	356		
Therapeutic equipment	357		
Air fares	358		
Other fares	359		
Storage	360		
Licenses	361		
Life insurance	362		
Health insurance	363		
Education insurance	364		
Other insurance	365		

SECTION 8: FOOD SECURITY

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

1. Now I would like to ask you some questions about your household's food consumption in the last 30 days. During the last 30 days, was there a time when:

<p>a. You or any other adult in your household worried about not having enough food to eat because of a lack of money or other resources?</p> <p>YES.....1 NO.....2</p>	<p>b. You, or any other adult in your household, were unable to eat healthy and nutritious food because of a lack of money or other resources?</p> <p>YES.....1 NO.....2</p>	<p>c. You, or any other adult in your household, ate only a few kinds of foods because of a lack of money or other resources?</p> <p>YES.....1 NO.....2</p>	<p>d. 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>YES.....1 NO.....2</p>	<p>e. You, or any other adult in your household, ate less than you thought you should because of a lack of money or other resources?</p> <p>YES.....1 NO.....2</p>
<p>f. Your household ran out of food because of a lack of money or other resources?</p> <p>YES.....1 NO.....2</p>	<p>g. You, or any other adult in your household, were hungry but did not eat because there was not enough money or other resources for food?</p> <p>YES.....1 NO.....2</p>	<p>h. 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>YES.....1 NO.....2</p>	<p>i. You, or any other adult in your household, restricted consumption in order for children to eat?</p> <p>YES.....1 NO.....2</p>	<p>j. You, or any other adult in your household, borrowed food, or relied on help from a friend or relative?</p> <p>YES.....1 NO.....2</p>

SECTION 9: NONFARM ENTERPRISE (FILTER)

		1. During the past 12 months, has anyone in your household... YES...1 NO...2
1	... owned a non-agricultural business or provided a non-agricultural service from home or a household-owned shop, such as a carwash owner, metal worker, mechanic, carpenter, tailor, barber, etc.?	
2	... processed any purchased crops or livestock products for sale, including flour, starch, juice, beer, jam, oil, seed, bran, milk etc., but excluding livestock by-products, fresh/processed fish?	
3	... owned a trading business on a street or in a market?	
4	... offered any service or hawking or sold anything on a street or in a market, including firewood, home-made charcoal, curios, construction timber, woodpoles, traditional medicine, mats, bricks, furniture, weave baskets, thatch grass etc.?	
5	... owned a professional office or offered professional services from home as a doctor, accountant, lawyer, translator, private tutor, midwife, mason, etc?	
6	... driven a household-owned or rented taxi, motorbike (okada), kekeNAPEP, pick-up truck to provide transportation or moving services?	
7	... owned a bar, restaurant or food stand?	
8	...owned any other non-agricultural business, even if it is a small business run from home or on a street?	
1a.	CAPI: IS THERE ANY YES RESPONSE TO 1-8?	YES...1 NO...2 IF NO >> Q35

SECTION 9: NON-FARM ENTERPRISES

ENTREPRISE NO	2.		3.	4.	5.	6.	7.	8.
	Please describe each of the non-farm businesses or self-employed activities that individuals in your household did in the <u>past 12 months</u> ? LIST ALL ENTERPRISES OR ACTIVITIES. LIST ACTIVITIES DONE TOGETHER BY MORE THAN ONE MEMBER ONLY ONCE. WRITE TYPE OF ACTIVITY AND MAIN PRODUCT OR SERVICE TYPE SOLD, E.G. "selling shoes and watches". NOW ASK QUESTIONS 2-32 FOR EACH ENTERPRISE/ACTIVITY.		Is this [NON-FARM ENTERPRISE] currently operating or closed permanently, temporarily or seasonally? CURRENTLY OPERATING...1 CLOSED, PERMANENTLY...2 CLOSED, TEMPORARILY...3 CLOSED, SEASONALLY...4	Why did this [NON-FARM ENTERPRISE] 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 DEATH/SICKNESS OF OWNER.....8 PREGNANCY OF OWNER.11 CONFLICT (MILITANCY/INSURGENCEY).....9 ENVIRONMENTAL PROBLEMS (FLOODING, ETC).....12 OTHER (SPECIFY).....10	Who in your household manages [NON-FARM ENTERPRISE] or is most familiar with it? LIST UP TO 2	Who in the household owns/owned this [NON-FARM ENTERPRISE]? LIST UP 2 IN ORDER OF IMPORTANCE SELECT THE PRIMARY OWNER FIRST, FOLLOWED BY THE SECOND OWNER IF APPLICABLE	Who in your household decides on the use of the earnings from this [NON-FARM ENTERPRISE]? LIST UP 2 IN ORDER OF IMPORTANCE SELECT THE PRIMARY DECISION MAKER FIRST, FOLLOWED BY THE SECOND DECISION MAKER IF APPLICABLE	WHO IN THE HOUSEHOLD IS PROVIDING INFORMATION FOR THIS [NON-FARM ENTERPRISE]?
	TYPE OF ACTIVITY	INDUSTRY CODE	IF Q3=1,4 >> Q5		ID CODE	ID CODE	ID CODE	ID CODE
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								

SECTION 9: NON-FARM ENTERPRISES

E N T E R P R I S E N O	9. In which months did you operate this [NON-FARM ENTERPRISE] in the past 12 months? INTERVIEWER: TICK THE MONTHS THAT THE ENTERPRISE OPERATED													10. Where does your household usually operate this [NON-FARM ENTERPRISE]?	11. Is this [NON-FARM ENTERPRISE] officially registered with the government?
														HOME (INSIDE RESIDENCE).....1 HOME (OUTSIDE RESIDENCE).....2 INDUSTRIAL SITE.....3 TRADITIONAL MARKET.....4 COMMERCIAL AREA SHOP.....5 ROADSIDE.....6 OTHER FIXED PLACE.....7 MOBILE/NO FIXED LOCATION.....8 OTHER (SPECIFY)..9	YES...1 NO...2
	All 12 months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec		
	1														
	2														
	3														
	4														
	5														
	6														
	7														
8															
9															
10															

SECTION 9: NON-FARM ENTERPRISES

E N T E R P R I S E N O	12. Who are the household members that worked in this [NON-FARM ENTERPRISE] in the past 12 months? SELECT ALL THAT APPLY In the past 12 months, in which months did [NAME] work in this [NON-FARM ENTERPRISE]? RECORD '0' IF WORKED ALL THE PAST 12 MONTHS During these months, how many weeks per month did [NAME] work in [NON-FARM ENTERPRISE]? <div style="text-align: center;"> 1 WEEK PER MONTH...1 2 WEEKS PER MONTH...2 3 WEEKS PER MONTH...3 EVERY WEEK...4 </div> How many hours per week did [NAME] normally work in [NON-FARM ENTERPRISE]? EXCLUDE THE TIME GOING TO AND FROM WORK												13. How many employees work in this [NON-FARM ENTERPRISE] who are not household members?	
	HH MEMBER #1				HH MEMBER #2				HH MEMBER #3					
	ID CODE	MONTHS	WEEKS PER MONTH	HOURS PER WEEK	ID CODE	MONTHS	WEEKS PER MONTH	HOURS PER WEEK	ID CODE	MONTHS	WEEKS PER MONTH	HOURS PER WEEK	MALE	FEMALE
	1													
	2													
	3													
	4													
	5													
	6													
	7													
8														
9														
10														

SECTION 9: NON-FARM ENTERPRISES

E N T E R P R I S E N O	14.	15.	16.	17.	18.	19.	20.	21.	22.
		What are the main sources of start-up capital for this [NON-FARM ENTERPRISE]? LIST UP TO 3 IN ORDER OF IMPORTANCE NO CAPITAL REQUIRED.....0 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 ADVANCED PURCHASE/CREDIT FROM CUSTOMER.....15 GOVERNMENT CASH TRANSFER (BETA DON COME).....16 OTHER (SPECIFY).....14	Did you or any member of your household use any FUNDS RECEIVED AS CREDIT (LOAN) to operate this [NON-FARM ENTERPRISE] in the past 12 months? YES.....1 NO.....2 IF NO >> Q18	What was the source of credit that has been used to operate this [NON-FARM ENTERPRISE]? LIST UP TO 2 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 has your household borrowed for this [NON-FARM ENTERPRISE] in the past 12 months? IF NO NEW LOANS IN THE PAST 12 MONTHS, RECORD 0 NAIRA	Does the [NON-FARM ENTERPRISE] have any loans that it was repaying (in cash or kind) in the last 12 months? YES.....1 NO.....2 IF NO >> Q20	What is the amount of Naira repaid on loans for [NON-FARM ENTERPRISE]? >> Q25 NAIRA	Did you or any member of your household try to get a loan for this [NON-FARM ENTERPRISE] in the past 12 months even if you were rejected? YES.....1 NO.....2 IF NO >> Q24	From which source did your household apply for the credit for this [NON-FARM ENTERPRISE]? LIST UP TO 2 LOAN FROM BANK (COMMERCIAL, MICRO FINANCE, CREDIT UNION).....1 MONEY LENDER.....2 ESUSU/ADASHI/AJO.....3 COOPERATIVE/TRADE ASSOCIATIONS...5 RELATIVES/FRIENDS...6 OTHER (SPECIFY).....7
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									

SECTION 9: NON-FARM ENTERPRISES

E N T E R P R I S E N O	23.		24.	25.	26.	27.	28.	29.
	1ST	2ND						
	What are the two main reasons why the loan application for this [NON-FARM ENTERPRISE] was refused?		To whom do you or other members of your household sell your products or services from this [NON-FARM ENTERPRISE]? LIST UP TO 2 BUYERS IN ORDER OF IMPORTANCE.	In operating this [NON-FARM ENTERPRISE], does your household use a generator? YES...1 NO...2	What is the current value of your physical capital stock, including all tools, equipment, buildings, land, vehicles for this [NON-FARM ENTERPRISE]? (IF Q3#2) EXCLUDE INPUTS, SUPPLIES AND FINISHED PRODUCTS FOR SALE	What is the total value of your current stock of inputs or supplies for this [NON-FARM ENTERPRISE]? (IF Q3#2) EXCLUDE PHYSICAL CAPITAL STOCK REPORTED IN Q26	What is the total value of your current stock of finished merchandise (goods for sale) for this [NON-FARM ENTERPRISE]? (IF Q3#2)	What were the total sales/revenue (either from goods or services) for the [NON-FARM ENTERPRISE] during the last month of operation?
		LACK OF COLLATERAL.....1 NO SAVINGS / SHARES.....2 BAD CREDIT HISTORY.....3 ITEMS DIDNT QUALIFY FOR A LOAN.....4 LACK OF GUARANTORS.....5 OTHER (SPECIFY).....6 DON'T KNOW.....99	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					
					NAIRA	NAIRA	NAIRA	NAIRA
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								

SECTION 9: NON-FARM ENTERPRISES

E N T E R P R I S E N O	31. What were the <u>total business costs during the last month of operation</u> in the following categories? RECORD '0' IF NONE										30. What was the total profit for the [NON-FARM ENTERPRISE] during the last month of operation?
	A. Salaries & wages	B. Purchases of goods for sale	C. Transport	D. Fuel for generator	E. Maintenance of generator	F. Insurance	G. Rent	H. Interest on loans	I. Purchase of inputs	J. Other business costs	NAIRA
	1										
	2										
	3										
	4										
	5										
	6										
	7										
	8										
	9										
10											

SECTION 9: NON-FARM ENTERPRISES

33. What are the three most important constraints to starting a household non-farm business? SELECT UP TO 3 IN ORDER OF IMPORTANCE			34. Currently, what are the three most important constraints to the operation and growth of your non-farm business? SELECT UP TO 3 IN ORDER OF IMPORTANCE >> NEXT SECTION			35. In recent years, have you or anyone in your household thought about starting a non-farm business or a self employment activity? YES...1 NO.....2 IF NO >> NEXT SECTION	36. What are the three most important constraints to starting a household non-farm business? SELECT UP TO 3 IN ORDER OF IMPORTANCE		
1ST	2ND	3RD	1ST	2ND	3RD		1ST	2ND	3RD

CODES FOR Q33,Q34 & Q36 CONSTRAINTS

- NONE.....0
- ELECTRICITY.....1
- NETWORK.....2
- TRANSPORTATION.....3
- UNABLE TO BORROW MONEY.....4
- UNWILLING TO BORROW MONEY.....5
- HIGH INTEREST RATES.....6
- ACCESS TO MARKETS.....7
- LOW DEMAND.....8
- CORRUPTION.....9
- UNCERTAIN ECONOMIC POLICY.....10
- REGISTRATION AND PERMITS.....11
- HIGH TAXES.....12
- CRIMINALITY, THEFT AND LAWLESSNESS.....13
- CONFLICTS AND SOCIAL FRICTION.....14
- OTHER (SPECIFY).....-96

SECTION 10: HOUSEHOLD ASSETS

I T E M C O D E	ITEM	1.	2.	3.	4.
		Does your household own any [ITEM] ? ONLY COUNT ITEMS THAT ARE IN WORKING CONDITION YES...1 NO.....2 IF NO >> NEXT ITEM	How many of the following items does your household own? ONLY COUNT ITEMS THAT ARE IN WORKING CONDITION NUMBER OF ITEMS	Is this [ITEM] owned by the household in common? ENTIRE HOUSEHOLD.....1 SPECIFIC HOUSEHOLD MEMBERS.....2 IF Q3=1 >> NEXT ITEM	Who is(are) the person(s) in the household that owns(own) this [ITEM]? ID CODE
301	Furniture (3/4 piece sofa set)				
302	Furniture (chairs)				
303	Furniture (table)				
3021	Plastic chairs				
304	Mattress				
305	Bed				
306	Mat				
307	Sewing machine				
308	Gas cooker				
309	Stove (electric)				
310	Stove gas (table)				
311	Stove (kerosene)				
312	Fridge				
313	Freezer				
314	Air conditioner				
315	Washing Machine				
316	Electric Clothes Dryer				
317	Bicycle				
318	Motorbike				
319	Cars and other vehicles				
320	Generator				
321	Fan				
322	Radio				
323	Cassette recorder				
324	Hi-Fi (Sound System)				

SECTION 10: HOUSEHOLD ASSETS

I T E M C O D E		1. Does your household own any [ITEM] ? ONLY COUNT ITEMS THAT ARE IN WORKING CONDITION YES...1 NO.....2	2. How many of the following items does your household own? ONLY COUNT ITEMS THAT ARE IN WORKING CONDITION	3. Is this [ITEM] owned by the household in common? ENTIRE HOUSEHOLD.....1 SPECIFIC HOUSEHOLD MEMBERS.....2	4. Who is(are) the person(s) in the household that owns(own) this [ITEM]?
	ITEM	IF NO >> NEXT ITEM	NUMBER OF ITEMS	IF Q3=1 >> NEXT ITEM	ID CODE
325	Microwave				
326	Iron				
327	TV Set				
328	Computer				
329	DVD Player				
330	Satellite Dish				
331	Musical Instrument				
3321	Smart phones				
3322	Regular mobile Phone				
334	Inverter				
3341	Other (Specify)				

SECTION 11: CREDIT

1. Many people borrow money or buy things on credit. In the last 12 months, have you or anyone else in the household attempted to borrow money, applied for, was approved for or received a loan from sources such as banks, cooperative societies, savings associations, micro-finance institutions, money lenders etc?

YES...1

NO...2

INCLUDE LOAN APPLICATIONS THAT WERE REFUSED/DENIED.

IF NO >> Q9

LOANS RECEIVED AND LOANS PENDING

L O A N I D	2.	3.	4.	5.	6.	7.	8.
	What are the names of the persons or institutions from whom you or anyone else in your household attempted to borrow money or applied for a loan over the past 12 months? INCLUDE ALL LOANS APPLIED FOR EVEN IF THEY WERE REJECTED LIST ALL NAMES AND TYPE BEFORE GOING TO THE NEXT QUESTION. LENDER TYPE CODE COOPERATIVE SOCIETY...1 SAVINGS ASSOCIATION...2 MICRO FINANCE.....3 BANK.....4 ADASHI/ESUSU/AJO.....5 FRIENDS & RELATIVES..6 MONEY LENDERS.....7 HIRE PURCHASE.....8 OTHER (SPECIFY).....9	Which household member(s) applied for loan from [LENDER]? PROBE & SELECT ALL THAT APPLY	What was the <u>main reason</u> for applying for loan from [LENDER]? PURCHASE LAND.....1 PURCHASE INPUTS FOR FOOD CROP PRODUCTION.....2 PURCHASE INPUTS FOR CASH CROP PRODUCTION.....3 PURCHASE LIVESTOCK.....4 BUSINESS START-UP CAPITAL.....5 NON FARM BUSINESS COSTS.....6 CEREMONIES (MARRIAGE,BURIAL, OTHER SOCIAL FUNCTIONS ETC).....7 EDUCATION.....8 MOTOR VEHICLE PURCHASE.....9 HOME PURCHASE OR CONSTRUCTION..10 OTHER HOUSEHOLD CONSUMPTION...11 HEALTH EXPENSES.....12 OTHER (SPECIFY).....13	Has your household received the money for the loan from [LENDER]? YES.....1 NO, APPLICATION REFUSED.....2 NO, AWAITING DECISION ON APPLICATION.....3 NO, AWAITING RECEIPT OF FUNDS.....4 IF Q5=2,3,4 >> NEXT LENDER	How much did your household receive in the loan from [LENDER]? NAIRA	Has the loan from [LENDER] already been fully repaid? YES..1 NO...2 IF NO >> NEXT LENDER/NEXT SECTION	At completion of repayment of the loan from [LENDER], what was the total amount your household repaid? INTEREST + PRINCIPAL HELP RESPONDENT ESTIMATE >> NEXT LOAN OR IF NO MORE LOANS, NEXT SECTION NAIRA
	LENDOR NAME	TYPE CODE	ID CODES				
1							
2							
3							
4							
5							
6							
7							
8							

NO LOAN ATTEMPTS

<p>9.</p> <p>Did your household have need of a loan in the last 12 months?</p> <p>YES..1 NO...2</p> <p>IF NO >> NEXT SECTION</p>	<p>10.</p> <p>Why did your household not attempt to borrow in the last 12 months?</p> <p>PROBE & SELECT ALL THAT APPLY IN ORDER OF IMPORTANCE</p> <p>BELIEVED IT WOULD BE REFUSED.....1 TOO EXPENSIVE.....2 TOO MUCH TROUBLE FOR WHAT IT WAS WORTH.....3 INADEQUATE COLLATERAL..4 DO NOT LIKE TO BE IN DEBT.....6 DO NOT KNOW ANY LENDER..7 BAD CREDIT.....9 STILL REPAYING OTHER LOAN.....10 WOULD NOT BE ABLE TO REPAY LOAN.....11 OTHER (SPECIFY).....8</p>

SECTION 12A: BETA DON COME

RESPONDENT: HEAD OF HOUSEHOLD AND/OR RESPONSIBLE HOUSEHOLD MEMBER

0.	1.	2.	3.	4.	5.	6.
RECORD INDIVIDUAL ID OF HOUSEHOLD MEMBER ANSWERING THIS SECTION	Have you or anyone in your household heard of a cash transfer program of the federal government that pays 5,000 Naira per month to poor households? You may know it as "Beta Don Come", "Household Uplifting Program" or "National Cash Transfer Programme or Scheme". THE RESPONDENTS MAY HAVE HEARD OF OTHER CASH TRANSFER PROGRAMS LIKE N-POWER OR GEEP, DOUBLE CHECK THAT IT IS THE HOUSEHOLD UPLIFTING PROGRAMME. SELECT YES IF RESPONDENT HAS HEARD ABOUT THE PROGRAMME IN ANY NAME. YES....1 NO.....2	Is anyone in your household currently registered with or enrolled in the programme, even if they have not yet received a payment? YES....1 NO.....2	When your household enrolled in the programme, you selected a "caregiver" and an "alternate" household member to pick-up the transfer. Who has been registered as caregiver? SELECT MEMBER...1 DON'T KNOW.....-99	SELECT CAREGIVER IF MORE THAN ONE MEMBER WAS ENROLLED AS CAREGIVER SELECT THE MORE SENIOR MEMBER	Who has been registered as alternate? SELECT MEMBER....1 NOT A HOUSEHOLD MEMBER.....2 DON'T KNOW.....-99	SELECT ALTERNATE >> Q8
ID CODE	IF NO >> NEXT SECTION	IF NO >> NEXT SECTION	IF Q3=-99 >> Q5	ID CODE	IF Q5=2,3 >> Q7	ID CODE

SECTION 12A: BETA DON COME

7.	8.	9.	10.	11.	12.	13.	14.		15.
<p>What is the relationship of the alternate to caregiver specified in Q4?</p> <p>RELATIVE.....1 FRIEND.....2 NEIGHBOR.....3 OTHER (SPECIFY) .4</p>	<p>Can you please show me the programme ID card that was provided to your household? (IF Q3=1)</p> <p>YES, SCAN BAR CODE.....1 YES, BAR CODE NOT WORKING, TAKE PICTURE...2 NO, HAS IT BUT NOT SEEN.....3 NO, DOES NOT HAVE IT.....4</p> <p>IF Q8=1, >> Q10 IF Q8=3,4 >> Q11</p>	<p>TAKE A PICTURE OF THE ID CARD</p> <p>>> Q11</p>	<p>CAPTURE THE BARCODE OF THE ID CARD FOR CAREGIVER SPECIFIED IN Q4</p>	<p>Has anyone in your household paid anything in cash or in-kind to anybody to be enrolled in the program?</p> <p>DO NOT CONSIDER TRANSPORT COST OCCURED BY THE HOUSEHOLD</p> <p>YES.....1 NO.....2 DON'T KNOW..3</p>	<p>Has your household received a payment from the programme?</p> <p>YES....1 NO.....2</p> <p>IF YES >> Q14</p>	<p>Do you know why your household has not yet received a payment from the programme?</p> <p>NO, DON'T KNOW.....1 RECENTLY ENROLLED, AWAITING FIRST PAYMENT.....2 REGISTERED, BUT NOT ELIGIBLE FOR PAYMENTS.....3 OTHER (SPECIFY)....-96</p> <p>>> Q31</p>	<p>When did you receive your first payment from the programme?</p> <p>YEAR</p>	<p>MONTH</p>	<p>In total, how many payments has your household received so far?</p> <p>NUMBER OF TIMES</p>

SECTION 12A: BETA DON COME

16. Who in the household picks up the payment most often? CAREGIVER.....1 ALTERNATE.....2 DON'T KNOW...-99	17. Now I would like to ask you a few questions about the last payment your household received from the programme. When did you receive the last payment? YEAR MONTH		18. How much did your household receive in the last payment? NAIRA	19. Was this the full amount you were supposed to receive or less? DO NOT CONSIDER IF HH RECEIVED LESS BECAUSE DID NOT MEET THE CO-RESPONSABILITIES FULL AMOUNT.....1 LESS THAN FULL AMOUNT.....2 DON'T KNOW.....-99	20. Did you receive it on the day you were supposed to receive it? YES, SAME DAY..1 NO, LATER.....2 NO, SOONER.....3 DATE WAS NOT KNOWN BEFORE PAYMENT.....4 DON'T KNOW...-99	21. Did the last payment include a top-up transfer? YES.....1 NO.....2 DON'T KNOW.-99	22. Do you still have anything left of the amount specified in Q18 that you received in the last the payment? YES.....1 NO.....2 DON'T KNOW.-99 IF Q22=2, -99 >> Q24	23. How much do you have left? NAIRA	24. How did your household spend the money? (IF Q18-Q23>0) PROBE & SELECT ALL THAT APPLY AGRICULTURE EXPENSES.....1 LIVESTOCK EXPENSES.....2 NON FARM BUSINESS EXPENSES..3 CEREMONIES (MARRIAGE, BURIAL, OTHER SOCIAL FUNCTIONS ETC).....4 EDUCATION EXPENSES.....5 HEALTH EXPENSES.....6 FOOD CONSUMPTION.....7 OTHER HOUSEHOLD CONSUMPTION.8 OTHER (SPECIFY).....-96 DON'T KNOW.....-99

SECTION 12A: BETA DON COME

25.	26.	27.	28.	29.	30.	35.	36.
<p>Has your household ever received a top-up transfer from the program? (IF Q21=2 OR -99)</p> <p>YES.....1 NO.....2 DON'T KNOW.-99</p> <p>IF YES >> Q28</p>	<p>Do you know about the programme paying top-up transfer to some households who complete certain tasks like attending workshops, etc?</p> <p>YES....1 NO.....2</p> <p>IF NO >> Q29</p>	<p>Do you know why your household has never received a top-up transfer?</p> <p>NO, DON'T KNOW...1 TOP-UP CURRENTLY NOT AVAILABLE HERE.....2 HH NOT ELIGIBLE FOR TOP UP.....3 DID NOT MEET CO-RESPONSABILITIES..4 NOT INTERESTED IN PARTICIPATING.....5 OTHER (SPECIFY).-96</p> <p>>> Q29</p>	<p>What did your household do to receive the top-up transfer? (IF Q21=1 or Q25=1)</p> <p>SELECT ALL THAT APPLIES</p> <p>NOTHING.....0 ATTENDED A MEETING/WORKSHOP...1 HEALTH RELATED TASK (ANC & PNC, DELIVERY, REGISTRATION, IMMUNIZATION, ETC, ...)...2 NUTRITION RELATED TASK (MONITORING VISIT TO MEASURE CHILD WEIGHT/HEIGHT, ...)...3 EDUCATION RELATED TASK (REGISTRATION AT SCHOOL, KEEP AT SCHOOL LONGER, ...)...4 ENVIRONMENT RELATED TASK (WOODLOT, HOME GARDEN, EROSION CONTROL, SANITATION,...)...5 OTHER (SPECIFY).....-96 DON'T KNOW.....-99</p>	<p>Has a member of your household ever received a livelihood support from the programme?</p> <p>YES....1 NO.....2</p>	<p>Has anyone in your household ever paid anything in cash or in-kind to anybody to receive a payment?</p> <p>DO NOT CONSIDER TRANSPORT COST</p> <p>YES....1 NO.....2</p>	<p>Has your household been asked by the program to save some of the payments received?</p> <p>YES.....1 NO.....2 DON'T KNOW.-99</p>	<p>Is it mandatory to save in order to stay enrolled in the program?</p> <p>YES, FOR ANY PAYMENTS.....1 YES, ONLY FOR TOP-UP PAYMENTS..2 NO.....3</p>

SECTION 12A: BETA DON COME

<p>31. Have members of your household ever attended a training or workshop conducted by the programme?</p> <p>YES.....1 NO.....2 DON'T KNOW.-99</p> <p>IF Q31=2 >> Q34 IF Q31=-99 >> NEXT SECTION</p>	<p>32. In total, how many programme trainings or workshops have members of your household attended?</p> <p>IF DON'T KNOW, RECORD -99</p> <hr/> <p>NUMBER</p>	<p>33. Which topics were the workshops on?</p> <p>PROBE & SELECT ALL THAT APPLY</p> <p>HEALTH.....1 EDUCATION...2 LIFE SKILLS..3 ENVIRONMENT..4 NUTRITION...5 OTHER (SPECIFY)...6 DON'T KNOW.-99</p> <p>>> NEXT SECTION</p>	<p>34. Why have members of this household not attended any programme training or workshop?</p> <p>SELECT ALL THAT APPLY</p> <p>HAVE NOT HEARD.....1 HAVE NOT BEEN INVITED.....2 TOPICS NOT INTERESTING/ RELEVANT.....3 NO BENEFIT IN ATTENDING.....4 NO TIME TO ATTEND.....5 TAKES TOO MUCH TIME TO GET THERE.....6 COSTS TOO MUCH TO GET THERE..7 OTHER (SPECIFY).....-96</p>

SECTION 12: SAFETY NETS

INDICATE THE MAIN RESPONDENT FOR THIS SECTION

1. In the last 12 months, has any member of your household received any assistance from any institution such as the government, international organisations, religious bodies in form of...?

EXCLUDE GIFTS FROM PRIVATE INDIVIDUALS OR BUSINESSES, THEY NEED TO BE RECORDED IN SECTION 5 REMITTANCES

EXCLUDE BETA DON COME

- 1. cash
- 2. food, including school feeding
- 3 other in-kind, such as animals
- 4. scholarship

YES...1
NO...2

1a. CAPI: IS THERE A "YES" RESPONSE IN Q1?

YES...1
NO...2

IF NO >> NEXT SECTION

P R O G R A M M E C O D E		2.	3.	4a.	4b.	4c.	5.
		From where have members of your household received assistance in any form in the past 12 months? PROBE AND SELECT ALL THAT APPLY	What type of assistance was received from [PROGRAMME]? SELECT ALL THAT APPLY CASH ASSISTANCE . 1 FOOD ASSISTANCE . . 2 OTHER / IN-KIND ASSISTANCE 3 SCHOLARSHIP 4	What was the total value of cash assistance (including scholarship) received from [PROGRAMME] in the last 12 months? (IF Q3=1,4)	What was the total value of food assistance received from [PROGRAMME] in the last 12 months? (IF Q3=2)	What was the total value of other in-kind assistance received from [PROGRAMME] in the last 12 months? (IF Q3=3)	Was the assistance from [PROGRAMME] given to... ENTIRE HOUSEHOLD..1 SPECIFIC HOUSEHOLD MEMBERS.....2 IF Q5=1 >> Q7
				NAIRA	NAIRA	NAIRA	
1	YouWin						
2	Inputs-For-Work Programme (FADAMA)						
3	E-Wallet Input Subsidy Programme						
4	Growth Enhancement Scheme (GES)						
5	School Feeding Programme						
6	N-Power						
7	Other federal government (Not listed above)						
8	State government						
9	Local government						
10	International organisation						
11	Religious body						
12	NGO						
13	Other (Specify)						

SECTION 12: SAFETY NETS

P R O G R A M M E C O D E	6.	7.	8.		
	Which household members received this assistance from [PROGRAMME] in the last 12 months? SELECT ALL THAT APPLY	How did your household use the money received from [PROGRAMME]? (IF Q3=1,4) SELECT ALL THAT APPLY PURCHASE LAND.....1 PURCHASE AGRICULTURAL INPUTS FOR FOOD CROP.....2 PURCHASE INPUTS FOR CASH CROP...3 PURCHASED LIVESTOCK.....13 BUSINESS START-UP CAPITAL.....4 NON FARM BUSINESS COSTS.....5 CEREMONIES (MARRIAGE,BURIAL, OTHER SOCIAL FUNCTIONS ETC)....6 EDUCATION.....7 MOTOR VEHICLE PURCHASE.....8 HOME PURCHASE OR CONSTRUCTION...9 OTHER HOUSEHOLD CONSUMPTION...10 HEALTH EXPENSES.....11 OTHER (SPECIFY).....12	When was the last time your household received this assistance from [PROGRAMME]?	MONTH	YEAR
	ID CODE				
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					

SECTION 13: OTHER HOUSEHOLD INCOME

ASK THESE QUESTIONS FROM THE HEAD OF HOUSEHOLD (ANY KNOWLEDGEABLE ADULT)

S O U R C E C O D E	INCOME SOURCE	1.	2.	3.
		In the last 12 months, did any member of your household receive any regular income from [SOURCE]? YES....1 NO.....2 IF NO >> NEXT SOURCE	In the past 12 months, how much <u>in total</u> did your household receive from [SOURCE]? NAIRA	Who in your household decides on the use of the income received from [SOURCE]? PROBE AND SELECT ALL THAT APPLY ID CODE
101	SAVINGS INTEREST OR OTHER INVESTMENT INCOME			
102	RENTAL OF PROPERTY (NOT AGRICULTURAL LAND)			
103	PENSION PAYMENTS OR RETIREMENT BENEFITS			
104	REGULAR INCOME OF ANY OTHER TYPE (SPECIFY)			

SECTION 14: HOUSING

1.	2.	3.	4.	5.	6.	7a.		
INDICATE THE MAIN RESPONDENT FOR THIS SECTION	WHAT TYPE OF DWELLING DOES THE HOUSEHOLD LIVE IN? OBSERVE, DO NOT READ OUT SEPARATE HOUSE (BUNGALOW).....1 SEMI-DETACHED HOUSE.....2 FLAT/APARTMENT.....3 COMPOUND HOUSE.....4 HUTS/BUILDINGS [SAME COMPOUND].....5 HUTS/BUILDINGS [DIFFERENT COMPOUND].....6 TENTS.....7 IMPROVISED HOME (KIOSK, CONTAINER).8 LIVING QUARTERS ATTACHED TO OFFICE/SHOP.....9 UNCOMPLETED BUILDING.....10 OTHER (SPECIFY)...11	Does your household own, rent, or stay for free in the dwelling that your household currently occupies? OWNED.....1 FREE, AUTHORIZED.....2 FREE, NOT AUTHORIZED.3 RENTED.....4	If you were to rent this dwelling in the open market, how much could you charge in rent? >> Q6	How much does your household <u>pay to rent</u> this dwelling? MONTH..1 YEAR...2	What type of documentation does your household have to back occupancy status? SELECT ALL THAT APPLY ONLY SELECT AN OPTION IF THERE IS A PHYSICAL DOCUMENT TITLE DEED.....1 CERTIFICATE OF OCCUPANCY....2 CUSTOMARY CERTIFICATE OF OCCUPANCY.....3 LEASEHOLD (DOCUMENT).....4 FREEHOLD (DOCUMENT).....5 TENANCY AGREEMENT (DOCUMENT, NOT VERBAL).....6 RECEIPT OF PAYMENT.....7 SURVEY PLAN.....8 NONE.....9 OTHER (SPECIFY).....10	Are any members of the household listed on the documents? YES...1 NO.....2		
ID CODE		IF Q3=4 >> Q5	NAIRA	TIME UNIT	NAIRA	TIME UNIT	IF Q6=9,10 >> Q8	IF NO >> Q8

7.	8.	9.	10.	11.	12.	13.	14.
Which members of the household are listed on the document(s)? SELECT ALL THAT APPLY	In what year was this structure built? IF DON'T KNOW, RECORD 9999	MAIN CONSTRUCTION MATERIAL OF THE <u>OUTER WALLS</u> OF THE DWELLING OBSERVE, DO NOT READ OUT MUD.....1 STONE.....2 UNBURNT BRICKS.....3 BURNT BRICKS.....4 CEMENT OR CONCRETE...5 WOOD OR BAMBOO.....6 IRON SHEETS.....7 CARDBOARD.....8 OTHER (SPECIFY).....9	MAIN CONSTRUCTION MATERIAL OF THE <u>ROOFING</u> OF THE DWELLING OBSERVE, DO NOT READ OUT THATCH (GRASS OR STRAW).....1 CORRUGATED IRON SHEETS.....2 CLAY TILES.....3 CONCRETE/CEMENT..4 PLASTIC SHEET...5 ASBESTOS SHEET...6 ZINC SHEET.....11 MUD.....7 LONG/SHORT SPAN SHEETS.....8 STEP TILES.....9 OTHER (SPECIFY).10	MAIN CONSTRUCTION MATERIAL OF THE <u>FLOORING</u> OF THE DWELLING OBSERVE, DO NOT READ OUT SAND/DIRT/ STRAW.....1 SMOOTHED MUD...2 SMOOTH CEMENT/ CONCRETE.....3 WOOD.....4 TILE.....5 TERAZO.....6 MARBLE.....7 OTHER (SPECIFY) .8	How many separate rooms do the members of your household occupy and use for sleeping? ONLY CONSIDER ROOMS OCCUPIED BY THIS HOUSEHOLD. DO NOT COUNT BATHROOMS OR TOILETS	What type of cookstove is your household's primary cookstove ? 3-STONE/OPEN FIRE.....1 SELF-BUILT BIOMASS STOVE (CHARCOAL, WOOD, CROP RESIDUE, ETC.).....2 MANUFACTURED BIOMASS STOVE (CHARCOAL, WOOD, CROP RESIDUE, ETC.).....3 LPG/NATURAL GAS STOVE.....5 KEROSENE STOVE.....6 ELECTRIC STOVE.....7 NO ONE IN HOUSEHOLD COOKS..9 OTHER (SPECIFY).....8	Where did you normally cook with the cookstove specified in Q13? IN DWELLING, NOT A SLEEPING AREA...1 IN DWELLING, IN A SLEEPING AREA...2 IN A SEPARATE DWELLING.....3 IN A VERANDA (ROOFED PLATFORM WITH AT LEAST TWO OPEN SIDES).....4 OUTDOORS.....5 OTHER (SPECIFY)....6
ID CODE	YEAR				NUMBER	IF Q13=98 >> Q19	IF Q14=4,5 >> Q16

SECTION 14: HOUSING

15.	16.	17.	18.	19a.	19.	20.	21.
Do you usually use a chimney, hood or other exhaust system while using this cookstove specified in Q13? YES..1 NO...2	In the last 12 months, what are the fuels your household commonly used for this cookstove specified in Q13? PROBE & SELECT TWO MOST USED FUELS IN ORDER OF MOST USED KEROSENE1 COAL/LIGNITE2 CHARCOAL.....3 WOOD.....4 SOLAR.....5 ANIMAL WASTE/DUNG.....6 CROP RESIDUE/PLANT BIOMASS..7 SAW DUST.....8 COAL BRIQUETTE.....9 BIOMASS BRIQUETTE.....10 PROCESSED BIOMASS(PELLETS)/WOODCHIPS.....11 ETHANOL.....12 BIOGAS.....13 LPG/ COOKING GAS.....14 PIPED NATURAL GAS.....15 ELECTRIC.....16 GARBAGE/PLASTIC.....17 OTHER (SPECIFY).....18	How much did you spend on the[FUEL TYPE] for this stove in the last month/in a typical month when you use the stove? ENTER THE ACTUAL AMOUNT SPENT, NOT THE MARKET VALUE OF THE FUEL IF NONE/RECEIVED FOR FREE, RECORD 0	In the past 12 months, did members of this household suffer from any harm, injury or health problem, or was any property of the household damaged as a direct result of cooking with this cook stove? YES...1 NO.....2	In the last 12 months, what harm/injury happened from this cookstove? PROBE & SELECT ALL THAT APPLY IN ORDER OF SEVERITY DEATH.....2 PERMANENT PHYSICAL DAMAGE TO ANY PERSON IN THE HOUSEHOLD....3 BURNS/FIRE/POISONING..4 SEVERE COUGH/ RESPIRATORY PROBLEM..5 FIRE WITH NO INJURY..6 OTHER (SPECIFY).....7	Do you have electricity from any source in your household? YES...1 NO....2	What are ALL the sources of electricity that is used regularly in your household? SELECT ALL THAT APPLY PHCN/NEPA.....1 LOCAL MINI GRID...2 GENERATOR.....3 SOLAR HOME SYSTEM..4 SOLAR LANTERN/ LIGHTING SYSTEM...5 RECHARGEABLE BATTERY.....6 INVERTERS.....7 OTHER (SPECIFY)...8	What is the MAIN source of electricity that your household uses most of the time? PHCN/NEPA.....1 LOCAL MINI GRID...2 GENERATOR.....3 SOLAR HOME SYSTEM..4 SOLAR LANTERN/ LIGHTING SYSTEM...5 RECHARGEABLE BATTERY.....6 INVERTERS.....7 OTHER (SPECIFY)...8
	1ST 2ND	1ST 2ND	IF NO >> Q19	IF NO >> Q27			

22.	23.	24.	25.	26.	27.	28.	29.	30.
How many hours of electricity were available on a TYPICAL DAY during the last 7 days from the main source specified in Q21? (max 24 hours)	How many hours of electricity were available on a TYPICAL EVENING during the last 7 days, from 6:00pm to 10:00pm from the main source specified in Q21? (max 4 hours)	During the past 7 days, how many outages/blackouts of the main source specified in Q21 happen? (IF Q21=1,2) IF NO ELECTRICITY AVAILABLE AT ALL IN PAST 7 DAYS, RECORD '1'	During the past 7 days, how many hours long was a typical outage/blackout of the main source specified in Q21? (IF Q24>0)	In the last 12 months, did any of your appliances get damaged because of issues in the electrical system? YES.....1 NO.....2 DON'T KNOW.-99	What is the main source of dinking water for the household during the rainy season? PIPED INTO DWELLING....1 PIPED INTO YARD/PLOT...2 PIPED TO NEIGHBOR.....3 PUBLIC TAP/STANDPIPE...4 TUBE WELL/BOREHOLE....5 PROTECTED DUG WELL....6 UNPROTECTED DUG WELL...7 PROTECTED SPRING.....8 UNPROTECTED SPRING....9 RAIN WATER COLLECTION..10 TANKER TRUCK.....11 WITH SMALL TANK/DRUM..12 SURFACE WATER (RIVER, STREAM, POND, DAMN, CANAL).....13 BOTTLED WATER.....14 SACHET WATER.....15 WATER KIOSK.....16 OTHER (SPECIFY).....17	Who is responsible for the provision of the water from the source specified in Q27? GOVERNMENT.....1 COMMUNITY.....2 NGO.....3 PRIVATE COMPANY....4 PRIVATE SELF SUPPLY.....5 RELIGIOUS BODY.....6 OTHER (SPECIFY).....7	Where is this source specified in Q27 located? (IF Q27=4,5,6,7,11) IN OWN DWELLING...1 IN OWN YARD/PLOT..2 ELSEWHERE.....3	How long does it take the household to WALK to the source specified in Q27 during the rainy season to get water? (IF Q27=3 OR Q29=3) MINUTE..1 HOUR....2
HOURS	HOURS	# OF INTERRUPTIONS	HOURS	IF Q27=8,9,10,12,13,14,15,16, 17 >> Q30	IF Q29=1,2 >> Q31	TIME	UNIT	

SECTION 14: HOUSING

<p>31. In the dry season, is your household's main source of drinking water different from the main source used in the rainy season?</p> <p>YES...1 NO.....2</p> <p>IF NO >> Q35</p>	<p>32. What is the main source of drinking water for members of your household during the dry season?</p> <p>PIPED INTO DWELLING.....1 PIPED INTO YARD/PLOT....2 PIPED TO NEIGHBOR.....3 PUBLIC TAP/STANDPIPE....4 TUBE WELL/BOREHOLE.....5 PROTECTED DUG WELL.....6 UNPROTECTED DUG WELL....7 PROTECTED SPRING.....8 UNPROTECTED SPRING.....9 RAIN WATER COLLECTION..10 TANKER TRUCK.....11 WITH SMALL TANK/DRUM...12 SURFACE WATER (RIVER, STREAM, POND, DAMN, CANAL).....13 BOTTLED WATER.....14 SACHET WATER.....15 WATER KIOSK.....16 OTHER (SPECIFY).....17</p> <p>IF Q32=8,9,10,12,13,14,15,16,17 >> Q34</p>	<p>33. Who is responsible for the provision of the main source specified in Q32?</p> <p>GOVERNMENT.....1 COMMUNITY.....2 NGO.....3 PRIVATE COMPANY..4 PRIVATE SELF.....5 SUPPLY.....6 RELIGIOUS BODY..6 OTHER (SPECIFY) ..7</p>	<p>33a. Where is the main source specified in Q32 used during the dry season located? (IF Q32=4,5,6,7,11)</p> <p>IN OWN DWELLING...1 IN OWN YARD/PLOT..2 ELSEWHERE.....3</p> <p>IF Q33a=1,2 >> Q35</p>	<p>34. How long does it take the household to WALK to the main source specified in Q32 used during the dry season to get water? (IF Q32=3 OR Q33a=3)</p> <table border="1"> <tr> <td>MINUTE..1</td> <td rowspan="2">UNIT</td> </tr> <tr> <td>HOUR....2</td> </tr> <tr> <td>TIME</td> <td></td> </tr> </table>	MINUTE..1	UNIT	HOUR....2	TIME		<p>35. In the last 30 days, has there been any time when your household did not have sufficient quantities of drinking water when needed?</p> <p>YES.....1 NO.....2</p>	<p>36. Do you usually do anything to the water (dry or rainy season) to make it safer to drink? (IF Q27#14,15 OR Q32#14,15)</p> <p>YES.....1 NO.....2</p> <p>IF NO >> Q38</p>	<p>37. What do you usually do to the water to make it safer to drink?</p> <p>PROBE & SELECT ALL THAT APPLY</p> <p>BOIL.....1 ADD BLEACH/CHLORINE.....2 STRAIN THROUGH CLOTH.....3 USE A WATER FILTER.....4 SOLAR DISINFECTION...5 LET IT SETTLE..6 OTHER (SPECIFY) ..7</p>
MINUTE..1	UNIT											
HOUR....2												
TIME												
<p>38. What is the main source of water used by members of your household for other purposes, such as cooking and hand washing? (IF Q27=14,15 OR Q32=14,15)</p> <p>PIPED INTO DWELLING.....1 PIPED INTO YARD/PLOT....2 PIPED TO NEIGHBOR.....3 PUBLIC TAP/STANDPIPE....4 TUBE WELL/BOREHOLE.....5 PROTECTED DUG WELL.....6 UNPROTECTED DUG WELL....7 PROTECTED SPRING.....8 UNPROTECTED SPRING.....9 RAIN WATER COLLECTION..10 TANKER TRUCK.....11 WITH SMALL TANK/DRUM...12 SURFACE WATER (RIVER, STREAM, POND, DAMN, CANAL).....13 BOTTLED WATER.....14 SACHET WATER.....15 WATER KIOSK.....16 OTHER (SPECIFY).....17</p>	<p>39. During the past 30 days, how much in total did you pay for water, including any fees or costs of transportation, delivery, etc for this water?</p> <p>ONLY YOUR HOUSEHOLD'S PORTION IF SHARED WATER BILL</p> <p>NAIRA</p>	<p>40. What kind of toilet facility do members of your household usually use?</p> <p>FLUSH TO PIPED SEWAGE SYSTEM.....1 FLUSH TO SEPTIC TANK.....2 FLUSH TO PIT LATRINE.....3 FLUSH TO OPEN DRAIN.....4 FLUSH TO SOMEWHERE ELSE.....5 VENTILATED IMPROVED LATRINE...6 PIT LATRINE WITH SLAB.....7 PIT LATRINE W/O SLAB/OPEN PIT..8 COMPOSTING TOILET.....9 BUCKET.....10 HANGING TOILET/HANGING LATRINE..11 NO FACILITIES, BUSH, OR FIELD..12 OTHER (SPECIFY).....13</p> <p>IF Q40=1,4,5,10,13 >> Q43 IF Q40=12 >> Q46</p>	<p>41. Has your (pit latrine or septic tank) ever been emptied?</p> <p>YES....1 NO.....2</p> <p>IF NO >> Q43</p>	<p>42. The last time it was emptied, where were the contents emptied to?</p> <p>REMOVED USING A TRUCK/TANKER.....1 REMOVED USING A NONMOTORIZED VEHICLE.....2 BURIED IN A COVERED PIT.....3 AN UNCOVERED PIT, OPEN GROUND, WATER BODY OR ELSEWHERE...4 OTHER (SPECIFY).....5</p>	<p>43. Where is this toilet facility located?</p> <p>IN OWN DWELLING....1 IN OWN YARD/PLOT...2 ELSEWHERE.....3</p>	<p>44. Do you share this facility with others who are not members of your household?</p> <p>YES....1 NO.....2</p> <p>IF NO >> Q46</p>	<p>45. How many other households do you share this toilet facility?</p> <p>EXCLUDE THIS HOUSEHOLD</p> <p>WRITE 99 FOR PUBLICLY SHARED</p> <p>NUMBER</p>					

SECTION 14: HOUSING

<p>46.</p> <p>What kind of refuse collection is used by your household?</p> <p>HH BIN COLLECTED BY GOV.....1 HH BIN COLLECTED BY PRIVATE FIRM OR INDIVIDUAL....2 GOVT BIN OR SHED.....3 DISPOSAL WITHIN COMPOUND.....4 DISPOSAL IN A RIVER/STREAM...7 DISPOSAL IN THE BUSH.....8 UNAUTHORIZED REFUSE HEAP.....5 OTHER (SPECIFY).....6</p>	<p>47.</p> <p>How much does your household pay for refuse collection?</p> <p style="text-align: center;">TIME UNIT:</p> <p>DAILY.....1 WEEKLY.....2 FORTNIGHTLY..3 MONTHLY.....4 QUARTERLY...5 YEARLY.....6</p>	
<p>IF Q46=4,5,6,7,8 >> NEXT SECTION</p>	<p>NAIRA</p>	<p>TIME UNIT</p>

SECTION 16: ECONOMIC SHOCKS

ENUMERATOR INDICATE THE MAIN RESPONDENT FOR THIS SECTION

S H O C K C O D E	1.	2.			3.	4.	5.
	Has your household been affected by [SHOCK] since [3 YEARS AGO]?	Rank the 3 most significant shocks you have experienced			How many times has this occurred since [3 YEARS AGO]?	In what years did this event occur?	How did your household cope with the most recent [SHOCK]?
	YES.....1 NO.....2 IF NO >> NEXT SHOCK	SELECT UP TO 3 IN ORDER OF MOST SIGNIFICANT				SELECT ALL THAT APPLY 2015...0 2016...1 2017...2 2018...3 2019...4	PROBE & SELECT UP TO 4 IN ORDER OF IMPORTANCE
		1ST	2ND	3RD	NUMBER		
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	Poor rains that caused harvest failure						
12	Flooding that caused harvest failure						
13	Pest invasion that caused harvest failure or storage loss						
14	Loss of property due to fire or flood						
15	Loss of land						
16	Death of livestock due to illness						
17	Increase in price of inputs						
18	Fall in the price of output						
19	Increase in price of major food items consumed						
20	Other (specify)						

CODES FOR Q5.

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 ADDITIONAL INCOME 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

SECTION 17: CRIME AND SECURITY

INDICATE THE MAIN RESPONDENT FOR THIS SECTION

Now I would like to ask you about crimes and other serious events that may have affected your household.

MAKE SURE THAT YOU DO NOT INCLUDE EVENTS THAT HAPPEN AS A RESULT OF AN ACCIDENT OR WEATHER. THIS SECTION IS ONLY REFERRING TO EVENTS THAT HAPPENED AS A RESULT OF ANY FORM OF VIOLENCE (CRIME, WAR, INSURGENCY, CONFLICT, ETC).

E V E N T C O D E	EVENT	1.	2.	3.	4.	5.	6.	7.
		Since January 2016, has your household been affected by [EVENT]?	In which year(s) did [EVENT] occur?	Who was the perpetrator of [EVENT] in 2016? (IF Q2=1)	Who was the perpetrator of [EVENT] in 2017? (IF Q2=2)	Who was the perpetrator of [EVENT] in 2018? (IF Q2=3)	Who was the perpetrator of [EVENT] in 2019? (IF Q2=4)	Where did the event happen in [MOST RECENT YEAR OF SHOCK]?
		RECORD RESPONSE FOR ALL EVENTS BEFORE MOVING TO Q2. YES....1 NO....2 IF NO >> NEXT EVENT	PROBE & SELECT ALL THAT APPLY 2016...1 2017...2 2018...3 2019...4	IF MORE THAN ONE EVENT, REFER TO WORST EVENT SEE CODES ON FLIP PAGE	IF MORE THAN ONE EVENT, REFER TO WORST EVENT SEE CODES ON FLIP PAGE	IF MORE THAN ONE EVENT, REFER TO WORST EVENT SEE CODES ON FLIP PAGE	IF MORE THAN ONE EVENT, REFER TO WORST EVENT SEE CODES ON FLIP PAGE	OWN HOUSE.....1 ON OWN FARM.....2 AROUND/IN MARKET...3 AROUND/IN PLACE OF WORSHIP.....4 AROUND/IN SCHOOL...5 ON THE STREET/ WITHIN THE VILLAGE..6 OTHER VILLAGE.....7 OTHER STATE.....8 OTHER (SPECIFY).....9
1	any member of your household been killed (not natural death)							
2	any member of your household been injured/disabled (after direct attack)							
3	any member of your household been attacked or suffered physical aggression (with or without any type of weapon)							
4	any member of your household suffered sexual violence							
5	any member of your household been forced to work (for free)							
6	any member of your household been captured/ kidnapped/abducted							
7	any member of your household been made a refugee /internally displaced							
8	any member of your household been restricted from going to school							
9	any member of your household been restricted from going to PHCs/Clinics/Hospitals							
10	any member of your household been robbed (money or assets)							
11	your household's dwelling suffered from robbery							
12	your household's dwelling been burned down/destroyed/seriously damaged/occupied							
13	your household's land been occupied/taken by force/made unproductive							
14	your household assets been intentionally destroyed/seriously damaged							

SECTION 17: CRIME AND SECURITY

INDICATE THE MAIN RESPONDENT FOR THIS SECTION

Now I would like to ask you about crimes and other serious events that may have

MAKE SURE THAT YOU DO NOT INCLUDE EVENTS THAT HAPPEN AS A RESULT OF VIOLENCE (CRIME, WAR, INSURGENCY, CONFLICT, ETC).

EVENT CODE	EVENT	8.	9.	10.	11.	12.
		What is/are the sex of the victim(s) in [MOST RECENT YEAR OF SHOCK]? SELECT ALL THAT APPLY MALE 1 FEMALE 2	Did any member of the household contact anyone to report [EVENT] in [MOST RECENT YEAR OF SHOCK]? YES....1 NO.....2 IF NO >> NEXT EVENT	Who did the household member contact to report [EVENT] in [MOST RECENT YEAR OF SHOCK]? SELECT ALL THAT APPLY MILITARY 1 PARAMILITARY 2 POLICE 3 VIGILANTES 4 RELIGIOUS LEADERS 5 COMMUNITY LEADERS 6 OTHER (SPECIFY) 7	Has the household received any assistance/help after the most recent [EVENT]? YES....1 NO.....2 IF NO >> NEXT EVENT	From what source(s) has your household received assistance/help in [MOST RECENT YEAR OF SHOCK] for [EVENT]? LIST UP TO 2 IN ORDER OF IMPORTANCE FEDERAL GOVERNMENT 1 STATE GOVERNMENT 2 LOCAL GOVERNMENT 3 NGO 4 RELIGIOUS LEADERS 5 NEIGHBOR(S) 6 RELATIVES OUTSIDE OF HH 7 OTHER (SPECIFY) 10
1	any member of your household been killed (not natural death)					
2	any member of your household been injured/disabled (after direct attack)					
3	any member of your household been attacked or suffered physical aggression (with or without any type of weapon)					
4	any member of your household suffered sexual violence					
5	any member of your household been forced to work (for free)					
6	any member of your household been captured/ kidnapped/abducted					
7	any member of your household been made a refugee /internally displaced					
8	any member of your household been restricted from going to school					
9	any member of your household been restricted from going to PHCs/Clinics/Hospitals					
10	any member of your household been robbed (money or assets)					
11	your household's dwelling suffered from robbery					
12	your household's dwelling been burned down/destroyed/seriously damaged/occupied					
13	your household's land been occupied/taken by force/made unproductive					
14	your household assets been intentionally destroyed/seriously damaged					

CODES FOR Q3, Q4, Q5 & Q6	
MILITARY	1
POLICE	2
PARAMILITARY	3
MILITANTS	4
INSURGENCY	5
BANDITS / CRIMINALS	6
PASTORALIST / NOMAD	7
NEIGHBOUR (S)	8
HOUSEHOLD MEMBER (S)	9
FOREIGNER	10
STRANGER	11
VIGILANTES	12
DON ' T KNOW	98
OTHER (SPECIFY)	13

SECTION 18: AGRICULTURE

CROP PRODUCTION

1.	2.	3.			4.				5.	6.	7.	8.	8a.
Did any member of your household own or have access to any land that was used for crop cultivation during the [YEAR] agricultural season?	Did any member of your household cultivate any crops during the [YEAR] agricultural season?	What are the main crops that members of your household produced during the [YEAR] agricultural season? LIST THE MAIN 3 CROPS IN ORDER OF IMPORTANCE			What was the quantity produced of [MAIN CROP 1] during the [YEAR] agricultural season? IF DID NOT HARVEST / HAVE NOT YET HARVESTED, RECORD 0 SEE CODES ON FLIP PAGE FOR UNIT, SIZE AND CONDITION/TYPE				Did any member of the household consume any of the [MAIN CROP 1] produced by your household during the [YEAR] agricultural season? (IF Q4a>0)	Of the quantity specified in Q4 of [MAIN CROP 1] produced during the [YEAR] agricultural season, how much of it did your household consume? RECORD WITH UNIT USED IN Q4	Did your household sell any of the [MAIN CROP 1] produced during the [YEAR] agricultural season? (IF Q4a>0)	Of the quantity specified in Q4 of [MAIN CROP 1] produced during the [YEAR] agricultural season, how much of it did your household sell? RECORD WITH UNIT USED IN Q4	How much in TOTAL did your household earn from the sales of the quantity specified in Q8 during the [YEAR] agricultural season?
YES.....1 NO.....2	YES.....1 NO.....2	CROP 1	CROP 2	CROP 3	QUANTITY	UNIT	SIZE	CONDITION/T YPE	IF NO >> Q 7	QUANTITY	IF NO >> Q9	QUANTITY	NAIRA
IF NO >> Q13	IF NO >> Q13												

9.	10a.	10b.	10c.	10d.	10e.	10f.	10g.	11.	12.
Did your household hire any person, either men, women or children to work on any plot during the [YEAR] agricultural season?	During the [YEAR] agricultural season, did your household use any inorganic fertilizer on any plot?	During the [YEAR] agricultural season, did your household use any organic fertilizer on any plot?	During the [YEAR] agricultural season, did your household use any insecticide on any plot?	During the [YEAR] agricultural season, did your household use any pesticide on any plot?	During the [YEAR] agricultural season, did your household use any herbicide on any plot?	Did you or any member of the household use a tractor during the [YEAR] agricultural season?	Did you or any member of the household use a plough during the [YEAR] agricultural season?	Was crop production the main activity for your household during the [YEAR] agricultural season?	Was crop production one of the main sources of income for your household during the [YEAR] agricultural season?
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

SECTION 18: AGRICULTURE

LIVESTOCK

13.	14.	15.	16.	17.	18.	19.
Did your household own any livestock in the last 12 months?	Which livestock did your household own in the last 12 months? SELECT ALL THAT APPLY CATTLE.....1 HORSE/DONKEY.....2 GOATS.....3 SHEEP.....4 PIGS.....5 CHICKEN.....6 OTHER POULTRY (TURKEY, DUCK, GUINEA FOWL).....7 CAMELS.....8	Did your household sell any livestock in the past 12 months?	What is the value of livestock sold in the past 12 months?	Did your household slaughter any livestock for household consumption in the past 12 months?	What is the value of livestock consumed by the household in the past 12 months?	What is the value of livestock given away, lost or stolen in the past 12 months? IF NONE, RECORD 0.
YES.....1 NO.....2 IF NO >> Q20		YES.....1 NO.....2 IF NO >> Q17	NAIRA	YES.....1 NO.....2 IF NO >> Q19	NAIRA	NAIRA

FISHING

20.	21.	22.	23.	24.	25.
Were you or any other member of your household involved in fishing activities, catching fish or raising fish, in the last 12 months?	In which fishing activities was your household involved? SELECT ALL THAT APPLY FISHING/CAPTURE...1 AQUACULTURE/ FISH FARMING.....2	Did your household sell any fish from capture or own farm in the past 12 months?	What was the total value of fish from capture/farm sold in the last 12 months?	Did your household consume any of the fish captured/farmed by the household in the past 12 months?	What is the value of fish consumed by the household in the past 12 months?
YES.....1 NO.....2 IF NO >> NEXT SECTION		YES.....1 NO.....2 IF NO >> Q24	NAIRA	YES.....1 NO.....2 IF NO >> NEXT SECTION	NAIRA

CROP CODES

CROP CODES FOR Q3

CROP	CODE	CROP	CODE	CROP	CODE
BEANS/COWPEA	1010	GARDEN EGG	2080	ZOBO	2290
CASSAVA	1020	GARLIC	2090	APPLE	3010
COCOYAM	1040	GINGER	2100	CASHEW	3020
COTTON	1050	OKRO	2120	COCOA	3040
GROUND NUT/PEANUTS	1060	ONION	2130	COCONUT	3050
GUINEA CORN/SORGHUM	1070	SWEET/BELL PEPPER (TATASHE)	2141	COFFE	3060
MAIZE	1080	SMALL PEPPER (RODO)	2142	GRAPE FRUIT	3080
MELON/EGUSI	1090	CHILLI PEPPER (SHOMBO)	3030	GUAVA	3090
MILLET/MAIWA	1100	PIGEON PEA	2150	KOLANUT	3110
RICE	1110	PINEAPPLE	2160	LEMON	3120
WHITE YAM	1121	PLANTAIN	2170	LIME	3130
YELLOW YAM	1122	IRISH POTATO	2180	MANDARIN/TANGERINE	3150
WATER YAM	1123	SWEET POTATO	2181	MANGO	3160
THREE LEAVE YAM	1124	PUMPKIN	2190	ORANGE	3170
ACHA	2010	GREEN VEGETABLE	2194	OIL PALM TREE	3180
BAMBARA NUT	2020	SOYA BEANS	2220	AGBONO(ORO SEED)	3190
BANANA	2030	SUGAR CANE	2230	OIL BEAN	3200
BEENI-SEED/SESAME	2040	TEA	2240	PAWPAW	3210
CARROT	2050	TOBACCO	2250	PEAR	3220
CUCUMBER	2060	TOMATO	2260	AVOCADO PEAR	3221
CABBAGE	2070	WALNUT	2270	RUBBER	3230
LETTUCE	2071	WHEAT	2280	OTHER(SPECIFY)	9999

UNIT CODES FOR Q4

UNIT	CODE
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	20
Mudu	30
Derica	40
Tiya	50
Kobiowu	60
Bowl	70
Piece	80
Heap	90
Bunch/Bundle	100
Stalk	110
Packet/Sachet	120
Sack/Bag	130
Basket	140
Basin	150
Bundle	160
Wheelbarrow	170
Pick-up	180
Jerry Can/Rubber	190
Other (Specify)	900

SIZE CODES FOR Q4

SIZE	CODE
Small	0
Medium	1
Large	2
Very Large	3
10 litres	4
20 Litres	5
25 litres	6
50 Litres	7
25 KG	10
50 KG	11
100 KG	12
1 LITRE	25
1.5 LITRE	26
ONE SIZE ONLY	99

CONDITION/TYPE FOR Q4

CONDITION/TYPE	CODE
UNSHELLED (on the cob, inside the pod)	1
SHELLED (removed from the cob, removed from the pod)	2

CONTACT INFORMATION

In order for us to be able to contact you in the future, could you kindly provide us with the phone numbers of some of the household members.

1. Does any member of your household have a mobile phone number that he/she can provide for us?

YES...1
NO...2

2a. FIRST HOUSEHOLD MEMBER (Aged older than 15): NAME & ID CODE : _____

2aa. PHONE: _____

2b0. Is there another adult member of the household that can provide us with a phone number for contact?

YES...1
NO...2

2b. SECOND HOUSEHOLD MEMBER (Aged older than 15): NAME & ID CODE : _____

2bb. PHONE: _____

2c0. Is there another adult member of the household that can provide us with a phone number for contact?

YES...1
NO...2

2c. THIRD HOUSEHOLD MEMBER (Aged older than 15): NAME : _____

2cc. PHONE: _____

3. Even though no member of your household has a personal mobile phone number, is there another mobile phone that you or another member of the household have access to, for example from a neighbour or relative?

YES...1
NO...2

4a. PHONE: _____

4b. NAME : _____

4c. RELATION TO HEAD : _____

INTERVIEW RESULT

1. WHAT IS THE RESULT OF THE INTERVIEW?

- COMPLETE.....1
- PARTIALLY COMPLETE (REFUSED).....2
- PARTIALLY COMPLETE (UNAVAILABLE).....3
- UNABLE TO IDENTIFY HOUSEHOLD.....4
- HOUSEHOLD HAS MOVED AWAY.....5
- LONG TERM UNAVAILABLE.....6

IF Q1=1 >> Q2a
 IF Q1=4,6,7 >> Q3
 IF Q1=5 >> END

2. WHY IS THE INTERVIEW PARTIALLY COMPLETED?

2a. WHAT WAS THE LANGUAGE USED BY THE INTERVIEWER?

- ENGLISH.....1
- HAUSA.....2
- YORUBA.....3
- IGBO.....4

2b. WHAT WAS THE LANGUAGE USED BY THE RESPONDENT?

- ENGLISH.....1
- HAUSA.....2
- YORUBA.....3
- IGBO.....4
- OTHER (SPECIFY).....5

2c. WAS A TRANSLATOR USED AT ANY POINT DURING THE INTERVIEW?

- NEVER.....1
- SOMETIMES.....2
- ALWAYS.....3

3a. DID A MONITOR DIRECTLY OBSERVE THIS INTERVIEW (EVEN PARTIALLY)?

- YES.....1
- NO.....2

>> Q4

3. PROVIDE DETAILS ON WHY THE HH COULD NOT BE IDENTIFIED, REFUSED OR WAS LONG TERM UNAVAILABLE

4. WHAT TYPE OF DWELLING DOES THE HOUSEHOLD LIVE IN? (IF Q1=2,3,7)

- SEPARATE HOUSE (BUNGALOW).....1
- SEMI-DETACHED HOUSE.....2
- FLAT/APARTMENT.....3
- COMPOUND HOUSE.....4
- HUTS/BUILDINGS [SAME COMPOUND].....5
- HUTS/BUILDINGS [DIFFERENT COMPOUND].....6
- TENTS.....7
- IMPROVISED HOME (KIOSK, CONTAINER).....8
- LIVING QUARTERS ATTACHED TO OFFICE/SHOP.....9
- UNCOMPLETED BUILDING.....10

OBSERVE, DO NOT READ OUT

INTERVIEW RESULT

5. MAIN CONSTRUCTION MATERIAL OF THE OUTER WALLS OF THE DWELLING (IF Q1=2,3,7)

OBSERVE, DO NOT READ OUT

- UNABLE TO OBSERVE...98
- MUD.....1
- STONE.....2
- UNBURNT BRICKS.....3
- BURNT BRICKS.....4
- CEMENT OR CONCRETE...5
- WOOD OR BAMBOO.....6
- IRON SHEETS.....7
- CARDBOARD.....8

6. MAIN CONSTRUCTION MATERIAL OF THE ROOFING OF THE DWELLING (IF Q1=2,3,7)

OBSERVE, DO NOT READ OUT

- UNABLE TO OBSERVE.....98
- THATCH (GRASS OR STRAW)...1
- CORRUGATED IRON SHE.....2
- CLAY TILES.....3
- CONCRETE/CEMENT.....4
- PLASTIC SHEET.....5
- ASBESTOS SHEET.....6
- MUD.....7
- LONG/SHORT SPAN SHEETS...8
- STEP TILES.....9

7. MAIN CONSTRUCTION MATERIAL OF FLOORING OF THE DWELLING (IF Q1=2,3)

OBSERVE, DO NOT READ OUT

- UNABLE TO OBSERVE.....98
- SAND/DIRT/STRAW.....1
- SMOOTHED MUD.....2
- SMOOTH CEMENT/CONCRETE...3
- WOOD.....4
- TILE.....5
- TERAZO.....6
- MARBLE.....7

INTERVIEW END TIME