



**NATIONAL BUREAU OF STATISTICS**  
**IN COLLABORATION WITH**  
**UNITED NATIONS DEVELOPMENT PROGRAMME**  
**NATIONAL SOCIAL SAFETY NETS COORDINATING OFFICE AND**  
**UNITED NATIONS CHILDREN'S FUND**  
**MULTIDIMENSIONAL POVERTY INDEX**  
**HOUSEHOLD QUESTIONNAIRE**



**SECTION A: IDENTIFICATION**

A1. State: \_\_\_\_\_   A1b Senatorial District: \_\_\_\_\_  A2. LGA: \_\_\_\_\_   A3. Sector (urban = 1; rural = 2)

A4. EA Name: \_\_\_\_\_     A5. RIC: \_\_\_\_\_

A6. HH No.   A7. Name of Head of HH: \_\_\_\_\_ A8. HH Address: \_\_\_\_\_

MY NAME IS ..... I AM WORKING FOR THE NATIONAL BUREAU OF STATISTICS AND THE NATIONAL SOCIAL SAFETY NETS COORDINATING OFFICE (NASSCO) TO COLLECT INFORMATION ON THE IMPACT OF CORONAVIRUS ON SOCIO – ECONOMIC ACTIVITIES AND LIVING CONDITIONS OF HOUSEHOLDS AND BENEFICIARIES OF NASSP IN NIGERIA

ALL THE INFORMATION GOTTEN WILL REMAIN STRICTLY CONFIDENTIAL AND ANONYMOUS.

May I Continue      Yes =1      No=2      (If Yes then skip to A10A)   
 (If No then A9a, A9b and END interview)

**A9a. Response Status:**

Completed .....1      Partially completed.....2      HH not located .....3      Not at home.....4   
 Moved Away.....5      Refused.....6      Others (Specify).....7

A9b. GPS Reading: Latitude \_\_\_\_\_ Longitude \_\_\_\_\_

A10a. Time interview started (GMT)          A10b. Time interview ended (GMT)

A11a. What is the Nationality of the head of household? 1. Nigerian 2. Non Nigerian

A11b. What type (s) of identification card does the head of household have? A. International Passport B. Drivers' License C. National ID card D. Voter's card E. None (multiple response)

A12a. Has your household ever been displaced? Yes.....1      No.....2 (if No Go to Section B)

A12b. What is the status of your household displacement? 1. IDP Returnee 2. IDPs Living in Host community (if 1 Go to A14)

A13. How long has your household been displaced?.....(In Month)

A14. How long was your household displaced?.....(In Month)

**SECTION B: DEMOGRAPHIC CHARACTERISTIC**

**GIVE INFORMATION ABOUT HH MEMBERS WHO HAVE NOT STAYED AWAY FROM THE HOUSEHOLD FOR MORE THAN 6 MONTHS (STARTING WITH HEAD OF HH)**

**RESPONDENT: HEAD OF HOUSEHOLD OR ANY KNOWLEDGEABLE ADULT MEMBER OF THE HOUSEHOLD (18 YEARS AND ABOVE)**

B1	B2	B3	B4		B5	B6	B7	B8	B9	B10	B11	B12	B13	B14	B15	B16
							<i>For household members age 5 and above</i>			<i>For household members age 5-24 years</i>					<b>5 and above</b>	
LINE NO	NAME	SEX	AGE (in completed years)	(if under 5 years) Age in Months	Relationship to head of household	Marital status	HAS (name) EVER ATTENDED SCHOOL, PRE-SCHOOL, OR NON-FORMAL EDUCATION?	WHAT IS THE HIGHEST LEVEL OF SCHOOL (name) HAS ATTENDED?	WHAT IS THE HIGHEST GRADE (name) COMPLETED AT THIS LEVEL?	DURING THE CURRENT SCHOOL YEAR, THAT IS 2021-2022, DID (name) ATTEND SCHOOL, PRESCHOOL, OR NON-FORMAL EDUCATION AT ANY TIME?	DURING THIS/THAT SCHOOL YEAR, WHICH LEVEL AND GRADE IS/WAS (name) ATTENDING?	Grade: See footnote for Grade codes	DURING THE PREVIOUS SCHOOL YEAR, THAT IS 2020-2021, DID (name) ATTEND SCHOOL, PRESCHOOL, OR NON-FORMAL EDUCATION AT ANY TIME?	DURING THAT PREVIOUS SCHOOL YEAR, WHICH LEVEL AND GRADE DID (name) ATTEND?	Grade: See footnote for Grade codes	Can Name read and write in any language? Yes=1, No=2
							1 Yes 2 NO	Level: 0 Preschool 1 Primary 2 Secondary 3 Higher 4 Non-formal 5 Technical 8 DK <i>If level=4 or 8, Skip to B10</i>	Grade: See footnote for Grade codes	Level: 0 Preschool 1 Primary 2 Secondary 3 Higher 4 Non-formal 5 Technical 8 DK <i>If level=4 or 8 skip to B13.</i>	1 Yes 2 No ⇨ B16 8 DK ⇨ B16	1 Yes 2 No ⇨ B16 8 DK ⇨ B16				
		M	F	Year	Month											
1		1	2													
2		1	2													
3		1	2													
4		1	2													
5		1	2													
6		1	2													
7		1	2													
8		1	2													
9		1	2													
10		1	2													

**Col B5: Relationship to Head**

- |                      |   |                           |    |
|----------------------|---|---------------------------|----|
| Head .....           | 1 | Brother/sister-in-law.... | 8  |
| Spouse .....         | 2 | Parents .....             | 9  |
| Own child.....       | 3 | Parents-in-law.....       | 10 |
| Step child .....     | 4 | Other relatives.....      | 11 |
| Grand Child.....     | 5 | Maid/house servant....    | 12 |
| Brother/sister ..... | 6 | Non relatives.....        | 13 |
| Niece/nephew) .....  | 7 | Caretaker.....            | 14 |

**Col. B6 Marital Status**

1. Never married
2. Married
3. Divorced
4. Separated
5. Widow
6. Others

**Codes for Grades in B9, B12 and B15**

<b>Preschool</b>	<b>Primary</b>	<b>Secondary (or Secondary Technical)</b>	<b>Higher</b>
Never completed Nursery 1 (only if B9)..... 00	Never completed Primary 1 (only if B9)..... 10	Never Completed JSS 1 (only if B9).....20	Never completed NCE, AL, OND, Higher Technical , HND, BSc. (only if B9)..... 30
Nursery 1 ..... 01	Primary 1 ..... 11	SS1/ T1 .....24	Higher Technical/TTC .....33
Nursery 2 ..... 02	Primary 2 ..... 12	JSS 1 .....21	HND .....34
Nursery 3 ..... 03	Primary 3 ..... 13	JSS 2 .....22	NCE..... 31
	Primary 4 ..... 14	JSS 3 .....23	BSc.....35
	Primary 5 ..... 15		AL/OND ..... 32
	Primary 6 ..... 16		Post Graduate.....36

**For Female household members age 12 years and above**

<b>Line number</b>	<b>B17. Is (name) the person responding for herself?</b> Yes=1 No=2	<b>B17a. If no what is the line no of the respondent</b>	<b>B17b. Has (name) ever given birth to a child?</b> Yes=1 No=2 (if B17=2 skip to B19)	<b>B18A. If yes, at what age did (name) give birth to her first child?</b>  Don't know.....99	<b>B18B. How many child(ren) has (name) given birth to? (All live births)</b>	<b>B19. Is (name) currently pregnant?</b> Yes=1 No=2	<b>B20. Is (name) currently breastfeeding?</b>  Yes=1 No=2
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							





**SECTION D: FOOD SECURITY**  
**RESPONDENT: HEAD OF HOUSEHOLD OR ANY KNOWLEDGEABLE ADULT MEMBER**  
**OF THE HOUSEHOLD (18 YEARS AND ABOVE)**

D1. During the last 30 days, was there a time when you or any other adult member of your household

- |   |                          |
|---|--------------------------|
| a. Were worried about not having enough food to eat because of money or other resources?                  | Yes ..... 1<br>No..... 2 |
| b. Were unable to eat healthy and nutritious/ preferred food because of lack of money or other resources? | Yes ..... 1<br>No..... 2 |
| c. Ate only a few kinds of food because of lack of money or other resources?                              | Yes ..... 1<br>No..... 2 |
| d. Skipped a meal because of lack of money or other resources?  | Yes ..... 1<br>No..... 2 |
| e. Ate less than you thought you should because of money or other resources?                              | Yes ..... 1<br>No..... 2 |
| f. Ran out of food because of money or other resources?   | Yes ..... 1<br>No..... 2 |
| g. Were hungry but did not eat because of lack of money or other resources?                               | Yes ..... 1<br>No..... 2 |
| h. Went without eating for a whole day because of money or other resources?                               | Yes ..... 1<br>No..... 2 |

**SECTION E:**

**HEALTH**

**RESPONDENT: HEAD OF HOUSEHOLD OR ANY KNOWLEDGEABLE ADULT MEMBER OF THE HOUSEHOLD (18 YEARS AND ABOVE)**

**E1.** On average, how long does it take your household to reach the nearest functional health facility or primary Health care centre on foot?

.....  
In minutes

**E2.** Is there anyone in the household who has knowledge on Oral Dehydration Solution (ORS) for diarrhoea treatment?

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

**E3.** Is there any member of the household who is under any health insurance scheme?

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

**SECTION F:**

**FEDERAL GOVERNMENT CASH TRANSFER**

**RESPONDENT: HEAD OF HOUSEHOLD OR ANY KNOWLEDGEABLE ADULT MEMBER OF THE HOUSEHOLD (18 YEARS AND ABOVE)**

**F1.** Have you or anyone in your household heard of Federal government's cash transfer program for the poor?

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

**F2.** Have you or any member in your household benefited/ received cash from the Federal Government cash transfer programme for the poor?

Yes..... 1  
No..... 2  
(If F2=2 skip to F3)

**F2a.**What is the name of the program that you have benefited from?

**Multiple responses (skip to F4)**

Unconditional cash transfer (Beta don come).....A  
TraderMoni.....B  
FarmerMoni.....C  
MarketMoni.....D  
Survival Fund.....E  
Anchor Borrower.....F  
Others (specify).....G

**F3.** Why have you or your household not benefited from the programme? (**skip to next section**)

Recently enrolled.....1  
Awaiting first payment.....2  
Did not enrol.....3  
Don't know.....4  
Other specify.....5

**F4.** How has your household used the money received from this program(s)?

**Multiple responses**

Purchased food for household consumption .....A  
Pay school fees .....B  
Used for farming .....C  
Invested in household nonfarm enterprise.....D  
Loan repayment.....E  
Other (specify).....F

**SECTION G: SAFETY AND SECURITY**

**RESPONDENT: HEAD OF HOUSEHOLD OR ANY KNOWLEDGEABLE ADULT MEMBER OF THE HOUSEHOLD (18 YEARS AND ABOVE)**

<p><b>G1. What have been the three main difficulties or shocks for your household in the past 12 months? (Do not read out- ask the household to list the 3 most important)</b></p>	<p>1.Armed robbery 2. Violence between communities 3. Violence against women, girls and children 4. Armed conflict or warfare 5. Terrorism 6. Natural disasters (e.g. floods) 7. Health hazards 8. Drugs/alcohol abuse 9. Poverty 10. Unemployment 11. Hunger 12. Eviction (from your home or your land) 13.Human trafficking 14. Debt 15. Herdsmen/ farmers clash 16. Kidnapping 17. Banditry 18. Traffic robbery/ One chance attack 19. Other (specify)_____</p>
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G2. Over the past 12 months, did the following happen to any member of your household?				<b>[IF YES] How many times did this happen over the past 12 months?</b>		
A. Someone got into your home without permission and stole or tried to steal something?	Yes	No	DK	1	2	3+
B. Someone deliberately damaged or destroyed your home, shop or any other property that you or your household owns?	Yes	No	DK	1	2	3+
C. Something was stolen from a member of your household outside your home?	Yes	No	DK	1	2	3+
D. Someone was physically assaulted (injured, slapped, punched or kicked)?	Yes	No	DK	1	2	3+
E. Someone was raped or experienced attempted rape?	Yes	No	DK	1	2	3+
F. Someone was killed in an attack by another person?	Yes	No	DK	1	2	3+
G. Household was displaced as a result of herdsmen, banditry, flood, Violence between communities etc	Yes	No	DK	1	2	3+
H. Someone died as a result of conflict in the household	Yes	No	DK	1	2	3+

**[SKIP NEXT TWO QUESTIONS IF ALL = NO; IF ONLY ONE = YES, please SKIP to G4]**



<p><b>G3. [If more than one in G2]</b> Which of these incidents was most severe or traumatic for the household?</p> <p><i>(Any incident(s) with yes response in A-H from G2)</i></p>	<p>Someone got into your home without permission and stole or tried to steal something.....A</p> <p>Someone deliberately damaged or destroyed your home, shop or any other property that you or your household owns.....B</p> <p>Something was stolen from a member of your household outside your home.....C</p> <p>Someone was physically assaulted (injured, slapped, punched or kicked) .....D</p> <p>Someone was raped or experienced attempted rape.....E</p> <p>Someone was killed in an attack by another person.....F</p> <p>Household was displaced as a result of herdsmen, banditry, flood, Violence between communities etc.....G</p> <p>Someone die as a result of conflict in the household.....H</p>
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<p><b>G4. Regarding the 'most severe or traumatic' incident mentioned, has your household recovered from this incident?</b></p>	<p>No, some are still severely affected .....1</p> <p>Some are still Injured and unable to work, or economically impacted, or have significant grief or trauma.....2</p> <p>Somewhat, meaning there is still an impact but we are on the road to recovery.....3</p> <p>Mostly, meaning that we are now almost back to normal.....4</p> <p>Yes, meaning we are fully back to normal .....5</p>
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**SECTION H: WATER AND SANITATION**

**RESPONDENT: HEAD OF HOUSEHOLD OR ANY KNOWLEDGEABLE ADULT MEMBER OF THE HOUSEHOLD (18 YEARS AND ABOVE)**

<p><b>H1.</b> What is the main source of drinking water for members of your household?</p> <p>If H1=7,9,11,12,13 skip to H3</p>	<p><b>Piped water</b>                  Piped into dwelling ..... 1                  Piped into compound, yard or plot ..... 2                  Piped to neighbour ..... 3                  Public tap / standpipe ..... 4                  Tube Well, Borehole ..... 5</p> <p><b>Dug well</b>                  Protected well ..... 6                  Unprotected well ..... 7</p> <p><b>Water from spring</b>                  Protected spring ..... 8                  Unprotected spring ..... 9                  Rainwater collection ..... 10                  Tanker-truck ..... 11                  Cart with small tank / drum ..... 12                  Surface water (river, stream, dam, lake, pond, canal, irrigation channel)..... 13                  Bottled water ..... 14                  Sachet (Pure) water ..... 15                  Other (specify) _____ 96</p>	<p><b>H2.</b> Do you regularly have drinking water available?</p> <p><b>H2a.</b> On average how many hours per day do you usually have drinking water available.</p> <p><b>H2b.</b> On average how many days per month do you usually have drinking water available.</p>	<p>Yes .....1                  No.....2</p> <p>.....</p> <p>.....</p>
<p><b>H3</b> How long does it takes to collect the water walking (round trip in minutes including queuing)</p> <p><b>H4</b> What kind of toilet facility do members of your household usually use? if “flush” or “pour flush”, probe: where does it flush to? if necessary, ask permission to observe the facility.</p>	<p>Less than 30 minutes.....1                  30 minutes or more .....2                  Members do not Collect.....3</p> <p>Flush / Pour flush                  Flush to piped sewer system .....1                  Flush to septic tank .....2                  Flush to pit (latrine) .....3                  Flush to somewhere else.....4                  Flush to unknown place / Not sure /Don't know where .....5</p> <p><b>Pit latrine</b>                  Ventilated Improved Pit latrine (VIP) ...6                  Pit latrine with slab.....7                  Pit latrine without slab / Open pit .....8                  Composting toilet .....9                  Bucket .....10                  Hanging toilet, Hanging latrine.....11                  No facility, Bush, Field .....12                  Other (specify) _____ 96</p>	<p><b>H5</b> Do you share this facility with others who are not members of your household?</p>	<p>Yes.....1                  No .....2</p>

## SECTION I: HOUSING CHARACTERISTICS

RESPONDENT: HEAD OF HOUSEHOLD OR ANY KNOWLEDGEABLE ADULT MEMBER OF THE HOUSEHOLD (18 YEARS AND ABOVE)

<p>I1. Main material of the dwelling floor.</p> <p><i>Record observation.</i></p>	<p><b>Natural floor</b>  Earth / Sand.....1  Dung.....2</p> <p><b>Rudimentary floor</b>  Wood planks .....3  Palm / Bamboo.....4</p> <p><b>Finished floor</b>  Parquet or polished wood .....5  Vinyl or asphalt strip.....6  Ceramic tiles.....7  Cement.....8  Carpet/Rug.....9</p> <p>Other (specify) _____ 96</p>	<p>I2. Main material of the roof.</p> <p><i>Record observation.</i></p>	<p>No Roof .....1</p> <p><b>Natural roofing</b>  Thatch / Palm leaf.....2</p> <p><b>Rudimentary Roofing</b>  Rustic mat.....3  Palm / Bamboo.....4  Wood planks.....5  Cardboard/Plastic Sheeting.....6</p> <p><b>Finished roofing</b>  Metal/ Iron sheet/Zinc.....7  Wood.....8  Calamine / Cement fibre.....9  Ceramic tiles.....10  Cement.....11  Roofing shingles.....12</p> <p>Other (specify) _____ 96</p>	<p>I3. Main material of the exterior wall. Record Observation</p>	<p><b>Natural walls</b> : No walls.....1  Cane/Palm/Trunks/Thatch.....2  Dirt/Earth.....3</p> <p><b>Rudimentary walls</b>  Bamboo with mud.....4  Stone with mud.....5  Uncovered adobe/mud brick.....6  Plywood.....7  Card board.....8  Reused wood.....9</p> <p><b>Finished walls</b>  Cement.....10  Stone with Lime/Cement.....11  Bricks.....12  Cement Blocks.....13  Covered adobe.....14  Wood planks/Shingles.....15  Others (specify) _____ 96</p>
<p>I4. What type of Fuel does Your Household <b>Mainly</b> Use For Cooking</p>	<p>Electricity.....1  Liquefied Petroleum Gas (LPG).....2</p> <p>Biogas.....3  Kerosene.....4</p> <p>Dung.....5  Straw/Shrubs/Grass.....6  Wood.....7  Charcoal/Coal/Lignite.....8  Agricultural crop residue .....9</p> <p>[If this answer is 5-9, go to I5; for others go to I6]</p> <p>No food cooked in household.....10</p> <p>Other (specify) _____ 96</p>	<p>I5. Does your kitchen have a chimney or ventilation so you don't breathe any smoke?</p> <p>I6. How many sleeping rooms does the household have?</p>	<p>Yes.....1  No.....2  I cook outside.....3</p> <p>_____</p>		

**SECTION J: HOUSEHOLD ASSETS**

<b>J1. Does your household have functional:</b>		<b>Yes</b>	<b>No</b>
[a] Computer	Computer.....	1	2
[b] Landline telephone {Non Mobile Phone}?	Landline telephone (Non-mobile telephone) .....	1	2
[c] Refrigerator?	Refrigerator .....	1	2
[d] Internet Access	Internet Access.....	1	2
[e] Fan	Fan .....	1	2
[f] VCR, VCD, DVD	VCR, VCD, DVD.....	1	2
[g] Clock	Clock.....	1	2
[h] Water Heater	Water Heater.....	1	2
[i] Blender/Mixer/Food Processor	Blender/Mixer/Food Processor.....	1	2
[j] Manufactured Bed	Manufactured Bed.....	1	2
[k] Cushion Chair	Cushion Chair.....	1	2
[l] Air Conditioner	Air conditioner .....	1	2
[m] Radio	Radio.....	1	2
[n] Television	Television.....	1	2
[o] Generator/Inverter	Generator/Inverter.....	1	2
<b>J2. Does any member of your household own a functional:</b>		<b>Yes</b>	<b>No</b>
[a] Mobile telephone?	Mobile telephone .....	1	2
[b] Bicycle?	Bicycle .....	1	2
[c] Motorcycle (motorbike) or scooter?	Motorcycle(motorbike) / Scooter .....	1	2
[d] Animal-drawn cart?	Animal drawn-cart .....	1	2
[i] Sewing machine?	Sewing machine .....	1	2
[j] Personal computer?	Personal Computer .....	1	2
[k] Wrist Watch	Wrist Watch.....	1	2
[l] Tricycle (keke NAPEP)	Tricycle.....	1	2

**SECTION K: EARLY CHILD DEVELOPMENT MEASUREMENT  
RESPONDENT: MOTHER OR CAREGIVER OF THE CHILDREN (CHILDREN UNDER 5 YEARS)**

<p>K1. Is there any child 0-59 months of age who has not received a vitamin A supplement during the last 6 months?</p>	<p>Yes ..... 1 No..... 2</p>	<p>K6. In the past one (1) month is there any child engaged by a household member older than 15 years in at least four of the following activities: reading books; telling stories; sing songs; be taken outside; play with; name/count or draw)?</p>	<p>Yes ..... 1 No..... 2 If K6=2 skip to K7</p>
<p>K2. Is there any child 0- 59 months of age that was not exclusively breastfed for 6 months?</p>	<p>Yes ..... 1 No..... 2</p>	<p>K6a. How often are these activities done?</p>	<p>Daily.....1 Weekly.....2 Monthly.....3</p>
<p>K3. Is there any child in the household that plays with any toy, either homemade toys, or toys from shops/manufactured toys, or household items / items found outside?</p>	<p>Yes ..... 1 No..... 2</p>	<p>K7. In the last 7 days, is there any child 0-59 months, in the household who was left in the care of another child less than 10yrs for more than one hour?</p>	<p>Yes ..... 1 No..... 2</p>
<p>K4. In the last five years, is there any child whose birth did NOT involve a doctor/ nurse/ medical professional but was attended to by a traditional birth attendant/ family friend / no one at all?</p>	<p>Yes ..... 1 No..... 2</p>	<p>K8. Is there any child who does not have more than one pair of shoes?</p>	<p>Yes ..... 1 No..... 2</p>
<p>K5. Do your child/children have safe space outside the house where they can play?</p>	<p>Yes ..... 1 No..... 2</p>	<p>K9. Do your child/children have friends around to play or eat with?</p>	<p>Yes ..... 1 No..... 2</p>
<p><b>ENUMERATOR: ALSO OBSERVE</b></p>		<p>K10. For child/children between 0-59 months, has all the children received all required vaccination to prevent them from getting diseases, including vaccination received in a campaign or immunization day or Child Health Day?</p> <p>(Ask to see vaccination card if available)</p>	<p>Yes ..... 1 No..... 2</p>

**SECTION L: DEATHS IN THE LAST 12 MONTHS**

**RESPONDENT: HEAD OF HOUSEHOLD OR ANY ADULT KNOWLEDGEABLE MEMBER OF THE HOUSEHOLD (18 YEARS AND ABOVE)**

L0: Is there any member of the household who has died in the last 12 months? Yes.....1

No.....2 if L0=2 skip to next section

S/N	L1	L2	L3		L4						L5
	Name of Deceased	Age at Death	Sex		Date of Death						Cause of Death
			M	F	D	D	M	M	Y	Y	
			1	2							
			1	2							
			1	2							
			1	2							
			1	2							
			1	2							



- L5. Cause of Death**
- |                          |                            |
|--------------------------|----------------------------|
| 1. Illness               | 6. Died in sleep           |
| 2. Accident              | 7. Pregnancy Related Death |
| 3. Murdered              | 8. Others (Specify)        |
| 4. Suicide               | _____                      |
| 5. Death due to covid 19 |                            |

**SECTION M: COMMUNITY/HOUSEHOLD READINESS FOR EPIDEMIC RESPONSE**

**RESPONDENT: HEAD OF HOUSEHOLD OR ANY KNOWLEDGEABLE ADULT MEMBER OF THE HOUSEHOLD (18 YEARS AND ABOVE)**

<p>M1. Is there any community engagement platform/ event (town hall meeting/association meetings) in this neighbourhood?</p>	<p>Yes.....1 No.....2 If 2 skip to SECTION N</p>
<p>M2. On average, how many times per month do your household participate in some community event or conversation?</p>	<p>At least once a week.....1 At least once every 2 weeks.....2 At least once a month.....3 Irregularly or once in a while.....4 None.....5</p>

**SECTION N: COVID 19 AWARENESS & VACCINE**

**RESPONDENT: HEAD OF HOUSEHOLD OR ANY KNOWLEDGEABLE ADULT MEMBER OF THE HOUSEHOLD**

N1	N2	N3	N4	N5	N6	N7	N8	N9	N10	N11
<i>For household members age 18 and above</i>										
LINE NO	How do you most frequently access information on COVID 19	How did COVID 19 pandemic affect your source of income? <b>Skip this question if Covid resulted in job loss in Economic activity (SECTION C7B)</b>	Has COVID 19 had any negative impact on your education? Yes.....1 No.....2	Have you heard about the COVID 19 vaccine Yes.....1 No.....2 If 2 skip to N9	Have you received the vaccination against COVID 19 Yes.....1 No.....2 If 2 skip to N9	if yes, Please can I see the card? Yes, card seen.....1 Yes, card not seen.....2	How many doses have you taken? One.....1 two.....2 next section	Are you willing to receive an approved COVID 19 vaccine if it is offered/available? Yes.....1 No.....2 If yes skip to next section	Why are you not willing?	If the following people take or recommend the vaccine to you, would you take it? a. Religious Leader Yes=1 No=2 b. Community Leaders Yes=1 No=2 c. Health personnel Yes=1 No=2 d. Parents/Family members Yes=1 No=2 e. Friends Yes=1 No=2 f. Others specify Yes=1 No=2
1										
2										
3										
4										
5										

- Col. N2**  
 Social Media.....1  
 Community Leader/ town crier.....2  
 Family.....3  
 Friends.....4  
 Radio.....5  
 Tv.....6  
 Others.....7

- Col. N3**  
 complete loss of income....1  
 Reduction in income.....2  
 Increase in Income.....3  
 No income.....4  
 No Effect.....5

- Col. N10**  
 1. I am not sure of the efficacy yet  
 2. I am afraid of the side effect  
 3. It is expensive  
 4. My belief does not allow  
 5. I was advised not to take by religious leader  
 6. I was advised not to take by community leader  
 7. COVID 19 / Corona-virus does not exist  
 8. Other specify-----



**SECTION O: DISABILITY FOR 5 YEARS AND ABOVE**

**RESPONDENT: HEAD OF HOUSEHOLD OR ANY KNOWLEDGEABLE ADULT MEMBER OF THE HOUSEHOLD (18 YEARS AND ABOVE)**

O1	O2	O2a	O2aa	O2b	O3a	O3b	O4a	O4b	O5	O6a	O6b
<b>LINE NO</b>	Do (name) have difficulty seeing?  Yes..1 No...2  <i>If No, GOTO O3a</i>	Do (name) wear medical glasses or contact lenses?  Yes...1 No.....2  <i>If yes, GOTO O2b</i>	Can (name) afford to get medical glasses?  Yes...1 No.....2  <i>GOTO O3a</i>	Do (name) have difficulty seeing even when wearing glasses?  Would you say...  [Read response categories]  1. No difficulty 2. Some difficulty 3. A lot of difficulty 4. Cannot at all 5. Don't know/ refused	Do (name) have difficulty hearing?  Yes....1 No.....2  <i>If No, GOTO O5</i>	Do (name) use a hearing aid?  Yes.....1 No.....2  <i>If Yes, GOTO O4b</i>	Can (name) afford to get a hearing aid?  Yes....1 No.....2 <b>If No GOTO O5</b>	Do (name) have difficulty hearing even when using a hearing aid?  Would you say...  [Read response categories]  1. No difficulty 2. Some difficulty 3. A lot of difficulty 4. Cannot at all 5. Don't know/ refused	Do (name) have Difficulty walking or climbing a hill/ step?  Yes.....1 No.....2  <i>If No, GOTO O9</i>	Do (Name) use equipment or receives assistance for walking or climbing a hill/step?  Yes.....1 No.....2  <i>If Yes, GOTO O8</i>	Can (name) afford to get equipment or assistance for walking or climbing a hill/step?  Yes.....1 No.....2  <b>If No GOTO O9</b>

O1	O8	O9	O10	O11	O12	O13	O14	O15
LINE NO	Do (Name) have difficulty walking or climbing a hill/ step even when using equipment or being assisted?  Would you say...  [Read response categories]  1. No difficulty 2. Some difficulty 3. A lot of difficulty 4. Cannot at all 5. Don't know/ refused	Using (name) usual language, do(name) have difficulty understanding when being spoken to?  Would you say...  [Read response categories]  1. No difficulty 2. Some difficulty 3. A lot of difficulty 4. Cannot at all 5. Don't know/ refused	Using (name) usual language, do(name) have difficulty being understood when he/she speaks?  Would you say...  [Read response categories]  1. No difficulty 2. Some difficulty 3. A lot of difficulty 4. Cannot at all 5. Don't know/ refused	Do (Name) have difficulty in self-care activities such as feeding or dressing?  Would you say...  [Read response categories]  1. No difficulty 2. Some difficulty 3. A lot of difficulty 4. Cannot at all 5. Don't know/ refused	Do (Name) have difficulty remembering or concentrating..... Would you say...  [Read response categories]  1. No difficulty 2. Some difficulty 3. A lot of difficulty 4. Cannot at all 5. Don't know/ refused	Do (Name) have difficulty raising a 2-litre bottle of water from waist to eye level  Would you say...  [Read response categories]  1. No difficulty 2. Some difficulty 3. A lot of difficulty 4. Cannot at all 5. Don't know/ refused	Do (Name) have difficulty using hands and fingers such as picking up small objects  Would you say...  [Read response categories]  1. No difficulty 2. Some difficulty 3. A lot of difficulty 4. Cannot at all 5. Don't know/ refused	Do (Name) have Skin conditions such as Albinism / Vitiligo etc Yes.....1 No.....2 Would you say...  [Read response categories]  1. No difficulty 2. Some difficulty 3. A lot of difficulty 4. Cannot at all 5. Don't know/ refused

**EMOTIONAL STATE (if any of O2b, O4b, O8, O9, O10, O11, O12, O13, O14, O15 = 2 or 3 or 4)**

O16. How often would you say you feel the following...? [Read response categories and mark all that apply]							
		Daily	Weekly	Monthly	A few times a year	Never	Don't know/refused
I.	Worried	1	2	3	4	5	6
II.	Nervous	1	2	3	4	5	6
III.	Anxious	1	2	3	4	5	6
IV.	Depressed	1	2	3	4	5	6

**EMPLOYMENT STATUS (For person 15 -64 years who has difficulty)**

Employment status of Persons with Disability (Instruction: Question should be asked to respondents who are of the age of employment)			
O17. How do you describe your employment status?	No Employment	1	<b>If 1, 2 or 3 GOTO O18</b>
	Under-Employment	2	
	Unsatisfactory Employment	3	
	Satisfactory Employment	4	
	Self-employed	5	

*For respondent with no employment / Under-employment / Unsatisfactory employment*

O18. Which of the following factors would make it more likely for you to seek or find a job? [Read response categories and mark all that apply]		
	Getting higher qualifications/training/skills	A
	Availability of suitable transportation to and from the workplace	B
	Help in locating appropriate jobs	C
	More positive attitudes towards persons with disabilities	D
	Availability of special equipment or assistive devices	E
	Availability of more flexible work schedules or work tasks arrangements	F
	Availability of a more accommodating workplace	G
	Cannot walk at all	H
	Others (Please specify)	I
	Don't know/ Refused	J

**GENERAL ISSUES**

**RESPONDENT: MEMBER OF THE HOUSEHOLD WITH A DISABILITY (5 YEARS AND ABOVE)**

**PSYCHOLOGICAL**

O19. Psychologically, how often do you experience any of the following...? [Read response categories and mark all that apply]		Never	Sometimes	Rarely	Often	Always
I.	Trauma	1	2	3	4	5
II.	Discrimination	1	2	3	4	5
III.	Low self esteem	1	2	3	4	5
IV.	Abuse	1	2	3	4	5
V.	Violence	1	2	3	4	5
VI.	Sexual and Gender-Based Violence	1	2	3	4	5
VII.	Neglect	1	2	3	4	5

**FINANCIAL SUPPORT**

**RESPONDENT: MEMBER OF THE HOUSEHOLD WITH A DISABILITY (5 YEARS AND ABOVE)**

O20. In terms of finance, how supportive would you say your friends and family members have been?		
	Very supportive	1
	Somewhat supportive	2
	Not supportive	3
	Don't know/ Refused	4

O21. In terms of finance, how supportive would you say the government has been?		
	Very supportive	1
	Somewhat supportive	2
	Not supportive	3
	Don't know/ Refused	4

**ACCESS TO ASSISTIVE TECHNOLOGY & ICT FOR THOSE WITH WALKING DIFFICULTY**

O22. How much access do you have in any of the following...? [Read response categories and mark all that apply]		Full Access	Partial Access	No Access at all	Don't know/refused
I.	Walking Sticks	1	2	3	4
II.	White Canes (Folding type / non-folding type)	1	2	3	4
III.	Club foot braces	1	2	3	4
IV.	Crutches	1	2	3	4

V.	Fall detectors	1	2	3	4
VI.	Orthoses lower limbs / spinal / upper limbs	1	2	3	4
VII.	Prostheses, lower limbs (artificial legs)	1	2	3	4
VIII.	Rollators	1	2	3	4
IX.	Standing frames	1	2	3	4
X.	Therapeutic footwear	1	2	3	4
XI.	Walkers (Adjustable)	1	2	3	4
XII.	Walking frames (With either ferrules or two tips and two castors)	1	2	3	4
XIII.	Wheelchairs, manual basic type / push type	1	2	3	4
XIV.	Wheelchairs, powered / electrical	1	2	3	4

**ACCESS TO ASSISTIVE TECHNOLOGY & ICT FOR THOSE WITH VISION DIFFICULTY**

O23. How much access do you have in any of the following...? [Read response categories and mark all that apply]					
		<b>Full Access</b>	<b>Partial Access</b>	<b>No Access at all</b>	<b>Don't know/refused</b>
1	Audio players with <b>DAISY</b> capability	1	2	3	4
2	Braille displays (note takers)	1	2	3	4
3	Braille writing equipment	1	2	3	4
4	Captioning TV	1	2	3	4
5	Magnifiers, digital handheld	1	2	3	4
6	Magnifiers, optical	1	2	3	4
7	Recorders (Dictaphone)	1	2	3	4
8	Screen readers	1	2	3	4
9	Spectacles	1	2	3	4
10	Watches, talking / touching	1	2	3	4

**ACCESS TO ASSISTIVE TECHNOLOGY & ICT FOR THOSE WITH HEARING DIFFICULTY**

O24. How much access do you have in any of the following...? [Read response categories and mark all that apply]					
		<b>Full Access</b>	<b>Partial Access</b>	<b>No Access at all</b>	<b>Don't know/refused</b>
1	Alarms	1	2	3	4
2	Deafblind communicators	1	2	3	4
3	Direct auditory input systems	1	2	3	4
4	Gesture to voice technology	1	2	3	4
5	Hearing Aids and accessories	1	2	3	4

**ACCESS TO ASSISTIVE TECHNOLOGY & ICT FOR THOSE WITH COMMUNICATION DIFFICULTY**

O25. How much access do you have in any of the following...? [Read response categories and mark all that apply]					
		<b>Full Access</b>	<b>Partial Access</b>	<b>No Access at all</b>	<b>Don't know/refused</b>
1	Communication equipment	1	2	3	4
2	Communication software	1	2	3	4
3	Video communication devices	1	2	3	4

**ACCESS TO ASSISTIVE TECHNOLOGY & ICT FOR THOSE WITH COGNITION, SELF CARE, UPPER BODY, AND OTHER DIFFICULTY**

O26. How much access do you have in any of the following...? [Read response categories and mark all that apply]					
		<b>Full Access</b>	<b>Partial Access</b>	<b>No Access at all</b>	<b>Don't know/refused</b>
1	Incontinence products, absorbent	1	2	3	4
2	Keyboard and mouse emulation software and accessories	1	2	3	4

3	Personal Digital Assistant (PDA)	1	2	3	4
4	Recorders (Dictaphone)	1	2	3	4
5	Simplified mobile phones	1	2	3	4
6	Others (Specify)	1	2	3	4

**ACCESS TO ECONOMIC AND SOCIETAL EMPOWERMENT**

**RESPONDENT: MEMBER OF THE HOUSEHOLD WITH A DISABILITY (5 YEARS AND ABOVE)**

O27. On a scale of 1-4 where 1= Never, and 4= Always, how frequently would you say you have access to any of the following...? [Read out options]

	Never	Sometimes	Often	Always
I. Educational resources/facilities	1	2	3	4
II. Vocational tools and materials	1	2	3	4
III. Work materials and equipment	1	2	3	4
IV. Financial Aid & Support	1	2	3	4
V. Programs sponsored by government	1	2	3	4
VI. Programs sponsored by NGOs, CBOS, FBOs, CSOs	1	2	3	4
VII. Discounts / tax waiver	1	2	3	4
VIII. Incentives for employers of labour	1	2	3	4

**TRANSPORT**

**RESPONDENT: MEMBER OF THE HOUSEHOLD WITH A DISABILITY (5 YEARS AND ABOVE)**

O28. Which of the following would you say affect your accessibility as a Person with a Disability? [Read response categories and mark all that apply]

Poor road signs	A
Poor pedestrian paths	B
Attitude of the commuters	C
Attitude of transport officers	D
Lack of accessible transport	E
Other (Please specify)	F
Don't know/ Refused	G

**ACCESS TO SUPPORT STAFF**

**RESPONDENT: MEMBER OF THE HOUSEHOLD WITH A DISABILITY (5 YEARS AND ABOVE)**

O29. How frequent would you say you have access to any of the following...? [Read response categories and mark all that apply]

	Never	Sometimes	Often	Always	Not Applicable
I. Sign language interpreter	1	2	3	4	5
II. Audiologist	1	2	3	4	5
III. Speech and language therapist	1	2	3	4	5
IV. Occupational therapist	1	2	3	4	5
V. Guidance counsellor	1	2	3	4	5
VI. Psychologist	1	2	3	4	5
VII. Vocational instructor	1	2	3	4	5
VIII. Nurse	1	2	3	4	5
IX. Care-giver	1	2	3	4	5
X. Cleaner	1	2	3	4	5
XI. Guard	1	2	3	4	5
XII. Play therapist	1	2	3	4	5
XIII. Driver	1	2	3	4	5
XIV. Mobility instructor	1	2	3	4	5
XV. Physiotherapists	1	2	3	4	5
XVI. Resource room staff	1	2	3	4	5
XVII. Adaptive sport officer	1	2	3	4	5
XVIII. Note taker	1	2	3	4	5

XIX.	Others (Specify)	1	2	3	4	5
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**SELF DETERMINATION**

**RESPONDENT: MEMBER OF THE HOUSEHOLD WITH A DISABILITY (5 YEARS AND ABOVE)**

O30. How much access or freedom do you have in any of the following...? [Read response categories and mark all that apply]

		Full Access	Partial Access	Not at all	Don't know/refused
I.	Access to Information	1	2	3	4
II.	Freedom of Movement	1	2	3	4
III.	Freedom of Choice	1	2	3	4
IV.	Freedom of Worship / Religion	1	2	3	4
V.	Right to set up own family and to be a parent	1	2	3	4
VI.	Freedom of dating and intimacy with persons of choice	1	2	3	4

**ENVIRONMENT / COMMUNITY**

**RESPONDENT: MEMBER OF THE HOUSEHOLD WITH A DISABILITY (5 YEARS AND ABOVE)**

O31. In your immediate environment/community, how much access do you have in any of the following...? [Read response categories and mark all that apply]

		Full Access	Partial Access	Not at all	Don't know/refused
I.	Access to public institutions	1	2	3	4
II.	Access to markets and stores	1	2	3	4
III.	Dignity and respect	1	2	3	4
IV.	Equal rights and Social Justice	1	2	3	4
V.	Access to recreational facilities	1	2	3	4

**RESPONDENT: MEMBER OF THE HOUSEHOLD WITH A DISABILITY (5 YEARS AND ABOVE)**

O32. How often do you participate in the following activities within your immediate environment/community...? [Read response categories and mark all that apply]

		Never	Often	Sometimes	Always
I.	Participation in community development	1	2	3	4
II.	Participation in political activities	1	2	3	4
III.	Participation in sporting activities	1	2	3	4

**HOUSING**

**RESPONDENT: HEAD OF HOUSEHOLD OR ANY KNOWLEDGEABLE ADULT MEMBER OF THE HOUSEHOLD WITH A DISABILITY**

O33. Is the dwelling own, rented, or free?	1. Own	2. Free	3. Rented
O34. Is the dwelling suitable for living?	1. Suitable	2. Unsuitable	

**SECTION P: NUTRITION ANTHROPOMETRY**

<b>ADMINISTER TO CHILDREN (UNDER 5 YEARS) AND ADULTS (18 - 60 years)</b>					
The measurer; measures <b>TWO children</b> under age 5 and <b>TWO adults</b> (Mother or Caregiver) and (the Head of Household or any other adult under the age of 60). Record weight and length/height below, taking care to record the measurements on the correct questionnaire for each Adult/Child.					
<b>P1. Measurer's name and number:</b>		<b>Child 1</b>	<b>Child 2</b>	<b>Mother or Caregiver</b>	<b>Head of Household/any other adult</b>
<b>CAPI QUESTION: Child's name: Child's age : Child's sex (KISH Program)</b>		<input type="checkbox"/>			
<b>P3. Result of height / length and weight measurement</b>	Child measured.....1		<input type="checkbox"/>		
	Child not present .....2				
	Child refused.....3				
	Mother or Caregiver measured.....4				
	Mother or Caregiver not present .....5			<input type="checkbox"/>	
	Mother or Caregiver refused.....6				
	HH or Respondent measured .....7				<input type="checkbox"/>
	HH or Respondent not present .....8				
	HH or Respondent refused.....9				
<b>P4. Child's weight</b>	Weight.....(kg) Weight not measured .....99.9	_____	_____		
<b>P5. Child's length or height</b> <b>Check age of child in B4:</b> Child under 2 years old: Measure length (Lying down). Recumbent  <b>OR</b> Child age 2 to below 5 years: Measure height (Standing up).  Length / Height not measured.....99.9	Length (cm) Lying down .....1	<input type="checkbox"/>	<input type="checkbox"/>		
	Height (cm) Standing up .....2	_____	_____		
		_____	_____		
<b>P6. Adult's weight</b>	Adult's: Measure weight Weight .....(kg) Weight not measured.....99.9			_____	_____
				_____	_____
<b>P7. Adult's height</b>	Adult's: Measure height Height .....(cm) Height not measured.....99.9			_____	_____
				_____	_____



