



NATIONAL BUREAU OF STATISTICS

HUMAN DEVELOPMENT INDICES

GENERAL HOUSEHOLD QUESTIONNAIRE



SECTION A: IDENTIFICATION

A1. State: _____ A2. LGA: _____ A3. Sector (urban = 1; rural = 2)

A4. EA Name: _____ A5. RIC:

A6. HH Listed A7. HH Selected: A8. HH No. A9. Name of Head of HH: _____

A10. HH Address: _____

THIS SURVEY IS A JOINT EFFORT OF UNITED NATIONS DEVELOPMENT PROGRAMME AND THE NATIONAL BUREAU OF STATISTICS OF NIGERIA. IT AIMS AT COLLECTING INFORMATION ON SOCIO – ECONOMIC ACTIVITIES AND LIVING CONDITIONS OF HOUSEHOLDS MEMBERS FOR THE PURPOSE OF COMPUTING HUMAN DEVELOPMENT INDEX. ALL THE INFORMATION GOTTEN WILL REMAIN STRICTLY CONFIDENTIAL AND ANONYMOUS.

MAY I START NOW?

- Yes(1) permission is given GO to A1
- No(2) permission is not given GO to A11

HOUSEHOLD GPS LOCATION: **Degree Decimal Degrees**

GPS1. LATITUDE: -----

GPS1. LONGITUDE: -----

A11. **Response Status:**

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

A13a. Time interview started (GMT)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
A13b. Time interview ended (GMT)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

SECTION B: DEMOGRAPHIC CHARACTERISTIC

GIVE INFORMATION ABOUT MEMBERS WHO USUALLY LIVE IN THE HOUSEHOLD (STARTING WITH THE HEAD OF HOUSEHOLD)

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

B1	B2	B3		B4		B5	B6	B7	B8	B9	B10
LINE NO	NAME	SEX		AGE (in completed years) if 5 and above	(if under 5 years) Age in Months	Relationship to head of household	Marital status	Attendance at formal school.	IF B7=3, HOW MANY YEARS OF SCHOOLING	Educational level reached	Grade completed
		M	F	Year	Month			IF B7=1 GOTO Next Person			
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								
11		1	2								
12		1	2								
13		1	2								
15		1	2								

- Col B5: Relationship to Head**
- Head1
 - Spouse2
 - Own child.....3
 - Step child4
 - Grand Child.....5
 - Brother/sister6
 - Niece/nephew) 7
 - Brother/sister-in-law....8
 - Parents9
 - Parents-in-law.....10
 - Other relatives.....11
 - Maid/house servant....12
 - Non relatives.....13

- Col. B6 Marital Status**
- 1. Never married
 - 2. Married
 - 3. Divorced
 - 4. Separated
 - 5. Widow
 - 6. Others

- Col.B7. Attendance at Formal School**
- 1. Never Attended
 - 2. Now in School
 - 3. Before but not now

- Col.B9 Educational Level Reached**
- 1. Below Pry
 - 2. Primary
 - 3. JSS
 - 4. Vocational/Commercial
 - 5. SSS
 - 6. NCE/OND/Nursing
 - 7. B. A/B. Sc/B. Ed/HND
 - 8. M. Sc/M. A/M. Adm
 - 9. Doctorate
 - 10. Others (Specify)

- Col.B10 Grade Completed**
- | Nursery/Primary | Secondary |
|-----------------|-----------------|
| 01. Pre-Class | 10. JSS 1 |
| 02. Nursery-1 | 11. JSS 2 |
| 03. Nursery-2 | 12. JSS 3 |
| 04. Primary-1 | 13. SSS 1 |
| 05. Primary-2 | 14. SSS 2 |
| 06. Primary-3 | 15. SSS 3 |
| 07. Primary-4 | |
| 08. Primary-5 | Post Sec |
| 09. Primary-6 | 16. A/L/ OND |
| | 17. B. Sc/HND |
| | 18. P/Graduate |

SECTION C: WATER AND SANITATION

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

<p>C1. What is the main source of drinking water for members of your household?</p>	<p>Piped water Piped into dwelling 1 Piped into compound, yard or plot 2 Piped to neighbour 3 Public tap / standpipe4 Tube Well, Borehole 5</p> <p>Dug well Protected well 6 Unprotected well 7</p> <p>Water from spring 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>C2. What is the main source of water used by your household for other purposes (such as cooking and hand washing)?</p>	<p>Piped water Piped into dwelling.....1 Piped into compound, yard or plot2 Piped to neighbour.....3 Public tap / standpipe4 Tube Well, Borehole5</p> <p>Dug well Protected well6 Unprotected well7</p> <p>Water from spring Protected spring.....8 Unprotected spring9 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>C3 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>Flush / Pour flush Flush to piped sewer system1 Flush to septic tank2 Flush to pit (latrine)3 Flush to somewhere else.....4 Flush to unknown place / Not sure /Don’t know where5</p> <p>Pit latrine Ventilated Improved Pit latrine (VIP)6 Pit latrine with slab.....7 Pit latrine without slab / Open pit8 Composting toilet9 Bucket10 Hanging toilet, Hanging latrine.....11 No facility, Bush, Field12 Other (specify) _____ 96</p>	<p>C4 Do you share this facility with others who are not members of your household?</p>	<p>Yes.....1 No2</p>

SECTION D: HOUSING CHARACTERISTICS

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

<p>D1. Main material of the dwelling floor. Record observation.</p>	<p>Natural floor Earth / Sand.....1 Dung2 Rudimentary floor Wood planks3 Palm / Bamboo4 Finished floor Parquet or polished wood5 Vinyl or asphalt strips.....6 Ceramic tiles7 Cement.....8 Carpet9 Other (specify) _____ 96</p>	<p>D2. Main material of the roof. Record observation.</p>	<p>Natural roofing No Roof.....1 Thatch / Palm leaf2 Sod.....3 Rudimentary Roofing Rustic mat.....4 Palm / Bamboo5 Wood planks6 Cardboard/Plastic Sheeting.....7 Finished roofing Metal/ Iron sheet/Zinc8 Wood.....9 Calamine / Cement fibre.....10 Ceramic tiles11 Cement.....12 Roofing shingles13 Other (specify) _____ 96</p>
<p>D3. What type of Fuel does Your Household Mainly Use For Cooking</p>	<p>Electricity 1 Natural gas 2 Biogas..... 3 Kerosene 4 Coal / Lignite..... 5 Charcoal 6 Wood 8 Straw / Shrubs / Grass 9 Animal dung..... 10 Agricultural crop residue..... 11 No food cooked in household95 Other (specify) _____ 96</p>		

SECTION D: HOUSING CHARACTERISTICS CONT'D

D4. Does your household have:		Yes	No
[a] Electricity	Electricity	1	2
[b] Fixed telephone (Non Mobile Phone)?	Non-mobile telephone	1	2
[c] Refrigerator?	Refrigerator	1	2
[d] VCR/VCD/DVD	VCR/VCD/DVD.....	1	2
[e] Clock	Clock.....	1	2
[f] Computer	Computer.....	1	2
[g] Internet facility	Internet facility.....	1	2
[h] Fan	Fan	1	2
[i] Air Conditioner	Air conditioner	1	2
[j] Blender/mixer/food processor	Blender/Mixer/Food processor	1	2
[k] Water Heater	Water heater.....	1	2
D5. Does any member of your household own:		Yes	No
[a] Watch?	Watch	1	2
[b] Mobile telephone?	Mobile telephone	1	2
[c] Bicycle?	Bicycle	1	2
[d] Motorcycle or scooter?	Motorcycle / Scooter	1	2
[e] Animal-drawn cart?	Animal drawn-cart	1	2
[f] Boat with a motor?	Boat with motor	1	2
[g] Car or truck?	Car/Truck.....	1	2
[h] Radio?	Radio	1	2
[i] Television?	Television	1	2
[l] Generator?	Generator	1	2
[l] Sewing machine?	Sewing machine	1	2
[n] Personal computer?	Personal Computer	1	2

SECTION E: MATERNAL MORTALITY

ADMINISTER TO EACH ADULT HOUSEHOLD MEMBER (AGE 15 OR OVER)

WRITE NAME AND LINE NUMBER OF EACH ADULT IN THE HOUSEHOLD. IF ONE OF THESE ADULTS IS NOT AT HOME, ANOTHER ADULT MAY RESPOND FOR HIM/HER. INDICATE THIS BY CIRCLING "1" IN MM3, AND INSERT LINE NUMBER OF PROXY (RESPONDENT) IN MM4.

FOR HOUSEHOLD MEMBER BELOW AGE 15, LEAVE ROWS BLANK

MM1	MM2	MM3		MM4	MM5	MM6	MM7	MM8	MM9	MM10	MM11
Line No	Name	Is this a proxy report? If No >> MM5		Line no of proxy respondent	How many sisters (born to the same mother) have you ever had? 98=don't know if 00 go to the next line	How many of these sisters ever reached age 15? 98=don't know if 00 go to the next line	How many of these sisters (who are at least 15 years old) are alive now? 98=don't know if 00 go to the next line	How many of these sisters who reached 15 or more have died? 98=don't know	How many of these dead sisters died while pregnant, or during the six weeks after the end of pregnancy? 98=don't know	How many of these sisters died in this state?	How many of these sisters died in another state?
		Y	N								
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								
11.		1	2								
12.		1	2								
13.		1	2								
14.		1	2								
15.		1	2								

SECTION F: ECONOMIC ACTIVITY AND WORK HISTORY OF PERSONS 15 YEARS AND ABOVE; WHO WORKED LAST WEEK

Line Number	If NO in F0 GO TO F6		Employed Person (if YES in F1 or F2 or F3 or F4 or F5), then GOTO F9																									Unemployed if YES in F6 or F7 GO TO F13				
			Work for pay/wage (F1)					Self-Employment in Farming (F2)					Self-Employment non Farming (F3)					Paid Apprentice (F4)					Unpaid Household worker (F5)									
	F0	F1a	F1b	F1c	F1d	F1e	F1f	F2a	F2b	F2c	F2d	F2e	F2f	F3a	F3b	F3c	F3d	F3e	F4a	F4b	F4c	F4d	F4e	F5a	F5b	F5c	F5d	F5e	F6	F7		
	Is [name] engage in any economic activity?	Work for Pay/Wage (Last week)	institutional Sector	Occupation Code (ANNEX I) ISCO	Industry Code (ANNEX II ISIC)	Hours of work last week	Income last Month	Self-employment (in farming) Last week	Hours of work last month	Occupation Code (ANNEX I) ISCO	Industry Code (ANNEX II ISIC)	Hours of work last week		Self-employment (non farming) Last week	Occupation Code (ANNEX I) ISCO	Industry Code (ANNEX II ISIC)	Hours of work last week	Income last Month	Paid Apprentice	Occupation Code (ANNEX I) ISCO	Industry Code (ANNEX II ISIC)	Hours of work last week	Income last Month	Unpaid Household worker	Occupation Code (ANNEX I) ISCO	Industry Code (ANNEX II ISIC)	Hours of work last week	Income last Month	Looking for work	Available for work		
Y	N	Y	N				Y	N					Y	N				Y	N				Y	N				Y	N	N	Y	
1	1	2	1	2			1	2					1	2				1	2				1	2					1	2	1	2
2	1	2	1	2			1	2					1	2				1	2				1	2					1	2	1	2
3	1	2	1	2			1	2					1	2				1	2				1	2					1	2	1	2
4	1	2	1	2			1	2					1	2				1	2				1	2					1	2	1	2
5	1	2	1	2			1	2					1	2				1	2				1	2					1	2	1	2
6	1	2	1	2			1	2					1	2				1	2				1	2					1	2	1	2
7	1	2	1	2			1	2					1	2				1	2				1	2					1	2	1	2
8	1	2	1	2			1	2					1	2				1	2				1	2					1	2	1	2
9	1	2	1	2			1	2					1	2				1	2				1	2					1	2	1	2
10	1	2	1	2			1	2					1	2				1	2				1	2					1	2	1	2
11	1	2	1	2			1	2					1	2				1	2				1	2					1	2	1	2
12	1	2	1	2			1	2					1	2				1	2				1	2					1	2	1	2
13	1	2	1	2			1	2					1	2				1	2				1	2					1	2	1	2
14	1	2	1	2			1	2					1	2				1	2				1	2					1	2	1	2
15	1	2	1	2			1	2					1	2				1	2				1	2					1	2	1	2

E1b: Institutional Sector
 (1) Private company: Employing ≥ 50
 (2) Private company: Employing ≥ 10 ≤ 49
 (3) Private company: Employing ≥ 9
 (4) Public Institution

SECTION F: ECONOMIC ACTIVITY AND WORK HISTORY OF PERSONS 15 YEARS AND ABOVE; WHO WORKED LAST WEEK contd.

Line Number	Not in Labour Force (If NO F1a, F2a, F3a, F4a, F5a, F6, F7)			Total hours of work	If F9 < 40 hrs will you do extra hours of work if given?	If YES, are you available for extra hours of work	If YES in F1a or F2a or F3a or F4a or F5a			Social/Voluntary work			Other sources of Income	If more than one options (YES) in F1a to F5a then;				
	Full time student/ Trainee/ Unpaid Apprentice → F13	Full time Housewife → F13	Old Age/ Physically unable/ Retired → F13				Add: F1e+F2e +F3d +F4d+F5d	Main job in the last 7 days			Type of Social/ Voluntary work			Income last month from other sources If F6 or F7=1 GOTO Section H	Among various work which is your secondary job?			
				Occupation Code (ANNEX I) ISCO (F12a)	Industry Code (ANNEX II) ISIC (F12b)	Code See Page 8 (F13a)		Hrs of Work per Week (F13b)	Income/ Allowance last Month (F13c)	Occupation Code (ANNEX I) ISCO (F15a)	Industry Code (ANNEX II) ISIC (F15b)							
	F8			F9	F10	F11	F12			F13			F14	F15				
1																		
2																		
3																		
4																		
5																		
6																		
7																		
8																		
9																		
10																		
11																		
12																		
13																		
14																		
15																		

↑

F13a: Area of Volunteering

Arts & Recreation.....1	Civil Advocacy 7
Education/Research....2	Philanthropy.....8
Health.....3	Religion9
Social Service4	International.....10
Environment.....5	Business/Professional....11
Dev. & Housing6	others (specify).....12

SECTION G1A: (if YES in F2a)

FOR ALL HOUSEHOLD MEMBERS WHO ENGAGED IN SELF-EMPLOYMENT (FARMING-Crops)

Collect detailed information on three major farm products produced by each member of the household

HH member line number	Product 1					Product 2					Product 3				
	Product name	Product code	Unit of measurement	Quantity produced/ number	Unit price (A)	Product name	Product code	Unit of measurement	Quantity/ number produced	Unit price (A)	Product name	Product code	Unit of measurement	Quantity / number produced	Unit price (A)
1															
2															
3															
4															
5															

SECTION G1B: (if YES in F2a)

FOR ALL HOUSEHOLD MEMBERS WHO ENGAGED IN SELF-EMPLOYMENT (FARMING-Livestock)

Collect detailed information on three major farm products produced by each member of the household

HH member line number	Product 1					Product 2					Product 3				
	Product name	Product code	Unit of measurement	Quantity produced/ number	Unit price (A)	Product name	Product code	Unit of measurement	Quantity/ number produced	Unit price (A)	Product name	Product code	Unit of measurement	Quantity / number produced	Unit price (A)
1															
2															
3															
4															
5															

SECTION G1C: (if YES in F2a)

FOR ALL HOUSEHOLD MEMBERS WHO ENGAGED IN SELF-EMPLOYMENT (FARMING-Poultry)

Collect detailed information on three major farm products produced by each member of the household

HH member line number	Product 1					Product 2					Product 3				
	Product name	Product code	Unit of measurement	Quantity produced/number	Unit price (N)	Product name	Product code	Unit of measurement	Quantity/number produced	Unit price (N)	Product name	Product code	Unit of measurement	Quantity / number produced	Unit price (N)
1															
2															
3															
4															
5															

SECTION G1D: (if YES in F2a)

FOR ALL HOUSEHOLD MEMBERS WHO ENGAGED IN SELF-EMPLOYMENT (FARMING-Fishries)

Collect detailed information on three major farm products produced by each member of the household

HH member line number	Product 1					Product 2					Product 3				
	Product name	Product code	Unit of measurement	Quantity produced/number	Unit price (N)	Product name	Product code	Unit of measurement	Quantity/number produced	Unit price (N)	Product name	Product code	Unit of measurement	Quantity / number produced	Unit price (N)
1															
2															
3															
4															
5															

SECTION G1E: (if YES in F2a)

FOR ALL HOUSEHOLD MEMBERS WHO ENGAGED IN SELF-EMPLOYMENT (FARMING-Forestry)

Collect detailed information on three major farm products produced by each member of the household

HH member line number	Product 1					Product 2					Product 3				
	Product name	Product code	Unit of measurement	Quantity produced/number	Unit price (N)	Product name	Product code	Unit of measurement	Quantity/number produced	Unit price (N)	Product name	Product code	Unit of measurement	Quantity/number produced	Unit price (N)
1															
2															
3															
4															
5															

SECTION G2: (if YES in F2a)

FOR ALL HOUSEHOLD MEMBERS WHO ENGAGED IN SELF-EMPLOYMENT FARMING

Collect detailed information on all the expenses made in the production process on all farm inputs

HH member line number	Purchase of simple hand tools (1)	Fertilizer (2)	Herbicide (3)	Insecticide (4)	Seed/Seedlings (5)	Rent (6)	Hired Labour (7)	Feeds(8)	Vaccines/Drugs	Others specify
	Value in (N)	Value in (N)	Value in (N)	Value in (N)	Value in (N)	Value in (N)	Value in (N)	Value in (N)	Value in (N)	Value in (N)
1										
2										
3										
4										
5										

SECTION H: FOR ALL HOUSEHOLD MEMBERS WHO ENGAGED IN SELF-EMPLOYMENT NON-FARMING ENTERPRISES (if YES in F3a)

Collect detailed information on **total sale within the last 12 months and all expenses incurred**

HH member line number (Ha)	Name of the enterprise (Hb)	Economic Activity 1		Economic Activity 2		Economic Activity 3		Economic Activity 4	
		Turnover/Gross earnings (A) (Hc)	Cost incurred (excluding wages & salary) (A) (Hd)	Turnover/ Gross earnings (A) (He)	Cost incurred (excluding wages & salary) (A) (Hf)	Turnover/ Gross earnings (A) (Hg)	Cost incurred (excluding wages & salary) (A) (Hh)	Turnover/ Gross earnings (A) (Hi)	Cost incurred (excluding wages & salary) (A) (Hj)
1									
2									
3									
4									
5									

SECTION I: DEATHS IN THE LAST 12 MONTHS

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

S/N	i1	i2	i3		i4						i5
	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							
			1	2							
			1	2							
			1	2							
			1	2							



- C5. Cause of Death**
- | | |
|-------------|----------------------------|
| 1. Illness | 5. Died in sleep |
| 2. Accident | 6. Pregnancy Related Death |
| 3. Murdered | 7. Others (Specify) |
| 4. Suicide | _____ |

SECTION J: ANTHROPOMETRY

ADMINISTER TO CHILDREN (UNDER 5 YEARS) AND ADULT (18 YEARS OR OVER)

The measurer; measures **TWO children** under age 5 and **TWO adults** (Mother or Caregiver) and (the Head of Household or any other adult).
Record weight and length/height below, taking care to record the measurements on the correct questionnaire for each Adult/Child.

J1. Measurer's name and number:		Child 1	Child 2	Mother or Caregiver	Head of Household/any other adult
	J2. Line Number:	<input type="checkbox"/>			
J3. Result of height / length and weight measurement	Child measured.....1		<input type="checkbox"/>		
	Child not present2		<input type="checkbox"/>		
	Child refused.....3				
	Mother or Caregiver measured.....4				
	Mother or Caregiver not present5			<input type="checkbox"/>	
	Mother or Caregiver refused.....6				
	HH or Respondent measured7				
	HH or Respondent not present8				<input type="checkbox"/>
	HH or Respondent refused.....9				
J4. Child's weight	Weight.....(kg) Weight not measured99.9	<input type="checkbox"/>	<input type="checkbox"/>		
J5. Child's length or height <i>Check age of child in B4:</i> Child under 2 years old: Measure length (Lying down). Recumbent OR Child age 2 to below 5 years: Measure height (Standing up).	Length (cm) Lying down1 Height (cm) Standing up2 Length / Height not measured.....99.9	____.____	____.____		
J6. Adult's weight Adult's: Measure weight	Weight(kg) Weight not measured.....99.9			____.____	____.____
J7. Adult's height Adult's: Measure height	Height(cm) Height not measured.....99.9			____.____	____.____