

# CONFIDENTIAL



Federal Republic of Nigeria  
National Bureau of Statistics Abuja, Nigeria

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



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

### SECTION A-1: HOUSEHOLD IDENTIFICATION

	Name	Code
1. Zone	<input type="text"/>	<input type="text"/>
2. STATE:	<input type="text"/>	<input type="text"/>
3. LGA	<input type="text"/>	<input type="text"/>
4. SECTOR (Urban=1, Rural=2)	<input type="text"/>	<input type="text"/>
5. EA	<input type="text"/>	<input type="text"/>
6. RIC	<input type="text"/>	<input type="text"/>
7. HOUSEHOLD NO.	<input type="text"/>	<input type="text"/>

8. WHAT ARE THE GPS COORDINATES OF THE DWELLING?

LATITUDE (N)							
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

LONGITUDE (E)							
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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

QUESTIONNAIRE \_\_\_\_ OF \_\_\_\_ TOTAL

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

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

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

9. NAME OF HOUSEHOLD HEAD:

10. ADDRESS OF HOUSEHOLD HEAD:

11. NAME OF INTERVIEWER:

12. NAME OF SUPERVISOR:

[DAY / MONTH / YEAR]

13. DATE OF FIRST INTERVIEW:

14a. TIME FIRST INTERVIEW STARTED  :

14b. TIME FIRST INTERVIEW ENDED  :

15a. INTERVIEW STATUS AFTER 1st VISIT:

COVER	Section 1 ROSTER	Section 3 LABOR	Section 4A SAVINGS AND INSURANCE	Section 4B ICT - MOBILE PHONE BANKING	Section 4C CREDIT	Section 5 HOUSEHOLD ASSETS	Section 7A MEALS OUTSIDE HOUSEHOLD	Section 7B HOUSEHOLD CONSUMPTION EXPENDITURE	Section 8 NON-FOOD EXPENSE	Section 9 FOOD SECURITY	Section 9b SUBJECTIVE WELLBEING	Section 11 HOUSING	CONTACT INFO

15b. DATA ENTRY STATUS AFTER FIRST VISIT:

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

[DAY / MONTH / YEAR]

16. DATE OF SECOND INTERVIEW:

17a. TIME SECOND INTERVIEW STARTED  :

17b. TIME SECOND INTERVIEW ENDED  :

18a. INTERVIEW STATUS AFTER 2nd VISIT:

COVER	Section 1 ROSTER	Section 3 LABOR	Section 4A SAVINGS AND INSURANCE	Section 4B ICT - MOBILE PHONE BANKING	Section 4C CREDIT	Section 5 HOUSEHOLD ASSETS	Section 7A MEALS OUTSIDE HOUSEHOLD	Section 7B HOUSEHOLD CONSUMPTION EXPENDITURE	Section 8 NON-FOOD EXPENSE	Section 9 FOOD SECURITY	Section 9b SUBJECTIVE WELLBEING	Section 11 HOUSING	CONTACT INFO

18b. DATA ENTRY STATUS AFTER SECOND VISIT:

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

[DAY / MONTH / YEAR]

19. DATE OF THIRD INTERVIEW:

20a. TIME THIRD INTERVIEW STARTED  :

20b. TIME THIRD INTERVIEW ENDED  :

21a. INTERVIEW STATUS AFTER 3rd VISIT:

COVER	Section 1 ROSTER	Section 3 LABOR	Section 4A SAVINGS AND INSURANCE	Section 4B ICT - MOBILE PHONE BANKING	Section 4C CREDIT	Section 5 HOUSEHOLD ASSETS	Section 7A MEALS OUTSIDE HOUSEHOLD	Section 7B HOUSEHOLD CONSUMPTION EXPENDITURE	Section 8 NON-FOOD EXPENSE	Section 9 FOOD SECURITY	Section 9b SUBJECTIVE WELLBEING	Section 11 HOUSING	CONTACT INFO

21b. DATA ENTRY STATUS AFTER THIRD VISIT:

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

**OBSERVATIONS ON THE INTERVIEW**

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

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

**1. STATUS OF QUESTIONNAIRE**

☐

**2. STATUS OF DATA ENTRY**

☐

Response Status

1. Completed
2. Partially completed
3. Not at Home
4. Refused
5. Household not located
6. Moved away
7. Other (specify)\_\_\_\_\_

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## DEFINITIONS/INSTRUCTIONS

### BRIEF DEFINITION OF A HOUSEHOLD:

1. A household is a group of people who have usually slept in the same dwelling and share their meals together. Examples of households are:

A household consisting of a man and his wife/wives and children, father/mother, nephew and other relatives.

A household consisting of a single person

A household consisting of a couple or several couples with or without children.

2. All listed persons that have been away from the household for more than six months are not considered to be household members except:

The person identified as the head of household even if he or she has not been with the household for more than 6 months

Newly born children (or newly adopted)

Students and seasonal workers who have not been living in or as part of another household

New spouses

**FOR EVERY HOUSEHOLD THAT WAS INTERVIEWED BEFORE AND IS STILL RESIDENT IN THE SAME EA/COMMUNITY, FILL OUT A TI (TRACKING FORM 1) BEFORE CONTINUING WITH THE NEXT HOUSEHOLD.**

FLAP A

PREFILL THIS FLAP BEFORE INTERVIEW AND USE WITH SECTIONS 1, 3, 4A & 4B

I N D I V I D U A L  I D	1.	2.	3.	4.	5.	6.
	<p><b>NAME</b></p> <div style="border: 1px solid black; padding: 10px; margin: 10px 0;"> <p>MAKE A COMPLETE LIST OF ALL INDIVIDUALS WHO NORMALLY LIVE AND EAT THEIR MEALS TOGETHER IN THIS HOUSEHOLD.</p> <p>(CONFIRM THAT HOUSEHOLD HEAD HERE IS SAME AS HOUSEHOLD HEAD LISTED ON IDENTIFICATION PAGE.)</p> </div>	<p><b>What is the sex of [NAME]?</b></p> <p>MALE.....1</p> <p>FEMALE..2</p>	<p><b>What is [NAME]'s relationship to the head of household?</b></p> <p>HEAD.....01</p> <p>SPOUSE.....02</p> <p>OWN CHILD.....03</p> <p>STEP CHILD.....04</p> <p>ADOPTED CHILD..05</p> <p>GRANDCHILD....06</p> <p>BROTHER/SISTER.07</p> <p>NIECE/NEPHEW...08</p> <p>BROTHER/ SISTER-IN-LAW.09</p> <p>PARENT.....10</p> <p>PARENT-IN-LAW..11</p> <p>DOMESTIC HELP (RESIDENT).....12</p> <p>DOMESTIC HELP (NON RESIDENT).13</p> <p>OTHER RELATION (SPECIFY )....14</p> <p>OTHER NON-RELATION (SPECIFY).....15</p>	<p>Is [NAME] still a member of this household?</p> <p>YES...1</p> <p>NO...2 (► Q29)</p>	<p><b>D R O P P E D</b></p>	<p><b>How old is [NAME] (IN COMPLETED YEARS)?</b></p> <p>IF RESPONDENT DOESN'T KNOW, USE YEAR OF BIRTH TO CALCULATE AGE OR USE MAJOR EVENTS LISTED IN ENUMERATOR MANUAL TO PROMPT RESPONDENT.</p> <p>YEARS</p>

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## SECTION 1: ROSTER

PLEASE OPEN FLAP A

7.				8.	9.	10.	11.				12.	13.	13b.
I N D I V I D U A L	In what day, month and year was [NAME] born?			What is [NAME]'s marital status?  Married (monogamous) ..1 (► Q12) Married (polygamous) ..2 Informal Union.....3 Divorced.....4 (► Q13b) Separated.....5 (► Q13b) Widowed.....6 (► Q14) Never Married.7 (► Q14)	INTERVIEWER: IS THIS PERSON A MALE IN A POLYGAMOUS MARRIAGE?          YES..1  NO...2 (► Q12)	How many wives do you currently have?	In what year, did you get married to each of your wives respectively?  LIST THE <b>YEAR</b> FOR YOUR FIRST WIFE AND THEN THE YEAR OF MARRIAGE FOR UP TO 3 OTHER MOST RECENT WIVES.				Does [NAME]'s spouse/ partner live in this household now? [ASK ABOUT FIRST WIFE FOR RESPONDENT WITH MULTIPLE WIVES].       YES..1  NO...2 (► Q13b)	WRITE ID CODE OF CURRENT SPOUSE (OR IN THE CASE OF A POLYGAMOUS MARRIAGE, FIRST WIFE AMONG THOSE WHO LIVE(S) IN THE HOUSEHOLD.      COPY SPOUSE ID FROM ROSTER	Have you had any previous marriages that ended? (INTERVIEWER: IF RESPONDENT IS CURRENTLY DIVORCED, SEPARATED OR WIDOWED, ASK: Have you had any other previous marriages that ended?)      YES..1 NO...2 (► Q14)
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## SECTION 1: ROSTER

	13c.	14.	15.	16.	17.	18.	19.	20.	21.
I N D I V I D U A L  I D	How did your previous marriage end? (If more than one, speak of most recent)	INTERVIEWER: WAS THIS PERSON A MEMBER OF THIS HOUSEHOLD IN THE PREVIOUS ROUND OF THE SURVEY (FEB.-APR. 2013)?	D R O P P E D	When did [NAME] join this household?	Why did [NAME] join this household?	What is [NAME]'S main religion?	Does [NAME]'s biological father live in this household?	What is the individual ID of [NAME]'s biological father?	Is [NAME]'s biological father alive?
	DIVORCE.....1 SPOUSE DIED.....2 OTHER (SPECIFY)...3	YES...1 (► NEXT SECTION) NO...2		MONTH CODE  JAN..01 FEB..02 MAR..03 APR..04 MAY..05 JUN..06 JUL..07 AUG..08 SEP..09 OCT..10 NOV..11 DEC..12	NEW BORN.....01 ADOPTED CHILD.....02 MARRIAGE /COHABITATION.. 03 DIVORCE /SEPARATION.....04 RETURNED FROM COLLEGE/UNIV.....05 RETURNED FROM INSTITUTION.....06 MOVED IN WITH PARENT OR RELATIVE.....07 SHARED ACCOMODATION.....08 RETURN FROM WORK MIGRATION.....09 MISTAKENLY NOT REPORTEDD OR FORGOTTEN LAST VISIT..10 OTHER, SPECIFCY.....11 FLED PROBLEM AREAS/ INTERNALLY DISPLACED PERSONS.....12	CHRISTIANITY..1 ISLAM .....2 TRADITIONAL...3 OTHER (Specify)....4	YES..1  NO...2 (► Q21)	COPY ID FROM ROSTER  (► Q24)	YES..1  NO...2
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## SECTION 1: ROSTER

22.		23.		24.	25.	26.	27.	
I N D I V I D U A L I D	What was the highest educational level completed by [NAME'S] biological father?		What was the industry of occupation of [NAME'S] biological father?		Does [NAME]'s biological mother live in this household?	What is the person ID of [NAME]'s biological mother?	Is [NAME]'s biological mother alive?	What was the highest educational level completed by [NAME'S] biological mother?
	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 Vocational/ Technical..32 Modern school....33 NCE.....34 Poly/prof...41 1st degree..42 Higher degree....43 Quaranic...51 Integrated Quaranic...52 Adult Education..61	AGRICULTURE.....01 MINING.....02 MANUFACTURING.....03 PROFESSIONAL,SCIENTIFIC, TECHNICAL ACTIVITIES.....04 ELECTRICITY.....05 CONSTRUCTION.....06 TRANSPORTATION.....07 BUYING AND SELLING.....08 FINANCIAL SERVICES.....09 PERSONAL SERVICES.....10 EDUCATION.....11 HEALTH.....12 PUBLIC ADMINISTRATION.....13 OTHER, SPECIFY.....14		YES..1  NO...2 (► Q26)	COPY ID FROM ROSTER  (► NEXT SECTION)	YES..1  NO...2	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
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## SECTION 1: ROSTER

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I N D I V I D U A L	What was the industry of occupation of [NAME'S] biological mother?	Why did [NAME] leave this household?	In which month and year did [NAME] leave this household?		Does [NAME] reside in Nigeria or outside Nigeria now?
	AGRICULTURE.....01 MINING.....02 MANUFACTURING.....03 PROFESSIONAL, SCIENTIFIC, TECHNICAL ACTIVITIES.....04 ELECTRICITY.....05 CONSTRUCTION.....06 TRANSPORTATION.....07 BUYING AND SELLING.....08 FINANCIAL SERVICES.....09 PERSONAL SERVICES.....10 EDUCATION.....11 HEALTH.....12 PUBLIC ADMINISTRATION.....13 OTHER, SPECIFY.....14  (► NEXT PERSON)	DIVORCE/SEPARATION.....1 LEFT FOR STUDIES/ EDUCATIONAL OPPORTUNITY.....2 LEFT FOR WORK.....3 LEFT TO FIND BETTER LAND.4 HEALTH REASONS.....5 SECURITY REASONS.....6 FOR MARRIAGE/ COHABITATION.....7 TO JOIN THEIR FAMILY ALREADY LIVING IN ANOTHER LOCATION.....8 MOVED WITH FAMILY.....9 LEFT TO SET UP OWN HOME.10 DEAD.....11 OTHER, (SPECIFY).....12	MONTH CODE JAN..01 FEB..02 MAR..03 APR..04 MAY..05 JUN..06 JUL..07 AUG..08 SEP..09 OCT..10 NOV..11 DEC..12  IF PERSON HAS DIED ► NEXT PERSON		Inside Nigeria..1  Outside of Nigeria..2 (► Q34)
			MONTH (MM)	YEAR (YYYY)	

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## SECTION 1: ROSTER

I N D I V I D U A L  I D	32. Which LGA and state did [NAME] move to?  USE LGA AND STATE CODES FROM ABOVE  SUPERVISOR CODE AFTER INTERVIEW  (► NEXT PERSON)				33.	34. How many months has [NAME] been abroad?	35.	36.	37.	38.	39.	40.	41.	42.
					D R O P P E D		D R O P P E D	D R O P P E D	D R O P P E D	D R O P P E D	D R O P P E D	D R O P P E D	D R O P P E D	D R O P P E D
LGA NAME				CODE	STATE NAME	CODE	NUMBER OF MONTHS							
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ASK THESE QUESTIONS FROM ALL INDIVIDUALS 5 YEARS AND ABOVE.

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

	6c.	7.	8.	9.	10.	11.	12.	12b.
I N D I V I D U A L	In general, are the products obtained from the household nonfarm enterprise intended for sale or barter or mainly for use by the household?	INTERVIEWER: IS THERE A "YES" RESPONSE IN QUESTIONS 4, 5 OR 6?	Have you taken any steps within the past 7 days to look for work?	What is the main reason you did not look for a job in the past 7 days?	Were you available for work during the last 7 days?	Why were you not available for work during the last 7 days?	D R O P P E D	Have you done any wage/salaried work for pay in the past 7 days?
	Only for sale/barter.....1			MOST IMPORTANT REASON				
	Mainly for sale/barter but some for own/family use.....2			STUDENT.....01 HOUSEWIFE/CHILDCARE..02 TOO OLD/RETIRED.....03 SICKNESS/ILLNESS.....04 DISABILITY.....05 WAITING FOR REPLY FROM EMPLOYER.....06 WAITING FOR RECALL BY EMPLOYER.....07 ON LEAVE.....08 WAITING FOR BUSY SEASON.....09		IN SCHOOL .....1 BUSY WITH HOUSEHOLD DUTIES .....2 TOO YOUNG TO WORK....3 TOO OLD TO WORK.....4 TOO SICK TO WORK.....5 DISABLED.....6 OTHER (SPECIFY).....7		
	Only for own/family use.....4	YES..1 (► Q12b) NO...2	YES..1 (► Q10) NO...2	(► Q38)	YES..1 (► Q38) NO...2	(► Q38)		YES..1 NO...2 (► Q38)

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## SECTION 3: LABOR

## MAIN /PRIMARY WAGE EMPLOYMENT

I N D I V I D U A L  I D	13. What is your primary activity in your main wage/salaried job? (MAIN WAGE/SALARIED OCCUPATION IN THE LAST 7 DAYS)		14. In what sector is this main activity?	15. Who is the employer in this job?	15b. Is this an apprenticeship job?	15c. How many people work for this employer?
	WRITTEN DESCRIPTION	OCCUPATION CODE (CODE AFTER INTERVIEW)	AGRICULTURE.....01 MINING.....02 MANUFACTURING.....03 PROFESSIONAL/ SCIENTIFIC/TECHNICAL ACTIVITIES.....04 ELECTRICITY/WATER/GAS /WASTE.....05 CONSTRUCTION.....06 TRANSPORTATION.....07 BUYING AND SELLING...08 FINANCIAL/INSURANCE/ REAL EST. SERVICES.09 PERSONAL SERVICES..10 EDUCATION.....11 HEALTH.....12 PUBLIC ADMINISTRATION.....13 OTHER, SPECIFY.....14	FEDERAL GOV.....01 STATE GOV.....02 LOCAL GOV.....03 PARASTATAL.....04 PRIVATE SECTOR (INCLUDE PAID APPRENTICE).....05 NGO.....06 CO-OPERATIVES.....07 INTERNATIONAL ORGANIZATION /DIPLOMATIC MISSION.....08 RELIGIOUS ORGANIZATION.....09 OTHER (SPECIFY).....11	YES..1 NO...2	NUMBER OF EMPLOYEES  1-5...1 6-10...2 11-20...3 20+...4
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## SECTION 3: LABOR

INDIVIDUAL ID	15d.	15e.	15f.	16.	17.	18.	19.	20.	21.		22.	
	Are you enrolled in a pension scheme for this job?	Do you have a written contract/agreement or letter of appointment for this job?	Does your employer provide health insurance coverage (either partial or full).	During the last 12 months how many months did you work in this employment?	During these months how many weeks did you work in this employment?	How many hours do you <b>normally</b> work in <u>a week</u> in this job?	D R O P P E D	D R O P P E D	How much was your last payment? IF RESPONDENT HAS NOT YET BEEN PAID, ASK: What payment do you expect? What period of time did this payment cover?		Who in your household decides on the use of these earnings?	
	YES..1 NO...2	YES..1 NO...2	YES..1 NO...2									
				MONTHS	WEEKS	HOURS PER WEEK			NAIRA	TIME UNIT	ID CODE	ID CODE
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## SECONDARY WAGE EMPLOYMENT

I N D I V I D U A L  I D	23. Do you receive any in-kind payment or allowance for this work in any other form?  [APART FROM SALARY]	24. What is the value of those payments? Over what time interval?		25. Were you engaged in a second wage/salaried job in the past 7 days?	26. What is your main activity in your second wage/salaried job in the past 7 days?	
	YES...1 NO....2 (► Q25)	TIME UNIT  HOOR.....1 DAY.....2 WEEK.....3 FORTNIGHT..4 MONTH.....5 QUARTER....6 HALF YEAR..7 YEAR.....8		YES..1 NO...2 ( ► Q38)		
		NAIRA	TIME UNIT		WRITTEN DESCRIPTION	OCCUPATION CODE CODE AFTER INTERVIEW

  

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## SECTION 3: LABOR

I N D U S T R Y	27.	28.	28b.	28c.	28d.	28e.	28f.	29.	30.	31.
	In what sector is this main activity?	Who is the employer in this job?	Is this an apprenticeship job?	How many people work for this employer?	Are you enrolled in a pension scheme for this job?	Do you have a written contract/agreement or letter of appointment for this job?	Does your employer provide health insurance coverage (either partial or full)?	During the last 12 months how many months did you work in this employment?	During these months how many weeks did you work in this employment?	How many hours do you <b>normally</b> work in <u>a week</u> at this job?
	AGRICULTURE.....01 MINING.....02 MANUFACTURING.....03 PROFESSIONAL/ SCIENTIFIC/TECHNICAL ACTIVITIES.....04 ELECTRICITY/WATER/ GAS/WASTE.....05 CONSTRUCTION.....06 TRANSPORTATION.....07 BUYING AND SELLING.....08 FINANCIAL/INSURANCE/ REAL EST. SERVICES.09 PERSONAL SERVICES..10 EDUCATION.....11 HEALTH.....12 PUBLIC ADMINISTRATION.....13 OTHER, SPECIFY.....14	FEDERAL GOV.....01 STATE GOV.....02 LOCAL GOV.....03 PARASTATAL.....04 PRIVATE SECTOR (INCLUDE PAID APPRENTICES).....05 NGO.....06 CO-OPERATIVES.....07 INTERNATIONAL ORGANIZATION /DIPLOMATIC MISSION.....08 RELIGIOUS ORGANIZATION.....09 OTHER (SPECIFY).....11	YES..1 NO...2	NUMBER OF EMPLOYEES  1-5.....1 6-10.....2 11-20.....3 20+.....4	YES..1 NO...2	YES..1 NO...2	YES..1 NO...2			
				CODE				MONTHS	WEEKS	HOURS PER WEEK
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12										

## SECTION 3: LABOR

INDIVIDUAL ID	32.	33.	34.	35.		36.	37.	38.
	D R O P P E D	D R O P P E D	How much was your last payment? IF RESPONDENT HAS NOT YET BEEN PAID, ASK: What payment do you expect? What period of time did this payment cover?	Who in your household decides on the use of these earnings? LIST UP TO TWO MEMBERS		Do you receive any payment in-kind or allowance for this work in any other form?  [APART FROM SALARY]	What is the amount of those payments? Over what time interval?	Do you contribute to the National Health Insurance Scheme (NHIS)?
			TIME UNIT  HOUR.....1 DAY.....2 WEEK.....3 FORTNIGHT..4 MONTH.....5 QUARTER....6 HALF YEAR..7 YEAR.....8			YES...1 NO....2 (► Q38)	TIME UNIT  HOUR.....1 DAY.....2 WEEK.....3 FORTNIGHT..4 MONTH.....5 QUARTER....6 HALF YEAR..7 YEAR.....8	YES..1 NO...2
NAIRA			TIME UNIT	ID CODE	ID CODE	NAIRA		TIME UNIT

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## OTHER ACTIVITIES

I N D I V I D U A L  I D	38a. Did you collect or chop firewood (or other fuel material) yesterday?	39. How many minutes did you spend <u>yesterday</u> collecting/chopping firewood (or other fuel materials) in total?	39a. Did you collect or fetch water yesterday?	40. How many minutes did you spend <u>yesterday</u> collecting/ fetching water in total including waiting time?
	YES..1 NO...2 (► Q39a)	<p>MINUTES</p> <p>Less than 10 ..1</p> <p>11 - 20.....2</p> <p>21 - 30.....3</p> <p>31 - 40.....4</p> <p>41 - 60.....5</p> <p>61 - 90.....6</p> <p>90+.....7</p>	YES..1 NO...2 (► NEXT SECTION)	<p>MINUTES</p> <p>Less than 10 ..1</p> <p>11 - 20.....2</p> <p>21 - 30.....3</p> <p>31 - 40.....4</p> <p>41 - 60.....5</p> <p>61 - 90.....6</p> <p>90+.....7</p>
		TIME CODE		TIME CODE

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2				
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11				
12				

## ASK THESE QUESTIONS FROM ALL INDIVIDUALS 15 YEARS AND ABOVE.

I N D I V I D U A L  I D	1a.	1.	2.			3.	4.	5.	6.
	IS THIS HOUSEHOLD MEMBER 15 YEARS OR OLDER?	Some people like to keep their money in an account at a bank. Do you have a bank account?	In which bank(s) do you have your account(s)?  IF THE HOUSEHOLD MEMBERS HAVE BANK ACCOUNTS IN MORE THAN THREE BANKS, ASK FOR THE THREE BANKS THAT THEY USED THE MOST.  BANK CODES ACCESS BANK.....01 SKYE BANK.....16 DIAMOND BANK.....03 SPRING BANK PLC.....17 ECOBANK.....04 STANBIC BANK.....18 FCMB.....06 STANDARD CHARTERED BANK..19 FIDELITY BANK.....07 STERLING BANK.....20 FIRST BANK.....08 UBA.....21 GTB.....10 UNION BANK.....22 UNITY BANK.....23 WEMA BANK.....24 ZENITH BANK.....25 KEYSTONE BANK.....26 MAINSTREAM BANK.....27			Before you got this bank(s) account(s), did you search for information from a range of sources?	Did you consider many alternatives before you decided which bank(s) account(s) to get?	Did you check the detailed terms and conditions of the bank(s) account(s) before you got it?	Did you check the detailed terms and conditions of the bank(s) account(s) carefully or just to get a rough idea of what they were?  CHECKED CAREFULLY.....1  CHECKED TO HAVE A ROUGH IDEA.....2
	YES..1  NO...2 (► NEXT SECTION)	YES..1  NO...2 (► Q7)	BANK 1 CODE	BANK 2 CODE	BANK 3 CODE	YES..1  NO...2	YES..1  NO...2	YES..1  NO...2 (► Q7)	
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## SECTION 4A: SAVINGS AND INSURANCE

INDIVIDUAL ID	7.	8.	9.			10.	11. to 15.	16.
	Is there someone who lets you cash cheques, transfer funds, or do other banking transactions using their account?	Now think of all the ways that you save money, in other words, where you put money to use later. In the last 12 months, have you used a cooperative, savings association or micro-finance institution to save money?	Apart from banks, what type of the financial institution(s) such as cooperative society (ies), savings association (s), or micro-finance institution (s) that you used to save money in the last 12 months?  (LIST UP TO THREE)  INSTITUTION TYPE CODE  COOPERATIVE SOCIETY...1 SAVINGS ASSOCIATION...2 MICRO-FINANCE.....3			Have you used any informal savings groups (adashi/esusu/ajo) to save money in the past 12 months?	REPLACED	Some people insure themselves and their possessions against unexpected circumstances. Have you used any institution to insure yourselves (life, health) or property (household goods, house, vehicle and the like) in the past 12 months?
	YES..1  NO...2	YES..1  NO...2 (► Q10)	TYPE 1	TYPE 2	TYPE 3	YES..1  NO...2		YES..1  NO...2 (► NEXT SECTION)
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								

I N D E X I D U A L I D	17.	17a.																																																					
	D R O P I D	What is (are) the name(s) of the institution(s) that you have used to insure yourselves (life, health) or your property (household goods, house, vehicle and the like) in the past 12 months?																																																					
		IF YOU HAVE MORE THAN THREE INSTITUTIONS, WRITE IN THE CODES OF THE THREE MOST IMPORTANT INSTITUTIONS IN THE SPACES BELOW AND INDICATE THE INSURANCE TYPE IN EACH CASE. IF THERE ARE MULTIPLE INSURANCE TYPES, WRITE ALL SEPARATED BY COMMAS																																																					
		<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>INSURANCE COMPANIES CODE</p> <table border="0"> <tr><td>ADIC INSURANCE.....1</td><td>CAPITAL INSURANCE COMPANY.....23</td></tr> <tr><td>AFRICAN ALLIANCE INSURANCE .....2</td><td>LASACO ASSURANCE PLC.....24</td></tr> <tr><td>AIICO INSURANCE.....3</td><td>LAW UNION AND ROCK INSURANCE.....25</td></tr> <tr><td>ALLIANCE &amp; GENERAL INSURANCE.....4</td><td>LEADWAY ASSURANCE.....26</td></tr> <tr><td>ANCHOR INSURANCE.....5</td><td>LINKAGE ASSURANCE.....27</td></tr> <tr><td>CAPITAL EXPRESS INSURANCE.....6</td><td>MUTUAL BENEFIT ASSURANCE.....28</td></tr> <tr><td>CONSOLIDATED HALLMARK INSURANCE...7</td><td>NEM INSURANCE.....29</td></tr> <tr><td>CONTINENTAL REINSURANCE.....8</td><td>NIGER INSURANCE.....30</td></tr> <tr><td>CORNERSTONE INSURANCE.....9</td><td>NIGERIAN AGRICULTURAL INSURANCE CORP....31</td></tr> <tr><td>CRUSADER INSURANCE.....10</td><td>OASIS INSURANCE.....32</td></tr> <tr><td>EQUITY INDEMNITY INSURANCE.....11</td><td>OCEANIC INSURANCE.....33</td></tr> <tr><td>EQUITY LIFE INSURANCE PLC.....12</td><td>PRESTIGE ASSURANCE.....34</td></tr> <tr><td>FORTUNE ASSURANCE COMPANY.....13</td><td>REGENCY ALLIANCE INSURANCE.....35</td></tr> <tr><td>GOLDLINK INSURANCE .....14</td><td>ROYAL EXCHANGE ASSURANCE.....36</td></tr> <tr><td>GREAT NIGERIA INSURANCE.....15</td><td>ROYAL PRUDENTIAL ASSURANCE.....37</td></tr> <tr><td>GUARANTY TRUST ASSURANCE.....16</td><td>SOVEREIGN TRUST INSURANCE.....38</td></tr> <tr><td>GUARDIAN EXPRESS ASSURANCE.....17</td><td>STANDARD LIFE ASSURANCE.....39</td></tr> <tr><td>GUINEA INSURANCE.....18</td><td>STANDARD TRUST ASSURANCE (STACO).....40</td></tr> <tr><td>INDUSTRIAL AND GENERAL INSURANCE.19</td><td>STERLING ASSURANCE NIGERIA.....41</td></tr> <tr><td>INTERCONTINENTAL WAPIC INSURANCE.20</td><td>YANKARI INSURANCE.....42</td></tr> <tr><td>INTERNATIONAL ENERGY INSURANCE...21</td><td>ZENITH GENERAL INSURANCE.....43</td></tr> <tr><td>INVESTMENT &amp; ALLIED ASSURANCE...22</td><td>OTHER.....44</td></tr> </table> </div> <div style="width: 35%;"> <p>INSURANCE TYPE</p> <table border="0"> <tr><td>HEALTH.....1</td></tr> <tr><td>LIFE.....2</td></tr> <tr><td>PROPERTY.....3</td></tr> <tr><td>MOTOR VEHICLE.....4</td></tr> <tr><td>OTHER SPECIFY.....5</td></tr> </table> </div> </div>					ADIC INSURANCE.....1	CAPITAL INSURANCE COMPANY.....23	AFRICAN ALLIANCE INSURANCE .....2	LASACO ASSURANCE PLC.....24	AIICO INSURANCE.....3	LAW UNION AND ROCK INSURANCE.....25	ALLIANCE & GENERAL INSURANCE.....4	LEADWAY ASSURANCE.....26	ANCHOR INSURANCE.....5	LINKAGE ASSURANCE.....27	CAPITAL EXPRESS INSURANCE.....6	MUTUAL BENEFIT ASSURANCE.....28	CONSOLIDATED HALLMARK INSURANCE...7	NEM INSURANCE.....29	CONTINENTAL REINSURANCE.....8	NIGER INSURANCE.....30	CORNERSTONE INSURANCE.....9	NIGERIAN AGRICULTURAL INSURANCE CORP....31	CRUSADER INSURANCE.....10	OASIS INSURANCE.....32	EQUITY INDEMNITY INSURANCE.....11	OCEANIC INSURANCE.....33	EQUITY LIFE INSURANCE PLC.....12	PRESTIGE ASSURANCE.....34	FORTUNE ASSURANCE COMPANY.....13	REGENCY ALLIANCE INSURANCE.....35	GOLDLINK INSURANCE .....14	ROYAL EXCHANGE ASSURANCE.....36	GREAT NIGERIA INSURANCE.....15	ROYAL PRUDENTIAL ASSURANCE.....37	GUARANTY TRUST ASSURANCE.....16	SOVEREIGN TRUST INSURANCE.....38	GUARDIAN EXPRESS ASSURANCE.....17	STANDARD LIFE ASSURANCE.....39	GUINEA INSURANCE.....18	STANDARD TRUST ASSURANCE (STACO).....40	INDUSTRIAL AND GENERAL INSURANCE.19	STERLING ASSURANCE NIGERIA.....41	INTERCONTINENTAL WAPIC INSURANCE.20	YANKARI INSURANCE.....42	INTERNATIONAL ENERGY INSURANCE...21	ZENITH GENERAL INSURANCE.....43	INVESTMENT & ALLIED ASSURANCE...22	OTHER.....44	HEALTH.....1	LIFE.....2	PROPERTY.....3	MOTOR VEHICLE.....4	OTHER SPECIFY.....5
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## RESPONDENTS 10 YEARS OLD AND OLDER SHOULD RESPOND IN THIS SECTION

	1.	1a.	2.	3.	4.	5.	6.	7.	8.	9.	10.	10b.
I N D I V I D U A L  I D	IS THIS PERSON TEN YEARS OLD OR OLDER?	D R O P P E D	D R O P P E D	D R O P P E D	D R O P P E D	D R O P P E D	D R O P P E D	D R O P P E D	Do you have access to a mobile phone?	What is your main source of access to a mobile phone?  <b>IF OPTIONS 2 - 6</b> ► <b>Q10b</b>  OWN.....1 FAMILY MEMBER.....2 FRIEND/NEIGHBOR...3 UMBRELLA CENTRE.....4 WORKPLACE.....5 BUSINESS CENTRE.....6 OTHER (SPECIFY).....7	How many mobile phones do you own?	Do you perform any banking activity (e.g. paying bills, transferring money, checking bank accounts, etc.) using a mobile phone?
	YES..1  NO...2 (► NEXT PERSON)								YES..1  NO...2 (► NEXTPERSON)			YES..1  NO...2 (► Q10h)
											NUMBER	

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## SECTION 4B: ICT - MOBILE PHONE BANKING

I N D I V I D U A L  I D	10c.	10d.	10e.	10f.	10g.	10h.	11.	12.	13.
	What banking activities do you use mobile phone for?				How often do you use mobile phone for banking activity?	Did you use your mobile phone to receive e-wallet fertilizer and improved seed information?	D R O P P E D	D R O P P E D	D R O P P E D
					DAILY.....1 ONCE A WEEK.....2 BIWEEKLY.....3 ONCE A MONTH.....4 OTHER (SPECIFY).....5				
	PAYING UTILITY BILLS	TRANSFERING MONEY TO ANOTHER ACCOUNT/INDIVIDUAL	CHECKING BANK ACCOUNTS	BUYING PHONE CREDIT	YES..1 NO...2				
YES..1	YES..1	YES..1	YES..1						
NO...2	NO...2	NO...2	NO...2						

  

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2									
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I N D I V I D U A L  I D	14.	15.	15a			16. to 35.
	Do you have access to the internet?	What is your main source of access to the internet?	What do you use the internet for?			D R O P P E D
YES..1  NO...2 (► NEXT PERSON)	SUBSCRIPTION.....1 FAMILY MEMBER/FRIEND/ NEIGHBOR.....2 UMBRELLA CENTRE.....3 WORKPLACE.....4 BUSINESS CENTRE.....5 OTHER	LIST (UP TO) 3 OF THE MOST COMMON USES  TO SEND/RECEIVE EMAIL.....1 FOR EDUCATION/LEARNING ACTIVITIES.....2 TO POST INFORMATION OR INSTANT MESSAGE.....3 TO READ/DOWNLOAD NEWSPAPERS, MAGAZINES, OR BOOKS.....4 TO GET INFORMATION ABOUT GOVERNMENT ORGS.....5 TO DOWNLOAD MOVIES, IMAGES, OR MUSIC.....6 TO ACCESS/MONITOR BANKING SERVICES.....7				
			USE 1	USE 2	USE 3	

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## SECTION 4C: CREDIT

## PLEASE CLOSE FLAP A

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

☐

YES....1

NO....2 ►Q12

## LOANS RECEIVED AND LOANS PENDING

L O A N  I D	2.	3.		4.	5.	6.
	What are the names of the persons or institutions from whom you or anyone else in your household borrowed money or applied for a loan over the past 12 months?  LIST ALL NAMES AND TYPE BEFORE GOING TO THE NEXT QUESTION.	Which household member(s) was(were) responsible for [LOAN] or the application for [LOAN]?  LIST UP TO 3 FROM HOUSEHOLD ROSTER		What was the main reason for applying for [LOAN]?  PURCHASE LAND.....1 PURCHASE AGRICULTURAL INPUTS FOR FOOD CROP.....2 PURCHASE INPUTS FOR CASH CROP.....3 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 OTHER (SPECIFY).....11	Have you already received [LOAN] or is a decision on the application for [LOAN] pending?  LOAN RECEIVED...1 LOAN PENDING...2 (►NEXT LOAN/NEXT SECTION)	How much was borrowed under [LOAN]?  NAIRA
	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.....9	ID CODE # 1	ID CODE # 2	ID CODE # 3		
1						
2						
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8						

## SECTION 4C: CREDIT

L O A N  I D	7.	8.		9.	10.		11.
	Was the amount of [LOAN] sufficient to cover the purpose (GIVEN IN Q4)?	When did you get [LOAN] (within the past 12 months)?		Has [LOAN] already been fully repaid?	Approximately when do you expect to make final payment on [LOAN]?		At completion of repayment of [LOAN], what is the total amount you expect to repay? (INTEREST + PRINCIPAL)
	YES..1  NO...2	MONTH CODE  JAN..01 FEB..02 MAR..03 APR..04 MAY..05 JUN..06 JUL..07 AUG..08 SEP..09 OCT..10 NOV..11 DEC..12		YES..1 (► Q11)  NO...2	MONTH CODE  JAN..01 FEB..02 MAR..03 APR..04 MAY..05 JUN..06 JUL..07 AUG..08 SEP..09 OCT..10 NOV..11 DEC..12		(INTERVIEWER, HELP RESPONDENT ESTIMATE THIS)  ► NEXT LOAN OR IF NO MORE LOANS, NEXT SECTION
	MONTH (MM)	YEAR (YYYY)		MONTH (MM)	YEAR (YYYY)	NAIRA	

1							
2							
3							
4							
5							
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7							
8							

LOAN REFUSALS				NO LOAN ATTEMPTS			
12.	13.	14.		15.		16.	17.
Did you try to borrow money from any source during the last 12 months but all your attempts were refused or turned down?	What was the main reason for trying to obtain the loan?	Who turned you down?  IF MORE THAN ONE ATTEMPT, REFER TO THE TWO MOST RECENT ATTEMPTS		What were the two main reasons why your loan application was refused?		Did you have need of a loan in the last 12 months?	Why did you not attempt to borrow in the last 12 months? [LIST UP TO TWO ANSWERS IN ORDER OF IMPORTANCE]
YES..1 NO...2 (► Q16)	PURCHASE LAND.....1 PURCHASE AGRICULTURAL INPUTS FOR FOOD CROP....2 PURCHASE INPUTS FOR CASH CROP.....3 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 OTHER (SPECIFY).....11	RELATIVE.....1 NEIGHBOR.....2 GROCERY/LOCAL MERCHANT..3 MONEY LENDER.....4 EMPLOYER.....5 RELIGIOUS INSTITUTION6..6 COOPERATIVE SOCIETY.....7 SAVINGS ASSOCIATION....8 MICRO FINANCE.....9 BANK.....10 NGO.....11 OTHER (SPECIFY).....12		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  ► NEXT SECTION		YES..1 NO...2 (► NEXT SECTION)	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 OTHER (SPECIFY).....8
		1ST	2ND	1ST	2ND		1ST 2ND

## SECTION 5: HOUSEHOLD ASSETS

DATA ENTRY LINE NUMBER			1.	2.		3.	4.	DATA ENTRY LINE NUMBER
			How many of the following items does your household own? WRITE THE TOTAL NUMBER OF ITEMS THAT THE HOUSEHOLD POSSESSES. IF NONE PUT '0'	Who is the person that owns this item? WRITE THE ID OF THE PERSON WHO OWNS THE ITEM. IF THE ITEM IS OWNED BY THE HOUSEHOLD IN COMMON, WRITE "98".		How long ago was [ITEM] acquired? (IF LESS THAN ONE YEAR, PUT '0') IF MORE THAN ONE, REFER TO NEWEST	If you wanted to sell one of this [ITEM] today, how much would you receive? IF MORE THAN ONE, REFER TO NEWEST	
	ITEM CODE	ITEM	NUMBER OF ITEMS	ID CODE	ID CODE	NUMBER OF YEARS	NAIRA	
1	301	Furniture (3/4 piece sofa set)						1
2	302	Furniture (chairs)						2
3	303	Furniture (table)						3
4	304	Mattress						4
5	305	Bed						5
6	306	Mat						6
7	307	Sewing machine						7
8	308	Gas cooker						8
9	309	Stove (electric)						9
10	310	Stove gas (table)						10
11	311	Stove (kerosene)						11
12	312	Fridge						12
13	313	Freezer						13
14	314	Air conditioner						14
15	315	Washing Machine						15
16	316	Electric Clothes Dryer						16
17	317	Bicycle						17
18	318	Motorbike						18
19	319	Cars and other vehicles						19
20	320	Generator						20
21	321	Fan						21

## SECTION 5: HOUSEHOLD ASSETS

DATA ENTRY LINE NUMBER			1.	2.		3.	4.	DATA ENTRY LINE NUMBER
			How many of the following items does your household own? WRITE THE TOTAL NUMBER OF ITEMS THAT THE HOUSEHOLD POSSESSES. IF NONE PUT '0'	Who is the person that owns this item? WRITE THE ID OF THE PERSON WHO OWNS THE ITEM. IF THE ITEM IS OWNED BY THE HOUSEHOLD IN COMMON, WRITE "98".		How long ago was [ITEM] acquired? (IF LESS THAN ONE YEAR, PUT '0') IF MORE THAN ONE, REFER TO NEWEST	If you wanted to sell one of this [ITEM] today, how much would you receive? IF MORE THAN ONE, REFER TO NEWEST	
	ITEM CODE	ITEM	NUMBER OF ITEMS	ID CODE	ID CODE	NUMBER OF YEARS	NAIRA	
22	322	Radio						22
23	323	Cassette recorder						23
24	324	Hi-Fi (Sound System)						24
25	325	Microwave						25
26	326	Iron						26
27	327	TV Set						27
28	328	Computer						28
29	329	DVD Player						29
30	330	Satellite Dish						30
31	331	Musical Instrument						31
32	332	Mobile Phone						32
33	333	Inverter						33
34	3341	Other (Specify):						34
35	3342	Other (Specify):						35
36	3343	Other (Specify):						36
37	3344	Other (Specify):						37
38	3345	Other (Specify):						38
39	3346	Other (Specify):						39
40	3347	Other (Specify):						40
41	3348	Other (Specify):						41

## SECTION 7A: MEALS AWAY FROM HOME

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

**MEALS PREPARED AND CONSUMED OUTSIDE THE HOME**

Full meals (e.g rice and stew, pounded yam and egusi, tuwo, garri & draw soup, etc)	Breakfast	1		
	Lunch	2		
	Dinner	3		
Side dishes like pepper soup, nkwobi, suya, isiewu, asun etc.		4		
Snacks such as sandwiches, biscuits, meatpies, donuts, popfop, 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 7B: FOOD EXPENDITURE

[illegible]



## SECTION 7B: FOOD EXPENDITURE

[illegible]

## SECTION 7B: FOOD EXPENDITURE

[illegible]

## SECTION 7B: FOOD EXPENDITURE

DATA ENTRY LINE NUMBER		I T E M  C O D E	1	2.		3.		4.	5.		6.		7.		DATA ENTRY LINE NUMBER
			Within the <u>past 7 days</u> , did the members of this household eat/drink any of this [ITEM] within the household?  PLEASE ONLY LIST ITEMS CONSUMED WITHIN THE HOUSEHOLD AND EXCLUDE FOOD CONSUMED OUTSIDE THE HOUSEHOLD. ASK THIS QUESTION FOR ALL ITEMS, BEFORE MOVING ON TO THE NEXT QUESTIONS FOR ITEMS WITH YES  YES..1 NO...2 (► NEXT ITEM)	How much in total did your household consume of this [ITEM] in the <u>past 7 days</u> ?        <b>SEE UNIT CODES ON FLIP PAGE</b>		How much did the household purchase of this [ITEM] during the <u>past 7 days</u> ?        IF NONE WRITE 0 FOR QUANTITY AND LEAVE UNIT BLANK (► Q5)   <b>SEE UNIT CODES ON FLIP PAGE</b>		How much did your household spend on this [ITEM] during the past 7 days?        THIS QUESTION REFERS TO THE QUANTITY IN QUESTION Q3	How much of consumption of this [ITEM] came from purchases made during the past 7 days or before?        IF NONE WRITE 0 FOR QUANTITY AND LEAVE UNIT BLANK   <b>SEE UNIT CODES ON FLIP PAGE</b>		How much of consumption of this [ITEM] came from own-production during the past 7 days?        IF NONE WRITE 0 FOR QUANTITY AND LEAVE UNIT BLANK   <b>SEE UNIT CODES ON FLIP PAGE</b>		How much of consumption of this [ITEM] came from gifts and other sources during the past 7 days?        EXCLUDE FOOD TAKEN OUTSIDE THE HOUSEHOLD  IF NONE, WRITE 0 FOR QUANTITY AND LEAVE UNIT BLANK   <b>SEE UNIT CODES ON FLIP PAGE</b>		
				QUANTITY	UNIT	QUANTITY	UNIT	NAIRA	QUANTITY	UNIT	QUANTITY	UNIT	QUANTITY	UNIT	
60	<b>VEGETABLES</b>														60
61	Tomatoes	70													61
62	Tomato puree (canned)	71													62
63	Onions	72													63
64	Garden eggs/egg plant	73													64
65	Okra - fresh	74													65
66	Okra - dried	75													66
67	Fresh Pepper	76													67
68	Dry Pepper	77													68
69	Leaves (Cocoyam, Spinach, etc.)	78													69
70	Other vegetables (fresh or	79													70
71	<b>POULTRY AND POULTRY PRODUCTS</b>														71
72	Chicken	80													72
73	Duck	81													73
74	Other domestic poultry	82													74
75	Agricultural eggs	83													75
76	Local eggs	84													76
77	Other eggs (not chicken)	85													77

## SECTION 7B: FOOD EXPENDITURE

DATA ENTRY LINE NUMBER		I T E M  C O D E	1	2.		3.		4.	5.		6.		7.		DATA ENTRY LINE NUMBER
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				SEE UNIT CODES ON FLIP PAGE	SEE UNIT CODES ON FLIP PAGE		SEE UNIT CODES ON FLIP PAGE	SEE UNIT CODES ON FLIP PAGE	SEE UNIT CODES ON FLIP PAGE	SEE UNIT CODES ON FLIP PAGE					
			QUANTITY	UNIT	QUANTITY	UNIT	NAIRA	QUANTITY	UNIT	QUANTITY	UNIT	QUANTITY	UNIT		
78	<b>MEAT</b>													78	
79	Beef	90												79	
80	Mutton	91												80	
81	Pork	92												81	
82	Goat	93												82	
83	Wild game/bush meat	94												83	
84	Canned beef/corned beef	95												84	
85	Other meat (excl. poultry)	96												85	
86	<b>FISH AND SEAFOOD</b>													86	
87	Fish - fresh	100												87	
88	Fish - frozen	101												88	
89	Fish - smoked	102												89	
90	Fish - dried	103												90	
91	Snails	104												91	
92	Seafood (lobster, crab, prawns,	105												92	
93	Canned fish/seafood	106												93	
94	Other fish or seafood	107												94	

## SECTION 7B: FOOD EXPENDITURE

DATA ENTRY LINE NUMBER		I T E M  C O D E	1	2.		3.		4.	5.		6.		7.		DATA ENTRY LINE NUMBER
			Within the <u>past 7 days</u> , did the members of this household eat/drink any of this [ITEM] within the household?	How much in total did your household consume of this [ITEM] in the <u>past 7 days</u> ?		How much did the household purchase of this [ITEM] during the <u>past 7 days</u> ?		How much did your household spend on this [ITEM] during the past 7 days?	How much of consumption of this [ITEM] came from purchases made during the past 7 days or before?		How much of consumption of this [ITEM] came from own-production during the past 7 days?		How much of consumption of this [ITEM] came from gifts and other sources during the past 7 days?		
			PLEASE ONLY LIST ITEMS CONSUMED WITHIN THE HOUSEHOLD AND EXCLUDE FOOD CONSUMED OUTSIDE THE HOUSEHOLD. ASK THIS QUESTION FOR ALL ITEMS, BEFORE MOVING ON TO THE NEXT QUESTIONS FOR ITEMS WITH YES  YES...1 NO...2 (► NEXT ITEM)	SEE UNIT CODES ON FLIP PAGE		SEE UNIT CODES ON FLIP PAGE		THIS QUESTION REFERS TO THE QUANTITY IN QUESTION Q3	SEE UNIT CODES ON FLIP PAGE		SEE UNIT CODES ON FLIP PAGE		SEE UNIT CODES ON FLIP PAGE		
			QUANTITY	UNIT	QUANTITY	UNIT	NAIRA	QUANTITY	UNIT	QUANTITY	UNIT	QUANTITY	UNIT		
95	<b>MILK AND MILK PRODUCTS</b>														95
96	Fresh milk	110												96	
97	Milk powder	111												97	
98	Baby milk powder	112												98	
99	Milk tinned (unsweetened)	113												99	
100	Cheese (wara)	114												100	
101	Other milk products	115												101	
102	<b>COFFEE, TEA, COCOA AND THE LIKE BEVERAGES</b>														102
103	Coffee	120												103	
104	Chocolate drinks (including Milo)	121												104	
105	Tea	122												105	
106	<b>SUGAR, SWEETS AND CONFECTIONARY</b>														106
107	Sugar	130												107	
108	Jams	131												108	
109	Honey	132												109	
110	Other sweets and confectionary	133												110	

## SECTION 7B: FOOD EXPENDITURE

DATA ENTRY LINE NUMBER		I T E M  C O D E	1	2.		3.		4.	5.		6.		7.		DATA ENTRY LINE NUMBER
			Within the <u>past 7 days</u> , did the members of this household eat/drink any of this [ITEM] within the household?	How much in total did your household consume of this [ITEM] in the <u>past 7 days</u> ?		How much did the household purchase of this [ITEM] during the <u>past 7 days</u> ?		How much did your household spend on this [ITEM] during the past 7 days?	How much of consumption of this [ITEM] came from purchases made during the past 7 days or before?		How much of consumption of this [ITEM] came from own-production during the past 7 days?		How much of consumption of this [ITEM] came from gifts and other sources during the past 7 days?		
			PLEASE ONLY LIST ITEMS CONSUMED WITHIN THE HOUSEHOLD AND EXCLUDE FOOD CONSUMED OUTSIDE THE HOUSEHOLD. ASK THIS QUESTION FOR ALL ITEMS, BEFORE MOVING ON TO THE NEXT QUESTIONS FOR ITEMS WITH YES  YES..1 NO...2 (► NEXT ITEM)	SEE UNIT CODES ON FLIP PAGE		SEE UNIT CODES ON FLIP PAGE		THIS QUESTION REFERS TO THE QUANTITY IN QUESTION Q3	SEE UNIT CODES ON FLIP PAGE		SEE UNIT CODES ON FLIP PAGE		SEE UNIT CODES ON FLIP PAGE		
			QUANTITY	UNIT	QUANTITY	UNIT	QUANTITY	UNIT	QUANTITY	UNIT	QUANTITY	UNIT	QUANTITY	UNIT	
111	<b>OTHER MISCELLANEOUS FOODS</b>														111
112	Condiments (salt, spices, pepper,	140													112
113	Salt	141													113
114	Unground Ogbono	142													114
115	Ground Ogbono	143													115
116	Ground Pepper	144													116
117	Melon (shelled)	145													117
118	Melon (unshelled)	146													118
119	Mellon (ground)	147													119
120	<b>NON-ALCOHOLIC DRINKS</b>														120
121	Bottled water	150													121
122	Sachet water	151													122
123	Malt drinks	152													123
124	Soft drinks (Coca Cola, spirit, etc)	153													124
125	Fruit juice canned/Pack	154													125
126	Other non-alcoholic drinks	155													126
127	<b>ALCOHOLIC DRINKS (BOTTLE AND CAN)</b>														127
128	Beer (local and imported)	160													128
129	Palm wine	161													129
130	Pito	162													130
131	Gin	163													131
132	Other alcoholic beverages	164													132

**FOOD ITEM UNIT CODES**

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

<i>UNIT</i>	<i>CODE</i>
Bowl Small	70
Bowl Medium	71
Bowl Large	72

Piece Small	80
Piece Medium	81
Piece Large	82
Heap Small	90
Heap Medium	91
Heap Large	92
Bunch Small	100
Bunch Medium	101
Bunch Large	102
Stalk Small	110
Stalk Medium	111
Stalk Large	112
Packet/sachet Small	120
Packet/sachet Medium	121
Packet/sachet Large	122
Other (specify)	900

**7 DAYS**

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

**ONE MONTH RECALL**

ITEM	I T E M  C O D E	3.	4.
		Over the past 30 days, did the household purchase or pay for any [...]?	How much did the household purchase in total?
		YES....1 NO....2 (► NEXT ITEM)	NAIRA
Petrol	309		
Diesel	310		
Lubricants (oil, grease, etc)	330		
Light bulbs/globes	311		
Water	312		
Soap and Washing powder	313		
Toilet paper	314		
Personal care goods (razor blades, cosmetics)	315		
Vitamin supplements	316		
Insecticides, disinfectant and cleaners	317		
Postal (inlc. Stamps, courier)	318		
Recharge cards	319		
Landline charges	320		
Internet Services	321		
Recreational (Cinemas, video/DVD rental)	322		
Motor vehicle service, repair, or parts	323		
Bicycle service, repair, or parts	324		
Wages paid to staff/maid/lawnsboy	325		
Mortgage - regular payment to purchase house	326		
Repairs & maintenance to dwelling	327		
Repairs to household and personal items (radios, watches, etc.)	328		
House Rent	329		

**ONE MONTH RECALL**

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



## SECTION 8: NON-FOOD EXPENDITURE

**6 month recall**

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

**6 month recall**

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

SECTION 9: FOOD SECURITY

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

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

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

2. How many meals, including breakfast are taken per day in your household?		3. Do all household members eat roughly the same diet?		4. Who in the household usually eats a more diverse variety of foods, a less diverse variety of foods?  Rank in order from more diverse to less diverse (1, 2, and 3)		5. In the past 12 months, have you been faced with a situation when you did not have enough food to feed the household?  YES.1 NO..2 (► NEXT SECTION)		6. When did you experience this incident ? IF MORE THAN ONCE, LIST ALL APPLICABLE MONTHS IN CORRECT YEAR COLUMN, SEPARATED BY A COMMA.  JANUARY...01 FEBRUARY...02 MARCH.....03 APRIL.....04 MAY.....05 JUNE.....06 JULY.....07 AUGUST....08 SEPTEMBER..09 OCTOBER...10 NOVEMBER...11		7. What was the cause of this situation?  LIST UP TO 3 IN ORDER OF IMPORTANCE; USE CODES ON THE RIGHT.			<b>CODES FOR Q7:</b> Inadequate household stocks due to drought/poor rains.....01 Inadequate household food stocks due to crop pest damage.....02 Inadequate household food stocks due to small land size.....03 Inadequate household food stocks due to lack of farm inputs.....04 Food in the market was very expensive.....05 Unable to reach the market due to high transportation costs...06 No food in the market...07 Floods/water logging...08 Unable to reach the market due to civil unrest/riots.....09
a. Adults	b. Children (6-59 months)	YES.1 (► 5) NO..2		a. Male	b. Female	c. Children (6-59 months)			a.		b.	c.	
NUMBER	NUMBER						2014	2015	1ST	2ND	3RD		

## SECTION 9B: SUBJECTIVE WELLBEING

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

Now I would like to ask you some questions about your food consumption. During the last 12 MONTHS, was there a time when [...]?

1. INTERVIEWER: RECORD INDIVIDUAL ID OF HOUSEHOLD MEMBER ANSWERING THIS SECTION          COPY INDIVIDUAL ID CODE FROM ROSTER          ID CODE	2. ... you were worried you would not have enough food to eat because of a lack of money or other resources?          YES..1 NO...2	3. ... you were unable to eat healthy and nutritious food because of a lack of money or other resources?          YES..1 NO...2	4. ... you ate only a few kinds of foods because of a lack of money or other resources?          YES..1 NO...2	5. ... you had to skip a meal because there was not enough money or other resources to get food?          YES..1 NO...2	6. ... you ate less than you thought you should because of a lack of money or other resources?          YES..1 NO...2

  

7. ... your household ran out of food because of a lack of money or other resources?          YES..1 NO...2	8. ... you were hungry but did not eat because there was not enough money or other resources for food?          YES..1 NO...2	9. ... you went without eating for a whole day because of a lack of money or other resources?          YES..1 NO...2	10. Are there any children younger than 5 years old currently living in your household?          YES..1 NO...2 (► END)	11. During the last 12 MONTHS, was there a time when any of the children younger than 5 years old did not eat healthy and nutritious food because of a lack of money or other resources?          YES..1 NO...2	12. During the last 12 MONTHS, was there a time when any of the children younger than 5 years old was hungry but did not eat because there was not enough money or other resources for food?          YES..1 NO...2

## SECTION 11: HOUSING

## SECTION 8A - HOUSING

1.	2.	3.		4.		5.	6.	
Do you own or purchase this dwelling, is it provided to you by an employer, do you use it for free, or do you rent this house?	If you <u>sold this dwelling</u> today, how much would you receive for it?	Estimate the rent you could receive if you rented this dwelling?		How much do you <u>pay to rent</u> this dwelling?		In what year was this house built?	THE <u>OUTER WALLS</u> OF THE MAIN DWELLING OF THE HOUSEHOLD ARE PREDOMINANTLY MADE OF WHAT MATERIAL?	
OWNED.....1 EMPLOYER PROVIDES.....2 (►Q3) FREE, AUTHORIZED.....3 (►Q3) FREE, NOT AUTHORIZED.....4 (►Q3) RENTED .....5 (►Q4)		(►Q5)				IF DON'T KNOW, WRITE 9999	GRASS.....01 MUD.....02 COMPACTED EARTH...03 MUD BRICK (UNFIRED) ... 04 BURNT BRICKS..... 05 CONCRETE..... 06 WOOD..... 07 IRON SHEETS . . . 08 CONCRETE OR CEMENT BLOCKS.....09 STONE.....10 OTHER (SPECIFY) ...11	
	NAIRA	NAIRA	TIME UNIT	NAIRA	TIME UNIT	YEAR		
7.	8.	9.	10.	11.	12.	13.	14.	15.
THE <u>ROOF</u> OF THE MAIN DWELLING IS PREDOMINANTLY MADE OF WHAT MATERIAL?	THE <u>FLOOR</u> OF THE MAIN DWELLING IS PREDOMINANTLY MADE OF WHAT MATERIAL?	How many <u>separate rooms</u> do the members of your household occupy? (DO NOT COUNT BATHROOMS, TOILETS, STOREROOMS, OR GARAGE)	What is your main source of <u>lighting fuel</u> ?	What is your main source of <u>cooking fuel</u> ?	Do you ever <u>collect firewood</u> ?	Where do you go to collect firewood?	How long does it take you to walk from your dwelling to where you usually go to collect firewood? (ONE WAY)	Of the firewood you used in the past week, how much of it did you purchase?
GRASS.....1 IRON SHEETS.....2 CLAY TILES.....3 CONCRETE.....4 PLASTIC SHEET.....5 ASBESTOS SHEET.....6 OTHER	SAND/DIRT/ STRAW.....1 SMOOTHED MUD...2 SMOOTH CEMENT...3 WOOD.....4 TILE.....5 OTHER (SPECIFY) .6		COLLECTED FIREWOOD.....1 PURCHASED FIREWOOD.....2 GRASS.....3 KEROSENE.....4 PHCN ELECTRICITY...5 GENERATOR.....6 GAS.....7 BATTERY/DRY CELL (TORCH) .8 CANDLES.....9 OTHER (SPECIFY) ...10	COLLECTED FIREWOOD.....1 PURCHASED FIREWOOD.....2 COAL.....3 GRASS.....4 KEROSENE.....5 PHCN ELECTRICITY...6 GENERATOR.....7 GAS.....8 OTHER (SPECIFY) ...9	YES..1 NO...2 (►Q15)	OWN WOODLOT.....1 COMMUNITY WOODLOT.....2 FOREST RESERVE.....3 UNFARMED AREAS OF COMMUNITY.....4 OTHER (SPECIFY) ....5	MINUTE..1 HOUR....2	DID NOT USE FIREWOOD.....1 (►Q17b) ALL . . . . .2 ALMOST ALL...3 MORE THAN HALF .....4 HALF.....5 LESS THAN HALF .....6 A LITTLE.....7 NONE.....8
		NUMBER OF ROOMS					TIME	UNIT

## SECTION 11: HOUSING

16.	17.	17b.	18.	19.	19b.	19c.	20.	21.	22.	23.
What is the total value of the firewood you used in the past week, whether gathered or purchased? (Estimate purchase cost of gathered firewood.)	D R O P P E D	Is this dwelling connected to the public/community electricity system?  YES...1 NO...2 (► Q26)	In the event of a black out, what source of energy do you use for ...?  <div> <div>Lighting</div> <div> FIREWOOD.....1  KEROSENE.....2  RECHARGEABLE  LAMP.....3  GENERATOR.....4  CANDLES.....5  BATTERY/DRY  CELL (TORCH)...6 </div> </div> <div> <div>Cooking</div> <div> CHARCOAL.....1  FIREWOOD.....2  GAS.....3  KEROSENE.....4  GENERATOR.....5  OTHER SPECIFY)  .....6 </div> </div>	D R O P P E D	What is the main source of your electricity supply?  PHCN (NEPA) ONLY...1 RURAL ELECT-RIFICATION.....2 (►Q20)	Do you have a pre-paid meter?  YES..1 NO...2	Did you have to apply to get electricity connection?  YES..1 NO...2 (► Q23)	Following your application to get connected to PHCN, how many weeks did you have to wait for a Technician to come to connect your house?  WEEKS	Did you have to pay an unofficial fee to get a connection?  YES..1 NO...2	How frequently do you experience blackouts in your area?  NEVER.....1 EVERY DAY.....2 SEVERAL TIMES A WEEK.....3 SEVERAL TIMES A MONTH.....4 SEVERAL TIMES A YEAR.....5
NAIRA										
24.	25.	26.	27.	28.	28b.					
During the last 7 days, on average, how many hours of electricity has your household had from the main public system?	What was the total cost for electricity in the household ? What period does this cost refer?  DAY.....1 WEEK.....2 MONTH.....3 YEAR.....4  (►Q28b)	Although you do not have public electricity in your dwelling, does your village / neighborhood have access to electricity?  YES.....1 NO.....2 (► Q28b)	Why does your household not have access to public electricity? LIST UP TO 2 REASONS  <div> <div>CONNECTION/WIRING FEE</div> <div> UNAFFORDABLE.....1 (►Q28b)  NO NEED FOR ELECTRICITY.....2 (►Q28b)  DWELLING INAPPROPRIATE FOR CONNECTION.....3 (►Q28b)  APPLICATION PENDING.....4  SERVICE TOO UNRELIABLE.....5 (►Q28b)  OTHER (SPECIFY) .....6 (►Q28b) </div> </div>	How many weeks have you been waiting for the connection?	Do you have a generator you use in this household?  YES..1 NO...2(► Q28f)					
HOURS	NAIRA	TIME UNIT	1ST	2ND	WEEKS					

## SECTION 11: HOUSING

28c.	28d.	28e.		28f.	28g.	28h.	28i.		29.	30.	31.	32
In which year did you purchase this generator?	What was the purchase price?	What is the capacity of this generator?		Do you have a solar panel source of electricity?	In which year did you install the solar panel?	What was the total cost of the solar panel? (DEVICE + INSTALLATION COST)	What is the capacity of this solar panel?		D R O P P E D	D R O P P E D	Does someone in the household own a GSM phone (cell phone) in working condition?	Estimate the total cost for <u>cell phone</u> service for all household members last month?
		UNIT CODES kilowatt..1 kVA.....2		YES..1 NO...2(►Q31)			UNIT CODES kilowatt..1 kVA.....2				YES..1 NO...2 (►Q33)	
(YYYY)		POWER	UNIT		(YYYY)	NAIRA	POWER	UNIT				NAIRA
33		34.		35.	36.		37.	38.		39.		
What was your <u>main</u> source of drinking water?		How long does it take you to walk (ONE WAY) to the water source from your dwelling?		What was the total cost of <u>drinking water</u> for your household last month?	What kind of <u>toilet facility</u> does your household use?		Is this toilet facility for the use of:	What kind of <u>refuse disposal</u> facilities does your household use?		How much did you spend on refuse disposal in the last month?		
PIPE BORNE WATER TREATED..... 1 PIPE BORNE WATER UNTREATED..... 2 BORE HOLE/HAND PUMP.....3 WELL/SPRING PROTECTED. .4 WELL/SPRING UNPROTECTED..... .5 RIVER/SPRING.....6 LAKE/RESERVOIR.....7 RAIN WATER.....8 TANKER/TRUCK/VENDOR....9 SACHET WATER.....10 BOTTLE WATER .....11 OTHER (SPECIFY) .....12		IF WATER IS IN HOUSE OR IN YARD WRITE 0 IN TIME		MINUTE..1 HOUR....2	NONE.....1 (►Q38) TOILET ON WATER..2 FLUSH TO SEWAGE..3 FLUSH TO SEPTIC TANK.....4 PAIL/BUCKET.....5 COVERED PIT LATRINE.....6 UNCOVERED PIT LATRINE.....7		HH Members only.....1 Other HH	NONE .....1 (►NEXT SECTION) HH BIN COLLECTED BY GOVERNMENT.....2 HH BIN COLLECTED BY PRIVATE AGENCY.....3 GOVERNMENT BIN OR SHED.....4 DISPOSAL WITHIN COMPOUND.....5 UNAUTHORISED REFUSE HEAP.....6 OTHER (SPECIFY) .....7				
DRY SEASON	WET SEASON	TIME		UNIT	NAIRA					NAIRA		

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

PHONE NUMBER FOR HOUSEHOLD HEAD:

CELL1

CELL2

1A NAME : \_\_\_\_\_ PHONE : \_\_\_\_\_ / \_\_\_\_\_

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

PHONE NUMBERS FOR OTHER HOUSEHOLD MEMBERS:

2A. NAME : \_\_\_\_\_ ID (FROM ROSTER) \_\_\_\_\_ PHONE : \_\_\_\_\_

2B. NAME : \_\_\_\_\_ ID (FROM ROSTER) \_\_\_\_\_ PHONE : \_\_\_\_\_

2C. NAME : \_\_\_\_\_ ID (FROM ROSTER) \_\_\_\_\_ PHONE : \_\_\_\_\_

**3. If you were to move in the next two years, who are the people in this village/town/city who would be most likely to know your new address?**CONTACT INFORMATION FOR **REFERENCE PERSON 1**

3A1. NAME : \_\_\_\_\_

3A2. RELATION TO HEAD : \_\_\_\_\_

3A3. PHONE (LANDLINE) : \_\_\_\_\_

3A4. PHONE (CELL) : \_\_\_\_\_

3A5. ADDRESS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_CONTACT INFORMATION FOR **REFERENCE PERSON 2**

3B1. NAME : \_\_\_\_\_

3B2. RELATION TO HEAD : \_\_\_\_\_

3B3. PHONE (LANDLINE) : \_\_\_\_\_

3B4. PHONE (CELL) : \_\_\_\_\_

3B5. ADDRESS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_