## GENERAL HOUSEHOLD SURVEY

Please write responses in PRINTED CAPITAL LETTERS without touching the box edges. Shade boxes like this: ☐ Not like this ☑ or this ☐

### PART A: IDENTIFICATION

<table>
<thead>
<tr>
<th>Interviewer's Name</th>
<th>Survey Month: ☐ ☐ ☐</th>
<th>Survey Year: ☐ ☐ ☐</th>
<th>HU MS Number: ☐ ☐ ☐</th>
<th>HU Listed: ☐ ☐ ☐</th>
<th>HU Sampled: ☐ ☐ ☐</th>
<th>HH Listed: ☐ ☐ ☐</th>
<th>HH Sampled: ☐ ☐ ☐</th>
</tr>
</thead>
</table>


7. HU No [☐] 8. Name of Head of HH [☐] 9. Address [☐]

### Questionnaire Ref. No: [☐]

#### 10. Response Status:
1. Completed [☐]
2. Partly completed [☐]
3. Not at home [☐]
4. Refused [☐]
5. Household not located [☐]
6. Moved away [☐]
7. Other (specify) [☐]

#### Questionnaire within HH of HH No within HU

<table>
<thead>
<tr>
<th>Questionnaire within HH</th>
<th>Questionnaire Ref. No:</th>
<th>HH No within HU of</th>
</tr>
</thead>
</table>

#### 12. Major Source of Water for Drinking and Cooking:
1. Pipe borne water treated [☐]
2. Pipe borne water untreated [☐]
3. Bore hole/hand pump [☐]
4. Well/Spring Protected [☐]
5. Well/Spring Unprotected [☐]
6. Rain Water [☐]
7. Streams/Pond/River [☐]
8. Tanker/Truck/Vendor [☐]
9. Other [☐]

#### 13. Distance to Source of Water:
1. In dwelling [☐]
2. Within 500m [☐]
3. 500-1km [☐]
4. 1km or more [☐]

#### 14. Type of Housing Unit:
1. Single room [☐]
2. Flat [☐]
3. Duplex [☐]
4. Whole building [☐]
5. Other [☐]

#### 15. Number of Living Rooms in Housing Unit

<table>
<thead>
<tr>
<th>Number of Living Rooms in Housing Unit</th>
<th>☐ ☐ ☐</th>
</tr>
</thead>
</table>

#### 16. Monthly Rent (in =N=) for housing unit:

<table>
<thead>
<tr>
<th>Monthly Rent (in =N=) for housing unit</th>
<th>☐ ☐ ☐</th>
</tr>
</thead>
</table>

#### 17. Tenure:
1. Normal Rent [☐]
2. Free [☐]
3. Nominal/Subsidized Rent [☐]
4. Owner occupier [☐]

#### 18. Material of dwelling floor:
1. Wood/Tile [☐]
2. Planks/Concrete [☐]
3. Dirt/Straw/Without concrete [☐]
4. Other (specify) [☐]

#### 19. Toilet facilities:
1. None [☐]
2. Toilet on water [☐]
3. Flush to sewage [☐]
4. Flush to septic tank [☐]
5. Pit/bucket [☐]
6. Covered pit latrine [☐]
7. Uncovered pit latrine [☐]
8. V. I. P. latrine [☐]
9. Other [☐]

#### 20. Distance of Toilet Facility from the dwelling:
1. In dwelling [☐]
2. Within 500m [☐]
3. 500-1km [☐]
4. 1km or more [☐]

#### 21. Type of Refuse Disposal most often used:
1. HH Bin collected by government [☐]
2. HH Bin collected private agency [☐]
3. Government bin or shed [☐]
4. Disposal within compound [☐]
5. Unauthorized refuse heap [☐]
6. Other [☐]

#### 22. Type of Fuel Used for Cooking
1. Electricity [☐]
2. Gas [☐]
3. Kerosine [☐]
4. Wood [☐]
5. Coal [☐]

#### 23. Electricity Supply
1. PHCN (NEPA) only [☐]
2. Rural Electrification only [☐]
3. Private Generator only [☐]
4. PHCN (NEPA)/Generator [☐]
5. Rural Electricity/Generator [☐]
6. None [☐]

#### 24. Information and Communication Technology (ICT)
1. Radio [☐]
2. Television [☐]
3. Telephone (Fixed) [☐]
4. Telephone (Mobile) [☐]
5. Personal Computer (PC) [☐]
6. Internet Service [☐]
PART B: PERSON(S) PRESENT IN HOUSEHOLD  (For all persons who slept in this household last night)

<table>
<thead>
<tr>
<th>Member Number</th>
<th>List all persons who slept in this household last night</th>
<th>Relationship to Head</th>
<th>Residence Status</th>
<th>Age (Last Birthday)</th>
<th>Sex</th>
<th>Marital Status</th>
<th>What form of Marriage</th>
<th>Attendance at formal School</th>
<th>Highest Level Reached</th>
<th>Highest Grade Reached</th>
<th>Literacy in any language</th>
</tr>
</thead>
<tbody>
<tr>
<td>01 Head</td>
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<td>03 Own Child</td>
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<td>05 Grand Child</td>
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<td>06 Brother/Sister</td>
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<td>08 Brother/Sister-in-law</td>
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<tr>
<td>09 Parent</td>
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<td>10 Parent-in-law</td>
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<td>11 Other relative</td>
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<tr>
<td>12 Maid/Nanny/House Servant</td>
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<td>13 Non-Relative</td>
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</tr>
</tbody>
</table>

Col.1: Relationship to Head
- 01 Head
- 02 Spouse
- 03 Own Child
- 04 Step Child
- 05 Grand Child
- 06 Brother/Sister
- 07 Niece/Nephew
- 08 Brother/Sister-in-law
- 09 Parent
- 10 Parent-in-law
- 11 Other relative
- 12 Maid/Nanny/House Servant
- 13 Non-Relative

Col.2: Residence Status
- 1. Usually resident in HH
- 2. Not usually resident in HH

Col.4: Sex
- 1. Male
- 2. Female

Col.5: Marital Status
- 1. Married
- 2. Divorced
- 3. Separated
- 4. Widowed
- 5. Never Married

Col.6: What form of Marriage
- 1. Ordinance
- 2. Customary
- 3. Mutual Agreement

Col.7: Attendance at formal School
- 1. Never
- 2. Now in School
- 3. Before but not now

Col.8: Highest Level Reached
- 1. Below Pry.
- 2. Primary
- 3. Secondary
- 4. Post Secondary

Col.9: Highest Grade Reached

Col.10: Literacy in any language
- 1. Yes
- 2. No

Reference Number 2715445963
**PART B: PERSON(S) PRESENT IN HOUSEHOLD continued... (For persons Age 10 years and above)**

<table>
<thead>
<tr>
<th>Main Job previous week</th>
<th>If person did nothing, what was the reason?</th>
<th>Length of unemployment (from the last paid work)</th>
<th>Do you like to change job?</th>
<th>Reason for the change</th>
<th>Primary or Main Occupation</th>
<th>Industry of Primary or Main Occupation</th>
<th>Employment Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Col. 11: Main Job previous week (If options 1-5 Go to Col.14, and if options 6 or 7 Go to Next Person)</td>
<td>Col. 12: If person did nothing, what was the reason? (If options 6-8 Go to Col.42)</td>
<td>Col. 13: Length of unemployment (from the least paid work)</td>
<td>Col. 14: Do you like to change job?</td>
<td>Col. 15: Reason for the change</td>
<td>Col. 16: Primary or Main Occupation</td>
<td>Col. 17: Industry of Primary or Main Occupation</td>
<td>Col. 18: Employment Status</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Reference Number</th>
<th>Reference Number</th>
</tr>
</thead>
</table>

Col. 13: Length of unemployment (from the least paid work)
1. Less than 1 month
2. Between 1 and 2 months
3. Between 2 and 3 months
4. Between 3 and 4 months
5. More than 4 months
6. Never had a paid work

Col. 15: Reason for the change
01 Low income in present job
02 Job doesn't match skill
03 Job environment not congenial
04 Excessive hours of work
05 Precarious job(s)
06 Inadequate tools
07 Equipment or training for assigned task
08 Travel to work difficulties
09 Inconvenient work schedules
10 Recurring work stoppage
11 Prolonged non wage payment

Col. 17: Industry of Primary or Main Occupation
See Industry codes on Page 10

Col. 18: Employment Status
1. Employer
2. Employee
3. Own Account Worker
4. Members of Producer Cooperatives
5. Unpaid Family Worker
6. Others
<table>
<thead>
<tr>
<th>Hours of Work per week</th>
<th>Institutional Sector</th>
<th>Contrib-</th>
<th>Secondary Job</th>
<th>Industry of Secondary Job</th>
<th>Employment Status in the Secondary Job</th>
<th>Hours of Work per week</th>
<th>Are you Engaged in Voluntary or Social Work?</th>
</tr>
</thead>
<tbody>
<tr>
<td>(19)</td>
<td>(20)</td>
<td>(21)</td>
<td>(22)</td>
<td>(23)</td>
<td>(24)</td>
<td>(25)</td>
<td>(26)</td>
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<td></td>
</tr>
</tbody>
</table>

**Col.20: Institutional Sector**
1. Private Company
2. Public Company
3. Parastatals
4. Ministries
5. Others

**Col.22: Secondary Job**
See Occupational codes on Page 10

**Col.23: Industry of Secondary Job**
See Industry codes on Page 10

**Col.24: Employment Status in the Secondary Job**
1. Employer
2. Employee
3. Own Account Worker
4. Producer Coop. Member
5. Unpaid Family Worker
6. Others

**Col.26: If you are given extra hours will you do it?**
1. Yes, voluntary
2. No, involuntary

**Col.27: Are you Engaged in Voluntary or Social Work?**
1. Yes
2. No

---

See Occupational codes on Page 10
See Industry codes on Page 10

Reference Number: 2397445969
<table>
<thead>
<tr>
<th>In which area of Volunteering?</th>
<th>Hours of Work per Week</th>
<th>Income last month (in '000=N=) from all jobs and including all allowances</th>
<th>Do you personally own any of the following?</th>
<th>How many do you own of any of the following?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Mobile Phone</td>
<td>Fixed Phone</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Personal Computer</td>
<td>Internet Service</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>(33) Radio</td>
<td>(34) Television</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Mobile Phone</td>
<td>Fixed Phone</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Personal Computer</td>
<td>Internet Service</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>(35) Radio</td>
<td>(36) Television</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Mobile Phone</td>
<td>Fixed Phone</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Personal Computer</td>
<td>Internet Service</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>(37) Radio</td>
<td>(38) Television</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Mobile Phone</td>
<td>Fixed Phone</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Personal Computer</td>
<td>Internet Service</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>(39) Radio</td>
<td>(40) Television</td>
</tr>
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<td></td>
<td></td>
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<td>Mobile Phone</td>
<td>Fixed Phone</td>
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<td></td>
<td>Personal Computer</td>
<td>Internet Service</td>
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<td></td>
<td>(41) Radio</td>
<td>(42) Television</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Mobile Phone</td>
<td>Fixed Phone</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Personal Computer</td>
<td>Internet Service</td>
</tr>
</tbody>
</table>

Col. 28: In which area of Volunteering?
- 01 Art and Recreation
- 02 Education/Research
- 03 Health
- 04 Social Services
- 05 Environment
- 06 Development and Housing
- 07 Civil Advocacy
- 08 Philanthropy
- 09 Religion
- 10 International
- 11 Business/Professional
- 12 Other (specify)

Cols. 31-36: Own Information and Communication Technology equipment?
1. Yes
2. No
PART B: PERSON(S) PRESENT IN HOUSEHOLD  

For persons Age 10 years and above

<table>
<thead>
<tr>
<th>Do you have access to any of the following?</th>
<th>What is your source of access to any of the following?</th>
<th>List in order of preference, three of your favourite TV stations?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Radio</td>
<td>Television</td>
<td>Mobile Phone</td>
</tr>
<tr>
<td>(43)</td>
<td>(44)</td>
<td>(45)</td>
</tr>
<tr>
<td>☐ ☐ ☐ ☐ ☐ ☐</td>
<td>☐ ☐ ☐ ☐ ☐ ☐</td>
<td>☐ ☐ ☐ ☐ ☐ ☐</td>
</tr>
</tbody>
</table>

Cols.43-48: Have Access to ICT?  
1. Yes  
2. No

Cols.49-54: Source of Access to ICT?  
1. Owned  
2. Family member/friend/neighbor  
3. Umbrella Centre  
4. Workplace  
5. Business Centre  
6. Other

Cols.55-57: TV stations?  
01. DBN  
02. Channels  
03. Minaj  
04. NTA  
05. AIT  
06. MITV  
07. Silver Bird  
08. Galaxy  
09. State TV  
10. Foreign  
11. Other

Reference Number 0810445967
PART B: PERSON(S) PRESENT IN HOUSEHOLD  
(For persons Age 10 years and above)

<table>
<thead>
<tr>
<th>Do you operate an ICT business outfit?</th>
<th>Which of the following ICT business outfits do you operate?</th>
<th>What kind of service do you provide in the ICT business outfit?</th>
<th>How many persons do you attend to in a day in the ICT business outfit?</th>
<th>What is your daily income in the ICT business outfit?</th>
<th>Did you start any new building in 20....?</th>
<th>What is the stage of completion of the building as at December 31, 20....?</th>
<th>If col.70 = code 5 then When was it completed?</th>
</tr>
</thead>
<tbody>
<tr>
<td>(58)</td>
<td>(59)</td>
<td>(60)</td>
<td>(61)</td>
<td>(62)</td>
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<tr>
<td>☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐</td>
<td>☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐</td>
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</tbody>
</table>

Cols.58: Own ICT Business Outfit?
1. Yes
2. No

Cols.59: ICT Business Outfit Operated?
1. Umbrella Centre
2. Business Centre

Cols.60: Kind of Service provided?
1. Telephone calls
2. Computer Services
3. Cybercafe
4. Other

Cols.64: Started Building?
1. Yes
2. No

Cols.65: Type of Building?
1. Residential
2. Commercial
3. Industrial
4. Other

Cols.66: Stage of Completion?
1. Foundation level
2. Window level
3. Lentel level
4. Roofing level
5. Completed Totally

Cols.67: Completion period?
1. 1st Quarter
2. 2nd Quarter
3. 3rd Quarter
4. 4th Quarter
PART C: USUAL RESIDENT ABSENT [FOR PERSONS NOT AVAILABLE IN THE HOUSEHOLD DURING THE PERIOD OF THE SURVEY]

<table>
<thead>
<tr>
<th>Member Number</th>
<th>Name of Household Member</th>
<th>Relationship to Head</th>
<th>Sex</th>
<th>Age (Last Birthday)</th>
<th>Marital Status</th>
<th>Attendance at formal Sch.</th>
<th>Date last in HH</th>
<th>Date Expected back in HH</th>
<th>Reason for Absence</th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
</tbody>
</table>

Col.1: Relationship to Head
01 Head
02 Spouse
03 Own Child
04 Step Child
05 Grand Child
06 Brother/Sister
07 Niece/Nephew
08 Brother/Sister-in-law
09 Parent
10 Parent-in-law
11 Other relative
12 Maid/Nanny/House Servant Non-Relative

Col.2: Sex
1. Male
2. Female

Col.4: Marital Status
1. Married
2. Divorced
3. Separated
4. Widowed
5. Never Married

Col.5: Attendance at formal School
1. Never
2. Now in School
3. Before but not now

Col.8: Reason for Absence
01 Schooling
02 Visitation
03 Hospitalisation
04 Temporary Transfer
05 On Holiday
06 Other (specify)

PART D: FEMALE CONTRACEPTIVE PREVALENCE - Children ever born by women married or aged 15 years and over

<table>
<thead>
<tr>
<th>List Women Ever Married or Age 15 years and above</th>
<th>Woman Member Number</th>
<th>Relationship to Head</th>
<th>Age (Last Birthday)</th>
<th>Ever Pregnant?</th>
<th>Number of Own Children living in this HH</th>
<th>Number of Own Children else where</th>
<th>Number of Own Children that have died</th>
<th>Currently Pregnant?</th>
<th>If pregnant</th>
<th>How many times do you go to the clinic in a month?</th>
<th>Received Antitetanus?</th>
<th>Which Method?</th>
<th>If ever Married, Age at first marriage</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

Col.2: Relationship to Head
01 Head
02 Spouse
03 Own Child
04 Step Child
05 Grand Child
06 Brother/Sister
07 Niece/Nephew
08 Brother/Sister-in-law
09 Parent
10 Parent-in-law
11 Other relative
12 Maid/Nanny/House Servant Non-Relative

Col.4: Educational Level
1. Below Pry.
2. Primary
3. Secondary
4. Post Secondary

Col.5, 9, 10, 12?

Col.14: Which Method?
01 Pill
02 Condom
03 Injection
04 IUD
05 Female sterilization
06 Male sterilization
07 douche
08 Norplant
09 Foaming tab
10 Diaphragm
11 Foam jelly
12 Traditional methods
13 Abstinence
14 Withdrawal
15 Rythm
16 Others

Reference Number 7840445967
### PART E: BIRTHS IN THE LAST 12 MONTHS

<table>
<thead>
<tr>
<th>Name of Child</th>
<th>Child Member Number</th>
<th>Mother Member Number</th>
<th>Age of Mother</th>
<th>Sex of Child</th>
<th>Date of Birth</th>
<th>Weight at Birth</th>
<th>Delivered by Trained Birth Attendant?</th>
<th>What type of Trained Birth Attendant?</th>
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</thead>
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</tbody>
</table>

Col. 4: Sex of Child
1. Male
2. Female

Col. 7: Delivered by Trained Birth Attendant?
1. Yes
2. No

Col. 8: What type of Trained Birth Attendant?
1. Doctor
2. Trained Nurse/Midwife
3. Auxiliary Midwife
4. Trained Traditional Midwife
5. Traditional Birth Attendant

### PART F: NATIONAL PROGRAMME ON IMMUNIZATION (NPI) [FOR CHILDREN 1 YEAR OR LESS]

<table>
<thead>
<tr>
<th>List of all Children one year or less in this Household</th>
<th>Child Member Number</th>
<th>Age of Child (in completed months)</th>
<th>Sex of Child</th>
<th>Do you have card?</th>
<th>Measles</th>
<th>BCG</th>
<th>DPT 1</th>
<th>DPT 2</th>
<th>DPT 3</th>
<th>OPV 0</th>
<th>OPV 1</th>
<th>OPV 2</th>
<th>OPV 3</th>
<th>Yellow Fever</th>
<th>MMR</th>
<th>Vitamin A</th>
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</tbody>
</table>

Col. 3: Sex of Child
1. Male
2. Female

Col. 4: Do you have card?
1. Yes
2. No

Columns 5-16: Vaccination Records
1. Yes
2. No
**PART G: CHILD NUTRITION [BREASTFEEDING MODULE] [FOR CHILDREN LESS THAN 1 YEAR OLD]**

<table>
<thead>
<tr>
<th>List of all Children less than one year old in this Household</th>
<th>Child Member Number</th>
<th>Age of Child (in months)</th>
<th>Has [NAME] ever been breastfed?</th>
<th>Did [NAME] get first milk (Colostrum, yellow coloured breast milk)?</th>
<th>Why did [NAME] not get first milk?</th>
<th>Since the time of birth, for how long (in months) was [NAME] fed exclusively on breast milk (without water, herbal tea or any fluid except vitamin, medicine and ORS)?</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

**Columns 14-20:** Why were you not able to exclusively breastfeed [NAME] for 6 months?

<table>
<thead>
<tr>
<th>Nature of Work</th>
<th>Shortage of breast milk</th>
<th>Mother's health</th>
<th>Child's Rejection</th>
<th>Age less than 6 months</th>
<th>Other</th>
<th>Vitamin, mineral supplements or medicine</th>
<th>Plain water</th>
<th>Sweetened, flavoured water or fruit juice or tea or infusion</th>
<th>Oral Rehydration Solution (ORS)</th>
<th>Tinned powdered or fresh milk or infant formula</th>
<th>Any other liquids (specify...)</th>
<th>Solid or semi-solid ( mushy) food</th>
<th>Received only breast milk</th>
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</thead>
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</tbody>
</table>

**Columns 5-12:** Why did [NAME] not get first milk?

1. Yes
2. No
3. Don't Know

---

**PART G: CHILD NUTRITION [BREASTFEEDING MODULE] ... continued [FOR CHILDREN LESS THAN 1 YEAR OLD]**

**Why were you not able to exclusively breastfeed [NAME] for 6 months?**

1. Yes
2. No
3. Don't Know

---

**Since this time yesterday, did [NAME] receive any of the following?**

1. Yes
2. No
3. Don't Know

---

**If [NAME] is no longer breast fed, at what age (in months) was breast feeding stopped?**

1. Yes
2. No
3. Don't Know

---

**If [NAME] is receiving complementary food, at what age (in months) was it introduced?**

1. Yes
2. No
3. Don't Know

---

Reference Number: 5372445965
### PART H: DEATHS IN THE LAST 12 MONTHS

<table>
<thead>
<tr>
<th>Name of Deceased</th>
<th>Age (in completed years at the time of death)</th>
<th>Sex</th>
<th>Date of Death</th>
<th>Cause of Death</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

**Columns 2-11:**

- Col. 2: Sex
- Col. 4: Cause of Death
- 1. illness
- 2. Accident/Injury
- 3. Murder
- 4. Suicide
- 5. Died in Sleep
- 6. Others

### PART I: HEALTH [FOR ALL PERSONS IN THE HOUSEHOLD]

<table>
<thead>
<tr>
<th>Name of Member</th>
<th>Member Number</th>
<th>Was [NAME] injured/sick in the last 4 weeks?</th>
<th>Did [NAME] miss work or school due to injury/sickness in the last 4 weeks?</th>
<th>How many days of work or school did [NAME] miss due to illness/injury in the last 4 weeks?</th>
<th>Did [NAME] consult a health provider (traditional healer inclusive) for any reason in the last 4 weeks?</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

**Col. 2: Was [NAME] injured in the last 4 weeks?**
- 1. Yes
- 2. No

**Col. 11:**
- 1. Yes
- 2. No

**Col. 14:**
- Did [NAME] consult a health provider (traditional healer inclusive) for any reason in the last 4 weeks?
- 1. Yes
- 2. No

**Col. 12:**
- Did [NAME] missed work or school due to injury/sickness in the last 4 weeks?
- 1. Yes
- 2. No

**Col. 13:**
- How many days of work or school did [NAME] miss due to illness/injury in the last 4 weeks?
- 1. None
- 2. Less than 7 days
- 3. 7 to 14 days
- 4. More than 14 days

### PART I: HEALTH ... continued

<table>
<thead>
<tr>
<th>How did [NAME] pay for most of the Consultation?</th>
<th>Which main health provider did [NAME] see in the last 4 weeks?</th>
<th>How many times did [NAME] use the service in the last 4 weeks?</th>
</tr>
</thead>
<tbody>
<tr>
<td>(15)</td>
<td>(16)</td>
<td>(17)</td>
</tr>
</tbody>
</table>

**Col. 15:**
- How did [NAME] pay for most of the consultation?
- 1. Free
- 2. Self-paid
- 3. Employer
- 4. Insurance
- 5. Other
- 6. Spouse
- 7. Parents
- 8. Other

**Col. 16:**
- Which main health provider did [NAME] see in the last 4 weeks?
- 1. Private dispensary/hospital
- 2. Public dispensary/hospital
- 3. Community health center
- 4. Private doctors/dentist
- 5. Traditional healer
- 6. Religious hospital/dispensary
- 7. Pharmaceutical
- 8. Other

**Col. 17:**
- How many times did [NAME] use the service in the last 4 weeks?
- 1. 1 to 3
- 2. 4 to 6
- 3. More than 6

Reference Number: 6090445963
PART J: HOUSEHOLD ENTERPRISES

For Own Account Worker and Employee of Informal Sector Only

<table>
<thead>
<tr>
<th>Name of Enterprises?</th>
<th>Kind of Activity</th>
<th>Location of Enterprise</th>
<th>Number of Persons Engaged</th>
<th>Is Enterprise Registered?</th>
<th>Income/Profit Enterprises last month</th>
</tr>
</thead>
<tbody>
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<table>
<thead>
<tr>
<th>Does the household own any enterprise?</th>
<th>F=Yes</th>
<th>M=No</th>
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</table>

<table>
<thead>
<tr>
<th>Name</th>
<th>Kind of Activity</th>
<th>Location</th>
<th>Full Time</th>
<th>Part Time</th>
<th>Paid Employee</th>
<th>Unpaid Household Member</th>
<th>Paid Employee</th>
<th>Unpaid Household Member</th>
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<thead>
<tr>
<th>Number of Visits:</th>
<th>Length of Interview:</th>
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<table>
<thead>
<tr>
<th>FIELD SUPERVISOR</th>
<th>STATE OFFICE EDITOR</th>
<th>EDITED BY</th>
<th>KEYED BY</th>
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PART K: HOUSEHOLD EXPENDITURE

How much did you spend in the last one month on the following items

<table>
<thead>
<tr>
<th>School Fees</th>
<th>Medical Expenses</th>
<th>House Expenses</th>
<th>Remittances</th>
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<thead>
<tr>
<th>Cloth Expenses</th>
<th>Transport Expenses</th>
<th>Food Expenses</th>
<th>Others</th>
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<thead>
<tr>
<th>Number of Visits:</th>
<th>Reference Number</th>
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INDUSTRY AND OCCUPATIONAL CODES

<table>
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<tr>
<th>Industry code</th>
<th>Occupational code</th>
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