Page 1 of 12

Please write responses in PRINTED CAPITAL LETTERS



Reference Number			

GENERAL HOUSEHOLD SURVEY

without touching the box edges. A B C	0 1 2	Shade boxes like this	:: ■ Not like this 💢 or this 🗹		
DART A. IDENTIFICATION					
1 9 41.1 9 1 1 1 1	Interviewer's N	ame J Listed: HU Sampled	HH Listed: HH Sampled		
1. State 2. LGA 3. RIC 4.	EA Code 5. Enumera	ation Area Name	6. Sector		
7.HU No 8. Name of Head of HH 9. Address:					
10. Response Status: 1. Completed 2. Partly completed 3. Not at home 4. Refused 5. Household not located (*)	onnaire Ref. No: No within HU of	13. Distance to Source of Water: In dwelling Within 500m 500-1km 1km or more			
14. Type of Housing Unit:	19. Toilet faclities:				
Single room 1 Flat 2 Duplex 3 Whole building 4 Other 5	Toilet on Flush to se Flush to septi	ewage ③ c tank ④ pucket ⑤ atrine ⑥	22. Type of Fuel Used for Cooking Electricity Gas Kerosine Wood Coal S		
15. Number of Living Rooms in Housing Unit	1	atrine 💰	23. Electricity Supply PHCN (NEPA) only ① Rural Electrification only ②		
16. Monthly Rent (in =N=) for housing unit:	Within 5 500-	cility from the dwelling: elling ① 00m ② 1km ③ nore ④	Private Generator only 3 PHCN (NEPA)/Generator 4 Rural Electricity/Generator 5 None 6		
17. Tenure: Normal Rent ① Free ② Nominal/Subsidized Rent ③ Owner occupier ④	21. Type of Refuse Disp	osal most often used:	24. Information and Communication Technology (ICT) C C C C O E O W S N O E O E O E O E O E O E O E O E O E O		
18. Material of dwelling floor: Wood/Tile Planks/Concrete Dirt/Straw/Without concrete Other (specify) Other (specify)	- HH Bin collecte Govern Disposal Unauthor	d by government d private agency ment bin or shed within compound ized refuse heap 6	Radio 123 Television 123 Telephone (Fixed) 123 Telephone (Mobile) 123 Personal Computer (PC) 123 Internet Service 123		

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PART B: PERSON(S) PRESENT IN HOUSEHOLD (For all persons who slept in this household last night)

Member Number (0)	List all persons who slept in this household last night Name of Household Member	Rela- tionship to Head (1)	Residence Status	Age (Last Birthday)	Sex (4)	Marital Status (5)	If married, what form of Marriage (6)	Attendance at formal School (7)	Highest Level Reached (8)	Highest Grade Reached (9)	Lite- racy in any langu- age (10)
			12		12	12345	123	123	1234		12
			12		12	12345	123	123	1234		12
			12		12	12345	123	123	1234		12
			12		12	12345	123	123	1234		12
			12		12	12345	123	123	1234		12
			12		12	12345	123	123	1234		12
			12		12	12345	123	123	1234		12
			12		12	12345	123	123	1234		12
			12		12	12345	123	123	1234		12
			12		12	12345	123	123	1234		12
			12		12	12345	123	123	1234		12
			12		12	12345	123	123	1234		12
			12		12	12345	123	123	1234		12
			12		12	12345	123	123	1234		12
			12		12	12345	123	123	1234		12

Col.1: Relationsip 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

- Usually resident in HH 2. Not usually resident in HH
- Col. 4: Sex
- 1. Male 2. Female

Col.5: Marital Status

- Married
 Divorced
- Separated
 Widowed
- 5. Never Married

Col.6: What form of Marriage

- 1. Ordinance
- Customary
 Mutual Agreement

Col.7: Attendance at formal School

- 1. Never
- Never
 Now in School
 Before but not now

Col.8: Highest Level Reached

- 1. Below Pry.
- Primary
 Secondary
- 4. Post Secondary

Col.9: Highest Grade Reached

Nursery	Secondary	
01 Pre-Class	10 JSS 1	13 SSS 1
02 Nursery 1	11 JSS 2	14 SSS 2
03 Nursery 2	12 JSS 3	15 SSS 3

Primary

Post Secondary

16 A/L/OD 19 Others
17 BSC/HD
18 P/Grad. 07 Pry. 4 08 Pry. 5 09 Pry. 6 04 Pry. 1 05 Pry. 2 06 Pry. 3

Col.10: Literacy in any language

1. Yes 2. No

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Main Job previous week (If options 1-5 Go to Col.14, and if options 6 or 7 Go to Next Person)	If person did nothing, what was the reason? (If options 6-8 Go to Col.42)	Length of unemployment (from the last paid work) Next Person (13)	Do you like to change job?	Reason for the change (15)	Primary or Main Occu- pation (16)	Industry of Primary or Main Occupation (17)	Employment Status (18)
00000000	12345678	123456	12				123456
123456789	12345678	123456	12				123456
123456789	12345678	123456	12				123456
123456789	12345678	123456	12				123456
123456789	12345678	123456	12				123456
123456789	12345678	123456	12				123456
123466789	12345678	123456	12				123456
023466766	12345678	123456	12				123456
123466789	12345678	123456	12				123456
023466766	12345678	123456	12				123456
023466769	12345678	123456	12				123456
023460700	12345678	123456	12				123456
123466789	12345678	123456	12				123456
023466769	12345678	123456	12				123456
023466789	12345678	123456	12				123456

Col. 11: Main Job previous week

- Worked for pay
 Got job but did not work
 Worked for profit
 On attachment but didn't work
 Apprenticeship
- 6. Kept home 7. Went to School
- 8. Did Nothing

Col.12: If person did nothing, what was the reason?

- 1. Looked for job
- Sick
 Believed no job available
 Laid off 30 days or less
- 5. Waiting to join work6. Retired
- 7. Invalid 8. Others

Col.13: Length of un-employment (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 months6. Never had a paid work

Col.14: Do you like to change job?

- 1. Yes 2. No

Col.16: Primary or Main Occupation

See Occupational codes on Page 10

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.18: Employment Status

- Employer
 Employee
- 3. Own Account Worker
- Members of Producer Coop.
 Unpaid Family Worker

Col.17: Industry of Primary or Main Occupation

See Industry codes on Page 10

Hours of Work per week (19)	Institutional Sector (20)	Contribute to National Health Insurance Scheme (NHIS)?	Secon- dary Job (22)	Industry of Secon- dary Job (23)	of Employment con- Status in the ary Secondary ob Job		CHECK: If Col.19+Col.25 is 40 hrs or more Go to Col.27 else If you are given extra hours will you do it?	Are you Engaged in Voluntary or Social Work? (27)
	12345	12			123456		12	12
	12345	12			123456		12	12
	12345	12			123456		12	12
	12345	12			123456		12	12
	12345	12			123456		12	12
	12345	12			123456		12	12
	12345	12			123456		12	12
	12345	12			123456		12	12
	12345	12			123456		12	12
	12345	12			123456		12	12
	12345	12			123456		12	12
	12345	12			123456		12	12
	12345	12			123456		12	12
	12345	12			123456		12	12
	12345	12			123456		12	12

Col.20: Institutional Sector

- Private Company
 Public Company
- Parastatals
 Ministries
- 5. Others

Col.21: Contribute to National Health Insurance Scheme (NHIS)?

- 1. Yes 2. No

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

- Employee
 Count Worker
 Producer Coop.Member
 Unpaid Family Worker
 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

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Reference Number			

In which area of	Hours	Income last month (in '000=N=)			ou perso of the fo				How many do you own of any of the following?					
Volun- teering? If Yes in Col.27	of Work per Week (29)	from all jobs and including all allowances (30)	Ra- dio	Tele- vision (32)	Mobile Phone (33)	Fixed Phone (34)	Per- sonal Com- puter (35)	Inter- net Ser- vice (36)	Ra- dio (37)	Tele- vision (38)	Mobile Phone (39)	Fixed Phone (40)	Per- sonal Com- puter (41)	Inter- net Ser- vice (42)
			12	12	12	12	12	12						
			12	12	12	12	12	12						
			12	12	12	12	12	12						
			12	12	12	12	12	12						
			12	12	12	12	12	12						
			12	12	12	12	12	12						
			12	12	12	12	12	12						
			12	12	12	12	12	12						
			12	12	12	12	12	12						
			12	12	12	12	12	12						
			12	12	12	12	12	12						
			12	12	12	12	12	12						
			12	12	12	12	12	12						
			12	12	12	12	12	12						
			12	12	12	12	12	12						

Col. 28: In which area of Volunteering? 3: 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

Page	~	~£	11
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Reference Number			

Do yo	u have a	access to	o any of	the follo	wing?	What is your source of access to any of the following?						List in order of preference, three of your favourite TV stations?			
Ra- dio	Tele- vision	Mobile Phone	Phone	Per- sonal Com- puter	Inter- net Ser- vice	Ra- dio	Tele- vision		Fixed Phone	Per- sonal Com- puter	Inter- net Ser- vice	1st Preference	Preference Preference		
(43) (1 ²)	(44) 1 ²	(45) ①②	(46) ①②	(47) ①②	(48) 1 ²	(49)	(50)	(51)	(52)	(53)	(54)	(55)	(56)	(57)	
12	12	12	12	12	12										
12	12	12	12	12	12										
12	12	12	12	12	12										
12	12	12	12	12	12										
12	12	12	12	12	12										
12	12	12	12	12	12										
12	12	12	12	12	12										
12	12	12	12	12	12										
12	12	12	12	12	12										
12	12	12	12	12	12										
12	12	12	12	12	12										
12	12	12	12	12	12										
12	12	12	12	12	12										
12	12	12	12	12	12										

Cols.43-48: Have Access to ICT?

1. Yes 2. No

Cols.49-54: Source of Access to ICT?

- Owned
 Family member/friend/neighbour
 Umbrella Centre
 Workplace
 Business Centre
 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

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Page	7	ot	12

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	Which of the follo-				How many		Housing Project (For persons Age 20 years and about				
Do you operate an ICT busi- ness outfit?	wing ICT busi- ness outfits do you operate?	What kind of service do you provide in the ICT business outfit?			persons do you attend to in a day in the ICT business outfit?	What is your daily incomein the ICT business outfit?	Did you start any new building in 20?	What is the type of building ?	What is the stage of completion of the building as at December 31, 20?	If col.70 = code 5 then When was it completed?	
(58)	(59)	(60)	(61)	(62)	(63)	(64)	(65)	(66)	(67)	
12	12	1234					12	1234	12345	1234	
12	12	1234					12	1234	12345	1234	
12	12	1234					12	1234	12345	1234	
12	12	1234					12	1234	12345	1234	
12	12	1234					12	1234	12345	1234	
12	12	1234					12	1234	12345	1234	
12	12	1234					12	1234	12345	1234	
12	12	1234					12	1234	12345	1234	
12	12	1234					12	1234	12345	1234	
12	12	1234					12	1234	12345	1234	
12	12	1234					12	1234	12345	1234	
12	12	1234					12	1234	12345	1234	
12	12	1234					12	1234	12345	1234	
12	12	1234					12	1234	12345	1234	
12	12	1234					12	1234	12345	1234	

Cols.58: Own ICT Business Outfit?

1. Yes 2. No

Cols.59: ICT Business Outfit Operated?

- Umbrella Centre
 Business Centre

Cols.60: Kind of Service provided?

- Telephone calls
 Computer Services
 Gybercafe
 Other

Cols.64: Started Building?

1. Yes 2. No

Cols.65: Type of Building?

- Residential
 Commercial
 Industrial
 Other

Cols.66: Stage of Completion?

- Foundation level
 Window level
 Lentel level
 Roofing level
 Completed Totally

Cols.67: Completion period?

- 1. 1st Quarter
- 2. 2nd Quarter 3. 3rd Quarter
- 4. 4th Quarter

Page	Q	Λf	12
rage	a	OI.	12

Reference Number			

PART C: USUAL RESIDENT ABSENT [FOR PERSONS NOT AVAILABLE IN THE HOUSEHOLD DURING THE PERIOD OF THE SURVEY]

Member Number	Name of Household Member	Rela- tionsip to Head	Sex	Age (Last Birthday)		Att- end- ance at for- mal Sch.	Date last in HH	Date Expected back in HH	Reason for Absence
(0)		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
			12						
			12						
			12						
			12						

Col.1: Relationsip to Head

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

Col. 2: Sex

- 1. Male 2. Female
- 1. Married Divorced
 Separated

Col.4: Marital Status

Widowed
 Never Married

Col.5: Attendance at formal School

- 1. Never
- Now in School
 Before but not now

Col. 8: Reason for Absence

- 01 Schooling

- 01 Schooling 02 Visitation 03 Hospitalisation 04 Temporary Transfer 05 On Holiday 06 Other (specify)

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

List Women Ever Married or Age 15 years and above (0)	Woman Member Number (1)	Rela- tionsip to Head	Age (Last Birth- day)	Edu- cati- onal Lev- el	Ever Preg- nant? (5)	Number of Own Children living in this HH (6)	Number of Own Children living else where (7)	Number of Own Children that have died (8)	Cur- rently Preg- nant? (9)	Are you regis- tered with the clinic?	How many times do you go to the clinic in a month?	Rece- ived Anti- Teta- nus? (12)	[Ask only, if age 15-49 years] Currently using FP? If 2=No, GO TO D15 (13)	Which Me- thod? (14)	If ever Married, Age at first marri- age (15)
					12				12	12		12	12		
					12				12	12		12	12		
					12				12	12		12	12		
					12				12	12		12	12		
					12				12	12		12	12		

Col.2: Relationsip to Head

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

Col. 4: Educational Level

- Below Pry.
 Primary
- Secondary
 Post Secondary

Colums 5, 9, 10, 12?

- 1. Yes 2. No

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 Diaphram 11 Foam jelly 12 Traditional methods 13 Abstinence 14 Withdrawal

 - 15 Rythm 16 Others

Page	o	ωf	12
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Reference Number			

PART E: BIRTHS IN THE LAST 12 MONTHS

Name of Child	Child Member Number (1)	Mother Member Number (2)	Age of Mother (3)	Sex of Child	Date of Birth	Weight at Birth	Delivered by Trained Birth Attendant?	What type of Trained Birth Attendant? (8)
				12			12	12345
				12			12	12345
				12			12	12345
				12			12	12345
				12			12	02346

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?

Doctor
 Trained Nurse/Midwife
 Auxillary Midwife
 Trained Traditional Midwife
 Traditional Birth Attendant

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

		Age of							Vac	cinatio	n Record	ls				
List of all Children one year or less in this Household	Child Member Number	Child (in com-	Sex of Child	Do you have card?	Mea- sles	BCG	DPT 1	DPT 2	DPT 3	OPV 0	OPV 1	OPV 2	OPV 3	Yel- low Fever	MMR	Vita- min A
(0)	(1)	(1) (2)		(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)
			12	12	12	12	12	12	12	12	12	1	12	12	12	12
			12	12	12	12	12	12	12	12	12	12	12	12	12	12
			12	12	12	12	12	12	12	12	12	12	12	12	12	12
			12	12	12	12	12	12	12	12	12	12	12	12	12	12
			12	12	12	12	12	12	12	12	12	12	12	12	12	12

Col. 3: Sex of Child

Col. 4: Do you have card?

Columns 5-16: Vaccination Records

1. Male 2. Female

1. Yes 2. No

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

		Did [NAME] get first milk (Colo- strum, yellow coloured breast milk)?			Since the time of birth, for how long (in months) was [NAME] fed exclusively on breast milk (without water, herbal tea or								
List of all Children less than one year old in this Household	Child Member Number	Age of Child (in months)		If 1=Yes or 3=Don't Know, GO TO G13	Bad milk (5)	Mother ill/ weak	Child ill/ weak	Mother died	Nipple/ Breast prob- lem	Child Re- fused	Didn't pro- duce milk	Other	any fluid except vitamin, medicine and ORS)?
(0)	(1)	(2)	(3)	(3) (4)		(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)
			123	123	12	12	12	12	12	12	12	12	
			123	123	12	(2)	12	12	12	12	12	12	
			123	123	12	1	12	12	12	12	12	12	
			123	123	12	12	12	12	12	12	12	12	
			123	123	12	12	12	12	12	12	12	12	

Col.3, 4: Has [NAME] ever been breastfed?

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]

breastfeed [NAME] for 6 months?							Is [NAME] still being		Since this	Sweet- ened, flavo-	rday, did [N	IAME] recei	ve any of th	e following	?
Nature of Work	Short- age of breast milk	Mo- ther's health	Child's Re- fusal	Tradi- tion	Age less than 6 mon- ths	Other	breast fed? If 2 or 3 answer Col.30	Vitamin, mineral supple- ments or medicine	Plain Water	ured water or fruit juice or tea or infusion	Oral Re- hydra- tion Solution (ORS)	pow- dered or fresh milk or infant formula	Any other liquids (spe- cify)	Solid or semi- solid (mushy) food	Received ONLY breast milk
(14)	(15)	(16)	(17)	(18)	(19)	(20)	(21)	(22)	(23)	(24)	(25)	(26)	(27)	(28)	(29)
12	12	12	12	12	12	12	123	123	123	123	123	123	123	123	123
12	12	12	12	12	12	12	123	123	123	123	123	123	123	123	123
12	12	12	12	12	12	12	123	123	123	123	123	123	123	123	123
12	12	12	12	12	12	12	123	123	123	123	123	123	123	123	123
12	12	12	12	12	12	12	123	1000	123	123	123	123	123	1000	123

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

Col. 21: Is [NAME] still being breast fed? Columns 22-29: Since this time yesterday, did [NAME] receive any of the following?

1. Yes 2. No

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

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

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

If [NAME] is no longer breast fed, at what age (in months) was breast feeding stopped?	Since this time yesterday, has [NAME] been given anything to drink from a bottle with a nipple or teat?	If [NAME] is receiving complementary food, at what age (in months) was it introduced?
(30)	(31)	(32)
	123	
	123	
	123	
	123	
	123	

PART H: DEATHS IN THE LAST 12 MONTHS

Name of Deceased	Age (in com- pleted years at the time of death)	Sex	Date of Death	Cause of Death (4)
		12		123456
		12		123456
		12		123456
		12		123456
		12		123456

Col.2: Sex

1. Male 2. Female

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]

			Was [NAME] injured/ Sick in the last		Wha	t sort of		s/injury o		IE] suffe	r in the		Did [NAME] miss work or school due to	How many days of work or school did	Did [NAME] consult a health provider (traditional healer
Name of Member	Member Number		4 weeks? If 2=No, GO TO Part J	Fever/ Mala- ria	Mala- minal ria pains		Cough/ brea- thing diffi- culty	Skin pro- blem	Ear, Nose, Throat	Den- tal	Acci- dent	Other	injury/ sickness in the last 4 weeks?	illness/injury in the last 4 weeks?	inclusive) for any reason in the last 4 weeks?
(0)	(1)		(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)
			12	12	12	12	12	12	12	12	12	12	12	1234	12
			12	12	12	12	12	12	12	12	12	12	12	1234	12
			12	12	12	12	12	12	12	12	12	12	12	1234	12
			12	12	12	12	12	12	12	12	12	12	12	1234	12
			12	12	12	12	12	12	12	12	12	12	12	1234	12

Col. 2: Was [NAME] injured in the last 4 weeks?

1. Yes 2. No

Columns 3-11: What sort of sickness/ injury did [NAME] suffer in the last 4 weeks?

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

1. Yes 2. No

Col. 12: Did [NAME] missed work or school due to injury/ sickness in the last 4 weeks?

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- 14 days 4. More than 14 days

PART I: HEALTH ... continued

How did [NAME] pay for most of the Consultation?	Which main health provider did [NAME] see in the last 4 weeks?	How many times did [NAME] use the service in the last 4 weeks?
(15) 12345678	(16) 12345678	123
12345678	12345678	123
12345678	12345678	123
12345678	12345678	123
12345678	12345678	123

Col. 15: How did [NAME] pay for

most of the consultation?

1. Free

- 2. Self paid
 3. Employer
 4. Insurance
 5. Other relative
- Spouse
 Parents
- 8. Other

Col. 16: Which main health provider did [NAME] see in the last 4 weeks?

- Private dispensary/hospital
- Private dispensary/nospita
 Public dispensary/hospital
 Community health center
 Private doctors/dentist
 Traditional healer
- Religious hospital/dispensary
 Pharmacist/chemist

8. Other

Col.17: How many times did [NAMÉ] use the service in the last 4 weeks?

- 1. 1 to 3
- 2. 4 to 6 3. More than 6

Reference Number			

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	PART K: HOUSEHOLD EXPENDITURE																									
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		34 - Manufact		recision and optical des, trailers and se scort equipment			uesarticiooks						91 - Activities of membership organizations n.e.c. 92 - Recreational, authoral and sporting activities													
			ure of furniture; r	aport equipment manufacturing n.e.o									93 - Other service activities 16 - Activities of private households as employers and undifferentiated production activities of private households 95 - Activities of private households as employers of charestic staff													
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