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 🗹		
	HU Lis Number:	Interviewer's ted: HU Sampled	Code Supervisor's Code HH Listed: HH Sampled		
1. State 2. LGA 3. RIC 4.	EA Code 5. Enumeration	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 \$\frac{3}{2}\$	No within HU and Cook Pipe	e borne water treated ① porne water untreated ② Bore hole/hand pump ③ Well/Spring Protected ④ Ell/Spring Unprotected ⑤ Rain Water ⑥ Streams/Pond/River ⑦ Tanker/Truck/Vendor ⑥	In dwelling ① Within 500m ② 500-1km ③ 1km or more ④		
A4 Town of House to a Hotel					
14. Type of Housing Unit: Single room Flat Duplex Whole building Other Single room Flat Outplex Other Single room Flat Outplex Outplex Single room Flat Outplex Single room Flat Outplex Single room Flat Outplex Single room Flat Outplex Single room Single r	19. Toilet faclities: None Toilet on wate Flush to sewage Flush to septic tan Pail/bucke Covered pit latrine Uncovered pit latrine	r	22. Type of Fuel Used for Cooking Electricity Gas Kerosine Wood Coal		
15. Number of Living Rooms in Housing Unit	1				
16. Monthly Rent (in =N=) for housing unit:	Other	r from the dwelling:	23. Electricity Supply PHCN (NEPA) only Rural Electrification only Private Generator only PHCN (NEPA)/Generator Rural Electricity/Generator Solar Energy None 7		
17. Tenure:	1	Ţ			
Normal Rent ① Free ② Nominal/Subsidized Rent ③ Owner occupier ④	21. Type of Refuse Disposal HH Bin collected by	government ①	24. Information and Communication Technology (ICT) O O O O O O O O O O O O O O O O O O		
18. Material of dwelling floor: Wood/Tile Planks/Concrete Dirt/Straw/Without concrete Other 4	HH Bin collected pri Government Disposal within Unauthorized Other	bin or shed ③ n compound ④ refuse heap ⑤			

Last modified: 19th January 2008

Reference Number			

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	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		10	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

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

Post Secondary

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

Col.10: Literacy in any language

1. Yes 2. No

Reference Number			
			J

Member Number	Main Job previous week (If options 1-5 Go to Col.14, and if options 6 or 7 Go to Col 27)	If person did nothing, what was the reason? (If options 6-8 Go to Col.27)	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)
	000000000	, ,	(- /	·	(10)			123456
	023000000	12345678	123456	12				123456
	123450700	12345678	123460	12				123456
	123456789	12345678	123456	12				123456
	123456789	12345678	123456	12				123456
	123456789	12345678	123456	12				123456
	023430780	02346678	123456	12				123456
	023436789	02345678	123456	12				123456
	023460760	12345678	123456	12				123456
	023466760	12345678	123456	12				123456
	023466760	12345678	123456	12				123456
	023439789	02345678	123456	12				123456
	0000000	02345678	123456	12				123456
	00000000	12345678	123456	12				123456
	123456789	12345678	123456	12				123456

Col. 11: Main Job previous week 1. Worked for pay

- Got job but did not work
 Worked for profit
- 4. On attachment but didn't work
 5. 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
- 2. Sick
 3. Believed no job available
 4. Laid off 30 days or less
- 5. Waiting to join work
 6. 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 months
- 6. 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 12

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

- Col.18: Employment Status

 1. Employer

 2. Employee

 3. Own Account Worker

 4. Members of Producer Coop.
- Unpaid Family Worker
 Others

* If No to Col.14 Skip To **Col 16**

Col.17: Industry of Primary or Main Occupation

See Industry codes on Page 12

Reference Number		

	Hours of Work		Contri- bute to National Health Insurance	Secon-	Industry of Secon-	Employment Status in the	Hours of Work	If Col.19+Col more Go else If you are	ECK: .25 is 40 hrs or o to Col.27 Ask given extra you do it?	Are you Engaged in Voluntary/ Social Work?
Member	per week	Institutional Sector	Scheme (NHIS)?	dary Job	dary Job	Secondary Job	per week	Voluntary	In- Voluntary	If No Skip to Col 30
Number	(19)	(20)	(21)	(22)	(23)	(24)	(25)	(26a)	(26b)	(27)
		0000	12			123456		12	12	12
		12345	12			123456		12	12	12
		12345	12			123456		12	12	12
		12345	12			123456		12	12	12
		12345	12			123456		12	12	12
		12345	12			123456		12	12	12
		12345	12			123456		12	12	12
		12345	12			123456		12	12	12
		12345	12			123456		12	12	12
		12345	12			123456		12	12	12
		12345	12			123456		12	12	12
		12345	12			123456		12	12	12
		12345	12			123456		12	12	12
		12345	12			123456		12	12	12
		12345	12			123456		12	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 12

Col.23: Industry of Secondary Job

See Industry codes on Page 12

Col.24: Employment Status in the Secondary Job

- 1. Employer
- Employee
 Compleyee
 Compleyee
 Compleyee
 Producer Coop.Member
 Unpaid Family Worker
 Others

Col.26: If you are given extra hours will you do it?

- 1. Yes
- 2. No

Col.27: Are you Engaged in Voluntary/Social Work?

- 1. Yes 2. No

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?					
Member Number	Volunteering? If Yes in Col.27	of Work per Week (29)	from all jobs and including all allowances (30)	Ra- dio (31)	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						

If NO in Col 31 - 36 SKIP the corresponding Col in 37 - 42

Col. 28: In which area of Volunteering? 8: 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

Last modified: 19th January 2008

0452520457

Reference Number			

	Do yo	u have a	access to	o any of	the follo	wing?	,		your sou			•		order of prefere	
Member Number	Ra- dio (43)	Tele- vision (44)	Mobile Phone (45)	Fixed Phone (46)	Per- sonal Com- puter (47)	Inter- net Ser- vice (48)	Ra- dio (49)	Tele- vision (50)	Mobile Phone (51)	Fixed Phone (52)	Personal Computer	Inter- net Ser- vice (54)	1st Preference (55)	2nd Preference (56)	3rd Preference (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									
	12	12	12	12	12	12									

If NO in Col 43 - 48 SKIP the corresponding Col in 49 - 54

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?

	*	Which of the follo-				How many		Housi	ng Project	For persons Age 20 ye	ears and above)
Member		wing ICT busi- ness outfits do you operate?	What kind of service do you provide in the ICT business outfit?	How in persons the business Male	work in ICT	persons do you attend to in a day in the ICT business outfit?	What is your daily income in the ICT business outfit?	building	What is the type of building ?	What is the stage of completion of the building as at December 31, 20?	If col.66 = code 5 then When was it completed?
Number	(58)	(59)	(60)	(6) 	(62)	(63)	(64)	(65)	1	(67)
	12	12	1234						1234	12345	1234
	12	12	1234					102	1234	12345	1234
	12	12	1234					102	1234	12345	1234
	12	12	1234					102	1234	12345	1234
	12	12	1234					102	1234	12345	1234
	12	12	1234					12	1234	12345	1234
	12	12	1234					102	1234	12345	1234
	12	12	1234					12	1234	12345	1234
	12	12	1234					12	1234	12345	1234
	12	12	1234					102	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

-* If No to Col 58 Skip to Col 64

Col.58: Own ICT Business Outfit?

1. Yes 2. No

Col.59: ICT Business Outfit Operated?

- Umbrella Centre
 Business Centre

Cols.60: Kind of Service provided?

- Telephone calls
 Computer Services
 Cybercafe
 Other

-* If No to Col.64 Skip to Part C

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
- 5. Completed

Cols.67: Completion period?

- 1. 1st Quarter

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

Reference Number			

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

Member Number (0)	Name of Household Member	Rela- tionsip to Head	Sex	Age (Last Birthday)	Mari tal Sta tus	Att- end- ance at for- mal Sch.	Date last in HH (6)	Date Expected back in HH (7)	Reason for Absence
			12						
			12						
			12						
			12						
			12						

Col.1: Relationsip to Head

- 01 Head
- 08 Brother/Sister-in-law 09 Parent
- 02 Spouse 03 Own Child 04 Step Child
 - 10 Parent-in-law 11 Other relative

- 05 Grand Child 06 Brother/Sister 07 Niece/Nephew 13 Non-Relative

Col. 2: Sex

- 1. Male 2. Female

- 1. Married 2. Divorced 3. 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
- 02 Visitation 03 Hospitalisation

- 04 Temporary Transfer 05 On Holiday 06 Other (specify)

	For all persons aged 15 years and over										orn by wo	omen mar	ried or a		years and	
List Persons Age 15 years and	Member	Rela- tionsip to	Age (Last Birth-		Edu- cati- onal Lev-	If ever Married, Age at first marri-	rently using FP? If 'No' and Male, GO TO Next Person If 'No' and Female.	Which Method? If Male, GO TO Next Person If Female.	Ever Preg- nant? If 'No', GO TO Next	Number of Own Children living in this HH	Number of Own Children living else where	Number of Own Children that have died	Cur- rently Preg- nant? If 'No', GO TO Next	Are you registered with the clinic?	How many times do you go to the clinic in a	Rece- ived Anti- Teta-
above (0)	Number (1)	Head (2)	(3)	Sex (4)	(5)	age (6)	GO TO D9 (7)		Person (9)	M F (10)	M F (11)	M F (12)	Person (13)		month? (15)	nus? (16)
				12			102		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.2: Relationsip to Head 01 Head 08 Broth 08 Brother/Sister-in-law

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

Colums 4: Sex

- 1. Male
- 2. Female
- Col. 5: Educational Level
- 1. Below Pry.
- Primary
 Secondary
- Post Secondary
 Quranic
- 6. None

Colums 7, 9, 13, 14, 16?

1. Yes 2. No

Col.8: 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

Reference Number			

PART E: BIRTHS IN THE LAST 12 MONTHS

Name of Child (0)	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	12345

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	cination	n Record	ds				
List of all Children one year or less in this Household	Child Member Number	Child (in com- pleted months)	Sex of Child	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)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)
			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	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

Reference Number
Poforonco Numbor
Poforonco Numbor

PART G: CHILD NUTRITIO	N [BREA		Has [NAME] ever been breast- fed?	Did [NAME] get first milk (Colo- strum, yellow coloured breast milk)?	IILDREN L		N 1 YEAR		ot get fir	st 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 2=No or 3=Don't Know, GO TO G22	3=Don't Know, GO TO G13	Bad milk	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)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)
			123	123	12	12	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	
			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

1. Yes 2. No

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

		Why we breast	•	not able AME] fo		•		[NAME] still	Since this	s time y	Sweet- ened, flavo-	, did [NA	ME] rece	ive any	of the fo	lowing?
Child Member Number	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	being breast fed? If 2 or 3 answer Col.30	Vitamin, mineral supple- ments or medicine	Plain Water	ured water or fruit juice or	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								
	12	12	12	12	12	12	12	123								
	12	12	12	12	12	12	12	123								
	12	12	12	12	12	12	12	123								
	12	12	12	12	12	12	12	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]

Child Member Number	If [NAME] is no longer breast fed, at what age (in months) was breast feeding stopped? (30)	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? (32)
		123	
		123	
		123	
		123	
		123	

Last modified: 19th January 2008

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
(0)	(1)	(2)	d d m(3) m y y	(4)
		12		123456
		12		123456
		12		123456
		12		123456
		12		123456

Col.2: Sex

Col. 4: Cause of Death

1. Male 2. Female

1. illness 2. Accident/Injury 3. Murder 4. Suicide 5. Died in Sleep 6. Others

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

	[t] ir S ti 7 Member Number		Was [NAME] injured/ Sick in the last		What sort of sickness/injury did [NAME] suffer in the last 7 days?								Did [NAME] miss work or school duys of work due to or school did		Did [NAME] consult a health provider (traditional healer
Name of Member			7 days? If 2=No, GO TO Part J (2)	Fever/ Mala- ria (3)	Dia- rrhea/ Abdo- minal pains	Pain in back, limbs or joints	Cough/ brea- thing diffi- culty	Skin pro- blem (7)	Ear, Nose, Throat	Den- tal	Acci- dent	Other	injury/ sickness in the last 7 days?	[NAME] miss due to illness/injury in the last 7 days?	inclusive) for any reason in the last 7 days?
(0)	H	(1)	(2)	(3)	(4)	(5)	(6)	(/)	(0)	(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

Last modified: 19th January 2008

1. Yes 2. No

Col. 2: Was [NAME] injured in the last 7 days?

1. Yes

2. No

Columns 3-11: What sort of sickness/ injury did [NAME] suffer in the last 7 days?

1. Yes

Col. 14: Did [NAME] consult a health provider (traditional healer inclusive) for any reason in the last 7 days?

1. Yes 2. No

Col. 12: Did [NAME] missed work or school due to injury/ sickness in the last 7

Col. 13: How many days of work or school did [NAME] miss due to illness/injury in the last 7 days? days?

1. Yes 2. No

1. None 2. 1-3 days 3. 4-7 days

PART I: HEALTH ... continued

Member Number	How did [NAME] pay for most of the Consultation? (15)	Which main health provider did [NAME] see in the last 7 days? (16)	How many times did [NAME] use the service in the last 7 days?
	12345678	12345678	123
	12345678	02345678	123
	02343678	02346678	123
	12345678	12345678	123
	12345678	12345678	123

Col. 15: How did [NAME] pay for most of the consultation?

- 1. Free 2. Self paid

- Employer
 Insurance
 Other relative

- 6. Spouse 7. Parents 8. Other
- Col. 16: Which main health provider did [NAME] see in the last 7 days?

 - Private dispensary/hospital
 Public dispensary/hospital
 - Community health center
 Private doctors/dentist

 - Traditional healer
 Religious hospital/dispensary
 - 7. Pharmacist/chemist
 - 8. Other

Col.17: How many times did [NAME] use the service in the last 7 days?

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

Does				For Own Ac	count v	OIKEI E	iiiu Liiip	loyee o	1111011111	ii Secio	Ulliy			
the house hold own any enter- prise? If 2=No, GO TO	Name of	Kind o	of Activity	Location of			Hous	r of Pe	rsons E Pa Empl	Par	ed t Time Unpa Housel Memb	nold	Is Enter- prise Regis-	Income/Profit Enterprises
Part K	Enterprises?	Code	Code	Enterprise	М	F	М	F	M	F	М	F	tered?	last month
(1)	(2)		(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)
1 2													12	
12													12	
12													12	
12													12	
1 2													12	
1 2													12	
1 2													12	
	ADT K. HOUSELL	OLD EVE	ENDITUD				*1	/i=Males	F=Femal	es		ol. 13: 1=	Yes 2=No	
P	ART K: HOUSEH									••				
-				ou spend in th		one m	onth or				S			
-	School Fees (1)			Medical Expens	es		House Expenses (3)					Remittances (4)		
		1 1	i –	1 1 1		寸			()					

School Fees	Medical Expenses	House Expenses	Remittances			
(1)	(2)	(3)	(4)			
	uch did you spend in the last one n					
Cloth Expenses	Transport Expenses	Food Expenses	Others			
(5)	(6)	(7)	(8)			

Number of Visits: Length of Interview:									
	FIELD SUPERVISOR	STATE OFFICE EDITOR	EDITED BY	KEYED BY					
Name									
Date									

Date							ĺ		
INDUSTRY AND OCCUPATIONAL CODES									
02 - Forestry, k 02 - Fishing on 05 - Fishing on 05 - Fishing on 10 - Mining and ng 10 - Mining of 11 - Estraction 12 - Mining of 13 - Mining of 14 - Other mini 04 - Menufacturing 15 - Menufactu 16 - Menufactu 17 - Menufact 18 - Menufact 19 - Taming ar 20 - Menufact 21 - Menufact 22 - Fullishing 23 - Menufact 23 - Menufact 24 - Menufact 25 - Fullishing 26 - Menufact 27 - Menufact 28 - Menufact 29 - Menufact 20 - Menufact 20 - Menufact 20 - Menufact 20 - Menufact 21 - Menufact 22 - Menufact 23 - Menufact 24 - Menufact 25 - Menufact 26 - Menufact 27 - Menufact 28 - Menufact 29 - Menufact 20 - Menufa	rtingard forestry a hurtingard forestry a hurtingard related service activities ogging and related service activities paration of fish hardneries and fish farms, service activities incidental to fis prying oad and lightle, extraction of peat of corcle particumend natural gas, service activities incidental to oil and uranium and throium ores metal ores ngand quanying ure of food products and beverages ure of food products	thing gas extraction, evoluding surveying as and footwear	07 - Wholessle 50 - Sale ; 51 - Whole 52 - Retail 08 - Hutels and 55 - Hutels 09 - Transport, 60 - Landt 61 - Water 62 - Air tar 63 - Suppo 64 - Pota a 10 - Financia in 65 - Financ 66 - Insura 67 - Activit 11 - Real estatu 70 - Real e 71 - Pertir 72 - Comp 73 - Resai	andreiall trade, repair of moto- marterance and repair of moto- marterance and repair of moto- salet rada and commission trad- trade, except of motor vehicle- restaurants and restaurants storage and communications araport, transport via pipeline transport trapand auxiliary transport ac not decommunications termediation, except insur- ne and persion flurding ex- til a transport in transport ac me and persion flurding ex- ise auxiliary to firencial interna- tive and repairs of transport ac- tive active active active active active ac- tive active active active active active ac- plication active active active active active ac- tive active active active active active active ac- plication active active active active active ac- plication active active active active active active active ac- tive active ac	or vehides and motors de, evoquit of motor ves and motorcycles; re ss divities; activities of t prance and pension fur pt compulsory social s mediation ss	pair of personal and household goods travel agencies ndng			
25 - Menfact. 26 - Menfact. 27 - Menfact. 28 - Menfact. 30 - Menfact. 31 - Menfact. 33 - Menfact. 34 - Menfact. 35 - Menfact. 36 - Menfact. 37 - Reoyding 05 - Bectricity, gas 40 - Bectricity, gas 40 - Bectricity.	ned nither and plastics products ned diter nonnetallic nineal products ned fraincated metal products, except machinery and equipment ned nitricated metal products, except machinery and equipment ned machinery and equipment nec, ned office, accounting and computing machinery ned electrical machinery and apparatus nece, ned reduct, television and communication equipment and apparatus need metal, presiston and optical instruments, watches and clocks need micro velocies, trailers and sent-frailers need direct transport equipment need furniture, manufacturing nece and values and poly gas, steem and but water supply putification and distribution of water		12 - Rubic ach 75 - Rubic 13 - Euzetion 80 - Eluca 14 - Health and 85 - Health 15 - Other com 90 - Sawa 91 - Activities 93 - Other 93 - Other 95 - Juriff 97 - Undff 97 - Undff 17 - Edurateriil	scoal work and scoal work rurity, scoal and personal ser peand refused sposal, saritati ies of membership organizatior ational, cultural and sporting ac service activities	ompusory social secu- nice activities con and similar activiti not included city and activities propers of domestic tivities of private hou city activities of private hou	es ated production activities of private househ staff staff sort own use	rolds		

Occupational code

– Industry code –

Last modified: 19th January 2008