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GENERAL HOUSEHOLD SURVEY

Please write responses in **PRINTED CAPITAL LETTERS** without touching the box edges.

A	B	C	O	I	2
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Shade boxes like this: Not like this or this

PART A: IDENTIFICATION

Interviewer's Name										Interviewer's Code			Supervisor's Code																		
<table border="1" style="width: 100%; height: 20px;"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>																				<table border="1" style="width: 100%; height: 20px;"> <tr><td></td><td></td><td></td></tr> </table>						<table border="1" style="width: 100%; height: 20px;"> <tr><td></td><td></td><td></td></tr> </table>					
Survey Month:	<table border="1" style="width: 20px; height: 20px;"></table>	Survey Year:	<table border="1" style="width: 20px; height: 20px;"></table>	HU MS Number:	<table border="1" style="width: 20px; height: 20px;"></table>	HU Listed:	<table border="1" style="width: 20px; height: 20px;"></table>	HU Sampled:	<table border="1" style="width: 20px; height: 20px;"></table>	HH Listed:	<table border="1" style="width: 20px; height: 20px;"></table>	HH Sampled:	<table border="1" style="width: 20px; height: 20px;"></table>																		

1. State	2. LGA	3. RIC	4. EA Code	5. Enumeration Area Name	6. Sector
<table border="1" style="width: 20px; height: 20px;"></table>	<table border="1" style="width: 20px; height: 20px;"></table>	<table border="1" style="width: 20px; height: 20px;"></table>	<table border="1" style="width: 20px; height: 20px;"></table>	<table border="1" style="width: 400px; height: 20px;"></table>	<table border="1" style="width: 20px; height: 20px;"></table>

7. HU No	8. Name of Head of HH
<table border="1" style="width: 20px; height: 20px;"></table>	<table border="1" style="width: 800px; height: 20px;"></table>

9. Address:
<table border="1" style="width: 100%; height: 20px;"></table>

<p>10. Response Status:</p> <p>1. Completed <input type="radio"/> 1</p> <p>2. Partly completed <input type="radio"/> 2</p> <p>3. Not at home <input type="radio"/> 3</p> <p>4. Refused <input type="radio"/> 4</p> <p>5. Household not located <input type="radio"/> 5</p> <p>6. Moved away <input type="radio"/> 6</p> <p>7. Other (specify) <input type="radio"/> 7</p>	<p>11. Questionnaire Ref. No:</p> <p>HH No within HU</p> <p><table border="1" style="width: 20px; height: 20px;"></table> of <table border="1" style="width: 20px; height: 20px;"></table></p> <p>Questionnaire within HH</p> <p><table border="1" style="width: 20px; height: 20px;"></table> of <table border="1" style="width: 20px; height: 20px;"></table></p>	<p>12. Major Source of Water for Drinking and Cooking:</p> <p>Pipe borne water treated <input type="radio"/> 1</p> <p>Pipe borne water untreated <input type="radio"/> 2</p> <p>Bore hole/hand pump <input type="radio"/> 3</p> <p>Well/Spring Protected <input type="radio"/> 4</p> <p>Well/Spring Unprotected <input type="radio"/> 5</p> <p>Rain Water <input type="radio"/> 6</p> <p>Streams/Pond/River <input type="radio"/> 7</p> <p>Tanker/Truck/Vendor <input type="radio"/> 8</p> <p>Other (specify) _____ <input type="radio"/> 9</p>	<p>13. Distance to Source of Water:</p> <p>In dwelling <input type="radio"/> 1</p> <p>Within 500m <input type="radio"/> 2</p> <p>500-1km <input type="radio"/> 3</p> <p>1km or more <input type="radio"/> 4</p>
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<p>14. Type of Housing Unit:</p> <p>Single room <input type="radio"/> 1</p> <p>Flat <input type="radio"/> 2</p> <p>Duplex <input type="radio"/> 3</p> <p>Whole buildig <input type="radio"/> 4</p> <p>Other (specify) _____ <input type="radio"/> 5</p>	<p>19. Toilet facilities:</p> <p>None <input type="radio"/> 1</p> <p>Toilet on water <input type="radio"/> 2</p> <p>Flush to sewage <input type="radio"/> 3</p> <p>Flush to septic tank <input type="radio"/> 4</p> <p>Pail/bucket <input type="radio"/> 5</p> <p>Covered pit latrine <input type="radio"/> 6</p> <p>Uncovered pit latrine <input type="radio"/> 7</p> <p>V. I. P. latrine <input type="radio"/> 8</p> <p>Other (specify) _____ <input type="radio"/> 9</p>	<p>22. Type of Fuel Used for Cooking</p> <p>Electricity <input type="radio"/> 1</p> <p>Gas <input type="radio"/> 2</p> <p>Kerosene <input type="radio"/> 3</p> <p>Wood <input type="radio"/> 4</p> <p>Coal <input type="radio"/> 5</p>
<p>15. Number of Living Rooms in Housing Unit</p> <p><table border="1" style="width: 40px; height: 20px;"></table></p>	<p>20. Distance of Toilet Facility from the dwelling:</p> <p>In dwelling <input type="radio"/> 1</p> <p>Within 500m <input type="radio"/> 2</p> <p>500-1km <input type="radio"/> 3</p> <p>1km or more <input type="radio"/> 4</p>	<p>23. Electricity Supply</p> <p>PHCN (NEPA) only <input type="radio"/> 1</p> <p>Rural Electrification only <input type="radio"/> 2</p> <p>Private Generator only <input type="radio"/> 3</p> <p>PHCN (NEPA)/Generator <input type="radio"/> 4</p> <p>Rural Electricity/Generator <input type="radio"/> 5</p> <p>Solar Energy <input type="radio"/> 6</p> <p>None <input type="radio"/> 7</p>
<p>16. Tenure:</p> <p>Normal Rent <input type="radio"/> 1</p> <p>Free <input type="radio"/> 2</p> <p>Nominal/Subsidized Rent <input type="radio"/> 3</p> <p>Owner occupier <input type="radio"/> 4</p>	<p>21. Type of Refuse Disposal most often used:</p> <p>HH Bin collected by government <input type="radio"/> 1</p> <p>HH Bin collected private agency <input type="radio"/> 2</p> <p>Government bin or shed <input type="radio"/> 3</p> <p>Disposal within compound <input type="radio"/> 4</p> <p>Unauthorized refuse heap <input type="radio"/> 5</p> <p>Other(specify) _____ <input type="radio"/> 6</p>	<p>24. Information and Communication Technology (ICT)</p> <p style="text-align: center;">A c c e s s i b l e</p> <p>Radio <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3</p> <p>Television <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3</p> <p>Telephone (Fixed) <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3</p> <p>Telephone (Mobile) <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3</p> <p>Personal Computer (PC) <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3</p> <p>Internet Service <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3</p>
<p>17. Monthly Rent (in =N=) for housing unit:</p> <p><table border="1" style="width: 60px; height: 20px;"></table></p>		
<p>18. Material of dwelling floor:</p> <p>Wood/Tile <input type="radio"/> 1</p> <p>Planks/Concrete <input type="radio"/> 2</p> <p>Dirt/Straw/Without concrete <input type="radio"/> 3</p> <p>Other(specify) _____ <input type="radio"/> 4</p>		

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PART B: PERSON(S) IN HOUSEHOLD *(Including those absent at the time of interview)*

Member Number	List all members of household including those absent at the time of interview	Relationship to Head	Age (Last Birthday)	Sex	Marital Status	If married, what form of Marriage	Attendance at formal School	Highest Level Reached	Highest Grade Completed	Literacy in any language
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	
				(1) (2)	(1) (2) (3) (4) (5)	(1) (2) (3)	(1) (2) (3)	(1) (2) (3) (4)		(1) (2)
				(1) (2)	(1) (2) (3) (4) (5)	(1) (2) (3)	(1) (2) (3)	(1) (2) (3) (4)		(1) (2)
				(1) (2)	(1) (2) (3) (4) (5)	(1) (2) (3)	(1) (2) (3)	(1) (2) (3) (4)		(1) (2)
				(1) (2)	(1) (2) (3) (4) (5)	(1) (2) (3)	(1) (2) (3)	(1) (2) (3) (4)		(1) (2)
				(1) (2)	(1) (2) (3) (4) (5)	(1) (2) (3)	(1) (2) (3)	(1) (2) (3) (4)		(1) (2)
				(1) (2)	(1) (2) (3) (4) (5)	(1) (2) (3)	(1) (2) (3)	(1) (2) (3) (4)		(1) (2)
				(1) (2)	(1) (2) (3) (4) (5)	(1) (2) (3)	(1) (2) (3)	(1) (2) (3) (4)		(1) (2)
				(1) (2)	(1) (2) (3) (4) (5)	(1) (2) (3)	(1) (2) (3)	(1) (2) (3) (4)		(1) (2)
				(1) (2)	(1) (2) (3) (4) (5)	(1) (2) (3)	(1) (2) (3)	(1) (2) (3) (4)		(1) (2)
				(1) (2)	(1) (2) (3) (4) (5)	(1) (2) (3)	(1) (2) (3)	(1) (2) (3) (4)		(1) (2)
				(1) (2)	(1) (2) (3) (4) (5)	(1) (2) (3)	(1) (2) (3)	(1) (2) (3) (4)		(1) (2)
				(1) (2)	(1) (2) (3) (4) (5)	(1) (2) (3)	(1) (2) (3)	(1) (2) (3) (4)		(1) (2)
				(1) (2)	(1) (2) (3) (4) (5)	(1) (2) (3)	(1) (2) (3)	(1) (2) (3) (4)		(1) (2)
				(1) (2)	(1) (2) (3) (4) (5)	(1) (2) (3)	(1) (2) (3)	(1) (2) (3) (4)		(1) (2)
				(1) (2)	(1) (2) (3) (4) (5)	(1) (2) (3)	(1) (2) (3)	(1) (2) (3) (4)		(1) (2)
				(1) (2)	(1) (2) (3) (4) (5)	(1) (2) (3)	(1) (2) (3)	(1) (2) (3) (4)		(1) (2)
				(1) (2)	(1) (2) (3) (4) (5)	(1) (2) (3)	(1) (2) (3)	(1) (2) (3) (4)		(1) (2)
				(1) (2)	(1) (2) (3) (4) (5)	(1) (2) (3)	(1) (2) (3)	(1) (2) (3) (4)		(1) (2)
				(1) (2)	(1) (2) (3) (4) (5)	(1) (2) (3)	(1) (2) (3)	(1) (2) (3) (4)		(1) (2)
				(1) (2)	(1) (2) (3) (4) (5)	(1) (2) (3)	(1) (2) (3)	(1) (2) (3) (4)		(1) (2)

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
- 13 Non-Relative

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. JSS
- 4. Vocational /Commercial
- 5. SSS
- 6. NCE/OND/Nursing
- 7. B.A. /B.Sc. /B.ED/HND
- 8. M.Sc/M.A/M.Adm.
- 9. Doctorate
- 10. Others (specify)

Col.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

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

Col.10: Literacy in any language

- 1. Yes
- 2. No

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

Member Number	Main Job previous week (If options 1-5 Go to Col.14, and if options 6 or 7 Go to Col 22)	If person did nothing, what was the reason? (If options 6-8 Go to Col.27)	Length of unemployment (from the last paid work) Go to Col. 27	* Do you like to change job?	Reason for the change	Primary or Main Occu- pation	Industry of Primary or Main Occu- pation	Employment Status
	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)
	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8	1 2 3 4 5 6	1 2				1 2 3 4 5 6
	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8	1 2 3 4 5 6	1 2				1 2 3 4 5 6
	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8	1 2 3 4 5 6	1 2				1 2 3 4 5 6
	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8	1 2 3 4 5 6	1 2				1 2 3 4 5 6
	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8	1 2 3 4 5 6	1 2				1 2 3 4 5 6
	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8	1 2 3 4 5 6	1 2				1 2 3 4 5 6
	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8	1 2 3 4 5 6	1 2				1 2 3 4 5 6
	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8	1 2 3 4 5 6	1 2				1 2 3 4 5 6
	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8	1 2 3 4 5 6	1 2				1 2 3 4 5 6
	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8	1 2 3 4 5 6	1 2				1 2 3 4 5 6
	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8	1 2 3 4 5 6	1 2				1 2 3 4 5 6
	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8	1 2 3 4 5 6	1 2				1 2 3 4 5 6
	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8	1 2 3 4 5 6	1 2				1 2 3 4 5 6
	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8	1 2 3 4 5 6	1 2				1 2 3 4 5 6

- Col. 11: Main Job previous week**
1. Worked for pay
 2. Got job but did not work
 3. 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**
1. Employer
 2. Employee
 3. Own Account Worker
 4. Members of Producer Coop.
 5. Unpaid Family Worker
 6. Others

* If No to Col.14 Skip To Col 16

Col.17: Industry of Primary or Main Occupation
See Industry codes on Page 12

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

Member Number	Hours of Work per week (19)	Institutional Sector (20)	Contribute to National Health Insurance Scheme (NHIS)? (21)	Secondary Job (22)	Industry of Secondary Job (23)	Employment Status in the Secondary Job (24)	Hours of Work per week (25)	CHECK: If Col.19+Col.25 is 40 hrs or more Go to Col.27 else Ask If you are given extra hours will you do it?		Are you Engaged in Voluntary/Social Work? If No Skip to Col 30 (27)
								Voluntary (26a)	In-Voluntary (26b)	
		1 2 3 4 5	1 2			1 2 3 4 5 6		1 2	1 2	1 2
		1 2 3 4 5	1 2			1 2 3 4 5 6		1 2	1 2	1 2
		1 2 3 4 5	1 2			1 2 3 4 5 6		1 2	1 2	1 2
		1 2 3 4 5	1 2			1 2 3 4 5 6		1 2	1 2	1 2
		1 2 3 4 5	1 2			1 2 3 4 5 6		1 2	1 2	1 2
		1 2 3 4 5	1 2			1 2 3 4 5 6		1 2	1 2	1 2
		1 2 3 4 5	1 2			1 2 3 4 5 6		1 2	1 2	1 2
		1 2 3 4 5	1 2			1 2 3 4 5 6		1 2	1 2	1 2
		1 2 3 4 5	1 2			1 2 3 4 5 6		1 2	1 2	1 2
		1 2 3 4 5	1 2			1 2 3 4 5 6		1 2	1 2	1 2
		1 2 3 4 5	1 2			1 2 3 4 5 6		1 2	1 2	1 2
		1 2 3 4 5	1 2			1 2 3 4 5 6		1 2	1 2	1 2
		1 2 3 4 5	1 2			1 2 3 4 5 6		1 2	1 2	1 2
		1 2 3 4 5	1 2			1 2 3 4 5 6		1 2	1 2	1 2
		1 2 3 4 5	1 2			1 2 3 4 5 6		1 2	1 2	1 2
		1 2 3 4 5	1 2			1 2 3 4 5 6		1 2	1 2	1 2
		1 2 3 4 5	1 2			1 2 3 4 5 6		1 2	1 2	1 2
		1 2 3 4 5	1 2			1 2 3 4 5 6		1 2	1 2	1 2

Col.20: Institutional Sector
 1. Private Company
 2. Public Company
 3. Parastatals
 4. 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
 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
 2. No

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

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

Member Number	In which area of Volunteering? <small>If Yes in Col.27</small>	Hours of Work per Week	Income last month (in '000=N=) from all jobs and including all allowances	Do you personally own any of the following?						How many do you own of any of the following?					
				Radio	Television	Mobile Phone	Fixed Phone	Personal Computer	Internet Service	Radio	Television	Mobile Phone	Fixed Phone	Personal Computer	Internet Service
(28)	(29)	(30)	(31)	(32)	(33)	(34)	(35)	(36)	(37)	(38)	(39)	(40)	(41)	(42)	
				1 2	1 2	1 2	1 2	1 2	1 2						
				1 2	1 2	1 2	1 2	1 2	1 2						
				1 2	1 2	1 2	1 2	1 2	1 2						
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				1 2	1 2	1 2	1 2	1 2	1 2						

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

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 continued... (For persons Age 10 years and above)

Member Number	Do you have access to any of the following?						What is your source of access to any of the following?						List in order of preference, three of your favourite TV stations?		
	Radio	Tele-vision	Mobile Phone	Fixed Phone	Personal Computer	Inter-net Service	Radio	Tele-vision	Mobile Phone	Fixed Phone	Personal Computer	Inter-net Service	1st Preference	2nd Preference	3rd Preference
	(43)	(44)	(45)	(46)	(47)	(48)	(49)	(50)	(51)	(52)	(53)	(54)	(55)	(56)	(57)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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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?

- 1. Owned
- 2. Family member/friend/neighbour
- 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/Cable
- 11. Others Specify

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

Member Number	* Do you operate an ICT business outfit? (58)	Which of the following ICT business outfits do you operate? (59)	What kind of service do you provide in the ICT business outfit? (60)	How many persons work in the ICT business outfit? (61)		How many persons do you attend to in a day in the ICT business outfit? (62)	What is your daily income in the ICT business outfit? (63)	Housing Project (For persons Age 20 years and above)			
				Male	Female			* Did you start any new building in 20....? (64)	What is the type of building? (65)	What is the stage of completion of the building as at December 31, 20.....? (66)	If col.66 = code 5 then When was it completed? (67)
				(61)				(64)	(65)	(66)	(67)
	1 2	1 2	1 2 3 4					1 2	1 2 3 4	1 2 3 4 5	1 2 3 4
	1 2	1 2	1 2 3 4					1 2	1 2 3 4	1 2 3 4 5	1 2 3 4
	1 2	1 2	1 2 3 4					1 2	1 2 3 4	1 2 3 4 5	1 2 3 4
	1 2	1 2	1 2 3 4					1 2	1 2 3 4	1 2 3 4 5	1 2 3 4
	1 2	1 2	1 2 3 4					1 2	1 2 3 4	1 2 3 4 5	1 2 3 4
	1 2	1 2	1 2 3 4					1 2	1 2 3 4	1 2 3 4 5	1 2 3 4
	1 2	1 2	1 2 3 4					1 2	1 2 3 4	1 2 3 4 5	1 2 3 4
	1 2	1 2	1 2 3 4					1 2	1 2 3 4	1 2 3 4 5	1 2 3 4
	1 2	1 2	1 2 3 4					1 2	1 2 3 4	1 2 3 4 5	1 2 3 4
	1 2	1 2	1 2 3 4					1 2	1 2 3 4	1 2 3 4 5	1 2 3 4
	1 2	1 2	1 2 3 4					1 2	1 2 3 4	1 2 3 4 5	1 2 3 4
	1 2	1 2	1 2 3 4					1 2	1 2 3 4	1 2 3 4 5	1 2 3 4
	1 2	1 2	1 2 3 4					1 2	1 2 3 4	1 2 3 4 5	1 2 3 4
	1 2	1 2	1 2 3 4					1 2	1 2 3 4	1 2 3 4 5	1 2 3 4
	1 2	1 2	1 2 3 4					1 2	1 2 3 4	1 2 3 4 5	1 2 3 4
	1 2	1 2	1 2 3 4					1 2	1 2 3 4	1 2 3 4 5	1 2 3 4
	1 2	1 2	1 2 3 4					1 2	1 2 3 4	1 2 3 4 5	1 2 3 4
	1 2	1 2	1 2 3 4					1 2	1 2 3 4	1 2 3 4 5	1 2 3 4
	1 2	1 2	1 2 3 4					1 2	1 2 3 4	1 2 3 4 5	1 2 3 4

* If No to Col 58 Skip to Col 64

* If No to Col.64 Skip to Part C

Col.58: Own ICT Business Outfit?

- 1. Yes
- 2. No

Col.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

Col.65: Type of Building?

- 1. Residential
- 2. Commercial
- 3. Industrial
- 4. Other

Cols.66: Stage of Completion?

- 1. Foundation level
- 2. Window level
- 3. Lintel level
- 4. Roofing level
- 5. Completed

Cols.67: Completion period?

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

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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	Relationship to Head (1)	Sex (2)	Age (Last Birthday) (3)	Marital Status (4)	Attendance at formal Sch. (5)	Date last in HH (6)	Date Expected back in HH (7)	Reason for Absence (8)
			1 2						
			1 2						
			1 2						
			1 2						
			1 2						

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: 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: CONTRACEPTIVE PREVALENCE (For both male and female)

For all persons aged 15 years and over									Children ever born by women married or aged 15 years and over										
List Persons Age 15 years and above (0)	Member Number (1)	Relationship to Head (2)	Age (Last Birthday) (3)	Sex (4)	Educational Level (5)	If ever Married, Age at first marriage (6)	Currently using FP? (7)	Which Method? (8)	Ever Pregnant? (9)	Number of Own Children living in this HH		Number of Own Children living else where		Number of Own Children that have died		Currently Pregnant? (13)	If pregnant		Received Anti-Tetanus? (16)
										M	F	M	F	M	F		Are you registered with the clinic? (14)	How many times do you go to the clinic in a month? (15)	
										If 'No', GO TO Next Person		If 'No', GO TO Next Person		If 'No', GO TO Next Person			If 'No', GO TO Next Person		
				1 2			1 2		1 2						1 2	1 2			1 2
				1 2			1 2		1 2						1 2	1 2			1 2
				1 2			1 2		1 2						1 2	1 2			1 2
				1 2			1 2		1 2						1 2	1 2			1 2
				1 2			1 2		1 2						1 2	1 2			1 2
				1 2			1 2		1 2						1 2	1 2			1 2
				1 2			1 2		1 2						1 2	1 2			1 2
				1 2			1 2		1 2						1 2	1 2			1 2
				1 2			1 2		1 2						1 2	1 2			1 2
				1 2			1 2		1 2						1 2	1 2			1 2

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
- 13 Non-Relative

Columns 4: Sex

- 1. Male
- 2. Female

Col. 5: Educational Level

- 1. Below Pry.
- 2. Primary
- 3. Secondary
- 4. Post Secondary
- 5. Quranic
- 6. None

Columns 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 Diaphragm
- 11 Foam jelly
- 12 Traditional methods
- 13 Abstinence
- 14 Withdrawal
- 15 Rythm
- 16 Others

Last modified: 15th August 2008

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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 (4)	Date of Birth (5) d d m m y y	Weight at Birth (6)	Delivered by Trained Birth Attendant? If 2=No, GO TO Part F	What type of Trained Birth Attendant? (8)
							(7)	
				1 2			1 2	1 2 3 4 5
				1 2			1 2	1 2 3 4 5
				1 2			1 2	1 2 3 4 5
				1 2			1 2	1 2 3 4 5
				1 2			1 2	1 2 3 4 5

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. Auxillary Midwife
4. Trained Traditional Midwife
5. Traditional Birth Attendant

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

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

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

BCG: - BOVIS, CAMETTE, GVERIN
DPT: - DIPHTHERIAL, PERTUSIS AND TETANUS
OPV: - ORAL POLIO VACCINE
MMR: - MEASLES, MUMPS AND RUBELLA

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

List of all Children less than one year old in this Household (0)	Child Member Number (1)	Age of Child (in months) (2)	Has [NAME] ever been breast-fed? <small>If 2=No or 3=Don't Know, GO TO G22</small> (3)	Did [NAME] get first milk (Colostrum, yellow coloured breast milk)? <small>If 1=Yes or 3=Don't Know, GO TO G13</small> (4)	Why did [NAME] not get first milk?								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)? (13)	
					Bad milk (5)	Mother ill/weak (6)	Child ill/weak (7)	Mother died (8)	Nipple/Breast problem (9)	Child Re-fused (10)	Didn't produce milk (11)	Other (12)		
			1 2 3	1 2 3	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	
			1 2 3	1 2 3	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	
			1 2 3	1 2 3	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	
			1 2 3	1 2 3	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	
			1 2 3	1 2 3	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	

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

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

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

- 1. Yes
- 2. No

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

Child Member Number	Why were you not able to exclusively breastfeed [NAME] for 6 months?							Is [NAME] still being breast fed? <small>If 2 or 3 answer Col.30</small> (21)	Since this time yesterday, did [NAME] receive any of the following?							
	Nature of Work (14)	Shortage of breast milk (15)	Mother's health (16)	Child's Re-fusal (17)	Tradition (18)	Age less than 6 months (19)	Other (20)		Vitamin, mineral supplements or medicine (22)	Plain Water (23)	Sweetened, flavoured water or fruit juice or tea or infusion (24)	Oral Re-hydration Solution (ORS) (25)	Tinned powdered or fresh milk or infant formula (26)	Any other liquids (specify ..) (27)	Solid or semi-solid (mushy) food (28)	Received ONLY breast milk (29)
	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2 3								
	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2 3								
	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2 3								
	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2 3								
	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2 3								

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

- 1. Yes
- 2. No

Col. 21: Is [NAME] still being breast fed?

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

Columns 22-29: Since this time yesterday, did [NAME] receive any of the following?

- 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? (31)	If [NAME] is receiving complementary food, at what age (in months) was it introduced? (32)
		1 2 3	
		1 2 3	
		1 2 3	
		1 2 3	
		1 2 3	

Col. 31: Since this time yesterday, has [NAME] been given anything to drink from a bottle with a nipple or teat? 1. Yes 2. No 3. Don't

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PART H: DEATHS IN THE LAST 12 MONTHS

Name of Deceased (0)	Age (in completed years at the time of death) (1)	Sex (2)	Date of Death d d m(3) m y y	Cause of Death (4)
		(1) (2)		(1) (2) (3) (4) (5) (6)
		(1) (2)		(1) (2) (3) (4) (5) (6)
		(1) (2)		(1) (2) (3) (4) (5) (6)
		(1) (2)		(1) (2) (3) (4) (5) (6)
		(1) (2)		(1) (2) (3) (4) (5) (6)

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 SICK AND/OR INJURED PERSONS IN THE HOUSEHOLD]

Name of Member (0)	Member Number (1)	Was [NAME] injured/Sick in the last 7 days? (2) <small>If 2=No, GO TO next person</small>	What sort of sickness/injury did [NAME] suffer in the last 7 days?									Did [NAME] miss work or school due to injury/sickness in the last 7 days? (12)	How many days of work or school did [NAME] miss due to illness/injury in the last 7 days? (13)	Did [NAME] consult a health provider (traditional healer inclusive) for any reason in the last 7 days? (14)
			Fever/Malaria (3)	Dia-rrhea/Abdo-minal pains (4)	Pain in back, limbs or joints (5)	Cough/brea-thing diffi-culty (6)	Skin pro-blem (7)	Ear, Nose, Throat (8)	Den-tal (9)	Acci-dent (10)	Other (11)			
		(1) (2)	(1) (2)	(1) (2)	(1) (2)	(1) (2)	(1) (2)	(1) (2)	(1) (2)	(1) (2)	(1) (2)	(1) (2)	(1) (2) (3) (4)	(1) (2)
		(1) (2)	(1) (2)	(1) (2)	(1) (2)	(1) (2)	(1) (2)	(1) (2)	(1) (2)	(1) (2)	(1) (2)	(1) (2)	(1) (2) (3) (4)	(1) (2)
		(1) (2)	(1) (2)	(1) (2)	(1) (2)	(1) (2)	(1) (2)	(1) (2)	(1) (2)	(1) (2)	(1) (2)	(1) (2)	(1) (2) (3) (4)	(1) (2)
		(1) (2)	(1) (2)	(1) (2)	(1) (2)	(1) (2)	(1) (2)	(1) (2)	(1) (2)	(1) (2)	(1) (2)	(1) (2)	(1) (2) (3) (4)	(1) (2)
		(1) (2)	(1) (2)	(1) (2)	(1) (2)	(1) (2)	(1) (2)	(1) (2)	(1) (2)	(1) (2)	(1) (2)	(1) (2)	(1) (2) (3) (4)	(1) (2)

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
2. No

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 days?

1. Yes
2. No

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

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? (17)
	(1) (2) (3) (4) (5) (6) (7) (8)	(1) (2) (3) (4) (5) (6) (7) (8)	(1) (2) (3)
	(1) (2) (3) (4) (5) (6) (7) (8)	(1) (2) (3) (4) (5) (6) (7) (8)	(1) (2) (3)
	(1) (2) (3) (4) (5) (6) (7) (8)	(1) (2) (3) (4) (5) (6) (7) (8)	(1) (2) (3)
	(1) (2) (3) (4) (5) (6) (7) (8)	(1) (2) (3) (4) (5) (6) (7) (8)	(1) (2) (3)
	(1) (2) (3) (4) (5) (6) (7) (8)	(1) (2) (3) (4) (5) (6) (7) (8)	(1) (2) (3)

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

1. Free
2. Self paid
3. Employer
4. Insurance
5. Other relative
6. Spouse
7. Parents
8. Other

Col. 16: Which main health provider [NAME] see in the last 7 days?

1. Private dispensary/hospital
2. Public dispensary/hospital
3. Community health center
4. Private doctors/dentist
5. Traditional healer
6. 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

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PART J: HOUSEHOLD ENTERPRISES

For Own Account Worker and Employee of Informal Sector Only														
Does the household own any enterprise? <small>If 2=No, GO TO Part K</small>	Name of Enterprises?	Kind of Activity		Location of Enterprise	Number of Persons Engaged								Is Enterprise Registered?	Income/Profit Enterprises last month
					Full Time				Part Time					
		Paid Employee			Unpaid Household Member		Paid Employee		Unpaid Household Member					
		M	F		M	F	M	F	M	F				
(1)	(2)	(3)		(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)
1 2													1 2	
1 2													1 2	
1 2													1 2	
1 2													1 2	
1 2													1 2	
1 2													1 2	
1 2													1 2	
1 2													1 2	

*M=Males F=Females Col. 13: 1=Yes 2=No

PART K: HOUSEHOLD EXPENDITURE

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

School Fees (1)	Medical Expenses (2)	House Expenses (3)	Remittances (4)
_ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _

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

Cloth Expenses (5)	Transport Expenses (6)	Food Expenses (7)	Others (8)
_ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _

*Food Expenses include Tomato, Onion, Salt, Vegetable spices, etc

Number of Visits: |_|_|

Length of Interview: |_|_|_|

Name	FIELD SUPERVISOR	STATE OFFICE EDITOR	EDITED BY	KEYED BY
Date				

INDUSTRY AND OCCUPATIONAL CODES

<p>01 - Agriculture, hunting and forestry 01 - Agriculture, hunting and related service activities 02 - Forestry, logging and related service activities 03 - Livestock/Poultry 02 - Fishing 05 - Fishing, operation of fish hatcheries and fish farms, service activities incidental to fishing 03 - Mining and quarrying 10 - Mining of coal and lignite, extraction of peat 11 - Extraction of crude petroleum and natural gas, service activities incidental to oil and gas extraction, excluding surveying 12 - Mining of uranium and thorium ores 13 - Mining of metal ores 14 - Other mining and quarrying 04 - Manufacturing 15 - Manufacture of food products and beverages 16 - Manufacture of tobacco products 17 - Manufacture of textiles 18 - Manufacture of wearing apparel, dressing and dyeing of fur 19 - Tanning and dressing of leather, manufacture of luggage, handbags, saddlery, harness and footwear 20 - Manufacture of wood and of products of wood and cork, except furniture; manufacture of articles of straw and plaiting materials 21 - Manufacture of paper and paper products 22 - Publishing, printing and reproduction of recorded media 23 - Manufacture of coke, refined petroleum products and nuclear fuel 24 - Manufacture of chemicals and chemical products 25 - Manufacture of rubber and plastics products 26 - Manufacture of other non-metallic mineral products 27 - Manufacture of basic metals 28 - Manufacture of fabricated metal products, except machinery and equipment 29 - Manufacture of machinery and equipment n.e.c. 30 - Manufacture of office, accounting and computing machinery 31 - Manufacture of electrical machinery and apparatus n.e.c. 32 - Manufacture of radio, television and communication equipment and apparatus 33 - Manufacture of medical, precision and optical instruments, watches and clocks 34 - Manufacture of motor vehicles, trailers and semi-trailers 35 - Manufacture of other transport equipment 36 - Manufacture of furniture, manufacturing n.e.c. 37 - Recycling 05 - Electricity, gas and water supply 40 - Electricity, gas, steam and hot water supply 41 - Collection, purification and distribution of water 06 - Construction 45 - Construction</p>	<p>07 - Wholesale and retail trade; repair of motor vehicles, motorcycles and personal and household goods 50 - Sale, maintenance and repair of motor vehicles and motorcycles; retail sale of automotive fuel 51 - Wholesale trade and commission trade, except of motor vehicles and motorcycles 52 - Retail trade, except of motor vehicles and motorcycles; repair of personal and household goods 08 - Hotels and restaurants 55 - Hotels and restaurants 09 - Transport, storage and communications 60 - Land transport; transport via pipelines 61 - Water transport 62 - Air transport 63 - Supporting and auxiliary transport activities; activities of travel agencies 64 - Post and telecommunications 10 - Financial intermedation 65 - Financial intermedation, except insurance and pension funding 66 - Insurance and pension funding, except compulsory social security 67 - Activities auxiliary to financial intermedation 11 - Real estate, renting and business activities 70 - Real estate activities 71 - Renting of machinery and equipment without operator and of personal and household goods 72 - Computer and related activities 73 - Research and development 74 - Other business activities 12 - Public administration and defence; compulsory social security 75 - Public administration and defence; compulsory social security 13 - Education 80 - Education 14 - Health and social work 85 - Health and social work 15 - Other community, social and personal service activities 90 - Sewage and refuse disposal, sanitation and similar activities 91 - Activities of membership organizations n.e.c. 92 - Recreational, cultural and sporting activities 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 domestic staff 96 - Undifferentiated goods-producing activities of private households for own use 97 - Undifferentiated service-producing activities of private households for own use 17 - Extra-territorial organizations and bodies/others 99 - Extra-territorial organizations and bodies</p>
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Industry code Occupational code

Last modified: 15th August 2008

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