**GENERAL HOUSING SURVEY**

**PART A: IDENTIFICATION**

<table>
<thead>
<tr>
<th>Question</th>
<th>Response Options</th>
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<tbody>
<tr>
<td>Interviewer’s Name</td>
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<tr>
<td>Survey Month:</td>
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<td>Survey Year:</td>
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<td>1. State</td>
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<td>2. LGA</td>
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<td>3. RIC</td>
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<td>4. EA Code</td>
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<td>5. Enumeration Area Name</td>
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<td>6. Sector</td>
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<td>7. HU No</td>
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<td>8. Name of Head of HH</td>
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<td>9. Address</td>
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</table>

**10. Response Status:**
- Completed
- Partly completed
- Not at home
- Refused
- Household not located
- Moved away
- Other (specify)

**11. Questionnaire Ref. No:**

**12. Major Source of Water for Drinking and Cooking:**
- Pipe borne water treated
- Pipe borne water untreated
- Bore hole/hand pump
- Well/Spring Protected
- Well/Spring Unprotected
- Rain Water
- Streams/Pond/River
- Tanker/Truck/Vendor
- Other

**13. Distance to Source of Water:**
- In dwelling
- Within 500m
- 500-1km
- 1km or more

**14. Type of Housing Unit:**
- Single room
- Flat
- Duplex
- Whole building
- Other

**15. Number of Living Rooms in Housing Unit:**

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

**17. Tenure:**
- Normal Rent
- Free
- Nominal/Subsidized Rent
- Owner occupier

**18. Material of dwelling floor:**
- Wood/Tile
- Planks/Concrete
- Dirt/Straw/Without concrete
- Other (specify)

**19. Toilet facilities:**
- None
- Toilet on water
- Flush to sewage
- Flush to septic tank
- Pit/bucket
- Covered pit latrine
- Uncovered pit latrine
- V. I. P. latrine
- Other

**20. Distance of Toilet Facility from the dwelling:**
- In dwelling
- Within 500m
- 500-1km
- 1km or more

**21. Type of Refuse Disposal most often used:**
- HH Bin collected by government
- HH Bin collected private agency
- Government bin or shed
- Disposal within compound
- Unauthorized refuse heap
- Other

**22. Type of Fuel Used for Cooking**
- Electricity
- Gas
- Kerosine
- Wood
- Coal

**23. Electricity Supply**
- PHCN (NEPA) only
- Rural Electrification only
- Private Generator only
- PHCN (NEPA)/Generator
- Rural Electricity/Generator
- None

**24. Information and Communication Technology (ICT)**
- Radio
- Television
- Telephone (Fixed)
- Telephone (Mobile)
- Personal Computer (PC)
- Internet Service

**References Number** Pa  g e 1 of 12
# 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>If married, 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>
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<td>12 Maid/Nanny/House Servant</td>
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<td>17 Non-Relative</td>
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**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.3:** Sex
1. Male
2. Female

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

**Col.5:** What form of Marriage
1. Ordinance
2. Customary
3. Mutual Agreement

**Col.6:** Attendance at formal School
1. Never
2. Now in School
3. Before but not now

**Col.7:** Highest Level Reached
1. Below Pry.
2. Primary
3. Secondary
4. Post Secondary

**Col.8:** Highest Grade Reached
01 Pre-Class
02 Nursery 1
03 Nursery 2
04 Primary
05 Pry. 1
06 Pry. 2
07 Pry. 4
08 Pry. 5
09 Pry. 6
10 JSS 1
11 JSS 2
12 JSS 3
13 SSS 1
14 SSS 2
15 SSS 3
16 A/L/OD
17 BSC/HND
18 P/Grad.
19 Others

**Col.9:** Literacy in any language
1. Yes
2. No
<table>
<thead>
<tr>
<th>Col.11: Main Job previous week</th>
<th>Col.12: If person did nothing, what was the reason?</th>
<th>Col.13: Length of unemployment (from the last paid work)</th>
<th>Next Person</th>
<th>Col.14: Do you like to change job?</th>
<th>Col.15: Reason for the change</th>
<th>Col.16: Primary or Main Occupation</th>
<th>Industry of Primary or Main Occupation</th>
<th>Employment Status</th>
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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. Lay off 30 days or less
5. Waiting to join work
6. Retired
7. Invalid
8. Others

Col.13: Length of unemployment (from the last 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.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.16: Primary or Main Occupation
See Occupational codes on Page 10

Col.17: Industry of Primary or Main Occupation
See Industry codes on Page 10
<table>
<thead>
<tr>
<th>Hours of Work per week</th>
<th>Institutional Sector</th>
<th>Contribution to National Health Insurance Scheme (NHIS)?</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>
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</tbody>
</table>

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

Col.21: Contribution 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
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

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

<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>
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<td>Radio</td>
<td>Televisions</td>
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<td>Mobile Phones</td>
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<td>Fixed Phones</td>
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<td>Personal Computer</td>
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<td>Internet Service</td>
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<tr>
<td>Col. 28: In which area of Volunteering?</td>
<td>Col. 31-36: Own Information and Communication Technology equipment?</td>
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<tr>
<td>01 Art and Recreation</td>
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<td>1. Yes</td>
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<tr>
<td>02 Education/Research</td>
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<td>03 Health</td>
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<td>04 Social Services</td>
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<td>05 Environment</td>
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<td>06 Development and Housing</td>
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<td>07 Civil Advocacy</td>
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<td>08 Philanthropy</td>
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<td>09 Religion</td>
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<td>10 International</td>
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<td>11 Business/Professional</td>
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<td>12 Other (specify)</td>
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Reference Number: 4837445960
PART B: PERSON(S) PRESENT IN HOUSEHOLD  
(For persons Age 10 years and above)

<table>
<thead>
<tr>
<th>Radio</th>
<th>Television</th>
<th>Mobile Phone</th>
<th>Fixed Phone</th>
<th>Personal Computer</th>
<th>Internet Service</th>
<th>1st Preference</th>
<th>2nd Preference</th>
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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
## PART B: PERSON(S) PRESENT IN HOUSEHOLD continued…

(For persons Age 10 years and above)

### Do you operate an ICT business outfit?

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**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.63: What is your daily income in the ICT business outfit?**

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</tbody>
</table>

**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. Lintel 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: Housing Project (For persons Age 20 years and above)**

**Cols.69: How many persons do you attend to in a day in the ICT business outfit?**

<table>
<thead>
<tr>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
</tbody>
</table>

**Cols.70: Did you start any new building in 20......?**

1. Yes
2. No

**Cols.71: What is the type of building?**

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

**Cols.72: What is the stage of completion of the building as at December 31, 20......?**

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

**Cols.73: If col.70 = code 5 then When was it completed?**

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

---

**Reference Number: 3807445966**
### 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>
<td>(0)</td>
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</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

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 living else where</th>
<th>Number of Own Children that have died</th>
<th>Currently Pregnant?</th>
<th>How many times do you go to the clinic in a month?</th>
<th>If pregnant</th>
<th>Are you registered with the clinic?</th>
<th>Received Anti-Tetanus?</th>
<th>If ever Married, Age at first marriage</th>
<th>Which Method?</th>
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<tbody>
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<td>(13)</td>
<td>(14)</td>
<td>(15)</td>
<td>(16)</td>
</tr>
</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

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

Col.14: Which Method?
- 01 Pill
- 02 Condom
- 03 Injection
- 04 IUD
- 05 Female sterilization
- 06 Male sterilization
- 07 Douchie
- 08 Norplant
- 09 Foaming tab
- 10 Diaphram
- 11 Foam jelly
- 12 Traditional methods
- 13 Abstinence
- 14 Withdrawal
- 15 Rythm
- 16 Others
### 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>
</tr>
</thead>
</table>

**Columns 4-8:**

- **Column 4:** Sex of Child
  - 1. Male
  - 2. Female

**Columns 9-16:**

- 1. Yes
- 2. No

### 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>

**Columns 3-16:**

- 1. Yes
- 2. No

**Columns 5-16:**

- 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>Did [NAME] ever been breastfed?</th>
<th>Why did [NAME] not get first milk?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
</tr>
</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>Short- age of breast milk</th>
<th>Mother’s health</th>
<th>Child’s Refusal</th>
<th>Age less than 6 months</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>(14)</td>
<td>(15)</td>
<td>(16)</td>
<td>(17)</td>
<td>(18)</td>
<td>(19)</td>
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<td>(20)</td>
<td>(21)</td>
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<tr>
<td>(26)</td>
<td>(27)</td>
<td>(28)</td>
<td>(29)</td>
<td>(30)</td>
<td></td>
</tr>
</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]**

<table>
<thead>
<tr>
<th>Why were you not able to exclusively breastfeed [NAME] for 6 months?</th>
<th>Is [NAME] still being breastfed?</th>
<th>Since this time yesterday, did [NAME] receive any of the following?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Vitamin, mineral supplements or medicine</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Plain Water</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Sweetened, flavored water or fruit juice or tea or infusion</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Oral Rehydration Solution (ORS)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Tinned powdered or fresh milk or infant formula</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Any other liquids (specify..)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Solid or semi-solid (musty) food</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Received ONLY breast milk</td>
</tr>
<tr>
<td>(31)</td>
<td>(32)</td>
<td>(33)</td>
</tr>
</tbody>
</table>

**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]**

<table>
<thead>
<tr>
<th>If [NAME] is no longer breast fed, at what age (in months) was breast feeding stopped?</th>
<th>Since this time yesterday, has [NAME] been given anything to drink from a bottle with a nipple or teat?</th>
<th>If [NAME] is receiving complimentary food, at what age (in months) was it introduced?</th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
</tbody>
</table>

| (33) | (34) | (35) |

**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 Know

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>
<tr>
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<td></td>
</tr>
</tbody>
</table>

1. Male 2. Female

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

<table>
<thead>
<tr>
<th>Name of Member</th>
<th>Member Number</th>
<th>Did [NAME] use any health provider (traditional healer inclusive) for any reason 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>
<td></td>
<td></td>
<td>1. Yes 2. No</td>
<td>1. None 2. Less than 7 days 3. 7-14 days 4. More than 14 days</td>
<td>1. Yes 2. No</td>
</tr>
</tbody>
</table>

### 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>
</table>
### 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>
<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Does the household own any enterprise?</th>
<th>1=Yes</th>
<th>2=No</th>
</tr>
</thead>
<tbody>
<tr>
<td>If 1=Yes, GO TO Part K</td>
<td></td>
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</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Number of Visits: Length of Interview:</th>
</tr>
</thead>
<tbody>
<tr>
<td>FIELD SUPERVISOR STATE OFFICE EDITOR</td>
</tr>
</tbody>
</table>

### 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>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Cloth Expenses</th>
<th>Transport Expenses</th>
<th>Food Expenses</th>
<th>Others</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Number of Persons Engaged</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<table>
<thead>
<tr>
<th>Occupation code</th>
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</table>

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

### INDUSTRY AND OCCUPATIONAL CODES

02 - Agriculture, hunting and forestry
01 - Agriculture, hunting and related service activities
02 - Forestry, logging and related service activities
01 - Forestry, logging and related service activities
03 - Fishing, trapping and related service activities
02 - Fishing, trapping and related service activities
01 - Fishing, trapping and related service activities

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

07 - Wholesale and retail trade of motor vehicles, motorcycles, personal and household goods
05 - Wholesale and retail trade of motor vehicles, motorcycles, personal and household goods
06 - Wholesale and retail trade of motor vehicles, motorcycles, personal and household goods
03 - Wholesale and retail trade of motor vehicles, motorcycles, personal and household goods
01 - Wholesale and retail trade of motor vehicles, motorcycles, personal and household goods

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

99 - Extra-territorial organisations and bodies
98 - Extra-territorial organisations and bodies
97 - Extra-territorial organisations and bodies
96 - Extra-territorial organisations and bodies
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02 - Extra-territorial organisations and bodies
01 - Extra-territorial organisations and bodies

<table>
<thead>
<tr>
<th>Industry and occupational code</th>
</tr>
</thead>
</table>

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