GENERAL HOUSEHOLD SURVEY

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

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
6. Moved away
7. 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 _________________

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
   - Solar Energy
   - None

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

Reference Number: 2623520459

Last modified: 19th January 2008
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>Residency Status</th>
<th>Age (Last Birthday)</th>
<th>Sex</th>
<th>Marital Status</th>
<th>Highest Level Reached</th>
<th>Highest Grade Reached</th>
<th>Literacy in any language</th>
</tr>
</thead>
<tbody>
<tr>
<td>01 Head</td>
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<td>02 Spouse</td>
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<td>03 Own Child</td>
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<td>04 Step Child</td>
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<td>05 Grand Child</td>
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<td>06 Brother/Sister</td>
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<td>07 Niece/Nephew</td>
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<td>08 Brother/Sister-in-law</td>
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<td>09 Parent</td>
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<td>10 Parent-in-law</td>
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<td>11 Other relative</td>
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<tr>
<td>12 Maid/Nanny/House Servant</td>
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<td>13 Non-Relative</td>
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</tbody>
</table>

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

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

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

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

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

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

Col.8: Highest Level Reached
- Pre-Class
- Nursery 1
- Nursery 2
- Primary
- Secondary
- JSS 1
- JSS 2
- JSS 3
- SSS 1
- SSS 2
- SSS 3
- A/L/OD 1
- BSC/HD
- P/Grad.

Col.9: Highest Grade Reached
- Never
- Now in School
- Before but not now

Col.10: Literacy in any language
- Yes
- No
**PART B: PERSON(S) PRESENT IN HOUSEHOLD continued...**

(For persons Age 10 years and above)

<table>
<thead>
<tr>
<th>Member Number</th>
<th>Main Job previous week (If options 1-5 Go to Col.14, and if options 6 or 7 Go to Col.27)</th>
<th>If person did nothing, what was the reason? (If options 6-8 Go to Col.27)</th>
<th>Length of unemployment (from the last paid work) Next Person</th>
<th>* Do you like to change job?</th>
<th>Reason for the change</th>
<th>Primary or Main Occupation</th>
<th>Industry of Primary or Main Occupation</th>
<th>Employment Status</th>
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<tbody>
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</tbody>
</table>

**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 unemployment**

- Less than 1 month
- Between 1 and 2 months
- Between 2 and 3 months
- Between 3 and 4 months
- More than 4 months
- Never had a paid work

**Col.14: Do you like to change job?**

1. Yes
2. No

**Col.15: Reason for the change**

- Low income in present job
- Job doesn't match skill
- Job environment not congenial
- Excessive hours of work
- Precarious job(s)
- Inadequate tools
- Equipment or training for assigned task
- Travel to work difficulties
- Inconvenient work schedules
- Recurring work stoppage
- Prolonged non wage payment

**Col.16: Primary or Main Occupation**

See Occupational codes on Page 12

**Col.17: Industry of Primary or Main Occupation**

See Industry codes on Page 12

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* If No to Col.14 Skip To Col 16

**Last modified:** 19th January 2008
### PART B: PERSON(S) PRESENT IN HOUSEHOLD continued...
(For persons Age 10 years and above)

<table>
<thead>
<tr>
<th>Member Number</th>
<th>Hours of Work per week</th>
<th>Institutional Sector</th>
<th>Contribute to National Health Insurance Scheme (NHIS)?</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/Social Work?</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

**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?

1. Yes
2. No

1657520455
### PART B: PERSON(S) PRESENT IN HOUSEHOLD

(For persons Age 10 years and above)

<table>
<thead>
<tr>
<th>Member Number</th>
<th>In which area of Volunteering?</th>
<th>Hours of Work per Week</th>
<th>Income last month (in '000=N=) from all jobs and including all allowances</th>
<th>Do you personally own any of the following?</th>
<th>How many do you own of any of the following?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
<td>Radio</td>
<td>Television</td>
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<td>No</td>
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</tbody>
</table>

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

Col. 28: In which area of Volunteering?
1. Art and Recreation
2. Education/Research
3. Health
4. Social Services
5. Environment
6. Development and Housing
7. Civil Advocacy
8. Philanthropy
9. 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
PART B: PERSON(S) PRESENT IN HOUSEHOLD  continued...  (For persons Age 10 years and above)

<table>
<thead>
<tr>
<th>Member Number</th>
<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>
<th>3rd Preference</th>
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<tbody>
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</tbody>
</table>

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. Mtnj
04. NTA
05. AIT
06. MITV
07. Silver Bird
08. Galaxy
09. State TV
10. Foreign/Cable
11. Others Specify

Last modified: 19th January 2008
### PART B: PERSON(S) PRESENT IN HOUSEHOLD

**continued...**

**For persons Age 10 years and above**

<table>
<thead>
<tr>
<th>Member Number</th>
<th>Do you operate an ICT business outfit?</th>
<th>Which of the following ICT business outfits do you operate?</th>
<th>How many persons do you attend to in a day in the ICT business outfit?</th>
<th>How many persons do you attend to in the ICT business outfit?</th>
<th>What is your daily income in the ICT business outfit?</th>
<th>Housing Project (For persons Age 20 years and above)</th>
</tr>
</thead>
<tbody>
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<tr>
<td></td>
<td>1. Yes</td>
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<td>2. No</td>
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<tr>
<td>Col.58: Own ICT Business Outfit?</td>
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<tr>
<td>Col.59: ICT Business Outfit Operated?</td>
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<tr>
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<td>1. Umbrella Centre</td>
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<td></td>
<td>2. Business Centre</td>
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<tr>
<td>Col.60: Kind of Service provided?</td>
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<tr>
<td></td>
<td>1. Telephone calls</td>
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<td>2. Computer Services</td>
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<td>3. Cybercafe</td>
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<td>4. Other</td>
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</table>

* If No to Col.58 Skip to Col.64

---

Col.64: Started Building?

1. Yes
2. No

Col.65: Type of Building?

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

Col.66: Stage of Completion?

1. Foundation level
2. Window level
3. Lentel level
4. Roofing level
5. Completed

Col.67: Completion period?

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

---

* If No to Col.64 Skip to Part C

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Last modified: 19th January 2008

Reference Number 3029520450
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>
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</thead>
<tbody>
<tr>
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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
- 1. Schooling
- 2. Visitation
- 3. Hospitalisation
- 4. Temporary Transfer
- 5. On Holiday
- 6. Other (specify)

---

PART D: CONTRACEPTIVE PREVALENCE (For both male and female)

<table>
<thead>
<tr>
<th>List Persons Age 15 years and above</th>
<th>Member Number</th>
<th>Relationship to Head</th>
<th>Age (Last Birthday)</th>
<th>Sex</th>
<th>Currently using FP?</th>
<th>Which Method?</th>
<th>Ever Pregnant?</th>
<th>Number of Own Children living in this HH</th>
<th>Number of Own Children that have died</th>
<th>Currently Pregnant?</th>
<th>If pregnant</th>
<th>Are you registered with the clinic?</th>
<th>How many times do you go to the clinic in a month?</th>
<th>Received Anti-Tetanus?</th>
</tr>
</thead>
<tbody>
<tr>
<td>(0)</td>
<td>(1)</td>
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<td>(3)</td>
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</tbody>
</table>

Col.2: Relationship to Head
- 01 Head
- 02 Spouse
- 03 Own Child
- 04 Step Child
- 05 Grand Child
- 06 Brother/Sister
- 07 Niece/Nephew

Col.4: Educational Level
- 1. Below Pry.
- 2. Primary
- 3. Secondary
- 4. Post Secondary
- 5. Quranic
- 6. None

Col.5: Which Method?
- 01 Pill
- 02 Condom
- 03 Injection
- 04 IUD
- 05 Female sterilization
- 06 Male sterilization
- 07 Douch
- 08 Norplant
- 09 Foaming tab
- 10 Diaphragm
- 11 Foam jelly
- 12 Traditional methods
- 13 Abstinence
- 14 Withdrawal
- 15 Rythm
- 16 Others

---

**FOR PERSONS NOT AVAILABLE IN THE HOUSEHOLD DURING THE PERIOD OF THE SURVEY**

- Children ever born by women married or aged 15 years and over
- Ever Pregnant?
- Number of Own Children living elsewhere
- Number of Own Children that have died
- Currently Pregnant?
- If pregnant
- Are you registered with the clinic?
- How many times do you go to the clinic in a month?
- Received Anti-Tetanus?
### 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>
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</tbody>
</table>

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

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

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

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

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

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

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

**Columns 5-16: Vaccination Records**
1. Yes
2. No

Last modified: 19th January 2008
### 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

<table>
<thead>
<tr>
<th>Member Number</th>
<th>Age of Child (in months)</th>
<th>Has [NAME] ever been breastfed?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>1. Yes</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Col. 14-19: Why were you not able to exclusively breastfeed [NAME] for 6 months?</th>
<th>Why did [NAME] not get first milk?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Yes</td>
<td>2. No</td>
</tr>
</tbody>
</table>

#### 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)?

<table>
<thead>
<tr>
<th>Col. 21: Is [NAME] still being breast fed?</th>
<th>Columns 22-29: Since this time yesterday, did [NAME] receive any of the following?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Yes</td>
<td>2. No</td>
</tr>
</tbody>
</table>

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

#### Since this time yesterday, has [NAME] been given anything to drink from a bottle with a nipple or teat?

<table>
<thead>
<tr>
<th>Col. 30</th>
<th>1. Yes</th>
<th>2. No</th>
<th>3. Don't Know</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>Col. 31</th>
<th>1. Yes</th>
<th>2. No</th>
<th>3. Don't Know</th>
</tr>
</thead>
</table>

---

Last modified: 19th January 2008

1652520450
**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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</tbody>
</table>

Col. 2: Sex
1. Male 2. Female

Col. 4: Cause of Death

---

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

<table>
<thead>
<tr>
<th>Name of Member</th>
<th>Member Number</th>
<th>Was [NAME] injured/Sick in the last 7 days?</th>
<th>What sort of sickness/injury did [NAME] suffer in the last 7 days?</th>
<th>Did [NAME] consult a health provider (traditional healer inclusive) for any reason in the last 7 days?</th>
<th>Did [NAME] miss work or school due to injury/sickness in the last 7 days?</th>
<th>How many days of work or school did [NAME] miss due to illness/injury in the last 7 days?</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

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?

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] miss 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**

<table>
<thead>
<tr>
<th>Member Number</th>
<th>How did [NAME] pay for most of the Consultation?</th>
<th>Which main health provider did [NAME] see in the last 7 days?</th>
<th>How many times did [NAME] use the service in the last 7 days?</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

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

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

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

---

Last modified: 19th January 2008
### PART J: HOUSEHOLD ENTERPRISES

**For Own Account Worker and Employee of Informal Sector Only**

<table>
<thead>
<tr>
<th>Number of Persons Engaged</th>
<th>Full Time</th>
<th>Part Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Paid Employee</td>
<td>M F</td>
<td>M F</td>
</tr>
<tr>
<td>Unpaid Household Member</td>
<td>M F</td>
<td>M F</td>
</tr>
<tr>
<td>Paid Employee</td>
<td>M F</td>
<td>M F</td>
</tr>
<tr>
<td>Unpaid Household Member</td>
<td>M F</td>
<td>M F</td>
</tr>
</tbody>
</table>

**Is Enterprise Registered?**

<table>
<thead>
<tr>
<th>Income/Profit Enterprises last month</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

**Does the household own any enterprise?**

<table>
<thead>
<tr>
<th>Col. 1: Yes</th>
<th>Col. 2: No</th>
</tr>
</thead>
<tbody>
<tr>
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</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>
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<table>
<thead>
<tr>
<th>Cloth Expenses</th>
<th>Transport Expenses</th>
<th>Food Expenses</th>
<th>Others</th>
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</thead>
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</tbody>
</table>

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

**Number of Visits: Length of Interview:***

<table>
<thead>
<tr>
<th>Name</th>
<th>Length of Interview:</th>
</tr>
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**INDUSTRY AND OCCUPATIONAL CODES**

<table>
<thead>
<tr>
<th>Industry and Occupational Code</th>
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</table>

Last modified: 19th January 2008