

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

Main Job previous week (If options 1-5 Go to Col.14, and if options 6 or 7 Go to Next Person)	If person did nothing, what was the reason? (If options 6-8 Go to Col.42)	Length of unemployment (from the last paid work) Next Person	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)
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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. 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 10

Col.15: Reason for the change
 01 Low income in present job
 02 Job doesn't match skill
 03 Job environment not congenial
 04 Excessive hours of work
 05 Precarious job(s)
 06 Inadequate tools
 07 Equipment or training for assigned task
 08 Travel to work difficulties
 09 Inconvenient work schedules
 10 Recurring work stoppage
 11 Prolonged non wage payment

Col.18: Employment Status
 1. Employer
 2. Employee
 3. Own Account Worker
 4. Members of Producer Coop.
 5. Unpaid Family Worker
 6. Others

Col.17: Industry of Primary or Main Occupation
 See Industry codes on Page 10

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

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 If you are given extra hours will you do it? (26)	Are you Engaged in Voluntary or Social Work? (27)
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PART B: PERSON(S) PRESENT IN HOUSEHOLD continued... (For persons Age 10 years and above)

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)
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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: FEMALE CONTRACEPTIVE PREVALENCE - Children ever born by women married or aged 15 years and over

List Women Ever Married or Age 15 years and above (0)	Woman Member Number (1)	Relationship to Head (2)	Age (Last Birthday) (3)	Educational Level (4)	Ever Pregnant? (5)	Number of Own Children			Currently Pregnant? (9)	If pregnant		[Ask only, if age 15-49 years] Currently using FP? If 2=No, GO TO D15 (13)	Which Method? (14)	If ever Married, Age at first marriage (15)
						Living in this HH (6)	else where (7)	that have died (8)		Are you registered with the clinic? (10)	How many times do you go to the clinic in a month? (11)			
					1 2	M F	M F	M F	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

Col. 4: Educational Level

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

Columns 5, 9, 10, 12?

- 1. Yes
- 2. No

Col.14: Which Method?

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

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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

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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? If 2=No or 3=Don't Know, GO TO G22 (3)	Did [NAME] get first milk (Colostrum, yellow coloured breast milk)? If 1=Yes or 3=Don't Know, GO TO G13 (4)	Why did [NAME] not get first milk? (5-12)								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]

Why were you not able to exclusively breastfeed [NAME] for 6 months?							Is [NAME] still being breast fed? If 2 or 3 answer Col.30 (21)	Since this time yesterday, did [NAME] receive any of the following?							
Nature of Work (14)	Short-age of breast milk (15)	Mo-ther's health (16)	Child's Re-fusal (17)	Tradi-tion (18)	Age less than 6 mon-ths (19)	Other (20)		Vitamin, mineral supplements or medicine (22)	Plain Water (23)	Sweet-ened, flavo-ured water or fruit juice or tea or infusion (24)	Oral Re-hydr-ation Solution (ORS) (25)	Tinned pow-ered or fresh milk or infant formula (26)	Any other liquids (spe-cify ..) (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 3	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3
1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3
1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3
1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3
1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	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]

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 complemen-tary 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	Cause of Death (4)
			d d m(3) m y y	
		(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 PERSONS IN THE HOUSEHOLD]

Name of Member (0)	Member Number (1)	Was [NAME] injured/Sick in the last 4 weeks? (2) <small>If 2=No, GO TO Part J</small>	What sort of sickness/injury did [NAME] suffer in the last 4 weeks?									Did [NAME] miss work or school due to injury/sickness in the last 4 weeks? (12)	How many days of work or school did [NAME] miss due to illness/injury in the last 4 weeks? (13)	Did [NAME] consult a health provider (traditional healer inclusive) for any reason in the last 4 weeks? (14)
			Fever/Malaria (3)	Dia-rrhea/Abdominal pains (4)	Pain in back, limbs or joints (5)	Cough/breathing difficulty (6)	Skin problem (7)	Ear, Nose, Throat (8)	Dental (9)	Accident (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 4 weeks?

1. Yes
2. No

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

1. Yes
2. No

Col. 14: Did [NAME] consult a health provider (traditional healer inclusive) for any reason in the last 4 weeks?

1. Yes
2. No

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

1. Yes
2. No

Col. 13: How many days of work or school did [NAME] miss due to illness/injury in the last 4 weeks?

1. None
2. Less than 7 days
3. 7- 14 days
4. More than 14 days

PART I: HEALTH ... continued

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

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 4 weeks?

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? If 2=No, GO TO Part K	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	

*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:

	FIELD SUPERVISOR	STATE OFFICE EDITOR	EDITED BY	KEYED BY
Name				
Date				

INDUSTRY AND OCCUPATIONAL CODES

- | | |
|--|---|
| <ul style="list-style-type: none"> 01 - Agriculture, hunting and forestry 01 - Agriculture, hunting and related service activities 02 - Forestry, logging and related service activities 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 plating 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 | <ul style="list-style-type: none"> 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 intermediation 65 - Financial intermediation, except insurance and pension funding 66 - Insurance and pension funding, except compulsory social security 67 - Activities auxiliary to financial intermediation 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 - Extraterritorial organizations and bodies/other 99 - Extraterritorial organizations and bodies |
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