

**FEDERAL REPUBLIC OF NIGERIA
NATIONAL POPULATION COMMISSION
1999 NIGERIA DEMOGRAPHIC AND HEALTH SURVEY
HOUSEHOLD SCHEDULE**

NDHS 02

IDENTIFICATION	
STATE NAME	[] []
LOCAL GOVT. AREA	[] []
LOCALITY NAME	[] [] [] []
ENUMERATION AREA	[] [] [] []
*URBAN/RURAL	[]
BUILDING NUMBER	[] [] [] []
HOUSEHOLD NAME/NUMBER	[] [] [] []
**LARGE TOWN/MEDIUM TOWN/SMALL TOWN/VILLAGE	[]

INTERVIEWER'S VISITS				
	1	2	3	FINAL VISIT
DATE	_____	_____	_____	DAY [] [] MONTH [] [] YEAR [] [] [] []
INTERVIEWER'S NAME	_____	_____	_____	NAME [] [] [] []
RESULT	_____	_____	_____	RESULT [] []
NEXT VISIT: DATE	_____	_____		TOTAL NO. OF VISITS [] []
TIME	_____	_____		
RESULT CODES: 1 COMPLETED 2 NO HOUSEHOLD MEMBER AT HOME OR NO COMPETENT RESPONDENT AT HOME AT TIME OF VISIT 3 ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD OF TIME 4 POSTPONED 5 REFUSED 6 DWELLING VACANT 7 DWELLING DESTROYED 8 OTHER _____ (SPECIFY)				TOTAL IN HOUSEHOLD [] [] TOTAL ELIGIBLE WOMEN [] [] TOTAL ELIGIBLE MEN [] [] LINE NO. OF RESPONDENTS TO HOUSEHOLD SCHEDULE [] []

SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED BY
NAME _____ [] []	NAME _____ [] []	[] []	[] []
DATE _____ [] []	DATE _____ [] []	[] []	[] []

* (Urban = 1, Rural = 2)

** (Large Town = 1, Medium Town = 2, Small Town = 3, Village = 4)

HOUSEHOLD SCHEDULE

Now we would like to have some information about the people who usually live in this household or who are staying with you now.

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD*	RESIDENCE		SEX	AGE	EDUCATION				PARENTAL SURVIVORSHIP AND RESIDENCE FOR PERSONS LESS THAN 15 YEARS OLD***				ELIGIBILITY										
			Does (NAME) usually live here?	Did (NAME) stay here last night?			Is (NAME) male or female?	How old is (NAME)? as at last birthday	Can (NAME) read and write in any language with understanding?	Has (NAME) ever been to school?	IF ATTENDED SCHOOL		Is (NAME)'s natural mother alive?	IF ALIVE	Is (NAME)'s natural father alive?	IF ALIVE	CIRCLE LINE NUMBER OF ALL WOMEN AGED 10-49	CIRCLE LINE NUMBER OF ALL MEN AGED 15-64							
(1)	(2)	(3)	YES	NO	M	F	IN YEARS	YES	NO	YES	NO	LEVEL	GRADE	YES	NO	YES	NO	DK	YES	NO	DK	(16)	(17)		
01		<input type="checkbox"/> <input type="checkbox"/>	1	2	1	2	<input type="checkbox"/> <input type="checkbox"/>	1	2	1	2	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	1	2	1	2	8	<input type="checkbox"/> <input type="checkbox"/>	1	2	8	<input type="checkbox"/> <input type="checkbox"/>	01	01
02		<input type="checkbox"/> <input type="checkbox"/>	1	2	1	2	<input type="checkbox"/> <input type="checkbox"/>	1	2	1	2	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	1	2	1	2	8	<input type="checkbox"/> <input type="checkbox"/>	1	2	8	<input type="checkbox"/> <input type="checkbox"/>	02	02
03		<input type="checkbox"/> <input type="checkbox"/>	1	2	1	2	<input type="checkbox"/> <input type="checkbox"/>	1	2	1	2	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	1	2	1	2	8	<input type="checkbox"/> <input type="checkbox"/>	1	2	8	<input type="checkbox"/> <input type="checkbox"/>	03	03
04		<input type="checkbox"/> <input type="checkbox"/>	1	2	1	2	<input type="checkbox"/> <input type="checkbox"/>	1	2	1	2	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	1	2	1	2	8	<input type="checkbox"/> <input type="checkbox"/>	1	2	8	<input type="checkbox"/> <input type="checkbox"/>	04	04
05		<input type="checkbox"/> <input type="checkbox"/>	1	2	1	2	<input type="checkbox"/> <input type="checkbox"/>	1	2	1	2	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	1	2	1	2	8	<input type="checkbox"/> <input type="checkbox"/>	1	2	8	<input type="checkbox"/> <input type="checkbox"/>	05	05
06		<input type="checkbox"/> <input type="checkbox"/>	1	2	1	2	<input type="checkbox"/> <input type="checkbox"/>	1	2	1	2	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	1	2	1	2	8	<input type="checkbox"/> <input type="checkbox"/>	1	2	8	<input type="checkbox"/> <input type="checkbox"/>	06	06
07		<input type="checkbox"/> <input type="checkbox"/>	1	2	1	2	<input type="checkbox"/> <input type="checkbox"/>	1	2	1	2	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	1	2	1	2	8	<input type="checkbox"/> <input type="checkbox"/>	1	2	8	<input type="checkbox"/> <input type="checkbox"/>	07	07

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD*	RESIDENCE		SEX	AGE	EDUCATION				PARENTAL SURVIVORSHIP AND RESIDENCE FOR PERSONS LESS THAN 15 YEARS OLD***				ELIGIBILITY					
			1	2			1	2	1	2	1	2	1	2	1	2	1	2	1	2
08		<input type="checkbox"/>	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	08	08
09		<input type="checkbox"/>	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	09	09
10		<input type="checkbox"/>	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	10	10
11		<input type="checkbox"/>	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	11	11
12		<input type="checkbox"/>	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	12	12
13		<input type="checkbox"/>	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	13	13
14		<input type="checkbox"/>	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	14	14

TICK HERE IF CONTINUATION SHEET USED

Tick if Household has more than 14 persons

Just to make sure that I have a complete listing:

1) Are there any other persons such as small children or infants that we have not listed?

YES ENTER EACH IN TABLE

NO

2) In addition, are there any other people who may not be members of your family, such as domestic servants, lodgers or friends who usually live here?

YES ENTER EACH IN TABLE

NO

3) Are there any guests or temporary visitors staying here, or anyone else who slept here last night that have not been listed?

YES ENTER EACH IN TABLE

NO

*CODES FOR Q.3
RELATIONSHIP TO HEAD OF HOUSEHOLD:
01 = HEAD
02 = WIFE OR HUSBAND
03 = SON OR DAUGHTER
04 = SON-IN-LAW OR DAUGHTER-IN-LAW
05 = GRANDCHILD
06 = PARENT

07 = PARENT-IN-LAW
08 = BROTHER OR SISTER
09 = BROTHER OR SISTER-IN-LAW
10 = OTHER RELATIVE
11 = ADOPTED/FOSTER/STEP CHILD
12 = NOT RELATED
98 = DON'T KNOW

** CODES FOR Q.10
EDUCATION LEVEL:
1 = PRIMARY
2 = SECONDARY
3 = HIGHER
8 = DON'T KNOW

EDUCATION GRADE
00 = LESS THAN 1 YEAR COMPLETED
01 = 1 YEAR COMPLETED
02 = 2 YEARS COMPLETED
03 = 3 YEARS COMPLETED
04 = 4 YEARS COMPLETED
05 = 5 YEARS COMPLETED
06 = 6 YEARS COMPLETED
98 = DON'T KNOW

*** Q.12 THROUGH Q.15:
These questions refer to the biological parents of the child. Record 00 if parent not member of household.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																		
23	<p>MAIN MATERIAL OF THE FLOOR.</p> <p>RECORD OBSERVATION.</p>	<p>NATURAL FLOOR EARTH/SAND 11 DUNG 12 RUDIMENTARY FLOOR WOOD PLANKS 21 PALM/BAMBOO 22 FINISHED FLOOR PARQUET OR POLISHED WOOD ... 31 VINYL OR ASPHALT STRIPS 32 CERAMIC TILES 33 CEMENT 34 TERRAZZO/MARBLE 35 CARPET 36 OTHER _____ 96 (SPECIFY)</p>																			
24	<p>Does any member of your household own:</p> <p>A bicycle? A motorcycle? A car? A Donkey/Horse/Camel? A Canoe/Boat/Ship?</p>	<table border="0"> <tr> <td></td> <td style="text-align: center;">YES</td> <td style="text-align: center;">NO</td> </tr> <tr> <td>BICYCLE</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>MOTORCYCLE</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>CAR</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>DONKEY/HORSE/CAMEL ...</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>CANOE/BOAT/SHIP</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </table>		YES	NO	BICYCLE	1	2	MOTORCYCLE	1	2	CAR	1	2	DONKEY/HORSE/CAMEL ...	1	2	CANOE/BOAT/SHIP	1	2	
	YES	NO																			
BICYCLE	1	2																			
MOTORCYCLE	1	2																			
CAR	1	2																			
DONKEY/HORSE/CAMEL ...	1	2																			
CANOE/BOAT/SHIP	1	2																			
25	<p>What type of salt is usually used for cooking in your household?</p> <p>(ASK TO SEE SALT PACKAGE).</p>	<p>LOCAL SALT 01 PACKAGED SALT (IODIZED) 02 PACKAGED SALT (NOT IODIZED) 03 SALT FOR ANIMALS 04 LOOSE SALT 05 OTHER _____ 96 (SPECIFY)</p>																			
26	<p>How do you hold this accommodation?</p>	<p>RENT 01 OWNER OCCUPIER 02 NOT OWNER, BUT RENT FREE 03 HOUSED BY EMPLOYER 04 OTHER _____ 96 (SPECIFY)</p>																			
27	<p>If you rent it or if it is rent-free, who owns this accommodation?</p>	<p>PRIVATE INDIVIDUAL 01 PUBLIC OWNERSHIP 02 EMPLOYER 03 PRIVATE MORTGAGE COMPANY 04 OTHER _____ 96 (SPECIFY)</p>																			
28	<p>MAIN MATERIAL USED FOR OUTER WALLS</p> <p>RECORD OBSERVATION</p>	<p>CEMENT BLOCKS 01 CONCRETE 02 BAKED BRICKS 03 UNBAKED BRICK, MUD OR EARTH ... 04 TERRAZZO/MARBLE/HEWN STONE ... 05 PLANK/WOOD/BAMBOO MATERIAL ... 06 THATCH/MAT/LEAVES/STRAW 07 CORRUGATED IRON SHEETS/ZINC ... 08 OTHER _____ 96 (SPECIFY)</p>																			

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
29	MAIN MATERIAL USED FOR ROOF RECORD OBSERVATION	HARD CONCRETE (CEMENT) 01 CORRUGATED METAL SHEET/ASBESTOS TILES 02 WOODEN TILES/PLANKS 03 EARTH/MUD 04 THATCH/MAT/LEAVES 05 OTHER _____ 96 (SPECIFY)	
30	MAIN SOURCE OF LIGHT	ELECTRICITY 01 PRESSURE LAMP 02 KEROSENE LAMPS WITH GLASS SHADES 03 KEROSENE/OIL LAMPS WITHOUT GLASS SHADES 04 OTHER _____ 96 (SPECIFY)	
31	TYPE OF KITCHEN FACILITY	SEPARATE ROOM IN THE BUILDING FOR EXCLUSIVE USE OF HOUSEHOLD 01 SEPARATE ROOM IN THE BUILDING FOR USE OF THIS AND OTHER HOUSEHOLDS 02 ENCLOSURE WITHOUT ROOF 03 OPEN SPACE WITHIN/AROUND BUILDING OTHER _____ 96 (SPECIFY)	
32	TYPE OF BATHING FACILITY	SEPARATE ROOM IN THE BUILDING FOR EXCLUSIVE USE OF HOUSEHOLD 01 SEPARATE ROOM IN THE BUILDING FOR ALL OCCUPANTS 02 ENCLOSURE IN THE BUILDING BUT WITHOUT ROOF 03 PUBLIC BATHROOM/STREAM/ RIVER 04 OTHER _____ 96 (SPECIFY)	