## **Data Collection form for National Single Register of PVHH**

Reference Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Survey Information**

Geopolitical Zone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_Code: □□ State:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Code: □□

Local Government: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Code: □□ Ward: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Code: □□

Community//Village:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Code: □□□ Urban/Rural: \_\_\_\_\_\_\_\_\_\_\_\_\_ Code: □

Household Number: □□□

Name of Head of household: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Telephone Number of the Household: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Alternative:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address (description/coordinates): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Interview Time begun: \_\_\_/\_\_\_\_ Time completed: \_\_\_/\_\_\_\_\_

***(Time must be reported in 24hrs)***

Date of Interview: □□ □□ □□□□ \*Result: □

(DD) (MM) (YEAR)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Result Codes

1. Completed 2. No household member at home or competent

4. Postponed 3. Entire household absent for extended period

5. Refused 6. Dwelling vacant or address not a dwelling

8. Dwelling not found 7. Dwelling destroyed 9. Other (specify)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Enumerator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Code: □□\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor/CBT Leader: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Code: □□\_\_\_\_\_\_\_\_\_\_\_\_

* + 1. **Identification of HH members (Information to be supplied by HH head)**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| No | A1. Name | A2. Sex | | A3, What is the relationship of (NAME) to the head of household? | | A4. What is  Names’ age? | A5. How old is (NAME)  For less than 1 year. | A6. Does (NAME) have a Birth Certificate or Age Declaration (Enumerators can request for supporting documents, e.g., Birth Certificate)? | | A7. What is (NAME) current marital status? | | Does (Name) have a phone No? | What is it? |
|  |  | Male | 1 | Head | 1 | Enter actual No of years as at last birthday. Note if less than 1, enter 0, and move to next to enter month |  | Yes | 1 | Married | 1 | Yes 1  No 0 🡪Go to B | 11 digit number |
| Female | 2 | Spouse (wife/husband.) | 2 | No | 0 | Separated | 2 |
|  | | Child (son/daughter) | 3 |  | | Divorced | 3 |
| Grandchild | 4 | Widowed | 4 |
| Parent/Parent-in-law | 5 | Never Married | 5 |
| Son/Daughter-in-law | 6 | Years | Others (Specify) | 6 |
| Niece/Nephew | 10 |  | |
| Adopted/Foster/ Step Child | 7 |  | |
| House help | 8 |
| Non-relative | 9 |
| Others (Specify): | 11 | Months |
| 1 |  |  | |  | |  |  |  | |  | |  |  |
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* + 1. **Household Labour Market Characteristics (For HH members 5 years and above)**

(Information to be supplied by HH head and HH members 5 years and above)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| No | B1. . Copy the First Name of all household members from previous table here | B2. During the past 12 months has [NAME] **worked on a farm** owned by a household member either in cultivating crops or in other farm tasks or have cared for livestock belonging to a household member (even if for only 1 day or few hours a week)? | B3. During the past 12 months has [NAME] **worked for someone for pay** who is not a  member of the household for example an enterprise, company, the government or any other individual (even if for only 1 day or few hours a week) | B4.  During the past 12 months has [NAME] **worked on his/her own account or in a business enterprise** belonging to him/her or someone in the household for example as a trader, shopkeeper, barber, dressmaker, carpenter, or taxi driver (even if for only 1 day or few hours a week)? | B5.  During the past 12 months,  what kind of work did  [NAME] spend most time on? |
| **YES 1**  **NO 0** | **YES 1**  **NO 0** | **YES 1**  **NO 0** | Employee (Government) 1  Employee/(Private sector/NGO) 2  Employer 3  Self-employed (in Agric) 4  Self-employed(NonAgric) 5  Unemployed 6  Pensioner 7  Pupil/student 8  Housewife/family help 9  Unpaid family worker 10  Domestic employee (house help) 11  Apprentice/Intern 12  Dependant 13  Other (Specify): 14 |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
| 4 |  |  |  |  |  |

* + 1. **Household members’ Education, Health and Disability information**

(Information to be supplied by HH head and members)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Household Education, Health and Disability information | | | | | | | | | | | | | | | | | | | | | | | |
| Education | | | | | | | | | | | | Health and Disability information | | | | | | | | | | | |
|  | | | |  | | | | | | | |  | | | | | | | | | | | |
|  | C1. Copy the First Name of all household members from previous table here | C2.Highest educational qualification obtained by (NAME) | | C3. Is (NAME) currently enrolled in school | | C4. In which grade is (NAME) currently enrolled[[1]](#footnote-1) | | | | C5. How long does it take (NAME) to trek to school | | C6a. Is Name Pregnant? | C6b.  Is Name lactating? | C7. .Does (NAME) benefit from any health care facility? | | C8. How long does it take (NAME) to get to Health centre by trekking? | | C9. . Is (NAME) chronically ill? | | C10. .Does (NAME) has any form of severe disability? | | C11. Type(s) of severe disability (List multiple disabilities if applicable to household member) | |
|  |  | None | 1 | Yes | 1 | Preshl | 1 | SSS2 | 12 | Within(<=15min) | 0 | Yes | 1 | Within (<=15min) | 0 | Yes | 1 | Yes | 1 | Blind | 1 |
| Primary | 2 | No | 0 | P1 | 2 | SSS3 | 13 | Close by (16-30m) | 1 | No | 0 | Close by (16-30m) | 1 | No | 0 | No | 0 | Deaf | 2 |
| JSS | 3 |  | | P2 | 3 | Voc/Tech/ Computer Comm/Agric | 14 | Far off (31 + ) | 2 |  | | Far off (31+) | 2 |  | |  | | Physical Disability | 3 |
| Voc/training | 4 | P3 | 4 |
| Teacher Training | 5 | P4 | 5 |  | |  | |  | | Mentally ill | 4 |
| SSCE/GC | 6 | P5 | 6 | Teacher train | 15 | Epilepsy | 5 |
| GCE A Level | 7 | P6 | 7 | Nursing | 16 | Yes 1  No 0 | Yes 1  No 0 | Others (specify) | 6 |
| Tech/Prof | 8 | JSS1 | 8 | Polytechnic | 17 | Dump/Speech 7  Autism 8 | |
| OND | 9 | JSS2 | 9 | University | 18 |
| NCE | 10 | JSS3 | 10 | Other (specify) | 19 |
| HND | 11 | SSS1 | 11 |  |  |
| Bachelor | 12 |  | |
| Others (specify) | 13 |  | |
| 1 |  |  | |  | |  | | | |  | |  |  |  | |  | |  | |  | |  | |
| **2** |  |  | |  | |  | | | |  | |  |  |  | |  | |  | |  | |  | |
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* + 1. **Household Assets**

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| --- | --- | --- | --- | --- |
|  |  | D1:  Does any member of the household own any [ITEM]?  Yes 1  No 0 | D2:  If yes in D1, how many of these item(s) does your household own? | Comments |
| 1 | Radio |  |  | Number |
| 2 | Torch light/lamp |  |  | Number |
| 3 | Kerosene stove |  |  |  |
| 4 | Television |  |  |  |
| 5 | Mobile Phone |  |  |  |
| 6 | Fixed Telephone Line |  |  | Number |
| 7 | House (Current place of residence) |  |  | Number |
| 8 | House (Elsewhere) |  |  | In Plots |
| 9 | Land (for housing) |  |  | In Hectares |
| 10 | Farm land |  |  |  |
| 12 | Livestock (fowl/Duck/Guinea fowl) |  |  |  |
| 13 | Livestock (Goat/Sheep/Pig) |  |  |  |
| 14 | Livestock (Cattle/Camel/donkey) |  |  |  |
| 15 | Bicycle |  |  |  |
| 17 | Motorcycle |  |  |  |
| 18 | Car (personal) |  |  |  |
| 16 | Canoe |  |  |  |
| 17 | Boat |  |  |  |
| 18 | Video DVD player |  |  |  |
| 19 | Generator |  |  |  |
| 20 | Iron (electric) |  |  |  |
| 21 | Iron (charcoal) |  |  |  |
| 22 | Fan |  |  |  |
| 23 | Air conditioner |  |  |  |
| 24 | Refrigerator |  |  |  |
| 25 | Freezer |  |  |  |
| 26 | Furniture (3 or 4 piece sofa set) |  |  |  |
| 27 | Furniture (Table) |  |  |  |
| 28 | Hifi |  |  |  |
| 29 | Mattress |  |  |  |
| 30 | Bed |  |  |  |
| 31 | Computer |  |  |  |
| 32 | Washing machine |  |  |  |

* + 1. **Household living/dwelling Characteristics**

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| **SN** | **Questions** | Response | Options | Comment |
| **E1** | What is the **main construction material** used for the roof of dwelling? | □ | 1. Palm leaves/Raffia/Thatch  2. Wood  3. Corrugated iron sheets  4. Cement/Concrete  5. Roofing tiles  6. Bamboo  7. Others | Select one |
| E2. | What is the main flooring material? | □ | 1. Earth/Mud  2. Wood/Tile  3. Plank  4. Concrete  5. Straw  6. Others | Select one |
| E3. | What is the main source of lighting for the dwelling? | □ | 1. Kerosene  2. Gas  3. Electricity  4. Generator  5. Solar Panel  6. Battery  7. Candle  8. Firewood  9. Others | Select one |
| E4. | What is the main source of cooking fuel? | □ | 1. Firewood  2. Charcoal  3. Kerosene/Oil  4. Gas  5. Electricity  6. Crop Residue/Saw dust  7. Animal Waste  8. Others | Select one |
| E5. | What is the main source of ***drinking water*** for the household? | □□ | 01. Piped into Dwelling  02. Piped into yard  03. Public tap  04. Tube Well/Borehole  05. Protected Dug Well  06. Unprotected Dug Well  07. Protected Spring  08. Unprotected Spring  09. Rain Water  10. Tanker-truck  11. With Small Cart/Drum  12. Surface Water  13. Bottled Water  14. Sachet Water  15. River/Stream/Pond  16. Other | Select one |
| E6. | What is main type of toilet is used by your household? | □□  if 06/13 🡪 F | 01 Flush to Piped Sewer System  02 Flush to Septic Tank  03 Flush to Pit Latrine  04 Flush to Somewhere else  05 Flush to Unknown Place  06 VIP Latrine  07 Pit Latrine with Slab  08 Pit Latrine without Slab  09 Composting Toilet  10 Bucket  11 Hanging/Floating Toilet/Latrine  12 No Facilities/Bush/Field  13 Other | Select one |
| E7 | If "Flush" or "Pour Flush" in qst E6, what type of device is used? | □ | 1. Bucket  2. Cistern/Holding tank  3. Other | Select one |
| E8 | How many rooms does the household occupy?  *[EXCLUDE BATHROOMS, TOILETS,*  *KITCHEN, PANTRY, and STORE]* | □□ | Provide the number in the boxes. |  |

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* + 1. **Social Network**

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| --- | --- | --- | --- | --- | --- | --- |
|  |  | Which of the social networks do members of household belong to? | | | | |
|  | F1. Copy the First Name of all household members from previous table here | F2. Cooperative | F3. Religious group | F4. Business Group | F5. Age Group | Others: |
| Yes 1  No 0 | Yes 1  No 0 | Yes 1  No 0 | Yes 1  No 0 | (specify) |
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1. For those that have attended Arabic or theological schools, an equivalent of their certificate in western education must be ascertained [↑](#footnote-ref-1)