

**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:

### a. 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 Female 2	Head 1 Spouse (wife/husband.) 2 Child (son/daughter) 3 Grandchild 4 Parent/Parent-in-law 5  Son/Daughter-in-law 6 Niece/Nephew 10 Adopted/Foster/ Step Child 7 House help 8 Non-relative 9 Others (Specify): 11	Enter actual No of years as at last birthday. Note if less than 1, enter 0, and move to next to enter month  Years		Yes 1 No 0	Married 1 Separated 2 Divorced 3 Widowed 4 Never Married 5  Others (Specify) 6	Yes 1 No 0 → Go to B	11 digit number
1					Months				
2									
3									
4									
5									
6									
7									
8									
9									
10									

**b. 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] <b>worked on a farm</b> 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] <b>worked for someone for pay</b> 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] <b>worked on his/her own account or in a business enterprise</b> 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?
		<b>YES 1</b>  <b>NO 0</b>	<b>YES 1</b>  <b>NO 0</b>	<b>YES 1</b>  <b>NO 0</b>	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					

**c. 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 <sup>1</sup>				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
	Primary	2	No	0	P1	2	SSS3	13	Close by (16-30m)	1	No	0	Close by (16-30m)	No	0	No	0	Deaf	2
	JSS	3			P2	3	Voc/Tech/		Far off (31+)	2			Far off (31+)					Physical Disability	3
	Voc/training	4			P3	4	Computer											Mentally ill	4
	Teacher Training	5			P4	5	Comm/Agric											Epilepsy	5
	SSCE/GC	6			P5	6	Teacher train											Others (specify)	6
	GCE A Level	7			P6	7	Nursing											Dump/Speech	7
	Tech/Prof	8			JSS1	8	Polytechnic		Yes	1	Yes	1						Autism	8
	OND	9			JSS2	9	University		No	0	No	0							
	NCE	10			JSS3	10	Other (specify)												
	HND	11			SSS1	11													
	Bachelor	12																	
	Others (specify)	13																	
1																			
2																			
3																			
4																			
5																			
6																			

<sup>1</sup> For those that have attended Arabic or theological schools, an equivalent of their certificate in western education must be ascertained

### d. Household Assets

		D1: Does any member of the household own any [ITEM]?	D2: If yes in D1, how many of these item(s) does your household own?	Comments
		Yes 1 No 0		
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			

### e. Household living/dwelling Characteristics

SN	Questions	Response	Options	Comment
E1	What is the <b>main construction material</b> used for the roof of dwelling?	<input type="checkbox"/>	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?	<input type="checkbox"/>	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?	<input type="checkbox"/>	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?	<input type="checkbox"/>	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 <b>drinking water</b> for the household?	<input type="checkbox"/> <input type="checkbox"/>	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?	<input type="checkbox"/> <input type="checkbox"/>  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?	<input type="checkbox"/>	1. Bucket 2. Cistern/Holding tank 3. Other	Select one
E8	How many rooms does the household occupy? <i>[EXCLUDE BATHROOMS, TOILETS, KITCHEN, PANTRY, and STORE]</i>	<input type="checkbox"/> <input type="checkbox"/>	Provide the number in the boxes.	

## f. Social Network

		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)
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						