NATIONAL BUREAU OF STATISTICS AND UNITED NATIONS WOMEN
TIME USE SURVEY IN NIGERIA, 2024

GOOD DAY, MY NAME IS (FIRST NAME AND LAST NAME), I AM FROM NATIONAL BUREAU OF STATISTICS. THE NATIONAL BUREAU OF STATISTICS IN COLLABORATION WITH THE UN WOMEN IS CONDUCTING A SURVEY ON TIME USE IN NIGERIA. I WOULD LIKE TO ASK YOU A NUMBER OF QUESTIONS TO HELP US UNDERSTAND HOW MUCH TIME PEOPLE SPEND ON DIFFERENT ACTIVITIES SUCH AS PAID AND UNPAID WORK, HOUSEHOLD CHORES, CHILD CARE, TRANSPORTATION, ETC. YOUR HOUSEHOLD HAS BEEN SELECTED RANDOMLY, ALONG WITH A COUPLE OF OTHER HOUSEHOLDS IN NIGERIA, AND IT IS VERY IMPORTANT FOR THE RELIABILITY OF THE RESULTS THAT YOU AGREE TO PARTICIPATE IN THIS SURVEY. PARTICIPATION IN OUR SURVEY IS VOLUNTARY AND WILL BE CONFIDENTIAL.

HOUSEHOLD QUESTIONNAIRE

SECTION A: IDENTIFICATION INFORMATION

STATE ____ **CODE** __	**LGA CODE** __ __ __ __ **NAME** ____	**Locality:** ____
CLUSTER NUMBER: __ __ __ __	**EA. NAME:** ____	
EA CODE: __ __ __ __	**SECTOR:** **Urban ……1, Rural…..2** __	
HOUSEHOLD NUMBER: __ __	**HOUSEHOLD SIZE** __ __	**HEAD OF HOUSEHOLD NAME** ____
PHONE NO. OF HOUSEHOLD __ __ __ __ __ __ __ __ __ __ __	**ADDRESS OF HOUSEHOLD:** ____	
NAME OF TEAM LEAD: ____ **CODE** __ __	**NAME OF TEAMMATE:** ____ __ __	**CODE** __ __

GPS COORDINATES: (a) Latitude: __ _ __.__ __ __ _ _ (b) Longitude:__ __ __.__ __ __ _ __

INTERVIEW STATUS:

Completed (1) Partially Completed (2) Not at Home (3) Moved away (4) Refused (5) Household not located (6)

SECTION 1: LIST OF HOUSEHOLD MEMBERS *(all members of household)*

Line Number	List of all household members (***Start with the name of household head, followed by other members of household)***	Relationship to the household head Head of household...1 Spouse/Partner ….2 Son/Daughter……..3 Grandchild…..4 Adopted Child…..5 Parent…….6 Sister-inlaw/ Brother-inlaw….7 Father-in-Law/Mother-inLaw……8 Brother/Sister……...9 Relatives……10 Non-relatives……11 Domestic Worker…12	Sex Male- 1 Female-2	Date of Birth **DD/MM/YY**	Age (Full year) If <1 enter-00 If >99 Enter-99 **Check if less than 15 and 65+**	Marital Status Only for >=10 Unmarried….1 Married……2 Widow …….3 Separated .4 Divorced …..5	Religion of household Members Islam……. Christainity .2 Traditional...3 Others specify)…….4	Is name living in this household? Yes-1 No- 2 ***(Two respondents will be selected using Kish method from the household (15+), one male and one female)***	*Do you or any member of your household have any form of disability(,**Hearing, seeing, walking), undertanding,*** Yes - 1 No - 2 →*Next line*
LN	**HM1**	**HM2**	**HM3**	**HM4**	**HM5**	**HM6**	**HM7**	**HM8**	**HM9**
01									
02									
03									
04									

SECTION 1: LIST OF HOUSEHOLD MEMBERS (*all members of household)*

Line Number	**SEEING** Do you have difficulty seeing even if you are wearing glasses? No difficulty……1 Some difficulty…..2 A lot of difficulty…3 Cannot do at all…4	**HEARING** Do you have difficulty hearing even if you are using a hearing aid? No difficulty……1 Some difficulty…..2 A lot of difficulty…3 Cannot do at all…..4	**PHYSICAL** Do you have difficulty walking or climbing stairs? No difficulty……1 Some difficulty…..2 A lot of difficulty…3 Cannot do at all……4	**COGNITIVE** Do you have difficulty remembering or concentrating? No difficulty……1 Some difficulty…..2 A lot of difficulty…3 Cannot do at all……4	**SELF-CARE** Do you have difficulty with self-care such as washing all over or dressing? No difficulty……1 Some difficulty…..2 A lot of difficulty…3 Cannot do at all…4	**SPEECH** Using your usual language, do you have difficulty in speaking? No difficulty……1 Some difficulty…..2 A lot of difficulty…3 Cannot do at all……4	***Check:*** ***If there are persons with care needs mentioned in HM9 Otherwise → HC1***
LN	**HM10**	**HM11**	**HM12**	**HM13**	**HM14**	**HM15**	**HM16**
01							
02							
03							
04							

SECTION 1B: LIST OF HOUSEHOLD MEMBERS *(For Care Household members)*

Line Number	In the Last 24 hours, did anyone in the household feed, bathe, dress, accompany (NAME) to go outside, or keep an eye on so as not to be left alone, dropped off or picked up from the nursery or preschool, from the medical service, attended or provided other types of care. Yes-1 No- 2 →HM19	In the last 24 hours, who in your household cared for or helped (NAME)? Copy line No and → HM20 None→HM19	Athough, no one in the household took care of him or her in the past 24 hours, who is (NAME)'s primary caregiver in the home? Copy line No or and continue If no one from the household or doesn't need help →HM21	What is the relationship of main caregiver to, (NAME)? Select the appropriate code	Did anyone from another household take care of or help (NAME)? Yes-1 No- 2→HM27	How is the person from the other household related to (NAME)?	Was the care or support that the person from another household gave to (NAME) in exchange for payment? Yes -In Cash..1 Yes In Kind-…2 No Payment…3 3→HM25	How much did you pay last week? <5k…..……..1 >=5k - <10k…….2 >=10k -20k…….3 >=20k - <30k…..4 >=30k - <50k…..5 >=50k - <70k…..6 >=70k - <100k….7 >=100k - <500k..8 >=500k above…9
LN	**HM17**	**HM18**	**HM19**	**HM20**	**HM21**	**HM22**	**HM23**	**HM 24**
01								
02								
03								
04								

SECTION 1B: LIST OF HOUSEHOLD MEMBERS (*For Care Household members) Cont'd*

Line Number	Does the person from another household have or received any type of training to provide care of (NAME)? Yes-1 No- 2>>HM27	What is the main type of training received by person from another household that provides care for (NAME)?	Does (NAME) attend a special education, institution, school, daycare, job training, early intervention or others? Yes-1 No- 2 →HC1	How much do your HH pay weekly for this? WE don't pay….0 <5k……...1 >=5k - <10k…....2 >=10k -20k…….3 >=20k - <30k…..4 >=30k - <50k…..5 >=50k - <70k…..6 >=70k - <100k....7 >=100k - <500k..8 >=500k above….9	How many hours a day is (NAME) left alone at home? Not left alone…0 < 1 hour……..1 1 hour ……..2 More than 1hour…3	Do You think (NAME) needs more care time or other types of attention? Yes…1 No…2> HC1	How do you describe the type of care (NAME) usually received? Select appropriate **code** to Compliment with.
LN	**HM25**	**HM26**	**HM27**	**HM28**	**HM29**	**HM30**	**HM31**
01							
02							
03							
04							

CODE FOR HM20

Spouse or partner. ...01
Mother 02
Father. 03
Grandmothe.....04
Grandfather.....05
Granddaughter 06
Grandson 07
Daughter.....08
Son 09
Relatives……10
Non-Relatives ……11
Domestic Worker …...12
Nurse or caregiver ...13
Others (SPECIFY)…14

CODE FOR HM22

Mother 01
Father 02
Grandma.....03
Grandfather.....04
Granddaughter.....05
Grandson 06
Daughter.....07
Son 08
Domestic Worker....09
Nurse or caregiver... 10
Others (SPECIFY) ...11

CODE FOR HM31

Babysitter /nurse/care person support? 1
Take him/her to special education, initial education, stay, daycare, preschool or kindergarten? 2
The support of neighbors or friends? 3
The support of other relatives in another home? 4
More support from the household members? 5
Take him/her to early stimulation, extracurricular activities such as music classes, chess, ballet, soccer, swimming, among others? 6
Take him/her to a permanent residence so that they take care of her/him (full-time stay)? 7
Take him/her to a day residence for care? 8
Extended day schools (e.g., after school) or full time? 9
The support of homework clubs? 10
Support of Company person …….. 11

CODE FOR HM26

Child Development Associate (CDA) training……1,
Childcare Professional Development (CPD) training……4,
Special Needs training……7,
Continuing Education Units (CEUs)……...10
First Aid and CPR training……..2,
Parenting classes……5,
Health and Safety training…….. 8,
Early Childhood Education (ECE) courses…3
Infant and Toddler Care training……6
Childcare Management training……9

SECTION 2: HOUSEHOLD CHARACTERISTICS

Q/N	QUESTION	RESPONSE	SKIP
HC1	How many rooms do members of this household usually use for sleeping?	Number of rooms----	
HC2	Main material used for floor. **(Observe and record)**	**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 Carpet (wall-to-wall).....35 Other (specify).....96	

HC3	Type of roof in living room **(Observe and record)**	No Roof.....11 **Natural roofing** Thatch / Palm leaf.....12 **Rudimentary roofing** Rustic mat.....21 Palm / Bamboo.....22 Wood planks.....23 Cardboard.....24 **Finished roofing** Metal / Tin.....31 Wood.....32 Calamine / Cement fibre.....33 Ceramic tiles.....34 Cement.....35 Roofing shingles.....36 Other (specify).....96	
HC4	Main construction material of outside walls **(Observe and record)**	No walls.....11 **Natural walls** Cane / Palm / Trunks.....12 Dirt.....13 **Rudimentary walls** Bamboo with mud.....21 Stone with mud.....22 Uncovered adobe.....23 Plywood.....24 Cardboard.....25 Reused wood.....26 **Finished walls** Cement.....31 Stone with lime / cement.....32 Bricks.....33 Cement blocks.....34 Covered adobe.....35 Wood planks / shingles.....36 Other (specify).....96	
HC5	Does your household have electricity? If 'Yes', probe: is it interconnected grid or off-grid (generator/isolated system)?	Yes, connected with national grid- ……..…1 Yes, not connected with national grid (generator/solar/self)..2 No- ……..…3	
HC6	Is there internet connection in this household?	Yes……1 No…….. 2	
HC7	What is the **MAIN** source of drinking water used by Members of your household? **IF UNCLEAR, PROBE TO IDENTIFY THE PLACE FROM WHICH MEMBERS OF THIS HOUSEHOLD MOST OFTEN COLLECT DRINKING WATER (COLLECTION POINT).**	**PIPED WATER** PIPED INTO DWELLING.....11 PIPED TO YARD / PLOT.....12 **PIPED TO NEIGHBOUR** PUBLIC TAP / STANDPIPE.....21 TUBE WELL / BOREHOLE.....22 **DUG WELL** PROTECTED WELL.....31 UNPROTECTED WELL.....32 **SPRING** PROTECTED SPRING……41 UNPROTECTED SPRING.....42 RAINWATER.....51 TANKER-TRUCK.....61 CART WITH SMALL TANK.....71 WATER KIOSK.....72 SURFACE WATER (RIVER, DAM, LAKE, POND, STREAM, CANAL, IRRIGATION CHANNEL)……..81 **PACKAGED WATER** BOTTLED WATER.....91 SACHET WATER.....92 OTHER (specify)……..96	
HC8	What type of cook stove is mainly used for cooking	Electric stove.....01 Solar cooker.....02 Liquefied Petroleum Gas (LPG)/ cooking gas Stove.....03 Piped Natural gas stove.....04 Biogas stove.....05 Liquid fuel stove.....06 Manufactured solid fuel stove.....07 Traditional solid fuel stove.....08 Three stone stove / open fire/fuelwood.....09 Other (specify).....96 No food cooked in household……..97	
HC9	What kind of toilet facility do members of your household usually use? **If 'Flush' or 'Pour flush', probe: Where does it flush to** **If 'Pit latrine', probe: Is this toilet ventilated improved pit latrine?**	**FLUSH / POUR FLUSH** FLUSH TO PIPED SEWER SYSTEM.....11 FLUSH TO SEPTIC TANK.....12 FLUSH TO PIT LATRINE.....13 FLUSH TO OPEN DRAIN.....14 FLUSH TO DK WHERE…… ……18 **PIT LATRINE** VENTILATED IMPROVED PIT LATRINE ……. …21 PIT LATRINE WITH SLAB.……22 PIT LATRINE WITHOUT SLAB / OPEN PIT.....23 COMPOSTING TOILET.....31	

		BUCKET.....41 HANGING TOILET /HANGING LATRINE.....51 NO FACILITY / BUSH / FIELD .....95 OTHER (*specify*).....96	
HC10	*What type of document does household have to back occupancy status?*	CERTIFICATE OF OCCUPANCY.....1 LEASEHOLD(ownership of property over a period) .....2 FREEHOLD(own property and Land).....3 TENANCY AGREEMENT.....4 RECEIPT OF PAYMENT.....5 NONE / INHERITANCE 6	
HC11	Do you or any member of your household have a land that can be used for cultivation?	Yes.....1 No.....2	2→HC13
HC12	What is the size of this land	Plots.....1 Acres.....2 Hectares ….3 Rigdes …….4 Heaps……..5	
HC13	Do you or any member of your household own a Bank account?	Yes.....1 No.....,,.2	
HC14	Do you or any member of your household **own** any of the following? **(Multiple responses-Read out))**	RADIO ..... A TELEVISION .....B REFRIGERATOR.....C COMPUTER/TABLET.....D FAN.....E VCR, VCD, DVD.....,,.....F BLENDER / MIXER.....G ELECTRIC IRON.....H WRISTWATCH.....I CAR / TRUCK / VAN.....J ENGINE BOAT .....K BICYCLE.....L MOTORCYCLE.....M ANIMAL DRAWN CART.....N KEKE NAPEP.....O CANOE.....P MOBILE PHONE (BASIC *or* SMART).....Q NON-MOBILE TELEPHONE.....R CLOCK.....S GENERATOR.....T CUSHIONED CHAIR.....U CUPBOARD.....V DISH WASHER..... W LAUNDRY/WASHING MACHINE-.....X VACCUM CLEANER.....Y NONE.....Z	
HC15	Do you or any household member **own** a cow, goat, chicken, duck or any other animals?	Yes.....1 No..... 2	2>>AH1
HC16	How many of the listed animals/ birds do you **have** in the household? **(Multiple responses-Read out)**	Cow.....[___] Buffalo.....[___] Horse, donkey.....[___] Goat.....[___] Sheep.....[___] Chicken.....[___] Pig.....[___] Duck.....[___] Pigeon.....[___] Koel.....[___]	

SECTION 3: AGRICULTURAL HOUSEHOLD			
Q/N	**QUESTION**	**RESPONSE**	**SKIP**
AH1	Do you or any member of your household operate or cultivate any agricultural land in the last 12 months?	Yes.....1 No.....2	2>>AH3
AH2	What was the purpose for undertaking these farming activities? **(Multiple responses)**	For own household use..... A For sale/profit .....B Wages C	
AH3	Do you or any member of your household raise or tend any livestock in last 12 months?	Yes.....1 No.....2	2>>AH5
AH4	What was the purpose for raising/tending livestock? **(Multiple responses)**	For own final use..... A For sale/profit .....B Wages.....C	
AH5	Is this an agricultural household? **(Please Record)**	Yes.....1 No.....2	

SECTION 4: HOUSEHOLD EARNINGS			
Q/N	**QUESTION**	**RESPONSE**	**SKIP**
HE1	Do you or any member of your household operate more than one job or income generating activity?	One job/business.....1 Two or more jobs.....2 No Job/business.....3	2>>HE3 3>>end
HE2	If one Job /business, do you or any member of your household combine this job with other activities	Yes.....1 No.....2	2>>HE4
HE3	Describe the main activity of job you or any member of your household operate?	_____	
HE4	Do you or any member of your household work…… **(Read out options)**	As an employee .....1 In your own business/farming activity...2 Helping in a household business.....3 As an apprentice, intern.....4 Helping a household member who works for someone else.....5	
HE5	How often do you or any member of your household receive wages or salary or earnings?	Hourly.....1 Daily.....2 Weekly.....3 Forthnightly .....4 Monthly.....5 Annually.....6 No payment.....7	7>>HE7
HE6	Based on the responses in HE5, what is the range of your wages or salary, or earnings received before tax deductions?	<5k.....1 >=5k - <10k.....2 >=10k -20k.....3 >=20k - <30k.....4 >=30k - <50k.....5 >=50k - <70k.....6 >=70k - <100k....7 >=100k - <500k..8 >=500k above…9	
HE7	How many hours per day do you or any member of your household spend in doing this job	__ ___ ___**(HOURS)**	

END