

FEDERAL REPUBLIC OF NIGERIA

NATIONAL POPULATION COMMISSION



2006 POPULATION AND HOUSING CENSUS

CENSUS 2006 NPC 01

INSTRUCTIONS FOR COMPLETION

USE 2B BLACK PENCIL ONLY. Write and/or shade like this **2 3** or **2 3** as appropriate.

Write numbers like this **1 2 3 4 5 6 7 8 9 0**



QUESTIONNAIRE IDENTIFICATION

STATE	L.G.A.	E.A.	BUILDING	HOUSEHOLD	LOCALITY CODE
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HOUSEHOLD TYPE

Regular (1)	Nomadic Household (5)
Institutional (2)	Transient Persons/Household (6)
Homeless Household (3)	Fishing and Hunting Persons/Household (7)
Homeless Person (4)	Census Functionaries (8)

E.A. Name:

Locality Name:

TOTAL PERSONS IN HOUSEHOLD

DO NOT COMPLETE IF THIS IS A CONTINUATION FORM

MALES IN HOUSEHOLD	FEMALES IN HOUSEHOLD	BOTH SEXES
<input type="text"/>	<input type="text"/>	<input type="text"/>
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(9) (9) (9)	(9) (9) (9)	(9) (9) (9)

USE ONLY IF CONTINUED ON ANOTHER FORM

Mark if interview with this household is continued on another form

If continued write and mark the form number of the NEXT form used for this household.
(If this is the LAST form for this household do not mark)

THIS FORM NUMBER used for this household

TOTAL NO. OF FORMS used for this household

Name of Enumerator (I):	ID No.: <input type="text"/>	Signature:	Date:
Name of Enumerator (II):	ID No.: <input type="text"/>	Signature:	Date:
Name of Supervisor:	ID No.: <input type="text"/>	Signature:	Date:

Enumerator (I)	Enumerator (II)

THUMBPRINT OF RESPONDENT'S LEFT HAND

MEMBER 1	MEMBER 2	MEMBER 3	MEMBER 4	MEMBER 5	MEMBER 6	MEMBER 7	MEMBER 8

FORM NUMBER
3711231099 (71)



01



STATE
370 OGUN

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FOR ALL RESPONDENTS

© DSS Data & Research Services Ltd 0746000516/819

SERIAL NUMBER / NAME	RELATIONSHIP	SEX	AGE	NATIONALITY	PLACE OF BIRTH	ORIGIN	PLACE OF USUAL RESIDENCE
1 / 2	3	4	5	6	7	8	9
Full names of all members of the household present including guests and visitors beginning with the Head of Household (Write surname first)	What is (Name's) relationship to the Head of Household? 1. Head of Household 2. Absentee Head of Household 3. Spouse 4. Child 5. Parent 6. Brother/Sister 7. Other Blood Relation 8. Non-Blood Relation 9. Institutional Household	What is (Name's) Sex? 1. Male 2. Female	What is (Name's) age? (In completed years as at last birthday)	What is (Name's) Nationality? (If Non Nigerian, code and write Country) 1. Nigerian by Birth 2. Nigerian by Naturalization 3. Other ECOWAS National 4. African, Other than ECOWAS 5. Non African	In what State and LGA was (Name) born? (If born outside Nigeria, write the Country and code)	What is (Name's) State and LGA of origin? (For Nigerians only)	Does (Name) usually reside in this Locality? 1. Usually reside in this Locality 2. Usual Place of residence different from this Locality (If 2, specify State and LGA. Where outside Nigeria, write Country's name and code)

MEMBER 1	SERIAL NUMBER <input type="text"/> <input type="text"/> <input type="text"/> SURNAME <input type="text"/> OTHER NAMES <input type="text"/>	(1) (6) (2) (7) (3) (8) (4) (9) (5)	(1) <input type="text"/> <input type="text"/> (2)	(1) (2) (3) (4) (5) <input type="text"/> <input type="text"/> <input type="text"/> Country	STATE <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> LGA <input type="text"/> <input type="text"/> <input type="text"/> Country <input type="text"/> <input type="text"/> <input type="text"/>	STATE <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> LGA <input type="text"/> <input type="text"/> <input type="text"/> Country <input type="text"/> <input type="text"/> <input type="text"/>	(1) (2) (3) (4) (5) STATE <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> LGA <input type="text"/> <input type="text"/> <input type="text"/> Country <input type="text"/> <input type="text"/> <input type="text"/>
MEMBER 2	SERIAL NUMBER <input type="text"/> <input type="text"/> <input type="text"/> SURNAME <input type="text"/> OTHER NAMES <input type="text"/>	(1) (6) (2) (7) (3) (8) (4) (9) (5)	(1) <input type="text"/> <input type="text"/> (2)	(1) (2) (3) (4) (5) <input type="text"/> <input type="text"/> <input type="text"/> Country	STATE <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> LGA <input type="text"/> <input type="text"/> <input type="text"/> Country <input type="text"/> <input type="text"/> <input type="text"/>	STATE <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> LGA <input type="text"/> <input type="text"/> <input type="text"/> Country <input type="text"/> <input type="text"/> <input type="text"/>	(1) (2) (3) (4) (5) STATE <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> LGA <input type="text"/> <input type="text"/> <input type="text"/> Country <input type="text"/> <input type="text"/> <input type="text"/>
MEMBER 3	SERIAL NUMBER <input type="text"/> <input type="text"/> <input type="text"/> SURNAME <input type="text"/> OTHER NAMES <input type="text"/>	(1) (6) (2) (7) (3) (8) (4) (9) (5)	(1) <input type="text"/> <input type="text"/> (2)	(1) (2) (3) (4) (5) <input type="text"/> <input type="text"/> <input type="text"/> Country	STATE <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> LGA <input type="text"/> <input type="text"/> <input type="text"/> Country <input type="text"/> <input type="text"/> <input type="text"/>	STATE <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> LGA <input type="text"/> <input type="text"/> <input type="text"/> Country <input type="text"/> <input type="text"/> <input type="text"/>	(1) (2) (3) (4) (5) STATE <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> LGA <input type="text"/> <input type="text"/> <input type="text"/> Country <input type="text"/> <input type="text"/> <input type="text"/>
MEMBER 4	SERIAL NUMBER <input type="text"/> <input type="text"/> <input type="text"/> SURNAME <input type="text"/> OTHER NAMES <input type="text"/>	(1) (6) (2) (7) (3) (8) (4) (9) (5)	(1) <input type="text"/> <input type="text"/> (2)	(1) (2) (3) (4) (5) <input type="text"/> <input type="text"/> <input type="text"/> Country	STATE <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> LGA <input type="text"/> <input type="text"/> <input type="text"/> Country <input type="text"/> <input type="text"/> <input type="text"/>	STATE <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> LGA <input type="text"/> <input type="text"/> <input type="text"/> Country <input type="text"/> <input type="text"/> <input type="text"/>	(1) (2) (3) (4) (5) STATE <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> LGA <input type="text"/> <input type="text"/> <input type="text"/> Country <input type="text"/> <input type="text"/> <input type="text"/>
MEMBER 5	SERIAL NUMBER <input type="text"/> <input type="text"/> <input type="text"/> SURNAME <input type="text"/> OTHER NAMES <input type="text"/>	(1) (6) (2) (7) (3) (8) (4) (9) (5)	(1) <input type="text"/> <input type="text"/> (2)	(1) (2) (3) (4) (5) <input type="text"/> <input type="text"/> <input type="text"/> Country	STATE <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> LGA <input type="text"/> <input type="text"/> <input type="text"/> Country <input type="text"/> <input type="text"/> <input type="text"/>	STATE <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> LGA <input type="text"/> <input type="text"/> <input type="text"/> Country <input type="text"/> <input type="text"/> <input type="text"/>	(1) (2) (3) (4) (5) STATE <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> LGA <input type="text"/> <input type="text"/> <input type="text"/> Country <input type="text"/> <input type="text"/> <input type="text"/>
MEMBER 6	SERIAL NUMBER <input type="text"/> <input type="text"/> <input type="text"/> SURNAME <input type="text"/> OTHER NAMES <input type="text"/>	(1) (6) (2) (7) (3) (8) (4) (9) (5)	(1) <input type="text"/> <input type="text"/> (2)	(1) (2) (3) (4) (5) <input type="text"/> <input type="text"/> <input type="text"/> Country	STATE <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> LGA <input type="text"/> <input type="text"/> <input type="text"/> Country <input type="text"/> <input type="text"/> <input type="text"/>	STATE <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> LGA <input type="text"/> <input type="text"/> <input type="text"/> Country <input type="text"/> <input type="text"/> <input type="text"/>	(1) (2) (3) (4) (5) STATE <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> LGA <input type="text"/> <input type="text"/> <input type="text"/> Country <input type="text"/> <input type="text"/> <input type="text"/>
MEMBER 7	SERIAL NUMBER <input type="text"/> <input type="text"/> <input type="text"/> SURNAME <input type="text"/> OTHER NAMES <input type="text"/>	(1) (6) (2) (7) (3) (8) (4) (9) (5)	(1) <input type="text"/> <input type="text"/> (2)	(1) (2) (3) (4) (5) <input type="text"/> <input type="text"/> <input type="text"/> Country	STATE <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> LGA <input type="text"/> <input type="text"/> <input type="text"/> Country <input type="text"/> <input type="text"/> <input type="text"/>	STATE <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> LGA <input type="text"/> <input type="text"/> <input type="text"/> Country <input type="text"/> <input type="text"/> <input type="text"/>	(1) (2) (3) (4) (5) STATE <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> LGA <input type="text"/> <input type="text"/> <input type="text"/> Country <input type="text"/> <input type="text"/> <input type="text"/>
MEMBER 8	SERIAL NUMBER <input type="text"/> <input type="text"/> <input type="text"/> SURNAME <input type="text"/> OTHER NAMES <input type="text"/>	(1) (6) (2) (7) (3) (8) (4) (9) (5)	(1) <input type="text"/> <input type="text"/> (2)	(1) (2) (3) (4) (5) <input type="text"/> <input type="text"/> <input type="text"/> Country	STATE <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> LGA <input type="text"/> <input type="text"/> <input type="text"/> Country <input type="text"/> <input type="text"/> <input type="text"/>	STATE <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> LGA <input type="text"/> <input type="text"/> <input type="text"/> Country <input type="text"/> <input type="text"/> <input type="text"/>	(1) (2) (3) (4) (5) STATE <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> LGA <input type="text"/> <input type="text"/> <input type="text"/> Country <input type="text"/> <input type="text"/> <input type="text"/>



FOR ALL RESPONDENTS			FOR PERSONS AGE 6 YEARS AND ABOVE			FOR PERSONS AGE 10 YEARS AND ABOVE			
DURATION OF RESIDENCE	PREVIOUS RESIDENCE	DISABILITY	LITERACY	SCHOOLING STATUS	EDUCATIONAL ATTAINMENT	MARITAL STATUS	WORK STATUS	OCCUPATION	CLASS OF WORKER
I0	II	I2	I3	I4	I5	I6	I7	I8	I9
For how long has (Name) resided in this Locality? 1. Since Birth 2. Less than 6 months 3. 6 months < 1 year 4. 1 year < 2 years 5. 2 years < 5 years 6. 5 years < 10 years 7. 10 years < 15 years 8. 15 years and above <i>(If since Birth go to col. I2)</i>	Where did (Name) move from? <i>(Refer to only LAST MOVEMENT. Specify State and LGA or Country moved from)</i>	What is the most serious disability (Name) has? 1. Seeing 2. Hearing 3. Speaking 4. Mobility 5. Mental 6. Other (Specify) 7. NONE	Can (Name) Read and Write with understanding in any language? 1. Yes 2. No	What is (Name's) current schooling status? 1. Never attended 2. Attended in the past but not now 3. Attending primary 4. Attending JSS 5. Attending SSS 6. Attending tertiary	What is the highest level of formal Education completed by (Name) 1. None 2. Nursery 3. Primary 4. JSS/Modern School 5. SSS/Sec/TTC 6. OND/NCE 7. University Graduate/HND 8. Postgraduate 9. Other (Specify)	What is (Name's) present Marital Status? 1. Never married 2. Married 3. Separated 4. Divorced 5. Widowed	In respect of the last 12 months which of these applies to (Name)? 1. Working now (including unpaid work on farm or business) 2. Worked before but not now 3. Seeking first work ever 4. Student (Exclusive) 5. Dependent 6. House worker/House wife (Exclusive) 7. Income recipient/Retiree 8. Other Economically inactive (Specify) <i>(If 3-8 end interview)</i>	If (Name) is currently working or ever worked in the last 12 months what type of work did/does Name do? <i>(Write name of main occupation and leave code for office use)</i>	Which one of the following applies to (Name)? 1. Salary/wage worker 2. Casual wage worker 3. Own work with paid employee 4. Own work without paid employee 5. Assistance in family work without pay
I0 I1 I2 I3 I4 I5 I6 I7 I8	STATE LGA Country	I2 I3 I4 I5 I6 I7 I8	I3 I4 I5 I6 I7 I8	I4 I5 I6 I7 I8	I5 I6 I7 I8 I9	I6 I7 I8 I9	I7 I8 I9	I8 I9	I9
I0 I1 I2 I3 I4 I5 I6 I7 I8	STATE LGA Country	I2 I3 I4 I5 I6 I7 I8	I3 I4 I5 I6 I7 I8	I4 I5 I6 I7 I8	I5 I6 I7 I8 I9	I6 I7 I8 I9	I7 I8 I9	I8 I9	I9
I0 I1 I2 I3 I4 I5 I6 I7 I8	STATE LGA Country	I2 I3 I4 I5 I6 I7 I8	I3 I4 I5 I6 I7 I8	I4 I5 I6 I7 I8	I5 I6 I7 I8 I9	I6 I7 I8 I9	I7 I8 I9	I8 I9	I9
I0 I1 I2 I3 I4 I5 I6 I7 I8	STATE LGA Country	I2 I3 I4 I5 I6 I7 I8	I3 I4 I5 I6 I7 I8	I4 I5 I6 I7 I8	I5 I6 I7 I8 I9	I6 I7 I8 I9	I7 I8 I9	I8 I9	I9
I0 I1 I2 I3 I4 I5 I6 I7 I8	STATE LGA Country	I2 I3 I4 I5 I6 I7 I8	I3 I4 I5 I6 I7 I8	I4 I5 I6 I7 I8	I5 I6 I7 I8 I9	I6 I7 I8 I9	I7 I8 I9	I8 I9	I9
I0 I1 I2 I3 I4 I5 I6 I7 I8	STATE LGA Country	I2 I3 I4 I5 I6 I7 I8	I3 I4 I5 I6 I7 I8	I4 I5 I6 I7 I8	I5 I6 I7 I8 I9	I6 I7 I8 I9	I7 I8 I9	I8 I9	I9
I0 I1 I2 I3 I4 I5 I6 I7 I8	STATE LGA Country	I2 I3 I4 I5 I6 I7 I8	I3 I4 I5 I6 I7 I8	I4 I5 I6 I7 I8	I5 I6 I7 I8 I9	I6 I7 I8 I9	I7 I8 I9	I8 I9	I9
I0 I1 I2 I3 I4 I5 I6 I7 I8	STATE LGA Country	I2 I3 I4 I5 I6 I7 I8	I3 I4 I5 I6 I7 I8	I4 I5 I6 I7 I8	I5 I6 I7 I8 I9	I6 I7 I8 I9	I7 I8 I9	I8 I9	I9
 03 I0 I1 I2 I3 I4 I5 I6 I7 I8	STATE LGA Country	I2 I3 I4 I5 I6 I7 I8	I3 I4 I5 I6 I7 I8	I4 I5 I6 I7 I8	I5 I6 I7 I8 I9	I6 I7 I8 I9	I7 I8 I9	I8 I9	I9

**THESE QUESTIONS ARE FOR THE ENTIRE HOUSEHOLD AND ARE EXPECTED TO BE ANSWERED BY THE HEAD OF THE HOUSEHOLD OR ANY OTHER ADULT MEMBER.
DO NOT ADMINISTER THIS PART TO INSTITUTIONAL HOUSEHOLDS AND FOR CONTINUATION FORMS.**

R. 50/064
EOL 0. UEBE

TYPE OF LIVING HOUSE

H1: Type of living house?
(If not 1, do not administer the housing questions, i.e. H2- H16)

Housing Unit c 1
Hotel c 2
Students' Residence c 3
Home for aged c 4
Prisons/Penal Homes c 5
Other (specify) c 6

TENURE STATUS

H7: What is the tenure status [i.e. Tenancy arrangement] of this household?

Owned c 1
Owned but not yet paid off c 2
Rented c 3
Occupied rent-free c 4
Squatting c 5
Other (specify) c 6

LIGHTING FUEL

H12: What type of energy/fuel (source) does this household mainly use for lighting?

Electricity c 1
Gas c 2
Kerosene c 3
Candle c 4
Solar c 5
Other (specify) c 6

3711231099 (71)
FORM NUMBER

TYPE OF HOUSING UNIT

H2: Which type of housing unit does this household occupy?
(If this household lives in more than one dwelling, refer to the main dwelling that the household occupies and mark code accordingly.)

House on a separate stand or yard c 1
Traditional/Hut structure made of traditional material c 2
Flat in block of flats c 3
Semi-detached house c 4
Rooms/Let in house c 5
Informal/Improvised dwelling c 6
Other (specify) c 7

OWNERSHIP STATUS

H8: Who owns this dwelling?

Head of household c 1
Spouse to head of household c 2
Other Household Member c 3
Relative but not Household Member c 4
Privately Owned (Landlord) c 5
Private Employer c 6
Other Private Agency c 7
Public/Govt. Ownership c 8
Other (specify) c 9

WASTE DISPOSAL

H13: How does this household dispose of its rubbish (solid waste)?

Collected c 1
Buried by Household c 2
Public Approved Dump c 3
Unapproved Dump site c 4
Burnt by Household c 5
Other (specify) c 6



04

SLEEPING ROOMS

H3: How many sleeping rooms are there available to this household?
(Count all sleeping rooms in all dwellings. Exclude dining rooms, bathrooms, kitchens, sheds, garages, stores, stables, etc. unless persons are living in them)

c 0 c 1 c 2 c 3 c 4 c 5 c 6 c 7 c 8 and above

WATER SUPPLY

H9: What is the household's main source of water for domestic use?

Pipe-borne inside dwelling c 1
Pipe-borne outside dwelling c 2
Tanker Supply/Water Vendor c 3
Well c 4
Bore-hole c 5
Rain water c 6
River/Stream/Spring c 7
Dugout/Pond/Lake/Dam/Pool c 8
Other (specify) c 9

HOUSEHOLD FACILITY

H14: How many of each of the following facilities (in good working condition) are owned by members of this household?

Radio c 0 c 1 c 2 c 3 c 4 c 5 and above
Television c 0 c 1 c 2 c 3 c 4 c 5 and above
Cable Television c 0 c 1 c 2 c 3 c 4 c 5 and above
Refrigerator c 0 c 1 c 2 c 3 c 4 c 5 and above
Gas Cooker c 0 c 1 c 2 c 3 c 4 c 5 and above
Telephone c 0 c 1 c 2 c 3 c 4 c 5 and above
Cell Phone c 0 c 1 c 2 c 3 c 4 c 5 and above
Computer c 0 c 1 c 2 c 3 c 4 c 5 and above
Donkey/Horse/ Camel c 0 c 1 c 2 c 3 c 4 c 5 and above
Bicycle c 0 c 1 c 2 c 3 c 4 c 5 and above
Motorcycle c 0 c 1 c 2 c 3 c 4 c 5 and above
Car c 0 c 1 c 2 c 3 c 4 c 5 and above
Bus c 0 c 1 c 2 c 3 c 4 c 5 and above
Canoe c 0 c 1 c 2 c 3 c 4 c 5 and above
Boat c 0 c 1 c 2 c 3 c 4 c 5 and above
Generating Set c 0 c 1 c 2 c 3 c 4 c 5 and above



EOL 0. UEBE

FLOOR (Finish)

H4: What is the main construction material used for the floor of this dwelling?

Earth/Mud/Mud Bricks c 1
Wood/Bamboo c 2
Cement/Concrete c 3
Stone c 4
Burnt Brick c 5
Vinyl Tiles c 6
Ceramic Marble Tile c 7
Terrazzo c 8
Other (specify) c 9

TOILET FACILITY

H10: What type of toilet do you use in this household?

Water Closet (WC) c 1
Pit Latrine c 2
Bucket/Pan c 3
Toilet facility in another (different) dwelling c 4
Public toilet c 5
Nearby (bush/beach/field) c 6
Other (specify) c 7

ACCESS TO TELEPHONE

H15: Beside the availability (OR otherwise) of telephone in the household, where else do members of this household use the telephone?

Place of work c 1
At a neighbour nearby c 2
At a public telephone nearby c 3
At a Business Centre c 4
No Access to telephone c 5
Other (specify) c 6

370 OGUN STATE

WALL (Finish)

H5: What is the main construction material used for the walls of this dwelling?

Mud/Reed c 1
Wood/Bamboo c 2
Stone c 3
Cement/Blocks/Bricks c 4
Metal/Zinc Sheet c 5
Other (specify) c 6

COOKING FUEL

H11: What type of energy/fuel (source) does this household mainly use for cooking?

Electricity c 1
Gas c 2
Kerosene c 3
Fire-wood c 4
Coal c 5
Animal dung/Sawdust/Coconut husk c 6
Solar c 7
Other (specify) c 8

ACCESS TO TELEVISION

H16: Beside the availability (OR otherwise) of television in the household, where else do members of this household watch television?

Place of work c 1
At a neighbour nearby c 2
At a public television viewing centre nearby c 3
No Access to television c 4
Other (specify) c 5



Provided with the support of the EU

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