



YOU COUNT, GET COUNTED

# 2021 POPULATION AND HOUSING CENSUS

QUESTIONNAIRES



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# 2021 POPULATION AND HOUSING CENSUS

**LISTING FORM**



**REPUBLIC OF GHANA  
GHANA STATISTICAL SERVICE**



**2021 POPULATION AND HOUSING CENSUS  
LISTING FORM**

**AREA IDENTIFICATION**

REGION NAME: ..... DISTRICT NAME: .....

NAME OF LOCALITY (Town/Village): .....

ENUMERATION AREA CODE:							
REGION	DISTRICT	DISTRICT TYPE	SUB-METRO	EA NUMBER	LOCALITY CODE	SA NUMBER	EA TYPE
□ □	□ □	□	□ □	□ □ □	□ □ □	□ □	□

INTERVIEW DATES																			
DATE LISTING STARTED:	□ □	/	□ □	/	2	0	2	1	DATE LISTING ENDED:	□ □	/	□ □	/	2	0	2	1		
	D	D		M	M	Y	Y	Y	Y		D	D		M	M	Y	Y	Y	Y

**CONFIDENTIALITY STATEMENT:**

MY NAME IS [ENUMERATOR'S NAME]. I AM WORKING WITH GHANA STATISTICAL SERVICE. I AM ASSIGNED TO WORK IN THIS AREA IN THE ON-GOING NATIONAL POPULATION AND HOUSING CENSUS. I WOULD LIKE TO ASK YOU QUESTIONS RELATED TO THE CENSUS. THE INFORMATION YOU PROVIDE WILL SUPPORT DECISION MAKING IN GHANA.

PLEASE, BE ASSURED THAT THE INFORMATION YOU PROVIDE IS **STRICTLY CONFIDENTIAL** AND WILL BE USED FOR STATISTICAL PURPOSES **ONLY**. YOU ARE REQUIRED BY THE STATISTICAL SERVICE LAW (ACT 1003) TO PROVIDE COMPLETE AND TRUTHFUL INFORMATION TO CENSUS OFFICIALS, AND ARE REMINDED THAT DELIBERATE PROVISION OF FALSE INFORMATION IS PUNISHABLE UNDER THE LAW.

LS01	LS02	LS03	LS04	LS05	LS06	LS07		LS08
SERIAL NO. OF STRUCTURE	ADDRESS OF STRUCTURE (E.G. NAME OF OWNER, H/NO., STREET NAME, ETC.)	GPS COORDINATES OF STRUCTURE	GHANA POST DIGITAL ADDRESS OF STRUCTURE	LEVEL OF COMPLETION 1. Fully completed 2. Completely roofed but uncompleted 3. Partially roofed 4. Roofing level [with improvised roof] 5. Lintel level [with improvised roof] 6. Roofing level [without roof] 7. Lintel level [without roof] 8. Window level 9. Concrete/Metal pillars level  <b>(IF CODES 6-9, GO TO LS11)</b>	TYPE OF STRUCTURE 01. Single building (Detached) 02. One-storey (Detached) 03. Two-storey (Detached) 04. Multiple-storey (Detached) 05. Single building (Semi-detached) 06. One-storey (Semi-Detached) 07. Two-storey (Semi-Detached) 08. Multiple-storey (Semi-Detached) 09. Terrace 10. Metal Container 11. Wooden Structure 12. Kiosk 13. Other (Specify)	USE OF STRUCTURE  <b>(YOU MAY CHOOSE MORE THAN ONE)</b>  <div style="border: 1px solid black; padding: 5px; text-align: center;"> <b>TURN TO PAGE 6 FOR CODES</b> </div>		IF NOT TOILET FACILITY, ASK: LS08a. Does this structure have a toilet facility?  1. Yes, currently functional 2. Yes, but currently not functional <b>(GO TO LS10)</b> 3. No <b>(GO TO LS10)</b>  IF TOILET FACILITY, ASK: LS08b. Is this toilet functional?  1. Yes 2. No <b>(GO TO LS10)</b>
						LS07  What is / are the use(s) of this structure?  <b>(GO TO LS07a IF HEALTH FACILITY OR GO TO LS07b IF EDUCATIONAL FACILITY)</b>	LS07a/ LS07b  Indicate the use(s) of this structure in health or educational facility?	
				<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>

LS01	LS09	LS09a										LS10	LS11	
SERIAL NO. OF STRUCTURE	What type of toilet facilities are available in this structure? (MAY CHOOSE MORE THAN ONE)  A. Septic tank (manhole) B. KVIP/VIP C. Pit latrine D. Enviro Loo E. Bio-digester (e.g. bio fill) F. Bio gas G. Bucket/Pan H. Portable toilet (e.g. Water Potti) I. Sewer J. Other (Specify)	How many usable toilet rooms (cubicles) are functional in this structure?										Is any household or institutional (Group Quarters) population living in this structure?  1. Yes, household population only  2. Yes, institutional (Group Quarters) population only  3. Yes, both household and institutional population  4. No	Are there outdoor sleepers located here (around this structure)?  1. Yes 2. No  <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;">             IF LS10 = 4 &amp; LS11 = 2; AND USE OF STRUCTURE (LS07, LS07a AND LS07b) IS NOT RESIDENCE, GO TO NEXT STRUCTURE           </div>	
		A	B	C	D	E	F	G	H	I	J			
	<input style="width: 100%; height: 20px;" type="text"/>												<input style="width: 20px; height: 20px;" type="checkbox"/>	<input style="width: 20px; height: 20px;" type="checkbox"/>
	<input style="width: 100%; height: 20px;" type="text"/>												<input style="width: 20px; height: 20px;" type="checkbox"/>	<input style="width: 20px; height: 20px;" type="checkbox"/>
	<input style="width: 100%; height: 20px;" type="text"/>												<input style="width: 20px; height: 20px;" type="checkbox"/>	<input style="width: 20px; height: 20px;" type="checkbox"/>
	<input style="width: 100%; height: 20px;" type="text"/>												<input style="width: 20px; height: 20px;" type="checkbox"/>	<input style="width: 20px; height: 20px;" type="checkbox"/>
	<input style="width: 100%; height: 20px;" type="text"/>												<input style="width: 20px; height: 20px;" type="checkbox"/>	<input style="width: 20px; height: 20px;" type="checkbox"/>
	<input style="width: 100%; height: 20px;" type="text"/>												<input style="width: 20px; height: 20px;" type="checkbox"/>	<input style="width: 20px; height: 20px;" type="checkbox"/>
	<input style="width: 100%; height: 20px;" type="text"/>												<input style="width: 20px; height: 20px;" type="checkbox"/>	<input style="width: 20px; height: 20px;" type="checkbox"/>
	<input style="width: 100%; height: 20px;" type="text"/>												<input style="width: 20px; height: 20px;" type="checkbox"/>	<input style="width: 20px; height: 20px;" type="checkbox"/>
	<input style="width: 100%; height: 20px;" type="text"/>												<input style="width: 20px; height: 20px;" type="checkbox"/>	<input style="width: 20px; height: 20px;" type="checkbox"/>

LS01	LH12a	LH12b	LH13	LH14	LH15	LH16		
SERIAL NO. OF STRUC- TURE	SERIAL NUMBER OF HOUSEHOLD/ GROUP QUARTERS IN THE STRUCTURE	TYPE OF RESIDENCE 01. Occupied housing unit 02. Homeless household 03. Vacant housing unit 04. Basic Schools (KG, Primary, JHS) 05. Senior High School (SHS, Secondary) 06. Colleges (Nursing, etc.) 07. Service training institutions (Police trg., etc.) 08. University/ Technical University/ Polytechnic/ Univ colleges/ Colleges of education 09. Seminary/ Theologian school 10. Monastery/ Convent 11. Hostel 12. Children home/ Orphanage/ Old people home 13. Mining camp/ Road camp/ Farm camp 14. Refugee camp 15. Prison/ Borstal/ Correctional homes 16. Leper settlements (Leprosarium) 17. Hospitals, Polyclinics, Clinics 18. Remand homes, Police cells 19. Divine healers, prayer camps 20. Herbal healing centres, Bone setters 21. Transit post e.g. at railway station (END LISTING) 22. Lorry park, market (inside or outside) (END LISTING) 23. Other location of floating population (END LISTING) 24. Hotels, Guest-houses, Motels 98. Secondary housing unit for same household  <b>NOTE: CODES 21-23 CAN ONLY BE SELECTED ON CENSUS NIGHT</b>	Name of head of household/ institution  <b>IF VACANT            HOUSING UNIT, SKIP            TO NEXT            RESIDENCE TYPE</b>	Sex of head of household/ institution  Male.....1 Female.....2	Contact number of head of household or institution  <b>(IF CODE 98,            RECORD FOR            LH15 AND SKIP TO            NEXT RESIDENCE            TYPE)</b>	Number of persons in household or institution or number of outdoor sleepers		
						Male	Female	Total
	<input type="text"/>	<input type="text"/>		<input type="text"/>				
	<input type="text"/>	<input type="text"/>		<input type="text"/>				
	<input type="text"/>	<input type="text"/>		<input type="text"/>				
	<input type="text"/>	<input type="text"/>		<input type="text"/>				
	<input type="text"/>	<input type="text"/>		<input type="text"/>				
	<input type="text"/>	<input type="text"/>		<input type="text"/>				
	<input type="text"/>	<input type="text"/>		<input type="text"/>				

## AVAILABILITY OF FACILITIES

LF01: Are the following facilities found within this Enumeration Area (EA)?		LF01a: If ..... is available, how many are functional?	LF01b: If ..... is available, how many are not functional?
TYPE OF FACILITY	1. Yes 2. No		
<b>A. Post Office, ICT and Telecommunication Facilities:</b>			
1) Post office			
2) Internet café			
3) Telecommunication service centre			
4) ICT Centre			
<b>B. Health Facilities:</b>			
1) Hospital			
2) Polyclinic			
3) Health Centre/ Clinic			
4) CHPS compound			
5) Maternity home			
6) Herbal hospital/clinic			
7) Traditional herbal centre			
8) Pharmacy/ Drugstore			
<b>C. Educational Facilities:</b>			
1) Pre-School			
2) Primary School			
3) Junior High School (JHS)			
4) Senior High School (SHS)			
5) Vocational School			
6) Technical School			
7) Vocational/ Technical School			
8) Tertiary School			
<b>D. Public Toilet Facilities</b>			
<b>E. Public Bath House/Public Urinal Facility</b>			
<b>F. Community Library Facilities (including E-library)</b>			
<b>G. Police Station</b>			
<b>H. Financial Institutions:</b>			
1) Bank			
2) Savings & Loans			
3) Micro Finance			
4) Credit Union			
5) Insurance Company			
<b>I) Stock Exchange</b>			
<b>J) Recreational Centre/ Community Centre</b>			
<b>K) Market</b>			

Code	LS07: Use of Structure	Code	LS07: Use of Structure	Code	LS07a: Health Facility Structure use	Code	LS07b: Educational Facility structure use
01	Residential	41	Internet Cafe	01	Residential Living Quarters	01	Residential Living Quarters
02	Pre-school	42	Community Library/ E-Library	02	Classroom/ Lecture Hall	02	Classroom/ Lecture Hall
03	Primary	43	Community ICT Centre	03	Dormitory/ Residence Hall	03	Dormitory/ Residence Hall
04	JHS	44	Market	04	Hostel	04	Hostel
05	Vocational and Technical	45	Police Station	05	Urinal	05	Urinal
06	Vocational school	46	Prison	06	Toilet	06	Toilet
07	Technical school	47	Borstal/ Correctional Home	07	Office	07	Office
08	SHS/ Secondary	48	Immigration/ Military Camp	08	Bathroom	08	Bathroom
09	Tertiary/ University	49	Remand Home	09	Laboratory	09	Science Laboratory
10	Seminary	50	Police Training College	10	Church	10	Church
11	Monastery	51	Military Academy Camp	11	Club House	11	Club House
12	Convent	52	Mining Camp	12	Conference Hall/ Room	12	Conference Hall/ Room
13	Children's Home/ SOS	53	Road Camp	13	Drinking Spot	13	Drinking Spot
14	Orphanage home	54	Farm Camp	14	Gymnasium	14	Gymnasium
15	Destitute Home	55	Refugee Camp	15	ICT Laboratory	15	ICT Laboratory
16	Old People's Home	56	Rest House	16	Kitchen	16	Kitchen
17	Leper Settlement	57	Bathhouse (Private)	17	Library	17	Library
18	Prayer Camp	58	Drinking Bar	18	Mosque	18	Mosque
19	Hospital	59	Night Club	19	Pharmacy/ Drug Store	19	Pharmacy/ Drug Store
20	Polyclinic	60	Restaurant/ Food joint/ Chop bar	20	Restaurant/ Cafeteria	20	Restaurant/ Cafeteria
21	Clinic/ Health centre	61	Recreational Centre/ Community Centre	21	Saloon	21	Saloon
22	CHPS Compound	62	Garage/ Mechanic shop/ Fitting shop	22	Security Post	22	Security Post
23	Maternity Home	63	Treatment plant (compost, sewerage, faecal sludge)	23	Shop	23	Shop
24	Herbal Hospital/ Herbal Clinic	64	Transit post/ Quarters	24	Storage/ Warehouse	24	Store/ Warehouse
25	Traditional Herbal Centre	65	Lorry station/ Lorry park	25	Emergency Centre	25	Dining Hall
26	Pharmacy/ Drug Store	66	Other location of floating population	26	Neonatal Intensive Care Unit (NICU)	26	Infirmery/ Dispensary/ Sick Bay
27	Shops/ Store/ Lotto Kiosk/ Mobile Money Shop (Excludes Mall)	67	Kitchen	27	Children Ward	27	Assembly Hall
28	Mall	68	Security Post	28	Maternity Ward/ Block	28	Other use (Specify)
29	Church	69	Toilet (Private)	29	General Ward/ Block		
30	Mosque	70	Warehouse/ Barn	30	Intensive Care Unit		
31	Hotel	71	Palace	31	Morgue/ Mortuary		
32	Guest House	72	Shrine/ fetish groove	32	Isolation Centre		
33	Hostel	73	Toilet (for other organisation)	33	Other use (Specify)		
34	Office - Bank	74	Micro finance				
35	Office - Non-Bank Financial Institution	75	Credit union				
		76	Insurance company				
36	Office - (Non-Financial Institution)	77	Post office				
37	Filling Station - Fitting Shop	78	Telecommunication service centre				
38	Filling Station - Mart/ Shop	79	Office - Savings and Loans				
39	Public Toilet/ Communal toilet	80	Isolation Centre				
40	Public bath/ Public urinal	81	Other structure (Specify)				







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# 2021 POPULATION AND HOUSING CENSUS

**PHC 1A  
HOUSEHOLD  
QUESTIONNAIRE**

2021 POPULATION AND HOUSING CENSUS: HOUSEHOLD POPULATION QUESTIONNAIRE



PLEASE WRITE CAREFULLY AND AVOID CONTACT WITH THE EDGES AS SHOWN:  
→  1  A  F



A01 Detailed Physical Address of Structure/Compound												A02 Ghana Post Digital Address											
<input type="text"/>												<input type="text"/>											
<input type="text"/>												A03a HH Contact Phone Number 1						<input type="text"/>					
<input type="text"/>												A03b HH Contact Phone Number 2						<input type="text"/>					

**GEOGRAPHICAL & HOUSEHOLD INFORMATION**

A04 Enumeration Area and Locality Codes

Region	District	District Type	Sub-metro	EA Number	Locality Code
<input type="text"/>					

A05 Serial number of structure/house/hut

A06 Serial number of household within house/hut/compound

**INTERVIEW DATES AND NUMBER OF VISITS**

A08 Date Started   /   / 2 0 2 1  
D D M M Y Y Y Y

A09 Date Completed   /   / 2 0 2 1  
D D M M Y Y Y Y

A10a Total number of visits

A10b Form  of

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2021 PHC-

**SUMMARY: HOUSEHOLD MEMBERS**

A13 Usual Members Present	A14 Visitors Present	A15 Usual Members Absent	A16 A13 + A14
M F	M F	M F	Male Females
<input type="text"/> <input type="text"/>			

A07 Type of residence

01. Occupied housing unit  
02. Homeless household  
03. Vacant housing unit (GO TO H01)  
98. Secondary housing unit for same household (GO TO H01)

- IF OPTION '02', PROVIDE INFORMATION ON A11, A12, E01 AND P00 TO M02  
- IF OPTION '03', PROVIDE INFORMATION ON H01 TO H03.  
- IF OPTION '98', PROVIDE INFORMATION ON H01 TO H08.

### A11: Usual household members and visitors present on census night

Usual household members present on census night (Status A)

EA. NO.    STRUC. NO.    HH NO.    Q. NO.

Visitor(s) present on census night (Status B)

**A11a:** Was any USUAL household member(s) or visitor(s) present on Census Night (27<sup>th</sup> June, 2021)?    Yes .....1    No .....2   

(IF NO, GO TO A12)

PERSON ID	Full name of household members and visitors [ARRANGE THE NAMES AS FOLLOWS: FIRST NAME, MIDDLE NAME, SURNAME & POPULAR NAME]				A11c Relationship to head	RELATIONSHIP CODE	A11d: Sex Male..1 Fem...2	A11e STATUS A.....1 B.....2	MATERNAL AND PATERNAL ORPHANHOOD		INSURANCE COVERAGE A11h Is [NAME] currently covered under any health insurance scheme? Yes, NHIS.....1 Yes, Private.....2 Yes, both NHIS & Private.....3 No.....4
	A11b1 FIRST NAME	A11b2 MIDDLE NAME	A11b3 SURNAME/ LAST NAME	A11b4 POPULAR NAME					A11f Is [NAME]'s biological mother alive? Yes ....1 No .....2 DK ....3	A11g Is [NAME]'s biological father alive? Yes ....1 No .....2 DK ....3	
0 1						<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0 2						<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0 3						<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0 4						<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0 5						<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0 6						<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0 7						<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0 8						<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0 9						<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 0						<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

RELATIONSHIP CODES	RELATIONSHIP CODES (CONT'D)
Head.....01	Great grandchild.....09
Spouse (Wife/Husband/ Living together).....02	Brother/Sister.....10
Child (Son/Daughter).....03	Step child.....11
Parent.....04	Foster child.....12
Parent in-law.....05	Adopted child.....13
Son in-law.....06	Other relative.....14
Daughter in-law.....07	Non-relative.....15
Grandchild.....08	Househelp.....16

**FOR LIST OF DISTRICT AND COUNTRY CODES, REFER TO APPENDICES 2 AND 3 OF FIELD OFFICER'S MANUAL**

CODES FOR MAIN REASON FOR TRAVELLING
Employment.....1
Settlement (long term/ permanent stay).....2
Marriage/Family reunification.....3
Education/Training.....4
Socio-political displacement (Asylum seekers, refugees, war, etc.).....5
Natural disaster displacement (flood, drought, fire, etc).....6
Health.....7
Other (specify).....8
Don't Know .....9

### A12: Usual household members absent on census night (Status C)

**A12a:** Was any of your USUAL household member(s) absent on Census Night (27<sup>th</sup> June, 2021)?    Yes .....1    No .....2    (IF NO, GO TO E01)   

PERSON NO.	A12b Full name of member	A12c Relationship to head	REL. CODE	A12d Sex M....1 F.....2	A12e Age (IN COMPLETED YEARS)	A12f Destination STATE VILLAGE OR TOWN IF WITHIN GHANA; BUT IF OUTSIDE GHANA, STATE NAME OF COUNTRY	DISTRICT/ COUNTRY CODE	A12g For how long (in months) has [NAME] been absent?
0	1		<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
0	2		<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
0	3		<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
0	4		<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
0	5		<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
0	6		<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

#### EMIGRATION (MIGRATION OUTSIDE GHANA)

**E01:** Has anyone who used to be a member of this household been living continuously or intends to live outside Ghana for at least 12 months?  
 Yes.....1    No.....2    (IF NO, GO TO P00)   

**E02a:** RECORD THE FOLLOWING INFORMATION ON HOUSEHOLD MEMBERS LIVING OUTSIDE GHANA.

SEX, AGE, DESTINATION AND MAIN REASON FOR TRAVELLING SHOULD BE IN REFERENCE TO THE SITUATION AT THE TIME OF EMIGRATION

PERSON NO.	E02b Full name	E02c Relationship to head	REL. CODE	E02d Sex M = 1 F = 2	E02e Age (IN COMPLETED YEARS)	E02f: Destination (CHECK ENUMERATOR'S MANUAL FOR CODES)		E02g Year of departure	E02h: Main reason for travelling (CHECK PAGE 2 FOR CODES)	
						COUNTRY NAME	CODE		CODE	OTHER (SPECIFY)
0	1		<input type="text"/>	<input type="checkbox"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	
0	2		<input type="text"/>	<input type="checkbox"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	
0	3		<input type="text"/>	<input type="checkbox"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	
0	4		<input type="text"/>	<input type="checkbox"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	
0	5		<input type="text"/>	<input type="checkbox"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	
0	6		<input type="text"/>	<input type="checkbox"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	

**SOCIO-DEMOGRAPHIC CHARACTERISTICS**

P E R S O N  I D	P00 NAME OF ELIGIBLE MEMBERS (USUAL HOUSEHOLD MEMBERS AND VISITORS PRESENT ON CENSUS NIGHT)	P01 DATE OF BIRTH  What is [NAME]'s date of birth?			P02 AGE  How old is [NAME], in completed years?	NATIONALITY		P04 ETHNICITY  To which ethnic group does [NAME] belong?	
	<div style="border: 1px solid black; padding: 5px; text-align: center;"> <b>COPY FROM THE ROSTER IN A11b1-A11b4</b> </div>	DATE OF BIRTH				P03a	P03b	<div style="border: 1px solid black; padding: 10px; text-align: center;"> <b>WRITE AND CODE</b>   <b>REFER TO FIELD OFFICER'S MANUAL FOR ETHNICITY CODE LIST</b> </div>	
		FULL NAME	DAY	MONTH		YEAR	What is [NAME]'s nationality? Is name a .....		
						Ghanaian by birth....1 <b>(GO TO P04)</b>  Ghanaian by naturalization.....2 <b>(GO TO P05)</b>  Dual Nationality.....3  Non-Ghanaian.....4	<b>REFER TO FIELD OFFICER'S MANUAL FOR COUNTRY CODE LIST</b>	ETHNIC GROUP	CODE
0 1		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>		<input type="text"/>
0 2		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>		<input type="text"/>
0 3		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>		<input type="text"/>
0 4		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>		<input type="text"/>
0 5		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>		<input type="text"/>
0 6		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>		<input type="text"/>
0 7		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>		<input type="text"/>
0 8		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>		<input type="text"/>
0 9		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>		<input type="text"/>
1 0		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>		<input type="text"/>

**SOCIO-DEMOGRAPHIC CHARACTERISTICS**

P E R S O N  I D	BIRTHPLACE		PLACE OF RESIDENCE				RELIGION		MARITAL STATUS	
	P05	P06	P07	P08a	P08b	P08c	P09		ANSWER FOR PERSONS 12 YEARS AND OLDER	
	Was [NAME] born in this village/town?  Yes.....1 (GO TO P07) No.....2	In which district or country was [NAME] born?  <b>REFER TO FIELD OFFICER'S MANUAL FOR DISTRICT AND COUNTRY CODES LIST</b>  <b>GO TO P08a</b>	LIVING IN THIS VILLAGE/TOWN  Has [NAME] been living continuously in this village or town since birth?  Yes.....1 (GO TO P09) No.....2	NUMBER OF YEARS LIVED IN THIS VILLAGE/TOWN  For how long has [NAME] been living continuously in this village or town?	What was [NAME's] main reason for moving to this village/town?  Employment.....1 Settlement (long term/permanent stay).....2 Marriage/Family reunification.....3 Education/Training.....4 Socio-political displacement (Asylum seekers, refugees, war, etc.)....5 Natural disaster displacement (flood, drought, fire, etc.)....6 Health.....7 Other (specify).....8  SKIP TO P09 IF P08a>=5 YEARS	USUAL PLACE OF RESIDENCE 5 YEARS AGO:  ANSWER FOR PERSONS 6 YEARS AND OLDER  In what district or country was [NAME]'s usual place of residence 5 years ago?  <b>REFER TO FIELD OFFICER'S MANUAL FOR DISTRICT AND COUNTRY CODES LIST</b>	What is [NAME's] religious affiliation?  Catholic.....1 Protestant (Anglican, Lutheran, Presbyterian, Methodist, etc.)....2 Pentecostal/Charismatic.....3 Other Christian.....4 Islam.....5 Ahmadi.....6 Traditionalist.....7 No Religion.....8 Other (specify).....9	CODE	OTHER (SPECIFY)	What is [NAME's] current marital status?  Informal/living together.....1 Married (Civil/Ordinance).....2 Married (Customary/Traditional).....3 Married (Islamic).....4 Married (Other type).....5 Separated.....6 Divorced.....7 Widowed.....8 Never married.....9
0 1	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>		<input type="text"/>	
0 2	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>		<input type="text"/>	
0 3	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>		<input type="text"/>	
0 4	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>		<input type="text"/>	
0 5	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>		<input type="text"/>	
0 6	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>		<input type="text"/>	
0 7	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>		<input type="text"/>	
0 8	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>		<input type="text"/>	
0 9	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>		<input type="text"/>	
1 0	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>		<input type="text"/>	

**LITERACY AND EDUCATION**

		LITERACY: ANSWER FOR PERSONS 6 YEARS AND OLDER								FULL TIME EDUCATION: ANSWER FOR PERSONS 3 YEARS AND OLDER						
P E R S O N  I D	P11a	P11b								P12a	P12b					P12c
	Can [NAME] read and/or write in any language with understanding?	In what language(s) can [NAME] read and write with understanding?								Has [NAME] ever attended school or is [NAME] attending school now?	What is the highest level of schooling [NAME] is attending now/attended in the past?					<b>HIGHEST EDUCATIONAL GRADE COMPLETED FOR THOSE CURRENTLY ATTENDING SCHOOL OR ATTENDED IN THE PAST</b>  What is the highest grade (form/class/level, etc.) [NAME] has completed at that level of schooling?
	Yes, read and write.....1	P11c									Never attended .....1 (GO TO P13a)  Attending now.....2  Attended in the past.....3	Nursery.....01 Kindergarten.....02 Primary.....03 JSS/JHS.....04 Middle.....05 SSS/SHS.....06 Secondary .....07 Voc/technical/commercial.....08 Post middle/secondary Certificate.....09 Post middle/secondary Diploma .....10 Tertiary – HND.....11 Tertiary - Bachelor’s Degree.....12 Tertiary - Post graduate Certificate/Diploma.....13 Tertiary - Master’s Degree.....14 Tertiary - PhD.....15 Other (specify).....16				
	Yes, read only (i.e. read but can’t write)....2 (GO TO P11c)	READ AND WRITE				READ ONLY										
No.....3 (GO TO P12a)	1	2	3	4	1	2	3	4								
0	1	<input type="checkbox"/>								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
0	2	<input type="checkbox"/>								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
0	3	<input type="checkbox"/>								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
0	4	<input type="checkbox"/>								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
0	5	<input type="checkbox"/>								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
0	6	<input type="checkbox"/>								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
0	7	<input type="checkbox"/>								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
0	8	<input type="checkbox"/>								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
0	9	<input type="checkbox"/>								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
1	0	<input type="checkbox"/>								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

**ECONOMIC ACTIVITY: SHOULD BE WITH REFERENCE TO THE 7 DAYS PRECEDING**

Quest. ID

EA. NO.    STRUC. NO.    HH NO.    Q. NO.

**CENSUS NIGHT (ANSWER ONLY FOR PERSONS AGED 5 YEARS AND OLDER)**

P E R S O N  I D	ENGAGEMENT IN WORK		TYPE OF WORK	PURPOSE OF OWN PRODUCTION/SERVICE WORK
	P13a	P13b	P13c	P13d
	During the 7 days before Census Night (i.e. 21 <sup>st</sup> – 27 <sup>th</sup> June, 2021), did [NAME] engage in any economic activity, for at least one hour?  <b>(THIS INCLUDES HELPING IN THE FAMILY BUSINESS/ FARM, TRADING, STREET VENDING, 'BY DAY' WORK)</b> Yes, worked for pay (cash or in-kind).....1 <b>(GO TO P13f)</b> Yes, worked for profit on own/family business.....2 <b>(GO TO P13g)</b> Yes, engaged in economic activity, but received no pay/profit .....3 <b>(GO TO P13e)</b> Yes, worked in own agricultural activity.....4 <b>(GO TO P13e)</b> No.....5	During the 7 days, how was [NAME] mainly engaged?  Had work to go back to .....1 Available and seeking for work (worked before) .....2 <b>(GO TO P14)</b> Available BUT NOT seeking for work (worked before).....3 <b>(GO TO P14)</b> Available and seeking for work (first time work seeker) .....4 <b>(GO TO P18a)</b> Available BUT NOT seeking for work (first time work seeker).....5 <b>(GO TO P18a)</b> Not available and NOT seeking work.....6 <b>(GO TO P13e)</b>	Which type of work has [NAME] been mainly engaged in?  Wage/Salary/Profit work.....1 <b>(GO TO P13f)</b> Paid apprentice work.....2 <b>(GO TO P13g)</b> Unpaid apprentice work.....3 <b>(GO TO P13g)</b> Voluntary work without pay.....4 <b>(GO TO P13g)</b> Non-voluntary work without pay .....5 <b>(GO TO P13g)</b> Own production/service work .....6	What was [NAME's] main purpose of production/service?  Own consumption only .....1 Own consumption with minor sales.....2 Sales with minor consumption.....3 Sales only.....4  <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> <b>GO TO P13g</b> </div>
0	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0	5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0	6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0	7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0	8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0	9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**ECONOMIC ACTIVITY: SHOULD BE WITH REFERENCE TO THE 7 DAYS PRECEDING CENSUS NIGHT (ANSWER ONLY FOR PERSONS AGED 5 YEARS AND OLDER)**

PERSON ID	REASONS FOR INACTIVITY		WORK CONTRACT	HOURS OF WORK	MAIN OCCUPATION OF WORK	
	P13e Why did [NAME] not work and not seek for work?  Did home duties (homemaker).....01 In full time education /student .....02 Pensioner/Retired.....03 Disability condition.....04 Sick and unable to work .....05 Too old/Aged .....06 Too young.....07 Don't need to work.....08 Pregnancy/delivery.....09 Discouraged/frustrated.....10 Wage too low/not attractive.....11 There is no work.....12 Don't have any qualification/skill.....13 Other (specify).....14		P13f Does [NAME] have a work contract/ agreement?  Written agreement with undetermined duration.....1 Written agreement with fixed duration....2 Verbal agreement.....3 No.....4	P13g <b>IF WORKED IN LAST 7 DAYS, ASK:</b> How many hours did [NAME] devote to this activity within the last 7 days?  <b>IF DID NOT WORK IN LAST 7 DAYS, ASK:</b> How many hours does [NAME] usually devote to this activity per week?)	P14 <b>OCCUPATION</b>  <b>IF WORKED IN LAST 7 DAYS, ASK:</b> What kind of work did [NAME] do in his/her main work/business?  <b>IF DID NOT WORK IN LAST 7 DAYS, ASK:</b> What kind of work did [NAME] do previously in his/her work/business?	
		GO TO P18a			DETAILED DESCRIPTION OF OCCUPATION	OCCUPATIONAL CODE
0	1	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>
0	2	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>
0	3	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>
0	4	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>
0	5	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>
0	6	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>
0	7	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>
0	8	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>
0	9	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>
1	0	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>

**ECONOMIC ACTIVITY: SHOULD BE WITH REFERENCE TO THE 7 DAYS PRECEDING CENSUS NIGHT (ANSWER ONLY FOR PERSONS AGED 5 YEARS AND OLDER)**

PERSON ID	ESTABLISHMENT NAME		MAIN INDUSTRY OF WORK		EMPLOYMENT STATUS	EMPLOYMENT SECTOR
	P15 What is the name of the establishment/business where [NAME] currently works/previously worked?		P15a What is the main economic activity (product or service) of the establishment where [NAME] works/worked?		P16 What was [NAME]'s employment status in that establishment /business/industry?  Employee.....1 Self-employed without employees .....2 Self-employed with employees.....3 Casual worker.....4 Contributing family worker .....5 Paid apprentice.....6 Unpaid apprentice.....7 Domestic worker (househelp, garden boy, etc.) .....8 Other (Specify).....9	P17 In what sector was [NAME] mainly working?  Public (Government).....1 Semi-Public/Parastatal .....2 Private Formal.....3 Private Informal.....4 Local NGO/CSO.....5 International NGO/CSO.....6 Religious Organization (local)..7 Religious Organization (international).....8 International Organization.....9
	NAME OF ESTABLISHMENT/ BUSINESS	DETAILED DESCRIPTION OF MAIN ECONOMIC ACTIVITY (PRODUCT/ SERVICE)	ACTIVITY CODE			
01			<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
02			<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
03			<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
04			<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
05			<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
06			<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
07			<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
08			<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
09			<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
10			<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

PERSON ID		DIFFICULTIES IN PERFORMING ACTIVITIES: ANSWER FOR PERSONS AGED 5 YEARS AND OLDER					
		<b>P18a</b> <b>SIGHT</b> Does (NAME) have difficulty seeing, even if wearing glasses? Will you say that [NAME] has no difficulty, some difficulty, a lot of difficulty or cannot see at all?	<b>P18b</b> <b>HEARING</b> Does (NAME) have difficulty hearing, even if using a hearing aid? Will you say that [NAME] has no difficulty, some difficulty, a lot of difficulty or cannot hear at all?	<b>P18c</b> <b>PHYSICAL</b> Does (NAME) have difficulty walking or climbing stairs? Will you say that [NAME] has no difficulty, some difficulty, a lot of difficulty or cannot do at all?	<b>P18d</b> <b>INTELLECTUAL</b> Does (NAME) have difficulty remembering or concentrating? Will you say that [NAME] has no difficulty, some difficulty, a lot of difficulty or cannot remember or concentrate at all?	<b>P18e</b> <b>SELF-CARE</b> Does (NAME) have difficulty with self-care such as washing all over the body or dressing? Will you say that [NAME] has no difficulty, some difficulty, a lot of difficulty or cannot do at all?	<b>P18f</b> <b>SPEECH</b> Using (his/her) usual language, does (NAME) have difficulty communicating (e.g. understanding others or being understood by others)? Will you say that [NAME] has no difficulty, some difficulty, a lot of difficulty or cannot communicate at all?
		<b>Response categories for P18a-f:</b> No difficulty.....1      Yes, a lot of difficulty.....3 Yes, some difficulty.....2      Cannot do at all.....4					
0	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0	5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0	6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0	7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0	8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0	9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PERSON	INFORMATION AND COMMUNICATION TECHNOLOGY (ICT): ANSWER FOR PERSONS AGED 6 YEARS AND OLDER																				
	P19a				P19b								P19c						P19d		
	Does [NAME] own a functional.....?				Has [NAME] used ..... in the last three (3) months (i.e. from April to June, 2021)?								Did [NAME] use internet through ..... in the last three (3) months (i.e. from April to June, 2021)?						Did [NAME] use mobile phone for mobile money or other financial transaction in the last three (3) months (i.e. from April to June, 2021)?		
	Yes.....1 No.....2				Yes.....1 No.....2								Yes.....1 No.....2						Yes, mobile money...A Yes, other financial transactions.....B No.....Z		
	Mobile phone (Smart).....A Mobile phone (Non-smart)..... B Tablet .....C Laptop.....D				Mobile phone (Smart).....A Mobile phone (Non-smart)..... B Cordless telephone.....C Fixed telephone line.....D Tablet .....E Laptop.....F Desktop Computer.....G Radio/ FM.....H								Mobile phone.....A Laptop.....B Desktop.....C Tablet.....D Digital Television.....E Other (Specify).....F								
ID	A	B	C	D	A	B	C	D	E	F	G	H	A	B	C	D	E	F	A	B	Z
0	1																				
0	2																				
0	3																				
0	4																				
0	5																				
0	6																				
0	7																				
0	8																				
0	9																				
1	0																				

**FERTILITY AND CHILD SURVIVAL: CHILDREN EVER BORN AND CHILDREN SURVIVING (ANSWER FOR ALL WOMEN AGED 12 YEARS AND OLDER)**

		ANSWER FOR ALL WOMEN AGED 12 YEARS AND OLDER								ANSWER FOR ALL WOMEN AGED 12-54 YEARS						ANSWER FOR ALL WOMEN AGED 12 YEARS AND OLDER		
P E R S O N ' S  I D		P20			P21		P22		P23		P24			P25		P26		P27
		What is the total number of male and /or female children you have ever born alive?			Of the children you have ever born alive, how many males and females are now living with you in this household?		Of the children you have ever born alive, how many males and females are living elsewhere?		Of the children you have ever born alive, how many males and females have died?		What is the date of birth of the last child you have born alive?			What is the sex of the last child or children born alive?  PLEASE INDICATE THE NUMBER OF LAST BIRTH BY SEX. IF NONE RECORD '0'.		What is the survival status of the last child or children you have born alive?  PLEASE INDICATE THE NUMBER SURVIVING BY SEX. IF NONE RECORD '0'.		How old were you when you had your first child?  (RECORD AGE IN COMPLETED YEARS)
		Male	Female	Total	Male	Female	Male	Female	Male	Female	DAY	MONTH	YEAR	M	F	M	F	
0	1																	
0	2																	
0	3																	
0	4																	
0	5																	
0	6																	
0	7																	
0	8																	
0	9																	
1	0																	

## HOUSEHOLD - LEVEL QUESTIONS

### M: MORTALITY (HOUSEHOLD DEATHS)

**M01** Has any member of this household died in the past 12 months?

Yes.....1

No.....2

**IF NO, GO TO H01**

**M02 RECORD THE FOLLOWING INFORMATION FOR EACH MEMBER WHO DIED DURING THE PAST 12 MONTHS**

P E R S O N  NO	M02a: What was the name of deceased?	M02b: What was the sex of deceased?  Male.....1 Female...2	M02c: How old was the deceased at death?  (AGE IN COMPLETED YEARS)	M02d: Was the death due to an accident, violence, homicide, or suicide?  Yes.....1 No.....2	M02e: PREGNANCY-RELATED QUESTIONS If deceased was female aged 12-54, at the time of death, was she:		
	Pregnant? Yes....1 No....2	Giving birth? Yes....1 No....2	Within six (6) weeks of the end of a pregnancy or after child-birth?  Yes....1 No....2				
1		<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2		<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3		<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4		<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5		<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6		<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7		<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8		<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**H: HOUSING CONDITIONS: FOR VACANT HOUSING UNIT ANSWER ONLY H01 TO H03; FOR HOUSING UNIT USED BY SAME HOUSEHOLD, ANSWER ONLY H01 TO H08)**

<p><b>TYPE OF DWELLING</b> H01: In what type of dwelling does the household live?</p> <p>01. Separate house (Detached) 02. Semi-detached house 03. Flat/Apartment <input type="text"/><input type="text"/> 04. Compound house (rooms) 05. Huts/Buildings (same compound) 06. Tent 07. Metal Container 08. Kiosk/poly kiosk 09. Wooden structure 10. Living quarters attached to office/shop 11. Uncompleted building 12. Other (Specify)</p>	<p><b>FLOOR</b> H04: What is the main construction material of the floor of this dwelling?</p> <p>1. Earth/Mud 2. Cement/Concrete 3. Stone <input type="text"/> 4. Burnt bricks 5. Wood 6. Vinyl tiles 7. Ceramic/Porcelain/Granite/Marble tiles 8. Terrazzo/Terrazzo tiles 9. Other (Specify)</p>	<p><b>H07: ROOMS</b> H07a: How many rooms does this household occupy?</p> <p>(COUNT LIVING, DINING &amp; BEDROOMS, BUT NOT BATHROOMS, TOILET &amp; KITCHEN) <input type="text"/><input type="text"/></p> <p>H07b: How many of the rooms are used for sleeping? <input type="text"/><input type="text"/></p>
<p><b>OUTER WALL</b> H02: What is the main construction material of the walls of this dwelling? NOTE: NOT FENCE WALL</p> <p>01. Mud bricks/earth 02. Wood 03. Metal sheet/slate/asbestos 04. Stone <input type="text"/><input type="text"/> 05. Burnt bricks 06. Cement blocks/concrete 07. Landcrete 08. Bamboo 09. Palm leaves/Thatch (grass)/Raffia 10. Tarpaulin/ fabric/ canvas 11. Other (Specify)</p>	<p><b>TENURE/HOLDING ARRANGEMENT</b> H05: What is the present holding/tenancy arrangement of this dwelling?</p> <p>1. Owner occupied (&gt;&gt; H07a) 2. Renting 3. Rent-free 4. Perching <input type="text"/> 5. Squatting 6. Caretaker 7. Other (Specify)</p>	<p><b>LIGHTING</b> H08: What is the source of lighting for your dwelling? (MAIN AND SECONDARY)</p> <p>01. Electricity (mains) 02. Electricity (community-based Grid) 03. Electricity (private generator) 04. Electricity (solar panel/invertor) 05. Electricity (wind energy) 06. Kerosene lamp 07. Gas lamp 08. Solar lamp                   <b>H08a: MAIN SOURCE</b> <input type="text"/><input type="text"/> 09. Candle 10. Flashlight/Torchlight 11. Other (Specify)           <b>H08b: SECONDARY SOURCE</b> <input type="text"/><input type="text"/> 12. None</p>
<p><b>ROOFING MATERIAL</b> H03: What is the main roofing material of this dwelling?</p> <p>1. Mud/Mud bricks/Earth 2. Wood 3. Metal sheet 4. Slate/Asbestos <input type="text"/> 5. Cement/Concrete 6. Roofing Tiles 7. Bamboo 8. Thatch/Palm leaves or Raffia 9. Other (Specify)</p>	<p><b>OWNERSHIP TYPE</b> H06: Who owns the dwelling?</p> <p>1. Estate developer 2. Family property 3. Relative not household member 4. Other private individual <input type="text"/> 5. Private employer 6. Other private agency 7. Public/Government 8. Other (Specify)</p> <p style="text-align: center;"><b>(IF CODE 98 WAS SELECTED IN A07, SKIP TO H08)</b></p>	<p><b>COOKING FUEL</b> H09: What is the source of cooking fuel for this household? (MAIN AND SECONDARY)</p> <p>01. Wood 02. LPG 03. Bio Gas                   <b>H09a: MAIN SOURCE:</b> 04. Electricity <input type="text"/><input type="text"/> 05. Kerosene 06. Charcoal 07. Crop residue 08. Saw dust               <b>H09b: SECONDARY SOURCE:</b> 09. Animal waste <input type="text"/><input type="text"/> 10. Cooking gel 11. Other (Specify) 12. None (<b>GO TO H11a</b>)</p>

<p><b>COOKING SPACE (KITCHEN)</b></p> <p>H10: What type of cooking space does this household use?</p> <ol style="list-style-type: none"> <li>1. Separate room for exclusive use of household</li> <li>2. Separate room shared with other household(s)</li> <li>3. Enclosure without roof</li> <li>4. Structure with roof but without walls</li> <li>5. Bedroom/Hall/Living room <input style="width: 30px; height: 20px;" type="text"/></li> <li>6. Veranda/porch</li> <li>7. Open space in compound</li> <li>8. Other (Specify)</li> </ol>	<p>H11b: How long does it take to go to the water source, get water and come back?</p> <p><b>(RECORD TIME IN MINUTES. PUT 000 IF ANSWER IN H11a IS 01, 02, 09, 10 OR 11; ALSO, RECORD 000 FOR ANY OTHER SOURCE OF WATER LOCATED IN THE RESPONDENT'S DWELLING OR YARD)</b></p> <p style="text-align: center;"><b>TIME IN MINUTES:</b> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/></p>	<p><b>OWNERSHIP OF HOUSEHOLD ASSETS</b></p> <p>H13: Does the household currently own a functional .....?</p> <table style="width:100%; border-collapse: collapse;"> <tr><td>A. Radio/Stereo</td><td style="text-align: center;">Yes</td><td style="text-align: center;">No</td></tr> <tr><td>B. Fixed telephone</td><td style="text-align: center;">Yes</td><td style="text-align: center;">No</td></tr> <tr><td>C. Cordless telephone</td><td style="text-align: center;">Yes</td><td style="text-align: center;">No</td></tr> <tr><td>D. Television (Digital TV)</td><td style="text-align: center;">Yes</td><td style="text-align: center;">No</td></tr> <tr><td>E. Television (Analog TV)</td><td style="text-align: center;">Yes</td><td style="text-align: center;">No</td></tr> <tr><td>F. Refrigerator (Fridge)</td><td style="text-align: center;">Yes</td><td style="text-align: center;">No</td></tr> <tr><td>G. Deep Freezer</td><td style="text-align: center;">Yes</td><td style="text-align: center;">No</td></tr> <tr><td>H. Desktop Computer</td><td style="text-align: center;">Yes</td><td style="text-align: center;">No</td></tr> <tr><td>I. Laptop</td><td style="text-align: center;">Yes</td><td style="text-align: center;">No</td></tr> <tr><td>J. Bicycle</td><td style="text-align: center;">Yes</td><td style="text-align: center;">No</td></tr> <tr><td>K. Tricycle</td><td style="text-align: center;">Yes</td><td style="text-align: center;">No</td></tr> <tr><td>L. Motor cycle</td><td style="text-align: center;">Yes</td><td style="text-align: center;">No</td></tr> <tr><td>M. Private car or truck</td><td style="text-align: center;">Yes</td><td style="text-align: center;">No</td></tr> <tr><td>N. Tractor</td><td style="text-align: center;">Yes</td><td style="text-align: center;">No</td></tr> <tr><td>O. Animal-driven cart</td><td style="text-align: center;">Yes</td><td style="text-align: center;">No</td></tr> <tr><td>P. Donkey/Mule/Camel</td><td style="text-align: center;">Yes</td><td style="text-align: center;">No</td></tr> <tr><td>Q. Canoe</td><td style="text-align: center;">Yes</td><td style="text-align: center;">No</td></tr> <tr><td>R. Outboard motor</td><td style="text-align: center;">Yes</td><td style="text-align: center;">No</td></tr> <tr><td>S. Home Theatre</td><td style="text-align: center;">Yes</td><td style="text-align: center;">No</td></tr> </table>	A. Radio/Stereo	Yes	No	B. Fixed telephone	Yes	No	C. Cordless telephone	Yes	No	D. Television (Digital TV)	Yes	No	E. Television (Analog TV)	Yes	No	F. Refrigerator (Fridge)	Yes	No	G. Deep Freezer	Yes	No	H. Desktop Computer	Yes	No	I. Laptop	Yes	No	J. Bicycle	Yes	No	K. Tricycle	Yes	No	L. Motor cycle	Yes	No	M. Private car or truck	Yes	No	N. Tractor	Yes	No	O. Animal-driven cart	Yes	No	P. Donkey/Mule/Camel	Yes	No	Q. Canoe	Yes	No	R. Outboard motor	Yes	No	S. Home Theatre	Yes	No	<p><b>NUMBER OF HOUSEHOLD ASSETS</b></p> <p>H13a: IF OWNS ....., how many of the ..... does the household own?</p> <div style="display: flex; flex-direction: column; align-items: center;"> <input style="width: 30px; height: 20px; margin-bottom: 5px;" type="text"/> </div>
A. Radio/Stereo	Yes	No																																																										
B. Fixed telephone	Yes	No																																																										
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R. Outboard motor	Yes	No																																																										
S. Home Theatre	Yes	No																																																										
<p><b>WATER SUPPLY</b></p> <p>H11a: What is the main source of drinking water for the household?</p> <ol style="list-style-type: none"> <li>01. Pipe-borne inside dwelling</li> <li>02. Pipe-borne outside dwelling but on compound</li> <li>03. Pipe-borne outside dwelling but in neighbour's house/compound</li> <li>04. Public tap/Stand pipe</li> <li>05. Borehole/Tube well</li> <li>06. Protected well</li> <li>07. Rain water</li> <li>08. Protected spring</li> <li>09. Bottled water</li> <li>10. Sachet water</li> <li>11. Tanker supplied/Vendor provided</li> <li>12. Unprotected well</li> <li>13. Unprotected spring</li> <li>14. River/Stream</li> <li>15. Dugout/Pond/Lake/Dam/Canal</li> <li>16. Other (Specify)</li> </ol>	<p>H11c: What is the main source of water used by your household for other domestic purposes such as cooking and washing?</p> <ol style="list-style-type: none"> <li>01. Pipe-borne inside dwelling</li> <li>02. Pipe-borne outside dwelling but on compound</li> <li>03. Pipe-borne outside dwelling but in neighbour's house/compound</li> <li>04. Public tap/Stand pipe</li> <li>05. Borehole/Tube well</li> <li>06. Protected well <input style="width: 20px; height: 20px;" type="text"/></li> <li>07. Rain water</li> <li>08. Protected spring</li> <li>09. Tanker supplied/Vendor provided</li> <li>10. Unprotected well</li> <li>11. Unprotected spring</li> <li>12. River/Stream</li> <li>13. Dugout/Pond/Lake/Dam/Canal</li> <li>14. Other (Specify)</li> </ol>	<p><b>BATHING FACILITIES</b></p> <p>H12: What type of bathing facility is used by this household?</p> <ol style="list-style-type: none"> <li>1. Own bathroom for exclusive use by household</li> <li>2. Shared separate bathroom in same house</li> <li>3. Bathroom in another house</li> <li>4. Open space around house</li> <li>5. Private open cubicle</li> <li>6. Shared open cubicle <input style="width: 30px; height: 20px;" type="text"/></li> <li>7. Public bath house</li> <li>8. In/near river, pond, lake, dam, etc.</li> <li>9. Other (Specify)</li> </ol>																																																										

**S: SANITATION**

<p><b>SOLID WASTE STORAGE</b></p> <p>S01: What type of refuse receptacle (bin, sack, polythene, etc.) is mainly used by your household?</p> <ol style="list-style-type: none"> <li>1. Covered standard waste bin</li> <li>2. Uncovered standard waste bin</li> <li>3. Covered container</li> <li>4. Uncovered container</li> <li>5. Covered/uncovered basket</li> <li>6. Sack</li> <li>7. Polythene bag alone</li> <li>8. Other (Specify)</li> <li>9. None (No receptacle)</li> </ol> <div style="text-align: right; margin-top: 10px;"><input style="width: 40px; height: 20px;" type="text"/></div>	<p>S04: Which type of drop hole/seat is mainly used by the household? <b>(KINDLY OBSERVE)</b></p> <ol style="list-style-type: none"> <li>1. WC seat</li> <li>2. Flush squat bowl</li> <li>3. Pour flush bowl</li> <li>4. Urine-diverting dry toilet (UDDT)</li> <li>5. Concrete pedestal/slab</li> <li>6. Wooden pedestal/slab</li> <li>7. Satopan/Micro flush</li> <li>8. No slab</li> <li>9. Other (Specify)</li> </ol> <div style="text-align: right; margin-top: 10px;"><input style="width: 30px; height: 20px;" type="text"/></div>	<p><b>WASTE WATER DISPOSAL</b></p> <p>S08: How does your household dispose of waste water (from bathroom, kitchen, laundry, etc.)? <b>(YOU MAY CIRCLE MORE THAN ONE)</b></p> <ol style="list-style-type: none"> <li>A. Flows or thrown into drains/gutter</li> <li>B. Through drainage into a pit (soak away)</li> <li>C. Thrown onto the ground/street/outside</li> <li>D. Through the sewerage system</li> <li>E. Other (Specify)</li> </ol>
<p>S02: How does the household mainly dispose of rubbish (refuse)?</p> <ol style="list-style-type: none"> <li>01. Compaction truck</li> <li>02. Other vehicles</li> <li>03. Tricycle</li> <li>04. Central container</li> <li>05. Bury in the ground</li> <li>06. Burn</li> <li>07. Public dump/open space</li> <li>08. Push carts/Walk-in attendant/Bicycle/Wheelbarrow</li> <li>09. Dumped indiscriminately</li> <li>10. Other (Specify)</li> </ol> <div style="text-align: right; margin-top: 10px;"><input style="width: 40px; height: 20px;" type="text"/></div>	<p>S05: How many usable toilet rooms (cubicles) are available to the household?</p> <div style="text-align: right; margin-top: 10px;"><input style="width: 30px; height: 20px;" type="text"/></div>	
	<p>S06: Does the household share this toilet facility with other households?</p> <ol style="list-style-type: none"> <li>1. Yes</li> <li>2. No</li> </ol> <div style="text-align: right; margin-top: 10px;"><input style="width: 30px; height: 20px;" type="text"/></div> <div style="text-align: center; margin-top: 10px;"><b>GO TO S08</b></div>	
<p><b>TOILET FACILITIES</b></p> <p>S03: What type of toilet facility is mainly used by the household? <b>(KINDLY OBSERVE)</b></p> <ol style="list-style-type: none"> <li>01. Septic tank (manhole)</li> <li>02. KVIP/VIP</li> <li>03. Pit latrine</li> <li>04. Enviro Loo</li> <li>05. Bio-digester (e.g. bio fill)</li> <li>06. Bio gas</li> <li>07. Bucket/Pan</li> <li>08. Portable toilet (e.g. Water potti)</li> <li>09. Sewer</li> <li>10. Public toilet (<b>GO TO S08</b>)</li> <li>11. Other (Specify)</li> <li>12. No toilet facility (<b>GO TO S07</b>)</li> </ol> <div style="text-align: right; margin-top: 10px;"><input style="width: 40px; height: 20px;" type="text"/></div>	<p><b>DEFAECATION POINT FOR HOUSEHOLDS WITHOUT TOILET FACILITY</b></p> <p>S07: Where do the household members mainly defaecate?</p> <ol style="list-style-type: none"> <li>1. In a chamber pot</li> <li>2. In a polythene bag</li> <li>3. At the beach</li> <li>4. In the bush/open field/gutter</li> </ol> <div style="text-align: right; margin-top: 10px;"><input style="width: 30px; height: 20px;" type="text"/></div>	



YOU COUNT, GET COUNTED

# 2021 POPULATION AND HOUSING CENSUS

## PHC 1B INSTITUTIONAL QUESTIONNAIRE (A)



Quest. ID										
	EA. NO.	STRUC. NO.	INS NO	Q. NO.						

## TYPE OF RESIDENCE

### A07: Type of residence

- 04. Basic Schools (KG, Primary, JHS)
- 05. Senior High School (SHS, Secondary, Vocational, Technical)
- 06. Colleges (Education, Nursing, School of Hygiene, Agriculture, etc.)
- 07. Service training institution (Police training, Military Academy, Army Camp, Immigration training, Fire Academy, Prisons training, etc.)
- 08. University/Technical University/ Polytechnic/ University College
- 09. Seminary/Theology school
- 10. Monastery/ Convent
- 11. Hostel
- 12. Children's home/ Orphanage
- 13. Mining camp/ Road camp/ Farm camp
- 14. Refugee camp
- 15. Prison/ Borstal/Correctional homes
- 16. Leper settlement (Leprosarium)

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<b>A11: ROSTER: MEMBERS PRESENT ON CENSUS NIGHT (27<sup>TH</sup> JUNE, 2021)</b>						<b>MATERNAL AND PATERNAL ORPHANHOOD</b>		<b>HEALTH INSURANCE</b>	
<b>PERSON ID</b>	<b>A11b: Full name of members present on Census Night</b> [ARRANGE THE NAMES AS FOLLOWS: FIRST NAME, MIDDLE NAME, SURNAME & POPULAR NAME]				<b>A11c</b> <b>RELATIONSHIP CODE</b>	<b>A11d</b> <b>Sex</b> Male.....1 Female..... 2	<b>A11f</b> Is [NAME]'s biological mother alive?  Yes ....1 No .....2 DK ....3	<b>A11g</b> Is [NAME]'s biological father alive?  Yes ....1 No .....2 DK ....3	<b>A11h</b> Is [NAME] currently covered under any health insurance scheme? Yes, NHIS.....1 Yes, Private.....2 Yes, both NHIS & Private.....3 No.....4
	<b>A11b1</b> FIRST NAME	<b>A11b2</b> MIDDLE NAME(S)	<b>A11b3</b> SURNAME/ LAST NAME	<b>A11b4</b> POPULAR NAME					
0	1				<input type="text"/> 1 <input type="text"/> 7	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
0	2				<input type="text"/> 1 <input type="text"/> 7	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
0	3				<input type="text"/> 1 <input type="text"/> 7	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
0	4				<input type="text"/> 1 <input type="text"/> 7	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
0	5				<input type="text"/> 1 <input type="text"/> 7	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
0	6				<input type="text"/> 1 <input type="text"/> 7	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
0	7				<input type="text"/> 1 <input type="text"/> 7	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
0	8				<input type="text"/> 1 <input type="text"/> 7	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
0	9				<input type="text"/> 1 <input type="text"/> 7	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
1	0				<input type="text"/> 1 <input type="text"/> 7	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>RELATIONSHIP CODES</b>									
Group quarters .....17									

**SOCIO-DEMOGRAPHIC CHARACTERISTICS**

P E R S O N  I D	P00 NAME OF ELIGIBLE MEMBERS (I.E. MEMBERS PRESENT ON CENSUS NIGHT)		P01 DATE OF BIRTH  What is [NAME]'s date of birth?			P02 AGE  How old is [NAME], in completed years?	NATIONALITY		P04 ETHNICITY  To which ethnic group does [NAME] belong?	
	<div style="border: 1px solid black; padding: 5px; text-align: center;"> <b>PLEASE, COPY FROM THE ROSTER IN A11</b> </div>						P03a	P03b	<div style="border: 1px solid black; padding: 5px; text-align: center;"> <b>WRITE AND CODE</b>  <b>REFER TO FIELD OFFICER'S MANUAL FOR ETHNICITY CODE LIST</b> </div>	
							What is [NAME]'s nationality? Is name a .....  Ghanaian by birth....1 (GO TO P04)  Ghanaian by naturalization.....2 (GO TO P05)  Dual Nationality.....3  Non-Ghanaian.....4	<b>IF P03a=3, ASK:</b> what is [NAME]'s other nationality?  <b>IF P03a=4, ASK:</b> What is [NAME]'s country of nationality? <b>(GO TO P05)</b>  <div style="border: 1px solid black; padding: 2px; text-align: center;"> <b>REFER TO FIELD OFFICER'S MANUAL FOR COUNTRY CODE LIST</b> </div>		
FULL NAME		DATE OF BIRTH						ETHNIC GROUP	CODE	
		DAY	MONTH	YEAR						
0	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
0	2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
0	3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
0	4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
0	5	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
0	6	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
0	7	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
0	8	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
0	9	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
1	0	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

**SOCIO-DEMOGRAPHIC CHARACTERISTICS**

P E R S O N  I D	BIRTHPLACE		PLACE OF RESIDENCE				RELIGION		MARITAL STATUS	
	P05	P06	P07	P08a	P08b	P08c	P09		ANSWER FOR PERSONS 12 YEARS AND OLDER	
	Was [NAME] born in this village/town?  Yes.....1 (GO TO P07) No.....2	In which district or country was [NAME] born?  <b>REFER TO FIELD OFFICER'S MANUAL FOR DISTRICT AND COUNTRY CODES LIST</b>  <b>GO TO P08a</b>	<b>LIVING IN THIS VILLAGE/TOWN</b>  Has [NAME] been living continuously in this village or town since birth?  Yes.....1 (GO TO P09) No.....2	<b>NUMBER OF YEARS LIVED IN THIS VILLAGE/TOWN</b>  For how long has [NAME] been living continuously in this village or town?	What was [NAME's] main reason for moving to this village/town?  Employment.....1 Settlement (long term/permanent stay).....2 Marriage/Family reunification.....3 Education/Training.....4 Socio-political displacement (Asylum seekers, refugees, war, etc.)....5 Natural disaster displacement (flood, drought, fire, etc.).....6 Other (specify).....7  SKIP TO P09 IF P08a>=5 YEARS	<b>USUAL PLACE OF RESIDENCE 5 YEARS AGO:</b>  ANSWER FOR PERSONS 6 YEARS AND OLDER  In what district or country was [NAME]'s usual place of residence 5 years ago?  <b>REFER TO FIELD OFFICER'S MANUAL FOR DISTRICT AND COUNTRY CODES LIST</b>	What is [NAME's] religious affiliation?  Catholic.....1 Protestant (Anglican, Lutheran, Presbyterian, Methodist, etc.).....2 Pentecostal/Charismatic.....3 Other Christian.....4 Islam.....5 Ahmadi.....6 Traditionalist.....7 No Religion.....8 Other (specify).....9	CODE	OTHER (SPECIFY)	P10  What is [NAME's] current marital status?  Informal/living together.....1 Married (Civil/Ordinance).....2 Married (Customary/Traditional).....3 Married (Islamic).....4 Married (Other type).....5 Separated.....6 Divorced.....7 Widowed.....8 Never married.....9
0 1	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>
0 2	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>
0 3	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>
0 4	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>
0 5	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>
0 6	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>
0 7	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>
0 8	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>
0 9	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>
1 0	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>

**LITERACY AND EDUCATION**

PERSON ID	LITERACY: ANSWER FOR PERSONS 6 YEARS AND OLDER								FULL TIME EDUCATION: ANSWER FOR PERSONS 3 YEARS AND OLDER					
	P11a Can [NAME] read and/or write in any language with understanding?  Yes, read and write.....1  Yes, read only (i.e. read but can't write).....2 (GO TO P11c)  No.....3 (GO TO P12a)	P11b In what language(s) can [NAME] read and write?				P11c In what language(s) can [NAME] read only?				P12a Has [NAME] ever attended school or is [NAME] attending school now?  Never attended .....1 (GO TO P13a)  Attending now.....2  Attended in the past.....3	P12b What is the highest level of schooling [NAME] is attending now/attended in the past?  Nursery.....01 Kindergarten.....02 Primary.....03 JSS/JHS.....04 Middle.....05 SSS/SHS.....06 Secondary.....07 Voc/technical/commercial.....08 Post middle/secondary Certificate.....09 Post middle/secondary Diploma.....10 Tertiary – HND.....11 Tertiary - Bachelor’s Degree.....12 Tertiary - Post graduate Certificate/Diploma.....13 Tertiary - Master’s Degree.....14 Tertiary - PhD.....15 Other (specify).....16			P12c HIGHEST EDUCATIONAL GRADE COMPLETED FOR THOSE CURRENTLY ATTENDING SCHOOL OR ATTENDED IN THE PAST  What is the highest grade (form/class/level, etc.) [NAME] has completed at that level of schooling?
		Akuapem Twi.....A    Hausa.....M Asante Twi.....B    English.....N Fante.....C    French.....O Nzema.....D    Russia.....P Ga.....E    Arabic.....Q Dangme.....F    German.....R Ewe.....G    Chinese language.....S Dagbani.....H    Hindi.....T Gonja.....I    Spanish.....U Dagaare.....J    Japanese.....V Kasem.....K    Swahili.....W Gruni.....L    Other (Specify).....X None.....Z												
		READ AND WRITE				READ ONLY								
		1	2	3	4	1	2	3	4					
0 1	<input type="text"/>								<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
0 2	<input type="text"/>								<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
0 3	<input type="text"/>								<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
0 4	<input type="text"/>								<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
0 5	<input type="text"/>								<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
0 6	<input type="text"/>								<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
0 7	<input type="text"/>								<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
0 8	<input type="text"/>								<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
0 9	<input type="text"/>								<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
1 0	<input type="text"/>								<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		

**ECONOMIC ACTIVITY: SHOULD BE WITH REFERENCE TO THE 7 DAYS PRECEDING CENSUS**

EA. NO.    STRUC. NO.    INS NO    Q. NO.

**NIGHT (ANSWER ONLY FOR PERSONS AGED 5 YEARS AND OLDER)**

P E R S O N  I D	ENGAGEMENT IN WORK		TYPE OF WORK	PURPOSE OF OWN PRODUCTION/SERVICE WORK
	P13a	P13b	P13c	P13d
	During the 7 days before Census Night (i.e. 21 <sup>st</sup> – 27 <sup>th</sup> June, 2021), did [NAME] engage in any economic activity, for at least one hour?  <b>(THIS INCLUDES HELPING IN THE FAMILY BUSINESS/ FARM, TRADING, STREET VENDING, 'BY DAY' WORK)</b> Yes, worked for pay (cash or in-kind).....1 <b>(GO TO P13f)</b> Yes, worked for profit on own/family business.....2 <b>(GO TO P13g)</b> Yes, engaged in economic activity, but received no pay/profit .....3 <b>(GO TO P13c)</b> Yes, worked in own agricultural activity.....4 <b>(GO TO P13c)</b> No.....5	During the 7 days, how was [NAME] mainly engaged?  Had work to go back to .....1 Available and seeking for work (worked before) .....2 <b>(GO TO P14)</b> Available BUT NOT seeking for work (worked before).....3 <b>(GO TO P14)</b> Available and seeking for work (first time work seeker) .....4 <b>(GO TO P18a)</b> Available BUT NOT seeking for work (first time work seeker).....5 <b>(GO TO P18a)</b> Not available and NOT seeking work.....6 <b>(GO TO P13e)</b>	Which type of work has [NAME] been mainly engaged in?  Wage/Salary/Profit work.....1 <b>(GO TO P13f)</b> Paid apprentice work.....2 <b>(GO TO P13g)</b> Unpaid apprentice work.....3 <b>(GO TO P13g)</b> Voluntary work without pay.....4 <b>(GO TO P13g)</b> Non-voluntary work without pay .....5 <b>(GO TO P13g)</b> Own production/service work .....6	What was [NAME's] main purpose of production/service?  Own consumption only .....1 Own consumption with minor sales.....2 Sales with minor consumption.....3 Sales only.....4  <div style="border: 1px solid black; padding: 5px; text-align: center;">GO TO P13g</div>
0	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0	5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0	6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0	7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0	8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0	9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**ECONOMIC ACTIVITY: SHOULD BE WITH REFERENCE TO THE 7 DAYS PRECEDING CENSUS NIGHT (ANSWER ONLY FOR PERSONS AGED 5 YEARS AND OLDER)**

PERSON	ID	REASONS FOR INACTIVITY	WORK CONTRACT	HOURS OF WORK	MAIN OCCUPATION OF WORK	
		P13e Why did [NAME] not work and not seek for work?  Did home duties (homemaker).....01 In full time education /student .....02 Pensioner/Retired.....03 Disability condition.....04 Sick and unable to work .....05 Too old/Aged .....06 Too young.....07 Don't need to work.....08 Pregnancy/delivery.....09 Discouraged/frustrated.....10 Wage too low/not attractive.....11 Off season work.....12 Don't have any qualification/skill.....13 Other (specify).....14	P13f Does [NAME] have a work contract/ agreement?  Written agreement with undetermined duration.....1 Written agreement with fixed duration....2 Verbal agreement.....3 No.....4	P13g <b>IF WORKED IN LAST 7 DAYS, ASK:</b> How many hours did [NAME] devote to this activity within the last 7 days?  <b>IF DID NOT WORK IN LAST 7 DAYS, ASK:</b> How many hours does [NAME] usually devote to this activity per week?)	P14 <b>OCCUPATION</b>  <b>IF WORKED IN LAST 7 DAYS, ASK:</b> What kind of work did [NAME] do in his/her main work/business?  <b>IF DID NOT WORK IN LAST 7 DAYS, ASK:</b> What kind of work did [NAME] do previously in his/her work/business?	
		GO TO P18a			DETAILED DESCRIPTION OF OCCUPATION	OCCUPATIONAL CODE
0	1	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>
0	2	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>
0	3	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>
0	4	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>
0	5	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>
0	6	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>
0	7	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>
0	8	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>
0	9	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>
1	0	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>

**ECONOMIC ACTIVITY: SHOULD BE WITH REFERENCE TO THE 7 DAYS PRECEDING CENSUS NIGHT (ANSWER ONLY FOR PERSONS AGED 5 YEARS AND OLDER)**

EA. NO.    STRUC. NO.    HH NO.    Q. NO.

PERSON ID	ESTABLISHMENT NAME		MAIN INDUSTRY OF WORK		EMPLOYMENT STATUS	EMPLOYMENT SECTOR
	P15 What is the name of the establishment/business where [NAME] currently works/previously worked?		P15a What is the main economic activity (product or service) of the establishment where [NAME] works/worked?		P16 What was [NAME]'s employment status in that establishment /business/industry?  Employee.....1 Self-employed without employees .....2 Self-employed with employees.....3 Casual worker.....4 Contributing family worker .....5 Paid apprentice.....6 Unpaid apprentice.....7 Domestic worker (househelp, garden boy, etc.) .....8 Other (Specify).....9	P17 In what sector was [NAME] mainly working?  Public (Government).....1 Semi-Public/Parastatal .....2 Private Formal.....3 Private Informal.....4 Local NGO/CSO.....5 International NGO/CSO.....6 Religious Organization (local)..7 Religious Organization (international).....8 International Organization.....9
	NAME OF ESTABLISHMENT/ BUSINESS	DETAILED DESCRIPTION OF MAIN ECONOMIC ACTIVITY (PRODUCT/ SERVICE)	ACTIVITY CODE			
01			<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	
02			<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	
03			<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	
04			<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	
05			<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	
06			<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	
07			<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	
08			<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	
09			<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10			<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Quest. ID

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EA. NO.    STRUC. NO.    INS NO    Q. NO.

PERSON ID		DIFFICULTIES IN PERFORMING ACTIVITIES: ANSWER FOR PERSONS AGED 5 YEARS AND OLDER					
		<b>P18a</b> SIGHT  Does (NAME) have difficulty seeing, even if wearing glasses?  Will you say that [NAME] has no difficulty, some difficulty, a lot of difficulty or cannot see at all?	<b>P18b</b> HEARING  Does (NAME) have difficulty hearing, even if using a hearing aid?  Will you say that [NAME] has no difficulty, some difficulty, a lot of difficulty or cannot hear at all?	<b>P18c</b> PHYSICAL  Does (NAME) have difficulty walking or climbing stairs?  Will you say that [NAME] has no difficulty, some difficulty, a lot of difficulty or cannot do at all?	<b>P18d</b> INTELLECTUAL  Does (NAME) have difficulty remembering or concentrating?  Will you say that [NAME] has no difficulty, some difficulty, a lot of difficulty or cannot remember or concentrate at all?	<b>P18e</b> SELF-CARE  Does (NAME) have difficulty with self-care such as washing all over the body or dressing?  Will you say that [NAME] has no difficulty, some difficulty, a lot of difficulty or cannot do at all?	<b>P18f</b> SPEECH  Using (his/her) usual language, does (NAME) have difficulty communicating (e.g. understanding others or being understood by others)?  Will you say that [NAME] has no difficulty, some difficulty, a lot of difficulty or cannot communicate at all?
		Response categories for P18a-f:  No difficulty.....1      Yes, a lot of difficulty.....3  Yes, some difficulty.....2      Cannot do at all.....4					
0	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0	5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0	6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0	7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0	8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0	9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PERSON	INFORMATION AND COMMUNICATION TECHNOLOGY (ICT): ANSWER FOR PERSONS AGED 6 YEARS AND OLDER																				
	P19a				P19b								P19c						P19d		
	Does [NAME] own a functional.....?				Has [NAME] used ..... in the last three (3) months (i.e. from April to June, 2021)?								Did [NAME] use internet through ..... in the last three (3) months (i.e. from April to June, 2021)?						Did [NAME] use mobile phone for mobile money or other financial transaction in the last three (3) months (i.e. from April to June, 2021)?		
	Yes.....1 No.....2				Yes.....1 No.....2								Yes.....1 No.....2						Yes, mobile money...A Yes, other financial transactions.....B No.....Z		
	Mobile phone (Smart).....A Mobile phone (Non-smart)..... B Tablet .....C Laptop.....D				Mobile phone (Smart).....A Mobile phone (Non-smart)..... B Cordless telephone.....C Fixed telephone line.....D Tablet .....E Laptop.....F Desktop Computer.....G Radio/FM.....H								Mobile phone.....A Laptop.....B Desktop.....C Tablet.....D Digital Television.....E Other (Specify).....F								
ID	A	B	C	D	A	B	C	D	E	F	G	H	A	B	C	D	E	F	A	B	Z
01																					
02																					
03																					
04																					
05																					
06																					
07																					
08																					
09																					
10																					

<b>FERTILITY AND CHILD SURVIVAL: CHILDREN EVER BORN AND CHILDREN SURVIVING (ANSWER FOR ALL WOMEN AGED 12 YEARS AND OLDER)</b>																	
ANSWER FOR ALL WOMEN AGED 12 YEARS AND OLDER										ANSWER FOR ALL WOMEN AGED 12-54 YEARS					ANSWER FOR ALL WOMEN AGED 12 YEARS AND OLDER		
P E R S O N' S  I D	P20			P21		P22		P23		P24			P25		P26		P27
	What is the total number of male and /or female children you have ever born alive?			Of the children you have ever born alive, how many males and females are now living with you in this house?		Of the children you have ever born alive, how many males and females are living elsewhere?		Of the children you have ever born alive, how many males and females have died?		What is the date of birth of the last child you have born alive?			What is the sex of the last child you have born alive?  PLEASE INDICATE THE NUMBER SURVIVING BY SEX. IF NONE RECORD '0'.		What is the survival status of the last child you have born alive?  PLEASE INDICATE THE NUMBER SURVIVING BY SEX. IF NONE RECORD '0'.		What was your age at the birth of your first child born alive?  (RECORD AGE IN COMPLETED YEARS)
	Male	Female	Total	Male	Female	Male	Female	Male	Female	DAY	MONTH	YEAR	M	F	M	F	
0	1																
0	2																
0	3																
0	4																
0	5																
0	6																
0	7																
0	8																
0	9																
1	0																



YOU COUNT, GET COUNTED

# 2021 POPULATION AND HOUSING CENSUS

**PHC 1C**  
**INSTITUTIONAL**  
**QUESTIONNAIRE (B)**



**SOCIO-DEMOGRAPHIC CHARACTERISTICS**

P E R S O N	I D	P00 NAME OF ELIGIBLE MEMBERS	SEX	P01 DATE OF BIRTH	P02 AGE	NATIONALITY		P04 ETHNICITY		
		FULL NAME	Male.....1 Female.....2	What is [NAME]'s date of birth?  DD/ MM/ YYYY	How old is [NAME], in completed years?	P03a What is [NAME]'s nationality?  Ghanaian by birth.....1 (GO TO P04)  Ghanaian by naturalization...2 (GO TO P05)  Dual Nationality.....3  Non-Ghanaian.....4	P03b IF P03a=3, ASK: What is [NAME]'s other nationality?  IF P03a=4, ASK: What is [NAME]'s country of nationality? (GO TO P05)  <b>REFER TO FIELD OFFICER'S MANUAL FOR COUNTRY CODE LIST</b>	To which ethnic group does [NAME] belong?  <b>WRITE AND CODE</b>  <b>REFER TO FIELD OFFICER'S MANUAL FOR ETHNICITY CODE LIST</b>		
							COUNTRY NAME	CODE	ETHNIC GROUP	CODE
0	1		<input type="checkbox"/>		<input type="text"/>		<input type="checkbox"/>		<input type="text"/>	<input type="text"/>
0	2		<input type="checkbox"/>		<input type="text"/>		<input type="checkbox"/>		<input type="text"/>	<input type="text"/>
0	3		<input type="checkbox"/>		<input type="text"/>		<input type="checkbox"/>		<input type="text"/>	<input type="text"/>
0	4		<input type="checkbox"/>		<input type="text"/>		<input type="checkbox"/>		<input type="text"/>	<input type="text"/>
0	5		<input type="checkbox"/>		<input type="text"/>		<input type="checkbox"/>		<input type="text"/>	<input type="text"/>
0	6		<input type="checkbox"/>		<input type="text"/>		<input type="checkbox"/>		<input type="text"/>	<input type="text"/>
0	7		<input type="checkbox"/>		<input type="text"/>		<input type="checkbox"/>		<input type="text"/>	<input type="text"/>
0	8		<input type="checkbox"/>		<input type="text"/>		<input type="checkbox"/>		<input type="text"/>	<input type="text"/>
0	9		<input type="checkbox"/>		<input type="text"/>		<input type="checkbox"/>		<input type="text"/>	<input type="text"/>
1	0		<input type="checkbox"/>		<input type="text"/>		<input type="checkbox"/>		<input type="text"/>	<input type="text"/>

PERSON ID	BIRTHPLACE		P08c USUAL PLACE OF RESIDENCE 5 YEARS AGO		FULL TIME EDUCATION: ANSWER FOR PERSONS 3 YEARS AND OLDER	
	P05 Was [NAME] born in this village/ town?  Yes.....1 (GO TO P08c) No.....2	P06 In what district or country was [NAME] born?  <b>REFER TO FIELD OFFICER'S MANUAL FOR DISTRICT AND COUNTRY CODES LIST</b>	TO BE ANSWERED IF 6 YEARS AND OLDER  What is [NAME]'s usual place of residence five years ago?  DISTRICT NAME                      CODE		P12a Has [NAME] ever attended school or is [NAME] attending school now?  Never attended.....1 (END INTERVIEW)  Attending now.....2  Attended in the past.....3	P12b What is the highest level of schooling [NAME] is attending now/attended in the past?  Nursery.....01 Kindergarten.....02 Primary.....03 JSS/JHS.....04 Middle.....05 SSS/SHS.....06 Secondary .....07 Voc/technical/commercial.....08 Post middle/secondary Certificate.....09 Post middle/secondary Diploma .....10 Tertiary – HND.....11 Tertiary - Bachelor's Degree.....12 Tertiary - Post graduate Certificate/Diploma.....13 Tertiary - Master's Degree.....14 Tertiary - PhD.....15 Other (specify).....16
0	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
0	2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
0	3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
0	4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
0	5	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
0	6	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
0	7	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
0	8	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
0	9	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
1	0	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>



YOU COUNT, GET COUNTED

# 2021 POPULATION AND HOUSING CENSUS

PHC 1D  
FLOATING POPULATION  
QUESTIONNAIRE



**SOCIO-DEMOGRAPHIC CHARACTERISTICS**

P E R S O N	I D	P00 NAME OF ELIGIBLE MEMBERS	SEX	P01 DATE OF BIRTH	P02 AGE	NATIONALITY		P04 ETHNICITY		
			Male.....1 Female.....2	What is [NAME]'s date of birth?	How old is [NAME], in completed years?	P03a	P03b	To which ethnic group does [NAME] belong?		
		FULL NAME		DD/ MM/ YYYY		What is [NAME]'s nationality?	IF P03a=3, ASK: What is [NAME]'s other nationality?  IF P03a=4, ASK: What is [NAME]'s country of nationality? (GO TO P05)	WRITE AND CODE  REFER TO FIELD OFFICER'S MANUAL FOR ETHNICITY CODE LIST		
							COUNTRY NAME	CODE	ETHNIC GROUP	CODE
0	1		<input type="checkbox"/>		<input type="text"/>	<input type="checkbox"/>		<input type="text"/>		<input type="text"/>
0	2		<input type="checkbox"/>		<input type="text"/>	<input type="checkbox"/>		<input type="text"/>		<input type="text"/>
0	3		<input type="checkbox"/>		<input type="text"/>	<input type="checkbox"/>		<input type="text"/>		<input type="text"/>
0	4		<input type="checkbox"/>		<input type="text"/>	<input type="checkbox"/>		<input type="text"/>		<input type="text"/>
0	5		<input type="checkbox"/>		<input type="text"/>	<input type="checkbox"/>		<input type="text"/>		<input type="text"/>
0	6		<input type="checkbox"/>		<input type="text"/>	<input type="checkbox"/>		<input type="text"/>		<input type="text"/>
0	7		<input type="checkbox"/>		<input type="text"/>	<input type="checkbox"/>		<input type="text"/>		<input type="text"/>
0	8		<input type="checkbox"/>		<input type="text"/>	<input type="checkbox"/>		<input type="text"/>		<input type="text"/>
0	9		<input type="checkbox"/>		<input type="text"/>	<input type="checkbox"/>		<input type="text"/>		<input type="text"/>
1	0		<input type="checkbox"/>		<input type="text"/>	<input type="checkbox"/>		<input type="text"/>		<input type="text"/>

PERSON ID	BIRTHPLACE		P08c USUAL PLACE OF RESIDENCE 5 YEARS AGO		FULL TIME EDUCATION: ANSWER FOR PERSONS 3 YEARS AND OLDER	
	P05 Was [NAME] born in this village/ town?  Yes.....1 (GO TO P08c) No.....2	P06 In what district or country was [NAME] born?  <b>REFER TO FIELD OFFICER'S MANUAL FOR DISTRICT AND COUNTRY CODES LIST</b>	TO BE ANSWERED IF 6 YEARS AND OLDER  What is [NAME]'s usual place of residence five years ago?  DISTRICT NAME                      CODE		P12a Has [NAME] ever attended school or is [NAME] attending school now?  Never attended.....1 (END INTERVIEW)  Attending now.....2  Attended in the past.....3	P12b What is the highest level of schooling [NAME] is attending now/attended in the past?  Nursery.....01 Kindergarten.....02 Primary.....03 JSS/JHS.....04 Middle.....05 SSS/SHS.....06 Secondary .....07 Voc/technical/commercial.....08 Post middle/secondary Certificate.....09 Post middle/secondary Diploma .....10 Tertiary – HND.....11 Tertiary - Bachelor's Degree.....12 Tertiary - Post graduate Certificate/Diploma.....13 Tertiary - Master's Degree.....14 Tertiary - PhD.....15 Other (specify).....16
0	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
0	2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
0	3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
0	4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
0	5	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
0	6	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
0	7	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
0	8	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
0	9	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
1	0	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>



YOU COUNT, GET COUNTED

# 2021 POPULATION AND HOUSING CENSUS

PHC 1E  
HOTELS  
QUESTIONNAIRE



**2021 POPULATION & HOUSING CENSUS:  
QUESTIONNAIRE FOR POPULATION IN HOTELS**

MY NAME IS [ENUMERATOR'S NAME]. I AM WORKING WITH GHANA STATISTICAL SERVICE. I AM ASSIGNED TO WORK IN THIS AREA IN THE ON-GOING NATIONAL POPULATION AND HOUSING CENSUS. I WOULD LIKE TO ASK YOU QUESTIONS RELATED TO THE CENSUS. THE INFORMATION YOU PROVIDE WILL SUPPORT DECISION MAKING IN GHANA.  
PLEASE, BE ASSURED THAT THE INFORMATION YOU PROVIDE IS **STRICTLY CONFIDENTIAL** AND WILL BE USED FOR STATISTICAL PURPOSES **ONLY**. YOU ARE REQUIRED BY THE STATISTICAL SERVICE LAW (ACT 1003) TO PROVIDE COMPLETE AND TRUTHFUL INFORMATION TO CENSUS OFFICIALS, AND ARE REMINDED THAT DELIBERATE PROVISION OF FALSE INFORMATION IS PUNISHABLE UNDER THE LAW.

PLEASE WRITE CAREFULLY AND AVOID CONTACT WITH THE EDGES AS SHOWN:



1 E F

PERSON ID [FOR OFFICE USE]

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**SECTION A: GEOGRAPHICAL INFORMATION [FOR OFFICE USE]**

NAME OF LOCALITY

PLACE OF ENUMERATION & PHYSICAL ADDRESS

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ENUMERATION AREA AND LOCALITY CODES

REGION	DISTRICT	DISTRICT TYPE	SUB-METRO	EA NUMBER	LOCALITY	SERIAL NO. OF STRUCTURE																	
<table border="1"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			<table border="1"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			<table border="1"><tr><td style="width: 20px; height: 20px;"></td></tr></table>		<table border="1"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			<table border="1"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>				<table border="1"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>				<table border="1"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>				

**SECTION B: SOCIO-DEMOGRAPHIC CHARACTERISTICS**

NAME OR ROOM NUMBER OF RESPONDENT

SEX

(PLEASE CIRCLE THE APPROPRIATE RESPONSE)

Male.....1      Female.....2

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P01: DATE OF BIRTH (DD/MM/YYYY)

--	--	--	--	--	--	--	--

P02: AGE

--	--	--

P03a: What is your nationality? (PLEASE CIRCLE THE APPROPRIATE RESPONSE)

Ghanaian by birth .....1      IF DUAL NATIONALITY;

Ghanaian by naturalization .....2      P3b: Please state the other country \_\_\_\_\_

Dual nationality (Ghana and another country) ....3      IF NON-GHANAIAN;

Non-Ghanaian .....4      P3b: Please state the country \_\_\_\_\_

FOR GHANAIS ONLY

P04: To which ethnic group do you belong?  
(E.G. FANTE, EWE, ASANTE, MOSI, ETC.)

--

FOR OFFICE USE

CODE:

--	--	--

P05: Were you born in this village or town?  
(PLEASE CIRCLE)

Yes.....1

No.....2

P06: In what district or country were you born?

--

FOR OFFICE USE  
DISTRICT/  
COUNTRY CODE

--	--	--	--

P08c: What is your usual place of residence five years ago?  
(PLEASE STATE THE CITY/TOWN/VILLAGE, DISTRICT & REGION. IF OUTSIDE GHANA STATE NAME OF COUNTRY)

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OFFICE USE  
DISTRICT/COUNTRY CODE

--	--	--	--

P12a: Have you ever attended school? (PLEASE CIRCLE)

Never attended.....1

Attending now.....2

Attended in the past.....3

P12b: What is your highest level of schooling? (EXAMPLE: KG, PRIMARY, JHS, MIDDLE, SHS, SECONDARY, DIPLOMA, CERTIFICATE, FIRST DEGREE, MASTER'S DEGREE, PhD, ETC.)

--

A07 Type of residence

24. Hotels, Guest-houses, Motels, etc.

2	4
---	---

**END OF QUESTIONS. THANK YOU**

**CODES FOR ETHNICITY**

<b>1. Akans</b>	<b>Codes</b>	<b>Various Ethnic Groups</b>	<b>5. Gurmas</b>	<b>Codes</b>	<b>Various Ethnic Groups</b>
	101	Agona		501	Bimoba
	102	Ahafo		502	Kokomba
	103	Ahanta		503	Basare(Kyamba)
	104	Akuapem		504	Salfalba (Sabulaba)
	105	Akwamu		505	Kotokoli
	106	Akyem		506	Chamba (Kyamba)
	107	Aowin		507	Challa
	108	Asante		508	Ntrubo
	109	Asen (Assin)		509	Other Gurmas
	110	Boron (Brong) (including Banda)			
	111	Chokosi (Anufor)	<b>6. Mole-Dagbani</b>		
	112	Denkyira / Twifo		601	Dagomba
	113	Evalue		602	Kusasi
	114	Fante		603	Mamprusi
	115	Kwahu		604	Nanumba
	116	Nzema		605	Builsa (Kangyaga or Kanjaga)
	117	Sefwi		606	Dagarte (Dagaba), Lobi , Wali (Wala)
	118	Wasa		607	Namnam (Nabdom)
	119	Bawle		608	Nankansi, Talensi & Gurense (Frafra)
				609	Other Mole-Dagbani
<b>2. Ga-Dangbe</b>					
	201	Ga	<b>7. Grusi</b>		
	202	Dangme (Ada, Shai, Krobo, Osudoku, Ningo, Prampram)		701	Grusi
<b>3. Ewes</b>				702	Kasena
	301	EWE		703	Mo
<b>4. Guans</b>				704	Sisala
	401	Nkomi, Wiase, Dwan		705	Vagala
	402	Akpafu, Lolobi, Likpe, Bowiri, Buem, Santrokofi, Akposo		706	Other Grusi (e.g. Lela, Templensi, Birifor, Yangala, Miwo)
	403	Avatime, Nyagbo, Tafi, Logba	<b>8. Mande</b>		
	404	Awutu, Efutu, Senya, Breku		801	Mande
	405	Cherepong, Larteh, Anum-Boso		802	Busanga
	406	Gonja		803	Wangara (Bambara, Madingo & Dyula)
	407	Nkonya	<b>9. All other tribes</b>		
	408	Yeji, Nchumuru, Krachi, Nawuri, Bassa Achode, Adele		901	ALL OTHER TRIBES
	409	Other Guans			

**CODES FOR EDUCATIONAL LEVEL**

<b>Codes</b>	<b>Educational level</b>
01	Nursery
02	Kindergarten
03	Primary
04	JSS/JHS
05	Middle
06	SSS/SHS
07	Secondary
08	Vocational/technical/commercial
09	Post middle/secondary Certificate
10	Post middle/secondary Diploma
11	Tertiary - HND
12	Tertiary - Bachelor's Degree
13	Tertiary - Post graduate Certificate/Diploma
14	Tertiary - Master's Degree
15	Tertiary - PhD
16	Other



**YOU COUNT, GET COUNTED**