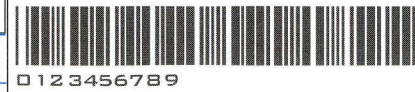


REPUBLIC OF GHANA
GHANA STATISTICAL SERVICE
2000 POPULATION AND HOUSING CENSUS

sample

0	2
0	X
1	
2	X



PHC 1

INSTRUCTIONS: Mark with an where indicated and fill out form as shown
TO BE ASKED OF HEAD OF HOUSEHOLD OR ANY OTHER RESPONSIBLE MEMBER

A01 REGION NAME

A02 DISTRICT NAME

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

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

A03 LOCALITY NAME

A04 DETAILED ADDRESS OF HOUSE/COMPOUND/GROUP QUARTERS

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

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

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

GENERAL INFORMATION

A05 ENUMERATION AREA CODE (BASE)

	REGION		DISTRICT		LOCALITY			EA NUMBER	
0	0	0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9

A06

LOCALITY CODE

0	0	0	0
1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4
5	5	5	5
6	6	6	6
7	7	7	7
8	8	8	8
9	9	9	9

A07

SERIAL NO. OF HOUSE/ COMPOUND /GROUP QUARTERS

0	0	0	0
1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4
5	5	5	5
6	6	6	6
7	7	7	7
8	8	8	8
9	9	9	9

A08 SERIAL NO. OF HOUSEHOLD WITHIN HOUSE/ COMPOUND OR SUBGROUP FOR GROUP QTRS.

0	0	0
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9

A09

DATE STARTED

DAY		MONTH	

A10

DATE COMPLETED

DAY		MONTH	

A11A

SUPPLEMENTARY COMPLETED

YES	NO

A11B

IF YES IN A11A MARK X IN THE APPROPRIATE BOX

ORIGINAL	CONTINUATION

A12 TYPE OF RESIDENCE

- 01 Occupied Housing Unit (Go to A13 on next page)
- 02 Vacant Housing Unit (Go to HOUSING CONDITION)
- 03 Homeless Household (Go to A13 on next page)
- 04 School, College, University, Seminary, Convent
- 05 Children's Home/SOS, Orphanage, Destitutes' Home
- 06 Hospital, Maternity Home, Divine Healers or Herbalist's Establishment, Leper Settlement, Infirmary
- 07 Prisons, Borstal Institutions, "Industrial" School, Remand Home
- 08 Service Barracks, including Army Camps, and Police Depots
- 09 Mining Camps, Road Camps, Farm Camps, Refugee Camps etc.
- 10 Hotel, Rest-house, Transit Quarters, Hostel, Bar, Night Club, Restaurant
- 11 Transit post e.g. At Railway Station, in Ships, at Ferries, inside Harbour, at Airport, at International Border Stations
- 12 Lorry Park, Market (inside or outside)
- 13 Other location of outdoor sleepers e.g. on floor near shops, on the beach, on verandah of houses, on pavement at office premises etc., locations of person not in transit e.g. mentally ill.

(Households only)

	A14 Status A		A15 Status B		A16 Status C	
0	0	0	0	0	0	0
1	1	1	1	1	1	1
2	2	2	2	2	2	2
3	3	3	3	3	3	3
4	4	4	4	4	4	4
5	5	5	5	5	5	5
6	6	6	6	6	6	6
7	7	7	7	7	7	7
8	8	8	8	8	8	8
9	9	9	9	9	9	9

A17

Total Persons Enumerated

0	0	0	0	0
1	1	1	1	1
2	2	2	2	2
3	3	3	3	3
4	4	4	4	4
5	5	5	5	5
6	6	6	6	6
7	7	7	7	7
8	8	8	8	8
9	9	9	9	9

P03 AGE : How old is (NAME)? in completed years (FILL IN ACTUAL AGE IF 00 to 98) (IF 99 OR OLDER, FILL 99)

<i>Cross check header code</i>		<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"/>
0		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1		1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
MARK THE BOX WITH X IN THE COLUMN TO MAKE UP YOUR CODE		2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2
		3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
		4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4
		5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5
		6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6
		7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7
	+	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8
		9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9

P04 NATIONALITY: What is (NAME'S) Nationality?

<i>Cross check header code</i>		<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"/>
Ghanaian by birth	1	1	1	1	1	1	1	1	1	1	1
Ghanaian by naturalisation (Go to P07)	2	2	2	2	2	2	2	2	2	2	2
Other ECOWAS National (Go to P07)	3	3	3	3	3	3	3	3	3	3	3
African other than ECOWAS (Go to P07)	4	4	4	4	4	4	4	4	4	4	4
Non African (Go to P07)	5	5	5	5	5	5	5	5	5	5	5

P05 ETHNICITY: To which ethnic group does (NAME) belong ? (REFER TO APPENDIX 3 FOR CODE LIST)

DESCRIPTION	<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"/>
<i>Cross check header code</i>		<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		0	0	0	0	0	0	0	0	0	0
1		1	1	1	1	1	1	1	1	1	1
MARK THE BOX WITH X IN THE COLUMN TO MAKE UP YOUR CODE		2	2	2	2	2	2	2	2	2	2
		3	3	3	3	3	3	3	3	3	3
		4	4	4	4	4	4	4	4	4	4
		5	5	5	5	5	5	5	5	5	5
		6	6	6	6	6	6	6	6	6	6
		7	7	7	7	7	7	7	7	7	7
		8	8	8	8	8	8	8	8	8	8
		9	9	9	9	9	9	9	9	9	9

P06 BIRTHPLACE

P06a BORN IN THIS TOWN/VILLAGE: Was (NAME) born in this town or village ? IF YES Go to P07

	yes	no	yes	no	yes	no	yes	no	yes	no	yes	no	yes	no	yes	no	yes	no
	<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"/>

P06b BIRTHPLACE OUTSIDE THIS TOWN/VILLAGE : In what region or country was (NAME) born ?

<i>Cross check header code</i>		<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"/>
Western	01	1	1	1	1	1	1	1	1	1	1
Central	02	2	2	2	2	2	2	2	2	2	2
Greater Accra	03	3	3	3	3	3	3	3	3	3	3
Volta	04	4	4	4	4	4	4	4	4	4	4
Eastern	05	5	5	5	5	5	5	5	5	5	5
Ashanti	06	6	6	6	6	6	6	6	6	6	6
Brong Ahafo	07	7	7	7	7	7	7	7	7	7	7
Northern	08	8	8	8	8	8	8	8	8	8	8
Upper East	09	9	9	9	9	9	9	9	9	9	9
Upper West	10	10	10	10	10	10	10	10	10	10	10
Other ECOWAS States	96	96	96	96	96	96	96	96	96	96	96
African other than ECOWAS	97	97	97	97	97	97	97	97	97	97	97
Outside Africa	98	98	98	98	98	98	98	98	98	98	98

Reference Number



0 12 3456789

1 2 3 4 5 6 7 8 9 0

P14 OCCUPATION: ANSWER FOR THE EMPLOYED (ie IF P13a = YES) AND THOSE WHO HAVE JOBS BUT DID NOT WORK (ie IF P13b = 1) AND UNEMPLOYED (ie IF P13b =2) What kind of work did (NAME) do? FOR UNEMPLOYED, LAST KIND OF WORK. DESCRIBE WORK, AND REFER TO APPENDIX 5, AND 5A FOR CODE LIST

Description



Form with 10 columns and 2 rows of empty boxes for description input.

Cross check header code



Grid for cross-check header code with rows 0-9 and columns for digits 0-9.

MARK THE BOX WITH X IN THE COLUMN TO MAKE UP YOUR CODE

P15 INDUSTRY: In what kind of industry was (NAME) mainly working? (FOR UNEMPLOYED, LAST KIND OF WORK) DESCRIBE AND REFER TO APPENDIX 6 FOR CODE LIST

Description



+

Form with 10 columns and 2 rows of empty boxes for industry description.

Cross check header code



Grid for cross-check header code with rows 0-9 and columns for digits 0-9.

MARK THE BOX WITH X IN THE COLUMN TO MAKE UP YOUR CODE

P16 EMPLOYMENT STATUS: What was (NAME'S) employment status in that establishment/industry ?

Cross check header code



Grid for employment status with rows 1-7 and columns for digits 0-9.

- Employee
Self Employed without employees
Self Employed with employees
Unpaid family worker
Apprentice
Domestic Employee (house help)
Other

P17 EMPLOYMENT SECTOR: In what sector was (NAME) mainly working ?

Cross check header code



Grid for employment sector with rows 1-6 and columns for digits 0-9.

- Public
Private formal
Private Informal
Semi-Public/Parastatal
NGO's/Intl. Organisations
Other

H: HOUSING CONDITION - MARK CLEARLY WITH AN X IN EACH BOX WHICH DESCRIBES YOUR ANSWER. FOR VACANT HOUSING UNIT, ANSWER ONLY H01, H02 AND H04

H01 – TYPE OF DWELLING: In what type of dwelling does the household live?

01	Separate house	<input type="checkbox"/>
02	Semi-detached house	<input type="checkbox"/>
03	Flat/Apartment	<input type="checkbox"/>
04	Compound house (rooms)	<input type="checkbox"/>
05	Huts/Buildings(same compound)	<input type="checkbox"/>
06	Hotel/Hostel	<input type="checkbox"/>
07	Tent	<input type="checkbox"/>
08	Improvised Home (Kiosk, Container)	<input type="checkbox"/>
09	Living quarters attached to office/shop	<input type="checkbox"/>
10	Other (specify)	<input type="checkbox"/>

+

H02 -OUTER WALL: What is the main construction material used for the outer walls ?

01	Mud/mud brick/earth	<input type="checkbox"/>
02	Wood	<input type="checkbox"/>
03	Metal Sheet or slate/asbestos	<input type="checkbox"/>
04	Stone	<input type="checkbox"/>
05	Burnt bricks	<input type="checkbox"/>
06	Cement blocks/concrete	<input type="checkbox"/>
07	Landcrete	<input type="checkbox"/>
08	Bamboo	<input type="checkbox"/>
09	Palm leaves/thatch(grass)/raffia	<input type="checkbox"/>
10	Other (specify)	<input type="checkbox"/>

H03 – FLOOR (finish): What is the main construction material used for the floor of this dwelling?

1	Earth/mud/mud bricks	<input type="checkbox"/>
2	Cement/concrete	<input type="checkbox"/>
3	Stone	<input type="checkbox"/>
4	Burnt bricks	<input type="checkbox"/>
5	Wood	<input type="checkbox"/>
6	Vinyl Tiles	<input type="checkbox"/>
7	Ceramic/Marble Tiles	<input type="checkbox"/>
8	Terrazzo	<input type="checkbox"/>
9	Other (specify)	<input type="checkbox"/>

H04 ROOF: What's the main material used for the roof?

1	Thatch/Palm leaves or Raffia	<input type="checkbox"/>
2	Bamboo	<input type="checkbox"/>
3	Mud/Mud bricks/Earth	<input type="checkbox"/>
4	Wood	<input type="checkbox"/>
5	Corrugated Metal Sheet	<input type="checkbox"/>
6	Slate/Asbestos	<input type="checkbox"/>
7	Cement/Concrete	<input type="checkbox"/>
8	Roofing Tiles	<input type="checkbox"/>
9	Other (specify)	<input type="checkbox"/>

+

H05- TENURE/HOLDING ARRANGEMENT: What is the present holding/tenancy arrangement for this dwelling?

1	Owning	<input type="checkbox"/>
2	Renting	<input type="checkbox"/>
3	Rent-free	<input type="checkbox"/>
4	Perching	<input type="checkbox"/>

H06 – OWNERSHIP TYPE: Who owns this dwelling?

1	Owned by Household Member	<input type="checkbox"/>
2	Being Purchased	<input type="checkbox"/>
3	Relative not Household Member	<input type="checkbox"/>
4	Other Private Individual	<input type="checkbox"/>
5	Private Employer	<input type="checkbox"/>
6	Other Private Agency	<input type="checkbox"/>
7	Public/Govt. ownership	<input type="checkbox"/>
8	Other (specify)	<input type="checkbox"/>

H07 - ROOMS

H07a – : How many rooms does this household occupy?(count living rooms, dining rooms, bedrooms, but not bathrooms and kitchens.)

1	2	3	4	5	6	7	8	9	+
<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"/>

H07b - SLEEPING ROOMS - How many of the rooms in H07a are designed primarily for sleeping ?

1	2	3	4	5	6	7	8	9	+
<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"/>

H08 – LIGHTING: What is the main source of lighting for your dwelling?

1	Electricity	<input type="checkbox"/>
2	Kerosene Lamp	<input type="checkbox"/>
3	Gas Lamp	<input type="checkbox"/>
4	Solar Energy	<input type="checkbox"/>
5	No light	<input type="checkbox"/>
6	Other (specify)	<input type="checkbox"/>

H09 – WATER SUPPLY: What is the main source of drinking water for this household?

1	Pipe-borne inside	<input type="checkbox"/>
2	Pipe-borne outside	<input type="checkbox"/>
3	Tanker supply	<input type="checkbox"/>
4	Well	<input type="checkbox"/>
5	Bore-hole	<input type="checkbox"/>
6	Spring/rain water	<input type="checkbox"/>
7	River/stream	<input type="checkbox"/>
8	Dugout/pond/lake/dam	<input type="checkbox"/>
9	Other (specify)	<input type="checkbox"/>

H10a TOILET FACILITIES: What type of toilet is used by the household ?

1	W.C.	<input type="checkbox"/>
2	Pit latrine	<input type="checkbox"/>
3	KVIP	<input type="checkbox"/>
4	Bucket/Pan	<input type="checkbox"/>
5	Toilet in another house (different house)(Go to H11)	<input type="checkbox"/>
6	Public Toilet (WC, KVIP, Pit, Pan etc.) (Go to H11)	<input type="checkbox"/>
7	No facilities (bush/beach/field) (Go to H11)	<input type="checkbox"/>
8	Other (specify) (Go to H11)	<input type="checkbox"/>

H10b. Is the toilet used exclusively by the household?

1	Yes, exclusively	<input type="checkbox"/>
2	No, shared	<input type="checkbox"/>

H11 – COOKING FUEL: What is the main source of cooking fuel for this household?

1	None, no cooking	<input type="checkbox"/>
2	Wood	<input type="checkbox"/>
3	Coconut husk	<input type="checkbox"/>
4	Gas	<input type="checkbox"/>
5	Electricity	<input type="checkbox"/>
6	Kerosene	<input type="checkbox"/>
7	Charcoal	<input type="checkbox"/>
8	Other (specify)	<input type="checkbox"/>

H12 COOKING SPACE (KITCHEN): What type of cooking space does your household have?

1	No Cooking space	<input type="checkbox"/>
2	Separate room for exclusive use of household	<input type="checkbox"/>
3	Separate room shared with other household(s)	<input type="checkbox"/>
4	Enclosure without roof	<input type="checkbox"/>
5	Structure with roof but without walls	<input type="checkbox"/>
6	Bedroom/Hall (Living room)	<input type="checkbox"/>
7	Verandah	<input type="checkbox"/>
8	Open space in compound	<input type="checkbox"/>
9	Other (specify)	<input type="checkbox"/>

+

H13 BATHING FACILITIES : What type of bathing facility is used by this household ?

01	Own bathroom in quarters for exclusive use by household members	<input type="checkbox"/>
02	A shared separate bathroom	<input type="checkbox"/>
03	A private open cubicle	<input type="checkbox"/>
04	A shared open cubicle	<input type="checkbox"/>
05	Public bath house	<input type="checkbox"/>
06	Bathroom in another house	<input type="checkbox"/>
07	Open space around house	<input type="checkbox"/>
08	In a River	<input type="checkbox"/>
09	Lake or Pond	<input type="checkbox"/>
10	Other (specify)	<input type="checkbox"/>

+

H14 SOLID WASTE DISPOSAL : How does your household dispose of rubbish (solid waste)?

1	Collected	<input type="checkbox"/>
2	Burned by household	<input type="checkbox"/>
3	Public Dump	<input type="checkbox"/>
4	Dumped elsewhere	<input type="checkbox"/>
5	Buried by household	<input type="checkbox"/>
6	Other (specify)	<input type="checkbox"/>

H15 LIQUID WASTE DISPOSAL : How does your household dispose of liquid waste?

1	Through the sewerage system	<input type="checkbox"/>
2	Thrown onto the street/outside	<input type="checkbox"/>
3	Thrown into gutter	<input type="checkbox"/>
4	Thrown onto compound	<input type="checkbox"/>
5	Other (specify)	<input type="checkbox"/>

It is an offence under the laws of the Republic of Ghana to falsify any information on these forms.