

STATISTICAL SERVICE



REPUBLIC OF GHANA

GHANA LIVING STANDARDS SURVEY 5 (WITH NON-FARM HOUSEHOLD ENTERPRISE MODULE)

2005/2006

HOUSEHOLD QUESTIONNAIRE

PART A

REGION:

E.A. NUMBER:

HOUSEHOLD:

SURVEY INFORMATION

REGION: DISTRICT:

E.A.: URBAN / RURAL:

ECOLOGICAL ZONE: HOUSEHOLD:

ROSTER: /

HEAD OF HOUSEHOLD:

ADDRESS (OR DESCRIPTION)

.....

.....

VERIFICATION OF THE QUESTIONNAIRE, FIRST VISIT

SUPERVISOR: DATE:

REMARKS:

.....

REINTERVIEW BY SUPERVISOR? YES...1
NO....2

REASON:

HOUSEHOLD NUMBER REPLACES HOUSEHOLD NUMBER DWELLING NOT FOUND / VACANT...1
OCCUPANT NOT AT HOME.....2
REFUSAL.....3

SECOND VISIT

INTERVIEWER: DATE:

REMARKS:

.....

FIRST VISIT

INTERVIEWER: DATE:

DWELLING FOUND YES...1 IS THE HEAD OF HOUSEHOLD THE SAME? YES...1
NO...2 (>> SUPERVISOR) NO...2 (>> SUPERVISOR)

NAME OF NEW HEAD:

ADDRESS (OR DESCRIPTION):

.....

.....

LANGUAGE ENGLISH.....1 DAGBANI.....5
USED BY THE AKAN.....2 FRAFRA.....6
RESPONDENT: EWE.....3 NZEMA.....7
GA-DANGME.....4 OTHER.....8
(specify)

INTER-PRETER USED? YES..1
NO...2

REMARKS:

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.....

VERIFICATION OF QUESTIONNAIRE, SECOND VISIT

SUPERVISOR: DATE:

REMARKS:

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REINTERVIEW BY SUPERVISOR? YES...1
NO....2

THIRD VISIT

INTERVIEWER: DATE:

REMARKS:

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VERIFICATION OF QUESTIONNAIRE, THIRD VISIT

SUPERVISOR: DATE:

REMARKS:

.....

REINTERVIEW BY SUPERVISOR? YES...1
NO....2

FOURTH VISIT	
INTERVIEWER:.....	DATE:
REMARKS:.....	
VERIFICATION OF QUESTIONNAIRE, FOURTH VISIT	
SUPERVISOR:.....	DATE:
REMARKS:.....	
..... REINTERVIEW YES....1 BY SUPERVISOR? NO.....2 <input type="checkbox"/>	
FIFTH VISIT	
INTERVIEWER:.....	DATE:
REMARKS:.....	
VERIFICATION OF QUESTIONNAIRE, FIFTH VISIT	
SUPERVISOR:.....	DATE:
REMARKS:.....	
..... REINTERVIEW YES....1 BY SUPERVISOR? NO.....2 <input type="checkbox"/>	
SIXTH VISIT	
INTERVIEWER:.....	DATE:
REMARKS:.....	
VERIFICATION OF QUESTIONNAIRE, SIXTH VISIT	
SUPERVISOR:.....	DATE:
REMARKS:.....	
..... REINTERVIEW YES....1 BY SUPERVISOR? NO.....2 <input type="checkbox"/>	

SEVENTH VISIT	
INTERVIEWER:.....	DATE:
REMARKS:.....	
VERIFICATION OF QUESTIONNAIRE, SEVENTH VISIT	
SUPERVISOR:.....	DATE:
REMARKS:.....	
..... REINTERVIEW YES....1 BY SUPERVISOR? NO.....2 <input type="checkbox"/>	
EIGHTH VISIT	
INTERVIEWER:.....	DATE:
REMARKS:.....	
VERIFICATION OF QUESTIONNAIRE, EIGHTH VISIT	
SUPERVISOR:.....	DATE:
REMARKS:.....	
..... REINTERVIEW YES....1 BY SUPERVISOR? NO.....2 <input type="checkbox"/>	
NINETH VISIT	
INTERVIEWER:.....	DATE:
REMARKS:.....	
VERIFICATION OF QUESTIONNAIRE, NINETH VISIT	
SUPERVISOR:.....	DATE:
REMARKS:.....	
..... REINTERVIEW YES....1 BY SUPERVISOR? NO.....2 <input type="checkbox"/>	

TENTH VISIT

INTERVIEWER:..... DATE:

REMARKS:.....

VERIFICATION OF QUESTIONNAIRE, TENTH VISIT

SUPERVISOR:..... DATE:

REMARKS:.....
 REINTERVIEW YES....1
 BY SUPERVISOR? NO.....2

ELEVENTH VISIT

INTERVIEWER:..... DATE:

REMARKS:.....

VERIFICATION OF QUESTIONNAIRE, ELEVENTH VISIT

SUPERVISOR:..... DATE:

REMARKS:.....
 REINTERVIEW YES....1
 BY SUPERVISOR? NO.....2

DATA ENTRY, END OF CYCLE

OPERATOR:..... DATE:

REMARKS:.....

EDITING OF PRINTOUTS, END OF CYCLE

OPERATOR:..... DATE:

REMARKS:.....

SUMMARY OF SURVEY RESULTS

VISIT	SECTION	INTERVIEWER						SUPERVISOR				
		V I S I T S			C H E C K - U P V I S I T S			INTERVIEWER	D A T A E N T R Y			
		DATE			RESULT	DURATION			O P E R A T O R			
		DD	MM	YEAR	COMPLETE.....1 PARTIAL.....2 DISCONTINUED..3	HR	MIN	DD	MM	YEAR	COMPLETE.....1 PARTIAL.....2	SATISFACTORY.....1 TO BE COMPLETED..2 TO BE REDONE.....3
FIRST	1, 2, 6, 7											
SECOND	3, 8H, 9B											
THIRD	4, 8H, 9B											
FOURTH	8A-G, 8H, 9B											
FIFTH	5, 8H, 9A, 9B, 9C											
SIXTH	8H, 9B, 10											
SEVENTH	8H, 9B, 10											
EIGHTH	8H, 9B, 10											
NINETH	8H, 9B, 10											
TENTH	8H, 9B, 11											
ELEVENTH	8H, 9B, 12											

OBSERVATION AND COMMENTS

REMARKS BY THE INTERVIEWER ON THE FIRST VISIT

REMARKS BY THE SUPERVISOR ON THE FIRST VISIT

REMARKS BY THE INTERVIEWER ON THE SECOND VISIT

REMARKS BY THE SUPERVISOR ON THE SECOND VISIT

REMARKS BY THE INTERVIEWER ON THE THIRD VISIT

REMARKS BY THE SUPERVISOR ON THE THIRD VISIT

REMARKS BY THE INTERVIEWER ON THE FOURTH VISIT

REMARKS BY THE SUPERVISOR ON THE FOURTH VISIT

REMARKS BY THE INTERVIEWER ON THE FIFTH VISIT

REMARKS BY THE SUPERVISOR ON THE FIFTH VISIT

REMARKS BY THE INTERVIEWER ON THE SIXTH VISIT

REMARKS BY THE SUPERVISOR ON THE SIXTH VISIT

OBSERVATION AND COMMENTS

REMARKS OF INTERVIEWER ON THE SEVENTH VISIT

REMARKS BY THE SUPERVISOR ON THE SEVENTH VISIT

REMARKS BY THE INTERVIEWER ON THE EIGHTH VISIT

REMARKS BY THE SUPERVISOR ON THE EIGHTH VISIT

REMARKS BY THE INTERVIEWER ON THE NINETH VISIT

REMARKS BY THE SUPERVISOR ON THE NINETH VISIT

REMARKS BY THE INTERVIEWER ON THE TENTH VISIT

REMARKS BY THE SUPERVISOR ON THE TENTH VISIT

REMARKS BY THE INTERVIEWER ON THE ELEVENTH VISIT

REMARKS BY THE SUPERVISOR ON THE ELEVENTH VISIT

VISIT 1

PERSON INTERVIEWED: PREFERABLY THE HEAD OF HOUSEHOLD, IF NOT AVAILABLE, ANY ADULT MEMBER OF THE HOUSEHOLD WHO IS ABLE TO GIVE INFORMATION ON THE OTHER HOUSEHOLD MEMBERS.

WRITE DOWN THE NAME, SEX AND RELATIONSHIP TO HEAD OF HOUSEHOLD.

4. Now I would like to have some information about each of the persons on the list.

INTERVIEWER WRITE

IF THE RESPONDENT HAS ANY DIFFICULTY WITH AGE OR DATE OF BIRTH (questions 4 - 5), USE THE CALENDAR OF EVENTS TO MAKE AN ESTIMATE.

Respondent Name:.....

.....

ID Code:.....

5. CLASSIFY EACH PERSON ACCORDING TO THE FOLLOWING CRITERIA.

.....

Please, I would like to make a complete list of all the people present or absent who usually live and eat together in this household including visitors who spent the night.

LOOK AT THE ANSWER TO QUESTION 22.

1. First, I would like to have the names of the head of household, his wife(s) or husband and their children.

- ALL THE PERSONS FOR WHOM THE ANSWER IS 6 MONTHS OR LESS ARE CLASSIFIED AS HOUSEHOLD MEMBERS.

ALWAYS WRITE DOWN THE HEAD OF THE HOUSEHOLD FIRST, FOLLOWED BY THE HEAD'S SPOUSE. IN CASE OF MORE THAN ONE WIFE, LIST THE WIVES ACCORDING TO THEIR RANK, EACH ONE FOLLOWED BY HER CHILDREN.

- IF THE ANSWER IS MORE THAN 6 MONTHS, ONLY THE FOLLOWING ARE HOUSEHOLD MEMBERS:

- THE HEAD OF HOUSEHOLD
- CHILDREN UNDER 9 MONTHS OLD
- THOSE WHO ANSWER NO TO QUESTION 23

WRITE DOWN THE NAME, SEX AND RELATIONSHIP TO THE HEAD OF HOUSEHOLD FOR EACH PERSON.

ENTER PROPER CODE IN QUESTION 24.

2. Please give me the names of any other persons related to the head of household or to his wife/her husband, together with their children, who usually live and eat together here.

COLUMN A. PUT A CROSS IN COLUMN A NEXT TO THE NAME OF ALL PERSONS WITH CODE 1 TO QUESTION 24.

WRITE DOWN THE NAME, SEX AND RELATIONSHIP TO THE HEAD OF THE HOUSEHOLD.

3. Please give me the names of any other persons not related to the head of household or to his/her spouse who usually live and eat together here. For instance, servants, tenants, lodgers, visitors or any other person who is not a relative.

COLUMN B. ENTER THE AGE IN COMPLETED YEARS (QUESTION 5) OF ALL PERSONS WITH A CROSS IN COLUMN A.

WRITE DOWN THE NAME, SEX AND RELATIONSHIP TO THE HEAD OF THE HOUSEHOLD.

Are there any other persons not now present but who normally live and eat here, i.e. persons who are temporarily away for schooling, marriage, seasonal work, vacation, illness, given birth, etc?

SECTION 1: HOUSEHOLD ROSTER

FOR EACH PERSON LISTED

12 YEARS OR OLDER

1	2	3	4	5	6	7	8	9	10	11
		What is the relationship of (NAME) to head of household?	What is (NAME'S) date of birth?	How old is (NAME)?	What is (NAME'S) present marital status?	Does (NAME'S) spouse live in this household?	COPY THE I.D. CODE OF THE SPOUSE (IF MORE THAN ONE SPOUSE, THE FIRST ONE)	At what age did (NAME) first get married or started living with a partner? (AGE IN YEARS)	What is (NAME'S) religious denomination?	In what region/country was (NAME) born?
		Head01 Spouse (Wife/husband)...02 Child (Son/daughter)...03 Grandchild04 Parent/Parent-in-law ...05 Son/Daughter-in-law ...06 Other relative07 Adopted/Foster/ Step child08 Househelp09 Non-relative10	ASK PERSON TO GET DOB, BIRTH CERTIFICATE AND COPY DATE OF BIRTH OR IF NOT AVAILABLE CODE DD = 99 MM = 99 YY = 9999 DD MM YEAR	YEARS AND MONTHS IF 5 YEARS OR UNDER, OTHERWISE YEARS ONLY (IF LESS THAN 12 YEARS OLD >> 10) YRS. MO.	Married1 Consensual union2 Separated3 (>> 9) Divorced4 (>> 9) Widowed5 (>> 9) Never married6 (>> 10)	Yes ...1 No2 (>> 9)			Catholic01 Anglican02 Presbyterian ..03 Methodist04 Pentecostal ...05 Spiritualist ..06 Other X'tian ..07 Moslem08 Traditional ...09 No Religion ...10 Other96	Western01 Central02 Gt. Accra03 Volta04 Eastern05 Ashanti06 Brong Ahafo07 Northern08 Upper East09 Upper West10 Other ECOWAS96 Africa other than ECOWAS ...97 Outside Africa ..98
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SECTION 1: HOUSEHOLD ROSTER - CONTINUED

	12	13		14	15	16	17	18	19	20
	What is (NAME'S) nationality?	To which ethnic group does (NAME) belong?		Does (NAME'S) father live in this household?	I.D. OF FATHER	What was (NAME'S) father's highest educational level completed?	What kind of work has (NAME'S) father done for most of his life?	Does (NAME'S) mother live in this household?	I.D. OF MOTHER	What was (NAME'S) mother's highest educational level completed?
	Ghanaian (Birth).....01 Ghanaian (Naturalize).02 Burkinabe03 Malian04 Nigerian05 Ivorian.....06 Togolese07 Liberian.....08 Other ECOWAS..09 Other African.10 Other11 (specify) (IF ANSWER IS 02 - 11 >> 14)	ETHNICITY	CODE	Yes1 No2 (>> 16)	>> 18	None01 Primary02 Middle/JSS03 Voc/Comm04 'O' Level05 SSS06 'A' Level07 Training College08 Tech/Prof09 Tertiary10 Koranic11 Don't Know98	Professional/ Technical.....01 Administrative/ Managerial....02 Clerical.....03 Sales.....04 Service.....05 Agricult./Ani.- Husb/Forest/ Fishing/ hunting.....06 Production & Related wks...07 Workers NEC....08 Homemaker.....09 Other (specify).....10 Don't Know.....11	Yes1 No2 (>> 20)	>> 22	None01 Primary02 Middle/JSS03 Voc/Comm04 'O' Level05 SSS06 'A' Level07 Training College....08 Tech/Prof09 Tertiary10 Koranic11 Don't Know98
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SECTION 1: HOUSEHOLD ROSTER - CONCLUDED

	21 What kind of work has (NAME'S) mother done for most of her life? Professional/ Technical.....01 Administrative/ Managerial.....02 Clerical.....03 Sales.....04 Service.....05 Agric./Ani- Husb/Forest/ Fishing/ Hunting.....06 Production & Related wks.....07 Workers NEC.....08 Homemaker.....09 Other (specify).....10 Don't Know.....11	22 For how many months during the past 12 months has (NAME) been away from this household? (IF 6 MONTHS OR LESS >> 24) MONTHS	23 While absent, is/was (NAME) a member of another household? (Including single person household). Yes1 No2	24 HOUSEHOLD MEMBER CRITERIA FOR THE SELECTION OF HOUSEHOLD MEMBER Yes ...1 No2 (>> NEXT PERSON)
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SECTION 2: EDUCATION
 PART A: GENERAL EDUCATION (RESPONDENTS: ALL HOUSEHOLD MEMBERS 3 YEARS OR OLDER)
 Now I would like to ask you some questions about your education.

I F E L I G I B L E C I R C L E I D	ID OF PERSON INTER- VIEWED	1 Has (NAME) ever attended school?		2 What was the highest grade completed?		3 What was the highest educational qualification attained?		4 Did (NAME) attend school/ college at any time during the past 12 months		5 Is (NAME) still in school?		6 Is the school (NAME) attending Public or Private?		7 What is the current grade?		8 How much time does (NAME) spend going to and from school daily?		
		Yes ...1	No2	None.....00 Pre-School ...01 P111 P212 P313 P414 P515 P616 JSS117 JSS218 JSS319	S127 S228 S329 S430 S531 L632 U633 Voc/Technical/ Computer/ Comm/Agric...41 Teacher Train ..42	None01 MSLC02 BECE03 Voc/Comm04 Teacher Tra. A ..05 Teacher Post Sec.06 GCE O Level07 SSCE08 GCE A Level09 Tech/Prof. Cert .10 Tech/Prof. Dip ..11 HND12 Bachelor13 Masters14 Doctorate15 Other16 (specify)	Yes ...1	No2	Yes1	No2	Public ..1 Private religi- ous..2 non- religi- ous..3	Pre-school.01 P111 P212 P313 P414 P515 P616 JSS1.....17 JSS218 JSS319 SSS124 SSS225 SSS326	Voc/Tech/ Computer/ Comm/Agric...41 Teacher Train..42 Nursing.....43 Polytechnic...51 University....52 Other.....61 (specify)	IF IN A BOARDING SCHOOL C O D E HRS.....00 MINS....00 > 12	HRS	MINS		
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SECTION 2: EDUCATION
 PART A: GENERAL EDUCATION
 CONT'D.

I D	ID OF PERSON INTER- VIEWED	9	10	11		I want to ask you about the educational expenses for (NAME) during the past 12 months? How much was spent on ...								21	22	23
		How many hours of class did (NAME) attend last week? (EXCLUDE EXTRA CLASSES) VACATION CODE 99	How many hours of class did (NAME) miss last week? (EXCLUDE EXTRA CLASSES) VACATION CODE 99	How many hours and minutes of home- work did (NAME) do last week?	12	13	14	15	16	17	18	19	20	Father.....1 Mother.....2 Both Parents...3 Other hse hold member...4 Other re- lative...5 Non-rela- tive.....6 Self.....7 Other.....8	Did (NAME) have a scholar- ship/ bursary during the past 12 months? Yes.....1 No.....2 (Next Person)	What was the amount of the scholarship/ bursary received for the past 12 months? AMOUNT
		HOURS	HOURS	HRS	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT			
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SECTION 2: EDUCATION
PART B: EDUCATIONAL CAREER

FOR ALL MEMBERS 12 YEARS OR OLDER

	1 Has (NAME) ever attended technical and / or vocational/ computer school?	2 How many course - years did (NAME) complete?	3 What was the highest certificate (NAME) obtained?	4 Was the technical/ computer/ vocational school (NAME) attended public or private?	5 Has (NAME) ever attended a tertiary education- al insti- tution (eg. Univer- sity, Polytech- nic, etc)?	6 How many years did (NAME) attend?	7 What was the last institution attended?	8 What was the highest quali- fication (NAME) achieved?	9 Was the tertiary institution, Public or Private?
I D	Yes1 No.....2 (>> 5)	None.....1 3 Months or less.....2 6 Months3 1 Year4 2 Years5 3 Years6 4 Years and above7	None1 NACVET2 IMIS3 NVTI4 City & Guild...5 Certificate ...6 Diploma7 Other8 (specify)	Public1 Private reli- gious....2 Private non- reli- gious....3	Yes.....1 No.....2 (>> PART 2C)	Y E A R S	Advanced/Specialist Teacher training.....1 Polytechnic.....2 University.....3 Other.....4 (specify)	None.....1 Certificate..2 Diploma.....3 HND.....4 Bachelor....5 Masters.....6 Doctorate...7 Other.....8 (specify)	Public1 Private religious...2 Private non- religious...3
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SECTION 2: EDUCATION
PART C: LITERACY / APPRENTICESHIP

R E S P O N D E N T S: ALL HOUSEHOLD MEMBERS 5 YEARS OR OLDER

	1 Can (NAME) read a phrase/sentence in English? (SHOW FLASH CARD)	2 In what Ghanaian language can (NAME) read a phrase/sentence? (SHOW FLASH CARD) STATE THE ONE IN WHICH (NAME) IS MOST PROFICIENT	3 Can (NAME) write a sentence in English? STATE THE ONE IN WHICH (NAME) IS MOST PROFICIENT	4 In what Ghanaian language can (NAME) write a sentence? STATE THE ONE IN WHICH (NAME) IS MOST PROFICIENT	5 Can (NAME) do written calculations? (USE FLASH CARD)	6 Has (NAME) ever attended a literacy course? (YES/NO)	7 If not attending/attended, why? 1 Low quality. 2 Not available. 3 Do not need. 4 Too costly. 5 Takes much time. 6 Not useful. 7 Too far. 8 Spouse does not want. 9 Other (specify)	8 For how many months (NAME) has been an apprentice? MONTHS	9 Is (NAME) or has (NAME) ever been an apprentice? Yes, currently...1 No...3 (>> 14)	10 How long was (is) the apprenticeship? YRS MTHS	11 What is the main trade (NAME) is learning or learnt? (REFER TO SECTOR TRADE/SKILLS GLSS CODE BOOK)	12 Did (NAME) pay a fee for this training? Yes, in kind...1 cash...2 Both...3 No...4 (>> 14)	13 How much did (NAME) pay for the other short training? AMOUNT	14 Has (NAME) ever attended other training courses? lasting more than 6 months?	15 What was the main subject of the most recent training? Clerical...01 Prof/Managerial...02 Computer...03 Marketing...04 Teaching...05 Leadership...06 Medicine...07 Accountancy...08 Trade/Skill...09 Other...10 (specify)
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SECTION 3: HEALTH
PART A: HEALTH CONDITION IN THE LAST TWO WEEKS

R E S P O N D E N T S : ALL HOUSEHOLD MEMBERS

I D	ID OF PERSON INTER- VIEWED	1	2	3	4	5	6	7	8	9	10
		During the last 2 weeks has (NAME) suffered from either an illness or an injury? Neither....1 (>> 5) Illness....2 Injury....3 Both.....4	For how many days during the last 2 weeks has (NAME) suffered from this condition? (1 - 14) D A Y S	During the last 2 weeks, did (NAME) have to stop the usual activities because of this condition? Yes.....1 No.....2 (>> 5)	For how many days? (1-14) D A Y S	During the last 2 weeks has (NAME) consulted a health prac- titioner, or dentist or visited a a health centre or consulted a traditional healer, etc? Yes.....1 No.....2 (>> 17)	On the most recent visit whom did (NAME) consult? Doctor.....01 Dentist.....02 Nurse.....03 Medical Asst...04 Midwife.....05 Pharmacist....06 Drug/Chemical Seller.....07 Trad. Healer...08 Trained TBA...09 Untrained TBA..10 Spiritualist...11 Other.....12 (specify)	What was the main reason for the most recent visit? Illness.....1 Injury.....2 Follow-up.....3 Check-up.....4 Prenatal care...5 Postnatal care...6 Vaccination.....7 Other.....8 (specify)	Where did the consultation take place? Hospital.....1 Clinic.....2 MCH Clinic.....3 Maternity Home.....4 Pharmacy.....5 Chemical Store..6 Consultant's Home.....7 Patient's Home.....8 Other.....9 (specify)	Is this a public or private facility? Public.....1 Private reli- gious ...2 Private non- reli- gious ...3	How much did (NAME) pay for this consultation? AMOUNT
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SECTION 3: HEALTH
PART A: HEALTH CONDITION IN THE LAST TWO WEEKS - CONCLUDED

I D	11	12		13		14	15	16	17	18	19	20	21
	How much did (NAME) pay to travel there and to return?	How much time did it take to travel to and from the facility?		How much time did (NAME) spend at the health facility?		During the last two weeks was (NAME) admitted to a hospital or health centre on account of the illness/injury?	How many nights did (NAME) stay in hospital/health centre during the last two weeks	How much did (NAME) or will (NAME) pay for staying in a hospital/health centre during the last two weeks?	During the last 2 weeks did (NAME) buy any medicine or medical supplies?	How much did (NAME) pay altogether for these medicine and medical supplies?	Total medical expenses.	For the past 12 months was (NAME) hospitalized for any illness or injury?	Who pays for the greatest portions of the health expenses incl. consultations and hospital stays (if any)?
	A M O U N T	HRS	MINS	HRS	MINS	(INCLUDE TRADITIONAL HEALING CENTRES) Yes1 No.2 (> 17)	(1 - 14) N I G H T S	A M O U N T	Yes1 No2 (> 19)	A M O U N T	A M O U N T	IF CANNOT GIVE BREAKDOWN	Household member.....ID Other relative.....80 Government.....81 Employer.....82 Household member's employer.83 Health insurance... .84 Other85 (specify)
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SECTION 3: HEALTH
 PART B: PREVENTIVE HEALTH, IMMUNIZATION, IN PAST 12 MONTHS
 THIS PART COVERS ALL CHILDREN 5 YEARS AND YOUNGER - PERSON TO BE INTERVIEWED IS CHILD'S MOTHER OR ADULT HOUSEHOLD MEMBER IN CHARGE.

I D	ID OF PERSON INTER- VIEWED	1 Has (NAME) ever been immunized? Yes1 No2 (>> 5)	2 Were any of these immunizations given to (NAME) during the past 12 months? COPY FROM IMMUNIZATION BOOK / (WEIGH-IN) CARD IF AVAILABLE Yes.....1 No2 Do not know.....3 Not applicable...4 IF ALL ANSWERS EQUAL 3 AND / OR 4 >> PART 3C Type of immunization											3 Did you have to pay any fee for these immunization? Yes.....1 No.....2 (Next Person)	4 How much was paid? NEXT PERSON A M O U N T	5 Why was (NAME) not immunized? Too young.....1 Did not know (NAME) had to..2 Health centre too far.....3 Shortage of supply.....4 Other.....5 (specify) NEXT PERSON	
			B C G	P O L I O				BOOS- TER	D P T			FIVE IN ONE	MEASLES				VITAMIN 'A'
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SECTION 3: HEALTH

PART C: POSTNATAL CARE

COVERS ALL CHILDREN 5 YEARS AND YOUNGER - PERSON INTERVIEWED SHOULD BE THE CHILD'S MOTHER OR ADULT HOUSEHOLD MEMBER IN CHARGE.

I D	ID OF PERSON INTER- VIEWED	1	2	3	4	5	6	7	8	9	10	11
		Did you or someone else take (NAME) to a health centre for a post- natal care in the past 12 months?	How many times did (NAME) go there for consultations in the past 12 months?	Did you have to pay for consulta- tions?	How much did you usually pay for one consultation?	Does (or did) the mother breastfeed (NAME)?	At what age was (NAME) weaned? REPORT IN MONTHS	At what age did (NAME) receive any liquid (except water) other than breastmilk, for the first time?	At what age was (NAME) first given water?	At what age did (NAME) receive any food other than breastmilk, for the first time?	Does (NAME) participate in a community feeding program?	Who usually looks after (NAME) during daytime?
		Yes.....1 No.....2 (>> 5)		Yes.....1 No.....2 (>> 5)	AMOUNT	Yes.....1 No.....2 (>> 9)	Still breast- feeding...87 MONTHS	Not yet...87 MONTHS	Not yet ...87 MONTHS	Not yet...87 MONTHS	Yes.....1 No.....2	Mother.....1 Adult Male2 Adult Female ...3 Male Child4 Female Child5 Creche6 Other7 (specify)
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SECTION 3: HEALTH
 PART D: FERTILITY - PRENATAL CARE
 RESPONDENTS: WOMEN 12 TO 49 YEARS OLD. INDIVIDUALS SHOULD EACH ANSWER FOR THEMSELVES.

ID OF PERSON INTERVIEWED	1	2	3	4	5	6	7	8	9	10	11	12
	Have you ever been pregnant?	Have you ever given birth to a child?	How many girls have you given birth to?	How many boys have you given birth to?	I would like to make sure you have given birth to	How many girls are still alive?	How many boys are still alive?	I would like to make sure you have total number of children alive?	Did you have any pregnancy which did not end in a live birth?	How many of those pregnancies did not end in a live Birth?	Are you pregnant now?	During the past 12 months have you been pregnant?
		IF NO PROBE										
		Even one who lived only a few hours or less.			TOTAL NUMBER OF CHILDREN (Q.3 + Q.4)			TOTAL NUMBER OF CHILDREN ALIVE (Q.6 + Q.7)				
	Yes.....1	Yes.....1							Yes.....1		Yes.....1 (> 16)	Yes.....1
	No.....2 (>> PART 3E)	No.....2 (>> 9)							No.....2 (>> 11)		No.....2	No.....2 (>> PART 3E)
			GIRLS	BOYS	TOTAL	GIRLS	BOYS	TOTAL		NON-LIVE BIRTHS		
01												
02												
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SECTION 3: HEALTH
 PART D: FERTILITY - PRENATAL CARE
 CONTINUED

	13 How did this pregnancy end?	14 Is that child still alive?	15 Are you now breast-feeding?	16 During this pregnancy did you receive any pre-natal care?	17 How old was your pregnancy when you first received pre-natal care?	18 From where did you receive that care?	19 From whom did you receive that care?	20 How many times did you go there?	21 How much did you pay for the first prenatal consultation?	22 Why didn't you go for pre-natal care?
	Live birth.....1 Still birth.....2 (7+ months, >> 16) Mis-carriage...3 (>> 16) Other.....4 (specify) (>> 16)	Yes.....1 No.....2	Yes.....1 No.....2 CHECK PART 3C Q.6	Yes.....1 No.....2 (>> 22)	WEEKS	Prenatal clinic (Private) ..1 Prenatal clinic (Public) ...2 Hospital3 Maternity Home4 Home of practitioner ...5 Other6 (specify)	Doctor01 Nurse02 Medical Asst....03 Midwife04 Pharmacist05 Chemical Seller.06 Trad. Healer....07 Trained TBA....08 Untrained TBA...09 Spiritualist....10 Other.....11 (specify)		>> PART 3E	Can't afford....1 No health care available..2 Health care too far....3 Not necessary..4 Other.....5 (specify)
									A M O U N T	
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SECTION 3: HEALTH
 PART E: CONTRACEPTIVE USE AND HIV/AIDS AWARENESS
 RESPONDENT: ALL HOUSEHOLD MEMBERS AGED 12 YEARS OR OLDER

	1 Are you or your partner using any method to prevent or delay pregnancy?	2 What main method are you or your partner using? Pill01 Male condom02 Female condom ...03 IUD.....04 Injection.....05 Female sterl.....06 Male sterl.....07 Implants.....08 Foam/Jelly.....09 LAM10 Abstinence.....11 Rhythm12 Withdrawal13 Other14 (specify) (IF Q2=10-14 >> 8)	3 IF Q.2 = 01 TO 09, ASK: How much did you pay for one the last time? AMOUNT	4 IF Q.2 = 01 TO 09 ASK Where did you get the method? Prenatal clinic (Private) ..1 Prenatal clinic (Public) ...2 Hospital3 Maternity Home.....4 Home of practitioner..5 Pharmacy/Chemist/Drug store6 Other7 (specify) >> 8	5 Why are you not using any contraceptive method?	6 Do you think you will use a contraceptive method to delay or avoid pregnancy or for any other reason at any time in the future? Yes, Delay/Avoid pregnancy.....1 Yes, Other reason.....2 No.....3 (>> 8) Don't know.....4 (>> 8)	7 Which main contraceptive method would you prefer to use?	
								CODES FOR QUESTION 5
								Not married.....11
								<i>Fertility-related reasons</i>
								Infrequent sex.....22
								No sex.....23
								Menopausal/Hysterectomy.....24
								Wants as many children as possible.....26
								<i>Opposition to use</i>
								Respondent opposed.....31
								Husband opposed.....32
								Religious prohibition.....34
								<i>Lack of knowledge</i>
								Knows No method.....41
								Knows No source.....42
								<i>Method-related reasons</i>
								Health concerns.....51
								Fear of side effects.....52
								Lack of access/too far.....53
								Cost too much.....54
								Inconvenient to use.....55
								Interferes with body's normal processes.56
								Other (specify).....96
								Don't know.....98
								CODES FOR QUESTION 7
								Pill.....01
								Male condom.....02
								Female condom.....03
								IUD.....04
								Injectables.....05
								Female sterilization.....06
								Male sterilization.....07
								Implants.....08
								Foam/Jelly.....09
								Lactational Amen. Method (LAM)....10
								Periodic abstinence.....11
								Withdrawal.....12
								Diaphragm.....13
								Other (specify).....96
								NSURE.....98
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SECTION 3: HEALTH
 PART E: CONTRACEPTIVE USE AND HIV/AIDS AWARENESS
 CONCLUDED

	8 Now I would like to talk about something else. Have you ever heard of an illness called HIV/AIDS?	9 What can people do to prevent HIV/AIDS? (UP TO 3 MAIN WAYS)			10 Is it possible for a healthy-looking person to have the AIDS virus? Yes.....1 No.....2 Don't know....8	11 Can the virus that causes AIDS be transmitted from a mother to a child? Yes.....1 No.....2 (>> 13) Don't Know....3 (>> 13)	12 If yes, by what means? During pregnancy..1 During delivery...2 During breast-feeding....3	13 What would you do to prevent yourself from being infected with the virus that causes AIDS? Abstain from sex.....1 Be faithful to partner...2 Have safe sex...3 Use a condom...4 Other.....5 (specify)	I D		CODES FOR QUESTION 9	
		1ST	2ND	3RD								
	Yes.....1 No.....2 (>> Next Person)										Abstain from sex.....01 Use condom.....02 Limit sex to one partner/stay faithful to one partner.....03 Limit number of sexual partners.....04 Avoid sex with prostitutes.....05 Avoid sex with persons who have many partners.....06 Avoid sex with homosexuals.....07 Avoid sex with persons who inject drugs intravenously.....08 Avoid blood transfusions.....09 Avoid injections.....10 Avoid sharing razors/blades.....11 Avoid kissing.....12 Avoid mosquito bites.....13 Seek protection from traditional practitioner.....14 Other (specify).....96 Don't know.....98	
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SECTION 3: HEALTH
 PART F: INSURANCE - INDIVIDUAL SPECIFIC QUESTIONS
 RESPONDENTS: ALL HOUSEHOLD MEMBERS

	1 Has (NAME) ever been registered or covered with a health insurance scheme?	2 If (NAME) has never been registered why? Premium is too high.....1 Do not have confidence in operators of the scheme.....2 Covered by other avenues.....3 No knowledge of any scheme.....4 Other.....5 (specify)	3 Is (NAME) still registered, or covered? Yes, registered....1 (>> 5) Yes, covered..2 (>> 5) No.....3	4 If (NAME) is no longer a member why? Premium is too high.....1 Do not have confidence in operators of the scheme.....2 Covered by other alternatives.....3 Was not getting benefits.....4 Other.....5 (specify)	5 If (NAME) is registered or covered, what type of scheme is he/she registered with? (CHECK MEMBERSHIP CARD) District mutual.....1 Private mutual.....2 Private company.....3 Other.....4 (specify)	6 What are the expected benefits from the scheme? Only OPD services.....1 Only in-patient services.....2 Both.....3	7 Does (NAME) pay all/part of the premium? All.....1 Part.....2 (>> 9) N/A.....4 (>> 9)	8 Has (NAME) paid premium or expected to pay for the current insurance year?		9 Has (NAME) benefitted from the scheme? Yes.....1 No.....2
								a PAID AMOUNT	b EXPECTED TO PAY AMOUNT	
01										
02										
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SECTION 4: EMPLOYMENT AND TIME USE.
 PART A: ACTIVITY STATUS AND CHARACTERISTICS OF MAIN OCCUPATION IN LAST 7 DAYS.
 RESPONDENT: ALL HOUSEHOLD MEMBERS AGED 7 YEARS OR OLDER

DD	MM	Y	E	A	R		

I would now like to ask you about activities of (NAME) over the last 7 days, that is since

M E M B E R I D	ID OF PERSON INTER- VIEWED	1	2	3	4	5	6	7	8	
		Did (NAME) do any work for pay, profit, family gain or did (NAME) produce anything for barter or home use during the last 7 days? (Including temporary absence from work)? Yes.....1 No.....2 (>> PART 4D)	During the last 7 days, how many jobs did (NAME) do altogether?	In total, how many hours did (NAME) work in all these jobs over the last 7 days?	During the last 7 days, what were the main tasks and duties in the job (NAME) spent most of his/her time on?	What kind of trade, services or industry is this work connected with? (DESCRIBE THE MAIN GOODS AND SERVICES PRODUCED)	How long has (NAME) been doing this work altogether?	During the last 7 days, how many hours did (NAME) actually work on this job?	Has (NAME) received or will (NAME) receive money for this work? Yes.....1 No.....2 (>> 11)	
			NUMBER	HOUR	M A I N O C C U P A T I O N	I S C O C O D E	I N D U S T R Y	I S I C C O D E	Y E A R S M O N T H S	H O U R S
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02										
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SECTION 4: EMPLOYMENT AND TIME USE.
 PART A: ACTIVITY STATUS AND CHARACTERISTICS OF MAIN OCCUPATION IN LAST 7 DAYS.

CONTINUED

M E M B E R I D	ID OF PERSON INTER- VIEWED	9 What is the amount (incl. any bonuses, commissions, allowances or tips) received?		10 Are taxes already deducted from (NAME's) pay?		11 What was the status of (NAME) in this job? IF CODE IS 02 - 07 (>> 22)		12 For whom did (NAME) work?		13 Does (NAME) receive any payment for this work in the form of goods or services?		14 What is the value of the goods or services provided?		15 When (NAME) started this work did he/she sign a written contract?		16 Is there a trade union at the place where (NAME) works?		<u>CODES FOR QUESTION 11</u> A paid employee.....01 <i>Non-Agric</i> Self employed with employees.....02 without employees....03 Contributing family worker.04 <i>Agric</i> Self employed with employees.....05 without employees....06 Contributing family worker.07 Domestic employee (househelp).....08 Apprentice.....09 Other (specify).....10	
		AMOUNT	TIME UNIT	Yes.....1	No.....2	Yes.....1	No.....2 (>> 15)	V A L U E	TIME UNIT	Yes.....1	No.....2	Yes.....1	No.....2						
01																			<u>CODES FOR QUESTION 12</u> Government Sector: Civil Service.....01 Other Public Service...02 Parastatals.....03 NGOs.....04 Cooperatives.....05 Inter. Organ./Diplomatic Mission.....06 Private Sector Formal (incl. paid apprentices).....07 Private Sector Informal..08 Agric. Business.....09 Other (specify).....10
02																			
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TIME UNIT

- Daily.....1
- Weekly.....2
- Fortnightly...3
- Monthly.....4
- Quarterly.....5
- Yearly.....6

SECTION 4: EMPLOYMENT AND TIME USE.
 PART A: ACTIVITY STATUS AND CHARACTERISTICS OF MAIN OCCUPATION IN LAST 7 DAYS.

CONTINUED

M E M B E R	ID OF PERSON INTER- VIEWED	17 In this job, is (NAME) entitled to paid holidays?	18 Is (NAME) entitled to paid sick leave and/or maternity leave on this job?	19 Will (NAME) receive a retirement pension?	20 Is (NAME) entitled to free or subsidized medical care in this job?	21 Is (NAME) entitled to any other social security benefits in this job?	22 Is (NAME) place of work in this village/ town?	23 Where does (NAME) usually do his/her main work?	24 How far away is (NAME) place of work from his/her home?	25 How often does (NAME) go between his/her house and place of work?	CODES FOR QUESTION 23	
											KILOMETRES	No. OF TRIPS
		Yes.....1 No.....2	Yes, sick leave.....1 Yes, maternity leave.....2 Yes, both..3 No.....4	Yes.....1 No.....2	Yes.....1 No.....2	Yes.....1 No.....2	Yes.....1 No.....2				Office.....01 Home.....02 (> 26) Factory.....03 Workshop.....04 Own land/farm.....05 Other land/farm.....06 River/ocean.....07 Hotel/restaurant/ chopbar.....08 Store/shop/ table top.....09 Street at a fixed location.....10 Street not at a fixed location...11 Lorry park.....12 Somebody's home/ " verandah...13 School.....14 Hospital/clinic...15 Other (specify)....16	
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TIME UNIT

- Daily.....1
- Weekly.....2
- Monthly.....3
- Forthnightly...4
- Quarterly.....5
- Yearly.....6

SECTION 4: EMPLOYMENT AND TIME USE.
 PART A: ACTIVITY STATUS AND CHARACTERISTICS OF MAIN OCCUPATION IN LAST 7 DAYS.

CONCLUDED

M E M B E R I D	ID OF PERSON INTER- VIEWED	26	27	28		29	30	31	32	
		How many people altogether work in the place where (NAME) works? CODE 'DK' FOR DON'T KNOW	During the last 6 months has (NAME) received any training relating to his/her work, including on-the-job training? Yes.....1 No.....2 (>> Part 4B)	How long was the training?	MONTHS	WEEKS	What type of training did (NAME) receive? Clerical....01 Prof/ Managerial.02 Computer....03 Marketing...04 Teaching...05 Leadership..06 Medicine....07 Accountancy.08 Skills/Trade Training...09 Other.....10 (specify)	Who paid for the training? (NAME) entirely....1 Employer entirely....2 Both (cost was shared..3 Free.....4 Internat- ional agency.....5 Other.....6 (specify)	Did (NAME) lose an entitlement or benefit during the period of his/her training? Yes.....1 No.....2 (>> Part 4B)	By how much was it? WRITE DIFFERENCE BETWEEN NORMAL ENTITLEMENT/ BENEFIT WHILE TRAINING AND BEFORE TRAINING
		NUMBER							A M O U N T	TIME UNIT
01										
02										
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11										
12										
13										
14										
15										

TIME UNIT

- Daily.....1
- Weekly.....2
- Fortnightly...3
- Monthly.....4
- Quarterly.....5
- Yearly.....6

SECTION 4: EMPLOYMENT AND TIME USE.

PART B: CHARACTERISTICS OF SECONDARY OCCUPATION IN LAST 7 DAYS.

CHECK, IF ANSWER TO QUESTION 2 (PART 4A) IS 1 >> PART 4C (UNDEREMPLOYMENT)

I would now like to ask you about any secondary occupation of (NAME) over the last 7 days.

M E M B E R I D	ID OF PERSON INTER- VIEWED	1 Describe the main tasks and duties in the other kind of work that (NAME) spent most time on, apart from his/her main occupation?		2 What kind of trade, services or industry is this work connected with?		3 How long has (NAME) been doing this work altogether?		4 During the last 7 days, how many hours did (NAME) actually work on this job?		5 Did (NAME) work on this job at the same time as his/her main job over the last 7 days? IF YES, how long did (NAME) do both altogether? LESS 1 DAY=0 NO.....=9		6 Has (NAME) received or will (NAME) receive money for this work? Yes.....1 No.....2 (> 8)		7 What was the amount (including any bonuses, commissions, allowances, or tips) received?	
		SEC ON D A R Y O C C U P A T I O N	ISCO C O D E	I N D U S T R Y	ISIC C O D E	Y E A R S	M O N T H S	H O U R S	D A Y S	A M O U N T	T I M E U N I T				
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SECTION 4: EMPLOYMENT AND TIME USE.
PART B: CHARACTERISTICS OF SECONDARY OCCUPATION IN LAST 7 DAYS.

CONTINUED

M E M B E R I D	ID OF PERSON INTER- VIEWED	8 What was the status of (NAME) in this job? IF CODE IS 02 - 07 (>> 19)	9 For whom did (NAME) work?	10 Does (NAME) receive any payment for this work in the form of goods or services? Yes.....1 No.....2 (>> 12)	11 What is the value of the goods or services provided?		12 When (NAME) started this work did he/she sign a written contract?	13 Is there a trade union at the place where (NAME) works?	14 In this job is (NAME) entitled to paid holidays?	15 Is (NAME) entitled to paid sick leave and/or maternity leave in this job? Yes, sick leave.....1 Yes, maternity leave.....2 Yes, both...3 No.....4	CODES FOR QUESTION 8	
					V A L U E	T I M E U N I T					A paid employee.....01 Non-Agric Self employed with employees.....02 without employees.....03 Contributing family worker..04 Agric Self employed with employees.....05 without employees.....06 Contributing family worker..07 Domestic employee (househelp).....08 Apprentice.....09 Other (specify).....10	
											CODES FOR QUESTION 9	
01												Government Sector:
02												Civil Service.....01
03												Other Public Service...02
04												Parastatals.....03
05												NGOs.....04
06												Cooperatives.....05
07												Inter. Organ./Diplomatic Mission.....06
08												Private Sector Formal (incl. paid apprentices).....07
09												Private Sector Informal..08
10												Agric. Business.....09
11												Other (specify).....10
12												
13												
14												
15												

SECTION 4: EMPLOYMENT AND TIME USE.
 PART B: CHARACTERISTICS OF SECONDARY OCCUPATION IN LAST 7 DAYS.

CONCLUDED

M E M B E R I D	ID OF PERSON INTER- VIEWED	16	17	18	19	20
		Will (NAME) receive a retirement pension?	Is (NAME) entitled to free or subsidized medical care in this job?	Is (NAME) entitled to any other social security benefits in this job?	Where does (NAME) usually do his/her work?	How many people altogether work in the place where (NAME) does this work?
		Yes.....1 No.....2	Yes.....1 No.....2	Yes.....1 No.....2		CODE 'DK' FOR DON'T KNOW
						N U M B E R
01						
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CODES FOR QUESTION 19

- Office.....01
- Home.....02
- Factory.....03
- Workshop.....04
- Own land/farm.....05
- Other land/farm.....06
- River/ocean.....07
- Hotel/restaurant
chopbar.....08
- Store/shop/table top.....09
- Street at a fixed
location.....10
- Street not at a
fixed location.....11
- Lorry park.....12
- Somebody's home/
somebody's verandah.....13
- School.....14
- Hospital/clinic.....15
- Other (specify).....16

SECTION 4: EMPLOYMENT AND TIME USE.
PART C: UNDEREMPLOYMENT IN LAST 7 DAYS.

M E M B E R	ID OF PERSON INTER- VIEWED	1 Taking all (NAME'S) jobs into consideration did (NAME) seek to change his/her work situation in the last 7 days? Yes.....1 No.....2 (>> Part 4E)	2 How did (NAME) seek to change his/her work situation in the last 7 days? (MOST IMPORTANT ONLY) More hours on current activity.....1 More hours on additional activity.....2 Change activity.....3 Other.....4 (specify)	3 What was the most important reason that made (NAME) seek to do that?	4 What steps did (NAME) take to change his/her work situation or increase earnings? (MOST IMPORTANT ONLY)	5 Is (NAME) ready and have the requirements to change his/her work situation during the next 7 days or within the next 30 days? Yes, next 7 days.....1 Yes, but within next 30 days.....2 No.....3 >> PART 4E	<p>CODES FOR QUESTION 3</p> <p>Increase his/her earning.....1 Be more suited to his/her experience & qualification.....2 Be closer to his/her home.....3 Be in his/her village/town.....4 Have improved safety at work.....5 Have less excessive hours.....6 Have better social security/ protection.....7 Have other improved working conditions.....8 Other reasons.....9 (specify)</p> <p>CODES FOR QUESTION 4</p> <p>Applied to prospective employer.....1 Checked at farms/factories/ work sites.....2 Asked friends and relatives....3 Took action to start business..4 Took action to start agricultural activity.....5 Searched newspaper adverts.....6 Searched employment services...7 Other (specify).....8 None.....9</p>
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SECTION 4: EMPLOYMENT AND TIME USE.
PART D: UNEMPLOYMENT IN LAST 7 DAYS.

M E M B E R I D	ID OF PERSON INTER- VIEWED	1	2	3	4	5	6	7
		Was (NAME) available for work during the last 7 days or within the next 30 days?	Has (NAME) made any effort during the last 7 days or past 30 days to find work?	Why has (NAME) not made any effort to find work? (MOST IMPORTANT ONLY)	What did (NAME) do in this period to find work? (MOST IMPORTANT ONLY)	What kind of job was (NAME) mostly seeking (available if not seeking) for during this period?	During this period what type of employment was (NAME) mainly seeking (available, if not seeking) for?	How long has (NAME) been seeking and/or available for work?
		Yes, last 7 days...1 Yes, but only within next 30 days..2 No.....3 (>> 10)	Yes, last 7 days.....1 (>> 4) Yes, prior to last 7 days but in last 30 days.....2 (>> 4) No.....3	>> 5		Full-time...1 Part-time...2 Other.....3 (specify)		
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CODES FOR QUESTION 3

- Thought no work available.....1
- Awaiting reply to earlier enquires.....2
- Waiting to start arranged job, business or Agric.3
- Off season in agriculture.....4
- Occupied with home duties.....5
- Illness/Injury.....6
- Full time student.....7
- On vacation.....8
- Other.....9 (specify)

CODES FOR QUESTION 4

- Applied to prospective employer.....1
- Checked at farms/Factories/ Work sites.....2
- Asked friends and relatives.....3
- Took action to start business (capital, land, equipment, etc)...4
- Took action to start agricultural activity.....5
- Upgrading skills.....6
- Searched newspaper adverts.....7
- Searched employment services.....8
- Other.....9

CODES FOR QUESTION 6

- Wage employment in:
 - Government or State enterprise....1
 - Large private firm.....2
 - Small/medium scale enterprise....3
- Self employment.....4
- Any job.....5

CODES FOR QUESTION 7

- Less than 1 month.....1
- 1 month but less than 3 months.....2
- 3 months but less than 6 months.....3
- 6 months but less than 1 year.....4
- 1 year but less than 2 years.....5
- 2 years.....6
- More than 2 years.....7

SECTION 4: EMPLOYMENT AND TIME USE.
PART D: UNEMPLOYMENT IN LAST 7 DAYS.

CONCLUDED									
M E M B E R I D	ID OF PERSON INTER- VIEWED	8 What kind of work did (NAME) do in his/her last job? (i.e. What was (NAME'S) main task or duties? (DESCRIBE ACTIVITY FULLY) IF NEVER WORKED, WRITE NONE, AND CODE 00 FOR ISCO		9 What is the lowest wage for which (NAME) is willing to work for someone?		10 Why was (NAME) not available for work during the last 7 days or within the next 30 days? In school.....1 Household duties.....2 Too old.....3 Sick.....4 Disabled.....5 Pensioner.....6 Other.....7		11 Under which conditions, if any, would (NAME) become available for work?	
		O C C U P A T I O N	ISCO CODE	A M O U N T	T I M E U N I T				
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>> PART 4E

>> PART 4E

CODES FOR QUESTION 11

- High income potential.....1
- Availability of training possibilities.....2
- Well-defined earnings.(secured)....3
- Within easy reach of residence....4
- Join spouse.....5
- Other (specify).....6

TIME UNIT

- Daily.....1
- Weekly.....2
- Fortnightly.....3
- Monthly.....4
- Quarterly.....5
- Yearly.....6

SECTION 4: EMPLOYMENT AND TIME USE.
 PART E: SCREENING QUESTIONS AND CHARACTERISTICS OF MAIN OCCUPATION IN PAST 12 MONTHS.
 RESPONDENT: ALL HOUSEHOLD MEMBERS AGED 7 YEARS OR OLDER

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I would now like to ask you about activities of (NAME) over the past 12 months, that is since

M E M B E R I D	ID OF PERSON INTER- VIEWED	1	2	3	4	5	6	7	8	
		Did (NAME) do any work for pay, profit, family gain or did (NAME) produce anything for barter or home use during the past 12 months? Yes.....1 No.....2 (>> PART 4G)	During the past 12 months, how many jobs did (NAME) do altogether?	In total, how many weeks did (NAME) work in all these jobs over the past 12 months?	During the past 12 months, what were the main tasks and duties in the job (NAME) spent most of his/her time on? IF SAME AS CURRENT MAIN/ SECONDARY OCCUPATIONS, RECORD AND >> 12	What kind of trade, services or industry is this work connected with? (DESCRIBE THE MAIN GOODS AND SERVICES PRODUCED)	Why is (NAME) not doing the same work? Sacked from job...1 Job completed..2 Seasonal work.....3 Firm closed.4 Found/ preferred other work.5 Retired.....6 Other.....7 (specify)	How long has (NAME) done or been doing this work altogether? (MAIN OCCUPATION)	Has (NAME) received or will (NAME) receive money for this work? Yes.....1 No.....2 (>> 12)	
			NUMBER	WEEKS	M A I N O C C U P A T I O N	I S C O C O D E	I N D U S T R Y	I S I C C O D E	YEARS MONTHS	
01										
02										
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SECTION 4: EMPLOYMENT AND TIME USE.
 PART E: SCREENING QUESTIONS AND CHARACTERISTICS OF MAIN OCCUPATION IN PAST 12 MONTHS

CONTINUED

M E M B E R I D	ID OF PERSON INTER- VIEWED	9 What is the amount (including any bonuses, commissions, allowances, or tips) received?		10 The last time (NAME) received this money, how many hours did (NAME) actually work? ANSWER MUST BE IN SAME TIME UNIT AS QUESTION 9		11 Are taxes already deducted from (NAME'S) pay?	12 What was the status of (NAME) in this job? IF Q.12=02-07 (>> 22)	13 For whom did (NAME) work?	14 Does/did (NAME) receive any payment for this work in the form of food, crops, animals or clothes?	15 What is the value of these goods?	16 Does/did (NAME) employer give (NAME'S) accommodation that is free or at a reduced price?	<u>CODES FOR QUESTION 12</u> A paid employee.....01 Non-Agric Self employed with employees.....02 without employees.....03 Contributing family worker..04 Agric Self employed with employees.....05 without employees.....06 Contributing family worker..07 Domestic employee (househelp).....08 Apprentice.....09 Other (specify).....10
		AMOUNT	TIME UNIT	HOURS	TIME UNIT	Yes.....1 No.....2	Yes.....1 No.....2 (>> 16)	V A L U E	TIME UNIT	Yes, free.....1 Yes, subsidized....2 No.....3 (>> 18)	<u>CODES FOR QUESTION 13</u> Government Sector: Civil Service.....01 Other Public Service...02 Parastatals.....03 NGOs.....04 Cooperatives.....05 Inter. Organ./Diplomatic Mission.....06 Private Sector Formal (incl. paid apprentices).....07 Private Sector Informal..08 Agric. Business.....09 Other (specify).....10 TIME UNIT Daily.....1 Weekly.....2 Fortnightly.....3 Monthly.....4 Quarterly.....5 Yearly.....6	
01												
02												
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12												
13												
14												
15												

SECTION 4: EMPLOYMENT AND TIME USE.
 PART E: SCREENING QUESTIONS AND CHARACTERISTICS OF MAIN OCCUPATION IN PAST 12 MONTHS

CONTINUED

M E M B E R	ID OF PERSON INTER- VIEWED	17 How much does (NAME) gain from this arrangement?		18 Does (NAME'S) employer give (NAME) free transport or reduced fares?		19 How much does (NAME) gain from this arrangement?		20 Does (NAME) receive payment for this work in any other form?		21 What is the value of this form of payment?		22 During the past 12 months, for how many weeks did (NAME) do this work?		23 During these weeks, how many hours per week did (NAME) usually work?		24 During the last 5 years has (NAME) received any training lasting at least one month relating to his/her work?		25 How long was the last training?	
		V A L U E	T I M E U N I T	V A L U E	T I M E U N I T	V A L U E	T I M E U N I T	V A L U E	T I M E U N I T	V A L U E	T I M E U N I T	W E E K S	H O U R S	MONTHS	W E E K S				

SECTION 4: EMPLOYMENT AND TIME USE.
 PART E: SCREENING QUESTIONS AND CHARACTERISTICS OF MAIN OCCUPATION IN PAST 12 MONTHS

CONCLUDED					
M E M B E R I D	ID OF PERSON INTER- VIEWED	26 How many hours a week did (NAME) receive this training?	27 Who paid for the training?	28 Did (NAME) lose any entitlement or benefit during the period of his/her training?	29 By how much was it? WRITE DIFFERENCE BETWEEN NORMAL ENTITLEMENT/BENEFIT WHILE TRAINING
		HOURS		Yes.....1 No.....2 (> Next Person)	AMOUNT TIME UNIT
01					
02					
03					
04					
05					
06					
07					
08					
09					
10					
11					
12					
13					
14					
15					

CODES FOR QUESTION 27

- Myself entirely.....1
- Employer entirely.....2
- Both (cost was shared)....3
- Free.....4
- International Agency.....5
- Other.....6
(specify)

SECTION 4: EMPLOYMENT AND TIME USE.
 PART F: SECONDARY OCCUPATION DURING THE PAST 12 MONTHS.

I would now like to ask you about your second most important occupation during the past 12 months. This job was Is this correct?

M E M B E R I D	ID OF PERSON INTER- VIEWED	1	2	3	4	5	6	7	AMOUNT	TIME UNIT
		During the past 12 months, did (NAME) do any other work beside the MAIN OCCUPATION? Yes.....1 No.....2 (>> PART 4G)	Describe the main tasks and duties in the other kind of work that (NAME) spent most time on apart from his/her main occupation? IF SAME AS CURRENT MAIN/ SECONDARY OCCUPATIONS, RECORD AND >> Q.9	What kind of trade, services or industry is this work connected with? (DESCRIBE THE MAIN GOODS AND SERVICES PRODUCED)	How long has (NAME) done or been doing this work altogether? (SECONDARY OCCUPATION)	Why is (NAME) not doing the same work? Sacked from job.....1 Job completed.....2 Seasonal work.....3 Firm closed.....4 Found/preferred other work.....5 Retired.....6 Other.....7 (specify)	Has (NAME) received or will (NAME) receive money for this work? Yes.....1 No.....2 (>> 9)	What is the amount? (Incl. any bonuses, commissions or tips received).		
		SECONDARY O C C U P A T I O N	ISCO CODE	I N D U S T R Y	ISIC CODE	YEARS	MONTHS			
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SECTION 4: EMPLOYMENT AND TIME USE.
PART F: SECONDARY OCCUPATION DURING THE PAST 12 MONTHS

CONCLUDED										CODES FOR QUESTION 9								
M E M B E R I D	ID OF PERSON INTER- VIEWED	8 The last time (NAME) received this money, how many hours did (NAME) actually work in earning it? ANSWER MUST BE IN SAME TIME UNIT AS Q.7		9 What was the status of (NAME) in this job? IF Q.9 IS 02 - 07 (>> 13)		10 For whom did (NAME) work?		11 Does/did (NAME) receive any payment for this work in the form of goods and services? Yes.....1 No.....2 (>> 13)		12 What is the value of these goods or services? V A L U E T I M E U N I T		13 During the past 12 months, for how many weeks did (NAME) do this work? W E E K S		14 During these weeks, how many hours per week did (NAME) usually work? H O U R S W E E K S		15 Did (NAME) work on this job at the same time as his/her main job? IF YES, How long did (NAME) do both together? L E S S T H A N 1 W E E K = 0 0 N O . . . 9 9		A paid employee.....01 Non-Agric Self employed with employees.....02 without employees....03 Contributing family worker..04 Agric Self employed with employees.....05 without employees....06 Contributing family worker..07 Domestic employee (househelp).....08 Apprentice.....09 Other (specify).....10
		CODES FOR QUESTION 10																
01																	Government Sector:	
02																		Civil Service.....01
03																		Other Public Service...02
04																		Parastatals.....03
05																		NGOs.....04
06																		Cooperatives.....05
07																		Inter. Organ./Diplomatic Mission.....06
08																		Private Sector Formal (incl. paid apprentices).....07
09																		Private Sector Informal..08
10																		Agric. Business.....09
11																		Other (specify).....10
12																		
13																		
14																		
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SECTION 4: EMPLOYMENT AND TIME USE
 PART G: EMPLOYMENT SEARCH IN THE PAST 12 MONTHS
 (CHECK, IF Q.1 IN PART E = 2, PROCEED WITH THIS PART).

1 During the past 12 months, for how many weeks altogether was (NAME) without any work? IF '0' >> PART 4H	2 During the past 12 months, how many weeks was (NAME) available for work? IF '0' >> Q.7	3 During the past 12 months, how many weeks did (NAME) actively look for work? IF '0' >> Q.5	4 What did (NAME) do in the past 12 months to find work? (WRITE MOST IMPORTANT ONLY) Applied to prospective employers.....1 Checked at farms/factories/work sites.....2 Asked friends and relatives.....3 Took action to start business....4 Took action to start agricultural activity.....5 Upgrading skills.....6 Searched newspaper adverts.....7 Searched employment services.....8 Other.(specify).....9	5 Why did (NAME) not look for work throughout the period he/she was available for work? (WRITE MOST IMPORTANT ONLY) Thought no work available...1 Awaiting reply to earlier enquiries.....2 Waiting to start arranged job, business or agriculture.....3 Off season in agriculture...4 Other.....5 (specify)	6 What type of work did (NAME) want when he/she was available or looking for work? Wage employment in: Government/ State Enterprise..1 Large private firm..2 Small/medium scale enterprise.....3 Self-employment: Non-agriculture....4 Agric (including livestock/fishing.5 Any job.....6 Other (specify).....7	7 What was (NAME) doing when not working and not available to work? Student.....1 Housework.....2 Disabled.....3 Sick.....4 Retired/Aged.....5 Income receiptient..6 Too young.....7 Other.....8 (specify)
W E E K S	W E E K S	W E E K S	>> 6		>> PART 4H	
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SECTION 4: EMPLOYMENT AND TIME USE
 PART H: HOUSEKEEPING -- ALL HOUSEHOLD MEMBERS 7 YEARS OR OLDER

How much time in the last 7 days did you spend on any of the following activities for the household? ENTER 0000 IF NONE

	1 Collecting firewood?		2 Fetching water?		3 Washing clothes?		4 Ironing?		5 Cleaning?		6 Cooking?		7 Shopping?		8 Running errands?		9 Washing dishes/ Pots?		10 Taking care of children?		11 Taking care of elderly?		12 Taking care of the sick?		13 Other?			
	HOURS	MINS	HOURS	MINS	HOURS	MINS	HOURS	MINS	HOURS	MINS	HOURS	MINS	HOURS	MINS	HOURS	MINS	HOURS	MINS	HOURS	MINS	HOURS	MINS	HOURS	MINS	HOURS	MINS		
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SECTION 5A: MIGRATION
 RESPONDENTS ARE ALL HOUSEHOLDS MEMBERS 7 YEARS OR OLDER

ID OF PERSON INTERVIEWED	1 Was (NAME) born in this village or town?	2 Has (NAME) ever lived away from this village/town for a year or more?	3 Has (NAME) ever moved away from this village/town for more than a year?	4 How long ago did (NAME) last move/return to this place?		5 Does (NAME) intend to stay for a year or more in this village/town?	6 Where was (NAME) living previously? Sekondi/Takoradi/ Shama01 Cape Coast02 Accra03 Ho04 Koforidua05 Kumasi06 Sunyani07 Tamale08 Bolgatanga09 Wa10 Other urban area .11 Rural area12 Other ECOWAS.....96 Africa other than ECOWAS.....97 Outside Africa....98
				YEARS	MONTHS		
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SECTION 5A: MIGRATION
 RESPONDENTS ARE ALL HOUSEHOLDS MEMBERS 7 YEARS OR OLDER (cont'd.)

ID NO.	7 What was (NAME) main activity in (NAME OF PLACE IN Q.6)? WRITE NAME AND CODE OF OCCUPATION OR CODE AS FOLLOWS Full time education.....9996 Looking for work.....9997 Other activity.....9998 (specify) No activity.....9999 (specify) <div style="border: 1px solid black; display: inline-block; padding: 2px;">>> 10</div>		8 In what industry was this work? WRITE NAME OF INDUSTRY AND CODE		9 Who was (NAME) working for?	10 What was the main reason for moving from (NAME OF PLACE Q.6) to this village/town?
	O C C U P A T I O N	ISCO CODE	I N D U S T R Y	ISIC CODE		
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HOUSEHOLD ROSTER

I D	A	B	C N A M E
N U M B E R	M E M B E R	A G E	
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SECTION 5B : DOMESTIC AND OUTBOUND TOURISM

RESPONDENTS: ALL HOUSEHOLD MEMBERS

QUESTIONS, 4, 5, 6, 7 AND 8

a = Same-day Visitors
b = Overnight Visitors

ID OF PERSON INTERVIEWED	1 Has (NAME) visited any place outside his/her usual environment (place of residence/work/trade/study, etc.) for the past 12 months? Yes.....1 No.....2 (> Next Person)	2 How many visits did (NAME) make? NUMBER	3 Were the places visited within Ghana, outside Ghana or both? In Ghana....1 Outside Ghana.....2 (>> 5) Both.....3	4 How many visits?		5		6 Which place(s) did (NAME) recently visit within Ghana?		7 For trips within Ghana, how far is the place (NAME) last visited from (NAME's) usual place of residence?		8 For trips outside Ghana, which country did (NAME) recently visit?	
				IN GHANA		OUTSIDE GHANA		a	b	a	b	a	b
				IF Q.3=1 (>> 6)		IF Q.3=2 (>> 8)		(DISTRICT CODE)	(DISTRICT CODE)	(>> 9)	(>> 9)	(>> 10)	(>> 10)
				NUMBER		NUMBER				KILOMETRES	KILOMETRES	COUNTRY CODE	COUNTRY CODE
				a	b	a	b						
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02													
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SECTION 5B: DOMESTIC AND OUTBOUND TOURISM

QUESTIONS 9, 10, 13, 14 AND 18

a = Same-Day Visitors
b = Overnight Visitors

QUESTIONS 11, 12, 15, 16 AND 17

Gh = In Ghana
Out = Outside Ghana

9 What was the main mode of travel in Ghana?		10 What was the main mode of travel outside Ghana?		11 What was the length of stay of trips made (in hours) in Ghana and outside Ghana?		12 How many nights did (NAME) spend in this place?		13 What was (NAME's) main purpose of the visits?		14 What was (NAME's) main purpose of the visits?		15 What was the main type of accommodation (NAME) stayed in?		16 Was it a packaged tour or self-arranged?				17 Who sponsored the trip?				18 Which tourist attraction sites in Ghana did (NAME) visit recently?									
a	b	a	b	SAME-DAY VISITORS		OVERNIGHT VISITORS		IN GHANA (REFER TO CODE BOOK)		OUTSIDE GHANA (REFER TO CODE BOOK)		OVERNIGHT VISITORS		a SAME-DAY		b OVERNIGHT VISITORS		Self-sponsorship.....1		Household member.....2		Private organization...3		Government.....4		International organization.....5		Other.....6 (specify)		IF NONE CODE 00	
				HOURS		NUMBER OF NIGHTS		IF Q3=1 & Q4=b (>> 15)		IF Q3=1 & Q4=a (>> 16)		Package tour.....1		Self-arranged..2		Other.....3		Package tour.....1		Self-arranged..2		Other.....3		a SAME-DAY VISITORS		b OVERNIGHT VISITORS		a		b	
a	b	a	b	Gh	Out	Gh	Out	a	b	a	b	Gh	Out	Gh	Out	Gh	Out	Gh	Out	Gh	Out	Gh	Out	Gh	Out	a	b				
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SECTION 6: IDENTIFICATION OF RESPONDENTS FOR SECTIONS: 8, 9 AND 10 OF PART B
 QUESTIONS TO BE ADMINISTERED TO THE HEAD OF HOUSEHOLD OR ANY RESPONSIBLE ADULT HOUSEHOLD MEMBER.

1. During the past 12 months did any member of the household own and/or operate a farm or keep livestock or engage in fishing?
 Yes1
 No2 (>> 4)

2. Which household members are responsible for a farm and/ or livestock?

N A M E	I.D.

TRANSFER THESE NAMES TO THE AGRICULTURE SECTION 8A.

6. Who are mainly responsible for preparing food in the household?

NAME	ID

TRANSFER THESE NAMES TO THE AGRICULTURE SECTION 8 PART H. THESE PEOPLE MUST BE AVAILABLE FOR EVERY VISIT.

3. Which household members are responsible for fishing?

N A M E	I.D.

TRANSFER THESE NAMES TO THE AGRICULTURE SECTION 8A.

4. Are any crops, livestock or fish processed for sale?
 (e.g. cassava flour, maize flour, cassava chips, smoked/salted fish)?

Yes.....1
 No.....2 >> 6

5. Which household members are mainly responsible for this processing?

NAME	ID	PROCESSING ACTIVITY

TRANSFER THESE NAMES TO THE AGRICULTURE SECTION 8G.

SECTION 7: HOUSING
 THE RESPONDENT: THE HEAD OF THE HOUSEHOLD

Now, I would like to ask you about your dwelling.

PART A: TYPE OF DWELLING:

1. In what type of dwelling does the household live?

- Separate house (Bungalow)1
- Semi-detached house2
- Flat/Apartment3
- Room(s) [Compound House]4
- Room(s) [Other Type]5
- Several Huts/Buildings [same Cpds]...6
- Several Huts/Buildings [diff. Cpds]..7
- Tents/Improvised home8
- Other9

2. How many rooms does this household occupy? (COUNT LIVING ROOMS, DINING ROOMS, BED ROOMS BUT NOT BATHROOMS, TOILET & KITCHEN)

3. Do other households share this dwelling with you?

- Yes1
- No2

PART B: OCCUPANCY STATUS OF THE DWELLING:

1. What is your present occupancy status?

- Owning1 (>> 7C Q.7)
- Renting2
- Rent-free3
- Perching4 (>> 7D)

2. Who owns this dwelling?

- Relative not household member....1
 - Other private individual.....2
 - Private employer.....3
 - Other private agency.....4
 - Public/Gov't. ownership.....5
 - Other.....6
- (specify)

PART C: HOUSING EXPENSES

1. How much does the household pay in cash towards the rent? (IF FREE, PUT ZERO FOR AMOUNT AND TIME UNIT)

AMOUNT TIME UNIT

Time Unit: Daily...1 Monthly....3 Half Yearly...5
 Weekly..2 Quarterly..4 Yearly.....6
 N/A0

2. Does your household also supply goods or services in exchange for this dwelling?

- Yes1
- No.....2 (>> 4)

3. What is the appropriate value of these goods and services provided by your household?

AMOUNT TIME UNIT

4. Is part or all of the rent paid by someone who is not a member of your household?

- Yes All.....1
 - Yes Part.....2
 - No3
- (>> 7)

5. Who pays?

- Relative1
 - Private employer2
 - Government3
 - Private individual/agency4
 - Other5
- (specify)

6. How much is paid?

AMOUNT: TIME UNIT:

SECTION 7: CONTINUED

PART C: HOUSING EXPENDITURE (Contd.)

7. How much did your household spend for construction or repair costs and painting in the last 12 months on this dwelling?

AMOUNT

4. How much water does your household use in a day?

Litre.....1	QUANTITY	UNIT
Gallon.....2	<input type="text"/>	<input type="text"/>
Bucket (No. 34)....3		

10. How much did your household receive for the water sold in the Last 2 weeks?

AMOUNT:

PART D: UTILITIES AND AMENITIES

1. What is the main source of water supply for this household?

- Indoor plumbing01
 - Inside standpipe02
 - Water truck/tanker service.....03
 - Water vendor04
 - Pipe in neighbouring household...05
 - Private outside standpipe/tap ...06
 - Public standpipe07
 - Sachet/bottled water.....08
 - Borehole.....09
 - Protected Well.....10
 - Unprotected Well.....11
 - River/stream12
 - Rain water/spring.....13
 - Dugout/pond/lake/dam.....14
 - Other15
- (specify)

DRINKING

GENERAL USE

5. How is the water supply system operated and managed?

- Self.....1
- Community operated and managed.....2
- Community Water Sanitation Agency....3
- Ghana Water Company Limited.....4
- NGO.....5
- Other (specify).....6
- Not Applicable.....7

11. What is the main source of lighting for your dwelling?

- Electricity (mains)....1
 - Kerosene.....2 (>> 13)
 - Gas lamp.....3 (>> 13)
 - Candles/Torches (flashlights).....4 (>> 13)
 - Solar energy.....5 (>> 13)
 - Generator.....6 (>> 13)
 - No light.....7 (>> 13)
 - Other.....8 (>> 13)
- (specify)

6. Does the household pay a regular bill for this water supply system?

Yes1

No2

(>> 8)

2. How far is this source of water from your dwelling?

DRINKING	DRINKING
DISTANCE: <input type="text"/>	DISTANCE CODE <input type="text"/>

GENERAL USE	GENERAL USE
DISTANCE <input type="text"/>	DISTANCE CODE <input type="text"/>

7. How much was your last bill? (Only your part if joint meter or shared bill).

AMOUNT: TIME UNIT:

3. How regular is your source of water supply

TIME UNIT FOR Q.3	NUMBER	TIME UNIT
Daily.....1	<input type="text"/>	<input type="text"/>
Weekly.....2		
Forthnightly...3		
Monthly.....4		
Other.....5		

(specify)

8. How much did your household pay to a private water vendor, neighbour or standpipe or any other source in the last 2 weeks?

AMOUNT:

9. Did your household sell any water to someone else?

Yes1

No2

(>> 11)

TIME UNIT
Daily.....1
Weekly.....2
Monthly.....3
Quarterly.....4
Half Yearly.....5
Yearly.....6

DISTANCE CODE
In house.....0
Yard.....1
Metre.....2
Kilometre.....3
Mile.....4

SECTION 7: CONTINUED

PART D: UTILITIES AND AMENITIES (contd.)

12. How much was your last bill? (Only your part if you have a joint meter or a shared bill).

AMOUNT: TIME UNIT:

13. What is the main fuel used by the household for cooking?

- None, No Cooking.....1
 - Wood.....2
 - Charcoal.....3
 - Gas.....4
 - Electricity.....5
 - Kerosene.....6
 - Crop residue/sawdust.....7
 - Animal waste.....8
 - Other.....9
- (specify)

14. How does your household dispose of refuse?

- Collected.....1
- Public dump.....2 (>> 16)
- Dumped elsewhere.....3 (>> 16)
- Burned by household....4 (>> 16)
- Buried by household....5 (>> 16)
- Other.....6 (>> 16)

15. How much does this household pay for refuse disposal?

AMOUNT: TIME UNIT:

16. What type of toilet is used by your household?

- Flush toilet (W.C).....1
 - Pit latrine.....2
 - KVIP.....3
 - Pan/bucket.....4
 - Public toilet (flush/ bucket/KVIP).....5
 - Toilet in another house.....6
 - No toilet facility (bush, beach).....7
 - Other.....8
- (specify)

} Part E

} Part E

17. How much does the household pay for the use of the toilet facility?

AMOUNT: TIME UNIT:

PART E: INFORMATION/COMMUNICATION AND TECHNOLOGY (ICT)

	1 Does the household have access to	2 Does the household use
	Yes.....1	Yes.....1
	No.....2	No.....2
(a) Fixed line telephone		
(b) Mobile phone network		
(c) Personal computers		
(d) Internet (other use)		
(e) E-commerce		
(f) Paid cable network (eg. M-NET CABLEGOLD)		

PART F: PHYSICAL CHARACTERISTICS OF THE DWELLING

1. What is the main construction material used for the outer wall?

- Mud/Mud bricks.....01
 - Wood/Bamboo.....02
 - Metal sheet/Slate/Asbestos..03
 - Stone.....04
 - Burned bricks.....05
 - Cement/Sandcrete blocks.....06
 - Landcrete.....07
 - Thatch.....08
 - Cardboard.....09
 - Other.....10
- (specify)

2. What is the main construction material used for the floor?

- Earth/Mud/Mud bricks.....1
- Wood.....2
- Stone.....3
- Cement/Concrete.....4
- Burnt bricks.....5
- Vinyl tiles.....6
- Ceramic/Marble/Tiles.....7
- Terrazzo.....8
- Other.....9

3. What is the main material used for the roof?

- Palm leaves/Raffia/Thatch....1
 - Wood.....2
 - Corrugated iron sheets.....3
 - Cement/Concrete.....4
 - Asbestos/Slate.....5
 - Roofing tiles.....6
 - Mud bricks/Earth.....7
 - Bamboo.....8
 - Other.....9
- (specify)

PART F: CONCLUDED

4. Detailed sketch of the dwelling.



5. Measure taken.

Inside.....1

Outside.....2

6. Calculate area in square metres.

AREA: