

STATISTICAL SERVICE
ACCRA, GHANA



REPUBLIC OF GHANA

**2003 CORE WELFARE INDICATORS QUESTIONNAIRE
(CWIQ II)**

A - INTERVIEW INFORMATION

Reference Number

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Write clearly within the boxes as shown below

1	2	3	4	5	6	7	8	9	0
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Shade Circles Like This--> ●

Not Like This--> ⊗ ⊙

Q.1 INTERVIEWER'S NAME

Q.2 NAME OF HEAD OF HOUSEHOLD

Q.3 REGION NAME

Q.4 DISTRICT NAME

Q.5 EA (BASE) NAME

Q.6 Number of questionnaires used for this household

A.0 REGION	A.1 EANUMBER	A.2 HOUSEHOLD	A.3 INTERVIEWER	A.4 DATE	A.5 TIME	6 RESPONDENT	A.7 SEQ.
				Day Month Year	Hour Min.	Member No.	Quest. No.
<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 1 1 2 2 3 3 4 4 5 5 6 6 7 7 8 8 9 9	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	0 0 1 1 2 2 3 3 4 4 5 5 6 6 7 7 8 8 9 9	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	0 0 0 0 0 0 1 1 1 1 1 1 2 2 2 2 2 2 3 3 3 3 3 3 4 4 4 4 4 4 5 5 5 5 5 5 6 6 6 6 6 6 7 7 7 7 7 7 8 8 8 8 8 8 9 9 9 9 9 9	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	AM PM	0 0 1 1 2 2 3 3 4 4 5 5 6 6 7 7 8 8 9 9

IMPORTANT

Create a reference number by combining the EANumber (A1), Household(A2) and Questionnaire numbers (A7).
Write this number NOW on the top of all pages.

Comments

A.8 RESULT

- 1 Complete with selected household
- 2 Complete with replacement - refusal
- 3 Complete with replacement - not found
- 4 Incomplete

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MEMBER NUMBER	1	2	3	4	5	6	7	8	9	10																																																																																																																									
00 None 01 Pre-school 11 P1 16 P6 12 P2 17 JSS1 13 P3 18 JSS2 14 P4 19 JSS3 15 P5 20 M1 27 S1 21 M2 28 S2 22 M3 29 S3 23 M4 30 S4 24 SSS1 31 S5 25 SSS2 32 L6 26 SSS3 33 U6 41 Voc/Tech/Com/Agric 42 Teacher training 43 Nursing 51 Tertiary	C.1 Can [NAME] read and write in any language?										IF PERSONS IS UNDER AGE 15 YEARS START FROM C2.																																																																																																																								
	Yes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	No	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																																																																																																													
00 None 01 Pre-school 11 P1 16 P6 12 P2 17 JSS1 13 P3 18 JSS2 14 P4 19 JSS3 15 P5 20 M1 27 S1 21 M2 28 S2 22 M3 29 S3 23 M4 30 S4 24 SSS1 31 S5 25 SSS2 32 L6 26 SSS3 33 U6 41 Voc/Tech/Com/Agric 42 Teacher training 43 Nursing 51 Tertiary	C.2 Has [NAME] ever attended school?										IF NO GO TO NEXT PERSON.																																																																																																																								
	Yes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	No	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																																																																																																													
00 None 01 Pre-school 11 P1 16 P6 12 P2 17 JSS1 13 P3 18 JSS2 14 P4 19 JSS3 15 P5 24 SSS1 25 SSS2 26 SSS3 41 Voc/Tech/Com/Agric 42 Teacher training 43 Nursing 51 Tertiary	C.3 What is the highest grade [NAME] completed?										IF NO GO TO NEXT PERSON.																																																																																																																								
		<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"/>																																																																																																													
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	Yes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	No	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																																																																																																													
00 None 01 Pre-school 11 P1 16 P6 12 P2 17 JSS1 13 P3 18 JSS2 14 P4 19 JSS3 15 P5 24 SSS1 25 SSS2 26 SSS3 41 Voc/Tech/Com/Agric 42 Teacher training 43 Nursing 51 Tertiary	C.5 Is [NAME] currently in school?										IF NO GO TO C9.																																																																																																																								
	Yes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	No	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																																																																																																													
00 None 01 Pre-school 11 P1 16 P6 12 P2 17 JSS1 13 P3 18 JSS2 14 P4 19 JSS3 15 P5 24 SSS1 25 SSS2 26 SSS3 41 Voc/Tech/Com/Agric 42 Teacher training 43 Nursing 51 Tertiary	C.6 What is the current grade [NAME] is attending?										IF NO GO TO NEXT PERSON.																																																																																																																								
		<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"/>																																																																																																													
00 None 01 Pre-school 11 P1 16 P6 12 P2 17 JSS1 13 P3 18 JSS2 14 P4 19 JSS3 15 P5 24 SSS1 25 SSS2 26 SSS3 41 Voc/Tech/Com/Agric 42 Teacher training 43 Nursing 51 Tertiary	C.7 Who runs the school [NAME] is attending?										IF NO GO TO NEXT PERSON.																																																																																																																								
	Government	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	Rel. Org/Church	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Other Private	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Other specify	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																																																																													
00 None 01 Pre-school 11 P1 16 P6 12 P2 17 JSS1 13 P3 18 JSS2 14 P4 19 JSS3 15 P5 24 SSS1 25 SSS2 26 SSS3 41 Voc/Tech/Com/Agric 42 Teacher training 43 Nursing 51 Tertiary	C.8 Did [NAME] have any problems with the school?										IF NO GO TO NEXT PERSON.																																																																																																																								
	No problem (satisfied)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	Lack of books/supplies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Poor teaching	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Lack of teachers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Facilities in bad condition	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Overcrowding	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Lack of furniture	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Other problem	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																																										
00 None 01 Pre-school 11 P1 16 P6 12 P2 17 JSS1 13 P3 18 JSS2 14 P4 19 JSS3 15 P5 24 SSS1 25 SSS2 26 SSS3 41 Voc/Tech/Com/Agric 42 Teacher training 43 Nursing 51 Tertiary	C.9 Why is [NAME] not currently in school?										IF NO GO TO NEXT PERSON.																																																																																																																								
	Not of school age	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	Completed school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Too far away	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Too expensive	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Is working (home or job)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Useless/uninteresting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Illness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Having a Child/Pregnancy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Failed exam	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Got married	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Apprenticeship	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Other specify	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

D - HEALTH

Reference Number

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MEMBER NUMBER	1	2	3	4	5	6	7	8	9	10	
	D.1 Did [NAME] have a live birth in the last 12 months?										IF MALE OR UNDER 12 YEARS GO TO D4. IF NO GO TO D4.
Yes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
No	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
	D.2 Did [NAME] receive pre-natal care during the pregnancy?										
Yes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
No	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
	D.3 Did [NAME] receive post-natal care after delivery?										
Yes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
No	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
	D.4 Was [NAME] sick or injured in the last 4 weeks?										IF NO GO TO D7.
Yes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
No	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
	D.5 What sort of sickness/injury did [NAME] suffer?										YOU MAY MARK MORE THAN ONE ANSWER.
Fever/Malaria	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Gastro Intestinal/Diarrhea	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Injury/Accident	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Dental	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Skin condition	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Eye	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Ear, nose or throat	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Coughing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
	D.6 How many days of work/school did [NAME] miss due to illness/injury?										
None	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
7 days or less	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
8 to 14 days	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
15 or more days	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
	D.7 Has [NAME] consulted a doctor, nurse, pharmacist, health professional, dentist or traditional healer for any reason during the last 4 weeks?										IF NO GO TO D11.
Yes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
No	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
	D.8 What kind of health provider/facility did [NAME] see or visit?										YOU MAY MARK MORE THAN ONE ANSWER.
Private hospital/Clinic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Public hospital/clinic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Community health center	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Private doctor/dentist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Traditional healer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Missionary/hospital	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Pharmacist/drugstore	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Other specify	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
	D.9 How many times did [NAME] consult a health provider in the last 4 weeks?										
1 to 3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
4 to 6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
More than 6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
	D.10 Did [NAME] have any problems at the time of the visit?										YOU MAY MARK MORE THAN ONE ANSWER. GO TO NEXT PERSON
No problem (satisfied)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Facilities were not clean	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Long waiting time	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
No trained professionals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Too expensive	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
No drugs available	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Treatment unsuccessful	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Poor staffing attitude	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
	D.11 Why did [NAME] not use medical care in the last 4 weeks?										YOU MAY MARK MORE THAN ONE ANSWER.
No need	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Too expensive	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Too far	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

E - EMPLOYMENT

Reference Number

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MEMBER NUMBER	1	2	3	4	5	6	7	8	9	10	
E.1 Did [NAME] do any type of work in the last 7 days?											FOR MEMBERS 5 YEARS OR OLDER IF YES GO TO E5.
Yes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
No	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
E.2 Was [NAME] absent from work in the last 7 days?											IF YES GO TO E5.
Yes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
No	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
E.3 Has [NAME] been looking for work and ready for work in the last 7 days?											
Yes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
No	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
E.4 What was the main reason [NAME] was not working in the last 7 days?											GO TO NEXT PERSON.
No work available	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Seasonal inactivity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Student	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Household/family duties	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Too old/too young	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Infirmity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Disability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
E.5 How many jobs did [NAME] have in the last 7 days?											
One	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Two	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
More than two	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
E.6 What was [NAME] employment status in the main job in the last 7 days?											
Self-empl. with employee	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Self-empl. without empl	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Unpaid family worker	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Casual worker	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Regular employee	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Domestic employees	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Student/Apprentice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Other specify	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
E.7 How many hours did [NAME] work in the main job in the last 7 days?											
Less than 20 hrs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
20 to 35 hrs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
36 - 40 hrs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
41 hrs or more	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
E.8 For whom did [NAME] work in the main job?											
Public	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Private formal	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Private Informal	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Semi-Public/Parastatal	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
NGO's/Intl Org	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
E.9 What is the main activity (industry) at the place of [NAME's] main job?											
Agric/Forestry/Fishing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Mining and Quarrying	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Manufacturing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Construction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Transport/Storage/Comm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Wholesale/Retail trade	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Finance/Insurance/Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Electricity, Gas and Water	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Community/Social serv.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
E.10 Did [NAME] seek to increase his or her earnings in the last 7 days?											IF NO GO TO NEXT PERSON.
Yes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
No	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
E.11 How did [NAME] seek to increase earnings in the last 7 days?											
More hours current activity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
More hours additional activity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Change activity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
E.12 Is [NAME] ready to take additional work in the next 7 days?											
Yes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
No	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

F - HOUSEHOLD ASSETS

Reference Number

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F.1 Does the household or a household member own the dwelling?

- Owns the dwelling (1)
- Rents the dwelling (2)
- Uses without paying rent (3)

F.2 How many rooms does this household occupy?(count living rooms, dining rooms, but not bathrooms and kitchens)

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

F.3 How many hectares of land are owned by the household?
(with one decimal, e.g. 24.7)

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

F.4 How does your land ownership situation now compare with one year ago?

- Less now (1)
- Same now (2)
- More now (3)
- Don't know (4)

F.5 Does the household use land it does not own?

- No (1)> GOTO F8
- Yes,Rented (2)
- Yes, Sharecropped (3)
- Yes, Private land provided free (4)
- Yes, Open access land (5)

F.6 How many hectares of land does the household use that it does not own?
(with one decimal, e.g. 24.7)

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

F.7 How does the size of land used but not owned compare with one year ago?

- Less now (1)
- Same now (2)
- More now (3)
- Don't know (4)

F.8 How many head of cattle and other large livestock are currently owned by the household?

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

F.9 How does this number of livestock compare to the number one year ago?

- Less now (1)
- Same now (2)
- More now (3)
- Don't know (4)

F.10 How many sheep, goats and other medium size animals are currently owned by the household?

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

F.11 How does this number of medium sized animals compare to the number one year ago?

- Less now (1)
- Same now (2)
- More now (3)
- Don't know (4)

F.12 Does the household own any of the following?

INCLUDE ITEMS ONLY IF THEY ARE IN WORKING CONDITION

- a) Electric iron (Y) (N)
- b) Refrigerator (Y) (N)
- c) Television (Y) (N)
- d) Video deck (Y) (N)
- e) Cassette player/Radio (Y) (N)
- f)Stereo system (Y) (N)
- g)Personal Computer (Y) (N)
- h) GT fixed line (Y) (N)
- i) Westel phone (Y) (N)
- j)Capital Telecom (Y) (N)
- k)Mobile: One Touch (Y) (N)
- l)Spacefon (Y) (N)
- m) Mobitel (Y) (N)
- n) Celltel (Y) (N)
- o) Mattress or bed (Y) (N)
- p) Watch or clock (Y) (N)
- q) Sewing machine (Y) (N)
- r) Electric/Gas stove (Y) (N)
- s) Kerosene stove (Y) (N)
- t) Fan (Y) (N)
- u) Sofa (Y) (N)
- v) Bicycle (Y) (N)
- w) Motorcycle (Y) (N)
- x) Vehicle (Y) (N)
- y) Generator (Y) (N)
- z) Canoe/boat (Y) (N)

F.13 Does the household have electricity?

- Yes (Y)
- No (N)

F.14 How often in the last year did you have problems satisfying the food needs of the household?

- Never (1)
- Seldom (2)
- Sometimes (3)
- Often (4)
- Always (5)

F.15 How do you compare the overall economic situation of the HOUSEHOLD with one year ago?

- Much worse now (1)
- A little worse now (2)
- Same (3)
- A little better now (4)
- Much better now (5)
- Don't know (6)

F.16 How do you compare the overall economic situation of the COMMUNITY with one year ago?

- Much worse now (1)
- A little worse now (2)
- Same (3)
- A little better now (4)
- Much better now (5)
- Don't know (6)

F.17 Who contributes most to household cash income? (record member number from section B).

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

F.18 Who contributes most to education expenses? (record member number from section B or 00).

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

F.19 Who contributes most to food expenses? (record member number from section B or 00).

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

G - HOUSEHOLD AMENITIES

Reference Number

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G.1 What is the material of the roof of the house?

- Mud (1)
- Thatch (2)
- Wood (3)
- Metal sheets (4)
- Cement/concrete (5)
- Roofing tiles (6)
- Asbestos (7)
- Other (Specify) _____ (8)

G.4 In what type of dwelling does the household live?

- Seperate house (1)
- Semi-detached house (2)
- Flat/Apartment (3)
- Compound house (rooms) (4)
- Huts/buildings(same compound) (5)
- Hotel/hostel (6)
- Tent (7)
- Improvised home(kiosk, container) (8)
- Living quarters attached to office/shop (9)
- Other (specify) _____ (0)

G.7 What is the main fuel used for cooking?

- Firewood (1)
- Charcoal (2)
- Kerosene/oil (3)
- Gas (4)
- Electricity (5)
- Crop residue/sawdust (6)
- Animal waste (7)
- Other (specify) _____ (8)

G.2 What is the material of the walls of the house?

- Mud/mud bricks (1)
- Stone (2)
- Burnt bricks (3)
- Cement/sandcrete (4)
- Wood/bamboo (5)
- Iron sheets (6)
- Cardboard (7)
- Other (specify) _____ (8)

G.5 What is the main source of drinking water?

- Piped into dwelling or compound (1)
- Public outdoor tap (2)
- Borehole (3)
- Protected well (4)
- Unprotected well, rain water (5)
- River, lake, pond (6)
- Vendor or truck (7)
- Other (specify) _____ (8)

G.8 What is the main fuel used for lighting?

- Kerosene/paraffin (1)
- Gas (2)
- Electricity (3)
- Generator (4)
- Battery (5)
- Candles (6)
- Firewood (7)
- Solar energy (8)
- Other(specify) _____ (9)

G.3 What is the main construction material used for the floor of this dwelling?

- Earth/mud/mud bricks (1)
- Cement/concrete (2)
- Stone (3)
- Burnt bricks (4)
- Wood (5)
- Vinyl tiles (6)
- Ceramic/Marble tiles (7)
- Terrazzo (8)
- Other (specify) _____ (9)

G.6 What kind of toilet facility does your household use?

- None (1)
- Flush toilet (2)
- Pan/bucket (3)
- Covered pit latrine (4)
- Uncovered pit latrine (5)
- VIP/KVIP (6)
- Other (specify) _____ (7)

G.9 How does your household dispose of refuse?

- Collected (1)
- Burned by household (2)
- Public Dump (3)
- Dumped elsewhere (4)
- Burried by household (5)
- Other (specify) _____ (6)

G10 How long in minutes does it take from here to reach the nearest ...?

	0-14	15-29	30-44	45-59	60+
A. Supply of drinking water	(1)	(2)	(3)	(4)	(5)
B. Food market	(1)	(2)	(3)	(4)	(5)
C. Public transportation	(1)	(2)	(3)	(4)	(5)
D. Primary school	(1)	(2)	(3)	(4)	(5)
E. Secondary school	(1)	(2)	(3)	(4)	(5)
F. Health clinic or hospital	(1)	(2)	(3)	(4)	(5)
G. Telecommunication facility	(1)	(2)	(3)	(4)	(5)

G11 By what means ...?

	Vehi cle	Motor cycle	Bicy cle	Foot	Ani mal	Canoe /boat
	(1)	(2)	(3)	(4)	(5)	(6)
	(1)	(2)	(3)	(4)	(5)	(6)
	(1)	(2)	(3)	(4)	(5)	(6)
	(1)	(2)	(3)	(4)	(5)	(6)
	(1)	(2)	(3)	(4)	(5)	(6)
	(1)	(2)	(3)	(4)	(5)	(6)

H - POVERTY PREDICTORS

H.1 How much was spent on soap and washing powder in the last 4 weeks	¢	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
H.2 How much was spent on rice in the last 4 weeks	¢	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
H.3 How much was spent on bread in the last 4 weeks	¢	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
H.4 How much was spent on kenkey in the last 4 weeks	¢	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
H.5 How much was spent on tomatoes in the last 4 weeks	¢	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

I - CHILDREN UNDER 5

I.1 For each child under 5 enter the child and mother's number from the list of household members.
Enter 00 if the child's mother is deceased or is not a member of the household.

Child	Mother	Child	Mother	Child	Mother	Child	Mother
<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"/>

I.2 Enter the child's date of birth.

Day	Month	Year	Day	Month	Year	Day	Month	Year	Day	Month	Year
<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"/>	<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.3 Where was the child delivered?

Hospital/maternity	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1
At home	<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2
Other	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3

I.4 Who delivered the child?

Doctor	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1
Nurse	<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2
Midwife	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3
T.B.A.	<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4
Other/self	<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5

I.5 Record each child's weight (kg with one decimal, e.g. 4.6 kg) and height (cm with one decimal, e.g. 51.3 cm).

Weight	Height	Weight	Height	Weight	Height	Weight	Height
<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"/> <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"/>

I.6 Did the child participate in the following?

Nutrition program	<input type="radio"/> Y	<input type="radio"/> N	<input type="radio"/> Y	<input type="radio"/> N	<input type="radio"/> Y	<input type="radio"/> N	<input type="radio"/> Y	<input type="radio"/> N
Weigh-ins	<input type="radio"/> Y	<input type="radio"/> N	<input type="radio"/> Y	<input type="radio"/> N	<input type="radio"/> Y	<input type="radio"/> N	<input type="radio"/> Y	<input type="radio"/> N
Polio(Camp 2002)	<input type="radio"/> Y	<input type="radio"/> N	<input type="radio"/> Y	<input type="radio"/> N	<input type="radio"/> Y	<input type="radio"/> N	<input type="radio"/> Y	<input type="radio"/> N
Vitamin A(Camp 2002)	<input type="radio"/> Y	<input type="radio"/> N	<input type="radio"/> Y	<input type="radio"/> N	<input type="radio"/> Y	<input type="radio"/> N	<input type="radio"/> Y	<input type="radio"/> N
Measles (camp2002)	<input type="radio"/> Y	<input type="radio"/> N	<input type="radio"/> Y	<input type="radio"/> N	<input type="radio"/> Y	<input type="radio"/> N	<input type="radio"/> Y	<input type="radio"/> N

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J - SUBJECTIVE WELLBEING

J.1 Taking all things together, would you say your household is?

- Very happy (1)
- Quite happy (2)
- Not very happy (3)
- Not at all happy (4)

J.2 Would you say that most of the time people try to be helpful to your household or that they are just looking out for themselves?

- Try to be very helpful (1)
- Looking out for themselves (2)
- Depends on situation (3)

J.3 How satisfied are you with your household's financial situation?

- Very satisfied (1)
- satisfied (2)
- Somewhat satisfied (3)
- Somewhat dissatisfied (4)
- very dissatisfied (5)

J.4 Using a 5 point scale where 1 means very non poor and 5 means very poor , where would you put your household?

- Non Poor (1)
- Somewhat non poor (2)
- Neither (in between) (3)
- Poor (4)
- Very Poor (5)

J.5 If there is a crisis such as poor crops , loss of job, or ill health , some people quickly become destitute while others remain secure. How would you rate your household's ability to survive such crises?

- Very secure (1)
- Somewhat secure (2)
- Average (3)
- Somewhat insecure (4)
- Very insecure (5)

J.6 Compared to 5 years ago, would you say you are more confident/secure that your household would survive in times of need or are you less confident ?

- More confident (1)
- Same (2)
- Less confident (3)

J.7 Does your household give regular financial or in kind support to parents, grown up children or any other relatives either living with you or living elsewhere ?

- Yes very regularly (1)
- Yes somewhat regularly (2)
- Yes occasionally (3)
- Hardly ever (4)
- Never (5)

J.8 How many deaths has your household suffered within the past 12 months?

- None 1 2 3+
- (1) (2) (3) (4)

J.9 Does your household get regular financial or in kind support from parents, children or other relatives either living with you or living elsewhere ?

- Yes very regularly (1)
- Yes somewhat regularly (2)
- Yes occasionally (3)
- Hardly ever (4)
- Never (5)

J.10 In times of great financial difficulty, because of ill health , a death or loss of job, who can your household turn to for help ?

- Family/relative/children/ parents (1)
- Friends/ neighbours (2)
- Groups/Associations (3)
- Government (4)
- Bank/formal credit societies (5)
- Insurance companies (6)
- Moneylenders/Informal credit (7)
- No one you can count on (8)
- Other_____ (9)

J.11 People have different opinions about the most important problems that need to be fixed to make life better. In your opinion what is the BIGGEST problem facing your household? What is the SECOND biggest problem? What is the THIRD biggest problem?

First	Second	Third
<input type="text"/>	<input type="text"/>	<input type="text"/>

INTERVIEWER, ACCEPT UP TO THREE RESPONSES, PROBE TWICE ,ALSO PROBE FOR CLARITY

01. Unemployment/No jobs
02. Poverty
03. Inflation
04. Lack of credit /Finance
05. Taxes
06. Lack/poor quality of land
07. Illness /Epidemic
08. Lack of health care
09. Drinking water
10. Sanitation /Waste disposal
11. Education
12. Domestic violence
13. Social isolation
14. Fighting between groups
15. Drunkenness/drug abuse
16. Housing
17. Roads and bridges
18. Transportation system
19. Corruption
20. Political instability
21. Politicians
22. Crime and theft
23. Violence/security/safety
24. Frequent interrruption of Electricity
25. Negative Cultural Practices
26. Other

K- VIOLENCE CRIME AND SAFETY

K.1 Sometimes different groups living in the same area live together peacefully
Other times there is tension and disagreement among different groups.
How would you describe your community/ neighbourhood these days?

- There is no tension and different groups live together peacefully 1
- In the past there was some conflict and tension among groups, but now people live peacefully 2
- In the past there was no conflict and tension but now there is tension and conflict 3
- There is tension and disagreement among groups, but no violence 4
- There is tension and disagreement which often lead to violence among groups 5
- There are no groups living together 6

K.2 In the last 5 years, have different groups of people in your community / neighbourhood used force or violence against your household or one another?

- Yes, frequently 1
- Yes, occasionally 2
- Never 3

K.3 Compared to five years ago, what is the level of violence among groups in your area ?

- No violence 1
- Decreased a lot 2
- Decreased somewhat 3
- Remained about the same 4
- Increased somewhat 5
- Increased a lot 6
- N/A 7

K.4 In general how safe would you say you and your household are from crime and violence at home?

- Very safe 1
- Somewhat safe 2
- Not too safe 3
- Not at all safe 4

K.5 Do members of your household feel safe walking down your street at night?

- Very safe 1
- Somewhat safe 2
- Not too safe 3
- Not at all safe 4

K.6 How much confidence do you have that state authorities can protect your household and property from crime and violence?

- Extremely confident 1
- confident 2
- Somewhat confident 3
- Not very confident 4
- Not confident at all 5

K.7 Is there a policing or neighbourhood watch system in your area ?

- Yes, organised 1
- Yes, informal 2
- No 3

K.8 In the past 12 months, have you or anyone else in your household been a victim of a violent crime, such as physical /sexual assault(rape or defilement) or mugging (eg pickpocketing or spousal abuse)?

- Yes 1
- No 2

K.9 What is the major cause of conflict in your community?.

- No conflict 1
- Indebtedness 2
- Ethnic conflict 3
- Political differences 4
- Marriage 5
- Land disputes 6
- Chieftaincy 7
- Religion 8
- N/A 9

K.10 Has any member of your household been involved in any road accident in the past 12 months

- Yes 1
- No 2

L - COMMUNICATIONS

L.1 Is your community easily accessible by road all year round ?

- Yes, throughout the year 1
- Yes, only during certain seasons 2
- No, not easily accessible 3
- No road 4

L.2 How common is it for people in this area to marry outside their religion/ethnic group ?

- Not common 1
- Somewhat common 2
- Very common 3

L.3 How often, if at all do members of your household read a daily newspaper or have one read to them or listen to the radio ?

- | | | |
|--------------|-------------------------|-------------------------|
| | Radio | Newspaper |
| Regularly | <input type="radio"/> 1 | <input type="radio"/> 1 |
| Occasionally | <input type="radio"/> 2 | <input type="radio"/> 2 |
| Hardly ever | <input type="radio"/> 3 | <input type="radio"/> 3 |
| Never | <input type="radio"/> 4 | <input type="radio"/> 4 |

L.4 List the three most important source of news and information for your household?

First	Second	Third

INTERVIEWER, DO NOT READ LIST ACCEPT UP TO THREE RESPONSES, PROBE TWICE, ALSO PROBE FOR CLARITY

01. Newspaper/Journals/Magazine
02. Radio
03. Television
04. Church/Rel. Org
05. Clubs/Groups/Associations
06. Business/work associations
07. Neighbourhood sources
08. Outside town/Village
09. Family/Relatives
10. Friends/Neighbours
11. Government officials
12. Internet
13. Don't get
14. Other

A.9 INTERVIEW END

Hour		Min.	
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

AM
 PM