

STATISTICAL SERVICE



REPUBLIC OF GHANA

GHANA LIVING STANDARDS SURVEY 6

(WITH LABOUR FORCE MODULE)

2012/2013

HOUSEHOLD QUESTIONNAIRE

PART A

REGION:

DISTRICT:

E.A. NUMBER:

HOUSEHOLD:

SUMMARY OF SURVEY RESULTS

INTERVIEWER

VISIT	SECTION	V I S I T S						C H E C K - U P V I S I T S			INTERVIEWER	DATA ENTRY OPERATOR			
		D A T E			RESULTS COMPLETE í í .1 PARTIAL í í ..2 DISCONTINUED..3	D U R A T I O N		D A T E						RESULTS COMPLETE í í .1 PARTIAL í í ..2	
		DD	MM	YEAR		HR	MIN	DD	MM	YEAR					
FIRST	1, 2, 5, 6, 7														
SECOND	3, 8H, 9A, 9B														
THIRD	4, 8H, 9B														
FOURTH	8A-G, 8H, 9B														
FIFTH	8H, 9B, 9C, 10														
SIXTH	8H, 9B, 11														
SEVENTH	8H, 9B, 12														

OBSERVATION AND COMMENTS

OBSERVATION AND COMMENTS

REMARKS BY THE INTERVIEWER ON THE FIRST VISIT _____

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REMARKS BY THE SUPERVISOR ON THE FIRST VISIT _____

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REMARKS BY THE INTERVIEWER ON THE SECOND VISIT _____

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REMARKS BY THE SUPERVISOR ON THE SECOND VISIT _____

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REMARKS BY THE INTERVIEWER ON THE THIRD VISIT _____

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REMARKS BY THE SUPERVISOR ON THE THIRD VISIT _____

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REMARKS BY THE INTERVIEWER ON THE FOURTH VISIT _____

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REMARKS BY THE SUPERVISOR ON THE FOURTH VISIT _____

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REMARKS BY THE INTERVIEWER ON THE FIFTH VISIT _____

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REMARKS BY THE SUPERVISOR ON THE FIFTH VISIT _____

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REMARKS OF INTERVIEWER ON THE SIXTH VISIT _____

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REMARKS BY THE SUPERVISOR ON THE SIXTH VISIT _____

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REMARKS BY THE INTERVIEWER ON THE SEVENTH VISIT _____

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REMARKS BY THE SUPERVISOR ON THE SEVENTH VISIT _____

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VISIT 1

HOUSEHOLD ROSTER

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.

INTERVIEWER WRITE

Respondent Name:.....

ID Code:.....

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 previous night.

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

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.

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

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.

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.

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?

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.

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

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5. CLASSIFY EACH PERSON ACCORDING TO THE FOLLWING CRITERIA

.....

LOOK AT THE ANSWER TO QUESTION 22.

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

- 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
- **IF THE MEMBER INTENDS TO STAY IN THIS HOUEHOLD FOR AT LEAST 6 MONTHS**

ENTER PROPER CODE IN QUESTION 24.

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

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

TRANSFER THE HOUSEHOLD ROSTER ON PAGE 5.5 ALSO TO PAGE 12.4 OF PART B

SECTION 1: HOUSEHOLD ROSTER

FOR EACH PERSON LISTED (THESE QUESTIONS ARE FOR IDENTIFYING HOUSEHOLD MEMBERS AFTER LISTING ON PAGE 5.5 FLAP)

Start Time: i i i i i i i i

1	2	3	4			5		12 years or older				10	11
								6	7	8	9		
								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)		
DD	MM	YEAR	YRS.	MTH.	I.D.								
I	SEX	What is the relationship of (NAME) to head of household?	What is (NAME(S)) date of birth?			How old is (NAME)?							
D	Male...1 Female...2	Head.....01 Spouse (Wife/Husband).....02 Child (Son/daughter).....03 Grandchild.....04 Parent/Parent-in-law.....05 Son/Daughter-in-law.....06 Other relative.....07 Adopted/Foster/step child.....08 Househelp.....09 Non-relative.....10 Other(specify).....11	ASK PERSON TO GET DOB, BIRTH CERTIFICATE AND COPY DATE OF BIRTH OR IF NOT AVAILABLE CODE			YEARS AND MONTHS IF 5 YEARS OR UNDER, OTHERWISE YEARS ONLY							
			DD = 99 MM = 99			(IF LESS THAN 12 YEARS OLD >>10)							
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SECTION 1: HOUSEHOLD ROSTER

I D	12	13		14	15	16	16a		17	18	19
	What is (NAMEŃ) nationality? Ghanaian by Birth.....01 Dual Nationality.....02 Ghanaian by naturalization.....03 Gambian.....04 Burkinabe.....05 Malian.....06 Nigerian.....07 Ivorian.....08 Togolese.....09 Liberian.....10 Other ECOWAS.....11 Other African.....12 European.....13 American (North/South).....14 Asian.....15 Oceanian.....16 (IF ANSWER IS 03 – 16>> 14)	To which ethnic group(s) does (NAME) belong? IF NAME BELONGS TO ONLY ONE ETHNIC GROUP, LEAVE SECOND CODE BLANK		Does (NAMEŃ) father live in this household? Yes.....1 No.....2 (>> 16)	I.D. OF BIOLOGICAL FATHER (>> 18)	What is/was highest educational level attained by (NAMEŃ) father? None.....00 Kindergarten.....01 Primary.....02 JSS/JHS.....03 Middle.....04 SSS/SHS.....05 Secondary.....06 Voc/Tech/Comm.....07 Teacher Training/Agric Nursing Cert.....08 Post Sec. Dip (HND, Teacher training, Nursing, Unive. Dip) í í í ..09 Bachelor degree.....10 Post graduate.....11 DonŃ knowí í í í ..12 (IF DK >>17)	What is the highest grade completed by (NAMEŃ) father at that level? Noneí í ..00 Pre-school..01 P1.....11 P2.....12 P3.....13 P4.....14 P5.....15 P6.....16 JSS1/JHS1..17 JSS2/JHS2..18 JSS3/JHS3..19 M1.....20 M2.....21 M3.....22 M4.....23 SSS1/ SHS1í í ..24 SSS2/SHS2.....25		SSS3/SHS3.....26 SHS4í í í ..27 S1.....28 S2.....29 S3.....30 S4.....31 S5.....32 L6.....33 U6.....34 Voc/Tech/Computer/CommAgric..41 Teach/ Trainingí í í 42 Nursing.....43 Polytechnicí ..51 Universityí í ..52 Other tertiary...53 Other (specify)..61	What kind of work has (NAMEŃ) father done for most of his life? Professional/Technical. 01 Administrative/ Managerial.í í í .02 Clerical.....03 Sales.....04 Service.....05 Agric/Ani. Husbandry/est/fishing/hunting...06 Production & related workí í í .í í ..07 Workers NEC.....08 Homemaker.....09 Other (specify).....10 DonŃ know.....11	Does (NAMEŃ) mother live in this household? Yes.....1 No.....2 (>> 20)
		1 ST ETHNIC CODE	2 ND ETHNIC CODE								
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SECTION 1: HOUSEHOLD ROSTER

I D	20	20a		21	22	23	24		
	What is/was highest educational level attained by (NAME) mother?	What is the highest grade completed by (NAME) mother at that level?		What kind of work has (NAME) mother done for most of her life?	For how many months during the past 12 months has (NAME) been away from this household? (IF 6 MONTHS OR LESS >> 24)	While absent, is/was (NAME) a member of another household? (Including single person household)	HOUSEHOLD MEMBER CRITERIA FOR THE SELECTION OF HOUSEHOLD MEMBER Yes.....1 No.....2 (>> NEXT PERSON)		
	None.....00 Kindergarten.....01 Primary.....02 JSS/JHS.....03 Middle.....04 SSS/SHS.....05 Secondary.....06 Voc/Tech/Comm.....07 Teacher Training/Agric Nursing Cert.....08 Post Sec. Dip (HND, Teacher training, Nursing, Unive. Dip).....09 Bachelor degree.....10 Post graduate.....11 Don't know (IF DK >>21).....12	None.....00 Pre-school.....01 P1.....11 P2.....12 P3.....13 P4.....14 P5.....15 P6.....16 JSS1/JHS1.....17 JSS2/JHS2.....18 JSS3/JHS3.....19 M1.....20 M2.....21 M3.....22 M4.....23 SSS1/SHS1.....24 SSS2/SHS2.....25	SSS3/SHS3.....26 SHS4.....27 S1.....28 S2.....29 S3.....30 S4.....31 S5.....32 L6.....33 U6.....34 Voc/Tech/Computer/Comm/Agric.....41 Teacher Training.....42 Nursing.....43 Polytechnic.....51 University.....52 Other tertiary.....53 Other (specify).....61	Professional/Technical.....01 Administrative/Managerial.....02 Clerical.....03 Sales.....04 Service.....05 Agric/Ani. Husbandry/Forest/fishing/hunting.....06 Production & related work.....07 Workers NEC.....08 Homemaker.....09 Other (specify).....10 Don't know.....11		Yes.....1 No.....2			
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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 L L E R E D	I D O F P E R S O N	1	1a	2		2a	3	4	5	6	7	
		Has (NAME) ever attended school? Yes.....1 (>>2) No.....2	What is/was the main reason why (NAME) has never attended school? Too young í í íí .01 Disabled/illnessíí í .02 No school / school too far..03 Cannot afford schooling...04 Family did not allow schoolingí05 Not interested in school.....06 Education not considered valuableí í í í í07 School not safeí08 To learn a jobí .í í09 To work for pay í í10 To work as unpaid worker in family business/farmí 11 Help at home with household choresí .í í .12 Otherí í í í í í13 (specify) <div style="border: 1px solid black; padding: 2px; display: inline-block;">>> PART 2C</div>	What is the highest grade completed? IF OPTION IS 00 OR 01 >>3 None.....00 Pre-school.....01 P1.....11 P2.....12 P3.....13 P4.....14 P5.....15 P6.....16 JSS1/JHS1.....17 JSS2/JHS2.....18 JSS3/JHS3.....19 M1.....20 M2.....21 M3.....22 M4.....23 SSS1/SHS1.....24 SSS2/SHS2.....25 SSS3/SHS3.....26		SHS4.....27 S1.....28 S2.....29 S3.....30 S4.....31 S5.....32 L6.....33 U6.....34 Voc/Tech/Computer/Comm/Agric.....41 Teacher Training.....42 Nursing.....43 Polytechnic.....51 University.....52 Other Tertiary.....53 Other (specify)....61	At what age did (NAME) start primary school? (AGE IN COMPLETED YEARS)	What was the highest educational qualification attained? None.....00 Kindergarten.....01 Primary.....02 JSS/JHS.....03 Middle.....04 SSS/SHS.....05 Secondary.....06 Voc/Tech/Comm.....07 Teacher Training/Agric Nursing/Cert.....08 Post Sec. Dip (HND, Teacher training, Nursing, Unive, Dipí í í í09 Bachelor degree.....10 Post graduate.....11	Did (NAME) attend school/college at any time during the past 12 months? Yes...1 No....2 (>> Part 2B)	Is (NAME) still in school? Yes...1 No....2 (>> 12)	Is the school (Name) attending Public or Private? Public.....1 Private religious....2 Private non-religious....3	What is the current grade? Pre-school.....01 P1.....11 P2.....12 P3.....13 P4.....14 P5.....15 P6.....16 JSS1/JHS1.....17 JSS2/JHS2.....18 JSS3/JHS3.....19 SSS1/SHS1.....24 SSS2/SHS2.....25 SSS3/SHS3.....26 SHS4.....27 Voc/Tech/Comp/Comm/Agric.....41 Teacher Training.....42 Nursing.....43 Polytechnic.....51 University.....52 Other Tertiary.....53 Other (specify).....61
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SECTION 2: EDUCATION
 PART A: GENERAL EDUCATION - FOR THOSE WHO ATTENDED SCHOOL IN THE LAST 12 MONTHS ANSWER 9-23

I F E L I G I B L E C I C L E D I D	ID OF PERSON INTER- VIEWED	8		9	10	10a	11		I want to ask you about the educational expenses for (NAME) during the past 12 months? (DO NOT INCLUDE BURSARY AND SCHOLARSHIP) How much was spent on									
		How much time does (NAME) spend going to and from school daily? IF IN A BOARDING SCHOOL CODE HRS.....00 MINS.....00 (>> 12)		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 IF NAME DID NOT MISS A CLASS >> 11	Why did (NAME) miss class last week? School vacation.....01 Teacher absent.....02 Physical/emotional violence from teacher.....03 Physical/emotional violence from peers.....04 Bad weather.....05 To help family business.....06 Working outside family business.....07 Taking care of children/elderly.....08 To help with household tasks.....09 Illness/injury.....10 Sent for school fees.11 Other (specify) i f .12	How many hours and minutes of homework did (Name) do last week?		12	13	14	15	16	17	18	19	20	
		HRS	MINS	HOURS	HOURS		HRS	MINS	AMOUNT	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)

I D	1	2		3	4	5	6	7	8	9
	Has (NAME) ever attended technical and/vocational/computer school?	How many course 6 years did (NAME) complete?		What was the highest certificate (NAME) obtained?	Was the technical/computer/vocational school (NAME) attended public or private?	Has (NAME) ever attended a tertiary educational institution (e.g. university, Polytechnic, etc.)?	How many years did (NAME) attend/attending?	What was the last institution attended?	What was the highest qualification (NAME) achieved?	Was the tertiary institution Public or Private?
	Yes.....1 No.....2 (>> 5)	YEARS	MONTHS	None.....1 NACVET.....2 IMIS.....3 NVTI.....4 City & Guild.....5 Certificate.....6 Diploma.....7 Other (specify).....8	Public.....1 Private religious..2 Private non-religious.....3 Quasi govt í í í 4	Yes1 No.....2 (>> PART 2C)	CODE 00 IF NOT UP TO A YEAR	Advanced/ Specialist Teacher Training.....1 Polytechnic.....2 University.....3 Other (specify).....4	None.....1 Certificate.....2 Diploma.....3 HND.....4 Bachelor.....5 Masters.....6 Doctorate.....7 Other (specify).....8	Public.....1 Private religious.....2 Private non-religious.....3 Quasi govt í í í í 4
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SECTION 2: EDUCATION

PART C: LITERACY/ APPRENTICESHIP

(RESPONDENTS: ALL HOUSEHOLD MEMBERS 11 YEARS OR OLDER)

PERSON ID	1	2	3	4	5	6	7	8	9	10		11	
	Can (NAME) read a phrase/sentence in English or French? (SHOW FLASH CARD)	In what Ghanaian language can (NAME) read a phrase/sentence? (SHOW FLASH CARD) STATE THE ONE IN WHICH (NAME) IS MOST PROFICIENT	Can (NAME) write a sentence in English/French?	In what Ghanaian language can (NAME) write a sentence?	Can (NAME) do written calculations? USE FLASH CARD	Has (NAME) ever attended a literacy course?	If not attending/attended, why?	For how many months has (NAME) been attending/attended a literacy course?	Is (NAME) an apprentice or has (NAME) ever been an apprentice?	How long was (is) the apprenticeship?		What is the main trade (NAME) is learning or learnt? (REFER TO SECTOR TRADE/SKILLS GLSS6 CODE BOOK)	
	Yes, English...1 Yes, French... 2 Yes, both... 3 No.....4	None.....1 Twi/Fanti.....2 Ewe.....3 Ga-Dangme.....4 Dagbani.....5 Frafra/Grusi.....6 Nzema.....7 Wali/Dagari.....8 Other (specify).....9	Yes English..1 Yes French..2 Yes both...3 Noí4	None.....1 Twi/Fanti.....2 Ewe.....3 Ga-Dangme.....4 Dagbani.....5 Frafra/Grusi.....6 Nzema.....7 Wali/Dagari.....8 Other (specify).....9	Yes1 No.....2	Yes1 (> 8) No.....2	Low quality.....1 Not available.....2 Do not need...3 Too costly.....4 Takes much time.....5 Not useful.....6 Too far.....7 Spouse does not want.....8 Other (Specify)í .9	MONTHS	Yes, currentlyí ..1 Yes, in past.....2 No.....3 (> 14)	YRS	MTHS	MAIN TRADE	CODE
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SECTION 2: EDUCATION
 PART C: LITERACY (CONT'D)

	12	13	14	15
I	Did (NAME) pay a fee for this training?	How much did (NAME) pay for the training?	Has (NAME) ever attended other short training courses lasting not more than 6 months?	What was the main subject of the most recent training?
D	Yes, in kind.....1 Yes, in cash.....2 Both.....3 No.....4 (>> 14)	AMOUNT GH¢	Yes.....1 No.....2 (>> NEXT MEMBER)	Clerical.....01 Prof/Managerial.....02 Computer.....03 Marketing.....04 Teaching.....05 Leadership.....06 Medicine.....07 Accountancy.....08 Trade/Skill.....09 Other (specify).....10
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SECTION 3: HEALTH
PART A: HEALTH CONDITION IN THE LAST 2 WEEKS

RESPONDENTS: ALL HOUSEHOLD MEMBERS

I D	ID OF PERSON INTER- VIEWED	1	2	3	4	5	6	7	8				
		During the last 2 weeks has (NAME) suffered from either an illness or injury? Neither.....1 (>> 5) Illness.....2 Injury.....3 Both.....4	For how many days during the last 2 weeks has (NAME) suffered from this conditions? (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 ó 14) D A Y S	During the last 2 weeks has (NAME) consulted a health practitioner, visited a health facility or consulted a traditional healer? Yes.....1 No.....2 (>> 21)	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 Traditional Healer.....08 Trained TBA.....09 Untrained TBA.....10 Spiritualist.....11 Other (specify).....12	What was the main reason for the most recent visit? Illness.....1 Injury.....2 Follow up.....3 Check up.....4 Prenatal care.....5 Delivery í í 6 Postnatal care....7 Vaccination.....8 Other (specify)..9	Where did the consultation take place? Public Health Sector: Teaching Hospitalí ...01 Regional Hospital.....02 District Hospitalí í ..03 Other Public Hospital..04 Polyclinicí í í05 Health Centerí í í ..06 CHPSí í í07 MCH Clinicí í í í 08 Maternity Homeí í .09 Other (specify)í .. í .10 Private Health Sector: Hospital.....11 Clinic.....12 Maternity Home.....13 Chemical store.....14 Medical Practitioner Homeí í í í í 15 Patient's Home.....16 Mission Hospital/ Clinicí í í í í ..17 Pharmacyí í í í .18 Other (specify).....19 Medical Alternative: Homeopathy..20 Traditional Healer's Homeí í ..21 Other (specify)í .22			NAME OF FACILITY	CODE
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SECTION 3: HEALTH

PART A: HEALTH EXPENDITURE IN THE LAST 2 WEEKS

I D	9		10		11		12		13		14		15		16		17		
	How much did (NAME) pay for this registration/ card/folder at the health facility? (IN NEW CURRENCY)		How much did (NAME) pay for consultation? (IN NEW CURRENCY)		How much did (NAME) pay for diagnosis (x-ray, lab, etc.)? (IN NEW CURRENCY)		How much did (NAME) pay for drugs and treatment? (IN NEW CURRENCY)		How much did (NAME) pay for overall treatment or services received? (IN NEW CURRENCY)		Did (NAME) make any other payment apart from what is stated before and the amount?		How much did (NAME) pay to travel there and return?		How much time did (NAME) take to travel to and from the facility?		How much time did (Name) spend at the health facility? (excluding admission)		
	GHe		GHp		GHe		GHp		GHe		GHp		GHe		GHp		TRAVEL TIME		
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SECTION 3: HEALTH
PART A: HEALTH CONDITION AND DISABILITY

HEALTH CONDITION IN THE LAST 2 WEEKS										DISABILITY			
I D	18	19	20		21	22		23		24	25	26	27
	During the last 2 weeks was (NAME) admitted to a hospital or health facility for at least one night on account of the illness/injury? (INCLUDE TRADITIONAL HEALING CENTRES) Yes1 No.....2 (>> 21)	How many nights did (NAME) stay in hospital/health facility during the last 2 weeks? (1 - 14) NIGHTS	How much did (NAME) or will (NAME) pay for staying in a hospital/health facility during the last 2 weeks? (ADMISSION FEE) GH¢ GHp	During the last 2 weeks did (NAME) buy any medicine or medical supplies? Yes1 No.....2 (>> 24)	How much did (NAME) pay altogether for these medicines and medical supplies? GH¢ GHp	Total medical expenses IF CANNOT GIVE BREAKDOWN (Q9 TO Q15 AND Q20 + Q22) GH¢ GHp	During the last 12 months was (NAME) hospitalized for any illness or injury? Yes.....1 No.....2	Who pays for the largest portions of (NAME) health expenses incl. Consultations and hospital stays (if any)? Household member.....ID Other relative.....80 Government.....81 Employer.....82 Household members employer.....83 Health Insurance.....84 Other (specify).....85	Does (NAME) have any serious disability that limits his/her full participation in life activities (such as mobility, work, social life, etc.) Yes.....1 No.....2 NEXT PERSON	What type of disability does (NAME) have? Sight.....1 Hearing.....2 Speech.....3 Physical.....4 Intellect.....5 Emotional.....6 Other (specify).....7			
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SECTION 3: HEALTH

PART B: INSURANCE 6 INDIVIDUAL SPECIFIC QUESTIONS

RESPONDENTS: ALL HOUSEHOLD MEMBERS

I D	ID OF PERSON INTER- VIEWED	1 Has (NAME) ever been registered or covered with a health insurance scheme? Yes, registered.....1 (>> 3) Yes, covered.....2 (>> 3) No.....3	2 If (NAME) has never been registered why? Premium is too high.....01 Do not have confidence in operators of the schemes....02 Covered by other alternatives....03 No knowledge of any scheme....04 Do not know where to register.05 Registration officer too far í í 06 Do not need health insurance í 07 Health insurance does not cover the services I need í í í í ..08 Health insurance does not cover the facilities I use í í í í ..09 No money í í í í í í í ..10 Other (specify).....96 >> PART 3C	3 Is (NAME) still registered, or covered? Yes, registered...1 (>> 5) Yes, covered.....2 (>> 5) No.....3	4 If (NAME) is no longer registered or covered why? Premium is too high.....01 Do not have confidence in operators of the schemes.....02 Covered by other alternatives....03 Was not getting benefits.....04 Registered, but not fully paid í 05 Registered/Renewed, card not received í í í í í í ..06 Registered, in waiting period í 07 Registered not renewed í í ..08 Lost insurance card. í í í í ..09 No money í í í í í í í ..10 Other (specify).....96 >> PART 3C	5 If (NAME) is registered or covered, what type of health insurance scheme is he/she registered with? National/District Health Insurance (NHIS) í í1 Private Health Insurance....2 Both í í í í í í í í 3	6 How was (NAME) membership of the health insurance achieved? Paid premium myself.....1 Premium paid by a relative or friend.....2 Premium paid by employers.....3 Premium paid by SSNIT..4 Exempt as indigent í í ..5 Exempt as under 18 í í ..6 Exempt as aged í í í ..7 Free Maternal Service í ..8 Other (specify) í í í í ..9	7 Does (NAME) hold a valid Health Insurance Scheme (NHIS) card? Yes, card seen.....1 Yes, card not seen.2 No í í3
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SECTION 3: HEALTH
 PART B: INSURANCE & INDIVIDUAL SPECIFIC QUESTIONS

I D	8					9				10				11	
	What are the expected benefits from the HIS? (MULTIPLE CHOICE)					Does (NAME) pay premium and/or processing fee to become a member?				Has (NAME) paid premium or expected to pay for the current insurance year?				Has (NAME) benefitted from the scheme?	
	Only OPD services.....A In-patient services.....B Medication.....C Diagnostic (lab, x-ray, etc. íD All the aboveí í í í E Other (specify)í í í .F					Processing only.....1 Premium and processing.....2 Exempted.....3 (>>11) N/A.....4 (>> 11)				(a) PREMIUM		(b) PROCESSING FEE		Yes1 No.....2	
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SECTION 3: HEALTH

PART C: PREVENTIVE HEALTH, IMMUNIZATION IN PAST 12 MONTHS

THIS PART COVERS ALL CHILDREN UNDER 5(0- 59 MONTHS) - PERSON TO BE INTERVIEWED IS CHILD'S MOTHER OR ADULT HOUSEHOLD MEMBER IN CHARGE

I D	ID OF PERSON INTERVIEWED	1		2											3		4		5
		Has (NAME) ever been immunized?		Were any of these immunizations given to (NAME) during the past 12 months?											Did you have to pay any fee for these immunizations?		How much was paid?		Why was (NAME) not immunized?
		Yes.....1 No.....2 (>> 5)		CHECK FROM CHILD HEALTH RECORD BOOK IF AVAILABLE Yes.....1 No.....2 Do not know.....3 Not applicable.....4 IF ALL ANSWERS EQUAL 3 AND/OR 4 >> Q.6; (IF ALL ANSWERS EQUAL 2>>5) Type of immunization											Yes.....1 No.....2 (>>6)		<div style="border: 1px solid black; padding: 2px; display: inline-block;">>>6</div> GH¢ GHp		Too young.....1 Did not know (NAME) had to....2 Health facility too far.....3 Shortage of supply.....4 Completed taken it...5 Other (specify).....6
B C G	P O L I O				P E N T A (D P T)			M E A S L E S	Y E L L O W F E V E R	V I T A M I N =Aø									
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SECTION 3: HEALTH
 PART C: POSTNATAL CARE
 THIS PART COVERS ALL CHILDREN UNDER 5(0- 59 MONTHS) AND YOUNGER - PERSON TO BE INTERVIEWED IS CHILD'S MOTHER OR ADULT HOUSEHOLD MEMBER IN CHARGE

I D	ID OF PERSON INTER- VIEWED	6	7	8	9		10	11	12	13	14	15
		Did you or someone else take (NAME) to a health facility for a postnatal care in the past 12 months? Yes.....1 No.....2 (>> 10)	How many times was (NAME) there for consulta- tions in the past 12 months?	Did you have to pay for consultation? Yes.....1 No.....2 (>> 10)	How much did (NAME) usually pay for one consultation?	Does (or did) the mother breastfeed (NAME)? Yes1 No.....2 (>> 14)	At what age did (NAME) receive any liquid (except water) other than breast- milk, for the first time? Not yet.....87 MONTHS	At what age was (NAME) first given water? Not yet.....87 MONTHS	At what age did (NAME) receive any food other than breast- milk, for the first time? Not yet.....87 MONTHS	Does (NAME) participate in a community feeding program? Yes1 No.....2	Who usually looks after (NAME) during daytime? Mother.....1 Adult Male.....2 Adult female.....3 Male child.....4 Female child.....5 Crèche.....6 Other (specify)...7	
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SECTION 3: HEALTH
PART D: FERTILITY AND PRE-NATAL CARE

RESPONDENTS: WOMEN 12 TO 49 YEARS OLD. INDIVIDUALS SHOULD EACH ANSWER FOR THEMSELVES

I D	ID OF PERSON INTER- VIEWED	1	2	3	4	5	6	7	8	9	10	11	12
		Have you ever been pregnant? Yes.....1 No.....2 (>> PART 3E)	Have you ever given birth? IF NO PROBE Even one who lived only a few hours or less. Yes1 No.....2 (>> 9)	How many girls have you given birth to? GIRLS	How many boys have you given birth to? BOYS	I would like to make sure you have given birth to..... TOTAL NUMBER OF CHILDREN (Q.3 + Q.4) TOTAL	How many girls are still alive? GIRLS	How many boys are still alive? BOYS	I would like to make sure you have(total number) children alive? TOTAL NUMBER OF CHILDREN ALIVE (Q.6 + Q.7) TOTAL	Did you have any pregnancy which did not end in a live birth? Yes1 No.....2 (>> 11)	How many of those pregnancies did not end in a live birth? NON-LIVE BIRTHS	Are you pregnant now? Yes1 (>> 16) No.....2	During the past 12 months have you been pregnant? Yes1 No.....2 (>> PART 3E)
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SECTION 3: HEALTH

PART D: FERTILITY - PRENATAL CARE

I D	13	14	15	16	17	18	19	20	21		22
	How did this pregnancy end?	Is that child still alive?	Are you breast-feeding?	During this pregnancy did you receive any antenatal care?	How old was your pregnancy when you first received antenatal care?	From where did you receive that care?	From whom did you receive that care?	How many times did you go there?	How much did you pay for the first antenatal consultation?		Why didn't you go for antenatal care?
	Live birth.....1 Still birth.....2 (7+months, >>16) Miscarriage.....3 (>>16) Other (specify)..4 (>>16)	Yes ..1 No....2 (>> 16)	Yes1 No.....2	Yes1 No.....2 (>>22)	WEEKS	Antenatal clinic (Private).....1 Antenatal clinic (Public).....2 Hospital.....3 Maternity Home...4 Home of Practitioner.....5 Other (specify).....6	Doctor.....01 Nurse.....02 Medical Asst.....03 Midwife.....04 Pharmacist.....05 Chemical Seller..06 Trad. Healer.....07 Trained TBA.....08 Untrained TBA...09 Other (specify)....10		(IN NEW CURRENCY) GH¢ GHp		Can't afford.....1 No health care available...2 Health care too far.....3 Not necessary.....4 Health personnel not friendly í í í í í 5 Other (specify).....6
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SECTION 3: HEALTH

PART E: CONTRACEPTIVE USE AND HIV/AIDS AWARENESS

RESPONDENT: ALL HOUSEHOLD MEMBERS AGED 12 YEARS OR OLDER

I D	1	2	3	4		5	6	7	8	<p align="center">CODES FOR QUESTION 6</p> <p>Not married.....11 Pregnant/Partner pregnant í í í í í í ..12</p> <p><i>Fertility-related reasons</i> Infrequent sex.....22 No sex.....23 Menopausal/Hysterectomy.....24 Wants as many children as possible.....26</p> <p><i>Opposition to use</i> Respondent opposed.....31 Spouse/partner opposed.....32 Religious prohibition.....34</p> <p><i>Lack of knowledge</i> Knows No method.....41 Knows No source.....44</p> <p><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 Not available.....57 Other (specify).....96 Don't know.....98</p> <p align="center">CODES FOR QUESTION 8</p> <p>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 Diaphragm.....12 Withdrawal.....13 Other (specify).....96 UNSURE.....98</p>
	Are (NAME) or (NAMEs) partner using any method to prevent or delay pregnancy? Yes1 No.....2 (>>6)	What main method are (NAME) or your partner using? Pill.....01 Male condom.....02 Female condom.....03 IUD.....04 Injection.....05 Female Sterilization.....06 Male Sterilization.....07 Implants.....08 Foam/Jelly.....09 LAM.....10 Abstinence.....11 Rhythm.....12 Withdrawal.....13 Other (specify).....14 (IF Q2=10-14 >> 8)	Did (NAME) use the method in the last 12 months? Yes1 No.....2 (>>6)	IF Q.2 = 01 TO 09, ASK: How much did (NAME) pay for the service the last time?	GH¢	GHp	IF Q.2 = 01 TO 09 ASK: Where did (NAME) get the method? Antenatal clinic (Private)...1 Antenatal clinic (Public)...2 Hospital.....3 Maternity Home.....4 Home of Practitioner.....5 Pharmacy/Chemist/ Drug store.....6 Other (specify).....7 <div style="border: 1px solid black; padding: 2px; display: inline-block;">>> 9</div>	Why are you not using any contraceptive method? (REFER TO CODES)	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 (>> 9) Don't know.....4 (>> 9)	
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SECTION 3: HEALTH

PART E: CONTRACEPTIVE USE AND HIV/AIDS AWARENESS

I D	9 Now I would like to talk about something else. Have you ever heard of an illness called HIV/AIDS? Yes1 No.....2 (>> NEXT PERSON)	10 What can people do to prevent HIV/AIDS? (UP TO 3 MAIN WAYS) (REFER TO CODES)			11 Is it possible for a healthy looking person to have the AIDS virus? Yes.....1 No.....2 Don't know.....8	12 Can the virus that causes AIDS be transmitted from mother to child? Yes.....1 No.....2 (>> 14) Don't know.....8 (>> 14)	13 If yes, by what means? During pregnancy....1 During delivery.....2 During breast-feeding.....3 During pregnancy/delivery í í í .4 During pregnancy/breastfeeding í .5 During delivery/ Breastfeeding í í .6 All above í í í .7	14 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 (specify).....6
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CODES FOR QUESTION 10

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
 Pregnant women/breast feeding mothers should take anti-retroviral drugs í í í í í í í í í í ...15
 Other (specify).....96
 Don't know.....98

SECTION 4: EMPLOYMENT AND TIME USE

PART A: CURRENT ECONOMIC ACTIVITY STATUS AND CHARACTERISTICS OF MAIN OCCUPATION IN LAST 7 DAYS.

RESPONDENTS: ALL HOUSEHOLD MEMBERS AGED 5 YEARS OR OLDER

D	D	M	M	Y	Y	Y	Y
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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		9	
		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 even if it was for only one hour? Yes.... 1 (>> 4) No.....2	In the last 7 days was (NAME) an apprentice? Yes....1 (>> 4) No.....2	Was (NAME) temporarily absent from work in the last 7 days or did (NAME) have a job, business, or other economic or farming activity that he/she will definitely return to? Yes.... 1 (>> 6) No.....2 (>> PART 4D)	During the last 7 days, how many jobs did (NAME) do/have 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? i.e. describe the main job/task (NAME) was performing e.g. carrying bricks; mixing baking flour; harvesting maize; etc	DESCRIBE MAIN OCCUPATION	ISCO CODE	What kind of goods, services or industry is this work connected with? (DESCRIBE THE MAIN GOODS AND SERVICES PRODUCED)	INDUSTRY	ISIC CODE	YEARS	MONTHS
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SECTION 4: EMPLOYMENT AND TIME USE.

PART A: CURRENT ECONOMIC 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	10	11	12	13	14	15	16
		During the last 7 days when did (NAME) usually carry out these activities? During the day (between 6 a.m. and 6 p.m.)1 In the evening or at night (after 6 p.m.).....2 During both the day and the evening (for the entire day).....3 On the week-end.....4 Sometimes during the day, sometimes in the Evening.....5	<u>FOR CHILDREN ATTENDING SCHOOL ONLY (5-17YRS)</u> During the last 7 days when did (NAME) usually carry out these activities? After school.....1 Before school.....2 Both before or after School.....3 On the week-end.....4 During missed school hours/days.....5 During vacation í í 6	At what age did (NAME) started to work for the first time in his/her life? (As regular or casual employee, self employed, employer or unpaid family worker)	To what extent is (NAME) satisfied with his/her job? (Read out responses below) Very satisfied.....1 Somewhat satisfied.....2 Somewhat Unsatisfied.....3 Not satisfied.....4	Would (NAME) like to change his/her current employment situation? Yes.....1 No.....2	Do you believe that in the next 12 months (NAME) would be able to keep his/her main job? Very likely.....1 (>> 17) Likely, but not Certain2 Not likely.....3 Do not know.....4	Does the uncertainty of the situation bother (NAME)? Yes.....1 No.....2
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SECTION 4: EMPLOYMENT AND TIME USE.
PART A: CURRENT ECONOMIC ACTIVITY STATUS AND CHARACTERISTICS OF MAIN OCCUPATION IN LAST 7 DAYS

M E M B E R I D	ID OF PERSON INTER- VIEWED	17	18		19	20	21	22
		Has (NAME) received or will (NAME) receive money for this work? Yes, received í ..1 Yes, yet to receive...2 (>>20) No.....3 (>>20)	AMOUNT GH	TIME UNIT	Are taxes already deducted from (NAME) pay? Yes.....1 No.....2	What was the status of (NAME) in this job? REFER TO CODE IF CODE IS 02- 08 (>> 31)	In what sector was (NAME) mainly working? REFER TO CODE	Does (NAME) receive any payment for this work in the form of goods and services? Yes.....1 No.....2 (>> 24)
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CODES FOR QUESTION 20

- 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 (house help).....08
- Casual workers.....09
- Apprentice.....10
- Other(specify)í í í í í í í í 11

CODES FOR QUESTION 21

- Government sector:
- Civil Service.....01
- Other Public Service.....02
- Parastatals.....03
- NGOs (local & International).....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

SECTION 4: EMPLOYMENT AND TIME USE.

PART A: CURRENT ECONOMIC ACTIVITY STATUS AND CHARACTERISTICS OF MAIN OCCUPATION IN LAST 7 DAYS

M E M B E R I D	ID OF PERSON INTER- VIEWED	23		24	25	26	27	28	29	30	31	
		VALUE GH	TIME UNIT	What is the value of the goods or services provided?	When (NAME) started this work was there a contract? Yes written....1 Yes Oral/verbal 2 No.....3	Is there a trade union at the place where (NAME) works? Yes.....1 No.....2	In this job, is (NAME) entitled to paid holidays? Yes.....1 No.....2	Is (NAME) entitled to paid sick leave and/or maternity leave on this job? Yes, sick leave.....1 Yes, maternity Leave.....2 Yes, both.....3 No.....4	Will (NAME) receive a retirement benefit/pensi on? Yes.....1 No.....2	Is (NAME) entitled to free or subsidized medical care in this job? Yes.....1 No.....2	Is (NAME) entitled to any other social security benefits in this job? Yes.....1 No.....2	Is (NAME) place of work in this village/town? Yes.....1 No.....2
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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: CURRENT ECONOMIC ACTIVITY STATUS AND CHARACTERISTICS OF MAIN OCCUPATION IN LAST 7 DAYS

M E M B E R I D	ID OF PERSON INTER- VIEWED	32	33		34		35	36	37	
		Where does (NAME) usually do his/her main work?	DISTANCE	DISTANCE CODE	NO. OF TRIPS	TIME UNIT	CODE 099986 FOR DONOT KNOW NUMBER	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)	MONTHS	WEEKS
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CODES FOR QUESTION 32

- Office.....01
- Home.....02 >> 35
- Factory.....03
- Workshop.....04
- Own land / farm.....05
- Other land / farm.....06
- River / Ocean.....07
- Hotel / restaurant / chop bar.....08
- Store / shop / table topí09
- 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
- Construction sites.....16
- Marketí í í í í í í í í 17
- Other (specify).....18

TIME UNIT

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

DISTANCE CODE

- Yard.....1
- Metre.....2
- Kilometre.....3
- Mile.....4

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

M E M B E R I D	ID OF PERSON INTER- VIEWED	38	39	40	41	
		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? Free.....1 (NAME) entirely.....2 Employer entirely.....3 Both (cost was shared).....4 International 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	AMOUNT GH
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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 B: CURRENT ECONOMIC ACTIVITY STATUS AND CHARACTERISTICS OF SECONDARY OCCUPATION IN LAST 7 DAYS.

CHECK, IF ANSWER TO QUESTION 4 (PART 4A) IS BLANK, PROBE IF NAME HAS SECONDARY OCCUPATION, THEN ADMINISTER PART B. IF ANSWER TO Q4 IS BLANK OR NAME HAS NO SECONDARY OCCUPATION OF ANSWER 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		2		3		4	5	6	7	
		Describe the main tasks and duties in the other kind of work that (NAME) spent most time on, apart from his / her main occupation?	ISCO CODE	INDUSTRY	ISIC CODE	YEARS	MONTHS	HOURS	During the last 7 days, how many hours did (NAME) actually work on this job? IF YES, how long did (NAME) do both altogether? LESS 1 DAY =0 NO.... í í í =9	Did (NAME) work on this job at the same time as his/her main job over the last 7 days? Yes.....1 Yes, yet to receiveí .2 (>>8) Noí í3 (>>8)	Has (NAME) received or will (NAME) receive money for this work? Yes.....1 Yes, yet to receiveí .2 (>>8) Noí í3 (>>8)	AMOUNT GH
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SECTION 4: EMPLOYMENT AND TIME USE.
PART B: CURRENT ECONOMIC ACTIVITY STATUS AND CHARACTERISTICS OF SECONDARY OCCUPATION IN LAST 7 DAYS

M E M B E R I D	ID OF PERSON INTER- VIEWED	8	9	10	11		12	13	14	15
		What was the status of (NAME) in this job? REFER TO CODES FOR QUESTION 8 IF CODE IS 02 ó 08 (>> 19)	For whom did (NAME) work? REFER TO CODES FOR QUEST.9	Does (NAME) receive any payment for this work in the form of goods or services? Yes.....1 Yes, yet to receive.....2 (>>12) No.....3	What is the value of the goods or services provided? AMOUNT GH¢	TIME UNIT	When (NAME) started this work was there a contract? Yes writtenf .1 Yes Oral/verbalí .2 No.....3	Is there a trade union at the place where (NAME) works? Yes.....1 No.....2	In this job is (NAME) entitled to paid holidays? Yesf í í .1 Noí í í .2	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
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CODES FOR QUESTION 8

- 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 (house help).....08
- Casual workers.....09
- Apprentice.....10
- Other (specify).....11

CODES FOR QUESTION 9

- Government sector:
- Civil Service.....01
- Other Public Service.....02
- Parastatals.....03
- NGOs (local & International).....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

SECTION 4: EMPLOYMENT AND TIME USE.

PART B: CURRENT ECONOMIC ACTIVITY STATUS AND 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 í í .1 Noí í í ..2	REFER TO CODES FOR QUESTION 19	CODE 9998 FOR DONØT KNOW NUMBER
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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 / chopbarí ...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
- Market.....16
- Other (specify).....17

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

M E B E R	ID OF PERSON INTER- VIEWED	1	2	3	4	5
		Taking all (NAME's) jobs into consideration did (NAME) seek to change his/her work situation in the last 7 days? Yesí1 No.....2 (>> PART 4E)	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)	What was the most important reason that made (NAME) seek to do that? REFER TO CODES FOR QUESTION 3	What steps did (NAME) take to change his/her work situation or increase earnings? (MOST IMPORTANT ONLY) REFER TO CODES FOR QUESTION 4	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
01						
02						
03						
04						
05						
06						
07						
08						
09						
10						
11						
12						
13						
14						
15						

CODES FOR QUESTION 3

Increase his/her earnings.....	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 (specify).....	9

CODES FOR QUESTION 4

Applied to prospective employer.....	1
Checked at farm/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 internet.....	7
Searched employment services.....	8
Other (specify).....	9
None.....	10

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 Was (NAME) available for work during the last 7 days or within the next 4 weeks if there had been an opportunity to work? Yes, last 7 days.....1 Yes, but only within the next 4 weeks...2 No.....3 (>> 10)	2 Has (NAME) made any effort during the last 7 days or past 4 weeks to find work or start own business? Yes, last 7 days.....1 Yes, prior to last 7 days but in the 4 weeksí ..2 No.....3 (>> 4)	3 What did (NAME) do in this period to find work? (MOST IMPORTANT ONLY) (SEE CODES) (>>5)	4 Why has (NAME) not made any effort to find work or start a business? (MOST IMPORTANT ONLY) (SEE CODES) >>8	5 Was the job (NAME) seeking full time or part time? Full time.....1 Part time.....2	6 During this period what type of employment was (NAME) mainly seeking/ available for, if not seeking?	7 How long has (NAME) been seeking and/or available for work?
01								
02								
03								
04								
05								
06								
07								
08								
09								
10								
11								
12								
13								
14								
15								

CODES FOR QUESTION 3

- Applied to prospective employer.....01
- Checked at farm/factories/work sites.....02
- Asked friends and relatives.....03
- Took action to start business.....04
- Took action to start agricultural activity..... 05
- Upgrading skills.....06
- Searched internet..... 07
- Searched newspaper adverts.....08
- Searched employment services.....09
- Looked for land, building, equipmentf í í í .f ...10
- Registered at an employment centref í í í .f í ..11
- Took a test or interviewf í í í í í í í í í ..12
- Waited on the street to be recruited for casual work..13
- Sought financial assistance to look for work or
start a businessf í í í .f í í í í í í í ..14
- Applied for a permit or licence to start a businessf ..15
- Placed/answered job advertisement(s)f í í í í í ..16
- Other (specify)f í í í í í í í í í í .f ..f í ..17

CODES FOR QUESTION 4

- No jobs availablef ..f í í í í í í í í í .f 01
- Unable to find work requiring NAME's skillsf02
- Lost hope of finding any kind of workf í í í .f ..03
- Lacks necessary schooling, training, skills or
experiencef í í í í í í í í í .f04
- Employers think too old/too young to work.f í í .f ..05
- Awaiting the seasons for workf í í í .f í .f ..06
- Waiting to be recalled to former jobf í í .f07
- Pregnancyf í í í í í í í í í .f08
- Sickness/injuryf í í í í í í í í í .f09
- Disabled or unable to work (handicappedf í .f í ..10
- Housewife/family responsibilitiesf í í .f í ..11
- Child care problemsf í í í í í í í í í12
- Education or trainingf í í í í í í í í í .f ..13
- Undergoing training to help find workf í í í .f ..14
- Transportation problemsf í í í í í ..f í15
- Retirementf í í í ..f í í í í í í í í í ..16
- Believe that no work is availablef í í í í .f ..17
- Legal restriction (convict and others
restricted by law)f í í í í í í í í í í ..18
- Await result for recruitment to the public service.....19
- Do not want to workf í í í í í í í í í í .f ..20
- Other (specify)f í í í í í í í í í í ..f í ..21

CODES FOR QUESTION 6

- 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 OCCUPATIONAL 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? >>> PART 4E		10 Why was (NAME) not available for work during the last 7 days or within the next 4 weeks days? In school.....01 Household duties.....02 Too old.....03 Sick.....04 Disabled05 Pensioner.....06 Pregnancy í í í07 Too young.....08 No desire to workí í 09 Off-seasonf ...í í í 10 Temporary lay-offí ...11 Holidayí í í í í í 12 Strikeí í í í í í ..13 Lock-outí í í í í .14 Temporary disorganisationí í ...15 Other.....16	11 Under which conditions, if any, would (NAME) become available for work?	12 Has (NAME) ever refused a job that was offered to him/her? Yesí í í ..1 Noí í í ..2 (>> PART E)	13 Why did (NAME) refuse? (Select the main reason) Wages offered were too low.....01 Work was not interesting.....02 Location was not convenient.....03 Work would not match my level of qualificationsí í í í í ..04 Work would require too few hours...05 Work would require too many hours.06 Family did not approve of the job offeredí í í í í í .í .07 Waiting for a better job offerí .í í 08 There was no contract length offered or contract length was too shortí .í í í í í ..í í í ...09 Saw no possibilities for advancementí í .í í í í í ..10 Other (specify).....11
		OCCUPATION	ISCO	AMOUNT GH¢	TIME UNIT				
01									
02									
03									
04									
05									
06									
07									
08									
09									
10									
11									
12									
13									
14									
15									

CODES FOR QUESTION 11

- High income potential.....1
- Availability of training possibilitiesí í í2
- Well-defined earnings secured).....3
- Within easy reach of residence.....4
- Join spouse.....5
- Other (specify).....6
- Upon Completion of schoolí í í í í í .07
- When I recoverí í í .í í ..08
- After child deliveryí í í í .09
- When I grow oldí í 04
- After vacationí í í 05
- When strike is overí 06
- When season is over...07
- Other (specify)í í í 08

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.
 RESPONDENTS: ALL HOUSEHOLD MEMBERS AGED 5 YEARS OR OLDER

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

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

MEMBER ID	ID OF PERSON INTERVIEWED	1	2	3	4	5	6		7		
		Did (NAME) do any work for pay (cash or in ókind), profit or family gain in the past 12 months for at least 1 hour? Yes.... 1 (>> 4) No.....2	In the past 12 months was (NAME) an apprentice? Yes.... 1 (>> 4) No.....2	Was (NAME) temporarily absent from work in the past 12 months? Yes.... 1 No.....2 (>> PART 4G)	During the past 12 months, how many jobs did (NAME) do altogether?	NUMBER	In total, how many weeks did (NAME) work in all these jobs over the past 12 months? WEEKS	During the past 12 months, what were the main tasks and duties in the job (NAME) spent most of his/her time on? i.e. describe the main job/task (NAME) was performing e.g. carrying bricks; mixing baking flour; harvesting maize; etc MAIN OCCUPATION		ISCO CODE	What kind of trade, services or industry is this work connected with? (DESCRIBE THE MAIN GOODS AND SERVICES PRODUCED) IF SAME AS CURRENT MAIN/SECONDARY OCCUPATION AND INDUSTRY IN THE LAST 7 DAYS, RECORD AND >> 24 INDUSTRY
01											
02											
03											
04											
05											
06											
07											
08											
09											
10											
11											
12											
13											
14											
15											

SECTION 4: EMPLOYMENT AND TIME USE.
 PART E: USUAL ECONOMIC ACTIVITY STATUS AND CHARACTERISTICS OF MAIN OCCUPATION IN PAST 12 MONTHS - CONTINUED

M E M B E R I D	ID OF PERSON INTER- VIEWED	8 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 Other7 (specify)	9 How long has (NAME) been doing this work altogether? (MAIN OCCUPATION)		10 Has (NAME) received or will (NAME) receive money for this work? Yes.....1 Yes, yet to receive.....2 (>>14) No.....3 (>> 14)	11 What is the amount (incl. any bonuses, commissions, allowances or tips) received?		12 The last time (NAME) received this money, how many hours did (NAME) actually work? ANSWER MUST BE IN SAME TIME UNIT AS QUESTION 11		13 Are taxes already deducted from (NAME's) pay? Yes.....1 No.....2	14 What was the status of (NAME) in this job? IF CODE IS 02- 08 (>> 24)	15 For whom did (NAME) work?
			YEARS	MONTHS		AMOUNT GH¢	TIME UNIT	HOURS	TIME UNIT			
01												
02												
03												
04												
05												
06												
07												
08												
09												
10												
11												
12												
13												
14												
15												

CODES FOR QUESTION 14

- 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
- Casual workers.....09
- Apprentice.....10
- Other (specify).....11

CODES FOR QUESTION 15

- Government sector:
- Civil Service.....01
- Other Public Service.....02
- Parastatals.....03
- NGOs (local & International).....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

SECTION 4: EMPLOYMENT AND TIME USE.
 PART E: USUAL ECONOMIC ACTIVITY STATUS AND CHARACTERISTICS OF MAIN OCCUPATION IN PAST 12 MONTHS - CONTINUED

M E M B E R	ID OF PERSON INTER- VIEWED	16		17		18		19		20		21		22	
		Does /did (NAME) receive any payment for this work in the form of food, crops, animals or clothes?		What is the value of these goods?		Does / did (NAME) employer give (NAME) accommodation that is free or at a reduced price?		How much does (NAME) gain from this arrangement?		Does / did (NAME) employer give (NAME) free transport or reduced fares?		How much does (NAME) gain from this arrangement?		Does (NAME) receive payment for this work in any other form?	
I D		Yes.....1				Yes, free.....1				Yes, free.....1				Yes.....1	
		No.....2 (>> 18)		VALUE GH	TIME UNIT	Yes, Subsidized....2		VALUE GH	TIME UNIT	Yes, Subsidized....2		VALUE GH	TIME UNIT	No.....2 (>> 24)	
01															
02															
03															
04															
05															
06															
07															
08															
09															
10															
11															
12															
13															
14															
15															

SECTION 4: EMPLOYMENT AND TIME USE.
 PART E: USUAL ECONOMIC ACTIVITY STATUS AND CHARACTERISTICS OF MAIN OCCUPATION IN PAST 12 MONTHS - CONCLUDED

M E M B E R I D	ID OF PERSON INTER- VIEWED	23 What is the value of this form of payment?		24 During the past 12 months, for how many weeks did (NAME) usually work?	25 During these weeks, how many hours per week did (NAME) usually work?	26 During the last 5 years has (NAME) received any training lasting at least one month <u>relating to</u> his/her work? Yes.....1 No.....2 (>>PART F)	27 How long was the training? (If NAME received more than one training, how long was the last one?)		28 How many hours in a week did (NAME) receive this training?	29 Who paid for the training? REFER TO CODES	30 Did (NAME) lose any entitlement or benefit during the period of his/her training? Yes.....1 No.....2 (>>PART F)	31 By how much was it? WRITE DIFFERENCE BETWEEN NORMAL ENTITLEMENT/ BENEFIT WHILE TRAINING.	
		VALUE GH	TIME UNIT	WEEKS	HOURS		MONTHS	WEEKS	HOURS			AMOUNT	TIME UNIT
01													
02													
03													
04													
05													
06													
07													
08													
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10													
11													
12													
13													
14													
15													

**CODES FOR
QUESTION 29**

- Myself entirely.....1
- Employer entirely.....2
- Both (cost was shared).3
- Free.....4
- International Agency...5
- Parent/Guardian.....6
- Other.....7
(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 wasIs this correct?.

M E M B E R I D	ID OF PERSON INTER- VIEWED	1	2		3		4		5	6	7					
		During the past 12 months, did (NAME) do any other work beside the MAIN OCCUPATION? Yes.....1 No.....2 (>> PART 4G)	Describe the main occupation (tasks) and duties in the other kind of work that (NAME) spent most time on, apart from his / her main occupation?	What kind of trade, services or industry is this work connected with? (DESCRIBE THE MAIN GOODS AND SERVICES PRODUCED) IF SAME AS CURRENT MAIN/SECONDARY OCCUPATION AND INDUSTRY IN THE LAST 7 DAYS, RECORD AND >> Q.13	How long has (NAME) 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 Yes, yet to receive.....2 No.....3 (>> 9)	What was the amount (including any bonuses, commissions, or tips) received?	SECONDARY OCCUPATION	ISCO CODE	SECONDARY INDUSTRY	ISIC CODE	YEARS	MONTHS	AMOUNT GH	TIME UNIT
01																
02																
03																
04																
05																
06																
07																
08																
09																
10																
11																
12																
13																
14																
15																

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

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?		9 What was the status of (NAME) in this job? IF Q.9 IS 02 ó 08 (>> 13)	10 For whom did (NAME) work?	11 Does (NAME) receive any payment for this work in the form of goods or services? Yes í .1 Yes, yet to receive...2 (>>13) No.....3 (>>13)	12 What is the value of the goods or services?		13 During the past 12 months, for how many weeks did (NAME) do this work?	14 During these weeks, how many hours per week did (NAME) usually work?	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? LESS THAN 1 WEEK = 00 NO....99
		HOURS	TIME UNIT				VALUE GH	TIME UNIT			
01											
02											
03											
04											
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06											
07											
08											
09											
10											
11											
12											
13											
14											
15											

CODES FOR QUESTION 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
- Casual workers.....09
- Apprentice.....10
- Other (specify).....11

CODES FOR QUESTION 10

- Government sector:
- Civil Service.....01
- Other Public Service.....02
- Parastatals.....03
- NGOs (local & International).....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

SECTION 4: EMPLOYMENT AND TIME USE.
 PART H: HOUSEKEEPING 6 ALL HOUSEHOLD MEMBERS 5 YEARS OR OLDER.

How much time in the last 7 days did you spend on any of the following activities for the household? ENTER 00 IF NONE

M E M B E R I D	1		2		3		4		5		6		7		8		9		10		11		12		13		14		
	HR	MIN																											
01																													
02																													
03																													
04																													
05																													
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14																													
15																													

SECTION 4: EMPLOYMENT AND TIME USE.

PART HS: HEALTH AND SAFETY ISSUES (5 YEARS AND OLDER) IN PAST 12 MONTHS

IF MEMBER DID NOT WORK

>> SECTION 5A

M E M B E R I D	ID OF PERSON INTER- VIEWED	Did (NAME) have any of the following in the past 12 months because of work?												
		Yes í1												
		Noí2												
		Superficial injuries or open wounds	Fractures	Dislocations, sprains or stains	Burns, corrosions, scalds or frostbite	Breathing problems	Eye problems	Skin problems	Stomach problems/ diarrhoea	Fever	Extreme fatigue	Snake bite	Insect bite	Other (specify)
01														
02														
03														
04														
05														
06														
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08														
09														
10														
11														
12														
13														
14														
15														

SECTION 4: EMPLOYMENT AND TIME USE

PART HS: HEALTH AND SAFETY ISSUES (5 YEARS AND OLDER) IN PAST 12 MONTHS CONTINUED

M E M B E R I D	ID OF PERSON INTER- VIEWED	2	3		4	5	6	
		Think about your most serious illness/injury, how did this/these affect your work/schooling? Not serious- did not stop work/schoolingí í í 1 Stopped work or school for a short timeí í í ..2 Stopped work or school completelyí í í í .3 N/Aí í í í í í í í í í í í í í í í í 4 (>>4)	Think about your most serious illness/ injury, what were you doing when this happened?	JOB/TASK	ISCO CODE	Do you carry heavy loads at work? Yes.....1 No.....2	Do you operate any tool/machinery/heavy equipment at work? Yesí í í í .í ..1 Noí í í í .í í 2 (>> 7)	What type of tools, equipment or machines do you use at work? (WRITE DOWN CODES FOR TWO MOSTLY USED; CHECK CODES IN THE CODE BOOK)
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02								
03								
04								
05								
06								
07								
08								
09								
10								
11								
12								
13								
14								
15								

SECTION 4: EMPLOYMENT AND TIME USE

PART HS: HEALTH AND SAFETY ISSUES (5 YEARS AND OLDER) IN PAST 12 MONTHS CONTINUED

MEMBER ID	ID OF PERSON INTERVIEWED	7														
		Are you exposed to any of the following at work? (Read each of the following options and mark appropriately)														
		Yesí í1 Noí2														
		Dust, fumes	Fire, gas, flames	Loud noise or vibration	Extreme cold or heat	Dangerous tools (knives etc)	Work underground	Work at heights	Work in water/lake/pond/river	Workplace too dark or confined	Insufficient ventilation	Chemicals (pesticides, glues, etc.)	Explosives	Narcotic drugs	Arms (guns)	Other things, processes or conditions bad for your health or safety (specify)
01																
02																
03																
04																
05																
06																
07																
08																
09																
10																
11																
12																
13																
14																
15																

SECTION 4: EMPLOYMENT AND TIME USE

PART HS: HEALTH AND SAFETY ISSUES (5 YEARS AND OLDER) IN PAST 12 MONTHS COMPLETED

M E M B E R I D	ID OF PERSON INTER- VIEWED	8 Have you ever been subject to the following at work? <i>(Read each of the following options and mark and mark appropriately)</i>				
		Constantly shouted at	Repeatedly insulted	Beaten /physically hurt	Sexually harassed (touched or done things to you that you did not want)	Other (specify)
01						
02						
03						
04						
05						
06						
07						
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15						

SECTION 5A:

MIGRATION

RESPONDENTS ARE ALL HOUSEHOLDS MEMBERS 7 YEARS OR OLDER

I D	ID OF PERSON INTER- VIEWED	1	2	3	4		5	6
		Was (NAME) born in this village or town? Yes.....1 >> 3 No.....2	Has (NAME) ever lived away from this village/town for a year or more? Yes.....1 >> 4 No.....2	Has (NAME) ever moved away from this village/town for more than a year? Yes.....1 No.....2 (>>PART 5B)	How long ago did (NAME) last move/return to this place? YEARS MONTHS		Does (NAME) intend to stay for a year or more in this village/town? Yes.....1 No.....2	Where was (NAME) living previously? Sekondi/Takoradi.....01 Cape Coast.....02 Accra.....03 Ho.....04 Koforidua.....05 Kumasi.....06 Sunyani.....07 Tamale.....08 Bolgatanga.....09 Wa.....10 Other urban area.....11 Rural area.....12 Other ECOWAS.....96 Africa other than ECOWAS.....97 Outside Africa.....98
01								
02								
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SECTION 5A: MIGRATION

RESPONDENTS ARE ALL HOUSEHOLDS MEMBERS 7 YEARS OR OLDER

I D	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 >>>10 Looking for work.....9997 >>>10 Other activity.....9998 (specify) No activity.....9999 >>>10 (specify)		8 In what industry was this work? WRITE NAME OF INDUSTRY AND CODE		9 Who was (NAME) working for? Government.....1 State owned company.....2 Private company or business.....3 Other (specify).....4	10 What was the main reason for moving from (NAME OF PLACE Q.6) to this village/town? Job transfer.....01 Seeking employment.....02 Own business.....03 Spouse's employment.....04 Accompanying parent.....05 Marriage.....06 Other family reasons.....07 Political/religious reasons.....08 Education.....09 War.....10 Fire.....11 Flood/Famine/Drought.....12 Other (specify).....13
	OCCUPATION	ISCO CODE	INDUSTRY	ISIC CODE		
01						
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03						
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13						
14						
15						

SECTION 5B: DOMESTIC AND OUTBOUND TOURISM

QUESTIONS, 4, 5, 6, 7 AND 8

RESPONDENTS: ALL HOUSEHOLD MEMBERS

A = Same-day Visitors
B = Overnight Visitors

I D	ID OF PERSON INTER- VIEWED	1 Has (NAME) visited any place outside his/her usual environment (place of residence/work/ trade/study, etc) in the past 12 months? Yes.....1 No.....2 (>> NEXT PERSON)	2 How many visits did (NAME) make in the past 12 months? 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 in Ghana?		5 How many visits outside Ghana?		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		IF										
					Q.3 = 1 (>> 6)		Q.3 = 2 (>> 8)		(DISTRICT CODE)	(DISTRICT CODE)	KILOMETRES	KILOMETRES	COUNTRY CODE	COUNTRY CODE			
01																	
02																	
03																	
04																	
05																	
06																	
07																	
08																	
09																	
10																	
11																	
12																	
13																	
14																	
15																	

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

I D	9		10		11		12		13		14		15		16			
	What was the main mode of travel in Ghana?		What was the main mode of travel outside Ghana?		What was the length of stay of trips made (in hours) in Ghana and outside Ghana?		How many nights did (NAME) spend at this place?		What was (NAME(S)) main purpose of the visits?		What was (NAME(S)) main purpose of the visits?		What was the main type of accommodation (NAME) stayed in?		Was it a packaged tour or self-arranged?			
	Road.....1 Sea/Lake....2 Air.....3 Rail.....4 Foot.....5		Road.....1 Sea/Lake....2 Air.....3 Rail.....4 Foot.....5		SAME 6 DAY VISITORS		OVERNIGHT VISITORS		IN GHANA (REFER TO CODE BOOK) IF Q.3 = 1 & Q4=B (>> 15) IF Q.3 = 1 & Q4=A (>> 16)		OUTSIDE GHANA (REFER TO CODE BOOK)		OVERNIGHT VISITORS REFER TO CODE (MANUAL)		A SAME-DAY		B OVERNIGHT VISITORS	
	GH		OUT		HOURS		NUMBER OF NIGHTS								Package tour.....1 Self-arranged.....2 Other.....3		Package tour.....1 Self-arranged.....2 Other.....3	
	A	B	A	B	Gh	Out	Gh	Out	A	B	A	B	Gh	Out	Gh	Out	Gh	Out
01																		
02																		
03																		
04																		
05																		
06																		
07																		
08																		
09																		
10																		
11																		
12																		
13																		
14																		
15																		

SECTION 5B: DOMESTIC AND OUTBOUND TOURISM

QUESTIONS 18

A = Same-Day Visitors

B = Overnight Visitors

QUESTIONS 17

Gh = In Ghana

Out = Outside Ghana

I D	17				18	
	Who sponsored the trip?				Which tourist attraction sites in Ghana did (NAME) visit recently?	
	Self-sponsorship.....1 Household member.....2 Private organization.....3 Government.....4 International organization.....5 Other (specify).....6				IF NONE CODE 00	
	SAME DAY VISITORS		OVERNIGHT VISITORS			
Gh	Out	Gh	Out			
01						
02						
03						
04						
05						
06						
07						
08						
09						
10						
11						
12						
13						
14						
15						

HOUSEHOLD ROSTER			
I D	A	B	C NAME
N U M B E R	M E M B E R	A G E	
01			
02			
03			
04			
05			
06			
07			
08			
09			
10			
11			
12			
13			
14			
15			

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?

Yes.....1
 No.....2 (>> 5)



2. Which household members own/are responsible/operate a farm?

NAME	I.D.

TRANSFER THESE NAMES TO THE AGRICULTURE SECTION 8A

3. Which household members own/ are responsible for livestock?

NAME	I.D.

TRANSFER THESE NAMES TO THE AGRICULTURE SECTION 8A

4. Which household members own/ are responsible for fishing?

NAME	I.D.

TRANSFER THESE NAMES TO THE AGRICULTURE SECTION 8A

5. Are any crops, livestock or fish processed for sale or used by household? (e.g. cassava, flour, maize flour, dry cassava chips, gari, smoked/salted fish, slaughtering for sale)

Yes.....1
 No.....2 >> 7



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

NAME	ID	PROCESSING ACTIVITY

TRANSFER THESE NAMES TO THE AGRICULTURE SECTION 8G

7. Who are mainly responsible for preparing food in the household/ who does not prepare food, but buys food from outside?

NAME	ID

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

SECTION 6: IDENTIFICATION OF RESPONDENTS FOR SECTIONS: 9 AND 10 OF PART B

QUESTIONS TO BE ADMINISTERED TO THE HEAD OF HOUSEHOLD OR ANY RESPONSIBLE ADULT HOUSEHOLD MEMBER

8. Who are mainly responsible for making the household purchases?

	N A M E	ID
A		
B		
C		
D		

TRANSFER THESE NAMES TO THE HOUSEHOLD EXPENDITURE 6 SECTION 9. THESE PEOPLE MUST BE AVAILABLE FOR EVERY VISIT

9. During the past 12 months, has any member of the household worked for himself, other than on a farm or raising animals. (e.g. has anyone operated his/her own business/trade, worked as a self-employed, professional or craft man)?

(INCLUDE NON-WORKING PROPRIETOR)

Yes.....1

No.....2 >> SECTION 7



10. COPY FROM SECTION 4A AND/OR 4B THE IDs OF ALL MEMBERS WHO ANSWERED Q.20 AND/OR Q.8 (SECTION 4E Q.14 OR SECTION 4FQ9) = 2 OR 3 IN ADDITION COPY THE ACTIVITY NAME AND THE CORRESPONDING ISIC CODE

A	B	C	D	E				F	G
ID OF MEMBER	NAME OF MEMBER	ENTERPRISE/BUSINESS (CHECK SECTION 4E Q.7 AND/OR 4FQ3 AND COPY ACTIVITY NAME) FOR NON-WORKING PROPRIETOR, USE CODE BOOK	ISIC CODE	How many persons assist in this business/enterprise				Where is the business/enterprise located?	Does (NAME) keep any form of accounting record on the business/enterprise? Yes, audited.....1 Yes, unaudited.....2 No account.....3
				(i) Regular paid employee?	(ii) Casual worker?	(iii) Contributing family worker?	(iv) Apprentice?		

IF E(i) + E(ii) IS GREATER THAN 9 **DO NOT TRANSFER** THAT ACTIVITY TO THE NON-FARM ENTERPRISE SECTION. TRANSFER EACH MEMBER'S ENTERPRISE TO A SEPARATE NON-FARM ENTERPRISE QUESTIONNAIRE i.e. SECTION 10\

CODE FOR COLUMN F

- Within the same house as the household1
- In another house.....2
- Within the same vicinity/locality as the household.....3
- In another locality.....4
- At the market place.....5
- On the streets.....6
- Have no fixed location.....7
- Other (specify).....8

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).....01
- Semi-detached house.....02
- Flat/Apartment.....03
- Compound House.....04
- Huts/Buildings [same Compound].....05
- Huts/Buildings [different Compound].....06
- Tents.....07
- Improvised home (kiosk, container).....08
- Living quarters attached to office/shop.....09
- Uncompleted building.....10
- Other (specify).....11

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

3. How many of the rooms are used for sleeping? **IF MORE THAN 1, GO TO PART B**

4. Do other households share this room with you?

- Yes.....1
- No.....2 (>> PART B)

5. How many households, including your household, share this sleeping room?

PART B: OCCUPANCY STATUS OF THE DWELLING

1. What is the present holding/tenancy arrangement of the dwelling?

- Owning1 (>> 7C Q.7)
- Renting.....2
- Rent-free.....3
- Perching.....4 (>> 7D)
- Squatting.....5

2. Who owns this dwelling?

- Owned by household member.....1
- Being purchased (e.g. Mortgage).....2
- Relative not household member.....3
- Other private individual.....4
- Private employer.....5
- Other private agency.....6
- Public/Government ownership.....7
- Other (specify).....8

PART C: HOUSING EXPENSES

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

AMOUNT TIME UNIT

Time Unit:	Daily.....1	Monthly.....3
	Weekly.....2	Quarterly.....4
	Half Yearly.....5	Yearly.....6
	N/A.....0	

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

Yes.....1

No.....2 (>> 4)

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

VALUE 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

No.....3 (>> 7)

5. Who pays?

- Relative.....1
- Private individual.....2
- Government.....3
- Private employer.....4
- Other (specify).....5

6. How much is paid?

AMOUNT TIME UNIT

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

PART D: UTILITIES AND AMENITIES

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

- | | |
|---|----------------------|
| | DRINKING |
| Pipe-borne inside dwelling.....01 | <input type="text"/> |
| Pipe-borne outside dwelling but on compound..02 | |
| Pipe-borne outside dwelling but from neighbour's house.....03 | |
| Public tap/standpipe.....04 | GENERAL USE |
| Borehole/Pump/Tube well.....05 | <input type="text"/> |
| Protected well.....06 | |
| Rain water.....07 | |
| Protected spring.....08 | |
| Bottled water.....09 (>> 1c) | |
| Sachet water.....10 (>> 1c) | |
| Tanker supply/Vendor provided.....11 | |
| Unprotected well.....12 | |
| Unprotected spring.....13 | |
| River/Stream.....14 | |
| Dugout/Pond/Lake/Dam/Canal.....15 | |
| Other (specify).....16 | |

1b1. How does your household store drinking water?

- | | |
|---|----------------------|
| Plastic Container/ Bucket í í í í í í í í 1 | <input type="text"/> |
| Pot/ Earthenware Vessel í í í í í í í í .2 | |
| Metal Container í í í í í í í í í í .3 | |
| Other (Specify) í í í í í í í í í í .4 | |

1b2. (ASK PERMISSION TO OBSERVE)

- | | |
|---|----------------------|
| Water Covered with designated fetching container í í í í í í í í í í í í .1 | <input type="text"/> |
| Exposed Surface with designated fetching container í í í í í í í í í í í í .2 | |
| Water Covered with no designated container .3 | |
| Exposed Surface with no designated container..4 | |
| Not Applicable í í í í í í í í í í í í5 | |

1c. IS HOUSEHOLD IDENTIFIED/EARMARKED FOR WATER QUALITY TESTING?

- | | |
|-----------|----------------------|
| Yes.....1 | <input type="text"/> |
| No.....2 | |

1d. Do you think your drinking water has any quality problems?

- CIRCLE ALL THAT APPLY*
- Yes, Odour í í í í í í í í í í A
- Yes, Taste.....B
- Yes, Colour/Suspended Materials.í C
- No í í í í í í í í í í í íD(>>2a)

1e. What do you usually do to make the water safer to drink?

- | | |
|--|----------------------|
| Boil í í í í í í í í í í í í í í í í .01 | <input type="text"/> |
| Add bleach / chlorine í í í í í í í í í í í í .02 | |
| Strain it through a cloth í í í í í í í í í í .03 | |
| Use water filter (ceramic, sand, composite, etc.)í .04 | |
| Solar disinfection í í í í í í í í í í í í .05 | |
| Let it stand and settle í í í í í í í í í í í í .06 | |
| Add camphor/naphthalene í í í í í í í í .07 | |
| Add water tablet í í í í í í í í í í í í .08 | |
| No action í í í í í í í í í í í í í í í í ..09 | |
| Other (specify) í í í í í í í í í í í í10 | |

2a. How far is this source of water from your dwelling?
(IF OPTION IN Q1a is 1,2, 9,10, &11)

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

2b. How long does it take to go there, get water, and come back?
(N/A IF OPTION IN Q1a is 1,2,9,10 & 11)

- | | |
|--|----------------------|
| DRINKING DIST TIME (IN MINUTES) | <input type="text"/> |
| GENERAL USE DISTANCE TIME (IN MINUTES) | <input type="text"/> |

2c. How far is your water source from the nearest latrine/ septic tank?

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

2d. Who usually goes to this source to collect the water for your household?

- | | |
|----------------------------------|----------------------|
| Adult woman (age 15+ years)í . 1 | <input type="text"/> |
| Adult man (age 15+ years)í í . 2 | |
| Female child (under 15)í í í . 3 | |
| Male child (under 15) ..í í í .4 | |
| DKí í í í í í í í í í í í .8 | |

3a. How regular is your source of water supply?

- | | | |
|--------------------------|----------------------|----------------------|
| <u>TIME UNIT FOR Q.3</u> | <u>NUMBER</u> | <u>TIME UNIT</u> |
| Daily.....1 | <input type="text"/> | <input type="text"/> |
| Weekly.....2 | | |
| Fortnightly.....3 | | |
| Monthly.....4 | | |
| Other (specify).....5 | | |

3b. When was the last time the water facility broke down?
(IF OPTION IS 5 OR 6 GO TO 4a)

- | | |
|-------------------------------------|----------------------|
| During last week í í í í í 1 | <input type="text"/> |
| One month ago í í í í í ..2 | |
| Three months ago í í í í í ..3 | |
| More than 3 months ago í 4 | |
| Never broke down í í í í í .5(>>4a) | |
| N/A.....6 (07,13,14) | |
| DKí í í í í í í í í í í í .8 | |

3c. Last time the water facility broke down, how long did it take to have it fixed and working again?

- | | |
|------------------------------|----------------------|
| Immediately/Few days.....1 | <input type="text"/> |
| One week2 | |
| During the same month3 | |
| More than one month.....4 | |
| Not fixed yet.....5 | |
| DK.....8 | |

SECTION 7: HOUSING - CONTINUED

PART D: UTILITIES AND AMENITIES

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

- Litre.....1
- Gallon.....2
- Bucket (NO.34).....3

QUANTITY	UNIT
<input type="text"/>	<input type="text"/>

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

- Litre.....1
- Gallon.....2
- Bucket (NO.34).....3

QUANTITY	UNIT
<input type="text"/>	<input type="text"/>

5a. Which organisation provided/ facilitated the provision of your source of water?

- 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

5b. 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

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

- Yes1
- No.....2 (>> 8)

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

AMOUNT	<input type="text"/>	TIME UNIT	<input type="text"/>
--------	----------------------	-----------	----------------------

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	<input type="text"/>
--------	----------------------

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

- Yes.....1
- No.....2 (>> 11)

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

AMOUNT	<input type="text"/>
--------	----------------------

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

- Electricity (mains)1
- Electricity (private generator)í2 (>> 13)
- Kerosene lamp.....3 (>> 13)
- Gas lampí í í í í í í4 (>> 13)
- Solar energy.....5 (>> 13)
- Candleí í6 (>> 13)
- Flashlight/Torch.....7 (>> 13)
- Firewoodí í í í í í í í8 (>> 13)
- Crop residueí í í í í í í9 (>> 13)
- Other (specify).....10 (>> 13)

12. How much did your household spend on electricity bill in the last 12 months?

AMOUNT	<input type="text"/>	TIME UNIT	<input type="text"/>
--------	----------------------	-----------	----------------------

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

- None, No cookingí í í í í í í í1
- Woodí í í í í í í í í í í2
- Charcoalí í í í í í í í í í í3
- Gasí í í í í í í í í í í4
- Electricityí í í í í í í í í í5
- Keroseneí í í í í í í í í í6
- Crop residueí í í7
- Sawdustí í í í í í í í í í8
- Animal wasteí í í í í í í í í9
- Other (specify)í í10

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: HOUSING - CONTINUED

PART D: UTILITIES AND AMENITIES CONT'D)

14a. How does your household dispose of refuse?

- Collected...í í í í í í í í í í .1
- Burned by Household í í í í í .2
- Public dump í í í í í í í í í .3
- Dumped indiscriminately í í í í í .4

14b. How does your household dispose of kitchen and bath waste water?

- Discharge in open area í í í .1
- Discharge into drains í í .2
- Septic tank í í í í í í .3
- Discharge into Sewer í í .4
- Other (Specify) í í í í í ...5

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

AMOUNT

TIME UNIT

16a. What type of toilet facility is usually used by the household?

- No facility (e.g. bush/beach/field)...í í í 1 (>> 18a)
- W.Cí í í í í í í í í í í í í .2
- Pit latrine í í í í í í í í í í í .3
- KVIP í í í í í í í í í í í í í .4
- Bucket/Pan í í í í í í í í í í .5
- Public toilet (e.g. WC, KVIP, Pit Pan)...6 (>> 17a)
- Other (specify) í í í í í í í í í .7

16b. Do you share this toilet facility with other households?

- Yes, with other household(s) in same house í í í í í í 1
- Yes, with other household(s) in different house í í í .2
- Yes, with other household(s) and located In different house...3
- No í í í í í .4 (>>17a)

16c. How many households including your household use this toilet facility?

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

AMOUNT

TIME UNIT

17b. How much was your last bill (only your part if shared)?

AMOUNT

TIME UNIT

18a. Please show me where members of your household most often wash their hands.

- Observed..í í í í í í í í í í 1
- Not observed (>>18c)
- Not in dwelling / plot / yardí .. 2
- No permission to see í í í í .3
- Other reason í í í í .4

18b. Observe presence of water at the specific place for hand washing.

Verify by checking the tap/pump, or basin, bucket, water container or similar objects for presence of water.

Record if soap or detergent or other traditional detergents are present at the specific place for hand washing.

CIRCLE ALL THAT APPLY.

Skip to Part E if any soap or detergent code(A, B, C, D, E or X) is circled. If "None" (Y) is circled, continue with 18c.

Washing Soap (e.g. Key soap) í í í .í í .A

Detergent (Powder / Liquid / Paste) í ..B

Liquid hand washing soap í í í í í í C

Ash í í í í í í í í í í í í í í D

Toilet Soap (e.g. Lux) í í í í í í í í í í ..E

Other (specify) í í í í í í í í í í ..X

None í í í í í í í í í í í í í í Y

18c. Do you have any soap or detergent or any other traditional detergents in your household for washing hands?

Yesí í í í 1

Noí í í í .2 (>>Part E)

18d. Can you please show it to me?

RECORD OBSERVATION. CIRCLE ALL THAT APPLY

Washing Soap (e.g. Key soap) í í í .í í .A

Detergent (Powder / Liquid / Paste) í ..B

Liquid hand washing soap í í í í í í C

Ash í í í í í í í í í í í í í í í í D

Toilet Soap (e.g. Lux) í í í í í í í í í í ..E

Other (specify) í í í í í í í í í í ..X

None í í í í í í í í í í í í í í í Y

SECTION 7: HOUSING - CONTINUED

PART E: INFORMATION/COMMUNICATION AND TECHNOLOGY (ICT)	1	2	3
	Does any member of the household own any.....?	Does the household have access to? ..?	Does the household use? í í í ..?
	Yes1 (>>3) No.....2	Yes ...í 1 Noí ...2 >> (NEXT ITEM)	Yes í í 1 Noí í 2
a. Fixed line telephone			
b. Mobile phone			
c. Personal computers (e.g. laptops, desktops/notebooks, etc)			
d. Internet (other use)			
e. Tablet PC (eg. ipad, galaxy tab, android ,etc)			
f. e-commerce (e.g. e-zwich, etc)			
g. Paid cable network (e.g.M-NET cablegold)			

PART F: CHARACTERISTICS OF THE DWELLING

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

- Mud bricks/earthí í í í í í í ..01
- Woodí í í í í í í í í í í í 02
- Metal sheet/slate/asbestosí í í í 03
- Stoneí í í í í í í í í í í04
- Burnt bricksí í í í í í í í í .05
- Cement blocks/concreteí í í í ..06
- Landcreteí í í í í í í í í í .07
- Bamboof í í í í í í í í í í ...08
- Palm leaves/Thatch (grass/Raffiaí 09
- Other (specify)í10

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

- Earth/Mudí í í í í í í í í í í ..í í ..1
- Cement/Concreteí í í í í í í 2
- Stoneí í í í í í í í í í í ..3
- Burnt bricksí í í í í í í í í í 4
- Woodí í í í í í í í í í í ..5
- Vinyl tilesí í í í í í í í í í í 6
- Ceramic/Porcelain/Granite/
Marble tilesí í í í í í í .7
- Terrazzo/Terrazzo tiles.í í í í ..8
- Other (specify)í í í í í í í í í í ..9

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

- Mud bricks/earthí í í í í í í í ..1
- Woodí í í í í í í í í í í í 2
- Metal sheet.í í í í í í í í í í 3
- Slate/Asbestosí ..í í í í í í í4
- Cement blocks/concreteí í í í .5
- Bamboof í í í í í í í í í í6
- Palm leaves/Thatch (grass/Raffiaí .7
- Roofing Tilesí í í í í í í í í8
- Other (specify)í9

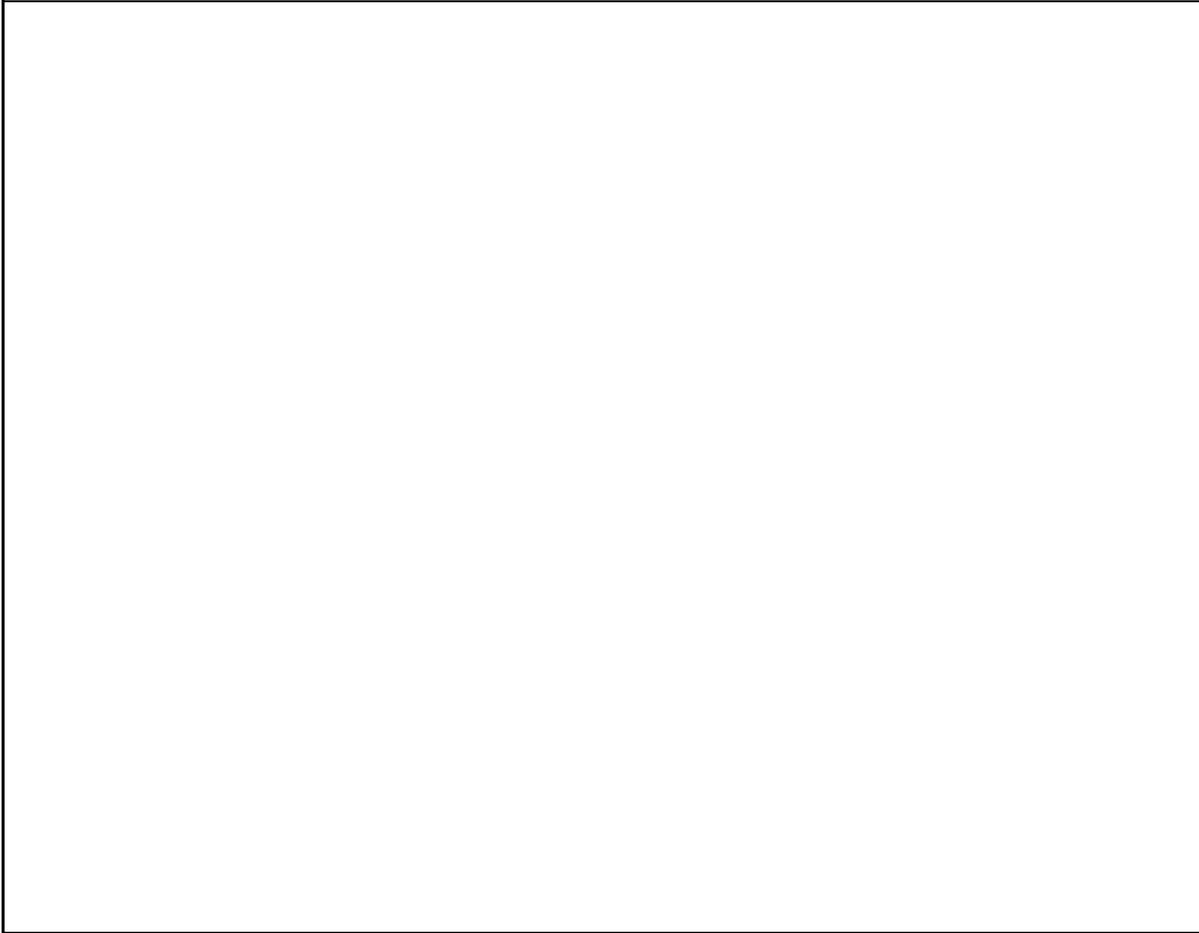
PART G: WATER QUALITY MODULE		WQ
<i>Filter: Check the cover page to see if this household is selected for water quality testing (25%)</i>		
WQ1: Measurer name and ID	<hr/> <input type="text"/> <input type="text"/> <input type="text"/>	
WQ2: EA NO.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
WQ2A: REGION CODE	<input type="text"/> <input type="text"/>	
WQ3: HOUSEHOLD ID	<input type="text"/> <input type="text"/>	
WQ4: I WOULD LIKE TO TAKE SOME SAMPLES OF THE WATER YOU DRINK IN YOUR HOUSE TO TEST FOR ARSENIC. CAN YOU PLEASE PROVIDE ME WITH A GLASS OF DRINKING WATER, WHICH YOU WOULD GIVE TO A CHILD?	Yes1 No2	1 ⇒ WQ6
WQ5: WHY DO YOU NOT WANT TO PROVIDE SAMPLES FOR WATER TESTING?	Specify Reason <hr/>	⇒ NEXT MODULE
WQ6: FROM WHAT SOURCE DID YOU COLLECT THIS WATER?	PIPED WATER Piped into dwelling 11 Piped into yard or plot 12 Public tap/standpipe 13 Borehole 21 DUG WELL Protected well 31 Unprotected well 32 Spring 41 Rainwater collection 42 Tanker-truck 51 Cart with small tank/drum 61 SURFACE WATER River/stream 71 Dam/lake/pond/canal/ irrigation channel) 72 Sachet water 81 Bottled water 91 Other (specify) 96	

SECTION 7: HOUSING - CONTINUED

PART G: WATER QUALITY MODULE; CONTINUED				
WQ7: HOW WAS WATER COLLECTED? (OBSERVATION)		Direct from source outside home 1 Direct from source inside home 2 From filter inside home 3 From uncovered storage container 4 From covered storage container 5 Did not observe 6		
CONDUCT ARSENIC TEST				
WQ8: Arsenic level (ppb) in household water sample (0, 10, 25, 50, 100, 200, 300, 500, or 1000)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		WQ8a : Arsenic level (ppb) in water source sample (0, 10, 25, 50, 100, 200, 300, 500, or 1000)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Discuss arsenic leaflet with respondent, interpreting results				
<i>If selected for water source testing</i>				
<i>Ask to visit the drinking water source from which the drinking water was collected. Collect water directly from this source and test it for arsenic and E. coli as done with the household samples. Label these Compact Dry plates S-XXX-YY, where XXX is the EA number and YY is the household number.</i>				
THE FOLLOWING INFORMATION WQ10 & WQ12 HAS TO BE RECORDED BY THE MEASURER AFTER 24-48 HOURS INCUBATION:				
WQ9a: Number of red colonies in 1 mL household water sample	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
WQ9b: Number of blue colonies in 1 mL household water sample	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
WQ10a: Number of red colonies in 100 mL household water sample	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
WQ10b: Number of blue colonies in 100 mL household water sample	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
RESULTS: ADDITIONAL WATER QUALITY TESTING				
WQ11a: Number of red colonies in 1 mL source water sample	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
WQ11b: Number of blue colonies in 1 mL source water sample	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
WQ12a: Number of red colonies in 100 mL source water sample	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
WQ12b: Number of blue colonies in 100 mL source water sample	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			

PART H: CHARACTERISTICS OF THE DWELLING

1. Detailed sketch of the dwelling.



2. Measure taken.

Inside1

Outside.....2



3. Calculate area in square metres.

AREA

