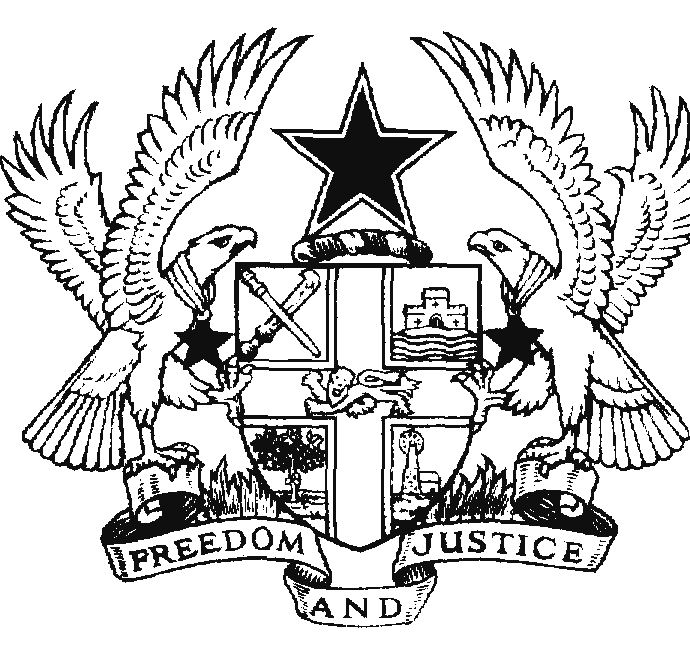
**STATISTICAL SERVICE**



REPUBLIC OF GHANA

**GHANA LIVING STANDARDS SURVEY**

**7**

**2016/2017**

**HOUSEHOLD QUESTIONNAIRE**

**MODULE A**

REGION:

CLUSTER NUMBER:

HOUSEHOLD:

DISTRICT:

**S U R V E Y I N F O R M A T I O N**

|  |  |  |
| --- | --- | --- |
| REGION: …………………………………… DISTRICT:…………………  CLUSTER:. ………………………………… . URBAN/RURAL: …………  ECOLOGICAL ZONE: ……………………… HOUSEHOLD: …………….    GPS COORDINATES:  LOCALITY: ………………….. …………………………………………………………………………  HEAD OF HOUSEHOLD: ……………………..………………………………………………………..  ADDRESS (OR DESCRIPTION): ………………………………………………………………………..  ……………………………………………………………………………………………………………..  HHOLD CONTACT(S): 1…………………………. 2……………………………… 3……………… |  | VERIFICATION OF QUESTIONNAIRE, FIRST VISIT  SUPERVISOR: ……………………… DATE:  REMARKS:………………………………………………………………………………………………….  .  ………………………………………………………. REINTERVIEW YES…….1  BY SUPERVISOR? NO……..2  …………………………………………………………  **REASONS FOR NOT COMPLETING THE QUESTIONNAIRE**  DWELLING NOT FOUND/VACANT…...1 OCCUPANT NOT AT HOME………....…2  REFUSAL………………………………....3 |
|  |
| SECOND VISIT  INTERVIEWER:…………………… … DATE:  REMARKS:…………………………………………………………………………………………………..  ……………………………………………………………………………………………………………….. |
|  |
| VERIFICATION OF QUESTIONNAIRE, SECOND VISIT  SUPERVISOR:…………………… … DATE:  REMARKS:…………………………………………………………………………………………………..  ………………………………………………………REINTERVIEW YES…….1  BY SUPERVISOR? NO……..2 |
|  |
| FIRST VISIT DD MM Y E A R    INTERVIEWER: ………………. DATE:  DWELLING YES…….1 IS THE HEAD YES…….1  FOUND NO..…….2 (>> SUPERVISOR) OF HOUSEHOLD NO..…….2 (>> SUPERVISOR)  THE SAME?  NAME OF NEW HEAD: ………………………………………………………………………………………  ADDRESS (OR DESCRIPTION): ……………………………………………………………………………………..  …………………………………………………………………………………………………………………………..  ………………………………………………………………………………………………………………………….  LANGUAGE ENGLISH…………………….1 DAGBANI……………5  USED BY THE AKAN………………………..2 GRUSI………………...6  RESPONDENT: EWE………………………….3 NZEMA……………….7 INTER- YES….1  GA-DANGME………………4 OTHER (SPECIFY)…..8 PRETER NO…..2  USED?  REMARKS: ……………………………………………………………………………………………………………  …………………………………………………………………………………………………………………………..  ………………………………………………………………………………………………………………………….. |
|  |
| THIRD VISIT  INTERVIEWER:…………………… … DATE:  REMARKS:…………………………………………………………………………………………………..  ……………………………………………………………………………………………………………….. |
|  |
| VERIFICATION OF QUESTIONNAIRE, THIRD VISIT  SUPERVISOR:…………………… … DATE:  REMARKS:…………………………………………………………………………………………………..  ………………………………………………………REINTERVIEW YES…….1  BY SUPERVISOR? NO……..2 |

AO.1

|  |  |  |
| --- | --- | --- |
| FOURTH VISIT  INTERVIEWER:…………………………….. DATE:  REMARKS:…………………………………………………………………………………………………..  ……………………………………………………………………………………………………………….. |  | SIXTH VISIT  INTERVIEWER:………………………. DATE:  REMARKS:…………………………………………………………………………………………..  ……………………………………………………………………………………………………….. |
|  |  |
| VERIFICATION OF QUESTIONNAIRE, FOURTH VISIT  SUPERVISOR::……………………………… DATE:  REMARKS:………………………………………………………………………………………………….  .  ……………………………………………………………………REINTERVIEW YES…….1  BY SUPERVISOR? NO……..2 | VERIFICATION OF QUESTIONNAIRE, SIXTH VISIT  SUPERVISOR::……………………… DATE:  REMARKS:………………………………………………………………………………………….  .  ……………………………………………….………REINTERVIEW YES…….1  BY SUPERVISOR? NO……..2 |
|  |  |
| FIFTH VISIT  INTERVIEWER:………………………………. DATE:  REMARKS:………………………………………………………….……………………………………..  …………………………………………………………………………………………………………….. | SEVENTH VISIT  INTERVIEWER:…………………………. DATE:  REMARKS:…………………………………………………………………………………………..  ……………………………………………………………………………………………………….. |
|  |  |
| VERIFICATION OF QUESTIONNAIRE, FIFTH VISIT  SUPERVISOR::………………………………. DATE:  REMARKS:……………………………………………………………………………………………….  .  ……………………………………………………………………REINTERVIEW YES…….1  BY SUPERVISOR? NO……..2 | VERIFICATION OF QUESTIONNAIRE, SEVENTH VISIT  SUPERVISOR::………………………. DATE:  REMARKS:………………………………………………………………………………………….  .  ………………………………………………………REINTERVIEW YES…….1  BY SUPERVISOR? NO……..2 |

A0.2**S U M M A R Y O F S U R V E Y R E S U L T S**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | **I N T E R V I E W E R** | | | | |  | | |
| **V I S I T** | **S E C T I O N** | **V I S I T S** | | | | | |  | **C H E C K - U P VI S I T S** | | | | **SUPERVISOR**  SATISFACTORY………1  TO BE COMPLETED….2  TO BE REDONE……….3 |
| **D A T E** | | | **R E S U L TS**  COMPLETE……….1  PARTIAL………….2  DISCONTINUED…3 | **D U R AT I O N** | | **D A T E** | | | **R E S U L TS**  COMPLETE…….1  PARTIAL………..2 |
| **DD** | **MM** | **YEAR** | **HR** | **MIN** | **DD** | **MM** | **YEAR** |
|  | | | | | | | | | | | | | |
| FIRST | 1, 2, 5, 6A, 7 |  |  |  |  |  |  |  |  |  |  |  |  |
| SECOND | 3, 8H, 9A, 9B |  |  |  |  |  |  |  |  |  |  |  |
| THIRD | 4, 6B, 8H, 9B |  |  |  |  |  |  |  |  |  |  |  |
| FOURTH | 8A-G, 8H, 9B |  |  |  |  |  |  |  |  |  |  |  |
| FIFTH | 9C, S10, 8H, 9B |  |  |  |  |  |  |  |  |  |  |  |
| SIXTH | 11, 8H, 9B, |  |  |  |  |  |  |  |  |  |  |  |
| SEVENTH | 12, 13, 8H, 9B, |  |  |  |  |  |  |  |  |  |  |  |

AO.3

|  |  |  |
| --- | --- | --- |
| O B S E R V A T I O N A N D C O M M E N T S  O B S E R V A T I O N A N D C O M M E N T S | | |
| REMARKS BY THE INTERVIEWER ON THE FIRST VISIT  ................................................................................  ................................................................................  REMARKS BY THE SUPERVISOR ON THE FIRST VISIT  ................................................................................  ................................................................................  REMARKS BY THE INTERVIEWER ON THE SECOND VISIT  ................................................................................  ................................................................................  REMARKS BY THE SUPERVISOR ON THE SECOND VISIT  ................................................................................  ................................................................................  REMARKS BY THE INTERVIEWER ON THE THIRD VISIT  ................................................................................  ................................................................................  REMARKS BY THE SUPERVISOR ON THE THIRD VISIT  ................................................................................  ................................................................................  REMARKS BY THE INTERVIEWER ON THE FOURTH VISIT  ................................................................................  ................................................................................  REMARKS BY THE SUPERVISOR ON THE FOURTH VISIT  ................................................................................  ................................................................................ |  | REMARKS BY THE INTERVIEWER ON THE FIFTH VISIT  .............................................................................  .............................................................................  REMARKS BY THE SUPERVISOR ON THE FIFTH VISIT  .............................................................................  .............................................................................  REMARKS OF INTERVIEWER ON THE SIXTH VISIT  ............................................................................  ............................................................................  REMARKS BY THE SUPERVISOR ON THE SIXTH VISIT  .............................................................................  .............................................................................  REMARKS BY THE INTERVIEWER ON THE SEVENTH VISIT  .............................................................................  .............................................................................  REMARKS BY THE SUPERVISOR ON THE SEVENTH VISIT  .............................................................................  ............................................................................ |

AO.4

|  |  |  |  |
| --- | --- | --- | --- |
| VISIT 1 | **H O U S E H O L D R O S T E R** | | |
| 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 in this household.   1. First, I would like to have the names of the head of household, his wife(s) or her 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.   1. 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.   1. 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, giving birth, etc .....? | |  | WRITE DOWN THE NAME, SEX AND RELATIONSHIP TO HEAD OF HOUSEHOLD.   1. 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.  ........................................................................   1. 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 HOUDEHOLD 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 5.13 ALSO TO PAGE 12.4 OF MODULE B** |
|  |

A0.5

SECTION 1: HOUSEHOLD ROSTER

FOR EACH PERSON LISTED (THESE QUESTIONS ARE FOR IDENTIFYING HOUSEHOLD MEMBERS AFTER LISTING ON PAGE 5.13 FLAP)

Start Time:……………………

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| M  E  M  B  E  R  I  D | 2  SEX  Male.....1  Female..2 | 3  What is the relationship of (NAME) to head of household?  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  House help (other relative)....09  House help (Non-relative)…10  Non-relative..........................11  Other(specify).......................12 | 4  What is (NAME’s) date of birth?  **IF UNKNOWN, ASK PERSON TO GET BIRTH CERTIFICATE OR ANY NATIONAL ID AND COPY DATE OF BIRTH OR IF NOT AVAILABLE CODE**  DD = 99  MM = 99 | | | 5  How old is (NAME)?  **YEARS AND MONTHS IF UNDER 5 YEARS, OTHERWISE YEARS ONLY** | | 12 YEARS OR OLDER | | | | 10  What is (NAME’S) religious denomination?  No religion..........1  Catholic...............2  Protestant.............3  Pentecostals/  Charismatic..........4  Other X’tian…….5  Islam....................6  Traditionalist..….7  Other (specify)….9 | 11  In what region/country was (NAME) born?  Western......................01  Central.......................02  Greater Accra............03  Volta..........................04  Eastern.......................05  Ashanti......................06  Brong Ahafo..............07  Northern....................08  Upper East.................09  Upper West................10  Other ECOWAS........96  Africa other than  ECOWAS................97  Outside Africa...........98 |
| 6  What is (NAME’S) present marital status?  Married...................1  Consensual Union..2  Separated................3  (>> 9)  Divorced.................4  (>> 9)  Widowed................5  (>> 9)  Never Married........6  (>> 10) | 7  Does (NAME’S) spouse live in this household?  Yes............1  No.............2  (>> 9) | 8  **COPY THE I.D. CODE OF THE SPOUSE(s)** | 9  At what age did (NAME) first get married or start living with a partner?  **(AGE IN YEARS)**  **IF UNKNOWN CODE DK** |
| DD | MM | YEAR | YRS. | MTH. | I.D. |
|  | | | | | | | | | | | | | |
| 01 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 02 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 03 |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | | | | | | | | | | | | | |
| 04 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 05 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 06 |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | | | | | | | | | | | | | |
| 07 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 08 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 09 |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | | | | | | | | | | | | | |
| 10 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 11 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 12 |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | | | | | | | | | | | | | |
| 13 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 14 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 15 |  |  |  |  |  |  |  |  |  |  |  |  |  |

1.1

SECTION 1: HOUSEHOLD ROSTER

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| MEMB  E  R  I  D | 12  What is (NAME’S) nationality?  Ghanaian by Birth.................01  Dual Nationality....................02  (Specify Country)……………..  Ghanaian by naturalization.........................03  Gambian................................04  Burkinabe..............................05  Malian...................................06  Nigerian................................07  Ivorian..................................08  Togolese...............................09  Liberian................................10  Niger………………………11  Other ECOWAS..................12  Other African.......................13  European..............................14  American (North/South/).....15  Asian....................................16  Oceanian..............................17  **(IF ANSWER IS**  **03 – 17>> 14)** | 13  To which ethnic group does (NAME) belong? | | 14  Does (NAME’S) father live in this household?  Yes.........................1  No, where about don’t know….........2  (>> 16)  No, but deceased…3  (>> 16)  No but alive……...4  (>> 16) | 15  **I.D. OF BIOLO-GICAL FATHER**  >> 18 | 16  What is/was highest educational level attained by (NAME’S) father?  None.............................00  Kindergarten................01  Primary........................02  JSS/JHS.......................03  Middle.........................04  SSS/SHS......................05  Secondary....................06  Voc/Tech/Comm.........07  Teacher, Agric/  Nursing Training.........08  Polytechnic…………..09  University(bachelor)...10  University (post graduate)……………..11  Professional………….12  Don’t know…………..13  **(IF 00 OR 13 >>17)** | 16a  What is the highest grade completed by (NAME’S) father at that level? | | 17  What kind of work has (NAME’S) father done for most of his life?  Professional/Technical….01  Administrative/  Managerial..……………..02  Clerical.............................03  Sales.................................04  Service..............................05  Agric/Ani. Husbandry/  est/fishing/hunting............06  Production & related work……….……............07  Homemaker.....................08  Other (specify)................09  Don’t know.....................10 | 18  Does (NAME’S) mother live in this household?  Yes................1  No, where about don’t know……......2  (>> 20)  No, but deceased…….3  (>> 20)  No, but alive…………4  (>> 20) | 19  **I.D. OF BIOLO-GICAL MOTHER**  >> 22 |
| 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  Year one…......41  Year two….….42  Year three.........43  Year four..........44  Year five..........45  Year six and above…..…….46  Other (specify)..61  Don’t know…...98 |
| ETHNIC CODE | |
|  | | | | | | | | | | | |  |  |  |  |  |  |  |  |
| 01 |  | |  |  |  |  |  | |  |  |  |
| 02 |  | |  |  |  |  |  | |  |  |  |
| 03 |  | |  |  |  |  |  | |  |  |  |
|  | | | | | | | | | | | |
| 04 |  | |  |  |  |  |  | |  |  |  |
| 05 |  | |  |  |  |  |  | |  |  |  |
| 06 |  | |  |  |  |  |  | |  |  |  |
|  | | | | | | | | | | | |
| 07 |  | |  |  |  |  |  | |  |  |  |
| 08 |  | |  |  |  |  |  | |  |  |  |
| 09 |  | |  |  |  |  |  | |  |  |  |
|  | | | | | | | | | | | |
| 10 |  | |  |  |  |  |  | |  |  |  |
| 11 |  | |  |  |  |  |  | |  |  |  |
| 12 |  | |  |  |  |  |  | |  |  |  |
|  | | | | | | | | | | | |
| 13 |  | |  |  |  |  |  | |  |  |  |
| 14 |  | |  |  |  |  |  | |  |  |  |
| 15 |  | |  |  |  |  |  | |  |  |  |

1.2

SECTION 1: HOUSEHOLD ROSTER

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| M  E  MB  E  R  I  D | 20  What is/was highest educational level attained by (NAME’S) mother?  None.............................00  Kindergarten................01  Primary........................02  JSS/JHS.......................03  Middle.........................04  SSS/SHS......................05  Secondary....................06  Voc/Tech/Comm.........07  Teacher, Agric/  Nursing Training.........08  Polytechnic…………..09  University (bachelor)...10  University (post graduate)……………..11  Professional………….12  Don’t know…………..13  **(IF 00 OR 13 >>21** | 20a  What is the highest grade completed by (NAME’S) mother at that level? | | 21  What kind of work has (NAME’S) mother done for most of her life?  Professional/Technical................01  Administrative/Managerial…….02  Clerical........................................03  Sales............................................04  Service........................................05  Agric/Ani. Husbandry/  Forest/fishing/hunting...............06  Production & related work.........07  Workers NEC.............................08  Homemaker................................09  Other (specify)...........................10  Don’t know................................11 | 22  For how many months during the past 12 months has (NAME) been continuously away from this household?  **(IF 6 MONTHS OR LESS >> 24)** | 23  While absent, is/was (NAME) a member of another household? (Including single person household)  Yes....................1  No.....................2 | 24  **HOUSEHOLD MEMBER**  **CRITERIA FOR THE SELECTION OF HOUSEHOLD MEMBER**  Yes............................1  No..............................2  (>> NEXT PERSON) |
| 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  Year one….....................41  Year two….…………...42  Year three......................43  Year four.......................44  Year five........................45  Year six and above…....46  Other (specify)...............61  Don’t know……………98 |
| MONTHS |
| 01 |  |  | |  |  |  |  |
| 02 |  |  | |  |  |  |  |
| 03 |  |  | |  |  |  |  |
| 04 |  |  | |  |  |  |  |
| 05 |  |  | |  |  |  |  |
| 06 |  |  | |  |  |  |  |
| 07 |  |  | |  |  |  |  |
| 08 |  |  | |  |  |  |  |
| 09 |  |  | |  |  |  |  |
| 10 |  |  | |  |  |  |  |
| 11 |  |  | |  |  |  |  |
| 12 |  |  | |  |  |  |  |
| 13 |  |  | |  |  |  |  |
| 14 |  |  | |  |  |  |  |
| 15 |  |  | |  |  |  |  |

1.3SECTION 2: EDUCATION

PART A: GENERAL EDUCATION (RESPONDENTS: ALL HOUSEHOLD MEMBERS 3 YEARS OR OLDER)

**Now I would like to ask you some questions about your education**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| I  F  E  L  I  G  I  B  L  E  C  I  R  C  L  E  I  D | I  D  O  F  P  E  R  S  O  N  I  N  T  E  R  V  I  E  W  E  D | 1  Has (NAME) ever attended school?  Yes.......1  ( >>1b)  No.......2 | 1a  What is/was the main reason why (NAME) has never attended school?  Too young ……………...01  Disabled/ illness…...........02  No school /school  too far…………………03  Cannot afford schooling...04  Family did not allow  schooling….....................05  Not interested in school....06  Education not considered valuable………………....07  School not safe….............08  To learn a job….……......09  To work for pay ……......10  To work as unpaid worker  in family business/farm…11  Help at home with household chores….…….12  Other (specify) ………....13  >> PART 2C | 1b  What is the highest level of education (NAME) has attained?  None......................00  Kindergarten.........01  Primary..................02  JSS/JHS.................03  Middle...................04  SSS/SHS...............05  Secondary..............06  Voc/Tech/Comm...07  Teacher, Agric/  Nursing Training...08  Polytechnic.....…..09  University (bachelor)…….....10  University (post graduate)………..11  Professional……..12  Don’t know……..13  **(IF 00 OR 13 >>PART 2C)** | 2  What is the highest grade completed at that level?  **IF 1B = 0 >>3** | | | 2a  At what age did (NAME) start primary school?  **(AGE IN COMPLETE YEARS)**  **CHECK IF 1b=01 >>3** | 3  What was the highest educational qualification attained?  None..........................00  BECE……….............01  MSLC........................02  SSCE/WASSCE........03  ‘O’ Level...................04  ‘A’ Level...................05  Certificate..................06  Diploma……….........07  HND………..............08  Bachelor degree….....09  Master degree….......10  PHD………..............11  Other professional  (ACCA, ICA, CIMA,  IT, CIB, etc)…12 | 4  Did (NAME) attend school/college at any time during the past 12 months?  Yes…...1  No…....2  (>> Part 2B) | | 5  Is (NAME) still in school?  Yes……...1  No............2  ( >> 12) | 6  Is the school (Name) attending Public or Private?  Public..........1  Private religious.......2  Private non-  religious......3 | 7  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  Year one…............41  Year two….……...42  Year three..............43  Year four...............44  Year five...............45  Year six and above…..………..46  Other (specify)......61 |
| 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  Year one…...........41  Year two….…….42  Year three............43  Year four.............44  Year five..............45  Year six and above…………..46  Other (specify).....61 |
| 01 |  |  |  |  |  |  | |  |  | |  |  |  |  | |
| 02 |  |  |  |  |  |  | |  |  | |  |  |  |  | |
| 03 |  |  |  |  |  |  | |  |  | |  |  |  |  | |
| 04 |  |  |  |  |  | | |  |  | |  |  |  |  | |
| 05 |  |  |  |  |  | | |  |  | |  |  |  |  | |
| 06 |  |  |  |  |  |  | |  |  | |  |  |  |  | |
| 07 |  |  |  |  |  |  | |  |  | |  |  |  |  | |
| 08 |  |  |  |  |  |  | |  |  | |  |  |  |  | |
| 09 |  |  |  |  |  |  | |  |  | |  |  |  |  | |
| 10 |  |  |  |  |  |  | |  |  | |  |  |  |  | |
| 11 |  |  |  |  |  |  | |  |  | |  |  |  |  | |  |
| 12 |  |  |  |  |  |  | |  |  | |  |  |  |  | |
| 13 |  |  |  |  |  |  | |  |  | |  |  |  |  | |
| 14 |  |  |  |  |  |  | |  |  | |  |  |  |  | |
| 15 |  |  |  |  |  |  | |  |  | |  |  |  |  | |

2.1

SECTION 2: EDUCATION

PART A: GENERAL EDUCATION - FOR THOSE WHO ATTENDED SCHOOL IN THE PAST 12 MONTHS ANSWER 8-28

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| I  F  E  L  I  G  I  B  L  E  C  I  C  L  E  D  I  D | ID  OF  PERSON  INTER-VIEWED | 8  How much time does (NAME) spend going to and from school daily?  **(ROUND TRIP)**  **IF IN A BOARDING SCHOOL**  **CODE**  **HRS..........00**  **MINS........00**  **AND >> 12** | | 8a  By what means does (NAME) usually go to and from school?  **(IF IN BOARDING HOUSE CODE 00)**  Public (Taxi)…….01  Public (trotro)…...02  Public (bus)……..03  Bus (Metro bus)…04  Train…………….05  Boat/ferry/canoe...06  School bus………07  Private car………08  Motor Cycle…….09  Bicycle………….10  On foot………….11  Other (specify)….12 | | 9  How many hours of class did (NAME) attend in the past week?  **(EXCLUDE EXTRA CLASSES)**  **VACATION CODE 99 AND .>>12 IF**  **VACATED MORE THAN 7 DAYS AGO** | 10  How many hours of class did (NAME) miss in the past week?  (**EXCLUDE EXTRA CLASSES)**  **VACATION CODE 99 >>12**  **IF NAME DID NOT MISS A CLASS >> 11** | 10a  Why did (NAME) miss class for the past week?  **MAIN REASON**  Teacher absent.................0  Physical/emotional  violence from teacher......02  Physical/emotional  violence from peers.........03  Bad weather.....................04  To help family business…05  Working outside  family business...............06  Taking care of children/elderly...............07  To help with household tasks................................08  Illness/injury...................09  Sent for school fees……10  Other (specify)………....11 | 11  How many hours and minutes of homework did (Name) do in the past week? | | I want to ask you about the educational expenses for (NAME) during the past 12 months?  (EXCLUDE BURSARY AND SCHOLARSHIP. PUT DK IF CANNOT GIVE BREAKDOWN)  How much was spent on ......... | | | | | | | | |
| 12  School fees and registration fees?  WRITE IN GH¢ AND GHp | 13  Contribu-tions to parent/ teacher associa-tions (PTA)?  WRITE IN GH¢ AND GHp | 14  Uniforms and sports clothes?  WRITE IN GH¢ AND GHp | 15  Books and school supplies?  WRITE IN GH¢ AND GHp | 16  transpor-tation to and from school?  WRITE IN GH¢ AND GHp | 17  Food, board & lodging at school?  WRITE IN GH¢ AND GHp | 18  Expenses on extra classes?  WRITE IN GH¢ AND GHp | 19  In-kind expenses?  WRITE IN GH¢ AND GHp | 20  **(IF CANNOT GIVE BREAK DOWN)**  WRITE IN GH¢ AND GHp |
| HRS | MINS | TO | FROM | HOURS | HOURS |  | HRS | MINS | AMT | AMT | AMT | AMT | AMT | AMT | AMT | AMT | AMT |
| 01 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 02 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 03 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 04 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 05 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 06 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 07 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 08 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 09 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 11 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 12 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 13 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 14 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 15 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

2.2

SECTION 2: EDUCATION

PART A: GENERAL EDUCATION - FOR THOSE WHO ATTENDED SCHOOL IN THE PAST 12 MONTHS ANSWER 8-28 (CONT’D)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 21  Who paid for most of (NAME’S) the educational expenses?  Father...............................................1  Mother.............................................2  Both parents.....................................3  Other relative.(HH member)...........4  Other relative.(Non-HH member)...5  Non relative.(HH member).............6  Non relative.(Non HH member)..........................................7  Self..................................................8  Other (specify)................................9 | 22  Did (NAME) have a scholarship/ bursary during the past 12 months?  Yes, government……....1  Yes, Int. organization….2  Yes, NGO……………..3  Yes, Religious institution...4  Yes, school…...….…..5  Yes, employer……….6  Other (specify)………7  No...............................8  (>>24) | 23  What was the amount of (NAME’S) scholarship/ bursary received for the past 12 months? | PRIMARY AND KINDERGATEN SCHOOLS (3 TO 12 YEARS) | | | | |
| 24  Does (NAME) receive free food at school?  Yes, government……....1  Yes, Int. organization….2  Yes, NGO……………..3  Yes, Religious institution…………..….4  Other (specify)………...5  No..................................6  (>> 26) | 25  How many times in a week does (NAME) usually receive free food at school? | 26  Did (NAME) benefit from free uniforms in the past 12 months?  Yes, government……...........1  Yes, Int. organization………2  Yes, NGO…………..………3  Yes, Religious institution…..4  Other (specify)……………..5  No.........................................6 | 27  Did (NAME) benefit from free school exercise books in the past 12 months?  Yes, government……............1  Yes, Int. organization……….2  Yes, NGO…………..……….3  Yes, Religious institution…...4  Other (specify)………………5  No...........................................6  (>>PART B) | 28  How often did (NAME) receive free exercise books?  Every term……….1  Every other term…2  Yearly……………3 |
| AMOUNT (GH₡) | NUMBER OF TIMES |
|  | | | | | | | |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  | | |  |  |  | | |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  | | |  |  |  | | |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  | | |  |  |  | | |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  | | |  |  |  | | |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

2.3

SECTION 2: EDUCATION

PART B: EDUCATIONAL CAREER (FOR ALL MEMBERS 12 YEARS OR OLDER)

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| I  D | 1  Has (NAME) ever attended technical/vocational/computer school?  Yes...................1  No...................2  ( >> 5) | 2  How many years/months has/did (NAME) complete? | | 3  What was the highest certificate (NAME) obtained?  None...........................1  NACVET...................2  IMIS...........................3  NVTI..........................4  City & Guild..............5  Certificate..................6  Diploma.....................7  Other (specify)..........8 | 4  Was/is the technical/computer/ vocational school (NAME) attended public or private?  Public..................1  Private religious..2  Private non-  religious.............3  Quasi govt………4 | 5  Has (NAME) ever attended a tertiary educational institution (e.g. university, Polytechnic, etc.)?  Yes ................1  No..................2  (>> PART 2C) | 6  How many years did (NAME) attend/has been attending this institution?  **CODE 00 IF NOT UP TO A YEAR** | 7  What was the last institution (NAME) attended/attending?  Advanced/  Specialist Teacher  Training................1  Polytechnic.............2  University...............3  Other (specify).......4 | 8  What was/is the highest qualification (NAME) achieved?  None.......................1  Certificate...............2  Diploma.................3  HND.......................4  Bachelor.................5  Masters...................6  Doctorate................7  Other (specify).......8 | 9  Was/is the tertiary institution Public or Private?  Public.......................1  Private religious......2  Private non-  religious.................3  Quasi govt…………4 |
| YEARS | MONTHS | YEARS |
|  | | | | | | | | | | |
| 01 |  |  |  |  |  |  |  |  |  |  |
| 02 |  |  |  |  |  |  |  |  |  |  |
| 03 |  |  |  |  |  |  |  |  |  |  |
|  | | | | | | | | | | |
| 04 |  |  |  |  |  |  |  |  |  |  |
| 05 |  |  |  |  |  |  |  |  |  |  |
| 06 |  |  |  |  |  |  |  |  |  |  |
|  | | | | | | | | | | |
| 07 |  |  |  |  |  |  |  |  |  |  |
| 08 |  |  |  |  |  |  |  |  |  |  |
| 09 |  |  |  |  |  |  |  |  |  |  |
|  | | | | | | | | | | |
| 10 |  |  |  |  |  |  |  |  |  |  |
| 11 |  |  |  |  |  |  |  |  |  |  |
| 12 |  |  |  |  |  |  |  |  |  |  |
|  | | | | | | | | | | |
| 13 |  |  |  |  |  |  |  |  |  |  |
| 14 |  |  |  |  |  |  |  |  |  |  |
| 15 |  |  |  |  |  |  |  |  |  |  |

2.4

SECTION 2: EDUCATION

PART C: LITERACY/ APPRENTICESHIP (RESPONDENTS: ALL HOUSEHOLD MEMBERS 11 YEARS OR OLDER)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| M  E  M  B  E  R  I  D | 1  Can (NAME) read a phrase/ sentence in English or French?  **(SHOW FLASH CARD)**  Yes, English...1  Yes, French…2  Yes, both……3  No..................4 | 2  In what Ghanaian language can (NAME) read a phrase/sentence?  **(SHOW FLASH CARD)**  STATE THE ONE IN WHICH (NAME) IS MOST PROFICIENT  None.......................1  Twi/Fanti.................2  Ewe.........................3  Ga-Dangme.............4  Dagbani..................5  Frafra/Grusi............6  Nzema....................7  Wali/Dagari............8  Other (specify).......9 | 3  Can (NAME) write a sentence in English/ French?  Yes English...1  Yes French....2  Yes both…....3  No…..........…4 | 4  In what Ghanaian language can (NAME) write a sentence?  None.........................1  Twi/Fanti..................2  Ewe..........................3  Ga-Dangme..............4  Dagbani....................5  Frafra/Grusi..............6  Nzema......................7  Wali/Dagari..............8  Other (specify).........9 | 5  Can (NAME) do written calculations?  **USE FLASH CARD)**  Yes ...........1  No.............2 | 6  Has (NAME) ever attended a literacy course?  Yes .........1  ( >> 8)  No...........2 | 7  If not, why has (NAME) never attended a literacy course?  Low quality.........1  Not available.......2  Do not need….....3  Too costly...........4  Takes too much  time...................5  Not useful............6  Too far.................7  Spouse does  not want.............8  Other (Specify)…9  >> 9 | 8  For how many months has (NAME) been attending/ attended a literacy course?  **IF LESS THAN A MONTH CODE 00** | 9  Is (NAME) an apprentice or has (NAME) ever been an apprentice?  Yes, currently….1  Yes, in past........2  No......................3  ( >> 14) | 10  How long was (is) the apprenticeship? | | 11  What is the main trade (NAME) is learning or learnt?  **(REFER TO SECTOR TRADE/SKILLS GLSS7 CODE BOOK)** | |
| YRS | MTHS | MAIN TRADE | CODE |
| MONTHS |
|  | |  | | | | | | | | | | | |
| 01 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 02 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 03 |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | |  | | | | | | | | | | | |
| 04 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 05 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 06 |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | |  | | | | | | | | | | | |
| 07 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 08 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 09 |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | | | | | | | | | | | | | |
| 10 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 11 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 12 |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | | | | | | | | | | | | | |
| 13 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 14 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 15 |  |  |  |  |  |  |  |  |  |  |  |  |  |

2.5

SECTION 2: EDUCATION

PART C: LITERACY (CONT’D)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| MEMB  E  R  I  D | 12  Did (NAME) pay a fee for this training?  Yes, in kind..........1  Yes, in cash..........2  Both......................3  No.........................4  ( >> 14) | 13  How much did (NAME) pay for the training? | 14  Has (NAME) ever attended other short training courses lasting not more than 6 months?  Yes....................................1  No......................................2  ( >> NEXT MEMBER) | 15  What was the main subject of the most recent training?  Clerical.......................................01  Prof/Managerial.........................02  Computer/ICT............................03  Marketing..................................04  Teaching....................................05  Leadership.................................06  Medicine....................................07  Accountancy..............................08  Trade/Skill.................................09  Other (specify)...........................10 |
| AMOUNT GH¢ |
|  | | | | |
| 01 |  |  |  |  |
| 02 |  |  |  |  |
| 03 |  |  |  |  |
|  | | | | |
| 04 |  |  |  |  |
| 05 |  |  |  |  |
| 06 |  |  |  |  |
|  | | | | |
| 07 |  |  |  |  |
| 08 |  |  |  |  |
| 09 |  |  |  |  |
|  | | | | |
| 10 |  |  |  |  |
| 11 |  |  |  |  |
| 12 |  |  |  |  |
|  | | | | |
| 13 |  |  |  |  |
| 14 |  |  |  |  |
| 15 |  |  |  |  |

2.6

SECTION 3: HEALTH

PART A: HEALTH CONDITION IN THE PAST 2 WEEKS - RESPONDENTS: ALL HOUSEHOLD MEMBERS

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| MEMB  E  R  I  D | ID OF PERSON INTER-VIEWED | 1  During the past 2 weeks has (NAME) suffered from either an illness or injury?  Neither...........1  (>> 5)  Illness............2  Injury.............3  Both...............4 | 2  For how many days during the past 2 weeks has (NAME) suffered from this conditions?  (1 - 14) | 3  During the past 2 weeks, did (NAME) have to stop the usual activities because of this condition?  Yes....1  No.....2  (>> 5) | 4  For how many days?  (1 – 14) | 5  During the past 2 weeks has (NAME) consulted a health practitioner, visited a health facility or consulted a traditional healer?  Yes...........1  No.............2  (>> 21) | 6  On the most recent visit whom did (NAME) consult?  Doctor.......................01  Dentist.......................02  Nurse.........................03  Physician/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 | 7  What was the main reason for the most recent visit?  Illness...............1  Injury................2  Follow up.........3  Check up..........4  Prenatal care.....5  Delivery………6  Postnatal care....7  Vaccination.......8  Other (specify)..9 | 8  Where did the consultation take place? | | | |
| **Public Health Sector**:  Teaching Hospital…...01  Regional Hospital........02  Polyclinic………........03  District Hospital……..04  Other Public Hospital..05  Health Center………..06  Maternity Home……..07  MCH Clinic…………08  CHPS………..............09  Other (specify)….. ….10 | **Private Health Sector**:  Hospital....................11  Mission Hospital…..12  Clinic........................13  Mission Clinic……..14  Maternity Home.......15  Pharmacy………….16  Chemical store.........17  Medical Practitioner  Home……………18  Patient’s Home........19  Other (specify).........20 | | **Medical Alternative**:  Homeopathy……..21  Traditional  Healer’s Home....22  Acupuncture……..23  Other (specify)….24 |
| D A Y S | DAYS | NAME OF FACILITY | |  | CODE |
|  | | | | | | | | | | | | |
| 01 |  |  |  |  |  |  |  |  |  | |  | |
| 02 |  |  |  |  |  |  |  |  |  | |  | |
| 03 |  |  |  |  |  |  |  |  |  | |  | |
|  | | | | | | | | | | | | |
| 04 |  |  |  |  |  |  |  |  |  | |  | |
| 05 |  |  |  |  |  |  |  |  |  | |  | |
| 06 |  |  |  |  |  |  |  |  |  | |  | |
|  | | | | | | | | | | | | |
| 07 |  |  |  |  |  |  |  |  |  | |  | |
| 08 |  |  |  |  |  |  |  |  |  | |  | |
| 09 |  |  |  |  |  |  |  |  |  | |  | |
|  | | | | | | | | | | | | |
| 10 |  |  |  |  |  |  |  |  |  | |  | |
| 11 |  |  |  |  |  |  |  |  |  | |  | |
| 12 |  |  |  |  |  |  |  |  |  | |  | |
|  | | | | | | | | | | | | |
| 13 |  |  |  |  |  |  |  |  |  | |  | |
| 14 |  |  |  |  |  |  |  |  |  | |  | |
| 15 |  |  |  |  |  |  |  |  |  | |  | |

3.1

SECTION 3: HEALTH

PART A: HEALTH EXPENDITURE IN THE PAST 2 WEEKS

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| MEMB  E  R  I  D | 9  How much did (NAME) pay for the registration/ card/folder at the health facility?  **(IN NEW CURRENCY)** | | | 10  How much did (NAME) pay for consultation?  **(IN NEW CURRENCY)** | | | 11  How much did (NAME) pay for diagnosis (x-ray, lab, etc.)?  **(IN NEW CURRENCY)** | | 12  How much did (NAME) pay for drugs and treatment?  **(IN NEW CURRENCY)** | | 13  How much did (NAME) pay for overall treatment or services received?  **(IN NEW CURRENCY)** | | 14  How much did (NAME) pay for any other services?  **(IN NEW CURRENCY)** | | 15  How much did (NAME) pay to travel there and return?  **(IN NEW CURRENCY)** | | 16  How much time did (NAME) take to travel to and from the facility?  **(MOST RECENT VISIT)** | | 16a  By what means does (NAME) usually go to and from the health facility?  Public (Taxi)…….01  Public (trotro)…...02  Public (bus)……..03  Bus (Metro bus)…04  Train…………….05  Boat/ferry/canoe...06  School bus………07  Private car………08  Motor Cycle…….09  Bicycle………….10  On foot………….11  Other (specify)….12 | | | 17  How much time did (Name) spend at the health facility? (excluding admission) | | | | |
| TRAVEL TIME | |
| GH¢ | | GHp | GH¢ | | GHp | GH¢ | GHp | GH¢ | GHp | GH¢ | GHp | GH¢ | GHp | GH¢ | GHp | HRS | MINS | TO | FROM | | HRS | MINS | | | |
|  |  | | |  | | |  | |  | |  | |  | |  | |  | |  | | |  |  |  |  |
| 01 |  |  | |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  | | | |
| 02 |  |  | |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  | | | |
| 03 |  |  | |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  | | | |
|  | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| 04 |  |  | |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  | | | |
| 05 |  |  | |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  | | | |
| 06 |  |  | |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  | | | |
|  | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| 07 |  |  | |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  | | | |
| 08 |  |  | |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  | | | |
| 09 |  |  | |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  | | | |
|  | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| 10 |  |  | |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  | | | |
| 11 |  |  | |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  | | | |
| 12 |  |  | |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  | | | |
|  | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| 13 |  |  | |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  | | | |
| 14 |  |  | |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  | | | |
| 15 |  |  | |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  | | | |

3.2

SECTION 3: HEALTH

PART A: HEALTH CONDITION AND DISABILITY

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **HEALTH EXPENDITURE IN THE PAST 2 WEEKS** | | | | | | | | | | |  |  | **DISABILITY** | | |
| MEMB  E  R  I  D | 18  During the past 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**)  Yes ....................1  No................2 ( >> 21) | 19  How many nights did (NAME) stay in hospital/health facility during the past 2 weeks?  (1 - 14) | 20  How much did (NAME) or will (NAME) pay for staying in a hospital/health facility during the past 2 weeks?  **(ADMISSION FEE)**  **(IN NEW CURRENCY)** | | 21  During the past 2 weeks did (NAME) buy any medicine or medical supplies?  Yes .......1  No...........2  (>> 24) | | 22  How much did (NAME) pay altogether for these medicines and medical supplies? | | | 23  Total medical expenses  **(IN NEW CURRENCY)** | | 24  CHECK IF 18=1 THEN SKIP TO 25  During the past 12 months was (NAME) hospitalized for any illness or injury?  Yes....1  No.....2 | 25  Who usually pays for the largest portions of (NAME’s) health expenses incl. Consultations and hospital stays (if any)?  Household member........ID  Other relative.................80  Government...................81  Employer.......................82  Household member’s  employer......................83  Health Insurance............84  Other (specify)...............85 | 26  Does (NAME) have any disability  Yes..........1  No............2  NEXT PERSON | 27  What type of disability does (NAME) have?  Sight................A  Hearing............B  Speech.............C  Physical...........D  Intellectual.......E  Emotional.........F  Other (specify).G | 27i  Which of these disabilities limit (NAME) full participation in life activity such as mobility, work, social life, etc.  None……….0  Sight..............1  Hearing..........2  Speech............3  Physical..........4  Intellectual.....5  Emotional.......6  Other (specify).7 |
| NIGHTS | GH¢ | GHp | GH¢ | | GHp | GH¢ | GHp |
|  | | | | | | | | | | | | | | | |  |
| 01 |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |
| 02 |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |
| 03 |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |
|  | | | | | | | | | | | | | | | |  |
| 04 |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |
| 05 |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |
| 06 |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |
|  | | | | | | | | | | | | | | | |  |
| 07 |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |
| 08 |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |
| 09 |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |
|  | | | | | | | | | | | | | | | |  |
| 10 |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |
| 11 |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |
| 12 |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |
|  | | | | | | | | | | | | | | | |  |
| 13 |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |
| 14 |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |
| 15 |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |

3.3

SECTION 3: HEALTH

PART B: INSURANCE – INDIVIDUAL SPECIFIC QUESTIONS

RESPONDENTS: ALL HOUSEHOLD MEMBERS

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| MEMB  E  R  I  D | ID OF PERSON INTER-VIEWED | 1  Has (NAME) ever been registered with a health insurance scheme?  Yes, registered NHIS……1  ( >> 3)  Yes, registered private..…2  ( >> 3)  Yes, both NHIS and  private……………..3  ( >> 3)  No......................................4 | 2  If (NAME) has never been registered with NHIS, why?  Premium is too high..................01  Do not have confidence  in operators of the schemes....02  No knowledge of any scheme...03  Do not know where to register.04  Registration officer too far……05  Do not need health insurance…06  Health insurance does not cover  the services I need……….…...07  Health insurance does not cover  the facilities I use………..…....08  No money……………………..09  Other (specify)..........................96  **PART C** | 3  Is (NAME) currently covered?  Yes, covered....1  ( >> 5)  No....................2 | 4  If (NAME) is no longer covered, why?  Premium is too high......................01  Do not have confidence  in operators of the schemes........02  Do not know where to renew.......03  Registration officer too far………04  Do not need health insurance……05  Health insurance does not cover  the services I need……….…......06  Health insurance does not cover  the facilities I use………..…......07  No money……………………….08  Takes too much time to renew….09  Other (specify).............................96  **PART C** | 5  How was (NAME’s) membership of the health insurance acquired?  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…….........5  Exempt as under 18…………6  Exempt as aged……………..7  Free Maternal Service……....8  Other (specify)……………....9 | 6  Does (NAME) hold a valid National Health Insurance Scheme (NHIS) card?  **(INSPECT CARD)**  Yes, card seen (valid)............1  Yes, card seen (not valid)......2  Yes, but card not seen…..…..3  No………..............................4 |
|  |  |  |  |  |  |  |  |
| 01 |  |  |  |  |  |  |  |
| 02 |  |  |  |  |  |  |  |
| 03 |  |  |  |  |  |  |  |
| 04 |  |  |  |  |  |  |  |
| 05 |  |  |  |  |  |  |  |
| 06 |  |  |  |  |  |  |  |
| 07 |  |  |  |  |  |  |  |
| 08 |  |  |  |  |  |  |  |
| 09 |  |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |  |
| 11 |  |  |  |  |  |  |  |
| 12 |  |  |  |  |  |  |  |
| 13 |  |  |  |  |  |  |  |
| 14 |  |  |  |  |  |  |  |
| 15 |  |  |  |  |  |  |  |

3.4

SECTION 3: HEALTH

PART B: INSURANCE – INDIVIDUAL SPECIFIC QUESTIONS

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| MEMB  E  R  I  D | 7  What are the expected services from the insurance scheme?  **(MULTIPLE CHOICE)**  Only OPD services.....................A  In-patient services.......................B  Medication..................................C  Diagnostic (lab, x-ray, etc. .........D  Major Surgery…………………..E  Minor surgery…………………..F  Other (specify)………………....G | | | | | | | | 8  Does (NAME) pay premium and/or processing fee to become a member?  Processing only....................1  Premium and processing......2  Exempted.............................3  ( >>10)  No........................................4  ( >> 10) | 9  How much has (NAME) paid as premium/processing fee or expected to pay for the current insurance year? | | | | 10  Has (NAME) benefitted from the scheme in past 12 months?  Yes .............................1  No...............................2 |
| (a)  **PREMIUM**  **(IN NEW CURRENCY)** | | (b)  **PROCESSING FEE**  **(IN NEW CURRENCY)** | |
| PRIVATE INSURANCE | | | | NHIS | | | | GH¢ | GHp | GH¢ | GHp |
|  | | | | | | | | | | | | | | |
| 01 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 02 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 03 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | | | | | | | | | | | | | | |
| 04 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 05 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 06 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | | | | | | | | | | | | | | |
| 07 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 08 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 09 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | | | | | | | | | | | | | | |
| 10 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 11 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 12 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | | | | | | | | | | | | | | |
| 13 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 14 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 15 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

3.5

SECTION 3: HEALTH

PART C: PREVENTIVE HEALTH, IMMUNIZATION

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

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| MEMB  E  R  I  D | ID OF PERSON INTER-VIEWED | 1  Has (NAME) ever been immunized?  Yes.............1  No..............2  (>> 5) | 2  Were any of these immunizations given to (NAME) during the past 12 months?  CHECK FROM CHILD HEALTH RECORD BOOK IF AVAILABLE  Yes.................................1  No..................................2  Do not know..................3  Not applicable................4 (when the child is below age or above)  **IF ALL ANSWERS EQUAL 3 AND/OR 4 >> Q.6;(IF ALL ANSWERS EQUAL 2>>5)**  Type of immunization | | | | | | | | | | | | 3  Did you have to pay any fee for these immunizations?  Yes.............1  No..............2  **(>>6)** | 4  How much was paid?  >>6 | | 5  Why was (NAME) not immunized?  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 | | | | | PENTA (DPT) | | | MEASLES | YELLOW FEVER | VITAMIN ‘A’ |
| 0 | 1 | 2 | 3 | BOOSTER | 1 | 2 | 3 | GH¢ | GHp |
|  | | | | | | | | | | | | | | | | | | |
| 01 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 02 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 03 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | | | | | | | | | | | | | | | | | | |
| 04 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 05 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 06 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | | | | | | | | | | | | | | | | | | |
| 07 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 08 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 09 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | | | | | | | | | | | | | | | | | | |
| 10 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 11 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 12 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | | | | | | | | | | | | | | | | | | |
| 13 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 14 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 15 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

3.6

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

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| MEMB  E  R  I  D | ID OF PERSON INTER-VIEWED | 6  Did you or someone else take (NAME) to a health facility/health professional for postnatal care/consultation in the past 12 months?  Yes, consultation.....1  Yes, postnatal care...2  No............................3  (>> 10) | 7  How many times did (NAME) visit the health facility for the past 12 months? | 8  Did you have to pay for consultation?  Yes......1  No.......2  ( >> 10) | 9  How much did (NAME) usually pay for one consultation?  **(IN NEW CURRENCY)** | | 10  Was (NAME) ever breastfeed?  Yes ........1  No...........2  (>> 14) | 11  At what age did (NAME) receive any liquid (except water) other than breast-milk, for the first time?  Not yet.....87 | 12  At what age was (NAME) first given water?  Not yet.......87 | 13  At what age did (NAME) receive any food other than breast-milk, for the first time?  Not yet.......87 | 14  Does (NAME) participate in a community feeding program?  Yes .......1  No..........2 | 15  Who usually looks after (NAME) during daytime?  Mother................1  Father…………..2  Adult Male.........3  Adult female.......4  Male child..........5  Female child.......6  Crèche................7  Other (specify)...8 | 16  Weight (Kg) of child  **NOT MEASU-RED CODE 9999** | 17  Height (cm) of child | 17a  Mode of measurement (Height)  Standing….1  Lying…….2  Refuse……3 |
| GH¢ | GHp | MONTHS | MONTHS | MONTHS |
|  |  |  |  |  |  |  |  |  |  |  |  |  | | |  |
| 01 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| 02 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| 03 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
|  |  |  |  |  |  |  |  |  |  |  |  |  | | |  |
| 04 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| 05 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| 06 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
|  |  |  |  |  |  |  |  |  |  |  |  |  | | |  |
| 07 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| 08 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| 09 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
|  |  |  |  |  |  |  |  |  |  |  |  |  | | |  |
| 10 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| 11 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| 12 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
|  |  |  |  |  |  |  |  |  |  |  |  |  | | |  |
| 13 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| 14 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| 15 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |

3.7

SECTION 3: HEALTH

PART D: FERTILITY AND PRE-NATAL CARE

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

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| MEMB  E  R  I  D | ID OF PERSON INTER-VIEWED | 1  Have you ever been pregnant?  Yes........................1  No.........................2  ( >> PART 3E) | 2  Have you ever given birth?  **IF NO PROBE**  Even to a baby who lived only a few hours or less.  Yes .................1  No...................2  (>> 9) | 3  How many girls have you given birth to? | 4  How many boys have you given birth to? | 5  I would like to make sure you have given birth to.....................  **TOTAL NUMBER OF CHILDREN**  **(Q.3 + Q.4)** | 6  How many girls are still alive? | 7  How many boys are still alive? | 8  I would like to make sure you have (total number) children alive?  **TOTAL NUMBER OF CHILDREN ALIVE**  (Q.6 + Q.7) | 9  Did you have any pregnancy which did not end in a live birth?  Yes …….....1  No...............2  (>> 11) | 10  How many of those pregnancies did not end in a live birth? | 11  Are you pregnant now?  Yes ........1  ( >> 16)  No...........2 | 12  During the past 12 months have you been pregnant?  Yes .............1  No................2  ( >> PART 3E) |
| GIRLS | BOYS | TOTAL | GIRLS | BOYS | TOTAL | NON-LIVE BIRTHS |
|  | | | | | | | | | | | | | |
| 01 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 02 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 03 |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | | | | | | | | | | | | | |
| 04 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 05 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 06 |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | | | | | | | | | | | | | |
| 07 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 08 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 09 |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | | | | | | | | | | | | | |
| 10 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 11 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 12 |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | | | | | | | | | | | | | |
| 13 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 14 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 15 |  |  |  |  |  |  |  |  |  |  |  |  |  |

3.8

SECTION 3: HEALTH

PART D: FERTILITY - PRENATAL CARE

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| MEMB  E  R  I  D | 13  How did this pregnancy end?  Live birth.....................1  Still birth......................2  (7+months, >>16)  Induce abortion……….3 (>>16)  Spontaneous abortion...4 (>>16)  Other (specify)……......5 (>>16) | 14  Is that child still alive?  Yes ……...1  No……….2  (>> 16) | 15  Are you breast-feeding this child?  Yes ..............1  No................2 | 16  During this pregnancy did you receive any antenatal care?  Yes ……..1  No............2  (>>22) | 17  How old was your pregnancy when you first received antenatal care? | 18  From where did you receive that care?  Antenatal clinic  (Private)..............1  Antenatal clinic  (Public)...............2  Hospital................3  Maternity Home...4  Home of  Practitioner.........5  Other (specify).....6 | | 19  From whom did you receive that care?  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 | 20  How many times within the pregnancy did you go there? | | 21  How much did you pay for the first antenatal consultation?  **(>> PART 3E)**  **(IN NEW CURRENCY)** | | 22  Why didn’t you go for antenatal care?  Can’t afford......................1  No health care available...2  Health care too far...........3  Not necessary..................4  Health personnel not  friendly…………….…5  Other (specify)...............6 | |
| WEEKS | GH¢ | GHp |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 01 |  |  |  |  |  |  | |  |  |  |  |  |  |  |
| 02 |  |  |  |  |  |  | |  |  |  |  |  |  |  |
| 03 |  |  |  |  |  |  | |  |  |  |  |  |  |  |
|  | | | | | | | | | | | | | | |
| 04 |  |  |  |  |  |  | |  |  |  |  |  |  |  |
| 05 |  |  |  |  |  |  | |  |  |  |  |  |  |  |
| 06 |  |  |  |  |  |  | |  |  |  |  |  |  |  |
|  | | | | | | | | | | | | | | |
| 07 |  |  |  |  |  |  | |  |  |  |  |  |  |  |
| 08 |  |  |  |  |  |  | |  |  |  |  |  |  |  |
| 09 |  |  |  |  |  |  | |  |  |  |  |  |  |  |
|  | | | | | | | | | | | | | | |
| 10 |  |  |  |  |  |  | |  |  |  |  |  |  |  |
| 11 |  |  |  |  |  |  | |  |  |  |  |  |  |  |
| 12 |  |  |  |  |  |  | |  |  |  |  |  |  |  |
|  | | | | | | | | | | | | | | |
| 13 |  |  |  |  |  |  | |  |  |  |  |  |  |  |
| 14 |  |  |  |  |  |  | |  |  |  |  |  |  |  |
| 15 |  |  |  |  |  |  | |  |  |  |  |  |  |  |

3.9

SECTION 3: HEALTH

PART E: CONTRACEPTIVE USE AND HIV AND AIDS AWARENESS

RESPONDENT: ALL HOUSEHOLD MEMBERS AGED 12 YEARS OR OLDER

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| MEMB  E  R  I  D | 1  Is (NAME) or (NAME’s) partner using any method to prevent or delay pregnancy?  Yes .....1  No......2  (>>6) | 2  What main method is (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  Diaphragm………..10  LAM........................11  Abstinence...............12  Rhythm....................13  Withdrawal..............14  Other (specify).........15  **(IF Q2= - 15 >>8)** | 3  Did (NAME) use the method in the past 12 months?  Yes .....1  No......2 (>>6) | 4  **IF Q.2 = 01 TO 10, ASK:**  How much did (NAME) pay for the service the last time?  **(IN NEW CURRENCY)** | | | 5  **IF Q.2 = 01 TO 10 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   |  | | --- | | **>> 9** | | 6  Why are you not using any contraceptive method?  **(REFER TO CODES)** | 7  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) | 8  Which main contraceptive method would (NAME) prefer to use?  **(REFER TO CODES)** | | **CODES FOR QUESTION 6**  Not married.....................................................11  Pregnant/Partner pregnant…………………..12  *Fertility-related reasons*  Infrequent sex.................................................22  No sex.............................................................23  Menopausal/Hysterectomy.............................24  Wants as many children as possible..............26  *Opposition to use*  Respondent opposed.......................................31  Spouse/partner opposed...........................................................32  Religious prohibition......................................34  *Lack of knowledge*  Knows No method.........................................41  Knows No source...........................................44  *Method-related reasons*  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  **CODES FOR QUESTION 8**  Pill...................................................................01  Male condom..................................................02  Female condom..............................................03  IUD.................................................................04  Injectables.......................................................05  Female Sterilization........................................06  Male Sterilization...........................................07  Implants..........................................................08  Foam/Jelly......................................................09  Diaphragm......................................................10  Lactational Amen. Method (LAM)................11  Periodic abstinence.........................................12  Rhythm……………………………………...13  Withdrawal.....................................................14  Other (specify)................................................15  UNSURE........................................................98 |
| GH¢ | | GHp |
|  | | | | | | | | | | | |
| 01 |  |  |  |  |  | |  |  |  |  |  |
| 02 |  |  |  |  |  | |  |  |  |  |  |
| 03 |  |  |  |  |  | |  |  |  |  |  |
|  | | | | | | | | | | | |
| 04 |  |  |  |  |  | |  |  |  |  |  |
| 05 |  |  |  |  |  | |  |  |  |  |  |
| 06 |  |  |  |  |  | |  |  |  |  |  |
|  | | | | | | | | | | | |
| 07 |  |  |  |  |  | |  |  |  |  |  |
| 08 |  |  |  |  |  | |  |  |  |  |  |
| 09 |  |  |  |  |  | |  |  |  |  |  |
|  | | | | | | | | | | | |
| 10 |  |  |  |  |  | |  |  |  |  |  |
| 11 |  |  |  |  |  | |  |  |  |  |  |
| 12 |  |  |  |  |  | |  |  |  |  |  |
|  | | | | | | | | | | | |
| 13 |  |  |  |  |  | |  |  |  |  |  |
| 14 |  |  |  |  |  | |  |  |  |  |  |  |
| 15 |  |  |  |  |  | |  |  |  |  |  |  |

3.10

SECTION 3: HEALTH

PART E: CONTRACEPTIVE USE AND HIV AND AIDS AWARENESS

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| MEMB  E  R  I  D | 9  Now I would like to talk about something else. Have you ever heard of an illness called HIV or AIDS?    Yes .....................1  No.......................2  (>> NEXT PERSON) | 10  What can people do to prevent the transmission of HIV and AIDS?  **(UP TO 3 MAIN WAYS)**  **(REFER TO CODES)** | | | | 11  Is it possible for a healthy looking person to have HIV and AIDS?  Yes...................1  No....................2  Don’t know......8 | 12  Can the virus that causes HIV and 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.....A  During delivery.........B  During breast-  feeding......................C | | | | 14  What would you do to prevent yourself from being infected with the virus that causes HIV and AIDS?  Abstain from  sex.......................A  Be faithful to  partner..................B  Have safe sex.........C  Use a condom........D  Other (specify).......E | | | | **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……………………...15  Other (specify).......................................................96  Don’t know............................................................98 |
| 1ST | 2ND | 3RD | |
|  | | | | | | | | | | | | | | | |
| 01 |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |
| 02 |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |
| 03 |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |
|  | | | | | | | | | | | | | | | |
| 04 |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |
| 05 |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |
| 06 |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |
|  | | | | | | | | | | | | | | | |
| 07 |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |
| 08 |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |
| 09 |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |
|  | | | | | | | | | | | | | | | |
| 10 |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |
| 11 |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |
| 12 |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |
|  | | | | | | | | | | | | | | | |
| 13 |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |
| 14 |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |
| 15 |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |

3.11

SECTION 3: HEALTH

PART F: BEHAVIOUR RESPONDENT: ALL HOUSEHOLD MEMBERS AGED 12 YEARS OR OLDER.

Now l would like to ask you about a few hypothetical situations and your opinion on several topics

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| MEMB  E  R  I  D | 1  Imagine you have a choice between the following two options:    OPTION 1: You receive 16 Ghana Cedis today.  OPTION 2: You receive 32 Ghana Cedis in 1 month.  Which option do you prefer? | 2  Imagine you have a choice between the following two options.  OPTION 1: You receive 16 Ghana Cedis today.  OPTION 2: You receive 40 Ghana Cedis in 1 month.  Which option do you prefer? | 3  Imagine you have a choice between the following two options.  OPTION 1: You receive 16 Ghana Cedis today.  OPTION 2: You receive 24 Ghana Cedis in 1 month.  Which option do you prefer? | 4  Imagine you have a choice between the following two options.  OPTION 1: You receive 4 Ghana Cedis for sure.  OPTION 2: I flip a 1 Cedi Coin. If it shows the Shell, you get 12 Ghana Cedis. If it’s the coat of arms, you get 1 Ghana Cedi.  Which option do you prefer? | 5  Imagine you have a choice between the following two options.  OPTION 1: You receive 4 Ghana Cedis for sure.  OPTION 2: I flip a 1 GH Cedi Coin. If it shows the Shell, you  get 16 Ghana Cedis. If it’s the coat of arms, you get 1 Ghana Cedi.  Which option do you prefer? | 6  Suppose you want to invest some money.  OPTION 1: Investing in a business where I can't lose money  but has low profits.  OPTION 2: Investing in a business where there is a small  chance I can lose money but potentially brings high profits.  Which option do you prefer? |  |
|  | | | | | | |
| 01 |  |  |  |  |  |  |
| 02 |  |  |  |  |  |  |
| 03 |  |  |  |  |  |  |
|  | | | | | | |
| 04 |  |  |  |  |  |  |
| 05 |  |  |  |  |  |  |
| 06 |  |  |  |  |  |  |
|  | | | | | | |
| 07 |  |  |  |  |  |  |
| 08 |  |  |  |  |  |  |
| 09 |  |  |  |  |  |  |
|  | | | | | | |
| 10 |  |  |  |  |  |  |
| 11 |  |  |  |  |  |  |
| 12 |  |  |  |  |  |  |
|  | | | | | | |
| 13 |  |  |  |  |  |  |
| 14 |  |  |  |  |  |  |
| 15 |  |  |  |  |  |  |

3.12

SECTION 4: ECONOMIC ACTIVITY

PART A: CURRENT ECONOMIC ACTIVITY STATUS AND CHARACTERISTICS OF MAIN JOB

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 7 days, that is, since................

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| MEMB  E  R  I  D | ID OF PERSON INTER-VIEWED | **WAGE/SALARY** | | | | **DOMESTIC WORK** | | **FARM ENTERPRISE** | | |
| 1  **IS [NAME]**  **5 YEARS OLD OR OLDER?**  Yes………... …1  No………….….2  (NEXT PERSON) | 2  During the past 7 days, did [NAME] work for a wage, salary, commission, other pay (incl. in kind) for someone who is not a member of your household (e.g. an enterprise, the government, another individual), for at least an hour?  **INCLUDE ‘BY DAY’ WORK**  YES..........1  NO………2 (>>Q4) | 3  During the past 7 days, how many hours did [NAME] work for a wage/salary?  **NOTE: EXCLUDE**  **I. HOURS PAID**  **FOR BUT NOT**  **WORKED**  **II. MEAL BREAK**  **III. COMMUTING**  **TIME** | | 4  During the past 7 days, did [NAME] work as a domestic worker for a wage, salary, commission or any payment in cash or in kind for someone who is a member of your household, for at least an hour?  **INCLUDE ‘BY DAY’ WORK**  YES……...1  No.………2 (>>Q6) | 5  During the past 7 days, how many hours did [NAME] work for a wage/salary? | 6  During the past 7 days, did [NAME] work on a farm owned or rented by a member of your household, either in cultivating crops or in other farming tasks, such as raising livestock or fishing, for at least an hour?  YES……..….1  NO…….........2 (>>Q9) | 7  During the past 7 days, how many hours has [NAME] done on this farm or other agricultural work for the household? | 8  Are the products obtained from this activity on the farm mainly intended for sale or barter or for family use?  Only for sale/barter…….…1  Mainly for sale/barter  but some for own/  family use…………..........2  Mainly for own/family  use but some for  sale/barter………………..3  Only for own/family use….4 |
| HOURS | | HOURS | HOURS |
|  | | | | |
| 01 |  |  |  |  | |  |  |  |  |  |
| 02 |  |  |  |  | |  |  |  |  |  |
| 03 |  |  |  |  | |  |  |  |  |  |
|  | | | | |
| 04 |  |  |  |  | |  |  |  |  |  |
| 05 |  |  |  |  | |  |  |  |  |  |
| 06 |  |  |  |  | |  |  |  |  |  |
|  | | | | |
| 07 |  |  |  |  | |  |  |  |  |  |
| 08 |  |  |  |  | |  |  |  |  |  |
| 09 |  |  |  |  | |  |  |  |  |  |
|  | | | | |
| 10 |  |  |  |  | |  |  |  |  |  |
| 11 |  |  |  |  | |  |  |  |  |  |
| 12 |  |  |  |  | |  |  |  |  |  |
|  | | | | |
| 13 |  |  |  |  | |  |  |  |  |  |
| 14 |  |  |  |  | |  |  |  |  |  |
| 15 |  |  |  |  | |  |  |  |  |  |

4.1

SECTION 4: ECONOMIC ACTIVITY .

PART A: CURRENT ECONOMIC ACTIVITY STATUS AND CHARACTERISTICS OF MAIN JOB

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| MEMB  E  R  I  D | ID OF PERSON INTER-VIEWED | **NON-FARM ENTERPRISE** | | | | **FAMILY HELP IN NON-FARM ENTERPRISE** | | | **NON PRODUCTIVE AGRIC** | | **APPRENTICESHIP WORK** | |
| 9  During the past 7 days, did [NAME] run/manage a non-farm enterprise of any size owned by the household for at least an hour?  *Examples: trader, shop-keeper, barber, dressmaker, carpenter or taxi driver*  Yes….1  No…...2 (>>Q12) | 10  During the past 7 days, how many hours has [NAME] worked in the non-farm enterprise? | | 11  Are the products/services obtained from this activity on the non-farm enterprise mainly intended for sale or barter or for use by the household?  Only for sale/barter……..1  Mainly for sale/barter  but some for own/  family use………….......2  Mainly for own/family  use but some for  sale/barter……………..3  Only for own/family  use…………………….4 | 12  During the past 7 days, did [NAME] help/work in a non-farm enterprise of any size owned by someone in the household, for at least an hour?  Yes………...1  No................2  (>>Q15) | 13  During the past 7 days, how many hours did [NAME] help/work in the non-farm enterprise? | 14  Are the products/services obtained from this activity on the non-farm enterprise mainly intended for sale or barter or for use by the household?  Only for sale/barter……1  Mainly for sale/barter  but some for own/  family use…………....2  Mainly for own/family  use but some for  sale/barter……………3  Only for own/family  use………………….4 | 15  During the past 7 days, did [NAME] catch fish, prawns, wildlife or collect any other food for sale or own use for at least one hour?  Yes, mainly or only  for sale/barter………1  Yes, mainly or only  for own/household  use……………..…..2  No………………..…..3  (>>Q17) | 16  During the past 7 days, how many hours did [NAME] do this activity? | 17  During the past 7 days, did [NAME] work as an apprentice even if it was for at least one hour?  **(PROBE)**  Yes, received pay……..1  Yes, had to pay………..2  Yes, did not receive  pay and did not pay…3  No.………………..…..4  (>>Q19) | 18  During the past 7 days, how many hours did [NAME] work as an apprentice. |
| HOURS | | HOURS | HOURS | HOURS |
|  | | | |  | | | | | | | | |
| 01 |  |  |  | |  |  |  |  |  |  |  |  |
| 02 |  |  |  | |  |  |  |  |  |  |  |  |
| 03 |  |  |  | |  |  |  |  |  |  |  |  |
|  | | | | |  | |  | | | | | |
| 04 |  |  |  | |  |  |  |  |  |  |  |  |
| 05 |  |  |  | |  |  |  |  |  |  |  |  |
| 06 |  |  |  | |  |  |  |  |  |  |  |  |
|  | | | | |  | |  | | | | | |
| 07 |  |  |  | |  |  |  |  |  |  |  |  |
| 08 |  |  |  | |  |  |  |  |  |  |  |  |
| 09 |  |  |  | |  |  |  |  |  |  |  |  |
|  | | | | |  | |  | | | | | |
| 10 |  |  |  | |  |  |  |  |  |  |  |  |
| 11 |  |  |  | |  |  |  |  |  |  |  |  |
| 12 |  |  |  | |  |  |  |  |  |  |  |  |
|  | | | | |  | |  | | | | | |
| 13 |  |  |  | |  |  |  |  |  |  |  |  |
| 14 |  |  |  | |  |  |  |  |  |  |  |  |
| 15 |  |  |  | |  |  |  |  |  |  |  |  |

4.2

SECTION 4: ECONOMIC ACTIVITY .

PART A: CURRENT ECONOMIC ACTIVITY STATUS AND CHARACTERISTICS OF MAIN JOB

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| MEMB  E  R  I  D | ID OF PERSON INTER-VIEWED | **VOLUNTARY WORK** | | **CHECK** | **TEMPORARY ABSENCE** | | | | |
| 19  During the past 7 days, did [NAME] do any voluntary work for someone who is not a member of [NAME’s] household, without any pay for at least one hour?  Yes………….....1  No.…………….2  (>>Q21) | 20  During the past 7 days, how many hours did [NAME] work on this activity? | 21  **INTERVIEWER: IS THERE A "YES" RESPONSE IN QUESTIONS 2, 4, 6, 9, 12, 15, 17 or 19?**  Yes........1 (>> Q33)  No…….2 | 22  Even though [NAME] did not do any activity in the past seven days, does [NAME] have a work, (including domestic work) for wage, salary, commission or other pay for someone who is not a member of [NAME’s] household that [NAME] will return to?  Yes…………..1  No……………2 | 23  Even though [NAME] did not do any activity in the past seven days, does [NAME] run/manage or help in a farm owned or rented by a member of your household, to which [NAME] will return to?  Yes………....................1  No…………………….2  (>>Q25) | 24  Are the products obtained from this activity on the farm mainly intended for sale or barter or for use by the household?  Only for sale/barter……1  Mainly for sale/barter  but some for own/  family use…………....2  Mainly for own/family  use but some for  sale/barter……………3  Only for own/family  use………………….4 | 25  Even though [NAME] did not do any activity in the past seven days, does [NAME] run or help in a non-farm household enterprise to which he/she will return to?  Yes……………..1  No……………...2  (>>Q27) | 26  Are the products/services obtained from this activity on the non-farm enterprise mainly intended for sale or barter or for use by the household?  Only for sale/barter……….1  Mainly for sale/barter  but some for own/  family use…………..........2  Mainly for own/family  use but some for  sale/barter………………..3  Only for own/family.  use………………….4 |
| HOURS |
|  | | | | | | | | | |
| 01 |  |  |  |  |  |  |  |  |  |
| 02 |  |  |  |  |  |  |  |  |  |
| 03 |  |  |  |  |  |  |  |  |  |
|  | | | | | | | | | |
| 04 |  |  |  |  |  |  |  |  |  |
| 05 |  |  |  |  |  |  |  |  |  |
| 06 |  |  |  |  |  |  |  |  |  |
|  | | | | | | | | | |
| 07 |  |  |  |  |  |  |  |  |  |
| 08 |  |  |  |  |  |  |  |  |  |
| 09 |  |  |  |  |  |  |  |  |  |
|  | | | | | | | | | |
| 10 |  |  |  |  |  |  |  |  |  |
| 11 |  |  |  |  |  |  |  |  |  |
| 12 |  |  |  |  |  |  |  |  |  |
|  | | | | | | | | | |
| 13 |  |  |  |  |  |  |  |  |  |
| 14 |  |  |  |  |  |  |  |  |  |
| 15 |  |  |  |  |  |  |  |  |  |

4.3

SECTION 4: ECONOMIC ACTIVITY.

PART A: CURRENT ECONOMIC ACTIVITY STATUS AND CHARACTERISTICS OF MAIN JOB

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| MEMB  E  R  I  D | ID  OF PERSON  INTER-VIEWED | |  | | **CHECK** |  | |  | | |
| 27  Even though [NAME] did not do any activities in the past seven days, does [NAME] do any voluntary work for someone who is not a member of [NAME’s] household that [NAME] will return to?  Yes…….…....1  No.………….2 | 28  Even though [NAME] did not do any activities in the past seven days, does [NAME] catch fish, prawns, wildlife or collect any other food for sale or own use?  Yes, mainly or only for sale/ barter………….1  Yes, mainly or only for own/ household use…………….2  No………..…...3 | 29  Even though [NAME] did not do any activities in the past seven days, does [NAME] do apprentice work?  Yes, received pay..1  Yes, had to pay….2  Yes, did not receive  pay and did not pay……………...3  No……………....4 | 30  Does [NAME] do any work involuntarily for someone who is not a member of [NAME’s] household, without any pay?  Yes….....1  No.…….2 | 31  **INTERVIEWER CHECK: IS THERE A "YES" RESPONSE IN QUESTIONS 22, 23, 25, 27, 28, 29 OR 30?**  Yes……..........1  No…………....2  (>> PART D) | 32  What is the main reason [NAME] did not do this activity during the past seven days?  Health reasons……………………………..01  Vacation/annual leave……………………..02  Caring for family/others…...........................03  Maternity/paternity leave work reduction…04  Family/community obligations…………....05  Strike/stay‐away/lockout………………….06  Problems with transport….. ……………....07  Bad weather ……………………………....08  On study or training leave …......................09  Unrest (violence) …………………………10  Temporary layoff…………………………11  Seasonal work………………………. …...12  Other (specify) ……………………….…...13 | 33   1. If [NAME] worked in the past 7 days, what kind of work did (NAME) mainly do? 2. If (NAME) did not work in the past 7 days, what kind of work did (NAME) mainly do before the break period? | |
| DESCRIBE MAIN OCCUPATION | ISCO CODE |
|  | |  | | | | | | | |  |
| 01 |  | |  |  |  | | |  |  |  |
| 02 |  | |  |  |  | | |  |  |  |
| 03 |  | |  |  |  | | |  |  |  |
|  | |  | | | | | | | |  |
| 04 |  | |  |  |  | | |  |  |  |
| 05 |  | |  |  |  | | |  |  |  |
| 06 |  | |  |  |  | | |  |  |  |
|  | |  | | | | | | | |  |
| 07 |  | |  |  |  | | |  |  |  |
| 08 |  | |  |  |  | | |  |  |  |
| 09 |  | |  |  |  | | |  |  |  |
|  | |  | | | | | | | |  |
| 10 |  | |  |  |  | | |  |  |  |
| 11 |  | |  |  |  | | |  |  |  |
| 12 |  | |  |  |  | | |  |  |  |
|  | |  | | | | | | | |  |
| 13 |  | |  |  |  | | |  |  |  |
| 14 |  | |  |  |  | | |  |  |  |
| 15 |  | |  |  |  | | |  |  |  |

4.4

SECTION 4: ECONOMIC ACTIVITY.

PART A: CURRENT ECONOMIC ACTIVITY STATUS AND CHARACTERISTICS OF MAIN JOB

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  | | | |  |
| MEMB  E  R  I  D | ID  OF PERSON INTER-VIEWED | 34  During the past 7 days what kind of goods and services or industry is this work connected with?  **(DESCRIBE THE MAIN GOODS AND SERVICES PRODUCED)** | | 35  In what sector is [NAME] mainly working?  Government Sector:……………….1  Parastatals........................................2  NGOs (local & International)..........3  Cooperatives....................................4  Inter. Organ./Diplomatic Mission...5  Private Sector………......................6  Other (specify)................................7 | 36  What is [NAME’s] status in this job?  Paid employee …………………………………..01  Casual worker …………………………………...02  Paid apprentice…………………………………..03  Unpaid apprentice………………………………..04  Non-agric self-employed with employees..……...05  Non-agric self-employed without employees …...06  Non-agric contributing family worker …………..07  Agric-self-employed with employees …………..08  Agric self-employed without employees ……….09  Agric contributing family worker ……………....10  Domestic workers ………………………………11  Other (Specify) ………………………………...12  (IF RESPONSE IS 4 – 12) >> Q.51 |
| DESCRIBE MAIN INDUSTRY | ISIC CODE |
|  | | | | |  |
| 01 |  |  |  |  |  |
| 02 |  |  |  |  |  |
| 03 |  |  |  |  |  |
|  | | | | |  |
| 04 |  |  |  |  |  |
| 05 |  |  |  |  |  |
| 06 |  |  |  |  |  |
|  | | | | |  |
| 07 |  |  |  |  |  |
| 08 |  |  |  |  |  |
| 09 |  |  |  |  |  |
|  | | | | |  |
| 10 |  |  |  |  |  |
| 11 |  |  |  |  |  |
| 12 |  |  |  |  |  |
|  | | | | |  |
| 13 |  |  |  |  |  |
| 14 |  |  |  |  |  |
| 15 |  |  |  |  |  |

4.5

SECTION 4: ECONOMIC ACTIVITY.

PART A: CURRENT ECONOMIC ACTIVITY STATUS AND CHARACTERISTICS OF MAIN JOB

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| MEMB  E  R  I  D | ID  OF PERSON  INTER-VIEWED | | **FOR PAID EMPLOYEES, CASUAL WORKERS AND PAID APPRENTICES ONLY** | | | | | | | | | | |
| 37  Does [NAME] have a contract/agreement (written or verbal) or letter of appointment for this job?  Yes, written…............1  Yes, verbal/ oral….…2  No…………………..3 | 38  Does [NAME's] employer provide health insurance coverage (either partial or full).  Yes…………….1  No……………..2 | 39  In this job, is (NAME) entitled to paid holidays/leave?  Yes…….……1  No……….….2 | 40  Is (NAME) entitled to paid sick leave and/or maternity leave on this job?  Yes, paid sick leave......1  Yes, maternity leave.....2  Yes, both......................3  No................................4 | 41  Is [NAME] entitled to any social security benefits in this job?  Yes……….…....1  No……………...2  (>> 43) | 42  What type of social security benefit will/does [NAME] benefits?  **(SELECT ALL THAT APPLY)**  Three tier Scheme……A  Two tier Scheme……..B  SSNIT scheme……….C  Cap 30………………..D  Other (specify)……….E | | | | 43  Is [NAME] entitled to free or subsidized medical care in this job?  Yes, free….…......1  Yes, subsidized….2  No…………….....3 | 44  Is [NAME] paid on a timely basis or a piece rate basis?  Time basis………1  Piece rate………..2  Some other basis (specify)…….…..3 |
|  | |  | | | | |  |  | | | |  |  |
| 01 |  | |  |  |  |  |  |  |  |  |  |  |  |
| 02 |  | |  |  |  |  |  |  |  |  |  |  |  |
| 03 |  | |  |  |  |  |  |  |  |  |  |  |  |
|  | |  | | | | |  |  | | | |  |  |
| 04 |  | |  |  |  |  |  |  |  |  |  |  |  |
| 05 |  | |  |  |  |  |  |  |  |  |  |  |  |
| 06 |  | |  |  |  |  |  |  |  |  |  |  |  |
|  | |  | | | | |  |  | | | |  |  |
| 07 |  | |  |  |  |  |  |  |  |  |  |  |  |
| 08 |  | |  |  |  |  |  |  |  |  |  |  |  |
| 09 |  | |  |  |  |  |  |  |  |  |  |  |  |
|  | |  | | | | |  |  | | | |  |  |
| 10 |  | |  |  |  |  |  |  |  |  |  |  |  |
| 11 |  | |  |  |  |  |  |  |  |  |  |  |  |
| 12 |  | |  |  |  |  |  |  |  |  |  |  |  |
|  | |  | | | | |  |  | | | |  |  |
| 13 |  | |  |  |  |  |  |  |  |  |  |  |  |
| 14 |  | |  |  |  |  |  |  |  |  |  |  |  |
| 15 |  | |  |  |  |  |  |  |  |  |  |  |  |

4.6

SECTION 4: ECONOMIC ACTIVITY.

PART A: CURRENT ECONOMIC ACTIVITY STATUS AND CHARACTERISTICS OF MAIN JOB

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| MEMB  E  R  I  D | ID  OF PERSON INTER-VIEWED | 45  How much is [NAME's] payment for this job? IF [NAME] HAS NOT YET BEEN PAID, ASK: What payment does [NAME] expect? What period of time does this payment cover?  **INCLUDE ONLY CASH PAYMENTS**  TIME UNIT  HOUR..............1  DAY.................2  WEEK..............3  2 WEEKS.........4  MONTH...........5  QUARTER.......6  HALF YEAR...7  YEAR...............8 | | 46  Does [NAME] receive other payments (including bonuses, commission, allowances, tips, etc.)  Yes...........1  No............2  (>>48) | 47  How much is [NAME's] other cash payments (including bonuses, commission, allowances, tips, etc.) for this job? | | 48  Does [NAME] receive any payment in-kind?  Yes...........1  No............2  (>> 50) | 49  What is the value of goods and services you received?  **INCLUDE ONLY IN-KIND PAYMENTS**  TIME UNIT  HOUR..............1  DAY.................2  WEEK..............3  2 WEEKS.........4  MONTH...........5  QUARTER.......6  HALF YEAR...7  YEAR...............8 | | 50  Who in your household mainly decides on the use of this payment? | 51  Where do you usually do your main work?  Office.......................................01  Home........................................02  Factory......................................03  Workshop.................................04  Own land / farm........................05  Other land / farm......................06  River / Ocean............................07  Hotel / restaurant /chop bar…..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  Construction sites.....................16  Market………….……….…….17  Other (specify).........................18 | 52  Is the work you do permanent or temporary?  Permanent:  Full time.…1  Part-time….2  Temporary:  Full time….3  Part-time….4 |
| GH CEDI | TIME UNIT | GH CEDI | TIME UNIT | GH CEDI | TIME UNIT | ID CODE |
|  | | | | | | | |  | | | | |
| 01 |  |  |  |  |  |  |  |  |  |  |  |  |
| 02 |  |  |  |  |  |  |  |  |  |  |  |  |
| 03 |  |  |  |  |  |  |  |  |  |  |  |  |
|  | | | | | | | |  | | | | |
| 04 |  |  |  |  |  |  |  |  |  |  |  |  |
| 05 |  |  |  |  |  |  |  |  |  |  |  |  |
| 06 |  |  |  |  |  |  |  |  |  |  |  |  |
|  | | | | | | | |  | | | | |
| 07 |  |  |  |  |  |  |  |  |  |  |  |  |
| 08 |  |  |  |  |  |  |  |  |  |  |  |  |
| 09 |  |  |  |  |  |  |  |  |  |  |  |  |
|  | | | | | | | |  | | | | |
| 10 |  |  |  |  |  |  |  |  |  |  |  |  |
| 11 |  |  |  |  |  |  |  |  |  |  |  |  |
| 12 |  |  |  |  |  |  |  |  |  |  |  |  |
|  | | | | | | | |  | | | | |
| 13 |  |  |  |  |  |  |  |  |  |  |  |  |
| 14 |  |  |  |  |  |  |  |  |  |  |  |  |
| 15 |  |  |  |  |  |  |  |  |  |  |  |  |

4.7

SECTION 4: ECONOMIC ACTIVITY.

PART B: CURRENT ECONOMIC ACTIVITY STATUS AND CHARACTERISTICS OF SECONDARY JOB

**FOR THOSE WHO WORKED OR HAD JOB TO GO BACK TO IN PART A**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| M  E  M  B  E  R  I  D | | **SECONDARY JOB IN THE PAST 7 DAYS** | | | | | | |
| Now, I would like to ask about your secondary activity you have undertaken over the past 7 days, that is, since ……… | | | | | | |
| 1  During the past 7 days, how many jobs did you do/have altogether?  **(IF ONE JOB SKIP TO PART C)** | 2  During the past 7 days, what were the main tasks and duties in the secondary job (NAME) spent most of the time on? i.e. describe the secondary job/task (NAME) was performing e.g. carrying bricks; mixing baking flour; harvesting maize; etc | | 3  What kind of goods and services or industry is this work connected with?  **(DESCRIBE THE MAIN GOODS AND SERVICES PRODUCED)** | | 4  During the past 7 days, how many hours did (NAME) actually work on this second job?  ***RECORD THE HOURS WORKED***  ***NOTE: EXCLUDE***   1. ***HOURS PAID FOR BUT NOT WORKED*** 2. ***MEAL BREAK***   ***(III) COMMUTING TIME*** | 5  In what sector is (NAME) mainly working?  Government Sector:….1  Parastatals.....................2  NGOs (local & International)................3  Cooperatives.................4  Inter. Organ./Diplomatic Mission………………..5  Private Sector……........6  Other (specify)..............7 |
| NUMBER OF JOBS | DESCRIBE MAIN OCCUPATION | ISCO CODE | INDUSTRY | ISIC CODE |
|  | |  | | | | | | |
| 01 |  | |  |  |  |  |  |  |
| 02 |  | |  |  |  |  |  |  |
| 03 |  | |  |  |  |  |  |  |
|  | |  | | | | | | |
| 04 |  | |  |  |  |  |  |  |
| 05 |  | |  |  |  |  |  |  |
| 06 |  | |  |  |  |  |  |  |
|  | |  | | | | | | |
| 07 |  | |  |  |  |  |  |  |
| 08 |  | |  |  |  |  |  |  |
| 09 |  | |  |  |  |  |  |  |
|  | |  | | | | | | |
| 10 |  | |  |  |  |  |  |  |
| 11 |  | |  |  |  |  |  |  |
| 12 |  | |  |  |  |  |  |  |
|  | | | | | | | | |
| 13 |  | |  |  |  |  |  |  |
| 14 |  | |  |  |  |  |  |  |
| 15 |  | |  |  |  |  |  |  |

4.8

SECTION 4: ECONOMIC ACTIVITY

PART B: SECONDARY JOB IN THE PAST SEVEN (7) DAYS

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | |
| Now, I would like to ask about your secondary activity you have undertaken over the past 7 days, that is, since | | | | | | |
| MEMB  E  R  I  D | 6  What is (NAMS’s) status in this job?  **REFER TO CODE**  **(IF RESPONSE IS 4 – 12) >> Q.17** | 7  Is (NAME) paid on a timely basis or a piece rate basis?  Time basis................................1  Piece rate……………….........2  Some other (Specify) basis…..3 | 8  How much is (NAME’s) payment for this secondary job? IF NAME HAS NOT YET BEEN PAID ASK: What payment does (NAME) expect?  What period of time does this payment cover?  **(MOST RECENT)**  **(IN NEW CURRENCY)** | | | 9  Does (NAME) receive any payment for this work in the form of goods and services?  Yes.....................1  No......................2  (>> 11) | **CODES FOR QUESTION 5**  Government sector…………………1  Parastatals.........................................2  NGOs (local & International)...........3  Cooperatives.....................................4  Inter. Organ./Diplomatic Mission.....5  Private Sector………........................6  Other (specify)..................................7  **CODES FOR QUESTION 6**  Paid employee ……………………………….....01  Casual worker ………………………………….02  Paid apprentice………………………………….03  Unpaid apprentice………………………………04  Non-agric self-employed with employees ..…....05  Non-agric self-employed without employees .…06  Non-agric contributing family worker ………....07  Agric self-employed with employees …………..08  Agric self-employed without employees ……….09  Agric contributing family worker ……………....10  Domestic workers ………………………………11  Other (Specify) ………………………………....12  **TIME UNIT**  Hour.........................1  Day..........................2  week........................3  Two weeks..............4  Month......................5  Quarter……………6  Half Year................7  Year…………….…8 |
| AMOUNT GHȼ | TIME UNIT | |
|  | | | | | | |
| 01 |  |  |  |  |  | |
| 02 |  |  |  |  |  | |
| 03 |  |  |  |  |  | |
|  | | | | | | |
| 04 |  |  |  |  |  | |
| 05 |  |  |  |  |  | |
| 06 |  |  |  |  |  | |
|  | | | | | | |
| 07 |  |  |  |  |  | |
| 08 |  |  |  |  |  | |
| 09 |  |  |  |  |  | |
|  | | | | | | |
| 10 |  |  |  |  |  | |
| 11 |  |  |  |  |  | |
| 12 |  |  |  |  |  | |
|  | | | | | | |
| 13 |  |  |  |  |  | |
| 14 |  |  |  |  |  | |
| 15 |  |  |  |  |  | |

4.9

SECTION 4: ECONOMIC ACTIVITY.

PART B: SECONDARY JOB IN THE PAST SEVEN (7) DAYS

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| MEMB  E  R  I  D | 10  What is the value of the goods or services [NAME] received?  Hour.........................1  Day...........................2  Week………………3  Two weeks..............4  Month......................5  Quarter.....................6  Half year…………..7  Year.........................8  **(IN NEW CURRENCY)** | | 11  Does [NAME] have a contract/agreement (written/verbal) or letter of appointment for this job?  Yes written............1  Yes Oral/verbal….2  No.........................3 | 12  In this job, is [NAME] entitled to paid holidays/leave?  Yes...........1  No............2 | 13  Is [NAME] entitled to paid sick leave and/or maternity leave on this job?  Yes, paid sick leave.......1  Yes, maternity Leave.....2  Yes, both........................3  No..................................4 | 14  Is [NAME] entitled to any other social security benefits in this job?  Yes...........1  No............2  (>> 16) | 15  What type of pension benefit(s), will/does [NAME] receive from this job?  **MULTIPLE RESPONSE**    Three tier scheme…..A  Two tier scheme……B  SSNIT scheme……..C  CAP 30…………….D  Other (specify)…….E | 16  Is[NAME] entitled to free or subsidized medical care in this job?  Yes, free.............1  Yes, subsidized...2  No......................3 | 17  Where does [NAME] usually do your secondary work?  Office............................................01  Home.............................................02  Factory..........................................03  Workshop.....................................04  Own land / farm............................05  Other land / farm...........................06  River / Ocean.................................07  Hotel / restaurant /chop bar……...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  Construction sites.........................16  Market………….………….…….17  Other (specify)..............................18 | 18  Is the work [NAME] does a permanent or temporary job?  Permanent:  Full time……1  Part-time……2  Temporary:  Full time..…..3  Part-time……4 |
| VALUE GHȼ | TIME UNIT |
|  | | | | | | | | | | |
| 01 |  |  |  |  |  |  |  |  |  |  |
| 02 |  |  |  |  |  |  |  |  |  |  |
| 03 |  |  |  |  |  |  |  |  |  |  |
|  | | | | | | | | | | |
| 04 |  |  |  |  |  |  |  |  |  |  |
| 05 |  |  |  |  |  |  |  |  |  |  |
| 06 |  |  |  |  |  |  |  |  |  |  |
|  | | | | | | | | | | |
| 07 |  |  |  |  |  |  |  |  |  |  |
| 08 |  |  |  |  |  |  |  |  |  |  |
| 09 |  |  |  |  |  |  |  |  |  |  |
|  | | | | | | | | | | |
| 10 |  |  |  |  |  |  |  |  |  |  |
| 11 |  |  |  |  |  |  |  |  |  |  |
| 12 |  |  |  |  |  |  |  |  |  |  |
|  | | | | | | | | | | |
| 13 |  |  |  |  |  |  |  |  |  |  |
| 14 |  |  |  |  |  |  |  |  |  |  |
| 15 |  |  |  |  |  |  |  |  |  |  |

4.10

SECTION 4: ECONOMIC ACTIVITY

PART C: UNDEREMPLOYMENT IN THE PAST 7 DAYS.

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | | | | | | |  |
| MEMB  E  R  I  D | ID  OF PERSON INTER-VIEWED | 1  **INTERVIEWER**  **CHECK TOTAL HOURS OF WORK**  **(PART A, QUESTIONS 3, 5, 7, 10, 13, 16, 18, 20) IF < 40 HRS**  During the past 7 days, what were your total hours of work in your economic activities? | 2  **TOTAL NUMBER OF HOURS IS:**  Less than 40 hrs…...1  40 hrs or more…….2  (>> 5) | 3  Was (NAME) available for additional hours of work in the past seven days?  Yes…….1  No……..2 | 4  Was (NAME) willing to work for additional hours in the past seven days?  Yes…….1  No……..2  (>> 6) | 5  How many hours would (NAME) have liked to work during past week? | 6  Did (NAME) wish to change jobs or to have another job in addition to (NAME’s) present one(s)?  Wanted to change jobs. .1  Wanted another job  in addition to present  one(s)………………..2  Wanted changes in the current job/activity…….3  Did not wish to change  jobs, or get another  one………………..4  ( >> PART D) | 7  Did (NAME) seek to change (NAME’S) job in the past 7 days?  Yes………….1  No……….......2  (>> PART D) | 8  What was the most important reason that made (NAME) seek to do that?  **REFER TO CODES** | 9  What steps did (NAME) take to change your work situation or increase earnings?  **(MOST IMPORTANT ONLY)**  **REFER TO CODES** | 10  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 | **CODES FOR QUESTION 8**  A better paid job.............................1  Job that better corresponds to  my qualification ..........................2  Be closer to my home.....................3  Be in my village/town....................4  Improved safety at work................5  Less excessive hours......................6  Better social security/protection.....7  Other improved working  conditions....................8  Other (specify)...............................9  **CODES FOR QUESTION 9**  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 |
|  | | | | | | | | | | | |
| 01 |  |  |  |  |  |  |  |  |  |  |  |
| 02 |  |  |  |  |  |  |  |  |  |  |  |
| 03 |  |  |  |  |  |  |  |  |  |  |  |
|  | | | | | | | | | | | |
| 04 |  |  |  |  |  |  |  |  |  |  |  |
| 05 |  |  |  |  |  |  |  |  |  |  |  |
| 06 |  |  |  |  |  |  |  |  |  |  |  |
|  | | | | | | | | | | | |
| 07 |  |  |  |  |  |  |  |  |  |  |  |
| 08 |  |  |  |  |  |  |  |  |  |  |  |
| 09 |  |  |  |  |  |  |  |  |  |  |  |
|  | | | | | | | | | | | |
| 10 |  |  |  |  |  |  |  |  |  |  |  |
| 11 |  |  |  |  |  |  |  |  |  |  |  |
| 12 |  |  |  |  |  |  |  |  |  |  |  |
|  | | | | | | | | | | | |  |
| 13 |  |  |  |  |  |  |  |  |  |  |  |  |
| 14 |  |  |  |  |  |  |  |  |  |  |  |  |
| 15 |  |  |  |  |  |  |  |  |  |  |  |  |

4.11

SECTION 4: ECONOMIC ACTIVITY.

PART D: ACTIVITY STATUS IN THE PAST 12 MONTHS.

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| MEMB  E  R  I  D | ID  OF PERSON INTER-VIEWED | 1  During the past 12 months, did [NAME] work for pay, profit or family gain?  Yes…......1  No...........2 | 2  During the months that (NAME) worked, was it the same as (NAME’s) main or secondary activity in the past seven days?  Same as current main job…….…1  (>> PART F)  Same as current secondary job….2  (>> PART F)  Different job…………………...3  Did not work past 7 days….…..4  Other (specify)………………..5 | 3  During the past 12 months what was the main task and duty in the job [NAME] spent most of [NAME's] time on? (i.e. describe the main job/task [NAME] was performing e.g. carrying bricks, mixing baking flour, harvesting maize, etc.)  **(DESCRIBE THE OCCUPATION IN DETAILS AND REFER TO CODE BOOK FOR CORRESPONDING CODE)** | | 4  During the past 12 months what kind of goods, services or industry is this work connected with?  **(DESCRIBE THE MAIN GOODS AND SERVICES PRODUCED AND REFER TO CODE BOOK FOR CORRESPONDING CODE)** | | 5  What was (NAME’s) status in this job?  **(REFER TO CODES FOR Q6 ON PAGE 4.9)** | 6  In what sector was (NAME) mainly engaged?  **(REFER TO CODES FOR Q5 ON PAGE 4.9** | 7  Did (NAME) receive any payment for this work in the form of cash, goods or services in the past 12 months?  Yes, cash…………........1  Yes, in kind…………....2  Yes, cash and in kind….3  Yes, profit……………...4  No………………….…..5 |
| DESCRIBE MAIN OCCUPATION | ISCO CODE | DESCRIBE MAIN INDUSTRY | ISIC CODE |
|  | | | | | | | | | | |
| 01 |  |  |  |  |  |  | |  |  |  |
| 02 |  |  |  |  |  |  | |  |  |  |
| 03 |  |  |  |  |  |  | |  |  |  |
|  | | | | | | | | | | |
| 04 |  |  |  |  |  |  | |  |  |  |
| 05 |  |  |  |  |  |  | |  |  |  |
| 06 |  |  |  |  |  |  | |  |  |  |
|  | | | | | | | | | | |
| 07 |  |  |  |  |  |  | |  |  |  |
| 08 |  |  |  |  |  |  | |  |  |  |
| 09 |  |  |  |  |  |  | |  |  |  |
|  | | | | | | | | | | |
| 10 |  |  |  |  |  |  | |  |  |  |
| 11 |  |  |  |  |  |  | |  |  |  |
| 12 |  |  |  |  |  |  | |  |  |  |
|  | | | | | | | | | | |
| 13 |  |  |  |  |  |  | |  |  |  |
| 14 |  |  |  |  |  |  | |  |  |  |
| 15 |  |  |  |  |  |  | |  |  |  |

4.12

SECTION 4: ECONOMIC ACTIVITY

PART E: UNEMPLOYMENT IN THE PAST 7 DAYS.

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | | | | |  | |  | | | **CODES FOR QUESTION 3**  No jobs available…..…………………………….….01  Unable to find work requiring NAME's skills…........02  Lost hope of finding any kind of .work……………..03  Lacks necessary schooling, training, skills or experience……………………………..….................04  Employers think too old/too young to work.………..05  Awaiting the seasons for work…………….…….….06  Waiting to be recalled to former job …….….…........07  Pregnancy ……………………………….…..….......08  Sickness/injury ……………………………………..09  Disabled or unable to work (handicapped…….…….10  Housewife/family responsibilities)………….………11  Child care problems ……………………………......12  Education or training………………………………..13  Undergoing training to help find work……………..14  Transportation problems………………...…….........15  Retirement……………...…………………………..16  Believe that no work is available……………….…..17  Legal restriction (convict and others  restricted by law) …………………………………18  Await result for recruitment to the public service.....19  Do not want to work………………………………..20  Other (specify)………………………………...……21  **CODES FOR QUESTION 4**  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, equipment………….…...10  Registered at an employment centre………….……..11  Took a test or interview……………………………..12  Waited on the street to be recruited for casual work..13  Sought financial assistance to look for work or  start a business…………..……………………........14  Applied for a permit or licence to start a business…..15  Placed/answered job advertisement(s)………………16  Other (specify)……………………………..…..……17  **CODES FOR QUESTION 6**  Government or state enterprise...............................1  Large private firm..................................................2  Small/ medium scale enterprise.............................3  Self-employment....................................................4  Any job...................................................................5  Other (specify)……………………………...……6  **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 but less than 5 years……..…..6  5 years or more....................................7 4.13 |
| MEMB  E  R  I  D | | ID OF PERSON INTER-VIEWED | 1  Was (NAME) available for work during the past 7 days, if there had been an opportunity to work?  Yes, ...........1  No...............2  ( >> 10) | | 2  Has (NAME) made any effort during the past 7 days to find work or start own business?  Yes,..................1  ( >> 4)  No.................2 | 3  Why has (NAME) not made any effort to find work or start a business?  **(MOST IMPORTANT ONLY)**  **(SEE CODES)**  >>14 | 4  What did (NAME) do in this period to find work or start a business?  **(MOST IMPORTANT ONLY)**  **(SEE CODES)** | 5  Would (NAME) be willing to work part time? (i.e. 20 hours a week)  Yes….............1  No.................2 | 6  During this period what type of employment was (NAME) mainly seeking and available for?  **(SEE CODES)** | 7  How long has (NAME) been seeking and available for work?  **(SEE CODES)** |
|  | | | |  | | | |  | | |
| 01 | |  |  | |  |  |  |  |  |  |
| 02 | |  |  | |  |  |  |  |  |  |
| 03 | |  |  | |  |  |  |  |  |  |
|  | | | |  | | | |  | | |
| 04 | |  |  | |  |  |  |  |  |  |
| 05 | |  |  | |  |  |  |  |  |  |
| 06 | |  |  | |  |  |  |  |  |  |
|  | | | |  | | | |  | | |
| 07 | |  |  | |  |  |  |  |  |  |
| 08 | |  |  | |  |  |  |  |  |  |
| 09 | |  |  | |  |  |  |  |  |  |
|  | | | |  | | | |  | | |
| 10 | |  |  | |  |  |  |  |  |  |
| 11 | |  |  | |  |  |  |  |  |  |
| 12 | |  |  | |  |  |  |  |  |  |
|  | | | |  | | | | | | |
| 13 | |  |  | |  |  |  |  |  |  |
| 14 | |  |  | |  |  |  |  |  |  |
| 15 | |  |  | |  |  |  |  |  |  |

SECTION 4: ECONOMIC ACTIVITY

PART E: UNEMPLOYMENTIN THE PAST 7 DAYS.

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| M  E  M  B  E  R  I  D | ID OF PERSON INTER-VIEWED | 8  What kind of work did (NAME) do in his/her past job? (i. e. what was your main task or duties?  **(DESCRIBE OCCUPATIONAL ACTIVITY FULLY)**  **IF NEVER WORKED, WRITE “NEVER WORKED”, AND CODE 0000 FOR ISCO** | | | 9  What is the lowest wage is for which (NAME) is willing to work for someone?  **IF SEEKING SELF-EMPLOYMENT, WORK, CODE 0**  **(IN NEW CURRENCY)**  >> **SECTION 5A** | | 10  Why was (NAME) not available for work during the past 7 days?  In school........................01  Household duties...........02  Too old...........................03  Sick................................04  Disabled ........................05  Pensioner/Retirement....06  Pregnancy……………..07  Too young.....................08  No desire to work……..09  Off-season…...………..10  Temporary lay-off….....11  Temporary crisis……...12  Wage/Salary not  attractive……………13  Other (specify)........,….14 | 11  Under which conditions, if any, would (NAME) become available for work?  **SEE CODES** | 12  Has (NAME) ever refused a job that was offered to him/her?  Yes….1  No…..2  (>> 14) | 13  Why did (NAME) refuse the job?  **(SELECT THE MAIN REASON)**  Wages offered were too low...............01  Work was not interesting....................02  Location was not convenient..............03  Work did not match my  qualifications……………………....04  Require longer hours of work……....05  Require shorter hours of work……...06  Family did not approve  of the job offered……………….….07  Waiting for a better job offer….…….08  There was no define contract period...09  Contract period was too short……….10  Saw no possibilities for  advancement……….………………11  Other (specify)....................................12 | 14  What is the main reason (NAME) is not getting a job?  Training and educational qualification not in demand………………1  Inadequate training/qualification...2  Jobs not available…..3  In school…………….4  Jobs not available…..3 | **CODES FOR QUESTION 11**  Not interested in working…1  High income potential.........2  Availability of training possibilities……….............3  Well-defined earnings secured................................4  Within easy reach of residence.............................5  Join spouse.........................6  After completing school………..…………....7  Other (specify)...................8  None……………………...9  **TIME UNIT**  Hour.........................1  Day..........................2  week........................3  Two weeks..............4  Month......................5  Quarter……………6  Half Year................7  Year…………….…8 |
|  | OCCUPATION | | ISCO | AMOUNT GH¢ | TIME UNIT |
|  | | |  | | | | | | | | |
| 01 |  |  | |  |  |  |  |  |  |  |  |
| 02 |  |  | |  |  |  |  |  |  |  |  |
| 03 |  |  | |  |  |  |  |  |  |  |  |
|  | | |  | | | | | | | | |
| 04 |  |  | |  |  |  |  |  |  |  |  |
| 05 |  |  | |  |  |  |  |  |  |  |  |
| 06 |  |  | |  |  |  |  |  |  |  |  |
|  | | |  | | | | | | | | |
| 07 |  |  | |  |  |  |  |  |  |  |  |
| 08 |  |  | |  |  |  |  |  |  |  |  |
| 09 |  |  | |  |  |  |  |  |  |  |  |
|  | | |  | | | | | | | | |
| 10 |  |  | |  |  |  |  |  |  |  |  |
| 11 |  |  | |  |  |  |  |  |  |  |  |
| 12 |  |  | |  |  |  |  |  |  |  |  |
|  | | | | | | | | | | | |  |
| 13 |  |  | |  |  |  |  |  |  |  |  |  |
| 14 |  |  | |  |  |  |  |  |  |  |  |  |
| 15 |  |  | |  |  |  |  |  |  |  |  |  |

4.14

SECTION 4: ECONOMIC ACTIVITY.

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

**CHECK PART A, PART B AND PART D. IF MEMBER DID NOT WORK**

>> SECTION 5A

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| M  E  M  B  E  R  I  D | ID OF PERSON INTER-VIEWED | 1  Did (NAME) have/suffer from any of the following in the past 12 months because of work?  Yes……..........1  No…...............2 | | | | | | | | | | | | | |
| a  Superficial injuries or open wounds | b  Fractures | c  Dislocations, sprains or strains | d  Burns, corrosions, scalds or frostbite | e  Breathing problems | f  Eye problems | g  Skin problems | h  Stomach problems/ diarrhoea | i  Fever | j  Extreme fatigue | k  Snake bite | | l  Insect bite (including mosquito bites) | m  Other (specify) |
|  | | | | | | | | | | | | | | | |
| 01 |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |
| 02 |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |
| 03 |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |
|  | | | | | | | | | | | | | | | |
| 04 |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |
| 05 |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |
| 06 |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |
|  | | | | | | | | | | | | | | | |
| 07 |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |
| 08 |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |
| 09 |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |
|  | | | | | | | | | | | | | | | |
| 10 |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |
| 11 |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |
| 12 |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |
|  | | | | | | | | | | | | | | | |
| 13 |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |
| 14 |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |
| 15 |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |

4.15

SECTION 4: ECONOMIC ACTIVITY

PART F: 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  Think about (NAME’s) most serious illness/injury, how did this/these affect your work?  Serious – did not stop work……………1  Not serious- did not stop work ………..2  (>> 4)  Stopped work for some time…………...3  (>> 4)  Stopped work completely……………..4  (>> 4)  Did not suffer illness or injury………...5  (>>5) | 3  Why did (NAME) not stop work as result of this illness or injury?  Feared losing job……………1  Feared losing income……….2  Feared losing customers…….3  Feared losing position…..…..4  Feared not meeting deadline..5  Other (specify)…………..….6 | 4  Think about (NAME’s) most recent illness/ injury, what were you doing when this happened? | | 5  Does (NAME) operate any tool/machinery/heavy equipment at work?  Yes………….…..1  No………….……2  (>> 7) | 6  What type of tools, equipment or machines does (NAME) use at work?  **(WRITE DOWN CODES FOR TWO MOSTLY USED; CHECK CODES IN THE CODE BOOK )** | | |
| JOB/TASK | ISCO CODE | TOOL 1  (CHECK CODE) | TOOL 2  (CHECK CODE) | |
|  | |  | | | | | | | | |
| 01 |  | |  |  |  |  |  |  | |  |
| 02 |  | |  |  |  |  |  |  | |  |
| 03 |  | |  |  |  |  |  |  | |  |
|  | |  | | | | | | | | |
| 04 |  | |  |  |  |  |  |  | |  |
| 05 |  | |  |  |  |  |  |  | |  |
| 06 |  | |  |  |  |  |  |  | |  |
|  | |  | | | | | | | | |
| 07 |  | |  |  |  |  |  |  | |  |
| 08 |  | |  |  |  |  |  |  | |  |
| 09 |  | |  |  |  |  |  |  | |  |
|  | |  | | | | | | | | |
| 10 |  | |  |  |  |  |  |  | |  |
| 11 |  | |  |  |  |  |  |  | |  |
| 12 |  | |  |  |  |  |  |  | |  |
|  | |  | | | | | | | | |
| 13 |  | |  |  |  |  |  |  | |  |
| 14 |  | |  |  |  |  |  |  | |  |
| 15 |  | |  |  |  |  |  |  | |  |

4.16

SECTION 4: ECONOMIC ACTIVITY

PART F: 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 | 7  Is (NAME) exposed to any of the following at work?  **(READ EACH OF THE FOLLOWING AND CHOOSE THE APPROPRIATE OPTION*)***  Yes……..........1  No…...............2 | | | | | | | | | | | | | | | |
| a  Dust, fumes | b  Fire, gas, flames | c  Loud noise or vibration | d  Extreme cold or heat | e  Dangerous tools (knives etc) | f  Work underground | g  Work at heights | h  Work in water/lake/pond/river | i  Workplace too dark or confined | j  Insufficient ventilation | k  Chemicals (pesticides, glues, etc.) | | l  Explosives | m  Narcotic drugs | n  Arms (guns) | o  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 |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |

4.17

SECTION 4: ECONOMIC ACTIVITY

PART F: 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  Has (NAME) ever been subjected to the following at work?  **(READ EACH OF THE FOLLOWING AND CHOOSE THE APPROPRIATE OPTIONS*)***  Yes……..........1  No…...............2 | | | | |
| a  Constantly shouted at | b  Repeatedly insulted | c  Beaten /physically hurt | d  Sexually harassed (touched or done things NAME that NAME did not want) | e  Other  (specify) |
|  | | | | | | |
| 01 |  |  |  |  |  |  |
| 02 |  |  |  |  |  |  |
| 03 |  |  |  |  |  |  |
|  | | | | | | |
| 04 |  |  |  |  |  |  |
| 05 |  |  |  |  |  |  |
| 06 |  |  |  |  |  |  |
|  | | | | | | |
| 07 |  |  |  |  |  |  |
| 08 |  |  |  |  |  |  |
| 09 |  |  |  |  |  |  |
|  | | | | | | |
| 10 |  |  |  |  |  |  |
| 11 |  |  |  |  |  |  |
| 12 |  |  |  |  |  |  |
|  | | | | | | |
| 13 |  |  |  |  |  |  |
| 14 |  |  |  |  |  |  |
| 15 |  |  |  |  |  |  |

4.18

SECTION 5A: MIGRATION

RESPO**N**DENTS ARE ALL HOUSEHOLDS MEMBERS 5 YEARS OR OLDER

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| M  E  M  B  E  R  I  D | ID OF PERSON INTER-VIEWED | 1  Was (NAME) born in this village or town?  Yes........1  ( >> 3)  No.........2 | 2  In what region/country was (NAME) born?  Western............01 Gambia...................14  Central..............02 Togo........................15  Greater Accra...03 Burkina Faso...........16  Volta................04 Cote d’Ivoire...........17  Eastern.............05 Niger……………..18  Ashanti............06 Other ECOWAS…19  Brong Ahafo....07 Africa, other than  Northern...........08 ECOWAS ……20  Upper East.......09 Europe Caribbean..21  Upper West......10 Americas  Nigeria.............11 (North, South…...22  Liberia.............12 Asia………………23  Sierra Leone....13 Oceania………….24  >> 4 | 3  Has (NAME) been living in this town/village since birth?  Yes...............1  (>>PART 5B)  No.................2 | 4  How long has (NAME) been living continuously in this town/village?  Less than 1 year….1  1 year < 5 years…..2  5 years < 10 years..3  10 years+…………4 | 5  Where was (NAME) living before moving here? | | 6  Where you used to live before moving to this locality, was it a town or village?  City…….1  Town…...2  Village…3 | 6a  How long did (NAME) live in that town or village? | 7.  What was (NAME’s) main reason for moving to this village/town?  Work/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/ethnic conflict...............10  Fire........................................11  Flood/Famine/Drought.........12  Other (specify).....................13 |
| Western.............01  Central...............02  Greater Accra…03  Volta..................04  Eastern...............05  Ashanti...............06  Brong Ahafo......07  Northern.............08  Upper East.........09  Upper West........10  Nigeria...............11  Liberia................12  Sierra Leone.......13 | Gambia..................14  Togo......................15  Burkina Faso.........16  Cote d’Ivoire.........17  Niger…………….18  Other ECOWAS...19  Africa, other  than ECOWAS...20  Europe Caribbean 21  Americas  (North, South.......22  Asia.......................23  Oceania.................24 | **CODE 00, IF LESS THAN 1 YEAR** |
| YEARS |
|  | | |  | | | | | | | |
| 01 |  |  |  |  |  |  | |  |  |  |
| 02 |  |  |  |  |  |  | |  |  |  |
| 03 |  |  |  |  |  |  | |  |  |  |
|  | | |  | | | | | | | |
| 04 |  |  |  |  |  |  | |  |  |  |
| 05 |  |  |  |  |  |  | |  |  |  |
| 06 |  |  |  |  |  |  | |  |  |  |
|  | | |  | | | | | | | |
| 07 |  |  |  |  |  |  | |  |  |  |
| 08 |  |  |  |  |  |  | |  |  |  |
| 09 |  |  |  |  |  |  | |  |  |  |
|  | | |  | | | | | | | |
| 10 |  |  |  |  |  |  | |  |  |  |
| 11 |  |  |  |  |  |  | |  |  |  |
| 12 |  |  |  |  |  |  | |  |  |  |
|  | | |  | | | | | | | |
| 13 |  |  |  |  |  |  | |  |  |  |
| 14 |  |  |  |  |  |  | |  |  |  |
| 15 |  |  |  |  |  |  | |  |  |  |

5.1

SECTION 5A: MIGRATION

RESPO**N**DENTS ARE ALL HOUSEHOLDS MEMBERS 5 YEARS OR OLDER

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| M  E  M  B  E  R  I  D | 8  What was (NAME’s) main economic activity in (NAME OF PREVIOUS PLACE OF RESIDENCE (IN Q.6)?  **WRITE NAME AND CODE OF OCCUPATION OR CODE AS FOLLOWS:**  Full time education...........................9996 >>>PART 5B  Looking for work.............................9997 >>> PART 5B  Other non-economic activity...........9998>>> PART 5B | | 9  In what industry was this work?  **WRITE NAME OF INDUSTRY AND CODE** | | 10  Who was (NAME) working for?  Government sector……..01  Parastatals.......................02  NGOs (local & International)..................03  Cooperatives...................04  Inter. Organ./Diplomatic Mission............................05  Private Sector..................06  Self……………………..07  Other (specify).................08 |
| O C C U P A T I O N | ISCO CODE | I N D U S T R Y | ISIC CODE |
|  | | | | | |
| 01 |  |  |  |  |  |
| 02 |  |  |  |  |  |
| 03 |  |  |  |  |  |
|  | | | | | |
| 04 |  |  |  |  |  |
| 05 |  |  |  |  |  |
| 06 |  |  |  |  |  |
|  | | | | | |
| 07 |  |  |  |  |  |
| 08 |  |  |  |  |  |
| 09 |  |  |  |  |  |
|  | | | | | |
| 10 |  |  |  |  |  |
| 11 |  |  |  |  |  |
| 12 |  |  |  |  |  |
|  | | | | | |
| 13 |  |  |  |  |  |
| 14 |  |  |  |  |  |
| 15 |  |  |  |  |  |

5.2

SECTION 5B: DOMESTIC AND OUTBOUND TOURISM

PART A: DOMESTIC SAME-DAY VISITORS - RESPONDENTS: ALL HOUSEHOLD MEMBERS

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | | | | **SAME-DAY VISITORS IN GHANA** | | | | | | | | | |
| M  E  M  B  E  R  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? | 3  Were the places visited within Ghana, outside Ghana or both?  Same Day within Ghana....................A  Overnight within Ghana…….B  ( >> 14)  Same Day outside Ghana...................C  (>>25)  Overnight outside Ghana…………...D  (>>33) | 4  How many same-day visits in Ghana did (NAME) make in the past 12 months? | 5  In which month(s) did (NAME) travel?  January……...(A)  February…….(B)  March….……(C)  April…..…….(D)  May…………(E)  June…..……..(F)  July….……...(G)  August..…….(H)  September......(I)  October……..(J)  November….(K)  December......(L) | 6  Which place did (NAME) recently visit within Ghana? | 7  How far is the place (NAME) last visited from (NAME’s) usual place of residence? | 8  What was the main mode of travel?  Road........1  Sea /Lake…...2  Air...........3  Rail.........4  Foot.........5 | 9  What was the length of stay of trips made (in hours) in Ghana? | 10  What was (NAME’S) main purpose of the visits?  **IN GHANA**  **(REFER TO CODE BOOK)** | 11  Was it a packaged tour or self-arranged?  Package tour……..1  Self-arranged...2  Other.......3 | 12  Who paid the biggest of the cost of the trip?  Self-sponsorship…...1  Household member.............2  Private Org........3  Government......4  International Org………........5  Non-profit institutions serving households (NPISH)………6  Other(specify)...7 | 13  Which tourist sites in Ghana did (NAME) visit recently?  **IF NONE CODE 00**  **SEE CODE BOOK** |
|  |  |  | NUMBER |  | NUMBER | MONTH | (DISTRICT CODE) | KM |  | HOURS |  |  |  |  |
| 01 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 02 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 03 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 04 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 05 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 06 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 07 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 08 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 09 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 11 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 12 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 13 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 14 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 15 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

5.3

SECTION 5B: DOMESTIC AND OUTBOUND TOURISM

PART B: DOMESTIC OVERNIGHT VISITORS - RESPONDENTS: ALL HOUSEHOLD MEMBERS

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | **OVERNIGHT VISITORS IN GHANA** | | | | | | | | | | |
| M  E  M  B  E  R  I  D | ID OF PERSON INTER-VIEWED | 14  How many overnight visits in Ghana did (NAME) make in the past 12 months? | 15  In which month(s) did (NAME) travel?  January……...(A)  February…….(B)  March….……(C)  April…..…….(D)  May…………(E)  June…..……..(F)  July….……...(G)  August..…….(H)  September......(I)  October……..(J)  November….(K)  December......(L) | 16  Which place did (NAME) recently visit within Ghana? | 17  How far is the place (NAME) last visited from (NAME’s) usual place of residence? | 18  What was the main mode of travel?  Road...........1  Sea /Lake...2  Air..............3  Rail.............4  Foot............5 | 19  How many bed nights did (NAME) spend at this place?  (**NUMBER OF BED NIGHTS)** | 20  What was (NAME’S) main purpose of the visits?  **IN GHANA**  **(REFER TO CODE BOOK)** | 21  What was the main type of accommodation (NAME) stayed in?  **(REFER TO CODE BOOK)** | 22  Was it a packaged tour or self-arranged?  Package tour……….1  Self-arranged….2  Other..........3 | 23  Who paid the biggest of the cost of the trip?  Self-sponsorship....1  Household  member…………..2  Private Org.............3  Government...........4  International Org...5  Non-profit institutions serving households (NPISH)…………6  Other (specify)......7 | 24  Which tourist sites in Ghana did (NAME) visit recently?  **IF NONE CODE 00**  **(REFER TO CODE BOOK)** |
|  |  | NUMBER | MONTH | (DISTRICT CODE) | KM |  | NUMBER |  |  |  |  |  |
| 01 |  |  |  |  |  |  |  |  |  |  |  |  |
| 02 |  |  |  |  |  |  |  |  |  |  |  |  |
| 03 |  |  |  |  |  |  |  |  |  |  |  |  |
| 04 |  |  |  |  |  |  |  |  |  |  |  |  |
| 05 |  |  |  |  |  |  |  |  |  |  |  |  |
| 06 |  |  |  |  |  |  |  |  |  |  |  |  |
| 07 |  |  |  |  |  |  |  |  |  |  |  |  |
| 08 |  |  |  |  |  |  |  |  |  |  |  |  |
| 09 |  |  |  |  |  |  |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |  |  |  |  |  |  |
| 11 |  |  |  |  |  |  |  |  |  |  |  |  |
| 12 |  |  |  |  |  |  |  |  |  |  |  |  |
| 13 |  |  |  |  |  |  |  |  |  |  |  |  |
| 14 |  |  |  |  |  |  |  |  |  |  |  |  |
| 15 |  |  |  |  |  |  |  |  |  |  |  |  |

5.4

SECTION 5B: DOMESTIC AND OUTBOUND TOURISM

PART C: OUTBOUND SAME-DAY VISITORS - RESPONDENTS: ALL HOUSEHOLD MEMBERS

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | **SAME-DAY VISITORS OUTSIDE GHANA** | | | | | | | | | | | | | | | | | | |
| M  E  M  B  E  R  I  D | ID OF PERSON INTER-VIEWED | 25  How many same-day visits outside Ghana did (NAME) make in the past 12 months? | 26  In which month(s) did (NAME) travel?  January……...(A)  February…….(B)  March….……(C)  April…..…….(D)  May…………(E)  June…..……..(F)  July….……...(G)  August.…….(H)  September......(I)  October……..(J)  November….(K)  December......(L) | | | | | | | | | | | | 27  Which country did (NAME) recently visit? | 28  What was the main mode of travel?  Road..............1  Sea /Lake…...2  Air.................3  Rail................4  Foot...............5 | 29  What was the length of stay of trips made (in hours) outside Ghana?  **SAME-DAY** | 30  What was (NAME’S) main purpose of the visits?  **(REFER TO CODE BOOK)** | 31  Was it a packaged tour or self-arranged?  Package tour……..1  Self-arranged….....2  Other.....................3 | 32  Who paid the biggest of the cost of the trip?  Self-sponsorship….....1  Household member....2  Private Org.................3  Government................4  International Org........5  Non-profit institutions serving households (NPISH)………….…6  Other(specify)……....7 |
|  |  | NUMBER | MONTH | | | | | | | | | | | | (COUNTRY CODE) |  | HOURS |  |  |  |
|  | | | | | | | | | | | | | | | | | | | | |
| 01 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 02 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 03 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | | | | | | | | | | | | | | | | | | | | |
| 04 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 05 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 06 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | | | | | | | | | | | | | | | | | | | | |
| 07 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 08 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 09 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | | | | | | | | | | | | | | | | | | | | |
| 10 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 11 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 12 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | | | | | | | | | | | | | | | | | | | | |
| 13 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 14 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 15 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

5.5

SECTION 5B: DOMESTIC AND OUTBOUND TOURISM

PART D: OUTBOUND OVERNIGHT VISITORS **-** RESPONDENTS: ALL HOUSEHOLD MEMBERS

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | **OVERNIGHT VISITORS OUTSIDE GHANA** | | | | | | | | | | | | | | | | | | | |
| M  E  M  B  E  R  I  D | ID OF PERSON INTER-VIEWED | 33  How many overnight visits outside Ghana did (NAME) make in the past 12 months? | 34  In which month(s) did (NAME) travel?  January……...(A)  February…….(B)  March….……(C)  April…..…….(D)  May…………(E)  June…..……..(F)  July….……...(G)  August..…….(H)  September......(I)  October……..(J)  November….(K)  December......(L) | | | | | | | | | | | | 35  Which country did (NAME) recently visit outside Ghana? | 36  What was the main mode of travel?  Road...........1  Sea /Lake...2  Air..............3  Rail.............4  Foot............5 | 37  How many bed nights did (NAME) spend at this place?  **(NUMBER OF BED NIGHTS)** | 38  What was (NAME’S) main purpose of the visits?  **OUTSIDE GHANA**  **(REFER TO CODE BOOK)** | 39  What was the main type of accommodation (NAME) stayed in?  **(REFER TO CODE BOOK)** | 40  Was it a packaged tour or self-arranged?  Package tour...1  Self-arranged…..…2 Other...............3 | 41  Who paid the biggest of the cost of the trip?  Self-sponsorship....1  Household  member…………..2  Private Org.............3  Government...........4  International Org...5  Non-profit institutions serving households (NPISH)…………6  Other (specify).......7 |
|  |  | NUMBER | MONTH | | | | | | | | | | | | (COUNTRY CODE) |  | NUMBER |  |  |  |  |
| 01 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 02 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 03 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | | | | | | | | | | | | | | | | | | | | | |
| 04 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 05 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 06 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | | | | | | | | | | | | | | | | | | | | | |
| 07 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 08 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 09 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | | | | | | | | | | | | | | | | | | | | | |
| 10 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 11 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 12 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | | | | | | | | | | | | | | | | | | | | | |
| 13 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 14 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 15 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

5.6

SECTION 5B: DOMESTIC AND OUTBOUND TOURISM

PART E: EXPENDITURE OF DOMESTIC TOURISTS (OVERNIGHT VISITS)

DETAILS OF EXPENDITURE OF DOMESTIC OVERNIGHT TRIPS UNDERTAKEN IN GHANA IN THE PAST TWELVE (12) MONTHS (IN GHANA CEDIS). (CHECK IF 5B PART A Q3=B THEN CONTINUE)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| MEMB E R  ID | | ID OF PERSON INTER-VIEWED | | 1  How much did you spend on accommodation? | 2  How much did you spend on food and beverages? | 3  How much did you spend on transport including fuel and transport rental services?  **(ROUND TRIP)** | 4  How much did you spend on sports and recreational activities? | 5  How much did you spend on shopping? | 6  How much did you spend on cultural services | 8  How much did you spend on travel agencies and other reservation services? | 9  How much did you spend on other services? | 9a  Pre-trip expenses | 9b  If cannot give breakdown of expenditure, record the total expenditure |
|  |  | | GH ₵ | | GH ₵ | GH ₵ | GH ₵ | GH ₵ | GH ₵ | GH ₵ | GH ₵ | GH ₵ | GH ₵ |
|  | | | | | | | | | | | | | |
| 01 | |  | |  |  |  |  |  |  |  |  |  |  |
| 02 | |  | |  |  |  |  |  |  |  |  |  |  |
| 03 | |  | |  |  |  |  |  |  |  |  |  |  |
|  | | | | | | | | | | | | | |
| 04 | |  | |  |  |  |  |  |  |  |  |  |  |
| 05 | |  | |  |  |  |  |  |  |  |  |  |  |
| 06 | |  | |  |  |  |  |  |  |  |  |  |  |
|  | | | | | | | | | | | | | |
| 07 | |  | |  |  |  |  |  |  |  |  |  |  |
| 08 | |  | |  |  |  |  |  |  |  |  |  |  |
| 09 | |  | |  |  |  |  |  |  |  |  |  |  |
|  | | | | | | | | | | | | | |
| 10 | |  | |  |  |  |  |  |  |  |  |  |  |
| 11 | |  | |  |  |  |  |  |  |  |  |  |  |
| 12 | |  | |  |  |  |  |  |  |  |  |  |  |
|  | | | | | | | | | | | | | |
| 13 | |  | |  |  |  |  |  |  |  |  |  |  |
| 14 | |  | |  |  |  |  |  |  |  |  |  |  |
| 15 | |  | |  |  |  |  |  |  |  |  |  |  |

5.7

SECTION 5B: DOMESTIC AND OUTBOUND TOURISM

PART F: EXPENDITURE OF DOMESTIC SAME DAY VISITORS

DETAILS OF EXPENDITURES OF DOMESTIC SAME DAY VISITORS ON ALL TRIPS IN GHANA (IN GHANA CEDIS) FOR THE PAST TWELVE (12) MONTHS

(CHECK IF 5B PART A Q3=A THEN CONTINUE)

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| MEMB E R  ID | | ID OF PERSON INTER-VIEWED | | 10  How much did you spend on food and beverages? | 11  How much did you spend on transport including fuel and transport rental services?  **(ROUND TRIP)** | 12  How much did you spend on sports and recreational activities? | 13  How much did you spend on shopping? | 14  How much did you spend on cultural services | 16  How much did you spend on travel agencies and other reservation services? | 17  How much did you spend on other services?  **(ROUND TRIP)** | 17a  Pre-trip expenses | 17b  If cannot give breakdown of expenditure, record the total expenditure |
|  |  | | GH ₵ | | GH ₵ | GH ₵ | GH ₵ | GH ₵ | GH ₵ | GH ₵ | GH ₵ | GH ₵ |
| 01 | |  | |  |  |  |  |  |  |  |  |  |
| 02 | |  | |  |  |  |  |  |  |  |  |  |
| 03 | |  | |  |  |  |  |  |  |  |  |  |
| 04 | |  | |  |  |  |  |  |  |  |  |  |
| 05 | |  | |  |  |  |  |  |  |  |  |  |
| 06 | |  | |  |  |  |  |  |  |  |  |  |
| 07 | |  | |  |  |  |  |  |  |  |  |  |
| 08 | |  | |  |  |  |  |  |  |  |  |  |
| 09 | |  | |  |  |  |  |  |  |  |  |  |
| 10 | |  | |  |  |  |  |  |  |  |  |  |
| 11 | |  | |  |  |  |  |  |  |  |  |  |
| 12 | |  | |  |  |  |  |  |  |  |  |  |
| 13 | |  | |  |  |  |  |  |  |  |  |  |
| 14 | |  | |  |  |  |  |  |  |  |  |  |
| 15 | |  | |  |  |  |  |  |  |  |  |  |

5.8

SECTION 5B: DOMESTIC AND OUTBOUND TOURISM

PART G: EXPENDITURE ON OUTBOUND OVERNIGHT TOURISTS (OVERNIGHT VISITS)

DETAILS OF EXPENDITURES OF OUTBOUND TOURISTS ON ALL TRIPS OUTSIDE GHANA (IN GHANA CEDIS) FOR THE PAST TWELVE (12) MONTHS

(CHECK IF 5B PART A Q3=D AND CONTINUE)

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| MEMB E R  ID | | ID OF PERSON INTER-VIEWED | 18  How much did you spend on accommodation? | 19  How much did you spend on food and beverages? | 20  How much did you spend on transport/flight including fuel and transport rental services?  **(ROUND TRIP)**  (Air fare & local transport) | 21  How much did you spend on sports and recreational activities? | 22  How much did you spend on shopping? | 23  How much did you spend on cultural services | 25  How much did you spend on travel agencies and other reservation services?  **(ROUND TRIP)** | 26  How much did you spend on other services?  **(ROUND TRIP** | 26a  Pre-trip expenses | 26b  If cannot give breakdown of expenditure, record the total expenditure |
|  |  | | GH ₵ | GH ₵ | GH ₵ | GH ₵ | GH ₵ | GH ₵ | GH ₵ | GH ₵ | GH ₵ | GH ₵ |
| 01 | |  |  |  |  |  |  |  |  |  |  |  |
| 02 | |  |  |  |  |  |  |  |  |  |  |  |
| 03 | |  |  |  |  |  |  |  |  |  |  |  |
| 04 | |  |  |  |  |  |  |  |  |  |  |  |
| 05 | |  |  |  |  |  |  |  |  |  |  |  |
| 06 | |  |  |  |  |  |  |  |  |  |  |  |
| 07 | |  |  |  |  |  |  |  |  |  |  |  |
| 08 | |  |  |  |  |  |  |  |  |  |  |  |
| 09 | |  |  |  |  |  |  |  |  |  |  |  |
| 10 | |  |  |  |  |  |  |  |  |  |  |  |
| 11 | |  |  |  |  |  |  |  |  |  |  |  |
| 12 | |  |  |  |  |  |  |  |  |  |  |  |
| 13 | |  |  |  |  |  |  |  |  |  |  |  |
| 14 | |  |  |  |  |  |  |  |  |  |  |  |
| 15 | |  |  |  |  |  |  |  |  |  |  |  |

5.9

SECTION 5B: DOMESTIC AND OUTBOUND TOURISM

PART H: EXPENDITURE OF OUTBOUND SAME DAY VISITORS

DETAILS OF EXPENDITURES OF OUTBOUND SAME DAY VISITORS ON ALL TRIPS OUTSIDE GHANA (IN GHANA CEDIS) FOR THE PAST TWELVE (12) MONTHS

(CHECK IF 5B PART A Q3=C AND CONTINUE WITH PART H)

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| MEMB E R  ID | | ID OF PERSON INTER-VIEWED | | 27  How much did you spend on food and beverages? | 28  How much did you spend on transport/flight including fuel and transport rental services?  **(ROUND TRIP)**  (Air fare & local transport) | 29  How much did you spend on sports and recreational activities? | 30  How much did you spend on shopping? | 31  How much did you spend on cultural services | 33  How much did you spend on travel agencies and other reservation services?  **(ROUND TRIP)** | 34  How much did you spend on other services?  **(ROUND TRIP** | 35a  Pre-trip expenses | 35b  If cannot give breakdown of expenditure, record the total expenditure |
|  |  | | GH ₵ | | GH ₵ | GH ₵ | GH ₵ | GH ₵ | GH ₵ | GH ₵ | GH ₵ | GH ₵ |
| 01 | |  | |  |  |  |  |  |  |  |  |  |
| 02 | |  | |  |  |  |  |  |  |  |  |  |
| 03 | |  | |  |  |  |  |  |  |  |  |  |
| 04 | |  | |  |  |  |  |  |  |  |  |  |
| 05 | |  | |  |  |  |  |  |  |  |  |  |
| 06 | |  | |  |  |  |  |  |  |  |  |  |
| 07 | |  | |  |  |  |  |  |  |  |  |  |
| 08 | |  | |  |  |  |  |  |  |  |  |  |
| 09 | |  | |  |  |  |  |  |  |  |  |  |
| 10 | |  | |  |  |  |  |  |  |  |  |  |
| 11 | |  | |  |  |  |  |  |  |  |  |  |
| 12 | |  | |  |  |  |  |  |  |  |  |  |
| 13 | |  | |  |  |  |  |  |  |  |  |  |
| 14 | |  | |  |  |  |  |  |  |  |  |  |
| 15 | |  | |  |  |  |  |  |  |  |  |  |

5.10

SECTION 5C: ICT FOR AGE 12 YEARS AND OLDER

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| I  D | ID OF PERSON INTER-VIEWED | 1  Does (NAME) own a computer?  (**MULTIPLE RESPONSE)**  Yes, Laptop…………..A  Yes, Desktop…………B  Yes, Tablet or similar (not GSM)…………....C  No…………………....D | | 2  Has (NAME) used a computer (desktop, laptop, tablet or similar (not GSM) from any location in the past three months?  Yes..............1  No................2 | 3  Does (NAME) own a mobile phone?  Yes...............1  (>> 5)  No................2 | 4  Have you used a mobile phone (include GSM tablets) in the past three months?  Yes.........1  No...........2 | 4a  Does (NAME) have access (available to use mobile phone (include GSM tablets)) or computer?  Yes, Laptop…………..A  Yes, Desktop…………B  Yes, Tablet or similar (not GSM)…………....C  Yes, mobile phone (include GSM tablets)….……………D  No………………….....E  (>>8) | 5  How many mobile phones (include GSM tablet) does (NAME) own. (Only functional ones since the past 3 months)?  One……………1  Two……………2  Three……..........3  Four or more…..4  None………......0  (>> 8) | 6  Which mobile cellular networks have you subscribed to in the past 3 months for telecom services?  (**MULTIPLE RESPONSE)**  MTN…………A  Tigo…………..B  Glo……………C  Airtel…………D  Vodafone……..E  Expresso……...F  None………….G | 7  Which data service providers have you subscribed to within the past 3 months for internet services?  (**MULTIPLE RESPONSE)**  MTN…………...A  Tigo……………B  Glo…………......C  Airtel……….......D  Vodafone……….E  Expresso…..........F  Surfline…………G  Busy 4G……......H  None……………I  Other (specify)….J | 8  Has (NAME) used internet from any location in the past 3 months??  **SELECT ALL THAT APPLY**  Yes on mobile phone/tablet…...A  ( >> 10)  Yes on computer at home……..B  ( >> 10)  Yes on computer at workplace/school…..................C  ( >> 10)  Yes at Internet Café/Youth centre/ICT…………………....D  ( >> 10)  No……………………………..E  Other (specify)………..……….F |
|  | |  |  | |  | | | | | | |
| 01 |  |  | |  |  |  |  |  |  |  |  |
| 02 |  |  | |  |  |  |  |  |  |  |  |
| 03 |  |  | |  |  |  |  |  |  |  |  |
|  | |  |  | |  | | | | | | |
| 04 |  |  | |  |  |  |  |  |  |  |  |
| 05 |  |  | |  |  |  |  |  |  |  |  |
| 06 |  |  | |  |  |  |  |  |  |  |  |
|  | |  |  | |  | | | | | | |
| 07 |  |  | |  |  |  |  |  |  |  |  |
| 08 |  |  | |  |  |  |  |  |  |  |  |
| 09 |  |  | |  |  |  |  |  |  |  |  |
|  | |  |  | |  | | | | | | |
| 10 |  |  | |  |  |  |  |  |  |  |  |
| 11 |  |  | |  |  |  |  |  |  |  |  |
| 12 |  |  | |  |  |  |  |  |  |  |  |
|  | |  |  | |  | | | | | | |
| 13 |  |  | |  |  |  |  |  |  |  |  |
| 14 |  |  | |  |  |  |  |  |  |  |  |
| 15 |  |  | |  |  |  |  |  |  |  |  |

5.11

SECTION 5C: ICT FOR AGE 12 YEARS AND OLDER

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| I  D | ID OF PERSON INTER-VIEWED | 9  Why did (NAME) not use internet facility in the past 3 months?  **MULTIPLE RESPONSE**  Do not need the internet (not useful,  not interesting…………………………….A  Do not know how to use it…………………..B  Cost of internet use is too high (Service  charges, etc.)………………………….......C  Privacy or security concerns………………...D  Internet service is not available in the area… E  Cultural reasons (eg. Exposure to  harmful content) ………………………….F  Don’t know what is internet…………….......G  Lack of local content………………………..H  Other reason, (specify) ……………………...I | 10  Does (NAME) use e-commerce (ezwich, tonaton.com, olx, etc.) facility to buy, sell or transact business?  Yes...............1  No................2 | 11  Does (NAME) have any ICT skills?  Yes.....................1  No.......................2  (>>SECTION 6) | 12  Which of the following computer-related activities have you carried out in the past 3 months?  **MULTIPLE RESPONSE**  None……………………………………………………………A  Copying or moving file or folder……………………………...B  Using copy and paste tools to duplicate or move  information within a document………………………….…C  Sending e-mails with attached files  (eg. Document, picture, video, etc.)……………………......D  Using basic arithmetic formulae in a spreadsheet……..............E  Connecting and installing new devices  (eg. A modem, camera, printer)……………………………F  Finding, downloading, installing and configuring  Software…………………………………………………...G  Creating electronic presentations with presentation  software (incl. text, images, sound, video or charts.,……….H  Transferring files between a computer and other devices……...I  Writing a computer program using a specialized  programming language……………………………………..J |
|  | | | | | |
| 01 |  |  |  |  |  |
| 02 |  |  |  |  |  |
| 03 |  |  |  |  |  |
|  | | | | | |
| 04 |  |  |  |  |  |
| 05 |  |  |  |  |  |
| 06 |  |  |  |  |  |
|  | | | | | |
| 07 |  |  |  |  |  |
| 08 |  |  |  |  |  |
| 09 |  |  |  |  |  |
|  | | | | | |
| 10 |  |  |  |  |  |
| 11 |  |  |  |  |  |
| 12 |  |  |  |  |  |
|  | | | | | |
| 13 |  |  |  |  |  |
| 14 |  |  |  |  |  |
| 15 |  |  |  |  |  |

5.12

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

5.13

SECTION 6: IDENTIFICATION OF RESPONDENTS FOR SECTIONS: 8, 9 AND 10 OF MODULE 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 tree planting or keep livestock or engage in fishing?   Yes, farm including (tree planting)....A  Yes, livestock……………………….B  Yes, fishing…………………………C  None..................................................D  (>> 5)   1. Which household members own/are responsible/operate a farm? | | | |  | |  | |  |  |  | | | |  |
|  | |  | |  | 1. Which household members are mainly responsible for this processing? | | | |  |
|  | | | |  | **NAME** | | **ID** | PROCESSING ACTIVITY | **TRANSFER THESE NAMES TO THE AGRICULTURE SECTION 8G** |
|  | | 02 | cassa |
|  | | 02 | maize |
| **NAME** | | | **I.D.** | | | | **TRANSFER THESE NAMES TO THE AGRICULTURE SECTION 8A** | |  |  | | 02 |  |
|  | | |  | | | |  |  | |  |  |
|  | | |  | | | |  |  | |  |  |
|  | | |  | | | |  | |  |  |
|  | | |  | | | |  |  | |  |  |
|  | |  |  | | | |  | |  |  |  |  |  |  |
| 1. Which household members own/ are responsible for livestock? | | | | | | | **TRANSFER THESE NAMES TO THE AGRICULTURE SECTION 8A** | |  | 1. Who are mainly responsible for preparing food in the household/   who does not prepare food, but buys food from outside? | | | |  |
| **NAME** | | | **I.D.** | | | |  | **N A M E** | | **ID** | **TRANSFER THESE NAMES TO MODULE B, SECTION 8 PART H. THESE PEOPLE MUST BE AVAILABLE FOR EVERY VISIT.** |  |
|  | | |  | | | |  |  | |  |  |
|  | | |  | | | |  |  | |  |  |
|  | | |  | | | |  |  | |  |  |
|  | | |  | | | |  |  | |  |  |
|  | | |  | | | |  |  | |  |  |
| 1. Which household members own/ are responsible for fishing? | | | | | | |  | |  |  | |  |  |
| **NAME** | | | **I.D.** | | | | **TRANSFER THESE NAMES TO THE AGRICULTURE SECTION 8A** | |  |  | |  |  |  |
|  | | |  | | | |  |  |  |  |  |  |
|  | | |  | | | |  |  |  |  |  |  |
|  | | |  | | | |  |  |  |  |  |  |
|  | | |  | | | |  |  |  |  |  |  |
|  | | |  | | | |  |  |  |  |  |  |
| 1. 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 | | | |  | |  | |  |  |  |  |  |  |

6.1

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

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

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | 1. Who are mainly responsible for making the household purchases? | | | | | |  | 1. During the past 12 months, has any member of the household worked for himself/herself, 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 craftsperson)?   **(INCLUDE NON-WORKING PROPRIETOR)** | | | | | |
|  |  | N A M E | | | ID | **TRANSFER THESE NAMES TO THE HOUSEHOLD EXPENDITURE – SECTION 9. THESE PEOPLE MUST BE AVAILABLE FOR EVERY VISIT** | |
|  | A |  | | |  |
|  | B |  | | |  |
| C |  | | |  |
|  | D |  | | |  | Yes.....................................1 | | | |  |  |
|  |  |  | | |  | No......................................2 >> SECTION 7 | | | | | |
|  |  | |  |  |  |  |  |  |  |  | | |  |
|  | 1. **CHECK THE FOLLOWING:**   **IF Q.36 IN SECTION 4 PART A IS 5 OR 6, THEN COPY THE IDs OF ALL MEMBERS WHO ANSWERED;**  **IF Q.6 IN SECTION 4 PART B IS 5 OR 6, COPY THE IDs OF ALL MEMBERS WHO ANSWERED**  **IF Q.5 IN SECTION 4 PART D.IS 5 OR 6, THEN COPY THE IDs OF ALL MEMBERS WHO ANSWERED.**  **IF Q25 IN SECTION 4 PART A IS 1**  **IN ADDITION, COPY THE ACTIVITY TYPE AND THE CORRESPONDING ISIC CODE** | | | | | | | |  |  | | |  |
|  |  |  | | |  |
| A | B | | C | D | E | | | | F | F1 | G | |  |
| ID  OF  MEM  BER | **NAME OF MEMBER** | | **ENTERPRISE/BUSINESS**  **[CHECK SECTION 4 PART A (Q.34) OR SECTION 4 PART B (Q.3) OR SECTION 4 PART D (Q.4) AND COPY THE ACTIVITY TYPE]**  **FOR NON-WORKING PROPRIETOR, USE CODE BOOK** | ISIC CODE | How many persons assist in this business/enterprise  .............................................................................. | | | | Where is the business/enterprise located?  **(FOR ALL WHO ANSWERED HAVE NO FIXED LOCATION SKIP F1 TO G)** | What is the enterprise’s main mode of doing business / how do you carry out your business?  Cart/truck/wheelbarrow/bicycle...1  Vehicle (Car, bus, etc.…………..2  Open space (including market/  on the street)…………………..3  Table top………………………...4  Structure within household premises (kiosk, container, etc.)...5  Structure outside household premises kiosk, container, etc.)…6 | 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? |  |
|  |  | |  |  |  |  |  |  |  |  |  | |  |
|  |  | |  |  |  |  |  |  |  |  |  | |  |
|  |  | |  |  |  |  |  |  |  |  |  | |  |
|  |  | |  |  |  |  |  |  |  |  |  | |  |
|  |  | |  |  |  |  |  |  |  |  |  | |  |
| 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 household ..................................................1  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>>G  Other (specify)..........................................................................................8 | | | | | | | | | | | | | |

6.2

**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? **(OBSERVE DWELLING)**   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   1. How many rooms does this household occupy? **(COUNT LIVING ROOMS, DINING ROOMS, BED ROOMS BUT NOT BATHROOMS, TOILET & KITCHEN)** 2. How many of the rooms are used for sleeping?  **IF MORE THAN 1, GO TO PART B** 3. Do other households share this room with you?   Yes.....................1  No......................2 (>> PART B)   1. 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?   Owning .......................................................1 ( >> PART C Q7)  Renting........................................................2  Rent-free.....................................................3  Perching......................................................4  Squatting.....................................................5   1. Who owns this dwelling?   Being purchased (e.g. Mortgage).............................1  Relative not household member...............................2  Other private individual............................................3  Private employer.......................................................4  Other private agency.................................................5  Public/Government ownership.................................6  Other (specify)..........................................................7 |  | **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   1. Does your household supply goods or services in exchange or use of this dwelling?   Yes...............1  No................2 (>> 4)   1. What is the approximate value of these goods and services provided by your household?   VALUE TIME UNIT   1. 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)   1. Who pays for the rent?   Relative..........................1  Private individual...........2  Government...................3  Private employer............4  Other (specify)...............5   1. How much is paid?   AMOUNT TIME UNIT   1. How much did your household spend for construction or repair cost and painting   in the past 12 months on this dwelling? |

7.1

**SECTION 7: HOUSING**

**THE RESPONDENT: THE HEAD OF THE HOUSEHOLD**

|  |  |  |  |
| --- | --- | --- | --- |
| 8. In the past 12 months have you built or made improvements or additions to  your dwelling or any other dwelling?  Yes, my dwelling……………………1  Yes, other dwelling…………………2  Yes, both……………………………3  No…………………………………..4  (>> PART D)  9. What additions or improvements were made:  **(MULTIPLE RESPONSE - PLEASE TICK)**  Probe for **additions** made to respondents dwelling over the past 12 months.   1. Additional rooms?………………………… 2. Built fences/fence walls?..………………... 3. Built a terrace?…………………………… 4. Changed the roof?..………………………. 5. Changed floors/walls?……………………… 6. Changed doors/windows?...………………. 7. Installed sanitary facilities?..……………… 8. Installed water tank?………………………. 9. Installed security system?..……………….. 10. Installed fence gate?……………………… 11. Changed/fixed ceiling?…………………… 12. Installed lighting system?...………………. 13. Plastered?........……………………………. 14. Painted?...........…………………………… 15. Other (specify)…..……………………….. |  |  | 10. What was the TOTAL cost of the construction, improvements or additions  made to your dwelling or any other dwelling in the past 12 months?    **IN GHANA CEDIS:** |

7.2

SECTION 7: HOUSING - CONTINUED

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **PART D: UTILITIES AND AMENITIES**  1a. What is the main source of water supply for this  Household for drinking or general use?  **DRINKING**  Pipe-borne inside dwelling.................................01  Pipe-borne outside dwelling but on compound..02  Pipe-borne outside dwelling but from  neighbour’s house.................................03  Public tap/standpipe...........................................04  Borehole/Pump/Tube well..................................05 **GENERAL USE**  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………………………1  Pot/ Earthenware Vessel……………………….2  Metal Container………………………………..3  Other (Specify)………………………………..4  1b2. **(ASK PERMISSION TO OBSERVE)**  Water Covered with designated fetching  container ……………………………………..1  Exposed Surface with designated fetching  container……………………………………....2  Water Covered with no designated container…..3  Exposed Surface with no designated container...4  Not Applicable……………………………….....5  1c. Do you think your drinking water has any quality problems?  **CIRCLE ALL THAT APPLY**  Yes, Odour…………………………A  Yes, Taste..........................................B  Yes, Colour/Suspended Materials.…C  No ………………………….…........D(>>2a) |  | 1d. What do you usually do to make the water safer to drink?  Boil ………………………………………..01  Add bleach / chlorine ……………………………02  Strain it through a cloth……………………. …….03  Use water filter (ceramic, sand, composite, etc.)…04  Solar disinfection …………………………….05  Let it stand and settle …………………………….06  Add camphor/naphthalene ………………...07  Add water tablet …………………………….08  No action ………………………………………...09  Other (specify) ………………………….....10  2a. How far is this source of water from your dwelling?  **(N/A IF ANSWER IN Q1a is 01,02,09,10, &11)**  DRINKING DISTANCE DISTANCE CODE  GENERAL USE DISTANCE DISTANCE CODE  2b**.** How long does it take to go to the water source, get water and come back?  **(N/A IF ANSWER IN Q1a is 01,02,09,10 & 11)**  DRINKING DIST TIME (IN MINUTES)  GENERAL USE DISTANCE TIME ( IN MINUTES)  2c. How far is your water source from the nearest latrine/septic tank?  **(CODE N/A IF ANSWER IN PART D Q1a =1,2,3,9,10 &11)**  DRINKING DISTANCE DISTANCE CODE  GENERAL USE DISTANCE DISTANCE CODE |  | 2d. Who usually goes to this source to collect the water for  your household?  **(CODE N/A IF ANSWER IN PART D Q1a =01)**    Adult woman (age 15+ years)…. 1  Adult man (age 15+ years)……. 2  Female child (under 15)……….. 3  Male child (under 15) ...………..4  DK……… ……………………....8  3a. How regular is your source of water supply **(DRINKING WATER)**?  TIME UNIT FOR Q.3 NUMBER TIME UNIT  Daily.......................1  Weekly....................2  Monthly ………… 3  Quarterly.................4  Half yearly..............5  Yearly.....................6  3b. When was the last time the water facility broke down?  **(IF OPTION IS 5 OR 6 GO TO 4a)**  During last week……………1  One month ago……………..2  Three months ago…………..3  More than 3 months ago……4  Never broke down ………….5(>>4a)  N/A.........................................6 (07,13,14) in Q1a  DK………………………….8  3c. The last time the water facility broke down, how long did it take to have it fixed and working again?  Immediately/Few days...................................1  One week ..................................... ................2  Within a month .............................................3  More than one month.....................................4  Not fixed yet..................................... ............5  DK..................................... ...........................8  **DISTANCE CODE**  In house.........0  Yard...............1  Metre..............2  Kilometre.......3  Mile................4 |

7.3

SECTION 7: HOUSING - CONTINUED

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **PART D: UTILITIES AND AMENITIES**  4a. How much water does your household use in a day?    Litre...........................1 **QUANTITY UNIT**  Gallon........................2  Bucket (NO.34).........3  4b. How much water does your household require in a day?  Litre...........................1 **QUANTITY UNIT**  Gallon........................ 2  Bucket (NO.34).........3  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?  Yes .......................1  No......................... 2 ( >> 8)  7. How much was your last bill? (Only your part if joint meter or shared bill)  AMOUNT TIME UNIT  8. How much did your household pay to a private water Vendor,  neighbour or standpipe or any other source in the past 2 weeks?    AMOUNT |  | 9. Did your household sell any water to someone else?  Yes..........................1  No...........................2 (>> 11)   1. How much did your household receive for the water sold in the past 2 weeks?     AMOUNT   1. What are the different sources of electricity that you use in your household in the past 12 months? **Record all that apply in the order of the most used.**   National Grid Connection ………….1 (>> 14)  Local Mini Grid……………………..2 1st  Private Generator................................3 (>> 14)  Solar Home System..………………..4 (>> 14) 2nd  Solar Lantern/Lighting System..........5 (>> 14)  Rechargeable Battery.........................6 (>> 14) 3rd  Other (specify)...................................7 (>> 14)  No Electric Power……….................8 (>> 13) 4th   1. What is the source of power for the mini-grid   **(IF OPTION B IN Q.11)**  Wind ……………………………………..1  Diesel/Gasoline…………………………...2  Hydropower………………………………3  Solar………………………………………4  Biomas…………………………………….5  Rechargeable Battery…………………….6  Other (specify)............................................7  Don’t know……..………...........................8  >>14   1. What is the MAIN reason why the household is not connected to the national grid? **(RECORD ONLY THE MAIN REASON)**   Grid is too far from household/not available………..1  Cost of initial connection is too expensive…………..2  Monthly fee is too expensive………………………..3  Satisfied with current energy solution………………4  Renting, Landlord decision………………………….5  Service unreliable……………………………………6  Administrative procedure is too complicated………..7  Submitted application and waiting for connection…..8  Company refused to connect the household…………9  Other (Specify)……………………………………...10 |  | 13b. What is the main source of lighting for your  Dwelling **(CHECK IF Q11=H)**  Kerosene lamp…………………..1  Gas lamp…………………….…..2  Flash light……………………….3  Firewood………………………..4  Crop residue…………….5  Other (specify)………………….6  >>19   1. On the average, how many hours of electricity are available each day from your Main electricity system in the past 7 days?   Hours of supply……….  Don’t know…………….88   1. On the average, how many hours of electricity are available each evening from 6.00 pm to 10 pm from your main electricity system in the past 7 days?   Hours of supply…………  Don’t know…………….8   1. In the past 12 months, did any of your appliances get damaged because the voltage was fluctuating in the main electricity system?   Yes ........................1  No......................... 2  Don’t know………3   1. Which of these different light bulb do you use with the main electricity system?   **CIRCLE ALL THAT APPLY.**  Incandescent Light Bulb………………..A  Fluorescent tube (with choke) ……….....B  Compact fluorescent light (CFL) Bulb…C  LED Light Bulb…………………………D  Light Bulb, Other /Unknown type……...E   1. How much did your household spend on electricity on your last bill?   AMOUNT TIME UNIT | **TIME UNIT**  Daily..............1  Weekly..........2  Monthly.........3  Quarterly.......4  Half Yearly....5  Yearly............6 |

7.4

SECTION 7: HOUSING - CONTINUED

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. What is the main fuel used by the household for cooking?   None, No cooking………………………...1(>>24a)  Wood……………………………………...2  Charcoal………………………………......3  Gas……………………………………......4  Electricity……………………………...….5  Kerosene………………………………..…6  Crop residue………..………………….…..7  Sawdust……………………………………8  Animal waste………………………….…..9  Other (specify)……...................................10  **PART D: UTILITIES AND AMENITIES CONT’D)**   1. What type of biomas cook stove does the household use? **CIRCLE ALL THAT APPLY.**   ***NB: Biomas includes: firewood, charcoal, briquette, pellets, agric-waste.***  None (Use other fuel)...……………………………..A (>> 24a)  Traditional coalpot /three stone fire………………....B  Car rim/type metal stove…………………………….C  Improved mud stove with/without chimney  (e.g. mukyea)………………………………………D  Ceramic/clay stove (e.g. gyapa, toyola, holy cook)….E  Improved charcoal stove……………………………..F  Improved firewood stove…………………………….G  Improved Pellet/Briquette stove……………………..H  Other (Specify)………………………………………I   1. How long have you been using your main biomas cook stove?   TIME UNIT   1. In the past 12 months, where did you normally cook with the cookstove?   In dwelling, NOT in sleeping area……………………1  In dwelling, in a sleeping area……………….……….2  In a separate dwelling………………………………...3  In a veranda (roofed platform with at least  two open sides)……………………………………4  Outdoors……………………………………………...5  Other (Specify)……………………………………….6 |  | 1. Do you usually use a chimney, hood or other exhaust system while using this stove?   Yes…………1  No………….2  24a. How does your household dispose of refuse?  Collected....………………………….1  Burned by Household……………….2  Public dump…………………………3  Dumped indiscriminately……………4  24b. How does your household dispose of kitchen and bath waste water?  Discharge in open area………1  Discharge into drains………..2  Septic tank (soakawy)……....3  Discharge into Sewer……….4  Other (Specify)……………...5   1. How much does this household pay for refuse disposal?   AMOUNT TIME UNIT  26a. What type of toilet facility is usually used by the household?  No facility (e.g. bush/beach/field)...……1 (>> 28a)  W.C…………………………………......2  Pit latrine……………………………….3  KVIP……………………………………4  Bucket/Pan……………………………..5  Public toilet (e.g. WC, KVIP, Pit Pan)...6 (>> 27a)  Other (specify)………………………....7  26b. Do you share this toilet facility with other households?  Yes, with other household(s) in same house…………………1  Yes, with other household(s) in different house…………….2  Yes, with other household(s) and located In different house..3  No……………..……………………………………………..4 (>>28a) |  | 26c. How many households including your household use this toilet  facility?  27a. How much does the household pay for the use of the Toilet  facility?  AMOUNT TIME UNIT  27b. How much was your last bill (only your part if shared)?  AMOUNT TIME UNIT  28a. Please show me where members of your household most often  wash their hands.  OBSERVED.……………………….1  NOT OBSERVED  Not in dwelling / plot / yard…….2(>>PART E)  NOT OBSERVED  No permission to see..…………..3(>>PART E)  NOT OBSERVED  Other reason……………………..4(>>PART E)  28b. **OBSERVATION ONLY**  **OBSERVE PRESENCE OF WATER AT THE PLACE FOR HAND WASHING**  Water is available………………...1  Water is not available……………..2  28c OBSERVATION ONLY  **OBERRVE PRESENCE OF SOAP, DETERGENT, OR OTHER CLEANSING AGENT**    Washing Soap (e.g. Key soap)…. ………..……..A  Detergent (Powder / Liquid / Paste)………...…..B  Liquid hand washing soap………………………C  Ash………………………………………………D  Toilet Soap (e.g. Lux) …………………………..E  Other (specify)…………………………………..X  None……. ………………………………………Y |

7.5

SECTION 7: HOUSING - CONTINUED

|  |  |  |  |
| --- | --- | --- | --- |
| **PART E: INFORMATION/COMMUNICATION AND TECHNOLOGY (ICT)** | 1  Does any member of the household own any.......?  Yes .............1 ( >>3) No.............2 | 2  Does the household have access to…..?  Yes ...…1 No…...2 >> (NEXT ITEM) | 3  Does the household use…………..?    Yes ……1 No……2 |
| 1. Fixed telephone line (including cordless) |  |  |  |
| 1. Paid cable network (e.g.-NET, DSTV, cable gold, GOTV, MULTI TV) |  |  |  |

**PART F: CHARACTERISTICS OF THE DWELLING**

|  |  |  |
| --- | --- | --- |
| **ASK AND OBSERVE** |  |  |
| 1. What is the main construction material used for the outer wall?   Mud bricks/earth…………………..01  Wood………………………………02  Metal sheet/slate/asbestos…………03  Stone……………………………....04  Burnt bricks……………………….05  Cement blocks/concrete…………..06  Landcrete………………………….07  Bamboo…………………………...08  Palm leaves/Thatch (grass/Raffia…09  Other (specify)…...........................10 | 1. What is the main construction material used for the floor?   Earth/Mud…………………………1  Cement/Concrete………………….2  Stone………………………………3  Burnt bricks……………………….4  Wood………………………………5  Vinyl tiles…………………………6  Ceramic/Porcelain/Granite/  Marble tiles………………….…7  Terrazzo/Terrazzo tiles.…………..8  Other (specify)…………………….9 | 1. What is the main material used for the roof?   Mud bricks/earth…………………..1  Wood………………………………2  Metal sheet.…………….……….…3  Slate/Asbestos…..………………....4  Cement blocks/concrete……….…..5  Bamboo…………………………....6  Palm leaves/Thatch (grass/Raffia….7  Roofing Tiles……………………....8  Other (specify)…..............................9 |

7.6

SECTION 7: HOUSING - CONCLUDED

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **PART H: CHARACTERISTICS OF THE DWELLING** | | | | | | | | | | | | | | | | | | | | | | | | | |  |  | | | | | | | | | |  |
|  |  | | | | | | | | | | |
|  |  | | | | | | | | | |  |
| 1. Detailed sketch of the dwelling. | | | | | | | | |  | |  | |  | | | | | | | | | | | | |  | 2. Measure taken. | | | | | | | | | |  |
|  | |  | |  |  | | |  | |  | | | | | | |  |  | | | | | | | | | |  |
|  | | | | |  | | | |  | |  | |  | | | | | | | | | | |  | |  |  | | | | Inside .....................1 | | | | | |  |
|  |  |  |  | | | | | |  | |  | |  | | | | | | | | | | |  |  | | | |  | | | | | |  |
|  | |  | |  | | | | | | | | | | |  |  | | | | | | | | | | |
|  | | | | | | |  | |  | |  | |  | | | | | | | | | | | | |  |  | | | | Outside....................2 | | | | | |  |
|  | | | | | | |  | |  | |  | |  | | | | | | | | | | | | |  |  | |  |  |  |  |  | |  |  |  |
|  | | | | | | |  | |  | |  | |  | | | | | | | | | | | | |  |  | |  |  | |  | | |  | |  |
|  | | | | | | | | |  | |  | |  | | | | | | | | | | | | |  |  | |  |  | |  | | |  | |  |
|  | |  | |  | | | | | | | | | | | | |  |  | | | | | | | | | |  |
|  | | | | | | |  | |  | |  | |  | | | | | | | | |  | | |  |  |  | | | | | | | | | |  |
|  | | | | | | |  | |  | |  | |  | | | | | | | | |  | 3a. Length in meters………………….  3b. Breadth in meters…………….......  3c. Circumference…………………… | | | | | | | | | |  |
|  | | | | | |  | | | | |  | |  | | | | | | | | | |  | | |  |  | | | | | | | | | |  |
|  | | | | | |  | | | | |  | | | | | | | | | |  |
|  | | | | | | |  | |  | |  | |  | | | | | | | | | | | | |  |  | | | | | | | | | |  |
|  | | | | | | |  | | | |  | |  | | | | | | | | | | | | |  |  | | | | | | | | | |  |
|  | | | | | | |  | |  | |  | | |  | | | |  | | | |  |  | | | | | | | | | |  |
|  | | | | | | |  | |  | |  | |  |  | | | | | | | | | |  |
|  | | | | | | |  | |  | |  | |  | | | | | | | | | | | | |  | 4. Calculate area in square metres. | | | | | | | | | |  |
|  | | | | | | | |  | |  | |  | | | | | | | | | | | | | |  | |  | | | | | | | | | |
|  | | | | | | |  | | | |  | |  | | | | | | | | | | | | |  |  | | | |  | | |  | | |  |
|  | | | | | | |  | | | |  | |  | | | | | | | |  | | | | |  | AREA | | | |  | | |  | | |  |
|  | | | | | | |  | |  | | | | | | | |  |  | | | |  | | |  | | |  |
|  | | | | | | |  | |  | |  | |  | |  | | |  | | | |  | | | |  |  | | | | | | | | | |  |
|  | | | | | | |  | |  | |  | |  |  | | | | | | | | | |  |
|  | | | | | | |  | |  | |  | |  | | | | | | | | | | | | |  |  | | | | | | | | | |  |
|  | | | | | | |  | |  | |  | | | | | | | | | | | | |  |  | | | | | | | | | |  |
|  | | | | | | |  | |  | |  | |  | | | | | | | | | | | | |  |  | | | | | | | | | |  |
|  | | | | | | |  | |  | |  | |  | | | | | | | | | | | | |  |  | | | | | | | | | |  |
|  | | | | | | |  |
|  | | | | | | |  | |  | |  | |  |  | | | | | | | | | |  |
|  | | | | | | |  | | | |  | |  | | | | | | | | | | | | |  |  | | | | | | | | | |  |
|  | | | | | | |  | | | |  | |  | | |  | | | |  | | | | | |  |  | | | | | | | | | |  |
|  | | | | | | |  | | | |  | | |  | | | |  | | | | | |  | | | | | | | | | |  |
|  | | | | | | | | |  | |  | |  | | |  | | | |  | | | | | |  |  | | | | | | | | | |  |
|  | | | |  | | | | |  | |  | |  | | |  | | | |  | | | | | |  |  | | | | | | | | | |  |
|  | | | |  | | | | |  | |  | |  | | |  | | | |  | | | | | |  |  | | | | | | | | | |  |
|  | | | |  | | | | |  | |  | |  | | |  | | | |  | | | | | |  |  | | | | | | | | | |  |
|  | | | |  | |  | |  | | |  | | | |  | | | | | |  |  | | | | | | | | | |  |
|  | | | |  | | | | | | |  | |  | | |  | | | |  | | | | | |  |  | | | |  | | | | | |  |
|  | | | |  | | | | | | |  | |  | | |  | | | |  | | | | | |  |  | | | | | | | | | |  |
|  | | | |  | |  | | |  | | | |  | | | | | |  |  | | | | | | | | | |  |
|  | | | |  | | | | |  | |  | |  | | |  | | | |  | | | | | |  |  | | | | | | | | | |  |
|  | | | |  | | | | |  | |  | |  | | | | | | | | | | | | |  |  | | | | | | | | | |  |

7.7

**PART I: MORTALITY**

1 Did any member of the household die in the past 12 months? Yes .............1; No..............2 (IF NO>> MODULE B, SECTION 8)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Name of Deceased  **RECORD NAME OF DECEASED** | 2  Sex of deceased  Male…….. ...…1  Female….….....2 | 3  Age of deceased at time the incident occurred?  **(CODE 00 IF LESS THAN ONE YEAR)**  YEARS | 4.  Cause of death?  Suicide……………………………..1  Natural disaster…………………….2  Accident (road)…………………….3  Conflict…………………………….4  Other medical conditions…………..5  Other (specify)……………………..6 |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |

7.8

**PART J: ANTHROPOMETRY**

|  |  |  |  |
| --- | --- | --- | --- |
| I  D | 1  Weight (Kg) of household member  **NOT MEASURED CODE 9999** | 2  Mode of measurement (Height)  Standing………..….1  Lying………..……..2  Refused……………3 | 3  Height (cm) of household member. |
| 01 |  |  |  |
| 02 |  |  |  |
| 03 |  |  |  |
| 04 |  |  |  |
| 05 |  |  |  |
| 06 |  |  |  |
| 07 |  |  |  |
| 08 |  |  |  |
| 09 |  |  |  |
| 10 |  |  |  |
| 11 |  |  |  |
| 12 |  |  |  |
| 13 |  |  |  |
| 14 |  |  |  |
| 15 |  |  |  |

7.9