



REPUBLIC OF GHANA  
STATISTICAL SERVICE

GHANA LIVING STANDARDS SURVEY 4  
(WITH LABOUR FORCE MODULE)

HOUSEHOLD QUESTIONNAIRE

PART A

S U R V E Y   I N F O R M A T I O N									
CLUSTER:.....		+-----+              +-----+		+-----+              +-----+		+-----+        /        +-----+		+-----VERIFICATION OF THE QUESTIONNAIRE, FIRST VISIT-----+ +-----+ +-----+	
HEAD OF HOUSEHOLD:.....		HOUSEHOLD		ROSTER		SUPERVISOR.....		DATE:                       +-----+	
ADDRESS (OR DESCRIPTION):.....						REMARKS.....		+-----+ +-----+	
						REINTERVIEW BY SUPERVISOR?		YES....1         NO.....2+-----+	
						REASON:			
						THIS HOUSEHOLD REPLACES		+---+ 	
						THIS HOUSEHOLD WILL BE REPLACED		+---+ 	
						HOUSEHOLD NO:		+---+ 	
						BY NO:		+---+ 	
						DWELLING NOT FOUND / VACANT		.1+-----+ OCCUPANT NOT AT HOME.....2         REFUSAL.....3+-----+	
+-----FIRST VISIT-----+									
INTERVIEWER:.....		+---+ 		DATE:                       +-----+					
DWELLING YES..1		+---+ 		IS THE HEAD OF HOUSEHOLD YES..1		+---+ 			
FOUND NO...2		+---+ 		(>>SUPERVISOR)		+---+ 			
NAME OF NEW HEAD:.....									
LANGUAGE		ENGLISH.1		GA-ADANGBE.4		NZEMA..7		+---+ 	
USED BY THE		AKAN....2		DAGBANI....5		OTHER..8		+---+ 	
RESPONDENT:		EWE.....3		HAUSA.....6		(specify)		INTER- PRETER? YES..1         NO...2+-----+	
REMARKS:.....									
+-----SECOND VISIT-----+									
INTERVIEWER:.....		+---+ 		DATE:                       +-----+					
REMARKS:.....									
+-----VERIFICATION OF QUESTIONNAIRE, SECOND VISIT-----+									
SUPERVISOR:.....		+---+ 		DATE:                       +-----+					
REMARKS:.....									
						REINTERVIEW BY SUPERVISOR?		YES....1         NO....2+-----+	
+-----THIRD VISIT-----+									
INTERVIEWER:.....		+---+ 		DATE:                       +-----+					
REMARKS:.....									
+-----VERIFICATION OF QUESTIONNAIRE, THIRD VISIT-----+									
SUPERVISOR:.....		+---+ 		DATE:                       +-----+					
REMARKS:.....									
						REINTERVIEW BY SUPERVISOR?		YES....1         NO....2+-----+	

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

+-----SEVENTH VISIT-----+	
INTERVIEWER:.....	+--+ DATE: +-----+
REMARKS:.....	
+-----VERIFICATION OF QUESTIONNAIRE, SEVENTH VISIT-----+	
SUPERVISOR:.....	+--+ DATE: +-----+
REMARKS:.....	
..... REINTERVIEW YES....1	
BY SUPERVISOR? NO.....2+-----+	
+-----DATA ENTRY, END OF CYCLE-----+	
OPERATOR:.....	+--+ DATE: +-----+
REMARKS:.....	
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+-----EDITING OF PRINTOUTS, END OF CYCLE-----+	
SUPERVISOR:.....	+--+ DATE: +-----+
REMARKS:.....	
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SUMMARY OF SURVEYS RESULTS

INTERVIEWER												SUPERVISOR				
VISIT	SECTION	VISITS				CHECK - UP VISIT				INTERVIEWER	DATA ENTRY OPERATOR	CORRECTED:				
		DATE		RESULT		DATE		RESULT				IN OFFICE.....1 DURING NEXT VISIT.....2 DURING CHECK-UP VISIT.....3 NOT CORRECTED...4				
				COMPLETE.....1 PARTIAL.....2 NOT APPLICA...3				COMPLETE.....1 PARTIAL.....2								
		DAY	MONTH	YEAR		DAY	MONTH	YEAR								
FIRST	1, 2, 5, 6, 7															
SECOND	3, 8H, 9A2, 9B															
THIRD	4, 8H, 9A2, 9B															
FOURTH	8A-G, 8H, 9A2, 9B															
FIFTH	8H, 9A1, 9A2, 9B, 9C															
SIXTH	8H, 9A2, 9B, 10															
SEVENTH	8H, 9A2, 9B, 11 12															

OBSERVATION AND COMMENTS	OBSERVATION AND COMMENTS
REMARKS BY THE INTERVIEWER ON THE FIRST VISIT	REMARKS OF INTERVIEWER ON THE SIXTH VISIT
REMARKS BY THE SUPERVISOR ON THE FIRST VISIT	REMARKS BY THE SUPERVISOR ON THE SIXTH VISIT
REMARKS BY THE INTERVIEWER ON THE SECOND VISIT	REMARKS BY THE INTERVIEWER ON THE SEVENTH VISIT
REMARKS BY THE SUPERVISOR ON THE SECOND VISIT	REMARKS BY THE SUPERVISOR ON THE SEVENTH 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	

+-----+  
| VISIT 1 |  
+-----+

PERSON INTERVIEWED: Preferably the head of household, if not available, any adult member of the household who is able to give information on the other household members.

.....  
INTERVIEWER WRITE

Respondent Name:.....

ID Code:.....

.....

I would like to make a complete list of all the people present or absent who usually live and eat together in this dwelling.

1. First, I would like to have the names of all the members of your (or the head of household's) immediate family. Include the head of household, his wife(s) or husband and their children.

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

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

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

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

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

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

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

.....

5. CLASSIFY EACH PERSON ACCORDING TO THE FOLLOWING CRITERIA.

.....

LOOK AT THE ANSWER TO QUESTION 21.

- ALL THE PERSONS FOR WHOM THE ANSWER IS 3 MONTHS OR LESS ARE CLASSIFIED AS HOUSEHOLD MEMBERS.
- IF THE ANSWER IS MORE THAN 3 MONTHS ONLY, THE FOLLOWING ARE HOUSEHOLD MEMBERS:
  - THE HEAD OF HOUSEHOLD
  - CHILDREN UNDER 9 MONTHS OLD
  - THOSE WHO ANSWER NO THE QUESTION 22

ENTER PROPER CODE IN QUESTION 23.

COLUMN A. PUT A CROSS IN COLUMN A NEXT TO THE NAME OF ALL PERSONS WITH CODE 1 TO QUESTION 23.

COLUMN B. ENTER THE AGE IN YEARS (QUESTION 6) OF ALL PERSONS WITH A CROSS IN COLUMN A.

FOR EACH PERSON LISTED

+----- 15 AND MORE YEARS OLD -----+

1	2	3	4	5	6	7	8	9	10	11
		Relationship to Head of household	ASK PERSON TO GET BIRTH	How old is (NAME)?	What is (NAME'S) present marital status?	Does (NAME'S) spouse live in this house- hold?	COPY THE I.D. CODE OF THE SPOUSE	What is (NAME'S) religious denomination?	In what region/ country was (NAME) born?	What is (NAME'S) nationality?
		Head .....1	CERTIFICATE					Catholic .....01		
		Wife/husband .....2	AND COPY	YEARS AND				Anglican .....02	Western .....1	Ghana .....1
		Son/daughter .....3	DATE OF	MONTHS IF	Married .....1			Presbyterian ...03	Central .....2	B / Faso .....2
I	SEX	Grandchild .....4	BIRTH OR IF	5 OR UNDER,	Informal/loose		(IF MORE	Methodist .....04	Gt. Accra .....3	Mali .....3
		Father/mother .....5	NOT	OTHERWISE	union .....2		THAN ONE	Pentecostal ...05	Eastern .....4	Nigeria .....4
D		Relative of head	AVAILABLE	YEARS ONLY	Divorced/ separated .....3		SPOUSE, THE FIRST	Spiritualist ...06	Volta .....5	Ivory Coast .....5
	Male.1	or head's spouse .....6	CODE....999		(IF LESS >> 9)	Yes ...1	ONE)	Other X'tian ...07	Ashanti .....6	Togo .....6
		Servant and his/her		THAN 15	Widowed .....4			Muslim .....08	Brong-Ahafo ...7	Other ECOWAS....7
	Fe-	relative .....7		YEARS OLD	(IF LESS >> 9)	No ....2		Traditional ...09	Northern .....8	Other African....8
	male.2	Tenant and his/her			Never	(>> 9)		No Religion ...10	Upper West ....9	Other.....9
		relative .....8			married .....5			Other .....96	Upper East ...10	(specify)
		Other not related to			(IF LESS >> 9)			(specify)	Foreign	
		head or head's spouse ..9							country .....11	
			DAY   NO.   YR.	YRS.   NOS.			I. D.			
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SECTION 1: HOUSEHOLD ROSTER - CONTINUED

	12 To which ethnic group does (NAME) belong?	13 Does (NAME'S) father live in this household?	14 I.D. OF FATHER	15 What was (NAME'S) father's highest educational level completed?	16 What kind of work has (NAME'S) father done for most of his life?	17 Does (NAME'S) mother live in this household?	18 I.D. OF MOTHER	19 What was (NAME'S) mother's highest educational level completed?
I	Asante .....01 Mamprusi .....11 Akwapim .....02 Gonja .....12 Fanti .....03 Grussi/Frafra.13 Other Akan ...04 Dagarti .....14 Ga-Adangbe ...05 Kusasi .....15 Ewe .....06 Kassena-			None .....01 Primary .....02 Middle/JSS .....03 Voc/Comm .....04 'O' Level .....05 SSS .....06 'A' Level .....07 Training College.08 Tech/Prof .....09 Tertiary .....10 Koranic .....11 Don't Know .....98	Farming .....1 Trading .....2 Clerical .....3 Construction ....4 Professional / Managerial ....5 Don't Know .....6 Other .....7 (specify)			None .....01 Primary .....02 Middle/JSS .....03 Voc/Comm .....04 'O' Level .....05 SSS .....06 'A' Level .....07 Training College...08 Tech/Prof .....09 Tertiary .....10 Koranic .....11 Don't Know .....98
D	Guan .....07 Nankani ....16 Nzema .....08 Konkomba .....17 Hausa .....09 Nanumba .....18 Dagomba .....10 Builsa .....19 Other.....96 (specify)	Yes .....1  No .....2  (>> 15)	+-----+  (>> 17)  +-----+			Yes ...1  No ....2  (>> 19)	+-----+  (>> 21)  +-----+	
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SECTION 1: HOUSEHOLD ROSTER - CONTINUED

	20 What kind of work has (NAME'S) mother done for most of her life?	21 For how many months during the past 12 months has (NAME) been away from this household?	22 While absent, is/was (NAME) living in another household? (Including single person household)	23 HOUSEHOLD MEMBER
I	Farming .....1	(IF 3 MONTHS OR LESS >> 23)	Yes .....1  No .....2	CHECK THE CRITERIA ABOVE
D	Trading .....2			
	Clerical .....3			
	Construction .....4			
	Professional/ Managerial .....5			
	Housework .....6			
	Other service ....7			
	Don't Know .....8			
	Other .....9 (specify)			
		MONTHS		( >> NEXT PERSON)
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ID OF PERSON INTERVIEWED	1 Has (NAME) ever attended school?	2 What was the highest level completed? None.....01 Kindergarten...02 Primary.....03 Middle.....04 JSS.....05 SSS.....06 Voc / Comm.....07 Sec. (O Level)...08 Sixth Form.....09 Teach. Train...10 Technical.....11 P/Sec. T/T.....12 Nursing.....13 P/Sec. Nursing.14 Polytechnic....15 University.....16 Koranic stage..17 Other.....96 (specify)	3 What was the highest educational qualification attained? None .....01 MSLC/BECE .....02 Voc/Comm .....03 'O' Level .....04 SSS .....05 'A' Level .....06 T / T Cert. B ..07 T / T Cert. A ..08 Nursing .....09 Tech/Prof Cert .10 Tech/Prof Dip ..11 Bachelor .....12 Masters .....13 Doctorate .....14 Other .....96 (specify)	4 Did (NAME) attend school/college at any time during the past 12 months Yes ...1 No ....2 (>> PART 2B)	5 How much time does (NAME) spend going to and from school daily?  IF IN A BOARDING SCHOOL CODE 0  +-----+ HOURS   MINUTES	I want to ask you about the educational expenses for (NAME) during the past 12 months?  How much did you spend on:								
						6 School and registration fees?	7 Contributions to parent/teacher associations?	8 Uniforms and sports clothes?	9 Books and school supplies?	10 Transportation to and from school?	11 Food, board and lodging at school?	12 Other expenses (clubs extra classes)?	13 Other in-kind expenses?	
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SECTION 2: EDUCATION  
PART A: GENERAL EDUCATION  
CONT'D.

	ID OF PERSON INTER- VIEWED	14 Who paid for most of the educational expenses?  Father.....1 Mother.....2 Both Parents .....3 Other household member..4 Other relative .....5 Non-relative .....6 Myself .....7 Other .....8 (specify)	15 Did (NAME) have a scholarship during the past 12 months?  Yes.....1 No.....2 (>> 17)	16 What was the amount of the scholarship received for the past 12 months?  +-----+ A M O U N T	17 Has (NAME) left school now?  Yes.....1 No.....2
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SECTION 2: EDUCATION  
PART B: EDUCATIONAL CAREER

	1 Has (NAME) ever attended technical and / or vocational school?	2 How many course - years did (NAME) complete?  None .....1 1 Year .....2 2 Years .....3 3 Years .....4 4 Years .....5	3 What was the highest certificate (NAME) achieved?  None.....1 NVTI.....2 City & Guild...3 Other.....4 (specify)	4 Was the technical or vocational school (NAME) attended public or private?  Public.....1 Private....2	5 Has (NAME) ever attended a tertiary education- al insti- tution (that is a Univer- sity or College?)  Yes.....1  No.....2 (>> PART 2C)	6 How many years did (NAME) attend?  ----- Y E A R S	7 What was the last institution attended?  Advanced/Specialist Teacher training.....1 Polytechnic.....2 University.....3 Other.....4 (specify)	8 What was the highest quali- fication (NAME) achieved?  Certificate...1 Diploma.....2 Bachelor.....3 Masters.....4 Doctorate...5 Other.....6 (specify)
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	1 Can (NAME) read a letter in English?	2 In what Ghanaian language can (NAME) read a letter? STATE THE ONE IN WHICH (NAME) IS MOST PROFICIENT	3 Can (NAME) write a letter in English?	4 In what Ghanaian language can (NAME) write a letter? STATE THE ONE IN WHICH (NAME) IS MOST PROFICIENT	5 Can (NAME) do written calcu- lations?	6 Has (NAME) ever attended a literacy course?	7 Is (NAME) or has (NAME) ever been an apprentice?	8 How long was (is) the apprenticeship?	9 What is the main trade (NAME) learnt?	10 Did (NAME) pay a fee for this training?	11 How much did (NAME) pay for the training?	12 Has (NAME) ever attended other short training courses lasting not more than 6 months?	13 What was the main subject of the most recent training?
	Yes.....1 No.....2	None.....1 Akan.....2 Ewe.....3 Ga-Adangbe...4 Dagbani.....5 Hausa.....6 Nzema.....7 Other.....8 (specify)	Yes....1 No.....2	None.....1 Akan.....2 Ewe.....3 Ga-Adangbe...4 Dagbani.....5 Hausa.....6 Nzema.....7 Other.....8 (specify)	Yes....1 No.....2	Yes....1 No.....2	Yes currently...1 Yes in past.....2 No.....3 (>> 12)	YEARS   MONTHS	Carpentry...1 Masonry.....2 Tailoring...3 Black- smithing...4 Mechanical..5 Electronics/ Electricals.6 Painting/ Spraying...7 Other.....8 (specify)	Yes, in kind.1 Yes, in cash.2 Both....3 No.....4 (>> 12)	AMOUNT	No....2 (>> NEXT MEMBER)	Clerical.....1 Prof/ Managerial...2 Computer.....3 Marketing....4 Teaching.....5 Leadership...6 Medicine.....7 Other.....8 (specify)
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SECTION 3: HEALTH  
PART A: HEALTH CONDITION IN THE PAST TWO WEEKS  
RESPONDENTS: ALL HOUSEHOLD MEMBERS.

	ID OF PERSON INTERVIEWED	1 During the past 2 weeks has (NAME) suffered from either an illness or an 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 condition?  D A Y S	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?	5 During the past 2 weeks has (NAME) consulted a health practitioner, or dentist or visited a health centre or consulted a traditional healer?  Yes.....1 No.....2 (>> PART 3B)	6 On this visit whom did (NAME) consult?  Trad. Healer...01 Doctor.....02 Dentist.....03 Nurse.....04 Medical Asst...05 Midwife.....06 Pharmacist.....07 TBA.....08 Spiritualist...09 Other(specify).10	7 What was the reason for the most recent visit?  Check up.....1 Illness.....2 Injury.....3 Vaccination.....4 Prenatal care ...5 Postnatal care ...6	8 Where did the consultation take place?  Hospital.....1 Dispensary.....2 Pharmacy.....3 Clinic.....4 Maternity Home.....5 MHC.....6 Consultant's home.....7 Patient's home.....8 Other.....9 (specify)	9 Is this a public or private facility?  Public.....1 Private....2	10 How much did (NAME) pay for this consultation?  AMOUNT
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SECTION 3: HEALTH  
PART A: HEALTH CONDITION IN THE PAST TWO WEEKS - CONTINUED

	11 How much did (NAME) pay to travel there and to return?	12 How much time did this consultation take, including travel time?	13 During the past two weeks was (NAME) admitted to a hospital or health centre on account of the illness / injury?  (INCLUDE TRADITIONAL HEALING CENTRES)  Yes.....1  No.....2 (>> 16)	14 How many nights did (NAME) stay in hospital / health centre during the past two weeks?	15 How much did (NAME) (or will (NAME) pay for staying in a hospital / health centre during the past two weeks?	16 For the past 12 months was (NAME) hospitalized for any illness or injury?  Yes.....1  No.....2	17 During the past 2 weeks did (NAME) buy any medicines or medical supplies?  Yes.....1  No.....2 (>> PART 3B)	18 How much did (NAME) pay altogether for these medicines and medical supplies?	19 Who pays for most of these health expenses including consultations and hospital stays (if any)  Household Member.....ID Other Relative.....80 Government.....81 Employer.....82 Other.....83 (specify)
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SECTION 3: HEALTH  
PART B: PREVENTIVE HEALTH, VACCINATION, IN PAST 12 MONTHS  
THIS PART COVERS ALL CHILDREN 7 YEARS AND UNDER - PERSON TO BE INTERVIEWED IS CHILD'S MOTHER OR ADULT HOUSEHOLD MEMBER IN CHARGE.

	1 Has (NAME) ever been vaccinated?	2 Were any of these vaccinations given to (NAME) during the past 12 months?  COPY FROM VACCINATION BOOK / CARD IF AVAILABLE	3 Did you have to pay any fee for this vaccination?	4 How much did you have to pay for the last vaccination?	5 Why was (NAME) not vaccinated?
I		Yes .....1 No .....2 Do not know .....3 Not applicable .....4			Too young.....1 Did not know he had to.....2 Health centre too far.....3 Shortage of supply.....4 Other.....5 (specify)
D	Yes.....1 No.....2 ( >> 5)	Type of vaccination DPT POLIO MEASLES BCG 1 2 3 1 2 3	Yes.....1 No.....2 ( >> Next Person)	>> NEXT PERSON  AMOUNT	( >> NEXT PERSON)
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SECTION 3: HEALTH  
PART C: POSTNATAL CARE  
COVERS ALL CHILDREN 5 YEARS AND BELOW - PERSON INTERVIEWED SHOULD BE THE CHILD'S MOTHER OR ADULT HOUSEHOLD MEMBER IN CHARGE.

	ID OF PERSON INTER- VIEWED	1 Did you or someone else take (NAME) to a health centre for a post- natal care in the last 12 months?  Yes.....1  No.....2 ( >> 5)	2 How many times did (NAME) go there for consultations in the last 12 months?	3 Did you have to pay for consulta- tions?	4 How much did you usually pay for one consultation?	5 Does (or did) the mother breastfeed (NAME)?  Yes.....1  No.....2 ( >> 9)	6 At what age was (NAME) weaned?  REPORT IN MONTHS  Still breast- feeding...87	7 At what age did (NAME) receive any liquid (except pure water) other than breastmilk, for the first time?  Not yet...87	8 At what age was (NAME) first given pure water?	9 At what age did (NAME) receive any food other than breastmilk, for the first time?  Not yet...87	10 Does (NAME) participate in a community feeding program?  Yes.....1  No.....2	11 Who usually looks after (NAME) during daytime?  Adult Male .....1 Adult Female ....2 Male Child .....3 Female Child .....4 Other .....5 (specify)
					AMOUNT		MONTHS	MONTHS	MONTHS	MONTHS		
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SECTION 3: HEALTH  
PART D: FERTILITY - PRENATAL CARE - CONTRACEPTIVE USE  
RESPONDENTS: WOMEN 15 TO 49 YEARS OLD. INDIVIDUALS SHOULD EACH ANSWER FOR THEMSELVES.

	ID OF PERSON INTER- VIEWED	1 Have you ever been pregnant?	2 Have you ever given birth to a child?  IF NO PROBE Even one who lived only a few hours or less.	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 .....	6 How many girls are still alive?	7 How many boys are still alive?	8 Did you have any pregnancy which did not end in a live birth?	9 How many of those pregnancies did not end in a live birth?	10 Are you pregnant now?
		Yes.....1  No.....2 (>> 21)	Yes.....1  No.....2 (>> 8)			TOTAL NUMBER OF CHILDREN  (Q.3 + Q.4)			Yes.....1  No.....2 (>> 10)		Yes.....1 (>> 15) No.....2
				GIRLS	BOYS	TOTAL	GIRLS	BOYS		NON-LIVE BIRTHS	
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SECTION 3: HEALTH  
PART D: FERTILITY - PRENATAL CARE - CONTRACEPTIVE USE  
CONTINUED

[illegible]

SECTION 3: HEALTH  
PART D: FERTILITY - PRENATAL CARE - CONTRACEPTIVE USE  
CONCLUDED

	21 Are you or your partner using any method to prevent or delay pregnancy?	22 What main method are you using?  Pill.....01 Condom.....02 IUD.....03 Injection.....04 Female sterl.....05 Male sterl.....06 Other scientific.07 Rhythm.....08 Withdrawal.....09 Douche.....10 Abstinence.....11 Other.....12 (specify)	23 IF Q.22= 01 TO 04, 07 and 10 ASK:  How much did you pay for that during the last month?	24 IF Q.22 = 01 TO 07 ASK:  Where did you get the method?  Prenatal clinic/Private ..1 Prenatal clinic/Public ...2 Hospital .....3 Maternity Home ...4 Home of practitioner ....5 Other .....6 (specify)
I				
D	Yes.....1			
	No.....2			
	(IF NO >> NEXT PERSON)			
			AMOUNT	
01				
02				
03				
04				
05				
06				
07				
08				
09				
10				
11				
12				
13				
14				
15				

SECTION 4: EMPLOYMENT AND TIME USE.  
PART A: SCREENING QUESTIONS AND LIST OF OCCUPATIONS IN PAST 12 MONTHS.  
RESPONDENT: ALL HOUSEHOLD MEMBERS AGE 7 AND ABOVE.

I would now like to ask you about your activities of the past 12 months, that is since Month

+-----+  
| | |  
+-----+

Year

+-----+  
| | | | |  
+-----+

CODE OF PERSON INTERVIEWED	1 During the past 12 months have you done work for which you received a wage or any other payment?  Yes...1 (>> 5) No....2	2 During the past 12 months have you made money including payment in kind through self-employment (for example trading?)  Yes...1 (>> 5) No....2	3 During the past 12 months have you worked on a farm, in a field or herding livestock?  Yes...1 (>> 5) No....2	4 During the past 12 months, have you worked unpaid for an enterprise belonging to a member of your household?  Yes...1 No....2 (>> Part 4F)	5 During the past 12 months, what kind of work did you spend most of your time on?  WRITE OCCUPATION NAME	6 Which of the following activities did you do?	
					MAIN OCCUPATION	CODE	CODE
01							
02							
03							
04							
05							
06							
07							
08							
09							
10							
11							
12							
13							
14							
15							

- A. AGRICULTURE:
- Cash Crops e.g.
- Cocoa.....01
  - Coffee.....02
  - Pineapple.....03
  - Oil Palm.....04
  - Sheanut/butter.....05
  - Cola nut.....06
  - Cotton.....07
  - Coconut.....08
  - Tobacco.....09
  - Sugarcane.....10
  - Other Cash Crops.....11
- Food Crops e.g.
- Maize.....12
  - Rice.....13
  - Sorghum/Millet.....14
  - Cassava.....15
  - Yam.....16
  - Cocoyam.....17
  - Plantain.....18
  - Fruits.....19
  - Vegetables.....20
  - Beans and Peas.....21
  - Other Food Crops.....22
- Activities related to the storage of crops.....23
- Activities related to Livestock products e.g.
- Cattle.....24
  - Sheep/goats.....25
  - Pigs.....26
  - Poultry.....27
  - Other livestock.....28
  - Milk, making butter, etc.....29
- Activities related to Forestry products e.g.
- Hunting.....30
  - Logging.....31
  - Firewood gathering and other forestry products.....32
  - Marine fishing.....33
  - Inland fishing.....34
- B. MINING/QUARRYING: .....35
- C. MANUFACTURING/PROCESSING:
- Production of charcoal.....36
  - Milling (incl. hand milling)....37
  - Slaughtering and Meat processing.....38

SECTION 4: EMPLOYMENT AND TIME USE.  
PART A: CONT'D.

7 During the past 12 months, did you do any other work beside MAIN OCCUPATION?		8 What kind of work?  WRITE NAME FROM OCCUPATION LIST. WRITE UP TO 4 OCCUPATIONS IN ORDER OF AMOUNT OF TIME SPENT ON THEM.				9 Did you undertake any of these occupations over the same period as the main occupation?		CODES FOR QUESTION 6: CONT'D.		J. COMMUNITY/SOCIAL AND PERSONAL SERVICES:	
Yes .....1						Yes .....1		Other food processing (eg. canning, beer brewing, etc.....39		Personal services.....62	
No .....2 (> 11)						No .....2 (> 11)		Making basket, furniture, pot and other handicraft.....40		Beauty care services.....63	
		OCC.2   CODE   OCC.3   CODE   OCC.4   CODE						Spinning, weaving, tailoring and dressmaking.....41		Hairdressing/barbering.....64	
								Other manufacturing, repair, maintenance (not for own use....42		Domestic service/laundry.....65	
								D. ELECTRICITY, WATER AND GAS:		Entertainment and recreational services.....66	
								E. CONSTRUCTION/MAJOR REPAIR OR MAINTENANCE:		Government services.....67	
								Construction of building/ fences.....44		International organs./NGOs.....68	
								Roads/Bridges.....45			
								Other construction activities...46			
								Fa. WHOLESALE/RETAIL TRADE:.....47			
								Fb. RESTAURANTS/HOTELS AND FOOD SELLERS:.....48			
								G. TRANSPORT, STORAGE AND COMMUNICATION:			
								Carrying loads to and from market (not for own use)			
								eg. 'Kayayoo'.....49			
								Driving.....50			
								River/Lake Transport.....51			
								Operation of Communication centres.....52			
								Coldstore operations.....53			
								Private Warehousing/Commercial silos.....54			
								H. FINANCE/INSURANCE/REAL ESTATES AND BUSINESS SERVICES:			
								Money lending.....55			
								Suusu operators.....54			
								Forex Bureaux.....55			
								Consultancies.....56			
								Real estates.....60			
								rental agents.....61			
								I. COMMUNITY/SOCIAL AND PERSONAL SERVICES:			
								Personal services.....62			
								Beauty care services.....63			

SECTION 4: EMPLOYMENT AND TIME USE.  
PART A: CONCL'D.

10 Which occupations were done at the same time as your main occupation?  WRITE OCCUPATION NUMBER FROM QUESTION 8	11 How many weeks in the last 12 months did you work the whole week? This includes paid leave or sick leave.	12 How many of these weeks (in Q.11) were you available for extra work?	13 How many of these weeks (in Q.11) were you not available for extra work?	14 How many weeks in the last 12 months did you work only part of the week?	15 How many of these weeks (in Q.14) were you available for extra work?	16 How many of these weeks (in Q.14) were you not available for extra work?	17 How many weeks in the last 12 months did you not work at all?	18 How many of these weeks (in Q.17) were you available for work?	19 How many of these weeks (in Q.17) were you not available for work?
OCCUPATION NUMBER	WEEKS	WEEKS	WEEKS	WEEKS	WEEKS	WEEKS	WEEKS	WEEKS	WEEKS
01									
02									
03									
04									
05									
06									
07									
08									
09									
10									
11									
12									
13									
14									
15									

SECTION 4: EMPLOYMENT AND TIME USE  
PART B: CHARACTERISTICS OF THE MAIN OCCUPATION

I would now like to ask you about your main occupation in the past 12 months. You said, this was ..... INTERVIEWER: SEE PART A, QUESTION 5.

1	2	3	4	5	6
Are you still doing the work now?	Why are you not doing the same work?	Did your father or mother do the same kind of work?	Describe the activity (WRITE NAME OF INDUSTRY)	Have you received or will you receive money for this work?	What is the amount?
	Sacked from job.....1 Job Completed...2 Seasonal Work...3 Firm Closed....4 Found/Preferred other work.....5 Other.....6 (SPECIFY)	Yes...1 No....2	NAME OF INDUSTRY	ISIC CODE	Yes...1 No....2 (>> 8)
Yes...1 (>> 3) No...2					AMOUNT
					TIME UNIT
01					
02					
03					
04					
05					
06					
07					
08					
09					
10					
11					
12					
13					
14					
15					

TIME	UNIT
Daily .....	1
Weekly .....	2
Fort-nightly ...	3
Monthly .....	4
Quarterly .....	5
Yearly .....	6



SECTION 4: EMPLOYMENT AND TIME USE											
PART B: CONT'D.											
7 The last time you received this money, how many hours did you actually work in earning it?		8 In this connection, are you:	9 For whom did you work?	10 Are taxes already deducted from your pay?	11 Do you receive any bonuses, commissions, tips, or allowances for this work?	12 What is the value of these?		13 Did you include these when you said you received (ANSWER TO QUESTION 6)?	14 Do you receive any payment for this work in the form of food, crops or animals?	15 What is the value of these goods?	16 Does your employer give you accomodation that is free or at a reduce price?
ANSWER MUST BE IN SAME TIME UNIT AS Q.6		A paid employee....1	Working on own or family agric. activity, (ie. farming, fishing animal rearing/ poultry/ hunting).....01	Yes....1  No....2	Yes...1  No....2 (>> 14)			Yes....1  No.....2	Yes.....1  No.....2 (>> 16)		Yes.....1  No.....2 (>> 18)
		Self-employed (non-agric.) with employees....2	Employee in a wage job Government Sector.....02								
		without employees.3	Parastatals.....03								
		Unpaid family worker (non-agric.).....4	N.G.Os.....04								
		Self-employed (agric.).....5	Co-operatives.....05								
		Unpaid family worker (agric.).....6	International Organ./ Diplomatic Missions.....06								
HOURS	TIME UNIT		Private Sector (include paid apprentices).....07			VALUE	TIME UNIT			VALUE	TIME UNIT
			Self-employed(other than agric) Self-employed in a business with employees.....08								
			Self-employed in a business without employees.....09								
			Unpaid work in family busi...10								
			Other (Specify).....96								
01											
02											
03											
04											
05											
06											
07											
08											
09											
10											
11											
12											
13											
14											
15											

SECTION 4: EMPLOYMENT AND TIME USE  
PART B: CONT'D.

17 How much rent would you have to pay for this place without this help?		18 Does your employer give you free transport or reduced fares?  Yes.....1 No.....2 (>> 20)		19 How much do you gain from this arrangement?		20 Do you receive any payment for this work in any other form?  Yes.....1 No.....2 (>> 22)		21 What is the value of this form of payment?		22 Is your place of work in this vilage/town?  Yes.....1 (>> 25) No.....2		23 How far away is it?		24 How often do you go between your house and your place of work?		25 How many people altogether work in the same organization where you do this work?		26 When you started this work did you sign a written contract?  Yes...1 No....2		27 Is there a trade union at the place where you work?  Yes...1 No....2	
VALUE	TIME UNIT			VALUE	TIME UNIT			VALUE	TIME UNIT			KMS	NUMBER OF TRIP	TIME UNIT		NUMBER					
01																					
02																					
03																					
04																					
05																					
06																					
07																					
08																					
09																					
10																					
11																					
12																					
13																					
14																					
15																					

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

SECTION 4: EMPLOYMENT AND TIME USE  
PART B: CONCL'D.

28	29	30	31	32	33	34	35	36	37	38
In this job are you entitled to paid holidays?	Are you entitle to to paid sick leave in this job?	Will you receive a retirement pension?	Are you entitled to free or subsidized medical care in this job?	Are you entitled to any other social security benefits in this job?	Since you started this job, have you received any training related to your work?	How long did the training last?	How many hours a week did you receive this training?	Who paid for the training?	Was/is your salary lower during training?	By how much was/is it lower?
Yes.....1 No.....2	Yes.....1 No.....2	Yes.....1 No.....2	Yes...1 No....2	Yes...1 No....2	Yes...1 No....2 (>> PART 4C)	MONTHS WEEKS	HOURS	Myself entirely....1 Employer entirely....2 Both Cost was shared..3 It was free..4 International Agency.....5 Other.....6 (specify)	Yes...1 No....2 (>> PART 4C)	WRITE DIFFERENCE BETWEEN NORMAL SALARY AND SALARY WHILE TRAINING
										AMOUNT  TIME UNIT
01										TIME UNIT
02										Daily.....1
03										Weekly.....2
										Fortnightly...3
										Monthly.....4
										Quarterly.....5
										Yearly.....6
04										
05										
06										
07										
08										
09										
10										
11										
12										
13										
14										
15										

SECTION 4: EMPLOYMENT AND TIME USE  
PART C: SECONDARY OCCUPATION DURING THE PAST 12 MONTHS  
(CHECK IF QUESTION 6 IN PART A = 1. IF YES PROCEED WITH THIS SECTION. IF NO, GO TO PART 4G.)  
Now, I would like to ask you about your second most important occupation during the past 12 months. This job was (OCCUPATION 2 FROM PART A: Q.8.) Is this correct?

1 What kind of trade, service or industry is this work connected with?  (Describe the activity)		2 How long have you been doing this work altogether?		3 Are you still doing the same work?	4 Why are you not doing the same work?  Sacked from job.....1 Completed job..2 Seasonal work..3 Firm closed....4 Found/preferred other work....5 Other.....6 (SPECIFY)	5 Did your father or mother do the same kind of work?  Yes...1  No....2	6 During the past 12 months, for how many weeks did you do this work?	7 During these weeks, how many hours per week did you normally work?	8 Did you work on this job at the same time as your main job?  IF YES How long did you do both altogether?  IF NO WRITE 00	9 Have you received or will you receive money from this work?  Yes...1  No....2 (>> 12)	TIME UNIT
NAME OF INDUSTRY	ISIC CODE	YEARS	MONTHS				WEEKS	HOURS	WEEKS		
01											Daily.....1
02											Weekly.....2
03											Fort-nightly...3
											Monthly....4
											Quarterly..5
											Yearly.....6
04											
05											
06											
07											
08											
09											
10											
11											
12											
13											
14											
15											

SECTION 4: EMPLOYMENT AND TIME USE  
PART C: CONT'D.

10 What is the amount? (include any bonuses commissions, or trips received)		11 The last time you received this money, how many hours did you actually work in earning it?  ANSWER MUST BE IN THE SAME TIME UNIT AS Q.10	12 For whom did you work? Working on own or family agricultural activity,(ie. farming, fishing, animal rearing/poultry/hunting.....01 Employee in a wage job Government Sector.....02 Parastatals.....03 N.G.Os.....04 Co-operatives.....05 International Organ./Diplomatic Missions..06 Private Sector (Include paid apprentices)...07 Self-employed (other than agriculture Self-employed in a business with employees.08 Self-employed in a business without empl's.09 Unpaid work in a family business.....10 Other.....11 (Specify)		13 Are taxes already deducted from your pay   Yes...1  No....2	14 Do you receive any payment for this work in the form of food, crops or animals?   Yes...1  No....2 (>> 16)	15 What is the value of these goods?    VALUE TIME UNIT		16 Do you recieve any payment for this work in any form such as free or subsidized housing, trans portation, or other goods or services?  Yes...1  No....2 (>> 18)
01									
02									
03									
04									
05									
06									
07									
08									
09									
10									
11									
12									
13									
14									
15									

TIME UNIT
Daily.....1
Weekly.....2
Fortnightly..3
Monthly.....4
Quartely.....5
Yearly.....6

SECTION 4: EMPLOYMENT AND TIME USE  
PART C: CONCL'D.

17	18	19	20	21	22	23	24	25	26	27
How much do you gain from this?	Is your place of work in this village/town?	How far away is it?	How often do you go between this house and your place of work	How many people altogether work in the same organization?	When you started work, did you sign a written contract?	Is there a trade union at the place where you work?	Are you entitled to paid holidays or paid sick leave in this work?	Are you entitled to Social Security benefits in this job?	Since you started this job, have you received any training related to the work?	How long did the training last?
	Yes.....1				Yes.....1	Yes.....1	Yes.....1	Yes.....1	Yes.....1	
	No.....2				No.....2	No.....2	No.....2	No.....2	No.....2	
VALUE	TIME UNIT	(>> 20)	KMS	NUMBER OF TRIPS	TIME UNIT				(>> PART 4D)	MONTHS WEEKS
01										
02										
03										
04										
05										
06										
07										
08										
09										
10										
11										
12										
13										
14										
15										

TIME UNIT
Daily.....1
Weekly.....2
Fort-nightly...3
Monthly.....4
Quarterly.....5
Yearly.....6

SECTION 4: EMPLOYMENT AND TIME USE  
PART D: THIRD OCCUPATION DURING THE PAST 12 MONTHS  
(CHECK IF RESPONDENT LISTED THIRD OCCUPATION IN PART A - QUESTION 8. IF YES, PROCEED WITH THIS PART. IF NO, GO TO PART G.)  
Now. I would like to ask you about your third most important occupation during the past 12 months. This was (OCCUPATION FROM PART A: Q.8). Is this correct?

1 What kind of trade, service or industry is this work connected with?  (Describe activity)	2 How long have you been doing this work altogether?	3 Are you still doing the same work?	4 Why are you not doing the same work?  Sacked from job.....1 Completed job..2 Seasonal work..3 Firm closed....4 Found/preferred other work.....5 Other.....6 (SPECIFY)	5 During the past 12 months, for how many weeks, did you do this work?	6 During these weeks, how many hours per week did you normally work?	7 Did you work on this job at the same time as your secondary job?  IF YES How long did you do both together?  IF NO WRITE 00	8 Have you received or will you receive money for this work?  Yes...1  No....2 (>> 11)	9 What is the amount? (Include any bonuses commissions, allowances, or tips received.)		
N A M E	ISIC CODE	YEARS MONTHS		WEEKS	HOURS	WEEKS		AMOUNT	TIME UNIT	TIME UNIT
01										Daily....1
02										Weekly...2
03										Fort-nightly..3
										Monthly...4
										Quarterly..5
										Yearly...6
04										
05										
06										
07										
08										
09										
10										
11										
12										
13										
14										
15										

SECTION 4: EMPLOYMENT AND TIME USE  
PART D: CONCL'D.

10 The last time you received this money, how many hours did you actually work in earning it?  ANSWER MUST BE IN THE SAME TIME UNIT AS Q.9	11 In this occupation, are you:  A paid employee.....1 Self-employed (non-agric.) with employees.....2 without employees.....3 Unpaid family worker (non-agric.)..4 Self-employed (agric.).....5 Unpaid family worker (agric.).....6	12 For whom did you work?  Working on own or family agricultural activity,(ie. farming, fishing, animal rearing/poultry/hunting.....01 Employee in a wage job Government Sector.....02 Parastatals.....03 N.G.Os.....04 Co-operatives.....05 International Organ./Diplomatic Missions..06 Private Sector (Include paid apprentices)...07 Self-employed (other than agriculture Self-employed in a business with employees.08 Self-employed in a business without empl's.09 Unpaid work in a family business.....10 Other.....11 (specify)	13 Do you receive any payment for this work in the form of goods or services?  Yes.....1 No.....2 (>> PART 4E)	14 What is the value of the goods or sevicees provided?  VALUE   TIME UNIT	
01					
02					
03					
04					
05					
06					
07					
08					
09					
10					
11					
12					
13					
14					
15					



Now, I would like to ask you about your fourth most important occupation during the past 12 months. This was (OCCUPATION 4 IN PART A: Q8). Is this correct?

4.13

SECTION 4: EMPLOYMENT AND TIME USE						
PART E: CONCL'D.						
10	11	12	13	14		
The last time you received this money, how many hours did you actually work in earning it?	In this occupation, are you:	For whom did you work?	Do you receive any payment for this work in the form of goods or services?	What is the value of the goods or services provided?		
ANSWER MUST BE IN THE SAME TIME UNIT AS Q.9	A paid employee.....1	Working on own or family agricultural activity,(ie. farming, fishing, animal rearing/poultry/hunting.....01	Yes.....1 No.....2) (>> PART 4F)	VALUE		TIME UNIT
	Self-employed (non-agric.)	Employee in a wage job				
	with employees.....2	Government Sector.....02				
	without employees.....3	Parastatals.....03				
	Unpaid family worker (non-agric.).....4	N.G.Os.....04				
	Self-employed (agric.).....5	Co-operatives.....05				
	Unpaid family worker (agric.).....6	International Organ./Diplomatic Missions...06				
		Private Sector (Include paid apprentices)...07				
		Self-employed (other than agriculture				
		Self-employed in a business with employees.08				
		Self-employed in a business without empl's.09				
	Unpaid work in a family business.....10					
	Other.....11					
	(Specify)					
01						Daily.....1
02						Weekly....2
03						Fort- nightly..3
						Monthly...4
						Quarterly.5
						Yearly....6
04						
05						
06						
07						
08						
09						
10						
11						
12						
13						
14						
15						

SECTION 4: EMPLOYMENT AND TIME USE						
PART F: EMPLOYMENT SEARCH IN THE PAST 12 MONTHS						
1 During the past 12 months, for how many weeks altogether were you without any work?	2 During the past 12 months, how many weeks were you available for work?	3 In the last 12 months were you available for Full-time or Part-time work?  Full-time.....1 Part-time.....2 Either.....3	4 Have you made any effort within the past 12 month to find work?  Yes.....1 (>> 6) No.....2	5 Why didn't you look for work within the past 12 months. (CIRCLE MOST IMPORTANT ONLY)  Thought no work available..1 Awaiting reply to earlier enquiries.....2 Waiting to start arranged job, business or agric...3 Off season in agric.....4 Other (specify).....5 (>> 10)	6 During the past 12 months, how many weeks did you actively look for work?  IF ANSWER IS SAME AS Q.2 (>> Q.8)	7 Why did you not look for work throughout the period you were available for work?  Thought no work available.....1 Awaiting reply to earlier enquiries...2 Waiting to start arranged job, business or agriculture.....3 Off season in agriculture.....4 Occupied with home duties.....5 Illness.....6 Full time student.....7 Personal or family reasons.....8 Other.....9 (SPECIFY)
WEEKS	WEEKS				WEEKS	
01						
02						
03						
04						
05						
06						
07						
08						
09						
10						
11						
12						
13						
14						
15						

SECTION 4: EMPLOYMENT AND TIME USE  
PART F: CONT'D.

	8 What did you do in the past 12 months to find work? (CIRCLE MOST IMPORTANT ONLY)  Applied to prospective employers.....1 Checked at farms, factories or work sites.....2 Asked friends and relat. ..3 Took action to start business.....4 Other.....5 (specify)  ..... ..... .....	9 Were you mainly looking for wage/salary work, self employment, or either one?  Wage Work.....1 Self-employment.....2 Either.....3  +-----+   >> Part 4G   +-----+	10 Are you still unemployed?  Yes.....1 No.....2 (>> 4H)	11 For how long have you been unemployed?  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 More than 2 years...6 Not applicable.....7	12 What sort of work did you do in your last job? (ie. What were your main tasks or duties)?  (DESCRIBE ACTIVITY FULLY) IF NEVER WORKED, WRITE NONE   O C C U P A T I O N  ISCO CODE	13 What type of employment do you hope for now?  Paid employment (Wage job)....1 Self-employment (Non-agric)...2 Self-employment (Agriculture incl. livestock & fishing)..3 Other (specify).....4
01						
02						
03						
04						
05						
06						
07						
08						
09						
10						
11						
12						
13						
14						
15						

SECTION 4: EMPLOYMENT AND TIME USE  
PART F: CONCL'D.

14	15	16
If you intend to start a new bus business, how will you mobilize funds?	Have you received or are you receiving any training or apprenticeship in any career oriented skills?	How was/is your training/apprenticeship finances?
Rely on parents for financial support.....01		Paid for solely by parents.....01
Loans/borrowed money.....02		From personal savings.....02
Remittances from Abroad.....03		Loans/borrowed money.....03
Proceeds from family farm.....04	YES: Formal.....1	Remittances from Abroad.....04
Proceeds from family non-farm enterprise.....05	YES: Informal.....2	Proceeds from family farm.....05
Income from family property.....06	NO.....3	Proceeds from family non-farm enterprise.....06
District Assembly/Town Dev. Association support.....07		Income from family property(ies)..07
Church assistance.....08		NGO support.....08
Relatives/friends.....09		Government scholarship.....09
Other.....96		District Assembly/Town Dev. Association support.....10
(Specify)		Church assistance.....11
		Relatives/friends.....12
		Other (specify).....96
01		
02		
03		
04		
05		
06		
07		
08		
09		
10		
11		
12		
13		
14		
15		

SECTION 4: EMPLOYMENT AND TIME USE  
PART G: ACTIVITY STATUS AND EMPLOYMENT SEARCH IN THE LAST 7 DAYS

1	2	3	4	5	6
Did you do any work for pay, profit, family gain or did you produce anything for barter or home use during the last 7 days? (Including Temporary Absence from work)	In the past 7 days, which of the previous occupations we discussed was your main activity?	How many hours did you work each day in the last 7 days in your main economic activity and in any other economic activity?	During the past 7 days, did you want to work more hours?	In the past 7 days, did you look for replacement work?	Were you available for work during the last 7 days
Yes.....1	WRITE OCCUPATION NUMBER	INTERVIEWER: Probe hours worked for each activity in the last 7 days. Zero hours is acceptable for persons with a job/business			Yes.....1 ( >> 8 ) No.....2
No.....2 ( >> 6 )	Other occupation....6 Not Working.....7 ( >> 5 )	DAY   MAIN ECONOMIC ACTIVITY   SECONDARY ECONOMIC ACTIVITY(S)   TOTAL (T)			
	IF ANSWER = 6 CHECK THAT PART B-E ARE FILLED OUT	1ST SEC.   2ND SEC.   3RD SEC.	Yes.....1	Yes.....1 ( >> 8 ) No.....2 ( >> PART 4H )	
		TOTAL	No.....2		
01					
02					
03					
04					
05					
06					
07					
08					
09					
10					
11					
12					
13					
14					
15					

SECTION 4: EMPLOYMENT AND TIME USE  
PART G: CONT'D.

7	8	9	10	11	12
Why were you not available for work?	In the last 7 days were you available for Full-time or Part-time job?	Have you made any effort within the past 7 days to find work?	Why haven't you made any effort within the past 7 days to find work?	What did you do in the past 7 days to find work?	In the past 7 days, were you mainly looking for wage/salary employment, self-employment or either one?
In School.....1 Household duties.....2 Too old.....3 Sick.....4 Disabled.....5 Other.....6 (specify)	Full-time...1 Part-time...2 Other.....3	Yes.....1) (> 11) No.....2)	Thought no work available.....01 Awaiting reply to earlier enquiries.....02 Waiting to start arrange job, business or agriculture.....03 Off season in agric. .04 Occupied with home duties.....05 Illness/Injury.....06 Full time student.....07 Trying to set up new business.....08 On vacation.....09 Other (specify).....10	Applied to prospective employers.....1 Checked at farms, factories or work sites...2 Asked friends and relatives.....3 Took action to start business.....4 Took action to start agricultural activity..5 Other (specify) .....6	Wage employment..1 Self-employment..2 Either.....3
01					
02					
03					
04					
05					
06					
07					
08					
09					
10					
11					
12					
13					
14					
15					

SECTION 4: EMPLOYMENT AND TIME USE  
PART G: CONCL'D.

13	14	15	16	17	18	19	20		
In the past 7 days, did you make an effort to work for the Government or State enterprise?	In the past 7 days, did you make an effort to work in a large private firm?	In the past 7 days, did you make an effort to work?	In the past 7 days, did you actively seek to obtain work in another type of institution?	For how long have you been available for work?	For how long have you been unemployed?	What sort of work did you do in your last job? (ie. What were your main tasks or duties)?	What is the lowest wage for willing to work for someone?		
				Less than 1 month.....1 1 month but less than 3 months...2 3 months but less than 6 months...3 6 months but less than 1 year.....4 1 year but less than 2 years....5 2 years.....6 More than 2 years.....7	(STATE IN MONTHS)	(DESCRIBE ACTIVITY FULLY) IF NEVER WORKED, WRITE NONE, AND SKIP TO PART 4J			
Yes.....1 No.....2	Yes.....1 No.....2	Yes.....1 No.....2	Yes.....1 No.....2		MONTHS +----+       +----+				
						OCCUPATION	ISCO CODE	AMOUNT	TIME UNIT
01									
02									
03									
04									
05									
06									
07									
08									
09									
10									
11									
12									
13									
14									
15									

TIME UNIT	
Daily .....	1
Weekly.....	2
Fort-nightly...	3
Monthly.....	4
Quarterly.....	5
Yearly.....	6



SECTION 4: EMPLOYMENT AND TIME USE

PART H: EMPLOYMENT HISTORY

Now, I would like to ask you about the jobs you did prior to the last 12 months, that is before

Month

Year

1. CHECK IF RESPONDENT REPORTED A MAIN OCCUPATION IN PART B. IF YES, WRITE OCCUPATION NAME ( >> 5 )	2. Have you ever worked?	3. How many years ago did you last work?	4. What was that work?  WRITE OCCUPATION NAME  ( >> 6 )	5. What was your main occupation before you were employed in...(MAIN OCCU- PATION IN LAST 12 MONTHS)?  WRITE NAME OF OCCUPATION, OR IF	6. What kind of trade or industry was that work connected to?  WRITE INDUSTRY NAME	7. In that occupation, were you mainly working for regular pay?	8. Who were you working for?  Government....1 State-Owned Company.....2 Private Company or Business.....3 Other.....4+ (SPECIFY)	9. How long did you work in that occupation?	
OCCUPATION	CODE	YEARS	OCCUPATION	CODE	OCCUPATION	CODE	NAME	CODE	YEARS
01									
02									
03									
04									
05									
06									
07									
08									
09									
10									
11									
12									
13									
14									
15									

SECTION 4: EMPLOYMENT AND TIME USE  
PART J: HOUSEKEEPINGRESPONDENT: ALL HOUSEHOLD MEMBERS 7 YEAR AND OLDER

Now, I would like to ask you about time spent on housekeeping activities in the household.

1. Have you spent any time in the last 7 days fetching wood for the household?	2. How many hours in the last 7 days did you spend fetching wood including travel time?	3. Have you spent any time in the last 7 days fetching water for the household?	4. How many hours in the last 7 days did you spend fetching water including travel time?	5 Have you spent any time in the last 7 days ironing clothes for the household?	6 How many hours in the last 7 days did you spend ironing clothes?	7 Have you spent any time in the last 7 days taking care of children in the household?	8 How many hours in the last 7 days did you spend taking care of children in the house- hold inclu- ing travel time?
Yes.....1		Yes.....1		Yes.....1		Yes.....1	
No.....2 ( >> 3)		No.....2 ( >> 5)		No.....2 ( >> 7)		No.....2 ( >> 9)	
	HOURS		HOURS		HOURS		HOURS
01							
02							
03							
04							
05							
06							
07							
08							
09							
10							
11							
12							
13							
14							
15							

SECTION 4: EMPLOYMENT AND TIME USE  
PART J: CONT'D.

9	10	11	12	13	14	15	16	17	18	19	20
Have you spent any time in the last 7 days washing motor vehicles for the household?	How many hours in the last 7 days did you spend washing motor vehicles including travel time?	Have you spent any time in the last 7 days sweeping for the household? Yes.....1 No.....2 (>> 13)	How many hours in the last 7 days did you spend sweeping including travel time? +-----+ HOURS	Have you spent any time in the last 7 days disposing of garbage for the household? Yes.....1 No.....2 (>> 15)	How many hours in the last 7 days did you spend disposing of garbage? +-----+ HOURS	Have you spent any time in the last 7 days cooking for the household? Yes.....1 No.....2 (>> 17)	How many hours in the last 7 days did you spend cooking for the household? +-----+ HOURS	Have you spent any time in the last 7 days marketting or shopping for the household? Yes.....1 No.....2 (>> 19)	How many hours in the last 7 days did you spend shopping for the household including travel time? +-----+ HOURS	Have you spent any time in the last 7 days running errands for the household? Yes.....1 No.....2 (>> 21)	How many hours in the last 7 days did you spend running errands for the household including travel time? +-----+ HOURS
01											
02											
03											
04											
05											
06											
07											
08											
09											
10											
11											
12											
13											
14											
15											

SECTION 4: EMPLOYMENT AND TIME USE  
PART J: CONCL'D.

21 Have you spent any time in the last 7 days washing dishes for the household?	22 How many hours in the last 7 days did you spend washing dishes for the household?	23 Have you spent any time in the last 7 days doing other housekeeping activities?  Yes.....1  No.....2 (>> Next Person)	24 How many hours in the last 7 days did you spend on these activities?  (>> Next Person)
	HOURS		HOURS
01			
02			
03			
04			
05			
06			
07			
08			
09			
10			
11			
12			

SECTION 5: MIGRATION  
RESPONDENTS ARE ALL HOUSEHOLDS 15 YEARS OR OLDER

ID OF PERSON INTER- VIEWED	1	2	3	4	5	6	REGION
	Were you born here?  (PRESENT PLACE OF RESIDENCE)	Have you always lived in this village/town?	Have you ever moved away from this village/town for more than a year and returned here?	How long ago did you move to this place?	In which region or country were you living before you came to this village/town?  SEE CODE LIST IN RIGHT MARGIN  (IF COUNTRY, WRITE COUNTRY CODE AND >> 7)	Where was that place you were living before?  Accra.....1 Kumasi.....2 S'edi/T'adi.....3 Tamale.....4 Other urban area...5 Rural area.....6	
	Yes.....1 No.....2 (>> 3)	Yes..1 (>>NEXT PERSON) No...2	Yes.....1 No.....2	YEARS   MONTHS			COUNTRY
							B/Faso.....11 C/Ivoire....12 Mali.....13 Nigeria....14 Togo.....15 Other.....16 (specify)
01							
02							
03							
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11							
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13							
14							
15							

SECTION 5: MIGRATION  
RESPONDENTS ARE ALL HOUSEHOLDS 15 YEARS OR OLDER (Cont'd.)

ID	7	8	9	10
	What was your main work in (NAME OF PLACE)?	In what trade or industry was this work?	Whom were you working for?	What was the main reason for moving from (NAME OF PLACE, Q.6)?
	WRITE NAME OF OCCUPATION	WRITE NAME OF TRADE		
NO.	Full time education.....96 ( >> 10)		Government...1	Own employment...1
	Looking for work.....97 ( >> 10)		State owned	Spouse's
	Other activity.....98 (specify) ( >> 10)		Company....2	Employment...2
	No activity.....99 ( >> 10)		Private	Marriage.....3
			Company or	Other family
			business...3	Reasons.....4
			Other.....4	School.....5
			(specify)	Drought/War....6
				Other.....7 (specify)
	O C C U P A T I O N	I N D U S T R Y		
	CODE	CODE		
01				
02				
03				
04				
05				
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11				
12				
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HOUSEHOLD ROSTER			
ID	A	B	N A M E
N	M	A	
U	E	G	
M	M	E	
B	B		
E	E		
R	R		
01			
02			
03			
04			
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06			
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14			
15			

SECTION 6: IDENTIFICATION OF RESPONDENTS FOR SECTIONS 8, 9 AND 10  
QUESTIONS TO BE ASKED TO THE HEAD OF HOUSEHOLD

1. During the past 12 months did any member of the household own and/or operate a farm or kept livestock Yes...1 +-----+ or engaged in fishing? No...2 (> 4) |-----| +-----+

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


TRANSFER THESE NAMES TO THE AGRICULTURE SECTION 8 PART A.

3. Which household members are responsible for fishing?


TRANSFER THESE NAMES TO THE AGRICULTURE SECTION 8 PART A.

4. Are any crops or fish caught and processed for sale or use by household, (e.g. cassava flour, maize flour, cassava chips, shelled groundnuts)?

Yes.....1 +-----+ IF Q1 = 1 AND Q4 = 2 >> 5  
No.....2 +-----+ IF Q1 = 2 AND Q4 = 2 >> 6

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

NAME	ID	PROCESSING ACTIVITY

TRANSFER THESE NAMES TO THE AGRICULTURE SECTION 8 PART G.

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

NAME	ID

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



SECTION 6: CONT'D.

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

NAME	ID

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

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

Yes....1 +---+  
No.....2 >> SECTION 7 | |  
+---+

9. Please tell me all such trades, business, services and professions, together with the name of the household member who would know most about each one.

ENTERPRISE/ACTIVITY NAME	INDUSTRY CODE	PERSON RESPONSIBLE	ID

10. Which of these bring most money? (UP TO 3 IN ORDER)

ENTERPRISE/ACTIVITY NAME	INDUSTRY CODE	ID OF PERSON RESPONSIBLE

TRANSFER THESE  
NAMES TO THE  
NON-FARM  
ENTERPRISES  
SECTION 10

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. TYPE OF DWELLING (CURRENT)

Single Family House.....1

Apartment/Flat.....2

Room(s) [Compound House].....3

Room(s) [Other Type].....4

Several Huts/Bldgs [same Cpds]...5

Several Huts/Bldgs [diff Cpds]...6

Other.....7

(SPECIFY)

2. How many rooms does this household occupy? (DO NOT INCLUDE BATHROOMS, TOILETS, KITCHEN)

3. Do other households share this dwelling with you?

Yes...1

No....2

PART B: OCCUPANCY STATUS OF THE DWELLING:

1. What is your present occupancy status?

Owning .....1 (>> 7C Q.6)

Renting .....2

House provided rent-free ....3

Perching .....4 (>> 7D)

2. From whom do you rent this dwelling?

Relative .....1

Private employer .....2

Government .....3

Private individual/agency ...4

Other .....5

(specify)

PART C: HOUSING EXPENDITURE

1. How much does the household pay in cash for the rent?  
(IF FREE, PUT ZERO)

AMOUNT

TIME UNIT

Time Unit: Daily...1 Monthly...3 Half Yearly...5

Weekly..2 Quarterly..4 Yearly.....6

2. Does your household also supply goods or services in exchange for this dwelling?  
(IF RENT FREE, PUT ZERO)

Yes .....1

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

3. What is the appropriate value of thess goods and services provided by your household?  
(IF RENT FREE, PUT ZERO)

AMOUNT

TIME UNIT

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

Yes .....1

No .....2

(>> 6)

5. Who pays?

Relative .....1

Private employer .....2

Government .....3

Private individual/agency .....4

Other .....5

(specify)

SECTION 7: CONTINUED

PART C: HOUSING EXPENDITURE (Contd.)

6. How much did you spend for construction or repair costs and painting in the last 12 months?

AMOUNT	+-----+   +-----+
--------	-------------------------

PART D: UTILITIES AND AMENITIES

1. What is the source of drinking water for your household?

Indoor plumbing .....01 (>> 3)  
Inside standpipe.....02 (>> 3)  
Water vendor.....03 (>> 5)  
Water truck/tanker service....04 (>> 3)  
Neighbouring household.....05 (>> 5)  
Private outside standpipe/tap..06 (>> 5)  
Public standpipe.....07 (>> 5)  
Well with pump.....08  
Well without pump.....09  
River, lake, spring, pond.....10  
Rainwater.....11 (>> 8)  
Other .....12  
(specify)

+-----+
+-----+

2. How far is this .....(SOURCE OF WATER) from your dwelling?

+-----+	+-----+
DISTANCE	DISTANCE CODE
+-----+	+-----+

(>> 8)

3. Do you pay or share a regular bill from the water company?

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

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

AMOUNT	+-----+	TIME UNIT	+-----+
+-----+	+-----+	+-----+	+-----+

5. How much have you paid to a private water vendor, neighbour or standpipe in the last 2 weeks?

AMOUNT	+-----+
+-----+	+-----+

6. Did you sell any water to someone else?

Yes .....1	+-----+
No .....2	
(>> 8)	+-----+

7. How much did you receive for the water sold in the last 2 weeks?

AMOUNT	+-----+
+-----+	+-----+

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

Electricity (mains).....1	+-----+
Generator.....2 (>> 10)	
Kerosine, Gas, Lamp.....3 (>> 10)	+-----+
Candles/torches (flashlights)..4 (>> 10)	

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

AMOUNT	+-----+	TIME UNIT	+-----+
+-----+	+-----+	+-----+	+-----+

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

Wood.....1  
Charcoal.....2  
Gas.....3  
Electricity.....4  
Kerosine.....5  
Other.....6  
(specify)

+-----+
+-----+

11. How does your household get rid of rubbish?

Collected.....1  
Dumped by household..2 (>> 13)  
Burned by household..3 (>> 13)  
Buried by household..4 (>> 13)

+-----+
+-----+

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

+-----+
DISTANCE CODE
+-----+
Yard.....1
Metre.....2
Kilometre.....3
Mile.....4
+-----+

SECTION 7: CONTINUED

PART D: UTILITIES AND AMENITIES (Contd.)

12. How much did your household pay for rubbish disposal?

AMOUNT

TIME UNIT

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

Flush toilet.....1

Pit latrine.....2

Pan/bucket.....3

KVIP.....4

No toilet.....5

(SPECIFY)

PART E: PHYSICAL CHARACTERISTICS OF THE DWELLING

1. MAIN CONSTRUCTION MATERIAL OF OUTSIDE WALLS:

Mud/Mud bricks.....1

Wood.....2

Corrugated iron.....3

Stone/Burnt bricks.....4

Cement/Sandcrete.....5

Other.....6

(SPECIFY)

2. MAIN FLOORING MATERIAL:

Earth/Mud.....1

Wood.....2

Stone/Brick.....3

Fibre-glass.....4

Cement/Concrete.....5

Other.....6

(SPECIFY)

3. MAIN ROOF MATERIAL:

Thatch (grass, straw).....1

Wood.....2

Corrugated iron.....3

Cement/Concrete.....4

Asbestos.....5

Other.....6

(SPECIFY)

TIME UNIT

Daily.....1

Weekly.....2

Monthly.....3

Quarterly.....4

Half yearly.....5

Yearly.....6

4. DETAILED SKETCH OF THE DWELLING

5. MEASURES TAKEN:

Inside.....1

Outside.....2

6. CALCULATE AREA IN SQUARE METRES

AREA: