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STATISTICAL SERVICE

REPUBLIC OF GHANA

GHANA LIVING STANDARDS SURVEY 6

(WITH LABOUR FORCE MODULE)

2012/2013

HOUSEHOLD QUESTIONNAIRE

PART A

REGION: ☐☐ DISTRICT: ☐☐ E.A. NUMBER: ☐☐☐☐ HOUSEHOLD: ☐☐

SURVEY INFORMATION

REGION: é é é é é é é é é é é é é é

DISTRICT:é é é é é é é

E.A:. é é é é é é é é é é é é é

URBAN/RURAL: é é é é

ECOLOGICAL ZONE: é é é é é é é é é

HOUSEHOLD: é é é é é .

ROSTER: é é é é é é é ..é é é é é é ..

GPS COORDINATES:

LOCALITY: é é é é é é é .. é

HEAD OF HOUSEHOLD: é é é é é é é é ..é ..

ADDRESS (OR DESCRIPTION): é ..

é ..

HHOLD CONTACT(S): 1é é é é é é é é é é . 2é é é é é é é é é é é é 3é é é é é é

FIRST VISIT

DD MM Y E A R

INTERVIEWER: é é é é é é .

DATE:

DWELLING FOUND YESé é .1 NO..é é .2 (>> SUPERVISOR)

IS THE HEAD OF HOUSEHOLD THE SAME? YESé é .1 NO..é é .2 (>> SUPERVISOR)

NAME OF NEW HEAD: é

ADDRESS (OR DESCRIPTION): é ..

é ..

é .

LANGUAGE USED BY THE RESPONDENT:

ENGLISHé é é é é é é é .1	DAGBANIé é é é é 5
AKANé é é é é é é é é ..2	FRAFRAé é é é é ...6
EWEé é é é é é é é é é .3	NZEMAé é é é é é .7
GA-DANGMEé é é é é é 4	OTHER (SPECIFY)é ..8

INTER-PRETER USED? YESé .1 NOé ..2

REMARKS: é

é ..

é ..

VERIFICATION OF QUESTIONNAIRE, FIRST VISIT

SUPERVISOR: é é é é é é é é é

DATE:

REMARKS:é .
.
é . REINTERVIEW BY SUPERVISOR? YESé é .1 NOé é ..2

é é

HOUSEHOLD NUMBER

REPLACES HOUSEHOLD NUMBER

REASONS:
DWELLING NOT FOUND/VACANT.1
OCCUPANT NOT AT HOMEé é ..é 2
REFUSALé é é é é é é é é é 3

SECOND VISIT

INTERVIEWER:é é é é é é é é

DATE:

REMARKS:é ..

é ..

VERIFICATION OF QUESTIONNAIRE, SECOND VISIT

INTERVIEWER:é é é é é é é é

DATE:

REMARKS:é ..

é REINTERVIEW BY SUPERVISOR? YESé é .1 NOé é ..2

THIRD VISIT

INTERVIEWER:é é é é é é é é

DATE:

REMARKS:é ..

é ..

VERIFICATION OF QUESTIONNAIRE, THIRD VISIT

INTERVIEWER:é é é é é é é é

DATE:

REMARKS:é ..

é REINTERVIEW BY SUPERVISOR? YESé é .1 NOé é ..2

FOURTH VISIT

INTERVIEWER:é é é é é é é é é é é .. | | | | DATE: | | | | | | | | |

REMARKS:é ..
é ..

VERIFICATION OF QUESTIONNAIRE, FOURTH VISIT

SUPERVISOR::é é é é é é é é é é é é   DATE:

REMARKS:é .
é REINTERVIEW BY SUPERVISOR?   YESé é .1   NOé é ..2

FIFTH VISIT

INTERVIEWER:é é é é é é é é é é é é .   DATE:

REMARKS:é .é é é é é é é é é é é é é é ..
é ..

VERIFICATION OF QUESTIONNAIRE, FIFTH VISIT

SUPERVISOR::é é é é é é é é é é é é .   DATE:

REMARKS:é .
é REINTERVIEW BY SUPERVISOR?   YESé é .1   NOé é ..2

SIXTH VISIT

INTERVIEWER:é é é é é é é é é é é é .   DATE:

REMARKS:é ..
é ..

VERIFICATION OF QUESTIONNAIRE, SIXTH VISIT

SUPERVISOR::é é é é é é é é é é é é   DATE:

REMARKS:é .
é REINTERVIEW BY SUPERVISOR?   YESé é .1   NOé é ..2

SEVENTH VISIT

INTERVIEWER:é é é é é é é é é é é é é   DATE:

REMARKS:é ..
é ..

VERIFICATION OF QUESTIONNAIRE, SEVENTH VISIT

SUPERVISOR::é é é é é é é é é é é é .   DATE:

REMARKS:é .
é REINTERVIEW BY SUPERVISOR?   YESé é .1   NOé é ..2

SUMMARY OF SURVEY RESULTS

INTERVIEWER															
VISIT	SECTION	VISITS							CHECK-UP VISITS				INTERVIEWER	DATA ENTRY OPERATOR	
		DATE			RESULTS	DURATION			DATE			RESULTS			
		DD	MM	YEAR	COMPLETEé é .1 PARTIALé é é ..2 DISCONTINUED..3	HR	MIN		DD	MM	YEAR	COMPLETEé é .1 PARTIALé é é ..2	SATISFACTORYé é é 1 TO BE COMPLETEDé .2 TO BE REDONEé é é .3	SATISFACTORYé ..1 CORRECTIONé é .2	
FIRST	1, 2, 5, 6, 7														
SECOND	3, 8H, 9A, 9B														
THIRD	4, 8H, 9B														
FOURTH	8A-G, 8H, 9B														
FIFTH	8H, 9B, 9C, 10														
SIXTH	8H, 9B, 11														
SEVENTH	8H, 9B, 12														

OBSERVATION AND COMMENTS

REMARKS BY THE INTERVIEWER ON THE FIRST VISIT _____

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REMARKS BY THE SUPERVISOR ON THE FIRST VISIT _____

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REMARKS BY THE INTERVIEWER ON THE SECOND VISIT _____

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REMARKS BY THE SUPERVISOR ON THE SECOND VISIT _____

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REMARKS BY THE INTERVIEWER ON THE THIRD VISIT _____

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REMARKS BY THE SUPERVISOR ON THE THIRD VISIT _____

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REMARKS BY THE INTERVIEWER ON THE FOURTH VISIT _____

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REMARKS BY THE SUPERVISOR ON THE FOURTH VISIT _____

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OBSERVATION AND COMMENTS

REMARKS BY THE INTERVIEWER ON THE FIFTH VISIT _____

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REMARKS BY THE SUPERVISOR ON THE FIFTH VISIT _____

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REMARKS OF INTERVIEWER ON THE SIXTH VISIT _____

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REMARKS BY THE SUPERVISOR ON THE SIXTH VISIT _____

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REMARKS BY THE INTERVIEWER ON THE SEVENTH VISIT _____

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REMARKS BY THE SUPERVISOR ON THE SEVENTH VISIT _____

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VISIT 1	HOUSEHOLD ROSTER

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

INTERVIEWER WRITE
Respondent Name:.....

ID Code:.....

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

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

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

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

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

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

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

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

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

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

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

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

.....

5. CLASSIFY EACH PERSON ACCORDING TO THE FOLLWING CRITERIA

.....

LOOK AT THE ANSWER TO QUESTION 22.

- ALL THE PERSONS FOR WHOM THE ANSWER IS 6 MONTHS OR LESS ARE CLASSIFIED AS HOUSEHOLD MEMBERS.
- IF THE ANSWER IS MORE THAN 6 MONTHS, ONLY THE FOLLOWING ARE HOUSEHOLD MEMBERS:
  - THE HEAD OF HOUSEHOLD
  - CHILDREN UNDER 9 MONTHS OLD
  - THOSE WHO ANSWER NO TO QUESTION 23
  - **IF THE MEMBER INTENDS TO STAY IN THIS 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 5.5 ALSO TO PAGE 12.4 OF PART B

SECTION 1: HOUSEHOLD ROSTER

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

Start Time:é é é é é é é é

1	2	3	4			5		12 years or older				10	11
I D	SEX Male....1 Female..2	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 Househelp.....09 Non-relative.....10 Other(specify).....11	What is (NAMEôs) date of birth? ASK PERSON TO GET DOB, BIRTH CERTIFICATE AND COPY DATE OF BIRTH OR IF NOT AVAILABLE CODE DD = 99 MM = 99			How old is (NAME)? YEARS AND MONTHS IF 5 YEARS OR UNDER, OTHERWISE YEARS ONLY (IF LESS THAN 12 YEARS OLD >>10)		6 What is (NAMEôS) present marital status? Married.....1 Consensual Union..2 Separated.....3 (>> 9) Divorced.....4 (>> 9) Widowed.....5 (>> 9) Never Married.....6 (>> 10)	7 Does (NAMEôS) spouse live in this household? Yes.....1 No.....2 (>> 9)	8 COPY THE I.D. CODE OF THE SPOUSE (IF MORE THAN ONE SPOUSE, THE FIRST ONE)	9 At what age did (NAME) first get married or started living with a partner? (AGE IN YEARS)	What is (NAMEôS) religious denomination? No religion.....1 Catholic.....2 Protestant.....3 Pentecostals Charismatic.....4 Other Xôtian....5 Islam.....6 Traditionalist...7 Other(specify)..9	In what region/country was (NAME) born? Western.....01 Central.....02 Greater Accra.....03 Volta.....04 Eastern.....05 Ashanti.....06 BrongAhafo.....07 Northern.....08 Upper East.....09 Upper West.....10 Other ECOWAS.....96 Africa other than ECOWAS.....97 Outside Africa.....98
			DD	MM	YEAR	YRS.	MTH.			I.D.			
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SECTION 1: HOUSEHOLD ROSTER

I D	12 What is (NAMEôS) nationality? Ghanaian by Birth.....01 Dual Nationality.....02 Ghanaian by naturalization.....03 Gambian.....04 Burkinabe.....05 Malian.....06 Nigerian.....07 Ivorian.....08 Togolese.....09 Liberian.....10 Other ECOWAS.....11 Other African.....12 European.....13 American (North/South/).....14 Asian.....15 Oceanian.....16 **(IF ANSWER IS 03 – 16>> 14)**	13 To which ethnic group(s) does (NAME) belong? IF NAME BELONGS TO ONLY ONE ETHNIC GROUP, LEAVE SECOND CODE BLANK 1ST ETHNIC CODE	2ND ETHNIC CODE	14 Does (NAMEôS) father live in this household? Yes.....1 No.....2 (>> 16)	15 I.D. OF BIOLO-GICAL FATHER (>> 18)	16 What is/was highest educational level attained by (NAMEôS) father? None.....00 Kindergarten.....01 Primary.....02 JSS/JHS.....03 Middle.....04 SSS/SHS.....05 Secondary.....06 Voc/Tech/Comm.....07 Teacher Training/Agric Nursing Cert.....08 Post Sec. Dip (HND, Teacher training, Nursing, Unive. Dipé é é é ...09 Bachelor degree.....10 Post graduate.....11 Donôt knowé é é é ..12 **(IF DK >>17)**	16a What is the highest grade completed by (NAMEôS) father at that level? Noneé é ..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/ SHS1é é .24 SSS2/SHS2.... .....25 SSS3/SHS3.....26 SHS4é é é ....27 S1.....28 S2.....29 S3.....30 S4.....31 S5.....32 L6.....33 U6.....34 Voc/Tech/Computer/CommAgric..41 Teach/ Trainingé é é 42 Nursing.....43 Polytechnicé ...51 Universityé é .52 Other tertiary....53 Other (specify)..61	17 What kind of work has (NAMEôS) father done for most of his life? Professional/Technical. 01 Administrative/ Managerial..é é é .02 Clerical.....03 Sales.....04 Service.....05 Agric/Ani. Husbandry/ est/fishing/hunting....06 Production & related worké é é .é é ....07 Workers NEC.....08 Homemaker.....09 Other (specify).....10 Donôt know.....11	18 Does (NAMEôS) mother live in this household? Yes.....1 No.....2 (>> 20)	19 I.D. OF BIOLO-GICAL MOTHER (>> 22)
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SECTION 1: HOUSEHOLD ROSTER

I D	20 What is/was highest educational level attained by (NAMEôS) mother? None.....00 Kindergarten.....01 Primary.....02 JSS/JHS.....03 Middle.....04 SSS/SHS.....05 Secondary.....06 Voc/Tech/Comm.....07 Teacher Training/Agric Nursing Cert.....08 Post Sec. Dip (HND, Teacher training, Nursing, Unive. Dipé é é é ...09 Bachelor degree.....10 Post graduate.....11 Donôt knowé é é é ..12 (IF DK >>21)	20a What is the highest grade completed by (NAMEôS) mother at that level? Noneé é é é ...00 Pre-schoolé é ...01 P1.....11 P2.....12 P3.....13 P4é é é é .....14 P5.....15 P6.....16 JSS1/JHS1é é ..17 JSS2/JHS2.....18 JSS3/JHS3.....19 M1.....20 M2.....21 M3.....22 M4.....23 SSS1/SHS1.....24 SSS2/SHS2.....25 SSS3/SHS3é é .....26 SHS4.....27 S1.....28 S2.....29 S3.....30 S4.....31 S5.....32 L6.....33 U6.....34 Voc/Tech/Computer/ Comm/Agric.....41 Teacher Training.....42 Nursing.....43 Polytechnicé ..é é .51 Universityé é é é .52 Other tertiary.....53 Other (specify).....61	21 What kind of work has (NAMEôS) mother done for most of her life? Professional/Technical.....01 Administrative/Managerialé 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 Donôt know.....11	22 For how many months during the past 12 months has (NAME) been away from this household? (IF 6 MONTHS OR LESS >> 24) MONTHS	23 While absent, is/was (NAME) a member of another household? (Including single person household) Yes.....1 No.....2	24 HOUSEHOLD MEMBER CRITERIA FOR THE SELECTION OF HOUSEHOLD MEMBER Yes.....1 No.....2 (>> NEXT PERSON)		
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SECTION 2: EDUCATION

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

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

IF ELIGIBLE CIRCLE ID	ID OF PERSON INTERVIEWED	1 Has (NAME) ever attended school? Yes.....1 (>>2) No.....2	1a What is/was the main reason why (NAME) has never attended school? Too young é é é ....é é .01 Disabled/ illnessé .....é é 02 No school / school too far..03 Cannot afford schooling....04 Family did not allow schoolingé .....05 Not interested in school.....06 Education not considered valuableé é é é é ..é ...07 School not safeé .....08 To learn a jobé .é é .....09 To work for pay é é .....10 To work as unpaid worker in family business/farmé 11 Help at home with household choresé .é é .12 Otheré é é é é é é .....13 (specify) >> PART 2C	2 What is the highest grade completed? **IF OPTION IS 00 OR 01 >>3** None.....00 Pre-school.....01 P1.....11 P2.....12 P3.....13 P4.....14 P5.....15 P6.....16 JSS1/JHS1.....17 JSS2/JHS2.....18 JSS3/JHS3.....19 M1.....20 M2.....21 M3.....22 M4.....23 SSS1/SHS1.....24 SSS2/SHS2.....25 SSS3/SHS3.....26 SHS4.....27 S1.....28 S2.....29 S3.....30 S4... .....31 S5. .....32 L6... .....33 U6.. .....34 Voc/Tech/Computer/ Comm/Agric.....41 Teacher Training.....42 Nursing.....43 Polytechnic.....51 University.....52 Other Tertiary.....53 Other (specify)....61	2a At what age did (NAME) start primary school? (AGE IN COMPLETED YEARS)	3 What was the highest educational qualification attained? None.....00 Kindergarten.....01 Primary.....02 JSS/JHS.....03 Middle.....04 SSS/SHS.....05 Secondary.....06 Voc/Tech/Comm.....07 Teacher Training/Agric Nursing/Cert.....08 Post Sec. Dip (HND, Teacher training, Nursing, Unive. Dipé é é é ...09 Bachelor degree.....10 Post graduate.....11	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 Voc/Tech/Comp/ Comm/Agric.....41 Teacher Training.....42 Nursing.....43 Polytechnic.....51 University.....52 Other Tertiary.....53 Other (specify).....61
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SECTION 2: EDUCATION

PART A: GENERAL EDUCATION - FOR THOSE WHO ATTENDED SCHOOL IN THE LAST 12 MONTHS ANSWER 9-23

IF ELIGIBLE CICLED ID	ID OF PERSON INTER-VIEWED	8 How much time does (NAME) spend going to and from school daily? IF IN A BOARDING SCHOOL CODE HRS.....00 MINS.....00 (>> 12)		9 How many hours of class did (NAME) attend last week? (EXCLUDE EXTRA CLASSES) VACATION CODE 99	10 How many hours of class did (NAME) miss last week? (EXCLUDE EXTRA CLASSES) VACATION CODE 99 **IF NAME DID NOT MISS A CLASS >> 11**	10a Why did (NAME) miss class last week? School vacation.....01 Teacher absent.....,02 Physical/emotional violence from teacher.....03 Physical/emotional violence from peers.....04 Bad weather.....05 To help family business.....06 Working outside family business.....07 Taking care of children/elderly.....08 To help with household tasks.....09 Illness/injury.....10 Sent for school fees.11 Other (specify)é é .12	11 How many hours and minutes of homework did (Name) do last week?		I want to ask you about the educational expenses for (NAME) during the past 12 months? (DO NOT INCLUDE BURSARY AND SCHOLARSHIP) How much was spent on								
									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	HOURS	HOURS		HRS	MINS	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT
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SECTION 2: EDUCATION

PART A: GENERAL EDUCATION - FOR THOSE WHO ATTENDED SCHOOL IN THE LAST 12 MONTHS ANSWER 9-23 (CONTôD)

21 Who paid for most of (NAMEôS) the educational expenses? Father.....1 Mother.....2 Both parents.....3 Other HH member.....4 Other relative.....5 Non-relative.....6 Self.....7 Other (specify).....8	22 Did (NAME) have a scholarship/ bursary during the past 12 months? Yes.....1 No.....2 (>>PART B)	23 What was the amount of (NAMEôS) scholarship/ bursary received for the 12 months? AMOUNT

SECTION 2: EDUCATION

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

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

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

PERSON ID	1 Can (NAME) read a phrase/ sentence in English or French? (SHOW FLASH CARD) Yes, English...1 Yes, Frenché 2 Yes, bothé é 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 bothé ..3 Noé .....é 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 calcula-tions? USE FLASH CARD) Yes .....1 No.....2	6 Has (NAME) ever attended a literacy course? Yes .....1 (>> 8) No.....2	7 If not attending/ attended, why? Low quality.....1 Not available.....2 Do not needé .....3 Too costly.....4 Takes much time.....5 Not useful.....6 Too far.....7 Spouse does not want.....8 Other (Specify)é .9 >> 9	8 For how many months has (NAME) been attending/ attended a literacy course? MONTHS	9 Is (NAME) an apprentice or has (NAME) ever been an apprentice? Yes, currentlyé ..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 GLSS6 CODE BOOK)	
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SECTION 2: EDUCATION
PART C: LITERACY (CONTôD)

ID	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? AMOUNT GH¢	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.....03 Marketing.....04 Teaching.....05 Leadership.....06 Medicine.....07 Accountancy.....08 Trade/Skill.....09 Other (specify).....10
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SECTION 3: HEALTH

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

I D	ID OF PERSON INTER-VIEWED	1 During the last 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 last 2 weeks has (NAME) suffered from this conditions? (1 - 14) D A Y S	3 During the last 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 ï 14) DAYS	5 During the last 2 weeks has (NAME) consulted a health practitioner, visited a health facility or consulted a traditional healer? Yes.....1 No.....2 (>> 21)	6 On the most recent visit whom did (NAME) consult? Doctor.....01 Dentist.....02 Nurse.....03 Medical Asst.....04 Midwife.....05 Pharmacist.....06 Drug/chemical seller.07 Traditional Healer.....08 Trained TBA.....09 Untrained TBA.....10 Spiritualist.....11 Other (specify).....12	7 What was the main reason for the most recent visit? Illness.....1 Injury.....2 Follow up.....3 Check up.....4 Prenatal care.....5 Deliveryé é é 6 Postnatal care....7 Vaccination.....8 Other (specify)..9	8 Where did the consultation take place? **Public Health Sector**: Teaching Hospitalé ...01 Regional Hospital.....02 District Hospitalé é ..03 Other Public Hospital..04 Polyclinicé é é .....05 Health Centeré é é ..06 CHPSé é é .....07 MCH Clinicé é é é 08 Maternity Homeé é .09 Other (specify)é .. é .10 **Private Health Sector**: Hospital.....11 Clinic.....12 Maternity Home.....13 Chemical store.....14 Medical Practitioner Homeé é é é é 15 Patientôs Home.....16 Mission Hospital/ Clinicé é é é é ..17 Pharmacyé é é é .18 Other (specify).....19 **Medical Alternative**: Homeopathy..20 Traditional Healerôs Homeé é ..21 Other (specify)é .22		
									NAME OF FACILITY	CODE
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SECTION 3: HEALTH

PART A: HEALTH EXPENDITURE IN THE LAST 2 WEEKS

I D	9 How much did (NAME) pay for this 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 Did (NAME) make any other payment apart from what is stated before and the amount?		15 How much did (NAME) pay to travel there and return?		16 How much time did (NAME) take to travel to and from the facility? TRAVEL TIME		17 How much time did (Name) spend at the health facility? (excluding admission)	
	GH¢	GHp	GH¢	GHp	GH¢	GHp	GH¢	GHp	GH¢	GHp	GH¢	GHp	GH¢	GHp	HRS	MINS	HRS	MINS
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SECTION 3: HEALTH
PART A: HEALTH CONDITION AND DISABILITY

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

PART B: INSURANCE ï INDIVIDUAL SPECIFIC QUESTIONS

RESPONDENTS: ALL HOUSEHOLD MEMBERS

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

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

PART C: PREVENTIVE HEALTH, IMMUNIZATION IN PAST 12 MONTHS

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

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 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
			BCG	POLIO					PENTA (DPT)			MEASLES	YELLOW FEVER	VITAMIN óAô		GH¢	GHp	
				0	1	2	3	BOOSTER	1	2	3							
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SECTION 3: HEALTH

PART C: POSTNATAL CARE

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

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

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

I D	ID OF PERSON INTER-VIEWED	1 Have you ever been pregnant? Yes.....1 No.....2 (>> PART 3E)	2 Have you ever given birth? IF NO PROBE Even one 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		
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SECTION 3: HEALTH

PART D: FERTILITY - PRENATAL CARE

I D	13 How did this pregnancy end? Live birth.....1 Still birth.....2 (7+months, >>16) Miscarriage.....3 (>>16) Other (specify)..4 (>>16)	14 Is that child still alive? Yes ..1 No....2 (>> 16)	15 Are you breast-feeding? 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? WEEKS	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 did you go there?	21 How much did you pay for the first antenatal consultation? **(>> PART 3E)** **(IN NEW CURRENCY)** GH¢	GHp	22 Why didnôt you go for antenatal care? Canôt afford.....1 No health care available...2 Health care too far.....3 Not necessary.....4 Health personnel not friendlyé é é é .é 5 Other (specify).....6
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SECTION 3: HEALTH

PART E: CONTRACEPTIVE USE AND HIV/AIDS AWARENESS

RESPONDENT: ALL HOUSEHOLD MEMBERS AGED 12 YEARS OR OLDER

I D	1 Are (NAME) or (NAMEôs) partner using any method to prevent or delay pregnancy? Yes .....1 No.....2 (>>6)	2 What main method are (NAME) or your partner using? Pill.....01 Male condom.....02 Female condom.....03 IUD.....04 Injection.....05 Female Sterilization.06 Male Sterilization....07 Implants.....08 Foam/Jelly.....09 LAM.....10 Abstinence.....11 Rhythm.....12 Withdrawal.....13 Other (specify).....14 **(IF Q2=10-14 >> 8)**	3 Did (NAME) use the method in the 1ast 12 months? Yes .....1 No.....2 (>>6)	4 IF Q.2 = 01 TO 09, ASK: How much did (NAME) pay for the service the last time? GH¢	GHp	5 IF Q.2 = 01 TO 09 ASK: Where did (NAME) get the method? Antenatal clinic (Private)...1 Antenatal clinic (Public)....2 Hospital.....3 Maternity Home.....4 Home of Practitioner.....5 Pharmacy/Chemist/ Drug store.....6 Other (specify).....7 **>> 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) Donôt know.....4 (>> 9)	8 Which main contraceptive method would (NAME) prefer to use? **(REFER TO CODES)**
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CODES FOR QUESTION 6

Not married.....11
Pregnant/Partner pregnanté é é é é é ..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 bodyôs normal processes.....56
Not available.....57
Other (specify).....96
Donôt 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
Lactational Amen. Method (LAM).....10
Periodic abstinence.....11
Diaphram.....12
Withdrawal.....13
Other (specify).....96
UNSURE.....98

SECTION 3: HEALTH

PART E: CONTRACEPTIVE USE AND HIV/AIDS AWARENESS

I D	9 Now I would like to talk about something else. Have you ever heard of an illness called HIV/AIDS? Yes .....1 No.....2 (>> NEXT PERSON)	10 What can people do to prevent HIV/AIDS? **(UP TO 3 MAIN WAYS)** **(REFER TO CODES)** 1ST	2ND	3RD	11 Is it possible for a healthy looking person to have the AIDS virus? Yes.....1 No.....2 Donôt know.....8	12 Can the virus that causes AIDS be transmitted from mother to child? Yes.....1 No.....2 (>> 14) Donôt know.....8 (>> 14)	13 If yes, by what means? During pregnancy....1 During delivery.....2 During breast-feeding.....3 During pregnancy/ deliveryé ..é é é .4 During pregnancy/ breastfeedingé é .5 During delivery/ Breastfeeding.é é .6 All aboveé é é é .7	14 What would you do to prevent yourself from being infected with the virus that causes AIDS? Abstain from sex.....1 Be faithful to partner.....2 Have safe sex.....3 Use a condom.....4 Other (specify).....6
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CODES FOR QUESTION 10

Abstain from sex.....01
Use condom.....02
Limit sex to one partner/stay faithful to one partner.....03
Limit number of sexual partners.....04
Avoid sex with prostitutes.....05
Avoid sex with persons who have many partners.....06
Avoid sex with homosexuals.....07
Avoid sex with persons who inject drugs intravenously.....08
Avoid blood transfusions.....09
Avoid injections.....10
Avoid sharing razors/blades.....11
Avoid kissing.....12
Avoid mosquito bites.....13
Seek protection from traditional practitioner.....14
Pregnant women/breast feeding mothers should take anti-retroviral drugsé é é é é é é é é é é ...15
Other (specify).....96
Donôt know.....98

SECTION 4: EMPLOYMENT AND TIME USE

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

RESPONDENTS: ALL HOUSEHOLD MEMBERS AGED 5 YEARS OR OLDER

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

MEMBER ID	ID OF PERSON INTER-VIEWED	1 Did (NAME) do any work for pay, profit, family gain or did (NAME) produce anything for barter or home use during the last 7 days even if it was for only one hour? Yes.... 1 (>> 4) No.....2	2 In the last 7 days was (NAME) an apprentice? Yes....1 (>> 4) No.....2	3 Was (NAME) temporarily absent from work in the last 7 days or did (NAME) have a job, business, or other economic or farming activity that he/she will definitely return to? Yes.... 1 (>> 6) No.....2 (>> PART 4D)	4 During the last 7 days, how many jobs did (NAME) do/have altogether? NUMBER OF JOBS	5 In total, how many hours did (NAME) work in all these jobs over the last 7 days? HOUR	6 During the last 7 days, what were the main tasks and duties in the job (NAME) spent most of his/her time on? i.e. describe the main job/task (NAME) was performing e.g. carrying bricks; mixing baking flour; harvesting maize; etc DESCRIBE MAIN OCCUPATION	ISCO CODE	7 What kind of goods, services c industry is this work connecte with? (DESCRIBE THE MAIN GOODS AND SERVICES PRODUCED) INDUSTRY	ISIC CODE	8 How long has (NAME) been doing this work altogether? YEARS	MONTHS	9 During the last 7 days, how many hours did (NAME) actually work on this job? HOURS
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SECTION 4: EMPLOYMENT AND TIME USE.

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

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

MEMBER ID	ID OF PERSON INTER-VIEWED	17 Has (NAME) received or will (NAME) receive money for this work? Yes, receivedé .é ..1 Yes, yet to receive...2 (>>20) No.....3 (>>20)	18 What is the amount (incl. any bonuses, commissions, allowances or tips) received?		19 Are taxes already deducted from (NAMEôs) pay? Yes.....1 No.....2	20 What was the status of (NAME) in this job? REFER TO CODE IF CODE IS 02- 08 (>> 31)	21 In what sector was (NAME) mainly working? REFER TO CODE	22 Does (NAME) receive any payment for this work in the form of goods and services? Yes.....1 No.....2 (>> 24)
			AMOUNT GHص	TIME UNIT				
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CODES FOR QUESTION 20

A paid employee.....01
Non-Agric
Self employed
With employees.....02
Without employees.....03
Contributing family worker.....04
Agric
Self employed
With employees.....05
Without employees.....06
Contributing family worker.....07
Domestic employee (house help).....08
Casual workers.....09
Apprentice.....10
Other(specify)é é é é é é é é 11

CODES FOR QUESTION 21

Government sector:
Civil Service.....01
Other Public Service.....02
Parastatals.....03
NGOs (local & International).....04
Cooperatives.....05
Inter. Organ./Diplomatic Mission.....06
Private Sector Formal (incl. paid Apprentices.....07
Private Sector Informal.....08
Agric. Business.....09
Other (specify).....10

TIME UNIT

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

SECTION 4: EMPLOYMENT AND TIME USE.

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

MEMBER ID	ID OF PERSON INTER-VIEWED	23 What is the value of the goods or services provided?		24 When (NAME) started this work was there a contract?	25 Is there a trade union at the place where (NAME) works?	26 In this job, is (NAME) entitled to paid holidays?	27 Is (NAME) entitled to paid sick leave and/or maternity leave on this job?	28 Will (NAME) receive a retirement benefit/pension?	29 Is (NAME) entitled to free or subsidized medical care in this job?	30 Is (NAME) entitled to any other social security benefits in this job?	31 Is (NAME) place of work in this village/town?
		VALUE GH¢	TIME UNIT	Yes written.....1 Yes Oral/verbalé 2 No.....3	Yes.....1 No.....2	Yes.....1 No.....2	Yes, sick leave.....1 Yes, maternity Leave.....2 Yes, both.....3 No.....4	Yes.....1 No.....2	Yes.....1 No.....2	Yes.....1 No.....2	Yes.....1 No.....2
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TIME UNIT

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

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

MEMBER ID	ID OF PERSON INTER-VIEWED	32 Where does (NAME) usually do his/her main work?	33 How far away is (NAME) place of work from his/her home?		34 How often does (NAME) go between his/her house and place of work?		35 How many people altogether work in the place where (NAME) works? CODE ñ9998ò FOR DONôT KNOW	36 During the last 6 months has (NAME) received any training relating to his / her work, including on-the-job training? Yes.....1 No.....2 (>> PART 4B)	37 How long was the training?	
			DISTANCE	DISTANCE CODE	NO. OF TRIPS	TIME UNIT	NUMBER		MONTHS	WEEKS
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CODES FOR QUESTION 32

Office.....01
Home.....02 >> 35
Factory.....03
Workshop.....04
Own land / farm.....05
Other land / farm.....06
River / Ocean.....07
Hotel / restaurant /chop bar.....08
Store / shop / table topé 09
Street at a fixed location.....10
Street not at a fixed location.....11
Lorry park.....12
Somebodyôs home / Verandah....13
School.....14
Hospital / clinic.....15
Construction sites.....16
Marketé é é é é é é .é é 17
Other (specify).....18

TIME UNIT

Daily.....1

Weekly.....2

Fortnightly.....3
Monthly.....4
Quarterly.....5
Yearly.....6

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

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

MEMBER ID	ID OF PERSON INTER-VIEWED	38 What type of training did (NAME) receive? Clerical.....01 Prof / Managerial.....02 Computer.....03 Marketing.....04 Teaching.....05 Leadership.....06 Medicine.....07 Accountancy.....08 Skills / Trade Training.....09 Other.....10 (specify)	39 Who paid for the training? Free.....1 (NAME) entirely.....2 Employer entirely.....3 Both (cost was shared).....4 International agency.....5 Other.....6 (specify)	40 Did (NAME) lose an entitlement or benefit during the period of his/her training? Yes.....1 No.....2 (>> PART 4B)	41 By how much was it? WRITE DIFFERENCE BETWEEN NORMAL ENTITLEMENT / BENEFIT WHILE TRAINING AND BEFORE TRAINING	
					AMOUNT GHص	TIME UNIT
01						
02						
03						
04						
05						
06						
07						
08						
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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: CURRENT ECONOMIC ACTIVITY STATUS AND CHARACTERISTICS OF SECONDARY OCCUPATION IN LAST 7 DAYS.

CHECK, IF ANSWER TO QUESTION 4 (PART 4A) IS BLANK, PROBE IF NAME HAS SECONDARY OCCUPATION, THEN ADMINISTER PART B. IF ANSWER TO Q4 IS BLANK OR NAME HAS NO SECONDARY OCCUPATION OF ANSWER IS 1>> PART 4C (UNDEREMPLOYMENT)

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

MEMBER ID	ID OF PERSON INTER-VIEWED	1 Describe the main tasks and duties in the other kind of work that (NAME) spent most time on, apart from his / her main occupation?		2 What kind of trade, services or industry is this work connected with?		3 How long has (NAME) been doing this work altogether?		4 During the last 7 days, how many hours did (NAME) actually work on this job?	5 Did (NAME) work on this job at the same time as his/her main job over the last 7 days? IF YES, how long did (NAME) do both altogether? LESS 1 DAY =0 NO..... é é é =9	6 Has (NAME) received or will (NAME) receive money for this work? Yes.....1 Yes, yet to receiveé .2 (>>8) Noé é .....3 (>>8)	7 What was the amount (including any bonuses, commissions, allowances, or tips) received?	
		SECONDARY OCCUPATION	ISCO CODE	INDUSTRY	ISIC CODE	YEARS	MONTHS	HOURS	DAYS		AMOUNT GHص	TIME UNIT
01												
02												
03												
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SECTION 4: EMPLOYMENT AND TIME USE.
PART B: CURRENT ECONOMIC ACTIVITY STATUS AND CHARACTERISTICS OF SECONDARY OCCUPATION IN LAST 7 DAYS

MEMBER ID	ID OF PERSON INTER-VIEWED	8 What was the status of (NAME) in this job? REFER TO CODES FOR QUESTION 8 IF CODE IS 02 ï 08 (>> 19)	9 For whom did (NAME) work? REFER TO CODES FOR QUEST.9	10 Does (NAME) receive any payment for this work in the form of goods or services? Yes.....1 Yes, yet to receive.....2 (>>12) No.....3	11 What is the value of the goods or services provided? AMOUNT GH¢	TIME UNIT	12 When (NAME) started this work was there a contract? Yes writtené .1 Yes Oral/verbalé .2 No.....3	13 Is there a trade union at the place where (NAME) works? Yes.....1 No.....2	14 In this job is (NAME) entitled to paid holidays? Yesé é é .1 Noé é é ..2	15 Is (NAME) entitled to paid sick leave and / or maternity leave in this job? Yes, sick leave.....1 Yes, maternity Leave.....2 Yes, both.....3 No.....4
01										
02										
03										
04										
05										
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09										
10										
11										
12										
13										
14										
15										

CODES FOR QUESTION 8

A paid employee.....01
Non-Agric
Self employed
With employees.....02
Without employees.....03
Contributing family worker.....04
Agric
Self employed
With employees.....05
Without employees.....06
Contributing family worker.....07
Domestic employee (house help).....08
Casual workers.....09
Apprentice.....10
Other (specify).....11

CODES FOR QUESTION 9

Government sector:
Civil Service.....01
Other Public Service.....02
Parastatals.....03
NGOs (local & International).....04
Cooperatives.....05
Inter. Organ./Diplomatic Mission.....06
Private Sector Formal (incl. paid Apprentices.....07
Private Sector Informal.....08
Agric. Business.....09
Other (specify).....10

TIME UNIT

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

SECTION 4: EMPLOYMENT AND TIME USE.

PART B: CURRENT ECONOMIC ACTIVITY STATUS AND CHARACTERISTICS OF SECONDARY OCCUPATION IN LAST 7 DAYS - CONCLUDED

MEMBER ID	ID OF PERSON INTER-VIEWED	16 Will (NAME) receive a retirement pension? Yes.....1 No.....2	17 Is (NAME) entitled to free or subsidized medical care in this job? Yes.....1 No.....2	18 Is (NAME) entitled to any other social security benefits in this job? Yesé é é .1 Noé é é ..2	19 Where does (NAME) usually do his/her work? REFER TO CODES FOR QUESTION 19	20 How many people altogether work in the place where (NAME) does this work? CODE 9998 FOR DONôT KNOW NUMBER
01						
02						
03						
04						
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10						
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13						
14						
15						

CODES FOR QUESTION 19

Office.....01
Home.....02
Factory.....03
Workshop.....04
Own land / farm.....05
Other land / farm.....06
River / Ocean.....07
Hotel / restaurant /chopbaré ...08
Store / shop / table top.....09
Street at a fixed location.....10
Street not at a fixed location.....11
Lorry park.....12
Somebodyôs home / Verandah.....13
School.....14
Hospital / clinic.....15
Market.....16
Other (specify).....17

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

MEMBER ID	ID OF PERSON INTER-VIEWED	1 Taking all (NAMEôs) jobs into consideration did (NAME) seek to change his/her work situation in the last 7 days? Yesé .....1 No.....2 (>> PART 4E)	2 How did (NAME) seek to change his/her work situation in the last 7 days? (MOST IMPORTANT ONLY) More hours on current activity.....1 More hours on additional activity.....2 Change activity.....3 other.....4 (specify)	3 What was the most important reason that made (NAME) seek to do that? REFER TO CODES FOR QUESTION 3	4 What steps did (NAME) take to change his/her work situation or increase earnings? (MOST IMPORTANT ONLY) REFER TO CODES FOR QUESTION 4	5 Is (NAME) ready and have the requirements to change his/her work situation during the next 7 days or within the next 30 days? Yes, next 7 days.....1 Yes, but within next 30 days.....2 No.....3 >> PART 4E
01						
02						
03						
04						
05						
06						
07						
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10						
11						
12						
13						
14						
15						

CODES FOR QUESTION 3

Increase his/her earnings.....1
Be more suited to his/her experience & qualification.....2
Be closer to his/her home.....3
Be in his/her village/town.....4
Have improved safety at work.....5
Have less excessive hours.....6
Have better social security/ protection.....7
Have other improved working conditions.....8
Other reasons (specify).....9

CODES FOR QUESTION 4

Applied to prospective employer.....1
Checked at farm/factories/work sites.....2
Asked friends and relatives.....3
Took action to start business.....4
Took action to start agricultural activity.....5
Searched newspaper adverts.....6
Searched internet.....7
Searched employment services.....8
Other (specify).....9
None.....10

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

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

CODES FOR QUESTION 3

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

CODES FOR QUESTION 4

No jobs availableé ..é é é é é é é é é é é .é 01
Unable to find work requiring NAME's skillsé 02
Lost hope of finding any kind of .worké é é é é .03
Lacks necessary schooling, training, skills or experienceé é é é é é é é é é é ..é 04
Employers think too old/too young to work.é é é .05
Awaiting the seasons for worké é é é é .é é .é 06
Waiting to be recalled to former job é é .é .é 07
Pregnancy é é é é é é é é é é é é .é ..é 08
Sickness/injury é é é é é é é é é é é é é é .09
Disabled or unable to work (handicappedé é .é é .10
Housewife/family responsibilities)é é é é .é é ..11
Child care problems é é é é é é é é é é 12
Education or trainingé é é é é é é é é é é .13
Undergoing training to help find worké é é é é ..14
Transportation problemsé é é é é é ...é é 15
Retirementé é é é ...é é é é é é é é é é ..16
Believe that no work is availableé é é é é .é ..17
Legal restriction (convict and others restricted by law) é é é é é é é é é é é é 18
Await result for recruitment to the public service.....19
Do not want to worké é é é é é é é é é é ..20
Other (specify)é é é é é é é é é é é ...é é 21

CODES FOR QUESTION 6

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

CODES FOR QUESTION 7

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

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

MEMBER ID	ID OF PERSON INTER-VIEWED	8 What kind of work did (NAME) do in his/her last job? (i.e. what was (NAMEôS) main task or duties? (DESCRIBE OCCUPATIONAL ACTIVITY FULLY) IF NEVER WORKED, WRITE NONE, AND CODE 00 FOR ISCO		9 What is the lowest wage for which (NAME) is willing to work for someone? >> PART 4E		10 Why was (NAME) not available for work during the last 7 days or within the next 4 weeks days?	11 Under which conditions, if any, would (NAME) become available for work?	12 Has (NAME) ever refused a job that was offered to him/her?	13 Why did (NAME) refuse? *(Select the main reason)*
		OCCUPATION	ISCO	AMOUNT GH¢	TIME UNIT	In school.....01 Household duties.....02 Too old.....03 Sick.....04 Disabled .....05 Pensioner.....06 Pregnancyé é é é ....07 Too young.....08 No desire to worké é 09 Off-seasoné ...é é é 10 Temporary lay-offé ...11 Holidayé é é é é é 12 Strikeé é é é é é ..13 Lock-outé é é é é .14 Temporary disorganisationé é ...15 Other.....16		Yesé é é ..1 Noé é é ..2 (>> PART E)	Wages offered were too low.....01 Work was not interesting.....02 Location was not convenient.....03 Work would not match my level of qualificationsé é é é é ..04 Work would require too few hours....05 Work would require too many hours.06 Family did not approve of the job offeredé é é é é é .é .07 Waiting for a better job offeré .é é 08 There was no contract length offered or contract length was too shorté .é é é é é ..é é é ...09 Saw no possibilities for advancementé é é .é é é é é ..10 Other (specify).....11
01									
02									
03									
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CODES FOR QUESTION 11

High income potential.....1
Availability of training possibilitiesé é é 2
Well-defined earnings secured).....3
Within easy reach of residence.....4
Join spouse.....5
Other (specify).....6
Upon Completion of schoolé é é é é é é .07
When I recoveré é é .é é ..08
After child deliveryé é é é .09
When I grow oldé é 04
After vacationé é é 05
When strike is overé 06
When season is over...07
Other (specify)é é é 08

TIME UNIT

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

SECTION 4: EMPLOYMENT AND TIME USE.

PART E: SCREENING QUESTIONS AND CHARACTERISTICS OF MAIN OCCUPATION IN PAST 12 MONTHS.
RESPONDENTS: ALL HOUSEHOLD MEMBERS AGED 5 YEARS OR OLDER

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

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

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

MEMBER ID	ID OF PERSON INTER-VIEWED	8 Why is (NAME) not doing the same work? Sacked from job.....1 Job completed.....2 Seasonal work.....3 Firm closed.....4 Found/ preferred other work.....5 Retired.....6 Other .....7 (specify)	9 How long has (NAME) been doing this work altogether? (MAIN OCCUPATION) YEARS	MONTHS	10 Has (NAME) received or will (NAME) receive money for this work? Yes.....1 Yes, yet to receive.....2 (>>14) No.....3 (>> 14)	11 What is the amount (incl. any bonuses, commissions, allowances or tips) received? AMOUNT GH¢	TIME UNIT	12 The last time (NAME) received this money, how many hours did (NAME) actually work? ANSWER MUST BE IN SAME TIME UNIT AS QUESTION 11 HOURS	TIME UNIT	13 Are taxes already deducted from (NAMEôs) pay? Yes.....1 No.....2	14 What was the status of (NAME) in this job? IF CODE IS 02- 08 (>> 24)	15 For whom did (NAME) work?
01												
02												
03												
04												
05												
06												
07												
08												
09												
10												
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12												
13												
14												
15												

CODES FOR QUESTION 14

A paid employee.....01
Non-Agric
Self employed
With employees.....02
Without employees.....03
Contributing family worker.....04
Agric
Self employed
With employees.....05
Without employees.....06
Contributing family worker.....07
Domestic employee (househelp)...08
Casual workers.....09
Apprentice.....10
Other (specify).....11

CODES FOR QUESTION 15

Government sector:
Civil Service.....01
Other Public Service.....02
Parastatals.....03
NGOs (local & International).....04
Cooperatives.....05
Inter. Organ./Diplomatic Mission.06
Private Sector Formal (incl. paid Apprentices.....07
Private Sector Informal.....08
Agric. Business.....09
Other (specify).....10

TIME UNIT

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

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

MEMBER ID	ID OF PERSON INTER-VIEWED	16 Does /did (NAME) receive any payment for this work in the form of food, crops, animals or clothes? Yes.....1 No.....2 (>> 18)	17 What is the value of these goods?		18 Does / did (NAME) employer give (NAME) accommodation that is free or at a reduced price? Yes, free.....1 Yes, Subsidized....2 No.....3 (>> 20)	19 How much does (NAME) gain from this arrangement?		20 Does / did (NAME) employer give (NAME) free transport or reduced fares? Yes, free.....1 Yes, Subsidized....2 No.....3 (>> 22)	21 How much does (NAME) gain from this arrangement?		22 Does (NAME) receive payment for this work in any other form? Yes.....1 No.....2 (>> 24)
			VALUE GHص	TIME UNIT		VALUE GHص	TIME UNIT		VALUE GHص	TIME UNIT	
01											
02											
03											
04											
05											
06											
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11											
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13											
14											
15											

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

MEMBER ID	ID OF PERSON INTER-VIEWED	23 What is the value of this form of payment?		24 During the past 12 months, for how many weeks did (NAME) usually work?	25 During these weeks, how many hours per week did (NAME) usually work?	26 During the last 5 years has (NAME) received any training lasting at least one month relating to his/her work? Yes.....1 No.....2 (>>PART F)	27 How long was the training? (If NAME received more than one training, how long was the last one?)		28 How many hours in a week did (NAME) receive this training?	29 Who paid for the training? REFER TO CODES	30 Did (NAME) lose any entitlement or benefit during the period of his/her training? Yes.....1 No.....2 (>>PART F)	31 By how much was it? WRITE DIFFERENCE BETWEEN NORMAL ENTITLEMENT/ BENEFIT WHILE TRAINING.	
		VALUE GH¢	TIME UNIT	WEEKS	HOURS		MONTHS	WEEKS	HOURS			AMOUNT	TIME UNIT
01													
02													
03													
04													
05													
06													
07													
08													
09													
10													
11													
12													
13													
14													
15													

CODES FOR QUESTION 29

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

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

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

MEMBER ID	ID OF PERSON INTER-VIEWED	1 During the past 12 months, did (NAME) do any other work beside the MAIN OCCUPATION? Yes.....1 No.....2 (>> PART 4G)	2 Describe the main occupation (tasks) and duties in the other kind of work that (NAME) spent most time on, apart from his / her main occupation?		3 What kind of trade, services or industry is this work connected with? (DESCRIBE THE MAIN GOODS AND SERVICES PRODUCED) IF SAME AS CURRENT MAIN/SECONDARY OCCUPATION AND INDUSTRY IN THE LAST 7 DAYS, RECORD AND >> Q.13		4 How long has (NAME) been doing this work altogether? (SECONDARY OCCUPATION)		5 Why is (NAME) not doing the same work? Sacked from job.....1 Job completed.....2 Seasonal work.....3 Firm closed.....4 Found / preferred Other work.....5 Retired.....6 Other.....7 (specify)	6 Has (NAME) received or will (NAME) receive money for this work? Yes.....1 Yes, yet to receive.....2 No.....3 (>> 9)	7 What was the amount (including any bonuses, commissions, or tips) received?	
			SECONDARY OCCUPATION	ISCO CODE	SECONDARY INDUSTRY	ISIC CODE	YEARS	MONTHS			AMOUNT GH¢	TIME UNIT
01												
02												
03												
04												
05												
06												
07												
08												
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11												
12												
13												
14												
15												

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

MEMBER ID	ID OF PERSON INTER-VIEWED	8 The last time (NAME) received this money, how many hours did (NAME) actually work in earning it? ANSWER MUST BE IN SAME TIME UNIT AS Q.7		9 What was the status of (NAME) in this job? IF Q.9 IS 02 ï 08 (>> 13)	10 For whom did (NAME) work?	11 Does (NAME) receive any payment for this work in the form of goods or services? Yesé é .1 Yes, yet to receive...2 (>>13) No.....3 (>>13)	12 What is the value of the goods or services?		13 During the past 12 months, for how many weeks did (NAME) do this work?	14 During these weeks, how many hours per week did (NAME) usually work?	15 Did (NAME) work on this job at the same time as his/her main job? IF YES, How long did (NAME) do both together? LESS THAN 1 WEEK = 00 NO.....99
		HOURS	TIME UNIT				VALUE GHص	TIME UNIT	WEEKS	HOURS	
01											
02											
03											
04											
05											
06											
07											
08											
09											
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11											
12											
13											
14											
15											

CODES FOR QUESTION 9

A paid employee.....01
Non-Agric
Self employed
With employees.....02
Without employees.....03
Contributing family worker.....04
Agric
Self employed
With employees.....05
Without employees.....06
Contributing family worker.....07
Domestic employee (househelp).....08
Casual workers.....09
Apprentice.....10
Other (specify).....11

CODES FOR QUESTION 10

Government sector:
Civil Service.....01
Other Public Service.....02
Parastatals.....03
NGOs (local & International).....04
Cooperatives.....05
Inter. Organ./Diplomatic Mission.....06
Private Sector Formal (incl. paid Apprentices.....07
Private Sector Informal.....08
Agric. Business.....09
Other (specify).....10

TIME UNIT

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

SECTION 4: EMPLOYMENT AND TIME USE.

PART G: EMPLOYMENT SEARCH IN THE PAST 12 MONTHS

(CHECK, IF Q.1 AND Q.2 IN PART E = 2, PROCEED WITH THIS PART).

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

MEMBER ID	ID OF PERSON INTER-VIEWED	1 During the past 12 months, for how many weeks altogether was (NAME) without work? IF ó00ô >> PART 4H WEEKS	2 During the past 12 months, how many weeks was (NAME) available for work? IF ó00ô >> Q.7 WEEKS	3 During the past 12 months, how many weeks did (NAME) actively look for work? IF ó00ô >> Q.5 WEEKS	4 What did (NAME) do in the past 12 months to find work? (MOST IMPORTANT ONLY) Applied to prospective employer.....01 Checked at farm/factories/work sites.....02 Asked friends and relativesé é .....03 Took action to start business.....04 Took action to start agricultural activityé . é é é ....05 Upgrading skills.....06 Searched internet.....07 Searched newspaper adverts.....08 Searched employment services.....09 Looked for land, building, equipmenté é é é é ....10 Registered at an employment centreé é é é é é é 11 Took a test or interviewé é é é é é é é é é .é .12 Waited on the street to be recruited for casual work..13 Sought financial assistance to look for work or start a businessé é é é é é é é é é é é é é é .é ..14 Applied for a permit or licence to start a businessé ..15 Placed/answered job advertisement(s)é é é é é é .16 Other (specify)é é é é é é é é é é é é é é é .17 >> 6	5 Why did (NAME) not look for work throughout the period he/she was available for work? (WRITE MOST IMPORTANT ONLY) Thought no work available.....1 Awaiting reply to earlier enquiries.....2 Waiting to start arranged job, business or agricultureé é .....3 Off season in agriculture.....4 Other (specify)é é é é 5	6 What type of work did (NAME) want when he/she was available or looking for work? Wage employment in: Government/ Enterprise.....1 Large private firm.....2 Small/medium scale.....3 Self-employment: Non-agriculture.....4 Agric (including Livestock/fishing.....5 Any job.....6 Other (specify).....7 >> PART 4H	7 What was (NAME) doing when not available and not seeking for work? Student.....1 Housework.....2 Disabled.....3 Sick.....4 Retired/Aged.....5 Income recipient.....6 Too young.....7 Other .....8 (specify)
01								
02								
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SECTION 4: EMPLOYMENT AND TIME USE.
PART H: HOUSEKEEPING ï ALL HOUSEHOLD MEMBERS 5 YEARS OR OLDER.

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

MEMBER ID	1 Collecting firewood?		2 Fetching water?		3 Washing clothes?		4 Ironing?		5 Cleaning?		6 Cooking?		7 Shopping?		8 Running errands?		9 Washing dishes / pots?		10 Taking care of children?		11 Taking care of elderly?		12 Taking care of the sick?		13 Collecting food from the garden?		14 Helping children with school work?	
	HR	MIN	HR	MIN	HR	MIN	HR	MIN	HR	MIN	HR	MIN	HR	MIN	HR	MIN	HR	MIN	HR	MIN	HR	MIN	HR	MIN	HR	MIN	HR	MIN
01																												
02																												
03																												
04																												
05																												
06																												
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09																												
10																												
11																												
12																												
13																												
14																												
15																												

SECTION 4: EMPLOYMENT AND TIME USE.

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

IF MEMBER DID NOT WORK >> SECTION 5A

MEMBER ID	ID OF PERSON INTER-VIEWED	Did (NAME) have any of the following in the past 12 months because of work? Yesé é .....1 Noé 2												
		Superficial injuries or open wounds	Fractures	Dislocations, sprains or stains	Burns, corrosions, scalds or frostbite	Breathing problems	Eye problems	Skin problems	Stomach problems/ diarrhoea	Fever	Extreme fatigue	Snake bite	Insect bite	Other (specify)
01														
02														
03														
04														
05														
06														
07														
08														
09														
10														
11														
12														
13														
14														
15														

SECTION 4: EMPLOYMENT AND TIME USE

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

MEMBER ID	ID OF PERSON INTER-VIEWED	2 Think about your most serious illness/injury, how did this/these affect your work/schooling? Not serious- did not stop work/schoolingé é é 1 Stopped work or school for a short timeé é é ..2 Stopped work or school completelyé é é é .3 N/Aé é é é é é é é é é é é é é é é 4 (>>4)	3 Think about your most serious illness/ injury, what were you doing when this happened?		4 Do you carry heavy loads at work? Yes.....1 No.....2	5 Do you operate any tool/machinery/heavy equipment at work? Yesé é é é .é ..1 Noé é é é .é é 2 (>> 7)	6 What type of tools, equipment or machines do you use at work? (WRITE DOWN CODES FOR TWO MOSTLY USED; CHECK CODES IN THE CODE BOOK)	
			JOB/TASK	ISCO CODE				
01								
02								
03								
04								
05								
06								
07								
08								
09								
10								
11								
12								
13								
14								
15								

SECTION 4: EMPLOYMENT AND TIME USE

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

MEMBER ID	ID OF PERSON INTER-VIEWED	7 Are you exposed to any of the following at work? (*Read each of the following options and mark appropriately)* Yesé é .....1 Noé 2															
		Dust, fumes	Fire, gas, flames	Loud noise or vibration	Extreme cold or heat	Dangerous tools (knives etc)	Work underground	Work at heights	Work in water/lake/ pond/river	Workplace too dark or confined	Insufficient ventilation	Chemicals (pesticides, glues, etc.)	Explosives	Narcotic drugs	Arms (guns)	Other things, processes or conditions bad for your health or safety specify)
01																
02																
03																
04																
05																
06																
07																
08																
09																
10																
11																
12																
13																
14																
15																

SECTION 4: EMPLOYMENT AND TIME USE

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

MEMBER ID	ID OF PERSON INTER-VIEWED	8 Have you ever been subject to the following at work? (R*ead each of the following options and mark and mark appropriately)* Yesé é .....1 Noé 2				
		Constantly shouted at	Repeatedly insulted	Beaten /physically hurt	Sexually harassed (touched or done things to you that you did not want)	Other (specify)
01						
02						
03						
04						
05						
06						
07						
08						
09						
10						
11						
12						
13						
14						
15						

SECTION 5A: MIGRATION

RESPONDENTS ARE ALL HOUSEHOLDS MEMBERS 7 YEARS OR OLDER

I D	ID OF PERSON INTER-VIEWED	1 Was (NAME) born in this village or town? Yes.....1 >> 3 No.....2	2 Has (NAME) ever lived away from this village/town for a year or more? Yes.....1 >> 4 No.....2	3 Has (NAME) ever moved away from this village/town for more than a year? Yes.....1 No.....2 **(>>PART 5B)**	4 How long ago did (NAME) last move/return to this place?		5 Does (NAME) intend to stay for a year or more in this village/town? Yes.....1 No.....2	6 Where was (NAME) living previously? Sekondi/Takoradi.....01 Cape Coast.....02 Accra.....03 Ho.....04 Koforidua.....05 Kumasi.....06 Sunyani.....07 Tamale.....08 Bolgatanga.....09 Wa.....10 Other urban area.....11 Rural area.....12 Other ECOWAS.....96 Africa other than ECOWAS.....97 Outside Africa.....98
					YEARS	MONTHS		
01								
02								
03								
04								
05								
06								
07								
08								
09								
10								
11								
12								
13								
14								
15								

SECTION 5A: MIGRATION

RESPONDENTS ARE ALL HOUSEHOLDS MEMBERS 7 YEARS OR OLDER

I D	7 What was (NAME) main activity in (NAME OF PLACE IN Q.6)? WRITE NAME AND CODE OF OCCUPATION OR CODE AS FOLLOWS: Full time education.....9996 >>>10 Looking for work.....9997 >>>10 Other activity.....9998 (specify) No activity.....9999 >>>10 (specify)		8 In what industry was this work? WRITE NAME OF INDUSTRY AND CODE		9 Who was (NAME) working for? Government.....1 State owned company.....2 Private company or business.....3 Other (specify).....4	10 What was the main reason for moving from (NAME OF PLACE Q.6) to this village/town? Job transfer.....01 Seeking employment.....02 Own business.....03 Spouseôs employment.....04 Accompanying parent.....05 Marriage.....06 Other family reasons.....07 Political/religious reasons.....08 Education.....09 War.....10 Fire.....11 Flood/Famine/Drought.....12 Other (specify).....13
	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						

SECTION 5B: DOMESTIC AND OUTBOUND TOURISM

QUESTIONS, 4, 5, 6, 7 AND 8

RESPONDENTS: ALL HOUSEHOLD MEMBERS

A = Same-day Visitors
B = Overnight Visitors

ID	ID OF PERSON INTER-VIEWED	1 Has (NAME) visited any place outside his/her usual environment (place of residence/work/ trade/study, etc) in the past 12 months? Yes.....1 No.....2 **(>> NEXT PERSON)**	2 How many visits did (NAME) make in the past 12 months? NUMBER	3 Were the places visited within Ghana, outside Ghana or both? In Ghana.....1 Outside Ghana..2 (>> 5) Both.....3	4 How many visits in Ghana? IN GHANA IF Q.3 = 1 (>> 6) NUMBER		5 How many visits outside Ghana? OUTSIDE GHANA IF Q.3 = 2 (>> 8) NUMBER		6 Which place(s) did (NAME) recently visit within Ghana?		7 For trips within Ghana, how far is the place (NAME) last visited from (NAMEôs) usual place of residence?		8 For trips outside Ghana, which country did (NAME) recently visit?	
					A	B	A	B	A (DISTRICT CODE)	B (DISTRICT CODE)	A If Q.3 = 1 (>> 9) KILOMETRES	B (>> 9) KILOMETRES	A (>> 10) COUNTRY CODE	B (>> 10) COUNTRY CODE
01														
02														
03														
04														
05														
06														
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08														
09														
10														
11														
12														
13														
14														
15														

SECTION 5B: DOMESTIC AND OUTBOUND TOURISM

QUESTIONS 9, 10, 13, 14 AND 18
A = Same-Day Visitors
B = Overnight Visitors

QUESTIONS 11, 12, 15, 16 AND 17
Gh = In Ghana
Out = Outside Ghana

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

SECTION 5B: DOMESTIC AND OUTBOUND TOURISM

QUESTIONS 18
A = Same-Day Visitors
B = Overnight Visitors

QUESTIONS 17
Gh = In Ghana
Out = Outside Ghana

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

HOUSEHOLD ROSTER

ID NUMBER	A MEMBER	B AGE	C NAME
01			
02			
03			
04			
05			
06			
07			
08			
09			
10			
11			
12			
13			
14			
15			

SECTION 6: IDENTIFICATION OF RESPONDENTS FOR SECTIONS: 8, 9 AND 10 OF PART B
QUESTIONS TO BE ADMINISTERED TO THE HEAD OF HOUSEHOLD OR ANY RESPONSIBLE ADULT HOUSEHOLD MEMBER

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

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

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

NAME	I.D.

TRANSFER THESE NAMES TO THE AGRICULTURE SECTION 8A

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

NAME	I.D.

TRANSFER THESE NAMES TO THE AGRICULTURE SECTION 8A

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

NAME	I.D.

TRANSFER THESE NAMES TO THE AGRICULTURE SECTION 8A

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

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

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

NAME	ID	PROCESSING ACTIVITY

TRANSFER THESE NAMES TO THE AGRICULTURE SECTION 8G

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

N A M E	ID

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

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

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

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

	N A M E	ID
A		
B		
C		
D		

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

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

(INCLUDE NON-WORKING PROPRIETOR)

Yes.....1

No.....2 >> SECTION 7

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

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

IF E(i) + E(ii) IS GREATER THAN 9 **DO NOT TRANSFER** THAT ACTIVITY TO THE NON-FARM ENTERPRISE SECTION.
TRANSFER EACH MEMBERõS 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
Other (specify).....8

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

Now, I would like to ask you about your dwelling

PART A: TYPE OF DWELLING

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

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

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

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

4. Do other households share this room with you?

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

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

PART B: OCCUPANCY STATUS OF THE DWELLING

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

Owning .....1 (>> 7C Q.7)
Renting.....2
Rent-free.....3
Perching.....4 (>> 7D)
Squatting.....5

2. Who owns this dwelling?

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

PART C: HOUSING EXPENSES

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

AMOUNT TIME UNIT

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

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

Yes.....1
No.....2 (>> 4)

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

VALUE TIME UNIT

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

Yes, All.....1
Yes, Part.....2
No.....3 (>> 7)

5. Who pays?

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

6. How much is paid?

AMOUNT TIME UNIT

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

PART D: UTILITIES AND AMENITIES

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

DRINKING

Pipe-borne inside dwelling.....01
Pipe-borne outside dwelling but on compound..02
Pipe-borne outside dwelling but from neighbourôs house.....03
Public tap/standpipe.....04
Borehole/Pump/Tube well.....05
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

GENERAL USE

1b1. How does your household store drinking water?

Plastic Container/ Bucketé é é é é é é é 1
Pot/ Earthenware Vesselé é é é é é é é .2
Metal Containeré é é é é é é é é é é ..3
Other (Specify)é é é é é é é é é é é ..4

1b2. (ASK PERMISSION TO OBSERVE)
Water Covered with designated fetching container é é é é é é é é é é é é é ..1
Exposed Surface with designated fetching containeré é é é é é é é é é é é 2
Water Covered with no designated containeré ..3
Exposed Surface with no designated container...4
Not Applicableé é é é é é é é é é 5

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

Yes.....1
No.....2

1d. Do you think your drinking water has any quality problems?
CIRCLE ALL THAT APPLY
Yes, Odouré é é é é é é é é é A
Yes, Taste.....B
Yes, Colour/Suspended Materials.é C
No é é é é é é é é é é .é .....D(>>2a)

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

Boil é é é é é é é é é é é é é é é ..01
Add bleach / chlorine é é é é é é é é é é é 02
Strain it through a clothé é é é é é é é . é é .03
Use water filter (ceramic, sand, composite, etc.)é 04
Solar disinfection é é é é é é é é é é é .05
Let it stand and settle é é é é é é é é é é é .06
Add camphor/naphthalene é é é é é é ...07
Add water tablet é é é é é é é é é é é .08
No action é é é é é é é é é é é é é é ...09
Other (specify) é é é é é é é é é é 10

2a. How far is this source of water from your dwelling?
(IF OPTION IN Q1a is1,2, 9,10, &11)

DRINKING DISTANCE DISTANCE CODE

GENERAL USE DISTANCE DISTANCE CODE

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

DRINKING DIST TIME (IN MINUTES)

GENERAL USE DISTANCE TIME (IN MINUTES)

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

DRINKING DISTANCE DISTANCE CODE

GENERAL USE DISTANCE DISTANCE CODE

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

Adult woman (age 15+ years)é . 1
Adult man (age 15+ years)é é . 2
Female child (under 15)é é é .. 3
Male child (under 15) ..é é é ...4
DKé é é é é é é é é é ..8

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

TIME UNIT FOR Q.3	NUMBER	TIME UNIT
Daily.....1		
Weekly.....2		
Fortnightly.....3		
Monthly.....4		
Other (specify).....5		

3b. When was the last time the water facility broke down?
(IF OPTION IS 5 OR 6 GO TO 4a)
During last weeké é é é é 1
One month agoé é é é é ..2
Three months agoé é é é ..3
More than 3 months agoé é 4
Never broke down é é é é .5(>>4a)
N/A.....6 (07,13,14)
DKé é é é é é é é é é .8

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

Immediately/Few days.....1
One week 2
During the same month 3
More than one month.....4
Not fixed yet..... 5
DK..... 8

PART D: UTILITIES AND AMENITIES

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

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

QUANTITY [ ] UNIT [ ]

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

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

QUANTITY [ ] UNIT [ ]

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 last 2 weeks?

AMOUNT [ ]

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

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

[ ]

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

AMOUNT [ ]

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

Electricity (mains) 1
Electricity (private generator)é ....2 (>> 13)
Kerosene lamp.....3 (>> 13)
Gas lampé é é é é é é é .....4 (>> 13)
Solar energy.....5 (>> 13)
Candleé é .....6 (>> 13)
Flashlight/Torch.....7 (>> 13)
Firewoodé é é é é é é é ...8 (>> 13)
Crop residueé é é é é é .....9 (>> 13)
Other (specify).....10 (>> 13)

[ ]

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

AMOUNT [ ] TIME UNIT [ ]

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

None, No cookingé é é é é é é é 1
Woodé é é é é é é é é é é é é 2
Charcoalé é é é é é é é é é é é ...é ..3
Gasé é é é é é é é é é é é é ...é ..4
Electricityé é é é é é é é é é é ...é é 5
Keroseneé é é é é é é é é é é é é ..é ..6
Crop residueé é é ..é é é é é é é .é 7
Sawdusté é é é é é é é é é é é é ..8
Animal wasteé é é é é é é é é .é 9
Other (specify)é é 10

[ ]

TIME UNIT

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

DISTANCE CODE

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

PART D: UTILITIES AND AMENITIES CONT'D)

14a. How does your household dispose of refuse?

Collected....é é é é é é é é é .1
Burned by Householdé é é é é .2
Public dumpé é é é é é é é é 3
Dumped indiscriminatelyé é é é 4

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

Discharge in open areaé é é 1
Discharge into drainsé é é ..2
Septic tanké é é é é é ..3
Discharge into Seweré é é .4
Other (Specify)é é é é ...5

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

AMOUNT TIME UNIT

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

No facility (e.g. bush/beach/field)...é é 1 (>> 18a)
W.Cé é é é é é é é é é é 2
Pit latrineé é é é é é é é é é .3
KVIPé é é é é é é é é é é é 4
Bucket/Pané é é é é é é é é é ..5
Public toilet (e.g. WC, KVIP, Pit Pan)...6 (>> 17a)
Other (specify)é é é é é é é é 7

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

Yes, with other household(s) in same houseé é é é é é 1
Yes, with other household(s) in different houseé é é é .2
Yes, with other household(s) and located In different house...3
Noé é é é ..é é é é é é é é é é é é é é ..4 (>>17a)

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

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

AMOUNT TIME UNIT

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

AMOUNT TIME UNIT

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

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

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

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

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

CIRCLE ALL THAT APPLY.

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

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

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

Liquid hand washing soap é é é é é é C

Ash é é é é é é é é é é é é é é D

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

Other (specify) é é é é é é é é é ..X

None é é é é é é é é é é é é é é Y

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

Yesé é é é 1

Noé é é é .2
(>>Part E)

18d. Can you please show it to me?

RECORD OBSERVATION. CIRCLE ALL THAT APPLY

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

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

Liquid hand washing soap é é é é é é C

Ash é é é é é é é é é é é é é é D

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

Other (specify) é é é é é é é é é ..X

None é é é é é é é é é é é é é é Y

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 toé ..? Yes ...é 1 Noé ...2 >> (NEXT ITEM)	3 Does the household useé é é é ..? Yes é é 1 Noé é 2
a. Fixed line telephone			
b. Mobile phone			
c. Personal computers (e.g. laptops, desktops/notebooks, etc)			
d. Internet (other use)			
e. Tablet PC (eg. ipad, galaxy tab, android ,etc)			
f. e-commerce (e.g. e-zwich, etc)			
g. Paid cable network (e.g.M-NET cablegold)			

PART F: CHARACTERISTICS OF THE DWELLING

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

Mud bricks/earthé é é é é é é ..01
Woodé é é é é é é é é é é é 02
Metal sheet/slate/asbestosé é é é 03
Stoneé é é é é é é é é é 04
Burnt bricksé é é é é é é é .05
Cement blocks/concreteé é é é ..06
Landcreteé é é é é é é é é .07
Bambooé é é é é é é é é ...08
Palm leaves/Thatch (grass/Raffiaé 09

Other (specify)é 10

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

Earth/Mudé é é é é é é ..é é ..1
Cement/Concreteé é é é .é é 2
Stoneé é é é é é é é é é ..3
Burnt bricksé é é é é é é é 4
Woodé é é é é é é é é é ..5
Vinyl tilesé é é é é é é é é 6
Ceramic/Porcelain/Granite/
Marble tilesé é é é é .7
Terrazzo/Terrazzo tiles.é é é é ..8
Other (specify)é é é é é é é é ..9

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

Mud bricks/earthé é é é é é ..1
Woodé é é é é é é é é é é 2
Metal sheet.é é é é é .é é é .é 3
Slate/Asbestosé ..é é é é é é 4
Cement blocks/concreteé é é .é ..5
Bambooé é é é é é é é é 6
Palm leaves/Thatch (grass/Raffiaé .7
Roofing Tilesé é é é é é é 8
Other (specify)é 9

PART G: WATER QUALITY MODULE ***Filter: Check the cover page to see if this household is selected for water quality testing (25%)***	**WQ**	
WQ1: Measurer name and ID	_____ ☐☐☐	
WQ2: EA NO.	☐☐☐☐	
WQ2A: REGION CODE	☐☐	
WQ3: HOUSEHOLD ID	☐☐	
WQ4: I WOULD LIKE TO TAKE SOME SAMPLES OF THE WATER YOU DRINK IN YOUR HOUSE TO TEST FOR ARSENIC. CAN YOU PLEASE PROVIDE ME WITH A GLASS OF DRINKING WATER, WHICH YOU WOULD GIVE TO A CHILD?	Yes .....1 No 2	1 ⇨WQ6
WQ5: WHY DO YOU NOT WANT TO PROVIDE SAMPLES FOR WATER TESTING?	Specify Reason _____	⇨NEXT MODULE
WQ6: FROM WHAT SOURCE DID YOU COLLECT THIS WATER?	PIPED WATER Piped into dwelling..... 11 Piped into yard or plot ..... 12 Public tap/standpipe ..... 13 Borehole ..... 21 DUG WELL Protected well ..... 31 Unprotected well ..... 32 Spring ..... 41 Rainwater collection ..... 42 Tanker-truck ..... 51 Cart with small tank/drum ..... 61 SURFACE WATER River/stream..... 71 Dam/lake/pond/canal/ irrigation channel) ..... 72 Sachet water ..... 81 Bottled water ..... 91 Other (*specify*) _____ 96	

PART G: WATER QUALITY MODULE; CONTINUED		
WQ7: HOW WAS WATER COLLECTED? (OBSERVATION)	Direct from source outside home ..... 1 Direct from source inside home ..... 2 From filter inside home ..... 3 From uncovered storage container ..... 4 From covered storage container ..... 5 Didnôt observe 6	
CONDUCT ARSENIC TEST		
WQ8: Arsenic level (ppb) in household water sample *(0, 10, 25, 50, 100, 200, 300, 500, or 1000)*		WQ8a : Arsenic level (ppb) in water source sample (*0,10,25,50,100,200,300,500, or 1000*)
Discuss arsenic leaflet with respondent, interpreting results		
If selected for water source testing		
Ask to visit the drinking water source from which the drinking water was collected. Collect water directly from this source and test it for arsenic and E. coli as done with the household samples. Label these Compact Dry plates S-XXX-YY, where XXX is the EA number and YY is the household number.		
THE FOLLOWING INFORMATION WQ10 ï WQ12 HAS TO BE RECORDED BY THE MEASURER AFTER 24-48 HOURS INCUBATION:		
WQ9a: Number of red colonies in 1 mL household water sample		
WQ9b: Number of blue colonies in 1 mL household water sample		
WQ10a: Number of red colonies in 100 mL household water sample		
WQ10b: Number of blue colonies in 100 mL household water sample		
RESULTS: ADDITIONAL WATER QUALITY TESTING		
WQ11a: Number of red colonies in 1 mL source water sample		
WQ11b: Number of blue colonies in 1 mL source water sample		
WQ12a: Number of red colonies in 100 mL source water sample		
WQ12b: Number of blue colonies in 100 mL source water sample		

PART H: CHARACTERISTICS OF THE DWELLING

1. Detailed sketch of the dwelling.

2. Measure taken.

Inside 1

Outside.....2

3. Calculate area in square metres.

AREA