



REPUBLIC OF GHANA
STATISTICAL SERVICE

15

GHANA LIVING STANDARDS SURVEY

HOUSEHOLD QUESTIONNAIRE

CLUSTER 03 HOUSEHOLD 07

REPUBLIC OF GHANA
STATISTICAL SERVICE

GHANA LIVING STANDARDS SURVEY
HOUSEHOLD QUESTIONNAIRE

SURVEY INFORMATION

CLUSTER:
HOUSEHOLD ROSTER

HEAD OF HOUSEHOLD:

ADDRESS (OR DESCRIPTION):

FIRST ROUND OF SURVEY

INTERVIEWER: DATE:

DWELLING FOUND? YES...1 NO...2 (X) SUPERVISOR? IS THE HEAD OF HOUSEHOLD THE SAME? YES...1 NO...2 (X) SUPERVISOR?

NAME OF NEW HEAD:

RELIGION OF HEAD: MUSLIM...1 PROTESTANT...3 ANIMIST/TRADITIONAL...5 CATHOLIC...2 OTHER CHRISTIAN...4 OTHER...6

PRIMARY LANGUAGE OF HEAD: AKAN...2 GA-ADANGBE...4 HAUSA...6 OTHER (SPECIFY)...8 EWE...3 DAGBANI...5 NZEMA...7

LANGUAGE USED BY THE RESPONDENT: ENGLISH...1 (END) GA-ADANGBE...4 NZEMA...7 INTER- YES...1 EWE...3 DAGBANI...5 OTHER (SPECIFY)...8 PRETER? NO...2 HAUSA...6

REMARKS:

VERIFICATION OF THE QUESTIONNAIRE, ROUND ONE

SUPERVISOR: DATE:

REMARKS:

REINTERVIEW BY SUPERVISOR? YES...1 NO...2

THIS HOUSEHOLD REPLACES HOUSEHOLD NO: THIS HOUSEHOLD WILL BE REPLACED BY NO: REASON: DWELLING NOT FOUND/VACANT...1 OCCUPANT NOT AT HOME...2 REFUSAL...3

DATA ENTRY, ROUND ONE

OPERATOR: DATE:

REMARKS:

SUPERVISION OF PRINTOUTS, ROUND ONE

SUPERVISOR: DATE:

REMARKS:

SECOND ROUND OF SURVEY

INTERVIEWER: DATE:

REMARKS:

VERIFICATION OF QUESTIONNAIRE, ROUND TWO

SUPERVISOR: DATE:

REMARKS:

REINTERVIEW BY SUPERVISOR? YES...1 NO...2

DATA ENTRY, ROUND TWO

OPERATOR: DATE:

REMARKS:

SUPERVISION OF PRINTOUTS, ROUND TWO

SUPERVISOR: DATE:

REMARKS:

SUMMARY OF SURVEY RESULTS

SECTION		INTERVIEWER								SUPERVISOR		CORRECTED IN OFFICE...1: CORRECTED DURING SECOND ROUND.....2: CORRECTED DURING CHECK-UP VISIT.....3 NOT CORRECTED.....4	
		FIRST VISIT				CHECK-UP VISIT				INTERVIEWER	OPERATOR		
		DATE			RESULT COMPLETE.....1 PARTIAL.....2 NOT APPLICABLE...3	DATE			RESULT COMPLETE.....1 PARTIAL.....2				
DAY MONTH YEAR			DAY MONTH YEAR										
FIRST ROUND	1												
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SECOND ROUND	9												
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	15												

OBSERVATIONS AND COMMENTS

REMARKS BY THE INTERVIEWER ON THE FIRST ROUND

REMARKS BY THE INTERVIEWER ON THE SECOND ROUND

REMARKS BY THE SUPERVISOR ON THE FIRST ROUND

REMARKS BY THE SUPERVISOR ON THE SECOND ROUND

PART B

TO BE COMPLETED FOR ALL HOUSEHOLD
MEMBERS

SECTION 1. PART 8. INFORMATION ON PARENTS OF HOUSEHOLD MEMBERS

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Is the father of [NAME] living in this household?	COPY THE IDENTIFICATION CODE FOR THE FATHER	Is the father of [NAME] still alive?	Did the father of [NAME] attend school?	What was the highest grade he completed?	What was the highest diploma or degree obtained by the father of [NAME]?	What kind of work did the father of [NAME] do for most of his life?	If >10 YEARS ASK: When [NAME] was 10 years old, did he/she live with his/her father?	Is the natural mother of [NAME] living in this household?	COPY THE IDENTIFICATION CODE FOR THE MOTHER	Is the mother of [NAME] still alive?	Did the mother of [NAME] attend school?	What was the highest grade she completed?	What was the highest diploma or degree obtained by [NAME]'s mother?	What kind of work did [NAME]'s mother do for most of her life?	If >10 YEARS ASK: When [NAME] was 10 years old, did he/she live with his/her mother?
YES...1 NO...2 (#3)		YES...1 NO...2 (#7)	YES...1 NO...2 (#7)	CODES: NONE P1 P2 P3 P4 P5 P6 M1 M2 M3 M4 S1 S2 S3 S4 S5 A1 A2 PS1 PS2 PS3 T1 T2 T3 T4 U1 U2 U3 U4 U5 U6 U7 U8 K (Koranic) GRADE	CODES: NONE MSLC COMM/VOCAT TEACH TR 8 TEACH TR A GCE O LEVEL GCE A LEVEL TECH/PROF CERT TECH/PROF DIPL BACHELOR MASTERS DOCTORATE OTHER	PROFESSIONAL/TECHNICAL ADMINISTRATIVE/MANAGERIAL CLERICAL SALES SERVICE AGRICULTURE/FISHING HUNTING PRODUCTION CONSTRUCTION TRANSPORTATION/COMMUNICATION NEVER WORKED OTHER (SPECIFY)	When [NAME] was 10 years old, did he/she live with his/her father? YES...1 NO...2 (#11)	YES...1 NO...2 (#11)		YES...1 NO...2 (#15)	YES...1 NO...2 (#15)	CODES: NONE P1 P2 P3 P4 P5 P6 M1 M2 M3 M4 S1 S2 S3 S4 S5 A1 A2 PS1 PS2 PS3 T1 T2 T3 T4 U1 U2 U3 U4 U5 U6 U7 U8 K (Koranic) GRADE	CODES: NONE MSLC COMM/VOCAT TEACH TR 8 TEACH TR A GCE O LEVEL GCE A LEVEL TECH/PROF CERT TECH/PROF DIPL BACHELOR MASTERS DOCTORATE OTHER	PROFESSIONAL/TECHNICAL ADMINISTRATIVE/MANAGERIAL CLERICAL SALES SERVICE AGRICULTURE/FISHING HUNTING PRODUCTION CONSTRUCTION TRANSPORTATION/COMMUNICATION NEVER WORKED OTHER (SPECIFY)	When [NAME] was 10 years old, did he/she live with his/her mother? YES...1 NO...2 (#11)
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SECTION 1. PART C. CHILDREN RESIDING ELSEWHERE

1. Does any member of your household have children under 30 years of age not living here in this household?

YES.....1

NO.....2 (# SECTION 2)

FOR EACH CHILD LISTED IN QUESTION 2, ASK QUESTIONS 4-13.

2	3	4	5	6	7	8	9	10	11	12	13
What are their names? (LIST ALL THE CHILDREN UNDER 30 YEARS OF AGE WHO DO NOT LIVE IN THIS HOUSEHOLD. COMPLETE THE LIST BEFORE GOING TO 4-13.	Sex? M...1 F...2	How old is... [NAME]... now?	Does the father of [NAME]... live in this household?	COPY THE FATHER'S ID CODE.	Does the natural mother of [NAME]... live in this household?	COPY THE MOTHER'S ID CODE.	Has [NAME]... attended school?	Is...[NAME] ... attend- ing school now?	What is the highest grade completed by ...[NAME]...?	In what region or country does [NAME]... live? WESTERN.....1 CENTRAL.....2 GREATER ACCRA.....3 EASTERN.....4 VOLTA.....5 ASHANTI.....6 BRONG-AHAFO.....7 NORTHERN.....8 UPPER WEST.....9 UPPER EAST.....10 NIGERIA.....11 IVORY COAST.....12 TOGO.....13 BURKINA FASO.....14 MALI.....15 OTHER AFRICA (SPECIFY).....16 OTHER (SPECIFY).....17	Where does he/she live? Is it a...? City.....1 Large town.....2 Medium town.....3 Small town.....4 Large village.....5 Small village.....6 Other.....7
		YEARS		ID CODE		ID CODE			GRADE NONE P1 P2 P3 P4 P5 P6 M1 M2 M3 M4 S1 S2 S3 S4 S5 T1 T2 T3 T4 U1 U2 U3 U4 U5 U6 U7 U8 X (Koranic)		
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* NEXT
CHILD *

* SECTION 2

SECTION 2. HOUSING

Now I would like to ask you some questions about your dwelling.
Dwelling I mean all the rooms and all the separate buildings
members of your household.

PART A: TYPE OF DWELLING

Which buildings and rooms does your household occupy?

1. MAIN TYPE OF DWELLING

SINGLE-FAMILY HOME (OR HUT).....1
FLAT (SELF CONTAINED).....(x5)
ROOMS (NOT SELF CONTAINED).....(x5)
SEVERAL HUTS/BUILDINGS (SAME COMPOUND).....4 (x2)
SEVERAL HUTS/BUILDINGS (DIFF COMPOUNDS).....5 (x3)

2. IS THE HOUSE PART OF A COMPOUND?

YES.....1
NO.....2 (x6)

3. HOW MANY BUILDINGS ALTOGETHER ARE THERE IN THE COMPOUND,
INCLUDING THOSE OCCUPIED BY THIS HOUSEHOLD AND THOSE
OCCUPIED BY OTHER HOUSEHOLDS?

4. HOW MANY BUILDINGS DOES THIS HOUSEHOLD OCCUPY?

(x6)

5. IS THE UNIT (FLAT OR ROOMS) PART OF A COURTYARD OR COMPOUND?

YES.....1
NO.....2

6. How many rooms does the household occupy, including
bedrooms, living rooms, and rooms used for family business?

DO NOT COUNT BATHROOMS, TOILETS OR KITCHENS.

7. Are any of these rooms also used for a
family business or trade?

YES.....1
NO.....2 (x9)

8. How many of these rooms are used primarily for business?

ROOMS:

9. How long has your household been living in this dwelling?

If more than 5 years
leave month blank

YEARS:

MONTHS:

PART B

SECTION 2.

PART 8: HOUSING EXPENSES

1. Does this dwelling belong to a member of your household?

YES.....1 (#13)
NO.....2

2. Is this dwelling rented in exchange for goods, services or money?

YES.....1
NO.....2 (#11)

3. From whom is the dwelling rented? Is it from a relative, a private employer of a member of the household, a government agency or a private individual or agency?

RELATIVE.....1
PRIVATE EMPLOYER.....2
GOVERNMENT.....3
PRIVATE INDIVIDUAL/AGENCY.....4
DON'T KNOW.....5

4. How much money does your household pay in rent for this dwelling?

AMOUNT:

IF NO MONEY PAYMENT, ENTER ZERO.

TIME UNIT:

5. Did you pay any advance money to move in?

YES.....1
NO.....2 (#9)

6. How much advance money was paid?

AMOUNT:

7. How much time does this advance cover?

IF ADVANCE MONEY DOES NOT
COVER A FIXED AMOUNT OF
TIME, ENTER 1 FOR AMOUNT
OF TIME AND 9 FOR TIME UNIT

AMOUNT OF TIME:

TIME UNIT:

8. When did you pay that advance money

MONTH/YEAR:

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

YES.....1
NO.....2 (#11)

10. What is the approximate value of these goods and services provided by your household?

AMOUNT:

TIME UNIT:

11. Is part or all of the rent paid by someone who is not a member of your household, or does someone provide this housing free of charge? For example, by relative, a private employer, a government agency or other public agency, or a private individual or agency?

YES, PAYS RENT.....1
YES, PROVIDES FREE OF CHARGE.....2
NO.....3 (#18)TIME UNIT: DAY.....3 MONTH.....5 HALF YEAR.....7
WEEK.....4 QUARTER.....6 YEAR.....8

12. Who pays all or part of the rent, or provides the housing free of charge?

RELATIVE.....1
PRIVATE EMPLOYER.....2
GOVERNMENT.....3
PRIVATE INDIVIDUAL/AGENCY.....4
DON'T KNOW.....5

#18

13. Do you make mortgage payments on this dwelling?

YES.....1
NO.....2 (#16)

14. How much was your last payment?

AMOUNT:

15. How often do you make these payments?

NO OF TIMES:

TIME UNIT:

16. If you wanted to sell this dwelling today, how much would you be able to get for it?

AMOUNT:

17. If you wanted to rent this dwelling to someone else, how much rent would you be able to get for it?

AMOUNT:

TIME UNIT:

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

INDOOR PLUMBING.....1
INSIDE STANDPIPE.....2
WATER VENDOR.....3
WATER TRUCK/TANKER SERVICE.....4
NEIGHBOURING HOUSEHOLD.....5
PRIVATE OUTSIDE STANDPIPE/TAP.....6
PUBLIC STANDPIPE.....7 (#23)
WELL WITH PUMP.....8 (#23)
WELL WITHOUT PUMP.....9 (#23)
RIVER, LAKE, SPRING, POND.....10 (#24)
RAINWATER.....11 (#25)
OTHER (SPECIFY:.....) 12 (#24)

19. How much was your household's last water bill?

AMOUNT:

(PROBE IF JOINT METER OR
SHARED BILL)

20. Did you sell any of this water to someone else?

YES.....1
NO.....2 (#22)

21. What fraction of this water was sold?

LESS THAN 1/4.....0
1/4.....1
1/2.....2
3/4.....3
ALL.....4

22. What amount of time was covered by that bill?

NUMBER:

TIME UNIT:

25

23. Is this ...[SOURCE OF DRINKING WATER]... used by your household only or shared with others?

THIS HOUSEHOLD ONLY.....1
SHARED.....2

24. How far (meters) is this ...[SOURCE OF DRINKING WATER]... from your dwelling?

DISTANCE:

DISTANCE CODE:

FOOT...1 YARD...2 METER...3
KILOMETER...4 MILE...5

25. What is your household's main source of water for laundry and bathing?

INDOOR PLUMBING.....1
INSIDE STANDPIPE.....2
WATER VENDOR.....3
WATER TRUCK/TANKER SERVICE.....4 (27)
NEIGHBOURING HOUSEHOLD.....5
PRIVATE OUTSIDE STANDPIPE/TAP.....6
PUBLIC STANDPIPE.....7
WELL WITH PUMP.....8
WELL WITHOUT PUMP.....9
RIVER LAKE SPRING POND.....10
RAINWATER.....11
OTHER (SPECIFY).....12

26. Is this [SOURCE OF WATER FOR LAUNDRY AND BATHING] used only by your household or by other households also?

THIS HOUSEHOLD ONLY.....1
SHARED.....2

27. How does your household dispose of most of its garbage?

COLLECTED BY A GARBAGE TRUCK.....1
DUMPED.....2
BURNED.....3
BURIED.....4

28. How much did your household pay for garbage disposal?

AMOUNT:

TIME UNIT:

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

FLUSH TOILET.....1
PIT LATRINE.....2
PAN/BUCKET.....3
NO TOILET.....4 (32)
OTHER (SPECIFY).....5

30. Is this toilet used only by your household, or do other households use it?

THIS HOUSEHOLD ONLY.....1
SHARED.....2

31. Do you have to go out of doors to get to the toilet?

YES.....1
NO.....2

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

ELECTRICITY.....1
KEROSENE OIL OR GAS LAMPS.....2 (36)
CANDLES OR TORCHES (FLASHLIGHTS).....3 (36)
NONE.....4 (36)

33. Do you have a joint or individual electric meter?

JOINT.....1
INDIVIDUAL.....2

34. How much was the last electric bill for your household?

(IF NOTHING, WRITE ZERO)

AMOUNT:

35. How many months consumption was covered by this bill?

MONTHS:

36. What kind of fuel is most often used by your household for cooking?

WOOD.....1 (SECTION 3)
CHARCOAL.....2 (SECTION 3)
GAS.....3 (SECTION 3)
ELECTRICITY.....4 (SECTION 3)
KEROSENE.....5 (SECTION 3)
OTHER (SPECIFY).....1.6 (SECTION 3)

37. How does the household usually get its wood? By

collecting/gathering.....1
purchase?.....2 (SECTION 3)

38. When the household collects wood, are these trips made primarily for the purpose of collecting wood?

YES.....1
NO.....2

39. How far must you go to fetch wood?

KILOMETERS:

40. How long does it take to get there?

HOURS:

MINUTES:

41. How often must wood be fetched?

TIMES:

TIME UNIT:

SECTION 3

TIME UNIT: DAY.....3 MONTH.....5 HALF YEAR.....7
WEEK.....4 QUARTER.....6 YEAR.....8

SECTION 3. EDUCATION

TO BE COMPLETED FOR ALL HOUSEHOLD
MEMBERS 5 YEARS OR OLDER.

SECTION 3. EDUCATION

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18		
ID ENT ITY NAME	Can ... [NAME] ... read a news- paper?	write a let- ter?	do writ- ten cal- cula- tions?	Has ... many years of appren- tice- ship?	Has ... [NAME] ever attend- ed or is he/ she attend- ing a school?	What was the highest grade he/she completed?	In addit- ion, has he/ she had any techni- cal or profes- sional train- ing?	What level of training was achie- ved?	What was the highest diploma obtained?	Was the last school attend- ed...	Is ... [NAME] attend- ing school at present?	When did last attend school?	Does he/she intend to re- turn to school?	Does he/she live here in this house- hold while attend- ing school?	During the past 7 days, how many hours has he/she actu- ally spent attending classes?	Has ... [NAME] ... attended school during the past 12 months?	Was he/ she living here in this house- hold at the same time?		
YES.1 NO...2 (#3)	YES.1 NO...2	YES.1 NO...2	YES.1 NO...2	YES...1 NO...2 (#5)	YES...1 NO...2 (#10)	CODES- NONE P1 P2 P3 P4 P5 P6 M1 M2 M3 M4 S1 S2 S3 S4 S5 AT A2 PS1 PS2 PS3 TI T2 T3 T4 U1 U2 U3 U4 US U6 U7 U8 K (Koranic) YES...1 NO...2 (#10)	TECHNICAL UNFINISHED.1 COMMERCIAL FINISHED...2 TEACH TR A...3 TEACH TR B...4 GCE O LEVEL...5 GCE A LEVEL...6 VOCATIONAL FINISHED...7 TECH/PROF DEPT...8 TECH/PROF DIPL...9 BACHELOR...10 MASTER...11 DOCTORATE...12 OTHER...13	COMMERCIAL UNFINISHED.1 COMMERCIAL FINISHED...2 TEACH TR A...3 TEACH TR B...4 GCE O LEVEL...5 GCE A LEVEL...6 VOCATIONAL FINISHED...7 TECH/PROF DEPT...8 TECH/PROF DIPL...9 BACHELOR...10 MASTER...11 DOCTORATE...12 OTHER...13	YES...1 NO...2 (#15)	YES...1 NO...2 (#17)	YES...1 NO...2 (#19 NEXT PAGE)	YES...1 NO...2 (#19 NEXT PAGE)	YES...1 NO...2 (#19 NEXT PAGE)	YES...1 NO...2 (#19 NEXT PAGE)	YES...1 NO...2 (#19 NEXT PAGE)	YES...1 NO...2 (#19 NEXT PAGE)	YES...1 NO...2 (#19 NEXT PAGE)	YES...1 NO...2 (#19 NEXT PAGE)	YES...1 NO...2 (#19 NEXT PAGE)
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SECTION 3.

IDENTIFICATION CODE	19 How much has your household spent during the past 12 months on ...[NAME'S]...education for... IF NOTHING WAS SPENT, WRITE ZERO. IF THE RESPONDENT CAN ONLY GIVE A TOTAL AMOUNT, WRITE DX IN THE RELEVANT COLUMNS AND THE TOTAL AMOUNT IN COLUMN 6							20 Did [NAME] have a scholarship during the past 12 months?	21 What was the value of the scholarship for the past 12 months?	22 Has any other person, who is not a member of your household, paid any other school expenses for ...[NAME]?	23 How far is [NAME'S] school from here? DISTANCE CODE: METER3 KILOMETER4 MILE5	24 How long does it take [NAME] to go to school from here? TIME ONE WAY HRS MIN	25 Did [NAME] attend extra classes for the purpose of passing exams in the last 12 months? YES....1 NO.....2	
	A. Contributions to parents' associations?	B. Uniforms and sports clothes?	C. Books and school supplies?	D. Transportation to school?	E. Cafeteria, board and lodging?	F. Tuition and registration fees?	G. Other? (clubs, extra classes, etc.)	YES...1 NO...2 (22)	AMOUNT	YES...1 NO...2				
	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT							
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SECTION 4. HEALTH

TO BE ASKED OF EACH HOUSEHOLD
MEMBER. FOR CHILDREN, ASK THE
QUESTIONS OF THEIR PARENTS.

SECTION 4. HEALTH

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
Have you had any illness or injury during the past 4 weeks? For example, have you had a cough, a cold, diarrhea, an injury due to an accident, or any other illness?	How long ago did this illness start? TIME UNIT: DAY...3 WEEK...4 MONTH...5 QUARTER...6 HALF YEAR...7 YEAR...8	For how many days during the past 4 weeks did you suffer from this illness or injury?	For how many days during the past 4 weeks were you unable to carry on your usual activities because of this illness or injury?	Has anyone been consulted for treating this illness or injury during the past 4 weeks? For example, a doctor, nurse, pharmacist, healer, midwife, or other health practitioner?	Who was consulted first? DOCTOR...1 NURSE...2 MEDICAL ASSISTANT...3 MIDWIFE...4 TRADITIONAL BIRTH ATTENDANT...5 PHARMACIST...6 HEALER...7 SPIRITUAL LIST...8 OTHER (Specify)...9	Where did the consultation take place? HOSPITAL...1 DISPENSARY...2 PHARMACY...3 CLINIC...4 MATERNITY HOME...5 MHC (MATERNAL HEALTH CARE)...6 THE HOME OF THE PERSON CONSULTED...7 THE SICK PERSON'S HOME...8 OTHER (Specify)...9	Is this a public or private establishment?	How long did it take you to go to this consultation?	How far was this consultation from here? DISTANCE CODE METER...3 KILOMETER...4 MILE...5	How many times did you consult this person for this illness or injury during the past 4 weeks?	How much did you have to pay this person for all the consultations during the past 4 weeks?	Did you have to spend a night in a hospital or other establishment during the past 4 weeks because of this illness or injury?	How many nights during the past 4 weeks?	How much have you paid or will you pay altogether for this hospital stay?	How much has been spent altogether for transportation to the place of consultation during the past 4 weeks?	How much has been spent altogether for medicines for this illness or injury in the past 4 weeks?	In the past 12 months, have you had any vaccinations, Maternal Health Care (MHC) consultations or other health check-ups?	How much have you paid or will you pay altogether for these health check-ups during the past 12 months?	ASK ONLY OF WOMEN AGE 15 OR OLDER How many children have you given birth to, including any children who died?
YES...1 NO...2 (*16)	AMOUNT OF TIME UNIT	DAYS	DAYS	YES...1 NO...2 (*17)	YES...1 NO...2 (*17)	YES...1 NO...2 (*17)	PUBLIC...1 PRIVATE...2	HRS MIN	DIS-TANCE CODE	TIMES	AMOUNT	YES...1 NO...2 (*16)	NIGHTS	AMOUNT	AMOUNT	AMOUNT	YES...1 NO...2 (*SECTION 5)	AMOUNT	SECTION 5
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SECTION 5. ECONOMIC ACTIVITIES

TO BE ASKED OF ALL HOUSEHOLD
MEMBERS AGED 7 YEARS OR OLDER

PART A: TIME USE

[illegible]

SECTION 5. PART B. MAIN JOB DURING THE PAST 7 DAYS

IDENTIFICATION CODE	1 I would like to ask you some questions about the work you have done during the past 7 days. Please describe your main job, that is, the work on which you spent most time during the past 7 days, even if you were not paid for it. What did you do in this work?		2 What kind of trade, industry, or business is it connected with?		3 Did your father or your mother do or are they doing the same kind of work?	4 For how many days during the past 7 days did you do this work?	5 During these days, how many hours per day did you do this work?	6 For how many weeks during the past 12 months did you do this work?	7 For how many hours per week usually do this work during the past 12 months?	8 How long have you been doing this work during your entire lifetime?	9 Have you received or will you receive money for this work?	10 How much money? How often?	11 In this work, were you self-employed on a farm or in a business belonging to your household?	12 Have you done any other work in the past 7 days?
	DESCRIPTION	CODE	TYPE	CODE	YES...1 NO...2	DAYS	HOURS PER DAY	WEEKS	HOURS	YRS. MOS. WKS.	YES...1 NO...2 (will)	AMOUNT	TIME UNIT	YES...1 NO...2 (PART C) NO...2 (PART D)
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TIME UNIT: MINUTE...1 HOUR...2 DAY...3 WEEK...4 MONTH...5 QUARTER...6 HALF YEAR...7 YEAR...8

SECTION 5. PART 8. MAIN JOB DURING THE PAST 7 DAYS (CONT.)

I D E N T I F I C A T I O N C O D E	13	14	15	16	17	18	19	20	21	22	23	24	25
	For whom did you work? (READ TO THE RESPONDENT) The Government or the army.....1 A state-owned company.....2 A private company or business.....3	Where do you work at this job? EMPLOYER'S HOME.....1 OTHER FIXED PLACE.....2 NO FIXED PLACE.....3	Is there a union at the place where you do this work? YES...1 NO...2	Is your remuneration for this work subject to the legal minimum wage rate? YES...1 NO...2	Are taxes already deducted from the payment you receive for your work? YES...1 NO...2	How many people altogether work at the place where you do this work? PERSONS	Is your boss, manager or director related to you? YES...1 NO...2	How far from this dwelling is the place where you did this work? DISTANCE CODE METER...3 KILOMETER...4 MILE...5	How long does it take you to go there from here? HRS MIN TIMES TIME UNIT	How often do you go there? For example, twice a day, once a week?	Have you received or will you receive any bonuses, commissions, tips, allowances or gratuities for this work? YES...1 NO...2 (SEE NEXT PAGE)	Does the payment reported earlier include bonuses, commissions, tips, allowances or gratuities? YES...1 NO...2	How much do these bonuses, commissions, tips, allowances and gratuities amount to? AMOUNT TIME UNIT
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TIME UNIT: MINUTE...1 HOUR...2 DAY...3 WEEK...4 MONTH...5 QUARTER...6 HALF YEAR...7 YEAR...8

SECTION 5. PART 8. MAIN JOB DURING THE PAST 7 DAYS (CONT.)

IDENTIFICATION CODE	26	27	28	29	30	31	32	33	34	35
	Have you received or will you receive payment for this work in the form of food, crops or animals?	What is the value of these goods?	Have you received or will you receive payment for this work in the form of free or subsidized housing?	What is the value of this subsidy?	Have you received or will you receive payment for this work in the form of clothing?	What is the value of this clothing?	Is your transport to this work free or subsidized?	What is the value of this transport?	Have you received or will you receive payment for this work in any other form?	What is the value of this other form of payment?
	YES..1 NO...2 (#28)	AMOUNT TIME UNIT	YES..1 NO...2 (#30)	AMOUNT TIME UNIT	YES..1 NO...2 (#32)	AMOUNT TIME UNIT	YES..1 NO...2 (#34)	AMOUNT TIME UNIT	YES..1 NO...2 (#36 NEXT PAGE)	AMOUNT TIME UNIT
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SECTION 5. PART B. MAIN JOB DURING THE PAST 7 DAYS (END)

	36	37	38	39	40	41	42
IDENTIFICATION CODE	When you started this work, did you sign a contract in which your salary was specified?	Have you had or will you receive paid holidays in this work?	Have you had or will you receive paid sick leave in this work?	Will you receive a retirement pension in this work?	Are you entitled to free or subsidized medical care in this work?	Have you received or will you receive social security benefits in this work?	Have you done any other work during the last 7 days?
	YES..1 NO...2	YES..1 NO...2	YES..1 NO...2	YES..1 NO...2	YES..1 NO...2	YES..1 NO...2	<div style="border: 1px solid black; padding: 2px;"> INTERVIEWER: PROBE THOROUGHLY FOR SECONDARY JOBS YES..1 (PART C) NO...2 (PART D) </div>

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SECTION 5. PART C. SECONDARY JOB DURING THE PAST 7 DAYS

IDENTIFICATION CODE	1 Please describe the work to which you devoted most time, after your main job during the past 7 days. What did the work consist of?		2 What kind of trade, industry or business is it connected with?		3 For how many days during the past 7 days did you do this work?	4 On these days, about how many hours a day did you do this work?	5 For how many weeks during the past 12 months did you do this work?	6 For how many hours per week do you usually do this work?	7 How long have you been doing this work?			8 Have you received or will you receive money for this work?	9 How much money? How often?		10 In this work were you self-employed on a farm or in a business belonging to your household?	11 Have you done any other work in the past 7 days?	12 How much did you or will you receive for all this other work, including payment in the form of goods and services?	
	DESCRIPTION	CODE	TYPE	CODE	DAYS	HOURS PER DAY	WEEKS	HOURS	YRS.	MOS.	WKS.	NO. (10)	AMOUNT	TIME UNIT	YES...1 NO...2 (113 NEXT PAGE)	YES...1 NO...2 (PART D)	AMOUNT	TIME UNIT
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TIME UNITS: MINUTE...1 HOUR...2 DAY...3 WEEK...4 MONTH...5 QUARTER...6 HALF YEAR...7 YEAR...8

SECTION 5. PART C. SECONDARY JOB DURING THE PAST 7 DAYS (END)

IDENTIFICATION CODE	13	14	15	16	17	18	
	Whom did you work for? (READ TO THE RESPONDENT) The Government or the army... (i15) A state owned company... (i15) A private company or business... 3	Are taxes already deducted from the payment you receive for this work? YES...1 NO...2	Do you also receive remuneration in goods or services? YES...1 NO... (i15) ²	What is the value of these goods and services?	Have you done any other work during the past 7 days? YES...1 NO... (i15) ²	How much did you or will you receive for all this other work including payment in the form of goods and services?	
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TIME UNITS: MINUTE...1 HOUR...2 DAY...3 WEEK...4 MONTH...5 QUARTER...6 HALF YEAR...7 YEAR...8

SECTION 5. PART D. SEARCH FOR ADDITIONAL EMPLOYMENT

IDENTIFICATION CODE	1 Have you looked for extra work during the past 7 days?	2 Why haven't you looked for extra work during the past 7 days? (MAIN REASON) DID NOT WANT EXTRA WORK.....1 ENOUGH WORK ALREADY.....2 AWAITING REPLY FROM AN EMPLOYER.....3 AWAITING REPLY FROM AN EMPLOYMENT AGENCY.....4 WAITING TO START A NEW JOB.....5 TOO OLD/SICK/DISABLED.....6 THERE IS NO MORE WORK.....7 DON'T KNOW HOW TO LOOK.....8 OTHER REASONS.....9	3 During the past 7 days, have you looked for other work to replace your present work? YES...1 NO...2 (PART E)	4 What kind of work are you looking for? AS..... Self-employed?.....1 Wage-earner?.....2 EITHER?.....3 In the... Private Sector?.....1 Public Sector?.....2 EITHER.....3 Agricul- tural?.....1 Non-agricul- tural?.....2 EITHER.....3			5 What is the lowest wage for which you are willing to work? <div>PART E</div> AMOUNT TIME UNIT	
	YES...1 (#3) NO...2							

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SECTION 5. PART E. MAIN JOB DURING THE PAST 12 MONTHS

IDENTIFICATION CODE	1	2	3	4	5	6	7	8	9	10	11	
	Now I would like to talk about your main work during the past 12 months, that is, the work to which you devoted the most time during the past 12 months (since.....). What did this work consist of?	What kind of trade, industry, or business is it connected with?	Is this work the same as your main or secondary job during the past 7 days? YES, SAME AS MAIN JOB.....1 (PART F) YES, SAME AS SECONDARY JOB.....2 (PART F) NO, DIFFERENT WORK.....3	Did your father or mother do or are they doing the same kind of work? YES...1 NO...2	For how many weeks during the past 12 months did you do this work?	During these weeks, how many days a week did you work?	How many hours a day did you work?	How long have you been doing this work?	Have you received or will you receive money for this work? YES...1 NO...2 (will)	How much money? How often?	In this work were you self-employed or a worker on a farm or in a business belonging to your household? YES.....1 (PART F) NO.....2 (PART F)	
	DESCRIPTION	CODE	CODE		WEEKS	DAYS PER WEEK	HOURS PER DAY	YRS	MOS	WKS	AMOUNT	TIME UNIT
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TIME UNITS: MINUTE...1 HOUR...2 DAY...3 WEEK...4 MONTH...5 QUARTER...6 HALF YEAR...7 YEAR...8

SECTION 5. PART E. MAIN JOB DURING THE PAST 12 MONTHS (CONT.)

IDENTIFICATION CODE	12 For whom did you work? (READ TO THE RESPONDENT) The Government or the army.....1 A state-owned company.....2 A private company or business.....3	13 Where do you work at this job? EMPLOYER'S HOME.....1 OTHER FIXED PLACE.....2 NO FIXED PLACE.....3	14 Is there a union at the place where you do this work? YES...1 NO...2	15 Is your remuneration for this work subject to the legal minimum wage rate? YES...1 NO...2	16 Are taxes already deducted from the payment you receive for your work? YES...1 NO...2	17 How many people altogether work at the place where you do this work? PERSONS NO...2	18 Is your boss, manager or director related to you? YES...1 NO...2	19 How far from this dwelling is the place where you did this work? DISTANCE CODE METER...3 KILOMETER...4 MILE...5 DIS-TANCE CODE:	20 How long does it take you to go there from here? HRS MIN TIMES TIME UNIT	21 How often do you go there? For example, twice a day once a week TIMES TIME UNIT	22 Have you received or will you receive any bonuses, commissions, tips, allowances or gratuities for this work? YES...1 NO...2 (25 NEXT PAGE)	23 Does the payment reported earlier include bonuses, commissions, tips, allowances or gratuities? YES...1 NO...2	24 How much do these bonuses, commissions, tips, allowances and gratuities amount to? AMOUNT TIME UNIT
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SECTION 5. PART E. MAIN JOB DURING THE PAST 12 MONTHS (CONT.)

IDENTIFICATION CODE	25	26	27	28	29	30	31	32	33	34
	Have you received or will you receive payment for this work in the form of food, crops or animals?	What is the value of these goods?	Have you received or will you receive payment for this work in the form of free or subsidized housing?	What is the value of this subsidy?	Have you received or will you receive payment for this work in the form of clothing?	What is the value of the clothing?	Is your transport to this work free or subsidized?	What is the value of this transport?	Have you received or will you receive payment for this work in any other form?	What is the value of this form of payment?
	YES..1 NO...2 (#27)	AMOUNT TIME UNIT	YES..1 NO...2 (#29)	AMOUNT TIME UNIT	YES..1 NO...2 (#31)	AMOUNT TIME UNIT	YES..1 NO...2 (#33)	AMOUNT TIME UNIT	YES..1 NO...2 (#35 NEXT PAGE)	AMOUNT TIME UNIT
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SECTION 5. PART E. MAIN JOB DURING THE PAST 12 MONTHS (END)

IDENTIFICATION CODE	35 When you started work, did you sign a contract in which your salary was specified?	36 Have you had or will you receive paid holidays in this work?	37 Have you had or will you receive sick leave in this work?	38 Will you receive a retirement pension in this work?	39 Are you entitled to free or subsidized medical care in this work?	40 Have you received or will you receive social security benefits in this work?
	YES..1 NO...2	YES..1 NO...2	YES..1 NO...2	YES..1 NO...2	YES..1 NO...2	YES..1 NO...2
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SECTION 5. PART F. EMPLOYMENT HISTORY

IDENTIFICATION CODE	1	2	3	4	5	6	7
	What did you do before starting this work? That is, were you doing other work, studying, or were you unemployed?	Please describe the main work you did before you started your main job during the past 12 months. What did that work consist of?	What kind of business, trade, industry, or profession was it connected with?	In this work were you self-employed on a farm or in a business belonging to your household?	For how long did you do this work?	For how many weeks did you look for work before your main job last year?	Have you done any other work in addition to your main employment in the last 12 months?
	OTHER WORK.....1 SCHOOL.....2 (17) UNEMPLOYED.....3 (16) HOUSEWORK.....4 (16) TOO YOUNG.....5 (16)			YES....1 NO.....2	YEARS MONTHS WEEKS		INTERVIEWER: PROBE THOROUGHLY FOR ALL SECONDARY JOBS YES.....1 (PART G) NO.....2 (PART H)
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SECTION 5. PART G. SECONDARY JOB DURING THE PAST 12 MONTHS

IDENTIFICATION CODE	1 Now, I would like to talk about your secondary job during the past 12 months, that is, the work on which you spent most time after your main job (since.....). What did this work consist of?	2 What kind of trade, industry, or business is it connected with?	3 Is this work the same as your main or secondary job during the past 7 days? YES, SAME AS MAIN JOB.....1 (#15 NEXT PAGE) YES, SAME AS SECONDARY JOB.....2 (#15 NEXT PAGE) NO, DIFFERENT WORK.....3	4 For how many weeks during the past 12 months did you do this work?	5 During these weeks, how many days a week did you work?	6 How many hours a day did you work? HOURS PER DAY	7 How long have you been doing this work? YRS. MOS. WKS.	8 Have you received or will you receive money for this work? YES...1 NO...2 (#10)	9 How much money? How often?	10 In this work were you self-employed or a worker on a farm or in a business belonging to your household? YES...1 (# 15 NEXT PAGE) NO...2 (# 11 NEXT PAGE)
	DESCRIPTION	CODE	TYPE	CODE	WEEKS	DAYS PER WEEK			AMOUNT	TIME UNIT
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SECTION 5. PART 6. SECONDARY JOB DURING THE PAST 12 MONTHS (END)

IDENTIFICATION CODE	11 Whom did you work for? READ TO THE RESPONDENT: The Government or the army? (13) A state-owned company? (13) A private company or business? (13)	12 Are taxes already deducted from the payment you receive for this work? YES...1 NO...2	13 Do you also receive remuneration in goods or services? YES...1 NO...2 (15)	14 What is the value of these goods and services? AMOUNT TIME UNIT	15 Have you done other work during the past 12 months? INTERVIEWER: PROBE THOROUGHLY FOR ALL ADDITIONAL WORK IN THE PAST 12 MOS. YES...1 NO...2 (PART H)	16 How much have you received or will you receive for this other work, including payment in the form of goods and services? PART H AMOUNT TIME UNIT
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TIME UNITS: MINUTE...1 HOUR...2 DAY...3 WEEK...4 MONTH...5 QUARTER...6 HALF YEAR...7 YEAR...8

SECTION 5. PART H. OTHER ACTIVITIES

IDENTIFICATION CODE	1 During the last 7 days, have you worked in your home, for example, cleaning the house, preparing meals for your family, washing the family's clothes, buying food or clothes, fetching water or wood for cooking? YES.....1 NO.....2 (#4)	2 For how many days have you done this work during the past 7 days (since)? DAYS	3 For how many hours each day? HOURS	4 During the past 12 months (since...) has there been any period of time when you were without paid work? YES.....1 NO.....2 (# SEC-TION 6)	5 Have you looked for work during the past 12 months? YES...1 NO.....2 (# SEC-TION 6)	6 During the past 12 months, for how many weeks altogether were you without paid work? WEEKS	7 Of the weeks without a paid job, for how many weeks were you looking for a job? WEEKS	8 Those weeks you were without paid work were they at once or at different time periods? NUMBER OF PERIODS
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NEXT SECTION

SECTION 6. MIGRATION

TO BE ASKED OF ALL HOUSEHOLD
MEMBERS AGED 7 YEARS OR OLDER.

SECTION 6. MIGRATION									
1 IDENTIFICATION CODE	2 Were you born in (PRESENT PLACE OF RESIDENCE)?	3 Have you lived anywhere else?	4 At the time of your birth, was your birthplace a... City.....1 Large town.....2 Medium town.....3 Small town.....4 Large village.....5 Small village.....6 Other.....7	5 How old were you when you left your place of birth for the first time to live somewhere else? FOLLOW/JOIN FAMILY.....1 WORK RELATED.....2 SCHOOL/ADVENTURE/.....4 LIGHTS.....5 ESCAPE IF LESS THAN A YEAR FAMILY PROBLEMS.....6 OTHER.....7	6 How long have you lived in (PRESENT PLACE OF RESIDENCE) since your last move? TIME IN YEARS IN MONTHS IF LESS THAN A YEAR YEARS MOS.	7 What was the main reason you came to (PRESENT PLACE OF RESIDENCE)? FOLLOW/JOIN FAMILY.....1 WORK RELATED.....2 MARRIAGE.....3 SCHOOL/ADVENTURE/.....4 BRIGHT LIGHTS.....5 ESCAPE FAMILY PROBLEMS.....6 OTHER.....7	8 From which Region or country were you coming from? WESTERN.....1 CENTRAL.....2 EASTERN ACCRA.....3 VOLTA.....4 ASHANTI.....5 BONO-AWAD.....6 NORTHERN.....7 UPPER WEST.....8 UPPER EAST.....9 NIGERIA.....10 IVORY COAST.....11 TOGO.....12 BURKINA FASO.....13 MALI.....14 OTHER AFRICA (SPECIFY).....15 OTHER (SPECIFY).....16 17	9 Was the place where you were living before coming here... City.....1 Large town.....2 Medium town.....3 Small town.....4 Large village.....5 Small village.....6 Other.....7 ?	10 How many different places have you lived in for periods of more than 3 months in your life? <div>9 NEXT PERSON</div>
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SECTION 7. RESPONDENTS FOR ROUND TWO

RESPONDENT: THE PERSON BEST INFORMED OF THE ACTIVITIES OF THE HOUSEHOLD MEMBERS

NAME OF THE RESPONDENT: _____

ID CODE: ☐

1. During the past 12 months, has any member of your household worked as an independent farmer or family worker on a farm belonging to the household, or raised animals belonging to the household, such as poultry, cattle, sheep, pigs or other animals?

VERIFY WITH SECTION 5.

YES.....1 ☐

NO.....2 (* 3)

2. Who is the person who knows most about all the agricultural and livestock activities of the members of your household?

NAME: _____

ID CODE: ☐

3. During the past 12 months, has any member of your household worked for himself other than on a farm or raising animals? For example, has anyone operated his/her own business, trade or industry, engaged in an independent profession, or worked as an independent fisherman or artisan?

VERIFY WITH SECTION 5.

YES.....1 ☐

NO.....2 (* 8 NEXT PAGE)

ORD R	4	5
	What different trades, businesses, industries, services or professions, were owned or managed by members of your family during the past 12 months (since....)? MAKE A COMPLETE LIST BEFORE GOING TO 5.	Who is the person who knows most about the expenses and income of ... (NAME OF BUSINESS, ENTERPRISE, ETC....)?
	OFFICE USE	NAME
		ID CODE
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6. ARE THERE MORE THAN 3 BUSINESSES, ENTERPRISES, ETC?

YES.....1 (* 7 NEXT PAGE) ☐

NO.....2 (* 8 NEXT PAGE)

7. Among these trades, industries, and businesses, which are the most important for the household?

WRITE THE ORDER NUMBER OF THE THREE MOST IMPORTANT.

--	--	--

8. Who shops for the food for your household?

NAME: _____	ID CODE: <input type="text"/>
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9. Who in your household knows most about the other expenses, income and savings of the members of your household?

NAME: _____	ID CODE: <input type="text"/>
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10. TO CHOOSE A WOMAN AT RANDOM TO ANSWER THE QUESTIONS ON FERTILITY IN THE SECOND ROUND OF THE SURVEY:

READ THE FIRST LINE OF THE STICKER BELOW UNTIL YOU COME TO THE ID CODE OF A WOMAN BELONGING TO THE HOUSEHOLD AND AGED 15 TO 50 IN THE HOUSEHOLD ROSTER. CROSS OUT EACH REJECTED ID CODE ON THE STICKER. IF THERE IS NO VALID ID CODE IN THE FIRST LINE, GO TO THE SECOND. WHEN A VALID ID CODE IS FOUND, CIRCLE IT.

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10 18 9 1 16 2 7 17 12 8

0156

WRITE THE NAME AND ID CODE OF THE WOMAN SELECTED:

NAME: _____	ID CODE: <input type="text"/>
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SECTION 8

SECTION 1. PART A. HOUSEHOLD ROSTER

PERSON INTERVIEWED: PREFERABLY THE HEAD OF HOUSEHOLD. IF HE/SHE IS NOT AVAILABLE, FIND A PRINCIPAL RESPONDENT TO ANSWER THE QUESTIONS IN HIS/HER PLACE. THE PERSON SELECTED MUST BE A MEMBER OF THE HOUSEHOLD WHO IS ABLE TO GIVE INFORMATION ON THE OTHER HOUSEHOLD MEMBERS.

INTERVIEWER

RESPONDENT: ID CODE:

1-3. I would like to make a complete list of all the people who normally live and eat their meals together in this dwelling.

* First, I would like to have the names of all the members of your immediate family, who normally live and eat their meals together in this dwelling. Include the head of the household, his wife or wives (or her husband) and his/her children in order of age.

ALWAYS WRITE DOWN THE HEAD OF THE HOUSEHOLD FIRST, FOLLOWED BY HIS/HER SPOUSE AND THEIR CHILDREN IN ORDER OF AGE. IF THERE IS MORE THAN ONE WIFE, START WITH THE FIRST WIFE, FOLLOWED BY HER CHILDREN IN ORDER OF AGE, THEN THE SECOND WIFE AND HER CHILDREN IN ORDER OF AGE, AND SO ON.

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

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

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

* Please give me the names of any other persons not related to the head of household or to his/her wife/husband but who normally live and eat their meals here. For instance, tenants, lodgers, servants or other persons who are not relatives.

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

* Are there any other persons not now present but who normally live and eat their meals here? For example, any person studying somewhere else or who is on vacation or who is visiting other people.

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

* Are there any other persons who slept here last night but who do not normally live here?

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

FOR EACH PERSON LISTED IN QUESTION 1, ASK THE QUESTIONS 4-13 AND CLASSIFY THE PERSON ACCORDINGLY IN Q.14. COMPLETE THE ENTIRE LINE BEFORE GOING ON TO THE NEXT PERSON LISTED.

4-13. Now I would like to have some information about each of the persons you mentioned.

IF THE RESPONDENT HAS ANY DIFFICULTY WITH HIS AGE OR DATE OF BIRTH (QUESTION 6), USE THE CALENDAR OF EVENTS TO MAKE AN ESTIMATE.

14. CLASSIFY EACH PERSON ACCORDING TO THE FOLLOWING CRITERIA.

LOOK AT THE ANSWER TO QUESTION 13.

* ALL PERSONS ALIVE FOR WHOM THE ANSWER IS 9 MONTHS OR LESS ARE CLASSED AS HOUSEHOLD MEMBERS.

* IF THE ANSWER IS MORE THAN 9 MONTHS, ONLY THE FOLLOWING ARE HOUSEHOLD MEMBERS:

-- THE HEAD OF HOUSEHOLD
-- INFANTS LESS THAN 3 MONTHS OLD

* ALL OTHER PERSONS FOR WHOM THE ANSWER IS MORE THAN 9 MONTHS ARE NOT HOUSEHOLD MEMBERS.

ENTER CODE 1 FOR EACH HOUSEHOLD MEMBER AND CODE 2 FOR ALL OTHER PERSONS. GO ON TO THE NEXT PERSON LISTED.

COLUMNS A AND B

COLUMN A. ON THE LEFT SIDE OF THE FORM, PUT A CROSS IN COLUMN A NEXT TO THE NAMES OF ALL PERSONS WITH CODE 1 IN QUESTION 14.

COLUMN B. ENTER THE AGE IN COMPLETED YEARS (SEE QUESTION 6) OF ALL PERSONS WITH CODE 1 IN QUESTION 14 (I.E. THOSE WITH A CROSS IN COLUMN A). THAT IS, FOR AGE 4 YEARS 8 MONTHS, ENTER 4. FOR AGE 9 MONTHS, ENTER 0.

FILLING-IN THE HOUSEHOLD CARD

WRITE THE NAMES OF ALL PERSONS WITH CODE 1 IN QUESTION 14 ON THE HOUSEHOLD CARD.

From now on, I would like you to talk about these persons when I ask you questions about the members of your household.

READ OUT THE NAMES AND GIVE THE CARD TO THE RESPONDENT.

PART B

28
1A2

SECTION 9. CHARACTERISTICS OF HOUSING

Now I would like to measure the perimeter of your dwelling, including all the different buildings or apartments occupied by your household.

1 MAKE A DETAILED SKETCH OF ALL THE BUILDINGS, APARTMENTS AND ROOMS OCCUPIED BY THE HOUSEHOLD, MEASURE THE PERIMETER AND INDICATE ALL THE DIMENSIONS ON THE SKETCH.

DO NOT MEASURE TERRACES OR BALCONIES.

2 HOW WAS THE AREA MEASURED?

INSIDE.....1

OUTSIDE.....2

3 MAIN CONSTRUCTION MATERIAL OF OUTSIDE WALLS:

MUD BRICK.....1
ADBE/MUD.....2
BAMBOO/TREE BRANCHES.....3
GALVANIZED IRON.....4
WOODEN PLANKS.....5
STONE/BRICK.....6
CEMENT.....7

OTHER.....8

(SPECIFY:)

4 MAIN FLOORING MATERIAL:

EARTH.....1
WOOD (PLYWOOD).....2
STONE/BRICK.....3
CEMENT.....4
TILE.....5
BAMBOO.....6

OTHER.....7

(SPECIFY:)

5 MAIN MATERIAL ROOF IS MADE OF:

STRAW THATCH, GRASS.....1
EARTH/MUD.....2
WOOD PLANKS.....3
GALVANIZED IRON.....4
CANVAS.....5
CONCRETE, CEMENT.....6
TILES.....7
SLATE/ASBESTOS.....8
OTHER.....9

(SPECIFY:)

6 THE WINDOWS ARE FITTED WITH (CHECK THE FIRST THAT APPLIES)

GLASS.....1
SCREENS.....2
SHUTTERS.....3
CURTAINS.....4
NO COVERING.....5
NO WINDOWS.....6

SUPERVISOR:

AREA :

M²

END OF ROUND ONE

29

8

ROUND TWO

EXPLAIN AGAIN THE OBJECTIVES OF THE SURVEY AND
THE CONFIDENTIALITY OF THE DATA.

READ THE LIST OF HOUSEHOLD MEMBERS.

SECTION 9. AGRO-PASTORAL ACTIVITIES

SUPERVISOR
RESPONDENT: ID CODE:

INTERVIEWER
IS THIS THE PERSON ACTUALLY INTERVIEWED? YES...1 NO...2

PART A. LAND

1. During the last 12 months (since ...) has any member of your household worked fields or a garden on his/her own account?

YES.....1 (#3)
NO.....2

2. During the last 12 months (since ...) has any member of your household provided land for someone else to work on?

YES.....1
NO.....2 (#PART F)

Now I would like to ask you some questions about all of the land belonging to your household, including land rented out or sharecropped out to others.

QUESTIONS 3 TO 9 DO NOT INCLUDE LAND RENTED IN OR SHARECROPPED IN BY THE HOUSEHOLD

3. How many acres of the land belonging to your household have been farmed during the past 12 months (since ...) including the land rented or sharecropped out to others?

ACRES:

4. How many acres of fallow land are available for use by the members of your household?

ACRES:

IF HOUSEHOLD HAS NO AGRICULTURAL LAND OF ANY KIND #10

5. How many acres of all the land belonging to your household are part of a government scheme, such as block farming?

ACRES:

6. How many acres of the land belonging to this household are irrigated?

ACRES:

7. Do you or the members of your household have the right to sell all or part of their land to someone else if they wish?

YES.....1
NO.....2
ONLY AFTER CONSULTING FAMILY MEMBERS WHO ARE NOT HOUSEHOLD MEMBERS.....3
ONLY AFTER CONSULTING THE CHIEF OR VILLAGE ELDERS.....4

8. How many acres of the land belonging to this household are registered with the government?

ACRES:

9. If someone arrived in this community and wanted to buy land exactly like that belonging to your household, how much would it cost?

AMOUNT:

QUESTIONS 10 TO 14 REFER TO PERMANENT TRANSFERS. THEY DO NOT INCLUDE LAND RENTED, LEASED, LENT OR SHARECROPPED OUT.

10. Did the members of your household sell or give any land to someone else in the last 12 months?

YES.....1
NO.....2 (#15)

11. How many acres of land were sold?

ACRES :

12. How many acres of land were given?

ACRES :

13. Did the members of this household receive any money or goods for this land?

YES.....1
NO.....2 (#15)

14. What was the value of the money or goods?

AMOUNT:

QUESTIONS 15 TO 18 INCLUDE LAND SHARECROPPED OUT

15. Have the members of your household the right to lease, rent out or sharecrop out all or part of the land they are using?

YES.....1

NO.....2 (#19)

16. Have any members of your household leased, rented out or sharecropped out land to someone who is not a household member in the last 12 months?

YES.....1

NO.....2 (#19)

17. How many acres were leased, rented out or sharecropped out?

ACRES:

18. What is the value of the money, goods or services received in the last 12 months in exchange for this land?

AMOUNT:

QUESTIONS 19 TO 26 REFER TO PERMANENT ACQUISITIONS OF LAND. THEY DO NOT INCLUDE LAND RENTED, LEASED, LENT OR SHARECROPPED

19. Have the members of your household acquired land from non-government sources during the last 12 months?

YES.....1

NO.....2 (#22)

EXCLUDE SHARECROPPING, LEASING, ETC.

20. How many acres were acquired?

ACRES:

21. How much did the members of your household give for this land?

AMOUNT:

- INCLUDE VALUE OF PAYMENTS IN KIND
- IF NONE, WRITE ZERO

22. Have the members of your household received land from the government in the last 12 months?

YES.....1

NO.....2 (#27)

23. How many acres did they receive?

ACRES:

24. How much did the members of your household pay for this land?

AMOUNT:

25. Do you have a permanent title to this land?

YES.....1

NO.....2 (#27)

26. For how many years do have title?

YEARS

QUESTIONS 27 TO 29 INCLUDE LAND SHARECROPPED IN

27. Have the members of your household rented, sharecropped in or paid for the use of land during the last 12 months?

YES.....1

NO.....2 (#PART B)

28. How many acres of land were rented, sharecropped in or paid for?

ACRES:

29. How much was paid in money, goods or services for the use of this land in the past 12 months?

AMOUNT:

PART B

SECTION 9.

PART 8. CROPS

1	2	3	4	5	6	7	8	9	10	11	12	13	14	
Have the members of your household grown the following crops during the past 12 months? (Since...)	How many acres of ... were harvested during the past 12 months? (Since...)	How many acres of ... are now yet in production?	How much ... was sold during the past 12 months? IF NOTHING, WRITE ZERO AND 0	INTERVIEWER: IF UNSTARRED UNIT ASK: How many kilograms per [UNIT]...?	How much was the harvest of ... sold for?	Did you keep part of the crop for seed?	How much would the same quantity of seed cost in the market?	Did you give part of the harvest to laborers, or to a land owner, or as a gift, or for ceremonies and fetishes? YES...1	How much would the same quantity of ... cost in the market?	Have you lost any part of the harvested crop to insects, rodents, fire, rotting etc.?	How much would the same quantity cost in the market?	Did you grow other crops in the same field at the same time as ...?	Which crops.....?	
ASK QUESTION 1 FOR ALL CROPS BEFORE GOING TO 2-14.	ACRES	ACRES	QUANTITY	UNIT	AMOUNT	UNIT	AMOUNT	NO. 2 (iii)	AMOUNT	NO. 2 (iii)	AMOUNT	AMOUNT	FIRST CODE	SECOND CODE
Cocoa	YES-1	01												
	NO-2	02												
Coffee	YES-3	03												
	NO-4	04												
Rubber	YES-5	05												
	NO-6	06												
Coconut palm	YES-7	07												
	NO-8	08												
Oil palm	YES-9	09												
	NO-10	10												
Plantains	YES-11	11												
	NO-12	12												
Bananas	YES-13	13												
	NO-14	14												
Oranges	YES-15	15												
	NO-16	16												
Other fruit trees	YES-17	17												
	NO-18	18												
Wood (timber)	YES-19	19												
	NO-20	20												
Cola nut	YES-21	21												
	NO-22	22												
Kenef	YES-23	23												
	NO-24	24												
Cotton	YES-25	25												
	NO-26	26												
Ground nut/peanut	YES-27	27												
	NO-28	28												
Tobacco	YES-29	29												
	NO-30	30												
Pineapple	YES-31	31												
	NO-32	32												

TRY TO USE UNIT CODE MARKED (*) WHENEVER POSSIBLE

POUNDS...#1	MAXIBAG...#5	AMERICAN	BUNDLE...#12	BEER	FRUIT...#19	COCOA...#1	PLANTAINS...#6	WOOD (TIMBER)...#10	TOBACCO...#15	COCOA...#20	SORGHUM/MILLET	BEANS AND	OTHER
KILOGRAM...#2	SHEET...#6	TIN...#9	BARREL...#13	BOTTLE...#16	LOG...#20	COFFEE...#2	BANANAS...#7	COLA NUT...#11	PINEAPPLE...#16	SWEET POTAT...	GUINEA CORN...#24	PEAS...#28	VEGETA...
TON...#3	BASKET...#7	TRUCK...#10	LITER...#14	BUNCH...#17	BOX...#21	RUBBER...#3	ORANGES...#8	KENEF...#12	SUGAR CANE...#17	TO/POTATO...#21	ONION...#25	PEPPER...#29	BLES...#31
MINIBAG...#4	80WL...#8	STICK...#11	GALLON...#15	NUT...#18	ALL...#22	COCONUT PALM...#4	OTHER FRUIT	COTTON...#13	CASSAVA...#18	MAIZE...#22	OKRO...#26	LEAFY VE...	OTHER
						OIL PALM...#5	TREES...#9	GROUND NUT/PEANUT...#14	YAM...#19	RICE...#23	GARDEN EGG/PLANT...#27	GETABLES...#30	CROPS...#32

SECTION 9.

PART B. CROPS (END)

1	2	3	4	5	6	7	8	9	10	11	12	13	14
Have the members of your household grown the following crops during the past 12 months? (Since...)	How many acres of... were harvested during the past 12 months? (Since...)	How many acres of... are not yet in production?	How much... was sold during the past 12 months? IF NOTHING, WRITE ZERO AND 0	INTERVIEWER: IF UNSTARRED UNIT ASK: How many kilograms (UNIT)...	How much was the harvest of... sold for?	Did you keep part of the crop for seed?	How much would the same quantity of seed cost in the market?	Did you give part of the harvest of... to laborers, or to a land owner, or as a gift, or for ceremonies and festivities?	How much would the same quantity of... cost in the market?	Have you lost any part of the harvested crop to insects, rodents, fire, rotting etc.	How much would the same quantity cost in the market?	Did you grow other crops in the same field at the same time as...?	Which crops.....?
ASK QUESTION 1 FOR ALL CROPS BEFORE GOING TO 2-14.	ACRES	ACRES	QUANTITY	UNIT	AMOUNT	UNIT	AMOUNT	NO. (ii) ²	AMOUNT	NO. (iii) ²	AMOUNT	YES...1 NO...2 (NEXT CROP)	FIRST CODE SECOND CODE
Sugarcane	YES-1 NO-17												
Cassava	YES-1 NO-18												
Yam	YES-1 NO-19												
Cocoyam	YES-1 NO-20												
Sweet potato/potato	YES-1 NO-21												
Maize	YES-1 NO-22												
Rice	YES-1 NO-23												
Sorghum/Millet/ Guinea corn	YES-1 NO-24												
Tomato	YES-1 NO-25												
Okro	YES-1 NO-26												
Garden Egg (egg plant)	YES-1 NO-27												
Beans and Peas	YES-1 NO-28												
Pepper	YES-1 NO-29												
Leafy vegetables	YES-1 NO-30												
Other vegetables	YES-1 NO-31												
Other crops	YES-1 NO-32												

TRY TO USE UNIT CODE MARKED (*) WHENEVER POSSIBLE

POUNDS...#1	MAXIBAG...#5	AMERICAN...#9	BUNDLE...#12	BEER...#16	FRUIT...#19	COCOA...#1	PLANTAINS...#6	WOOD (TIMBER)...#10	TOBACCO...#15	COCUYAM...#20	SORGHUM/MILLET...#24	BEANS AND OTHER...#31
KILOGRAM...#2	SHEET...#6	TIN...#10	BARREL...#13	BOTTLE...#16	LOG...#20	COFFEE...#2	BANANAS...#7	COLA NUT...#11	PINEAPPLE...#16	SWEET POTAT...#21	GUINEA CORN...#24	PEAS...#28
TON...#3	BASKET...#7	TREE...#10	LITER...#14	BUNCH...#17	BOX...#21	ROBBER...#3	ORANGES...#8	KENEF...#12	SUGAR CANE...#17	TOT/POTATO...#22	TOMATO...#25	PEPPER...#29
MINIBAG...#4	BOWL...#8	STICK...#11	GALLON...#15	NUT...#18	ALL...#22	COCOA...#4	OTHER FRUIT...#9	GROUND NUT/PEANUT...#14	CASSAVA...#18	YAM...#19	OKRO...#26	LEAFY VE...#30
						OIL PALM...#5	TREES...#9				GARDEN EGG/PLANT...#27	OTHER CROPS...#32

32

982

PART C

SECTION 9. **PART C. AGE OF TREE CROPS**

1 INTERVIEWER: HAS THIS HOUSEHOLD PLANTED TREE CROPS SUCH AS COFFEE, COCOA, COCONUT, PLANTAIN, RUBBER, OIL PALM, BANANAS, FRUIT TREES, TREES FOR WOOD, OR COLA NUT?

YES.....1

NO.....2 (▶ PART D)

2 LIST ALL THE TREE CROPS GROWN BY THE HOUSEHOLD WITH THEIR CODES.	3 What proportion of your plantings is too young to produce?	4 What proportion of your plantings is in full production?	5 What proportion is near the end of its productive life?	6 INTERVIEWER: ARE THE ANSWERS GIVEN AS..... ..FRACTIONS/PROPORTIONS...1 ..NUMBER OF TREES.....2
CODE	<p>GIVE THE PROPORTION AS A FRACTION OF THE NUMBER OF PLANTINGS. FOR EXAMPLE 1/3, 3/4, ETC. IF NONE, WRITE 0/0. IF ALL, WRITE 1/1.</p> <p>IF THE ANSWER IS GIVEN AS A NUMBER OF TREES, WRITE THE ANSWER IN THE NUMERATOR AND THE TOTAL NUMBER OF TREES IN THE DENOMINATOR OF ALL THREE QUESTIONS (3, 4 AND 5).</p>			

▶ NE. T
CROP

CODES:

COCOA	1
COFFEE	2
RUBBER	3
COCONUT	4
OIL PALM	5
PLANTAIN	6
BANANAS	7
ORANGES	8
OTHER FRUIT TREES	9
WOOD	10
COLA NUT	11

▶ PART D

SECTION 9. PART D. FARM INPUTS

1. Has your household bought seeds or young plants during the past 12 months?

YES...1

NO.....2 (#7)

2	3	4	5	6
For which crops? LIST THE CROPS WITH THEIR CODES. LIST ALL CROPS BEFORE GOING TO 3-6.	How much was spent for seeds or young plants for ... in the past 12 months?	Have you already harvested the fields for which you bought these seeds/plants? YES...1 NO...2	How did you obtain the seeds or plants? PRIVATE INDIVIDUAL...1 PRIVATE AGENCY/ COMPANY...2 GRAINS SEED COMPANY...3 PROJECT...4 RESEARCH STATION...5 GAFI COOP...7 FASCOM...8 OTHER PUBLIC AGENCY...9	Did you obtain the seeds or plants on credit? YES...1 NO...2
CODE	AMOUNT			
	01			
	02			
	03			
	04			

NEXT CROP

7. Has your household used fertilizer during the past 12 months?

YES...1

NO.....2 (#14)

8	9	10	11	12	13
For which crops? LIST THE CROPS WITH THEIR CODES. LIST ALL CROPS BEFORE GOING TO 9-13.	How much fertilizer was used for ... in the last 12 months?	How much was spent for fertilizer for ... in the last 12 months? IF NOTHING, WRITE ZERO	Have you already harvested the fields on which you used fertilizer? YES...1 NO...2	How did you obtain the fertilizer? PRIVATE SOURCE...1 AGRIC MINISTRY...4 DEPOT...5 VORADEP...6 GAFI COOP...7 FASCOM...8 OTHER PUBLIC AGENCY...9	Did you get the fertilizer on credit? YES...1 NO...2
CODE	NUMBER	UNIT CODE	AMOUNT		
	01				
	02				
	03				
	04				

14. Has your household used organic manure during the past 12 months?

YES...1

NO.....2 (#20)

15	16	17	18	19
For which crops? LIST THE CROPS WITH THEIR CODES. LIST ALL CROPS BEFORE GOING TO 16-19.	How much manure was used for ... in the last 12 months?	How much was spent for organic manure for ... in the past 12 months? IF NOTHING, WRITE ZERO.	Have you already harvested the fields on which you used the manure? YES...1 NO...2	Where did you obtain the manure? PRIVATELY...1 ACCRA COMPOST...2 LIVESTOCK STATION...3 OTHER PUBLIC AGENCY...9
CODE	NUMBER	UNIT CODE	AMOUNT	
	01			
	02			
	03			
	04			

NEXT CROP

20, NEXT PAGE

CROP CODES	
COCOA	01
COFFEE	02
RUBBER	03
COCONUT PALM	04
OIL PALM	05
PLANTAINS	06
BANANAS	07
ORANGES	08
OTHER FRUIT TREES	09
WOOD	10
COLA NUT	11
KENEF	12
COTTON	13
GROUND NUT/PEANUT	14
TOBACCO	15
PINEAPPLE	16
SUGARCANE	17
CASSAVA	18
YAM	19
COCOTAM	20
SWEET POTATO/POTATO	21
MAIZE	22
RICE	23
SORGHUM/GUINEA CORN	24
TOMATO	25
OKRO	26
GARDEN EGG	27
BEANS AND PEAS	28
PEPPER	29
LEAFY VEGETABLES	30
OTHER VEGETABLES	31
OTHER CROPS	32

UNIT CODES	
POUNDS	01
KILOGRAM	02
TON	03
MINIBAG	04
MAXIBAG	05
SHEET	06
BASKET	07
BOWL	08
AMERICAN	09
TIN	10
TREE	11
STICK	12
BUNDLE	13
BARREL	14
LITER	15
GALLON	16
BEER	17
BOTTLE	18
BUNCH	19
NUT	20
FRUIT	21
LOG	22
BOX	23
ALL	24

TRY TO USE UNIT
CODE MARKED BY
(#) WHENEVER
POSSIBLE

SECTION 9. PART D. FARM INPUTS (CONT.)

20. Has your household used insecticides or herbicides during the past 12 months?

YES....1
NO.....2 (#27)

21 On which crops? LIST THE CROPS WITH THEIR CODES. LIST ALL CROPS BEFORE GOING TO 22-26	22 How much insecticide or herbicide was used for ... in the last 12 months?	23 How much was spent on insecticides or herbicides for ... in the past 12 months? IF NOTHING, WRITE ZERO.	24 Have you already harvested the fields on which the insecticides or herbicides were used? YES...1 NO....2	25 How did you obtain the insecticides or herbicides? PETROL STATION...1 URADEP.....5 OTHER PRIVATE VORADEP.....6 SOURCE.....2 GAPA COOP.....7 SHAMA SEED CO...3 FASCON.....8 AGRIC MINISTRY OTHER PUBLIC DEPT.....4 SOURCE.....9	26 Did you obtain the insecticides or herbicides on credit? YES...1 NO....2
CODE	NUMBER	UNIT CODE	AMOUNT		
01					
02					
03					
04					

» NEXT
CROP

CROP CODES	
COCOA	01
COFFEE	02
RUBBER	03
COCONUT PALM	04
OIL PALM	05
PLANTAINS	06
BANANAS	07
ORANGES	08
OTHER FRUIT TREES	09
WOOD	10
COLA NUT	11
KEFEE	12
COTTON	13
GROUND NUT/PEANUT	14
TOBACCO	15
PINEAPPLE	16
SUGARCANE	17
CASSAVA	18
YAM	19
COCOTAN	20
SWEET POTATO/POTATO	21
RAIZE	22
RICE	23
SORGHUM/GUINEA CORN	24
TOMATO	25
OKRO	26
GARDEN EGG	27
BEANS AND PEAS	28
PEPPER	29
LEAFY VEGETABLES	30
OTHER VEGETABLES	31
OTHER CROPS	32

(a)

27. Has your household had expenses for transporting crops during the past 12 months?

YES....1
NO.....2 (#31)

28 For which crops? LIST THE CROPS WITH THEIR CODES. LIST ALL CROPS BEFORE GOING TO 29-30.	29 How much was spent for transport of ... in the past 12 months?	30 How did you arrange for the transport? PRIVATE SOURCE...1 VORADEP.....6 COCOA MARKETING FASCON.....8 BOARD.....2 OTHER PUBLIC AGRIC MINISTRY SOURCE.....9 DEPT.....4 URADEP.....5
CODE	AMOUNT	
01		
02		
03		
04		

» NEXT
CROP

UNIT CODES	
POUNDS	*1
KILOGRAM	*2
TON	*3
MINIBAG	*4
MAXIBAG	*5
SHEET	*6
BASKET	*7
BOWL	*8
AMERICAN	*9
TIN	*10
TREE	*11
STICK	*12
BUNDLE	*13
BARREL	*14
LITER	*15
GALLON	*16
BEER	*17
BOTTLE	*18
BUNCH	*19
NUT	*20
FRUIT	*21
LOG	*22
BOX	*23
ALL	*24

(b)

31. Has your household bought sacks, twine or containers for its crops during the past 12 months?

YES....1
NO.....2 (#37)

32 For which crops? LIST THE CROPS WITH THEIR CODES. LIST ALL CROPS BEFORE GOING TO 33-36.	33 How much was spent for sacks, twine or containers for ... in the past 12 months?	34 Have you already harvested the crops for which you bought these items? YES...1 NO....2	35 How did you obtain the sacks, twine and containers? PRIVATE SOURCE...1 URADEP.....5 POLYSACK VORADEP.....6 COMPANY.....2 FASCON.....8 JUTE BAG OTHER PUBLIC COMPANY.....3 SOURCE.....9	36 Did you obtain the sacks, twine and containers on credit? YES...1 NO....2
CODE	AMOUNT			
01				
02				
03				
04				

» NEXT
CROP

TRY TO USE UNIT
CODE MARKED BY
(1) WHENEVER
POSSIBLE

(c)

SECTION 9. PART D. FARM INPUTS (CONT.)

37. Has your household had expenses for storage in the past 12 months?

YES.....1
NO.....2 (#41)

38	39	40
For which crops? LIST THE CROPS WITH THEIR CODES. LIST ALL CROPS BEFORE GOING TO 39-40.	How much was spent for storage of during the past 12 months?	How did you arrange for storage? OWN HOME.....1 OWN OTHER STRUCTURE.....2 OTHER PRIVATE.....3 FOOD DISTRIBUTION CORP.....4 OTHER PUBLIC AGENCY.....5
CODE	AMOUNT	
	01	
	02	
	03	
	04	

» NEXT
CROP

CROP CODES	
COCOA.....	01
COFFEE.....	02
RUBBER.....	03
COCONUT PALM.....	04
OIL PALM.....	05
PLANTAINS.....	06
BANANAS.....	07
ORANGES.....	08
OTHER FRUIT TREES.....	09
WOOD.....	10
COLA NUT.....	11
KENEF.....	12
COTTON.....	13
GROUND NUT/PEANUT.....	14
TOBACCO.....	15
PINEAPPLE.....	16
SUGARCANE.....	17
CASSAVA.....	18
YAM.....	19
COCOYAM.....	20
SWEET POTATO/POTATO.....	21
MAIZE.....	22
RICE.....	23
SORGHUM/GUINEA CORN.....	24
TOMATO.....	25
OKRO.....	26
GARDEN EGG.....	27
BEANS AND PEAS.....	28
PEPPER.....	29
LEAFY VEGETABLES.....	30
OTHER VEGETABLES.....	31
OTHER CROPS.....	32

(a)

41. Has your household had expenses for labor during the past 12 months?

YES.....1
NO.....2 (#43)

42. How much was spent for the following kinds of paid labor during the past 12 months? (Since....)

AMOUNTS:	MALE	FEMALE	CHILD
CLEARING LAND			
PLANTING			
HARVESTING			
OTHER			

(b)

43. Has your household had other production expenses during the past 12 months, such as for renting animals, equipment or machinery, for maintenance and repair of buildings or machines, irrigation charges, fuel oil, electricity, other fuel, etc?

YES.....1
NO.....2 (#45)

44. How much was spent during the last 12 months for....?

AMOUNT
Renting animals
Renting equipment or machinery
Maintenance and repair of building and machines
Irrigation charges
Fuel oil, electricity, other fuel, etc.
Other

45. Have the members of your household taken part in any exchange of unpaid labor in the last 12 months?

YES.....1
NO.....2 (#47)

46. How many man days of labor has the household received in this way in the last 12 months?

MAN DAYS:

(c)

SECTION 9. PART D. FARM INPUTS (CONT.)

47. During the past 12 months, has your household worked as sharecroppers on someone else's land?

YES....1
NO.....2 (#51)

48 What crops were grown? LIST THE CROPS WITH THEIR CODES. LIST ALL CROPS BEFORE GOING TO 49-50.	49 How many acres of ...[]... were worked by sharecropping? ACRES	50 What proportion of the harvest of ...[]... did you or will you give to the landowner? CODES: 1/4 2/3 1/3 3/4 1/2 Other (Specify)
CODE	01	
	02	
	03	
	04	

NEXT
CROP

CROP CODES	
COCOA	01
COFFEE	02
RUBBER	03
COCONUT PALM	04
OIL PALM	05
PLANTAINS	06
BANANAS	07
ORANGES	08
OTHER FRUIT TREES	09
WOOD	10
COLA NUT	11
KENEF	12
COTTON	13
GROUND NUT/PEANUT	14
TOBACCO	15
PINEAPPLE	16
SUGARCANE	17
CASSAVA	18
YAM	19
COCOTAN	20
SWEET POTATO/POTATO	21
MAIZE	22
RICE	23
SORGHUM/GUINER CORN	24
TOMATO	25
OKRO	26
GARDEN EGG	27
BEANS AND PEAS	28
PEPPER	29
LEAFY VEGETABLES	30
OTHER VEGETABLES	31
OTHER CROPS	32

(a)

51. During the past 12 months, has someone else worked as a sharecropper on your household's land?

YES....1
NO.....2 (#55)

52 What crops were grown? LIST THE CROPS WITH THEIR CODES. LIST ALL CROPS BEFORE GOING TO 53-54.	53 How many acres of ...[]... were leased to sharecroppers during the past 12 months? ACRES	54 What proportion of the harvest was given to the sharecroppers? CODES: 1/4 2/3 1/3 3/4 1/2 OTHER (Specify)
CODE	01	
	02	
	03	
	04	

NEXT
CROP

(b)

55. Are you storing some of your crops, at the present time for consumption by your household?

YES....1
NO.....2 (#58)

56 Which crops? LIST THE CROPS WITH THEIR CODES. LIST ALL CROPS BEFORE GOING TO 57.	57 For how long will the quantity now stored satisfy your household's needs? WEEKS
CODE	01
	02
	03
	04

NEXT
CROP

(c)

SECTION 9. PART D. FARM INPUTS (END)

58. Has your household had any contact with an agricultural extension agent during the past 12 months?

YES.....1
NO.....2 (PART E)

☐

59 For which crops? LIST THE CROPS WITH THEIR CODES. LIST ALL CROPS BEFORE GOING TO 60-61.	60 How many times in the past 12 months were these agents consulted about ...? ...?	61 What was the reason for the last consultation about ...? ...? SEEDS.....1 INSECTICIDES.....2 FERTILIZERS.....3 PRESERVATION.....4 FARMING PRACTICES.....5 OTHER (Specify).....6
CODE		
	01	
	02	
	03	
	04	

» NEXT
CROP

CROP CODES	
COCOA.....	01
COFFEE.....	02
RUBBER.....	03
COCONUT PALM.....	04
OIL PALM.....	05
PLANTAINS.....	06
BANANAS.....	07
ORANGES.....	08
OTHER FRUIT TREES.....	09
WOOD.....	10
COLA NUT.....	11
KENEF.....	12
COTTON.....	13
GROUND NUT/PEANUT.....	14
TOBACCO.....	15
PIREAPPLE.....	16
SUGARCANE.....	17
CASSAVA.....	18
YAM.....	19
COCOTAM.....	20
SWEET POTATO/POTATO.....	21
RICE.....	22
SORGHUM/GUINEA CORN.....	24
TOMATO.....	25
OKRO.....	26
GARDEN EGG.....	27
BEANS AND PEAS.....	28
PEPPER.....	29
LEAFY VEGETABLES.....	30
OTHER VEGETABLES.....	31
OTHER CROPS.....	32

» PART E

SECTION 9. PART E. SALES OF FOOD PRODUCTS MADE FROM HONEGROWN CROPS

How I would like to ask you some questions about the processing by your household of their crops to make products for sale.

1. Has any member of your household, during the past 12 months, processed any of his/her crops for sale? For example, by making and selling palm, peanut or coconut oil, or palm wine, or acheikie or any other product from crops grown by your household?

YES.....1

NO.....2 (1 PART F)

2	3	4	5	6	7	8	
During the past 12 months, has any member of your household made the following products from his/her crops for sale?	For how many months in the past 12 months have members of your household made ... for sale?	Which household members participated in production of... for sale?	During these months, how many times did they sell ...?	And how much money did they usually receive each time?	Did they have to spend money for production of ... For example, to buy tools, containers, transport, labor, etc.	How much did they spend in the past 12 months?	
PUT A CROSS IN THE APPROPRIATE BOX FOR EACH PRODUCT. ASK QUESTION 2 FOR ALL PRODUCTS BEFORE GOING TO 3-8.	MONTHS	ID CODE	ID CODE	ID CODE	TIMES	TIME UNIT	AMOUNT
Garri or garrifoto?	YES- <input type="checkbox"/>	601					
	or NO <input type="checkbox"/>						
Oil from groundnut (peanut) coconut, palm nuts or palm kernel nuts?	YES- <input type="checkbox"/>	602					
	or NO <input type="checkbox"/>						
Palm wine/ pito?	YES- <input type="checkbox"/>	603					
	or NO <input type="checkbox"/>						
Maize flour?	YES- <input type="checkbox"/>	604					
	or NO <input type="checkbox"/>						
Cassava flour/ cassava dough?	YES- <input type="checkbox"/>	605					
	or NO <input type="checkbox"/>						
Other flour?	YES- <input type="checkbox"/>	606					
	or NO <input type="checkbox"/>						
Fufu?	YES- <input type="checkbox"/>	607					
	or NO <input type="checkbox"/>						
Banku/akple/tuo zaafi?	YES- <input type="checkbox"/>	608					
	or NO <input type="checkbox"/>						
Emo tuo?	YES- <input type="checkbox"/>	609					
	or NO <input type="checkbox"/>						
Achiekie or tapioca?	YES- <input type="checkbox"/>	610					
	or NO <input type="checkbox"/>						
Kenkey/abodoo?	YES- <input type="checkbox"/>	611					
	or NO <input type="checkbox"/>						
Dried fruits or vegetables?	YES- <input type="checkbox"/>	612					
	or NO <input type="checkbox"/>						
Shea butter or ground nut butter?	YES- <input type="checkbox"/>	613					
	or NO <input type="checkbox"/>						
Other products made from your crops?	YES- <input type="checkbox"/>	614					
	or NO <input type="checkbox"/>						

3-8

P A R I F

TIME UNIT: DAY...3 WEEK...4 MONTH...5 QUARTER...6 HALF YEAR 7 YEAR...8

SECTION 9. PART F. LIVESTOCK

1 Has any member of your household raised livestock or poultry during the past 12 months. (Since....)?

YES.....1

NO.....2 (» PART J)

☐

IF THE ANSWER TO 2 IS YES, ASK QUESTIONS 3-14.

2	3	4	5	6	7	8	9	10	11	12	13	14
During the past 12 months, has any member of your household raised ...? PUT A CROSS IN THE APPROPRIATE BOX. ASK QUESTIONS 2 FOR ALL ANIMALS BEFORE GOING TO 3-14.	Are any members of your household raising ... at the present time?	How many of all ages are owned by your household at present?	If they wanted to sell one of these ... today, how much money would they receive altogether?	During the past 12 months, have members of your household sold any ...?	How many have they sold?	How much altogether have they received from sales of ... during the past 12 months?	Have any members of your household bought any ... during the past 12 months (since....)?	How many did they buy?	How much did they pay altogether for all the ... they bought during the past 12 months?	How many ... were born or received as gifts during the past 12 months?	How many ... raised by your household were eaten by the members of your household in the past 12 months?	How many ... raised by your household were lost or stolen, given as gifts, sacrificed or died during the past 12 months?
	YES...1 NO...2 (»)	NUMBER AT THIS TIME	AMOUNT	YES...1 NO...2 (»)	NUMBER SOLD	AMOUNT	YES...1 NO...2 (»)	NUMBER BOUGHT	AMOUNT	NUMBER BORN OR RECEIVED	NUMBER EATEN	NUMBER LOST, STOLEN, DIED, ETC.
Cattle, including cows?	YES-# #-NO	01										
Sheep?	YES-# #-NO	02										
Goats?	YES-# #-NO	03										
Chickens?	YES-# #-NO	04										
Pigs?	YES-# #-NO	05										
Ducks, turkeys, guinea fowl, doves or other poultry?	YES-# #-NO	06										
Rabbits or guinea pigs?	YES-# #-NO	07										
Other animals? Specify:	YES-# #-NO	08										

» 3-14

» PART G

NEXT ANIMAL

SECTION 9.

PART G. ANIMAL PRODUCTS

1 During the past 12 months (since.....) have any members of your household sold any products obtained from animals which they have tended? For example, milk products, fish raised in a pond belonging to you, eggs or tanned skins?

YES.....1

NO.....2 (PART H)

2 During the past 12 months, have they sold any..... obtained from their animals? PUT A CROSS IN THE APPROPRIATE BOX BELOW ASK 2 FOR ALL PRODUCTS BEFORE GOING TO 3-4.	3 How much has your household received from the sale of { } in the past 12 months? (Since.....) AMOUNT	4 Which household members participated in making { }.....? NEXT PRODUCT
--	--	---

Milk or milk products?	YES-1 X-NO	01			
Fish caught in a pond that belongs to your household?	YES-1 X-NO	02			
Eggs?	YES-1 X-NO	03			
Tanned skins?	YES-1 X-NO	04			
Honey?	YES-1 X-NO	05			
Other animal products? Specify:	YES-1 X-NO	06			

3

PART H

PART H. EXTENSION CONTACTS FOR LIVESTOCK

1 Has a member of your household had any contact with an animal husbandry or veterinary extension officers during the past 12 months?

YES.....1

NO.....2 (PART I)

2 How many meetings have you had in the past 12 months?

PART I

NUMBER OF MEETINGS:

PART I. LIVESTOCK EXPENDITURES

1 In the past 12 months (since.....) has a member of your household spent money on the following items in order to raise livestock? PUT A CROSS IN THE APPROPRIATE BOX, ASK 1 FOR ALL ITEMS BEFORE GOING TO 2-3.		2 How much money have all the members of your household spent on months? in the past 12 months? (Since.....) AMOUNT		3 Where did they obtain this? PRIVATELY.....1 PUBLIC AGENCY.....2 COOPERATIVE.....3 OTHER.....4	
Paid labor for herding?		YES-1 X-NO	01		
Buildings and maintenance of pens and fences?		YES-1 X-NO	02		
Feed, including salt?		YES-1 X-NO	03		
Veterinary services, inoculations, medical or chemical products?		YES-1 X-NO	04		
Transport of animals, feed, or supplies?		YES-1 X-NO	05		
Commissions on the sale of animals?		YES-1 X-NO	06		
Compensation for damage caused by animals?		YES-1 X-NO	07		
Packaging of animal and poultry products?		YES-1 X-NO	08		
Other expenses for raising livestock and poultry? (incubator, electricity, etc.) Specify:		YES-1 X-NO	09		

PART J

SECTION 9. PART J. HAND TOOLS

How many of the following tools are owned by members of your household?

1 Hoes: 3 Machetes: 5 Shovels: 7 Sickles:
 (Cutlass)

2 Axes: 4 Picks: 6 Wheel- 8 Yam
 (Pickaxe) barrows: shovels:

WRITE THE NUMBER FOR
EACH TOOL IN THE
BOX.

PART K

SECTION 9. PART K. FARMING EQUIPMENT

IF THE ANSWER TO 1 IS YES, ASK QUESTIONS 2-11.

1	2	3	4	5	6	7	8	9	10	11
During the past 12 months (since ...), has any member of your household owned a ...?	Does any member of your household own a ... now?	How many (....) do the members of your household own altogether?	What price could they sell all these ... for today?	Has any member of your household bought a ... in the past 12 months?	How many (....) have they bought altogether?	How much did they pay altogether for these ...?	Has any member of your household sold a ... in the past 12 months?	How many (....) have the members of your household sold altogether?	How much did they receive altogether for the sale of all of these ...?	How much money did your household earn by leasing during the last 12 months?
ASK QUESTION 1 FOR ALL EQUIPMENT BEFORE GOING TO 2-11.	YES...1 NO...2 (x5)	NUMBER OWNED	AMOUNT	YES...1 NO...2 (x8)	NUMBER BOUGHT	AMOUNT	YES...1 NO...2 (x11)	NUMBER SOLD	AMOUNT	AMOUNT
Tractor?	YES-1 x-NO	01								
Plough?	YES-1 x-NO	02								
Other tractor or animal drawn implement?	YES-1 x-NO	03								
Cart?	YES-1 x-NO	04								
Fermentation tank?	YES-1 x-NO	05								
Sprayer and/or fogger?	YES-1 x-NO	06								
Vehicle for farm use?	YES-1 x-NO	07								
Draft bullock?	YES-1 x-NO	08								
Other equipment or implements?	YES-1 x-NO	09								

2-11

END OF SECTION

37

9J
9K

SECTION 10. NON-FARM SELF-EMPLOYMENT

Now I would like some information about the trades, businesses, industries, professional services and other self-employed activities of the members of your household. Let us begin with ...[NAME OF BUSINESS]..., managed or owned by... [NAME OF BEST-INFORMED PERSON]... IS HE/SHE AVAILABLE TO ANSWER QUESTIONS?

COMPLETE THE WHOLE SECTION FOR EACH ENTERPRISE
BEFORE GOING TO THE NEXT.

IF THE RESPONDENT IS NOT AVAILABLE, ASK ABOUT
THE SECOND AND THEN THE THIRD ENTERPRISE.

MAKE NEW APPOINTMENTS TO SEE ALL THE
RESPONDENTS NOT AVAILABLE.

PART A: WORKING CONDITIONS

SUPERVISOR		INTERVIEWER	
1	2	3	4
NAME OF THE BUSINESS	NAME OF THE BEST-INFORMED PERSON	IS THIS THE PERSON ACTUALLY INTERVIEWED	
CODE	CODE	YES...1 NO....2	
1			
2			
3			

[illegible]

PAR: 8

SECTION 10. PART 8. EXPENDITURES

FIRST BUSINESS					
1	2	3	4		
During the past 12 months, did your business (trade, industry, profession, etc.) make any expenditures for the following?	How much do you usually pay for this business?	How often do you pay for this business?	Do your household or other businesses use this?		
PUT A CROSS IN THE APPROPRIATE BOX.	INCLUDING THE VALUE OF PAYMENTS IN KIND.		YES...1 NO...2		
COMPLETE 1 FOR ALL ITEMS BEFORE GOING TO 2-4.	AMOUNT	TIMES	TIME UNIT	NEXT EXPENDIT.	
Wages or other remuneration?	YES-# #-NO	01			
Raw materials?	YES-# #-NO	02			
Articles for resale?	YES-# #-NO	03			
Rental of equipment, buildings, land, vehicles, machinery?	YES-# #-NO	04			
Maintenance and repairs?	YES-# #-NO	05			
Transport?	YES-# #-NO	06			
Fuel and oil?	YES-# #-NO	07			
Electricity?	YES-# #-NO	08			
Water?	YES-# #-NO	09			
Daily taxes?	YES-# #-NO	10			
Annual taxes or licenses?	YES-# #-NO	11			
Other expenses? (Specify)	YES-# #-NO	12			
2-4					

PART C

SECOND BUSINESS					
1	2	3	4		
During the past 12 months, did your business (trade, industry, profession, etc.) make expenditures for the following?	How much do you usually pay for this business?	How often do you pay for this business?	Do your household or other businesses use this?		
PUT A CROSS IN THE APPROPRIATE BOX.	INCLUDING THE VALUE OF PAYMENTS IN KIND.		YES...1 NO...2		
COMPLETE 1 FOR ALL ITEMS BEFORE GOING TO 2-4.	AMOUNT	TIMES	TIME UNIT	EXPENDIT.	
Wages or other remuneration?	YES-# #-NO	01			
Raw materials?	YES-# #-NO	02			
Articles for resale?	YES-# #-NO	03			
Rental of equipment, buildings, land, vehicles, machinery?	YES-# #-NO	04			
Maintenance and repairs?	YES-# #-NO	05			
Transport?	YES-# #-NO	06			
Fuel and oil?	YES-# #-NO	07			
Electricity?	YES-# #-NO	08			
Water?	YES-# #-NO	09			
Daily taxes?	YES-# #-NO	10			
Annual taxes or licenses?	YES-# #-NO	11			
Other expenses? (Specify)	YES-# #-NO	12			
2-4					

PART C

THIRD BUSINESS					
1	2	3	4		
During the last 12 months, did your business (trade, industry, profession, etc.) make expenditures for the following?	How much do you usually pay for this business?	How often do you pay for this business?	Do your household or other businesses use this?		
PUT A CROSS IN THE APPROPRIATE BOX.	INCLUDING THE VALUE OF PAYMENTS IN KIND.		YES...1 NO...2		
COMPLETE 1 FOR ALL ITEMS BEFORE GOING TO 2-4.	AMOUNT	TIMES	TIME UNIT	NEXT EXPENDIT.	
Wages or other remuneration?	YES-# #-NO	01			
Raw materials?	YES-# #-NO	02			
Articles for resale?	YES-# #-NO	03			
Rental of equipment, buildings, land, vehicles, machinery?	YES-# #-NO	04			
Maintenance and repairs?	YES-# #-NO	05			
Transport?	YES-# #-NO	06			
Fuel and oil?	YES-# #-NO	07			
Electricity?	YES-# #-NO	08			
Water?	YES-# #-NO	09			
Daily taxes?	YES-# #-NO	10			
Annual taxes or licenses?	YES-# #-NO	11			
Other expenses? (Specify)	YES-# #-NO	12			
2-4					

PART C

TIME UNIT: DAY...3 WEEK...4 MONTH...5 QUARTER...6 HALF YEAR...7 YEAR...8

SECTION 10. PART C: REVENUES

1	2	3	4	5	6	7	8	9
For how many months during the past 12 months (since.....) was the business in operation? <div>IF 12 MOS. # 3</div> MONTHS	Has this business been operating since my last visit? YES...1 NO...2 (#9)	Since my last visit, how much money has the business received from the sale of its products, goods or services? AMOUNT	Since my last visit, has this business also received payments in the form of goods or services? YES...1 NO...2 (#6)	What was the value of these payments since my last visit? AMOUNT	Since my last visit, have any of this business' products or services been consumed or used by your household instead of being sold? YES...1 NO...2 (#8)	What was the value of the products consumed or used by your household since my last visit? AMOUNT	Has your business made more sales or fewer sales since my last visit than in the two weeks before that visit? MORE SINCE.....1 FEWER SINCE.....2 ABOUT THE SAME.....3 <div># 10</div>	How much did your business make from the sale of goods or services during the last 4 weeks it was in operation, including the value of payments in kind? AMOUNT

1								
2								
3								

10	11	12	13	14	15	16
How many days did this business operate during this period? SINCE LAST VISIT OR DURING LAST 4 WEEKS IT OPERATED DAYS	Do you use part of the money you get from this business for yourself or for your household? YES...1 NO...2 (#13)	How much money from the business do you normally use for yourself or your household? AMOUNT TIME UNIT	After making purchases for the business and after using some money for yourself or your household, is there usually any money left? YES...1 NO...2 (#15)	How much money do you usually have left after purchases for the business and after using some of the money for yourself or your household? AMOUNT TIME UNIT	Does your business have an inventory of products or goods not yet sold? YES...1 NO...2 (# PART D)	How much could you sell all of these goods for today? AMOUNT

PART D

TIME UNITS:
DAY.....3
WEEK.....4
MONTH.....5
QUARTER.....6
HALF YEAR.....7
YEAR.....8

1						
2						
3						

SECTION 10. PART D. BUSINESS ASSETS

FIRST BUSINESS	1	Did your business (trade, industry, profession, etc.) own any of the following in the last 12 months? PUT A CROSS IN THE APPROPRIATE BOX. COMPLETE QUESTION 1 FOR ALL ITEMS BEFORE GOING TO 2.	2	Does your business currently own any ...? YES...1 NO...2 (# 4)	3	If you wanted to sell, how much could you sell all the ... owned by your business today? AMOUNT	4	Did your business purchase any ... in the last 12 months? YES...1 NO...2 (# 6)	5	How much was paid for the ... purchased by your business in the last 12 months? AMOUNT	6	Did your business sell any ... in the last 12 months? YES...1 NO...2 (# NEXT ITEM)	7	How much did your business receive for the ... sold in the last 12 months? AMOUNT

▶ NEXT ITEM

Buildings and land?	YES-1 NO-2	14					
Vehicles or boats (autos, trucks, bicycles, other)?	YES-1 NO-2	15					
Tools, equipment, machinery?	YES-1 NO-2	16					
Other durable goods for running your business?	YES-1 NO-2	17					

▶ NEXT BUSINESS

SECOND BUSINESS	1	Did your business (trade, industry, profession, etc.) own any of the following in the last 12 months? PUT A CROSS IN THE APPROPRIATE BOX. COMPLETE QUESTION 1 FOR ALL ITEMS BEFORE GOING TO 2.	2	Does your business currently own any ...? YES...1 NO...2 (# 4)	3	If you wanted to sell, how much could you sell all the ... owned by your business today? AMOUNT	4	Did your business purchase any ... in the last 12 months? YES...1 NO...2 (# 6)	5	How much was paid for the ... purchased by your business in the last 12 months? AMOUNT	6	Did your business sell any ... in the last 12 months? YES...1 NO...2 (# NEXT ITEM)	7	How much did your business receive for the ... sold in the last 12 months? AMOUNT

▶ NEXT ITEM

TIME UNITS:
DAY.....3
WEEK.....4
MONTH.....5
QUARTER...6
HALF YEAR..7
YEAR.....8

Buildings and land?	YES-1 NO-2	14					
Vehicles or boats (autos, trucks, bicycles, other)?	YES-1 NO-2	15					
Tools, equipment, machinery?	YES-1 NO-2	16					
Other durable goods for running your business?	YES-1 NO-2	17					

▶ NEXT BUSINESS

THIRD BUSINESS	1	Did your business (trade, industry, profession, etc.) own any of the following in the last 12 months? PUT A CROSS IN THE APPROPRIATE BOX. COMPLETE QUESTION 1 FOR ALL ITEMS BEFORE GOING TO 2.	2	Does your business currently own any ...? YES...1 NO...2 (# 4)	3	If you wanted to sell, how much could you sell all the ... owned by your business today? AMOUNT	4	Did your business purchase any ... in the last 12 months? YES...1 NO...2 (# 6)	5	How much was paid for the ... purchased by your business in the last 12 months? AMOUNT	6	Did your business sell any ... in the last 12 months? YES...1 NO...2 (# NEXT ITEM)	7	How much did your business receive for the ... sold in the last 12 months? AMOUNT

▶ NEXT ITEM

Buildings and land?	YES-1 NO-2	14					
Vehicles or boats (autos, trucks, bicycles, other)?	YES-1 NO-2	15					
Tools, equipment, machinery?	YES-1 NO-2	16					
Other durable goods for running your business?	YES-1 NO-2	17					

▶ SECTION 11

SECTION 11. EXPENDITURES AND INVENTORY OF DURABLE GOODS

SUPERVISOR: _____

RESPONDENT: _____ ID CODE:

INTERVIEWER: _____

IS THIS THE PERSON ACTUALLY INTERVIEWED? YES...1 NO...2

PART A. DAILY EXPENSES

1		2	
<p>Since my last visit, have the members of your household spent anything on the following items?</p> <p>PUT A CROSS IN THE APPROPRIATE BOX. ASK QUESTION 1 FOR ALL ITEMS BEFORE GOING TO 2.</p> <div style="text-align: center;"> <div style="border: 1px solid black; padding: 2px 10px;">X</div> <div style="margin-top: 5px;">↓</div> </div>		<p>How much has your household spent for ...]... since my last visit?</p> <p style="text-align: right;">AMOUNT</p>	
Lottery tickets?		YES-1	101
		1-NO	
Cigarettes, tobacco, cola nuts?		YES-1	102
		1-NO	
Commercial or home-made soap (lux, guardian, etc.).		YES-1	103
		1-NO	
Other personal care and health products (toilet paper, combs, razor blades, hair brush, washing soap (sao), etc)		YES-1	104
		1-NO	
Home maintenance products (brooms, cleaning soap (vln), cleaning brushes, etc.)?		YES-1	105
		1-NO	
Charcoal or wood?		YES-1	106
		1-NO	
Matches and candles?		YES-1	107
		1-NO	
Other fuel for cooking or lighting (gas, kerosene, etc.)?		YES-1	108
		1-NO	
Gasoline and motor oil?		YES-1	109
		1-NO	

FOR CALCULATIONS

▶ PART B

SECTION 11. PART B. ANNUAL EXPENSES

IF THE ANSWER TO QUESTION 1 IS YES, ASK 2-4.			
1	2	3	4
Have the members of your household spent money for the following items during the past 12 months? PUT A CROSS IN THE APPROPRIATE BOX. COMPLETE 1 FOR ALL THE ITEMS BEFORE GOING TO 2-4.	Since my last visit, have the members of the household spent money on ...? YES...1 NO....2 (x4)	How much did they spend? AMOUNT	How much did the household members spend on ... in the last 12 months? AMOUNT
Shoes for adults? (leather, plastic)	YES-1 X NO-2	115	
Children's shoes? (leather, plastic)	YES-1 NO-2	116	
Domestic or imported cloth (Kente, Adinkra, etc.)	YES-1 NO-2	117	
Material for adult clothing?	YES-1 NO-2	118	
Material for children's clothes?	YES-1 NO-2	119	
Adult clothing? (suits, dresses, pyjamas, underclothes, etc.)	YES-1 NO-2	120	
Children's clothing? (suits, shirts, etc.)	YES-1 NO-2	121	
Repairs and other expenses for vehicles, other than gasoline and oil?	YES-1 NO-2	122	
Public transport, taxis, etc?	YES-1 NO-2	123	
Home repairs, painting, insurance, etc?	YES-1 NO-2	124	
Books, notebooks, newspaper, stationary, etc. not for school?	YES-1 NO-2	125	
Table-top stoves and coal pots?	YES-1 NO-2	126	
Medicines (modern and traditional)?	YES-1 NO-2	127	
Medical services, such as doctor or healer, and other medical expenses?	YES-1 NO-2	128	
Kitchen equipment (cups, cutlery, plates, saucepans, etc.)?	YES-1 NO-2	129	
Lanterns and lamps?	YES-1 NO-2	130	

IF THE ANSWER TO QUESTION 1 IS YES, ASK 2-4.			
1	2	3	4
Have the members of your household spent money for the following items during the past 12 months? PUT A CROSS IN THE APPROPRIATE BOX. COMPLETE 1 FOR ALL THE ITEMS BEFORE GOING TO 2-4.	Since my last visit, have the members of the household spent money on ...? YES...1 NO....2 (x4)	How much did they spend? AMOUNT	How much did the household members spend on ... in the past 12 months? AMOUNT
Furniture? (beds, tables, cupboards, chairs, rugs, etc.)	YES-1 X NO-2	131	
Linen? (sheets, towels, blankets, etc.)	YES-1 NO-2	132	
Envelopes, writing paper, stamps, telephone, telegraph?	YES-1 NO-2	133	
Hairdressing, haircut, etc.?	YES-1 NO-2	134	
Domestic servants? (maids, houseboys, cooks, etc.)	YES-1 NO-2	135	
Jewelry, watches?	YES-1 NO-2	136	
Entertainment? (cinema, sports, records, tapes, toys, etc.)	YES-1 NO-2	137	
Taxes ?	YES-1 NO-2	138	
Reimbursement of loans and interest to banks or other lenders?	YES-1 NO-2	139	
Susu (informal rotating fund)?	YES-1 NO-2	140	
Weddings and dowries?	YES-1 NO-2	141	
Funerals?	YES-1 NO-2	142	
Gifts?	YES-1 NO-2	143	
Other expenses? Specify:	YES-1 NO-2	144	
Have the members of your household lost money during the past 12 months?	YES-1 NO-2	145	
Have they lost money since my last visit? YES.1 NO..2(x4)		AMOUNT	AMOUNT

SECTION 11. PART C. INVENTORY OF DURABLE GOODS

INSTRUCTIONS:

FOR EACH ITEM IN THE LIST BELOW,
ASK THE FOLLOWING QUESTION:

Do the members of your household have
(TYPE OF GOOD)?

PUT A CROSS IN THE APPROPRIATE BOX FOR EACH
ITEM. GO TO THE NEXT ITEM. FINALLY, ITEM
FOR WHICH THE ANSWER IS YES, ASK QUESTION 2.

1. Do the members of your household have.....

ITEM	CODE	YES	NO
Sewing machines?	201		
Gas or other full-sized stoves?	202		
Refrigerators or freezers?	203		
Air conditioners?	204		
Fans?	205		
Radios?	206		
Radio/cassettes players?	207		
Phonographs?	208		
Stereo equipment?	209		
Video equipment?	210		
Washing machine?	211		
Black and white TV sets?	212		
Color TV sets	213		
Bicycles?	214		
Motorbikes?	215		
Cars, other vehicles?	216		
Cameras	217		

2 Please describe all the ... owned by members of your household.			3 In what year did you acquire this ...?	4 How much did you pay for this ...? IF IT WAS A GIFT OR AN EXCHANGE: What was the value of this ... when you acquired it?	5 If you wanted to sell this ... today, how much would you receive?
ITEM	DESCRIPTION	CODE	YEAR	AMOUNT	AMOUNT
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					

PART D

SECTION 11. PART D. EXPENSES FOR REMITTANCES

1. During the past 12 months has any member of your household provided money or goods to persons who are not members of your household? For example, children or relatives living elsewhere, or to other persons.

YES.....1

NO.....2 (▶ SECTION 12)

Now I would like to ask you some questions about the persons to whom the members of your household send assistance.

PUT QUESTIONS 3-7 FOR ALL PERSONS LISTED IN 2.

2	3	4	5	6	7
What are the names of all the persons to whom members of your household have sent assistance during the past 12 months? LIST ALL NAMES BEFORE GOING TO 3-7. IF THE RESPONDENT DOES NOT WISH TO GIVE NAMES, NUMBER THE PERSONS.	What is the relationship of ...[NAME]... to the head of the household? HUSBAND/WIFE.....1 SON OR DAUGHTER.....2 GRANDCHILD.....3 FATHER OR MOTHER.....4 SISTER OR BROTHER.....5 NIECE OR NEPHEW.....6 SON/DAUGHTER-IN-LAW.....7 BROTHER/SISTER-IN-LAW.....8 PARENTS-IN-LAW.....9 OTHER RELATIVES OF THE HEAD OR SPOUSE.....10 OTHER PERSON, NOT RELATED.....11	Where does he/she live? Is it in a... HEAD TO THE RESPONDENT: City.....1 Large town.....2 Medium town.....3 Small town.....4 Large village.....5 Small village.....6 Other.....7	In what region is this place? WESTERN.....1 CENTRAL.....2 GREATER ACCRA.....3 EASTERN.....4 VOLTA.....5 ASHANTI.....6 BONG-AHAFO.....7 NORTHERN.....8 UPPER WEST.....9 UPPER EAST.....10 NIGERIA.....11 IVORY COAST.....12 TOGO.....13 BURKINA FASO.....14 MALI.....15 OTHER AFRICA (SPECIFY).....16 OTHER (SPECIFY).....17	How much money have members of the household sent to this person in the past 12 months, including the value of contributions in kind?	Is part of this assistance to be repaid to the members of your household? YES.....1 NO.....2 ▶ NEXT PERSON
NAME				AMOUNT	
1					
2					
3					
4					
5					
6					
7					
8					
9					

▶ SECTION 12

SECTION 12. FOOD EXPENSES AND HOME PRODUCTION

PART A. FOOD EXPENSES

1		IF THE ANSWER TO 1 IS YES, ASK 2-6.					
During the past 12 months, have the members of your household bought any of the following foods for own consumption?		2	3	4	5		6
PUT A CROSS IN THE APPROPRIATE BOX FOR ALL FOODS BEFORE GOING TO 2-6.		Have the members of your household bought any... since my last visit?	How much have they spent since my visit?	During which months in the last 12 mos (since...) did the members of your household buy...? WRITE NUMBER OF MONTHS CITED	During these months, how often did they usually buy (.....)?	How much did they usually spend each time?	
		YES...1 NO...2 (#4)	AMOUNT	NUMBER OF MONTHS	TIMES	TIME UNIT	AMOUNT
Rice?	YES- <input checked="" type="checkbox"/> NO- <input type="checkbox"/>	-301					
Maize (cob, grain, dough or flour)?	YES- <input type="checkbox"/> NO- <input type="checkbox"/>	-302					
Millet, guinea corn or sorghum (grain or flour)?	YES- <input type="checkbox"/> NO- <input type="checkbox"/>	-303					
Bread or wheat flour?	YES- <input type="checkbox"/> NO- <input type="checkbox"/>	-304					
Raw cassava?	YES- <input type="checkbox"/> NO- <input type="checkbox"/>	-305					
Garri?	YES- <input type="checkbox"/> NO- <input type="checkbox"/>	-306					
Cassava in a form other than garri (achiekie, tapioca, dough, etc.)?	YES- <input type="checkbox"/> NO- <input type="checkbox"/>	-307					
Macaroni and Spaghetti?	YES- <input type="checkbox"/> NO- <input type="checkbox"/>	-308					
Biscuits and cakes?	YES- <input type="checkbox"/> NO- <input type="checkbox"/>	-309					
Yams?	YES- <input type="checkbox"/> NO- <input type="checkbox"/>	-310					
Cocoyams?	YES- <input type="checkbox"/> NO- <input type="checkbox"/>	-311					
Plantain?	YES- <input type="checkbox"/> NO- <input type="checkbox"/>	-312					
Potato or sweet potato?	YES- <input type="checkbox"/> NO- <input type="checkbox"/>	-313					
Kenkey?	YES- <input type="checkbox"/> NO- <input type="checkbox"/>	-314					
Oil palm nuts?	YES- <input type="checkbox"/> NO- <input type="checkbox"/>	-315					

1, Next page

2-6 Next page

SUPERVISOR: _____

RESPONDENT: _____

ID CODE:

INTERVIEWER: _____

IS THIS THE PERSON ACTUALLY INTERVIEWED? YES...1 NO...2 ☐

FOR CALCULATIONS

UNIT OF TIME: DAY.....3
WEEK.....4
MONTH.....5
QUARTER.....6
HALF YEAR.....7
YEAR.....8

SECTION 12. PART A. FOOD EXPENSES (CONT.)

1	2	3	4	5	6
During the past 12 months, have the members of your household bought any of the following foods for own consumption?	Have the members of your household bought any... since my last visit?	How much have they spent since my visit?	During which months in the last 12 mos (since...) did the members of your household buy...?	During these months, how often did they usually buy (.....)?	How much did they usually spend each time?
PUT A CROSS IN THE APPROPRIATE BOX FOR ALL FOOD BEFORE GOING TO 2-6.	YES..1 NO...2 (x4)	AMOUNT	WRITE NUMBER OF MONTHS CITED	TIMES TIME UNIT	AMOUNT
Ground nuts (roasted, raw or butter)?	YES- <input checked="" type="checkbox"/> NO- <input type="checkbox"/>	-316			
Coconuts?	YES- <input type="checkbox"/> NO- <input type="checkbox"/>	-317			
Fish and shellfish?	YES- <input type="checkbox"/> NO- <input type="checkbox"/>	-318			
Chicken?	YES- <input type="checkbox"/> NO- <input type="checkbox"/>	-319			
Dove or pigeon?	YES- <input type="checkbox"/> NO- <input type="checkbox"/>	-320			
Duck?	YES- <input type="checkbox"/> NO- <input type="checkbox"/>	-321			
Other domestical poultry (turkey, guinea fowl, etc.)	YES- <input type="checkbox"/> NO- <input type="checkbox"/>	-322			
Beef?	YES- <input type="checkbox"/> NO- <input type="checkbox"/>	-323			
Mutton?	YES- <input type="checkbox"/> NO- <input type="checkbox"/>	-324			
Pork?	YES- <input type="checkbox"/> NO- <input type="checkbox"/>	-325			
Other domesticated meat (goat, etc.)?	YES- <input type="checkbox"/> NO- <input type="checkbox"/>	-326			
Bushmeat and game birds?	YES- <input type="checkbox"/> NO- <input type="checkbox"/>	-327			
Eggs (from all birds)	YES- <input type="checkbox"/> NO- <input type="checkbox"/>	-328			
Palm oil and shea butter?	YES- <input type="checkbox"/> NO- <input type="checkbox"/>	-329			
Refined oil (groundnut oil, coconut oil, etc.)	YES- <input type="checkbox"/> NO- <input type="checkbox"/>	-330			
Butter, margarine?	YES- <input type="checkbox"/> NO- <input type="checkbox"/>	-331			

FOR CALCULATIONS

DAY.....3
WEEK.....4
MONTH.....5
QUARTER.....6
HALF YEAR.....7
YEAR.....8

1. Next page

2-6 Next page

SECTION 12. PART A. FOOD EXPENSES (CONT.)

1		2	3	4	5		6
During the past 12 months, have the members of your household bought any of the following foods for own consumption?		Have the members of your household bought any ... since my last visit?	How much have they spent since my visit?	During which months in the last 12 mos (since...) did the members of your household buy... WRITE NUMBER OF MONTHS CITED	During these months, how often did they usually buy (.....)?	TIME UNIT	How much did they usually spend each time?
PUT A CROSS IN THE APPROPRIATE BOX FOR ALL FOODS BEFORE GOING TO 2-6.		YES...1 NO...2 (#4)	AMOUNT	NUMBER OF MONTHS	TIMES	TIME UNIT	AMOUNT
Oranges, tangerines?	YES-1 X NO-2	-332					
Mangoes?	YES-1 NO-2	-333					
Pawpaws?	YES-1 NO-2	-334					
Avocados?	YES-1 NO-2	-335					
Bananas?	YES-1 NO-2	-336					
Pineapples?	YES-1 NO-2	-337					
Other fruit (apple, etc.)	YES-1 NO-2	-338					
Sugar, candy, honey and sugarcane?	YES-1 NO-2	-339					
Salt?	YES-1 NO-2	-340					
Alcoholic beverages (at home or away from home)?	YES-1 NO-2	-341					
Non-alcoholic beverages (at home or away from home)?	YES-1 NO-2	-342					
Maggi cubes?	YES-1 NO-2	-343					
Fresh tomatoes?	YES-1 NO-2	-344					
Tomato paste?	YES-1 NO-2	-345					
Onions?	YES-1 NO-2	-346					

FOR CALCULATIONS

DAY.....3
WEEK.....4
MONTH.....5
QUARTER.....6
HALF YEAR.....7
YEAR.....8

1. Next page

2-6 Next page

SECTION 12. PART A. FOOD EXPENSES (END)

1	2	3	4	5	6
During the past 12 months, have the members of your household bought any of the following foods for own consumption?	Have the members of your household bought any... since my last visit?	How much have they spent since my visit?	During which months in the last 12 mos (since...) did the members of your household buy... WRITE NUMBER OF MONTHS CITED	During these months, how often did they usually buy (.....)?	How much did they usually spend each time?
PUT A CROSS IN THE APPROPRIATE BOX FOR ALL FOODS BEFORE GOING TO 2-6.	YES...1 NO...2 (x4)	AMOUNT	NUMBER OF MONTHS	TIMES TIME UNIT	AMOUNT
Garden eggs?	YES-1 NO-2	347			
Okro?	YES-1 NO-2	348			
Beans and peas?	YES-1 NO-2	349			
Other non-leafy vegetables (pepper, etc.)?	YES-1 NO-2	350			
Cabbage or Lettuce?	YES-1 NO-2	351			
Spinach or kontomie?	YES-1 NO-2	352			
Other leafy vegetable (Indian spinach, etc.)?	YES-1 NO-2	353			
Milk or milk powder?	YES-1 NO-2	354			
Milk products (cheese, yoghurt, etc.) DO NOT INCLUDE BUTTER	YES-1 NO-2	355			
Fufu?	YES-1 NO-2	356			
Iwo zaafi, banku or akple?	YES-1 NO-2	357			
Emotuo?	YES-1 NO-2	358			
Other prepared foods? (e.g. garri, yor-ke-garri)	YES-1 NO-2	359			
Other foods eaten away from the household (restaurants, etc.)?	YES-1 NO-2	360			
Other foods? (Specify?)	YES-1 NO-2	361			

FOR CALCULATIONS

DAY.....3
WEEK.....4
MONTH.....5
QUARTER.....6
HALF YEAR.....7
YEAR.....8

2-6
Page 12A1

Section 12B

SECTION 12. PART B. CONSUMPTION OF HOME PRODUCTION

1. During the past 12 months, have the members of your household eaten foods grown or raised by the household?

YES.....1

NO.....2 (# SECTION 13)

2		IF THE ANSWER TO 2 IS YES, ASK 3-5.			
During the past 12 months, have the members of your household eaten ... that was home-produced, including those used to make prepared foods? PUT A CROSS IN THE APPROPRIATE BOX. ASK QUESTIONS 2 FOR ALL FOODS BEFORE GOING TO 3.		3	4	5	
		During which months in the past 12 months (since) did your household consume the ... it produced? WRITE THE NUMBER OF MONTHS CITED	How many times during these months did they eat home-produced ...? TIMES	How much would it cost to buy the amount they ate each time? TIME UNIT	AMOUNT
Rice?	YES- <input checked="" type="checkbox"/> NO- <input type="checkbox"/>	301			
Maize (cob, grain or flour)?	YES- <input type="checkbox"/> NO- <input type="checkbox"/>	302			
Millet, guinea corn or sorghum (grain or flour)?	YES- <input type="checkbox"/> NO- <input type="checkbox"/>	303			
Raw cassava?	YES- <input type="checkbox"/> NO- <input type="checkbox"/>	305			
Garri?	YES- <input type="checkbox"/> NO- <input type="checkbox"/>	306			
Cassava in a form other than garri (achiekie, tapioca, etc.)?	YES- <input type="checkbox"/> NO- <input type="checkbox"/>	307			
Yams?	YES- <input type="checkbox"/> NO- <input type="checkbox"/>	310			
Cocoyams?	YES- <input type="checkbox"/> NO- <input type="checkbox"/>	311			
Plantain?	YES- <input type="checkbox"/> NO- <input type="checkbox"/>	312			
Potato or sweet potato?	YES- <input type="checkbox"/> NO- <input type="checkbox"/>	313			
Kenkey	YES- <input type="checkbox"/> NO- <input type="checkbox"/>	314			
Oil palm nuts?	YES- <input type="checkbox"/> NO- <input type="checkbox"/>	315			
Ground nuts (roasted, raw or butter)?	YES- <input type="checkbox"/> NO- <input type="checkbox"/>	316			

--- CONTINUED

2		IF THE ANSWER TO 2 IS YES, ASK 3-5.			
During the past 12 months, have the members of your household eaten ... that was home-produced, including those used to make prepared foods? PUT A CROSS IN THE APPROPRIATE BOX. ASK QUESTION 2 FOR ALL FOODS BEFORE GOING TO 3.		3	4	5	
		During which months in the past 12 months (since) did your household consume the ... it produced? WRITE THE NUMBER OF MONTHS CITED	How many times during these months did they eat home-produced ...? TIMES	How much would it cost to buy the amount they ate each time? TIME UNIT	AMOUNT
Coconuts?	YES- <input checked="" type="checkbox"/> NO- <input type="checkbox"/>	317			
Fish and shellfish?	YES- <input type="checkbox"/> NO- <input type="checkbox"/>	318			
Chicken?	YES- <input type="checkbox"/> NO- <input type="checkbox"/>	319			
Dove or pigeon?	YES- <input type="checkbox"/> NO- <input type="checkbox"/>	320			
Duck?	YES- <input type="checkbox"/> NO- <input type="checkbox"/>	321			
Other domestic poultry (turkey, guinea fowl, etc.)	YES- <input type="checkbox"/> NO- <input type="checkbox"/>	322			
Beef?	YES- <input type="checkbox"/> NO- <input type="checkbox"/>	323			
Mutton?	YES- <input type="checkbox"/> NO- <input type="checkbox"/>	324			
Pork?	YES- <input type="checkbox"/> NO- <input type="checkbox"/>	325			
Other domesticated meat (goat, etc.)?	YES- <input type="checkbox"/> NO- <input type="checkbox"/>	326			
Bushmeat and game birds?	YES- <input type="checkbox"/> NO- <input type="checkbox"/>	327			
Eggs (from all birds)	YES- <input type="checkbox"/> NO- <input type="checkbox"/>	328			
Palm oil and shea butter?	YES- <input type="checkbox"/> NO- <input type="checkbox"/>	329			
Refined Oil (coconut oil etc.)	YES- <input type="checkbox"/> NO- <input type="checkbox"/>	330			

TIME UNIT: DAY...3 WEEK...4 MONTH...5 QUARTER...6 HALF YEAR...7 YEAR...8

SECTION 12. PART B. CONSUMPTION OF HOME PRODUCTION

----- CONTINUED

IF THE ANSWER TO 2 IS YES, ASK 3-5.

2	3	4	5
During the past 12 months, have the members of your household eaten ... that was home-produced, including those used to make prepared foods?	During which months in the past 12 months (since ...) did your household consume the ... it produced?	How many times during these months did they eat home-produced ... ?	How much would it cost to buy the amount they ate each time?
PUT A CROSS IN THE APPROPRIATE BOX.	WRITE THE NUMBER OF MONTHS CITED	TIMES	AMOUNT
Oranges, tangerines?	YES- <input checked="" type="checkbox"/> NO- <input type="checkbox"/>	332	
Mangoes?	YES- <input type="checkbox"/> NO- <input checked="" type="checkbox"/>	323	
Pawpaws?	YES- <input type="checkbox"/> NO- <input checked="" type="checkbox"/>	334	
Avocados?	YES- <input type="checkbox"/> NO- <input checked="" type="checkbox"/>	335	
Bananas?	YES- <input type="checkbox"/> NO- <input checked="" type="checkbox"/>	336	
Pineapples?	YES- <input type="checkbox"/> NO- <input checked="" type="checkbox"/>	337	
Other fruit (apple, etc.)	YES- <input type="checkbox"/> NO- <input checked="" type="checkbox"/>	338	
Home made candy, honey and sugarcane?	YES- <input type="checkbox"/> NO- <input checked="" type="checkbox"/>	339	
Home made alcoholic beverages (palm wine, etc.)?	YES- <input type="checkbox"/> NO- <input checked="" type="checkbox"/>	341	
Home made non-alcoholic beverages?	YES- <input type="checkbox"/> NO- <input checked="" type="checkbox"/>	342	
Fresh tomatoes?	YES- <input type="checkbox"/> NO- <input checked="" type="checkbox"/>	344	
Onions?	YES- <input type="checkbox"/> NO- <input checked="" type="checkbox"/>	346	

----- CONTINUED

IF THE ANSWER TO 2 IS YES, ASK 3-5.

2	3	4	5
During the past 12 months, have the members of your household eaten ... that was home-produced, including those used to make prepared foods?	During which months in the past 12 months (since ...) did your household consume the ... it produced?	How many times during these months did they eat home-produced ... ?	How much would it cost to buy the amount they ate each time?
PUT A CROSS IN THE APPROPRIATE BOX.	WRITE THE NUMBER OF MONTHS CITED	TIMES	AMOUNT
Garden eggs?	YES- <input type="checkbox"/> NO- <input checked="" type="checkbox"/>	347	
Okro?	YES- <input type="checkbox"/> NO- <input checked="" type="checkbox"/>	348	
Beans and peas?	YES- <input type="checkbox"/> NO- <input checked="" type="checkbox"/>	349	
Other non-leafy vegetables (pepper, etc.)?	YES- <input type="checkbox"/> NO- <input checked="" type="checkbox"/>	350	
Cabbage or lettuce?	YES- <input type="checkbox"/> NO- <input checked="" type="checkbox"/>	351	
Spinach or kontomle?	YES- <input type="checkbox"/> NO- <input checked="" type="checkbox"/>	352	
Other leafy vegetable (Indian spinach, etc.)?	YES- <input type="checkbox"/> NO- <input checked="" type="checkbox"/>	353	
Milk?	YES- <input type="checkbox"/> NO- <input checked="" type="checkbox"/>	354	
Home made milk products (cheese, yoghurt, etc.) from home-produced milk?	YES- <input type="checkbox"/> NO- <input checked="" type="checkbox"/>	355	
Other foods? (Specify: ...)	YES- <input type="checkbox"/> NO- <input checked="" type="checkbox"/>	360	

SECTION 13

TIME UNIT: DAY...3 WEEK...4 MONTH...5 QUARTER...6 HALF YEAR...7 YEAR...8

SECTION 13: FERTILITY

SUPERVISOR: _____

NAME OF THE WOMAN SELECTED: _____ ID CODE:

INTERVIEWER: _____

WAS THIS WOMAN PRESENT DURING THE INTERVIEW? YES...1 NO....2

A: FERTILITY HISTORY

I would like to ask you some questions about your pregnancies and all the children you have given birth to.

1. Have you ever been pregnant?

YES...1

NO...INTERVIEWER - PROBE Even though the pregnancy lasted only a few weeks or months? YES...1 NO...2 (#24, NEXT PAGE)

2. Have you ever given birth to a child?

YES...1

NO...INTERVIEWER - PROBE Even though the child lived only a short time, for example a few minutes or hours? YES...1 NO...2 (#20, NEXT PAGE)

Now I would like to have a complete list of all the children you have given birth to, during your life, starting with the first.

ASK QUESTIONS 3-11 FOR EACH CHILD BORN TO THE RESPONDENT, IN ORDER OF BIRTH.

3	4	5	6	7	8	9	10	11
What is his/her name?	In what month and year was this child born? IF NOT KNOWN, ESTIMATE FROM AGE	Was it a boy or a girl? BOY....1 GIRL....2	Is he/she still living? YES...1 NO....2 (#9)	Is he/she living in your household? YES...1 NO....2 (#10)	CHILD'S ID CODE. (SEE THE HOUSEHOLD ROSTER) #10	How many months or years did he/she live? MONTHS YEARS	Was he/she vaccinated against any diseases? YES...1 NO....2	Have you given birth to any other children? YES...1 (#3, NEXT CHILD) NO....2 Have you given birth to any other children who lived only a short time? YES...1 (#3, NEXT CHILD) NO...2 (#12, NEXT PAGE)
NAME	MONTH YEAR							
01								
02								
03								
04								
05								
06								
07								
08								
09								
10								
11								
12								
13								
14								
15								

(a)

(b)

12. COUNT ALL THE CHILDREN WHOSE NAMES ARE LISTED IN THE TABLE.

I would like to be sure I have understood correctly. You have given birth to _____ (TOTAL) children. Is this correct?

() YES () WRITE THE NUMBER HERE) ----->

() NO () GO BACK TO QUESTIONS 3-11. CORRECT ANY ERRORS AND ADD ANY CHILDREN OMITTED)

INTERVIEWER: VERIFY THE FOLLOWING FOR THE CHILDREN LISTED ABOVE:
(A) ALL CHILDREN WHO ARE HOUSEHOLD MEMBERS (Q.7) ARE ON THE HOUSEHOLD ROSTER (SECTION 1). THEIR ID CODES ARE CORRECTLY COPIED AND THEIR SEX AND AGE ARE IDENTICAL IN THE TWO PLACES.
(B) ALL LIVING CHILDREN WHO ARE NOT HOUSEHOLD MEMBERS ARE LISTED IN SECTION 3B, IF LESS THAN 30 YEARS OLD.

WRITE HERE THE NAME OF THE LAST BORN CHILD: _____

13. While you were pregnant with (NAME OF LAST BORN) did you go for antenatal consultations at a maternity home or other clinic?

YES.....1
NO.....2 (x15)

14. How many times?

TIMES:

15. Who assisted you at the birth?

DOCTOR.....1
NURSE.....2
MEDICAL ASSISTANT.....3
MIDWIFE.....4
TRADITIONAL BIRTH ATTENDANT.....5
PHARMACIST.....6
HEALER.....7
OTHER.....8

FIRST PERSON

SECOND PERSON

16. Where did you give birth?

HOSPITAL.....1
CLINIC.....2
MATERNITY HOME.....3
MATERNAL HEALTH CARE (MHC).....4
HOME OF ATTENDANT.....5
OWN HOME.....6
OTHER.....7

17. Did you breast-feed ...[NAME OF LAST BORN] ...?

YES.....1
NO.....2 (x20)

18. Are you still breast-feeding ...[NAME OF LAST BORN] ...?

YES.....1 (x20)

NO.....2

19. How many months did you breast-feed the child? That is, how old was he/she when completely weaned?

MONTHS:

20. Have you had any pregnancies that were interrupted before term, through a miscarriage, even though the pregnancy lasted only a few weeks or months, or have you had a stillborn child?

YES.....1
NO.....2 (x22)

21. How many such pregnancies have you had in your life?

NUMBER:

22. Are you pregnant now?

YES.....1
NO.....2 (x24)

23. How many months?

MONTHS:

x25

24. Have you already lived with a man?

YES.....1
NO.....2 (xSECTION 14)

INTERVIEWER: EXPLAIN THAT THIS MEANS SEXUAL RELATIONSHIP

25. How old were you when you and your first husband or boyfriend started living together?

AGE:

26. What month and year was it?

MONTH:

YEAR:

> PART B

(C)

8 BIRTH CONTROL

INTRODUCTION: Some couples use methods to avoid pregnancy or to space births. I am going to ask you about some of these methods.

1	2	3	4	5	6	7	8	9	10	11	12	13
Have you ever heard of...?	Where did you hear about...?	Have you ever used...?	Why have you never used this method? (MAIN REASON)	Are you currently using...?	Why did you stop using...?	Have you used...?	Where do you/ did you obtain...?	How far away is this source?	How long does it generally take to get there?	Do/did you and your husband have to pay for this method in the last 12 months?	How often have you and your husband paid for this method in the last 12 months, including supplies and related contraceptive services?	How much did/do you and your husband pay for this method each time?
YES...1 NO...2 (3 NEXT METHOD)	RELATIVE OR SPOUSE...1 FRIEND...2 FAMILY PLANNING CLINIC...3 OTHER MEDICAL FACILITY...4 SCHOOL...5 RADIO/TV...6 MAGAZINE/PRINT...7 OTHER (SPECIFY)...8	YES...1 NO...2 (3 NEXT METHOD)	WANTED CHILDREN...1 BAD SIDE EFFECTS...2 TOO EXPENSIVE...3 NOT AVAILABLE...4 DONT KNOW ENOUGH ABOUT IT...5 INEFFECTIVE METHOD...6 RELIGIOUS REASON...7 OTHER...8	YES...1 NO...2 (3 NEXT METHOD)	PREGNANCY SIDE EFFECTS...1 OF METHOD...2 METHOD TOO COSTLY...3 NO SUPPLY...4 HARD TO GET...5 SWITCHED TO A DIFFERENT METHOD...6 INEFFECTIVE METHOD...7 RELIGIOUS REASON...8 OTHER (SPECIFY)...9	YES...1 NO...2 (3 NEXT METHOD)	MOH OR FAMILY PLANNING CLINIC...1 HOSPITAL...2 GOVERNMENT DISPENSARY...3 FRIENDS...4 FAMILY...5 PRIVATE PHARMACY...6 CHEMICAL SELLER...7 OTHER SOURCE...8	DISTANCE CODE: METER...3 KILOMETER...4 MILE...5	DISTANCE CODE: HOURS MINUTES	YES...1 NO...2 (3 NEXT METHOD)	TIMES TIME UNIT	AMOUNT
ABSTINENCE	01											
RHYTHM	02											
WITHDRAWAL	03											
HERBS/POTIONS TO DRINK	04											
HERBS/POTIONS TO INSERT	05											
DOUCHE	06											
CONDOM	07											
SPERMICIDES/FOAM	08											
DIAPHRAGM	09											
PILL	10											
IUD	11											
INJECTION	12											

TIME UNITS: DAY...3 WEEK...4 MONTH...5 QUARTER...6 HALF YEAR...7 YEAR...8

SECTION 14

SECTION 14. OTHER INCOME

I would like you to tell me about other income received by members of your household during the past 12 months. That is to say, income received by these persons:

READ THE NAMES OF THE HOUSEHOLD CARD TO THE RESPONDENT

PART A. INCOME FROM REMITTANCES

- During the past 12 months, has any member of your household received money or goods on a regular basis from persons who are not members of your household? For example, assistance sent by relatives working elsewhere, or by children of household members, by friends or by neighbours.

YES.....1

NO.....2 (→ SECTION 15)

INTERVIEWER: PROBE FOR HUSBAND, CHILDREN OR OTHER FAMILY MEMBERS WHO DO NOT LIVE IN THE HOUSEHOLD.

Now I would like to ask you some questions about all the persons who have sent assistance in money or goods to your household.

FOR ALL PERSONS LISTED UNDER 2, PUT QUESTIONS 3-7.						
2	3	4	5	6	7	
What are the names of all the persons who sent money or goods to members of your household during the past 12 months?	What is the relationship of [NAME] to the head of the household?	Where does he/she live? Is it in a.....?	In what region is this place?	How much money have household members received from this person in the past 12 months, including the value of all payments in kind?	Is any of this assistance to be repaid to the sender?	
WRITE DOWN ALL THE NAMES BEFORE GOING TO 3-7.	WIFE/HUSBAND.....1 SON/DAUGHTER.....2 GRANDCHILD.....3 FATHER OR MOTHER.....4 SISTER OR BROTHER.....5 NIECE OR NEPHEW.....6 SON/DAUGHTER-IN-LAW.....7 BROTHER/SISTER-IN-LAW.....8 PARENTS-IN-LAW.....9 OTHER RELATIVES OF THE HEAD OR HIS/HER SPOUSE.....10 OTHER PERSON, NOT A RELATIVE.....11	READ THE ANSWERS TO THE RESPONDENT City.....1 Large town.....2 Medium town.....3 Small town.....4 Large village.....5 Small village.....6 Other.....7	WESTERN.....1 CENTRAL.....2 GREATER ACCRA.....3 EASTERN.....4 VOLTA.....5 ASHANTI.....6 BRONG-AHAFO.....7 NORTHERN.....8 UPPER WEST.....9 UPPER EAST.....10 IGERIA.....11 IVORY COAST.....12 OTHER AFRICA.....13 OTHER.....14	AMOUNT	YES.....1 NO.....2	NEXT PERSON
ORDER	NAME					
1						
2						
3						
4						
5						
6						
7						
8						
9						

PART B

1

SECTION 1. CREDIT AND SAVINGS

PART A. MONEY AND GOODS LENT AND BORROWED

I would like to ask you some questions about any loans by members of your household to other people that have not yet been repaid.

1. Does anyone owe money or goods to you or members of your household? For example, loans to friends, neighbours, relatives or business partners that have not yet been repaid?

YES....1

☐

NO.....2 (p 3)

2. How much altogether is owed by these persons to members of your household?

TOTAL AMOUNT:

3. Do you or members of your household owe money or goods to anyone? For instance to a bank, a business, a cooperative, a government agency, a moneylender, a relative, a friend or any other individual or institution? Include loans of capital or goods for businesses or farms belonging to the household.

YES....1

☐

NO.....2 (p 5)

4. How much altogether is owed by members of the household to these persons or institutions?

TOTAL AMOUNT:

5. In the last 12 months, have any member of your household borrowed money or goods and later repaid the loan?

YES....1

☐

NO.....2 (p PART C)

6. How much?

TOTAL AMOUNT:

PART B

FOR CALCULATION

SECTION 15. SECTION B: LOANS CONTRACTED

I would like to ask you some questions about the loans contracted and repaid within the last 12 months by members of your household, and about any loans that have not yet been repaid.

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	
To which institutions or people do you and the members of your household owe money or goods? (i.e. banks, cooperatives, the government, moneylender, neighbors, landlord, relatives, etc). Include loan contracted and repaid in the last 12 months. IF THE RESPONDENT DOES NOT WISH TO GIVE NAMES, NUMBER THE PERSONS.	CREDITOR CODES PRIVATE MONEYLENDER...1 RELATIVE...2 OTHER PRIVATE INDIVIDUAL...3 PRIVATE BANK...4 GOVT...5 COOPERATIVE...6 OTHER...7	How many loans have been contracted from this person or agency? NUMBER ALL LOANS FROM EACH SOURCE.	How much have the members of the household borrowed from under this loan? If they borrowed goods what is their money_value?	Was this loan contracted and repaid in the last 12 months, or do the household members still owe the money? CONTRACTED AND REPAID IN THE LAST 12 MONTHS...1 MONEY STILL OWED...2	If the loan had to be repaid today, what amount would have to be paid?	In what month and year did the household members borrow this money or these goods from...1..?	Was a rate of interest specified for this loan? YES...1 NO...2 (b10)	What was the annual rate of interest?	Have the household members paid or will they have to pay money or goods in addition to repaying the loan and the interest?	How much did they pay or will they have to pay?	Did the household members have to offer something as collateral for this loan?	Did the members of your household make regular repayments to...1?	How much did they pay and how often?	When did they or when will they finish paying? IF NO FIXED DATE, WRITE ZEBOS.	Why was this money borrowed? FARM...1 BUSINESS/TRADE...2 SCHOOL...3 OTHER...4	
			AMOUNT	MONEY STILL OWED...2	AMOUNT	MONTH YEAR			YES...1 NO...2 (b12)	AMOUNT	NO...2 (b15)	YES...1 NO...2 (b15)	AMOUNT	TIME UNIT	MONTH YEAR	DEBIT LOAN
01																
02																
03																
04																
05																
06																

14-16

TIME UNIT: DAY...3 WEEK...4 MONTH...5 QUARTER...6 HALF YEAR...7 YEAR...8

PART C. SAVINGS

1. Does any member of your household have any of the following accounts?

- A. Bank savings account?-----
- B. Housing savings bank?-----
- C. Rural savings bank?-----
- D. Foreign currency account?-----
- E. Other bank accounts?-----
- F. Bonds?-----
- G. Stocks (in companies or banks)?--
- H. Other Savings, including savings kept in your home (excluding susu)?-----

CODES: YES...1
NO...2

2. What is the total value of all the above accounts and of other savings outside these institutions belonging to all the members of your household (including cash value of foreign currency savings)?

INTERVIEWER: IF PERSON INTERVIEWED DOES NOT KNOW, ASK THE HOUSEHOLD MEMBERS INDIVIDUALLY.

TOTAL AMOUNT:

--

END OF SECOND ROUND

3
PART
C

INTERVIEWER: _____

OBSERVATIONS: _____

DATA ENTRY
OPERATOR: _____

DATE OF ENTRY: _____

CLUST CLUST

HOUSEHOLD: HID SHEET: 1

HEAD OF HOUSEHOLD: _____

ADDRESS: _____

SECTION 17 PART A: COGNITIVE SKILLS TESTS - RAVEN ONE

IDENTIFICATION CODE	1 DATE OF TESTING	2 TESTS TAKEN RAVEN ONLY...1 (P5) ALL TESTS...2 RAVEN AND READING...3 RAVEN AND MATH...4 (P4) PERSON NOT TESTED...5 (P6)	3 EASY READING SCORE IF MATH TEST NOT TAKEN P5	4 EASY MATHEMATICS SCORE	5 RAVEN SCORE P 7	6 REASON NOT TESTED: AT WORK.....1 AT SCHOOL.....2 TRAVELLING....3 TOO DIFFICULT/ DID NOT UNDERSTAND...4 REFUSAL.....5 ILLNESS.....6 AGE.....7 OTHER.....8
	DAY MONTH YEAR		SCORE	SCORE	SCORE	

INTERVIEWER: _____

OBSERVATIONS: _____

DATA ENTRY OPERATOR: _____

DATE OF ENTRY: _____

A	B
---	---

NAME OF HOUSEHOLD MEMBER

7 IF PERSON ATTENDED LOCAL PRIMARY OR MIDDLE SCHOOL IN LAST 5 YEARS: _____

NAME OF SCHOOL _____

CODE FROM SCHOOL QUESTIONNAIRE: PRI, PR2, ... MD1, MD2, ...

AGEY =
age in years

AGEY	DAY	MONTH	YEAR	TEST 1	E2READ	E2MATH	RAVEN	NOTEST 1	SCH CD

GLSY2.Y17A

1 What is the name of the primary school?

CODE:
SCH-P1

2 How far away is this primary school from your house?

DIST-P1
MILES:

3 How long does it take a child to travel to this school?

HR-P1

HOURS:

ONE WAY ONLY

MIN-P1 MINUTES:

4 Does this travel involve walking or transport?

TRMD-P1

WALKING...1 (1 6)
TRANSPORT...2
BOTH...3

5 How much does this transport cost, each way?

TRCST-P1

COST ONE WAY

CEDIS:

6 Is there any other primary school less than 5 miles away?

OTH-P1

YES...1
NO...2 (1 18)

7 What is the name of this other primary school?

CODE:
SCH-P2

8 How far away is this primary school from your house?

DIST-P2
MILES:

9 How long does it take a child to travel to this school?

HR-P2

HOURS:

ONE WAY ONLY

MIN-P2 MINUTES:

10 Does this travel involve walking or transport?

TRMD-P2

WALKING...1 (1 12)
TRANSPORT...2
BOTH...3

11 How much does this transport cost, each way?

TRCST-P2

COST ONE WAY

CEDIS:

12 Is there any other primary school less than 5 miles away?

OTH-P2

YES...1
NO...2 (1 18)

13 What is the name of other primary school.

CODE:
SCH-P3

14 How far away is this primary school from your house?

DIST-P3
MILES:

15 How long does it take a child to travel to this school?

HR-P3

HOURS:

ONE WAY ONLY

MIN-P3 MINUTES:

16 Does this travel involve walking or transport?

TRMD-P3

WALKING...1 (1 18)
TRANSPORT...2
BOTH...3

17 How much does this transport cost, each way?

TRCST-P3

COST ONE WAY

CEDIS:

18 What is the name of the nearest middle school or junior secondary school?

CODE:
SCH-M1

19 How far away is this middle school from your house?

DIST-M1
MILES:

20 How long does it take a child to travel to this school?

HR-M1

HOURS:

ONE WAY ONLY

MIN-M1 MINUTES:

21 Does this travel involve walking or transport?

TRMD-M1

WALKING...1 (1 23)
TRANSPORT...2
BOTH...3

22 How much does this transport cost, each way?

TRCST-M1

COST ONE WAY

CEDIS:

23 Is there any other middle school, or junior secondary school less than 10 miles away?

OTH-M1

YES...1
NO...2 (1 END OF INTERVIEW)

24 What is the name of this other middle school or junior secondary school?

CODE:
SCH-M2

25 How far away is this middle school from your house?

DIST-M2
MILES:

26 How long does it take a child to travel to this school?

HR-M2

HOURS:

ONE WAY ONLY

MIN-M2 MINUTES:

27 Does this travel involve walking or transport?

TRMD-M2

WALKING...1 (1 29)
TRANSPORT...2
BOTH...3

28 How much does this transport cost, each way?

TRCST-M2

COST ONE WAY

CEDIS:

29 Is there any other middle school, or junior secondary school less than 10 miles away?

OTH-M2

YES...1
NO...2 (1 END OF INTERVIEW)

30 What is the name of this other middle school or junior secondary school?

CODE:
SCH-M3

31 How far away is this middle school from your house?

DIST-M3
MILES:

32 How long does it take a child to travel to this school?

HR-M3

HOURS:

ONE WAY ONLY

MIN-M3 MINUTES:

33 Does this travel involve walking or transport?

TRMD-M3

WALKING...1 (1 END)
TRANSPORT...2
BOTH...3

34 How much does this transport cost, each way?

TRCST-M3

COST ONE WAY

CEDIS: