

-----SURVEY INFORMATION-----

CLUSTER: _____	HOUSEHOLD: _____	ROSTER: _____	-----VERIFICATION OF THE QUESTIONNAIRE, FIRST VISIT-----
HEAD OF HOUSEHOLD: _____			SUPERVISOR: _____ DATE: _____
ADDRESS (OR DESCRIPTION): _____			REMARKS: _____
			REINTERVIEW YES..1 BY SUPERVISOR? NO...2
			REASON: THIS HOUSEHOLD+ THIS HOUSEHOD+ DWELLING NOT FOUND/VACANT.1 REPLACES WILL BE RE- OCCUPANT NOT AT HOME.....2 HOUSEHOLD NO: + PLACED BY NO: + REFUSAL.....3

-----FIRST VISIT-----	-----SECOND VISIT-----
INTERVIEWER: _____ DATE: _____	INTERVIEWER: _____ DATE: _____
DWELLING YES 1 IS THE HEAD YES.1 FOUND? NO..2(>>SUPERVISOR) OF HOUSEHOLD NO..2(>>SUPERVISOR) THE SAME?	REMARKS: _____

NAME OF NEW HEAD: _____ RELIGION MUSLIM...1 PROTESTANT.....3 ANIMIST/TRADITIONAL...5 OF HEAD: CATHOLIC..2 OTHER CHRISTIAN...4 OTHER.....6	-----VERIFICATION OF QUESTIONNAIRE, SECOND VISIT-----
PRIMARY LANGUAGE AKAN.....1 GA-ADANGBE...3 HAUSA...6 OTHER (SPECIFY)...8 OF HEAD: EWE.....2 DAGBANI.....4 NZEMA...7 LANGUAGE ENGLISH.1(END)GA-ADAGBE.4 NZEMA...7 INTER- YES.1 USED BY THE AKAN...2 DAGBANI...5 OTHER...8 PRETER? NO..2 RESPONDENT: EWE.....3 HAUSA.....6 (SPECIFY)	SUPERVISOR: _____ DATE: _____
REMARKS: _____	REMARKS: _____
	REINTERVIEW YES..1 BY SUPERVISOR? NO...2

-----THIRD VISIT-----	
INTERVIEWER: _____ DATE: _____	INTERVIEWER: _____ DATE: _____
REMARKS: _____	REMARKS: _____

-----FIRST VISIT-----	-----VERIFICATION OF QUESTIONNAIRE, THIRD VISIT-----
INTERVIEWER: _____ DATE: _____	SUPERVISOR: _____ DATE: _____
REMARKS: _____	REMARKS: _____
	REINTERVIEW YES..1 BY SUPERVISOR? NO...2

<p>---FOURTH VISIT---</p> <p>INTERVIEW: _____ DATE: </p> <p>REMARKS: _____</p>	<p>---SEVENTH VISIT---</p> <p>INTERVIEWER: _____ DATE: </p> <p>REMARKS: _____</p>
<p>---VERIFICATION OF QUESTIONNAIRE, FOURTH VISIT---</p> <p>SUPERVISOR: _____ DATE: </p> <p>REMARKS: _____</p> <p>REINTERVIEW YES..1 BY SUPERVISOR? NO...2</p>	<p>---VERIFICATION OF QUESTIONNAIRE, SEVENTH VISIT---</p> <p>SUPERVISOR: _____ DATE: </p> <p>REMARKS: _____</p> <p>REINTERVIEW YES..1 BY SUPERVISOR? NO...2</p>
<p>---FIFTH VISIT---</p> <p>INTERVIEW: _____ DATE: </p> <p>REMARKS: _____</p>	<p>---EIGHTH VISIT---</p> <p>INTERVIEWER: _____ DATE: </p> <p>REMARKS: _____</p>
<p>---VERIFICATION OF QUESTIONNAIRE, FIFTH VISIT---</p> <p>SUPERVISOR: _____ DATE: </p> <p>REMARKS: _____</p> <p>REINTERVIEW YES..1 BY SUPERVISOR? NO...2</p>	<p>---VERIFICATION OF QUESTIONNAIRE, EIGHTH VISIT---</p> <p>SUPERVISOR: _____ DATE: </p> <p>REMARKS: _____</p> <p>REINTERVIEW YES..1 BY SUPERVISOR? NO...2</p>
<p>---SIXTH VISIT---</p> <p>INTERVIEWER: _____ DATE: </p> <p>REMARKS: _____</p>	<p>---NINETH VISIT---</p> <p>INTERVIEWER: _____ DATE: </p> <p>REMARKS: _____</p>
<p>---VERIFICATION OF QUESTIONNAIRE, SIXTH VISIT---</p> <p>SUPERVISOR: _____ DATE: </p> <p>REMARKS: _____</p> <p>REINTERVIEW YES..1 BY SUPERVISOR? NO...2</p>	<p>---VERIFICATION OF QUESTIONNAIRE, NINETH VISIT---</p> <p>SUPERVISOR: _____ DATE: </p> <p>REMARKS: _____</p> <p>REINTERVIEW YES..1 BY SUPERVISOR? NO...2</p>

<p>-----TENTH VISIT-----</p> <p>INTERVIEW: _____ DATE: </p> <p>REMARKS: _____</p>		<p>-----DATA ENTRY, END OF CYCLE-----</p> <p>OPERATOR: _____ DATE: </p> <p>REMARKS: _____</p>	
<p>-----VERIFICATION OF QUESTIONNAIRE, TENTH VISIT-----</p> <p>SUPERVISOR: _____ DATE: </p> <p>REMARKS: _____</p> <p>REMARKS: _____</p> <p>REINTERVIEW YES..1 </p> <p>BY SUPERVISOR? NO...2-----</p>		<p>-----EDITING OF PRINTOUTS, END OF CYCLE-----</p> <p>SUPERVISOR: _____ DATE: </p> <p>REMARKS: _____</p>	
<p>-----ELEVENTH VISIT-----</p> <p>INTERVIEWER: _____ DATE: </p> <p>REMARKS: _____</p>		<p>-----VERIFICATION OF QUESTIONNAIRE, ELEVENTH VISIT-----</p> <p>SUPERVISOR: _____ DATE: </p> <p>REMARKS: _____</p> <p>REMARKS: _____</p> <p>REINTERVIEW YES..1 </p> <p>BY SUPERVISOR? NO...2-----</p>	

SUMMARY OF SURVEYS RESULTS (URBAN EAS)

SUMMARY OF SURVEYS RESULTS (RURAL EAS)

VISIT	SECTION	INTERVIEWER			SUPERVISOR				
		VISITS		CHECK-UP	VISIT		INTERVIEWER	DATA ENTRY OPERATOR	(CORRECTED) IN OFFICE...1
		DATE	RESULT	DATE	RESULT	DURING NEXT VISIT...2			
		COMPLETE...1	PARTIAL...2	COMPLETE...1	PARTIAL...2	SATISFACTORY...1	SATISFACTORY...1	DURING CHECK UP VISIT...3	
		DAY MONTH YEAR	NOT APPLIC...3	DAY MONTH YEAR	NOT APPLIC...3	TO BE COMPLETED...2	CORRECTIONS...2	UP VISIT...3	
						TO BE REDONE...3		NOT CORRECTED...4	
FIRST	1, 2, 6, 7								
SECOND	8H, 9A2, 9B								
THIRD	3, 8H, 9A2, 9B								
FOURTH	4, 8H, 9A2, 9B								
FIFTH	5, 8H, 9A2, 9B								
SIXTH	8A-G, 8H, 9A2, 9B								
SEVENTH	8H, 9A2, 9B, 9C								
EIGHTH	8H, 9A2, 9B, 10								
NINTH	8H, 9A2, 9B, 11								
TENTH	8H, 9A2, 9B, 12								
ELEVENTH	8H, 9A1, 9A2, 9B								

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

OBSERVATIONS AND COMMENTS

OBSERVATIONS AND COMMENTS

REMARKS BY THE INTERVIEWER ON THE FIRST VISIT

REMARKS BY THE SUPERVISOR ON THE FIRST VISIT

REMARKS BY THE INTERVIEWER ON THE SECOND VISIT

REMARKS BY THE SUPERVISOR ON THE SECOND VISIT

REMARKS BY THE INTERVIEWER ON THE THIRD VISIT

REMARKS BY THE SUPERVISOR ON THE THIRD VISIT

REMARKS BY THE INTERVIEWER ON THE FOURTH VISIT

REMARKS BY THE SUPERVISOR ON THE FOURTH VISIT

REMARKS BY THE INTERVIEWER ON THE FIFTH VISIT

REMARKS BY THE SUPERVISOR ON THE FIFTH VISIT

REMARKS BY THE INTERVIEWER ON THE SIXTH VISIT

REMARKS BY THE SUPERVISOR ON THE SIXTH VISIT

REMARKS BY THE INTERVIEWER ON THE SEVENTH VISIT

REMARKS BY THE SUPERVISOR ON THE SEVENTH VISIT

REMARKS BY THE INTERVIEWER ON THE EIGHTH VISIT

REMARKS BY THE SUPERVISOR ON THE EIGHTH VISIT

REMARKS BY THE INTERVIEWER ON THE NINETH VISIT

REMARKS BY THE SUPERVISOR ON THE NINETH VISIT

REMARKS BY THE INTERVIEWER ON THE TENTH VISIT

REMARKS BY THE SUPERVISOR ON THE TENTH VISIT

REMARKS BY THE INTERVIEWER ON THE ELEVENTH VISIT

REMARKS BY THE SUPERVISOR ON THE ELEVENTH VISIT

HOUSEHOLD ROSTER

I D	A	B	N A M E S	I D
N U M B E R	M E M B E R	A G E		N U M B E R
01				01
02				02
03				03
04				04
05				05
06				06
07				07
08				08
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15				15

+-----+
 | V I S I T I |
 +-----+

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

 INTERVIEWER WRITE

Respondent Name: _____

ID Code: _____

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

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

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

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

2. Please give me the names of any other persons related to the head of household or to his/her spouse who usually live and eat together here.

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

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

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

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

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

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

IF THE RESPONDENT HAS ANY DIFFICULTY WITH AGE OR DATE OF BIRTH (questions 5 - 6), USE THE CALENDAR OF EVENTS TO MAKE AN ESTIMATE.

5. CLASSIFY EACH PERSON ACCORDING TO THE FOLLOWING CRITERIA.

LOOK AT THE ANSWER TO QUESTION 12.

. ALL THE PERSONS FOR WHOM THE ANSWER IS 3 MONTHS OR LESS ARE CLASSIFIED AS HOUSEHOLD MEMBERS.

. IF THE ANSWER IS MORE THAN 3 MONTHS ONLY, THE FOLLOWING ARE HOUSEHOLD MEMBERS:

- THE HEAD OF HOUSEHOLD
- CHILDREN UNDER 9 MONTHS OLD
- THOSE WHO ANSWER NO TO QUESTION 14

ENTER PROPER CODE IN QUESTION 15.

COLUMN A. PUT A CROSS IN COLUMN A NEXT TO THE NAME OF ALL PERSONS WITH CODE 1 IN QUESTION 15.

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

SECTION 1: HOUSEHOLD ROSTER
FOR EACH PERSON LISTED

15 AND MORE YEARS OLD															
2.	3.	4.	5.	6.	7.	8.	9.	10.	11.	12.	13.	14.	15.		
I SEX	Relationship to Head of Household	Does he/she have a birth certificate?	ASK PERSON TO GET BIRTH CERTIFICATE	How old is he/she?	What is his/her present marital status?	Does his/her spouse live in this household?	COPY THE ID CODE OF THE SPOUSE	In what region/country was this person born?	What is his/her nationality?	For how many months during the past 12 months has he/she been away from this household?	What is/was the main reason for his/her absence?	While absent, is/was he/she living in another household?	HOUSEHOLD MEMBER		
D Male..1	Head.....1	1	BIRTH CERTIFICATE	YEARS AND MONTHS IF 5 OR UNDER	Married.....1	Informal/Loose Union.....2	(IF MORE THAN ONE) THE FIRST ONE	Western.....1 Central.....2 Greater.....3 Eastern.....4 Volta.....5 Ashanti.....6 Brong-Ahafo.....7 Northern.....8 U/West.....9 U/East.....10 Foreign Country.....11	Ghana.....1 B/Faso.....2 Mali.....3 Nigeria.....4 Ivory Coast.....5 Togo.....6 Other African.....7 Other.....8 (SPECIFY)	12 months has he/she been away from this household?	School.....1 Postage.....2 Marriage.....3 Seasonal work.....4 Other work.....5 (SPECIFY)	living in another household? (Including single person household)	CHECK THE CRITERIA ABOVE	Yes..1 No...2	Yes..1 No...2 (>> NEXT PERSON)
Female..2	Wife/husband.....2 Son/daughter.....3 Grandchild.....4 Father/mother.....5 Relative of head or head's spouse.....6 Servant and his/her relative.....7 Tenant and his/her relative.....8 Other not related to head or head's spouse.....9	2 3 4 5 6 7 8 9	AND COPY DATE OF BIRTH OR IF NOT AVAILABLE CODE...999	OTHERWISE YEARS ONLY	Separated.....3 (>10) Widowed.....4 (>10) Never married.....5 (>10)	household?				(IF 3 MONTHS OR LESS >> 15)					
		Yes..1 No...2 (>>6)													
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SECTION 1: HOUSEHOLD ROSTER-CONTINUED

16.	17.	18.	19.	20.	21.	22.	23.
Does NAME'S father live in this household?	ID OF FATHER	What was his/her father's highest educational level completed?	What kind of work has his/her father done for most of his life?	Does NAME'S mother live in this household?	ID OF MOTHER	What was his/her mother's highest education level completed?	What kind of work has his/her mother done for most of her life?
Yes..1 No...2 (>>18)	+-----+ (>> 20) +-----+	None.....0 Primary.....1 Middle/JSS.....2 Training college..3 O'Level.....4 A'Level.....5 Voc/Technical....6 Tertiary.....7 Koranic.....8 Don't know.....9	Farming.....1 Trading.....2 Clerical.....3 Construction....4 Professional/ Managerial.....5 Other6 (SPECIFY) Don't know.....7	Yes..1 No...2 (>>22)	+-----+ (>> NEXT PERSON) +-----+	None.....0 Primary.....1 Middle/JSS.....2 Training College..3 O'Level.....4 A'Level.....5 Voc/Technical....6 Tertiary.....7 Koranic.....8 Don't know.....9	Farming.....1 Trading.....2 Clerical.....3 Construction....4 Professional/ Managerial.....5 Housework.....6 Other service...7 Don't know.....8 Other.....9 (SPECIFY)
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SECTION 2: EDUCATION
 PART A: GENERAL EDUCATION
 RESPONDENTS: ALL HOUSEHOLD MEMBERS 5 YEARS OR OLDER
 Now I will like to ask you some questions about your education.

ID OF PERSON INTERVIEWED	1. Have you ever attended school? Yes..1 No...2	2. What was the highest class or form completed? Non..... 0 P1 throu P6 M1 throu M1 S1 throu S5 A1 A2 PS1, PS2, PS3, T1 throu T4 U1 throu U8 K (Koranic) JSS1 throu JSS3	3. What was the highest educational level attained? None 0 MSLC/BECE ... 1 Com/Voc 2 T/T Cert A... 3 T/T Cert B... 4 O'level 5 A'Level ... 6 Tec/Prof Cert .7 Tec/Prof Cert .8 Bachelor 9 Master 10 Doctorate 11 Other 12	4. Did you attend school/college at any time during the past 12 months? Yes ..1 No ...2	5. How many hours of class did you miss last week? IF LAST WEEK WAS A HOLIDAY 88 IF LEFT SCHOOL 98	6. How much time DO you spend going to and from school daily? IF IN A BOARDING CODE 00		I want to ask you about the educational expenses for (NAME) during the past 12 months. How much did you spend on:							15. Who paid for most of the educational expenses? Father 1 Mother 2 Both 3 Other household member 4 Other relative .. 5 Other non-relative .. 6 Myself 7 Other -----8 (SPECIFY)	16. Did you have a scholarship during the past 12 months? Yes ..1 No ..2	17. What was the amount of the scholarship received for the past 12 months?	18. Have you left school now? Yes ..1 No .. 2	
						7. School and registration fee?	8. Contributions to parent/Teachers associations?	9. Uniforms and Sport clothes	10. Books and school suppliers	11. Transportation to and from school	12. Food, board and lodging at school	13. Other expenses (clubs extra classes)	14. Other in-kind expenses	HOURS					MINUTES
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SECTION 2: EDUCATION
 PART B: EDUCATIONAL CAREER
 PRIMARY

MIDDLE/JSS/SSS/T. COLLEGE

19. What was the highest class of primary education you completed?	20. Did you have an interruption for a term or more during your primary studies?	21. For how long was the interruption?	22. What was the reason for the interruption?	23. Did you ever repeat any class of primary schooling?	24. How many times altogether did you repeat classes in your primary schooling?	25. Was the primary school you last attended public or private?	26. Have you ever attended a middle school or secondary school?	27. What was the highest form completed?	28. Did you ever repeat a form?	29. How many times altogether did you repeat forms?
None.....0 P1.....1 P2.....2 P3.....3 P4.....4 P5.....5 P6.....6	Yes..1 No..2 (>>23)	YEARS MONTHS	Financial..1 Ill Health..2 Dismissal..3 Other.....4 (SPECIFY)	Yes..1 No..2 (>>25)	NUMBER OF TIMES	Public.....1 Private.....2	Yes..1 No..2 (>>32)	None.....0 M1/JSS1.....1 M2/JSS2.....2 M3/JSS3.....3 M4.....4 S1.....5 S2.....6 S3.....7 S4.....8 S5.....9 LS.....10 US.....11 T/T1.....12 T/T2.....13 T/T3.....14 T/T4.....15	Yes..1 No..2 (>>30)	NO. OF TIMES
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SECTION 2: EDUCATION
 PART B: EDUCATIONAL CAREER - CONTINUED -
 MIDDLE/JSS, SECONDARY AND TRAINING COLLEGES

TECHNICAL/VOCATIONAL				TERTIARY					
30. What was the highest certificate you obtained? None.....0 MSLC/JSS.....1 O'Level.....2 A'Level.....3 T/T Cert B.....4 T/T Cert A.....5	31. Was the school you last attended public or private? Public.....1 Private.....2	32. Have you ever attended technical and/or vocational school? Yes...1 No....2 (>> 36)	33. How many course - years did you complete? None.....0 Course 1.....1 Course 2.....2 Course 3.....3 Course 4.....4	34. What was the highest qualification you achieved? None.....0 NVTI.....1 City & Guilds..2 Other.....3 (SPECIFY)	35. Was the technical or Vocational school you last attended public or private? Public.....1 Private.....2	36. Have you ever attended a tertiary educational institution that is a University or College? Yes...1 No....2 (> 48)	37. How many years did you attend? YEARS	38. What was the last institution attended? Advanced/Specialist Teacher training.....1 Polytechnic.....2 University.....3 Other.....4 (SPECIFY)	39. What was the highest qualification you achieved? Specialist Teacher list.....1 Diploma.....2 Bachelor.....3 Masters.....4 Doctrate.....5 Other..... (SPECIFY) +-----+ (>> 48) +-----+
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SECTION 2: EDUCATION
PART C: LITERACY/APRENTICESHIP
LITERACY

APPRENTICESHIP

TRAINING COURSES

40. Can you read a simple letter in English?	41. In what Ghanaian language can you read a letter?	42. Can you write a letter in English?	43. In what Ghanaian language can you write a letter?	44. Can you do written calculations?	45. Have you attended a literacy course?	46. For how long have you attended this course?	47. Why haven't you attended any literacy course?	48. Are you or have you been an apprentice?	49. How long were you an apprentice?	50. What is the main trade you learnt?	51. Did you pay a fee for this training?	52. Did you receive free room or board?	53. Have you ever attended other short training courses lasting not more than 6 months?	54. What is the total number of months you ever attended such courses in the last 7 years?	55. What was the main subject of the most recent training?	
None.....0	STATE THE ONE IN WHICH YOU ARE MOST PROFICIENT	None.....0	STATE THE ONE IN WHICH YOU ARE MOST PROFICIENT	None.....0	None.....0	None available.....1	None available.....1	None.....1	None.....1	Carpentry...1 Masonry....2 Tailoring...3 Blacksmithing...4 Mechanical...5 Electronics/Yes, Electricals in kind..16 Painting/ in cash..2 Spraying...7 Other.....8	Yes.....1 No.....2	Yes.....1 No.....2	Yes.....1 No.....2	Yes.....1 No.....2	Yes.....1 No.....2	Clerical....1 Prof/Managerial...2 Computer...3 Marketing...4 Teaching...5 Leadership...6 Medicine...7 Other.....8 (SPECIFY)
Yes..1 No...2	Hausa.....5 Nzema.....6 Other.....7 (SPECIFY)	Yes..1 No...2	Hausa.....5 Nzema.....6 Other.....7 (SPECIFY)	Yes..1 No...2	Yes..1 No...2 (>> 47)	+-----+ >> 48 +-----+	+-----+ >> 48 +-----+	Yes, currently..1 Yes, in past...2 No.....3	Yes, currently..1 Yes, in past...2 No.....3 (>> 53)12345678 (SPECIFY)	Yes..1 No...2	Yes..1 No...2	Yes..1 No...2	Yes..1 No...2	Yes..1 No...2	Yes..1 No...2 (>> NEXT MEMBER)
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SECTION 3: HEALTH
 PART A: HEALTH CONDITION IN THE PAST TWO WEEKS
 RESPONDENTS: ALL HOUSEHOLD MEMBERS.

ID OF PERSON INTERVIEWED	1. During the past 2 weeks have you suffered from either an illness or an injury?	2. How long ago did this illness/injury start? THE MOST SERIOUS IF MORE THAN 1	3. For how many days during the past 2 weeks have you suffered from this condition?	4. During the past 2 weeks, did you have to stop your usual activities because of this condition?	5. For how many days?	6. During the past 2 weeks have you consulted a health practitioner, or dentist or visited a health centre or consulted a traditional healer?	7. What was the reason for that visit? THE MOST RECENT IF MORE THAN 1	8. In the past 2 weeks, whom did you consult? IF MORE THAN 1 RECORD 1ST THREE	9. Where did the consultation take place?	10. Is this a public or private establishment?	11. How much did you pay for the first consultation?
	Neither.....1 (> 6) Illness.....2 Injury.....3 Both.....4	In last 2 weeks...1 2-4 weeks ago....2 1-6 months ago...3 6-12 months.....4 More than a year ago.....5	DAYS	Yes..1 No...2 (> 6)	Yes..1 No...2 (> Part B)	Check up.....1 Illness.....2 Injury.....3 Vaccination....4 Prenatal care...5 Postnatal care...6	Trad. Healer.....1 Doctor.....2 Dentist.....3 Nurse.....4 Medical Asst....5 Midwife.....6 Pharmacist.....7 Trad. Birth Attendant.....8 Spiritualist.....9 Other(SPECIFY)..10	1 2 3	Hospital....1 Dispensary..2 Pharmacy...3 Clinic.....4 Maternity Home.....5 MCH.....6 Consultant's Home.....7 Patient's Home.....8 Other.....9 (SPECIFY)	Public.....1 Private.....2	AMOUNT
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SECTION 3: HEALTH
 PART A: HEALTH CONDITION IN THE PAST TWO WEEKS - CONTINUED -

12. How much did you pay for the first time to travel there and to return?	13. How much time did the first consultation take, including travel time?	14. During the past two weeks, were you admitted to a hospital or health centre? [Include Traditional Healing Centres] Yes.....1 No.....2 (>>17)	15. How many nights did you stay in hospital/health centre during the past two weeks?	16. How much did you (or will you) pay for staying in a hospital/health centre during the past two weeks?	17. During the past 2 weeks did you buy any medicines or medical supplies? Yes.....1 No.....2 (>>Part B)	18. How much did you pay altogether for these medicines and medical supplies?	19. Who paid for most of these health expenses including consultations and hospital stays (if any)? Household Member.....ID Other Relative....80 Government..81 Employer....82 Other.....83 (SPECIFY)
AMOUNT	HOURS		NIGHTS	AMOUNT		AMOUNT	
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SECTION 3: HEALTH

PART B: PREVENTIVE HEALTH, VACCINATION, IN PAST 12 MONTHS.

THIS PART COVERS ALL CHILDREN 7 YEARS AND UNDER - PERSON TO BE INTERVIEWED IS CHILD'S MOTHER OR ADULT HOUSEHOLD MEMBER IN CHARGE.

ID OF PERSON INTERVIEWED	1. Has (NAME) ever been vaccinated?	2. Is there any vaccination book or card for (NAME)?	3. COPY FROM BOOK CODES:				4. Were any of these vaccinations given to (NAME) during the past 12 months?				5. Where was the vaccination given?	6. Did you have to pay any fee for this vaccination?	7. How much did you have to pay for the last vaccination?	8. Why was (NAME) not vaccinated?
			DPT	POLIO	MEASLES	BCG	DPT	POLIO	MEASLES	BCG				
	Yes..1 No...2 (>>8)	Yes..1 No...2 (>>4)									Health centre.1 Hospital.....2 Private clinic.3 Do not know.....4 Not Applicable.....5 Mobile unit...4 School.....5	Yes..1 No...2 (>>Next Person)	+-----+ >>NEXT PERSON +-----+	(>>NEXT PERSON)
01													AMOUNT	
02														
03														
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SECTION 3: HEALTH
 PART C: POSTNATAL CARE
 COVERS ALL CHILDREN 5 YEARS AND BELOW - PERSON INTERVIEWED SHOULD BE THE CHILD'S MOTHER OR ADULT HOUSEHOLD MEMBER IN CHARGE

ID OF PERSON INTERVIEWED	1. Did you or someone else take (NAME) to a health centre for post-natal care in the last 12 months? Yes...1 No...2 (>>5)	2. How many times did (NAME) go there for consultations in the last 12 months?	3. Did you have to pay for consultations? Yes...1 No...2 (>5)	4. How much did you usually pay for one consultation? AMOUNT	5. Does (or did) the mother breastfeed (NAME)? Yes...1 No...2 (>8)	6. At what age did you wean (NAME)? REPORT IN MONTHS Still breastfeeding..87 MONTHS	7. At what age did (NAME) receive any liquid (except pure water) or food other than breastmilk? Not yet.....87 MONTHS	8. Does (NAME) participate in a community feeding program? Yes..1 No...2	9. Who usually looks after (NAME) during daytime? WRITE ID OF HOUSEHOLD MEMBER OR WRITE 98 IF NOT A HOUSEHOLD MEMBER ID
01									
02									
03									
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SECTION 3: HEALTH
 PART D: FERTILITY - PRENATAL CARE - CONTRACEPTIVE USE
 RESPONDENTS: WOMEN 15 TO 49 YEARS OLD. INDIVIDUALS SHOULD EACH ANSWER FOR THEMSELVES.

ID OF PERSON INTERVIEWED	1. Have you ever been pregnant?	2. Have you ever given birth to any child?	3. How many girls have you given birth to?	4. How many boys have you given birth to?	5. How many I would like to make sure you have given birth to?	6. How many girls are still alive?	7. How many boys are still alive?	8. Did you have any pregnancy which did not end in a live birth?	9. How many of those pregnancies did you have?	10. Are you pregnant now?	11. During the past 12 months have you been pregnant?	12. How did this pregnancy end?	13. Is that child still alive?	14. Are you now breast-feeding?	15. During this pregnancy did you receive any pre-natal care?	16. From whom did you receive that care?
	Yes..1 No...2 (>> 20)	Yes..1 No...2 (>> 8)			TOTAL NUMBER OF CHILDREN (Q.3+Q.4)			Yes..1 No...2 (>> 10)		Yes..1 (>> 15) No...2 (>> 20)	Yes..1 (>> 15) No...2 (>> 20)	Live birth....1 Still birth....2 (7=months,>15) Miscarriage....3 (>>15) Other.....4 (SPECIFY)	Yes..1 No...2 (>> 15)	Yes..1 No...2 (>> 19)	Yes..1 (>> 19) No...2 (>> 19)	Prenatal clinic/private.....1 Prenatal clinic/public.....2 Doctor.....3 Traditional birth attendant.....4 Other.....5 (SPECIFY) LIST 2 MOST IMPORTANT SOURCES
			GIRLS	BOYS	TOTAL	GIRLS	BOYS	NON-LIVE BIRTHS								
01																
02																
03																
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SECTION 3: HEALTH
 PART D: FERTILITY - PRENATAL CARE - CONTRACEPTIVE USE - CONTINUED -

17. How many times did you go there?		18. How much did you pay for the first pre-natal consultation?	19. Why didn't you go for pre-natal care? Can't afford...1 No health care available...2 Health centre too far...3 Not necessary...4 Other...5 (SPECIFY)	20. Are you or your partner using any method to prevent or delay pregnancy? Yes...1 No...2 (IF NO >> NEXT PERSON)	21. What method are you using? Pill...1 Condom...2 IUD...3 Injection...4 Douche...5 Other scientific...6 Rhythm...7 Withdrawal...8 Abstinence...9 Female sterilization...10 Male sterilization...11 Other specify...12 IF 7, 8, 9, or 12 (>>NEXT PERSON)	22. FOR Q.21 = 1,2,3,4,5,6,10,11 ASK: Where did you get that? Pre-natal clinic / Private...1 Pre-natal clinic / Public...2 Doctor...3 Family Planning Centre...4 Chemist...5 Other...6 (SPECIFY) IF Q.21 =10 or 11 (>>NEXT PERSON)	23. IF Q.21 = 1 TO 6 ASK: How much did you pay for that during the last month? AMOUNT
1st	2nd	AMOUNT					AMOUNT
01							
02							
03							
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SECTION 4: EMPLOYMENT AND TIME USE.
PART A: SCREENING QUESTIONS AND LIST OF OCCUPATIONS IN PAST 12 MONTHS.

RESPONDENTS: ALL HOUSEHOLD MEMBERS AGE 7 AND ABOVE.

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

CODE OF PERSON INTERVIEWED	1. During the past 12 months have you done work for which you received a wage or any other payment?		2. During the past 12 months have you made money including payment in kind through self-employment (for example trading)?		3. During the past 12 months have you worked on a farm, in a field or by herding?		4. During the past 12 months, have you worked unpaid for an enterprise belonging to a member of your household?		5. During the past 12 months, what kind of work did you spend most of your time on? WRITE OCCUPATION NAME		6. During the past 12 months, did you do any other kind of work apart from (MAIN OCCUPATION)?		7. What kind of work? WRITE NAME FROM OCCUPATION LIST. WRITE UP TO 4 OCCUPATIONS IN ORDER OF AMOUNT OF TIME SPENT ON THEM.		8. Did you undertake any of these occupations over the same time period as your main occupation?		9. Which occupations were done at the same time as your main occupation? WRITE OCCUPATION NUMBER FROM QUESTION 7					
	Yes..1 (> 5)	No...2	Yes...1 (> 5)	No...2	Yes...1 (> 5)	No...2	Yes...1 (> 5)	No...2	Yes..1	No...2 (> Part B)	Yes..1	No...2 (> PartB)	Yes..1	No...2 (> PartB)	Yes..1	No...2 (> PartB)	Yes..1	No...2 (> PartB)				
MAIN OCCUPATION		CODE		OCC. 2		CODE		OCC. 3		CODE		OCC. 4		CODE		OCC. 5		CODE		OCCUPATION NUMBER		
[01]																						
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SECTION 4: EMPLOYMENT AND TIME USE
 PART B: CHARACTERISTICS OF THE MAIN OCCUPATION
 I would now like to ask you about your main occupation in the past 12 months. You said, this was... INTERVIEWER: SEE PART A, QUESTION 5.

P I D	1. What kind of trade, service or industry is this work connected to? WRITE DOWN NAME FROM INDUSTRY LIST		2. How long have you been doing this work altogether?		3. Are you still doing the same work?	4. Why are you not doing the same work? Sacked from Job.1 Job completed..2 Seasonal work .3 Firm closed ..4 Found/preferred other work5 Other6 (SPECIFY)	5. Did your father or mother do the same kind of work? Yes 1 No ...2	3. During the past 12 months, for how many weeks did you do this work? INCLUDE WEEKS OF PAID VOCATION	7. During these weeks how many hours per week did you normally do this work?	8. How many hours did you normally spend per week going to and from work? WRITE 99 IF RESPONDENT DOES NOT RETURN HOME AT LEAST ONCE PER WEEK	9. Have you received or will you receive money for this work? Yes ..1 No ..2 (> 12)	10. What is the amount?		11. The last time you received this money how many hours did you actually work in earning it? ANSWER MUST BE IN SAME TIME UNIT AS Q10		12. In this work were you self employed or a worker on a farm or enterprise belonging to you or your household? Yes...1 (PART C) NO ..2		13. For whom did you work? Government1 State-owned company2 Private company or business3 Other4 (SPECIFY)
	NAME	CODE	YEARS	MONTHS			WEEKS	HOURS	HOURS		AMOUNT	TIME UNIT	AMOUNT	TIME UNIT				
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SECTION 4: EMPLOYMENT AND TIME USE
PART B: CHARACTERISTICS OF THE MAIN OCCUPATION-CONTINUED

14. Are taxes already deducted from your pay?	15. Do you receive any bonuses, commissions, tips, or allowances for this work?	16. What is the value of these?	17. Did you include these when you said you received (ANSWER TO QUESTION 10)?	18. Do you receive any payment for this work in the form of food, crops or animals?	19. What is the value of these goods?	20. Does your employer give you accommoda- tion that is free or at a reduced price?	21. How much rent would you have to pay for this place without this help?	22. Does your employer give you free trans- port or reduced fares?	23. How much do you gain from this arrangement?	24. Do you receive any payment for this work in any other form?	25. What is the value of this form of payment?	26. Is your place of work in this village/ town?	27. How far away is it? between your house and your place of work?	28. How often do you go between your house and your place of work?	
Yes..1 No...2	Yes..1 No...2 (>> 18)	VALUE	TIME UNIT	Yes..1 No...2 (>> 20)	VALUE	TIME UNIT	VALUE	TIME UNIT	VALUE	TIME UNIT	VALUE	TIME UNIT	Yes..1 No...2 (>> 29)	NUMBER OF TRIP KMS	TIME UNIT
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TIME UNIT
Daily.....1
Weekly.....2
Fortnightly...3
Monthly.....4
Quarterly.....5
Yearly.....6

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

29. How many people altogether work in the same organization where you do this work?	30. When you started this work did you sign a written contract?	31. Is there a trade union at the place where you work?	32. In this job are you entitled to paid holidays?	33. Are you entitled to paid sick leave in this job?	34. Will you receive a retirement pension?	35. Are you entitled to free or subsidized medical care in this job?	36. Are you entitled to any other social security benefits in this job?	37. Since you started this job, have you received any training related to your work?	38. How long did the training last?			39. How many hours a week did you receive this training?	40. Who paid for the training? Myself entirely...1 Employer entirely...2 Both cost was shared..3 It was free..4 International agency...5 Other.....6 (SPECIFY)	41. Was/is your salary lower during training? Yes..1 No...2 (>> Part C)	42. By how much was/is it lower? WRITE DIFFERENCE BETWEEN NORMAL SALARY AND SALARY WHILE TRAINING	
									MONTHS	WEEKS	HOURS				AMOUNT	TIME UNIT
NUMBER		Yes...1 No...2	Yes..1 No...2	Yes..1 No...2	Yes..1 No...2	Yes..1 No...2	Yes..1 No...2	Yes..1 No...2 (>> Part C)								
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TIME UNIT
Daily.....1
Weekly.....2
Fortnightly..3
Monthly.....4
Quarterly...5
Yearly.....6

SECTION 4: EMPLOYMENT AND TIME USE

PART C: SECONDARY OCCUPATION DURING THE PAST 12 MONTHS

(CHECK IF QUESTION 6 IN PART A = 1. IF YES PROCEED WITH THIS SECTION. IF NO, GO TO PART G.)

Now, I would like to ask you about your second most important occupation during the past 12 months. This job was (OCCUPATION 2 FROM Q.A7). Is this correct?

1. What kind of trade, service or industry is this work connected with?	2. How long have you been doing this work altogether?	3. Are you still doing the same work?	4. Why are you not doing the same work?	5. Did your father or mother do the same kind of work?	6. During the past 12 months, for how many weeks did you do this work?	7. During these weeks, how many hours per week at the same time normally work?	8. Did you work on this job at the same time as your main job?	9. Have you received or will you receive money for this work?	10. What is the amount? (Include any bonuses, commissions, allowances, or tips received)	11. The last time you received this money, how many hours did you actually work in earning it?	12. In this work, were you self-employed or a worker on a farm or enterprise belonging to you or to your household?	13. For whom did you work?	14. Are taxes already deducted from your pay?	
WRITE NAME OF INDUSTRY.			Sacked from job.....1 Completed job...2 Seasonal work...3 Firm closed...4 Found/preferred other work....5 Other.....6 (SPECIFY)	Yes..1 No...2	Yes..1 No...2	WEEKS	HOURS	WEEKS	AMOUNT	TIME UNIT	ANSWER MUST BE IN THE SAME TIME UNIT AS Q.10	Yes..1 (>>Part D) No...2	Government....1 State-owned company.....2 Private company or business.....3 Other.....4 (SPECIFY)	Yes..1 No...2
NAME OF INDUSTRY	CODE	YEARS	MONTHS	No...2	No...2	WEEKS	HOURS	WEEKS	AMOUNT	TIME UNIT	HOURS	Yes..1 (>>Part D) No...2	Government....1 State-owned company.....2 Private company or business.....3 Other.....4 (SPECIFY)	Yes..1 No...2
[01]														
[02]														
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TIME UNIT
 Daily.....1
 Weekly.....2
 Fortnightly...3
 Monthly.....4
 Quarterly.....5
 Yearly.....6

SECTION 4: EMPLOYMENT AND TIME USE
 PART C: SECONDARY JOB DURING THE PAST 12 MONTHS - CONTINUED

15. Do you receive any payment for this work in the form of food, crops or animals?	16. What is the value of these goods?		17. Do you receive any payment for this work in any other form such as free or subsidized housing, transportation, or other goods or services?	18. How much do you gain from this?		19. Is your place of work in this village/town?	20. How far away is it?	21. How often do you go between this house and your place of work?	22. How many people altogether work in the same organization?	23. When you started work, did you sign a written contract?	24. Is there a trade union at the place where you work?	25. Are you entitled to paid holidays or paid sick leave in this work?	26. Are you entitled to any social security benefits in this job?	27. Since you started this job, have you received any training related to this work?	28. How long did the training last?		
	Yes..1 No...2 (>>17)	VALUE		TIME UNIT	Yes..1 No...2 (>>19)										VALUE	TIME UNIT	Yes..1 No...2 (>>22)
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02																	
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TIME UNIT
 Daily.....1
 Weekly.....2
 Fortnightly...3
 Monthly.....4
 Quarterly.....5
 Yearly.....6

SECTION 4: EMPLOYMENT AND TIME USE

PART D: THIRD OCCUPATION DURING THE PAST 12 MONTHS

(CHECK IF RESPONDENT LISTED THIRD OCCUPATION IN PART A - QUESTION 7. IF YES, PROCEED WITH THIS PART. IF NO, GO TO PART G.)

Now, I would like to ask you about your third most important occupation during the past 12 months. This was (OCCUPATION FROM Q. A7). Is this correct?

1. What kind of trade, service or industry is this work connected with? WRITE NAME OF INDUSTRY	2. How long have you been doing this work altogether?	3. Are you still doing the same work? Yes...1 (>>5) No...2	4. Why are you not doing the same work? Sacked from job.....1 (Completed job..2 Seasonal work...3 Firm closed....4 Found/ preferred other work.....5 Other.....6 (SPECIFY)	5. During the past 12 months, for how many weeks did you do this work?	6. During these weeks, how many hours per week did you normally work?	7. Did you work on this job at the same time as your secondary job? IF YES How long did you do both together? IF NO WRITE 00	8. Have you received or will you receive money for this work? Yes....1 No.....2 (>> 11)	9. What is the amount? (Include any bonuses, commissions, allowances, or tips, received.)	10. The last time you received this money, how many hours did you actually work in earning it? ANSWER MUST BE IN SAME TIME UNIT AS Q.9		11. In this work, were you self employed or a worker on a farm or enterprise belonging to you or your household? Yes.....1 (>>Part E) No.....2	12. For whom did you work? Government...1 State-owned company.....2 Private company or business.....3 Other.....4 (SPECIFY)	13. Do you receive any payment for this work in the form of goods or services? Yes....1 No.....2 (>>Part E)	14. What is the value of the goods or services provided? VALUE TIME UNIT	
									AMOUNT	TIME UNIT				VALUE	TIME UNIT
NAME	CODE	YEARS	MONTHS	WEEKS	HOURS	WEEKS			HOURS						
01															
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TIME UNIT
 Daily.....1
 Weekly.....2
 Fortnightly...3
 Monthly.....4
 Quarterly.....5
 Yearly.....6

SECTION 4: EMPLOYMENT AND TIME USE

PART E: FOURTH OCCUPATION DURING THE PAST 12 MONTHS
 (CHECK IF RESPONDENT LISTED FOURTH OCCUPATION IN PART A - QUESTION 7. IF YES, PROCEED WITH THIS PART. IF NO, GO TO PART G.)
 Now, I would like to ask you about your fourth most important occupation during the past 12 months. This was (OCCUPATION 4 IN Q. A7). Is this correct?

1. What kind of trade, service or industry is this work connected with? WRITE NAME OF INDUSTRY	2. How long have you been doing this work altogether?	3. Are you still doing the same work? Yes...1 (>>5) No...2	4. Why are you not doing the same work? Sacked from job...1 Completed job...2 Seasonal work...3 Firm closed...4 Found preferred other work...5 Other...6 (SPECIFY)	5. During the past 12 months, for how many weeks did you do this work?	6. During these weeks, how many hours per week did you normally work?	7. Did you work on this job at the same time as your other jobs? IF YES How long did you do both together? IF NO WRITE 00	8. Have you received or will you receive money for this work? Yes...1 No...2 (>>11)	9. What is the amount? (Include any bonuses, commissions, allowances, or tips received.) AMOUNT	10. The last time you received this money, how many hours did you actually work in earning it? ANSWER MUST BE IN SAME TIME UNIT AS Q.9 TIME UNIT	11. In this work, were you self-employed or a worker on a farm or enterprise belonging to you or to your household? Yes...1 (>>Part F) No...2	12. For whom did you work? Government...1 State-owned company...2 Private company or business...3 Other...4 (SPECIFY)	13. Do you receive any payment for this work in the form of goods or services? Yes...1 No...2 (>>Part F)	14. What is the value of the goods or services provided? VALUE	TIME UNIT
NAME	CODE	YEARS	MONTHS	WEEKS	HOURS					HOURS				
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02														
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TIME UNIT
 Daily.....1
 Weekly.....2
 Fortnightly.....3
 Monthly.....4
 Quarterly.....5
 Yearly.....6

SECTION 4: EMPLOYMENT AND TIME USE

PART F: FIFTH OCCUPATION DURING THE PAST 12 MONTHS

(CHECK IF RESPONDENT LISTED FIFTH OCCUPATION IN PART A - QUESTION 7. IF YES, PROCEED WITH THIS PART. IF NO, GO TO PART G.)

Now, I would like to ask you about your fifth most important occupation during the past 12 months. This was (OCCUPATION 5 IN Q. A7). Is this correct?

1. What kind of trade, service or industry is this work connected with? WRITE NAME OF INDUSTRY	2. How long have you been doing this work altogether?	3. Are you still doing the same work? Yes..1 (>>5) No...2	4. Why are you not doing the same work? Sacked from job.....1 Completed job..2 Seasonal work..3 Firm closed....4 Found/ preferred other work.....5 Other.....6 (SPECIFY)	5. During the past 12 months, for how many weeks did you do this work?	6. During these weeks, how many hours per week did you normally work?	7. Did you work on this job at the same time as your other jobs? IF YES How long did you do both together? IF NO WRITE 00	8. Have you received or will you receive money for this work? Yes...1 No...2 (> 11)	9. What is the amount? (Include any bonuses, allowances, or tips received.)	10. The last time you received this money, how many hours did you actually work in earning it?		11. In this work, were you self-employed or a worker on a farm or enterprise belonging to you or to your household? Yes..1 (>>Part G) No...2	12. For whom did you work? Government..1 State-owned company.....2 Private company or business....3 Other.....4 (SPECIFY)	13. Do you receive any payment for this work in the form of goods or services? Yes..1 No...2 (>>Part G)	14. What is the value of the goods or services provided?	
									AMOUNT	TIME UNIT				VALUE	TIME UNIT
NAME	CODE	YEARS	MONTHS	WEEKS	HOURS				HOURS						
[01]															
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TIME UNIT
 Daily.....1
 Weekly.....2
 Fortnightly..3
 Monthly.....4
 Quarterly....5
 Yearly.....6

SECTION 4: EMPLOYMENT AND TIME USE
 PART G: EMPLOYMENT SEARCH IN THE PAST 12 MONTHS

1. During the past 12 months, for how many weeks altogether were you without any work? IF ZERO, (>>Part H)	2. Out of the weeks when you were not working for how many weeks were you actively looking for work? IF ANSWER IS SAME AS Q.1 (>>Part H)	3. Why did you not look for work throughout the period you were available for work? No suitable work available....1 Personal or family reasons.....2 Other.....3 (SPECIFY) IF ANSWER IS ZERO TO Q.2 (>>PART H)	4. Were you mainly looking for wage/salary work, self employment, or either one? Wage work.....1 Self-employment....2 Either.....3 +-----+ >>Part H +-----+
WEEKS	WEEKS		
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02			
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FROM PART A, Q.4

5. Did you want to work during the last 12 months?	6. During the past 12 months, how many weeks were you available for work?	7. During the past 12 months, how many weeks did you actively look for work? IF ANSWER IS SAME AS Q.6, (>>Q.9)	8. Why did you not look for work throughout the period you were available for work? No suitable work available....1 Personal or family reasons.....2 Other.....3 (SPECIFY)	9. Were you mainly looking for wage/salary work, self employment, or either one? Wage work.....1 Self-employment....2 Either.....3 +-----+ >>Part H, Q.5 +-----+
	WEEKS	WEEKS		
Yes..1 No...2 (>>Part H, Q.5)				

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

1. In the past 7 days, which of the previous occupations we discussed was your main activity? WRITE OCCUPATION NUMBER	2. In the past 7 days, how many hours did you spend on this occupation? IF GREATER THAN 40, (>>4)	3. During the past 7 days, did you want to work more hours? Yes..1 No...2	4. In the past 7 days, did you look for replacement work? Yes...1 >> 7 No...2 (>>Part J)	5. In the past 7 days, did you want to work? Yes..1 No...2 (>>Part J)	6. In the past 7 days, have you been actively looking for work? Yes..1 No...2 (>>12)	7. In the past 7 days, were you mainly looking for wage/salary employment, self-employment or either one? Wage employment...1 Self-employment...2 Either.....3	8. In the past 7 days, did you actively seek to work for the Government or a State enterprise? Yes..1 No...2	9. In the past 7 days, did you actively seek to work in a large private firm? Yes..1 No...2	10. In the past 7 days, did you actively seek to work in a small private firm? Yes..1 No...2	11. In the past 7 days, did you actively seek to obtain work in another type of institution? Yes..1 No...2 +-----+ >> 13 +-----+	12. What was the main reason for not looking for work? Illness or injury.....1 On vacation...2 No suitable jobs available....3 Waiting for the start of a job.....4 Trying to set up a new business.....5 Other.....6 (SPECIFY)	13. What is the lowest wage for which you will be willing to work for someone?	AMOUNT	TIME UNIT	
01															Daily.....1
02															Weekly.....2
03															Fortnightly....3
04															Monthly.....4
05															Quarterly.....5
06															Yearly.....6
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SECTION 4: EMPLOYMENT AND TIME USE
PART J: EMPLOYMENT HISTORY

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

1. CHECK IF RESPONDENT REPORTED A MAIN OCCUPATION IN PART B. IF YES, WRITE OCCUPATION NAME (>> 5) IF NO (>> 2)		2. Have you ever worked? Yes..1 No...2 (>>Part K)	3. How many years ago did you last work?	4. What was that work? WRITE OCCUPATION NAME (>>6)	5. What was your main occupation before you were employed in... (MAIN OCCUPATION IN LAST 12 MONTHS)? WRITE NAME OF OCCUPATION, OR IF Full time education....96 (>> Part K) Looking for work.....97 (>> Part K) Other activity.....98 (>> Part K)	6. What kind of trade or industry was that work connected to? WRITE INDUSTRY NAME	7. In that occupation, were you mainly working for regular pay? Yes..1 No...2 (>>9)	8. Who were you working for? Government...1 State-owned company.....2 Private company or business.....3 Other.....4 (SPECIFY)	9. How long did you work in that occupation?	
OCCUPATION	CODE		YEARS	OCCUPATION	CODE	OCCUPATION	CODE	NAME	CODE	YEARS
01										
02										
03										
04										
05										
06										
07										
08										
09										
10										
11										
12										
13										
14										
15										

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

1. Have you spent any time in the last 7 days fetching wood for the household? Yes..1 No...2 (>>3)	2. How many hours in the last 7 days did you spend fetching wood including travel time? HOURS	3. Have you spent any time in the last 7 days fetching water for the household? Yes..1 No...2 (>>5)	4. How many hours in the last 7 days did you spend fetching water including travel time? HOURS	5. Have you spent any time in the last 7 days doing other house-keeping activities, such as cooking, cleaning, laundry, shopping, child care? Yes..1 No...2 (>>Next person)	6. How many hours in the last 7 days have you spent on these housekeeping activities? (>>Next person) HOURS
01					
02					
03					
04					
05					
06					
07					
08					
09					
10					
11					
12					
13					
14					
15					

BSECTION 5: MIGRATION

RESPONDENTS ARE ALL HOUSEHOLD MEMBERS 15 YEARS OR OLDER

1. ID OF PERSON INTERVIEWED	2. Were you born here? (PRESENT PLACE OF RESIDENCE)	3. Have you always lived in this village/town? Have you ever moved away from this village / town? Have you first moved away from this village / town for more than a year and returned here?	4. How many years ago did you first move away?	5. How long have you lived in this village/town since you last returned?	6. How long have you lived in this village/town?	7. In which region or country were you living before you came to this village/town?	8. Where was that place you were living before?	9. How long would it take to get from here to (NAME OF PLACE)?	10. What is the distance?	11. What was your main work in (NAME OF PLACE)? WRITE NAME OF OCCUPATION Full time education.....96 (>>15) Looking for work.....97 (>>15) Other activity.....98 (SPECIFY) (>>15) No activity.....99 (>>15)	12. In what trade or industry was this work? WRITE NAME OF TRADE	TRAVEL TIME		MAIN TRANSPORT MODE					
												RECORD IN HOURS OR DAYS	HOURS	DAYS	Walking.....1	Bus.....2	Train.....3	Car.....4	Other.....5 (SPECIFY)
		Yes..1	Yes..1	Yes..1															
		No...2 (> 3)	(>>NEXT PERSON)	No...2 (>>6)															
				YEARS	YEARS	MONTHS	YEARS	MONTHS					HOURS	DAYS	KMS	OCCUPATION	CODE	TRADE	CODE
01																			
02																			
03																			
04																			
05																			
06																			
07																			
08																			
09																			
10																			
11																			
12																			
13																			
14																			
15																			

REG
Wes *0
Cen *0
Gr. *0
Eas *0
Vol *0
Ash *0
B/A *0
Nor *0
U/W *0
U/F *0
COU
B/F *0
C/I *0
Mal *0
Nig *0
Tog *0
Oth *0
(SP *0

SECTION 5: MIGRATION - CONTINUED -

13. In that job were you mainly working for regular pay? Yes...1 No...2 (>>15)	14. Whom were you working for? Government...1 State owned company.....2 Private company or business.....3 Other.....4 (SPECIFY)	15. What was the main reason for moving from (NAME OF PLACE, Q.7)? Own Employment..1 Spouse's Employment.....2 (>>17) Marriage.....3 (>>17) Other family Reasons.....4 (>>17) School.....5 (>>17) Drought/War....6 (>>17) Other.....7 (SPECIFY) (>>17)	16. Did you move because you lost a job or your business was not profitable? Yes, lost job....1 Yes, business unprofitable....2 Yes, both.....3 No.....4	17. How long did you live in (NAME OF PLACE, Q.7)? YEARS MONTHS
01				
02				
03				
04				
05				
06				
07				
08				
09				
10				
11				
12				
13				
14				
15				

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

Now I would like to ask you about your dwelling.

PART A: TYPE OF DWELLING: (CURRENT AND FORMER)

- 1) TYPE OF DWELLING (CURRENT)
- Single Family House.....1
 Apartment/Flat.....2
 Room(s) [Compound House].....3
 Room(s) [Other Type].....4
 Several Huts/Bldgs [same Cpds]..5
 Several Huts/Bldgs [diff Cpds]..6
 Other.....7
 (SPECIFY)
- 2) How many rooms does this household occupy? (DO NOT INCLUDE BATHROOMS, TOILETS, KITCHEN)
- 3) Do other household share this dwelling with you?
 Yes...1
 No...2
- 4) How long has your household been living in this dwelling?
 YEARS MONTH
- 5) In what type of dwelling were you before?
 None (Always Lived Here).....1---->9
 Single Family House.....2
 Apartment/Flat.....3
 Room(s) [Compound House].....4
 Room(s) [Other Type].....5
 Several Huts/Bldgs [Same Cpds]..6
 Several Huts/Bldgs [Diff Cpds]..7
 Others.....8
 (SPECIFY)
- 6) How many rooms were occupied by the household?
 DO NOT INCLUDE TOILETS, BATHROOMS AND KITCHEN.

PART B: OCCUPANCY STATUS OF THE DWELLING:(CURRENT AND FORMER)

- 7) What was your previous occupancy status
- Owning.....1
 Renting.....2
 Dwelling provided rent free..3
 Perching.....4
- 8) What was the main reason for moving from previous dwelling to this one?
- Family reasons.....1
 Cost reasons.....2
 Job reasons.....3
 Ejected.....4
 Other.....5
 (SPECIFY)
- 9) Do you expect to move in the next 2 years?
- Yes.....1
 No.....2
 (>>11)
- 10) For what main reason?
- Family reasons...1
 Cost reasons....2
 Job reasons.....3
 Other.....4
 (SPECIFY)
- 11) What is your present occupancy status?
- Owning.....1 (>>18)
 Renting.....2
 House provided rent-free...3
 Perching.....4 (>>22)
- 12) From whom do you rent this dwelling?
- Relative.....1
 Private employer.....2
 Government.....3
 Private individual/agency...4
 Other.....5
 (SPECIFY)

PART C: HOUSING EXPENDITURE

- 13) How much does the household pay in cash for the rent? [IF RENT FREE, PUT ZERO]
- AMOUNT TIME UNIT
- Time Unit: Daily...1 Monthly...3 Half yearly...5
 Weekly..2 Quarterly..4 Yearly.....6
- 14) Does your household also supply goods or services in exchange for this dwelling? [IF RENT FREE, PUT ZERO]
- Yes.....1
 No.....2(>>16)
- 15) What is the appropriate value of these goods and services provided by your household? [IF RENT FREE, PUT ZERO]
- AMOUNT TIME UNIT

SECTION 7: HOUSING -continued-
PART C: HOUSING EXPENDITURES (Contd.)

16) Is part or all of the rent paid by someone who is not a member of your household?
 Yes.....1 +-----+
 No.....2 (>> 21) |-----|

17) Who pays?
 Relative.....1 +-----+
 Private employer.....2 |-----|
 Government.....3 +-----+
 Private individual/agency..4
 Other.....5
 (SPECIFY) +-----+
 |>>21| +-----+
 +-----+

18) Do you or any household member make mortgage payments on this dwelling?
 Yes....1 +-----+
 No.....2 (>> 21) |-----|

19) How much was your last payment?
 AMOUNT |-----|

20) How often do you make these payments?
 NO. OF TIMES |-----+ TIME UNIT |-----+
 |-----+ |-----+

21) How much did you spend for construction or repair costs and painting in the last 12 months?
 AMOUNT |-----|

PART D: UTILITIES AND AMENITIES

22) What is the source of drinking water for your household?
 Indoor plumbing.....1 (>>24)
 Inside standpipe.....2 (>>24)
 Water vendor.....3 (>>26)
 Water truck/tanker service...4 (>>24)
 Neighbouring household.....5 (>>26)
 Private outside standpipe/tap..6 (>>26)
 Public standpipe.....7 (>>26)
 Well with pump.....8
 Well without pump.....9
 River, lake, spring, pond...10 +-----+
 Rainwater.....11 (>>29) |-----|
 Other.....12 +-----+
 (SPECIFY)

23) How far is this....[SOURCE OF WATER] from your dwelling?
 DISTANCE |-----+ DISTANCE CODE |-----+
 |-----+ |-----+
 |>> 29| +-----+
 +-----+
 +-----+ DISTANCE CODE: Yard.....1 Metre...2
 Kilometre...3 Mile....4 +-----+

24) Do you pay or share a regular bill from the water company?
 Yes.....1 +-----+
 No.....2 (>> 26) |-----|

25) How much was your last bill? (only your part if joint meter or shared bill)
 AMOUNT: |-----+ TIME UNIT: |-----+
 |-----+ |-----+

26) How much have you paid to a private water vendor, neighbour, or standpipe in the last 2 weeks?
 AMOUNT: |-----+
 |-----+

27) Did you sell any water to someone else?
 Yes.....1 +-----+
 No.....2 (>>29) |-----|

28) How much money did you receive for the water sold in the last 2 weeks?
 AMOUNT: |-----+
 |-----+

29) What is the main source of lighting for your dwelling?
 Electricity (mains).....1 +-----+
 Generator.....2>>31 |-----|
 Kerosene, gas lamp.....3>>31 +-----+
 Candles/torches(flashlights)..4>>31

30) How much was your last bill? (only your part if you have a joint meter or a shared bill)
 AMOUNT: |-----+ TIME UNIT: |-----+
 |-----+ |-----+

31) What is the main fuel used by the household for cooking?
 Wood.....1
 Charcoal.....2 +-----+
 Gas.....3 |-----|
 Electricity.....4
 Kerosene.....5
 Other.....6
 (SPECIFY)

32) How does your household get rid of rubbish?
 Collected.....1 +-----+
 Dumped by household.....2(>>34) |-----+
 Burned by household.....3(>>34) |-----+
 Buried by household.....4(>>34) +-----+

TIME UNIT: Daily...1 Monthly...3 Half yearly...5
 Weekly..2 Quarterly..4 Yearly.....6

SECTION 7 - CONTINUED

PART D: UTILITIES AND AMENITIES (Contd.)

33) How much did your household pay for rubbish disposal?

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

34) What type of toilet is used by your household?

Flush toilet.....1	
Pit latrine.....2	-----
Pan/bucket.....3	-----
KVIP.....4	
No toilet.....5	
Other.....6	
(SPECIFY)	

PART E: PHYSICAL CHARACTERISTICS OF THE DWELLING

35) MAIN CONSTRUCTION MATERIAL OF OUTSIDE WALLS:

Mud/Mud bricks.....1	
Wood.....2	-----
Corrugated iron.....3	-----
Stone/Burnt bricks.....4	
Cement/Sandcrete.....5	
Other.....6	
(SPECIFY)	

36) MAIN FLOORING MATERIAL:

Earth/Mud.....1	
Wood.....2	-----
Stone/Brick.....3	-----
Fibre-glass.....4	
Cement/Concrete.....5	
Other.....6	
(SPECIFY)	

37) MAIN ROOF MATERIAL:

Thatch (grass, straw).....1	
Wood.....2	
Corrugated iron.....3	-----
Cement/Concrete.....4	-----
Asbestos.....5	
Other (SPECIFY).....6	

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

38) DETAILED SKETCH OF THE DWELLING

39) MEASURES TAKEN:

Inside.....1	-----
Outside.....2	-----

40) CALCULATE AREA IN SQ. METRES.

AREA:	-----
-------	-------

SECTION 8: AGRICULTURE
PART A: AGRICULTURAL ASSETS; LAND, LIVESTOCK AND EQUIPMENT

RESPONDENT: HOLDERS - COPY FROM SECTION 6

NAMES OF HOLDERS		ID	PERSON INTERVIEWED - ID -	
-----		-----	-----	
(FROM SECTION 6) -----		-----	-----	
-----		-----	-----	
-----		-----	-----	

LAND

1. Does any member of the household own any land (including land outside this area)
- Yes..1 +-----+
(>>3) | |
No...2 +-----+
2. Did any member of the household own any land in the last 12 months?
- Yes..1 (>>9) +-----+
No...2 (>>20) | |
+-----+

U N I T		P U R C H A S E S				S A L E S			
3. What is the unit in which plot areas are recorded?	4. How much land is owned by the household? USE UNIT OF Q.3.	5. Was any land bought in the last 12 months?	6. How much was paid? (incl. payment in kind). VALUE	7. Was any land bought in the two years prior to the last 12 months?	8. How much was paid? (Incl. payment in kind). VALUE	9. Was any land sold in the last 12 months?	10. How much was received? (Incl. payment in kind). VALUE	11. Was any land sold in the 2 years prior to the last 12 months?	12. How much was received? (Incl. payment in kind). VALUE
		Yes..1 No...2 (>>7)		Yes..1 No...2 (>>9)		Yes..1 No...2 (>>11)		Yes..1 No...2 (>>13)	

R E N T A L S			S H A R E C R O P P I N G				P R O P O R T I O N C O D E S		U N I T O F A R E A	
13. Was any land rented out in the last 12 months?	14. How much land was rented out in the last 12 months? USE UNIT OF Q.3	15. For how much? (Incl. payment in kind). VALUE	16. Was any land given out for sharecropping in the last 12 months?	17. How much land was given out for sharecropping in the last 12 months? USE UNIT OF Q.3	18. How much did your household receive from this (incl. payment in kind)? VALUE	19. What proportion of the harvest is received by household? %	1/2.....50	ACRES.....1	1/3.....33	POLBS.....2
Yes..1 No...2 (>>16)			Yes..1 No...2 (>>20)				1/4.....25	ROPES.....3	1/5.....20	Other.....4
							1/10.....10	SPECIFY	1/20.....5	

SECTION 8: AGRICULTURE

PART A: AGRICULTURAL ASSETS: LAND, LIVESTOCK AND EQUIPMENT - CONTINUED -

AGRICULTURAL EQUIPMENT

LIVESTOCK

20. Has any member of the household owned any livestock during the last 12 months?

32. Has any member of the household owned any agricultural equipment in the last 12 months?
 Yes..1 +-----+
 No...2 (>>Part B) +-----+

LIVESTOCK											AGRICULTURAL EQUIPMENT									
20. Has any member of the household owned any livestock during the last 12 months?											32. Has any member of the household owned any agricultural equipment in the last 12 months?									
Yes..1	No...2										33.	34.	35.	36.	37.	38.	39.	40.		
(>>32)	+-----+	21.	22.	23.	24.	25.	26.	27.	28.	29.	30.	31.	Does any member of the household own any...now?	How many years ago was the... bought?	What was the purchase price?	What would be the value of... if they were sold now?	Was the... rented out in the last 12 months?	What was the value of the rental?	Did you sell any... in the last 12 months?	What was the total value of the sales?
		During the last 12 months has any member of the household raised...?	How many are there?	For how much could you sell one today?	During the past 12 months have any... been sold?	How many?	What was the total value of the sales?	During the past 12 months, have any... been bought by this household?	How many?	What was the value of the purchases?	Did you rent out any animals during the last 12 months?	How much did you receive from renting animals?	Yes..1 No...2 (>>next item)	IF GIFT WRITE 99 (>> 36)	YEARS	VALUE	VALUE	Yes..1 No...2 (>>39)	Yes..1 No...2 (>>Next Item)	Yes..1 No...2 (>>Next line)
		AMOUNT		AMOUNT		VALUE		VALUE		AMOUNT										
													Tractor 1	11						
													Tractor 2	12						
													Tractor 3	13						
													Plough 1	21						
													Plough 2	22						
													Plough 3	23						
													Trailer/Cart 1	31						
													Trailer/Cart 2	32						
													Trailer/Cart 3	33						
													Other animal drawn equipment	41						
													Other tractor drawn equipment	42						
													Sprayer	51						

SECTION 8: AGRICULTURE
PART F: AGRICULTURAL COSTS AND EXPENSES

RESPONDENT: MAIN HOLDER ONLY.

(ASK WHETHER RESPONDENT OWNS OR OPERATES LAND; IF NO >>LIVESTOCK COSTS,Q6).

Now I would like to ask about costs and expenses incurred over the past 12 months for the production of crops. During this period, have any of the following been used on any of the holdings? (DO NOT INCLUDE COSTS ASSOCIATED WITH PROCESSING)

CROP COSTS

	1. Did you C spend anything O on D in the last E Yes..1 No...2 (>>Next Item)	2. How much was spent in cash and kind on ... during the last 12 months? AMOUNT	3. What was the source of Private sector.....1 Coop.....2 Min.Ag.....3 NGOs.....4 Other.....5 (SPECIFY)	4. Was obtained on credit? Yes..1 No...2	5. Was..... unobtainable at any time during the year when you needed it? Yes..1 No...2
Fertilizer (Inorganic)	01				
Organic Fertilizer	02				
Insecticides	03				
Herbicides	04				
Storage of crops	05		//////////		//////////
Purchased seed, seedlings etc.	06				
Irrigation	07		//////////		//////////
Bags, containers, string	08				
Petrol/Diesel/Oil	09		//////////		
Spare parts	10				
Hired labour	11		//////////	//////////	
Transport of crops	12		//////////	//////////	//////////
Renting animals	13				
Renting equipment	14				
Hand tools local	15		//////////		
Hand tools imported	16		//////////		
Repairs/Maintenance	17		//////////		//////////
Other crop costs	18		//////////	//////////	//////////

Now I would like to ask some questions about your livestock costs
(ONLY IF PART A Q.20 = 1)

LIVESTOCK COSTS

	1. Did you C spend anything O on D in the last E Yes..1 No...2 (>>Next Item)	2. How much was spent in cash and kind on.... during the last 12 months?	3. What was the source of....? Private sector.....1 Coop.....2 Min. Ag.....3 NGOs.....4 Other.....5 (SPECIFY)	4. Was..... obtained on credit? Yes..1 No...2	5. Was..... unobtainable at any time during the year when you needed it? Yes..1 No...2
Animal feed including salt	51				
Vet. services incl. vacc. and medicine	52				
Paid labour for herding	53		//////////	//////////	
Maintenance of pens, stables	54		//////////	//////////	
Transport of animal feed	55		//////////	//////////	//////////
Commission on sale of animals	56		//////////	//////////	//////////
Compensation for damage caused by animals	57		//////////	//////////	//////////
Other livestock costs	58		//////////	//////////	//////////

SECTION 8: AGRICULTURE
PART H: CONSUMPTION OF OWN PRODUCE

RESPONDENT (COPY FROM SECTION 6)

PERSON INTERVIEWED ID

ID		PERSON INTERVIEWED ID																			
1st		2nd		3rd		4th		5th		6th		7th		8th		9th		10th		11th	
/		/		/		/		/		/		/		/		/		/		/	
dd	mm	dd	mm	dd	mm	dd	mm	dd	mm	dd	mm	dd	mm	dd	mm	dd	mm	dd	mm	dd	mm

PROVIDE THE UNIT CODE IN QUESTION 13.

ITEM	CODE	1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	11.	12.	13.	14.	
		Did the household consume any home produced... in the last 12 months? Yes...1 No...2 (> 4)	Does the household eat home produced... all through the year or only in some months? Which months?	How much was consumed by the household since my first visit?	How much of home produced... was consumed by the household since my last visit?	How much of home produced... was consumed by the household since my last visit?	How much of home produced... was consumed by the household since my last visit?	How much of home produced... was consumed by the household since my last visit?	How much of home produced... was consumed by the household since my last visit?	How much of home produced... was consumed by the household since my last visit?	How much of home produced... was consumed by the household since my last visit?	How much of home produced... was consumed by the household since my last visit?	How much of home produced... was consumed by the household since my last visit?	How much of home produced... was consumed by the household since my last visit?	How much of home produced... was consumed by the household since my last visit?	ENTER UNIT THAT THE RESPONDENT CHOOSES SEE LIST OF UNIT CODES
		NO. OF MONTHS	NO. OF UNITS	NO. OF UNITS	NO. OF UNITS	NO. OF UNITS	NO. OF UNITS	NO. OF UNITS	NO. OF UNITS	NO. OF UNITS	NO. OF UNITS	NO. OF UNITS	NO. OF UNITS	NO. OF UNITS	UNIT CODE	VALUE
GRAINS AND FLOURS																
Rice (paddy, grain)	001															
Maize - cob (fresh)	002															
Maize - flour/dough	003															
Sorghum	004															
Millet grain	005															
Millet flour	006															
Guinea corn	007															
Other grains	008															
Other flours	009															
ROOTS, TUBERS AND PLANTAIN																
Cassava - roots	010															
Cassava - gari	011															
Cassava - (other forms)	012															
Yams	013															
Cocoyams	014															
Plantain	015															
Sweet potatoes	016															
Other roots & tubers	017															

SECTION 8: AGRICULTURE
PART H: CONSUMPTION OF OWN PRODUCE - CONTINUED -

ITEM	1st		2nd		3rd		4th		5th		6th		7th		8th		9th		10th		11th		13. ENTER UNIT THAT THE RESPONDENT CHOOSES SEE LIST OF UNIT CODES	14. For how much could you sell one unit ofnow?	
	/		/		/		/		/		/		/		/		/		/		/				
	dd	mm	dd	mm	dd	mm			UNIT CODES																
PULSES, NUTS AND SEEDS/OIL																									
Banbara beans	020																								
Palm oil	021																								
Cowpeas	022																								
Groundnuts (roasted or raw)	023																								
Other Pulses or legumes	024																								
Palm nuts	025																								
Coconuts	026																								
Coconut oil	027																								
Other nuts, & seeds	028																								
FRUITS																									
Bananas	030																								
Water Melon	031																								
Oranges, tangerines	032																								
Mangoes	033																								
Pawpaw	034																								
Avocado pears	035																								
Pineapples	036																								
Other fruits	037																								

SECTION 8: AGRICULTURE
PART H: CONSUMPTION OF OWN PRODUCE - CONTINUED -

ITEM	1st		2nd		3rd		4th		5th		6th		7th		8th		9th		10th		11th		13.	14.				
	/		/		/		/		/		/		/		/		/		/		/				ENTER UNIT THAT THE RESPONDENT CHOOSES	For how much could you sell one unit ofnow?		
	dd	mm	dd	mm	dd	mm	dd	mm	dd	mm	dd	mm	dd	mm	dd	mm	dd	mm	dd	mm	dd	mm					UNIT CODE	VALUE
PROVIDE THE UNIT CODE IN QUESTION 13.																												
1.	Did the household consume any home produced... in the last 12 months?		2.		3.		4.		5.		6.		7.		8.		9.		10.		11.		12.		13.			
CODE	12 months?		only in some months?		How much of home produced... was consumed by the household since my first visit?		How much of home produced... was consumed by the household since my last visit?		How much of home produced... was consumed by the household since my last visit?		How much of home produced... was consumed by the household since my last visit?		How much of home produced... was consumed by the household since my last visit?		How much of home produced... was consumed by the household since my last visit?		How much of home produced... was consumed by the household since my last visit?		How much of home produced... was consumed by the household since my last visit?		How much of home produced... was consumed by the household since my last visit?		How much of home produced... was consumed by the household since my last visit?		How much of home produced... was consumed by the household since my last visit?		How much of home produced... was consumed by the household since my last visit?	
Yes..1 No...2 (>> 4)			Which months?																									
			NO. OF MONTHS		NO. OF UNITS		NO. OF UNITS		NO. OF UNITS		NO. OF UNITS		NO. OF UNITS		NO. OF UNITS		NO. OF UNITS		NO. OF UNITS		NO. OF UNITS		NO. OF UNITS		NO. OF UNITS		NO. OF UNITS	
VEGETABLES																												
Tomatoes	040																											
Onions	041																											
Carrots	042																											
Okra	043																											
Garden eggs, Cucumbers	044																											
Pepper	045																											
Cabbage or lettuce	046																											
Spinach/other leafy vegs.	047																											
Other vegetables	048																											

INSTRUCTION FOR THE ENUMERATOR:
MARK CROSSES AGAINST CROPS PRODUCED BY THE HOUSEHOLD FROM PARTS C & G AND ASK RESPONDENTS QUESTIONS ON THESE CROPS

UNIT CODE	
Pounds.....*1	Kilogram..*2
Ton...*3	Minibag..*4
Maxibag..*5	Sheet...6
Basket...7	Bowl.....8
American tin..*9	Tree.....10
Stick...11	Bundle...12
Barrel...13	Liter...14
Gallon...15	Beer bottle..*16
Fingers.....24	Bunch.....17
Nut.....18	Fruit...19
Log.....20	Box.....21
Margarine Tin.....*22	Tubers.....23
All.....25	

SECTION 8: AGRICULTURE
PART H: CONSUMPTION OF OWN PRODUCE - CONTINUED -

ITEM	1st		2nd		3rd		4th		5th		6th		7th		8th		9th		10th		11th		13. ENTER UNIT THAT THE RESPONDENT CHOOSES SEE LIST OF UNIT CODES	14. For how much could you sell one unit of ... now?
	/		/		/		/		/		/		/		/		/		/		/			
	dd	mm	dd	mm	dd	mm																		
MEAT, POULTRY, FISH																								
Chicken	060																							
Other domestic poultry	061																							
Game birds	062																							
Beef	063																							
Mutton	064																							
Pork	065																							
Goat	066																							
Other domestic meats	067																							
Wild game	068																							
Fish & shellfish	069																							
Eggs	070																							
OTHER LIVESTOCK PRODUCTS																								
Milk	071																							
DRINKS AND BEVERAGES																								
Alcoholic beverages	090																							
Non-alcoholic beverages	091																							
*1 Pounds *2 Kilogram *3 Ton *4 Minibag *5 Maxibag *6 Sheet *7 Basket *8 Bowl *9 American tin *10 Tree *11 Stick *12 Bundle *13 Barrel *14 Litre *15 Gallon *16 Beer bottle *17 Bunch *18 Nut *19 Fruits *20 Log *21 Box *22 Magarine Tin *23 Tubers *24 Fingers *25 All																								

SECTION 9: HOUSEHOLD EXPENDITURE

PART A: NON-FOOD EXPENSES

A1: LESS FREQUENTLY PURCHASED ITEMS

RESPONDENTS ARE THE PERSONS MAINLY RESPONSIBLE FOR HOUSEHOLD PURCHASES.

NAME OF PERSON(S) RESPONSIBLE FOR PURCHASES	ID	PERSON INTERVIEWED	ID
RESPONDENT(S) ID			
Date of This visit	dd	mm	

ITEM	CODE	1. Was anything spent by the household on in the last 12 months?	2. How many times was... bought in the last 12 months?	3. How much was spent on in the last 12 months altogether?	4. How much was spent on in the last 3 months?	ITEM	CODE	1. Was anything spent by the household on in the last 12 months?	2. How many times was... bought in the last 12 months?	3. How much was spent on in the last 12 months altogether?	4. How much was spent on in the last 3 months?
		Yes..1 No...2 (>>Next Item)	IF 12 OR MORE (>> 4)	>> Next Item	>> Next Item			Yes..1 No...2 (>>Next Item)	IF 12 OR MORE (>> 4)	>> Next Item	>> Next Item
			AMOUNT	AMOUNT					AMOUNT	AMOUNT	
CLOTHING AND FOOTWEAR						READYMADE CLOTHING					
CLOTHING MATERIAL (Excluding School Uniform)						Suit					
Cotton	201					Smock or other Hand Woven Garment	209				
Silk	202					Dress (ladies/girls)	210				
Handloomed (incl. Kente)	203					Trousers, Slacks, Shorts, Blouse, Shirts	211				
Adinkra	204					Underwear (incl. vests and underpants)	212				
Polyester Material	205					Other Readymade clothes	213				
All other clothing material (natural fibre or otherwise)	206										
TAILORING CHARGES											
Tailoring Charges	207										

SECTION 9: HOUSEHOLD EXPENDITURE

PART A: NON-FOOD EXPENSES

A1: LESS FREQUENTLY PURCHASED ITEMS - CONTINUED

NAME OF PERSON(S) RESPONSIBLE FOR PURCHASES

ID

PERSON INTERVIEWED

ID

RESPONDENT(S) ID

Date of This visit / /
dd mm

RESPONDENTS ARE THE PERSONS MAINLY RESPONSIBLE FOR HOUSEHOLD PURCHASES.

ITEM	CODE	1. Was anything spent by the household on in the last 12 months?				2. How many times was... bought in the last 12 months?	3. How much was spent on in the last 12 months altogether?	4. How much was spent on in the last 3 months?	ITEM	CODE	1. Was anything spent by the household on in the last 12 months?				2. How many times was... bought in the last 12 months?	3. How much was spent on in the last 12 months altogether?	4. How much was spent on in the last 3 months?
		Yes..1	No...2	(>Next Item)	IF 12 OR MORE (>> 4)						>> Next Item	AMOUNT	AMOUNT	IF 12 OR MORE (>> 4)			
FOOTWEAR								FURNITURE AND FIXTURES, INCLUDING FLOOR COVERINGS									
Shoes (leather type)	215							Bed	405								
Sandals (leather type)	216							Chair	406								
Shoe (canvas type)	217							Table	407								
Sandals (rubber type)	218							Carpet and other floor coverings	408								
Other footwear	219							Other furniture and fixtures	409								
GROSS RENT AND PROPERTY CHARGES								APPLIANCES (HEATING, COOKING, WASHING REFRIGERATION ETC.)									
House Rates (Property rates)	303							Electric fan	411								
Basic rates	304							AC, Air Cooler	412								
Other Housing charges (excl. water, fuel and power)	307							Fridge and Freezers	413								
FURNITURE, HOUSEHOLD GOODS AND APPLIANCES								ELECTRIC IRON									
SOFT FURNISHING AND LINEN								Washing machine and dryers									
Bedsheets, Bed cover, Blanket, Curtain, other linens	401							Electric Kettle	416								
Mattress, pillow, sleeping mats	402							Gas or Electric stoves	417								
Other soft furnishings	403							Coalpot and other non-electrical cooking appliances	418								
								Other appliances	419								

SECTION 9: HOUSEHOLD EXPENDITURE
PART A: NON-FOOD EXPENSES

A1: LESS FREQUENTLY PURCHASED ITEMS - CONTINUED

NAME OF PERSON(S) RESPONSIBLE FOR PURCHASES -----+-----+-----+
RESPONDENT(S) ID +-----+
ID
PERSON INTERVIEWED -----+-----+-----+
Date of /
This visit -----+-----+-----+
dd mm

RESPONDENTS ARE THE PERSONS MAINLY RESPONSIBLE FOR HOUSEHOLD PURCHASES.

ITEM	CODE	1.	2.	3.	4.	ITEM	CODE	1.	2.	3.	4.
		Was anything spent by the household on in the last 12 months?	How many times was... bought in the last 12 months?	How much was spent on in the last 12 months altogether?	How much was spent on in the last 3 months?			Was anything spent by the household on in the last 12 months?	How many times was... bought in the last 12 months?	How much was spent on in the last 12 months altogether?	How much was spent on in the last 3 months?
		Yes..1	IF 12 OR MORE (>> 4)	>> Next Item	>> Next Item			Yes..1	IF 12 OR MORE (>> 4)	>> Next Item	>> Next Item
		No...2						No...2			
		(>>Next Item)		AMOUNT	AMOUNT			(>>Next Item)		AMOUNT	AMOUNT
GLASSWARE, TABLEWARE, HOUSEHOLD UTENSILS INCLUDING REPAIRS						HOSPITAL CHARGES AND HEALTH COSTS - CONTINUED -					
Glassware, Chinaware and plasticware	421					Other Medical Services and supplies	512				
Cutlery and other tableware	422					TRANSPORT AND COMMUNICATIONS					
Pots, pans, mortars, pestles and other kitchen utensils	423					Cars and other Motor Vehicles	601				
Other household utensils and tools (incl. earthen water cooler)	424					Motor Cycles	602				
HOUSEHOLD SERVICES						Bicycles	603				
Domestic staff wages	432					Tyres	604				
MEDICAL CARE AND HEALTH EXPENSES						RECREATION, ENTERTAINMENT, EDUCATION AND CULTURAL SERVICES					
Therapeutic appliances and equipment	505					Radio, Wireless and Cassette/ Radio	701				
Doctors and out-patient consulting fee	506					T.V. Sets, Video, Video Camera	702				
Dentist	507					Other (phonogram, C/D players, music systems)	703				
Nurses, Midwives, etc.	508					Camera and photographic equipment	704				
Native Doctors and Spiritual healers	509					Sports equipments	705				
Other practitioners	510					Musical instruments	706				
HOSPITAL CHARGES AND HEALTH COSTS						MISCELLANEOUS GOODS					
Hospital Expenditure (accommodation, theatre fees)	511					Jewellery, watches, rings, etc.	803				
						Other personal goods (eg. suitcase, hair brush, comb, shaving equipment)	804				

SECTION 9: HOUSEHOLD EXPENDITURE

PART A: NON-FOOD EXPENSES - CONTINUED -

A2: FREQUENTLY PURCHASED ITEMS

RESPONDENTS ARE THE PERSONS MAINLY RESPONSIBLE FOR HOUSEHOLD PURCHASES:

	1st	2nd	3rd	4th	5th	6th	7th	8th	9th	10th	11th
	dd / mm	dd / mm	dd / mm	dd / mm	dd / mm	dd / mm	dd / mm	dd / mm	dd / mm	dd / mm	dd / mm
ITEM	CODE	1. How much was spent on ... since my first visit?	2. How much was spent on ... since my last visit?	3. How much was spent on ... since my last visit?	4. How much was spent on ... since my last visit?	5. How much was spent on ... since my last visit?	6. How much was spent on ... since my last visit?	7. How much was spent on ... since my last visit?	8. How much was spent on ... since my last visit?	9. How much was spent on ... since my last visit?	10. How much was spent on ... since my last visit?
WATER											
Water charges	308										
FUEL AND POWER											
Gas for cooking	310										
Kerosine and other liquid fuel(incl. Palm kernel oil)	311										
Charcoal	312										
Firewood and other solid fuel	313										
REPAIRS											
Repairs to clothing	214										
Repairs to footwear	220										
Repairs to soft furnishings	404										
Repairs to furniture and fittings	410										
Repairs to appliances	420										

SECTION 9: HOUSEHOLD EXPENDITURE

PART A: NON-FOOD EXPENSES - CONTINUED -

A2: FREQUENTLY PURCHASED ITEMS

RESPONDENTS ARE THE PERSONS MAINLY RESPONSIBLE FOR HOUSEHOLD PURCHASES:

	1st	2nd	3rd	4th	5th	6th	7th	8th	9th	10th	11th
	dd / mm	dd / mm	dd / mm	dd / mm	dd / mm	dd / mm	dd / mm	dd / mm	dd / mm	dd / mm	dd / mm
ITEM	CODE	1.	2.	3.	4.	5.	6.	7.	8.	9.	10.
		How much was spent on ... since my first visit?	How much was spent on ... since my last visit?	How much was spent on ... since my last visit?	How much was spent on ... since my last visit?	How much was spent on ... since my last visit?	How much was spent on ... since my last visit?	How much was spent on ... since my last visit?	How much was spent on ... since my last visit?	How much was spent on ... since my last visit?	How much was spent on ... since my last visit?
NON-DURABLE HOUSEHOLD GOODS											
Soap and washing powder	425										
Insecticides, disinfectants and household cleaners	426										
Matches	427										
Toilet paper	428										
Light globes/bulbs	429										
Candles	430										
Other non-durable goods	431										
HOUSEHOLD SERVICES											
Household services(lawnsboy, washman, etc.	433										
MEDICAL CARE AND HEALTH EXPENSES											
Pain killers (eg. aspirin, paracetamol, etc.)	501										
Antibiotics	502										
Anti malaria medicines	503										
Other medical and pharmaceutical products	504										
Medical services such as doctor or healer and other medical expenses	513										

SECTION 9: HOUSEHOLD EXPENDITURE

PART A: NON-FOOD EXPENSES - CONTINUED -

A2: FREQUENTLY PURCHASED ITEMS

RESPONDENTS ARE THE PERSONS MAINLY RESPONSIBLE FOR HOUSEHOLD PURCHASES:

	1st	2nd	3rd	4th	5th	6th	7th	8th	9th	10th	11th
	/	/	/	/	/	/	/	/	/	/	/
	dd mm	dd mm	dd mm	dd mm	dd mm	dd mm	dd mm	dd mm	dd mm	dd mm	dd mm
ITEM	CODE	1. How much was spent on ... since my first visit?	2. How much was spent on ... since my last visit?	3. How much was spent on ... since my last visit?	4. How much was spent on ... since my last visit?	5. How much was spent on ... since my last visit?	6. How much was spent on ... since my last visit?	7. How much was spent on ... since my last visit?	8. How much was spent on ... since my last visit?	9. How much was spent on ... since my last visit?	10. How much was spent on ... since my last visit?
OPERATION OF PERSONAL TRANSPORT EQUIPMENT											
Spares and motor vehicle tools(excluding tyres)	605										
Petrol	608										
Oil, grease, etc	609										
PURCHASED TRANSPORT (EXCL. SCHOOL TRANSPORT)											
Inter City bus (S.T.C., City Express, etc.)	610										
City bus (omnibus, trotro), taxi etc.	611										
Other (rail, air, boats,) and storage charges.	612										
COMMUNICATION											
Postal charges including stamps and courier services	613										
Telegrams, Telephones, Fax etc.	614										

SECTION 9: HOUSEHOLD EXPENDITURE

PART A: NON-FOOD EXPENSES - CONTINUED -

A2: FREQUENTLY PURCHASED ITEMS

RESPONDENTS ARE THE PERSONS MAINLY RESPONSIBLE FOR HOUSEHOLD PURCHASES:

ITEM	CODE	1st		2nd		3rd		4th		5th		6th		7th		8th		9th		10th		11th	
		/		/		/		/		/		/		/		/		/		/		/	
		dd	mm	dd	mm	dd	mm	dd	mm	dd	mm	dd	mm	dd	mm	dd	mm	dd	mm	dd	mm	dd	mm
	1.	How much was spent on ... since my first visit?		2.		3.		4.		5.		6.		7.		8.		9.		10.		11.	
		How much was spent on ... since my last visit?		How much was spent on ... since my last visit?		How much was spent on ... since my last visit?		How much was spent on ... since my last visit?		How much was spent on ... since my last visit?		How much was spent on ... since my last visit?		How much was spent on ... since my last visit?		How much was spent on ... since my last visit?		How much was spent on ... since my last visit?		How much was spent on ... since my last visit?		How much was spent on ... since my last visit?	
RECREATION, ENTERTAINMENT AND CULTURAL SERVICES																							
Other recreational goods, parts and accessories (incl. cassettes, Video cassettes, etc.)	707																						
Cinema, Video house	708																						
Video cassettes hire	709																						
Gambling, Lotto, Raffles etc.	710																						
Others including concerts	711																						
NEWSPAPERS AND MAGAZINES																							
Newspapers	712																						
Books, Magazines, etc.	713																						
EDUCATION																							
Educational cost (transport cost, pocket money, etc.)	718																						
MISCELLANEOUS GOODS AND SERVICE																							
Services of Barber, Beauty shops, and others	801																						
Goods for Personal care (eg. razor blades, cosmetics, powder, tooth paste, etc.)	802																						
Writing and drawing equipment and supplies	805																						
Expenditure in Restaurants, Hotels	806																						
Financial services (N.E.S.)	807																						
Other services (N.E.S)	808																						

SECTION 9: HOUSEHOLD EXPENDITURE
 PART B: FOOD EXPENSES

ID

PERSON INTERVIEWED -----+-----+

ID

PERSON RESPONSIBLE -----+-----+

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

1st	2nd	3rd	4th	5th	6th	7th	8th	9th	10th	11th
/	/	/	/	/	/	/	/	/	/	/
dd mm										

ITEM	CODE	1. How much was spent on ... since my first visit?	2. How much was spent on ... since my last visit?	3. How much was spent on ... since my last visit?	4. How much was spent on ... since my last visit?	5. How much was spent on ... since my last visit?	6. How much was spent on .. since my last visit?	7. How much was spent on ... since my last visit?	8. How much was spent on ... since my last visit?	9. How much was spent on ... since my last visit?	10. How much was spent on ... since my last visit?
		AMOUNT									
FOOD, BEVERAGE AND TOBACCO											
CEREALS											
Guinea corn/Sorghum	001										
Maize	002										
Millet	003										
Rice	004										
CEREAL PRODUCTS											
Maize Flour and Products(not Koko)	005										
Bread, buns	006										
Biscuits	007										
Flour and other cereal products	008										

SECTION 9: HOUSEHOLD EXPENDITURE
 PART B: FOOD EXPENSES

ID

PERSON INTERVIEWED -----+-----+

ID

PERSON RESPONSIBLE -----+-----+
 -----+-----+
 -----+-----+
 -----+-----+

1st		2nd		3rd		4th		5th		6th		7th		8th		9th		10th		11th	
/		/		/		/		/		/		/		/		/		/		/	
dd	mm	dd	mm	dd	mm																

ITEM	CODE	1.	2.	3.	4.	5.	6.	7.	8.	9.	10.
		How much was spent on ... since my first visit?	How much was spent on ... since my last visit?	How much was spent on ... since my last visit?	How much was spent on ... since my last visit?	How much was spent on ... since my last visit?	How much was spent on ... since my last visit?	How much was spent on ... since my last visit?	How much was spent on ... since my last visit?	How much was spent on ... since my last visit?	How much was spent on ... since my last visit?
AMOUNT											
STARCHY ROOTS, TUBERS & PLANTAIN											
Cassava	009										
Cocoyam	010										
Plantain	011										
Yam	012										
Other starchy roots and tubers	013										
STARCHY PRODUCTS											
Kokonte	014										
Gari	015										
Cassava Dough	016										
Other starchy products	017										

SECTION 9: HOUSEHOLD EXPENDITURE - CONTINUED
 PART B: FOOD EXPENSES

	1st	2nd	3rd	4th	5th	6th	7th	8th	9th	10th	11th
	/	/	/	/	/	/	/	/	/	/	/
	dd mm	dd mm	dd mm	dd mm	dd mm	dd mm	dd mm	dd mm	dd mm	dd mm	dd mm
ITEM	CODE	1. How much was spent on ... since my first visit?	2. How much was spent on ... since my last visit?	3. How much was spent on ... since my last visit?	4. How much was spent on ... since my last visit?	5. How much was spent on ... since my last visit?	6. How much was spent on .. since my last visit?	7. How much was spent on ... since my last visit?	8. How much was spent on ... since my last visit?	9. How much was spent on ... since my last visit?	10. How much was spent on ... since my last visit?
PULSES											
Small Beans	018										
Babara Beans	019										
Broad Beans	020										
Groundnuts	021										
Other Pulses	022										
OIL SEEDS & NUTS											
Dawadawa	023										
Kolanut	024										
Palmnut	025										
Other Oil Seeds and Nuts	026										
ANIMAL FATS											
Animal Fats	027										

SECTION 9: HOUSEHOLD EXPENDITURE - CONTINUED

PART B: FOOD EXPENSES

		1st	2nd	3rd	4th	5th	6th	7th	8th	9th	10th	11th
		/	/	/	/	/	/	/	/	/	/	/
		dd mm	dd mm	dd mm	dd mm	dd mm	dd mm	dd mm	dd mm	dd mm	dd mm	dd mm
ITEM	CODE	1. How much was spent on ... since my first visit?	2. How much was spent on ... since my last visit?	3. How much was spent on ... since my last visit?	4. How much was spent on ... since my last visit?	5. How much was spent on ... since my last visit?	6. How much was spent on ... since my last visit?	7. How much was spent on ... since my last visit?	8. How much was spent on ... since my last visit?	9. How much was spent on ... since my last visit?	10. How much was spent on ... since my last visit?	11. How much was spent on ... since my last visit?
VEGETABLE OIL AND FATS												
Coconut Oil	028											
Groundnut Oil	029											
Palm Kernel Oil	030											
Red Palm Oil	031											
Shea Butter	032											
Margarine	033											
Other Vegetable Oil & Fats	034											
FRUITS: FRESH, ETC. (NOT CANNED)												
Avocado Pear	035											
Banana	036											
Mango	037											
Orange	038											
Pineapple	039											
Other Fruits (not canned)	040											
FRUITS (CANNED)												
Fruit Canned	041											
FRUIT JUICES												
Fruit Juices	042											

SECTION 9: HOUSEHOLD EXPENDITURE - CONTINUED
 PART B: FOOD EXPENSES

	1st	2nd	3rd	4th	5th	6th	7th	8th	9th	10th	11th
	/	/	/	/	/	/	/	/	/	/	/
	dd mm	dd mm	dd mm	dd mm	dd mm	dd mm	dd mm	dd mm	dd mm	dd mm	dd mm
ITEM	1. CODE	2. CODE	3. CODE	4. CODE	5. CODE	6. CODE	7. CODE	8. CODE	9. CODE	10. CODE	
	How much was spent on ... since my first visit?	How much was spent on ... since my last visit?	How much was spent on ... since my last visit?	How much was spent on ... since my last visit?	How much was spent on ... since my last visit?	How much was spent on ... since my last visit?	How much was spent on .. since my last visit?	How much was spent on ... since my last visit?	How much was spent on ... since my last visit?	How much was spent on ... since my last visit?	
VEGETABLE: FRESH OR OTHERWISE PRESERVED											
Cocoyam leaves (kontomire)	043										
Garden eggs	044										
Okro	045										
Onions and Shallot	046										
Pepper (Green)	047										
Tomato	048										
Other Vegetable (not can)	049										
VEGETABLE (CANNED)											
Tomato Puree	050										
Other Canned Vegetables	051										
MEAT: LIVE, FRESH, FROZEN, PROCESSED											
Corned Beef	052										
Fresh Beef (Cattle)	053										
Bushmeat	054										
Goat (fresh)	055										
Fresh Mutton	056										
Pork	057										
Snail	058										
Other Meat(except Poultry)	059										

SECTION 9: HOUSEHOLD EXPENDITURE - CONTINUED
 PART B: FOOD EXPENSES

	1st	2nd	3rd	4th	5th	6th	7th	8th	9th	10th	11th
	/	/	/	/	/	/	/	/	/	/	/
	dd mm	dd mm	dd mm	dd mm	dd mm	dd mm	dd mm	dd mm	dd mm	dd mm	dd mm
ITEM	CODE	1. How much was spent on ... since my first visit?	2. How much was spent on ... since my last visit?	3. How much was spent on ... since my last visit?	4. How much was spent on ... since my last visit?	5. How much was spent on ... since my last visit?	6. How much was spent on .. since my last visit?	7. How much was spent on ... since my last visit?	8. How much was spent on ... since my last visit?	9. How much was spent on ... since my last visit?	10. How much was spent on ... since my last visit?
POULTRY											
Chicken	060										
Duck	061										
Guinea Fowl	062										
Other Poultry	063										
EGGS											
Chicken Eggs	064										
Other Eggs (not Chicken)	065										
MILK AND MILK PRODUCTS											
Fresh Milk	066										
Milk Powder	067										
Baby Milk	068										
Milk Tinned (unsweetened)	069										
Other Milk Products (including butter & cheese)	070										
SMOKED FISH											
Smoked Fish	071										

SECTION 9: HOUSEHOLD EXPENDITURE - CONTINUED
 PART B: FOOD EXPENSES

	1st	2nd	3rd	4th	5th	6th	7th	8th	9th	10th	11th
	/	/	/	/	/	/	/	/	/	/	/
	dd mm	dd mm	dd mm	dd mm	dd mm	dd mm	dd mm	dd mm	dd mm	dd mm	dd mm
ITEM	CODE	1. How much was spent on ... since my first visit?	2. How much was spent on ... since my last visit?	3. How much was spent on ... since my last visit?	4. How much was spent on ... since my last visit?	5. How much was spent on ... since my last visit?	6. How much was spent on .. since my last visit?	7. How much was spent on ... since my last visit?	8. How much was spent on ... since my last visit?	9. How much was spent on ... since my last visit?	10. How much was spent on ... since my last visit?
FISH: FRESH, DRIED, FRIED											
Crustaceans (Lobster, Crab Prawns ect.)	072										
Fish (Fresh and Frozen)	073										
Fish (Dried)	074										
Fish (Fried)	075										
Canned Fish	076										
Other Fish	077										
SUGAR											
Sugar	078										
CONDIMENTS AND SPICIES											
Pepper (dry)	079										
Salt	080										
Other Condiments & Spicies	081										
COFFEE, TEA, COCOA, ETC.											
Coffee	082										
Chocolate Drinks (includ- ing Milo)	083										
Tea	084										
Other (not beverage)	085										

SECTION 9: HOUSEHOLD EXPENDITURE - CONTINUED

PART B: FOOD EXPENSES

	1st	2nd		3rd		4th		5th		6th		7th		8th		9th		10th		11th	
	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	
	dd mm	dd mm	dd mm	dd mm	dd mm	dd mm	dd mm	dd mm	dd mm	dd mm	dd mm	dd mm	dd mm	dd mm	dd mm	dd mm	dd mm	dd mm	dd mm	dd mm	
ITEM	1. CODE	2. How much was spent on ... since my first visit?	3. How much was spent on ... since my last visit?	4. How much was spent on ... since my last visit?	5. How much was spent on ... since my last visit?	6. How much was spent on .. since my last visit?	7. How much was spent on ... since my last visit?	8. How much was spent on ... since my last visit?	9. How much was spent on ... since my last visit?	10. How much was spent on ... since my last visit?											
PREPARED MEALS																					
Cooked Rice and Stew	086																				
Pufu and Soup	087																				
Tuo and Soup	088																				
Banku and Stew	089																				
Kenkey	090																				
Koko	091																				
Other Prepared Meals	092																				
MISCELLANEOUS FOOD ITEMS																					
Jams	093																				
Honey	094																				
Confectionary not Frozen	095																				
Ice Cream, Ice Lollies etc	096																				
Other Miscellaneous Food items	097																				

SECTION 9: HOUSEHOLD EXPENDITURE - CONTINUED

PART B: FOOD EXPENSES

	1st	2nd	3rd	4th	5th	6th	7th	8th	9th	10th	11th
	/	/	/	/	/	/	/	/	/	/	/
	dd mm	dd mm	dd mm	dd mm	dd mm	dd mm	dd mm	dd mm	dd mm	dd mm	dd mm
ITEM	CODE	1. How much was spent on ... since my first visit?	2. How much was spent on ... since my last visit?	3. How much was spent on ... since my last visit?	4. How much was spent on ... since my last visit?	5. How much was spent on ... since my last visit?	6. How much was spent on ... since my last visit?	7. How much was spent on ... since my last visit?	8. How much was spent on ... since my last visit?	9. How much was spent on ... since my last visit?	10. How much was spent on ... since my last visit?
MINERALS. SOFT DRINKS											
Soft Drinks and Minerals	098										
ALCOHOLIC BEVERAGE (BOTTLE OR TOT)											
Local and Imported Beer and Guinness	099										
Palm Wine	100										
Pito	101										
Akpeteshie and other local Spirits	102										
Gin	103										
Other Alcoholic Beverages	104										
TOBACCO AND TOBACCO PRODUCTS											
Cigarette	105										
Tobacco (Processed)	106										
Other Tobacco Products (excluding Cigarette)	107										

SECTION 9: HOUSEHOLD EXPENDITURE
 PART C: AVAILABILITY OF CONSUMER ITEMS

ITEM	CODE	1. In the last 12 months, have you tried to purchase these items and found them not available?	2. How do the shortages, over the last 12 months compare with the short- ages for the preceeding year?
		Yes, often.....1 Yes, once or twice...2 No.....3 (>> Next Item) Not applicable.....4 (>> Next Item)	Worse now.....1 The same.....2 Not so bad now.....3
Clothes/shoes	200		
Health/personal care items (soap, medicine, etc.)	500		
Charcoal, firewood	312		
Kerosene	311		
Petrol	608		
Maize/maize flour	002		
Rice	004		
Sorghum/millet	003		
Cooking oil	028		
Sugar	078		
Gas	310		

SECTION 10: NON-FARM ENTERPRISES

PART A: BASIC CHARACTERISTICS OF NON-FARM ENTERPRISE

Now I would like to ask you about the enterprises.....(NAME OF NON-FARM ENTERPRISE FROM SECTION 6 Q.8), for which you are responsible. These areREFER TO PRE-FILLED COLUMNS 1-3.

1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	11.
NON-FARM ENTERPRISE	ID OF PERSON RESPONSIBLE	ID OF PERSON INTERVIEWED	What is the activity of this enterprise?	How long has this enterprise been actively operating?	For how many months has this enterprise been operating during the past 12 months?	Does the income of this enterprise belong entirely to you and this household?	What percentage of the income of this enterprise goes to you and this household?	Who buys most of the goods and services from this enterprise?	How many customers do you usually sell your product to?	Is this enterprise registered with any government agency?
NAME (FROM SECTION 6)	(FROM SECTION 6)		WRITE NAME OF ACTIVITY	IF MORE THAN TWO YEARS PUT YEARS BUT NOT MONTHS					TIME UNIT	
						Yes..1 (>>9) No...2		Households or individuals.....1 Small enterprises....2 Formal (large) enterprises.....3 Government.....4 Public enterprises...5 Trader: Local market..6 Foreign Market.....7	Daily.....1 Weekly.....2 Fortnightly.....3 Monthly.....4 Quarterly.....5 Yearly.....6	Yes..1 No...2
			NAME	IND.CODE	YEARS	MONTHS		CODE % CODE %	NUMBER OF CUSTOMERS	TIME UNIT
1										
2										
3										

SECTION 10: NON-FARM ENTERPRISES

PART A: BASIC CHARACTERISTICS - CONTINUED -

12.	13.	14.	15.	16.	17.	18.	19.	20.	21.	22.	23.	24.
During the past 12 months, how many persons have usually worked in this enterprise?	How many of these are members of this household?	REPORT ID OF 2 MAIN PERSONS. DO NOT INCLUDE PERSON RESPONSIBLE	How many are apprentices?	How many are hired labour?	Are formal wage contracts issued to any of the hired workers?	Do any of the hired workers receive paid leave or sick leave?	What was the single most serious difficulty in establishing this enterprise?	What was the main source of capital used in setting up this enterprise?	During the past 12 months, has this enterprise tried to get credit from banks and other formal financial agencies?	During the past 12 months, what source of credit used by this enterprise?	During the past 12 months, how much altogether has this enterprise borrowed?	During the past 12 months, how much of its loans has this enterprise repaid?
INCLUDE HOUSEHOLD MEMBERS, APPRENTICES AND HIRED LABOUR, BUT EXCLUDE PERSON RESPONSIBLE				IF NONE (>> 19)	Yes..1 No...2	Yes..1 No...2	No difficulty...1 Capital/credit...2 Technical know how...3 Government regulation...4 Other...5 (SPECIFY)	Household savings...1 Loan from bank...2 Loan from gov't agency...3 Loan from relatives...4 Other loans...5 Other...6 (SPECIFY)	Yes, successfully...1 Yes, unsuccessfully...2 No...3	No credit used...1 (>> Part B) Bank...2 Other financial agency...3 Cooperative...4 Money lender...5 Family/Friend...6 Proceeds...7 Other...8 (SPECIFY)		INCLUDE THE VALUE OF ANY IN-KIND PAYMENTS
IF ZERO >> 19		ID ID		CHECK IF 13+15+16 = Q.12							AMOUNT	AMOUNT
1												
2												
3												

SECTION 10: NON-FARM ENTERPRISES

PART B: EXPENDITURES-FIRST ENTERPRISE

Now I would like to ask about the expenses of your.....(THE FIRST ENTERPRISE). Please do not include expenses for the household, or for any other enterprise.

1. Has the enterprise been operating since the last two weeks? Yes..1 +-----+
 No...2 (>> 9) |-----|

OPERATING SINCE THE LAST TWO WEEKS										NOT OPERATING SINCE THE LAST TWO WEEKS					
EXPENDITURE ITEMS	CODE	2. During the past 12 months has the enterprise spent anything on.....?	3. Do you pay for..... at least once a week?	4. How many times was..... purchased/ paid for during the past 12 months?	5. How much did you spend on..... during the past 12 months?	6. How much did you spend on..... during the last 3 months?	7. How much did you spend on..... in the last two weeks?	8. During the past 12 months, was this item ever unavailable when you wished to purchase it? Yes, often.....1 Yes, not often.....2	9. During the past 12 months has the enterprise spent anything on.....? Yes..1 No...2 (>> Next Item)	10. Do you usually pay for..... at least once a week? Yes..1 (>>14) No...2	11. How many times do you usually purchase/pay for..... in one year ? 12 or less...1 More than 12.....2 (>>13)	12. How much did you spend on..... during the past 12 months? >> 15 +-----+	13. How much do you usually spend on..... during a 3 month period? >> 15 +-----+	14. How much do you usually spend on..... during a 2 week period? AMOUNT	15. During the past 12 months, was this item ever unavailable when you wished to purchase it? Yes, often.....1 Yes, not often.....2 No.....3 Next Item(Q.9) +-----+
		Yes..1 No...2 (>> Next Item)	Yes..1 (>>7) No...2	12 or less..1 More than 12.....2 (>>6)	+-----+ >> 8 +-----+	+-----+ >> 8 +-----+	+-----+ >> 8 +-----+	+-----+ >> 8 +-----+ Next Item	+-----+ No.....3 (>> Next Item)	+-----+ Yes..1 (>>14) No...2	+-----+ 12 or less...1 More than 12.....2 (>>13)	+-----+ >> 15 +-----+	+-----+ >> 15 +-----+	AMOUNT	+-----+ Next Item(Q.9) +-----+
FIRST ENTERPRISE															
Hired Labour.....	01														
Raw Materials.....	02														
Spare Parts.....	03														
Articles for resale	04														
Rental of land/ Buildings	05		////////				////////				////////			////////	
Rental of Machinery	06		////////				////////				////////			////////	
Maintenance/Repairs	07		////////				////////				////////			////////	
Rental of vehicles	08		////////				////////				////////			////////	
Oil and Fuel.....	09														
Other transport....	10														
Electricity.....	11		////////				////////				////////			////////	
Water.....	12														
Taxes.....	13		////////	////////	////////	////////	////////	////////	////////	////////	////////	////////	////////	////////	////////
Other Expenses.....	14														

SECTION 10: NON-FARM ENTERPRISES

PART B: EXPENDITURES-SECOND ENTERPRISE

Now I would like to ask about the expenses of your.....(THE SECOND ENTERPRISE). Please do not include expenses for the household, or for any other enterprise.

1. Has the enterprise been operating since the last two weeks? Yes..1 +-----+
 No...2 (> 9) |-----|

OPERATING SINCE THE LAST TWO WEEKS							NOT OPERATING SINCE THE LAST TWO WEEKS								
EXPENDITURE ITEMS	CODE	2. During the past 12 months has the enterprise spent anything on.....?	3. Do you pay for..... at least once a week?	4. How many times was..... purchased/ paid for during the past 12 months?	5. How much did you spend on..... during the past 12 months?	6. How much did you spend on..... during the last 3 months?	7. How much did you spend on..... in the last two weeks?	8. During the past 12 months, was this item ever unavailable when you wished to purchase it?	9. During the past 12 months has the enterprise spent anything on.....?	10. Do you usually pay for..... once a week?	11. How many times do you usually purchase/pay for..... in one year?	12. How much did you spend on..... during the past 12 months?	13. How much do you usually spend on..... during a 3 month period?	14. How much do you usually spend on..... during a 2 week period?	15. During the past 12 months, was this item ever unavailable when you wished to purchase it?
		Yes..1 No...2 (>> Next Item)	Yes..1 (>>7) No...2	12 or less..1 More than 12.....2 (>>6)	+-----+ >> 8 +-----+	+-----+ >> 8 +-----+	+-----+ >> 8 +-----+	Yes, often.....1 Yes, not often.....2 No.....3 +-----+ Next Item +-----+	Yes..1 No...2 (>> Next Item)	Yes..1 (>>14) No...2	12 or less...1 More than 12.....2 (>>13)	+-----+ >> 15 +-----+	+-----+ >> 15 +-----+	+-----+ Next Item(Q,9) +-----+	
				AMOUNT	AMOUNT	AMOUNT					AMOUNT	AMOUNT	AMOUNT		
SECOND ENTERPRISE															
Hired Labour.....	01														
Raw Materials.....	02														
Spare Parts.....	03														
Articles for resale	04														
Rental of land/ Buildings	05		////////				////////				////////			////////	
Rental of Machinery	06		////////				////////				////////			////////	
Maintenance/Repairs	07		////////				////////				////////			////////	
Rental of vehicles	08		////////				////////				////////			////////	
Oil and Fuel.....	09														
Other transport....	10														
Electricity.....	11		////////				////////				////////			////////	
Water.....	12														
Taxes.....	13		////////	////////	////////	////////	////////	////////	////////	////////	////////	////////	////////	////////	////////
Other Expenses.....	14														

SECTION 10: NON-FARM ENTERPRISES

PART B: EXPENDITURES-THIRD ENTERPRISE

Now I would like to ask about the expenses of your.....(THE THIRD ENTERPRISE). Please do not include expenses for the household, or for any other enterprise.

1. Has the enterprise been operating since the last two weeks? Yes..1 +-----+
 No...2 (>> 9) |-----|

OPERATING SINCE THE LAST TWO WEEKS										NOT OPERATING SINCE THE LAST TWO WEEKS					
EXPENDITURE ITEMS	CODE	2. During the past 12 months has the enterprise spent anything on.....?	3. Do you pay for..... at least once a week?	4. How many times was..... purchased/ paid for during the past 12 months?	5. How much did you spend on..... during the past 12 months?	6. How much did you spend on..... during the last 3 months?	7. How much did you spend on..... in the last two weeks?	8. During the past 12 months, was this item ever unavailable when you wished to purchase it?	9. During the past 12 months has the enterprise spent anything on.....?	10. Do you usually pay for..... once a week?	11. How many times do you usually purchase/pay for..... in one year?	12. How much did you spend on..... during the past 12 months?	13. How much do you usually spend on..... during a 3 month period?	14. How much do you usually spend on..... during a 2 week period?	15. During the past 12 months, was this item ever unavailable when you wished to purchase it?
		Yes..1 No...2 (>> Next Item)	Yes..1 (>>7) No...2 (>>6)	12 or less..1 More than 12.....2 (>>6)	+-----+ >> 8 +-----+	+-----+ >> 8 +-----+	+-----+ >> 8 +-----+	Yes, often.....1 Yes, not often.....2 No.....3 +-----+ Next Item	Yes..1 No...2 (>> Next Item)	Yes..1 (>>14) No...2 (>>13)	12 or less...1 More than 12.....2 (>>13)	+-----+ >> 15 +-----+	+-----+ >> 15 +-----+	+-----+ Next Item(Q,9) +-----+	
				AMOUNT	AMOUNT	AMOUNT					AMOUNT	AMOUNT	AMOUNT		
THIRD ENTERPRISE															
Hired Labour.....	01														
Raw Materials.....	02														
Spare Parts.....	03														
Articles for resale	04														
Rental of land/ Buildings	05		////////				////////				////////			////////	
Rental of Machinery	06		////////				////////				////////			////////	
Maintenance/Repairs	07		////////				////////				////////			////////	
Rental of vehicles	08		////////				////////				////////			////////	
Oil and Fuel.....	09														
Other transport....	10														
Electricity.....	11		////////				////////				////////			////////	
Water.....	12														
Taxes.....	13		////////	////////	////////	////////	////////	////////	////////	////////	////////	////////	////////	////////	////////
Other Expenses.....	14														

SECTION 10: NON-FARM ENTERPRISES

PART C: ASSETS OF FIRST ENTERPRISE

Now I would like to ask you about the assets held by your.... (FIRST ENTERPRISE). Please do not include assets belonging to the household or to any other enterprises in the household.

ITEM	CODE	1.	2.	3.	4.	5.	6.	7.	8.	9.
		Does this enterprise own.....?	For how much would you be able to sell today?	How long ago did you obtain this.....?	What was the price paid when..... was purchase?	Did the enterprise obtain any..... during the past 12 months?	How much did the enterprise pay for the.....that was purchased during the last 12 months?	Did the enterprise sell any..... during the past 12 months?	How much did the enterprise receive from the sale of..... during the past 12 months?	Why was.....sold?
		Yes...1 No...2 (>>Next Item)		LESS THAN ONE YEAR: CODE 90 AND >> 5 ITEM 1 2 3	(IF GIFT PUT 0) 1 2 3	Yes...1 No...2 (>>7)	(IF GIFT PUT 0) AMOUNT	Yes...1 No...2 (>>Next Item)	AMOUNT	Business slump....1 Debt repayment....2 Taxes too high....3 Moving business....4 Upgrading assets...5 Other.....6 (SPECIFY)
FIRST ENTERPRISE			VALUE	YEARS	VALUE					
Buildings	1									
Lands	2									
Equipment/tools/ Machinery	3									
Bicycles	4									
Cart	5									
Cars	6									
Boats	7									
Other Vehicles	8									
Other (SPECIFY)	9									

SECTION 10: NON-FARM ENTERPRISES

PART C: ASSETS OF SECOND ENTERPRISE

Now I would like to ask you about the assets held by your.... (SECOND ENTERPRISE). Please do not include assets belonging to the household or to any other enterprises in the household.

ITEM	CODE	1.	2.	3.	4.	5.	6.	7.	8.	9.
		Does this enterprise own.....?	For how much would you be able to sell... today?	How long ago did you obtain this.....?	What was the price paid when..... was purchased?	Did the enterprise obtain any..... during the last 12 months?	How much did the enterprise pay for thethat was purchased during the last 12 months?	Did the enterprise sell any... during the past 12 months?	How much did the enterprise receive from the sale of..... during the past 12 months?	Why was.....sold?
		Yes...1 No....2 (>>Next Item)		LESS THAN ONE YEAR: 90 AND >> 6	(IF GIFT PUT 0)	Yes..1 No...2 (>>7)	(IF GIFT PUT 0)	Yes..1 No...2 (>>Next Item)		Business slump....1 Debt repayment....2 Taxes too high....3 Moving business....4 Upgrading assets...5 Other.....6 (SPECIFY)
			VALUE	YEARS	1 2 3	1 2 3	VALUE	AMOUNT	AMOUNT	
SECOND ENTERPRISE										
Buildings	1									
Lands	2									
Equipment/tools/ Machinery	3									
Bicycles	4									
Cart	5									
Cars	6									
Boats	7									
Other Vehicles	8									
Other (SPECIFY)	9									

SECTION 10: NON-FARM ENTERPRISES

PART C: ASSETS OF THIRD ENTERPRISE

Now I would like to ask you about the assets held by your.... (THIRD ENTERPRISE). Please do not include assets belonging to the household or to any other enterprises in the household.

ITEM	CODE	1.	2.	3.	4.	5.	6.	7.	8.	9.
		Does this enterprise own.....?	For how much would you be able to sell... today?	How long ago did you obtain this.....?	What was the price paid when..... was purchased?	Did the enterprise obtain any..... during the 12 months?	How much did the enterprise pay for the..... that was purchased during the last 12 months?	Did the enterprise sell any... during the past 12 months?	How much did the enterprise receive from the sale of..... during the past 12 months?	Why was..... sold?
		Yes...1 No...2 (->Next Item)		LESS THAN ONE YEAR: 90 AND >> 6	(IF GIFT PUT 0)	Yes..1 No...2 (->7)	(IF GIFT PUT 0)	Yes..1 No...2 (->Next Item)		Business slump....1 Debt repayment....2 Taxes too high....3 Moving business....4 Upgrading assets...5 Other.....6 (SPECIFY)
			VALUE	YEARS	1 2 3	VALUE		AMOUNT	AMOUNT	
THIRD ENTERPRISE										
Buildings	1									
Lands	2									
Equipment/tools/ Machinery	3									
Bicycles	4									
Cart	5									
Cars	6									
Boats	7									
Other Vehicles	8									
Other (SPECIFY)	9									

SECTION 10: NON-FARM ENTERPRISES

PART D: REVENUE OF ENTERPRISE

IF RESPONDENT ANSWERED 'YES' TO PART B Q.1 BEGIN AT Q.1

IF 'NO' TO PART B Q.1, START AT Q.6. CARE MUST BE TAKEN TO ENSURE THAT THE RESPONSES REFER TO GROSS RECEIPTS.

OPERATING SINCE THE LAST TWO WEEKS					NOT OPERATING SINCE THE LAST TWO WEEKS							
1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	11.	12.	13.
Since the last 2 weeks how much money has been received from the sale of goods and services by this enterprise?	Since the last 2 weeks, has this enterprise received payments in the form of goods and services?	What was the estimated amount of these payments?	Since the last 2 weeks, have any of the goods and services produced by this enterprise been consumed by the household members instead of being sold?	What was the value of the products consumed by the household since the last 2 weeks?	How much money is usually received by this enterprise during a 2-week period?	Does the enterprise usually receive payments in the form of goods and services?	What is the usual value of the payments in the form of goods and services during any two week period?	Are some of the goods and services produced by this enterprise usually consumed by the household instead of being sold?	What is the value of the products usually consumed by the household instead of being sold over a two week period?	Did you rent out any land, building, equipment or machinery owned by the enterprise during the past 12 months?	How much did you receive?	How do the gross receipts of this enterprise over the past 12 months compare with the gross receipts for the preceding year?
AMOUNT	Yes..1 No...2 (>>4)	AMOUNT	Yes..1 No...2 (>>11)	VALUE +----+ >>11 +----+	AMOUNT	Yes..1 No...2 (>>9)	VALUE	Yes..1 No...2 (>>11)	VALUE	Yes..1 No...2 (>> 13)	VALUE	THIS YEAR'S IS: Higher.....1 Lower.....2 No difference...3 N/A.....4
1												
2												
3												

SECTION 10: NON-FARM ENTERPRISES

PART E: NET INCOME AND INVENTORY OF ENTERPRISE

1.		2.		After deducting the business expenditures, do you usually use the money from this enterprise:								9.		10.				
How much money from this enterprise usually goes to the household?		How much money from this enterprise usually goes to you personally?		3. For payment to other household?		4. What is the amount?		5. For savings for the enterprise?		6. What is the amount?		7. For any other purpose?		8. What is the total amount?		Does your business have stocks of products or goods not yet sold?		What is the current value of all unsold goods?
AMOUNT	TIME UNIT	AMOUNT	TIME UNIT	Yes..1 No...2 (> 5)	AMOUNT	TIME UNIT	Yes..1 No...2 (> 7)	AMOUNT	TIME UNIT	Yes..1 No...2 (> 9)	AMOUNT	TIME UNIT	Yes..1 No...2 (> Next Enterprise)	AMOUNT	TIME UNIT	AMOUNT	TIME UNIT	VALUE
1																		
2																		
3																		

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

SECTION 11: INCOME TRANSFERS AND MISCELLANEOUS INCOME AND EXPENDITURES
 PART B: INCOME FROM TRANSFERS

RESPONDENT: HOUSEHOLD HEAD OR MAIN RESPONDENT

1. During the past 12 months, has this household received or collected money or goods from..... (NAME OF ABSENT HOUSEHOLD MEMBER)?	2. During the past 12 months, has this household received or collected money or goods from any other individual?
Yes..1 No...2	Yes..1 No...2 (IF ANSWERS TO Q.1 AND Q.2 ARE NO, >> PART C)

NOTE: TRANSFERS IN THIS SECTION SHOULD NOT INCLUDE PAYMENTS MADE TO THE HOUSEHOLD FOR GOODS AND SERVICES OR FOR WORK DONE BY THE HOUSEHOLD. THESE INCOMES SHOULD BE COVERED IN SECTIONS 4, 8 OR 10.

3. LIST EACH PERSON'S NAME FROM WHOM HOUSEHOLD RECEIVED MONEY OR GOODS.	4. ID CODE IF PERSON IS AN ABSENT MEMBER OF THE HOUSEHOLD	5. RELATIONSHIP		6. SEX	7. Were these remittances made on a regular basis?	8. Will you have to repay these?	9. What was the total amount of the cash received from this individual during the past 12 months?	10. What was the total value of food received from this individual during the last 12 months?	11. What was the value of other goods (non food items) received from this individual during the last 12 months?	12. Where does this individual live?	
		Parent.....1	Male.....1	Spouse.....2	Female.....2	Child.....3	Weekly.....1				This village/town.....1
		Brother/Sister...4		Other relative...5		Non-relative.....6	Monthly.....2				Accra.....2
							Quarterly.....3				Kumasi.....3
							Annually.....4				Sekondi/Takoradi....4
							No.....5	Yes..1			Tamale.....5
							Other.....6	No...2			Other urban.....6
							(SPECIFY)				Rural.....7
											Abroad (Africa).....8
											Abroad (other).....9
								AMOUNT	VALUE	VALUE	

SECTION 11: INCOME TRANSFERS AND MISCELLANEOUS INCOME AND EXPENDITURES

PART C: MISCELLANEOUS INCOME

During the past 12 months, how much income in cash or in kind, did the household receive from the following sources?

FROM CENTRAL GOVERNMENT			FROM OTHER SOURCES		
1.	2.	3.	4.	5.	6.
Social Security	State Pension	Other (SPECIFY)	Retirement benefits	Dowry or inheritance	Other (SPECIFY) (exclude susu)
AMOUNT	AMOUNT	AMOUNT	AMOUNT	VALUE	AMOUNT

PART D: MISCELLANEOUS OUTGOINGS (EXPENDITURES)

During the past 12 months, how much did the household spend (in cash and in kind) on:

1.	2.	3.	4.	5.
Taxes e.g. T.V. Licence Property Tax etc.	Contributions to self-help projects	Weddings, Dowry, Funerals or other Ceremonies	Gifts and Presents (excluding those mentioned as transfers)	Other miscellaneous expenditures (specify) (Exclude Susu)
AMOUNT	AMOUNT	VALUE	VALUE	AMOUNT

SECTION 12: CREDIT, ASSETS AND SAVINGS

RESPONDENT: THE HEAD OF HOUSEHOLD OR MAIN RESPONDENT

PART A: CREDIT

(INTERVIEWER: ENSURE THAT THE FULL LIST OF CREDIT ARRANGED BY THE HOUSEHOLD IS ENUMERATED HERE, INCLUDING ITEMS OF CREDIT ALREADY LISTED IN SECTIONS 8 AND 10)

1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	11.	12.
Does any member of the household owe money or goods to another person, institution, or business?	During the last 12 months, has any loan been fully repaid by any member of the household?	L O A N	Which household member obtained the loan?	What is the source of this loan? FORMAL FINANCIAL INSTITUTIONS State Bank.....1 Private Bank.....2 Cooperative.....3 Govt. Agency.....4 NGO's.....5 Business Firm.....6 Other Formal Specify.....7 INFORMAL CREDIT MARKETS Money Lender.....8 Trader.....9 Farmer.....10 Relative/Friend/ Neighbour.....11 Other Informal...12 (SPECIFY)	What was the total amount of the original loan?	For what purpose was the loan contracted?	What kind of guarantee was required by the lender?	How much of the loan has been repaid during the past 12 months (include charges and interest and any payment in kind)?	During the last 12 months has any member of the household tried to obtain a loan and been refused?	MEMBER'S ID	Why was the loan refused?
Yes...1 No...2	Yes...1 No...2 NA...3(>> 10) IF ANSWER TO Q.1=2 AND Q.2=1 >> 10	N U M B E R								Yes....1 No....2 (>> Part B)	Insufficient income.....1 Insufficient collateral security.....2 Previous debt problems.....3 Inappropriate purpose of loans.....4 Other.....5 (SPECIFY) (>>Part B)
			MEMBER ID		AMOUNT			AMOUNT			
		1									
		2							//////////		
		3							//////////		
		4							//////////		
		5							//////////		
		6							//////////		

SECTION 12: CREDIT, ASSETS AND SAVINGS
PART B: ASSETS AND DURABLE CONSUMER GOODS

PART C: SAVINGS (INCLUDE SUSU)

ITEM	CODE	1. Does any member of the household own?			2. How long ago was obtained? LESS THAN ONE YEAR: 90.			3. What was its purchase price? IF GIFT PUT ZERO			4. For how much could you sell it now?			5. Does any member of the household have a savings account in cedis or participate in Susu? Yes..1 No...2 (END INTERVIEW)				
		ITEM			ITEM			ITEM										
		1	2	3	1	2	3	1	2	3	1	2	3	MEMBER ID	AMOUNT	AMOUNT	AMOUNT	
		YEARS			AMOUNT			VALUE										
Furniture	301												2.					
Sewing machine	302												ITEM NUMBER	3.				
Stove	303																	
Refrigerator/Freezer	304																	
Air conditioner	305																	
Fan	306																	
Radio	307												1					
Radio cassette	308												2					
Record player	309												3					
3-in-one Radio cassette recorder	310												4					
Video Equipment	311												5					
Washing machine	312												6					
TV	313																	
Camera	314																	
Iron (Electric)	315																	
Bicycle	316																	
Car	317																	
House	318																	
Land/Plot	319																	
Shares	320																	
Boat	321																	
Canoes	322																	
Outboard motor	323																	