

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 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	
		SUPERVISOR: _____ DATE: _____	
PRIMARY LANGUAGE AKAN.....1 GA-ADANGBE...3 HAUSA...6 OTHER (SPECIFY)...8 OF HEAD: EWE.....2 DAGBANI.....4 NZEMA...7		REMARKS: _____	
LANGUAGE ENGLISH.1(END)GA-ADAGBE.4 NZEMA...7 INTER- YES.1 USED BY THE AKAN...2 DAGBANI...5 OTHER...8 + PRETER? NO..2		REINTERVIEW YES..1 BY SUPERVISOR? NO...2	
RESPONDENT: EWE.....3 HAUSA.....6 (SPECIFY)			
REMARKS: _____		THIRD VISIT	
		INTERVIEWER: _____ DATE: _____	
		REMARKS: _____	
FIRST VISIT		VERIFICATION OF QUESTIONNAIRE, THIRD VISIT	
INTERVIEWER: _____ DATE: _____		SUPERVISOR: _____ DATE: _____	
REMARKS: _____		REMARKS: _____	
		REINTERVIEW YES..1 BY SUPERVISOR? NO...2	

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

03

SUMMARY OF SURVEYS RESULTS (URBAN EAS)

VISIT SECTION		VISITS		CHECK-UP	VISIT		SUPERVISOR		CORRECTED	
		DATE	RESULT		DATE	RESULT	INTERVIEWER	DATA ENTRY OPERATOR	IN OFFICE...1	DURING NEXT
			COMPLETE...1			COMPLETE...1	SATISFACTORY...1	SATISFACTORY.1	VISIT...2	VISIT...2
		DAY MONTH YEAR	NOT APPLIC..3	DAY MONTH YEAR		PARTIAL...2	TO BE COMPLETED.2	CORRECTIONS..2	UP VISIT...3	DURING CHECK
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									

SUMMARY OF SURVEYS RESULTS (RURAL EAS)

VISIT SECTION		VISITS		CHECK-UP	VISIT		SUPERVISOR		CORRECTED	
		DATE	RESULT		DATE	RESULT	INTERVIEWER	DATA ENTRY OPERATOR	IN OFFICE...1	DURING NEXT
			COMPLETE...1			COMPLETE...1	SATISFACTORY...1	SATISFACTORY.1	VISIT...2	VISIT...2
		DAY MONTH YEAR	NOT APPLIC..3	DAY MONTH YEAR		PARTIAL...2	TO BE COMPLETED.2	CORRECTIONS..2	UP VISIT...3	DURING CHECK
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 SIXTH VISIT	
REMARKS BY THE SUPERVISOR ON THE FIRST VISIT		REMARKS BY THE INTERVIEWER ON THE SEVENTH VISIT	
REMARKS BY THE INTERVIEWER ON THE SECOND VISIT		REMARKS BY THE SUPERVISOR ON THE SEVENTH VISIT	
REMARKS BY THE SUPERVISOR ON THE SECOND VISIT		REMARKS BY THE INTERVIEWER ON THE EIGHTH VISIT	
REMARKS BY THE INTERVIEWER ON THE THIRD VISIT		REMARKS BY THE SUPERVISOR ON THE EIGHTH VISIT	
REMARKS BY THE SUPERVISOR ON THE THIRD VISIT		REMARKS BY THE INTERVIEWER ON THE NINETH VISIT	
REMARKS BY THE INTERVIEWER ON THE FOURTH VISIT		REMARKS BY THE SUPERVISOR ON THE NINETH VISIT	
REMARKS BY THE SUPERVISOR ON THE FOURTH VISIT		REMARKS BY THE INTERVIEWER ON THE TENTH VISIT	
REMARKS BY THE INTERVIEWER ON THE FIFTH VISIT		REMARKS BY THE SUPERVISOR ON THE TENTH VISIT	
REMARKS BY THE SUPERVISOR ON THE FIFTH VISIT		REMARKS BY THE INTERVIEWER ON THE ELEVENTH VISIT	
REMARKS BY THE INTERVIEWER ON THE SIXTH VISIT		REMARKS BY THE SUPERVISOR ON THE ELEVENTH VISIT	

HOUSEHOLD ROSTER

I D	A	B	N A M E S		I D
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U	E	G			U
M	M	E			M
B	B				B
E	E				E
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V I S I T 1

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

 INTERVIEWER WRITE

Respondent Name: _____

ID Code: _____

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

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

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

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

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

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

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

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

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

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

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

IF THE RESPONDENT HAS ANY DIFFICULTY WITH AGE OR DATE OF BIRTH (questions 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

[illegible]

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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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? None0 MSLC/BECE ... 1 Comm/Voc 2 T/T Cert A....3 T/T Cert B....4 O'level5 A'Level6 Tec/Prof Cert .7 Tec/Prof Cert .8 Bachelor9 Master10 Doctorate11 Other12	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? Father1 Mother 2 Both 3 Other household member4 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? AMOUNT	18. Have you left school now? Yes ..1 No .. .2
						HOURS	MINUTES	7. School and registration fee?	8. Contributions to parent/Teachers associations?	9. Uniforms and Sport clothes	10. Books and school supplies	11. Transportation to and from school	12. Food, board and lodging at school	13. Other expenses (clubs extra classes)	14. Other in-kind expenses				
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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? None.....0 P1.....1 P2.....2 P3.....3 P4.....4 P5.....5 P6.....6	20. Did you have an interruption for a term or more during your primary studies? Yes...1 No...2 (>>23)	21. For how long was the interruption? YEARS MONTHS	22. What was the reason for the interruption? Financial...1 Ill Health...2 Dismissal...3 Other.....4 (SPECIFY)	23. Did you ever repeat any class of primary schooling? Yes...1 No...2 (>>25)	24. How many times altogether did you repeat classes in your primary schooling? NUMBER OF TIMES	25. Was the primary school you last attended public or private? Public.....1 Private.....2	26. Have you ever attended a middle school or secondary school? Yes...1 No...2 (>>32)	27. What was the highest form completed? 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	28. Did you ever repeat a form? Yes...1 No...2 (>>30)	29. How many times altogether did you repeat forms? 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?	31. Was the school you last attended public or private?	32. Have you ever attended technical and/or vocational school?	33. How many course - years did you complete?	34. What was the highest qualification you achieved?	35. Was the technical or Vocational school you last attended public or private?	36. Have you ever attended a tertiary educatio- nal insti- tution that is a University or College?	37. How many years did you attend?	38. What was the last institution attended?	39. What was the highest qualifica- tion you achieved?
None.....0 MSLC/JSS.....1 O'Level.....2 A'Level.....3 T/T Cert B.....4 T/T Cert A.....5	Public.....1 Private.....2		None.....0 Course 1.....1 Course 2.....2 Course 3.....3 Course 4.....4	None.....0 NVTI.....1 City & Guilds...2 Other.....3 (SPECIFY)	Public.....1 Private.....2			Advanced/Specialist Teacher training.....1 Polytechnic.....2 University.....3 Other.....4 (SPECIFY)	Specialist list.....1 Diploma.....2 Bachelor.....3 Masters.....4 Doctorate.....5 Other..... (SPECIFY)
		Yes...1 No....2 (>> 36)				Yes...1 No....2 (>> 48)	YEARS		+-----+ (>> 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.....0	None available.....1			Carpentry...1					Clerical....1	
Akan.....1		Akan.....1		Akan.....1			Unsuitable time.....2			Masonry....2					Prof/Managerial...2	
Ewe.....2		Ewe.....2		Ewe.....2			No child's caretaker...3	Yes, currently.1		Tailoring...3					Computer....3	
Ga Adangbe...3		Ga Adangbe...3		Ga Adangbe...3			No household chores caretaker.....4	Yes, in past...2		Black-smithing...4					Marketing...4	
Yes..1	Dagbani.....4	Yes..1	Dagbani.....4	Yes..1	Yes..1	+++++	No business caretaker....5	No.....3		Electronics/ Mechanical.5	Yes, in kind..1			Teaching...5		
No...2	Hausa.....5	No...2	Hausa.....5	No...2	No...2	> 48	Other.....6	(> 53)		Electricals. in cash..2	Yes..1			Leadership...6		
	Nzema.....6		Nzema.....6			+++++				Painting/ Both.....3	No...2			Medicine....7		
	Other.....7		Other.....7							Spraying...7	No...4	Yes..1		Other.....8		
	(SPECIFY)		(SPECIFY)							Other.....8		No...2	(>> NEXT MEMBER)	(SPECIFY)		
						YEARS MONTHS			YEARS MONTHS				MONTHS			
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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?	8. In the past 2 weeks, whom did you consult?	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		Yes...1 No...2 (>> 6)		Yes...1 No...2 (>> Part B)	THE MOST RECENT IF MORE THAN 1 Check up.....1 Illness.....2 Injury.....3 Vaccination.....4 Prenatal care....5 Postnatal care...6	IF MORE THAN 1 CONSULTATION RECORD 1ST THREE 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	Hospital....1 Dispensary..2 Pharmacy...3 Clinic.....4 Maternity.....5 Home.....6 Public.....1 Private.....2 Consultant's Home.....7 Patient's Home.....8 Other.....9 (SPECIFY)		
DAYS							1 2 3			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?	
	Yes...1 No...2 (>>8)	Yes...1 No...2 (>>4)	Type of vaccination				Type of vaccination								
			DPT	POLIO	MEASLES	BCG	DPT	POLIO	MEASLES	BCG					
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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?	2. How many times did (NAME) go there for consultations in the last 12 months?	3. Did you have to pay for consultations?	4. How much did you usually pay for one consultation?	5. Does (or did) the mother breastfeed (NAME)?	6. At what age did you wean (NAME)? REPORT IN MONTHS	7. At what age did (NAME) receive any liquid (except pure water) or food other than breastmilk?	8. Does (NAME) participate in a community feeding program?	9. Who usually looks after (NAME) during daytime? WRITE ID OF HOUSEHOLD MEMBER OR WRITE 98 IF NOT A HOUSEHOLD MEMBER
	Yes...1 No....2 (>>5)		Yes..1 No...2 (>>5)	AMOUNT	Yes..1 No...2 (>>8)	Still breastfeeding..87 MONTHS	Not yet.....87 MONTHS	Yes..1 No...2	ID
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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.

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	
ID OF PERSON VIEWED	Have you ever been INTER. pregnant?	Have you ever given birth to any child?	How many girls have you given birth to?	How many boys have you given birth to?	I would like to make sure you have given birth to..	How many girls are still alive?	How many boys are still alive?	Did you have any pregnancy which did not end in a live birth?	How many of those pregnan- cies did you have?	Are you pregnant now?	During the past 12 months have you been pregnant?	How did this pregnancy end?	Is that child still alive?	Are you now breast-feeding?	During this pregnancy did you receive any pre-natal care?	From whom did you receive that care?
					TOTAL NUMBER OF CHILDREN (Q.3+Q.4)							Live birth....1 Still birth....2 (7=months,>=15) Miscarriage.....3 (>=15) Other.....4 (SPECIFY)		Yes...1 No....2		Prenatal clinic/ private.....1 Prenatal clinic/ public.....2 Doctor.....3 Traditional birth attendant.....4 Other.....5 (SPECIFY)
	Yes..1 No...2 (>> 20)	Yes..1 No...2 (>> 8)						Yes..1 No...2 (>> 10)		Yes..1 (>> 15) No...2	Yes..1 No...2 (>> 20)		Yes..1 No...2 (>> 15)	CHECK PART C Q.6	Yes..1 No...2 (>> 19)	LIST 2 MOST IMPORTANT SOURCES
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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 No....2 (>> Part G,Q,5)		Yes...1 No...2 (>> Part B)		Yes...1 No...2 (>> PartB)			
	MAIN OCCUPATION				CODE	OCC. 2 CODE OCC. 3 CODE OCC. 4 CODE OCC. 5 CODE					OCCUPATION NUMBER
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[15]											

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 _____1 Job completed...2 Seasonal work ...3 Firm closed ...4 Found/preferred other work ...5 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		
01																	
01																	
03																	
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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 accomoda- 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?	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	Yes..1 No...2 (>> 20)	VALUE TIME UNIT	Yes..1 No...2 (>> 22)	VALUE TIME UNIT	Yes..1 No...2 (>> 24)	VALUE TIME UNIT	Yes..1 No...2 (>> 26)	VALUE TIME UNIT	Yes..1 No...2 (>> 29)	KMS	NUMBER OF TRIP 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 organiza- tion 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 Internation- al 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 AMOUNT TIME UNIT
NUMBER									MONTHS	WEEKS	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 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? WRITE NAME OF INDUSTRY.	2. How long have you been doing this work altogether?	3. Are you still doing the same work?	4. Why are you not doing the same work? Sacked from job.....1 Completed job...2 Seasonal work...3 Firm closed....4 Found/preferred other work.....5 Other.....6 (SPECIFY)	5. Did your father or mother do the same kind of work? Yes...1 No...2	6. During the past 12 months, for how many weeks did you do this work?	7. During these weeks, how many hours per week did you normally work?	8. Did you work on this job at the same time as your main job? IF YES How long did you do both together? IF NO WRITE 00	9. Have you received or will you receive money for this work? Yes...1 No...2 (>> 12)	10. What is the amount? (Include any bonuses, commissions, allowances, or tips received) AMOUNT	11. The last time you received this money, how many hours did you actually work in earning it? ANSWER MUST BE IN THE SAME TIME UNIT AS Q.10 TIME UNIT	12. 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 D) No...2	13. For whom did you work? Government....1 State-owned company.....2 Private company or business.....3 Other.....4 (SPECIFY)	14. Are taxes already deducted from your pay? Yes...1 No...2	
NAME OF INDUSTRY	CODE	YEARS MONTHS	No...2	No...2	WEEKS	HOURS	WEEKS	(>> 12)			HOURS			
[01]														
[02]														
[03]														
[04]														
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[15]														

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 (>>22) No...2	KMS	NUMBER OF TRIPS TIME UNIT		Yes...1 No....2	Yes..1 No...2	Yes..1 No...2	Yes..1 No...2	Yes..1 No...2 (>>Part D)	MONTHS WEEKS
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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.) 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	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	
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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 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 toge- ther? 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 TIME UNIT	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 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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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, commissions, allowances, or tips received.) AMOUNT TIME UNIT	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 HOURS	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? VALUE TIME UNIT
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[14]													
[15]													

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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FROM PART A, Q.4

5. Did you want to work during the last 12 months? Yes...1 No...2 (>>Part H, Q.5)	6. During the past 12 months, how many weeks were you available for work? WEEKS	7. During the past 12 months, how many weeks did you actively look for work? IF ANSWER IS SAME AS Q.6, (>>Q.9) WEEKS	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		

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 Other occ. ...6 Not working...7 (>>5) IF ANSWER=6, CHECK THAT PARTS B-F ARE FILLED OUT.	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]												
[02]												
[03]												
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[14]												
[15]												

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

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 occupa- tion before you were employed in... (MAIN OCCU- PATION 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
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02									
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Now, I would like to ask you about time spent on housekeeping activities in the household.

	1. Have you spent any time in the last 7 days fetching wood for the household?	2. How many hours in the last 7 days did you spend fetching wood including travel time?	3. Have you spent any time in the last 7 days fetching water for the household?	4. How many hours in the last 7 days did you spend fetching water including travel time?	5. Have you spent any time in the last 7 days doing other house- keeping activities, such as cooking, cleaning, laundry, shopping, child care?	6. How many hours in the last 7 days have you spent on these housekeeping activities?
	Yes...1 No...2 (>>3)		Yes...1 No...2 (>>5)		Yes...1 No...2 (>>Next person)	(>>Next person)
		HOURS		HOURS		HOURS
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BSECTION 5: MIGRATION

RESPONDENTS ARE ALL HOUSEHOLD MEMBERS 15 YEARS OR OLDER

1. ID OF PERSON INTERVIEWED	2. Where you born here?	3. Have you always lived in this village/town?	4. Have you ever moved away from this village / town?	5. How many years ago did you first move away?	6. How long have you lived in this village/town since you last returned?	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	REG
												Wes
												Cen
												Gr.
												Eas
												Vol
												Ash
												B/A
												Nor
												U/W
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												B/F
												C/I
												Mal
												Nig
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13. In that job were you mainly working for regular pay?	14. Whom were you working for?	15. What was the main reason for moving from (NAME OF PLACE, Q.7)?	16. Did you move because you lost a job or your business was not profitable?	17. How long did you live in (NAME OF PLACE, Q.7)?
Yes..1 No...2 (>>15)	Government...1 State owned company.....2 Private company or business.....3 Other.....4 (SPECIFY)	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)	Yes, lost job....1 Yes, business unprofitable....2 Yes, both.....3 No.....4	YEARS MONTHS
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SECTION 6: IDENTIFICATION OF RESPONDENTS FOR SECTIONS 8, 9 AND 10
QUESTIONS TO BE ASKED TO THE HEAD OF HOUSEHOLD

1. Does any member of the household own or operate a farm or keep livestock?

Yes...1
No...2 (>>3)

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

NAME	ID	
		TRANSFER THESE NAMES TO THE AGRICULTURE SECTION 8 PART A.

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

Yes...1
No...2

IF Q1.= 1 AND Q3.= 2 >>5
IF Q1.= 2 AND Q3.= 2 >>6

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

NAME	ID	PROCESSING ACTIVITY	
			TRANSFER THESE NAMES TO THE AGRICULTURE SECTION 8 PART G.

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

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

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

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

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

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

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

ENTERPRISE/ACTIVITY NAME	INDUSTRY CODE	PERSON RESPONSIBLE	ID

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

ENTERPRISE/ACTIVITY NAME	INDUSTRY CODE	ID OF PERSON RESPONSIBLE	
1			TRANSFER THESE NAMES TO THE NON-FARM ENTERPRISES SECTION 10
2			
3			

INTERVIEWER: REMEMBER TO MAKE AN APPOINTMENT WITH ALL PERSONS IDENTIFIED IN QUESTIONS 2,4, 5,6, AND 8, FOR THEM TO BE PRESENT AT THE APPROPRIATE VISIT.

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)

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

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

(FROM SECTION 6)

ID

PERSON INTERVIEWED - ID -

LAND

1. Does any member of the household own any land (including land outside this area)

2. Did any member of the household own any land in the last 12 months?

Yes..1 (>>3)

No...2

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

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.	14.	15.	16.	17.	18.	19.				
Was any land rented out in the last 12 months?	How much land was rented out in the last 12 months?	For how much? (Incl. payment in kind).	Was any land given out for sharecropping in the last 12 months?	How much land was given out for sharecropping in the last 12 months?	How much did your household receive from this (incl. payment in kind)?	What proportion of the harvest is received by the household?				
USE UNIT OF Q.3			Yes..1 No...2 (>>16)	USE UNIT OF Q.3	VALUE	%	1/2.....50		ACRES.....1	
		VALUE					1/3.....33		POLES.....2	
							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

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

LIVESTOCK

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

Yes..1 No...2 (>>32)	+-----+																				
	+-----+	21.	22.	23.	24.	25.	26.	27.	28.	29.	30.	31.	33.	34.	35.	36.	37.	38.	39.	40.	
		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 total value of the purchases?	Did you rent out any animals during the last 12 months?	How much did you receive from renting animals?	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?	
		Yes..1 No...2 (>>Next line)			Yes..1 No...2 (>>27)			Yes..1 No...2 (>>30)			Yes..1 No...2 (>>Next line)		Yes..1 No...2 (>>Next item)	IF GIFT WRITE 99 (>> 36)			Yes..1 No...2 (>>39)		Yes..1 No...2 (>>39)		
		AMOUNT			AMOUNT		VALUE	VALUE		VALUE		AMOUNT	YEARS	VALUE	VALUE		VALUE	Next Item	VALUE		
													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							

I would like to list all

LIST ALL THE FARMS FOR EACH HOLDER, STARTING WITH THOSE THAT WERE CULTIVATED 12 MONTHS AGO AND THEN ADDING THOSE THAT WERE PLANTED DURING THE YEAR. FINALLY, LIST ANY FARMS OWNED BY THE HOUSEHOLD WHICH HAVE REMAINED FALLOW FOR THE 12 MONTH PERIOD. EACH HOLDER: GO RIGHT ACROSS PART C, C(1) AND C(2)

CROP LIST	
Avocado Pear.....	34
Bananas.....	07
Beans/Peas.....	28
Colanrut.....	11
Cocoyam.....	20
Cocunut.....	04
Coffee.....	02
Cotton.....	13
Cassava.....	01
Cassava.....	01
G'nut/Peanut.....	14
Guinea Corn.....	
Sorghum/Millet.....	27
E.g/egg plant.....	24
Leafy vegetables.....	30
Kenef.....	12
Mango.....	35
Maize.....	22
Oil palm.....	05
Okro.....	06
Other fruit trees.....	09
Other vegetables.....	31
Other crops.....	32
Onion.....	03
Oranges.....	38
Pineapple.....	16
Plantain.....	06
Pepper.....	39
Pawpaw.....	36
Potatoes.....	21
Sweet potatoes.....	21
Rice.....	23
Rice.....	23
Sugar cane.....	17
Tobacco.....	20
Tomatoes.....	25
Woods.....	10
Yam.....	25

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+-----+
| PROPORTION CODES

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2/3.....	67
1/2.....	50
1/3.....	33
1/4.....	25
1/5.....	20

Now I would like to ask some questions about all the crops that have been harvested in the last 12 months, first the grains, then other field crops.

[illegible]

CROP LIST FOR C1	
Cocoa.....	01
Coconut.....	04
Coffee.....	02
Cotton.....	13
Kenef.....	12
Rubber.....	03
Wood.....	10
G'nut/Peanut..	14
Maize.....	22
Rice.....	23
Sorghum/Millet/	
Guinea Corn...	24
Beans/Peas...	28
Tobacco.....	15
Sugar Cane....	37
Other Crops....	32
UNIT CODE	
POUNDS.....	*01
KILOGRAM.....	*02
TON.....	*03
MINIBAG.....	*04
MAXIBAG.....	*05
SHEET.....	06
BASKET.....	07
BOWL.....	08
AMERICAN TIN..	*09
TREE.....	10
STICK.....	11
BUNDLE.....	12
BARREL.....	13
LITTER.....	*14
GALLON.....	*15
BEER BOTTLE....	*16
BUNCH.....	17
NUT.....	18
FRUITS.....	19
LOG.....	20
BOX.....	21
MARGARINE TIN..	*22
Tubers.....	23
Fingers.....	24
All.....	25

PART C(2): HARVEST AND DISPOSAL OF CROPS - CONTINUED -

RESPONDENTS: ALL FARMERS

+	Cola Nut.....	11
-	Mango.....	35
+	Oil Palm.....	05
-	Oranges.....	08
-	Pawpaw.....	36
-	Plantains.....	06
-	Other Fruit Trees.....	09
-	Cassava.....	18
-	Cocoyam.....	20
-	Onion.....	33
-	Swt. Potatoes/ Potatoes.....	21
-	Yam.....	19
-	G.eggs/Egg Plant.....	27
-	Leafy vegetables.....	30
-	Okro.....	26
-	Pepper.....	29
-	Tomatoes.....	25
-	Other Vegetables.....	31
-	Pineapple.....	16

Pounds.....	*01
Kilogram.....	*02
Ton.....	*03
Minibag.....	*04
Maxibag.....	*05
Sheet.....	.06
Basket.....	.07
Bowl.....	.08
American Tin.....	.09
Tree.....	.10
Stick.....	.11
Bundle.....	.12
Barrel.....	.13
Liter.....	*14
Gallon.....	*15
Beer Bottle.....	*16
Bunch.....	.17
Nut.....	.18
Fruits.....	.19
Log.....	.20
Box.....	.21
Magrine Tin.....	.22
Tube.....	.23
Fingers.....	.24
All.....	.25

[illegible]

SECTION 8: AGRICULTURE
PART D: SEASONALITY OF SALES AND PURCHASES (KEY STAPLES ONLY). RESPONDENT IS MAIN HOLDER ONLY.

INDICATE WITH A '1' THE MONTHS IN WHICH HARVEST, SALES AND PURCHASES MAINLY TAKE PLACE.

		H A R V E S T												S A L E S												C O N S U M P T I O N												S T O C K S				UNIT CODE																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																										
CROP	1.	2.	3.												4.	5.												6.	7.												8.		9.		10.		11.		12.		13.		14.		15.		16.		17.		18.		19.		20.		21.		22.		23.		24.		25.		26.		27.		28.		29.		30.		31.		32.		33.		34.		35.		36.		37.		38.		39.		40.		41.		42.		43.		44.		45.		46.		47.		48.		49.		50.		51.		52.		53.		54.		55.		56.		57.		58.		59.		60.		61.		62.		63.		64.		65.		66.		67.		68.		69.		70.		71.		72.		73.		74.		75.		76.		77.		78.		79.		80.		81.		82.		83.		84.		85.		86.		87.		88.		89.		90.		91.		92.		93.		94.		95.		96.		97.		98.		99.		100.		101.		102.		103.		104.		105.		106.		107.		108.		109.		110.		111.		112.		113.		114.		115.		116.		117.		118.		119.		120.		121.		122.		123.		124.		125.		126.		127.		128.		129.		130.		131.		132.		133.		134.		135.		136.		137.		138.		139.		140.		141.		142.		143.		144.		145.		146.		147.		148.		149.		150.		151.		152.		153.		154.		155.		156.		157.		158.		159.		160.		161.		162.		163.		164.		165.		166.		167.		168.		169.		170.		171.		172.		173.		174.		175.		176.		177.		178.		179.		180.		181.		182.		183.		184.		185.		186.		187.		188.		189.		190.		191.		192.		193.		194.		195.		196.		197.		198.		199.		200.		201.		202.		203.		204.		205.		206.		207.		208.		209.		210.		211.		212.		213.		214.		215.		216.		217.		218.		219.		220.		221.		222.		223.		224.		225.		226.		227.		228.		229.		230.		231.		232.		233.		234.		235.		236.		237.		238.		239.		240.		241.		242.		243.		244.		245.		246.		247.		248.		249.		250.		251.		252.		253.		254.		255.		256.		257.		258.		259.		260.		261.		262.		263.		264.		265.		266.		267.		268.		269.		270.		271.		272.		273.		274.		275.		276.		277.		278.		279.		280.		281.		282.		283.		284.		285.		286.		287.		288.		289.		290.		291.		292.		293.		294.		295.		296.		297.		298.		299.		300.		301.		302.		303.		304.		305.		306.		307.		308.		309.		310.		311.		312.		313.		314.		315.		316.		317.		318.		319.		320.		321.		322.		323.		324.		325.		326.		327.		328.		329.		330.		331.		332.		333.		334.		335.		336.		337.		338.		339.		340.		341.		342.		343.		344.		345.		346.		347.		348.		349.		350.		351.		352.		353.		354.		355.		356.		357.		358.		359.		360.		361.		362.		363.		364.		365.		366.		367.		368.		369.		370.		371.		372.		373.		374.		375.		376.		377.		378.		379.		380.		381.		382.		383.		384.		385.		386.		387.		388.		389.		390.		391.		392.		393.		394.		395.		396.		397.		398.		399.		400.		401.		402.		403.		404.		405.		406.		407.		408.		409.		410.		411.		412.		413.		414.		415.		416.		417.		418.		419.		420.		421.		422.		423.		424.		425.		426.		427.		428.		429.		430.		431.		432.		433.		434.		435.		436.		437.		438.		439.		440.		441.		442.		443.		444.		445.		446.		447.		448.		449.		450.		451.		452.		453.		454.		455.		456.		457.		458.		459.		460.		461.		462.		463.		464.		465.		466.		467.		468.		469.		470.		471.		472.		473.		474.		475.		476.		477.		478.		479.		480.		481.		482.		483.		484.		485.		486.		487.		488.		489.		490.		491.		492.		493.		494.		495.		496.		497.		498.		499.		500.		501.		502.		503.		504.		505.		506.		507.		508.		509.		510.		511.		512.		513.		514.		515.		516.		517.		518.		519.		520.		521.		522.		523.		524.		525.		526.		527.		528.		529.		530.		531.		532.		533.		534.		535.		536.		537.		538.		539.		540.		541.		542.		543.		544.		545.		546.		547.		548.		549.		550.		551.		552.		553.		554.		555.		556.		557.		558.		559.		560.		561.		562.		563.		564.		565.		566.		567.		568.		569.		570.		571.		572.		573.		574.		575.		576.		577.		578.		579.		580.		581.		582.		583.		584.		585.		586.		587.		588.		589.		590.		591.		592.		593.		594.		595.		596.		597.		598.		599.		600.		601.		602.		603.		604.		605.		606.		607.		608.		609.		610.		611.		612.		613.		614.		615.		616.		617.		618.		619.		620.		621.		622.		623.		624.		625.		626.		627.		628.		629.		630.		631.		632.		633.		634.		635.		636.		637.		638.		639.		640.		641.		642.		643.		644.		645.		646.		647.		648.		649.		650.		651.		652.		653.		654.		655.		656.		657.		658.		659.		660.		661.		662.		663.		664.		665.		666.		667.		668.		669.		670.		671.		672.		673.		674.		675.		676.		677.		678.		679.		680.		681.		682.		683.		684.		685.		686.		687.		688.		689.		690.		691.		692.		693.		694.		695.		696.		697.		698.		699.		700.		701.		702.		703.		704.		705.		706.		707.		708.		709.		710.		711.		712.		713.		714.		715.		716.		717.		718.		719.		720.		721.		722.		723.		724.		725.		726.		727.		728.		729.		730.		731.		732.		733.		734.		735.		736.		737.		738.		739.		740.		741.		742.		743.		744.		745.		746.		747.		748.		749.		750.		751.		752.		753.		754.		755.		756.		757.		758.		759.		760.		761.		762.		763.		764.		765.		766.		767.		768.		769.		770.		771.		772.		773.		774.		775.		776.		777.		778.		779.		780.		781.		782.		783.		784.		785.		786.		787.		788.		789.		790.		791.		792.		793.		794.		795.		796.		797.		798.		799.		800.		801.		802.		803.		804.		805.		806.		807.		808.		809.		810.		811.		812.		813.		814.		815.		816.		817.		818.		819.		820.		821.		822.		823.		824.		825.		826.		827.		828.		829.		830.		831.		832.		833.		834.		835.		836.		837.		838.		839.		840.		841.		842.		843.		844.		845.		846.		847.		848.		849.		850.		851.		852.		853.		854.		855.		856.		857.		858.		859.		860.		861.		862.		863.		864.		865.		866.		867.		868.		869.		870.		871.		872.		873.		874.		875.		876.		877.		878.		879.		880.		881.		882.		883.		884.		885.		886.		887.		888.		889.		890.		891.		892.		893.		894.		895.		896.		897.		898.		899.		900.		901.		902.		903.		904.		905.		906.		907.		908.		909.		910.		911.		912.		913.		914.		915.		916.		917.		918.		919.		920.		921.		922.		923.		924.		925.		926.		927.		928.		929.		930.		931.		932.		933.		934.		935.		936.		937.		938.		939.		940.		941.		942.		943.		944.		945.		946.		947.		948.		949.		950.		951.		952.		953.		954.		955.		956.		957.		958.		959.		960.		961.		962.		963.		964.		965.		966.		967.		968.		969.		970.		971.		972.		973.		974.		975.		976.		977.		978.		979.		980.		981.		982.		983.		984.		985.		986.		987.		988.		989.		990.		991.		992.		993.		994.		995.		996.		997.		998.		999.		1000.		1001.		1002.		1003.		1004.		1005.		1006.		1007.		1008.		1009.		1010.		1011.		1012.		1013.		1014.		1015.		1016.		1017.		1018.		1019.		1020.		1021.		1022.		1023.		1024.		1025.		1026.		1027.		1028.		1029.		1030.		1031.		1032.		1033.		1034.		1035.		1036.		1037.		1038.		1039.		1040.		1041.		1042.		1043.		1044.		1045.		1046.		1047.		1048.		1049.		1050.		1051.		1052.		1053.		1054.		1055.		1056.		1057.		1058.		1059.		1060.		1061.		1062.		1063.		1064.		1065.		1066.		1067.		1068.		1069.		1070.		1071.		1072.		1073.		1074.		1075.		1076.		1077.		1078.		1079.		1080.		1081.		1082.		1083.		1084.		1085.		1086.		1087.		1088.		1089.		1090.		1091.		1092.		1093.		1094.		1095.		1096.		1097.		1098.		1099.		1100.		1101.		1102.		1103.		1104.		1105.		1106.		1107.		1108.		1109.		1110.		1111.		1112.		1113.		1114.		1115.		1116.		1117	

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 12 months?	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
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 12 months?	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		//////////	//////////	//////////

PART G: PROCESSING OF AGRICULTURAL PRODUCTS

RESPONDENTS: PERSON RESPONSIBLE FOR PROCESSING

NAMES OF PERSONS RESPONSIBLE
COPY FROM SECTION 6

I would now like to ask about processing of crops and smoking of fish. This means any crops/fish processed by the household, whether grown or caught by your household or by anyone else.

[illegible]

SECTION 8: AGRICULTURE
PART H: CONSUMPTION OF OWN PRODUCE

RESPONDENT (COPY FROM SECTION 6)				PERSON INTERVIEWED ID																					
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	1. Did the household consume any home produced..... in the last 12 months? Yes...1 No...2 (> 4)	2. Does the household eat home produced... all through the year or only in some months? Which months?	3. How much was consumed by the household since my first visit?	4. How much of home producedwas consumed by the household since my last visit?	5. How much of home producedwas consumed by the household since my last visit?	6. How much of home produced was consumed by the household since my last visit?	7. How much of home produced was consumed by the household since my last visit?	8. How much of home producedwas consumed by the household since my last visit?	9. How much of home produced ... was consumed by the household since my last visit?	10. How much of home produced was consumed by the household since my last visit?	11. How much of home produced... was consumed by the household since my last visit?	12. How much of home produced... was consumed by the household since my last visit?	13. ENTER UNIT THAT THE RESPONDENT CHOOSES SEE LIST OF UNIT CODES	14. For how much could you sell one unit of.....now?											
		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	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 -

		1st		2nd		3rd		4th		5th		6th		7th		8th		9th		10th		11th			
		/		/		/		/		/		/		/		/		/		/		/			
PROVIDE THE UNIT CODE IN QUESTION 13.		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. Did the house- hold consume any home produced...in the last 12 months? Yes...1 No...2 (>> 4)	2. Does the household eat home produced .. all through the year or only in some months? Which months?	3. How much was consumed by the household since my first visit? visit?	4. How much of home produced ...was con- sumed by the household since my last visit?	5. How much of home produced ... was con- sumed by the household since my last visit?	6. How much of home produced ... was con- sumed by the household since my last visit?	7. How much of home produced ... was con- sumed by the household since my last visit?	8. How much of home produced ... was con- sumed by the household since my last visit?	9. How much of home produced ... was con- sumed by the household since my last visit?	10. How much of home produced ... was con- sumed by the household since my last visit?	11. How much of home produced ... was con- sumed by the household since my last visit?	12. How much of home produced ... was con- sumed by the household since my last visit?	13. ENTER UNIT THAT THE RESPONDENT CHOOSES SEE LIST OF UNIT CODES	14. For how much could you sell one unit ofnow?										
		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	UNIT CODES	VALUE										
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 -

	1st		2nd		3rd		4th		5th		6th		7th		8th		9th		10th		11th		
	/		/		/		/		/		/		/		/		/		/		/		
PROVIDE THE UNIT CODE IN QUESTION 13.	dd	mm	dd	mm	dd	mm	dd	mm	dd	mm	dd	mm	dd	mm	dd	mm	dd	mm	dd	mm	dd	mm	
ITEM	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?	Does the household eat home produced... all through the year or only in some 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	For how much could you sell one unit of now?							
	CODE														SEE LIST OF UNIT CODES								
	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	UNIT CODE	VALUE							
VEGETABLES																							
Tomatoes	040																						
Onions	041																						
Carrots	042																						
Okra	043																						
Garden eggs, Cucumbers	044																						
Pepper	045																						
Cabbage or lettuce	046																						
Spinach/other leafy vegg.	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 -

		1st		2nd		3rd		4th		5th		6th		7th		8th		9th		10th		11th					
		/		/		/		/		/		/		/		/		/		/		/					
PROVIDE THE UNIT CODE IN QUESTION 13.		dd	mm	dd	mm	dd	mm	dd	mm	dd	mm	dd	mm	dd	mm	dd	mm	dd	mm	dd	mm	dd	mm				
ITEM		1. Did the household consume any home produced... in the last 12 months?	2. Does the household eat home produced... all through the year or only in some months?	3. How much was consumed by the household since my first visit?	4. How much of home produced... was consumed by the household since my last visit?	5. How much of home produced... was consumed by the household since my last visit?	6. How much of home produced... was consumed by the household since my last visit?	7. How much of home produced... was consumed by the household since my last visit?	8. How much of home produced... was consumed by the household since my last visit?	9. How much of home produced... was consumed by the household since my last visit?	10. How much of home produced... was consumed by the household since my last visit?	11. How much of home produced... was consumed by the household since my last visit?	12. How much of home produced... was consumed by the household since my last visit?	13. ENTER UNIT THAT THE RESPONDENT CHOOSES SEE LIST OF UNIT CODES	14. For how much could you sell one unit of ... now?												
		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	UNIT CODE	VALUE												
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																										
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 Litre..*14 Magarine Tin...*22 Fingers.....24 Gallon.....*15 Beer bottle..*16 Bunch....17 Nut.....18 Fruits.....19 Log.....20 Box.....21 Tubers.....23 All.....25																											

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

RESPONDENT(S) ID

ID

PERSON INTERVIEWED

Date of This visit

ddmm

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

ID

RESPONDENT(S) ID

PERSON INTERVIEWED

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	>> Next Item			Yes...1 No...2 (>>Next Item)	IF 12 OR MORE (>> 4)	>> Next Item	>> Next Item				
				AMOUNT	AMOUNT					AMOUNT	AMOUNT				
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						414			
SOFT FURNISHING AND LINEN						Washing machine and dryers						415			
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-elec- trical 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	-----+-----+	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? IF 12 OR MORE (>> 4)	3. How much was spent on in the last 12 months altogether? >> Next Item	4. How much was spent on in the last 3 months? >> Next Item	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? IF 12 OR MORE (>> 4)	3. How much was spent on in the last 12 months altogether? >> Next Item	4. How much was spent on in the last 3 months? >> Next Item
		Yes..1 No...2 (>>Next Item)		AMOUNT	AMOUNT			Yes..1 No...2 (>>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
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?	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	How much was	How much was	How much was	How much was	How much was	How much was	How much was	How much was	How much was
		spent on ...	spent on ...	spent on ...	spent on ...	spent on ...	spent on ...	spent on ...	spent on ...	spent on ...	spent on ...
		since my	since my last	since my last	since my last	since my last	on ...	since my last	since my last	since my last	since my last
		first visit?	visit?	visit?	visit?	visit?	since my	visit?	visit?	visit?	visit?
							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:

	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	How much was	How much was	How much was	How much was	How much was	How much was	How much was	How much was	How much was
		spent on ...	spent on ...	spent on ...	spent on ...	spent on ...	spent on ...	spent on ...	spent on ...	spent on ...	spent on ...
		since my	since my last	since my last	since my last	since my last	on...since	since my last	since my last	since my last	since my last
		first visit?	visit?	visit?	visit?	visit?	my last	visit?	visit?	visit?	visit?
							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	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?
		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?		11. 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																						
Pinneapple	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	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?			
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?	11. 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 & Spices	081											
COFFEE, TEA, COCOA, ETC.												
Coffee	082											
Chocolate Drinks (including 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
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?											
PREPARED MEALS																						
Cooked Rice and Stew	086																					
Fufu 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 Lollics 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.	2.
		In the last 12 months, have you tried to purchase these items and found them not available?	How do the shortages, over the last 12 months compare with the shortages for the preceeding year?
		Yes, often.....1	Worse now.....1
		Yes, once or twice...2	The same.....2
		No.....3	Not so bad now.....3
		(>> Next Item)	
		Not applicable.....4	
		(>> Next Item)	
Clothes/shoes	200		
Health/personal care items (soap, medecine, 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				Households or individuals.....1 Small enterprises.....2 Formal (large) enterprises.....3 Government.....4 Public enterprises...5 Trader: Local market..6 Foreign Market.....7 LIST TWO MOST IMPORTANT BUYERS AND INDICATE SHARE IN TOTAL SALES	TIME UNIT Daily.....1 Weekly.....2 Fortnightly.....3 Monthly.....4 Quarterly.....5 Yearly.....6	Yes..1 (>>9) 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 has been the main 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.....3 Government.....4 regulation.....5 Other.....6 (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												

10.2

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 enter- prise spent anything on.....?	3. Do you pay for at least once a week?	4. How many times was.... purchased/ paid for the past 12 months?	5. How much did you spend onduring the past 12 months?	6. How much did you spend onduring the last 3 months?	7. How much did you spend onin 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 pay for..... has the enter- prise spent anything on.....?	10. Do you usually pay for..... at least once a week?	11. How many times do you usually purchase/pay for..... in one year ?	12. How much did you spend onduring 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 +-----+	+-----+ >> 15 +-----+	Yes, often.....1 Yes, not often.....2 No.....3 Next Item(Q.9)
					AMOUNT	AMOUNT	AMOUNT					AMOUNT	AMOUNT	AMOUNT	
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 enter- prise spent anything on.....?	3. Do you pay for at least once a week?	4. How many times was.... purchased/ paid for the past 12 months?	5. How much did you spend onduring the past 12 months?	6. How much did you spend onduring the last 3 months?	7. How much did you spend onin 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 enter- prise 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 onduring 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 +-----+	+-----+ >> 15 +-----+	Yes, often.....1 Yes, not often.....2 No.....3 +-----+ 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														

PART B: EXPENDITURES-THIRD ENTERPRISE

[illegible]10.5

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. Does this enterprise own.....?	2. For how much would you be able to sell.. today?	3. How long ago did you obtain this?	4. What was the price paid when..... was purchase?	5. Did the enterprise obtain any..... during the past 12 months?	6. How much did the enterprise pay for thethat was purchased during the last 12 months?	7. Did the enterprise sell any..... during the past 12 months?	8. How much did the enterprise receive from the sale of.... during the past 12 months?	9. Why was.....sold?
				LESS THAN ONE YEAR: CODE 90 AND >> 5	(IF GIFT PUT 0)		(IF GIFT PUT 0)			Business slump.....1 Debt repayment.....2 Taxes too high.....3 Moving business.....4 Upgrading assets....5 Other.....6 (SPECIFY)
		Yes...1 No....2 (>>Next Item)		ITEM 1 2 3	1 2 3	Yes...1 No....2 (>>7)		Yes...1 No....2 (>>Next Item)		
			VALUE	YEARS	VALUE		AMOUNT		AMOUNT	
FIRST 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 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. Does this enterprise own...?	2. For how much would you be able to sell.... today?	3. How long ago did you obtain this.....?	4. What was the price paid when..... was purchased?	5. Did the enterprise obtain any..... during the last 12 months?	6. How much did the enterprise pay for thethat was purchased during the last 12 months?	7. Did the enterprise sell any... ...during the past 12 months?	8. How much did the enterprise receive from the sale of.... during the past 12 months?	9. Why was.....sold?
		Yes...1 No....2 (>>Next Item)		LESS THAN ONE YEAR: 90 AND >> 6	(IF GIFT PUT 0)		(IF GIFT PUT 0)			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 1 2 3		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. Does this enterprise own.....?	2. For how much would you be able to sell.... today?	3. How long ago did you obtain this.....?	4. What was the price paid when..... was purchased?	5. Did the enterprise obtain any during the 12 months?	6. How much did the enterprise pay for thethat was purchased during the last 12 months?	7. Did the enterprise sell any... during the past 12 months?	8. How much did the enterprise receive from the sale of.... during the past 12 months?	9. Why was.....sold?
				LESS THAN ONE YEAR: 90 AND >> 6	(IF GIFT PUT 0)		(IF GIFT PUT 0)			Business slump.....1 Debt repayment.....2 Taxes too high.....3 Moving business....4 Upgrading assets...5 Other.....6 (SPECIFY)
		Yes...1 No...2 (>>Next Item)		ITEM 1 2 3	1 2 3	Yes..1 No...2 (>>7)		Yes..1 No...2 (>>Next Item)		
			VALUE	YEARS	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. Since the last 2 weeks how much money has been received from the sale of goods and services by this enterprise?	2. Since the last 2 weeks, has this enterprise received payments in the form of goods and services?	3. What was the estimated amount of these payments?	4. 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?	5. What was the value of the products consumed by the household since the last 2 weeks?	6. How much money is usually received by this enterprise during a 2-week period?	7. Does the enterprise usually receive payments in the form of goods and services?	8. What is the usual value of the payments in the form of goods and services during any two week period?	9. Are some of the goods and services produced by this enterprise usually consumed by the household instead of being sold?	10. What is the value of the products usually consumed by the household instead of being sold over a two week period?	11. Did you rent out any land, building, equipment or machinery owned by the enterprise during the past 12 months?	12. How much did you receive?	13. 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												

PART E: NET INCOME AND INVENTORY OF ENTERPRISE

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

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

RESPONDENT: HOUSEHOLD HEAD OR MAIN RESPONDENT

1. Is there any member of this household who lives away from here?	2. Has this household sent him/her any money or goods in the past 12 months?	3. Is there anyone else who is not a household member to whom this household has sent money or goods in the past 12 months?
(NOTE NAMES)		
Yes...1	Yes...1	Yes...1
No...2	No...2	No...2
(>>3)		
		(IF ANSWERS TO Q.1 AND Q.3 ARE NO, >>PART B Q.2)
		(IF ANSWERS TO Q.2 AND Q.3 ARE NO, >> PART B Q.1)

NOTE: REMITTANCES AND GOODS LISTED HERE
DO NOT INCLUDE PAYMENTS MADE BY THE
HOUSEHOLD FOR GOODS AND SERVICES
BOUGHT OR FOR LABOUR SERVICES.
THOSE EXPENDITURES SHOULD BE COVERED
IN SECTION 9.

[illegible]

RESPONDENT: HOUSEHOLD HEAD OR MAIN RESPONDENT

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.

[illegible]

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									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

ITEM	CODE	1.	2.	3.	4.						
		Does any member of the household own	How long ago was..... obtained?	What was its purchase price?	For how much could you sell it now?						
			LESS THAN ONE YEAR: 90.	IF GIFT PUT ZERO							
		Yes..1 No...2 (>>Next Item)	ITEM								
		1	2	3	1	2	3	1	2	3	
		YEARS			AMOUNT			VALUE			
Furniture	301										
Sewing machine	302										
Stove	303										
Refrigerator/Freezer	304										
Air conditioner	305										
Fan	306										
Radio	307										
Radio cassette	308										
Record player	309										
3-in-one Radio cassette recorder	310										
Video Equipment	311										
Washing machine	312										
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										

PART C: SAVINGS (INCLUDE SUSU)

1.		2.		3.		4.		5.		6.	
Does any member of the household have a savings account in cedis or participate in Susu?		Yes..1 No...2 (END INTERVIEW)		ITEM NUMBER		In whose name is the account?		What is the current value of these savings?		How much has been added to the savings in the past 12 months?	
						MEMBER ID		AMOUNT		AMOUNT	
				1							
				2							
				3							
				4							
				5							
				6							