

STATISTICS SIERRA LEONE



SIERRA LEONE INTEGRATED HOUSEHOLD SURVEY

(SLIHS)

APRIL 2003 TO MARCH 2004

HOUSEHOLD QUESTIONNAIRE: A No.

SURVEY CYCLE NUMBER		STRATUM	URBAN		RURAL	
REGION / PROVINCE		LOCALITY				
DISTRICT / AREA		STREET / SECTION				
CHIEFDOM / WARD		HOUSEHOLD NUMBER				
ENUMERATION AREA (E.A.) NO.		START / END DATE				
ENUMERATOR NO. / DATE		SUPERVISOR / DATE				
FIELD OFFICER / DATE		SURVEY COORDINATOR / DATE				
DATA ENTRY / DATE		DATA EDITOR / DATE				
DATA ENTRY SUPERVISOR / DATE		DATA BASE MANAGER / DATE				

SECTION INDEX

SECTION	0	SURVEY INFORMATION	3
SECTION	1	HOUSEHOLD ROSTER	11
SECTION	2	EDUCATION	17
SECTION	3	HEALTH	23
SECTION	4	EMPLOYMENT AND TIME USE	31
SECTION	5	MIGRATION	53
SECTION	6	IDENTIFICATION OF RESPONDENTS	56
SECTION	7	HOUSING	60
SECTION	7B	ANTHROPOMETRY	66

SECTION 0

SURVEY INFORMATION

SECTION 0: PART A
SUMMARY OF SURVEY RESULTS

VISIT	SECTION	INTERVIEWER								SUPERVISOR					
		VISITS				CHECK-UP VISIT				INTERVIEWER	DATA ENTRY OPERATOR	CORRECTED			
		DATE			RESULT	DATE			RESULT						
		DAY	MONTH	YEAR		DAY	MONTH	YEAR							
					1=Complete 2=Partial 3=N/Applicable				1=Complete 2=Partial	1=Satisfactory 2=To be Completed 3=To be Redone	1=Satisfactory 2=Correction	1=In the Office 2=During next visit 3=During Check-Up visit 4=Not Corrected			
First	1, 2, 5, 6, 7														
Second	3, 8H, 9A2, 9B														
Third	4, 8H, 9A2, 9B														
Fourth	8A-G, 8H, 9A2, 9B														
Fifth	8H, 9A1, 9A2, 9B, 9C														
Sixth	8H, 9A2, 9B, 10														
Seventh	8H, 9A2, 9B, 11, 12														

SURVEY INFORMATION**SECTION 0: PART B****FIRST VISIT****INTERVIEWER:**.....

Date

Dwelling Found? 1=Yes 2=No (>> Supervisor)

Name of Head of Household

Religion of Head of Household

1=Protestant

2=Muslim

3=Catholic

4=Other.....(Specify)

Primary Language of Head of Household

1=Krio

2=Mende

3=Temne

4=Mandingo

5=Loko

6=Shebro

7=Limba

8=Kissi

9= Kono

10=Other.....(Specify)

Language used by Respondent

Remarks

VERIFICATION OF THE QUESTIONNAIRE**SUPERVISOR**

Date

Remarks

Reinterview by Supervisor?

1=Yes 2=No

This Household Replaces Household No:

This Household will be Replaced By No:

REASON:

1=Dwelling Not Found / Vacant

2=Occupant Not At Home

3=Refusal

**SECOND VISIT
INTERVIEWER**

Date:

REMARKS.....
.....

VERIFICATION OF THE QUESTIONNAIRE SECOND VISIT

SUPERVISOR

Date:

REMARKS
.....

Reinterview by Supervisor?

1=Yes

2=No

**THIRD VISIT
INTERVIEWER**

Date:

REMARKS.....
.....

VERIFICATION OF THE QUESTIONNAIRE THIRD VISIT

SUPERVISOR

Date:

REMARKS
.....

Reinterview by Supervisor?

1=Yes

2=No

FOURTH VISIT

INTERVIEWER

Date:

REMARKS.....

.....

VERIFICATION OF THE QUESTIONNAIRE**FOURTH VISIT**

SUPERVISOR

Date:

REMARKS

.....

Reinterview by Supervisor? 1=Yes 2=No**FIFTH VISIT**

INTERVIEWER

Date:

REMARKS.....

.....

VERIFICATION OF THE QUESTIONNAIRE**FIFTH VISIT**

SUPERVISOR

Date:

REMARKS

.....

Reinterview by Supervisor? 1=Yes 2=No

SIXTH VISIT INTERVIEWER <input style="width: 30px; height: 20px;" type="text"/>	Date: <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/>
REMARKS	

VERIFICATION OF THE QUESTIONNAIRE SUPERVISOR <input style="width: 30px; height: 20px;" type="text"/>	SIXTH VISIT Date: <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/>
REMARKS	
Reinterview by Supervisor? <input style="width: 30px; height: 20px;" type="text"/> 1=Yes 2=No	

SEVENTH VISIT INTERVIEWER <input style="width: 30px; height: 20px;" type="text"/>	Date: <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/>
REMARKS	

VERIFICATION OF THE QUESTIONNAIRE SUPERVISOR <input style="width: 30px; height: 20px;" type="text"/>	SEVENTH VISIT Date: <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/>
REMARKS	
Reinterview by Supervisor? <input style="width: 30px; height: 20px;" type="text"/> 1=Yes 2=No.	

DATA ENTRY, END OF CYCLE

OPERATOR

Date:

--	--	--

REMARKS
.....
.....
.....
.....
.....

EDITING OF PRINTOUTS, END OF CYCLE

SUPERVISOR

Date:

--	--	--

REMARKS
.....
.....
.....
.....
.....

SECTION 0: PART C OBSERVATIONS AND COMMENTS

REMARKS BY THE INTERVIEWER ON THE **FIRST VISIT**

.....

.....

REMARKS BY THE SUPERVISOR ON THE FIRST VISIT

.....

.....

REMARKS BY THE INTERVIEWER ON THE **SECOND VISIT**

.....

.....

REMARKS BY THE SUPERVISOR ON THE SECOND VISIT

.....

.....

REMARKS BY THE INTERVIEWER ON THE **THIRD VISIT**

.....

.....

REMARKS BY THE SUPERVISOR ON THE THIRD VISIT

.....

.....

REMARKS BY THE INTERVIEWER ON THE **FOURTH VISIT**

.....

.....

REMARKS BY THE SUPERVISOR ON THE FOURTH VISIT

.....

.....

REMARKS BY THE INTERVIEWER ON THE **FIFTH VISIT**

.....

.....

REMARKS BY THE SUPERVISOR ON THE FIFTH VISIT

.....

.....

REMARKS BY THE INTERVIEWER ON THE **SIXTH VISIT**

.....

.....

REMARKS BY THE SUPERVISOR ON THE SIXTH VISIT

.....

.....

REMARKS BY THE INTERVIEWER ON THE **SEVENTH VISIT**

.....

.....

REMARKS BY THE SUPERVISOR ON THE SEVENTH VISIT

.....

.....

SECTION 1

HOUSEHOLD ROSTER

FIRST VISIT

HOUSEHOLD ROSTER

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

INTERVIEWER, PLEASE WRITE

Name of Respondent

ID Code of Respondent

would like to make a complete list of the name of all people (present or absent) who usually eat and sleep 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.

THE FIRST PERSON TO BE RECORDED IS THE HEAD OF HOUSEHOLD, FOLLOWED BY THE HEAD'S SPOUSE. IF THE HOUSEHOLD HEAD HAS MORE THAN ONE WIFE, RECORD IN THE ORDER OF THE FIRST WIFE AND HER CHILDREN, THEN THE SECOND WIFE AND HER CHILDREN, AND EACH SUBSEQUENT WIFE.....;

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

2. Please give me the names of **all persons related** to the head of household and his / her spouse, together with their children, who eat and sleep together in the household's dwelling;

WRITE DOWN THE NAME, SEX AND RELATIONSHIP TO THE HEAD OF 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 eat and sleep together in the household's dwelling;

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

HOUSEHOLD ROSTER

4. Please give me the name, sex, and relationship to the head of household any other persons not now present but who normally live and eat here, i.e. persons who are temporarily away for schooling, marriage, vacation, seasonal work, giving birth, etc.....?

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

5. Now, kindly provide me with some information each of the persons on the list:

IF THE RESPONDENT HAS DIFFICULTIES WITH AGE OR DATE OF BIRTH, (QUESTIONS 4 & 5) USE THE **CALENDER OF EVENTS** TO MAKE AN ESTIMATE.

6. **CLASSIFY EACH PERSON ACCORDING TO THE FOLLOWING CRITERIA.**

- 6.1 LOOK AT THE ANSWER TO QUESTION 21.

FOR ALL PERSONS FOR WHOM THE ANSWER IS **THREE MONTHS OR LESS** (i.e. LESS THAN OR EQUAL TO 3 MONTHS) **CLASSIFY THEM AS HOUSEHOLD MEMBERS.**

- 6.2 IF THE ANSWER IS MORE THAN 3 MONTHS, CLASSIFY THE FOLLOWING AS HOUSEHOLD MEMBERS.

- THE HEAD OF HOUSEHOLD / SPOUSE
- CHILDREN UNDER 9 MONTHS OLD
- THOSE ANSWERING **NO** TO QUESTION 22 (While absent is/was he/she living in another household?.....)
- THOSE ADMITTED IN HOSPITAL

7. **ENTER PROPER CODE IN QUESTION 23**

COLUMN A: PUT AN 'X' IN COLUMN A NEXT TO THE NAME OF ALL PERSONS WITH CODE 1 TO QUESTION 23

COLUMN B: ENTER THE AGE IN YEARS (QUESTION 5) OF ALL PERSONS WITH AN 'X' IN COLUMN A.

HOUSEHOLD ROSTER (IF LESS THAN 1 YEAR, RECORD ZERO)			
ID	A	B	N A M E
N U M B E R	M E M B E R	A G E	
01			
02			
03			
04			
05			
06			
07			
08			
09			
10			
11			
12			
13			
14			
15			

SECTION 1: HOUSEHOLD ROSTER FOR EACH PERSON

1. ID	2. Sex 1 = Male 2 = Female	3. Relationship to Head of Household? 1 = Head 2 = Spouse 3 = Own Child 4 = Step Child 5 = Grand Child 6 = Brother / Sister of Head or Spouse 7 = Niece / Nephew of Head or Spouse 8 = Brother / Sister-in-Law of Head or Spouse 9 = Parent 10=Parent-in-Law 11=Other Relative 12=Maid / Nanny / House-Servant 13=Non-Relative	4. Does he or she have a birth certificate? 1 = Yes 2 = No (>> 5) Ask person to get birth certificate and copy date of birth or if not available, code 99 in each cell. (e.g. 99 99 99)			5. How old is (NAME) Years and months if 5 or under, otherwise years only (If less than 12 years old (>> 9))		6. What is (NAME) present Marital Status? 1=Married , Monogamously 2=Married, Polygamously 3=Informal/Loose Union (>> 9) 4=Divorced / Separated (>> 9) 5=Widowed (>> 9) 6 =Never Married (>> 9) 7=Married Polygamously with wives living in Separate Houses	7. Does (NAME) Spouse live in this House-hold? 1 = Yes 2 = No (>> 9)	8. COPY THE ID CODE OF THE SPOUSE (IF MORE THAN ONE SPOUSE THE FIRST ONE)	9 What is (NAME'S) Religious Denomination 1 = Anglican 2 = Catholic 3 = Presbyterian 4 = Methodist 5 = Pentecostal 6 = Spiritualist 7 = Other Christians 8 = Muslim 9 = No Religion 96 = Other (Specify)	10. In what region/ country (NAME) born? 1 = Southern 2 = Eastern 3 = Northern 4 = Western 5 = Foreign Country	11. What is (NAME'S) Nationality? 1=Sierra Leonean(>>12) 2=Ghanaian(>>13) 3 =Liberian(>>13) 4 =Nigerian(>>13) 5 =Ivorian (>>13) 6 =Gambian (>>13) 7 =Other African(>>13) 8 Other..... (>>13) (Specify)
			DY	MT	YR	YRS	MTHS						
01													
02													
03													
04													
05													
06													
07													
08													
09													
10													
11													
12													
13													
14													
15													

SECTION 1: HOUSEHOLD ROSTER FOR EACH PERSON

ID	12 To which Ethnic group does (NAME) belong? 01 = Krio 02 = Mende 03 = Temne 04 = Limba 05 = Loko 06 = Kissi 07 = Sherbro 08 = Vie 09 = Madingo 96 = Other..... (Specify)	13 Does [NAME'S] Father live in this househol d? 1 = Yes 2 = No (>>17)	14 ID OF FATH ER	15 What was his/her Father's highest educational level completed? 0=None 1=Primary,Completed 2=Primary, Not Compd 3=Middle/JSS, Comptd 4=Middle/JSS, Not Completed 5=Training College 6='O' Level 7='A' Level 8=Voc/Technical 9=Tertiary 10=Koranic 11=Don't Know	16 What kind of work has his/her Father done for most of his life? 1=Farming 2=Trading 3=Clerical 4=Construction 5=Professional/ Managerial 6=Other (.....) (Specify) 7=Don't Know	17 Does [NAME' S] Mother live in this Househ old? 1=Yes 2=No (>>21)	18 ID OF MOTHE R	19 What was his/her Mother's highest education completed? 0=None 1=Primary, Compl eted 2=Primary, Not Completed 3=Middle/JSS, Completed 4=Middle/JSS, Not Completed 5=Training College 6='O' Level 7='A' Level 8=Voc/Technical 9=Tertiary 10=Koranic 11=Don't Know	20 What kind of work has his/her Mother done for most of her life? 1=Farming 2=Trading 3=Clerical 4=Construction 5=Professional/ Managerial 6=Other (.....) (Specify) 7=Don't Know	21 For how many months during the past 12 months has he/she been away from this household? If Three Months or Less (>> 23) MONTH	22 While absent is /was he /she living in another household? (Including single person household) 1=Yes 2=No	23 HOUSEHOLD MEMBER CHECK THE CRITERIA ABOVE 1=Yes 2=No (>> NEXT PERSON)
01												
02												
03												
04												
05												
06												
07												
08												
09												
10												
11												
12												
13												
14												
15												

SECTION 2

EDUCATION

SECTION 2: EDUCATION
PART A: GENERAL EDUCATION
RESPONDENT: ALL HOUSEHOLD MEMBERS 5 YEARS OR OLDER
Now I will like to ask you some Questions about your Education

ID	ID OF PERSON INTERVIEWED	1. Has (NAME) ever attended school? 1 =Yes 2 = No (>> 32)	2. What was the Highest Class or Form completed? 1 = None 2 = Kindergarten 3 = Primary 1 4= Primary 2 5=Primary 3 6=Primary 4 7=Primary 5 8=Primary 6 9 = JSS 1 - 3 10 = SSS 1 - 3 11 = Voc/Comm 12 = Tech/Training (TC or HTC) 13 = Technical 14 = Nursing 15 = Polytechnic 16 = University 17 = Koranic 96 = Other (Specify)	3. What was the Highest Educational Level attained? 1 = None 2 = BECE 3 = Voc/Comm 4 = ' OLevel' 5 = SSS 6 = 'A Level' 7 = TC 8 = HTC 9 = Nursing 10 =Tech/Prof. Cert 11 = Tech/Prof/Dip 12 = Bachelor 13 = Masters 14 = Doctorate 96 = Other (Specify)	4. Did (NAME) attend any Institution at any time during the past 12 Months? 1 = Yes 2 = No (>>17)	5 How much time do you spend going to and from school daily? If in Boarding School, Code 000 IF COMPLETED, SICK, OR COULDN'T PAY THE FEES CODE 9999 HRS MINUTES		I want to ask you about the educational expenses for (NAME) during the past 12 months. How much did you spend on: (Amount)							
						6. School fees and Registration?	7. Contribution to Community Teachers Associations (CTA)	8. Uniforms and Sport clothes	9. Books and School supplies	10. Transportation to and from school	11. Food, board and lodging at school?	12. Other expenses(class extra classes)	13. Other in Cash and in kind		
01															
02															
03															
04															
05															
06															
07															
08															
09															
10															
11															
12															
13															
14															
15															

GENERAL EDUCATION (CONTINUED)

	14.	15.	16	17.	18.	19.
	Who paid for most of the educational expenses 1 = Father 2 = Mother 3 = Both Parents 4 = Myself 5 = Other Other Household member Other Relative Non - Relative (SPECIFY)	Did (NAME) have a scholar - ship during the past 12 month? 1 =Yes 2 = No (>> 17)	What was the amount of the scholar ship received for the past 12 months?	Have you left school now? 1 = Yes (>>20) 2 = No	In what grade are you now attending School? 1 = Primary 1 2= Primary 2 3=Primary 3 4=Primary 4 5=Primary 5 6=Primary 6 7 = JSS 1 8= JSS 2 9= JSS 3 10=SSS1 11=SSS2 12=SSS3	Who owns the School you now attend? 1=Government 2=Local Govt. 3=Mission/Religious Body 4=Non-Govt. Organisation 5=Private 6=Other (Specify)
			AMOUNT			
01						
02						
03						
04						
05						
06						
07						
08						
09						
10						
11						
12						
13						
14						
15						

SECTION 2: EDUCATION
PART B: EDUCATION CAREER
PRIMARY

	20 What was the highest class of Primary Education you completed? 1 = None 2 = Class 1 3 = Class 2 4 = Class 3 5 = Class 4 6 = Class 5 7 = Class 6	21 Did you have an interruption for the term or more during your primary studies? 1 = Yes 2 = No (>> 24)	22 For how long was the interruption?		23 What was the reason for the interruption? 1 = Financial 2 = Health 3 = Dismissal 4 = Other (SPECIFY)	24 Did you ever repeat any class of Primary schooling? 1 = Yes 2 = No (>>27)	25 How many times altogether did you ever repeat any class of primary schooling? NUMBER	26 Who own the Primary School you last attended? 1=Government 2=Local Govt. 3=Mission/Religious Body 4=Non-Govt. Organisation 5=Private 6=Other (Specify) 	27 Have you ever attended a secondary school? 1 = Yes 2 = No (>> 32)	28 What was the highest form completed? 1 = None 2 = JSS 1 3 = JSS 2 4 = JSS 3 5 = SSS 1 6 = SSS 2 7 = SSS 3	29 Did you ever repeat any form of Secondary schooling? 1 = Yes 2 = No (>>31)	30 How many times altogether did you repeat any form of Secondary schooling? NUMBER
			YR	MTH								
01												
02												
03												
04												
05												
06												
07												
08												
09												
10												
11												
12												
13												
14												
15												

SECTION 2 : EDUCATION
PART C: LITERACY /APPRENTICESHIP

LITERACY										APPRENTICESHIP			
	31. Who owns the Secondary School you last attended?	32. Can you read a simple letter in English?	33. In What Sierra Leonean language can you read a letter?	34 Can you write a letter in English?	35 In what Sierra Leonean language can you write a Letter?	36 Can (NAME) do Written calculatio ns?	37. Has (NAME) attended a literacy Course?	38 For how long have you attended this Course	39 Why haven't you attended any literacy Course?	40. Are you or have you been an apprentice?	41. How long were you an apprentice?	42. What is the main trade you learnt?	
	1=Government 2=Local Govt. 3=Mission/Reli gious Body 4=Non-Govt. Organisation 5=Private 6=Other (Specify)	1 = Yes 2 = No.	STATE THE ONE IN WHICH YOU ARE MOST PROFICIENT 0 = None 1 = Mende 2 = Temne 3 = Krio 4 = Other (SPECIFY)	1 = Yes 2 = No.	STATE THE ONE IN WHICH YOU ARE MOST PROFICIENT 0 = None 1 = Mende 2 = Temne 3 = Krio 4 = Other (SPECIFY)	1 = Yes 2 = No. 1 = Yes 2 = No.	1 = Yes 2 = No (>> 39)	YR MT	1 = None Available 2=Unsuitable Time 3 = No Nanny for Children 4 =Too much Household Chores 5= Other. (SPECEIFY)	1 =Yes, Currentl 2 = Yes in the Past 3 = No (>>46)	YR MT	1 = Carpentry 2 = Masonry 3 = Tailoring 4 = Black Smiting 5 = Mechanical 6 = Electronics/Electrical 7 = Painting/ Spraying 8 = Hairdressing / Catering 9 = Other..... (SPECIFY)	
01													
02													
03													
04													
05													
06													
07													
08													
09													
10													
11													
12													
13													
14													
15													

SECTION 2 : EDUCATION

PART C: LITERACY/APPRENTICESHIP (Concluded)

	43. Who owns the Trade Centre you last attended? 1=Central Government 2=Local Government 3=Mission/Religious Body 4=Non-Govt. Organisation 5=Private 6=Other (Specify)	44. Did you pay a fee for this training? 1 = Yes, In kind 2 = Yes, In cash 3 = Both 4 = NO	45 Did you receive free room or board? 1 = Yes 2 = No	46 Have you attended other short training courses lasting not more than 6 months? 1 = Yes 2 = No (>> NEXT MEMBER)	47 What is the total number of months you ever attended such course in the last 7 years (Since 1995)	48 What was the main subject of the most recent training? 1 = Clerical/Prof. 2 = Managerial 3 = Computer 4 = Marketing 5 = Teaching 6 = Leadership 7 = Medicine 8 = Other..... (SPECIFY)	49 Who owns the Training Centre you last attended? 1= Central Government 2=Local Government 3=Mission/Religious Body 4=Non-Govt. Organisation 5=Private 6=Other (Specify)
01							
02							
03							
04							
05							
06							
07							
08							
09							
10							
11							
12							
13							
14							
15							

HEALTH

DETAILED TABLE OF PREVENTIVE VACCINES

FOR SECTION 3, PART B: QUESTIONS 3&4

Name of Vaccine	Dose	Method of Delivery	Recipient of EPI	Schedule of Injections
BCG (TB)	0.1 ml	Inject under Skin	Less than 1 year old	First Month, as early as possible
DPT (Diphtheria, Pertussis and Tetanus)	0.5 ml	Inject in Muscle	Less than 1 year old	First: 2 Months Second: 3 Months Third: 4 Months
POLIO (OPV)	2 Drops	Oral	Less than 1 year old	First: 2 Months Second: 3 Months Third: 4 Months
MEASLES	0.5 ml	Inject under Skin	Less than 1 year old	9 Months

SECTION 3 : HEALTH
PART A: HEALTH CONDITION IN THE PAST TWO WEEKS
RESPONDENTS: ALL HOUSEHOLD MEMBERS

ID	ID OF PERSON INTERVIEWED	1. During the <u>past 2 weeks</u> have you suffered from either an illness or an injury 1 = Neither (>> 5) 2 = Illness 3 = Injury 4 = Both	2. For how many days during the <u>past 2 weeks</u> have you suffered from this condition?	3 During the <u>past 2 weeks</u> , did you have to stop your usual activities because of this condition? 1 = Yes 2 = No (>> 5)	4 For how many days?	5 During the <u>past 2 weeks</u> have you consulted a health practitioner or dentist or visited a health centre or consulted a traditional healer? 1 = Yes 2 = No (>> 13)	6. What was the reason for that visit? THE MOST RECENT, IF MORE THAN ONE 1 = Check up 2 = Illness 3 = Injury 4 = Vaccination 5 = Prenatal Care 6 = Postnatal Care	7. In the <u>past 2 weeks</u> whom did you consult? IF MORE THAN ONE CONSULTATION, RECORD 1 ST THREE 1 = Trad. Healer 2 = Doctor 3 = Dentist 4 = Nurse 5 = Medical Asst 6 = Midwife 7 = Pharmacist 8 = Trad. Birth Attendant 9 = Spiritualist			8. Where did the consultation take place? 1 = Hospital 2 = Dispensary 3 = Pharmacy 4 = Clinic 5 = Maternity Home 6 = MCH post 7 = Consultant's Home 8 = Patient's Home 9 = Other (SPECIFY)			9. Who is the owner of this establishment? 1=Government 2=NGO 3=Missionary 4=Private 5=Catholic 6=Other (Specify.....)			10. How much did you pay for the FIRST CONSULTATION	11. How much did you pay for the first time to TRAVEL there and to return
								1	2	3	1	2	3	1	2	3	AMOUNT	AMOUNT
01																		
02																		
03																		
04																		
05																		
06																		
07																		
08																		
09																		
10																		
11																		
12																		
13																		
14																		
15																		

SECTION 3 : HEALTH

PART A: HEALTH CONDITION IN THE PAST TWO WEEKS – CONTINUED

	12. How much time did the first consultation take), including travel time)?	13. During the past two weeks, were you admitted to a health facility? [Include Traditional Healing Centres] 1 =Yes 2 = No (>>18)	14. Into what type of facility were you admitted? 1=Government Hospital 2=Private Hospital 3=Traditional Healer 4=Spiritualist 5=Clinic 6=Other..... (Specify)	15. Who is the owner of the facility? 1=Government 2=NGO 3=Missionary 4=Private 5=Catholic 6=Other..... (Specify)	16. How many nights did you stay in hospital / health centre during the past two weeks?	17. How much did you pay for STAYING IN A HOSPITAL / HEALTH CENTRE during the past two weeks?	18. During the past 2 weeks did you buy any medicine or medical supplies? 1 =Yes 2 = No (>> 23)	19. How much did you pay altogether for these MEDICINES AND MEDICAL SUPPLIES ?
	HOURS				NIGHT	AMOUNT		AMOUNT
01								
02								
03								
04								
05								
06								
07								
08								
09								
10								
11								
12								
13								
14								
15								

SECTION 3 : HEALTH

PART A: HEALTH CONDITION IN THE PAST TWO WEEKS – CONTINUED

	20. How much did you spend on your illness from your own pocket?	21. Who paid for most of these health expenses, including consultations or hospital stays (if any)? 10=Household Member 80=Other Relative 81 = Government 82 = Employer 83 = Other (SPECIFY)	22. How long in the past 1 year have you suffered an illness or injury? 1 =In last 2 weeks 2 = 2-4 weeks ago 3 = 1-6 months ago 4 = 6-12 months 5 = More than a year ago	23. What type of illness have you suffered <u>most frequently</u> in the past 1 year 1 = Cholera 2 = Malaria 3 = Typhoid 4 = Hypertension 5 = Common Cold 6 = Flu 7 = Cough 8 = Tuberculosis 9 =Headache 10= Other (Specify)	24. What Injury have you sustained in the past 12 months? 1 = Fracture 2 = Abrasions 3 = Bruises 4 = Lacerations 5 = Dislocation 6 =Other..... (Specify)
	AMOUNT				
01					
02					
03					
04					
05					
06					
07					
08					
09					
10					
11					
12					
13					
14					
15					

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 IN THE HOUSEHOLD	1. Has (Name) ever been vaccinated? 1 = Yes 2 = No (>> 8) 0=Don't Know (>> Next Person)	2. Is there any vaccination book or card for (NAME)? 1 = Yes 2 = No (>> 4)	3. Were any of these vaccinations given to (NAME) during the past 12 months? 1 = Yes 2 = No				4. Where was the last vaccination administered? 1 = Health Centre 2 = Govt. Hospital 3 = Private Clinic 4 = Mobile Unit 5 = School 6 = Home				5. Who owned the facility where the last vaccination was administered? 1=Government 2=NGO 3=Missionary 4=Catholic 5=Other..... (Specify)	6. Did you pay any fee for this Vaccination? 1 = Yes 2 = No (>> NEXT PERSON)	7. How much did you pay for the last Vaccination? (NEXT PERSON)	8. Why was (NAME) not vaccinated? 1 = Too young 2 = Did not know he /she had to 3 = Health centre too far 4 = Shortage of supply 5 = Other (Specify) (>> NEXT PERSON)
			D P T	P O L I O	M E A S L E S	B C G	D P T	P O L I O	M E A S L E S	B C G				
													AMOUNT	
01														
02														
03														
04														
05														
06														
07														
08														
09														
10														
11														
12														
13														
14														
15														

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	1. Did you or someone else take (NAME) to a health centre for Post-Natal Care in the last 12 months? 1 = Yes 2 = No (>> 6)	2. Who is the owner of the Post Natal Health Centre? 1=Government 2=NGO 3=Missionary 4=Catholic 5=Other..... (Specify)	3 How many times was (NAME) taken for Consultations in the last 12 months?	4 Did you pay for consultations? 1 = Yes 2 = No (>> 6)	5 How much do you usually pay for one consultation?	6 Does (or did) the mother Breastfeed (NAME)? 1 = Yes 2 = No (>> 8)	7 At what age did (NAME) stop breast feeding? REPORT IN MONTHS 87=Still breast feeding	8 At what age did (NAME) start receiving any liquid (except water) or food other than breast milk? 87=Not Yet	9 Does (NAME) participated in a community feeding program? 1 = Yes 2 = No	10 Who usually looks after (name) during daytime? 1 = Mother 2 = Grand mother 3 = Day care 4 = Family member 5 = Other (Specify)	11 What are the reasons for the visit to the health centre? 1=Vaccination 2=Growth Monitoring 3=Illness 4=Ration 5=Other..... (Specify)	12 What are the reasons for not taking the child for Post natal Care 1=Distance to Health Centre 2=Ignorance 3=Lack of funds 4=Not Necessary 5=Other (Specify) If response to Q1 is YES, then enter 5 (Not Applicable)
					AMOUNT		MONTHS	MONTHS				
01												
02												
03												
04												
05												
06												
07												
08												
09												
10												
11												
12												
13												
14												
15												

SECTION 3 : HEALTH
PART D:
FERTILITY - PRENATAL CARE – CONTRACEPTIVE USE
RESPONDENTS:
WOMEN 15 TO 49 YEARS OLD. INDIVIDUALS SHOULD EACH ANSWER FOR THEMSELVES.

ID	1 Have you ever been pregnant? 1 = Yes 2 = No (>> 21)	2 Have you ever given birth to any child? IF NO probe every one who lived only a few hours or less 1=Yes 2=No (>> 8)	3 How many girls have you given birth to?	4 How many boys have you given birth to?	5 I would like to make sure you have given birth to TOTAL NUMBER OF CHILDREN Q.3+Q4	6 How many girls are still alive?	7 How many boys are still alive?	8 Did you have any pregnancy which did not end in a live birth 1 = Yes 2 = No (>> 10)	9 How many pregnancies did you have that resulted in any birth of a child ?	10 Are you Pregnant now? 1 = Yes (>> 15) 2 = No	11 During the past 12 months have you been pregnant? 1 = Yes 2 = No (>> 21)	12 How did this pregnancy end? 1 = Live birth 2 = Still birth (7+months. > > 15) 3 = Miscarriage (>> 15) 4 = other (SPECIFY)	13 Is that child still alive? 1 = Yes 2 = No (>> 15)	14 Are you now breast - feeding ? 1 = Yes 2 = No	15 During this pregnancy did you receive any pre-natal care? 1 = Yes 2 = No (>> 20)	16 From <u>WHERE</u> did you receive that care? 1= Hospital 2=Private Clinic 3=Family Planning Centre 7=Other..... (Specify))
			GIRLS	BOYS	TOTAL	GIRLS	BOYS									
01																
02																
03																
04																
05																
06																
07																
08																
09																
10																
11																
12																
13																
14																
15																

SECTION 3 : HEALTH
PART D: FERTILITY -

RESPONDENTS:

WOMEN 15 TO 49 YEARS OLD.

INDIVIDUALS SHOULD EACH ANSWER FOR THEMSELVES.

	17 From <u>WHOM</u> did you receive that Care? 1 = Traditional Healer 2 = Doctor 3 = Dentist 4 = Nurse 5 = Medical Asst. 6 = Midwife 7 = Pharmacist 8 = Spiritualist 9 = Traditional Birth Attendant 10 = Other (Specify)	18 How many times did you go there ? NO.	19 How much did you pay for the first prenatal consultation ? [>>21] AMOUNT	20 Why didn't you go for prenatal care? 1 = Can't afford 2 = No Health Care Available 3 = Health care too far away 4 = Not necessary 5 = Others (Specify)	21 Are you or your partner using any method to prevent or delay pregnancy ? 1 = Yes 2 = No (>> Next Person)	22 What main method are you using? 1 = Pill 2 = Condom 3 = Injection 4 = IUD 5 = Female Sterilization 6 = Male Sterilization 7 = Rhythm 8 = Withdrawal 9 = Douche 10 = Abstinence 11 = Other..... (Specify)	23 If Q22 = 1 to 4, ASK Where did you get the method? 1 = Hospital 2 = Private Clinic 3 = Family Planning Centre 7 = Other..... (Specify)	24. Who is the owner of the facility? 1 = Central Government 2 = Local Government 3 = Missionary 4 = Catholic 5 = Non Governmental Organisation (Foreign) 6 = Non Governmental Organisation (Local) 7 = Other..... (Specify)	25. If Q22 = 1 to 4 or 9, ASK How much did you pay for that during the last month ? AMOUNT
01									
02									
03									
04									
05									
06									
07									
08									
09									
10									
11									
12									
13									
14									
15									

SECTION 4

EMPLOYMENT AND TIME USE

SECTION 4: EMPLOYMENT AND TIME USE

PART A: SCREENING QUESTIONS AND LIST OF OCCUPATIONS IN THE PAST 12 MONTHS

RESPONSENT: ALL HOUSEHOLD MEMBERS AGED 7 AND ABOVE

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

MONTH

YEAR

e.g. Feb. is 02, Nov. is 11

	ID CODE OF PERSON INTERVIEWED	1. During the past 12 months have you done work for which you received a wage or any other payments? 1 = Yes 2 = No	2. During the past 12 months have you been paid money, including payment in kind through self- employment (e.g. trading) 1 = Yes 2 = No	3. During the past 12 months have you worked on a farm in a field or herding livestock? 1 = Yes 2 = No	4. During the past 12 months, have you worked unpaid for an enterprise belonging to a member of your household? 1 = Yes 2 = No	5. During the past 12 months, what kind of work did you spend most of your time on? IF ECONOMIC INACTIVE e.g.. STUDENTS ETC. CODE 00 AND >>PART 4F		6. Which of the following activities did you do? (ENTER CODE FROM LIST ON NEXT PAGE)
						MAIN OCCUPATION	OCCU CODE	CODE
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								

CODES FOR QUESTION 6, SECTION 4, PART A

A. AGRICULTURE

1=Cocoa	2= Coffee	3=Pineapple	4=Oil palm	5=Cashew Nut	6=Cola Nut	7=Coconut
8=Groundnut	9=Tobacco	10=Other Cash Crops	11=Food Crops	12=Maize	13=Rice	15=Cassava
16=Yam	17=Coco yam	18=Plantain	19=Fruits	20=Vegetables	21=Beans /Peas & Other Peas	
23=Other Food Crops	24=Cattle	25=Sheep/goats	26=Pigs	27=Other livestock	a 28=Poultry	
29=Milk, Making Butter, etc.						

ACTIVITIES RELATED TO FORESTRY PRODUCTS

30=Hunting	31=Logging	32=Fire wood gathering and Other Forestry Product
33=Marine fishing	34=Inland fishing	

B. MINING /QUARRYING =35

C. MANUFACTURING /PROCESSING:

36=Products of Charcoal	37=Milling (including Hand Milling)	38=Slaughtering and Meat Processing
39=Other food processing (e.g. Canning Beer Brewing	40=Making baskets, furniture, pot an other handicraft	
41=Spinning, Weaving, Tailoring and Dressmaking	42 =NOT FOR OWN USE	

D. ELECTRICITY, WATER AND GAS:

E. CONSTRUCTION /MAJOR REPAIR OR MAINTENANCE: 44=Construction of Building Fences 45=Roads /Bridges 46=Other Construction Activities

F(a). 47. WHOLE SALE / RETAIL TRADE

F(b). 48. RESTAURANTS / HOTELS AND FOOD SELLERS

G. TRANSPORT, STORAGE AND COMMUNICATION;

51=River/Lake Transport	52=Operation of Communication Centres.	53=Cold Store Operations	54=Private Warehousing / Commercial Silos
49=Carrying Loads to and from Market (NOT FOR OWN USE). E.g. Omolankay 50=Driving			

H. FINANCE/INSURANCE/REAL ESTATE AND BUSIENSS SERVICES:

55=Money Lending	56=Osusu Operations	57=FOREX Bureaux
58=Consultancies	59=Real Estates	60=Rental Agents

I. COMMUNITY/SOCIAL AND PERSONAL SERVICES

61=Personal Services 62=Beauty Care

J. COMMUNITY/SOCIAL AND PERSONAL

63=Personal Services	64=Hairdressing/Barbing	65=Domestic Service / Laundry	66=Entertainment and
Recreational Services	67=Government Services	68=International Organisations/NGOs	
If 69=Other Related Services (n.e.s.)			

SECTION 4: EMPLOYMENT AND TIME USE
PART A: CONTD.

	7	8.						9.	10.		11	12.
	During the past 12 months, did you do any other work beside your MAIN OCCUPATION 1 =Yes 2 = No (-> 11)	What kind of work? WRITE NAME & CODE FROM OCCUPATION LIST. <i>WRITE UP TO 3 OCCUPATIONS IN ORDER OF AMOUNT OF TIME SPENT ON THEM.</i>						Did you Undertake any of these occupations over the same period as the main occupation? 1=Yes 2=No	Which occupations were done at the same time as your main occupation? WRITE OCCUPATION NUMBER FROM QUESTION 8 (Record CODE of the most important Secondary Occupation under OCC1; and the CODE of the next most important Secondary Occupation under OCC 2)		How many weeks in the last 12 months did you work for the whole week? This includes paid leave or sick leave. IF ZERO (-> Q 14)	How many of these weeks (Q 11) <u>Were you available for extra work?</u>
		OCC2.	CODE	OCC. 3	CODE	OCC. 4	CODE		OCCUPATION NUMBER		WEEKS	WEEKS
									OCC1	OCC2		
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												
13												
14												
15												

SECTION 4: EMPLOYMENT AND TIME USE
PART A: CONTD.

	13. How many of these (Q 11) Were you not available for extra work?	14. How many weeks in the last 12 months did you work only part of the week? IF ZERO (>> Q 16)	15. How many of these weeks (Q 14) Were you available for extra work?	16. How many weeks in the last 12 months did <u>you not work</u> at all? IF ZERO (>> Part 4 B)	17. How many of these weeks (in Q 16) were you available for work?	18 How many of these weeks (in Q 16) were you not available for work
	WEEKS	WEEKS	WEEKS	WEEKS	WEEKS	WEEKS
01						
02						
03						
04						
05						
06						
07						
08						
09						
10						
11						
12						
13						
14						
15						

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

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

	1 Are you still doing the work now? 1 =Yes (>> 3) 2 =No	2 Why are you not doing the same work? 1 =Sacked from Job 2 = Job completed 3 = Seasonal Work 4 = Firm Closed 5 =Found / Preferred Other Work 6 = Other (specify)	3. Did your father or mother do the same kind of work? 1 =Yes 2 = No	4 . Describe the activity (WRITE NAME OF INDUSTRY)		5. Have you received or will you receive money for this work? 1 =Yes 2 = No (>> 8)	6 What is the Amount?	
				NAME OF INDUSTRY	INDUS- RY CODE		AMOUNT	TIME UNIT
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								

TIME UNIT: 1 – Daily

2 – Weekly

3 =Two Weeks

4 – Monthly

5 – Quarterly

6 - Yearly

SECTION 4: EMPLOYMENT AND TIME USE PART B: CONTD.

7. 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 IN Q 6		8. In this connection, are you: 1= A Paid Employee 2=Self Employed (Non-Agric) With Employees 3=Self Employed (Non-Agric.) Without Employees 4 = Unpaid family worker (Non- agric) 5 = Self employed (With / Without Employees) Agric. 6 = Self employed: Unpaid Family Worker (Agric)	9. FOR WHOM DID YOU WORK? 1 = WORKING ON OWN OR FAMILY AGRIC. ACTIVITY. (i.e. Farming, Fishing and Animal Rearing/ Poultry/ Hunting) EMPLOYEE IN A WAGE JOB: 2= Government Sector 3=Parastatal 4= NGOs 5 = International Organisation 6 = Diplomatic Mission 7 = PRIVATE SECTOR (INCLUDE PAID APPRENTICES) SELF EMPLOYED (OTHER THAN AGRIC) 8 = Self Employed in business <u>with</u> employees 9 = Self Employed in business <u>without</u> employees 10 – UNPAID WORK IN FAMILY BUSINESS 96 – OTHER (SPECIFY.....) IF Q 9 = 1, 9 or 10 (>> Part 4C)	10 Are taxes already deducted from your pay? 1 =Yes 2 = No	11 Did you receive any bonuses, commissions tips, or allowances for this work? 1 =Yes 2 = No (>> 14)	12 What was the value of these		13 Did you include these when you said you received (ANSWER TO QUESTION 6) 1 =Yes 2 = No	14 Do you receive any payment for this work in the form of crops or animals ? 1= Yes 2 = No (>> 16)	15 What was the value of these goods? VAL UE TIME UNIT		16 Did your employer give you accommodation that is free or at a reduced price? 1 =Yes 2 = No (>> 18)
	HOUR	TIME UNIT				VALUE	TIME UNIT			VAL UE	TIME UNIT	
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												
13												
14												

SECTION 4: EMPLOYMENT AND TIME USE

PART B: CONTD.

I D	17. How much rent would you have paid for this place without this help?		18: Did your employer give you free transport or at reduced rates ? 1 =Yes 2 =No (>> 20)	19. How much did you gain from this arrangement?		20. Do you receive any payment from this work in any other form ? 1 = Yes 2 = No (>> 22)	21. What is the value of this form of payment?		22. Is your place of work in this village/town? 1 =Yes (>> 25) 2 = No	23 How far away is it?	24. How often do you go between your house and your place of work?		25. How many people altogether work in the same organisation where you do this work	26. When you started this work did you sign a written contract? 1 =Yes 2 = No	27. Is there a Trade Union at the place where you work? 1 =Yes 2 = No
	VALUE	TIME UNIT		VALUE	TIME UNIT		VALUE	TIME UNIT			MILES	NO. OF TRIP			
01															
02															
03															
04															
05															
06															
07															
09															
10															
11															
12															
13															
14															
15															
TIME UNIT:		1 = Daily		2 = Weekly		3 =Two Weeks		4 – Monthly		5 – Quarterly		6 - Yearly			

	28. In this job are you entitled to paid holiday s?	29 Are you entitled to paid sick leave in this job?	30 Will you receive a retirement pension ?	31 Are you entitled to free Or subsidized medical care in this job?	32 Are you entitled to any other Social Security Benefits in this jobs	33 Since you started the job, have you received any training related to your work 1= yes 2 = No (>> PART 4C)	34 How long did the training last?		35 How many hours a week did you receive this training ?	36 Who paid for the training? 1= Myself Entirely 2 – Employer entirely 3 – Both Cost was shared 4 = It was free 5 = International- agency 6 = Other (Specify)	37 Was your salary lower during training? 1=yes 2= No (>> PART4C)	38 By how much was it lower? WRITE DIFFERENCE BETWEEN NORMAL SALARY AND SALARY WHILE TRAINING	
	1= yes 2= No	1=Yes 2=No	1=Yes 2=No	1=Yes 2=No	1=Yes 2=No		MTH	WKS	HRS			AMOUNT	TIME UNIT
01													
02													
03													
04													
05													
06													
07													
08													
09													
10													
11													
12													
13													
14													
15													

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

Check if Q7 in Part A=1. IF Yes, proceed with this section. If No, go to Part 4G.

 Now I would like to ask you about **YOUR SECOND MOST IMPORTANT OCCUPATION DURING THE PAST 12 MONTHS.** This job was (Occupation 2 from PART A: Q8)

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

TIME UNIT:

1=Daily

2=Weekly

3 =Two Weeks

4=Monthly

5=Quarterly

6=Yearly

	10. What is the amount? (Include any bonuses commission, or tips received.)		11. The last time you received this money, how many hours did you actually work? In earning it?		12. FOR WHOM DID YOU WORK? 1 = WORKING ON OWN OR FAMILY (AGRICULTURE ACTIVITY) (i.e. Farming, Fishing and Animal Rearing / Poultry/ Hunting) EMPLOYEE IN A WAGE JOB: 2= Government Sector 3=Parastatal 4=NGOs 5 = Co-operatives 6 = International Organisation / Diplomatic Mission 7 = PRIVATE SECTOR (include paid apprentices) 8 = SELF EMPLOYED (other than Agriculture) 9 = Self Employed in business <u>with</u> employees 10 = Self Employed in business <u>without</u> employees 11 = UNPAID WORK IN A FAMILY BUSINESS 12 = OTHER (Specify)..... IF Q 12 = 1, 9 OR 10 (>> PART 4 G)		13. Are taxes already deducted from your pay 1=Yes 2= No		14. Did you receive any payment for this work in the form of food, crops or animals? 1=Yes 2= No (>> 16)		15. What is the value of these goods? VALUE TIME UNIT		16. Did you receive any payment for this work in any form such as free or subsidized housing, transportation, or other goods or services? 1=Yes 2= No (>> 18)	
	AMOUNT	TIME UNIT	HOURS	TIME UNIT										
01														
02														
03														
04														
05														
06														
07														
08														
09														
10														
11														
12														
13														
14														
15														

TIME UNIT: 1=Daily 2=Weekly 3 =Two Weeks 4=Monthly 5=Quarterly 6=Yearly

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

	17 How much do you gain from this?		18 Is your place of work in this village/ town? 1=Yes 2=No (>>20)	19 How Far Away is it?	20 How often do you go between this house and your place of work?		21 How many people altogether Work in the Same Organisation?	22 When you started work, did you sign a written contract? 1=Yes 2=No	23 Is there a Trade Union at the place you work? 1=Yes 2=No	24 Are you entitled to paid holidays or paid sick leave in this work? 1=Yes 2=No	25 Are you entitled to Social Security benefits in this job? 1=Yes 2=No	26 Since you started this job, have you received any training related to the work? 1=Yes 2=No
	Value	Time Unit		Miles	No. of Trips	Time Unit						
01												
02												
03												
04												
05												
06												
07												
08												
09												
10												
11												
12												
13												
14												
15												

TIME UNIT: 1=Daily 2=Weekly 3 =Two Weeks 4=Monthly 5=Quarterly 6=Yearly

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

	1. During the past 12 months, for how many weeks altogether were you without any work	2. During the past 12 months, how many weeks were you available for work? IF ZERO (>> 5)	3. In the last 12 months were you available for full-time or part time work? 1 = Full - time 2= Part - time 3= Both	4. Have you made any effort within the past 12 months to find work? 1 = Yes (>> 6) 2 = No	5. Why didn't you look for work within the past 12 months? WRITE MOST IMPORTANT ONLY 1 = Thought no work available 2 = Awaiting reply to earlier Enquiries 3 = Waiting to start arranged job, business or agriculture 4 = Off season in agriculture 5 = Other..... (Specify) Whatever the Answer [>> 10]	6. During the past 12 months, how many weeks did you actively look for work? IF ANSWER IS SAME AS Q.2 (>> Q.8)	7. Why did you not look for work throughout the period you were available for work? 1 – Thought no work available 2 – Awaiting reply to earlier Enquiries 3 – Waiting to start arranged job, business or agriculture 4 – Off season in agriculture 5 – Occupied with home duties 6 – Illness 7 – Full time student 8 – Personal 9 – Other..... (Specify)	8. What did you do in the past 12 months to find work? WRITE MOST IMPORTANT ONLY 1 – Applied to prospective Employers 2 – Checked at farms, Factories or work sites 3 – Asked friends and relatives 4 – Took action to start Business 5 – Other (Specify)
	WEEKS	WEEKS				WEEKS		
01								
02								
03								
04								
05								
06								
07								
08								
09								
10								
11								
12								
13								
14								
15								

SECTION 4: EMPLOYMENT AND TIME USE
PART F: (CONTD.)

	9 Were you mainly Looking for Wage / Salary work, self-employed, or either one? 1 = Wage work 2 = Self – Employment 3 = Either	10. Are you still Unemployed? 1 = Yes 2 = No (>> 4 H)	11 For how long have you been unemployed? 1 = < 1 month 2 = 1 but < 3 months 3 = 3 but < 6 months 4 = 6 but < 1 year 5 = 1 Yr bur < 2 Yrs 6 = > 2 years 7= Not Applicable	12 What sort of work did you do in your last job? (i.e. What were your main tasks or duties? (DESCRIBE ACTIVITY IN FULL) IF NEVER WORKED, WRITE NONE IN BOTH COLMNS		13 What type of employment do you hope for now? 1 – Paid employment (Wage – Job) 2 – Self – Employment (Non- Agric) 3 – Self – Employment Agriculture Incl. Livestock & fishing) 4 – Other (Specify)	14 If you intend to start a new business, how will you mobilise funds? 1= Rely on parents for financial support 2 = Loans / Borrowed Money 3 = Remittances from Abroad 4 = Proceeds from Family Farm 5 = Proceeds from Family Non – a Farm Enterprise 6 = Income from Family Property 7 = Association Support 8 = Church Assistance 9 =Relatives / Friends 9b= Other (Specify)
				OCCUPATION	OCCUPATION CODE		
01							
02							
03							
04							
05							
06							
07							
08							
09							
10							
11							
12							
13							
14							
15							

a

**SECTION 4: EMPLOYMENT AND TIME USE
PART F: (CONTD.)**

	15. Have you received or are you receiving any training or apprenticeship in any career oriented skills? 1 = Yes (Formal) –Award of a Certificate. 2 = Yes (Informal) 3 = No: IF THE ANSWER IS 3=NO, THEN ENTER IN QUESTION 16: 13 (NOT APPLICABLE)	16. How was / is your Training / Apprenticeship Financed? 1=Paid for solely by parents 2 = From personal savings 3 = Loans / borrowed money 4 = Remittances from Abroad 5 = Proceeds from family farm 6 =Proceeds from family non – farm enterprise 7 = Income from family property (ies) 8 = NGO support 9 = Government scholarship 10 = Association Support 11 = Church Assistance 12 = Relatives / Friends 13 = Other (Specify)
01		
02		
03		
04		
05		
06		
07		
08		
09		
10		
11		
12		
13		
14		
15		

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

	1. Did you do any work for pay, profit, and family gain or did you produce anything for barter or home use during <u>the last 7 days?</u> (Including temporary absence from work) 1=Yes 2=No (>>6)	2. In the past 7 days, which of the previous occupations we discussed was your main activity WRITE OCCUPATION NUMBER 6 = Other Occupation 7 = Not working (>> 5)	3. How many hours did you work each day in the last 7 days in your main economic activity, and in any other economic activity? INTERVIEWER: Probe hours worked for each activity in the last 7 days. Zero hours is acceptable for persons with a job / business.			4. During the past 7 days, did you want to work more hours 1 = Yes 2 = No	5. In the past 7 days, did you look for replacement work? 1 = Yes (>> 9) 2 = No	6. Were you available for work during the last 7 days 1=Yes (>> 8) 2= No
			MAIN ECON. ACTIVITY OCC1	SECONDARY ECON. ACTIVITY OCC2 OCC3		TOTAL (Less than or equal to 24 hrs)		
01								
02								
03								
04								
05								
06								
07								
08								
09								
10								
11								
12								
13								
14								
15								

SECTION 4: EMPLOYMENT AND TIME USE

PART G: CONTD.

	<p>7.</p> <p>Why were you not available for work?</p> <p>1 = In school 2 = Household Duties 3 = Too old 4 = Sick 5 = Disabled 6 = Other..... (Specify)</p> <p>WHATEVER THE ANSWER [NEXT PERSON]</p>	<p>8.</p> <p>In the last 7 days were you <u>available for full-time or part-time job?</u></p> <p>1 = Full-time 2 = Part-time 3 = Other</p>	<p>9.</p> <p>Have you made any effort within the past 7 days to find work?</p> <p>1 = Yes (>> 11) 2 = No</p>	<p>10.</p> <p>Why haven't you made any effort within the past 7 days to find work?</p> <p>1 = Thought no work available 2 = Awaiting reply to earlier enquiries 3 = Waiting to start arranged job, business or agriculture 4 = Off season in Agriculture 5 = Occupied with home duties 6 = Illness /injury 7 = Full-time student 8 = Trying to set up a new business 9 = On vacation 10. Other (Specify)</p> <p>[>> 17]</p>	<p>11</p> <p>What did you do in the past 7 days to find work?</p> <p>1 = Applied to prospective employers 2 = Checked at firms, factories or work sites 3 = Asked friends and relatives 4 = Took action to start business 5 = Took action to start agricultural activities 6 = Other (Specify)</p>	<p>12.</p> <p>In the past 7 days, were you mainly looking for wage/salary employment, self-employment or either one?</p> <p>1 = Wage Employment 2 = Self – Employment 3 = Either</p>
01						
02						
03						
04						
05						
06						
07						
08						
09						
10						
11						
12						
13						
14						
15						

	13. In the past 7 days, did you make any effort to work for the government or state enterprise ? 1 = Yes 2 = No	14. In the past 7 days did you make any effort to work in a large private firm ? 1 = Yes 2 = No	15. In the past 7 days did you make any effort to work? 1 = Yes 2 = No	16. In the past 7 days did you actively seek to find work in another type of institution? (e.g. Churches, NGOs, Private Schs.) 1 = Yes 2 = No	17. For how long have you been available for work? 1 = Less than 1 month 2 = 1 month but less than 3 months 3 = 3 months but less than 6 months 4 = 6 months but less than 1 year 5 = 1 year but less than 2 years 6 = 2 years and Over	18. For how long have you been unemployed? (STATE IN MONTHS)	19. What sort of work did you do in your last job? (ie. What were your main tasks or duties)? (DESCRIBE ACTIVITY FULLY) IF NEVER WORKED, WRITE NONE AND SKIP TO PART 4 J		20. What is the Lowest Wage for which you are willing to work, in a Wage Earning Job , for someone?	
						MONTHS	OCCUPATION	OCCUP'N CODE	AMOUNT	TIME UNIT
01										
02										
03										
04										
05										
06										
07										
08										
09										
10										
11										
12										
13										
14										
15										

TIME UNIT: 1=Daily 2=Weekly 3=Two Weeks 4=Monthly 5=Quarterly 6=Yearly

SECTION 4: EMPLOYMENT AND TIME USE
PART H; EMPLOYMENT HISTORY

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

Month

--	--

Year

2	0	0	
---	---	---	--

	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 (For Free ? 1 = Yes 2 = No (>> PART 4J)	3. How many years ago did you last work?	4. What work was that? WRITE MAIN OCCUPATION NAME (>> 6)		5. What was your main occupation before you were employed? (MAIN OCCUPATION IN LAST 12 MONTHS) WRITE NAME OF OCCUPATION, OR 96 = Full time Education (>> Part 4J) 97 = Looking for Work (>> Part 4J) 98 = Other Activity (>> Part 4J)		6. What kind of trade or industry was that work connected to? WRITE INDUSTRY		7. In that occupati on, were you mainly working for regular pay? 1 = Yes 2 = No	8. For whom were you working ? 1 = Government 2 = State owned Company 3 = Private Company or Business 4 = Other..... (Specify)	9. How long did you work in that occup ation?
	OCCUPATION	CODE		YRS	OCCUPATION	CODE	OCCUPATION	ICODE	NAME	CODE			YRS
01													
02													
03													
04													
05													
06													
07													
08													
09													
10													
11													
12													
13													
14													
15													

SECTION 4: EMPLOYMENT AND TIME USE
PART J: HOUSEKEEPING

RESPONDENT: ALL HOUSEHOLD MEMBERS 7 YEARS AND OLDER

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

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

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

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

SECTION 4: EMPLOYMENT AND TIME USE PART J: CONCLUDED.				
	21. Have you spent any time in the last 7 days <u>washing dishes for the household?</u> 1 = Yes 2 = No (>> 23)	22. How many hours in the last 7 days did you spend washing dishes for the household? HOURS	23. Have you spent any time in the last 7 days <u>doing other housekeeping activities?</u> 1 = Yes 2 = No	24. How many hours in the last 7 days did you spend on these activities? (>>Next Person) HOURS
01				
02				
03				
04				
05				
06				
07				
08				
09				
10				
11				
12				
13				
14				
15				

SECTION 5

MIGRATION

SECTION 5: MIGRATION FOR HOUSEHOLD RESPONDENTS 15 YEARS OR OVER

	ID OF PERSON INTERVIEWED	1 Were you born here? 1 = Yes 2 = NO	2 Have you always lived in this village or town? 1 = Yes (>> Next Person) 2 = No (>> 3)	3 Have you ever moved away from this village/town for more than 12 months and returned here? 1 = Yes 2 = NO (>> Next Person)	4 How long ago did you move to this place?	5 In which Region or Country were you living before you came to this village/town? SEE CODE LIST BELOW (IF COUNTRY WRITE COUNTRY CODE AND (>> 7))	6 Where was that place you were living before? 1 – F/ Town 2 – Bo 3 – Makeni 4 – Kono 5 – Kenema 6 – Other Urban 7 – Other Rural 8 – Other (Specify)	7 What was your main work in (NAME OF PLACE)? WRITE NAME OF OCCUPATION 996 = Full Time Education (>> 10) 997 = Looking for work (>> 10) 998 = No Activity (>> 10) 999 = Other Activity (Specify).....		8 In what trade or industry was this work WRITE NAME OF TRADE		9 Whom were you working for? 1 = Government 2 = State Owned Company 3 = Private Company or Business 4 = Other (Specify)
					YEARS			OCCUPATION	CODE	INDUSTRY	CODE	
01												
02												
03												
04												
05												
06												
07												
08												
09												
10												
11												
12												
13												
14												
15							54					

CODES:

REGION: 0=Southern 1=Eastern 2=Northern 3=Western
COUNTRY: 5=Guinea 6=Cote de' Ivoire 7=Nigeria 8=Ghana 9=Liberia 10=Gambia 11=Other (Specify.....)

I D	10 What was the main reason for moving from (NAME OF PLACE, Q6)? 1 = Own Employment 2 = Spouse's Employment 3 = Marriage 4 =Other Family Reasons 5 = School 6 = Drought / War 7 =Other.....(Specify)	11 How long would it take to get from here to (Name of Place) TRAVEL TIME (record in hrs or days)		TRANSPORT MODE 1 = Walking 2 = Bus 3 = Car 4 =Other.....(Specify)	12 What is the distance? MILES
	01				
02					
03					
04					
05					
06					
07					
08					
09					
10					
11					
12					
13					
14					
15					

SECTION 6

IDENTIFICATION OF RESPONDENTS FOR SECTIONS 8 TO 10

SECTION 6: IDENTIFICATION OF RESPONDENTS FOR SECTIONS 8 TO 10

QUESTIONS TO BE ASKED TO THE HEAD OF HOUSEHOLD

(THESE RESPONDENTS MUST BE AVAILABLE FOR EVERY VISIT)

1. During the past 12 months did any member of the household own and / or operate a FARM or keep LIVESTOCK or engage in FISHING?

1=Yes

2=No (>> 4)

☐

2. Which Household members are responsible for a **FARM OR LIVESTOCK**?

NAME	ID	Transfer these Names to the Agricultural Section 8, Part A. (Agriculture Assets: Land, Livestock and Equipment).
1.		
2.		
3.		
4.		
5.		

3. Which Household members are responsible for **FISHING**?

NAME	ID	Transfer these Names to the Agricultural Section 8, Part A. (Agriculture Assets: Land, Livestock and Equipment)
1.		
2.		
3.		
4.		
5.		

4. Are any **CROP OR FISH CAUGHT AND PROCESSED for sale** or use by Household? (e.g. Flour, Cassava, Shelled groundnuts, etc.)

1=Yes

2=No

☐

Now, If Q1 = 1 and Q4 = 2, (>> 6)

If Q1 = 2 and Q4 = 2, (>> 7)

5. Which Household members are mainly responsible for this **PROCESSING**?

NAME	ID	Transfer these Names to the Agricultural Section 8, Part G. (Processing of Agricultural Produce)
1.		
2.		
3.		
4.		
5.		

6. Who are mainly responsible for **PREPARING FOOD** in the Household?

NAME	ID	Transfer these Names to the Agricultural Section 8, Part H. (Consumption of Own Produce)
1.		
2.		
3.		
4.		
5.		

7. Who are mainly responsible for making the **HOUSEHOLD PURCHASES**?

NAME	ID	Transfer these Names to Section 9. Household Expenditure, Part A (Food and Non-Food Expenditure)
1.		
2.		
3.		
4.		
5.		

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

1=Yes

2=No (>>Section 7)

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

ENTERPRISE / ACTIVITY NAME	INDUSTRY CODE	PERSON RESPONSIBLE	ID
1			
2			
3			
4			
5			

10. Which of these bring most money? (Up to 3 in order of importance)

ENTERPRISE / ACTIVITY NAME	INDUSTRY CODE	ID OF PERSON RESPONSIBLE	Transfer these Names to the Non-Farm Enterprises, Section 10
1			
2			
3			
4			
5			

SECTION 7

HOUSING

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

PART A: TYPE OF DWELLING

1. Type of Dwelling?
- 1 = Single Family House
2 = Apartment/Flat
3 = Room(s) [Compound House]
4 = Room(s) [Other Type]
5 = Several Huts / Buildings [Same Compound]
6 = Several Huts / Buildings [Different Compound]
7 = Other (Specify)
2. How many rooms does this household occupy?
{exclude bathrooms, toilets, kitchen pantry hall, stores}
3. Do other households share this Dwelling with you?
- 1=Yes 2=No
4. How long has your household been living in this Dwelling? YEARS MONTHS
5. In what Type of Dwelling were you before?
- 1 = None (>> 9)
2 = Single Family House
3 = Apartment / Flat
4 = Room(s) [Other Type]
5 = Several Huts / Buildings [Same Compounds]
6 = Several Huts / Buildings [Different Compounds]
7 = Other Specify.....)
6. How many rooms were occupied by the Household?
(EXCLUDE BATHROOMS, TOILETS AND KITCHEN..)

PART B: OCCUPANCY STATUS OF DWELLING

7. What was your previous Occupancy Status?
- 1 = Owning 2=Renting
3 = Rent free Dwelling 4=Perching
8. What was the main reason for moving from previous Dwelling to this one?
- 1= Distance from Office and School 2=Cost
3= Job 4=Ejected 5=Other (Specify.....)
9. Do you expect to move in the next 2 years?
- 1=Yes 2=No (>>11)
10. For what Reason?
- 1=Family 2=Cost 3=Job 4=Other (Specify.....)

11. What is your present Occupancy Status?
1 = Owning (>>12 b) 2 = Renting
3 = House Provided Rent Free 4 = Subsidized Rent
5=Other (Specify.....)

12. From whom do you rent this dwelling?
1=Relative 2=Private Employer 3=Government
4=Private Individual/Agency 5=Other (Specify....)

12a. How much rent do you pay per month
[>> PART C]

12b. If you were a tenant, how much would you pay per month?

PART C: HOUSING EXPENDITURES

13. Does your household also supply goods or services in exchange for this dwelling?
1 = Yes 2=No (>> 15)

14. What is the appropriate value of these goods and services provided by your household? {if Rent-Free, enter ZERO} Amount Time Unit
TIME UNIT:: 1 = Daily 2 = Weekly 3 = Monthly 4 = Quarterly 5 = Half -Yearly 6 = Yearly 7=Other (Specify).....

15. Is part of the rent paid by someone who is not a member of your household?
1 = Yes 2 = NO (>> 21)

16. Who pays?
1=Relative 2=Private Employer 3=Government
4=Private Individual 5=Other (Specify>>20.....)

17. Do you or any household member make mortgage payments on this dwelling?
1 = Yes 2 = No (>> 20)

18. How much was your last payment?

19. How often do you make these payments? No of Times Time Unit

20. How much did you spend for Construction or Repair Costs and Painting in the last 12 months? Amount

PART D: UTILITIES AND AMENITIES

21. What is the main source of Drinking Water for your Household?
1 = Indoor Plumbing (>> 23) 2 = Inside Standpipe (>>23)
3 = Water Vendor (>>25) 4 = Water Tanker (>>23)
5 = Neighbouring Household (>>25) 6 = Private Outside Standpipe (>> 25)
7 = Public Standpipe (>>25) 8 = Well with Pump
9 = Well Without Pump 10 = River, Lake, Spring, Pond
11 = Rainwater (>>28) 12 = Other (Specify.....)

22. How far is the Source of Water from your Dwelling?
DISTANCE DISTANCE CODE

Distance CODE:: 1 = Yard 2 = Meter 3 = KM 4 = Mile

23. Do you pay or share the water bill? ☐
1 = Yes 2 = No (>> 28)

24. How much is your share of the water bill?
Amount Time Unit
(See Q 14)

25. How much have you paid to Private Vendor, Neighbour, or Standpipe for Water in the last two weeks? Amount

26. Did you sell water to someone else?
1=Yes 2=No ☐

27. How much money did you receive for the water you sold in the last two weeks? Amount

28. What is the main source of lighting for your dwelling?
= Electricity (Mains) 2 = Generator (>>30)
3 = Kerosene, Gas Lamp (>>30) 4 = Candles / Touch light (>>30)
5=Other (Specify).....

29. How much was your last bill (If shared, give only your part)?
Amount Time Unit

TIME UNIT:: 1 = Daily 2 = Weekly 3 = Monthly 4 = Quarterly 5 = Half -Yearly 6 = Yearly

30. What is the main fuel used by the Household for cooking?
1 = Wood 2 = Charcoal 3 = Gas 4 = Electricity 5 = Kerosene
6= Other (Specify).....

31. How does your household get rid of rubbish?
1=Collected 2=Dumped by household (>>33)
3=Burned by household (>>33)
4=Buried by household They
5=Other (Specify).....

32. How much did your household pay for Rubbish Disposal?
Amount Time Unit (Same unit as Question 29)

33. What Type of Toilet is used by the Household? 1=Flush toilet 2=Common Pit 3=Private Pit 4=Common Bucket 5=Private Bucket
6=VIP 7=Common Flush 8=Bush/River 9=Other (Specify.....)

PART E: PHYSICAL CHARACTERISTICS OF DWELLING

34. Main Construction Material of Outside Walls:
1 = Mud / Mud Bricks 2 = Wood
3 = Corrugated Iron Sheets 4 = Stone / Burnt Bricks
5 = Cement / Sand Crete 6 = OTHER specify

35. Main Flooring Material
1=Earth/mud 2=Wood 3=Stone/Brick
4=Cement/Concrete 5=Other (Specify...)

36. Main Roofing Material:
1 = Thatch (Grass, Straw) 2 = Wood 3 = Corrugated Iron
4 =Plastic Sheeting 5 = Cement / Concrete 6 = Roofing Tiles
7=Other (Specify.....)

37. Area of Living Area? (Square feet) DRAWING (GROUND PLAN) OF BUILDING.

PART F: SOCIAL CAPITAL AND COMMUNITY PARTICIPATION.

38. Do you consider your household to be very Poor, Averagely Poor or Not Poor?

☐

RESPONDENT IS THE HEAD OF HOUSEHOLD

1=Very Poor

2=Averagely Poor

3=Not Poor

39. What do you think has led your Household to be in Poverty?

[ASK FOR 3 MAIN REASONS IN ORDER OF IMPORTANCE]

MOST IMPORTANT REASON

☐

40. Finally, there are a number of ways people can cope in times of need. Did you rely on any ways to survive?

Note: Interviewer do not read these lists to the respondent.

Simply ask respondent, and based on his/her response, select what is appropriate from the boxes below.

SECOND MOST IMPORTANT

☐

1=Yes (>>41)

2=No (>>42)

☐

THIRD MOST IMPORTANT

☐

REASONS

- 1 CANNOT AFFORD/LACK OF AGRICULTURAL INPUTS SUCH AS FERTILIZERS, SEEDS, ETC OR PRICES OR INPUTS TOO HIGH
- 2 AGRICULTURAL INPUTS SUCH AS FERTILIZERS, SEEDS ETC ARE NOT AVAILABLE IN THIS AREA
- 3 LACK OF AGRICULTURAL INPUTS DUE TO OTHER REASONS SUCH AS SWINDLING OR NOT DELIVERED BY SUPPLIER
- 4 LOW AGRICULTURAL PRODUCTION
- 5 BECAUSE OF DROUGHT
- 6 LACK OF ADEQUATE LAND
- 7 PRICES FOR AGRICULTURAL PRODUCE TOO LOW
- 8 LACK OF BUYERS FOR OUR AGRICULTURAL PRODUCE
- 9 LACK OF CATTLE DUE TO DEATH
- 10 LACK OF CAPITAL TO START OR EXPAND AGRICULTURAL BUSINESS
- 11 LACK OF CREDIT FACILITIES TO START AGRICULTURAL PRODUCTION OR TO BUY INPUTS
- 12 LACK OF CAPITAL TO START MY OWN BUSINESS
- 13 LACK OF CREDIT FACILITIES TO START OR EXPAND MY BUSINESS
- 14 LACK OF EMPLOYMENT OPPORTUNITIES OR CANNOT FIND A JOB
- 15 SALARY OR WAGE IS TOO LOW
- 16 PRICES OF COMMODITIES TOO HIGH
- 17 HARD ECONOMIC TIMES/DECLINE OF OUR ECONOMY
- 18 BUSINESS NOT DOING WELL
- 19 LOW PROFIT FROM BUSINESS
- 20 TOO MUCH COMPETITION
- 21 LOSS OF PROPERTY RESULTING FROM THE WAR
- 22 LOSS OF EMPLOYMENT DUE TO THE WAR
- 23 LOSS OF LIMBS (DISABILITY) DUE TO THE WAR
- 24 OTHER SPECIFY

41. Which of the following did your household rely on? Ask for three main reasons in order of importance.

FIRST

☐

SECOND

☐

THIRD

☐

REASONS

- 1 PIECEWORK ON FARMS BELONGING TO OTHER HOUSEHOLDS
- 2 OTHER PIECEWORK
- 3 WORKING ON 'FOOD-FOR-WORK' PROGRAM
- 4 RELIEF FOOD, FREE FOOD FROM THE GOVERNMENT AND OTHER BODIES
- 5 EATING WILD FOOD ONLY
- 6 SUBSTITUTING ORDINARY MEALS WITH MANGOES, PUMPKIN, SWEET POTATOES, ETC...
- 7 REDUCING NUMBER OF MEALS OR FOOD IN-TAKE
- 8 REDUCING OTHER HOUSEHOLD ITEMS E.G. SOAP, TISSUE, DETERGENT
- 9 INFORMAL BORROWING (E.G. BORROWING FROM FRIENDS, ETC).....
- 10 FORMAL BORROWING IN CASH OR KIND (E.G. BORROWING FROM BANK, EMPLOYERS, FINANCING COMPANY ETC).....
- 11 CHURCH CHARITY
- 12 NGO CHARITY E.G. ASSISTANCE FROM CARE INTERNATIONAL, WORLD VISION, SAVE THE CHILDREN, OXFAM, HOPE FOUNDATION, PAM, PUSH, ETC
- 13 PULLING CHILDREN OUT OF SCHOOL
- 14 SALE OF ASSETS, SUCH AS CATTLE, FRIDGE, CAR, ETC

42. Do you or any member of your family participate in Community Programs?
1=Yes 2=No (>>44)

44. Were you or any member of your family directly affected by the War?
1=Yes 2=No (>>46)

45. How were you or a member of your household affected by the War?
1=Household Lost Property
2=House was Burnt
3=Relative(s) Killed
4=Limbs Lost
5=Household member Molested or Raped
6=Household Displaced 7=Other (Specify)

46. Were you or any other member of your family a Victim of any Other Assault such as a Robbery, House Breaking etc.?
1=Yes 2=No (>> 50) 3=Don't know (>> 50)

49. Who committed the Robbery or Assault?
1=Member of Household
2=Relative outside the Household
3=Someone outside that I know
4=A Stranger
5= Rebels or Former Rebels
6=Don't Know

50. In the past 5 years have you or any member of your family approached any Political Officer including the Chief about a problem concerning yourself, your Family or the Community in which you live?
1=Yes 2=No (>> Next Section) 3=Don't know (>> Next Section)

52. Who did you report to?
1=Local Chief
2=Local Party Official or Representative 3=Local Councillor
4=Minister or Government Official
5=Civic Organization, Activist or NGO 6=Other (Specify).....

43. Which of the following Programs do you, or a member of your Household Participate in?

1=Work on Community Farm
2=Construction of Community School
3=Maintenance of Community Roads and Bridges
4=Exchange of Manual Labour
5=Vote in Elections
6=Participate in Election Campaign
7=Participate in Community Workshops to obtain Funds
8=Participate in Community Development Programs
9=Other (Specify).....

47. What was the major item stolen?
1=Money 2=Motor Vehicle 3=Motorcycle
4=Handbag/Briefcase/Wallet 5=Jewellery 6=Cattle
7=Poultry 8=Crops 9=Other (Specify)

48. To whom did you report the Assault or Robbery to?
1=Local Police
2=Chief
3=Traditional Healer
4=Neighbourhood Watch
5=Other (Specify)
6=No One

51. What type of problems were they?
1=Housing/Accommodation
2=Water Supply
3=Roads Problem
4=Funeral
5=Family or other problems
6=Pension/Pay or Work related Problems
7=School/Children's Education
8=Clinic/hospital or Health Issues
9=Land Dispute
10=Other (Specify).....

SECTION 7B

ANTHROPOMETRY

ANTHROPOMETRICS										FOR CHILDREN BELOW 5 YEARS										
E N T R I D O F C H I L D	Only for Mothers / Caretakers of Children less than 5 years in the Household (Name of Child)	DATE OF BIRTH			ID OF THE MOTHER	HEIGHT OR LENGTH				WEIGHT				POSITION		DATE			RESULT OF THE MEASUREMENT	
					ID of Mother or Caretaker Register the Code of Mother / Caretaker's ID of Children Less than 5 years in the Household	REGISTER THE HEIGHT OR LENGTH IN CENTIMETERES				REGISTER THE WEIGHT IN KILOGRAM				Did you measure the length or Height of the child laying down or standing? 1=Laying Down 2=Standing		REGISTER THE DATE ON WHICH THE MEASUREMENT OR HEIGHT AND WEIGHT WERE MADE			RESULT OF THE MEASUREMENTS OF WEIGHT AND HEIGHT OF CHILD 1 = MEASURED 2 = ILL 3 = ABSENT 4 = REFUSED 5 = OTHER..... (Specify)	
		D A Y	M O N T H	Y E A R		1 inch = 2.5 cm														
						CENTIMETRE				KILOGRAM				LENG TH	HEIG HT	DAY	MO	YR		
	1	2			3	4				5				6		7			8	