

# APPENDIX 3 QUESTIONNAIRES

**GHANA STATISTICAL SERVICE**

In collaboration with

**Statistics, Research and Information Directorate, MOFA**



**REPUBLIC OF GHANA**



**GSS**



**MoFA**



**FAO**

**GHANA CENSUS OF AGRICULTURE  
CORE MODULE HOUSEHOLD QUESTIONNAIRE  
REFERENCE PERIOD: 2017 AGRICULTURAL SEASON**

**Note: Information collected will be treated confidential under PNDC Law 135**

REGION NAME: .....CODE   DISTRICT NAME: ..... CODE

DISTRICT TYPE  SUB-DISTRICT  EA BASE NAME: ..... EA No.

SERIAL NUMBER OF STRUCTURE    SERIAL NUMBER OF ELIGIBLE HOUSEHOLD



CORE MODULE

SECTION 0: HOUSEHOLD INFORMATION

Time started (24Hrs):   hr

Min

1. EA Code:  (\*CAPI will provide for confirmation)

2. Type of Locality: 1= Urban 2 = Rural:  3. Serial number of Structure:  4. Serial Number of eligible HH:   
(\*CAPI will provide for 3 & 4 for confirmation)

5. Ecological Zone: 1=Coastal; 2=Forest; 3=Savannah

6. Locality Name: ..... 7. Locality Number:

8. Name of Respondent: ..... 9. Size of household: Male  Female  Total   
(\*CAPI will provide for total for confirmation)

10. Telephone number of Head or any member of the household:

## SECTION 1: SOCIO-ECONOMIC CHARACTERISTICS OF HOUSEHOLD MEMBERS

### HOUSEHOLD ROSTER: LIST OF ALL MEMBERS OF HOUSEHOLD

Household Member ID No	List names of usual household members (1)	What is (NAME's) sex (2)	What is the relationship of (NAME) to the head of the household? (3)	How old was (NAME) on his/her last birthday? (4)
	[START WITH HEAD OF HOUSEHOLD FOLLOWED BY SPOUSE(S), THEIR CHILDREN AND THEN OTHERS IN ORDER OF SENIORITY]	1=Male 2=Female	01 Head 02 Spouse (Wife/Husband) 03 Child (Son/Daughter) 04 Parent/Parent in-law 05 Son/Daughter in-law 06 Grandchild 07 Brother/Sister 08 Step child 09 Foster child 10 Other relative 11 Non-relative	RECORD IN COMPLETED YEARS ONLY
01				
02				
03				
04				
05				
06				
07				
08				
09				
10				
11				
12				

**SECTION 1: SOCIO- ECONOMIC CHARACTERISTICS OF HOUSEHOLD MEMBERS cont'd**

Household Member ID No.	List names of usual household members  (1)	Does (NAME) have any challenge with seeing, hearing, or moving that limits his/her full participation in normal/daily human activities?  (5)	What is (NAME's) nationality?  (6)	In what region of Ghana/Country/ Geographical region was (NAME) born?  (7)	MEMBERS 11 YEARS OR OLDER	3 YEARS OR OLDER	3 YEARS OR OLDER	MEMBERS (12 YEARS OR OLDER)
					In what language can (NAME) read and write?  (8)	Has [NAME] ever attended school or is [NAME] attending school now? (9)	What is/was the highest educational level attained by (NAME)?  (10)	What is (NAME's) current marital Status?  (11)
<b>CAPI WILL PROVIDE</b>		1= No difficulty 2= Yes, some difficulty 3= Yes, a lot of difficulties 4= Cannot (...) at all	<b>SEE NATIONALITY CODE</b>	Western.....01 Central.....02 Greater Accra.....03 Volta.....04 Eastern.....05 Ashanti.....06 Brong Ahafo.....07 Northern.....08 Upper East.....09 Upper West.....10 Other ECOWAS.....96 (Specify) Africa other than ECOWAS.....97 (Specify) Outside Africa.....98 (Specify)	1 None (not literate) 2 English only 3 Ghanaian language only 4 English and Ghanaian language 5 English and French 6 English, French and Ghanaian language 7 Other (Specify)	1= Never (>> 11) 2= Now 3= Past	Pre-school.....01 Primary.....02 JSS/JHS.....03 Middle.....04 SSS/SHS.....05 Secondary.....06 Voc/Tech/Comm.....07 Post Sec. Non-Tertiary....08 Tertiary.....09	1= Never married 2= Informal/consensual union/ living together 3= Married 4= Separated 5= Divorced 6= Widowed
01								
02								
03								
04								
05								
06								
07								
08								

NATIONALITY CODES

Ghanaian by birth.....1
Dual Nationality.....2
Ghanaian by naturalisation...3
Benin.....4
Burkina Faso.....5
Cameroun.....6
Cote d'Ivoire.....7
Gambia.....8
Guinea.....9
Guinea Bissau.....10
Liberia.....11
Mali.....12
Mauritania.....13
Niger.....14
Nigeria.....15
Senegal.....16
Sierra Leone.....17

**SECTION 1: SOCIO-ECONOMIC CHARACTERISTICS OF HOUSEHOLD MEMBERS cont'd.**

**15 YEARS OR OLDER**

Household Member ID No.  CAPI will provide	Which of the following Agricultural <u>Activities</u> was (NAME) engaged in?  (12)	Which of the activities in (12) was (NAME'S) <b>MAIN</b> occupation/activity?  (13)	How many hours did (NAME) work on the MAIN activity in (13) in a week?  (14)	What was (NAME's) non-agricultural activity(ies)?  (15)	What was (NAME's) Forestry activity(ies) other than tree planting (culturing of trees)?  RECORD UP TO 5 ACTIVITIES  (16)
	A. Arable crop farming B. Tree crop farming C. Livestock rearing D. Aquaculture (Fish farming) E. Forestry (Tree planting) F. Bee keeping G. Capture fisheries H. None >> 15 if H (None)  (MULTIPLE CHOICE)	1. Arable crop farming 2. Tree crop farming 3. Livestock rearing 4. Aquaculture (Fish farming) 5. Forestry tree planting 6. Bee keeping 7. Capture fisheries	RECORD IN COMPLETE HOURS. APPROXIMATE TO THE NEAREST HOUR	A=Industry B=Services  C=None	A. Hunting B. Herbal collection C. Crafts D. Gathering of other non-timber forest products (e.g. Shea nut) E. Logging F. Charcoal burning G. Collection of wood fuel (firewood and sawdust) H. None  (Multiple choice)
	A B C D E F G H				A B C D E F G

**SECTION 1: SOCIO-ECONOMIC CHARACTERISTICS OF HOUSEHOLD MEMBERS (15 YEARS OR OLDER) cont'd.**

Household Member ID No.  CAPI will provide	Did (NAME) use or own any of these Agricultural Equipment and Materials?  (18)										Was (NAME) the one who:  19A      19B      19C			Was (NAME) a holder  (20)	How many farms (parcels) did (NAME) have on his/her holding  (21)
	Animal traction 1= Use 2 = Own 3 = Both 4= No	Tractors 1= Use 2 = Own 3 = Both 4= No	Power Tillers 1= Use 2= Own 3= Both 4= No	Shellers 1= Use 2 = Own 3 = Both 4= No	Knapsack Sprayer 1= Use 2 = Own 3 = Both 4= No	Mist blower 1= Use 2= Own 3= Both 4= No	Hatchery / Incubator 1= Use 2 = Own 3 = Both 4= No	Milking equipment 1= Use 2 = Own 3 = Both 4= No	Meat processing equipment 1= Use 2 = Own 3 = Both 4= No	Poultry processing equipment 1= Use 2 = Own 3 = Both 4= No	Owned the Agricultural Activities recorded in (12)?  1= Yes    2= No	Took major decisions on the Agricultural Activities recorded in (12)?  1= Yes    2= No	Exercised management control of the Agricultural Activities recorded in (12)?  1= Yes    2= No		

### SECTION 2: HOLDER INFORMATION

Household Member ID No.	Serial number and name of farms (parcels) on holding	What was the <u>land tenure</u> type of farm (parcel) on holding?	Did (NAME) have documentation for the type of tenure?	What was the area (size) of farm (parcel) according to land tenure type?	In which District was this farm (parcel) located  <b>(REFER TO DISTRICT CODES)</b>	How many persons were engaged (land preparation, planting, clearing of weeds, harvesting etc.) on each farm (parcel) (both paid and unpaid) for 2017 cropping season?			Of the number of persons engaged, how many were paid in 2017?  RECORD '0' IF NO ONE WAS PAID If "0" >> (12)			How many hours did a paid person work on each farm (parcel) per week?	Total number of fields (plots) on each farm (parcel)	What was the legal status of the holder?	Is the legal status type of the holder's holding formalised or registered?
(1)	(2)	(3)	(4)	(5)	((8)	(9 )			(10)			(11)	(12)	(13)	(14)
<b>CAPI will provide</b>	ASSIST THE RESPONDENT TO PROVIDE NAMES FOR ALL THE PARCELS ON HOLDING		1 = Own/Freehold 2 = Leasehold 3 = Renting 4 = Share cropping 5 = Squatting 6 = Inheritance 7 = Trusteeship 8 = Other Specify.....	1 = Yes, complete 2 = Yes partial 3 = No now 4 = Not at all	RECORD THE UNIT OF MEASURE USED IN THE COMMUNITY E.g. 1 = Pole 2 = Rope 3 = Metres 4 = Acre 5= Hectare	TOTAL	MALE	FEMALE	TOTAL	MALE	FEMALE	RECORD IN HOURS.	FOR EACH TYPE OF FARM (PARCEL), RECORD THE NUMBER OF FIELDS (PLOTS) <sup>1</sup>	1= Individual 2= Joint within same household 3= Joint across different households	1= Yes 2 = No
	No.	Name													
01	1														
	2														
02	1														
	2														

TRANSFER NAMES OF HOLDERS (THOSE WHO ANSWERED YES TO QUESTION 20 ON PAGE 6 TO THIS PAGE WHILE MAINTAINING THEIR ROW. **(15 YEARS OR OLDER)**)

















## SECTION 8: TYPES OF TREE CROPS ON FIELD (PLOT)

Household Member ID No.	Serial number of farms (Parcels) on holding	Serial number of fields (plots) on each farm (parcel)	Total land area of this field (plot)?  (1)	Type of cropping system  1= mono cropping  2= mixed cropping  (2)	Type of Tree Crops produced on this field (plot)  (3)	Production																What was the total cost of production in 2017	
						What was the total quantity produced and quantity sold in 2017  (SEE UNITS: IF THE RESPONDENT MENTIONED A UNIT THAT IS NOT SPECIFIED, HELP THE RESPONDENT TO CONVERT TO ONE OF THE SPECIFIED UNITS AS THE NEAREST EQUIVALENT )  (4)																(5A)	(5B)
CAPI TO PROVIDE			Units 1 = Pole 2 = Rope 3 = Metres square 4 = Acre 5 = Hectares		SEE CROP CODES.  [RECORD UP TO 4 CROPS IF MIXED CROPPING]	A				B				C				D				Labour	Other input cost
			ARE A	UNI T		A	B	C	D	Quantity Produced	Quantity Sold	Unit of measurement	Price per Unit (GH¢)	Quantity Produced	Quantity Sold	Unit of measurement	Price per Unit (GH¢)	Quantity Produced	Quantity Sold	Unit of measurement	Price per Unit (GH¢)		

- CROPS CODE**
- ARABLE CROPS**
- STARCHY STAPLE**
- 001 Maize  
002 Rice  
003 Millet  
004 Sorghum  
005 Cassava  
006 Yam  
007 Cocoyam  
008 Taro  
009 Sweet potato  
010 Plantain
- PULSES / LEGUMES**
- 011 Bambara beans  
012 Cowpeas  
013 Groundnuts  
014 Pigeon peas  
015 Soya bean
- HERBS, SPICES & CONDIMENTS**
- 016 Black pepper  
017 Ginger  
018 Nutmeg  
019 Garlic  
020 Pepper (Hot)  
021 Melon Seeds (Agusi)
- HORTICULTURE**
- 022 Flowers  
023 Pineapples  
024 Watermelon  
025 Passion Fruit  
026 Sweetsop  
027 Soursop  
028 Butternut squash
- LEAFY VEGETABLES**
- 029 Gboma  
030 Bitter leaf  
031 Amaranthus  
032 Spinach  
033 Pumpkin leaves  
034 Moringa  
035 Ayoyo/ Ademe  
036 Cocoyam leaves  
037 Mushroom
- UNITS**
- 01 Kg  
02 Tonnes  
03 Mini Bag (Fertilizer bag)  
04 Maxi Bags (Cocoa bag)  
05 Tubers  
06 Bundle/ Bunch/ Heap  
07 Single Count  
08 Rope  
09 Pole

- Units for (7)**
- 1= bag maxi  
2= bag mini  
3= bowl  
4= bucket  
5= basket  
6 =bunch  
7 =tubers

### SECTION 8: TYPES OF TREE CROPS ON FIELD (PLOT) cont'd

Household Member ID No.	Serial number of farms (parcels) on holding	Serial number of field (plot) on holding	What was the main purpose of producing each crop type on this field (plot)  (6)				Did (NAME) use pesticide (weedicide, insecticide, fungicide, etc) on this field (plot)?  (7)	Did (NAME) use fertilizer on this field (plot)?  (8)	Did (NAME) have nurseries on this field (plot)?  (9)	What was the main source of planting material (NAME) used for this production?  (10)	Did (NAME) irrigate this field (plot)?  (11)
<b>CAPI WILL PROVIDE</b>			1= Own consumption only 2= Own consumption with minor sales 3= Sales only 4= Sales with minor consumption				1=Yes 2=No	1=Yes 2=No	1=Yes 2=No	1= Shop 2= Own produce 3= Gifts 4= Open market 5= Seed Production Division (COCOBOD) 6= Department of Agriculture 7= Other (specify)	1=Yes, fully controlled 2=Yes, partially controlled 3=No
			A	B	C	D					

- VEGETABLES**  
 038 Asian vegetables  
 039 Cabbage  
 040 Carrots  
 041 Garden eggs  
 042 Lettuce  
 044 Stringed Beans  
 045 Okro  
 046 Pepper (Sweet)  
 047 Cucumber  
 048 Spring Onions  
 049 Tomato  
 050 Onions  
 051 Shallots

- TREE CROPS**  
 052 Avocado  
 053 Banana  
 054 Cashew  
 055 Cocoa  
 056 Coconut  
 057 Coffee  
 058 Cola  
 059 Citrus  
 060 Mango  
 061 Oil-palm  
 062 Guava  
 063 Pawpaw  
 064 Shea-nut

- INDUSTRIAL**  
 065 Citronella  
 066 Cotton  
 067 Jute  
 068 Kenaf  
 069 Rubber  
 070 Sissal  
 071 Sweet Berry  
 072 Sugar Cane  
 073 Tobacco

- ORNAMENTALS**  
 074 Flowers  
 075 Grasses  
 076 Leaves  
 077 Landscaping

- CROPPING CODE**  
 1= MONO  
 2= MIXED

### SECTION 9: BEE KEEPING

Household Member ID No.	Serial number of farms (parcels) with livestock on holding	Serial number of Bee field (plot) on holding	Type of Bee on this field (plot)  (1)	What was the main purpose of rearing this Bee on this field (plot)  (2)	What was the total number of Bee Hives at the beginning 2017  (OPENING STOCK COUNT)  (RECORD THE NUMBER OF HIVES )  (3)			What was the total number of Bee Hives that was added on this holding in 2017?  (RECORD THE NUMBER OF HIVES)  (4)		
<b>CAPI WILL PROVIDE</b>				1= Own consumption only 2= Own consumption with minor sales 3= Sales only 4= Sales with minor consumption	Male	Femal e	Total	Male	Female	Total



**Time taken to complete**      **Hr**        **Min**

**CONTROL**

Enumerator's Name: ..... Code:       Date Started:       Date Completed:

Signature: .....

Supervisor's Name: ..... Code:       Date Checked:       Signature: .....

**ANY SUPPLEMENTARY QUESTIONNAIRE USED? 1 = YES, 2 = NO**         
**IF YES, INDICATE THIS QUESTIONNAIRE AS**      **OF**