

21ST NOVEMBER, 2004



REPUBLIC OF GHANA

STATISTICAL SERVICE

GHANA LIVING STANDARDS SURVEY 5 (WITH NON-FARM HOUSEHOLD ENTERPRISE MODULE)

HOUSEHOLD QUESTIONNAIRE

PART a

SURVEY INFORMATION

REGION:.....

DISTRICT:.....

SUB-METRO:.....

EA:

URBAN / RURAL

ECOLOGICAL ZONE:

HOUSEHOLD:

ROSTER:

HEAD OF
HOUSEHOLD:

ADDRESS (OR DESCRIPTION)

.....

.....

FIRST VISIT

INTERVIEWER:

DATE:

DWELLING YES..1

FOUND NO...2 (>> SUPERVISOR)

IS THE HEAD YES..1

OF HOUSEHOLD NO...2 (>> SUPERVISOR)

THE SAME?

NAME OF NEW HEAD:

LANGUAGE ENGLISH.....1

USED BY THE AKAN.....2

RESPONDENT: EWE.....3

GA-DANGME.....4

DAGBANI.....5

FRAFRA.....6

NZEMA.....7

OTHER.....8

(specify)

INTER- YES..1

PRETER NO...2

USED?

REMARKS:

.....

.....

VERIFICATION OF THE QUESTIONNAIRE, FIRST VISIT

SUPERVISOR.....

DATE:

REMARKS.....

.....

REINTERVIEW YES...1

BY SUPERVISOR? NO....2

REASON:

THIS HOUSEHOLD REPLACES

THIS HOUSEHOLD WILL BE REPLACED

DWELLING NOT FOUND / VACANT..1

OCCUPANT NOT AT HOME.....2

REFUSAL.....3

SECOND VISIT

INTERVIEWER:.....

DATE:

REMARKS:.....

.....

VERIFICATION OF QUESTIONNAIRE, SECOND VISIT

SUPERVISOR:.....

DATE:

REMARKS:.....

.....

REINTERVIEW YES...1

BY SUPERVISOR? NO....2

THIRD VISIT

INTERVIEWER:.....

DATE:

REMARKS:.....

.....

VERIFICATION OF QUESTIONNAIRE, THIRD VISIT

SUPERVISOR:.....

DATE:

REMARKS:.....

.....

REINTERVIEW YES...1

BY SUPERVISOR? NO....2

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

DATA ENTRY, END OF CYCLE

OPERATOR:

DATE:

REMARKS:

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EDITING OF PRINTOUTS, END OF CYCLE

OPERATOR:

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REMARKS:

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[illegible]

OBSERVATION 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

OBSERVATION AND COMMENTS

REMARKS OF INTERVIEWER ON THE SIXTH VISIT

REMARKS BY THE SUPERVISOR ON THE SIXTH VISIT

REMARKS BY THE INTERVIEWER ON THE SEVENTH VISIT

REMARKS BY THE SUPERVISOR ON THE SEVENTH VISIT

REMARKS BY THE INTERVIEWER ON THE EIGHTH VISIT

REMARKS BY THE SUPERVISOR ON THE EIGHTH VISIT

VISIT 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 4 - 5), USE THE CALENDAR OF EVENTS TO MAKE AN ESTIMATE.

.....

5. CLASSIFY EACH PERSON ACCORDING TO THE FOLLOWING CRITERIA.

.....

LOOK AT THE ANSWER TO QUESTION 22.

- 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 23

ENTER PROPER CODE IN QUESTION 24.

COLUMN A. PUT A CROSS 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 A CROSS IN COLUMN A.

1	2	3	4	5	6	7	8	9	10	11
		Relationship to Head of household	ASK PERSON TO GET DOB, BIRTH	How old is (NAME)?	What is (NAME'S) present marital status?	Does (NAME'S) spouse live in this house- hold?	COPY THE I.D. CODE OF THE SPOUSE	At what age did (NAME) first get married or started living with partner?	What is (NAME'S) religious denomination?	In what region/ country was (NAME) born?
	SEX	Head01 Spouse (Wife/husband)...02 Child (Son/daughter)...03 Grandchild04 Parent/Parent-in-law ...05 Son/Daughter-in-law06 Other relative07 Adopted/Foster/ Step child08 Househelp09 Non-relative10	CERTIFICATE AND COPY DATE OF BIRTH OR IF NOT AVAILABLE CODE	YEARS AND MONTHS IF 5 OR UNDER, OTHERWISE YEARS ONLY (IF LESS THAN 12 YEARS OLD >> 10)	Married1 Informal/loose union2 Separated3 (>> 9) Divorced4 (>> 9) Widowed5 (>> 9) Never married6 (>> 10)	Yes ...1 No2 (>> 9)	(IF MORE THAN ONE SPOUSE, THE FIRST ONE)	(AGE IN YEARS)	Catholic01 Anglican02 Presbyterian ..03 Methodist04 Pentecostal ...05 Spiritualist ..06 Other X'tian ..07 Moslem08 Traditional ...09 No Religion ...10 Other96	Western01 Central02 Gt. Accra03 Volta04 Eastern05 Ashanti06 Brong Ahafo07 Northern08 Upper East09 Upper West10 Other ECOWAS ...96 Africa other than ECOWAS ...97 Outside Africa ..98
	Male .1 Fe- male.2		DAY = XX MO. = XX YR. = XXXX							
			DD MM YYYY							
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	12 What is (NAME'S) nationality? Ghanaian01 Burkinabe02 Malian03 Nigerian04 Ivorian05 Togolese06 Liberian07 Other ECOWAS..08 Other African.09 Other10 (specify) (IF ANSWER = 02 - 10 >> Q.14)	13 To which ethnic group does (NAME) belong? E T H N I C I T Y CODE		14 Does (NAME'S) father live in this household? Yes1 No2 (>> 16)	15 I.D. OF FATHER <div>>> 18</div>	16 What was (NAME'S) father's highest educational level completed? None01 Primary02 Middle/JSS03 Voc/Comm04 'O' Level05 SSS06 'A' Level07 Training College08 Tech/Prof09 Tertiary10 Koranic11 Don't Know98	17 What kind of work has (NAME'S) father done for most of his life? Professional/ Technical.....1 Administrative/ Managerial.....2 Clerical.....3 Sales.....4 Service.....5 Agric./Ani.- Husb/Forest/ Fishing/ hunting.....6 Production & Related wks....7 Workers NEC....8 Don't Know.....9	18 Does (NAME'S) mother live in this household? Yes1 No2 (>> 20)	19 I.D. OF MOTHER <div>>> 22</div>	20 What was (NAME'S) mother's highest educational level completed? None01 Primary02 Middle/JSS03 Voc/Comm04 'O' Level05 SSS06 'A' Level07 Training College....08 Tech/Prof09 Tertiary10 Koranic11 Don't Know98
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	21 What kind of work has (NAME'S) mother done for most of her life? Professional/ Technical.....1 Administrative/ Managerial.....2 Clerical.....3 Sales.....4 Service.....5 Agric./Ani- Husb/Forest/ Fishing/ Hunting.....6 Production & Related wks.....7 Workers NEC.....8 Don't Know.....9	22 For how many months during the past 12 months has (NAME) been away from this household? (IF 3 MONTHS OR LESS >> 24) MONTHS	23 While absent, is/was (NAME) a member of another household? (Including single person household). Yes1 No2	24 HOUSEHOLD MEMBER CRITERIA FOR THE SELECTION OF HOUSEHOLD MEMBER Yes ...1 No2 (>> NEXT PERSON)
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SECTION 2: EDUCATION
PART A: GENERAL EDUCATION (RESPONDENTS: ALL HOUSEHOLD MEMBERS 3 YEARS AND OVER)
Now I would like to ask you some questions about your education.

ID OF PERSON INTER- VIEWED	1 Has (NAME) ever attended school?	2 What was the highest grade completed?		3 What was the highest educational qualification attained?	4 Did (NAME) attend school/ college at any time during the past 12 months	5 Is (NAME) still in school?	6 Is the school (NAME) attending Public or Private?	7 What is the current grade?		8 How much time does (NAME) spend going to and from school daily?	
		None.....00	S127					None01	Public ..1	Private .	None00
	Yes ...1	Pre-School01	S228	MSLC02	Yes ...1	Yes1	Public ..1	Pre-School 01	Teacher Train..42		
		P111	S329	BECE03		No2	Private	P111	Nursing.....43		
		P212	S430	Voc/Comm04		(>> PART	reli-	P212	Polytechnic....51		
		P313	S531	Teacher Tra. A ..05		2B)	gious..2	P313	University.....52		
		P414	L632	Teacher Tra. B ..06			Private .	P414	Other Tertiary.53		
		P515	U633	GCE O Level07			non-	P515	Other.....61		
	No2	P616	Voc/Technical/	SSCE08			gious..3	P616	(specify)		
		JSS117	Computer/	GCE A Level09				JSS117			
		JSS218	Comm/Agric....41	Tech/Prof. Cert .10				JSS218			
	(>> PART	JSS319	Teacher Train ..42	Tech/Prof. Dip ..11				JSS319			
	2C)	M120	Nursing43	HND12				SSS124			
		M221	Polytechnic51	Bachelor13				SSS225			
		M322	University52	Masters14				SSS326			
		M423	Other Tertiary.53	Doctorate15							
		SSS124	Other61	Other16							
		SSS225	(specify)	(specify)							
		SSS326									
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SECTION 2: EDUCATION
PART A: GENERAL EDUCATION
CONT'D.

	ID OF PERSON INTERVIEWED	9	10	11		I want to ask you about the educational expenses for (NAME) during the past 12 months?									21	22	23
		How many hours of class did you attend last week?	How many hours of class did you miss last week?	How many hours and minutes of home-work did you do last week?		How much did you spend on:									Who paid for most of the educational expenses?	Did (NAME) have a scholarship/bursary during the past 12 months?	What was the amount of the scholarship/bursary received for the past 12 months?
						12	13	14	15	16	17	18	19	20			
		HOURS	HOURS	HRS	MIN	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT			
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SECTION 2: EDUCATION
PART B: EDUCATIONAL CAREER

FOR ALL MEMBERS 12 YEARS AND ABOVE

	1 Has (NAME) ever attended technical and / or vocational/ computer school?	2 How many course - years did (NAME) complete?	3 What was the highest certificate (NAME) achieved?	4 Was the technical/ computer/ vocational school (NAME) attended public or private?	5 Has (NAME) ever attended a tertiary education- al insti- tution (eg. Univer- sity, Polytech- nic, etc)?	6 How many years did (NAME) attend?	7 What was the last institution attended?	8 What was the highest quali- fication (NAME) achieved?	9 Was the tertiary institution, Public or Private?
	Yes1 No.....2 (>> 5)	None1 3 Months2 6 Months3 1 Year4 2 Years5 3 Years6 4 Years7	None1 NACVET2 IMIS3 NVTI4 City & Guild...5 Certificate ...6 Diploma7 Other8 (specify)	Public1 Private reli- gious....2 Private non- reli- gious....3	Yes.....1 No.....2 (>> PART 2C)	Y E A R S	Advanced/Specialist Teacher training.....1 Polytechnic.....2 University.....3 Other.....4 (specify)	None.....1 Certificate..2 Diploma.....3 HND.....4 Bachelor.....5 Masters.....6 Doctorate....7 Other.....8 (specify)	Public1 Private religious...2 Private non- religious...3
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SECTION 2: EDUCATION
PART C: LITERACY / APPRENTICESHIP

R E S P O N D E N T S: ALL HOUSEHOLD MEMBERS 5 YEARS OR OLDER

	1 Can (NAME) read a phrase/ senten- ce in English? (SHOW FLASH CARD)	2 In what Gha- naian language can (NAME) read a phrase/ sentence? (SHOW FLASH CARD) STATE THE ONE IN WHICH (NAME) IS MOST PROFICIENT None.....1 Akan.....2 Ewe.....3 Ga-Dangme...4 Dagbani.....5 Frafra.....6 Nzema.....7 Wali.....8 Other.....9 (specify)	3 Can (NAME) write a sen- tence in Eng- lish? STATE THE ONE IN WHICH (NAME) IS MOST PROFICIENT None.....1 Akan.....2 Ewe.....3 Ga-Dangme...4 Dagbani.....5 Frafra.....6 Nzema.....7 Wali.....8 Other.....9 (specify)	4 In what Gha- naian language can (NAME) write a sentence? STATE THE ONE IN WHICH (NAME) IS MOST PROFICIENT None.....1 Akan.....2 Ewe.....3 Ga-Dangme...4 Dagbani.....5 Frafra.....6 Nzema.....7 Wali.....8 Other.....9 (specify)	5 Can (NAME) do written calcu- lations? (USE FLASH CARD) Yes...1 (>> 8) No....2	6 Has (NAME) ever atten- ded a lite- racy course? Yes..1 (>> 8) No...2	7 If not atten- ing/attended, why? Low quality..1 Not availa- ble.....2 Do not need..3 Too costly..4 Takes much time.....5 Not useful..6 Too far.....7 Spouse does not want..8 Other.....9 (specify) (>> 9)	8 For how many months has (NAME) been attend- ing/ attended a literacy course? MONTHS	9 Is (NAME) or has (NAME) ever been an apprentice? Yes, curren- tly.....1 Yes, in past....2 No.....3 (>> 14)	10 How long was (is) the appren- ticeship? YRS MTHS	11 What is the main trade (NAME) learnt? MAIN TRADE CODE	12 Did (NAME) pay a fee for this train- ing? Yes, in kind..1 Yes, in cash..2 Both..3 No....4 (>> 14)	13 How much did (NAME) pay for the train- ing? AMOUNT	14 Has (NAME) ever attended other short training courses lasting not more than 6 months? Yes....1 No.....2 (>> NEXT MEMBER)	15 What was the main subject of the most recent training? Clerical.....1 Prof/ Managerial...2 Computer.....3 Marketing....4 Teaching.....5 Leadership...6 Medicine.....7 Accountancy..8 Other.....9 (specify)	
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SECTION 3: HEALTH
PART A: HEALTH CONDITION IN THE PAST TWO WEEKS

R E S P O N D E N T S : ALL HOUSEHOLD MEMBERS

	ID OF PERSON INTER- VIEWED	1 During the past 2 weeks has (NAME) suffered from either an illness or an injury? Neither....1 (>> 5) Illness....2 Injury.....3 Both.....4	2 For how many days during the past 2 weeks has (NAME) suffered from this condition? (1 - 14) D A Y S	3 During the past 2 weeks, did (NAME) have to stop the usual activities because of this condition? Yes.....1 No.....2 (>> 5)	4 For how many days? (1-14) DAYS	5 During the past 2 weeks has (NAME) consulted a health prac- titioner, or dentist or visited a a health centre or consulted a traditional healer, etc? Yes.....1 No.....2 (>> 17)	6 On this visit whom did (NAME) consult? Doctor.....01 Dentist.....02 Nurse.....03 Medical Asst...04 Midwife.....05 Pharmacist....06 Trad. Healer...07 Trained TBA...08 Untrained TBA..09 Spiritualist ..10 Other11 (specify)	7 What was the reason for the most recent visit? Check-up.....1 Follow-up.....2 Illness.....3 Injury.....4 Vaccination.....5 Prenatal care....6 Postnatal care...7 Other.....8 (specify)	8 Where did the consultation take place? Hospital.....1 Clinic.....2 MCH Clinic.....3 Maternity Home.....4 Pharmacy.....5 Chemical Store..6 Consultant's Home.....7 Patient's Home.....8 Other.....9 (specify)	9 Is this a public or private facility? Public.....1 Private reli- gious ...2 Private non- reli- gious ...3	10 How much did (NAME) pay for this consultation? AMOUNT
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SECTION 3: HEALTH
PART A: HEALTH CONDITION IN THE PAST TWO WEEKS - CONTINUED

I D	11 How much did (NAME) pay to travel there and to return?	12 How much time did it take to travel to and from the facility?		13 How much time did (NAME) spend at the health facility?		14 During the past two weeks was (NAME) admitted to a hospital or health centre on account of the illness/ injury? (INCLUDE TRADITIONAL HEALING CENTRES)	15 How many nights did (NAME) stay in hospital/ health centre during the past two weeks (1 - 14)	16 How much did (NAME) or will (NAME) pay for staying in a hospital/ health centre during the past two weeks? <div>>> 18</div>	17 For the past 12 months was (NAME) hospitalized for any illness or injury? Yes1 No2	18 During the past 2 weeks did (NAME) buy any medicine or medical supplies? Yes1 No2 (>> 20)	19 How much did (NAME) pay altogether for these medicine and medical supplies?	20 Total medical expenses. IF CANNOT GIVE BREAKDOWN	21 Who pays for most of these health expenses consultations and hospital stays (if any)? Household memberID Other relative80 Government81 Employer82 Health Insurance ...83 Other84 (specify)	
	A M O U N T	HRS	MIN	HRS	MIN	Yes1 No.2 (>> 17)	N I G H T S	A M O U N T			A M O U N T	A M O U N T		
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SECTION 3: HEALTH
PART B: PREVENTIVE HEALTH, VACCINATION, IN PAST 12 MONTHS
THIS PART COVERS ALL CHILDREN 5 YEARS AND YOUNGER - PERSON TO BE INTERVIEWED IS CHILD'S MOTHER OR ADULT HOUSEHOLD MEMBER IN CHARGE.

I D	ID OF PERSON INTERVIEWED	1 Has (NAME) ever been vaccinated?	2 Were any of these vaccinations given to (NAME) during the past 12 months? COPY FROM VACCINATION BOOK / (WEIGH-IN) CARD IF AVAILABLE Yes1 No2 Do not know3 Not applicable ..4 IF ALL ANSWERS EQUAL 3 AND / OR 4 >> PART 3C Type of vaccination												3 Did you have to pay any fee for this vaccination?	4 How much did you have to pay for the last vaccination?	5 Why was (NAME) not vaccinated?
		Yes1 No2 (>> 5)	B C G	POLIO			DPT			FIVE IN ONE	MEASLES	VITAMIN 'A'	YELLOW FEVER	Yes1 No2 (>> Next Person)	<div>NEXT PERSON</div>	Too young1 Did not know (NAME) had to..2 Health centre too far3 Shortage of supply4 Other5 (specify)	
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SECTION 3: HEALTH
PART C: POSTNATAL CARE
COVERS ALL CHILDREN 5 YEARS AND YOUNGER - PERSON INTERVIEWED SHOULD BE THE CHILD'S MOTHER OR ADULT HOUSEHOLD MEMBER IN CHARGE.

	ID OF PERSON INTER- VIEWED	1 Did you or someone else take (NAME) to a health centre for a post- natal care in the past 12 months? Yes.....1 No.....2 (>> 5)	2 How many times did (NAME) go there for consultations in the past 12 months?	3 Did you have to pay for consulta- tions? Yes.....1 No.....2 (>> 5)	4 How much did you usually pay for one consultation? AMOUNT	5 Does (or did) the mother breastfeed (NAME)? Yes.....1 No.....2 (>> 9)	6 At what age was (NAME) weaned? REPORT IN MONTHS Still breast- feeding...87 MONTHS	7 At what age did (NAME) receive any liquid (except water) other than breastmilk, for the first time? Not yet...87 MONTHS	8 At what age was (NAME) first given water? Not yet ...87 MONTHS	9 At what age did (NAME) receive any food other than breastmilk, for the first time? Not yet...87 MONTHS	10 Does (NAME) participate in a community feeding program? Yes.....1 No.....2	11 Who usually looks after (NAME) during daytime? Adult Male1 Adult Female ...2 Male Child3 Female Child4 Creche5 Other6 (specify)
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SECTION 3: HEALTH
PART D: FERTILITY - PRENATAL CARE - CONTRACEPTIVE USE
RESPONDENTS: WOMEN 15 TO 49 YEARS OLD. INDIVIDUALS SHOULD EACH ANSWER FOR THEMSELVES.

ID OF PERSON INTER- VIEWED	1 Have you ever been pregnant?	2 Have you ever given birth to a child?	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	6 How many girls are still alive?	7 How many boys are still alive?	8 Did you have any pregnancy which did not end in a live birth?	9 How many of those pregnancies did not end in a live birth?	10 Are you pregnant now?	11 During the past 12 months have you been pregnant?
	Yes.....1 No.....2 (>> 21)	IF NO PROBE Even one who lived only a few hours or less. Yes.....1 No.....2 (>> 8)			TOTAL NUMBER OF CHILDREN (Q.3 + Q.4)			Yes.....1 No.....2 (>> 10)		Yes.....1 (>> 15) No.....2	Yes.....1 No.....2 (>> 22)
			GIRLS	BOYS	TOTAL	GIRLS	BOYS		NON-LIVE BIRTHS		
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	12 How did this pregnancy end?	13 Is that child still alive?	14 Are you now breast-feeding?	15 During this pregnancy did you receive any pre-natal care?	16 How old was your pregnancy when you first received pre-natal care?	17 From where did you receive that care?	18 From whom did you receive that care?	19 How many times did you go there?	20 How much did you pay for the first prenatal consultation?	21 Why didn't you go for pre-natal care?
I	Live birth.....1					Prenatal clinic (Private) ..1	Doctor01 Nurse02			Can't afford.....1
D	Still birth.....2 (7+ months, >> 15)		Yes.....1	Yes.....1		Prenatal clinic (Public) ...2	Medical Asst....03 Midwife04 Pharmacist05			No health care available..2
	Mis-carriage..3 (>> 15)	Yes.....1	No.....2	No.....2 (>> 21)		Hospital3 Maternity Home4	Trad. Healer....06 Trained TBA07 Untrained TBA...08		>> 22	Health care too far....3
	Other.....4 (specify) (>> 15)	No.....2 (>> 15)	CHECK PART 3C Q.6			Home of practitioner ...5 Other6 (specify)	Spiritualist ...09 Other10 (specify)			Not necessary..4 Other.....5 (specify)
					WEEKS				A M O U N T	
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SECTION 3: HEALTH
PART D: FERTILITY - PRENATAL CARE - CONTRACEPTIVE USE
CONCLUDED

	22 Are you or your partner using any method to prevent or delay pregnancy? I D Yes.....1 No.....2 (IF NO >> NEXT PERSON)	23 What main method are you using? Pill01 Male condom02 Female condom ...03 IUD.....04 Injection.....05 Female sterl.....06 Male sterl.....07 Implants.....08 Foam/Jelly.....09 LAM10 Abstinence.....11 Rhythm12 Withdrawal13 Other14 (specify)	24 IF Q.23= 01 TO 09, ASK: How much did you pay for that during the last month? AMOUNT	25 IF Q.23 = 01 TO 09 ASK Where did you get the method? Prenatal clinic (Private) ..1 Prenatal clinic (Public) ...2 Hospital3 Maternity Home.....4 Home of practitioner5 Pharmacy/Chemist/ Drug store6 Other7 (specify)
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SECTION 3: HEALTH
PART E: INSURANCE - INDIVIDUAL SPECIFIC QUESTIONS

	1 Has (NAME) ever registered with a health insurance scheme?	2 If (NAME) has never been registered why? Premium is too high.....1 Do not trust organisers.....2 Covered by other avenues.....3 No knowledge of any scheme.....4 Other.....5 (specify)	3 If (NAME) ever registered, is he/she still a member? Yes.....1 (> 5) No.....2	4 If (NAME) is no longer a member why? Premium is too high.....1 Do not trust organisers.....2 Covered by other alternatives.....3 Was not getting benefits.....4 Other.....5 (specify)	5 If (NAME) is registered, what type of scheme is he/she registered with? (CHECK MEMBERSHIP CARD) District mutual.....1 Private mutual.....2 Private company.....3 Other.....4 (specify)	6 What are the expected benefits from the scheme? Only OPD services.....1 Only in-patient services.....2 Both.....3	7 Premium paid or expected to pay for the current insurance year.		8 Is (NAME) exempted from paying some part/all premium? Some part..1 All.....2
							a PAID	b EXPECTED TO PAY	
							AMOUNT	AMOUNT	
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02									
03									
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SECTION 4: EMPLOYMENT AND TIME USE.
PART A: SCREENING QUESTIONS AND CHARACTERISTICS OF OCCUPATIONS IN PAST 12 MONTHS.
RESPONDENT: ALL HOUSEHOLD MEMBERS AGE 7 AND OLDER.

		Year	2	0	0	
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I would now like to ask you about your activities of the past 12 months, that is since Month

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 Year

[illegible]

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 wasINTERVIEWER: SEE PART A, QUESTION 5.

	1 Is (NAME) doing the same work now?	2 Why is (NAME) not doing the same work? Sacked from job1 Job Completed .2 Seasonal Work .3 Firm Closed ...4 Found/Preferred other work ..5 Retired6 Other7 (specify)	3 How long has (NAME) been doing this work altogether?		4 Did (NAME) father or mother do the same kind of work? Yes1 No2	5 What kind of industry, business, service or activity is carried out at the place where you worked? Describe the activity. (WRITE NAME OF INDUSTRY)		6 During the past 12 months, for how many weeks did (NAME) do this work?	7 During these weeks, how many hours per week did (NAME) usually work?	8 Has (NAME) received or will (NAME) receive money for this work? Yes1 No2 (>> 11)	9 What is the amount?	
	Yes1 (>> 3) No2		YRS	MTHS		N A M E O F I N D U S T R Y	ISIC CODE	WEEKS	HOURS		AMOUNT	TIME UNIT
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02												
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15												
<div>TIMEUNIT</div> <div>Daily1Monthly4</div> <div>Weekly2Quarterly5</div> <div>Fort-nightly3Yearly6</div>												

SECTION 4: EMPLOYMENT AND TIME USE													
PART B: CONT'D.													
	10 The last time (NAME) received this money, how many hours did (NAME) actually work?		11 Are taxes already deducted from (NAME's) pay? Yes.....1 No.....2	12 In this connection, is (NAME): A paid employee...01 Self employed (non-agric) without employees.....02 Unpaid family worker (non-agric).....04 Self employed agric with employees..05 without employees.....06 Unpaid family worker (agric).....07 Apprentice.....08 Domestic employee (househelp).....09 Other.....10 (specify) SKIP TO Q. 39 IF Q.14 = 02, 03, 04, 05, 06 or 07	13 For whom did (NAME) work? Government Sector: Civil Service.....01 Other Public Service.....02 Parastatals.....03 N.G.Os.....04 Cooperatives.....05 Inter. Organ./Dip. Mission...06 Private Sector Formal (incl. paid apprentices)...07 Private Sector Informal.....08 Agricultural business.....09 Other.....10 (specify)	14 Does (NAME) receive any bonuses, commissions, tips, or allowances for this work? Yes...1 No....2 (>> 17)	15 What is the value of these?		16 Did (NAME) include these when he/she said he/she received? (ANSWER TO QUESTION 9) Yes....1 No.....2	17 Does (NAME) receive any payment for this work in the form of food, crops, animals or clothes? Yes.....1 No.....2 (>> 19)	18 What is the value of these goods?		19 Does (NAME) employer gives (NAME) accomodation that is free or at a reduced price? Yes, free.....1 Yes, sub-sidized..2 No.....3 (>> 21)
	HOURS	UNIT					VALUE	TIME UNIT			VALUE	TIME UNIT	
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02													
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SECTION 4: EMPLOYMENT AND TIME USE
PART B: CONT'D.

	20 How much does (NAME) give from this arrangement?		21 Does (NAME) employer gives (NAME) free transport or reduced fares?	22 How much does (NAME) gain from this arrangement?		23 Does (NAME) receive any payment for this work in any other form?	24 What is the value of this form of payment?		25 When (NAME) started this work did he/she sign a written contract?	26 Is there a trade union at the place where (NAME) works?	27 In this job is (NAME) entitled to paid holidays?	28 Is (NAME) entitled to paid sick leave and or maternity leave in this job?	29 Will (NAME) receive a retirement pension?	30 Is (NAME) entitled to free or subsidized medical care in this job?
			Yes free....1 Yes reduced.2 No3 (>> 23)			Yes1 No2 (>> 25)			Yes1 No2	Yes.....1 No.....2	Yes.....1 No.....2	Yes, sick leave....1 Yes, ma- ternity leave....2 Yes, both..3 No.....4	Yes.....1 No.....2	Yes.....1 No.....2
	VALUE	TIME UNIT		VALUE	TIME UNIT		VALUE	TIME UNIT						
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02														
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15														

TIME UNIT
Daily1 Monthly4
Weekly2 Quarterly5
Fortnightly ...3 Yearly6

SECTION 4: EMPLOYMENT AND TIME USE
PART B: CONCL'D.

	31 Is (NAME) entitled to any other social security benefits in this job? Yes.....1 No.....2	32 During the last 5 years has (NAME) received any training lasting at least one month relating to his/her work? Yes.....1 No.....2 (>> PART 4C)	33 How long was the last training?		34 How many hours a week did (NAME) receive this training? HOURS	35 Who paid for the training? Myself entirely....1 Employer entirely....2 Both (cost was shared).....3 Free.....4 International Agency.....5 Other.....6 (specify)	36 Did (NAME) lose any entitlement or benefit during the period of his/her training? Yes.....1 No.....2	37 By how much was/is it lower? WRITE DIFFERENCE BETWEEN NORMAL ENTITLEMENT/BENEFIT WHILE TRAINING		38 Is (NAME) place of work in this village/town? Yes.....1 (>> 41) No.....2	39 Where does (NAME) usually do his/her main work? Office.....01 Home.....02 Factory.....03 Workshop.....04 Own Land/Farm....05 Other Land/Farm..06 River/Ocean.....07 Hotel/Restaurant/ Chop bar.....08 Store/Shop/Table top.....09 Street at a fixed location.....10 Street not at a fixed location..11 Lorry park.....12 Somebody's home " verandah..13 Other (specify)..14	40 How far away is (NAME) place of work from his/her home? KMS	41 How often does (NAME) go between his/her house and place of work? No. OF TRIP TIME UNIT		42 How many people altogeth- er work in the organisa- tion where (NAME) does this work? CODE DK FOR DON'T KNOW NUMBER
			MTHS	WKS				AMOUNT	TIME UNIT						
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02															
03															
04															
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SECTION 4: EMPLOYMENT AND TIME USE														
PART C: SECOND 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 F.														
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 Q.7). Is this correct?														
	1 What kind of trade, services or industry is this work connected with? (DESCRIBE THE ACTIVITY)			2 How long has (NAME) been doing this work altoget- her?		3 Is (NAME) still doing the same work? Yes.....1 No.....2	4 Why is (NAME) not doing the same work? Sacked from job.....1 Completed job...2 Seasonal work...3 Firm closed.....4 Found/preferred other work....5 Retired.....6 Other.....7 (specify)	5 During the past 12 months, for how many weeks did (NAME) do this work?	6 During these weeks, how many hours per week did (NAME) normally work?	7 Did (NAME) work on this job during the same period as his/her main job? IF YES How long did (NAME) do both altogether? IF NO WRITE 00	8 Has (NAME) received or will (NAME) receive money from this work? Yes.....1 No.....2	9 What is the amount? (Including any bonuses, commissions, or tips received).		10 The last time (NAME) received this money, how many hours did (NAME) actually work? ANSWER MUST BE IN THE SAME TIME UNIT AS IN Q.9
	NAME OF INDUSTRY	ISIC CODE	YRS	MTHS	WEEKS			HOURS	A M O U N T			TIME UNIT		
01														
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13														
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SECTION 4: EMPLOYMENT AND TIME USE
PART C: CONCL'D.

	11 For whom did (NAME) work? Working on own family agric. activity (ie. farming, fishing, livestock/hunting...01 Employee in a wage job:- Government Sector Public Service.....02 Civil Service.....03 Parastatals.....04 N.G.Os.....05 Co-operatives.....06 Inter. Organisations/Dip. Mission.....07 Private Sector (include paid apprentices)....08 Self employed (other than agriculture) with employees.....09 without employees.....10 Unpaid worker in a family business.....11 Other (specify).....96 IF Q11 = 01, 11 OR 96 >> PART 4D	12 Are taxes already deducted from (NAME's) pay? Yes.....1 No.....2	13 Does (NAME) receive any payment for this work in the form of food, crops, animals or clothes? Yes.....1 No.....2 (>> 15)	14 What is the value of these goods? ANSWER MUST BE IN THE SAME TIME UNIT AS Q.9 V A L U E	15 Does (NAME) receive any payment for this work in any form such as free or subsidized housing, trans- portation and other goods or services? Yes, housing....1 Yes, transpor- tation....2 Yes, Goods...3 No.....4 (>> Next Part)	16 How much does (NAME) gain from this? VALUE TIME UNIT	
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14							
15							

TIME UNIT
Daily1
Weekly2
Fortnightly ...3
Monthly4
Quarterly.....5
Yearly6

SECTION 4: EMPLOYMENT AND TIME USE

PART D: THIRD OCCUPATION DURING THE PAST 12 MONTHS

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

Now. I would like to ask you about your third most important occupation during the past 12 months. This was (OCCUPATION FROM PART A: Q.7). Is this correct?

	1	2		3		4		5	6	7	8	9	10	
	During the past 12 months, did you do any other work beside the MAIN and SECOND MAIN OCCUPATIONS?	Describe the main tasks and duties in the other kind of work that (NAME) spent most time on apart from his/her main and secondary occupations?		What kind of trade, services or industry is this work connected with?		How long has (NAME) been doing this work altogether?		Is (NAME) still doing the same work?	Why is (NAME) not doing the same work?	During the past 12 months, for how many weeks, did (NAME) do this work?	During these weeks, how many hours per week did (NAME) normally work?	Did (NAME) work on this job at the same time as his/her second main job?	Have you received or will you receive money for this work?	
	Yes.....1 No.....2 (>> Part 4F)	THIRD OCCUPATION	ISCO CODE	INDUSTRY	ISIC CODE	YRS	MTHS	Yes.....1 (>> 7) No.....2	Sacked from job.....1 Completed job..2 Seasonal work..3 Firm closed....4 Found/preferred other work...5 Other.....6 (specify)		WEEKS	HOURS	WEEKS	Yes.....1 No.....2 (>> 13)
01														
02														
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SECTION 4: EMPLOYMENT AND TIME USE								
PART D: CONCL'D.								
	11 What was the amount (including any bonuses, commissions, allowances, or tips received)?		12 The last time (NAME) received this money, how many hours did he/she actually work in earning it?	13 In this occupation, is (NAME): An employee.....1 Self-employed (non-agric.) with employees.....2 without employees.....3 Unpaid family worker (non-agric.)..4 Self-employed (agric.).....5 Unpaid family worker (agric.).....6	14 For whom did (NAME) work? Working on own or family agric. activity, (ie. farming, fishing, livestock, hunting).....01 Employee in a wage job Government Sector.....02 Parastatals.....03 N.G.Os.....04 Co-operatives.....05 International Organ./Diplomatic Missions..06 Private Sector (include paid apprentices)...07 Self-employed (other than agriculture) with employees.....08 without employees.....09 Unpaid work in a family business.....10 Other.....11 (specify)	15 Does (NAME) receive any payment for this work in the form of goods or services? Yes.....1 No.....2 (>> Part 4E)	16 What is the value of the goods or services provided?	
	AMOUNT	TIME UNIT					VALUE	TIME UNIT
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SECTION 4: EMPLOYMENT AND TIME USE

PART E: FOURTH OCCUPATION DURING THE PAST 12 MONTHS

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

Now. I would like to ask you about your third most important occupation during the past 12 months. This was (OCCUPATION FROM PART A: Q.7). Is this correct?

	1	2		3		4		5	6	7	8	9	10
	During the past 12 months, did you do any other work beside the 3 previous occupations?	Describe the main tasks and duties in the other kind of work that (NAME) spent most time on apart from the 3 previous occupations?		What kind of trade, services or industry is this work connected with?		How long has (NAME) been doing this work altogether?		Is (NAME) still doing the same work?	Why is (NAME) not doing the same work?	During the past 12 months, for how many weeks, did (NAME) do this work?	During these weeks, how many hours per week did (NAME) normally work?	Did (NAME) work on this job at the same time as his/her second main job?	Has (NAME) received or will (NAME) receive money for this work?
	Yes.....1 No.....2 (>> Part 4F)			(DESCRIBE THE GOODS AND SERVICES PRODUCED; USE CODES FROM PART 4A)				Yes.....1 (>> 7) No.....2	Sacked from job.....1 Completed job..2 Seasonal work..3 Firm closed....4 Found/preferred other work...5 Other.....6 (specify)			IF YES, How long did (NAME) do both altogether? IF NO, WRITE 00	Yes.....1 No.....2 (>> 13)
		FOURTH OCCUPATION	ISCO CODE	INDUSTRY	ISIC CODE	YRS	MTHS			WEEKS	HOURS	WEEKS	
01													
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15													

SECTION 4: EMPLOYMENT AND TIME USE								
PART E: CONCL'D.								
	11 What was the amount (including any bonuses, commissions, allowances, or tips received)?		12 The last time (NAME) received this money, how many hours did he/she actually work in earning it?	13 In this occupation, is (NAME): An employee.....1 Self-employed (non-agric.) with employees.....2 without employees.....3 Unpaid family worker (non-agric.)..4 Self-employed (agric.).....5 Unpaid family worker (agric.).....6	14 For whom did (NAME) work? Working on own or family agric. activity, (ie. farming, fishing, livestock, hunting).....01 Employee in a wage job Government Sector.....02 Parastatals.....03 N.G.Os.....04 Co-operatives.....05 International Organ./Diplomatic Missions..06 Private Sector (include paid apprentices)...07 Self-employed (other than agriculture) with employees.....08 without employees.....09 Unpaid work in a family business.....10 Other.....11 (specify)	15 Does (NAME) receive any payment for this work in the form of goods or services? Yes.....1 No.....2 (> Part 4E)	16 What is the value of the goods or services provided?	
	AMOUNT	TIME UNIT					VALUE	TIME UNIT
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SECTION 4: EMPLOYMENT AND TIME USE						
PART F: EMPLOYMENT SEARCH IN THE PAST 12 MONTHS						
1	2	3	4	5	6	7
During the past 12 months, for how many weeks altogether was (NAME) without any work?	During the past 12 months, how many weeks was (NAME) available for work?	During the past 12 months, how many weeks did (NAME) actively look for work?	What did (NAME) do in the past 12 months to find work? (WRITE MOST IMPORTANT ONLY) Applied to prospective employers.....1 Checked at farms/factories/work sites.....2 Asked friends and relatives.....3 Took action to start business....4 Took action to atart agricultural activity.....5 Upgrading skills.....6 Search newspaper adverts.....7 Search employment services.....8 Other.....9 (specify)	Why did (NAME) not look for work throughout the period he/she was available for work? (WRITE MOST IMPORTANT ONLY) Thought no work available...1 Awaiting reply to earlier enquiries.....2 Waiting to start arranged job, business or agriculture.....3 Off season in agriculture...4 Other.....5 (specify)	What type of work did (NAME) want when he/she was available or looking for work? Wage employment in: Government/ State Enterprise..1 Large private firm..2 Small/medium scale enterprise.....3 Self-employment: Non-agriculture....4 Agric (including livestock/fishing.5 Any.....6 <div>>> 4G</div>	What was (NAME) doing when not working and not available to work? (IN ORDER OF PRIORITY) Student.....1 Housework.....2 Disabled.....3 Sick.....4 Retired/Aged.....5 Income receipient..6 Other.....7 (specify)
IF ZERO SKIP TO PART G	IF ZERO SKIP TO Q.7	IF ZERO SKIP TO Q.5				
WEEKS	WEEKS	WEEKS				
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SECTION 4: EMPLOYMENT AND TIME USE							
PART G: ACTIVITY STATUS AND EMPLOYMENT SEARCH IN THE LAST 7 DAYS							
	1 Did (NAME) do any work for pay, profit, family gain or did (NAME) produce anything for barter or home use during the last 7 days? (Including temporary absence from work) Yes.....1 No.....2 (>> 8)	2 How many hours did (NAME) work in the last 7 days in all his/her occupations? (INCLUDE MAIN OCCUPATION AND ALL OTHER OCCUPATIONS)	3 Taking all (NAME's) job into consideration did (NAME) seek to change his/her work situation in the last 7 days? Yes.....1 No.....2 (>> 8)	4 What was the most important that made (NAME) seek to do that? Increase your earnings.....1 (>> 6) Be more suited to your experience & qualification....2 Be closer to your home.....3 Be in your village/town.....4 Have improved safety at work.....5 Have less excessive hours.....6 Have better social security/protection.....7 Have other improved working conditions.....8 Other reason.....9 (specify)	5 What steps did (NAME) take to change his/her work situation? Applied to prospective employers.....1 Checked at farms/factories/work sites.....2 Asked friends and relatives.....3 Took action to start business.....4 Took action to start agricultural activity.....5 Search newspaper adverts....6 Search employment services..7 Other (specify).....8 <div>>> 7</div>	6 How did (NAME) seek to increase his/her earnings? More hours on current activity.....1 More hours on additional activity.....2 Change activity.3 Other.....4 (specify)	7 Is (NAME) ready and have the requirements to change his/her work situation during the last 7 days or within the next 30 days? Yes, last 7 days.....1 Yes, next 30 days....2 No.....3 <div>>> PART H</div>
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SECTION 4: EMPLOYMENT AND TIME USE PART G: CONT'D.						
	8 Was (NAME) available for work during the last 7 days or within the next 30 days?	9 Has (NAME) made any effort during the last 7 days or past 30 days to find work?	10 Why has (NAME) not made any effort to find work? (MOST IMPORTANT ONLY)	11 What did (NAME) do in this period to find work? (MOST IMPORTANT ONLY)	12 What kind of job was (NAME) mostly looking (available, if not looking) for during this period?	13 During this period what type of employment was (NAME) mainly looking (available, if not looking) for?
	Yes, last 7 days.....1 Yes, but only in next 30 days.....2 No.....3 (>> 17)	Yes, last 7 days.....1 Yes, prior to last 7 days but in next 30 days.....2 (>> 11) No.....3	Thought no work available.....1 Awaiting replay to earlier enquiries.....2 Waiting to start arranged job, business or agriculture.....3 Off season in agriculture.....4 Occupied with home duties.....5 Illness/Injury.....6 Full time student.....7 On vacation.....8 Other.....9 (specify) <div>>> 12</div>	Applied to prospective employers.....1 Checked at farms/factories/ work sites.....2 Asked friends and relatives.....3 Took action to start business (capital, land, equipment, etc).....4 Took action to start agricultural activity.....5 Upgrading skills.....6 Search newspaper adverts.....7 Search employment services.....8 Other.....9 (specify)	Full-time.....1 Part-time.....2 Other.....3 (specify)	Wage employment in: Government or State Enterprise....1 Large private firm....2 Small/medium scale enterprise.....3 Self employment.....4 Any.....5
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SECTION 4: EMPLOYMENT AND TIME USE						
PART G: CONCL'D.						
	<div>14</div> <div>How long has (NAME) been looking (available, if not looking) for work?</div> <div>Less than 1 month...1</div> <div>1 month but less than 3 months...2</div> <div>3 months but less than 6 months....3</div> <div>6 months but less than 1 year.....4</div> <div>1 year but less than 2 years.....5</div> <div>2 years.....6</div> <div>More than 2 years...7</div>	<div>15</div> <div>What kind of work did (NAME) do in his/her last job? (ie. What was (NAME's) main tasks or duties?</div> <div>(DESCRIBE ACTIVITY FULLY)</div> <div>IF NEVER WORKED, WRITE NONE, AND CODE 00 AND SKIP TO NEXT PART</div>	<div>16</div> <div>What is the lowest wage for which (NAME) is willing to work for someone?</div> <div>>>> PART H</div>	<div>17</div> <div>Why was (NAME) not available for work during the last 7 days or within the next 30 days?</div> <div>In school.....1</div> <div>Household duties.....2</div> <div>Too old.....3</div> <div>Sick.....4</div> <div>Disabled.....5</div> <div>Pensioner.....6</div> <div>Other.....7 (specify)</div>	<div>18</div> <div>Under which conditions, if any, would (NAME) become available for work?</div> <div>High income potential.....1</div> <div>Availability of training possibilities.....2</div> <div>Well defined earnings.....3</div> <div>Within easy reach of residence.....4</div> <div>Join spouse.....5</div> <div>Other (specify).....6</div> <div>>> PART H</div>	
		O C C U P A T I O N	ISCO CODE		TIME UNIT	
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Now, I would like to ask you about the jobs you did prior to the last 12 months, that is before

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

Year

[illegible]

SECTION 4: EMPLOYMENT AND TIME USE

PART I: HOUSEKEEPING -- ALL HOUSEHOLD MEMBERS 7 YEARS OR OLDER

How much time in the last 7 days did you spend on any of the following activities for the household? ENTER 0000 IF NONE

	Fetching				3 Washing?	4 Ironing?	5 Cleaning?	6 Cooking?	7 Shopping?	8 Running errands?	9 Washing dishes/ Pots?	10 Taking care of children/ elderly?	11 Taking care of elderly?	12 Other											
	1 Wood?		2 Water?																						
	HOURS	MINS	HOURS	MINS											HOURS	MINS	HOURS	MINS	HOURS	MINS	HOURS	MINS	HOURS	MINS	
01																									
02																									
03																									
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13																									
14																									
15																									

SECTION 5A: MIGRATION								
RESPONDENTS ARE ALL HOUSEHOLDS MEMBERS 10 YEARS AND OLDER								
	ID OF PERSON INTERVIEWED	1 Were you born in this village or town?	2 Have you always lived in this village/town?	3 Have you ever moved away from this village/town for more than a year and returned?	4 How long ago did you move to this place?		5 In which district or country were you living before you came to this village/town? SEE CODE LIST IN MANUAL (IF OUTSIDE GHANA CODE AND >> 7)	6 Where were you living previously? Sekondi/Takoradi/Shama01 Cape Coast02 Accra03 Ho04 Koforidua05 Kumasi06 Sunyani07 Tamale08 Bolgatanga09 Wa10 Other urban area .11 Rural area12
		Yes.....1 No.....2 (> 3)	Yes.....1 (>> next person) No.....2	Yes.....1 No.....2	YEARS	MONTHS		
01								
02								
03								
04								
05								
06								
07								
08								
09								
10								
11								
12								
13								
14								
15								

SECTION 5A: MIGRATION
RESPONDENTS ARE ALL HOUSEHOLDS 15 YEARS OR OLDER (Cont'd.)

ID NO.	7 What was your main activity in (NAME OF PLACE IN Q.6)? WRITE NAME OF OCCUPATION OR CODE AS FOLLOWS Full time education.....9996 (>> 10) Looking for work.....9997 (>> 10) Other activity.....9998 (specify) (>> 10) No activity.....9999 (>> 10)	8 In what industry was this work? WRITE NAME OF INDUSTRY		9 Who were you working for?	10 What was the main reason for moving from (NAME OF PLACE Q.6) to this village/town?
	O C C U P A T I O N	ISCO CODE	I N D U S T R Y	ISIC CODE	
01					
02					
03					
04					
05					
06					
07					
08					
09					
10					
11					
12					
13					
14					
15					

HOUSEHOLD ROSTER				
	I D	A	B	C N A M E
	N	M	A	
	U	E	G	
	M	M	E	
	B	B		
	E	E		
	R	R		
01				
02				
03				
04				
05				
06				
07				
08				
09				
10				
11				
12				
13				
14				
15				

SECTION 5B : DOMESTIC AND OUTBOUND TOURISM

	1 Has (NAME) visited any place outside his/her usual environment (place of residence/work/ trade/study, etc.) for the past 12 months? Yes.....1 No.....2 (>> Next Person)	2 How often did (NAME) travel? Daily.....1 Weekly.....2 Fort- nightly..3 Monthly....4 Yearly.....5 Other.....6 (specify)	3 Were the places visited within Ghana, outside Ghana or both? In Ghana....1 Outside Ghana.....2 Both.....3	4 How many visits?		5 How many visits?		6 For trips within Ghana, which place(s) did (NAME) visit?		7 For trips within Ghana, how far is the place (NAME) last visited from (NAME's) usual place of residence?			
				IN GHANA		OUTSIDE GHANA		a SAME-DAY VISITORS	b AT LEAST OVERNIGHT VISITORS	a SAME-DAY VISITORS	b AT LEAST OVERNIGHT VISITORS	a SAME-DAY VISITORS	b AT LEAST OVERNIGHT VISITORS
				a	b	a	b						
				SAME-DAY VISITORS	AT LEAST OVERNIGHT VISITORS	SAME-DAY VISITORS	AT LEAST OVERNIGHT VISITORS						
				NUMBER	NUMBER	NUMBER	NUMBER						
01													
02													
03													
04													
05													
06													
07													
08													
09													
10													
11													
12													
13													
14													
15													

SECTION 5B: DOMESTIC AND OUTBOUND TOURISM										
	8 For trips outside Ghana, which country did (NAME) visit the last time?		9 What was the mode of travel in Ghana?		10 What was the mode of travel outside Ghana?		11 What was the length of stay of trips made (in hours) in Ghana and outside Ghana?		12 How many nights did (NAME) spend in this place?	
			a SAME-DAY VISITORS	b AT LEAST OVERNIGHT VISITORS	a SAME-DAY VISITORS	b AT LEAST OVERNIGHT VISITORS				
	a SAME-DAY VISITORS	b AT LEAST OVERNIGHT VISITORS	Air.....1 Sea/Lake...2 Road.....3 Rail.....4 Foot.....5	Air.....1 Sea/Lake..2 Road.....3 Rail.....4 Foot.....5	Air.....1 Sea/Lake..2 Road.....3 Rail.....4 Foot.....5	Air.....1 Sea/Lake..2 Road.....3 Rail.....4 Foot.....5	SAME-DAY VISITORS		AT LEAST OVERNIGHT VISITORS	
	(COUNTRY CODE)	(COUNTRY CODE)					a IN GHANA	b OUTSIDE GHANA	a IN GHANA	b OUTSIDE GHANA
							HOURS	HOURS	NUMBER OF NIGHTS	NUMBER OF NIGHTS
01										
02										
03										
04										
05										
06										
07										
08										
09										
10										
11										
12										
13										
14										
15										

SECTION 5B: DOMESTIC AND OUTBOUND TOURISM

	13 What was (NAME's) main purpose of the visit(s)?		14 What was (NAME's) main purpose of the visit(s)?		15 Which tourist attraction sites in Ghana did (NAME) last visit?		16 What was the principal type of accommodation (NAME) stayed in?	
	IN GHANA		OUTSIDE GHANA		a SAME-DAY VISITORS	b AT LEAST OVERNIGHT VISITORS	AT LEAST OVERNIGHT VISITORS	
	a SAME-DAY VISITORS	b AT LEAST OVERNIGHT VISITORS	a SAME-DAY VISITORS	b AT LEAST OVERNIGHT VISITORS			a IN GHANA	b OUTSIDE GHANA
01								
02								
03								
04								
05								
06								
07								
08								
09								
10								
11								
12								
13								
14								
15								

QUESTIONS 13 & 14

PURPOSE OF VISIT

Funerals.....01
Marriage ceremonies.....02
Brithday parties.....03
Open days.....04
Graduation ceremonies.....05
Business and Professional.....06
Holidays/Vacation/Leisure.....07
Visiting family/Friends.....08
Convention/Conference/Workshops...09
Religion/Pilgrimage.....10
Government affairs.....11
Culture/Festival.....12
Study/Teaching.....13
Health.....14
Sports/Recreation.....15
Other (specify).....16

QUESTION 15

TOURIST ATTRACTION SITES

Eco-tourism sites.....01
Craft villages.....02
Historical sites.....03
Museums.....04
Zoos.....05
Monuments.....06
Geographical sites.....07
Beaches, Lagoons, Lake.....08
Religious sites.....09
None.....10
Other (specify).....11

QUESTION 16

TYPE OF ACCOMMODATION

Hotel (other lodging services)....01
Guest houses.....02
Health establishments.....03
Educational institutions.....04
Work/Holiday camps.....05
Hostels.....06
Holiday resorts.....07
Tourist camp sites.....08
Friends/Relative residence.....09
Private homes.....10
Other (specify).....11

SECTION 5B: DOMESTIC AND OUTBOUND TOURISM								
	17 For those who travelled outside Ghana, was it a package tour or self-arranged?		18 Who sponsored the trip?		19 If a package tour, how much was the price?		20 How much was the airfare?	
	a SAME-DAY VISITORS	b AT LEAST OVERNIGHT VISITORS	Self-sponsorship.....1 Private organization...2 Government.....3 International organization.....4 Other.....5 (specify)		a SAME-DAY VISITORS	b AT LEAST OVERNIGHT VISITORS	a SAME-DAY VISITORS	b AT LEAST OVERNIGHT VISITORS
	Package tour.....1	Package tour.....1						
	Self-arranged..2	Self-arranged.2						
			a SAME-DAY VISITORS	b AT LEAST OVERNIGHT VISITORS				
					A M O U N T	A M O U N T	A M O U N T	A M O U N T
01								
02								
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13								
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15								

SECTION 5B: DOMESTIC AND OUTBOUND TOURISM

21

How much did you (and your family members traveling with you if any) spend during your travel?

Try to give a breakdown of your total expenditure, to the best of your recollection, according to the following broad categories.

[illegible]

	IN GNANA	OUTSIDE GHANA		IN GHANA	OUTSIDE GHANA
Cedi.....	11	12	Dollars	51	52
Naira	21	22	Euro	61	62
CFA	31	32	Yen	71	72
Pounds	41	42	Other	81	82

SECTION 5B: DOMESTIC AND OUTBOUND TOURISM

21

How much did you (and your family members travelling with you if any) spend during your travel?

Try to give a breakdown of your total expenditure, to the best of your recollection, according to the following broad categories:

[illegible]

SECTION 5B: DOMESTIC AND OUTBOUND TOURISM

	21 How much did you (and your family members travelling with you if any) spend during your travel? Try to give a breakdown of your total expenditure, to the best of your recollection, according to the following broad categories:															22 How many members of your household were covered by these expenditures?		
	f Shopping (including duty free shopping, textiles, gifts, etc.).								g Other expenditure - - tips, donations, etc.									
	At least overnight Visitors (in Ghana)		Same-day Visitors (in Ghana))		At least overnight Visitors (outside Ghana)		Same-day Visitors (outside Ghana)		At least overnight Visitors (in Ghana)		Same-day Visitors (in Ghana)		At least overnight Visitors (outside Ghana)		Same-day Visitors (outside Ghana).			
	AMOUNT	C	AMOUNT	C	AMOUNT	C	AMOUNT	C	AMOUNT	C	AMOUNT	C	AMOUNT	C	AMOUNT			
01																		
02																		
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08																		
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10																		
11																		
12																		
13																		
14																		
15																		
<div><div><div>IN GNANA</div><div>Cedi.....11</div><div>Naira21</div><div>CFA31</div><div>Pounds41</div></div><div><div>OUTSIDE GHANA</div><div>....12</div><div>....22</div><div>....32</div><div>....42</div></div><div><div>IN GHANA</div><div>Dollars51</div><div>Euro61</div><div>Yen71</div><div>Other81</div></div><div><div>OUTSIDE GHANA</div><div>....52</div><div>....62</div><div>....72</div><div>....82</div></div></div>																		

SECTION 6: IDENTIFICATION OF RESPONDENTS FOR SECTIONS 8, 9 AND 10
QUESTIONS TO BE ADMINISTERED TO THE HEAD OF HOUSEHOLD

1. During the past 12 months did any member of the household own and/or operate a farm or kept livestock or engaged in fishing?

Yes1

No2 (>> 4)

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

N A M E	I.D.

TRANSFER THESE NAMES TO THE AGRICULTURE SECTION 8A.

3. Which household members are responsible for fishing?

N A M E	I.D.

TRANSFER THESE NAMES TO THE AGRICULTURE SECTION 8A.

4. Are any crops or fish caught and processed for sale or used by household, (e.g. cassava flour, maize flour, cassava chips, smoked/salted fish)?

Yes.....1

IF Q1 = 1 AND Q4 = 2 >> 6

No.....2

IF Q1 = 2 AND Q4 = 2 >> 6

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

NAME	ID	PROCESSING ACTIVITY

TRANSFER THESE NAMES TO THE AGRICULTURE SECTION 8G.

6. 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.

6.1

SECTION 6: CONT'D.

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

N A M E		ID
a		
b		
c		
d		

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

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)?

Yes1
No2 >> SECTION 7

9. 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.

A		B	C	D	E
ENTERPRISE / ACTIVITY NAME		ISIC CODE	DOES (NAME) KEEP FORMAL BOOKS OF ACCOUNT? Yes1 No2	PERSON RESPONSIBLE	ID
i					
ii					
iii					
iv					
v					
vi					

10. Which of these bring the most income (cash/kind) and do not keep **formal books of accounts** (Q.9C=2) [UP TO 3 IN ORDER]

	A ENTERPRISE/ACTIVITY NAME	B ISIC CODE	C ID OF PERSON RESPONSIBLE
i			
ii			
iii			

TRANSFER THESE NAMES TO THE
NON-FARM HOUSEHOLD ENTERPRISES
SECTION 10

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:

1. In what type of dwelling does the household live?

Separate house (Bungalow)1
Semi-detached house2
Flat/Apartment3
Room(s) [Compound House]4
Room(s) [Other Type]5
Several Huts/Buildings [same Cpds]...6
Several Huts/Buildings [diff. Cpds]..7
Tents/Improvised home8
Other9
(specify)

2. How many rooms does this household occupy? (COUNT LIVING ROOMS, DINING ROOMS, BED ROOMS BUT NOT BATHROOMS, TOILET & KITCHEN)

3. Do other households share this dwelling with you?

Yes1

No2

PART B: OCCUPANCY STATUS OF THE DWELLING:

1. What is your present occupancy status?

Owning1 (>> 7C Q.6)
Mortgaged.....2
Renting3
Rent-free.....4
Perching5 (>> 7D)

2. Who owns this dwelling?

Owned by household member.....1
Being purchased2
Relative not household member ...3
Other private individual4
Private employer5
Other private agency6
Public/Gov't ownership7
Other8
(specify)

PART C: HOUSING EXPENDITURE

1. How much does the household pay in cash for the rent?
(IF FREE, PUT ZERO FOR AMOUNT AND TIME UNIT)

AMOUNT

TIME UNIT

Time Unit: Daily...1 Monthly...3 Half Yearly...5
Weekly..2 Quarterly..4 Yearly.....6
N/A0

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

Yes1

No.....2 (>> 4)

3. What is the appropriate value of these goods and services provided by your household?

AMOUNT

TIME UNIT

4. Is part or all of the rent paid by someone who is not a member of your household?

Yes1

No2
(>> 6)

5. Who pays?

Relative1
Private employer2
Government3
Private individual/
agency4
Other5
(specify)

SECTION 7: CONTINUED

PART C: HOUSING EXPENDITURE (Contd.)

6. How much did your household spend for construction or repair costs and painting in the last 12 months on this dwelling?

AMOUNT

PART D: UTILITIES AND AMENITIES

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

Indoor plumbing01
Inside standpipe02
Water truck/tanker service.....03
Water vendor04
Pipe in neighbouring household..05
Private outside standpipe/tap ...06
Public standpipe07
Borehole.....08
Protected Well.....09
Unprotected Well.....10
River/stream11
Rain water/spring.....12
Dugout/pond/lake/dam.....13
Other14
(specify)

2. How often is your source of water supply during the year?

Daily1
Weekly2
Forthnightly3
Monthly4
Other5
(specify)

3. How much water does your household use in a day?

LITRES / GALLONS:

4. How is the water supply system operated and managed?

Self1
Community operated and managed2
Community Water Sanitation Agency3
Ghana Water Company Limited4
NGO5
Not Applicable6

5. How far is this source of water from your dwelling?

DISTANCE:

DISTANCE CODE:

(>> 11)

6. Does the household pay or share a regular bill from this water company?

Yes1
No2
(>> 8)

7. How much was your last bill? (Only your part if joint meter or shared bill).

AMOUNT:

TIME UNIT:

8. How much did your household pay to a private water vendor, neighbour or standpipe or any other source in the last 2 weeks?

AMOUNT:

9. Did your household sell any water to someone else?

Yes1
No2
(>> 11)

10. How much did your household receive for the water sold in the Last 2 weeks?

AMOUNT:

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

Electricity (mains)....1
Kerosene.....2 (>> 13)
Gas lamp.....3 (>> 13)
Candles/Torches
(flashlights).....4 (>> 13)
Solar energy.....5 (>> 13)
Generator.....6 (>> 13)
No light.....7 (>> 13)
Other.....8 (>> 13)
(specify)

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

DISTANCE CODE
Yard.....1
Metre.....2
Kilometre.....3
Mile.....4

SECTION 7: CONTINUED

PART D: UTILITIES AND AMENITIES (contd.)

12. How much was your last bill? (Only your part if you have a joint meter or a shared bill).

AMOUNT:

TIME UNIT:

13. What is the main fuel used by the household for cooking?

- Wood.....1

Charcoal.....2

Gas.....3

Electricity.....4

Kerosene.....5

Crop residue/sawdust....6

Animal waste.....7

Other.....8

(specify)
-

14. How does your household dispose of refuse?

- Collected.....1

Public dump.....2 (>> 16)

Dumped elsewhere.....3 (>> 16)

Burned by household....4 (>> 16)

Buried by household....5 (>> 16)

Other.....6 (>> 16)
-

15. How much does this household pay for refuse disposal?

AMOUNT:

TIME UNIT:

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

- Flush toilet (W.C).....1

Pit latrine.....2

Pan/bucket.....3

KVIP.....4

Public toilet (flush/

bucket/KVIP).....5

Toilet in another house.....6

No toilet facility

(bush, beach).....7

Other.....8

(specify)
- IF Q.16 = 5 OR 6

GO TO

Q. 17

17. How much does the household pay for the use of the toilet facility?

AMOUNT:

TIME UNIT:

PART E: INFORMANTION/COMMUNICATION AND TECHNOLOGY (ICT)

	1 Does the household have?	2 Are there any barriers to the use of?
	Yes.....1	Yes.....1
	No.....2	No.....2
(a) Service to fixed line telephone		
(b) Service to mobile phone coverage		
(c) Access to personal computers		
(d) Access to internet		
(e) Access to e-commerce		
(f) Access to cable net-work (eg. M-NET, CABLEGOLD)		

SECTION 7: CONCLUDED

PART F: PHYSICAL CHARACTERISTIS OF THE DWELLING

1. What is the construction material used for the outer wall?

- Mud/Mud bricks.....01
- Wood/Bamboo.....02
- Metal sheet/Slate/Asbestos.....03
- Stone.....04
- Burned bricks.....05
- Cement/Sandcrete blocks.....06
- Landcrete.....07
- Thatch.....08
- Cardboard.....09
- Other.....10

(specify)

2. What is the main construction material used for the floor?

- Earth/Mud/Mud bricks.....1
- Wood.....2
- Stone.....3
- Burnt bricks.....4
- Ceramic/Marbel/Tiles.....5
- Vinyl tiles.....6
- Terrazzo.....7
- Other.....8

(specify)

3. What is the main material used for the roof?

- Palm leaves/Raffia/Thatch.....1
- Wood.....2
- Corrugated iron sheets.....3
- Cement/Concrete.....4
- Asbestos/Slate.....5
- Roofing tiles.....6
- Mud bricks/Earth.....7
- Bamboo.....8
- Other.....9

(specify)

4. Detailed sketch of the dwelling.

5. Measure taken.

Inside.....1

Outside.....2

6. Calculate area in square metres.

AREA: