

STATISTICAL SERVICE

20TH JULY, 2005



REPUBLIC OF GHANA

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

2005/2006

HOUSEHOLD QUESTIONNAIRE

PART A

REGION:

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E.A. NUMBER:

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HOUSEHOLD:

--	--

SURVEY INFORMATION

REGION:.....

DISTRICT:.....

E.A:

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 OF HOUSEHOLD THE SAME? YES..1 NO...2 (>> SUPERVISOR)

NAME OF NEW HEAD:

ADDRESS (OR DESCRIPTION):

.....

.....

LANGUAGE ENGLISH.....1

USED BY THE AKAN.....2

RESPONDENT: EWE.....3

GA-DANGME.....4

DAGBANI.....5

FRAFRA.....6

NZEMA.....7

OTHER.....8

(specify)

INTER- PRETER USED? YES..1 NO...2

REMARKS:

.....

.....

VERIFICATION OF THE QUESTIONNAIRE, FIRST VISIT

SUPERVISOR:.....

DATE:

REMARKS:.....

.....

REINTERVIEW BY SUPERVISOR? YES...1 NO....2

REASON:

HOUSEHOLD NUMBER

REPLACES HOUSEHOLD NUMBER

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 BY SUPERVISOR? YES...1 NO....2

THIRD VISIT

INTERVIEWER:.....

DATE:

REMARKS:.....

.....

VERIFICATION OF QUESTIONNAIRE, THIRD VISIT

SUPERVISOR:.....

DATE:

REMARKS:.....

.....

REINTERVIEW BY SUPERVISOR? YES...1 NO....2

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

TENTH VISIT

INTERVIEWER:.....DATE:

REMARKS:.....

.....

VERIFICATION OF QUESTIONNAIRE, TENTH VISIT

SUPERVISOR:.....DATE:

REMARKS:.....

..... REINTERVIEW YES....1

BY SUPERVISOR? NO.....2

ELEVENTH VISIT

INTERVIEWER:.....DATE:

REMARKS:.....

.....

VERIFICATION OF QUESTIONNAIRE, ELEVENTH VISIT

SUPERVISOR:.....DATE:

REMARKS:.....

..... REINTERVIEW YES....1

BY SUPERVISOR? NO.....2

DATA ENTRY, END OF CYCLE

OPERATOR:.....DATE:

REMARKS:.....

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EDITING OF PRINTOUTS, END OF CYCLE

OPERATOR:.....DATE:

REMARKS:.....

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SUMMARY OF SURVEY RESULTS														
VISIT	SECTION	INTERVIEWER						SUPERVISOR						
		VISITS			DURATION	CHECK-UP VISITS			INTERVIEWER	DATA ENTRY OPERATOR				
		DATE				DATE						RESULTS		
		DD	MM	YEAR		COMPLETE.....1 PARTIAL.....2 DISCONTINUED..3	HR	MIN				DD	MM	YEAR
FIRST	1, 2, 6, 7													
SECOND	3, 8H, 9B													
THIRD	4, 8H, 9B													
FOURTH	8A-G, 8H, 9B													
FIFTH	5, 8H, 9A, 9B, 9C													
SIXTH	8H, 9B, 10A-C													
SEVENTH	8H, 9B, 10D-F													
EIGHTH	8H, 9B, 10G													
NINETH	8H, 9B, 10H-J													
TENTH	8H, 9B, 11													
ELEVENTH	8H, 9B, 12													

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

REMARKS BY THE INTERVIEWER ON THE SIXTH VISIT

REMARKS BY THE SUPERVISOR ON THE SIXTH VISIT

OBSERVATION AND COMMENTS

REMARKS OF INTERVIEWER ON THE SEVENTH VISIT

REMARKS BY THE SUPERVISOR ON THE SEVENTH VISIT

REMARKS BY THE INTERVIEWER ON THE EIGHTH VISIT

REMARKS BY THE SUPERVISOR ON THE EIGHTH VISIT

REMARKS BY THE INTERVIEWER ON THE NINETH VISIT

REMARKS BY THE SUPERVISOR ON THE NINETH VISIT

REMARKS BY THE INTERVIEWER ON THE TENTH VISIT

REMARKS BY THE SUPERVISOR ON THE TENTH VISIT

REMARKS BY THE INTERVIEWER ON THE ELEVENTH VISIT

REMARKS BY THE SUPERVISOR ON THE ELEVENTH VISIT

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:.....

Please, I would like to make a complete list of all the people present or absent who usually live and eat together in this household including visitors who spent the night.

1. First, I would like to have the names of 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, visitors 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, given 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 6 MONTHS OR LESS ARE CLASSIFIED AS HOUSEHOLD MEMBERS.
- IF THE ANSWER IS MORE THAN 6 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 COMPLETED YEARS (QUESTION 5) OF ALL PERSONS WITH A CROSS IN COLUMN A.

FOR EACH PERSON LISTED											12 YEARS OR OLDER		
1	2	3	4	5	6	7	8	9	10	11			
		What is the relationship of (NAME) to head of household?	What is (NAME'S) date of 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 (IF MORE THAN ONE SPOUSE, THE FIRST ONE)	At what age did (NAME) first get married or started living with a partner? (AGE IN YEARS)	What is (NAME'S) religious denomination?	In what region/ country was (NAME) born?			
I	SEX	Head01	ASK PERSON	YEARS AND	Married1	house-hold?			Catholic01	Western01			
		Spouse (Wife/husband)...02	TO GET DOB, BIRTH	MONTHS IF	Consensual union2				Anglican02	Central02			
D		Child (Son/daughter)...03	CERTIFICATE	5 YEARS OR	Separated3				Presbyterian ..03	Gt. Accra03			
		Grandchild04	AND COPY	UNDER, OTHERWISE	Divorced4				Methodist04	Volta04			
		Parent/Parent-in-law ...05	DATE OF BIRTH	YEARS ONLY	(>> 9)	Yes ...1			Pentecostal ...05	Eastern05			
		Son/Daughter-in-law06	OR IF NOT		Widowed5				No2		Spiritualist ..06	Ashanti06	
	Male .1	Other relative07	AVAILABLE	(IF LESS	(>> 9)	No2			Other X'tian ..07	Brong Ahafo07			
		Adopted/Foster/	CODE	THAN 12	Never						Moslem08	Northern08	
	Fe-	Step child08		YEARS OLD	married6	(>> 9)			Traditional ...09	Upper East09			
	male.2	Househelp09		>> 10)							No Religion ...10	Upper West10	
		Non-relative10	DD = 99						Other ECOWAS ...96	Other ECOWAS ...96			
			MM = 99						Africa other	Africa other			
			YY = 9999						than ECOWAS ...97	than ECOWAS ...97			
			DD MM YEAR	YRS. MO.			I.D.		Outside Africa ..98	Outside Africa ..98			
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	12 What is (NAME'S) nationality?	13 To which ethnic group does (NAME) belong?		14 Does (NAME'S) father live in this household?	15 I.D. OF FATHER	16 What was (NAME'S) father's highest educational level completed?	17 What kind of work has (NAME'S) father done for most of his life?	18 Does (NAME'S) mother live in this household?	19 I.D. OF MOTHER	20 What was (NAME'S) mother's highest educational level completed?
	Ghanaian (Birth).....01 Ghanaian (Naturalize).02 Burkinabe03 Malian04 Nigerian05 Ivorian.....06 Togolese07 Liberian.....08 Other ECOWAS..09 Other African.10 Other11 (specify) (IF ANSWER IS 02 TO 11 >> 14)			Yes1 No2 (>> 16)	>> 18	None01 Primary02 Middle/JSS03 Voc/Comm04 'O' Level05 SSS06 'A' Level07 Training College08 Tech/Prof09 Tertiary10 Koranic11 Don't Know98	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	Yes1 No2 (>> 20)	>> 22	None01 Primary02 Middle/JSS03 Voc/Comm04 'O' Level05 SSS06 'A' Level07 Training College....08 Tech/Prof09 Tertiary10 Koranic11 Don't Know98
		E T H N I C I T Y	CODE							
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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 6 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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(RESPONDENTS: ALL HOUSEHOLD MEMBERS 3 YEARS AND OVER)

Now I would like to ask you some questions about your education.

[illegible]

SECTION 2: EDUCATION
PART A: GENERAL EDUCATION
CONT'D.

I D	ID OF PERSON INTER- VIEWED	9 How many hours of class did (NAME) attend last week? (EXCLUDE EXTRA CLASSES) VACATION CODE 99	10 How many hours of class did (NAME) miss last week? (EXCLUDE EXTRA CLASSES) VACATION CODE 99	11 How many hours and minutes of home- work did (NAME) do last week?		I want to ask you about the educational expenses for (NAME) during the past 12 months? How much was spent on ...									21 Who paid for most of the educa- tional expenses?	22 Did (NAME) have a scholar- ship/ bursary during the past 12 months?	23 What was the amount of the scholarship/ bursary received for the past 12 months?
		12 School fees and regis- tration fees?	13 Contribu- tions to parent/ teacher associa- tions (PTA)?	14 Uniforms and sports clothes?	15 Books and school supplies?	16 Transpor- tation to and from school?	17 Food, board & lodging at school?	18 Expenses on extra classes?	19 In-kind expenses?	20 (IF CANNOT GIVE BREAK DOWN)	Father.....1 Mother.....2 Both Parents...3 Other hse hold member...4 Other re- lative...5 Non-rela- tive.....6 Self.....7 Other.....8	Yes.....1 No.....2 (Next Person)	AMOUNT				
		HOURS	HOURS	HRS	MIN	AMOUNT	AMOUNT	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 OR OLDER

	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) obtained?	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?
I D	Yes1 No.....2 (>> 5)	None1 3 Months2 6 Months3 1 Year4 2 Years5 3 Years6 4 Years and above7	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

[illegible]

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?	2 For how many days during the past 2 weeks has (NAME) suffered from this condition?	3 During the past 2 weeks, did (NAME) have to stop the usual activities because of this condition?	4 For how many 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?	6 On the most recent visit whom did (NAME) consult?	7 What was the main reason for the most recent visit?	8 Where did the consultation take place?	9 Is this a public or private facility?	10 How much did (NAME) pay for this consultation?
		Neither....1 (>> 5) Illness....2 Injury.....3 Both.....4	(1 - 14) D A Y S	Yes.....1 No.....2 (>> 5)	(1-14) DAYS	Yes.....1 No.....2 (>> 17)	Doctor.....01 Dentist.....02 Nurse.....03 Medical Asst...04 Midwife.....05 Pharmacist.....06 Drug/Chemical Seller.....07 Trad. Healer...08 Trained TBA....09 Untrained TBA..10 Spiritualist...11 Other.....12 (specify)	Illness.....1 Injury.....2 Follow-up.....3 Check-up.....4 Prenatal care....5 Postnatal care...6 Vaccination.....7 Other.....8 (specify)	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)	Public.....1 Private reli- gious ...2 Private non- reli- gious ...3	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?	17 During the past 2 weeks did (NAME) buy any medicine or medical supplies? Yes1 No2 (>> 19)	18 How much did (NAME) pay altogether for these medicine and medical supplies?	19 Total medical expenses. IF CANNOT GIVE BREAKDOWN	20 For the past 12 months was (NAME) hospitalized for any illness or injury? Yes.....1 No.....2	21 Who pays for the greatest portions of the health expenses incl. consultations and hospital stays (if any)? Household member.....ID Other relative.....80 Government.....81 Employer.....82 Household mem- ber's employer.83 Health insurancece ...84 Other85 (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, IMMUNIZATION, 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 INTER- VIEWED	1 Has (NAME) ever been immunized?	2 Were any of these immunizations given to (NAME) during the past 12 months? COPY FROM IMMUNIZATION BOOK / (WEIGH-IN) CARD IF AVAILABLE Yes.....1 No2 Do not know.....3 Not applicable...4 IF ALL ANSWERS EQUAL 3 AND / OR 4 >> PART 3C Type of immunization											3 Did you have to pay any fee for these immunization?	4 How much was paid?	5 Why was (NAME) not immunized?	
		Yes1 No2 (>> 5)	B C G 0123BOOS- TER123											FIVE IN ONE MEASLES VITAMIN 'A' YELLOW FEVER	Yes.....1 No.....2 (Next Person)	NEXT PERSON A M O U N T	Too young.....1 Did not know (NAME) had to..2 Health centre too far.....3 Shortage of supply.....4 Other.....5 (specify) NEXT PERSON
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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 INTERVIEWED	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 consultations? Yes.....1 No.....2 (> 5)	4 How much did you usually pay for one consultation? AMOUNT	5 Does (or did) the mother breastfeed (NAME)? Yes.....1 No.....2 (> 9)	6 At what age was (NAME) weaned? REPORT IN MONTHS Still breast-feeding...87	7 At what age did (NAME) receive any liquid (except water) other than breastmilk, for the first time? Not yet...87	8 At what age was (NAME) first given water? Not yet ...87	9 At what age did (NAME) receive any food other than breastmilk, for the first time? Not yet...87	10 Does (NAME) participate in a community feeding program? Yes.....1 No.....2	11 Who usually looks after (NAME) during daytime? Mother.....1 Adult Male2 Adult Female ...3 Male Child4 Female Child5 Creche6 Other7 (specify)
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SECTION 3: HEALTH
PART D: FERTILITY - PRENATAL CARE - CONTRACEPTIVE USE
RESPONDENTS: WOMEN 12 TO 49 YEARS OLD. INDIVIDUALS SHOULD EACH ANSWER FOR THEMSELVES.

I D	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 I would like to make sure you have total number of children alive?	9 Did you have any pregnancy which did not end in a live birth?	10 How many of those pregnancies did not end in a live Birth?	11 Are you pregnant now?	12 During the past 12 months have you been pregnant?
		Yes.....1 No.....2 (>> 23)	IF NO PROBE Even one who lived only a few hours or less. Yes.....1 No.....2 (>> 9)			TOTAL NUMBER OF CHILDREN (Q.3 + Q.4)			TOTAL NUMBER OF CHILDREN ALIVE (Q.6 + Q.7)	Yes.....1 No.....2 (>> 11)		Yes.....1 (>> 16) No.....2	Yes.....1 No.....2 (>> 23)
				GIRLS	BOYS	TOTAL	GIRLS	BOYS	TOTAL		NON-LIVE BIRTHS		
01													
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SECTION 3: HEALTH
PART D: FERTILITY - PRENATAL CARE - CONTRACEPTIVE USE
CONTINUED

I D	13 How did this pregnancy end? Live birth.....1 Still birth.....2 (7+ months, >> 16) Mis-carriage..3 (>> 16) Other.....4 (specify) (>> 16)	14 Is that child still alive? Yes.....1 No.....2 (>> 16)	15 Are you now breast-feeding? Yes.....1 No.....2 CHECK PART 3C Q.6	16 During this pregnancy did you receive any pre-natal care? Yes.....1 No.....2 (>> 22)	17 How old was your pregnancy when you first received pre-natal care? WEEKS	18 From where did you receive that care? Prenatal clinic (Private) ..1 Prenatal clinic (Public) ...2 Hospital3 Maternity Home4 Home of practitioner ...5 Other6 (specify)	19 From whom did you receive that care? Doctor01 Nurse02 Medical Asst....03 Midwife04 Pharmacist05 Chemical Seller..06 Trad. Healer....07 Trained TBA.....08 Untrained TBA...09 Spiritualist....10 Other.....11 (specify)	20 How many times did you go there?	21 How much did you pay for the first prenatal consultation? >> 23 A M O U N T	22 Why didn't you go for pre-natal care? Can't afford.....1 No health care available..2 Health care too far....3 Not necessary..4 Other.....5 (specify)
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	1 Are you or your partner using any method to prevent or delay pregnancy?	2 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)	3 IF Q.2 = 01 TO 09, ASK: How much did you pay for that during the last month?	4 IF Q.2 = 01 TO 09 ASK Where did you get the method? Prenatal clinic (Private) ..1 Prenatal clinic (Public) ...2 Hospital3 Maternity Home.....4 Home of practitioner..5 Pharmacy/Chemist/ Drug store6 Other7 (specify)	5 Why were you not using any contraceptive method?	6 Do you think you will use a contraceptive method to delay or avoid pregnancy or for any other reason at any time in the future? Yes, Delay/Avoid pregnancy.....1 Yes, Other reason.....2 No.....3 (>> 8) Don't know.....4 (>> 8)	7 Which main contraceptive method would you prefer to use?
			AMOUNT	>> NEXT PERSON			
I							
D	Yes.....1						
	No.....2 (>> 5)						
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CODES FOR QUESTION 5

Not married.....11

Fertility-related reasons

Infrequent sex/No sex.....22

Menopausal/Hysterectomy.....23

Wants as many children as possible.....26

Opposition to use

Respondent opposed.....31

Husband opposed.....32

Religious prohibition.....34

Lack of knowledge

Knows No method.....41

Knows No source.....42

Method-related reasons

Health concerns.....51

Fear of side effects.....52

Lack of access/too far.....53

Costs too much.....54

Inconvenient to use.....55

Interferes with body's normal processes.56

Other (specify).....96

Don't know.....98

CODES FOR QUESTION 7

Female sterilization.....01

Male sterilization.....02

Pill.....03

IUD.....04

Injectables.....05

Implants.....06

Condom.....07

Female condom.....08

Diaphragm.....09

Foam/Jelly.....10

Lactational Amen. Method (LAM)....11

Periodic abstinence.....12

Withdrawal.....13

Other (specify).....96

UNSURE.....98

SECTION 3: HEALTH
PART E: CONTRACEPTIVE USE AND HIV/AIDS AWARENESS
CONCLUDED

	8 Now I would like to talk about something else. Have you ever heard of an illness called HIV/AIDS?	9 What can people do to prevent HIV/AIDS? (UP TO 3 MAIN WAYS)			10 Is it possible for a healthy-looking person to have the AIDS virus?	11 Can the virus that causes AIDS be transmitted from a mother to a child?	12 If yes, by what means?	13 What would you do to prevent yourself from being infected with the virus that causes AIDS?
I								
D	Yes.....1 No.....2				Yes.....1 No.....2 Don't know....8	Yes.....1 No.....2 (>> 13)	During pregnancy..1 During delivery...2 During breast-feeding....3	Abstain from sex.....1 Be faithful to partner...2 Have safe sex...3 Use a condom...4 Other.....5 (specify)
		1ST	2ND	3RD				
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CODES FOR QUESTION 9

- Abstain from sex.....01
- Use condom.....02
- Limit sex to one partner/stay faithful to one partner.....03
- Limit number of sexual partners.....04
- Avoid sex with prostitutes.....05
- Avoid sex with persons who have many partners.....06
- Avoid sex with homosexuals.....07
- Avoid sex with persons who inject drugs intravenously.....08
- Avoid blood transfusions.....09
- Avoid injections.....10
- Avoid sharing razors/blades.....11
- Avoid kissing.....12
- Avoid mosquito bites.....13
- Seek protection from traditional practitioner.....14
- Other (specify).....96
- Don't know.....98

SECTION 3: HEALTH
PART F: INSURANCE - INDIVIDUAL SPECIFIC QUESTIONS

	1 Has (NAME) ever been registered or covered with a health insurance scheme?	2 If (NAME) has never been registered why? Premium is too high.....1 Do not have confidence in operators of the scheme.....2 Covered by other avenues.....3 No knowledge of any scheme.....4 Other.....5 (specify)	3 Is (NAME) still registered, or covered? Yes, regis- tered....1 (>> 5) Yes, covered..2 (>> 5) No.....3	4 If (NAME) is no longer a member why? Premium is too high.....1 Do not have confidence in operators of the scheme.....2 Covered by other alternatives.....3 Was not getting benefits.....4 Other.....5 (specify)	5 If (NAME) is registered or covered, 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 Does (NAME) pay all/part of the premium? All.....1 Part.....2 Exempted...3 (>> 9) N/A.....4 (>> 9)	8 Has (NAME) paid premium or expected to pay for the current insurance year? a PAID b EXPECTED TO PAY AMOUNT AMOUNT		9 Has (NAME) benefitted from the scheme? Yes.....1 No.....2
I										
D	Yes, regis- tered....1 (>> 3) Yes, covered..2 (>> 3) No.....3									
01										
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SECTION 4: EMPLOYMENT AND TIME USE.
PART A: ACTIVITY STATUS AND CHARACTERISTICS OF MAIN OCCUPATION IN PAST 7 DAYS.
RESPONDENT: ALL HOUSEHOLD MEMBERS AGEE 7 YEARS OR OLDER

I would now like to ask you about activities of (NAME) over the last 7 days, that is since

M E M B E R	ID OF PERSON INTER- VIEWED	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 (>> PART 4D)	2 During the last 7 days, how many jobs did (NAME) do altogether?	3 In total, how many hours did (NAME) work in all these jobs over the last 7 days?	4 During the last 7 days, what were the main tasks and duties in the job (NAME) spent most of his/her time on?	5 What kind of trade, services or industry is this work connected with? (DESCRIBE THE MAIN GOODS AND SERVICES PRODUCED)	6 How long has (NAME) been doing this work altogether?	7 During the last 7 days, how many hours did (NAME) actually work on this job?	8 Has (NAME) received or will (NAME) receive money for this work? Yes.....1 No.....2 (>> 11)		
										NUMBER	HOUR
01											
02											
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SECTION 4: EMPLOYMENT AND TIME USE.
PART A: ACTIVITY STATUS AND CHARACTERISTICS OF MAIN OCCUPATION IN PAST 7 DAYS.

CONTINUED

M E M B E R I D	ID OF PERSON INTER- VIEWED	9 What was the amount (incl. any bonuses, commissions, allowances or allowances,or tips) received?		10 Are taxes already deducted from (NAME's) pay?	11 What was the status of (NAME) in this job? IF CODE IS 02 - 07 >> 22	12 For whom did (NAME) work?	13 Does (NAME) receive any payment for this work in the form of goods or services?	14 What is the value of the goods or services provided?		15 When (NAME) started this work did he/she sign a written contract?	16 Is there a trade union at the place where (NAME) works?
		AMOUNT	TIME UNIT					V A L U E	TIME UNIT		
01											
02											
03											
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CODES FOR QUESTION 11

A paid employee.....01
Non-Agric
Self employed
with employees.....02
without employees.....03
Unpaid family worker.....04
Agric
Self employed
without employees....05
without employees....06
Unpaid family worker.....07
Domestic employee
(househelp).....08
Apprentice.....09
Other (specify).....10

CODES FOR QUESTION 12

Government Sector:
Civil Service.....01
Other Public Service...02
Parastatals.....03
NGOs.....04
Cooperatives.....05
Inter. Organ./Diplomatic
Mission.....06
Private Sector Formal
(incl. paid
apprentices).....07
Private Sector Informal..08
Agric. Business.....09
Other (specify).....10

SECTION 4: EMPLOYMENT AND TIME USE.
PART A: ACTIVITY STATUS AND CHARACTERISTICS OF MAIN OCCUPATION IN PAST 7 DAYS.

CONTINUED

M E M B E R	ID OF PERSON INTER- VIEWED	17 In this job, is (NAME) entitled to paid holidays?	18 Is (NAME) entitled to paid sick leave and/or maternity leave on this job?	19 Will (NAME) receive a retirement pension?	20 Is (NAME) entitled to free or subsidized medical care in this job?	21 Is (NAME) entitled to any other social security benefits in this job?	22 Is (NAME) place of work in this village/ town?	23 Where does (NAME) usually do his/her main work?	24 How far away is (NAME) place of work from his/her home?	25 How often does (NAME) go between his/her house and place of work?	
		Yes.....1 No.....2	Yes, sick leave.....1 Yes, maternity leave.....2 Yes, both..3 No.....4	Yes.....1 No.....2	Yes.....1 No.....2	Yes.....1 No.....2	Yes.....1 No.....2		KILOMETRES	No. OF TRIPS	TIME UNIT
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02											
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CODES FOR QUESTION 23

Office.....01
Home.....02
(>> 26)
Factory.....03
Workshop.....04
Own land/farm.....05
Other land/farm....06
River/ocean.....07
Hotel/restaurant/
chopbar.....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

SECTION 4: EMPLOYMENT AND TIME USE.
PART A: ACTIVITY STATUS AND CHARACTERISTICS OF MAIN OCCUPATION IN PAST 7 DAYS.

CONCLUDED

[illegible]TIME UNIT

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

SECTION 4: EMPLOYMENT AND TIME USE.
PART B: CHARACTERISTICS OF SECONDARY OCCUPATION IN PAST 7 DAYS.
CHECK, IF ANSWER TO QUESTION 2 (PART 4A) IS 1 >> PART 4C (UNDEREMPLOYMENT)

I would now like to ask you about any secondary occupation of (NAME) over the last 7 days.

M E M B E R	ID OF PERSON INTER- VIEWED	1 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?		2 What kind of trade, services or industry is this work connected with?		3 How long has (NAME) been doing this work altogether?		4 During the last 7 days, how many hours did (NAME) actually work on this job?	5 Did (NAME) work on this job at the same thme as his/her main job over the last 7 days? IF YES, how long did (NAME) do both altogether? LESS 1 DAY=00 NO.....=99	6 Has (NAME) received or will (NAME) receive money for this work? Yes.....1 No.....2 (>> 8)	7 What was the amount (including any bonuses, commissions, allowances, or tips) received?	
		S E C O N D A R Y O C C U P A T I O N	ISCO CODE	I N D U S T R Y	ISIC CODE	YEARS	MONTHS	HOURS	DAYS	A M O U N T	TIME UNIT	
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SECTION 4: EMPLOYMENT AND TIME USE.
PART B: CHARACTERISTICS OF SECONDARY OCCUPATION IN PAST 7 DAYS.

CONTINUED

M E M B E R	ID OF PERSON INTER- VIEWED	8 What was the status of (NAME) in this job? IF CODE IS 02 - 07 >> 19	9 For whom did (NAME) work?	10 Does (NAME) receive any payment for this work in the form of goods or services? Yes.....1 No.....2 (>> 12)	11 What is the value of the goods or services provided?		12 When (NAME) started this work did he/she sign a written contract? Yes.....1 No.....2	13 Is there a trade union at the place where (NAME) works? Yes.....1 No.....2	14 In this is (NAME) entitled to paid holidays? Yes.....1 No.....2	15 Is (NAME) entitled to paid sick leave and/or maternity leave in this job? Yes, sick leave.....1 Yes, maternity leave.....2 Yes, both....3 No.....4
					V A L U E	TIME UNIT				
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CODES FOR QUESTION 8

A paid employee.....01
Non-Agric
Self employed
with employees.....02
without employees.....03
Unpaid family worker.....04
Agric
Self employed
without employees....05
without employees....06
Unpaid family worker....07
Domestic employee
(househelp).....08
Apprentice.....09
Other (specify).....10

CODES FOR QUESTION 9

Government Sector:
Civil Service.....01
Other Public Service...02
Parastatals.....03
NGOs.....04
Cooperatives.....05
Inter. Organ./Diplomatic
Mission.....06
Private Sector Formal
(incl. paid
apprentices).....07
Private Sector Informal..08
Agric. Business.....09
Other (specify).....10

SECTION 4: EMPLOYMENT AND TIME USE.
PART B: CHARACTERISTICS OF SECONDARY OCCUPATION IN PAST 7 DAYS.

CONCLUDED

M E M B E R	ID OF PERSON INTER- VIEWED	16 Will (NAME) receive a retirement pension?	17 Is (NAME) entitled to free or subsidized medical care in this job?	18 Is (NAME) entitled to any other social security benefits in this job?	19 Where does (NAME) usually do his/her main work?	20 How many people altogether work in the organization where (NAME) does this work?
		Yes.....1 No.....2	Yes.....1 No.....2	Yes.....1 No.....2		CODE 'DK' FOR DNO'T KNOW N U M B E R
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- CODES FOR QUESTION 19**
- Office.....01
Home.....02 >> 26
Factory.....03
Workshop.....04
Own land/farm.....05
Other land/farm.....06
River/ocean.....07
Hotel/restaurant
chopbar.....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/
somebody's verandah.....13
Other (specify).....14

SECTION 4: EMPLOYMENT AND TIME USE.
PART C: UNDEREMPLOYMENT IN LAST 7 DAYS.

M E M B E R	ID OF PERSON INTER- VIEWED	1 Taking all (NAME'S) jobs into consideration did (NAME) seek to change his/her work situation in the last 7 days?	2 How did (NAME) seek to change his/her work situation in the last 7 days? (MOST IMPORTANT ONLY)	3 What was the most important reason that made (NAME) seek to do that?	4 What steps did (NAME) take to change his/her work situation or increase earnings? (MOST IMPORTANT ONLY)	5 Is (NAME) ready and have the requirements to change his/her work situation during the next 7 days or within the next 30 days?
		Yes.....1 No.....2 (>> Part 4E)	More hours on current activity.....1 More hours on additional activity.....2 Change activity.....3 Other.....4 (specify)			Yes, next 7 days.....1 Yes, but within next 30 days.....2 No.....3
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CODES FOR QUESTION 3

- Increase hie/her earning.....1
- Be more suited to his/her
experience & qualification.....2
- Be closer to his/her home.....3
- Be in his/her 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 reasons.....9
(specify)

CODES FOR QUESTION 4

- Applied to prospective
employer.....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
- None.....9

SECTION 4: EMPLOYMENT AND TIME USE.
PART D: UNEMPLOYMENT IN LAST 7 DAYS.

	ID OF PERSON INTER- VIEWED	1 Was (NAME) available for work during the last 7 days or within the next 30 days?	2 Has (NAME) made any effort during the last 7 days or past 30 days to find work?	3 Why has (NAME) not made any effort to find work? (MOST IMPORTANT ONLY)	4 What did (NAME) do in this period to find work? (MOST IMPORTANT ONLY)	5 What kind of job was (NAME) mostly seeking (available if not seeking) for during this period?	6 During this period what type of employment was (NAME) mainly seeking (available, if not seeking) for?	7 How long has (NAME) been seeking and/or available for work?
M E M B E R		Yes, last 7 days...1 Yes, but only within next 30 days..2 No.....3 (>> 10)	Yes, last 7 days.....1 (>> 4) Yes, prior to last 7 days but in last 30 days.....2 (>> 4) No.....3	>> 5		Full-time....1 Part-time....2 Other.....3 (specify)		
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CODES FOR QUESTION 3

Thought no work available.....1
Awaiting reply to earlier
enquires.....2
Waiting to start arranged
job, business or Agric.3
Off season in agriculture.....4
Occupied with home duties.....5
Illness/Injury.....6
Full time student.....7
On vacation.....8
Other.....9
(specify)

CODES FOR QUESTION 4

Applied to prospective employer.....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

CODES FOR QUESTION 6

Wage employment in:
Government or State enterprise....1
Large private firm.....2
Small/medium scale enterprise....3
Self employment.....4
Any job.....5

CODES FOR QUESTION 7

Less than 1 month.....1
1 month but less than 3 months.....2
3 months but less than 6 months.....3
6 months but less than 1 year.....4
1 year but less than 2 years.....5
2 years.....6
More than 2 years.....7

4.9

SECTION 4: EMPLOYMENT AND TIME USE.
PART D: UNEMPLOYMENT IN LAST 7 DAYS.

CONCLUDED

M E M B E R I D	ID OF PERSON INTER- VIEWED	8 What kind of work did (NAME) do in his/her last job? (i.e. What was (NAME'S) main task or duties? (DESCRIBE ACTIVITY FULLY) IF NEVER WORKED, WRITE NONE, AND CODE 00 FOR ISCO		9 What is the lowest wage for which (NAME) is willing to work for someone? <div>>> PART 4E</div>		10 Why was (NAME) not available for work during the last 7 days or within the next 30 days? In school.....1 Household duties.....2 Too old.....3 Sick.....4 Disabled.....5 Pensioner.....6 Other.....7	11 Under which conditions, if any, would (NAME) become available for work? <div>>> PART 4E</div>
		O C C U P A T I O N	ISCO CODE	A M O U N T	TIME UNIT		
01							
02							
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CODES FOR QUESTION 11
High income potential.....1
Availability of training
possibilities.....2
Well-defined earnings.....3
Within easy reach of residence.....4
Join spouse.....5
Other (specify).....6

RESPONDENT: ALL HOUSEHOLD MEMBERS AGED 7 YEARS OR OLDER

--	--	--	--	--	--	--	--

DD MM Y E A R

[illegible]

SECTION 4: EMPLOYMENT AND TIME USE.
PART E: SCREENING QUESTIONS AND CHARACTERISTIS OF MAIN OCCUPATION IN PAST 12 MONTHS

CONTINUED

M E M B E R	ID OF PERSON INTER- VIEWED	9 What is the amount (including any bonuses, commissions, allowances, or tips) received?		10 The last time (NAME) received this money, how long did (NAME) actually work? ANSWER MUST BE IN SAME TIME UNIT AS QUESTION 9		11 Are taxes already deducted from (NAME'S) pay? Yes.....1 No.....2	12 What was the status of (NAME) in this job? IF Q.12=7 >> 22	13 For whom did (NAME) work?	14 Does/did (NAME) receive any payment for this work in the form of food, crops, animals or clothes? Yes.....1 No.....2	15 What is the value of these goods?		16 Does/did (NAME) employer give (NAME) accommodation that is free or at a reduced price? Yes, free.....1 Yes, subsidi- dized....2 No.....3 (>> 18)
		AMOUNT	TIME UNIT	NUMBER	TIME UNIT					V A L U E	TIME UNIT	
01												
02												
03												
04												
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CODES FOR QUESTION 12

A paid employee.....01
Non-Agric
Self employed
 with employees.....02
 without employees.....03
Unpaid family worker.....04
Agric
Self employed
 without employees....05
 without employees....06
Unpaid family worker.....07
Domestic employee
 (househelp).....08
Apprentice.....09
Other (specify).....10

CODES FOR QUESTION 13

Government Sector:
 Civil Service.....01
 Other Public Service...02
 Parastatals.....03
NGOs.....04
Cooperatives.....05
Inter. Organ./Diplomatic
 Mission.....06
Private Sector Formal
 (incl. paid
 apprentices).....07
Private Sector Informal..08
Agric. Business.....09
Other (specify).....10

SECTION 4: EMPLOYMENT AND TIME USE.
PART E: SCREENING QUESTIONS AND CHARACTERISTICS OF MAIN OCCUPATION IN PAST 12 MONTHS
CONTINUED

M E M B E R	ID OF PERSON INTER- VIEWED	17 How much does (NAME) gain from this arrangement?		18 Does (NAME'S) employer give (NAME) free transport or reduced fares? Yes, free.....1 Yes, subsi- dized....2 No.....3 (>> 20)	19 How much does (NAME) gain from this arrangement?		20 Does (NAME) receive payment for this work in any other form? Yes.....1 No.....2 (>> 22)	21 What is the value of this form of payment?		22 During the past 12 months, for how many weeks Did (NAME) do this work?	23 During these weeks, how many hours per week did (NAME) usually work?	24 During the last 5 years has (NAME) received any training lasting at least one month relating to his/her work? Yes.....1 No.....2 (>> Next Person)	25 How long was the last training?	
		V A L U E	TIME UNIT		V A L U E	TIME UNIT		V A L U E	TIME UNIT				W E E K S	H O U R S
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02														
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SECTION 4: EMPLOYMENT AND TIME USE.
PART E: SCREENING QUESTIONS AND CHARACTERISTICS OF MAIN OCCUPATION IN PAST 12 MONTHS
CONCLUDED

M E M B E R	ID OF PERSON INTER- VIEWED	26 How many hours a week did (NAME) receive this training?	27 Who paid for the training?	28 Did (NAME) lose any entitlement or benefit during the period of his/her training? Yes.....1 No.....2 (> Next Person)	29 By how much was it? WRITE DIFFERENCE BETWEEN NORMAL ENTITLEMENT/BENEFIT WHILE TRAINING	
		H O U R S			A M O U N T	TIME UNIT
01						
02						
03						
04						
05						
06						
07						
08						
09						
10						
11						
12						
13						
14						
15						

CODES FOR QUESTION 27

- Myself entirely.....1
- Employer entirely.....2
- Both (cost was shared)....3
- Free.....4
- International Agency.....5
- Other.....6
(specify)

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

I would now like to ask you about your second most important occupation during the past 12 months. This job was Is this correct?

[illegible]

SECTION 4: EMPLOYMENT AND TIME USE.
PART F:

CONCLUDED

M E M B E R	ID OF PERSON INTER- VIEWED	8 The last time (NAME) received this money, how long did (NAME) actually work in earning it? ANSWER MUST BE IN SAME TIME UNIT AS Q.7		9 What was the status of (NAME) in this job? IF Q.9 IS 02 - 07 >> 13	10 For whom did (NAME) work?	11 Does/did (NAME) receive any payment for this work in the form of goods and services? Yes.....1 No.....2 (>> 13)	12 What is the value of these goods or services?		13 During the past 12 months, for how many weeks did (NAME) do this work?	14 During these weeks, how many hours per week did (NAME) usually work?	15 Did (NAME) work on this job at the same time as his/her main job? IF YES, How long did (NAME) do both together? LESS THAN 1 WEEK=00 NO.....99
		NUMBER	TIME UNIT				VALUE	TIME UNIT			
01											
02											
03											
04											
05											
06											
07											
08											
09											
10											
11											
12											
13											
14											
15											

CODES FOR QUESTION 9

A paid employee.....01
Non-Agric
Self employed
 with employees.....02
 without employees.....03
Unpaid family worker.....04
Agric
Self employed
 without employees....05
 without employees....06
Unpaid family worker.....07
Domestic employee
 (househelp).....08
Apprentice.....09
Other (specify).....10

CODES FOR QUESTION 10

Government Sector:
 Civil Service.....01
 Other Public Service...02
 Parastatals.....03
NGOs.....04
Cooperatives.....05
Inter. Organ./Diplomatic
 Mission.....06
Private Sector Formal
 (incl. paid
 apprentices).....07
Private Sector Informal..08
Agric. Business.....09
Other (specify).....10

SECTION 4: EMPLOYMENT AND TIME USE							
PART G: EMPLOYMENT SEARCH IN THE PAST 12 MONTHS							
(CHECK, IF Q.1 IN PART A = 2, PROCEED WITH THIS PART).							
	<div>1</div> <div>During the past 12 months, for how many weeks altogether was (NAME) without any work?</div> <div>IF ZERO SKIP TO PART 4H</div>	<div>2</div> <div>During the past 12 months, how many weeks was (NAME) available for work?</div> <div>IF ZERO SKIP TO Q.7</div>	<div>3</div> <div>During the past 12 months, how many weeks did (NAME) actively look for work?</div> <div>IF ZERO SKIP TO Q.5</div>	<div>4</div> <div>What did (NAME) do in the past 12 months to find work?</div> <div>(WRITE MOST IMPORTANT ONLY)</div> <div>Applied to prospective employers.....1</div> <div>Checked at farms/factories/work sites.....2</div> <div>Asked friends and relatives.....3</div> <div>Took action to start business....4</div> <div>Took action to start agricultural activity.....5</div> <div>Upgrading skills.....6</div> <div>Search newspaper adverts.....7</div> <div>Search employment services.....8</div> <div>Other. (specify)9</div> <div>>> 6</div>	<div>5</div> <div>Why did (NAME) not look for work throughout the period he/she was available for work?</div> <div>(WRITE MOST IMPORTANT ONLY)</div> <div>Thought no work available...1</div> <div>Awaiting reply to earlier enquiries.....2</div> <div>Waiting to start arranged job, business or agriculture.....3</div> <div>Off season in agriculture...4</div> <div>Other.....5</div> <div>(specify)</div>	<div>6</div> <div>What type of work did (NAME) want when he/she was available or looking for work?</div> <div>Wage employment in:</div> <div>Government/State Enterprise..1</div> <div>Large private firm..2</div> <div>Small/medium scale enterprise.....3</div> <div>Self-employment:</div> <div>Non-agriculture.....4</div> <div>Agric (including livestock/fishing.5</div> <div>Any.job.....6</div> <div>>> PART 4H</div>	<div>7</div> <div>What was (NAME) doing when not working and not available to work?</div> <div>Student.....1</div> <div>Housework.....2</div> <div>Disabled.....3</div> <div>Sick.....4</div> <div>Retired/Aged.....5</div> <div>Income receiptient..6</div> <div>Too young.....7</div> <div>Other.....8</div> <div>(specify)</div>
01							
02							
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15							

SECTION 4: EMPLOYMENT AND TIME USE

PART H: 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

	1 Collecting firewood?		2 Fetching water?		3 Washing clothes?		4 Ironing?		5 Cleaning?		6 Cooking?		7 Shopping?		8 Running errands?		9 Washing dishes/ Pots?		10 Taking care of children?		11 Taking care of elderly?		12 Taking care of the sick?		13 Other?	
	HOURS	MINS	HOURS	MINS	HOURS	MINS	HOURS	MINS	HOURS	MINS	HOURS	MINS	HOURS	MINS	HOURS	MINS	HOURS	MINS	HOURS	MINS	HOURS	MINS	HOURS	MINS	HOURS	MINS
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SECTION 5A: MIGRATION								
RESPONDENTS ARE ALL HOUSEHOLDS MEMBERS 7 YEARS OR OLDER								
ID OF PERSON INTERVIEWED	1 Was (NAME) born in this village or town?	2 Has (NAME) ever lived away from this village/town for a year or more?	3 Has (NAME) ever moved away from this village/town for more than a year?	4 How long ago did (NAME) last move/return to this place?		5 Does (NAME) intend to stay for a year or more in this village/town?	6 Where was (NAME) living previously?	
				YEARS	MONTHS		Sekondi/Takoradi/ Shama01 Cape Coast02 Accra03 Ho04 Koforidua05 Kumasi06 Sunyani07 Tamale08 Bolgatanga09 Wa10 Other urban area .11 Rural area12 Other ECOWAS.....96 Africa other than ECOWAS.....97 Outside Africa....98	
01								
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03								
04								
05								
06								
07								
08								
09								
10								
11								
12								
13								
14								
15								

SECTION 5A: MIGRATION
RESPONDENTS ARE ALL HOUSEHOLDS MEMBERS 10 YEARS AND OLDER (cont'd.)

ID NO.	7 What was (NAME) main activity in (NAME OF PLACE IN Q.6)? WRITE NAME AND CODE OF OCCUPATION OR CODE AS FOLLOWS Full time education.....9996 Looking for work.....9997 Other activity.....9998 (specify) No activity.....9999 (specify) <div>>> 10</div>	8 In what industry was this work? WRITE NAME OF INDUSTRY AND CODE		9 Who was (NAME) 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					
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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			
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15			

SECTION 5B : DOMESTIC AND OUTBOUND TOURISM

QUESTIONS, 4, 5, 6, 7 AND 8

a = Same-day Visitors

b = Overnight Visitors

[illegible]

SECTION 5B: DOMESTIC AND OUTBOUND TOURISM

QUESTIONS 9, 10, 13, 14 AND 18

a = Same-Day Visitors
b = Overnight Visitors

QUESTIONS 11, 12, 15 AND 16

Gh = In Ghana
Out = Outside Ghana

	9 What was the main mode of travel in Ghana?		10 What was the main mode of travel out- side 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?		13 What was (NAME's) main purpose of the visits?		14 What was (NAME's) main purpose of the visits?		15 What was the main type of accommo- dation (NAME) stayed in?		16 Was it a packaged tour or self-arranged?				17 Who sponsored the trip?				18 Which tourist attraction sites in Ghana did (NAME) visit recently?	
	Road.....1 Sea/Lake..2 Air.....3 Rail.....4 Foot.....5		Road.....1 Sea/Lake..2 Air.....3 Rail.....4 Foot.....5		in Ghana and outside Ghana?		OVERNIGHT VISITORS		IN GHANA (USE CODES (IN MANUAL) >> 15		OUTSIDE GHANA (USE CODES IN MANUAL)		OVERNIGHT VISITORS		a SAME-DAY Package tour.....1 Self- arranged..2 Other.....3		b OVERNIGHT VISITORS Package tour.....1 Self- arranged..2 Other.....3		Self-sponsorship.....1 Household member.....2 Private organization...3 Government.....4 International organization.....5 Other.....6 (specify)				IF NONE CODE 00	
																			a SAME-DAY VISITORS		b OVERNIGHT VISITORS			
																			HOURS		NUMBER OF NIGHTS			
	a	b	a	b	Gh	Out	Gh	Out	a	b	a	b	Gh	Out	Gh	Out	Gh	Out	Gh	Out	Gh	Out	a	b
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SECTION 6: IDENTIFICATION OF RESPONDENTS FOR SECTIONS: 8, 9 AND 10 OF PART B
QUESTIONS TO BE ADMINISTERED TO THE HEAD OF HOUSEHOLD OR ANY RESPONSIBLE ADULT HOUSEHOLD MEMBER.

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? Yes1
No2 (>> 4)

1

2. Which household members are responsible for a farm and/ 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, livestock or fish processed for sale or used by household, (e.g. cassava flour, maize flour, cassava chips, smoked/salted fish)?

Yes 1

11

No. 2

```
IF Q.1 = 1 AND Q.4 = 2 >> 6
IF Q.1 = 2 AND Q.4 = 2 >> 7
```

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.

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 enterprise(s) with **no formal book of accounts** (Q.9C=2) bring the most income (cash/kind)? [UP TO 2 IN ORDER]

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

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.7)
Renting2
Rent-free3
Perching4 (>> 7D)

2. Who owns this dwelling?

Relative not household member....1
Other private individual.....2
Private employer.....3
Other private agency.....4
Public/Gov't. ownership.....5
Other.....6
(specify)

PART C: HOUSING EXPENSES

1. How much does the household pay in cash towards 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?

Yes All.....1
Yes Part.....2
No3
(>> 7)

5. Who pays?

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

6. How much is paid?

AMOUNT:

TIME UNIT:

SECTION 7: CONTINUED

PART C: HOUSING EXPENDITURE (Contd.)

7. 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 water supply for this 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
- Sachet/bottled water.....08
- Borehole.....09
- Protected Well.....10
- Unprotected Well.....11
- River/stream12
- Rain water/spring.....13
- Dugout/pond/lake/dam.....14
- Other15
- (specify)

DRINKING

GENERAL USE

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

DRINKING
DISTANCE:

DRINKING
DISTANCE CODE

GENERAL USE
DISTANCE

GENERAL USE
DISTANCE CODE

3. How regular is your source of water supply

- Daily.....1
- Weekly.....2
- Forthnightly...3
- Monthly.....4
- Other.....5
- (specify)

TIME UNIT

NUMBER

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

- Litre.....1
- Gallon.....2
- Bucket (No. 34)....3

QUANTITY

UNIT

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

- Self.....1
- Community operated and managed.....2
- Community Water Sanitation Agency...3
- Ghana Water Company Limited.....4
- NGO.....5
- Other (specify).....6
- Not Applicable.....7

6. Does the household pay a regular bill from this water supply system?

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

- In house.....0
- 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?

None, No Cooking.....1

Wood.....2

Charcoal.....3

Gas.....4

Electricity.....5

Kerosene.....6

Crop residue/sawdust....7

Animal waste.....8

Other.....9

(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

KVIP.....3

Pan/bucket.....4

Public toilet (flush/ bucket/KVIP).....5

Toilet in another house.....6

No toilet facility (bush, beach).....7

Other.....8

(specify)

} Part E

>> Part E

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

AMOUNT:

TIME UNIT:

PART E: INFORMATION/COMMUNICATION AND TECHNOLOGY (ICT)

	1 Does the household have access to	2 Does the household use
	Yes.....1	Yes.....1
	No.....2	No.....2
(a) Fixed line telephone		
(b) Mobile phone network		
(c) Personal computers		
(d) Internet (other use)		
(e) E-commerce		
(f) Paid cable network (eg. M-NET CABLEGOLD)		

PART F: PHYSICAL CHARACTERISTICS 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

Cement/Concrete.....4

Burnt bricks.....5

Vinyl tiles.....6

Ceramic/Marble/Tiles.....7

Terrazzo.....8

Other.....9

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)

PART F: CONCLUDED

4. Detailed sketch of the dwelling.

5. Measure taken.

Inside.....1

Outside.....2

6. Calculate area in square metres.

AREA:

STATISTICAL SERVICE

20TH JULY, 2005



REPUBLIC OF GHANA

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

2005/2006

HOUSEHOLD QUESTIONNAIRE

PART B

REGION:

--	--

E.A. NUMBER:

--	--	--

HOUSEHOLD:

--	--

SURVEY INFORMATION

REGION:.....

DISTRICT:.....

E.A:

URBAN / RURAL:

ECOLOGICAL ZONE:.....

HOUSEHOLD:.....

ROSTER:

/

HEAD OF HOUSEHOLD:

ADDRESS (OR DESCRIPTION)

.....

.....

FIRST VISIT

INTERVIEWER:

DATE:

DD

MM

Y

E

A

R

DWELLING YES..1

FOUND NO...2 (>> SUPERVISOR)

IS THE HEAD OF HOUSEHOLD THE SAME? YES..1 NO...2 (>> SUPERVISOR)

NAME OF NEW HEAD:

ADDRESS (OR DESCRIPTION):

.....

.....

LANGUAGE ENGLISH.....1

USED BY THE AKAN.....2

RESPONDENT: EWE.....3

GA-DANGME.....4

DAGBANI.....5

FRAFRA.....6

NZEMA.....7

OTHER.....8

(specify)

INTER- PRETER USED? YES..1 NO...2

REMARKS:

.....

.....

VERIFICATION OF THE QUESTIONNAIRE, FIRST VISIT

SUPERVISOR:.....

DATE:

REMARKS:.....

.....

REINTERVIEW BY SUPERVISOR? YES...1 NO....2

REASON:

HOUSEHOLD NUMBER REPLACES HOUSEHOLD NUMBER 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 BY SUPERVISOR? YES...1 NO....2

THIRD VISIT

INTERVIEWER:.....

DATE:

REMARKS:.....

.....

VERIFICATION OF QUESTIONNAIRE, THIRD VISIT

SUPERVISOR:.....

DATE:

REMARKS:.....

.....

REINTERVIEW BY SUPERVISOR? YES...1 NO....2

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

TENTH VISIT

INTERVIEWER:.....DATE:

REMARKS:.....

.....

VERIFICATION OF QUESTIONNAIRE, TENTH VISIT

SUPERVISOR:.....DATE:

REMARKS:.....

..... REINTERVIEW YES....1

BY SUPERVISOR? NO.....2

ELEVENTH VISIT

INTERVIEWER:.....DATE:

REMARKS:.....

.....

VERIFICATION OF QUESTIONNAIRE, ELEVENTH VISIT

SUPERVISOR:.....DATE:

REMARKS:.....

..... REINTERVIEW YES....1

BY SUPERVISOR? NO.....2

DATA ENTRY, END OF CYCLE

OPERATOR:.....DATE:

REMARKS:.....

.....

.....

.....

.....

.....

.....

.....

EDITING OF PRINTOUTS, END OF CYCLE

OPERATOR:.....DATE:

REMARKS:.....

.....

.....

.....

.....

.....

.....

.....

SUMMARY OF SURVEY RESULTS														
VISIT	SECTION	INTERVIEWER						SUPERVISOR						
		VISITS			DURATION	CHECK-UP VISITS			INTERVIEWER	DATA ENTRY OPERATOR				
		DATE				DATE						RESULTS		
		DD	MM	YEAR		COMPLETE.....1 PARTIAL.....2 DISCONTINUED..3	HR	MIN				DD	MM	YEAR
FIRST	1, 2, 6, 7													
SECOND	3, 8H, 9B													
THIRD	4, 8H, 9B													
FOURTH	8A-G, 8H, 9B													
FIFTH	5, 8H, 9A, 9B, 9C													
SIXTH	8H, 9B, 10A-C													
SEVENTH	8H, 9B, 10D-F													
EIGHTH	8H, 9B, 10G													
NINETH	8H, 9B, 10H-J													
TENTH	8H, 9B, 11													
ELEVENTH	8H, 9B, 12													

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
REMARKS BY THE INTERVIEWER ON THE SIXTH VISIT
REMARKS BY THE SUPERVISOR ON THE SIXTH VISIT

OBSERVATION AND COMMENTS

REMARKS OF INTERVIEWER ON THE SEVENTH VISIT
REMARKS BY THE SUPERVISOR ON THE SEVENTH VISIT
REMARKS BY THE INTERVIEWER ON THE EIGHTH VISIT
REMARKS BY THE SUPERVISOR ON THE EIGHTH VISIT
REMARKS BY THE INTERVIEWER ON THE NINTH VISIT
REMARKS BY THE SUPERVISOR ON THE NINTH VISIT
REMARKS BY THE INTERVIEWER ON THE TENTH VISIT
REMARKS BY THE SUPERVISOR ON THE TENTH VISIT
REMARKS BY THE INTERVIEWER ON THE ELEVENTH VISIT
REMARKS BY THE SUPERVISOR ON THE ELEVENTH VISIT

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

RESPONDENT: HOLDERS - COPY FROM SECTION 6 Q.2

ID

NAMES OF HOLDERS

(FROM SECTION 6)

PERSON INTERVIEWED - ID -

LAND

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

Yes....1 (>> 3)

No....2

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

Yes....1 (>> 4)

No.....2 (>> 19)

U N I T		P U R C H A S E S								S A L E S							
3 How much land is owned by the household now?		4 Was any land bought in the past 12 months? Yes.....1 No.....2 (>> 6)	5 How much was paid. (Incl. payment in kind)? VALUE QTY UNIT			6 Was any land bought in the two years prior to the past 12 months? Yes.....1 No.....2 (>> 8)	7 How much was paid. (Incl. payment in kind)? VALUE QTY UNIT			8 Was any land sold in the past 12 months? Yes.....1 No.....2 (>> 10)	9 How much was received. (incl. payment in kind)? VALUE QTY UNIT			10 Was any land sold in the 2 years prior to the past 12 months? Yes.....1 No.....2 (>> 12)	11 How much was received (incl. payment in kind)? VALUE QTY UNIT		
		QTY	UNIT														

RENTALS				SHARECROPPING				
12 Was any land rented out in the past 12 months?	13 How much land was rented out in the past 12 months?		14 For how much (incl. payment in kind)?	15 Was any land given out for share-cropping in the past 12 months?	16 How much land was given out for share-cropping in the past 12 months?		17 What proportion of the harvest is received by the household?	18 How much did your household receive from this? (Incl. payment in kind)
Yes1 No2 (>> 15)	QTY	UNIT	VALUE	Yes1 No2 (>> 19)	QTY	UNIT	PERCENT	VALUE

PROPORTION CODES		UNIT OF AREA	
More than 1/2....	50+	1	Acres.....1
1/2.....	50	2	Poels.....2
1/3.....	33	3	Ropes.....3
1/4.....	25	4	Plot.....4
1/5.....	20	5	Other.....5
1/10.....	10	6	(specify)
1/20.....	5	7	

SECTION 8: AGRICULTURE

PART A: CONT'D.

LIVESTOCK / FISHING

19. Has any member of the household owned any livestock or engaged in fishing/fish farming activities during the past 12 months?

Yes...1
No...2
(>>32)

		20 During the past 12 months has any member of the household raised/har- vested...? Yes...1 No...2 (>> Next Item)	21 How many are there?	22 For how much could you sell one today?	23 During the past 12 months have any been sold? Yes.....1 2 (>> 26)	24 How Many?	25 What was the total value of the sales?	26 During the past 12 months, have any....been bought by this house- hold? Yes.....1 No.....2 (>> 29)	27 How many?	28 What was the total value of the purchases?	29 Did you rent out any animals during the last 12 months? Yes...1 No...2 (>> Next Item)	30 How much did you receive from renting animals? Yes...1 No...2 (>> Next Item)
				AMOUNT			VALUE			VALUE		AMOUNT
Draught Animals eg. Donkey, Horse Bullock	1											
Cattle, including calves	2										///////// ///////// /////////	///////// ///////// /////////
Sheep	3										///////// ///////// /////////	///////// ///////// /////////
Goats	4										///////// ///////// /////////	///////// ///////// /////////
Pigs	5										///////// ///////// /////////	///////// ///////// /////////
Rabbits	6										///////// ///////// /////////	///////// ///////// /////////
Other livestock	7			///////// /////////		///// /////			///// /////		///////// ///////// /////////	///////// ///////// /////////
Chicken	8										///////// ///////// /////////	///////// ///////// /////////
Other poultry	9			///////// /////////		///// /////			///// /////		///////// ///////// /////////	///////// ///////// /////////
Fish (river, sea, etc).	10										///////// ///////// /////////	///////// ///////// /////////
Fish (farming)	11										///////// ///////// /////////	///////// ///////// /////////
Snail (farming)	12											
Other	13			/////////		/////			/////			

FISHING/SNAIL UNIT
Basket.....1 Bowl.....2 Crate.....3 Other.....4 specify)

SECTION 8: AGRICULTURE
PART A: CONCL'D.

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

		32 Does any member of the household own any now? Yes....1 No.....2 (>> 37)	33 How many?	34 What would be the value of if it were sold now?	35 Was any rented out in the past 12 months? Yes ...1 No2 (>> 37)	36 What was the value of the rental?	37 Did you sell any in the past 12 months? Yes1 No2 (>> Next Item)	38 What was the total value of the sales? <div>NEXT ITEM</div>
			NUMBER	V A L U E		V A L U E		V A L U E
Tractor	21							
Plough	31							
Trailer/ Cart	41							
Other animal drawn equipment	51		////////					
Other tractor drawn equipment	52		////////					
Sprayer	61							
Outboard Motor	71							
Canoe	72							
Fishing Net	73							
Protection clothing/ safety equip- ment	74		////////					
Other..... (specify)	75		////////					

SECTION 8: AGRICULTURE

PART B: FARM/LAND DETAILS

I would like to list all the farm lands owned or operated by household members during the past 12 months (excluding land rented out or sharecropped out) OR IF NONE >>PART E. LIST ALL THE FARMS FOR EACH HOLDER, STARTING WITH THOSE THAT WERE CULTIVATED 12 MONTHS AGO AND THEN ADDING THOSE THAT WERE PLANTED DURING THE YEAR. FINALLY, LIST ANY FARMS OWNED BY THE HOUSEHOLD WHICH HAVE REMAINED FALLOW FOR THE 12 MONTH PERIOD. EACH HOLDER: GO RIGHT ACROSS PART, C(1) AND C(2)

1 HOLDER	2 PERSON INTER- VIEWED	3 F A R M N U M B E R	4 Size of farm UNIT OF AREA Acres1 Poles2 Ropes3 Plot4 Other5 (specify)	5 Is the farm owned by the house- hold? Yes, with deed ...1 Yes, with- out deed ...2 No3 (>> 8)	6 Does the household have the right to sell the farm or use it as collateral security? Sell1 Secu- rity ...2 Both3 No right ..4 (>> 8)	7 If the farm were to be sold now how much would it be worth?	8 How did you obtain the land? Bought1 (>> 11) Rented for cash or in kind2 Share- cropped by h/hold ...3 (>> 10) Use free of charge ...4 (>> 11) Distributed by village/ family ...5 (>> 10)	9 How much did it cost to rent it over the past 12 months (including payment in kind)? A M O U N T	10 What pro- por- tion of crops go to the land lord? S E E C O D E S %	11 Was the farm cultiva- ted during the past 12 months? Yes ...1 No2 (>> next farm)	12 What crops (incl. tree crops) were growing on this farm 12 months ago? CROP C O D E CROP C O D E	13 What crops (including tree crops) were planted during the year? (1st and 2nd season) TWO MOST IMPORTANT IN TERMS OF REVENUE 1st S E A S O N 2nd S E A S O N CROP C O D E CROP C O D E CROP C O D E CROP C O D E					
		1															
		2															
		3															
		4															
		5															
		6															
		7															
		8															
		9															
		10															
		11															
		12															
		13															
		14															
		15															

CROP LIST	
Avocado pear01	
Bananas02	
Beans/Peas03	
Cashew nut04	
Cassava05	
Cocoa06	
Coconut07	
Cocoyam08	
Coffee09	
Colanut10	
Cotton11	
Garden egg/ Egg plant12	
Ginger13	
G'nut/Peanut14	
Guinea corn/ Sorghum15	
Kenef16	
Leafy vegetables .17	
Lime/Lemon18	
Maize19	
Mango20	
Millet21	
Oil palm22	
Okro23	
Onion24	
Oranges/tangerine.25	
Pawpaw26	
Pepper27	
Pineapple28	
Plantain29	
Potatoes/ Sweet potatoe ..30	
Rice31	
Rubber32	
Sheanut33	
Sugarcane34	
Tiger nut35	
Tobacco36	
Tomatoes37	
Water melon38	
Wood lot.....39	
Yam40	
Other crops41	
Other fruits42	
Other vegetables .43	
PROPORTION CODES	
2/3.....67	1
1/2.....50	2
1/3.....33	3
1/4.....25	4
1/5.....20	5

PART C (1): HARVEST AND DISPOSAL OF CROPS

STAPLE GRAINS, OTHER FIELD CROPS AND CASH CROPS

[illegible]

UNIT	CODE
None	00
All	01
American tin	02
Barrel	03
Basket	04
Beer bottle	05
Bowl	06
Box	07
Bunch	08
Bundle	09
Fanta bottle	10
Fingers	11
Fruit	12
Gallon	13
Kilogram	14
Litre	15
Log	16
Margarine tin	17
Maxi bag	18
Mini bag	19
Nut	20
Pounds	21
Sheet	22
Stick	23
Tonne	24
Tree	25
Tubers	26

SECTION 8: AGRICULTURE
PART C (1): CONCL'D.

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

STAPLE GRAINS, OTHER FIELD CROPS AND CASH CROPS

CROP LIST FOR C (1)

[illegible]

Beans/Peas	03
Cashew	04
Cocoa	06
Coconut	07
Coffee	09
Cotton	11
Ginger	13
G'nut/Peanut	14
Guinea corn/Sorghum	15
Kenef	16
Maize	19
Millet	21
Rice	31
Rubber	32
Sheanut	33
Sugarcane	34
Tiger nut	35
Tobacco	36
Wood lot	39
Other crops	40

UNIT CODE

None	00
All	01
American tin	02
Barrel	03
Basket	04
Beer bottle	05
Bowl	06
Box	07
Bunch	08
Bundle	09
Fanta bottle	10
Fingers	11
Fruit	12
Gallon	13
Kilogram	14
Litre	15
Log	16
Margarine tin	17
Maxi bag	18
Mini bag	19
Nut	20
Pounds	21
Sheet	22
Stick	23
Tonne	24
Tree	25
Tubers	26

PART C (2): HARVEST AND DISPOSAL OF CROPS (CONT'D.)

RESPONDENTS: ALL FARMERS

CROP LIST FOR C (2)

Avocado Pear.....	01
Banana.....	02
Cassava.....	05
Cocoyam.....	08
Cola nut.....	10
G. eggs/Egg plant.....	12
Leafy vegetables.....	17
Lime/Lemon.....	18
Mango.....	20
Oil palm.....	22
Okro.....	23
Onion.....	24
Oranges.....	25
Pawpaw.....	26
Pepper.....	27
Pineapple.....	28
Plantain.....	39
Swt. Potatoes/Potatoes.....	30
Tomatoes.....	37
Yam.....	40
Other fruit trees.....	42
Other vegetables.....	43
UNIT CODE	
None.....	00
All.....	01
American tin.....	02
Barrel.....	03
Basket.....	04
Beer bottle.....	05
Bowl.....	06
Box.....	07
Bunch.....	08
Bundle.....	09
Fanta bottle.....	10
Fingers.....	11
Fruit.....	12
Gallon.....	13
Kilogram.....	14
Litre.....	15
Log.....	16
Margarine tin.....	17
Maxi bag.....	18
Mini bag.....	19
Nut.....	20
Pounds.....	21
Sheet.....	22
Stick.....	23
Tonne.....	24
Tree.....	25
Tubers.....	26

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

[illegible]

Now I would like to ask you about other household sales of produce during the past 12 months.

[illegible]

SECTION 8: AGRICULTURE
PART F: AGRICULTURAL COSTS AND EXPENSES
RESPONDENT: MAIN HOLDER ONLY (ASK WHETHER RESPONDENT OWNS OR OPERATES FARM; IF NO >> LIVESTOCK/FISHING COSTS, Q1). Now I would like to ask about costs and expenses incurred over the past 12 months for the production of crops. During this period, has any of the following been used on any of the holdings? (DO NOT INCLUDE COSTS ASSOCIATED WITH PROCESSING)

Now I would like to ask some questions about your livestock/fishing costs (CHECK IF PART 8A Q.20=1). GO TO FISHING COSTS

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

		1 Did you spend anything on in the past 12 months?	2 How much was spent in cash & in kind on during the past 12 months?	3 What was the source of? Private sector...1 Coop.....2 MOFA.....3 NGOs.....4 Other.....5 (specify)	4 Was obtainable in this community at anytime during the year when you needed it? Yes.....1 No.....2
LIVESTOCK COSTS	C O D E	Yes.....1 No.....2 Next Item	AMOUNT		
Animal feed including salt	51				
Vet. services incl. vacc. and medicine	52				
Paid labour for herding	53				
Maintenance of pens, stables	54				
Transport of animal feed	55				
Commission on sale of animals	56				//////////////// ////////////////
Compensation for damage caused by animals	57				//////////////// ////////////////
Other livestock costs	58				
Hired Labour	59				
FISHING COSTS					
Fuel/Lubricants	61				
Hired Labour	62				
Spare Parts	63				
Repairs and Maintenance	64				
Hiring of Equipment	65				
Other Inputs	66				

SECTION 8: AGRICULTURE

PART G: PROCESSING OF AGRICULTURAL PRODUCE

RESPONDENTS: PERSON RESPONSIBLE FOR PROCESSING

NAMES OF PERSONS RESPONSIBLE
COPY FROM SECTION 6 Q.5

NAME

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

1	2	3		4	5	6		7	8	9	10	11		12	13	
P R O C E S S I N G	P R O C E S S I N G	What type of food processing or transformation have you carried out in the past 12 months?		How many months in the last 12 months did you do this activity?	Did you make any in the last 2 weeks?	What quantity did you process in the last 2 weeks?		What were your labour costs both in cash and in kind in the last 2 weeks?	Where did the raw materials come from?	What other cost did you incur in the last 2 weeks?	Did you sell any in the last 2 weeks?	What quantity did you sell?		What was the value of the sales?	For how much could you sell one unit?	
		REFER TO LIST OF PRODUCTS BELOW AND WRITE ITEM AND CODE			Yes ..1 No ...2 (>> 10)	USE ANY UNIT OF THE RESPONDENT'S CHOICE			Own produce ...1 Purchased ..2 Gift3 Other4 (specify)		Yes1 No2 (>> 13)			>> NEXT LINE		
ID	ID	ITEM	CODE	MONTHS		NO.OF UNITS	UNIT CODE	VALUE		VALUE		NO. OF UNITS	UNIT CODE	AMOUNT	UNIT CODE	VALUE

UNIT CODE

All01	Tonne24
American tin02	Tree25
Barrel03	Tubers26
Basket04	
Beer bottle05	
Bowl06	
Box07	
Bunch08	
Bundle09	
Fanta bottle10	
Fingers11	
Fruit12	
Gallon13	
Kilogram14	

CODES FOR PROCESSED/
TRANSFORMED GOODS

Cassava flour01
Cooking oils02
Flour from other grains03
Gari04
Groundnut paste05
Home-brewed drink06
Husked/polished rice07
Maize flour08
Processed fish09
Processed meat.....10
Sheabutter11
Other (specify)12

SECTION 8: AGRICULTURE
PART H: CONSUMPTION OF OWN PRODUCE

RESPONDENT (COPY FROM SECTION 6 Q.6) 2nd

/

ID

PERSON INTERVIEWED ID

3rd
/

4th
/

5th
/

6th
/

7th
/

8th
/

9th
/

10th
/

11th
/

PROVIDE THE UNIT CODE IN QUESTION 13.
dd mm

dd mm

dd mm

dd mm

dd mm

dd mm

dd mm

dd mm

dd mm

dd mm

I T E M	CODE	1 Did the house- hold consume any home produced [.....] in the past 12 months? Yes....1	2 How many months altogether was home produced during the past 12 months?	3 How much of own produced was consumed by the household since my last visit? <div>(>> 13)</div>	4 How much of own producedwas consumed by the household since my last visit?	5 How much of own produced was consumed by the household since my last visit?	6 How much of own produced was consumed by the household since my last visit?	7 How much of own produced was consumed by the household since my last visit?	8 How much of own produced was consumed by the household since my last visit?	9 How much of own produced was consumed by the household since my last visit?	10 How much of own produced was consumed by the household since my last visit?	11 How much of own produced was consumed by the household since my last visit?	12 How much of own produced was consumed by the household since my last visit?	13 ENTER UNIT THAT THE RESPONDENT CHOOSES SEE LIST OF UNIT CODES	14 Fow how much would you sell one unit of now?
		No.....2 Next Item	No. OF MONTHS	No. OF UNITS	No. OF UNITS	No. OF UNITS	No. OF UNITS	No. OF UNITS	No. OF UNITS	No. OF UNITS	No. OF UNITS	No. OF UNITS	No. OF UNITS	UNIT CODE	AMOUNT
		GRAINS & FLOURS													
Rice (paddy, grain)	001														
Maize-cob (fresh)	002														
Maize-flour/dough	003														
Sorghum/guinea corn	004														
Millet grain	005														
Millet flour	006														
Other grains	008														
Other flours	009														

None00
All01
American tin02
Barrel03
Basket04
Beer bottle05
Bowl06
Box07

Bunch08
Bundle09
Fanta bottle10
Fingers11
Fruits12
Gallon13
Kilogram14
Litre15
Log16

Margarine tin17
Maxi bag18
Mini bag19
Nut20
Pounds21
Sheet22
Stick23
Tonne24
Tubers26

SECTION 8: AGRICULTURE
PART H: CONSUMPTION OF OWN PRODUCE

RESPONDENT (COPY FROM SECTION 6 Q.6) ID

PERSON INTERVIEWED ID

2nd

3rd

4th

5th

6th

7th

8th

9th

10th

11th

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PROVIDE THE UNIT CODE IN QUESTION 13.

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I T E M	CODE	1 Did the house- hold consume any home produced [.....] in the past 12 months?	2 How many months altogether was home produced consumed during the past 12 months?	3 How much of own produced was consumed by the household since my last visit?	4 How much of own producedwas consumed by the household since my last visit?	5 How much of own produced was consumed by the household since my last visit?	6 How much of own produced was consumed by the household since my last visit?	7 How much of own produced was consumed by the household since my last visit?	8 How much of own produced was consumed by the household since my last visit?	9 How much of own produced was consumed by the household since my last visit?	10 How much of own produced was consumed by the household since my last visit?	11 How much of own produced was consumed by the household since my last visit?	12 How much of own produced was consumed by the household since my last visit?	13 ENTER UNIT THAT THE RESPONDENT CHOOSES SEE LIST OF UNIT CODES	14 For how much would you sell one unit of now?	
		Yes....1														
		No.....2 Next Item	No. OF MONTHS	No. OF UNITS	No. OF UNITS	No. OF UNITS	No. OF UNITS	No. OF UNITS	No. OF UNITS	No. OF UNITS	No. OF UNITS	No. OF UNITS	No. OF UNITS	No. OF UNITS	No. OF UNITS	UNIT CODE
ROOTS, TUBERS AND PLANTAIN																
Cassava - tubers	010															
Cassava - gari	011															
Cassava (other forms)	012															
Yam	013															
Cocoyam	014															
Plantain	015															
Sweet potatoes	016															
Other roots & tubers	017															

None00
All01
American tin02
Barrel03
Basket04
Beer bottle05
Bowl06
Box07
Bunch08

Bundle09
Fanta bottle10
Fingers11
Fruits12
Gallon13
Kilogram14
Litre15
Log16
Margarine tin17

Maxi bag18
Mini bag19
Nut20
Pounds21
Sheet22
Stick23
Tonne24
Tubers26

SECTION 8: AGRICULTURE
PART H: CONSUMPTION OF OWN PRODUCE

RESPONDENT (COPY FROM SECTION 6 Q.6) ID

PERSON INTERVIEWED ID

2nd

3rd

4th

5th

6th

7th

8th

9th

10th

11th

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PROVIDE THE UNIT CODE IN QUESTION 13.

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I T E M	CODE	1	2	3	4	5	6	7	8	9	10	11	12	13	14	
		Did the house-hold consume any home produced [.....] in the past 12 months?	How many months altogether was home produced consumed during the past 12 months?	How much of own produced was consumed by the household since my last visit?	How much of own producedwas consumed by the household since my last visit?	How much of own produced was consumed by the household since my last visit?	How much of own produced was consumed by the household since my last visit?	How much of own produced was consumed by the household since my last visit?	How much of own produced was consumed by the household since my last visit?	How much of own produced was consumed by the household since my last visit?	How much of own produced was consumed by the household since my last visit?	How much of own produced was consumed by the household since my last visit?	How much of own produced was consumed by the household since my last visit?	How much of own produced was consumed by the household since my last visit?	ENTER UNIT THAT THE RESPONDENT CHOOSES	For how much would you sell one unit of now?
		Yes....1													SEE LIST OF UNIT CODES	
		No.....2 Next Item	No. OF MONTHS	No. OF UNITS	No. OF UNITS	No. OF UNITS	No. OF UNITS	No. OF UNITS	No. OF UNITS	No. OF UNITS	No. OF UNITS	No. OF UNITS	No. OF UNITS	UNIT CODE	AMOUNT	
PULSES, NUTS AND SEED/OIL																
Bambara beans	020															
Cowpeas	021															
Soya beans	022															
Groundnuts (roasted or raw)	023															
Other legumes/ pulses	024															
Palm nuts	025															
Coconut	026															
Other nuts/seeds	027															
Palm Oil	028															
Palm kernel oil	029															
Coconut Oil	030															
Groundnut Oil	031															
Sheabutter	032															
Other Oil	033															

SECTION 8: AGRICULTURE
PART H: CONSUMPTION OF OWN PRODUCE

RESPONDENT (COPY FROM _____ ID
SECTION 6 Q.6)
2nd

PERSON INTERVIEWED ID

2nd

3rd

4th

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6th

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PROVIDE THE UNIT CODE dd mm
IN QUESTION 13.

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[illegible]

None	00
All	01
American tin	02
Barrel	03
Basket	04
Beer bottle.....	05
Bowl	06
Box	07
Bunch	08

Bundle	09
Fanta bottle	10
Fingers	11
Fruits	12
Gallon	13
Kilogram	14
Litre	15
Log	16
Margarine tin	17

Maxi bag	18
Mini bag	19
Nut	20
Pounds	21
Sheet	22
Stick	23
Tonne	24
Tubers	26

SECTION 8: AGRICULTURE
PART H: CONSUMPTION OF OWN PRODUCE

RESPONDENT (COPY FROM _____ ID)
SECTION 6 Q.6)
2nd

PERSON INTERVIEWED ID

2nd

3rd

4th

5th

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7th

8th

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10th

11th

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PROVIDE THE UNIT CODE dd mm
IN QUESTION 13.

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[illegible]

None	00	Bundle	09	Maxi bag	18
All	01	Fanta bottle	10	Mini bag	19
American tin	02	Fingers	11	Nut	20
Barrel	03	Fruits	12	Pounds	21
Basket	04	Gallon	13	Sheet	22
Beer bottle	05	Kilogram	14	Stick	23
Bowl	06	Litre	15	Tonne	24
Box	07	Log	16	Tubers	26
Bunch	08	Margarine tin	17		

SECTION 8: AGRICULTURE
PART H: CONSUMPTION OF OWN PRODUCE

RESPONDENT (COPY FROM SECTION 6 Q.6) ID

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PERSON INTERVIEWED ID

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2nd

3rd

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PROVIDE THE UNIT CODE IN QUESTION 13. dd mm

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dd mm

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dd mm

dd mm

I T E M	CODE	1	2	3	4	5	6	7	8	9	10	11	12	13	14	
		Did the house-hold consume any home produced [.....] in the past 12 months?	How many months altogether was home produced consumed during the past 12 months?	How much of own produced was consumed by the household since my last visit?	How much of own producedwas consumed by the household since my last visit?	How much of own produced was consumed by the household since my last visit?	How much of own produced was consumed by the household since my last visit?	How much of own produced was consumed by the household since my last visit?	How much of own produced was consumed by the household since my last visit?	How much of own produced was consumed by the household since my last visit?	How much of own produced was consumed by the household since my last visit?	How much of own produced was consumed by the household since my last visit?	How much of own produced was consumed by the household since my last visit?	How much of own produced was consumed by the household since my last visit?	ENTER UNIT THAT THE RESPONDENT CHOOSES	For how much would you sell one unit of now?
		Yes.....1													SEE LIST OF UNIT CODES	
		No.....2 Next Item	No. OF MONTHS	No. OF UNITS	No. OF UNITS	No. OF UNITS	No. OF UNITS	No. OF UNITS	No. OF UNITS	No. OF UNITS	No. OF UNITS	No. OF UNITS	No. OF UNITS	No. OF UNITS	UNIT CODE	AMOUNT
MEAT, POULTRY, FISH																
Chicken	060															
Other domestic poultry	061															
Game birds	062															
Beef	063															
Mutton	064															
Pork	065															
Goat	066															
Other domestic meat	067															
Wild game	068															
Fish & shellfish	069															
Eggs	070															
Snail	071															

SECTION 8: AGRICULTURE
PART H: CONSUMPTION OF OWN PRODUCE

RESPONDENT (COPY FROM _____ ID)
SECTION 6 Q.6)
2nd

PERSON INTERVIEWED ID

2nd

3rd

4th

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PROVIDE THE UNIT CODE dd mm
IN QUESTION 13.

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dd mm

dd mm

[illegible]

None	00
All	01
American tin	02
Barrel	03
Basket	04
Beer bottle	05
Bowl	06
Box	07
Bunch	08

Bundle	09
Fanta bottle	10
Fingers	11
Fruits	12
Gallon	13
Kilogram	14
Litre	15
Log	16
Margarine tin	17

Maxi bag	18
Mini bag	19
Nut	20
Pounds	21
Sheet	22
Stick	23
Tonne	24
Tubers	26

SECTION 9: HOUSEHOLD EXPENDITURE (FOOD AND NON-FOOD EXPENSES)

PART A: NON-FOOD EXPENSES (LESS FREQUENTLY PURCHASED ITEMS)

RESPONDENTS ARE THE PERSONS MAINLY RESPONSIBLE FOR HOUSEHOLD PURCHASES

COPY FROM SECTION 6 Q.7 (IF YES, RECORD. IF NO, >> NEXT ITEM)

NAME OF PERSON(S) RESPONSIBLE FOR PURCHASES

RESPONDENT(S) ID

ID

ID

PERSON INTERVIEWED

Date of this visit

DD

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I T E M	C O D E	1	2	3		4
		Was any-thing spent by the household on in the past 12 months? Yes1 No2 (>> 3)	How much was spent on in the past 12 months altogether?	Has the household used, consu-med, out of its own out-put or has received as gift.....?		How much of has the household used or con-summed out of own produc-tion, or has received as gift? (NEXT ITEM)
			AMOUNT	QUANTITY	UNIT	AMOUNT
REPAIR & HIRE OF CLOTHING, LAUNDRY SERVICES AND SECOND-HAND CLOTHING						
Repairs: Women clothing	029			////////	////	
Men clothing	030			////////	////	
Children clothing	031			////////	////	
Other tailoring charges	032			////////	////	
Laundry charges	033			////////	////	
SECOND-HAND CLOTHING						
Second-hand clothing: Men	034					
Women	035					
Children	036					
FOOTWEAR						
Footwear: Men	037					
Women	038					
Children	039					

ITEM	C O D E	1	2	3	4	
		Was any-thing spent by the household on in the past 12 months? Yes1 No2 (>> 3)	How much was spend on in the past 12 months altogether?	Has the household used, consu-med out of its own out-put or has received as gift.....?	How much of has the household used or con-summed out of own produc-tion, or has received as gifts? (NEXT ITEM)	
			AMOUNT	QUANTITY	UNIT	AMOUNT
REPAIR AND HIRE OF FOOTWEAR INCLUDING CLEANING SERVICES AND SECOND-HAND FOOTWEAR						
Repairs to: Women footwear	040			////////	////	
Men footwear	041			////////	////	
Children footwear	042			////////	////	
Shoe shine service charges	043			////////	////	
SECOND-HAND FOOTWEAR						
Second-hand Footwear: Men	044					
Women	045					
Children	046					
HOUSING, WATER, ELECTRICITY, GAS AND OTHER FUELS - - ACTUAL RENTALS PAID BY TENANTS						
Payment for rent	047			////////	////	
Owner occupy housing rent (estimate)	048			////////	////	//////////

SECTION 9: HOUSEHOLD EXPENDITURE (FOOD AND NON-FOOD EXPENSES)

PART A: NON-FOOD EXPENSES (LESS FREQUENTLY PURCHASED ITEMS)

RESPONDENTS ARE THE PERSONS MAINLY RESPONSIBLE FOR HOUSEHOLD PURCHASES

COPY FROM SECTION 6 Q.7 (IF YES, RECORD. IF NO, >> NEXT ITEM)

NAME OF PERSON(S) RESPONSIBLE FOR PURCHASES

RESPONDENT(S) ID

ID

ID

PERSON INTERVIEWED

Date of this visit

DD

MM

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A

R

I T E M	C O D E	1	2	3		4
		Was any-thing spent by the household on in the past 12 months? Yes1 No2 (>> 3)	How much was spent on in the past 12 months altogether?	Has the household used, consu-med out of its own out-put or has received as gift.....?	How much of has the household used or con-sumed out of own produc-tion, or has received as gift? (NEXT ITEM)	
			AMOUNT	QUANTITY	UNIT	AMOUNT
PRODUCTS FOR THE REGULAR MAINTENANCE AND REPAIR OF THE DWELLING Minor constructions & repairs						
Cement (minor repairs)	049					
Iron rods and roofing sheets	050					
Bricks and Cement blocks	051					
Paints including quicklime	052					
Wood, doors and windows	053					
Other materials	054			////////	////	
Labour	055			////////	////	
Other minor repairs to the dwelling	056			////////	////	
SERVICES FOR THE REGULAR MAINTENANCE AND REPAIR OF THE DWELLING						
Maintenance such as (plumbing, electricals, & carpentry services)	057			////////	////	
OTHER SERVICES RELATING TO THE DWELLINGS						
Sewerage removal	058					
WATER SUPPLY						
Water (pipe-borne, metered)	059			////////	////	

ITEM	C O D E	1	2	3	4	
		Was any-thing spent by the household on in the past 12 months? Yes1 No2 (>> 3)	How much was spent on..... in the past 12 months altogether?	Has the hosuehold.. used, consu-med out of its own out-put or has received as gift.....?	How much of has the household used or con-sumed out of own produc-tion, or has received as gift? (NEXT ITEM)	
			AMOUNT	QUANTITY	UNIT	AMOUNT
WATER SUPPLY (cont'd) .						
Water (pipe-borne, tanker services)	060			////////	////	
Other water	061			////////	////	
OTHER SERVICES RELATING TO THE DWELLING NOT ELSEWHERE CLASSIFIED						
Lawn boys/gardeners	062			////////	////	
Security guards	063			////////	////	
ELECTRICITY, GAS AND OTHER FUELS						
Electricity	064			////////	////	
Gas for household use	065					
Kerosene	066					
Other fuel and power	067			////////	////	
FURNISHINGS, HOUSEHOLD EQUIPMENT AND ROUTINE MAINTENANCE - - FURNITURE AND FURNISHINGS						
Bedsteads	068					
Mattresses	069					
Room furniture	070					
Other furniture and furnishings items	071			////////	////	

SECTION 9: HOUSEHOLD EXPENDITURE (FOOD AND NON-FOOD EXPENSES)

PART A: NON-FOOD EXPENSES (LESS FREQUENTLY PURCHASED ITEMS)

RESPONDENTS ARE THE PERSONS MAINLY RESPONSIBLE FOR HOUSEHOLD PURCHASES

COPY FROM SECTION 6 Q.7 (IF YES, RECORD. IF NO, >> NEXT ITEM)

NAME OF PERSON(S) RESPONSIBLE FOR PURCHASES

RESPONDENT(S) ID

ID

ID

PERSON INTERVIEWED

Date of this visit

DDMMYEA R

I T E M	C O D E	1	2	3		4
		Was any-thing spent by the household on in the past 12 months? Yes1 No2 (>> 3)	How much was spent on in the past 12 months altogether?	Has the household used, consu-med out of its own out-put or has received as gift.....?	How much of has the household used or con-sumed out of own produc-tion, or has received as gift? (NEXT ITEM)	
			AMOUNT	QUANTITY	UNIT	AMOUNT
CARPETS AND OTHER FLOOR COVERINGS						
Floor mat (tiles)	072					
Linoleum	073					
Wollen carpets	074					
REPAIRS OF FURNITURE, FURNISHING AND FLOOR COVERINGS						
Repairs of tables & chairs	075			/////////	////	
Other repairs of furniture, furnishing & floor coverings	076			/////////	/////////	
HOUSEHOLD TEXTILES						
Bedsheets & blankets	077					
Towels	078					
Other household textiles	079			/////////	////	
MAJOR HOUSEHOLD APPLIANCES WHETHER ELECTRIC OR NOT						
Refrigerators & freezers	080					
Air conditioners & air coolers	081					
Gas cookers, stoves and coalpots	082			/////////	/////////	
Washing machines & driers	083					

ITEM	C O D E	1	2	3	4	
		Was any-thing spent by the household on in the past 12 months? Yes1 No2 (>> 3)	How much was spent on..... in the past 12 months altogether?	Has the household used, consu-med out of its own out-put or has received as gift.....?	How much of item has the household used or con-sumed out of own produc-tion, or has received as gift? (NEXT ITEM)	
			AMOUNT	QUANTITY	UNIT	AMOUNT
MAJOR HOUSEHOLD APPLIANCES WHETHER ELECTRIC OR NOT (cont'd).						
Other major household appliances	084			/////////	////	
SMALL ELECTRIC HOUSEHOLD APPLIANCES						
Electric irons	085					
Electric fans	086					
Blenders	087					
Lanterns, gas lights	088			/////////	////	
Other small electric household appliances	089			/////////	/////////	
REPAIR OF HOUSEHOLD APPLIANCES						
Repairs to household appliances	090			/////////	/////////	
GLASSWARE, TABLEWARE AND HOUSEHOLD UTENSILS						
Cups and plates	091			/////////	////	
Dining pots/utensils	092					
Cutleries	093			/////////	////	
Aluminium cooking utensils (Local)	094					
(Imported)	095					

9.4

SECTION 9: HOUSEHOLD EXPENDITURE (FOOD AND NON-FOOD EXPENSES)

NAME OF PERSON(S) RESPONSIBLE FOR PURCHASES

ID

ID

PERSON INTERVIEWED .

PART A: NON-FOOD EXPENSES (LESS FREQUENTLY PURCHASED ITEMS)

RESPONDENT (S) ID

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RESPONDENTS ARE THE PERSONS MAINLY RESPONSIBLE FOR HOUSEHOLD PURCHASES

COPY FROM SECTION 6 Q.7 (IF YES, RECORD. IF NO, >> NEXT ITEM)

Date of
this visit

DD	MM	Y	E	A	R	

I T E M	C O D E	1	2	3		4
		Was any- thing spent by the household on in the past 12 months?	How much was spent on in the past 12 months altoge- ther?	Has the household used, consu- med out of its own out- put or has received as gift....?	How much of has the household used or con- sumed out of own produc- tion, or has received as gift? (NEXT ITEM)	
		Yes1 No2 (>> 3)	AMOUNT	QUANTITY	UNIT	AMOUNT
GLASSWARE, TABLEWARE AND HOUSEHOLD UTENSILS (cont'd) .						
Other cooking pots/ utensils	096			////////	////	
Buckets	097					
Other glassware,tableware and utensils	098			////////	////	
MAJOR TOOLS AND EQUIPMENT FOR HOUSE AND GARDEN						
Cutlasses	099					
Shovels, rakes, wheel- barrows, etc.	100			////////	////	
Motor driven lawn mower	101					
Water cans	102					
Water pumps	103					
Generators (household use)	104					
Other tools and equipment for house and garden	105			////////	////	
SMALL TOOLS AND MISCELLANEOUS ACCESSORIES						
Brooms	106					
Light bulbs	107					
Fluorescent bulbs	108					

ITEM	C O D E	1 Was any- thing spent by the household on in the past 12 months?	2 How much was spent on in the past 12 months altogether?	3 Has the household used, consu- med out of its own out- put or has received as gift....?		4 How much of has the household used or consu- med out of own produc- tion, or has received as gift? (NEXT ITEM)
		Yes1 No2 (>> 3)	AMOUNT	QUANTITY	UNIT	AMOUNT
SMALL TOOLS & MISCELLANEOUS ACCESSORIES (cont'd.)						
Other lighting products	109			////////	////	
Torches	110					
Other small tools and miscellaneous accessories	111			//////// //////// ////////	//// //// ////	
DOMESTIC SERVICES AND HOME CARE SERVICES						
House boys/house maids	112			////////	////	
House keepers/caretakers	113			////////	////	
Baby sitters, day care attendants, nannies etc	114			//////// ////////	//// ////	
Others	115			////////	////	
HEALTH - - MEDICAL PRODUCTS, APPLIANCES AND EQUIPMENT						
Therapeutic appliances & equipment	116					
Corrective eye-glasses & contact lenses	117					
MEDICAL SERVICES						
Doctors consulting fee: Public hospital	118			//////// ////////	//// ////	

SECTION 9: HOUSEHOLD EXPENDITURE (FOOD AND NON-FOOD EXPENSES)

NAME OF PERSON(S) RESPONSIBLE FOR PURCHASES

ID

ID

PART A: NON-FOOD EXPENSES (LESS FREQUENTLY PURCHASED ITEMS)

RESPONDENT (S) ID

PERSON INTERVIEWED .

RESPONDENTS ARE THE PERSONS MAINLY RESPONSIBLE FOR HOUSEHOLD PURCHASES

COPY FROM SECTION 6 Q.7 (IF YES, RECORD. IF NO, >> NEXT ITEM)

Date of
this visit

DD MM Y E A R

I T E M	C O D E	1	2	3		4
		Was any- thing spent by the household on in the past 12 months? Yes1 No2 (>> 3)	How much was spent on in the past 12 months altoget- her?	Has the household used, consu- med out of its own out- put or has received as gift.....?	How much of has the household used or consu- med out of own produc- tion, or has received as gift? (NEXT ITEM)	
		AMOUNT	QUANTITY	UNIT	AMOUNT	
MEDICAL SERVICES (cont'd.)						
Doctors consulting fee: Private hospital	119			////////	////	
Dentist	120			////////	////	
Traditional healer	121			////////	////	
DENTAL SERVICES						
Cost of Public dental services	122			////////	////	
Cost of Private dental services	123			////////	////	
PARAMEDICAL SERVICES						
Laboratory tests	124			////////	////	
X-rays	125			////////	////	
Services of midwives, nurses, etc	126			////////	////	
Traditional Birth Atten- dants (TBA) services	127			////////	////	
HOSPITAL SERVICES						
Operations in private hospitals	128			////////	////	

ITEM	C O D E	1	2	3		4
		Was any- thing spent by the household on in the past 12 months?	How much was spent on in the past 12 months altogether?	Has the household used, consu- med out of its own out- put or has received as gift.....?		How much of has the household used or consu- med out of own produc- tion, or has received as gift? (NEXT ITEM)
		Yes1 No2 (> 3)	AMOUNT	QUANTITY	UNIT	AMOUNT
HOSPITAL SERVICES (cont'd.)						
Operations in Public hospitals	129			///////// /////////	///////// /////////	
Physiotherapy/massaging	130			///////// /////////	///////// /////////	
Gyms and Health clubs	131			///////// /////////	///////// /////////	
Other in-patients hospital services	132			///////// /////////	///////// /////////	
TRANSPORT - - PURCHASE OF MOTOR CARS						
Purchase of new cars	133					
Purchase second-hand cars	134					
Purchase of new trucks	135					
Purchase of second-hand trucks	136					
PURCHASE OF MOTOR CYCLES						
Purchase of new motor cycles	137					
Purchase of second-hand motor cycles	138					

NAME OF PERSON(S) RESPONSIBLE FOR PURCHASES

RESPONDENT (S) ID

Date of
this visit

Date of this visit

DD		MM		Y	E	A R

ITEM	C O D E	1	2	3		4
		Was any- thing spent by the household on in the past 12 months?	How much was spent on in the past 12 months altoge- ther?	Has the household used, consu- med out of its own out- put or has received as gift.....?		How much of has the household used or consu- med out of own produc- tion, or has received as gift? (NEXT ITEM)
		Yes1 No2 (>> 3)	AMOUNT	QUANTITY	UNIT	AMOUNT
COMMUNICATIONS - - TELEPHONE AND TELEFAX EQUIPMENT						
Telephones handsets	151					
Mobile phones	152					
Telefax machines	153					
Repair of handsets, mobile phones & fax machines	154			//////////	//////	
TELEPHONE, TELEGRAPH AND TELEFAX SERVICES						
Postal services	155			//////////	//////	
Telephone, telegram and fax charges	156			//////////	//////	
Other communication charges	157			//////////	//////	
RECREATION AND CULTURE - - EQUIPMENT FOR THE RECEPTION, RECORDING & REPRODUCTION OF SOUNDS & PICTURES						
Radio, cassette/CD players	158					
VCR/VCD/DVD players	159					
Television sets	160					
Parabolic/satellite receivers	161					
Other video/audio equip.	162			//////////	//////	

NAME OF PERSON(S) RESPONSIBLE FOR PURCHASES

RESPONDENT (S) ID

Date of
this visit

DD MM Y E A F

ITEM	C O D E	1 Was any- thing spent by the household on in the past 12 months?	2 How much was spent on..... in the past 12 months altoget- her?	3 Has the household used, consu- med out of its own out- put or has received as gift....?		4 How much of has the household used or con- sumed out of own produc- tion, or has received as gift? (NEXT ITEM)
		Yes1 No2 (>> 3)	AMOUNT	QUANTITY	UNIT	AMOUNT
REPAIR OF AUDIO-VISUAL, PHOTOGRAPHIC & DATA PROCESSING & ACCESSORIES						
Repairs of audio-visual equipment	171			/////////	////	
Repairs of photographic and optical equipment and data processing equipment	172			/////////	////	
OTHER MAJOR DURABLES FOR RECREATION AND CULTURE						
Musical instruments	173			/////////	////	
Other major durables for recreation and culture	174			/////////	////	
REPAIR OF OTHER MAJOR DURABLES FOR RECREATION AND CULTURE						
Repairs of durables for recreation and culture	175			/////////	////	
GAMES, TOYS AND HOBBIES, EQUIPMENT FOR SPORT, CAMPING AND OPEN-AIR RECREATION						
Game cards (chess, ludo, etc).	176			/////////	////	
Toys	177					
Football, volley ball, etc	178					
Video game equipment and softwares	179					

NAME OF PERSON(S) RESPONSIBLE FOR PURCHASES

RESPONDENT (S) ID

Date of
this visit

DD MM Y E A R

ITEM	C O D E	1	2	3		4
		Was any- thing spent by the household on in the past 12 months?	How much was spent on in the past 12 months altoge- ther?	Has the household used, consu- med out of its own out- put or has received as gift.....?		How much of has the household used or consu- med out of own produc- tion, or has received as gift? (NEXT ITEM)
		Yes1 No2 (>> Next Item)	AMOUNT	QUANTITY	UNIT	AMOUNT
SPORTING AND RECREATIONAL SERVICES (cont'd.)						
Fitness centres (use of	189			////////	////	
Sports stadium (watching football & others)	190			//////// ////////	//// ////	
Fair and amusement parks (Trade fairs, children fairs)	191			//////// //////// ////////	//// //// ////	
Cinemas (visiting)	192			////////	////	
Video houses & hiring of video cassettes	193			//////// ////////	//// ////	
TV license fees	194			////////	////	
Payments for services of private TVs (M-net and others)	195			//////// //////// ////////	//// //// ////	
Beaches	196			////////	////	
National parks and zoos & botanical gardens	197			//////// ////////	//// ////	
CULTURAL SERVICES						
Cultural festivals (donations) (Homowo, Odwira, etc)	198			//////// //////// ////////	//// //// ////	
Concert & music attendance	199			////////	////	
Funeral, other expenses	200			////////	////	

NAME OF PERSON(S) RESPONSIBLE FOR PURCHASES

RESPONDENT (S) ID

Date of
this visit

Date of
this visit

DD		MM		Y	E	A	R

ITEM	C O D E	1	2	3		4
		Was any- thing spent by the household on in the past 12 months? Yes1 No2 (>> 3)	How much was spent on in the past 12 months altoge- ther?	Has the household used, consu- med out of its own out- put or has received as gift.....?	How much of has the household used or con- sumed out of own produc- tion, or has received as gift? (NEXT ITEM)	AMOUNT
			AMOUNT	QUANTITY	UNIT	AMOUNT
PACKAGED HOLIDAYS (cont'd) .						
Excursions & pilgrimages (Abroad)	211			/////////	////////	
Other packaged holidays	212			/////////	////////	
EDUCATION - - PRE-PRIMARY EDUCATION						
Pre-school (Public) excl. transport, health & stationery expenses on education	213			///////// ///////// ///////// /////////	///////// ///////// ///////// /////////	
Pre-school (Private) excl. transport, health & stationery expenses on education	214			///////// ///////// ///////// /////////	///////// ///////// ///////// /////////	
PRIMARY EDUCATION						
Primary (Public) excl. transport, health & stationery expenses on education	215			///////// ///////// ///////// /////////	///////// ///////// ///////// /////////	
Primary (Private) excl. transport, health & stationery expenses on education	216			///////// ///////// ///////// /////////	///////// ///////// ///////// /////////	

SECTION 9: HOUSEHOLD EXPENDITURE (FOOD AND NON-FOOD EXPENSES)
PART B: FOOD EXPENSES (FREQUENTLY PURCHASED ITEMS)

PERSON INTERVIEWED _____

ID	

PERSON RESPONSIBLE _____

ID	

COPY FROM SECTION 6 Q.7 _____

	2nd	3rd	4th	5th	6th	7th	8th	9th	10th	11th
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I T E M	CODE	1	2	3	4	5	6	7	8	9	10
		How much was spent on since my first visit?	How much was spent on since my last visit?	How much was spent on since my last visit?	How much was spent on since my last visit?	How much was spent on since my last visit?	How much was spent on since my last visit?	How much was spent on since my last visit?	How much was spent on since my last visit?	How much was spent on since my last visit?	How much was spent on since my last visit?
		AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT
CEREALS AND BREAD											
Guinea corn/sorghum	001										
Maize	002										
Millet	003										
Rice - Local	004										
Rice - Imported	005										
Other cereals	006										
Bread - sugar bread	007										
Other bread	008										
Biscuits	009										
Flour (wheat)	010										
Maize ground/corn dough	011										
Kenkey/banku (witout sauce)	012										
Baby food (cerelac, etc)	013										
Other cereal products	014										
MEAT: LIVE, FRESH, FROZEN, PROCESSED											
Corned beef	018										
Pork	019										

SECTION 9: HOUSEHOLD EXPENDITURE (FOOD AND NON-FOOD EXPENSES)
PART B: FOOD EXPENSES (FREQUENTLY PURCHASED ITEMS)

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		AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT
MEAT : LIVE, FRESH, FROZEN, PROCESSED (cont'd.)											
Beef	020										
Goat meat	021										
Mutton	022										
Bushmeat/wild game	023										
Other meat (dog, cat, etc.)	024										
Poultry											
Chicken	027										
Other domestic poultry	028										
Game birds	029										
FISH: FRESH, DRIED, FRIED											
Crustaceans (snails, lobsters, crabs, prawns)	033										
Fish (fresh and frozen)	034										
Fish (dried)	035										
Fish (smoked)	036										
Fish (fried)	037										
Fish (canned)	038										

SECTION 9: HOUSEHOLD EXPENDITURE (FOOD AND NON-FOOD EXPENSES)
PART B: FOOD EXPENSES (FREQUENTLY PURCHASED ITEMS)

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		AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT
FISH: FRESH, DRIED, FRIED (cont'd).											
Fish (salted)	039										
Other fish	040										
MILK AND MILK PRODUCTS											
Milk (fresh)	044										
Milk (powder)	045										
Baby milk	046										
Tinned milk (unsweetened, evaporated)	047										
Tinned milk (condensed)	048										
Other milk products including cheese	049										
EGGS											
Chicken eggs	053										
Other eggs	054										
OIL AND FATS											
Coconut oil	058										
Groundnut oil	059										

SECTION 9: HOUSEHOLD EXPENDITURE (FOOD AND NON-FOOD EXPENSES)
PART B: FOOD EXPENSES (FREQUENTLY PURCHASED ITEMS)

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		AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT
<i>OILS AND FATS</i> (cont'd.)											
Palm kernel oil	060										
Palm oil	061										
Shea butter	062										
Margarine/Butter	063										
Other vegetable oils including animal fats	064										
<i>FRUITS, FRESH NOT CANNED</i>											
Coconut	068										
Banana	069										
Orange/tangerine	070										
Pineapple	071										
Mango	072										
Avocado pear	073										
Water melon	074										
Canned or processed fruits	075										
Other fruits not canned	076										

SECTION 9: HOUSEHOLD EXPENDITURE (FOOD AND NON-FOOD EXPENSES)
PART B: FOOD EXPENSES (FREQUENTLY PURCHASED ITEMS)

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		AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT
VEGETABLES INCLUDING POTATOES AND OTHER TUBER VEGETABLES											
Cocoyam leaves (kontomire)	080										
Garden eggs	081										
Okro	082										
Carrots	083										
Pepper (fresh or dried)	084										
Onions (large/small)	085										
Tomatoes (fresh)	086										
Tomato puree (canned)	087										
Other vegetables	088										
SUGAR, JAM, HONEY, SYRUPS, CHOCOLATE AND CONFECTIONERY											
Sugar (cube, granulated)	092										
Honey	093										
Ice cream, ice lollies, etc	094										
Chocolate	095										
Other confectioneries	096										

SECTION 9: HOUSEHOLD EXPENDITURE (FOOD AND NON-FOOD EXPENSES)
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		AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT
FOOD PRODUCTS NOT ELSEWHERE CLASSIFIED - - Condiments and Spices											
Black pepper	100										
Salt	101										
Ginger	102										
Other condiments (Royco, Maggie, etc)	103										
Starchy Staples											
Cassava	107										
Cocoyam	108										
Plantain	109										
Yam	110										
Other starchy staples	111										
Pulses and Nuts											
Beans	115										
Groundnuts (roasted or raw)	116										
Palm nuts	117										
Cola nuts	118										

SECTION 9: HOUSEHOLD EXPENDITURE (FOOD AND NON-FOOD EXPENSES)
PART B: FOOD EXPENSES (FREQUENTLY PURCHASED ITEMS)

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		AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT
<i>Pulses and Nuts (cont'd.).</i>											
Other pulses and nuts	119										
<i>Processed Starchy Staples</i>											
Cassava - dough	123										
Gari	124										
Other processed starchy staples	125										
<i>NON-ALCOHOLIC BEVERAGES - - Coffee, Tea and Cocoa</i>											
Coffee	129										
Chocolate drinks (including Milo, Bournvita, etc).	130										
Tea	131										
Other beverage drinks	132										
<i>Mineral waters, soft drinks and juices</i>											
Soft drinks and minerals	136										
Malta and Malt drinks	137										
Fruits juices	138										
Mineral water (incl. bottled water & sachet water)	139										

SECTION 9: HOUSEHOLD EXPENDITURE (FOOD AND NON-FOOD EXPENSES)
PART B: FOOD EXPENSES (FREQUENTLY PURCHASED ITEMS)

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		AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT
ALCOHOLIC BEVERAGES, TOBACCO AND NARCOTICS - - SPIRITS											
Schnapps	143										
Whiskies and Gins	144										
Akpeteshie	145										
Other spirits	146										
WINE											
Palm wine/Raffia palm wine etc	150										
Pito/Brukutu, etc	151										
Other local wine	152										
Other imported wine	153										
BEER											
Beer (local)	157										
Beer (imported)	158										
Guinness & other stout	159										
TOBACCO											
Cigarette, cigar	163										
Tobacco (processed)	164										
Other tobacco products	165										

SECTION 9: HOUSEHOLD EXPENDITURE (FOOD AND NON-FOOD EXPENSES)
PART B: NON-FOOD EXPENSES (FREQUENTLY PURCHASED ITEMS)

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		AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT
HOUSING, WATER, ELECTRICITY, GAS AND OTHER FUELS--- OTHER SERVICES RELATING TO THE DWELLINGS											
Refuse disposal	169										
Expenditure on public toilets (WC and others)	170										
SOLID FUELS											
Charcoal	174										
Firewood and other solid fuels	175										
ICE											
Ice block (household cooling and refrigeration only)	179										
FURNISHINGS, HOUSEHOLD EQUIPMENT AND ROUTINE MAINTENANCE - - NON DURABLE HOUSEHOLD GOODS											
Washing soaps & powder	180										
Bathing/toilet soaps (liquid or solids)	181										
Bleaches	182										
Disinfectants and cleaners	183										
Insecticides- coils and sprays	184										
Matches	185										
Toilet papers	186										

SECTION 9: HOUSEHOLD EXPENDITURE (FOOD AND NON-FOOD EXPENSES)
PART B: NON-FOOD EXPENSES (FREQUENTLY PURCHASED ITEMS)

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		AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT
NON-DURABLE HOUSEHOLD GOODS (cont'd).											
Candles	187										
Kerosene	188										
Other non-durable goods	189										
HEALTH - - MEDICAL PRODUCTS, APPLIANCES AND EQUIPMENT											
Pain killers (paracetamol, APC, etc)	193										
Antibiotics	194										
Anti malaria medicines	195										
Condoms	196										
Traditional Ghanaian drugs (tablets or syrup)	197										
Other medical and pharmaceutical drugs	198										
TRANSPORT - - FUELS AND LUBRICANTS (HOUSEHOLD USE AND PRIVATE CARS)											
Petrol	202										
Diesel	203										

SECTION 9: HOUSEHOLD EXPENDITURE (FOOD AND NON-FOOD EXPENSES)
PART B: NON-FOOD EXPENSES (FREQUENTLY PURCHASED ITEMS)

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		AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT
MAINTENANCE, REPAIR AND OTHER SERVICES											
Washing/parking spaces services	207										
PASSENGER TRANSPORT BY RAILWAY											
Cost of travel by rail	211										
PASSENGER TRANSPORT BY ROAD											
Bus fares (STC, Metro Mass Transport, Neoplan, etc)	215										
Trotro, taxi & other transport	216										
PASSENGER TRANSPORT BY SEA AND INLAND WATERWAY											
Cost of travel by ferries and canoes	220										
OTHER PURCHASED TRANSPORT SERVICES											
Porters (kayaye, male porters, etc).	224										
Cost of luggage and items transported unaccompanied	225										

SECTION 9: HOUSEHOLD EXPENDITURE (FOOD AND NON-FOOD EXPENSES)
PART B: NON-FOOD EXPENSES (FREQUENTLY PURCHASED ITEMS)

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COPY FROM SECTION 6 Q.7

	2nd	3rd	4th	5th	6th	7th	8th	9th	10th	11th
VISIT	<div>/</div>	<div>/</div>	<div>/</div>	<div>/</div>	<div>/</div>	<div>/</div>	<div>/</div>	<div>/</div>	<div>/</div>	<div>/</div>
	dd mm	dd mm	dd mm	dd mm	dd mm	dd mm	dd mm	dd mm	dd mm	dd mm

I T E M	CODE	1	2	3	4	5	6	7	8	9	10
		How much was spent on since my first visit?	How much was spent on since my last visit?	How much was spent on since my last visit?	How much was spent on since my last visit?	How much was spent on since my last visit?	How much was spent on since my last visit?	How much was spent on since my last visit?	How much was spent on since my last visit?	How much was spent on since my last visit?	How much was spent on since my last visit?
		AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT
COMMUNICATIONS - - POSTAL AND TELECOMMUNICATION SERVICES											
Postage (within Ghana)	229										
Postage (Outside Ghana)	230										
Telephone calls	231										
Internet/e-mail	232										
Other postal services	233										
RECREATION AND CULTURE - - GAMES OF CHANCE											
National lotteries	237										
Other lotteries	238										
BOOKS											
Exercise books & writing pads	242										
Text books, story books, pamphlets/dictionaries, etc	243										
NEWSPAPERS AND PERIODICALS											
Graphic and Times	247										
Private newspapers	248										
Magazines	249										
Other newspapers & periodicals	250										

SECTION 9: HOUSEHOLD EXPENDITURE (FOOD AND NON-FOOD EXPENSES)
PART B: FOOD EXPENSES (FREQUENTLY PURCHASED ITEMS)

PERSON INTERVIEWED _____

ID	

PERSON RESPONSIBLE _____
COPY FROM SECTION 6 Q.7 _____

ID	

	2nd	3rd	4th	5th	6th	7th	8th	9th	10th	11th
VISIT	<div> / </div>	<div> / </div>	<div> / </div>	<div> / </div>	<div> / </div>	<div> / </div>	<div> / </div>	<div> / </div>	<div> / </div>	<div> / </div>
	dd mm	dd mm	dd mm	dd mm	dd mm	dd mm	dd mm	dd mm	dd mm	dd mm

I T E M	CODE	1	2	3	4	5	6	7	8	9	10
		How much was spent on since my first visit?	How much was spent on since my last visit?	How much was spent on since my last visit?	How much was spent on since my last visit?	How much was spent on since my last visit?	How much was spent on since my last visit?	How much was spent on since my last visit?	How much was spent on since my last visit?	How much was spent on since my last visit?	How much was spent on since my last visit?
		AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT
HOTELS, CAFES AND RESTAURANTS - - RESTAURANTS, CAFES, TAKE-AWAYS AND THE LIKE											
Cooked rice and sauce	254										
Fufu or Tuo with soup	255										
Banku or kenkey with sauce	256										
Other prepared meals	257										
Fast foods	258										
CANTEENS (WORKERS/UNIVERSITIES AND SCHOOLS CANTEEN)											
Cooked rice and sauce	262										
Fufu or Tuo with soup	263										
Banku or kenkey with sauce	264										
Other meals	265										
MISCELLANEOUS GOODS AND SERVICES - - HAIRDRESSING SALONS AND PERSONAL GROOMING ESTABLISHMENTS											
Services of barbers, beauty shops, etc (Men)	269										
Services of barbers, beauty shops (Women) including manucure and pedicure	270										
Mesh/wigs (Natural/artificial)	271										

SECTION 9: HOUSEHOLD EXPENDITURE (FOOD AND NON-FOOD EXPENSES)
PART B: NON-FOOD EXPENSES (FREQUENTLY PURCHASED ITEMS)

PERSON INTERVIEWED _____

ID	

PERSON RESPONSIBLE _____
COPY FROM SECTION 6 Q.7 _____

ID	

	2nd	3rd	4th	5th	6th	7th	8th	9th	10th	11th
VISIT	<div>/</div>	<div>/</div>	<div>/</div>	<div>/</div>	<div>/</div>	<div>/</div>	<div>/</div>	<div>/</div>	<div>/</div>	<div>/</div>
	dd mm	dd mm	dd mm	dd mm	dd mm	dd mm	dd mm	dd mm	dd mm	dd mm

I T E M	CODE	1 How much was spent on since my first visit?	2 How much was spent on since my last visit?	3 How much was spent on since my last visit?	4 How much was spent on since my last visit?	5 How much was spent on since my last visit?	6 How much was spent on since my last visit?	7 How much was spent on since my last visit?	8 How much was spent on since my last visit?	9 How much was spent on since my last visit?	10 How much was spent on since my last visit?
		AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT
HAIRDRESSING SALONS AND PERSONAL GROOMING ESTABLISHMENTS (cont'd).											
Other personal grooming services	272										
APPLIANCES, ARTICLES AND PRODUCTS FOR PERSONAL CARE											
Goods for personal care (toothpaste, razor blades, combs, scent sprays, cosmetics, etc)	276										
Other articles and products for personal care	277										

SECTION 9: HOUSEHOLD EXPENDITURE
PART C: FOOD AND NON-FOOD EXPENSES
AVAILABILITY OF SELECTED CONSUMER ITEMS

RESPONDENTS ARE THE PERSONS MAINLY RESPONSIBLE FOR HOUSEHOLD PURCHASES

I T E M	CODE	<div>1</div> <div>In the past 12 months, have you found these items available when you tried to purchase them?</div> <div>Yes, always.....1 (>> Next item) Yes, often.....2 (>> Next item) Yes, but rarely.....3 No.....4 Not applicable.....5 (>> Next item)</div>	<div>2</div> <div>How does the availability over the past months compare with the availability of the preceeding year?</div> <div>Worse now.....1 The same2 Not so bad now3</div>
Chloroquin	001		
Soap	002		
Firewood	003		
Charcoal	004		
Kerosene	005		
Petrol	006		
Maize	007		
Maize flour	008		
Rice	009		
Sorghum	010		
Millet	011		
Cooking oil	012		
Sugar	013		
Gas	014		

SECTION 10: NON-FARM ENTERPRISES
PART A: BASIC CHARACTERISTICS OF NON-FARM ENTERPRISES

1. (WRITE TOTAL No. OF NON-FARM ENTERPRISES FROM SECTION 6 Q.10

Now I would like to ask you about the enterprises ... (NAME OF NON-FARM ENTERPRISES FROM SECTION 6 Q.10),
for which you are responsible. These are..REFER TO PRE-FILLED COLUMNS 1-3.

ENTERPRISE NUMBER	2 NAME OF ENTERPRISE (FROM SECTION 6)	3 PERSON RESPONSIBLE		4 Person Inter-viewed ID.	5 What is the principal activity of this enterprise?		6 What is the main secondary activity of the enterprise?		7 How long has this enterprise been actively operating?		8 How many months during the past 12 months did the enterprise operate? (IF LESS THAN A MONTH, RECORD 0)	9 Does the income of this enterprise belong entirely to this Household? Yes.....1 (>> 11) No.....2	10 What percentage of the income of this enterprise goes to this household?
		NAME	ID	ID					YRS	MTH	MONTHS		
						NAME OF ACTIVITY	ISIC CODE	NAME OF ACTIVITY	ISIC CODE				
1													
2													

75 ..3/4—1
50 ..1/2—2
33 ..1/3—3
25 ..1/4—4
20 ..1/5—5
10 ..1/10—6
5 ..1/20—7

ENTERPRISE NUMBER	11 Is this enterprise registered with any government agency?	12 What was the single most serious difficulty in establishing this enterprise?	13 What was the main source of capital in setting up this enterprise?	14 What is the nature of this capital?	15 During the past 12 months, has this enterprise tried to get credit from banks and other financial agencies?	16 During the past 12 months, what has been the main source of credit used by this enterprise?	17 During the past 12 months, how much altogether has this enterprise borrowed?	18 During the past 12 months, how much of the total loans has this enterprise repaid?
	Yes Registrar General's Dep't.1 Dept. of Cooperatives.2 District Assembly.....3 Other.....4 (specify) No.....5	No difficulty..1 Capital/ credit.....2 Technical know how....3 Gov't. regulation..4 Other.....5 (specify)	Household savings.....01 Bank.....02 Remittance from abroad...03 Proceeds from family farm.....04 Proceeds from family non farm enterprise.....05 Income from family property(ies).....06 NGO support.....07 District Assembly/Town Dev. Assoc. support....08 Church assistance.....09 Money lenders.....10 Relative/friends.....11 Other partners.....12 Other (specify).....96	Loan.....1 Gift.....2 Self financed.3	Yes, successfully....1 Yes, unsuccessfully..2 No.....3	No credit used.01 (>> PART B) Bank.....02 Other financial agencies.....03 Cooperative....04 Money lender...05 Family/friend..06 Proceeds from other enterprise..07 Govt agencies..08 NGOs.....09 Other.....10 (specify)	(NEW LOANS)	INCLUDE THE VALUE OF ANY IN-KIND PAYMENTS
								A M O U N T
1								
2								

Now I would like to ask you about persons engaged in the enterprise for which you are responsible.

ENTERPRISE NUMBER	1 During the past 12 months, how many people have usually worked in this enterprise? INCLUDE HOUSEHOLD MEMBERS, APPRENTICES & HIRED LABOUR, BUT EXCLUDE PERSON RESPONSIBLE FOR ENTERPRISE		2 How many people are currently engaged by this enterprise?		3 How many of those engaged are working proprietors?		4 How many of the persons engaged are members of this household?		5 REPORT ID OF TWO (2) MAIN HOUSEHOLD PERSONS WORKING IN THE ENTERPRISE. DO NOT INCLUDE PERSONS RESPONSIBLE FOR ENTERPRISE		6 How many persons currently engaged are full-time?		7 How many are casual?		8 How many are apprentices?		9 How many are Ghanaians?	
	Male	Female	Male	Female	Male	Female	Male	Female	ID	ID	Male	Female	Male	Female	Male	Female	Male	Female
	1																	
2																		

ENTERPRISE NUMBER	10 How many are non-Ghanaians?		11 How many are skilled?		12 How many are unskilled?		13 Are formal wage contracts issued to employees? Yes.....1 No.....2		14 Does any of the workers receive paid/sick leave? Yes paid leave.1 Yes sick leave.2 Yes both.....3 No.....4		15 Do the workers receive any on-the-job training? Yes, within.....1 Yes, outside.....2 No.....3		16 On average, how many hours per day does an employee of this enterprise work? HOURS	
	Male	Female	Male	Female	Male	Female								
	1													
2														

Now I would like to ask you about wage earnings of the employees of the enterprise for which you are responsible.

FIRST ENTERPRISE

1. Has the enterprise been operating in the last two weeks?

Yes.....1 (2-10)
No.....2 (>> 11) ie. (11-19)

	FIRST ENTERPRISE	O P E R A T I N G IN THE LAST TWO WEEKS					FIRST ENTERPRISE	N O T O P E R A T I N G IN THE LAST TWO WEEKS			
		How much was paid in wages/salaries to the following categories of employees of this enterprise during the past						How much is <u>usually</u> paid in wages/salaries to the following categories of employees of this enterprise in			
		1 Month?		3 Months?				1 Month?		3 Months?	
		A M O U N T		A M O U N T				A M O U N T		A M O U N T	
		Male	Female	Male	Female			Male	Female	Male	Female
	2. Working proprietors						11. Working proprietors				
	3. Household employees						12. Household employees				
	4. Ghanaian employees						13. Ghanaian employees				
	5. Non-Ghanaian employees						14. Non-Ghanaian employees				
	6. Full-time employees						15. Full-time employees				
	7. Casual employees						16. Casual employees				
	8. Apprentices						17. Apprentices				
	9. Skilled						18. Skilled				
	10. Unskilled						19. Unskilled				
	<div>>> PART C2</div>										

Now I would like to ask you about wage earnings of the employees of the enterprise for which you are responsible.

SECOND ENTERPRISE

1. Has the enterprise been operating in the last two weeks?

Yes.....1 (2-10)
No.....2 (>> 11) ie. (11-19)

	SECOND ENTERPRISE	O P E R A T I N G IN THE LAST TWO WEEKS					SECOND ENTERPRISE	N O T O P E R A T I N G IN THE LAST TWO WEEKS			
		How much was paid in wages/salaries to the following categories of employees of this enterprise during the past?						How much is <u>usually</u> paid in wages/salaries to the following categories of employees of this enterprise in?			
		1 Month?		3 Months?				1 Month?		3 Months?	
		A M O U N T		A M O U N T				A M O U N T		A M O U N T	
		Male	Female	Male	Female			Male	Female	Male	Female
	2. Working proprietors						11. Working proprietors				
	3. Household employees						12. Household employees				
	4. Ghanaian employees						13. Ghanaian employees				
	5. Non-Ghanaian employees						14. Non-Ghanaian employees				
	6. Full-time employees						15. Full-time employees				
	7. Casual employees						16. Casual employees				
	8. Apprentices						17. Apprentices				
	9. Skilled						18. Skilled				
	10. Unskilled						19. Unskilled				
	<div>>> PART D</div>										

FIRST ENTERPRISE

Month:

Year:

2

0

0

Now I would like to ask about the revenue of your (THE FIRST ENTERPRISE). Please do not include revenue from other sources or Other enterprise.

I T E M (WRITE NAME OF ITEM AND CODE)	1 How much of the following items did the enterprise have at the end of the production year?					2 How much of the following items did the enterprise sell during the past 3 months?			3 How much of the following items did the enterprise export during the last 3 months?			UNIT CODE	
	PROD CODE	UNIT CODE	UNIT PRICE	QTY	VALUE	UNIT PRICE	QTY	VALUE	UNIT PRICE	QTY	VALUE		
Principal Finished products/service 1												None.....00	
Principal Raw materials 2												All.....01	
Principal product work in progress 3						////////	////	////////////////	////////	////	////////////////	American tin.....02	
Principal Goods for resale 4												Barrel.....03	
Secondary Finished products													Basket.....04
1												Beer bottle.....05	
2												Bowl.....06	
3												Box.....07	
Secondary Raw materials													Bunch.....08
1												Bundle.....09	
2												Fanta/Coke bottle...10	
3												Fingers.....11	
Secondary products work-in-progress													Fruit.....12
1						////////	////	////////////////	////////	////	////////////////	Gallon.....13	
2						////////	////	////////////////	////////	////	////////////////	Kilogram.....14	
3						////////	////	////////////////	////////	////	////////////////	Litre.....15	
Secondary Goods purchased for resale													Log.....16
1												Margarine tin.....17	
2												Maxi bag.....18	
3												Mini bag.....19	

SECOND ENTERPRISE

Month:

Year:

2

0

0

Now I would like to ask about the revenue of your (THE SECOND ENTERPRISE). Please do not include revenue from other sources or Other enterprise.

I T E M (WRITE NAME OF ITEM AND CODE)	1 How much of the following items did the enterprise have at the end of the production year?					2 How much of the following items did the enterprise sell during the past 3 months?			3 How much of the following items did the enterprise export during the last 3 months?			UNIT CODE	
	PROD CODE	UNIT CODE	UNIT PRICE	QTY	VALUE	UNIT PRICE	QTY	VALUE	UNIT PRICE	QTY	VALUE		
Principal Finished products/service 1												None.....00	
Principal Raw materials 2												All.....01	
Principal product work in progress 3						////////	////////	////////////////	////////	////////	////////////////	American tin.....02	
Principal Goods for resale 4												Barrel.....03	
Secondary Finished products													Basket.....04
1												Beer bottle.....05	
2												Bowl.....06	
3												Box.....07	
Secondary Raw materials													Bunch.....08
1												Bundle.....09	
2												Fanta/Coke bottle...10	
3												Fingers.....11	
Secondary products work-in-progress													Fruit.....12
1						////////	////////	////////////////	////////	////////	////////////////	Gallon.....13	
2						////////	////////	////////////////	////////	////////	////////////////	Kilogram.....14	
3						////////	////////	////////////////	////////	////////	////////////////	Litre.....15	
Secondary Goods purchased for resale													Log.....16
1												Margarine tin.....17	
2												Maxi bag.....18	
3												Mini bag.....19	

IF RESPONDENT ANSWERED 'YES' TO PART 10C Q.1 BEGIN AT Q.1
IF 'NO' TO PART 10C Q.1, START AT Q.6. CARE MUST BE TAKEN TO ENSURE THAT THE RESPONSES REFER TO GROSS RECEIPTS.

E N T E R P R I S E	OPERATING IN THE LAST 2 WEEKS					NOT OPERATING IN THE LAST 2 WEEKS					11 How do the gross receipts of this enterprise over the past 12 months compare with the gross receipts for the preceeding year? THIS YEAR'S IS: Higher.....1 Lower.....2 No difference.3 N/A.....4
	1 During the last 2 weeks how much revenue has been received from the sale of goods and services by this enterprise?	2 During the last 2 weeks, has this enterprise received payments in the form of goods and services? Yes.....1 No.....2 (>> 4)	3 What was the estimated amount of these payments?	4 During the last 2 weeks, has any of the goods and services produced by this enterprise been consumed by the household members instead of being sold? Yes.....1 No.....2 (>> 11)	5 What was the value of the products consumed by the household since the last 2 weeks? <div>>> 11</div>	6 How much reveue is usually received from the sale of goods and services by this enterprise during a 2 week period?	7 Does the enterprise usually receive payments in the form of goods and services? Yes.....1 No.....2 (>> 9)	8 What is the usual value of the payments in the form of goods and services during any 2 week period?	9 Are some of the goods and services produced by this enterprise usually consumed by the household instead of being sold?	10 What is the value of the products usually consumed by the household instead of being sold over a 2 week period?	
	A M O U N T		A M O U N T		AMOUNT	AMOUNT		AMOUNT		AMOUNT	
	1										
	2										

FIRST ENTERPRISE

	FIRST ENTERPRISE	O P E R A T I N G IN THE LAST TWO WEEKS			FIRST ENTERPRISE	N O T O P E R A T I N G IN THE LAST TWO WEEKS	
		How much was earned through the provision of the following services during the past.....?				How much is usually earned through the provision of the following services in?	
		1 Month	3 Months			1 Month	3 Months
		A M O U N T	A M O U N T			A M O U N T	A M O U N T
	a. Delivery of goods sold.				a. Delivery of Goods sold		
	b. Provision of other services				b. Provision of other services		
	c. Rental of buildings				c. Rental of buildings		
	d. Rental of machinery and transport equipment				d. Rental of machinery and transport equipment		
	e. Commissions				e. Commission		
	f. Royalties, copyright, etc belonging to the enterprise				f. Royalties, copyright, etc. belonging to the enterprise		
	g. Storage and handling fees				g. Storage and handling fees		
	h. Inspection and valuation fees				h. Inspection and valuation fees		
	i. Sale of scrap				i. Sale of scrap		
	j. Profit on sale of fixed assets				j. Profit on sale of fixed assets		
	k. Other (specify)				k. Other (specify)		

SECOND ENTERPRISE

	SECOND ENTERPRISE	O P E R A T I N G IN THE LAST TWO WEEKS			SECOND ENTERPRISE	N O T O P E R A T I N G IN THE LAST TWO WEEKS	
		How much was earned through the provision of the following services during the past.....?				How much is usually earned through the provision of the following services in?	
		1 Month	3 Months			1 Month	3 Months
		A M O U N T	A M O U N T			A M O U N T	A M O U N T
	a. Delivery of goods sold.				a. Delivery of Goods sold		
	b. Provision of other services				b. Provision of other services		
	c. Rental of buildings				c. Rental of buildings		
	d. Rental of machinery and transport equipment				d. Rental of machinery and transport equipment		
	e. Commissions				e. Commission		
	f. Royalties, copyright, etc belonging to the enterprise				f. Royalties, copyright, etc. belonging to the enterprise		
	g. Storage and handling fees				g. Storage and handling fees		
	h. Inspection and valuation fees				h. Inspection and valuation fees		
	i. Sale of scrap				i. Sale of scrap		
	j. Profit on sale of fixed assets				j. Profit on sale of fixed assets		
	k. Other (specify)				k. Other (specify)		

FIRST ENTERPRISE

Month:

Year:

2

0

0

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

I T E M (WRITE NAME OF ITEM AND CODE)	1 How much of the following items did the enterprise have at the beginning of the production year?					2 How much of the following items were purchased in the past 3 months?			3 How much of the following items were imported in the past 3 months?		
	PROD CODE	UNIT CODE	UNIT PRICE	QTY	VALUE	UNIT PRICE	QTY	VALUE	UNIT PRICE	QTY	VALUE
Principal Finished products/service 1.											
Principal Raw materials 2.											
Principal product work in progress 3.						////////	////	////////////////	////////	////	////////////////
Principal Goods for resale 4.											
Secondary Finished products											
1											
2											
3											
Secondary Raw materials											
1											
2											
3											
Secondary products work-in-progress											
1						////////	////	////////////////	////////	////	////////////////
2						////////	////	////////////////	////////	////	////////////////
3						////////	////	////////////////	////////	////	////////////////
Secondary Goods purchased for resale											
1											
2											
3											

UNIT CODE

None.....00

All.....01

American tin.....02

Barrel.....03

Basket.....04

Beer bottle.....05

Bowl.....06

Box.....07

Bunch.....08

Bundle.....09

Fanta/Coke bottle...10

Fingers.....11

Fruit.....12

Gallon.....13

Kilogram.....14

Litre.....15

Log.....16

Margarine tin.....17

Maxi bag.....18

Mini bag.....19

Nut.....20

Pounds.....21

Sheet.....22

Stick.....23

Tonne.....24

Tubers.....26

Pieces.....27

Singles.....28

Dozen.....29

Crate.....30

Pair.....31

SECOND ENTERPRISE

Month:

Year:

2

0

0

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

I T E M (WRITE NAME OF ITEM AND CODE)	1 How much of the following items did the enterprise have at the beginning of the production year?					2 How much of the following items were purchased in the past 3 months?			3 How much of the following items were imported in the past 3 months?		
	PROD CODE	UNIT CODE	UNIT PRICE	QTY	VALUE	UNIT PRICE	QTY	VALUE	UNIT PRICE	QTY	VALUE
Principal Finished products/service 1.											
Principal Raw materials 2.											
Principal product work in progress 3.						////////	////	////////////////	////////	////	////////////////
Principal Goods for resale 4.											
Secondary Finished products											
1											
2											
3											
Secondary Raw materials											
1											
2											
3											
Secondary products work-in-progress											
1						////////	////	////////////////	////////	////	////////////////
2						////////	////	////////////////	////////	////	////////////////
3						////////	////	////////////////	////////	////	////////////////
Secondary Goods purchased for resale											
1											
2											
3											

UNIT CODE

None.....00

All.....01

American tin.....02

Barrel.....03

Basket.....04

Beer bottle.....05

Bowl.....06

Box.....07

Bunch.....08

Bundle.....09

Fanta/Coke bottle...10

Fingers.....11

Fruit.....12

Gallon.....13

Kilogram.....14

Litre.....15

Log.....16

Margarine tin.....17

Maxi bag.....18

Mini bag.....19

Nut.....20

Pounds.....21

Sheet.....22

Stick.....23

Tonne.....24

Tubers.....26

Piece.....27

Single.....28

Dozen.....29

Crate.....30

Pair.....31

SECTION 10: NON-FARM HOUSEHOLD ENTERPRISES
PART G1: OTHER EXPENDITURE

FIRST ENTERPRISE

Year:

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

1. Has the enterprise been operating since the last two weeks? Yes.....1
No.....2 (>> G2)

OPERATING SINCE THE LAST 2 WEEKS								
	FIRST ENTERPRISE	2 During the past 12 months, has the enterprise spent anything on?	3 Do you pay for at least once a week?	4 How many times was paid for during the past 12 months?	5 How much did you spend on during the past 12 months?	6 How much did you spend on during the past 3 months?	7 How much did you spend on during the past 2 weeks?	8 During the past 12 months, was available when you needed/wished to purchase it?
	EXPENDITURE ITEMS	Yes.....1 No.....2 (>> 8)	Yes.....1 No.....2		AMOUNT	AMOUNT	AMOUNT	Always.....1 Often.....2 Not often.....3 No.....4
01	Taxes on product							/ / / / / / / / / / / / / / / /
02	Articles for resale							
03	Rents on assets/land and buildings							/ / / / / / / / / / / / / / / /
04	Raw materials							
05	Travelling and Transport (T & T)							
06	Fuel & lubricants							
07	Electricity							
08	Water							
09	Telephones							
10	Printing/stationery/postage/packaging							
11	Spare parts							
12	Repairs/maintenance of fixed assets							
13	Lease of machinery or transport equipment							
14	Advertising/computer service							
15	Bank charges (excl. bank int. charge)							/ / / / / / / / / / / / / / / /
16	Training							
17	Treatment/disposal of waste products							
18	Uniform & clothing							
19	Accident claims							/ / / / / / / / / / / / / / / /
20	Other (specify)							/ / / / / / / / / / / / / / / /

SECTION 10: NON-FARM HOUSEHOLD ENTERPRISES
PART G2: OTHER EXPENDITURE

SECOND ENTERPRISE

Year:

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

1. Has the enterprise been operating since the last two weeks? Yes.....1
No.....2 (> H1)

OPERATING SINCE THE LAST 2 WEEKS								
	SECOND ENTERPRISE	2 During the past 12 months, has the enterprise spent anything on?	3 Do you pay for at least once a week?	4 How many times was paid for during the past 12 months?	5 How much did you spend on during the past 12 months?	6 How much did you spend on during the past 3 months?	7 How much did you spend on during the past 2 weeks?	8 During the past 12 months, was available when you needed/wished to purchase it?
	EXPENDITURE ITEMS	Yes.....1 No.....2 (>> 8)	Yes.....1 No.....2		AMOUNT	AMOUNT	AMOUNT	Always.....1 Often.....2 Not often.....3 No.....4
01	Taxes on product							/ / / / / / / / / / / / / / / /
02	Articles for resale							
03	Rents on assets/land and buildings							/ / / / / / / / / / / / / / / /
04	Raw materials							
05	Travelling and Transport (T & T)							
06	Fuel & lubricants							
07	Electricity							
08	Water							
09	Telephones							
10	Printing/stationery/postage/packaging							
11	Spare parts							
12	Repairs/maintenance of fixed assets							
13	Lease of machinery or transport equipment							
14	Advertising/computer service							
15	Bank charges (excl. bank int. charge)							/ / / / / / / / / / / / / / / /
16	Training							
17	Treatment/disposal of waste products							
18	Uniform & clothing							
19	Accident claims							/ / / / / / / / / / / / / / / /
20	Other (specify)							/ / / / / / / / / / / / / / / /

SECTION 10: NON-FARM HOUSEHOLD ENTERPRISES
PART H1: ASSETS OF THE ENTERPRISE

FIRST ENTERPRISE

Month:

Year:

2

0

0

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

	I T E M	1 Does the enterprise own? Yes.....1 No.....2 (Next Item)			2 How long ago did you obtain this? (No. OF YEARS)			3 What was the value of at time of purchased?			4 Did the enterprise obtain any during the past 12 months? Yes.....1 No.....2 (>> 7)			5 What is the value of purchased in the past 12 months? (IF GIFT) PUT 0)			6 What is the value of depreciation for over the past 12 months? (FOR OFFICE USE ONLY)			7 For how much can be sold today?			8 What is the value of produced by the enterprise and retained for future production?		
		1st	2nd	3rd	YEARS			VALUE			AMOUNT			AMOUNT			AMOUNT			AMOUNT			VALUE		
01	Land															////////////////			////////////////						
02	Land Improvement															////////////////									
03	Residential Buildings																								
04	Other Buildings																								
05	Other Construction																								
06	Passenger Vehicle																								
07	Other Vehicle																								
08	Motor bikes																								
09	Bicycles																								
10	Carts																								
11	Boats																								
12	Other Transport Equipment																								
13	Machinery/Equipment/Tools																								
14	Other (please specify)																								
a																									
b																									
c																									

SECOND ENTERPRISE

Month:

Year:

2

0

0

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

	I T E M	1 Does the enterprise own? Yes.....1 No.....2 (Next Item)			2 How long ago did you obtain this? (No. OF YEARS)			3 What was the value of at time of purchased?			4 Did the enterprise obtain any during the past 12 months? Yes.....1 No.....2 (>> 7)			5 What is the value of purchased in the past 12 months? (IF GIFT) PUT 0)			6 What is the value of depreciation for over the past 12 months? (FOR OFFICE USE ONLY)			7 For how much can be sold today?			8 What is the value of produced by the enterprise and retained for future production?		
		1st	2nd	3rd	YEARS			VALUE			AMOUNT			AMOUNT			AMOUNT			AMOUNT			VALUE		
01	Land															////////////////			////////////////						
02	Land Improvement															////////////////									
03	Residential Buildings																								
04	Other Buildings																								
05	Other Construction																								
06	Passenger Vehicle																								
07	Other Vehicle																								
08	Motor bikes																								
09	Bicycles																								
10	Carts																								
11	Boats																								
12	Other Transport Equipment																								
13	Machinery/Equipment/Tools																								
14	Other (please specify)																								
a																									
b																									
c																									

FIRST ENTERPRISE

Now I would like to ask you about the Property Income paid and received by your (THE FIRST ENTERPRISE). Please do not include property income belonging to the household or to any other enterprise in the household.

	FIRST ENTERPRISE	PROPERTY INCOME PAID			FIRST ENTERPRISE	PROPERTY INCOME RECEIVED	
		How much was paid for in				How much was received on in	
		Last 1 month?	Last 3 months?			Last 1 month?	Last 3 months?
		A M O U N T	A M O U N T			A M O U N T	A M O U N T
	1. Rent on land.				1. Rent on land.		
	2. Dividends				2. Dividends		
	3. Interest on loans.				3. Interest on Loans.		
	4. Re-invested earnings.				4. Re-invested Earnings.		
	5. Property income attributed to Insurance Policy holders.				5. Property income attributed to Insurance Policy holders.		

SECOND ENTERPRISE

Now I would like to ask you about the Property Income paid and received by your (THE SECOND ENTERPRISE). Please do not include property income belonging to the household or to any other enterprise in the household.

	SECOND ENTERPRISE	PROPERTY INCOME PAID			SECOND ENTERPRISE	PROPERTY INCOME RECEIVED	
		How much was paid for in				How much was received on in	
		Last 1 month?	Last 3 months?			Last 1 month?	Last 3 months?
		A M O U N T	A M O U N T			A M O U N T	A M O U N T
	1. Rent on land.				1. Rent on land.		
	2. Dividends				2. Dividends		
	3. Interest on loans.				3. Interest on Loans.		
	4. Re-invested earnings.				4. Re-invested Earnings.		
	5. Property income attributed to Insurance Policy holders.				5. Property income attributed to Insurance Policy holders.		

ENTERPRISE NUMBER	1 Since the last two weeks, has any of the goods and services produced by this enterprise been consumed by the household members instead of being sold?	2 What was the value of the products consumed by the household since the last 2 weeks?				3 How much money from this enterprise usually goes to the household?		4 How much money from this enterprise usually goes to you personally?		TIME UNIT Daily.....1 Weekly.....2 Fortnightly.....3 Monthly.....4 Quarterly.....5 Yearly.....6
	Yes.....1 No.....2 (>> 3)	CODE	QUANTITY	UNIT PRICE	A M O U N T	TIME UNIT	A M O U N T	TIME UNIT	A M O U N T	
	1									
	2									

ENTERPRISE NUMBER	After deducting the business expenditure, do you usually use the income from this enterprise								
	5 For payments to other households?	6 What is the amount?		7 For savings for the Enterprise?	8 What is the amount?		9 For any other purpose?	10 What is the amount?	
	Yes1 No2 (>> 7)			Yes1 No2 (>> 9)			Yes1 No2 (>> Next Item)		
		AMOUNT	TIME UNIT		AMOUNT	TIME UNIT		TIME UNIT	A M O U N T
1									
2									

RESPONDENT: HOUSEHOLD HEAD OR MAIN RESPONDENT

1

Is there any member of the household who lives away from here?

(NOTE NAMES)

Yes.....1

No.....2 (> 3)

2

Has this household sent (NAME) any money or goods in the past 12 months?

Yes.....1

No.....2

3

Is there anyone else who is not a household member to whom this household has sent money or goods in the past 12 months?

Yes.....1

No.....2

(IF ANSWERS TO Q.1 & Q.3 ARE NO, >> PART B Q.2)

(IF ANSWERS TO Q.2 & Q.3 ARE NO, >> PART B Q.1)

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

4

LIST EACH PERSON'S NAME TO WHOM CASH AND / OR GOODS WERE SENT BY THE HOUSEHOLD

(IF NOT A HOUSEHOLD MEMBER >> 6)

5

ID CODE IF PERSON IS AN ABSENT MEMBER OF THE HOUSEHOLD THEN (>> 8)

IF NOT A HOUSEHOLD MEMBER, RELATIONSHIP TO THE HOUSEHOLD HEAD AND SEX

6

RELATIONSHIP

Parent1

Spouse2

Child3

Brother/ Sister4

Other relative ...5

Non-relative ...6

7

SEX

Male...1

Female.2

8

Were these remittances made on a regular basis?

Yes, Weekly.....1

Monthly....2

Quarterly..3

Annually...4

No.....5

Other.....6 (specify)

9

Will these remittances be paid at some future time?

Yes.....1

No.....2

10

What was the total amount of the cash sent to/or given this individual during the past 12 months?

AMOUNT

11

What were the 3 main uses of cash sent?

Daily consumption..1

Housing.....2

Business.....3

Education....4

Health.....5

Funerals.....6

Other ceremonies...7

Savings.....8

Other.....9 (specify)

1st

2nd

3rd

12

What was the total value of food sent to/or given to this individual during the past 12 months?

IF NO FOOD CODE 00

VALUE

13

What was the value of other goods sent to/or given to this individual during the past 12 months?

IF NO GOODS CODE 00

VALUE

14

Where does this recipient live?

This town/village..01

Sekondi/Takoradi...02

Cape Coast.....03

Accra.....04

Ho.....05

Koforidua.....06

Kumasi.....07

Sunyani.....08

Tamale.....09

Bolgatanga.....10

Wa.....11

Other urban.....12

Rural.....13

Other ECOWAS.....96

Other Africa.....97

Outside Africa.....98

11.1

RESPONDENT: HOUSEHOLD HEAD OR MAIN RESPONDENT						
<div>1</div> <div>During the past 12 months has this household received or collected money or goods from (NAME OF ABSENT HOUSEHOLD MEMBER)?</div> <div>Yes.....1</div> <div>No.....2</div>		<div>2</div> <div>During the past 12 months, has this household received or collected money or goods from any other individual?</div> <div>Yes.....1</div> <div>No.....2</div> <div>(IF ANSWERS TO Q.1 AND Q.2 ARE NO, >> PART C)</div>		<div>NOTE: TRANSFERS IN THIS SECTION SHOULD NOT INCLUDE PAYMENTS MADE TO THE HOUSEHOLD FOR GOODS AND SERVICES OR FOR WORK DONE BY THE HOUSEHOLD. THESE INCOMES ARE COVERED IN SECTIONS 4, 8, AND 10.</div>		
<div>3</div> <div>LIST EACH PERSON'S NAME FROM WHOM HOUSEHOLD RECEIVED MONEY OR GOODS.</div> <div>(IF NOT A HOUSEHOLD MEMBER >> 5)</div>	<div>4</div> <div>ID CODE IF PERSON IS AN ABSENT MEMBER OF THE HOUSEHOLD THEN (>> 7)</div>	<div>IF NOT A HOUSEHOLD MEMBER, RELATIONSHIP TO THE HOUSEHOLD HEAD AND SEX</div> <div><div>5</div><div>RELATIONSHIP</div><div>Parent.....1</div><div>Spouse.....2</div><div>Child.....3</div><div>Brother / Sister.....4</div><div>Other relative.....5</div><div>Non-relative.....6</div></div> <div><div>6</div><div>SEX</div><div>Male...1</div><div>Female.2</div></div>	<div>7</div> <div>Were these remittances made on a regular basis?</div> <div>Yes, Weekly.....1</div> <div>Monthly...2</div> <div>Quarterly..3</div> <div>Annually...4</div> <div>No.....5</div> <div>Other.....6 (specify)</div>	<div>8</div> <div>Will you have to repay these?</div> <div>Yes.....1</div> <div>No.....2</div>	<div>9</div> <div>What was the total amount of the cash this household received from this individual during the past 12 months?</div> <div>AMOUNT</div>	

RESPONDENT: HOUSEHOLD HEAD OR MAIN RESPONDENT

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

10 Through which means did you receive the remittance?	11 What were the 3 main uses of cash received?			12 What was the total value of food received from this individual during the past 12 months?	13 What was the value of other goods (non-food items) received from this individual during the past 12 months?	14 Where does this individual live?
Bank Accounts.....1 Money transfer agency.....2 Sender him/herself.....3 Cash carried by someone else.....4 Other.....5 (specify)	Daily consumption...1 Housing.....2 Business.....3 Education.....4 Health.....5 Funerals.....6 Other ceremonies...7 Savings.....8 Other.....9 (specify)			IF NO FOOD CODE 00	IF NO GOODS CODE 00	This town/village.....01 Sekondi/Takoradi.....02 Cape Coast.....03 Accra.....04 Ho.....05 Koforidua.....06 Kumasi.....07 Sunyani.....08 Tamale.....09 Bolgatanga.....10 Wa.....11 Other urban.....12 Rural.....13 Other ECOWAS.....96 Other Africa.....97 Outside Africa.....98
	1st	2nd	3rd	VALUE	VALUE	

SECTION 11: INCOME AND MISCELLANEOUS INCOME & EXPENDITURES

PART C: MISCELLANEOUS INCOME									
During the past 12 months, how much income in cash or kind, did any member of the household receive from the following sources?									
	FROM CENTRAL GOVERNMENT			FROM OTHER SOURCES			T O T A L		
	1 Social Security	2 State Pension	3 Other (specify)	4 Retirement benefits	5 Dowry or inheritance	6 Other (specify) EXCLUDE SUSU	7 C1 + C2 + C3	8 C4 + C5 + C6	9 C7 + C8
	A M O U N T	A M O U N T	A M O U N T	A M O U N T	V A L U E	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									
03									
04									
05									
06									
07									
08									
09									
10									
11									
12									
13									
14									
15									

SECTION 11: INCOME AND MISCELLANEOUS INCOME & EXPENDITURES

PART D: MISCELLANEOUS OUTGOINGS (EXPENDITURES)

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

1 Taxes (TV license, property tax, etc).	2 Contribution to self-help projects.	3 Weddings, dowry, funerals and other ceremonies.	4 Gifts and presents excluding those mentioned as transfers. (INCLUDE CONTRIBUTIONS/ DONATIONS TO CHURCHES, INSTITUTIONS, ETC).	5 Other miscellaneous expenditure. (EXCLUDE SUSU)
A M O U N T	A M O U N T	V A L U E	A M O U N T	A M O U N T

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

1	2	3	4	5	6	7	8	9	10	11		12
Does any member of the household owe money or goods to another person, institution, or business?	During the past 12 months, has any loan been fully repaid by any member of the household?	L O A N	Which household member obtained the loan?	What is the source of this loan?	What was the total amount of the original loan?	For what purpose was the loan contracted?	What kind of guarantee was required by the lender?	How much of the loan has been repaid during the past 12 months (including charges and interest and any payment in kind)?	During the past 12 months has any member of the household tried to obtain a loan and has been refused?	Which household member(s) was (were) refused the loan(s)?		Why was the loan refused?
										R E F U S E D	M E M B E R	
Yes....1 No.....2	Yes.....1 No.....2 N/A.....3 (>> 10) IF ANSWER TO Q.1=2 AND Q.2=1 >>10								Yes.....1 No.....2 (>> PART 12B)	L O A N	I. D.	
			MEMBER ID		AMOUNT			AMOUNT		No.		
		1								1		
		2							//////////	2		
		3							//////////	3		
		4							//////////	4		
		5							//////////	5		
		6							//////////	6		

PART B: ASSETS AND DURABLE CONSUMER GOODS

I T E M	CODE	1			2			3						4					
		Does any member of the household own			How long ago was obtained?			What was its purchase price?						How much could you sell it now in cedis?					
								(IF GIFT PUT ZERO)											
								C = CURRENCY CODE											
		Yes, working.1			LESS THAN ONE YEAR: 00			Cedi.....1		Dollar.....5									
		Yes, not working.2						Naira.....2		Euro.....6									
		No3						CFA.....3		Yen.....7									
		(>> Next Item)						Pound.....4		Other (specify).....8									
					ITEM			ITEM - 1		C		ITEM - 2		C		ITEM - 3		C	
					YEARS														
Furniture	301																		
Sewing machine	302																		
Stove (kerosene)	303																		
Stove (electric)	304																		
Stove (gas)	305																		
Refrigerator	306																		
Freezer	307																		
Air conditioner	308																		
Fan	309																		
Radio	310																		
Radio cassette	311																		
Record player	312																		
3-in-one Radio system	313																		
Video player	314																		
Desktop Computer	315																		
Laptop Computer	316																		
Printer	317																		
Computer accessories	318																		
Cam-coder/video camera	319																		
Satellite Dish	320																		

PART B: ASSETS AND DURABLE CONSUMER GOODS
CONCL'D.

I T E M	CODE	1 Does any member of the household own? Yes, working.1 Yes, not working.2 No3 (>> Next Item)			2 How long ago was obtained? LESS THAN ONE YEAR: 00 ITEM 1 2 3			3 What was its purchase price? IF GIFT PUT ZERO C = Currency Code						4 How much could you sell it now in cedis?		
								ITEM - 1	C	ITEM - 2	C	ITEM - 3	C	1	2	3
		1	2	3	YEARS			A M O U N T						V A L U E		
Washing machine	321															
T.V.	322															
Camera	323															
Iron (Electric)	324															
Bicycle	325															
Motor cycle	326															
Car	327															
House	328															
Land / Plot	329															
Shares	330															
Boat	331															
Canoes	332															
Outboard motor	333															
Microwave	334															
Food processor	335															
Box Iron	336															
Mobile phone	337															
Generator	338															

CURRENCY CODE →

Cedi1
Naira2
CFA3
Pounds4

Dollars5
Euro6
Yen7
Other8
(specify)

PART C: SAVINGS (INCLUDE SUSU)

1 Does any member of the household have a savings account or participate in Susu?	2 I T E M N U M B E R	3 In whose name is the account?	4 In what currency is the account?	5 What is the current balance of these savings?	6 How much has been added to the savings in the past 12 months? (EXCLUDE INTEREST)	7 How much has been withdrawn from the savings in the past 12 months?
Yes1 No2 (END INTERVIEW)		MEMBER ID	CURRENCY CODE	AMOUNT	AMOUNT	AMOUNT
	1					
	2					
	3					
	4					
	5					
	6					
	7					
	8					
	9					
	10					

CURRENCY
CODE
Cedi1
Naira2
CFA3
Pounds4
Dollars5
Euro6
Yen7
Other8
(specify)

END OF INTERVIEW