



REPUBLIC OF GHANA
STATISTICAL SERVICE

GHANA LIVING STANDARDS SURVEY 4
(WITH LABOUR FORCE MODULE)

HOUSEHOLD QUESTIONNAIRE

PART A

S U R V E Y I N F O R M A T I O N

CLUSTER: [] / []
 HEAD OF HOUSEHOLD:
 ADDRESS (OR DESCRIPTION):

-----VERIFICATION OF THE QUESTIONNAIRE, FIRST VISIT-----
 SUPERVISOR: [] DATE: [] [] []
 REMARKS:
 REINTERVIEW YES...1 |
 BY SUPERVISOR? NO....2+---+
 REASON:
 THIS HOUSEHOLD +---+ THIS HOUSEHOLD +---+ DWELLING NOT FOUND / VACANT..1+---+
 REPLACES [] [] WILL BE REPLACED [] [] OCCUPANT NOT AT HOME.....2 |
 HOUSEHOLD NO: +---+ BY NO: +---+ REFUSAL.....3+---+

-----FIRST VISIT-----
 INTERVIEWER: [] DATE: [] [] []
 DWELLING YES..1 IS THE HEAD YES..1
 FOUND NO...2 (>>SUPERVISOR) +---+ OF HOUSEHOLD NO...2 (>>SUPERVISOR) +---+
 THE SAME? [] []
 NAME OF NEW HEAD:
 LANGUAGE ENGLISH.1 GA-ADANGBE.4 NZEMA..7 [] []
 USED BY THE AKAN...2 DAGBANI...5 OTHER..8 +---+ INTER- YES..1 |
 RESPONDENT: EWE.....3 HAUSA.....6 (specify) PRETER? NO...2+---+
 REMARKS:

-----SECOND VISIT-----
 INTERVIEWER: [] DATE: [] [] []
 REMARKS:

-----VERIFICATION OF QUESTIONNAIRE, SECOND VISIT-----
 SUPERVISOR: [] DATE: [] [] []
 REMARKS:
 REINTERVIEW YES...1 |
 BY SUPERVISOR? NO....2+---+

-----FIRST VISIT-----
 INTERVIEWER: [] DATE: [] [] []
 REMARKS:

-----THIRD VISIT-----
 INTERVIEWER: [] DATE: [] [] []
 REMARKS:

-----VERIFICATION OF QUESTIONNAIRE, THIRD VISIT-----
 SUPERVISOR: [] DATE: [] [] []
 REMARKS:
 REINTERVIEW YES...1 |
 BY SUPERVISOR? NO....2+---+

-----FOURTH VISIT-----
 INTERVIEWER:.....+--+ DATE: +-----+
 REMARKS:.....

-----VERIFICATION OF QUESTIONNAIRE, FOURTH VISIT-----
 SUPERVISOR:.....+--+ DATE: +-----+
 REMARKS:.....
 .. REINTERVIEW YES...1|
 BY SUPERVISOR? NO....2+-----

-----FIFTH VISIT-----
 INTERVIEWER:.....+--+ DATE: +-----+
 REMARKS:.....

-----VERIFICATION OF QUESTIONNAIRE, FIFTH VISIT-----
 SUPERVISOR:.....+--+ DATE: +-----+
 REMARKS:.....
 .. REINTERVIEW YES...1|
 BY SUPERVISOR? NO....2+-----

-----SIXTH VISIT-----
 INTERVIEWER:.....+--+ DATE: +-----+
 REMARKS:.....

-----VERIFICATION OF QUESTIONNAIRE, SIXTH VISIT-----
 SUPERVISOR:.....+--+ DATE: +-----+
 REMARKS:.....
 .. REINTERVIEW YES...1|
 BY SUPERVISOR? NO....2+-----

-----SEVENTH VISIT-----
 INTERVIEWER:.....+--+ DATE: +-----+
 REMARKS:.....

-----VERIFICATION OF QUESTIONNAIRE, SEVENTH 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-----
 SUPERVISOR:.....+--+ DATE: +-----+
 REMARKS:.....

SUMMARY OF SURVEYS RESULTS

VISIT	SECTION	INTERVIEWER				SUPERVISOR		CORRECTED:
		V I S I T S		C H E C K - U P V I S I T		I N T E R V I E W E R	D A T A E N T R Y O P E R A T O R	
		D A T E	R E S U L T	D A T E	R E S U L T			
		----- DAY | MONTH | YEAR	COMPLETE.....1 PARTIAL.....2 NOT APPLICA...3	----- DAY | MONTH | YEAR	COMPLETE.....1 PARTIAL.....2	SATISFACTORY.....1 TO BE COMPLETED..2 TO BE REDONE.....3	SATISFACTORY.....1 CORRECTION.....2	IN OFFICE.....1 DURING NEXT VISIT.....2 DURING CHECK- UP VISIT.....3 NOT CORRECTED...4
FIRST	1, 2, 5, 6, 7							
SECOND	3, 8H, 9A2, 9B							
THIRD	4, 8H, 9A2, 9B							
FOURTH	8A-G, 8H, 9A2, 9B							
FIFTH	8H, 9A1, 9A2, 9B, 9C							
SIXTH	8H, 9A2, 9B, 10							
SEVENTH	8H, 9A2, 9B, 11 12							

+-----+
| O B S E R V A T I O N A N D C O M M E N T S |
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| O B S E R V A T I O N A N D C O M M E N T S |
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REMARKS BY THE INTERVIEWER ON THE FIRST VISIT-----
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REMARKS BY THE SUPERVISOR ON THE FIRST VISIT-----
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REMARKS BY THE INTERVIEWER ON THE SECOND VISIT-----
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REMARKS BY THE SUPERVISOR ON THE SECOND VISIT-----
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REMARKS BY THE INTERVIEWER ON THE THIRD VISIT-----
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REMARKS BY THE SUPERVISOR ON THE THIRD VISIT-----
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REMARKS BY THE INTERVIEWER ON THE FOURTH VISIT-----
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REMARKS BY THE SUPERVISOR ON THE FOURTH VISIT-----
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REMARKS BY THE INTERVIEWER ON THE FIFTH VISIT-----
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REMARKS BY THE SUPERVISOR ON THE FIFTH VISIT-----
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REMARKS OF INTERVIEWER ON THE SIXTH VISIT-----
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REMARKS BY THE SUPERVISOR ON THE SIXTH VISIT-----
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REMARKS BY THE INTERVIEWER ON THE SEVENTH VISIT-----
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REMARKS BY THE SUPERVISOR ON THE SEVENTH VISIT-----
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H O U S E H O L D R O S T E R

VISIT 1

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

INTERVIEWER WRITE

Respondent Name:.....

ID Code:.....

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

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

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

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

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

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

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

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

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

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

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

IF THE RESPONDENT HAS ANY DIFFICULTY WITH AGE OR DATE OF BIRTH (questions 4 - 5), USE THE CALENDAR OF EVENTS TO MAKE AN ESTIMATE.

- 5. CLASSIFY EACH PERSON ACCORDING TO THE FOLLOWING CRITERIA.

LOOK AT THE ANSWER TO QUESTION 21.

- ALL THE PERSONS FOR WHOM THE ANSWER IS 3 MONTHS OR LESS ARE CLASSIFIED AS HOUSEHOLD MEMBERS.
- IF THE ANSWER IS MORE THAN 3 MONTHS ONLY, THE FOLLOWING ARE HOUSEHOLD MEMBERS:
- THE HEAD OF HOUSEHOLD
- CHILDREN UNDER 9 MONTHS OLD
- THOSE WHO ANSWER NO THE QUESTION 22

ENTER PROPER CODE IN QUESTION 23.

COLUMN A. PUT A CROSS IN COLUMN A NEXT TO THE NAME OF ALL PERSONS WITH CODE 1 TO QUESTION 23.

COLUMN B. ENTER THE AGE IN YEARS (QUESTION 6) OF ALL PERSONS WITH A CROSS IN COLUMN A.

FOR EACH PERSON LISTED

15 AND MORE YEARS OLD

1	2	3	4	5	6	7	8	9	10	11
		Relationship to Head of household	ASK PERSON TO GET BIRTH CERTIFICATE AND COPY DATE OF BIRTH OR IF NOT AVAILABLE CODE....999	How old is (NAME)? YEARS AND MONTHS IF 5 OR UNDER, OTHERWISE YEARS ONLY (IF LESS THAN 15 YEARS OLD >> 9)	What is (NAME'S) present marital status? Married1 Informal/loose union2 Divorced/ separated3 (>> 9) Widowed4 (>> 9) Never married5 (>> 9)	Does (NAME'S) spouse live in this house- hold? Yes ...1 No2 (>> 9)	COPY THE I.D. CODE OF THE SPOUSE (IF MORE THAN ONE SPOUSE, THE FIRST ONE)	What is (NAME'S) religious denomination? Catholic01 Anglican02 Presbyterian ...03 Methodist04 Pentecostal ...05 Spiritualist ...06 Other X'tian ...07 Muslim08 Traditional ...09 No Religion ...10 Other96 (specify)	In what region/ country was (NAME) born? Western1 Central2 Gt. Accra3 Eastern4 Volta5 Ashanti6 Brong-Ahafo ...7 Northern8 Upper West ...9 Upper East ...10 Foreign country11	What is (NAME'S) nationality? Ghana1 B / Faso2 Mali3 Nigeria4 Ivory Coast5 Togo6 Other ECOWAS...7 Other African...8 Other.....9 (specify)
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SECTION 1: HOUSEHOLD ROSTER - CONTINUED

	12 To which ethnic group does (NAME) belong?	13 Does (NAME'S) father live in this household?	14 I.D. OF FATHER	15 What was (NAME'S) father's highest educational level completed?	16 What kind of work has (NAME'S) father done for most of his life?	17 Does (NAME'S) mother live in this household?	18 I.D. OF MOTHER	19 What was (NAME'S) mother's highest educational level completed?
I	Asante .....01 Mamprusi .....11 Akwapim .....02 Gonja .....12 Fanti .....03 Grussi/Frafra.13 Other Akan ...04 Dagarti .....14 Ga-Adangbe ...05 Kusasi .....15 Ewe .....06 Kassena-			None .....01 Primary .....02 Middle/JSS .....03 Voc/Comm .....04 'O' Level .....05 SSS .....06 'A' Level .....07 Training College.08 Tech/Prof .....09 Tertiary .....10 Koranic .....11 Don't Know .....98	Farming .....1 Trading .....2 Clerical .....3 Construction ....4 Professional / Managerial ....5 Don't Know .....6 Other .....7 (specify)			None .....01 Primary .....02 Middle/JSS .....03 Voc/Comm .....04 'O' Level .....05 SSS .....06 'A' Level .....07 Training College....08 Tech/Prof .....09 Tertiary .....10 Koranic .....11 Don't Know .....98
D	Guan07 Nankani16 Nzema08 Konkomba17 Hausa09 Nanumba18 Dagomba10 Builsa19 Other.....96 (specify)	Yes1 No2 (>> 15)	+-----+ (>> 17) +-----+			Yes ...1 No2 (>> 19)	+-----+ (>> 21) +-----+	
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SECTION 1: HOUSEHOLD ROSTER - CONTINUED

	20 What kind of work has (NAME'S) mother done for most of her life?	21 For how many months during the past 12 months has (NAME) been away from this household?	22 While absent, is/was (NAME) living in another household? (Including single person household)	23 HOUSEHOLD MEMBER
I	Farming .....1	(IF 3 MONTHS OR LESS >> 23)	Yes .....1	CHECK THE CRITERIA ABOVE
	Trading .....2		No .....2	Yes ...1
D	Clerical .....3			No ....2
	Construction .....4			(>> NEXT PERSON)
	Professional/ Managerial5			
	Housework6			
	Other service7			
	Don't Know8			
	Other9 (specify)			
		MONTHS		
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SECTION 2: EDUCATION

PART A: GENERAL EDUCATION

(RESPONDENTS: ALL HOUSEHOLD MEMBERS 5 YEARS AND OVER)

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

ID OF PERSON INTERVIEWED	1	2	3	4	5	I want to ask you about the educational expenses for (NAME) during the past 12 months?							
	Has (NAME) ever attended school?	What was the highest level completed?	What was the highest educational qualification attained?	Did (NAME) attend school/college at any time during the past 12 months	How much time does (NAME) spend going to and from school daily?	How much did you spend on:							
						6	7	8	9	10	11	12	13
					IF IN A BOARDING SCHOOL CODE 0	School and registration fees?	Contributions to parent/teacher associations?	Uniforms and sports clothes?	Books and school supplies?	Transportation to and from school?	Food, board and lodging at school?	Other expenses (clubs extra classes)?	Other in-kind expenses?
	Yes ...1 No2 >> PART C	None.....01 Kindergarten...02 Primary.....03 Middle.....04 JSS.....05 SSS.....06 Voc / Comm.....07 Sec. (O Level)...08 Sixth Form.....09 Tech. Train...10 Technical.....11 P/Sec. T/T.....12 Nursing.....13 P/Sec. Nursing.14 Polytechnic....15 University.....16 Koranic stage..17 Other.....96 (specify)	None01 MSLC/BECE02 Voc/Comm03 'O' Level04 SSS05 'A' Level06 T / T Cert. B ..07 T / T Cert. A ..08 Nursing09 Tech/Prof Cert .10 Tech/Prof Dip ..11 Bachelor12 Masters13 Doctorate14 Other96 (specify)	Yes ...1 No2 (>> PART 2B)	HOURS MINUTES								
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SECTION 2: EDUCATION
 PART A: GENERAL EDUCATION
 CONT'D.

ID OF PERSON INTERVIEWED	14 Who paid for most of the educational expenses?	15 Did (NAME) have a scholarship during the past 12 months?	16 What was the amount of the scholarship received for the past 12 months?	17 Has (NAME) left school now?
	Father.....1			
	Mother.....2			
	Both Parents .....3			
	Other household member..4			
	Other relative5	Yes.....1		Yes.....1
	Non-relative6			
	Myself7	No.....2		No.....2
	Other8 (specify)	(>> 17)		
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SECTION 2: EDUCATION
PART B: EDUCATIONAL CAREER

1 Has (NAME) ever attended technical and / or vocational school?	2 How many course - years did (NAME) complete?	3 What was the highest certificate (NAME) achieved?	4 Was the technical or vocational school (NAME) attended public or private?	5 Has (NAME) ever attended a tertiary education - al institution (that is a University or College?)	6 How many years did (NAME) attend?	7 What was the last institution attended?	8 What was the highest qualification (NAME) achieved?
Yes1 No.....2 (> 5)	None1 1 Year2 2 Years3 3 Years4 4 Years5	None.....1 NVTI.....2 City & Guild...3 Other.....4 (specify)	Public.....1 Private....2	Yes.....1 No.....2 (>> PART 2C)	Y E A R S	Advanced/Specialist Teacher training.....1 Polytechnic.....2 University.....3 Other.....4 (specify)	Certificate..1 Diploma.....2 Bachelor.....3 Masters.....4 Doctorate...5 Other.....6 (specify)

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SECTION 2: EDUCATION
PART C: LITERACY / APPRENTICESHIP

1	2	3	4	5	6	7	8	9	10	11	12	13
Can (NAME) read a letter in English?	In what Ghanaian language can (NAME) read a letter? STATE THE ONE IN WHICH (NAME) IS MOST PROFICIENT	Can (NAME) write a letter in English?	In what Ghanaian language can (NAME) write a letter? STATE THE ONE IN WHICH (NAME) IS MOST PROFICIENT	Can (NAME) do written calculations?	Has (NAME) ever attended a literacy course?	Is (NAME) or has (NAME) ever been an apprentice?	How long was (is) the apprenticeship?	What is the main trade (NAME) learnt?	Did (NAME) pay a fee for this training?	How much did (NAME) pay for the training?	Has (NAME) ever attended other short training courses lasting not more than 6 months?	What was the main subject of the most recent training?
Yes.....1 No.....2	None.....1 Akan.....2 Ewe.....3 Ga-Adangbe...4 Dagbani.....5 Hausa.....6 Nzema.....7 Other.....8 (specify)	Yes....1 No.....2	None.....1 Akan.....2 Ewe.....3 Ga-Adangbe...4 Dagbani.....5 Hausa.....6 Nzema.....7 Other.....8 (specify)	Yes....1 No.....2	Yes....1 No.....2	Yes currently...1 Yes in past....2 No.....3 (>> 12)	YEARS MONTHS	Carpentry...1 Masonry....2 Tailoring...3 Black-smithing...4 Mechanical..5 Electronics/Electricals.6 Painting/Spraying...7 Other.....8 (specify)	Yes, in kind.1 Yes, in cash.2 Both....3 No.....4 (>> 12)	AMOUNT	Yes....1 No....2 (>> NEXT MEMBER)	Clerical.....1 Prof/Managerial...2 Computer....3 Marketing....4 Teaching....5 Leadership...6 Medicine....7 Other.....8 (specify)
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SECTION 3: HEALTH
 PART A: HEALTH CONDITION IN THE PAST TWO WEEKS
 RESPONDENTS: ALL HOUSEHOLD MEMBERS.

ID OF PERSON INTERVIEWED	1 During the past 2 weeks 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 practitioner, or visited a health centre or a traditional healer? Yes.....1 No.....2 (>> 5) Yes.....1 No.....2 (>> PART 3B)	6 On this visit whom did (NAME) consult? Trad. Healer...01 Doctor.....02 Dentist.....03 Nurse.....04 Medical Asst...05 Midwife.....06 Pharmacist.....07 TBA.....08 Spiritualist...09 Other(specify).10	7 What was the reason for the most recent visit? Check up.....1 Illness.....2 Injury.....3 Vaccination.....4 Prenatal care...5 Postnatal care ...6	8 Where did the consultation take place? Hospital.....1 Dispensary.....2 Pharmacy.....3 Clinic.....4 Maternity Home.....5 MHC.....6 Consultant's home.....7 Patient's home.....8 Other.....9 (specify)	9 Is this a public or private facility? Public.....1 Private....2	10 How much did (NAME) pay for this consultation?
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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? A M O U N T	12 How much time did this consultation take, including travel time? HOURS	13 During the past two weeks was (NAME) admitted to a hospital or health centre on account of the illness / injury? (INCLUDE TRADITIONAL HEALING CENTRES) Yes.....1 No.....2 (>> 16)	14 How many nights did (NAME) stay in hospital / health centre during the past two weeks? N I G H T S	15 How much did (NAME) (or will (NAME) pay for staying in a hospital / health centre during the past two weeks? A M O U N T	16 For the past 12 months was (NAME) hospitalized for any illness or injury? Yes.....1 No.....2	17 During the past 2 weeks did (NAME) buy any medicines or medical supplies? Yes.....1 No.....2 (>> PART 3B)	18 How much did (NAME) pay altogether for these medicines and medical supplies? A M O U N T	19 Who pays for most of these health expenses including consultations and hospital stays (if any) Household Member.....ID Other Relative.....80 Government.....81 Employer.....82 Other.....83 (specify)
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SECTION 3: HEALTH

PART C: POSTNATAL CARE

COVERS ALL CHILDREN 5 YEARS AND BELOW - PERSON INTERVIEWED SHOULD BE THE CHILD'S MOTHER OR ADULT HOUSEHOLD MEMBER IN CHARGE.

ID OF PERSON INTERVIEWED	1 Did you or someone else take (NAME) to a health centre for a post-natal care in the last 12 months? Yes.....1 No.....2 (>> 5)	2 How many times did (NAME) go there for consultations in the last 12 months?	3 Did you have to pay for consultations?	4 How much did you usually pay for one consultation? 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 pure water) other than breastmilk, for the first time? Not yet...87	8 At what age was (NAME) first given pure water? MONTHS	9 At what age did (NAME) receive any food other than breastmilk, for the first time? MONTHS	10 Does (NAME) participate in a community feeding program? Yes.....1 No.....2	11 Who usually looks after (NAME) during daytime? Adult Male1 Adult Female2 Male Child3 Female Child4 Other5 (specify)
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SECTION 3: HEALTH

PART D: FERTILITY - PRENATAL CARE - CONTRACEPTIVE USE

RESPONDENTS: WOMEN 15 TO 49 YEARS OLD. INDIVIDUALS SHOULD EACH ANSWER FOR THEMSELVES.

ID OF PERSON INTERVIEWED	1	2	3	4	5	6	7	8	9	10
	Have you ever been pregnant?	Have you ever given birth to a child?	How many girls have you given birth to?	How many boys have you given birth to?	I would like to make sure you have given birth to	How many girls are still alive?	How many boys are still alive?	Did you have any pregnancy which did not end in a live birth?	How many of those pregnancies did not end in a live birth?	Are you pregnant now?
		IF NO PROBE Even one who lived only a few hours or less.			TOTAL NUMBER OF CHILDREN (Q.3 + Q.4)			Yes.....1 No.....2 (>> 10)		Yes.....1 (>> 15) No.....2
	Yes.....1 No.....2 (>> 21)	Yes.....1 No.....2 (>> 8)	GIRLS	BOYS	TOTAL	GIRLS	BOYS		NON-LIVE BIRTHS	
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SECTION 3: HEALTH
 PART D: FERTILITY - PRENATAL CARE - CONTRACEPTIVE USE
 CONTINUED

	11 During the past 12 months have you been pregnant?	12 How did this pregnancy end?	13 Is that child still alive?	14 Are you now breast-feeding?	15 During this pregnancy did you receive any pre-natal care?	16 From where did you receive that care?	17 From whom did you receive that care?	18 How many times did you go there?	19 How much did you pay for the first pre-natal consultation?	20 Why didn't you go for pre-natal care?
I		Live birth...1				Prenatal clinic/Private...1	Trad. Healer....01 Doctor.....02			Can't afford....1
D		Still birth...2 (7+months, >> 15)		Yes.....1		Prenatal clinic/Public...2	Dentist.....03 Nurse.....04			No health care available..2
	Yes.....1	Miscarriage...3 (>> 15)	Yes.....1	No.....2	Yes.....1	Hospital.....3 Maternity Home...4	Medical Asst....05 Midwife.....06			Health care too far...3
	No.....2 (>> 21)	Other.....4 (specify)	No.....2 (>> 15)	CHECK PART 3C Q.6	No.....2 (>> 20)	Home of practitioner....5 Other.....6 (specify)	Pharmacist.....07 TBA.....08 Spiritualist....09 Other.....10 (specify)			Not necessary..4 Other.....5 (specify)
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SECTION 3: HEALTH
 PART D: FERTILITY - PRENATAL CARE - CONTRACEPTIVE USE
 CONCLUDED

	21 Are you or your partner using any method to prevent or delay pregnancy?	22 What main method are you using? Pill.....01 Condom.....02 IUD.....03 Injection.....04 Female sterl....05 Male sterl.....06 Other scientific.07 Rhythm.....08 Withdrawal.....09 Douche.....10 Abstinence.....11 Other.....12 (specify)	23 IF Q.22= 01 TO 04, 07 and 10 ASK: How much did you pay for that during the last month?	24 IF Q.22 = 01 TO 07 ASK: Where did you get the method? Prenatal clinic/Private ..1 Prenatal clinic/Public ...2 Hospital3 Maternity Home ...4 Home of practitioner ...5 Other6 (specify)
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D	Yes.....1 No.....2 (IF NO >> NEXT PERSON)			
			AMOUNT	

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SECTION 4: EMPLOYMENT AND TIME USE.
 PART A: SCREENING QUESTIONS AND LIST OF OCCUPATIONS IN PAST 12 MONTHS.
 RESPONDENT: ALL HOUSEHOLD MEMBERS AGE 7 AND ABOVE.

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

CODE OF PERSON INTERVIEWED	1 During the past 12 months have you done work for which you received a wage or any other payment? Yes...1 (>> 5) No....2	2 During the past 12 months have you made money including payment in kind through self-employment (for example trading?) Yes...1 (>> 5) No....2	3 During the past 12 months have you worked on a farm, in a field or herding livestock? Yes...1 (>> 5) No....2	4 During the past 12 months, have you worked unpaid for an enterprise belonging to a member of your household? Yes...1 No....2 (>> Part 4F)	5 During the past 12 months, what kind of work did you spend most of your time on? WRITE OCCUPATION NAME		6 Which of the following activities did you do?	A. AGRICULTURE:
					MAIN OCCUPATION	CODE			CODE
01								Cash Crops e.g. Cocoa.....01 Coffee.....02 Pineapple.....03 Oil Palm.....04 Sheanut/butter.....05 Cola nut.....06 Cotton.....07 Coconut.....08 Tobacco.....09 Sugarcane.....10 Other Cash Crops.....11
02								Food Crops e.g. Maize.....12 Rice.....13 Sorghum/Millet.....14 Cassava.....15 Yam.....16 Cocoyam.....17 Plantain.....18 Fruits.....19 Vegetables.....20 Beans and Peas.....21 Other Food Crops.....22
03								Activities related to the storage of crops.....23 Activities related to Livestock products e.g. Cattle.....24 Sheep/goats.....25 Pigs.....26 Poultry.....27 Other livestock.....28 Milk, making butter, etc.....29
04								Activities related to Forestry products e.g. Hunting.....30 Logging.....31 Firewood gathering and other forestry products.....32 Marine fishing.....33 Inland fishing.....34
05								B. MINING/QUARRYING: .....35
06								C. MANUFACTURING/PROCESSING: Production of charcoal.....36 Milling (incl. hand milling)....37 Slaughtering and Meat processing.....38
07								
08								
09								
10								
11								
12								
13								
14								
15								

SECTION 4: EMPLOYMENT AND TIME USE.
PART A: CONT'D.

7 During the past 12 months, did you do any other work beside MAIN OCCUPATION? Yes1 No2 (> 11)	8 What kind of work? WRITE NAME FROM OCCUPATION LIST. WRITE UP TO 4 OCCUPATIONS IN ORDER OF AMOUNT OF TIME SPENT ON THEM.				9 Did you undertake any of these occupations over the same period as the main occupation? Yes1 No2 (> 11)				CODES FOR QUESTION 6: CONT'D. Other food processing (eg. canning, beer brewing, etc.....39 Making basket, furniture, pot and other handicraft.....40 Spinning, weaving, tailoring and dressmaking.....41 Other manufacturing, repair, maintenance (not for own use....42 D. <u>ELECTRICITY, WATER AND GAS:</u> E. <u>CONSTRUCTION/MAJOR REPAIR OR MAINTENANCE:</u> Construction of building/fences.....44 Roads/Bridges.....45 Other construction activities...46 Fa. <u>WHOLESALE/RETAIL TRADE:</u>47 Fb. <u>RESTAURANTS/HOTELS AND FOOD SELLERS:</u>48 G. <u>TRANSPORT, STORAGE AND COMMUNICATION:</u> Carrying loads to and from market (not for own use) eg. 'Kayayoo'.....49 Driving.....50 River/Lake Transport.....51 Operation of Communication centres.....52 Coldstore operations.....53 Private Warehousing/Commercial silos.....54 H. <u>FINANCE/INSURANCE/REAL ESTATES AND BUSINESS SERVICES:</u> Money lending.....55 Suusu operators.....54 Forex Bureaux.....55 Consultancies.....56 Real estates.....60 rental agents.....61 I. <u>COMMUNITY/SOCIAL AND PERSONAL SERVICES:</u> Personal services.....62 Beauty care services.....63	J. <u>COMMUNITY/SOCIAL AND PERSONAL SERVICES:</u> Personal services.....62 Beauty care services.....63 Hairdressing/barbering.....64 Domestic service/laundry.....65 Entertainment and recreational services.....66 Government services.....67 International organs./NGOs.....68
	OCC.2	CODE	OCC.3	CODE	OCC.4	CODE				
01										
02										
03										
04										
05										
06										
07										
08										
09										
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11										
12										
13										
14										
15										

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

<p>10 Which occupations were done at the same time as your main occupation? WRITE OCCUPATION NUMBER FROM QUESTION 8</p> <p>OCCUPATION NUMBER</p>	<p>11 How many weeks in the last 12 months did you work the whole week? This includes paid leave or sick leave.</p> <p>WEEKS</p>	<p>12 How many of these weeks (in Q.11) were you available for extra work?</p> <p>WEEKS</p>	<p>13 How many of these weeks (in Q.11) were you not available for extra work?</p> <p>WEEKS</p>	<p>14 How many weeks in the last 12 months did you work only part of the week?</p> <p>WEEKS</p>	<p>15 How many of these weeks (in Q.14) were you available for extra work?</p> <p>WEEKS</p>	<p>16 How many of these weeks (in Q.14) were you not available for extra work?</p> <p>WEEKS</p>	<p>17 How many weeks in the last 12 months did you not work at all?</p> <p>WEEKS</p>	<p>18 How many of these weeks (in Q.17) were you available for work?</p> <p>WEEKS</p>	<p>19 How many of these weeks (in Q.17) were you not available for work?</p> <p>WEEKS</p>
01									
02									
03									
04									
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06									
07									
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09									
10									
11									
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14									
15									

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

I would now like to ask you about your main occupation in the past 12 months. You said, this was

INTERVIEWER: SEE PART A, QUESTION 5.

1 Are you still doing the work now?	2 Why are you not doing the same work?	3 Did your father or mother do the same kind of work?	4 Describe the activity (WRITE NAME OF INDUSTRY)	5 Have you received or will you receive money for this work?	6 What is the amount?		
Yes..1 (> 3) No...2	Sacked from job.....1 Job Completed..2 Seasonal Work..3 Firm Closed....4 Found/Preferred other work....5 Other.....6 (SPECIFY)	Yes...1 No....2	NAME OF INDUSTRY	ISIC CODE	Yes...1 No....2 (> 8)	AMOUNT	TIME UNIT
01							
02							
03							
04							
05							
06							
07							
08							
09							
10							
11							
12							
13							
14							
15							

TIME	UNIT
Daily	.....1
Weekly	.....2
Fort-nightly	...3
Monthly	.....4
Quarterly	.....5
Yearly	.....6

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

7 The last time you received this money, how many hours did you actually work in earning it?		8 In this connection, are you:		9 For whom did you work?		10 Are taxes already deducted from your pay?	11 Do you receive any bonuses, commissions, tips, or allowances for this work?	12 What is the value of these?		13 Did you include these when you said you received (ANSWER TO QUESTION 6)?	14 Do you receive any payment for this work in the form of food, crops or animals?	15 What is the value of these goods?		16 Does your employer give you accomodation that is free or at a reduce price?														
HOURS	TIME UNIT	A paid employee...1	Self-employed (non-agric.)...2	with employees...3	Unpaid family worker (non-agric.)...4	Self-employed (agric.)...5	Unpaid family worker (agric.)...6	Working on own or family agric. activity, (ie. farming, fishing animal rearing/ poultry/ hunting).....01	Employee in a wage job	Government Sector.....02	Parastatals.....03	N.G.Os.....04	Co-operatives.....05	International Organ./ Diplomatic Missions.....06	Private Sector (include paid apprentices).....07	Self-employed(other than agric) Self-employed in a business with employees.....08	Self-employed in a business without employees.....09	Unpaid work in family busi...10	Other (Specify).....96	Yes...1	No...2	Yes....1	No.....2	Yes.....1	No.....2 (>> 16)	Yes.....1	No.....2 (>> 18)	
									VALUE	TIME UNIT		VALUE	TIME UNIT															
01																												
02																												
03																												
04																												
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06																												
07																												
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14																												
15																												

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

17 How much rent would you have to pay for this place without this help?		18 Does your employer give you free transport or reduced fares?		19 How much do you gain from this arrangement?		20 Do you receive any payment for this work in any other form?		21 What is the value of this form of payment?		22 Is your place of work in this vilage/town?		23 How far away is it?		24 How often do you go between your house and your place of work?		25 How many people altogether work in the same organization where you do this work?		26 When you started this work did you sign a written contract?		27 Is there a trade union at the place where you work?		
		Yes.....1				Yes.....1				Yes.....1 (>> 25)								Yes...1	No....2	Yes...1	No....2	
VALUE	TIME UNIT			VALUE	TIME UNIT			VALUE	TIME UNIT			KMS	NUMBER OF TRIP	TIME UNIT	NUMBER			Yes...1	No....2	Yes...1	No....2	
01																						
02																						
03																						
04																						
05																						
06																						
07																						
08																						
09																						
10																						
11																						
12																						
13																						
14																						
15																						

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

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

28	29	30	31	32	33	34		35	36	37	38	
In this job are you entitled to paid holidays?	Are you entitle to to paid sick leave in this job?	Will you receive a retirement pension?	Are you entitled to free or subsidized medical care in this job?	Are you entitled to any other social security benefits in this job?	Since you started this job, have you received any training related to your work?	How long did the training last?	How many hours a week did you receive this training?	Who paid for the training?	Was/is your salary lower during training?	By how much was/is it lower?	WRITE DIFFERENCE BETWEEN NORMAL SALARY AND SALARY WHILE TRAINING	
Yes.....1 No.....2	Yes.....1 No.....2	Yes.....1 No.....2	Yes...1 No....2	Yes...1 No....2	Yes...1 No....2 (>> PART 4C)	MONTHS	WEEKS	HOURS	Myself entirely....1 Employer entirely....2 Both Cost was shared..3 It was free..4 International Agency.....5 Other.....6 (specify)	Yes...1 No....2 (>> PART 4C)	AMOUNT	TIME UNIT
01												
02												
03												
04												
05												
06												
07												
08												
09												
10												
11												
12												
13												
14												
15												

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

SECTION 4: EMPLOYMENT AND TIME USE

PART C: SECONDARY OCCUPATION DURING THE PAST 12 MONTHS

(CHECK IF QUESTION 6 IN PART A = 1. IF YES PROCEED WITH THIS SECTION. IF NO, GO TO PART 4G.)

Now, I would like to ask you about your second most important occupation during the past 12 months. This job was (OCCUPATION 2 FROM PART A: Q.8.) Is this correct?

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

SECTION 4: EMPLOYMENT AND TIME USE
PART C: CONT'D.

10 What is the amount? (include any bonuses, commissions, or trips received)		11 The last time you received this money, how many hours did you actually work in earning it? ANSWER MUST BE IN THE SAME TIME UNIT AS Q.10		12 For whom did you work? Working on own or family agricultural activity,(ie. farming, fishing, animal rearing/poultry/hunting.....01 Employee in a wage job Government Sector.....02 Parastatals.....03 N.G.Os.....04 Co-operatives.....05 International Organ./Diplomatic Missions..06 Private Sector (Include paid apprentices)..07 Self-employed (other than agriculture Self-employed in a business with employees.08 Self-employed in a business without empl's.09 Unpaid work in a family business.....10 Other.....11 (Specify)		13 Are taxes already deducted from your pay Yes...1 No....2		14 Do you receive any payment for this work in the form of food, crops or animals? Yes...1 No....2 (>> 16)		15 What is the value of these goods? VALUE | TIME | UNIT		16 Do you receive any payment for this work in any form such as free or subsidized housing, trans portation, or other goods or services? Yes...1 No....2 (>> 18)	
AMOUNT	TIME UNIT	TIME UNIT	TIME UNIT										TIME UNIT
01													Daily.....1
02													Weekly.....2
03													Fortnightly..3
04													Monthly.....4
05													Quartely.....5
06													Yearly.....6
07													
08													
09													
10													
11													
12													
13													
14													
15													

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

17	18	19	20		21	22	23	24	25	26	27	
How much do you gain from this?	Is your place of work in this village/town?	How far away is it?	How often do you go between this house and your place of work		How many people altogether work in the same organization?	When you started work, did you sign a written contract?	Is there a trade union at the place where you work?	Are you entitled to paid holidays or paid sick leave in this work?	Are you entitled to Social Security benefits in this job?	Since you started this job, have you received any training related to the work?	How long did the training last?	
	Yes....1					Yes....1	Yes.....1	Yes.....1	Yes....1	Yes.....1		
	No.....2					No.....2	No.....2	No.....2	No.....2	No.....2		
VALUE	TIME UNIT	(>> 20)	KMS	NUMBER OF TRIPS	TIME UNIT					(>> PART 4D)	MONTHS	WEEKS
01												
02												
03												
04												
05												
06												
07												
08												
09												
10												
11												
12												
13												
14												
15												

TIME UNIT
Daily.....1
Weekly.....2
Fort-nightly...3
Monthly.....4
Quarterly.....5
Yearly.....6

SECTION 4: EMPLOYMENT AND TIME USE

PART D: THIRD OCCUPATION DURING THE PAST 12 MONTHS

(CHECK IF RESPONDENT LISTED THIRD OCCUPATION IN PART A - QUESTION 8. IF YES, PROCEED WITH THIS PART. IF NO, GO TO PART G.)

Now, I would like to ask you about your third most important occupation during the past 12 months. This was (OCCUPATION FROM PART A: Q.8). Is this correct?

1 What kind of trade, service or industry is this work connected with? (Describe activity) WRITE NAME OF INDUSTRY		2 How long have you been doing this work altogether?		3 Are you still doing the same work? Yes.....1 (> 5) No.....2	4 Why are you not doing the same work? Sacked from job.....1 Completed job..2 Seasonal work..3 Firm closed....4 Found/preferred other work....5 Other.....6 (SPECIFY)	5 During the past 12 months, for how many weeks, did you do this work?	6 During these weeks, how many hours per week did you normally work?	7 Did you work on this job at the same time as your secondary job? IF YES How long did you do both together? IF NO WRITE 00	8 Have you received or will you receive money for this work? Yes...1 No....2 (> 11)	9 What is the amount? (Include any bonuses, commissions, allowances, or tips received.)	AMOUNT	TIME UNIT	TIME UNIT
N A M E	ISIC CODE	YEARS	MONTHS			WEEKS	HOURS	WEEKS					
01													Daily....1
02													Weekly...2
03													Fort-nightly..3
04													Monthly...4
05													Quarterly..5
06													Yearly...6
07													
08													
09													
10													
11													
12													
13													
14													
15													

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

10 The last time you received this money, how many hours did you actually work in earning it?	11 In this occupation, are you: A paid employee.....1 Self-employed (non-agric.) with employees.....2 without employees.....3 Unpaid family worker (non-agric.)..4 Self-employed (agric.).....5 Unpaid family worker (agric.).....6	12 For whom did you work? Working on own or family agricultural activity,(ie. farming, fishing, animal rearing/poultry/hunting.....01 Employee in a wage job Government Sector.....02 Parastatals.....03 N.G.Os.....04 Co-operatives.....05 International Organ./Diplomatic Missions..06 Private Sector (Include paid apprentices)..07 Self-employed (other than agriculture Self-employed in a business with employees.08 Self-employed in a business without empl's.09 Unpaid work in a family business.....10 Other.....11 (specify)	13 Do you receive any payment for this work in the form of goods or services?	14 What is the value of the goods or services provided? VALUE | TIME UNIT	
ANSWER MUST BE IN THE SAME TIME UNIT AS Q.9			Yes.....1		
			No.....2 (> PART 4E)		
01 |					
02 |					
03 |					
04 |					
05 |					
06 |					
07 |					
08 |					
09 |					
10 |					
11 |					
12 |					
13 |					
14 |					
15 |					

- | TIME UNIT | |
|-----------------|---|
| Daily..... | 1 |
| Weekly..... | 2 |
| Fortnightly.... | 3 |
| Monthly..... | 4 |
| Quartely..... | 5 |
| Yearly..... | 6 |

SECTION 4: EMPLOYMENT AND TIME USE

PART E: FOURTH OCCUPATION DURING THE PAST 12 MONTHS

(CHECK IF RESPONDENT LISTED FOURTH OCCUPATION IN PART A - QUESTION 8. IF YES, PROCEED WITH THIS PART. IF NO, GO TO PART G.)

Now, I would like to ask you about your fourth most important occupation during the past 12 months. This was (OCCUPATION 4 IN PART A: Q8). Is this correct?

1 What kind of trade, service or industry is this work connected with? (Describe activity) WRITE NAME OF INDUSTRY		2 How long have you been doing this work altogether?		3 Are you still doing the same work? Yes...1 (>> 5) No...2	4 Why are you not doing the same work? Sacked from job.....1 Completed job..2 Seasonal work..3 Firm closed...4 Found/preferred other work...5 Other.....6 (SPECIFY)	5 During the past 12 months, for how many weeks, did you do this work?	6 During these weeks, how many hours per week did you normally work?	7 Did you work on this job at the same time as your secondary job? IF YES How long did you do both together? IF NO WRITE 00	8 Have you received or will you receive money for this work? Yes...1 No...2 (>> 11)	9 What is the amount? (Include any bonuses, allowances, or tips received.)	AMOUNT	TIME UNIT	TIME UNIT
N	A	M	E	ISIC CODE	YEARS	MONTHS	WEEKS	HOURS	WEEKS				
01													Daily....1
02													Weekly...2
03													Fort- nightly.3
04													Monthly...4
05													Quarterly.5
06													Yearly...6
07													
08													
09													
10													
11													
12													
13													
14													
15													

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

10 The last time you received this money, how many hours did you actually work in earning it? ANSWER MUST BE IN THE SAME TIME UNIT AS Q.9	11 In this occupation, are you: A paid employee.....1 Self-employed (non-agric.) with employees.....2 without employees.....3 Unpaid family worker (non-agric.).....4 Self-employed (agric.).....5 Unpaid family worker (agric.).....6	12 For whom did you work? Working on own or family agricultural activity, (ie. farming, fishing, animal rearing/poultry/hunting).....01 Employee in a wage job Government Sector.....02 Parastatals.....03 N.G.Os.....04 Co-operatives.....05 International Organ./Diplomatic Missions...06 Private Sector (Include paid apprentices)...07 Self-employed (other than agriculture Self-employed in a business with employees.08 Self-employed in a business without empl's.09 Unpaid work in a family business.....10 Other.....11 (Specify)	13 Do you receive any payment for this work in the form of goods or services? Yes.....1 No.....2 (> PART 4F)	14 What is the value of the goods or services provided? VALUE TIME UNIT	TIME UNIT Daily....1 Weekly...2 Fort- nightly..3 Monthly...4 Quarterly.5 Yearly....6
01					
02					
03					
04					
05					
06					
07					
08					
09					
10					
11					
12					
13					
14					
15					

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

1 During the past 12 months, for how many weeks altogether were you without any work?	2 During the past 12 months, how many weeks were you available for work?	3 In the last 12 months were you available for Full-time or Part-time work? Full-time.....1 Part-time.....2 Either.....3	4 Have you made any effort within the past 12 month to find work? Yes.....1 (> 6) No.....2	5 Why didn't you look for work within the past 12 months. (CIRCLE MOST IMPORTANT ONLY) Thought no work available..1 Awaiting reply to earlier enquiries.....2 Waiting to start arranged job, business or agric...3 Off season in agric.....4 Other (specify).....5 (> 10)	6 During the past 12 months, how many weeks did you actively look for work? IF ANSWER IS SAME AS Q.2 (> Q.8)	7 Why did you not look for work throughout the period you were available for work? Thought no work available.....1 Awaiting reply to earlier enquiries...2 Waiting to start arranged job, business or agriculture.....3 Off season in agriculture.....4 Occupied with home duties.....5 Illness.....6 Full time student.....7 Personal or family reasons.....8 Other.....9 (SPECIFY)
WEEKS	WEEKS				WEEKS	
01						
02						
03						
04						
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14						
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SECTION 4: EMPLOYMENT AND TIME USE
PART F: CONT'D.

8 What did you do in the past 12 months to find work? (CIRCLE MOST IMPORTANT ONLY)	9 Were you mainly looking for wage/salary work, self employment, or either one?	10 Are you still unemployed?	11 For how long have you been unemployed?	12 What sort of work did you do in your last job? (ie. What were your main tasks or duties)? (DESCRIBE ACTIVITY FULLY) IF NEVER WORKED, WRITE NONE	13 What type of employment do you hope for now?
Applied to prospective employers.....1 Checked at farms, factories or work sites.....2 Asked friends and relat. ...3 Took action to start business.....4 Other.....5 (specify)	Wage Work.....1 Self-employment.....2 Either.....3 +-----+ | >> Part 4G | +-----+	Yes.....1 No.....2 (>> 4H)	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 More than 2 years...6 Not applicable.....7	OCCUPATION ISCO CODE	Paid employment (Wage job)...1 Self-employment (Non-agric)...2 Self-employment (Agriculture incl. livestock & fishing)..3 Other (specify).....4
01					
02					
03					
04					
05					
06					
07					
08					
09					
10					
11					
12					
13					
14					
15					

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

14	15	16
If you intend to start a new business, how will you mobilize funds?	Have you received or are you receiving any training or apprenticeship in any career oriented skills?	How was/is your training/apprenticeship finances?
Rely on parents for financial support.....01	YES: Formal.....1	Paid for solely by parents.....01
Loans/borrowed money.....02	YES: Informal.....2	From personal savings.....02
Remittances from Abroad.....03	NO.....3	Loans/borrowed money.....03
Proceeds from family farm.....04		Remittances from Abroad.....04
Proceeds from family non-farm enterprise.....05		Proceeds from family farm.....05
Income from family property.....06		Proceeds from family non-farm enterprise.....06
District Assembly/Town Dev. Association support.....07		Income from family property(ies)..07
Church assistance.....08		NGO support.....08
Relatives/friends.....09		Government scholarship.....09
Other.....96		District Assembly/Town Dev. Association support.....10
(Specify)		Church assistance.....11
		Relatives/friends.....12
		Other (specify).....96
01		
02		
03		
04		
05		
06		
07		
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SECTION 4: EMPLOYMENT AND TIME USE
 PART G: ACTIVITY STATUS AND EMPLOYMENT SEARCH IN THE LAST 7 DAYS

1 Did you do any work for pay, profit, family gain or did you produce anything for barter or home use during the last 7 days? (Including Temporary Absence from work) Yes.....1 No.....2 (>> 6)	2 In the past 7 days, which of the previous occupations we discussed was your main activity? WRITE OCCUPATION NUMBER Other occupation....6 Not Working.....7 (>> 5) IF ANSWER = 6 CHECK THAT PART B-E ARE FILLED OUT	3 How many hours did you work each day in the last 7 days in your main economic activity and in any other economic activity? INTERVIEWER: Probe hours worked for each activity in the last 7 days. Zero hours is acceptable for persons with a job/business					4 During the past 7 days, did you want to work more hours? Yes.....1 No.....2	5 In the past 7 days, did you look for replacement work? Yes.....1 (>> 8) No.....2 (>> PART 4H)	6 Were you available for work during the last 7 days Yes.....1 (>> 8) No.....2
		DAY	MAIN ECONOMIC ACTIVITY	SECONDARY ECONOMIC ACTIVITY(S)			TOTAL (T)		
				1ST SEC.	2ND SEC.	3RD SEC.			
		TOTAL							
01									
02									
03									
04									
05									
06									
07									
08									
09									
10									
11									
12									
13									
14									
15									

SECTION 4: EMPLOYMENT AND TIME USE
PART G: CONT'D.

7 Why were you not available for work?	8 In the last 7 days were you available for Full-time or Part-time job?	9 Have you made any effort within the past 7 days to find work? Yes.....1) (> 11) No.....2)	10 Why haven't you made any effort within the past 7 days to find work? Thought no work available.....01 Awaiting reply to earlier enquiries.....02 Waiting to start arrange job, business or agriculture.....03 Off season in agric. .04 Occupied with home duties.....05 Illness/Injury.....06 Full time student....07 Trying to set up new business.....08 On vacation.....09 Other (specify).....10	11 What did you do in the past 7 days to find work? Applied to prospective employers.....1 Checked at farms, factories or work sites...2 Asked friends and relatives.....3 Took action to start business.....4 Took action to start agricultural activity..5 Other (specify)6	12 In the past 7 days, were you mainly looking for wage/salary employment, self-employment or either one? Wage employment..1 Self-employment..2 Either.....3
01					
02					
03					
04					
05					
06					
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08					
09					
10					
11					
12					
13					
14					
15					

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

13	14	15	16	17	18	19	20		
In the past 7 days, did you make an effort to work for the Government or State enterprise?	In the past 7 days, did you make an effort to work in a large private firm?	In the past 7 days, did you make an effort to work?	In the past 7 days, did you actively seek to obtain work in another type of institution?	For how long have you been available for work?	For how long have you been unemployed?	What sort of work did you do in your last job? (ie. What were your main tasks or duties)?	What is the lowest wage for someone willing to work for someone?		
Yes.....1 No.....2	Yes.....1 No.....2	Yes.....1 No.....2	Yes.....1 No.....2	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	(STATE IN MONTHS) MONTHS +----+ | | | +----+	(DESCRIBE ACTIVITY FULLY) IF NEVER WORKED, WRITE NONE, AND SKIP TO PART 4J			
						O C C U P A T I O N	ISCO CODE	AMOUNT	TIME UNIT
01									
02									
03									
04									
05									
06									
07									
08									
09									
10									
11									
12									
13									
14									
15									

TIME UNIT
Daily .....1
Weekly.....2
Fort-nightly...3
Monthly.....4
Quarterly.....5
Yearly.....6

SECTION 4: EMPLOYMENT AND TIME USE

PART J: HOUSEKEEPING

RESPONDENT: ALL HOUSEHOLD MEMBERS 7 YEAR AND OLDER

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

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

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

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

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

21 Have you spent any time in the last 7 days washing dishes for the household?	22 How many hours in the last 7 days did you spend washing dishes for the household?	23 Have you spent any time in the last 7 days doing other housekeeping activities? Yes.....1 No.....2 (>> Next Person)	24 How many hours in the last 7 days did you spend on these activities? (>> Next Person)
	HOURS		HOURS
01			
02			
03			
04			
05			
06			
07			
08			
09			
10			
11			
12			

SECTION 5: MIGRATION
 RESPONDENTS ARE ALL HOUSEHOLDS 15 YEARS OR OLDER

ID OF PERSON INTERVIEWED	1	2	3	4	5	6	REGION
	Were you born here? (PRESENT PLACE OF RESIDENCE)	Have you always lived in this village/town?	Have you ever moved away from this village/town for more than a year and returned here?	How long ago did you move to this place? YEARS | MONTHS	In which region or country were you living before you came to this village/town? SEE CODE LIST IN RIGHT MARGIN (IF COUNTRY, WRITE COUNTRY CODE AND >> 7)	Where was that place you were living before? Accra.....1 Kumasi.....2 S'edi/T'adi.....3 Tamale.....4 Other urban area...5 Rural area.....6	
	Yes.....1 No.....2 (>> 3)	Yes..1 (>>NEXT PERSON) No...2	Yes.....1 No.....2				COUNTRY
							B/Faso.....11 C/Ivoire....12 Mali.....13 Nigeria....14 Togo.....15 Other.....16 (specify)
01							
02							
03							
04							
05							
06							
07							
08							
09							
10							
11							
12							
13							
14							
15							

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

ID	7 What was your main work in (NAME OF PLACE)?		8 In what trade or industry was this work?		9 Whom were you working for?		10 What was the main reason for moving from (NAME OF PLACE, Q.6)?	
	WRITE NAME OF OCCUPATION		WRITE NAME OF TRADE					
NO.	Full time education.....96 (>> 10)				Government...1	Own employment..1		
	Looking for work.....97 (>> 10)				State owned Company...2	Spouse's Employment...2		
	Other activity.....98 (specify) (>> 10)				Private Company or business...3	Marriage.....3	Other family Reasons.....4	
	No activity.....99 (>> 10)				Other.....4 (specify)	School.....5	Drought/War...6	Other.....7 (specify)
	O C C U P A T I O N	C O D E	I N D U S T R Y	C O D E				
01								
02								
03								
04								
05								
06								
07								
08								
09								
10								
11								
12								
13								
14								
15								

HOUSEHOLD ROSTER

I D	A	B	N A M E
N	M	A	
U	E	G	
M	M	E	
B	B		
E	E		
R	R		

01 | | | |

02 | | | |

03 | | | |

04 | | | |

05 | | | |

06 | | | |

07 | | | |

08 | | | |

09 | | | |

10 | | | |

11 | | | |

12 | | | |

13 | | | |

14 | | | |

15 | | | |

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

1. During the past 12 months did any member of the household own and/or operate a farm or kept livestock or engaged in fishing? Yes...1 +-----+
 or engaged in fishing? No...2 (> 4) |-----|

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

TRANSFER THESE NAMES TO THE AGRICULTURE SECTION 8 PART A.

3. Which household members are responsible for fishing?

TRANSFER THESE NAMES TO THE AGRICULTURE SECTION 8 PART A.

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

Yes.....1 +-----+ IF Q1 = 1 AND Q4 = 2 >> 5
 |-----| IF Q1 = 2 AND Q4 = 2 >> 6
 No.....2 +-----+

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

NAME	ID	PROCESSING ACTIVITY

TRANSFER THESE NAMES TO THE AGRICULTURE SECTION 8 PART G.

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?

NAME	ID

TRANSFER THESE NAMES
TO THE 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?)

Yes....1 +----+
No.....2 >> SECTION 7 | |
+----+

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

ENTERPRISE/ACTIVITY NAME	INDUSTRY CODE	PERSON RESPONSIBLE	ID

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

ENTERPRISE/ACTIVITY NAME	INDUSTRY CODE	ID OF PERSON RESPONSIBLE

TRANSFER THESE
NAMES TO THE
NON-FARM
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. TYPE OF DWELLING (CURRENT)

- Single Family House.....1
 - Apartment/Flat.....2
 - Room(s) [Compound House].....3
 - Room(s) [Other Type].....4 +-----+
 - Several Huts/Bldgs [same Cpds]...5 |
 - Several Huts/Bldgs [diff Cpds]...6 +-----+
 - Other.....7
- (SPECIFY)

2. How many rooms does this household occupy? (DO NOT INCLUDE BATHROOMS, TOILETS, KITCHEN) +-----+
 |

3. Do other households share this dwelling with you? +-----+
 Yes...1 |
 No....2 +-----+

PART B: OCCUPANCY STATUS OF THE DWELLING:

1. What is your present occupancy status?

- Owning1 (>> 7C Q.6) +-----+
- Renting2 |
- House provided rent-free3 +-----+
- Perching4 (>> 7D)

2. From whom do you rent this dwelling?

- Relative1
 - Private employer2 +-----+
 - Government3 |
 - Private individual/agency ..4 +-----+
 - Other5
- (specify)

PART C: HOUSING EXPENDITURE

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

AMOUNT +-----+ TIME UNIT +-----+
 | | |
 +-----+ +-----+

+-----+
 | Time Unit: Daily...1 Monthly...3 Half Yearly...5
 | Weekly..2 Quarterly..4 Yearly.....6
 +-----+

2. Does your household also supply goods or services in exchange for this dwelling? (IF RENT FREE, PUT ZERO)

+-----+
 |
 +-----+
 Yes1
 No.....2 (>> 4)

3. What is the appropriate value of these goods and services provided by your household? (IF RENT FREE, PUT ZERO)

AMOUNT +-----+ TIME UNIT +-----+
 | | |
 +-----+ +-----+

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

Yes1 +-----+
 |
 No2 +-----+
 (>> 6)

5. Who pays?

- Relative1
 - Private employer2 +-----+
 - Government3 |
 - Private individual/agency4 +-----+
 - Other5
- (specify)

SECTION 7: CONTINUED

PART C: HOUSING EXPENDITURE (Contd.)

6. How much did you spend for construction or repair costs and painting in the last 12 months?

AMOUNT

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

AMOUNT TIME UNIT

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

Wood.....1
Charcoal.....2
Gas.....3
Electricity.....4
Kerosine.....5
Other.....6
(specify)

5. How much have you paid to a private water vendor, neighbour or standpipe in the last 2 weeks?

AMOUNT

PART D: UTILITIES AND AMENITIES

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

Indoor plumbing01 (>> 3)
Inside standpipe.....02 (>> 3)
Water vendor.....03 (>> 5)
Water truck/tanker service....04 (>> 3)
Neighbouring household.....05 (>> 5)
Private outside standpipe/tap..06 (>> 5)
Public standpipe.....07 (>> 5)
Well with pump.....08
Well without pump.....09
River, lake, spring, pond.....10
Rainwater.....11 (>> 8)
Other12
(specify)

6. Did you sell any water to someone else?

Yes1
No2
(>> 8)

11. How does your household get rid of rubbish?

Collected.....1
Dumped by household..2 (>> 13)
Burned by household..3 (>> 13)
Buried by household..4 (>> 13)

7. How much did you receive for the water sold in the last 2 weeks?

AMOUNT

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

Electricity (mains).....1
Generator.....2 (>> 10)
Kerosine, Gas, Lamp.....3 (>> 10)
Candles/torches (flashlights)..4 (>> 10)

TIME UNIT

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

2. How far is this(SOURCE OF WATER) from your dwelling?

DISTANCE DISTANCE CODE
(>> 8)

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

AMOUNT TIME UNIT

3. Do you pay or share a regular bill from the water company?

Yes1
No2
(>> 5)

DISTANCE CODE

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

SECTION 7: CONTINUED

PART D: UTILITIES AND AMENITIES (Contd.)

12. How much did your household pay for rubbish disposal?
- | AMOUNT | TIME UNIT |
|--------|-----------|
| + | + |
| + | + |
13. What type of toilet is used by your household?
- | | |
|--------------------|---|
| Flush toilet.....1 | + |
| Pit latrine.....2 | \| |
| Pan/bucket.....3 | + |
| KVIP.....4 | \| |
| No toilet.....5 | + |
- (SPECIFY)

PART E: PHYSICAL CHARACTERISTICS OF THE DWELLING

1. MAIN CONSTRUCTION MATERIAL OF OUTSIDE WALLS:

- | | |
|--------------------------|---|
| Mud/Mud bricks.....1 | |
| Wood.....2 | |
| Corrugated iron.....3 | + |
| Stone/Burnt bricks.....4 | \| |
| Cement/Sandcrete.....5 | + |
| Other.....6 | \| |
- (SPECIFY)

2. MAIN FLOORING MATERIAL:

- | | |
|-----------------------|---|
| Earth/Mud.....1 | + |
| Wood.....2 | \| |
| Stone/Brick.....3 | + |
| Fibre-glass.....4 | \| |
| Cement/Concrete.....5 | |
| Other.....6 | |
- (SPECIFY)

3. MAIN ROOF MATERIAL:

- | | |
|-----------------------------|---|
| Thatch (grass, straw).....1 | |
| Wood.....2 | + |
| Corrugated iron.....3 | \| |
| Cement/Concrete.....4 | + |
| Asbestos.....5 | \| |
| Other.....6 | |
- (SPECIFY)

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

4. DETAILED SKETCH OF THE DWELLING

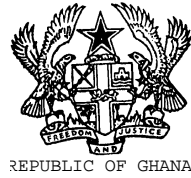


5. MEASURES TAKEN:

- | | |
|---------------|---|
| Inside.....1 | + |
| Outside.....2 | \| |

6. CALCULATE AREA IN SQUARE METRES

AREA: | |



REPUBLIC OF GHANA

STATISTICAL SERVICE

**GHANA LIVING STANDARDS SURVEY 4
(WITH LABOUR FORCE MODULE)**

HOUSEHOLD QUESTIONNAIRE

PART B

-----FOURTH VISIT-----

INTERVIEWER:.....| | DATE: | | | |

REMARKS:.....

-----VERIFICATION OF QUESTIONNAIRE, FOURTH VISIT-----

SUPERVISOR:.....| | DATE: | | | |

REMARKS:.....

..... REINTERVIEW YES....1|
BY SUPERVISOR? NO.....2+-----

-----FIFTH VISIT-----

INTERVIEWER:.....| | DATE: | | | |

REMARKS:.....

-----VERIFICATION OF QUESTIONNAIRE, FIFTH VISIT-----

SUPERVISOR:.....| | DATE: | | | |

REMARKS:.....

..... REINTERVIEW YES....1|
BY SUPERVISOR? NO.....2+-----

-----SIXTH VISIT-----

INTERVIEWER:.....| | DATE: | | | |

REMARKS:.....

-----VERIFICATION OF QUESTIONNAIRE, SIXTH VISIT-----

SUPERVISOR:.....| | DATE: | | | |

REMARKS:.....

..... REINTERVIEW YES....1|
BY SUPERVISOR? NO.....2+-----

-----SEVENTH VISIT-----

INTERVIEWER:.....| | DATE: | | | |

REMARKS:.....

-----VERIFICATION OF QUESTIONNAIRE, SEVENTH 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-----

SUPERVISOR:.....| | DATE: | | | |

REMARKS:.....

SUMMARY OF SURVEYS RESULTS

VISIT	SECTION	INTERVIEWER				SUPERVISOR		CORRECTED:
		V I S I T S		C H E C K - U P V I S I T		INTERVIEWER	D A T A E N T R Y O P E R A T O R	
		D A T E	R E S U L T	D A T E	R E S U L T			
		DAY | MONTH | YEAR	COMPLETE.....1 PARTIAL.....2 NOT APPLICA...3	DAY | MONTH | YEAR	COMPLETE.....1 PARTIAL.....2	SATISFACTORY.....1 TO BE COMPLETED..2 TO BE REDONE.....3	SATISFACTORY.....1 CORRECTION.....2	IN OFFICE.....1 DURING NEXT VISIT.....2 DURING CHECK- UP VISIT.....3 NOT CORRECTED...4
FIRST	1, 2, 5, 6, 7							
SECOND	3, 8H, 9A2, 9B							
THIRD	4, 8H, 9A2, 9B							
FOURTH	8A-G, 8H, 9A2, 9B							
FIFTH	8H, 9A1, 9A2, 9B, 9C							
SIXTH	8H, 9A2, 9B, 10							
SEVENTH	8H, 9A2, 9B, 11 12							

+-----+
| O B S E R V A T I O N A N D C O M M E N T S |
+-----+

+-----+
| O B S E R V A T I O N A N D C O M M E N T S |
+-----+

REMARKS BY THE INTERVIEWER ON THE FIRST VISIT-----

REMARKS OF INTERVIEWER ON THE SIXTH VISIT-----

REMARKS BY THE SUPERVISOR ON THE FIRST VISIT-----

REMARKS BY THE SUPERVISOR ON THE SIXTH VISIT-----

REMARKS BY THE INTERVIEWER ON THE SECOND VISIT-----

REMARKS BY THE INTERVIEWER ON THE SEVENTH VISIT-----

REMARKS BY THE SUPERVISOR ON THE SECOND VISIT-----

REMARKS BY THE SUPERVISOR ON THE SEVENTH 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-----

SECTION 8: AGRICULTURE

PART A: CONT'D.

LIVESTOCK / FISHING

20. Has any member of the household owned any livestock or engaged in fishing activities during the last 12 months?

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

	21	22	23	24	25	26	27	28	29	30	31
	During the last 12 months has any member of the household raised....?	How many are there?	For how much could you sell one today?	During the past 12 months have any been sold?	How Many?	What was the total value of the sales?	During the past 12 months, have any...been bought by this household?	How many?	What was the total value of the purchases?	Did you rent out any animals during the last 12 months?	How much did you receive from renting animals?
	Yes..1 No...2(>> Next Item)		AMOUNT	Yes.....1 No.....2 (>> 27)		VALUE	Yes.....1 No.....2 (>> 30)		VALUE	Yes..1 No...2(>> Next Item)	AMOUNT
Draught Animals eg. Donkey, Horse, Bullock	1										
Cattle, including cows	2									//////////	//////////
Sheep	3									//////////	//////////
Goats	4									//////////	//////////
Pigs	5									//////////	//////////
Rabbits	6									//////////	//////////
Chicken	7									//////////	//////////
Other poultry	8									//////////	//////////
Other livestock	9		//////////		//////////		//////////		//////////	//////////	//////////
Fish	10									//////////	//////////
Crab	11									//////////	//////////
Other	12									//////////	//////////

FISHING UNIT

 Crate.....1
 Bowl.....2
 Basket.....3
 Other.....4
 (specify)

SECTION 8: AGRICULTURE
CONCL'D.

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

	33 Does any member of the household own any..now? Yes....1 No.....2 (>> 38)	34 How many No.	35 What would be the value of.. if it were sold now? VALUE	36 Was the rented out in the last 12 months? Yes...1 No...2 (>> 38)	37 What was the value of the rental? VALUE	38 Did you sell any.. in the last 12 months? Yes..1 No...2(>> Next Item)	39 What was the total value of the sales? NEXT ITEM VALUE
Tractor	11						
Plough	21						
Trailer/ Cart	31						
Other animal drawn equipment	41	////////	////////				
Other tractor draw equipment	42	////////	////////				
Sprayer	51						
Outboard Motor	61						
Canoe	62						
Net	63						
Safety Equip.	64						
Other	65						

SECTION 8: AGRICULTURE

PART F: AGRICULTURAL COSTS AND EXPENSES

RESPONDENT: MAIN HOLDER ONLY

(ASK WHETHER RESPONDENT OWNS OR OPERATES LAND; IF NO >> LIVESTOCK COSTS, Q6).

Now I would like to ask about costs and expenses incurred over the past 12 months for the production of crops. During this period, have any of the following been used on any the holdings? (DO NOT INCLUDE COSTS ASSOCIATED WITH PROCESSING)

Now I would like to ask some questions about your livestock costs (ONLY IF PART A Q.20 = 1)

CROP COSTS

LIVESTOCK COSTS

		1 Did you C spend O anything D on... in E the last 12 months?	2 How much was spent in cash and kind on..during the last 12 months?	3 What was the source of	4 Was..... unobtain- able at any time during the year when you needed it?			1 Did you C spend O any- D thing on E ...in the last 12 months?	2 How much was spent in cash and king on..during the last 12 months?	3 What was the source of ...?	4 Was.... unobtainable at any time during the year when you needed it?
		Yes..1 No...2 (>>Next Item)	AMOUNT	Private sector...1 Coop.....2 Min.Ag...3 NGOs.....4 Other....5 (SPECIFY)	Yes..1 No...2			Yes.....1 No.....2 Next Item	AMOUNT	Private sector...1 Coop.....2 Min. Ag...3 NGOs.....4 Other.....5 (specify)	Yes.....1 No.....2
Fertilizer (Inorganic)	01					Animal feed including salt	51				
Organic Fertilizer	02					Vet. services incl. vacc. and medicine	52				
Insecticides	03					Paid labour for hearing	53			//////////	
Herbicides	04					Maintenance of pens, stables	54			////////// //////////	
Storage of crops	05			//////////	//////////	Transport of animal feed	55			//////////	//////////
Purchased seed, seedlings. etc.	06					Commission on sale of animals	56			////////// //////////	////////// //////////
Irrigation	07			//////////	//////////	Compensation for damage caused by animals	57			////////// //////////	////////// //////////
Bags, containers, string	08					Other livestock costs	58			//////////	//////////
Petrol/Diesel/Oil	09			//////////		Hired Labour	59			//////////	
Spare parts	10					FISHING COSTS					
Hired labour	11			//////////		Fuel	61				
Transport of crops	12			//////////	//////////	Hired Labour	62			//////////	
Renting animals	13					Spare Parts	63				
Renting equipment	14			//////////		Repairs and Maintenance	64				
Hand tools local	15			//////////		Hiring of Equipments	65				
Hand tools imported	16			//////////	//////////	Other Imputs	66				
Repairs/Maintenance	17			//////////	//////////						
Other crop costs	18			//////////	//////////						

SECTION 8: AGRICULTURE

PART G: PROCESSING OF AGRICULTURAL PRODUCE

RESPONDENTS: PERSON RESPONSIBLE FOR PROCESSING

NAMES OF PERSONS RESPONSIBLE
COPY FROM SECTION 6

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

1 PERSON RESPON- SIBLE	2 PERSON INTER - VIEWED	3 What type of food processing or transformation have you carried out in the last 12 months? REFER TO LIST OF PRODUCTS IN MARGIN AND WRITE ITEM AND CODE	4 How many months in the last 12 months did you do this activity?	5 Did you make any ... in the past 2 weeks? Yes..1 No...2 (>>10)	6 What quantity did you process in the last 2 weeks? USE ANY UNIT OF THE RES- PONDENT'S CHOICE	7 What were your labour costs both in cash and in kind in the last 2 weeks? BE SURE TO INCLUDE RES- PONDENT TIME	8 Where did the raw materials come from? Own produce...1 Purchased...2 Gift.....3 Other.....4 (SPECIFY)...5	9 What other costs did you incur the last 2 weeks	10 Did you sell any in the last 2 weeks? Yes..1 No...2 (>>13)	11 What quantity did you sell?	12 What was the value of the sales? (>>Next line)	13 For how much could you sell one unit?		
ID	ID	ITEM CODE	MONTHS		NO.OF UNITS CODE	VALUE		VALUE		NO.OF UNITS CODE	AMOUNT	UNIT CODE	VALUE	
														CODES FOR PROCESSED/ TRANSFORMED GOODS ITEM CODE Maize flour.....01 Flour from other grains.....02 Husked/polished rice.....03 Home-brewed drink...04 Cassava flour.....05 Shelled Groundnuts..06 Processed fish.....07 Gari.....08 Sheabutter.....09 Other Nuts.....10 Other.....11 (specify)
<p>UNIT CODE</p> <p>Pounds.....1 Kilogram.....2 Ton.....3 Minibag....4 Maxibag....5 Sheet...6 Basket....7 Bowl.....8 American Tin....9 Tree.....10 Stick.....11 Bundle....12 Barrel.13 Liter....14 Gallon.....15 Beer Bottle....16 Bunch.....17 Nut.....18 Fruit.....19 Log....20 Box.....21 Margarine Tin...22 All.....23</p>														

SECTION 8: AGRICULTURE
PART H: CONSUMPTION OF OWN PRODUCE

RESPONDENT (COPY FROM SECTION) _____ ID +-----+ PERSON INTERVIEWED ID +-----+

2nd	3rd	4th	5th	6th	7th
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PROVIDE THE UNIT CODE
IN QUESTION 9.

ITEM	1 Did the household consume any home produced [.....] in the last 12 months? Yes....1	2 Does the household eat home produced all through the year or only in some month(s)? Which month(s)? (>> 9)	3 How much of home produced was consumed by the household since my last visit?	4 How much of home produced was consumed by the household since my last visit?	5 How much of home produced was consumed by the household since my last visit?	6 How much of home produced was consumed by the household since my last visit?	7 How much of home produced was consumed by the household since my last visit?	8 How much of home produced was consumed by the household since my last visit?	9 ENTER UNIT THAT THE RESPONDENT CHOOSES SEE LIST OF UNIT CODES AT PAGE 8.15	10 For how much could 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	UNIT CODE	VALUE
GRAINS & FLOURS										
Rice(paddy,grain)	001									
Maize-cob (fresh)	002									
Maize-flour/dough	003									
Sorghum	004									
Millet grain	005									
Millet flour	006									
Guinea corn	007									
Other grains	008									
Other flours	009									

SECTION 8: AGRICULTURE
PART H: CONT'D.

RESPONDENT (COPY FROM SECTION) _____ ID +-----+ PERSON INTERVIEWED ID +-----+

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6th
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PROVIDE THE UNIT CODE
IN QUESTION 9.

ITEM	1 Did the house- hold consume any home produced [.....] in the last 12 months? Yes.....1	2 Does the household eat home producedall through the year or only in some month(s)? Which month(s)? (>> 9)	3 How much of home producedwas consumed by the household since my last visit?	4 How much of home producedwas consumed by the household since my last visit?	5 How much of home producedwas consumed by the household since my last visit?	6 How much of home producedwas consumed by the household since my last visit?	7 How much of home producedwas consumed by the household since my last visit?	8 How much of home producedwas consumed by the household since my last visit?	9 ENTER UNIT THAT THE RESPONDENT CHOOSES SEE LIST OF UNIT CODES AT PAGE 8.15	10 For how much could 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	UNIT CODE	VALUE
ROOTS, TUBERS AND PLANTAIN										
Cassava - roots	010									
Cassava - gari	011									
Cas.(other forms)	012									
Yams	013									
Cocoyams	014									
Plantian	015									
Sweet potatoes	016									
Other roots & tubers	017									

SECTION 8: AGRICULTURE

PART H: CONT'D.

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PROVIDE THE UNIT CODE
IN QUESTION 9.

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ITEM	CODE	1 Did the household consume any home produced [.....] in the last 12 months? Yes.....1 No.....2 Next Item	2 Does the household eat home producedall through the year or only in some month(s)? Which month(s)? (>> 9)	3 How much of home producedwas consumed by the household since my last visit?	4 How much of home producedwas consumed by the household since my last visit?	5 How much of home producedwas consumed by the household since my last visit?	6 How much of home producedwas consumed by the household since my last visit?	7 How much of home producedwas consumed by the household since my last visit?	8 How much of home producedwas consumed by the household since my last visit?	9 ENTER UNIT THAT THE RESPONDENT CHOOSES SEE LIST OF UNIT CODES AT PAGE 8.15	10 For how much could you sell one unit of..now?
			NO.OF MONTHS	NO.OF UNITS	NO. OF UNITS	NO. OF UNITS	NO.OF UNITS	NO. OF UNITS	NO. OF UNITS	UNIT CODE	VALUE
PULSES,NUTS AND SEED/OIL											
Banbara beans	020										
Palm Oil	021										
Cowpeas	022										
G.nuts(roasted or raw)	023										
Other Pulses or legumes	024										
Palm nuts	025										
Coconuts	026										
Coconut oil	027										
Sheabutter	028										
Other nuts,&Seeds	029										

SECTION 8: AGRICULTURE

PART H: CONT'D.

2nd	3th	4th	5th	6th	7th
+---+ /	+---+ /	+---+ /	+---+ /	+---+ /	+---+ /
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PROVIDE THE UNIT CODE
IN QUESTION 9.

ITEM	1 Did the household consume any home produced [.....] in the last 12 months? Yes.....1 No.....2 Next Item	2 Does the household eat home producedall through the year or only in some month(s)? Which month(s)? (> 9)	3 How much of home producedwas consumed by the household since my last visit?	4 How much of home producedwas consumed by the household since my last visit?	5 How much of home producedwas consumed by the household since my last visit?	6 How much of home producedwas consumed by the household since my last visit?	7 How much of home producedwas consumed by the household since my last visit?	8 How much of home producedwas consumed by the household since my last visit?	9 ENTER UNIT THAT THE RESPONDENT CHOOSES SEE LIST OF UNIT CODES AT PAGE 8.15	10 For how much could you sell one unit of..now?
	NO.OF MONTHS	NO.OF UNITS	NO. OF UNITS	NO. OF UNITS	NO. OF UNITS	NO. OF UNITS	NO. OF UNITS	UNIT CODE	VALUE	
FRUITS										
Bananas	030									
Water Melon	031									
Oranges,tangerine	032									
Mangoes	033									
Pawpaw	034									
Avocado pears	035									
Pineapples	036									
Other fruits	037									

SECTION 8: AGRICULTURE

PART H: CONT'D.

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6th
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PROVIDE THE UNIT CODE
IN QUESTION 9.

ITEM	1 Did the household consume any home produced [.....] in the last 12 months? Yes.....1 No.....2 Next Item	2 Does the household eat home producedall through the year or only in some month(s)? Which month(s)? (> 9)	3 How much of home producedwas consumed by the household since my last visit?	4 How much of home producedwas consumed by the household since my last visit?	5 How much of home producedwas consumed by the household since my last visit?	6 How much of home producedwas consumed by the household since my last visit?	7 How much of home producedwas consumed by the household since my last visit?	8 How much of home producedwas consumed by the household since my last visit?	9 ENTER UNIT THAT THE RESPONDENT CHOOSES SEE LIST OF UNIT CODES	10 For how much could you sell one unit of..... now?
		NO.OF MONTHS	NO.OF UNITS	NO. OF UNITS	NO. OF UNITS	NO.OF UNITS	NO. OF UNITS	NO. OF UNITS	UNIT CODE	VALUE
VEGETABLES										
Tomatoes	040									
Onions	041									
Carrots	042									
Okro	043									
Gardens eggs, Cucumbers	044									
Pepper	045									
Cabbage/lettuce	046									
Spinach/other leafy vgs.	047									
Other vegetables	048									

INSTRUCTION FOR THE ENUMERATOR:
MARK CROSSES AGAINST CROPS PRODUCED BY THE HOUSEHOLD FROM PARTS C & G AND ASK RESPONDENTS QUESTIONS ON THESE CROPS

UNIT CODE											
Pounds.....1	Kilogram...2	Ton.....3	Minibag....5	Maxibag....5	Sheet....6	Basket...7	Bowl.....8				
American tin...9	Tree.....10	Stick...11	Bundle....12	Barrel....13	Liter...14	Gallon..16	Beer bottle...16	Fingers...24			
Bunch.....17	Nut.....18	Fruit..19	Log.....20	Box.....21	Margarine Tin.....22	Tubers.....23					

SECTION 8: AGRICULTURE

PART H: CONT'D.

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6th
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7th
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PROVIDE THE UNIT CODE
IN QUESTION 9.

ITEM	1 Did the household consume any home produced [.....] in the last 12 month(s)? Yes.....1 No.....2 Next Item	2 Does the household eat home producedall through the year or only in some months? Which month(s)? (> 9)	3 How much of home producedwas consumed by the household since my last visit?	4 How much of home producedwas consumed by the household since my last visit?	5 How much of home producedwas consumed by the household since my last visit?	6 How much of home producedwas consumed by the household since my last visit?	7 How much of home producedwas consumed by the household since my last visit?	8 How much of home producedwas consumed by the household since my last visit?	9 ENTER UNIT THAT THE RESPONDENT CHOOSES SEE LIST OF UNIT CODES AT PAGE 8.17	10 For how much could you sell one unit of..now?
	NO.OF MONTHS	NO.OF UNITS	NO. OF UNITS	NO. OF UNITS	NO.OF UNITS	NO. OF UNITS	NO. OF UNITS	NO. OF UNITS	UNIT CODE	VALUE
MEAT, POULTRY, FISH										
Chicken	060									
Ot. dom. poultry	061									
Game birds	062									
Beef	063									
Mutton	064									
Pork	065									
Goat	066									
Ot. domestic meat	067									
Wild game	068									
Fish & Shellfish	069									
Eggs	070									

SECTION 8: AGRICULTURE

PART H: CONCL'D.

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7th
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PROVIDE THE UNIT CODE
IN QUESTION 9.

dd mm

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dd mm

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ITEM	1 Did the household consume any home produced [.....] in the last 12 months? Yes.....1 No.....2 Next Item	2 Does the household eat home producedall through the year or only in some months? Which month(s)? (>> 9)	3 How much of home producedwas consumed by the household since my last visit?	4 How much of home producedwas consumed by the household since my last visit?	5 How much of home producedwas consumed by the household since my last visit?	6 How much of home producedwas consumed by the household since my last visit?	7 How much of home producedwas consumed by the household since my last visit?	8 How much of home producedwas consumed by the household since my last visit?	9 ENTER UNIT THAT THE RESPONSENT CHOOSES SEE LIST OF UNIT CODES	10 For how much could you sell one unit of..... now? VALUE
		NO.OF MONTHS	NO.OF UNITS	NO. OF UNITS	NO. OF UNITS	NO.OF UNITS	NO. OF UNITS	NO. OF UNITS	UNIT CODE	

OTHER LIVESTOCK PRODUCTS

Milk	071									
------	-----	--	--	--	--	--	--	--	--	--

DRINKS AND BEVERAGES

Alco. beverages	090									
-----------------	-----	--	--	--	--	--	--	--	--	--

Non-alcoholic beverages	091									
-------------------------	-----	--	--	--	--	--	--	--	--	--

- | | | | | | | |
|---------------|------------------|------------|------------------|---------------|---------------|--------------|
| Pounds.....1 | Kilogram.....2 | Ton.....3 | Minibag.....4 | Maxibag.....5 | Sheet.....6 | Basket.....7 |
| Bowl.....8 | American tin...9 | Crate...10 | Single/Whole..11 | Bundle.....12 | Barrel.....13 | Litre.....14 |
| Gallon.....15 | Beer Bottle...16 | Box....17 | | | | |

SECTION 9: HOUSEHOLD EXPENDITURE

PART A: NON-FOOD EXPENSES

A1: LESS FREQUENTLY PURCHASED ITEMS

RESPONDENTS ARE THE PERSONS MAINLY RESPONSIBLE FOR HOUSEHOLD PURCHASES

ID _____ ID _____

NAME OF PERSON(S) RESPONSIBLE FOR PURCHASES ----- +----+ PERSON INTERVIEWED ----- +----+

RESPONDENT(S) ID | | | ----- +----+ ----- +----+

Data of | | | ----- +----+ ----- +----+

This visit ----- +----+ ----- +----+

dd mm

ITEM	CODE	1 Was anything spent by the household on in the last 12 months?	2 How many times was.... bought in the last 12 months?	3 How much was spent on in the last 12 months altogether?	4 How much was spent on in the last 3 months?	ITEM	CODE	1 Was anything spent by the household on in the last 12 months?	2 How many times was.... bought in the last 12 months?	3 How much was spent on ... in the last 12 months altogether?	4 How much was spent on ... in the last 3 months?
		Yes.....1	IF 12 OR MORE (>> 4)	>> Next Item	>> Next Item			Yes...1	IF 12 OR MORE (>> 4)	>> Next Item	>> Next Item
		No.....2 (>>Next Item)		AMOUNT	AMOUNT			No... 2 (>>Next Item)		AMOUNT	AMOUNT
CLOTHING AND FOOTWEAR CLOTHING MATERIAL (Excluding School Uniform)						READYMADE CLOTHING					
Cotton	201					Suit	208				
Silk	202					Smock or other Hand Woven Garment	209				
Handloomed(incl.Kente)	203					Dress (ladies/girls)	210				
Adinkra	204					Trousers,Slacks,Shorts, Blouse, Shirts	211				
Polyester Material	205					Underwear (incl.vest and underpants)	212				
All other clothing material (natural fibre or otherwise)	206					Other Readymade clothes	213				
TAILORING CHARGES											
Tailoring Charges	207										

SECTION 9: HOUSEHOLD EXPENDITURE

NAME OF PERSON(S) RESPONSIBLE FOR PURCHASES ----- +----+ PERSON INTERVIEWED ----- +----+

PART A: CONT'D.

RESPONDENT(S) ID | | |
+-----+

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Date of This visit | | |
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A1: LESS FREQUENTLY PURCHASED ITEMS

----- +----+

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dd mm

RESPONDENTS ARE THE PERSONS MAINLY RESPONSIBLE FOR HOUSEHOLD PURCHASES

----- +----+

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ITEM	CODE	1 Was anything spent by the household on in the last 12 months?	2 How many times was.... bought in the last 12 months? IF 12 OR MORE (>> 4)	3 How much was spent on in the last 12 months altogether? >> Next Item	4 How much was spent on in the last 3 months? >> Next Item
		Yes.. 1 No... 2 (>>Next Item)		AMOUNT	AMOUNT
FOOTWEAR					
Shoes (leather type)	215				
Sandals (leather type)	216				
Shoes (Canvas type)	217				
Sandals (rubber type)	218				
Other footwear	219				
GROSS RENT AND PROPERTY CHARGES					
House Rates(Property rates)	303				
Basic rates	304				
Other Housing charges(excl. water, fuel and power)	307				
FURNITURE, HOUSEHOLD GOODS AND APPLICANCES					
SOFT FURNISHING AND LINEN					
Bedsheets, Bed cover, Blanket Curtain, other linens	401				
Mattress, pillow, sleeping mats	402				
Other soft furnishings	403				

SECTION 9: HOUSEHOLD EXPENDITURE

NAME OF PERSON(S) RESPONSIBLE FOR PURCHASES ----- +----+ PERSON INTERVIEWED ----- +----+

PART A: CONT'D.

RESPONDENT(S) ID | | | |
+-----+ +----+ +-----+ +----+

Date of +-----+

A1: LESS FREQUENTLY PURCHASED ITEMS

This visit | | | |

RESPONDENTS ARE THE PERSONS MAINLY RESPONSIBLE FOR HOUSEHOLD PURCHASES

+-----+ +----+ +-----+ +----+
dd mm

ITEM	CODE	1	2	3	4
		Was anything spent by the household on in the last 12 months?	How many times was.... bought in the last 12 months?	How much was spent on ... in the last 12 months altogether?	How much was spent on ... in the last 3 months?
		Yes...1 No... 2 (>>Next Item)	IF 12 OR MORE (>> 4)	>> Next Item	>> Next Item
				AMOUNT	AMOUNT
FURNITURE AND FIXTURES, INCLUDING FLOOR COVERINGS					
Bed	405				
Chair	406				
Table	407				
Carpet and other floor coverings	408				
Other furniture and fixtures	409				
APPLIANCES (HEATING , COOKING, WASHING REFRIGERATION ETC.)					
Electric fan	411				
AC, Air Cooler	412				
Fridge and Freezers	413				
Electric Iron	414				
Washing machine and dryer	415				
Electric Kettle	416				
Gas or Electric stoves	417				
Coalpot and other non-electrical cooking appliances	418				
Other appliances	419				

SECTION 9: HOUSEHOLD EXPENDITURE

NAME OF PERSON(S) RESPONSIBLE FOR PURCHASES

ID

PERSON INTERVIEWED

ID

PART A: CONT'D.

RESPONDENT(S) ID

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Date of +-----+

This visit | | |

A1: LESS FREQUENTLY PURCHASED ITEMS

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RESPONDENTS ARE THE PERSONS MAINLY RESPONSIBLE FOR HOUSEHOLD PURCHASES

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ITEM	CODE	1	2	3	4
		Was anything spent by the household on in the last 12 months?	How many times was.... bought in the last 12 months?	How much was spent on in the last 12 months altogether?	How much was spent on in the last 3 months?
		Yes.....1	IF 12 OR MORE (>> 4)	>> Next Item	>> Next Item
		No.....2 (>>Next Item)		AMOUNT	AMOUNT
GLASSWARE, TABLEWARE, HOUSEHOLD UTENSILS INCLUDING REPAIRS					
Glassware, Chinaware and plasticware	421				
Cutlery and other tableware	422				
Pots, pans, mortars, pestles and other kitchen utensils	423				
Other household utensils and tools (incl. earthen water cooler)	424				
HOUSEHOLD SERVICES					
Domestic staff wages	432				
MEDICAL CARE AND HEALTH EXPENSE					
Therapeutic appliances and equipment	505				
Doctors and out-patient consulting fee	506				
Dentist	507				
Nurses, Midwives, etc.	508				
Native Doctors & Spiritual Healers	509				
Other Practitioners	510				
HOSPITAL CHARGES AND HEALTH COSTS					
Hospital Expenditure accommodation, theatre fees	511				

SECTION 9: HOUSEHOLD EXPENDITURE

PART A: CONT'D.

A1: LESS FREQUENTLY PURCHASED ITEMS

RESPONDENTS ARE THE PERSONS MAINLY RESPONSIBLE FOR HOUSEHOLD PURCHASES

NAME OF PERSON(S) RESPONSIBLE FOR PURCHASES

RESPONDENT(S) ID

ID

PERSON INTERVIEWED

ID

Date of
This visit

dd mm

ITEM	CODE	1. Was anything spent by the household on in the last 12 months?	2. How many times was.. bought in the last 12 months? IF 12 OR MORE (>> 4)	3. How much was spent on in the last 12 months altogether? >> Next Item	4. How much was spent on ... in the last 3 months? >> Next Item
		Yes...1 No... 2 (>>Next Item)		AMOUNT	AMOUNT
HOSPITAL CHARGES AND HEALTH COSTS - CONTINUED -					
Other Medical Services and supplies	512				
TRANSPORT & COMMUNICATION					
Cars & Other Motor Vehicle	601				
Motor Cycles	602				
Bicycles	603				
Tyres	604				
RECREATION, ENTERTAINMENT, EDUCATION AND CULTURAL SERVICE					
Radio, Wireless and Cassette/Radio	701				
T.V. Sets, Video, Video Camera	702				
Other (phonogram, C/D players, music systems)	703				
Camera and photographic equipment	704				
Sports equipments	705				
Musical instruments	706				
MISCELLANEOUS GOODS					
Jewellery, watches, rings	803				
Other personal goods (eg. suitcase, hair brush, comb, shaving equipment)	804				

SECTION 9: HOUSEHOLD EXPENDITURE

PART A: NON-FOOD EXPENSES CONT'D.

A2: FREQUENTLY PURCHASED ITEMS

RESPONDENTS ARE THE PERSONS MAINLY RESPONSIBLE FOR HOUSEHOLD PURCHASES

2nd	3rd	4th	5th	6th	7th
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+-----+	+-----+	+-----+	+-----+	+-----+	+-----+
dd mm	dd mm	dd mm	dd mm	dd mm	dd mm

ITEM	CODE	1. How much was spent on ... since my first visit?	2. How much was spent on ... since my last visit?	3. How much was spent on ... since my last visit?	4. How much was spent on ... since my last visit?	5. How much was spent on ... since my last visit?	6. How much was spent on ... since my last visit?
WATER							
Water charges	308						
FUEL AND POWER							
Gas for cooking	310						
Kerosine and other liquid fuel(incl. Palm kernel oil)	311						
Charcoal	312						
Firewood and other solid fuel	313						
REPAIRS							
Repairs to clothing	214						
Repairs to footwear	220						
Repairs to soft furnishings	404						
Repairs to furniture and fittings	410						
Repairs to appliances	420						

SECTION 9: HOUSEHOLD EXPENDITURE

PART A: CONT'D.

A2: FREQUENTLY PURCHASED ITEMS

RESPONDENTS ARE THE PERSONS MAINLY RESPONSIBLE FOR HOUSEHOLD PURCHASES

	2nd	3rd	4th	5th	6th	7th
	+-----+	+-----+	+-----+	+-----+	+-----+	+-----+
	/	/	/	/	/	/
	+-----+	+-----+	+-----+	+-----+	+-----+	+-----+
	dd mm	dd mm	dd mm	dd mm	dd mm	dd mm

ITEM	CODE	1. How much was spent on ... since my first visit?	2. How much was spent on ... since my last visit?	3. How much was spent on ... since my last visit?	4. How much was spent on ... since my last visit?	5. How much was spent on ... since my last visit?	6. How much was spent on ... since my last visit?
NON-DURABLE HOUSEHOLD GOODS							
Soap and washing powder	425						
Insecticides, disinfectants and household cleaners	426						
Matches	427						
Toilet paper	428						
Light globes/bulbs	429						
Candles	430						
Other non-durable goods	431						
HOUSEHOLD SERVICES							
Household services (lawnsboy, washman, etc.)	433						
MEDICAL CARE AND HEALTH EXPENSES							
Pain killers (eg. aspirin, paracetamol, etc.)	501						
Antibiotics	502						
Anti malaria medicines	503						
Other medical and pharmaceutical products	504						
Medical services such as doctor or healer and other medical expenses	513						

SECTION 9: HOUSEHOLD EXPENDITURE
PART A: CONT'D.

A2: FREQUENTLY PURCHASED ITEMS

RESPONDENTS ARE THE PERSONS MAINLY RESPONSIBLE FOR HOUSEHOLD PURCHASES

ITEM	CODE	1st	2nd	3rd	4th	5th	6th	7th
			dd mm	dd mm	dd mm	dd mm	dd mm	dd mm
		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?	
OPERATION OF PERSONAL TRANSPORT EQUIPMENT								
Spares and motor vehicle tools(excluding tyres)	605							
Petrol	608							
Oil, grease, etc.	609							
PURCHASED TRANSPORT (EXCL. SCHOOL TRANSPORT)								
Inter City bus (S.T.C.,City Express, etc.)	610							
City bus (omnibus, trotro), taxi etc.	611							
Other (rail, air, boats,) and storage charges.	612							
COMMUNICATION								
Postal charges including stamps and courier services	613							
Telegrams, telephones, Fax etc	614							

SECTION 9: HOUSEHOLD EXPENDITURE

PART A: CONT'D.

A2: FREQUENTLY PURCHASED ITEMS

RESPONDENTS ARE THE PERSONS MAINLY RESPONSIBLE FOR HOUSEHOLD PURCHASES

2nd	3rd	4th	5th	6th	7th
+-----+	+-----+	+-----+	+-----+	+-----+	+-----+
/	/	/	/	/	/
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dd mm	dd mm	dd mm	dd mm	dd mm	dd mm

ITEM	CODE	1. How much was spent on ... since my first visit?	2. How much was spent on ... since my last visit?	3. How much was spent on ... since my last visit?	4. How much was spent on ... since my last visit?	5. How much was spent on ... since my last visit?	6. How much was spent on..since my last visit?
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RECREATION, ENTERTAINMENT AND CULTURAL SERVICES

Other recreational goods, parts and accessories(incl. Cassettes, Video Cassettes,etc	707						
Cinema, Video house	708						
Video cassettes hire	709						
Gambling, Lotto, Raffles etc.	710						
Others including concerts	711						

NEWSPAPERS AND MAGAZINES

Newspapers	712						
Books, Magazines, etc.	713						

EDUCATION

Educational cost(transport cost,pocket money, etc.	718						
---	-----	--	--	--	--	--	--

SECTION 9: HOUSEHOLD EXPENDITURE

PART A: CONCL'D.

A2: FREQUENTLY PURCHASED ITEMS

RESPONDENTS ARE THE PERSONS MAINLY RESPONSIBLE FOR HOUSEHOLD PURCHASES

2nd	3rd	4th	5th	6th	7th
+---+	+---+	+---+	+---+	+---+	+---+
/	/	/	/	/	/
+---+	+---+	+---+	+---+	+---+	+---+
dd mm	dd mm	dd mm	dd mm	dd mm	dd mm

ITEM	CODE	1. How much was spent on ... since my first visit?	2. How much was spent on ... since my last visit?	3. How much was spent on ... since my last visit?	4. How much was spent on ... since my last visit?	5. How much was spent on ... since my last visit?	6. How much was spent on..since my last visit?
------	------	--	---	---	---	---	---

MISCELLANEOUS GOODS AND SERVICE

Services of barber, beauty shops, and others	801						
Goods for personal care (eg. razor blades, cosmetics powder, tooth paste, etc.	802						
Writing and drawing equipment and supplies	805						
Expenditure in Rest. Hotels	806						
Financial services(N.E.S)	807						
Other services (N.E.S)	808						

SECTION 9: HOUSEHOLD EXPENDITURE
PART B: FOOD EXPENSES

PERSON INTERVIEWE

ID

PERSON RESPONSIBLE

ID

2nd	3rd	4th	5th	6th	7th
/	/	/	/	/	/
dd mm	dd mm	dd mm	dd mm	dd mm	dd mm

ITEM	CODE	1	2	3	4	5	6
		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?
		AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT
FOOD, BEVERAGE AND TOBACCO							
CEREALS							
Guinea corn/Sorghum	001						
Maize	002						
Millet	003						
Rice	004						
CEREAL PRODUCTS							
Maize Flour and Products (not Koko)	005						
Bread, buns	006						
Biscuits	007						
Flour and other cereal products	008						

SECTION 9: HOUSEHOLD EXPENDITURE
PART B: CONT'D.

PERSON INTERVIEWE

ID

PERSON RESPONSIBLE

ID

2nd	3rd	4th	5th	6th	7th
dd / mm	dd / mm	dd / mm	dd / mm	dd / mm	dd / mm

ITEM	CODE	1	2	3	4	5	6
		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?
		AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT
STARCHY ROOTS, TUBERS & PLNTAIN							
Cassava	009						
Cocoyam	010						
Plantain	011						
Yam	012						
Other starchy roots and tubers	013						
STARCHY PRODUCTS							
Kokonte	014						
Gari	015						
Cassava Dough	016						
Other starchy products	017						

SECTION 9: HOUSEHOLD EXPENDITURE
PART B: CONT'D.

2nd	3rd	4th	5th	6th	7th
/	/	/	/	/	/
dd mm	dd mm	dd mm	dd mm	dd mm	dd mm

ITEM	CODE	1	2	3	4	5	6
		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?
		AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT
PULSES							
Small Beans	018						
Banbara Beans	019						
Broad Beans	020						
Groundnuts	021						
Other Pulses	022						
OIL SEEDS & NUTS							
Dawadawa	023						
Kolanut	024						
Palmnut	025						
Other Oil Seeds and Nuts	026						
ANIMAL FATS							
Animal Fats	027						

SECTION 9: HOUSEHOLD EXPENDITURE
PART B: CONT'D.

2nd	3rd	4th	5th	6th	7th
/	/	/	/	/	/
dd mm	dd mm	dd mm	dd mm	dd mm	dd mm

ITEM	CODE	1	2	3	4	5	6
		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?
		AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT
VEGETABLE OIL AND FATS							
Coconut Oil	028						
Groundnut Oil	029						
Palm Kernel Oil	030						
Red Palm Oil	031						
Shea Butter	032						
Margarine	033						
Other Vegetable Oil & Fats	034						
FRUITS: FRESH, ETC. (NOT CANNED)							
Avocado Pear	035						
Banana	036						
Mango	037						
Orange	038						
Pinneapple	039						
Other Fruits (not canned)	040						
FRUITS (CANNED)							
Fruit Canned	041						
FRUIT JUICES							
Fruit Juices	042						

SECTION 9: HOUSEHOLD EXPENDITURE
PART B: CONT'D.

ITEM	CODE	2nd	3rd	4th	5th	6th	7th
		+ / +	+ / +	+ / +	+ / +	+ / +	+ / +
		dd mm	dd mm	dd mm	dd mm	dd mm	dd mm
		1	2	3	4	5	6
		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?
		AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT
POULTRY							
Chicken	060						
Duck	061						
Guinea Fowl	062						
Other Poultry	063						
EGGS							
Chicken Eggs	064						
Other Eggs (not Chicken)	065						
MILK AND MILK PRODUCTS							
Fresh Milk	066						
Milk Powder	067						
Baby Milk	068						
Milk Tinned (Unsweetened)	069						
Other Milk Products (including butter & Cheese)	070						
SMOKED FISH							
Smoked Fish	071						

SECTION 9: HOUSEHOLD EXPENDITURE
PART B: CONT'D.

2nd	3rd	4th	5th	6th	7th
/	/	/	/	/	/
dd mm	dd mm	dd mm	dd mm	dd mm	dd mm

ITEM	CODE	1	2	3	4	5	6
		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?
		AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT
FISH, FRESH, DRIED, FRIED							
Crustaceans (Lobster, Crab Prawns etc.)	072						
Fish (Fresh and Frozen)	073						
Fish (Dried)	074						
Fish (Fried)	075						
Canned Fish	076						
Other Fish	077						
SUGAR							
Sugar	078						
CONDIMENTS AND SPICIES							
Pepper (dry)	079						
Salt	080						
Other Condiments & Spicies	081						
COFFEE, TEA, COCOA, ETC.							
Coffee	082						
Chocolate Drinks (including Milo)	083						
Tea	084						
Other (not beverage)	085						

SECTION 9: HOUSEHOLD EXPENDITURE

PART B: CONT'D.

2nd +---+ / | +---+ dd mm	3rd +---+ / | +---+ dd mm	4th +---+ / | +---+ dd mm	5th +---+ / | +---+ dd mm	6th +---+ / | +---+ dd mm	7th +---+ / | +---+ dd mm
---------------------------------------	---------------------------------------	---------------------------------------	---------------------------------------	---------------------------------------	---------------------------------------

ITEM	CODE	1	2	3	4	5	6
		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?
		AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT
PREPARED MEALS							
Cooked Rice and Stew	086						
Fufu and Soup	087						
Tuo and Soup	088						
Banku and Stew	089						
Kenkey	090						
Koko	091						
Other Prepared Meals	092						
MISCELLANEOUS FOOD ITEMS							
Jams	093						
Honey	094						
Confectionary not Frozen	095						
Ice Cream, Ice Lollics etc.	096						
Other Miscellaneous Food items	097						

SECTION 9: HOUSEHOLD EXPENDITURE

PART B: CONCL'D.

2nd	3rd	4th	5th	6th	7th
+/+ /	+/+ /	+/+ /	+/+ /	+/+ /	+/+ /
+--+ dd mm	+--+ dd mm	+--+ dd mm	+--+ dd mm	+--+ dd mm	+--+ dd mm

ITEM	CODE	1	2	3	4	5	6
		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?
		AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT
MINERALS, SOFT DRINKS							
Soft Drinks and Minerals	098						
ALCOHOLIC BEVERAGE (BOTTLE OR TOT)							
Local and Imported Beer and Guinness	099						
Palm wine	100						
Pito	101						
Akpeteshie and other local Spirits	102						
Gin	103						
Other Alcoholic Beverages	104						
TOBACCO AND TOBACCO PRODUCTS							
Cigarette	105						
Tobacco (Processed)	106						
Other Tobacco Products (excluding Cigarettes)	107						

SECTION 9: HOUSEHOLD EXPENDITURE
 PART C: AVAILABILITY OF SELECTED CONSUMER ITEMS

ITEM	CODE	1	2
		In the last 12 months, have you tried to purchase these items and found them not available?	How do the shortages, over the last 12 months compare with the shortages of the preceeding year?
		Yes, often 1 Yes, once or twice..2 No.....3 (>> Next Item) Not applicable.....4 (>> Next Item)	Worse now .....1 The same .....2 Not so bad now .....3
Clothes/shoes	200		
Health/personal care items (soap, medicine, etc.)	500		
Charcoal, firewood	312		
Kerosine	311		
Petrol	608		
Maize/maize flour	002		
Rice	004		
Sorghum/milletges	003		
Cooking oil	028		
Sugar	078		
Gas	310		

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

Now I would like to ask you about the enterprises ... (NAME OF NON-FARM ENTERPRISES FROM SECTION 6 Q.8),
 for which you are responsible. These are..REFER TO PRE-FILLED COLUMNS 1-3.

1 NON-FARM ENTERPRISE NAME (FROM SECTION 6)	2 ID OF PERSON RESPONSIBLE (FROM SECTION 6)	3 ID OF PERSON INTER- VIEWED	4 What is the activity of this enterprise? WRITE NAME OF ACTIVITY	5 How long has this enter- prise been actively operating? IF MORE THAN TWO YEARS, RECORD ONLY YEARS	6 For how many months has this enterprise been operating during the past 12 months?	7 Does the income of this enterprise belong entirely to you and this household? Yes.....1 (> 9) No.....2	8 What percentage of the income of this enterprise goes to you and this household?	9 Is this enterprise registered with any government agency? Yes.....1 No.....2
			N A M E	CODE	YRS	MO		
1								
2								
3								

SECTION 10: NON-FARM ENTERPRISES
 PART A: CONT'D.

	10 During the past 12 months how many persons have usually worked in this enterprise? INCLUDE HOUSEHOLD MEMBERS, APPRENTICES & HIRED LABOUR, BUT EXCLUDE PERSON RESPONSIBLE FOR ENTERPRISE IF ZERO >> 17	11 How many of these are members of this household?	12 REPORT ID OF TWO (2) MAIN PERSONS DO NOT INCLUDE PERSON RESPONSIBLE FOR ENTERPRISE ID | ID	13 How many are apprentices?	14 How many are hired labour? IF NONE (>> 17) CHECK IF 11+13+14=Q10	15 Are formal wage contracts issued to any of the hired workers? Yes.....1 No.....2	16 Do any of the hired workers received paid leave or sick leave? Yes.....1 No.....2	17 What was the single most serious difficulties in establishing this enterprise? No difficulty..1 Capital/credit..2 Technical know how.....3 Government regulation...4 Other.....5 (specify)
1								
2								
3								

SECTION 10: NON-FARM ENTERPRISES
 PART A: CONCL'D.

18	19	20	21	22
What was the main source of capital used in setting on this enterprise?	During the past 12 months, has this enterprise tried to get credit from banks and other formal financial agencies?	During the past 12 months, what has been the main source of credit used by this enterprise?	During the past 12 months, how much altogether has this enterprise borrowed?	During the past 12 months, how much of this loans has this enterprise repaid?
Household savings.....01	Yes, successfully...1 Yes, unsuccessfully.2 No.....3	No credit used..1 (>> PART 10B)	(NEW LOANS)	INCLUDE THE VALUE OF ANY IN-KIND PAYMENTS
Loans from bank.....02		Bank.....2		
Remittances from Abroad.....03		Other financial agencies.....3		
Proceeds from family farm.....04		Cooperative.....4		
Proceeds from family non-farm enterprise.....05		Money lender....5		
Income from family property(ies).....06		Family/Friend...6		
NGO support.....07		Proceeds.....7		
District Assembly/Town Div. Association support.....08		Other.....8		
Church assistance.....09		(specify)		
Relatives / friends.....10		AMOUNT		
Other (specify).....96	AMOUNT			
1				
2				
3				

SECTION 10: NON-FARM ENTERPRISES
 PART B: EXPENDITURES - FIRST ENTERPRISE

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

1. Has the enterprise been operating since the last two weeks? Yes..1 +---+
 No...2 (>> 9) +---+

OPERATING SINCE THE LAST TWO WEEKS

EXPENDITURE ITEMS	C	2	3	4	5	6	7	8
		During the past 12 months, has the enterprise spent anything on	Do you pay for	How many times was purchased / paid for during the past 12 months?	How much did you spend on during the past 12 months?	How much did you spend on during the last 3 months?	How much did you spend on in the last two weeks?	During the past 12 months, was ever unavailable when you wished to purchase it?
	D	Yes.....1	Yes.....1 (>> 7)	12 or less .....1	(>> 8)	(>> 8)		Yes, often.....1
	E	No.....2 (>> 8)	No.....2	More than 12.....2 (>> 6)				Yes, not often...2
								No.....3
					AMOUNT	AMOUNT	AMOUNT	Next Item
FIRST ENTERPRISE								
Hired Labour	01							
Raw Materials	02							
Spare Parts	03							
Articles for resale	04							
Rental of Land / Buildings	05		//////////				//////////	
Rental of Machinery	06		//////////				//////////	
Maintenance / Repairs	07		//////////				//////////	
Rental of vehicles	08		//////////				//////////	
Fuel / Lubricant	09							
Other transport	10							
Electricity	11		//////////				//////////	
Water	12							
Taxes	13		//////////	//////////		//////////	//////////	
Other Expenses	14							

SECTION 10: NON-FARM ENTERPRISES
PART B: CONT'D.

NOT OPERATING SINCE THE LAST TWO WEEKS								
EXPENDITURE ITEMS	C	9	10	11	12	13	14	15
	O	During the past 12 months, has the enterprise spent anything on	Do you usually pay for	How many times do you usually purchase / pay for	How much did you spend on	How much do you usually spend on	How much do you usually spend on	During the past 12 months, was
	D	.....?	at least once a week?	in one year?	during the past 12 months?	during a 3 month period?	during a 2 week period?	ever unavailable when you wished to purchase it?
	E	Yes.....1 No.....2 (> 15)	Yes.....1 (>> 14) No.....2	12 or less .....1 More than 12.....2 (>> 13)	+-----+ | (> 15) | +-----+	+-----+ | (> 15) | +-----+		Yes, often.....1 Yes, not often...2 No.....3
					AMOUNT	AMOUNT	AMOUNT	+-----+ | Next Item | +-----+
FIRST ENTERPRISE								
Hired Labour	01							
Raw Materials	02							
Spare Parts	03							
Articles for resale	04							
Rental of Land / Buildings	05	//////////				//////////		
Rental of Machinery	06	//////////				//////////		
Maintenance / Repairs	07	//////////				//////////		
Rental of vehicles	08	//////////				//////////		
Fuel / Lubricant	09							
Other transport	10							
Electricity	11	//////////				//////////		
Water	12							
Taxes	13	//////////	//////////		//////////	//////////		
Other Expenses	14							

SECTION 10: NON-FARM ENTERPRISES
 PART B: EXPENDITURES - SECOND ENTERPRISE

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

1. Has the enterprise been operating since the last two weeks? Yes...1
 No...2 (>> 9)

OPERATING SINCE THE LAST TWO WEEKS

EXPENDITURE ITEMS	C	2	3	4	5	6	7	8
	O	During the past 12 months, has the enterprise spent anything on	Do you pay for	How many times was purchased / paid for during the past 12 months?	How much did you spend on during the past 12 months?	How much did you spend on during the last 3 months?	How much did you spend on in the last two weeks?	During the past 12 months, was
	D	at least once a week?	at least once a week?					ever unavailable when you wished to purchase it?
	E	Yes.....1 No.....2 (>> 8)	Yes.....1 (>> 7) No.....2	12 or less .....1 More than 12.....2 (>> 6)	(>> 8)	(>> 8)		Yes, often.....1 Yes, not often...2 No.....3
					AMOUNT	AMOUNT	AMOUNT	Next Item
SECOND ENTERPRISE								
Hired Labour	01							
Raw Materials	02							
Spare Parts	03							
Articles for resale	04							
Rental of Land / Buildings	05		//////////				//////////	
Rental of Machinery	06		//////////				//////////	
Maintenance / Repairs	07		//////////				//////////	
Rental of vehicles	08		//////////				//////////	
Fuel / Lubricant	09							
Other transport	10							
Electricity	11		//////////				//////////	
Water	12							
Taxes	13		//////////	//////////		//////////	//////////	
Other Expenses	14							

SECTION 10: NON-FARM ENTERPRISES
 PART B: EXPENDITURES - SECOND ENTERPRISE
 CONTINUED

NOT OPERATING SINCE THE LAST TWO WEEKS

EXPENDITURE ITEMS	C	9	10	11	12	13	14	15
		During the past 12 months, has the enterprise spent anything on?	Do you usually pay for at least once a week?	How many times do you usually purchase / pay for in one year?	How much did you spend on during the past 12 months?	How much do you usually spend on during a 3 month period?	How much do you usually spend on during a 2 week period?	During the past 12 months, was ever unavailable when you wished to purchase it?
		Yes.....1 No.....2 (>> 15)	Yes.....1 (>> 14) No.....2	12 or less .....1 More than 12.....2 (>> 13)	+-----+ | (>> 15) | +-----+	+-----+ | (>> 15) | +-----+		Yes, often.....1 Yes, not often...2 No.....3 +-----+ | Next Item | +-----+
					AMOUNT	AMOUNT	AMOUNT	
SECOND ENTERPRISE								
Hired Labour	01							
Raw Materials	02							
Spare Parts	03							
Articles for resale	04							
Rental of Land / Buildings	05	//////////				//////////		
Rental of Machinery	06	//////////				//////////		
Maintenance / Repairs	07	//////////				//////////		
Rental of vehicles	08	//////////				//////////		
Fuel / Lubricant	09							
Other transport	10							
Electricity	11	//////////				//////////		
Water	12							
Taxes	13	//////////	//////////		//////////	//////////		
Other Expenses	14							

SECTION 10: NON-FARM ENTERPRISES
 PART B: EXPENDITURES - THIRD ENTERPRISE

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

1. Has the enterprise been operating since the last two weeks? Yes..1 +---+
 No...2 (>> 9) +---+

OPERATING SINCE THE LAST TWO WEEKS

EXPENDITURE ITEMS	C	2	3	4	5	6	7	8
	O	During the past 12 months, has the enterprise spent anything on	Do you pay for	How many times was purchased / paid for during the past 12 months?	How much did you spend on during the past 12 months?	How much did you spend on during the last 3 months?	How much did you spend on in the last two weeks?	During the past 12 months, was
	D	at least once a week?	at least once a week?					ever unavailable when you wished to purchase it?
	E	Yes.....1 No.....2 (>> 8)	Yes.....1 (>> 7) No.....2	12 or less .....1 More than 12.....2 (>> 6)	+---+ (>> 8) +---+	+---+ (>> 8) +---+		Yes, often.....1 Yes, not often....2 No.....3
					AMOUNT	AMOUNT	AMOUNT	+---+ Next Item +---+
THIRD ENTERPRISE								
Hired Labour	01							
Raw Materials	02							
Spare Parts	03							
Articles for resale	04							
Rental of Land / Buildings	05		//////////				//////////	
Rental of Machinery	06		//////////				//////////	
Maintenance / Repairs	07		//////////				//////////	
Rental of vehicles	08		//////////				//////////	
Fuel / Lubricant	09							
Other transport	10							
Electricity	11		//////////				//////////	
Water	12							
Taxes	13		//////////	//////////		//////////	//////////	
Other Expenses	14							

SECTION 10: NON-FARM ENTERPRISES
 PART B: EXPENDITURES - THIRD ENTERPRISE
 CONTINUED

NOT OPERATING SINCE THE LAST TWO WEEKS

EXPENDITURE ITEMS	C	9	10	11	12	13	14	15
		During the past 12 months, has the enterprise spent anything on?	Do you usually pay for at least once a week?	How many times do you usually purchase / pay for in one year?	How much did you spend on during the past 12 months?	How much do you usually spend on during a 3 month period?	How much do you usually spend on during a 2 week period?	During the past 12 months, was ever unavailable when you wished to purchase it?
		Yes.....1 No.....2 (>> 15)	Yes.....1 (>> 14) No.....2 (>> 15)	12 or less .....1 More than 12.....2 (>> 13)	+-----+ | >> 15 | +-----+	+-----+ | >> 15 | +-----+		Yes, often.....1 Yes, not often...2 No.....3
					AMOUNT	AMOUNT	AMOUNT	+-----+ | Next Item | +-----+
THIRD ENTERPRISE								
Hired Labour	01							
Raw Materials	02							
Spare Parts	03							
Articles for resale	04							
Rental of Land / Buildings	05	//////////				//////////		
Rental of Machinery	06	//////////				//////////		
Maintenance / Repairs	07	//////////				//////////		
Rental of vehicles	08	//////////				//////////		
Fuel / Lubricant	09							
Other transport	10							
Electricity	11	//////////				//////////		
Water	12							
Taxes	13	//////////	//////////		//////////	//////////		
Other Expenses	14							

SECTION 10: NON-FARM ENTERPRISES
 PART C: ASSETS OF FIRST ENTERPRISE

Now I would like to ask you about the assets held by your.... (FIRST ENTERPRISE). Please do not include assets belonging to the household or to any other enterprise in the household.

ITEM	C O D E	1 Does this enterprise own?			2 For how much would you be able to sell today?			3 How long ago did you obtain this? LESS THAN ONE YEAR: CODE 90 AND >> 5			4 What was the price paid when..... was purchased? (IF GIFT PUT 0)			5 Did the enterprise obtain any during the past 12 months?			6 How much did the enterprise pay for the that was purchased during the last 12 months? (IF GIFT PUT 0)		
		Yes.....1												Yes.....1					
		No.....2 (>> Next Item)												No.....2 (>> 7)					
		ALLOW FOR THREE OF EACH ITEM			ITEM			ITEM											
1 | 2 | 3			1 | 2 | 3			1 | 2 | 3			1 | 2 | 3										
			V A L U E			Y E A R S			V A L U E			A M O U N T							
FIRST ENTERPRISE																			
Buildings	1																		
Lands	2																		
Machinery / Equipment / Tools	3																		
Bicycles	4																		
Carts	5																		
Cars	6																		
Boats	7																		
Other vehicles	8																		
Other (specify)	9																		

SECTION 10: NON-FARM ENTERPRISES
 PART C: ASSETS OF FIRST ENTERPRISE
 CONCLUDED

ITEM	C	7	8	9
		Did the enterprise sell any during the past 12 months? Yes.....1 No.....2 (>> Next Item)	How much did the enterprise receive from the sale of during the past 12 months?	Why was sold? Business slump...1 Debt repayment...2 Taxes too high...3 Moving business...4 Upgrading assets..5 Other.....6 (specify)
			AMOUNT	
FIRST ENTERPRISE				
Buildings	1			
Lands	2			
Machinery / Equipment / Tools	3			
Bicycles	4			
Carts	5			
Cars	6			
Boats	7			
Other vehicles	8			
Other (specify)	9			

SECTION 10: NON-FARM ENTERPRISES
 PART C: ASSETS OF SECOND ENTERPRISE

Now I would like to ask you about the assets held by your..... (SECOND ENTERPRISE). Please do not include assets belonging to the household or to any other enterprise in the household.

ITEM	C O D E	1 Does this enterprise own?			2 For how much would you be able to sell today?			3 How long ago did you obtain this? LESS THAN ONE YEAR: CODE 90 AND >> 5			4 What was the price paid when..... was purchased? (IF GIFT PUT 0)			5 Did the enterprise obtain any during the last 12 months?		6 How much did the enterprise pay for the that was purchased during the last 12 months? (IF GIFT PUT 0)	
		Yes.....1												Yes.....1			
		No.....2 (>> Next Item)												No.....2 (>> 7)			
		ALLOW FOR THREE OF EACH ITEM			ITEM			ITEM									
		1	2	3	1	2	3	1	2	3	1	2	3				
		VALUE			YEARS			V A L U E					AMOUNT				
SECOND ENTERPRISE																	
Buildings	1																
Lands	2																
Machinery / Equipment / Tools	3																
Bicycles	4																
Carts	5																
Cars	6																
Boats	7																
Other vehicles	8																
Other (specify)	9																

SECTION 10: NON-FARM ENTERPRISES
 PART C: ASSETS OF SECOND ENTERPRISE
 CONCLUDED

ITEM	C O D E	7	8	9
		Did the enterprise sell any during the past 12 months? Yes.....1 No.....2 (>> Next Item)	How much did the enterprise receive from the sale of during the past 12 months?	Why was sold? Business slump....1 Debt repayment...2 Taxes too high...3 Moving business...4 Upgrading assets..5 Other.....6 (specify)
		AMOUNT		
SECOND ENTERPRISE				
Buildings	1			
Lands	2			
Machinery / Equipment / Tools	3			
Bicycles	4			
Carts	5			
Cars	6			
Boats	7			
Other vehicles	8			
Other (specify)	9			

SECTION 10: NON-FARM ENTERPRISES
 PART C: ASSETS OF THIRD ENTERPRISE

Now I would like to ask you about the assets held by your..... (THIRD ENTERPRISE). Please do not include assets belonging to the household or to any other enterprise in the household.

ITEM	C O D E	1 Does this enterprise own?			2 For how much would you be able to sell today?			3 How long ago did you obtain this?			4 What was the price paid when..... was purchased?			5 Did the enterprise obtain any during the last 12 months?			6 How much did the enterprise pay for the that was purchased during the last 12 months?		
		Yes.....1						LESS THAN ONE YEAR: CODE 90 AND >> 5			(IF GIFT PUT 0)			Yes.....1			(IF GIFT PUT 0)		
		No.....2 (>> Next Item)						ITEM			ITEM			No.....2 (>> 7)					
		ALLOW FOR THREE OF EACH ITEM			ITEM			ITEM			V A L U E			AMOUNT					
			1	2	3	1	2	3	1	2	3								
			1	2	3	V A L U E						AMOUNT							
THIRD ENTERPRISE																			
Buildings	1																		
Lands	2																		
Machinery / Equipment / Tools	3																		
Bicycles	4																		
Carts	5																		
Cars	6																		
Boats	7																		
Other vehicles	8																		
Other (specify)	9																		

SECTION 10: NON-FARM ENTERPRISES
 PART C: ASSETS OF THIRD ENTERPRISE
 CONCLUDED

ITEM	C O D E	7	8	9
		Did the enterprise sell any during the past 12 months? Yes.....1 No.....2 (>> Next Item)	How much did the enterprise receive from the sale of during the past 12 months?	Why was sold? Business slump...1 Debt repayment...2 Taxes too high...3 Moving business...4 Upgrading assets..5 Other.....6 (specify)
		AMOUNT		
THIRD ENTERPRISE				
Buildings	1			
Lands	2			
Machinery / Equipment / Tools	3			
Bicycles	4			
Carts	5			
Cars	6			
Boats	7			
Other vehicles	8			
Other (specify)	9			

SECTION 10: NON-FARM ENTERPRISES
 PART D: REVENUE OF ENTERPRISE

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

OPERATING SINCE THE LAST TWO WEEKS

E N T E R P R I S E	1	2	3	4	5
	Since the last 2 weeks how much money has been received from the sale of goods and services by this enterprise?	Since the last 2 weeks, had this enterprise received payments in the form of goods and services? Yes.....1 No.....2 (>> 4)	What was the estimated amount of these payments?	Since the last 2 weeks, have any of the goods and services produced by this enterprise been consumed by the household members instead of being sold? Yes.....1 No.....2 (>> 11)	What was the value of the products consumed by the household since the last 2 week period? +-----+ | >> 11 | +-----+
	AMOUNT		AMOUNT		VALUE
1					
2					
3					

SECTION 10: NON-FARM ENTERPRISES
 PART D: REVENUE OF ENTERPRISE
 CONTINUED

NOT OPERATING SINCE THE LAST TWO WEEKS

E N T E R P R I S E	6	7	8	9	10
	How much money is usually received by this enterprise during a 2 - week period?	Does the enterprise usually receive payments in the form of goods and services?	What is the usual value of the payments in the form of goods and services during any two week period?	Are some of the goods and services produced by this enterprise usually consumed by the household instead of being sold?	What is the value of the products usually consumed by the household instead of being sold over a two week period?
		Yes.....1 No.....2 (>> 9)		Yes.....1 No.....2 (>> 11)	
	AMOUNT		VALUE		VALUE
1					
2					
3					

SECTION 10: NON-FARM ENTERPRISES
 PART D: REVENUE OF ENTERPRISE
 CONCLUDED

E N T E R P R I S E	11 Did you rent out any land, building, equipment or machinery owned by the enterprise during the past 12 months? Yes.....1 No.....2 (>> 13)	12 How much did you receive? VALUE	13 How do the gross receipts of this enterprise over the past 12 months compare with the gross receipts for preceding year? THIS YEAR'S IS: Higher.....1 Lower.....2 No difference.....3 N/A.....4
1			
2			
3			

SECTION 10: NON-FARM ENTERPRISES
 PART E: NET INCOME AND INVENTORY OF ENTERPRISE

E N T E R P R I S E	1 How much money from this enterprise usually goes to the household?		2 How much money from this enterprise usually goes to you personally?		After deducting the business expenditure, do you usually use the money from this business								9 Does your business have stocks of products or goods not yet sold?	10 What is the correct value of all unsold goods?		
	AMOUNT	TIME UNIT	AMOUNT	TIME UNIT	3 For payment to other household? Yes....1 No.....2 (>> 5)		4 What is the amount? Yes....1 No.....2 (>> 7)		5 For savings for the enterprise? Yes....1 No.....2 (>> 9)		6 What is the amount? Yes....1 No.....2 (>> 9)		7 For any other purpose? Yes.....1 No.....2 (>> Next Enterprise)		8 What is the total amount?	VALUE
1																
2																
3																

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

SECTION 11: INCOME TRANSFERS AND MISCELLANEOUS INCOME AND EXPENDITURES
 PART A: TRANSFER PAYMENTS MADE BY HOUSEHOLD

RESPONDENT: HOUSEHOLD HEAD OR MAIN RESPONDENT

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

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

4	5	IF NOT A HOUSEHOLD MEMBER, RELATIONSHIP TO THE HOUSEHOLD HEAD AND SEX		8	9	10	11	12	13
LIST EACH PERSON'S NAME TO WHOM CASH AND / OR GOODS WERE SENT BY THE HOUSEHOLD	ID CODE IF AN ABSENT MEMBER OF THE HOUSEHOLD (THEN >> 8)	6 RELATIONSHIP	7 SEX	Were these remittances made on a regular basis?	Will these remittances be paid at some future time?	What was the total amount of the cash sent to / or given this individual during the past 12 months?	What was the total value of food sent to / or given this individual during the last 12 months?	What was the value of other goods sent or given to this individual during the last 12 months?	Where does this recipient live?
		Parent.....1		Yes,	Yes.....1				This village / town..1
		Spouse.....2	Male...1	Weekly....1					Accra.....2
		Child.....3		Monthly...2	No.....2				Kumasi.....3
		Brother / Sister.....4	Female.2	Quarterly..3					Sekondi / Takoradi...4
		Other relative....5		Annually...4					Tamale.....5
		Non-relative....6		No.....5					Other urban.....6
				Other.....6 (specify)					Rural.....7
						AMOUNT	VALUE	VALUE	Abroad (Africa).....8
									Abroad (other).....9

SECTION 11: INCOME AND MISCELLANEOUS INCOME AND EXPENDITURES

PART C: MISCELLANEOUS INCOME

During the past 12 months, how much income in cash or kind, did the household receive from the following sources?

FROM CENTRAL GOVERNMENT			FROM OTHER SOURCES		
1 Social Security	2 State Pension	3 Other (specify)	4 Retirement benefits	5 Dowry or inheritance	6 Other (specify) EXCLUDE SUSU
AMOUNT	AMOUNT	AMOUNT	AMOUNT	VALUE	AMOUNT

PART D: MISCELLANEOUS OUTGOINGS (EXPENDITURES)

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

1 Taxes e.g. TV License, Property tax, etc.	2 Contributions to self-help projects.	3 Weddings, Dowry, Funeral or other Ceremonies.	4 Gifts and Presents (excluding those mentioned as transfers)	5 Other miscellaneous expenditures (specify) EXCLUDE SUSU
AMOUNT	AMOUNT	VALUE	VALUE	AMOUNT

SECTION 12: CREDIT AND SAVINGS

PART B: ASSETS AND DURABLE CONSUMER GOODS

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

SECTION 12: CREDIT AND SAVINGS

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

I T E M	CODE	1 Does any member of the household own? Yes....1 No.....2 (>> Next Item)			2 How long ago was obtained? LESS THAN ONE YEAR: 90			3 What was the purchase price? IF GIFT PUT ZERO			4 For how much could you sell it now?		
		ITEM			ITEM			ITEM					
		1	2	3	1	2	3	1	2	3			
		YEARS			AMOUNT			VALUE					
Washing machine	312												
T.V.	313												
Camera	314												
Iron (Electric)	315												
Bicycle	316												
Motor cycle	317												
Car	318												
House	319												
Land / Plot	320												
Shares	321												
Boat	322												
Canoes	323												
Outboard motor	324												

PART C: SAVINGS (INCLUDE SUSU)

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

END OF INTERVIEW