

FORM GCLS- H

SAMPLE	
0	<input type="checkbox"/>
1	<input checked="" type="checkbox"/>
2	<input checked="" type="checkbox"/>



REPUBLIC OF GHANA
STATISTICAL SERVICE

GHANA CHILD LABOUR SURVEY

INSTRUCTIONS: Mark with an **X** where indicated and fill out form as shown
TO BE ASKED OF HEAD OF HOUSEHOLD OR ANY OTHER RESPONSIBLE MEMBER

PART G: GENERAL INFORMATION

G4. REFERENCE NUMBER

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!!! IMPORTANT !!!

Create a unique reference

number by combining :

EACODE (Base) +

STRUCTURE Number +

HOUSEHOLD Number

Write this NOW at the top!

Repeat at ODD numbered pages

REGION: DISTRICT:

LOCALITY: ADDRESS OF HOUSEHOLD/LOCATION:

G1. EA CODE (Base)				G2. HOUSE /			G3. HOUSEHOLD	
Region	District	Locality Code	EA-Number	STRUCTURE No.			No.	

G5. ELIGIBILITY	Yes	No
Is Household eligible?	<input type="checkbox"/>	<input type="checkbox"/>
No. of Children eligible:	<input type="checkbox"/>	<input type="checkbox"/>

G6a. SUPPLEMENTARY COMPLETED?	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>
G6b. If "Yes",	No. OF SUPPLEMENTARY FORMS USED	
	<input type="checkbox"/>	

G7. INTERVIEWER'S VISITS

Date of first Visit: Time Started:..... Time Ended:.....

Date of second Visit: Time Started:..... Time Ended:.....

Date of Last Visit Time Started:..... Time Ended:.....

Total number of Visits:

G9. RESPONDENT'S LINE NO. :

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G10. INTERVIEWER'S NAME :

G11. INTERVIEWER'S ID:

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G12. FIELD SUPERVISOR :

G13. OFFICE EDITOR :

G14. ZONAL OFFICER :

G15. SCANNING/ENTRY ASSISTANT :

PART H: HOUSING / HOUSEHOLD CHARACTERISTICS

H1. In what type of dwelling does the household live? Detached/Separate 1 <input type="checkbox"/> Semi-detached 2 <input type="checkbox"/> Flat/Apartment 3 <input type="checkbox"/> Compound house (rooms) 4 <input type="checkbox"/> Huts/Buildings (same compound) 5 <input type="checkbox"/> Hotel/Hostel 6 <input type="checkbox"/> Improvised home (kiosk, container)/Tent 7 <input type="checkbox"/> Living quarters attached to office/shop/work place 8 <input type="checkbox"/> Other (specify) 9 <input type="checkbox"/>	H2a. What is the ownership status of this dwelling? Owned 1 <input type="checkbox"/> Provided free by employer 2 <input type="checkbox"/> Provided free by owner 3 <input type="checkbox"/> Rented from Private owner 4 <input type="checkbox"/> Rented from Govt/Public ownership 5 <input type="checkbox"/> Subsidised by employer 6 <input type="checkbox"/> Other (specify) 7 <input type="checkbox"/>	H2b. If rented, i.e., H2a="4" or "5", please indicate the amount paid per month (in thousands)? Less than ₦10 1 <input type="checkbox"/> ₦201-₦300 5 <input type="checkbox"/> ₦11-₦50 2 <input type="checkbox"/> ₦301-₦500 6 <input type="checkbox"/> ₦51-₦100 3 <input type="checkbox"/> ₦501-₦1000 7 <input type="checkbox"/> ₦101-₦200 4 <input type="checkbox"/> ₦1000+ 8 <input type="checkbox"/>																									
H3. How many sleeping rooms does the household occupy? 1 2 3 4 5 6 7 8 9+ <input type="checkbox"/> <input type="checkbox"/>																											
H4. Are there any of these facilities available to the household? <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Kitchen</th> <th style="text-align: center;">Bathroom</th> <th style="text-align: center;">Toilet</th> </tr> </thead> <tbody> <tr> <td>Inside house, exclusive 1</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Inside house, shared 2</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Outside house, exclusive 3</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Outside house, shared 4</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Not available 5</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>		Kitchen	Bathroom	Toilet	Inside house, exclusive 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Inside house, shared 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Outside house, exclusive 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Outside house, shared 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Not available 5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	H5. What is the main source of cooking fuel? Wood 1 <input type="checkbox"/> Charcoal 2 <input type="checkbox"/> Coconut husk 3 <input type="checkbox"/> Kerosene 4 <input type="checkbox"/> Gas 5 <input type="checkbox"/> Electricity 6 <input type="checkbox"/> Millet straw 7 <input type="checkbox"/> Other (specify) 8 <input type="checkbox"/>	H6. What is the main source of drinking water? Pipe-borne inside house 1 <input type="checkbox"/> Pipe-borne outside house 2 <input type="checkbox"/> Tanker Service 3 <input type="checkbox"/> River/stream 4 <input type="checkbox"/> Bore-hole 5 <input type="checkbox"/> Well 6 <input type="checkbox"/> Dugout/pond/lake/dam 7 <input type="checkbox"/> Other (specify) 8 <input type="checkbox"/>	H7. What is the main source of lighting? Kerosene 1 <input type="checkbox"/> Electricity 2 <input type="checkbox"/> Gas Lamp 3 <input type="checkbox"/> Solar Energy 4 <input type="checkbox"/> No light 5 <input type="checkbox"/> Other (specify) 6 <input type="checkbox"/>
	Kitchen	Bathroom	Toilet																								
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H8. Does the household own the following? (more than one answer acceptable) <table style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td>Car (s) 1 <input type="checkbox"/></td> <td>Bicycle(s) 2 <input type="checkbox"/></td> </tr> <tr> <td>Motor-bike(s) 3 <input type="checkbox"/></td> <td>Telephone(s) 4 <input type="checkbox"/></td> </tr> <tr> <td>Refrigerator(s) 5 <input type="checkbox"/></td> <td>Radio(s) 6 <input type="checkbox"/></td> </tr> <tr> <td>TV set(s) 7 <input type="checkbox"/></td> <td>None of these 8 <input type="checkbox"/></td> </tr> <tr> <td>Other (specify) 9 <input type="checkbox"/></td> <td></td> </tr> </tbody> </table>	Car (s) 1 <input type="checkbox"/>	Bicycle(s) 2 <input type="checkbox"/>	Motor-bike(s) 3 <input type="checkbox"/>	Telephone(s) 4 <input type="checkbox"/>	Refrigerator(s) 5 <input type="checkbox"/>	Radio(s) 6 <input type="checkbox"/>	TV set(s) 7 <input type="checkbox"/>	None of these 8 <input type="checkbox"/>	Other (specify) 9 <input type="checkbox"/>		H9. Has this household ever changed the usual place of residence? Yes No <input type="checkbox"/> <input type="checkbox"/> IF NO, GO TO H13	H11. How long has this household been living in the present place of residence? Less than 6 months 1 <input type="checkbox"/> 6-12 months 2 <input type="checkbox"/> 1-5 years 3 <input type="checkbox"/> 5-10 years 4 <input type="checkbox"/> 10+ years 5 <input type="checkbox"/>															
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Other (specify) 9 <input type="checkbox"/>																											
H12. What was the main reason for coming or changing to the present place of residence? <table style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td>Job transfer 1 <input type="checkbox"/></td> <td>Found job 2 <input type="checkbox"/></td> </tr> <tr> <td>Looking for job 3 <input type="checkbox"/></td> <td>School/training 4 <input type="checkbox"/></td> </tr> <tr> <td>Other (specify) 5 <input type="checkbox"/></td> <td></td> </tr> </tbody> </table>	Job transfer 1 <input type="checkbox"/>	Found job 2 <input type="checkbox"/>	Looking for job 3 <input type="checkbox"/>	School/training 4 <input type="checkbox"/>	Other (specify) 5 <input type="checkbox"/>		H13. What is the main source from which the household derived its major income during the last 12 months? Self-employment(Agricultural activity) 1 <input type="checkbox"/> Self-employment(Non-agricultural activity) 2 <input type="checkbox"/> Agricultural labour 3 <input type="checkbox"/> Other casual labour 4 <input type="checkbox"/> Regular wage employment 5 <input type="checkbox"/> Pensions, dividends, interest, property rent 6 <input type="checkbox"/> Other (specify) 7 <input type="checkbox"/>	H14. What is the average monthly household expenditure? Less than ₦50,000 1 <input type="checkbox"/> ₦51,000 - ₦100,000 2 <input type="checkbox"/> ₦101,000 - ₦200,000 3 <input type="checkbox"/> ₦201,000 - ₦500,000 4 <input type="checkbox"/> ₦501,000 - ₦750,000 5 <input type="checkbox"/> ₦751,000 - ₦1,000,000 7 <input type="checkbox"/> Over ₦1,000,000 8 <input type="checkbox"/>																			
Job transfer 1 <input type="checkbox"/>	Found job 2 <input type="checkbox"/>																										
Looking for job 3 <input type="checkbox"/>	School/training 4 <input type="checkbox"/>																										
Other (specify) 5 <input type="checkbox"/>																											

<i>Specify</i>											
P19. If P14='No', how was (NAME) occupied?											
<i>Cross check header code</i>											
Had job but did not work	1	<input type="checkbox"/>									
Unemployed	2	<input type="checkbox"/>									
Homemaker	3	<input type="checkbox"/>									
Student	4	<input type="checkbox"/>									
Old age	5	<input type="checkbox"/>									
Pensioner	6	<input type="checkbox"/>									
Person with disability	7	<input type="checkbox"/>									
Other (<i>specify</i>)	8	<input type="checkbox"/>									
<i>Specify</i>											

IF NO ELIGIBLE MEMBER IN HOUSEHOLD END INTERVIEW _____

A2.3 If A2.2="Bad", give main reasons (more than one answer acceptable)

Wants too much work done	1	<input type="checkbox"/>								
Wants work done for long hours	2	<input type="checkbox"/>								
Pays poorly	3	<input type="checkbox"/>								
Does not pay in time	4	<input type="checkbox"/>								
Abuses physically	5	<input type="checkbox"/>								
Abuses verbally	6	<input type="checkbox"/>								
Other (specify)	7	<input type="checkbox"/>								
Specify										

A2.4 Did (NAME) receive any benefit from his/her work?

Cross check header code	<input type="checkbox"/>					
Yes	1	<input type="checkbox"/>				
No (Go to SECTION A3)	2	<input type="checkbox"/>				
Do not know (Go to SECTION A6)	3	<input type="checkbox"/>				

A2.5 Which of the following benefits were provided by the employer? (more than one answer acceptable)

		Full	Partly	None												
Holidays	1	<input type="checkbox"/>														
Sick Leave	2	<input type="checkbox"/>														
Social Security Insurance (health, pension, etc)	3	<input type="checkbox"/>														
Uniform	4	<input type="checkbox"/>														
Meals	5	<input type="checkbox"/>														
Transport	6	<input type="checkbox"/>														
Lodging	7	<input type="checkbox"/>														
Other (specify)	8	<input type="checkbox"/>														
Specify																

SECTION A3: NON-ECONOMIC ACTIVITY OF CHILDREN 5-17 YEARS OF AGE DURING THE LAST 7 DAYS

A3.1 Has (NAME) been engaged in housekeeping activities or household chores in own parents'/guardians' home on a regular basis during last week?

[If "No" Go to SECTION A4]	Yes	No										
	<input type="checkbox"/>											

A3.2 If A3.1="Yes", indicate period worked each day and GO TO Section A4.

Cross check header code	<input type="checkbox"/>					
Less than 3 hours each day	1	<input type="checkbox"/>				
3-4 hours each day	2	<input type="checkbox"/>				
5-6 hours each day	3	<input type="checkbox"/>				
7-8 hours each day	4	<input type="checkbox"/>				
9 hours or more each day	5	<input type="checkbox"/>				

SECTION A6: PERCEPTION OF PARENTS/GUARDIANS OR OTHER RELATIVES WITH WHOM THE WORKING CHILD (ECONOMIC ACTIVITY) USUALLY RESIDES:

A6.1 If (NAME) is working (in economic activity), what is the main reason for letting him/her work?

<i>Cross check header code</i>						
To supplement household income	1	<input type="checkbox"/>				
To pay outstanding household debt under contractual arrangement	2	<input type="checkbox"/>				
To help in household enterprise	3	<input type="checkbox"/>				
Education or training programme is not useful	4	<input type="checkbox"/>				
Education or training institutions are too far	5	<input type="checkbox"/>				
Cannot afford school or training fees	6	<input type="checkbox"/>				
Child not interested in schooling or training	7	<input type="checkbox"/>				
Other (specify)	8	<input type="checkbox"/>				
		<input type="checkbox"/>				

A6.2 If (NAME) stops working, what will happen?

<i>Cross check header code</i>						
Household living standard will fall	1	<input type="checkbox"/>				
Household cannot afford to live	2	<input type="checkbox"/>				
Household enterprise cannot operate fully/labour not affordable	3	<input type="checkbox"/>				
Nothing will happen	4	<input type="checkbox"/>				
Other (specify)	5	<input type="checkbox"/>				
		<input type="checkbox"/>				

Specify

A6.3 If given a choice, what would you prefer (NAME) to do in the future?

<i>Cross check header code</i>						
Go to school full-time	1	<input type="checkbox"/>				
Work for income full-time	2	<input type="checkbox"/>				
Help full-time in household enterprise or business	3	<input type="checkbox"/>				
Work full-time in household chores or housekeeping	4	<input type="checkbox"/>				
Go to school part-time and work part-time for income	5	<input type="checkbox"/>				
Work part-time in household enterprise or business	6	<input type="checkbox"/>				
Work part-time in household chores or housekeeping	7	<input type="checkbox"/>				
Complete education/training and start to work	8	<input type="checkbox"/>				
Find a better job/work than the present one	9	<input type="checkbox"/>				
Learn a trade	10	<input type="checkbox"/>				
Travel abroad	11	<input type="checkbox"/>				
Other (specify)	12	<input type="checkbox"/>				
		<input type="checkbox"/>				

SECTION A8: PARENTAL BACKGROUND

A8.1 Are any of (NAME'S) parents alive?

	Cross check header code								
Yes, both alive	1	<input type="checkbox"/>							
Yes, father alive	2	<input type="checkbox"/>							
Yes, mother alive	3	<input type="checkbox"/>							
No [Go to PART B]	4	<input type="checkbox"/>							
Don't Know [Go to PART B]	5	<input type="checkbox"/>							

A8.2 If both parents are alive (i.e., P3 = 1) are they still married?

| | Yes | No |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | <input type="checkbox"/> |

A8.3 Are any of (NAME'S) parents working?

	Cross check header code								
Yes, both	1	<input type="checkbox"/>							
Yes, father alone	2	<input type="checkbox"/>							
Yes, mother alone	3	<input type="checkbox"/>							
No [Go to PART B]	4	<input type="checkbox"/>							
Don't Know [Go to PART B]	5	<input type="checkbox"/>							

A8.4 What is the employment status of (NAME'S) parent?

| | | Father | Mother |
|----------------------|-------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | Cross check header code | <input type="checkbox"/> |
| Employer | 1 | <input type="checkbox"/> |
| Employee full-time | 2 | <input type="checkbox"/> |
| Employee part-time | 3 | <input type="checkbox"/> |
| Casual employee | 4 | <input type="checkbox"/> |
| Own account worker | 5 | <input type="checkbox"/> |
| Unpaid family worker | 6 | <input type="checkbox"/> |
| Paid apprentice | 7 | <input type="checkbox"/> |
| Unpaid apprentice | 8 | <input type="checkbox"/> |
| Don't know | 9 | <input type="checkbox"/> |

END OF QUESTIONS TO BE ADDRESSED TO PARENTS OR GUARDIANS !!!

B4.4 What did you receive as payment in kind? (More than 1 answer acceptable)

Nothing	1																						
Food	2																						
Clothing	3																						
Shelter (accommodation)	4																						
Medical Care	5																						
Education	6																						
Bicycle	7																						
Sewing machine	8																						
Other	9																						
		<i>Specify</i> ☞																					

B4.5 During which time and how many hours do you usually work?

		Day		Night		Day		Night		Day		Night		Day		Night	
<i>Cross check header code</i> ☞																	
Less than 1 hour	1																
From 1 - 2 hours	2																
From 2 - 3 hours	3																
From 3 - 4 hours	4																
From 4 - 6 hours	5																
From 6 - 8 hours	6																
More than 8 hours	7																

SECTION B5: CHILDREN WORKING FOR SOMEONE ELSE OTHER THAN OWN PARENTS OR GUARDIANS:

B5.1 If you are working for someone else other than your own parents or guardians, do you usually work overtime and get paid for it?

<i>Cross check header code</i> ☞																	
Yes, with pay	1																
Yes, without pay	2																
No overtime work	3																

B5.2 How is your relationship with your employer?

<i>Cross check header code</i> ☞																	
Good [Go to B5.4]	1																
Bad	2																
Indifferent [Go to B5.4]	3																

SECTION B8: WORK-RELATED HEALTH AND SAFETY OF CHILDREN 5-17 YEARS OF AGE

B8.1 Have you ever been injured before?

<i>Cross check header code</i>							
No [Go to B8.8]	1						
Yes, at home	2						
Yes, at school	3						
Yes, at place of work	4						
Other	5						
<i>Specify</i>							

B8.2 If B8.1="Yes", what was or were the nature of your illness/injuries?

<i>Cross check header code</i>							
Poisoning	1						
Cuts/wounds	2						
Fire burns	3						
Loss of limb	4						
Loss of sight	5						
Deafness or impaired hearing	6						
Skin disease	7						
Respiratory ailment	8						
Other ailments (<i>specify</i>)	9						
<i>Specify</i>							

B8.3 For those who were injured at the work place (i.e. B8.1 = 4) what were the two major activities or industries in which you were injured/hurt or from which you suffered illness/injury?

Description

(Refer to industry code list)

Description

(Refer to industry code list)

B8.4 Referring to the most serious accident/illness/injury, how serious was it?

<i>Cross check header code</i>							
Did not need any medical treatment	1						
Medically treated and released immediately	2						
Hospitalised	3						
Prevented from work permanently	4						
Stopped work temporarily	5						
Changed jobs	6						
Stopped schooling temporarily	7						
Prevented from schooling permanently	8						
Other	9						
<i>Specify</i>							

B8.5 Which type of treatment did you receive? (more than one answer acceptable)

First Aid	1	<input type="checkbox"/>											
Self medication	2	<input type="checkbox"/>											
Doctor / Nurse (hospital-based)	3	<input type="checkbox"/>											
Chemist / Drug store based	4	<input type="checkbox"/>											
Herbal	5	<input type="checkbox"/>											
Spiritualist	6	<input type="checkbox"/>											
Fetish	7	<input type="checkbox"/>											
No treatment [GO TO B8.7]	8	<input type="checkbox"/>											
Other	9	<input type="checkbox"/>											
Specify		<input type="checkbox"/>											

B8.6 Who paid for your treatment? (more than one answer acceptable)

Employer	1	<input type="checkbox"/>											
Parents/Guardians	2	<input type="checkbox"/>											
Other relative	3	<input type="checkbox"/>											
Self	4	<input type="checkbox"/>											
Free	5	<input type="checkbox"/>											
Other (specify)	6	<input type="checkbox"/>											
Specify		<input type="checkbox"/>											

B8.7 Do you use any of the following protective wear while working? (more than one answer acceptable)

Goggles	1	<input type="checkbox"/>											
Helmet	2	<input type="checkbox"/>											
Earplugs	3	<input type="checkbox"/>											
Special Shoes	4	<input type="checkbox"/>											
Gloves	5	<input type="checkbox"/>											
Protective clothing	6	<input type="checkbox"/>											
Nose/gas mask	7	<input type="checkbox"/>											
None	8	<input type="checkbox"/>											
Other (specify)	9	<input type="checkbox"/>											
Specify		<input type="checkbox"/>											

B8.8 Do other people doing the same work use protective wear while working?

[If "No" Go to B8.10]	Yes	No												
	<input type="checkbox"/>													

B8.9 If B8.9="Yes", which of the following do they usually use? (more than one answer acceptable)

Goggles	1	<input type="checkbox"/>											
Helmet	2	<input type="checkbox"/>											
Earplugs	3	<input type="checkbox"/>											
Special Shoes	4	<input type="checkbox"/>											
Gloves	5	<input type="checkbox"/>											
Protective clothing	6	<input type="checkbox"/>											
Nose/gas mask	7	<input type="checkbox"/>											
Other	8	<input type="checkbox"/>											
Specify		<input type="checkbox"/>											

