

-----SURVEY INFORMATION-----

CLUSTER: _____	HOUSEHOLD: _____	ROSTER: _____	-----VERIFICATION OF THE QUESTIONNAIRE, FIRST VISIT-----
HEAD OF HOUSEHOLD: _____			SUPERVISOR: _____ DATE: _____
ADDRESS (OR DESCRIPTION): _____			REMARKS: _____
			REINTERVIEW YES..1 BY SUPERVISOR? NO..2
			REASON: THIS HOUSEHOLD+ THIS HOUSEHOD+ DWELLING NOT FOUND/VACANT.1 REPLACES   WILL BE RE-   OCCUPANT NOT AT HOME.....2 HOUSEHOLD NO: + PLACED BY NO: + REFUSAL.....3

-----FIRST VISIT-----	-----SECOND VISIT-----
INTERVIEWER: _____ DATE: _____	INTERVIEWER: _____ DATE: _____
DWELLING YES 1 IS THE HEAD YES.1 FOUND? NO..2(>>SUPERVISOR) OF HOUSEHOLD NO..2(>>SUPERVISOR) THE SAME?	REMARKS: _____
NAME OF NEW HEAD: _____	
RELIGION MUSLIM...1 PROTESTANT.....3 ANIMIST/TRADITIONAL...5 OF HEAD: CATHOLIC..2 OTHER CHRISTIAN...4 OTHER.....6	-----VERIFICATION OF QUESTIONNAIRE, SECOND VISIT-----
PRIMARY LANGUAGE AKAN.....1 GA-ADANGBE...3 HAUSA...6 OTHER (SPECIFY)...8 OF HEAD: EWE.....2 DAGBANI.....4 NZEMA...7	SUPERVISOR: _____ DATE: _____
LANGUAGE ENGLISH.1(END)GA-ADAGBE.4 NZEMA...7 INTER- YES.1 USED BY THE AKAN...2 DAGBANI...5 OTHER...8 PRETER? NO..2 RESPONDENT: EWE.....3 HAUSA.....6 (SPECIFY)	REMARKS: _____
REMARKS: _____	REINTERVIEW YES..1 BY SUPERVISOR? NO..2
	-----THIRD VISIT-----
	INTERVIEWER: _____ DATE: _____
	REMARKS: _____

-----FIRST VISIT-----	-----VERIFICATION OF QUESTIONNAIRE, THIRD VISIT-----
INTERVIEWER: _____ DATE: _____	SUPERVISOR: _____ DATE: _____
REMARKS: _____	REMARKS: _____
	REINTERVIEW YES..1 BY SUPERVISOR? NO..2

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

<p>-----TENTH VISIT-----</p> <p>INTERVIEW: _____     DATE:        </p> <p>REMARKS: _____</p> <p>_____</p>		<p>-----DATA ENTRY, END OF CYCLE-----</p> <p>OPERATOR: _____     DATE:        </p> <p>REMARKS: _____</p> <p>_____</p> <p>_____</p>	
<p>-----VERIFICATION OF QUESTIONNAIRE, TENTH VISIT-----</p> <p>SUPERVISOR: _____     DATE:        </p> <p>REMARKS: _____</p> <p>REMARKS: _____</p> <p>REINTERVIEW YES..1    </p> <p>BY SUPERVISOR? NO...2-----</p>		<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	
<p>-----ELEVENTH VISIT-----</p> <p>INTERVIEWER: _____     DATE:        </p> <p>REMARKS: _____</p> <p>_____</p>		<p>-----EDITING OF PRINTOUTS, END OF CYCLE-----</p> <p>SUPERVISOR: _____     DATE:        </p> <p>REMARKS: _____</p> <p>_____</p> <p>_____</p>	
<p>-----VERIFICATION OF QUESTIONNAIRE, ELEVENTH VISIT-----</p> <p>SUPERVISOR: _____     DATE:        </p> <p>REMARKS: _____</p> <p>REMARKS: _____</p> <p>REINTERVIEW YES..1    </p> <p>BY SUPERVISOR? NO...2-----</p>		<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	

SUMMARY OF SURVEYS RESULTS (URBAN EAS)

SUMMARY OF SURVEYS RESULTS (RURAL EAS)

VISIT	SECTION	INTERVIEWER			SUPERVISOR				
		VISITS		CHECK-UP	VISIT		INTERVIEWER	DATA ENTRY OPERATOR	(CORRECTED) IN OFFICE...1
		DATE	RESULT	DATE	RESULT	DURING NEXT VISIT...2			
		COMPLETE...1	PARTIAL...2	COMPLETE...1	PARTIAL...2	SATISFACTORY...1	SATISFACTORY...1	DURING CHECK UP VISIT...3	
		DAY MONTH YEAR	NOT APPLIC...3	DAY MONTH YEAR	NOT APPLIC...3	TO BE COMPLETED...2	CORRECTIONS...2	UP VISIT...3	
						TO BE REDONE...3		NOT CORRECTED...4	
FIRST	1, 2, 6, 7								
SECOND	8H, 9A2, 9B								
THIRD	3, 8H, 9A2, 9B								
FOURTH	4, 8H, 9A2, 9B								
FIFTH	5, 8H, 9A2, 9B								
SIXTH	8A-G, 8H, 9A2, 9B								
SEVENTH	8H, 9A2, 9B, 9C								
EIGHTH	8H, 9A2, 9B, 10								
NINTH	8H, 9A2, 9B, 11								
TENTH	8H, 9A2, 9B, 12								
ELEVENTH	8H, 9A1, 9A2, 9B								

VISIT	SECTION	INTERVIEWER			SUPERVISOR				
		VISITS		CHECK-UP	VISIT		INTERVIEWER	DATA ENTRY OPERATOR	(CORRECTED) IN OFFICE...1
		DATE	RESULT	DATE	RESULT	DURING NEXT VISIT...2			
		COMPLETE...1	PARTIAL...2	COMPLETE...1	PARTIAL...2	SATISFACTORY...1	SATISFACTORY...1	DURING CHECK UP VISIT...3	
		DAY MONTH YEAR	NOT APPLIC...3	DAY MONTH YEAR	NOT APPLIC...3	TO BE COMPLETED...2	CORRECTIONS...2	UP VISIT...3	
						TO BE REDONE...3		NOT CORRECTED...4	
FIRST	1, 2, 6, 7								
SECOND	8H, 9A2, 9B								
THIRD	3, 8H, 9A2, 9B								
FOURTH	4, 8H, 9A2, 9B								
FIFTH	5, 8H, 9A2, 9B, 10								
SIXTH	8A-G, 8H, 9A2, 9B, 9C								
SEVENTH	8H, 9A2, 9B, 11, 12								
EIGHTH	8H, 9A1, 9A2, 9B								

OBSERVATIONS AND COMMENTS

OBSERVATIONS AND COMMENTS

REMARKS BY THE INTERVIEWER ON THE FIRST VISIT

REMARKS BY THE SUPERVISOR ON THE FIRST VISIT

REMARKS BY THE INTERVIEWER ON THE SECOND VISIT

REMARKS BY THE SUPERVISOR ON THE SECOND VISIT

REMARKS BY THE INTERVIEWER ON THE THIRD VISIT

REMARKS BY THE SUPERVISOR ON THE THIRD VISIT

REMARKS BY THE INTERVIEWER ON THE FOURTH VISIT

REMARKS BY THE SUPERVISOR ON THE FOURTH VISIT

REMARKS BY THE INTERVIEWER ON THE FIFTH VISIT

REMARKS BY THE SUPERVISOR ON THE FIFTH VISIT

REMARKS BY THE INTERVIEWER ON THE SIXTH VISIT

REMARKS BY THE SUPERVISOR ON THE SIXTH VISIT

REMARKS BY THE INTERVIEWER ON THE SEVENTH VISIT

REMARKS BY THE SUPERVISOR ON THE SEVENTH VISIT

REMARKS BY THE INTERVIEWER ON THE EIGHTH VISIT

REMARKS BY THE SUPERVISOR ON THE EIGHTH VISIT

REMARKS BY THE INTERVIEWER ON THE NINETH VISIT

REMARKS BY THE SUPERVISOR ON THE NINETH VISIT

REMARKS BY THE INTERVIEWER ON THE TENTH VISIT

REMARKS BY THE SUPERVISOR ON THE TENTH VISIT

REMARKS BY THE INTERVIEWER ON THE ELEVENTH VISIT

REMARKS BY THE SUPERVISOR ON THE ELEVENTH VISIT

HOUSEHOLD ROSTER

I D	A	B	N A M E S	I D
N U M B E R	M E M B E R	A G E		N U M B E R
01				01
02				02
03				03
04				04
05				05
06				06
07				07
08				08
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12				12
13				13
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15				15

+-----+  
 | V I S I T I |  
 +-----+

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.

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 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/her spouse 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 5 - 6), USE THE CALENDAR OF EVENTS TO MAKE AN ESTIMATE.  
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5. CLASSIFY EACH PERSON ACCORDING TO THE FOLLOWING CRITERIA.  
 -----

LOOK AT THE ANSWER TO QUESTION 12.

. ALL THE PERSONS FOR WHOM THE ANSWER IS 3 MONTHS OR LESS ARE CLASSIFIED AS HOUSEHOLD MEMBERS.

. IF THE ANSWER IS MORE THAN 3 MONTHS ONLY, THE FOLLOWING ARE HOUSEHOLD MEMBERS:

- THE HEAD OF HOUSEHOLD
- CHILDREN UNDER 9 MONTHS OLD
- THOSE WHO ANSWER NO TO QUESTION 14

ENTER PROPER CODE IN QUESTION 15.

COLUMN A. PUT A CROSS IN COLUMN A NEXT TO THE NAME OF ALL PERSONS WITH CODE 1 IN QUESTION 15.

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

SECTION 1: HOUSEHOLD ROSTER  
FOR EACH PERSON LISTED

15 AND MORE YEARS OLD															
2.	3.	4.	5.	6.	7.	8.	9.	10.	11.	12.	13.	14.	15.		
I SEX	Relationship to Head of Household	Does he/she have a birth certificate?	ASK PERSON TO GET BIRTH CERTIFICATE	How old is he/she?	What is his/her present marital status?	Does his/her spouse live in this household?	COPY THE ID CODE OF THE SPOUSE	In what region/country was this person born?	What is his/her nationality?	For how many months during the past 12 months has he/she been away from this household?	What is/was the main reason for his/her absence?	While absent, is/was he/she living in another household?	HOUSEHOLD MEMBER		
D Male..1	Head.....1	1	BIRTH CERTIFICATE	YEARS AND MONTHS IF 5 OR UNDER	Married.....1	Informal/Loose Union.....2	(IF MORE THAN ONE) THE FIRST ONE	Western.....1 Central.....2 Greater.....3 Eastern.....4 Volta.....5 Ashanti.....6 Brong-Ahafo.....7 Northern.....8 U/West.....9 U/East.....10 Foreign Country.....11	Ghana.....1 B/Faso.....2 Mali.....3 Nigeria.....4 Ivory Coast.....5 Togo.....6 Other African.....7 Other.....8 (SPECIFY)	12 months has he/she been away from this household?	School.....1 Postage.....2 Marriage.....3 Seasonal work.....4 Other work.....5 (SPECIFY)	14. While absent, is/was he/she living in another household? (Including single person household)	CHECK THE CRITERIA ABOVE	Yes...1 No...2	Yes...1 No...2 (>> NEXT PERSON)
	Female..2	2	AND COPY DATE OF BIRTH OR IF NOT AVAILABLE CODE...999	OTHERWISE YEARS ONLY	Divorced/Separated.....3 (>10) Widowed.....4 (>10) Never married.....5 (>10)	household?				(IF 3 MONTHS OR LESS >> 15)					
	Wife/husband.....2	2													
	Son/daughter.....3	3													
	Grandchild.....4	4													
	Father/mother.....5	5													
	Relative of head or head's spouse.....6	6													
	Servant and his/her relative.....7	7													
	Tenant and his/her relative.....8	8													
	Other not related to head or head's spouse.....9	9	Yes...1 No...2 (>6)												
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SECTION 1: HOUSEHOLD ROSTER-CONTINUED

16.	17.	18.	19.	20.	21.	22.	23.
Does NAME'S father live in this household?	ID OF FATHER	What was his/her father's highest educational level completed?	What kind of work has his/her father done for most of his life?	Does NAME'S mother live in this household?	ID OF MOTHER	What was his/her mother's highest education level completed?	What kind of work has his/her mother done for most of her life?
Yes..1 No...2 (>>18)	+-----+   (>> 20)   +-----+	None.....0 Primary.....1 Middle/JSS.....2 Training college..3 O'Level.....4 A'Level.....5 Voc/Technical....6 Tertiary.....7 Koranic.....8 Don't know.....9	Farming.....1 Trading.....2 Clerical.....3 Construction....4 Professional/ Managerial.....5 Other .....6 (SPECIFY) Don't know.....7	Yes..1 No...2 (>>22)	+-----+   (>> NEXT PERSON)   +-----+	None.....0 Primary.....1 Middle/JSS.....2 Training College..3 O'Level.....4 A'Level.....5 Voc/Technical....6 Tertiary.....7 Koranic.....8 Don't know.....9	Farming.....1 Trading.....2 Clerical.....3 Construction....4 Professional/ Managerial.....5 Housework.....6 Other service...7 Don't know.....8 Other.....9 (SPECIFY)
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SECTION 2: EDUCATION  
 PART A: GENERAL EDUCATION  
 RESPONDENTS: ALL HOUSEHOLD MEMBERS 5 YEARS OR OLDER  
 Now I will like to ask you some questions about your education.

ID OF PERSON INTERVIEWED	1. Have you ever attended school? Yes..1 No ..2	2. What was the highest class or form completed? Non..... 0 P1 throu P6 M1 throu M1 S1 throu S5 A1 A2 PS1, PS2, PS3, T1 throu T4 U1 throu U8 K (Koranic) JSS1 throu JSS3	3. What was the highest educational level attained? None ..... 0 MSLC/BECE ... 1 Com/Voc ..... 2 T/T Cert A... 3 T/T Cert B... 4 O'level ..... 5 A'Level ... 6 Tec/Prof Cert .7 Tec/Prof Cert .8 Bachelor ..... 9 Master ..... 10 Doctorate ..... 11 Other .. ..... 12	4. Did you attend school/college at any time during the past 12 months? Yes ..1 No ...2	5. How many hours of class did you miss last week? IF LAST WEEK WAS A HOLIDAY 88  IF LEFT SCHOOL 98	6. How much time DO you spend going to and from school daily?  IF IN A BOARDING CODE 00		I want to ask you about the educational expenses for (NAME) during the past 12 months.  How much did you spend on:	7. School and registration fee?	8. Contributions to parent/Teachers associations?	9. Uniforms and Sport clothes	10. Books and school suppliers	11. Transportation to and from school	12. Food, board and lodging at school	13. Other expenses (clubs extra classes)	14. Other in-kind expenses	15. Who paid for most of the educational expenses? Father .... 1 Mother .... 2 Both ..... 3 Other household member .... 4 Other relative .. 5 Other non-relative .. 6 Myself .... 7 Other -----8 (SPECIFY)	16. Did you have a scholarship during the past 12 months? Yes ..1 No ..2	17. What was the amount of the scholarship received for the past 12 months?	18. Have you left school now? Yes ..1 No .. 2	
						HOURS	MINUTES														AMOUNT
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SECTION 2: EDUCATION  
 PART B: EDUCATIONAL CAREER  
 PRIMARY

MIDDLE/JSS/SSS/T. COLLEGE

19. What was the highest class of primary education you completed?	20. Did you have an interruption for a term or more during your primary studies?	21. For how long was the interruption?	22. What was the reason for the interruption?	23. Did you ever repeat any class of primary schooling?	24. How many times altogether did you repeat classes in your primary schooling?	25. Was the primary school you last attended public or private?	26. Have you ever attended a middle school or secondary school?	27. What was the highest form completed?	28. Did you ever repeat a form?	29. How many times altogether did you repeat forms?
None.....0 P1.....1 P2.....2 P3.....3 P4.....4 P5.....5 P6.....6	Yes..1 No..2 (>>23)	YEARS MONTHS	Financial..1 Ill Health..2 Dismissal..3 Other.....4 (SPECIFY)	Yes..1 No..2 (>>25)	NUMBER OF TIMES	Public.....1 Private.....2	Yes..1 No..2 (>>32)	None.....0 M1/JSS1.....1 M2/JSS2.....2 M3/JSS3.....3 M4.....4 S1.....5 S2.....6 S3.....7 S4.....8 S5.....9 LS.....10 US.....11 T/T1.....12 T/T2.....13 T/T3.....14 T/T4.....15	Yes..1 No..2 (>>30)	NO. OF TIMES
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SECTION 2: EDUCATION  
 PART B: EDUCATIONAL CAREER - CONTINUED -  
 MIDDLE/JSS, SECONDARY AND TRAINING COLLEGES

TECHNICAL/VOCATIONAL				TERTIARY					
30. What was the highest certificate you obtained? None.....0 MSLC/JSS.....1 O'Level.....2 A'Level.....3 T/T Cert B.....4 T/T Cert A.....5	31. Was the school you last attended public or private? Public.....1 Private.....2	32. Have you ever attended technical and/or vocational school?     Yes...1 No...2 (>> 36)	33. How many course - years did you complete? None.....0 Course 1.....1 Course 2.....2 Course 3.....3 Course 4.....4	34. What was the highest qualification you achieved? None.....0 NVTI.....1 City & Guilds..2 Other.....3 (SPECIFY)	35. Was the technical or Vocational school you last attended public or private? Public.....1 Private.....2	36. Have you ever attended a tertiary educational institution that is a University or College?     Yes...1 No...2 (> 48)	37. How many years did you attend?     YEARS	38. What was the last institution attended? Advanced/Specialist Teacher training.....1 Polytechnic.....2 University.....3 Other.....4 (SPECIFY)	39. What was the highest qualification you achieved? Specialist Teacher list.....1 Diploma.....2 Bachelor.....3 Masters.....4 Doctrate.....5 Other..... (SPECIFY) +-----+  (>> 48)  +-----+
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SECTION 2: EDUCATION  
PART C: LITERACY/APRENTICESHIP  
LITERACY

APPRENTICESHIP

TRAINING COURSES

40.	41.	42.	43.	44.	45.	46.	47.	48.	49.	50.	51.	52.	53.	54.	55.
Can you read a simple letter in English?	In what Ghanaian language can you read a letter?	Can you write a letter in English?	In what Ghanaian language can you write a letter?	Can you do written calculations?	Have you attended a literacy course?	For how long have you attended this course?	Why haven't you attended any literacy course?	Are you or have you been an apprentice?	How long were you an apprentice?	What is the main trade you learnt?	Did you pay a fee for this training?	Did you receive free room or board?	Have you ever attended other short training courses lasting not more than 6 months?	What is the total number of months you ever attended such courses in the last 7 years?	What was the main subject of the most recent training?
	STATE THE ONE IN WHICH YOU ARE MOST PROFICIENT		STATE THE ONE IN WHICH YOU ARE MOST PROFICIENT											[SINCE 1983]	
Yes..1 No...2	None.....0 Akan.....1 Ewe.....2 Ga Adangbe..3 Dagbani.....4 Hausa.....5 Nzema.....6 Other.....7 (SPECIFY)	Yes..1 No...2	None.....0 Akan.....1 Ewe.....2 Ga Adangbe..3 Dagbani.....4 Hausa.....5 Nzema.....6 Other.....7 (SPECIFY)	Yes..1 No...2	Yes..1 No...2	+-----+ >> 48 +-----+ (>> 47)	None avail-able.....1 Unsuitable-time.....2 No child's caretaker....3 No household chores care-taker.....4 No business caretaker....5 Other.....6 (SPECIFY)	Yes, currently.1 Yes, in past...2 No.....3 (>> 53)		Carpentry..1 Masonry...2 Tailoring..3 Black-smithing...4 Mechanical.5 Electronics/ Electricals. in kind..1 .....6 Painting/ in cash..2 Spraying...7 Other.....8 (SPECIFY)			Yes..1 No...2	Yes..1 No...2 (>> NEXT MEMBER)	Clerical....1 Prof/Managerial..2 Computer...3 Marketing...4 Teaching...5 Leadership..6 Medicine....7 Other.....8 (SPECIFY)
						YEARS   MONTHS			YEARS   MONTHS					MONTHS	
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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 have you suffered from either an illness or an injury?	2. How long ago did this illness/injury start? THE MOST SERIOUS IF MORE THAN 1	3. For how many days during the past 2 weeks have you suffered from this condition?	4. During the past 2 weeks, did you have to stop your usual activities because of this condition?	5. For how many days?	6. During the past 2 weeks have you consulted a health practitioner, or dentist or visited a health centre or consulted a traditional healer?	7. What was the reason for that visit? THE MOST RECENT IF MORE THAN 1	8. In the past 2 weeks, whom did you consult? IF MORE THAN 1 RECORD 1ST THREE	9. Where did the consultation take place?	10. Is this a public or private establishment?	11. How much did you pay for the first consultation?
	Neither.....1 (> 6) Illness.....2 Injury.....3 Both.....4	In last 2 weeks...1 2-4 weeks ago....2 1-6 months ago...3 6-12 months.....4 More than a year ago.....5	DAYS	Yes..1 No...2 (>> 6)	Yes..1 No...2 (>> Part B)	Check up.....1 Illness.....2 Injury.....3 Vaccination....4 Prenatal care...5 Postnatal care...6	Trad. Healer.....1 Doctor.....2 Dentist.....3 Nurse.....4 Medical Asst....5 Midwife.....6 Pharmacist.....7 Trad. Birth Attendant.....8 Spiritualist.....9 Other(SPECIFY)..10	1   2   3	Hospital....1 Dispensary..2 Pharmacy...3 Clinic.....4 Maternity Home.....5 MCH.....6 Consultant's Home.....7 Patient's Home.....8 Other.....9 (SPECIFY)	Public.....1 Private.....2	AMOUNT
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SECTION 3: HEALTH  
 PART A: HEALTH CONDITION IN THE PAST TWO WEEKS - CONTINUED -

12. How much did you pay for the first time to travel there and to return?	13. How much time did the first consultation take, including travel time?	14. During the past two weeks, were you admitted to a hospital or health centre?  [Include Traditional Healing Centres]  Yes.....1 No.....2 (>>17)	15. How many nights did you stay in hospital/health centre during the past two weeks?	16. How much did you (or will you) pay for staying in a hospital/health centre during the past two weeks?	17. During the past 2 weeks did you buy any medicines or medical supplies?  Yes.....1 No.....2 (>>Part B)	18. How much did you pay altogether for these medicines and medical supplies?	19. Who paid 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)
AMOUNT	HOURS		NIGHTS	AMOUNT		AMOUNT	
01							
02							
03							
04							
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SECTION 3: HEALTH

PART B: PREVENTIVE HEALTH, VACCINATION, IN PAST 12 MONTHS.

THIS PART COVERS ALL CHILDREN 7 YEARS AND UNDER - PERSON TO BE INTERVIEWED IS CHILD'S MOTHER OR ADULT HOUSEHOLD MEMBER IN CHARGE.

ID OF PERSON INTERVIEWED	1. Has (NAME) ever been vaccinated?	2. Is there any vaccination book or card for (NAME)?	3. COPY FROM BOOK CODES:				4. Were any of these vaccinations given to (NAME) during the past 12 months?				5. Where was the vaccination given?	6. Did you have to pay any fee for this vaccination?	7. How much did you have to pay for the last vaccination?	8. Why was (NAME) not vaccinated?	
			DPT	POLIO	MEASLES	BCG	DPT	POLIO	MEASLES	BCG					Health centre.1
	Yes..1 No...2 (>>8)	Yes..1 No...2 (>>4)													Too young.....1 Did not know he had to.....2 Health centre too far.....3 Shortage of supply.....4 Other.....5 (SPECIFY)
01														AMOUNT	(>>NEXT PERSON)
02															
03															
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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 post-natal care in the last 12 months?	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?	5. Does (or did) the mother breastfeed (NAME)?	6. At what age did you wean (NAME)? REPORT IN MONTHS	7. At what age did (NAME) receive any liquid (except pure water) or food other than breastmilk?	8. Does (NAME) participate in a community feeding program?	9. Who usually looks after (NAME) during daytime? WRITE ID OF HOUSEHOLD MEMBER OR WRITE 98 IF NOT A HOUSEHOLD MEMBER
	Yes...1 No...2 (>>5)		Yes...1 No...2 (>5)	AMOUNT	Yes...1 No...2 (>8)	Still breastfeeding..87 MONTHS	Not yet.....87 MONTHS	Yes..1 No...2	ID
01									
02									
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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. Have you ever been pregnant?	2. Have you ever given birth to any child?	3. How many girls have you given birth to?	4. How many boys have you given birth to?	5. How many I would like to make sure you have given birth to..	6. How many girls are still alive?	7. How many boys are still alive?	8. Did you have any pregnancy which did not end in a live birth?	9. How many of those pregnancies did you have?	10. Are you pregnant now?	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 whom did you receive that care?
	Yes..1 No...2 (>> 20)	Yes..1 No...2 (>> 8)			TOTAL NUMBER OF CHILDREN (Q.3+Q.4)			Yes..1 No...2 (>> 10)	Yes..1 No...2 (>> 10)	Yes..1 (>> 15) No...2	Yes..1 (>> 20) No...2	Live birth....1 Still birth....2 (7=months,>15) Miscarriage....3 (>>15) Other.....4 (SPECIFY)	Yes..1 No...2	Yes...1 No...2	Yes..1 No...2 (>> 19)	Prenatal clinic/private.....1 Prenatal clinic/public.....2 Doctor.....3 Traditional birth attendant.....4 Other.....5 (SPECIFY) LIST 2 MOST IMPORTANT SOURCES
			GIRLS	BOYS	TOTAL	GIRLS	BOYS	NON-LIVE BIRTHS								
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SECTION 3: HEALTH  
 PART D: FERTILITY - PRENATAL CARE - CONTRACEPTIVE USE - CONTINUED -

17. How many times did you go there?		18. How much did you pay for the first pre-natal consultation?	19. Why didn't you go for pre-natal care? Can't afford...1 No health care available...2 Health centre too far...3 Not necessary...4 Other...5 (SPECIFY)	20. Are you or your partner using any method to prevent or delay pregnancy? Yes...1 No...2 (IF NO >> NEXT PERSON)	21. What method are you using? Pill...1 Condom...2 IUD...3 Injection...4 Douche...5 Other scientific...6 Rhythm...7 Withdrawal...8 Abstinence...9 Female sterilization...10 Male sterilization...11 Other specify...12 IF 7, 8, 9, or 12 (>>NEXT PERSON)	22. FOR Q.21 = 1,2,3,4,5,6, 10,11 ASK: Where did you get that? Pre-natal clinic / Private...1 Pre-natal clinic / Public...2 Doctor...3 Family Planning Centre...4 Chemist...5 Other...6 (SPECIFY) IF Q.21 =10 or 11 (>>NEXT PERSON)	23. IF Q.21 = 1 TO 6 ASK: How much did you pay for that during the last month? AMOUNT
1st	2nd	AMOUNT					AMOUNT
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02							
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SECTION 4: EMPLOYMENT AND TIME USE.  
 PART A: SCREENING QUESTIONS AND LIST OF OCCUPATIONS IN PAST 12 MONTHS.

RESPONDENTS: 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?		2. During the past 12 months have you made money including payment in kind through self-employment (for example trading)?		3. During the past 12 months have you worked on a farm, in a field or by herding?		4. During the past 12 months, have you worked unpaid for an enterprise belonging to a member of your household?		5. During the past 12 months, what kind of work did you spend most of your time on? WRITE OCCUPATION NAME		6. During the past 12 months, did you do any other kind of work apart from (MAIN OCCUPATION)?		7. What kind of work? WRITE NAME FROM OCCUPATION LIST. WRITE UP TO 4 OCCUPATIONS IN ORDER OF AMOUNT OF TIME SPENT ON THEM.		8. Did you undertake any of these occupations over the same time period as your main occupation?		9. Which occupations were done at the same time as your main occupation? WRITE OCCUPATION NUMBER FROM QUESTION 7					
	Yes..1 (> 5)	No...2	Yes...1 (> 5)	No...2	Yes...1 (> 5)	No...2	Yes...1 (> 5)	No...2	Yes..1 No...2 (> Part B)	Yes..1 No...2 (> PartB)	Yes..1 No...2 (> PartB)											
MAIN OCCUPATION		CODE		OCC. 2		CODE		OCC. 3		CODE		OCC. 4		CODE		OCC. 5		CODE		OCCUPATION NUMBER		
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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.

P I D	1. What kind of trade, service or industry is this work connected to?  WRITE DOWN NAME FROM INDUSTRY LIST		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 Job completed..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?  Yes 1 No ...2	3. During the past 12 months, for how many weeks did you do this work?  INCLUDE WEEKS OF PAID VOCATION	7. During these weeks how many hours per week did you normally do this work?	8. How many hours did you normally spend per week going to and from work?  WRITE 99 IF RESPONDENT DOES NOT RETURN HOME AT LEAST ONCE PER WEEK	9. Have you received or will you receive money for this work?  Yes ..1 No ..2 (> 12)	10. What is the amount?		11. The last time you received this money how many hours did you actually work in earning it?  ANSWER MUST BE IN SAME TIME UNIT AS Q10		12. In this work were you self employed or a worker on a farm or enterprise belonging to you or your household?  Yes...1 (PART C) NO ..2		13. For whom did you work? Government .....1 State-owned company .....2 Private company or business ....3 Other .....4 (SPECIFY)
	NAME	CODE	YEARS	MONTHS				WEEKS	HOURS	HOURS		AMOUNT	TIME UNIT	AMOUNT	TIME UNIT			
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SECTION 4: EMPLOYMENT AND TIME USE  
PART B: CHARACTERISTICS OF THE MAIN OCCUPATION-CONTINUED

14. Are taxes already deducted from your pay?	15. Do you receive any bonuses, commissions, tips, or allowances for this work?	16. What is the value of these?	17. Did you include these when you said you received (ANSWER TO QUESTION 10)?	18. Do you receive any payment for this work in the form of food, crops or animals?	19. What is the value of these goods?	20. Does your employer give you accomma- tion that is free or at a reduced price?	21. How much rent would you have to pay for this place without this help?	22. Does your employer give you free trans- port or reduced fares?	23. How much do you gain from this arrangement?	24. Do you receive any payment for this work in any other form?	25. What is the value of this form of payment?	26. Is your place of work in this village/ town?	27. How far away is it? between your house and your place of work?	28. How often do you go between your house and your place of work?
Yes..1 No...2	Yes..1 No...2 (>> 18)	VALUE	TIME UNIT	Yes..1 No...2 (>> 20)	VALUE	TIME UNIT	VALUE	TIME UNIT	VALUE	TIME UNIT	VALUE	TIME UNIT	Yes..1 No...2 (>> 29)	NUMBER OF TRIP KMS UNIT
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TIME UNIT  
Daily.....1  
Weekly.....2  
Fortnightly...3  
Monthly.....4  
Quarterly.....5  
Yearly.....6

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

29. How many people altogether work in the same organization where you do this work?	30. When you started this work did you sign a written contract?	31. Is there a trade union at the place where you work?	32. In this job are you entitled to paid holidays?	33. Are you entitled to paid sick leave in this job?	34. Will you receive a retirement pension?	35. Are you entitled to free or subsidized medical care in this job?	36. Are you entitled to any other social security benefits in this job?	37. Since you started this job, have you received any training related to your work?	38. How long did the training last?			39. How many hours a week did you receive this training?	40. Who paid for the training?  Myself entirely...1 Employer entirely...2 Both cost was shared..3 It was free..4 International agency...5 Other.....6 (SPECIFY)	41. Was/is your salary lower during training?  Yes..1 No...2 (>> Part C)	42. By how much was/is it lower?  WRITE DIFFERENCE BETWEEN NORMAL SALARY AND SALARY WHILE TRAINING	
									MONTHS	WEEKS	HOURS				AMOUNT	TIME UNIT
NUMBER		Yes...1 No...2	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 C)								
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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 G.)

Now, I would like to ask you about your second most important occupation during the past 12 months. This job was (OCCUPATION 2 FROM Q.A7). Is this correct?

1. What kind of trade, service or industry is this work connected with?  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. Did your father or mother do the same kind of work?  Yes..1 No...2	6. During the past 12 months, for how many weeks did you do this work?  WEEKS	7. During these weeks, how many hours per week at the same time normally work?  HOURS	8. Did you work on this job at the same time as your main job?  IF YES How long did you do both together?  IF NO WRITE 00	9. Have you received or will you receive money for this work?  Yes...1 No...2 (> 12)	10. What is the amount? (Include any bonuses, commissions, allowances, or tips received )  AMOUNT	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  TIME UNIT	12. In this work, were you self-employed or a worker on a farm or enterprise belonging to you or to your household?  Yes..1 (>>Part D) No...2	13. For whom did you work?  Government....1 State-owned company.....2 Private company or business.....3 Other.....4 (SPECIFY)	14. Are taxes already deducted from your pay?  Yes..1 No...2
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TIME UNIT  
 Daily.....1  
 Weekly.....2  
 Fortnightly...3  
 Monthly.....4  
 Quarterly.....5  
 Yearly.....6



SECTION 4: EMPLOYMENT AND TIME USE  
 PART C: SECONDARY JOB DURING THE PAST 12 MONTHS - CONTINUED

15. Do you receive any payment for this work in the form of food, crops or animals?	16. What is the value of these goods?		17. Do you receive any payment for this work in any other form such as free or subsidized housing, transportation, or other goods or services?	18. How much do you gain from this?		19. Is your place of work in this village/town?	20. How far away is it?	21. How often do you go between this house and your place of work?	22. How many people altogether work in the same organization?	23. When you started work, did you sign a written contract?	24. Is there a trade union at the place where you work?	25. Are you entitled to paid holidays or paid sick leave in this work?	26. Are you entitled to any social security benefits in this job?	27. Since you started this job, have you received any training related to this work?	28. How long did the training last?		
	Yes..1 No...2 (>>17)	VALUE		TIME UNIT	Yes..1 No...2 (>>19)										VALUE	TIME UNIT	Yes..1 No...2 (>>22)
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TIME UNIT  
 Daily.....1  
 Weekly.....2  
 Fortnightly...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 7. 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 Q. A7). Is this correct?

1. What kind of trade, service or industry is this work connected with? 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.)	10. The last time you received this money, how many hours did you actually work in earning it? ANSWER MUST BE IN SAME TIME UNIT AS Q.9		11. In this work, were you self employed or a worker on a farm or enterprise belonging to you or your household? Yes.....1 (>>Part E) No.....2	12. For whom did you work? Government...1 State-owned company.....2 Private company or business.....3 Other.....4 (SPECIFY)	13. Do you receive any payment for this work in the form of goods or services? Yes....1 No.....2 (>>Part E)	14. What is the value of the goods or services provided? VALUE TIME UNIT	
									AMOUNT	TIME UNIT				VALUE	TIME UNIT
NAME	CODE	YEARS	MONTHS	WEEKS	HOURS	WEEKS		HOURS		HOURS					
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TIME UNIT  
 Daily.....1  
 Weekly.....2  
 Fortnightly...3  
 Monthly.....4  
 Quarterly.....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 7. 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 Q. A7). Is this correct?

1. What kind of trade, service or industry is this work connected with? 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 other jobs? 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	10. The last time you received this money, how many hours did you actually work in earning it? ANSWER MUST BE IN SAME TIME UNIT AS Q.9 TIME UNIT	11. In this work, were you self-employed or a worker on a farm or enterprise belonging to you or to your household? Yes...1 (>>Part F) No...2	12. For whom did you work? Government...1 State-owned company...2 Private company or business...3 Other...4 (SPECIFY)	13. Do you receive any payment for this work in the form of goods or services? Yes...1 No...2 (>>Part F)	14. What is the value of the goods or services provided? VALUE	TIME UNIT
NAME	CODE	YEARS	MONTHS	WEEKS	HOURS				HOURS					
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TIME UNIT  
 Daily.....1  
 Weekly.....2  
 Fortnightly.....3  
 Monthly.....4  
 Quarterly.....5  
 Yearly.....6

SECTION 4: EMPLOYMENT AND TIME USE

PART F: FIFTH OCCUPATION DURING THE PAST 12 MONTHS

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

Now, I would like to ask you about your fifth most important occupation during the past 12 months. This was (OCCUPATION 5 IN Q. A7). Is this correct?

1. What kind of trade, service or industry is this work connected with?  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 other jobs?  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.)		10. The last time you received this money, how many hours did you actually work in earning it?  ANSWER MUST BE IN SAME TIME UNIT AS Q.9	11. In this work, were you self-employed or a worker on a farm or enterprise belonging to you or to your household?  Yes..1 (>>Part G) No...2	12. For whom did you work?  Government..1 State-owned company.....2 Private company or business....3 Other.....4 (SPECIFY)	13. Do you receive any payment for this work in the form of goods or services?  Yes..1 No...2 (>>Part G)	14. What is the value of the goods or services provided?	
								AMOUNT	TIME UNIT					VALUE	TIME UNIT
NAME	CODE	YEARS	MONTHS	WEEKS	HOURS				HOURS						
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TIME UNIT  
 Daily.....1  
 Weekly.....2  
 Fortnightly..3  
 Monthly.....4  
 Quarterly....5  
 Yearly.....6

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

1. During the past 12 months, for how many weeks altogether were you without any work?  IF ZERO, (>>Part H)	2. Out of the weeks when you were not working for how many weeks were you actively looking for work?  IF ANSWER IS SAME AS Q.1 (>>Part H)	3. Why did you not look for work throughout the period you were available for work?  No suitable work available....1 Personal or family reasons.....2 Other.....3 (SPECIFY)  IF ANSWER IS ZERO TO Q.2 (>>PART H)	4. Were you mainly looking for wage/salary work, self employment, or either one?  Wage work.....1 Self-employment....2 Either.....3  +-----+   >>Part H   +-----+
WEEKS	WEEKS		
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FROM PART A, Q.4

5. Did you want to work during the last 12 months?	6. During the past 12 months, how many weeks were you available for work?	7. During the past 12 months, how many weeks did you actively look for work?  IF ANSWER IS SAME AS Q.6, (>>Q.9)	8. Why did you not look for work throughout the period you were available for work?  No suitable work available....1 Personal or family reasons.....2 Other.....3 (SPECIFY)	9. Were you mainly looking for wage/salary work, self employment, or either one?  Wage work.....1 Self-employment....2 Either.....3  +-----+   >>Part H, Q.5   +-----+
	WEEKS	WEEKS		
Yes..1 No...2 (>>Part H, Q.5)				

SECTION 4: EMPLOYMENT AND TIME USE  
 PART H: ACTIVITY STATUS AND EMPLOYMENT SEARCH IN THE LAST 7 DAYS

1. In the past 7 days, which of the previous occupations we discussed was your main activity?  WRITE OCCUPATION NUMBER	2. In the past 7 days, how many hours did you spend on this occupation?  IF GREATER THAN 40, (>>4)	3. During the past 7 days, did you want to work more hours?  Yes..1 No...2	4. In the past 7 days, did you look for replacement work?  Yes...1 >> 7 No...2 (>>Part J)	5. In the past 7 days, did you want to work?  Yes..1 No...2 (>>Part J)	6. In the past 7 days, have you been actively looking for work?  Yes..1 No...2 (>>12)	7. 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	8. In the past 7 days, did you actively seek to work for the Government or a State enterprise?  Yes..1 No...2	9. In the past 7 days, did you actively seek to work in a large private firm?  Yes..1 No...2	10. In the past 7 days, did you actively seek to work in a small private firm?  Yes..1 No...2	11. In the past 7 days, did you actively seek to obtain work in another type of institution?  Yes..1 No...2 +-----+   >> 13   +-----+	12. What was the main reason for not looking for work?  Illness or injury.....1 On vacation...2 No suitable jobs available....3 Waiting for the start of a job.....4 Trying to set up a new business.....5 Other.....6 (SPECIFY)	13. What is the lowest wage for which you will be willing to work for someone?	AMOUNT	TIME UNIT
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TIME UNIT  
 Daily.....1  
 Weekly.....2  
 Fortnightly....3  
 Monthly.....4  
 Quarterly.....5  
 Yearly.....6

SECTION 4: EMPLOYMENT AND TIME USE  
PART J: EMPLOYMENT HISTORY

Now, I would like to ask you about the jobs you did prior to the last 12 months, that is before Month \_\_\_\_\_ Year \_\_\_\_\_

1. CHECK IF RESPONDENT REPORTED A MAIN OCCUPATION IN PART B. IF YES, WRITE OCCUPATION NAME (>> 5)  IF NO (>> 2)		2. Have you ever worked?  Yes..1 No...2 (>>Part K)	3. How many years ago did you last work?	4. What was that work?  WRITE OCCUPATION NAME (>>6)	5. What was your main occupation before you were employed in... (MAIN OCCUPATION IN LAST 12 MONTHS)?  WRITE NAME OF OCCUPATION, OR IF  Full time education....96 (>> Part K)  Looking for work.....97 (>> Part K)  Other activity.....98 (>> Part K)	6. What kind of trade or industry was that work connected to?  WRITE INDUSTRY NAME	7. In that occupation, were you mainly working for regular pay?  Yes..1 No...2 (>>9)	8. Who were you working for?  Government...1 State-owned company.....2 Private company or business.....3 Other.....4 (SPECIFY)	9. How long did you work in that occupation?	
OCCUPATION	CODE		YEARS	OCCUPATION	CODE	OCCUPATION	CODE	NAME	CODE	YEARS
01										
02										
03										
04										
05										
06										
07										
08										
09										
10										
11										
12										
13										
14										
15										

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?  Yes..1 No...2 (>>3)	2. How many hours in the last 7 days did you spend fetching wood including travel time?  HOURS	3. Have you spent any time in the last 7 days fetching water for the household?  Yes..1 No...2 (>>5)	4. How many hours in the last 7 days did you spend fetching water including travel time?  HOURS	5. Have you spent any time in the last 7 days doing other house-keeping activities, such as cooking, cleaning, laundry, shopping, child care?  Yes..1 No...2 (>>Next person)	6. How many hours in the last 7 days have you spent on these housekeeping activities?  (>>Next person)  HOURS
01					
02					
03					
04					
05					
06					
07					
08					
09					
10					
11					
12					
13					
14					
15					



BSECTION 5: MIGRATION

RESPONDENTS ARE ALL HOUSEHOLD MEMBERS 15 YEARS OR OLDER

1. ID OF PERSON INTERVIEWED	2. Were you born here? (PRESENT PLACE OF RESIDENCE)	3. Have you always lived in this village/town? Have you ever moved away from this village / town? Have you first moved away from this village / town for more than a year and returned here?	4. How many years ago did you first move away?	5. How long have you lived in this village/town since you last returned?	6. How long have you lived in this village/town?	7. In which region or country were you living before you came to this village/town?	8. Where was that place you were living before?	9. How long would it take to get from here to (NAME OF PLACE)?	10. What is the distance?	11. What was your main work in (NAME OF PLACE)? WRITE NAME OF OCCUPATION Full time education.....96 (>>15) Looking for work.....97 (>>15) Other activity.....98 (SPECIFY) (>>15) No activity.....99 (>>15)	12. In what trade or industry was this work? WRITE NAME OF TRADE	TRAVEL TIME		MAIN TRANSPORT MODE						
												RECORD IN HOURS OR DAYS	HOURS	DAYS	Walking.....1	Bus.....2	Train.....3	Car.....4	Other.....5 (SPECIFY)	
		Yes..1 No...2 (>> 3)	Yes..1 No...2 (>>NEXT PERSON)	Yes..1 No...2 (>>6)	++++ >>7	++++														
					YEARS   YEARS   MONTHS	YEARS   MONTHS							HOURS	DAYS	KMS	OCCUPATION	CODE	TRADE	CODE	
01																				
02																				
03																				
04																				
05																				
06																				
07																				
08																				
09																				
10																				
11																				
12																				
13																				
14																				
15																				

REG  
Wes \*0  
Cen \*0  
Gr. \*0  
Eas \*0  
Vol \*0  
Ash \*0  
B/A \*0  
Nor \*0  
U/W \*0  
U/F \*0  
COU  
B/F \*0  
C/I \*0  
Mal \*0  
Nig \*0  
Tog \*0  
Oth \*0  
(SP \*0

SECTION 5: MIGRATION - CONTINUED -

13. In that job were you mainly working for regular pay?  Yes...1 No...2 (>>15)	14. Whom were you working for?  Government...1 State owned company.....2 Private company or business.....3 Other.....4 (SPECIFY)	15. What was the main reason for moving from (NAME OF PLACE, Q.7)?  Own Employment..1 Spouse's Employment.....2 (>>17) Marriage.....3 (>>17) Other family Reasons.....4 (>>17) School.....5 (>>17) Drought/War....6 (>>17) Other.....7 (SPECIFY) (>>17)	16. Did you move because you lost a job or your business was not profitable?  Yes, lost job....1 Yes, business unprofitable....2 Yes, both.....3 No.....4	17. How long did you live in (NAME OF PLACE, Q.7)?  YEARS   MONTHS
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. Does any member of the household own or operate a farm or keep livestock?  
 Yes..1  
 No...2 (>>3)

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

NAME	ID

TRANSFER THESE NAMES TO THE AGRICULTURE SECTION 8 PART A.

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

Yes..1  
 No...2  
 IF Q1.= 1 AND Q3.= 2 >>5  
 IF Q1.= 2 AND Q3.= 2 >>6

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

NAME	ID	PROCESSING ACTIVITY

TRANSFER THESE NAMES TO THE AGRICULTURE SECTION 8 PART G.

5. Who are mainly responsible for preparing food in the household?

NAME	ID

TRANSFER THESE NAMES TO THE AGRICULTURE SECTION 8 PART H. THESE PEOPLE MUST BE AVAILABLE FOR EVERY VISIT.

6. 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.

7. 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 or fisherman?)

Yes...1  
 No...2 >>SECTION 7

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

ENTERPRISE/ACTIVITY NAME	INDUSTRY CODE	PERSON RESPONSIBLE	ID

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

ENTERPRISE/ACTIVITY NAME	INDUSTRY CODE	ID OF PERSON RESPONSIBLE
1		
2		
3		

TRANSFER THESE NAMES TO THE NON-FARM ENTERPRISES SECTION 10

INTERVIEWER: REMEMBER TO MAKE AN APPOINTMENT WITH ALL PERSONS IDENTIFIED IN QUESTIONS 2, 4, 5, 6, AND 8, FOR THEM TO BE PRESENT AT THE APPROPRIATE VISIT.

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: (CURRENT AND FORMER)

- 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 household share this dwelling with you?  
 Yes...1  
 No...2
- 4) How long has your household been living in this dwelling?  
 YEARS MONTH
- 5) In what type of dwelling were you before?  
 None (Always Lived Here).....1---->9  
 Single Family House.....2  
 Apartment/Flat.....3  
 Room(s) [Compound House].....4  
 Room(s) [Other Type].....5  
 Several Huts/Bldgs [Same Cpds]..6  
 Several Huts/Bldgs [Diff Cpds]..7  
 Others.....8  
 (SPECIFY)
- 6) How many rooms were occupied by the household?  
 DO NOT INCLUDE TOILETS, BATHROOMS AND KITCHEN.

PART B: OCCUPANCY STATUS OF THE DWELLING:(CURRENT AND FORMER)

- 7) What was your previous occupancy status
- Owning.....1  
 Renting.....2  
 Dwelling provided rent free..3  
 Perching.....4
- 8) What was the main reason for moving from previous dwelling to this one?
- Family reasons.....1  
 Cost reasons.....2  
 Job reasons.....3  
 Ejected.....4  
 Other.....5  
 (SPECIFY)
- 9) Do you expect to move in the next 2 years?
- Yes.....1  
 No.....2  
 (>>11)
- 10) For what main reason?
- Family reasons...1  
 Cost reasons....2  
 Job reasons.....3  
 Other.....4  
 (SPECIFY)
- 11) What is your present occupancy status?
- Owning.....1 (>>18)  
 Renting.....2  
 House provided rent-free...3  
 Perching.....4 (>>22)
- 12) From whom do you rent this dwelling?
- Relative.....1  
 Private employer.....2  
 Government.....3  
 Private individual/agency...4  
 Other.....5  
 (SPECIFY)

PART C: HOUSING EXPENDITURE

- 13) How much does the household pay in cash for the rent? [IF RENT FREE, PUT ZERO]
- AMOUNT TIME UNIT  
 Time Unit: Daily...1 Monthly...3 Half yearly...5  
 Weekly..2 Quarterly..4 Yearly.....6
- 14) Does your household also supply goods or services in exchange for this dwelling? [IF RENT FREE, PUT ZERO]
- Yes.....1  
 No.....2(>>16)
- 15) What is the appropriate value of these goods and services provided by your household? [IF RENT FREE, PUT ZERO]
- AMOUNT TIME UNIT

SECTION 7: HOUSING -continued-  
PART C: HOUSING EXPENDITURES (Contd.)

16) Is part or all of the rent paid by someone who is not a member of your household?  
 Yes.....1  
 No.....2 (>> 21)

17) Who pays?  
 Relative.....1  
 Private employer.....2  
 Government.....3  
 Private individual/agency..4  
 Other.....5  
 (SPECIFY)

18) Do you or any household member make mortgage payments on this dwelling?  
 Yes....1  
 No.....2 (>> 21)

19) How much was your last payment?  
 AMOUNT

20) How often do you make these payments?  
 NO. OF TIMES | TIME UNIT

21) How much did you spend for construction or repair costs and painting in the last 12 months?  
 AMOUNT

PART D: UTILITIES AND AMENITIES

22) What is the source of drinking water for your household?  
 Indoor plumbing.....1 (>>24)  
 Inside standpipe.....2 (>>24)  
 Water vendor.....3 (>>26)  
 Water truck/tanker service...4 (>>24)  
 Neighbouring household.....5 (>>26)  
 Private outside standpipe/tap.6 (>>26)  
 Public standpipe.....7 (>>26)  
 Well with pump.....8  
 Well without pump.....9  
 River, lake, spring, pond...10  
 Rainwater.....11 (>>29)  
 Other.....12  
 (SPECIFY)

23) How far is this....[SOURCE OF WATER] from your dwelling?  
 DISTANCE | DISTANCE CODE  
 |> 29|  
 DISTANCE CODE: Yard.....1 Metre...2  
 Kilometre...3 Mile....4

24) Do you pay or share a regular bill from the water company?  
 Yes.....1  
 No.....2 (>> 26)

25) How much was your last bill? (only your part if joint meter or shared bill)  
 AMOUNT: | TIME UNIT:

26) How much have you paid to a private water vendor, neighbour, or standpipe in the last 2 weeks?  
 AMOUNT:

27) Did you sell any water to someone else?  
 Yes.....1  
 No.....2 (>>29)

28) How much money did you receive for the water sold in the last 2 weeks?  
 AMOUNT:

29) What is the main source of lighting for your dwelling?  
 Electricity (mains).....1  
 Generator.....2>>31  
 Kerosene, gas lamp.....3>>31  
 Candles/torches(flashlights)..4>>31

30) How much was your last bill? (only your part if you have a joint meter or a shared bill)  
 AMOUNT: | TIME UNIT:

31) What is the main fuel used by the household for cooking?  
 Wood.....1  
 Charcoal.....2  
 Gas.....3  
 Electricity.....4  
 Kerosene.....5  
 Other.....6  
 (SPECIFY)

32) How does your household get rid of rubbish?  
 Collected.....1  
 Dumped by household.....2(>>34)  
 Burned by household.....3(>>34)  
 Buried by household.....4(>>34)

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

SECTION 7 - CONTINUED

PART D: UTILITIES AND AMENITIES (Contd.)

33) How much did your household pay for rubbish disposal?

AMOUNT	TIME UNIT
-----	-----

34) What type of toilet is used by your household?

Flush toilet.....1	
Pit latrine.....2	-----
Pan/bucket.....3	-----
KVIP.....4	
No toilet.....5	
Other.....6	
(SPECIFY)	

PART E: PHYSICAL CHARACTERISTICS OF THE DWELLING

35) 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)	

36) MAIN FLOORING MATERIAL:

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

37) MAIN ROOF MATERIAL:

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

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

38) DETAILED SKETCH OF THE DWELLING

39) MEASURES TAKEN:

Inside.....1	-----
Outside.....2	-----

40) CALCULATE AREA IN SQ. METRES.

AREA:	-----
-------	-------