

# STATISTICAL SERVICE

20<sup>TH</sup> JULY, 2005



REPUBLIC OF GHANA

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

2005/2006

### HOUSEHOLD QUESTIONNAIRE

#### PART A

REGION:

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E.A. NUMBER:

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HOUSEHOLD:

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

REGION:.....   DISTRICT:.....    
 E.A.: .....    URBAN / RURAL: .....   
 ECOLOGICAL ZONE:.....  HOUSEHOLD:.....    
 ROSTER: .....  /

HEAD OF HOUSEHOLD: .....  
 ADDRESS (OR DESCRIPTION) .....  
 .....  
 .....

**FIRST VISIT**

INTERVIEWER: .....    DATE:

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

NAME OF NEW HEAD: .....  
 ADDRESS (OR DESCRIPTION): .....  
 .....  
 .....

LANGUAGE ENGLISH.....1 DAGBANI.....5  
 USED BY THE AKAN.....2 FRAFRA.....6  
 RESPONDENT: EWE.....3 NZEMA.....7  INTER- YES..1  
 GA-DANGME.....4 OTHER.....8 (specify) PRETER NO...2   
 USED?

REMARKS: .....  
 .....  
 .....

**VERIFICATION OF THE QUESTIONNAIRE, FIRST VISIT**

SUPERVISOR.....    DATE:

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

**REASON:**  
 HOUSEHOLD   REPLACES HOUSEHOLD   DWELLING NOT FOUND / VACANT..1  
 NUMBER NUMBER OCCUPANT NOT AT HOME.....2   
 REFUSAL.....3

**SECOND VISIT**

INTERVIEWER:.....    DATE:

REMARKS:.....  
 .....  
 .....

**VERIFICATION OF QUESTIONNAIRE, SECOND VISIT**

SUPERVISOR:.....    DATE:

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

**THIRD VISIT**

INTERVIEWER:.....    DATE:

REMARKS:.....  
 .....  
 .....

**VERIFICATION OF QUESTIONNAIRE, THIRD VISIT**

SUPERVISOR:.....    DATE:

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

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

EIGHTH VISIT

INTERVIEWER:..... DATE:

REMARKS:.....  
.....

VERIFICATION OF QUESTIONNAIRE, EIGHTH VISIT

SUPERVISOR:..... DATE:

REMARKS:.....  
.....

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

NINETH VISIT

SUPERVISOR:..... DATE:

REMARKS:.....  
.....

VERIFICATION OF QUESTIONNAIRE, NINETH VISIT

SUPERVISOR:..... DATE:

REMARKS:.....  
.....

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

TENTH VISIT

INTERVIEWER:.....    DATE:

REMARKS:.....  
 .....

VERIFICATION OF QUESTIONNAIRE, TENTH VISIT

SUPERVISOR:.....    DATE:

REMARKS:.....  
 .....

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

ELEVENTH VISIT

INTERVIEWER:.....    DATE:

REMARKS:.....  
 .....

VERIFICATION OF QUESTIONNAIRE, ELEVENTH VISIT

SUPERVISOR:.....    DATE:

REMARKS:.....  
 .....

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

DATA ENTRY, END OF CYCLE

OPERATOR:.....    DATE:

REMARKS:.....  
 .....  
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EDITING OF PRINTOUTS, END OF CYCLE

OPERATOR:.....    DATE:

REMARKS:.....  
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**S U M M A R Y   O F   S U R V E Y   R E S U L T S**

V I S I T	S E C T I O N	V I S I T S			I N T E R V I E W E R			C H E C K - U P   V I S I T S			S U P E R V I S O R		
		D A T E			R E S U L T	D U R A T I O N		D A T E			R E S U L T S	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
		DD	MM	YEAR	COMPLETE.....1 PARTIAL.....2 DISCONTINUED..3	HR	MIN	DD	MM	YEAR	COMPLETE.....1 PARTIAL.....2	S A T I S F A C T O R Y .....1 T O B E   C O M P L E T E D ..2 T O B E   R E D O N E .....3	S A T I S F A C T O R Y .....1 C O R R E C T I O N .....2
FIRST	1, 2, 6, 7												
SECOND	3, 8H, 9B												
THIRD	4, 8H, 9B												
FOURTH	8A-G, 8H, 9B												
FIFTH	5, 8H, 9A, 9B, 9C												
SIXTH	8H, 9B, 10A-C												
SEVENTH	8H, 9B, 10D-F												
EIGHTH	8H, 9B, 10G												
NINETH	8H, 9B, 10H-J												
TENTH	8H, 9B, 11												
ELEVENTH	8H, 9B, 12												

OBSERVATION AND COMMENTS

REMARKS BY THE INTERVIEWER ON THE FIRST VISIT

REMARKS BY THE SUPERVISOR ON THE FIRST VISIT

REMARKS BY THE INTERVIEWER ON THE SECOND VISIT

REMARKS BY THE SUPERVISOR ON THE SECOND VISIT

REMARKS BY THE INTERVIEWER ON THE THIRD VISIT

REMARKS BY THE SUPERVISOR ON THE THIRD VISIT

REMARKS BY THE INTERVIEWER ON THE FOURTH VISIT

REMARKS BY THE SUPERVISOR ON THE FOURTH VISIT

REMARKS BY THE INTERVIEWER ON THE FIFTH VISIT

REMARKS BY THE SUPERVISOR ON THE FIFTH VISIT

REMARKS BY THE INTERVIEWER ON THE SIXTH VISIT

REMARKS BY THE SUPERVISOR ON THE SIXTH VISIT

OBSERVATION AND COMMENTS

REMARKS OF INTERVIEWER ON THE SEVENTH VISIT

REMARKS BY THE SUPERVISOR ON THE SEVENTH VISIT

REMARKS BY THE INTERVIEWER ON THE EIGHTH VISIT

REMARKS BY THE SUPERVISOR ON THE EIGHTH VISIT

REMARKS BY THE INTERVIEWER ON THE NINETH VISIT

REMARKS BY THE SUPERVISOR ON THE NINETH VISIT

REMARKS BY THE INTERVIEWER ON THE TENTH VISIT

REMARKS BY THE SUPERVISOR ON THE TENTH VISIT

REMARKS BY THE INTERVIEWER ON THE ELEVENTH VISIT

REMARKS BY THE SUPERVISOR ON THE ELEVENTH VISIT

VISIT 1

PERSON INTERVIEWED: PREFERABLY THE HEAD OF HOUSEHOLD, IF NOT AVAILABLE, ANY ADULT MEMBER OF THE HOUSEHOLD WHO IS ABLE TO GIVE INFORMATION ON THE OTHER HOUSEHOLD MEMBERS.

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.

INTERVIEWER WRITE

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

Respondent Name:.....

ID Code:.....

5. CLASSIFY EACH PERSON ACCORDING TO THE FOLLOWING CRITERIA.

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

LOOK AT THE ANSWER TO QUESTION 22.

1. First, I would like to have the names of the head of household, his wife(s) or husband and their children.

- ALL THE PERSONS FOR WHOM THE ANSWER IS 6 MONTHS OR LESS ARE CLASSIFIED AS HOUSEHOLD MEMBERS.

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.

- IF THE ANSWER IS MORE THAN 6 MONTHS, ONLY THE FOLLOWING ARE HOUSEHOLD MEMBERS:

- THE HEAD OF HOUSEHOLD
- CHILDREN UNDER 9 MONTHS OLD
- THOSE WHO ANSWER NO TO QUESTION 23

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

ENTER PROPER CODE IN QUESTION 24.

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.

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

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

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

COLUMN B. ENTER THE AGE IN COMPLETED YEARS (QUESTION 5) OF ALL PERSONS WITH A CROSS IN COLUMN A.

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

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

1	2	3	4	5	6	7	8	9	10	11
		What is the relationship of (NAME) to head of household?	What is (NAME'S) date of birth?	How old is (NAME)?	What is (NAME'S) present marital status?	Does (NAME'S) spouse live in this household?	COPY THE I.D. CODE OF THE SPOUSE  (IF MORE THAN ONE SPOUSE, THE FIRST ONE)	At what age did (NAME) first get married or started living with a partner?  (AGE IN YEARS)	What is (NAME'S) religious denomination?	In what region/country was (NAME) born?
		Head .....01 Spouse (Wife/husband)...02 Child (Son/daughter)...03 Grandchild .....04 Parent/Parent-in-law ...05 Son/Daughter-in-law ....06 Other relative .....07 Adopted/Foster/ Step child .....08 Househelp .....09 Non-relative .....10	ASK PERSON TO GET DOB, BIRTH CERTIFICATE AND COPY DATE OF BIRTH OR IF NOT AVAILABLE  DD = 99 MM = 99 YY = 9999	YEARS AND MONTHS IF 5 YEARS OR UNDER, OTHERWISE YEARS ONLY  (IF LESS THAN 12 YEARS OLD >> 10)	Married .....1 Consensual union .....2 Separated .....3 (>> 9) Divorced .....4 (>> 9) Widowed .....5 (>> 9) Never married .....6 (>> 10)	Yes ...1 No ....2 (>> 9)	I.D.	Catholic .....01 Anglican .....02 Presbyterian ..03 Methodist .....04 Pentecostal ...05 Spiritualist ..06 Other X'tian ..07 Moslem .....08 Traditional ...09 No Religion ...10 Other .....96	Western .....01 Central .....02 Gt. Accra .....03 Volta .....04 Eastern .....05 Ashanti .....06 Brong Ahafo ....07 Northern .....08 Upper East .....09 Upper West .....10 Other ECOWAS ...96 Africa other than ECOWAS ...97 Outside Africa ..98	
	SEX									
	Male .1 Fe-male.2									
			DD MM YEAR	YRS. MO.						
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SECTION 1: HOUSEHOLD ROSTER - CONTINUED

	12	13		14	15	16	17	18	19	20
	What is (NAME'S) nationality?	To which ethnic group does (NAME) belong?		Does (NAME'S) father live in this household?	I.D. OF FATHER	What was (NAME'S) father's highest educational level completed?	What kind of work has (NAME'S) father done for most of his life?	Does (NAME'S) mother live in this household?	I.D. OF MOTHER	What was (NAME'S) mother's highest educational level completed?
I	Ghanaian (Birth).....01					None .....01	Professional/			None .....01
	Ghanaian (Naturalize).02					Primary .....02	Technical.....1			Primary .....02
D	Burkinabe ....03			Yes .....1	>> 18	Middle/JSS ....03	Administrative/	Yes ....1		Middle/JSS .....03
	Malian .....04			No .....2		Voc/Comm .....04	Managerial.....2	No .....2		Voc/Comm .....04
	Nigerian .....05			(> 16)		'O' Level .....05	Clerical.....3	(>> 20)		'O' Level .....05
	Ivorian.....06					SSS .....06	Sales.....4			SSS .....06
	Togolese ....07					'A' Level .....07	Service.....5			'A' Level .....07
	Liberian.....08					Training	Agric./Ani.-		>> 22	Training College....08
	Other ECOWAS..09					College .....08	Husb/Forest/			Tech/Prof .....09
	Other African.10					Tech/Prof .....09	Fishing/			Tertiary .....10
	Other .....11					Tertiary .....10	hunting.....6			Koranic .....11
	(specify)					Koranic .....11	Production &			Don't Know .....98
	(IF ANSWER IS 02 TO 11 >> 14)					Don't Know ....98	Related wks....7			
		ETHNICITY	CODE				Workers NEC....8			
							Don't Know.....9			
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SECTION 1: HOUSEHOLD ROSTER - CONTINUED

	21 What kind of work has (NAME'S) mother done for most of her life? Professional/ Technical.....1 Administrative/ Managerial.....2 Clerical.....3 Sales.....4 Service.....5 Agric./Ani- Husb/Forest/ Fishing/ Hunting.....6 Production & Related wks.....7 Workers NEC.....8 Don't Know.....9	22 For how many months during the past 12 months has (NAME) been away from this household?  (IF 6 MONTHS OR LESS >> 24)  MONTHS	23 While absent, is/was (NAME) a member of another household? (Including single person household).  Yes .....1  No .....2	24 HOUSEHOLD MEMBER  CRITERIA FOR THE SELECTION OF HOUSEHOLD MEMBER  Yes ...1 No ....2  (>> NEXT PERSON)
01				
02				
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SECTION 2: EDUCATION

PART A: GENERAL EDUCATION

(RESPONDENTS: ALL HOUSEHOLD MEMBERS 3 YEARS AND OVER)

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

I F E L I G I B L E C I R C L E I D	ID OF PERSON INTER- VIEWED	1	2	3	4	5	6	7	8	HRS	MINS
		Has (NAME) ever attended school?	What was the highest grade completed?	What was the highest educational qualification attained?	Did (NAME) attend school/ college at any time during the past 12 months	Is (NAME) still in school?	Is the school (NAME) attending Public or Private?	What is the current grade?	How much time does (NAME) spend going to and from school daily?		
		Yes ...1	None.....00 S1 .....27 Pre-School ....01 S2 .....28 P1 .....11 S3 .....29 P2 .....12 S4 .....30 P3 .....13 S5 .....31 P4 .....14 L6 .....32 P5 .....15 U6 .....33 P6 .....16 Voc/Technical/ JSS1 .....17 Computer/ JSS2 .....18 Comm/Agric....41 JSS3 .....19 Teacher Train ..42 M1 .....20 Nursing .....43 M2 .....21 Polytechnic ....51 M3 .....22 University .....52 M4 .....23 Other Tertiary..53 SSS1 .....24 Other .....61 SSS2 .....25 (specify) SSS3 .....26	None .....01 MSLC .....02 BECE .....03 Voc/Comm .....04 Teacher Tra. A ..05 Teacher Post Sec.06 GCE O Level .....07 SSCE .....08 GCE A Level .....09 Tech/Prof. Cert .10 Tech/Prof. Dip ..11 HND .....12 Bachelor .....13 Masters .....14 Doctorate .....15 Other .....16 (specify)	Yes ...1 Yes ...1 No ....2 (>> PART 2B)	Yes ....1 No ....2 (>> 12)	Public ..1 Private reli- gious..2 Private . non- reli- gious..3	Pre-school.01 P1 .....11 P2 .....12 P3 .....13 P4 .....14 P5 .....15 P6 .....16 JSS1.....17 JSS2 .....18 JSS3 .....19 SSS1 .....24 SSS2 .....25 SSS3 .....26 Voc/Tech/ Computer/ Comm/Agric...41 Teacher Train..42 Nursing.....43 Polytechnic...51 University....52 Other.....61 (specify)	IF IN A BOARDING SCHOOL  C O D E HRS.....00 MINS....00		
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SECTION 2: EDUCATION  
 PART A: GENERAL EDUCATION  
 CONT'D.

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

FOR ALL MEMBERS 12 YEARS OR OLDER

	1 Has (NAME) ever attended technical and / or vocational/ computer school?	2 How many course - years did (NAME) complete?	3 What was the highest certificate (NAME) obtained?	4 Was the technical/ computer/ vocational school (NAME) attended public or private?	5 Has (NAME) ever attended a tertiary educational institution (eg. University, Polytechnic, etc)?	6 How many years did (NAME) attend?  Y E A R S	7 What was the last institution attended?	8 What was the highest qualification (NAME) achieved?	9 Was the tertiary institution, Public or Private?
I D	Yes .....1 No.....2  (>> 5)	None .....1 3 Months .....2 6 Months .....3 1 Year .....4 2 Years .....5 3 Years .....6 4 Years and above .....7	None .....1 NACVET .....2 IMIS .....3 NVTI .....4 City & Guild...5 Certificate ...6 Diploma .....7 Other .....8 (specify)	Public ....1 Private religious....2 Private non-religious....3	Yes.....1 No.....2 (>> PART 2C)		Advanced/Specialist Teacher training.....1 Polytechnic.....2 University.....3 Other.....4 (specify)	None.....1 Certificate..2 Diploma.....3 HND.....4 Bachelor.....5 Masters.....6 Doctorate....7 Other.....8 (specify)	Public .....1 Private religious...2 Private non-religious...3
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SECTION 2: EDUCATION  
PART C: LITERACY / APPRENTICESHIP

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

	1 Can (NAME) read a phrase/sentence in English?  (SHOW FLASH CARD)	2 In what Ghanaian language can (NAME) read a phrase/sentence? (SHOW FLASH CARD) STATE THE ONE IN WHICH (NAME) IS MOST PROFICIENT None.....1 Twi/Fanti...2 Ewe.....3 Ga-Dangme...4 Dagbani...5 Fra/Grusi...6 Nzema.....7 Wali/Dagari...8 Other.....9 (specify)	3 Can (NAME) write a sentence in English?  STATE THE ONE IN WHICH (NAME) IS MOST PROFICIENT None.....1 Twi/Fanti...2 Ewe.....3 Ga-Dangme...4 Dagbani...5 Fra/Grusi...6 Nzema.....7 Wali/Gagari...8 Other.....9 (specify)	4 In what Ghanaian language can (NAME) write a sentence?  STATE THE ONE IN WHICH (NAME) IS MOST PROFICIENT None.....1 Twi/Fanti...2 Ewe.....3 Ga-Dangme...4 Dagbani...5 Fra/Grusi...6 Nzema.....7 Wali/Gagari...8 Other.....9 (specify)	5 Can (NAME) do written calculations?  (USE FLASH CARD) None.....1 Twi/Fanti...2 Ewe.....3 Ga-Dangme...4 Dagbani...5 Fra/Grusi...6 Nzema.....7 Wali/Gagari...8 Other.....9 (specify)	6 Has (NAME) ever attended a literacy course?  (USE FLASH CARD) None.....1 Twi/Fanti...2 Ewe.....3 Ga-Dangme...4 Dagbani...5 Fra/Grusi...6 Nzema.....7 Wali/Gagari...8 Other.....9 (specify)	7 If not attending/attended, why? Low quality..1 Not available.....2 Do not need..3 Too costly..4 Takes much time.....5 Not useful..6 Too far.....7 Spouse does not want..8 Other.....9 (specify)  ( >> 9 )	8 For how many months has (NAME) been attending/attended a literacy course?  MONTHS	9 Is (NAME) or has (NAME) ever been an apprentice?  Yes, currently.....1 Yes, in past....2 No.....3 ( >> 14 )	10 How long was (is) the apprenticeship?		11 What is the main trade (NAME) is learning or learnt?  (REFER TO SECTOR TRADE/SKILLS GLSS CODE BOOK)		12 Did (NAME) pay a fee for this training?  Yes, in kind..1 Yes, in cash..2 Both..3 No....4 ( >> 14 )	13 How much did (NAME) pay for the training?  AMOUNT	14 Has (NAME) ever attended other short training courses lasting not more than 6 months?  Yes....1 No.....2 ( >> NEXT MEMBER )	15 What was the main subject of the most recent training?  Clerical....01 Prof/Managerial..02 Computer....03 Marketing...04 Teaching...05 Leadership..06 Medicine...07 Accountancy..08 Trade/Skill..09 Other.....10 (specify)
										YRS	MTHS	MAIN TRADE	CODE				
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SECTION 3: HEALTH  
PART A: HEALTH CONDITION IN THE PAST TWO WEEKS

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

ID OF PERSON INTERVIEWED	1	2	3	4	5	6	7	8	9	10
	During the past 2 weeks has (NAME) suffered from either an illness or an injury?  Neither....1 (> 5) Illness....2 Injury.....3 Both.....4	For how many days during the past 2 weeks has (NAME) suffered from this condition?  (1 - 14)  D A Y S	During the past 2 weeks, did (NAME) have to stop the usual activities because of this condition?  Yes.....1 No.....2 (> 5)	For how many days?  (1-14)  D A Y S	During the past 2 weeks has (NAME) consulted a health practitioner, or dentist or visited a health centre or consulted a traditional healer, etc?  Yes.....1 No.....2 (> 17)	On the most recent visit whom did (NAME) consult? Doctor.....01 Dentist.....02 Nurse.....03 Medical Asst...04 Midwife.....05 Pharmacist.....06 Drug/Chemical Seller.....07 Trad. Healer...08 Trained TBA...09 Untrained TBA..10 Spiritualist...11 Other.....12 (specify)	What was the main reason for the most recent visit? Illness.....1 Injury.....2 Follow-up.....3 Check-up.....4 Prenatal care....5 Postnatal care...6 Vaccination.....7 Other.....8 (specify)	Where did the consultation take place? Hospital.....1 Clinic.....2 MCH Clinic.....3 Maternity Home.....4 Pharmacy.....5 Chemical Store..6 Consultant's Home.....7 Patient's Home.....8 Other.....9 (specify)	Is this a public or private facility? Public.....1 Private religious ...2 Private non-religious ...3	How much did (NAME) pay for this consultation?  AMOUNT
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SECTION 3: HEALTH  
 PART A: HEALTH CONDITION IN THE PAST TWO WEEKS - CONTINUED

I D	11	12		13		14	15	16	17	18	19	20	21
	How much did (NAME) pay to travel there and to return?	How much time did it take to travel to and from the facility?		How much time did (NAME) spend at the health facility?		During the past two weeks was (NAME) admitted to a hospital or health centre on account of the illness/injury?  (INCLUDE TRADITIONAL HEALING CENTRES)	How many nights did (NAME) stay in hospital/health centre during the past two weeks  (1 - 14)	How much did (NAME) or will (NAME) pay for staying in a hospital/health centre during the past two weeks?	During the past 2 weeks did (NAME) buy any medicine or medical supplies?  Yes .....1 No .....2 (> 19)	How much did (NAME) pay altogether for these medicine and medical supplies?	Total medical expenses.  IF CANNOT GIVE BREAKDOWN	For the past 12 months was (NAME) hospitalized for any illness or injury?  Yes.....1 No.....2	Who pays for the greatest portions of the health expenses incl. consultations and hospital stays (if any)? Household member.....ID Other relative.....80 Government.....81 Employer.....82 Household member's employer.83 Health insurancece ...84 Other .....85 (specify)
	A M O U N T	HRS	MIN	HRS	MIN	Yes .....1 No. ....2 (> 17)	N I G H T S	A M O U N T		A M O U N T	A M O U N T		
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SECTION 3: HEALTH  
 PART B: PREVENTIVE HEALTH, IMMUNIZATION, IN PAST 12 MONTHS  
 THIS PART COVERS ALL CHILDREN 5 YEARS AND YOUNGER - PERSON TO BE INTERVIEWED IS CHILD'S MOTHER OR ADULT HOUSEHOLD MEMBER IN CHARGE.

I D E N T I F I C A T I O N	ID OF PERSON INTER- VIEWED	1 Has (NAME) ever been immunized?  Yes .....1 No .....2 (>> 5)	2 Were any of these immunizations given to (NAME) during the past 12 months?  COPY FROM IMMUNIZATION BOOK / (WEIGH-IN) CARD IF AVAILABLE  Yes.....1 No .....2 Do not know.....3 Not applicable...4  IF ALL ANSWERS EQUAL 3 AND / OR 4 >> PART 3C  Type of immunization											3 Did you have to pay any fee for these immunization?  Yes.....1 No.....2 (Next Person)	4 How much was paid?  NEXT PERSON  A M O U N T	5 Why was (NAME) not immunized?  Too young.....1 Did not know (NAME) had to..2 Health centre too far.....3 Shortage of supply.....4 Other.....5 (specify)  NEXT PERSON
			B C G	P O L I O				D P T			FIVE IN ONE	MEASLES	VITAMIN 'A'			
			0	1	2	3	BOOS- TER	1	2	3						
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SECTION 3: HEALTH

PART C: POSTNATAL CARE

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

I D	ID OF PERSON INTER- VIEWED	1	2	3	4	5	6	7	8	9	10	11	
		Did you or someone else take (NAME) to a health centre for a post- natal care in the past 12 months?  Yes.....1 No.....2 (>> 5)	How many times did (NAME) go there for consultations in the past 12 months?	Did you have to pay for consulta- tions?	How much did you usually pay for one consultation?	Does (or did) the mother breastfeed (NAME)?  Yes.....1 No.....2 (>> 9)	At what age was (NAME) weaned?  REPORT IN MONTHS  Still breast- feeding...87	At what age did (NAME) receive any liquid (except water) other than breastmilk, for the first time?	At what age was (NAME) first given water?	At what age did (NAME) receive any food other than breastmilk, for the first time?	Does (NAME) participate in a community feeding program?  Yes.....1 No.....2	Who usually looks after (NAME) during daytime?  Mother.....1 Adult Male .....2 Adult Female ...3 Male Child ....4 Female Child .....5 Creche .....6 Other .....7 (specify)	
				AMOUNT		MONTHS		MONTHS		MONTHS		MONTHS	
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02													
03													
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SECTION 3: HEALTH

PART D: FERTILITY - PRENATAL CARE - CONTRACEPTIVE USE

RESPONDENTS: WOMEN 12 TO 49 YEARS OLD. INDIVIDUALS SHOULD EACH ANSWER FOR THEMSELVES.

ID OF PERSON INTERVIEWED	1	2	3	4	5	6	7	8	9	10	11	12
	Have you ever been pregnant?	Have you ever given birth to a child?  IF NO PROBE Even one who lived only a few hours or less.	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?	I would like to make sure you have total number of ..... children alive?  TOTAL NUMBER OF CHILDREN ALIVE (Q.6 + Q.7)	Did you have any pregnancy which did not end in a live birth?  Yes.....1 No.....2 (>> 11)	How many of those pregnancies did not end in a live Birth?  NON-LIVE BIRTHS	Are you pregnant now?  Yes.....1 (>> 16) No.....2	During the past 12 months have you been pregnant?  Yes.....1 No.....2 (>> 23)
	Yes.....1 No.....2 (>> 23)	Yes.....1 No.....2 (>> 9)	GIRLS	BOYS	TOTAL (Q.3 + Q.4)	GIRLS	BOYS	TOTAL				
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SECTION 3: HEALTH  
 PART D: FERTILITY - PRENATAL CARE - CONTRACEPTIVE USE  
 CONTINUED

	13 How did this pregnancy end?	14 Is that child still alive?	15 Are you now breast-feeding?	16 During this pregnancy did you receive any pre-natal care?	17 How old was your pregnancy when you first received pre-natal care?	18 From where did you receive that care?	19 From whom did you receive that care?	20 How many times did you go there?	21 How much did you pay for the first prenatal consultation?	22 Why didn't you go for pre-natal care?
I	Live birth.....1					Prenatal clinic (Private) ..1	Doctor .....01 Nurse .....02			Can't afford.....1
D	Still birth.....2 (7+ months, >> 16)		Yes.....1	Yes.....1		Prenatal clinic (Public) ...2	Medical Asst....03 Midwife .....04 Pharmacist .....05 Chemical Seller.06			No health care available..2
	Mis-carriage..3 (>> 16)	Yes.....1	No.....2	No.....2 (>> 22)		Hospital .....3 Maternity Home .....4	Trad. Healer....07 Trained TBA....08 Untrained TBA...09			Health care too far....3
	Other.....4 (specify) (>> 16)	No.....2 (>> 16)	CHECK PART 3C Q.6		Home of practitioner ...5 Other .....6 (specify)		Spiritualist....10 Other.....11 (specify)			Not necessary..4 Other.....5 (specify)
					WEEKS				>> 23	
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SECTION 3: HEALTH  
PART E: CONTRACEPTIVE USE AND HIV/AIDS AWARENESS

	1 Are you or your partner using any method to prevent or delay pregnancy?	2 What main method are you using?	3 IF Q.2 = 01 TO 09, ASK:  How much did you pay for that during the last month?	4 IF Q.2 = 01 TO 09 ASK  Where did you get the method?	5 Why were you not using any contraceptive method?	6 Do you think you will use a contraceptive method to delay or avoid pregnancy or for any other reason at any time in the future?	7 Which main contraceptive method would you prefer to use?
I	Yes.....1	Pill .....01 Male condom ....02 Female condom ...03 IUD.....04 Injection.....05 Female sterl.....06 Male sterl.....07 Implants.....08 Foam/Jelly.....09 LAM .....10 Abstinence.....11 Rhythm .....12 Withdrawal .....13 Other .....14 (specify)	AMOUNT	Prenatal clinic (Private) ..1 Prenatal clinic (Public) ...2 Hospital .....3 Maternity Home.....4 Home of practitioner..5 Pharmacy/Chemist/ Drug store .....6 Other .....7 (specify)	>> NEXT PERSON	Yes, Delay/Avoid pregnancy.....1 Yes, Other reason.....2 No.....3 (>> 8) Don't know.....4 (>> 8)	
D	No.....2 (>> 5)						
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**CODES FOR QUESTION 5**

Not married.....11  
*Fertility-related reasons*  
 Infrequent sex/No sex.....22  
 Menopausal/Hysterectomy.....23  
 Wants as many children as possible.....26  
*Opposition to use*  
 Respondent opposed.....31  
 Husband opposed.....32  
 Religious prohibition.....34  
*Lack of knowledge*  
 Knows No method.....41  
 Knows No source.....42  
*Method-related reasons*  
 Health concerns.....51  
 Fear of side effects.....52  
 Lack of access/too far.....53  
 Costs too much.....54  
 Inconvenient to use.....55  
 Interferes with body's normal processes.56  
 Other (specify).....96  
 Don't know.....98

**CODES FOR QUESTION 7**

Female sterilization.....01  
 Male sterilization.....02  
 Pill.....03  
 IUD.....04  
 Injectables.....05  
 Implants.....06  
 Condom.....07  
 Female condom.....08  
 Diaphragm.....09  
 Foam/Jelly.....10  
 Lactational Amen. Method (LAM).....11  
 Periodic abstinence.....12  
 Withdrawal.....13  
 Other (specify).....96  
 UNSURE.....98



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

	1 Has (NAME) ever been registered or covered with a health insurance scheme?	2 If (NAME) has never been registered why?  Premium is too high.....1 Do not have confidence in operators of the scheme.....2 Covered by other avenues.....3 No knowledge of any scheme.....4 Other.....5 (specify)	3 Is (NAME) still registered, or covered?  Yes, registered....1 (>> 5) Yes, covered..2 (>> 5) No.....3	4 If (NAME) is no longer a member why?  Premium is too high.....1 Do not have confidence in operators of the scheme.....2 Covered by other alternatives.....3 Was not getting benefits.....4 Other.....5 (specify)	5 If (NAME) is registered or covered, what type of scheme is he/she registered with?  (CHECK MEMBERSHIP CARD)  District mutual.....1 Private mutual.....2 Private company.....3 Other.....4 (specify)	6 What are the expected benefits from the scheme?  Only OPD services.....1 Only in-patient services.....2 Both.....3	7 Does (NAME) pay all/part of the premium?  All.....1 Part.....2 Exempted...3 (>> 9) N/A.....4 (>> 9)	8 Has (NAME) paid premium or expected to pay for the current insurance year?		9 Has (NAME) benefitted from the scheme?  Yes.....1 No.....2
								a PAID  AMOUNT	b EXPECTED TO PAY  AMOUNT	
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SECTION 4: EMPLOYMENT AND TIME USE.  
 PART A: ACTIVITY STATUS AND CHARACTERISTICS OF MAIN OCCUPATION IN PAST 7 DAYS.  
 RESPONDENT: ALL HOUSEHOLD MEMBERS AGEE 7 YEARS OR OLDER

	DD	MM	Y	E	A	R	

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

M E M B E R  I D	ID OF PERSON INTER- VIEWED	1	2	3	4		5		6		7	8
		Did (NAME) do any work for pay, profit, family gain or did (NAME) produce anything for barter or home use during the last 7 days? (Including temporary absence from work)?  Yes.....1  No.....2 (>> PART 4D)	During the last 7 days, how many jobs did (NAME) do altogether?	In total, how many hours did (NAME) work in all these jobs over the last 7 days?	During the last 7 days, what were the main tasks and duties in the job (NAME) spent most of his/her time on?		What kind of trade, services or industry is this work connected with?  (DESCRIBE THE MAIN GOODS AND SERVICES PRODUCED)		How long has (NAME) been doing this work altogether?		During the last 7 days, how many hours did (NAME) actually work on this job?	Has (NAME) received or will (NAME) receive money for this work?  Yes.....1  No.....2 (>> 11)
			NUMBER	HOUR	M A I N O C C U P A T I O N	ISCO CODE	I N D U S T R Y	ISIC CODE	YEARS	MONTHS	H O U R S	
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SECTION 4: EMPLOYMENT AND TIME USE.  
 PART A: ACTIVITY STATUS AND CHARACTERISTICS OF MAIN OCCUPATION IN PAST 7 DAYS.

CONTINUED

M E M B E R  I D	ID OF PERSON INTER- VIEWED	9 What was the amount (incl. any bonuses, commissions, allowances or allowances, or tips) received?		10 Are taxes already deducted from (NAME's) pay?		11 What was the status of (NAME) in this job?  IF CODE IS 02 - 07 >> 22		12 For whom did (NAME) work?		13 Does (NAME) receive any payment for this work in the form of goods or services?		14 What is the value of the goods or services provided?		15 When (NAME) started this work did he/she sign a written contract?		16 Is there a trade union at the place where (NAME) works?	
		AMOUNT	TIME UNIT	Yes.....1	No.....2	Yes.....1	No.....2 (>> 15)	Yes.....1	No.....2	Yes.....1	No.....2	Yes.....1	No.....2	Yes.....1	No.....2		
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**CODES FOR QUESTION 11**

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

**CODES FOR QUESTION 12**

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

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

CONTINUED

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

Office.....01  
 Home.....02  
 (>> 26)  
 Factory.....03  
 Workshop.....04  
 Own land/farm.....05  
 Other land/farm...06  
 River/ocean.....07  
 Hotel/restaurant/  
 chopbar.....08  
 Store/shop/  
 table top.....09  
 Street at a fixed  
 location.....10  
 Street not at a  
 fixed location...11  
 Lorry park.....12  
 Somebody's home/  
 " verandah...13  
 Other (specify)...14

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

CONCLUDED

M E M B E R  I D	ID OF PERSON INTER- VIEWED	26	27	28		29	30	31	32			
		How many people altogether work in the organization where (NAME) does not work?  CODE 'DK' FOR DON'T KNOW	During the last 6 months has (NAME) received any training relating to his/her work, including on-the-job training?  Yes.....1  No.....2 (>> Part 4B)	How long was the training?	WEEKS	HOURS	What type of training did (NAME) receive?  Clerical....01 Prof/ Managerial.02 Computer...03 Marketing...04 Teaching...05 Leadership..06 Medicine....07 Accountancy.08 Skills/Trade Training...09 Other.....10 (specify)	Who paid for the training?  (NAME) entirely...1 Employer entirely...2 Both (cost was shared..3 Free.....4 Internat- ional agency.....5 Other.....6 (specify)	Did (NAME) Loose an entitlement or benefit during the period of his/her training?  Yes.....1  No.....2 (>> Part 4B)	By how much was it?  WRITE DIFFERENCE BETWEEN NORMAL ENTITLEMENT/ BENEFIT WHILE TRAINING AND BEFORE TRAINING	A M O U N T	T I M E U N I T
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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 SECONDARY OCCUPATION IN PAST 7 DAYS.  
 CHECK, IF ANSWER TO QUESTION 2 (PART 4A) IS 1 >> PART 4C (UNDEREMPLOYMENT)

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

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

CONTINUED

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

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

**CODES FOR QUESTION 9**

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

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

CONCLUDED

M E M B E R  I D	ID OF PERSON INTER- VIEWED	16	17	18	19	20
		Will (NAME) receive a retirement pension?	Is (NAME) entitled to free or subsidized medical care in this job?	Is (NAME) entitled to any other social security benefits in this job?	Where does (NAME) usually do his/her main work?	How many people altogether work in the organization where (NAME) does this work?
		Yes.....1  No.....2	Yes.....1  No.....2	Yes.....1  No.....2		CODE 'DK' FOR DNO'T KNOW  N U M B E R
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CODES FOR QUESTION 19

- Office.....01
- Home.....02 >> 26
- Factory.....03
- Workshop.....04
- Own land/farm.....05
- Other land/farm.....06
- River/ocean.....07
- Hotel/restaurant  
chopbar.....08
- Store/shop/table top.....09
- Street at a fixed  
location.....10
- Street not at a  
fixed location.....11
- Lorry park.....12
- Somebody's home/  
somebody's verandah.....13
- Other (specify).....14

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

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

- Increase hie/her earning.....1
- Be more suited to his/her  
experience & qualification.....2
- Be closer to his/her home.....3
- Be in his/her village/town.....4
- Have improved safety at work.....5
- Have less excessive hours.....6
- Have better social security/  
protection.....7
- Have other improved working  
conditions.....8
- Other reasons.....9  
(specify)

**CODES FOR QUESTION 4**

- Applied to prospective  
employer.....1
- Checked at farms/factories/  
work sites.....2
- Asked friends and relatives...3
- Took action to start business..4
- Took action to start  
agricultural activity.....5
- Search newspaper adverts.....6
- Search employment services....7
- Other (specify).....8
- None.....9

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

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

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

**CODES FOR QUESTION 4**

- Applied to prospective employer.....1
- Checked at farms/Factories/ Work sites.....2
- Asked friends and relatives.....3
- Took action to start business (capital, land, equipment, etc)...4
- Took action to start agricultural activity.....5
- Upgrading skills.....6
- Search newspaper adverts.....7
- Search employment services.....8
- Other.....9

**CODES FOR QUESTION 6**

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

**CODES FOR QUESTION 7**

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



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

CONCLUDED

M E M B E R  I D	ID OF PERSON INTER- VIEWED	8 What kind of work did (NAME) do in his/her last job? (i.e. What was (NAME'S) main task or duties?  (DESCRIBE ACTIVITY FULLY)  IF NEVER WORKED, WRITE NONE, AND CODE 00 FOR ISCO		9 What is the lowest wage for which (NAME) is willing to work for someone?  <div style="border: 1px solid black; padding: 2px; width: fit-content; margin: auto;">&gt;&gt; PART 4E</div>		10 Why was (NAME) not available for work during the last 7 days or within the next 30 days?  In school.....1 Household duties.....2 Too old.....3 Sick.....4 Disabled.....5 Pensioner.....6 Other.....7		11 Under which conditions, if any, would (NAME) become available for work?  <div style="border: 1px solid black; padding: 2px; width: fit-content; margin: auto;">&gt;&gt; PART 4E</div>	
		O C C U P A T I O N	ISCO CODE	A M O U N T	T I M E U N I T				
01									
02									
03									
04									
05									
06									
07									
08									
09									
10									
11									
12									
13									
14									
15									

**CODES FOR QUESTION 11**

- High income potential.....1
- Availability of training possibilities.....2
- Well-defined earnings.....3
- Within easy reach of residence.....4
- Join spouse.....5
- Other (specify).....6

SECTION 4: EMPLOYMENT AND TIME USE.  
 PART E: SCREENING QUESTIONS AND CHARACTERISTICS OF MAIN OCCUPATION IN PAST 12 MONTHS.  
 RESPONDENT: ALL HOUSEHOLD MEMBERS AGED 7 YEARS OR OLDER

	DD	MM	Y	E	A	R	

I would now like to ask you about activities of (NAME) over the past 12 months, that is since

M E M B E R  I D	ID OF PERSON INTER- VIEWED	1	2	3	4		5		6		7		8	
		Did (NAME) do any work for pay, profit, family gain or did (NAME) produce anything for barter or home use during the past 12 months?	During the past 12 months, how many jobs did (NAME) do altogether?	In total, how many weeks did (NAME) work in all these jobs over the last 12 months?	During the last 7 days, what were the main tasks and duties in the job (NAME) spent most of his/her time on?		What kind of trade, services or industry is this work connected with?		Why is (NAME) not doing the same work?		How long has (NAME) done or been doing this work altogether?		Has (NAME) received or will (NAME) receive money for this work?	
		Yes.....1 No.....2 (>> PART 4G)	NUMBER	WEEKS	M A I N O C C U P A T I O N		ISCO CODE	I N D U S T R Y		ISIC CODE	YEARS	MONTHS		
01														
02														
03														
04														
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SECTION 4: EMPLOYMENT AND TIME USE.  
 PART E: SCREENING QUESTIONS AND CHARACTERISTICS OF MAIN OCCUPATION IN PAST 12 MONTHS

CONTINUED

M E M B E R  I D	ID OF PERSON INTER- VIEWED	9 What is the amount (including any bonuses, commissions, allowances, or tips) received?		10 The last time (NAME) received this money, how long did (NAME) actually work?  ANSWER MUST BE IN SAME TIME UNIT AS QUESTION 9		11 Are taxes already deducted from (NAME'S) pay?  Yes.....1  No.....2	12 What was the status of (NAME) in this job?  IF Q.12=7 >> 22	13 For whom did (NAME) work?	14 Does/did (NAME) receive any payment for this work in the form of food, crops, animals or clothes?  Yes.....1  No.....2	15 What is the value of these goods?  V A L U E      TIME UNIT		16 Does/did (NAME) employer give (NAME) accommodation that is free or at a reduced price?  Yes, free.....1 Yes, subsi- dized....2 No.....3 (>> 18)
		AMOUNT	TIME UNIT	NUMBER	TIME UNIT							
01												
02												
03												
04												
05												
06												
07												
08												
09												
10												
11												
12												
13												
14												
15												

**CODES FOR QUESTION 12**

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

**CODES FOR QUESTION 13**

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

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

CONTINUED

M E M B E R  I D	ID OF PERSON INTER- VIEWED	17 How much does (NAME) gain from this arrangement?		18 Does (NAME'S) employer give (NAME) free transport or reduced fares?		19 How much does (NAME) gain from this arrangement?		20 Does (NAME) receive payment for this work in any other form?		21 What is the value of this form of payment?		22 During the past 12 months, for how many weeks Did (NAME) do this work?		23 During these weeks, how many hours per week did (NAME) usually work?		24 During the last 5 years has (NAME) received any training lasting at least one month relating to his/her work?		25 How long was the last training?	
		V A L U E	T I M E U N I T	V A L U E	T I M E U N I T	V A L U E	T I M E U N I T	V A L U E	T I M E U N I T	W E E K S	H O U R S	MONTHS	WEEKS						
01																			
02																			
03																			
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14																			
15																			

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

CONCLUDED

M E M B E R  I D	ID OF PERSON INTER- VIEWED	26 How many hours a week did (NAME) receive this training?	27 Who paid for the training?	28 Did (NAME) loose any entitlement or benefit during the period of his/her training?	29 By how much was it?	
		H O U R S		Yes.....1  No.....2 (> Next Person)	WRITE DIFFERENCE BETWEEN NORMAL ENTITLEMENT/BENEFIT WHILE TRAINING	
					A M O U N T	T I M E U N I T
01						
02						
03						
04						
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**CODES FOR QUESTION 27**

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

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

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

M E R  I D	ID OF PERSON INTER- VIEWED	1	2	3		4		5	6	7		
		During the past 12 months, did (NAME) do any other work beside the MAIN OCCUPATION?  Yes.....1 No.....2 (>> PART 4G)	Describe the main tasks and duties in the other kind of work that (NAME) spent most time on apart from his/her main occupation?  IF SAME AS CURRENT MAIN/ SECONDARY OCCUPATIONS, RECORD AND >> Q.13	What kind of trade, services or industry is this work connected with?  (DESCRIBE THE MAIN GOODS AND SERVICES PRODUCED)		How long has (NAME) done or been doing this work altogether?  (MAIN OCCUPATION)		Why is (NAME) not doing the same work?  Sacked from job.....1 Job completed.....2 Seasonal work.....3 Firm closed.....4 Found/preferred other work.....5 Retired.....6 Other.....7 (specify)	Has (NAME) received or will (NAME) receive money for this work?  Yes.....1 No.....2 (>> 9)	What is the amount? (Incl. any bonuses, commissions or tips received).		
			M A I N O C C U P A T I O N	ISCO CODE	I N D U S T R Y		ISIC CODE	YEARS	MONTHS	AMOUNT		TIME UNIT
01												
02												
03												
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SECTION 4: EMPLOYMENT AND TIME USE.  
PART F:

CONCLUDED

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

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

**CODES FOR QUESTION 10**

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

SECTION 4: EMPLOYMENT AND TIME USE  
 PART G: EMPLOYMENT SEARCH IN THE PAST 12 MONTHS  
 (CHECK, IF Q.1 IN PART A = 2, PROCEED WITH THIS PART).

1 During the past 12 months, for how many weeks altogether was (NAME) without any work?  IF ZERO SKIP TO PART 4H	2 During the past 12 months, how many weeks was (NAME) available for work?  IF ZERO SKIP TO Q.7	3 During the past 12 months, how many weeks did (NAME) actively look for work?  IF ZERO SKIP TO Q.5	4 What did (NAME) do in the past 12 months to find work? (WRITE MOST IMPORTANT ONLY) Applied to prospective employers.....1 Checked at farms/factories/work sites.....2 Asked friends and relatives.....3 Took action to start business....4 Took action to start agricultural activity.....5 Upgrading skills.....6 Search newspaper adverts.....7 Search employment services.....8 Other.(specify).....9	5 Why did (NAME) not look for work throughout the period he/she was available for work?  (WRITE MOST IMPORTANT ONLY) Thought no work available...1 Awaiting reply to earlier enquiries.....2 Waiting to start arranged job, business or agriculture.....3 Off season in agriculture...4 Other.....5 (specify)	6 What type of work did (NAME) want when he/she was available or looking for work?  Wage employment in: Government/ State Enterprise..1 Large private firm..2 Small/medium scale enterprise.....3 Self-employment: Non-agriculture....4 Agric (including livestock/fishing.5 Any.job.....6  <div style="border: 1px solid black; padding: 2px; display: inline-block;">&gt;&gt; PART 4H</div>	7 What was (NAME) doing when not working and not available to work?  Student.....1 Housework.....2 Disabled.....3 Sick.....4 Retired/Aged.....5 Income recipient..6 Too young.....7 Other.....8 (specify)
W E E K S	W E E K S	W E E K S	>> 6			
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SECTION 4: EMPLOYMENT AND TIME USE  
 PART H: HOUSEKEEPING -- ALL HOUSEHOLD MEMBERS 7 YEARS OR OLDER

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

	1 Collecting firewood?		2 Fetching water?		3 Washing clothes?		4 Ironing?		5 Cleaning?		6 Cooking?		7 Shopping?		8 Running errands?		9 Washing dishes/ Pots?		10 Taking care of children?		11 Taking care of elderly?		12 Taking care of the sick?		13 Other?			
	HOURS	MINS	HOURS	MINS	HOURS	MINS	HOURS	MINS	HOURS	MINS	HOURS	MINS	HOURS	MINS	HOURS	MINS	HOURS	MINS	HOURS	MINS	HOURS	MINS	HOURS	MINS	HOURS	MINS		
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SECTION 5A: MIGRATION  
 RESPONDENTS ARE ALL HOUSEHOLDS MEMBERS 7 YEARS OR OLDER

ID OF PERSON INTERVIEWED	1 Was (NAME) born in this village or town?	2 Has (NAME) ever lived away from this village/town for a year or more?	3 Has (NAME) ever moved away from this village/town for more than a year?	4 How long ago did (NAME) last move/return to this place?		5 Does (NAME) intend to stay for a year or more in this village/town?	6 Where was (NAME) living previously?
				YEARS	MONTHS		
	Yes.....1 (>> 3) No.....2	Yes....1 (>> 4) No.....2 (>> Next person)	Yes.....1 (>> Next Person) No.....2 (>> Next Person)			Yes.....1 No.....2 (>> Next Person)	Sekondi/Takoradi/ Shama .....01 Cape Coast .....02 Accra .....03 Ho .....04 Koforidua .....05 Kumasi .....06 Sunyani .....07 Tamale .....08 Bolgatanga .....09 Wa .....10 Other urban area .11 Rural area .....12 Other ECOWAS.....96 Africa other than ECOWAS.....97 Outside Africa....98
01							
02							
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SECTION 5A: MIGRATION  
 RESPONDENTS ARE ALL HOUSEHOLDS MEMBERS 10 YEARS AND OLDER (cont'd.)

ID NO.	7 What was (NAME) main activity in (NAME OF PLACE IN Q.6)?  WRITE NAME AND CODE OF OCCUPATION OR CODE AS FOLLOWS  Full time education.....9996 Looking for work.....9997 Other activity.....9998 (specify) No activity.....9999 (specify)  <div style="border: 1px solid black; display: inline-block; padding: 2px;">&gt;&gt; 10</div>		8 In what industry was this work?  WRITE NAME OF INDUSTRY AND CODE		9 Who was (NAME) working for?	10 What was the main reason for moving from (NAME OF PLACE Q.6) to this village/town?
	OCCUPATION	ISCO CODE	INDUSTRY	ISIC CODE	Government...1 State owned Company....2 Private Company or business...3 Other.....4 (specify)	Job transfer.....01 Seeking employment...02 Own business.....03 Spouse's employment...04 Accompanying parent...05 Marriage.....06 Other family reasons..07 Political/ Religious reasons...08 Education.....09 War.....10 Fire.....11 Flood/Famine/Drought..12 Other.....13 (specify)
01						
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HOUSEHOLD ROSTER

I D	A	B	C N A M E
N	M	A	
U	E	G	
M	M	E	
B	B		
E	E		
R	R		
01			
02			
03			
04			
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14			
15			

SECTION 5B : DOMESTIC AND OUTBOUND TOURISM

QUESTIONS, 4, 5, 6, 7 AND 8

a = Same-day Visitors  
b = Overnight Visitors

	1 Has (NAME) visited any place outside his/her usual environment (place of residence/work/trade/study, etc.) for the past 12 months?  Yes.....1 No.....2 (>> Next Person)	2 How many visits did (NAME) make?  NUMBER	3 Were the places visited within Ghana, outside Ghana or both?  In Ghana....1 Outside Ghana.....2 (>> 5) Both.....3	4 How many visits?		5 How many visits?		6 Which place(s) did (NAME) recently visit within Ghana?		7 For trips within Ghana, how far is the place (NAME) last visited from (NAME's) usual place of residence		8 For trips outside Ghana, which country did (NAME) recently visit?	
				IN GHANA (CHECK Q.3)		OUTSIDE GHANA (>> 8)		a	b	a	b	a	b
				NUMBER		NUMBER		(DISTRICT CODE)	(DISTRICT CODE)	>> 9	>> 9	(COUNTRY CODE)	(COUNTRY CODE)
				a	b	a	b			KILOMETRES	KILOMETRES		>> 10
01													
02													
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SECTION 5B: DOMESTIC AND OUTBOUND TOURISM

QUESTIONS 9, 10, 13, 14 AND 18

a = Same-Day Visitors  
b = Overnight Visitors

QUESTIONS 11, 12, 15 AND 16

Gh = In Ghana  
Out = Outside Ghana

9 What was the main mode of travel in Ghana?		10 What was the main mode of travel outside Ghana?		11 What was the length of stay of trips made (in hours) in Ghana and outside Ghana?		12 How many nights did (NAME) spend in this place?		13 What was (NAME's) main purpose of the visits?		14 What was (NAME's) main purpose of the visits?		15 What was the main type of accommodation (NAME) stayed in?		16 Was it a packaged tour or self-arranged?				17 Who sponsored the trip?				18 Which tourist attraction sites in Ghana did (NAME) visit recently?									
Road.....1 Sea/Lake..2 Air.....3 Rail.....4 Foot.....5		Road.....1 Sea/Lake..2 Air.....3 Rail.....4 Foot.....5		in Ghana and outside Ghana?		OVERNIGHT VISITORS		IN GHANA  (USE CODES IN MANUAL)  >> 15		OUTSIDE GHANA  (USE CODES IN MANUAL)		OVERNIGHT VISITORS		a SAME-DAY		b OVERNIGHT VISITORS		Self-sponsorship.....1 Household member.....2 Private organization...3 Government.....4 International organization.....5 Other.....6 (specify)				IF NONE CODE 00									
				SAME-DAY VISITORS		NUMBER OF NIGHTS								Package tour.....1		Package tour.....1		Self-arranged..2		Self-arranged..2		Other.....3		Other.....3		a SAME-DAY VISITORS		b OVERNIGHT VISITORS			
a	b	a	b	Gh	Out	Gh	Out	a	b	a	b	Gh	Out	Gh	Out	Gh	Out	Gh	Out	Gh	Out	a	b	Gh	Out	Gh	Out	a	b		
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SECTION 6: IDENTIFICATION OF RESPONDENTS FOR SECTIONS: 8, 9 AND 10 OF PART B  
 QUESTIONS TO BE ADMINISTERED TO THE HEAD OF HOUSEHOLD OR ANY RESPONSIBLE ADULT HOUSEHOLD MEMBER.

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

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

N A M E	I.D.

TRANSFER THESE NAMES TO THE AGRICULTURE SECTION 8A.

3. Which household members are responsible for fishing?

N A M E	I.D.

TRANSFER THESE NAMES TO THE AGRICULTURE SECTION 8A.

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

Yes.....1   
 No.....2

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

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

NAME	ID	PROCESSING ACTIVITY

TRANSFER THESE NAMES TO THE AGRICULTURE SECTION 8G.

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

NAME	ID

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

SECTION 6: CONT'D.

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

	N A M E	ID
a		
b		
c		
d		

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

8. During the past 12 months, has any member of the household worked for himself, other than on a farm or raising animals. (e.g. has anyone operated his/her own business/trade, worked as a self-employed professional or craftsman)?

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

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

	A	B	C	D	E
	ENTERPRISE / ACTIVITY NAME	ISIC CODE	DOES (NAME) KEEP FORMAL BOOKS OF ACCOUNT? Yes .....1 No .....2	PERSON RESPONSIBLE	ID
i					
ii					
iii					
iv					
v					
vi					

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

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

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



SECTION 7: HOUSING  
 THE RESPONDENT: THE HEAD OF THE HOUSEHOLD

Now, I would like to ask you about your dwelling.

**PART A: TYPE OF DWELLING:**

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

- Separate house (Bungalow) .....1
  - Semi-detached house .....2
  - Flat/Apartment .....3
  - Room(s) [Compound House] .....4
  - Room(s) [Other Type] .....5
  - Several Huts/Buildings [same Cpds]...6
  - Several Huts/Buildings [diff. Cpds]..7
  - Tents/Improvised home .....8
  - Other .....9
- (specify)

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

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

**PART B: OCCUPANCY STATUS OF THE DWELLING:**

1. What is your present occupancy status?

- Owning .....1 (>> 7C Q.7)
- Renting .....2
- Rent-free .....3
- Perching .....4 (>> 7D)

2. Who owns this dwelling?

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

**PART C: HOUSING EXPENSES**

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

AMOUNT  TIME UNIT

**Time Unit:** Daily...1 Monthly...3 Half Yearly...5  
 Weekly..2 Quarterly..4 Yearly.....6  
 N/A .....0

2. Does your household also supply goods or services in exchange for this dwelling?  
 Yes .....1   
 No.....2 (>> 4)

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

AMOUNT  TIME UNIT

4. Is part or all of the rent paid by someone who is not a member of your household?  
 Yes All.....1   
 Yes Part.....2  
 No .....3  
 (>> 7)

5. Who pays?

- Relative .....1
  - Private employer .....2
  - Government .....3
  - Private individual/agency .....4
  - Other .....5
- (specify)

6. How much is paid?

AMOUNT:  TIME UNIT:

**SECTION 7: CONTINUED**

**PART C: HOUSING EXPENDITURE (Contd.)**

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

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

Litre.....1	QUANTITY	UNIT
Gallon.....2	<input type="text"/>	<input type="text"/>
Bucket (No. 34)....3		

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

AMOUNT:

**PART D: UTILITIES AND AMENITIES**

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

- |                                     |                      |
|-------------------------------------|----------------------|
| Indoor plumbing .....01             |                      |
| Inside standpipe .....02            |                      |
| Water truck/tanker service.....03   | DRINKING             |
| Water vendor .....04                | <input type="text"/> |
| Pipe in neighbouring household..05  |                      |
| Private outside standpipe/tap ...06 |                      |
| Public standpipe .....07            |                      |
| Sachet/bottled water.....08         |                      |
| Borehole.....09                     | GENERAL              |
| Protected Well.....10               | USE                  |
| Unprotected Well.....11             | <input type="text"/> |
| River/stream .....12                |                      |
| Rain water/spring.....13            |                      |
| Dugout/pond/lake/dam.....14         |                      |
| Other .....15                       |                      |
- (specify)

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

- |                                       |                      |
|---------------------------------------|----------------------|
| Self.....1                            |                      |
| Community operated and managed.....2  |                      |
| Community Water Sanitation Agency...3 | <input type="text"/> |
| Ghana Water Company Limited.....4     |                      |
| NGO.....5                             |                      |
| Other (specify).....6                 |                      |
| Not Applicaple.....7                  |                      |

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

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

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

<b>DRINKING</b>	<b>DRINKING</b>
DISTANCE: <input type="text"/>	DISTANCE CODE <input type="text"/>
<b>GENERAL USE</b>	<b>GENERAL USE</b>
DISTANCE <input type="text"/>	DISTANCE CODE <input type="text"/>

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

Yes .....1	<input type="text"/>
No .....2	

(>> 8)

3. How regular is your source of water supply

Daily.....1		
Weekly.....2	TIME UNIT	NUMBER
Forthnightly...3	<input type="text"/>	<input type="text"/>
Monthly.....4		
Other.....5		

(specify)

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

AMOUNT:  TIME UNIT:

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

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

AMOUNT:

DISTANCE CODE	
In house.....0	
Yard.....1	
Metre.....2	
Kilometre.....3	
Mile.....4	

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

Yes .....1	<input type="text"/>
No .....2	

(>> 11)

**SECTION 7: CONTINUED**

**PART D: UTILITIES AND AMENITIES (contd.)**

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

AMOUNT:  TIME UNIT:

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

- None, No Cooking.....1
  - Wood.....2
  - Charcoal.....3
  - Gas.....4
  - Electricity.....5
  - Kerosene.....6
  - Crop residue/sawdust....7
  - Animal waste.....8
  - Other.....9
- (specify)

14. How does your household dispose of refuse?

- Collected.....1
- Public dump.....2 (>> 16)
- Dumped elsewhere.....3 (>> 16)
- Burned by household....4 (>> 16)
- Buried by household....5 (>> 16)
- Other.....6 (>> 16)

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

AMOUNT:  TIME UNIT:

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

- Flush toilet (W.C).....1
  - Pit latrine.....2
  - KVIP.....3
  - Pan/bucket.....4
  - Public toilet (flush/ bucket/KVIP).....5
  - Toilet in another house.....6
  - No toilet facility (bush, beach).....7
  - Other.....8
- (specify)

Part E

>> Part E

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

AMOUNT:  TIME UNIT:

**PART E: INFORMATION/COMMUNICATION AND TECHNOLOGY (ICT)**

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

**PART F: PHYSICAL CHARACTERISTICS OF THE DWELLING**

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

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

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

- Earth/Mud/Mud bricks.....1
- Wood.....2
- Stone.....3
- Cement/Concrete.....4
- Burnt bricks.....5
- Vinyl tiles.....6
- Ceramic/Marble/Tiles.....7
- Terrazzo.....8
- Other.....9

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

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

**PART F: CONCLUDED**

4. Detailed sketch of the dwelling.



5. Measure taken.

Inside.....1

Outside.....2

6. Calculate area in square metres.

AREA:

# STATISTICAL SERVICE

20<sup>TH</sup> JULY, 2005



REPUBLIC OF GHANA

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

2005/2006

### HOUSEHOLD QUESTIONNAIRE

#### PART B

REGION:

--	--

E.A. NUMBER:

--	--	--

HOUSEHOLD:

--	--

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

REGION:.....   DISTRICT:.....    
 E.A.: .....    URBAN / RURAL: .....   
 ECOLOGICAL ZONE:.....  HOUSEHOLD:.....    
 ROSTER: .....  /

HEAD OF HOUSEHOLD: .....

ADDRESS (OR DESCRIPTION) .....

.....

.....

**FIRST VISIT**

INTERVIEWER: .....    DATE:

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

NAME OF NEW HEAD: .....

ADDRESS (OR DESCRIPTION): .....

.....

.....

LANGUAGE ENGLISH.....1 DAGBANI.....5  
 USED BY THE AKAN.....2 FRAFRA.....6  
 RESPONDENT: EWE.....3 NZEMA.....7  INTER- YES..1  
 GA-DANGME.....4 OTHER.....8 (specify)  PRETER NO...2   
 USED?

REMARKS: .....

.....

.....

**VERIFICATION OF THE QUESTIONNAIRE, FIRST VISIT**

SUPERVISOR.....    DATE:

REMARKS:.....

.....

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

**REASON:**

HOUSEHOLD   REPLACES HOUSEHOLD   DWELLING NOT FOUND / VACANT..1  
 NUMBER NUMBER OCCUPANT NOT AT HOME.....2   
 REFUSAL.....3

**SECOND VISIT**

INTERVIEWER:.....    DATE:

REMARKS:.....

.....

**VERIFICATION OF QUESTIONNAIRE, SECOND VISIT**

SUPERVISOR:.....    DATE:

REMARKS:.....

.....

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

**THIRD VISIT**

INTERVIEWER:.....    DATE:

REMARKS:.....

.....

**VERIFICATION OF QUESTIONNAIRE, THIRD VISIT**

SUPERVISOR:.....

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

EIGHTH VISIT

INTERVIEWER:..... DATE:

REMARKS:.....  
 .....

VERIFICATION OF QUESTIONNAIRE, EIGHTH VISIT

SUPERVISOR:..... DATE:

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

NINETH VISIT

SUPERVISOR:..... DATE:

REMARKS:.....  
 .....

VERIFICATION OF QUESTIONNAIRE, NINETH VISIT

SUPERVISOR:..... DATE:

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

TENTH VISIT

INTERVIEWER:.....    DATE:

REMARKS:.....  
 .....

VERIFICATION OF QUESTIONNAIRE, TENTH VISIT

SUPERVISOR:.....    DATE:

REMARKS:.....  
 .....

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

ELEVENTH VISIT

INTERVIEWER:.....    DATE:

REMARKS:.....  
 .....

VERIFICATION OF QUESTIONNAIRE, ELEVENTH VISIT

SUPERVISOR:.....    DATE:

REMARKS:.....  
 .....

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

DATA ENTRY, END OF CYCLE

OPERATOR:.....    DATE:

REMARKS:.....  
 .....  
 .....  
 .....  
 .....  
 .....

EDITING OF PRINTOUTS, END OF CYCLE

OPERATOR:.....    DATE:

REMARKS:.....  
 .....  
 .....  
 .....  
 .....  
 .....



SUMMARY OF SURVEY RESULTS

VISIT	SECTION	V I S I T S			I N T E R V I E W E R			C H E C K - U P V I S I T S			S U P E R V I S O R		
		DATE			RESULT	DURATION		DATE			RESULTS	INTERVIEWER	DATA ENTRY OPERATOR
		DD	MM	YEAR	COMPLETE.....1 PARTIAL.....2 DISCONTINUED..3	HR	MIN	DD	MM	YEAR	COMPLETE.....1 PARTIAL.....2	SATISFACTORY.....1 TO BE COMPLETED..2 TO BE REDONE.....3	SATISFACTORY.....1 CORRECTION.....2
FIRST	1, 2, 6, 7												
SECOND	3, 8H, 9B												
THIRD	4, 8H, 9B												
FOURTH	8A-G, 8H, 9B												
FIFTH	5, 8H, 9A, 9B, 9C												
SIXTH	8H, 9B, 10A-C												
SEVENTH	8H, 9B, 10D-F												
EIGHTH	8H, 9B, 10G												
NINETH	8H, 9B, 10H-J												
TENTH	8H, 9B, 11												
ELEVENTH	8H, 9B, 12												

OBSERVATION AND COMMENTS

REMARKS BY THE INTERVIEWER ON THE FIRST VISIT

REMARKS BY THE SUPERVISOR ON THE FIRST VISIT

REMARKS BY THE INTERVIEWER ON THE SECOND VISIT

REMARKS BY THE SUPERVISOR ON THE SECOND VISIT

REMARKS BY THE INTERVIEWER ON THE THIRD VISIT

REMARKS BY THE SUPERVISOR ON THE THIRD VISIT

REMARKS BY THE INTERVIEWER ON THE FOURTH VISIT

REMARKS BY THE SUPERVISOR ON THE FOURTH VISIT

REMARKS BY THE INTERVIEWER ON THE FIFTH VISIT

REMARKS BY THE SUPERVISOR ON THE FIFTH VISIT

REMARKS BY THE INTERVIEWER ON THE SIXTH VISIT

REMARKS BY THE SUPERVISOR ON THE SIXTH VISIT

OBSERVATION AND COMMENTS

REMARKS OF INTERVIEWER ON THE SEVENTH VISIT

REMARKS BY THE SUPERVISOR ON THE SEVENTH VISIT

REMARKS BY THE INTERVIEWER ON THE EIGHTH VISIT

REMARKS BY THE SUPERVISOR ON THE EIGHTH VISIT

REMARKS BY THE INTERVIEWER ON THE NINETH VISIT

REMARKS BY THE SUPERVISOR ON THE NINETH VISIT

REMARKS BY THE INTERVIEWER ON THE TENTH VISIT

REMARKS BY THE SUPERVISOR ON THE TENTH VISIT

REMARKS BY THE INTERVIEWER ON THE ELEVENTH VISIT

REMARKS BY THE SUPERVISOR ON THE ELEVENTH VISIT



SECTION 8: AGRICULTURE

PART A: CONT'D.

LIVESTOCK / FISHING

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

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

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

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

SECTION 8: AGRICULTURE  
PART A: CONCL'D.

EQUIPMENT

31. Has any member of the household owned any agricultural equipment in the last 12 months?

Yes..1

No...2 (>>Part B)

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













SECTION 8: AGRICULTURE

PART F: AGRICULTURAL COSTS AND EXPENSES

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

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

CROP COSTS	C O D E	1	2	3	4	LIVESTOCK COSTS	C O D E	1	2	3	4
		Did you spend anything on ...in the past 12 months? Yes...1 No...2 (>>Next Item)	How much was spent in cash & in kind on..... during the past 12 months? AMOUNT	What was the source of ..... Private sector...1 Coop.....2 MOFA.....3 NGOs.....4 Other....5 (SPECIFY)	Was..... obtainable in this community any time during the year when you needed it? Yes....1 No.....2			Did you spend anything on ..... in the past 12 months? Yes.....1 No.....2 Next Item	How much was spent in cash & in kind on ..... during the past 12 months? AMOUNT	What was the source of .....? Private sector...1 Coop.....2 MOFA.....3 NGOs.....4 Other.....5 (specify)	Was ..... obtainable in this community at anytime during the year when you needed it? 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 herding	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					<b>FISHING COSTS</b>					
Hired labour	11					Fuel/Lubricants	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 Equipment	65				
Hand tools imported	16					Other Inputs	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 Q.5

NAME

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

_____	_____	_____
_____	_____	_____
_____	_____	_____

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

UNIT CODE

All .....01	Tonne .....24
American tin .....02	Tree .....25
Barrel .....03	Tubers .....26
Basket .....04	
Beer bottle .....05	
Bowl .....06	
Box .....07	
Bunch .....08	
Bundle .....09	
Fanta bottle .....10	
Fingers .....11	
Fruit .....12	
Gallon .....13	
Kilogram .....14	

CODES FOR PROCESSED/ TRANSFORMED GOODS

Cassava flour .....01
Cooking oils .....02
Flour from other grains .....03
Gari .....04
Groundnut paste .....05
Home-brewed drink .....06
Husked/polished rice .....07
Maize flour .....08
Processed fish .....09
Processed meat.....10
Sheabutter .....11
Other (specify) .....12

SECTION 8: AGRICULTURE  
PART H: CONSUMPTION OF OWN PRODUCE

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

PERSON INTERVIEWED ID

PROVIDE THE UNIT CODE IN QUESTION 13. dd mm

3rd 4th 5th 6th 7th 8th 9th 10th 11th  
          
 dd mm dd mm dd mm dd mm dd mm dd mm dd mm dd mm

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

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

SECTION 8: AGRICULTURE  
PART H: CONSUMPTION OF OWN PRODUCE

RESPONDENT (COPY FROM SECTION 6 Q.6) ID   PERSON INTERVIEWED ID

2nd  /  3rd  /  4th  /  5th  /  6th  /  7th  /  8th  /  9th  /  10th  /  11th  /

PROVIDE THE UNIT CODE IN QUESTION 13. dd mm

dd mm dd mm dd mm dd mm dd mm dd mm dd mm dd mm dd mm

I T E M	CODE	1	2	3	4	5	6	7	8	9	10	11	12	13	14
		Did the household consume any home produced [.....] in the past 12 months?  Yes.....1  No.....2 Next Item	How many months altogether was home produced ..... consumed during the past 12 months?	How much of own produced ..... was consumed by the household since my last visit?  (>> 13)	How much of own produced .....was consumed by the household since my last visit?	How much of own produced ..... was consumed by the household since my last visit?	How much of own produced ..... was consumed by the household since my last visit?	How much of own produced ..... was consumed by the household since my last visit?	How much of own produced ..... was consumed by the household since my last visit?	How much of own produced ..... was consumed by the household since my last visit?	How much of own produced ..... was consumed by the household since my last visit?	How much of own produced ..... was consumed by the household since my last visit?	How much of own produced ..... was consumed by the household since my last visit?	How much of own produced ..... was consumed by the household since my last visit?	ENTER THE RESPONDENT CHOOSES  SEE LIST OF UNIT CODES
			No. OF MONTHS	No. OF UNITS	No. OF UNITS	No. OF UNITS	No. OF UNITS	No. OF UNITS	No. OF UNITS	No. OF UNITS	No. OF UNITS	No. OF UNITS	No. OF UNITS	UNIT CODE	AMOUNT

**ROOTS, TUBERS AND PLANTAIN**

Cassava - tubers	010														
Cassava - gari	011														
Cassava (other forms)	012														
Yam	013														
Cocoyam	014														
Plantain	015														
Sweet potatoes	016														
Other roots & tubers	017														

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

SECTION 8: AGRICULTURE  
PART H: CONSUMPTION OF OWN PRODUCE

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

PERSON INTERVIEWED ID

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

SECTION 8: AGRICULTURE  
PART H: CONSUMPTION OF OWN PRODUCE

RESPONDENT (COPY FROM SECTION 6 Q.6) ID   PERSON INTERVIEWED ID

2nd  /  3rd  /  4th  /  5th  /  6th  /  7th  /  8th  /  9th  /  10th  /  11th  /

PROVIDE THE UNIT CODE IN QUESTION 13. dd mm

dd mm dd mm dd mm dd mm dd mm dd mm dd mm dd mm

I T E M	CODE	1	2	3	4	5	6	7	8	9	10	11	12	13	14
		Did the household consume any home produced [.....] in the past 12 months?  Yes.....1  No.....2 Next Item	How many months altogether was home produced ..... consumed during the past 12 months?	How much of own produced ..... was consumed by the household since my last visit?  (>> 13)	How much of own produced ..... was consumed by the household since my last visit?	How much of own produced ..... was consumed by the household since my last visit?	How much of own produced ..... was consumed by the household since my last visit?	How much of own produced ..... was consumed by the household since my last visit?	How much of own produced ..... was consumed by the household since my last visit?	How much of own produced ..... was consumed by the household since my last visit?	How much of own produced ..... was consumed by the household since my last visit?	How much of own produced ..... was consumed by the household since my last visit?	How much of own produced ..... was consumed by the household since my last visit?	How much of own produced ..... was consumed by the household since my last visit?	ENTER THE RESPONDENT CHOOSES  SEE LIST OF UNIT CODES
			No. OF MONTHS	No. OF UNITS	No. OF UNITS	No. OF UNITS	No. OF UNITS	No. OF UNITS	No. OF UNITS	No. OF UNITS	No. OF UNITS	No. OF UNITS	No. OF UNITS	UNIT CODE	AMOUNT
<b>FRUITS</b>															
Bananas	040														
Water Melon	041														
Oranges, tangerine	042														
Mangoes	043														
Pawpaw	044														
Avocado pears	045														
Pineapples	046														
Other fruits	047														

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



SECTION 8: AGRICULTURE  
PART H: CONSUMPTION OF OWN PRODUCE

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

PERSON INTERVIEWED ID    
3rd  /  4th  /  5th  /  6th  /  7th  /  8th  /  9th  /  10th  /  11th  /

PROVIDE THE UNIT CODE IN QUESTION 13. dd mm

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I T E M	CODE	1	2	3	4	5	6	7	8	9	10	11	12	13	14
		Did the household consume any home produced [.....] in the past 12 months?  Yes.....1  No.....2 Next Item	How many months altogether was home produced ..... consumed during the past 12 months?	How much of own produced ..... was consumed by the household since my last visit?  ( >> 13)	How much of own produced ..... was consumed by the household since my last visit?	How much of own produced ..... was consumed by the household since my last visit?	How much of own produced ..... was consumed by the household since my last visit?	How much of own produced ..... was consumed by the household since my last visit?	How much of own produced ..... was consumed by the household since my last visit?	How much of own produced ..... was consumed by the household since my last visit?	How much of own produced ..... was consumed by the household since my last visit?	How much of own produced ..... was consumed by the household since my last visit?	How much of own produced ..... was consumed by the household since my last visit?	How much of own produced ..... was consumed by the household since my last visit?	ENTER UNIT THAT THE RESPONDENT CHOOSES  SEE LIST OF UNIT CODES
			No. OF MONTHS	No. OF UNITS	No. OF UNITS	No. OF UNITS	No. OF UNITS	No. OF UNITS	No. OF UNITS	No. OF UNITS	No. OF UNITS	No. OF UNITS	No. OF UNITS	UNIT CODE	AMOUNT
<b>VEGETABLES</b>															
Tomatoes	050														
Onions	051														
Carrots	052														
Okro	053														
Garden eggs/ egg plant	054														
Pepper	055														
Cabbage/lettuce	056														
Nkontomire	057														
Other leafy vegetables	058														
Other vegetables	059														

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

SECTION 8: AGRICULTURE  
PART H: CONSUMPTION OF OWN PRODUCE

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

SECTION 8: AGRICULTURE  
PART H: CONSUMPTION OF OWN PRODUCE

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

PERSON INTERVIEWED ID    
3rd  /  4th  /  5th  /  6th  /  7th  /  8th  /  9th  /  10th  /  11th  /

PROVIDE THE UNIT CODE IN QUESTION 13. dd mm

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I T E M	CODE	1	2	3	4	5	6	7	8	9	10	11	12	13	14
		Did the household consume any home produced [.....] in the past 12 months?  Yes.....1  No.....2 Next Item	How many months altogether was home produced ..... consumed during the past 12 months?	How much of own produced ..... was consumed by the household since my last visit?  (>> 13)	How much of own produced ..... was consumed by the household since my last visit?	How much of own produced ..... was consumed by the household since my last visit?	How much of own produced ..... was consumed by the household since my last visit?	How much of own produced ..... was consumed by the household since my last visit?	How much of own produced ..... was consumed by the household since my last visit?	How much of own produced ..... was consumed by the household since my last visit?	How much of own produced ..... was consumed by the household since my last visit?	How much of own produced ..... was consumed by the household since my last visit?	How much of own produced ..... was consumed by the household since my last visit?	How much of own produced ..... was consumed by the household since my last visit?	ENTER UNIT THAT THE RESPONDENT CHOOSES  SEE LIST OF UNIT CODES
			No. OF MONTHS	No. OF UNITS	No. OF UNITS	No. OF UNITS	No. OF UNITS	No. OF UNITS	No. OF UNITS	No. OF UNITS	No. OF UNITS	No. OF UNITS	No. OF UNITS	UNIT CODE	AMOUNT
<b>OTHER LIVESTOCK PRODUCTS</b>															
Milk (fresh)	081														
<b>DRINKS AND BEVERAGES</b>															
Alcoholic beverages	091														
Non-alcoholic beverages	092														

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

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

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

RESPONDENTS ARE THE PERSONS MAINLY RESPONSIBLE FOR HOUSEHOLD PURCHASES

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

NAME OF PERSON(S) RESPONSIBLE FOR PURCHASES \_\_\_\_\_

RESPONDENT(S) ID

ID

PERSON INTERVIEWED \_\_\_\_\_

ID

Date of this visit

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
DD	MM	Y	E	A	R		

I T E M	C O D E	1 Was any-thing spent by the household on ..... in the past 12 months? Yes .....1 No .....2 (>> 3)		2 How much was spent on ..... in the past 12 months altogether?		3 Has the household used, consumed out of its own output or has received as gift ....?		4 How much of ..... has the household used or consumed out of own production, or has received as gift? (NEXT ITEM)	
		AMOUNT	QUANTITY	UNIT	AMOUNT	QUANTITY	UNIT	AMOUNT	
<b>CLOTHING MATERIALS AND FOOTWEAR - CLOTHING MATERIALS</b>									
Cloths: Local (Super and ordinary)	001								
Imported (West Africa)	002								
Imported (Europe)	003								
Imported (elsewhere)	004								
Kente Men	005								
Kente Women	006								
Clothing materials: Men	007								
Women	008								
Children	009								
Other clothing materials	010								
<b>GARMENTS (SEWN MATERIALS)</b>									
Suit	011								
Smock	012								
Ready made clothing: Women	013								
Children	014								

I T E M	C O D E	1 Was any-thing spent by the household on ..... in the past 12 months? Yes .....1 No .....2 (>> 3)		2 How much was spent on ..... in the past 12 months altogether?		3 Has the household used, consumed out of its own output or has received as gift ....?		4 How much of ..... has the household used or consumed out of own production, or has received as gift? (NEXT ITEM)	
		AMOUNT	QUANTITY	UNIT	AMOUNT	QUANTITY	UNIT	AMOUNT	
<b>GARMENTS (SEWN MATERIALS) cont'd.</b>									
Trousers	015								
Shirts	016								
Shorts	017								
Sports shirt	018								
Jeans (Women)	019								
Jeans (Men)	020								
Underwear women	021								
Underwear men	022								
Underwear children	023								
Uniform, excluding school uniform	024								
Other garments	025								
<b>OTHER ARTICLES OF CLOTHING AND CLOTHING ACCESSORIES</b>									
Handkerchief (Women)	026								
Handkerchief (Men)	027								
Other articles of clothing and clothing accessories	028								

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

NAME OF PERSON(S) RESPONSIBLE FOR PURCHASES \_\_\_\_\_

ID \_\_\_\_\_

ID \_\_\_\_\_

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

RESPONDENT(S) ID

PERSON INTERVIEWED \_\_\_\_\_

RESPONDENTS ARE THE PERSONS MAINLY RESPONSIBLE FOR HOUSEHOLD PURCHASES

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

Date of this visit

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DD	MM	Y	E	A	R		

I T E M	C O D E	1 Was any-thing spent by the household on ..... in the past 12 months? Yes .....1 No .....2 (>> 3)		2 How much was spent on ..... in the past 12 months altogether?		3 Has the household used, consumed, out of its own output or has received as gift.....?		4 How much of ..... has the household used or consumed out of own production, or has received as gift? (NEXT ITEM)	
		AMOUNT	QUANTITY	UNIT	AMOUNT	QUANTITY	UNIT	AMOUNT	
<b>REPAIR &amp; HIRE OF CLOTHING, LAUNDRY SERVICES AND SECOND-HAND CLOTHING</b>									
Repairs:									
Women clothing	029				////////	////			
Men clothing	030				////////	////			
Children clothing	031				////////	////			
Other tailoring charges	032				////////	////			
Laundry charges	033				////////	////			
<b>SECOND-HAND CLOTHING</b>									
Second-hand clothing:									
Men	034								
Women	035								
Children	036								
<b>FOOTWEAR</b>									
Footwear:									
Men	037								
Women	038								
Children	039								

I T E M	C O D E	1 Was any-thing spent by the household on ..... in the past 12 months? Yes .....1 No .....2 (>> 3)		2 How much was spend on ..... in the past 12 months altogether?		3 Has the household used, consumed out of its own output or has received as gift.....?		4 How much of ..... has the household used or consumed out of own production, or has received as gifts? (NEXT ITEM)	
		AMOUNT	QUANTITY	UNIT	AMOUNT	QUANTITY	UNIT	AMOUNT	
<b>REPAIR AND HIRE OF FOOTWEAR INCLUDING CLEANING SERVICES AND SECOND-HAND FOOTWEAR</b>									
Repairs to:									
Women footwear	040				////////	////			
Men footwear	041				////////	////			
Children footwear	042				////////	////			
Shoe shine service charges	043				////////	////			
<b>SECOND-HAND FOOTWEAR</b>									
Second-hand Footwear:									
Men	044								
Women	045								
Children	046								
<b>HOUSING, WATER, ELECTRICITY, GAS AND OTHER FUELS - - ACTUAL RENTALS PAID BY TENANTS</b>									
Payment for rent	047				////////	////			
Owner occupy housing rent (estimate)	048				////////	////	////////	////	////////

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

NAME OF PERSON(S) RESPONSIBLE FOR PURCHASES \_\_\_\_\_

ID \_\_\_\_\_

ID \_\_\_\_\_

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

RESPONDENT(S) ID

PERSON INTERVIEWED \_\_\_\_\_

RESPONDENTS ARE THE PERSONS MAINLY RESPONSIBLE FOR HOUSEHOLD PURCHASES

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

Date of this visit

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DD	MM	Y	E	A	R		

I T E M	C O D E	1	2	3		4
		Was any-thing spent by the household on ..... in the past 12 months? Yes .....1 No .....2 (>> 3)	How much was spent on ..... in the past 12 months altogether?	Has the household used, consumed out of its own output or has received as gift....?	QUANTITY	UNIT
<b>PRODUCTS FOR THE REGULAR MAINTENANCE AND REPAIR OF THE DWELLING</b> Minor constructions & repairs						
Cement (minor repairs)	049					
Iron rods and roofing sheets	050					
Bricks and Cement blocks	051					
Paints including quicklime	052					
Wood, doors and windows	053					
Other materials	054			//////////	////	
Labour	055			//////////	////	
Other minor repairs to the dwelling	056			//////////	////	
<b>SERVICES FOR THE REGULAR MAINTENANCE AND REPAIR OF THE DWELLING</b>						
Maintenance such as (plumbing, electricals, & carpentry services)	057			//////////	////	
<b>OTHER SERVICES RELATING TO THE DWELLINGS</b>						
Sewerage removal	058					
<b>WATER SUPPLY</b>						
Water (pipe-borne, metered)	059			//////////	////	

I T E M	C O D E	1	2	3		4
		Was any-thing spent by the household on ..... in the past 12 months? Yes .....1 No .....2 (>> 3)	How much was spent on..... in the past 12 months altogether?	Has the hosuehold.. used, consu- med out of its own out- put or has received as gift....?	QUANTITY	UNIT
<b>WATER SUPPLY (cont'd).</b>						
Water (pipe-borne, tanker services)	060			//////////	////	
Other water	061			//////////	////	
<b>OTHER SERVICES RELATING TO THE DWELLING NOT ELSEWHERE CLASSIFIED</b>						
Lawn boys/gardeners	062			//////////	////	
Security guards	063			//////////	////	
<b>ELECTRICITY, GAS AND OTHER FUELS</b>						
Electricity	064			//////////	////	
Gas for household use	065					
Kerosene	066					
Other fuel and power	067			//////////	////	
<b>FURNISHINGS, HOUSEHOLD EQUIPMENT AND ROUTINE MAINTENANCE - - FURNITURE AND FURNISHINGS</b>						
Bedsteads	068					
Mattresses	069					
Room furniture	070					
Other furniture and furnishings items	071			//////////	////	

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

NAME OF PERSON(S) RESPONSIBLE FOR PURCHASES \_\_\_\_\_

ID \_\_\_\_\_

ID \_\_\_\_\_

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

RESPONDENT(S) ID

PERSON INTERVIEWED \_\_\_\_\_

RESPONDENTS ARE THE PERSONS MAINLY RESPONSIBLE FOR HOUSEHOLD PURCHASES

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

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I T E M	C O D E	1 Was any-thing spent by the household on ..... in the past 12 months?		2 How much was spent on ..... in the past 12 months altogether?		3 Has the household used, consumed out of its own output or has received as gift....?		4 How much of ..... has the household used or consumed out of own production, or has received as gift? (NEXT ITEM)	
		Yes .....1	No .....2 (>> 3)	AMOUNT	QUANTITY	UNIT	AMOUNT		
<b>CARPETS AND OTHER FLOOR COVERINGS</b>									
Floor mat (tiles)	072								
Linoleum	073								
Wollen carpets	074								
<b>REPAIRS OF FURNITURE, FURNISHING AND FLOOR COVERINGS</b>									
Repairs of tables & chairs	075					//////////	////		
Other repairs of furniture, furnishing & floor coverings	076					//////////	////		
<b>HOUSEHOLD TEXTILES</b>									
Bedsheets & blankets	077								
Towels	078								
Other household textiles	079					//////////	////		
<b>MAJOR HOUSEHOLD APPLIANCES WHETHER ELECTRIC OR NOT</b>									
Refrigerators & freezers	080								
Air conditioners & air coolers	081								
Gas cookers, stoves and coalpots	082					//////////	////		
Washing machines & driers	083								

I T E M	C O D E	1 Was any-thing spent by the household on ..... in the past 12 months?		2 How much was spent on..... in the past 12 months altogether?		3 Has the household used, consumed out of its own output or has received as gift....?		4 How much of item ..... has the household used or consumed out of own production, or has received as gift? (NEXT ITEM)	
		Yes .....1	No .....2 (>> 3)	AMOUNT	QUANTITY	UNIT	AMOUNT		
<b>MAJOR HOUSEHOLD APPLIANCES WHETHER ELECTRIC OR NOT (cont'd).</b>									
Other major household appliances	084					//////////	////		
<b>SMALL ELECTRIC HOUSEHOLD APPLIANCES</b>									
Electric irons	085								
Electric fans	086								
Blenders	087								
Lanterns, gas lights	088					//////////	////		
Other small electric household appliances	089					//////////	////		
<b>REPAIR OF HOUSEHOLD APPLIANCES</b>									
Repairs to household appliances	090					//////////	////		
<b>GLASSWARE, TABLEWARE AND HOUSEHOLD UTENSILS</b>									
Cups and plates	091					//////////	////		
Dining pots/utensils	092								
Cutleries	093					//////////	////		
Aluminium cooking utensils (Local)	094								
(Imported)	095								

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

NAME OF PERSON(S) RESPONSIBLE FOR PURCHASES \_\_\_\_\_

ID \_\_\_\_\_

ID \_\_\_\_\_

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

RESPONDENT(S) ID

PERSON INTERVIEWED \_\_\_\_\_

RESPONDENTS ARE THE PERSONS MAINLY RESPONSIBLE FOR HOUSEHOLD PURCHASES

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

Date of this visit

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DD	MM	Y	E	A	R	

I T E M	C O D E	1	2	3		4
		Was any-thing spent by the household on ..... in the past 12 months? Yes .....1 No .....2 (>> 3)	How much was spent on ..... in the past 12 months altogether?	Has the household used, consumed out of its own out-put or has received as gift....?	How much of ..... has the household used or consumed out of own production, or has received as gift? (NEXT ITEM)	AMOUNT
GLASSWARE, TABLEWARE AND HOUSEHOLD UTENSILS (cont'd).						
Other cooking pots/ utensils	096			////////	////	
Buckets	097					
Other glassware, tableware and utensils	098			////////	////	
MAJOR TOOLS AND EQUIPMENT FOR HOUSE AND GARDEN						
Cutlasses	099					
Shovels, rakes, wheelbarrows, etc.	100			////////	////	
Motor driven lawn mower	101					
Water cans	102					
Water pumps	103					
Generators (household use)	104					
Other tools and equipment for house and garden	105			////////	////	
SMALL TOOLS AND MISCELLANEOUS ACCESSORIES						
Brooms	106					
Light bulbs	107					
Fluorescent bulbs	108					

I T E M	C O D E	1	2	3		4
		Was any-thing spent by the household on ..... in the past 12 months? Yes .....1 No .....2 (>> 3)	How much was spent on ..... in the past 12 months altogether?	Has the household used, consumed out of its own out-put or has received as gift....?	How much of ..... has the household used or consumed out of own production, or has received as gift? (NEXT ITEM)	AMOUNT
SMALL TOOLS & MISCELLANEOUS ACCESSORIES (cont'd.)						
Other lighting products	109			////////	////	
Torches	110					
Other small tools and miscellaneous accessories	111			////////	////	
DOMESTIC SERVICES AND HOME CARE SERVICES						
House boys/house maids	112			////////	////	
House keepers/caretakers	113			////////	////	
Baby sitters, day care attendants, nannies etc	114			////////	////	
Others	115			////////	////	
HEALTH - - MEDICAL PRODUCTS, APPLIANCES AND EQUIPMENT						
Therapeutic appliances & equipment	116					
Corrective eye-glasses & contact lenses	117					
MEDICAL SERVICES						
Doctors consulting fee: Public hospital	118			////////	////	



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

NAME OF PERSON(S) RESPONSIBLE FOR PURCHASES \_\_\_\_\_

ID \_\_\_\_\_

ID \_\_\_\_\_

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

RESPONDENT(S) ID

PERSON INTERVIEWED \_\_\_\_\_

RESPONDENTS ARE THE PERSONS MAINLY RESPONSIBLE FOR HOUSEHOLD PURCHASES

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

Date of this visit

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DD	MM	Y	E	A	R		

I T E M	C O D E	1 Was any-thing spent by the household on ..... in the past 12 months?		2 How much was spent on ..... in the past 12 months altogether?		3 Has the household used, consumed out of its own output or has received as gift.....?		4 How much of ..... has the household used or consumed out of own production, or has received as gift? (NEXT ITEM)	
		Yes .....1	No .....2 (>> 3)	AMOUNT	QUANTITY	UNIT	AMOUNT	QUANTITY	UNIT
<b>MEDICAL SERVICES (cont'd.)</b>									
Doctors consulting fee: Private hospital	119					////////	////		
Dentist	120					////////	////		
Traditional healer	121					////////	////		
<b>DENTAL SERVICES</b>									
Cost of Public dental services	122					////////	////		
Cost of Private dental services	123					////////	////		
<b>PARAMEDICAL SERVICES</b>									
Laboratory tests	124					////////	////		
X-rays	125					////////	////		
Services of midwives, nurses, etc	126					////////	////		
Traditional Birth Attendants (TBA) services	127					////////	////		
<b>HOSPITAL SERVICES</b>									
Operations in private hospitals	128					////////	////		

I T E M	C O D E	1 Was any-thing spent by the household on ..... in the past 12 months?		2 How much was spent on ..... in the past 12 months altogether?		3 Has the household used, consumed out of its own output or has received as gift.....?		4 How much of ..... has the household used or consumed out of own production, or has received as gift? (NEXT ITEM)	
		Yes .....1	No .....2 (>> 3)	AMOUNT	QUANTITY	UNIT	AMOUNT	QUANTITY	UNIT
<b>HOSPITAL SERVICES (cont'd.)</b>									
Operations in Public hospitals	129					////////	////		
Physiotherapy/massaging	130					////////	////		
Gyms and Health clubs	131					////////	////		
Other in-patients hospital services	132					////////	////		
<b>TRANSPORT - - PURCHASE OF MOTOR CARS</b>									
Purchase of new cars	133								
Purchase second-hand cars	134								
Purchase of new trucks	135								
Purchase of second-hand trucks	136								
<b>PURCHASE OF MOTOR CYCLES</b>									
Purchase of new motor cycles	137								
Purchase of second-hand motor cycles	138								

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

NAME OF PERSON(S) RESPONSIBLE FOR PURCHASES \_\_\_\_\_

ID \_\_\_\_\_

ID \_\_\_\_\_

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

RESPONDENT(S) ID

PERSON INTERVIEWED \_\_\_\_\_

RESPONDENTS ARE THE PERSONS MAINLY RESPONSIBLE FOR HOUSEHOLD PURCHASES

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

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I T E M	C O D E	1 Was any-thing spent by the household on ..... in the past 12 months?		2 How much was spent on..... in the past 12 months altogether?		3 Has the household used, consumed out of its own output or has received as gift.....?		4 How much of ..... has the household used or consumed out of own production, or has received as gift? (NEXT ITEM)	
		Yes .....1	No .....2 (>> 3)	AMOUNT	QUANTITY	UNIT	AMOUNT		
<b>PURCHASE OF BICYCLES</b>									
Purchase of new bicycles	139								
Purchase of second-hand bicycles	140								
<b>PURCHASE OF SPARES PARTS AND ACCESSORIES</b>									
Car tyre	141								
Other tyres	142					//////////	////		
Sparks plugs, batteries, oil filters, etc.	143					//////////	////		
Others	144					//////////	////		
<b>FUELS AND LUBRICANTS (HOUSEHOLD USE &amp; PRIVATE CARS)</b>									
Engine oil	145								
Lubricants	146								
<b>MAINTENANCE, REPAIR AND OTHER SERVICES</b>									
Wheel alignment	147					//////////	////		
Maintenance, repair and other services charges	148					//////////	////		
Driver's licence fees and other fees (road worthy)	149					//////////	////		
Cost of travel by air	150								

I T E M	C O D E	1 Was any-thing spent by the household on ..... in the past 12 months?		2 How much was spent on ..... in the past 12 months altogether?		3 Has the household used, consumed out of its own output or has received as gift.....?		4 How much of ..... has the household used or consumed out of own production, or has received as gift? (NEXT ITEM)	
		Yes .....1	No .....2 (>> 3)	AMOUNT	QUANTITY	UNIT	AMOUNT		
<b>COMMUNICATIONS - - TELEPHONE AND TELEFAX EQUIPMENT</b>									
Telephones handsets	151								
Mobile phones	152								
Telefax machines	153								
Repair of handsets, mobile phones & fax machines	154					//////////	////		
<b>TELEPHONE, TELEGRAPH AND TELEFAX SERVICES</b>									
Postal services	155					//////////	////		
Telephone, telegram and fax charges	156					//////////	////		
Other communication charges	157					//////////	////		
<b>RECREATION AND CULTURE - - EQUIPMENT FOR THE RECEPTION, RECORDING &amp; REPRODUCTION OF SOUNDS &amp; PICTURES</b>									
Radio, cassette/CD players	158								
VCR/VCD/DVD players	159								
Television sets	160								
Parabolic/satellite receivers	161								
Other video/audio equip.	162					//////////	////		

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

NAME OF PERSON(S) RESPONSIBLE FOR PURCHASES \_\_\_\_\_

ID \_\_\_\_\_

ID \_\_\_\_\_

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

RESPONDENT(S) ID

PERSON INTERVIEWED \_\_\_\_\_

RESPONDENTS ARE THE PERSONS MAINLY RESPONSIBLE FOR HOUSEHOLD PURCHASES

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

Date of this visit

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I T E M	C O D E	1	2	3		4
		Was any-thing spent by the household on ..... in the past 12 months? Yes .....1 No .....2 (>> 3)	How much was spent on ..... in the past 12 months altogether?	Has the household used, consumed out of its own out-put or has received as gift.....?	How much of ..... has the household used or consumed out of own production, or has received as gift? (NEXT ITEM)	AMOUNT
<b>PHOTOGRAPHIC AND CENEMATOGRAPHIC EQUIPMENT &amp; OPTICAL INSTRUMENTS</b>						
Video cameras and cam-corders	163					
Still cameras	164					
Other photographic and cinematographic equipment and optical instruments	165			//////////	////	
<b>DATA PROCESSING EQUIPMENT</b>						
Personal computers and printers	166			//////////	////	
Calculators/organizers				//////////	////	
Other data processing equipment	167			//////////	////	
<b>RECORDING MEDIA FOR PICTURES AND SOUND</b>						
Recording audio and video cassettes	168			//////////	////	
Diskettes & CD/DVD-Roms	169			//////////	////	
Other recording media for pictures and sound	170			//////////	////	

I T E M	C O D E	1	2	3		4
		Was any-thing spent by the household on ..... in the past 12 months? Yes .....1 No .....2 (>> 3)	How much was spent on..... in the past 12 months altogether?	Has the household used, consumed out of its own out-put or has received as gift.....?	How much of ..... has the household used or consumed out of own production, or has received as gift? (NEXT ITEM)	AMOUNT
<b>REPAIR OF AUDIO-VISUAL, PHOTOGRAPHIC &amp; DATA PROCESSING &amp; ACCESSORIES</b>						
Repairs of audio-visual equipment	171			//////////	////	
Repairs of photographic and optical equipment and data processing equipment	172			//////////	////	
<b>OTHER MAJOR DURABLES FOR RECREATION AND CULTURE</b>						
Musical instruments	173			//////////	////	
Other major durables for recreation and culture	174			//////////	////	
<b>REPAIR OF OTHER MAJOR DURABLES FOR RECREATION AND CULTURE</b>						
Repairs of durables for recreation and culture	175			//////////	////	
<b>GAMES, TOYS AND HOBBIES, EQUIPMENT FOR SPORT, CAMPING AND OPEN-AIR RECREATION</b>						
Game cards (chess, ludo, etc).	176			//////////	////	
Toys	177					
Football, volley ball, etc	178					
Video game equipment and softwares	179					

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

NAME OF PERSON(S) RESPONSIBLE FOR PURCHASES \_\_\_\_\_

ID \_\_\_\_\_

ID \_\_\_\_\_

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

RESPONDENT(S) ID

PERSON INTERVIEWED \_\_\_\_\_

RESPONDENTS ARE THE PERSONS MAINLY RESPONSIBLE FOR HOUSEHOLD PURCHASES

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

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I T E M	C O D E	1	2	3		4
		Was any-thing spent by the household on ..... in the past 12 months? Yes .....1 No .....2 (>> 3)	How much was spent on ..... in the past 12 months altogether?	Has the household used, consumed out of its own output or has received as gift.....?	QUANTITY	UNIT
<b>GAMES, TOYS AND HOBBIES, EQUIPMENT FOR SPORT, CAMPING AND OPEN-AIR RECREATION</b>						
Other equipment for sport, camping and open-air recreation	180			//////	////	
<b>GARDENS, PLANTS AND FLOWERS</b>						
Natural and artificial flowers and plants & their pots	181			//////	////	
Fertilisers for gardening	182					
Compost for gardening	183					
<b>PETS AND RELATED PRODUCTS</b>						
Pets	184					
Pets food	185					
<b>VERTERINARY AND OTHER SERVICES FOR PETS</b>						
Verterinary services and charges	186			//////	////	
Cost of verterinary products and services	187			//////	////	
<b>SPORTING AND RECREATIONAL SERVICES</b>						
Horse racing	188			//////	////	

I T E M	C O D E	1	2	3		4
		Was any-thing spent by the household on ..... in the past 12 months? Yes .....1 No .....2 (>> Next Item)	How much was spent on ..... in the past 12 months altogether?	Has the household used, consumed out of its own output or has received as gift.....?	QUANTITY	UNIT
<b>SPORTING AND RECREATIONAL SERVICES (cont'd.)</b>						
Fitness centres (use of	189			//////	////	
Sports stadium (watching football & others)	190			//////	////	
Fair and amusement parks (Trade fairs, children fairs)	191			//////	////	
Cinemas (visiting)	192			//////	////	
Video houses & hiring of video cassettes	193			//////	////	
TV license fees	194			//////	////	
Payments for services of private TVs (M-net and others)	195			//////	////	
Beaches	196			//////	////	
National parks and zoos & botanical gardens	197			//////	////	
<b>CULTURAL SERVICES</b>						
Cultural festivals (donations) (Homowo, Odwira, etc)	198			//////	////	
Concert & music attendance	199			//////	////	
Funeral, other expenses	200			//////	////	

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

NAME OF PERSON(S) RESPONSIBLE FOR PURCHASES \_\_\_\_\_

ID \_\_\_\_\_

ID \_\_\_\_\_

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

RESPONDENT(S) ID

PERSON INTERVIEWED \_\_\_\_\_

RESPONDENTS ARE THE PERSONS MAINLY RESPONSIBLE FOR HOUSEHOLD PURCHASES

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

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I T E M	C O D E	1	2	3		4
		Was any-thing spent by the household on ..... in the past 12 months? Yes .....1 No .....2 (>> 3)	How much was spent on ..... in the past 12 months altogether?	Has the household used, consumed out of its own output or has received as gift.....?	QUANTITY	UNIT
<b>MISCELLANEOUS PRINTED MATTER</b>						
Calendars	201					
Post cards and greeting cards	202					
Others	203			//////////	////	
<b>STATIONERY AND DRAWING MATERIALS</b>						
Writing pads & envelopes, pens, pencils, erasers, etc.	204			//////////	////	
Office glue and adhesives, staplers and staples, paper clips and drawing pins	205			//////////	////	
Exercise books, mathematical sets, etc.	206			//////////	////	
School uniforms & sports clothes	207			//////////	////	
Other stationery and drawing materials	208			//////////	////	
<b>PACKAGED HOLIDAYS</b>						
Excursions local	209			//////////	////	
Pilgrimages local	210			//////////	////	

I T E M	C O D E	1	2	3		4
		Was any-thing spent by the household on ..... in the past 12 months? Yes .....1 No .....2 (>> 3)	How much was spent on ..... in the past 12 months altogether?	Has the household used, consumed out of its own output or has received as gift.....?	QUANTITY	UNIT
<b>PACKAGED HOLIDAYS (cont'd).</b>						
Excursions & pilgrimages (Abroad)	211			//////////	////	
Other packaged holidays	212			//////////	////	
<b>EDUCATION - -</b>						
<b>PRE-PRIMARY EDUCATION</b>						
Pre-school (Public) excl. transport, health & stationery expenses on education	213			//////////	////	
Pre-school (Private) excl. transport, health & stationery expenses on education	214			//////////	////	
<b>PRIMARY EDUCATION</b>						
Primary (Public) excl. transport, health & stationery expenses on education	215			//////////	////	
Primary (Private) excl. transport, health & stationery expenses on education	216			//////////	////	

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

NAME OF PERSON(S) RESPONSIBLE FOR PURCHASES \_\_\_\_\_

ID \_\_\_\_\_

ID \_\_\_\_\_

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

RESPONDENT(S) ID

PERSON INTERVIEWED \_\_\_\_\_

RESPONDENTS ARE THE PERSONS MAINLY RESPONSIBLE FOR HOUSEHOLD PURCHASES

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I T E M	C O D E	1 Was any-thing spent by the household on ..... in the past 12 months?		2 How much was spent on ..... in the past 12 months altogether?		3 Has the household used, consumed out of its own output or has received as gift.....?		4 How much of ..... has the household used or consumed out of own production, or has received as gift? (NEXT ITEM)	
		Yes .....1	No .....2 (>> 3)	AMOUNT	QUANTITY	UNIT	AMOUNT		
<b>SECONDARY EDUCATION</b>									
Secondary education (Public)	217					////////	////		
Post-secondary, technical & vocational (Public)	218					////////	////		
Post-secondary, technical & vocational (Private)	219					////////	////		
<b>TERTIARY EDUCATION</b>									
University and other Tertiary education (Public)	220					////////	////		
University and other Tertiary education (Private)	221					////////	////		
<b>EDUCATION NOT DEFINABLE BY LEVEL</b>									
Seamstress, fitting, plumbing, hairdressing, etc	222					////////	////		
Other education and training services	223					////////	////		
<b>HOTELS AND OTHER ACCOMMODATION SERVICES - - ACCOMMODATION SERVICES</b>									
Expenditure on hotels accommodation	224					////////	////		

I T E M	C O D E	1 Was any-thing spent by the household on ..... in the past 12 months?		2 How much was spent on ..... in the past 12 months altogether?		3 Has the household used, consumed out of its own output or has received as gift.....?		4 How much of item ..... has the household used or consumed out of own production, or has received as gift? (NEXT ITEM)	
		Yes .....1	No .....2 (>> 3)	AMOUNT	QUANTITY	UNIT	AMOUNT		
<b>ACCOMMODATION SERVICES (cont'd.)</b>									
Expenditure on school, colleges & universities accommodation	225					////////	////		
Expenditure on hospital accommodation	226					////////	////		
Other cost of accommodation incurred	227					////////	////		
<b>MISCELLANEOUS GOODS AND SERVICES - -</b>									
Repairs of jewellery, clocks and watches	228					////////	////		
<b>OTHER PERSONAL EFFECTS</b>									
Umbrellas	229								
Travelling bags and suitcases	230					////////	////		
Combs, shavers, etc	231					////////	////		
Other personal effects	232					////////	////		
<b>SOCIAL PROTECTION SERVICES</b>									
Money transfer (to parents/guardians/children)	233					////////	////		

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

NAME OF PERSON(S) RESPONSIBLE FOR PURCHASES \_\_\_\_\_

ID \_\_\_\_\_

ID \_\_\_\_\_

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

RESPONDENT(S) ID

PERSON INTERVIEWED \_\_\_\_\_

RESPONDENTS ARE THE PERSONS MAINLY RESPONSIBLE FOR HOUSEHOLD PURCHASES

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

Date of this visit

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I T E M	C O D E	1	2	3		4
		Was any-thing spent by the household on ..... in the past 12 months? Yes .....1 No .....2 (>> 3)	How much was spent on ..... in the past 12 months altogether?	Has the household used, consumed out of its own output or has received as gift.....?	UNIT	How much of ..... has the household used or consumed out of own production, or has received as gift? (NEXT ITEM) AMOUNT
<b>SOCIAL PROTECTION SERVICES (cont'd.)</b>						
Gifts and tips	234			//////////	////	
Payments in churches and social clubs	235			//////////	////	
Other payments on social protection services	236			//////////	////	
<b>INSURANCE</b>						
Premiums for life assurance, etc.	237			//////////	////	
Premiums for motor vehicle insurance	238			//////////	////	
Premiums for health insurance	239			//////////	////	
Other insurance	240			//////////	////	
<b>OTHER FINANCIAL SERVICES NOT ELSEWHERE CLASSIFIED</b>						
Money withdrawal charges	241			//////////	////	
Loans expenses	242			//////////	////	

I T E M	C O D E	1	2	3		4
		Was any-thing spent by the household on ..... in the past 12 months? Yes .....1 No .....2 (>> 3)	How much was spent on ..... in the past 12 months altogether?	Has the household used, consumed out of its own output or has received as gift.....?	UNIT	How much of ..... has the household used or consumed out of own production, or has received as gift? (NEXT ITEM) AMOUNT
<b>OTHER FINANCIAL SERVICES NOT ELSEWHERE CLASSIFIED</b>						
Brokerage charges	243			//////////	////	
Charges for money orders/bankers draft/charges for bank services	244			//////////	////	
<b>OTHER SERVICES NOT ELSEWHERE CLASSIFIED</b>						
Legal fees/consultancy fees	245			//////////	////	
Agents fees (house agents, etc).	246			//////////	////	
Photocopies, birth/death/marriage certificate charges	247			//////////	////	
Other services	248			//////////	////	

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

PERSON INTERVIEWED \_\_\_\_\_

ID	

PERSON RESPONSIBLE \_\_\_\_\_

ID	

COPY FROM SECTION 6 Q.7 \_\_\_\_\_

	2nd	3rd	4th	5th	6th	7th	8th	9th	10th	11th
VISIT	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	dd mm	dd mm	dd mm	dd mm	dd mm	dd mm	dd mm	dd mm	dd mm	dd mm

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



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

PERSON INTERVIEWED \_\_\_\_\_

ID  


PERSON RESPONSIBLE \_\_\_\_\_

ID  


COPY FROM SECTION 6 Q.7 \_\_\_\_\_

	2nd	3rd	4th	5th	6th	7th	8th	9th	10th	11th
VISIT	/	/	/	/	/	/	/	/	/	/
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I T E M	CODE	1	2	3	4	5	6	7	8	9	10
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		AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT

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

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

PERSON INTERVIEWED \_\_\_\_\_

ID


PERSON RESPONSIBLE \_\_\_\_\_

COPY FROM SECTION 6 Q.7

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

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

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

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

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**VEGETABLES INCLUDING POTATOES AND OTHER TUBER VEGETABLES**

Cocoyam leaves (kontomire)	080										
Garden eggs	081										
Okro	082										
Carrots	083										
Pepper (fresh or dried)	084										
Onions (large/small)	085										
Tomatoes (fresh)	086										
Tomato puree (canned)	087										
Other vegetables	088										

**SUGAR, JAM, HONEY, SYRUPS, CHOCOLATE AND CONFECTIONERY**

Sugar (cube, granulated)	092										
Honey	093										
Ice cream, ice lollies, etc	094										
Chocolate	095										
Other confectioneries	096										

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

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		AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT

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

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

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

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

PERSON INTERVIEWED \_\_\_\_\_

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

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

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**HOUSING, WATER, ELECTRICITY, GAS AND OTHER FUELS--- OTHER SERVICES RELATING TO THE DWELLINGS**

Refuse disposal	169										
Expenditure on public toilets (WC and others)	170										
<b>SOLID FUELS</b>											
Charcoal	174										
Firewood and other solid fuels	175										
<b>ICE</b>											
Ice block (household cooling and refrigeration only)	179										

**FURNISHINGS, HOUSEHOLD EQUIPMENT AND ROUTINE MAINTENANCE - - NON DURABLE HOUSEHOLD GOODS**

Washing soaps & powder	180										
Bathing/toilet soaps (liquid or solids)	181										
Bleaches	182										
Disinfectants and cleaners	183										
Insecticides- coils and sprays	184										
Matches	185										
Toilet papers	186										



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

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		AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT

**NON-DURABLE HOUSEHOLD GOODS (cont'd).**

Candles	187										
Kerosene	188										
Other non-durable goods	189										

**HEALTH - - MEDICAL PRODUCTS, APPLIANCES AND EQUIPMENT**

Pain killers (paracetamol, APC, etc)	193										
Antibiotics	194										
Anti malaria medicines	195										
Condoms	196										
Traditional Ghanaian drugs (tablets or syrup)	197										
Other medical and pharmaceutical drugs	198										

**TRANSPORT - - FUELS AND LUBRICANTS (HOUSEHOLD USE AND PRIVATE CARS)**

Petrol	202										
Diesel	203										

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

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

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

**COMMUNICATIONS - - POSTAL AND TELECOMMUNICATION SERVICES**

Postage (within Ghana)	229										
Postage (Outside Ghana)	230										
Telephone calls	231										
Internet/e-mail	232										
Other postal services	233										

**RECREATION AND CULTURE - - GAMES OF CHANCE**

National lotteries	237										
Other lotteries	238										

**BOOKS**

Exercise books & writing pads	242										
Text books, story books, pamphlets/dictionaries, etc	243										

**NEWSPAPERS AND PERIODICALS**

Graphic and Times	247										
Private newspapers	248										
Magazines	249										
Other newspapers & periodicals	250										

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

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<b>HOTELS, CAFES AND RESTAURANTS - - RESTAURANTS, CAFES, TAKE-AWAYS AND THE LIKE</b>											
Cooked rice and sauce	254										
Fufu or Tuo with soup	255										
Banku or kenkey with sauce	256										
Other prepared meals	257										
Fast foods	258										
<b>CANTEENS (WORKERS/UNIVERSITIES AND SCHOOLS CANTEEN)</b>											
Cooked rice and sauce	262										
Fufu or Tuo with soup	263										
Banku or kenkey with sauce	264										
Other meals	265										
<b>MISCELLANEOUS GOODS AND SERVICES - - HAIRDRESSING SALONS AND PERSONAL GROOMING ESTABLISHMENTS</b>											
Services of barbers, beauty shops, etc (Men)	269										
Services of barbers, beauty shops (Women) including manucure and pedicure	270										
Mesh/wigs (Natural/artificial)	271										

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

PERSON INTERVIEWED \_\_\_\_\_

ID	

PERSON RESPONSIBLE \_\_\_\_\_

ID


COPY FROM SECTION 6 Q.7 \_\_\_\_\_

	2nd	3rd	4th	5th	6th	7th	8th	9th	10th	11th
VISIT	<input type="text" value="/"/>	<input type="text" value="/"/>	<input type="text" value="/"/>	<input type="text" value="/"/>	<input type="text" value="/"/>	<input type="text" value="/"/>	<input type="text" value="/"/>	<input type="text" value="/"/>	<input type="text" value="/"/>	<input type="text" value="/"/>
	dd mm	dd mm	dd mm	dd mm	dd mm	dd mm	dd mm	dd mm	dd mm	dd mm

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

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

RESPONDENTS ARE THE PERSONS MAINLY RESPONSIBLE FOR HOUSEHOLD PURCHASES

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

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

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

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

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

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

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

SECTION 10: NON-FARM ENTERPRISES  
 PART B: EMPLOYMENT

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

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

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



SECTION 10: NON-FARM ENTERPRISES  
 PART C1: WAGE EARNINGS

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

FIRST ENTERPRISE

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

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

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

>> PART C2

SECTION 10: NON-FARM ENTERPRISES  
PART C2: WAGE EARNINGS

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

SECOND ENTERPRISE

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

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

SECOND ENTERPRISE	OPERATING IN THE LAST TWO WEEKS				SECOND ENTERPRISE	NOT OPERATING IN THE LAST TWO WEEKS			
	How much was paid in wages/salaries to the following categories of employees of this enterprise during the past .....					How much is <u>usually</u> paid in wages/salaries to the following categories of employees of this enterprise in .....			
	1 Month?		3 Months?			1 Month?		3 Months?	
	A M O U N T		A M O U N T			A M O U N T		A M O U N T	
	Male	Female	Male	Female		Male	Female	Male	Female
2. Working proprietors					11. Working proprietors				
3. Household employees					12. Household employees				
4. Ghanaian employees					13. Ghanaian employees				
5. Non-Ghanaian employees					14. Non-Ghanaian employees				
6. Full-time employees					15. Full-time employees				
7. Casual employees					16. Casual employees				
8. Apprentices					17. Apprentices				
9. Skilled					18. Skilled				
10. Unskilled					19. Unskilled				

>> PART D

SECTION 10: NON-FARM ENTERPRISES  
 PART D: REVENUE OF ENTERPRISE (CLOSING STOCK, SALES AND EXPORTS)

FIRST ENTERPRISE

Month:

Year:  2  0  0

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

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

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

SECTION 10: NON-FARM ENTERPRISES  
 PART D: REVENUE OF ENTERPRISE (CLOSING STOCK, SALES AND EXPORTS)

SECOND ENTERPRISE

Month:

Year:  2  0  0

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

I T E M (WRITE NAME OF ITEM AND CODE)	1 How much of the following items did the enterprise have at the end of the production year?					2 How much of the following items did the enterprise sell during the past 3 months?			3 How much of the following items did the enterprise export during the last 3 months?			UNIT CODE	
	PROD CODE	UNIT CODE	UNIT PRICE	QTY	VALUE	UNIT PRICE	QTY	VALUE	UNIT PRICE	QTY	VALUE		
Principal Finished products/service 1													None.....00
Principal Raw materials 2													All.....01
Principal product work in progress 3						////////	////////	////////	////////	////////	////////	////////	American tin.....02
Principal Goods for resale 4													Barrel.....03
Secondary Finished products													Basket.....04
1													Beer bottle.....05
2													Bowl.....06
3													Box.....07
Secondary Raw materials													Bunch.....08
1													Bundle.....09
2													Fanta/Coke bottle...10
3													Fingers.....11
Secondary products work-in-progress													Fruit.....12
1						////////	////////	////////	////////	////////	////////	////////	Gallon.....13
2						////////	////////	////////	////////	////////	////////	////////	Kilogram.....14
3						////////	////////	////////	////////	////////	////////	////////	Litre.....15
Secondary Goods purchased for resale													Log.....16
1													Margarine tin.....17
2													Maxi bag.....18
3													Mini bag.....19
													Nut.....20
													Pounds.....21
													Sheet.....22
													Stick.....23
													Tonne.....24
													Tubers.....26

SECTION 10: NON-FARM HOUSEHOLD ENTERPRISES  
 PART E: OTHER REVENUE

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

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

SECTION 10: NON-FARM ENTERPRISES  
 PART E1: OTHER REVENUE

FIRST ENTERPRISE

	FIRST ENTERPRISE	OPERATING IN THE LAST TWO WEEKS			FIRST ENTERPRISE	NOT OPERATING IN THE LAST TWO WEEKS	
		How much was earned through the provision of the following services during the past.....?				How much is usually earned through the provision of the following services in .....	
		1 Month	3 Months			1 Month	3 Months
		A M O U N T	A M O U N T			A M O U N T	A M O U N T
	a. Delivery of goods sold.				a. Delivery of Goods sold		
	b. Provision of other services				b. Provision of other services		
	c. Rental of buildings				c. Rental of buildings		
	d. Rental of machinery and transport equipment				d. Rental of machinery and transport equipment		
	e. Commissions				e. Commission		
	f. Royalties, copyright, etc belonging to the enterprise				f. Royalties, copyright, etc. belonging to the enterprise		
	g. Storage and handling fees				g. Storage and handling fees		
	h. Inspection and valuation fees				h. Inspection and valuation fees		
	i. Sale of scrap				i. Sale of scrap		
	j. Profit on sale of fixed assets				j. Profit on sale of fixed assets		
	k. Other (specify)				k. Other (specify)		

SECTION 10: NON-FARM ENTERPRISES  
 PART E2: OTHER REVENUE

SECOND ENTERPRISE

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

SECTION 10: NON-FARM HOUSEHOLD ENTERPRISES  
 PART F1: EXPENDITURE (OPENING STOCKS, PURCHASES AND IMPORTS)

FIRST ENTERPRISE

Month:

Year:  2  0  0

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

I T E M (WRITE NAME OF ITEM AND CODE)	1 How much of the following items did the enterprise have at the beginning of the production year?					2 How much of the following items were purchased in the past 3 months?			3 How much of the following items were imported in the past 3 months?			UNIT CODE	
	PROD CODE	UNIT CODE	UNIT PRICE	QTY	VALUE	UNIT PRICE	QTY	VALUE	UNIT PRICE	QTY	VALUE		
Principal Finished products/service 1.													None.....00
Principal Raw materials 2.													All.....01
Principal product work in progress 3.						/////	////	////////////////	/////	////	////////////////		American tin.....02
Principal Goods for resale 4.													Barrel.....03
Secondary Finished products													Basket.....04
1													Beer bottle.....05
2													Bowl.....06
3													Box.....07
Secondary Raw materials													Bunch.....08
1													Bundle.....09
2													Fanta/Coke bottle...10
3													Fingers.....11
Secondary products work-in-progress													Fruit.....12
1						/////	////	////////////////	/////	////	////////////////		Gallon.....13
2						/////	////	////////////////	/////	////	////////////////		Kilogram.....14
3						/////	////	////////////////	/////	////	////////////////		Litre.....15
Secondary Goods purchased for resale													Log.....16
1													Margarine tin.....17
2													Maxi bag.....18
3													Mini bag.....19
													Nut.....20
													Pounds.....21
													Sheet.....22
													Stick.....23
													Tonne.....24
													Tubers.....26
													Pieces.....27
													Singles.....28
													Dozen.....29
													Crate.....30
													Pair.....31



SECTION 10: NON-FARM HOUSEHOLD ENTERPRISES  
 PART F2: EXPENDITURE (OPENING STOCKS, PURCHASES AND IMPORTS)

SECOND ENTERPRISE

Month:

Year:  2  0  0

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

I T E M (WRITE NAME OF ITEM AND CODE)	1 How much of the following items did the enterprise have at the beginning of the production year?					2 How much of the following items were purchased in the past 3 months?			3 How much of the following items were imported in the past 3 months?			UNIT CODE	
	PROD CODE	UNIT CODE	UNIT PRICE	QTY	VALUE	UNIT PRICE	QTY	VALUE	UNIT PRICE	QTY	VALUE		
Principal Finished products/service 1.													None.....00
Principal Raw materials 2.													All.....01
Principal product work in progress 3.						/////	////	////////////////	////////	////	////////////////	American tin.....02	
Principal Goods for resale 4.													Barrel.....03
Secondary Finished products													Basket.....04
1													Beer bottle.....05
2													Bowl.....06
3													Box.....07
Secondary Raw materials													Bunch.....08
1													Bundle.....09
2													Fanta/Coke bottle...10
3													Fingers.....11
Secondary products work-in-progress													Fruit.....12
1						/////	////	////////////////	////////	////	////////////////	Gallon.....13	
2						/////	////	////////////////	////////	////	////////////////	Kilogram.....14	
3						/////	////	////////////////	////////	////	////////////////	Litre.....15	
Secondary Goods purchased for resale													Log.....16
1													Margarine tin.....17
2													Maxi bag.....18
3													Mini bag.....19
													Nut.....20
													Pounds.....21
													Sheet.....22
													Stick.....23
													Tonne.....24
													Tubers.....26
													Piece.....27
													Single.....28
													Dozen.....29
													Crate.....30
													Pair.....31

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

FIRST ENTERPRISE

Month:   Year:  2  0  0

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

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

OPERATING SINCE THE LAST 2 WEEKS

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

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

SECOND ENTERPRISE

Month:   Year:  2  0  0

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

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

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

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

FIRST ENTERPRISE

Month:   Year:  2  0  0

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

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

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

SECOND ENTERPRISE

Month:

Year:  2  0  0

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

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

SECTION 10: NON-FARM ENTERPRISES  
 PART 11: PROPERTY INCOME

FIRST ENTERPRISE

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

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

SECTION 10: NON-FARM ENTERPRISES  
 PART 12: PROPERTY INCOME

SECOND ENTERPRISE

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

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

SECTION 10: NON-FARM ENTERPRISES  
PART J: NET INCOME OF ENTERPRISE

E N T E R P R I S E  N U M B E R	1 Since the last two weeks, has any of the goods and services produced by this enterprise been consumed by the household members instead of being sold?	2 What was the value of the products consumed by the household since the last 2 weeks?			3 How much money from this enterprise usually goes to the household?		4 How much money from this enterprise usually goes to you personally?		
	Yes.....1 No.....2 (>> 3)	CODE	QUANTITY	UNIT PRICE	A M O U N T	TIME UNIT	A M O U N T	TIME UNIT	A M O U N T
1									
2									

TIME UNIT

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

E N T E R P R I S E  N U M B E R	After deducting the business expenditure, do you usually use the income from this enterprise .....									
	5 For payments to other households?	6 What is the amount?		7 For savings for the Enterprise?		8 What is the amount?		9 For any other purpose?		10 What is the amount?
Yes .....1 No .....2 (>> 7)			Yes .....1 No .....2 (>> 9)				Yes .....1 No .....2 (>> Next Item)			
	AMOUNT	TIME UNIT		AMOUNT	TIME UNIT		TIME UNIT	A M O U N T		
1										
2										



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

RESPONDENT: HOUSEHOLD HEAD OR MAIN RESPONDENT

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

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

4 LIST EACH PERSON'S NAME TO WHOM CASH AND / OR GOODS WERE SENT BY THE HOUSEHOLD  (IF NOT A HOUSEHOLD MEMBER >> 6)	5 ID CODE IF PERSON IS AN ABSENT MEMBER OF THE HOUSEHOLD THEN (>> 8)	IF NOT A HOUSEHOLD MEMBER, RELATIONSHIP TO THE HOUSEHOLD HEAD AND SEX		8 Were these remittances made on a regular basis?  Yes, Weekly.....1 Monthly.....2 Quarterly...3 Annually...4 No.....5 Other.....6 (specify)	9 Will these remittances be paid at some future time?  Yes.....1 No.....2	10 What was the total amount of the cash sent to/or given this individual during the past 12 months?  AMOUNT	11 What were the 3 main uses of cash sent?  Daily consumption..1 Housing.....2 Business.....3 Education....4 Health.....5 Funerals.....6 Other ceremonies...7 Savings.....8 Other.....9 (specify)			12 What was the total value of food sent to/or given to this individual during the past 12 months?  IF NO FOOD CODE 00  VALUE	13 What was the value of other goods sent to/or given to this individual during the past 12 months?  IF NO GOODS CODE 00  VALUE	14 Where does this recipient live?  This town/village..01 Sekondi/Takoradi...02 Cape Coast.....03 Accra.....04 Ho.....05 Koforidua.....06 Kumasi.....07 Sunyani.....08 Tamale.....09 Bolgatanga.....10 Wa.....11 Other urban.....12 Rural.....13 Other ECOWAS.....96 Other Africa.....97 Outside Africa.....98
		6 RELATIONSHIP	7 SEX				1st	2nd	3rd			
		Parent .....1	Male...1									
		Spouse .....2	Female.2									
		Child .....3										
		Brother/										
		Sister .....4										
		Other relative ...5										
		Non-relative ...6										

SECTION 11: INCOME TRANSFERS AND MISCELLANEOUS INCOME & EXPENDITURE  
 PART B: TRANSFER PAYMENTS RECEIVED BY HOUSEHOLD

RESPONDENT: HOUSEHOLD HEAD OR MAIN RESPONDENT

<p>1 During the past 12 months has this household received or collected money or goods from ..... (NAME OF ABSENT HOUSEHOLD MEMBER)?</p> <p>Yes.....1 No.....2</p>	<p>2 During the past 12 months, has this household received or collected money or goods from any other individual?</p> <p>Yes.....1 No.....2</p> <p>(IF ANSWERS TO Q.1 AND Q.2 ARE NO, &gt;&gt; PART C)</p>
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NOTE: TRANSFERS IN THIS SECTION SHOULD NOT INCLUDE PAYMENTS MADE TO THE HOUSEHOLD FOR GOODS AND SERVICES OR FOR WORK DONE BY THE HOUSEHOLD. THESE INCOMES ARE COVERED IN SECTIONS 4, 8, AND 10.

3 LIST EACH PERSON'S NAME FROM WHOM HOUSEHOLD RECEIVED MONEY OR GOODS.  (IF NOT A HOUSEHOLD MEMBER >> 5)	4 ID CODE IF PERSON IS AN ABSENT MEMBER OF THE HOUSEHOLD THEN (>> 7)	IF NOT A HOUSEHOLD MEMBER, RELATIONSHIP TO THE HOUSEHOLD HEAD AND SEX		7 Were these remittances made on a regular basis?  Yes, Weekly.....1 Monthly...2 Quarterly...3 Annually...4 No.....5 Other.....6 (specify)	8 Will you have to repay these?  Yes.....1 No.....2	9 What was the total amount of the cash this household received from this individual during the past 12 months?  AMOUNT
		5 RELATIONSHIP	6 SEX			
		Parent.....1				
		Spouse.....2	Male...1			
		Child.....3				
		Brother / Sister.....4	Female.2			
		Other relative....5				
		Non-relative....6				

SECTION 11: INCOME TRANSFERS AND MISCELLANEOUS INCOME & EXPENDITURES  
 PART B: TRANSFER PAYMENTS RECEIVED BY HOUSEHOLD

RESPONDENT: HOUSEHOLD HEAD OR MAIN RESPONDENT

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

10 Through which means did you receive the remittance?	11 What were the 3 main uses of cash received?			12 What was the total value of food received from this individual during the past 12 months?	13 What was the value of other goods (non-food items) received from this individual during the past 12 months?	14 Where does this individual live?
	1st	2nd	3rd	VALUE	VALUE	
Bank Accounts.....1	Daily consumption...1					This town/village.....01
Money transfer agency.....2	Housing.....2					Sekondi/Takoradi.....02
Sender him/herself.....3	Business.....3					Cape Coast.....03
Cash carried by someone else.....4	Education.....4					Accra.....04
Other.....5 (specify)	Health.....5					Ho.....05
	Funerals.....6					Koforidua.....06
	Other ceremonies...7					Kumasi.....07
	Savings.....8					Sunyani.....08
	Other.....9 (specify)					Tamale.....09
						Bolgatanga.....10
						Wa.....11
						Other urban.....12
						Rural.....13
						Other ECOWAS.....96
						Other Africa.....97
						Outside Africa.....98

SECTION 11: INCOME AND MISCELLANEOUS INCOME & EXPENDITURES

PART C: MISCELLANEOUS INCOME									
During the past 12 months, how much income in cash or kind, did any member of the household receive from the following sources?									
	FROM CENTRAL GOVERNMENT			FROM OTHER SOURCES			T O T A L		
	1 Social Security	2 State Pension	3 Other (specify)	4 Retirement benefits	5 Dowry or inheritance	6 Other (specify)  EXCLUDE SUSU	7 C1 + C2 + C3	8 C4 + C5 + C6	9 C7 + C8
	A M O U N T	A M O U N T	A M O U N T	A M O U N T	V A L U E	A M O U N T	A M O U N T	A M O U N T	A M O U N T
01									
02									
03									
04									
05									
06									
07									
08									
09									
10									
11									
12									
13									
14									
15									

SECTION 11: INCOME AND MISCELLANEOUS INCOME & EXPENDITURES

PART D: MISCELLANEOUS OUTGOINGS (EXPENDITURES)

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

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

SECTION 12: CREDIT, ASSETS AND SAVINGS  
PART A: CREDIT

RESPONDENT: THE HEAD OF HOUSEHOLD OR MAIN RESPONDENT

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

1 Does any member of the household owe money or goods to another person, institution, or business?  Yes....1 No....2	2 During the past 12 months, has any loan been fully repaid by any member of the household?  Yes.....1 No.....2  N/A.....3 (> 10)  IF ANSWER TO Q.1=2 AND Q.2=1 >>10	3 L O A N  U M B E R	4 Which household member obtained the loan?  MEMBER ID	5 What is the source of this loan? State Bank.....01 Private Bank.....02 Cooperative.....03 Gov't. Agency....04 NGO's.....05 Business Firm....06 Employer.....07 Money lender....08 Trader.....09 Farmer.....10 Relative/Friend/Neighbour.....11 Other.....12 Relat(specify)	6 What was the total amount of the original loan?  AMOUNT	7 For what purpose was the loan contracted? Agric. land/equipment.....01 Agric. Inputs.....02 Business.....03 Housing.....04 Education/Training...05 Health.....06 Ceremonies (Weddings, funerals, etc.)...07 Vehicle.....08 Other consumer goods.....09 Other.....10 (specify)	8 What kind of guarantee was required by the lender? None.....1 Land.....2 Cattle.....3 House/building...4 Employer...5 Relatives...6 Non-relatives..7 Other.....8 (specify)	9 How much of the loan has been repaid during the past 12 months (including charges and interest and any payment in kind)?  AMOUNT	10 During the past 12 months has any member of the household tried to obtain a loan and has been refused?  Yes.....1 No.....2 (> PART 12B)	11 Which household member(s) was (were) refused the loan(s)?		12 Why was the loan refused? Insufficient income .....1 Insufficient collateral security ....2 Previous debt problems ....3 Inappropriate purpose of loans .....4 Other .....5 (specify)  (>> PART 12B)
										R E F U S E D	M E M B E R	
									//////////			
									//////////			
									//////////			
									//////////			
									//////////			

PART B: ASSETS AND DURABLE CONSUMER GOODS

I T E M	CODE	1 Does any member of the household own .....? Yes, working.1 Yes, not working.2 No .....3 (>> Next Item)			2 How long ago was ..... obtained?  LESS THAN ONE YEAR: 00  ITEM			3 What was its purchase price? (IF GIFT PUT ZERO)  C = CURRENCY CODE Cedi.....1 Dollar.....5 Naira.....2 Euro.....6 CFA.....3 Yen.....7 Pound.....4 Other (specify).....8						4 How much could you sell it now in cedis?		
								ITEM						ITEM		
					1	2	3	ITEM - 1	C	ITEM - 2	C	ITEM - 3	C	1	2	3
					YEARS			A M O U N T						V A L U E		
1	2	3														
Furniture	301															
Sewing machine	302															
Stove (kerosene)	303															
Stove (electric)	304															
Stove (gas)	305															
Refrigerator	306															
Freezer	307															
Air conditioner	308															
Fan	309															
Radio	310															
Radio cassette	311															
Record player	312															
3-in-one Radio system	313															
Video player	314															
Desktop Computer	315															
Laptop Computer	316															
Printer	317															
Computer accessories	318															
Cam-coder/video camera	319															
Satellite Dish	320															

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

I T E M	CODE	1 Does any member of the household own .....? Yes, working.1 Yes, not working.2 No .....3 (> Next Item)			2 How long ago was ..... obtained?  LESS THAN ONE YEAR: 00			3 What was its purchase price?  IF GIFT PUT ZERO  C = Currency Code						4 How much could you sell it now in cedis?		
		ITEM			ITEM			ITEM - 1	C	ITEM - 2	C	ITEM - 3	C	1	2	3
		1	2	3	1	2	3	A M O U N T						V A L U E		
		YEARS														
Washing machine	321															
T.V.	322															
Camera	323															
Iron (Electric)	324															
Bicycle	325															
Motor cycle	326															
Car	327															
House	328															
Land / Plot	329															
Shares	330															
Boat	331															
Canoes	332															
Outboard motor	333															
Microwave	334															
Food processor	335															
Box Iron	336															
Mobile phone	337															
Generator	338															

CURRENCY CODE →

- |              |   |               |   |
|--------------|---|---------------|---|
| Cedi .....   | 1 | Dollars ..... | 5 |
| Naira .....  | 2 | Euro .....    | 6 |
| CFA .....    | 3 | Yen .....     | 7 |
| Pounds ..... | 4 | Other .....   | 8 |
|              |   | (specify)     |   |



PART C: SAVINGS (INCLUDE SUSU)

1 Does any member of the household have a savings account or participate in Susu?  Yes .....1 No .....2 (END INTERVIEW)	2 I T E M  N U M B E R	3 In whose name is the account?  MEMBER ID	4 In what currency is the account?  CURRENCY CODE	5 What is the current balance of these savings?  AMOUNT	6 How much has been added to the savings in the past 12 months?  (EXCLUDE INTEREST)  AMOUNT	7 How much has been withdrawn from the savings in the past 12 months?  AMOUNT
	1					
	2					
	3					
	4					
	5					
	6					
	7					
	8					
	9					
	10					

CURRENCY  
CODE

Cedi .....1  
 Naira .....2  
 CFA .....3  
 Pounds .....4  
 Dollars .....5  
 Euro .....6  
 Yen .....7  
 Other .....8  
 (specify)

END OF INTERVIEW