ECONOMIC GROWTH CENTER (EGC),
YALE UNIVERSITY
&
INSTITUTE OF STATISTICAL, SOCIAL & ECONOMIC RESEARCH (ISSER),
UNIVERSITY OF GHANA, LEGON

GHANA SOCIO-ECONOMIC PANEL SURVEY

HOUSEHOLD INSTRUMENT
WAVE ONE (2009)

PART B

REGION: |_____|

E.A. NO.: |_____|

DISTRICT: |_____|

HH ID: |_____|

INTERVIEWER ID: |_____|

SUPERVISOR ID: |_____|

CONSENT FOR ALL HOUSEHOLD MEMBERS AGED 26 AND YOUNGER (TO RESPOND TO SECTION 9).

Name	HH Member ID	Yes/No	Signature/Thumbprint
1.			
2.			
3.			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			

Checklist of Completed Modules

Checklist of Completed Modules

(i) *Household Specific Modules:* Enumerator: for each of the following sections, please ask the head and spouse which person in the household would be the most knowledgeable about questions regarding these issues. Please schedule an interview date with such members of the household. Record your initials and date when the interview was completed.

Section	**2. members of the HH**	**3. HH assets**	**4. HH production**	**5. non-farm enterprise**	**11. consumption module**	**12. Housing Characteristics**
1. Who in the household is most knowledgeable about?	family history, relatives and spouses that don't live in household	land holdings, farm tools, animals, financial assets, household durables	plots, crops, interaction with village officials/ organizations	non-farm business ventures, costs, revenues, employees, assets	how much food the family eats, household bills	Housing Characteristics and property
2. Name	_____	_____	_____	_____	_____	_____
3. ID number	ID ___|	ID ___|	ID ___|	ID ___|	ID ___|	ID ___|
4. Date & time for Individual Interview: dd.mm / time	____|_____|/____|_____|	____|_____|/____|_____|	____|_____|/____|_____|	____|_____|/____|_____|	____|_____|/____|_____|	____|_____|/____|_____|
5. Checkpoint: Interview Complete? **1. Yes 2. No** Initials and date when the interview was completed	____|	____|	____|	____|	____|	____|

(ii.) *Limited respondent Modules* Enumerator: each of the following sections must be asked to the head of the household, the spouse, and one person RANDOMLY chosen. Please schedule an interview date with these selected household members. Record your initials date and when the interview was completed.
1. Write the names on pieces of papers for the household head to select:

Section 10. Psych/Personality	**Head**	**Spouse**	**Randomly chosen individual**
6. ID number	ID ___|	ID ___|	ID ___|
7. Name	_____	_____	_____
8. Date & time for Individual Interview : dd.mm/time	____|_____|/____|_____|	____|_____|/____|_____|	____|_____|/____|_____|
9. Checkpoint: Section 10, Psychology/Personality complete? **1. Yes 2. No** Initials and date when the interview was completed	____|	____|	____|

Checklist of Completed Modules

iii.) *Adult Female Module*
Enumerator: For each adult female in the house, aged 12 and older, please write down the number of children that the woman has in each age range, and schedule a date to ask her questions about the child's health (section 9) and about her own reproductive health (section 7), non-farm household enterprises (section 5) as well as the Individual survey (section 1). On the day that the interview is completed, please initial and date the "completed" column.
Note: if there are more than 6 adult women, add another sheet behind this one and bring extra women's health modules with you.

Adult Female ID Number	**Adult Female #1**	**Adult Female #2**	**Adult Female #3**	**Adult Female #4**	**Adult Female #5**	**Adult Female #6**
10. ID number	ID ___|	ID ___|	ID ___|	ID ___|	ID ___|	ID ___|
11. Date & time for Individual Interview (sections 1 ,6 & 7) dd.mm/time	_________|/_________|	_________|/_________|	_________|/_________|	_________|/_________|	_________|/_________|	_________|/_________|
12. Number of Young Children <5 years old	**no. ___|**	**no. ___|**	**no. ___|**	**no. ___|**	**no. ___|**	**no. ___|**
13. Number of Children <15 years old	**no. ___|**	**no. ___|**	**no. ___|**	**no. ___|**	**no. ___|**	**no. ___|**
14. Fertility Module Completed 1. Yes, Initial and date 2. No	1. Yes _____	1. Yes _____	1. Yes _____	1. Yes _____	1. Yes _____	1. Yes _____
15. Young Child health module completed? 1. Yes; Initial 2. N/A	1. Yes _____ 2. N/A	1. Yes _____ 2. N/A	1. Yes _____ 2. N/A	1. Yes _____ 2. N/A	1. Yes _____ 2. N/A	1. Yes _____ 2. N/A
16. Child cognitive tests completed?	1. Yes _____ 2. N/A	1. Yes _____ 2. N/A	1. Yes _____ 2. N/A	1. Yes _____ 2. N/A	1. Yes _____ 2. N/A	1. Yes _____ 2. N/A
17. Checkpoint: Section 1, Individual questionnaire complete? 1. Yes 2. No If yes, initials and date when the interview was completed	____|	____|	____|	____|	____|	____|
18. Checkpoint: Section 5, non-farm household enterprise complete? 1. Yes 2. No If yes, initials and date when the interview was completed						
19. Checkpoint: Section 7, Women's Health complete? 1. Yes 2. No If yes, initials and date when the interview was completed	____|	____|	____|	____|	____|	____|

Checklist of Completed Modules

Adult Female ID Number	Adult Female #1	Adult Female #2	Adult Female #3	Adult Female #4	Adult Female #5	Adult Female #6
20. Checkpoint: Section 9, Children's Module? 1. Yes 2. No If yes, initials and date when the interview was completed	____|	____|	____|	____|	____|	____|

Note: Record zero if Adult female does not have any child under 15 in questions 12 & 13

(iv.) *Adult Male Module*
Enumerator: For each adult MALE in the house, aged 15 and older, please schedule a date to ask him men's health questions (section 8), the individual questions (section 1) and non-farm household questions (Section 5)

On the day that the interview is completed, please initial and date the "completed" column.

Note: if there are more than 6 adult men, add another sheet behind this one and bring extra men's health modules with you.

Adult Male ID Number	Adult Male #1	Adult Male #2	Adult Male #3	Adult Male #4	Adult Male #5	Adult Male #6
21. ID number	ID ___|	ID ___|	ID ___|	ID ___|	ID ___|	ID ___|
22. Date for Individual Interview (sections 1 , 5 & 8) dd.mm/time	_________\/_________|	_________\/_________|	_________\/_________|	_________\/_________|	_________\/_________|	_________\/_________|
23. Check point: Section 1, Individual questionnaire complete? 1. Yes 2. No If yes, initials and date when the interview was completed	____|	____|	____|	____|	____|	____|
24. Checkpoint: Section 8, Men's Health complete? 1. Yes 2. No If yes, initials and date when the interview was completed	____|	____|	____|	____|	____|	____|
25. Checkpoint: Section 5, non-farm household enterprises complete? 1. Yes 2. No If yes, initials and date when the interview was completed	____|	____|	____|	____|	____|	____|

Section 5 -Non-farm Household Enterprise

RESPONDENT: *Head or Spouse, person who knows about business, employees, assets*

Part A: Basic Information and Assets
i. Basic Information
ii. Enterprise Assets

Part B: Information about Employees
i. Info for all employees
ii. Four Important Employees
iii. Enterprise operating in past 1 month
iv. Enterprise in a typical month

Part C: Accounting – General Enterprise

Part D: Accounting – Trade/Wholesale Enterprise

Part E: Accounting – Food Enterprise

Part F: Accounting – SERVICES

Part A: Basic Information

0. Point of verification: In the last year, has any member of this household (7 years and older) been involved in any non-farm employment, where the household member is not someone else's employee? 1. Yes 2. No >>next section	
1. How many businesses are owned by members in this household? 1. Number	1. No. _____

Enumerator: Please ask these questions to the person who is responsible, or most knowledgeable, about each enterprise.

	Enterprise 1	Enterprise 2	Enterprise 3
2. What is the name of the enterprise?	Name: _____	Name: _____	Name: _____
3. Please list the name(s)of the person(s) who own(s) the enterprise and their household ID number	Name1: _____ ID: _____ Name2:_____ ID: _____	Name1: _____ ID: _____ Name2:_____ ID: _____	Name1: _____ ID: _____ Name2:_____ ID: _____
4. Please list the name of the person who is responsible(if this person is different from the one who owns it) for the enterprise and his/her household ID number **(Code 99 if outside the household)**	Name: _____ ID: _____	Name: _____ ID: _____	Name: _____ ID: _____
5. Name and ID of household member interviewed	Name: _____ ID: _____	Name: _____ ID: _____	Name: _____ ID: _____

i. Information for All Enterprises

	Enterprise 1	Enterprise 2	Enterprise 3
6. What is the main (principal) activity of this enterprise?			
7.In which industry does it belong? **(See codebook for ISIC code and write 4 digits)**	_____ _____	_____ _____	_____ _____
8. What is the secondary activity of this enterprise? Code NA if no secondary activity			
9. In which industry does it belong? **(See codebook for ISIC code and write 4 digits)**	_____ _____	_____ _____	_____ _____
10. How many years, altogether, has this business been in operation? 1. Years 2. Months	_____ y _____m	_____ y _____ m	_____ y _____ m

i. Information for All Enterprises

	Enterprise 1			Enterprise 2			Enterprise 3		
11. Please circle the months that this business operated in during the last 12 months: *(Circle all that apply)*	Jan	Feb	March	Jan	Feb	March	Jan	Feb	March
	April	May	June	April	May	June	April	May	June
	July	Aug	Sept	July	Aug	Sept	July	Aug	Sept
	Oct	Nov	Dec	Oct	Nov	Dec	Oct	Nov	Dec
12. Does the income from this enterprise belong entirely to the household? 1. Yes >>15 2. No	1. Yes 2. No			1. Yes 2. No			1. Yes 2. No		
13. What percent of the income from this enterprise belongs to the household? 1. Percent	1. _____%			1. _____%			1. _____%		
14. Please give the name and HH ID of your main partner outside the household. 1. Name 2. HH ID 3.Code NV if outside the EA	Name: _____ HHID: _____ 3.			Name: _____ HH ID: _____ 3.			Name: _____ HH ID: _____ 3.		
15. Is this enterprise registered with any government agency? 1. Registrar General's Department – RG 2. Department of Cooperatives – DC 3. District Assembly – DA 4. Other(specify) – OT 5. No – NO	1. RG 2. DC 3. DA 4. OT _____ 5. NO			1. RG 2. DC 3. DA 4. OT _____ 5. NO			1. RG 2. DC 3. DA 4. OT _____ 5. NO		
16. What was the most serious difficulty in establishing this enterprise? 1. No difficulty – NO 2. Capital / credit – CC	1. NO 2. CC			1. NO 2. CC			1. NO 2. CC		

	Enterprise 1	Enterprise 2	Enterprise 3
3. Technical knowhow – TC 4. Government regulation – GR 5. Other (specify) – OT	3. TC 4. GR 5. OT _____	3. TC 4. GR 5. OT _____	3. TC 4. GR 5. OT _____
17. What was the main source of capital in setting up this enterprise? 1. Household savings – HS 2. Bank – BA 3. Remittances from abroad – RA 4. Proceeds from family farms – FF 5. Proceeds from family non-farm enterprise – NF 6. Income from family property(ies) -- IP 7. NGO support – NG 8. District assembly / town development support – DA 9. Church assistance – CA 10. Money lenders – ML 11. Relatives/ friends – RF 12. Other partners – OP 13. No capital required – NC 14. Other (specify)–OT	1. HS 2. BA 3. RA 4. FF 5. NF 6. IP 7. NG 8. DA 9. CA 10. ML 11. RF 12. OP 13. NC 14. OT_____	1. HS 2. BA 3. RA 4. FF 5. NF 6. IP 7. NG 8. DA 9. CA 10. ML 11. RF 12. OP 13. NC 14. OT_____	1. HS 2. BA 3. RA 4. FF 5. NF 6. IP 7. NG 8. DA 9. CA 10. ML 11. RF 12. OP 13. NC 14. OT_____
18. What was the nature of this capital? 1. Loan – LO 2. Gift – GI 3. Self-financed – SF 4. Not applicable -NA	1. LO 2. GI 3. SF 4. NA	1. LO 2. GI 3. SF 4. NA	1. LO 2. GI 3. SF 4. NA

i. Information for All Enterprises

	Enterprise 1	Enterprise 2	Enterprise 3
19. During the last 12 months has this enterprise tried to get credit from any source? 1. Yes, successfully – YS 2. Yes, unsuccessfully – YU 3. No >>23	1. YS 2. YU 3. NO >>23	1. YS 2. YU 3. NO >>23	1. YS 2. YU 3. NO >>23
20. During the last 12 months where has this enterprise tried to get credit? *(Circle all that apply)* 1. Bank – BA 2. Other financial agencies – OA 3. Cooperative – CO 4. Money lender – ML 5. Relative/ friend – RF 6. Proceeds from other enterprise – OE 7. Government agency – GA 8. NGO – NG 9. Community epicenter – CE 10. Other (specify) – OT	1. BA 2. OA 3. CO 4. ML 5. RF 6. OE 7. GA 8. NG 9. CE 10. OT _____	1. BA 2. OA 3. CO 4. ML 5. RF 6. OE 7. GA 8. NG 9. CE 10. OT _____	1. BA 2. OA 3. CO 4. ML 5. RF 6. OE 7. GA 8. NG 9. CE 10. OT _____
21. During the last 12 months, how much, <u>in total</u> has this enterprise borrowed? 1.GHcedis and pesawas	_____ c _____ p	_____ c _____ p	_____ c _____ p
22. How much of the total loans contracted / borrowed during the last 12months has this enterprise repaid? 1. GH cedis and pesawas	_____ c _____ p	_____ c _____ p	_____ c _____ p

i. Information for All Enterprises

23. In the month of (…), are your sales (H) high, (A) average, (L) low/ below average (N) none?

	Enterprise 1				Enterprise 2				Enterprise 3			
1. January	H	A	L	N	H	A	L	N	H	A	L	N
2. February	H	A	L	N	H	A	L	N	H	A	L	N
3. March	H	A	L	N	H	A	L	N	H	A	L	N
4. April	H	A	L	N	H	A	L	N	H	A	L	N
5. May	H	A	L	N	H	A	L	N	H	A	L	N
6. June	H	A	L	N	H	A	L	N	H	A	L	N
7. July	H	A	L	N	H	A	L	N	H	A	L	N
8. August	H	A	L	N	H	A	L	N	H	A	L	N
9. September	H	A	L	N	H	A	L	N	H	A	L	N
10. October	H	A	L	N	H	A	L	N	H	A	L	N
11. November	H	A	L	N	H	A	L	N	H	A	L	N
12. December	H	A	L	N	H	A	L	N	H	A	L	N

	Enterprise 1	Enterprise 2	Enterprise 3
24. What is the average level of sales in a <u>HIGH</u> month for this enterprise? 1. GH cedis and pesewas	_____ c _____ p	_____ c _____ p	_____ c _____ p
25. What is the average level of sales in an <u>AVERAGE</u> month for this enterprise? 1. GH cedis and pesewas	_____ c _____ p	_____ c _____ p	_____ c _____ p
26. What is the average level of sales in a <u>LOW</u> month for this enterprise? 1.GH cedis and pesewas	_____ c _____ p	_____ c _____ p	_____ c _____ p

i. Information for All Enterprises

	Enterprise 1	Enterprise 2	Enterprise 3
27. What is the average level of costs in a HIGH month for this enterprise? 1. GH cedis and pesewas	_____ c _____ p	_____ c _____ p	_____ c _____ p
28. What is the average level of costs in anAVERAGE month for this enterprise? 1. GH cedis and pesewas	_____ c _____ p	_____ c _____ p	_____ c _____ p
29. What is the average level of costs in a LOW month for this enterprise? 1. GH cedis and pesewas	_____ c _____ p	_____ c _____ p	_____ c _____ p

i. Information for All Enterprises

ii. ENTERPRISE ASSETS PUT ALL LIKE-ASSESTS TOGETHER AND VALUE THEM

	Enterprise 1	Enterprise 2	Enterprise 3
30. Does this enterprise own land and buildings? 1. Yes 2. No >>31	1. Yes 2. No	1. Yes 2. No	1. Yes 2. No
a. What is the value of (…) if you were to sell it today?	_____c _____p	_____c _____p	_____c _____p
b. Expense toward purchase of (…) last 12 months	_____c _____p	_____c _____p	_____c _____p
c. Expense on repair of (…) last 12 months	_____c _____p	_____c _____p	_____c _____p
d. Receipts from sale of (…) last 12 months	_____c _____p	_____c _____p	_____c _____p
e. Receipts from renting (…) last 12 months	_____c _____p	_____c _____p	_____c _____p
f. Household share of (…) 1. Percent	_____%	_____%	_____%
31. Does this enterprise own transport equipment? 1. Yes 2. No >>32	1. Yes 2. No	1. Yes 2. No	1. Yes 2. No
a. What is the value of (…) if you were to sell it today?	_____c _____p	_____c _____p	_____c _____p
b. Expense toward purchase of (…) last 12 months	_____c _____p	_____c _____p	_____c _____p
c. Expense on repair of (…) last 12 months	_____c _____p	_____c _____p	_____c _____p
d. Receipts from sale of (…) last 12 months	_____c _____p	_____c _____p	_____c _____p
e. Receipts from renting (…) last 12 months	_____c _____p	_____c _____p	_____c _____p
f. Household share of (…) 1. Percent	_____%	_____%	_____%
32. Does this enterprise own machinery or equipment? 1. Yes 2. No >>33	1. 2.	1. 2.	1. 2.
a. What is the value of (…) if you were to sell it today?	_____c _____p	_____c _____p	_____c _____p

	Enterprise 1	Enterprise 2	Enterprise 3
b. Expense toward purchase of (…) last 12 months	_____c _____p	_____c _____p	_____c _____p
c. Expense on repair of (…) last 12 months?	_____c _____p	_____c _____p	_____c _____p
d. Receipts from sale of (…) last 12 months	_____c _____p	_____c _____p	_____c _____p
e. Receipts from renting (…) last 12 months	_____c _____p	_____c _____p	_____c _____p
f. Household share of (…) 1. Percent	_____%	_____%	_____%
33. Does this enterprise own other assets? 1. Yes 2. No >>Next Section	1. Yes 2. No	1. Yes 2. No	1. Yes 2. No
Other Asset 1 (Name)	1. _____	1. _____	1. _____
a. What is the value of (…) if you were to sell it today?	_____c _____p	_____c _____p	_____c _____p
b. Expense toward purchase of (…) last 12 months	_____c _____p	_____c _____p	_____c _____p
c. Expense on repair of (…) last 12 months	_____c _____p	_____c _____p	_____c _____p
d. Receipts from sale of (…) last 12 months	_____c _____p	_____c _____p	_____c _____p
e. Receipts from renting (…) last 12 months	_____c _____p	_____c _____p	_____c _____p
f. Household share of (…) 1. Percent	_____%	_____%	_____%
Other Asset (Name)	2. _____	2. _____	2. _____
a. What is the value of (…) if you were to sell it today?	_____c _____p	_____c _____p	_____c _____p
b. Expense toward purchase of (…) last 12 months	_____c _____p	_____c _____p	_____c _____p
c. Expense on repair of (…) last 12 months	_____c _____p	_____c _____p	_____c _____p
d. Receipts from sale of (…) last 12 months	_____c _____p	_____c _____p	_____c _____p
e. Receipts from renting (…) last 12 months	_____c _____p	_____c _____p	_____c _____p

		Enterprise 1	Enterprise 2	Enterprise 3
	f. Household share of (…) 1. Percent	_____%	_____%	_____%
Other Asset 3 (Name)		3. _____	3. _____	3. _____
	a. What is the value of (…) if you were to sell it today?	_____c _____p	_____c _____p	_____c _____p
	b. Expense toward purchase of (…) last 12 month	_____c _____p	_____c _____p	_____c _____p
	c. Expense on repair of (…) last 12 months	_____c _____p	_____c _____p	_____c _____p
	d. Receipts from sale of (…) last 12 months	_____c _____p	_____c _____p	_____c _____p
	e. Receipts from renting (…) last 12 months	_____c _____p	_____c _____p	_____c _____p
	f. Household share of (…) 1. Percent	_____%	_____%	_____%

Part B: Information about Employees
i. Information About All Employees: Please fill out for one enterprise at a time

	Enterprise 1	Enterprise 2	Enterprise 3
1. How many people are currently working at this enterprise? Include HH members, apprentices, hired labor, <u>AND</u> the person responsible for the enterprise. 1. Male 2. Female	1. No. male _____ 2. No. female _____	1. No. male _____ 2. No. female _____	1. No. male _____ 2. No. female _____
2. How many of these workers are paid? 1. Male 2. Female	1. No. male _____ 2. No. female _____	1. No. male _____ 2. No. female _____	1. No. male _____ 2. No. female _____
3. During the last 12 months, how many people have usually worked in this enterprise? Include HH members, apprentices, hired labor, AND **the person responsible for the enterprise.** 1. Male 2. Female	1. No. male _____ 2. No. female _____	1. No. male _____ 2. No. female _____	1. No. male _____ 2. No. female _____
4. How many of those who "usually worked" are employed <u>FULL TIME</u>? 1.Full time male 2. Full time female	1. No. male _____ 2. No. female _____	1. No. male _____ 2. No. female _____	1. No. male _____ 2. No. female _____
5. How many of those who "usually worked" are <u>CASUAL LABOR</u>? 1. Casual labor male 2. Casual labor female	1. No. male _____ 2. No. female _____	1. No. male _____ 2. No. female _____	1. No. male _____ 2. No. female _____
6. How many of those who "usually worked" are <u>APPRENTICES</u>? 1. Apprentices male 2. Apprentices female	1. No. male _____ 2. No. female _____	1. No. male _____ 2. No. female _____	1. No. male _____ 2. No. female _____
7. How many of those who "usually worked" <u>SKILLED</u>? 1. Skilled male 2. Skilled female	1. No. male _____ 2. No. female _____	1. No. male _____ 2. No. female _____	1. No. male _____ 2. No. female _____
8. How many of those who "usually worked" have formal wage contracts? 1. Formal wage male 2. Formal wage female	1. No. male _____ 2. No. female _____	1. No. male _____ 2. No. female _____	1. No. male _____ 2. No. female _____
9. How many of those who "usually worked" receive paid or sick leave? 1. Benefits male 2. Benefits female	1. No. male _____ 2. No. female _____	1. No. male _____ 2. No. female _____	1. No. male _____ 2. No. female _____

ii. Now we want to ask about the four most important people who work in each enterprise

	Enterprise 1				Enterprise 2				Enterprise 3			
	a. Worker 1	b. Worker 2	c. Worker 3	d. Worker 4	a. Worker 1	b. Worker 2	c. Worker 3	d. Worker 4	a. Worker 1	b. Worker 2	c. Worker 3	d. Worker 4
10. Report the name and HH ID of up to four people working the most time in this enterprise, including the person responsible for this enterprise 1. Name 2. HH ID	1. Name: 2. HH ID: _____	1. Name: 2. HH ID: _____	1. Name: 2. HH ID: _____	1. Name: 2. HH ID: _____	1. Name: 2. HH ID: _____	1. Name: 2. HH ID: _____	1. Name: 2. HH ID: _____	1. Name: 2. HH ID: _____	1. Name: 2. HH ID: _____	1. Name: 2. HH ID: _____	1. Name: 2. HH ID: _____	1. Name: 2. HH ID: _____
11. What is this person's relationship with the owner of the enterprise? 1. Self – SE 2. Spouse –SP 3. Child –CH 4. Grandchild –GC 5. Parent/parent-in-law –PI 6. Son/daughter-in-law –SD 7. Other relative –OR 8.Adopted/ foster/stepchild – AC 9. Apprentice –AP 10. Non-relative –NR	1.SE 2. SP 3. CH 4. GC 5. PI 6. SD 7. OR 8. AC 9. AP 10. NR	1.SE 2. SP 3. CH 4. GC 5. PI 6. SD 7. OR 8. AC 9. AP 10. NR	1.SE 2. SP 3. CH 4. GC 5. PI 6. SD 7. OR 8. AC 9. AP 10. NR	1.SE 2. SP 3. CH 4. GC 5. PI 6. SD 7. OR 8. AC 9. AP 10. NR	1.SE 2. SP 3. CH 4. GC 5. PI 6. SD 7. OR 8. AC 9. AP 10. NR	1.SE 2. SP 3. CH 4. GC 5. PI 6. SD 7. OR 8. AC 9. AP 10. NR	1.SE 2. SP 3. CH 4. GC 5. PI 6. SD 7. OR 8. AC 9. AP 10. NR	1.SE 2. SP 3. CH 4. GC 5. PI 6. SD 7. OR 8. AC 9. AP 10. NR	1.SE 2. SP 3. CH 4. GC 5. PI 6. SD 7. OR 8. AC 9. AP 10. NR	1.SE 2. SP 3. CH 4. GC 5. PI 6. SD 7. OR 8. AC 9. AP 10. NR	1.SE 2. SP 3. CH 4. GC 5. PI 6. SD 7. OR 8. AC 9. AP 10. NR
12. How many days did (…) work in this business in the past two weeks? 1. Days in two weeks	1. _____ days/2wk	1. _____ days/2wk	1. _____ days/2wk	1. _____ days/2wk	1. _____ days/2wk	1. _____ days/2wk	1. _____ days/2wk	1. _____ days/2wk	1. _____ days/2wk	1. _____ days/2wk	1. _____ days/2wk	1. _____ days/2wk
13. Average number of hours that (…) worked during these days? 1. Hours per day	1. _____ hrs/day	1. _____ hrs/day	1. _____ hrs/day	1. _____ hrs/day	1. _____ hrs/day	1. _____ hrs/day	1. _____ hrs/day	1. _____ hrs/day	1. _____ hrs/day	1. _____ hrs/day	1. _____ hrs/day	1. _____ hrs/day
14. In a typical month, how many days does (…) work on this business? 1. Days per month	1. _____ days/month	1. _____ days/month	1. _____ days/month	1. _____ days/month	1. _____ days/month	1. _____ days/month	1. _____ days/month	1. _____ days/month	1. _____ days/month	1. _____ days/month	1. _____ days/month	1. _____ days/month
15. Average number of hours that (…) worked per day in a typical month? 1. Hours per day	1. _____ hrs/day	1. _____ hrs/day	1. _____ hrs/day	1. _____ hrs/day	1. _____ hrs/day	1. _____ hrs/day	1. _____ hrs/day	1. _____ hrs/day	1. _____ hrs/day	1. _____ hrs/day	1. _____ hrs/day	1. _____ hrs/day

iii. Now we're going to ask some specific questions about enterprises that were operating at any time during the last 1 month

	Enterprise 1	Enterprise 2	Enterprise 3
16. Was this enterprise operating during the last 1 month? 1. Yes 2. No >> PART B iv	1. Yes 2. No >>PART B iv	1. Yes 2. No >>PART B iv	1. Yes 2. No >>PART B iv
17. How much was paid to people in the following categories who worked over the last month?			
a) Working proprietors 1. Male: GH cedis and pesewas 2. Female:GHcedis and pesewas	1. Male _____ c_____p 2. Female _____ c _____ p	1. Male _____ c _____ p 2. Female _____ c _____ p	1. Male _____ c _____ p 2. Female _____ c _____ p
b) Household employees 1. Male: GH cedis and pesewas 2. Female: GHcedis and pesewas	1. Male _____ c _____ p 2. Female _____ c _____ p	1. Male _____ c _____ p 2. Female _____ c _____ p	1. Male _____ c _____ p 2. Female _____ c _____ p
c) Full-time non-household employees 1. Male: GH cedis and pesewas 2. Female: GHcedis and pesewas	1. Male _____ c _____ p 2. Female _____ c _____ p	1. Male _____ c _____ p 2. Female _____ c _____ p	1. Male _____ c _____ p 2. Female _____ c _____ p
d) Casual non-household employees 1. Male: GH cedis and pesewas 2. Female: GHcedis and pesewas	1. Male _____ c _____ p 2. Female _____ c _____ p	1. Male _____ c _____ p 2. Female _____ c _____ p	1. Male _____ c _____ p 2. Female _____ c _____ p
e) Apprentices 1. Male: GH cedis and pesewas 2. Female: GHcedis and pesewas	1. Male _____ c _____ p 2. Female	1. Male _____ c _____ p 2. Female	1. Male _____ c _____ p 2. Female

	Enterprise 1	Enterprise 2	Enterprise 3
	_____ c _____ p	_____ c _____ p	_____ c _____ p
18. How many person-days did each of the following types of workers work during the last month?			
a) Working proprietors 1. Male: days for the month 2. Female: days for the month	1. Male days _____ 2. Female days _____	1. Male days _____ 2. Female days _____	1. Male days _____ 2. Female days _____
b) Household employees 1. Male: days for the month 2. Female: days for the month	1. Male days _____ 2. Female days _____	1. Male days _____ 2. Female days _____	1. Male days _____ 2. Female days _____
c) Full-time non-household employees 1. Male: days for the month 2. Female: days for the month	1. Male days _____ 2. Female days _____	1. Male days _____ 2. Female days _____	1. Male days _____ 2. Female days _____
d) Casual non-household employees 1. Male: days for the month 2. Female: days for the month	1. Male days _____ 2. Female days _____	1. Male days _____ 2. Female days _____	1. Male days _____ 2. Female days _____
e) Apprentices 1. Male: days for the month 2. Female: days for the month	1. Male days _____ 2. Female days _____	1. Male days _____ 2. Female days _____	1. Male days _____ 2. Female days _____
19. On average, how many hours per day did each of the following types of workers work during the last month?			
a) Working proprietors 1. Male: hours per day on average 2. Female: hours per day on average	1. Male hours _____ 2. Female hours _____	1. Male hours _____ 2. Female hours _____	1. Male hours _____ 2. Female hours _____
b) Household employees 1. Male: hours per day on average 2. Female: hours per day on average	1. Male hours _____ 2. Female hours _____	1. Male hours _____ 2. Female hours _____	1. Male hours _____ 2. Female hours _____

	Enterprise 1	Enterprise 2	Enterprise 3
c) Full-time non-household employees 1. Male: hours per day on average 2. Female: hours per day on average	1. Male hours _____ 2. Female hours _____	1. Male hours _____ 2. Female hours _____	1. Male hours _____ 2. Female hours _____
d) Casual non-household employees 1. Male: hours per day on average 2. Female: hours per day on average	1. Male hours _____ 2. Female hours _____	1. Male hours _____ 2. Female hours _____	1. Male hours _____ 2. Female hours _____
e) Apprentices 1. Male: hours per day on average 2. Female: hours per day on average	1. Male hours _____ 2. Female hours _____	1. Male hours _____ 2. Female hours _____	1. Male hours _____ 2. Female hours _____
20. Over the last month, has employment been higher, lower, or the same as in a typical month? 1. Higher >> PART B iv. 2. Lower >> PART B iv. 3. Same >>NEXT PART – C, D, E or F as appropriate	1. Higher >> PART B iv. 2. Lower >> PART B iv. 3. Same	1. Higher >> PART B iv. 2. Lower >> PART B iv. 3. Same	1. Higher >> PART B iv. 2. Lower >> PART B iv. 3. Same

IV. IN A TYPICAL MONTH WHEN THIS BUSINESS IS OPERATING

	Enterprise 1	Enterprise 2	Enterprise 3
21. In a typical <u>month</u> when the business is operating, how much is paid to workers in the following categories?			
a) Working proprietors 1. Male: cedis and pesewas 2. Female: cedis and pesewas	1. Male _____ c _____ p 2. Female _____ c _____ p	1. Male _____ c _____ p 2. Female _____ c _____ p	1. Male _____ c _____ p 2. Female _____ c _____ p
b) Household employees 1. Male: cedis and pesewas 2. Female: cedis and pesewas	1. Male _____ c _____ p 2. Female _____ c _____ p	1. Male _____ c _____ p 2. Female _____ c _____ p	1. Male _____ c _____ p 2. Female _____ c _____ p
c) Full-time non-household employees 1. Male: cedis and pesewas 2. Female: cedis and pesewas	1. Male _____ c _____ p 2. Female _____ c _____ p	1. Male _____ c _____ p 2. Female _____ c _____ p	1. Male _____ c _____ p 2. Female _____ c _____ p
d) Casual non-household employees 1. Male: cedis and pesewas 2. Female: cedis and pesewas	1. Male _____ c _____ p 2. Female _____ c _____ p	1. Male _____ c _____ p 2. Female _____ c _____ p	1. Male _____ c _____ p 2. Female _____ c _____ p
e) Apprentices 1. Male: cedis and pesewas 2. Female: cedis and pesewas	1. Male _____ c _____ p 2. Female _____ c _____ p	1. Male _____ c _____ p 2. Female _____ c _____ p	1. Male _____ c _____ p 2. Female _____ c _____ p

	Enterprise 1	Enterprise 2	Enterprise 3
22. In a typical month when the business is operating, how many person-days were worked by each of the following types of worker?			
a) Working proprietors 1. Male: days per month on average 2. Female: days per month on average	1. Male days _____ 2. Female days _____	1. Male days _____ 2. Female days _____	1. Male days _____ 2. Female days _____
b) Household employees 1. Male: days per month on average 2. Female: days per month on average	1. Male days _____ 2. Female days _____	1. Male days _____ 2. Female days _____	1. Male days _____ 2. Female days _____
c) Full-time non-household employees 1. Male: days per month on average 2. Female: days per month on average	1. Male days _____ 2. Female days _____	1. Male days _____ 2. Female days _____	1. Male days _____ 2. Female days _____
d) Casual non-household employees 1. Male: days per month on average 2. Female: days per month on average	1. Male days _____ 2. Female days _____	1. Male days _____ 2. Female days _____	1. Male days _____ 2. Female days _____
e) Apprentices 1. Male: days per month on average 2. Female: days per month on average	1. Male days _____ 2. Female days _____	1. Male days _____ 2. Female days _____	1. Male days _____ 2. Female days _____
23. In a typical month when the business is operating, how many hours per day were worked by each of the following types of worker?			
a) Working proprietors 1. Male: hours per day on average 2. Female: hours per day on average	1. Male hours _____ 2. Female hours _____	1. Male hours _____ 2. Female hours _____	1. Male hours _____ 2. Female hours _____
b) Household employees 1. Male: hours per day on average 2. Female: hours per day on average	1. Male hours _____ 2. Female hours _____	1. Male hours _____ 2. Female hours _____	1. Male hours _____ 2. Female hours _____
c) Full-time non-household employees 1. Male: hours per day on average 2. Female: hours per day on average	1. Male hours _____ 2. Female hours _____	1. Male hours _____ 2. Female hours _____	1. Male hours _____ 2. Female hours _____
d) Casual non-household employees 1. Male: hours per day on average 2. Female: hours per day on average	1. Male hours _____ 2. Female hours _____	1. Male hours _____ 2. Female hours _____	1. Male hours _____ 2. Female hours _____
e) Apprentices 1. Male: hours per day on average 2. Female: hours per day on average	1. Male hours _____ 2. Female hours _____	1. Male hours _____ 2. Female hours _____	1. Male hours _____ 2. Female hours _____
	>>PART C	**>>PART C**	**>>PART C**

Please note, if:

General/Manufacturing Enterprise>> Part C

Trade/Wholesale Enterprise>> Part D

Food Enterprise >> Part E

Service Enterprises >> Part F

Part C: Accounting – General/Manufacturing Enterprise
FOR EACH ENTERPRISE ANSWER THE QUESTION IN RELATION TO THE LAST 12 MONTHS.

Codes for Unit. 1.Daily 2.Weekly 3.Fortnightly 4.Monthly 5.Quarterly 6.Semi-annually 7.Yearly 8.None			
Expenses	**Enterprise 1**	**Enterprise 2**	**Enterprise 3**
1. Raw Materials: a. How often do you spend money on this item **(see code above)**? b. How many times did you pay (…) during this period? c. Amount paid per time?	a. _____ unit	a. _____ unit	a. _____ unit
	b. _____ times/period	b. _____ times/period	b. _____ times/period
	_____ c _____ p c. amount per time	_____ c _____ p c. amount per time	_____ c _____ p c. amount per time
2. Taxes: a. How often do you spend money on this item **(see code above)**? b. How many times did you pay (…) during this period? c. Amount paid per time?	a. _____ unit	a. _____ unit	a. _____ unit
	b. _____ times/period	b. _____ times/period	b. _____ times/period
	_____ c _____ p c. amount per time	_____ c _____ p c. amount per time	_____ c _____ p c. amount per time
3. Bank Fees: a.How often do you spend money on this item **(see code above)**?	a. _____ unit	a. _____ unit	a. _____ unit
	b. _____ times/period	b. _____ times/period	b. _____ times/period

Codes for Unit. 1.Daily 2.Weekly 3.Fortnightly 4.Monthly 5.Quarterly 6.Semi-annually 7.Yearly 8.None			
Expenses	**Enterprise 1**	**Enterprise 2**	**Enterprise 3**
b.How many times did you pay (…) during this period? c.Amount paid per time?	_____ c _____ p c. amount per time	_____ c _____ p c. amount per time	_____ c _____ p c. amount per time
4. Rent on Assets/land and buildings: a.How often do you spend money on this item **(see code above)**? b.How many times did you pay (…) during this period? c.Amount paid per time?	a. _____ unit	a. _____ unit	a. _____ unit
	b. _____ times/period	b. _____ times/period	b. _____ times/period
	_____ c _____ p c. amount per time	_____ c _____ p c. amount per time	_____ c _____ p c. amount per time
5. Electricity: a.How often do you spend money on this item **(see code above)**? b.How many times did you pay (…) during this period? c.Amount paid per time?	a. _____ unit	a. _____ unit	a. _____ unit
	b. _____ times/period	b. _____ times/period	b. _____ times/period
	_____ c _____ p c. amount per time	_____ c _____ p c. amount per time	_____ c _____ p c. amount per time
6. Water: a.How often do you spend money on this item **(see code above)**? b.How many times did you pay (…) during this period? c.Amount paid per time?	a. _____ unit	a. _____ unit	a. _____ unit
	b. _____ times/period	b. _____ times/period	b. _____ times/period
	_____ c _____ p c. amount per time	_____ c _____ p c. amount per time	_____ c _____ p c. amount per time
7. Treatment/disposal of waste products: a.How often do you spend money on this item **(see code above)**? b.How many times did you pay (…) during this period? c.Amount paid per time?	a. _____ unit	a. _____ unit	a. _____ unit
	b. _____ times/period	b. _____ times/period	b. _____ times/period

Codes for Unit. 1.Daily 2.Weekly 3.Fortnightly 4.Monthly 5.Quarterly 6.Semi-annually 7.Yearly 8.None			
Expenses	**Enterprise 1**	**Enterprise 2**	**Enterprise 3**
	_____ c _____ p c. amount per time	_____ c _____ p c. amount per time	_____ c _____ p c. amount per time
8. Telephone: a.How often do you spend money on this item **(see code above)**? b.How many times did you pay (…) during this period? c.Amount paid per time?	a. _____ unit	a. _____ unit	a. _____ unit
	b. _____ times/period	b. _____ times/period	b. _____ times/period
	_____ c _____ p c. amount per time	_____ c _____ p c. amount per time	_____ c _____ p c. amount per time
9. Articles for Resale: a.How often do you spend money on this item **(see code above)**? b.How many times did you pay (…) during this period? c.Amount paid per time?	a. _____ unit	a. _____ unit	a. _____ unit
	b. _____ times/period	b. _____ times/period	b. _____ times/period
	_____ c _____ p c. amount per time	_____ c _____ p c. amount per time	_____ c _____ p c. amount per time
10. Traveling and Transport: a.How often do you spend money on this item **(see code above)**? b.How many times did you pay (…) during this period? c.Amount paid per time?	a. _____ unit	a. _____ unit	a. _____ unit
	b. _____ times/period	b. _____ times/period	b. _____ times/period
	_____ c _____ p c. amount per time	_____ c _____ p c. amount per time	_____ c _____ p c. amount per time
11. Accident Claims: a.How often do you spend money on this item **(see code above)**? b.How many times did you pay (…) during this period? c.Amount paid per time?	a. _____ unit	a. _____ unit	a. _____ unit
	b. _____ times/period	b. _____ times/period	b. _____ times/period

Codes for Unit. 1.Daily 2.Weekly 3.Fortnightly 4.Monthly 5.Quarterly 6.Semi-annually 7.Yearly 8.None			
Expenses	**Enterprise 1**	**Enterprise 2**	**Enterprise 3**
	_____ c _____ p c. amount per time	_____ c _____ p c. amount per time	_____ c _____ p c. amount per time
12. Fuel and Lubricants: a.How often do you spend money on this item **(see code above)**? b.How many times did you pay (…) during this period? c.Amount paid per time?	a. _____ unit	a. _____ unit	a. _____ unit
	b. _____ times/period	b. _____ times/period	b. _____ times/period
	_____ c _____ p c. amount per time	_____ c _____ p c. amount per time	_____ c _____ p c. amount per time
13. Spare Parts: a.How often do you spend money on this item **(see code above)** b.How many times did you pay (…) during this period c.Amount paid per time	a. _____ unit	a. _____ unit	a. _____ unit
	b. _____ times/period	b. _____ times/period	b. _____ times/period
	_____ c _____ p c. amount per time	_____ c _____ p c. amount per time	_____ c _____ p c. amount per time
14. Advertising/Computer services: a.How often do you spend money on this item **(see code above)**? b.How many times did you pay (…) during this period? c.Amount paid per time?	a. _____ unit	a. _____ unit	a. _____ unit
	b. _____ times/period	b. _____ times/period	b. _____ times/period
	_____ c _____ p c. amount per time	_____ c _____ p c. amount per time	_____ c _____ p c. amount per time
15. Training: a. How often do you spend money on this item **(see code above)**? b. How many times did you pay (…) during this period? c. Amount paid per time?	a. _____ unit	a. _____ unit	a. _____ unit
	b. _____ times/period	b. _____ times/period	b. _____ times/period

Codes for Unit. 1.Daily 2.Weekly 3.Fortnightly 4.Monthly 5.Quarterly 6.Semi-annually 7.Yearly 8.None			
Expenses	**Enterprise 1**	**Enterprise 2**	**Enterprise 3**
	_____ c _____ p c. amount per time	_____ c _____ p c. amount per time	_____ c _____ p c. amount per time
16. Uniforms and clothing: a. How often do you spend money on this item **(see code above)**? b. How many times did you pay (…) during this period? c. Amount paid per time?	a. _____ unit	a. _____ unit	a. _____ unit
	b. _____ times/period	b. _____ times/period	b. _____ times/period
	_____ c _____ p c. amount per time	_____ c _____ p c. amount per time	_____ c _____ p c. amount per time
17. Printing/Stationary/Postage: a. How often do you spend money on this item **(see code above)**? b. How many times did you pay (…) during this period? c. Amount paid per time?	a. _____ unit	a. _____ unit	a. _____ unit
	b. _____ times/period	b. _____ times/period	b. _____ times/period
	_____ c _____ p c. amount per time	_____ c _____ p c. amount per time	_____ c _____ p c. amount per time
Other(specify)	a. _____ unit	a. _____ unit	a. _____ unit
18. Other 1 a. How often do you spend money on this item **(see code above)**? b. How many times did you pay (…) during this period? c. Amount paid per time?	b. _____ times/period	b. _____ times/period	b. _____ times/period
	_____ c _____ p c. amount per time	_____ c _____ p c. amount per time	_____ c _____ p c. amount per time
	a. _____ unit	a. _____ unit	a. _____ unit
Other (specify)	b. _____ times/period	b. _____ times/period	b. _____ times/period

Codes for Unit. 1.Daily 2.Weekly 3.Fortnightly 4.Monthly 5.Quarterly 6.Semi-annually 7.Yearly 8.None			
Expenses	**Enterprise 1**	**Enterprise 2**	**Enterprise 3**
19. Other 2: a. How often do you spend money on this item **(see code above)**? b. How many times did you pay (…) during this period? c. Amount paid per time?	_____ c _____ p c. amount per time	_____ c _____ p c. amount per time	_____ c _____ p c. amount per time
	a. _____ unit	a. _____ unit	a. _____ unit
	b. _____ times/period	b. _____ times/period	b. _____ times/period
Other (specify)	_____ c _____ p c. amount per time	_____ c _____ p c. amount per time	_____ c _____ p c. amount per time
20. Other 3: a. How often do you spend money on this item **(see code above)**? b. How many times did you pay (…) during this period? c. Amount paid per time?	a. _____ unit	a. _____ unit	a. _____ unit
	b. _____ times/period	b. _____ times/period	b. _____ times/period
	_____ c _____ p c. amount per time	_____ c _____ p c. amount per time	_____ c _____ p c. amount per time

Revenues	**Enterprise 1**	**Enterprise 2**	**Enterprise 3**
21. How much money has been received from the sale of goods produced/ manufactured by this enterprise? Total sales of products and by-products in last 12 months? 1. GH cedis&pesawas	_____ c _____ p	_____ c _____ p	_____ c _____ p
22. Has this enterprise been operating in the last 2 weeks? 1. Yes 2. No >>26	1. Yes 2. No	1. Yes 2. No	1. Yes 2. No

Revenues	Enterprise 1	Enterprise 2	Enterprise 3
OPERATING LAST 2 WEEKS			
23. How much money has been received from the sale of goods produced/ manufactured by this enterprise? Total sales of products and by-products in last 2 weeks? 1. GH Cedis &P Esawas	_____ c _____ p	_____ c _____ p	_____ c _____ p
24. What is the value of goods that have been received in kind from the sale of goods produced/ manufactured by this enterprise? Total in kind trade of products and by-products in last 2 weeks? 1. GH Cedis & Pesawas	_____ c _____ p	_____ c _____ p	_____ c _____ p
25. What is the value of the products consumed by the household from this enterprise during the last 2 weeks? 1. GH Cedis & Pesawas>>29	_____ c _____ p	_____ c _____ p	_____ c _____ p
NOT OPERATING LAST 2 WEEKS			
26. How much money is usually received from the sale of goods produced/ manufactured by this enterprise? Total sales of products and by-products in a typical 2 weeks? **1. GH Cedis & Pesawas**	_____ c _____ p	_____ c _____ p	_____ c _____ p
27. What is the value of goods that have been received in kind from the sale of goods produced/ manufactured by this enterprise? Total in kind trade of products and by-products in a typical 2 weeks? 1. GH Cedis & Pesawas	_____ c _____ p	_____ c _____ p	_____ c _____ p
28. What is the value of the products consumed by the household from this enterprise in a typical 2 weeks? 1. GH Cedis & Pesawas	_____ c _____ p	_____ c _____ p	_____ c _____ p

Inventory	Enterprise 1	Enterprise 2	Enterprise 3
Principal finished product			
29. How much of the principal finished product does the enterprise currently possess? 1. Product code 2. Quantity 3. Unit code 4. Unit price 5. Value	1._____ product code 2._____quantity 3._____unit 4. _____ c _____ p unit price 5. _____ c _____ p value	1. _____ product code 2. _____ quantity 3. _____ unit 4. _____ c _____ p unit price 5. _____ c _____ p value	1. _____ product code 2. _____ quantity 3. _____ unit 4. _____ c _____ p unit price 5. _____ c _____ p value
30. How much/ what was the value of the principal finished products sold or exported in the last 3 months? 1. Quantity 2. Value sold 3 months	1. _____ quantity 2. _____c _____p value sold 3 months	1. _____ quantity 2. _____c _____p value sold 3 months	1. _____ quantity 2. _____c _____p value sold 3 months
31. How much of the secondary finished product does the enterprise currently possess? 1. Product code 2. Quantity 3. Unit code 4. Unit price 5. Value	1. _____ product code 2. _____ quantity 3. _____ unit 4. _____ c _____ p unit price 5. _____ c _____ p value	1. _____ product code 2. _____ quantity 3. _____ unit 4. _____ c _____ p unit price 5. _____ c _____ p value	1. _____ product code 2. _____ quantity 3. _____ unit 4. _____ c _____ p unit price 5. _____ c _____ p value
32. How much/ what was the value of the secondary finished products sold or exported in the last 3 months? 1. Quantity 2. Value sold 3 months	1. _____ quantity 2. _____c _____p value sold 3 months	1. _____ quantity 2. _____c _____p value sold 3 months	1. _____ quantity 2. _____c _____p value sold 3 months
Principal raw material			
33. How much of the principal raw material does the enterprise currently possess? 1. Product code 2. Quantity 3. Unit code	1. _____ product code 2. _____ quantity 3. _____ unit	1. _____ product code 2. _____ quantity 3. _____ unit	1. _____ product code 2. _____ quantity 3. _____ unit

Inventory	Enterprise 1	Enterprise 2	Enterprise 3
4. Unit price 5. Value	4. _____ c _____ p unit price 5. _____ c _____ p value	4. _____ c _____ p unit price 5. _____ c _____ p value	4. _____ c _____ p unit price 5. _____ c _____ p value
34. How much/ what was the value of the principal raw materials sold or exported in the last 3 months? 1. Quantity 2. Value sold 3 months	1. _____ quantity 2. _____c _____p value sold 3 months	1. _____ quantity 2. _____c _____p value sold 3 months	1. _____ quantity 2. _____c _____p value sold 3 months
35. How much/ what was the value of the principal raw materials bought or imported in the last 3 months? 1. Quantity 2. Value sold 3 months	1. _____ quantity 2. _____c _____p value sold 3 months	1. _____ quantity 2. _____c _____p value sold 3 months	1. _____ quantity 2. _____c _____p value sold 3 months
Secondary raw material			
36. How much of the secondary raw material does the enterprise currently possess? 1. Product code 2. Quantity 3. Unit code 4. Unit price 5. Value	1. _____ product code 2. _____ quantity 3. _____ unit 4. _____ c _____ p unit price 5. _____ c _____ p value	1. _____ product code 2. _____ quantity 3. _____ unit 4. _____ c _____ p unit price 5. _____ c _____ p value	1. _____ product code 2. _____ quantity 3. _____ unit 4. _____ c _____ p unit price 5. _____ c _____ p value
37. How much/ what was the value of the secondary raw materials sold or exported in the last 3 months? 1. Quantity 2. Value sold 3 months	1. _____ quantity 2. _____c _____ p value sold 3 months	1. _____ quantity 2. _____c _____ p value sold 3 months	1. _____ quantity 2. _____c _____ p value sold 3 months
38. How much/ what was the value of the secondary raw materials bought or imported in the last 3 months? 1. Quantity 2. Value sold 3 months	1. _____quantity 2. _____c _____p value of items bought last 3 months	1. _____quantity 2. _____c _____p value of items sold last 3 months	1. _____quantity 2. _____c _____p value of items sold 3 last months
Principal product or work in progress			
39. How much of the principal product work in progress does the enterprise currently possess? 1. Product code 2. Quantity 3. Unit code 4. Unit price	1. _____ product code 2. _____ quantity 3. _____ unit	1. _____ product code 2. _____ quantity 3. _____ unit	1. _____ product code 2. _____ quantity 3. _____ unit

Inventory	Enterprise 1	Enterprise 2	Enterprise 3
5. Value	4. _____ c _____ p unit price 5. _____ c _____ p value	4. _____ c _____ p unit price 5. _____ c _____ p value	4. _____ c _____ p unit price 5. _____ c _____ p value
Secondary product or work in progress			
40. How much of the secondary product work in progress does the enterprise currently possess? 1. Product code 2. Quantity 3. Unit code 4. Unit price 5. Value	1. _____ product code 2. _____ quantity 3. _____ unit 4. _____ c _____ p unit price 5. _____ c _____ p value	1. _____ product code 2. _____ quantity 3. _____ unit 4. _____ c _____ p unit price 5. _____ c _____ p value	1. _____ product code 2. _____ quantity 3. _____ unit 4. _____ c _____ p unit price 5. _____ c _____ p value
Principal Goods for Resale			
41. How much of the principal goods for resale does the enterprise currently possess? 1. Product code 2. Quantity 3. Unit code 4. Unit price 5. Value	1. _____ product code 2. _____ quantity 3. _____ unit 4. _____ c _____ p unit price 5. _____ c _____ p value	1. _____ product code 2. _____ quantity 3. _____ unit 4. _____ c _____ p unit price 5. _____ c _____ p value	1. _____ product code 2. _____ quantity 3. _____ unit 4. _____ c _____ p unit price 5. _____ c _____ p value
Secondary Goods for Resale			
42. How much of the secondary goods for resale **does the enterprise currently possess?** 1. Product code 2. Quantity 3. Unit code 4. Unit price 5. Value	1. _____ product code 2. _____ quantity 3. _____ unit 4. _____ c _____ p unit price 5. _____ c _____ p value	1. _____ product code 2. _____ quantity 3. _____ unit 4. _____ c _____ p unit price 5. _____ c _____ p value	1. _____ product code 2. _____ quantity 3. _____ unit 4. _____ c _____ p unit price 5. _____ c _____ p value

Part D: Accounting – Trade/Wholesale Enterprise

FOR EACH ENTERPRISE ANSWER THE QUESTION IN RELATION TO THE LAST 12 MONTHS

Code for unit. 1.Daily 2.Weekly 3.Fortnightly 4.Monthly 5.Quarterly 6.Semi-annually 7.Yearly 8.None			
Expenses	**Enterprise 1**	**Enterprise 2**	**Enterprise 3**
1. Raw Materials: a.How often do you spend money on this item **(see code above)**? b.How many times did you pay (…) during this period? c.Amount paid per time?	a. _____ unit	a. _____ unit	a. _____ unit
	b. _____ times/period	b. _____ times/period	b. _____ times/period
	_____ c _____ p amount per time	_____ c _____ p amount per time	_____ c _____ p amount per time
2. Taxes: a. How often do you spend money on this item **(see code above)**? b. How many times did you pay (…) during this period? c. Amount paid per time?	a. _____ unit	a. _____ unit	a. _____ unit
	b. _____ times/period	b. _____ times/period	b. _____ times/period
	_____ c _____ p amount per time	_____ c _____ p amount per time	_____ c _____ p amount per time
3. Bank Fees: a. How often do you spend money on this item **(see code above)**? b. How many times did you pay (…) during this period? c. Amount paid per time?	a. _____ unit	a. _____ unit	a. _____ unit
	b. _____ times/period	b. _____ times/period	b. _____ times/period
	_____ c _____ p amount per time	_____ c _____ p amount per time	_____ c _____ p amount per time
4. Rent on Assets/land and buildings: a. How often do you spend money on this item **(see code above)**? b. How many times did you pay (…) during this period? c. Amount paid per time?	a. _____ unit	a. _____ unit	a. _____ unit
	b. _____ times/period	b. _____ times/period	b. _____ times/period

Code for unit. 1.Daily 2.Weekly 3.Fortnightly 4.Monthly 5.Quarterly 6.Semi-annually 7.Yearly 8.None			
Expenses	**Enterprise 1**	**Enterprise 2**	**Enterprise 3**
	_____ c _____ p amount per time	_____ c _____ p amount per time	_____ c _____ p amount per time
5. Electricity: a. How often do you spend money on this item **(see code above)**? b. How many times did you pay (…) during this period? c. Amount paid per time?	a. _____ unit	a. _____ unit	a. _____ unit
	b. _____ times/period	b. _____ times/period	b. _____ times/period
	_____ c _____ p amount per time	_____ c _____ p amount per time	_____ c _____ p amount per time
6. Water: a. How often do you spend money on this item **(see code above)**? b. How many times did you pay (…) during this period? c. Amount paid per time?	a. _____ unit	a. _____ unit	a. _____ unit
	b. _____ times/period	b. _____ times/period	b. _____ times/period
	_____ c _____ p amount per time	_____ c _____ p amount per time	_____ c _____ p amount per time
7. Treatment/disposal of waste products: a. How often do you spend money on this item **(see code above)**? b. How many times did you pay (…) during this period? c. Amount paid per time?	a. _____ unit	a. _____ unit	a. _____ unit
	b. _____ times/period	b. _____ times/period	b. _____ times/period
	_____ c _____ p amount per time	_____ c _____ p amount per time	_____ c _____ p amount per time
8. Telephone: a. How often do you spend money on this item **(see code above)**? b. How many times did you pay (…) during this period? c. Amount paid per time?	a. _____ unit	a. _____ unit	a. _____ unit
	b. _____ times/period	b. _____ times/period	b. _____ times/period

Code for unit. 1.Daily 2.Weekly 3.Fortnightly 4.Monthly 5.Quarterly 6.Semi-annually 7.Yearly 8.None			
Expenses	**Enterprise 1**	**Enterprise 2**	**Enterprise 3**
	_____ c _____ p amount per time	_____ c _____ p amount per time	_____ c _____ p amount per time
9. Articles for Resale: a. How often do you spend money on this item **(see code above)**? b. How many times did you pay (…) during this period? c. Amount paid per time?	a. _____ unit	a. _____ unit	a. _____ unit
	b. _____ times/period	b. _____ times/period	b. _____ times/period
	_____ c _____ p amount per time	_____ c _____ p amount per time	_____ c _____ p amount per time
10. Traveling and Transport: a. How often do you spend money on this item **(see code above)**? b. How many times did you pay (…) during this period? c. Amount paid per time?	a. _____ unit	a. _____ unit	a. _____ unit
	b. _____ times/period	b. _____ times/period	b. _____ times/period
	_____ c _____ p amount per time	_____ c _____ p amount per time	_____ c _____ p amount per time
11. Accident Claims: a. How often do you spend money on this item **(see code above)**? b. How many times did you pay (…) during this period? c. Amount paid per time?	a. _____ unit	a. _____ unit	a. _____ unit
	b. _____ times/period	b. _____ times/period	b. _____ times/period
	_____ c _____ p amount per time	_____ c _____ p amount per time	_____ c _____ p amount per time
12. Fuel and Lubricants: a. How often do you spend money on this item **(see code above)**? b. How many times did you pay (…) during this period? c. Amount paid per time?	a. _____ unit	a. _____ unit	a. _____ unit
	b. _____ times/period	b. _____ times/period	b. _____ times/period

Code for unit. 1.Daily 2.Weekly 3.Fortnightly 4.Monthly 5.Quarterly 6.Semi-annually 7.Yearly 8.None			
Expenses	**Enterprise 1**	**Enterprise 2**	**Enterprise 3**
	_____ c _____ p amount per time	_____ c _____ p amount per time	_____ c _____ p amount per time
13. Spare Parts: a. How often do you spend money on this item **(see code above)**? b. How many times did you pay (…) during this period? c. Amount paid per time?	a. _____ unit	a. _____ unit	a. _____ unit
	b. _____ times/period	b. _____ times/period	b. _____ times/period
	_____ c _____ p amount per time	_____ c _____ p amount per time	_____ c _____ p amount per time
14. Advertising/Computer services: a. How often do you spend money on this item **(see code above)**? b. How many times did you pay (…) during this period? c. Amount paid per time?	a. _____ unit	a. _____ unit	a. _____ unit
	b. _____ times/period	b. _____ times/period	b. _____ times/period
	_____ c _____ p amount per time	_____ c _____ p amount per time	_____ c _____ p amount per time
15. Training: a. How often do you spend money on this item **(see code above)**? b. How many times did you pay (…) during this period? c. Amount paid per time?	a. _____ unit	a. _____ unit	a. _____ unit
	b. _____ times/period	b. _____ times/period	b. _____ times/period
	_____ c _____ p amount per time	_____ c _____ p amount per time	_____ c _____ p amount per time
16. Uniforms and clothing: a. How often do you spend money on this item **(see code above)**? b. How many times did you pay (…) during this period? c. Amount paid per time?	a. _____ unit	a. _____ unit	a. _____ unit
	b. _____ times/period	b. _____ times/period	b. _____ times/period

Code for unit. 1.Daily 2.Weekly 3.Fortnightly 4.Monthly 5.Quarterly 6.Semi-annually 7.Yearly 8.None			
Expenses	**Enterprise 1**	**Enterprise 2**	**Enterprise 3**
	_____ c _____ p amount per time	_____ c _____ p amount per time	_____ c _____ p amount per time
17. Printing/Stationary/Postage: a. How often do you spend money on this item **(see code above)**? b. How many times did you pay (…) during this period? c. Amount paid per time?	a. _____ unit	a. _____ unit	a. _____ unit
	b. _____ times/period	b. _____ times/period	b. _____ times/period
	_____ c _____ p amount per time	_____ c _____ p amount per time	_____ c _____ p amount per time
Other (specify)	**1. _____**	**1. _____**	**1. _____**
18. Other 1 a. How often do you spend money on this item **(see code above)**? b. How many times did you pay (…) during this period? c. Amount paid per time?	a. _____ unit	a. _____ unit	a. _____ unit
	b. _____ times/period	b. _____ times/period	b. _____ times/period
	_____ c _____ p amount per time	_____ c _____ p amount per time	_____ c _____ p amount per time
Other(specify)	**2. _____**	**2. _____**	**2. _____**
19. Other 2: a. How often do you spend money on this item **(see code above)**? b. How many times did you pay (…) during this period? c. Amount paid per time?	a. _____ unit	a. _____ unit	a. _____ unit
	b. _____ times/period	b. _____ times/period	b. _____ times/period
	_____ c _____ p amount per time	_____ c _____ p amount per time	_____ c _____ p amount per time

Code for unit. 1.Daily 2.Weekly 3.Fortnightly 4.Monthly 5.Quarterly 6.Semi-annually 7.Yearly 8.None			
Expenses	**Enterprise 1**	**Enterprise 2**	**Enterprise 3**
Other(specify)	**3. _____**	**3. _____**	**3. _____**
20. Other 3: a. How often do you spend money on this item **(see code above)**? b. How many times did you pay (…) during this period? c. Amount paid per time?	a. _____ unit	a. _____ unit	a. _____ unit
	b. _____ times/period	b. _____ times/period	b. _____ times/period
	_____ c _____ p amount per time	_____ c _____ p amount per time	_____ c _____ p amount per time

	Enterprise 1	Enterprise 2	Enterprise 3
Please list five products <u>PURCHASED</u> in the last two weeks and indicate the total value of those purchases			
Name of Product 1: _____			
21. Product 1: 1. Product code**(see code book)** 2. Total expenditure	_____ product code _____ c _____ p total expenditure	_____ product code _____ c _____ p total expenditure	_____ product code _____ c _____ p total expenditure
Name of Product 2: _____			
22. Product 2: 1. Product code**(see code book)** 2. Total expenditure	_____ product code _____ c _____ p total expenditure	_____ product code _____ c _____ p total expenditure	_____ product code _____ c _____ p total expenditure
Name of Product 3: _____			
23. Product 3: 1. Product code**(see code book)** 2. Total expenditure	_____ product code _____ c _____ p total expenditure	_____ product code _____ c _____ p total expenditure	_____ product code _____ c _____ p total expenditure
Name of Product 4: _____			
24. Product 4: 1. Product code**(see code book)** 2. Total expenditure	_____ product code _____ c _____ p total expenditure	_____ product code _____ c _____ p total expenditure	_____ product code _____ c _____ p total expenditure
Name of Product 5: _____			
25. Product 5: 1. Product code**(see code book)** 2. Total expenditure	_____ product code _____ c _____ p total expenditure	_____ product code _____ c _____ p total expenditure	_____ product code _____ c _____ p total expenditure
26. All other products: 1.Total expenditure	_____ c _____ p total expenditure	_____ c _____ p total expenditure	_____ c _____ p total expenditure

Revenues	**Enterprise 1**	**Enterprise 2**	**Enterprise 3**
Please list five products SOLD in the last two weeks and indicate the total value of that sale			
Name of Product 1: _____			
27. Product 1: 1. Product code 2. Total value sales	_____ product code _____ c _____ p total value sales	_____ product code _____ c _____ p total value sales	_____ product code _____ c _____ p total value sales
Name of Product 2: _____			
28. Product 2: 1. Product code 2. Total value sales	_____ product code _____ c _____ p total value sales	_____ product code _____ c _____ p total value sales	_____ product code _____ c _____ p total value sales
Name of Product 3: _____			
29. Product 3: 1. Product code 2. Total value sales	_____ product code _____ c _____ p total value sales	_____ product code _____ c _____ p total value sales	_____ product code _____ c _____ p total value sales
Name of Product 4: _____			
30. Product 4: 1. Product code 2. Total value sales	_____ product code _____ c _____ p total value sales	_____ product code _____ c _____ p total value sales	_____ product code _____ c _____ p total value sales
Name of Product 5: _____			
31. Product 5: 1. Product code 2. Total value sales	_____ product code	_____ product code	_____ product code

Revenues	Enterprise 1	Enterprise 2	Enterprise 3
	_____ c _____ p total value sales	_____ c _____ p total value sales	_____ c _____ p total value sales
32. All other products: 1. Total value sales	_____ c _____ p total value sales	_____ c _____ p total value sales	_____ c _____ p total value sales

Inventories	Enterprise 1	Enterprise 2	Enterprise 3
Please provide the codes and values of products stored in the last two weeks			
Name of Product 1: _____			
33. Product 1: 1. Product code 2. Total value stored	_____ product code _____ c _____ p total value stored	_____ product code _____ c _____ p total value stored	_____ product code _____ c _____ p total value stored
Name of Product 2: _____			
34. Product 2: 1. Product code 2. Total value stored	_____ product code _____ c _____ p total value stored	_____ product code _____ c _____ p total value stored	_____ product code _____ c _____ p total value stored
Name of Product 3: _____			
35. Product 3: 1. Product code 2. Total value stored	_____ product code _____ c _____ p total value stored	_____ product code _____ c _____ p total value stored	_____ product code _____ c _____ p total value stored
Name of Product 4: _____			
36. Product 4: 1. Product code 2. Total value stored	_____ product code	_____ product code	_____ product code

Inventories	**Enterprise 1**	**Enterprise 2**	**Enterprise 3**
	_____ c _____ p total value stored	_____ c _____ p total value stored	_____ c _____ p total value stored
Name of Product 5: _____			
37. Product 5: 1. Product code 2. Total value stored	_____ product code _____ c _____ p total value stored	_____ product code _____ c _____ p total value stored	_____ product code _____ c _____ p total value stored
38. All other products 1. Total value stored	_____ c _____ p total value stored	_____ c _____ p total value stored	_____ c _____ p total value stored

Part E: Accounting – Food Enterprise

FOR EACH ENTERPRISE ANSWER THE QUESTION IN RELATION TO THE LAST 12 MONTHS
Code for unit. 1.Daily 2.Weekly 3.Fortnightly 4.Monthly 5.Quarterly 6.Semi-annually 7.Yearly 8.None

Expenses	Enterprise 1	Enterprise 2	Enterprise 3
1. Raw Materials: a. How often do you spend money on this item **(see code above)**? b. How many times did you pay (…) during this period? c. Amount paid per time?	a. _____ unit	a. _____ unit	a. _____ unit
	b. _____ times/period	b. _____ times/period	b. _____ times/period
	_____ c _____ p amount per time	_____ c _____ p amount per time	_____ c _____ p amount per time
2. Taxes: a. How often do you spend money on this item **(see code above)**? b. How many times did you pay (…) during this period? c. Amount paid per time?	a. _____ unit	a. _____ unit	a. _____ unit
	b. _____ times/period	b. _____ times/period	b. _____ times/period
	_____ c _____ p amount per time	_____ c _____ p amount per time	_____ c _____ p amount per time
3. Bank Fees: a. How often do you spend money on this item **(see code above)**? b. How many times did you pay (…) during this period? c. Amount paid per time?	a. _____ unit	a. _____ unit	a. _____ unit
	b. _____ times/period	b. _____ times/period	b. _____ times/period
	_____ c _____ p amount per time	_____ c _____ p amount per time	_____ c _____ p amount per time
4. Rent on Assets/land and buildings: a. How often do you spend money on this item **(see code above)**? b. How many times did you pay (…) during this period? c. Amount paid per time?	a. _____ unit	a. _____ unit	a. _____ unit
	b. _____ times/period	b. _____ times/period	b. _____ times/period
	_____ c _____ p amount per time	_____ c _____ p amount per time	_____ c _____ p amount per time

Expenses	Enterprise 1	Enterprise 2	Enterprise 3
5. Electricity: a. How often do you spend money on this item **(see code above)**? b. How many times did you pay (…) during this period? c. Amount paid per time?	a. _____ unit	a. _____ unit	a. _____ unit
	b. _____ times/period	b. _____ times/period	b. _____ times/period
	_____ c _____ p amount per time	_____ c _____ p amount per time	_____ c _____ p amount per time
6. Water: a. How often do you spend money on this item **(see code above)**? b. How many times did you pay (…) during this period? c. Amount paid per time?	a. _____ unit	a. _____ unit	a. _____ unit
	b. _____ times/period	b. _____ times/period	b. _____ times/period
	_____ c _____ p amount per time	_____ c _____ p amount per time	_____ c _____ p amount per time
7. Treatment/disposal of waste products: a. How often do you spend money on this item **(see code above)**? b. How many times did you pay (…) during this period? c. Amount paid per time?	a. _____ unit	a. _____ unit	a. _____ unit
	b. _____ times/period	b. _____ times/period	b. _____ times/period
	_____ c _____ p amount per time	_____ c _____ p amount per time	_____ c _____ p amount per time
8. Telephone: a. How often do you spend money on this item **(see code above)**? b. How many times did you pay (…) during this period? c. Amount paid per time?	a. _____ unit	a. _____ unit	a. _____ unit
	b. _____ times/period	b. _____ times/period	b. _____ times/period
	_____ c _____ p amount per time	_____ c _____ p amount per time	_____ c _____ p amount per time
9. Articles for Resale: a. How often do you spend money on this item **(see code above)**?	a. _____ unit	a. _____ unit	a. _____ unit

Expenses	Enterprise 1	Enterprise 2	Enterprise 3
b. How many times did you pay (…) during this period? c. Amount paid per time?	b. _____ times/period	b. _____ times/period	b. _____ times/period
	_____ c _____ p amount per time	_____ c _____ p amount per time	_____ c _____ p amount per time
10. Traveling and Transport: a. How often do you spend money on this item **(see code above)**? b. How many times did you pay (…) during this period? c. Amount paid per time?	a. _____ unit	a. _____ unit	a. _____ unit
	b. _____ times/period	b. _____ times/period	b. _____ times/period
	_____ c _____ p amount per time	_____ c _____ p amount per time	_____ c _____ p amount per time
11. Accident Claims: a. How often do you spend money on this item **(see code above)**? b. How many times did you pay (…) during this period? c. Amount paid per time?	a. _____ unit	a. _____ unit	a. _____ unit
	b. _____ times/period	b. _____ times/period	b. _____ times/period
	_____ c _____ p amount per time	_____ c _____ p amount per time	_____ c _____ p amount per time
12. Fuel and Lubricants: a. How often do you spend money on this item **(see code above)**? b. How many times did you pay (…) during this period? c. Amount paid per time?	a. _____ unit	a. _____ unit	a. _____ unit
	b. _____ times/period	b. _____ times/period	b. _____ times/period
	_____ c _____ p amount per time	_____ c _____ p amount per time	_____ c _____ p amount per time
13. Spare Parts: a. How often do you spend money on this item **(see code above)**? b. How many times did you pay (…) during this period? c. Amount paid per time?	a. _____ unit	a. _____ unit	a. _____ unit
	b. _____ times/period	b. _____ times/period	b. _____ times/period

Expenses	Enterprise 1	Enterprise 2	Enterprise 3
	_____ c _____ p amount per time	_____ c _____ p amount per time	_____ c _____ p amount per time
14. Advertising/Computer services: a. How often do you spend money on this item **(see code above)**? b. How many times did you pay (…) during this period? c. Amount paid per time?	a. _____ unit	a. _____ unit	a. _____ unit
	b. _____ times/period	b. _____ times/period	b. _____ times/period
	_____ c _____ p amount per time	_____ c _____ p amount per time	_____ c _____ p amount per time
15. Training: a. How often do you spend money on this item **(see code above)**? b. How many times did you pay (…) during this period? c. Amount paid per time?	a. _____ unit	a. _____ unit	a. _____ unit
	b. _____ times/period	b. _____ times/period	b. _____ times/period
	_____ c _____ p amount per time	_____ c _____ p amount per time	_____ c _____ p amount per time
16. Uniforms and clothing: a. How often do you spend money on this item **(see code above)**? b. How many times did you pay (…) during this period? c. Amount paid per time?	a. _____ unit	a. _____ unit	a. _____ unit
	b. _____ times/period	b. _____ times/period	b. _____ times/period
	_____ c _____ p amount per time	_____ c _____ p amount per time	_____ c _____ p amount per time
17. Printing/Stationary/Postage: a. How often do you spend money on this item **(see code above)**? b. How many times did you pay (…) during this period? c. Amount paid per time?	a. _____ unit	a. _____ unit	a. _____ unit
	b. _____ times/period	b. _____ times/period	b. _____ times/period
	_____ c _____ p amount per time	_____ c _____ p amount per time	_____ c _____ p amount per time

Expenses	Enterprise 1	Enterprise 2	Enterprise 3
Other1(specify)	1. _____	1. _____	1. _____
18. Other 1 a. How often do you spend money on this item **(see code above)**? b. How many times did you pay (…) during this period? c. Amount paid per time?	a. _____ unit	a. _____ unit	a. _____ unit
	b. _____ times/period	b. _____ times/period	b. _____ times/period
	_____ c _____ p amount per time	_____ c _____ p amount per time	_____ c _____ p amount per time
Other 2(specify)	2. _____	2. _____	2. _____
19. Other 2: a. How often do you spend money on this item **(see code above)**? b. How many times did you pay (…) during this period? c. Amount paid per time?	a. _____ unit	a. _____ unit	a. _____ unit
	b. _____ times/period	b. _____ times/period	b. _____ times/period
	_____ c _____ p amount per time	_____ c _____ p amount per time	_____ c _____ p amount per time
Other 3(specify)	2. _____	2. _____	2. _____
20. Other 3: a. How often do you spend money on this item **(see code above)**? b. How many times did you pay (…) during this period? c. Amount paid per time?	a. _____ unit	a. _____ unit	a. _____ unit
	b. _____ times/period	b. _____ times/period	b. _____ times/period
	_____ c _____ p amount per time	_____ c _____ p amount per time	_____ c _____ p amount per time

Expenses	Enterprise 1	Enterprise 2	Enterprise 3
21. Please list four most important ingredients. **Include 1.Ingredient code; 2.Amount; 3.Unit code; 4.Value of the amount purchased in last week?**			
Ingredient A 1. Code 2. Amount purchased 3. Unit purchased 4. Total purchased	1. _____ ingredient 2. _____ amount 3._____ unit 4. _____ c _____ p	1. _____ ingredient 2. _____ amount 3. _____ unit 4. _____ c _____ p	1. _____ ingredient 2. _____ amount 3. _____ unit 4. _____ c _____ p
Ingredient B 1. Code 2. Amount purchased 3. Unit purchased 4. Total purchased	1. _____ ingredient 2. _____ amount 3. _____ unit 4. _____ c _____ p	1. _____ ingredient 2. _____ amount 3. _____ unit 4. _____ c _____ p	1. _____ ingredient 2. _____ amount 3. _____ unit 4. _____ c _____ p
Ingredient C 1. Code 2. Amount purchased 3. Unit purchased 4. Total purchased	1. _____ ingredient 2. _____ amount 3. _____ unit 4. _____ c _____ p	1. _____ ingredient 2. _____ amount 3. _____ unit 4. _____ c _____ p	1. _____ ingredient 2. _____ amount 3. _____ unit 4. _____ c _____ p
Ingredient D 1. Code 2. Amount purchased 3. Unit purchased 4. Total purchased	1. _____ ingredient 2. _____ amount 3. _____ unit 4. _____ c _____ p	1. _____ ingredient 2. _____ amount 3. _____ unit 4. _____ c _____ p	1. _____ ingredient 2. _____ amount 3. _____ unit 4. _____ c _____ p

Expenses	Enterprise 1	Enterprise 2	Enterprise 3
All other ingredients E **1. Total value purchased**	1. _____ c _____ p	1. _____ c _____ p	1. _____ c _____ p

Revenues	Enterprise 1	Enterprise 2	Enterprise 3
22. How many days during the past <u>week</u> did you prepare meals for sale? 1. Days last week	1. _____ days	1. _____ days	1. _____ days
23. In the past week, how much on average did you earn from the sale of meals in <u>one day</u>? 1. Cedis & pesawas	1. _____ c _____ p	1. _____ c _____ p	1. _____ c _____ p

Inventories	Enterprise 1	Enterprise 2	Enterprise 3
24. Please list ingredient stored, amount in stock, unit of the stock and the total value of stock			
Ingredient A 1. Code 2. Amount in stock 3. Unit in stock 4. Total value of stock	1. _____ ingredient 2. _____ amount 3. _____ unit 4. _____ c _____ p	1. _____ ingredient 2. _____ amount 3. _____ unit 4. _____ c _____ p	1. _____ ingredient 2. _____ amount 3. _____ unit 4. _____ c _____ p
Ingredient B 1. Code 2. Amount in stock 3. Unit in stock 4. Total value of stock	1. _____ ingredient 2. _____ amount 3. _____ unit 4. _____ c _____ p	1. _____ ingredient 2. _____ amount 3. _____ unit 4. _____ c _____ p	1. _____ ingredient 2. _____ amount 3. _____ unit 4. _____ c _____ p

Inventories	Enterprise 1	Enterprise 2	Enterprise 3
Ingredient C 1. Code 2. Amount in stock 3. Unit in stock 4. Total value of stock	1. _____ ingredient 2. _____ amount 3. _____ unit 4. _____ c _____ p	1. _____ ingredient 2. _____ amount 3. _____ unit 4. _____ c _____ p	1. _____ ingredient 2. _____ amount 3. _____ unit 4. _____ c _____ p
Ingredient D 1. Code 2. Amount in stock 3. Unit in stock 4. Total value of stock	1. _____ ingredient 2. _____ amount 3. _____ unit 4. _____ c _____ p	1. _____ ingredient 2. _____ amount 3. _____ unit 4. _____ c _____ p	1. _____ ingredient 2. _____ amount 3. _____ unit 4. _____ c _____ p
All other ingredients E 1. Total value of stock	1. _____ c _____ p	1. _____ c _____ p	1. _____ c _____ p
25. What is the cost of the following inputs used in the last 1week**?** a.Firewood b.Gas c.Water d.Soap e.Other (specify) f.All other inputs	a. _____ c _____ p b. _____ c _____ p c. _____ c _____ p d. _____ c _____ p e. _____ c _____ p f._____ c _____ p	a. _____ c _____ p b. _____ c _____ p c. _____ c _____ p d. _____ c _____ p e. _____ c _____ p f._____ c _____ p	a. _____ c _____ p b. _____ c _____ p c. _____ c _____ p d. _____ c _____ p e. _____ c _____ p f._____ c _____ p

Part F: Accounting –Services

	Enterprise 1		Enterprise 2		Enterprise 3	
1. How much was earned through the provision of services in the last …?						
	1 Month	**3 months**	**1 Month**	**3 months**	**1 Month**	**3 months**
Delivery of goods sold	_____c ____p	_____c ____p	_____c ____p	_____c ____p	_____c ____p	_____c ____p
Provision of other services	_____c ____p	_____c ____p	_____c ____p	_____c ____p	_____c ____p	_____c ____p
Rental of buildings	_____c ____p	_____c ____p	_____c ____p	_____c ____p	_____c ____p	_____c ____p
Rental of machinery and transport equipment	_____c ____p	_____c ____p	_____c ____p	_____c ____p	_____c ____p	_____c ____p
Commissions	_____c ____p	_____c ____p	_____c ____p	_____c ____p	_____c ____p	_____c ____p
Royalties, copyrights, etc., belonging to the enterprise	_____c ____p	_____c ____p	_____c ____p	_____c ____p	_____c ____p	_____c ____p
Storage and handling fees	_____c ____p	_____c ____p	_____c ____p	_____c ____p	_____c ____p	_____c ____p
Inspection and valuation fees	_____c ____p	_____c ____p	_____c ____p	_____c ____p	_____c ____p	_____c ____p
Sale of scrap	_____c ____p	_____c ____p	_____c ____p	_____c ____p	_____c ____p	_____c ____p
Profit of sales and fixed assets	_____c ____p	_____c ____p	_____c ____p	_____c ____p	_____c ____p	_____c ____p
Other(specify)	_____c ____p	_____c ____p	_____c ____p	_____c ____p	_____c ____p	_____c ____p

Section 6: Household Health

Part A: Insurance
Part B: Anthropometry
Part C: Immunization
Part D: Activities of Daily Living
Part E: Miscellaneous Health
Part F: Health in the Past 2 Weeks
Part G: Health in Last 12 Months

Part A: INSURANCE ***(FILL OUT FOR ALL HOUSEHOLD MEMBERS)***

Member ID	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
A1.Has [Name] ever registered or been covered with a health insurance scheme? 1.Yes 2.No	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.
A2.What type of health insurance scheme does [Name] have? ***(Circle all that apply in 1-5)*** 1.National / District health insurance scheme (NHIS) 2.Health insurance through employer 3.Mutual health org. / community base health insurance 4.Other private purchase commercial health insurance 5. Other (specify) 6. None **(skip to A4 if member of NHIS)**	1. 2. 3. 4. 5. 6.	1. 2. 3. 4. 5. 6.	1. 2. 3. 4. 5. 6.	1. 2. 3. 4. 5. 6.	1. 2. 3. 4. 5. 6.	1. 2. 3. 4. 5. 6.	1. 2. 3. 4. 5. 6.	1. 2. 3. 4. 5. 6.	1. 2. 3. 4. 5. 6.	1. 2. 3. 4. 5. 6.	1. 2. 3. 4. 5. 6.	1. 2. 3. 4. 5. 6.	1. 2. 3. 4. 5. 6.	1. 2. 3. 4. 5. 6.	1. 2. 3. 4. 5. 6.	1. 2. 3. 4. 5. 6.	1. 2. 3. 4. 5. 6.	1. 2. 3. 4. 5. 6.
A3.Why is [Name] not registered with (NHIS)? ***Circle all that apply*** 1.Not heard of (NHIS) 2.Don't understand the (NHIS) 3.Cannot afford premium 4.Donot need health insurance 5.NHIS does not cover health insurance **[Name]**	1. 2. 3. 4. 5.	1. 2. 3. 4. 5.	1. 2. 3. 4. 5.	1. 2. 3. 4. 5.	1. 2. 3. 4. 5.	1. 2. 3. 4. 5.	1. 2. 3. 4. 5.	1. 2. 3. 4. 5.	1. 2. 3. 4. 5.	1. 2. 3. 4. 5.	1. 2. 3. 4. 5.	1. 2. 3. 4. 5.	1. 2. 3. 4. 5.	1. 2. 3. 4. 5.	1. 2. 3. 4. 5.	1. 2. 3. 4. 5.	1. 2. 3. 4. 5.

Member ID	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
needs 6.Other (specify)	6.	6.	6.	6.	6.	6.	6.	6.	6.	6.	6.	6.	6.	6.	6.	6.	6.	6.
A4.Who is currently paying [Name's] health insurance cost? ***(Circle all that apply in 1-11)*** 1.HH Member (write ID) 2.Relative / friend 3.Employer 4.SSNIT contribution 5.Exempted (as child) 6.Exempted (as elderly) 7.Exempted (as pregnant woman) 8.Exempted (as pensioner) 9.Exempted as indigent (poor) 10.L.E.A.P Programme 11.Other (specify) 12..NA ,	1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12.	1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12.	1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12.	1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12.	1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12.	1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12.	1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12.	1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12.	1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12.	1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12.	1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12.	1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12.	1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12.	1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12.	1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12.	1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12.	1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12.
A5.Does [Name] hold a valid NHIS card? 1.Yes (CARD seen) >>A7 2.Yes (CARD NOT seen) 3.No	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.
A6.Why is [Name] not holding NHIS card? 1.Registered, (Not paid fully) 2.Registered, (card not received) 3.Registered, (waiting period) 4.Not renewed registration 5.Lost card	1. 2. 3. 4. 5.	1. 2. 3. 4. 5.	1. 2. 3. 4. 5.	1. 2. 3. 4. 5.	1. 2. 3. 4. 5.	1. 2. 3. 4. 5.	1. 2. 3. 4. 5.	1. 2. 3. 4. 5.	1. 2. 3. 4. 5.	1. 2. 3. 4. 5.	1. 2. 3. 4. 5.	1. 2. 3. 4. 5.	1. 2. 3. 4. 5.	1. 2. 3. 4. 5.	1. 2. 3. 4. 5.	1. 2. 3. 4. 5.	1. 2. 3. 4. 5.	1. 2. 3. 4. 5.

Member ID	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
6.Other (specify)	6. _____	6. _____	6. _____	6. _____	6. _____	6. _____	6. _____	6. _____	6. _____	6. _____	6. _____	6. _____	6. _____	6. _____	6. _____	6. _____	6. _____	6. _____
A7.How much money has [Name] paid or is expected to pay as premium to the current insurance year? 1.Amount paid (GH¢) 2.Amount expected to pay (GH¢)	1. -------c ------p 2. -------c ------p	1. -------c ------p 2. -------c ------p	1. -------c ------p 2. -------c ------p	1. -------c ------p 2. -------c ------p	1. -------c ------p 2. -------c ------p	1. -------c ------p 2. -------c ------p	1. -------c ------p 2. -------c ------p	1. -------c ------p 2. -------c ------p	1. -------c ------p 2. -------c ------p	1. -------c ------p 2. -------c ------p	1. -------c ------p 2. -------c ------p	1. -------c ------p 2. -------c ------p	1. -------c ------p 2. -------c ------p	1. -------c ------p 2. -------c ------p	1. -------c ------p 2. -------c ------p	1. -------c ------p 2. -------c ------p	1. -------c ------p 2. -------c ------p	1. -------c ------p 2. -------c ------p
A8.How much money has [Name] paid or is expected to pay as registration fee to the current insurance year? 1.Amount paid (GH¢) 2.Amount expected to pay (GH¢)	1. -------c ------p 2. -------c ------p	1. -------c ------p 2. -------c ------p	1. -------c ------p 2. -------c ------p	1. -------c ------p 2. -------c ------p	1. -------c ------p 2. -------c ------p	1. -------c ------p 2. -------c ------p	1. -------c ------p 2. -------c ------p	1. -------c ------p 2. -------c ------p	1. -------c ------p 2. -------c ------p	1. -------c ------p 2. -------c ------p	1. -------c ------p 2. -------c ------p	1. -------c ------p 2. -------c ------p	1. -------c ------p 2. -------c ------p	1. -------c ------p 2. -------c ------p	1. -------c ------p 2. -------c ------p	1. -------c ------p 2. -------c ------p	1. -------c ------p 2. -------c ------p	1. -------c ------p 2. -------c ------p
A9.How many weeks did it take [Name] to obtain the NHIS card after the premium was paid in full? 1.Expected number in weeks	_____ weeks	_____ weeks	_____ weeks	_____ weeks	_____ weeks	_____ weeks	_____ weeks	_____ weeks	_____ weeks	_____ weeks	_____ weeks	_____ weeks	_____ weeks	_____ weeks	_____ weeks	_____ weeks	_____ weeks	_____ weeks

Member ID	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
A10.Has [Name] ever benefited from the NHIS? 1.Yes 2.No >>A12	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.
A11.How many times has [Name] used NHIS card during the last 12 months? 1.Number of times																		
A12.How many times has [Name's] NHIS card renewed since first registration? 1.Number of times																		
A13.Is [Name] holding a valid NHIS card for current year? 1.Yes >>A15 2.No **(crosscheck with A5)**	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.
A14.Why has [Name] not renewed current year's NHIS card? 1.The card has not expired 2.Has not been sick 3.Premium is expensive 4.Poor quality care for insurance card holders 5.Waiting time for card too long 6.Prefered services not covered 7.Use clinics / traditional practitioners who are not covered 8.Other (specify)	1. 2. 3. 4. 5. 6. 7. 8.	1. 2. 3. 4. 5. 6. 7. 8.	1. 2. 3. 4. 5. 6. 7. 8.	1. 2. 3. 4. 5. 6. 7. 8.	1. 2. 3. 4. 5. 6. 7. 8.	1. 2. 3. 4. 5. 6. 7. 8.	1. 2. 3. 4. 5. 6. 7. 8.	1. 2. 3. 4. 5. 6. 7. 8.	1. 2. 3. 4. 5. 6. 7. 8.	1. 2. 3. 4. 5. 6. 7. 8.	1. 2. 3. 4. 5. 6. 7. 8.	1. 2. 3. 4. 5. 6. 7. 8.	1. 2. 3. 4. 5. 6. 7. 8.	1. 2. 3. 4. 5. 6. 7. 8.	1. 2. 3. 4. 5. 6. 7. 8.	1. 2. 3. 4. 5. 6. 7. 8.	1. 2. 3. 4. 5. 6. 7. 8.	1. 2. 3. 4. 5. 6. 7. 8.

Member ID	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
A15.Which of the following group schemes does [Name] contribute to? ***Circle all that apply*** A.Susu B.Family contribution C.Welfare association D.Micro credit scheme E.Other (specify) F.None>>A17	A. B. C. D. E. F.	A. B. C. D. E. F.	A. B. C. D. E. F.	A. B. C. D. E. F.	A. B. C. D. E. F.	A. B. C. D. E. F.	A. B. C. D. E. F.	A. B. C. D. E. F.	A. B. C. D. E. F.	A. B. C. D. E. F.	A. B. C. D. E. F.	A. B. C. D. E. F.	A. B. C. D. E. F.	A. B. C. D. E. F.	A. B. C. D. E. F.	A. B. C. D. E. F.	A. B. C. D. E. F.	A. B. C. D. E. F.
A16.Does [Name] derive any health care financing benefit from the group schemes? A..Susu B.Family contribution C.Welfare association D.Micro credit scheme E.Other (specify)	A. 1.Yes 2.No B. 1.Yes 2.No C. 1.Yes 2.No D. 1.Yes 2.No E. 1.Yes 2.No	A. 1.Yes 2.No B. 1.Yes 2.No C. 1.Yes 2.No D. 1.Yes 2.No E. 1.Yes 2.No	A. 1.Yes 2.No B. 1.Yes 2.No C. 1.Yes 2.No D. 1.Yes 2.No E. 1.Yes 2.No	A. 1.Yes 2.No B. 1.Yes 2.No C. 1.Yes 2.No D. 1.Yes 2.No E. 1.Yes 2.No	A. 1.Yes 2.No B. 1.Yes 2.No C. 1.Yes 2.No D. 1.Yes 2.No E. 1.Yes 2.No	A. 1.Yes 2.No B. 1.Yes 2.No C. 1.Yes 2.No D. 1.Yes 2.No E. 1.Yes 2.No	A. 1.Yes 2.No B. 1.Yes 2.No C. 1.Yes 2.No D. 1.Yes 2.No E. 1.Yes 2.No	A. 1.Yes 2.No B. 1.Yes 2.No C. 1.Yes 2.No D. 1.Yes 2.No E. 1.Yes 2.No	A. 1.Yes 2.No B. 1.Yes 2.No C. 1.Yes 2.No D. 1.Yes 2.No E. 1.Yes 2.No	A. 1.Yes 2.No B. 1.Yes 2.No C. 1.Yes 2.No D. 1.Yes 2.No E. 1.Yes 2.No	A. 1.Yes 2.No B. 1.Yes 2.No C. 1.Yes 2.No D. 1.Yes 2.No E. 1.Yes 2.No	A. 1.Yes 2.No B. 1.Yes 2.No C. 1.Yes 2.No D. 1.Yes 2.No E. 1.Yes 2.No	A. 1.Yes 2.No B. 1.Yes 2.No C. 1.Yes 2.No D. 1.Yes 2.No E. 1.Yes 2.No	A. 1.Yes 2.No B. 1.Yes 2.No C. 1.Yes 2.No D. 1.Yes 2.No E. 1.Yes 2.No	A. 1.Yes 2.No B. 1.Yes 2.No C. 1.Yes 2.No D. 1.Yes 2.No E. 1.Yes 2.No	A. 1.Yes 2.No B. 1.Yes 2.No C. 1.Yes 2.No D. 1.Yes 2.No E. 1.Yes 2.No	A. 1.Yes 2.No B. 1.Yes 2.No C. 1.Yes 2.No D. 1.Yes 2.No E. 1.Yes 2.No
A17.Is [Name] willing to pay one-off premium to renew or register for membership under the NHIS? 1.Yes 2.No >> next person	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.
A18a.If yes, is [Name] willing to pay 200% increase or more? 1.Yes >>A19 2.No	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.

Member ID	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
A18b.If yes, is [Name] willing to pay 100% increase? 1.Yes >>A19 2.No	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.
A18c.If yes, is [Name] willing to pay 50% increase? 1.Yes >>A19 2.No	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.
A18d.If yes, is [Name] willing to pay 20% increase? 1.Yes >>A19 2.No	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.
A18e.If yes, is [Name] willing to pay 10% increase? 1.Yes 2.No	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.
A19.What is the maximum percentage increase is [Name] prepared to pay?	-----%	-----%	-----%	-----%	-----%	-----%	-----%	-----%	-----%	-----%	-----%	-----%	-----%	-----%	-----%	-----%	-----%	-----%

Part B: ANTHROPOMETRY ***(FILL OUT FOR ALL HOUSEHOLD MEMBERS)***

Member ID	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**	**12**	**13**	**14**	**15**	**16**	**17**	**18**
B1. Was [Name] measured? 1. Yes 2. No	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.
B2. If not, why? 1. Not home during survey period, 2. Too ill, 3. Handicapped or Deformed, 4. Not willing, 5. Other (specify) **(>> NEXT PERSON)**	1. 2. 3. 4. 5. ____	1. 2. 3. 4. 5. ____	1. 2. 3. 4. 5. ____	1. 2. 3. 4. 5. ____	1. 2. 3. 4. 5. ____	1. 2. 3. 4. 5. ____	1. 2. 3. 4. 5. ____	1. 2. 3. 4. 5. ____	1. 2. 3. 4. 5. ____	1. 2. 3. 4. 5. ____	1. 2. 3. 4. 5. ____	1. 2. 3. 4. 5. ____	1. 2. 3. 4. 5. ____	1. 2. 3. 4. 5. ____	1. 2. 3. 4. 5. ____	1. 2. 3. 4. 5. ____	1. 2. 3. 4. 5. ____	1. 2. 3. 4. 5. ____
B3. Was height measured standing or lying down? 1. Standing, 2. Lying down	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.
B4. Height (Centimeters)																		
B5. Weight (Kilograms)																		
B6. Hip Size (centimeters)																		
B7. Waist Size (centimeters)																		
B8. Arm circumference (mid-upper arm-centimeters)																		

Part C: IMMUNIZATION ***(FILL OUT FOR ALL HOUSEHOLD MEMBERS)***

Member ID	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
C1. Has [Name] ever been immunized? 1. Yes 2. No >> C12	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N
C2. Has [Name] received the BCG vaccine? 1. Yes, 2. No, 3. Don't know,	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.
C3. How many polio vaccines has [Name] received? ***(Circle all that apply)*** 1. "0 2. "1 3. "2 4. "3 5. "4 6. Booster 7. Don't know,	1. 2. 3. 4. 5. 6. 7.	1. 2. 3. 4. 5. 6. 7.	1. 2. 3. 4. 5. 6. 7.	1. 2. 3. 4. 5. 6. 7.	1. 2. 3. 4. 5. 6. 7.	1. 2. 3. 4. 5. 6. 7.	1. 2. 3. 4. 5. 6. 7.	1. 2. 3. 4. 5. 6. 7.	1. 2. 3. 4. 5. 6. 7.	1. 2. 3. 4. 5. 6. 7.	1. 2. 3. 4. 5. 6. 7.	1. 2. 3. 4. 5. 6. 7.	1. 2. 3. 4. 5. 6. 7.	1. 2. 3. 4. 5. 6. 7.	1. 2. 3. 4. 5. 6. 7.	1. 2. 3. 4. 5. 6. 7.	1. 2. 3. 4. 5. 6. 7.	1. 2. 3. 4. 5. 6. 7.
C4. How many DPT shots has (NAME) received? ***(Circle all that apply)*** 1. "1, 2. "2, 3. "3 4. "Don't know,	1. 2. 3. 4.	1. 2. 3. 4.	1. 2. 3. 4.	1. 2. 3. 4.	1. 2. 3. 4.	1. 2. 3. 4.	1. 2. 3. 4.	1. 2. 3. 4.	1. 2. 3. 4.	1. 2. 3. 4.	1. 2. 3. 4.	1. 2. 3. 4.	1. 2. 3. 4.	1. 2. 3. 4.	1. 2. 3. 4.	1. 2. 3. 4.	1. 2. 3. 4.	1. 2. 3. 4.
C5. Has [Name] received the five in one vaccine? 1. Yes, 2. No, 3. Don't know,	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.

Member ID	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
C6. Has [Name] received the measles vaccine? 1. Yes, 2. No, 3. Don't know,	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.
C7. Has [Name] received the Vitamin 'A' vaccine? 1. Yes, 2. No, 3. Don't know,	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.
C8. Has [Name] received the Yellow Fever vaccine? 1. Yes, 2. No, 3. Don't know,	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.
C9. Did [Name] have to pay any fees for these vaccinations? 1. Yes, 2. No >> Next Person	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N
C10. How much was paid? (GH cedis and pesawas) >> next person	--------c --------p	--------c --------p	--------c --------p	--------c --------p	--------c --------p	--------c --------p	--------c --------p	--------c --------p	--------c --------p	--------c --------p	--------c --------p	--------c --------p	--------c --------p	--------c --------p	--------c --------p	--------c --------p	--------c --------p	--------c --------p

Member ID	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
C11.What did [Name] paid for? (Circle all that apply) 1.BCG 2.Polio 3.DPT 4.Five in one 5.Measles 6.Vitamin A 7.Yellow Fever	1. --------c --------p 2. --------c --------p 3. --------c --------p 4. --------c --------p 5. --------c --------p 6. --------c --------p 7. --------c --------p	1. --------c --------p 2. --------c --------p 3. --------c --------p 4. --------c --------p 5. --------c --------p 6. --------c --------p 7. --------c --------p	1. --------c --------p 2. --------c --------p 3. --------c --------p 4. --------c --------p 5. --------c --------p 6. --------c --------p 7. --------c --------p	1. --------c --------p 2. --------c --------p 3. --------c --------p 4. --------c --------p 5. --------c --------p 6. --------c --------p 7. --------c --------p	1. --------c --------p 2. --------c --------p 3. --------c --------p 4. --------c --------p 5. --------c --------p 6. --------c --------p 7. --------c --------p	1. --------c --------p 2. --------c --------p 3. --------c --------p 4. --------c --------p 5. --------c --------p 6. --------c --------p 7. --------c --------p	1. --------c --------p 2. --------c --------p 3. --------c --------p 4. --------c --------p 5. --------c --------p 6. --------c --------p 7. --------c --------p	1. --------c --------p 2. --------c --------p 3. --------c --------p 4. --------c --------p 5. --------c --------p 6. --------c --------p 7. --------c --------p	1. --------c --------p 2. --------c --------p 3. --------c --------p 4. --------c --------p 5. --------c --------p 6. --------c --------p 7. --------c --------p	1. --------c --------p 2. --------c --------p 3. --------c --------p 4. --------c --------p 5. --------c --------p 6. --------c --------p 7. --------c --------p	1. --------c --------p 2. --------c --------p 3. --------c --------p 4. --------c --------p 5. --------c --------p 6. --------c --------p 7. --------c --------p	1. --------c --------p 2. --------c --------p 3. --------c --------p 4. --------c --------p 5. --------c --------p 6. --------c --------p 7. --------c --------p	1. --------c --------p 2. --------c --------p 3. --------c --------p 4. --------c --------p 5. --------c --------p 6. --------c --------p 7. --------c --------p	1. --------c --------p 2. --------c --------p 3. --------c --------p 4. --------c --------p 5. --------c --------p 6. --------c --------p 7. --------c --------p	1. --------c --------p 2. --------c --------p 3. --------c --------p 4. --------c --------p 5. --------c --------p 6. --------c --------p 7. --------c --------p	1. --------c --------p 2. --------c --------p 3. --------c --------p 4. --------c --------p 5. --------c --------p 6. --------c --------p 7. --------c --------p

Member ID	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
C12. If [Name] is not immunized, why? 1. Too young, 2. Didn't know [Name] had to be immunized, 3. Health Care center is too far, 4. Shortage of supply, 5. Other (specify)	1. 2. 3. 4. 5. ---	1. 2. 3. 4. 5. ---	1. 2. 3. 4. 5. ---	1. 2. 3. 4. 5. ---	1. 2. 3. 4. 5. ---	1. 2. 3. 4. 5. ---	1. 2. 3. 4. 5. ---	1. 2. 3. 4. 5. ---	1. 2. 3. 4. 5. ---	1. 2. 3. 4. 5. ---	1. 2. 3. 4. 5. ---	1. 2. 3. 4. 5. ---	1. 2. 3. 4. 5. ---	1. 2. 3. 4. 5. ---	1. 2. 3. 4. 5. ---	1. 2. 3. 4. 5. ---	1. 2. 3. 4. 5. ---	1. 2. 3. 4. 5. ---

Part D: ACTIVITIES OF DAILY LIVING ***(FILL OUT FOR ALL HOUSEHOLD MEMBERS 10 YEARS AND OLDER)***

Member ID	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
D1. If [Name] had to carry a heavy load (e.g. size 34 Bucket of water) without any help for 20 meters, could he/she do it? 1. Easily 2. With difficulty 3. Not at all	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.
D2.If not easily, could (NAME) have been able to do this 10 years ago? 1.Yes 2.No	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.
D3. If yes, how long has [Name] had difficulty/ been unable to do this? 1. Years (yy) 2. Months (m)	------y ------m	------y ------m	------y ------m	------y ------m	------y ------m	------y ------m	------y ------m	------y ------m	------y ------m	------y ------m	------y ------m	------y ------m	------y ------m	------y ------m	------y ------m	------y ------m	------y ------m	------y ------m
D4. If [Name] had to bathe him/herself without any help, could he/she do it? 1. Easily 2. With difficulty 3. Not at all	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.
D5. If not easily, how long has [Name] had difficulty/ been unable to do this? 1. Years 2. Months	------y ------m	------y ------m	------y ------m	------y ------m	------y ------m	------y ------m	------y ------m	------y ------m	------y ------m	------y ------m	------y ------m	------y ------m	------y ------m	------y ------m	------y ------m	------y ------m	------y ------m	------y ------m

Part E: MISCELLANEOUS HEALTH ***(FILL OUT FOR ALL HOUSEHOLD MEMBERS 10 YEARS AND OLDER)***

Member ID	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
E1. In general, how would you rate your health? 1. Very healthy, 2. Somewhat healthy, 3. Somewhat unhealthy, 4. Unhealthy	1. 2. 3. 4.	1. 2. 3. 4.	1. 2. 3. 4.	1. 2. 3. 4.	1. 2. 3. 4.	1. 2. 3. 4.	1. 2. 3. 4.	1. 2. 3. 4.	1. 2. 3. 4.	1. 2. 3. 4.	1. 2. 3. 4.	1. 2. 3. 4.	1. 2. 3. 4.	1. 2. 3. 4.	1. 2. 3. 4.	1. 2. 3. 4.	1. 2. 3. 4.	1. 2. 3. 4.
E2. Have you ever had any sores or irritations on the feet that took more than four weeks to heal? 1. Yes 2. No	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N
E3. In the last 3 months, have you had numbness or tingling in the hands or feet, other than numbness/tingling of the hands or feet resulting from falling asleep, foot aches, or long walks? 1. Yes 2. No	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N
E4. Have you ever had the habit of chewing tobacco, smoking pipe, smoking self-rolled cigarettes, or smoking cigarettes/ cigars? 1. Yes 2. No >>15	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N
E5. At what age did you begin this habit? 1. Age in years																		
E6. Does (NAME) still smoke /chew tobacco or have you completely quit? 1. still smokes >>E9 2. has quit 3.still chew tobacco	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.
E7. How long ago did you quit? 1. Years																		
E8. In one day how many cigars/cigarettes do you consume before totally quitting? 1. number **>>** E15																		

Member ID	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
E9. In one day how many cigars/cigarettes do you consume now? 1. number																		
E10. In the last 12 months has (NAME) tried to stop smoking? 1. Yes; 2. No	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N
E11. Would (NAME) like to stop smoking some time in life? 1. Yes; 2. No	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N
E12. If so, when? DO NOT PROMPT. 1. In the next 30 days, 2. In the next year, 3. In the next 5 years, 4. When I get sick	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4
E13. Will you actually quit smoking in the next 6 months? 1. Yes; 2. No	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N
E14. Are you so addicted to smoking that you will need some sort of help to quit? 1. Yes 2. No	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N
E15. How many days in the week do you consume alcoholic beverages? 1. days																		

Part F: HEALTH IN THELAST 2 WEEKS

Member ID	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
F1. During the past two weeks has [Name] suffered any illness or injury? 1. Neither>>F8 2. Illness 3. Injury >>F8 4. Both	1. 2. 3. 4.	1. 2. 3. 4.	1. 2. 3. 4.	1. 2. 3. 4.	1. 2. 3. 4.	1. 2. 3. 4.	1. 2. 3. 4.	1. 2. 3. 4.	1. 2. 3. 4.	1. 2. 3. 4.	1. 2. 3. 4.	1. 2. 3. 4.	1. 2. 3. 4.	1. 2. 3. 4.	1. 2. 3. 4.	1. 2. 3. 4.	1. 2. 3. 4.	1. 2. 3. 4.
F2. What was the illness that [Name] suffered? 1. Watery diarrhea 2. Diarrhea with blood>>F8 3. Fever>>F8 4. Cold/cough>>F8 5. Guinea Worm>>F8 6. Bilharzia >>F8 7. Other (specify) >>F8	1. 2. 3. 4. 5. 6. 7. --------	1. 2. 3. 4. 5. 6. 7. --------	1. 2. 3. 4. 5. 6. 7. --------	1. 2. 3. 4. 5. 6. 7. --------	1. 2. 3. 4. 5. 6. 7. --------	1. 2. 3. 4. 5. 6. 7. --------	1. 2. 3. 4. 5. 6. 7. --------	1. 2. 3. 4. 5. 6. 7. --------	1. 2. 3. 4. 5. 6. 7. --------	1. 2. 3. 4. 5. 6. 7. --------	1. 2. 3. 4. 5. 6. 7. --------	1. 2. 3. 4. 5. 6. 7. --------	1. 2. 3. 4. 5. 6. 7. --------	1. 2. 3. 4. 5. 6. 7. --------	1. 2. 3. 4. 5. 6. 7. --------	1. 2. 3. 4. 5. 6. 7. --------	1. 2. 3. 4. 5. 6. 7. --------	1. 2. 3. 4. 5. 6. 7. --------
F3. What was the most important liquid that was given to [Name] to drink?. 1. Oral Rehydration Salt (ORS) 2. Rice Water 3. Soup 4. Homemade sugar/saltwater solution, 5. Milk or infant formula, 6. Coconut water, 7. Water	1. 2. 3. 4. 5. 6. 7.	1. 2. 3. 4. 5. 6. 7.	1. 2. 3. 4. 5. 6. 7.	1. 2. 3. 4. 5. 6. 7.	1. 2. 3. 4. 5. 6. 7.	1. 2. 3. 4. 5. 6. 7.	1. 2. 3. 4. 5. 6. 7.	1. 2. 3. 4. 5. 6. 7.	1. 2. 3. 4. 5. 6. 7.	1. 2. 3. 4. 5. 6. 7.	1. 2. 3. 4. 5. 6. 7.	1. 2. 3. 4. 5. 6. 7.	1. 2. 3. 4. 5. 6. 7.	1. 2. 3. 4. 5. 6. 7.	1. 2. 3. 4. 5. 6. 7.	1. 2. 3. 4. 5. 6. 7.	1. 2. 3. 4. 5. 6. 7.	1. 2. 3. 4. 5. 6. 7.
F4. If watery diarrhea, was [Name] given the same amount to drink as before the watery diarrhea, or more, or less? 1. Same 2. More 3. Less	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.
F5. For how many days during the last 2 weeks has [Name] suffered from this condition? (1-14 days)																		
F6. During the last 2 weeks did [Name] have to stop the	1. Y	1. Y	1. Y	1. Y	1. Y	1. Y	1. Y	1. Y	1. Y	1. Y	1. Y	1. Y	1. Y	1. Y	1. Y	1. Y	1. Y	1. Y

Member ID	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
usual activities because of this condition? 1. Yes 2. No (>>F8)	2. N	2. N	2. N	2. N	2. N	2. N	2. N	2. N	2. N	2. N	2. N	2. N	2. N	2. N	2. N	2. N	2. N	2. N
F7. For how many days did [Name] have to stop his/her usual activity? (1-14 days)																		
F8. During the last 2 weeks, has [Name] consulted any health care facility? 1. Yes 2. No >>F23	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N
F9. On the most recent visit, who did [Name] consult? 1. Doctor, 2. Dentist, 3. Nurse, 4. Medical Asst., 5. Midwife, 6. Pharmacist, 7. Drug/Chemical seller, 8. Traditional Healer, 9. Trained TBA, 10. Untrained TBA, 11. Spiritualist, 12. Other (specify)	1 2 3 4 5 6 7 8 9 10 11 12	1 2 3 4 5 6 7 8 9 10 11 12	1 2 3 4 5 6 7 8 9 10 11 12	1 2 3 4 5 6 7 8 9 10 11 12	1 2 3 4 5 6 7 8 9 10 11 12	1 2 3 4 5 6 7 8 9 10 11 12	1 2 3 4 5 6 7 8 9 10 11 12	1 2 3 4 5 6 7 8 9 10 11 12	1 2 3 4 5 6 7 8 9 10 11 12	1 2 3 4 5 6 7 8 9 10 11 12	1 2 3 4 5 6 7 8 9 10 11 12	1 2 3 4 5 6 7 8 9 10 11 12	1 2 3 4 5 6 7 8 9 10 11 12	1 2 3 4 5 6 7 8 9 10 11 12	1 2 3 4 5 6 7 8 9 10 11 12	1 2 3 4 5 6 7 8 9 10 11 12	1 2 3 4 5 6 7 8 9 10 11 12
F10. What was the reason for the most recent visit? 1. Illness, 2. Injury, 3. Follow-up, 4. Check-up, 5. Prenatal care, 6. Postnatal care, 7. Vaccination, 8. Other (specify)	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8
F11. Where did the consultation take place? 1. Hospital, 2. Clinic, 3. MCH Clinic, 4. Maternity home,	1. 2. 3. 4. 5. 6.	1. 2. 3. 4. 5. 6.	1. 2. 3. 4. 5. 6.	1. 2. 3. 4. 5. 6.	1. 2. 3. 4. 5. 6.	1. 2. 3. 4. 5. 6.	1. 2. 3. 4. 5. 6.	1. 2. 3. 4. 5. 6.	1. 2. 3. 4. 5. 6.	1. 2. 3. 4. 5. 6.	1. 2. 3. 4. 5. 6.	1. 2. 3. 4. 5. 6.	1. 2. 3. 4. 5. 6.	1. 2. 3. 4. 5. 6.	1. 2. 3. 4. 5. 6.	1. 2. 3. 4. 5. 6.	1. 2. 3. 4. 5. 6.	1. 2. 3. 4. 5. 6.

Member ID	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
5. Pharmacy, 6. Chemical Store, 7. Consultant's home, 8.Patient's home, 9. Community epicenter, 10. Other (specify)	7. 8. 9. 10. ---	7. 8. 9. 10. ---	7. 8. 9. 10. ---	7. 8. 9. 10. ---	7. 8. 9. 10. ---	7. 8. 9. 10. ---	7. 8. 9. 10. ---	7. 8. 9. 10. ---	7. 8. 9. 10. ---	7. 8. 9. 10. ---	7. 8. 9. 10. ---	7. 8. 9. 10. ---	7. 8. 9. 10. ---	7. 8. 9. 10. ---	7. 8. 9. 10. ---	7. 8. 9. 10. ---	7. 8. 9. 10. ---	7. 8. 9. 10. ---
F12. What was the name of the health care facility? Enter name 1.Name																		
F13. Code of Facility - Village Roster, or code NV if not in village																		
F14. Is this a public or private facility? 1. Public, 2. Private, 3. Private non-religious	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.

Member ID	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
F15. How much did [Name] pay for this consultation? (GH cedis and pesawas)	-------c ------p	-------c ------p	-------c ------p	-------c ------p	-------c ------p	-------c ------p	-------c ------p	-------c ------p	-------c ------p	-------c ------p	-------c ------p	-------c ------p	-------c ------p	-------c ------p	-------c ------p	-------c ------p	-------c ------p	-------c ------p
F16. How much did [Name] pay to travel and return? (GH cedis and pesawas)	-------c ------p	-------c ------p	-------c ------p	-------c ------p	-------c ------p	-------c ------p	-------c ------p	-------c ------p	-------c ------p	-------c ------p	-------c ------p	-------c ------p	-------c ------p	-------c ------p	-------c ------p	-------c ------p	-------c ------p	-------c ------p
F17. How much time did it take to travel to and from the facility? (TRAVEL TIME) 1. Hours 2. Minutes	------h ------m	------h ------m	------h ------m	------h ------m	------h ------m	------h ------m	------h ------m	------h ------m	------h ------m	------h ------m	------h ------m	------h ------m	------h ------m	------h ------m	------h ------m	------h ------m	------h ------m	------h ------m
F18. How long did [Name] wait in the health facility before being attended to by a health officer? (WAITING TIME) 1. Hours 2. Minutes	------h ------m	------h ------m	------h ------m	------h ------m	------h ------m	------h ------m	------h ------m	------h ------m	------h ------m	------h ------m	------h ------m	------h ------m	------h ------m	------h ------m	------h ------m	------h ------m	------h ------m	------h ------m
F19. How much TOTAL time (Waiting and Receiving treatment) did [Name] spend at the health facility? (CONSULTATION TIME) 1. Hours 2. Minutes	------h ------m	------h ------m	------h ------m	------h ------m	------h ------m	------h ------m	------h ------m	------h ------m	------h ------m	------h ------m	------h ------m	------h ------m	------h ------m	------h ------m	------h ------m	------h ------m	------h ------m	------h ------m
F20. During last 2 weeks was [Name] admitted to a hospital/ health care facility on account of an illness/ injury? (Include traditional healing centers) 1. Yes, 2. No >>F22	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N

F21. How many nights did [Name] spend in the health center during the past 2 weeks? (1-14 nights)																	
F22. How much did/will [Name] pay for staying in the health center during the past 2 weeks? (GH cedis and pesawas)	-------c ------p	-------c ------p	-------c ------p	-------c ------p	-------c ------p	-------c ------p	-------c ------p	-------c ------p	-------c ------p	-------c ------p	-------c ------p	-------c ------p	-------c ------p	-------c ------p	-------c ------p	-------c ------p	-------c ------p
F23. During the last 2 weeks did [Name] purchase any medicine or medical supplies? 1. Yes, 2. No >>F30	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N
F24. How much did [Name] pay altogether for these medicine/medical supplies? (GH cedis and pesawas)	-------c ------p	-------c ------p	-------c ------p	-------c ------p	-------c ------p	-------c ------p	-------c ------p	-------c ------p	-------c ------p	-------c ------p	-------c ------p	-------c ------p	-------c ------p	-------c ------p	-------c ------p	-------c ------p	-------c ------p
F25. Total medical expenses over the past 2 weeks (If cannot, give breakdown) (GH cedis and pesawas)	-------c ------p	-------c ------p	-------c ------p	-------c ------p	-------c ------p	-------c ------p	-------c ------p	-------c ------p	-------c ------p	-------c ------p	-------c ------p	-------c ------p	-------c ------p	-------c ------p	-------c ------p	-------c ------p	-------c ------p
F26. Were all the medical/medicinal supplies obtainable from the health facility? 1. Yes, 2. No	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N

PART G: HEALTH IN LAST 12 MONTHS

Member ID	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
G1. For the past 12 months, was [Name] hospitalized for any injury? 1. Yes, 2. No	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N
G2.If yes, how many days was NAME hospitalized? **1.number of days**																		
F29.What is the total cost of hospitalization? (GH cedis and pesawas)	-------c ------p	-------c ------p	-------c ------p	-------c ------p	-------c ------p	-------c ------p	-------c ------p	-------c ------p	-------c ------p	-------c ------p	-------c ------p	-------c ------p	-------c ------p	-------c ------p	-------c ------p	-------c ------p	-------c ------p	-------c ------p
G3. Who pays for the majority of medical expenses including consultations and hospital stays (if any)? *ID of household member*, 1. Other relative 2. Government 3. Employer 4. Household member's employer 5. Health insurance 6. Other (specify)	1. 2. 3. 4. 5. 6. --------	1. 2. 3. 4. 5. 6. -------	1. 2. 3. 4. 5. 6. -------	1. 2. 3. 4. 5. 6. -------	1. 2. 3. 4. 5. 6. -------	1. 2. 3. 4. 5. 6. -------	1. 2. 3. 4. 5. 6. --------	1. 2. 3. 4. 5. 6. -------	1. 2. 3. 4. 5. 6. -------	1. 2. 3. 4. 5. 6. -------	1. 2. 3. 4. 5. 6. -------	1. 2. 3. 4. 5. 6. -------	1. 2. 3. 4. 5. 6. --------	1. 2. 3. 4. 5. 6. -------	1. 2. 3. 4. 5. 6. -------	1. 2. 3. 4. 5. 6. -------	1. 2. 3. 4. 5. 6. -------	1. 2. 3. 4. 5. 6. -------
G4. During the last 12 months did (NAME) suffer from onchocerciasis? 1. Yes 2 .No>> next person	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2

G5. What were the effects of onchocerciasis that name suffered from? Circle all that apply 1. Blindness 2 .Body itches 3 .Skin rashes 4 .Other (specify)	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4
G6. Did (NAME) take any oncho control drugs? 1. Yes>> F35 2. No	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2
G7. Why did (NAME) not take the oncho control drug 1. drug not available 2. because of side effect of drug previously 3.Drug not useful 4.did not trust distributer 5.Oother (specify) (next person)	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
G8. How many tablets did (NAME) take during the last 12 months?																		
G9. Did name experience any reactions from the oncho control drug that (NAME) took? 1. Yes 2. No>>G11	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2
G10. If yes, list the reactions (NAME) experienced from the oncho control drug? 1.Nausea 2. laziness 3.Sleepiness 4.body pains 5.Other (specify)	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
G11. Did (NAME) pay for the oncho control drug that (NAME) took	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1

1. Yes 2.No	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2
G12. If yes, how much did name pay for the oncho control drug that (NAME) took (GH cedis and pesawas)	-------c ------p	-------c ------p	-------c ------p	-------c ------p	-------c ------p	-------c ------p	-------c ------p	-------c ------p	-------c ------p	-------c ------p	-------c ------p	-------c ------p	-------c ------p	-------c ------p	-------c ------p	-------c ------p	-------c ------p	-------c ------p
G13. Did name incur any other cost on the treatment of oncho during the last 12 months? 1. Yes 2 .No	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2
G14. List those other means of controlling oncho on which (NAME) incurred cost.																		
G15. Give the total of all the other cost incurred on the control of oncho during the last 12 months. (GH cedis and pesawas)	-------c ------p	-------c ------p	-------c ------p	-------c ------p	-------c ------p	-------c ------p	-------c ------p	-------c ------p	-------c ------p	-------c ------p	-------c ------p	-------c ------p	-------c ------p	-------c ------p	-------c ------p	-------c ------p	-------c ------p	-------c ------p
G16. During the last 12 months did (NAME) have to stop his/her usual activity because of oncho? 1. Yes 2. No	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2
G17. If yes to F43, how many days did (NAME) have to stop his/her usual activity because of oncho?																		

Section 7 – Women's Health
(Answer for all eligible female household members who have reached the age of menstruation)

Part A: Fertility
Part B: Power

Part A: FERTILITY
ENUMERATOR: THIS SECTION SHOULD BE ASKED OF ALL WOMEN IN THE HOUSEHOLD WHO HAVE REACHED THE AGE OF MENSTRUATION (12 YEARS AND OLDER).

Adult Female ID Number	Adult Female #1	Adult Female #2	Adult Female #3	Adult Female #4	Adult Female #5	Adult Female #6
0. ID number	ID _____	ID _____	ID _____	ID _____	ID _____	ID _____
1. At what age did (Name) first BEGIN **menstruating?** 1. Years 2. Not Yet >> 0	_____ 1. years 2.	_____ 1. years 2.	_____ 1. years 2.	_____ 1. years 2.	_____ 1. years 2.	_____ 1. years 2.
2. At what age did (Name) STOP **menstruating?** 1. Years >>4 2. Not Yet -- (code 87)	_____ 1. years 2.	_____ 1. years 2.	_____ 1. years 2.	_____ 1. years 2.	_____ 1. years 2.	_____ 1. years 2.
3. Has (Name) gone more than three months without menstruating at least once in the last 12 months? 1. Yes 2. No	1. Yes 2. No	1. Yes 2. No	1. Yes 2. No	1. Yes 2. No	1. Yes 2. No	1. Yes 2. No
4. At what age was (Name) first sexually active? 1. Years 2. Not Yet	_____ 1. years 2.	_____ 1. years 2.	_____ 1. years 2.	_____ 1. years 2.	_____ 1. years 2.	_____ 1. years 2.
5. In the future, how many more children (in terms of boys and girls) does (Name) see herself having?	1. _____ Boys 2. _____ Girls	1. _____ Boys 2. _____ Girls	1. _____ Boys 2. _____ Girls	1. _____ Boys 2. _____ Girls	1. _____ Boys 2. _____ Girls	1. _____ Boys 2. _____ Girls
6. Does (Name) think that (Name) will have a child within the next three years?	1. Yes 2. No	1. Yes 2. No	1. Yes 2. No	1. Yes 2. No	1. Yes 2. No	1. Yes 2. No
7. Has (Name) ever been pregnant? 1. Yes 2. No>>Part B	1. Yes 2. No	1. Yes 2. No	1. Yes 2. No	1. Yes 2. No	1. Yes 2. No	1. Yes 2. No

Adult Female ID Number	Adult Female #1	Adult Female #2	Adult Female #3	Adult Female #4	Adult Female #5	Adult Female #6
8. Has (NAME) ever given birth to a child? *probe:* "even one who only lived for a few hours?" 1. Yes 2. No >>15	1. Yes 2. No	1. Yes 2. No	1. Yes 2. No	1. Yes 2. No	1. Yes 2. No	1. Yes 2. No
9. How many GIRLS as (Name) given birth to?	No. _____	No. _____	No. _____	No. _____	No. _____	No. _____
10. How many BOYS has (Name) given birth to?	No. _____	No. _____	No. _____	No. _____	No. _____	No. _____
11. "I would like to make sure (Name) has given birth to (A9+A10) TOTAL number of children"	Total. _____	Total. _____	Total. _____	Total. _____	Total. _____	Total. _____
12. How many GIRLS are alive today?	No. _____	No. _____	No. _____	No. _____	No. _____	No. _____
13. How many BOYS are alive today?	No. _____	No. _____	No. _____	No. _____	No. _____	No. _____
14. "I would like to make sure that (A12+A13) TOTAL number of alive children"	Total. _____	Total. _____	Total. _____	Total. _____	Total. _____	Total. _____
15. Did (Name) have any pregnancy that did not end in a live birth? 1. Yes 2. No >>17	1. Yes 2. No	1. Yes 2. No	1. Yes 2. No	1. Yes 2. No	1. Yes 2. No	1. Yes 2. No
16. How many of those pregnancies did not end in a live birth?	No. _____	No. _____	No. _____	No. _____	No. _____	No. _____
17. Interviewer check: is the total number of children alive (14) less than the total number of births (11)? **1.Yes** **2.No >> 23**	1. Yes 2. No	1. Yes 2. No	1. Yes 2. No	1. Yes 2. No	1. Yes 2. No	1. Yes 2. No

Adult Female ID Number	Adult Female #1	Adult Female #2	Adult Female #3	Adult Female #4	Adult Female #5	Adult Female #6
18. About first child that died: a. (Name) b. In what year was the child born? c. Boy or girl? d. How old was the child when he/she died (Months & Years)?	a. _____ b. _____ year c. M / F d. ____ Yrs ____ Months	a. _____ b. _____ year c. M / F d. ____ Yrs ____ Months	a. _____ b. _____ year c. M / F d. ____ Yrs ____ Months	a. _____ b. _____ year c. M / F d. ____ Yrs ____ Months	a. _____ b. _____ year c. M / F d. ____ Yrs ____ Months	a. _____ b. _____ year c. M / F d. ____ Yrs ____ Months
19. About second child that died: a. (Name) b. In what year was the child born? c. Boy or girl? d. How old was the child when he/she died (Months & Years)?	a. _____ b. _____ year c. M / F d. ____ Yrs ____ Months	a. _____ b. _____ year c. M / F d. ____ Yrs ____ Months	a. _____ b. _____ year c. M / F d. ____ Yrs ____ Months	a. _____ b. _____ year c. M / F d. ____ Yrs ____ Months	a. _____ b. _____ year c. M / F d. ____ Yrs ____ Months	a. _____ b. _____ year c. M / F d. ____ Yrs ____ Months
20. About third child that died: a. (Name) b. in what year was the child born? c. boy or girl? d. how old was the child when he/she died (Months & Years)?	a. _____ b. _____ year c. M / F d. ____ Yrs ____ Months	a. _____ b. _____ year c. M / F d. ____ Yrs ____ Months	a. _____ b. _____ year c. M / F d. ____ Yrs ____ Months	a. _____ b. _____ year c. M / F d. ____ Yrs ____ Months	a. _____ b. _____ year c. M / F d. ____ Yrs ____ Months	a. _____ b. _____ year c. M / F d. ____ Yrs ____ Months
21. About fourth child that died: a. (Name) b. in what year was the child born? c. boy or girl? d. how old was the child when he/she died (Months & Years)?	a. _____ b. _____ year c. M / F d. ____ Yrs ____ Months	a. _____ b. _____ year c. M / F d. ____ Yrs ____ Months	a. _____ b. _____ year c. M / F d. ____ Yrs ____ Months	a. _____ b. _____ year c. M / F d. ____ Yrs ____ Months	a. _____ b. _____ year c. M / F d. ____ Yrs ____ Months	a. _____ b. _____ year c. M / F d. ____ Yrs ____ Months
22. About fifth child that died: a. (Name) b. in what year was the child born? c. boy or girl? d. how old was the child when he/she died (Months & Years)?	a. _____ b. _____ year c. M / F d. ____ Yrs ____ Months	a. _____ b. _____ year c. M / F d. ____ Yrs ____ Months	a. _____ b. _____ year c. M / F d. ____ Yrs ____ Months	a. _____ b. _____ year c. M / F d. ____ Yrs ____ Months	a. _____ b. _____ year c. M / F d. ____ Yrs ____ Months	a. _____ b. _____ year c. M / F d. ____ Yrs ____ Months

Adult Female ID Number	Adult Female #1	Adult Female #2	Adult Female #3	Adult Female #4	Adult Female #5	Adult Female #6
23. Is (Name) breastfeeding now? 1. Yes 2. No	1. Yes 2. No	1. Yes 2. No	1. Yes 2. No	1. Yes 2. No	1. Yes 2. No	1. Yes 2. No
24. Is (Name) pregnant now? 1. Yes >>29 2. No	1. Yes >>29 2. No	1. Yes >>29 2. No	1. Yes >>29 2. No	1. Yes >>29 2. No	1. Yes >>29 2. No	1. Yes >>29 2. No
25. During the last 12 months has (Name) been pregnant? 1. Yes 2. No >> 36	1. Yes 2. No >> 36	1. Yes 2. No >> 36	1. Yes 2. No >> 36	1. Yes 2. No >> 36	1. Yes 2. No >> 36	1. Yes 2. No >> 36
26. How did this pregnancy end? 1. Live Birth - LB 2. Still birth (7+ months) - SB >>29 3. Mis-carriage - MC >>29 4. Abortion>>29 5.OT, specify >>29	1. 2. 3. 4. 5.	1. 2. 3. 4. 5.	1. 2. 3. 4. 5.	1. 2. 3. 4. 5.	1. 2. 3. 4. 5.	1. 2. 3. 4. 5.
27. What was the weight of the child at birth? (Kg)	----------	----------	----------	----------	----------	----------
28. Is that child still alive? 1. Yes 2. No	1. Yes 2. No	1. Yes 2. No	1. Yes 2. No	1. Yes 2. No	1. Yes 2. No	1. Yes 2. No
29. During this [current or last 12 months] **pregnancy did (Name) receive any pre-natal care?** 1. Yes 2. No >> 35	1. Yes 2. No >> 0	1. Yes 2. No >> 0	1. Yes 2. No >> 0	1. Yes 2. No >> 0	1. Yes 2. No >> 0	1. Yes 2. No >> 0
30. How old was (Name's) pregnancy when (Name) first received pre-natal care? 1. Weeks	1. |_____|weeks	1. _____weeks	1. |_____|weeks	1. _____weeks	1. |_____|weeks	1. _____weeks

Adult Female ID Number	Adult Female #1	Adult Female #2	Adult Female #3	Adult Female #4	Adult Female #5	Adult Female #6
31. From where did (Name) receive pre-natal care? 1. Private Clinic – PC 2. Public Clinic – PU 3. Hospital – HO 4. Maternity Home – MH 5. Home practitioner – PH 6. Comm. Epicenter – CE 7. Other, Specify	1. PC 2. PU 3. HO 4. MH 5. PH 6. CE 7. OT _____	1. PC 2. PU 3. HO 4. MH 5. PH 6. CE 7. OT _____	1. PC 2. PU 3. HO 4. MH 5. PH 6. CE 7. OT _____	1. PC 2. PU 3. HO 4. MH 5. PH 6. CE 7. OT _____	1. PC 2. PU 3. HO 4. MH 5. PH 6. CE 7. OT _____	1. PC 2. PU 3. HO 4. MH 5. PH 6. CE 7. OT _____
32. From who did (Name) receive pre-natal care? 1. Doctor – DO 2. Nurse – NU 3. Medical Asst. – MA 4. Midwife – MW 5. Pharmacist – PH 6. Chemical Seller --CS 7. Traditional Healer -- TH 8. Trained TBA – TT 9. Untrained TBA – UT 10. Spiritualist – SP 11. Other, (Specify) – OT	1. DO 2. NU 3. MA 4. MW 5. PH 6. CS 7. TH 8. TT 9. UT 10. SP 11. OT _____	1. DO 2. NU 3. MA 4. MW 5. PH 6. CS 7. TH 8. TT 9. UT 10. SP 11. OT _____	1. DO 2. NU 3. MA 4. MW 5. PH 6. CS 7. TH 8. TT 9. UT 10. SP 11. OT _____	1. DO 2. NU 3. MA 4. MW 5. PH 6. CS 7. TH 8. TT 9. UT 10. SP 11. OT _____	1. DO 2. NU 3. MA 4. MW 5. PH 6. CS 7. TH 8. TT 9. UT 10. SP 11. OT _____	1. DO 2. NU 3. MA 4. MW 5. PH 6. CS 7. TH 8. TT 9. UT 10. SP 11. OT _____
33. How many times did (Name) go there? 1. Visits	1. _____visits	1. _____visits	1. _____visits	1. _____visits	1. _____visits	1. _____visits
34. How much did the FIRST **pre-natal consultation cost?** 1. GH Cedis, Pesawas **(>> 36)**	----------c ----------p	----------c ----------p	----------c ----------p	----------c ----------p	----------c ----------p	----------c ----------p
35. Why didn't (Name) go for prenatal care? 1. Can't Afford – CA 2. No health care – NC 3. Distance too far – TF 4. Not Necessary – NN 5. Other, specify All >>37	1. CA 2. NC 3. TF 4. NN 5. OT _____ All >>37	1. CA 2. NC 3. TF 4. NN 5. OT _____ All >>37	1. CA 2. NC 3. TF 4. NN 5. OT _____ All >>37	1. CA 2. NC 3. TF 4. NN 5. OT _____ All >>37	1. CA 2. NC 3. TF 4. NN 5. OT _____ All >>37	1. CA 2. NC 3. TF 4. NN 5. OT _____ All >>37

Adult Female ID Number	Adult Female #1	Adult Female #2	Adult Female #3	Adult Female #4	Adult Female #5	Adult Female #6
36. How many years/ months have passed since (Name) was last pregnant? 1. years 2.months	years months	years months	years months	years months	years months	years months
37. After (Name's) last child, how many months passed before (Name's) period came back? 1. months 2. Not Yet – (code 87)	1. months 2.	1. months 2.	1. months 2.	1. months 2.	1. months 2.	1. months 2.
38. After (Name's) last child, how many months passed before (Name) resumed sexual relationships 1. months 2. Not Yet – (code 87)	1. months 2.	1. months 2.	1. months 2.	1. months 2.	1. months 2.	1. months 2.
39. For how many months did (Name) breast feed last child? 1. months 2. Not Yet – (code 87) 3.Still breastfeeding	1. months 2. 3.	1. months 2. 3.	1. months 2. 3.	1. months 2. 3.	1. months 2. 3.	1. months 2. 3.

PART B: POWER RELATIONS
NOW I AM GOING TO ASK YOU ABOUT SOME SITUATIONS WHICH HAPPEN TO SOME PEOPLE. PLEASE TELL ME IF THESE APPLY TO YOUR RELATIONSHIP WITH YOUR PARTNER. IF WE COME TO ANY QUESTION THAT YOU DO NOT WANT TO ANSWER, JUST LET ME KNOW AND WE WILL GO ON TO THE NEXT QUESTION.

Adult Female ID Number	Adult Female #1	Adult Female #2	Adult Female #3	Adult Female #4	Adult Female #5	Adult Female #6
0. ID number	ID _____	ID _____	ID _____	ID _____	ID _____	ID _____
1. Does (Name) husband provide (Name) with money to buy food for the household? 1. Yes 2. No >> **3**	1. Yes 2. No	1. Yes 2. No	1. Yes 2. No	1. Yes 2. No	1. Yes 2. No	1. Yes 2. No
2. How much in total did (Name's) husband provide (Name) with in the last 30 days? 1. GH Cedis & pesewas	----------c ----------p	----------c ----------p	----------c ----------p	----------c ----------p	----------c ----------p	----------c ----------p
3. In the last 30 days, has there been any physical violence in (Name's) neighbor's household? 1. Yes 2. No 3. Don't Know	1. Yes 2. No 3. Don't know	1. Yes 2. No 3. Don't know	1. Yes 2. No 3. Don't know	1. Yes 2. No 3. Don't know	1. Yes 2. No 3. Don't know	1. Yes 2. No 3. Don't know
4. In the last 30 days, has there been any physical violence in (Name's) household? 1. Yes 2. No 3. Don't Know	1. Yes 2. No 3. Don't know	1. Yes 2. No 3. Don't know	1. Yes 2. No 3. Don't know	1. Yes 2. No 3. Don't know	1. Yes 2. No 3. Don't know	1. Yes 2. No 3. Don't know
5. Does (Name) know any woman who has received a gift or money in exchange for sex 1. Yes 2. No	1. Yes 2. No	1. Yes 2. No	1. Yes 2. No	1. Yes 2. No	1. Yes 2. No	1. Yes 2. No
6. has (Name) ever received a gift or money in exchange for sex 1. Yes 2. No	1. Yes 2. No	1. Yes 2. No	1. Yes 2. No	1. Yes 2. No	1. Yes 2. No	1. Yes 2. No

NOW I WOULD LIKE TO GET YOUR OPINION ON SOME ASPECTS OF FAMILY LIFE. PLEASE TELL ME IF YOU AGREE OR DISAGREE WITH EACH STATEMENT

Adult Female ID Number	Adult Female #1	Adult Female #2	Adult Female #3	Adult Female #4	Adult Female #5	Adult Female #6
7. The important decisions in the family should be made only by the men of the family? 1. Agree 2. Disagree	1. Agree 2. Disagree	1. Agree 2. Disagree	1. Agree 2. Disagree	1. Agree 2. Disagree	1. Agree 2. Disagree	1. Agree 2. Disagree
8. A wife has a right to express her opinion even when she disagrees with what her husband is saying? 1. Agree 2. Disagree	1. Agree 2. Disagree	1. Agree 2. Disagree	1. Agree 2. Disagree	1. Agree 2. Disagree	1. Agree 2. Disagree	1. Agree 2. Disagree
9. A wife should tolerate being beaten by her husband in order to keep the family together? 1. Agree 2. Disagree	1. Agree 2. Disagree	1. Agree 2. Disagree	1. Agree 2. Disagree	1. Agree 2. Disagree	1. Agree 2. Disagree	1. Agree 2. Disagree
10. It is better to send a son to school than it is to send a daughter? 1. Agree 2. Disagree	1. Agree 2. Disagree	1. Agree 2. Disagree	1. Agree 2. Disagree	1. Agree 2. Disagree	1. Agree 2. Disagree	1. Agree 2. Disagree
11. When a wife has earned some money she has the right to spend it on herself or her children without asking her husband? 1. Agree 2. Disagree	1. Agree 2. Disagree	1. Agree 2. Disagree	1. Agree 2. Disagree	1. Agree 2. Disagree	1. Agree 2. Disagree	1. Agree 2. Disagree
12. A wife is correct in refusing to have sex with her husband when she knows her husband has sex with other women? 1. Agree 2. Disagree	1. Agree 2. Disagree	1. Agree 2. Disagree	1. Agree 2. Disagree	1. Agree 2. Disagree	1. Agree 2. Disagree	1. Agree 2. Disagree
13. If a wife refuses sex, is	1. Agree	1. Agree	1. Agree	1. Agree	1. Agree	1. Agree

Adult Female ID Number	Adult Female #1	Adult Female #2	Adult Female #3	Adult Female #4	Adult Female #5	Adult Female #6
it correct for her man to withhold money from her? 1. Agree 2. Disagree	2. Disagree	2. Disagree	2. Disagree	2. Disagree	2. Disagree	2. Disagree
14. If a wife refuses sex, is it correct for her man to beat her? 1. Agree 2. Disagree	1. Agree 2. Disagree	1. Agree 2. Disagree	1. Agree 2. Disagree	1. Agree 2. Disagree	1. Agree 2. Disagree	1. Agree 2. Disagree
15. Over the last 12 months has (Name) been involved in a relationship? 1. Yes 2. No>>Next Person						
FOR THE FOLLOWING QUESTIONS PLEASE TELL ME IF YOU AGREE OR DISAGREE WITH RESPECT TO YOUR RELATIONSHIP IN THE LAST 12 MONTHS.						
16. (Name's) partner frequently accused (Name) of being unfaithful? 1. Agree 2. Disagree	1. Agree 2. Disagree	1. Agree 2. Disagree	1. Agree 2. Disagree	1. Agree 2. Disagree	1. Agree 2. Disagree	1. Agree 2. Disagree
17. (Name's) partner frequently tried to limit (Name's) contact with (Name's) family? 1. Agree 2. Disagree	1. Agree 2. Disagree	1. Agree 2. Disagree	1. Agree 2. Disagree	1. Agree 2. Disagree	1. Agree 2. Disagree	1. Agree 2. Disagree
18. (Name's) partner insisted on knowing where (Name) wwas at all times? 1. Agree 2. Disagree	1. Agree 2. Disagree	1. Agree 2. Disagree	1. Agree 2. Disagree	1. Agree 2. Disagree	1. Agree 2. Disagree	1. Agree 2. Disagree
19. (Name's) partner did not trust (Name) with money? 1. Agree 2. Disagree	1. Agree 2. Disagree	1. Agree 2. Disagree	1. Agree 2. Disagree	1. Agree 2. Disagree	1. Agree 2. Disagree	1. Agree 2. Disagree

Adult Female ID Number	Adult Female #1	Adult Female #2	Adult Female #3	Adult Female #4	Adult Female #5	Adult Female #6
20. In the last 12 months, how often did (Name's) partner insult (Name)? 1.Never 2.Sometimes 3.Often 4.Very Often	1.Never 2.Sometimes 3.Often 4.Very Often	1.Never 2.Sometimes 3.Often 4.Very Often	1.Never 2.Sometimes 3.Often 4.Very Often	1.Never 2.Sometimes 3.Often 4.Very Often	1.Never 2.Sometimes 3.Often 4.Very Often	1.Never 2.Sometimes 3.Often 4.Very Often
21. In the last 12 months, how often did (Name's) partner threaten to hurt (Name) or someone close to (Name)? 1. Once 2. Daily 2. Weekly 3. Monthly 4. Never	1. Once 2. Daily 3. Weekly 4. Monthly 5. Never	1. Once 2. Daily 3. Weekly 4. Monthly 5. Never	1. Once 2. Daily 3. Weekly 4. Monthly 5. Never	1. Once 2. Daily 3. Weekly 4. Monthly 5. Never	1. Once 2. Daily 3. Weekly 4. Monthly 5. Never	1. Once 2. Daily 3. Weekly 4. Monthly 5. Never
22. In the last 12 months, how often did (Name's partner) push, hit, slap or throw something at (Name)? 1. once 2. Daily 2. Weekly 3. Monthly 4. Never	1. Once 2. Daily 3. Weekly 4. Monthly 5. Never	1. Once 2. Daily 3. Weekly 4. Monthly 5. Never	1. Once 2. Daily 3. Weekly 4. Monthly 5. Never	1. Once 2. Daily 3. Weekly 4. Monthly 5. Never	1. Once 2. Daily 3. Weekly 4. Monthly 5. Never	1. Once 2. Daily 3. Weekly 4. Monthly 5. Never
23. In the last 12 months, how often did (Name) partner kick, drag, or beat (Name) up? 1. Once 2. Daily 2. Weekly 3. Monthly 4. Never	1. Once 2. Daily 3. Weekly 4. Monthly 5. Never	1. Once 2. Daily 3. Weekly 4. Monthly 5. Never	1. Once 2. Daily 3. Weekly 4. Monthly 5. Never	1. Once 2. Daily 3. Weekly 4. Monthly 5. Never	1. Once 2. Daily 3. Weekly 4. Monthly 5. Never	1. Once 2. Daily 3. Weekly 4. Monthly 5. Never

Section 8 – Men's Health
(Answer for all eligible household members 12 years and older)

Part A: Reproductive Health
Part B: Power

Part A: Reproductive Health

Enumerator: As these are very private subjects, please complete questionnaire while man is alone, and assure him that the information is private.

If we come to any question that you do not want to answer, just let me know and we will go on to the next question.

Adult Male ID Number	Adult Male #1	Adult Male #2	Adult Male #3	Adult Male #4	Adult Male #5	Adult Male #6
ID number	ID _____	ID _____	ID _____	ID _____	ID _____	ID _____
1. At what age were you first sexually active? 1. Years 2. Not Yet >>A18	1. _____ years 2.	1. _____ years 2.	1. _____ years 2.	1. _____ years 2.	1. _____ years 2.	1. _____ years 2.
2. Do you think that you will have a child within the next three years? 1. Yes 2. No	1. Yes 2. No	1. Yes 2. No	1. Yes 2. No	1. Yes 2. No	1. Yes 2. No	1. Yes 2. No
3. In the future, how many more children (in terms of boys and girls) do you see yourself having? 1. Number of boys 2. Number of girls	1. |_____| boys 2. |_____| girls	1. |_____| boys 2. |_____| girls	1. |_____| boys 2. |_____| girls	1. |_____| boys 2. |_____| girls	1. |_____| boys 2. |_____| girls	1. |_____| boys 2. |_____| girls
4. Have you been sexually active in the last 12 months? 1. Yes 2. No >> Part B	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.
5. Do you have more than one woman? 1. Yes 2. No >> Part B	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.
6. How many? 1. Number						

Part B: Power

Now I am going to ask you about some situations which happen to some people. Please tell me if these apply to your relationship with your partner. If we come to any question that you do not want to answer, just let me know and we will go on to the next question.

Adult Male ID Number	Adult Male #1	Adult Male #2	Adult Male #3	Adult Male #4	Adult Male #5	Adult Male #6
1. Do you provide your spouse(s) with money to buy food for the household? 1. Yes 2. No>>B5	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.
2. How much in total did you provide your first spouse in the last 30 days? 1. GH Cedis & pesewas	----------c ----------p	----------c ----------p	----------c ----------p	----------c ----------p	----------c ----------p	----------c ----------p
3. If at least 2 spouses, how much in total did you provide your second spouse in the last 30 days? 1. GH Cedis & pesewas	----------c ----------p	----------c ----------p	----------c ----------p	----------c ----------p	----------c ----------p	----------c ----------p
4. If at least 3 spouses, how much in total did you provide your third spouse in the last 30 days? 1. GH Cedis & pesewas	----------c ----------p	----------c ----------p	----------c ----------p	----------c ----------p	----------c ----------p	----------c ----------p
5. In the last 30 days, has there been any physical violence in your neighbor's household? 1. Yes 2. No 3. Don't Know	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.
6. In the last 30 days, has there been any physical violence in your household? 1. Yes 2. No 3. Don't Know	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.
7. Do you know anyone who has received a gift or money in exchange for sex	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.

1. Yes 2. No						
8. Have you ever received a gift or money in exchange for sex 1. Yes 2. No	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.

NOW I WOULD LIKE TO GET YOUR OPINION ON SOME ASPECTS OF FAMILY LIFE. PLEASE TELL ME IF YOU AGREE OR DISAGREE WITH EACH STATEMENT

Adult Male ID Number	Adult Male #1	Adult Male #2	Adult Male #3	Adult Male #4	Adult Male #5	Adult Male #6
9. The important decisions in the family should be made only by the men of the family? 1. Agree 2. Disagree	1. Agree 2. Disagree	1. Agree 2. Disagree	1. Agree 2. Disagree	1. Agree 2. Disagree	1. Agree 2. Disagree	1. Agree 2. Disagree
10. A wife has a right to express her opinion even when she disagrees with what her husband is saying? 1. Agree 2. Disagree	1. Agree 2. Disagree	1. Agree 2. Disagree	1. Agree 2. Disagree	1. Agree 2. Disagree	1. Agree 2. Disagree	1. Agree 2. Disagree
11. A wife should tolerate being beaten by her husband in order to keep the family together? 1. Agree 2. Disagree	1. Agree 2. Disagree	1. Agree 2. Disagree	1. Agree 2. Disagree	1. Agree 2. Disagree	1. Agree 2. Disagree	1. Agree 2. Disagree
12. It is better to send a son to school than it is to send a daughter? 1. Agree 2. Disagree	1. Agree 2. Disagree	1. Agree 2. Disagree	1. Agree 2. Disagree	1. Agree 2. Disagree	1. Agree 2. Disagree	1. Agree 2. Disagree
13. When a wife has earned some money she has the right to spend it on herself or her children without asking her husband? 1. Agree 2. Disagree	1. Agree 2. Disagree	1. Agree 2. Disagree	1. Agree 2. Disagree	1. Agree 2. Disagree	1. Agree 2. Disagree	1. Agree 2. Disagree
14. A wife is correct in refusing to have sex with her husband when she knows her husband has	1. Agree 2. Disagree	1. Agree 2. Disagree	1. Agree 2. Disagree	1. Agree 2. Disagree	1. Agree 2. Disagree	1. Agree 2. Disagree

Adult Male ID Number	Adult Male #1	Adult Male #2	Adult Male #3	Adult Male #4	Adult Male #5	Adult Male #6
sex with other women? 1. Agree 2. Disagree						
15. If a wife refuses sex, is it correct for her man to withhold money from her? 1. Agree 2. Disagree	1. Agree 2. Disagree	1. Agree 2. Disagree	1. Agree 2. Disagree	1. Agree 2. Disagree	1. Agree 2. Disagree	1. Agree 2. Disagree
16. If a wife refuses sex, is it correct for her man to beat her? 1. Agree 2. Disagree	1. Agree 2. Disagree	1. Agree 2. Disagree	1. Agree 2. Disagree	1. Agree 2. Disagree	1. Agree 2. Disagree	1. Agree 2. Disagree
17. Over the last 12 months have you been involved in a relationship? 1. Yes 2. No >>Next Person	1. Yes 2. No >>Next Person	1. Yes 2. No >>Next Person	1. Yes 2. No >>Next Person	1. Yes 2. No >>Next Person	1. Yes 2. No >>Next Person	1. Yes 2. No >>Next Person
For the following questions please tell me if you agree or disagree with respect to your relationship in the last 12 months.						
18. You frequently accused her of being unfaithful? 1. Agree 2. Disagree	1. Agree 2. Disagree	1. Agree 2. Disagree	1. Agree 2. Disagree	1. Agree 2. Disagree	1. Agree 2. Disagree	1. Agree 2. Disagree
19. You tried to limit her contact with her family? 1. Agree 2. Disagree	1. Agree 2. Disagree	1. Agree 2. Disagree	1. Agree 2. Disagree	1. Agree 2. Disagree	1. Agree 2. Disagree	1. Agree 2. Disagree
20. You insisted on knowing where she was at all times? 1. Agree 2. Disagree	1. Agree 2. Disagree	1. Agree 2. Disagree	1. Agree 2. Disagree	1. Agree 2. Disagree	1. Agree 2. Disagree	1. Agree 2. Disagree
21. You did not trust her with money? 1. Agree 2. Disagree	1. Agree 2. Disagree	1. Agree 2. Disagree	1. Agree 2. Disagree	1. Agree 2. Disagree	1. Agree 2. Disagree	1. Agree 2. Disagree
22. In the last 12 months, how often did you insult her? 1. Daily 2. Weekly	1. Daily 2. Weekly 3. Monthly	1. Daily 2. Weekly 3. Monthly	1. Daily 2. Weekly 3. Monthly	1. Daily 2. Weekly 3. Monthly	1. Daily 2. Weekly 3. Monthly	1. Daily 2. Weekly 3. Monthly

Adult Male ID Number	Adult Male #1	Adult Male #2	Adult Male #3	Adult Male #4	Adult Male #5	Adult Male #6
3. Monthly 4. Never	4. Never	4. Never	4. Never	4. Never	4. Never	4. Never
23. In the last 12 months, how often did you threaten to hurt her or someone close to her? 1. Daily 2. Weekly 3. Monthly 4. Never	1. Daily 2. Weekly 3. Monthly 4. Never	1. Daily 2. Weekly 3. Monthly 4. Never	1. Daily 2. Weekly 3. Monthly 4. Never	1. Daily 2. Weekly 3. Monthly 4. Never	1. Daily 2. Weekly 3. Monthly 4. Never	1. Daily 2. Weekly 3. Monthly 4. Never
24. In the last 12 months, how often did you push, hit, slap or throw something at her? 1. Daily 2. Weekly 3. Monthly 4. Never	1. Daily 2. Weekly 3. Monthly 4. Never	1. Daily 2. Weekly 3. Monthly 4. Never	1. Daily 2. Weekly 3. Monthly 4. Never	1. Daily 2. Weekly 3. Monthly 4. Never	1. Daily 2. Weekly 3. Monthly 4. Never	1. Daily 2. Weekly 3. Monthly 4. Never
25. In the last 12 months, how often did you kick, drag, or beat her up? 1. Daily 2. Weekly 3. Monthly 4. Never	1. Daily 2. Weekly 3. Monthly 4. Never	1. Daily 2. Weekly 3. Monthly 4. Never	1. Daily 2. Weekly 3. Monthly 4. Never	1. Daily 2. Weekly 3. Monthly 4. Never	1. Daily 2. Weekly 3. Monthly 4. Never	1. Daily 2. Weekly 3. Monthly 4. Never

Section 9 – Children's Module

Part A: Young Child Health
Children younger than 5 years old

Part B: Digit Span Testing
Children aged 5-15

Part C: Raven's Pattern Cognitive Assessment
Children aged 5-15

Part D: Math questions
Children aged 9-26

Part E: English Questions
Children aged 9-26

Part A: Child Health, Young Children

0.0 Does your household have any child younger than 5years old? 1.Yes 2.No>> part B1

(FILL OUT FOR CHILDREN YOUNGER THAN 5 YEARS OLD)

Name of child and ID of child and mother (or guardian if mother is not in the household)	**Young Child 1** Name: ID _____ child ID _____ mother/guardian	**Young Child 2** Name: ID _____ child ID _____ mother/guardian	**Young Child 3** Name: ID _____ child ID _____ mother/guardian	**Young Child 4** Name: ID _____ child ID _____ mother/guardian	**Young Child 5** Name: ID _____ child ID _____ mother/guardian
A0. Verify with roster the age of (Name). "Is (Name) *x* years/months old?" 1. Roster Correct 2. No → record correct age here and on roster	1. Yes 2. No age:_____	1. Yes 2. No age:_____	1. Yes 2. No age:_____	1. Yes 2. No age:_____	1. Yes 2. No age:_____
A1. Does (or did) the mother breastfeed (Name)? 1. Yes 2. No >> 3	1. Yes 2. No	1. Yes 2. No	1. Yes 2. No	1. Yes 2. No	1. Yes 2. No
A2. At what age was (Name) weaned? 1. Report in months 2. Write 87 if still breastfeeding 3. Don't know	1._____m 2._____ 3.	1._____m 2._____ 3.	1._____m 2._____ 3.	1._____m 2._____ 3.	1._____m 2._____ 3.
A3. At what age was (Name) first given water? 1. Report in months 2. 87 if not yet 3. Don't know	1._____m 2._____ 3.	1._____m 2._____ 3.	1._____m 2._____ 3.	1._____m 2._____ 3.	1._____m 2._____ 3.
A4. At what age was (Name) first given any liquid that was not water or milk? **1.** Report in months 2. 87 if not yet 3. Don't know	1._____m 2._____ 3.	1._____m 2._____ 3.	1._____m 2._____ 3.	1._____m 2._____ 3.	1._____m 2._____ 3.
A5. At what age was (Name) first given food other than milk? 1. Report in months 2. 87 if not yet 3. Don't know	1._____m 2._____ 3.	1._____m 2._____ 3.	1._____m 2._____ 3.	1._____m 2._____ 3.	1._____m 2._____ 3.

A6. Does (Name) participate in a community feeding program (e.g. school feeding program)? 1. Yes >>A8 2. No	1. Yes 2. No	1. Yes 2. No	1. Yes 2. No	1. Yes 2. No	1. Yes 2. No
A7.Has [Name] ever participated in a community feeding program? **1.Yes** **2.No**	1. Yes 2. No	1. Yes 2. No	1. Yes 2. No	1. Yes 2. No	1. Yes 2. No
A8. Who usually looks after (Name) during the daytime? 1. Mother - MO 2. Father - FA 3. Adult Female - AF 4. Adult Male - AM 5. Female Child - CF 6. Male Child - CM 7. Other, specify - OT	1. MO 2. FA 3. AF 4. AM 5. CF 6. CM 7. OT _____	1. MO 2. FA 3. AF 4. AM 5. CF 6. CM 7. OT _____	1. MO 2. FA 3. AF 4. AM 5. CF 6. CM 7. OT _____	1. MO 2. FA 3. AF 4. AM 5. CF 6. CM 7. OT _____	1. MO 2. FA 3. AF 4. AM 5. CF 6. CM 7. OT _____
A9. In the last 7 days, how many times was (Name) left in the care of someone who is under 10 years old? 1. number of times	1. _____	1. _____	1. _____	1. _____	1. _____
A10. In the last 7 days, how many times was (Name) left alone? 1. number of times	1. _____	1. _____	1. _____	1. _____	1. _____
A11. Did you or someone else take (Name) to a health center for post-natal care in the last 12 months 1. Yes 2. No >> Part B	1. Yes _____ 2. No >> Part B	1. Yes _____ 2. No >> Part B	1. Yes _____ 2. No >> Part B	1. Yes _____ 2. No >> Part B	1. Yes _____ 2. No >> Part B
A12. How many times did (Name) go there for consultations in the last 12 months? 1. number of times	1. _____	1. _____	1. _____	1. _____	1. _____
A13. Did you have to pay for consultations? 1. Yes 2. No	1. Yes _____ 2. No >> Part B1	1. Yes _____ 2. No >> Part B1	1. Yes _____ 2. No >> Part B1	1. Yes _____ 2. No >> Part B1	1. Yes _____ 2. No >> Part B1
A14. How much did you usually pay for one consultation? 1. Amount in GH cedis & pesawas	_____c_____p	_____c_____p	_____c_____p	_____c_____p	_____c_____p

Part B1: Digit Span Test: Forwards
(Enumerator: Section should be filled out individually for each child aged 5-15 in the Household. Complete part 1 first.)

B0. Point of Verification: Enumerator, verify if the number of children between the ages of 5 and 15 in the Household is the same as on the household roster	1. _____ Number of Children aged 5-15

Instructions:
1.) Read each digit span only once at an even rate of one digit per second
2.) Read and score part A first and then part B
3.) If the child does not respond after reading the question, do NOT encourage further
4.) Stop the test when child misses both part A and part B of any ONE question
5.) To be scored as "correct", no digits may be omitted or be in different order from what is given here

Part 1: Digits Forwards	**Child 1** Name: ID: _____	**Child 2** Name: ID: _____	**Child 3** Name: ID: _____	**Child 4** Name: ID: _____	**Child 5** Name: ID: _____
Write exact start time now? HH:MM	1. _____:_____ _____	1. _____:_____ _____	1. _____:_____ _____	1. _____:_____ _____	1. _____:_____ _____
B1a. Ready? Repeat after me, "2-3-4-5-6-7-8-9" 1. Child repeated the numbers exactly – EX 2. Child did not repeat numbers exactly – IN	1. EX 2. IN _____	1. EX 2. IN _____	1. EX 2. IN _____	1. EX 2. IN _____	1. EX 2. IN _____
B1b. Ready? Repeat after me, "4-5-6" 1. Child repeated the numbers exactly – EX 2. Child did not repeat the numbers exactly – IN	1. EX 2. IN _____	1. EX 2. IN _____	1. EX 2. IN _____	1. EX 2. IN _____	1. EX 2. IN _____
B1c. Did child get part 1a & 1b wrong?	1. Yes >> part B2 2. NO	1. Yes >> part B2 2. NO	1. Yes >> part B2 2. NO	1. Yes >> part B2 2. NO	1. Yes >> part B2 2. NO
B2a. Ready? Repeat after me, "3-8-6" 1. Child repeated the numbers exactly – EX 2. Child did not repeat numbers exactly – IN	1. EX 2. IN _____	1. EX 2. IN _____	1. EX 2. IN _____	1. EX 2. IN _____	1. EX 2. IN _____
B2b. Ready? Repeat after me, "6-1-2" 1. Child repeated the numbers exactly – EX 2. Child did not repeat numbers exactly – IN	1. EX 2. IN _____	1. EX 2. IN _____	1. EX 2. IN _____	1. EX 2. IN _____	1. EX 2. IN _____
B2c. Did child get part 2a & 2b wrong?	1. Yes >> part B2 2. No	1. Yes >> part B2 2. No	1. Yes >> part B2 2. No	1. Yes >> part B2 2. No	1. Yes >> part B2 2. No

Part 1: Digits Forwards (II)	Child 1	Child 2	Child 3	Child 4	Child 5
B3a. Ready? Repeat after me, "3-4-1-7" 1. Child repeated the numbers exactly – EX 2. Child did not repeat numbers exactly – IN	1. EX 2. IN _____	1. EX 2. IN _____	1. EX 2. IN _____	1. EX 2. IN _____	1. EX 2. IN _____
B3b. Ready? Repeat after me, "6-1-5-8" 1. Child repeated the numbers exactly – EX 2. Child did not repeat numbers exactly – IN	1. EX 2. IN _____	1. EX 2. IN _____	1. EX 2. IN _____	1. EX 2. IN _____	1. EX 2. IN _____
B3c. Did child get part 3a & 3b wrong?	1. Yes >> part B2 2. No	1. Yes >> part B2 2. No	1. Yes >> part B2 2. No	1. Yes >> part B2 2. No	1. Yes >> part B2 2. No
B4a. Ready? Repeat after me, "8-4-2-3-9" 1. Child repeated the numbers exactly – EX 2. Child did not repeat numbers exactly – IN	1. EX 2. IN _____	1. EX 2. IN _____	1. EX 2. IN _____	1. EX 2. IN _____	1. EX 2. IN _____
B4b. Ready? Repeat after me, "5-2-1-8-6" 1. Child repeated the numbers exactly – EX 2. Child did not repeat numbers exactly – IN	1. EX 2. IN _____	1. EX 2. IN _____	1. EX 2. IN _____	1. EX 2. IN _____	1. EX 2. IN _____
B4c. Did child get part 4a & 4b wrong?	1. Yes >> part B2 2. No	1. Yes >> part B2 2. No	1. Yes >> part B2 2. No	1. Yes >> part B2 2. No	1. Yes >> part B2 2. No
B5a. Ready? Repeat after me, "3-8-9-1-7-4" 1. Child repeated the numbers exactly – EX 2. Child did not repeat numbers exactly – IN	1. EX 2. IN _____	1. EX 2. IN _____	1. EX 2. IN _____	1. EX 2. IN _____	1. EX 2. IN _____
B5b. Ready? Repeat after me, "7-9-6-4-8-3" 1. Child repeated the numbers exactly – EX 2. Child did not repeat numbers exactly – IN	1. EX 2. IN _____	1. EX 2. IN _____	1. EX 2. IN _____	1. EX 2. IN _____	1. EX 2. IN _____
B5c. Did child get part 5a & 5b wrong?	1. Yes >> part B2 2. No	1. Yes >> part B2 2. No	1. Yes >> part B2 2. No	1. Yes >> part B2 2. No	1. Yes >> part B2 2. No
B6a. Ready? Repeat after me, "5-1-7-4-2-3-8" 1. Child repeated the numbers exactly – EX 2. Child did not repeat numbers exactly – IN	1. EX 2. IN _____	1. EX 2. IN _____	1. EX 2. IN _____	1. EX 2. IN _____	1. EX 2. IN _____
B6b. Ready? Repeat after me, "9-8-5-2-1-6-3" 1. Child repeated the numbers exactly – EX 2. Child did not repeat numbers exactly – IN	1. EX 2. IN _____	1. EX 2. IN _____	1. EX 2. IN _____	1. EX 2. IN _____	1. EX 2. IN _____
B6c. Did child get part 6a & 6b wrong?	1. Yes >> part B2 2. No	1. Yes >> part B2 2. No	1. Yes >> part B2 2. No	1. Yes >> part B2 2. No	1. Yes >> part B2 2. No
B7a. Ready? Repeat after me, "1-6-4-5-9-7-6-3" 1. Child repeated the numbers exactly – EX 2. Child did not repeat numbers exactly – IN	1. EX 2. IN _____	1. EX 2. IN _____	1. EX 2. IN _____	1. EX 2. IN _____	1. EX 2. IN _____

Part 1: Digits Forwards (II)	**Child 1**	**Child 2**	**Child 3**	**Child 4**	**Child 5**
B7b. Ready? Repeat after me, "2-9-7-6-3-1-5-4" 1. Child repeated the numbers exactly – EX 2. Child did not repeat numbers exactly – IN	1. EX 2. IN _____	1. EX 2. IN _____	1. EX 2. IN _____	1. EX 2. IN _____	1. EX 2. IN _____
B7c. Did child get part 7a & 7b wrong?	1. Yes >> part B2 2. No	1. Yes >> part B2 2. No	1. Yes >> part B2 2. No	1. Yes >> part B2 2. No	1. Yes >> part B2 2. No
B8a. Ready? Repeat after me, "5-3-8-7-1-2-4-6-9" 1. Child repeated the numbers exactly – EX 2. Child did not repeat numbers exactly – IN	1. EX 2. IN _____	1. EX 2. IN _____	1. EX 2. IN _____	1. EX 2. IN _____	1. EX 2. IN _____
B8b. Ready? Repeat after me, "4-2-6-9-1-7-8-3-5" 1. Child repeated the numbers exactly – EX 2. Child did not repeat numbers exactly – IN	1. EX 2. IN _____ >> part B2	1. EX 2. IN _____ >> part B2	1. EX 2. IN _____ >> part B2	1. EX 2. IN _____ >> part B2	1. EX 2. IN _____ >> part B2
Write exact end time now? HH:MM	1. _____:_____	1. _____:_____	1. _____:_____	1. _____:_____	1. _____:_____

Part B2: Digit Span Test: Backwards
Instructions: Read out loud to child: "Now I'm going to say some more numbers, but this time when I stop I want you to say them backward. For example, if I say 9-2-7, what would you say?" If child says "7-2-9" tell him/her "that is correct". If child does not say "7-2-9", say, "no, you should say 7-2-9. I said 9-2-7, remember to put them backwards"

Part 2: Digits Backwards	Child 1	Child 2	Child 3	Child 4	Child 5
Write exact start time now? HH:MM	1. _____:_____	1. _____:_____	1. _____:_____	1. _____:_____	1. _____:_____
B9a. Ready? Say backwards, "2-5" **Answer: (do not read) "5-2"** 1. Child repeated the numbers exactly – EX 2. Child did not repeat numbers exactly – IN	1. EX 2. IN _____	1. EX 2. IN _____	1. EX 2. IN _____	1. EX 2. IN _____	1. EX 2. IN _____
B9b. Ready? Say backwards, "6-3" **Answer: (do not read) "3-6"** 1. Child repeated the numbers exactly – EX 2. Child did not repeat numbers exactly – IN	1. EX 2. IN _____	1. EX 2. IN _____	1. EX 2. IN _____	1. EX 2. IN _____	1. EX 2. IN _____
B9c. Did child get part 9a & 9b wrong?	1. Yes >> part C 2. NO	1. Yes >> part C 2. NO	1. Yes >> part C 2. NO	1. Yes >> part C 2. NO	1. Yes >> part C 2. NO
B10a. Ready? Say backwards, "5-7-4" **Answer: (do not read) "4-7-5"** 1. Child repeated the numbers exactly – EX 2. Child did not repeat numbers exactly – IN	1. EX 2. IN _____	1. EX 2. IN _____	1. EX 2. IN _____	1. EX 2. IN _____	1. EX 2. IN _____
B10b. Ready? Say backwards, "2-5-9" **Answer: (do not read) "9-5-2"** 1. Child repeated the numbers exactly – EX 2. Child did not repeat numbers exactly – IN	1. EX 2. IN _____	1. EX 2. IN _____	1. EX 2. IN _____	1. EX 2. IN _____	1. EX 2. IN _____
B10c. Did child get part 10a & 10b wrong?	1. Yes >> part C 2. NO	1. Yes >> part C 2. NO	1. Yes >> part C 2. NO	1. Yes >> part C 2. NO	1. Yes >> part C 2. NO
B11a. Ready? Say backwards, "7-2-9-6" **Answer: (do not read) "6-9-2-7"** 1. Child repeated the numbers exactly – EX 2. Child did not repeat numbers exactly – N	1. EX 2. IN _____	1. EX 2. IN _____	1. EX 2. IN _____	1. EX 2. IN _____	1. EX 2. IN _____
B11b. Ready? Say backwards, "8-4-9-3" **Answer: (do not read) "3-9-4-8"** 1. Child repeated the numbers exactly – EX 2. Child did not repeat numbers exactly – IN	1. EX 2. IN _____	1. EX 2. IN _____	1. EX 2. IN _____	1. EX 2. IN _____	1. EX 2. IN _____
B11c. Did child get part 11a & 11b wrong?	1. Yes >> part C 2. NO	1. Yes >> part C 2. NO	1. Yes >> part C 2. NO	1. Yes >> part C 2. NO	1. Yes >> part C 2. NO

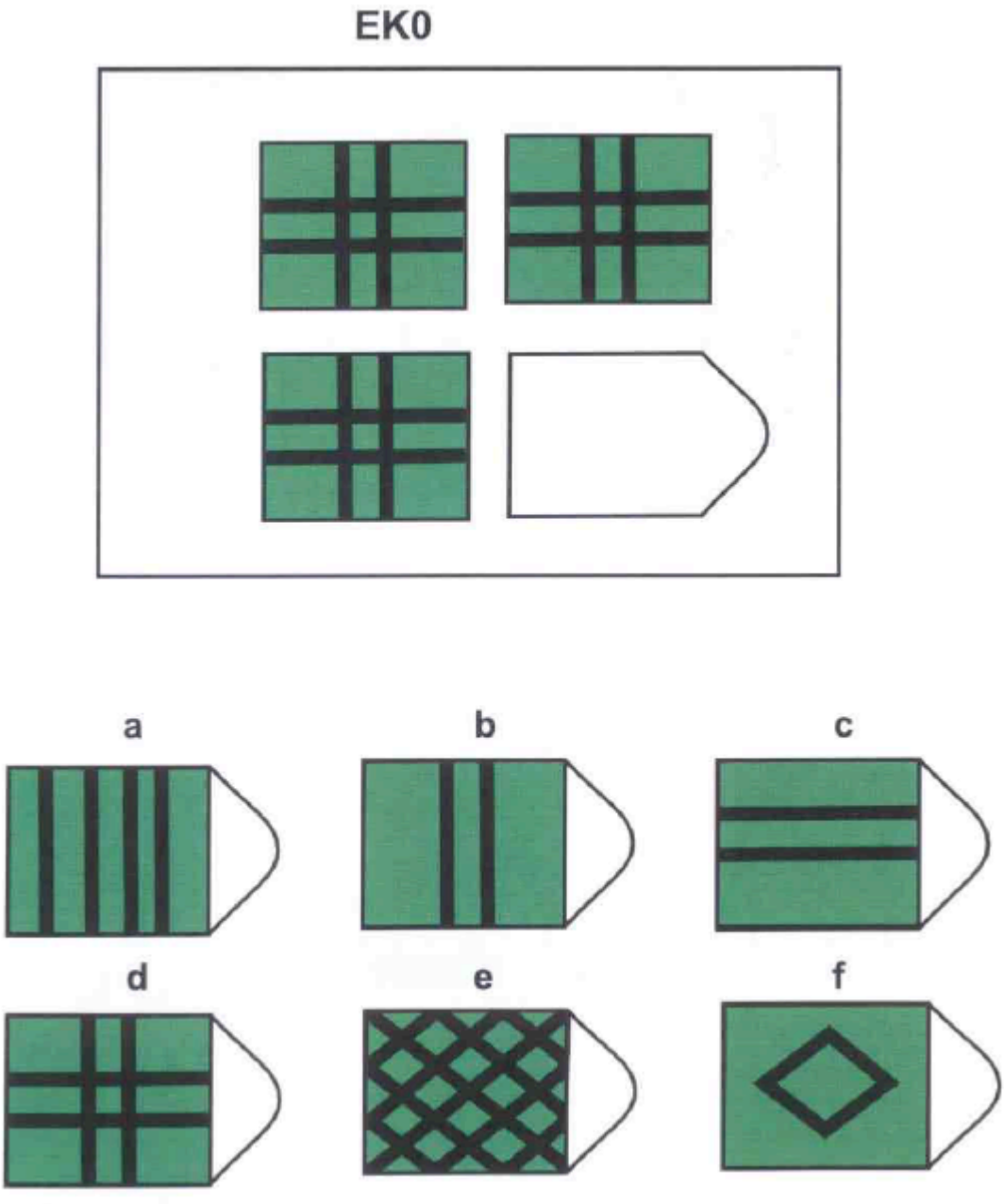
Part 2: Digits Backwards	Child 1	Child 2	Child 3	Child 4	Child 5
B12a. Ready? Say backwards, "4-1-3-5-7" **Answer: (do not read) "7-5-3-1-4"** 1. Child repeated the numbers exactly – EX 2. Child did not repeat numbers exactly – IN	1. EX 2. IN _____	1. EX 2. IN _____	1. EX 2. IN _____	1. EX 2. IN _____	1. EX 2. IN _____
B12b. Ready? Say backwards, "9-7-8-5-2" **Answer: (do not read) "2-5-8-7-9"** 1. Child repeated the numbers exactly – EX 2. Child did not repeat numbers exactly – IN	1. EX 2. IN _____	1. EX 2. IN _____	1. EX 2. IN _____	1. EX 2. IN _____	1. EX 2. IN _____
B12c. Did child get part 12a & 12b wrong?	1. Yes >> part C 2. NO	1. Yes >> part C 2. NO	1. Yes >> part C 2. NO	1. Yes >> part C 2. NO	1. Yes >> part C 2. NO
B13a. Ready? Say backwards, "1-6-5-2-9-8" **Answer: (do not read) "8-9-5-8-6-1"** 1. Child repeated the numbers exactly – EX 2. Child did not repeat numbers exactly – IN	1. EX 2. IN _____	1. EX 2. IN _____	1. EX 2. IN _____	1. EX 2. IN _____	1. EX 2. IN _____
B13b. Ready? Say backwards, "3-6-7-1-9-4" **Answer: (do not read) "4-9-1-7-6-3"** 1. Child repeated the numbers exactly – EX 2. Child did not repeat numbers exactly – IN	1. EX 2. IN _____	1. EX 2. IN _____	1. EX 2. IN _____	1. EX 2. IN _____	1. EX 2. IN _____
B13c. Did child get part 13a & 13b wrong?	1. Yes >> part C 2. NO	1. Yes >> part C 2. NO	1. Yes >> part C 2. NO	1. Yes >> part C 2. NO	1. Yes >> part C 2. NO
B14a. Ready? Say backwards, "8-5-9-2-3-4-2" **Answer: (do not read) "2-4-3-2-9-5-8"** 1. Child repeated the numbers exactly – EX 2. Child did not repeat numbers exactly – IN	1. EX 2. IN _____	1. EX 2. IN _____	1. EX 2. IN _____	1. EX 2. IN _____	1. EX 2. IN _____
B14b. Ready? Say backwards, "4-5-7-9-2-8-1" **Answer: (do not read) "1-8-2-9-7-5-4"** 1. Child repeated the numbers exactly – EX 2. Child did not repeat numbers exactly –IN	1. EX 2. IN _____	1. EX 2. IN _____	1. EX 2. IN _____	1. EX 2. IN _____	1. EX 2. IN _____
B14c. Did child get part 14a & 14b wrong?	1. Yes >> part C 2. NO	1. Yes >> part C 2. NO	1. Yes >> part C 2. NO	1. Yes >> part C 2. NO	1. Yes >> part C 2. NO
B15a. Ready? Say backwards, "6-9-1-6-3-2-5-8" **Answer: (do not read) "8-5-2-3-6-1-9-6"** 1. Child repeated the numbers exactly – EX 2. Child did not repeat numbers exactly –IN	1. EX 2. IN _____	1. EX 2. IN _____	1. EX 2. IN _____	1. EX 2. IN _____	1. EX 2. IN _____

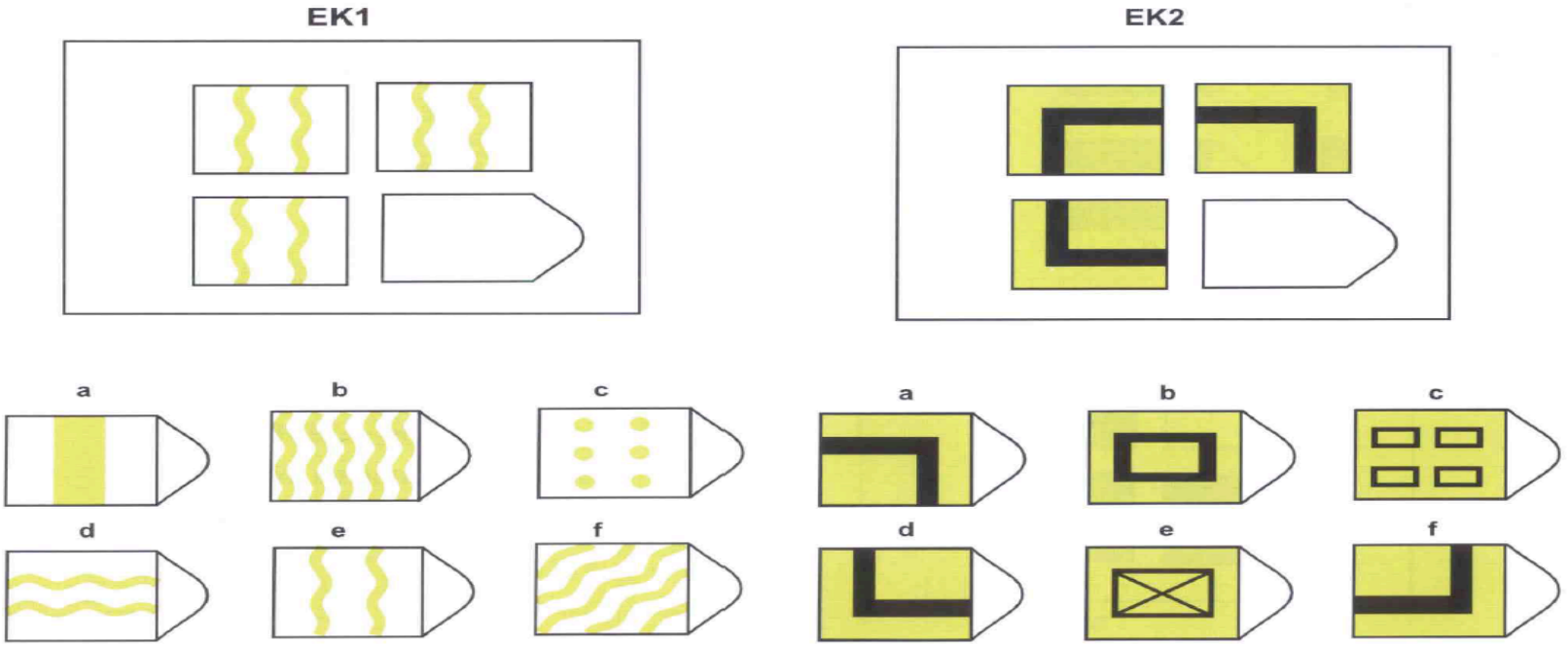
Part 2: Digits Backwards	**Child 1**	**Child 2**	**Child 3**	**Child 4**	**Child 5**
B15b. Ready? Say backwards, "3-1-7-9-5-4-8-2" **Answer: (do not read) "2-8-4-5-9-7-1-3"** 1. Child repeated the numbers exactly – EX 2. Child did not repeat numbers exactly –IN	1. EX 2. IN _____	1. EX 2. IN _____	1. EX 2. IN _____	1. EX 2. IN _____	1. EX 2. IN _____
BT1. Write exact end time now? HH:MM	1. _____:_____ >> part C	1. _____:_____ >> part C	1. _____:_____ >> part C	1. _____:_____ >> part C	1. _____:_____ >> part C

Part C: Raven's Pattern Cognitive Assessment
Complete for each child between ages 5-15 in the Household

Instructions:
Show the picture below to the child and have them point to one of the shapes labeled (a) - (f)
Record below the pictures which shape the child pointed to.

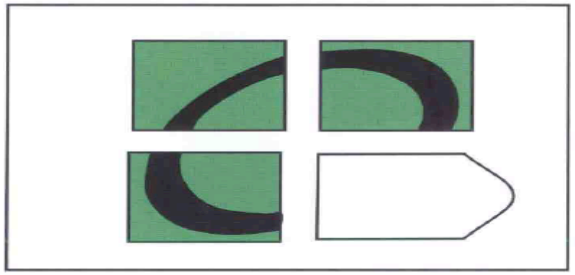
EXAMPLE: Show the child the picture and then point to shape d



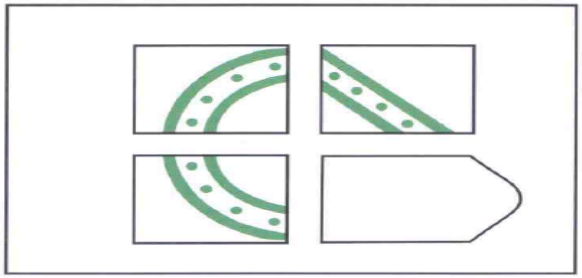


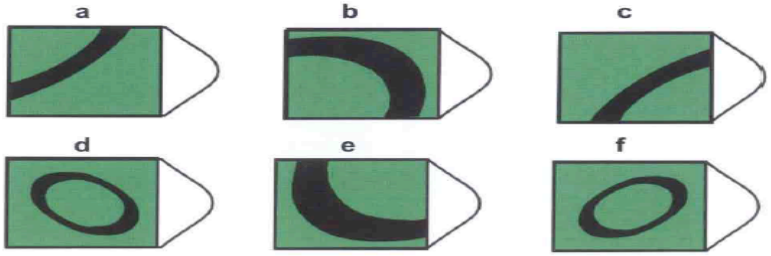
Part 3: Raven's Pattern Cognitive Assessment (I)	**Child 1** Name: ID: _____	**Child 2** Name: ID: _____	**Child 3** Name: ID: _____	**Child 4** Name: ID: _____	**Child 5** Name: ID: _____
C1. Shape child pointed at 1. letter of shape inEK1	_____	_____	_____	_____	_____
C2. Shape child pointed at 1. letter of shape in EK2	_____	_____	_____	_____	_____

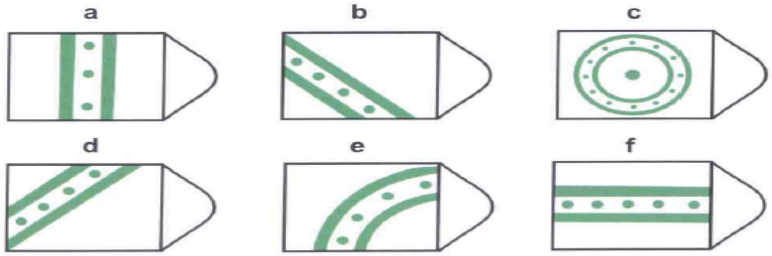
EK3



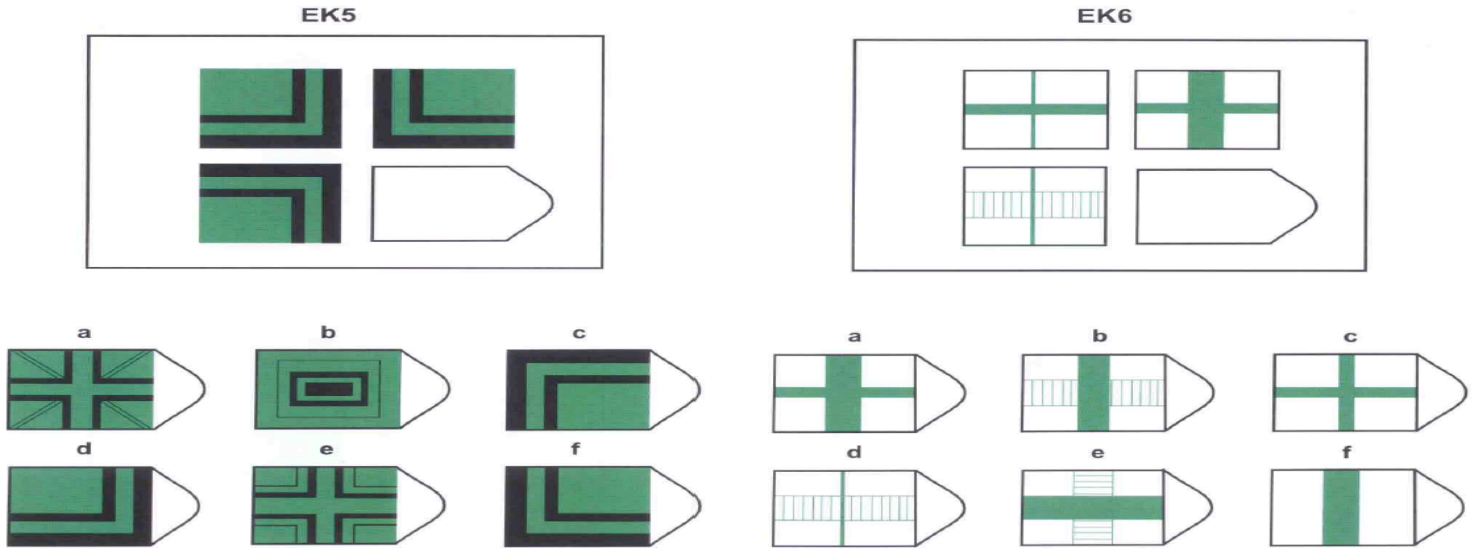
EK4



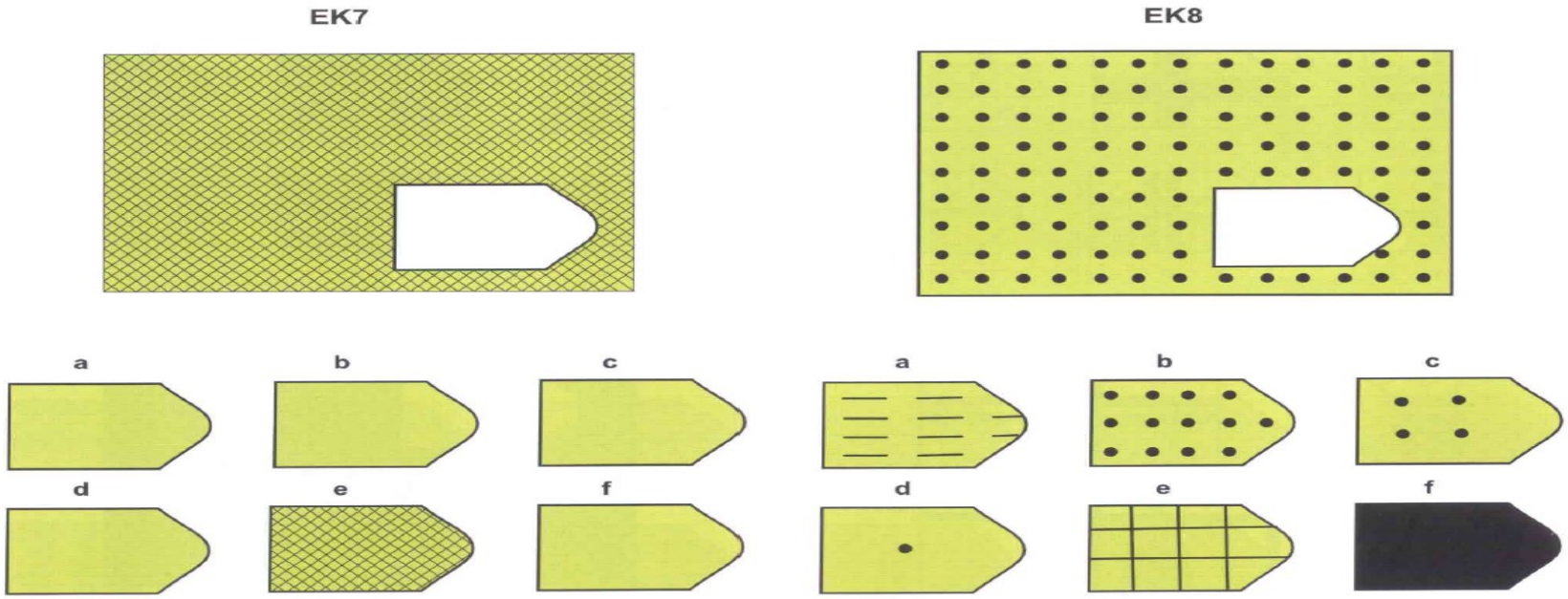




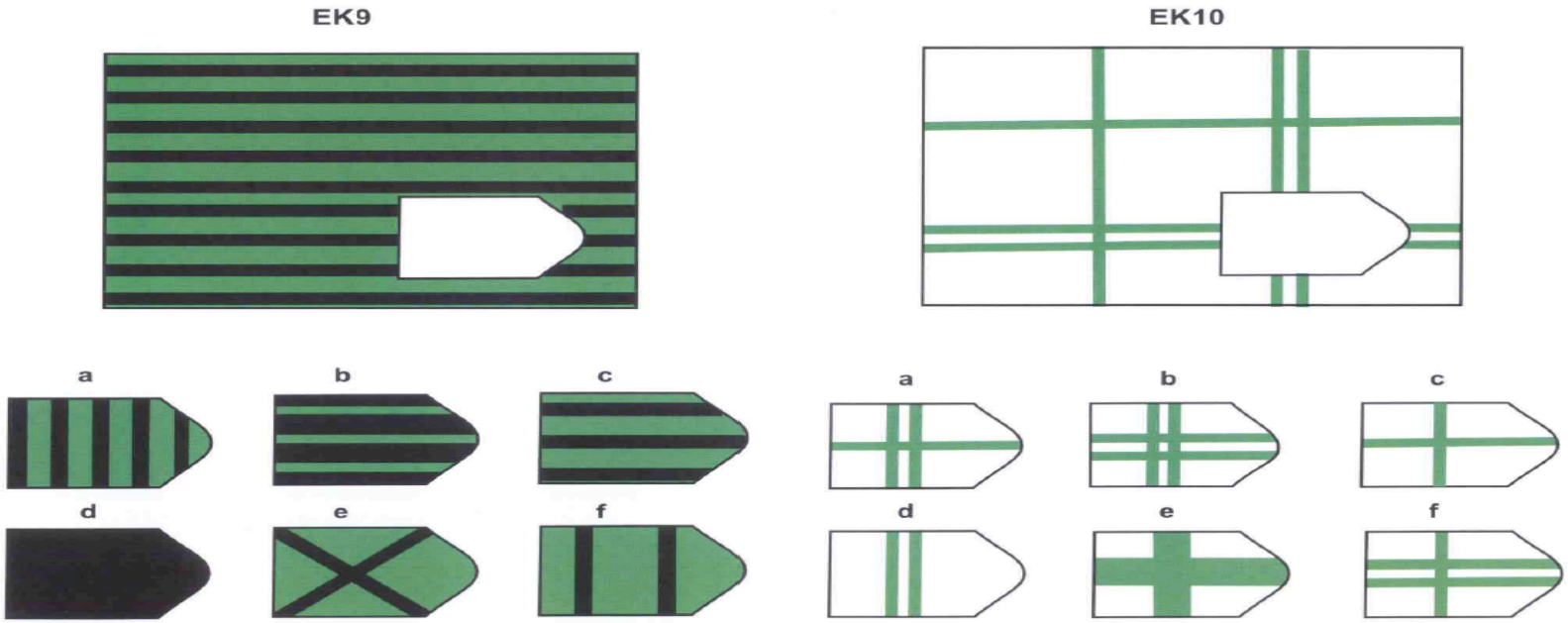
Part 3: Raven's Pattern Cognitive Assessment (II)	**Child 1** Name: ID: _____	**Child 2** Name: ID: _____	**Child 3** Name: ID: _____	**Child 4** Name: ID: _____	**Child 5** Name: ID: _____
C3. Shape child pointed at 1. letter of shape in EK3	_____	_____	_____	_____	_____
C4. Shape child pointed at 1. letter of shape in EK4	_____	_____	_____	_____	_____



Part 3: Raven's Pattern Cognitive Assessment (III)	**Child 1** Name: ID: _____	**Child 2** Name: ID: _____	**Child 3** Name: ID: _____	**Child 4** Name: ID: _____	**Child 5** Name: ID: _____
C5. Shape child pointed at 1. letter of shape in EK5	_____	_____	_____	_____	_____
C6. Shape child pointed at 1. letter of shape in EK6	_____	_____	_____	_____	_____

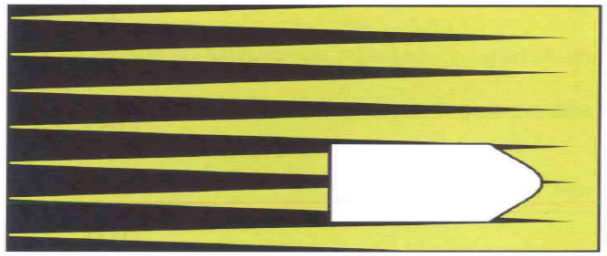


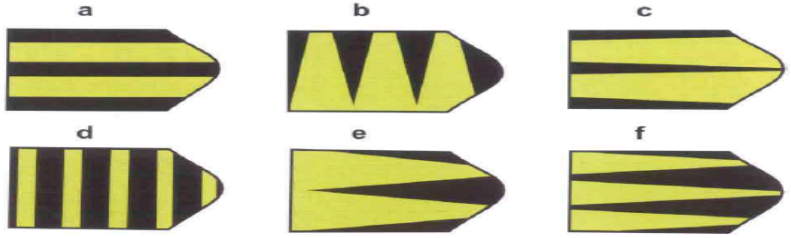
Part 3: Raven's Pattern Cognitive Assessment (III)	**Child 1** Name: ID: _____	**Child 2** Name: ID: _____	**Child 3** Name: ID: _____	**Child 4** Name: ID: _____	**Child 5** Name: ID: _____
C7. Shape child pointed at 1. letter of shape in EK7	_____	_____	_____	_____	_____
C8. Shape child pointed at 1. letter of shape in EK8	_____	_____	_____	_____	_____



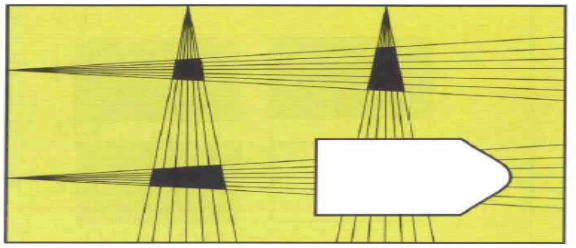
Part 3: Raven's Pattern Cognitive Assessment (IV)	**Child 1** Name: ID: _____	**Child 2** Name: ID: _____	**Child 3** Name: ID: _____	**Child 4** Name: ID: _____	**Child 5** Name: ID: _____
C9. Shape child pointed at 1. letter of shape in EK9	_____	_____	_____	_____	_____
C10. Shape child pointed at 1. letter of shape in EK10	_____	_____	_____	_____	_____

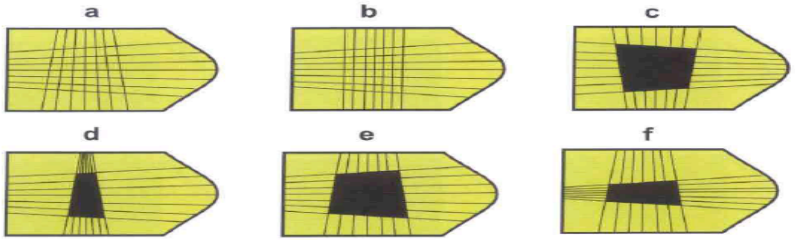
EK11





EK12





Part 3: Raven's Pattern Cognitive Assessment (V)	**Child 1** Name: ID: _____	**Child 2** Name: ID: _____	**Child 3** Name: ID: _____	**Child 4** Name: ID: _____	**Child 5** Name: ID: _____
C11. Shape child pointed at 1. letter of shape in EK11	_____	_____	_____	_____	_____
C12. Shape child pointed at 1. letter of shape in EK12	_____	_____	_____	_____	_____

Part D:
Math Questions
Complete for all household members between ages 9-26

INSTRUCTIONS: ***SHOW THE MATH QUESTIONS (AS REPORTED SEPARATELY ON THE MATH CARD) TO THE RESPONDENT AND HAVE THEM CHOOSE THEIR BEST ANSWERS, FROM (A) – (D).***
FOR EACH QUESTION, RECORD BELOW THE ANSWER THAT THE CHILD CHOSE

Member ID																		
Write exact start time now? HH:MM																		
1. 1 + 2 =	a.	a.	a.	a.	a.	a.	a.	a.	a.	a.	a.	a.	a.	a.	a.	a.	a.	a.
a. 4																		
b. 8	b.	b.	b.	b.	b.	b.	b.	b.	b.	b.	b.	b.	b.	b.	b.	b.	b.	b.
c. 1																		
d. 3	c.	c.	c.	c.	c.	c.	c.	c.	c.	c.	c.	c.	c.	c.	c.	c.	c.	c.
	d.	d.	d.	d.	d.	d.	d.	d.	d.	d.	d.	d.	d.	d.	d.	d.	d.	d.
2. 5 – 2 =	a.	a.	a.	a.	a.	a.	a.	a.	a.	a.	a.	a.	a.	a.	a.	a.	a.	a.
a. 2																		
b. 10	b.	b.	b.	b.	b.	b.	b.	b.	b.	b.	b.	b.	b.	b.	b.	b.	b.	b.
c. 3																		
d. 1	c.	c.	c.	c.	c.	c.	c.	c.	c.	c.	c.	c.	c.	c.	c.	c.	c.	c.
	d.	d.	d.	d.	d.	d.	d.	d.	d.	d.	d.	d.	d.	d.	d.	d.	d.	d.
3. 2 × 3 =	a.	a.	a.	a.	a.	a.	a.	a.	a.	a.	a.	a.	a.	a.	a.	a.	a.	a.
a. 5																		
b. 6	b.	b.	b.	b.	b.	b.	b.	b.	b.	b.	b.	b.	b.	b.	b.	b.	b.	b.
c. 1																		
d. 8	c.	c.	c.	c.	c.	c.	c.	c.	c.	c.	c.	c.	c.	c.	c.	c.	c.	c.
	d.	d.	d.	d.	d.	d.	d.	d.	d.	d.	d.	d.	d.	d.	d.	d.	d.	d.
4. 10 ÷ 5 =	a.	a.	a.	a.	a.	a.	a.	a.	a.	a.	a.	a.	a.	a.	a.	a.	a.	a.
a. 5																		
b. 5	b.	b.	b.	b.	b.	b.	b.	b.	b.	b.	b.	b.	b.	b.	b.	b.	b.	b.
c. 2																		
d. 50	c.	c.	c.	c.	c.	c.	c.	c.	c.	c.	c.	c.	c.	c.	c.	c.	c.	c.
	d.	d.	d.	d.	d.	d.	d.	d.	d.	d.	d.	d.	d.	d.	d.	d.	d.	d.

Member ID																		
5. 5 + 17 = a. 15 b. 21 c. 12 d. 22	a. b. c. d.	a. b. c. d.	a. b. c. d.	a. b. c. d.	a. b. c. d.	a. b. c. d.	a. b. c. d.	a. b. c. d.	a. b. c. d.	a. b. c. d.	a. b. c. d.	a. b. c. d.	a. b. c. d.	a. b. c. d.	a. b. c. d.	a. b. c. d.
6. 33 – 19 = a. 10 b. 14 c. 9 d. 13	a. b. c. d.	a. b. c. d.	a. b. c. d.	a. b. c. d.	a. b. c. d.	a. b. c. d.	a. b. c. d.	a. b. c. d.	a. b. c. d.	a. b. c. d.	a. b. c. d.	a. b. c. d.	a. b. c. d.	a. b. c. d.	a. b. c. d.	a. b. c. d.
7. 17 × 3 = a. 5.7 b. 51 c. 21 d. 5	a. b. c. d.	a. b. c. d.	a. b. c. d.	a. b. c. d.	a. b. c. d.	a. b. c. d.	a. b. c. d.	a. b. c. d.	a. b. c. d.	a. b. c. d.	a. b. c. d.	a. b. c. d.	a. b. c. d.	a. b. c. d.	a. b. c. d.	a. b. c. d.
8. 42 ÷ 7 = a. 7 b. 9 c. 6 d. 5	a. b. c. d.	a. b. c. d.	a. b. c. d.	a. b. c. d.	a. b. c. d.	a. b. c. d.	a. b. c. d.	a. b. c. d.	a. b. c. d.	a. b. c. d.	a. b. c. d.	a. b. c. d.	a. b. c. d.	a. b. c. d.	a. b. c. d.	a. b. c. d.
Write exact end time now? HH:MM																		

Part E:

English Reading Questions

Complete also for all household members between ages 9-26

Instructions:

Show the English Questions (as reported separately on the English Card) to the respondent and have them choose their best answers, from (a) – (d).
For each question, record below the answer that the child chose

John is a small boy. He lives in a village with his brothers and sisters. He goes to school every week.
In his school there are five teachers. John is learning to read at school. He likes to read very much.
His father is a teacher, and his parents want him to become a school teacher too.

Member ID																		
Write exact start time now? HH:MM																		
9 Who is John? (a) An old man (b) A small boy (c) A school teacher (d) A school	(a) (b) (c) (d)	(a) (b) (c) (d)	(a) (b) (c) (d)	(a) (b) (c) (d)	(a) (b) (c) (d)	(a) (b) (c) (d)	(a) (b) (c) (d)	(a) (b) (c) (d)	(a) (b) (c) (d)	(a) (b) (c) (d)	(a) (b) (c) (d)	(a) (b) (c) (d)	(a) (b) (c) (d)	(a) (b) (c) (d)	(a) (b) (c) (d)	(a) (b) (c) (d)	(a) (b) (c) (d)	(a) (b) (c) (d)
10. Where does John live? (a) In a village (b) In a city (C) In a school (d) In a forest	(a) (b) (c) (d)	(a) (b) (c) (d)	(a) (b) (c) (d)	(a) (b) (c) (d)	(a) (b) (c) (d)	(a) (b) (c) (d)	(a) (b) (c) (d)	(a) (b) (c) (d)	(a) (b) (c) (d)	(a) (b) (c) (d)	(a) (b) (c) (d)	(a) (b) (c) (d)	(a) (b) (c) (d)	(a) (b) (c) (d)	(a) (b) (c) (d)	(a) (b) (c) (d)	(a) (b) (c) (d)	(a) (b) (c) (d)
11. What does John do every week? (a) Works with his father (b) Plays with his friends (c) Helps his brothers and sisters (d) Goes to school	(a) (b) (c) (d)	(a) (b) (c) (d)	(a) (b) (c) (d)	(a) (b) (c) (d)	(a) (b) (c) (d)	(a) (b) (c) (d)	(a) (b) (c) (d)	(a) (b) (c) (d)	(a) (b) (c) (d)	(a) (b) (c) (d)	(a) (b) (c) (d)	(a) (b) (c) (d)	(a) (b) (c) (d)	(a) (b) (c) (d)	(a) (b) (c) (d)	(a) (b) (c) (d)	(a) (b) (c) (d)	(a) (b) (c) (d)

Member ID																		
12. How many teachers are there at John's school? (a) One (b) Three (c) Five (d) Six	(a) (b) (c) (d)	(a) (b) (c) (d)	(a) (b) (c) (d)	(a) (b) (c) (d)	(a) (b) (c) (d)	(a) (b) (c) (d)	(a) (b) (c) (d)	(a) (b) (c) (d)	(a) (b) (c) (d)	(a) (b) (c) (d)	(a) (b) (c) (d)	(a) (b) (c) (d)	(a) (b) (c) (d)	(a) (b) (c) (d)	(a) (b) (c) (d)	(a) (b) (c) (d)	(a) (b) (c) (d)	(a) (b) (c) (d)
13. What is John doing at school? (a) Helping the teacher (b) Talking with his friends (c) Learning to read (d) Teaching the class	(a) (b) (c) (d)	(a) (b) (c) (d)	(a) (b) (c) (d)	(a) (b) (c) (d)	(a) (b) (c) (d)	(a) (b) (c) (d)	(a) (b) (c) (d)	(a) (b) (c) (d)	(a) (b) (c) (d)	(a) (b) (c) (d)	(a) (b) (c) (d)	(a) (b) (c) (d)	(a) (b) (c) (d)	(a) (b) (c) (d)	(a) (b) (c) (d)	(a) (b) (c) (d)	(a) (b) (c) (d)	(a) (b) (c) (d)
14. Who is a school teacher? (a) John (b) John's father (c) John's brother (d) John's mother	(a) (b) (c) (d)	(a) (b) (c) (d)	(a) (b) (c) (d)	(a) (b) (c) (d)	(a) (b) (c) (d)	(a) (b) (c) (d)	(a) (b) (c) (d)	(a) (b) (c) (d)	(a) (b) (c) (d)	(a) (b) (c) (d)	(a) (b) (c) (d)	(a) (b) (c) (d)	(a) (b) (c) (d)	(a) (b) (c) (d)	(a) (b) (c) (d)	(a) (b) (c) (d)	(a) (b) (c) (d)	(a) (b) (c) (d)
15. What do John's parents want him to do? *(a)* Go to school (b) Learn to read (c) Obey his teachers (d) Become a teacher	(a) (b) (c) (d)	(a) (b) (c) (d)	(a) (b) (c) (d)	(a) (b) (c) (d)	(a) (b) (c) (d)	(a) (b) (c) (d)	(a) (b) (c) (d)	(a) (b) (c) (d)	(a) (b) (c) (d)	(a) (b) (c) (d)	(a) (b) (c) (d)	(a) (b) (c) (d)	(a) (b) (c) (d)	(a) (b) (c) (d)	(a) (b) (c) (d)	(a) (b) (c) (d)	(a) (b) (c) (d)	(a) (b) (c) (d)

Member ID																		
16. The best title for this story is (a) John Learns to Read (b) Why Reading is Important (c) John's Village (d) Schools in Ghana	(a) (b) (c) (d)	(a) (b) (c) (d)	(a) (b) (c) (d)	(a) (b) (c) (d)	(a) (b) (c) (d)	(a) (b) (c) (d)	(a) (b) (c) (d)	(a) (b) (c) (d)	(a) (b) (c) (d)	(a) (b) (c) (d)	(a) (b) (c) (d)	(a) (b) (c) (d)	(a) (b) (c) (d)	(a) (b) (c) (d)	(a) (b) (c) (d)	(a) (b) (c) (d)	(a) (b) (c) (d)	(a) (b) (c) (d)
Exact end time now? HH:MM																		

Section 10: Psychology/Social Networking

Part A: Psychology ***(Please ask individually of each*** **Household Head, the first Spouse and one other household member over the age of 12 chosen at random. If the first spouse is absent, then the second spouse. If there is no spouse, then ask the household head and two other household members over the age of 12 chosen at random).**

i. Depression
ii. Subjective Social Welfare
iii. Regretted Consumption
iv. Townsend Questions
v. Trust and Solidarity
vi. Time Use

Part B: Big 5 personality questions ***(Please ask individually of each*** **Household Head, the first Spouse and one other household member over the age of 12 chosen at random. If the first spouse is absent, then the second spouse. If there is no spouse, then ask the household head and two other household members over the age of 12 chosen at random).**

Part C: Social Networking

i. Time Spent with Others Outside of the Household (***Ask of the household Head or most knowledgeable person in the household)***

Part D: Information Seeking (***Ask of the household Head or most knowledgeable person in the household)***

i. Interaction with Organizations
ii. Extension Services
iii. Volunteerism

Part A: PSYCHOLOGY — *(PLEASE ASK INDIVIDUALLY OF EACH* HOUSEHOLD HEAD, THE FIRST SPOUSE AND ONE OTHER HOUSEHOLD MEMBER OVER THE AGE OF 12 CHOSEN AT RANDOM. IF THE FIRST SPOUSE IS ABSENT, THEN THE SECOND SPOUSE. IF THERE IS NO SPOUSE, THEN ASK THE HOUSEHOLD HEAD AND TWO OTHER HOUSEHOLD MEMBERS OVER THE AGE OF 12 CHOSEN AT RANDOM)

i. DEPRESSION - KESSLER 10 SURVEY
FOR THE FOLLOWING QUESTIONS, PLEASE CIRCLE THE ANSWER (NUMBER) YOU FEEL BEST CORRESPONDS TO THE QUESTION ASKED:

[1.NONE OF THE TIME 2.A LITTLE OF THE TIME 3.SOME OF THE TIME 4.MOST OF THE TIME 5.ALL OF THE TIME]

IN THE LAST FOUR WEEKS…

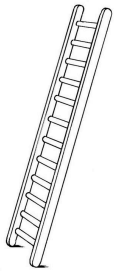
Person #	**1**	**2**	**3**
Member ID	ID: _____	ID: _____	ID: _____
A1. About how often did you feel tired out for no good reason? 1. None of the time 2. A little of the time 3. Some of the time 4.Most of the time 5. All of the time	1. 2. 3. 4. 5.	1. 2. 3. 4. 5.	1. 2. 3. 4. 5.
A2. About how often did you feel nervous? 1. None of the time 2. A little of the time 3. Some of the time 4.Most of the time 5. All of the time	1. 2. 3. 4. 5.	1. 2. 3. 4. 5.	1. 2. 3. 4. 5.
A3. About how often did you feel so nervous that nothing could calm you down? 1. None of the time 2. A little of the time 3. Some of the time 4.Most of the time 5. All of the time	1. 2. 3. 4. 5.	1. 2. 3. 4. 5.	1. 2. 3. 4. 5.
A4. About how often did you feel hopeless? 1. None of the time 2. A little of the time 3. Some of the time 4.Most of the time 5. All of the time	1. 2. 3. 4. 5.	1. 2. 3. 4. 5.	1. 2. 3. 4. 5.
A5. About how often did you feel restless or fidgety? 1. None of the time 2. A little of the time 3. Some of the time 4.Most of the time 5. All of the time	1. 2. 3. 4. 5.	1. 2. 3. 4. 5.	1. 2. 3. 4. 5.

Person #	1	2	3
Member ID	ID: _____	ID: _____	ID: _____
A6. About how often did you feel so restless you could not sit still? 1. None of the time 2. A little of the time 3. Some of the time 4.Most of the time 5. All of the time	1. 2. 3. 4. 5.	1. 2. 3. 4. 5.	1. 2. 3. 4. 5.
A7. About how often did you feel depressed? 1. None of the time 2. A little of the time 3. Some of the time 4.Most of the time 5. All of the time	1. 2. 3. 4. 5.	1. 2. 3. 4. 5.	1. 2. 3. 4. 5.
A8. About how often did you feel that everything was an effort? 1. None of the time 2. A little of the time 3. Some of the time 4.Most of the time 5. All of the time	1. 2. 3. 4. 5.	1. 2. 3. 4. 5.	1. 2. 3. 4. 5.
A9. About how often did you feel so sad that nothing could cheer you up? 1. None of the time 2. A little of the time 3. Some of the time 4.Most of the time 5. All of the time	1. 2. 3. 4. 5.	1. 2. 3. 4. 5.	1. 2. 3. 4. 5.
A10. About how often did you feel worthless? 1. None of the time 2. A little of the time 3. Some of the time 4.Most of the time 5. All of the time	1. 2. 3. 4. 5.	1. 2. 3. 4. 5.	1. 2. 3. 4. 5.
A11. How many days were you <u>TOTALLY UNABLE</u> to work, study or manage your day to day activities because of these feelings? 1.number of days	---------- no. of days	---------- no. of days	---------- no. of days
A12. Aside from those days, <u>HOW MANY DAYS</u> were you able to work or study or manage your day to day activities, but had to <u>CUT DOWN</u> on what you did because of these feelings? 1.number of days	---------- no. of days	---------- no. of days	---------- no. of days
A13.Have you consulted anyone about these feelings? 1.Yes 2.No >>A16	1. 2.	1. 2.	1. 2.

i. Depression – Kessler 10 Survey

Person #	**1**	**2**	**3**
Member ID	ID: _____	ID: _____	ID: _____
A14. If yes, who did you consult? 1.Doctor 2.Health professional 3.Psychologist 4.Other professional 5.Religious leader (Pastor, Priest, Imam , etc) >>A17 6.Family relations >>A17 7.Elderly person in community >>A17 8.Other (specify) >>A17	1. 2. 3. 4. 5. 6. 7. 8.	1. 2. 3. 4. 5. 6. 7. 8.	1. 2. 3. 4. 5. 6. 7. 8.
A15. How many times have you seen a doctor or any other health professional about these feelings? 1.number of times	---------- no. of times	---------- no. of times	---------- no. of times
A16. How often have physical health problems been the main cause of these feelings?	1. 2. 3. 4. 5.	1. 2. 3. 4. 5.	1. 2. 3. 4. 5.

ii. SUBJECTIVE SOCIAL WELFARE

Person #	**1**	**2**	**3**
Member ID	ID: _____	ID: _____	ID: _____
A17. Imagine that this ladder represents your community, and that each step on the ladder represents the various places that members of your village hold in the community. People define community in different ways; please define it in the manner which is most meaningful to you. Imagine that each person in this community is represented on one of the steps of this ladder. On the highest part of the ladder are the people who hold the highest position in the community. On the lowest part of the ladder are the people who hold the lowest position in the community. The lower you are on the ladder, the closer you are to the people of lowest rank in the society.  **Where would you be on this ladder in relation to other people in your community? If the steps were numbered 1 through to 10, please indicate (circle) which step you would be on.**	**1** **2** **3** **4** **5** **6** **7** **8** **9** **10**	**1** **2** **3** **4** **5** **6** **7** **8** **9** **10**	**1** **2** **3** **4** **5** **6** **7** **8** **9** **10**
A18. Now think as if the ladder above represented where we would find all the people in Ghana. In the highest part of the ladder would be those with the most money, the highest level of education, and the most respectable job. On the lowest part of the ladder would be those with the least money, little education, and the least respectable or no job. **Where would you be on this ladder compared to the rest of the people of Ghana? If the steps were numbered 1 through to 10, please indicate (circle) which step you would be on.**	**1** **2** **3** **4** **5** **6** **7** **8** **9** **10**	**1** **2** **3** **4** **5** **6** **7** **8** **9** **10**	**1** **2** **3** **4** **5** **6** **7** **8** **9** **10**

iii. REGRETTED CONSUMPTION (GOODS AND SERVICES)

***NOTE: IF SURVEYOR LISTS MORE THAN FIVE GOODS- ASK THE SAME QUESTIONS ABOUT ALL GOODS/SERVICES LISTED**

Person #	**1**	**2**	**3**
Member ID	**ID: _____**	**ID: _____**	**ID: _____**
A19. In the last month, what good(s) /service(s) did you buy that you now regret? (OR wish that you hadn't bought? (Starting with the most regrettable item -List all- write in)			
A20. If there are no goods / services that you regret buying in the last month, what good(s) did you buy in the last year that you now regret having bought? (List all, write in)			

Person #	1	2	3
Member ID	ID: _____	ID: _____	ID: _____
A21. Why do you regret buying this good? (answer for first good listed) 1. It broke, 2. I didn't work as well as I thought it would 3. It was overpriced 4. It is poor quality 5. Don't need it 6. Don't use it 7. It was stolen 8. Now don't have the money I need for something else 9. Other reason (specify)	1. 2. 3. 4. 5. 6. 7. 8. 9. ----------	1. 2. 3. 4. 5. 6. 7. 8. 9. ----------	1. 2. 3. 4. 5. 6. 7. 8. 9. ----------
A22. If you had not bought the first good you had listed, what would you use the money for now? (Write in)			
A23. Why do you regret buying this good? (answer for second good listed if applicable) 1. It broke, 2. I didn't work as well as I thought it would 3. It was overpriced 4. It is poor quality 5. Don't need it 6. Don't use it 7. It was stolen 8. Now don't have the money I need for something else 9. Other reason (specify)	1. 2. 3. 4. 5. 6. 7. 8. 9. ----------	1. 2. 3. 4. 5. 6. 7. 8. 9. ----------	1. 2. 3. 4. 5. 6. 7. 8. 9. ----------
A24. If you had not bought the second good you had listed (if applicable), what would you use the money for now? (Write in)			

Person #	1	2	3
Member ID	ID: _____	ID: _____	ID: _____
A25. Why do you regret buying this good? (answer for third good listed if applicable) 1. It broke, 2. I didn't work as well as I thought it would 3. It was overpriced 4. It is poor quality 5. Don't need it 6. Don't use it 7. It was stolen 8. Now don't have the money I need for something else 9. Other reason (specify) ----------	1. 2. 3. 4. 5. 6. 7. 8. 9. ----------	1. 2. 3. 4. 5. 6. 7. 8. 9. ----------	1. 2. 3. 4. 5. 6. 7. 8. 9. ----------
A26. If you had not bought the third good you had listed (if applicable), what would you use the money for now? (Write in)			
A27. Why do you regret buying this good? (answer for fourth good listed if applicable) 1. It broke, 2. I didn't work as well as I thought it would 3. It was overpriced 4. It is poor quality 5. Don't need it 6. Don't use it 7. It was stolen 8. Now don't have the money I need for something else 9. Other reason (specify) ----------	1. 2. 3. 4. 5. 6. 7. 8. 9. ----------	1. 2. 3. 4. 5. 6. 7. 8. 9. ----------	1. 2. 3. 4. 5. 6. 7. 8. 9. ----------
A28. If you had not bought the fourth good you had listed (if applicable), what would you use the money for now? (Write in)			
A29. Why do you regret buying this good? (answer for fifth good listed if applicable) 1. It broke, 2. I didn't work as well as I thought it would 3. It was overpriced 4. It is poor quality	1. 2. 3. 4. 5.	1. 2. 3. 4. 5.	1. 2. 3. 4. 5.

Person #	1	2	3
Member ID	ID: _____	ID: _____	ID: _____
5. Don't need it 6. Don't use it 7. It was stolen 8. Now don't have the money I need for something else 9. Other reason (specify) ----------	6. 7. 8. 9. ----------	6. 7. 8. 9. ----------	6. 7. 8. 9. ----------
A30. If you had not bought the fifth good you had listed (if applicable), what would you use the money for now? (Write in)			

iv. TOWNSEND QUESTIONS

Person #	**1**	**2**	**3**
Member ID	ID: _____	ID: _____	ID: _____
A31. On a scale of 1 through 10, where 1 means no chance at all and 10 means absolutely certain, please tell us how big the chance is that you will live until at least age 60?	1 2 3 4 5 6 7 8 9 10	1 2 3 4 5 6 7 8 9 10	1 2 3 4 5 6 7 8 9 10
A32. On a scale of 0 through 10, where 0 means no chance at all and 10 means absolutely certain, please tell us how big the chance is that you will live until at least age 70?	0 1 2 3 4 5 6 7 8 9 10	0 1 2 3 4 5 6 7 8 9 10	0 1 2 3 4 5 6 7 8 9 10
A33. On a scale of 0 through 10, where 0 means no chance at all and 10 means absolutely certain, please tell us how big the chance is that you will live until at least age 80?	0 1 2 3 4 5 6 7 8 9 10	0 1 2 3 4 5 6 7 8 9 10	0 1 2 3 4 5 6 7 8 9 10
A34. A random half (coin flip *heads*) is asked (all respondents in hh get the same question): **If you were given 100 Ghana Cedis as a gift that did not have to be repaid from *an anonymous donor,* what are the three most important uses you would make of the money, in order of expenditure? How much of the 100 Ghana Cedis would you allocate to each?** **1. First Use** **2. Amount** **1. Second Use**	1. _____ **Use 1** 2. _____c _____p 1. _____ **Use 2.**	1. _____ **Use 1** 2. _____c _____p 1. _____ **Use 2.**	1. _____ **Use 1** 2. _____c _____p 1. _____ **Use 2.**

Person #	**1**	**2**	**3**
Member ID	ID: _____	ID: _____	ID: _____
2. Amount **1. Third Use** **2. Amount**	2. _____c _____p 1. _____ **Use 3** 2. _____c _____p	2. _____c _____p 1. _____ **Use 3** 2. _____c _____p	2. _____c _____p 1. _____ **Use 3** 2. _____c _____p
A35. If you were given 100 Ghana Cedis as a gift that did not have to be repaid from *a local NGO*, what are the three most important uses you would make of the money, in order of expenditure? How much of the 100 Ghana Cedis would you allocate to each? **1. First Use** **2. Amount** **1. Second Use** **2. Amount** **1. Third Use** **2. Amount**	1. _____ **Use 1** 2. _____c _____p 1. _____ **Use 2.** 2. _____c _____p 1. _____ **Use 3** 2. _____c _____p	1. _____ **Use 1** 2. _____c _____p 1. _____ **Use 2.** 2. _____c _____p 1. _____ **Use 3** 2. _____c _____p	1. _____ **Use 1** 2. _____c _____p 1. _____ **Use 2.** 2. _____c _____p 1. _____ **Use 3** 2. _____c _____p

***(PLEASE ASK INDIVIDUALLY OF EACH* HOUSEHOLD HEAD, THE FIRST SPOUSE AND ONE OTHER HOUSEHOLD MEMBER OVER THE AGE OF 12 CHOSEN AT RANDOM. IF THE FIRST SPOUSE IS ABSENT, THEN THE SECOND SPOUSE. IF THERE IS NO SPOUSE, THEN ASK THE HOUSEHOLD HEAD AND TWO OTHER HOUSEHOLD MEMBERS OVER THE AGE OF 12 CHOSEN AT RANDOM IN RURAL SAMPLE):**

Person ID	**1**	**2**	**3**
Member ID	ID: _____	ID: _____	ID: _____
A36. How much do you think *rural male* workers who have completed primary school typically earn per day?	_____c _____p	_____c _____p	_____c _____p
A37. How much do you think *rural* male workers who have completed secondary school typically earn per day?	_____c _____p	_____c _____p	_____c _____p
A38. Will this difference between the secondary and the primary school leaver stay the same, increase or decrease in the next 10 years? 1. Same 2. Increase 3. Decrease	1. 2. 3.	1. 2. 3.	1. 2. 3.

***(PLEASE ASK INDIVIDUALLY OF EACH* HOUSEHOLD HEAD, THE FIRST SPOUSE AND ONE OTHER HOUSEHOLD MEMBER OVER THE AGE OF 12 CHOSEN AT RANDOM. IF THE FIRST SPOUSE IS ABSENT, THEN THE SECOND SPOUSE. IF THERE IS NO SPOUSE, THEN ASK THE HOUSEHOLD HEAD AND TWO OTHER HOUSEHOLD MEMBERS OVER THE AGE OF 12 CHOSEN AT RANDOM IN NON-RURAL SAMPLE):**

Person ID	**1**	**2**	**3**
Member ID	ID: _____	ID: _____	ID: _____
A39. How much do you think male workers *in Accra* who completed primary schooling typically earn per day?	_____c _____p	_____c _____p	_____c _____p
A40. How much do you think male workers *in Accra* who completed secondary schooling typically earn per day?	_____c _____p	_____c _____p	_____c _____p
A41. Will this difference between the secondary and the primary stay the same, increase or decrease in the next 10 years? 1. Same 2. Increase 3. Decrease	1. 2. 3.	1. 2. 3.	1. 2. 3.

v. TRUST AND SOLIDARITY *(PLEASE ASK INDIVIDUALLY OF EACH* HOUSEHOLD HEAD, THE FIRST SPOUSE AND ONE OTHER HOUSEHOLD MEMBER OVER THE AGE OF 12 CHOSEN AT RANDOM. IF THE FIRST SPOUSE IS ABSENT, THEN THE SECOND SPOUSE. IF THERE IS NO SPOUSE, THEN ASK THE HOUSEHOLD HEAD AND TWO OTHER HOUSEHOLD MEMBERS OVER THE AGE OF 12 CHOSEN AT RANDOM IN RURAL SAMPLE):

FOR QUESTIONS 42-43 IN THIS SECTION, SELECT (CIRCLE) THE RESPONSE THAT MOST ACCURATELY REFLECTS YOUR OPINION OF THE STATEMENT. (1. STRONGLY DISAGREE: THE STATEMENT IS DEFINITELY FALSE, 2. DISAGREE: THE STATEMENT IS MOSTLY FALSE, 3. NEUTRAL: THE STATEMENT IS EQUALLY TRUE OR FALSE, 4. AGREE: THE STATEMENT IS MOSTLY TRUE, 5. STRONGLY AGREE: THE STATEMENT IS DEFINITELY TRUE)

Person #	**1**	**2**	**3**
Member ID	ID: _____	ID: _____	ID: _____
A42. Most people in this village can be trusted (it is safe to deal with most people in this village) **1. Strongly disagree** **2. Disagree** **3. Neutral** **4. Agree** **5. Strongly agree**	1. 2. 3. 4. 5.	1. 2. 3. 4. 5.	1. 2. 3. 4. 5.
A43. Most people in this village are willing to help if you need help or assistance of any kind **1. Strongly disagree** **2. Disagree** **3. Neutral** **4. Agree** **5. Strongly agree**	1. 2. 3. 4. 5.	1. 2. 3. 4. 5.	1. 2. 3. 4. 5.
A44. In this village, you have to be alert or else someone is likely to take advantage of you **1. Strongly disagree** **2. Disagree** **3. Neutral** **4. Agree** **5. Strongly agree**	1. 2. 3. 4. 5.	1. 2. 3. 4. 5.	1. 2. 3. 4. 5.

Person #	1	2	3
Member ID	ID: _____	ID: _____	ID: _____
A45. If a community project does not directly benefit you or anyone in your household but has benefits for many others in the community, would you contribute time to the project? 1. Will not contribute time, 2. Will contribute time	1. 2.	1. 2.	1. 2.
A46. In the last 12 months did you participate in any communal activities in which people in the community came together to do some work for the benefit of the community? 1. Yes, 1 2. No (if no, >>A48)	1. 2.	1. 2.	1. 2.
A47. How many times did you participate in these communal activities? (write in)			
A48. If there was a water supply problem in this community, how likely do you think it is that people will help to try and solve this problem? 1. Very likely 2. Somewhat likely 3. Neither likely nor unlikely 4. Somewhat unlikely 5. Very unlikely	1. 2. 3. 4. 5.	1. 2. 3. 4. 5.	1. 2. 3. 4. 5.

vi: TIME USE
HOW MUCH TIME ON A TYPICAL WORKING DAY DOES [NAME] SPEND ON ANY OF THE FOLLOWING ACTIVITIES FOR THE HOUSEHOLD?

Person #	1	2	3
Member ID	ID: _____	ID: _____	ID: _____
Collecting Firewood			
49. Does [Name] spend time collecting firewood? 1. Yes 2. No >> next activity	1. Yes 2. No	1. Yes 2. No	1. Yes 2. No
50. If so, how much time does [Name] spend doing this activity? 1. hh mm	hh _____ mm _____	hh _____ mm _____	hh _____ mm _____
51. Does [Name] undertake this activity whilst a child (<15years) [Name] is caring for is with [Name]? 1.Yes 2.No >>next activity	1. Yes 2. No	1. Yes 2. No	1. Yes 2. No
52. If so, how long is this child (<15years) with Name] whilst undertaking this activity? 1. hh mm	hh _____ mm _____	hh _____ mm _____	hh _____ mm _____
Fetching Water			
53. Does [Name] spend time fetching water? 1. Yes 2. No >> next activity	1. Yes 2. No	1. Yes 2. No	1. Yes 2. No
54. If so, how much time does [Name] spend doing this activity? 1. hh mm	hh _____ mm _____	hh _____ mm _____	hh _____ mm _____
55. Does [Name] undertake this activity whilst a child (<15years) [Name] is caring for is with [Name]? 1.Yes 2.No >>next activity	1. Yes 2. No	1. Yes 2. No	1. Yes 2. No
56. If so, how long is this child (<15years) with [Name] whilst undertaking this activity? 1. hh mm	hh _____ mm _____	hh _____ mm _____	hh _____ mm _____
Shopping/Going to the Market			
57. Does [Name] spend time shopping? 1. Yes 2. No>> next activity	1. Yes 2. No	1. Yes 2. No	1. Yes 2. No

Person #	1	2	3
Member ID	ID: _____	ID: _____	ID: _____
58. If so, how much time does [Name] spend doing this activity? 1. hh mm	hh _____ mm _____	hh _____ mm _____	hh _____ mm _____
59. Does [Name] undertake this activity whilst a child (<15years) [Name] is caring for is with [Name]? 1. Yes 2. No >>next activity	1. Yes 2. No	1. Yes 2. No	1. Yes 2. No
60. If so, how long is this child (<15years) with [Name] whilst undertaking this activity? 1. hh mm	hh _____ mm _____	hh _____ mm _____	hh _____ mm _____
Running Errands			
61. Does [Name] spend time running errands (other than shopping?) 1. Yes 2. No (If no, next activity)	1. Yes 2. No	1. Yes 2. No	1. Yes 2. No
62. If so, how much time does [Name] spend doing this activity? 1. hh mm	hh _____ mm _____	hh _____ mm _____	hh _____ mm _____
63. Does [Name] undertake this activity whilst a child (<15years) [Name] is caring for is with [Name]? 1. Yes 2. No >>next activity	1. Yes 2. No	1. Yes 2. No	1. Yes 2. No
64. If so, how long is this child (<15years) with [Name] whilst undertaking this activity? 1. hh mm	hh _____ mm _____	hh _____ mm _____	hh _____ mm _____
Laundry			
65. Does [Name] spend time caring for clothes: washing, mending, ironing, sewing new clothes? 1. Yes 2. No>> next activity	1. Yes 2. No	1. Yes 2. No	1. Yes 2. No
66. If so, how much time does [Name] spend doing this activity? 1. hh mm	hh _____ mm _____	hh _____ mm _____	hh _____ mm _____

Person #	1	2	3
Member ID	ID: _____	ID: _____	ID: _____
67. Does [Name] undertake this activity whilst a child (<15years) [Name] is caring for is with [Name]? 1. Yes 2. No >>next activity	1. Yes 2. No	1. Yes 2. No	1. Yes 2. No
68. If so, how long is this child (<15years) with [Name] whilst undertaking this activity? 1. hh mm	hh _____ mm _____	hh _____ mm _____	hh _____ mm _____
Washing Dishes			
69. Does [Name] spend time washing dishes/ pots? 1. Yes 2. No next activity)	1. Yes 2. No	1. Yes 2. No	1. Yes 2. No
70. If so, how much time does [Name] spend doing this activity? 1. hh mm	hh _____ mm _____	hh _____ mm _____	hh _____ mm _____
71. Does [Name] undertake this activity whilst a child (<15years) [Name] is caring for is with [Name]? 1. Yes 2. No >>next activity	1. Yes 2. No	1. Yes 2. No	1. Yes 2. No
72. If so, how long is this child (<15years) with [Name] whilst undertaking this activity? 1. hh mm	hh _____ mm _____	hh _____ mm _____	hh _____ mm _____
General Cleaning			
73. Does [Name] spend time cleaning and upkeep of dwelling? 1. Yes 2. No >> next activity	1. Yes 2. No	1. Yes 2. No	1. Yes 2. No
74. If so, how much time does [Name] spend doing this activity? 1. hh mm	hh _____ mm _____	hh _____ mm _____	hh _____ mm _____

Person #	1	2	3
Member ID	ID: _____	ID: _____	ID: _____
75. Does [Name] undertake this activity whilst a child (<15years) [Name] is caring for is with [Name]? 1. Yes 2. No >>next activity	1. Yes 2. No	1. Yes 2. No	1. Yes 2. No
76. If so, how long is this child (<15years) with [Name] whilst undertaking this activity? 1. hh mm	hh _____ mm _____	hh _____ mm _____	hh _____ mm _____
Cooking and Related Activities			
77. Does [Name] spend time cooking and preparing food? 1. Yes 2. No >> next activity	1. Yes 2. No	1. Yes 2. No	1. Yes 2. No
78. If so, how much time does [Name] spend doing this activity? 1. hh mm	hh _____ mm _____	hh _____ mm _____	hh _____ mm _____
79. Does [Name] undertake this activity whilst a child (<15years) [Name] is caring for is with [Name]? 1. Yes 2. No >>next activity	1. Yes 2. No	1. Yes 2. No	1. Yes 2. No
80. If so, how long is this child (<15years) with [Name] whilst undertaking this activity? 1. hh mm	hh _____ mm _____	hh _____ mm _____	hh _____ mm _____
Caring for Elderly and Infirmed			
81. Does [Name] spend time taking care of elderly? 1. Yes 2. No>> next activity	1. Yes 2. No	1. Yes 2. No	1. Yes 2. No
82. If so, how much time does [Name] spend doing this activity? 1. hh mm	hh _____ mm _____	hh _____ mm _____	hh _____ mm _____
83. Does [Name] undertake this activity whilst a child (<15years) [Name] is caring for is with [Name]? 1. Yes 2. No >>next activity	1. Yes 2. No	1. Yes 2. No	1. Yes 2. No

Person #	1	2	3
Member ID	ID: _____	ID: _____	ID: _____
84. If so, how long is this child (<15years) with [Name] whilst undertaking this activity? 1. hh mm	hh _____ mm _____	hh _____ mm _____	hh _____ mm _____
Caring for the Sick			
85. Does [Name] spend time taking care of sick? 1. Yes 2. No next activity	1. Yes 2. No	1. Yes 2. No	1. Yes 2. No
86. If so, how much time does [Name] spend doing this activity? 1. hh mm	hh _____ mm _____	hh _____ mm _____	hh _____ mm _____
87. Does [Name] undertake this activity whilst a child (<15years) [Name] is caring for is with [Name]? 1. Yes 2. No >>next activity	1. Yes 2. No	1. Yes 2. No	1. Yes 2. No
88. If so, how long is this child (<15years) with [Name] whilst undertaking this activity? 1. hh mm	hh _____ mm _____	hh _____ mm _____	hh _____ mm _____
Reading			
89. Does [Name] spend time reading newspapers, books, or magazines? 1. Yes 2. No next activity	1. Yes 2. No	1. Yes 2. No	1. Yes 2. No
90. If so, how much time does [Name] spend doing this activity? 1. hh mm	hh _____ mm _____	hh _____ mm _____	hh _____ mm _____
91. Does [Name] undertake this activity whilst a child (<15years) [Name] is caring for is with [Name]? 1. Yes 2. No >>next activity	1. Yes 2. No	1. Yes 2. No	1. Yes 2. No
92. If so, how long is this child (<15years) with [Name] whilst undertaking this activity? 1. hh mm	hh _____ mm _____	hh _____ mm _____	hh _____ mm _____
Listienng to Radio			

Person #	1	2	3
Member ID	ID: _____	ID: _____	ID: _____
93. Does [Name] spend time listening to the radio? 1. Yes 2. No >> next activity	1. Yes 2. No	1. Yes 2. No	1. Yes 2. No
94. If so, how much time does [Name] spend doing this activity? 1. hh mm	hh _____ mm _____	hh _____ mm _____	hh _____ mm _____
95. Does [Name] undertake this activity whilst a child (<15years) [Name] is caring for is with [Name]? 1. Yes 2. No >>(next activity)	1. Yes 2. No	1. Yes 2. No	1. Yes 2. No
96. If so, how long is this child (<15years) with [Name] whilst undertaking this activity? 1. hh mm	hh _____ mm _____	hh _____ mm _____	hh _____ mm _____
Watching Television			
97. Does [Name] spend time watching television? 1. Yes 2. No >> next activity	1. Yes 2. No	1. Yes 2. No	1. Yes 2. No
98. If so, how much time does [Name] spend doing this activity? 1. hh mm	hh _____ mm _____	hh _____ mm _____	hh _____ mm _____
99. Does [Name] undertake this activity whilst a child (<15years) [Name] is caring for is with [Name]? 1. Yes 2. No >>next activity	1. Yes 2. No	1. Yes 2. No	1. Yes 2. No
100. If so, how long is this child (<15years) with [Name] whilst undertaking this activity? 1. hh mm	hh _____ mm _____	hh _____ mm _____	hh _____ mm _____
Caring for Kids			
101. Does [Name] spend time caring for children while not doing any other activity? 1. Yes 2. No >> next activity	1. Yes 2. No	1. Yes 2. No	1. Yes 2. No

Person #	1	2	3
Member ID	ID: _____	ID: _____	ID: _____
102. If so, how much time does [Name] spend helping with homework, teaching, story telling, reading, etc.? 1. hh mm	hh _____ mm _____	hh _____ mm _____	hh _____ mm _____
103. If so, how much other time does [Name] spend on other activities with [Name's] children (e.g. playing outside, giving a bath, etc)? 1. hh mm	hh _____ mm _____	hh _____ mm _____	hh _____ mm _____
104. On a typical working day, how much time does [Name] spend sleeping? 1. hh mm	hh _____ mm _____	hh _____ mm _____	hh _____ mm _____
105. In an average week, how many days does [Name] work? Days (write in)	_____ # of days	_____ # of days	_____ # of days

Part B: BIG FIVE PERSONALITY QUESTIONS

"(PLEASE ASK INDIVIDUALLY OF EACH HOUSEHOLD HEAD, THE FIRST SPOUSE AND ONE OTHER HOUSEHOLD MEMBER OVER THE AGE OF 12 CHOSEN AT RANDOM. IF THE FIRST SPOUSE IS ABSENT, THEN THE SECOND SPOUSE. IF THERE IS NO SPOUSE, THEN ASK THE HOUSEHOLD HEAD AND TWO OTHER HOUSEHOLD MEMBERS OVER THE AGE OF 12 CHOSEN AT RANDOM)"

1 Disagree Strongly	2 Disagree a little	3 Neither agree nor disagree	4 Agree a little	5 Agree strongly

Person #	1	2	3
Member ID	ID: _____	ID: _____	ID: _____
B1. I am someone who is talkative. 1. Strongly Disagree 2. Disagree a little 3. Neither agree nor disagree 4. Agree a little 5. Agree strongly	1. 2. 3. 4. 5.	1. 2. 3. 4. 5.	1. 2. 3. 4. 5.
B2. I am someone who tends to find fault with others. 1. Strongly Disagree 2. Disagree a little 3. Neither agree nor disagree 4. Agree a little 5. Agree strongly	1. 2. 3. 4. 5.	1. 2. 3. 4. 5.	1. 2. 3. 4. 5.
B3. I am someone who does a thorough job. 1. Strongly Disagree 2. Disagree a little 3. Neither agree nor disagree 4. Agree a little 5. Agree strongly	1. 2. 3. 4. 5.	1. 2. 3. 4. 5.	1. 2. 3. 4. 5.
B4. I am someone who is depressed, blue. 1. Strongly Disagree 2. Disagree a little 3. Neither agree nor disagree 4. Agree a little 5. Agree strongly	1. 2. 3. 4. 5.	1. 2. 3. 4. 5.	1. 2. 3. 4. 5.
B5. I am someone who is original, comes up with new ideas. 1. Strongly Disagree 2. Disagree a little 3. Neither agree nor disagree 4. Agree a little 5. Agree strongly	1. 2. 3. 4. 5.	1. 2. 3. 4. 5.	1. 2. 3. 4. 5.
B6. I am someone who is reserved. 1. Strongly Disagree 2. Disagree a little 3. Neither agree nor disagree 4. Agree a little 5. Agree strongly	1. 2. 3. 4. 5.	1. 2. 3. 4. 5.	1. 2. 3. 4. 5.

Person #	1	2	3
Member ID	ID: _____	ID: _____	ID: _____
B7. I am someone who is helpful and unselfish with others. 1. Strongly Disagree 2. Disagree a little 3. Neither agree nor disagree 4. Agree a little 5. Agree strongly	1. 2. 3. 4. 5.	1. 2. 3. 4. 5.	1. 2. 3. 4. 5.
B8. I am someone who can be somewhat careless. 1. Strongly Disagree 2. Disagree a little 3. Neither agree nor disagree 4. Agree a little 5. Agree strongly	1. 2. 3. 4. 5.	1. 2. 3. 4. 5.	1. 2. 3. 4. 5.
B9. I am someone who is relaxed, handles stress well. 1. Strongly Disagree 2. Disagree a little 3. Neither agree nor disagree 4. Agree a little 5. Agree strongly	1. 2. 3. 4. 5.	1. 2. 3. 4. 5.	1. 2. 3. 4. 5.
B10. I am someone who is curious about many different things. 1. Strongly Disagree 2. Disagree a little 3. Neither agree nor disagree 4. Agree a little 5. Agree strongly	1. 2. 3. 4. 5.	1. 2. 3. 4. 5.	1. 2. 3. 4. 5.
B11. I am someone who is full of energy. 1. Strongly Disagree 2. Disagree a little 3. Neither agree nor disagree 4. Agree a little 5. Agree strongly	1. 2. 3. 4. 5.	1. 2. 3. 4. 5.	1. 2. 3. 4. 5.
B12. I am someone who starts quarrels with others. 1. Strongly Disagree 2. Disagree a little 3. Neither agree nor disagree 4. Agree a little 5. Agree strongly	1. 2. 3. 4. 5.	1. 2. 3. 4. 5.	1. 2. 3. 4. 5.
B13. I am someone who is a reliable worker. 1. Strongly Disagree 2. Disagree a little 3. Neither agree nor disagree 4. Agree a little 5. Agree strongly	1. 2. 3. 4. 5.	1. 2. 3. 4. 5.	1. 2. 3. 4. 5.
B14. I am someone who is or can be tense. 1. Strongly Disagree 2. Disagree a little 3. Neither agree nor disagree 4. Agree a little 5. Agree strongly	1. 2. 3. 4. 5.	1. 2. 3. 4. 5.	1. 2. 3. 4. 5.

Person #	1	2	3
Member ID	ID: _____	ID: _____	ID: _____
B15. I am someone who is ingenious, a deep thinker. 1. Strongly Disagree 2. Disagree a little 3. Neither agree nor disagree 4. Agree a little 5. Agree strongly	1. 2. 3. 4. 5.	1. 2. 3. 4. 5.	1. 2. 3. 4. 5.
B16. I am someone who generates a lot of enthusiasm. 1. Strongly Disagree 2. Disagree a little 3. Neither agree nor disagree 4. Agree a little 5. Agree strongly	1. 2. 3. 4. 5.	1. 2. 3. 4. 5.	1. 2. 3. 4. 5.
B17. I am someone who has a forgiving nature. 1. Strongly Disagree 2. Disagree a little 3. Neither agree nor disagree 4. Agree a little 5. Agree strongly	1. 2. 3. 4. 5.	1. 2. 3. 4. 5.	1. 2. 3. 4. 5.
B18. I am someone who tends to be disorganized. 1. Strongly Disagree 2. Disagree a little 3. Neither agree nor disagree 4. Agree a little 5. Agree strongly	1. 2. 3. 4. 5.	1. 2. 3. 4. 5.	1. 2. 3. 4. 5.
B19. I am someone who worries a lot. 1. Strongly Disagree 2. Disagree a little 3. Neither agree nor disagree 4. Agree a little 5. Agree strongly	1. 2. 3. 4. 5.	1. 2. 3. 4. 5.	1. 2. 3. 4. 5.
B20. I am someone who has an active imagination. 1. Strongly Disagree 2. Disagree a little 3. Neither agree nor disagree 4. Agree a little 5. Agree strongly	1. 2. 3. 4. 5.	1. 2. 3. 4. 5.	1. 2. 3. 4. 5.
B21. I am someone who tends to be quiet. 1. Strongly Disagree 2. Disagree a little 3. Neither agree nor disagree 4. Agree a little 5. Agree strongly	1. 2. 3. 4. 5.	1. 2. 3. 4. 5.	1. 2. 3. 4. 5.
B22. I am someone who is generally trusting. 1. Strongly Disagree 2. Disagree a little 3. Neither agree nor disagree 4. Agree a little 5. Agree strongly	1. 2. 3. 4. 5.	1. 2. 3. 4. 5.	1. 2. 3. 4. 5.

Person #	1	2	3
Member ID	ID: _____	ID: _____	ID: _____
B23. I am someone who is tends to be lazy. 1. Strongly Disagree 2. Disagree a little 3. Neither agree nor disagree 4. Agree a little 5. Agree strongly	1. 2. 3. 4. 5.	1. 2. 3. 4. 5.	1. 2. 3. 4. 5.
B24. I am someone who is emotionally stable, not easily upset. 1. Strongly Disagree 2. Disagree a little 3. Neither agree nor disagree 4. Agree a little 5. Agree strongly	1. 2. 3. 4. 5.	1. 2. 3. 4. 5.	1. 2. 3. 4. 5.
B25. I am someone who is inventive. 1. Strongly Disagree 2. Disagree a little 3. Neither agree nor disagree 4. Agree a little 5. Agree strongly	1. 2. 3. 4. 5.	1. 2. 3. 4. 5.	1. 2. 3. 4. 5.
B26. I am someone who has an assertive personality. 1. Strongly Disagree 2. Disagree a little 3. Neither agree nor disagree 4. Agree a little 5. Agree strongly	1. 2. 3. 4. 5.	1. 2. 3. 4. 5.	1. 2. 3. 4. 5.
B27. I am someone who can be cold and aloof. 1. Strongly Disagree 2. Disagree a little 3. Neither agree nor disagree 4. Agree a little 5. Agree strongly	1. 2. 3. 4. 5.	1. 2. 3. 4. 5.	1. 2. 3. 4. 5.
B28. I am someone who perseveres until the task is finished. 1. Strongly Disagree 2. Disagree a little 3. Neither agree nor disagree 4. Agree a little 5. Agree strongly	1. 2. 3. 4. 5.	1. 2. 3. 4. 5.	1. 2. 3. 4. 5.
B29. I am someone who can be moody. 1. Strongly Disagree 2. Disagree a little 3. Neither agree nor disagree 4. Agree a little 5. Agree strongly	1. 2. 3. 4. 5.	1. 2. 3. 4. 5.	1. 2. 3. 4. 5.
B30. I am someone who values artistic, aesthetic experiences. 1. Strongly Disagree 2. Disagree a little 3. Neither agree nor disagree 4. Agree a little 5. Agree strongly	1. 2. 3. 4. 5.	1. 2. 3. 4. 5.	1. 2. 3. 4. 5.

Person #	1	2	3
Member ID	ID: _____	ID: _____	ID: _____
B31. I am someone who is sometimes shy, inhibited. 1. Strongly Disagree 2. Disagree a little 3. Neither agree nor disagree 4. Agree a little 5. Agree strongly	1. 2. 3. 4. 5.	1. 2. 3. 4. 5.	1. 2. 3. 4. 5.
B32. I am someone who is considerate and kind to almost everyone. 1. Strongly Disagree 2. Disagree a little 3. Neither agree nor disagree 4. Agree a little 5. Agree strongly	1. 2. 3. 4. 5.	1. 2. 3. 4. 5.	1. 2. 3. 4. 5.
B33. I am someone who does things efficiently. 1. Strongly Disagree 2. Disagree a little 3. Neither agree nor disagree 4. Agree a little 5. Agree strongly	1. 2. 3. 4. 5.	1. 2. 3. 4. 5.	1. 2. 3. 4. 5.
B34. I am someone who remains calm in tense situations. 1. Strongly Disagree 2. Disagree a little 3. Neither agree nor disagree 4. Agree a little 5. Agree strongly	1. 2. 3. 4. 5.	1. 2. 3. 4. 5.	1. 2. 3. 4. 5.
B35. I am someone who prefers work that is routine. 1. Strongly Disagree 2. Disagree a little 3. Neither agree nor disagree 4. Agree a little 5. Agree strongly	1. 2. 3. 4. 5.	1. 2. 3. 4. 5.	1. 2. 3. 4. 5.
B36. I am someone who is outgoing, sociable. 1. Strongly Disagree 2. Disagree a little 3. Neither agree nor disagree 4. Agree a little 5. Agree strongly	1. 2. 3. 4. 5.	1. 2. 3. 4. 5.	1. 2. 3. 4. 5.
B37. I am someone who is sometimes rude to others. 1. Strongly Disagree 2. Disagree a little 3. Neither agree nor disagree 4. Agree a little 5. Agree strongly	1. 2. 3. 4. 5.	1. 2. 3. 4. 5.	1. 2. 3. 4. 5.
B38. I am someone who makes plans and follows through with them. 1. Strongly Disagree 2. Disagree a little 3. Neither agree nor disagree 4. Agree a little 5. Agree strongly	1. 2. 3. 4. 5.	1. 2. 3. 4. 5.	1. 2. 3. 4. 5.

Person #	1	2	3
Member ID	ID: _____	ID: _____	ID: _____
B39. I am someone who gets nervous easily. 1. Strongly Disagree 2. Disagree a little 3. Neither agree nor disagree 4. Agree a little 5. Agree strongly	1. 2. 3. 4. 5.	1. 2. 3. 4. 5.	1. 2. 3. 4. 5.
B40. I am someone who likes to reflect, play with ideas. 1. Strongly Disagree 2. Disagree a little 3. Neither agree nor disagree 4. Agree a little 5. Agree strongly	1. 2. 3. 4. 5.	1. 2. 3. 4. 5.	1. 2. 3. 4. 5.
B41. I am someone who has few artistic interests. 1. Strongly Disagree 2. Disagree a little 3. Neither agree nor disagree 4. Agree a little 5. Agree strongly	1. 2. 3. 4. 5.	1. 2. 3. 4. 5.	1. 2. 3. 4. 5.
B42. I am someone who likes to cooperate with others. 1. Strongly Disagree 2. Disagree a little 3. Neither agree nor disagree 4. Agree a little 5. Agree strongly	1. 2. 3. 4. 5.	1. 2. 3. 4. 5.	1. 2. 3. 4. 5.
B43. I am someone who is easily distracted. 1. Strongly Disagree 2. Disagree a little 3. Neither agree nor disagree 4. Agree a little 5. Agree strongly	1. 2. 3. 4. 5.	1. 2. 3. 4. 5.	1. 2. 3. 4. 5.
B44. I am someone who is sophisticated in art, music, or literature. 1. Strongly Disagree 2. Disagree a little 3. Neither agree nor disagree 4. Agree a little 5. Agree strongly	1. 2. 3. 4. 5.	1. 2. 3. 4. 5.	1. 2. 3. 4. 5.

Part C: SOCIAL NETWORKING

TIME SPENT WITH OTHERS OUTSIDE OF THE HOUSEHOLD

(PLEASE ASK THE FOLLOWING LIST OF QUESTIONS TO THE HOUSEHOLD HEAD OR MOST KNOWLEDGEABLE PERSON IN THE HOUSEHOLD ABOUT THE *14 OTHER HOUSEHOLDS IN SAMPLE*)

C1. Member ID (of household head being surveyed) |_____|

	1	2	3	4	5	6	7	8	9	10	11	12	13	14
Household ID (of other household in sample)														
C1.Do you or others in your household spend more than one hour per week with any member(s) of this household? 1. Yes, 2. No>> C10	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.
C2. If so, what is the relationship between this person/people in the other household to you or others in your household? 1. Son/daughter 2. Father/mother 3. Brother/sister-in-law 4. Father/mother-in-law 5. Uncle/aunt 6. Nephew/Niece 7. Brother/sister 8. Other relative 9. Work Colleague 10. Friend 11. Neighbor 12. Other (specify)	1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. ----------	1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. ----------	1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. ----------	1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. ----------	1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. ----------	1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. ----------	1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. ----------	1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. ----------	1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. ----------	1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. ----------	1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. ----------	1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. ----------	1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. ----------	1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. ----------
C3. How long have you or others in your household been acquainted with this household? 1. Years 2. Months (If for entire life, code 77)	---------- years ---------- Months	---------- years ---------- months	---------- years ---------- months	---------- years ---------- months	---------- years ---------- months	---------- years ---------- months	---------- years ---------- months	---------- years ---------- months	---------- years ---------- months	---------- years ---------- months	---------- years ---------- months	---------- years ---------- months	---------- years ---------- months	---------- years ---------- months

	1	2	3	4	5	6	7	8	9	10	11	12	13	14
Household ID (of other household in sample)														
C4. Do you or others in your household receive advice about agriculture from any member(s) of this household? 1. Yes 2. No	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.
C5. Do you or others in your household give advice about agriculture to any member(s) of this household? 1. Yes 2. No	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.
C6. Do you or others in your household receive advice about business/management from any member(s) of this household? 1. Yes 2. No	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.
C7. Do you or others in your household give advice about business/management to any member(s) of this household? 1. Yes 2. No	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.
C8. If anyone in this other household needed help or assistance in any way, would you or others in your household help him/her? (For example, if the family lacked food for one week, would you help feed them?) 1. Yes 2. No	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.

	1	2	3	4	5	6	7	8	9	10	11	12	13	14
Household ID (of other household in sample)														
C9. If you or others in your household needed help or assistance in any way, would this household help you? (For example, if your family lacked food for one week, would member(s) of this household help feed you and your family?) 1. Yes, 2. No	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.
C10. Please rank these 14 households in order of their current living standard (see codes below).														

Codes for C10: place 1 for the household with the highest living standard, then 2 for the household with the next highest living standard, and so on. If you do not know anyone in this household, enter 'DK'. If you know someone in the household, but cannot rank their living standard, enter 'CR'. "

PART D: INFORMATION SEEKING
(ENUMERATOR: ASK THESE QUESTIONS OF THE HH HEAD OR MOST KNOWLEDGEABLE PERSON)

i. INTERACTION WITH ORGANIZATIONS

	A. Government Extension Office	**B. Input Supplier (Private Business Entity)**	**C. Farmer Based Organization (registered)**	**D. Nonprofit Organization/NGO (incl. NGOs providing Extension services)**	**E. Nonprofit Organization/NGO (incl. NGOs providing Extension services)**
D1. Has your HH had any contact with the following organization in the last 12 months?	1. Yes 2. No >>Next Organisation	1. Yes 2. No >>Next Organisation	1. Yes, MiDA FBO 2. Yes, Non-MiDA FBO 3. No >>Next	(specify)_____	(specify)_____
D2. How many contacts has HH had with this organization in the last 12 months?					
D3. What type(s) of information did you request? *(Circle all those that apply)* 1. Agriculture – AG 2. Non-agricultural product – NP 3. Resource Management – RM 4. Business – BU 5. Other (specify) – OT	1. AG 2. NP 3. RM 4. BU 5. OT _____	1. AG 2. NP 3. RM 4. BU 5. OT _____	1. AG 2. NP 3. RM 4. BU 5. OT _____	1. AG 2. NP 3. RM 4. BU 5. OT _____	1. AG 2. NP 3. RM 4. BU 5. OT _____
D4. Did you request information about crops? 1. Yes 2. No>>D8	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.
D5. Did you have to pay for the information? 1. Yes 2. No	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.
D6. For which crops did you request assistance? Write all crops codes that apply.	1. _____ 2. _____ 3. _____ 4. _____ 5. _____	1. _____ 2. _____ 3. _____ 4. _____ 5. _____	1. _____ 2. _____ 3. _____ 4. _____ 5. _____	1. _____ 2. _____ 3. _____ 4. _____ 5. _____	1. _____ 2. _____ 3. _____ 4. _____ 5. _____
D7. What were your crop concern(s) regarding? (Circle all those that apply). 1. Use of fertilizer – FT 2. Irrigation – IR 3. New Seed varieties -– NS	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.

	A. Government Extension Office	B. Input Supplier (Private Business Entity)	C. Farmer Based Organization (registered)	D. Nonprofit Organization/NGO (incl. NGOs providing Extension services)	E. Nonprofit Organization/NGO (incl. NGOs providing Extension services)
4. Pest infestation – PI 5. Weather – WT 6. Marketing – MK 7. Blight/Crop Disease – BD 8. Access to credit – AC 9. General Information – GI 10. Other (specify) – OT	3. 4. 5. 6. 7. 8. 9. 10. _____	3. 4. 5. 6. 7. 8. 9. 10. _____	3. 4. 5. 6. 7. 8. 9. 10. _____	3. 4. 5. 6. 7. 8. 9. 10. _____	3. 4. 5. 6. 7. 8. 9. 10. _____
D8. Did you request information about livestock?	1. Yes 2. No >>Next Org.	1. Yes 2. No >>Next Org.	1. Yes 2. No >>Next Org.	1. Yes 2. No >>Next Org.	1. Yes 2. No >> Dii
D9. Did you have to pay for the information? 1. Yes 2. No	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.
D10. For which livestock did you request assistance? (Circle all those that apply) 1. Draught Animal (bullock, donkey horse) – DA 2. Cattle – CA 3. Sheep -- SH 4. Goats – GO 5. Pigs – PI 6. Rabbits – RA 7. Chicken – CH 8. Fish – FI 9. Snail – SN 10. Other (specify) – OT	1. 2. 3. 4. 5. 6. 7. 8. 9. 10. _____	1. 2. 3. 4. 5. 6. 7. 8. 9. 10. _____	1. 2. 3. 4. 5. 6. 7. 8. 9. 10. _____	1. 2. 3. 4. 5. 6. 7. 8. 9. 10. _____	1. 2. 3. 4. 5. 6. 7. 8. 9. 10. _____

ii. **EXTENSION SERVICES**

	A. Government Extension Office	B. Input Supplier/ Private Business Entity	C. Farmer Based Organization (registered)	D. Non-profit Organization/NGO (incl. NGOs providing Extension services)	E. Non-profit Organization/NGO (incl. NGOs providing Extension services)
D11. Did you receive an extension service through any mass media in the past year?	1. Yes 2. No >>D13	1. Yes 2. No >>D13	1. Yes 2. No >>D13	(specify)_____	(specify)_____
D12. What type of Media? *(Circle all those that apply)* 1. Radio – RA 2. Television – TV 3. Newspaper – NP 4. Pamphlet – PA 5. Information van 6. Other – OT	1. 2. 3. 4. 5. 6._____	1. 2. 3. 4. 5. 6._____	1. 2. 3. 4. 5. 6._____	1. 2. 3. 4. 5. 6._____	1. 2. 3. 4. 5. 6._____
	Agricultural Agent I	**Agricultural Agent II**	**Agricultural Agent III**	**Agricultural Agent IV**	**Agricultural Agent V**
D13. What is the name of your agricultural agent? (If no agent, write NONE and skip to D16a)					
D14. ID of Agricultural Agent (Code NV, if person does not live in the EA)	HH ID_____	HH ID_____	HH ID_____	HH ID_____	HH ID_____
D15. How often do you speak to your Agricultural Agent? 1.Once per week 2.Several times per week 3.Once per month 4.Several times per month 5.Once per year 6.Other (specify**)**	1. 2. 3. 4. 5. 6._____	1. 2. 3. 4. 5. 6._____	1. 2. 3. 4. 5. 6._____	1. 2. 3. 4. 5. 6._____	1. 2. 3. 4. 5. 6._____

iii. VOLUNTEERISM
(ENUMERATOR: ASK THESE OF THE HH HEAD OR MOST KNOWLEDGEABLE PERSON)

D22. Does any member of the household (12 years and above) engage in voluntary activities? 1. Yes 2.No >>next section

Person Number	1	2	3	4	5	6	7	8	9	10
Household Member ID										
D16. Do you or any member of your household volunteer in any cause to help people related to you but not members of the household? 1. Yes 2. No >>D18	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.
D17. How frequently? 1. Once per week 2. Several times per week 3. Once per month 4. Several times per month 5. Once per year	1. 2. 3. 4. 5.	1. 2. 3. 4. 5.	1. 2. 3. 4. 5.	1. 2. 3. 4. 5.	1. 2. 3. 4. 5.	1. 2. 3. 4. 5.	1. 2. 3. 4. 5.	1. 2. 3. 4. 5.	1. 2. 3. 4. 5.	1. 2. 3. 4. 5.
D18. Does [Name] or any member of [Name's] household volunteer in any cause to help people not related to [Name]? 1. Yes 2. No >>D20	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.
D19. How frequently? 1. Once per week 2. Several times per week 3. Once per month 4. Several times per month 5. Once per year	1. 2. 3. 4. 5.	1. 2. 3. 4. 5.	1. 2. 3. 4. 5.	1. 2. 3. 4. 5.	1. 2. 3. 4. 5.	1. 2. 3. 4. 5.	1. 2. 3. 4. 5.	1. 2. 3. 4. 5.	1. 2. 3. 4. 5.	1. 2. 3. 4. 5.
D20. Generally, what causes does [Name] or the member volunteer in? (Circle all that apply and specify the activity.) 1. Help with funerals	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.

Person Number	1	2	3	4	5	6	7	8	9	10
Household Member ID										
2. Help to care for the sick	3.	3.	3.	3.	3.	3.	3.	3.	3.	3.
3. Community clean-up 4. Community governance	4.	4.	4.	4.	4.	4.	4.	4.	4.	4.
5. Adult literacy 6. Youth and children activities/ programs	5.	5.	5.	5.	5.	5.	5.	5.	5.	5.
7. Church activities 8. Fund-raising	6.	6.	6.	6.	6.	6.	6.	6.	6.	6.
9. Health campaign 10. Labor exchanges –*nnoboa*	7.	7.	7.	7.	7.	7.	7.	7.	7.	7.
11. Ethnic group support activities 12. Women/ gender-based empowerment activities	8.	8.	8.	8.	8.	8.	8.	8.	8.	8.
13. Other (specify)	9.	9.	9.	9.	9.	9.	9.	9.	9.	9.
	10.	10.	10.	10.	10.	10.	10.	10.	10.	10.
	11.	11.	11.	11.	11.	11.	11.	11.	11.	11.
	12.	12.	12.	12.	12.	12.	12.	12.	12.	12.
	13.	13.	13.	13.	13.	13.	13.	13.	13.	13.
D21. Does [Name] or [Name's] HH member belong to any organization(s) that volunteer to help others? 1.Yes, (specify) 2.No	1.	1.	1.	1.	1.	1.	1.	1.	1.	1.
	2.	2.	2.	2.	2.	2.	2.	2.	2.	2.

Section 11: Consumption Module
A. Food Items Consumed
B. CLOTHING AND FOOTWEAR
C. Expenditure on Other Items in Last 12 months
D. Fuel and Other Lubricants

Section 11: Consumption Module
A. Food Items Consumed

a. Months in Season
b. Own Produced (quantity, GH¢, P)
c. Purchased (quantity, GH¢, P)
d. Gifts Received (quantity, GH¢, P)
e. Gifts Given (quantity, GH¢, P)
f. Codes for unit given by respondent

American tin	2		Margarine tin	17
Balls	27		Maxi bag	18
Bar	28		Mini bag	19
Barrel	3		Nut	20
Basket	4		Pair	33
Beer bottle	5		Pieces	34
Bowl	6		Pots	35
Box	7		Pounds	21
Bucket	29		Set	36
Bunch	8		Sheet	22
Bundle	9		Singles	37
Crate	30		Stick	23
Dozen	31		Tonne	24
Fanta / Coke bottle	10		Tree	25
Fingers	11		Tubers	26
Fruits	12		Yard / Metre	38
Gallon	13		Calabash	39
Kilogram	14		Milk Tin	40
Litre	15		Tin	41
Loaf	32		Other (specify)	42
Log	16			

PART A: FOOD ITEMS CONSUMED – PLEASE ASK THE MOST KNOWLEDGEABLE HOUSEHOLD MEMBER ABOUT THE MONTH IN SEASON, OWN PRODUCED FOOD ITEMS, FOOD ITEMS PURCHASED, GIFT RECEIVED AND GIFTS GIVEN OUT BY THE HOUSEHOLD DURING THE LAST 30 DAYS

Item	a) Months in Season	b) own produce (GH¢) Last 30 Days	c) Purchased (GH¢) Last 30 Days	d) Gift Received Last 30 Days	e) Gift Given Last 30 Days	f) Unit (see Codes above)
Cereals **17. Guinea corn / sorghum**	a)_____	b.) ____ qty _____c _____p	c.) ____ qty _____c _____p	d) ____ qty _____c _____p	e) ____ qty _____c _____p	f) _____
2. Maize	a)_____	b.) ____ qty _____c _____p	c.) ____ qty _____c _____p	d) ____ qty _____c _____p	e) ____ qty _____c _____p	f) _____
3. Millet	a)_____	b.) ____ qty _____c _____p	c.) ____ qty _____c _____p	d) ____ qty _____c _____p	e) ____ qty _____c _____p	f) _____
4. Rice – Local	a)_____	b.) ____ qty _____c _____p	c.) ____ qty _____c _____p	d) ____ qty _____c _____p	e) ____ qty _____c _____p	f) _____
5. Rice Imported	a)_____	b.) ____ qty _____c ___p	c.) ____ qty _____c _____p	d) ____ qty _____c _____p	e) ____ qty _____c _____p	f) _____
6. Other cereals	a)_____	b.) ____ qty _____c ___p	c.) ____ qty _____c _____p	d) ____ qty _____c _____p	e) ____ qty _____c _____p	f) _____
Pulses and Nuts **7. Cowpea Beans**	a)_____	b.) ____ qty _____c ___p	c.) ____ qty _____c _____p	d) ____ qty _____c _____p	e) ____ qty _____c _____p	f) _____

Item	a) Months in Season	b) own produce (GH¢) Last 30 Days	c) Purchased (GH¢) Last 30 Days	d) Gift Received Last 30 Days	e) Gift Given Last 30 Days	f) Unit (see Codes above)
8. Soya Beans	a)_____	b) ____ qty _____c _____p	c.) ____ qty _____c _____p	d) ____ qty _____c _____p	e) ____ qty _____c _____p	f) _____
9. Other Beans	a)_____	b) ____ qty _____c _____p	c.) ____ qty _____c _____p	d) ____ qty _____c _____p	e) ____ qty _____c _____p	f) _____
10. Groundnuts	a)_____	b) ____ qty _____c _____p	c.) ____ qty _____c _____p	d) ____ qty _____c _____p	e) ____ qty _____c _____p	f) _____
11. Palm nuts	a)_____	b) ____ qty _____c _____p	c.) ____ qty _____c _____p	d) ____ qty _____c _____p	e) ____ qty _____c _____p	f) _____
12. Cola nuts	a)_____	b) ____ qty _____c _____p	c.) ____ qty _____c _____p	d) ____ qty _____c _____p	e) ____ qty _____c _____p	f) _____
13. Other pulses and nuts	a)_____	b) ____ qty _____c _____p	c.) ____ qty _____c _____p	d) ____ qty _____c _____p	e) ____ qty _____c _____p	f) _____
14. Bread	a)_____	b) ____ qty _____c _____p	c.) ____ qty _____c _____p	d) ____ qty _____c _____p	e) ____ qty _____c _____p	f) _____
15. Biscuits	a)_____	b) ____ qty _____c _____p	c.) ____ qty _____c _____p	d) ____ qty _____c _____p	e) ____ qty _____c _____p	f) _____

Item	a) Months in Season	b) own produce (GH¢) Last 30 Days	c) Purchased (GH¢) Last 30 Days	d) Gift Received Last 30 Days	e) Gift Given Last 30 Days	f) Unit (see Codes above)
16. Flour (wheat)	a)_____	b) ____ qty _____c _____p	c.) ____ qty _____c _____p	d) ____ qty _____c _____p	e) ____ qty _____c _____p	f) _____
17. Maize ground / corn dough	a)_____	b) ____ qty _____c _____p	c.) ____ qty _____c _____p	d) ____ qty _____c _____p	e) ____ qty _____c _____p	f) _____
18. Kenkey / banku (without sauce)	a)_____	b) ____ qty _____c _____p	c.) ____ qty _____c _____p	d) ____ qty _____c _____p	e) ____ qty _____c _____p	f) _____
19. Baby food (cerelac, unimix,etc)	a)_____	b) ____ qty _____c _____p	c.) ____ qty _____c _____p	d) ____ qty _____c _____p	e) ____ qty _____c _____p	f) _____
Cooking oil **20. Coconut oil**	a)_____	b) ____ qty _____c _____p	c.) ____ qty _____c _____p	d) ____ qty _____c _____p	e) ____ qty _____c _____p	f) _____
21. Groundnut oil	a)_____	b) ____ qty _____c _____p	c.) ____ qty _____c _____p	d) ____ qty _____c _____p	e) ____ qty _____c _____p	f) _____
22. Palm kernel oil	a)_____	b) ____ qty _____c _____p	c.) ____ qty _____c _____p	d) ____ qty _____c _____p	e) ____ qty _____c _____p	f) _____
23. Shea butter	a)_____	b) ____ qty _____c _____p	c.) ____ qty _____c _____p	d) ____ qty _____c _____p	e) ____ qty _____c _____p	f) _____

Item	a) Months in Season	b) own produce (GH¢) Last 30 Days	c) Purchased (GH¢) Last 30 Days	d) Gift Received Last 30 Days	e) Gift Given Last 30 Days	f) Unit (see Codes above)
24. Palm oil	a)_____	b) ____ qty _____c _____p	c.) ____ qty _____c _____p	d) ____ qty _____c _____p	e) ____ qty _____c _____p	f) _____
25. Margarine / Butter	a)_____	b) ____ qty _____c _____p	c.) ____ qty _____c _____p	d) ____ qty _____c _____p	e) ____ qty _____c _____p	f) _____
26. Other vegetable oils included	a)_____	b) ____ qty _____c _____p	c.) ____ qty _____c _____p	d) ____ qty _____c _____p	e) ____ qty _____c _____p	f) _____
Spices / Condiments **27. Black pepper**	a)_____	b) ____ qty _____c _____p	c.) ____ qty _____c _____p	d) ____ qty _____c _____p	e) ____ qty _____c _____p	f) _____
28. Salt	a)_____	b) ____ qty _____c _____p	c.) ____ qty _____c _____p	d) ____ qty _____c _____p	e) ____ qty _____c _____p	f) _____
29. Ginger	a)_____	b) ____ qty _____c _____p	c.) ____ qty _____c _____p	d) ____ qty _____c _____p	e) ____ qty _____c _____p	f) _____
30. Other Condiments/Spices (Royco etc)	a)_____	b) ____ qty _____c _____p	c.) ____ qty _____c _____p	d) ____ qty _____c _____p	e) ____ qty _____c _____p	f) _____
Milk / milk products **31. Milk (fresh)** **a) Months in Season**	a)_____	b) ____ qty _____c _____p	c.) ____ qty _____c _____p	d) ____ qty _____c _____p	e) ____ qty _____c _____p	f) _____

Item	a) Months in Season	b) own produce (GH¢) Last 30 Days	c) Purchased (GH¢) Last 30 Days	d) Gift Received Last 30 Days	e) Gift Given Last 30 Days	f) Unit (see Codes above)
32. Milk (powder)	a)_____	b) ____ qty _____c _____p	c.) ____ qty _____c _____p	d) ____ qty _____c _____p	e) ____ qty _____c _____p	f) _____
33. Baby milk	a)_____	b) ____ qty _____c _____p	c.) ____ qty _____c _____p	d) ____ qty _____c _____p	e) ____ qty _____c _____p	f) _____
34. Tinned milk	a)_____	b) ____ qty _____c _____p	c.) ____ qty _____c _____p	d) ____ qty _____c _____p	e) ____ qty _____c _____p	f) _____
35. Other milk products incl. Cheese	a)_____	b) ____ qty _____c _____p	c.) ____ qty _____c _____p	d) ____ qty _____c _____p	e) ____ qty _____c _____p	f) _____
Eggs and Poultry **36. Eggs**	a)_____	b) ____ qty _____c _____p	c.) ____ qty _____c _____p	d) ____ qty _____c _____p	e) ____ qty _____c _____p	f) _____
37. Chicken/Guinea fowl	a)_____	b) ____ qty _____c _____p	c.) ____ qty _____c _____p	d) ____ qty _____c _____p	e) ____ qty _____c _____p	f) _____
38. Game birds	a)_____	b) ____ qty _____c _____p	c.) ____ qty _____c _____p	d) ____ qty _____c _____p	e) ____ qty _____c _____p	f) _____
Meat **39. Corned beaf**	a)_____	b) ____ qty _____c _____p	c.) ____ qty _____c _____p	d) ____ qty _____c _____p	e) ____ qty _____c _____p	f) _____

Item	a) Months in Season	b) own produce (GH¢) Last 30 Days	c) Purchased (GH¢) Last 30 Days	d) Gift Received Last 30 Days	e) Gift Given Last 30 Days	f) Unit (see Codes above)
40. Pork	a)_____	b) ____ qty _____c _____p	c.) ____ qty _____c _____p	d) ____ qty _____c _____p	e) ____ qty _____c _____p	f) _____
41. Beef	a)_____	b) ____ qty _____c _____p	c.) ____ qty _____c _____p	d) ____ qty _____c _____p	e) ____ qty _____c _____p	f) _____
42. Goat meat	a)_____	b) ____ qty _____c _____p	c.) ____ qty _____c _____p	d) ____ qty _____c _____p	e) ____ qty _____c _____p	f) _____
43. Mutton	a)_____	b) ____ qty _____c _____p	c.) ____ qty _____c _____p	d) ____ qty _____c _____p	e) ____ qty _____c _____p	f) _____
44. Bush meat / wild game	a)_____	b) ____ qty _____c _____p	c.) ____ qty _____c _____p	d) ____ qty _____c _____p	e) ____ qty _____c _____p	f) _____
45. Fish	a)_____	b) ____ qty _____c _____p	c.) ____ qty _____c _____p	d) ____ qty _____c _____p	e) ____ qty _____c _____p	f) _____
46. Canned / Tin Fish	a)_____	b) ____ qty _____c _____p	c.) ____ qty _____c _____p	d) ____ qty _____c _____p	e) ____ qty _____c _____p	f) _____
Fruits **47. Coconut**	a)_____	b) ____ qty _____c _____p	c.) ____ qty _____c _____p	d) ____ qty _____c _____p	e) ____ qty _____c _____p	f) _____

Item	a) Months in Season	b) own produce (GH¢) Last 30 Days	c) Purchased (GH¢) Last 30 Days	d) Gift Received Last 30 Days	e) Gift Given Last 30 Days	f) Unit (see Codes above)
48. Banana	a)_____	b) ____ qty _____c _____p	c.) ____ qty _____c _____p	d) ____ qty _____c _____p	e) ____ qty _____c _____p	f) _____
49. Orange / tangerine	a)_____	b) ____ qty _____c _____p	c.) ____ qty _____c _____p	d) ____ qty _____c _____p	e) ____ qty _____c _____p	f) _____
50. Pineapple	a)_____	b) ____ qty _____c _____p	c.) ____ qty _____c _____p	d) ____ qty _____c _____p	e) ____ qty _____c _____p	f) _____
51. Mango	a)_____	b) ____ qty _____c _____p	c.) ____ qty _____c _____p	d) ____ qty _____c _____p	e) ____ qty _____c _____p	f) _____
52. Avocado pear	a)_____	b) ____ qty _____c _____p	c.) ____ qty _____c _____p	d) ____ qty _____c _____p	e) ____ qty _____c _____p	f) _____
53. Water melon	a)_____	b) ____ qty _____c _____p	c.) ____ qty _____c _____p	d) ____ qty _____c _____p	e) ____ qty _____c _____p	f) _____
54. Pawpaw	a)_____	b) ____ qty _____c _____p	c.) ____ qty _____c _____p	d) ____ qty _____c _____p	e) ____ qty _____c _____p	f) _____
55. Apple	a)_____	b) ____ qty _____c _____p	c.) ____ qty _____c _____p	d) ____ qty _____c _____p	e) ____ qty _____c _____p	f) _____

Item	a) Months in Season	b) own produce (GH¢) Last 30 Days	c) Purchased (GH¢) Last 30 Days	d) Gift Received Last 30 Days	e) Gift Given Last 30 Days	f) Unit (see Codes above)
56. Sugarcane	a)_____	b) ____ qty _____c _____p	c.) ____ qty _____c _____p	d) ____ qty _____c _____p	e) ____ qty _____c _____p	f) _____
Vegetables **57. Cocoyam leaves (Kontomire)**	a)_____	b) ____ qty _____c _____p	c.) ____ qty _____c _____p	d) ____ qty _____c _____p	e) ____ qty _____c _____p	f) _____
58. Garden eggs	a)_____	b) ____ qty _____c _____p	c.) ____ qty _____c _____p	d) ____ qty _____c _____p	e) ____ qty _____c _____p	f) _____
59. Okro (Fresh or Dried)	a)_____	b) ____ qty _____c _____p	c.) ____ qty _____c _____p	d) ____ qty _____c _____p	e) ____ qty _____c _____p	f) _____
60. Carrots	a)_____	b) ____ qty _____c _____p	c.) ____ qty _____c _____p	d) ____ qty _____c _____p	e) ____ qty _____c _____p	f) _____
61. Cabbage	a)_____	b) ____ qty _____c _____p	c.) ____ qty _____c _____p	d) ____ qty _____c _____p	e) ____ qty _____c _____p	f) _____
62. Pepper (fresh or dried)	a)_____	b) ____ qty _____c _____p	c.) ____ qty _____c _____p	d) ____ qty _____c _____p	e) ____ qty _____c _____p	f) _____
	a)_____	b) ____ qty	c.) ____ qty	d) ____ qty	e) ____ qty	

Item	a) Months in Season	b) own produce (GH¢) Last 30 Days	c) Purchased (GH¢) Last 30 Days	d) Gift Received Last 30 Days	e) Gift Given Last 30 Days	f) Unit (see Codes above)
63. Onions (large / small)		_____c _____p	_____c _____p	_____c _____p	_____c _____p	f) _____
64. Tomatoes (fresh)	a)_____	b) ____ qty _____c _____p	c.) ____ qty _____c _____p	d) ____ qty _____c _____p	e) ____ qty _____c _____p	f) _____
65. Tomato puree (canned)	a)_____	b) ____ qty _____c _____p	c.) ____ qty _____c _____p	d) ____ qty _____c _____p	e) ____ qty _____c _____p	f) _____
66. Other vegetables	a)_____	b) ____ qty _____c _____p	c.) ____ qty _____c _____p	d) ____ qty _____c _____p	e) ____ qty _____c _____p	f) _____
Starchy Staples **67. Cassava**	a)_____	b) ____ qty _____c _____p	c.) ____ qty _____c _____p	d) ____ qty _____c _____p	e) ____ qty _____c _____p	f) _____
68. Cocoyam	a)_____	b) ____ qty _____c _____p	c.) ____ qty _____c _____p	d) ____ qty _____c _____p	e) ____ qty _____c _____p	f) _____
69. Plantain	a)_____	b) ____ qty _____c _____p	c.) ____ qty _____c _____p	d) ____ qty _____c _____p	e) ____ qty _____c _____p	f) _____

Item	a) Months in Season	b) own produce (GH¢) Last 30 Days	c) Purchased (GH¢) Last 30 Days	d) Gift Received Last 30 Days	e) Gift Given Last 30 Days	f) Unit (see Codes above)
70. Yam	a)_____	b) ____ qty _____c _____p	c.) ____ qty _____c _____p	d) ____ qty _____c _____p	e) ____ qty _____c _____p	f) _____
71. Cassava dough	a)_____	b) ____ qty _____c _____p	c.) ____ qty _____c _____p	d) ____ qty _____c _____p	e) ____ qty _____c _____p	f) _____
72. Gari	a)_____	b) ____ qty _____c _____p	c.) ____ qty _____c _____p	d) ____ qty _____c _____p	e) ____ qty _____c _____p	f) _____
73. Other starchy staples	a)_____	b) ____ qty _____c _____p	c.) ____ qty _____c _____p	d) ____ qty _____c _____p	e) ____ qty _____c _____p	f) _____
Confectionery **74. Sugar (cube, granulated)**	a)_____	b) ____ qty _____c _____p	c.) ____ qty _____c _____p	d) ____ qty _____c _____p	e) ____ qty _____c _____p	f) _____
75. Honey	a)_____	b) ____ qty _____c _____p	c.) ____ qty _____c _____p	d) ____ qty _____c _____p	e) ____ qty _____c _____p	f) _____
76. Ice cream, ice lollies, etc.	a)_____	b) ____ qty _____c _____p	c.) ____ qty _____c _____p	d) ____ qty _____c _____p	e) ____ qty _____c _____p	f) _____
77. Chocolate	a)_____	b) ____ qty _____c _____p	c.) ____ qty _____c _____p	d) ____ qty _____c _____p	e) ____ qty _____c _____p	f) _____

Item	a) Months in Season	b) own produce (GH¢) Last 30 Days	c) Purchased (GH¢) Last 30 Days	d) Gift Received Last 30 Days	e) Gift Given Last 30 Days	f) Unit (see Codes above)
78. Other confectionaries	a)_____	b) ____ qty _____c _____p	c.) ____ qty _____c _____p	d) ____ qty _____c _____p	e) ____ qty _____c _____p	f) _____
Beverages **79. Coffee, tea cocoa, etc**	a)_____	b) ____ qty _____c _____p	c.) ____ qty _____c _____p	d) ____ qty _____c _____p	e) ____ qty _____c _____p	f) _____
80. Bottled water, soft drink & Juices	a)_____	b) ____ qty _____c _____p	c.) ____ qty _____c _____p	d) ____ qty _____c _____p	e) ____ qty _____c _____p	f) _____
81. Alcoholic beverages	a)_____	b) ____ qty _____c _____p	c.) ____ qty _____c _____p	d) ____ qty _____c _____p	e) ____ qty _____c _____p	f) _____
82. Tobacco	a)_____	b) ____ qty _____c _____p	c.) ____ qty _____c _____p	d) ____ qty _____c _____p	e) ____ qty _____c _____p	f) _____
83. Other beverages	a)_____	b) ____ qty _____c _____p	c.) ____ qty _____c _____p	d) ____ qty _____c _____p	e) ____ qty _____c _____p	f) _____
84. Cooked meals (as wages)	a)_____	b) ____ qty _____c _____p	c.) ____ qty _____c _____p	d) ____ qty _____c _____p	e) ____ qty _____c _____p	f) _____
85. Restaurants, cafés, Canteens, Hotels, etc.	a)_____	b) ____ qty _____c _____p	c.) ____ qty _____c _____p	d) ____ qty _____c _____p	e) ____ qty _____c _____p	f) _____

B. CLOTHING AND FOOTWEAR: – PLEASE ASK THE MOST KNOWLEDGEABLE HOUSEHOLD MEMBER ABOUT THE ANNUAL PURCHASES IN THE LAST 12 MONTHS

Item	Expenditure for children under 16 years	Expenditure for elderly over 60 years	Expenditure for male adults ages 16-60 years	Expenditure for female adults ages 16-60 years	Total expenditure in the last 12 months
1. Suits	_____c_____p	_____c_____p	_____c_____p	_____c_____p	_____c_____p
2. Smocks	_____c_____p	_____c_____p	_____c_____p	_____c_____p	_____c_____p
3. Cloth (eg. Kente). [This does not include cloth for garment]	_____c_____p	_____c_____p	_____c_____p	_____c_____p	_____c_____p
4. Trousers	_____c_____p	_____c_____p	_____c_____p	_____c_____p	_____c_____p
5. Shirts/Jackets	_____c_____p	_____c_____p	_____c_____p	_____c_____p	_____c_____p
6. Jeans	_____c_____p	_____c_____p	_____c_____p	_____c_____p	_____c_____p
7. Underwear	_____c_____p	_____c_____p	_____c_____p	_____c_____p	_____c_____p
8. Cloth for garments. [ie. Cloth and other materials]	_____c_____p	_____c_____p	_____c_____p	_____c_____p	_____c_____p
9. Other garments and clothing	_____c_____p	_____c_____p	_____c_____p	_____c_____p	_____c_____p
10. Footwear	_____c_____p	_____c_____p	_____c_____p	_____c_____p	_____c_____p
11. Tailoring, laundry / cleaning, clothing repair	_____c_____p	_____c_____p	_____c_____p	_____c_____p	_____c_____p

PART C. EXPENDITURE ON OTHER ITEMS IN THE LAST 12 MONTHS: – PLEASE ASK THE MOST KNOWLEDGEABLE HOUSEHOLD MEMBER ABOUT EXPENDITURE ON OTHER ITEMS IN THE LAST 12 MONTHS

Item	Total expenditure in the last 12 months (for entire household)
1. Regular remittances / gifts	_____c_____p
2. Gifts / support to help at the time of difficulty	_____c_____p
3. Cultural festivals (donations) [Homowo, Odwira, etc]	_____c_____p
4.Church donations	_____c_____p
5. Funerals (donations)	_____c_____p
6. Payment for rent	_____c_____p
7. Owner occupy housing rent (estimate)	_____c_____p
8. Plumbing, electrical, and carpentry services	_____c_____p
9. Sewerage removal, refuse disposal, expenditure on public toilets	_____c_____p
10. Water (pipe-borne, metered)	_____c_____p
11. Water (tanker services)	_____c_____p
12. Cement (for minor repairs of the dwelling)	_____c_____p
13. Hired labour for dwelling repairs	_____c_____p
14. Repairs to furniture and floor coverings	_____c_____p
15. Repairs to household appliances	_____c_____p
16. Car and truck repairs, maintenance, and other fees	_____c_____p
17. Lawn boys / gardeners	_____c_____p
18. Security guards	_____c_____p

Item	Total expenditure in the last 12 months (for entire household)
19. House boys / house maids	_____c_____p
20. House keepers / caretakers	_____c_____p
21. Baby sitters, day care attendants, nannies, etc	_____c_____p
22. Barbers and beauty shops	_____c_____p
23. Soaps, bleaches, disinfectants, cleaners, and toilet papers	_____c_____p
24. Matches and candles	_____c_____p
25. Insecticides - coils and sprays	_____c_____p
26. Medicine (pain killers, antibiotics, anti malaria medicines, condoms, tablets, syrups, etc)	_____c_____p
27. Newspapers, magazines, and books	_____c_____p
28. Goods for personal care (toothpaste, razor blades, combs, scent sprays, cosmetics, etc)	_____c_____p
29. Postal, telephone, telegram, fax, internet / email, etc., services and charges	_____c_____p
30. Pets, pet food, veterinary services	_____c_____p
31. Gardening expenses (plants, pots, fertilizers, compost, etc).	_____c_____p
32. Entertainment	_____c_____p

Part D: Fuel Used in the last 12 months

Type of Fuel	Number of Months Used (write in number)	Average Value per Month	Home Produced/Collected	Purchased
1. Electricity		_____c_____p	_____c_____p	_____c_____p
2. Gas for household use		_____c_____p	_____c_____p	_____c_____p
3. Kerosene		_____c_____p	_____c_____p	_____c_____p
4. Charcoal		_____c_____p	_____c_____p	_____c_____p
5. Firewood and other solid fuels		_____c_____p	_____c_____p	_____c_____p
6. Petrol		_____c_____p	_____c_____p	_____c_____p
7. Diesel		_____c_____p	_____c_____p	_____c_____p
8. Dung cake		_____c_____p	_____c_____p	_____c_____p
9. Crop byproducts / waste		_____c_____p	_____c_____p	_____c_____p
10. Rubbish / plastic		_____c_____p	_____c_____p	_____c_____p

SECTION 12
PART A: HOUSING CHARACTERISTICS - I
PART B: HOUSING CHARACTERISTICS - II

SECTION 12, Part A - HOUSING CHARACTERISTICS:

RENT

1 Do you pay rent for this

Yes 1
No . . . . . 2 (>> Q.8) [ ]

2 How much dues the household pay in cash towards the rent?

AMOUNT IN GH¢ & P: [ ] [ ]
GH¢ P
SEE CODES
TIME UNIT: [ ]

3 Does your household also supply goods or services in exchange for this dwelling?

Yes 1
No . . . . . 2 (>> Q.5) [ ]

4 What is the appropriate value of these goods and services provided by your

AMOUNT IN GH¢ & P: [ ] [ ]
GH¢ P
SEE CODES
TIME UNIT: [ ]

5 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 (>> 8) [ ]

6 Who pays?

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

7 How much does this person pay?

AMOUNT IN GH¢ & P: [ ] [ ]
GH¢ P
SEE CODES
TIME UNIT: [ ]

8 How much did your household spend for construction or repair costs and painting in the past 12 months on this dwelling?

AMOUNT IN GH¢ & P: [ ] [ ]
GH¢ P
SEE CODES
TIME UNIT: [ ]

TIME	
Daily	1
Weekl	2
Monthly	3
Quarterly	4
Half yearly	5
Yearly	6
Not applicable	0

SECTION 12, Part A - HOUSING CHARACTERISTICS:

UTILITIES

9 What is the main source of water supply for this household?

DRINKING: [ ] GENERAL USE [ ] SEE CODES

10 How far is this source of water from your dwelling?

	NUMBER	DISTANCE UNIT
DRINKING	[ ]	[ ]
GENERAL USE:	[ ]	[ ]

11 How long does it take to go there, get water and come back?
1. Number of minutes [ ] 2. Water on premises [ ] 3. Don't know [ ]

12 How regular is your source of water supply?

NUMBER: [ ] TIME UNIT [ ] SEE CODES

13 How much water does your household in a day?

QUANTITY: [ ]

UNITS: Litres . . . . . 1, Gallons . . . . . 2, Bucket (No. 34) . . . . . 3 [ ]

14 Do you treat your water in any way to make it safer to drink?
1. Yes 2. No 3. Don't know [ ]

15 What do you usually do to the water to make it safer to drink? **(Record all items mentioned)**

1. Boil 2. Add bleach / chlorine 3. Strain it through a cloth
4. Use a water filter (ceremic,sand,composite,etc) 5. Solar disinfection
6. Let it stand and settle 7. Other (specify) 8. Don't know [ ]

16 How is the water supply system operated and managed?

Self 1
Community operated managed 2
Community Water Agenc 3
Ghana Water Company Limited 4
NGO 5
Other (specify) 6
Not Applicable . . . . . 7 [ ]

17 Does the household pay a regular bill for this water water supply system?

Yes 1
No . . . . . 2 (>> 19) [ ]

CODES FOR Q. 9

Indoor	01
Inside standpipe	02
Water truck / tanker service	03
Water vendor	04
Pipe in neighbouring household	05
Private outside standpipe / tap	06
Public standpipe	07
Sachet / bottled water	08
Borehole	09
Protected well	10
Unprotected well	11
River / Stream	12
Rain water / spring	13
Dugout / pond / lake / dam	14
Other (specify)	15

DISTANCE CODES

In house	0
Yard	1
Metre	2
Kilometre	3
Mile	4

TIME

Daily	1
Weekl	2
Monthly	3
Quarterly	4
Half yearly	5
Yearly	6
Not applicable	0

SECTION 12, Part A - HOUSING CHARACTERISTICS

UTILITIES (cont'd.)

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

AMOUNT IN GH¢ & P: [ ][ ]
GH¢ P

TIME UNIT: [ ] SEE CODES

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

AMOUNT IN GH¢ & P: [ ][ ]
GH¢ P

20 Did your household sell any water to someone else?

Yes 1
No . . . . . 2 (>> Q.22) [ ]

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

AMOUNT IN GH¢ & P: [ ][ ]
GH¢ P

22 What is the main source of lighting for your dwelling?

Electricity (mains)	1	
Kerosene	2	(>> 24)
Gas lamp	3	(>> 24)
Candles / Torches (flashlights)	4	(>> 24)
Solar energy	5	(>> 24)
Generator	6	(>> 24)
No light	7	(>> 24)
Other (specify)	8	(>> 24)

[ ]

TIME	
Daily	1
Weekl	2
Monthly	3
Quarterly	4
Half yearly	5
Yearly	6
Not applicable . . .	0

23 How much was your lsat bill. (Only your part , if you have a joint meter or a shared bill)?

AMOUNT IN GH¢ & P: [ ][ ]
GH¢ P

TIME UNIT: [ ] SEE CODES

24 What is the main fuel used by the household for cooking?

None, no cooking	1
Wood	2
Charcoal	3
Gas	4
Electricit	5
Kerosene	6
Crop residue / sawdust	7
Animal waste	8
Other (specify)	9

[ ]

SECTION 12, Part A - HOUSING CHARACTERISTICS

STRUCTURE AND

25 How does your household dispose of refuse?

Collected	1	
Public dump	2	(>> 27)
Dumped elsewhere	3	(>> 27)
Burned by household	4	(>> 27)
Buried by household	5	(>> 27)
Other (specify)	6	(>> 27)

26 How much does this household pay for refuse disposal?

AMOUNT IN GH¢ & P: GH¢ | P

TIME UNIT: SEE CODES

27 The last time (name of youngest child under 5 years) passed stools, what was done to dispose off the stools?

1. Child used toilet / latrine 2. Put / rinsed into drain or ditch
3. Thrown into garbage 4. Burried
5. Left it in the open 6. Other (specify)
7. Don't know

28 What type of toilet is used by your

Flush toilet	1	(>> 30)
Pit latrine	2	(>> 30)
KVIP	3	(>> 30)
Pan / bucket	4	(>> 30)
Public toilet (flush bucket / KVIP)	5	
Toilet in another house	6	
No toilet facility (bush, beach)	7	(>> 30)
Other (specify)	8	(>> 30)

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

AMOUNT IN GH¢ & P: GH¢ | P

TIME UNIT: SEE CODES

30 What is the main construction material used for the outer wall of the main building?

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 (specify)	10

31 What is the main construction material used for the floor?

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

32 What is the main material used for the roof?

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

33 Does the household have access to the following?

	Yes ..... 1 No 2
Fixed Line Telephone	
Mobile phone	
Personal computer	
Internat	
E-commerce	
Paid Cable Network [e.g M-NET]	

TIME	
Daily	1
Weekl	2
Monthly	3
Quarterly	4
Half yearly	5
Yearly	6
Not applicable	0

SECTION 12, Part A - HOUSING CHARACTERISTICS

STRUCTURE AND

34 Draw a detailed sketch of the dwelling.

35 Measure

Inside 1

Outside 2

36 Calculaste area in square metres.

SQUARE METRES

SECTION 12, Part B – HOUSING CHARACTERISTICS II.

To be asked to the household head. (Some of these questions can also be filled by interviewer).

1 In what type of dwelling does the household live?

- Separate house (bungalow) 1
- Semi-detached 2
- Flat / Apartment. 3
- Room(s) [Compound house] 4
- Room(s) [Other 5
- Several huts / buildings [same compound] 6
- Several huts / buildings [different compounds] 7
- Tents / improvised 8
- Other (specify) 9

2 How many rooms does this household (Count living rooms, dining rooms, bed rooms but not bathroom, toilet & kitchen).

NUMBER:

3 Do other households share this dwelling with you?

- Yes 1
- No 2

4 What is your present occupancy status?

- Owning . . . . . 1 (>> 6)
- Renting 2
- Rent-free 3
- Perching 4

5 Who owns this

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

6 What is the condition of the house in which the household is living?

- Good 1
- Livable 2
- Badly 3

7 How are the surroundings of the house?

- Clean 1
- Average 2
- Dirty 3

8 How many bedrooms does the household have?

NUMBER:

9 Is there a room used exclusively for cooking?

- Yes 1
- No . . . . . 2 (>>12)

10 Is there a window in the room where cooking is done?

- Yes 1
- No 2

11 Is there a chimney / smoke outlet in the cooking place?

- Yes 1
- No 2

12 Is cooking done outside in any season (rainy season and dry season)?

- Yes 1
- No 2

13 If not all seasons, in which season is cooking done outside?

- Rainy season. 1
- Dry season 2

14 Does your house have electricity?

- Yes 1
- No . . . . . 2 (>> 16)

SECTION 12, Part B – HOUSING CHARACTERISTICS II.

15 How regular is your power supply after sunset?

Regular 1
Cut once or twice a week 2
Cut more than twice a week. 3

16 Distance to nearest public toilet in kilometres. (Code NA if there are no public toilets and people go to the bush, beach, etc.).

DISTANCE IN KM:

17 Average time spent travelling to and waiting at public toilet (in minutes).

TIME SPENT IN MINUTES:

18 Number of other buildings owned.

NUMBER:

19 Number of vacant plots owned.

NUMBER:

20 Where are animals kept at night?

Inside the house 1
Outside the house 2
Animal shed 3
NA . . . . . 4 (>> 23)

21 Where are animals tied during the day?

Inside the house 1
Outside the house 2
Animal shed 3
Free range 4

22 Where is hay (grass) kept?

Inside the house 1
Outside the house 2
Animal shed 3
No hay provided 4

23 Is there any open sewer / drain in / around the house?

Yes 1
No 2
Drains are covered 3

24 Is there garbage (trash) in / around the house?

Yes 1
No 2