



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

GHANA SOCIO-ECONOMIC PANEL SURVEY

**HOUSEHOLD INSTRUMENT
HOUSEHOLD INSTRUMENT
Wave 2(2013-2014)**

PART B

REGION: |_____|

E.A. NO.: |_____|

DISTRICT: |_____|

HH ID: |_____|

INTERVIEWER ID: |_____|

SUPERVISOR ID: |_____|

Section 5: Non-Farm Enterprise

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

SECTION 5-NON-FARM ENTERPRISE

Part A: Basic Information

Non-Farm Enterprise Roster

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 >>End of section			
1. How many businesses are owned by members in this household? 1. Number		1. No. _____	
2. Please list names of these enterprises:	Enterprise 1	Enterprise 2	Enterprise 3

5ai. Basic info

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

	Enterprise 1	Enterprise 2	Enterprise 3
3a. Please select up to two people who are owners of enterprise. List of household members appears for selection. (Name and ID). And code 50 for someone who is not a household member			
4. Who is responsible for Enterprise? 1. One of the owners is responsible 3. Another household member is responsible 5. A non household member is responsible			
4c. Which owner is responsible? (The possible owners appear for selection.			
5. Who is answering these questions about enterprise? (Names appears for selection)			
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)			

i. Information for All Enterprises

8. What is the secondary activity of this enterprise? Write NONE if no secondary activity 9. In which industry does it belong? (See codebook for ISIC code and write 4 digits)									
10a. How many years, altogether, has this business been in operation? Years									
10a. And how many months?									
	Enterprise 1			Enterprise 2					
11. Please circle the months that this business operated in during the last 12 months:	Jan	Feb	March	Jan	Feb	March	Jan	Feb	March
<i>(Select all that apply or "All") Code 13 All year (Operated every month)</i>	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 5. No									
13. What percent of the income from this enterprise belongs to the household? Percent									
15. Is this enterprise registered with any government agency?									
0. No									
1. Registrar General's Department – RG									
2. Department of Cooperatives – DC									
3. District Assembly – DA									
95. Other(specify) – OT									
16. What was the most serious difficulty in establishing this enterprise?									

1. No difficulty – NO			
2. Capital / credit – CC			
3. Technical knowhow – TC			
4. Government regulation – GR			
95. Other (specify) – 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			
95. Other (specify)–OT			
18. What was the nature of this capital?			
1. Loan – LO			
2. Gift – GI			
3. Self-financed – SF			
4. Not applicable –NA			
19. During the last 12 months has this enterprise tried to			

get credit from any source?			
1. Yes, successfully – YS			
2. Yes, unsuccessfully – YU			
5. 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			
95. Other (specify) – OT			
21. During the last 12 months, how much, <u>in total</u> has this enterprise borrowed? Ghana cedis			
22. How much of the total loans contracted / borrowed during the last 12months has this enterprise repaid? Ghana cedis			

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

	Enterprise 1	Enterprise 2	Enterprise 3
In the month of January, are your sales high, average, low or none? 0. None 1. Low 3. Average 5. High			
In the month of February, are your sales high, average, low or none? 0. None 1. Low 3. Average 5. High			
In the month of March, are your sales high, average, low or none? 0. None 1. Low 3. Average 5. High			
In the month of April, are your sales high, average, low or none? 0. None 1. Low 3. Average 5. High			

i. Information for All Enterprises

In the month of May, are your sales high, average, low or none? 0. None 1. Low 3. Average 5. High			
In the month of June, are your sales high, average, low or none? 0. None 1. Low 3. Average 5. High			
In the month of July, are your sales high, average, low or none? 0. None 1. Low 3. Average 5. High			
In the month of August, are your sales high, average, low or none? 0. None 1. Low 3. Average 5. High			
In the month of September, are your sales high, average, low or none? 0. None 1. Low 3. Average 5. High			
In the month of October, are your sales high, average, low or none? 0. None 1. Low 3. Average 5. High			
In the month of November, are your sales high, average, low or none? 0. None 1. Low 3. Average 5. High			
In the month of December, are your sales high, average, low or none? 0. None 1. Low 3. Average 5. High			

	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			
25. What is the average level of sales in an <u>AVERAGE</u> month for this enterprise? 1. GH cedis and pesewas			
26. What is the average level of sales in a <u>LOW</u> month for this enterprise? 1. GH cedis and pesewas			
26a. What is the value of products <i>and services</i> <u>consumed by the household</u> from this enterprise during the last month?			
26b. What is the value of products <i>and services</i> given out as <u>gifts</u> from this enterprise during the last month?			
27. What is the average level of costs in a <u>HIGH</u> month for this enterprise? 1. GH cedis and pesewas			
28. What is the average level of costs in an <u>AVERAGE</u> month for this enterprise? 1. GH cedis and pesewas			

	Enterprise 1	Enterprise 2	Enterprise 3
29. What is the average level of costs in a <u>LOW</u> month for this enterprise? 1. GH cedis and pesewas			
29a. By what time period can you report your profit for this enterprise. 1....Day 2....Week 3.....Two weeks 4.....Month 5.Year 95.Other specify			
29b. What is the average level of profit in a (...) for this enterprise? (use time period in Q29a) 1. GH cedis and pesewas			

ii. ENTERPRISE ASSETS PUT ALL LIKE-ASSETS TOGETHER AND VALUE THEM. 5a. Asset questions

		Enterprise 1	Enterprise2	Enterprise 3
30. Does this enterprise own land and buildings? 1. Yes 5. No >>31				
	a. What is the value of (...) if you were to sell it today? Ghana cedis			
	f. What is the Household's share of (...) 1. Percent			
31. Does this enterprise own transport equipment? 1. Yes 5. No >>32				
	a. What is the value of (...) if you were to sell it today? Ghana cedis			
	f. What is the Household's share of (...) 1. Percent			
32. Does this enterprise own machinery or equipment? 1. Yes 2. No >>34				
	a. What is the value of (...) if you were to sell it today? Ghana cedis			
	f. What is the Household's share of (...) 1. Percent			
33. Does this enterprise own any other assets? 1. Yes 2. No >>Next section				
	Other Asset1 (Name)			
	a. What is the value of (...) if you were to sell it today? Ghana cedis			
	f. What is the Household's share of (...) 1. Percent			
	Other Asset 2 (Name)			
	a. What is the value of (...) if you were to sell it today? Ghana cedis			
	f. What is the Household's share of (...) 1. Percent			
	Other Asset3 (Name)			
	a. What is the value of (...) if you were to sell it today? Ghana cedis			
	f. What is the Household's share of (...) 1. Percent			

“Stock of goods” as an asset was omitted from the program even though on the questionnaire. If owners remember to add them to the other assets, that will solve it, else we will lose information.

5b. All Employees

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
1a. How many MEN are currently working at this enterprise? Include HH members, apprentices, hired labor, <u>AND</u> the person responsible for the enterprise.			
1b. How many WOMEN are currently working at this enterprise? Include HH members, apprentices, hired labor, <u>AND</u> the person responsible for the enterprise.			
2a. How many of these MALE workers are paid?			
2b. How many of these FEMALE workers are paid?			
3a. During the last 12 months, how many MEN have usually worked in this enterprise? Include HH members, apprentices, hired labor, <u>AND</u> the person responsible for the enterprise.			
3b. During the last 12 months, how many WOMEN have usually worked in this enterprise? Include HH members, apprentices, hired labor, <u>AND</u> the person responsible for the enterprise.			
4. How many of those who "usually worked" are employed <u>FULL TIME</u> ? 1. Full time male 2. Full time female			
5. How many of those who "usually worked" are <u>CASUAL LABOR</u> ? 1. Casual labor male 2. Casual labor female			
6. How many of those who "usually worked" are <u>APPRENTICES</u> ? 1. Apprentices male 2. Apprentices female			
7. How many of those who "usually worked" <u>SKILLED</u> ? 1. Skilled male 2. Skilled female			
8. How many of those who "usually worked" have formal wage contracts? 1. Formal wage male 2. Formal wage female			
9. How many of those who "usually worked" receive paid or sick leave? 1. Benefits male 2. Benefits female			
16. Was this enterprise operating during the last 1 month?			
20. Over the last month, has employment been higher, lower, or the same as in a typical month? 1. Higher 2. Lower			

i. Information about all Employees

3. Same			
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5bii. four important employ

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

	Enterprise 1				Enterprise 2				Enterprise 2			
	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 HHM ID of up to four people working the most time in this enterprise, including the person responsible for this enterprise. (Program pulls in the details of responsible person) 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												
12. How many days did (...) work in this business in the past two weeks? 1. Days in two weeks												
13. Average number of hours that (...) worked during these days? 1. Hours per day												

Section 6: Household Health

14. In a typical month, how many days does (...) work on this business? 1. Days per month												
15. What is the average number of hours that (...) worked per day in a typical month? 1. Hours per day												
16. How much is this person paid in a typical month?												
17. Does this person have a formal wage contract? 1. Yes 5. No												
18. Does this person receive paid sick leave? 1. Yes 5. No												

Section 6: Household Health

Section 6: Household Health

[Part A: Insurance](#)

[Part B: Anthropometry](#)

[Part C: Immunization](#)

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[Part E: Miscellaneous Health](#)

[Part F: Health in the Past 2 Weeks](#)

[Part G: Health in Last 12 Months](#)

Section 6: Household Health

Part A: Insurance. **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
0. Who will be answering these questions about Name? ID and Name appears to choose.																		
A1.Has [Name] ever registered or been covered with a health insurance scheme? 1.Yes 5.No																		
A2.What type of health insurance scheme does [Name] have? (Circle all that apply in 1-5) 0. None 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) 95. None (skip to A4 if member of NHIS)																		
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] needs 95.Other (specify)																		
A4.Who is currently paying [Name's] health insurance cost? (Circle all that apply in 1-11) 1.HH Member 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 95. Other (specify) , 96. NA																		
A4id. Please indicate the household member who pays for Name's health insurance (if A4 is 1)																		

Member ID	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
A5.Does [Name] hold a valid NHIS card? 1.Yes (CARD seen) >>A7 2.Yes (CARD NOT seen) 5.No																		
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 95.Other (specify)																		
A7a.How much money has [Name] paid in total for insurance for the current year?																		
A7b.How much money has [Name] expected to pay in total for insurance for the current insurance year?																		
A9.How many weeks did it take [Name] to obtain the NHIS card after the premium was paid in full?																		
A10.Has [Name] ever benefited from the NHIS? 1.Yes 5. No >>A12																		
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 Has Name' NHIS card been renewed for the current year? 1.Yes >>A15 5. No																		
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 95.Other (specify)																		
A15.Which of the following group schemes does [Name] contribute to? <i>Circle all that apply</i> 0. None >>A17																		

Member ID	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
1.Susu 2.Family contribution 3.Welfare association 4.Micro credit scheme 95.Other (specify)																		
A16.Does [Name] derive any health care financing benefit from the group schemes? 1. Yes 5.No for those selected in A15 A..Susu B.Family contribution C.Welfare association D.Micro credit scheme E.Other (specify)																		

Not in program as old questionnaire

A7.How much money has [Name] paid or is expected to pay as premium to the current insurance year? a. Amount paid (GH¢) b. Amount expected to pay (GH¢)	a _____ b _____	a _____ b _____
A8.How much money has [Name] paid or is expected to pay as registration fee to the current insurance year? a. Amount paid (GH¢) b. Amount expected to pay (GH¢)	a _____ b _____	a _____ b _____

Omitted: A11a. When was the first time [Name] obtained a valid NHIS card?-Provide year

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 5. No																		
B2. If not, why? 1. Not home during survey period, 2. Too ill, 3. Handicapped or Deformed, 4. Not willing, 95. Other (specify) (>> NEXT PERSON)																		
B3. Was height measured standing or lying down? 1. Standing, 5. Lying down																		
B4. What is Name's Height in Centimeters?																		
B5. What is Name's Weight in Kilograms?																		
B6. What is Name's Hip Size in centimeters																		
B7. What is Name's Waist Size in centimeters?																		
B8. What is Name's Arm circumference (mid-upper arm) in 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
0. Who will be answering these questions about Name? ID and Name appears to choose.																		
C1. Has [Name] ever been immunized? 1. Yes 5. No >> C12																		
C2. Has [Name] received the BCG vaccine? 1. Yes, 5. No,																		
C3. How many polio vaccines has [Name] received? (Circle all that apply) 0. None 1. "0 2. "1 3. "2 4. "3 5. "4 6. Booster																		
C4. How many DPT shots has (NAME) received? (Circle all that apply) 0. None 1. "1, 3. "2, 5. "3																		
C5. Has [Name] received the five in one vaccine? 1. Yes, 5. No,																		
C6. Has [Name] received the measles vaccine? 1. Yes, 5. No,																		
C7. Has [Name] received the Vitamin 'A' vaccine? 1. Yes, 5. No,																		
C8. Has [Name] received the Yellow Fever vaccine? 1. Yes, 5. No,																		

C9. Did [Name] have to pay any fees for these vaccinations? 1. Yes, 2. No >> Next Person																		
11a. How much did it cost Name to receive the BCG vaccine?																		
11b. How much did it cost Name to receive the Polio vaccine?																		
11c. How much did it cost Name to receive the DPT vaccine?																		
11d. How much did it cost Name to receive the 5-in-1 vaccine?																		
11e. How much did it cost Name to receive the Measles vaccine?																		
11f. How much did it cost Name to receive the Vitamin A vaccine?																		
11g. How much did it cost Name to receive the Yellow Fever vaccine?																		
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, 95. Other (specify)																		

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
0. Who will be answering these questions about Name? ID and Name appears to choose.																		
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 5. Not at all																		
D2.If not easily, could (NAME) have been able to do this 10 years ago? 1.Yes 5.No 96. Too young																		
D3. If yes, how long has [Name] had difficulty/ been unable to do this? a. Years (yy) b. Months (m)																		
D4. If [Name] had to bathe him/herself without any help, could he/she do it? 1. Easily 2. With difficulty 5. Not at all																		
D5. If not easily, how long has [Name] had difficulty/ been unable to do this? a. Years b. Months																		

Part F: HEALTH IN THE LAST 2 WEEKS OF ALL HOUSEHOLD MEMBERS (In the program F and G comes before E)

Member ID	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
0. Who will be answering these questions about Name? ID and Name appears to choose.																		
F1. During the past two weeks has [Name] suffered any illness or injury? 0. Neither>>F8 1. Illness 2. Injury >>F5 3. Both																		
F2. What was the illness that [Name] suffered? 1. Watery diarrhea 2. Diarrhea with blood>>F5 3. Fever>>F5 4. Cold/cough>>F5 5. Guinea Worm>>F5 6. Bilharzia >>F5 95. Other (specify) >>F5																		
F3. What was the most important liquid that was given to [Name] to drink? 0. Nothing 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																		
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 5. Less																		
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 usual activities because of this condition? 1. Yes 5. No (>>F8)																		
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 5. No >>F23																		
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, 95. Other (specify)																		
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, 95. Other (specify)																		
F11. Where did the consultation take place? 1. Hospital, 2. Clinic, 3. MCH Clinic, 4. Maternity home, 5. Pharmacy, 6. Chemical Store, 7. Consultant's home, 8. Patient's home, 9. Community epicenter, 10. Chief's compound 95. Other (specify)																		
F12. What was the name of the health care facility? Name will be filled in after code is selected.																		
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																		
F15. How much did Name pay for this consultation?																		
F16. How much did Name pay to travel and return?																		
F17. How much time did it take to travel to and from the facility? (TRAVEL TIME) 1. Hours 2. Minutes																		
F18. How long did [Name] wait in the health facility before being attended to by a health officer? (WAITING TIME) 1. Hours 2. Minutes																		
F19. How much TOTAL time (Waiting and Receiving treatment) did [Name] spend at the health facility? (CONSULTATION TIME) 1. Hours 2. Minutes																		
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, 5. No >>F23																		
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)																		
F23. During the last 2 weeks did [Name] purchase any medicine or medical supplies? 1. Yes, 5. No >>F30																		
F24. How much did [Name] pay altogether for these medicine/medical supplies? (GH cedis and pesawas)																		
F25. Total medical expenses over the past 2 weeks (If cannot, give breakdown) (GH cedis and pesawas)																		

F26. Were all the medical/medicinal supplies obtainable from the health facility? 1. Yes, 5. No																	
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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
0. Who will be answering these questions about Name? ID and Name appears to choose.																		
G1. For the past 12 months, was [Name] hospitalized for any injury? 1. Yes, 5. No																		
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)																		
G3. Who pays for the majority of medical expenses including consultations and hospital stays (if any)? ID of 1. Household member, 2. Other relative 3. Employer 4. Household member's employer 5. Health insurance 95. Other (specify)																		
G3id. Which household member paid for Name's medical expenses? Name and ID																		

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
0. Who will be answering these questions about Name? ID and Name appears to choose.																		
E1. In general, how would you rate your health? 1. Very healthy, 2. Somewhat healthy, 3. Somewhat unhealthy, 4. Unhealthy																		
E2. Have you ever had any sores or irritations on the feet that took more than four weeks to heal? 1. Yes 5. No																		
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 5. No																		
E4. Have you ever had the habit of chewing tobacco, smoking pipe, smoking self-rolled cigarettes, or smoking cigarettes/ cigars? 1. Yes 5. No >>15																		
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 3. has quit 5. still chew tobacco																		
E7. How many years ago did you quit? 1. Years																		
E8. Before you quit, how many cigars/cigarettes did you consume in one day? 1. number >> E15																		
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; 5. No																		
E11. Would (NAME) like to stop smoking some time in life? 1. Yes; 5. No																		
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																		
E13. Will you actually quit smoking in the next 6 months? 1. Yes; 5. No																		
E14. Are you <u>so</u> addicted to smoking that you will need some sort of help to quit? 1. Yes 5. No																		
E15a. How often do you consume alcoholic beverages? 0. Never >> (next section) 1. Occasionally, less than once a week >> (next section) 5. Once a week or more																		
E15. How many days in the week do you consume alcoholic beverages? 1. days																		

SECTION 7- FERTILITY. This section (7A and 7B) appears for only females 12 years and older.

To Surveyor: Please make sure you have complete privacy when asking these questions.

Note: the following questions can be considered sensitive. You can choose not to answer any of these questions. If a question makes you feel uncomfortable, please tell me to go to the next one.

Part A: 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
1. At what age did (Name) BEGIN menstruating?						
2. At what age did (Name) STOP menstruating? Enter -1 for not yet.						
3. Has (Name) gone more than three months without menstruating at least once in the last 12 months? 1. Yes 5. No						
4. At what age was (Name) first sexually active? Enter -1 for not yet.						
5a. In the future, how many more boys does (Name) see herself having?						
6b. In the future, how many more girls does (Name) see herself having?						
7. Do you think that you will have a child within the next three years? 1. Yes 5. No						
8. Have you ever been pregnant? 1. Yes 5. No>>Part B						
9. Has (NAME) ever given birth to a child? 1. Yes 5. No >>15						
10. How many <u>GIRLS</u> have you given birth to?						
11. How many <u>BOYS</u> have you given birth to?						
12. "I would like to make sure that this is the total number of children born to you. <u>"(A9+A10) TOTAL number of children"</u> (the program automatically adds the two figures and report the total)						

Adult Female ID Number	Adult Female #1	Adult Female #2	Adult Female #3	Adult Female #4	Adult Female #5	Adult Female #6
1. Yes 5. No						
13. How many <u>GIRLS</u> are alive today?						
14. How many <u>BOYS</u> are alive today?						
15. "I would like to make sure that (A12+A13) <u>TOTAL</u> number of alive children" today. Is this correct? 1. Yes 5. No						
16. Did (Name) have any pregnancy that did not end in a live birth? 1. Yes 5. No >>Error! Bookmark not defined.						
16a. Did you have any pregnancies that did not end in live birth? 1. Yes 5. No						
17. How many of those pregnancies did not end in a live birth?						
16a. From what you have told me, it sounds likes you have given birth to more children than are currently alive. Is this correct?						
18. About first child that died: a. What was this child's name? b. In what year was the child born? c. Boy or girl? d. How old was the child when he/she died (Years and 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)?						
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						

Adult Female ID Number	Adult Female #1	Adult Female #2	Adult Female #3	Adult Female #4	Adult Female #5	Adult Female #6
(Months & Years)?						
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)?						
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)?						
23. Are you breastfeeding now? 1. Yes 5. No						
24. Is (Name) pregnant now? 1. Yes >>29 5. No						
25. During the last 12 months have you been pregnant? 1. Yes 5. No >> 36						
26. How did this pregnancy end? 1. Live Birth 2. Still birth (7+ months) >>29 3. Mis-carriage >>29 4. Abortion>>29 95. Other specify >>29						
27. What was the weight of the child at birth? (Kg)						
28. Is that child still alive? 1. Yes 5. No						
37. After your last child, how many months passed before (Name's) period came back? 1. Months (Not Yet – (code-1)						
38. After (Name's) last child, how many months passed before (Name) resumed sexual relationships 1. Months (Not Yet – (code -1)						
39. For how many months did you breastfeed your last child? 1.						

Adult Female ID Number	Adult Female #1	Adult Female #2	Adult Female #3	Adult Female #4	Adult Female #5	Adult Female #6
Months (If still breastfeeding enter -1)						
29. During this [current or last 12 months] pregnancy did (Name) receive any pre-natal care? 1. Yes 5. No >> 35						
30. How old was (Name's) pregnancy when (Name) first received pre-natal care? 1. Weeks						
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 95. Other, Specify						
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 95. Other, (Specify) – OT						
33. How many times did (Name) go there? 1. Visits						
34. How much did the FIRST pre-natal consultation cost? 1. GH Cedis, Pesawas (>> 36)						
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 95. Other, specify All >>37						

Adult Female ID Number	Adult Female #1	Adult Female #2	Adult Female #3	Adult Female #4	Adult Female #5	Adult Female #6
36a. How many years have passed since you was last pregnant?						
36b. How many months have passed since you was last pregnant?						

PART B: POWER RELATIONS

To Surveyor: These are very sensitive questions. DO NOT PROCEED UNTIL YOU ARE SURE THAT YOU HAVE PRIVACY AND NO ONE ELSE CAN HEAR WHAT YOU AND THE RESPONDENTS ARE SAYING.

Note: Now 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
1. Does your husband provide you with money to buy food for the household? 1. Yes 5. No >> 3						
2. How much in total did your husband provide you with in the last 30 days? 1. GH Cedis & pesewas						
3. In the last 30 days, has there been any physical violence in your neighbor's household? 1. Yes 5. No						
4. In the last 30 days, has there been any physical violence in your household? 1. Yes 5. No						
5. Does you know any woman who has received a gift or money in exchange for sex 1. Yes 5. No						
6. Have you ever received a gift or money in exchange for sex 1. Yes 5. 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. 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
7. The important decisions in the family should be made only by the men of the family? 1. Agree 5. Disagree						
8. A wife has a right to express her opinion even when she disagrees with what her husband is saying? 1. Agree 5. Disagree						
9. A wife should tolerate being beaten by her husband in order to keep the family together? 1. Agree 2. Disagree						
10. It is better to send a son to school than it is to send a daughter? 1. Agree 5. 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 5. 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 5. Disagree						
13. If a wife refuses sex, is it correct for her man to withhold money from her? 1. Agree 5. Disagree						
14. If a wife refuses sex, is it correct for her man to beat her? 1. Agree 5. Disagree						

Adult Female ID Number	Adult Female #1	Adult Female #2	Adult Female #3	Adult Female #4	Adult Female #5	Adult Female #6
Please say if you disagree or agree with the following statement about your current or most recent relationship.						
15. Your partner frequently accused you of being unfaithful? 1. Agree 5. Disagree						
16. Your partner frequently tried to limit your contact with your family? 1. Agree 5. Disagree						
17. Your partner insisted on knowing where you are at all times? 1. Agree 5. Disagree						
18. Your partner did not trust you with money? 1. Agree 5. Disagree						
19. In the last 12 months, how often did your partner insult you? 0.Never 1.Sometimes 3.Often 5.Very Often						
20. In the last 12 months, how often did your partner threaten to hurt you or someone close to you? 0.Never 1. Once 2. Daily 3. Weekly 4. Monthly 5. Less than monthly						
21. In the last 12 months, how often did your partner push, hit, slap or throw something at you? 0.Never 1. Once 2. Daily 3. Weekly 4. Monthly 5. Less than monthly						

Adult Female ID Number	Adult Female #1	Adult Female #2	Adult Female #3	Adult Female #4	Adult Female #5	Adult Female #6
22. In the last 12 months, how often did your partner kick, drag, or beat you up? 0. Never 1. Once 2. Daily 3. Weekly 4. Monthly 5. Less than monthly						

Section 8 – Men's Health. This section appears only for male 12 years and older.

[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
1. At what age were you first sexually active? 1. Years (If Not Yet code -1)						
2. Do you think that you will have a child within the next three years? 1. Yes 5. No						
3a. In the future, how many more boys do you see yourself having?						
3b. In the future, how many more girls do you see yourself having? (if Q1 is not yet, -1, skip to nest section, B)						
4. Have you been sexually active in the last 12 months? 1. Yes 5. No >> Part B						
5. Do you have more than one woman? 1. Yes 5. No >> Part B						
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 #2	Adult Male #2	Adult Male #2	Adult Male #2
0. How many spouses do you have? (Number 0-5)						
1. Do you provide your spouse(s) with money to buy food for the household? 1. Yes 5. No>>B5						
2. How much in total did you provide your first spouse in the last 30 days? 1. GH Cedis & pesewas						
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						
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						
5. In the last 30 days, has there been any physical violence in your neighbor's household? 1. Yes 5. No						
6. In the last 30 days, has there been any physical violence in your household? 1. Yes 5. No						
7. Do you know anyone who has received a gift or money in exchange for sex 1. Yes 5. No						
8. Have you ever received a gift or money in exchange for sex 1. Yes 5. 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 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 5. Disagree						
10. A wife has a right to express her opinion even when she disagrees with what her husband is saying? 1. Agree 5. Disagree						

Adult Male ID Number	Adult Male #1	Adult Male #2	Adult Male #3	Adult Male #4	Adult Male #5	Adult Male #6
11. A wife should tolerate being beaten by her husband in order to keep the family together? 1. Agree 5. Disagree						
12. It is better to send a son to school than it is to send a daughter? 1. Agree 5. 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 5. Disagree						
14. A wife is correct in refusing to have sex with her husband when she knows her husband has sex with other women? 1. Agree 5. Disagree						
15. If a wife refuses sex, is it correct for her man to withhold money from her? 1. Agree 5. Disagree						
16. If a wife refuses sex, is it correct for her man to beat her? 1. Agree 5. Disagree						
17. Over the last 12 months have you been involved in a relationship? 1. Yes 5. No >>Next Person (this question does not appear for married men whose spouses are in the data)						
Please say if you agree or disagree with the following statements about your current or most recent relationship.						
18. You frequently accused her of being unfaithful? 1. Agree 5. Disagree						
19. You tried to limit her contact with her family? 1. Agree 5. Disagree						
20. You insisted on knowing where she was at all times? 1. Agree 5. Disagree						
21. You did not trust her with money? 1. Agree 5. Disagree						
22. In the last 12 months, how often did you insult her? 0. Never 1. Sometimes						

Adult Male ID Number	Adult Male #1	Adult Male #2	Adult Male #3	Adult Male #4	Adult Male #5	Adult Male #6
3. often 5. Very often						
23. In the last 12 months, how often did you threaten to hurt her or someone close to her? 0.Never 1. Once 2. Daily 3. Weekly 4. Monthly 5. Less than monthly						
24. In the last 12 months, how often did you push, hit, slap or throw something at her? 0.Never 1. Once 2. Daily 3. Weekly 4. Monthly 5. Less than monthly						
25. In the last 12 months, how often did you kick, drag, or beat her up? 1. 0.Never 1. Once 2. Daily 3. Weekly 4. Monthly 5. Less than monthly						

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: Young Child Health](#)

Children younger than 5 years old

0.0 Does your household have any child younger than 5 years old?

1.Yes

2.No>> part B1

(FILL OUT FOR CHILDREN YOUNGER THAN 5 YEARS OLD)

	Young Child 1	Young Child 2	Young Child 3	Young Child 4	Young Child 5
00. Who is the mother or guardian of Name if mother does not live in this household? (household members appear for selection)					
A0. In the roster you said that Name was x years and y months old. Is this correct? 1.Yes>>A1 5. No					
What is Name's correct birthday? Day/month/year, correct age is calculated. <u>Skip to part B if child is between 5 and 15 years.</u>					
A1. Does (or did) the mother breastfeed (Name)? 1. Yes 5. No >> 3					
A2. At what age was (Name) weaned? Report in months, Write -1 if still breastfeeding.					
A3. At what age was (Name) first given water? Report in months. If not yet given water enter -1.					
A4. At what age was (Name) first given any liquid that was not water or milk? Report in months. If not yet enter -1.					

A5. At what age was (Name) first given food other than milk? Report in months. Enter -1 if not yet.					
A6. Does (Name) participate in a community feeding program (e.g. school feeding program)? 1. Yes >>A8 5. No					
A7. Has [Name] ever participated in a community feeding program? 1. Yes 5. 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 95. Other, specify – 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					
A10. In the last 7 days, how many times was (Name) left alone? 1. number of times					
A11. Did you or someone else take (Name) to a health center for post-natal care in the last 12 months ? 1. Yes 5. No >> Part B					
A12. How many times did					

(Name) go there for consultations in the last 12 months? 1. number of times					
A13. Did you have to pay for consultations for Name? 1. Yes 5. No >> Nest section.					
A14. How much did you usually pay for one consultation? 1. Amount in GH cedis & pesawas					

End if child is less than 5 years old.

[Part B: Digit Span Testing](#) Children aged 5-15 (Section shows up in the program only if age of child is within range)

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.)

These instructions appear one after the other to be read by interviewer:

- 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	Child 2	Child 3	Child 4	Child 5
Please enter the exact time. HH:MM					
B1a. Ready? Repeat after me, “2-3-4-5-6-7-8-9” Did Name repeat these numbers correctly? 1. Yes 5. No					
B1b. Ready? Repeat after me, “4-5-6” Did Name repeat these numbers correctly? 1. Yes 5. No					
B1c. Did child get part 1a & 1b wrong? Response for this question is automatically filled in by the program and controls the skip					
B2a. Ready? Repeat after me, “3-8-6” Did Name repeat these numbers correctly? 1. Yes 5. No					
B2b. Ready? Repeat after me, “6-1-2” Did Name repeat these numbers correctly? 1. Yes 5. No					
B2c. Did child get part 2a & 2b wrong? Response for this question is automatically filled in by the program and controls the skip					

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 1: Digits Forwards (II)	Child 1	Child 2	Child 3	Child 4	Child 5
B3a. Ready? Repeat after me, “3-4-1-7” Did Name repeat these numbers correctly? 1. Yes 5. No					
B3b. Ready? Repeat after me, “6-1-5-8” Did Name repeat these numbers correctly? 1. Yes 5. No					
B3c. Did child get part 3a & 3b wrong? Response for this question is automatically filled in by the program and controls the skip					
B4a. Ready? Repeat after me, “8-4-2-3-9” Did Name repeat these numbers correctly? 1. Yes 5. No					
B4b. Ready? Repeat after me, “5-2-1-8-6” Did Name repeat these numbers correctly? 1. Yes 5. No					
B4c. Did child get part 4a & 4b wrong? Response for this question is automatically filled in by the program and controls the skip					
B5a. Ready? Repeat after me, “3-8-9-1-7-4” Did Name repeat these numbers correctly? 1. Yes 5. No					
B5b. Ready? Repeat after me, “7-9-6-4-8-3” Did Name repeat these numbers correctly? 1. Yes 5. No					
B5c. Did child get part 5a & 5b wrong? Response for this question is automatically filled in by the program and controls the skip					
B6a. Ready? Repeat after me, “5-1-7-4-2-3-8” Did Name repeat these numbers correctly? 1. Yes 5. No					
B6b. Ready? Repeat after me, “9-8-5-2-1-6-3” Did Name repeat these numbers correctly? 1. Yes 5. No					
B6c. Did child get part 6a & 6b wrong? Response for this question is automatically filled in by the					

program and controls the skip					
B7a. Ready? Repeat after me, “1-6-4-5-9-7-6-3” Did Name repeat these numbers correctly? 1. Yes 5. No					
B7b. Ready? Repeat after me, “2-9-7-6-3-1-5-4” Did Name repeat these numbers correctly? 1. Yes 5. No					
B7c. Did child get part 7a & 7b wrong? Response for this question is automatically filled in by the program and controls the skip					
B8a. Ready? Repeat after me, “5-3-8-7-1-2-4-6-9” Did Name repeat these numbers correctly? 1. Yes 5. No					
B8b. Ready? Repeat after me, “4-2-6-9-1-7-8-3-5” Did Name repeat these numbers correctly? 1. Yes 5. No					
Please enter the exact time. HH:MM					

Part 2: Digits Backwards	Child 1	Child 1	Child 1	Child 1	Child 1
Please enter the exact time. HH:MM					
B9a. Ready? Say backwards, “2-5” Answer: (do not read) “5-2” Did Name repeat these numbers correctly? 1. Yes 5. No					
B9b. Ready? Say backwards, “6-3” Answer: (do not read) “3-6” Did Name repeat these numbers correctly? 1. Yes 5. No					
B9c. Did child get part 9a & 9b wrong? Response for this question is automatically filled in by the program and controls the skip					
B10a. Ready? Say backwards, “5-7-4” Answer: (do not read) “4-7-5” Did Name repeat these numbers correctly? 1. Yes 5. No					
B10b. Ready? Say backwards, “2-5-9” Answer: (do not read) “9-5-2” Did Name repeat these numbers correctly? 1. Yes 5. No					
B10c. Did child get part 10a & 10b wrong? Response for this question is automatically filled in by the program and controls the skip					
B11a. Ready? Say backwards, “7-2-9-6” Answer: (do not read) “6-9-2-7” Did Name repeat these numbers correctly? 1. Yes 5. No					
B11b. Ready? Say backwards, “8-4-9-3” Answer: (do not read) “3-9-4-8” Did Name repeat these numbers correctly? 1. Yes 5. No					
B11c. Did child get part 11a & 11b wrong? Response for this question is automatically filled in by the program and controls the skip					
B12a. Ready? Say backwards, “4-1-3-5-7” Answer: (do not read) “7-5-3-1-4” Did Name repeat these numbers correctly? 1. Yes 5. No					
B12b. Ready? Say backwards, “9-7-8-5-2” Answer: (do not read) “2-5-8-7-9” Did Name repeat these numbers correctly? 1. Yes 5. No					

Part 2: Digits Backwards	Child 1	Child 1	Child 1	Child 1	Child 1
B12c. Did child get part 12a & 12b wrong? Response for this question is automatically filled in by the program and controls the skip					
B13a. Ready? Say backwards, “1-6-5-2-9-8” Answer: (do not read) “8-9-5-8-6-1” Did Name repeat these numbers correctly? 1. Yes 5. No					
B13b. Ready? Say backwards, “3-6-7-1-9-4” Answer: (do not read) “4-9-1-7-6-3” Did Name repeat these numbers correctly? 1. Yes 5. No					
B13c. Did child get part 13a & 13b wrong? Response for this question is automatically filled in by the program and controls the skip					
B14a. Ready? Say backwards, “8-5-9-2-3-4-2” Answer: (do not read) “2-4-3-2-9-5-8” Did Name repeat these numbers correctly? 1. Yes 5. No					
B14b. Ready? Say backwards, “4-5-7-9-2-8-1” Answer: (do not read) “1-8-2-9-7-5-4” Did Name repeat these numbers correctly? 1. Yes 5. No					
B14c. Did child get part 14a & 14b wrong? Response for this question is automatically filled in by the program and controls the skip					
B15a. Ready? Say backwards, “6-9-1-6-3-2-5-8” Answer: (do not read) “8-5-2-3-6-1-9-6” Did Name repeat these numbers correctly? 1. Yes 5. No					
B15b. Ready? Say backwards, “3-1-7-9-5-4-8-2” Answer: (do not read) “2-8-4-5-9-7-1-3” Did Name repeat these numbers correctly? 1. Yes 5. No					
Please enter the exact time. HH:MM					

Part C: Raven's Pattern Cognitive Assessment

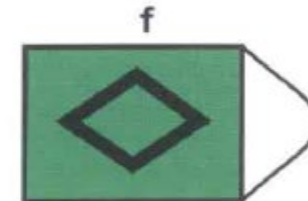
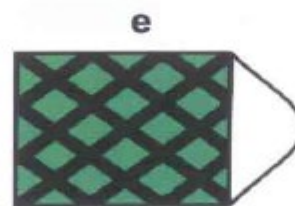
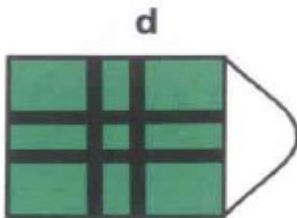
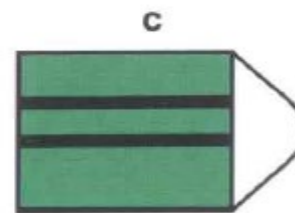
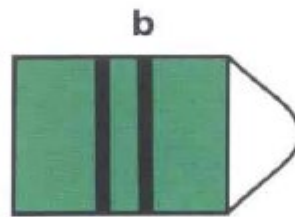
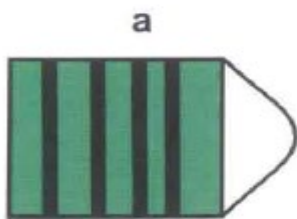
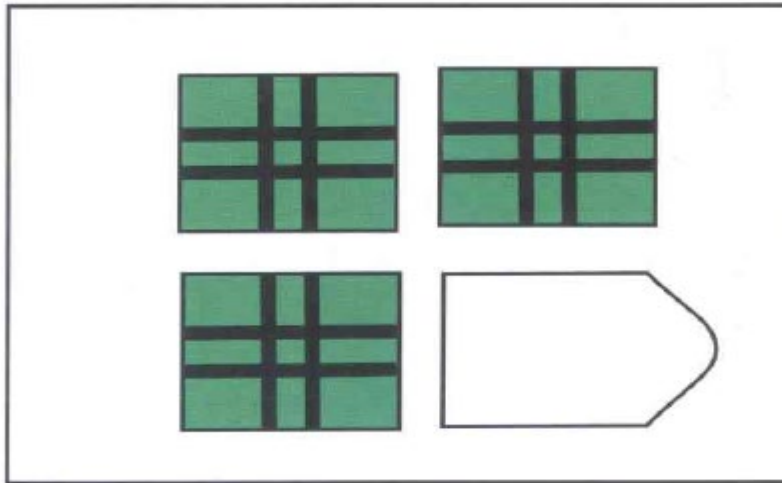
Complete for each child between ages 5-15 in the Household

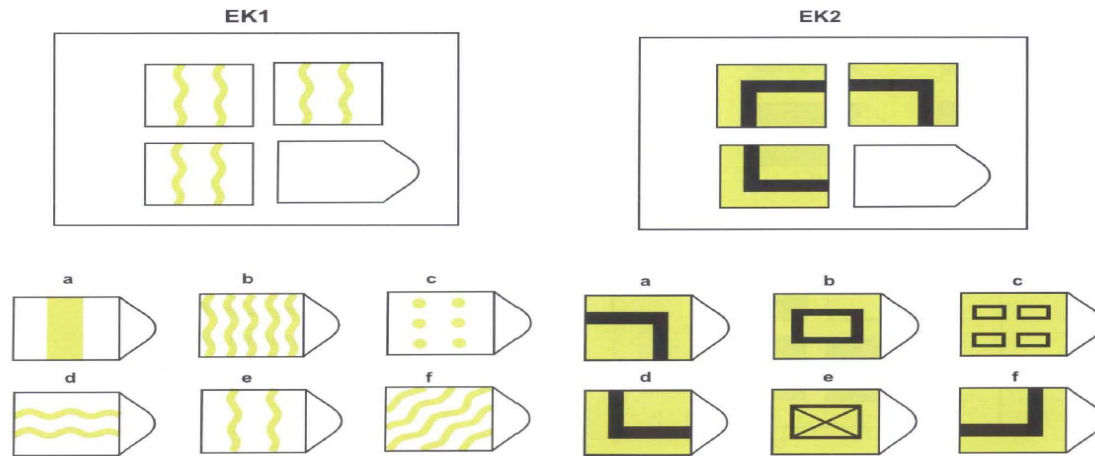
Instructions: Show the picture below on flash cards to the child and have them point to one of the shapes labeled (a) - (f)

Record below the pictures which shape the child pointed to.

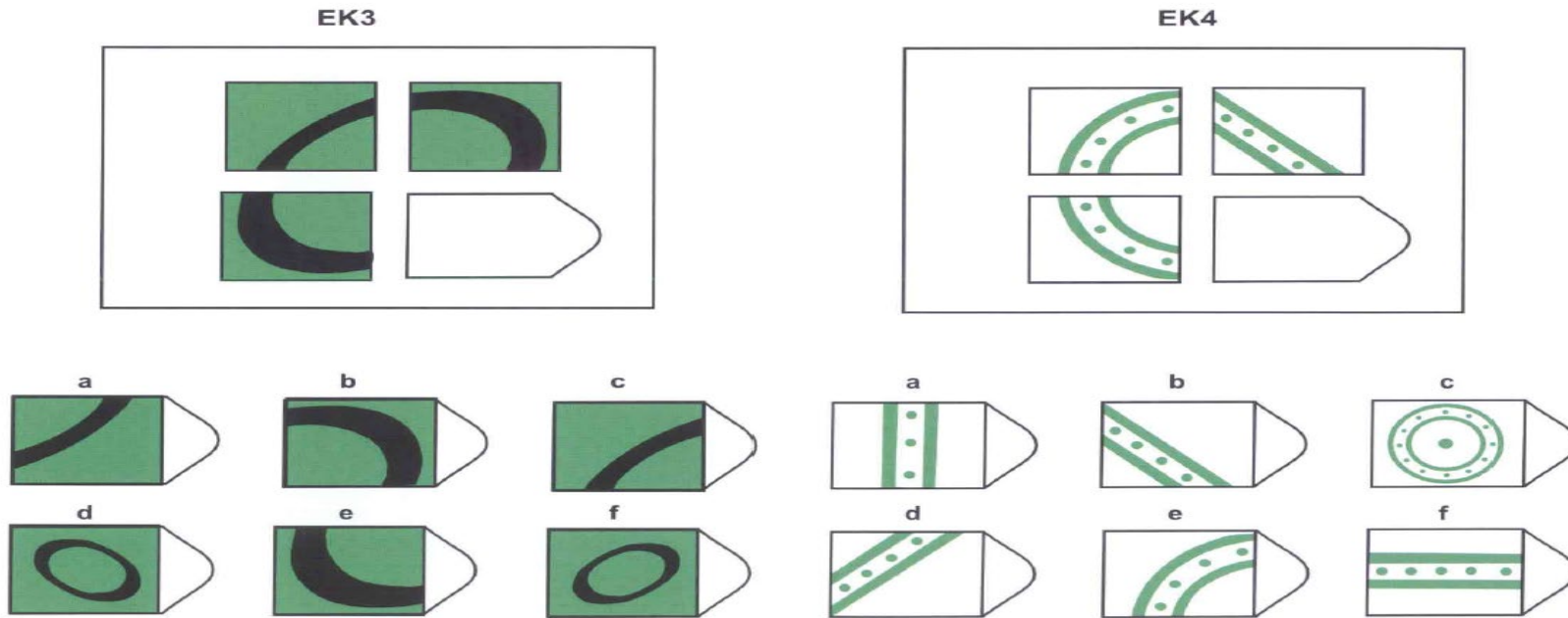
EXAMPLE: Show the child the picture and then point to shape d

EK0

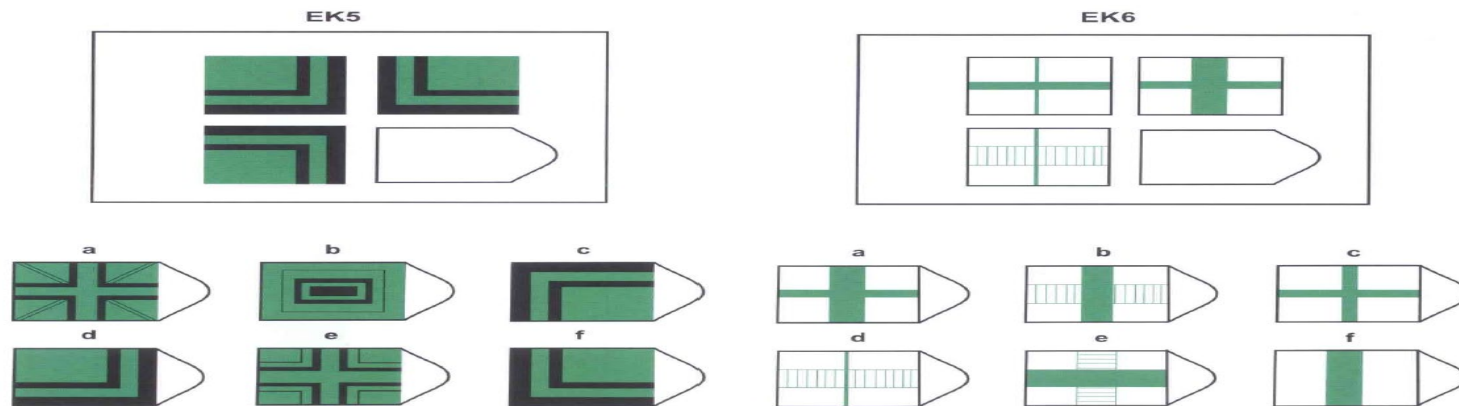




Part 3: Raven's Pattern Cognitive Assessment (I)	Child 1	Child 1	Child 1	Child 1	Child 1
C1. Which letter did Name point to for picture EK1? (1 for a, 2 for b in that order)					
C2. Which letter did Name point to for picture EK2? (1 for a, 2 for b in that order)					



Part 3: Raven's Pattern Cognitive Assessment (II)	Child 1	Child 2	Child 3	Child 4	Child 5
C3. Which letter did Name point to for picture EK3? (1 for a, 2 for b in that order)					
C4. Which letter did Name point to for picture EK4? (1 for a, 2 for b in that order)					



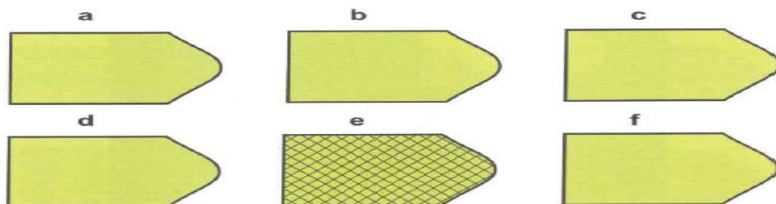
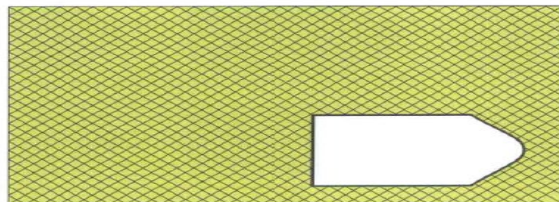
Part 3: Raven's Pattern Cognitive Assessment (III)	Child 1	Child 2	Child 3	Child 4	Child 5
C5. Which letter did Name point to for picture EK5? (1 for a, 2 for b in that order)					
C6. Which letter did Name point to for picture EK6? (1 for a, 2 for b in that order)					

Part 3: Raven's Pattern Cognitive Assessment (III)

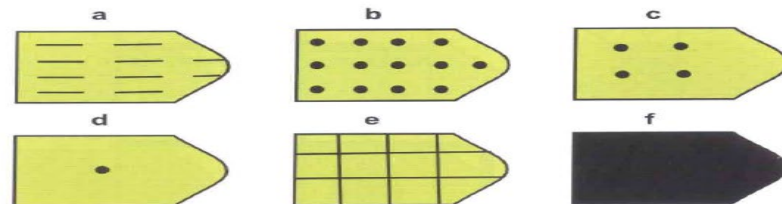
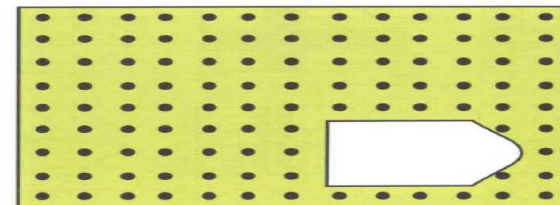
Child 1

Child 2

EK7

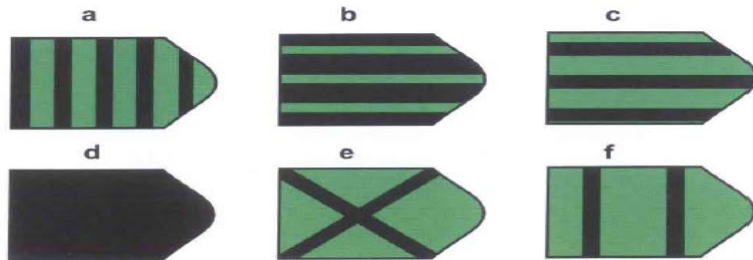
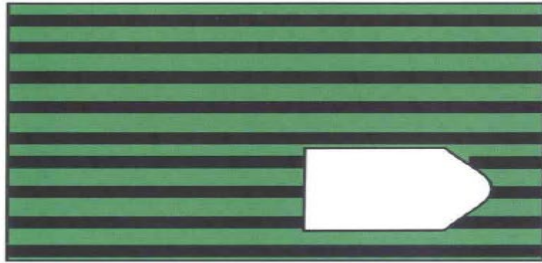


EK8

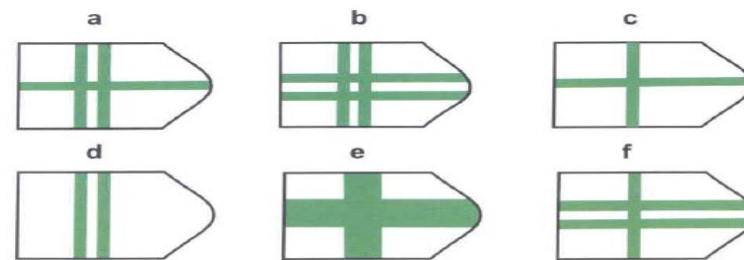
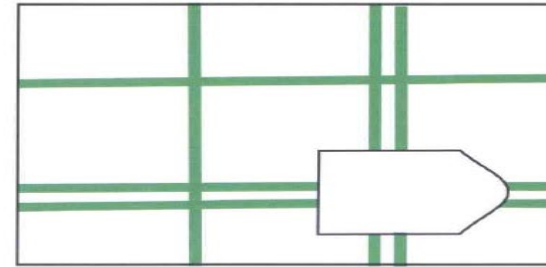


C7. Which letter did Name point to for picture EK7? (1 for a, 2 for b in that order)		
C8. Which letter did Name point to for picture EK8? (1 for a, 2 for b in that order)		

EK9



EK10

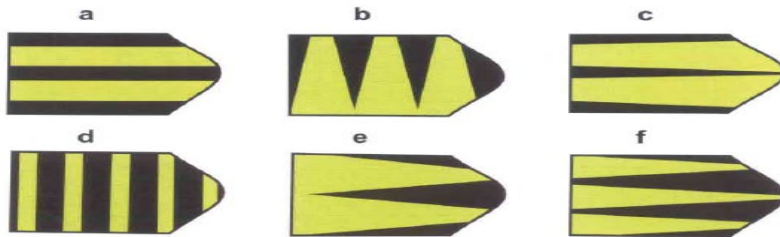
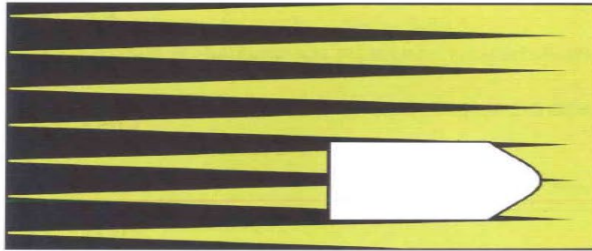


Part 3: Raven's Pattern Cognitive Assessment (IV)

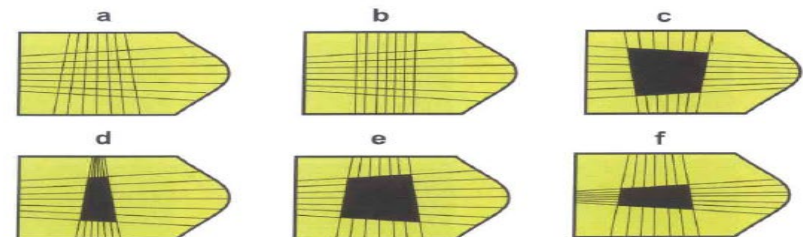
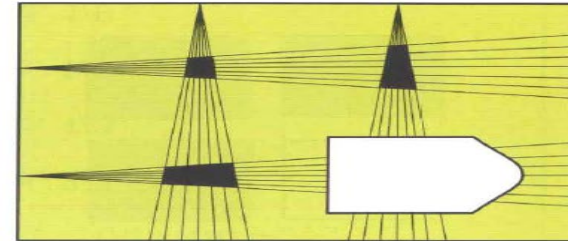
C9. Which letter did Name point to for picture EK9? (1 for a, 2 for b in that order)

C10. Which letter did Name point to for picture EK10? (1 for a, 2 for b in that order)

EK11



EK12



Part 3: Raven's Pattern Cognitive Assessment (V)	Child 1	Child 2
C11. Which letter did Name point to for picture EK11? (1 for a, 2 for b in that order)		
C12. Which letter did Name point to for picture EK12? (1 for a, 2 for b in that order)		

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	1	2
Please enter the exact time. HH:MM		
27. $1 + 2 =$ Which letter did Name choose for equation 1? (1 represents a, 2 for b in that order) a. 4 b. 8 c. 1 d. 3 e. None of the above		
28. $5 - 2 =$ Which letter did Name choose for equation 2? (1 represents a, 2 for b in that order) a. 2 b. 10 c. 3 d. 1 e. None of the above		
29. $2 \times 3 =$ Which letter did Name choose for equation 3? (1 represents a, 2 for b in that order) a. 5 b. 6 c. 1 d. 8 e. None of the above		
30. $10 \div 5 =$ Which letter did Name choose for equation 4? (1 represents a, 2 for b in that order) a. 5 b. 5 c. 2 d. 50 e. None of the above		
31. $5 + 17 =$ Which letter did Name choose for equation 5? (1 represents a, 2 for b in that order) a. 15 b. 21 c. 12 d. 22 e. None of the above		

Member ID	1	2
32. $33 - 19 =$ Which letter did Name choose for equation 6? (1 represents a, 2 for b in that order) a. 10 b. 14 c. 9 d. 13 e. None of the above		
33. $17 \times 3 =$ Which letter did Name choose for equation 7? (1 represents a, 2 for b in that order) a. 5.7 b. 51 c. 21 d. 5 e. None of the above		
34. $42 \div 7 =$ Which letter did Name choose for equation 8? (1 represents a, 2 for b in that order) a. 7 b. 9 c. 6 d. 5 e. None of the above		
Please enter the exact time. 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		
Please enter the exact time. HH:MM		
35 Who is John? (Which letter did Name choose for question 9)1 for a, 2 for b ect. (a) An old man (b) A small boy (c) A school teacher (d) A school e. None of the above		
36. Where does John live? (Which letter did Name choose for question 10)1 for a, 2 for b ect. (a) In a village (b) In a city (C) In a school (d) In a forest e. None of the above		
37. What does John do every week? (Which letter did Name choose for question 11)1 for a, 2 for b ect. (a) Works with his father (b) Plays with his friends (c) Helps his brothers and sisters (d) Goes to school e. None of the above		
38. How many teachers are there at John's school? (Which letter did Name choose for question 12)1 for a, 2 for b ect. (a) One (b) Three (c) Five (d) Six e. None of the above		

Member ID		
39. What is John doing at school? (Which letter did Name choose for question 13)1 for a, 2 for b ect. (a) Helping the teacher (b) Talking with his friends (c) Learning to read (d) Teaching the class e. None of the above		
40. Who is a school teacher? (Which letter did Name choose for question 14)1 for a, 2 for b ect. (a) John (b) John's father (c) John's brother (d) John's mother e. None of the above		
41. What do John's parents want him to do? (Which letter did Name choose for question 15)1 for a, 2 for b ect. (a) Go to school (b) Learn to read (c) Obey his teachers (d) Become a teacher e. None of the above		
Please enter the exact time. HH:MM		

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)

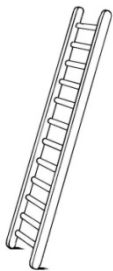
I. DEPRESSION - KESSLER 10 SURVEY. FOR THE FOLLOWING QUESTIONS, PLEASE CHOOSE THE ANSWER (NUMBER) YOU FEEL BEST CORRESPONDS TO THE QUESTION ASKED:

THE FOLLOWING QUESTIONS ARE ASKING ABOUT THE LAST FOUR WEEKS...

Member ID		1	2
A1. About how often did you feel tired out for no good reason?	Options 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		
A2. About how often did you feel nervous?			
A3. About how often did you feel so nervous that nothing could calm you down?			
A4. About how often did you feel hopeless?			
A5. About how often did you feel restless or fidgety?			
A6. About how often did you feel so restless you could not sit still?			
A7. About how often did you feel depressed?			
A8. About how often did you feel that everything was an effort?			
A9. About how often did you feel so sad that nothing could cheer you up?			
A10. About how often did you feel worthless?			
<p>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</p> <p>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</p> <p>A13. Have you consulted anyone about these feelings? 1.Yes 5.No >>A16</p> <p>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</p> <p>A15. How many times have you seen a doctor or any other health professional about these feelings? 1.number of times</p> <p>A16. How often have physical health problems been the main cause of these feelings? 1. None of the time 2. A little of the time 3. Some of the time</p>			

4. Most of the time
5. All of the time

10aii.SUBJECTIVE SOCIAL WELFARE

Person #	1	2
Takeout the flash card showing the picture of the ladder and display it for the respondent to see. Then read the questions below while they are looking at the ladder.		
<p>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.</p>  <p>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.</p>	<p>1</p> <p>2</p> <p>3</p> <p>4</p> <p>5</p> <p>6</p> <p>7</p> <p>8</p> <p>9</p> <p>10</p>	<p>1</p> <p>2</p> <p>3</p> <p>4</p> <p>5</p> <p>6</p> <p>7</p> <p>8</p> <p>9</p> <p>10</p>
<p>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.</p> <p>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.</p>	<p>1</p> <p>2</p> <p>3</p> <p>4</p> <p>5</p> <p>6</p> <p>7</p> <p>8</p>	<p>1</p> <p>2</p> <p>3</p> <p>4</p> <p>5</p> <p>6</p> <p>7</p> <p>8</p>

Person #	1	2
Takeout the flash card showing the picture of the ladder and display it for the respondent to see. Then read the questions below while they are looking at the ladder.		
	9	9
	10	10

10aiii. **REGRETTED CONSUMPTION (GOODS AND SERVICES) . IF MORE THAN FIVE GOODS ARE LISTED- ASK THE SAME QUESTIONS ABOUT ALL GOODS/SERVICES LISTED**

Person #	1	2
A19. In the last month, what good(s) or service(s) did you buy that you now regret? or wish that you hadn't bought? Surveyor: if the respondent doesn't regret any purchases type "none". Keep entering items until there are none (but up to a maximum of 5 items). Of the list is finished press enter again to continue.		
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 95. Other reason (specify)		
A22. If you had not bought the first good you had listed, what would you use the money for now? (Write in)		

10aiv. Townsend questions

Person #	1	2
Member ID		
<p>A34. A random half (coin flip <i>heads</i>) 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 <i>an anonymous donor</i>, what are the three most important uses you would make of the money, in order of expenditure? How much of the 100 Ghana Cedis. How many cedis would you allocate to each?</p> <p>1. What is the first most important use? 2. How much would you spend on this use? Amount</p> <p>1. What is the second most important use? 2. How much would you spend on this use? Amount</p> <p>1. What is the third most important use? 2. How much would you spend on this use? Amount (Program prompts to made sure that sum of three amounts are not more or less than 100 Ghana cedis</p>		
<p>A35. If you were given 100 Ghana Cedis as a gift that did not have to be repaid from <i>a local NGO</i>, 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?</p> <p>1. What is the first most important use? 2. How much would you spend on this use? Amount</p> <p>1. What is the second most important use? 2. How much would you spend on this use? Amount</p> <p>1. What is the third most important use? 2. How much would you spend on this use? Amount (Program prompts to made sure that sum of three amounts are not more or less than 100 Ghana cedis</p>		

Person ID	1	2
Member ID		
A36. How much do you think <i>rural male</i> workers who have completed primary school typically earn per day? Ghana cedis		
A37. How much do you think <i>rural</i> male workers who have completed secondary school typically earn per day?		
<p>A38. Will this difference between the secondary and the primary school leaver stay the same, increase or decrease in the next 10 years?</p> <p>1. Same 2. Increase 3. Decrease</p>		
A39. How much do you think male workers <i>in Accra</i> who completed primary schooling typically earn per day? Ghana cedis		
A40. How much do you think male workers <i>in Accra</i> who completed secondary schooling typically earn per day? Ghana cedis		

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		
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10av. Trust

Person #	1	2
Member ID		
A42. Most people in this community 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		
A43. Most people in this community 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		
A44. In this community, 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		
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		
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 5. No (if no, >>Avi)		
A47. How many times did you participate in these communal activities? (Number)		

10avi. Care of children

vi: TIME USE

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

Member ID	1	2
Collecting Firewood		
49. On a typical day, does [Name] spend time collecting firewood? 1. Yes 5. No >> next activity		
50. If so, how much time does [Name] spend doing this activity? hours and minutes		
51. Does [Name] undertake this activity whilst a child (<15years) [Name] is caring for is with [Name]? 1. Yes 5. No >> next activity		
Fetching Water		
53. On a typical day, does [Name] spend time fetching water? 1. Yes 5. No >> next activity		
54. If so, how much time does [Name] spend doing this activity? hours and minutes		
55. Does [Name] undertake this activity whilst a child (<15years) [Name] is caring for is with [Name]? 1. Yes 5. No >> next activity		
Shopping/Going to the Market		
57. On a typical day, does [Name] spend time shopping? 1. Yes 5. No >> next activity		
58. If so, how much time does [Name] spend doing this activity? hours and minutes		
59. Does [Name] undertake this activity whilst a child (<15years) [Name] is caring for is with [Name]? 1. Yes 5. No >> next activity		
Running Errands		
61. On a typical day, does [Name] spend time running errands (other than shopping?) 1. Yes 5. No >> next activity		
62. If so, how much time does [Name] spend doing this activity? hours and minutes		
63. Does [Name] undertake this activity whilst a child (<15years) [Name] is caring for is with [Name]? 1. Yes 5. No >> next activity		
Laundry		
65. On a typical day, does [Name] spend time caring for clothes: washing, mending, ironing, sewing new clothes? 1. Yes 5. No >> next activity		
66. If so, how much time does [Name] spend doing this activity? hours and minutes		

67. Does [Name] undertake this activity whilst a child (<15years) [Name] is caring for is with [Name]? 1. Yes 5. No >> next activity		
Washing Dishes		
69. On a typical day, does [Name] spend time washing dishes/ pots? 1. Yes 5. No >> next activity		
70. If so, how much time does [Name] spend doing this activity? hours and minutes		
71. Does [Name] undertake this activity whilst a child (<15years) [Name] is caring for is with [Name]? 1. Yes 5. No >> next activity		
General Cleaning		
73. On a typical day, does [Name] spend time cleaning and upkeep of dwelling? 1. Yes 5. No >> next activity		
74. If so, how much time does [Name] spend doing this activity? hours and minutes		
75. Does [Name] undertake this activity whilst a child (<15years) [Name] is caring for is with [Name]? 1. Yes 5. No >> next activity		
Cooking and Related Activities		
77. On a typical day, does [Name] spend time cooking and preparing food? 1. Yes 5. No >> next activity		
78. If so, how much time does [Name] spend doing this activity? hours and minutes		
79. Does [Name] undertake this activity whilst a child (<15years) [Name] is caring for is with [Name]? 1. Yes 5. No >> next activity		
Caring for Elderly and Infirmed		
81. On a typical day, does [Name] spend time taking care of elderly? 1. Yes 5. No >> next activity		
82. If so, how much time does [Name] spend doing this activity? hours and minutes		
83. Does [Name] undertake this activity whilst a child (<15years) [Name] is caring for is with [Name]? 1. Yes 5. No >> next activity		
Caring for the Sick		
85. On a typical day, does [Name] spend time taking care of sick?		
86. If so, how much time does [Name] spend doing this activity? hours and minutes		
87. Does [Name] undertake this activity whilst a child (<15years) [Name] is caring for is with [Name]? 1. Yes 5. No >> next activity		
Reading		
89. On a typical day, does [Name] spend time reading newspapers, books, or magazines? 1. Yes 5. No >> next activity		

90. If so, how much time does [Name] spend doing this activity? hours and minutes		
91. Does [Name] undertake this activity whilst a child (<15years) [Name] is caring for is with [Name]? 1. Yes 5. No >> next activity		
Listening to Radio		
93. On a typical day, does [Name] spend time listening to the radio? 1. Yes 5. No >> next activity		
94. If so, how much time does [Name] spend doing this activity? hours and minutes		
95. Does [Name] undertake this activity whilst a child (<15years) [Name] is caring for is with [Name]? 1. Yes 5. No >> next activity		
Watching Television		
97. On a typical day, does [Name] spend time watching television? 1. Yes 5. No >> next activity		
98. If so, how much time does [Name] spend doing this activity? hours and minutes		
99. Does [Name] undertake this activity whilst a child (<15years) [Name] is caring for is with [Name]? 1. Yes 5. No >> next activity		
Caring for Kids		
101. Does [Name] spend time caring for children while not doing any other activity? 1. Yes 5. No >> next activity		
102. If so, how much time does [Name] spend helping with homework, teaching, story telling, reading, etc.? hours and minutes		
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)? hours and minutes		
104. On a typical working day, how much time does [Name] spend sleeping? hours and minutes		
105. In an average week, how many days does [Name] work? Days (write in)		

10bii. Risk preferences

This section asks some questions about how you would respond to different options that you are given. Respondent: Household Head, first spouse and any other household member above age 12 chosen at random.

[illegible]

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 12

PART A: HOUSING CHARACTERISTICS - I

PART B: HOUSING CHARACTERISTICS - II

Section 11. Consumption

11a. Food

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

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

Item	Q1.In the last 30 days have you consumed any...?	Q2.In what Unit do you use to measure this food item?	Q3.How many of this unit of ... did you produce ?	Q4.What is the value of this quantity of...	Q5.How many of this unit of ... did you purchase ?	Q6.How much did you spend on purchasing this...?	Q7.How many units of this... did you receive as a gift?	Q8.What is the value of ... that you received as a gift?	Q9.In the last 30 days have you given any.... as a gift?	Q10.How many units of this... did you give as a gift in the last 30 days?	Q11.What is the value of this... that you have given as a gift in the last 30 days
	1.Yes 5.No>>Q9	unit code	qty	amount Ghc	qty	amount Ghc	Qty	amount Ghc	1.Yes 5. No>> Next item	qty	amount Ghc
Cereals											
1. Guinea corn / sorghum											
2. Maize											
3. Millet											
4. Rice – Local											
5. Rice Imported											
6. Other cereals											
Pulses and Nuts											
7. Cowpea Beans											
8. Soya Beans											
9. Other Beans											
10. Groundnuts											
11. Palm nuts											
12. Cola nuts											
13. Other pulses and nuts											
14. Bread											
15. Biscuits											
16. Flour (wheat)											
17. Maize ground / corn dough											
18. Kenkey / banku (without sauce)											

19. Baby food (cerelac, unimix, etc)											
Cooking oil											
20. Coconut oil											
21. Groundnut oil											
22. Palm kernel oil											
23. Shea butter											
24. Palm oil											
25. Margarine / Butter											
26. Other vegetable oils included											
Spices / Condiments											
27. Black pepper											
28. Salt											
29. Ginger											
30. Other Condiments/Spices (Royco etc)											
Milk / milk products											
31. Milk (fresh)											
a) Months in Season											
32. Milk (powder)											
33. Baby milk											
34. Tinned milk											
35. Other milk products incl. Cheese											
Eggs and Poultry											
36. Eggs											
37. Chicken/Guinea fowl											
38. Game birds											
Meat											
39. Corned beef											
40. Pork											
41. Beef											
42. Goat meat											

43. Mutton											
44. Bush meat / wild game											
45. Fish											
46. Canned / Tin Fish											
Fruits											
47. Coconut											
48. Banana											
49. Orange / tangerine											
50. Pineapple											
51. Mango											
52. Avocado pear											
53. Water melon											
54. Pawpaw											
55. Apple											
56. Sugarcane											
Vegetables											
57. Cocoyam leaves (Kontomire)											
58. Garden eggs											
59. Okro (Fresh or Dried)											
60. Carrots											
61. Cabbage											
62. Pepper (fresh or dried)											
63. Onions (large / small)											
64. Tomatoes (fresh)											
65. Tomato puree (canned)											
66. Other vegetables											
Starchy Staples											
67. Cassava											
68. Cocoyam											
69. Plantain											
70. Yam											

71. Cassava dough											
72. Gari											
73. Other starchy staples											
Confectionery											
74. Sugar (cube, granulated)											
75. Honey											
76. Ice cream, ice lollies, etc.											
77. Chocolate											
78. Other confectionaries											
Beverages											
79. Coffee, tea cocoa, etc											
80. Bottled water, soft drink & Juices											
81. Alcoholic beverages											
82. Tobacco											
83. Other beverages											
84. Cooked meals (as wages)											
85. Restaurants, cafés, Canteens, Hotels, etc.											
86. Dawadawa											
87. Prekese											
88. Shea nuts											
89. Wild Mushrooms											
90. snails											
91. Crab											

11b. Clothing

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

Item	How much have you spent on this item for children under 16 years (Ghs)	How much have you spent on this item for elderly over 60 years (Ghs)	How much have you spent on this item for male adults ages 16-60 years (Ghs)	How much have you spent on this item for female adults ages 16-60 years (Ghs)	Total expenditure in the last 12 months.(only when the respondent cannot remember for any age group (Ghs)
1. Suits					
2. Smocks					
3. Cloth (eg. Kente). [This does not include cloth for garment]					
4. Trousers					
5. Shirts/Jackets					
6. Jeans					
7. Underwear					
8. Cloth for garments. [ie. Cloth and other materials]					
9. Other garments and clothing					
10. Footwear					
11. Tailoring, laundry / cleaning, clothing repair					

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	In the last 12 months how much has your entire household spent on this item? Ghs
1. Regular remittances / gifts	
2. Gifts / support to help at the time of difficulty	
3. Cultural festivals (donations) [Homowo, Odwira, etc]	
4. Religious donations	
5. Funerals (donations)	
6. Payment for rent	
7. Owner occupy housing rent (estimate)	
8. Plumbing, electrical, and carpentry services	
9. Sewerage removal, refuse disposal, expenditure on public toilets	
10. Water (pipe-borne, metered)	
11. Water (tanker services)	
12. Cement (for minor repairs of the dwelling)	
13. Hired labour for dwelling repairs	
14. Repairs to furniture and floor coverings	
15. Repairs to household appliances	

Item	In the last 12 months how much has your entire household spent on this item? Ghs
16. Car and truck repairs, maintenance, and other fees	
17. Lawn boys / gardeners	
18. Security guards	
19. House boys / house maids	
20. House keepers / caretakers	
21. Baby sitters, day care attendants, nannies, etc	
22. Barbers and beauty shops	
23. Soaps, bleaches, disinfectants, cleaners, and toilet papers	
24. Matches and candles	
25. Insecticides - coils and sprays	
26. Medicine (pain killers, antibiotics, anti malaria medicines, condoms, tablets, syrups, etc)	
27. Newspapers, magazines, and books	
28. Goods for personal care (toothpaste, razor blades, combs, scent sprays, cosmetics, etc)	
29. Postal, telephone, telegram, fax, internet / email, etc., services and charges	
30. Pets, pet food, veterinary services	
31. Gardening expenses (plants, pots, fertilizers, compost, etc).	

Item	In the last 12 months how much has your entire household spent on this item? Ghs
32. Entertainment	

Part D: Fuel Used in the last 12 months

Type of Fuel	Out of the past 12 months, how many months have you used this item (write in number)	What is the average value of this item you use per month? Ghs	What is the value of this item your household has produced/collected in the last 12 months? Ghs	What is the value of this item your household has purchased in the last 12 months? Ghs
1. Electricity				
2. Gas for household use				
3. Kerosene				
4. Charcoal				
5. Firewood and other solid fuels				
6. Petrol				
7. Diesel				
8. Dung cake				
9. Crop byproducts / waste				
10. Rubbish / plastic				

12. House Characteristics

12a. Housing characteristics 1

Q1. Do you pay rent for this dwelling? 1.Yes 5...No >>8	
Q2. How much does the household pay in cash towards the rent? amount in GHC and P	
Q2b. What is the unit of time of the rent payment? 0.....No Applicable 1.....Daily 2.....Weekly 3.....Monthly 4.....Quarterly 5.....Half Yearly 6.....Yearly	
Q3. Does your household also supply goods or services in exchange for this dwelling? 1.....Yes 5...No >>5	
Q4. What is the appropriate value of these goods and services provided by your household? Amount in GHC and P	
Q4b. What is the unit of time of the in-kind rent payment in Q4b? 0.....No Applicable 1.....Daily 2.....Weekly 3.....Monthly 4.....Quarterly 5.....Half Yearly 6.....Yearly	
5. Is part or all of the rent paid by someone who is not a member of your household? 1.. All of the rent is paid by a NON-household member 3... Part of the rent is paid by a NON-household member 5.....None of the rent is paid by a NON-household member >>8	
6. Who pays? 1.....Relative 4..... Private Individual/Agency 2.....Private employer 95..... Other, Specify. 3.....Government	
Q7. How much does this person pay? Amount in GHC and P	
Q7b. What is the unit of time for this payment? 0.....No Applicable 1.....Daily 2.....Weekly 3.....Monthly	

4.....Quarterly	
5.....Half Yearly	
6.....Yearly	
Q8. How much did your household spend for construction or repair costs and painting in the last 12 months on this dwelling? Amount in GHC	
Q9. What is the main source of drinking water for this household? 01.....Indoor plumbing 09.....Borehole 02.....Inside stand pipe 10.....Protected well 03.....Water truck/tanker service 11.....Unprotected well 04.....Water vendor 12.....River/Stream 05.....Pipe in neighboring household 13.....Rain water/spring 06.....Private outside standpipe 14.....Dugout pond/lake/dam 07.....Public Stand pipe 15.....Other specify 08.....Sachet/bottled water	
Q10ai. How far is this source of water from your dwelling?	
Q10aii. Unit of distance for drinking water. 0. In House 1. Yard 2. Metre 3. Kilometre 4. Mile	
Q11. How long does it take to get to the drinking water source, get water and come back? Number of minutes	
Q9. What is the main source of water for general use for this household? 01.....Indoor plumbing 09.....Borehole 02.....Inside stand pipe 10.....Protected well 03.....Water truck/tanker service 11.....Unprotected well 04.....Water vendor 12.....River/Stream 05.....Pipe in neighboring household 13.....Rain water/spring 06.....Private outside standpipe 14.....Dugout pond/lake/dam 07.....Public Stand pipe 15.....Other specify 08.....Sachet/bottled water	
Q10bi. How far is this source of water from your dwelling?	
Q10bii. Unit of distance for general use water. 0. In House 1. Yard 2. Metre 3. Kilometre 4. Mile	
Q11b. How long does it take to get to the general use water source, get water and come back? Number of minutes	
Q13. How much water does your household use in a day? QUANTITY	
Q13b. What unit is the quantity	

1.....Litres 2.....Gallons 3.....Bucket (No.34)	
Q14. Do you treat your water in any way to make it safer to drink? 1.....Yes 5.....No >>17	
Q15. What do you usually do to the water to make it safer to drink? (Select all that applies) 1.Boil 2. Add bleach/chlorine 3. Strain it through a cloth 4. Use a water filter (ceramics, sand, composite ect) 5. Solar disinfections 6. Let it stand and settle 95. Other (specify)	
16. How is the water supply system operated and managed? 1.....Self 2.....Community operated and managed 3.....Community water and sanitation agency 4.....Ghana Water Company Ltd 5.....NGO 95.....Other(Specify) 96.....Not Applicable	
Q17. Does your household pay a regular bill for this water supply system? 1.....Yes 5.....No >> 19	
Q18.How much was your last bill? (only your part if joint meter or shared bill) Amount in GHC and P	
Q18b. Unit of time for the payment	
Q19. How much did your household pay to a private water vendor, neighbor or standpipe or any other source in the last weeks? Amount in GHC and P	
20. Did your household sell any water to someone else? 1.....Yes 5.....No >>22	
Q21. How much did your household receive for the water sold in the last weeks? Amount in GHC and P	
Q22. What is the main source of lighting for your dwelling? 1.....Electricity (mains) 2.....Kerosene >>24 3.....Gas lamp >>24 4.....Candles/Touches (flashlights) >>24 5.....Solar energy >>24 6.....Generator >>24	

7.....No light >>24	
95.....Other >>24	
Q23. How much was your last bill? (only your part if joint metre/ shared bill) Amount in GHC and P	
Q23b. What is the unit of time for this payment for electricity?	
0.....No Applicable	
1.....Daily	
2.....Weekly	
3.....Monthly	
4.....Quarterly	
5.....Half Yearly	
6.....Yearly	
Q24. What is the main fuel used by the household for cooking?	
0.....None, no cooking	
2.....Wood	
3.....Charcoal	
4.....Gas	
5.....Electricity	
6.....Kerosene	
7.....Crop residue/saw dust	
8.....Animal waste	
95.....Other (Specify)	
Q25. How does your household dispose off refuse?	
1.....Collected	
2.....Public Dump >>27	
3.....Dumped elsewhere >>27	
4.....Burned by household >>27	
5.....Buried by household >>27	
95.....Other specify >>27	
Q26. How much does this household pay for refuse? GHC	
Q26b. What is the unit of time for this payment for refuse collection?	
0.....No Applicable	
1.....Daily	
2.....Weekly	
3.....Monthly	
4.....Quarterly	
5.....Half Yearly	
6.....Yearly	
Q27. The last time (youngest child under 5 years) passed stools, what was done to dispose off the stools?	
0.....There is no child under 5 years	
1.....Child used toilet/ latrines	
2.....Put/rinsed into drain or ditch	
3.....Thrown into garbage	
4.....Buried	

5.....Left it in the open 95.....Other , specify	
Q28. What type of toilet is used by your household? 0.....No toilet facility (bush, beach) >>30 1.....Flush Toilet >>30 2.....Pit latrine >>30 3.....KVIP >>30 4.....Pan/bucket >>30 5.....Public toilet(flush, bucket,KVIP) 6.....Toilet in another house 95.....other , specify >>30	
Q29. How much does your household pay for the use of the toilet facility? Amount in GHC and P	
Q29b. What is the unit of time for this payment toilet? 0.....No Applicable 1.....Daily 2.....Weekly 3.....Monthly 4.....Quarterly 5.....Half Yearly 6.....Yearly	
Q30. What is the main construction material used for the outer wall of the main building? 1..... Mud/mud bricks 2..... Wood/Bamboo 3..... Metal sheet/slate/asbestos 4..... Stone 5..... Burnt bricks plastering 6..... Cement/sandcrete blocks 7..... Landcrete 8..... Thatch 9..... Cardboard 11..... Mud bricks with cement plastering 95..... Other , specify	
Q31. What is the main construction material used for the floor? 1.....Earth/Mud/Mudbricks 6.....Vinyl tiles 2.....Wood 7.....Ceramic/marble tiles 3.....stone 8.....Terrazzo 4.....Cement/concrete 95.....Other ,specify 5.....Burnt bricks	
Q32. What is the main material used for the roof? 1.....Palm leaves/Raffia/Thatch 6.....Roofing tiles 2.....Wood 7.....Mudbricks/Earth 3.....Corrugated iron sheet 8.....Bamboo	

4..... Cement/Concrete	95.....Other specify	
5.....Asbestos/slate		
33a. Does the household have access to Fixed line telephone?	1. Yes 5. No	
33b. Does the household have access to Mobile phone?	1. Yes 5. No	
33c. Does the household have access to Personal computer?	1. Yes 5. No	
33d. Does the household have access to Internet?	1. Yes 5. No	
33e. Does the household have access to E-commerce?	1. Yes 5. No	
33f. Does the household have access to Paid Cable Network (M-NET) ?	1. Yes 5. No	

Note to Surveyor: You are starting the measurement section.

36Qa.How many rooms are you measuring? (number between 1 and 20) (from here the measurement is entered by number of the rooms.		
	Room1	Room2
36b. Who measured this room? 1. You the surveyor 5. A household member		
36c. Was this room rectangular or circular? 1. Rectangular 5. Circular		
36d. What is the length of the room? (in metres)		
36e. What is the width of the room? (in metres)		
36f. Are you measuring the radius (half of the diameter) or circumference (all the way around the room)? 1. Radius 5. Circumference		
36g. What is the radius of the room?		
36h. What is the circumference of the room?		
36. This is the total area of all the rooms. Hit enter to continue (this figure is automatically calculated by the program) using the data on length and width measured.		

12b. Housing characteristics 2

Section 12, Part B- Housing Characteristics II .To be asked of the household head (some questions can be filled by the interviewer)

Q1. In what type of dwelling does the household live? 1.....Separate house/bungalow	
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2.....Semi-detached house 3.....Flat/Apartment 4.....Rooms/compound house 5.....Rooms-Other types 6.....Several huts/buildings same compound 7.....Several huts/buildings different compound 8.....Tent/ improved home 95.....Other Specify	
Q2. How many rooms does the household occupy? (Count living rooms, bed room, dining rooms but not bathroom, toilet and kitchen)	
Q3.Do other households share this building with you? 1.....Yes 5.....No	
Q4.What is your present occupancy status? 1.....Owning >>6 2.....Renting 3.....Rent-free 4.....Perching	
Q5. Who owns this dwelling? 1.....Relative not household member 2.....Other private individual 3.....Private employer 4.....Other private agency 5.....Public/Government ownership 95.....Other specify	
6. What is the condition of the house in which the household is living? 1.....Good 3.....Livable 5.....Badly damaged	
Q7. How are the surroundings of the house? 1.....Clean 3.....Average 6.....Dirty	
Q8.How many bedrooms does the household have? NUMBER	
Q9. Is there a room used exclusively for cooking? 1.....Yes 5.....No >>12	
Q10. Is there a window in the room where cooking is done? 1.....Yes 5.....No	
Q11. Is there a chimney/smoke outlet in the cooking place?	

1.....Yes 5.....No	
Q12. Do you ever cook outside? 1.....Yes 5.....No	
Q13. In which seasons do you cook outside? 1.....Rainy season 2.....Dry season 5. Both Seasons/all year	
Q14. Does your house have electricity? 1.....Yes 5.....No >>16	
Q16. Distance to the nearest public toilet in metres? (Enter -1 if there are no public toilet and people go to the bush).	
Q17. Average time spent travelling to and waiting at public toilet (in minutes).	
Q18. Number of other buildings owned.	
Q19. Number of vacant plots owned.	
Q20a. Does this household keep animals? 1. Yes 5. No	
Q20. Where are the animals kept at night? 1.....Inside the house 3.....Outside the house 5.....Animal shed	
Q21. Where are the animals tied during the day? 1.....Inside the house 2.....Outside the house 3.....Animal shed 4.....Free range	
Q22. Where is the hay (grass) kept? 0.....No hay provided 1.....Inside the house 2.....Outside the house 5.....Animal shed	
Q23. Is there any open sewers/drains in and around the house? 0. No drains or sewers at all 1. Open drains/sewers 3. Covered drains/sewers 5 Open and covered drains/sewers	
Q24. Is there garbage (trash) in and around the house? 1.....Yes 5.....No	

Gathering

Does anyone in your household gather natural products that they didn't cultivate themselves, either for the personal or commercial use? This includes things like dawadawa, prekese, shea nut, snails, mushrooms, hunting game ect. 1. Yes 5. No
Please list all of the items that members of your household gather that they did not cultivate themselves. 1. Dawadawa 2. Prekese 3. Mushrooms 4. Shea nuts 5. Snails 6 Wild game 95. Other Specify

	Which household members gather this item? (select names)	Did they gather this item for personal use or to sell? 1. For personal use 3. To sell 5. Both	What is the total value of this item they have collected in the last 12 months? Ghs	If they sold this item that they kept for personal use, how much would it have been worth? Ghs	How much money did they collect for this item sold? Ghs
1. Dawadawa					
2. Prekese					
3. Mushrooms					
4. Shea nuts					
5. Snails					
6 Wild game					
95. Other Specify					