

**INSTITUTE OF STATISTICAL, SOCIAL & ECONOMIC RESEARCH (ISSER),
UNIVERSITY OF GHANA, LEGON**

POVERTY AND HUMAN DEVELOPMENT SURVEY

**HOUSEHOLD INSTRUMENT
(2012)**

REGION NAME: _____

COMMUNITY NAME: _____

DISTRICT NAME: _____

HH NO:

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INTERVIEWR ID:

--	--

SUPERVISOR ID

--	--

START TIME: HOUR

--	--

 MIN

--	--

HOUSEHOLD INFORMATION

Date:

D	D	M	M	2	0	1	2
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1. Locality Name _____

2. Head of Household in 2010 (name): _____

1a. Locality Code

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3. Household No or Serial:

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6. Location of household: _____

7. Interviewer ID:

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8. Supervisor ID:

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9. Main Language Spoken At Home:

Asante	11	Guan	41
Fanti	12	Buli	51
Akuapem	13	Mamprusi	52
Sefwi	14	Frafra/Gruni	53
Brong	15	Kassen`	54
Nzema	16	Dagbani	55
Ga	21	Wali/Dagari	56
Dangme	22	Sissala	57
Ewe	31	Other (Speify)	96

10. Type of Housing

- 1. Separate House (Bungallow)
- 2. Semi-Detached House
- 3. Flat (Apartment)
- 4. Rooms (Compound)
- 5. Room(s)
- 6. Room(s) Several Huts/Buildings (Same Compound)
- 7. Room(s) Several Huts/Buildings (Different Compound)
- 8. Tents/Improvised Home
- 9. Other (Specify)

11. How Many Rooms are in this Dwelling (*Dwelling here refers to Housing Unit*)?

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12. Does Another Household Share This Dwelling?

- 1. Yes

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- 2. No

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Section 1: Individual Information

Section 1

A1: Household Composition Confirmation

A2: New Household Members

Part 1: Future Contact Information

Part A2: Background Information

Section 2 Employment Main Paid Occupation Last 7 Days

Non-Employees Last 7 Days

Section 3 Education General Education

Section 5 HH Assets Part A: Farm Assets - Animals, Tools

Part B: Non-Financial Assets - Durable goods

Part C: Financial Assets--Borrowing, Lending, Out transfers, In transfers, In transfers (Non-Persons), Savings

Section 6 – Agricultural Production

Section 7 – Non-farm household enterprises

Section 8- Household Health

Part A: Insurance

Part B: Anthropometry

Part C: Immunization

Part D: Activities of Daily Living

Part E: Miscellaneous Health

Part F: Health in the Last 4 Weeks

Part G: Health in the Last 12 Months

Section 9 – Children’s Module

Part A: Young Child Health *Children younger than 7 years old*

Part B: Raven’s Pattern Cognitive Assessment *Children aged 5-15*

Section 10A Operational Performance

Section 11 Food Security Module

Section 12 Consumption Module

Section 13 Part a: housing characteristics

Part b: housing characteristics

Section 14 Location of Expenditures and income sources

Section 1: Individual Information

Section 1 – Household Background

(To be asked of HH head or most knowledgeable person on each subject)

Section 1A1: Household Composition Confirmation

[Read out names of individuals from pre-filled prior roster sheet. Indicate whether person still lives in household. If person is not in the household complete Q6-Q8.

Q1	Q2	Q3	Q4	Q5	Q6	Q11
Roster ID 2010	Is person still residing in hhld? Yes =1 No =2 >>4	Age now? >>11	Why is NAME no longer in the hhld? 1....Moved for work 2....Moved for school 3....Moved to live w/ relatives 4....Death of caregiver(s) residing in this hhld 5....Death of person living outside this hhld 6....Person died >>(move to next person) 7....Marriage 8....Pregnancy 9....Set up new household 10...To follow other family members 11...Recover from illness 12...Break-up of household 13...Birth 98....DK	How long has NAME not been part of this hhld? 1...<6 month 2....6-12 months 3... more than12 months 98.....DK	Where did NAME move to? 1.....Live with other family members in SAME community 2....Live with NON-family members in SAME community 3....To live with family members outside community 4....To live with NON family members OUTSIDE community 98.....DK >>next person	Current Cell Phone Number

0. Are you happy with your life? 1. Yes 2. No
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Part 1: Future Contact Information

Enumerator: please remind the household that it will be interviewed again and thus having a way to contact them in the future is critical to the success of the survey. We are going to ask them for two people who can be contacted in the future should the family move from the village.

0: If you left this place, who would be the most likely people to know where you are?

	Contact 1	Contact 2
1. Name of contact people		

2. Relationship to you

3. Where do these people currently live?		
1. Name of community	1. _____	1. _____
2. Name of region	2. _____	2. _____

4. Phone numbers of these people

5. How best would we be able to contact these people? <i>(Pls. feel free to give as many options as necessary)</i> e.g. Contact address, landmarks, street numbers, nicknames etc		
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Part B: Background Information - (To be asked about all household members)

Member ID	1	2	3	4	5	6	7	8	9	10
ID of Person Interviewed										
1. Sex 1. Male 2. Female	1. Male 2. Female	1. Male 2. Female	1. Male 2. Female	1. Male 2. Female	1. Male 2. Female	1. Male 2. Female	1. Male 2. Female	1. Male 2. Female	1. Male 2. Female	1. Male 2. Female
2. What is [Name's] relationship with the Head of the Household? 1. Head - HH 2. Spouse - SH 3. Child - CH 4. Grandchild - GH 5. Parent/Parent-in-law - PI 6. Son/Daughter-in-law - CI 7. Other relative - OR 8. Adopted/Foster/Stepchild - AD 9. House help - HS 10. Non-relative - NR	1. HH 2. SH 3. CH 4. GH 5. PI 6. CI 7. OR 8. AD 9. HS 10. NR	1. HH 2. SH 3. CH 4. GH 5. PI 6. CI 7. OR 8. AD 9. HS 10. NR	1. HH 2. SH 3. CH 4. GH 5. PI 6. CI 7. OR 8. AD 9. HS 10. NR	1. HH 2. SH 3. CH 4. GH 5. PI 6. CI 7. OR 8. AD 9. HS 10. NR	1. HH 2. SH 3. CH 4. GH 5. PI 6. CI 7. OR 8. AD 9. HS 10. NR	1. HH 2. SH 3. CH 4. GH 5. PI 6. CI 7. OR 8. AD 9. HS 10. NR	1. HH 2. SH 3. CH 4. GH 5. PI 6. CI 7. OR 8. AD 9. HS 10. NR	1. HH 2. SH 3. CH 4. GH 5. PI 6. CI 7. OR 8. AD 9. HS 10. NR	1. HH 2. SH 3. CH 4. GH 5. PI 6. CI 7. OR 8. AD 9. HS 10. NR	1. HH 2. SH 3. CH 4. GH 5. PI 6. CI 7. OR 8. AD 9. HS 10. NR
3. What is [Name's] date of birth? 1. dd mm yy yy 999=DK	DD MM YY									
4. How old is (Name)? 1. yy. mm if <5 ; otherwise, just years.	YY MM									
5. Is (Name) <12 years 1. Yes >>13 2. No	1. Yes 2. No	1. Yes 2. No	1. Yes 2. No	1. Yes 2. No	1. Yes 2. No	1. Yes 2. No	1. Yes 2. No	1. Yes 2. No	1. Yes 2. No	1. Yes 2. No
6. What is [Name's] marital status? 1. Married - MA 2. Consensual union - CU 3. Separated (>> 9) - SE 4. Divorced (>> 9) - DI 5. Widowed (>> 9) - WI 6. Never married (>> 13) - NM 7. Betrothed - BE	1. MA 2. CU 3. SE 4. DI 5. WI 6. NM 7. BE	1. MA 2. CU 3. SE 4. DI 5. WI 6. NM 7. BE	1. MA 2. CU 3. SE 4. DI 5. WI 6. NM 7. BE	1. MA 2. CU 3. SE 4. DI 5. WI 6. NM 7. BE	1. MA 2. CU 3. SE 4. DI 5. WI 6. NM 7. BE	1. MA 2. CU 3. SE 4. DI 5. WI 6. NM 7. BE	1. MA 2. CU 3. SE 4. DI 5. WI 6. NM 7. BE	1. MA 2. CU 3. SE 4. DI 5. WI 6. NM 7. BE	1. MA 2. CU 3. SE 4. DI 5. WI 6. NM 7. BE	1. MA 2. CU 3. SE 4. DI 5. WI 6. NM 7. BE
7. Does spouse live in the household? 1. yes 2. no (>>9)	1. Yes 2. No									
8. Spouse's ID (If more than one spouse, get ID of the first spouse) 1. ID	1. _____ ID									

Member ID	1	2	3	4	5	6	7	8	9	10
9. At what age did (Name) get married or start living with a partner? (first marriage) 1. Age 2.DK	Age -----									
11. In what year did (Name) get married? (first marriage)										
13. What is [Name's] religious denomination? 1. Catholic 2. Anglican 3. Presbyterian 4. Methodist 5. Pentecostals 6. Spiritualist 7. Other Christian 8. Muslim 9. Traditional 10. No Religion 11. Other non-Christian (specify)	1 2 3 4 5 6 7 8 9 10 11									
14. In what region/country was (Name) born? 1. Western 2. Central 3. Gt. Accra 4. Volta 5. Eastern 6. Ashanti 7. Brong Ahafo 8. Northern 9. Upper East 10. Upper West 96. Other ECOWAS 97. Africa other than ECOWAS 98. Outside of Africa	1 2 3 4 5 6 7 8 9 10 96 97 98									
17. Does [Name's] father live in this household? 1. Yes ,ID of father >>20 2. No, deceased 3. No, other household.	1. _____ ID									
	2.	2.	2.	2.	2.	2.	2.	2.	2.	2.
	3.	3.	3.	3.	3.	3.	3.	3.	3.	3.

Member ID	1	2	3	4	5	6	7	8	9	10
18. What was [Name's] father's highest level of education completed? 1. None - NO 2. Primary - PO 3. Middle/JSS - MO 4. Voc/Comm - VC 5. 'O' level - O 6. SSS - SS 7. 'A' level - AO 8. Training college - TC 9. Tech/prof - TP 10. Tertiary-TE 11. Koranic - KO 12. Don't know - DK 13. Other (specify)	1.NO 2.PO 3.MO 4.VC 5.OO 6.SS 7.AO 8.TC 9.TP 10.TE 11.KO 12.DK 13									
20. Does [Name's] mother live in this household? 1. Yes, ID of mother >>27 2. No, deceased 3. No, other household	1. _____ ID 2. 3.									
21. What was [Name's] mother's highest level of education completed? 1. None - NO 2. Primary - PO 3. Middle/JSS - MO 4. Voc/Comm - VC 5. 'O' level - OO 6. SSS - SS 7. 'A' level - AO 8. Training college - TC 9. Tech/prof - TP 10. Tertiary - TE 11. Koranic - KO 12. Don't know - DK	1.NO 2.PO 3.MO 4.VC 5.OO 6.SS 7.AO 8.TC 9.TP 10.TE 11.KO 12.DK									
27. For how many months has (Name) been away from this household in last 12 months? 1. Number of months, If less than 6 months (>>Next Person)										

Member ID	1	2	3	4	5	6	7	8	9	10
28. While absent, is (Name) a member of another household? Including a single person household 1. Yes 2. No	1. Yes									
	2. No									
29. For what reason did (Name) move away? 1. Job transfer 2. Seeking employment 3. Spouse's employment 4. Marriage 5. Other family reason 6. Education 7. Political/religious 8. Other (specify)	1.	1.	1.	1.	1.	1.	1.	1.	1.	1.
	2	2	2	2	2	2	2	2	2	2
	3.	3.	3.	3.	3.	3.	3.	3.	3.	3.
	4.	4.	4.	4.	4.	4.	4.	4.	4.	4.
	5.	5.	5.	5.	5.	5.	5.	5.	5.	5.
	6.	6.	6.	6.	6.	6.	6.	6.	6.	6.
	7.	7.	7.	7.	7.	7.	7.	7.	7.	7.
	8.	8.	8.	8.	8.	8.	8.	8.	8.	8.

Member ID	1	2	3	4	5	6	7	8	9	10
ID of Person Interviewed										
4. Regional capital 5. Another Town (not district or regional capital) 6. in another country										
7. During the last year, how many weeks has (Name) done this job (out of 52)? How many days per week and hours per day did (Name) typically work? 1. Weeks 2. Number of days in a typical week 3. Number of hours in a typical day	1. ____ wk 2. ____ d/wk 3. ____ hrs/d									
8. During the last 7 days, how long did (Name) actually do this job? 1. Days last week 2. Hours per day	1. ____ d/wk 2. ____ hrs/d									
9. Has (Name) received or will (Name) receive money for this work? 1. Yes 2. No >> 12	1. Yes 2. No									
10. What is the amount (including any bonuses, commissions, allowances or tips) received or owed for work done? (Ghana cedis & pesewas)	c p									
11. Over what time period is this amount paid or owed? 1. Daily 2. Weekly 3. Monthly 4. Quarterly 5. Other (specify)	1. 2. 3. 4. 5. -----									
12. Does (Name) receive any other payment for this work in the form of goods and services? 1. Yes 2. No >> 15	1.....Yes 2.....No 98.....DK									

Member ID	1	2	3	4	5	6	7	8	9	10
ID of Person Interviewed										
13. What is the value of goods or services provided/owed? (Ghana cedis & pesewas)	c p									
14. Over what time period is this payment in kind made? 1. Daily 2. Weekly 3. Monthly 4. Quarterly 5. Other (specify)	1. 2. 3. 4. 5. _____									
21. Is (Name) entitled to free or subsidized medical care in this job? 1. Yes 2. No	1. Yes 2. No	1. Yes 2. No	1. Yes 2. No	1. Yes 2. No	1. Yes 2. No	1. Yes 2. No	1. Yes 2. No	1. Yes 2. No	1. Yes 2. No	1. Yes 2. No

iii. **NON-EMPLOYEES DURING THE LAST 7 DAYS**

ANSWER FOR ALL HOUSEHOLD MEMBERS 7 YEARS AND OLDER, AND WHO ARE CURRENTLY NOT PAID EMPLOYEES OUTSIDE THE HOUSEHOLD

Member ID	1	2	3	4	5	6	7	8	9	10
ID of Person Interviewed										
62. Is (Name) a paid employee outside the household? 1. Yes >> next person 2. No										
63. Was (Name) available for work (paid employment) during the last 7 days? 1. Yes 2. No >> 65	1. 2.									
64. Has (Name) made any effort during the last 7 days to find work? 1. Yes 2. No	1. 2.									
65. Why was (Name) not available or has (Name) not made any effort to find work? (most important only) 1. Thought no work available 2. Awaiting reply to earlier enquiries 3. Waiting to start arranged job, business or agri. 4. Off season in agri. 5. Occupied with household farm/ non-farm enterprise >> next person 6. Occupied with other household duties 7. Illness / injury, 8. Full-time student 9. On vacation/ pension 10. Other (specific)	1. 2. 3. 4. 5. 6. 7. 8. 9. 10.									
72. What is the lowest daily wage for which (Name) is willing to work for someone? (write in)	_____c _____p									
73. Did [name] have paid work in the last 12 months (but not the last 7 days)? (should not have filled out Section 1A) 01. Yes 02. No >> Section 3										
74. What was the location of the job? 1. In this community 2. In a neighboring village 3. In the district capital 4. In the regional capital 5. Another town (NOT district or regional capital 6. in another country										

Member ID	1	2	3	4	5	6	7	8	9	10
75. ISCO code for main tasks and duties in the job (See Codebook and write 3 digits)										
76. ISIC code for trade or industry work is connected with (See Codebook and write 4 digits)										
77. During the past year, how many weeks have you worked on this job (out of 52)? 1. Weeks	1. __ __ wk									
78. What is the amount (including any bonuses, commissions, allowances or tips) received for work done each week? (cedis & pesewas)	c p									
79. Does (Name) receive any payment for this work in the form of goods and services? 1. Yes 2. No >> Section 3	1. Yes 2. No									
80. What is the value of goods or services provided/owed each week? (cedis & pesewas)	c p									

Section 3: Education

i. GENERAL EDUCATION –ANSWER FOR ALL HOUSEHOLD MEMBERS 3 YEARS AND OLDER

GRADE LEVEL CODES: 0... NONE; 01...PRE-SCHOOL; 11...P1; 12...P2; 13...P3; 14...P4; 15...P5; 16...P6; 17...JSS1; 18...JSS2; 19...JSS3; 20...M1; 21...M2; 22...M3; 23...M4; 24...SSS1; 25...SSS2; 26...SSS3; 62.....SSS4/SHS4 27...S1; 28...S2; 29...S3; 30...S4; 31...S5; 32...OTHER (SPECIFY)

Member ID	1	2	3	4	5	6	7	8	9	10
1. ID of Person Interviewed										
2. Has (Name) ever attended school? 1. Yes, 2. No >>iii	1. Yes 2. No									
3. What was the highest grade successfully completed? (See GRADE LEVEL CODES above)										
4. What was the highest educational qualification attained? <i>Qualification Codes</i> 1. None 2. MSLC 3. BECE 4. Voc/Comm 5. Teacher Training 6. Teacher Post Secondary 7. GCE O Level 8. SSCE 9. GCE A Level 10. Tech/ Prof. Cert. 11. Tech/Prof. Dip. 12. HND 13. Bachelor's 14. Master's 15. Other (specify)	1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15.									
5 Did (Name) attend school / college at any time during the last 12 months? 1. Yes 2. No >> Next person	1. Yes 2. No									
6. Is (Name) still in school? 1. Yes 2. No>>13	1. Yes 2. No									
7. Is the school (Name) attending Public or Private? 1. Public Religious 2. Public Non-religious 3. Private Religious 4. Private Non-religious	1. 2. 3. 4.									
8. What is the current grade? <i>See Grade Level Codes Above</i>										

Member ID	1	2	3	4	5	6	7	8	9	10
9. How much travelling time does (Name) spend going to and from school daily?										
1. Hours	h	h	h	h	h	h	h	h	h	h
2. Minutes	m	m	m	m	m	m	m	m	m	m
(IF IN A BOARDING SCHOOL CODE: HRS ... 00, MINS ... 00) >> 13										
10. How many hours of class did (Name) attend last week? (exclude extra classes)										
1. Hours	h	h	h	h	h	h	h	h	h	h
2. Minutes	m	m	m	m	m	m	m	m	m	m
(vacation code 99)	3	3	3	3	3.	3	3	3	3	3
3.DK (Don't know)										
11. How many hours of class did (Name) miss last week?										
1. Hours	h	h	h	h	h	h	h	h	h	h
2. Minutes	m	m	m	m	m	m	m	m	m	m
(If on vacation, code 99 for HOURS)	3	3	3	3	3.	3	3	3	3	3
3.DK (Don't know)										
12. How many hours and minutes of homework did (Name) do last week?										
1. Hours	h	h	h	h	h	h	h	h	h	h
2. Minutes	m	m	m	m	m	m	m	m	m	m
3.DK (Don't know)	3	3	3	3	3.	3	3	3	3	3
13. In the last 12 months, how much was spent on (Name) for school fees, registration fees and other dues?										
1. GH¢	c	c	c	c	c	c	c	c	c	c
2. P	p	p	p	p	p	p	p	p	p	p
14 In the last 12 months, how much was spent on (Name) with respect to contributions to parent/ teacher association (PTA)?										
1. GH¢	c	c	c	c	c	c	c	c	c	c
2. P	p	p	p	p	p	p	p	p	p	p
15. In the last 12 months, how much was spent on (Name) for uniforms and sports clothes?										
1. GH¢	c	c	c	c	c	c	c	c	c	c
2. P	p	p	p	p	p	p	p	p	p	p
16. In the last 12 months, how much was spent on (Name) for books and school supplies?										
1. GH¢	c	c	c	c	c	c	c	c	c	C
2. P	p	p	p	p	p	p	p	p	p	p
17. In the last 12 months, how much was spent on (Name) for transportation to and from school?										
1. GH¢	c	c	c	c	c	c	c	c	c	C
2. P	p	p	p	p	p	p	p	p	p	p

Member ID	1	2	3	4	5	6	7	8	9	10
18. In the last 12 months, how much was spent on (Name) for food, boarding and/or lodging at school? 1. GH¢ 2. P	c p									
19. In the last 12 months, how much was spent on (Name) for expenses on extra classes? 1. GH¢ 2. P	c p									
20. In the last 12 months, how much was spent on (Name) for in-kind expenses? 1. GH¢ 2. P	c p									
21. If cannot break down, what was the total schooling expenditure spent on (Name) in the last 12 months? 1. GH¢ 2. P	c p									
22. Who paid for most of the educational expenses? 1. Father 2. Mother 3. Both parents 4. Other HH member 5. Other relative 6. Non-relative 7. Self 8. Other (specify)	1. 2. 3. 4. 5. 6. 7. 8. _____									
23. Did (Name) have a scholarship / bursary during the last 12 months? 1. Yes 2. No >> 25	1. Yes 2. No									
24. What was the amount of the scholarship / bursary received for the last 12 months? 1. Ghana cedis 2. pesewas	c p									
25. Does (Name) have access to all the textbooks needed for school? 1. yes, has all, 2. has some, but not all, 3. has none	1. 2. 3.									

Member ID	1	2	3	4	5	6	7	8	9	10
26. How does (Name) obtain the textbooks? (Circle all that apply) 1. Provided by school, can take home, 2. Provided by school, cannot take home, 3. Newly purchased from the school, 4. Newly purchased from private market, 5. Gift, 6. Passed down from older sibling, 7. Other (specify)	1. 2. 3. 4. 5. 6. 7.									
27. Has (Name) ever repeated / did (Name) ever repeat a grade/level? 1. Yes 2. No >>29										
28. How many times has (Name) repeated / did (Name) repeat a grade/level? 1. number										
29. Has (Name) ever / did (Name) ever skip a grade? 1. Yes 2. No >>31										
30. How many times has (Name) skipped / did (Name) skip a grade/level? 1. number										
31. Does (Name) participate in a free feeding program at school? 1. Yes 2. No >>35	1. Yes 2. No									
32. Which meal(s) does (Name) receive at school? (Circle all that apply) 1. Breakfast, 2. Snack, 3. Lunch, 4. Supper	1. 2. 3. 4.									
33. How many days per week does (Name) receive this food? (Write in)	_____ # of times									
35. Does NAME have one teacher for most or all of the subjects studied? 1. Yes, 2. No, NAME has different teachers for math, science, language, etc.>>37 3.No,NAME can't identify teacher classification >> ii	1. 2. 3.									

Member ID	1	2	3	4	5	6	7	8	9	10
36. How many days per month, on average, is this teacher absent?	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
	# of days									
37. How many days in the month, on average, is the English teacher absent?	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
1. Number of Days (write in)	# of days									
38. How many days per month, on average, is the Math teacher absent?	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
1. Number of Days (write in)	# of days									

Section 5 – Household Assets

RESPONDENT: HH Head, Spouse or person most knowledgeable about farm tools/animals, financial assets

Part A: Farm Assets

i. Animals in the Household

<p>0. Does your household own livestock that it uses for production or for food?</p> <p>1. Yes 2. No >> Part A ii.</p>
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	A. Draught animal (donkey, horse, bullock)	B. Cattle	C. Sheep	D. Goats	E. Pigs	F. Rabbits	G. Chickens/ Roosters	H. Other 1 _____	I. Other 2 _____	J. Other 3 _____
1a Do you keep this animal? Yes.....1 No.....2 >>next animal										
1. How many (...) are currently possessed by people in this household? 1. Number (If zero, next animal)	1. _____ no.	1. _____ no.	1. _____ no.	1. _____ no.	1. _____ no.	1. _____ no.	1. _____ no.	1. _____ no.	1. _____ no.	1. _____ no.
2. List the IDs of up to two people who own this animal? 1. Owner 1 2. Owner 2 3. Owned by whole household	1. ____ ID 2. ____ ID 3. ____HH	1. ____ ID 2. ____ ID 3. ____HH	1. ____ ID 2. ____ ID 3. ____HH	1. ____ ID 2. ____ ID 3. ____HH	1. ____ ID 2. ____ ID 3. ____HH	1. ____ ID 2. ____ ID 3. ____HH	1. ____ ID 2. ____ ID 3. ____HH	1. ____ ID 2. ____ ID 3. ____HH	1. ____ ID 2. ____ ID 3. ____HH	1. ____ ID 2. ____ ID 3. ____HH
3. What is the current value of these animals, if you sold all of them? 1. Ghana Cedis 2. Pesewas	c p	c p	c p	c p	c p	c p	c p	c p	c p	c p
4. In the last 12 months, have you spent money to feed this animal? 1. Yes 2. No >> 6	1. 2. >>6	1. 2. >>6	1. 2. >>6	1. 2. >>6	1. 2. >>6	1. 2. >>6	1. 2. >>6	1. 2. >>6	1. 2. >>6	1. 2. >>6
5. How much have you spent on fodder/ feed produced outside your home in the last 12 months? 1. Ghana cedis 2. pesewas	c p	c p	c p	c p	c p	c p	c p	c p	c p	c p
6. What is the value of fodder/feed produced within your home in the last 12 months? 1. Ghana cedis	c p	c p	c p	c p	c p	c p	c p	c p	c p	c p

Section 5: Household Assets

	A. Draught animal (donkey, horse, bullock)	B. Cattle	C. Sheep	D. Goats	E. Pigs	F. Rabbits	G. Chickens/ Roosters	H. Other 1 _____	I. Other 2 _____	J. Other 3 _____
2. pesewas										
7. How much has been spent on veterinary expenses for (...) in the last 12 months?	c	c	c	c	c	c	c	c	c	c
1. Ghana Cedis	p	p	p	p	p	p	p	p	p	p
2. Pesewas										
8. How much has been spent on enclosure, shelter, restraint and related expenses for (...) in the last 12 months?	c	c	c	c	c	c	c	c	c	c
1. Ghana Cedis	p	p	p	p	p	p	p	p	p	p
2. Pesewas										
9. How much has been spent on hired labor to maintain (...) in the last 12 months?	c	c	c	c	c	c	c	c	c	c
1. Ghana Cedis	p	p	p	p	p	p	p	p	p	p
2. Pesewas										
10. How much has been spent on access to water to maintain (...) in the last 12 months?	c	c	c	c	c	c	c	c	c	c
1. Ghana Cedis	p	p	p	p	p	p	p	p	p	p
2. Pesewas										
11. How much has been spent on other expenses to maintain (...) in the last 12 months?	c	c	c	c	c	c	c	c	c	c
1. Ghana Cedis	p	p	p	p	p	p	p	p	p	p
2. Pesewas										
12. How much revenue have you earned from the sales of (...) and (...) products in the last 12 months?	c	c	c	c	c	c	c	c	c	c
1. Ghana Cedis	p	p	p	p	p	p	p	p	p	p
2. Pesewas										
If zero, >>q14										
13. Where did you most commonly sell (animal)?										
1. In this community										
2. In a neighboring village										
3. The district capital										
4. Regional capital										
5. Another Town (not district or regional capital)										
6. in another country										

Section 5: Household Assets

	A. Draught animal (donkey, horse, bullock)	B. Cattle	C. Sheep	D. Goats	E. Pigs	F. Rabbits	G. Chickens/ Roosters	H. Other 1 _____	I. Other 2 _____	J. Other 3 _____
7. farmgate										
14. How many (animal) did you purchase in the last 12 months? 1. Number	1. _____ If zero, next animal	1. _____ If zero, next animal	1. _____ If zero, next animal	1. _____ If zero, next animal	1. _____ If zero, next animal	1. _____ If zero, next animal	1. _____ If zero, next animal	1. _____ If zero, next animal	1. _____ If zero, next animal	1. _____ If zero, next animal
15. What was the total cost of the purchases of (animal)?	c p	c p	c p	c p	c p	c p	c p	c p	c p	C p
16. Where did you most commonly purchase (animal)? 1. In this community 2. In a neighboring village 3. The district capital 4. Regional capital 5. Another Town (not district or regional capital) 6. in another country 7. farmgate										

Aii. Tools

Q13.

a.) How many of the following tools (in working condition) does your household own?

b.) List two owners of these tools. If all are owned by whole household, code HH

	Do you have this item? Yes1 NO.....2 >>next tool	A. Number	B. ID of Two Owners
1. 2-wheel tractor		a. _____	b. _____ ID _____ ID
2. 4-wheel tractor		a. _____	b. _____ ID _____ ID
3. Cane crusher		a. _____	b. _____ ID _____ ID
4. Hoe		a. _____	b. _____ ID _____ ID
5. Axe		a. _____	b. _____ ID _____ ID
6. Rake		a. _____	b. _____ ID _____ ID
7. Shovel		a. _____	b. _____ ID _____ ID
8. Pick(-axe)		a. _____	b. _____ ID _____ ID
9. Sickle/reaping hook		a. _____	b. _____ ID _____ ID
10. Harrow		a. _____	b. _____ ID _____ ID
11. Tiller		a. _____	b. _____ ID _____ ID
12. Water pump		a. _____	b. _____ ID _____ ID
13. Irrigation pipe		a. _____	b. _____ ID _____ ID
14. Cutlass		a. _____	b. _____ ID _____ ID
15. Trailer / cart		a. _____	b. _____ ID _____ ID
16. Spraying machine		a. _____	b. _____ ID _____ ID
17. Outboard motor		a. _____	b. _____ ID _____ ID
18. Canoe		a. _____	b. _____ ID _____ ID
19. Plough		a. _____	b. _____ ID _____ ID
20. Other, specify		a. _____	b. _____ ID _____ ID
21. Other, specify		a. _____	b. _____ ID _____ ID

Section 5: Household Assets

	Do you have this item? Yes1 NO.....2 >>next tool	A. Number	B. ID of Two Owners
22. Other, specify		a. _____	b. _____ ID _____ ID
23. Other, specify		a. _____	b. _____ ID _____ ID
24. Other, specify		a. _____	b. _____ ID _____ ID
25. Other, specify		a. _____	b. _____ ID _____ ID
26. Other, specify		a. _____	b. _____ ID _____ ID
27. Other, specify		a. _____	b. _____ ID _____ ID
28. Other, specify		a. _____	b. _____ ID _____ ID
29. Other, specify		a. _____	b. _____ ID _____ ID
30. Other, specify		a. _____	b. _____ ID _____ ID

Section 5: Household Assets

Part B: Non-Financial Assets:

i. Durable goods

14.

a.) How many of the following goods (in working condition) does your household own?

b.) List two owners of these good. if owned by whole household, code HH

	Do you have this item?		A. Number	B. ID of Two owners
	Yes1	NO.....2 >> next item		
1. Room Furniture (SETS)			██████████ ██████████	b. _____ ID _____ ID
2. Sewing Machine			a. _____	b. _____ ID _____ ID
3. Stove (kerosene)			a. _____	b. _____ ID _____ ID
4. Stove (electric)			a. _____	b. _____ ID _____ ID
5. Stove (gas)			a. _____	b. _____ ID _____ ID
6. Refrigerator			a. _____	b. _____ ID _____ ID
7. Freezer			a. _____	b. _____ ID _____ ID
8. Air conditioner			a. _____	b. _____ ID _____ ID
9. Fan			a. _____	b. _____ ID _____ ID
10. Radio			a. _____	b. _____ ID _____ ID
11. Radio Cassette Player			a. _____	b. _____ ID _____ ID
12. Record Player			a. _____	b. _____ ID _____ ID
13. 3-in-1 radio system			a. _____	b. _____ ID _____ ID
14. Video Player			a. _____	b. _____ ID _____ ID
15. Desktop Computer			a. _____	b. _____ ID _____ ID
16. Laptop Computer			a. _____	b. _____ ID _____ ID
17. Printer			a. _____	b. _____ ID _____ ID
18. Computer accessories			a. _____	b. _____ ID _____ ID
19. camcorder/video camera			a. _____	b. _____ ID _____ ID

Section 5: Household Assets

	Do you have this item?		A. Number	B. ID of Two owners
	Yes1	NO.....2 >> next item		
20. Camera			a. _____	b. _____ ID _____ ID
21. Iron (electric)			a. _____	b. _____ ID _____ ID
22. Bicycle			a. _____	b. _____ ID _____ ID
23. Motorcycle			a. _____	b. _____ ID _____ ID
24. Books (Textbooks)			a. _____	b. _____ ID _____ ID
25. Cell (mobile) Phone handset			a. _____	b. _____ ID _____ ID
26. Telephone (Fixed line)			a. _____	b. _____ ID _____ ID
27. TV			a. _____	b. _____ ID _____ ID
28. Parabolic satellite			a. _____	b. _____ ID _____ ID
29. Blenders			a. _____	b. _____ ID _____ ID
30. VCD/DVD Player			a. _____	b. _____ ID _____ ID
31. Washing machine/ driers			a. _____	b. _____ ID _____ ID
32. Lanterns/ gas lights			a. _____	b. _____ ID _____ ID
33. Buckets			a. _____	b. _____ ID _____ ID
34. Motor-driven lawn mower			a. _____	b. _____ ID _____ ID
35. Electric Power Generator			a. _____	b. _____ ID _____ ID
36. Car			a. _____	b. _____ ID _____ ID
37. Truck/ bus			a. _____	b. _____ ID _____ ID
38. Musical instruments			a. _____	b. _____ ID _____ ID
39. Game cards (chess, ludo, etc)			a. _____	b. _____ ID _____ ID
40. Toys			a. _____	b. _____ ID _____ ID
41. Cutlery/ Utensils			████████████████████ ████████████████████	b. _____ ID _____ ID

Section 5: Household Assets

	Do you have this item?		A. Number	B. ID of Two owners
	Yes1	NO.....2 >> next item		
42. Cups and plates			a. _____	b. _____ ID _____ ID
43. Torches			a. _____	b. _____ ID _____ ID
44. Land (non-farm)			a. _____	b. _____ ID _____ ID
51. Box Iron			a. _____	b. _____ ID _____ ID
45. Other, specify			a. _____	b. _____ ID _____ ID
46. Other, specify			a. _____	b. _____ ID _____ ID
47. Other, specify			a. _____	b. _____ ID _____ ID
48. Other, specify			a. _____	b. _____ ID _____ ID
49. Other, specify			a. _____	b. _____ ID _____ ID

Section 5: Household Assets

	A. Debt 1	B. Debt 2	C. Debt 3	D. Debt 4
6. What was the intended purpose for which the loan was contracted? <i>(Circle all that apply)</i> 1. Agricultural land / equipment - AG 2. Agricultural inputs - AI 3. Business - BU 4. Housing - HO 5. Education / training -- ED 6. Health - HE 7. Ceremonies (weddings, funerals, etc.) - WE 8. Vehicle , Motor cycle- VE 9. Other consumer goods - CG 10. Other (specify) – OT	1. AG 2. AI 3. BU 4. HO 5. ED 6. HE 7. WE 8. VE 9. CG 10. OT _____	1. AG 2. AI 3. BU 4. HO 5. ED 6. HE 7. WE 8. VE 9. CG 10. OT _____	1. AG 2. AI 3. BU 4. HO 5. ED 6. HE 7. WE 8. VE 9. CG 10. OT _____	1. AG 2. AI 3. BU 4. HO 5. ED 6. HE 7. WE 8. VE 9. CG 10. OT _____
6a. Was the loan used for the intended purpose for which it was contracted? 1.....Yes >>7 2.....No	1.....Yes 2.....No	1.....Yes 2.....No	1.....Yes 2.....No	1.....Yes 2.....No
7b. What was the loan mainly used for? <i>(Circle only one option)</i> 1. Agricultural land / equipment - AG 2. Agricultural inputs - AI 3. Business - BU 4. Housing - HO 5. Education / training -- ED 6. Health - HE 7. Ceremonies (weddings, funerals, etc.) - WE 8. Vehicle, Motor cycle - VE 9. Other consumer goods – CG 10. Other (specify) – OT 11. Food for the household	1. AG 2. AI 3. BU 4. HO 5. ED 6. HE 7. WE 8. VE 9. CG 10. OT _____ 11. FH	1. AG 2. AI 3. BU 4. HO 5. ED 6. HE 7. WE 8. VE 9. CG 10. OT _____ 11. FH	1. AG 2. AI 3. BU 4. HO 5. ED 6. HE 7. WE 8. VE 9. CG 10. OT _____ 11. FH	1. AG 2. AI 3. BU 4. HO 5. ED 6. HE 7. WE 8. VE 9. CG 10. OT _____ 11. FH
8. What kind of guarantee was required by the lender? <i>(Circle all that apply)</i> 1. None - NO 2. Land - LA 3. Cattle - CA 4. House / building - HO 5. Employer - EM 6. Relatives - RE 7. Non-relatives - NR 8. Other (specify) – OT	1. NO 2. LA 3. CA 4. HO 5. EM 6. RE 7. NR 8. OT _____	1. NO 2. LA 3. CA 4. HO 5. EM 6. RE 7. NR 8. OT _____	1. NO 2. LA 3. CA 4. HO 5. EM 6. RE 7. NR 8. OT _____	1. NO 2. LA 3. CA 4. HO 5. EM 6. RE 7. NR 8. OT _____
9. What is the principal amount of this loan? 1. Ghana Cedis & Pesewas	_____ c _____ p	_____ c _____ p	_____ c _____ p	_____ c _____ p

Section 5: Household Assets

	A. Debt 1	B. Debt 2	C. Debt 3	D. Debt 4
10. Do you have to pay interest on this loan? 1. Yes 2. No >>10 <i>If yes, what was/is it?</i> 2a. percent interest per year	1.Yes 2.No	1.Yes 2.No	1.Yes 2.No	1.Yes 2.No
	2a. _____ %	2a. _____ %	2a. _____ %	2a. _____ %
9a. What is the total amount that you are/were supposed to pay (principal plus interest)	_____ c _____ p	_____ c _____ p	_____ c _____ p	_____ c _____ p
10. What is the duration for this loan in months?				
11. How often were you required to make payments on this loan in a year? 1. Number 2. 888 if no fixed schedule >> 13				
12. For each payment period, how much were you required to pay (payment schedule)? 1. Ghana Cedis & Pesewas 2. code 888 for variable amount	_____ c _____ p	_____ c _____ p	_____ c _____ p	_____ c _____ p
13. What is the amount paid back on this loan in the last 12 months? 1. Ghana Cedis & Pesewas	_____ c _____ p	_____ c _____ p	_____ c _____ p	_____ c _____ p
14. What is the outstanding amount of the loan? 1. Ghana cedis & pesewas	_____ c _____ p	_____ c _____ p	_____ c _____ p	_____ c _____ p
14a. Has anyone in this household paid off any loans in the last 12 months? 1. Yes 2. NO >>next section (lending)				
14b. When was the loan fully repaid?	_____ YY _____ MM	_____ YY _____ MM	_____ YY _____ MM	_____ YY _____ MM
14c. ID of person in household who owed the debt				
14d. How much was the final payment?	_____ c _____ p	_____ c _____ p	_____ c _____ p	_____ c _____ p

Section 5: Household Assets

ii. Lending

15. Is anyone in this household currently owed money or goods? 1. Yes 2. No >> Part C iii.

Include only loans to others outside the household. Organize this list of loans by the amount owed from highest to lowest.

	Credit 1	Credit 2	Credit 3	Credit 4
16. ID of person in the household to whom this money or goods are owed: 1. ID	1. _____ ID	1. _____ ID	1. _____ ID	1. _____ ID
17. Is this the person who actually answered these questions: 1. Yes 2. No	1. Yes 2. No	1. Yes 2. No	1. Yes 2. No	1. Yes 2. No
18. To whom was this loan given? 1. Employee - EM 2. Tenant - TE 3. Relative - RE 4. Neighbor / friend - NF 5. other (specify) - OT	1. EM 2. TE 3. RE 4. NF 5. OT _____			
19. If owed by an individual in this community, what is your relationship with this person? 1. Neighbour/Friend 2. Other Family Relation (<i>i.e. Non-HH Member</i>) 3. Other Non-Relatives	1 2 3	1 2 3	1 2 3	1 2 3
20. When was this loan made? 1. Year 2. Month 3. Day	1. _____ 2. _____ 3. _____			
21. What kind of guarantee did you require of the borrower? 1. None - NO 2. Land - LA 3. Cattle - CA 4. House / building - HO 5. Employer - EM 6. Relatives - RE 7. Non-relatives - NR 8. Other (specify) – OT	1. NO 2. LA 3. CA 4. HO 5. EM 6. RE 7. NR 8. OT _____	1. NO 2. LA 3. CA 4. HO 5. EM 6. RE 7. NR 8. OT _____	1. NO 2. LA 3. CA 4. HO 5. EM 6. RE 7. NR 8. OT _____	1. NO 2. LA 3. CA 4. HO 5. EM 6. RE 7. NR 8. OT _____

Section 5: Household Assets

	Credit 1	Credit 2	Credit 3	Credit 4
22. What is the principal amount of this loan? 1. Cedis & Pesewas	_____ c _____ p	_____ c _____ p	_____ c _____ p	_____ c _____ p
23. Does this loan receive interest? 1. Yes 2. No >>24 <i>If Yes, what was/is</i> 2a. percent interest per year	1.Yes 2.No 2a. _____%	1.Yes 2.No 2a. _____%	1.Yes 2.No 2a. _____%	1.Yes 2.No 2a. _____%
23a. What is the total amount of that you are/were supposed to receive (principal plus the interest)?	_____ c _____ p	_____ c _____ p	_____ c _____ p	_____ c _____ p
24. What is the amount paid back on this loan in the last 12 months? 1. Ghana Cedis & Pesewas	_____ c _____ p	_____ c _____ p	_____ c _____ p	_____ c _____ p
25. What is the outstanding amount on this loan? 1. Ghana Cedis & Pesewas	_____ c _____ p	_____ c _____ p	_____ c _____ p	_____ c _____ p

iii. Out Transfers

26. Is there anyone (including household members) who does not currently live in this household to whom this household has sent money, goods or gifts in the last 12 months without expecting to be repaid?

1. Yes 2. No >> Part C iv

	Payment 1	Payment 2	Payment 3	Payment 4
27. ID of Household Member who sent the money/gift/goods	_____ ID	_____ ID	_____ ID	_____ ID
28. Name and ID of the person to whom transfer was sent: 1. Name 2. ID (if now a HH Member)	1. _____ 2. _____ ID			
29. If not a household member, is this person a blood relative or spouse of a household member? 1. Yes 2. No	1. Yes 2. No	1. Yes 2. No	1. Yes 2. No	1. Yes 2. No
30. Where does this recipient live? 1. This town/village - TT 2. Sekondi/Takoradi - ST 3. Cape Coast - CC 4. Accra - AC 5. Ho - HO 6. Koforidua - KO 7. Kumasi - KU 8. Sunyani - SU 9. Tamale - TA 10. Bolgatanga - BO 11. Wa - WA 12. Other urban - OU 13. Other rural - OR 14. Other ECOWAS - OE 15. Africa other than ECOWAS - AE 16. Outside Africa - OA	1. TT 2. ST 3. CC 4. AC 5. HO 6. KO 7. KU 8. SU 9. TA 10. BO 11. WA 12. OU 13. OR 14. OE 15. AE 16. OA	1. TT 2. ST 3. CC 4. AC 5. HO 6. KO 7. KU 8. SU 9. TA 10. BO 11. WA 12. OU 13. OR 14. OE 15. AE 16. OA	1. TT 2. ST 3. CC 4. AC 5. HO 6. KO 7. KU 8. SU 9. TA 10. BO 11. WA 12. OU 13. OR 14. OE 15. AE 16. OA	1. TT 2. ST 3. CC 4. AC 5. HO 6. KO 7. KU 8. SU 9. TA 10. BO 11. WA 12. OU 13. OR 14. OE 15. AE 16. OA
31. If given to an individual in this village, what is your relationship with this person? 1. Neighbour/Friend 2. Other Family Relation (i.e. Non-HH Member) 3. Other Non-Relatives	1 2 3	1 2 3	1 2 3	1 2 3
32. Were these remittances made on a regular basis? 1. Weekly – WE 2. Monthly – MO 3. Quarterly – QU 4. Annually – AN 5. Not regular – NO 6. Other, specify	1. WE 2. MO 3. QU 4. AN 5. NO 6. OT _____	1. WE 2. MO 3. QU 4. AN 5. NO 6. OT _____	1. WE 2. MO 3. QU 4. AN 5. NO 6. OT _____	1. WE 2. MO 3. QU 4. AN 5. NO 6. OT _____

Section 5: Household Assets

	Payment 1	Payment 2	Payment 3	Payment 4
33. What were the three main reasons for this transfer? <i>(Circle not more than three)</i> 1. Daily consumption –DC 2. Housing – HO 3. Business – BU 4. Savings – SA 5. Education – ED 6. Health – HE 7. Funeral – FU 8. Other ceremony – OC 9. Agriculture – AG 10. Other, (specify)	1. DC 2. HO 3. BU 4. SA 5. ED 6. HE 7. FU 8. OC 9. AG 10. OT _____	1. DC 2. HO 3. BU 4. SA 5. ED 6. HE 7. FU 8. OC 9. AG 10. OT _____	1. DC 2. HO 3. BU 4. SA 5. ED 6. HE 7. FU 8. OC 9. AG 10. OT _____	1. DC 2. HO 3. BU 4. SA 5. ED 6. HE 7. FU 8. OC 9. AG 10. OT _____
34. What was the total amount of cash given to this person in the last 12 months? 1. Ghana Cedis & Pesewas	_____ c _____ p	_____ c _____ p	_____ c _____ p	_____ c _____ p
35. What was the total value of food given to this person in the last 12 months? 1. Ghana Cedis & Pesewas	_____ c _____ p	_____ c _____ p	_____ c _____ p	_____ c _____ p
36. What was the total value of other goods given to this person in the last 12 months? 1. Ghana Cedis & Pesewas	_____ c _____ p	_____ c _____ p	_____ c _____ p	_____ c _____ p
37. Through what means did you send these remittances? <i>(Circle not more than three if multiple)</i> 1. Bank account -- BA 2. Money transfer agency – MT 3. Sender him or herself – SE 4. Carried by someone else – CC 5. Personal cheque – PC 6. Cell phone transfer – CP 7. Other, specify	1. BA 2. MT 3. SE 4. CC 5. PC 6. CP 7. OT _____	1. BA 2. MT 3. SE 4. CC 5. PC 6. CP 7. OT _____	1. BA 2. MT 3. SE 4. CC 5. PC 6. CP 7. OT _____	1. BA 2. MT 3. SE 4. CC 5. PC 6. CP 7. OT _____

iv. In Transfers

38. Is there anyone (including household members) who does not currently live in this household from whom this household has received money or goods in the last year that you will not pay back?
 1. Yes 2. No >> Part C v

	Receipt 1	Receipt 2	Receipt 3	Receipt 4
39. ID of the person who received the transfer: ID	_____ID	_____ID	_____ID	_____ID
40. If sender is not a household member, is this person a blood relative or spouse of a household member? 1. Yes 2. No	1. 2.	1. 2.	1. 2.	1. 2.
41. Where does this sender live? 1. This town/village - TT 2. Sekondi/Takordi - ST 3. Cape Coast - CC 4. Accra - AC 5. Ho - HO 6. Koforidua - KO 7. Kumasi - KU 8. Suyani - SU 9. Tamale - TA 10. Bolgatanga - BO 11. Wa - WA 12. other urban - OU 13. other rural - OR 14. other ECOWAS - OE 15. Africa other than ECOWAS - AO 16. outside Africa - OA	1. TT 2. ST 3. CC 4. AC 5. HO 6. KO 7. KU 8. SU 9. TA 10. BO 11. WA 12. OU 13. OR 14. OE 15. AO 16. OA	1. TT 2. ST 3. CC 4. AC 5. HO 6. KO 7. KU 8. SU 9. TA 10. BO 11. WA 12. OU 13. OR 14. OE 15. AO 16. OA	1. TT 2. ST 3. CC 4. AC 5. HO 6. KO 7. KU 8. SU 9. TA 10. BO 11. WA 12. OU 13. OR 14. OE 15. AO 16. OA	1. TT 2. ST 3. CC 4. AC 5. HO 6. KO 7. KU 8. SU 9. TA 10. BO 11. WA 12. OU 13. OR 14. OE 15. AO 16. OA
42. Were these remittances made on a regular basis? 1. Weekly – WE 2. Monthly – MO 3. Quarterly – QU 4. Annually – AN 5. Not regular – NO 6. Other, (specify)	1. WE 2. MO 3. QU 4. AN 5. NO 6. OT _____	1. WE 2. MO 3. QU 4. AN 5. NO 6. OT _____	1. WE 2. MO 3. QU 4. AN 5. NO 6. OT _____	1. WE 2. MO 3. QU 4. AN 5. NO 6. OT _____

Section 5: Household Assets

	Receipt 1	Receipt 2	Receipt 3	Receipt 4
43. What were the three main uses of the transfer? <i>(Circle not more than three)</i> 1. Daily consumption –DC 2. Housing – HO 3. Business – BU 4. Savings – SA 5. Education – ED 6. Health – HE 7. Funeral – FU 8. Other ceremony – OC 9. Agriculture – AG 10. Other, specify	1. DC 2. HO 3. BU 4. SA 5. ED 6. HE 7. FU 8. OC 9. AG 10. OT _____	1. DC 2. HO 3. BU 4. SA 5. ED 6. HE 7. FU 8. OC 9. AG 10. OT _____	1. DC 2. HO 3. BU 4. SA 5. ED 6. HE 7. FU 8. OC 9. AG 10. OT _____	1. DC 2. HO 3. BU 4. SA 5. ED 6. HE 7. FU 8. OC 9. AG 10. OT _____
44. What was the total <u>amount of cash</u> received from this person in the last 12 months? 1. Ghana Cedis & Pesewas	_____ c _____ p	_____ c _____ p	_____ c _____ p	_____ c _____ p
45. What was the total value of food received from this person in the last 12 months? 1. Ghana Cedis & Pesewas	_____ c _____ p	_____ c _____ p	_____ c _____ p	_____ c _____ p
46. What was the total value of other goods received from this person in the last 12 months? 1. Ghana Cedis & Pesewas	_____ c _____ p	_____ c _____ p	_____ c _____ p	_____ c _____ p
47. Through what means did you receive these remittances? <i>(Circle not more than three if multiple)</i> 1. Bank account -- BA 2. Money transfer agency – MT 3. Sender him or herself – SE 4. Carried by someone else – CC 5. Personal cheque – PC 6. Cell phone transfer – CP 7. Other, specify	1. BA 2. MT 3. SE 4. CC 5. PC 6. CP 7. OT _____	1. BA 2. MT 3. SE 4. CC 5. PC 6. CP 7. OT _____	1. BA 2. MT 3. SE 4. CC 5. PC 6. CP 7. OT _____	1. BA 2. MT 3. SE 4. CC 5. PC 6. CP 7. OT _____

Section 5: Household Assets

v: In transfer (Non-Persons)

48. Is there any Institution or Organization from whom this household has received money or goods in the last year that you will not pay back?

1. Yes 2. No >> Part C vi-savings

	Receipt 1	Receipt 2	Receipt 3	Receipt 4
49. ID of the person who received the transfer: ID	_____ HHMID	_____ HHMID	_____ HHMID	_____ HHMID
50. Which of these institutions/ organization did (Name) receive money/goods from in the last year?				
1. Government (LEAP)	1	1	1	1
2. Government (Other)	2	2	2	2
3. Non-Governmental Organization	3	3	3	3
4. Religious Organization	4	4	4	4
51. Were these remittances made on a regular basis?				
1. Weekly – WE	1. WE	1. WE	1. WE	1. WE
2. Monthly – MO	2. MO	2. MO	2. MO	2. MO
3. Quarterly – QU	3. QU	3. QU	3. QU	3. QU
4. Annually – AN	4. AN	4. AN	4. AN	4. AN
5. Not regular – NO	5. NO	5. NO	5. NO	5. NO
6. Other, (specify)	6. OT	6. OT	6. OT	6. OT
52. What were the three main uses of the transfer? (Circle not more than three)				
1. Daily consumption –DC	1. DC	1. DC	1. DC	1. DC
2. Housing – HO	2. HO	2. HO	2. HO	2. HO
3. Business – BU	3. BU	3. BU	3. BU	3. BU
4. Savings – SA	4. SA	4. SA	4. SA	4. SA
5. Education – ED	5. ED	5. ED	5. ED	5. ED
6. Health – HE	6. HE	6. HE	6. HE	6. HE
7. Funeral – FU	7. FU	7. FU	7. FU	7. FU
8. Other ceremony – OC	8. OC	8. OC	8. OC	8. OC
9. Agriculture – AG	9. AG	9. AG	9. AG	9. AG
10. Other, specify	10. OT	10. OT	10. OT	10. OT
53. What was the total amount of cash received from this institution in the last 12 months?				
1. Cedis & Pesewas	_____ c	_____ c	_____ c	_____ c
	_____ p	_____ p	_____ p	_____ p
54. What was the total value of food received from this institution in the last 12 months?				
1. Cedis & Pesewas	_____ c	_____ c	_____ c	_____ c
	_____ p	_____ p	_____ p	_____ p
55. What was the total value of other goods received from this institution in the last 12 months?				
1. Cedis & Pesewas	_____ c	_____ c	_____ c	_____ c
	_____ p	_____ p	_____ p	_____ p

Section 5: Household Assets

	Receipt 1	Receipt 2	Receipt 3	Receipt 4
56. Through what means did you receive these remittances? (Circle not more than three if multiple) 1. Bank account -- BA 2. Money transfer agency – MT 3. Sender him or herself – SE 4. Carried by someone else – CC 5. Personal cheque – PC 6. Cell phone transfer – CP 7. Other, specify	1. BA 2. MT 3. SE 4. CC 5. PC 6. CP 7. OT _____	1. BA 2. MT 3. SE 4. CC 5. PC 6. CP 7. OT _____	1. BA 2. MT 3. SE 4. CC 5. PC 6. CP 7. OT _____	1. BA 2. MT 3. SE 4. CC 5. PC 6. CP 7. OT _____

vi. Savings

57. Does this household have any savings either at home or in an institution?

1. Yes

2. No >> Next Section

	Savings 1	Savings 2	Savings 3	Savings 4
58. Does this Household have any savings that are kept at home (i.e. not in a bank or Susu)? 1. Yes 2. No >> 61	1. Yes 2. No	1. Yes 2. No	1. Yes 2. No	1. Yes 2. No
59. ID of the principal person who own/ control this savings: ID	_____ ID	_____ ID	_____ ID	_____ ID
60. What is the amount you have saved at home? 1. Cedis & Pesewas	_____ c _____ p			
61. Does this Household have any savings kept with a banking institution, <i>susu</i> or any other saving society/group? 1. Yes 2. No >> Next Section	1. 2.	1. 2.	1. 2.	1. 2.
62. ID of the principal person who own/ control this savings: ID	_____ ID	_____ ID	_____ ID	_____ ID
63. At which institution is this account? 1. State bank - SB 2. Private bank - PB 3. Cooperative – CO 4. Rural bank 5. Susu 6. Other specify	1 2 3 4 5 _____	1 2 3 4 5 _____	1 2 3 4 5 _____	1 2 3 4 5 _____
64. What is the current balance? 1. Cedis & Pesewas	_____ c _____ p			
65. If this institution is a <i>susu</i> or other savings group/society, how many contributions have you made in the last 30 days? 1. Number				
66. If this institution is a <i>susu</i> or other savings group/society, how much is your average monthly contribution? 1. Cedis and Pesewas	_____ c _____ p			

Section 6 – Agricultural Production

RESPONDENT: To be asked of most knowledgeable person on each subject

Part A: Land Information – supposed to be asked to everyone who has a plot of land.

- i. [Crops produced](#)
- ii. [Background](#)
- iii. [Rental](#)
- iv. [Crops Harvest](#)
- v. [Chemical inputs](#)
- vi. [Seeds/Seedlings](#)
- vii. [Labour Inputs](#)

Part B: Crop Sales and Storage

- i. [Revenues from crop production](#)
- ii. [Sales from other produce](#)

Note:

- *Plot/ Farmland:* This defines a contiguous piece of land held by a given member(s) of the household on which crop(s) and/or animal(s) are grown/raised under the same cultural/husbandry practices.
- For example, one would consider as two different plots if on a hectare of land, a farmer grows maize using organic farming cultural practices (for a specific market for instance) on a half of the land while the other half is left fallow or even cultivated with maize but under general farming practices involving the application of inorganic inputs, etc. The first half of the hectare of land with the ‘organic’ farm then constitute one plot while the other half (which is left fallow or with ‘inorganic’ maize farm) constitute another plot on its own.
- Similarly, if a farmer has a maize farm at the east end of the village while the same variety of maize is grown at the same time and with similar cultural practices on another piece of land at the west end of the village, then by virtue of not being contiguous, the farmer has two different plots or farmlands to respond to.

ii. BACKGROUND

	Plot 1	Plot 2	Plot 3
2. ID of plot holder or cultivator and person interviewed 1. ID owner / user 2. ID interviewed	1. 2.	1. 2.	1. 2.
3. What year did you first begin to use /own this land? 1. Year (yyyy)			
4. What is the size of this plot? 1. Size			
5. In what unit is this size measured/ reported? 1. Acre – AC 2. Pole – PO 3. Rope – RO 4. Plot – PL 5. Other (specify) – OT	1. AC 2. PO 3. RO 4. PL 5. OT	1. AC 2. PO 3. RO 4. PL 5. OT	1. AC 2. PO 3. RO 4. PL 5. OT

iii. RENTAL

6. Was this plot given out to someone outside the household (e.g., rented/sharecropped/allocated)? <i>(answer Yes if plot was cultivated by someone outside the household in the most recent season but has now been returned)</i> 1. Yes 2. No >> Next Plot	1. Yes 2. No	1. Yes 2. No	1. Yes 2. No
7. How long was the land been leased out, sharecropped, rented? 1. Year (yyyy) 2. Months (mm)	1. ____ yrs 2. ____ Months	1. ____ yrs 2. ____ Months	1. ____ yrs 2. ____ Months
14. During the last 12 months, what was the amount of rent you received toward this land? 1. GH cedis 2. Pesewas	____ c ____ p	____ c ____ p	____ c ____ p

iv. LAST MAJOR SEASON: CROP (HARVESTS) 1: ASK ABOUT CROP HARVESTS IN ORDER OF MOST IMPORTANT TO LEAST IMPORTANT

	Plot 1	Plot 2	Plot 3
15. How many different crop harvests were made in total from this plot?			
16. ID of crop and part harvested 1. ID (See Codebook) 2. ID of part of crop harvested. (e.g. Cocoa, Cocoa Leaves)	1. ____crop 2. ____part	1. ____crop 2. ____part	1. ____crop 2. ____part
Crop part codes: 01. Leaves 02. Branches 03. Bark 04. Sap 08. Bulb (onions)	05. Stem/stalk /sacker	06. Roots/ tuber	07. Fruit/ Seeds/ Nut
17. What is the quantity of the crop harvested in the last major season? 1. Quantity 2. Unit (See codebook)	1. ____Qty 2. ____ Unit	1. ____Qty 2. ____ unit	1. ____Qty 2. ____ unit
18. What is the market value of the quantity harvested in the last major season? 1. GH cedis 2. pesewas	____c ____p	____c ____p	____c ____p
19. What was the total revenue from this crop harvest (sold)? 1. GH cedis 2. pesewas	____c ____p	____c ____p	____c ____p
20. Is/was any of this crop part still growing on this plot after this harvest? 1. Yes 2. No >> A22	1. Yes 2. No	1. Yes 2. No	1. Yes 2. No
21. What was/would be its value when sold? 1. GH cedis 2. Pesewas	____c ____p	____c ____p	____c ____p
22. While in the field, was any of the crop lost to rotting/pests etc? 1. Yes 2. No >> A24	1. Yes 2. No	1. Yes 2. No	1. Yes 2. No
23. What percent of the crop was lost? 1. Percent lost	1. ____%	1. ____%	1. ____%

LAST MAJOR SEASON: CROP (HARVESTS) 2 -- ASK ABOUT CROP HARVESTS IN ORDER OF MOST IMPORTANT TO LEAST IMPORTANT

	Plot 1	Plot 2	Plot 3
24. ID of crop and part harvested 1. ID (See Codebook) 2. ID of part of crop harvested. (e.g. Cocoa, Cocoa Leaves)	1. ____crop 2. ____part	1. ____crop 2. ____part	1. ____crop 2. ____part
Crop part codes: 01. Leaves 02. Branches 03. Bark 04. Sap 08. Bulb (onions)	05. Stem/stalk /sacker	06. Roots/ tuber	07. Fruit/ Seeds/ Nut
25. What is the quantity harvested in the last major season? 1. Quantity 2. Unit	1. ____Qty 2. ____unit	1. ____Qty 2. ____unit	1. ____Qty 2. ____unit
26. What is the market value of the quantity harvested in the last major season? 1. GH cedis 2. Pesewas	_____ c_____ p	_____ c_____ p	_____ c_____ p
27. What was the total revenue from this crop harvest (sold)? 1. GH cedis and pesewas	_____ c_____ p	_____ c_____ p	_____ c_____ p
28. Is/was any of this crop part still growing on this plot after this harvest? 1. Yes 2. No >>30	1. Yes 2. No	1. Yes 2. No	1. Yes 2. No
29. What was/would be its value when sold? 1. GH cedis 2. Pesewas	_____ c_____ p	_____ c_____ p	_____ c_____ p
30. While in the field, was any of the crop lost to rotting/pests etc? 1. Yes 2. No >> 32	1. Yes 2. No	1. Yes 2. No	1. Yes 2. No
31. What percent of the crop was lost? 1. Percent lost	-----%	-----%	-----%

V. CHEMICAL INPUTS

LAST MAJOR SEASON: ANSWER ABOUT ALL PLOTS OF LAND CURRENTLY OWNED OR USED. USE THE SAME PLOT NUMBER AS IN THE PREVIOUS PAGES.

40. In the last major season, have there been any chemicals such as fertilizer or pesticide that you apply to any of your plots?
 1. Yes 2. No >> Next part

CHEMICAL 1

	Plot 1	Plot 2	Plot 3
40a. In the last major season, have you used any chemical on this plot? 1. Yes 2. No >> next Plot	1. Yes 2. No >> next Plot	1. Yes 2. No >> next Plot	1. Yes 2. No >> next section
41. What is the name of the chemical used on this plot? 1. Name 2. Code (See Code book) 3. Other, specify	_____ _____ _____	_____ _____ _____	_____ _____ _____
42. What type of chemical is this? 1. Fertilizer (organic) – FO 2. Fertilizer (inorganic) – FI 3. Herbicide – HC 4. Insecticide – IC 5. Fungicide – FC 6. Other (specify purpose) – OT	1. FO 2. FI 3. HC 4. IC 5. FC 6. OT	1. FO 2. FI 3. HC 4. IC 5. FC 6. OT	1. FO 2. FI 3. HC 4. IC 5. FC 6. OT
44. What quantity of this chemical did you use on this plot? 1. Quantity 2. Unit	_____ qty _____ unit	_____ qty _____ unit	_____ qty _____ unit
45. What was the value of the amount of this chemical that you used? 1. GH cedis 2. Pesewas	_____ c _____ p	_____ c _____ p	_____ c _____ p
46. Did you obtain any quantity of this chemical from the government's subsidy program (or MoFA sources)? 1. Yes, all 2. Yes, some 3. No, none >> 49	1. 2. 3.	1. 2. 3.	1. 2. 3.
47. What quantity of this chemical was obtained from this source? 1. Quantity 2. Unit See code book	_____ qty _____ unit	_____ qty _____ unit	_____ qty _____ unit
48. What is the value of the subsidy? Write difference between price from private shops and that from MoFA 1. GH cedis 2. Pesewas	_____ c _____ p	_____ c _____ p	_____ c _____ p

49. To which crops was this chemical applied? list all 1. Crop code 2. Crop code 3. Crop code 4. Crop code	1. _____	1. _____	1. _____
	2. _____	2. _____	2. _____
	3. _____	3. _____	3. _____
	4. _____	4. _____	4. _____

CHEMICAL 2

	Plot 1	Plot 2	Plot 3
50a. In the last major season, have you used another chemical on this plot? 1. Yes 2. No >> next Plot	1. Yes 2. No >> next Plot	1. Yes 2. No >> next Plot	1. Yes 2. No >> next section
50. What is the name of the chemical used on this plot? 1. Name 2. Code (See Code book) 3. Other, Specify	_____ _____ _____	_____ _____ _____	_____ _____ _____
51. What type of chemical is this? 1. Fertilizer (organic) – FO 2. Fertilizer (inorganic) – FI 3. Herbicide – HC 4. Insecticide – IC 5. Fungicide – FC 6. Other (specify purpose) – OT	1. FO 2. FI 3. HC 4. IC 5. FC 6. OT _____	1. FO 2. FI 3. HC 4. IC 5. FC 6. OT _____	1. FO 2. FI 3. HC 4. IC 5. FC 6. OT _____
53. What quantity of this chemical did you use on this plot? 1. Quantity 2. Unit	_____ qty _____ unit	_____ qty _____ unit	_____ qty _____ unit
54. What was the value of the amount of this chemical that you used? 1. GH cedis 2. Pesewas	_____ c _____ p	_____ c _____ p	_____ c _____ p
55. Did you obtain any quantity of this chemical from the government's subsidy program (or MoFA sources)? 1. Yes, all 2. Yes, some 3. No, none >> 58	1. 2. 3.	1. 2. 3.	1. 2. 3.

56. What quantity of this chemical did you obtain from this source? 1. Quantity 2. Unit	_____ qty _____ unit	_____ qty _____ unit	_____ qty _____ unit
57. What is the value of the subsidy? Write difference between price from private shops and that from MoFA) 1. GH cedis 2. Pesewas	_____ c _____ p	_____ c _____ p	_____ c _____ p
58. To which crops was this chemical applied? list all 1. Crop code 2. Crop code 3. Crop code 4. Crop code	1. _____ 2. _____ 3. _____ 4. _____	1. _____ 2. _____ 3. _____ 4. _____	1. _____ 2. _____ 3. _____ 4. _____

CHEMICAL 3

	Plot 1	Plot 2	Plot 3
59a. In the last major season, have you used another chemical on this plot? 1. Yes 2. No >> next Plot	1. Yes 2. No >> next Plot	1. Yes 2. No >> next Plot	1. Yes 2. No >> next section
59. What is the name of the chemical used on this plot? 1. Name 2. Code (See Code book) 3. Other, specify	_____ _____ _____	_____ _____ _____	_____ _____ _____
60. What type of chemical is this? 1. Fertilizer (organic) – FO 2. Fertilizer (inorganic) – FI 3. Herbicide – HC 4. Insecticide – IC 5. Fungicide – FC 6. Other (specify purpose) – OT	1. FO 2. FI 3. HC 4. IC 5. FC 6. OT _____	1. FO 2. FI 3. HC 4. IC 5. FC 6. OT _____	1. FO 2. FI 3. HC 4. IC 5. FC 6. OT _____
62. What quantity of this chemical did you use on this plot? 1. Quantity 2. Unit	_____ qty _____ unit	_____ qty _____ unit	_____ qty _____ unit
63. What was the value of the amount of this chemical that you used? 1. GH cedis 2. Pesewas	_____ c _____ p	_____ c _____ p	_____ c _____ p

64. Did you obtain any quantity of this chemical from the government's subsidy program (or MoFA sources)? 1. Yes, all 2. Yes, some 3. No, none >> 67	1. 2. 3.	1. 2. 3.	1. 2. 3.
65. What quantity of this chemical did you obtain from this source? 1. Quantity 2. Unit	_____ c _____ p	_____ c _____ p	_____ c _____ p
66. What is the value of the subsidy? Write difference between price from private shops and that from MoFA) 1. GH cedis 2. Pesewas	_____ c _____ p	_____ c _____ p	_____ c _____ p
67. To which crops was this chemical applied? list all 1. Crop code 2. Crop code 3. Crop code 4. Crop code	1. _____ 2. _____ 3. _____ 4. _____	1. _____ 2. _____ 3. _____ 4. _____	1. _____ 2. _____ 3. _____ 4. _____

I. SEEDS/SEEDLINGS: LAST MAJOR SEASON

68. In the last major season, have there been any seeds/seedlings used on this plot?

1. Yes 2. No >> Next Part

SEED/SEEDLING 1

SEED/SEEDLING 1	Plot1	Plot 2	Plot 3
69. Crop Code 1. Crop code 2. Name	1. _____ 2. _____	1. _____ 2. _____	1. _____ 2. _____
70. What was the type of seed used? 1.improved seeds 2. local seeds (gift/bought) 3. DK 4.farmers own seeds	1. 2. 3. 4.	1. 2. 3. 4.	1. 2. 3. 4.
71. What was the source of the seed used? 1.MOFA/Other Government Source 2.NGO 3.Private Company 4.Farmer's own farm 5.FBO 6.Other, Specify	1. MOFA 2. NGO 3. PRIV 4. OWN 5.FBO 6. OT _____	1. MOFA 2. NGO 3. PRIV 4. OWN 5.FBO 6. OT _____	1. MOFA 2. NGO 3. PRIV 4. OWN 5.FBO 6. OT _____
73. What was the value of this seed? 1. GH cedis 2. Pesewas	_____ c _____ p	_____ c _____ p	_____ c _____ p

SEED/SEEDLING 2

SEED/SEEDLING 2	Plot1	Plot 2	Plot 3
74. Crop Code 1. Crop code 2. Name	1. _____ 2. _____	1. _____ 2. _____	1. _____ 2. _____
75. What was the type of seed used? 1.improved seeds 2. local seeds (gift/bought) 3. DK 4.farmers own seeds	1. 2. 3. 4.	1. 2. 3. 4.	1. 2. 3. 4.

SEED/SEEDLING 2	Plot1	Plot 2	Plot 3
76. What was the source of the seed used? 1.MOFA/Other Government Source 2.NGO 3.Private Company 4.Farmer's own farm 5.FBO 6.Other, Specify	1. MOFA 2. NGO 3. PRIV 4. OWN 5.FBO 6. OT _____	1. MOFA 2. NGO 3. PRIV 4. OWN 5.FBO 6. OT _____	1. MOFA 2. NGO 3. PRIV 4. OWN 5.FBO 6. OT _____
78. What was the value of this seed? 1. GH cedis 2. Pesewas	_____ c _____ p	_____ c _____ p	_____ c _____ p

SEED/SEEDLING 3

SEED/SEEDLING 3	Plot1	Plot 2	Plot 3
79. Crop Code 1. Crop code 2. Name	1. _____ 2. _____	1. _____ 2. _____	1. _____ 2. _____
80. What was the type of seed used? 1.improved seeds 2. local seeds (gift/bought) 3. DK 4.farmers own seeds	1. 2. 3. 4.	1. 2. 3. 4.	1. 2. 3. 4.
81. What was the source of the seed used? 1.MOFA/Other Government Source 2.NGO 3.Private Company 4.Farmer's own farm 5.FBO 6.Other, Specify	1. MOFA 2. NGO 3. PRIV 4. OWN 5.FBO 6. OT _____	1. MOFA 2. NGO 3. PRIV 4. OWN 5.FBO 6. OT _____	1. MOFA 2. NGO 3. PRIV 4. OWN 5.FBO 6. OT _____
83. What was the value of this seed? 1. GH cedis 2. Pesewas	_____ c _____ p	_____ c _____ p	_____ c _____ p

VII. LABOR INPUTS a.) LAST MAJOR SEASON

	Plot 1	Plot 2	C. Plot 3
84. Months for the major season of dominant crop?	from _____ to _____	from _____ to _____	from _____ to _____
THE FOLLOWING QUESTIONS PERTAIN TO LABOR USE ON LAND, EXAMPLE PREPARATION, PLANTING AND TRANSPLANTING DURING THE MAJOR SEASON:	CLEARING OR WEEDING	BEFORE PLANTING,	SEEDING/NURSERY
85. How much casual labor was provided by men? 1. # of days 2. Average hours per day 3. Average # of workers	1. _____ no. of days 2. _____ avg. hrs/day 3. _____ avg. no. of workers	1. _____ no. of days 2. _____ avg. hrs/day 3. _____ avg. no. of workers	1. _____ no. of days 2. _____ avg. hrs/day 3. _____ avg. no. of workers
86. How much casual labor was provided by women? 1. # of days 2. Average hours per day 3. Average # of workers	1. _____ no. of days 2. _____ avg. hrs/day 3. _____ avg. no. of workers	1. _____ no. of days 2. _____ avg. hrs/day 3. _____ avg. no. of workers	1. _____ no. of days 2. _____ avg. hrs/day 3. _____ avg. no. of workers
87. How much casual labor was provided by children (under 15 years)? 1. # of days 2. Average hours per day 3. Average # of workers	1. _____ no. of days 2. _____ avg. hrs/day 3. _____ avg. no. of workers	1. _____ no. of days 2. _____ avg. hrs/day 3. _____ avg. no. of workers	1. _____ no. of days 2. _____ avg. hrs/day 3. _____ avg. no. of workers
88. How much permanent labor was provided by men? 1. # of days 2. Average hours per day 3. Average # of workers	1. _____ no. of days 2. _____ avg. hrs/day 3. _____ avg. no. of workers	1. _____ no. of days 2. _____ avg. hrs/day 3. _____ avg. no. of workers	1. _____ no. of days 2. _____ avg. hrs/day 3. _____ avg. no. of workers
89. How much permanent labor was provided by women? 1. # of days 2. Average hours per day 3. Average # of workers	1. _____ no. of days 2. _____ avg. hrs/day 3. _____ avg. no. of workers	1. _____ no. of days 2. _____ avg. hrs/day 3. _____ avg. no. of workers	1. _____ no. of days 2. _____ avg. hrs/day 3. _____ avg. no. of workers
90. How much permanent labor was provided by children? (under 15 years) 1. # of days 2. Average hours per day 3. Average # of workers	1. _____ no. of days 2. _____ avg. hrs/day 3. _____ avg. no. of workers	1. _____ no. of days 2. _____ avg. hrs/day 3. _____ avg. no. of workers	1. _____ no. of days 2. _____ avg. hrs/day 3. _____ avg. no. of workers
91. How much family labor is worked by men? (including exchanged labor) 1. # of days 2. Average hours per day 3. Average # of workers	1. _____ no. of days 2. _____ avg. hrs/day 3. _____ avg. no. of workers	1. _____ no. of days 2. _____ avg. hrs/day 3. _____ avg. no. of workers	1. _____ no. of days 2. _____ avg. hrs/day 3. _____ avg. no. of workers
92. How much family labor is worked by women? (including exchanged labor) 1. # of days 2. Average hours per day 3. Average # of workers	1. _____ no. of days 2. _____ avg. hrs/day	1. _____ no. of days 2. _____ avg. hrs/day	1. _____ no. of days 2. _____ avg. hrs/day

	3. _____ avg. no. of workers	3. _____ avg. no. of workers	3. _____ avg. no. of workers
93. How much family labor is worked by children? (including exchanged labor) 1. # of days 2. Average hours per day 3. Average # of workers	1. _____ no. of days 2. _____ avg. hrs/day 3. _____ avg. no. of workers	1. _____ no. of days 2. _____ avg. hrs/day 3. _____ avg. no. of workers	1. _____ no. of days 2. _____ avg. hrs/day 3. _____ avg. no. of workers
93 a: What is the total amount paid for hired labor for land preparation? Ghana cedis and pesewas	_____ c _____ p	_____ c _____ p	_____ c _____ p

THE FOLLOWING QUESTIONS PERTAIN TO LABOR USED ON FIELD MANAGEMENT (WEEDING AFTER PLANTING, FERTILIZED AND PESTICIDE APPLICATIONS, IRRIGATION, MANAGEMENT ETC DURING THE MAJOR SEASON:

	Plot 1	Plot 2	Plot 3
94. How much casual labor was provided by men? 1. # of days 2. Average hours per day 3. Average # of workers	1. _____ no. of days 2. _____ avg. hrs/day 3. _____ avg. no. of workers	1. _____ no. of days 2. _____ avg. hrs/day 3. _____ avg. no. of workers	1. _____ no. of days 2. _____ avg. hrs/day 3. _____ avg. no. of workers
95. How much casual labor was provided by women? 1. # of days 2. Average hours per day 3. Average # of workers	1. _____ no. of days 2. _____ avg. hrs/day 3. _____ avg. no. of workers	1. _____ no. of days 2. _____ avg. hrs/day 3. _____ avg. no. of workers	1. _____ no. of days 2. _____ avg. hrs/day 3. _____ avg. no. of workers
96. How much casual labor was provided by children? 1. # of days 2. Average hours per day 3. Average # of workers	1. _____ no. of days 2. _____ avg. hrs/day 3. _____ avg. no. of workers	1. _____ no. of days 2. _____ avg. hrs/day 3. _____ avg. no. of workers	1. _____ no. of days 2. _____ avg. hrs/day 3. _____ avg. no. of workers
97. How much permanent labor was provided by men? 1. # of days 2. Average hours per day 3. Average # of workers	1. _____ no. of days 2. _____ avg. hrs/day 3. _____ avg. no. of workers	1. _____ no. of days 2. _____ avg. hrs/day 3. _____ avg. no. of workers	1. _____ no. of days 2. _____ avg. hrs/day 3. _____ avg. no. of workers
98. How much permanent labor was provided by women? 1. # of days 2. Average hours per day 3. Average # of workers	1. _____ no. of days 2. _____ avg. hrs/day 3. _____ avg. no. of workers	1. _____ no. of days 2. _____ avg. hrs/day 3. _____ avg. no. of workers	1. _____ no. of days 2. _____ avg. hrs/day 3. _____ avg. no. of workers

	Plot 1	Plot 2	Plot 3
99. How much permanent labor was provided by children? (under 15 years) 1. # of days 2. Average hours per day 3. Average # of workers	1. _____ no. of days 2. _____ avg. hrs/day 3. _____ avg. no. of workers	1. _____ no. of days 2. _____ avg. hrs/day 3. _____ avg. no. of workers	1. _____ no. of days 2. _____ avg. hrs/day 3. _____ avg. no. of workers
100. How much family labor is worked by men? (including exchanged labor) 1. # of days 2. Average hours per day 3. Average # of workers	1. _____ no. of days 2. _____ avg. hrs/day 3. _____ avg. no. of workers	1. _____ no. of days 2. _____ avg. hrs/day 3. _____ avg. no. of workers	1. _____ no. of days 2. _____ avg. hrs/day 3. _____ avg. no. of workers
101. How much family labor is worked by women? (including exchanged labor) 1. # of days 2. Average hours per day 3. Average # of workers	1. _____ no. of days 2. _____ avg. hrs/day 3. _____ avg. no. of workers	1. _____ no. of days 2. _____ avg. hrs/day 3. _____ avg. no. of workers	1. _____ no. of days 2. _____ avg. hrs/day 3. _____ avg. no. of workers
102. How much family labor is worked by children? (including exchanged labor) 1. # of days 2. Average hours per day 3. Average # of workers	1. _____ no. of days 2. _____ avg. hrs/day 3. _____ avg. no. of workers	1. _____ no. of days 2. _____ avg. hrs/day 3. _____ avg. no. of workers	1. _____ no. of days 2. _____ avg. hrs/day 3. _____ avg. no. of workers
102a: What is the total amount paid for hired labor for field management? Ghana cedis and pesewas	_____ c _____ p	_____ c _____ p	_____ c _____ p

THE FOLLOWING QUESTIONS PERTAIN TO LABOR USED ON HARVESTING OF CROPS DURING THE MAJOR SEASON:

	Plot 1	Plot 2	Plot 3
103. How much casual labor was provided by men? 1. # of days 2. Average hours per day 3. Average # of workers	1. _____ no. of days 2. _____ avg. hrs/day 3. _____ avg. no. of workers	1. _____ no. of days 2. _____ avg. hrs/day 3. _____ avg. no. of workers	1. _____ no. of days 2. _____ avg. hrs/day 3. _____ avg. no. of workers
104. How much casual labor was provided by women? 1. # of days 2. Average hours per day 3. Average # of workers	1. _____ no. of days 2. _____ avg. hrs/day 3. _____ avg. no. of workers	1. _____ no. of days 2. _____ avg. hrs/day 3. _____ avg. no. of workers	1. _____ no. of days 2. _____ avg. hrs/day 3. _____ avg. no. of workers
105. How much casual labor was provided by children? (under 15 years) 1. # of days 2. Average hours per day 3. Average # of workers	1. _____ no. of days 2. _____ avg. hrs/day 3. _____ avg. no. of workers	1. _____ no. of days 2. _____ avg. hrs/day 3. _____ avg. no. of workers	1. _____ no. of days 2. _____ avg. hrs/day 3. _____ avg. no. of workers
106. How much permanent labor was provided by men? 1. # of days 2. Average hours per day 3. Average # of workers	1. _____ no. of days 2. _____ avg. hrs/day 3. _____ avg. no. of workers	1. _____ no. of days 2. _____ avg. hrs/day 3. _____ avg. no. of workers	1. _____ no. of days 2. _____ avg. hrs/day 3. _____ avg. no. of workers
107. How much permanent labor was provided by women? 1. # of days 2. Average hours per day 3. Average # of workers	1. _____ no. of days 2. _____ avg. hrs/day 3. _____ avg. no. of workers	1. _____ no. of days 2. _____ avg. hrs/day 3. _____ avg. no. of workers	1. _____ no. of days 2. _____ avg. hrs/day 3. _____ avg. no. of workers
108.. How much permanent labor was provided by children? 1. # of days 2. Average hours per day 3. Average # of workers	1. _____ no. of days 2. _____ avg. hrs/day 3. _____ avg. no. of workers	1. _____ no. of days 2. _____ avg. hrs/day 3. _____ avg. no. of workers	1. _____ no. of days 2. _____ avg. hrs/day 3. _____ avg. no. of workers
109. How much family labor is worked by men? (including exchanged labor) 1. # of days 2. Average hours per day 3. Average # of workers	1. _____ no. of days 2. _____ avg. hrs/day 3. _____ avg. no. of workers	1. _____ no. of days 2. _____ avg. hrs/day 3. _____ avg. no. of workers	1. _____ no. of days 2. _____ avg. hrs/day 3. _____ avg. no. of workers
110. How much family labor is worked by women? (including exchanged labor) 1. # of days 2. Average hours per day 3. Average # of workers	1. _____ no. of days 2. _____ avg. hrs/day 3. _____ avg. no. of workers	1. _____ no. of days 2. _____ avg. hrs/day 3. _____ avg. no. of workers	1. _____ no. of days 2. _____ avg. hrs/day 3. _____ avg. no. of workers

	Plot 1	Plot 2	Plot 3
111. How much family labor is worked by children? (including exchanged labor) 1. # of days 2. Average hours per day 3. Average # of workers	1. _____ no. of days 2. _____ avg. hrs/day 3. _____ avg. no. of workers	1. _____ no. of days 2. _____ avg. hrs/day 3. _____ avg. no. of workers	1. _____ no. of days 2. _____ avg. hrs/day 3. _____ avg. no. of workers
111a: What is the total amount paid for hired labor for harvesting activities? Ghana cedis and pesewas	_____ c _____ p	_____ c _____ p	_____ c _____ p

THE FOLLOWING QUESTIONS PERTAIN TO LABOR USED ON POST-HARVEST ACTIVITIES (INCLUDING PRESERVATION FOR STORAGE ETC) OF CROPS DURING THE MAJOR SEASON:

	Plot 1	Plot 2	Plot 3
112. How much casual labor was provided by men? 1. # of days 2. Average hours per day 3. Average # of workers	1. _____ no. of days 2. _____ avg. hrs/day 3. _____ avg. no. of workers	1. _____ no. of days 2. _____ avg. hrs/day 3. _____ avg. no. of workers	1. _____ no. of days 2. _____ avg. hrs/day 3. _____ avg. no. of workers
113. How much casual labor was provided by women? 1. # of days 2. Average hours per day 3. Average # of workers	1. _____ no. of days 2. _____ avg. hrs/day 3. _____ avg. no. of workers	1. _____ no. of days 2. _____ avg. hrs/day 3. _____ avg. no. of workers	1. _____ no. of days 2. _____ avg. hrs/day 3. _____ avg. no. of workers
114. How much casual labor was provided by children? 1. # of days 2. Average hours per day 3. Average # of workers	1. _____ no. of days 2. _____ avg. hrs/day 3. _____ avg. no. of workers	1. _____ no. of days 2. _____ avg. hrs/day 3. _____ avg. no. of workers	1. _____ no. of days 2. _____ avg. hrs/day 3. _____ avg. no. of workers
115. How much permanent labor was provided by men? 1. # of days 2. Average hours per day 3. Average # of workers	1. _____ no. of days 2. _____ avg. hrs/day 3. _____ avg. no. of workers	1. _____ no. of days 2. _____ avg. hrs/day 3. _____ avg. no. of workers	1. _____ no. of days 2. _____ avg. hrs/day 3. _____ avg. no. of workers
116. How much permanent labor was provided by women? 1. # of days 2. Average hours per day 3. Average # of workers	1. _____ no. of days 2. _____ avg. hrs/day 3. _____ avg. no. of workers	1. _____ no. of days 2. _____ avg. hrs/day 3. _____ avg. no. of workers	1. _____ no. of days 2. _____ avg. hrs/day 3. _____ avg. no. of workers

	Plot 1	Plot 2	Plot 3
117. How much permanent labor was provided by children? 1. # of days 2. Average hours per day 3. Average # of workers	1. _____ no. of days 2. _____ avg. hrs/day 3. _____ avg. no. of workers	1. _____ no. of days 2. _____ avg. hrs/day 3. _____ avg. no. of workers	1. _____ no. of days 2. _____ avg. hrs/day 3. _____ avg. no. of workers
118. How much family labor is worked by men? (including exchanged labor) 1. # of days 2. Average hours per day 3. Average # of workers	1. _____ no. of days 2. _____ avg. hrs/day 3. _____ avg. no. of workers	1. _____ no. of days 2. _____ avg. hrs/day 3. _____ avg. no. of workers	1. _____ no. of days 2. _____ avg. hrs/day 3. _____ avg. no. of workers
119. How much family labor is worked by women? (including exchanged labor) 1. # of days 2. Average hours per day 3. Average # of workers	1. _____ no. of days 2. _____ avg. hrs/day 3. _____ avg. no. of workers	1. _____ no. of days 2. _____ avg. hrs/day 3. _____ avg. no. of workers	1. _____ no. of days 2. _____ avg. hrs/day 3. _____ avg. no. of workers
120. How much family labor is worked by children? (including exchanged labor) 1. # of days 2. Average hours per day 3. Average # of workers	1. _____ no. of days 2. _____ avg. hrs/day 3. _____ avg. no. of workers	1. _____ no. of days 2. _____ avg. hrs/day 3. _____ avg. no. of workers	1. _____ no. of days 2. _____ avg. hrs/day 3. _____ avg. no. of workers
120a: What is the total amount paid for hired labor for post harvest activities? Ghana cedis and pesewas	_____ c _____ p	_____ c _____ p	_____ c _____ p

B. Crop Sales and Storage

i. revenues from crop production (repeat these questions for each crop)

<p>1. Were there any crops, harvested on land that your family owns or controls, that were sold to other people last 12 months?</p> <p>1. Yes 2. No >> Next Part</p>
--

	Crop 1	Crop 2	Crop 3	Crop 4	Crop 5	
Plot number						
<p>2. ID of crop/part SOLD</p> <p>1. ID</p> <p>2. ID of part of crop that was harvested. (e.g. Cocoa, Cocoa Leaves)</p>	<p>1. _____ crop</p> <p>2. _____ part</p>					
Crop part codes:	<i>01. Leaves</i>	<i>02. Branches</i>	<i>03. Bark</i> <i>04. Sap</i>	<i>05. Stem/stalk/Stacker</i>	<i>06. Roots/ tuber</i>	<i>07. Fruit/ Seeds/ Nut</i>
<p>3. What was the primary outlet?</p> <p>1. Pre-harvest contractor PH >>7</p> <p>2. Farm gate buyer – FG >>7</p> <p>3. Market trader – MT</p> <p>4. Consumer – CO</p> <p>5. Sale trading organization – ST</p> <p>6. Co-op – CP</p> <p>7. Exporter – EX</p> <p>8. Other (specify) – OT</p>	<p>1. PH</p> <p>2. FG</p> <p>3. MT</p> <p>4. CO</p> <p>5. ST</p> <p>6. CP</p> <p>7. EX</p> <p>8. OT</p> <p>_____</p>	<p>1. PH</p> <p>2. FG</p> <p>3. MT</p> <p>4. CO</p> <p>5. ST</p> <p>6. CP</p> <p>7. EX</p> <p>8. OT</p> <p>_____</p>	<p>1. PH</p> <p>2. FG</p> <p>3. MT</p> <p>4. CO</p> <p>5. ST</p> <p>6. CP</p> <p>7. EX</p> <p>8. OT</p> <p>_____</p>	<p>1. PH</p> <p>2. FG</p> <p>3. MT</p> <p>4. CO</p> <p>5. ST</p> <p>6. CP</p> <p>7. EX</p> <p>8. OT</p> <p>_____</p>	<p>1. PH</p> <p>2. FG</p> <p>3. MT</p> <p>4. CO</p> <p>5. ST</p> <p>6. CP</p> <p>7. EX</p> <p>8. OT</p> <p>_____</p>	
<p>5. Did you transport other crops at the same time? If so, list crop code</p> <p>1. Yes No</p> <p> a. Crop Code</p> <p> b. Crop Code</p> <p>2. No</p>	<p>1. Y</p> <p>a. _____</p> <p>b. _____</p> <p>2. N</p>	<p>1. Y</p> <p>a. _____</p> <p>b. _____</p> <p>2. N</p>	<p>1. Y</p> <p>a. _____</p> <p>b. _____</p> <p>2. N</p>	<p>1. Y</p> <p>a. _____</p> <p>b. _____</p> <p>2. N</p>	<p>1. Y</p> <p>a. _____</p> <p>b. _____</p> <p>2. N</p>	
<p>6. What were the total transportation costs?</p> <p>1. GH cedis and pesewas</p>	_____ c _____ p					
<p>10. What was the total revenue from this crop?</p> <p>1. GH cedis and pesewas</p>	p _____ c _____	_____ c _____ p				

Bii. Sales from other produce

Now I would like to ask you about other household sales of produce during the last 12 months

CODE ID OF PRIMARY HOUSEHOLD MEMBER WHO RECEIVES INCOME FROM EACH SALE

12. How much were your sales of/from the following		
	How much were your sales in GH¢ and pesewas	HHMID
1. Fishing	_____ c _____ p	
2. Hunting	_____ c _____ p	
3. Honey	_____ c _____ p	
4. Fruits, Berries, etc	_____ c _____ p	
5. Milk from cows	_____ c _____ p	
6. Other dairy products	_____ c _____ p	
7. Egg (collection)	_____ c _____ p	
8. Mushroom	_____ c _____ p	
9. Snails/Crab collection	_____ c _____ p	
10. Shea nut	_____ c _____ p	
11. Other (Specify)		
12. Other (Specify)	_____ c _____ p	
13. Other (Specify)	_____ c _____ p	
	_____ c _____ p	

Section 7-- Non-farm Household Enterprise

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

Part A: Basic Information

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

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

	Enterprise 1	Enterprise 2	Enterprise 3
<p>2. What is the name of the enterprise?</p>	<p>Name: _____</p>	<p>Name: _____</p>	<p>Name: _____</p>
<p>3. Please list the name(s) of the person(s) who own(s) the enterprise and their household ID number</p>	<p>Name1: _____ ID: _____ Name2: _____ ID: _____</p>	<p>Name1: _____ ID: _____ Name2: _____ ID: _____</p>	<p>Name1: _____ ID: _____ Name2: _____ ID: _____</p>
<p>4. Please list the name of the person who is responsible (if this person is different from the one who owns it) for the enterprise and his/her household ID number (Code 99 if outside the household)</p>	<p>Name: _____ ID: _____</p>	<p>Name: _____ ID: _____</p>	<p>Name: _____ ID: _____</p>
<p>5. Name and ID of household member interviewed</p>	<p>Name: _____ ID: _____</p>	<p>Name: _____ ID: _____</p>	<p>Name: _____ ID: _____</p>
<p>6. What is the main (principal) activity of this enterprise?</p>			
<p>7. In which industry does it belong? (See codebook for ISIC code and write 4 digits)</p>	<p>_____ _____</p>	<p>_____ _____</p>	<p>_____ _____</p>

10. How many years, altogether, has this business been in operation? 1. Years 2. Months	_____ y _____ m	_____ y _____ m	_____ y _____ m						
11. Please circle the months that this business operated in during the last 12 months: <i>(Circle all that apply)</i>	Jan April July Oct	Feb May Aug Nov	March June Sept Dec	Jan April July Oct	Feb May Aug Nov	March June Sept Dec	Jan April July Oct	Feb May Aug Nov	March June Sept Dec
12. Does the income from this enterprise belong entirely to the household? 1. Yes <input checked="" type="checkbox"/> 15 2. No	1. Yes 2. No	1. Yes 2. No	1. Yes 2. No						
13. What percent of the income from this enterprise belongs to the household? 1. Percent	1. _____%	1. _____%	1. _____%						
14. What is your relationship with the main partner outside the household? 1. Relative in community 2. Relative outside community 3. Non-relative in community 4. Non-relative outside community	1. _____ 2. _____ 3. _____ 4. _____	1. _____ 2. _____ 3. _____ 4. _____	1. _____ 2. _____ 3. _____ 4. _____						
15. Is this enterprise registered with any government agency? 1. Registrar General's Department – RG 2. Department of Cooperatives – DC 3. District Assembly – DA 4. Other(specify) – OT _____ 5. No – NO	1. RG 2. DC 3. DA 4. OT _____ 5. NO	1. RG 2. DC 3. DA 4. OT _____ 5. NO	1. RG 2. DC 3. DA 4. OT _____ 5. NO						
17. What was the main source of capital in setting up this enterprise? 1. Household savings – HS 2. Bank – BA 3. Remittances from abroad – RA 4. Proceeds from family farms – FF 5. Proceeds from family non-farm enterprise – NF 6. Income from family property(ies) -- IP 7. NGO support – NG 8. District assembly / town development support – DA 9. Church assistance – CA 10. Money lenders – ML 11. Relatives/ friends – RF 12. Other partners – OP 13. No capital required – NC 14. LEAP 15. Other (specify)–OT _____	1. HS 2. BA 3. RA 4. FF 5. NF 6. IP 7. NG 8. DA 9. CA 10. ML 11. RF 12. OP 13. NC 14. LEAP 15. OT _____	1. HS 2. BA 3. RA 4. FF 5. NF 6. IP 7. NG 8. DA 9. CA 10. ML 11. RF 12. OP 13. NC 14. LEAP 15. OT _____	1. HS 2. BA 3. RA 4. FF 5. NF 6. IP 7. NG 8. DA 9. CA 10. ML 11. RF 12. OP 13. NC 14. LEAP 15. OT _____						

18. What was the nature of this capital? 1. Loan – LO 2. Gift – GI 3. Self-financed – SF 4. Not applicable –NA	1. LO 2. GI 3. SF 4. NA	1. LO 2. GI 3. SF 4. NA	1. LO 2. GI 3. SF 4. NA
19. During the last 12 months has this enterprise tried to get credit from any source? 1. Yes, successfully – YS 2. Yes, unsuccessfully – YU 3. No >>23	1. YS 2. YU 3. NO >>23	1. YS 2. YU 3. NO >>23	1. YS 2. YU 3. NO >>23
20. During the last 12 months where has this enterprise tried to get credit? <i>(Circle all that apply)</i> 1. Bank – BA 2. Other financial agencies – OA 3. Cooperative – CO 4. Money lender – ML 5. Relative/ friend – RF 6. Proceeds from other enterprise – OE 7. Government agency – GA 8. NGO – NG 9. Community epicenter – CE 10. Other (specify) – OT	1. BA 2. OA 3. CO 4. ML 5. RF 6. OE 7. GA 8. NG 9. CE 10. OT _____	1. BA 2. OA 3. CO 4. ML 5. RF 6. OE 7. GA 8. NG 9. CE 10. OT _____	1. BA 2. OA 3. CO 4. ML 5. RF 6. OE 7. GA 8. NG 9. CE 10. OT _____
21. During the last 12 months, how much, in total has this enterprise borrowed? 1. GHcedis and pesewas	_____ c _____ p	_____ c _____ p	_____ c _____ p
22. How much of the total loans contracted / borrowed during the last 12months has this enterprise repaid? 1. GH cedis and pesewas	_____ c _____ p	_____ c _____ p	_____ c _____ p

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

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

	Enterprise 1	Enterprise 2	Enterprise 3
24. What is the average level of sales in a <u>HIGH</u> month for this enterprise? 1. GH cedis and pesewas	_____ c _____ p	_____ c _____ p	_____ c _____ p
25. What is the average level of sales in an <u>AVERAGE</u> month for this enterprise? 1. GH cedis and pesewas	_____ c _____ p	_____ c _____ p	_____ c _____ p
26. What is the average level of sales in a <u>LOW</u> month for this enterprise? 1. GH cedis and pesewas	_____ c _____ p	_____ c _____ p	_____ c _____ p
27. What is the average level of costs in a <u>HIGH</u> month for this enterprise? 1. GH cedis and pesewas	_____ c _____ p	_____ c _____ p	_____ c _____ p
28. What is the average level of costs in an <u>AVERAGE</u> month for this enterprise? 1. GH cedis and pesewas	_____ c _____ p	_____ c _____ p	_____ c _____ p
29. What is the average level of costs in a <u>LOW</u> month for this enterprise? 1. GH cedis and pesewas	_____ c _____ p	_____ c _____ p	_____ c _____ p
30. In the last month that this enterprise operated, what was the net profit (revenue minus costs) 1. GH cedis and pesewas	_____ c _____ p	_____ c _____ p	_____ c _____ p

Part B: Information about Employees

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

	Enterprise 1	Enterprise 2	Enterprise 3
1. How many people are currently working at this enterprise? Include HH members, apprentices, hired labor, <u>AND</u> the person responsible for the enterprise. 1. Male 2. Female	1. No. male _____ 2. No. female _____	1. No. male _____ 2. No. female _____	1. No. male _____ 2. No. female _____
2. How many of these workers are paid? 1. Male 2. Female	1. No. male _____ 2. No. female _____	1. No. male _____ 2. No. female _____	1. No. male _____ 2. No. female _____

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

	Enterprise 1				Enterprise 2				Enterprise 3			
	a. Worker 1	b. Worker 2	c. Worker 3	d. Worker 4	a. Worker 1	b. Worker 2	c. Worker 3	d. Worker 4	a. Worker 1	b. Worker 2	c. Worker 3	d. Worker 4
10. Report the name and ID of up to four people working the most time in this enterprise, including the person responsible for this enterprise. (if Household member code ID, Otherwise code NM) 1. Name 2. ID	1. Name: _____											
	ID											
12. How many days did (...) work in this business in the last two weeks? 1. Days in two weeks	1. _____ days/2wk											
13. Average number of hours that (...) worked during these days? 1. Hours per day	1. _____ hrs/day											

SECTION 8 ----HOUSEHOLD HEALTH

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
ID of Person Interviewed															
1. Has [Name] ever registered or been covered with a health insurance scheme?	1.	1.	1.	1.	1.	1.	1.	1.	1.	1.	1.	1.	1.	1.	1.
1.Yes	2.	2.	2.	2.	2.	2.	2.	2.	2.	2.	2.	2.	2.	2.	2.
2.No >> Q3															
2. What type of health insurance scheme does [Name] have? (Circle all that apply in 1-5)															
1.National / District health insurance scheme (NHIS)	1.	1.	1.	1.	1.	1.	1.	1.	1.	1.	1.	1.	1.	1.	1.
2.Health insurance through employer	2.	2.	2.	2.	2.	2.	2.	2.	2.	2.	2.	2.	2.	2.	2.
3.Mutual health org. / community base health insurance	3.	3.	3.	3.	3.	3.	3.	3.	3.	3.	3.	3.	3.	3.	3.
4.Other private purchase commercial health insurance	4.	4.	4.	4.	4.	4.	4.	4.	4.	4.	4.	4.	4.	4.	4.
5. Other (specify)	5.	5.	5.	5.	5.	5.	5.	5.	5.	5.	5.	5.	5.	5.	5.
6. None	6.	6.	6.	6.	6.	6.	6.	6.	6.	6.	6.	6.	6.	6.	6.
(skip to 4 if member of NHIS)															
3. Why is [Name] not registered with (NHIS)? (Circle all that apply)															
1.Not heard of (NHIS)	1.	1.	1.	1.	1.	1.	1.	1.	1.	1.	1.	1.	1.	1.	1.
2.Don't understand the (NHIS)	2.	2.	2.	2.	2.	2.	2.	2.	2.	2.	2.	2.	2.	2.	2.
3.Cannot afford premium	3.	3.	3.	3.	3.	3.	3.	3.	3.	3.	3.	3.	3.	3.	3.
4.Donot need health insurance	4.	4.	4.	4.	4.	4.	4.	4.	4.	4.	4.	4.	4.	4.	4.
5.NHIS does not cover health insurance [Name] needs	5.	5.	5.	5.	5.	5.	5.	5.	5.	5.	5.	5.	5.	5.	5.
6.Other (specify)	6.	6.	6.	6.	6.	6.	6.	6.	6.	6.	6.	6.	6.	6.	6.
(skip to Q15)															
4. Who is currently paying [Name's] health insurance cost? (Circle all that apply in 1-11)															
1.HH Member (write ID)	1.	1.	1.	1.	1.	1.	1.	1.	1.	1.	1.	1.	1.	1.	1.
2.Relative / friend	2.	2.	2.	2.	2.	2.	2.	2.	2.	2.	2.	2.	2.	2.	2.
3.Employer	3.	3.	3.	3.	3.	3.	3.	3.	3.	3.	3.	3.	3.	3.	3.
4.SSNIT contribution	4.	4.	4.	4.	4.	4.	4.	4.	4.	4.	4.	4.	4.	4.	4.
5.Exempted (as child)	5.	5.	5.	5.	5.	5.	5.	5.	5.	5.	5.	5.	5.	5.	5.
6.Exempted (as elderly)	6.	6.	6.	6.	6.	6.	6.	6.	6.	6.	6.	6.	6.	6.	6.
7.Exempted (as pregnant woman)	7.	7.	7.	7.	7.	7.	7.	7.	7.	7.	7.	7.	7.	7.	7.
8.Exempted (as pensioner)	8.	8.	8.	8.	8.	8.	8.	8.	8.	8.	8.	8.	8.	8.	8.
9.Exempted as indigent (poor)	9.	9.	9.	9.	9.	9.	9.	9.	9.	9.	9.	9.	9.	9.	9.
10.L.E.A.P Programme	10.	10.	10.	10.	10.	10.	10.	10.	10.	10.	10.	10.	10.	10.	10.
11.Other (specify)	11.	11.	11.	11.	11.	11.	11.	11.	11.	11.	11.	11.	11.	11.	11.
12..NA															

Member ID	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
ID of Person Interviewed															
(skip to 15 if not member of NHIS)	12.	12.	12.	12.	12.	12.	12.	12.	12.	12.	12.	12.	12.	12.	12.
5. Does [Name] hold a valid NHIS card? 1.Yes (CARD seen) >>7 2.Yes (CARD NOT seen) 3.No	1. 2. 3.														
6. 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 6.Other (specify)	1 2 3 4 5 6 _____														
7. How much money has [Name] paid or is expected to pay as premium to the current insurance year? 1.Amount paid (GH¢) 2.Amount expected to pay (GH¢)	1. -----c -----p 2. -----c -----p														
8. How much money has [Name] paid or is expected to pay as registration fee to the current insurance? 1.Amount paid (GH¢) 2.Amount expected to pay (GH¢)	1. -----c -----p 2. -----c -----p														
9. How many weeks did it take [Name] to obtain the NHIS card after the premium was paid in full? 1.Expected number in weeks 2.Code 888 if not received yet	_____ weeks														

Member ID	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
ID of Person Interviewed															
10. Has [Name] ever benefited from the NHIS? 1.Yes 2.No >>12	1. 2.														
11. How many times has [Name] used NHIS card during the last 12 months? 1.Number of times															
12. How many times has [Name's] NHIS card been renewed since first registration? 1.Number of times															
13. Is [Name] holding a valid NHIS card for current year? 1.Yes >>15 2.No (crosscheck with Question 5)	1. 2.														
14. 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.Preferred services not covered 7.Use clinics / traditional practitioners who are not covered 8.Other (specify)	1. 2. 3. 4. 5. 6. 7. 8. _____														
15. Does [Name] contribute to any of the following group schemes? Circle all that apply A.Susu B.Family contribution C.Welfare association D.Micro credit scheme E.Other (specify) F.None >> next person	A. B. C. D. E. _____														
16. Does [Name] derive any health care financing benefit from the group schemes? A.Susu B.Family contribution C.Welfare association D.Micro credit scheme	A. 1.Yes 2.No														

Member ID	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
ID of Person Interviewed															
E.Other (specify)															
	B. 1.Yes														
	2.No														
	C. 1.Yes														
	2.No														
	D. 1.Yes														
	2.No														
	E. 1.Yes														
	2.No														

Part B: ANTHROPOMETRY (FILL OUT FOR ALL HOUSEHOLD MEMBERS less than or equal to age 10 only)

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

Part C: IMMUNIZATION (FILL OUT FOR ALL HOUSEHOLD MEMBERS age 5 or below only)

Member ID	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
ID of Person Interviewed															
1. Has [Name] ever been immunized? 1. Yes 2. No >>12	1. Y 2. N														
2. Has [Name] received the BCG vaccine? 1. Yes, 2. No, 3. Don't know,	1. 2. 3.														
3. How many polio vaccines has [Name] received? (Circle all that apply) 1. "0 (at birth) 2. "1 (6 weeks) 3. "2 (10 weeks) 4. "3 (14 weeks) 5. "4 6. Booster (7. Don't know,	1. 2. 3. 4. 5. 6. 7.														
4. How many DPT shots has (NAME) received? (Circle all that apply) 1. "1, (at birth) 2. "2, (6 weeks) 3. "3 (10 weeks) 4. "Don't know,	1. 2. 3. 4.														
5. Has [Name] received the five in one vaccine? penta 1. Yes, 2. No, 3. Don't know, Immunization	1. 2. 3.														

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

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

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

Member ID	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
ID of Person Interviewed															
1. 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 >>4 2. With difficulty 3. Not at all	1. 2. 3.														
2. Could (NAME) have been able to do this 10 years ago? 1. Yes 2. No >>4	1. 2.														
3. How long has [Name] had difficulty/ been unable to do this? 1. Years (yy) 2. Months (m)	-----y -----m														
4. If [Name] had to bathe him/herself without any help, could he/she do it? 1. Easily >> next person 2. With difficulty 3. Not at all	1. 2. 3.														
5. How long has [Name] had difficulty/ been unable to do this? 1. Years 2. Months	-----y -----m														

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

Member ID	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
1. In general, how would you rate your health? 1. Very healthy, 2. Somewhat healthy, 3. Somewhat unhealthy, 4. Unhealthy	1. 2. 3. 4.														
2. Have you ever had any sores or irritations on the feet that took more than four weeks to heal? 1. Yes 2. No	1. Y 2. N														
3. In the last 3 months, have you had numbness or tingling in the hands or feet, other than numbness/tingling of the hands or feet resulting from falling asleep, foot aches, or long walks? 1. Yes 2. No	1. Y 2. N														
4. Have you ever had the habit of chewing tobacco, smoking pipe, smoking self-rolled cigarettes, or smoking cigarettes/ cigars? 1. Yes 2. No >>15	1. Y 2. N														
6. Does (NAME) still smoke /chew tobacco or have you completely quit? 1. still smokes >>15 2. has quit 3. still chew tobacco >>15	1. 2. 3.														
7. How long ago did you quit? 1. Years															
15. How often do you consume alcoholic beverages in a typical week? 1.....never 2.....about once a week 3.....two to three times a week 4.....more tha three times a week 5.....once a while/occasionally	1 2 3 4 5														

Part F: HEALTH IN THE LAST 4 WEEKS (Fill For All Household Members)

Member ID	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
ID of Person Interviewed															
1. During the last four weeks has [Name] suffered any illness or injury? 1. Neither >>8 2. Illness 3. Injury >>8 4. Both	1. 2. 3. 4.														
2. What was the illness that [Name] suffered? 1. Watery diarrhea 2. Diarrhea with blood >>5 3. Fever >>5 4. Cold/cough >>5 5. Guinea Worm >>5 6. Bilharzia >>5 7. Other (specify) >>5	1. 2. 3. 4. 5. 6. 7. -----														
3. What was the most important liquid that was given to [Name] to drink? 1. Oral Rehydration Salt (ORS) 2. Rice Water 3. Soup 4. Homemade sugar/saltwater solution, 5. Milk or infant formula, 6. Coconut water, 7. Water 8. Other, specify	1. 2. 3. 4. 5. 6. 7.														
5. For how many days during the last 4 weeks has [Name] suffered from this condition?															
6. During the last 2 weeks did [Name] have to stop the usual activities because of this condition? 1. Yes 2. No (>>8)	1. Y 2. N														

Member ID	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
ID of Person Interviewed															
7. For how many days did [Name] have to stop his/her usual activity? (1-14 days)															
8. During the last 4 weeks, has [Name] consulted any health care facility? 1. Yes 2. No >>22	1. Y 2. N														
9. On the most recent visit, who did [Name] consult? 1. Doctor, 2. Dentist, 3. Nurse, 4. Medical Asst., 5. Midwife, 6. Pharmacist, 7. Drug/Chemical seller, 8. Traditional Healer, 9. Trained TBA, 10. Untrained TBA, 11. Spiritualist, 12. Other (specify)	1 2 3 4 5 6 7 8 9 10 11 12														
10. What was the reason for the most recent visit? 1. Illness, 2. Injury, 3. Follow-up, 4. Check-up, 5. Prenatal care, 6. Postnatal care, 7. Vaccination, 8. Other (specify)	1 2 3 4 5 6 7 8														
11. Where did the consultation take place? 1. Hospital, 2. Clinic, 3. MCH Clinic, 4. Maternity home, 5. Pharmacy, 6. Chemical Store,	1. 2. 3. 4. 5. 6. 7. 8. 9.														

Member ID	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
ID of Person Interviewed															
7. Consultant's home, 8. Patient's home, 9. Community epicenter, 10. Other (specify) 11. Chips zone	10. -----														
13. Is this a public or private facility? 1. Public, 2. Private, 3. Private religious 4. Public religious	1. 2. 3. 4														
14. How much did [Name] pay for this consultation? (GH cedis and pesewas)	-----c -----p														
15. How much did [Name] pay to travel and return? (GH cedis and pesewas)	-----c -----p														
16. How much time did it take to travel to and from the facility? (TRAVEL TIME) 1. Hours 2. Minutes	-----h -----m														
19. During last 4 weeks was [Name] admitted to a hospital/ health care facility on account of an illness/ injury? (Include traditional healing centers) 1. Yes, 2. No >>22	1. Y 2. N														
20. How many nights did [Name] spend in the health center during the last 4 weeks?															

Member ID	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
ID of Person Interviewed															
21. How much did/will [Name] pay for staying in the health center during the last 4 weeks? (GH cedis and pesewas)	-----c -----p														
22. During the last 4 weeks did [Name] purchase any medicine or medical supplies? 1. Yes, 2. No >> Part G	1. Y 2. N														
23. How much did [Name] pay altogether for these medicine/medical supplies? (GH cedis and pesewas)	-----c -----p														
23a. During the last 4 weeks did [Name] pay for any lab test, xray,? 1. Yes, 2. No >>24	1. Y 2. N														
23b. How much did [Name] pay altogether for the lab test, xray (GH cedis and pesewas)	-----c -----p														
24. Total medical expenses over the last 4 weeks (If cannot, give breakdown) (GH cedis and pesewas)	-----c -----p														

PART G: HEALTH IN LAST 12 MONTHS (Fill for All Household Members)

Member ID	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
ID of Person Interviewed															
1. For the last 12 months, was [Name] hospitalized for any illness/ injury? 1. Yes, 2. No >>4	1. Y 2. N														
2. If yes, how many days was NAME hospitalized? 1.number of days															
3. What is the total cost of hospitalization? (GH cedis and pesewas)	-----c -----p														
4. Who pays for the majority of medical expenses including consultations and hospital stays (if any)? <i>ID of household member,</i> 1. Other relative 2. Government 3. Employer 4. Household member's employer 5. Health insurance 6. Other (specify)	ID ____ 1. 2. 3. 4. 5. 6. -----														
7. Did (NAME) take any oncho control drugs during the last 12 months? 1. Yes 2. No	1 2														
Member ID	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
8. Why did (NAME) not take the oncho control drug 1. drug not available 2. because of side effect of drug previously 3. Drug not useful 4. did not trust distributor 5. Other (specify) (next person)	1 2 3 4 5														

<p style="text-align: center;">Section 8Ha <u>Willingness to pay for the services of the agent in-charge of ivermectin (drug) distribution</u></p>	<p style="text-align: center;">Section 8Hb <u>Willingness to pay for Oncho Drug</u></p>
<p><i>The agent in-charge of the distribution of oncho drugs in this community is not paid for the services he/she provides. There is a proposal that members of the community give him/her some amount of money to support the services rendered. We would like to know whether you will be willing to contribute towards this payment.</i></p> <p>1 Are you willing to pay some money every year in support of his/her services? 1. Yes 2. No</p> <p>2 Are you willing to pay GH¢10.00 per year in support of his/her services? 1. Yes 2. No</p> <p>3 What about GH¢5.00 per year in support of his/her services? 1. Yes 2. No</p> <p>4 What about GH¢2.00 per year in support of his/her services? 1. Yes 2. No</p> <p>5 What about GH¢1.00 per year in support of his/her services? 1. Yes 2. No</p> <p>6 What is the maximum amount of money you are willing to pay in support of his/her services? GH¢</p>	<p><i>An NGO/government provides the oncho drugs distributed in this community for free every year. There is a proposal that people who take the drugs should pay for it in order to sustain the control of the disease. We would like to know whether you will be willing to contribute towards this payment.</i></p> <p>7. Are you willing to pay for the oncho drug every year? 1. Yes 2. No</p> <p>8. Are you willing to pay GH¢10.00 per year? 1. Yes 2. No</p> <p>9. What about GH¢5.00 per year? 1. Yes 2. No</p> <p>10. What about GH¢2.00 per year? 1. Yes 2. No</p> <p>11. What about GH¢1.00 per year? 1. Yes 2. No</p> <p>12. What is the maximum amount of money are willing to pay? GH¢</p>

Part A: Child Health, Young Children

0.0 Does your household have any child younger than 7 years old?	1. Yes	2.No>> part B
---	--------	---------------

(FILL OUT FOR CHILDREN YOUNGER THAN 7 YEARS OLD)

	Young Child 1	Young Child 2	Young Child 3	Young Child 4	Young Child 5
Name of child and ID of child and mother (or guardian if mother is not in the household)	Name: ID _____ child ID _____ mother/guardian				
0. Verify with roster the age of (Name). "Is (Name) x years/months old?" 1. Roster Correct 2. No → record correct age here and on roster	1. Yes 2. No age:____ y ___ m				
6. Does (Name) participate in a community feeding program (e.g. school feeding program)? 1. Yes >>8 2. No	1. Yes 2. No	1. Yes 2. No	1. Yes 2. No	1. Yes 2. No	1. Yes 2. No
7. Has [Name] ever participated in a community feeding program? 1.Yes 2.No	1. Yes 2. No				

Section 9: Children's Module

<p>8. Who usually looks after (Name) during the daytime? 1. Mother - MO 2. Father - FA 3. Adult Female - AF 4. Adult Male - AM 5. Female Child - CF 6. Male Child - CM 7. In school 8. Other, specify - OT</p>	<p>1. MO 2. FA 3. AF 4. AM 5. CF 6. CM 7. In school 8. OT _____</p>	<p>1. MO 2. FA 3. AF 4. AM 5. CF 6. CM 7. In school 8. OT _____</p>	<p>1. MO 2. FA 3. AF 4. AM 5. CF 6. CM 7. In school 8. OT _____</p>	<p>1. MO 2. FA 3. AF 4. AM 5. CF 6. CM 7. In school 8. OT _____</p>	<p>1. MO 2. FA 3. AF 4. AM 5. CF 6. CM 7. In school 8. OT _____</p>
<p>9. 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</p>	<p>1. _____</p>				
<p>10. In the last 7 days, how many times was (Name) left alone? 1. number of times</p>	<p>1. _____</p>				
<p>11. Did you or someone else take (Name) to a health center for post-natal care in the last 12 months 1. Yes 2. No >> Part B</p>	<p>1. Yes 2. No >> Part B</p>	<p>1. Yes 2. No >> Part B</p>	<p>1. Yes 2. No >> Part B</p>	<p>1. Yes 2. No >> Part B</p>	<p>1. Yes 2. No >> Part B</p>

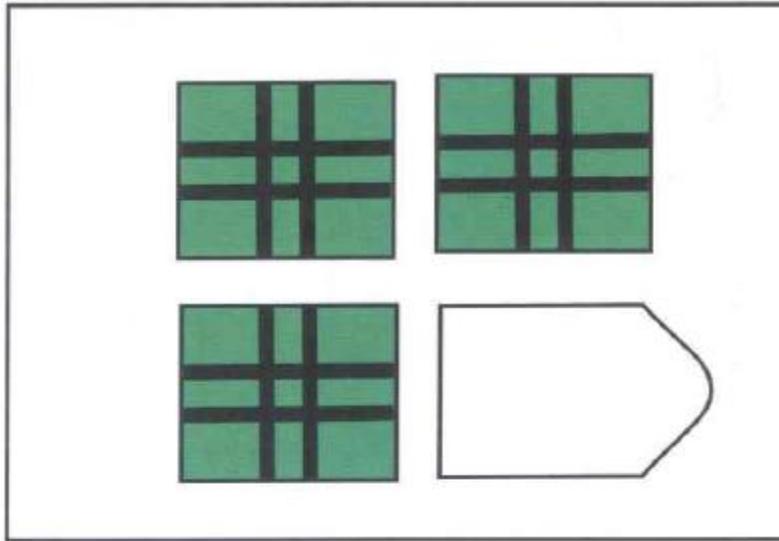
Part B: Raven's Pattern Cognitive Assessment

Complete for each child between **ages 5-17** in the Household

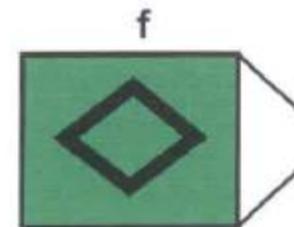
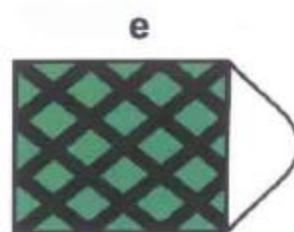
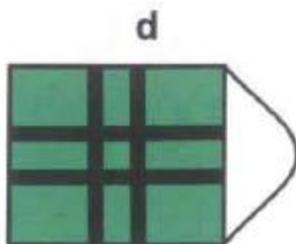
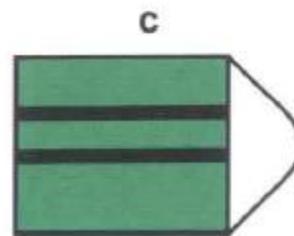
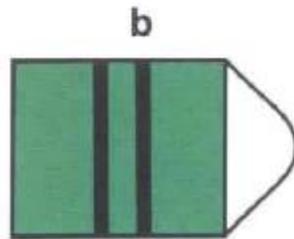
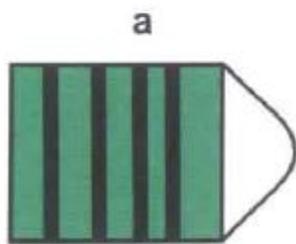
Instructions:

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

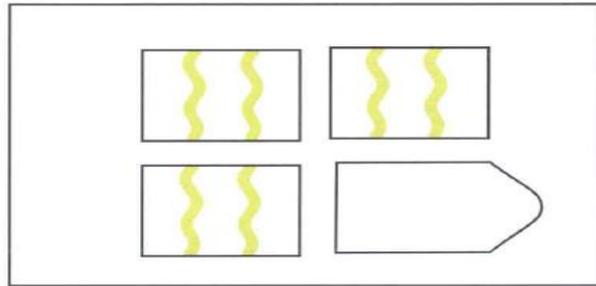
EK0



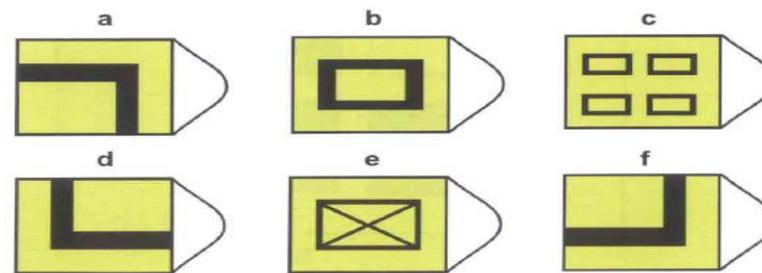
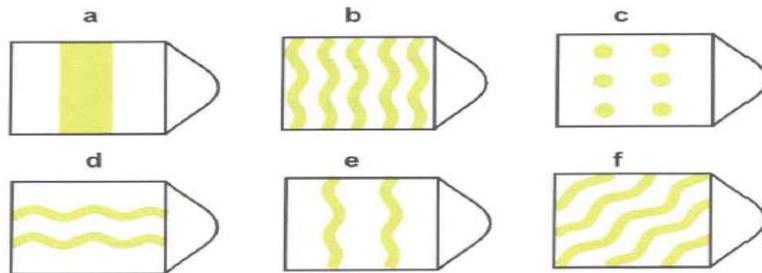
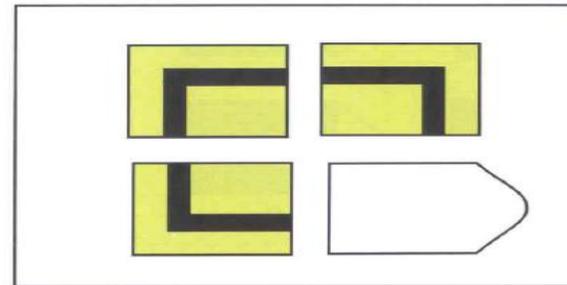
EXAMPLE: Show the child the picture and then point to shape d



EK1

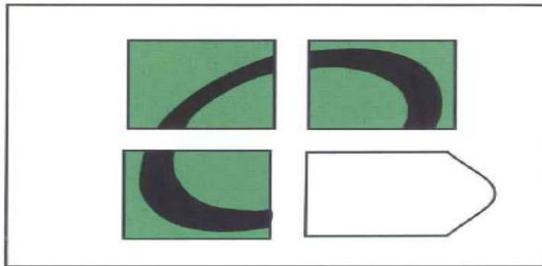


EK2

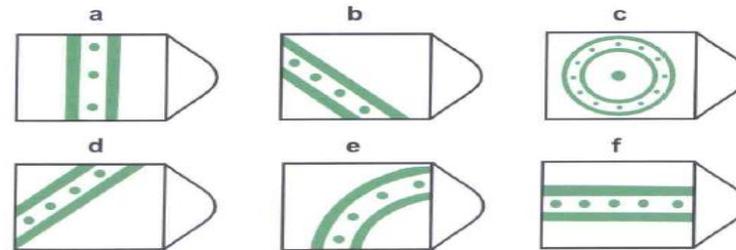
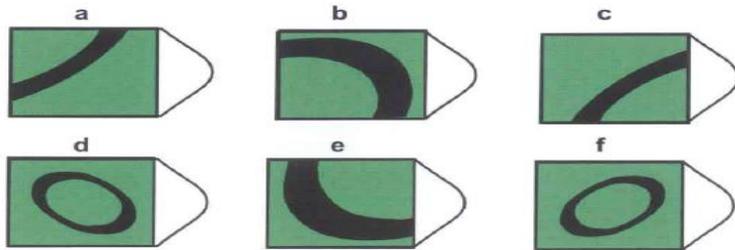
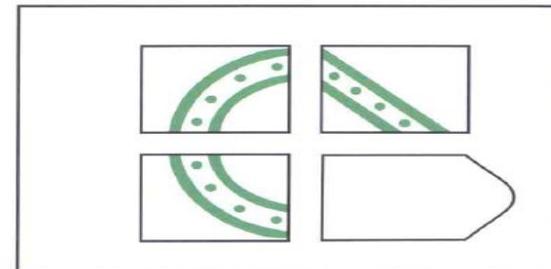


Part 3: Raven's Pattern Cognitive Assessment (I)	Child 1	Child 2	Child 3	Child 4	Child 5
	Name: _____ ID: _____				
1. Shape child pointed at 1. letter of shape in EK1	_____	_____	_____	_____	_____
2. Shape child pointed at 1. letter of shape in EK2	_____	_____	_____	_____	_____

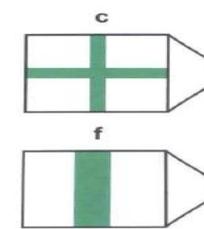
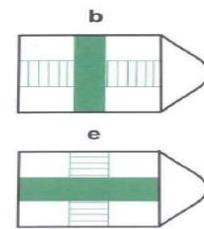
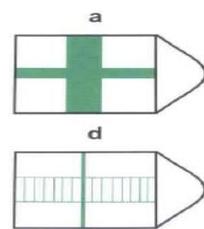
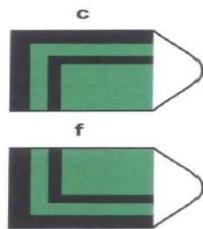
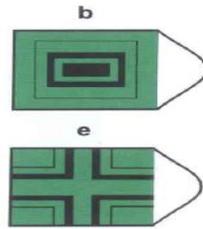
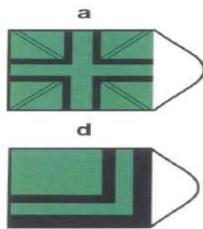
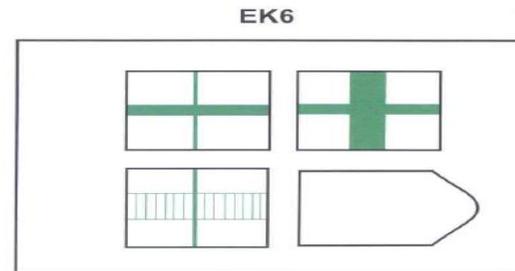
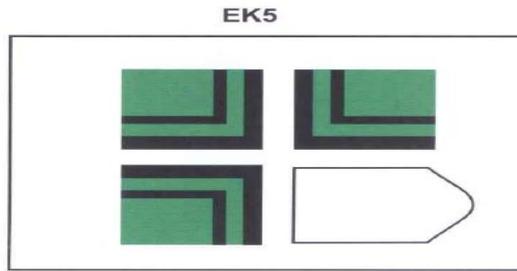
EK3



EK4

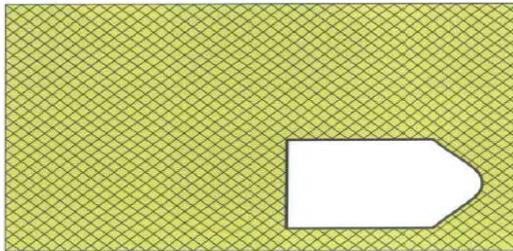


Part 3: Raven's Pattern Cognitive Assessment (II)	Child 1	Child 2	Child 3	Child 4	Child 5
	Name: _____ ID: _____				
3. Shape child pointed at 1. letter of shape in EK3	_____	_____	_____	_____	_____
4. Shape child pointed at 1. letter of shape in EK4	_____	_____	_____	_____	_____

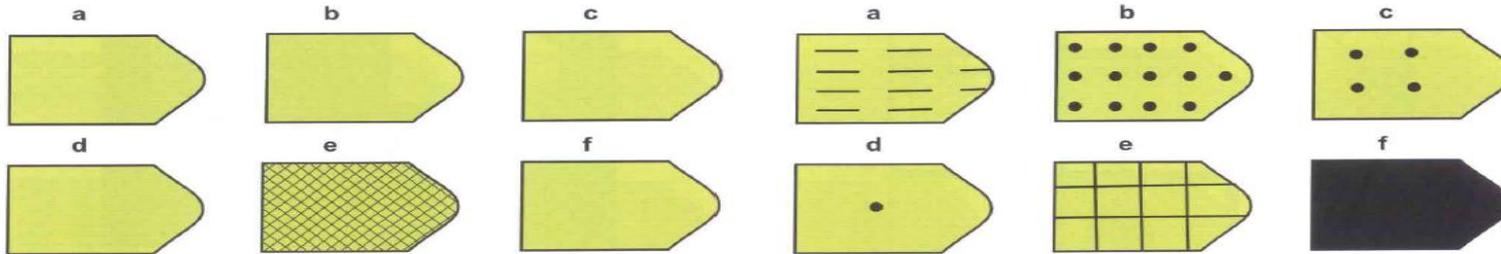
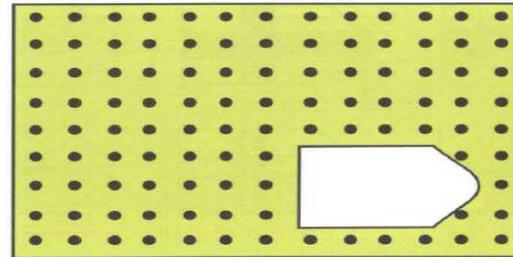


Part 3: Raven's Pattern Cognitive Assessment (III)	Child 1	Child 2	Child 3	Child 4	Child 5
	Name: _____ ID: _____				
5. Shape child pointed at 1. letter of shape in EK5	_____	_____	_____	_____	_____
6. Shape child pointed at 1. letter of shape in EK6	_____	_____	_____	_____	_____

EK7

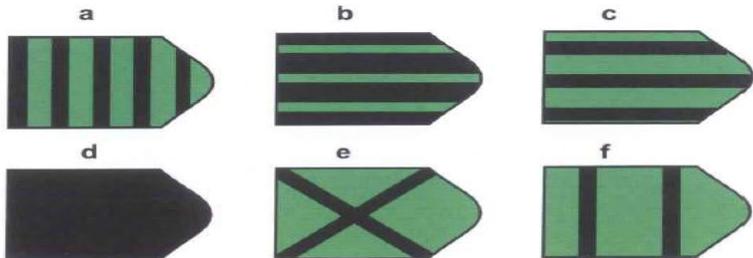
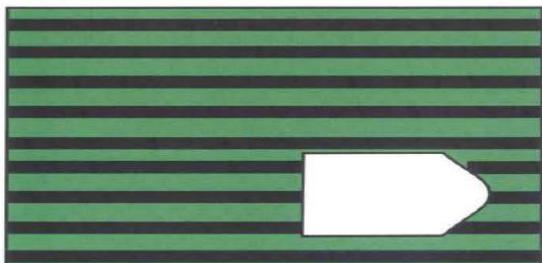


EK8

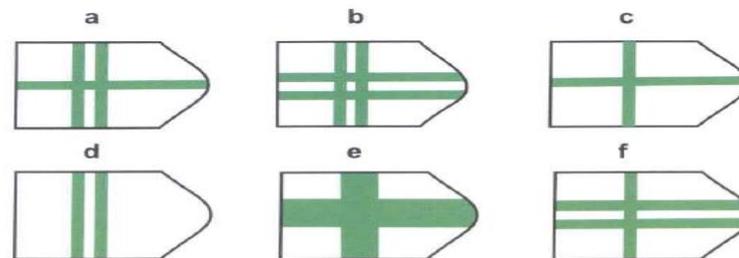
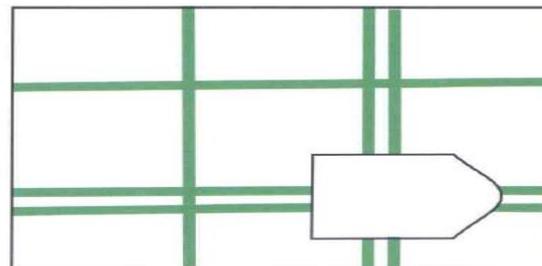


Part 3: Raven's Pattern Cognitive Assessment (III)	Child 1 Name: _____ ID: _____	Child 2 Name: _____ ID: _____	Child 3 Name: _____ ID: _____	Child 4 Name: _____ ID: _____	Child 5 Name: _____ ID: _____
7. Shape child pointed at 1. letter of shape in EK7	_____	_____	_____	_____	_____
8. Shape child pointed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

EK9

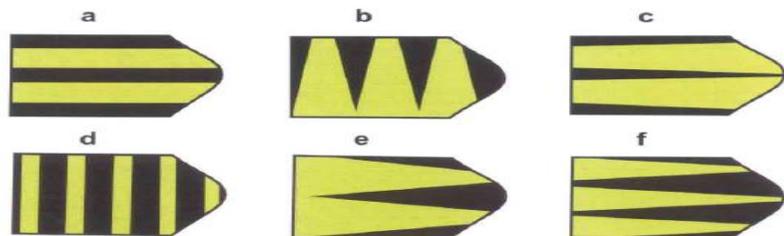
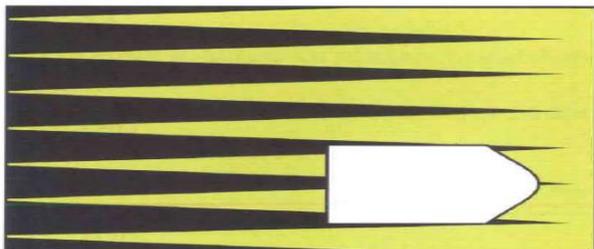


EK10

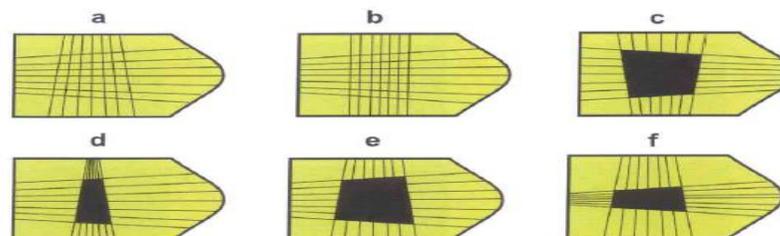
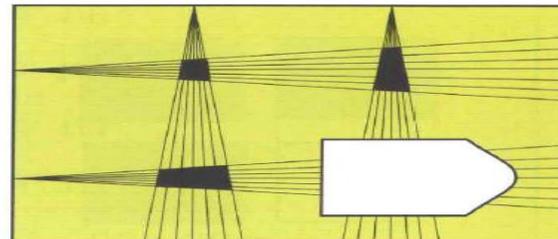


Part 3: Raven's Pattern Cognitive Assessment (IV)	Child 1	Child 2	Child 3	Child 4	Child 5
	Name: _____ ID: _____				
9. Shape child pointed at 1. letter of shape in EK9	_____	_____	_____	_____	_____
10. Shape child pointed at 1. letter of shape in EK10	_____	_____	_____	_____	_____

EK11



EK12



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

Section 10A: Operational Performance

<p>LEAP Evaluation Household Survey Section 10A: Operational Performance</p>		<p>For this section, we would like to talk to the most knowledgeable person about the LEAP-Cash Transfer Programme (<i>for example, the primary caregiver identified in section B</i>)</p>																			
		<p>NEW ID CODE of most knowledgeable household member about LEAP Cash Transfer Programme</p>	<table border="1"> <tr> <td>N</td> <td></td> <td></td> </tr> </table>	N																	
N																					
Targeting / Selection																					
Q1.	<p>Are you aware of the LEAP cash transfer programme that is operating in this community?</p>	<p>1 = Yes 2 = No >>SECTION 11- Household Food Security Module</p> <p>Interviewer: If 'NO', explain what the LEAP Cash Transfer Programme is to double-check respondent's awareness.</p>																			
Q2.	<p>Has your household <u>EVER</u> received payments from the LEAP cash transfer programme?</p>	<p>1 = Yes >> Q4 2 = No</p>																			
Q3.	<p>Who do you think are eligible to receive the transfer? (1=Yes; 2=No)</p>	<p>a) individuals taking care of many orphans/children b) sick individuals c) widowed individuals d) individuals not able to work e) handicapped individuals f) old individuals g) very poor individuals h) I do not know i) Other (specify) _____</p> <p>>> NEXT SECTION-- SECTION 11- Household Food Security Module</p>	<table border="1"> <tr><td>a</td><td></td></tr> <tr><td>b</td><td></td></tr> <tr><td>c</td><td></td></tr> <tr><td>d</td><td></td></tr> <tr><td>e</td><td></td></tr> <tr><td>f</td><td></td></tr> <tr><td>g</td><td></td></tr> <tr><td>h</td><td></td></tr> <tr><td>i</td><td></td></tr> </table>	a		b		c		d		e		f		g		h		i	
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Q4.	<p>Why do you think you were selected to receive the transfer? (1=Yes; 2=No)</p>	<p>a) Take care of many orphans/children b) I am sick c) I am widowed d) I am not able to work e) I am handicapped f) I am old g) I am very poor h) I do not know i) Other (specify) _____</p>	<table border="1"> <tr><td>a</td><td></td></tr> <tr><td>b</td><td></td></tr> <tr><td>c</td><td></td></tr> <tr><td>d</td><td></td></tr> <tr><td>e</td><td></td></tr> <tr><td>f</td><td></td></tr> <tr><td>g</td><td></td></tr> <tr><td>h</td><td></td></tr> <tr><td>i</td><td></td></tr> </table>	a		b		c		d		e		f		g		h		i	
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Section 10A: Operational Performance

Q5.	Do you think that the selection process for the LEAP program is fair?	1=Strongly Agree 2=Agree 3=Neither agree nor disagree	4=Disagree 5=Strongly disagree				
Q6.	Do you think that the eligibility criteria for the LEAP program are clear?	1=Strongly Agree 2=Agree 3=Neither agree nor disagree	4=Disagree 5=Strongly disagree				
Q7.	Are you or any member of the household <u>currently</u> a beneficiary of the leap program?	1 = Yes 2 = No >>11					
	7a. Ask to see enrolment <u>ID CARD</u>, [Form 1] (Form 1 seen? 1=Yes; 2=No)	(Form 1 seen? 1=Yes; 2=No)					
	7b. Who is/are the designated beneficiary(ies)? [Note beneficiaries' Member ID] (list all Ids if multiple)	Mem ID: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>					
	7c. Who usually collects the payment from the payment point? [Note Member ID of person. If not member of the household, enter '99']	Mem ID: _____ (HHMID) (99 IF NOT A HOUSEHLD MEMBER)					
Q8.	How many eligible beneficiaries are in this household?	NUMBER	<input type="text"/>				
Q9.	Interviewer: From the household's LEAP Programme ID card, write the unique number on the card. (If the respondent is a beneficiary write his/her unique ID, if not write that of the oldest beneficiary) If programme card or receipt NOT available write 9 in all the boxes (15 boxes)	Write the LEAP UNIQUE ID NUMBER (from ID Card) <input type="text"/> <input type="text"/> LEAP Unique ID Number					
Q10.	Interviewer: Refer to the household roster in Section 1A1 OR S1A2, What is the HH member ID of the main caregiver specified on the Programme card? <i>If the main caregiver specified on Programme card is NO LONGER part of this household, please write the OLD ROSTER ID in the space provided. Refer to the 'Household Identifier Form'.</i>	<table border="1"> <tr> <td>HHMID</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table> >>Q12			HHMID	<input type="text"/>	<input type="text"/>
HHMID	<input type="text"/>	<input type="text"/>					
Q11.	Why are you NOT still receiving payments from the LEAP programme anymore?	1 = Youngest child in household is over 17 years old 2 = LEAP(s) moved out of household/LEAP(s) 3 = Missed the collection of 3 consecutive payments 4 = Voluntarily left the programme: didn't need it 5 = Voluntarily left the programme: programme did not work properly 6 = Voluntarily left the programme: too many conditions 7 = Enrolled in another cash transfer programme 8 = Did not follow rules (conditions) 9 = Other, specify _____ 98 = Don't know/					

Payment systems and operations/																	
Q12.	<p>When was the last time the household received a LEAP payment before April 2012? [list month and year numerically] (mm yyyy)</p> <p>____ ____ ____ ____ </p> <p>Enter "9999" in the yyyy boxes if the respondent does not know</p>	<table border="1"> <tr> <td> </td><td> </td> <td> </td><td> </td><td> </td><td> </td> </tr> <tr> <td colspan="2">MONTH</td> <td colspan="4">YEAR</td> </tr> </table>							MONTH		YEAR						
MONTH		YEAR															
Q13.	<p>How much did you receive? Enter "5555" if the respondent does not know</p>	<table border="1"> <tr> <td> </td><td> </td><td> </td><td> </td> <td> </td><td> </td> </tr> <tr> <td colspan="4">Amount in Ghana Cedi</td> <td colspan="2">Amount in pesewas</td> </tr> </table>							Amount in Ghana Cedi				Amount in pesewas				
Amount in Ghana Cedi				Amount in pesewas													
Q14.	<p>When do you expect to receive the next payment?</p>	<p>1=in next two months 2=in next six months 3=in next twelve months</p>	<p>4=greater than twelve months 5=Never</p> <table border="1"> <tr><td>1</td><td>2</td></tr> <tr><td>3</td><td>4</td></tr> <tr><td>5</td><td> </td></tr> </table>	1	2	3	4	5									
1	2																
3	4																
5																	
Q15.	<p>How long in the future do you expect to continue receiving this money?</p>	<p>1=6 months 2=1 year 3=2 years</p>	<p>4=5 years 5=longer/for the rest of life]</p> <table border="1"> <tr><td>1</td><td>2</td></tr> <tr><td>3</td><td>4</td></tr> <tr><td>5</td><td> </td></tr> </table>	1	2	3	4	5									
1	2																
3	4																
5																	
Q16.	<p>For the LAST payment before April 2012, what method of transport did you (or your representative) use to travel to the Payment point to collect the payment?</p> <p>Interviewer: Circle all that apply</p>	<p>A = Car/taxi B= Bus C= Trotro D= Motor bike</p>	<p>E = Bicycle F = Walk G= Don't know / Can't say/ H= Other (specify)/ _____</p> <table border="1"> <tr><td>A</td><td>B</td></tr> <tr><td>C</td><td>D</td></tr> <tr><td>E</td><td>F</td></tr> <tr><td>G</td><td>H</td></tr> </table>	A	B	C	D	E	F	G	H						
A	B																
C	D																
E	F																
G	H																
Q17.	<p>For your LAST payment before April 2012, how much money did you (or your representative) spend on transportation to travel from your house to the Payment point and back again?</p> <p>Interviewer: Two-way total for going from household to Payment point and back.</p>	<table border="1"> <tr> <td> </td><td> </td><td> </td><td> </td> <td> </td><td> </td> </tr> <tr> <td colspan="4">Amount in Ghana Cedi</td> <td colspan="2">Amount in pesewas</td> </tr> </table>							Amount in Ghana Cedi				Amount in pesewas				
Amount in Ghana Cedi				Amount in pesewas													
Q18.	<p>How much will you be willing to pay for transport to the payment point and back?</p>	<table border="1"> <tr> <td> </td><td> </td><td> </td><td> </td> <td> </td><td> </td> </tr> <tr> <td colspan="4">Amount in Ghana Cedi</td> <td colspan="2">Amount in pesewas</td> </tr> </table>							Amount in Ghana Cedi				Amount in pesewas				
Amount in Ghana Cedi				Amount in pesewas													
Q19.	<p>In general, how long does it take you (or your respondent) to travel from your home to the Payment point and back again?</p> <p>Interviewer: Two-way total for going from household to Payment point and back again. This does not include time / days spent waiting at Payment point. Code '-' for cells not used</p>	<table border="1"> <tr> <td> </td> <td> </td><td> </td> <td> </td><td> </td> <td> </td><td> </td> </tr> <tr> <td>Days</td> <td colspan="2">Hours/</td> <td colspan="2">Minutes</td> <td colspan="2"></td> </tr> </table>								Days	Hours/		Minutes				
Days	Hours/		Minutes														
Q20.	<p>What will be an acceptable time for you or your representative to travel from your home to the payment point and back?</p>	<table border="1"> <tr> <td> </td><td> </td> <td> </td><td> </td> </tr> <tr> <td colspan="2">Hours/</td> <td colspan="2">Minutes</td> </tr> </table>					Hours/		Minutes								
Hours/		Minutes															

Section 10A: Operational Performance

Q21.	For your last payment before April 2012, how were you informed that the payment was ready to be collected at the Payment point?	Informed in public (in front of other community members) by: 1 = community leader (non government / elder) 2 = chief (government representative) 3 = another beneficiary 4 = other community member/ 5 = family member 6 = payment point staff/ 7 = LOC member Informed in private by: 8 = community leader (non government / elder) 9 = chief (government representative) 10 = another beneficiary 11 = other community member 12 = family member 13 = payment point staff 14 = LOC member 15 = Saw others going to collect the payment >> Q24 16 = Other (specify) _____			
Q22.	In the future how will you prefer to be informed that the payment is ready?	1 = community leader (non government / elder) 2 = chief (government representative) 3 = another beneficiary 4 = other community member/ 5 = family member 6 = payment point staff/ 7 = LOC member 8=Other Specify			
Q23.	Did you think the way you were told when to collect your last payment was appropriate?	1 = Yes 2 = No			
Q24.	When the payment becomes available for collection at the Payment point, how many days do you have to collect it from the Payment point before it expires? Interviewer: Code '98' for Don't Know/	<table border="1" data-bbox="1010 895 1216 946"> <tr> <td style="width: 40px; height: 30px;"></td> <td style="width: 40px; height: 30px;"></td> </tr> </table> No. of days			
Q25.	In the future how many days do you think will be reasonable for the collection of payment at the payment point before it expires?	NUMBER OF DAYS <table border="1" data-bbox="1010 1024 1216 1070"> <tr> <td style="width: 40px; height: 30px;"></td> <td style="width: 40px; height: 30px;"></td> </tr> </table>			
Q26.	Have you identified somebody that can represent you at the Payment point to collect your payment if you are sick, injured or not able to collect the payment yourself?	1 = Yes >>28 2 = No			
Q27.	Will you be willing to designate a representative to collect the payment for you on your behalf?	1 = Yes >>30 2 = No >>30			
Q28.	What is your relationship to the representative you have identified for the LEAP Programme?	1 = Family member / relative that lives in your household 2 = Family member / relative that lives outside of your household 3 = Friend 4 = Another beneficiary 5 = Other community member 6 = Community elder / leader 7 = Chief / government representative 8 = Other, specify: _____			

Section 10A: Operational Performance

Q29.	Have you EVER sent your representative to collect the payment from the Payment point?	1 = Yes 2 = No							
Q30.	If you (and your representative) are not able to collect your payment in a payment cycle, will you still receive that payment in the future?	1 = Yes, the full amount of the missed payment will be added to the next payment 2 = No, the missed payment will be lost / not be paid 3 = Other, specify _____ 98 = Don't know							
Q31.	Have you ever had to pay any money (cash or in-kind) to the Payment point staff when you went to collect your payment? Interviewer: This does not include travel costs.	1 = Yes 2 = No 98 = Can't say							
Q32.	Has anyone at the payment point ever asked you for money (gift) before or after payment of the Leap transfer?	1 = Yes (skip to 34 if Q31=No) 2 = No							
Q33.	For the LAST time you had to pay any such moneys (gifts) (use local expression) to the payment point staff, how much did you have to pay?	<table border="1" style="display: inline-table; margin-right: 20px;"> <tr> <td style="width: 20px; height: 20px;"></td> </tr> </table> Amount in Ghana Cedi <table border="1" style="display: inline-table; margin-left: 200px;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> Amount in pesewas							
Q34.	Have you ever had to pay any money (use local expression) to anybody in the community (eg. village elder / chief) when you go to collect your payment? Interviewer: This does not include the alternative recipient / representative or Payment point staff.	1 = Yes 2 = No 98 = Can't say							
Q35.	Has anyone in the community ever asked you for money (gift) before or after payment of the Leap transfer?	1 = Yes (skip to 37 if Q34=No) 2 = No							
Q36.	For the LAST time you had to pay such monies (use local expression) to somebody in the community , how much did you have to pay?	<table border="1" style="display: inline-table; margin-right: 20px;"> <tr> <td style="width: 20px; height: 20px;"></td> </tr> </table> Amount in Ghana Cedi <table border="1" style="display: inline-table; margin-left: 200px;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> Amount in pesewas							
Q37.	In general, do you feel safe collecting your money from the Payment point and taking it back home?	1 = Yes 2 = No							
Q38.	In general, are you happy with the way you are treated by the Payment point staff when you go to collect your payment?	1 = Yes 2 = No 98 = Don't Know							
Q39.	In general, are you happy with the way you are treated by the LEAP programme representatives (eg. LOC members, DCOs)?	1 = Yes 2 = No 98 = Don't Know							
Q40.	Do other people in the community know that you are receiving payments from the LEAP cash transfer programme?	1 = Yes 2 = No 98 = Don't know							
Q41.	Is / would it be a problem for you if others in the community know that you are receiving payments from the LEAP cash transfer programme?	1 = Yes 2 = No 98 = Don't know							
Q42.	Are you happy with the current payment method?	1 = Yes 2 = No							
Q43.	What would you suggest will be an appropriate payment method?	1=Rural banks 2=Commercial banks 3=Mobile banks 4=None 5=Other specify.....							

Perceptions of conditions															
Q44.	Do families participating in the LEAP cash transfer programme have to follow any rules in order to continue receiving payments ?	1 = Yes 2 = No >> Q51 98 = Don't Know													
Q45.	Can you please list the rules that you think cash transfer families have to follow in order to receive the full payment from the LEAP programme? Interviewer: Circle all that apply	A = Enrolment / attendance in primary school only B = Enrolment / attendance in primary and secondary schools C = Attendance to health facility for immunizations D = Attendance to health facility for growth monitoring E = Attendance to health facility for vitamin A supplement F = Adequate food and nutrition for children G = Clean and appropriate clothing for children H = Obtain NHIS insurance card I = Birth certificate for children J = Other, specify _ _____ 98 = Don't Know	<table border="1"> <tr><td>A</td><td>B</td></tr> <tr><td>C</td><td>D</td></tr> <tr><td>E</td><td>F</td></tr> <tr><td>G</td><td>H</td></tr> <tr><td>I</td><td>J</td></tr> <tr><td colspan="2">98</td></tr> </table>	A	B	C	D	E	F	G	H	I	J	98	
A	B														
C	D														
E	F														
G	H														
I	J														
98															
Q46.	Which household members do these rules apply to?	1 = All children in the household 2 = Only to orphans and vulnerable children 3 = Don't know 4 = Other, specify _____													
Q47.	How did you learn about the rules of the LEAP cash transfer programme? Interviewer: Circle all that apply	A = LEAP programme representative (ie. at community awareness session) B = Flyer C = Payment point D = Neighbour E = Village elder F = Village Chief G = Another beneficiary H = Other, specify _____ 98 = Don't know	<table border="1"> <tr><td>A</td><td>B</td></tr> <tr><td>C</td><td>D</td></tr> <tr><td>E</td><td>F</td></tr> <tr><td>G</td><td>H</td></tr> <tr><td colspan="2">98</td></tr> </table>	A	B	C	D	E	F	G	H	98			
A	B														
C	D														
E	F														
G	H														
98															
Q48.	Do you know what will happen if cash transfer families do not follow the rules?	1 = Yes 2 = No >> Q50													
Q49.	What will happen to a cash transfer family if they do not follow all of the rules?	1 = Nothing 2 = Kicked out of the programme 3 = Go to jail 4 = A penalty fine will be deducted from the next payment 5 = Other _____													
Q50.	Is anyone checking to see if cash transfer families are following the rules?	1 = Yes 2 = No 98 = Don't know													

Use of the cash transfer															
Q51.	In this household, who generally decides how the payment from the LEAP programme is used?	<p>_____</p> <p>Name of Main Decision Maker</p> <table border="1"> <tr> <td>HHMID</td> <td></td> <td></td> </tr> </table> <p>New OR Old HHM ID of Main Decision Maker</p>		HHMID											
HHMID															
Q52.	Interviewer: Refer to the name of main decision maker provided in Q51 In general, who does [NAME] consult with when deciding how to use the payment from the LEAP programme?	<p>1 = Alone 2 = In consultation with other adult family members 3 = In consultation with children 4 = In consultation with ALL family members 5 = In consultation with someone else in the community 98 = Don't know</p>													
Q53.	Is the payment from the LEAP programme kept separate from the rest of the household's sources of income?	<p>1 = Yes 2 = No 98 = Don't know</p>													
Q54.	In general, can you tell me who in your household benefits from the payments of the LEAP cash transfer programme?	<p>1 = All household members 2 = Adult(s) only 3 = Children only (OVCs and non-OVCs) 4 = Orphans and Vulnerable Children (OVCs) only 5 = Other, specify _____</p>													
Q55.	In general, list the main things that the payment from the LEAP programme is used for. List up to 3. Interviewer: Circle all that apply / Do NOT prompt or give them examples for them to mention	<p>A = Food and nutrition B = Formal government education (fees, textbooks, uniforms etc.) C = Other education (nursery, other religious school)/ D = Health care E = Shelter / Accommodation / Rent F = Clothing / Shoes (does not include school uniforms) H = Investment/small business I = Formal social occasions such as Weddings / Funerals J = Savings/Susu K = Other spending, specify _____ 98 = Don't Know / Can't say/</p>	<table border="1"> <tr> <td>A</td> <td>B</td> </tr> <tr> <td>C</td> <td>D</td> </tr> <tr> <td>E</td> <td>F</td> </tr> <tr> <td>G</td> <td>H</td> </tr> <tr> <td>I</td> <td>J</td> </tr> <tr> <td>K</td> <td>98</td> </tr> </table>	A	B	C	D	E	F	G	H	I	J	K	98
A	B														
C	D														
E	F														
G	H														
I	J														
K	98														

Section 11: Household Food Security Module: (These questions should be asked at the Household level)

- i. Number of days in the last 7 days for eating different types of food
- ii. Food situation in your household in the last 12 months

Question 1: (i) *I would like to ask you about all the different foods that your household members have eaten in the **last 7 days**. Could you please tell me **how many days** in the last week your household has eaten the following foods?*

Food Item	Days eaten in last week (0-7 days)
1. Maize	_____
2. Millet	_____
3. Rice	_____
4. Bread/wheat	_____
5. Tubers (cassava, plantain, other)	_____
6. Groundnuts & Pulses (beans, other nuts)	_____
7. Fish (eaten as a main food)	_____
8. Fish powder, small fish (used for flavor only, Magi)	_____
9. Red meat (sheep/goat/beef)	_____
10. White meat (poultry)	_____
11. Vegetable oil, butter, shea butter, fats	_____
12. Eggs	_____
13. Milk and dairy products (main food)	_____
14. Milk in tea in small amounts	_____
15. Vegetables (including green leaves)	_____
16. Fruits	_____
17. Sweets, sugar, honey	_____

II. WHICH OF THESE STATEMENTS BEST DESCRIBES THE FOOD SITUATION IN YOUR HOUSEHOLD IN THE LAST 12 MONTHS?

2. In the last 12 months, did you or other adults in your household lose weight because you didn't have enough money for food?

- [1] Yes
- [2] No
- [3] DK or Refused

3a. In the last 12 months, did you or other adults in your household ever not eat for a whole day because there wasn't enough money for food?

- [1] Yes
- [2] No (>> 4)
- [3] DK or Refused (>> 4)

3b. [IF YES ABOVE, ASK] How often did this happen?

- [1] Almost every month
- [2] Some months but not every month
- [3] Only 1 or 2 months
- [4] DK or Refused

The next questions are about children living in the household who are under 18 years old.

4. In the last 12 months, since (current month) of last year, did you ever cut the size of (your child's/any of the children's) meals because there wasn't enough money for food?

- [1] Yes
- [2] No
- [3] DK or Refused

5. In the last 12 months, did (CHILD'S NAME/any of the children) ever skip meals because there wasn't enough money for food?

- [1] Yes
- [2] No >>7
- [3] DK or Refused >>7

6a. [IF YES ABOVE ASK] How often did this happen?

- [1] Almost every month
- [2] Some months but not every month
- [3] Only 1 or 2 months
- [4] DK or Refused

7. In the last 12 months, (was your child/ were the children) ever hungry but you just couldn't afford more food?

- [1] Yes
- [2] No
- [3] DK or Refused

8. In the last 12 months, did (your child/any of the children) ever not eat for a whole day because there wasn't enough money for food?

- [1] Yes
- [2] No
- [3] DK or Refused

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

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

UNIT	CODE	UNIT	CODE	UNIT	CODE
American tin	2	Sheet	22	Sachet	42
Barrel	3	Stick	23	Packet(pack)	43
Basket	4	Tonne	24	Miles	44
Beer bottle	5	Tree	25	Teacup	45
Bowl	6	Tubers	26	Cubes	46
Box	7	Balls	27	Kilometers	47
Bunch	8	Bar	28	Tot	48
Bundle	9	Bucket	29	Wrap/Tied pieces	49
Fanta/Coke bottle	10	Crate	30	Carton	50
Fingers	11	Dozen	31	Container	51
Fruits	12	Loaf	32	Heap	52
Gallon	13	Pair	33	Pan	53
Kilogram	14	Pieces	34	Plates/cups	54
Litre	15	Pots	35	Bag	55
Log	16	Set	36	Acre	56
Margarine tin	17	Singles	37	Rope	57
Maxi bag (100kg)	18	Yard/Meter	38	Bail	58
Mini bag (50kg)	19	Calabash	39	Can	59
Nut	20	Milk Tin	40	Slice	60
Pounds	21	Tin	41	Small Tin	61
				Spoon	62

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	a) own produce (GH¢ and pesewas) Last 30 Days	b) Purchased (GH¢ and pesewas) Last 30 Days	c) Gift Received (GH¢, P) Last 30 Days	d) Gift Given (GH¢, P) Last 30 Days	e) Unit (see Codes above)
Cereals 1. Guinea corn / sorghum	a) ____ qty _____c ____p	b.) ____ qty _____c ____p	c) ____ qty _____c ____p	d) ____ qty _____c ____p	e) _____
2. Maize	a) ____ qty _____c ____p	b.) ____ qty _____c ____p	c) ____ qty _____c ____p	d) ____ qty _____c ____p	e) _____
3. Millet	a) ____ qty _____c ____p	b.) ____ qty _____c ____p	c) ____ qty _____c ____p	d) ____ qty _____c ____p	e) _____
4. Rice – Local	a) ____ qty _____c ____p	b.) ____ qty _____c ____p	c) ____ qty _____c ____p	d) ____ qty _____c ____p	e) _____
5. Rice Imported	a) ____ qty _____c ____p	b.) ____ qty _____c ____p	c) ____ qty _____c ____p	d) ____ qty _____c ____p	e) _____
6. Other cereals	a) ____ qty _____c ____p	b.) ____ qty _____c ____p	c) ____ qty _____c ____p	d) ____ qty _____c ____p	e) _____
Pulses and Nuts 7. Cowpea Beans	a) ____ qty _____c ____p	b.) ____ qty _____c ____p	c) ____ qty _____c ____p	d) ____ qty _____c ____p	e) _____

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

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

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

Item	a) own produce (GH¢ and pesewas) Last 30 Days	b) Purchased (GH¢ and pesewas) Last 30 Days	c) Gift Received (GHC, P) Last 30 Days	d) Gift Given (GHC, P) Last 30 Days	e) Unit (see Codes above)
	_____c ____p	b.) ____ qty _____c ____p	_____c ____p	_____c ____p	e) _____
33. Baby milk	a) ____ qty _____c ____p	b.) ____ qty _____c ____p	c) ____ qty _____c ____p	d) ____ qty _____c ____p	e) _____
34. Tinned milk	a) ____ qty _____c ____p	b.) ____ qty _____c ____p	c) ____ qty _____c ____p	d) ____ qty _____c ____p	e) _____
35. Other milk products incl. Cheese	a) ____ qty _____c ____p	b.) ____ qty _____c ____p	c) ____ qty _____c ____p	d) ____ qty _____c ____p	e) _____
<u>Eggs and Poultry</u> 36. Eggs	a) ____ qty _____c ____p	b.) ____ qty _____c ____p	c) ____ qty _____c ____p	d) ____ qty _____c ____p	e) _____
37. Chicken/Guinea fowl	a) ____ qty _____c ____p	b.) ____ qty _____c ____p	c) ____ qty _____c ____p	d) ____ qty _____c ____p	e) _____
38. Game birds	a) ____ qty _____c ____p	b.) ____ qty _____c ____p	c) ____ qty _____c ____p	d) ____ qty _____c ____p	e) _____
<u>Meat</u> 39. Corned beef	a) ____ qty _____c ____p	b.) ____ qty _____c ____p	c) ____ qty _____c ____p	d) ____ qty _____c ____p	e) _____

Item	a) own produce (GH¢ and pesewas) Last 30 Days	b) Purchased (GH¢ and pesewas) Last 30 Days	c) Gift Received (GHC, P) Last 30 Days	d) Gift Given (GHC, P) Last 30 Days	e) Unit (see Codes above)
40. Pork	a) ____ qty _____c ____p	b.) ____ qty _____c ____p	c) ____ qty _____c ____p	d) ____ qty _____c ____p	e) _____
41. Beef	a) ____ qty _____c ____p	b.) ____ qty _____c ____p	c) ____ qty _____c ____p	d) ____ qty _____c ____p	e) _____
42. Goat meat	a) ____ qty _____c ____p	b.) ____ qty _____c ____p	c) ____ qty _____c ____p	d) ____ qty _____c ____p	e) _____
43. Mutton	a) ____ qty _____c ____p	b.) ____ qty _____c ____p	c) ____ qty _____c ____p	d) ____ qty _____c ____p	e) _____
44. Bush meat / wild game	a) ____ qty _____c ____p	b.) ____ qty _____c ____p	c) ____ qty _____c ____p	d) ____ qty _____c ____p	e) _____
45. Fish	a) ____ qty _____c ____p	b.) ____ qty _____c ____p	c) ____ qty _____c ____p	d) ____ qty _____c ____p	e) _____
46. Canned / Tin Fish	a) ____ qty _____c ____p	b.) ____ qty _____c ____p	c) ____ qty _____c ____p	d) ____ qty _____c ____p	e) _____
<u>Fruits</u> 47. Coconut	a) ____ qty _____c ____p	b.) ____ qty _____c ____p	c) ____ qty _____c ____p	d) ____ qty _____c ____p	e) _____
48. Banana	a) ____ qty _____c ____p	b.) ____ qty	c) ____ qty	d) ____ qty	

Item	a) own produce (GH¢ and pesewas) Last 30 Days	b) Purchased (GH¢ and pesewas) Last 30 Days	c) Gift Received (GHC, P) Last 30 Days	d) Gift Given (GHC, P) Last 30 Days	e) Unit (see Codes above)
		_____c _____p	_____c _____p	_____c _____p	e) _____
49. Orange / tangerine	a) _____ qty _____c _____p	b.) _____ qty _____c _____p	c) _____ qty _____c _____p	d) _____ qty _____c _____p	e) _____
50. Pineapple	a) _____ qty _____c _____p	b.) _____ qty _____c _____p	c) _____ qty _____c _____p	d) _____ qty _____c _____p	e) _____
51. Mango	a) _____ qty _____c _____p	b.) _____ qty _____c _____p	c) _____ qty _____c _____p	d) _____ qty _____c _____p	e) _____
52. Avocado pear	a) _____ qty _____c _____p	b.) _____ qty _____c _____p	c) _____ qty _____c _____p	d) _____ qty _____c _____p	e) _____
53. Water melon	a) _____ qty _____c _____p	b.) _____ qty _____c _____p	c) _____ qty _____c _____p	d) _____ qty _____c _____p	e) _____
54. Pawpaw	a) _____ qty _____c _____p	b.) _____ qty _____c _____p	c) _____ qty _____c _____p	d) _____ qty _____c _____p	e) _____
55. Apple	a) _____ qty _____c _____p	b.) _____ qty _____c _____p	c) _____ qty _____c _____p	d) _____ qty _____c _____p	e) _____
56. Sugarcane	a) _____ qty _____c _____p	b.) _____ qty _____c _____p	c) _____ qty _____c _____p	d) _____ qty _____c _____p	e) _____

Item	a) own produce (GH¢ and pesewas) Last 30 Days	b) Purchased (GH¢ and pesewas) Last 30 Days	c) Gift Received (GHC, P) Last 30 Days	d) Gift Given (GHC, P) Last 30 Days	e) Unit (see Codes above)
Vegetables 57. Cocoyam leaves (Kontomire)	a) ____ qty _____c ____p	b.) ____ qty _____c ____p	c) ____ qty _____c ____p	d) ____ qty _____c ____p	e) _____
58. Garden eggs	a) ____ qty _____c ____p	b.) ____ qty _____c ____p	c) ____ qty _____c ____p	d) ____ qty _____c ____p	e) _____
59. Okro (Fresh or Dried)	a) ____ qty _____c ____p	b.) ____ qty _____c ____p	c) ____ qty _____c ____p	d) ____ qty _____c ____p	e) _____
60. Carrots	a) ____ qty _____c ____p	b.) ____ qty _____c ____p	c) ____ qty _____c ____p	d) ____ qty _____c ____p	e) _____
61. Cabbage	a) ____ qty _____c ____p	b.) ____ qty _____c ____p	c) ____ qty _____c ____p	d) ____ qty _____c ____p	e) _____
62. Pepper (fresh or dried)	a) ____ qty _____c ____p	b.) ____ qty _____c ____p	c) ____ qty _____c ____p	d) ____ qty _____c ____p	e) _____
63. Onions (large / small)	a) ____ qty _____c ____p	b.) ____ qty _____c ____p	c) ____ qty _____c ____p	d) ____ qty _____c ____p	e) _____

Item	a) own produce (GH¢ and pesewas) Last 30 Days	b) Purchased (GH¢ and pesewas) Last 30 Days	c) Gift Received (GHC, P) Last 30 Days	d) Gift Given (GHC, P) Last 30 Days	e) Unit (see Codes above)
64. Tomatoes (fresh)	a) ____ qty _____c ____p	b.) ____ qty _____c ____p	c) ____ qty _____c ____p	d) ____ qty _____c ____p	e) _____
65. Tomato puree (canned)	a) ____ qty _____c ____p	b.) ____ qty _____c ____p	c) ____ qty _____c ____p	d) ____ qty _____c ____p	e) _____
66. Other vegetables	a) ____ qty _____c ____p	b.) ____ qty _____c ____p	c) ____ qty _____c ____p	d) ____ qty _____c ____p	e) _____
<u>Starchy Staples</u>					
67. Cassava	a) ____ qty _____c ____p	b.) ____ qty _____c ____p	c) ____ qty _____c ____p	d) ____ qty _____c ____p	e) _____
68. Cocoyam	a) ____ qty _____c ____p	b.) ____ qty _____c ____p	c) ____ qty _____c ____p	d) ____ qty _____c ____p	e) _____
69. Plantain	a) ____ qty _____c ____p	b.) ____ qty _____c ____p	c) ____ qty _____c ____p	d) ____ qty _____c ____p	e) _____
70. Yam	a) ____ qty _____c ____p	b.) ____ qty _____c ____p	c) ____ qty _____c ____p	d) ____ qty _____c ____p	e) _____
71. Cassava dough	a) ____ qty _____c ____p	b.) ____ qty _____c ____p	c) ____ qty _____c ____p	d) ____ qty _____c ____p	e) _____

Item	a) own produce (GH¢ and pesewas) Last 30 Days	b) Purchased (GH¢ and pesewas) Last 30 Days	c) Gift Received (GHC, P) Last 30 Days	d) Gift Given (GHC, P) Last 30 Days	e) Unit (see Codes above)
72. Gari	a) ____ qty _____c ____p	b.) ____ qty _____c ____p	c) ____ qty _____c ____p	d) ____ qty _____c ____p	e) _____
73. Other starchy staples	a) ____ qty _____c ____p	b.) ____ qty _____c ____p	c) ____ qty _____c ____p	d) ____ qty _____c ____p	e) _____
<u>Confectionery</u>					
74. Sugar (cube, granulated)	a) ____ qty _____c ____p	b.) ____ qty _____c ____p	c) ____ qty _____c ____p	d) ____ qty _____c ____p	e) _____
75. Honey	a) ____ qty _____c ____p	b.) ____ qty _____c ____p	c) ____ qty _____c ____p	d) ____ qty _____c ____p	e) _____
76. Ice cream, ice lollies, etc.	a) ____ qty _____c ____p	b.) ____ qty _____c ____p	c) ____ qty _____c ____p	d) ____ qty _____c ____p	e) _____
77. Chocolate	a) ____ qty _____c ____p	b.) ____ qty _____c ____p	c) ____ qty _____c ____p	d) ____ qty _____c ____p	e) _____
78. Other confectionaries	a) ____ qty _____c ____p	b.) ____ qty _____c ____p	c) ____ qty _____c ____p	d) ____ qty _____c ____p	e) _____
<u>Beverages</u>					
79. Coffee, tea cocoa, etc	a) ____ qty _____c ____p	b.) ____ qty _____c ____p	c) ____ qty _____c ____p	d) ____ qty _____c ____p	e) _____

Item	a) own produce (GH¢ and pesewas) Last 30 Days	b) Purchased (GH¢ and pesewas) Last 30 Days	c) Gift Received (GHC, P) Last 30 Days	d) Gift Given (GHC, P) Last 30 Days	e) Unit (see Codes above)
80. Bottled water, soft drink & Juices	a) ____ qty _____c ____p	b.) ____ qty _____c ____p	c) ____ qty _____c ____p	d) ____ qty _____c ____p	e) _____
81. Alcoholic beverages	a) ____ qty _____c ____p	b.) ____ qty _____c ____p	c) ____ qty _____c ____p	d) ____ qty _____c ____p	e) _____
82. Tobacco	a) ____ qty _____c ____p	b.) ____ qty _____c ____p	c) ____ qty _____c ____p	d) ____ qty _____c ____p	e) _____
83. Other beverages	a) ____ qty _____c ____p	b.) ____ qty _____c ____p	c) ____ qty _____c ____p	d) ____ qty _____c ____p	e) _____
84. Cooked meals (as wages)	a) ____ qty _____c ____p	b.) ____ qty _____c ____p	c) ____ qty _____c ____p	d) ____ qty _____c ____p	e) _____
85. Restaurants, cafés, Canteens, Hotels, etc.	a) ____ qty _____c ____p	b.) ____ qty _____c ____p	c) ____ qty _____c ____p	d) ____ qty _____c ____p	e) _____

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

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

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

Item	Total expenditure in the last 12 months (for entire household) (GHC,P)
1. Regular remittances / gifts	_____ c _____ p
2. Gifts / support to help at the time of difficulty	_____ c _____ p
3. Cultural festivals (donations) [Homowo, Odwira, etc]	_____ c _____ p
4. Church donations	_____ c _____ p
5. Funerals (donations)	_____ c _____ p
6. Payment for rent	_____ c _____ p
7. Owner occupy housing rent (estimate)	_____ c _____ p
8. Plumbing, electrical, and carpentry services (labour cost)	_____ c _____ p
9. Sewerage removal, refuse disposal, expenditure on public toilets	_____ c _____ p
10. Water (pipe-borne, metered)	_____ c _____ p
10a. Water (well)	_____ c _____ p
10b. Water (borehole)	_____ c _____ p
11. Water (tanker services)	_____ c _____ p
12. Cement (for minor repairs of the dwelling)	_____ c _____ p
13. Hired labour for dwelling repairs	_____ c _____ p
14. Repairs to furniture and floor coverings (parts)	_____ c _____ p
15. Repairs to household appliances (parts)	_____ c _____ p
16. Car and truck repairs, maintenance, and other fees	_____ c _____ p
17. Lawn boys / gardeners	_____ c _____ p
18. Security guards	_____ c _____ p
19. House boys / house maids	_____ c _____ p
20. House keepers / caretakers	_____ c _____ p
21. Baby sitters, day care attendants, nannies, etc	_____ c _____ p
22. Barbers and beauty shops	_____ c _____ p
23. Soaps, bleaches, disinfectants, cleaners, and toilet papers	_____ c _____ p

Item	Total expenditure in the last 12 months (for entire household) (GHC,P)
24. Matches and candles	_____ c _____ p
25. Insecticides - coils and sprays	_____ c _____ p
26. Medicine (pain killers, antibiotics, anti malaria medicines, condoms, tablets, syrups, etc)	_____ c _____ p
27. Newspapers, magazines, and books	_____ c _____ p
28. Goods for personal care (toothpaste, razor blades, combs, scent sprays, cosmetics, etc)	_____ c _____ p
29. Postal, telephone, telegram, fax, internet / email, etc., services and charges	_____ c _____ p
30. Pets, pet food, veterinary services	_____ c _____ p
31. Gardening expenses (plants, pots, fertilizers, compost, etc).	_____ c _____ p
32. Entertainment	_____ c _____ p

Part D: Fuel Used in the last 12 months

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

<p>Codes for Q9</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%;">01.....Indoor plumbing</td> <td style="width:50%;">09..... Borehole</td> </tr> <tr> <td>02.....Inside stand pipe</td> <td>10..... Protected well</td> </tr> <tr> <td>03.....Water truck/tanker service</td> <td>11..... Unprotected well</td> </tr> <tr> <td>04.....Water vendor</td> <td>12.....River/Stream</td> </tr> <tr> <td>05.....Pipe in neighboring household</td> <td>13.....Rain water/spring</td> </tr> <tr> <td>06.....Private outside standpipe</td> <td>14.....Dugout pong/lake/dam</td> </tr> <tr> <td>07.....Public Stand pipe</td> <td>15.....Other specify</td> </tr> <tr> <td>08.....Sachet/bottled water</td> <td></td> </tr> </table>	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 pong/lake/dam	07.....Public Stand pipe	15.....Other specify	08.....Sachet/bottled water		<p style="text-align: center;">TIME UNITS</p> <table style="width:100%; border: none;"> <tr><td>1.....Daily</td></tr> <tr><td>2.....Weekly</td></tr> <tr><td>3.....Monthly</td></tr> <tr><td>4.....Quarterly</td></tr> <tr><td>5.....Half Yearly</td></tr> <tr><td>6.....Yearly</td></tr> <tr><td>0.....No Applicable</td></tr> </table>	1.....Daily	2.....Weekly	3.....Monthly	4.....Quarterly	5.....Half Yearly	6.....Yearly	0.....No Applicable
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<p>Q10. How far is this source of water from your dwelling?</p> <table style="width:100%; border: none;"> <tr> <td style="width:30%;">DRINKING</td> <td style="width:20%;">NUMBER</td> <td style="width:20%;">DISTANCE</td> <td style="width:30%;">UNIT</td> </tr> <tr> <td></td> <td style="text-align: center;"><input type="text"/></td> <td style="text-align: center;"><input type="text"/></td> <td></td> </tr> <tr> <td>GENERAL USE</td> <td>NUMBER</td> <td>DISTANCE</td> <td>UNIT</td> </tr> <tr> <td></td> <td style="text-align: center;"><input type="text"/></td> <td style="text-align: center;"><input type="text"/></td> <td></td> </tr> </table>	DRINKING	NUMBER	DISTANCE	UNIT		<input type="text"/>	<input type="text"/>		GENERAL USE	NUMBER	DISTANCE	UNIT		<input type="text"/>	<input type="text"/>		<p>Q14. Do you treat your water in any way to make it safer to drink?</p> <table style="width:100%; border: none;"> <tr> <td style="width:70%;">1.....Yes</td> <td style="width:30%; text-align: center;"><input type="text"/></td> </tr> <tr> <td>2.....No >>17</td> <td></td> </tr> <tr> <td>3.....Don't know</td> <td></td> </tr> </table>	1.....Yes	<input type="text"/>	2.....No >>17		3.....Don't know		
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<p>Q11. How long does it take to go for drinking water and come back?</p> <p>Number of minutes <input style="width: 100px;" type="text"/></p> <p>Code 888 for water on premise</p> <p>Code 999 for don't know</p>	<p>Q15. What do you usually do to the water to make it safer to drink? (Record all that applies)</p> <table style="width:100%; border: none;"> <tr> <td style="width:60%; border: 1px solid black;"><input type="checkbox"/></td> <td style="width:10%; border: 1px solid black;"><input type="checkbox"/></td> </tr> </table> <table style="width:100%; border: none;"> <tr> <td style="width:50%;">1.Boil</td> <td style="width:50%;">6. Let it stand and settle</td> </tr> <tr> <td>2. Add bleach/chlorine</td> <td>7. Other (specify)</td> </tr> <tr> <td>3. Strain it through a cloth</td> <td>8. Don't know</td> </tr> <tr> <td>4. Use a water filter(ceramics, sand, composite ect)</td> <td></td> </tr> <tr> <td>5. Solar disinfestations</td> <td></td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1.Boil	6. Let it stand and settle	2. Add bleach/chlorine	7. Other (specify)	3. Strain it through a cloth	8. Don't know	4. Use a water filter(ceramics, sand, composite ect)		5. Solar disinfestations								
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<p>Q12. How regular is your source of drinking water supply?</p> <table style="width:100%; border: none;"> <tr> <td style="width:30%;">Number</td> <td style="width:70%;">Time unit (see codes)</td> </tr> <tr> <td style="text-align: center;"><input type="text"/></td> <td style="text-align: center;"><input type="text"/></td> </tr> </table>	Number	Time unit (see codes)	<input type="text"/>	<input type="text"/>	<p>Q17. Does your household pay a regular bill for this water supply system?</p> <table style="width:100%; border: none;"> <tr> <td style="width:70%;">1.....Yes</td> <td style="width:30%; text-align: center;"><input type="text"/></td> </tr> <tr> <td>2.....No >> 19</td> <td></td> </tr> </table>	1.....Yes	<input type="text"/>	2.....No >> 19																
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<p>Q13. How much water does your household use in a day?</p> <table style="width:100%; border: none;"> <tr> <td style="width:30%;">UNITS</td> <td style="width:30%;">QUANTITY</td> <td style="width:40%;"></td> </tr> <tr> <td>1.....Litres</td> <td></td> <td style="text-align: center;"><input type="text"/></td> </tr> <tr> <td>2.....Gallons</td> <td></td> <td></td> </tr> <tr> <td>3.....Bucket (No.34)</td> <td></td> <td style="text-align: center;"><input type="text"/></td> </tr> </table>	UNITS	QUANTITY		1.....Litres		<input type="text"/>	2.....Gallons			3.....Bucket (No.34)		<input type="text"/>	<p>Q18.How much was your last bill? (only your part if joint meter or shared bill)</p> <table style="width:100%; border: none;"> <tr> <td style="width:60%;">Amount in GHC and P</td> <td style="width:20%; text-align: center;"><input type="text"/></td> <td style="width:20%; text-align: center;"><input type="text"/></td> </tr> <tr> <td></td> <td style="text-align: center;">GHC</td> <td style="text-align: center;">p</td> </tr> <tr> <td>Time Unit <input style="width: 40px;" type="text"/></td> <td colspan="2" style="text-align: center;">see codes</td> </tr> </table>	Amount in GHC and P	<input type="text"/>	<input type="text"/>		GHC	p	Time Unit <input style="width: 40px;" type="text"/>	see codes			
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<p>Q19. How much did your household pay to a private water vendor, neighbor or standpipe or any other source in the last weeks?</p> <p>Amount in GHC and P</p> <p style="text-align: center;"> <input type="text"/> <input type="text"/> GHC p </p>	<p>Q24. What is the main fuel used by the household for cooking?</p> <p>1.....None, no cooking 2.....Wood 3.....Charcoal 4.....Gas 5.....Electricity 6.....Kerosene 7.....Crop residue/saw dust 8.....Animal waste 9.....Other</p> <p style="text-align: right;"><input type="text"/></p>
<p>20. Did your household sell any water to someone else?</p> <p>1.....Yes 2.....No >>22</p> <p style="text-align: center;"><input type="text"/></p>	<p>Q25. How does your household dispose off refuse?</p> <p>1.....Collected 2.....Public Dump >>27 3.....Dumped elsewhere >>27 4.....Burned by household >>27 5.....Buried by household >>27 6.....Other specify >>27</p> <p style="text-align: right;"><input type="text"/></p>
<p>Q21. How much did your household receive for the water sold in the last weeks?</p> <p>Amount in GHC and P</p> <p style="text-align: center;"> <input type="text"/> <input type="text"/> GHC p </p>	<p>Q26. How much does this household pay for refuse?</p> <p>Amount in GHC and P</p> <p style="text-align: center;"> <input type="text"/> <input type="text"/> GHC p </p> <p>Time Unit <input type="text"/> see codes</p>
<p>Q22. What is the main source of lighting for your dwelling?</p> <p>1.....Electricity 2.....Kerosene >>24 3.....Gas lamp >>24 4.....Candles/Touches (flashlights) >>24 5.....Solar energy >>24 6.....Generator >>24 7.....No light >>24 8.....Other >>24</p> <p style="text-align: center;"><input type="text"/></p>	<p>Q27. The last time (name of youngest child under 5 years) passed stools, what was done to dispose off the stools?</p> <p>1.....Child used toilet latrines 5.....Left it in the open 2.....Put/rinsed into drain or ditch 6.....Other , specify 3.....Thrown into garbage 7.....Don't know 4.....Buried 8. No child under 5 years in HH</p> <p style="text-align: center;"><input type="text"/></p>
<p>Q23. How much was your last bill? (only your part if joint metre/ shared bill)</p> <p>Amount in GHC and P</p> <p style="text-align: center;"> <input type="text"/> <input type="text"/> GHC p </p> <p>Time Unit <input type="text"/> see codes</p>	<p>Q28. What type of toilet is used by your household?</p> <p>1.....Flush Toilet >>30 6.....Toilet in another house 2.....Pit latrine >>30 7.....No toilet facility (bush, beach) >>30 3.....KVIP >>30 8.....other , specify >>30 4.....Pan/bucket >>30 5.....Public toilet(flush, bucket,KVIP)</p> <p style="text-align: center;"><input type="text"/></p>

Q29. How much does your household pay for the use of the toilet facility?

Amount in GHC and P

GHC p

Time Unit

see codes

Q32. What is the main material used for the roof?

- 1.....Palm leaves/Raffia/Thatch
- 2.....Wood
- 3..... Corrugated iron sheet
- 4..... Cement/Concrete
- 5.....Asbestos/slate
- 6.....Roofing tiles
- 7.....Mudbricks/Earth
- 8.....Bamboo
- 9.....Other specify

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
- 6.....Cement/sandcrete blocks
- 7.....Landcrete
- 8.....Thatch
- 9.....Cardboard
- 10.....Other , specify
- 11.....mudbricks with cement plastering

33. Does the household have access to the following?

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

Fixed line telephone	<input type="text"/>
Mobile phone	<input type="text"/>
Personal computer	<input type="text"/>
Internet	<input type="text"/>
E-commerce	<input type="text"/>
Paid Cable Network (M-NET)	<input type="text"/>

Q31. What is the main construction material used for the floor?

- 1.....Earth/Mud/Mudbricks
- 2.....Wood
- 3.....stone
- 4.....Cement/concrete
- 5.....Burnt bricks
- 6.....Vinyl tiles
- 7.....Ceramic/marble tiles
- 8.....Terrazzo
- 9.....Other ,specify

TIME UNIT

- 1.....Daily
- 2.....Weekly
- 3.....Monthly
- 4.....Quarterly
- 5.....Half Yearly
- 6.....Yearly
- 0.....No Applicable

Section 13 : Housing Characteristics II

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

<p>Q1. In what type of dwelling does the household live?</p> <p>1...Separate house/bungalow</p> <p>2.....Semi-detached house</p> <p>3.....Flat/Apartment</p> <p>4.....Rooms/compound house <input type="text"/></p> <p>5.....Rooms-Other types <input type="text"/></p> <p>6.....Several huts/buildings same compound</p> <p>7.....Several huts/buildings different compound</p> <p>8.....Tent/ improved home</p> <p>9.....Other Specify</p>	<p>6. What is the condition of the house in which the household is living?</p> <p>1.....Good <input type="text"/></p> <p>2.....Livable <input type="text"/></p> <p>3.....Badly damaged</p>
<p>Q2. How many rooms does the household occupy? (Count living rooms, bed room, dining rooms but not bathroom, toilet and kitchen)</p> <p><input type="text"/></p>	<p>Q7. How are the surroundings of the house?</p> <p>1.....Clean <input type="text"/></p> <p>2.....Average</p> <p>3.....Dirty</p>
<p>Q3.Do other households share this building with you?</p> <p>1.....Yes <input type="text"/></p> <p>2.....No</p>	<p>Q8.How many bedrooms does the household have? NUMBER <input type="text"/></p>
<p>Q4.What is your present occupancy status?</p> <p>1.....Owning >>6 <input type="text"/></p> <p>2.....Renting</p> <p>3.....Rent-free</p> <p>4.....Perching</p>	<p>Q9. Is there a room used exclusively for cooking?</p> <p>1.....Yes <input type="text"/></p> <p>2.....No >>12</p>
<p>Q5. Who owns this dwelling?</p> <p>1.....Relative not household member</p> <p>2.....Other private individual <input type="text"/></p> <p>3.....Private employer</p> <p>4.....Other private agency</p> <p>5.....Public/Government ownership</p> <p>6.....Other specify</p>	<p>Q10. Is there a window in the room where cooking is done?</p> <p>1.....Yes <input type="text"/></p> <p>2.....No</p>

<p>Q11. Is there a chimney/smoke outlet in the cooking place?</p> <p>1.....Yes <input type="checkbox"/></p> <p>2.....No <input type="checkbox"/></p>	<p>Q18. Number of other buildings owned. <input type="checkbox"/></p> <p>NUMBER <input type="checkbox"/></p>
<p>Q12. Is cooking done outside in any season (rainy and dry season)?</p> <p>1.....Yes <input type="checkbox"/></p> <p>2.....No >>14 <input type="checkbox"/></p>	<p>Q19. Number of vacant plots owned. <input type="checkbox"/></p> <p>NUMBER <input type="checkbox"/></p>
<p>Q13. If not all seasons, in which season is cooking done outside?</p> <p>1.....Rainy season <input type="checkbox"/></p> <p>2.....Dry season <input type="checkbox"/></p>	<p>Q20. Where are the animals kept at night?</p> <p>1.....Inside the house <input type="checkbox"/></p> <p>2.....Outside the house <input type="checkbox"/></p> <p>3.....Animal shed <input type="checkbox"/></p> <p>4.....NA >>23 <input type="checkbox"/></p>
<p>Q14. Does your household have electricity?</p> <p>1.....Yes <input type="checkbox"/></p> <p>2.....No >>16 <input type="checkbox"/></p>	<p>Q21. Where are the animals tied during the day?</p> <p>1.....Inside the house <input type="checkbox"/></p> <p>2.....Outside the house <input type="checkbox"/></p> <p>3.....Animal shed <input type="checkbox"/></p> <p>4.....Free range <input type="checkbox"/></p>
<p>Q15. How regular is your power supply after sunset?</p> <p>1.....Regular <input type="checkbox"/></p> <p>2.....Cut once or twice a week <input type="checkbox"/></p> <p>3.....Cut more than twice a week <input type="checkbox"/></p>	<p>Q22. Where is the hay (grass) kept?</p> <p>1.....Inside the house <input type="checkbox"/></p> <p>2.....Outside the house <input type="checkbox"/></p> <p>3.....Animal shed <input type="checkbox"/></p> <p>4.....No hay provided <input type="checkbox"/></p>
<p>Q16. Distance to the nearest public toilet in metres? (code NA if there are no public toilet and people go to the bush).</p> <p>DISTANCE IN METRES <input type="checkbox"/></p>	<p>Q23. Is there any open sewer/drain in and around the house?</p> <p>1.....Yes <input type="checkbox"/></p> <p>2.....No <input type="checkbox"/></p> <p>3.....Drains are covered <input type="checkbox"/></p>
<p>Q17. Average time spent travelling to and waiting at public toilet (in minutes).</p> <p>TIME SPENT IN MINUTES <input type="checkbox"/></p>	<p>Q24. Is there garbage (trash) in and around the house?</p> <p>1.....Yes <input type="checkbox"/></p> <p>2.....No <input type="checkbox"/></p>

Section 14 Location of the sources of Expenditures and financial services

1. Location of expenditures and incomes sources: a matrix to capture the location of certain purchases and sales of farm products

Good/Service	Did you (acquire/ purchase) (good/service) in the last 12 months? (check with appropriate survey question) 01. Yes 02. No >> next question	What percentage of expenditures/services were made in this village? If 100%, next item	Where did you (acquire/purchase) (good/service) outside of your village? 01. A neighboring village 02. In town 03. In a city
1. Received a loan or credit			
2. Savings out of the home (e.g susu)			
3. Paid School Fees (location of school attended)			
4. Paid: other educational expenses, including school uniforms and shoes			
5. Agricultural Chemicals Purchases			
6. Agricultural Seeds/Seedling Purchases			
7. Purchased Feed/ Fodder for livestock			
8. Veterinary Fees for Livestock			
9. Purchased other inputs for Livestock			

2. Location of large expenditures, and maintenance of household items.

Item	Filter: Did you spend money on (goods/service) in the last 12 months? (including maintenance) 01. Yes 02. No >> next question	Total expenditure on purchasing (good/service) in the last 12 months?	Expenditure on maintaining/repairing (item) in last 12 months	What percentage of expenditures were made in this village? If 100%, next item	Where did you (acquire/purchase /sell) (good/service) outside of your village? 01. A neighboring village 02. In town 03. In a city
1. Hospitalization					
2. Clinic Visits					
3. Other Health-related expenses (inc. Medicines)					
4. Agricultural machinery (section 3A, part ii, q13)		_____c_____p	_____c_____p		
5. Agricultural Tools/implements (section 3A, part ii, q13)		_____c_____p	_____c_____p		
6. Clothes/Shoes					
7. Electronics (section 3A, part iii, q14)					
8. Other durable goods, appliances (section 3A, part iii, q14)		_____c_____p			
9. Household Items (dishes, toys, etc.)		_____c_____p			
10. Vehicle		_____c_____p			
11. House or other real estate (excluding rent)		_____c_____p			

3. Food purchases (these correspond to section 11 part A groups)

Food Groups	How many months a year do you purchase (item)	How many times a month do you purchase (item)	How much do you spend each time you purchase (item) _____c____p	What percentage of expenditures were made in this village? If 100%, next item.	Where did you (acquire/purchase /sell) (good/service) outside of your village? 01. A neighboring village 02. In town 03. In a city
Cereals			_____c____p		
Pulses and nuts (example g.nut,beans)			_____c____p		
Cooking Oil			_____c____p		
Spices/Condiments			_____c____p		
Milk.Milk Products			_____c____p		
Eggs and Poultry			_____c____p		
Meat			_____c____p		
Fruit			_____c____p		
Vegetable			_____c____p		
Starchy staple			_____c____p		
Confectionary (example sugar, honey, sweets)			_____c____p		
Beverages			_____c____p		

END TIME :HOUR

MIN